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## Letter to the Editor

## When basic supplies are missing, what to do? Specific demands of the local street population in times of coronavirus – a concern of social psychiatry



## ARTICLE INFO

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## ABSTRACT

**Background:** Homeless experts and some federal housing officials are sounding the alarm that the patchwork of government efforts to address the coronavirus outbreak risks leaving out one group of acutely vulnerable people: the homeless. In terms of isolation, it is too unclear what that looks like if you normally sleep on the streets. In this tough moment, when people should be turned away, not only it feels inhumane, but it is also a big public health risk, because where are they going to go?

**Method:** The studies were identified using large-sized newspapers with international circulation

**Results:** With more cities suspecting community transmission of the novel coronavirus, people who sleep in shelters or hunker down outside already have a lower life expectancy and often have underlying health conditions that put them at greater risk if they develop COVID-19 (Global News, 2020). These people face lack of sleep, malnutrition, and “extreme stress levels just to meet their daily needs”, all of which weakens the immune system. Along with mental illness or substance abuse disorders, they are “incredibly vulnerable to this virus”.

**Conclusions:** Health organizations are well aware of the risks involved in mental health. A large population of homeless people experience their pain and psychological distress intermittently. For low-income patients, the various borderline situations related to health/illness involve growing expectations regarding the basic needs. This is a serious concern when linked to the pandemic.

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is infecting people around the world. Coronavirus disease (COVID-19) will probably be transmitted to people experiencing homelessness. This will become a major problem, especially in North America, where there are sizable populations of people experiencing homelessness in nearly every metropolitan city in the USA and Canada. In the USA, more than 500,000 people were reported to be experiencing homelessness on any given night over the past decade (2007–2019) (The Council of Economic Advisers, 2019).

Homeless experts and some federal housing officials are sounding the alarm that the patchwork of government efforts to address the coronavirus outbreak risks leaving out one group of acutely vulnerable people: the homeless. Housing advocates say they fear an outbreak could occur in large homeless encampments, where thousands of people live on the streets and lack the ability to self-quarantine, receive medical attention or access cleaning facilities (The Washington Post, 2020). The idea of police arresting homeless people, many with complex health and addiction issues, without proper testing, and placing them in detention centers, just does not sit right (BBC, 2020). In terms of isolation, it is too unclear what that looks like if you normally sleep on the streets. In this tough moment, when people should be turned away, not only it feels inhumane, but it is also a big public health risk, because where are they going to go? (Sky News, 2020).

The plans in each country differ in scope, pace, and ambition and reflect the specific demands of the local homeless population, which has yet to report a case of COVID-19. Whether these approaches will be effective in the long-term remains unclear. For those living in encampments scattered throughout cities or bedding down in crowded shelters, containment or mitigation might prove elusive (Los Angeles Time, 2020). People experiencing homelessness not only have a set of

challenges that make it really hard to do what has been asked – stay home when you are sick, wash your hands frequently, talk to your medical provider if you are feeling ill –, but also their health condition is worse than of many other people. Although the coronavirus is affecting people around the world, it is imperative that we have a lens focused on the potential to endanger those living on streets (USA Today, 2020). But what happens when you do not have a home? How do you practice social distancing when, at best, the only barrier between you and your neighbor is a nylon tent wall? That is the question facing the homeless individuals, and one that is vexing lawmakers and public health workers as they try to prevent the spread of COVID-19 among a particularly vulnerable segment of the population (Fox News, 2020).

With more cities suspecting community transmission of the novel coronavirus, people who sleep in shelters or hunker down outside have a lower life expectancy and often have underlying health conditions that put them at greater risk if they develop COVID-19 (Global News, 2020). These people face lack of sleep, malnutrition and “extreme stress levels just to meet their daily needs”, all of which weakens the immune system. Along with mental illness or substance abuse disorders, they are “incredibly vulnerable to this virus. And the more obvious: They may have trouble accessing hand sanitizers and hand-washing facilities” (ABC News, 2020). Public health agencies at all levels of government have a role to play in mitigating the coronavirus effects. If public health agencies from local governments to the Centers of Disease Control (CDC) do not have the capacity because of budget cuts or a lack of commitment, local jurisdictions will not have the tools necessary to reach out to those at risk that will be necessary to contain the virus and mitigate its effects on our most vulnerable groups (The Conversation, 2020).

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In the state of Washington, the number of schoolchildren on the streets increased dramatically in the past decade, now reaching about 40,000 students. A fifth of them are in Seattle and King County. This is worrying and alarming for decision-making in the spaces of social psychiatry. As a whole, the homeless are disproportionately young. In the USA, in general, 22% are aged 60 or older, but among those who stayed in a shelter at some point during 2017, only 5.4% were 62 or older. In San Francisco, 10% of the homeless are aged 61 or older. In New York, 7% of sheltered single adults are over 65 years old. Los Angeles county reports that 6.5% of its street population is aged 62 or older. The relative youth of the homeless is likely a macabre testament to their low life expectancy and poor health (City Journal, 2020).

Spreading information, providing easier access to washing facilities and monitoring health would be a start. However, on a wider scale, this situation seems to shine a light on the ways in which, as a society, we forget about people among us who have nothing. Perhaps it is time to reconsider the ethical basis of our communities and our social system. What moral nation can allow its citizens to live without shelter, safety or dignity? (The Guardian, 2020). Health organizations are well aware of the risks involved in mental health. A large population of homeless people experience their pain and psychological distress intermittently. For low-income patients, the various borderline situations related to health/illness involve growing expectations regarding the basic needs. This is a serious concern when linked to the pandemic.

#### Authors' contributions

MLRN, DCRPL, WJS, and JMML designed the review, developed the inclusion criteria, screened titles and abstracts, appraised the quality of included papers, and drafted the manuscript.

MMM, RIS, RMMQ, ECSM, TIA, PWGF, and JLSM reviewed the study protocol and inclusion criteria and provided substantial input to the manuscript.

MLRN, JMML, CGLS and TMSNA reviewed the study protocol. MMM read and screened articles for inclusion. All authors critically reviewed drafts and approved the final manuscript.

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The authors declare that they have no competing interests.

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