

# New Life Psychiatric Rehabilitation Association

**An Innovative Project from Hong Kong –  
Seeing H.O.P.E.S. Family-based Counseling &  
Support Project**

**A Presentation at CIFA 3A Project 2012**

**Representatives:**

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# About New Life

## Vision

We strive to promote mental wellness for people in recovery of mental illness and for their families and the general public with the ultimate goal of equal opportunities, social inclusion, acceptance and full participation for all in the community.

## Mission

We are dedicated to pioneering and delivering people-focused, recovery-oriented, and evidence-based community mental health services with care and respect, innovation and continuous drive for excellence and professionalism.

## Core Values

Care for People

Excel for Quality



# About New Life

- Over 45 years of service specialising in mental health care
- 33 service units in residential, vocational and community services
- 20 social enterprises
- Family services
- Innovative projects
- Mental health promotion and public education
- More than 11,000 persons in recovery served every year



# Where we started...

## Clinical Observations

- Challenges shared by parents in recovery of mental illness
- Mental health care services tend to focus on individual intervention and medical orientation
- Multiple needs of families
- Comparatively low motivation in help-seeking

# What are our Beliefs...

- Persons in recovery of mental illness can enjoy their **parental rights**
- Families have their own **strengths and resilience** in face of mental illness
- **Systemic intervention** matches the multiple needs of the families
- **Preventive work** preserves and promotes social capital of the second generation
- **System collaboration** offers holistic and effective care for the betterment of these families



# How we started...

- Solicited sponsorship from Bank of China Fund
- Launched the 2-year project between 1 October 2010 and 30 September 2012
- Built strategic partners
- Navigated into the community

# Who are our targets...

- Parents in recovery of mental illness and mental health problems, their spouses and young children aged under 15.
- Service providers and practitioners of other service systems.



# What we aimed to achieve...

- Promote actualization of parental role and functioning among persons in recovery
- Mitigate impacts of mental illness on their young children
- Empower individuals, families and service systems
- Support family wellness, resilience and growth beyond the limit of mental illness
- Enhance system collaboration





# How we deliver...

## Theoretical Framework

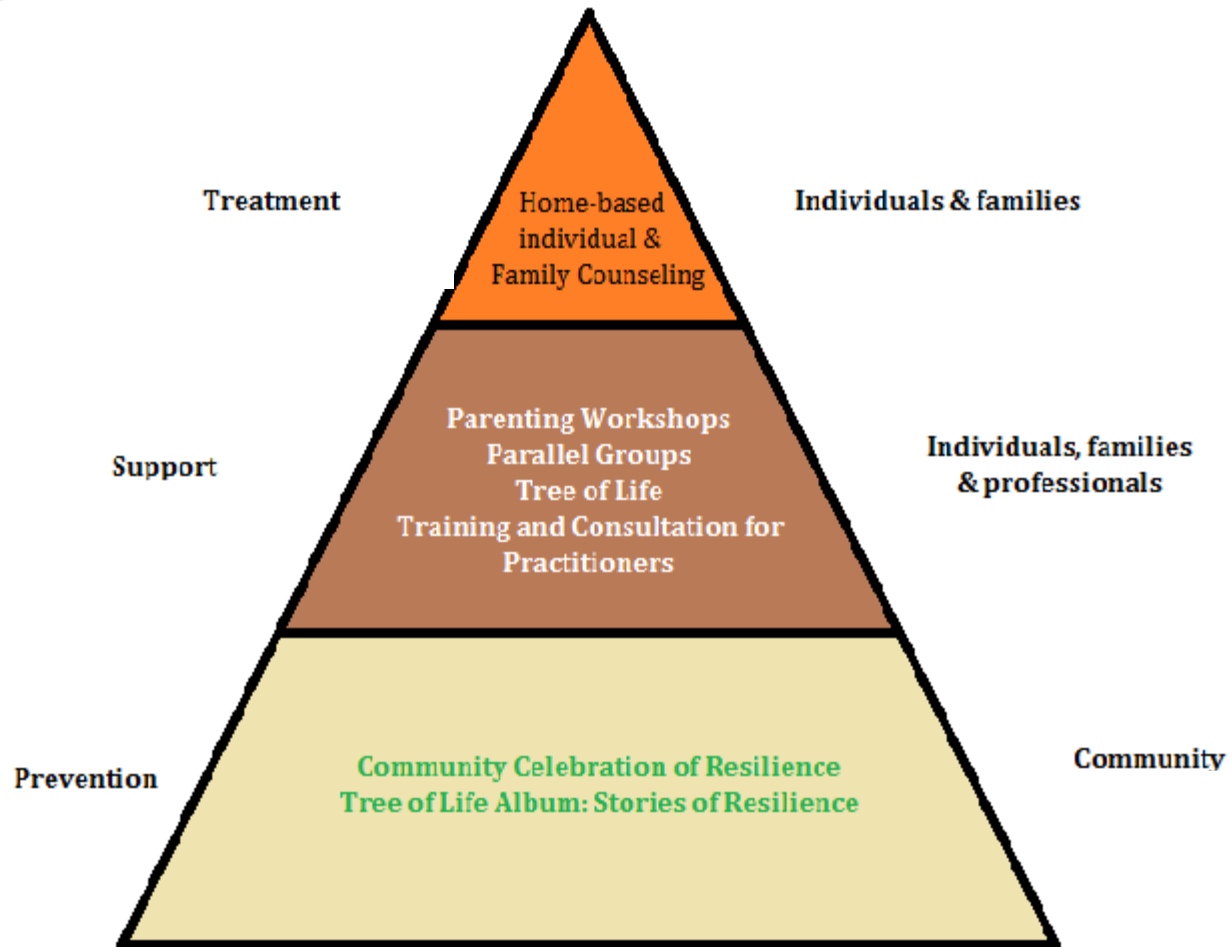
### **Integrative Family And System Treatment (I-FAST)**

- Positive therapeutic alliance
- Second-order change in family interactional patterns
- System collaboration

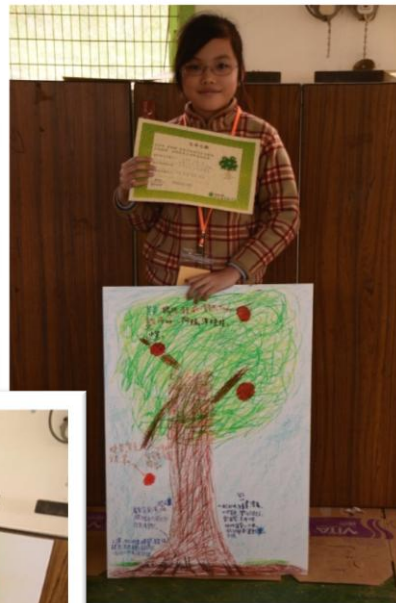


# How we deliver...

## Mode of Service



# How we deliver...



# Whom we have reached...

- 100 families with 245 family members
- 35% of the principal service users were aged between 36-45, 88% were female.
- 77% of the principal service users were in face of depression
- 52% were single-parent families



# Whom we have reached...

- More than 140 practitioners
- 1,035 community members
- Over 20 system collaborators



**New Life**

Psychiatric Rehabilitation Association

新生精神康復會



# What we have accomplished...

## For Families

<b>Family Counseling</b>	
Number of family served	100
Number of service users	245
Counseling sessions (home-based & office interview)	1,227
<b>Parenting Workshop</b>	
Number of parenting workshop	21
Number of participants	311
Number of parents requested for further services	75
<b>Parallel Group</b>	
Number of group	6 parent group / 6 children group
Number of participants	53 parents / 51 children
<b>Tree of Life</b>	
Number of programme	4
Number of participants	44



# What we have accomplished...

## For Practitioners and Community Members

Training Workshop on I-FAST	
Number of training	4
Number of participants	144
Case Consultation for Professionals	
Number of consultation sessions	19
Number of participants	113
Seminar	
Number of participants	75
Community Celebration of Resilience	
Number of community exhibition	8
Number of participants	1,035
Number of Tree of Life Album distributed	1,000





# What are the impacts...

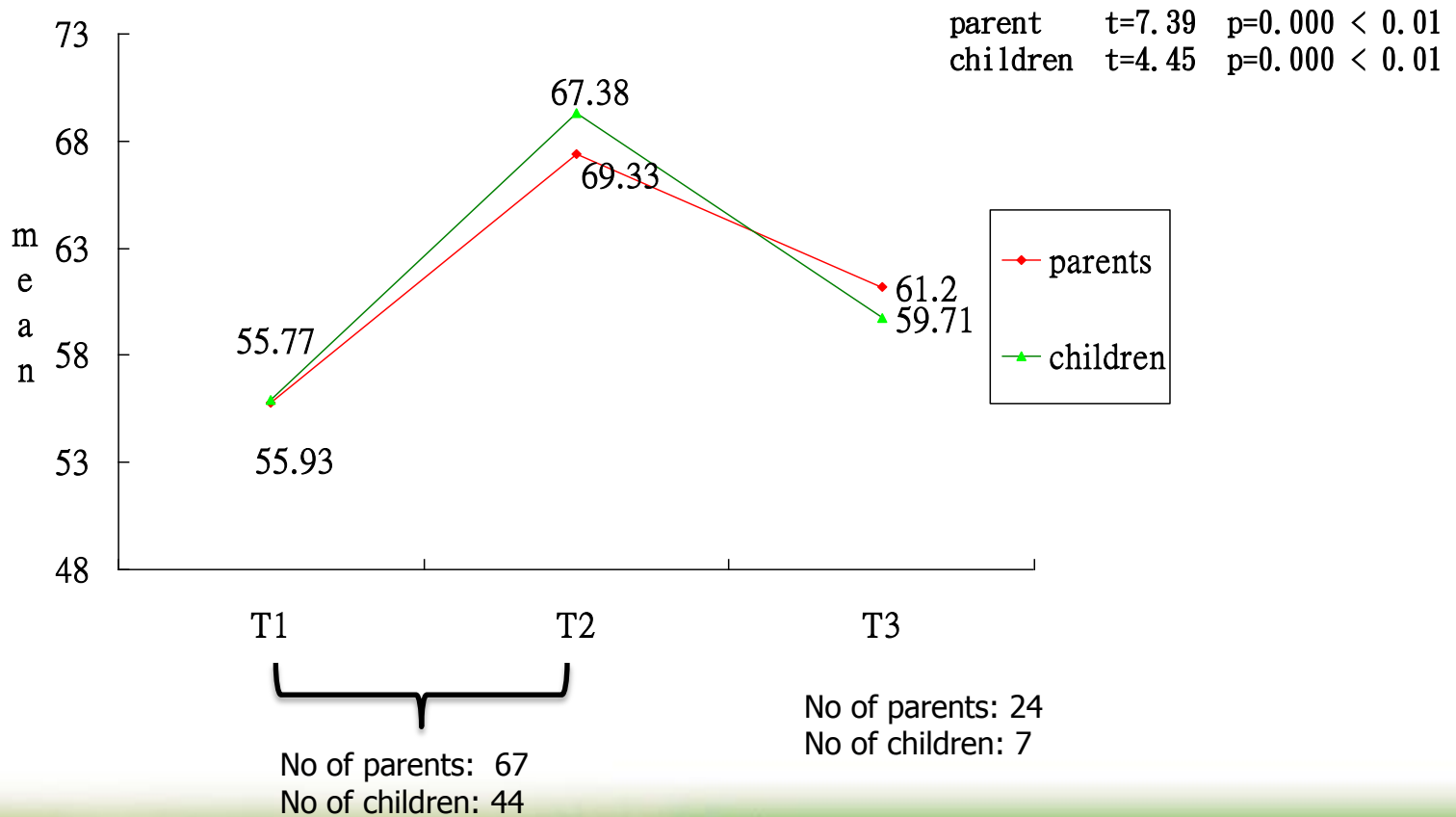
## Measurements

Seeing H.O.P.E.S. has employed three measurement tools to assess its service effectiveness through pre-post and 6-month follow up evaluation:

- Resilience Scale (RS, Wagnild, G. M. & Young, H. M. 2009)
- Chinese Parent Sense of Competency Scale (C-PSOC, Ngai, F. W., Chan, S. W. C. & Holroyd, E., 2007)
- FACES IV (Osion, D.H., Portner, J., & Bell, R., 2008)

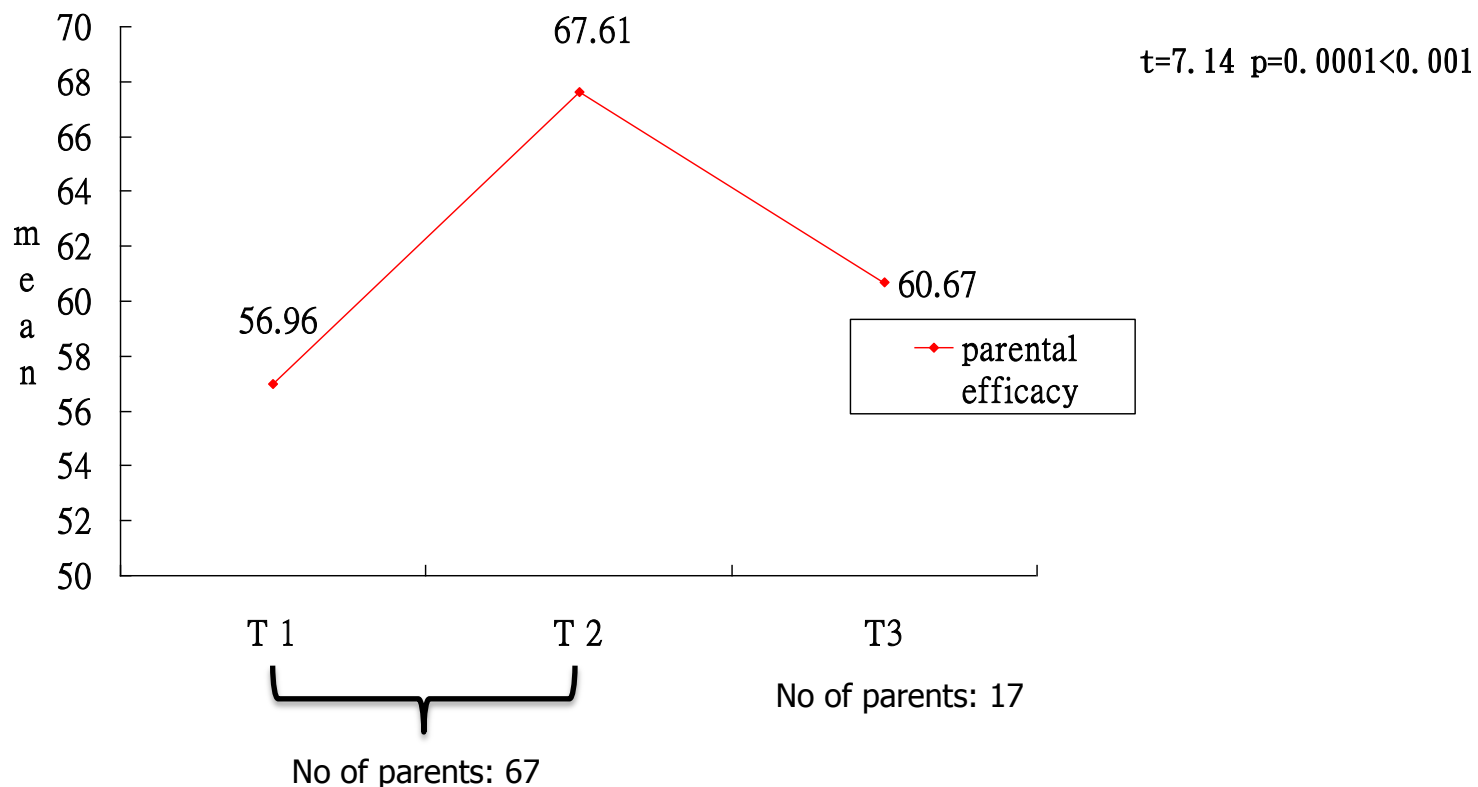
# What are the impacts...

## Quantitative Outcomes (1) – Resilience



# What are the impacts...

## Quantitative Outcomes (2) – Parental Efficacy



# What are the impacts...

## Quantitative Outcomes (3) – Family Functions

Results from 111 respondents of 64 families

Results from 24 respondents of 19 families

Measure		T1		T2		T3		t	p
		Mean	S.D.	Mean	S.D.	Mean	S.D.		
Dimension	Balanced Cohesion	48.08	11.16	54.07	9.52	51.05	10.49	-5.24	.000***
	Balanced Flexibility	49.23	12.08	54.53	9.63	50.22	10.41	-4.89	.000***
	Disengaged	42.98	13.30	40.24	11.41	46.52	9.61	2.10	0.038*
	Enmeshed	34.23	12.26	35.28	12.99	40.39	13.86	-0.75	0.44
	Rigid	44.60	12.20	47.78	10.47	44.43	10.08	-2.85	0.005**
	Chaotic	32.91	11.36	34.10	12.31	45.35	13.91	-1.09	275
	Communication	23.20	16.75	47.55	19.10	44.42	19.90	-10.5	.000***
	Satisfaction	16.25	10.32	32.64	18.85	26.63	17.25	-8.63	.000***

\*= p < 0.05   \*\*= p < 0.01   \*\*\*= P < 0.001



# What are the impacts...

## 「思家希望」助精神病者重拾父母角色

【明報專訊】新生精神康復會在2010年成立的「思家希望」家庭為本輔導及支援計劃，以家庭為單位，不但針對精神病、情緒病患者，亦會向受忽視的病患者家屬提供輔導，兩年來幫助了100個家庭，但計劃的資金快將用盡，故計劃採用了外展模式，兩名輔導員會上門造訪輔導。

### 引美國治療概念 家庭為本輔導

「思家希望」家庭為本輔導及支援計劃，主要引用美國的「綜合家庭及系統治療」的概念，為受精神或情緒病困擾人士，提供家庭輔導、親子技巧訓練等，協助患者重拾作為父母的角色。在過去兩年的100個受助家庭中，近八成個案的家長患有抑鬱症，更有一成患有思覺失調。有超過一半接受服務家庭是單親，當中不少面對子女管教問題、孩子行為問題，以及親子關係問題等。

療法創始人俄亥俄州立大學教授李基義指出，過往對付情緒問題，多集中在醫藥、個人的治療，事實上抑鬱症與家庭互動、環境不無關係，不少患者

從照顧子女、改善親子關係，獲得信心及滿足感，大大減低復發風險。另外，由於受精神、情緒病困擾人士都會封閉自己，或怕承受社會負面標籤而不願求助，故計劃採用了外展模式，兩名輔導員會上門造訪輔導。

計劃負責人指出，個案中不少子女以為父母是「癡線」，對小朋友本身也是精神困擾，計劃幫助他們重新認識精神、情緒病，轉而給予父母支持。

### 資助期將完 盼外界捐款

受惠的單親媽媽張女士，有一對分別10歲和8歲的女兒，細女出生後察覺患上抑鬱症。最嚴重時期，張女士曾封閉自己，把兩個女兒送往寄養。兩年前開始參與計劃，讓她感受到別人關心，病況好轉，母女關係亦漸漸改善，半年前更從寄養家庭接回女兒團聚。

因計劃屬先導計劃，兩年的資助期快將完結，計劃負責人希望可以獲得外界捐款，讓計劃得以延續。現時計劃每年獲「中銀香港暖心愛港計劃」資助約70萬元。

## 情緒病患者家人同獲支援 助康復

### 雙管齊下 傳統治療情緒病及精神病患者的方法著重

藥物治療，但忽略對家人的影響。新生精神康復會於2010年推出全港首個家庭為本的輔導及支援計劃，精神病患者及家人均會獲得照顧，減輕父母患病對子女的影響。

現年31歲的張女士患上抑鬱症，經常無故對兩個女兒發脾氣及責罵她們。因無法履行母親責任，惟有安排女兒入住寄養家庭。後

來獲轉介至計劃，與輔導員面談20次後，終可與女兒互吐心聲，更接回女兒同住。

### 單親家長較多接受輔導

計劃開始至今已輔導100個家庭，這些家長主要受抑鬱症影響，更有超過一半為單親家庭，他們主要受情緒及管教子女困擾。不少家庭參加計劃後，成員之間的溝通大幅改善，家長亦增加照顧子女的信心。

新生精神康復會專業服務經理鄧佩珊表示，「治療情緒病及精神病不單靠藥物，從家庭介入亦有助減輕患者的情緒問題。」她又指



新生精神康復會專業服務經理鄧佩珊(右)表示，計劃至今9月30日完結。希望有心人士或機構撥款支持，繼續幫助有需要人士及其家人。

1100小時

該服務計劃為期兩年，至今已兩位輔導員已輔助100個家庭，共提供輔導超過1100小時。

## 「思家希望」強化家庭抗逆力

新生精神康復會專業服務經理鄧佩珊(右)稱，計劃透過上門為精神病患者及其家屬提供，提供親子技巧訓練及小組分享，強化求助家庭的抗逆力及家庭關係。(盧德潤攝)



【本報訊】家人患精神病，並非沒有出路。30多歲張女士8年前誕下細女時，因婚姻問題患上抑鬱症，更令她與2名女兒的關係轉差，常向女兒大發脾氣，及後更需把她們送至家庭宿舍。

### 精神病者 學懂親子情緒管理

張女士接受新生精神康復會輔導後，學懂情緒管理及親子方法，已接回女兒同住。新生精神康復會前年推出為期2年、名為「思家希望」的家庭為本輔導計劃，至今已為100個精神康復者個案服務，涉及245

名患者及其家屬。個案中，有77%為抑鬱症患者，12%患思覺失調，大部分均正接受藥物治療；亦分別有48%及41%個案因子女管教問題及孩子行為問題而求助。

新生精神康復會專業服務經理鄧佩珊稱，求助個案的家長及子女在接受輔導後的抗逆力，較求助時分別增25.2%及29.5%，有個案的女兒由每次見父母吵架就作出自殘行為，經輔導後已停止有關行為，並願意與父母坦白溝通。

協助訓練輔導員的俄亥俄州立大學社會工作系教授李基義解釋，以往精神病服務採藥物模式，集中於個人身上，惟精神病問題，多涉及家庭互動或與人互動時出現問題；如從家庭服務介入輔導服務，可協助患者解決不少問題，減低其復發機會。

## 「思家希望」助精神支援

新生會開展的「思家希望」，是本港首個以家庭為本的精神支援計劃。10年至今年7月15日，計劃共服務了100個家庭，其中67個家庭成功達到治療目標。

張女士因婚姻及單親問題，抑鬱超過6年，以至「覺得自己無法做媽媽」，後來要讓兩女兒入住寄養家庭。經轉介接受「思家希望」的服務後，張女士已和女兒「團聚」半年，情緒行為亦大大改善。

新生會行政總裁游秀慧說，「病人」不是精神病患者唯一的身份，



游秀慧(左)期望政府能繼續資助。(何樂英攝)

不能靠藥物治療，在家裏治療更有效。游秀慧並呼籲，社會要有一個共融的環境接納精神病患者。面對9月資助即將到期，新生會希望政府能繼續資助，並會尋求其他資助。

# What we have learned...

## Applicability of project to different cultural context

- Adaptation of I-FAST in working with adult
- Strengths-based intervention
- System collaboration
- Home-based counseling

# How we sustain our work...

## 1. Well-recorded documentation

- Programme / group protocol and evaluation
- Systematic records

## 2. Knowledge/skill transfer

- Integration into existing government-funded community mental health services
- On-going training and group consultation by local expert
- Public training and seminar for experience sharing
- Publication

## 3. Solicit further fund for service expansion



**THE END**

**THANK YOU!**