



ASIA PACIFIC INTERNATIONAL MENTAL WELLNESS CONFERENCE 2023

亞太精神健康國際會議2023

Mental Wellness: Recovering Citizenship 精神健康：復元公民
Care · Collaboration · Citizenship 關顧 · 協作 · 公民權

7-9 Dec

THU

SAT



Table of Contents

目錄

3	Welcome Message from Chairman 主席歡迎辭	14	Keynote Speech III 專題演講 III
4	Message from Director 總幹事獻辭	15	Speaker: Ms. Patricia Benedict 講者：Patricia Benedict女士
6	Conference Committees 會議委員會	16	Speaker: Dr. Helen Hamer 講者：Helen Hamer博士
7	Conference Aims and Themes 會議目的及主題	17	Accreditation 認證
8	Keynote Speaker: Mr Ricky CHU Man-kin, I.D.S. 主講嘉賓：朱敏健先生 I.D.S.	18	Floor Plan 場地平面圖
9	Keynote Speaker: Professor Michael Rowe 主講嘉賓：Michael Rowe教授	19	Programme Rundown 會議流程
10	Keynote Speech I 專題演講 I	22	Parallel Sessions 分組研討
11	Keynote Speaker: Professor Samson Tse 主講嘉賓：謝樹基教授	25	Abstracts in Parallel Sessions 分組研討摘要
12	Keynote Speech II 專題演講 II	49	Acknowledgements 鳴謝
13	Keynote Speaker: Ms. Mary O'Hagan 主講嘉賓：Mary O'Hagan女士	50	Sponsors 贊助單位
		52	Supporting Organisations 支持機構

Welcome Message from Chairman

主席歡迎辭



Message from Chairman, Richmond Fellowship of Hong Kong 利民會主席獻辭

On behalf of the Richmond Fellowship of Hong Kong, I would like to extend my warmest welcome to you all to the Asia Pacific International Mental Wellness Conference 2023. We are honored to host this conference with the support of our sponsors and mental health supporting organisations.

Over the past ten years, the Asia Pacific Conference has been organised biennially by Richmond Fellowship in different locations such as West Australia, Sri Lanka, Queensland, and New Zealand. Because of the global coronavirus pandemic, this conference, which was supposed to be held in December 2020, was deferred for three years. It is with great pride that we announce the return of the conference to Richmond Fellowship of Hong Kong after a gap of 19 years since our last hosting in 2004.

The pandemic has reminded us that mental health is always a challenge. Life and socio-economic situations changed a lot during this critical period. In this conference, we can collectively understand the importance of care, collaboration, and recovering citizenship in the journey of individuals in recovery. We aim to foster an environment where mental wellness and the recovering citizenship approach can be effectively implemented in community mental health.

I am very glad to see Richmond Fellowship of Hong Kong takes the lead in organising this conference. We strongly believe that the exchange of views and experiences should not be limited to social and healthcare professionals and academics but include people in recovery, caregivers, and peers as well.

During the three days of the Conference, we have the opportunity to exchange perspectives, share experiences, and discuss relevant mental health issues. I wish you all a most fruitful conference.

我代表利民會，衷心歡迎大家參加亞太精神健康國際會議2023。我們很榮幸能夠在贊助商和精神健康機構的支持下主辦這次會議。

在過去的十年裡，亞太會議每兩年都由不同地方的利民會舉辦，包括西澳大利亞、斯里蘭卡、昆士蘭和紐西蘭。然而，由於全球冠狀病毒大流行，原定於2020年12月舉辦的亞太精神健康國際會議因而延遲了三年。相隔了19年時間，我們引以為豪地宣佈，今年利民會再次承辦這次會議，這也是自2004年以來的首次。

這次疫症大流行提醒了我們，精神健康始終是一項挑戰。在這個關鍵時期，生活和社會經濟情況發生了很大變化。在本次會議中，我們可以一次過了解關顧、協作和復元公民在個人復元過程中的重要性。我們的目標是促進一個環境，使精神健康和復元公民概念能有效地在社區精神健康工作中施行。

我非常高興看到在利民會的帶領下這次會議得以舉行。我們堅信，意見和經驗的交流不應僅限於社福及醫療護理專業人員和學者，還應包括復元人士、照顧者和朋輩。

在這三天的會議期間，我們有機會交流看法，分享經驗，並討論相關的精神健康問題。我祝願大家在今次會議中獲益良多。

Message from Director

總幹事獻辭



Message from Director, Richmond Fellowship of Hong Kong 利民會總幹事獻辭

Richmond Fellowship of Hong Kong (RFHK) was founded in 1984 by Ms Elly Jansen with a focus on advocating for mental health and walking alongside people in recovery, aiming to build a mental-health-friendly community. Since the 1990s, RFHK, together with its overseas sister organisations, has decided to hold the “Richmond Fellowship Asia Pacific Forum Conference” every two years to exchange insights on the development of mental health services and share the challenges and experiences in the field. Due to the impact of the COVID-19 pandemic, the originally scheduled Conference for 2020 was postponed several times and rescheduled to this year.

In recent years, RFHK has devoted efforts to develop and promote the concept of “Recovering Citizenship”, as well as to assist people in reshaping their self-worthiness in terms of rights, responsibilities, roles, resources, and relationships, thereby fostering a sense of belonging within the community. We continue to provide a platform for service users to grow and share their experiences gained during their recovery pathway with other people in recovery, becoming supporters for each other.

The main theme of this conference is “Mental Wellness: Recovering Citizenship”. We are honored to have Professor Michael Rowe, who is an expert in the research topic of Recovering Citizenship, to share the importance of this concept. The conference sub-themes are “Care, Collaboration, and Citizenship”. In recent years, there has been increasing attention to mental health and emotional disorders among the general population due to

rapid social changes, the growing prevalence of emotional distress among youths, the increased demand for caregiver support, and the continuing aging population. It is essential to provide early care and appropriate assistance to people in need of mental health support to prevent further unfortunate incidents due to mental and emotional illnesses. To deliver comprehensive services to the public, close coordination and collaboration among various stakeholders are essential to respond to social needs. Ultimately, we hope that through this conference, we can strengthen the understanding of the concept of “Recovering Citizenship” among community stakeholders and foreign participants, to create a harmonious and accepting environment for people in recovery, and allow them to unleash their potential and strengths.

Over the three-day conference, we hope to enhance participants’ understanding of the concept of Recovering Citizenship, through sharing of the development outcomes in this region, and continually promote local advocacy of this concept. Exchanging ideas with overseas participants during the conference can broaden the vision and direction of local service development and help exploring alternatives to meet social needs.

As an organisation focused on mental health, we understand that prevention is the starting point for addressing mental health issues. Not only should we conduct public education in communities, but also identify people in need of support as soon as possible while at the same time providing appropriate assistance. We are eager for cooperation with all stakeholders of the society to safeguard our community, joining hands to work on the forefront of mental health.

Message from Director

總幹事獻辭

利民會總幹事獻辭

利民會(本會)於1984年由創始人Elly Jansen女士所創立，多年來一直致力倡議關注精神健康以及與復元人士攜手同行，建構一個精神健康友善的社會。自上世紀90年代初，利民會與其他海外的利民會姊妹機構決議每兩年舉辦一次「亞太論壇會議」，藉以交流關注精神健康服務發展的訊息和分享服務中所面對的挑戰及經驗。受新冠疫情影響，原訂2020年舉行的亞太論壇會議多番押後至今年終能復辦。

本會近年致力發展和推動「復元公民」的概念，並協助復元人士於權利、責任、角色、資源和關係這幾方面重塑自我價值，從而建立對社會群體的歸屬感。至今我們不斷為服務使用者提供一個平台，讓他們在起伏中成長，總結自己在復元路上領悟，並與其他復元人士分享自身的經歷，成為彼此的支持者。

今年亞太論壇會議以「復元公民」為主軸，有幸再次邀請到在復元公民議題上有深入研究的Michael Rowe教授分享這概念的重要性。會議的副題為關顧·協作·公民權。面對近年社會的生活模式急遽轉變、情緒困擾年輕化、照顧者支援的需求大增和人口持續老齡化的現象等，社會大眾的精神健康和情緒病問題愈來愈受關注。為了避免更多因精神、情緒問題的不幸事件發生，及早關顧和察覺身邊有精神健康需要的人士和尋求合適的援助是刻不容緩。要提供更全面的服務予大眾，實有賴社會各方的緊密聯繫和協調，以回應社會的需要。本會希望透過會議，連結社會不同持份者和海外業界同寅，加深對「復元公民」理念的認識，為復元人士提供一個和諧共融及被接納的環境，並發揮他們的潛能和優勢。

盼望透過一連三天的研討會及工作坊，能夠深化參加者對復元公民概念的理解，藉著分享本會在復元公民的發展成果，同時推動這概念在本地持續發展。會議中本地和海外參加者的彼此交流，更可以擴闊本地服務發展的視野及方向，並探討其他回應社會需要的可能性。

作為關注精神健康的組織，我們深明精神健康問題由預防開始，不但要在社區進行公眾教育，及早識別有需要的人士，更同時為他們提供適切的支援。但願社會各界攜手合作，守護我們的社區，一起走在精神健康最前線。

Conference Committees

會議委員會

Organiser 主辦單位

Richmond Fellowship of Hong Kong 利民會

List of Committees 委員會名單

Organising Committee 籌備委員會

Chair 主席	Prof. NG Yat Nam Petrus 吳日嵐教授
Members 委員	Mr. CHAN Wing Kai 陳永佳先生 Dr. LO Wai Fan Alison 盧慧芬醫生 Ms. LUK W.Y. Becky 陸慧妍女士 Ms. SIU Yuk Chu Susanne 蕭玉珠女士 Dr. FUNG Cheung Tim 馮祥添博士 Dr. WONG Kin Lung Keith 黃建隆博士
Secretary 秘書	Dr. WONG Yan Yan Fiona 黃欣欣博士

Program Committee 議程委員會

Chair 主席	Prof. NG Siu Man 吳兆文教授
Members 委員	Mr. CHAN Fu Sai Simon 陳孚西先生 Mr. SO Kwok On Christopher 蘇國安先生 Dr. YOUNG Kim Wan Daniel 楊劍雲博士 Dr. FUNG Cheung Tim 馮祥添博士 Ms. WONG Ka Man Carmen 王家敏女士
Secretary 秘書	Dr. WONG Yan Yan Fiona 黃欣欣博士

Program Operation Team (Abstract review) 議程運作團隊 (摘要審查)

Members 委員	Dr. KONG Wai Yin Nelson 江偉賢博士 Dr. LAM Chi Wai 林智偉博士 Dr. WONG Kin Lung Keith 黃建隆博士 Dr. WONG Yan Yan Fiona 黃欣欣博士
-------------------	---

Working Committee 工作委員會

Members 委員	Ms. CHAU Suk Han 鄒淑嫻女士 Ms. CHENG Mo Lim Rose 鄭慕廉女士 Ms. CHIN Lok Yan 錢樂恩女士 Mr. CHOW Wing Chung 周穎聰先生 Ms. CHU Hoi Tik Judy 朱海迪女士 Mr. LUNG Wai Man Daniel 龍偉民先生 Ms. SOU Ka Pou 蘇嘉寶女士 Ms. TSOI Wing Ting 蔡穎婷女士 Dr. WONG Yan Yan Fiona 黃欣欣博士
-------------------	---

Conference Aims and Themes

會議目的及主題

The Asia Pacific International Mental Wellness Conference 2023 (AsPac 2023) is held in Hong Kong from 7 – 8 December 2023 with a post-conference workshop and sharing forum on 9 December.

This conference is organised by Richmond Fellowship of Hong Kong (RFHK). The conference aims to:

- **Share the latest knowledge and experience in mental wellness with people-in-recovery, their caregivers, peers, mental health service providers, and other helping professionals**
- **Advocate Recovery and Recovering Citizenship of people-in-recovery**
- **Connect with people who are experiencing various stages of recovery and their caregivers**

In the conference, both local and overseas experts are invited to share the latest, cutting-edge knowledge of relevance to mental health. Apart from the conference, the event will feature parallel presentation sessions, a community-sharing forum, a workshop, and performances by peers and people in recovery.

Main theme: Mental Wellness: Recovering Citizenship

Sub-themes: Care, Collaboration, and Citizenship

Recovering citizenship has not been extensively discussed nor fully implemented in mainstream community mental health services in Hong Kong. RFHK has taken up a pioneering role in bridging this gap between mental health services and the recovering citizenship movement in the local context since 2020. The AsPac 2023 focuses on the mental wellness of people in recovery, together with the three forefronts of mental wellness strategies: care, collaboration, and citizenship.

亞太精神健康國際會議2023於2023年12月7日至8日在香港舉行，並在12月9日舉行會議後工作坊及座談會。

會議由利民會主辦，旨在：

- 與復元人士、照顧者、朋輩、服務提供者和醫護專業人員等分享最新的精神健康知識和經驗
- 提倡「復元」和「復元公民」服務模式
- 與正在經歷不同復元階段的人士及其照顧者建立聯繫

是次會議邀請來自本地和海外的專家，分享與精神健康相關的最新知識。此外，還有不同環節，例如分組研討、社區交流座談會、工作坊、以及來自朋輩及復元人士的演出。

主題： 精神健康：復元公民

副主題：關顧、協作、公民權

本港主流社區精神健康服務尚未廣泛討論或全面推行復元公民。自2020年開始，利民會一直致力在減少本地精神健康服務與復元公民之間的差異中擔任重要角色。亞太精神健康國際會議2023將重點關注復元人士的精神健康以及精神健康策略的三個前沿，包括關顧、協作和公民權。

Keynote Speakers

主講嘉賓



Mr Ricky CHU Man-kin, I.D.S. 朱敏健先生 I.D.S.

Chairperson, Equal Opportunities Commission
平等機會委員會主席

Biography

Mr Ricky CHU Man-kin took the helm as Chairperson of the Equal Opportunities Commission (EOC) from 11 April 2019 till now.

Mr Chu joined the Independent Commission Against Corruption (ICAC) in 1978 as an investigator, and rose through the ranks to become the Acting Director of Corruption Prevention. In 2010, he joined the Independent Police Complaints Council (IPCC) as its Secretary-General.

Mr Chu re-joined the ICAC in 2016 as the Director of Investigation until his retirement in 2019, when he was awarded the Hong Kong ICAC Medal for Distinguished Service (IDS).

Mr Chu graduated from The Chinese University of Hong Kong with a Bachelor Degree in Social Science. He also holds a UK law degree.

簡歷

朱敏健先生於2019年4月11日正式出任為平等機會委員會(平機會)主席至今。

朱先生於1978年加入廉政公署(廉署)成為調查主任，逐步晉升至防止貪污處署理處長。2010年朱先生出任獨立監察警方處理投訴委員會(監警會)的秘書長。

朱先生於2016年重返廉署出任執行處處長，至2019年退休，同年獲頒發香港廉政公署卓越獎章(IDS)。

朱先生於香港中文大學取得社會科學學士學位，並擁有英國法律學位。

Keynote Speakers

主講嘉賓



Professor Michael Rowe Michael Rowe教授

Former Co-Director, Yale Program for Recovery and Community Health
耶魯大學精神醫學院復元和社區健康計劃前聯席總監

Biography

Professor Michael Rowe, Ph.D., is Professor Emeritus of Psychiatry at the Yale School of Medicine, former Co-Director of the Yale Program for Recovery and Community Health, former Principal Investigator of the Citizens Community Collaborative, and Editor of The Perch, a Yale arts and literary journal. Dr. Rowe's main areas of research and writing are citizenship as an applied framework for the social inclusion and participation of people with psychiatric conditions and others who are marginalized in mainstream society; mental health outreach to people who are homeless; peers as providers of mental health support and advocacy; and medical humanities and narrative medicine. He is the author of more than 240 peer-reviewed articles, books, book chapters, and other publications. Among his six books are Citizenship and Mental Health, Crossing the Border: Encounters Between Homeless People and Outreach Workers, Classics of Community Psychiatry, and The Book of Jesse: A Story of Youth, Illness, and Medicine.

簡歷

Professor Michael Rowe, Ph.D., 是耶魯大學醫學院的榮休精神醫學系教授，曾擔任耶魯「復元和社區健康計劃」的聯席總監、「公民社區協作」的首席研究員，以及《The Perch》的編輯，該雜誌是耶魯大學的藝術與文學期刊。Michael Rowe博士的主要研究和寫作領域包括以「公民」為應用框架，探討社會共融，以及復元人士和其他在主流社會被邊緣化的人士在社會上的參與度；為無家者提供心理健康外展服務；以朋輩身份提供精神健康支援和倡導；以及醫學人文和敘事醫學。他撰寫了超過240篇同行評審的文章、書籍、書籍章節和其他出版物。他出版的六本書包括《公民身份與精神健康》、《越過邊境：無家可歸者與外展工作者的相遇》、《社區精神醫學經典》和《Jesse之書：青春、疾病和醫學的故事》。

Keynote Speech I

專題演講 I

Recovering Citizenship: Why it Matters

復元公民：為甚麼這很重要

Professor Michael Rowe
Michael Rowe教授

Abstract

I will present on the concept of recovering citizenship and its relationship to the separate, though overlapping, frameworks of recovery and citizenship from which it was derived. Exploring recovery, citizenship, and recovering citizenship frameworks also involves looking at gaps in services and supports for people with psychiatric challenges that inspired their development, along with the aspirations and preferences that those persons have identified themselves. Does 'recovering citizenship' add something new to the recovery and citizenship frameworks? If so, how can it be carried forward? These are big questions. The goal of the presentation is to establish that they matter and point to ways in which they matter. 'Recovering citizenship' is still new. How can it help us do, think about, and evaluate the work with and for the people it must benefit? Q&A after the presentation will give us an opportunity to discuss these questions.

演講摘要

在我的演講中，我將介紹復元公民概念，以及它與復元和公民權這兩個相互獨立但有重疊的框架之間的關係，復元公民概念正是從這兩個框架中衍生而來的。探討復元、公民權和復元公民的框架，也涉及到關注為精神疾病患者提供的服務和支援中存在的不足，從而就患者自身所表達的抱負和偏好激發他們的發展。復元公民是否為復元和公民權的框架增添了新的內容？如果是，我們又該如何推進？這些都是大問題。是次演講的目標是奠定這些問題的重要性，並指出它們的意義所在。復元公民仍是一個新概念，它如何幫助我們執行、思考和評估我們為受益人群所做的工作呢？演講結束後的問答環節，將給我們提供討論這些問題的機會。

Keynote Speakers

主講嘉賓



Professor Samson Tse 謝樹基教授

Dean of Student Affairs, Professor in Mental Health, Department of Social Work and Social Administration, The University of Hong Kong
香港大學學生事務長，香港大學社會工作及社會行政學系教授（精神健康）

Biography

Professor Tse currently serves as the Dean of Student Affairs at The University of Hong Kong since 2020, alongside his role as a Professor in Mental Health. Prior to his time in Hong Kong, he amassed over 20 years of experience working in New Zealand, including Dunedin and Auckland. His research and scholarly pursuits are dedicated to generating knowledge that supports individuals with severe mental illness and those affected by addiction problems. His primary objective is to enhance the wellbeing of service users, families, and caregivers collectively and individually. Samson has authored or co-authored over 210 peer-reviewed articles and book chapters in the field of addiction and mental health. Additionally, he held honorary or visiting professorial positions at Yale University, The University of Melbourne, and The University of Auckland. Over the years, his expertise has earned him appointments to several significant governmental committees in Hong Kong and overseas. Overall, Professor Tse's contributions are instrumental in driving meaningful change and advancement in the realm of mental health and fostering active citizenship.

簡歷

謝教授自2020年起於香港大學擔任學生事務長一職，並同時擔任精神健康學教授。在來港之前，他在紐西蘭的達尼丁和奧克蘭積累了超過20年的工作經驗。他的研究和學術追求都致力於支持嚴重精神疾病患者和受到成癮問題影響的人士。他的主要目標是促進服務使用者、家屬和照顧者在共同和個人層面上的幸福感。在成癮和精神健康領域中，謝教授撰寫或合著了超過210篇同行評審的文章和書籍章節。此外，他曾於耶魯大學、墨爾本大學和奧克蘭大學擔任名譽或客席教授。多年來，他的專業使他獲得了在香港及海外多個重要政府委員會的任命。總的來說，謝教授的貢獻大力促成了精神健康的變革和發展，以及培養積極的公民概念。

Keynote Speech II

專題演講 II

Strength-Based Care and Recovering Citizenship: The Good, the Bad, and the Ugly 優勢為本關顧與復元公民：優點、缺點及醜陋

Professor Samson Tse
謝樹基教授

Abstract

This keynote presentation covers an overview of strength-based care and recovering citizenship within the context of Hong Kong and its surrounding region. It delves into the positive, challenging, and complex aspects of these approaches, particularly in the realm of mental health. The session examines how the influence of Chinese culture, encompassing both its rich tradition and modernity, along with the contextual backdrop of Hong Kong, shapes perceptions, attitudes, and practices related to recovering citizenship. Furthermore, the speaker explores the recent advancements in strength-based approaches in mental health and their potential for future development. By examining the multifaceted dimensions of recovery and incorporating strength-based care, this session aims to shed light on the challenges and opportunities in fostering a robust and inclusive recovery-oriented society and healthcare system.

演講摘要

本次專題演講的主題涵蓋了優勢為本的關顧與復元公民概念在香港及其鄰近地區的概況。專題演講將深入探討這些方法應用到精神健康上涉及到正面、困難和複雜的範疇；討論與復元公民相關的觀念、態度和實踐如何受結合傳統與現代的中國文化和香港背景所影響。此外，講者會探討以優勢為本的方法在精神健康方面的最新進展及其未來發展潛力。是次演講希望透過多角度研究復元概念和融入以優勢為本的關顧，闡明若要培養堅實和健全、以復元為導向的社會和醫療體系將會遇到的挑戰和機遇。

Keynote Speakers

主講嘉賓



Ms. Mary O'Hagan Mary O'Hagan 女士

Founder, PeerZone, New Zealand
紐西蘭PeerZone創立人

Biography

Ms. Mary O'Hagan was a key initiator of the psychiatric survivor movement in New Zealand in the late 1980s and was the first chairperson of the World Network of Users and Survivors of Psychiatry between 1991 and 1995. She has been an advisor to the United Nations and the World Health Organization. Mary was a full-time Mental Health Commissioner in New Zealand between 2000 and 2007. Mary established the international social enterprise PeerZone which provides peer support and resources for people with mental distress. She has written an award-winning memoir called 'Madness Made Me' and was made a Member of the New Zealand Order of Merit in 2015. Mary is currently Executive Director Lived Experience in the Mental Health and Wellbeing Division at the Department of Health in Victoria. All Mary's work has been driven by her quest for social justice for one of the most marginalised groups in our communities.

簡歷

Ms. Mary O'Hagan是1980年代末期紐西蘭精神病倖存者運動的關鍵發起人，也是1991年至1995年期間「精神病學使用者和倖存者世界網絡」的首任主席。她曾擔任聯合國和世界衛生組織的顧問。Mary在2000年至2007年間在紐西蘭擔任全職精神健康委員。她亦創立了國際社會企業PeerZone，為有精神健康困擾人士提供朋輩支援和資源。她撰寫了一本獲獎的回憶錄《瘋狂讓我》並於2015年被授予紐西蘭功績勳章。Mary目前在澳洲維多利亞省衛生部精神健康部門，擔任一位有經歷的執行總監。她所有工作的原動力都是為在主流社會其中最被邊緣化的人去爭取社會正義。

Keynote Speech III

專題演講 III

Getting to Partnership 達成夥伴關係

Ms. Mary O'Hagan
Mary O'Hagan 女士

Abstract

Mental health systems around the world have been traditionally run in an authoritarian way. States have used mental health legislation and institutions to contain people and these systems have been led by medical professionals. As a result, services have been designed and managed from a narrow range of perspectives with poor outcomes for the people who use them. Over the last 50 years a new set of perspectives has entered the discourse and influencing roles in the mental health system. People with lived experience have a perspective that is essential to the development and delivery of accessible, responsive services. They may be independent advocates or deliver services directly to people and they are starting to become leaders inside the mental health system, alongside the traditional medical and allied professions. When people with lived experience become colleagues we all need to change the way we relate to each other and learn to work together as equals. This talk will make the case for partnership. It will define partnership, its scope, why it is urgently needed, and the elements of genuine partnership. It will end with some stories of successful partnerships between the traditional power holders and people with lived experience.

演講摘要

傳統上，世界各地的精神健康體系都是建基於權威上，不少國家以精神健康法規和機構作出規範，而這些精神健康體系都是由醫療專業人員主導。因此，服務設計和執行方法角度狹窄，對服務使用者而言，服務成效不佳。在過去的50年，精神健康引入了嶄新的角度，影響了復元人士在精神健康體系中的角色。為了發展並提供更開放和更高回應性的服務，復元人士的看法必不可少，他們可能是獨立的提倡者或直接的服務提供者，漸漸地在精神健康體系中擔任領導角色，與傳統醫療及專職醫療人員攜手協作。自復元人士與我們成為同事後，我們之間的關係也作出變化，互相學習以平等地位相待合作。講座主題為夥伴關係，內容包括夥伴關係的定義、範疇、急切性和建立真誠夥伴關係的元素。最後會分享傳統權威人士與復元人士建立成功夥伴關係的故事。



Ms. Patricia Benedict Patricia Benedict女士

Supervisor and Trainer

Department of Psychiatry, Program on Recovery and Community Health,
School of Medicine, Yale University

耶魯大學醫學院精神醫學系「復元和社區健康計劃」主管及培訓導師

Biography

Ms. Patricia Benedict, B.A., is a member of the Abenaki Nation of the Odanak reservation in Canada and a member of the Connecticut Native American community. For sixteen years, she worked for American Indians for Development, Inc. in a variety of capacities. Patty is a Peer Support Supervisor and Trainer at the Yale University School of Medicine, Department of Psychiatry Program on Recovery and Community Health. She oversees the development and implementation of Recovering Citizenship Initiatives, leads the Connecticut Recovering Citizenship Learning Collaborative, and is responsible for replicating the Citizens Project nationally and internationally. Patty provides supervision support for Recovery Support staff and supervisors in local community-based reentry projects, Connecticut Valley Hospital and the Whiting Forensic Hospital. She also serves as a community mentor for Fellows in Yale's LET(s)LEAD Academy. Additional areas of interest and expertise include providing training and support to culturally diverse populations with co-occurring disorders, criminal justice experience and homelessness. She created and implemented a cultural competency training on Native Americans for the Connecticut Department of Mental Health and Addiction Services and the Connecticut Judicial Department. In 2009, she received the Leadership Award from the Connecticut Chapter of the United States Psychiatric Rehabilitation Association (USPRA).

簡歷

Ms. Patricia Benedict, B.A.,是加拿大奧達納克保留地阿本拿基族的成員，也是康涅狄格州美洲原住民社區的成員。她在「美國印第安人促進發展」工作了16年，擔任多種職務。Patty現在是耶魯大學醫學院精神醫學系「復元和社區健康計劃」的朋輩支援主管及培訓導師。她負責發展和執行復元公民計劃，領導康涅狄格州的復元公民學習協作，並負責在全國和國際上複製公民計劃。Patty為在當地社區推行復元項目的支援人員和主管提供監督協助，包括康涅狄格山谷醫院和Whiting法醫醫院。她亦擔任耶魯LET(s)LEAD學院研究生的社區導師。她還為同時有多於一個精神和/或物質使用障礙、刑事司法經驗和無家可歸的文化多樣人群提供培訓和支援。她亦為康涅狄格州精神健康和成癮服務部及司法部，建立和實施了一個有關美洲原住民文化能力的培訓課程。2009年，她獲得了美國精神康復協會（USPRA）康涅狄格分會頒發的領導獎。



Dr. Helen Hamer Helen Hamer博士

Visiting Researcher

Department of Psychiatry, Program on Recovery and Community Health,
School of Medicine, Yale University

耶魯大學醫學院精神醫學系「復元和社區健康計劃」訪問研究員

Biography

I am an independent nurse consultant with extensive years of experience in both physical and mental health settings, teaching and supervising clinical staff, peer workers, and delivering workshops that promote best practice approaches. I also work with Debra Lampshire, (MNZM), Lived Experience Expert, to deliver Recovery competency training for staff, which inspired my doctoral research on citizenship; social justice; rights; inclusion; mental health law and procedural justice for service users. I am currently co-facilitating workshops with Debra Lampshire on Shared & Supported Decision Making and Therapeutic Risk Taking to support practitioners to be ready for the repeal and replace of the New Zealand Mental Health Act. We are also delivering training to support the skills of clinicians to Ask & Respond to disclosure of trauma and abuse, including leadership workshops for team leaders/manager on how lead trauma informed and a rights-based practice within teams. I also hold an honorary academic/research role at PRCH and contribute to research on citizenship at Yale University, USA

簡歷

我是一名獨立的顧問護師，在身體和精神健康範疇擁有豐富的工作經驗，包括教授和監督臨床職員和同僚，以及舉辦旨在促進最佳實踐方法的研討會。我亦與紐西蘭功績勳章得主Debra Lampshire合作，她是一位有經歷的專家，我們一起為員工提供復元能力培訓，這激發了我對服務使用者的公民權、社會公義、權利、包容、精神健康法則和程序公義等議題進行了博士研究。目前，我正在與Debra Lampshire共同主持關於「共享和支持決策以及治療性風險承擔」的研討會，旨在支援從事相關工作的醫護人員為紐西蘭精神健康法案的廢除和替換做好準備。此外，我們還提供培訓，支持醫生在處理披露創傷和虐待時的諮詢和回應工作，包括為團隊領導或經理提供領導層研討會，以在團隊內推動以創傷知情和權利為基礎的實踐。我還在「復元和社區健康計劃」擔任名譽學術/研究職務，為美國耶魯大學的公民權研究作出貢獻。

Accreditation

認證

CPD Accreditation

Hong Kong delegates who are registered social workers will be awarded a maximum of 20 CPD points over the three days of the Conference (Day 1: 7 points; Day 2: 7 points; Day 3 am: 3 points; Day 3 pm: 3 points), valid until 6 Dec 2026 (HKSWA Ref. H0013).

Please refer to <https://academy.hkswa.org.hk> for details of application. The electronic certificate of attendance will be sent by email within two months after the conference.

CPD 認證

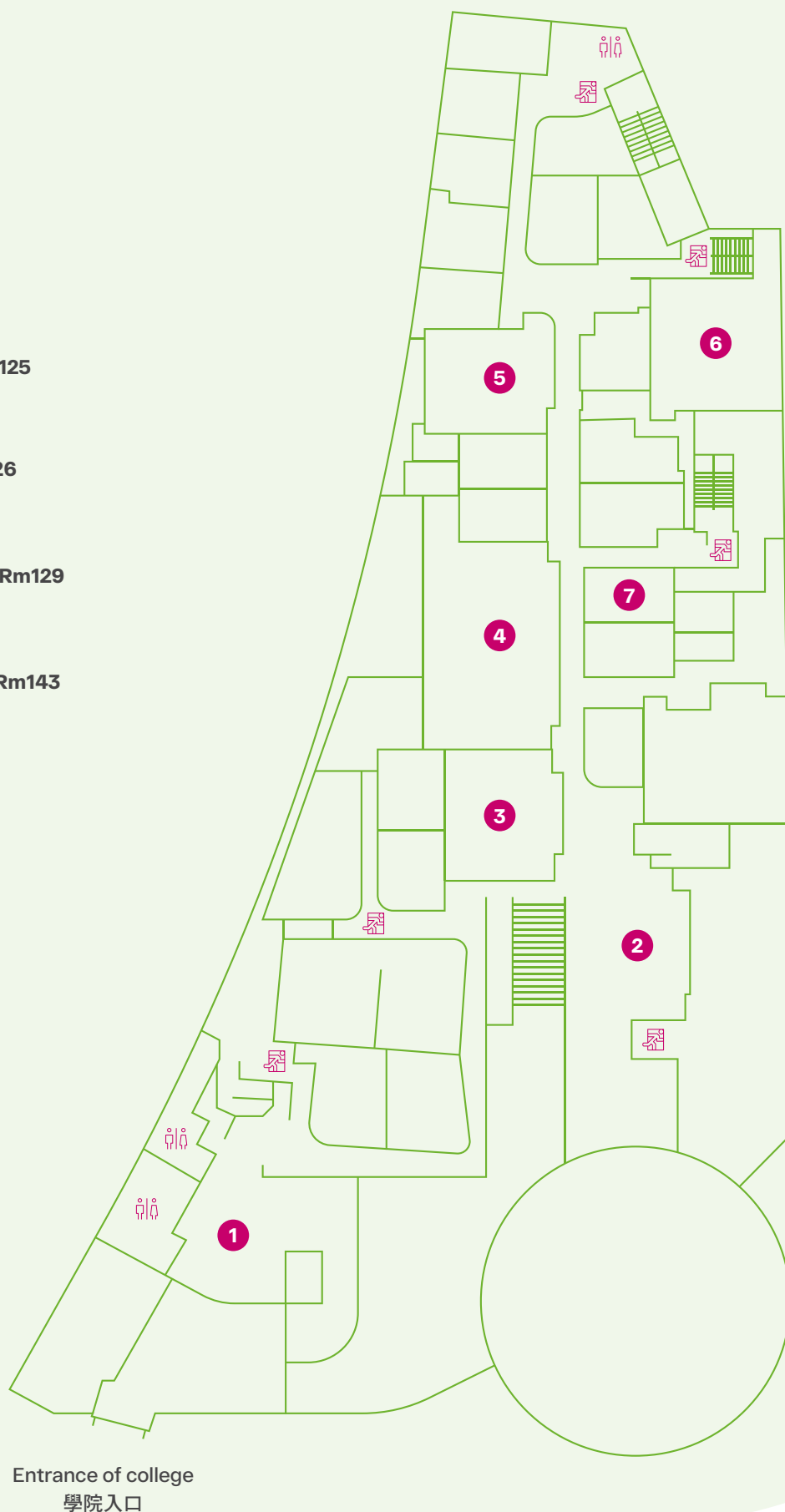
香港註冊社工在這三天的會議將可獲得最多20個持續進修積分（CPD）（第一天：7分；第二天：7分；第三天上午：3分；第三天下午：3分），有效期至2026年12月6日(HKSWA Ref. H0013)。

詳細申請資訊可參閱<https://academy.hkswa.org.hk>。會議結束後兩個月內，將通過電子郵件發送出席證書。

Floor Plan

場地平面圖

- 1** Tea Break
茶點招待
 - 2** Reception
接待處
 - 3** Display Area Rm 125
展示區
 - 4** Auditorium Rm126
禮堂
 - 5** Lecture Theatre Rm129
演講廳
 - 6** Parallel Session Rm143
分組研討
 - 7** Rm148
-  Washroom
洗手間
-  Emergency Exit
緊急出口



Day 1 | 7 Dec

Programme Rundown 會議流程

0900 – 0945

Opening Ceremony 開幕典禮

Opening Performance 開幕表演	Service Users of RFHK 利民會服務使用者
Welcoming Speech 歡迎辭	Professor Petrus Ng 吳日嵐教授 Chairman, Richmond Fellowship of Hong Kong 利民會主席
Opening Keynote Address - Eliminating Stigma, Breaking Barriers: Transforming Mental Health Support in Hong Kong 開幕專題演講－消除污名與障礙： 改善香港對精神健康的支援	Mr. Ricky Chu, I.D.S. 朱敏健先生, I.D.S. Chairperson, Equal Opportunities Commission 平等機會委員會主席
Opening Remarks 開幕辭	Dr. Tim Fung 馮祥添博士 Director, Richmond Fellowship of Hong Kong 利民會總幹事

0945 – 1045

Keynote Speech I 專題演講 I	Recovering Citizenship: Why it matters 復元公民：為甚麼這很重要
-----------------------------------	---

Professor Michael Rowe Michael Rowe 教授
Emeritus Professor of Psychiatry, Yale School of Medicine;
Former Co-Director, Yale Program for Recovery and Community Health;
Former Principal Investigator, Citizens Community Collaborative
耶魯大學醫學院榮休教授；「復元和社區健康計劃」前聯席總監；
「公民社區協作」前首席研究員

Moderator 主持 — Professor Ng Siu Man 吳兆文教授
Professor, Department of Social Work & Social Administration,
The University of Hong Kong
香港大學社會工作及社會行政學系教授

1045 – 1115

Tea Break 茶點招待

1115 – 1150

Speech by Richmond Fellowship Representatives 利民會國家/地區代表發言	Dr. Tim Fung (RFHK) & Overseas RF 馮祥添博士 (利民會) 及海外利民會
--	---

1150 – 1230

RFHK 40th Anniversary 利民會邁向40周年

Professor Petrus Ng 吳日嵐教授
Chairman, Richmond Fellowship of
Hong Kong
利民會主席
Ms. Carmen Wong 王家敏女士
Assistant Director, Richmond
Fellowship of Hong Kong
利民會助理總幹事
Mr. Yan-ping Lam 林恩平先生
Former Manager of Likang Court
前利康居經理

Mr. Danny Lam 林偉仁先生
Resident of Likang Court
利康居舍友
Ms. Shelley Ho 何麗玲女士
Rehabilitation Worker, Sheung Tak
House
尚德之家復康工作員

1230 – 1400

Lunch 午膳

1400-1420

Performance 表演	Service Users of RFHK 利民會服務使用者
--------------------------	-----------------------------------

1420-1505

Recovering Citizenship in RFHK 利民會推行「復元公民」的體驗	Ms. Leona Chan 陳曉鈞女士 Former Project Director 前復元公民計劃總監 Ms. Marie Kwok 郭雅婷女士 Project Facilitator 復元公民計劃帶領員 Mr. Kevin Tse 謝禮光先生 Former Project Facilitator 前復元公民計劃帶領員 Ms. Carrie Chau 周秀蘭女士 Project Facilitator 復元公民計劃帶領員
---	--

1505-1535

Presentation by Supporting Organisation 支持機構演講

New Initiatives For The Promotion of Mental Wellness 推動精神健康的新計劃

Mr. Wong Tsz Kin, Jerry 黃紫健先生
Clinical Service Lead, The Mental Health Association of Hong Kong
香港心理衛生會臨床服務督導

Mind HK's Anti-stigma Project - More Than a Label 香港心聆的消除污名計劃 — 「我就是我」

Ms. Vicki Tsang 曾蔚琪女士
Assistant Manager (Anti-stigma Project), Mind HK
香港心聆消除污名項目助理經理

1535-1555

Tea Break 茶點招待

1555-1720

Parallel Sessions I 分組研討 I

1720

End of Day 1 第一天會議結束

Day 2 | 8 Dec

Programme Rundown 會議流程

0900 – 1015

Welcome & Keynote Speech II

歡迎及專題演講 II

Strength-Based Care and Citizenship:

The Good, The Bad and The Ugly

優勢為本關顧與復元公民: 優點、缺點和醜陋

Professor Samson Tse 謝樹基教授

Dean of Student Affairs, Professor in Mental Health, Department of Social Work and Social Administration, The University of Hong Kong

香港大學學生事務長, 香港大學社會工作及社會行政學系教授 (精神健康)

Moderators 主持 — Mr. Kevin Tse 謝禮光先生

Former Project Facilitator

前復元公民計劃帶領員

Ms. Joey Sou 蘇嘉寶女士

Senior Manager, Richmond Fellowship of Hong Kong

利民會高級經理

1015 – 1045

Presentation by Supporting Organisation

支持機構演講

Care and Collaboration: children mental health service for the families with mental health challenge

關顧及協作：在復元人士家庭推動的兒童精神健康服務

Ms. Ko Wai-kam 高惠琴女士

Senior Manager (Mental Health Service), SideBySide

香港善導會高級經理 (精神健康服務)

Women mental health and early intervention

女性精神健康與早期關顧介入

Chow Hei Lam, Kwok Joyce, Yau Cheuk Laam 周晞琳、郭潤華、游偉嵐

Social worker (Jockey Club Mental Wellness Project for Women 2.0), Caritas - Hong Kong

明愛賽馬會思妍婦女精神健康計劃社工

1045 – 1110

Tea Break

茶點招待

1110 – 1220

Parallel Sessions II

分組研討 II

1220 – 1400

Lunch

午膳

1400 - 1500

Keynote Speech III

專題演講 III

Getting to Partnership

達成夥伴關係

Ms. Mary O'Hagan Mary O'Hagan女士

Developer and Director of PeerZone, New Zealand

紐西蘭PeerZone創始人及總幹事

Moderator 主持 — Professor Daniel Young 楊劍雲教授

Associate Professor, Department of Social and Behavioral Sciences,

City University of Hong Kong

香港城市大學社會及行為科學系副教授

1500 – 1600

Round Table Discussion on Care, Collaboration & Citizenship

圓桌討論：關顧、協作、公民權

Professor Samson Tse, Ms. Mary O'Hagan, Ms. Patricia Benedict,

Dr. Helen Hamer

謝樹基教授、Mary O'Hagan女士、Patricia Benedict女士、Helen Hamer博士

Moderators 主持 — Dr. Ferrick Chu 朱崇文博士

Executive Director (Operations), Equal Opportunities

Commission

平等機會委員會行政總監 (營運)

Dr. Tim Fung 馮祥添博士

Director, Richmond Fellowship of Hong Kong

利民會總幹事

1600 – 1625

Tea Break

茶點招待

1625 – 1645

Presentation by Supporting Organisation

支持機構演講

The efficacy of "Pathways to Recovery", a comprehensive recovery education curriculum and tool, in developing peer profession and promoting recovery among person-in-recovery
有效推動復元人士復元及發展朋輩專業的課程及工具：「邁步復元路」的成效分享

Baptist Oi Kwan Social Service 浸信會愛羣社會服務處

Miss Man Fung Yi 萬鳳儀女士

Peer Support Worker & Pathways to Recovery Facilitator & Facilitator's Trainer

朋輩支援工作員, 邁步復元路領航員及培訓師

Miss Li Sin Ying, Iris 李倩盈女士

Peer Support Worker & Pathways to Recovery Facilitator

朋輩支援工作員, 邁步復元路領航員

Mr. Chan Ka Long 陳家朗先生

Senior Research Assistant

高級研究助理

1645 – 1725

Parallel Sessions III

分組研討 III

1725 – 1730

Conference Statement

會議聲明

Dr. Tim Fung 馮祥添博士

Director, Richmond Fellowship of

Hong Kong 利民會總幹事

Closing Remarks

閉幕致辭

Professor Petrus Ng 吳日嵐教授

Chairman, Richmond Fellowship of

Hong Kong 利民會主席

Day 3 | 9 Dec

Programme Rundown 會議流程

0930 – 1230

Training Workshop (For RFHK staff only)

培訓工作坊 (只供利民會職員)

Citizens Project: From Concepts to Actions

公民計劃項目:從概念到實行

Ms. Patricia Benedict & Dr. Helen Hamer

Patricia Benedict女士和Helen Hamer博士

Yale Program for Recovery and Community Health

耶魯大學精神醫學院復元和社區健康計劃

1430 – 1600

Recovering Citizenship Community Sharing Forum

復元公民座談會

Ms. Patricia Benedict, Dr. Helen Hamer, Representatives from Mind HK,

SideBySide, and MHAHK, Peer and Caregiver from RFHK

Patricia Benedict女士、Helen Hamer博士、香港心聆、香港善導會及香港心理

衛生會代表、利民會朋輩及照顧者

Moderators 主持 — Dr. Keith Wong 黃建隆博士

Assistant Director, Richmond Fellowship of Hong Kong

利民會助理總幹事

Dr. Paul Lam 林智偉博士

Senior Occupational Therapist, Richmond Fellowship of

Hong Kong

利民會高級職業治療師

1600 – 1615

Break

小休

1615 – 1730

Citizens Project Graduation

Ceremony

公民計劃畢業典禮

Graduates of Group 5 & 6

第五組及第六組畢業生

Parallel Session I

分組研討 I

Day 1



7 Dec 2023



15:55 – 17:20



Auditorium (TW126)

Moderator: Joey Ka-pou Sou, Senior Manager, RFHK

Category	Title of the abstract	Authors	Institution / Organization
1.1 Citizenship 公民權	Pilot Studies on Recovering Citizenship Project Group	Janice Tsz-yan Mak & Marie Nga-ting Kwok	RFHK 利民會
1.2 Citizenship 公民權	Community knowledge and attitudes toward recovering citizenship and mental illness: a telephone survey approach	Fiona Wong	RFHK 利民會
1.3 Care 關顧	Code-switching in mental health recovery narratives of Hong Kong storytellers	Stephanie Ng & Olga Zayts-Spence	HKU 香港大學
1.4 Collaboration 協作	透過敘事治療及跨單位協作與受情緒問題困擾的青少年同行	Rachel Wong & Ka-fai Kwong	The Salvation Army Tai Wo Hau C & Y Centre 救世軍大窩口青少年中心
1.5 Collaboration 協作	與商界伙伴的環保「協作」：復元人士的零售訓練及實習體驗	Yvonne Li & William Chow	RFHK 利民會

Moderator: Patty Ka-wai Li, Manager, Wan Tsui House, RFHK



TW129

Category	Title of the abstract	Authors	Institution / Organization
1.6 Care 關顧	透過敘事治療與受情緒困擾的青少年同行：「生命之鏢」	Pui-ngai Ho & Ka-fai Kwong	The Salvation Army Tai Wo Hau C & Y Centre 救世軍大窩口青少年中心
1.7 Care 關顧	中國社會工作者個人願景，專業認同度與應對專業倦怠研究	Yuk-yee Lee & Qiu-mei Huang	UOW College Hong Kong; Gratia Christian College 香港伍倫貢學院；宏恩基督教學院
1.8 Care 關顧	應用敘事實踐與「弱勢」家庭同行	Hui-tung Tsang & Tin-long Cheng	The Salvation Army Tung Chung Family Support Centre 救世軍東涌家庭支援中心
1.9 Care 關顧	Living with maternal depression is like minesweeping: The lived experience of adolescents in Hong Kong	Alan Tsz-lun Tam & Mei-chun Cheung	CUHK 香港中文大學

Parallel Session II

分組研討 II

Day 2



8 Dec 2023



11:10 – 12:20

Moderator: Janis Suk-han Chau,
Senior Manager (Clinical and Quality Assurance), RFHK



Auditorium (TW126)

Category	Title of the abstract	Authors	Institution / Organization
2.1 Care 關顧	Empowering women with breast cancer in Mainland China through the implementation of a seven-step model of mindfulness-based narrative therapy (MBNT)	Yuk-yee Lee	UOW College Hong Kong 香港伍倫貢學院
2.2 Care 關顧	Is a Holistic Health Practice Program effective to promote personal growth to persons with serious mental illness – a pilot study	Andrew Leung Luk	Christian Oi Hip Fellowship 基督教愛協團契
2.3 Care 關顧	Development and Validation of a Supported Housing Programme for Homeless Women with Severe Mental Illness	Lydia V & Aarti Jagannathan	National Institute of Mental Health and Neuro Sciences 國立精神健康與神經科學研究所
2.4 Care 關顧	Flower Power- Trash to Cash- Rehab initiative of Richmond Fellowship Bangalore	Sundar Kalyanasundaram & Lata Hemchand	The Richmond Fellowship Society (India) Bangalore Branch 利民會(印度)班加羅爾分部

Moderator: Kwok-kit Chau, Manager, Tsui Wah House, RFHK



TW129

Category	Title of the abstract	Authors	Institution / Organization
2.5 Citizenship 公民權	我是一本書	Kwok-mo Lam	RFHK 利民會
2.6 Citizenship 公民權	復元公民活動應用指南 — 如何在活動中應用復元公民概念	Wilson Chun-lok Leung & Michelle Kawing Leung	RFHK 利民會
2.7 Citizenship 公民權	復元公民理念在社區工作的應用 — 導賞計劃對提升個人社區歸屬感的影響	Yat-hong Nam & Man-chi Mak	RFHK 利民會
2.8 Citizenship 公民權	復元公民理念在個案工作的應用	Eric Lee	RFHK 利民會

Moderator: Chun-keung Lee, Manager, Ping Shan House, RFHK



TW143

Category	Title of the abstract	Authors	Institution / Organization
2.9 Collaboration 協作	凝聚照顧者力量 — 家屬自助組織與照顧者朋輩的服務參與	Holly Hoi-tung Wu & Joey Hui-yi Chan	RFHK 利民會
2.10 Citizenship 公民權	回歸初衷、再度啟航 — 中途宿舍服務再思	Judy Hoi-tik Chu & Carrie Sau-lan Chau	RFHK 利民會

Parallel Session III

分組研討 III

Day 2



8 Dec 2023



16:45-17:25

Moderator: Ronnie Lai-kwan Yeung, Manager, ALOHA (Wong Tai Sin - ICCMW), RFHK



Auditorium (TW126)

Category	Title of the abstract	Authors	Institution / Organization
3.1 Collaboration 協作	Empowering Wellness at Work: Reflections on Co-creating Inclusive Workplace Cultures	Tiffany Tivasuradej	N/A 不適用
3.2 Care 關顧	Social capital profiles: A systematic review with a person-centered approach	Shuting Dai	City University of Hong Kong 香港城市大學

Moderator: Eric Chi-yan Lee, Manager, ALOHA (Eastern - ICCMW), RFHK



TW129

Category	Title of the abstract	Authors	Institution / Organization
3.3 Citizenship 公民權	復元公民起步工作坊	Kwok-kit Chau	RFHK 利民會
3.4 Citizenship 公民權	尋根・再發現 — 利民會英國交流之旅分享(心理治療計劃)	Nelson Wai-yin Kong & Michelle Kawing Leung	RFHK 利民會

Abstracts in Parallel Sessions

分組研討摘要

1.1 Pilot Studies on Recovering Citizenship Project Group

Janice, T. Y. Mak

Occupational
Therapist I, RFHK

Marie, N.T. Kwok

Occupational
Therapist II, RFHK

Keywords

Mental health, mental illness, mental health stigma, mental health anti-stigma campaign, recovery storytelling, Hong Kong, code switching

Introduction

Recovering Citizenship (RC) Project groups was conducted to increase participants knowledge in 5Rs and increase their sense of belonging (B) in the community. Four RC groups were conducted from 2020 to 2021. During the time of epidemic with infection control regulations, different group delivery mode including face-to-face and hybrid online and face-to-face mode were adopted. Three RC groups were delivered by hybrid mode while one RC group was delivered by face-to-face mode. The objective of this study was to evaluate the outcome of RC Group by both quantitative and qualitative approach.

Methods

Design: a pretest-posttest and follow up design was adopted. Data were collected at three-time point: baseline before the RC group (T0), post group (T1) and 3-month follow up (T2).

Tools: The Citizenship Measures, Process of Recovery (QPR), WHO-5 Well-being Index, Lehman's Quality of Life, Herth Hope Index (HHI), Social Support Questionnaire (SSQ) and Depression Anxiety Stress Scale (DASS), were administered by face-to-face, online or on the phone. Qualitative data was collected by focus group, interview or online from group participants and group facilitators.

Results

Statistical Analysis of data from all four RC groups was performed (N=32). No significant difference was found in all scales. Comparing the scores of those participants participated in the RC Group via hybrid mode and those attended the RC group face-to-face, no significant difference was observed in all scales before the program T0. For T1, compared with hybrid group, respondents in face-to-face group performed significantly better in the following areas immediately after the program: "Citizenship Measures total" ($p=.039$), and the two subscales of "Personal responsibilities" ($p=.028$) and "Caring for self and others" ($p=.012$); "WHO-5 Well-being Index" ($p=.031$), "SSQ total" ($p=.014$), and the two subscales of "Emotional support" ($p=.005$), and "Acceptability of support" ($p=.013$). Similar to T1, in T2 the face to face group also performed significantly better than the hybrid group in Citizenship Measures total ($p=0.034$), and the two subscales of personal responsibilities ($p=0.034$), caring for self and others ($p=0.008$); SSQ total ($p=0.001$), and the two subscales of emotional support ($p=0.005$) and acceptability of support ($p=0.006$). Besides, the face-to-face group also scored significantly higher in civil rights ($p=0.039$), innerconnectedness with self and others ($p=0.043$), tangible support ($p=0.005$), and with significantly less stress ($p=0.042$) 3 months after the program.

Participants also gave positive feedback in the focus groups on the content of the RC group. They also appreciated the effort of the group facilitators and the reasons that motivated them to attend the group and the positive changes & influences after attending the RC group. They also enjoyed and treasured the Value Role project in the RC Group.

Conclusion

This study evaluated the effectiveness of RC group 1-4 by quantitative and qualitative approach. It was found that respondents in face-to-face group performed significantly better when compared to the respondents from hybrid mode. Upon resumption of normalcy in Hong Kong from the epidemic, face-to-face delivery of RC group would become the main direction of coming RC group study.

1.2 Community knowledge and attitudes toward recovering citizenship and mental illness: a telephone survey approach

Fiona Wong

Research &
Development
Manager, RFHK

Keywords

Recovery, Recovering
Citizenship, Mental Illness,
Community Integration,
Mental Health Knowledge

Introduction

The concept of recovering citizenship (RC) has received increasing attention in mental health services (Rowe and Davidson, 2016; Reis et al., 2022). People's acceptance of the RC concept and the 5 Rs are likely to have a positive impact on their tolerance of community integration of people in recovery. This study aims to assess the knowledge and attitudes toward RC/5 Rs and mental illness of people aged ≥ 18 years in Hong Kong using a telephone survey approach.

Methods

A questionnaire comprised the Mental Health Knowledge Schedule (MAKS), Short Form-Community Attitudes Toward Mental Illness (SF-CAMI) and questions on attitudes toward RC/5 Rs, was administered on the phone.

Results

A total of 1,009 respondents completed the telephone survey. A high mean score of MAKS (4.37 ± 1.08) was found with 68%–94% answering the knowledge items correctly. The mean score of SF-CAMI was 46.50 ± 8.74 with the most positive attitude toward fear and exclusion. Approximately half had heard about a similar concept of RC and 79%–94.3% agreed with people in recovery to possess the 5 Rs. Those with greater knowledge or more positive toward mental illness, or knowing someone in recovery were more supportive toward 5 Rs. Those aged 18–44 years, attained a post-secondary education, were employed, and received a monthly income of US\$3,861–6,434 were significantly more positive toward 5 Rs.

Conclusion

This is the first study assessing the views of RC of people in the community. The sample had a good knowledge of mental illness but recognition of recovery from mental illness and a sympathetic view toward people in recovery can be further improved. Besides promotion programs, dissemination of the concept of RC and having people in recovery take up valued roles in the community could potentially facilitate the acceptance of social inclusion and acceptance in the community.

References

- Rowe, M. and Davidson, L. (2016), "Recovering Citizenship", *Israel Journal of Psychiatry and Related Sciences*, Vol. 53 No. 1, pp. 14-21.
- Reis, G., Bromage, B., Rowe, M., Restrepo-Toro M.E., Bellamy, C., Costa, M. and Davidson, L. (2002), "Citizenship, social justice and collective empowerment: living outside mental illness", *Psychiatric Quarterly*, Vol. 93 No. 2, pp. 537-546.

1.3 Code-switching in mental health recovery narratives of Hong Kong storytellers

Stephanie Ng

Ph.D. Candidate,
School of English,
University of Hong
Kong, Hong Kong

Olga Zayts-Spence

Associate Professor,
School of English,
University of Hong
Kong, Hong Kong

Keywords

Mental health, mental illness, mental health stigma, mental health anti-stigma campaign, recovery storytelling, Hong Kong, code switching

Background

Considering persistently high levels of mental health stigma in Hong Kong in recent years (Chung et al., 2018), scholars and mental health professionals alike have demonstrated strong interest in combating this issue (Chan et al., 2022; Fong & Mak, 2022; Mind HK, 2021). Existing research suggests that recovery storytelling, which involves an individual with a lived experience of mental illness sharing their personal story publicly, is one of the most effective anti-stigma strategies to date (Thornicroft et al., 2022).

Methods

Using a narrative inquiry approach, we examined the recovery stories of seven Cantonese-speaking individuals who participated in the More than a Label mental health anti-stigma campaign in Hong Kong. We specifically examined how the discursive strategy of code-switching functioned to clarify, emphasize, or distract from certain elements of the story.

Results

Our analysis demonstrated that code-switching in our data functioned in three distinct ways, namely as: (1) a distancing strategy when discussing troubling past experiences; (2) an authenticating strategy when recalling interactions carried out in English-speaking settings; and (3) a foregrounding strategy to highlighting the main points in the story.

Discussion

Our study highlights the importance of linguistic research in informing the development of person-centered approaches in both mental health clinical and advocacy work. We suggest that recognizing linguistic behaviours such as code-switching allows mental health clinical and organizational staff to be more sensitive to signs of potential distress and probe further inquiry amongst clients and lived-experience storytellers. We discuss how these findings can be used to educate lived-experience storytellers on the rhetorical functions of language use such as code-switching.

Conclusion

Overall, this study contributes to a deeper understanding of the role of code-switching in the context of recovery storytelling and highlights the importance of continued research efforts to foster more inclusive and informed approaches to mental health support and advocacy.

References

- Chan, A. K., Yeung, T. T., Sum, M.-Y., Xiong, J. S., Chan, S. K., & Cheng, K.-S. (2022). Mental health youth ambassador programme for anti-stigma among secondary students in Hong Kong: A pilot study. *East Asian Archives of Psychiatry*, 32(3), 57-61.
- Chung, K.-F., Tse, S., Lee, C.-T., Wong, M. M.-C., & Chan, W.-M. (2018). Experience of stigma among mental health service users in Hong Kong: Are there changes between 2001 and 2017? *International Journal of Social Psychiatry*, 65(1), 64-72.
- Fong, T. H., & Mak, W. W. (2022). The Effects of Internet-Based Storytelling Programs (Amazing Adventure Against Stigma) in Reducing Mental Illness Stigma With Mediation by Interactivity and Stigma Content: Randomized Controlled Trial. *Journal of Medical Internet Research*, 24(8), e37973.
- Mind HK. (2021). *Experts by experience ambassador training open for application*. Mind HK. Retrieved Dec 20 from <https://www.mind.org.hk/press-releases/experts-by-experience-ambassador-training-open-for-application/>
- Thornicroft, G., Sunkel, C., Aliev, A. A., Baker, S., Brohan, E., el Chammay, R., Davies, K., Demissie, M., Duncan, J., & Fekadu, W. (2022). The Lancet Commission on ending stigma and discrimination in mental health. *The Lancet*.

1.4 透過敘事治療及跨單位協作與受情緒問題困擾的青少年同行

黃秀玫

救世軍大窩口青少年
中心隊長

鄺家輝

救世軍大窩口綜合服務
助理高級主任

關鍵詞

敘事治療，綜合服務，
兒童之家，青少年中心，
桌上遊戲

葵青區內青少年和居住兒童之家中的青少年受情緒問題困擾時，他們的身份被簡化為診斷，獨特的信念和技能被遺忘、自我身份變得問題化和不清晰。透過敘事治療理論的框架，與青少年們共同創作桌上遊戲，發掘他們的另一面並藉此讓他們了解自己的能力和信念，提供機會讓他們走出問題化的自我身份。除此以外亦透過敘事治療中「局外人見證」進行跨單位協作，連繫院舍和社區，讓居於院舍及社區青少年的正面身份得以互相見證。敘事治療及跨單位協作有效協助受情緒問題困擾的青少年。參加者於DASS-21及自我效能感的前後測和聚焦小組分享中皆有正面的改變。本文分享敘事治療及跨單位的協作如何有效協助受情緒問題困擾的青少年。

參考文獻

悠晴(2021)。《孩子失去動力學習、沒有自信?談自我效能(self-efficacy)對兒童成長的影響》。Fairy's Heart。
取自<https://fairiesheart.com/2021/04/12/游達裕> (2021)。

《青少年於兒童之家的生活經驗研究報》。策馬文創有限公司。

取自https://www.skhsch.org.hk/upload/publication/29/doc_zhant/Report_on_Adolescents_Life_Experience_in_SGH_2021.pdf

Benestad, E. E. P. & Denborough, D. (2019). Some of us have a body that we need to adjust in order for them to be a good place to live': Belonging, resting places and gender talents. *The International Journal of Narrative Therapy and Community Work*, 2, 11-15.

Denborough, D. (2008) *Collective narrative practice: Responding to individuals, groups and communities who have experienced trauma*. Adelaide: Dulwich Centre Publications

Denborough, D. (2012). A storyline of collective narrative practice: a history of ideas, social projects and partnerships. *International Journal of Narrative Therapy and Community Work*, 1, 40-65.

1.5 與商界伙伴的環保「協作」：復元人士的零售訓練及實習體驗

李曉瑩

利民會職業復康
服務經理

周穎聰

利民會職業復康
高級經理

簡介/背景

隨著教育程度提高，復元人士期望工作能更具意義和滿足感，訓練方式亦需與時並進。

計劃詳情

利民會的職業復康服務2022年10月起，與初創企業合作，先後兩次舉辦富環保意味的零售體驗活動，安排約15名服務使用者於人流暢旺攤位推廣臨期食品¹。項目取得正面果效，單位遂於2023年4月舉行兩節零售訓練，完成的13位參加者進而以「零碳大使」身份，在初創企業門市參與32小時的實習員計劃。

結果/觀察

大部份參加者反映「零碳大使」崗位能為他們帶來有工作意義，而訓練及實習體驗有助提高相關知識和就業動機。

討論/影響

少部份參加者反映在實習崗位未能得到相應的配對、分工。單位建議日後如能為雇主或提供實習的企業提供更全面、更深入的「共融就業知識」，讓他們掌握復元人士需要，有助雙方建立互信。

結論

企業與單位協作，前者運用市場觸角和環保意念，後者則協助設計符合復元人士需要的就業訓練計劃，能產生協同效應。

¹ 臨近過了「最佳食用日期」的包裝食品

1.6 透過敘事治療與受情緒困擾的青少年同行：「生命之鏢」

何沛毅

救世軍大窩口青少年
中心社會工作員

鄺家輝

救世軍大窩口綜合服務
助理高級主任

關鍵詞

敘事治療，青少年，
小組工作，希望感

受到「生命之樹」及「生命團隊」等集體敘事治療實踐的啟發，我們因應年青人的興趣創作出一種與飛鏢相關的集體敘事治療工作手法「生命之鏢」與他們同行。「生命之鏢」除了透過「生命俱樂部」的隱喻幫助青少年找到他們的「隊友」讓他們重新與社會和他人接觸外，亦透過與他們探討「生命之鏢」的各種隱喻，讓他們找到自己的希望與夢想及重新確認他們的身份，提供機會讓他們走出問題化的身份。敘事治療能於小組工作中協助受情緒困擾的青少年，參加者於DASS-21及希望感量表的前後測和聚焦小組分享中皆有正面改變。本文分享如何於小組工作中透過敘事治療的應用與受情緒困擾的青少年同行。

參考文獻

Denborough, D. (2008). *Collective narrative practice: Responding to individuals, groups and communities who have experienced trauma*. Adelaide, Australia: Dulwich Centre Publications.

Ncube, N. (2006). The Tree of Life Project: Using narrative ideas in work with vulnerable children in Southern Africa. *International Journal of Narrative Therapy and Community Work*, (1), 3–16.

White, M. (2001). Folk psychology and narrative practice. *Dulwich Centre Journal*, (2), 1–37.

White, M. (2007). *Maps of narrative practice*. New York, NY: W. W. Norton.

1.7 中國社會工作者 個人願景，專業認同度與應對專業倦怠研究

李玉儀

香港伍倫貢學院
社會科學院助理教授

黃秋梅

宏恩基督教學院項目
研究員，廣東省高級
社工師

關鍵詞

中國社會工作者，
專業認同，願景，職業倦怠，
督導

隨著中國社會結構的快速轉型，我國面臨著眾多社會問題的困擾，社會服務需求也呈現出多元化和複雜化的趨勢。作為專業的助人隊伍，社會工作者承擔著當前社會服務的主要責任，並且他們在社會及公共服務中所發揮的建設性作用也越來越受到國家和社會的認可。然而，雖然社會工作人才隊伍迅速壯大，但社會工作者的發展面臨著許多挑戰，包括職業發展差距、社工行政化對社會工作專業發展的影響，以及普遍存在的職業倦怠問題。然而，社會工作者自身的精神健康狀況往往被忽視。

本研究旨在探究中國社會工作者個人願景、專業認同度與應對職業倦怠之間的關係，以進一步完善社會工作者和社會工作學生的培養模式、教育以及督導形式和內容，更好地培養那些具備堅持社會工作價值觀、願景、專業認同，並能有效應對個人職業倦怠的人才。本研究主要採用三份專業量表進行數據收集，分別是個人願景量表（崔康常，1996年）、社會工作者專業認同量表（周歡，2012年）以及哥本哈根職業倦怠問卷（Copenhagen Burnout Inventory，簡稱CBI）本土化修訂版（吳軍等，2020年）。

研究結果表明，社會工作者的願景和提升專業認同度明顯與降低職業倦怠程度相關。社會工作者對社會工作抱有較高的願景，更能追求「社會工作服務的價值」，即希望通過服務來造福社會、做出貢獻並帶領同事取得更好的工作成果。此外，接受香港督導的社會工作者組別在「專業意願」、「專業評價」和「專業倫理」方麵的水平較未接受香港督導的組別更高。研究還表明，社會工作者的專業認同程度與職業倦怠呈負相關關係。基於研究結果，本文提出了關於社會工作教育和人才督導的相關建議。

1.8 應用敘事實踐與「弱勢」家庭同行

曾曉彤

救世軍東涌家庭支援中心計劃隊長

鄭天朗

救世軍東涌家庭支援中心社會工作員

關鍵詞

敘事治療，治療紀錄，家庭工作

低收入、育有特殊學習需要兒童以及單親等「弱勢」家庭在社會上常被邊緣化，這些家庭的兒童和家長都承受著不同程度的壓力，甚至可能出現情緒問題。當他們受到情緒問題困擾時，他們獨特的能力常常被忽視，他們的自我身份認同也會受到影響。本文分享敘事實踐在家庭及社區工作中的應用，應用敘事實踐中的「治療紀錄」，旨在記錄家庭成員的知識和能力，並將這些故事傳播給家人和社區中的其他群體，從而見證每個人的正面身份和能力，並為其他面臨相同狀況的家庭提供支持。敘事實踐的應用能夠有效地幫助受情緒問題困擾的家庭，使他們能夠從被情緒影響中轉化，並為他人做出貢獻。參與者在DASS-21和聚焦小組分享中都有正面的改變。

參考文獻

Denborough, D. (2008) *Collective narrative practice: Responding to individuals, groups and communities who have experienced trauma*. Adelaide: Dulwich Centre Publications

Denborough, D. (2012). A storyline of collective narrative practice: a history of ideas, social projects and partnerships. *International Journal of Narrative Therapy and Community Work*, 1, 40-65.

Fareez, M. (2015). The 'Life Certificate': A tool for grief work in Singapore. *International Journal of Narrative Therapy & Community Work*. Issue 2, p1-11.

Fox, H. (2003). Using therapeutic documents: a review by . *The International Journal of Narrative Therapy and Community Work*, 4 .

1.9 Living with maternal depression is like minesweeping: The lived experience of adolescents in Hong Kong

Mr. TAM Tsz Lun Alan

PhD candidate,
Department of Social
Work, CUHK

**Prof. CHEUNG Mei
Chun**

Associate Professor,
Department of Social
Work, CUHK

In recent years, the Hong Kong government has allocated additional resources to community-based mental health services to cater to the needs of children whose parents suffer from mental illness. Thus, an exploratory qualitative study holds merit and systematically enhances the mental health practitioners' understanding of the specific clientele. Seven adolescents of maternal depression recruited using purposive sampling participated in the current study, in which semi-structured interviews and focus groups were employed as collection methods, while thematic analysis was adopted for data analysis. Four themes were constructed, namely, the outbreak of maternal depression, daily challenges in the minefield, becoming a minesweeper and reinforcement needed. The results indicate that young people are not passive subjects. Instead, they assume a proactive role in responding to the challenges posed by maternal depression. Professional support is warranted, particularly as a mediator, interpreter and provider of space for respite.

Keywords

major depression disorder,
maternal depression,
adolescents, mental health
practitioners

2.1 Empowering women with breast cancer in Mainland China through the implementation of a seven-step model of mindfulness-based narrative therapy (MBNT)

Yuk-yee Karen Lee

Assistant Professor,
Social Sciences,
University of
Wollongong
Hong Kong

According to GLOBOCAN estimates, breast cancer is the most prevalent cancer among Chinese women, with an age-standardized rate of 21.6 cases per 100,000 women (Fan, Goss, and Strasser-Weippl, 2015, e280). Cases in China account for 12.2% of all newly diagnosed breast cancers and 9.6% of all breast cancer-related deaths worldwide (Fan, Goss, and Strasser-Weippl, 2015, e279). Breast cancer poses a significant concern for women's health in Mainland China. At least one-third of Chinese women with breast cancer are diagnosed with higher levels of depression, positively associated with a higher passive coping style (Wang et al. Citation 2014). Moreover, women with breast cancer in China face stigma and negative attitudes due to prevailing pathologizing and cultural discourses. They not only endure the physical consequences of bodily disfigurement but also experience gender stigmatization, which adversely affects their mental and sexual well-being. Research conducted in Western countries indicates that many women with cancer report certain positive consequences of their breast cancer experience. In this article, we present the findings of a mindfulness-based narrative therapy (MBNT) project conducted in collaboration with health professionals and female patients from a breast cancer hospital in Mainland China. The project aimed to develop an intervention approach for a self-help group of Chinese women with breast cancer, focusing on helping them discover the "gain" from their illness as a source of empowerment to combat self-stigmatization. The project team concludes that MBNT can facilitate the emergence of new meanings through mindfulness-based verbal and non-verbal techniques, utilizing linguistic interventions to promote mindfulness and emotion regulation. These techniques can be tailored specifically for cancer survivors. Although the combination of mindfulness and therapy is not new, the application of MBNT to Chinese cancer survivors is relatively uncommon. This article provides preliminary information about the implementation of this therapeutic process.

2.2 Is a Holistic Health Practice Program effective to promote personal growth to persons with serious mental illness – a pilot study

Andrew Leung Luk

Honorary Supervisor,
Christian Oi Hip
Fellowship

Keywords

Holistic health practice
program,
Persons with serious
mental illness,
Nutritional habits,
Spiritual growth.

Background

Self-help groups (SHG) have been found to be effective in enhancing psychiatric rehabilitation. A Holistic Health Practice Program (HHPP) was developed in which all recovery components are covered. It has been conducted on a group of student nurses and was found to be effective in promoting holistic health, self-esteem, and self-efficacy. This study aimed to explore the holistic health status of the members of the SHG and investigate whether the HHPP is effective for the personal growth of members of the SHG, including persons with serious mental illness and trained lay persons as volunteers in the group.

Methods

A pre- and post-test group approach was adopted in this study. Group members were invited to join a HHPP, which consisted of 6 sessions held within 6 weeks, with one session weekly comprising 3 hours per session. Participants were asked to fill in a pre-test questionnaire before the program and a post-test questionnaire when they completed the program.

Results

18 participants joined the program. 15 out of 18 participants completed the pre- and post-test questionnaire. Results showed that among the 6 domains of the healthy lifestyle profile, participants scored the lowest in the physical activity of the physical domain, followed by the health responsibility of the psychological domain. Whereas, they scored the highest in the interpersonal relations of the social domain. The study also found no significant differences between the mean scores of the persons with serious mental illness and the volunteers. Besides, there were significantly positive increases in mean scores in the domains of physical activity, nutritional habits, spiritual growth, and the total scores of HPLP-II (Health Promotion Lifestyle Profile -II) ($P<0.05$), as well as self-esteem ($P<0.05$) and self-efficacy ($P<0.05$) when comparing the pre-test and post-test results.

Conclusion

This study showed that the holistic health status of persons with serious mental illness is the same as that of the general population. It also demonstrated that the HHPP is effective in promoting holistic health, self-esteem, and self-efficacy among the persons with serious mental illness and the volunteers.

2.3 Development and Validation of a Supported Housing Programme for Homeless Women with Severe Mental Illness

Lydia Conger

Ph.D. Scholar,
National Institute of
Mental Health and
Neuro Sciences, India

Aarti Jagannathan

Additional Professor,
National Institute of
Mental Health and
Neuro Sciences, India

Keywords

Severe Mental Illness (SMI),
Homelessness,
Supported Housing

Background

Homelessness and mental illness are inextricably linked, and this bidirectional phenomenon forms a vicious circle from which an escape seems very difficult. In India, the only current option for homeless women with severe mental illness (HWSMI) is accepting the security of a hospital or an institution due to a lack of better alternatives. Institutionalization segregates and excludes HWSMI, distancing them from socio-economic, cultural, and political resources and the right to live with dignity. Hence, there is a need to develop a model that will help reintegrate HWSMI back into the community.

Aim

We aimed to develop and validate (content and face validity) a supported housing programme (SHP) for Homeless Women with Severe Mental Illness in Bangalore, India.

Methods

We developed the SHP using 1) a needs assessment from HWSMI (n=14), 2) Qualitative interviews with Mental Health Professionals (n=18), and 3) visits to (n=3) organizations involved in reintegration and supported housing for HWSMI. The project team articulated a Theory of Change (ToC) for the program. Five international experts and five Indian experts-Mental health Professionals (Psychiatrists, Clinical Psychologists and Psychiatric Social Workers), ToC experts and public health experts reviewed the same.

Results

The data from interviews and the observational visits were organized under six major themes: causes of homelessness, consequences of homelessness, models/processes, barriers & challenges, facilitators, and needs of HWSMI. Seventy-five sub-themes (components) emerged from the qualitative thematic analysis. The themes and subthemes were clustered and organized as interventions in each phase of the SHP: Interventions in the tertiary care setting, transit home, and Community.

Conclusion

This study describes the development of a comprehensive SHP. The implementation and feasibility testing of the Supported Housing Programme for homeless women with severe mental illness is ongoing.

2.4 Flower Power- Trash to Cash- Rehab initiative of Richmond Fellowship Bangalore

Sundar Kalyanasundaram

Honorary Advisor, The Richmond Fellowship Society (India) Bangalore Branch

Lata Hemchand

Consultant Psychologist, The Richmond Fellowship Society (India) Bangalore Branch

Taj Taranum

Keywords

Severe Mental Illness (SMI), Homelessness, Supported Housing

Introduction

The goal of rehabilitation is to make our clients function at their optimum level. Rehabilitation involves multifaceted approach; psycho-education, symptom management, skills training, providing support for the families, reducing the family burden and improving quality of life and providing opportunities for job placement

Background

The Green Skilling project involves recycling discarded flowers from nearby temples, marriage halls and other similar places/events into “**Eco Friendly Rangoli / Holi Colours.**” The process begins with segregating, cutting, drying petals, grinding the dried petals, mixing, refining and packaging. The clients were assigned work as per their aptitude and ability. This was carried out in the urban community setting of the Day Care Centre of the Richmond Fellowship Society, (India) (RFSI) located at Bangalore. Thirty clients consisting of those with severe mental illness and some with Intellectual disability participated in this activity.

Programme details

Two staff members were deputed for undergoing the training with ‘Craftizen Foundation’, our technical and training partner. The clients started working with the flowers soon after the training and the first successful production came out in March 2018.

Observations

The clients engaged in this project showed improvement in motor and social skills, attention, concentration, and enhanced motivation. There was reduction in relapse rates and many exhibited positive attitudes towards life. The families reported decrease in care givers' burden both emotionally and financially. The details will be discussed during the presentation.

Discussion

We faced several challenges: getting recycled flowers daily, soiling of clothes, dust and sound during grinding phase and wastage. The pollens caused allergic reaction in some. Safety masks were used by all. Despite all this we feel it has been worthwhile pursuing this project to see the joy and self-confidence in our clients.

Conclusion

This novel method of engaging people with SMI and ID as part of a rehabilitation process proved useful and successful in a small population of our clients attending the Day care centre run by RFS Bangalore. Despite the hurdles, it was worthwhile pursuing this project because of the self-confidence and joy that was seen among the clients."

References

1. Roy A, Sivakumar T, Jayarajan D, Maithreyi NB, Balasubramanian M, Kalyanasundaram S, et al. Eco-Friendly Holi Colors: Hospital Based 'Income Generation Activity' for Persons with Mental Health Challenges at a Quaternary Mental Health Care Facility in India. J Psychosoc Rehabil Ment Health. 2019 Dec 1;6(2):217–25.
2. Roy A, Sivakumar T, Jayarajan D. Impact and Facilitators of a Psychiatric Rehabilitation Daycare Work Program: A Qualitative Study. Indian Journal of Social Psychiatry. 2022 Mar;38(1):21.
3. Roy A, Jayarajan D, Sivakumar T. Financial Viability of a Psychiatric Rehabilitation Daycare Work Program in India. Indian Journal of Psychological Medicine. 2023 Jul 1;45(4):443–4.
4. Roy A, Sivakumar T. Income Generation Work Programs in Psychiatric Rehabilitation. NIMHANS publication No 244, ISBN: 978-93-91300-18-0, Bengaluru. March 2023.
5. Kumar PS. Impact of vocational rehabilitation on social functioning, cognitive functioning, and psychopathology in patients with chronic schizophrenia. Indian J Psychiatry 2008; 50(4): 257–261.

2.5 我是一本書

林國武

利民會-友樂坊(黃大仙)
社工

Mr. Norman

水晶頌鉢導師

關鍵詞

偏見與隔膜

簡介/背景

- 近來不幸的社會事件，令不少社區人士對復元人士帶著恐懼，相信是源於他們對精神病的誤解和缺乏知識。
- 為提高公眾對精神疾病的認識和理解，本會在2022年開始舉辦“我是一本書”活動，主要為訓練復元人士及照顧者成為真人圖書。

方法/計劃詳情

- 真人圖書館的原意為被社會歧視的一群，提供一個屬於他們的平台，與社區連繫，消除偏見與隔膜。
- 過去一年中心訓練出6位真人圖書。他們分別到過葵涌醫院、新生精神康復會、康和互助社聯會、中學、長者中心作分享。
- 期望在亞太精神健康國際會議2023中邀請“我是一本書”其中一位分享嘉賓水晶頌鉢導師 Mr. Norman到場，與大家分享他在我們中心作真人圖書分享的感受。

結果/觀察

- 在每場真人圖書活動中，閱讀者與各位真人圖書都有積極的互動，由復元人士帶出復元的訊息，令閱讀者對復元人士的心路歷程多了認識，更感謝圖書們站出來勇敢分享，打破他們對復元人士的既定思想；亦有不少閱讀者主動與圖書們握手，給予鼓勵。

討論/影響

- 過去一年與不同界別人士合作，當中包括：香港跳高運動員、水晶頌鉢導師、香港社區組織協會的無家者足球隊成員、以及協會內的復元人士和照顧者到中心分享他們的故事，加強地區合作，鼓勵復元人士與社區連繫，促進彼此認識及理解，促進社會共融及接納，從而期望消除偏見與隔膜。

結論

- 經過真人圖書活動，拉近了復元人士與社區的距離，打破社區人士對精神病的迷思，更加強了社區人士對精神健康的關注。
- 藉著「亞太精神健康國際會議」，與各關注精神健康服務人士分享。

2.6 復元公民活動應用指南 - 如何在活動中應用復元公民概念

梁振樂

利民會社工隊長

梁嘉穎

利民會精神科註冊護士

藍逸匡

利民會社工

關鍵詞

復元公民

背景

利民會從2019年起與美國耶魯大學合作，將復元公民的理念及計劃帶到香港，在利民會各工作單位中全面應用復元公民概念，期望能夠在日常服務運作融入復元公民概念。

計劃詳情

透過撰寫並與同工分享「復元公民活動應用指南」(下稱「指南」)，協合同工在策劃活動時增潤當中有關復元公民的色彩並實踐復元公民的理念。「指南」於2021年正式發放至利民會各服務單位並進行過2次全體職員培訓，並加入至機構內部培訓「復元公民起步工作坊」當中。

觀察

透過培訓及使用「指南」，觀察到同工在日常工作中能更有效地應用復元公民概念，特意在往常舉辦的活動中加入與復元公民相關的新元素。個別單位的活動經過增潤後亦榮獲機構卓越活動計劃獎項。

結論

「指南」獲機構通過並恆常化，納入機構活動計劃及檢討報告中的參考文件。

2.7 復元公民理念在社區工作的應用 - 導賞計劃對提升個人社區歸屬感的影響

藍逸匡

社工
利民會友樂坊(港島東)

麥敏之

社工
利民會友樂坊(港島東)

關鍵詞

復元公民、角色與關係、
社區歸屬感、優勢為本、充權

計劃目的

復元人士往往被社會聚焦在其精神病患的身份上，繼而扣上不同的負面標籤，令他們對社區的歸屬感較低，窒礙他們的身心發展。同工期望透過社區導賞計劃提升他們對社區的歸屬感，促進他們的復元歷程。

計劃詳情

同工將復元公民元素注入社區導賞小組，透過分享他們在社區上的生命故事，製作社區地圖以及計導賞內容從而加深對社區的認識(資源、權利)，繼而讓組員重新檢視他們在社區上的不同角色(角色、責任)，以及與社區的關係(關係)。

結果

透過同工在小組進程中的觀察以及組員的回饋，發現當組員聚焦他們在社區的不同角色時，能夠重拾他們作為社區成員的身份，並不再只是一個有情緒困擾的人，共同的社區生活回憶以及社區資源的分享能夠促進他們建立正向的關係，深化及鞏固彼此之間的支援網絡，他們對社區的歸屬感因而得到提升。

結論

社區導賞計劃讓復元人士重新檢視自己「病人」以外的角色，不同身份當中的責任與權利，準備社區介紹的內容可增加他們對社區的認識。而有意義的「角色」以及正向「關係」讓復元人士感到被他人接納與肯定，歸屬感亦有機會因而得到提升，成為個人復元歷程的重要因素之一。

參考文獻

Patrick Corrigan (2012). On the self-Stigma of Mental Illness: Stages, Disclosure, and Strategies for Change. *Can J Psychiatry*, 2012 Aug; 57(8): 464-469.

Micheal Rowe (2016). Recovering Citizenship. *Isr J Psychiatry Relat Sci*, 2016; 53(1): 14-20.

葉錦成 (2011)。精神醫療社會工作—信念、理論和實戰。台北：心理出版社股份有限公司。

2.8 復元公民理念在個案工作的應用

李智仁

利民會友樂坊(港島東)
社工

關鍵詞

復元公民工具、公民權、
社區歸屬感、優勢為本、
充權

計劃目的

利民會翻譯了兩個復元公民工具，與服務使用者一同開展討論，學習在復元的路上如何實踐公民的身份。公民的身份可以從權利、角色、責任、資源、關係及歸屬感去理解，並於不同文化中有不同的演繹。

計劃詳情

使用兩個經本地翻譯後的復元公民工具，並透過復元公民個人照顧計劃，建立具復元公民元素的個案目標及其跟進方法，希望在個人層面協助案主落實復元公民在日常生活中。

結果

透過

- 1)同工觀察
- 2)已訂立的復元公民個人照顧計劃
- 3)服務使用者回饋問卷
- 4)同工回饋問卷，檢討當中進行的經驗、得著和困難等。

結論

使用復元公民工具本身，也是一個推動復元公民理念的過程，讓服務使用者能重新反思作為一個公民的不同面向，重建對社會的歸屬感。

參考文獻

Bellamy et al. (2017). *Development of the citizens measure into a tool to guide clinical practice and its utility for case managers*, Department of Psychiatry, School of Medicine, Yale University, New Haven, Connecticut, USA

Ponce, A. N., Clayton, A., Gambino, M., & Rowe, M. (2016). *Social and clinical dimensions of citizenship from the mental health-care provider perspective*. *Psychiatric Rehabilitation Journal*, 39(2), 161-166. doi:10.1037/prj0000194

2.9 凝聚照顧者力量—家屬自助組織與照顧者朋輩員的服務參與

胡海彤

利民會友樂坊(黃大仙)
社工隊長

陳栩兒

利民會友樂坊(黃大仙)
社工隊長

家庭在支援精神健康復元者方面扮演不可或缺的角色，但照顧的負擔也帶來沉重的情緒和身體壓力。

利民家庭學社致力於滿足照顧者需求，協助發揮個人優勢並提升精神健康。其中互助組聯心社舉辦聯誼和教育活動，擴大並鞏固照顧者支持網絡。過去十年，學社逐步促進照顧者與學社聯繫，鼓勵角色轉化，助人自助成同路人。

此外，利民於2022年推出「愛家聯盟」照顧者支援計劃強化支援，透過「照顧者真人圖書館」、「壓力管理」等課程，讓照顧者以同路人身份分享經驗。計劃成果良好，參與者展現支持他人並為心理健康倡導的能力。

學社服務和支援計劃顯示，形成相互支持網絡並促進同路人培訓，照顧者獲得巨大支持，喚起公眾關注，共促精神健康復元和社會共融。

2.10 回歸初衷、再度啟航 — 中途宿舍服務再思

朱海迪

利民會服務發展經理

周秀蘭

利民會朋輩支援員

本會創辦人Elly Jansen提出社群式治療模式，營造回應服務使用者需要的宿舍環境，並於1984年在香港設立「蔭苑」宿舍，為剛出院的精神病患者提供適切照顧。適逢利民會四十週年，本會同工參與2023年英國尋根之旅，發掘精神健康社區服務和中途宿舍的起源和初心，重塑當日利民會宿舍服務的發展軌跡。

本匯報將整合英國精神復康宿舍服務的經驗和優勢，再比對香港的現況和分享本會服務介入實例，藉此反思中途宿舍的價值、同工和朋輩支援員的角色定位和復元公民理念的實踐，以繪出理想中途宿舍的藍圖。

3.1 Empowering Wellness at Work: Reflections on Co-creating Inclusive Workplace Cultures

Tiffany Tivasuradej

Keywords

workplace strategy,
change management,
collaboration, culture,
wellbeing

Supporting employee mental health has become a top priority for organisations around the world. Global reports have indicated that 1 in 3 people feel their mental health has been impacted by returning to the office (McKinsey & Company, 2021), where employees working in Asia specifically have stated that they have experienced persistent symptoms of burnout, depression, and anxiety as a result of their workplace (ibid, 2022). As research has shown that mental health and productivity are closely related (de Oliveira et al, 2022), organisations are actively exploring new ways to demonstrate their support beyond providing the baseline medical insurance. In fact, many companies are now recognising that promoting employee wellbeing requires a collaborative approach involving the C-Suite, staff members, and even local charities or community groups, over being a top-down driven decision. Subsequently, it is opportune to explore best practices in fostering interdisciplinary collaboration, particularly the end outcomes of such efforts and the overall benefits to employee mental health, in detail especially since it has yet to be widely investigated in the existing literature. This presentation will therefore aim to respond to this need by sharing a first-hand point of view into the collaborative strategies in which companies have implemented to empower wellness at work. To ensure a holistic perspective relevant to both academics and practitioners, this presentation aims to balance practical insights, drawn from the author's real-world in leading workplace strategy and change management projects for multinational companies from multiple industries in Hong Kong, and the market research, extracted from a review of recent literature on workplace wellbeing initiatives and policies within the last 5 to 7 years. Ultimately, the presentation will conclude on key implications regarding future research directions about driving interdisciplinary collaboration to benefit workplace wellbeing for academic researchers as well as practical suggestions for companies to act on to improve the state of employee mental health in Hong Kong.

Reference

- de Oliveira, C., Saka, M., Bone, S. and Jacobs, R. (2022). 'The Role of Mental Health on Workplace Productivity: A Critical Review of the Literature', *Applied Health Economics and Health Policy*. 21, pp.167-193.
- McKinsey & Company. (2022). 'Employee mental health and burnout in Asia: A time to act'. [Online]. Available at: <https://www.mckinsey.com/featured-insights/future-of-asia/employee-mental-health-and-burnout-in-asia-a-time-to-act>
- McKinsey & Company. (2021). 'Returning to work: Keys to a psychologically safer workplace. McKinsey'. [Online]. Available at: <https://www.mckinsey.com/industries/healthcare/our-insights/returning-to-work-keysto-a-psychologically-safer-workplace>

3.2 Social capital profiles: A systematic review with a person-centered approach

DAI Shuting

PhD student,
City University of
Hong Kong

Keywords

social capital;
person-centered
approach; mental health

Social capital profiles are defined as unique combinations of various social capital elements within individuals, categorizing them into distinct subgroups based on these combinations. Although numerous researchers have explored social capital profiles, a consensus has yet to be reached regarding the precise number and characteristics of these profiles. This comprehensive review provides an overview of person-centered research on social capital profiles. Drawing from an analysis of 37 empirical studies, our review identifies six potential solutions for social capital profiles, with the three-profile and four-profile solutions emerging as more prevalent. These investigations into social capital profiles encompass diverse populations, including immigrants, adolescents, residents of low-resource communities, workers, individuals with dementia and mild intellectual disabilities, and the general population. Furthermore, this review delves into the associations between social capital profiles and various outcome measures, such as depressive symptoms, mental distress, overall health, physical well-being, access to food security, internet usage, school engagement, employee creativity, quality of life, life satisfaction, and overall well-being. Notably, social network proves to be a valuable tool for categorizing individuals into these distinct profiles. In sum, our findings make a significant contribution to the social capital research by synthesizing the person-centered approach to explore the number and composition of social capital profiles.

Reference

- Bouckennooghe, D., De Clercq, D., & Raja, U. (2019). A person-centered, latent profile analysis of psychological capital. *Australian Journal of Management*, 44(1), 91–108. <https://doi.org/10.1177/0312896218775153>
- Brown, M. E., & Livermore, M. (2019). Identifying Individual Social Capital Profiles in Low-Resource Communities: Using Cluster Analysis to Enhance Community Engagement. *Journal of the Society for Social Work and Research*, 10(4), 477–500. <https://doi.org/10.1086/706193>
- Howard, M. C., & Hoffman, M. E. (2018). Variable-Centered, Person-Centered, and Person-Specific Approaches: Where Theory Meets the Method. *Organizational Research Methods*, 21(4), 846–876. <https://doi.org/10.1177/1094428117744021>
- Morin, A. J. S., Bujacz, A., & Gagné, M. (2018). Person-Centered Methodologies in the Organizational Sciences: Introduction to the Feature Topic. *Organizational Research Methods*, 21(4), 803–813. <https://doi.org/10.1177/1094428118773856>
- Woo, S. E., Jebb, A. T., Tay, L., & Parrigon, S. (2018). Putting the “Person” in the Center: Review and Synthesis of Person-Centered Approaches and Methods in Organizational Science. *Organizational Research Methods*, 21(4), 814–845. <https://doi.org/10.1177/1094428117752467>

3.3 復元公民起步工作坊

周國傑

利民會翠華之家經理(註冊社工)

「復元公民起步工作坊」是專為新入職同工舉辦的訓練項目。利民會在服務發展及推行以復元模式概念為根本，並在2018年開始探討及引入由美國耶魯大學精神醫學院致力推行的復元和社區健康計劃(Yale-PRCH)，使復元人士進一步認識自己的權利及探索自己的責任和目標，建立有價值的角色，善用社區的資源，提升人際關係，從而獲得更大的歸屬感。服務的推行除了復元人士的參與外，職員的推動及運用尤其重要。從開始時(2018年)對復元公民概念的探討到今天將概念運用到服務不同層面上，已經歷了接近五年的時間。現時，復元公民概念已滲入在日常服務及工作計劃之中，但對剛加入機構而未了解復元公民概念的新職員有一定的困難。因此，復元公民計劃中的訓練小組定期為新職員提供「復元公民起步工作坊」，讓新職員認識復元公民概念，從起源、計劃內容、機構推行現況並以體驗式的活動讓他們感受復元人士在應用概念時可能遇到的困難。

3.4 尋根・再發現 — 利民會英國交流之旅分享(心理治療計劃)

**Dr. Kong Wai Yin
Nelson**

Clinical
Psychologist, RFHK

**Ms. Leung Michelle
Kawing**

Registered Nurse
(PSY), RFHK

本摘要介紹了牛津大學教授Prof. David Clark在臨床心理學領域進行的開創性研究，重點關注如何以心理治療計劃帶來最好的治療效果。Prof. Clark的研究結果建基於每年約670,000名個案的龐大樣本量，並由11,400名心理治療師支持，為優化治療計劃提供了寶貴的發現。

Prof. Clark發現其中一個關鍵是盡量縮短個案等待接受服務的時間。他設立了一個系統化的全國培訓計劃，有效地培訓了大量的治療師，使得平均等待時間僅為20天，這有效確保了個案迅速獲得治療的機會，而同時確保了治療師的質素與技巧。

此外，Prof. Clark提供了充份的證據指出心理治療服務中最大效益的療程次數，以及在情緒障礙中各種臨床模型的有效性、可能影響治療效果的外部因素。這些見解為助人專業人員在個性化治療方案、優化資源分配和提高治療效果方面提供了寶貴的指引。

參考了Prof. Clark大規模的研究數據，讓我們更了解一些決定心理治療成效的因素與考慮，這有助於我們提升香港的助人專業水平，為有需要的人們提供更高水準的服務。當然，考慮到文化的差異，研究結果未必能完全反映香港的實際情況，但我們希望通過這次分享，能營造一種協作和前瞻性的氣氛，讓業界可以共同探索提升服務質量、改善治療效果的可能性，對社區心理健康和福祉產生積極的影響。

Acknowledgements

鳴謝

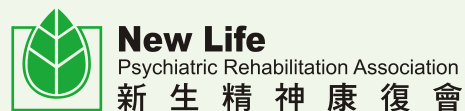
Sponsors

贊助單位



Supporting Organisations

支持機構





Creating a future where disease is a thing of the past.

We are Janssen, the Pharmaceutical Companies of Johnson & Johnson. Bold thinkers. Big dreamers. Fearless advocates on behalf of patients. So that one day, the world's most daunting diseases will be found only in the pages of history books. Learn more at www.janssen.com.



全靠情緒助理

Pristiq 倍思樂

舒緩情緒，讓生活回復動力¹

副作用比傳統同類型產品少，更有效提升活力^{2,3}



放下困擾 了解更多

助您走出困局



血清素及去甲腎上腺素調節劑類藥物(SNRI)⁴

Pristiq®倍思樂®乃醫生處方藥物，藥物成效和副作用可能因使用者的身體狀況及個別症狀有所不同，詳情請向醫生或藥劑師查詢。

References: 1. Boyer, P, et al. International Clinical Psychopharmacology. 2008; 23(5): 243-253. 2. 錢淑芝。台大醫院。 https://epaper.ntuh.gov.tw/health/201109/project_3.html. Published 2011. Accessed: 15 Sep 2022. 3. Purse, M. Norepinephrine's Role in Treating Mood Problems. Verywellmind. <https://www.verywellmind.com/norepinephrine-380039>. Published 2020. Accessed: 15 Sep 2022. 4. Pristiq® (desvenlafaxine) Prescribing Information. Pfizer Corporation Hong Kong Limited: version March 2022. *2022 Q2 IQVIA Sales Audit Data

美國輝瑞科研製藥 | 地址：香港鰂魚涌英皇道683號嘉里中心21樓 | 電話：(852) 2811 9711 | 傳真：(852) 2579 0599 | 網址：www.pfizer.com.hk

Supporting Organisation 支持機構

Baptist Oi Kwan Social Service

浸信會愛羣社會服務處



In 1978, under the commission of the Baptist Convention of Hong Kong, Baptist Oi Kwan Social Service (BOKSS) was founded by Hong Kong Baptist University (formerly known as the Hong Kong Baptist College) and came into service in 1982. We first began our community services in Wan Chai district and Hong Kong Island. Over 30 years of development, we have expanded our services to districts including Tsuen Wan, Kwai Chung, Tsing Yi, Cheung Sha Wan, Mongkok, Jordan, To Kwa Wan, Choi Hung, Sha Tin and Tai Po, etc. We provide a wide range of services such as Integrated Children, Youth and Family Services, Pre-Primary School, Integrated Elderly Services, Integrated Mental Health Services, multicultural Services, Clinical Psychological and Counseling Services, Training and Employment Service, Catering, Poverty Alleviation and Short-term Food Assistance Service etc. Our service target range from infant to elderly.

Our Integrated Mental Health Services provides a diverse range of services for mental health recovery individuals and the general public. These services include one-stop integrated community centre for mental wellness, children and youth mental health services, residential services, clinical psychological and counseling services, public education, peer support service, and inclusive programs. We responded with flexibility and openness, utilizing technology (Re: Fresh E-Platform) to overcome the limitations on in-person services posed by the pandemic. And we are committed to introducing innovative services to address the emotional and psychological health needs arising from the pandemic.

To further promote the recovery of individuals, BOKSS has translated the <<Pathways to Recovery>> (one of the top three national recovery education tools in the United States) into Chinese. We have collaborated with Peer Support Workers (PSW) to design a systematic recovery curriculum, equipped PSW with comprehensive knowledge of recovery. The curriculum enables them to reflect and reorganize their lived experience and provide them with a clear blueprint in their professional peer support work, boosting their confidence and effectiveness in assisting individuals on their journey to recovery.

浸信會愛羣社會服務處，於1978年由香港浸信會聯會，授權香港浸會大學(前稱為香港浸會學院)籌辦，並於1982年成立，正式投入服務。本處初期在灣仔及港島區提供多元化社區服務，經過三十多年的不斷發展，服務地區已擴展至荃灣、葵涌、青衣、長沙灣、旺角、佐敦、土瓜灣、彩虹、沙田及大埔等各區。本處服務包括兒童、青少年及家庭綜合服務、幼兒學校、長者綜合服務、精神健康綜合服務、多元族裔服務、臨床心理及輔導服務、綜合就業培訓、餐飲服務、扶貧項目及短期食物援助服務等，服務對象包括幼兒到長者。

本處精神健康綜合服務為復元人士及公眾提供多元化服務，當中包括一站式綜合社區精神健康服務、兒童及青少年身心健康服務、住宿服務、臨床心理治療及輔導服務、社區教育及共融活動等。自2020年開始，本處精神健康服務更以主動開放的態度善用科技開發和應用Re: Fresh線上精神健康自助平台，克服實體服務受疫情的限制，同時致力引入創新服務，以應對疫情衍生的情緒心理健康需求。

為進一步有效地推動復元人士的復元，浸信會愛羣社會服務處將 <<優勢為本的復元自學手冊>> (美國獲獎的三大復元教育工具) 翻譯為中文，並與朋輩共同設計有系統的復元課程，從而裝備朋輩支援工作員掌握整全復元的知識，整理其親歷經驗，讓他們在朋輩助人的專業上，有清晰的藍圖，並更有信心和有效地協助復元人士復元。

Supporting Organisation

支持機構

Fu Hong Society

扶康會



Fu Hong Society, founded in 1977, operates over 70 service units and provides rehabilitation services to nearly 4,000 individuals with disabilities. Our services cater to a diverse range of people, including those with intellectual disabilities, autism spectrum disorders, mental health recovery, and physical disabilities.

Recognizing the numerous benefits of sports on physical and mental well-being, Fu Hong Society's Community Mental Health Services has incorporated sports programs like hiking and dragon boating to encourage persons in recovery to build self-confidence and improve overall health. Hiking trips allow service users to connect with nature, promoting cardiovascular health, muscle strength and overall fitness levels. Moreover, the serene environment of hiking trails positively impacts mental well-being by reducing stress and promoting relaxation. Dragon boat activities known for their team spirit and physical challenges, are another sport that Fu Hong Society organizes. Engaging in dragon boat training and racing enables service users to enhance physical strength and teamwork. Additionally, being part of a team fosters a sense of belonging, improving self-esteem and nurturing social connections, which benefit mental health.

By integrating sports into the community mental health services, Fu Hong Society creates opportunities for physical activity, social interaction and personal growth.

We are committed to building an inclusive and loving society, and to enabling persons with disabilities to explore and develop their potentials and enjoy quality of life in the community.

扶康會於1977年成立，現時擁有70多個服務點，涵蓋不同的服務類別和計劃，為接近4,000名殘疾人士包括智障人士、自閉症譜系障礙人士、精神復元人士及肢體殘障人士提供康復服務。

本會的社區精神健康服務近年積極推廣運動作為促進身心健康的介入手法之一，鼓勵參與運動以建立自信心並提升整體健康。在眾多運動項目中，遠足和龍舟是兩項重點發展的範疇。

遠足活動讓服務使用者到郊外接觸大自然，呼吸新鮮空氣，除了促進心肺功能和身體健康外，活動亦有助產生開朗心境，紓解壓力。

龍舟活動以團隊精神和體力挑戰著稱，參與訓練和比賽可增參加者的體力、自信心、能力感和團隊合作精神。成為團隊的一員也有助於培養歸屬感及建立社交網絡，對心理健康非常有益。

本會將運動融入服務中，提供了身體活動、社交互動及個人成長的機會。扶康會致力建立互愛共融的社區，讓殘疾人士全面發展潛能，在社會裏獲得應有的生活質素。

Supporting Organisation

支持機構

Mind HK
香港心聆



Mind HK (Mind Mental Health Hong Kong Limited) is a S88 registered charity (91/16471), which was launched in 2017. The vision of Mind HK is to ensure that no one in Hong Kong has to face a mental health problem alone. Through online resources, training, outreach campaigns and programmes, Mind HK aims to raise awareness of mental health and reduce the associated stigma, with the hope of achieving the best mental health for all in Hong Kong. With existing collaboration and research efforts, Mind HK is here to support Hong Kong in becoming a global leader and regional model for public mental health.

Since inception, Mind HK has trained over 24,000 in mental health literacy, had over 2 million users visit our mind.org.hk website, developed more than 14 training programmes, hosted two large-scale conferences, trained 100+ Mind HK ambassadors, and trained 50 Wellbeing Practitioners to provide free mental health support to those in need.

香港心聆（心聆精神健康香港有限公司）為《稅務條例》第88條下的一所註冊慈善機構（91/16471），並於2017年成立。香港心聆致力確保香港沒有人需要獨自面對精神健康問題。香港心聆透過網上資源、培訓以及外展活動與計劃提升大眾對精神健康的認識及減少污名，達到全民精神健康的目標。透過合作研究，香港心聆希望能推動香港成為公共精神健康界內的全球領袖及地區典範。

自成立而來，香港心聆已培訓逾24,000名人士完成精神健康培訓課程、超過200萬名使用者瀏覽香港心聆網站(mind.org.hk)、共推出14個不同的培訓課程、舉辦兩個大型研討會、培訓逾100名心聆大使，並培訓50名心理健康主任為有需要之人士提供免費的精神健康支援。



New Life
Psychiatric Rehabilitation Association
新生精神康復會

Supporting Organisation 支持機構

新生精神康復會

成立於1965年，致力發展「以復元為導向」、「以人為本」、「以實證為基礎」的社區精神健康服務。新生會營運超過70個服務單位及工作項目，逾1,300名職員的工作團隊，全面提供住宿、就業培訓及社區支援，每年為18,900名復元人士及其家屬，以及為90,000公眾人士提供精神健康教育。為推動社會共融及支持康復者自力更生，本會發展多元業務的社會企業超過20項，以及透過330品牌——寓意「身、心、靈」，積極向公眾人士推廣關注身心靈健康的訊息。有關新生精神康復會的資訊，請瀏覽：www.nlpra.org.hk

New Life Psychiatric Rehabilitation Association

Since 1965, New Life Psychiatric Rehabilitation Association is dedicated to recovery-oriented, people-focused and evidence-based community mental health service development. The Association, with a team of over 1,300 staff members, operates more than 70 service units and projects to render residential services, employment and vocational training, community support for 18,900 people in recovery with mental illness (PIR) and their families, as well as provide mental health education to 90,000 general public annually. As a result of our passionate belief in social inclusion and self-reliance for PIR, we have established different social enterprises with over 20 projects operating currently promoted the well-being message under the brand "330", which in Cantonese carries the homophonous meaning "body, mind and spirit" – the balance of which we all strive to attain. For details, please visit www.nlpra.org.hk.

工作與就業服務 Work and Employment Services

從職業康復到整全生活
From Vocational Rehabilitation
to Gainful Engagement



社會企業 Work-Integrated Social Enterprises

330 cafe330 delight kitchen farmfresh330



newlife·330

新生·身心靈



dayday330



網頁及手機程式
<http://newlife330.hk>

免費提供21日
每天10分鐘的
網上靜觀練習

Welcome to 330
Well-being Platform
歡迎您來到
關顧身心靈健康平台

330
workshop

330 工作坊

提供以靜觀為本的工作坊、靜觀
體驗活動、父母靜觀體驗工作坊
及靜觀訓練課程等，切合不同人
士的需要



臨床心理服務 Clinical Psychological Services

階梯支援模式
Stepped Care Model

賽馬會心理e療站
Jockey Club Electronic Clinic
for Psychological Services



**賽馬會情緒GPS
心理支援計劃**
Jockey Club eGPS
Psychological Support Project



社區服務 Community Services

與時俱進 · 善用科技
Use of technology Advance with times

**「安泰軒」
流動應用程式**
The Wellness Centre
Mobile Application



**「親歷·思·覺」
計劃**
Experience · Awareness · Reflection
(E.A.R.) project



住宿服務 Residential Services

科技共創 · 美好院舍
Embracing Technology for Better Living Places

電子展示板
The Digital Signage



網上管理系統
The Online Management System



Supporting Organisation

支持機構

SideBySide

善導會



SideBySide fosters a healthier society by promoting inclusivity and addressing factors that contribute to crime. The organisation takes an evidence-based approach, and innovates to progress its mission.

The NGO began in 1957 by offering released prisoners guidance, kindness and paths back to acceptance. Today SideBySide helps many other at-risk people belong. Some have been through the justice system or are struggling with addiction. Many are marginalised through mental challenges, discrimination and other factors. SideBySide offers excluded people understanding and unwavering practical support through our range of six services: Social Rehabilitation, Mental Wellness, Competency Development, Community Education, Cultural Inclusion, and Community Connection.

善導會致力推動社會共融，針對導致罪行發生的成因，以循證為本及創新的方法履行使命，締造更健康 and 包容的社會。

本會創立於1957年，透過給予更生人士引導及關愛，協助他們融入社會。時至今日，我們的服務更推展至社會中其他邊緣群組，包括曾經歷過司法程序的人士、物質濫用人士、精神復元人士，以及其他被邊緣化的群組。善導會與不被社會接納或被忽視的人士相伴同行，心存同理，堅定不移地支持及協助他們。我們提供的服務包括更生同行、精神健康、職能發展、社區教育，多元共融及社區連繫等不同範疇。

Supporting Organisation 支持機構

**The Mental Health Association of
Hong Kong**
香港心理衛生會

 **香港心理衛生會**
The Mental Health Association of Hong Kong



Founded in 1954, The Mental Health Association of Hong Kong (MHAHK) is a non-profit social service organization with the goal of educating the public on mental health. We embrace the vision of "Mental Health for ALL" and are committed to the missions of "Quality rehabilitation for service users", "Positive workplace for staff" and "Mental wellness for public".

The Association started direct service operation in 1967 and since then, has developed a comprehensive spectrum of rehabilitation services in the community, including residential care, community support, day training, vocational rehabilitation, employment support and special education, providing holistic care for people in recovery, people with intellectual disabilities and the disadvantaged.

MHAHK currently operates over 50 subvented welfare service units / projects and multiple programmes supported by various funds, serving over tens of thousands of service users. The Association also manages self-financed supported apartment for people in recovery, a non-profit training and counselling centre, a special school with boarding places for students with severe mental handicaps and multiple disabilities, a social enterprise operating over 30 SE projects, and a training institute providing long-term consultation and supervision to mental health projects in the Mainland.

香港心理衛生會成立於1954年，是以推廣心理衛生為宗旨的非牟利社會服務機構。在機構願景【精神健康 全民共享】的引領下，致力實踐「為服務使用者提供優質康復服務」、「與團隊建構正向工作間」及「向公眾推廣精神健康」的使命。

本會自1967年提供直接服務運作，至今已發展全面的社區康復服務，包括住宿照顧、社區支援、日間訓練、職業康復、就業支援及特殊教育，持續以全人關顧模式，照顧精神復元人士、智障人士及殘疾人士的不同需要。

本會目前共有超過50個由政府資助的服務單位/項目，同時亦推行多個由不同基金支持的計劃，每年為數以萬計服務對象提供適切的服務。本會又以自負盈虧營辦為復元人士而設的輔助居所，自資成立非牟利的輔導及發展中心；同時亦管理一間為嚴重殘疾學生提供住宿照顧的特殊學校，一間營辦超過30個社企項目的社會企業，及一間為內地精神康復單位提供督導及培訓的訓練學院。

CREATE YOUR FUTURE

- 學士
- 副學士
- 高級文憑
- 基礎教育文憑
- 應用教育文憑

現正
接受報名

報名連結 Application Link



學士、副學位及文憑
Degrees, Sub-degrees & Dip



應用教育文憑
Diploma of Applied Education



UOW
COLLEGE
HONG KONG
香港伍倫貢學院

Part of
UNIVERSITY
OF WOLLONGONG
AUSTRALIA



www.uowchk.edu.hk
2707 3111
uowchk-main@uow.edu.au

