HA Convention 2018

SP9.3. Horticulture Group to Enhance Psychiatric Rehabilitation

Speaker: Luk Kwok Hung APN(Psy)
Shatin Hospital/ NTEC

Date: 8 May 2018
Horticulture

Horticultural therapy is defined by the American Horticultural Therapy Association (AHTA) as the engagement of a person in gardening and plant-based activities, facilitated by a trained therapist, to achieve specific therapeutic treatment goals.
Horticulture

➢ Research studies showed participating in horticultural activities can benefit, such as reduction of stress level and mental fatigue, stabilization of mood, alleviation of psychiatric symptoms, and acquiring a sense of tranquility and enjoyment (Wichorowski, et al 2005).

➢ HA Strategic Plan 2017-2022: “Innovating for Better Care” reflects our aspiration to be innovative … Promote patient-centred care…
Recovery Model

- Recovery through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential (SAMHSA, 2011).

- **10 guiding principles of recovery**: (Hope, Person-driven, Many pathways, Holistic, Peer support, Rational, Respect, Culture, Responsibility, Address Trauma).

- HK Mental health services promoted recovery model care in recent years.
Horticultural activities adhered to Recovery Model

Person-driven – Optimize autonomy/empower to develop strengths for planting.

Responsibility – Engage to care plants.

Holistic – Encompass mind, body & spirit.

Hope - Induce message of better future through plant growing.

Peer Support - Share their feelings & experiences among peers.
Benefits of horticulture

Most psychiatric patients who served:

- Mood Disorder
- Psychiatric challenges
- Mental Retardation or psychiatric disability
- Socioeconomic disadvantages
Benefits of Horticulture

Benefits to psychiatric client

Therapeutic

Social

Vocational

(Simson & Straus 2003)
Therapeutic

- Horticultural therapy is an active process to enhance patients’ recovery progress.

- Reduce stress due to living in a controlled and confined ward environment.

- Psycho-interventions as factors: reducing reliance on medication & self-harming behavior; improving cognitive abilities and social interaction.
Social

- Provide productive manual activity and beneficial social interaction (Davies, et al. 2014).

- Generates positive emotions toward a meaningful appreciation of life (Lin 2014).
Vocational

- An involvement of person for gardening/plant based activities.

- Improve physical abilities/muscle coordination.

- Provide sessions under a good, sunlight environment in hospital.
Horticulture in Psychiatric Ward

1. Enhance quality of life of psychiatric rehabilitation.

2. Promote positive impacts in sense of satisfaction, pleasure and social interaction.

3. Promote in-reach services for psychiatric patients and volunteers.
Implementation

- Supported by **HA Quality of Care Project Funding**.
- Conducted Horticultural sessions in Shatin Hospital, Floor 3, Rehabilitated garden.
- Started since 1, Sept – 31, Dec, 2016.
- Recruited 67 male in-patients from Adult Psychiatric Wards in Shatin Hospital.
- Facilitated each session with 4-5 patients by sufficient manpower.
Inclusion criteria & exclusion criteria

Inclusion criteria

At any age, not in a confused mental state, and understand purpose of intervention.

Exclusion criteria

At suicide or violent risks, or have major physical problems.
Ethical Considerations

- Obtained informed consent
- Data collection to be kept confidential
- Provided all information about the project
- Had the Right to quit anytime
Brief Psychiatric Rating Scale - 18 items

BPRS - 18 items with a scale from 0 to 7 for assessing the positive, negative and affective symptoms of individuals who have psychotic disorders.
Individual care plan

Patient satisfaction form
園藝活動
宗旨

園藝活動是一種輔助性的治療方法，在不同地方亦顯著採用，藉由實際接觸和運用園藝材料，維護美化植物或盆栽和庭園，接觸自然環境而紓解壓力與復健心靈。

注意事項

- 每次活動進行前須經護士進行評估，一切由當時精神狀況決定
- 病人須承受一定風險，同意並了解
- 若天氣轉差則取消

- 病人須承受一定風險，同意並了解
- 如遇身體轉差或不願意，可隨時退出

與我們聯絡:
病房經理：周護士
計劃統籌：陸護士(3C)
王護士，營護士(3C)
黎護士，徐護士(3D)
67 male patients participated (Showed horticulture was welcome to all age groups).
Result

Pre- and post-tests of BPRS - Item 18

<table>
<thead>
<tr>
<th></th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-test</td>
<td>29.6</td>
</tr>
<tr>
<td>Post-test</td>
<td>23.0</td>
</tr>
</tbody>
</table>
Outcomes of BPRS

- All 18 items BPRS had improved.
- Average Anxiety reduced from 2.6 to 1.7
- Average Tension decreased from 2.5 to 1.6
- Average Depressive Mood reduced from 2.1 to 1.5
Individual care plan
Reasons of participation
"Come up to the garden and breathe the fresh air ..."
"Make peace of mind, and learn to take care of the garden",
"I like to walk in the sun, life affects life"

Patient expectation
"Make people more hopeful ...
"Mood is cheerful, and promote patient to recover."
"Mood will be joyful, hope to hold more sessions. I farmed on mainland as before ...”

Care plan progress
"Strengthen my confidence and optimism, improve interpersonal relationship ...
"Feel happy and relieve pressure.
“Can interact friends and nurses.”
Patient satisfaction form

All Participants agreed gardening activities to achieve objectives, and satisfied the overall arrangement of activities.

走進園藝世界

請各院友就此次活動之安排，給予我們一些意見以作檢討。謝謝參與。

（一）你認為園藝活動是否達致以下目標？

1. 學習到增強個人的自信心：
   ○ 非常達到 ○ 達到 ○ 一般 ○ 達不到

2. 認識種植的概念：
   ○ 非常達到 ○ 達到 ○ 一般 ○ 達不到

3. 增加自己對種植的興趣：
   ○ 非常達到 ○ 達到 ○ 一般 ○ 達不到
Limitations & Improvement

- Schedule may be affected by weather.
- Horticultural sessions resumed since Jan, 2018.
- Improvement of horticulture project extended to all of psychiatric units of SH.
從園藝到治療…

文：陸國雄 沙田醫院 病房科 管理護師

新界東醫院聯網得天獨厚，擁有翠綠的自然環境及一群注意全人健康的同事，從以下沙田醫院的病房園藝活動充分表現出來。

沙田醫院精神科部門在2014年9月至2017年2月期間，為精神科病人舉辦了病房園藝活動。園藝活動是一種輔助性的治療方法，透過接觸自然環境和運用園藝療愈材料，例如：溫暖種植及花水等，達至舒緩壓力的效果，促進病友的康復進程及找到平靜。

友誼中的…

事實上，院友和其他院友活動的反映非常熱烈，他們反映透過活動發展及增強自己的協作，加強其自信心及社會技能，以及改善情緒和情緒狀況。同時，隨著活動中的人際互動，業改善他們的社交技巧，並促進負向間互相支持的氛圍，令住院生活變得精彩。

同事眼中的…

病房同事及院友透過園藝活動的參與，從植物的生長歷程中找到自己的生命意義，並產生人生希望。這些心靈的發展，在康復歷程上踏上新一步。
Quality of Care Project Forum 2017/ NTEC
A mental retardation patient stayed in psychiatric ward. He had aggressive behavior occasionally......
Conclusion

- Promote patients’ Engagement & Empowerment.
- Enhance Peer Support to share their experiences.
- Induce Hope with new lifestyles.
- Horticulture activities demonstrated Recovery Model Approach.
Thank You &
Acknowledgement
Department of Psychiatry, Shatin Hospital, NTEC &
HA Quality of Care Project

End
References


