Occupational Therapy Service in Hong Kong

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Presentation Content

- *Background
- *Major changes in the past 65 years
- *Driving Force for the changes
- *Future development

Background

- * Started in 1950
- * Introduce from the "West"
- * Service focus on:
 - * Mental Health Service
 - * Service for Severely Disabled
 - * Patients required lengthy hospitalization
- * Diversional Therapy



Background		
Year	Major Milestone	
1959	World Federation OT join WHO	
1977	White Paper on Integrating the Disabled into the Community	
1978	First Occupational Therapy Training Programme by the Hong Kong Polytechnic University	
1979	Establishment of the Hong Kong Occupational Therapy Association	
1981	First batch of local OT graduates	
1990	OT Registration	
1992	Establishment of the Hospital Authority	
1996	Launching of Master OT programme	
1997	First International OT Conference in Hong Kong	
2002	Establishment of the Hong Kong Institute of Occupational Therapy	
2007	Asian Pacific OT Conference in Hong Kong	
2008	the Health Care Reform Policy	
2009	the implementation of Community Mental Health Programme	

Current situation

OT service are well developed and available in:

- *all public hospitals and clinics
- *Department of Health and Social Welfare Department
- *NGOs for physical rehabilitation, mental health service and children service
- *Housing Society
- *Elderly centers or homes
- *Special schools
- *Private clinics, Insurance company

- * 1981- First local graduates
 - * Improving service provision in Government and NGO
 - * Better understanding of local needs
 - * Fresh, energetic and pioneer work







Major changes

- * 1990- Registration
 - * Recognition by the society
 - * Only qualified person can practice OT
 - * Had to follow Code of Practice and subject to disciplinary action in case of malpractice

- * 1992- the Establishment of Hospital Authority
 - *Organized under a coordinating committee
 - *A platform for setting standard, continuous quality improvement











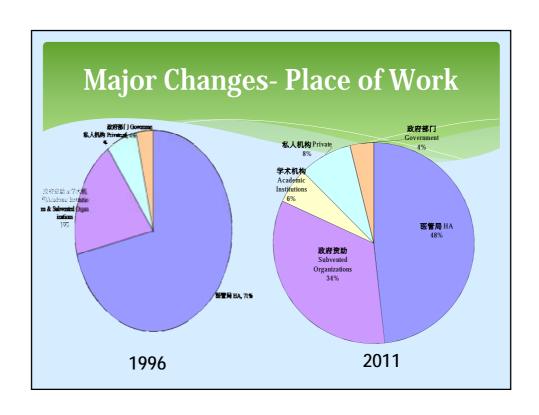
Major changes

- * 2008- the introduction of Advanced Practitioner and Consultant OT with enhanced role
 - * First Contact service for Common mental disorder
 - * OT service in General Out Patient- Disease prevention
 - * OT in Integrated Care Model for the high risk elderly in the community

- * 2009- Community Mental Health Service
 - * More than 100 OTs recruited as Case Manager for patients with Severe Mental Illness (SMI) and Community Mental Health Centers in the community

- * 2012- Master Entry OT Programme
 - * A new source of manpower supply- more mature and have clear career vision
 - * To fill up vacant posts in NGOs

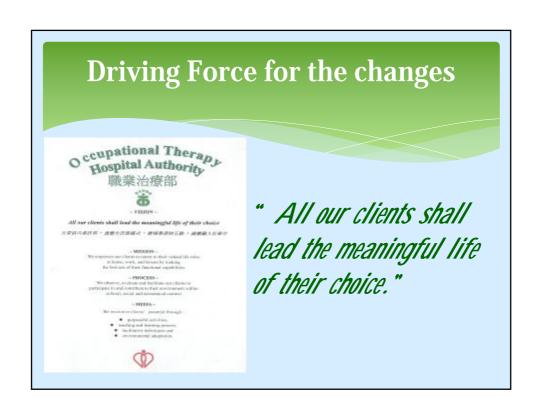


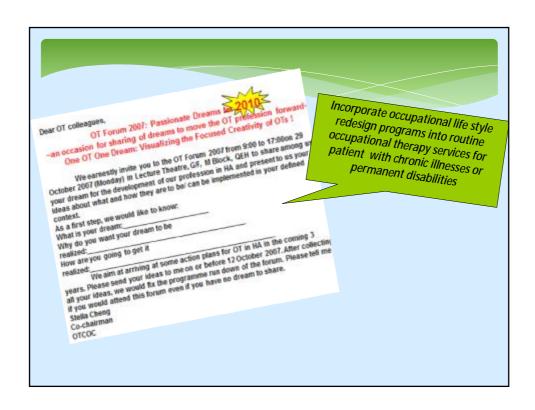


Major Changes- Practice		
Old Practice	New Practice	
Discrete physical & mental health practice	Combination of both physical and psychosocial practice	
Skill and technique based	Knowledge and evidence based	
Treatment and rehabilitation	Including disease prevention	
High quantity to cope with the demand	High touch and personalized	
Focus on OT service	Providing case management	

Shared Vision for the development of OT in HK

- Coordinating Committee in Occupational Therapy Service in the Hospital Authority- Creating new service model, share service standard, try new technology
- * Hong Kong Occupational Therapy Association-Training and Development, Public Education, Connecting OT between HA & NGOs
- * Hong Kong Institute of Occupational Therapydevelopment of OT service in Mainland China





Learning & Development

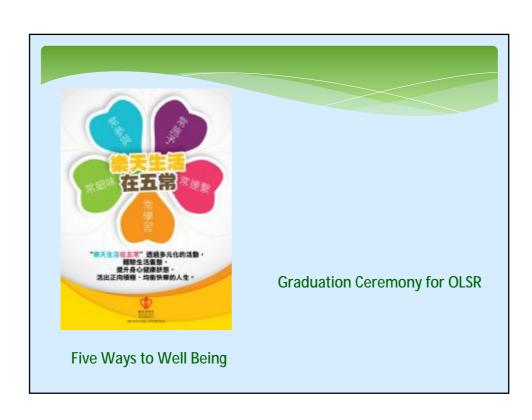
- *OTs keep on learning and developing new services
- *OTs gain qualifications as **trainers** in some trade marked programme so as to **lead** the development in these areas in Hong Kong

Learning & Development

Life and Wellness Coachingà

Occupational Lifestyle Re-design (OLSR)

- *Miracle changes in the most "difficult to treat" clients
- *Miracle changes in the therapists who witness the therapeutic use of SELF(OT)and the powerful impact of OCCUPATION



Learning & Development

The Neuro-IFRAH® for Stroke Rehabilitation

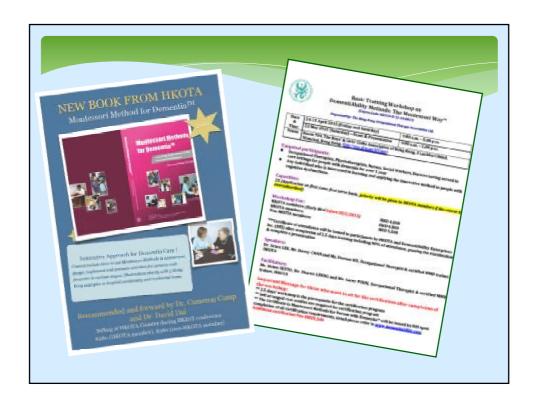
- *High Touch, High Skill
- *Neuro-Integrative Functional Rehabilitation and Habilitation
- *Holistic approach

Driving Force for the changes

Learning & Development

The DementiAbility Methods: the Montessori Way^{TM}

- *Aging population
- *Reach the person in depth
- *Linking with Therapeutic Activity
- *Quality of Life concept to elderly facilities



Connecting: Public

- *World OT Day Event since 2011- close contact with the public
- *Radio Programme
- *Articles in magazines & newspaper
- *Press Conference
- *Patient Groups- best advocates for OT
- *Promote mutual understanding







Connecting: Policy Maker

- *Meeting with politician on issues such as dementia care, students with special education needs
- *Opinion in consultation exercise
- *Representatives to health care service planning, barrier free access

Connecting: Health Care Team, teachers, social workers, insurer......

- *Collaborative effort
- *Share of Knowledge and skills
- *Team player



Sharing among OTs

- *Vision, Knowledge and Skills
- *Work and responsibility
- *Time & Priority
- *Success and failure

Future Development

Evidence Based Practice

- *More research
- *More documented case study
- *More outcome study

Future Development

Private Market

- *An expending area but still under-developed
- *OT service in private hospital
- *OT service to be covered by the insurance plan

Future Development

OT in the school system

- *Support students with Special Education Needs
- *Support students at risk

Future Development

OT Specialization

- *Facilitate special service development by gathering OTs with common professional aspiration
- *Enhance communication with the stakeholders in the area
- *Children Hospital in Hong Kong in 2018

Thank You