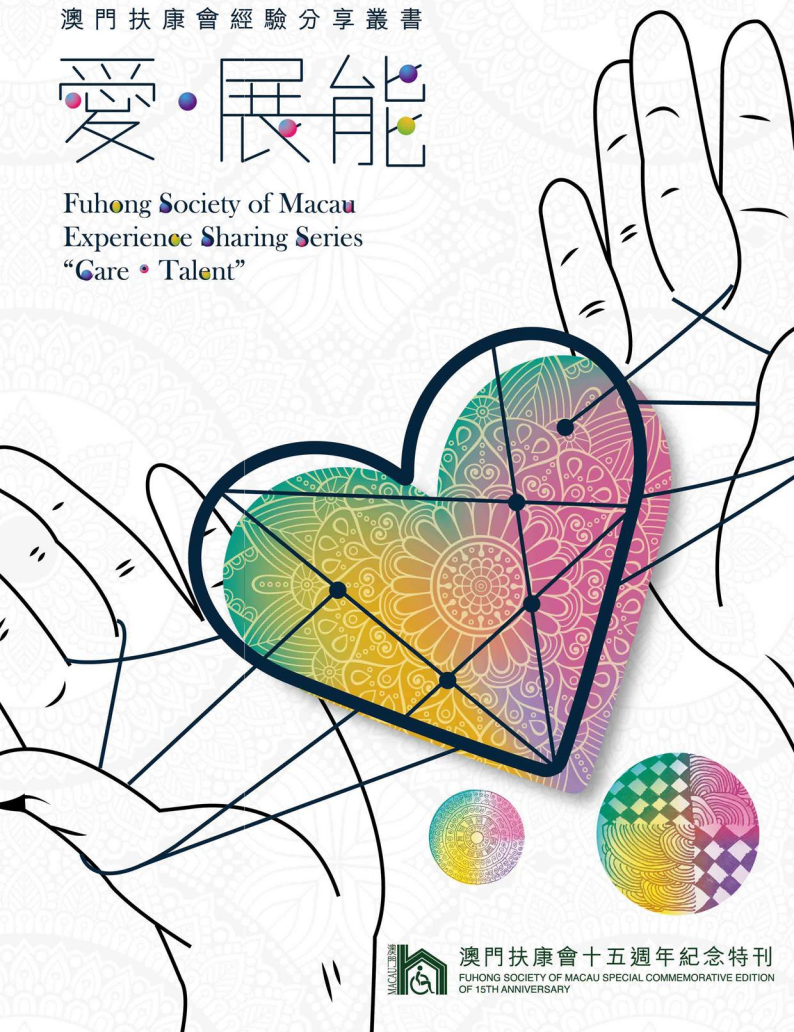


澳門扶康會經驗分享叢書

愛·展能

Fuhong Society of Macau
Experience Sharing Series
“Care · Talent”



澳門扶康會十五週年紀念特刊
FUHONG SOCIETY OF MACAU SPECIAL COMMEMORATIVE EDITION
OF 15TH ANNIVERSARY



澳門扶康會十五週年服務
介紹影片 (普通話版)



15th Anniversary Promotion Video
for Fu Hong Society of Macau



澳門扶康會十五週年服務
介紹影片 (廣東話版)

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序

Preface

澳門扶康會於 2003 年由一群志願人士創立，是一間非牟利之社會服務機構。轄下現有 13 個服務單位，分別是「澳門扶康會實利中心」、「澳門扶康會康盈中心」、「澳門扶康會怡樂軒」、「澳門扶康會創藝工房」、「心悅洗衣社會企業」、「喜悅市場社會企業」、「喜悅閣職訓售賣店社會企業」、「悅畔灣 @ 南灣·雅文湖畔」職訓售賣店、「悅畔灣 @ 氹仔龍環葡韻」職訓售賣亭、「喜悅閣 @ 旅遊塔站」社會企業及「欣悅展能藝術工作室」、「澳門扶康會朗程軒」及「澳門扶康會寶翠中心」，主要提供服務予智障人士、自閉症人士及精神康復者，學習更多技能及知識，使他們在身心各方面得到充分的發展。

適逢今年為本會創會 15 週年，本會特別推出經驗分享叢書《職·康復》、《愛·展能》，集結本會服務特色、各單位同工之實務經驗，以專業文章分享作介紹。

《職·康復》主要是介紹本會轄下提供職業訓練的中心及社會企業項目，以工作的元素加入社會服務中，

Fuhong Society of Macau is a nonprofit organization founded by a group of volunteers in 2003 with its dedication to social service, and it is now operating 13 service units, including "Fuhong Society of Macau Pou Lei Centre", "Fuhong Society of Macau Hong Ieng Centre", "Fuhong Society of Macau Yee Lok Centre", "Fuhong Society of Macau Creative Art House", "Happy Laundry Social Enterprise", "Happy Market Social Enterprise", "Happy Corner Vocational Training Shop Social Enterprise", "Happy Shop @ Anim'Arte Nam Van" "Vocational Training Shop, "Happy Shop @ Taipa Houses Museum" Vocational Training Shop, "Happy Corner @ Macau Tower Social Enterprise", "Happy Art Studio", "Fuhong Society of Macau Long Cheng Centre", and "Fuhong Society of Macau Pou Choi Centre". Through these units, it mainly offers services to people with intellectual disabilities, people with autism, and people with mental illness in rehabilitation, which helps them to acquire more skills and knowledge, in order to achieve the comprehensive growth physically and psychologically.

To celebrate the 15th anniversary of the organization, two special collections for experience sharing, the *Fuhong Society of Macau Experience Sharing Series "Vocational - Rehabilitation"* and *"Care · Talent"*, are published to introduce the special features of its services and the practical experience of colleagues from its units in specialized articles.

"*Vocational · Rehabilitation*" is a collection of articles to introduce the centres and social enterprises offering vocational training under the organization, which combines work with

讓殘疾人士能通過自身力量參與不同的工種訓練，幫助他們投入社會。書刊中介紹中心按服務使用者的個人能力及長處，讓殘疾人士參與適合自己的工作，發展所長。本會積極發展社會企業，為殘疾人士提供訓練場所及工作機會，致力通過工作讓殘疾人士活得更有尊嚴及活得精彩。

《愛·展能》主要是介紹本會轄下提供日間照顧、院舍、精神康復及展能藝術之服務，關愛殘疾人士各方面能力，提供優質多元化的服務；以跨專業團隊助精神康復人士；發掘殘疾人士的藝術天賦，讓他們在藝術空間展現出無窮的創造力，享受創作的過程，抒發自身的情感。本會一直以愛關懷殘疾人士，讓他們追求美好的生活，提升生活質素，樂活在社區。

本會轄下各個服務點會經常過力合作，將服務連成一線。本會非常感謝各職員將經驗撰寫文章，與社會各界分享，期望繼續攜手一起推動康復服務，讓本會的服務發展更廣泛，服務使用者獲得更優質的生活。

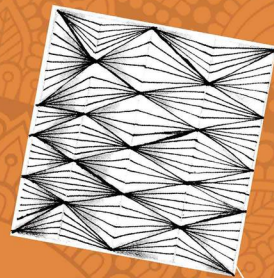
social service to help persons with disabilities to integrate into society after receiving various vocational training that based on their talents. As revealed in this collection, the service users will be assigned the most suitable job according to their strengths, in order to develop their talents. The organization is actively promoting social enterprises, in order to provide training places and job opportunities for people with disabilities, to help them to live a more respected and wonderful life through work.

"*Care · Talent*" presents the services offered by the organization, including day care, residential care, mental rehabilitation, and arts with the disabled, which reveal its care for the capabilities of persons with disabilities and provision of diverse, high-quality services. Moreover, this collection demonstrates the organization's efforts to assist people with mental illness in rehabilitation through trans-disciplinary teams, and delve into the artistic talents of people with disabilities to bring boundless creativity out of them in the art world, and make them enjoy the process of creation and express their feelings in arts. The organization has unchanged love and care for people with disabilities and helps them to pursue a wonderful life, improve the quality of life and to live happily in the community.

All of our service units under the organization will often combine their services to achieve the joint effects through great cooperation. The organization expresses much gratitude to the staff, that sharing their experience with the society in these articles, and looks forward to promoting the rehabilitation service together, to further diversify its services and bring a better life to the service users.

康盈中心

MONG
IENG
CENTRE



禪繞畫在康復治療的延伸應用探討

Discussion on the Extended Application of Zentangle in Rehabilitation Therapy

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什麼是禪繞畫

禪繞畫 (Zentangle®) 起源於美國，由 Rick Roberts 與 Maria Thomas 啟發而來，Zen 取自東方「禪」的精神，tangle 意為「纏繞式」的繪畫方法，以大自然與周遭所見物體為原型，運用重複的圖案或線條創造圖樣，強調「不評價」(nonjudgmental)，創作過程讓畫者進入冥想愉悅的心理狀態，享受藝術樂趣之餘，因為專注繪畫的當下時刻，產生平靜放鬆的情緒感受。

禪繞畫精神

任何一種藝術創作歷程本身都有其療癒性，藝術能讓人全然投入，緩和和情感衝突，維持個人內在與外在經驗和諧；禪繞畫講求的便是這種在藝術中放鬆、平靜、療癒的概念，為了體驗情緒平靜的氛圍，禪繞畫精神包括：

What is Zentangle®

Zentangle originated in the United States and was inspired by Rick Roberts and Maria Thomas. Zen is originated from the spirit of the oriental "Zen". Tangle means the painting method of "wrap-around". The prototype is the object of nature and surroundings, using repeated patterns or lines to create a design, emphasizing "non-judgmental". The creation process allows the artist to enter the psychological state of meditation and enjoy the fun of art. Besides, as focusing on the moment of painting, a serene and relaxed feeling is generated.

Spirit of Zentangle®

Any form of artistic creation process itself has its healing power. Art can make people fully focused, and alleviate emotional conflicts and maintain the harmony between the inner and outer experiences of the individual; the meditation of the Zentangle is about this concept of relaxation, serenity, and rehabilitation in art. In order to experience the atmosphere of serenity in emotion, the spirit of Zentangle includes:



Anything is possible... one stroke at a time.

- 一、凡事都有可能，只要一次一筆劃。
- 二、禪繞畫是抽象的，沒有特定形狀或上下之分。
- 三、沒有對錯，不使用橡皮擦，不需要修改，如同人生不能重來，但是可以透過補救或改善，接納自己的不完美。
- 四、作品沒有好壞、美醜之分，每一次創作都是獨一無二的美好經驗。

禪繞畫方法

禪繞畫創作是一種有結構性的儀式，在重複的過程幫助創作者有意識的轉換心境，進而專注其中，Rick Roberts (2015) 提出禪繞畫方法的基本步驟如下：

1. Anything is possible, one stroke at a time.
2. Zentangle is abstract, no specific shapes or difference between top and bottom.
3. There is no right or wrong, no use of the eraser, no need to modify, as life could not be repeated, but we could accept our own imperfections though remedy or improvement.
4. There is no judgment; each creation is a unique and wonderful experience.

Zentangle® Method

The creation of Zentangle is a structured ceremony. In the process of repetition, it helps the creator to consciously change the state of mind and then concentrate on it. Rick Roberts (2015) proposes the Zentangle method as follows:

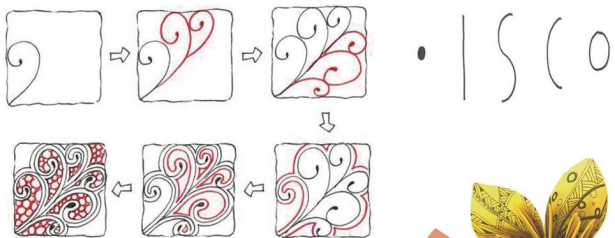
順序	基本步驟	步驟作法
一	感恩與感謝	深呼吸幾次，讓自己有一些時間感恩與感謝當下可以創作的一切機會。
二	在四個角落畫上圓點	用鉛筆在紙上，輕輕地在靠近四個角落的地方，各畫上一個圓點。
三	邊框	用鉛筆將四個點分別連接起來，成為一個邊框。
四	暗線	用鉛筆畫一條或多條隨意畫的線，將邊框內劃分成幾個區塊。
五	圖樣	挑一個圖樣，選一個區塊，開始用代針筆在區塊內畫圖樣，重複畫至填滿區塊為止。
六	陰影	使用鉛筆加上灰階陰影，讓畫作產生對比與立體效果。
七	姓名縮寫與落款	將姓名的縮寫落款在畫作的任一位置或紙張的背面，也可寫上日期與作品名稱。
八	欣賞	最後再給自己一段感謝的時刻，將紙磚用一臂之遙的距離拿著，轉動著欣賞自己的創作。

Sequence	Basic steps	Practice
1	Gratitude and Appreciation	Deep breathe a few times, let yourself have some time to be grateful for the opportunities of creation now.
2	Corner dots	Use a pencil on the paper brick and gently draw a dot around each of the four corners.
3	Border	Connect the four dots with a pencil to form a border.
4	String	Use a pencil to draw one or more lines at random, dividing the inside of the frame into several blocks.
5	Tangle	Pick a tangle, select a block, and start drawing a pattern in the block with a pigment liner pen, and repeat the drawing until the block is filled.
6	Shade	Use pencils to draw the gray-scale shadows to create contrast and stereo effects.
7	Initial and sign	The initials of the name can be placed at any position of the painting or on the back of the paper. The date and the name of the work can also be written.
8	Appreciation again	Finally, give yourself a moment for thanking, and hold the paper brick at the distance of one arm, and turn to appreciate your creation.

禪繞圖樣由「禪繞五元素」組成，包括點、直線、曲線、弧線、圓，禪繞方法既鼓勵自由創作，也提供了既有圖樣供自由選擇，每個圖樣都具備筆劃的指引，只要依照步驟，任何人都可以畫出有個人風格的圖樣。

Zentangle consists of "five elements", including dots, straight lines, curves, arcs, and circles. The Zentangle method encourages free creation, and also provides the existing drawings for free choice. Each tangle has guidelines for strokes. As long as you follow the steps, anyone can draw a tangle with a personal style.

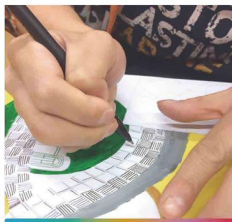
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禪繞畫的藝術治療價值及文獻回顧

美國藝術治療協會提出，透過非語言的藝術表達經驗和溝通機會，允許個案探索個人問題及潛能；透過藝術媒材之運用，藝術活動能增進個案的心象表達、經驗探索、情感昇華、提昇自我概念，並改善認知與行為。

藝術治療師 Cathy Malchiodi 認為禪繞畫創作是一個無目的性 (Aimlessness) 的空間，在這個空間裡，只需要專注於自己與創作。心理學家 Meredith Yuhas 博士在論文研究『Zentangle: Evaluation of a Mindfulness Activity』亦指出禪繞畫是發展內觀及正念境界的一種方法，可以幫助病患減緩壓力、慢性疾病、憂鬱，同時減輕慢性疼痛，改善血壓與失眠。研究指出，禪繞畫練習與禪定打坐一小時能產生類似的放鬆感受 (Ebsen, 2013; Moore, 2013)，藉由禪繞畫除了增加正向思考及自我了解之外，能轉化思覺失調患者的負面情緒，提升自尊程度 (Moore, 2013; 陳佑綺, 2016)。



The value of art therapy and literature review of Zentangle

The American Art Therapy Association proposes to use non-verbal art to express experience and communication opportunities, allowing an individual to explore personal problems and potentials. Through the use of art media, art activities can enhance the mental expression, experience exploration, emotional sublimation, self-concept promotion and improvement of cognition and behavior.

Art therapist, Cathy Malchiodi believes that the creation of Zentangle is a space of aimlessness, in which one only needs to focus on oneself and creation. Psychologist Dr. Meredith Yuhas's paper "Zentangle: Evaluation of a Mindfulness Activity" also pointed out that Zentangle is a method to develop Vipassana and mindfulness, which can help patients to reduce stress, chronic diseases, depression, chronic pain, improve blood pressure and insomnia. Studies have shown that practicing Zentangle and meditating for one hour can produce a similar relaxation experience (Ebsen, 2013; Moore, 2013), which can transform the mental disorder by adding positive thinking and self-understanding, and transforming negative emotions for patients who have emotional disorders, and increasing their degree of self-esteem (Moore, 2013; Chen Youzhen 陳佑綺, 2016) .



除了身心障礙人士之外，禪繞畫亦有助改善一般大眾的心理健康狀態，研究以 106 位社區人士為對象，發現進行禪繞畫後自我價值有顯著提升、對情緒調節有正向影響（張令嘉，2016）。而在為大學生進行的十二小時禪繞畫紓壓團體，經前後測分析亦發現團體成員在專注度、自我認知、情緒及認知層面等經驗獲得轉變，並得以透過禪繞畫體驗正向情緒經驗（余佳容，2016）。



禪繞畫在中重度智障人士的康復治療應用

中重度智障人士因受限於其認知發展經驗缺乏、類化困難等，相較其他障礙類別人士，更常面臨學習、溝通、社交障礙，造成自我價值低落、自我概念缺乏。此外，他們可能仍伴隨不同程度的動作障礙，影響探索環

In addition to people with disabilities, Zentangle also helps to improve the mental health of the general public. A study took 106 community members, and after practicing Zentangle, the result has shown that the participants' self-value has significantly improved, and a positive impact is shown on their emotional adjustment (Cheung Ling Ka 張令嘉, 2016). In the 12-hour Zentangle for reducing stress for a group of college students, the pre-test and post-test analysis also found that group members have changed in concentration, self-cognition, emotion, and cognition, and they also can experience positive emotions through the Zentangle experience (Yu Jiarong 余佳容, 2016).



The application of Zentangle in rehabilitation therapy for people with moderate or severe intellectual disabilities

People with moderate or severe intellectual disabilities are limited by their lack of cognitive development, experience and difficulties in classifying. They are more likely to face learning, communication, and social barriers than other categories of disabilities, resulting in low self-worth and lack of self-concept. In addition, they may still be accompanied by varying degrees

境及與人互動的參與程度；當環境刺激超過其負荷或自我需求無法被滿足時，往往會出現較嚴重的情緒及行為問題，而這些攻擊、自傷、退縮、抗拒及干擾他人的行為皆影響他們的社區安置、學習活動和職業生活。

職業治療應用活動為治療媒介，促進安適感（Wellness）；當一個人的職能表現被中斷或妨礙時，有意義的職能活動可恢復、維持或獲得功能，以發展出適應性技巧，而「禪繞畫」便是一項具治療價值的藝術活動，分析其活動特性如下：

一、結構性：創作流程及圖樣皆有清晰步驟且可重複模仿，提供高度的可預期性，有助智障人士適應並學習活動技巧。

二、非語言溝通的特質：創作過程可鼓勵發展與他人溝通的機會，亦可透過藝術投射，修復內在衝突和自我對話。

三、發展取向：可透過不同複雜度的圖樣模仿與構成，提升智障人士的專注力、精細動作、視動協調發展及認知概念形成，促進自發性創意。

of motor impairment, affecting the level of participation in the environment and interaction with people; when environmental stimuli exceed their load or self-demand cannot be met, there are often more serious emotional and behavioral problems occur. These kinds of attacks, self-injury, withdrawal, resistance, and interference with others may affect their community placement, learning and career life. Occupational therapy uses activities as a therapeutic medium that promotes a sense of wellness; when one's occupation performance is interrupted or impeded, meaningful occupational activities can restore, maintain, or gain function to develop adaptive skills, while "Zentangle" is an artistic activity with therapeutic values. We analyze the characteristics as follows:

1. **Structural:** the creation process and patterns have clear steps and can be repeatedly imitated, providing a high degree of predictability which can help people with intellectual disabilities to adapt and learn skills of activities.

2. **The characteristics of non-verbal communication:** the creation process can encourage the development of communication with others, and through art projection, it also can repair internal conflicts and achieve self-talk.

3. **The development orientation:** Through the imitation and composition of patterns with different complexities to enhance the concentration, fine movements, coordinated the development of vision and cognitive concepts of people with intellectual disabilities and promote spontaneous creativity.





禪繞畫於2014年由康盈中心引入，以展能藝術與康復治療雙軌發展，運用禪繞畫的藝術特性，於展能藝術團體中鼓勵服務使用者自由創作，透過展覽、藝術產品推廣、社區共融活動等，令社區大眾認識他們的藝術潛能，提昇成就感和社會共融；另一方面，於個別與團體治療中，運用團體動力及職業治療手法，提供機會予服務使用者漸進學習禪繞畫的內涵與步

Applied by Hong Ieng Centre in 2014, Zentangle is based on the development of dual-track of art and rehabilitation therapy. It uses the artistic characteristics of Zentangle to encourage the service users to create freely and through the exhibition, art products promotion, community integration activities, etc., to enable the community to understand their artistic potential, enhance their sense of accomplishment and social integration; on the other hand, in individual and group therapy, use group dynamic and occupational therapy to provide opportunities for service users to learn the connotations and steps of Zentangle progressively, and achieve mutual appreciation, and growth in art. The therapy activities will be combined with the theme of festivals, guiding the users to create the spring flowers by using the Zentangle, combining pigment blooming and simple Zentangle, paintings, providing



四、行為取向：於創作過程可運用示範、增強、模仿、類化等技術，將模糊的自我概念，以具體圖像呈現出來，進而降低負向行為頻率。

4. The behavioral orientation: In the creation process, techniques such as demonstration, enhancement, imitation, and categorization can be used to present the fuzzy self-concepts to specific images, thereby reducing the frequency of the negative behavior.

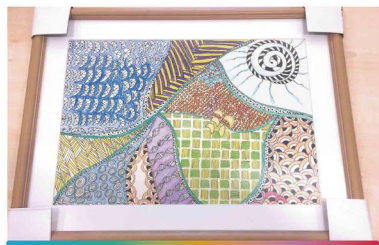
五、情緒取向：創作過程形成自我內觀空間，得以投射及抒解負向情緒；因為沒有批判也沒有比較，較易獲得自我成就及價值感，促進正向情緒。

5. The emotional orientation: The creation process forms a self-introspective space, which can project and relieve negative emotions; because there is no criticism and no comparison, it is easier to obtain self-fulfillment and sense of value and promote positive emotions.

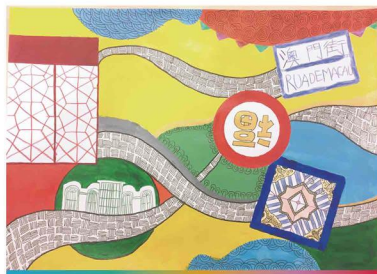
六、職能取向：禪繞畫創作可作爲一項娛樂或職業活動，充實智障人士的生活安排，促進個人職能角色獲得。

6. The occupational orientation: Zentangle can be used as an entertainment or occupational activity to enrich the living arrangements of people with intellectual disabilities and promote the acquisition of individual occupational roles.

驛，互相欣賞，在藝術中獲得成長，治療活動會結合節慶主題，引導利用禪繞圖樣創作年春花、運用顏料暈染與簡單禪繞線條結合、或進行組合畫作，提供彼此溝通合作機會等，近年亦嘗試結合結構化教學法（TEACCH），提升自閉症服務使用者的訓練成效。



opportunities for communication and cooperation with each other. In recent year the Treatment and Education of Autistic and Communication handicapped Children (TEACCH) have been tried to combine with Zentangle to improve the training effectiveness for the autistic service users.

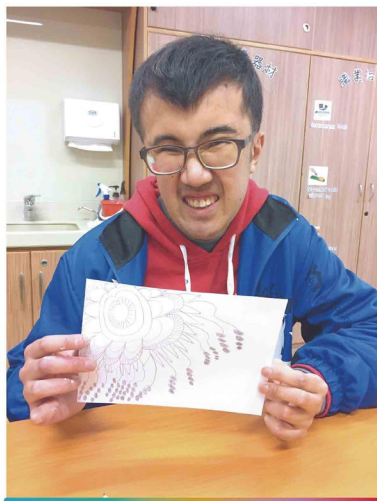


多年來，由一位自閉症服務使用者的晨間訓練活動開始，目前中心共有至少十五位服務使用者能進行禪繞畫創作，最大作品尺寸大於A3，中心保存至少二十幅禪繞畫平面作品，尚有部分不同媒材的禪繞延伸藝術作品，服務使用者亦於2017年及2018年分別以「我眼中的花花世界」及「我與澳門漫步中葡風光」獲得澳門明愛自閉特色人士及智障人士繪畫比賽一自閉特色人士公開組季軍與亞軍；服務使用者的禪繞畫作品近年亦製作成「禪繞畫購物袋」（2016）及「禪繞畫發幕 memo 板」（2017）兩項產品，於本會轄下社會企業及澳門社區推廣。

Over the years, starting from the morning training activities of one autistic service user, there are at least 15 service users in the center who can create Zentangle now. The largest size of work is larger than the size of an A3 paper, and the center keeps at least 20 paintings of Zentangle, and there are some extended art of works of Zentangle with different materials. In 2017 and 2018, the service users also won the third runners-up and second runners-up in the open group of Autistic People of Caritas Macau Painting Competition for People with Autistic and Intellectual Disabilities with "The Beautiful World in My Eyes" and "I Walk in the Chinese and Portugal Scenery in Macau" respectively. The works of Zentangle have also been produced into two products, one is "Zentangle Shopping Bag" (2016), and the other is "Zentangle memo board" (2017), and they were promoted under the social enterprises of Fuhong Society of Macau and the communities of Macau.

結語

藝術活動應用於發展障礙兒童、多重障礙成人及精神康復者等康復服務對象的治療價值已在許多研究獲得實證基礎，而禪繞畫這項新興藝術亦在世界各地陸續有不同領域的臨床研究與廣泛應用，皆因禪繞畫具備簡易性、創造性和普遍性，不分性別、年齡、宗教，任何人只需要一支筆、一張紙，就能自由創造出獨一無二的作品，隨時隨地開始屬於自己的禪繞旅程。



Conclusion

The therapeutic value of art activities in the development of rehabilitation services for children with developing disabilities, adults with multiple disabilities and people with mental illness in rehabilitation has gained empirical evidence in many studies, and the emerging art of Zentangle has also been clinically researched and widely applied in different fields around the world. Because of the simplicity, creativity and universality of Zentangle, regardless of gender, age, religion, anyone can create a unique work freely with only a pen and a piece of paper. They can start their own Zentangle journey at any time.

禪繞畫正快速演變成一種全球化的藝術活動，此現象正始於忙碌的現代人，希望發掘內在自由與天分的簡單心願。藝術家李奧納多·達文西曾說：「簡樸是繁複的最終境界」，多年來，我們親眼見證服務使用者接觸禪繞畫後的改變，他們學會將這種藝術作為紓壓的方法，樂於參與、溝通且負面情緒及行為皆有所減少，期望能持續拓展禪繞畫在康復治療及心理健康等領域的專業應用實例，透過推廣禪繞藝術，與每一位服務使用者並肩旅程，陪伴他們執筆創造，回歸簡約、平靜與自信，豐富彼此的生命。

Zentangle is rapidly evolving into a global art activity. This phenomenon is beginning with busy modern people, hoping to discover the simple wish of inner freedom and talent. The artist Leonardo da Vinci once said: "Simple is the ultimate realm of complexity." Over the years, we have witnessed the changes in service users after they have contacted Zentangle. They have learned to use this art as a method of reducing pressure. If you are happy to participate and communicate, negative emotions and behaviors will be reduced. It is expected to continue to expand the professional application cases of Zentangle in the fields of rehabilitation and mental health. We can start a journey with each service user by promoting Zentangle art, accompanying them to create and return to simplicity, serenity and self-confidence, and bringing a wonderful life to each other.

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溝通的藝術

The Art of Communication

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「溝通」是日常生活中不可缺少
的環節，我們每日透過頻繁的雙向溝
通，與他人建立關係並加以維繫；在
溝通的過程中，無論是對家人、同事、
朋友，甚至自我本身，透過訊息及情
感的交換、給予、建立、接納與共識，
互相了解，開展人際關係。

而溝通不單單透過語言傳遞，
還有「非語言」的溝通形式，包括：
肢體動作、眼神、表情、語調等，面
對智障人士，無論家屬或社會大眾時
常擔心，「他們不會說話，我該怎麼
辦？」、「他們想表達什麼？」、「為
何他們會這樣做？」等等，但是語言
能力不足，是不是等於無法溝通？

事實上，智障人士的表達需求能
力有限，容易因無法表達或需求未能
得到滿足，而引起不安與無助，而出
現負面情緒及行為。若我們與家屬透

"Communication" is an indispensable part of daily life.
We build and maintain relationships with others through
two-way communication in our daily life. In the process
of communication, whether for family, colleagues, friends,
or ourselves, we interact with each other and develop
interpersonal relationships through exchanging, giving,
establishing, accepting and sharing of messages and emotions.

Verbal communication is not the only way for conversation.
There are non-verbal communication patterns which include:
body language, visual cues, expressions, intonation, etc.
Whenever facing the people with intellectual disabilities, family
members or the public will often feel worried, "If they can't
speak, what should I do?", "What do they want to express?",
"Why do they do this?" and etc., does that mean we can't
communicate with people without verbal abilities?

In fact, people with intellectual disabilities have limited
ability to express themselves. They may have feelings of
uneasiness and helplessness, so that they may show negative
emotion and behaviors if they cannot express themselves well
or their needs can't be satisfied. We can find communication

過觀察其生活習慣、喜好及細微動作
的改變，尋找他們「溝通的線索」。
當其發出溝通訊號時，及時給予回應，
引導並協助他們學習正向溝通的方式，
便能漸漸透過「有效的溝通」而獲得
舒緩，負面情緒及行為隨之減少，更
能學習不同的生活技能、與他人建立
社交關係，改善生活品質。

然而，空洞的讚賞不代表正向溝
通，最常聽到的讚賞是「好叻!」、「叻
仔!」，但是他們做了什麼事情被讚賞？
習慣性的讚賞詞語，其實未能達到強
化良好行為的成效。因此，讚賞應該
要「快」、「真」和「準」，「即時」
以「具體」的事件進行「回饋」，讓
智障人士清楚自己的行為哪些正確、
哪些需要改善，並用他們理解的方式
進行教導，同理感受，強化其正向行
為。



clues by observing their living habits, preferences and the
changes of slight movements. Whenever they send out a
communication signal, we have to give a response in time,
then, we guide and assist them in how to communicate in a
positive way. So that, their negative emotion and behaviors
will be reduced through effective communication. Gradually,
they can learn different life skills, build social relationships with
others and improve the quality of life.



However, empty praises do not mean positive
communication. The praises that they hear the most are
"Great!", "Good boy!", but what have they done to be
praised? In fact, habitual praise is not able to enhance the
effect of strengthening good behavior. Therefore, the praise
should be "fast", "true" and "accurate". By giving instant
feedback, depending on a concrete incident, to the people
with intellectual disabilities, in order to let them understand
whether their behavior is appropriate, and the parts that they
have to be improved. We teach them in a way that they can
understand. We also empathize with them and strengthen their
positive behaviors.



因此溝通是一種雙向的互動，關係亦由溝通開始，經過互相了解，一個良好的關係能互相獲得正向的回應。就像銀行開戶一樣，在正式開戶（關係建立）後透過不斷互相了解保持關係；接著互相付出，滿足對方所需，增加雙方的帳戶內容（情感）；後來雙方便會對情感帳戶進行提款或存款（互相接受及給予請求、幫助）。與智障人士關係建立亦然，照顧者花心思多少，關係便充滿著多少不可思議的內涵。



Therefore, communication is a two-way interaction and the beginning of a relationship. After a mutual understanding, a good relationship can get a positive response to each other. Just like opening a bank account, after the official opening of the account (relationship establishment), to maintain the relationship through uninterrupted mutual understanding. Then, by considering to meet each other's needs, this increase the content (emotion) of each other's accounts, later, both parties use the account to withdraw or deposits (mutual acceptance and giving requests or assistance). However, the establishment of relationships with people with intellectual disabilities is the same. The more effort that the caregiver has devoted, the more it gained in the relationship.

溝通是一門微妙的藝術，相信以愛為基礎，正面的語言、正確的互動、正念的態度，改善及提昇溝通教養技巧，方能營造正向的溝通關係，並達成共贏的局面。原來，我們可以改變自己、改變環境，讓他們有更多正向情緒及行為的機會。作為培育生命的我們和家屬，大家並不孤單，一同渡過難關，賦予生命轉變的力量，漸現溫和空間，幸福時光無限。您願意為獲得更好的關係而改變嗎？

Communication is a delicate art. We believe that love is the foundation, positive language, correct interaction, righteous attitude, as well as to improve and enhance the communication and nurturing skills, which can create a positive communication relationship to achieve a win-win situation. It turns out that we can change ourselves, change the environment, and give them more opportunities for positive emotions and behaviors. As the family and people for nurturing lives, we are not alone. We will get over the difficulties together, give the power of life transformation, a gentle space is gradually appeared, and happy time is unlimited. Are you willing to change for a better relationship?

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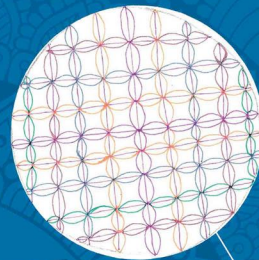
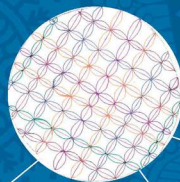


怡樂軒

YEE

LOK

CENTRE



復元模式於社區精神康復服務之成效探討及趨勢

Study on the Effectiveness and Trend of Recovery Model in Community-based Mental Rehabilitation Service

怡樂軒經理 鍾淑貞

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壹、前言

隨著澳門社會急速的發展，社會競爭日趨複雜，精神殘疾者的人數逐年增加，依據社會工作局2015年「殘疾評估登記證」統計資料顯示，持有效殘疾評估登記證總人數為9,499人，其中精神殘疾者為1,926人，占所有殘疾類別人數的20.28%¹。2016年至2017年的精神殘疾者分別是2,165²、2,434³人，直至2018年6月30日持有效殘疾評估登記證總人數為12,415人，其中精神殘疾者為2,507人，占所有殘疾類別人數的20.19%⁴，成長幅度約為30.17%（圖表一 2015至2018年「殘疾評估登記證」統計資料），僅次於肢體殘疾。

I. Introduction

Due to the rapid social development and the increasing complexity of social competition in Macau, the number of people with mental disabilities is increasing year by year. As revealed in the statistical data of the Social Welfare Bureau's "Disability Assessment Registration Card" in 2015, Macau had 9,499 valid card holders, including 1,926 people with mental disabilities, accounting for 20.28%¹ of total card holders. The number increased to 2,165² and 2,434³ in 2016 and 2017 respectively. By June 30, 2018, the total number of valid card holders increased to 12,415, including 2,507 people with mental disabilities, accounting for 20.19%⁴, which increased by around 30.17% on a year-on-year basis (Table 1 Statistical Data of Disability Assessment Registration Card in 2015-2018), second to people with physical disabilities.

圖表一：2015至2018年「殘疾評估登記證」統計資料

時間	持有效殘疾評估登記證總人數	持有效殘疾評估登記證的精神殘疾者人數	精神殘疾者的百分比
2015.12.31	9,499	1,926	20.28%
2016.12.31	10,670	2,165	20.29%
2017.12.31	11,845	2,434	20.55%
2018.06.30	12,415	2,507	20.19%

Table 1 : Statistical Data of Disability Assessment Registration Card in 2015-2018

Time	Total Number of Valid Disability Assessment Registration Card Holders	Number of People with Mental Disabilities Holding Disability Assessment Registration Card	Percentage of People with Mental Disabilities
2015.12.31	9,499	1,926	20.28%
2016.12.31	10,670	2,165	20.29%
2017.12.31	11,845	2,434	20.55%
2018.06.30	12,415	2,507	20.19%

精神殘疾者人數的增加，其原因可能是現代生活壓力、家庭結構變化等宏觀社會環境的變化有關。因此，隨著這特殊群體的人數上升，意味著需要更多醫療及社會資源來照顧，更隱含著有許多的家庭成員必須放下手邊的工作，付出無法計算的精神和金錢去照顧他們，醫療和照顧資源的投入，當中涉及直接和間接的負擔是相當沉重的，已形成社會與經濟巨大負擔，故此有必要對精神殘疾者的社區精神康復服務的成效作探討。

The increase of people with mental disabilities might be attributed to the changes in the macroscopic social environment including modern life pressure and change of family structure. For this reason, more medical and social resources are needed to take care of them along with the increase. In other words, more family members have to put aside their work, and make immeasurable efforts to take care of them psychologically and financially. The consumption of medical and caretaking resources inevitably causes very heavy burdens, whether direct or indirect, has caused tremendous social and economic burdens. Under such circumstance, it is necessary to explore the effect of community-based mental rehabilitation service for people with mental disabilities.

1. 澳門特別行政區社會工作局（2015）。《「殘疾評估登記證」統計資料」。
網上檢索日期：2018年8月31日。參見網址：<http://www.ias.gov.mo/wp-content/themes/ias/tw/table/download/CACR1605241040411.pdf>

2. 澳門特別行政區社會工作局（2017）。《「殘疾評估登記證」統計資料」。
網上檢索日期：2018年8月31日。參見網址：http://www.ias.gov.mo/wp-content/uploads/2013/10/2017-01-17_152318_45.pdf

3. 澳門特別行政區社會工作局（2018）。《「殘疾評估登記證」統計資料」。
網上檢索日期：2018年8月31日。參見網址：http://www.ias.gov.mo/wp-content/uploads/2013/10/2018-01-09_154042_64.pdf

4. 澳門特別行政區社會工作局（2018）。《「殘疾評估登記證」統計資料」。
網上檢索日期：2018年8月31日。參見網址：http://www.ias.gov.mo/wp-content/uploads/2013/10/2018-07-11_100636_85.pdf

1. Online search date: 31 August 2018. Website: <http://www.ias.gov.mo/wp-content/themes/ias/tw/table/download/CACR1605241040411.pdf>

2. Online search date: 31 August 2018. Website: http://www.ias.gov.mo/wp-content/uploads/2013/10/2017-01-17_152318_45.pdf

3. Online search date: 31 August 2018. Website: http://www.ias.gov.mo/wp-content/uploads/2013/10/2018-01-09_154042_64.pdf

4. Online search date: 31 August 2018. Website: http://www.ias.gov.mo/wp-content/uploads/2013/10/2018-07-11_100636_85.pdf

貳、復元模式

什麼是復元呢？復元（Recovery）概念是以服務使用者的復原能力（Recovery Power）作為出發點⁵。Anthony（1993）界定：「復元是一個深層化個人獨特的過程，在這個過程中，有關服務使用者的人生目標、態度、角度和技能都有所改變。這是一個讓服務使用者自己能夠去過一個滿足、有希望的生命歷程，縱使有諸般的限制。復原是案主生命和人生意義方向的重整，這個重整的意義和層次，遠比精神病的標籤和過程來得深遠。」

從 Anthony 的界定來看，復元具備下列幾種特質：（1）個人深層獨特的經歷；（2）生命歷程的重整；（3）人生意義方向的深遠影響。復元概念的十大原則有：

1. 自我取向（Self Direction）
2. 以個人及個體為本（Individualized & Person Centered）
3. 主勢（Empowerment）
4. 全人關懷（Holistic）
5. 非直線的過程（Non-Linear）
6. 能耐取向（Strengths Based Orientation）
7. 朋輩的支持（Peer Support）
8. 尊重（Respect）
9. 責任（Responsibility）
10. 希望（Hope）⁶

III. Recovery Model

What is Recovery? It is a concept based on the recovery power of service users⁵. Anthony（1993）defined that “recovery is a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of a mental illness.”

As defined by Anthony, recovery has the following implications:（1）personal, unique and deep experience;（2）reorganization of life experience;（3）far-reaching effect on the meaning of life. The top ten principles of this recovery concept are as follows:

1. Self Direction
2. Individualized & Person-Centered
3. Empowerment
4. Holistic
5. Non-Linear
6. Strengths-Based Orientation
7. Peer Support
8. Respect
9. Responsibility
10. Hope⁶

5. Anthony, W. A. (1993). Recovery from mental illness: Guiding vision of mental health service system in 1990s. *Psychosocial Rehabilitation Journal*, 16 (4), 11-23. Retrieved from https://recoverydevon.co.uk/wp-content/uploads/2010/01/Recovery_from_Mental_Illness_Anthony_1993.pdf
6. 葉錦成 (2011)。《精神醫療社會工作：信念、理論和實踐》。台北：心理出版社。
5. Anthony, W. A. (1993). Recovery from mental illness: Guiding vision of mental health service system in 1990s. *Psychosocial Rehabilitation Journal*, 16 (4), 11-23. Retrieved from https://recoverydevon.co.uk/wp-content/uploads/2010/01/Recovery_from_Mental_Illness_Anthony_1993.pdf
6. Ip Kam Shing (葉錦成) (2011)。《Mental medical social work: Belief, theory and practice》。Taipei：心理出版社。

「復元模式」重視精神病患者與專業人員及照顧者的協作，認為精神健康服務是要讓案主有更豐盛自主的人生，而不是純粹減輕病徵。「復元模式」重視康復者在自己的生活上有更大的自主權，因此，在精神康復服務中實踐「服務使用者參與」，正體現「復元模式」的精神⁷。

參、復元與全人健康

對很多人來說，健康就是沒有疾病。不過，世界衛生組織在 1998 年提出「健康不僅為疾病或羸弱之消除，而是體格、精神、靈性與社交之完全健康狀態」⁸。由此可見，全人健康不僅僅是沒有疾病，還包括（1）正面的情感、感覺到愉悅和滿足（情緒健康）；（2）能夠實踐自我潛能、貢獻社會（心理健康）；（3）感受到與有意義的社交網絡互相聯繫（社交健康）⁹。

“Recovery model” attaches importance to the collaboration between people with mental illness and professionals and caretakers, and believes that mental health service aims to help the patient live a richer and more independent life, instead of simply alleviating the symptoms. “Recovery model” pays attention to higher independence in the life of people in rehabilitation, so the practical “participation of service users” in mental rehabilitation service matches with the spirit of “recovery model”⁷.

III. Recovery and Holistic Health

For many people, health means the absence of disease. In 1998, the World Health Organization, however, pointed out that “health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”⁸. Obviously, holistic health, apart from absence of disease, also includes（1）positive emotions and feelings of pleasure and satisfaction (emotional well-being);（2）ability to practice personal potentials and make a contribution to the society (psychological well-being);（3）feeling of interconnection with meaningful social network (social well-being)⁹.

7. 福利服務使用者參與實況（每日報）。《精神健康服務：配合精神康復工作的「復元模式」》。線上發表日期：2018年8月31日。
參見網址：http://userinvolvement.com.hk/inside_page.php?id=7

8. 羅思翰醫生（2016年3月8日）。「新世代之「全人健康」」。信報。線上發表日期：2018年8月31日。
參見網址：<http://hkej.com/2017/healthbeauty/article/id/125129/> 新世代之「全人健康」。

9. 葉麗霞（2014年10月11日）。《復元與全人健康》。線上發表日期：2018年8月31日。
參見網址：https://www.richmond.org.hk/sites/richmond/files/uploads/RFHK%20Mental%20Health%20Conference%20Keynote%20Speech_Prof%20Winnie%20Mak.pdf

7. Wellfare service users involved in the management (no date)。《Mental health services matches with the spirit of “recovery model”》。
Online search date: 31 August 2018. Website: http://userinvolvement.com.hk/inside_page.php?id=7

8. Dr Law Sze Man (羅思翰醫生) (8 March 2016)。Hong Kong Economic Journal, “The Holistic Health” in new generation.
Online search date: 31 August 2018. Website: <http://hkej.com/2017/healthbeauty/article/id/125129/> 新世代之「全人健康」。

9. Mak Wing Sze (葉麗霞) (11 October 2014)。《Recovery and Holistic Health》。Online search date: 31 August 2018.
Website: https://www.richmond.org.hk/sites/richmond/files/uploads/RFHK%20Mental%20Health%20Conference%20Keynote%20Speech_Prof%20Winnie%20Mak.pdf



在精神康復實務工作中，不少服務使用者在患病後一段時間，對人生感到失落和絕望。然而，Randolph C H Chan, Winnie W S Mak, Floria H N Chio, & Alan C Y Tong (2017) 的研究指出，透過復元歷程，包括減輕臨床症狀（臨床方面），改善職業、社會和適應能力（功能方面），以及發展個人有價值的目標和身份（個人方面）¹⁰，他們學懂如何積極面對精神病所帶來的各種困擾，並能最終完成個人的理想和目標（圖表二 全人健康與復元維度）。

In the practical work of mental rehabilitation, a large number of service users feel disappointed and despaired about their life after getting sick for a while. Nevertheless, as pointed out by Randolph C H Chan, Winnie W S Mak, Floria H N Chio, & Alan C Y Tong (2017) in their study, the recovery process, including alleviation of clinical symptoms (clinical aspect), improvement of occupational, social and adaptive capabilities (functional aspect), and development of meaningful personal goal and identity (personal aspect)¹⁰, can help them learn and understand how to actively cope with all kinds of troubles caused by mental illness, to eventually fulfill their personal ideals and goals (Table 2 Dimensions of Holistic Health and Recovery).

圖表二：全人健康與復元維度



Table 2 : Dimensions of Holistic Health and Recovery



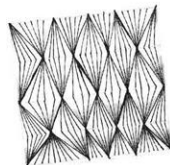
10. Randolph C H Chan, Winnie W S Mak, Floria H N Chio, & Alan C Y Tong (2017). Flourishing With Psychosis: A Prospective Examination on the Interactions Between Clinical, Functional, and Personal Recovery Processes on Well-being Among Individuals with Schizophrenia Spectrum Disorders. *Schizophrenia Bulletin*, 44 (4), p778-786.

肆、澳門扶康會怡樂軒提供的綜合服務

澳門扶康會怡樂軒（以下簡稱中心）的服務對象（以下簡稱會員）為16歲或以上的精神康復者。中心採用個案管理模式（Case Management）為會員提供服務，根據會員的個別需要，中心會安排一名專業職員擔任個案工作員，負責跟進個案直至服務完結。目的是加強彼此的關係，以便往後的跟進工作，並且當會員或家屬遇到困難時，他們即可找尋熟悉其情況且關係良好的職員尋求協助。中心的服務流程始於收到轉介，然後中心便按服務申請者的醫療、個人背景及需求為考量而分配給不同的專業職員。適合並同意接受服務的申請者在簽署服務同意書後便正式成為外展會員，一般外展服務時期為兩年。於服務期內個案工作員會評估會員的身體、情緒、認知及社會狀況，收集主觀及客觀資料，了解他們的期望，共同建立短期、中期及長期的目標，執行個人康復計劃內的介入措施以達致康復目標（圖表三 怡樂軒個案工作程序）。

IV. Integrated Service Provided by Fuhong Society of Macau Yee Lok Centre

Fuhong Society of Macau Yee Lok Centre (hereinafter referred to as the Centre) provides services for people with mental illness in rehabilitation at or above age 16 (hereinafter referred to as members). The Centre employs the case management model to provide services for members. Considering the personal needs of members, the Centre arranges a professional as the case manager, who is responsible for following up cases until the end of service. In this way, the case manager can strengthen the relationship with members to facilitate the follow-up work in the future. When any member or his family encounters any problem, they can find the staff who knows well about the service users for assistance at once. The Centre starts providing services for a service applicant after he is referred to the Centre and then assigns different professionals considering his medical and personal backgrounds and needs. When an applicant is suitable and agrees to accept services, he will become a formal extended service member after signing a service agreement. Normally, the extended service period is two years. Within this period, the case manager will evaluate the physical, emotional, cognitive and social condition of members, collect the subjective and objective data, learn about their expectations, jointly set the short-term, mid-term and long-term objectives for them, and execute the intervention measures in the personal rehabilitation plan, so as to achieve the purpose of rehabilitation (Table 3 Case Handling Procedure of Yee Lok Centre).



圖表三：怡樂軒個案工作程序



Table 3 : Case Handling Procedure of Yee Lok Centre



伍、怡樂軒專業康復團隊成員的角色、職責與功能

精神康復者因生理、心理致病性和社會及環境壓力的因素，造成他們不同程度的生理和心理功能異常或消失（如：思維異常、語無倫次、冷漠、社交退縮等）、個人能力（如：社交技巧欠佳、認知能力欠佳等）受限，甚至阻礙他們實現一般人的日常生活角色（如：失業、無合適住所等），需要持續接受適當的訓練以獲得相關的技巧。因此，中心因應會員的不同需要，組織專業團隊為他們提供一站式的服務。成員包括有：社會工作員、職業治療師、輔導員、臨床心理學家及護士，其職責與功能如下：

（1）社會工作員：當會員需要申請社會資源（如：經濟援助、社會房屋等），社會工作員會協助會員了解申請這些資源的途徑、協助填寫申請表及通知申請限期。另外，社會工作員會定期聯繫家屬，協助家人提高對疾病和復發徵兆的認識，讓家屬對會員的預後有合理的期待。同時，定期舉辦康樂活動促進進會員和家屬彼此間的溝通和了解機會。

VI. Roles, Duties and Functions of Yee Lok Centre's Specialized Rehabilitation Team Members

Due to physiological and psychological pathogenicity, social and environmental pressures, and other factors, people with mental illness in rehabilitation may, to different degrees, experience the disorder or disappearance of physiological and psychological functioning (e.g. abnormal thinking, incoherent speech, indifference, and social withdrawal, etc.), and restricted personal capabilities (e.g. poor social skills and lower cognitive abilities, etc.), which may even prevent them from living like a normal person (e.g. unemployment or lack of suitable accommodation, etc.). In this case, they should receive suitable training constantly to acquire relevant skills. Hence, the Centre organizes professional teams to provide one-stop services according to the different needs of members. These teams consist of social workers, occupational therapists, counselors, Clinical psychologist, and nurse, whose duties and functions are as follows:

（1）Social workers: When a member needs to apply for social resources (e.g. financial aid, and public housing, etc.), the social worker will assist the member to learn about the channels of applying for these resources, assist him to fill in the application form, and notify him of the deadline for application. Additionally, social worker contacts the family periodically to make them more aware of the illness and the signs of recurrence, so that the family will have reasonable expectations for the prognosis of the member. Meanwhile, recreational activities are periodically organized to create opportunities for better communication and understanding between members and their family.

（2）職業治療師：當會員有公開就業、提升個人自理能力及建立規律日序的需要時，職業治療師會了解會員的參與意願，介紹職業訓練的目的及內容，鼓勵會員參與職業訓練，提升會員的個人能力及協助會員融入社區。

（3）輔導員：當會員遇到情緒問題或煩惱時，會員都會與輔導員傾談，內容包括提供情緒支援以及協助會員解決日常所遇到的困難。

（4）臨床心理學家：協助評估會員的認知、情緒及行為，再以心理治療介入，針對阻礙個案復元及成長的原因探究及處理。

（5）護士：當會員遇到疾病及用藥的問題時，護士會向會員解釋疾病及藥物的效用，並會送他們藥盒教導他們執藥。同時，向會員和家屬解釋用藥的作用及重要性，解答會員疾病及用藥的疑難，教導會員如何正確處理藥物的副作用。

陸、個案介紹及分析

陳仔於澳門出生，在澳門接受教育，中學程度。多年前，被調升為中層職員後，因工作壓力太大，開始出現精神健康問題，須定期覆診及接受藥物治療。陳仔患有情感型精神分裂

（2）Occupational therapists: When a member needs to have an open employment, enhance self-care capability, and live a regular life, occupational therapist will learn about the member's willingness of participation, introduce the purpose and contents of vocational training, and encourage his participation in vocational training, so as to improve his personal capabilities and assist his blending into community.

（3）Counselors: When a member encounters emotional issue or trouble, he can talk to the counselor, who provides emotional support and assists the member in resolving the difficulties in his daily life.

（4）Clinical psychologist: he assists in the evaluation of the member's cognition, emotion and behavior, delves into and deals with the factors obstructing the recovery and growth of the member by means of psychological therapy.

（5）Nurse: When a member has any question about illness and medication, the nurse will explain the illness and the effects of medicine to the member, give a pillbox to him and teach him how to medicate. Meanwhile, the nurse will explain the effects and importance of medicine to the member and his families, answer their questions about the member's illness and medication, and teach the member how to cope with the side effects of medicine properly.

VI. Cases and Analysis

Chan was born and educated in Macau and graduated from high school. After he was promoted to a middle-level position many years ago, he started showing the sign of mental illness due to heavy work pressure. He had to see a psychiatrist and receive medication regularly. As he was diagnosed with

症，常擔心親友和同事會危害自己，長期處於情緒抑鬱狀態，微狀有情緒低落，常感到不開心的，不想見朋友，經常躲在家中。陳仔覺得人生灰暗，感到難以處理健康問題，經常向工作員表示無助和沮喪。

(1) 轉介原因：受助者（陳仔）期望公開就業，重新投入社會。

(2) 接案評估：陳仔長期處於抑鬱狀態，包括：情緒低落、常感到不開心的、不想見朋友、平時喜歡唱卡拉OK，朋友多次邀請陳仔，也提不起興趣及躲在家中。在接案初期，陳仔迴避與其他職員及會員的交談，向工作員表示只選擇服用對病情有幫助的藥物，常擔憂親友和同事會危害自己，覺得人生被精神病控制，感到非常彷徨。

(3) 介入目標：工作員開始向陳仔提供個別輔導，並採用復原的十大原則對陳仔進行康復和復原的干預。包括：

- A. 朋輩的支持 (Peer Support)
- B. 希望和責任 (Hope and Responsibility)
- C. 自我取向及以個人及個體為本 (Self-Direction and Individualized & Person Centered)
- D. 能耐取向 (Strengths Based Orientation)¹¹

schizoaffective disorder, Chan was often concerned that he might be harmed by his own family members or colleagues. Hence, he was depressed for a long time. He was in low spirit, often felt unhappy and hid at home to avoid friends. Chan felt that his life was in the dark, and found it difficult to cope with health issues. He often expressed helplessness and dismay to the case manager.

(1) Reasons for referral: The recipient (Chan) looked forward to reentering the society through open employment.

(2) Case assessment: Chan had been depressed for a long time. He was in low spirit, often felt unhappy, and tried to avoid friends. He liked Karaoke, but he refused friends' invitation for many times and chose to hide at home. In the beginning, Chan avoided the conversation with other staff and members, and told the case manager that he would only take the medicine which is helpful to illness, and he was often concerned that he would be harmed by his family members and colleagues, felt that his life was controlled by mental illness, and felt completely lost.

(3) Intervention objectives: The case manager started the exclusive counseling for Chan, and followed the ten principles of recovery to perform the rehabilitation and recovery intervention with Chan, including:

1. Peer Support
2. Hope and Responsibility
3. Self-Direction and Individualized & Person-Centered
4. Strengths-Based Orientation¹¹

(4) 過程：

A. 朋輩的支持

工作員與陳仔建立合作式關係，藉此促進他的個人責任和控制權。工作員並非扮演專家角色去規劃陳仔的復元方向，而是重視他本身的能力，優點，資源和責任去處理其病患和困擾。透過與工作員建立的良好關係，陳仔對自己的能力和資源有正面看法，能設定個人期望和目標，適當運用這些能力和資源去完成個人目標，促進個人成長。此外，在輔導過程中，陳仔曾經歷數次抑鬱情緒，此時工作員的關懷和支持十分重要，尤其是工作員能陪同他提前覆診，協助他與主診醫生商討，令到他得到適當的治療和幫助，這正是陳仔最欣賞工作員的協助之一。

在工作員的鼓勵下，陳仔開始和其他會員熟絡起來，幾位會員更介紹陳仔參與職業訓練。他們對陳仔的朋輩支持，讓陳仔的情緒也開朗起來，性格變得積極和主動，還會主動關心其他會員的身體狀況。

B. 希望和責任

每當陳仔回想起多年前的慘痛遭遇，他都感十分傷痛和憤怒。當時他在工作單位辛勞工作五年，因表現良好得到上級晉升為中層職員。晉升後，

(4) Process:

A. Peer Support

The case manager built a cooperative relationship with Chan to increase his sense of responsibility and self-control. The case manager did not act like an expert to plan the recovery for Chan, but assisted him to deal with the illness and troubles on the basis of his capabilities, strengths, resources and responsibilities. Through the good relationship with the case manager, Chan embraced a positive attitude towards own capabilities and resources, and was able to identify personal expectation and goal, so that he could make use of these capabilities and resources properly to fulfill a personal goal and promote personal growth. Additionally, Chan became depressed many times during the counseling process, so the care and support given by the case manager were very important to him. Especially, the case manager accompanied him to have advanced psychiatric consultation, and assisted him to discuss with the attending psychiatrist, to ensure the appropriate treatment and aid to him. This was one of the reasons why Chan appreciated the assistance of the case manager most.

Under the encouragement of the case manager, Chan started to make acquaintance with other members, and several members introduced him to take part in vocational training. With the support from these friends, Chan gradually became optimistic and active, and also actively asked about the physical condition of other members.

B. Hope and responsibility

Chan felt terribly hurt and angry whenever he thought about his painful experience many years ago. At that time, he worked very hard in a company for five years and was

11. Davidson, L., Sells, D., Songster, S., & O'Connell, M. (2009). Qualitative Studies of Recovery: What Can We Learn from the Person? In R. O. Ralph & P. W. Corrigan (Eds.), Recovery in mental illness: Broadening our understanding of wellness (pp. 147-170). Washington, DC, US: American Psychological Association.

陳仔覺得自己較其他同事優秀，同事明顯疏遠他，上級對他的工作要求增加，甚至在公開場合批評陳仔的工作表現，使他感到沒有面子、憤怒和精神壓力過大，無法持續工作。不久患上精神病，他的工作、經濟、健康和人際關係漸漸走下坡。在個案面談時，他的抑鬱情緒嚴重，無法配合工作員的面談，需要工作員的情緒支援。

陳仔回觀病發時，對人和事有很多負面觀感，造成很多負面情緒。工作員協助他以較正面態度回顧病發遭遇。首先工作員運用正常化技巧，讓他明白自己面對的困難並非獨特，也非特別嚴重，有很多他認識的人，無論是否患有精神病，都要同樣面對相同或相類似的困難和壓力，減少孤單感，鼓勵他積極面對困難。

C. 自我取向及以個人及個體為本

陳仔起初因不了解病情和藥物的作用，故不配合治療。工作員鼓勵陳仔表達自己看法，經過護士及工作員的細心解說後，陳仔明白服藥的重要性，亦願意按醫生的指示服藥，建立良好的服藥習慣和增加病悉感。當他遇到有關藥物的問題時，他會主動向工作員請教，記錄病情及願意向醫生而討調校藥物。



promoted to a middle-level position due to good performance. After being promoted, Chan felt that he was obviously estranged by colleagues since he did better than them. Meanwhile, the superior had higher requirements for his work, and even criticized him for poor performance in public, making him feel humiliated and angry. Under such heavy psychological pressure, he could not continue the work. Then he was diagnosed with mental illness. For this reason, he experienced a descending life related to the job, financial source, health and interpersonal relationship. During the interview with him, Chan was seriously depressed, could not communicate with the case manager, and even relied on the emotional support from the case manager.

When he looked back at the outbreak of his illness, Chan gave so many negative opinions on human and matter, resulting in many negative feelings. The case manager assisted him to look back at what he experienced at the outbreak of his illness positively. At first, the case manager employed the skill of normalization to help him understand that the difficulties he was facing were neither unique nor extremely serious, and many people he knew must face the same or similar difficulties and pressures whether they had a mental illness. In this way, he felt that he was not alone. Moreover, he was encouraged to face actively and cope with the difficulties.

C. Self-Direction and Individualized & Person-Centered

In the beginning, Chan did not cooperate with the treatment since he did not understand his own condition or the effects of the medicine. The case manager encouraged him to express his opinions. After hearing the careful explanations given by a nurse and the case manager, Chan understood the importance of medication, and expressed his willingness to

D. 能耐取向

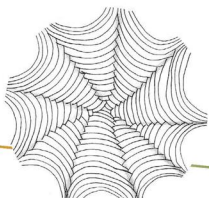
工作員與陳仔檢視其日常活動後，陳仔同意善用餘暇，過較充實的日間生活，包括：日間參與職業訓練，定期與友好會員外出食飯、唱卡拉OK和外遊活動。此外，主動參與中心的歌唱活動，亦主動要求增加職業訓練的時間和項目，為公開就業作進一步準備。

(5) 個案工作成效

A. 個人復元方面

陳仔的精神問題沒有徹底治癒，但情緒起伏和妄想等疾病症狀已得控制，工作員跟進兩年期間，精神狀況和情緒已明顯改善。

陳仔學習到應付精神病症狀的方法和技巧、懂得調節自己的生活，令自己生活得開心。不像以往，認為自己受病困影響而一事無成。例如：當他情緒抑鬱時，會安排與會員外遊、唱卡拉OK，減少抑鬱情緒，亦主動找工作員傾談病情的變化，能自行安排提前覆診，將自己的病情坦白告知主診醫生，反映對藥物的意見，協助醫生處方適當的藥物。



take medicine as the psychiatrist instructed, develop a good habit of medication and know better about the illness. When he encountered any question about medicine, he also actively asked the case manager, recorded his condition, and discussed with a psychiatrist for medication adjustment.

D. Strengths-Based Orientation

After the case manager reviewed Chan's daily activities, Chan agreed to enrich his daily life at his free time, including daily participation in vocational training, periodically going out for dinner with friendly members, going Karaoke, and going on a field trip. Moreover, he actively participated in the singing activities organized by the Centre, and also asked to increase the time and items of his vocational training, to be further ready for open employment.

(5) Case results

A. Personal Recovery

Chan's mental illness has not been thoroughly cured yet, but his symptoms including mood swings and delusions have been under control. After the case manager followed up his case for two years, his mental condition and emotion have been significantly improved.

Chan has learned the methods and skills for coping with the symptoms of mental illness, and how to adjust himself to live a happy life. He has stopped blaming the illness for his loss. For instance, when he feels depressed, he will arrange a field trip or go Karaoke with other members to reduce depression, or actively talk to the case manager about the change of his condition. Moreover, he can also make an arrangement for an early return visit to a doctor independently, and tell the attending psychiatrist his condition, express his

B. 功能復元方面

陳仔不像按案初期提不起勁及常躲在家，現能發掘自己的興趣，穩定參與中心的職業訓練；也會與熟悉的會員共同組織群組，邀請新會員一起參與社區上的活動。

柒、總結

每個康復者的復元歷程都是獨特的，復元不是一個簡單直接的過程，是一個相當複雜和多變的過程。在尊重、溝通、理解和人道的治療環境下，陳仔透過自身的投入和努力、朋輩及專業人士在不同的階段給予適當的干預和支持，從而達至臨床復元和功能復元，重新過正常的生活。

「復元模式」在實際運用上，有一定效果，對康復者的康復進程有良好的推動。特別是過程中服務使用者逐步理解及接受「精神疾病」並非生活的全部，不再將生活的重心放在疾病上，開始過自己期望的生活。當然有同事反映，康復者在康復過程中表現依舊較為被動，而同事的主導性亦較強，顯示除了推動同事理解及接納「復元模式」的價值及概念外，如何令康復者及家屬理解接納「復元模式」，積極投入，同樣重要。

opinions on medicine, and assist the psychiatrist in prescribing suitable medicine.

B. Functional Recovery

In the beginning, Chan found everything boring and often hid at home. At present, he can develop his own interests, and keep attending the Centre's vocational training. Also, he forms groups with the closed members and invites new members to participate in the activities in communities.

VII. Conclusion

Each person in rehabilitation has their unique recovery process. Recovery is not a simple and straightforward process, but a very complicated and varying process. In the therapeutic environment with respect, communication, understanding and humanity, Chan can achieve the clinical and functional recovery and live a normal life through his own efforts with the appropriate intervention and support from friends and professionals at different stages.

"Recovery model" has achieved some effects in the practical application, to virtuously promote the recovery process of people in rehabilitation. Especially in the process, service users have gradually understood and perceived that "mental illness" should not be the only focus in their lives, and started to live a life as they desire. Certainly, some colleagues point out that people in rehabilitation are still passive in the process of rehabilitation, so they are often directed by these colleagues. Hence, helping people in rehabilitation and their family members accept the "recovery model" and making them participate in the process actively is as important as improving colleagues' understanding and acceptance of the value and concept of the "recovery model".

捌、建議

就更全面推行以「復元模式」為基礎的服務，有以下幾點建議：

1. 對「復元模式」的理論學習及實務培訓。「復元模式」更多是一種價值導向，同樣需要同事對其核心價值的認識和認同。同時，對「復元模式」及具體操作方法有全面性的認識，並結合中心現時的服務內容，發展服務計劃和各種訓練，以期在未來將「復元模式」作為核心架構，推動精神健康服務發展。

2. 增加服務使用者及家屬的參與。「復元模式」中，康復者及家屬有更多的自主性及主動性，他們的參與是「復元模式」成功的關鍵。可以透過與相鄰地區使用「復元模式」作為服務核心的機構及其服務使用者、家屬進行交流學習，讓中心服務使用者及家屬更了解何謂「復元」，更接納及參與進來。

3. 推動朋輩支援發展。借鑒其它地區的服務模式，有復元經驗的人士（朋輩）對其他康復者有積極的貢獻。朋輩支援透過個人面談、互助小組及與專業職員合作等方式，能推動其他康復者更有效的推進「復元」。

VIII. Recommendations

To promote the services based on the "recovery model" in a more comprehensive way, the following recommendations are given:

1. Arrange the study on the theory of the "recovery model" as well as the practical training. The "recovery model" is highly value-oriented, so colleagues are required to understand and recognize its key value. Meanwhile, they should understand the "recovery model" and specific operation methods in a comprehensive way. Moreover, service plan and training should be prepared to promote the development of mental health service in the framework with the "recovery model" as the centre in the future.

2. Enhance the participation of service users and their family members. In the "recovery model", people in rehabilitation and their family members should be more independent and active, as their participation is significant to the success of the "recovery model". Through communicating with and learning from the institutions that emphasis on the "recovery model" in their services in the neighboring areas, as well as their service users and family members, so that the Centre's service users and family members can better understand and accept "recovery", and take part in the recovery process.

3. Promote support from friends. The service model in other regions is borrowed, while people (friends) with experience in recovery can play an active role in the recovery of other people in rehabilitation. The support from friends can be achieved by means of meeting, mutual-aid group, and cooperation with professional staff, to realize more effective "recovery" of people in rehabilitation.

4. 多元化的服務發展。多元化的服務可以提供更多的選擇和機會，而怡樂軒一間中心不足以達致這一目標。而隨著新職業訓練中心寶翠中心投入運作，可以為康復者提供較完善的職業康復選擇，更多的訓練內容及與公開就業環境有更多接觸及交流，能讓康復者更適應工作需求，為重投社會打好基礎。

玖、結語

傳統上，治療及康復工作由專業的醫護等主導，以治療及預防復發為導向，鼓勵被動及順從。某程度上過度強調疾病的存在及削弱康復者的自主性。「復元模式」則旨在突破疾病的枷鎖，以包容及尊重減少患病對康復者產生的不良影響，讓康復者可以建立精神病患者以外的身份及生活。

中心在運用「復元概念」於個案工作時，取得一定成效。包括在服務開始時，與康復者商討，共同制定康復計劃，建立短、中、長期目標。同時，透過鼓勵參與中心的活動或課程，或參與自己感興趣的其它活動，協助康復者充實日常，找到生活樂趣，過有意義的人生。針對精神疾病及其影響，除了解釋配合治療及服藥的重要性，亦會與康復者交流，協助其發掘適合自己的減輕病徵影響的方法。

4. Diversify service development. The diversification of services can provide more choices and opportunities, but this purpose cannot be achieved by Yee Lok Centre alone. After the new vocational training centre Pou Choi Centre is put into operation, it will provide more choices of vocational rehabilitation for people in rehabilitation, and create more training contents and open employment environment for more contact and communication, so that people in rehabilitation can better adjust themselves to the needs of work, and lay a good foundation for their re-entering the society.

IX. Conclusion

Traditionally, therapy and rehabilitation are dominated by professional medical staff, and intend to treat illness and prevent recurrence, so they encourage passivity and obedience. However, this puts excessive emphasis on the existence of illness and undermines the independence of people in rehabilitation to some extent. Differently, "recovery model" aims to shatter the shackles caused by illness, and reduce the bad influence of illness on people in rehabilitation through tolerance and respect, so that people in rehabilitation can embrace the identity and life outside their mental illness.

The Centre employs the "concept of recovery" in case management and has made certain achievements. At the beginning of service, it arranges the discussion with people in rehabilitation to jointly develop a rehabilitation plan and set short-term, mid-term and long-term objectives. Meanwhile, the Centre encourages people in rehabilitation to take part in its activities or programs, or participate in other activities they are interested in, to help them enrich their own lives, find the fun in their lives, and live a meaningful life. With regard to mental illness and its influence, the Centre explains the importance

當然，「復元模式」與傳統模式有很大不同。在過程中，需要同事轉化固有的工作思維，不是專注於如何協助康復者配合醫生治療對抗疾病，而是付出更多的精力及時間陪伴他們重新尋找生活的目標及發展方向。這一過程，不僅工作人員自身，康復者及他們的家人都需要時間接納和消化。

隨著本會不同服務的發展，正在構建更有系統性的精神康復服務網絡，康復者及其家屬會有更多選擇，特別是隨著職訓中心的啟動，透過工作推動復元進程，相信對康復過程更有助益。



of cooperation in therapy and medication to people in rehabilitation, and also communicates with them to assist their finding the suitable method for alleviating the influence of symptoms on them.

Clearly, "recovery model" is greatly different from the conventional models. In the recovery process, colleagues should also change their intrinsic ideas about work. They will not only focus on how to assist people in rehabilitation in cooperating with a doctor to treat and fight against the illness, but also put more energy and time in accompanying them to find the purpose and direction of their life again. It still needs time for case managers, people in rehabilitation and their family members to understand and accept this process.

Along with the development of different services, the organization is constructing a more systematic mental rehabilitation service network to offer more choices for people in rehabilitation and their family members. Especially after the vocational training centre is put into operation to promote the recovery process, it is believed that the recovery process will be further improved.

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從生活質素看智障人士院舍提供之服務

Services Provided by the Centre for People with Intellectual Disabilities from the Perspective of Quality of Life

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現今醫療科技發達、日漸改善的社會經濟環境，智障人士的生存率隨之提高、平均壽命愈來愈長，大量研究報告顯示智障人士的平均壽命已可達至 50 至 60 歲，根據殘疾評估登記處的統計資料顯示，截至 2018 年 6 月 30 日，智力殘疾的登記人數為 1,166 人，年齡分佈於 15-44 歲的有 736 人，佔智力殘疾人數的 63.12%，而 45 歲或以上的亦有 244 人，佔智力殘疾人數的 20.93%，未來將會有一定數量的智障人士邁向中老年的生活階段，可見智障人士的住宿服務存在著一定的需求。

此外照顧者日漸年老，照顧智障人士的起居生活亦變得越漸困難，在《探討澳門智力障礙者家庭雙重老化面對挑戰應對》調查研究中顯示，有

At present, people with intellectual disabilities enjoy the increasing survival rate and the longer life expectancy, which thanks to advanced medical science & technology and the improving social and economic environments. As revealed in many research reports, the life expectancy of people with intellectual disabilities has been up to 50-60 years old. According to the statistical data of Disability Assessment Registration Card, Macau had 1,166 registered people with intellectual disabilities by June 30, 2018, including 736 registered people at age 15-44, accounting for 63.12% of a total number, and 244 registered people at or above age 45, accounting for 20.93% of total number. There is a number of people with intellectual disabilities will become middle-aged and old people, so there must be certain needs for residential services.

Additionally, it will become more and more difficult for the caretakers of people with intellectual disabilities to take care of them as the caretakers grow old as well. As revealed in the survey "Study on How to Cope with the Challenges



近八成的受訪者頗擔心 / 非常擔心不能夠照顧智障家人老化後的生活，另外超過七成受訪者表示頗需要 / 非常需要暫宿服務、社區護理、社區照顧服務、雙老度假活動中心及家人共住的照顧式院舍（澳門智障人士家長協進會，2017），照顧者對於智障家人未來的生活安置存在一定的憂慮，智障人士住宿服務不可只著眼於僅為服務使用者提供基本的生活照顧，而對於服務的內容及智障人士院內的生活質素亦是照顧者們所關注的重要因素。

綜觀現時智障人士院舍所提供的服務，不論在澳門或是鄰近地區，都由以往的日常照顧服務，進展為提昇智障人士的生活質素，澳門特區政府《2016至2025年康復服務十年規劃》住宿照顧範疇中指出，住宿照顧的發展目標根據服務求的發展情況，完善住宿服務設施的規劃與提供，同

for Old Family Members to Take Care of Old People with Intellectual Disabilities in Macau (Sessão de divulgação do estudo sobre envelhecimento duplo das famílias com deficientes intelectuais, seu desafio e tratamento) " nearly 80% of respondents were fairly/highly concerned about being unable to take care of old family members with intellectual disabilities, and more than 70% of respondents felt fairly / highly necessary to have the care centres offering temporary residential service, community nursing service, community care service, vocational and activity centres for old people with intellectual disabilities and their old family members, and allowing to live with family members (Association of Parents of the People with Intellectual Disabilities of Macau, 2017) . Caretakers have concerns about the future life of their family members with intellectual disabilities, so the residential service for people with intellectual disabilities should not only focus on the provision of basic nursing service for service users, but also highlight its contents and the quality of life of people with intellectual disabilities in the centre, which are the key factors caretakers take into account.

As revealed in the review of the current residential services provided by the centres for people with intellectual disabilities, care service has been upgraded to improving the quality of life of people with intellectual disabilities whether they are in Macau or neighboring areas. In the "Ten-year Plan for Rehabilitation Services 2016-2025", the Macau Special Administrative Region Government defined the scope of residential care, and pointed out that the development objective of residential care would be to improve the planning and provision of residential service facilities according to the change of service supply and demand, and enhance the quality of service provided by residential service facilities

時需提升住宿設施的服務質素，促進服務使用者的福祉。隨著社會不斷進步，住宿服務亦不再只停留於原有的服務模式，聯合國《殘疾人權利公約》二十八條中確認，殘疾人士有權為自己獲得適足的生活水準，以及不斷改善生活條件，而如何透過院舍服務去協助智障人士提昇生活質素，相信會是服務發展的核心要素。

生活質素的定義

「生活質素」一詞目前被廣泛使用在各項生活評估以及研究探討當中，以反映人們的生活狀況，但因為生活質量的概念較為抽象複雜，且其定義很大程度上取決於個人或群體的偏好，而因各人所重視事物之不同，使其難以提供較一致和簡明的定義，所以到目前為止其定義仍是模糊不清的。

生活質素的概念最早由希臘哲學家亞里斯多德 (Aristotle) 所提出，他表示生活質素是一種「快樂幸福」(happiness) 的感覺，使個人擁有美滿生活 (Zhan, 1992)，雖然這概念很早便被提出，但「生活質素」一詞直至第二次世界大戰後才開始被人們廣泛使用，在最初的階段其意義只代表好的「物質生活」，後來學者們才對「生活質素」一詞加入其他的涵意。

to improve the welfare for service users. Along with the continuous progress of the society, residential service will not be restricted to the existing service model. In Article 28 of the United Nations Convention on the Rights of Persons with Disabilities, it is confirmed that people with disabilities have the right to an adequate standard of living for themselves and to the continuous improvement of living conditions. Hence, the service development will mainly focus on how to assist them in improving the quality of life through residential services.

Definition of Quality of Life

"Quality of Life" is a term widely used in all kinds of life assessments and studies to reflect people's living conditions. However, it is an abstract and complex concept, so its definition depends on the preference of the individual or group to a large degree. Different people may care about different things, so it is difficult to achieve a uniform and concise definition. For this reason, it has not been clearly defined so far.

The concept of quality of life was put forward by Aristotle, a Greek philosopher, for the first time. He believed that the quality of life is a feeling of "happiness", and brings a happy life to a person (Zhan, 1992). Although it was put forth very early, it was widely used by people after the Second World War. At first, it only implied a good "material life", but its connotation was further expanded by scholars later on.

過去，人們往往把「生活質素」理解為避免罹患疾病及擁有健康的身體，把焦點集中在醫療的層面上。但這觀點較為狹義，其後很多學者進行研究後認為「生活質素」應從多方面去探討，不應只關注醫療的部分。此外社會、心理、醫療等界別的專業人士都關注「生活質素」的研究，希望透過研究建立一套客觀、正確的生活質素指標，以協助個人獲得最佳的生活質素 (Ferrans & Powers, 1985)。

過去三十年，有許多學者對生活質素進行不同的描述，例如 Sarvimäki 與 Stenbock-Hult 認為生活質素為個人的主觀感受，Lawton 則認為「生活質素」是多面向的概念，包含環境、行為能力、個人領會及心理健康等四部分 (Lawton, 1991; Sarvimäki & Stenbock-Hult, 2000)。郝奎特 (Hornquist) 更指出「生活質素」應從個人對生理、心理、社會、活動、物質及空間結構等方面需求的滿意度來反映出其情況 (Hornquist, 1982)。

雖然目前對生活質素的定義仍有很多不同的說法，而世界衛生組織 (WHO) 所做的定義最為大多數人採用，其定義為健康相關生活質素是指個人在所生活的文化價值系統中，對於自己的目標、期望、標準、關心等方面的感受 (WHOQOL, 1998)。

In the past, people often focused on the medical aspect to prevent diseases and maintain a healthy body, to achieve a good "quality of life", but it was only an understanding of "quality of life" in a narrow sense. Subsequently, many scholars believed that the "quality of life" should be considered in many aspects instead of the medical aspect only. In their study on the "quality of life", some professionals in such fields as sociology, psychology and medicine had also intended to identify a set of objective and correct indicators for the quality of life, to help individuals obtain the best quality of life (Ferrans & Powers, 1985).

In the past three decades, a great number of scholars had described the quality of life from different perspectives. For instance, Sarvimäki and Stenbock-Hult believed that the quality of life is a subjective feeling of individual, but Lawton claimed that the "quality of life" is a concept involving multiple aspects, which are classified into four parts, including environment, performance skills, personal feelings and mental health (Lawton, 1991; Sarvimäki & Stenbock-Hult, 2000). Hornquist pointed out that the "quality of life" should be reflected by the satisfaction of an individual's needs in such aspects as physiology, psychology, society, activity, material, and spatial structure (Hornquist, 1982).

So far, there are different definitions of quality of life, but the definition given by the World Health Organization (WHO) has been accepted by most people. In this definition, health-related quality of life refers to an individual's perception of own goal, expectation, standard and concern, etc. in the cultural and value system in his life (WHOQOL, 1998).



生活質素的觀念架構

2001 年由 Verdugo 和 Schalock 學者經由三個步驟：觀察及現象的描述、概念的形成及一系列針對此架構測試的研究 (Shoemaker, Tankard, & Larorsa, 2004)，發展出的生活質素的觀念架構。概念架構由三個因素所構成，包括獨立性、社會參與和幸福。細分為八個範疇，包括個人發展、自我決定、人際關係、社會融合、權利、情感福祉、生理福祉、物質福祉，由 24 個主要的指標為八個不同的範疇作出相關的定義，詳細參考表 1 (Schalock, Bonham, & Verdugo, 2008; Verdugo & Schalock, 2001)。研究表明這八個範疇能對生活質素作充分描述 (Gómez, Verdugo, Arias, & Arias, 2011)。

Conceptual Framework of Quality of Life

In 2001, Verdugo and Schalock developed the conceptual framework in three steps, observing and describing the phenomenon, concept mapping, and empirically testing the framework in a series of studies (Shoemaker, Tankard, & Larorsa, 2004). The conceptual framework has three factors, i.e. independence, social participation, and well-being, which are further classified into eight domains including personal development, self-determination, interpersonal relations, social inclusion, rights, emotional well-being, physical well-being, and material well-being. The eight domains are defined by 24 main indicators as detailed in Table 1 (Schalock, Bonham, & Verdugo, 2008; Verdugo & Schalock, 2001). As revealed in studies, such 8 domains can give a sufficient description of the quality of life (Gómez, Verdugo, Arias, & Arias, 2011).

Table 1 : Quality of Life Conceptual Framework: Factors, Domains, and Indicators

Factors	Domains	Indicators
Independence	personal development	Educational status, personal skills, adaptive behavior (daily life skills)
	Self-determination	Choice /decision, autonomy, personal control, personal goals
Social participation	Interpersonal relations	Social networks, friendships, social activities, interactions, relationships
	Social inclusion	Community integration/ participation, community roles, support
	Rights	Human (respect, dignity, equality) Legal (legal access, due process)
Well Being	Emotional well-being	Safety and security, positive experiences, contentment, self-concept, lack of stress
	Physical well-being	Health and nutrition status, recreation, leisure
	Material well-being	Financial status, employment status, housing status, possessions

表 1：生活質素的觀念架構：因素、範疇及指標

因素	範疇	代表指標
獨立 (Independence)	個人發展 (personal development)	教育狀況、個人技能、適應行為 (日常生活技能)
	自我決定 (Self-determination)	選擇 / 決定、自主、自我控制、個人目標
社會參與 (Social participation)	人際關係 (Interpersonal relations)	社交網絡、朋友、社交活動、人際互動、人際關係
	社會融合 (Social inclusion)	社區融入、參與、社會角色、支持
	權利 (Rights)	個人 (尊重、尊嚴、平等) 法律 (法定權利、公平待遇)
幸福感 (Well Being)	情感福祉 (Emotional well-being)	安全及保障、正向的體驗、滿足感、自我概念、不具壓力
	生理福祉 (Physical well-being)	健康及營養狀況、娛樂、休閒
	物質福祉 (Material well-being)	經濟狀況、就業狀況、住屋狀況、財產

這個概念架構的重要性在於它對生活質素具有解釋力，為評估與生活質素相關的個人成果給予一個穩固的基礎；並可應用生活質素相關的因素、範疇和指標作出個人化的支援、計劃、實踐及提升生活質素。(Schalock et al., 2008)

This conceptual framework is significant for its explanation of quality of life and provides a solid basis for the assessment of personal achievements related to the quality of life. Moreover, it allows having the personal supports, plans and practices based on these factors, domains and indicators related to the quality of life, to improve the quality of life (Schalock et al., 2008).



生活質素在智障人士服務上的應用

2006年由聯合國通過的殘疾人權利公約，宗旨是促進、保護和確保所有殘疾人充分和平等地享有一切人權和基本自由，並促進對殘疾人士固有尊嚴的尊重（United Nations, 2007）。這個概念確保了智障人士與社會中的任何人一樣，擁有同樣的人權及生活質素（Verdugo, Navas, Gomez, & Schalock, 2012）。

生活質素的概念可以為智障人士服務提供新的看法，對在該領域工作的人士產生正向的影響，給他們提供一種有用的模式，用以識別、發展和評估為智障人士提供的支援、服務和政策；可為智障人士在個人及社會兩個層面作出改變，增進他們的幸福感和減少社會主流的排斥（Schalock et al., 2002）。

研究指出這個概念架構能有效地區評量智障人士的生活質素，並取得智障人士生活質素研究社群的共識（Morisse, Vandemaele, Claes, Claes, & Vandevelde, 2013; Schalock et al., 2002）。2008年由 Van Loon、Van Hove、Schalock 與 Claes 等學者延續生活質素的八個範疇，發展出「智障人士生活質素量表」（Personal Outcomes Scale, POS）（Van Loon, Van Hove, Schalock, & Claes, 2008），用來測量

Application of Quality of Life in Services for People with Intellectual Disabilities

In 2006, the United Nations adopted the Convention on the Rights of Persons with Disabilities with the purpose to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity（United Nations, 2007）。In other words, it guarantees that people with intellectual disabilities enjoy the same human rights and quality of life like any person in the society（Verdugo, Navas, Gomez, & Schalock, 2012）。

The concept of quality of life provides a new perspective on the service for people with intellectual disabilities and exerts a positive effect on people working in this field. Moreover, it can provide a useful model for them to identify, develop and assess the supports, services and policies provided to people with intellectual disabilities; and can facilitate the change of people with intellectual disabilities on both personal and social perspectives to improve their sense of happiness and reduce the possibility of being excluded by the mainstream society（Schalock et al., 2002）。



提供智障人士服務後的結果（Claes, Van Hove, Van Loon, Vandevelde, & Schalock, 2010）。

如何藉由院舍服務提升智障人士的生活質素

為了解及提升本院服務使用者的生活質素，本院會對所有長期住宿之服務使用者應用「智障人士生活質素量表」定期進行生活質素的評量。截至2018年7月本院的長期住宿服務使用者為20名男性智障人士，平均年齡為33.2歲，殘疾類別分別為：輕度智力殘疾2名、中度智力殘疾4名、重度智力殘疾13名、極重度智力殘疾1名，另外還有伴隨輕度肢體殘疾2名、重度肢體殘疾3名及重度精神殘疾3名。生活質素評量結果如下：獨立因素

Studies show that this conceptual framework can effectively measure the quality of life of people with intellectual disabilities, and has been widely recognized by scholars studying the quality of life of people with intellectual disabilities（Morisse, Vandemaele, Claes, Claes, & Vandevelde, 2013; Schalock et al., 2002）。In 2008, Van Loon, Van Hove, Schalock, Claes and other scholars extended the 8 domains to develop a scale, Personal Outcomes Scale（POS）（Van Loon, Van Hove, Schalock, & Claes, 2008）for measuring the results after providing the service for people with intellectual disabilities（Claes, Van Hove, Van Loon, Vandevelde, & Schalock, 2010）。



How to Improve the Quality of Life of People with Intellectual Disabilities through Residential Services

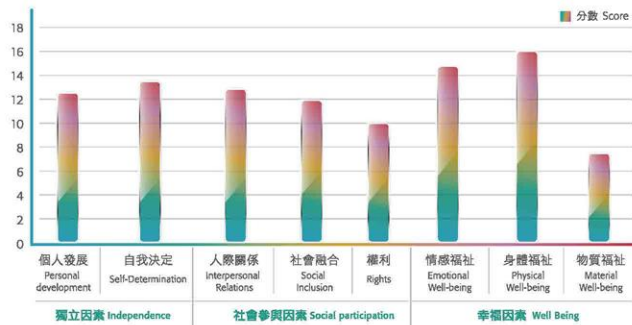
To learn about and improve the quality of life of the service users of Long Cheng Centre, the Centre applied the "Personal Outcomes Scale" in measuring the quality of life of long-term service users. By July 2018, the Centre's long-term residential service users include 20 males with intellectual disabilities at average age 33.2, including 2 with mild intellectual disabilities, 4 with moderate intellectual disabilities, 13 with severe intellectual disabilities, 1 with profound severe intellectual disabilities. Among them, there were 2 persons

之分數為 26.455 (最高分數為 36)、社會參與因素之分數為 35 (最高分數為 54)、幸福因素之分數為 38.1 (最高分數為 54)、總分為 95.55 (最高分數為 144)，詳細參考圖 1。

with mild physical disabilities, 3 persons with severe physical disabilities, and 3 persons with severe mental illness. The measurement results of quality of life are as follows: 26.455 for independence (highest 36), 35 for social participation (highest 54), 38.1 for well-being (highest 54), and 95.55 for total score (highest 144), which are detailed in Fig. 1.

圖 1：「智障人士生活素質量表」分數

Figure 1: Scores of "Quality of Life Scale for People with Intellectual Disabilities"



藉由上述的評量結果，除了可掌握服務使用者現時的生活素質狀況，並且可針對其有待加強的因素，在院舍制定服務和訓練計劃時作為重要的參考數據，達到提高服務使用者生活素質的需要，因應生活素質量表的結果，院舍會重新整合服務，為服務使用者的生活帶來更優質的改變，內容如下：

The results can be used to learn about the current quality of life of service users. While developing the service and training programs, the Centre can take them as an important reference to identify which factors should be improved, to enhance the quality of life of service users. Due to the results of this quality of life scale, the Centre will reintegrate its services to improve the quality of life of service users through the following arrangements:

獨立因素：

- 範疇一：個人發展
- 範疇二：自我決定

本院會根據每一位服務使用者的需要編制個別康復及發展計劃之年度方案，以跨專業職系模式提供適切及高效的介入。通過「主觀」和「客觀」評估方式。主觀評估方式是由服務使用者表達他們對生活素質之滿意程度和期望；但大部份中度至極重度智障服務使用者的認知和溝通能力不足，較難表達自己對生活各方面之意見和期望；因此本院會採用「智障人士生活素質量表」，由熟識服務使用者之員工或有關人士，以較客觀的方式去觀察及了解服務使用者各種生活經驗的現時情況，為擬訂計劃提供有用之參考資料。並與其親屬進行訪談得出共識，就服務使用者及其家屬的需要、期望和選擇參與決定及討論，為服務使用者協調出所需的生活經驗、訓練、活動和支援。

社會參與因素：

- 範疇三：人際關係
- 範疇四：社會融合
- 範疇五：權利

在院舍中為服務使用者建立社會關係，增進服務使用者的角色功能，職員可以引導服務使用者在每個環境中，平等分配及選擇對服務使用者而言重要的角色，協助服務使用者維持

Independence:

- Domain 1: Personal development
- Domain 2: Self-determination

The Centre will prepare an annual plan of personal rehabilitation and development program for each service user to realize the suitable and efficient involvement by the trans-disciplinary model. The "subjective" and "objective" assessments will be carried out. The subjective assessment means that service users express their degree of satisfaction and expectation for the quality of life. However, most of the service users with moderate or severe intellectual disabilities who have poor cognitive capabilities and communication skills, so it is difficult for them to express their own opinions and expectations for life in every respect. Hence, the Centre will use the "Personal Outcomes Scale" and arrange the staff or relevant people who are familiar with service users to observe and learn about the current life experience of service users in an objective way, to provide the useful reference for the development of the plan. Moreover, common understandings will be obtained through interviewing their relatives to find out the needs, expectations and choices of service users and their family members, and make them partake in decision-making and discussion, to determine the necessary life experience, training, activities and support for service users through coordination.

Social Participation:

- Domain 3: Interpersonal relations
- Domain 4: Social inclusion
- Domain 5: Rights

The Centre helps to create social relations for the service users to strengthen their social roles. In each environment,

此角色，提昇正面、有價值的社會角色，讓服務使用者感受到被尊重及尊嚴，以促進其自我概念，增加服務使用者對環境的歸屬感，並且有效提高服務使用者在團體中的角色，從而建立人際關係。另亦安排服務使用者以個人或團體參與生日會、節日慶祝及社區/休閒活動，會先了解服務使用者社區參與的現況，其後依服務使用者期望的生活經驗與目標，酌增服務使用者想加入的社區活動，在增加活動的同時，若有必要，考量減少某些活動的數量，而對於服務使用者不喜歡的活动，亦可以與其討論刪除的可能，使服務使用者樂活於院舍及社區內（鈕文英，2016）。

幸福因素：

- 範疇六：情感福祉
- 範疇七：身體福祉
- 範疇八：物質福祉

院舍內更設有較完善的康復團隊，包括社工、護士、營養師、職業治療師、物理治療師及語言治療師。在接到服務使用者的身體檢查報告及進行家訪後，團隊會針對每位服務使用者之身心狀況進行評估，擬定個人健康計劃，給予個人化的飲食、日常身體護理、肌能訓練及治療服務等，使服務使用者維持身心健康。在維護設施環境方面將透過跨專業職系的分工，

the staff can provide guidance for the service users, equally allocate and select the meaningful roles to service users, assist service users to maintain, and enhance the positive and valued social roles. In this way, service users will feel respected and esteem to facilitate their self-recognition, and embrace a stronger sense of belonging to the environment, to effectively improve their roles in the teams and form interpersonal relations with each other. Moreover, service users are also arranged to attend birthday parties, holiday celebrations, and community/recreational activities alone or as a group. The Centre will first learn about the current condition of the service users' participation in community activities, and properly subjoin some community activities they desire to take part in according to their life experience and goals. While increasing the amount of activities, some other activities may be reduced if necessary. With regard to the activities that service users are not interested in, the Centre may discuss with them about whether to cancel them, so that service users can live happily in the Centre and community (Nau Man Ing, 2016) .

Well-being:

- Domain 6: Emotional well-being
- Domain 7: Physical well-being
- Domain 8: Material well-being

The Centre has a well-organized rehabilitation team including social workers, nurses, dietitian, occupational therapists, physiotherapist, and speech therapists. After receiving the health examination report and a home visit to the service users, the team will assess the physical and mental condition of each service user to draft a personal health plan and provide the tailored diets, daily care, functional training and therapeutic service, etc., to help them maintain their physical and mental health. With regard to the maintenance

固定召開安全小組會議、定期進行防災演習、加裝閉路攝錄系統、特別設立設施巡邏系統及指引，以保障設施範圍內的安全性，務求為服務使用者提供安全舒適的生活居所。另在院內為鼓勵服務使用者積極參與活動及訓練，給予正向行為正增強之獎勵計劃，讓服務使用者選擇喜歡的外出娛樂活動。同時設立模擬工場，讓不同障別的服務使用者透過自身努力賺取收入，讓服務使用者自行選購自己喜歡的物品，提昇服務使用者的自我價值，整體邁向幸福舒適的高質素生活。

過往院舍服務帶給人們的印象一般都是了無生氣、每天待在同一地方重複做同樣的事情，然而對於某些沒有接受任何服務、長期留在家中、而未能銜接其他服務的智障人士而言，院舍服務卻是一個接受新生活的契機，在目前接觸到的個案中我們不難發現，那些長期留在家中的智障人士在進入院舍生活後，不論在社交生活、社區參與、生活體驗、護理照顧等方面都有一定程度的改善。我們不希望智障人士進入院舍後會是另一個枯燥無味生活的開始，除了提供最基本的照顧服務外，更應去思考如何透過院舍這個平台，協助智障人士改善並提昇其

of facilities and environment, the security within the scope of facilities will be guaranteed by dividing the work under the trans-disciplinary model, by holding the regular security team meetings, periodically organizing the disaster prevention drills, installing the closed-loop camera system, and particularly establishing the facility patrol system and guidance, to provide a safe and comfortable living environment for the service users. Additionally, the Centre also encourages service users to take an active part in activities and training, implements the reward plan for positive behaviors, and allows service users to choose the outside entertainments that they feel interested. Meanwhile, simulation workshops are established to help the service users with disabilities of different types to make money through their own efforts, so that they can choose and purchase what they like freely. This will increase the self-perceived value of service users, and bring a happy, comfortable and high quality of life to them as a whole.

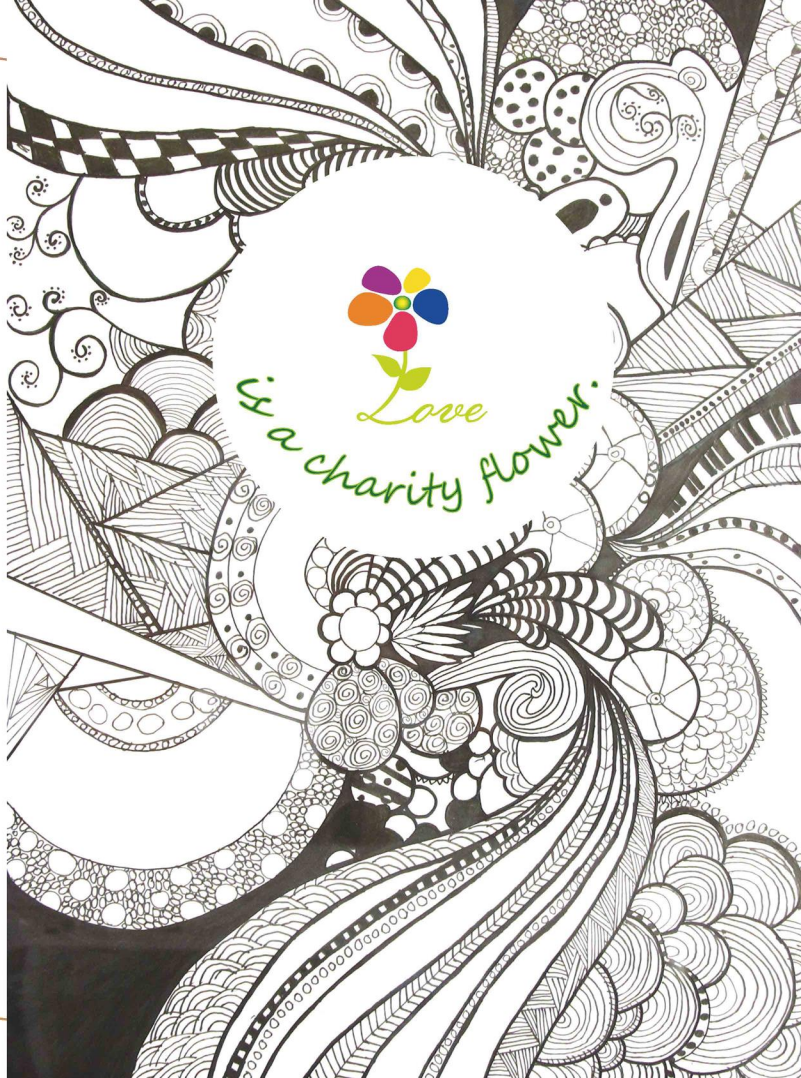
In the past, the services provided by these centres gave people an impression that service users had to stay at the same place and keep completing the same task dully. However, residential services might still be an opportunity for people with intellectual disabilities, who did not receive any service, had to stay at home for a long time and had no access to other services, to accept a new life. In the existing cases available to us, it is clear that people with intellectual disabilities, who stayed home for a long time, have shown some improvements in social life, community participation, life experience, nursing & care, etc. to some extent after starting to live in the Centre. We do not want to bring another dull life to people with intellectual disabilities in the Centre. Apart from the basic care service, we should further reflect on how to assist people with intellectual disabilities to improve and

生活質素，為他們創造更多的可能性，
只要我們願意多花心思踏出這一步，
相信院舍生活亦能過得多姿多彩。

enhance their quality of life through the Centre and create
more possibilities for them in this platform. If we are willing to
think and do more for people with intellectual disabilities, it is
believed that they will live a more colorful life in the Centre.

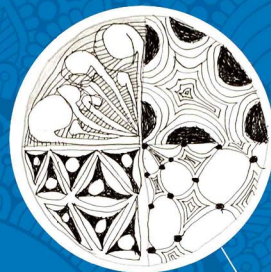
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創藝工房

CREATIVE
ART
MOUSE



互助共融，體現創藝工房的工作精神

Mutual Aid and Joint Social Integration: The Spirit of Creative Art House

創藝工房藝術推廣主管 郭頌恩

Ada, Kuok Chong Ian, Art Promotion Supervisor
Fuhong Society of Macau Creative Art House

創藝工房既要傷健能共融，也促使不同障別的殘疾人士也共融！

「傷健共融」意指傷殘（Physically Handicapped）與健全（Able-Bodied）人士，並將二者結合為一，正正反映著傷、健融合的理念。通過聯合國《殘疾人權利公約》的宗旨下，促進、保護和確保所有殘疾人士能充分和平等地享有一切人權和基本自由，並促進對殘疾人士固有尊嚴的尊重。有見及此，「傷健共融」的概念已在澳門及香港普及，有不少青年團體、學校、商業機構以及企業的義工組織，均希望與復康團體合作，舉辦不同的活動或服務，從而促進「傷健共融」的訊息。此理念一直為社會上所積極倡導與推廣，使殘疾人士能無障礙的融入各種主流社會服務，如在文化、藝術、日常生活上通過「通用設計」（universal design）概念，讓他們順利和體會到自己也是社會的一份子，增加他們有更多機會與不同人士接觸，豐富他們的生活體驗。

Creative Art House promotes not only the integration of PHAB but also People with Disabilities of Different Types

"Social Integration of PHAB" means "Able-Bodied" people intend to help "Physically Handicapped" people integrate into society. Under the tenet of the United Nations Convention on the Rights of Persons with Disabilities, efforts should be made to facilitate, protect and ensure that all people with disabilities enjoy all human rights and basic freedom in a sufficient and equal manner, and improve the respect for the internal esteems of people with disabilities. Obviously, the concept of "Integration of PHAB" has been well-known in Macau and Hong Kong. The volunteer teams of many youth groups, schools, commercial institutions and enterprises desire to work with rehabilitation groups and hold diverse activities or services, so as to facilitate the spread of "Integration of PHAB". This idea has been actively advocated and promoted in society, so that people with disabilities can take part in all kinds of mainstream social services without obstruction. For instance, "universal design", a concept introduced to the culture, arts and everyday life, helps people with disabilities smoothly become or feel like a part of the society, and creates more opportunities to make a connection with different people, so as to enrich their life experience.

社會上，我們經常提到「傷健共融」一詞，但從另一角度觀察下，不同障別間的共融也是重要一環。現今澳門各個社會服務團體中，都是以一種障別為服務對象，這無疑可更讓資源集中，對象清晰，便於處理和跟進各種個案。直至2010年澳門扶康會成立「創藝工房」，以藝術之匙打開殘疾人士快樂之門後，經多年來的成長和經驗累積，逐步讓不同障別的人士身處在同一空間下，接受藝術訓練和製作，共同推動發展藝術在澳門、以至其他國家社會上的發展和認同。

創藝工房在展能藝術推廣上的情況

創藝工房從2010年成立至今，大力推動著展能藝術的發展，透過表達性藝術治療（Expressive Arts Therapy）



In the society, "Social Integration of PHAB" is often mentioned, but the observation from a different perspective shows that it is still an important task to realize the integration between people with disabilities of different levels. At present, social service groups in Macau focus on the services for people with disabilities of a certain type, which undoubtedly allocate the resources to deal with identified objects and facilitate the handling and follow-up of specific cases. In 2010, Fuhong Society of Macau started the "Creative Art House" to open the door to arts and happiness for people with disabilities. Through its growth and experience accumulated for years, "Creative Art House" has gradually introduced people with disabilities of different types to receive art training and artistic creation in the same space, to promote the development of the arts with the disabled and its social recognition in Macau and even other countries.

Creative Art House's Promotion of Arts with Disabled

Since it was established in 2010, Creative Art House has assiduously promoted the development of the arts with the disabled and advocated the expression of feelings and emotions through the elements of expressive arts therapy, such as dancing, drama, fine arts, music, poetry or other artistic forms. Art helps alleviate their emotions to achieve the purpose of treatment, and also creates an opportunity for them to demonstrate own talents and capabilities. Mr. Leong Ieng Wai, a famous artist, dubbed "0.38" for his use of 0.38mm gel ink pen, is a very good example. With his talents, he has made up to 100 drawings regardless of autism spectrum and won prizes in several painting contests for people with autism and people with intellectual disabilities in Macau since 2014. His drawings have even been exhibited 14 times, including

的元素，即使用藝術作為媒介，如以舞蹈、戲劇、美術、音樂、詩歌等方式，讓心靈、情感得以表達。藝術舒緩他們的情緒，以達致治療的作用及提供機會展露他們的才華與能力。當中最為人所熟識的「0.38」梁英偉先生更是成功的例子，雖然他是自閉症特色人士，但憑著他的天賦，從2014年至今作品已達百幅，曾於多個澳門自閉特色人士及智障人士繪畫比賽中先後取得獎項，其畫作更曾參與14次的公開展覽，當中有7次為個人作品展。同時，本會也選用富表演天分的他們組織樂隊和跳舞組合，如「好猛」、「小唐果」、「Life Band」，訓練他們在舞台上表演的機會，而他們亦透過其作品向外界傳達想法，並得到大家的讚賞和認同，達致相互溝通。本會服務使用者通過培訓外，工房亦一直進行對外的藝術訓練推廣課程，現階段已曾經為本澳的視障、聽障、肢障、智障、精神康復者、長者、學生、企業義工以至大眾市民提供服務，好讓



7 solo exhibitions. Meanwhile, the organization has also selected the service users with talent in performance into bands and dancing groups, such as, "Good Grasshopper", "Little Sweetie", and "Life Band", and trained them for stage performance. Also, these service users have expressed their ideas to the world through own performances, and have been praised and recognized by the public, to realize mutual communication. Apart from providing trainings for service users of the organization, Creative Art House has always been providing the art training and promotion courses to others. So far, the House has provided services for people with visual impairment, hearing impairment, physical impairment, intellectual disabilities, people with mental illness in rehabilitation, senior people, students, enterprises' volunteers and citizens in Macau, to arouse their interest in arts, and



他們對藝術產生興趣，又能認識到展能藝術的好處，我們認為「藝術」能表達自我，會專注、沉醉於創作的過程中，享受當下輕鬆的心情，擺脫生活中的困擾，並能抒發其內在情感，達到自我療癒，產生正面的影響。以下是工房現時的發展路向，希望日後展能藝術更能廣泛地推廣至各層面上。

recognize the benefits of the arts with the disabled. We believe that "art" can help people to express themselves, so they can enjoy the comfortable moment and put behind the troubles in life while focusing on and being intoxicated with the creation. Meanwhile, "art" allows them to bring out their internal feelings, to realize self-healing and exert a positive effect on themselves. At present, the House is focusing on the following activities and desires to promote the arts with the disabled more extensively in the future.

圖一：現階段創藝工房提供藝術服務團體分類及定期參與活動概覽

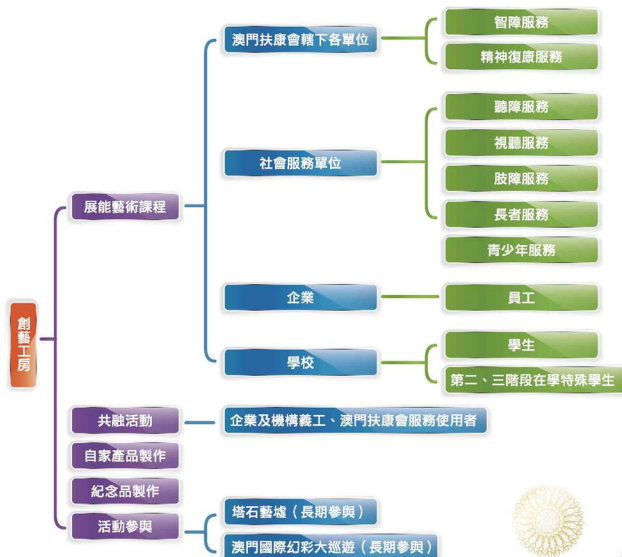
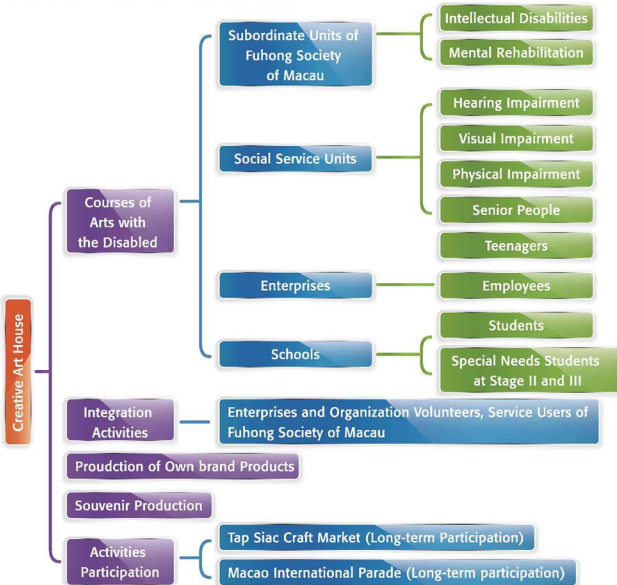


Fig.1 : Classification of current artistic service groups offered by Creative Art House and an overview of its regular activities



由上圖可見，工房起初只是為本會的服務使用者（智障與精神康復類別）提供展能藝術服務外，慢慢逐步地向本澳社會服務團體介入。當中包括有聽障、視障、肢障、長者、青少年，第二、三階段在學特殊學生，為他們提供不同類型的藝術課程，其中包括有非洲鼓、葡萄牙風舞、繪畫、陶藝

As shown in the above figure, the House started with providing services of the arts with the disabled for the service users of the organization (people with intellectual disabilities and people with mental illness in rehabilitation) only, but gradually introduced it to other social service organization in Macau. This covered people with hearing impairment, visual impairment, or physical impairment, senior people, teenagers, and special needs students at stage II and III, to which

手捏、陶藝拉坯、馬賽克、衍紙花、裱糊畫、扭扭氣球、綠色生活工作坊、護膚品工作坊、藍曬藝術、捲紙藝術、摺紙藝術、環保材料工作坊、敲擊樂、話劇、書法、煤古巴特藝術、押花藝術、西洋繪畫、拼拼豆、機器娃娃製作、跳舞、肚皮舞、皮革製作、插花、手編編織、複合媒材製作、紫染、和風飾物製作、能量塔工作坊、音樂社交小組、不織布手作、盆景製作等，課程主要都是讓服務使用者能在學習之餘，也能感受到藝術所帶給他們的好處，藉此對展能藝術產生濃厚的興趣，為其生活上增添一道色彩。

確實，當中也有成功的例子，一位本會的自閉症的學員，原來他是位情緒較波動，會把不如意的情感發洩在各種物件上，故中心的不銹鋼扶手不時也會被打凹了下去，此種威力隨著他透過繪畫後，逐漸由原來較暴躁變成平靜，專心一意的沉醉於自己的畫作當中，還會主動要求聽著音樂來作畫，這樣的與平日完全截然不同，箇中令他從回平靜的「自療」力量，在旁人眼中，已是踏出成功的一步；第二位朋友，是一位聽障人士，於工房的工作部分以陶藝為主的關係，他由此多了機會接觸，並看到他喜歡這個創作的過程，不時會用陶泥手捏一些自己喜歡的公仔，每件作品都是出自他的一雙手，鉅細無遺的製作出來，

different types of art courses were provided, including Djembe Drums, Portuguese Folk Dance, painting, pottery/ceramic crafting, pottery throwing, mosaic, paper quilling, Zentangle, balloon twisting, green life workshop, skincare workshop, Cyanotype, paper rolling, paper folding, green materials workshop, percussions, modern drama, painting skills, decoupage, pressed flowers, composite media production, tie-dyeing, Japanese-style ornaments making, Orgonite workshop, music socializing group, felt handcraft, and bonsai making, etc. All these courses intended to help service users to enjoy the benefits from arts after learning, to encourage their strong interested in arts to make their life more colorful.



Actually, there are some successful cases. For instance, a service with Autism in the organization was a highly emotional person, and often gave vent to his emotions by lashing out at different things, so it was often to see dents on the stainless steel handrails in the Centre. However, his energy was gradually converted into paintings after he found calmness in painting, and he even asked to draw while listening to music. He became a different person, and regained the emotional tranquility through "self-treatment". In other people's eyes, he had taken the first step to success. Moreover, there was a person with hearing impairment. As his work in the House was related to pottery in some aspects, he often found

他的代表作是 Q 版福祿壽、悠閑自在的老人、東望洋燈塔等。他也曾參與本澳舉辦「殘疾人士技能大賽」，在陶藝拉坯項目中，得到入圍獎，實在是對他的一種鼓勵；第三位朋友，是一位特殊學生，每次要參與課後藝術班前後，總會不停記掛著要上課，不斷反覆積極地跟四周的人提及要上課之事，在課堂中又是一位專心的小伙子，這股動力不知道從何而來，只知道他每次都十分享受課堂帶給他的歡樂，便已足夠；第四位朋友，是一位肢障人士，她是在工房協助日常的生產工作，故她所接觸到的製作，都是五花八門，林林總總皆會嘗試，直至偶然讓她製作馬賽克玻璃瓶後，她似乎特別愛上了這一門藝術，當每次有聽到不同人士的稱讚、或是有顧客購買她的作品時，每每都展露燦爛笑容，亦

opportunities to learn and make pottery. He really enjoyed the process of creation and often made some figurines he liked with clay. He made every piece of work with own hands including every tiny piece. His typical works included cartoon figurines for gods of fortune, prosperity and longevity, old people at leisure, and Guia Fortress. He also submitted an entry to the "Skills Contest of People with Disabilities" held in Macau and won an Entry Award in the pottery competition, which was actually a great encouragement to him. The third example was a special needs student, who often talked about his course before or after art class. He kept telling people that he took the course, and also listened to the instructor carefully in class. We had no idea why he was so excited, but he indeed felt very happy to take the course, so that was good enough. The fourth case was a person with physical impairment. She came to the House to assist the daily production, so she had a chance to try different arts, but she fell in love with mosaic

是對她的肯定。自此，她更是對馬賽克製作充滿信心，十分滿意自己親手做的作品。以上的例子就好像我們經常聽到的一句勵志短句，「當上帝關了一扇門，必會為你再開另一扇窗」，又正所謂「金無足赤，人無完人」（註 1），世上沒有十全十美的事物，每個人總帶著一些缺陷，藝術的力量正好是彌補當中的不完美，讓事情變得美好。

glassware after trying it. She smiled so happily every time when people praised or purchase her works, it was a recognition to her. Hence, she was more confident in mosaic craft and very satisfactory with own works. All these examples seem to be the proofs for what we often hear, "God closes one door while opening another one for you", and "gold can't be pure and man can't be perfect" (Note 1). There is nothing perfect in the world, and everyone has their weaknesses, but art can make up for it and make everything better.

圖二：由2011年至2017年，參與創藝工房展能藝術課程人次統計

年份	本會服務使用者	本澳社區機構及團體	共融活動	總計人次
2011	5685人	268 人	196人	6149人
2012	5759人	45 人	107人	5911人
2013	5538人	226 人	273人	6037人
2014	3600人	2276人	286人	6162人
2015	5280人	400 人	720人	6400人
2016	5207人	715 人	548人	6470人
2017	5839人	404 人	257人	6500人

Fig. 2 : Number of people taking the courses of Creative Art House for the arts with the disabled from 2011 to 2017

Year	Service users of Fuhong Society of Macau	Social service organizations and groups in Macau	Integration Activities	Total number of people
2011	5685 Persons	268 Persons	196 Persons	6149 Persons
2012	5759 Persons	45 Persons	107 Persons	5911 Persons
2013	5538 Persons	226 Persons	273 Persons	6037 Persons
2014	3600 Persons	2276 Persons	286 Persons	6162 Persons
2015	5280 Persons	400 Persons	720 Persons	6400 Persons
2016	5207 Persons	715 Persons	548 Persons	6470 Persons
2017	5839 Persons	404 Persons	257 Persons	6500 Persons



不同障別的殘疾人士在創藝工房 工作現況與合作

同時，工房也在不斷製作自家品牌的產品及紀念品，全都經過不同障別的殘疾人士以流水分工生產的方式進行，以產品陶瓷磁石牌為例，它是工房生產線中重要的一環，也是工房成立至今一直延續創新的產品，故往往需投入大部分的人力去製作，這正體現出殘疾人士之間，或傷健之間的互助合作，流程和分工大抵如下：

Current Work and Cooperation between People with Disabilities of Different Types in Creative Art House

Meanwhile, the House has also constantly made the products and souvenirs of own brands. All these products and souvenirs are made by people with disabilities of different types in a streamlined way. Taking the product Ceramic Magnet Tablet as an example, it is an important production line of the House, and the House has kept making innovations for this product. Hence, the House often needs most people for its production, which relies on the mutual aid and cooperation between people with disabilities or between the physically handicapped and the able-bodied. The process and division of work are as follows:

順序	流程工序	分工製作人士
1	製作印模模具	聽障人士及職員
2	磁石牌造型印製	精神康復者、聽障人士及職員
3	陶泥造型乾透後進行修邊	精神康復者、聽障人士及職員
4	造型篩選	職員
5	放入窯爐進行燒製（素燒）	職員
6	出窯（第一次）	智障人士及精神康復者
7	半成品表面清潔	智障人士及精神康復者
8	進行上釉	肢障人士及職員
9	半成品篩選	肢障人士及職員
10	放入窯爐進行燒製（釉燒）	職員
11	出窯（第二次）	智障人士及精神康復者
12	成品篩選	職員
13	加工貼上磁石貼	肢障人士及智障人士
14	入盒包裝、貼標籤、款式分類	肢障人士及智障人士
15	統計數量、存倉、記錄	職員

Sequence	Work Process	Producer
1	Prepare the stamp mold	People with hearing impairment and staff
2	Shape and print the magnet tablets	People with mental illness in rehabilitation, People with hearing impairment and staff
3	Trim after the clay shapes are thoroughly dried	People with mental illness in rehabilitation, People with hearing impairment and staff
4	Select the optimal shapes	Staff
5	Place them into the kiln for firing (biscuit firing)	Staff
6	Take them out of the kiln (for the first time)	People with intellectual disabilities and People with mental illness in rehabilitation
7	Clean the surface of semi-finished works	People with intellectual disabilities and People with mental illness in rehabilitation
8	Glaze the semi-finished works	People with physical disabilities and staff
9	Select the optimal semi-finished works	People with physical disabilities and staff
10	Place them back into the kiln for firing (Glaze burning)	Staff
11	Take them out of the kiln (for the second time)	People with intellectual disabilities and People with mental illness in rehabilitation
12	Select the optimal finished works	Staff
13	Process and attach the magnet chip	People with physical disabilities and People with intellectual disabilities
14	Pack into boxes, label them and classify them by style	People with physical disabilities and People with intellectual disabilities
15	Count, store and record	Staff

從整個製作過程來看，每一個工序都需要一絲不苟的製作、篩選、觀察和加工，缺一不可，各人負責每個崗位上的工序，大家相互配合，使看似繁複的製作過程裡，能順暢地完成，可說是體現出不同陣別之間，傷健之間透過彼此互動、互助的精神，在共同努力下，完成每一件獨一無二的作品，我們藉著這些產品主要推動殘疾人士的藝術外，也同時為產品注入文

In the whole process of production, every work must be carried out carefully. People at different posts for selection, observation and processing are indispensable and should cooperate with each other to complete such a complex process smoothly. Through the interaction and mutual aid between people with disabilities and between the physically handicapped and the able-bodied, every piece of work is an unique thanks to their joint efforts. These works will be used to promote the arts among people with disabilities, and integrated with cultural and creative elements. Moreover, these

創元素，更被分配到本會轄下的寄賣點和合作單位售賣，作以支持及推廣展能藝術的發展之餘，更希望可以透過澳門這個旅遊城市的關係，把這些獨特的作品推廣至不同國家及地區，使他們也能認識到本澳在培訓展能藝術上的成果。

works are distributed to the shops affiliated to the organization or the partners of the organization for sale to support and promote the development of arts with the disabled. As Macau is a tourism city, it is also expected that these unique works will be delivered to different countries and regions, so the achievements of Macau in the training of arts with the disabled will be recognized there.



不同障別人士之間可以共融？
成效是如何？

答案是「有」可能的。工房的營運模式正正是融合不同障別的殘疾人士而設定，顧名思義，就是要懂得「分工和合作」，兒歌也有一句經典歌詞說道，「一枝竹仔會易折彎，幾枝竹一扎斷節難」，只要懂得取長補短，運用各障別人士的長處，以流水分工的方式合力做事，必定能勝過一人之

Can People with Disabilities of Different Types
integrate with Each Other? How Well Has It Been
Achieved?

The answer is "possible". The House employs the model of operation for people with disabilities of different types to integrate with each other. In other words, people with disabilities should learn how to "work together in different divisions". In a classical nursery rhyme, it says "A stick may be easily broken, but a bunch will be difficult to break". If we can make people with disabilities of different types complement

力，而且當然需要隨著工作內容不同，作出相應的調動分配，過程經過不斷的相處，繼而彼此了解，磨合，又再了解，就像一個循環不息的過程，而又能在不同的階段下，看到彼此的關懷、分甘同味、互相提醒，在同一個空間下，大家有說有笑，尤如一家人的相處方式，造就了今日的創藝工房。

each other with their strengths, and work together in a streamlined way, they will certainly do better than work alone. Certainly, they will be dispatched to different positions or receive different assignments according to the work contents. In this process, they will know about each other and learn how to get along with each other. At different stages of the repeated process, they will know about the care from each other, share happy moments with each other, and help each other. In the same space, everyone stays together happily like a family, which solidifies the existence of Creative Art House today.

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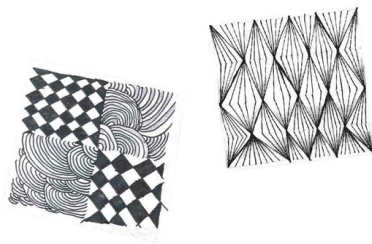
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註 1：【出處】宋·戴復古《寄興》：「黃金顏色足，白璧有微瑕。求人不可得，安能老吾家。」

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Note 1: It is taken from the poem "Ji Xing" composed by Dai Fugu in the Song Dynasty, "gold can't be pure, while a tiny flaw can always be found in white jade; man can't be perfect, so I am willing to stay with you till death do us part".



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