Service Priorities and Programmes
Electronic Presentations

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Care and Support through Family Participation
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Introduction
Rehabilitation for long-staying clients with mental illness is a major challenge. Clients are dictated with institutional routine and withdrawal from the society for a long period. Institutionalization, which gives rise to impaired family bonding and socialization.
Recovery model, which is widely adopted, not only is a personal process, but it also relates to participation in community and society. Family support plays a crucial role too. We acknowledge that each client is an expert on his own living. We strengthen family connection and socialization through organizing recovery-oriented activities for clients and their relatives in festivals.

Objectives
1. To establish family partnership in clients’ recovery pathway
2. To improve self-identity
3. To promote preparation for community re-integration
4. To inspire individual’s recovery potential

Methodology
1) Planning:
Group members were empowered to decide the logistics of the activities in the meeting.
2) Selection of participants:
Participants were voluntarily to join. Assessment on clients' mental state and functioning were done by nurses. The case medical officers and the relatives were discussed for joint decision.
3) Feedback and Evaluation:
Rehab scale was used in pre and post activities to indicate the change in rehab potential in terms of General Behaviour (GB) in clients. Feedback survey was administered to measure the satisfaction and the needs of participants.
**Result**
The programme has been successfully in improving the rehabilitation potential of clients in long-staying ward. It also facilitates family involvement and promotion of personal preparation for community re-integration.

**Outcome:**
1) 22 clients were taking part in the activities in September 2015 to August 2016.
2) The overall participation rate of relatives was 24.7%.
3) 22.7% of clients were discharged to community and 13.6% of clients were supported to have further rehabilitation.
4) From the Rehab scale rating, 80% of clients reached the category of “Potential for discharge”.
5) The remaining 20% was in “moderately handicap” and none in “severely handicap”.
6) Numerous positive feedbacks were received from both clients and relatives.

**The Way-forward:**
1) Involve relative in organizing activities
2) Extend the service through collaboration with other long-stay wards
3) Invite community partner for joint venture activity
4) Coordinate with multi-disciplinary team to enhance ultimate goal
5) Tailor made training programme for upgrading rehabilitation potential of “moderately handicap” under Rehab scale rating