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Promotion and Implementation of Recovery-oriented Practice in a Mental Hospital in Hong Kong

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Abstract

Objectives: As an essential direction of mental health service reform, recovery-oriented practice has recently been widely incorporated into the guiding principles for the transformation of mental health systems in many countries.

Methods: A Committee on Recovery-oriented Practice was set up to steer the promotion and implementation of recovery policy in the Castle Peak Hospital, a major mental hospital in Hong Kong.

Results: Recovery-oriented Practice was promoted and staff training and patient education on the concept and principles of recovery were launched, and at least 300 staff members had participated in the training. Baseline data were collected on the attitude and acceptance of staff and patient on mental health recovery. Pilot recovery programs were adopted in the rehabilitation unit and gradually extended to other units.

Conclusion: The report demonstrated that Recovery-oriented Practice could be successfully implemented in mental health services for Chinese populations.

Keywords: Chinese, Recovery, Mental Hospital

Introduction

Recovery-oriented practice is not new in the field of mental health. Mental health recovery has emerged in the literature in the past two decades and has been implemented in non-Chinese populations in different countries. Peer support, positive role model, partnership, empowerment, strength-based approach, patient's participation in the treatment plan and patient's self-management of his or her mental illness are the central elements in the implementation of recovery practice in mental health service. As an essential direction of mental health care reform and a move towards continuous service quality improvement, the concept of recovery-oriented care has already been incorporated into the service standards and guiding principles of the mental health systems in many countries.

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In the traditional mental health service delivery, the medical model is widely adopted with an emphasis on application of biological, psychological, and social treatments. Before recovery becomes a trend of mental health service in overseas countries, many healthcare professionals believed that recovery-oriented care devalues the role of professional intervention, and is against the medical model (Davidson et al., 2006). After years of debates and explorations, researchers subsequently tend to agree that the recovery-oriented service model is complementary to the medical model. They opined that if holistic mental health services are to be delivered to patients, both the elements of recovery such as self-management and patient's participation, and the effective bio-psycho-social treatments are of equal importance.

Traditional healthcare service delivery in the Chinese populations is often based on "paternalism" or "maternalism", and the healthcare professionals tend to "prescribe" the treatment and management plans to the patients. Patients are largely passive and not very much involved in the decision-making process of his or her own care and rehabilitation plans. Thus service reforms towards a recovery-oriented approach need exploration in the Chinese populations.

The Definition of Recovery

The concept of recovery had appeared in patient's self-help literature since the 1930s and it gradually emerged as a prominent concept in the mental health literature in the late 1980s (Ralph, 2000). There are two broad definitions of recovery: 1) Official governmental or organizational definition; 2) Researcher or user-based definition. First, some governments have developed their definition of recovery. According to the National Consensus Statement on Mental Health Recovery (2004), a report published by the Department of Health and Human Services of the United States, "Mental health recovery is a journey of healing and transformation enabling a person with a mental disability to live a meaningful life in the community of his or her choice while striving to achieve his or her full potential". In 2010, the South London and Maudsley National Health Service Foundation Trust and the South West London and St. George's National Health Service Mental Health Trust have jointly issued a position statement suggesting that recovery focused services are a central component to make mental health services fit for the twenty-first century and that recovery is "about individualized approaches and having a satisfying and fulfilling life, as defined by each person". These governmental statements both emphasized that recovery is a journey and an ongoing process, and that individualized approach and patient's choice are important in the delivery of recovery-oriented services.

Second, researchers have rather diversified views on the definition of recovery. Deegan (1996) stated that "instead of focusing primarily on symptom relief, as the medical model dictates, recovery casts a much wider spotlight on restoration of self-esteem and identity and on attaining meaningful roles in society". This definition by Deegan does not imply full recovery, i.e. a state in which full functioning is restored and no medications are needed. Instead, recovery is suggested as "a journey or process, not a destination or cure". Anthony (1993) has developed a widely used definition of recovery as "a way of living a satisfying, hopeful and contributing life even with the limitations caused by illness. Recovery involves the development of a new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness".

Recovery has become an influential mental health movement around the world. United States of America (USA), Canada, United Kingdom (UK), Ireland, Australia and New Zealand have all adopted the concept of recovery-oriented care as their national policies, or use it to guide care principles in their mental health systems (National action plan on mental health 2006-2011, 2006; NIMHE guiding statement on recovery, 2005; Recovery competencies for New Zealand Mental Health Workers, 2001; Strategic plan 2009-2012, 2009; Towards Recovery & well-being, 2009). Recent systematic reviews support the view that community and hospital based facilities for individuals with severe mental illnesses should deliver "Recovery-oriented" services (Repper & Carter, 2011; Rogers et al., 2009; Taylor et al., 2009). The involvement of patients in organizations' planning of services and their clinical governance processes has been highlighted (Taylor et al., 2009). In addition to collaboration in their care, patients' participation in developing, running and reviewing services has been shown to lead to positive outcomes for both the services and the patients who take on these roles. In addition, there is also evidence supporting that the implementation of recovery-oriented services could increase the satisfaction of patients towards the services delivered to them (Ahuja & William, 2005; Linhorst & Eckert, 2002).

Recovery-oriented Practice in Chinese Populations

The National Consensus Statement on Mental Health Recovery of the United States described that the essential elements of Recovery include "self-direction", "individualized and person-centred", "empowerment", "holistic", "non-linear", "strength-based", "peer support", "respect", "responsibility", and "hope". Mental health services that are recovery-oriented should be derived based on the elements of recovery. Despite that recovery-oriented services are implemented in the mental health settings of a number of overseas countries for long, recovery-oriented practice is not commonly adopted in the mental healthcare system in the Chinese populations (Tse et al., 2011).

In view of the global trend of the implementation of recovery-oriented mental health service and the increased emphasis of human rights and patient's involvements in the Chinese society, the adoption of recovery-oriented practice could be considered as one of the directions for service development in Hong Kong after cultural considerations. This paper described the development, promotion, and implementation of recovery-oriented practice in the Castle Peak Hospital in Hong Kong.

Promotion and Implementation of Recovery-oriented Practice

The experiences from overseas countries on the implementation of recovery-oriented practice are valuable as the blueprint for the adoption of mental health recovery in the Chinese populations in Hong Kong. On the other hand, staff training on the concept, principles, and elements of recovery and the opinions from staff and patients on the meaning and importance of recovery are the areas needed to be addressed.

Clinical Attachment in UK and USA

After recovery-oriented practice is adopted as the key service development direction, four staff members (1 psychiatrist, 2 psychiatric nurses, and 1 occupational therapist) from Castle Peak Hospital had a clinical attachment at the Institute of Psychiatry of the King's College in Maudsley of London in 2010, and 3 other staff members (1 psychiatrist and 2 psychiatric nurses) had a clinical attachment in the Twin Valley Behavioural Healthcare in Ohio of USA in 2011. During the clinical attachment, they learnt how recovery-oriented practices were implemented in different clinical settings and on patients at different stages of their mental illness.

Setting up of Recovery Steering Committee

Having learnt from overseas mental health units, a Committee on Recovery-oriented Service was set up in Castle Peak Hospital in order to steer the promotion and implementation of mental health recovery. The

Committee consisted of representatives from different departments including the General Adult Psychiatry, Child and Adolescent Psychiatry, Old Age Psychiatry, Forensic Psychiatry, Occupational Therapy and Clinical Psychology, Nursing Services Division, and Medical Social Services Unit. The Committee had also invited a peer specialist to join as one of the Committee members. In order to have a clear direction for the promotion and adoption of mental health recovery, the Committee had compiled a Policy of Recovery-oriented practice. In the Policy paper, there is a mission statement, a working definition of recovery, and 10 guiding principles for the implementation of recovery. The working definition and the 10 principles were adopted after reviewing the principles of recovery from different countries and organizations in order to guide the development of recovery-oriented practice in Castle Peak Hospital. The working definition from the organization and service provider's perspectives was "Empowering people with mental illness to develop effective self-management for their wellness and meaningful life with community participation". The 10 principles were: 1) Personal responsibility and self-management; 2) Strength-based approach; 3) Peer support; 4) Hope, satisfying and meaningful life; 5) Empowerment and choice; 6) Partnership; 7) Sense of identity; 8) Individualized approach; 9) Holistic approach; and 10) Community integration. The Committee had decided to promote and implement recovery-oriented practice in Castle Peak Hospital basing on the 10 guiding principles in 3 years' time (3 principles in the 1st and 2nd year and 4 principles in the 3rd year).

Baseline Research and Data Collection

Baseline data were important for the implementation of a new service model. The Committee therefore had conducted 2 studies at Castle Peak Hospital (Siu et al., 2011; Siu et al., 2012). The first study explored the attitude of Chinese mental health professionals towards recovery. A convenient sample of 206 Chinese mental health professionals of different disciplines including psychiatrists, psychiatric nurses, occupational therapists, clinical psychologists and social workers in Castle Peak Hospital were asked to fill in the Recovery Attitudes Questionnaire-16 (RAQ-16) (Borkin, 2000). In general, they had high acceptance of recovery. Almost all of the participants strongly agreed or agreed that a good understanding of one's mental illness helps in recovery (96.6%) and that the recovery process requires hope (95.6%). About 70% strongly agreed or agreed that all people with serious mental illnesses can strive for recovery. The study revealed that Chinese mental health professionals had positive attitude and high acceptance of recovery and their mental readiness for the implementation of recovery was supported.

In another study, members of the Committee developed a questionnaire for measuring the perceived importance of the elements of mental health recovery by psychiatric inpatients in Hong Kong. In the development of the questionnaire, the Committee had translated recovery as "康復進程" in Chinese, after collecting opinions from patients in patient focus groups. This Chinese translation emphasizes that recovery is a journey and an ongoing, improving process. A sample of 101 psychiatric inpatients then completed the questionnaire and their perceived importance of the 24 elements of recovery in the questionnaire was explored. The majority of them suffered from schizophrenia (75.2%) and they perceived most of the elements of recovery as important. "Having meaning in life" was rated by 91.1% of the participants as an important element of recovery, followed by "Hope" (86.1%) and "General health and wellness" (85.1%). These studies supported that Chinese mental health professionals accepted recovery and that Chinese mentally ill patients opined that recovery was important to

them. The Committee had just finished another study on the information and participation needs of inpatients and the results would be available shortly.

Staff and Patient Training on Recovery

In order to implement recovery-oriented practice, staff education and training is essential. Workshops were held and more than 300 staff members of different disciplines were trained on the concept, definition and principles of recovery. Seminars were held by the Committee members to share with staff on what they had learnt from recovery clinical attachment in UK and USA. E-learning was launched to staff at all levels to further educate staff on the concept and principles of mental health recovery. A newsletter was published in different languages and delivered to all staff for the promotion of recovery-oriented practice. Patient education on recovery is equally important for the implementation of recovery, as Chinese mental patients are relatively passive, less vocal in expressing their needs, and less participative in their management plan. The principles of recovery were incorporated into the core training module for patients of the rehabilitation team. Moreover, posters and a VCD were made, and booklets were published to facilitate the education of patients on mental health recovery.

Pilot and Implementation of Recovery programs

A series of recovery programs were piloted in the Extended-Care Patients Intensive Treatment, Early Diversion and Rehabilitation Stepping Stone (EXITERS) hostel of the rehabilitation team of Castle Peak Hospital. Examples of recovery programs included: 1) "EXITERS Farm" - the EXITERS Farm is run by patients, they decide what, when, how and who to plant. They cook and share farm products among themselves; 2) "Peer Mentor Service" - each newly transferred-in patient is assigned two peer-mentors for emotional, social, and practical assistance for settling into the new environment; 3) "Activity Plan" - monthly outing activity is planned, organized, and evaluated by patients and staff members act as a "coach" only. With the experience of the running of the pilot recovery programs in the rehabilitation team, recovery programs were gradually extended to different wards and units, modified according to the nature and setting of the individual wards and units.

Discussion

Recovery-oriented practice has been implemented in different overseas countries for many years. In the Chinese populations, recovery is a relatively novel concept. In order to explore whether recovery-oriented practice is applicable for the Chinese populations, opinions from patients, carers and mental health professionals needed to be sought. Moreover, we could not "copy" the recovery models from overseas countries to the Chinese populations without cultural modifications and local adaptations. Chinese mental patients are relatively passive and do not frequently speak up their needs, and Chinese mental health professionals may not be very familiarized with the concept and practice of recovery. Therefore, education on recovery needed to be conducted for patients and healthcare professionals before recovery-oriented practice is to be implemented successfully. Strategies and directions needed to be established for the implementation of recovery-oriented service. Baseline data collection is important in the initial period of the adoption of recovery-oriented practice. Ongoing evaluations of the outcomes and effectiveness of recovery-oriented services are essential for the implementation process. The Committee on Recovery-oriented Service of Castle Peak Hospital strives to promote the principles and implementation of recovery-oriented practice for the psychiatric services in order to provide quality treatment with emphasis on

recovery and with respect to human right. A policy was published for the promotion and implementation of recovery. Baseline data were collected and staff and patient education programs were launched. Recovery programs were piloted in the rehabilitation unit and then extended to other units gradually.

Conclusion

After a few years of work on the promotion and implementation of recovery-oriented practice in Castle Peak Hospital, we believe that "recovery is possible" in the Chinese populations.

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摘要

「康復進程」在一所精神科醫院的推行

目的：*「康復進程」乃全球精神科服務的重大方向。世界各地均以此為其精神科服務改革的政策。

方法：青山醫院成立了跨職系的委員會，為「康復進程」的推行制定了方向。

結果：委員會舉辦了多項為醫院的專業人員及病人而設有關「康復進程」的培訓及教育。至今共有多於三佰位專業人員接受了培訓。另外，委員會進行了二項學術研究，以探討專業人員及病人對「康復進程」的態度及接受度。以復康組作為試點，委員會在醫院內推行了一系列有關「康復進程」的活動，以使其逐步推行至醫院內其它服務單位。

總結：「康復進程」的服務模式在中國人精神科服務體系中是可行的。

*「康復進程」乃青山醫院精神科專業人員透過病人及職員的聚焦小組對"Recovery"的中文詮譯。強調「康復進程」是一個個人化的過程，精神病患者在過程中不但學會好好管理自己的精神健康，同時也是一個追求進步的過程，無論疾病所造成的限制是否存在，都可以超越疾病，過著滿足、有希望、又有貢獻的生活。

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