

PAMELA YOUDE NETHERSOLE EASTERN HOSPITAL

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家屬「支」多少

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Background

- The rehabilitation of psychiatric patients in the community instead of hospitalized environment is being increasingly emphasized
- Carers are reported to experience great caring stresses on taking care of their mentally ill relatives
- Family carers are irreplaceable resources in taking care of mental patient in the community

Situation in Hong Kong

- No structured guidelines suggesting how the carer support should be organized in HK
- Support for carers in current public health service is limited in HK

Stressors and common emotional reactions of caregivers of mentally ill patient

- Caring for people with mental health problems can generate a range of negative emotions including fear, disbelief, guilt, shame and frustration.

(Gray, Robinson, Seddon & Roberts, 2009)

- Stresses experienced by caregivers might be associated with brief inpatient treatment, poor follow-up care, lacking of essential support and related knowledge, counseling and respite services.

(Shankar & Muthuswamy, 2007)

Carer Support

- ◎ Care support programme is suggested by various literatures support to be essential for the carers
- ◎ 4 aspects are found to be essential in effective carer support
 1. Professional input 專業人士支援
 2. Peer support group 朋輩支援小組
 3. Counseling and cognitive behavior Interventions 輔導及認知治療
 4. Respite care 舒緩照顧

(Aoun et al., 2015; Cleary, Freeman, Hunt & Walter, 2006; Hammarberg, Sartore, Cann & Fisher, 2014; Pirkis, Burgess, Hardy, Harris, Slade & Johnston, 2010; Shankar & Muthuswamy, 2007).

Professional input 專業人仕支援

- Multidisciplinary approach - including doctors, nurses, occupational therapists and social workers
- Carers are lacking of professional knowledge and support on taking care of their ill relatives
- Questions frequently asked by carers:
 - “what to do if unwell”,
 - “Information about community resources”,
 - “Information about medication”,
 - “Information about illness or problem experienced”.

(Cleary, Freeman, Hunt & Walter, 2005)

Peer support group 朋輩支援小組

- ◎ The most important element in carer support programme
- ◎ Offer emotional support by others share similar experience
- ◎ Enhance personal well-being on physical/mental health, positive attitude and the sense of being valued by others
- ◎ Establish supportive network

(Gray & Robinson, 2009; Sin, Moone & Newell, 2007; Gray, Robinson, Seddon & Roberts, 2009; Foster, 2011; Ali, Ahlstrom, Krevers, Sjostrom & Sharsater, 2013; Perkins & LaMartin, 2012; Hammarvrg, Sartore, Cann & Fisher, 2014)

Counseling and cognitive behavior Interventions輔導及認知治療

- ◎ Counseling - Allow of ventilation of feelings and acuminated stresses
- ◎ Cognitive behavior interventions - emphasized on “self-help”
- ◎ Help carers to develop awareness of other’s problem and offered a range of possible alternatives to help resolve difficulties in daily life.

(McCann, Songprakun & Stephenson, 2014)

Respite care 舒緩照顧

- “Respite” : Any formal and informal service that can provide a break

(Grant & Westhues, 2005)

- Carers spend lots of time on caring their ill relatives, limiting their time for personal interests and social engagement

(Jardim & Pakenham, 2010)

- Chances for relaxing and withdrawal from their caring role is highly required

家屬支援小組

Day 1 Schedule

(2-Saturdays workshop)

10/10/2015 (Sat)	Content	Responsible parties	Remarks
09:30	歡迎參加者 活動前 問卷調查 講解小組規則	All	Pre-test questionnaire Name Card Pen
10:00	精神病種類和成因 協助醫生擬定治療計劃的貼士	Dr. C K Kan	Q cards
11:00	小休		
11:15	破冰遊戲	CPS (Daisy)	
11:45	病房住院歷程 (e.g. 病房環境、日常流程、主理護士角色、藥物治療、及復康活動...) 與職員溝通的貼士	Ward Nurses (K4/J4)	
	部門服務簡介 (職業治療訓練、臨床心理治療服務及醫務社工、資源中心等)	Ward Nurses (K4/J4)	
12:15	午膳		Catering Service
13:15	簡介Day 2 活動安排	CPS (P Ho)	Reminder slip
13:30	家屬在病人康復路上的角色 (復元模式 及 家屬朋輩支援)	CPS (Sit)	
14:00	家屬社區支援服務	PRC (Jason)	
14:30	小休		
14:45	社區家屬組織分享 (香港家連家精神健康倡導協會)	PRC (Jason) Staff of NGO	Certificate of Appreciation
15:45	情緒管理活動：桌上紙牌遊戲	CPS (Daisy)	
16:15	活動總結	CPS (P Ho)	

Day 2 Schedule

17/10/2015 (Sat)	Content	Responsible parties	Remarks
09:30	集合 (灣仔 集成中心) 前往機構中心	All	Contact list Name Card
09:45	回顧第一節活動內容	CPS (P Ho)	
10:00	預防復發的策略 (危機處理、藥物的重要性...) 分享交流	CPS (Boney)	
11:30	小休		
11:45	社區資源介紹	PRC (Jason) / BOKSS	
12:30	午膳		自理
14:00	參觀社福服務機構	PRC / BOKSS	Certificate of Appreciation/ Gift
16:00	活動後 問卷調查 活動總結	All CPS (P Ho)	Post-test questionnaire Pen

Day 3 Schedule

(For carers of repeated admission cases)

19/12/2015 (Sat)	Content	Responsible parties	Remarks
09:30	愛錫自己・管理自己的情緒 (上)	MSW (Mr. Charles Wong) CPS (P Ho) PRC (Jason)	
12:30	午膳		Catering Service
13:30	愛錫自己・管理自己的情緒 (下)	MSW (Mr. Charles Wong) CPS (P Ho) PRC (Jason)	
16:15	活動總結	MSW (Mr. Charles Wong)	













Outcome measurement

- A self-administrated questionnaire was adpoted after discussion with preceptor
- 9 statements were used to assess carer's level of acceptance on their knowledge and caring stress by 5-point Likert Scale.
- Carers were asked to complete the questionnaire before the workshop and upon finishing all the sections of the programme.

Outcome measurement

請在以下適當空格內加上 ✓ 號	非常不同意	不同意	無意見	同意	非常同意
	1	2	3	4	5
1.你對家人所患的病有相當的理解 (包括病因、病徵及治療方法等)					
2.你對病房的环境及所提供的服務有相當的認識					
3.你知道醫院有什麼相關部門/服務能幫助家人					
4.你對家人所服用的藥物有充分的理解 (包括藥名、藥物種類、作用及副作用等)					
5.你了解家人在復康的過程中遇到的困難					
6.你有信心在家人再次復發時作出適當的處理					
7.你有方法可協調自己在照顧家人時所遇到的困難 和壓力					
8.你覺得家人的病對你來說是一個沉重的負擔					
9.你了解有什麼社區資源/機構可以幫助到自己及 家人					

Outcome measurement

For 1st workshop for carers of newly admitted cases:

- Total participants: 10/10/2015: 16, 17/10/2015: 14
- Item most agreed by carer before the empowerment sections:
S5:你了解家人在復康的過程中遇到的困難(3.38)
- Items least agreed by carer before the empowerment sections:
S3:你知道醫院有什麼相關部門/服務能幫助家人 (2.06)
- Item most improved after the empowerment sections:
S3:你知道醫院有什麼相關部門/服務能幫助家人 (+1.65)

For stress measurement:

S8:你覺得家人的病對你來說是一個沉重的負擔

Average: 3.75 (Pre) → 3.42 (Post)

Different: - 0.33

Outcome measurement

For 2nd workshop for carers of repeatedly admitted cases:

- Total participants: 5/12/2015: 15, 19/12/2015: 13
- Item most agreed by carer before the empowerment sections:
S5:你了解家人在復康的過程中遇到的困難(3.13)
- Items least agreed by carer before the empowerment sections:
S4:你對家人所服用的藥物有充分的理解(包括藥名、藥物種類、作用及副作用等) (2.6)
- Item most improved after the empowerment sections:
S9:你了解有什麼社區資源/機構可以幫助到自己及家人 ? (+1.43)

For stress measurement:

S8:你覺得家人的病對你來說是一個沉重的負擔

Average: 3.86 (Pre) → 3.38 (Post)

Different: - 0.48

Evaluation

- The carer empowerment programme was effective in enhancing carer's perception and knowledge on caring mentally ill patient, hospital facilities and social service that available for them.
- Both groups of carers reported reduced in caring stress as perceived.

Limitation:

- The self-administrated assessment tools needed to be verified and validated for more convincing result for the project.
- Continuous study on long-term effect of the carer empowerment programme was not included in this project. Follow-up intervention is highly suggested for advanced assessment.

Difficulties encountered

- ⦿ Each carer had their only unique stress and required individual counseling and advising on their individual caring problems.
- ⦿ Some sections were running over-time as the carers had too many questions to ask
- ⦿ The programme required large amount of manpower from different parties, it was quite difficult to provide long-term workshops for the carers

Q & A
Thank You

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