



Service Priorities and Programmes
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Problem Solving Activity Program for People suffering from Schizophrenia Spectrum Disorder in Personalized Care Program (PCP)

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Introduction

Persons-in-recovery (PIRs) who suffered from Schizophrenia Spectrum Disorder had different psychotic symptoms such as hallucinations and delusions. The psychotic symptoms may affect their daily living and social life. As a case manager, we deliver the holistic care to the PIRs in the community, not only their mental state but also their social functioning and daily engagement in the recovery journey. To facilitate the PIRs to live normally beyond the psychotic symptoms in the community, we have developed a Problem Solving Activity Program adopted a "NORMALIZATION" concept which aims to facilitate the PIRs to accept, understand and live with their psychotic symptoms; it also facilitates their social engagement and interaction with others in the community.

Objectives

1. To enhance PIRs' understanding of their psychotic symptoms and insight.
2. To enhance PIRs' sense of happiness and reduce the negative thoughts on their signs and symptoms.
3. To encourage PIRs to build up their social networks and self-esteem to sustain the quality of life in the community.
4. To strengthen PIRs' ability to handle and live with the psychotic symptoms

Methodology

The PIRs with Schizophrenia Spectrum Disorder and aged between 16 and 64 under the care of Personalized Care Program (PCP) were the targets of the pilot program. The program includes 5 sessions with duration of 1.5 hours. Subjective Happiness Scale (SHS), Rosenberg's Self-Esteem Scale (RSES), the World Health Organization Quality of Life assessment brief version (WHOQOL-BREF) were used to measure the pre- and post- differences in the degree of happiness, the level of self-esteem and the satisfaction of quality of life respectively. The participants were also invited to share their personal feelings in group and give narrative feedbacks after the program.

Result

Two groups had been completed in 2017. There were 15 participants recruited (M:F= 11:4; mean age=46) and 12 of them completed both pre and post assessments. The mean score of SHS increased by 2 (paired t-test, $p < 0.05$, 95% C.I.=0.63 to 3.37); the mean score of RSES increased by 1.5 (paired t-test, $p < 0.05$, 95% C.I.= 0.11 to 2.97); the mean raw score of WHOQOL-BREF increased by 11.7 (paired t-test, $p < 0.05$, (0.93 to 22.40). Quantitative findings revealed that the pilot program had significant improvement on the degree of happiness, the level of self-esteem and the satisfaction of quality of life to the participants. Narrative feedbacks of participants were also positive such as 'The program is very inspiring and useful.', 'I know more about my psychotic symptoms and manage to live with them'.

Based on the encouraging and supportive results, it is concluded that the Problem Solving Activity Program is applicable to people suffering from Schizophrenia Spectrum Disorder and feasible to be implemented in PCP.