



Service Priorities and Programmes
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Occupational Lifestyle Redesign Programme-effectiveness of a school-based programme for adolescent with high risk behaviours

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Introduction

There was a rising trend for young drug abusers aged below 21, with an increase of 37% in three years as reflected in the Central Registry of Drug Abuse (CRDA) Reports of the drug abuse statistics in HK for the period 1998-2007. In particular, both the number and proportion of those aged 12-17 had significantly increased. Persistent conduct problem, peer rejection, school failure and low commitment to school during the elementary school years are risk factors for later substance abuse.

Objectives

From November 2011 to October 2013, a school-based programme for adolescent with high risk behaviours (HRB) was implemented in Kwai Tsing District. The programme included screening in a community centre with standardized tests for memory and motor proficiency; and an Occupational Lifestyle Redesign Programme (OLRP) in 6 secondary schools. The programme designed to have 10 sessions for life skills training (LST). This allowed the adolescents to develop positive attitude, beliefs and behavioral standards in a close group through: - participation in challenging and goal-directed activities - life skills training - redesign of lifestyle to attain happiness and life satisfaction as buffering against risk behavior

Methodology

432 students were participated in the screening process. 63 students were recruited to OLRP from 4 schools during the period. The following assessments were implemented pre- and 12 months post- OLRP. They included WHO-5 (1998), Life Satisfaction Scale (2005 HK Chinese Version), Career Development Inventory, Bruininks-Oseretsky Test of Motor Proficiency (BOT2) and the Rivermead Behavioural Memory Test (RBMT). Additional assessments of Quality of Life (QOL), Life satisfaction would be performed at 3 months and 6 months and a telephone follow up would be arranged at 9 months.

Result

Before OLRP, 33 cases (52 %) have impaired memory; 49 cases (78%) have below average performance in fine motor integration. 43 cases have completed 12 months longitudinal follow up and only 33 got complete data for comparison. For those with impaired memory, 23 (70%) had improved. Concerning fine motor integration, 24 (73%) had improved. 17 (52%) had shown Improvement in both memory and fine motor integration. 55 completed WHO-5 at 6 months after the OLRP, 31 (66%) and 21 (45%) had showed improvement in their mental health (MH) and QOL respectively. Conclusion The OLRP was effective in improving the MH, QOL, ability in memory and fine motor skills of adolescents at risk. School-based LST was important to reduce the incidence of smoking, alcohol use, inhalant use and poly-drug use.