Prediction of Length of Stay from Recovery Factors in Psychiatric Rehabilitation

Frank Ho-yin, LAI
Occupational Therapy
TPH

Clinical Safety and Quality Service I
16 May 2017 (15:45)
Room 421, HKCEC
Nowadays it is believed that

- **Recovery** is an unique personal experience (Davidson et al., 2006).

- “**Recovery in**” lives in a safe, dignified manner in the community with supports that he or she needs (Davidson, O’Conell, Tondora, Styron & Kangas, 2006).

- a guiding force in developing mental health practice (Davidson et al., 2006).
3. **Comfort Plan for Psychiatric Patients**

**Comfort** Plan is a strength-based approach program to promote hope, self-management and recovery for psychiatric patients. The plan has three core elements: providing a framework for management of emotional distress by adopting self-management strategies; guided communication between nurses and patients and a tranquil environment to ameliorate emotional distress. The comfort plan aims at minimizing the use of seclusion and restraint on patients with agitation.
Recovery in OT Perspective

• …… *With evidence-based implementation, in guiding the development of recovery program* (Campbell-Orde et al., 2005) ……

• Objective measures on the effectiveness of recovery has been long been advocated (Frese et al, 2001; Repper & Perkins, 2006).
Model of Recovery
Adopted from Farkas, Gagner, Anthony & Chamberlin (2005)

- Focuses on client’s capacity to grow and to improve functioning
- Assists client to make choices and to accept responsibility for their own choices
- Focuses on client as a whole with strengths
- Focuses on the unique characteristics & expectation on recovery

---

**Person Orientation**

**Person Involvement**

**Self Determination**

**Growth Potential**

Adopted from Farkas, Gagner, Anthony & Chamberlin (2005)
• **Chinese Hope Scale (CHS)**, composed of domains of agency (i.e. goal-directed energy) and pathways (i.e. planning to accomplish goals), is used to assess level of hope.

• **Chinese Short Warwick-Edinburgh Mental Well-being Scale (CSWEMWBS)** is used to assess mental wellbeing.

• **Chinese Illness Management and Recovery Scale (CIMRS)** is used to examine knowledge about mental illness, adequacy of social support, notify their treatment adherence, document relapse prevention planning, and to verify coping efficacy.
Teamwork in psychiatric service......

Three weeks Occupational Therapy (OT) daily program of recovery activities.

Conducted by occupational therapists, and therapy assistants.
OT Activities in Recovery

Promote recovery through guided goal setting, positive thinking, perspective taking, empowerment of life, and life role rebuilding through a series of education and sharing modules.

OT Activities included five elements ......
Hope

Support & Manage Symptoms

Empowerment

Coping

Enhance positive thinking and hope

Manage symptoms and advise on healthy lifestyle to prevent relapse

Enhance problem-solving, focus on strengths, to improve social skills and self-awareness.

Enhance communication skills (to explore emotions, communication, anger and conflict).

Develop personal coping strategies for self-management.

Relationship

Empowerment
Living Kitchen
生活廚房
Crane, E
Results

Sixty subjects (with schizophrenia, bipolar affective disorder, depression) showed improvement in generating routes to recovery goals ($p < .01$), enhanced capacity in initiating ($p < .05$) and maintaining the actions to reach their recovery goals ($p < .05$).
For Mental Well-being

Male showed significant difference in

“Feeling close to other people” \( (t = 2.63 *) \)

“Able to make up my own mind about activities” \( (t = 1.89 *) \)

Female showed significant difference in

“Feeling relaxed” \( (t = 3.67 *) \),

“Dealing with problems well” \( (t = 2.19 *) \), and

“Feeling close to other people” \( (t = 2.53 *) \).

Note: * \( p < .05 \), ** \( p < .01 \), *** \( p < .001 \)
For Level of Hope

Significant difference noted in

“I energetically pursue my goals” (t = 1.23 **),
“Past experience have prepared me for future” (t = 1.65 *),
“I’ve been pretty successful in life” (t = 2.23 **) and
“I meet the goals that I set for myself” (t = 2.56 **)
For Level of Hope

• Significant difference in agency subscale in male \((t = 1.52 \, **)\) and female \((t = 1.82 \, **)\)

• Male participants note to have significant higher pathway subscale than females \((t = 3.42 \, *)\).

• No significant difference in the both Pathway subscale \((F = 1.49, \, p > .05)\) and Agency subscale \((F = .202, \, p > .05)\) among different diagnostic groups.

\[\text{Note: } * \, p < .05, \, ** \, p < .01, \, ***p < .001\]
For Illness Management

Significant difference in

“Progress towards personal goals” (t = 1.98 *),
“Increased in knowledge of recovery” (t = 3.72 **),
“Involvement of friends & family in my treatment” (t = 2.08 *),
“Relapse Prevention Planning” (t = 2.30 *),
“Involvement with self-help activities” (t = 3.58 **),
“Use of Medication Effectively” (t = 3.14 **).

Note: * p < .05, ** p < .01, *** p < .001
Male subjects showed significant improvement in

“Increased in knowledge of recovery” \( (t = 2.14 \, **) \) and

“Involvement with self-help activities” \( (t = 2.51 \, *) \).

Female clients showed improvement in

“Increased in knowledge of recovery” \( (t = 2.14 \, *) \),

“Involvement with self-help activities” \( (t = 3.58 \, **) \),

“Involvement of family and friends in my treatment” \( (t = 2.22 \, *) \),

“Symptom distress” \( (t = 2.21 \, *) \),

“Relapse Prevention Planning” \( (t = 2.30 \, *) \),

“Coping” \( (t = 3.67 \, *) \), and

“Use of Medication Effectively” \( (t = 3.14 \, *) \).

\[ \text{Note: } * \, p < .05, \, ** \, p < .01, \, *** \, p < .001 \]
Length of Stay

- Prior to Implementation of Recovery Program (year 2014 -)
  
  Average LOS is 38.3 Days (review from CDARS Data)

- Implementation of Recovery Program
  (May 2015 to July 2015)
  
  Average LOS is 36.8 Days

(Compatible LOS with compared with conventional model......)
Predictive Model with Length of Stay (LOS) as Dependent Variable

**Agency Scale** (i.e. goal-directed energy) in the Chinese Hope Scale contributed significantly to the regression model ($\beta = .21$),

“Feeling close to other people” ($\beta = .09$), “Feeling relaxed” ($\beta = .11$), “Dealing with problems well” ($\beta = .09$) in CSWEMWBS showed their significance.

“Involvement of family and friends in my treatment” ($\beta = .09$), “Increased in knowledge of recovery” ($\beta = .12$) showed significant contribution from Illness Management.
Significant proportion of variance in patients’ length of stay ($R^2 = .32$).

Note. *$p < .05$, **$p < .01$, ***$p < .001$ [$R^2 = .32$]
Conclusion

- Positive change noted in getting social support. This can be explained by social network re-activation and more social inclusion as the study by Perry & Pescosolido (2015).

- Female showed significant improvement in getting social support than male. This finding is partially echoed with Davidson (2003), that male would adopt their recovery journey by involving in a narrower social network than female (Repper & Perkins, 2006).
Conclusion

Recovery strategies were interactively acquired through knowledge and skills obtained through interactions with therapists, therapy assistants, and other clients with their own experience.

Genders adopt different perspectives in formulating their recovery and illness management strategies.

Male showed better ability to generate routes to his recovery goals.

Female showed enhanced capacity in initiating and maintaining the actions necessary to reach a goal (Snyder et al., 1991).
「復元大本營」是大埔醫院職業治療部顧問劉樂生所提出，旨在以「復元為本」的治療模式，期望增加精神科病患者接受治療的效果。「復元為本」模式是世界各地很多精神科復康服務的趨勢，期望康復者能在治療的過程中重新認識自己，享有全面發展的機會，選擇自己的生活目標，重塑自我及人生意義。不論是疾病治療的長期，或生活的全部。「復元大本營」的環境設計和活動的參與，均以強化「復元為本」的概念，將復元的概念融入生活。「復元大本營」分為幾個部分：

1. **生活娛樂場**
   - 在這裡，康復者可以享受戶外活動的樂趣，體驗生活。
   - 另外，還可以享受戶外活動的藝術和文化，體驗不同天氣下雨的感受，增強工作的信心。

2. **生活廚房**
   - 一個五癮偏癮的廚房，讓康復者感受到生活的樂趣。
   - 這個廚房的設計能讓康復者感受到入廚的樂趣，讓康復者感受到入廚和做家務的樂趣。

3. **生活工坊**
   - 生活工坊是建立良好的生活習慣及工作自信心的地方，這裡以五個主題設計，包括：愛自己、愛工作、愛家園、愛生活及愛社區，並參與每個主題的活動，體驗適合自己的生活態度，促進平衡生活，讓自信與康復同行。

4. **寫意空間**
   - 一個寧靜的空間讓康復者學習的技巧，減少壓力，讓生活輕鬆快樂。另外，康復者可在寧靜的空間中享受個人活動的樂趣，體驗歸屬感和快樂的感受。

通過參與「復元大本營」的各種活動，精神病病康復者可從多方面體驗生活，重新認識自己，建立人生意義。積極走在復元路上為自己開創未來。
Effectiveness of a Recovery Program for Chinese Psychiatric Inpatients

LAI, Frank Ho-yin    CHIU, Julian Chim-keung
TSE, Phyllis Lai-Chu    TSUI, Jess Wan-man
CHEUNG, Jacky Pak-Ho    CHEN, Eddie Wei-chieh
CHAN, Suki Hoi-yee    FAN, Silvia Hiu-ue
CHAN, Annie Suk-man    CHEUNG, Jonathan Chin-chung
WONG, Simon Kam-man

Citation:

Correspondence Address:
lhy180@ha.org.hk
Occupational Therapy Department, Tai Po Hospital, Tai Po, HKSAR

Abstract
This study is a retrospective evaluation study for a 63 Chinese clients with schizophrenia, bipolar affective disorder, depression and adjustment disorder in recovery program. This study is going to note genders’ specific response to the recovery program and to identify predictors for their length of hospital stay. All recruited subjects would participate in a three-week recovery program. A series of goal setting training, psycho-education and empowerment activities, and therapeutic group sharing were included. Clients’ level of hope, mental-well-being, and ability in recovery and illness management would be assessed by Chinese Hope Scale (CHS), Chinese Short Warwick-Edinburgh Mental Well-being Scale (CSWEMWBS) and Chinese Illness Management and Recovery Scale (CIMRS). Subjects showed improvement in generating routes to recovery goals, enhanced capacity in initiating and maintaining the actions to reach their recovery goals. Moreover, clients showed significant improvement noted in seeking social support. Genders showed their specific characteristics in their pattern of recovery.

Key words: Recovery, Well-being, Illness Management
OT as a life laboratory.

Proper recovery goal setting is important.

Patients’ interest is crucial for their involvement in recovery activities.

Longer term follow-up to explore further outcomes of recovery.

...... The End ......

...... Thank You ......