

# Healthcare in Homeless Services: Role of Occupational Therapy

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CAITY BUNCH, MS, OTR/L

UNC CENTER FOR EXCELLENCE IN COMMUNITY MENTAL HEALTH

# What is Occupational Therapy?

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Occupational therapy is a profession focused on helping people do the things they need to do and the things they want to do

OTs facilitate participation in meaningful occupations

Examples of occupations:

- Bathing, dressing, brushing teeth
- Paying bills, taking medicines, cleaning house
- Working or volunteering
- Going to the mall, playing music, socializing with friends

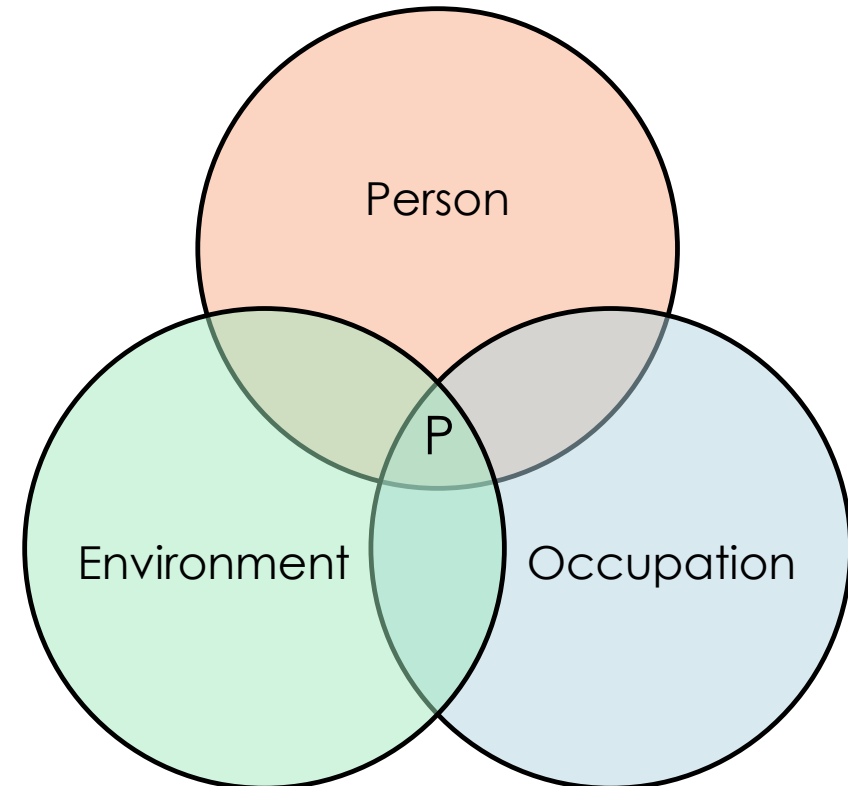
# Occupational Therapy & Integrated Care

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## Focus on Performance & Participation

Function = Fit between

- **PERSONAL** factors
- **ENVIRONMENTAL** factors
- Demands of the **OCCUPATION**



# OT Process - Areas of Assessment & Intervention

Person	Environment	Occupation
<ul style="list-style-type: none"> <li>• Strengths &amp; difficulties</li> <li>• Health condition</li> <li>• Physical abilities</li> <li>• Cognitive level</li> <li>• Knowledge</li> <li>• Potential for new learning</li> <li>• Motivation</li> <li>• Reported problems in performance</li> </ul>	<ul style="list-style-type: none"> <li>• Physical space</li> <li>• People (staff!)</li> <li>• Items used to complete the occupation</li> <li>• Social</li> <li>• Cultural</li> <li>• Political environment</li> </ul>	<ul style="list-style-type: none"> <li>• Routine</li> <li>• Frequency</li> <li>• Method</li> <li>• Steps and tasks involved in completing each occupation</li> <li>• Meaning of the occupation</li> <li>• Skills and abilities required to perform the occupation</li> </ul>
<ul style="list-style-type: none"> <li>• Use strengths to scaffold success in performance issues</li> <li>• Build areas of skill where possible</li> </ul>	<ul style="list-style-type: none"> <li>• What about the environment is a barrier?</li> <li>• How can the environment support the person to be successful?</li> </ul>	<ul style="list-style-type: none"> <li>• Can the occupation be changed?</li> </ul>

# How can occupational therapy help with healthcare for people experiencing homelessness or housing difficulties?

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## Direct clinical services

- Permanent supportive housing
- Transitional housing
- Outreach teams
- Tenancy supports
- ACT
- IPS/Supported Employment
- Primary care for homeless population

## Consultation

- Shelters moving to low-barrier services
- Development of transitional and permanent housing sites

# OT Direct Services on Housing Teams

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OT completes evaluation of clients to determine priority areas of occupational performance/participation; focus on functional independence and participation related to maintenance of housing

Example: HomeLink

# What does OT do in housing services?

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Supports occupations related to obtaining and maintaining housing AND moving toward no longer needing housing services

- Participating in housing search and related tasks
- Finding somewhere that meets their needs (physical accessibility? transportation?) and prevent falls/injuries once in the home – help adjust physical environment or occupations to accommodate for physical disabilities or chronic medical condition
- Maintaining home organization to pass inspection
- Developing successful routines around financial management and bill pay
- Using transportation and getting out in the community successfully
- Building ability to solve problems related to housing: self-advocacy, how to engage with landlord or neighbors, deal with confusing medical issues
- Finding productive or enjoyable things to do in the community – community integration!

# What does OT do in housing services?

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Share information with housing team/housing providers

- What to expect regarding functional performance
  - Safety
  - Cognitive abilities/need for adaptations
  - Needed referrals and supports
  - Informs housing options (accessibility, proximity to transportation)
- Documentation of abilities and difficulties to qualify for benefits/services
  - Social Security applications
  - Need for personal care assistance
  - Ability to participate in programs



# Example supportive housing client

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Veteran with glaucoma, cataracts, R knee osteoarthritis, paranoid schizophrenia, and history of alcohol and cocaine use

- Difficulty paying bills on time
  - Couldn't read money order to sign; couldn't recall name of apartment complex to complete money order
  - Veteran requested payee, assisted with this process through documentation of difficulty
- Not taking medicines correctly
  - Difficulty reading medicine bottles but didn't want to use readers
  - Willing to take one of each pill each day
  - Changed the environment – requested providers changed dosage of meds needing to be split in half
  - Client in agreement with goal of “not taking too much medicine”

# Example supportive housing client

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Client with epilepsy, balance problems, severe bilateral knee osteoarthritis, and essential tremor referred for transportation issues. No longer able to drive, tearful when discussing inability to leave home safely.

- Assessed home environment; ordered & installed needed equipment to reduce falls risk and fear of falling
- Discussed mobility devices; veteran gradually transitioned to using rollator walker as she increased community outings
- Referred for PT vestibular evaluation for balance issues, PT for knee OA
- Assisted with completion of accessible transportation application; veteran used accessible transportation and now uses fixed-route bus system when able
- Bilateral tremor impacted phone use: assisted in obtaining Guardian Alert Plus for dialing 911, assisting veteran in locating smartphone she was able to use
- Veteran began engaging in Community Outings group as motivation for using new transportation options; using smartphone to navigate and to look up new activities
- Led community outings peer group
- On track for graduation from program/frees up case management for another client

# Occupational Therapy Consultation

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How are housing environments supporting or not supporting our clients?

Many of our clients have mental illness, substance use disorders, and/or physical health problems – how do we improve access, help them be successful residents and help them get out?

- Cognition – memory, attention, problem solving
- Sensory processing issues (Bailliard)
  - Difficulty reading long paragraphs of rules
  - Difficulty engaging with housing planning process – why?
- Impaired mobility/endurance, falls risk
- Medication administration needs

# Adding OT to your team

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Ways to incorporate OT:

Create a position!

Hire a consultant

Connect with local schools for student projects and clinical experiences or faculty support. Look at both occupational therapy (OTs) and occupational therapy assistant (OTA) programs in your area!

Connect with the NC Occupational Therapy Alliance for Promotion of Mental Health at [ncotamhp@gmail.com](mailto:ncotamhp@gmail.com) if you are interested in collaboration or for support in connecting to local programs.

Contact Antoine Bailliard, UNC OT professor at [antoine.bailliard@med.unc.edu](mailto:antoine.bailliard@med.unc.edu)