

# Homelessness, Mental Capacity and Executive Function: An Occupational Therapy Lens

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# Today we'll talk about....

- What is Occupational Therapy?
- Role of OT in homeless/inclusion health
- Case studies
  - OT and executive function
  - OT and mental capacity
- The Lived Experience perspective

# What is Occupational Therapy?

Occupational therapy helps you **live your best life** at home, at work – and everywhere else. It's about **being able to do the things you want and have to do.** .... Everything is focused on your wellbeing and your ability to participate in activities.

RCOT definition



# What is Occupational Therapy?

## What do we mean by an 'occupation'?

- An occupation is any activity that we need, want or like to do
- Occupation isn't just your job or activities of daily living. An occupation can be:
  - self-care
  - productive
  - leisure
- Occupations vary depending on our environment, interests and values, talents and skills. Our occupations also change throughout our lives.



**Occupations  
give meaning and  
purpose to our  
lives.**

# OT and Homelessness

- OT at heart of health equity and social justice
  - *Occupational injustice*
  - *Experience of marginalisation*
- Recognise person as occupational being
  - *Person centred*
- Roles, Routine, skills and opportunities
  - *Loss of roles and identity*
  - *Occupational Imbalance*
- Darker side of occupation

# OT and Homelessness

- Attend mental health DROP Ins at local charities and Soup Kitchens:
  - *Develop rapport, mental health assessment and signposting*
- Psychoeducational Sessions:
  - *Emotional regulation, trauma stabilisation, sensory and self sooth and compassion focused therapy*
- Transition from homelessness to accommodation
  - *Roof over head but other barriers in place?*
- Functional Skills Assessment
  - *Personal and Instrumental Activities of Daily Living*
  - *Productivity and Social Skills*
  - *Executive Functioning and Capacity*

# Case Study One: Craig

## Background Information

- History of mental health difficulties: Inpatient and community settings
- Periods of homelessness and lack of support network
- Chronic history and current substance use: Fluctuating Capacity
- Forensic history: Largely linked to drug seeking behaviours
- Inability to manage independently: Significant cognitive and functional deficits highlighted
- Lack of input from Social Care due to lack of understanding around Dual Diagnosis "Just another drug user"

# Case Study One: Craig

## Role of Occupational Therapist

- Information Gathering regarding functional skills, both directly and indirectly
- Direct observation of functional skills/home environment
- Attendance to a number professional meetings regarding concerns regarding functional skills and mental health
- Formulation of an OT report to support need for Care Act Assessment



# Case Study One: Craig

## Challenges

- "Just another "drug user" Significant Stigma associated with dual diagnosis even from other professionals
- Fluctuating Capacity
- "He has told us he can manage": Lack of thorough assessment of needs/skills and abilities
- Poor relationships with professionals
- Inappropriately housed

# Case Study Two: Liam

## Background Information

- Limited Information: Previously lived up North with mother who passed away when he was 15 years old
- Periods of homelessness and limited support network
- Frontal Lobe Disorder: Is this a learning disability?
- Inability to manage independently: Significant cognitive and functional deficits highlighted
- Lack of input from Social Care: Under the Radar

# Case Study Two: Liam

## Role of Occupational Therapist

- Information Gathering regarding functional skills, both directly and indirectly
- Direct observation of functional skills/home environment
- Supported to develop skills within Activities of Daily Living:  
Ongoing intervention
- Formulation of an OT report and referral to Social Care

# Case Study Two: Liam

## Challenges

- Inappropriately housed and risk of homelessness:  
Supported living would be more appropriate
- Will "go under the radar" - Is quiet and doesn't want to "be any bother"
- Cannot read and write: Doesn't respond to correspondence
- Lacks capacity in aspects of Daily Living

# **Lived Experience Perspective: A conversation**

**Any Questions or Comments?**

# References

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# Thank you!

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