



Service Priorities and Programmes Electronic Presentations

Convention ID: 307

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Therapeutic Use of Environment in Mental Health - Individual Empowerment Through Enhancement of Therapeutic Environmental Intervention

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Keywords:

Therapeutic Environment

Individual Empowerment

Mental Health

Introduction

There is compelling evidence that the environment plays a significant role in the amelioration of mental illness (Breslow, 1999). Moreover, a promising body of research reveals that positive health outcomes can also be achieved through altering the structure of the therapeutic environment (Hinde, 1998). Furthermore, the outcomes of rehabilitation in mental illness are heavily influenced by environmental structures (deGirolamo, 1996). Since early 1900s, literature showed how occupational therapy (OT) can bolster morale in the hospital environment and recommended the establishment of healthy hospital environments (Crane, 1919). Therapeutic use of environment has long been a legitimate treatment tools in OT practice (Law, 1991; Law et al., 1996, Grigorovich, et al 2015). It was hypothesized that purposeful therapeutic environments that provide meaningful nonmedical interventions which offer more long-lasting health results.

Objectives

In line with the up-growing international trend development of recovery oriented practice, the functions and purposes of our OT treatment rooms were designed with reference to the framework of recovery-oriented practice by Department of Health of Melbourne (2011). This project is going to enhance the environment in OT department with recovery oriented interaction. That is to create an environment that sustains and communicates a culture of hope and optimism as well as actively encourages people's recovery efforts.

Methodology

Functions of OT treatment rooms were re-assigned with different purposes according to recovery oriented practices. The rooms were re-assigned as Recovery Laboratory (復元實驗室), Living Kitchen (生活廚房), Living Workshop (生活工房), Living Oasis (生活綠洲), Occupational Laboratory (工作實驗室), Living Laboratory (生活實驗室) and

My Space (寫意空間). Layout and content of each treatment room were designed so that they are more facilitative in the implementation of the recovery-oriented programs and offering more choices of activities for patients.

Result

Through fifty formal feedbacks with evaluation questionnaire, there are significant positive feedbacks from both patients and OT colleagues. Only female patients showed significant difference than male subjects that environmental intervention was purposeful and could facilitate their social skills in interacting with others ($p < .05$). Through recovery-oriented environmental intervention, female patients appreciated more positive stimulation and with less anxiousness in their hospitalization ($p < .05$). Nevertheless, male patients showed their better understanding in life role, importance of their goal setting in recovery and enhanced sensitivity to environment ($p < .05$). Both physical and social service environment in OT inspires hope, optimism and humanistic practices for all who participate in OT service. We created environments which promote positive atmosphere and sustain recovery oriented interaction that are essential for healthful living.