



浸信會愛羣社會服務處

精神康復者家屬資源及服務中心

Resource & Service Centre for the Relatives of Ex-mentally Ill People

服務果效報告 Social Impact Report 2016-2019

家屬需要有身心靈的健康，才能有效地幫助自己及患病家人走上復元路。

Care thyself before caring others.

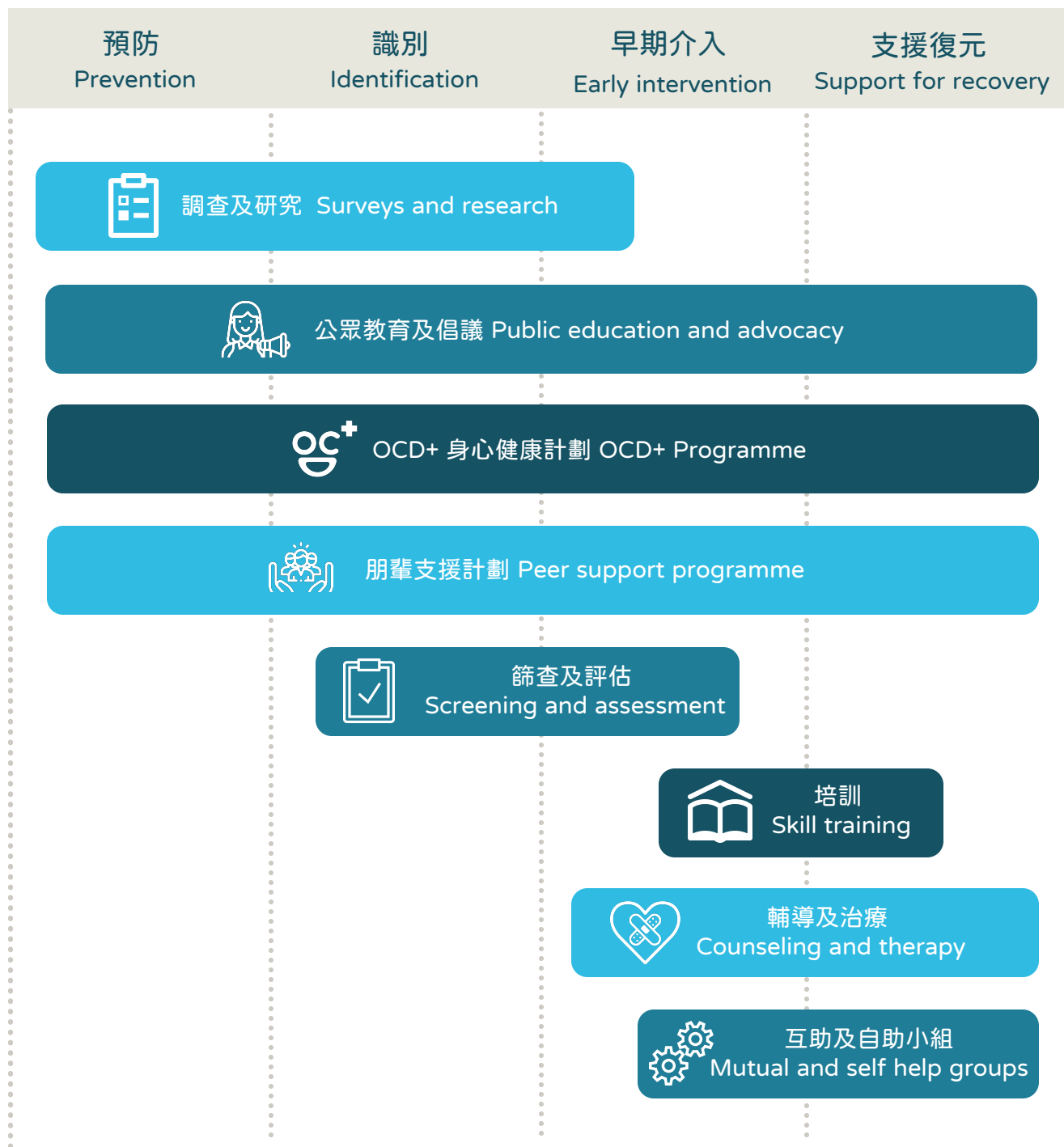


我們的服務 Our Services



家屬資源服務中心

Resource & Service Centre for the Relatives of Ex-mentally Ill People



我們的使命 Our mission



充權以帶來正面改變

Empower for
positive changes

- 提供及時、正確及優質的資訊及照顧建議，減少照顧者被邊緣化。
Provide timely, accurate and quality information and caretaking advice to reduce marginalization of carers.
- 提供有關服務與政策的資訊，鼓勵照顧者提出意見及爭取改變。
Provide information on services and policies, and emphasize that carers can provide opinions and strive for changes.
- 透過公眾教育及培訓，提升社會整體對照顧者的意識及尊重。
Promote public awareness and respect for carers through community education and training.



培養抗逆力

Cultivate
resilience

- 關顧及提升照顧者的身心健康。
Care and improve the physical and mental health of carers.
- 肯定照顧者付出及休閒喘息的需要，並致力促進他們的自主。
Recognize the work and respite needs of carers, and strive to promote their autonomy.
- 確保照顧者的安全並免因其角色而被騷擾。
Ensure carers are safe and free from harassment due to their role.
- 促進照顧者的社會參與，維持社交網絡聯繫。
Encourage carers to participate in society and maintain social networks.



肯定照顧者角色

Recognize the
role of carers

- 確保照顧者得到所需的知識及技巧。
Ensure carers have the knowledge and skills needed.
- 提升大眾對照顧者貢獻的認受性。
Enhance public recognition of carers' contribution.
- 與醫護合作以肯定照顧者在參與醫療過程中的價值。
Work with healthcare providers to recognize carers' value in the course of treatment.

我們的挑戰 Our challenges

01 精神科醫護資源不足 Insufficient mental health care resources

- 1 香港精神科醫護人手比例遠低於世界衛生組織標準
The proportion of healthcare practitioners to HK population is lower than the World Health Organization (WHO) standard

精神科醫生與人口比例 Psychiatrist to population ratio

世衛標準 WHO standard	1 : 10,000
澳洲 Australia	1 : 8000
美國 US	1 : 8000
英國 UK	1 : 12,000
香港 Hong Kong	1 : 20,000

精神科護士與病人比例 Registered Nurse (Psychiatric) to patients ratio

美國 US	1 : 21
英國 UK	1 : 29
香港 Hong Kong	1 : 55

資料來源：香港精神健康促進會 Source: Hong Kong Association for the Promotion of Mental Health

- 2 輪候公營精神科醫療服務時間偏長
Long waiting time for psychiatric treatments provided by public medical institutions

根據2019年醫院管理局數據，精神科輪候時間最長為116 星期(即超過2年)，中位數亦達到66星期。
According to the data from the Hospital Authority in 2019, the longest waiting time for psychiatric treatment services is 116 weeks (i.e. more than 2 years), with a median of 66 weeks.

我們的挑戰 Our challenges

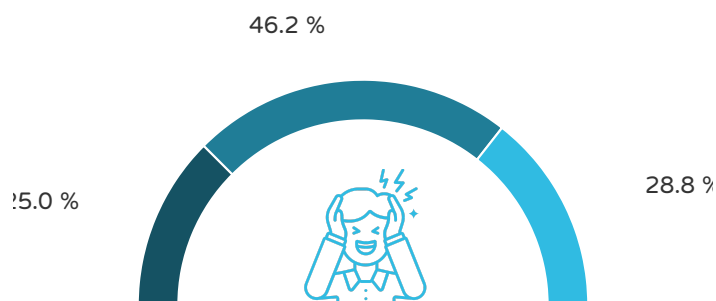
02

社會對解決家屬面對壓力支援不足

Insufficient recognition of, and support for, carers in our society

家屬面對嚴重精神壓力的情況，比一般市民高5倍。

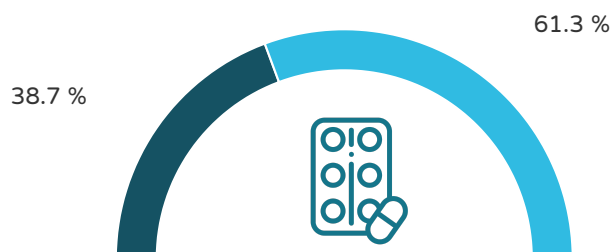
The severe mental stress carers face is five times higher than that of ordinary citizens.



- 出現嚴重徵狀 severe symptoms
- 出現心理壓力徵狀 symptoms of psychological stress
- 沒有徵狀 no symptoms

71%

受訪家屬出現心理壓力徵狀，當中25%出現嚴重徵狀
Carers interviewed have symptoms of psychological stress and 25% of them have severe symptoms



- 有長期病患 with chronic illnesses
- 沒有長期病患 without chronic illnesses

39%

受訪家屬有長期病患，當中一半年屆60或以上
Carers interviewed have chronic illnesses, half of them aged 60 or above



- 資訊不足 insufficient information
- 資訊充足 sufficient information

75%

受訪家屬認為「長遠康復服務」資訊不足
Carers interviewed consider information on long-term rehabilitation service insufficient

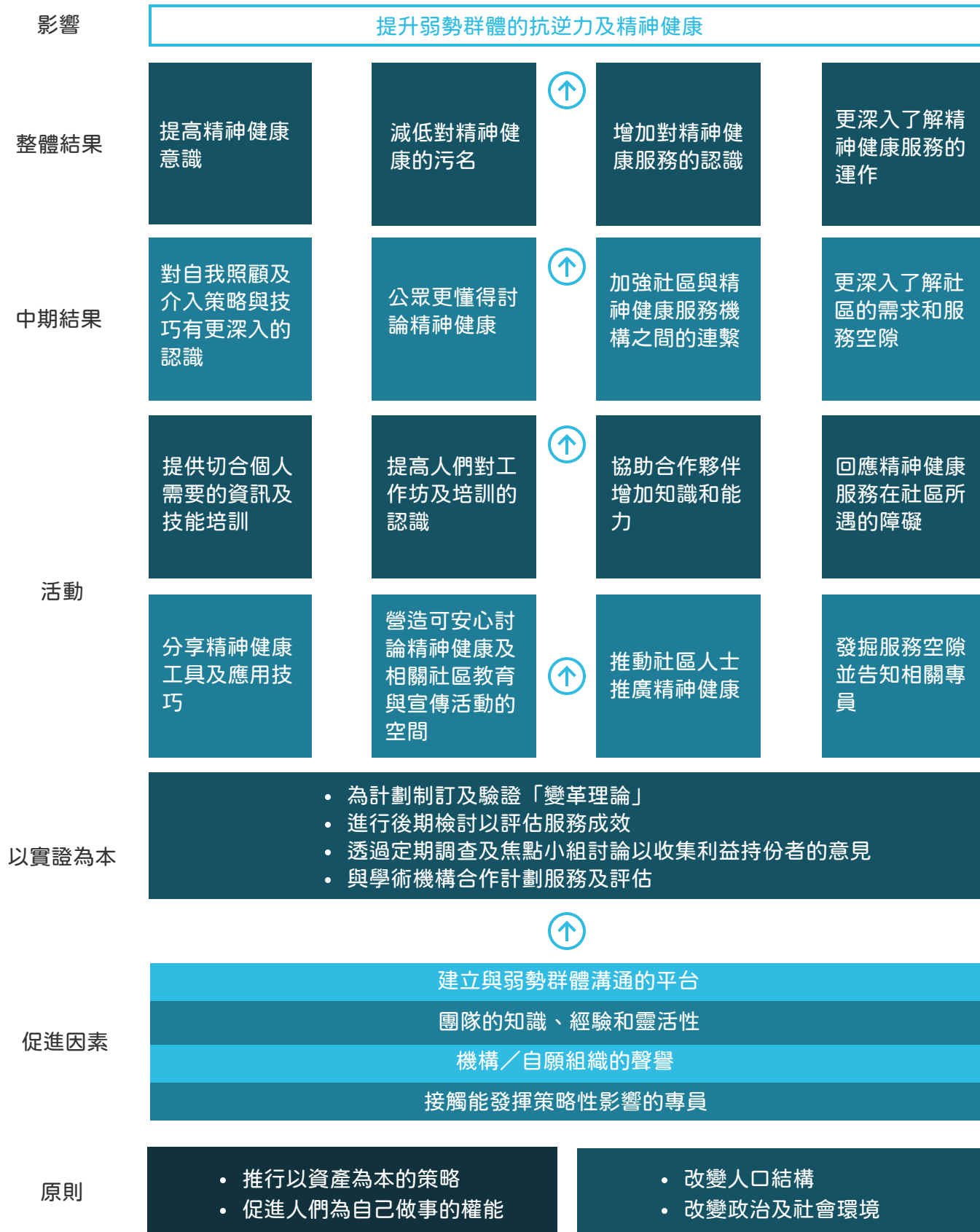


- 資訊不足 insufficient information
- 資訊充足 sufficient information

65%

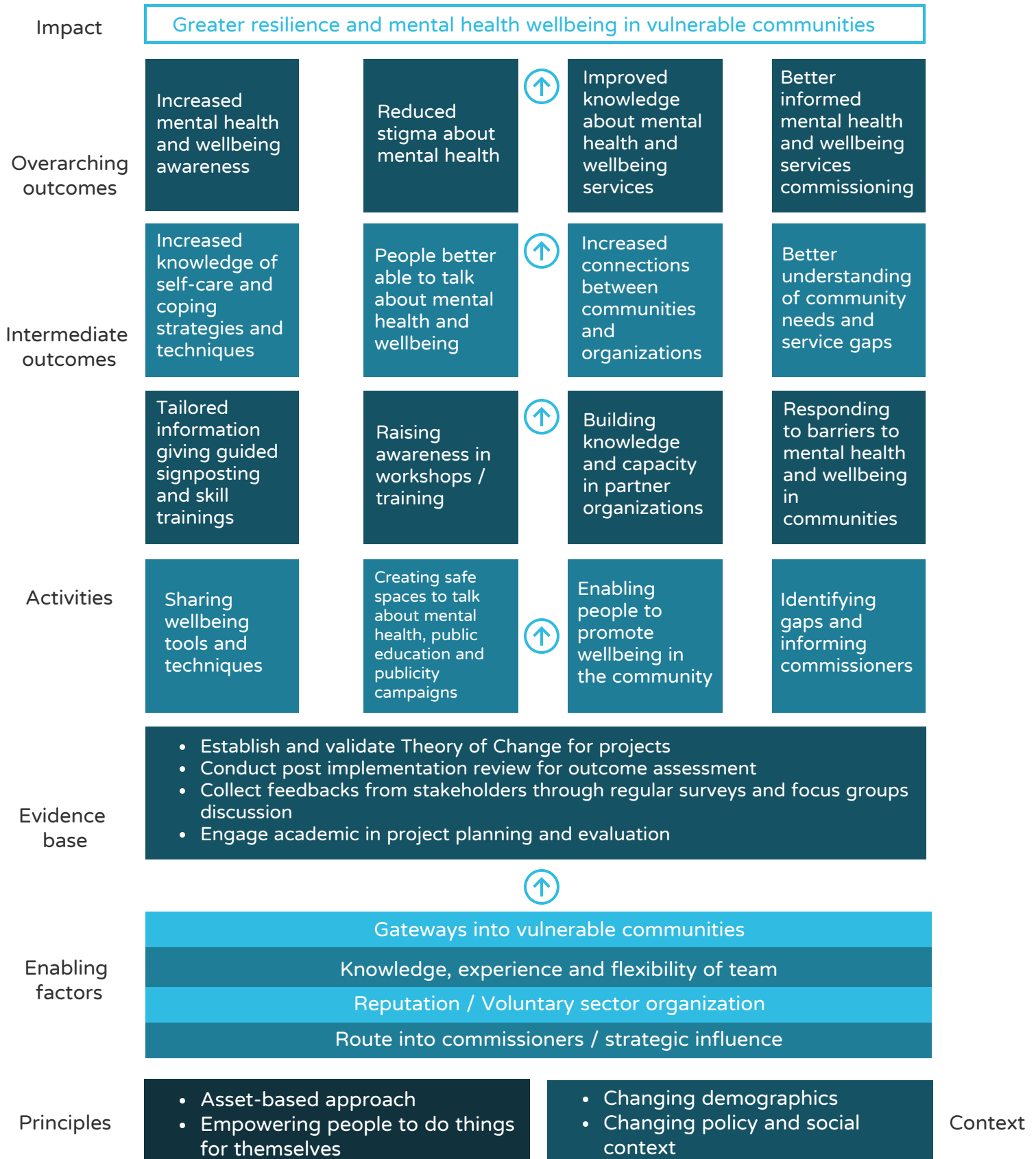
受訪家屬認為「暫宿服務」資訊及「危機處理」資訊不足
Carers interviewed consider information on temporary accommodation services and crisis management insufficient

我們的「改變理論」



背景

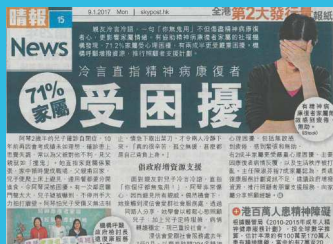
Our “Theory of Change”



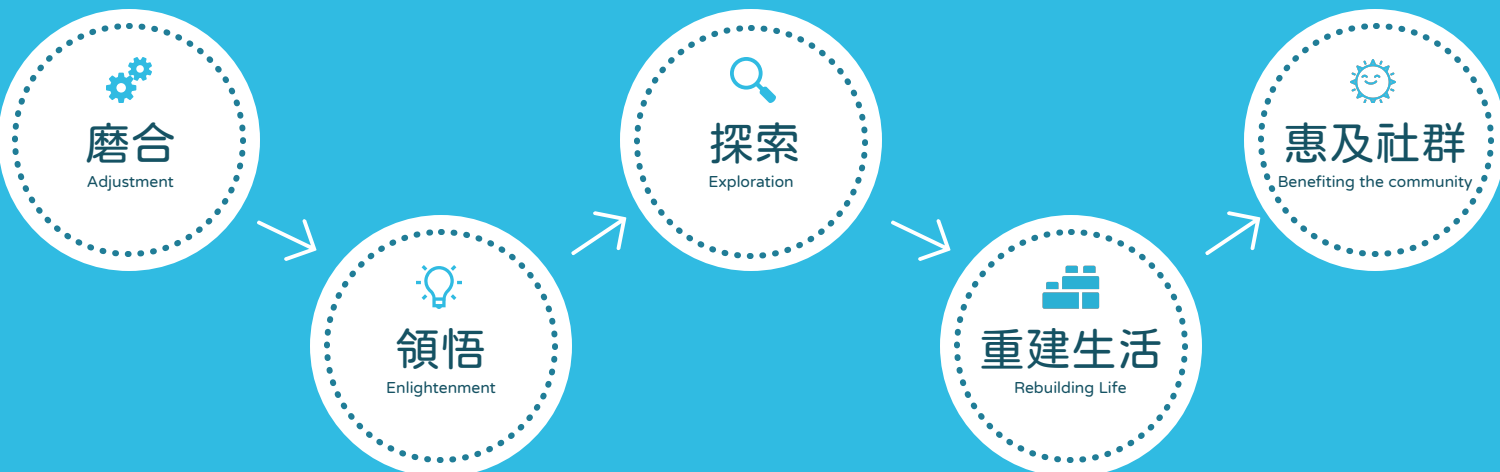
我們的影響：研究調查

Our impact: Research and study

- 配合家屬會議，定期舉行調查以了解家屬的精神健康和照顧壓力狀況及其服務需要。
- 2016年，294位家屬參與「精神康復者家屬照顧經驗與對應策略」調查。
- 2017年1月，中心及家屬共同舉辦調查發佈會，結果獲媒體廣泛報導。同期，27位家屬分享其照顧經驗，與工作員合作歸納出「照顧者復元五階」，中心亦以此作為計劃服務的參考。



- We organize conferences and conduct regular surveys to understand carers' mental health, stress conditions and service needs.
- 294 carers participated in the survey on Care-giving Experience and Coping Strategies of Carers of People in Recovery of Mental Illness ("people in recovery") in 2016.
- Our center and carers jointly held a press conference and the results were widely reported by local media in January 2017. Meanwhile, 27 carers shared their care-giving experience and worked with us to develop the Five Stages of Recovery for Carers, which are used as reference for service planning in our center.
- 258 carers participated in the survey on Care-giving Experience and Stress of Carers of People in Recovery in 2018.



照顧者復元五階 Five Stages of Recovery for Carers

我們的影響：OCD+ 身心健康計劃

Our impact: OCD+ Programme



獲滙豐150週年慈善計劃透過香港公益金資助，舉辦為期2年的計劃，為強迫症復元人士及家屬提供服務，包括個案、臨床心理學家轉介、實務課程、自助課程、工作坊、公眾教育活動等。

Sponsored by the HSBC 150th Anniversary Charity Programme through the Community Chest, this two-year program provided a wide range of services including case services, referrals to clinical psychology service, practical courses, self-help courses, workshops, public education activities and more, for people with obsessive-compulsive disorder (OCD) and their carers.

自2018年計劃開展，共服務了：Since commencing service in 2018, the programme served:



41

家庭個案
Family cases

15

復元人士參加互助組 (全港首個強迫症復元人士華語互助組) People in recovery attending the OCD support group (the first Chinese-speaking OCD support group in Hong Kong)



60

家屬參加互助組 Carers attending care support groups

89

復元人士／家屬治療工作坊
Workshops for people in recovery / carers



60

家屬參加互助組 Carers attending care support groups



朋輩同行訓練 Peer training

12

家屬 / carers

公眾展覽
Public exhibitions

朋輩分享活動

Participants of peer sharing activities

1492

次 / times



37

強迫症家屬參加實務課程
Carers attending OCD practical courses



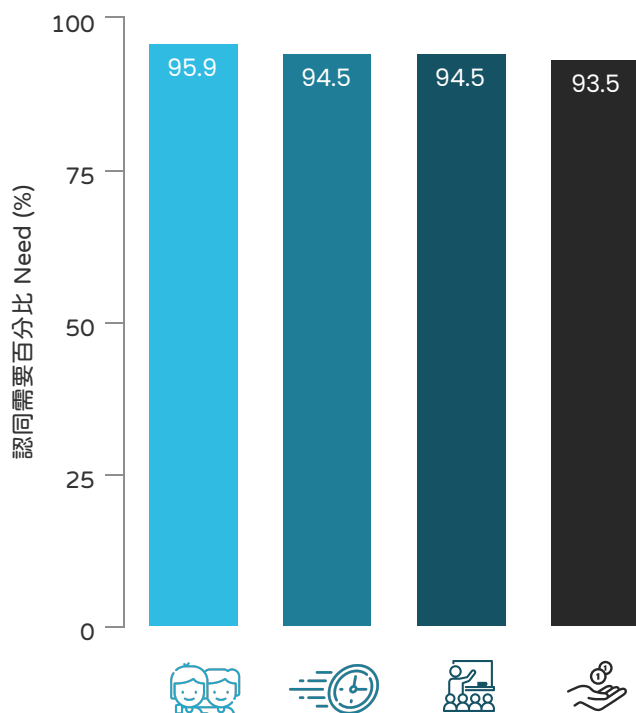
1106 人次 / participants

我們的影響：公眾教育

Our impact: Community education

01 家屬會議 Carer Conference

- 作為全港最大型的家屬為本活動，第六屆（2016）共有300位家屬出席，參與上午會議及下午研討會；第七屆（2019）更有超過400位家屬參與。As the largest carer-based event in Hong Kong, 300 carers attended the conference and related activities in 2016; more than 400 carers participated in 2019.
- 透過會議，家屬就政策及服務優次表達意見如下：
Carers expressed their opinions on policies and service priorities at the conference as below：



所得結果用於不同的倡議工作，向有關當局作書面或會面方式表達家屬的需要。The results obtained from the surveys are used in various written and oral advocacy works to express the needs of carers to the authorities.



促請社會福利署撥款支援培訓照顧者朋輩支援工作人員及朋輩支援服務（包括有償義工、關懷熱線、分享等）。Urge the Social Welfare Department to allocate funds for caregiver peer support service including peer support worker training, paid volunteers, hotlines, sharing, etc.



建議建立家屬支援資料庫、24小時緊急支援熱線及家屬緊急支援咭，供警察及醫護人員在家屬有意外或疾患時，識別其照顧者身份，聯絡相關服務以支援復元人士。建議加設24小時危機支援中心，為有需要照顧者作出有效的服務轉介。

Develop a set of support packages including carer database, 24-hour emergency hotline and emergency card so that the police and medical staff can identify and contact relevant services to support people in recovery when their carers are unavailable due to accidents or illness. Also, set up a 24-hour crisis support center to make efficient service referrals for carers in need.



為精神健康從業員進行培訓，協助他們了解照顧者的角色與需要；有需要的照顧者提供更適合的服務；加強家屬作為夥伴的角色。Provide training for mental health practitioners to help them understand the role and needs of carers. This may facilitate carers' better access to services and strengthen their role as a partner.



恆常化照顧者津貼（目前以關愛基金試行）；由邀請申請改為開放予所有照顧者申請，同時撤銷入息審查及其他津貼限制。另將目前試驗計劃中的培訓津貼修訂為喘息津貼，供照顧者參與減壓活動或其他喘息服務。Regularise the provision of carer allowance (currently piloted by the Community Care Fund) and open the application to all carers which is not limited by invitation, means test or any other restriction. Revise the current training allowance in the pilot program into respite allowance for carers to participate in stress relief activities or other respite care service.

我們的影響：公眾教育- 能力建立

Our impact: Community education - Capacity Building

02 CARE 學院 CARE College



為提升家屬辨識度及認受性，我們於2019年成立了CARE學院，給家屬及服務提供者提供培訓。

In 2019, Care College ("the College") was established and strives to increase the public acceptance of identifiable carers through providing training for carers and mental health practitioners.



學院與本處長者服務合作。
The College collaborates with our Elderly Service



家屬以分享講者的身份參與了2017 Asia Mental Health Conference，分享家屬復元五階。

Carers participated in the 2017 Asia Mental Health Conference as sharing speakers and introduced the Five Stages of Recovery for Carers.



於第六屆家屬會議中，首次設立業界交流研討會，協助專業人士提高對家屬需要的認識，當天共有33位業界同工參與。

At the 6th Carer Conference, the first industry seminar was held to help mental health professionals enhance awareness of carers' needs. A total of 33 practitioners attended.

03 其他公眾教育 Other public education

識別角色
Role
identification

適切支援
Targeted
support

合作伙伴
Community
partnership

學院根據六大核心原則，設計課程及工作坊。
The College designs courses and workshops based on six core principles.

私人空間
Personal space

參與服務
Service
participation

不受歧視
No
discrimination

我們的影響：照顧者朋輩支援服務

Our impact: Caregiver Peer Support Service



綜合三屆 (分別為2016年、2017年及2019年)，共42位家屬完成30小時訓練及實習，正式成為照顧者朋輩大使並投入服務。Through the three programmes (2016, 2017 and 2019), 42 carers underwent 30 hours of training and internship, and formally became caregiver peer ambassadors and were placed into service.

大使的背景涵蓋不同年齡、學歷、階層及身份角色，能夠面向不同的群體，協助推行家屬服務及公眾教育。The background of ambassadors covers various ages, education levels, classes and roles, which allows them to reach different targets and assist in the implementation of carer services and public education.

3年間，舉辦及參與了：During 2016-19, the ambassadors served:



專業人士分享會
Sharing for professionals

14

場 / sessions



家屬分享會
Carer sharing

204

場次 / sessions



個別關懷家屬
Individual caring

166

人次 / sessions



傳媒訪問
Media Interview

19

次 / times



公眾分享會
Public sharing

58

場 / sessions

照顧者朋輩大使
心聲
CPA's voice

Apple

有次在復元小組作個人經歷分享後，有位家屬私下來與我分享他們的故事，那刻我明白到，他們需要的並非甚麼道理或理論，而是一份被人明白及理解的感覺，亦使我察覺到自己漸漸由服務使用者的身份轉為助人者的角色，在家屬最痛苦和無助的時候，可以陪伴他們走下去。

After sharing my personal experience in the rehabilitation group, a caregiver came to me and shared their story. At that moment, I realized that what they need is not an advice nor a theory, but a sense of being understood. I became aware of my role changing from a service user to a helper. I wish I could keep company of other caregivers when they are in times of pain and helplessness.



在參加朋輩培訓時，過往許多與人相處所引起的情緒和反應會浮現在腦海中，因為觸碰了個人最核心的價值和意識形態，讓我頓然明白到先助己後助人的重要性。每人都需要被照顧、被明白，先安頓好自身，然後才有能力理解和幫助他人。

When I was in peer training, many emotions and reactions involved in getting along with others in the past would come to mind. This is because it touched the core values and ideologies of the individual, which made me understand the importance of helping myself first and then helping others. Everyone needs to be taken care of and understood first so that they will be capable of helping others.

我感恩有機會與其他家屬分享自己與復元人士相處的成功及失敗經驗，希望彼此提醒、鼓勵及支持。預備的過程亦令我很大的得著，一方面是反思與女兒患病過程及與她相處的點滴，另一意外收穫是社工提醒我，自己患有鬱躁症的丈夫原本是個很溫暖的人，自此我逐漸改變與丈夫的相處模式，近來我一家的溝通及相處也漸漸有所改善。

I am grateful for the opportunity to share with other family members my experience of success and failure with recovering people. I enjoy reminding, encouraging and supporting each other. The preparation process has also benefited me a lot. On one hand, I reflected on my daughter's illness and the times of getting along with her. On the other hand, a social worker reminded me that my husband, who suffers from bipolar disorder, was originally very warm. Since then, I have gradually changed the way of getting along with my husband. Recently, the communication among my family has gradually improved.



很欣賞朋輩大使勇敢地分享個人經歷，讓我感到自己並不孤單，有相同問題的不只自己，感覺到有同路人。從他們的分享，給我有更大的反省及思考空間，從而去了解多一點患病的家人。

I really appreciate the courageous sharing of personal experiences by peer ambassadors. It makes me feel that I am not alone. It is not only me who has these problems, but that I have fellows. Their sharing inspired me to reflect on myself, so as to understand more my sick family members.

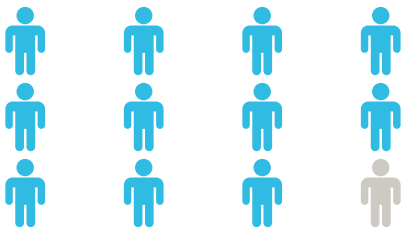
照顧者心聲 Caregivers' voice

很多謝朋輩大使把經驗分享給我們，令我學會要給患病的家人空間，同時也要給自己一點自由。

I thank the peer ambassadors for sharing their experience with us, so that I could learn to give my sick family space, but also to give myself a little freedom.

我們的影響：倡議

Our impact: Advocacy



由家屬籌組的「家屬關注精神健康聯席」定期就相關議題進行會議，期內聯席成員有11人，出席率為70%。

Alliance for Carers Concerning Mental Health, organized by carers, held regular meetings to discuss various issues. During 2016-19, there were 11 members and the attendance rate was 70%.



同工及家屬共29人次參與了6場立法會公聽會、18場政府諮詢會及與立法會議員會面，表達家屬的需要。

On together 29 occasions our staff and carers participated in 6 public hearings of the Legislative Council, 18 government consultation meetings, and meetings with Legislative Councilors; to express our needs.



1位資深家屬獲邀參與2017年底康復諮詢委員會新開展的《香港復康計劃方案》，檢討轄下之精神健康工作小組，代表家屬發聲。

At the end of 2017, we had an experienced carer who was invited to participate in the Hong Kong Rehabilitation Plan Program newly launched by the Rehabilitation Advisory Committee to review its mental health working group and speak on behalf of carers.



最終，政府於2018年為復元人士子女（小家屬）服務投放資源，並將服務推展至全港18區；另就特殊需要信託加入「精神紊亂人士」為適用對象。

In 2018, the government finally allocated resources for services for children/youth with parents who are emotionally/mentally distressed, which enables our service to extend to all 18 districts in Hong Kong. In addition, the Special Needs Trusts included "people with mental disorders" as applicable objects.

我們的影響：家屬需要評估

Our impact: Assessment

透過「需要、危機、優勢」框架進行評估，分流到不同的服務。

Assessment was made based on the framework "Need, Crisis, Strength" and then referred to different services.



以家庭為本，評估過程中帶入家庭階段變化的影響，從而更確切地了解復元家庭的需要。

Impact of changes in family life cycle was introduced to the process of family-based assessment so as to better understand the needs of the family of people in recovery.

我們的影響：心理教育及培訓

Our impact: Psychological education and training



5200

人次 / participants

舉行超過 120 個小組（4 – 8節）及工作坊，超過5200人次參與。當中包括：

More than 5200 participants of 120 groups (4 – 8 sessions) and workshops including:

- 針對性實務課程（按病類劃分：強迫症、抑鬱症、躁鬱症、思覺失調）

Practical courses (by type of illness including obsessive-compulsive disorder, depression, bipolar disorder and psychosis).

- 主題工作坊及講座

Themed workshops and talks

在家人確診後的幾個月，我們走過傷心、無力感到關係惡化的路，所幸適時參加了這個課程令我們獲得很多領悟，也學到如何面對病人。這個課程十分受用，建議應該列入醫生處方，開給照顧者「服用」。

A few months after the diagnosis of my family member, we have gone through sadness and powerlessness and that ruined our relationship. Fortunately, participating in this course at the right time gave us a lot of insights and let us learn how to deal with patients. This course is very useful. It should be included in a doctor's prescription for caregivers to "take".

家屬心聲
Caregiver's
Voice

我們的影響：輔導及治療小組

Our impact: Counselling and Therapeutic Groups

個案跟進協助家屬適應照顧者身份及處理個人情緒，受惠家庭 308個。

Delivered case management service to 308 beneficiary families to help carers adjust to their role and manage their own emotions.

培訓工作員應用家庭系統綜合介入模式（I-FAST）作為家庭介入工具，受惠家庭 45個。

Trained social workers to apply the Integrated Family Intervention Model (I-FAST) as a family intervention tool and which benefit 45 families.

個案回顧 Case study

個案面談以I-FAST框架改變個案家庭互動，協助案主患強迫症的兒子獨立。因著丈夫的支援，案主漸漸明白男孩子的成長需要，開始願意對兒子放手。丈夫加入面談後，兒子感受到重視，而案主亦嘗試減少介入父子相處，父子互動多了，願意親近父親。在父母的鼓勵和陪伴下，兒子願意獨立實踐一些小任務，有助增強其自信。兩年的介入，兒子有進有退，案主願意陪伴他在起伏中成長，又經常給予鼓勵，以減少兒子對她的依賴。

I-FAST framework was used during the casework in order to change the case's family interaction and assist the case's son suffering from OCD to become more independent.

With the support of the husband, the case gradually understood her boy's growth needs

and was willing to let go. When the husband joined the interview, his son felt valued and was willing to get close to his father; meanwhile the client tried to reduce intervention which facilitated the interaction between father and son. With the encouragement and company of the parents, the son was willing to practice some small tasks independently, which helped to strengthen his self-confidence. During the two years of intervention, the son has made some improvements amid a few retrogressions. The case was willing to accompany him to grow in the ups and downs, and often encouraged her son to reduce his dependence on her.



120

人次 / participants

發展認知治療（CT）及接納及承諾治療小組（ACT），期內舉辦12個小組，服務102人次。

Organized 12 Cognitive Therapy (CT) and Acceptance and Commitment Therapy (ACT) groups and served 102 participants.



定期與藝術治療師合作，透過多元藝術模式，協助家屬處理因照顧及生活轉變帶來的情緒壓力。

Cooperated with art therapists regularly to provide diversified art therapy to help carers deal with emotional stress caused by caregiving and associated changes in daily life.



80%

滿意度 / satisfaction

平均8成參加者表示小組有助他們紓緩照顧壓力。

An overall 80% of participants agreed that the groups helped them relieve caregiver stress.

我們的影響：家屬自助及互助

Our impact: Self and Mutual Help



1200

人次 / participants

按地區、病類、照顧角色及主題，舉辦不同的互助小組，並透過照顧者朋輩支援服務加強家屬間的互助網絡。

Organized various mutual help groups according to different district, type of illness, caregiving role and theme; and strengthened the mutual help network among carers through the caregiver peer support service.

提供目前本港唯一按照照顧者角色分類的支援小組，陸續發展不同角色的小組，如丈夫組、子女組等，以補社會服務之不足。

Provided exclusive local support groups classified by caregiving role. In order to make up for the lack of relevant social services, more targeted groups such as a husband group, children group, etc., will be organized.

目前中心提供12個恆常互助小組，按年服務超過1200人次。

Our Center currently runs 12 regular mutual help groups, serving more than 1200 participants annually.

鳴謝

照顧者朋輩大使

OCD 家屬核心組

家屬關注精神健康聯席

香港精神健康家屬協會

贊助基金/團體：

- 余兆麒殘疾人士基金
- 滙豐150週年慈善計劃透過香港公益金
- 以勒基金

家屬資源及服務中心顧問 何國強先生

OCD+ 身心健康計劃顧問委員會：

- 李天豪醫生 (精神科專科醫生)
- 謝樹基教授 (香港大學社會科學學院副院長(本科教育))
- 李明琳女士 (臨床心理學家)
- 家屬代表

與及，所有不辭勞苦的照顧者們！

