

# Service Priorities and Programmes Electronic Presentations

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Peer-led Co-produced Program "Art and Wellnessâ€□ Part I – The Qualitative Analysis for The Recovery Outcome of The Peer Service Providers

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## **Keywords:**

Mental illness Recovery Peer Support Peer Service Provider Co-production Art and Wellness

## **Introduction**

The integration of peer support element into the traditional psychiatric rehabilitation has translated the idea of co-production into motion. With the facilitation from therapists, persons-in-recovery were transited to a role of peer service provider using strength in art to plan, design and deliver a co-produced painting program â€∞Art and Wellnessâ€□ for peer service users in 2016.

## **Objectives**

To evaluate the qualitative recovery outcome of peer service providers.

### **Methodology**

A working group with peer service providers, peer support specialists and occupational therapists was formed to co-produce "Art and Wellnessâ€□ integrated with positive psychology elements. After seven formal meetings, 11 sessions were conducted in three-month for 12 peer service users. Upon completion, a semi-structured interview was conducted to evaluate the qualitative outcome for the recovery of two peer service providers. The transcript was thematically analyzed.

## Result

There were seven key themes on recovery identified as below. The qualitative analysis suggested that the personal recovery of the peer service providers were facilitated through the co-production process:

(1) Increasing positive emotions

- (2) Increasing sense of worthiness and esteem
- (3) Increasing acceptance to mental illness
- (4) Revisiting and exploring the meaning of life with mental illness
- (5) Being empowered by the role of peer service provider
- (6) Improving social network and connectedness
- (7) Developing new skills and competence for future work

To highlight, it provided an opportunity and a trustworthy environment for peer service providers to come out proud and reframe the mental illness in a meaningful way. They formed an extensive social network with the working group and peer service users. Such connection provided a sense of social inclusion and also empowered them to continue helping other peer service users by utilizing personal strength in art in future. To conclude, similar peer-led programs can be co-produced for persons-in-recovery to pave the way for a recovery college, which is in line with the recovery strategies employed in the United Kingdom.