

An Overview on the Development of Recovery-Oriented Practice in the Integrated Community Centres for Mental Wellness in the Mental Health Association of Hong Kong

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Abstract

This paper is an overview on the development of Recovery-Oriented Practice in the Integrated Community Centres for Mental Wellness in the Mental Health Association of Hong Kong.

Keywords: Recovery-oriented practice, Recovery strategic development, Community mental health service

Introduction

Mental Health Recovery is usually been described as a journey (Deegan, 1996; Neathery, 2018). This journey of the development of Recovery-Oriented Practice (ROP) of the Integrated Community Centres for Mental Wellness (ICCMWs) of the Mental Health Association of Hong Kong (the Association) started about 10 years ago.

Recovery movement represents a paradigm shift in mental health which has emerged over the past two decades transforming systems of care throughout the world. Recovery-oriented practice is not new in the field of mental health, especially for the non-Chinese populations in different countries. In response

to the global trend of the development and implementation of recovery-oriented practice, the Association as one of the key non-government service providers of mental health services, joined the ROP movement through the establishment of ICCMW services.

There is no shortcut in transforming existing service to adopt ROP. To prepare the workforce and to transform the “culture” of for ROP, the Association followed the 3-stage approach as described by Shepherd, Boardman and Burns (Shepherd, Boardman & Burns, 2010). The three stages are Engagement, Development and Transformation (Figure1). In the Engagement Stage, the organization clearly acknowledges its needs and engages in its intent to implement recovery-oriented services. There is a plan and

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timetable for the implementation to take place. In the Development Stage, the organization takes action to deliver ROP, with significant development in some areas of its services, policies or culture. In the Transformation

Stage, the organization fully realizes its vision to achieve significant changes at all levels and makes a continuous effort to collaborate with other parties in promoting positive mental health and wellbeing.

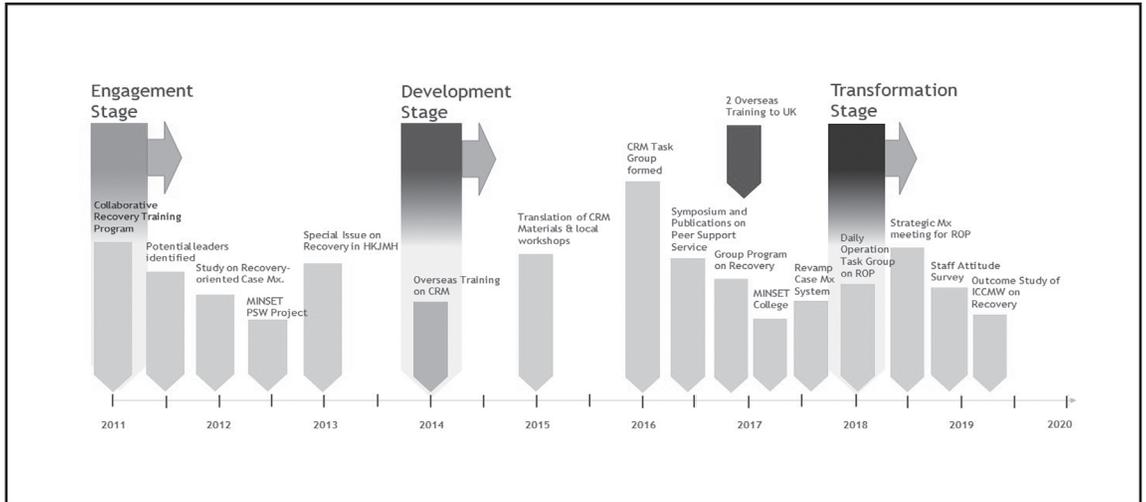


Figure 1: The Development of Recovery-Oriented Practice in the ICCMWs in the Mental Health Association of Hong Kong

The Engagement Stage – Year 2011-2013

In the Engagement Stage, the intention of staff in recognizing the need for change was facilitated by increasing the awareness of existing good areas of practice and the commitment to build on these. Most staff members of the three ICCMWs was arranged to have different opportunities to explore the concepts of mental health recovery and to “taste” what recovery-oriented practice looked like. Since 2011, the Association has invited overseas experts to offer in-house training for the professional staff of the Association. The trainers include Dr. Linsay Oades from Australia who delivered a 2-day Collaborative Recovery Training Program to all professional staff in the ICCMWs and halfway houses, followed by the training on setting recovery in the mental health context and the Scottish Recovery Indicator (SRI2). Through these

trainings, concerns, worries and resistance from colleagues have been acknowledged and discussed. Staffs were given the autonomy to discuss and evaluate the need and the benefits of the development of ROP. These explorations had laid the foundation for promoting ROP in the ICCMWs.

At the same time, colleagues with better readiness to be potential leaders for the transformation had been identified. From 2012-13, they were gathered to participate in the “Study of Evidence-based Practice of Recovery-oriented Case Management for People with Severe Mental Illness in ICCMW Program” offered by the City University of Hong Kong. Through this one-year study program, these potential leaders were trained with the essential skills in recovery-oriented casework practices. Cases were selected from the three ICCMWs to practice and a study

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report was issued to share the caseworkers' clinical experiences and reflections. The study gave a good try to good practice in ROP.

In 2012, learning from the positive experience of promoting peer support service in the mental health service in overseas countries, with support from MINDSET (the registered charity founded by the Jardine Matheson Group), the Association worked together with three other agencies, including Baptist Oi Kwan Social Service, Caritas Hong Kong and the New Life Psychiatric Rehabilitation Association, to start the MINDSET Peer Support Workers (PSW) Project. The project aimed to provide training to persons-in-recovery to use their lived experiences to support people with similar challenges. They had to go through a 100-hour training in order to equip themselves with skills and knowledge on mental health and recovery. Upon completion of the training, students were eligible to apply the paid post of PSWs offered by the four agencies to provide community mental health support services. The Project benefited both the trained PSWs and other persons in recovery.

The PSW Project symbolized the shift from the traditional medical-oriented approach to the persons-in-recovery, in which they were regarded as experts. Their journeys of recovery were unique and irreplaceable in the mental health service. The Association's commitment to value peer support workers as formal team members in the ICCMWs had set up a role model for staff in implementing recovery-oriented services.

In 2013, the Association also published a special issue in the Hong Kong Journal of Mental Health with "recovery" as the theme for exploring related issues and concerns in psychiatric rehabilitation services. This issue included papers from a wide array of authors who worked in different psychiatric rehabilitation service agencies and hospitals. A review of the situation of Hong Kong about

psychiatric rehabilitation and recovery was provided and local examples of the promotion and implementation of ROP had been shared. Actually, after several years of learning and exploration about mental health recovery concepts originated from the western cultures, this issue in the Hong Kong Journal of Mental Health was a landmark of the beginning of the development stage of ROP in the Association. The strategic actions had been formed with reference to the review of the local situations and local examples.

The Development Stage – Year 2014-2017

The year of 2014 could be regarded as a milestone of which ROP flourished in the Association and entered the development stage, with more significant actions taken for development in practice.

The Association supported leaders of the ROP development to join the intensive training called Coach Practitioners of Collaborative Recovery Model (CRM) in Australia and Hong Kong in the following years. In 2014, a group of professional workers including social workers and occupational therapist in ICCMWs and halfway houses attended the course on Collaborative Recovery Model in Australia. This was the first overseas study tour with a specific goal of learning ROP. A post-trip sharing session was held by these potential leaders to share their learning and reflections so as to disseminate the promotion of ROP in the service units.

To heighten the commitment on promoting CRM, in 2015, the group of professional workers received training on CRM in Australia paid efforts to translate the CRM training materials into Chinese, covering the details on CRM guiding principles, theoretical background, intervention tools and practical skills. A subsequent workshop was held for all the professional workers in ICCMWs and halfway houses. Participants of the workshop applied the four specific coaching tools (namely

Camera, Compass, Map and Good Life Album) for their first time, positive feedback was collected. Concerns on the application of CRM in the service units were also discussed and addressed so as to facilitate the colleagues' readiness to turn the CRM approach into real practice.

Meanwhile, professional workers who received CRM training in Australia continued to use the CRM tools on individual casework and occupational training to consolidate their clinical experiences and get more inspirations on further development of CRM in the Association.

After the translation and consolidation work on CRM in 2015 and 2016, a special task group was formed with the overseas-trained leaders and other interested professional colleagues to follow-up the development of clinical programs in promoting recovery to service users.

Furthermore, the Association also co-organized the first-of-its-kind symposium in Hong Kong: The Symposium on Peer Support Service – The Power of Collaboration from 27 to 28 June 2016. The Symposium aimed at exchanging views and sharing on international experiences on peer support services with guests from local, Singapore, Thailand and the United Kingdom. Fruitful discussions and demonstrative sessions were conducted. Challenges and visions of future development of peer support services were shared.

Served as a concluding remark of the MINDSET PSW Project, two publications were issued in 2016, namely: 1) 「朋輩·三年」 - a commemorative book which recorded stories of people around the project, including graduates, representatives of organizing committee and advisors. Four PSWs and service users of our ICCMWs were being interviewed and shared their experiences in serving and being served, and 2) Research Report of MINDSET PSW Project – which included findings of both

quantitative and qualitative research. The results proved the effectiveness of the project and recorded the impact of how peer support influenced the service.

There was a breaking news for the Peer Support Worker Project in 2016. It was extended by support from the Government to let different service units in the mental health field to employ PSWs as their staff as a pilot scheme and those posts became regular openings a year later. To sum up, the MINDSET PSW Project had altogether trained more than 60 peer support workers and over half of them had been offered employment as Peer Support Workers.

In 2017, an 8-session therapeutic group program in facilitating recovery was designed with reference to the concepts and four coaching tools in Collaborative Recovery Model (CRM). The program was named as “Recovery Journey” in English and “心遊記” in Chinese. The Chinese characters highlighted the focus of the group on guiding participants to explore their inner values and personal strengths in their personal journey, as well as reminding participants that appreciating, recording, and sharing personal successful experiences would help improving resilience and sense of self-efficacy.

The effectiveness of the program was evaluated based on data collected in 2017 from ICCMWs and two halfway houses of the Association. Statistically significant improvements were found in psychological, social and environmental domains of the quality of life measure as well as the psychological well-being measure. In 2018, the result of the pilot study was presented in the International Conference on Recovery-oriented Services and Policy Planning in Mental Health (RSP 4.0) and 14th Annual Conference of the International Society of Chinese Applied Psychology. A clinical manual for the program was published for encouraging colleagues to continue applying such effective group practice.

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Another significant initiative took place in 2017 - the establishment of the first recovery-oriented education platform in Hong Kong called MINDSET College. The College was set up with joint effort from four non-government organizations including the Association. It took an educational approach to equip those who had lived experience of mental illnesses or distresses to achieve personal recovery. Students could opt to attend various courses to meet their personal learning goals according to their own wishes, which allowed them to exhibit the right to choose and be responsible to own recovery. A key feature of the College was the majority of courses were co-produced and co-delivered by persons-in-recovery (peer trainers) and professional trainers who were experts in specific areas. Many of the courses offered by MINDSET College were unique in Hong Kong.

The 6 main domains of courses of the Mindset College were designed to achieve holistic development of life, which included: Recovery and Mental Health, Self-Advocacy in Daily Life, Keeping Well and Self-Management, Building Life Skills, Peer Support Training and Support to Families. Through joining the courses, both students and trainers would be able to learn from each other in this recovery-oriented learning platform where sharing was emphasized and different views on classes even with the same topics would generate different learning effects. Persons-in-recovery could also pursue further achievement by extending their involvement in the College – they might consider taking up the post of peer trainers or even peer support workers. Courses on knowledge and skills on peer services and values on recovery were core courses that would reopen regularly in MINDSET College. Trainers would be provided with the opportunities to develop their potentials, gain financial support and be role models to other peers. They could also demonstrate to the public the talents and abilities of persons-in-recovery.

In order to acquire knowledge and gain experience on recovery-oriented services, the Association sponsored 17 staff, including Board Members and senior management, professional staff and peer support workers to attend two study visits in 2017 to the United Kingdom. The visits were aimed to let the delegates study the operation and latest development of Recovery College there, and also demonstrated commitment of the Association to the execution of recovery-oriented services. The team visited different organizations in London and Nottingham, exchanged views with important people including Dr. Julie Repper, the Director of ImROC (Implementing Recovery through Organizational Change), Professor Mike Slade, an esteemed professor on recovery movement from the University of Nottingham, other managements/staff and persons-in-recovery to learn the essence of various peer-led services.

A revamp on the ICCMW case management system was conducted in late 2017 to further incorporate the concept of recovery in the casework level. Strengths are emphasized in the newly revised case assessment framework. Professional workers were guided to explore service users' external and internal strengths by using a whole-person approach to facilitate personal recovery and integration into the community. Such a revamped system echoed with the promotion and implementation of ROP in the ICCMWs.

The Transformation Stage – Year 2018 and onwards

With continuous efforts, the development of ROP had entered the Transformation Stage in 2018. Strategies had been proposed to embed the processes and practice to deliver a recovery-oriented service at every level of the organization.

In January 13, 2018, a strategic planning meeting for ROP had been held involving Assistant Director, Chief Officers and Clinical

Service Leads of ICCMWs. The development of ROP in ICCMWs and services to clients with mental illnesses were reviewed and five strategic directions in the four years from 2018 to 2021 :

1. Commitment: to explore how ROP fits into the revised vision, mission and values of the Organization;
2. Consolidation: to consolidate the past and current development for recognition and further development;
3. Research: to promote research studies relating to ROP both to serve as baseline and performance indicators for the reference of stakeholders;
4. Promotion & Training: to continue to promote the application of Collaborative Recovery Model with the enhancement tools not only for group practice but also for individual case management practice;
5. Day-to-Day Operation: to establish task groups to review and propose changes systematically in the day-to-day operations of ICCMWs with reference to the elements of mental health recovery.

In mid-2018, all staffs of ICCMWs were invited to participate in a survey on Staff Attitude towards Mental Health Recovery. For the rating of Recovery Attitude Questionnaire (RAQ), there were 14 items out of the total 16 items that had the mean of above 4 out of full mark of 5 from the rating of professional staff. For the rating from non-professional staff, similar results were noted. There were 13 items achieved the mean score above 4.

The introduction of the concept of mental health recovery and ROP was not a new initiative in the Association. From the report of RAQ, it was encouraging to note that both groups of staff (i.e. professional and non-professional grades) of ICCMWs had a very good understanding of mental health recovery as a result of their continuous exposure to the concepts in past years. The results of the

evaluation also provided useful direction for further staff training.

Soon after collecting the data on staff attitude survey on recovery in 2018, two trainings on recovery were organized by the Clinical Service Lead Team of the ICCMWs. The one for professional staff mainly focused on boosting up the participants' competence in answering the 'Why-What-How' questions on implementing ROP. The one for non-professional staff was the first kind of recovery training in ICCMWs. It covered the concepts of recovery and introduced ROP. Positive feedback was collected from the participants, who shared their difficulties, reflections, and suggestions regarding ROP in their daily work.

In 2018, a task group on promoting recovery daily operation in ICCMW was established to further enhance the awareness and competence of the staff in ICCMW to implement ROP. The group composes of staff of different ranks in the 3 ICCMWs. They hold regular meetings to discuss the strategies and share the experiences on recovery promotion in daily operations. It was hoped that a recovery-oriented atmosphere and culture could be cultivated. The group was responsible for sharing recovery practices in daily operation and act as a bridge between the ICCMW Coordination Meeting and general staff on the promotion of recovery and reports on progress.

In 2018-2019, an outcome study on recovery was carried out in ICCMWs of our Association with a mixed qualitative and quantitative design. The results indicated that services from ICCMWs significantly improved the clinical and personal recovery of service users. Five themes were also identified to represent the factors related to ICCMW services that were perceived by the service users to be important to their clinical

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and personal recovery. The themes were: home-like environment, recovery coaching, empathetic understanding, social support and social relationships, and assertive engagement. The five themes provided valuable direction for further service evaluation.

Concluding remarks

In reviewing the 10-year journey of the development of ROP in the ICCMWs in the Association, the strategic leadership of the senior management and all the contributions from frontline colleagues deserved recognition and appreciation. The past development certainly laid a good foundation and pave the way for the further development of ROP not only in ICCMWs but also all other service units of the Association. In the 65th Anniversary Symposium of the Association in late 2019, “Recovery and Wellness” was one of its main themes. It is certain that the Association will continue to show the unshrinkable commitment to the promotion of recovery movement in Hong Kong.

Acknowledgement

We appreciate the visionary leadership of the senior staff of the Association in leading us in the development of recovery-oriented practice (ROP) in our services. We would also

like to thank all frontline colleagues for their dedication in contributing to the development ROP during the years.

摘要

精神健康綜合社區中心復元為本服務的發展回顧

香港心理衛生會三間精神健康綜合社區中心由2010年成立至今，採用復元為本的服務模式回應社區精神健康支援服務的發展需要。本文旨在回顧三間中心復元為本服務的發展歷程，由訂立期(2011-13年)、發展期(2014-17年)至轉化期(2018至今)，每個階段皆有其獨特的里程碑及策略性的持續發展。本文亦標誌著本會同工推動復元為本服務的決心。

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