



Pilot Study of “Smiley Activation Programme” — Community / Home-Based Depression Treatment for the Elderly

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Since 1949

Hong Kong Family Welfare Society
Smiley Activation Project
Stephanie, O.K. WONG





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HONG KONG FAMILY WELFARE SOCIETY

- ▶ A charitable non-governmental social welfare organization established in 1949.
- ▶ Integrated Family Services, Integrated Children and Youth Services,, Child Care Services and Special Services, Elderly and Community Support Services.
- ▶ **Elderly and Community Support Services**
 - ▶ Integrated Home Care Service
 - ▶ Enhanced Home and Community Care Service
 - ▶ Senior Citizen Centre (Kowloon City)
 - ▶ Flexible Day Care Service
 - ▶ Viva
- ▶ **Elders and Caregivers Mental Health Service**
 - ▶ Elders and Caregivers Psychiatric Consultation Service
 - ▶ Mental Health Group for Older Adults
 - ▶ Dementia Assessment and Support Project
 - ▶ Advance Care Planning Project
 - ▶ **Smiley Activation Project**



SAP Project Video

- <https://drive.google.com/file/d/1sMjddSGaTWuL49bD7EbnliQbnYhY3AlN/view?usp=sharing>

BACKGROUND



- **Leading cause of premature disability** and depression in elderly is associated with increased disability, higher mortality, and poorer overall outcomes from physical illnesses (Rodda, Walker & Carter, 2011).
- By year 2020, depression will **rank number 2 in global burden of diseases** (WHO, 2008).
- Hong Kong: **12.5% of community** elders aged 60 or above was projected to have depression (Chi, et al, 2005).
- Hong Kong Mental Health Survey- **past week prevalence or major depressive episode**: elders aged 66 to 75 was 4.70, **8 times higher than the younger age group** (aged 16 to 25) (Lam et al., 2015).
- **Suicidal rate of elders** aged 65 or above was 25% in 2014, highest among all age groups (Centre for Suicidal Research and Prevention, 2015)
- Mental health survey by HKFWS in 2014 on 234 users in IHC and NEC: **higher rate of IHC users (48.1%) reported minor or major depressive symptoms than NEC (20.9%)**--maybe less accessible to center-based services.



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CHARACTERISTICS OF MAJOR DEPRESSION AMONG OLDER ADULTS

Loss of
interest ¹

Somatization ²

Non-expression &
low energy ³

Self-worthlessness,
inappropriate guilt,
diminished ability to
concentrate or to make
decision, fatigue, & insomnia

²

1. Blazer & Hybels, 2014; 2. Kleinman, 1982; Lee, Kleinman, & Kleinman, 2007; 3. Chentsova-Dutton, Ryder, & Tsai, 2014)

COMMUNITY/HOME-BASED DEPRESSION TREATMENT FOR THE ELDERLY

- ▶ Financial support by HSBC through a donation to the Community Chest (10/2015-9/2017)
- ▶ Research support by Dr. Herman Lo

Objectives:

1. Treat elders with depressive symptoms through enhancement of problem-solving, engagement in pleasant activities to reduce depression and increase emotional well-being.
2. Encourage elders to reconnect with the community by involving in community support services.
3. Raise community understanding, promote volunteer assistance to show concern on elderly depression.



LEVELS OF INTERVENTION

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3rd Tier Intervention

-Smiley Activation Program-

Pleasant activity
(physical, psycho-social,
mental); professional
consultation

2nd Tier Intervention to users at risk of depression

-Care Line; referral for supportive service

1st Tier Intervention to enhance community awareness, concern & understanding on depression in older adults, referrals of participants for early intervention

-Depression Risk Checklist; agency visits; Community Programs; Outreaching booths; Web-based publicity; Volunteer training; Educational leaflets, Caregiver Guide



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SMILEY ACTIVATION PROGRAM

- Adapted from the Program for Encouraging Active Rewarding Lives (**PEARLS**) with demonstrated reduction in depressive symptoms (National Council on Aging, 2016).
- Offer outreach, home-based intervention to frail or home-restricted elders with depression or dysthymia in Hong Kong.
- Eight face to face intervention sessions over 19 weeks with 3 months follow up were conducted by social workers, complemented with volunteers' concern visits, para-medical support

OBJECTIVE OF THIS STUDY

- This study aims to evaluate the effectiveness of SAP in reducing depressive symptoms among elders in the community.



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SUPPORT

- **One-day training** by researcher and program coordinator to SAP practitioners
- SAP **manual**
- **Guideline** on Handling of client with suicidal thought and suicidal attempt
- **Training/Support Sessions**
- **Supervision and consultation**



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TARGET PARTICIPANTS

Inclusion Criteria

- ▶ Elders aged 60 or above;
- ▶ Elders especially frail or home-restricted elders, exhibiting depression or dysthymia (mild depression lasting for 2 or more years in which depressive symptoms are present more days than not)
- ▶ Elders who are financially deprived, socially isolated or those singletons/aged couples will be given priority.

Exclusion Criteria

- ▶ Bi-polar Disorder
- ▶ Psychosis
- ▶ Alcohol Use
- ▶ Brief 6-Item Memory Cognition Screen



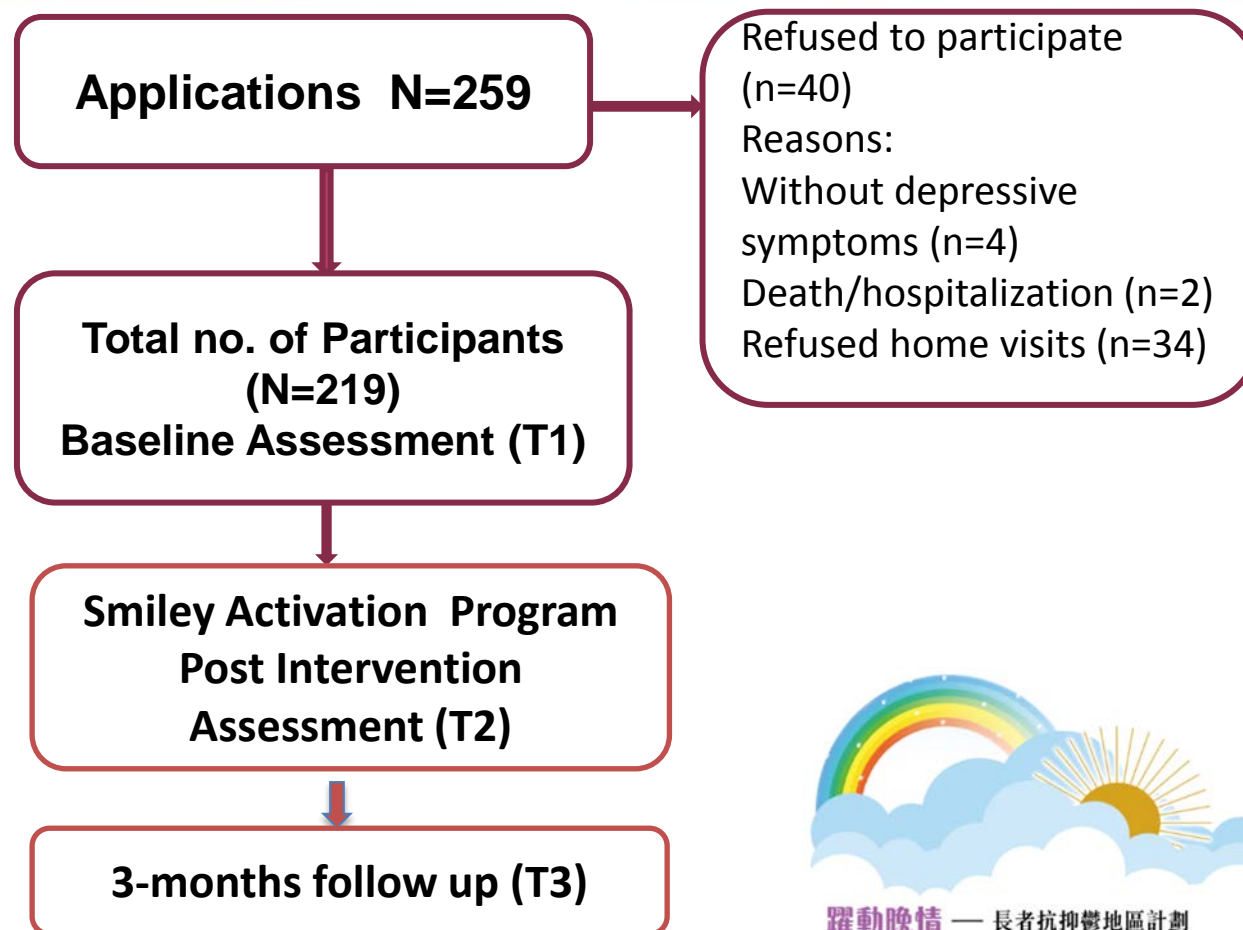
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- Depression: Patient Health Questionnaire-9 (PHQ-9) (Kroenke & Spitzer, 2002)
- General health, Social activeness, and Pleasant activities: (Steinman, Edmondson & Snowden, 2012)
- Physical activities:(Rapid Assessment of Physical Activity (RAPA) (Topolski et. al, 2006)
- Attrition and participant satisfaction:
Users Satisfaction Survey



METHODOLOGY

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DEMOGRAPHICS OF PARTICIPANTS

Table 1. Selected demographics of participants in randomized control trial ($N = 219$)

Variables		n	%
Gender	Male	57	26.03%
	Female	162	73.97%
Age	(Mean, SD)	81.02	8.92
Singleton	Yes	104	47.49%
	No	115	52.51%
On medication	Yes	54	24.66%
	No	165	75.34%
No. of medical illness	(Mean, SD)	2.16	1.70
Referrals from psychiatric unit	Yes	85	38.81%
	No	129	58.90%

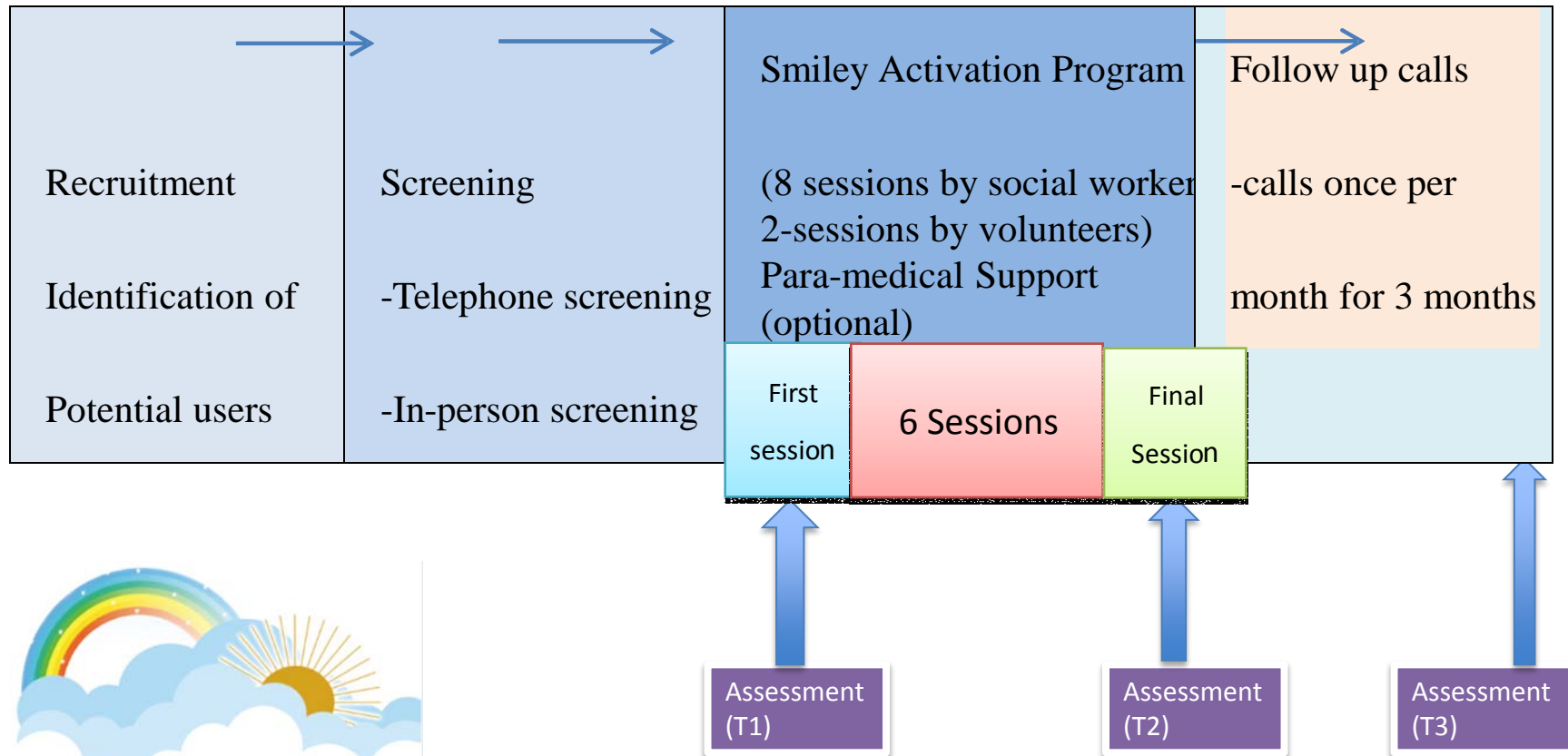
...DEMOGRAPHICS OF PARTICIPANTS

- **Source of referral:** 55% referred by home-based services; about 10% by hospitals/clinics
- **Low income group** with monthly income less than \$5,000: 83%
- **Educational level:** No education (36%), primary education (41%), secondary education (20%), university or above (3%)
- **Chronic medical conditions in addition to depression:** average of 2 to 3 chronic medical conditions. Major diseases are Hypertension, Diabetes, Heart disease, High Cholesterol, Stroke.



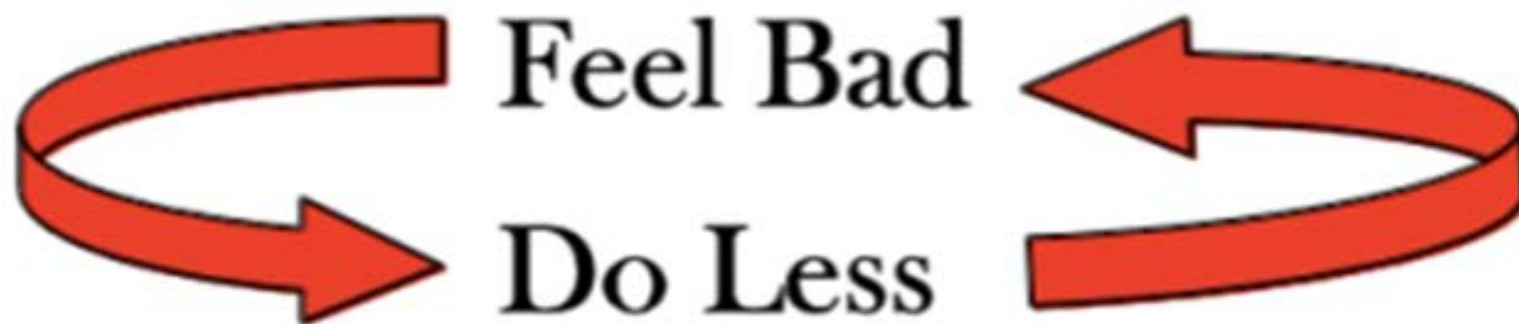
PROGRAM DESIGN

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PLEASANT ACTIVITY; SOCIAL AND PHYSICAL ACTIVATION



- Effectiveness of **Social and Physical Activation in reducing the incentive of depression** (Strawbridge., et al, 2002; Motl et al., 2005; West et al., 2004, and Dunn et al., 2005; Chi., et al, 2011)
- **Association of social participation and depressive symptoms** (Chi., et al, 2011)

Pleasant Activity Scheduling



躍動些，健康些！

體能/愉快/社交活動記錄表



目標：_____

星期一	星期二	星期三	星期四	星期五	星期六	星期日	合共次數/ 時間

「躍動晚情」抗抑鬱個人管理計劃 SAP | 中文版由香港城市大學及香港家庭福利會編制



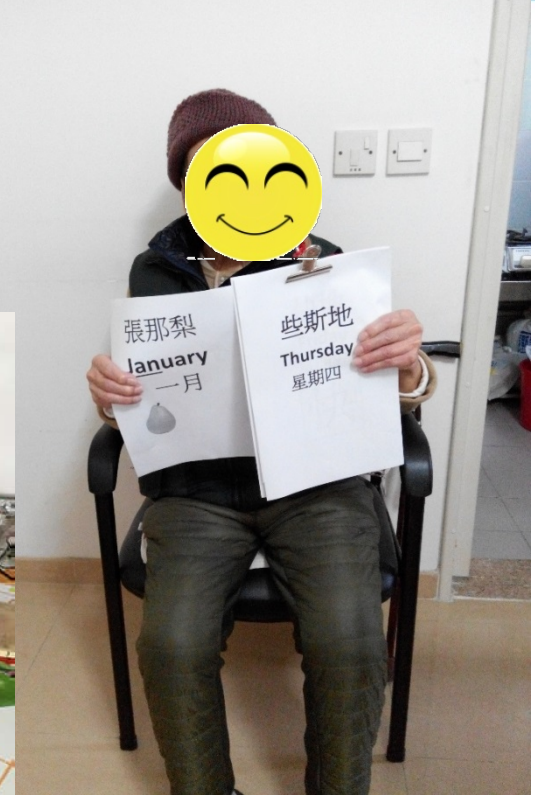
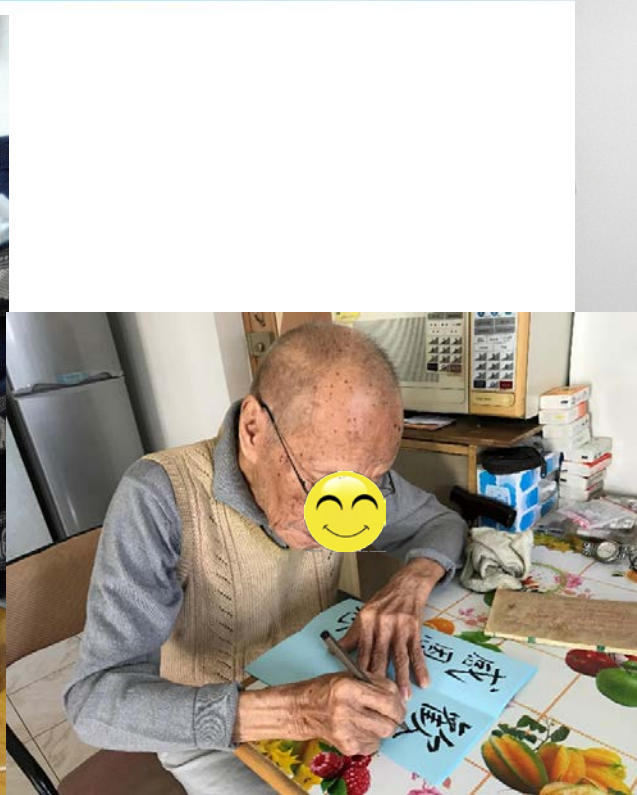
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Elders developing pleasant/physical activities with volunteers' support

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Pleasant Activities



Developing social activities— Reconnect with the community

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PROBLEM SOLVING TREATMENT



- Behavioral Activation assumes that adverse life circumstances which demand for personal, social or other biological readjustment (Nezu, et., al, 2005) are causal factors leading to depression (Ferster, 1973).
- Effectiveness of Problem Solving in reducing depression (Kirkham et., al, 2015; Cuijpers et., al, 2006)

PROFESSIONAL CONSULTATION

- ✓ No. of participants benefit from our professional consultation service: 75
- ✓ Paramedical professionals/agencies collaborated (e.g. geriatricians, psychiatrists, nurses, occupational therapists) : 14
- ✓ Utilization of Professional Consultation Service: 131
 - Day care: 30 sessions
 - PT: 37 sessions
 - OT: 7 sessions
 - Nurse: 19 session
 - HCA: 37 sessions
 - SW (dementia assessment): 1 session

T-TEST RESULTS COMPARING PRETEST, POSTTEST & FOLLOW UP

Table 2. Paired sample *t*-test results comparing pretest, posttest and follow-up

Measure	Pre (Phase1, T1) <i>N</i> = 219		Post (Phase 2, T2) <i>N</i> = 219		Follow-up (Phase 3, T3) <i>N</i> = 219		Phase 1-2		Phase 1-3		Phase 2-3		effect size Cohen's <i>d</i>
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>	<i>t</i>	<i>p</i>	<i>t</i>	<i>p</i>	<i>t</i>	<i>p</i>	
Depression	11.19	4.58	6.94	4.65	6.68	4.80	12.79	.00	13.79	.00	1.03	.30	0.96
Perceived general health	1.80	0.79	2.06	0.89	2.09	0.85	-4.31	.00	-4.70	.00	-0.51	.61	-0.35
Social activeness	2.31	1.05	2.73	1.18	2.71	1.06	-5.52	.00	-5.12	.00	0.33	.75	-0.38
Number of social activities	0.95	0.53	1.14	0.56	1.13	0.55	-5.55	.00	-5.69	.00	0.65	.52	-0.33
Physical activeness	4.38	1.91	5.05	1.94	5.07	1.87	-5.17	.00	-5.00	.00	-0.28	.78	-0.37
Pleasant activity level	2.05	1.16	2.72	1.11	2.61	1.08	-7.77	.00	-6.15	.00	1.77	.08	-0.50

NUMBER OF PARTICIPANTS WITH DIFFERENT DEPRESSION SEVERITY

Table 3. Number of participants with different depression severity

	Pre (Phase 1) <i>N</i> = 219		Post (Phase 2) <i>N</i> = 219		Follow-up (Phase 3) <i>N</i> = 219	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
None or Minimal	11	5.02	70	31.96	85	38.81
Mild	80	36.53	95	43.38	78	35.62
Moderate	72	32.88	37	16.89	37	16.89
Moderately Severe	46	21.00	15	6.85	17	7.76
Severe	10	4.57	2	0.91	2	0.91



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RESULTS/SOCIAL IMPACT-

Individual Level

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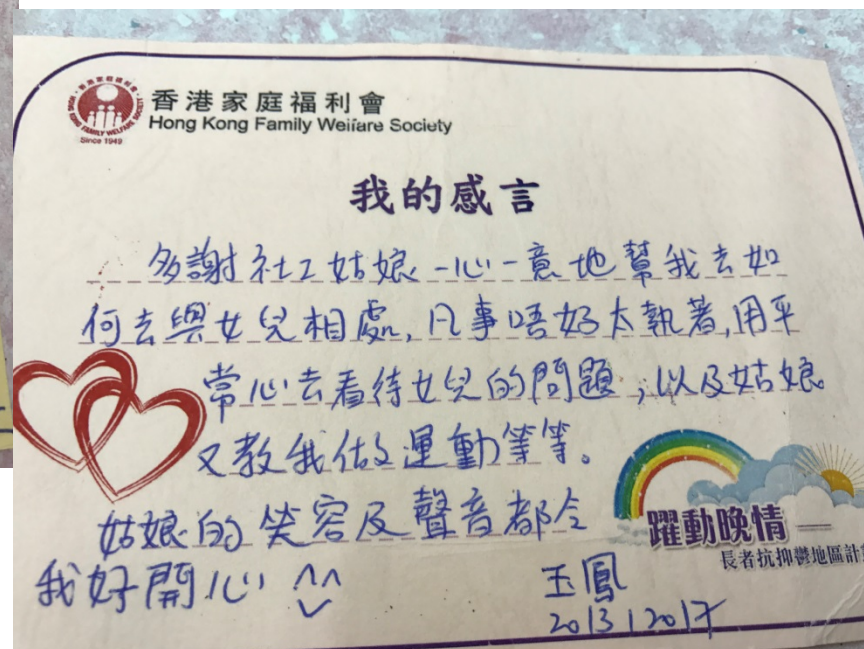
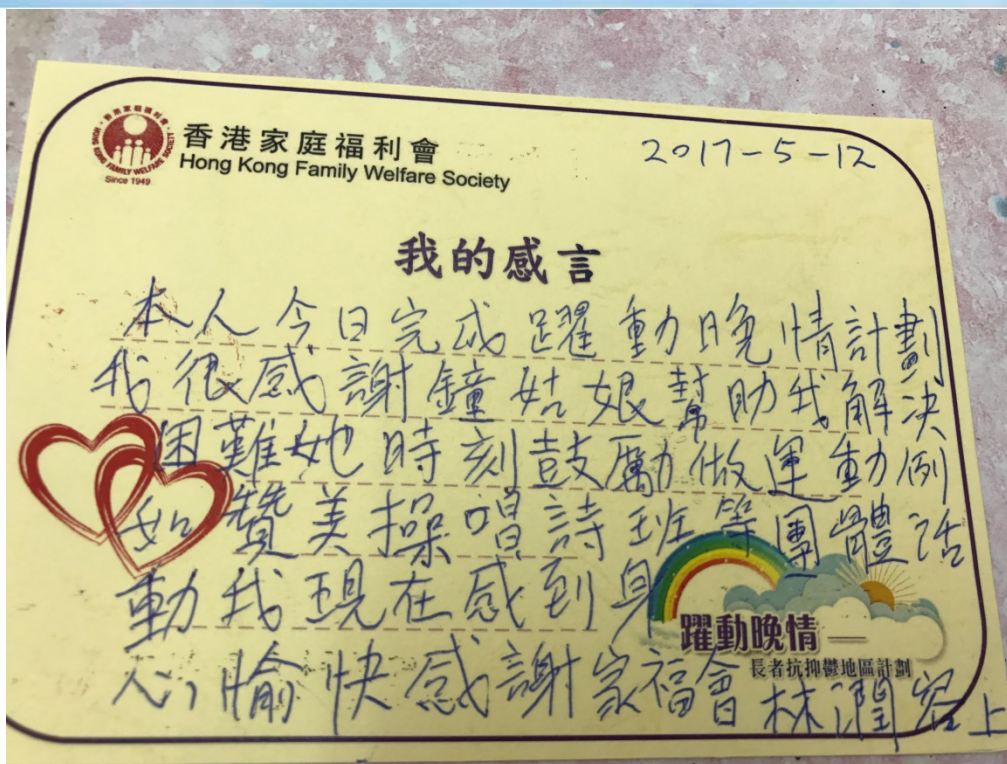
- Participants showed **significant improvements in depression, perceived general health, social activeness, number of social activities, physical activeness, and pleasant activity level** after completing the programme. All these improvements sustained in the follow up study (comparing T1 & T3).
- The **effect size of depression is very strong**, ie. 0.96
- The effect sizes of other secondary outcomes are mild to moderate (0.33 to 0.5).

According to the USS,

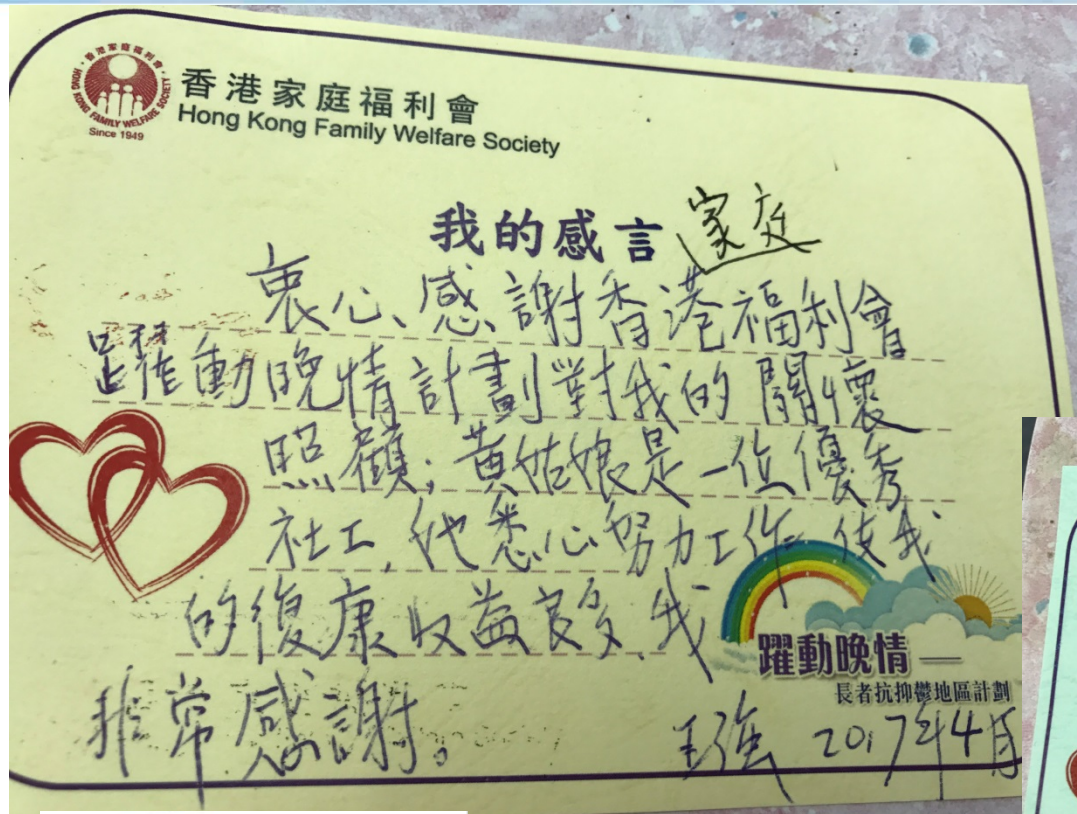
- 85.6% participants reported improvement in problem solving
- 94.5% agreed/strongly agreed that the SAP improved their depression
- 96.4% satisfied /strongly satisfied with the overall SAP service

SAP users feedback

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SAP users feedback



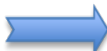
Sharing by a participant

Sharing by a participant with support of
physiotherapist

<https://drive.google.com/file/d/1rA4GZAD7hWhmB7ylymn4QRS0ePMTIXfg/view?usp=sharing>

Social/ Community/Project/Organizational Levels

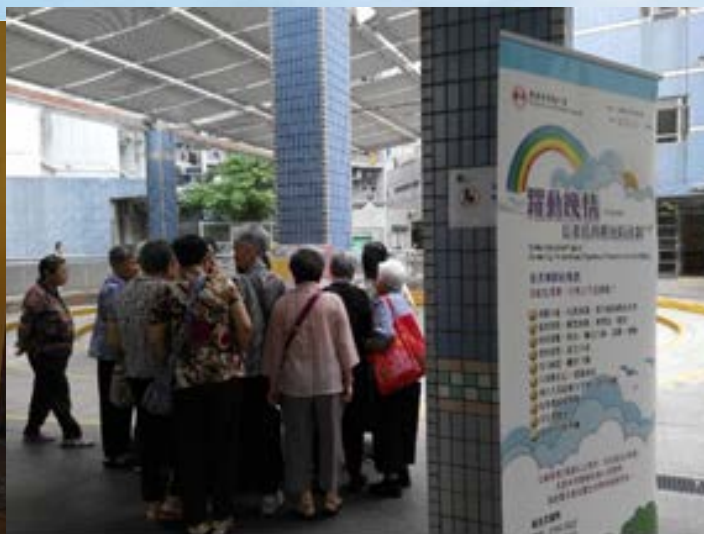
Social/Community Level

- **Beneficiaries**: total 1,321 users and 7,922 attendances
- No. of **volunteers registered**: 219
- No. of **hours contributed**: 2,190 hours
- Volunteers from **different sources** (corporates, young old, , adults, youths, churches, NGOs, paramedical professionals)
- **Volunteers training** on understanding depression, community resources
-  Early identification of persons with depression.
- **Donation** from private funders, public.

Project/Organizational Level

- **Sustainability**-integrate in regular service
- **Skills enhancement**—Over 60 social workers being trained to carry out SAP
- **Experience learned** e.g. volunteers management, network established , media publicity, project management, research, proposal writing, documentation
- Presentations in international and local conferences

Educational / Promotional Outreaching Means



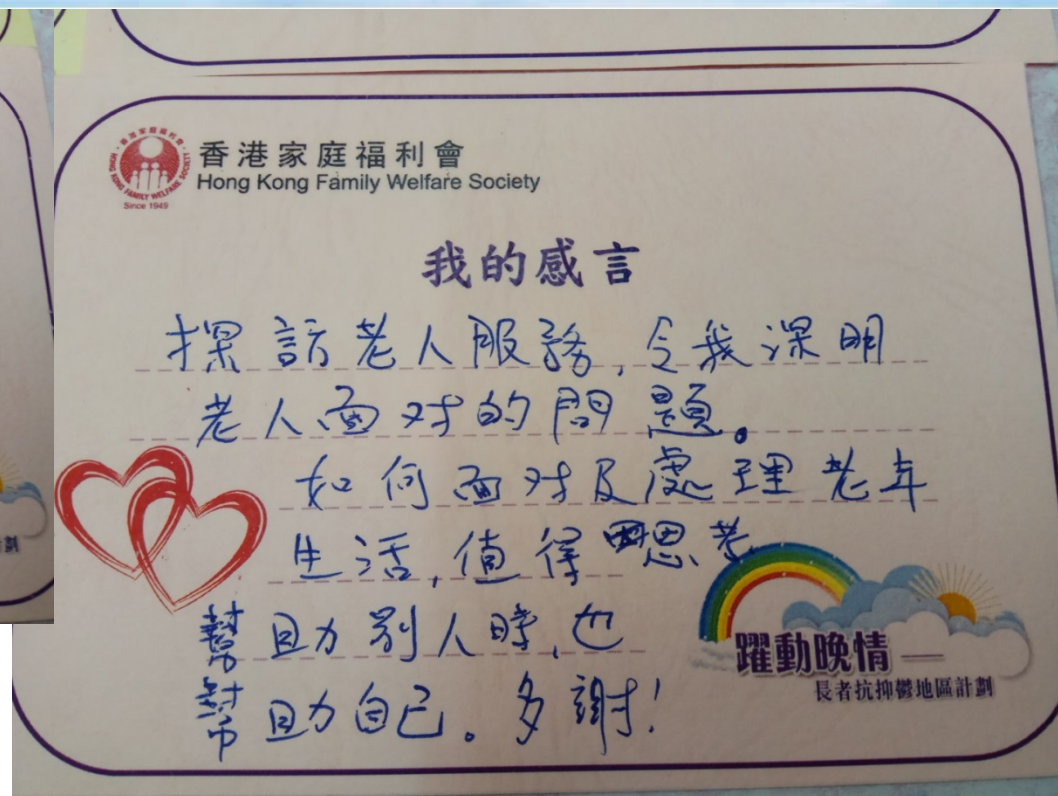
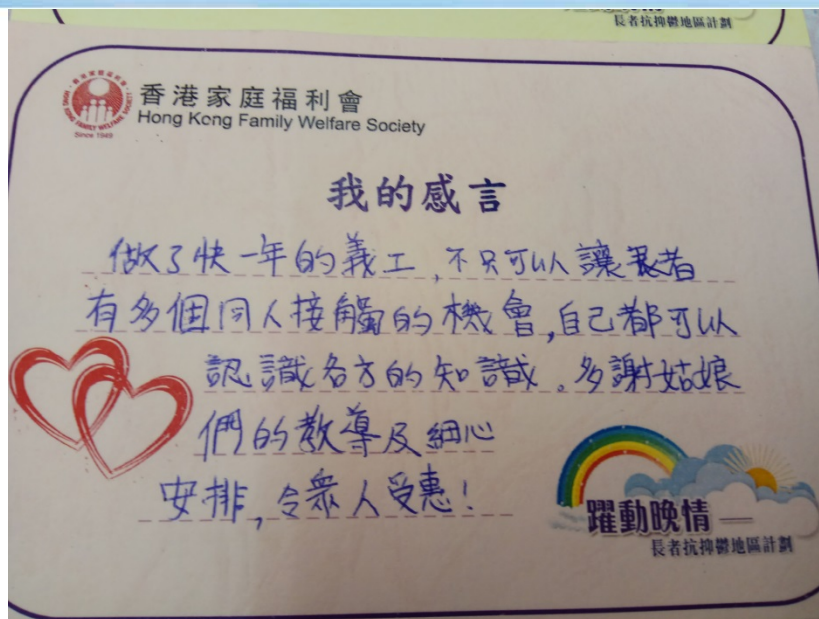
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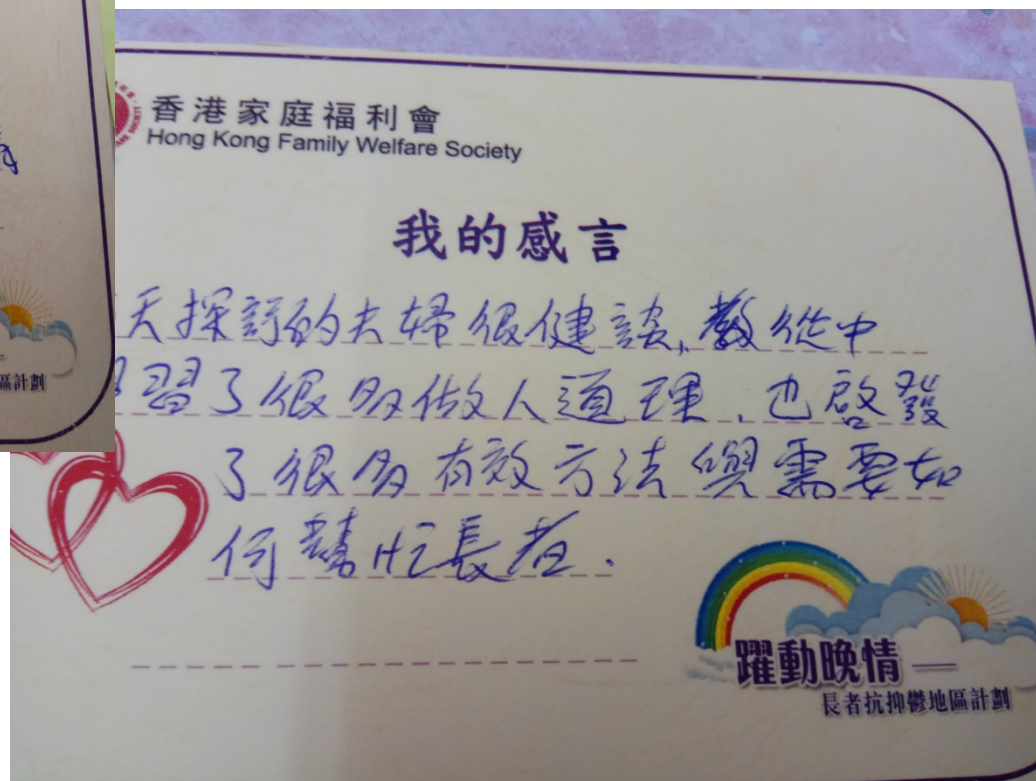
Volunteer Training/Support Programme Sessions



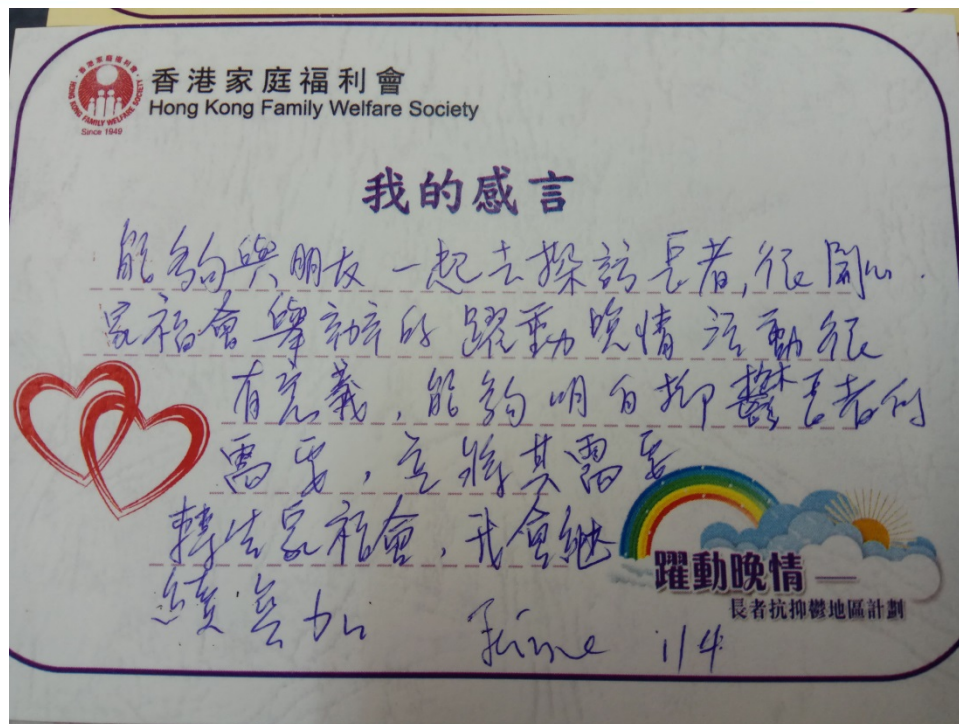
Volunteers' Feedback



Volunteers' Feedback



Volunteers' Feedback



SAP user share learnings to media



on.cc/hk/bkn/cnt/news/20160424/bkn-20160424081434088-0424_00822_001.html

1勢2感3節4形5況6緒7人8景9結

區婆婆曾出現情緒低落及失眠等抑鬱徵狀。(袁志豪攝)

【on.cc東網專訊】長者出現說話少、外出少等情況，不少人都以為沒有甚麼大不了，只當長者是老態，屬正常現象而掉以輕心，其實這些突然改變，有機會是抑鬱症徵狀，抑鬱情緒得不到適時控制，可能會引致輕生或身體虛弱。香港家庭福利會推出了助長者抗抑鬱的「躍動晚晴」計劃，安排社工及義工探訪，協助有抑鬱徵狀的長者對抗抑鬱，重拾愉快人生，並令社區人士更關注長者抑鬱問題。

「躍動晚晴」是一個助長者抗抑鬱的個人管理計劃，針對長者因獨居、身體、經濟等問題觸發情緒不穩現象，透過社工及義工進行頻密探訪助長者解開心結，培養興趣及訂立可在生活中實踐的目標，避免出現胡思亂想，從而對抗抑鬱，激發開心情緒。社工黎桂芝分享其經驗，「有長者因為曾經跌傷過，唔敢出街屈喺屋企，原本走廊都唔敢出，經開解後進步到肯落街行之餘，仲會主動同其他街坊打招呼。」

她認為，長者終日在家面對四幅牆，較容易生出負面想法，經社工開導及參與興趣活動，有助減輕抑鬱徵狀，重建快樂生活。

85歲的區婆婆曾於內地任職中學校長，因年紀漸長身患多種痛症，加上獨居香港，情緒日漸低落及出現失眠等抑鬱徵狀。去年11月經機構轉介參加「躍動晚晴」計劃，對社工及義工探訪時，主動了解她的經歷及機、朋、並給予建議去二感、社、防、我、情、社、防、我、情、

東網電視

24 學者：內地官民亂用監控系統 已達汜濫程度

25 老牌屋苑上車盤真係無得輸？

新聞精選

炭爐打邊爐中一氧化碳？ 4男女不適求

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Promoting SAP in media-community education



快樂掌門人訪問躍動晚情15.7.2016



道通天地訪問躍動晚情 22.7.2016

...Promoting SAP in media-community education

港聞

2017年9月16日 星期六

明報

退休後不適應生活易患抑鬱 團體助長者建立興趣 (15:35)

15:35



圖2-1 (劉曉陽攝/明報製圖)



早前有研究指，本港長者自殺率為各年齡組別中最高。香港家庭福利會由2015年開始推行「躍動晚情」——長者抗抑鬱地區計劃，社工會於探訪時協助長者建立興趣，增加對社區的聯繫，發現參加者抑鬱徵狀有改善。

香港理工大學應用社會科學系助理教授盧希而指，長者退休後不適應生活轉變，身體又出現毛病，會擔憂成為負累，而子女有其家庭及工作，無法時刻陪伴，慢慢造成抑鬱。

家庭福利會社會工作顧問黃愛球亦指，長者不擅抒發心情，只會訴說身體毛病，家人有時只以「你情況已經好過好多人」作回應，未有正視問題，難以發現長者患上抑鬱。

黃愛球表示，多對長者表達關心，耐心聆聽，更可多帶長者外出。盧希而亦認為，社會面臨老化，應有更好知識，提高警覺性，及早發現患有抑鬱的長者。

計劃中，社工會於探訪過程中嘗試了解長者的興趣，黃愛球形容，曾有長者對花情有獨鍾，故在一次探訪中，社工特意帶他到花墟買花，後來更培養出插花的興趣。黃愛球指，長者可能因欠缺資源或協助，無法發展其興趣，當有人鼓勵後，長者感到自己有能力完成事情並有人欣賞，心情會變得開朗，遠離抑鬱。

義工Thomas憶述，上門探訪長者時，經常有長者向其展示書畫、手工藝的成果，亦曾與長者們下棋談天。Thomas指，計劃讓他感到更關心長者，亦想起母親離世後獨身一人的父親，故現時固定每兩週致電父親，每星期更會帶同孩子與父親吃飯，亦會一同出外遊玩，家庭關係更緊密。

計劃為期19星期，當中包括8節社工探訪，其後會安排2節義工探訪及3個月的跟進服務。首階段有逾200位長者參加，第二階段將於今年十月開始，服務將擴展至耆老耆，為他們提供情緒協助以及技術支援。

首頁 > 日報新聞 > 港聞

照顧認知障礙長者 逾六成人現抑鬱

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星島日報
SING TAO DAILY



1/1 家福會希望及早識別患抑鬱的耆老，提供支援，如專業護理、義工探訪等，可為他們改善生活質素。

(星島日報報道)照顧認知障礙症長者不易，家福會最新研究顯示，有六成受訪照顧者亦現抑鬱徵狀，家福會社會工作顧問黃愛球解釋，照顧者為照顧老伴面對沉重壓力，常因家中缺乏社交，易有抑鬱徵狀，令人關注，安排義工探訪與耆老者多傾談，有助改善情況。

家福會為協助改善長者抑鬱情況，兩年前起推行「躍動晚情長者抗抑鬱地區計劃」，近日與理工大學社會科學系就計畫作成效評估，逾八十名參加長者接受評估，平均八十歲，逾半為獨居或同住的雙老，八成為低收入人士及逾六成正接受家居照顧服務。

結果顯示，有逾六成屬認知障礙症長者的照顧者，出現抑鬱徵狀；而體弱及社交薄弱的長者接受外展服務後，抑鬱情況改善，在三個月後再跟進，其身心健康、社交解難能力見顯著改善。研究認為，如及早識別耆老的抑鬱而提供支援，如護理專業、義工探訪、社區教育等，可改善耆老生活質素，助重建健康及社交。

王女士為獨居長者，丈夫已離世，她與兒子相依為命，情感受孤單，一直將負面能量壓壓心內，終患輕度抑鬱症。她參加計畫後獲社工鼓勵，多參與記憶訓練及舞蹈班，更每天寫下開心事，心情變輕鬆。該計畫推出第二階段擴至耆老耆，望能為有抑鬱徵狀的耆老耆提供一站式專業支援。

Pool of SAP social workers trained

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躍動晚情 — 長者抗抑鬱地區計劃

Smiley Activation Project—
Community / Home-based Depression Treatment for the Elderly

Hong Kong Family Welfare Society
Smiley Activation Project
Stephanie, O.K. WONG

LIMITATIONS

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- Limited generalizability
- Need more evidences about the change using a comparison study between SAP with another intervention.



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REFERENCE

- Blazer, D.G., & Hybels, C.F. (2014). Depression in later life: Epidemiology, assessment, impact, and treatment. In Gotlib, I.H., and Hammen, C.L. (eds.). *Handbook of Depression*, 3rd edition (pp.429-447). New York: Guilford.
- Centre for Suicide Research and Prevention, University of Hong Kong (2018). Suicide rates by age group in Hong Kong. Retrieved from <https://csrp.hku.hk/statistics/> on 3 May, 2015.
- Chentsova-Dutton, Y.E., Ryder, A.G., and Tsai, J. (2014). Understanding depression across cultural contexts. In Gotlib, I.H., and Hammen, C.L. (eds.). *Handbook of Depression*, 3rd edition (pp.337-354). New York: Guilford.
- Chi, I., Yip, P. S., Chiu, H. F., Chou, K. L., Chan, K. S., Kwan, C. W. & Caine, E. (2005). Prevalence of depression and its correlates in Hong Kong's Chinese older adults. *American Journal of Geriatric Psychiatry*, 13(5), 409-416.
- Kleinman, A. (1982). Neurasthenia and depression: A study of somatization and culture in China. *Culture, Medicine, and Psychiatry*, 6, 117-190.
- Lee, D.T., Kleinman, J., & Kleinman, A. (2007). Rethinking depression: An ethnographic study of the experiences of depression among Chinese. *Harvard Review of Psychiatry*, 15, 1-8.
- Rodda, J., Walker, Z., & Carter, J. (2011). Depression in older adults. *BMj*, 343.
- World Health Organization. (2008). *The Global Burden of Disease: 2004 Update*. Geneva: World Health Organization.
- Steinman, L., Edmondson, E., and Snowden, M. (2012). *PEARLS Community-based Depression Treatment: Implementation Toolkit*. University of Washington.
- Topolski, T. D., LoGerfo, J., Patrick, D. L., Williams, B., Walwick, J., & Patrick, M. B. (2006) The Rapid Assessment of Physical Activity (RAPA) among older adults. *Preventive Chronic Disease*, 3, A118-A126.

Project Video

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- <https://drive.google.com/file/d/1sMjddSGaTWuL49bD7EbnliQbnYhY3AlN/view?usp=sharing>



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