



## Service Priorities and Programmes Electronic Presentations

**Convention ID:** 970

**Submitting author:** Ms Wai Kuen CHAN

**Post title:** Occupational Therapist I, Castle Peak Hospital

### **Longitudinal evaluation on engagement in recovery-oriented practice of a local mental health setting from multiple perspectives**

*Chan WK(1), Mok CM (1), Law KM (1)*

*(1) Occupational Therapy Department, Castle Peak Hospital*

#### **Keywords:**

recovery

mental health

service evaluation

recovery self assessment

#### **Introduction**

The Occupational Therapy Department of Castle Peak Hospital committed to move beyond recovery policies into actual practices and launched a service restructuring in 2011. It is essential to repeat service evaluation for continuous quality improvement; comparison between the perspectives of service users (SU), service providers (SP) and service administrators (SA) was reviewed in order to identify strengths, target areas and potential service gap.

#### **Objectives**

This paper aims to study the trend of degree to which a local mental health setting offers recovery-oriented practice from the perspectives of SU, SP and SA across years.

#### **Methodology**

Since August 2011, the department has been implemented a recovery framework of ten principles which encompass Hope, Choice, Sense of Identity, Empowerment, Strength-based, Holistic, Responsibility, Partnership, Peer Support and Community Integration into in-, day- and out-patient services. A self-designed recovery handbook was used for hope instillation and personal goals development. Thirty eight therapeutic programs were developed covering work, self-management, life skills and cognitive function. The Recovery Self Assessment of separated versions for SU, SP and SA were used for the survey of service evaluation. The questionnaire is self-rating with a 5-point Likert scale from "1=strongly disagree" to "5=strongly agree". The survey was implemented in 2011, 2013 and 2016. All SP working in adult psychiatric service were invited while convenience sampling was applied in the recruitment of SU. Statistical tests were executed to detect any significant difference between various groups across the years.

#### **Result**

Totally, 97, 153 and 133 responses were collected in 2011, 2013 and 2016

respectively. Independent-samples t-test and one-way ANOVA – Welch’s F test were conducted using SPSS. Significant difference was found in the mean score of 2011 SU (M=3.75, SD=.63) and 2013 SU (M=3.98, SD=.61);  $t(191)=-2.63$ ,  $p=.009$ ; as well as four factor scores, with  $p=.002$  to  $.015$ . As the mean score was closer to 4 (i.e. “agree”), it shows that SU in 2013 agreed the service was recovery-oriented more than SU in 2011 did. This positive feedback was largely sustained in 2016 (mean=3.84±.67). In 2016, there was no significant difference between the in-, day- and out-patient service according to SU feedback, suggesting that the department devoted to improve comprehensively without bias on particular service. Meanwhile, SU (mean=3.84±.67) and SP (mean=3.84±.23) in 2016 shared similar feedback; but SA (mean=4.18±.15) was more positive than SU and SP in mean ( $p=.000$  and  $.001$ ), Life Goals ( $p=.000$  and  $.003$ ) and Diversity of Treatment Options ( $p=.001$  and  $.016$ ). This reflects a need to further investigate whether there is a gap between the policy and the actual daily practice.