

## **Application of Positive Psychology to Community Mental Health Setting**

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Good afternoon, everybody. Thanks to the Mental Health Association of Hong Kong for inviting me to present in this Symposium.

First of all, I would like to introduce the positive education laboratory because I am the convenor of this laboratory. In fact, we have been launching positive education programmes in the schools for a number of years. We launched programmes for kindergartens, primary schools, secondary schools and university students. We mainly used the whole school approach on positive education, but in 2018, we tried the positive psychology approach in the mental health setting. We collaborated with the Mental Health Association and piloted the approach in half-way houses. Today I am going to present the project rationale and objectives, conceptual framework, positive psychology group, whole house approach, staff development and also the difficulties encountered.

### **The Halfway House Project**

The project was operated in four half-way houses. The project aimed to integrate the concepts and strategies of positive psychology to the current practices of psychosocial rehabilitation in the mental health setting. In fact, previous research has supported that positive psychology intervention is effective in reducing depression and also enhancing well-being. Also positive psychology has been benefitting psychiatric rehabilitation practices by bringing in the positive side of life for people with psychiatric disabilities, and this has been supported and well documented.

We had four project objectives. First was to nurture positive accomplishments, positive relationships and also positive emotions in the residents and also to facilitate their recovery and to enhance their quality of life. Of course we had the whole house approach, so we also aimed to enhance the staff's well-being. We facilitated the staff to learn, live, apply and also to embed positive psychology in the mental health service setting, thus to enhance the current practices of psychosocial rehabilitation. Also we hoped to increase the staff's job satisfaction, well-being and team work engagement. Lastly, we aimed to examine the effectiveness of the proposed project with recommendations for future service development.

The Conceptual Framework makes reference to Professor Martin Seligman's elements of positive psychology, because he changes from a pathological perspective to a strength-based perspective, that means from an emphasis on disease and illness to an emphasis on the potentials and resources of people. The Conceptual Framework uses character strength as a foundation. Character strengths, according to Professor Martin Seligman, has six virtues including Wisdom & Knowledge, Courage, Humanity, Temperance, Transcendence and also Justice. On this basis, or on this foundation, we aim to build up people's five elements. The first is Positive Emotion, the second is Positive Engagement, the third is Positive Relationships, the fourth is Positive Meaning and the last is Positive Accomplishment. By this we hope to enhance the wellbeing and cultivate flourishing of people. These five elements can have the English name PERMA.

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Here are the six virtues. You can see that they are in fact in line with the five elements, which means PERMA that I have just mentioned. For Wisdom & Knowledge we have Love of Learning, Perspective, Judgment, for example, which can enhance the accomplishment of people. For Love, Kindness and Social Intelligence, they are about establishing harmonious relationships. Then Hope and Gratitude are positive emotions, and Spirituality, Appreciation of beauty are about the meaning of life (Figure 1).

In our holistic approach, in addition to group work, we also have staff training. That means, for example, we have basic training, advanced training and also we have regular consultation with the staff. Then we have whole house approach, which means we have regular whole house meetings, activities and programmes, as well as whole house campaign. This is what we call our whole house approach adopting positive psychology. This means we don't just focus on the residents, but we also focus on the staff and on the house environment.

Next I would like to introduce the Positive Psychology Group. The residents have low self-efficacy and self-stigma. We aim to find out their character strength by experiential exercises. They also lack hope

and are lack of purpose in life, so we aim to do goal-setting with them to enhance their sense of achievement. Last of all they have weakened social support from family and friends, so we aim to enhance their communication skills and aim to build up their relationships.

Here are the Group Objectives. We hope they can build up their personal strengths and enhance their self-efficacy. Then we hope they can learn gratitude and communication skills, so that they can enhance positive emotions and establish positive relationships with others. Thirdly, they can develop growth mind-set so that they can have a sense of accomplishment. Fourth is for them to learn how to set and implement goals so as to increase their sense of accomplishment. In the Group Design, we have eight sessions and eight to ten group members per group. Usually the group members have schizophrenia or bipolar disorder, etc.

The Group Content I think is similar to Professor Slade's programme because we also identify character strengths to increase self-efficacy and then to help them to understand the differences between growth mind-set and fixed mind-set. Then we help them to learn active constructive responding (ACR) skills to establish positive relationship with

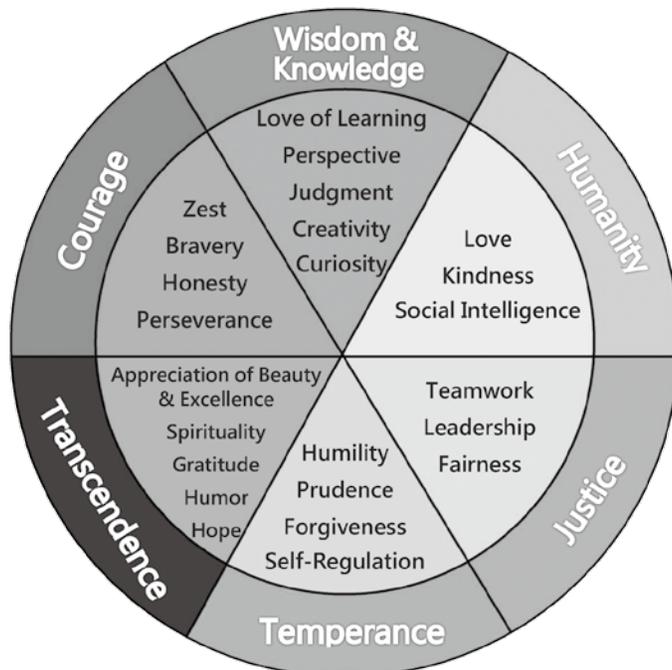


Figure 1: Six Virtues of Character Strengths

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others. We help them practice mindfulness exercises to learn savouring on happy and memorable events, and to understand the importance of being grateful and practicing gratitude to family members, also to learn goal formulation to increase the sense of hope. So you see, our group focuses on positive emotions, positive relationships, positive accomplishments and character strength. Here are some Episodes of the Group. They have role playing and drawing masks to express their emotions.

For Research Findings, we measured strength use, gratitude and happiness before and after the Group. We had 46 participants, 62% males, 38% females from 30 to 52 years old. We found that they increased in their Use of Strengths (Figure 2). You may ask me why there is no control group. It is because we are still collecting data. This is just a preliminary analysis and later we will present randomized controlled trial analysis.

Now I would like to introduce the Whole House Campaign. The four houses had different activities. Different character strengths were chosen as the themes for monthly resident meetings and they chose different activities based on the themes. Some houses designed a game based on the positive psychology concept, and some of them played games, for example, guessing the staff's character strengths or their housemates' character strengths, etc. They also promoted positive psychology concepts in the family members gatherings and shared stories about character strength. So in fact

we adopted a four-step learning strategy, for them to apply and embed positive psychology concepts during the process. The residents learned about group concepts in group work and applied it during the Open Day, the Whole House Campaign. They also assisted to decorate the living environment to embed the concepts in the environment.

Now for Research Findings. We had 74 participants in the sample and we found they had improvement in most of the research categories, for example, Optimism, Coping, etc. The significant improvement was in the Goal and Success Orientation, and they were not so dominated by symptoms. We were happy with this result (Figure 3-4).

### Staff Development

We had staff training with three training sessions for them, three hours per session, and also we had advanced training and consultation sessions. The content of the training was to understand Positive Psychology in general and to understand the concept of character strengths. The second session was to understand the impact of positive and negative emotions and also to understand the ways to build up positive relationships. The third session was how to apply the concept of positive engagement, to experience "Flow" and to understand the importance of positive achievement and the meaning of life.



Figure 2: Group Participants' Outcomes Pre and Post Comparison (Experimental Group)

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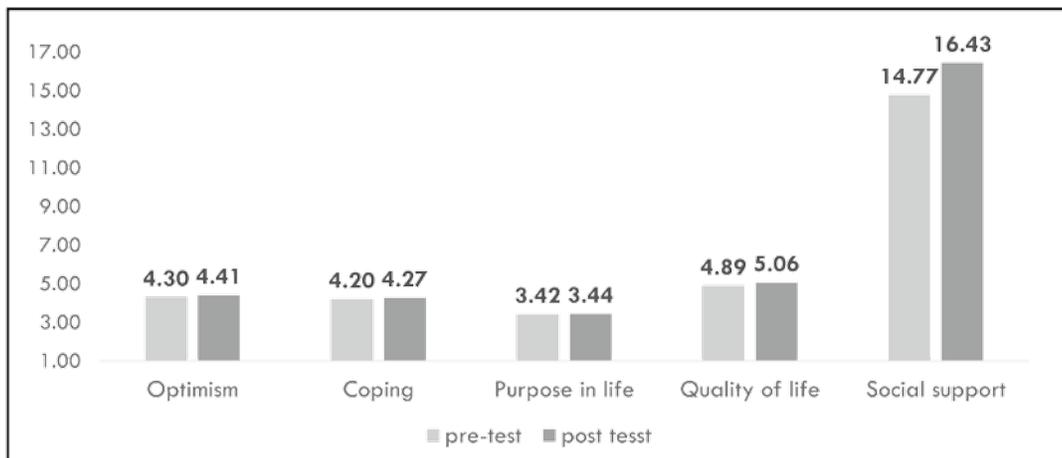


Figure 3: Residents' Outcomes Pre and Post Comparison (Experimental Group)

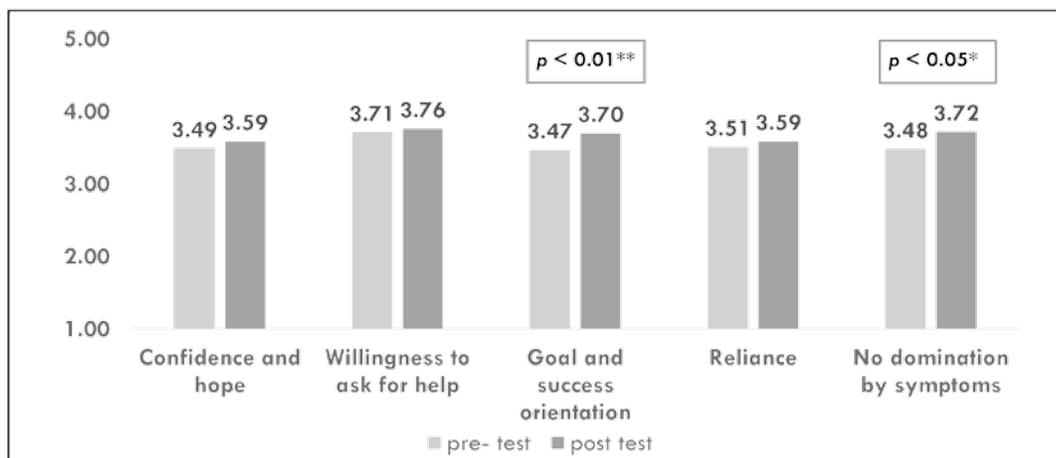


Figure 4: Residents' Outcomes Pre and Post Comparison (Experimental Group)

We also had advanced training for the staff and we designed an exercise book for the clients to record their memorable moments in their daily lives. Also we had training sessions for House Workers. In the Whole House Approach, the staff learned to identify their own character strengths and appreciate their colleagues and residents' character strengths in daily life. They applied the concepts in designing and conducting the groups, integrating the concepts in residents' meetings and also identifying the residents' character strengths in casework as well. And then to embed this, they decorated their houses. Finally, they also merged character strengths into other programs to promote Positive Psychology with other activities in the houses, for example on the Open Days and at family gatherings, etc.

So with Research Finding, we found that from the 22 samples, in fact they improved in all the items, as you can see, for example, subscales of well-being and overall well-being. They also improved in Team Work Vigor, Team Work Dedication and Team Work Absorption. But as the sample was of a small size, this does not reach a significant level (Figure 5-6).

### Focus Group Interview with Residents

A Qualitative Interview with the residents revealed that they were more aware of their own character strengths and were able to appreciate self and others' strengths from different perspectives. The workers were able to identify their own character strengths and the character strengths of the residents

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and colleagues. They were able to apply the strength concepts in casework and group work. Finally, the relationships among the colleagues improved, as well as the worker-client relationships.

### What we encounter and achieve so far

Of course we encountered some difficulties in our project because of the limited cognitive functioning of the residents and also because of the acceptance and mindset of the staff. From a medical model to a strength-base model requires a different perspective and paradigm shift; it is sometimes quite difficult to change the mindset of the staff. There also is a role

conflict of the staff (between the role as a “manager” and the role as a “companion”) in the recovery journey. Of course the workload or time of the staff is also a concern.

In conclusion, the positive psychology group is able to enhance the use of strength in the group members. The house programs and activities are able to increase the residents’ goals and success orientation, and they are less dominated by symptoms. Finally, we still need time to consolidate, live out, apply and embed the concepts and elements of positive psychology in the half-way houses. We still have half a year to go, so we are still working on this. Thank you.

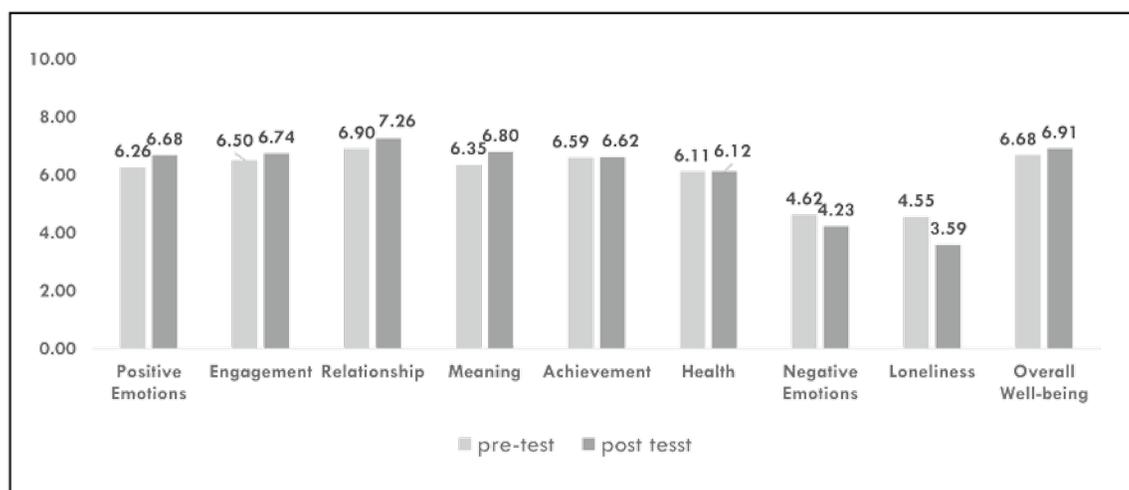


Figure 5: Staff Perma-Profiler Pre and Post Comparison (Experimental Group)

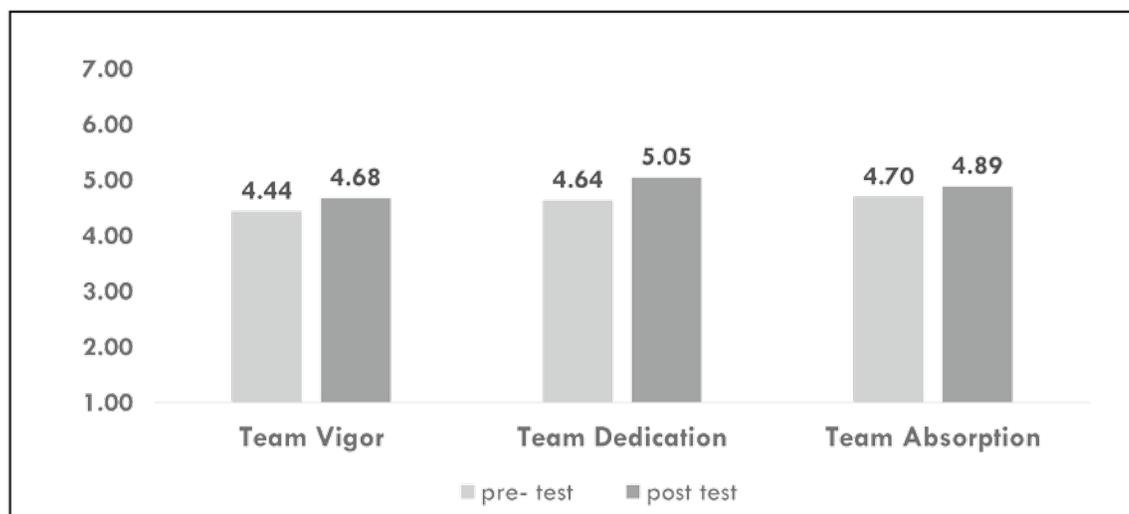


Figure 6: Staff Team Work Engagement Pre and Post Comparison (Experimental Group)