VULNERABILITIES OF THE HOMELESS POPULATION TO SUICIDE BEHAVIOR
VULNERABILIDADES DA POPULAÇÃO EM SITUAÇÃO DE RUA AO COMPORTAMENTO SUICIDA
VULNERABILIDADES DE LA POBLACIÓN EN SITUACIÓN DE CALLE AL COMPORTAMIENTO SUICIDA

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ABSTRACT

Objective: to understand the vulnerabilities of street adults to suicidal behavior. **Method:** this is a qualitative, descriptive study carried out with eight street persons with a history of attempted suicide. Data was collected through an interview, and the results were obtained from the Content Analysis technique in the Categorical Analysis modality. **Results:** it is understood that the categories generated from the thematic analysis of the data were contexts of vulnerability to suicidal ideation, suicide attempt and suicide for street people. It was observed that the interviewees believe that suicidal behavior occurs in the street population due to sadness, suffering, and hopelessness, problematic use of alcohol and / or other drugs, illness and lack of faith. **Conclusion:** the adults in the street situation are exposed to constant and diverse situations of vulnerability to suicidal behavior. **Descriptors:** Homeless People; Vulnerability in Health; Suicide; Suicidal Ideation; Suicide Attempt; Mental Health.

RESUMO

Objetivo: compreender as vulnerabilidades de adultos em situação de rua ao comportamento suicida. **Método:** trata-se de um estudo qualitativo, descritivo, realizado com oito pessoas em situação de rua com história de tentativa de suicídio. Fez-se a coleta de dados por meio de entrevista, e os resultados a partir da técnica de Análise de Conteúdo na modalidade Análise Categorical. **Resultados:** entende-se que as categorias geradas a partir da análise temática dos dados foram os contextos de vulnerabilidade à ideação suicida, tentativa de suicídio e suicídio para pessoas em situação de rua. Observou-se que os entrevistados acreditam que o comportamento suicida ocorre na população em situação de rua em função da tristeza, sofrimento, desesperança, uso problemático de álcool e/ou outras drogas, doenças e falta de fé. **Conclusão:** expõem-se os adultos em situação de rua a constantes e diversas situações de vulnerabilidades ao comportamento suicida. **Descritores:** Pessoas em Situação de Rua; Vulnerabilidade em Saúde; Suicídio; Ideação Suicida; Tentativa de Suicídio; Saúde Mental.

RESUMEN

Objetivo: comprender las vulnerabilidades de los adultos en situación de calle al comportamiento suicida. **Método:** se trata de un estudio cualitativo, descriptivo, realizado con ocho personas en situación de calle con historia de intento de suicidio. Se hizo la recolección de datos por medio de entrevista, y los resultados a partir de la técnica de Análisis de Contenido en la modalidad Análisis Categorical. **Resultados:** se entiende que las categorías generadas a partir del análisis temático de los datos fueron los contextos de vulnerabilidad a la ideación suicida, intento de suicidio y suicidio para personas en situación de calle. Se observó que los entrevistados creen que el comportamiento suicida ocurre en la población en situación de calle en función de la tristeza, sufrimiento, desesperanza, uso problemático de alcohol y / u otras drogas, enfermedades y falta de fe. **Conclusión:** se exponen los adultos en situación de calle a constantes y diversas situaciones de vulnerabilidades al comportamiento suicida. **Descriptor:** Personas sin Hogar; Vulnerabilidad em Salud; Suicidio; Ideación Suicida; Intento de Suicidio; Salude Mental.

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INTRODUCTION

It is understood the presence of homeless people as a social drama of many cities in Brazil and in the world. In Brazil, the greatest research on this subject was carried out between 2007 and 2008, which approached people over 18 years of age in 71 cities, 23 of which were capitals of the country. A total of 31,922 people were identified on the street, 82% of whom were male. It was concluded that only 15.7% reported asking for money to survive, 70.9% declared to engage in some paid activity, and the majority, 79.6%, have access to only one meal a day. Chemical dependence (35.5%), unemployment (29.8%) and family disputes (29.8%) were reported as recurrent causes as the main personal reasons for being on the street.¹

Living conditions on the streets, low longevity, fragility of social ties, violence, prejudices, discrimination, lack of privacy, lack of infrastructure for body care and education are found. It is pointed out that these conditions contribute to the appearance and/or aggravation of mental disorders that, in turn, may be one of the factors that contribute for a person to live on the streets.²

The living conditions on the streets are crucial elements for the vulnerability issue. Among the vulnerabilities of the population in the street situation, it should be highlighted that suicidal behavior.³ Suicidal behavior is understood as conscious action, the purpose of which is to trigger the end of one's life, involving negative thoughts and death wishes, suicide attempts, and consummate suicide.⁴ It is known that suicidal behavior is more common among men in the street, drug users (licit or illicit) and with a history of mental disorder.³ Suicidal ideations strongly associated with homelessness and lack of emotional and social support are observed in this continuum.⁵

In a study carried out in six Brazilian cities with crack users who seek care in Psychosocial Care Centers for Alcohol and Drugs, which, in relation to the housing status, homeless people have a higher consumption of beverages alcohol use, illicit drug use and psychic problems compared to people who did not live on the streets at any point in their lives.⁶ Of the 266 people who had lived on the street, suicide ideation was reported in 49.4% (131 people) and suicide attempts in 28.3% (75 people).⁶

It is emphasized that the Brazilian economy has been formally in recession since the second quarter of 2014, and the origin of this economic crisis is revealed by a series of

shocks of supply and demand, mostly caused by errors of public policies that reduced the growth capacity of the country's economy and generated a high tax cost.⁷ There are strong links between the economic crisis, employment and the housing market, leading to numerous evictions and, consequently, increasing the number of people living on the streets. In this context, it should be emphasized that the experience of eviction is related to the risk of suicide.⁸

In this sense, the exposure scenario to associated diseases or diseases, adverse life situations, legal status and the status of living on the street are associated with vulnerability to higher risk of suicide.⁶

OBJECTIVE

- Understanding vulnerabilities of homeless adults to suicidal behavior.

METHOD

This is a qualitative, descriptive study with street people from a city in the interior of the State of Minas Gerais (Brazil). The sample was defined as an intentional type, and adults (≥ 18 years and ≤ 65 years) living in the street and registered in the social approach sector of the Specialized Referral Center for Social Assistance (CREAS). Exclusion criteria include people who were not at the time of the interview or those who were under the influence of drugs and / or violent behavior arising from the use of these substances.

A total of 23 people were interviewed in a street situation. There were eight suicide attempt history reports, and the interviews were analyzed in this article. It is pointed out that the interviews occurred in squares, avenues and in the main bridges and viaducts of the districts of the city with greater number of people in street situation and presented average duration of 40 minutes. All the interviews were recorded, transcribing them literally and identifying the respondents with the letter "E", accompanied by an Arabic numeral related to the order of the interviews, in order to guarantee the anonymity of the participants.

For the interviews, a guideline was used that was pre-tested to ensure the achievement of the objectives of the study, and it was not necessary to redefine the questions or their order. The script was composed for questions related to the psychosocial history (age, sex, education, marital status), the history of the street situation (with whom they lived and what employment relationship they had before the

street situation, reasons for the condition of being in a situation of homelessness) health conditions history (smoking, alcoholism, drug use, chronic diseases, treatment and follow-up in health service, use of medication, health care service), the history of suicidal ideation , at which time they happened), to the history of the suicide attempt (means of perpetration, motives of the suicide attempt) and to the suicide (what they think about the suicide among the homeless people). The technique was analyzed for the analysis of the Content Analysis interviews.⁹

Data was collected between October and November 2016, after approval by the Ethics Committee of the Federal University of São João del-Rei (UFSJ) (opinion nº 1.748.402 of 09/28/2016).

RESULTS

It is worth noting that eight homeless people with a history of attempted suicide, six men and two women, participated in this study. It is noteworthy, as far as psychosocial history is concerned, that one was illiterate, four had incomplete Elementary School and one, and completed Elementary School and two had a higher level of education (Full High School). It was recorded, as to marital status, that three were separated/divorced, three, single and two, married/stable union (Figure 1).

It is pointed out, in relation to the history of the street situation, that the majority lived with the family (wife, son, parents or relatives) before going to live in the street and only two reported that they lived alone; between work activities before going to live in the street, worked as welder, general services, farm tractor, and in the spinning area in a weaving; only one reported that he did not work before going to live in the street. Seven people were reported living on the street because of problems with alcohol and/or other drugs, and one reports that they were arrested and the family did not accept it (Figure 1).

As regards the history of the health condition, it should be noted that all are smokers, six are drinkers and five report making or having used illicit drugs; in relation to the diagnosis, three declared hypertension, one, diabetes, and two said to have depression; treatment, five use medication, four seek care at the Emergency Care Unit (ECU) and four at the health center (Figure 1).

It is fund, in relation to the history of attempted suicide, self-harm (drowning, hanging, cutting) and poisoning (medicine, bleach, caustic soda, alcohol) as means of perpetration; among the precipitants, four reported drug abuse and four, suffering due to losses (Figure 1).

Characterization of Participants
Male, 28 years old, married, full elementary school. Before the street situation, he lived with his wife and worked as a welder's assistant. He lived in the street because he was arrested and the family did not accept him. He has been smoking for 14 years, denying alcoholism or using other drugs, denying illness and using medication and, when necessary, using ECU. He attempted suicide by jumping off a bridge, taking medicine and hanging. All attempts were due to the use of illicit drugs. [E1]
Male, 57 years old, single, incomplete Elementary School. Before the street situation, he lived alone and worked with general services. He lived in the street because he lost family support due to problems with alcohol use. Tobacco smoker for 44 years, an alcoholic with daily use of two liters of cachaça, has already used marijuana, reports having high blood pressure, makes use of medications (antihypertensive and anxiolytic) and, when necessary, makes use of the health clinic. He attempted suicide by hanging. The attempt was because of family discussion because he was drunk. [E2]
Male, 45 years old, separated, illiterate. Before the street situation, he lived with his wife and son and worked as a tractor driver on a coffee farm. He lived in the street because of alcoholism. He is a smoker since he was nine years old, smokes a pack of cigarettes a day, is an alcoholic, with daily use of two or three liters of cachaça, denies use of other drugs, reports having a herniated disc, makes use of medications (anxiolytic and antidepressant) and , when necessary, makes use of ECU. He attempted suicide by cutting his wrists, by knife injury and drowning. The attempts were because he was drunk. [E3]
Male, 28 years old, single, High school. Before the street situation, he lived alone and worked spinning in a weaving shop. He lived on the street because of problems with alcohol. He smoked two to five cigarettes a day, an alcoholic with daily use of four to five bottles of cachaça, made use of cocaine a few days ago, denied illness, made use of medications (anxiolytic, antipsychotic and vitamin) and, when necessary, makes use of the health post. He tried suicide by cutting his wrists, by autointoxication with bleach, soap powder and alcohol. The first attempt was because he was depressed and the second because of his mother's death. [E4]
Female, 22 years old, stable union, incomplete Elementary School. Before the street situation, he lived with relatives and did not work. Shee lived on the street because of problems with using drugs. She smoked and smoked for ten years, used crack for four years, reported hypertension, did not use medication and, when necessary, used ECU. She tried to commit suicide by cutting her wrists and by self-medication. The attempt was due to drug withdrawal and the feeling of sadness. [E5]
Male, 36 years old, divorced, High school. Before the street situation, he lived with his parents and worked as a welder. He lived on the street because of problems with using drugs. He smoked and smoked for 25 years, uses crack, denies disease and uses medication and, when necessary, uses ECU. He attempted suicide by autointoxication with caustic soda and alcohol. The attempt was because he did not accept what he was

living. [E6]

Female, 53 years, divorced, Elementary School incomplete. Before the street situation, She lived with his parents and worked with general services. She lived in the street because of alcoholism. She has been a smoker and an alcoholic for 39 years, reports that she has depression and uses medications (antidepressant and anxiolytic) and, when necessary, uses the health clinic. She tried to commit suicide by cutting her wrists and by self-medication. The attempts were due to the loss of children, the home and the separation of the companion. [E7]

Male, 50 years old, single, incomplete Elementary School. Before the street situation, he lived with relatives and worked as a welder. He was living on the street because of crack use after his parents died. Tobacco worker for 27 years, an alcoholic for 25 years, has used crack for eight years, reports having high blood pressure, diabetes, thrombosis and depression, makes use of medication and, when necessary, makes use of the health clinic. He attempted suicide by autointoxication with caustic soda and coffee, for having lost everything because of illicit drugs. [E8]

Figure 1. Characterization of people in street situations with a history of attempted suicide. São João del-Rei (MG), Brazil, 2016.

It is pointed out that the categories generated from the thematic analysis of the data were contexts of vulnerability to suicidal ideation, suicide attempt and suicide for street people. It was observed that the interviewees believe that suicidal behavior occurs in the street population due to sadness, suffering, and hopelessness, problematic use of alcohol and/or other drugs, illness and lack of faith.

The interviewees identify the idea of sadness associated as a context to suicidal ideation.

[...]Yeah, wow, sadness! I thought I was not going to get anything, nothing was going on for me, nothing was going to work. This is what forms the idea [...]. With knife, razor, screwdriver, bleach, with soap powder. [E4]

It is revealed by those interviewed that suicidal ideation for street people points to the context of problematic drug use.

[...]I still had a shack, it was rented, so I lived alone. Then, I would be drunk, then, I would think of bullshit, thinking bad things and alone and thinking, it seemed that the world was over for me, there, I tried suicide three times. [E3]

[...]ah! I thought about killing myself because of drugs, drug neurosis time. [E5]

[...]I was 17 to 18, I used a lot of drugs and I went home, I got home and I was ashamed of myself, you know? From seeing my son see me drugged, from my mother seeing me stoned. [E6]

It is understood, according to the adults in street situation, that the suicide attempt occurs due to the own suffering.

[...]for sure. Like, like, you're already suffering here, right, brother? There, it stays [...] there, that stuff is in the head: "Ah [...]What am I doing in this world right here?". [E1]

[...]Yes, you have, on the street, you have to wait [...]. [E3]

[...]has [...] because life seems like life is over, cannot get a job, cannot get anything, [...] can not get anything [...]. [E4]

[...]depending, yes [...] depending on the person, she goes into depression very fast. [E5]

It is also a present situation in the suicide attempt of street people, the problematic use of drugs.

[...]you have more risk, yes. Because the person who is in street situation, sometimes she drinks, right? And, there, that depression, that despair, right? Then think: There's suicide there for me [...]. [E2]

[...]for sure. Because the depression that the drug brings to the person [...] not saying that every person who is living on the street and using drugs will get to that, but the depression that the street brings gives us a complete separation from God. [E6]

It is suggested that suicide among street people may be a reflection of hopelessness.

[...]I think the person is in a very complicated situation and not even thinking about her. [E3]

[...] falta de amor à vida, desvalorização, perda de ânimo, não tem mais vontade de nada [...]. That's it! [E4]

The idea of suicide-related illness is identified by the interviewees.

[...]depression, sadness [...]. [E4]

[...]I think it's a person who must be sick, to me, very sick. [E7]

The lack of faith as a situation present in the suicide of homeless people is also pointed out.

[...] lack of faith. [E6]

[...]I think it's a cowardice, it's not a thing of God. [E8]

DISCUSSION

It is pointed out, as a context of vulnerability to suicide among street people, the lack of hope¹⁰ associated with the increased risk of suicide for people living alone or in the street, housing problems, history of psychiatric treatment, problems legal and physical health or death problems.¹¹

It also identifies the vulnerability of street adults to suicidal ideation and suicide attempts, the problematic use of alcohol and/or other drugs.¹² It is understood, in this context, that the drug can often be used as a foundation or a way to fill the suffering and lack of family support, emotional frustration or as a means to gain strength to face the difficulties of life.¹²

It is known that problematic use of alcohol and other drugs can hinder affective relationships and trigger social isolation and, therefore, is closely linked to suicidal behavior. Sadness is identified as a very present feeling in the street population, as these people often have no one to vent their afflictions and experiences, and may favor the production of suicidal ideations or suicide attempts.¹³ It is worth noting that drug use by street people is a very common practice, mainly the use of crack, a cheap and easily accessible drug that has historically been diffused with greater impact in people with lower financial conditions. It is pointed out that the increase in the exclusion of street people and the greater social stigma, in addition to the various risks due to the abusive use of this drug, are triggered by this situation.¹⁴

It is demonstrated the vulnerability to suicidal behavior among users of alcohol and other drugs by Brazilian studies. In this context, a study of 123 drug dependents in a Psychosocial Support Center III found that 30.08% (37 people) presented suicidal ideation and that family problems and depression were associated with suicidal behavior between chemical dependents.¹⁵ It was concluded, in a study conducted with sheltered street women who used alcohol and other drugs, that they also presented suicide risk.¹⁶

They point to suffering, alcohol and other drug use and depression as vulnerabilities to attempted suicide, according to street-level adults. It turns out, in a study of 200 crack users, that 36% have attempted suicide at some point in their lives.¹⁷ It is understood that drugs not only contribute to the presence of suicidal behavior, but also can be considered an indicator of risk for suicide attempt.¹⁸ Among the vulnerabilities found in

people who make problematic use of drugs, the exclusion of the labor market.¹⁷ It has been observed, as observed in the street population, that this context may increase vulnerability to suffering, lack of hope and, consequently, depression. It is characterized, therefore, the suicide attempt or suicide itself as the apex of desperation of a person who makes use of drugs.¹⁹

The context of vulnerability to suicide for people on the street is related to the life history of diseases, especially depression. The worldwide prevalence of depression is estimated to be between 2.2 and 10.4%. The severity of the disease, its epidemic character, the high cost for health services and its relationship with social vulnerability factors are indicated in studies carried out in different countries.²⁰

In this study, we observe the health impairment of street adults and the presence of the disease as a vulnerability to suicide. A major milestone in the definition of health was drawn up by the World Health Organization (WHO) in 1948 when health was considered as the state of complete physical, mental and social well-being and not merely the absence of disease and disability. As an even more avant-garde, the reformulated concept of health as being the capacity for adaptation and self-management in the face of social, physical and emotional challenges.²¹ It is noteworthy that there are several myths about suicidal behavior, among them, one finds suicide as an act of courage, cowardice, lack of God or faith. It is fundamental to displace the discussion of the moral field, which in no way contributes to dealing with the phenomenon, on the contrary, aggravates the condition of those who desire and seek for their own death and those mourning for suicide. It is argued that the stigmatization of suicide causes more suffering to all people involved and knowledge can contribute to the deconstruction of this stigma around suicidal behavior.

CONCLUSION

It is concluded that the street life of adults exposes them to constant and diverse situations of vulnerability to suicidal behavior, making this group vulnerable and, therefore, inciting protective measures by public policies.

It is understood that the adult population in street situations, besides being stigmatized and in general, invisible to the public policies, presents, as a vulnerability to the suicidal behavior, the sadness, the suffering, the hopelessness, illnesses and problematic use of

alcohol and/or other drugs. There is also the myth of lack of faith as a producer of suicidal behavior for the street population.

It is worth noting that before the street situation, the interviewees lived with their families and had active work activities. The history of depression and the use of alcohol and/or other drugs were identified as the most recurrent context and the main precipitating cause of going to the street for the interviewed adults in the street situation.

It is necessary, given the fact that adult street life exposes them to constant and diverse situations of vulnerability to suicidal behavior, the qualification of the multiprofessional team for proper management, considering the particularities of living in a street situation, with the purpose of ensuring the life and health of this group.

It is added that the multiprofessional team can opportune the articulation with the other health services for the discussion of cases and referrals. It is therefore imperative to build a collective network of health care provision for the most vulnerable adults through extra-mural approaches.

The nursing professional is particularly recognized as one of the professionals responsible for establishing a link with the user, and can therefore act to reduce the damages of problematic use of alcohol and/or other drugs and thus prevent suicidal behavior, as well as in the de-stigmatization of this group, giving visibility to the fact that these people suffer, present numerous risks and need help.

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