



Service Priorities and Programmes Electronic Presentations

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Recovery Oriented Practice (ROP) and Beyond in Kowloon East Cluster (KEC) Psychiatric Services – 5 Year Experiences

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Introduction

In line with the local and worldwide trend, a Multi-disciplinary Working Group on Promoting ROP in Psychiatric Services has been set up in KEC to govern the related culture and service development in 2010. Having gone through the conceptual assimilation, KEC started her recovery service enhancement since 2012. Annual sequential themes on self-actualization, hope instillation, peer support establishment, and social inclusion have been crafted throughout the years. The service has been structured around (1) User-involvement program, (2) Social inclusion program, (3) Recovery-oriented environmental design, and (4) Modular program. An interim review on how far we go in the recovery journey deems necessary which is expected to help us look forward to ways ahead.

Objectives

Having gone through five years of ROP development, we aim to solicit the perceptions of service users and staff, and objective data on the service change. It therefore would throw insight on future direction in the ROP development.

Methodology

Both qualitative and quantitative analyses were used. In qualitative part, individual/focused group interviews with stakeholders, frontline staff and service users were conducted. They were asked about the various transformation and factors of changes after adopting ROP. The qualitative content was analyzed by transcribing meaningful statements. Coding was translated to useful information for sorting into different categories. For quantitative analysis, the Recovery Self-Assessment (RSA) was adopted to investigate the service users' judgment on the actualization of ROP in KEC.

Result

For qualitative analysis, the identified themes of changes were subsumed into three

aspects: (1) Empowerment includes (a) higher autonomy of service users, (b) more focus on their strengths and talents, (c) mutual learning and trust between service users and medical staff, (d) more appreciation to service users. (2) User Involvement covers (a) increased diversity of activities, and (b) more service users-led programs. (3) Community Involvement concerns (a) more training and promotion of ROP for staff and public, and (b) collaboration with NGOs and integration of ROP in society. For quantitative review, fifty-eight service users in 2013 and 2016 respectively have completed the RSA. The Mann-Whitney U Test showed significant improvement in the recovery domains including life goals ($p=0.001$), involvement ($p=0.002$), diversity of treatment ($p=0.025$), choice ($p=0.004$) and individual tailored services ($p=0.005$). To conclude, the recovery concept and culture which are the critically success factors in ROP has been steadily actualizing in the KEC psychiatric service. There of course many challenges in ROP development in the past 5 years which will be shared. Future efforts will include integrating service users into society and sustaining mental health recovery in the community.