

Snapshots of occupational therapists as change agents: Poverty

Tips for a poverty-aware practice

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In Andrea Perry's first occupational therapy fieldwork placement, she found herself entering the homes of people who lived in poverty, which made her realize: "I've been so unaware and naive." In her first job, she learned that it was counterproductive to try to help stabilize clients' mental health through traditional biomedical means while ignoring the poverty that constituted a precipitant to many of their health concerns. Moreover, in undertaking home safety assessments, Andrea pondered: "Why am I assessing if you are "safe" to cook or to live in your own apartment if you don't have access to food and there are no affordable housing options for you?"

Andrea became an active member of Health Providers Against Poverty, an organization of health-care providers committed to addressing the impact of poverty on health. What she believes will help her clients most are things she labels "resources." As she explains, clients she sees in a hospital or long-term care facility who come from affluent backgrounds have assistive devices, comfort items and one-to-one caregivers. Many of her clients in the same facilities, however, are unable to afford them. She finds these discrepancies disturbing, "Even when people no longer live out 'in the community,' the social divide and its impact on health continues."

Andrea feels strongly that students should be exposed to the reality of poverty so they can understand the circumstances of their clients' lives. She tells a story of a student who had prepared to perform a kitchen assessment for a client, however, when she arrived at the client's apartment, there was no food in the fridge. As Andrea states, "I think this was a real awakening moment for that student about social determinants of health – assuming the fridge would just be stocked."

Andrea believes that occupational therapists can be great champions in the fight against poverty. The following are some ways therapists can adopt a poverty-informed practice:

- Ask "Is my treatment plan affordable to a person living in poverty?"
- While assessing skills is important, assessing means (access and affordability) is as deserving of our attention.

- When supporting a client in their workplace, look beyond the usual accommodations: Do they have benefits? Can they take a sick day? Are they receiving a living wage?
- Find out what health benefits or programs are available in your region or municipality (income optimization, assistive device programs).
- Provide clear language, step-by-step instructions or tip sheets to educate your clients on the benefits they may be entitled to, offering navigation support.
- Connect with your national or provincial occupational therapy association regarding systems-level advocacy.
- Consider whether your workplace requires clients to travel for appointments. Are visits structured to minimize the economic burden for clients?
- Can care conferences or family meetings be booked at times that accommodate a caregiver's work schedule (to avoid unpaid leave from work)?
- Let government officials know you believe poverty is a threat to your clients' health and well-being. Write to your national, provincial and municipal representatives!
- Join Health Providers Against Poverty: <http://www.healthprovidersagainstpoverty.ca/>

Recovery and occupational engagement via an innovative housing project

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The Prevention and Early Intervention Program for Psychosis at the Douglas Mental Health University Institute in Montreal, Quebec (PEPP-Montreal) offers specialized, rapid-access services for young people aged 14-35 experiencing a first episode of psychosis and their families (Douglas Mental Health University Institute [DMHUI], 2015b). A case management approach is used, whereby outreach and community-based follow-up are among the best-practice services offered. Best practices also stipulate that long-term, stable housing, with clinical support, leads to improved functional outcomes (Ontario Ministry of Health and Long-Term Care, 2011); however, there is a lack of affordable and safe apartments in Montreal for young people with mental health difficulties and low income. In January 2014, PEPP-Montreal began an innovative project to address this. A housing-first model was adopted (implemented by the At Home Project [DMHUI, 2015a]), providing safe, affordable housing by

means of a two-year subsidy to house twenty clients. Participants' choice is emphasized, and the objective is increasing autonomy and promoting occupational engagement. Each participant continues to be followed by his or her treatment team and an occupational therapy intervention plan is implemented to enable resumption of meaningful occupations. Based on a thorough evaluation, occupational therapy interventions range from developing independent living skills (e.g., managing personal finances, meal planning, household maintenance) to returning to work or school to resuming leisure activities. Interventions can be tailored to each participant based on individual objectives and abilities and the participant's environment. The participants also receive individual placement and support intervention for vocational and educational recovery so that they have the means to keep their apartments post-subsidy. So far, ten participants have been housed, the majority of whom were homeless or on the verge of homelessness. Five clients have resumed work or school. Three people who had disengaged from follow-up were reengaged via this project. Thus, this service delivery model promotes recovery among youth in their natural environments. Occupational therapists' expertise is key on several levels, as we are well-positioned to promote resumption of meaningful occupation; advocate with and for participants for their right to adequate housing, leading to destigmatization of mental illness; and, with further research to justify the model, advocate for its adoption on a larger scale and participate in its design and implementation at a population level. This project illustrates the role of the occupational therapist as a change agent on both the micro scale, helping to foster hope and improve quality of life on an individual basis, and on the macro scale, towards shifting service delivery models to advance occupational performance and engagement.

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Social determinants of health and occupational therapy

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People with mental health issues are faced with a number of barriers that limit their access to stable income and often result in a life of poverty. Income and mental health are intricately linked, and the effects of poverty have a profound negative impact on mental health (Mental Health Commission of Canada, 2013; Wilton, 2004). Occupational therapists enable individuals to participate in meaningful occupations. When working in mental

health, occupational therapists strive to address the impacts of poverty by breaking down barriers and promoting engagement in valued occupations, so that all individuals have equitable access to healthier outcomes. As occupational therapists within the Social Determinants of Health Service at the Centre for Addiction and Mental Health, we aim to address the needs of our clients, who are at high risk for poverty, unemployment, homelessness, and social exclusion due to a variety of factors, notably inadequate access to community supports and resources. Our service strives to reduce barriers that clients face, with the goal of supporting their recovery, for example, through implementing and supporting a financial literacy program, creating and maintaining housing partnerships, organizing employment-oriented workshops and training, and coordinating non-credit basic literacy and academic upgrading programs in collaboration with community partners. These programs aim to mitigate the effects of poverty, homelessness, unemployment and social exclusion, and promote mental health and equitable occupational engagement.

Occupational engagement rarely occurs in a vacuum and can be impeded by barriers – such as poverty – that limit access to important occupational opportunities and that are known social determinants of health. Occupational therapists are educated to analyze the transactions that occur between people, their environments, and their abilities and opportunities to engage in occupations. We believe it is essential to look beyond individual abilities and the physical environment and consider the conditions in which people live and work – the social determinants of their health – when facilitating their engagement in occupations. We therefore support Hammell's and Iwama's assertion (2012): "If occupational therapists are to take seriously their espoused commitment to enabling equitable access to participation in occupation, the inequitable conditions of people's lives will need to be addressed" (p. 385).

References

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