### The HKU Scholars Hub



Title	Evidence-based psychosocial service for people with chronic illness & their families: outcomes on mental health & wellness
Author(s)	Kwok, AYY; Chau, PWP; Leung, PPY; Wong, DFK
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HKEC Symposium on Community Engagement V: Foundly – The Key to a Healthy Community

健康社區・由家開始

### Presentation Topic:

Evidence-based Psychosocial Service for People with Chronic Illness & their Families: Outcomes on Mental Health & Wellness

## **Contents**

- 1.CRN Psychosocial Service
- 2.Outcomes
- 3. Recommendations





## Co-Authors

#### Ms. Anna KWOK

Centre Manager, Kornhill Centre, Community Rehabilitation Network, The Hong Kong Society for Rehabilitation

## Ms. Phyllis CHAU

Senior Manager, Community Rehabilitation Network, The Hong Kong Society for Rehabilitation

#### Dr. Pamela LEUNG

Assistant Professor, Department of Social Work & Social Administration, The University of Hong Kong

#### Dr. Daniel WONG

Associate Professor, Department of Social Work & Social Administration, The University of Hong Kong



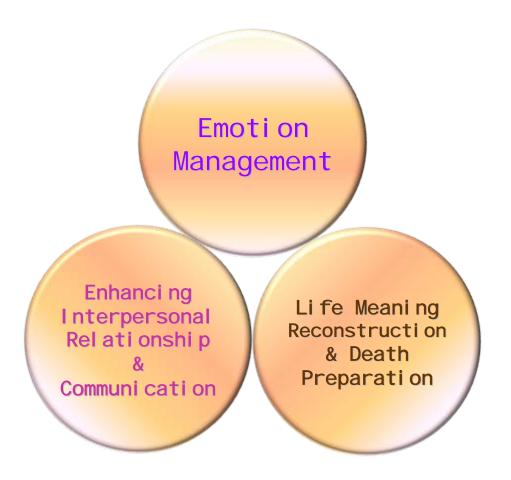








## Psychosocial Needs of Patients & Caregivers





## Significance of Psychosocial Intervention





## **CRN Psychosocial Service: Characteristics**

- ■Theoretical-based
- Groupwork approach & "Taster" Workshop
- Develop with academic institutes or professional organizations
- Group leaders: CRN Registered Social Workers, with in-service training





I: Beck's Cognitive Therapy II: Art Therapy

Family & **Interpersonal** Relationship

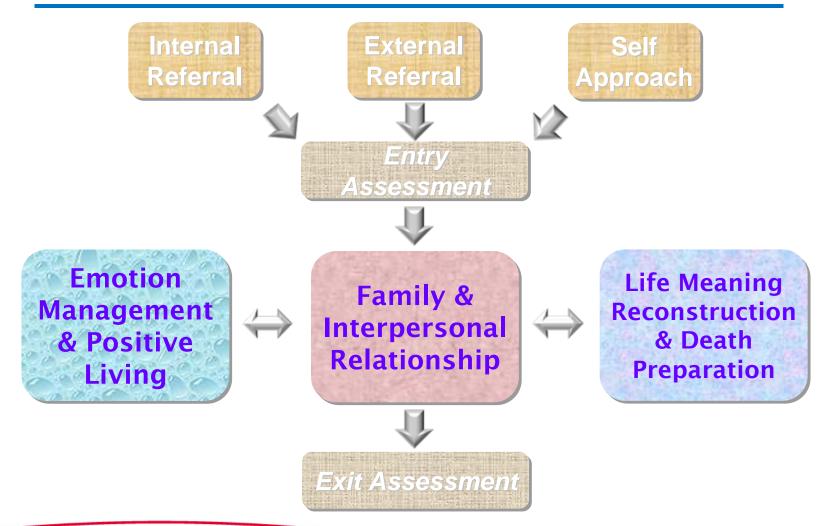
Satir Model

**Life Meaning** Reconstruction & Death **Preparation** 

Life Celebration & Empowerment Approach



## CRN Psychosocial Service: Service Flow

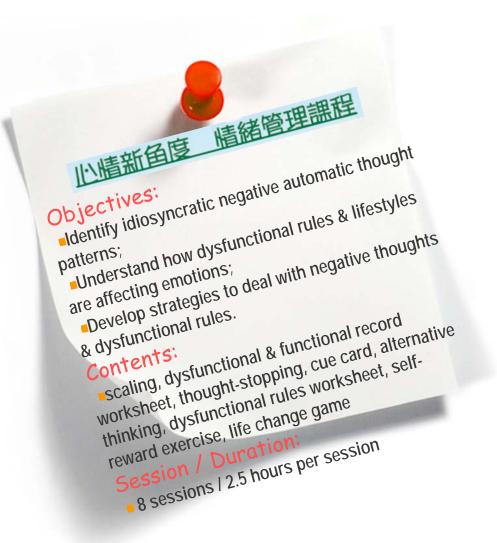






# Emotion Management & Positive Living - 1

## 正何思維與情緒管理







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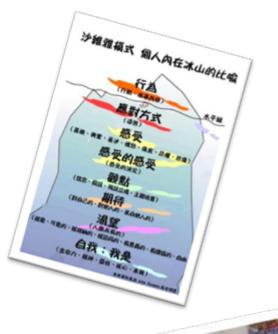
## Emotion Management & Positive Living - 2





## Family & Interpersonal Relationship

## 人際關係與個人成長



#### 人際關係自學課程

#### Objectives:

- Strengthen participants' personal capacity like self-esteem, mental health & community skills;
- Improve interpersonal relationship, establish support network.

#### Contents:

Iceberg: understanding "inner needs" behind one's behavior, Coping stances: four usual communication patterns, Mandala: internal resources, Temperature reading.

#### Session / Duration:

6 sessions / 2.5 hours



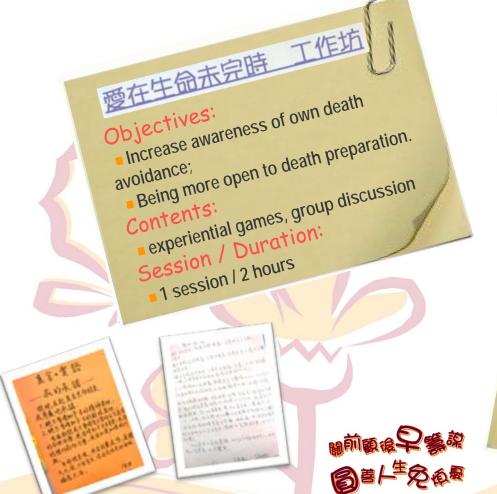






### Life Meaning Reconstruction & Death Preparation

「說生談死」生命教育計劃







## 真心愛生命 探索川組 Objectives:

Reduce fear of death & death avoidance Increase motivation & develop positive attitude towards death, make more concrete preparation for it;

To be more appreciative of life.

### Contents:

 didactic education, experiential activities, reflective exercise, life review activities. Session / Duration:

5 sessions / 2 hours

## Outcomes (1) 「心情新角度」情緒管理課

### Methodology

- In 2004-2005
- Comparison group, pre-and-post test approach
- ■Pre-group, Post-group, 3-month-follow-up assessment
- ■Structured questionnaires:
  - General Health Questionnaire-12
  - Automatic Thought Questionnaire
  - Coping Skills Questionnaire
  - Positive and Negative Emotions Checklist
  - Demographic characteristics

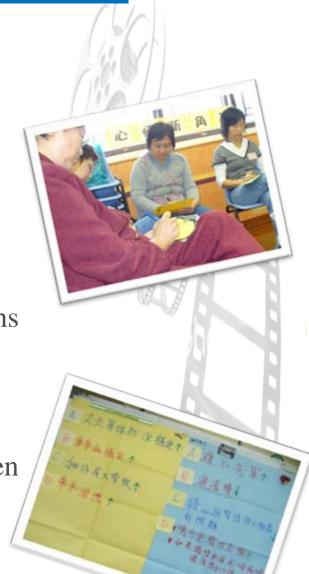




#### Results

- ■n=78 (experimental group=40; control group=38)
- ■Mean age: 50.2 / Male: 19, Female: 59
- ■64.1% had not completed secondary education
- ■One-fourth: full-time or part-time employment
- Members of experimental group:
  - Significant improvement in mental health;
  - Fewer negative thoughts, more positive emotions & fewer negative emotions;
  - Effects maintained at 3-month follow-up assessment;
  - No statistical difference on coping skills between experimental & control groups.





### Methodology

- ■In 2009
- Quasi-experimental design (pre-and-post test)
- Pre-group & Post-group assessment
- ■Structured questionnaires:
  - The Chinese Death Attitude Profile revised
  - Body-mind-spirit Well-being Inventory Spiritual Well-being Sub-scale
  - Death Competence Scale
  - Gratitude Questionnaire Six-Item Form
  - The Centre for Epidemiological Studies Depression





## Outcomes (2) 「真心愛生命」探索小組

#### Results

- ■n=169 (experimental group=86; control group=83)
- Mean age: 56.78 / Male: 56, Female: 113
- ■Members of experimental group:
  - Significant changes in fear of death, death avoidance, death preparation, life appreciation.
- Other findings:
  - Death preparation is correlated with the results;
  - Provide chances to reveal concerns on death preparation in 'natural & relaxed' atmosphere;
  - Participants are ready to talk about death;
  - Initial focus: practical arrangement → reviewing life experience (Valuable Journey)





## 人際關係自學課程

### Methodology

- In 2009
- Randomized control trial (Single-blind) + focus group
- Pre-group (baseline) & Post-group (6th week), onemonth (10th week) follow-up assessment
- Structured questionnaires:
  - Chinese Affect Scale
  - Rosenberg Self-Esteem Scale
  - Chinese Courtauld Emotional Control Scale
  - Yale Social Support Scale
  - SF-12 Health Survey
  - Chinese Hospital Anxiety & Depression Scale
  - Body-mind-spirit Well-being Inventory Spiritual Well-being Sub-Scale
  - CRN Self-Other Communication Scale





#### Results

- ■n=74 (experimental group=31; control group=43)
- ■Mean age: 54.13 / Male: 9, Female: 74
- Members of experimental group:
  - Significant improvement in self-other relation, communication congruence, wishing to know more friends, self-esteem, resilience, and mental health.
- Limitations:
  - Relatively small sample size
  - Dual role of group leaders & researchers
  - Only a few studies on Satir Model are available for reference





- Key to Positive Living: Self-Managing Health & Chronic Disease: Conference & Workshop (2004)
- World Congress of Behavioral & Cognitive Therapies (2005)
- International Conference on Promoting Chronic Care: Towards a Community-based Chronic Care Model for Asia (2010)
- 2010 Joint World Conference on Social Work & Social Development (2010)
- 2010 Satir World Conference (2010)
- "Cognitive-behavioral treatment group for people with chronic illness in Hong Kong: Reflection on culturally sensitive practices." in International Journal of Group Psychotherapy. (2007)
- Guest lectures for local universities' study programs
- CNE training program of Association of Hong Kong Nursing Staff



## Recommendations on Future Development

- Targets:
  - Chronic patients & caregivers with emotional disturbances or at risk of depression (assessment such as PHQ-9)
- Early intervention, Preventive nature
- Professional-and-Peer-led
- Further enhance effectiveness of referral system

