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科目： 社區護理學
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國立臺灣大學 112 學年度碩士班招生考試試題

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一、臺灣人口結構老化，試以臺灣長照 2.0 的重點項目闡述社區長照極需解決的問題及其理由(10%)。再請分析獨居老人或老老照護的家庭將面臨哪些方面功能不足，並請說明社區衛生地段護理師對上述議題應如何擬定相關照護措施 (15%)。

二、以下為某社區調查的統計結果，(1)請說明以下表格內的結果哪些變項具統計上的顯著意義，以及其勝算比(Odds Ratio)的方向性所代表的意義，(2)請進一步解釋模型中 95% confidence interval 的統計意義(25%)。

表　社區老人身體功能衰退之校正前與校正後迴歸模型

	Unadjusted model		Adjusted model	
	OR	95% CI	OR	95% CI
Age	1.19	(1.14, 1.26)	1.17	(1.12, 1.23)
Drinking	0.45	(0.22, 0.99)	0.48	(0.22, 1.04)
Negative social participation	3.92	(1.52, 10.08)	3.20	(1.18, 8.69)

Note: OR = Odds Ratio; CI = confidence interval; modified from doi.org/10.1097/jnr.00513

三、請問您認為現階段臺灣最應重視的社區健康促進議題為何，及說明您的依據和理由，並結合現有政策和社區資源研擬對應的社區健康促進策略。（25%）

四、請閱讀以下取自世界衛生組織 2022 年「COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide」之摘錄內容，並回答問題：（25%）

In the first year of the COVID-19 pandemic, global prevalence of anxiety and depression increased by a massive 25%, according to a scientific brief released by the World Health Organization (WHO) today. The brief also highlights who has been most affected and summarizes the effect of the pandemic on the availability of mental health services and how this has changed during the pandemic.

Concerns about potential increases in mental health conditions had already prompted 90% of countries surveyed to include mental health and psychosocial support in their COVID-19 response plans, but major gaps and concerns remain.

見背面

Multiple stress factors

One major explanation for the increase is the unprecedented stress caused by the social isolation resulting from the pandemic. Linked to this were constraints on people's ability to work, seek support from loved ones and engage in their communities.

Loneliness, fear of infection, suffering and death for oneself and for loved ones, grief after bereavement and financial worries have also all been cited as stressors leading to anxiety and depression. Among health workers, exhaustion has been a major trigger for suicidal thinking.

Young people and women worst hit

The brief, which is informed by a comprehensive review of existing evidence about the impact of COVID-19 on mental health and mental health services, and includes estimates from the latest Global Burden of Disease study, shows that the pandemic has affected the mental health of young people and that they are disproportionally at risk of suicidal and self-harming behaviours. It also indicates that women have been more severely impacted than men and that people with pre-existing physical health conditions, such as asthma, cancer and heart disease, were more likely to develop symptoms of mental disorders.

Data suggests that people with pre-existing mental disorders do not appear to be disproportionately vulnerable to COVID-19 infection. Yet, when these people do become infected, they are more likely to suffer hospitalization, severe illness and death compared with people without mental disorders. People with more severe mental disorders, such as psychoses, and young people with mental disorders, are particularly at risk.

Gaps in care

This increase in the prevalence of mental health problems has coincided with severe disruptions to mental health services, leaving huge gaps in care for those who need it most. For much of the pandemic, services for mental, neurological and substance use conditions were the most disrupted among all essential health services reported by WHO Member States. Many countries also reported major disruptions in life-saving services for mental health, including for suicide prevention.

Unable to access face-to-face care, many people have sought support online, signaling an urgent need to make reliable and effective digital tools available and easily accessible. However, developing and deploying digital interventions remains a major challenge in resource-limited countries and settings.

(1) 請問內容提及造成 anxiety 和 depression 上升的原因是？
(2) 請翻譯「Gaps in care」的內容。
(3) 請分析臺灣 2022 年 COVID-19 疫情趨勢、政府社區衛生單位的因應情形，以及對社區心理健康議題的影響。
(4) 請結合摘錄內容和臺灣現況提出社區心理健康促進方案和推展策略（可針對特定年齡層或族群）。

試題隨卷繳回