



**Service Priorities and Programmes**  
**Electronic Presentations**

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**Quality of Life (QOL) in Caregivers of Patients with Severe Mental Illness (SMI) receiving Personalised Care Program (PCP)**

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**Introduction**

It is well—documented that the caring works for SMI can be overwhelming and extremely stressful where a chronically disabled person like SMI may often disorganize the life of the entire family and disrupt the established balance within the family. Caregivers may experience extra physical workload, psychological distress, feeling of stigmatization, risk of depression, impaired social interaction. Therefore, the care giving work can seriously compromise the QOL of caregivers. Literatures revealed that the level of QOL in caregivers has been found to be associated with various factors, including sociodemographic characteristic of caregivers, perceived social support, patients' symptomatology etc. With the change of focus of mental health system towards community oriented care, families take up a more significant role in the caregiving of SMI patients. It implies that caregivers' perspective need to be considered in future services planning and decision-making processes, especially when there is still a relative shortage of communities resources to cater for the need of people with SMI.

**Objectives**

-To examine the predictors of QOL among caregivers of patients with SMI receiving PCP  
-To frame recommendations on interventions that may improve QOL of caregivers.

**Methodology**

-Design: Cross-sectional, Correlational design -Setting: PCP acses of SH CPS  
-Sample size: 140 -Sampling: Convenient -Measurment: WHOQOL-BREF-HK, MSPSS-C, BPRS, Socio-demographic data of caregivers, demographic and disease-related chracteristic of patients

**Result**

-Caregivers who were women, older than 55, unemployed, and received less education reported lower WHOQOL-BREF scores. Perceived social support from

family, friend and significant others were positively correlated with caregivers' overall QOL while BPRS items (emotional withdrawal, hostility, blunted affect) negatively affect their QOL. -Caregiving of SMI patients in HK experienced negative changes in their QOL. Individualised support to family caregivers by community workers is required to improve their QOL.