



Service Priorities and Programmes
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Occupational Therapists (OT) in handling patients encountered work related stress in the Integrate Mental Health Program (IMHP) in KCC

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Introduction

A local descriptive study showed that work related stress was the most frequently encountered life challenges in patients attending occupational therapy sessions in Integrated Mental Health Program (IMHP). This drew the interest on further exploration of the nature and the amenability of work related stress.

Objectives

To analyze the nature of work related life challenges; the treatment approach and the effectiveness of occupational therapy interventions.

Methodology

A survey on precipitating and predisposing life challenges that might have caused mental symptoms were conducted on patients attended occupational therapy in IMHP in a GOPC in a 4-months period in 2013. Among 88 subjects recruited, it was found that the mental symptoms of a sub-group of 39 subjects (44%) were precipitated by work related life challenges. In the current study, the details of work related life challenges, the corresponding OT interventions, and the outcomes of this sub-group were further analyzed retrospectively.

Result

39 subjects were recruited and their mean age was 45.6, 51.3% was female and 79.5% received secondary or higher educational. Their major presenting mental symptoms were sleep-related (38.5%), depressive mood (33.3%) and anxiety (17.9%). The top 3 work related life challenges identified to have precipitated the mental symptom were: unemployment (28.2%); trouble with boss/colleagues/customers (23.1%) and increased workload (23.1%). Concerning primary goal of treatment, 57% were set toward resolving of the precipitating factor (work related stress), and the rest on symptoms control and other precipitating/predisposing factors. Multiple treatment technique were applied on these patients: supportive counseling (91.4%), life

coaching (80%), solution focused coaching (71.4%), information provision (71.4%). Clinical outcomes showed that severity of depressed mood (PHQ-9) and anxiety (GAD-7) decreased significantly (pair-t, $p < 0.001$) from 12.2 to 7.4 and from 11 to 6.3 respectively. Work related life challenges were identifiable. It was one of the most common precipitating causes of mental symptoms in IMHP patients. These life challenges were amendable and the associated symptoms could be relieved. More structured interventions specifically designed to increase the capacity of patients in overcoming the work related life challenges should be developed in IMHP.