



Service Priorities and Programmes Electronic Presentations

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Efficacy of “Five Ways to Well-being Program’ in promotion of mental wellbeing for persons admitted to acute psychiatric service

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Introduction

Promotion of wellbeing programs seldom described in psychiatric service locally. Through the Five Ways to Wellbeing program (NEP 2008), including the actions to Connect, Be Active, Take Notice, Keep Learning and Give, clients were encouraged to make choices according to their wants and better their health.

Objectives

To document the applicability of the Five Ways to Wellbeing program in acute psychiatric settings.

Methodology

Prospective cohort analysis of patients admitted to In-patient Psychiatric wards within 12 months period. Clients are free to choose the 7 sessions of intervention from topics of ‘Five ways to wellbeing program’ or ‘Illness Management Recovery program’. Measurements include Pre- and post-intervention assessment of subjective well-being (C-SWEMWBS) and hope perception (Hope Scale), number of clinics visits and readmission rate 6 months post discharge.

Result

623 admitted patients were recruited with 333 elected for Wellbeing Program. 79 within the group completed the 5 Ways of Wellbeing while the rest attended a mix of Wellbeing & Recovery program. The change of SWEMWBS score and Hope score is found correlated significantly with number of sessions of the wellbeing Program attended, age, diagnostic group, onset years and employment status upon admission. The change of SWEMWBS score and the Hope score is significant across all participants of various diagnosis ($p < 0.05$). Stepwise regression confirmed 5 sessions of Five Ways to Wellbeing Program was strong predictor for change in SWEMWBS score ($R = 0.169$; $\text{Sig.} = 0.001$; $F = 10.338$) and Hope score ($R = 0.115$; $\text{Sig.} = 0.031$, $F =$

4.702). Multivariate Test of between subject effect (N=357) also showed significant mixed effect of Wellbeing and Hope scores on Clinic visits (R squared = 0.933; $p=0.000$; $F=7.42$; Power=1, $\alpha=0.025$), and Readmission rate to psychiatric wards (R squared=0.908; $p=0.000$; $F=5.285$; Power=1; $\alpha=0.025$) within 6 month after discharge.