

# 公務出國或赴大陸地區報告提要

出國或赴大陸地區報告名稱：參加 2015 國際自殺防治學會的國際研討會 含附件： <input checked="" type="checkbox"/> 是 <input type="checkbox"/> 否	
出國計畫主辦機關：臺北市立聯合醫院 聯絡人：吳殷廷 電話：(02)2555-3000 #2274	
出國人員姓名/服務機關/單位/職稱/電話 葉馨琇/臺北市立聯合醫院/松德院區/職能治療師/27263141#1006	
出國類別： <input checked="" type="checkbox"/> 1出席國際會議 <input type="checkbox"/> 2表演 <input type="checkbox"/> 3比賽 <input type="checkbox"/> 4競技 <input type="checkbox"/> 5洽展 <input type="checkbox"/> 6海外檢測 <input type="checkbox"/> 其他	
出國期間：2015/6/13-2015/6/20 報告日期：2015/8/12	出國地區： 加拿大蒙特婁
內容摘要： 一、 出國目的： 自殺防治一直是精神科專業學習的重點方向之一，其成因複雜，不僅是與精神疾病相關，也涉及個人、家庭、社會環境等議題。因此，期待透過參與這樣國際級的研討會，除了瞭解世界各國在自殺防治上的最新研究取向、學習其有效的治療手法，也希望能藉由自己在正向心理學相關理論上的研究結果可以如何應用在壓力因應、降低自殺風險上，與其他與會者做雙向交流。 二、 過程： 大會自早上9點到下午6點，每天皆以一場大會演講、邀請在自殺防治領域中具影響力者2位作演講，來揭開當日研討會的序幕。帶給我最大衝擊與省思的是第1天、第1位講者Kevin Hines，主要講述自身身為躁鬱症個案、多次自殺經驗後的復原歷程。其他讓人印象深刻的主题分別有：「如何藉由網際網路預防自殺」、「透過1750部電影分析不同時空下的自殺議題」、「日薄西山者的自殺悖論」、「失業與自殺-生態學研究異於個體研究中對自殺的觀點」等。由於每天在大會演講後，同時段會有多場特定主題工作坊，因此，本次主要選擇參與的主题有：「自殺與老年族群」、「自殺與年長者」、「老年人的自殺預防：新發現與創新計畫」、「透過生命經驗領導特質達到自殺防治」、「質性自殺研究」、「使用短期認知行為治療於自殺防治」、「當代自殺遺族者的喪親研究」、「對媒體的建議：回顧各國媒體對自殺的報導及影響」等。 三、 心得及建議： 從Kevin Hines的自身經驗中，告訴與會醫療人員及學者們，在他落入極度無望的狀態中，當下其實最渴望的是：周遭人或醫療人員「打從心裡」的關懷、陪伴（非特定專業技術）；而後，才是透過組織、精練其復原歷程的不斷講述，開始經驗到碰觸、連結他人的過往與內心，得到更多激勵人心的回饋，而進入不斷向上提升的生命狀態，自此遠離他連續自殺的低潮。在「透過生命經驗領導特質得到自殺防治」的主题演講中，則請到兩位自殺存活者分享：自己統整自殺主题相關研究後的觀點，以及如何帶領其他自殺存活者重新回到日常生活的手法；以及一位澳洲自殺者家屬團體的領導者對於自殺現象該如何預防提出以「家」為中心的觀點。對照臺灣在精神疾病去污名化的努力，僅停留在「正名」或展示其在庇護、支持狀態下的工作表現，或許可以進一步思考：如何從「內在去污名化」著手，讓自殺存活者瞭解其生命意義所在，以及透過其生命故事的述說，扭轉「精神疾病」及「自殺行為」在社會大眾中的既定觀感，也使個體因認同其生命意義，而開始走往正向循環。未來可再細思：如何發展臺灣在地化的自殺存活者賦權模式？或許，透過敘事治療中生命故事的意義改寫，促進「內在污名化」的轉化，搭配使用相關的質性研究法，讓個體的生命與自殺經驗得以用學術研究方式加以呈現與彙整，再度見證、豐厚個體的生命經驗，將是下一步臺灣精神醫療中可行的治療及研究方向。 另一個讓人印象深刻的是本次大會中針對「媒體」探討，就如同「兩面刃」，媒體雖可能造成社會大眾對自殺手法的仿效（如：導車廢氣自殺之手法）；但可以成為自殺防治的「守門員」或「求救平臺」（如：臉書、社群，或成立自殺防治的網路平臺），或是瞭解當代社會、文化對自殺的影響與看法（如：當代電影如何詮釋自殺議題）。因此，未來也可從社會環境的角度，就如何應用臺灣媒體，創新自殺防治手法，做更進一步的腦力激盪。建議本院多鼓勵同仁參加此類國際會議，並作為日後對於病人之教育策略參考，而增進本院職能治療之品質。	



# A Model Evaluation of Severe Mental Illness for Quality of Life: Based on Salutogenesis Theory

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## Background

Salutogenesis theory illustrates the origin of health and is valuable for improving health state under stressful condition. It indicates how individuals combine idiosyncratic factors (such as motivation types), general resistance resources (GRRs) and life experiences from daily activities to produce sense of coherence (SOC).

SOC is a critical concept of salutogenesis theory to adjust and maintain individuals' health state. SOC, evidenced by many studies, has been related to quality of life (QOL) and depression. However, there is little research using the salutogenic perspective for clients with severe mental illness (SMI) to examine the interactions between activity participation, motivation, SOC, depression and QOL on the individuals with SMI.

## Objectives

The purpose of the study was using Structural Equation Modeling (SEM) to estimate the relationships between GRRs, life experiences, depression, and SOC based on salutogenesis theory.

- GRRs were collected from demographic factors (i.e., age, education, financial state, religion, and marriage status), anti-stressors resources and idiosyncratic factors (i.e., three motivation types: autonomy, control, impersonal).
- Life experiences were evaluated by subjective feelings of activity participation and restriction.
- Diagnosis, duration and level of depression were also considered for individuals with SMI.

## Methods

Cross-sectional design was used for the study. These participants were diagnosed with schizophrenia, bipolar disorder and major depression. Participants came from outpatients, day care centers and community rehabilitation centers and recruited from nine associations or hospitals in Taiwan.

## Measures

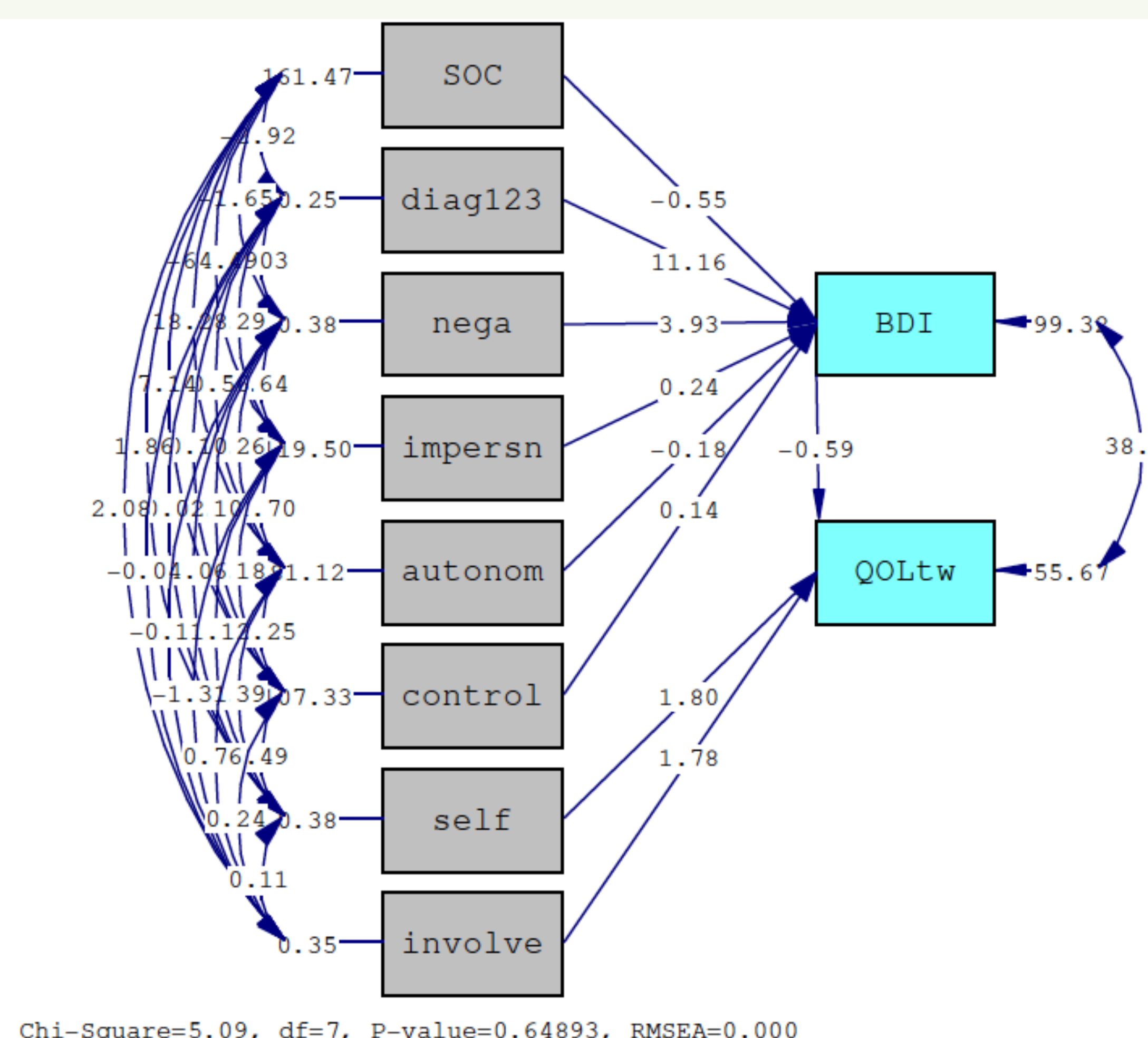
- Sense of Coherence Scale (SOC-13, Chinese version)** (Tang & Dixon, 2002)
  - Three sub-concepts: comprehensibility, manageability, & meaningfulness.
- General Causality Orientations Scale (GCOS)** (Wu & Hwang, 2000)
  - Autonomy Type: Know the causality between intentions and behaviors. No motivation problem.
  - Control Type: Actions come from some external or internal controlled factors. It's a motivation impairment.
  - Impersonal Type: No motivation for the goals or interests. It's another motivation impairment.
- World Health Organization Quality of Life (WHOQOL-BRIEF in Chinese)** (Yao, Wang & Chung, 2007)
- Activity Participation and Restriction Questionnaire (APRQ)** (Wu, 2006)
  - Activity Participation: sense of involvement, positive affects, negative affects, & self-worth.
  - Participative Restriction : expected involvement & negative affects due to restriction.
- Beck Depression Inventory (BDI-2<sup>nd</sup> edition) in Chinese** (Lu, Che, Chang & Shen, 2002)

## Results

N=228

Demographic Factors		Number	Percentage
Gender	Female	145	63.6
	Male	83	36.4
Diagnosis	Schizophrenia	115	50.4
	Major Depression	65	28.5
	Bipolar Disorder	48	21.1
Education	Senior High school	101	44.5
	University/ College	94	41.4
Marriage	Single	118	52.2
	Married	72	31.9
Religion	Buddhism	71	31.6
	No Religious Belief	66	29.3
	Taoism	42	18.7
Financial Source	Self	85	44.3
	Family	84	43.8
Anti-stressor Resource	Family	114	53.5
	Medical Professionals	40	18.8

The results showed that BDI was the partial mediator ( $R^2=0.63$ ) which predicted by SOC ( $\beta = -0.55$ ), diagnosis ( $\beta = 11.16$ ), negative affects ( $\beta = 3.93$ ), impersonal ( $\beta = 0.24$ ), autonomy ( $\beta = -0.18$ ), and control ( $\beta = 0.14$ ). The QOL was the dependent variable ( $R^2=0.61$ ) predicted by BDI ( $\beta = -0.59$ ), self-worth ( $\beta = 1.80$ ), and sense of involvement ( $\beta = 1.78$ ). The Goodness of Fit showed  $\chi^2=5.09$  ( $df=7$ ,  $p=0.65$ ), RMSEA=0.00, CFI=1.00, RMSR=0.63



## Discussion

When using salutogenesis theory to improve QOL, therapists should not only think about ways to adjust SOC, but also consider factors of the activity participation to decrease negative affects, increase self-worth and sense of involvement.

## Conclusion

- In salutogenesis theory, GRRs and the subjective feeling from daily activity participation will contribute to SOC. Those factors are essential to maintain healthy state and decrease the risk of mental illness.
- This study supported salutogenesis theory by indicating that SOC, negative affects during activity participation and motivation types predicted QOL through depression state. However, QOL is better predicted directly by self-worth and sense of involvement of activity participation.
- The ways to enhance QOL of people with SMI could focus on improving depression status and the subject feelings of activity participation, such as self-worth and sense of involvement.

## References

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