



## Posters Presentation

# Home Cleansing and Furnishing Program for the Living Alone Elderly

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### **Introduction:**

People who suffered mental illness and the living alone elderly both were the deprived populations in Hong Kong. For the mental patient, they used to be stigmatized by others due to their strange behaviour and psychotic feature due to the nature of mental illness. While for the living alone elderly, they were usually stratified at the lower social class due to financial hardship, limited social support and loss of money-earning ability. The ideas of this program originated from the cleansing campaign during SARS period in 2003 and was further refined in 2004. At that time, with the strong support by a local enterprise – IKEA, we piloted to train up psychiatric patients with simple furnishing skills and conducted service work for the elderly people in the community. Though the activities were small in scale, the results were quite rewarding, both for the psychiatric patients and the needy families. This initial success energized us to further expand and intensify the service. With the support of a grant from S.K. Yee Medical Foundation in 2006, this new project named “Home Cleansing and Furnishing Program for the Living Alone Elderly” commenced in May 2006 and completed in August 2008.

### **Purpose of the Project:**

For the mentally ill, the project helped them to gain opportunities to make use of what they had learned in their work rehabilitation and contributed to the society. It was really important to employ this enabling and interactive approach to help the mentally ill to become givers, not merely receivers in their rehabilitative pathways. In fact, such kind of empowerment significantly improved their self-image, self-efficacy and eased their re-integration to the community. For the living alone elderly, they achieved not only a better quality of living condition upon furnishing service, but most importantly, it was also expected they would develop a positive and accepting attitude towards the mentally ill.

### **Material & Methods:**

A coach expert in decorative work was recruited. He was responsible for teaching home furnishing skills and conducted a specialized modular training program. The program consisted of basic decorative skills, occupational safety precautions and social skills elements. In, day and out psychiatric patients who showed interested in the project had been screened and recruited in the training program. Only those successfully passed the practical tests had be qualified as the out-reaching team member and be responsible to conduct the on-site home furnishing service in the community.

### **Results:**

Total 38 living alone elderly were benefited from the project. 120 psychiatric patients received formal home furnishing skills and after screening and assessment, 23 of them passed the practical tests and had the opportunities to have real practice in community. Regarding the vocational outcome, 9 patients engaged in decoration work through either open / supported employment, 2 patients further studies at Vocational Training Centre and most of the remaining trainees had attended sheltered workshop after joining the project.

### **Conclusions:**

The project demonstrated a win-win situation for both psychiatric patients and the needy living alone elderly. The vitality of patients had been promoted as they showed significant improvement in their self-confidence, self-efficacy and personal image. Their unflinching effort and attitude deeply impressed the elderly and the community agencies, even for those who showed much worries and rejection at the very beginning. The elderly and community partners gradually changed their views on the psychiatric patients and started to make appreciations to them. This sparkling chemistry between psychiatric patients and general public was hardly seen in traditional treatment and was definitely important in their recovery pathway, which made community re-integration of psychiatric patients became much possible.