



***Patient Empowerment in
GBA – What can we do?***

***Professor Cecilia Chan &
Dr. Tak Lun Poon***

Outline

- Professor Cecilia Chan
- Patient empowerment concepts
- Implementation of patient empowerment in Hong Kong
- Dr. Tak Lun Poon
- Challenges and health care reform in GBA
- What can and needs to be done

What is Health ?

- In 1948, the WHO defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”
- In 1986, the WHO redefines health as "a **resource** for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities."

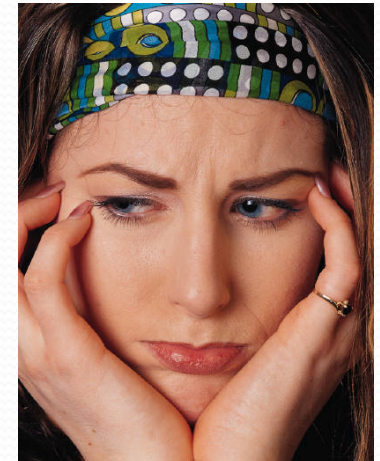
We can build the resource, build health, build well-being!

The Definition differs in each person



Living with illness/disability - Focus only on Losses

- Physical discomfort, pain & low energy
- Functional limitations and dependency
- Financial & practical demands & stresses
- Low self-esteem & anxiety towards the future
- Low self-efficacy/confidence
- Depression & Anxiety
- Introversion & isolation
- Neuroticism & irritability
- Worry about the future
- Fear of loss of dignity
- Helplessness & hopelessness



Patient Empowerment: Strength

- Person-Centered Approach: **PERSON** with ... NOT patient
- Respect for **autonomy**, dreams and hopes of person
- Self-determination & mutual partnership
- Decision Making & choice
- Information & knowledge for capacity building
- Trust & confidence on patients' abilities & potential
- Mutual partnership & equality among patients, family care-givers, professionals

Patient-Centered Care



Our Life is the

C

From: B -----> D

Our Life is the

C

Birth ----> Death

Choice



We have a **Choice**
on how to live every moment of our life



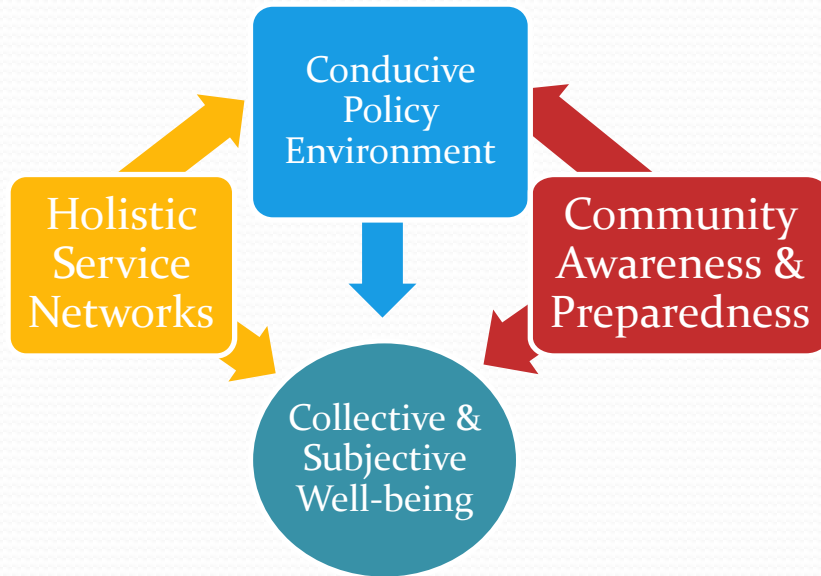


Compassion



Can choose to live in love and
Compassion

Patient Empowerment



Conductive Policy Environment

- Availability, Accessibility, Affordability, Accountability of inclusive policies/services
- Compassionate city, health equity & dignity

Holistic Service Networks

- Hospital-community collaboration in continuous care, internet remote support
- Proactive public-private, medical-social collaboration, community care network

Community Awareness & Preparedness

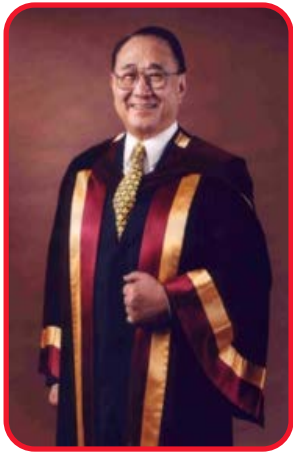
- Self-help & mutual-help among patients / family members / survivors' network
- Life-style management for all, diet & exercise
- Chronic disease & Disability Self-management
- Volunteer participation

◆ Compassionate city without discrimination, rights of patients being respected, services with 4As.

◆ Collective well-being of society with subjective well-being for individual's quality of life, in particular among individuals with chronic illness or disability.

Example: The Hong Kong Society for Rehabilitation in Empowerment

1959
Founded
by
Dr Harry
Fang



1962
The first
in-patient
medical
rehab
centre in
HK



1978
Rehabus



1986
WHO
Collaborating
Centre for
Rehabilitation



1994
Vocational
Rehabilitation
& Retraining
Centre

Community
Rehabilitation
Network



2001 & 2004

Cheng Tak Yim
Day
Rehabilitation
Care Centre

The Centre on
Health and
Wellness



2006

Hong Kong
Jockey Club
Shenzhen
Society for
Rehabilitation
Yee Hong
Heights



2010

Tsang Shiu
Tim Home
for the
Elderly

Lee Quo
Wei Day
Rehab Care
Centre



2012

The Centre
on Research
and
Advocacy



2021

District Health
Centre
Express in
Central and
Western
District,
Eastern
District and
Shatin



Yee Hong Height – Case of GBA in Health-Social Care, Standard Setting, Training



Empowerment Services

International & China Service



Social Enterprise (LiveSmart)



Accessible Transport & Travel Services

Targets we serve:

- Persons with disabilities
- Persons with chronic illnesses
- Persons facing health challenges
- Elderly
- Carer

Community & Day Care Service



Primary Healthcare

Residential Service



Empowerment Program for Self-help group leaders



Graduation of Patients Mutual Help Group Leaders



Hospital Patients Resource Centers & Community Patients Support Networks



Source: TC Hoffmann, **the Connection Between Evidence-Based Medicine and Shared Decision Making**
JAMA 2014, Vol.312, No.13

搜尋



[首頁](#) » [病人資源中心](#) » [東區尤德夫人那打素醫院](#) » [癌症病人資源中心](#)

癌症病人資源中心

Cancer Patient Resource Centre

中心簡介 Introduction

癌症病人資源中心成立於 1995 年，隸屬社區及病人資源中心，一直致力提供癌症資訊、復康資源、心理支援服務，並推動病人互助網絡和社區資源聯繫，讓病人在抗癌過程中，得到詳盡資訊和完善支援。經過 10 多年的服務擴展和鞏固，在 2008 年，我們再得到香港癌症基金會的捐助，籌建了全新一站式的癌症病人資源中心，中心位於東座一樓，服務發展更趨全面，並能體現完善照顧和全人治療的精神。

Cancer Patient Resource Centre was established in 1995 under Community & Patient Resource Centre. The centre is committed to provide information & resource, psychosocial care support and strengthen mutual help network, community networking in facilitating patient rehabilitation and adjustment through their cancer journey. With the donation of Hong Kong Cancer Fund in 2008, the centre was newly renovated and situated at 1/F of East Block. The new centre signified a new era of its development.



[關懷資訊廣播](#) [WhatsApp Information Broadcast](#)

抗疫錦囊
COVID-19 Health Tips

同心抗疫

2022/23
疫苗接種計劃
Vaccination Schemes

Patient Group Leaders Training on End-of-life discussion & preparation

Promotion of death acceptance, choice in end-of-life, advance care plan...



Advocacy : Rare disease screening and drugs



Source from : Singtao

Acceptance Commitment Therapy



心靈啟動之旅

接納與承諾治療成果展示及分享會

2023.3.24 (五) 3:00-5:30PM

線上 ZOOM

語言 廣東話為主

對象 社福界 / 醫護界同工、學生
病人互助組織委員 / 核心成員
有興趣了解「接納與承諾治療」應用之人士

主題分享 一 語言：英文
「接納與承諾治療」於長期病患及照顧者的成效：英國發展及醫社合作經驗

經驗交流 一
「接納與承諾治療」於華人長期病患者的應用

主題分享 二
「心靈啟動課程」成效分享

經驗交流 二
「接納與承諾治療」於本會實務應用分享

登記
掃描 QR CODE 自行報名
如有查詢，請以 WhatsApp 聯絡 6405 4169。



香港復康會
The Hong Kong Society
for Rehabilitation



心靈承接行動 Just ACT! Movement

【復康治療】心臟復康降低心肌梗塞復發及死亡率 「復康學堂」 年內推出助患者投入恆常治療

社會 17:19 2023/03/05

A+ A- 關注文章 儲存文章

分享:    

熱門 蔡天鳳 口罩令 廉政狙擊 超市大搜查 隱形戰隊 Hello Hong Kong 30+減肥 兒童疫苗 李啟言



▲ 香港復康會社區復康網絡聯同病友組織「關心您的心」辦「菲躍心臟復康學堂」。(左一)關心您的心主席梅卓能先生。(左二)復康會社區復康網絡社工梁昕希。(左三)心臟科專科黃志遠醫生。(右三)心臟科專科李耿淵醫生。(右二)ACS患者李先生。(右一)ACS患者孫先生。(陳靜儀攝)

Advocacy for health & mental health (SoCO)

港大生病發輟學流離失所



現年四十六歲的阿偉，雖是一名精神病患者，但亦懂得一口向算說判的高調。也許這樣，阿偉對入住中途宿舍十分抗拒，因為按宿舍規定，室友會推安排到疏濬工地工作。但阿偉認為，工場工作乏味，既簡單又沒挑戰性，最後只好離開宿舍，終日流離失所！

阿偉年輕時，會考獲 3A、2B、1C 等良好成績，但他在這時患上精神病。但阿偉卻成功衝破障礙，憑著預科後果順利考入香港大學，主修機械工程系，可惜阿偉在大三卻因病發，未能成功踏上青雲路，被迫中途停學。其後阿偉在病癒好轉後，曾當電腦維修員，婚後，一俾轉職為保險經紀圖增加收入，但卻是事與願違，收入不增反降，妻子亦因此離他而去，阿偉大受打擊，又再病發，自此阿偉多次進出青山醫院。

雖然阿偉曾兩度獲安排入住中途宿舍，但中途宿舍宿舍規定，例如晚上不准外出，以及每天要到疏濬工場工作，他說：「最初對到疏濬工場入影印、入信封及入茶包等沒有挑戰性工作，好似幫人打掃，收入又微薄，每月只得六、七百元，較香港第一級較高層級的工作。」阿偉堅持，自問自己對英語及普通話都有認識，故至難得比較簡單易學的工作，最後想回電腦維修工作，每日賺取八、九千元。

現時家給過逝的阿偉，在離開中途宿舍期間，曾外出租住板間房及籠屋，但居住環境十分惡劣，至最近得到社區組織協會協助下，阿偉獲體恤安置，獲房東調配到中轉屋居住。 本報記者



新報
2011-12-27

八成領綜援 逾半迫斗室

精神病康復者感無助



何嘉華(左二)社評社對精神病患者缺乏照顧，令他們成為被社會遺棄的一群。



增加就業機會，但政府對精神病患者就業支援不足，令一些擁有較佳技能的康復者，亦只得留在疏濬工場工作，最終不能融入社會自食其力。長期依賴綜援度日。

社區組織協會估計，全港大約有三千名精神病患者，居住在舊區籠屋或板間房等環境惡劣及嘈雜的居所，影響康復者的康復進展。七位受訪者沒有與家人同住，五成半的受訪者更承認家人關係惡劣，四成多則認為不能接受他們，導致康復者要搬遷；近六成受訪者表示，不喜歡居住在中途宿舍，主要原因是別有居處及康樂。

社區組織協會主任何嘉華批評，政府在過去十多年一直沒有落實照顧精神病患者，只有空叫口號，精神病人病發才被送進醫院，單靠食藥，任院治療病情，但藥物往往會影響病人的活動機體；她認為，醫管局要全面評估社區服務，否則康復人士亦只得流離失所。

社區組織協會在今年四月至六月期間，向六十七名精神病患者進行訪問及研究，發現過半數人住在板間房、床位或籠屋，只有小部分個案能租公屋，申請入住公屋。

近半家人不能接受

受訪者多屬長期的精神病患者，近百分之五十四的受訪者主要病症為精神分裂症，近五成受訪者只有小學程度，半數訪者居住在夜間宿、床位或籠屋。逾八成受訪者有綜援收入，不足兩成訪者有工作收入。

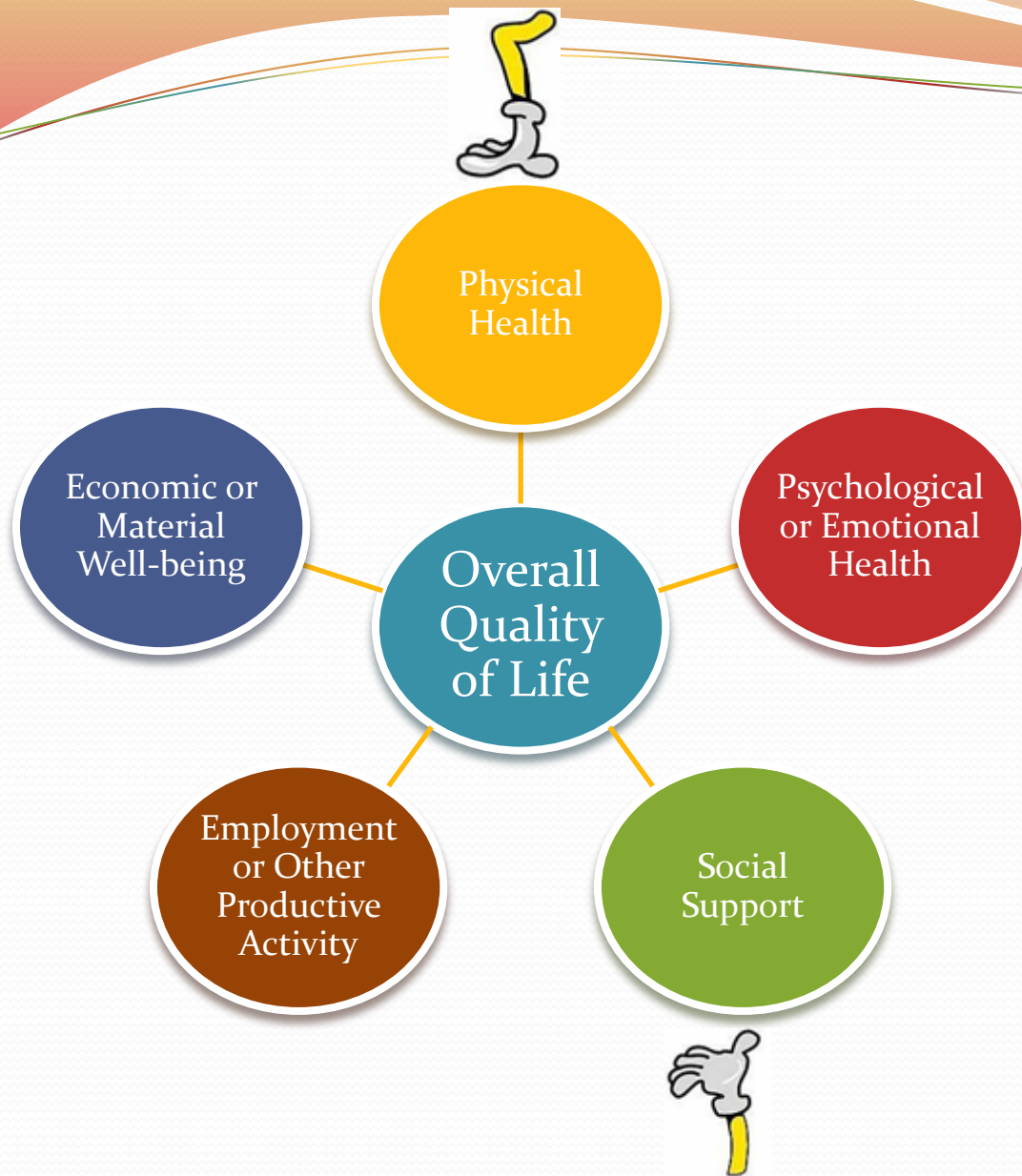
社論指出，全港約有三千名精神病患者，未有得到合適居所的安排，調查發現，超過

環境擠迫隨時病發

何嘉華質疑，二、三十伙人家迫在斗室生活，環境擠迫，居住環境惡劣，加上噪音及品流複雜，精神病患者隨時會病發。他相信，康復者要有獨立居所，透過工作認識更多朋友，重拾自信，融入社會，毋須依賴綜援生活。

他建議，政府應針對精神病康復者的住戶及就業安插，增加長期護理院及支援宿舍的名額，制訂精神健康政策，改善現時放在前區照顧的資源。根據醫管局數字，精神病患者人數有上升趨勢，其中在二零零零年至二零零一年度，有二萬一千四百名病發。 本報記者陳偉

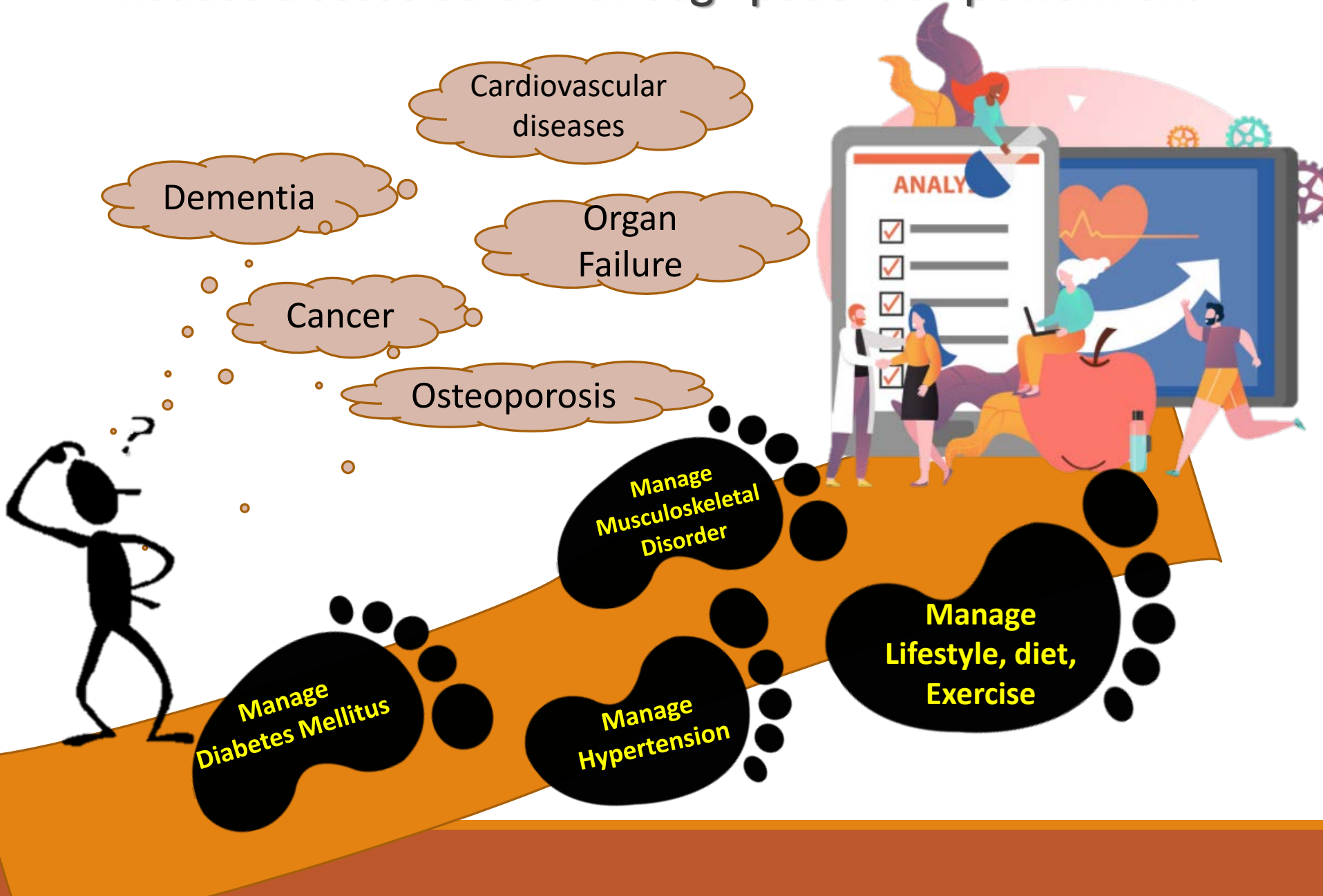




- Overall quality of life is associated with, or results from, satisfaction across a finite number of domains, or areas of life. Domains are of different importance.
- Counselors can assist clients in the adaptation process by (a) helping clients to experience increased control and (b) addressing dissatisfaction with important domains, or else (c) enlarging the awareness of the potential to find satisfaction in other, more peripheral, domains.

(Bishop 2005)

Reduce disease burden through patient empowerment



Empowerment through lifestyle management



e-learning Platform: e²Care



你好, 简体中文 | English | A A A 輸入查詢字串



舒適 安全 可靠



免費 言語治療評估月

中風/腦受損患者及其照顧者可來參加一個簡短評估, 了解自己的狀況, 並諮詢言語治療師的意見。



 13:48
21°C 2017/12/11 星期一
小心做好防騙措施。

香港復康會獲香港賽馬會慈善信託基金資助, 開展康程式計劃, 建立網上學習系統及應用程式, 讓關注健康人士容易接觸專業的健康管理知識。

康程推介



自健工具



健康管理工具 手機程式

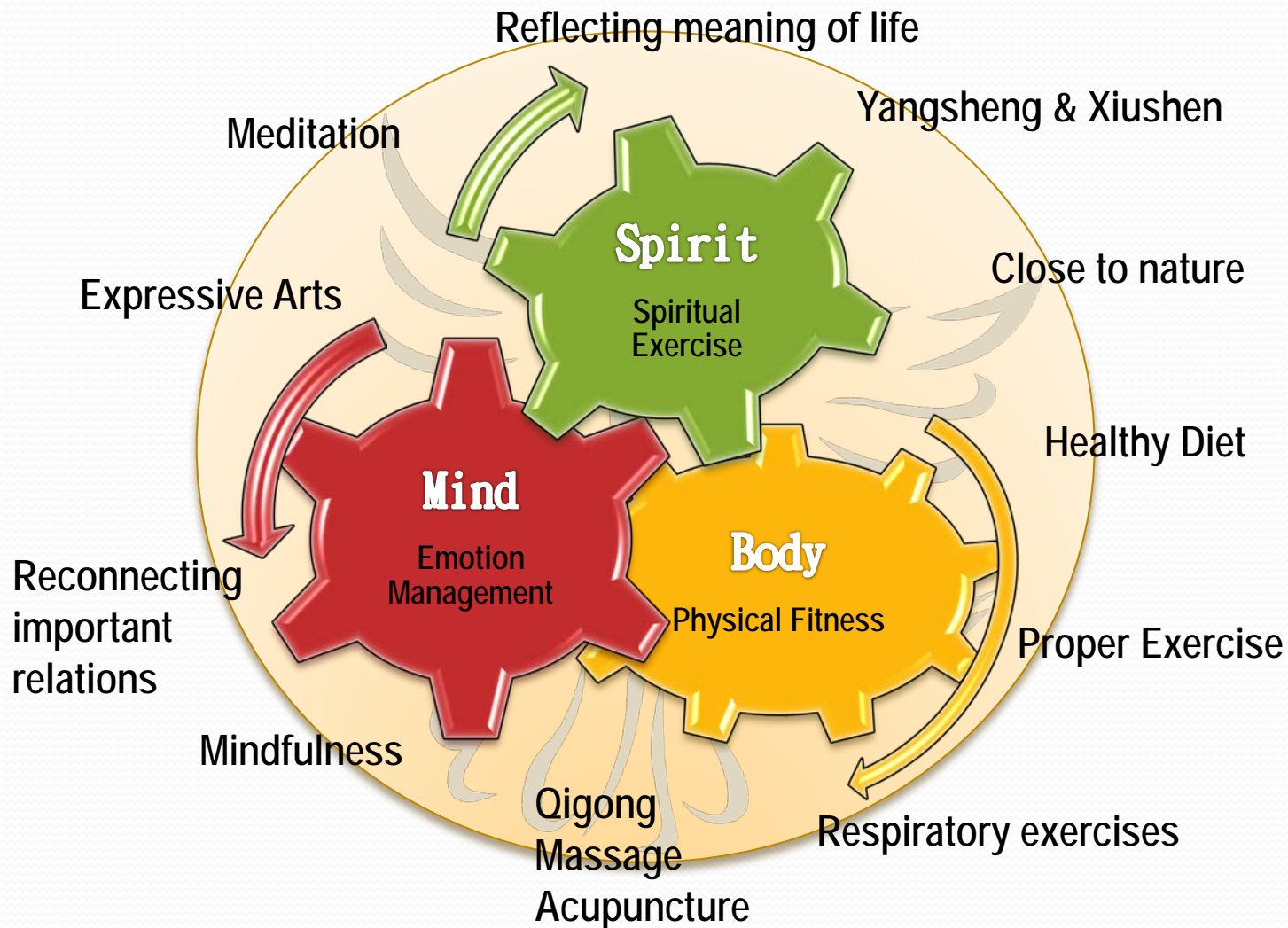


最新消息

免費言語治療評估月
全新節目《高手在民間》
香港復康會活動-無障行者2018

- Feb 10 冠心病復康工作坊
- Feb 7 自主控糖 · 活得自在
- Feb 6 心臟病自我管理課程(精華版)
- Feb 2 外出用膳你有得揀

The Multidimensional Interventions of “Integrative Body-Mind-Spirit Empowerment Model”



Integrating TCM & Chinese Practices



- Massage, tui-na
- Acupuncture
- Taiji, qigong
- Yoga



Expressive Art Therapies

- People can heal through use of imagination and the various forms of creative expression
- Catharsis
- Art, play, dance, creative writing, psycho-drama, songs



Meditation and Mindfulness



Tea
Ceremony



Meditation

Spiritual Exercises

- **Spirituality and disability**

- **Purpose**: find purpose and meaning in their lives
- **Awareness**: of self, the environment and the nature;
- **Connections**: to other people, the community, to the larger world;
- **Creativity**: it relates to problem solving and creating art. E.g., engaging in the creative process through writing, music or poetry offered opportunities to transcend the pain and suffering.
- **Acceptance**: accepting themselves as they are and moving forward in their lives



To Cure Sometimes · To Relieve Often · To Comfort Always.

To Empower: Dignity and Autonomy



Thank you for your attention.

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