

# Letter to the Editor

## Mortification and shelterization of homeless psychiatric patients in Portugal

Dear Editor,

We recently read an interesting article in your journal regarding the coronavirus disease (COVID-19) detection and spread control in the homeless population in Italy<sup>1</sup>, hopefully, opening the discussion for other southern European countries.

In Portugal, some authors are very optimistic, as they seem to believe that the COVID-19 crisis brought an opportunity to eradicate chronic homelessness, through the increasing of offers in housing first<sup>2</sup>. Our experience is quite different, here at our psychiatric hospital, where we deal with many homeless people with psychiatric disorders, living in different settings<sup>3</sup>.

Besides having homeless inpatients, in the hospital's acute and chronic evolution wards, we also see many homeless outpatients<sup>4</sup>, at the hospital's long-acting injectable (LAI) anti-psychotics clinic, but also outside the hospital, during visits done by our homeless outreach team (HOT). While most of our LAI patients live in shelters or in housing first projects, the HOT patients are sleeping rough in the streets of Lisbon. And, unfortunately, we still see a lot of mortification in homeless inpatients and shelterization in homeless outpatients.

Shelterization has been characterized, more than thirty years ago, by a decrease in interpersonal responsiveness, with neglect of personal hygiene, plus increasing passivity and dependency on others, in people living in shelters<sup>5</sup>. Mortification is an even older phenomenon, somehow equivalent but described decades before shelterization, among people living in what was once called total institutions, such as psychiatric hospitals<sup>6</sup>.

While mortification is not uncommon in our acute ward inpatients, shelterization is also not rare among our outpatients living in housing first projects. We believe this is happening because the pandemic led to an important decrease of network contacts not only with mental health providers, social services and occupational therapy, but also opportunities for alcohol or drugs rehabilitation programs. For us is quite clear: while mortification shows that admission in the psychiatric hospital ward is not enough for homeless inpatients, shelterization, on the other hand, suggests that housing first will also not be enough for homeless outpatients.

Homeless patients living with severe psychiatric disorders in Portugal are super difficult<sup>7</sup>, with high somatic comorbidity<sup>8</sup>, many times anonymous<sup>9</sup>. Collectively, the scars that COVID-19 will leave in our societies will take its toll, as other pandemics did in the past, increasing fear, inequalities, privacy violations, lack of empathy, and ideological extremism; and that shall be only the beginning of our perniciously and dystopian future, the *covidophobia* era<sup>10</sup>.

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### Data Availability Statement

Data sharing not applicable to this article as no datasets were generated or analyzed during the current study.

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### **Conflict of Interest**

The author declares that he has no conflicts of interest.

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