Social work intervention in managing patients with interpersonal relationship stress in Integrated Mental Health Programme (IMHP) in KCC primary care clinics

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Introduction
Relationship problem is one of the common stressors that people may encounter from time to time. Stress can arise from relationship problem with our spouse, parents, children or friends; and this can be inducing factors for common mental disorder. Integrated Mental Health Program (IMHP) was introduced at primary care clinics (General Out-patient Clinic (GOPC) of KCC since Oct 2011 to help patients presented with mood problem. The objectives of social work intervention include reducing mood symptoms, improving coping ability, improving relationship problem, and enhancing their community participation.

Objectives
This study aims to analyze the nature of relationship stressor that IMHP patients are facing and the effectiveness of the social work interventions.

Methodology
A retrospective study of IMHP cases with social work intervention within the period from September 2013 to August 2014 was conducted. Cases with relationship problem were selected and studied on their psychosocial background, nature of relationship stressor and social services rendered. They were screened by standard assessment tools (PHQ-9 for depression and GAD-7 for anxiety). Pre and post IMHP mood scores were compared by pair-t test. All statistical tests are two-sided, with a p-value of <0.05 was considered significant.

Result
A total number of 508 cases with CMD were referred to IMHP for social work intervention, among 68 patients who have relationship stressor were recruited during the study period. 78% was female, their mean age was 55.5 and 60.3% received secondary or higher educational level. The types of relationship related stress included marital conflict (36.8%), child care and parenting (26.5%), carer stress (20.6%), conflict with friends (5.9%), conflict with parents (4.4%) or in-law parents (2.9%) and conflict with siblings (2.9%). The disease varieties include anxiety (19.1%), depression (17.6%), adjustment disorder (16.2%), insomnia (14.7%), grief (13.2%), mixed mood problem (8.8%) psychological symptoms (5.9%) and others (4.4%). Social work intervention included marital counseling (35.3%), bereavement counseling (25%) and parenting counseling (14.7%). 52.9 % of patients practiced relaxation exercise as a mean to enhance their self-management ability in common mental disorder and 55.9% of patients would have behavioral activation. 23.5% of patients were lined up with community resources while 19.1% of patients were invited to attend IMHP psychosocial group. 13.2 % of patients presented with suicidal risk and crisis intervention was rendered. 42 patients (61.8%) showed improvement in mood score severity levels after 5 sessions of intervention in average. Pre- and post-IMHP mood scores demonstrated that the mean PHQ-9 score for depressive patients decreased from 7.51±5.47 to 4.84±4.3 (p <0.001) and the mean GAD-7 score for patients with anxiety reduced from 7.97±4.66 to 5.22±3.8 (p <0.001). To sum up, counseling, relaxation skill and self-management approach are most frequently used in social work intervention; while lining up community resources and arranging IMHP psychosocial group can enhance patient's participation in managing their relationship stressor under IMHP. Social work interventions showed positive result in reducing IMHP mood score.