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Occupational Therapy, Mental Health Housing, and Recovery

Presented by:

Sean M. Getty, MS, OTR/L

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Objectives

- After this course, participants will be able to identify the role of occupational therapy in community-based mental health housing.
- After this course, participants will be able to identify programs utilized by occupational therapy to facilitate recovery in mental health housing
- After this course, participants will be able to identify evidence-based practices used to facilitate recovery in mental health housing.

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Why is our role in Mental Health Housing important?

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AOTA's Identified Areas

- Occupational Therapy's Role in Mental Health Recovery Fact Sheet
- Occupational Therapy's Role in Community Mental Health Fact Sheet
- Occupational Therapy's Role with Posttraumatic Stress Disorder Fact Sheet
- Occupational Therapy Using a Sensory Integration-Based Approach with Adult Populations Fact Sheet
- Mental Health in Children and Youth: The Benefit and Role of Occupational Therapy Fact Sheet



continued



RECOVERY

NOW IS THE TIME!!!

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continued

Recovery-Based Care

- Definition
 - “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.” (SAMHSA, 2012, p.1)

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10 Fundamental Components of Recovery

- Self-Direction
- Individualized and Person-Centered
- Empowerment
- Holistic
- Non-Linear
- Strengths-Based
- Peer Support
- Respect
- Responsibility
- Hope

- U.S. Department of Health and Human Services (2005)

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Recovery Concepts

vs.

Occupational Therapy Concepts

- Self-Direction
- Individualized and Person-Centered
- Empowerment
- Holistic
- Non-Linear
- Strengths-Based
- Peer Support
- Respect
- Responsibility
- Hope

- Freedom
- Dignity/Client-Centered Practice
- Altruism
- Holistic
- Strengths Based
- Equality
- Supporting resiliency

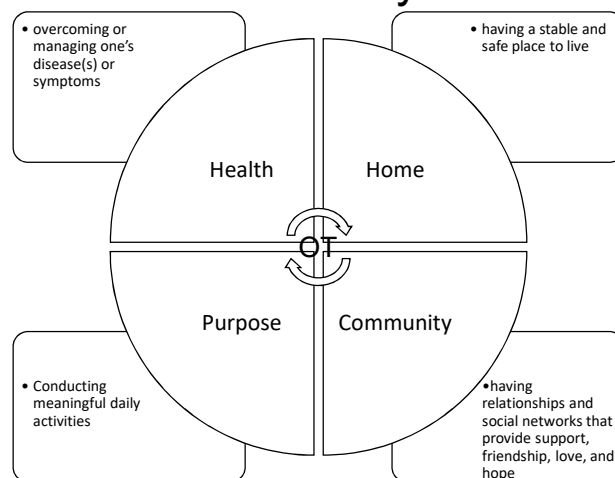
(Getty, 2015)

Public Mental Health Services need to be:

- Person centered
- Community integration focused
- Whole health focused
- Evidence-based and cost effective

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Four Pillars of Mental Health Recovery



(SAMHSA, 2017)

Supported Housing as a Foundation for Recovery

- Freedom to live independently
 - Self-guided daily routines
 - Sense of purpose and self-worth
 - Community integration
 - Decreased stress levels
 - Ability to pursue future goals
- (Kirsh, Gewurtz, & Blakewell, 2011)

Key Supports in Housing

- Connecting to Social Supports
- Goal Setting and Accessing Resources
- Managing Crisis
- Learning Skills for Independent Living
- Trusting and Supportive Relationships over the Long-Term

(Kirsh, Gewurtz, & Blakewell, 2011)

continued

Key Facilitators to Support Housing Needs

- Coordinated service delivery between housing and mental health agencies
 - Continuum of mental health service options
 - Engagement in service plans
- (Kerman, Sirohi, Curwood, & Trainor, 2017)

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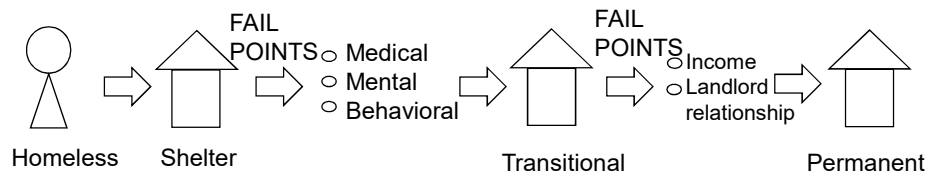
And...

- A functional system with suitable accommodations
 - Service efficacy
 - Individualized service
 - Promotion of social inclusion
- (McCauley, Montgomery, Mossey, & Bailey, 2015)

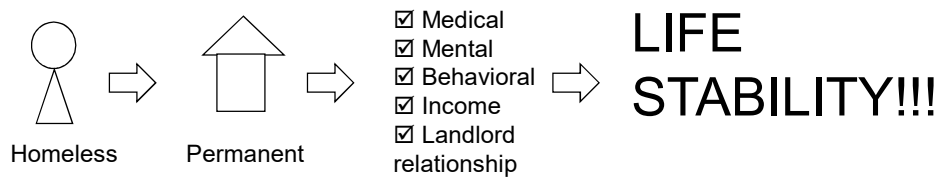
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Typical Housing Placement



Housing First



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Housing First

- Greater Quality of Life (Patterson et al., 2013)
- Cost Effective (Tinland et al., 2013)
- Superior outcomes to establish stable housing (Aubry, Nelson, & Tsemberis, 2015)
- More cost effective- housing costs increases but not as much as a decrease in mental health, emergency shelter, emergency room, jail, and ambulance costs (McLaughlin, 2011)

It works...but what about the skills to maintain?

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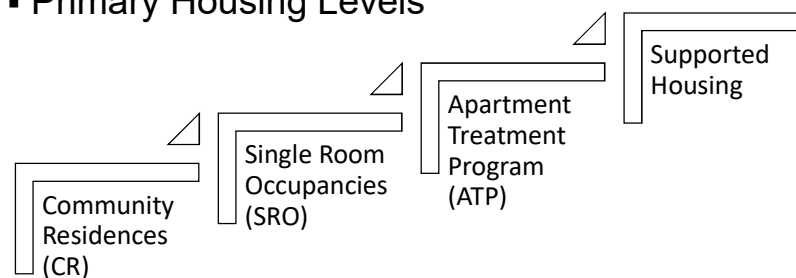
Top 10 Reasons Why OT Should Be a Part of Mental Health Housing

1. OT understands client-centered practice
2. Function is the focus within recovery
3. OT takes a holistic view
4. OT utilizes a strengths-based approach
5. Activity analysis facilitates function-based goals
6. OT treatment extends beyond the clinic
7. OT language aligns with recovery terminology
8. OT assessment tools assist in client-centered treatment
9. OTs provide hope to consumers
10. The clients need us!!!

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Mental Health Housing in NYS

- Single Point of Entry System
- 40,000 community-based MH housing units
- Primary Housing Levels



continued

Funding Initiative

- In response to “Bring it Home: Better Funding for Better Care” Campaign
- \$2 billion for supportive housing units
- 169 awards to 47 counties in NY
- 6,000 units

(Canady, 2017)

continued

Step One: Getting in the Front Door

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continued

Entering the Non-Traditional Arena

- **Community Partnerships**

- Addressing social issues and service gaps through partnerships that link academic institutions with “community experiential knowledge” (Suarez-Balcazar, et al., 2009)

- **Scholarship of Practice Framework**

- OT-community partnership designed to address first and foremost, the needs of the community being served (Braveman, Helfrich, & Fisher, 2001)
- Successful and lasting partnerships endeavor to meet the needs of the community be served by the collaboration (Suarez-Balcazar, et al., 2009)

The OT Salesperson

Step Two: Evaluation

Evaluation of the Individual
Evaluation of the Environment

Individual Evaluation

- Step One
 - The Occupational Profile
- Step Two- Analysis of Occupational Performance
 - Stress Management Questionnaire
 - Canadian Occupational Performance Measure
 - Test of Grocery Shopping Skills
 - Assessment of Communication and Interaction Skills
 - Sensory Profile
 - Kohlman Evaluation of Living Skills
 - Worker Role Interview
 - Performance Assessment of Self-Care Skills
 - Assessment of Motor and Process Skills
 - Allen Cognitive Level Screen-5

Cognitive Function and Housing

- Higher scores on cognitive evaluations have been correlated with:
 - Meal preparation
 - Safe community participation
 - Money management
 - Self care
 - Room care
- (Helfrich, Chan, & Sabol, 2011)

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Environmental Evaluation

- Well-being and psychosocial processes are impacted by:
 - Spatial layout
 - Room size
 - Interior design and furnishing (Dijkstra, 2009; Harris et al., 2002)
- Physical layout can influence
 - Social interactions
 - Quality of social relationship (Marcheschi et al., 2016)
 - Better health outcomes- associated with accessing natural elements (Marcheschi et al., 2014)

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continued

Step Three: Intervention

continued

“Our role consists in
giving opportunities
rather than
prescriptions”

(Meyer, 1922, p.7)

continued

continued

Budgeting, housekeeping, building relationships, healthy living, and managing symptoms are areas that both facilitate recovery and align with the unique skill set of the occupational therapist (Gibson, D'Amico, Jaffe, & Arbesman, 2011).

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continued

Occupational engagement within the home context can also improve self-confidence and goal attainment for individuals who may not engage in psychiatric rehabilitative treatment due to isolation (Lindstrom, Sjostrom, & Lindberg, 2013).

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Consumer's Primary Housing Concerns

- Working towards my home
- Following the rules to keep what I have
- Managing and improving my accommodation
- Working with housing services
- Living within my current situation
- Finding and using supports

(Honey, Nugent, Hancock, & Scanlan, 2017)

continued

Economic Security

- Tied to the ability of consumers to maximize use of services (Elbogen, Tiegreen, Vaughan, & Bradford, 2011)
- Financial literacy programs have been linked to program satisfaction and more positive outcomes (Swarbrick & Stahl, 2009; Burke-Miller et al., 2010)
- Increases social interactions/connectedness (Bynner & Despotidou, 2001)
- Associated with more positive health outcomes (Grimm, Smith, Theodori, & Luloff, 2009)

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Developing a Sense of Community

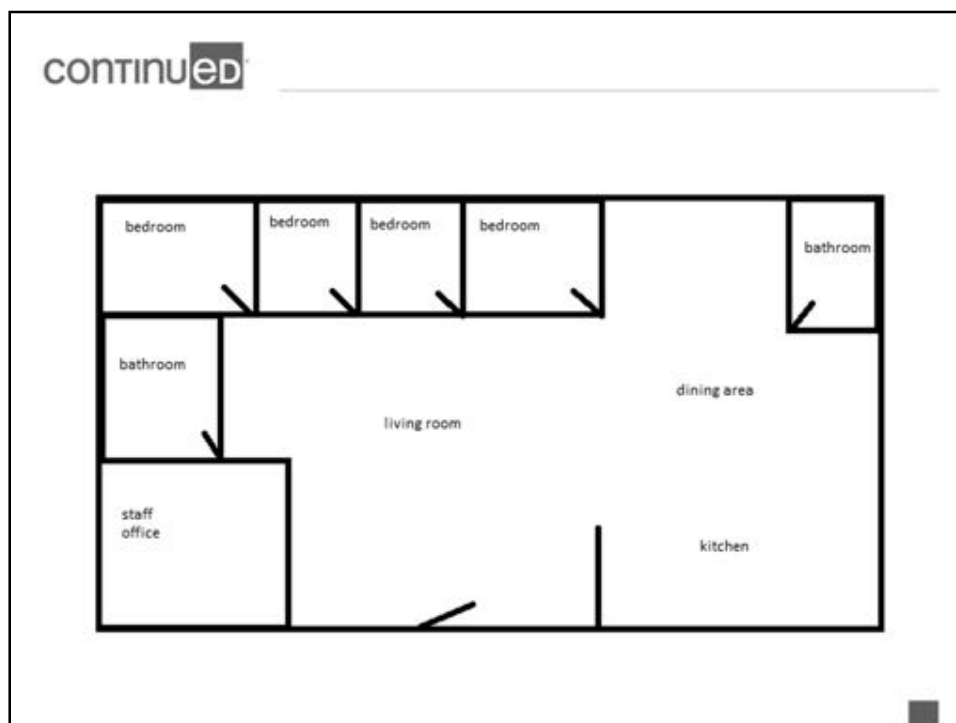
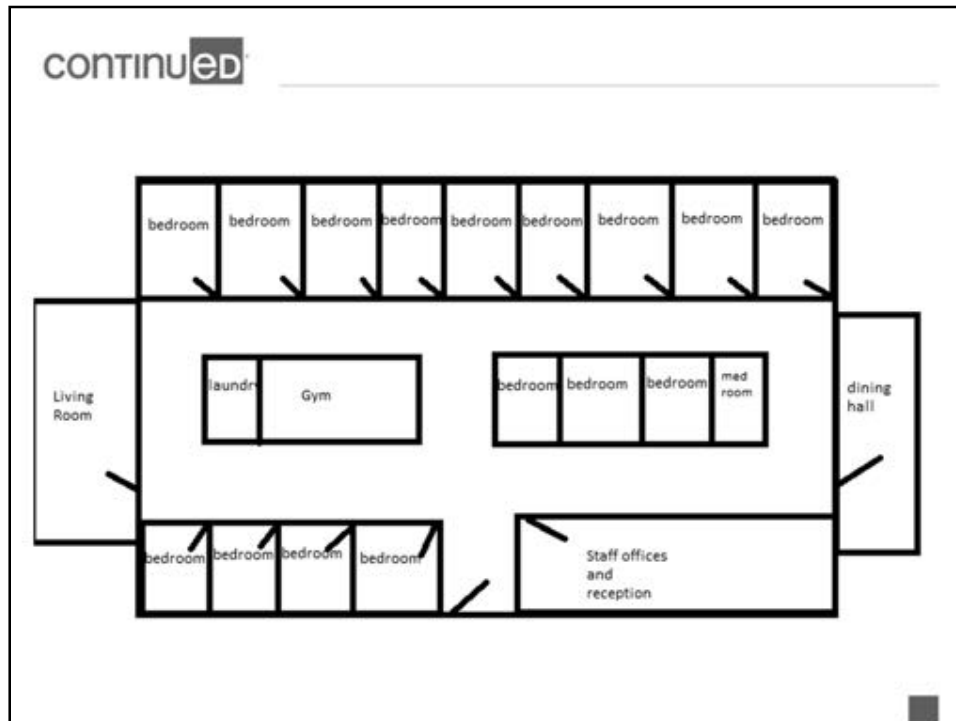
- Linked to
 - Well-being (Prezza et al., 2001)
 - Sense of belonging (Sonn & Fisher, 1996)
 - Community participation (Chavis and Wandersman, 1990)
- Interventions must address the stigma and discrimination concerns (Twonley & Kloos, 2011)

continued

Intervention: The Physical Environment

- Spatial layout
- Interior design and furnishing
- Access to natural elements
- Positive social interaction is a key factor in successful psychiatric treatment (Duxbury et al., 2010)

continued



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Other Considerations

- Impact of the 10x10 Wellness Campaign and Healthy People 2020
- 5.6 to 8 million older adults had one or more mental health/ substance use conditions (IOM, 2012)
- The number of older adults in need of substance abuse treatment is estimated to be 4.4 million by 2020 (Gfroerer et al., 2013)



Accommodations & Housing Recommendations
for Older Adults

Evidence Based Practices

- Individual Placement and Support
- Supported Education
- Family Psychoeducation
- Consumer Centered Family Consultation (CCFC)
- Wellness Recovery Action Plan (WRAP)
- Motivational Interviewing
- Wellness Self Management (WSM)
- Integrated Dual Diagnosis Treatment (IDDT)

continued

Supporting Many to Achieve Residential Transition (SMART) Program (Gutman et al., 2015)

- Modular-based program for transitioning from homelessness for individuals with a dual diagnosis
 - Housing Interview Skills
 - Apartment Living Skills
 - Being a Good Tenant and Neighbor
 - Community Living
 - Managing Money
 - Health and Wellness

(Gutman & Raphael-Greenfield, 2017)

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The Fairweather Mental Health Housing Model (Haertl, 2007)

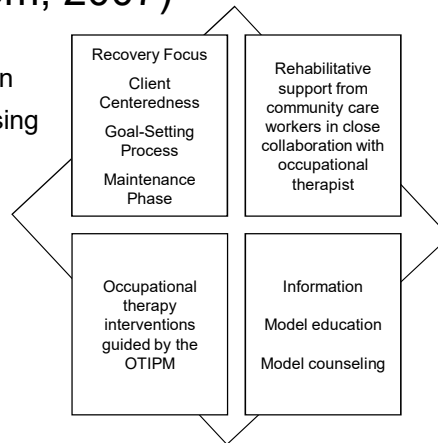
- Peer-supported, community-based residential and work environment” (p. 151)
- Promotes a:
 - Family-like culture
 - Responsibilities
 - Decision-making

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continued

Everyday Life Rehabilitation (ELR) (Lindstrom, 2007)

- Integrated OT in supported housing



- Diamond= meaningful daily occupations
- Square= model components, principles, & procedures

(Lindstrom, Sjostrom, & Lindberg, 2013, p. 730)

Case Example: The Stony Brook OT program and Concern for Independent Living

- Step One- Evaluation of facility needs
 - Coping Skills/Stress Management
 - Community Mobility
 - Apartment Management & Maintenance
 - Shopping
 - Meal Preparation & Cleanup
 - Health Management and Maintenance
 - Safety & Emergency Responses
 - Financial Management
 - Leisure Participation
 - Employment Interests and Pursuits
 - Social Participation
 - Daily Living Skills



Stony Brook
University

continued

Weekly Schedule of Occupational Therapy Groups

	Monday	Tuesday	Wednesday	Thursday	Friday
11:30	Emotional Regulation	Building Relationships	Exercise Group	Leisure Exploration	Stress Reduction through Movement
2:00	Skills for Obtaining Employment	Healthy Living Group	Work and Career Options	Art as a Coping Skill	Money Management Group
3:30	Stress Management Group	Community Resources Group	Independent Living Skills Group	Problem Solving Skills	Nutrition/Meal Preparation Group
6:00	Games	Music Group	Stress Reduction/Body Integration	Sleep Techniques	Preparing for the Weekend

continued

Individual Treatment

- Coping Skills/Stress Management
- Community Mobility
- Daily Living Skills
- Apartment Management & Maintenance
- Shopping
- Meal Preparation & Cleanup
- Health Management and Maintenance
- Safety & Emergency Responses
- Financial Management
- Leisure Participation
- Employment Interests and Pursuits
- Social Participation



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Case Example: The Stony Brook OT Program and Options Housing



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QUESTIONS???

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