



Service Priorities and Programmes Electronic Presentations

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Submitting author: Ms Wai Fun LEE

Post title: Nurse Specialist, Kwai Chung Hospital, NULL

Person-centered care for personal recovery of persons with severe mental illness

LEE WF(1), CHOW LP(2), IP G(2)

(1) Central Nursing Division (2) Department of Psychiatric Rehabilitation, Kwai Chung Hospital

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Introduction

Numerous evidence and personal accounts have demonstrated that many people with severe and persistent mental illness can lead satisfying, meaningful lives; it is termed as recovery. For facilitating recovery, person-centered care and planning is an exemplary practice (Tondora, Pocklington, Gorges, Osher, & Davidson, 2005). Hence, in our Department of Psychiatric Rehabilitation, multi-disciplinary efforts are being launched since January 2013 for incorporating the recovery concept into current practice, so that a person with severe mental illness can be facilitated to manage his/her own mental illness and live a satisfying life in the community as far as possible.

Objectives

To implement the person-centered care planning in daily practice; To offer support for identification of individual personal goal, and interventions for facilitating and promoting recovery

Methodology

A culture that fully appreciates recovery is created and maintained for service transformation and implementation of person-centered care. Workshops on person-centered care are conducted for nurses, while seminars on recovery are conducted for supporting and clerical staff, on their transfer to the Department. Recovery-oriented positive language is adopted. Education on recovery concept is provided to persons in recovery (PIRs) (persons with severe mental illness). Recovery Journal is designed according to feedback of PIRs and provided to each PIR for their active participation in their own person-centered care planning. The environment is restructured for embracing the recovery components. The multi-disciplinary healthcare services are refined carefully, according to feedback of PIRs, so that it is recovery-oriented and person-centered. Recovery Meetings are commenced since October 2013 in which PIRs are invited to attend his/her own Recovery Meetings, to enhance empowerment and self-direction. Furthermore, after piloting, the person-centered care planning documents are adopted in all service units wef 1 February 2014. Meanwhile, peer support is being developed for enhancing hope and

empowerment among PIRs.

Result

The service outcomes are positive: PIRs have increased satisfaction in the recovery-oriented health care services; the staff elicit recovery-promoting attitude. On-going evaluation on recovery will be continued. Concerted efforts will be paid for monitoring individual progress and facilitating changes for better services and enhanced quality of life for PIRs. The launching of transformation of conventional service into person-centered care is a corner-stone for putting the concept of recovery into practice.