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A Pilot Project: Use of "Sim City" 「模擬人生」, a simulated community environment, to improve generalization of life skills to community for psychiatric in-patients.

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Introduction

Readiness in return-to-community could be critical to discharge in in-patient setting. After a service review conducted by a working group of occupational therapy in Kowloon Hospital, it was found that many adult psychiatric in-patients had difficulty in generalizing the skills developed in life skills training sessions to community environment. To fill this service gap, "Sim City" was introduced in occupational therapy training. Generalization strategies, including natural communities of stimuli and reinforcement, buddy system and self-management, were incorporated in "Sim City". In "Sim City", a job fair was held every week and patients took different work roles (e.g. pianist, café manager, translator, gardener) after going through a competitive job interview. They were rewarded by their desired entertainment, special privilege, acknowledgement from peers and self-fulfillment. This environment provided a platform for patients to take active responsibility to sustain their work roles, manage their work-life balance and financial health.

Objectives

The "Sim City" aimed to improve psychiatric in-patients' generalization of life skill to community and increase their readiness to be discharged to community.

Methodology

The "Sim City" was implemented in occupational therapy. Convenience sampling was used. Participants who had attended occupational therapy training before and after the implementation of the "Sim City" from a psychiatric rehabilitation ward were recruited. In January 18, participants were invited to complete a survey, which consisted of 15 items and was rated on a 4-point Likert scale to evaluate their changes in life skills and confidence in community living.

Result

9 participants (6 females and 3 males, aged from 26 to 68) were recruited. According

to the survey, all of them either agree or strongly agree that the project could enhance their sense of responsibility to manage their life goals, time and work stress management, self-initiative in planning daily schedule and confidence in returning to community. In addition, all of them either agree or strongly agree that their motivation, feeling of being needed, meaning of attending training were increased after the introduction of "Sim City" in occupational therapy. Conclusion

Preliminary findings suggested the simulated community environment in occupational therapy could improve life skills and readiness in return-to-community for adult psychiatric in-patients. It also results in additional benefit of improving patients' motivation in attending training.