

The JC JoyAge's task-shifting and community-based approach to promote mental wellness

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賽馬會樂齡同行計劃
Jockey Club **樂齡同行計劃**
Holistic Support Project
for Elderly Mental Wellness

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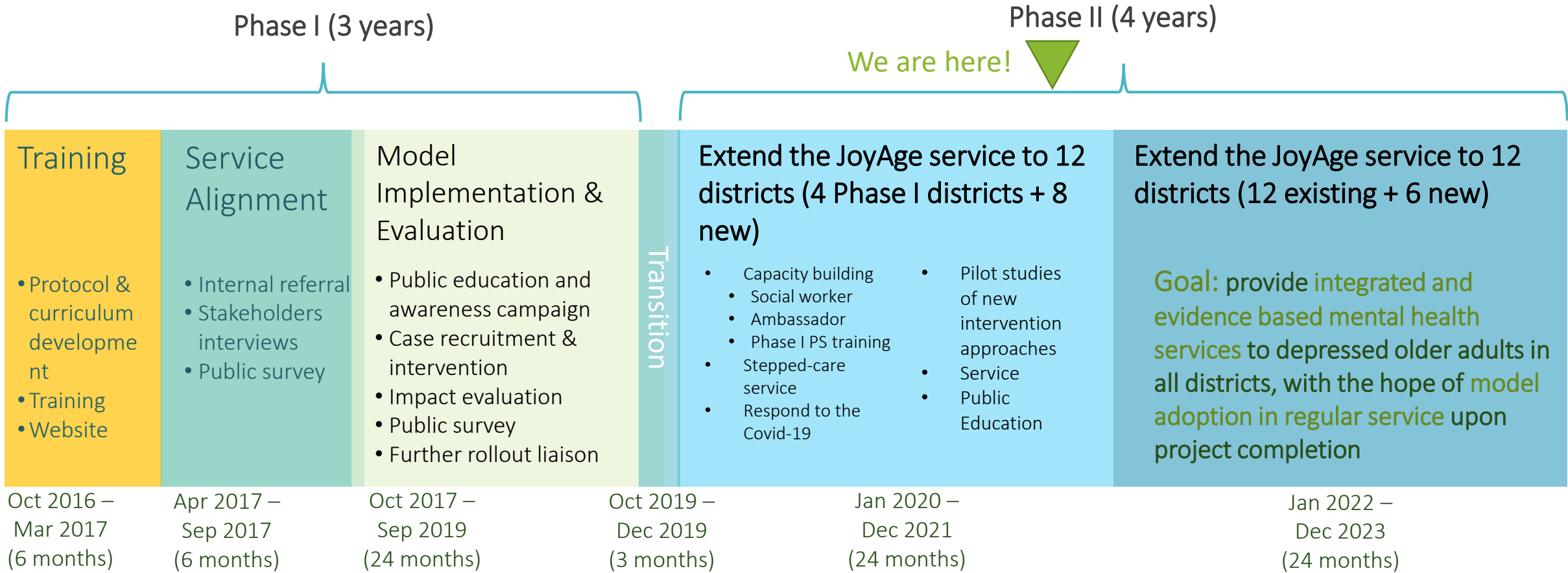
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JC JoyAge: Project Goal

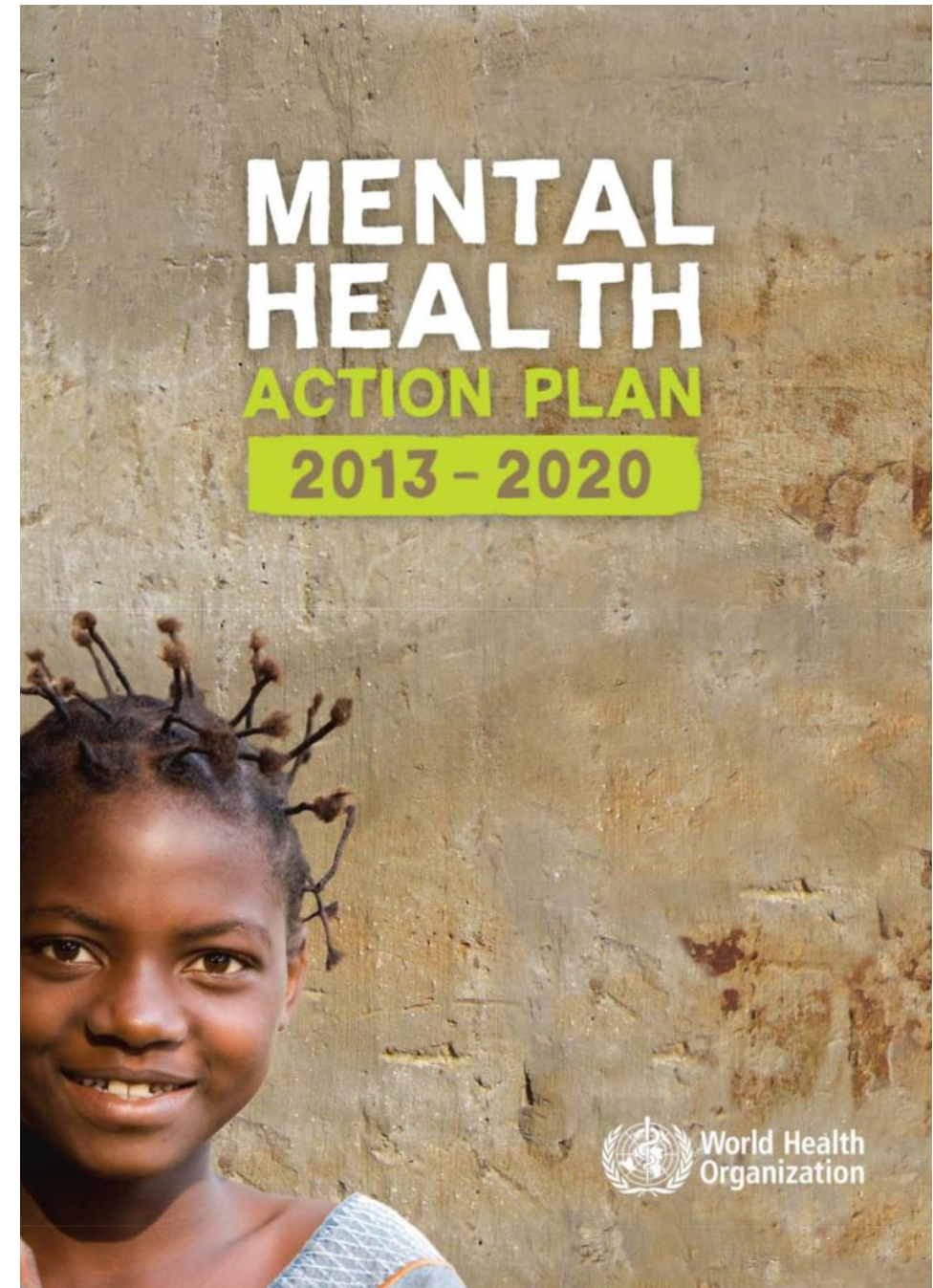
To develop
a viable and sustainable best practice model
to **promote elderly mental wellness** and **prevent**
elderly depression
for Hong Kong through
community empowerment strategies

Overview - Project Progress



WHO's Comprehensive Mental Health Action Plan

- Four major objectives:
 - **strengthen effective leadership** and governance for mental health;
 - provide **comprehensive, integrated and responsive** mental health and social care services **in community-based settings**;
 - implement **strategies for promotion and prevention** in mental health; and
 - strengthen information systems, **evidence and research for mental health**.

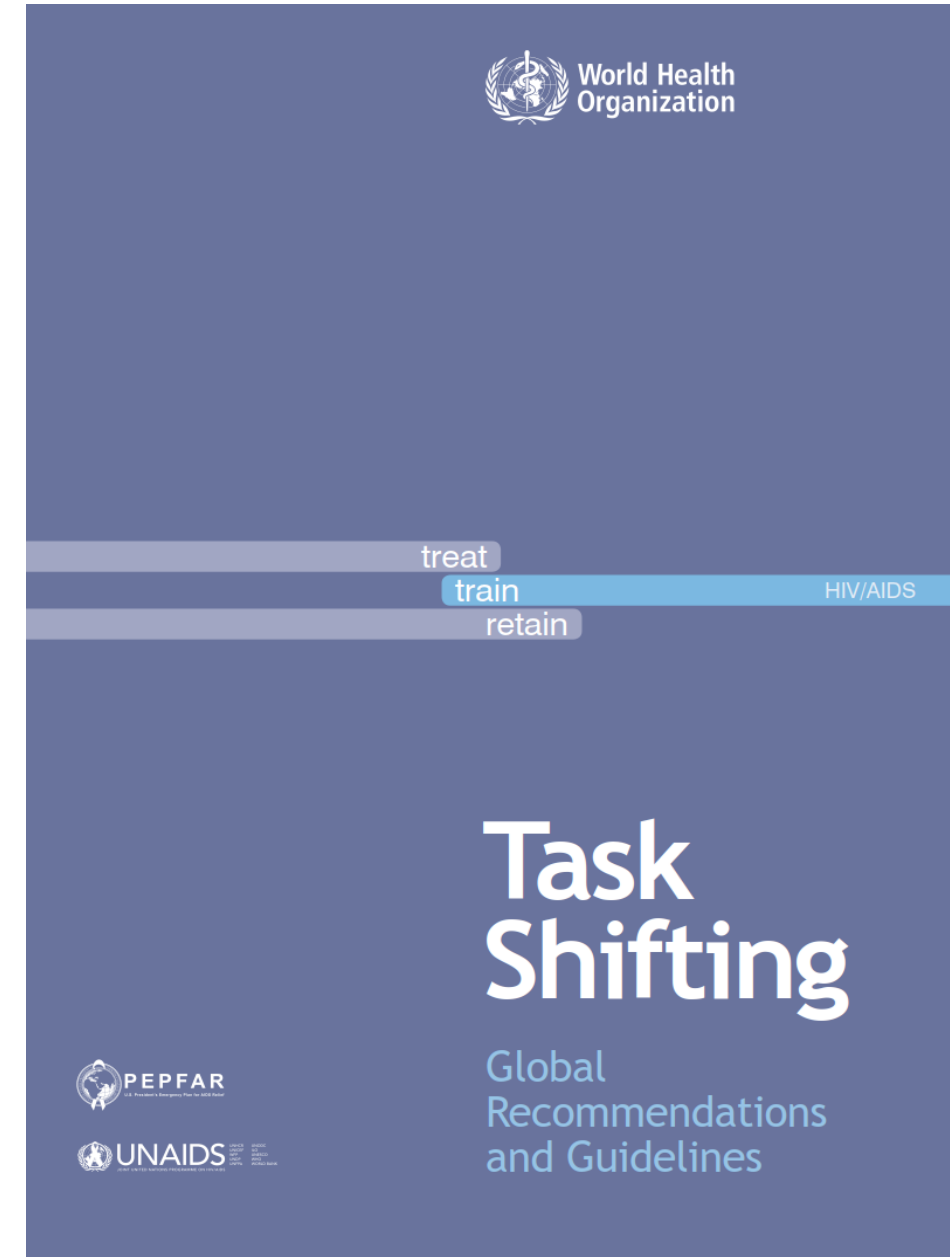


The JC JoyAge Strategies

- Strengthen effective leadership ➡ Professional training.
- Provide comprehensive, integrated and responsive mental health and social care services in community-based settings ➡ The JoyAge task-shifting stepped-care model.
- Implement strategies for promotion and prevention in mental health ➡ JoyAge ambassador program and JoyAge community-based participatory approach for promotion in mental health literacy.
- Evidence and research for mental health ➡ Outcome & cost effectiveness study.

WHO's definition of task shifting

- ‘Specific tasks are moved, where appropriate, from highly qualified health workers to health workers with shorter training and fewer qualifications in order to make more efficient use of the available human resources for health” (WHO 2007)



Mental health workforce shortage

Hong Kong total:

- 607 clinical psychologists (HKPS website, retreated 17/10/2021)
- 426 psychiatrists or 5.69/100K people (HKMC website, retreated 17/10/2021)
- 5.6 psychiatrists & 8.11 clinical psychologists per 100,000 people.
- There are **26,810 social workers** in HK. (HKSWRB website, retreated 17/10/2021).

Public Sector (Dec 31, 2020):

- 390 Psychiatrists
- 105 Clinical Psychologists

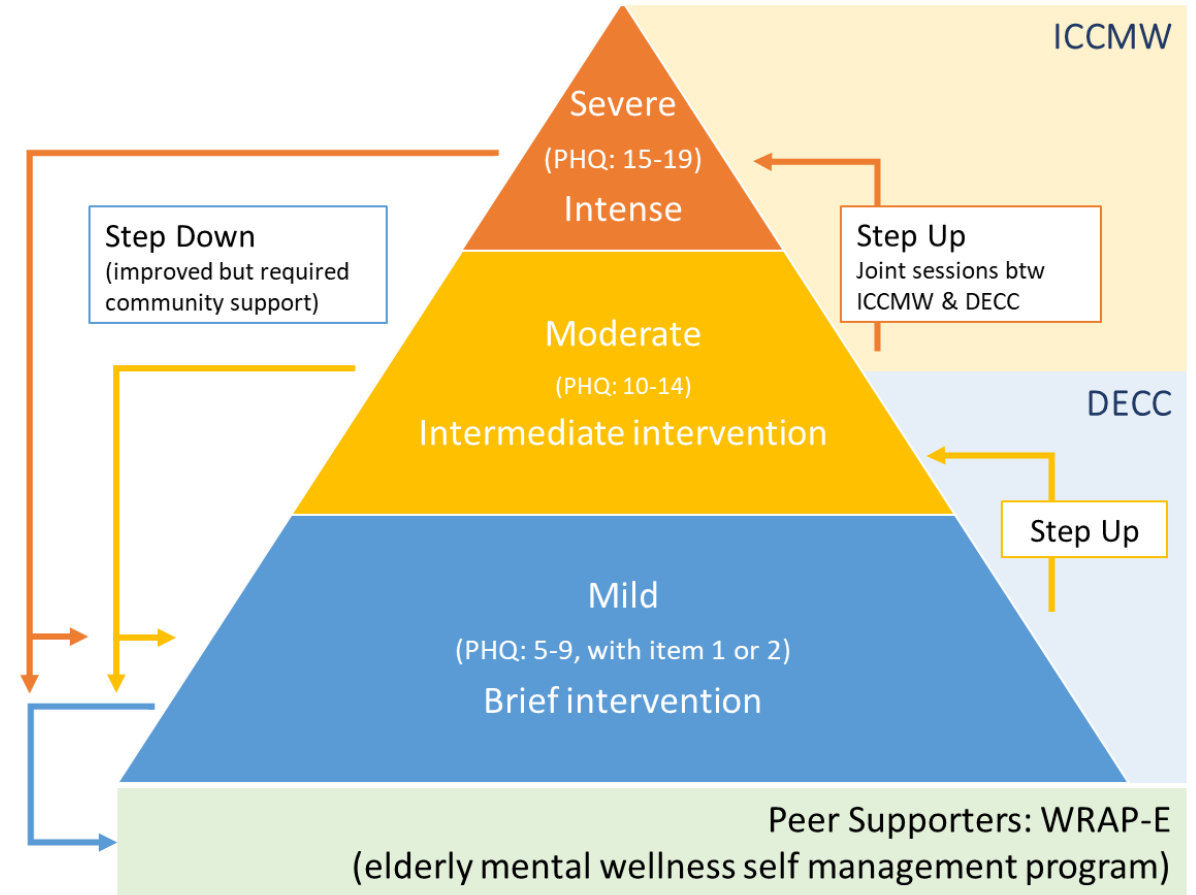
The number of public sector psychiatrists per 100,000 people is 5.2 for Hong Kong, versus 8.59 for high-income countries.

Source:

<https://www.info.gov.hk/gia/general/202104/28/P2021042800469.htm>

Task shifting #1: Clinical social workers

- 19 specialist outpatient psychiatry clinics, most are associated with hospital.
- 24 Integrated Community Centres for Mental Wellness (ICCMW).
- 41 District Elderly Community Centers (DECC).



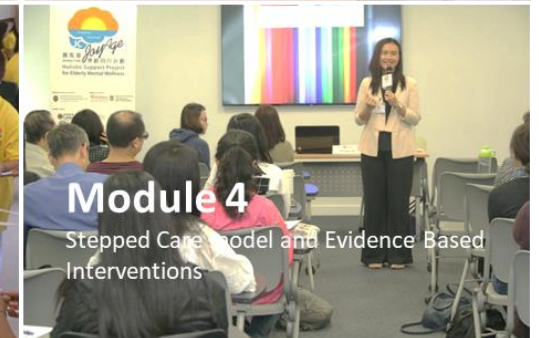
Clinical Social Worker Training

- **More than 70 social workers** received intensive training since the project started.
- **Training has four modules**
 1. Concepts related to late life depression
 2. Clinical knowledge and assessment skills
 3. Peer support: concept and practice
 4. Stepped-care model and evidence-based interventions
- Practicum and supervision at workplace
- Continuous ongoing professional training
- **Hybrid Training Mode:**
 - Supported by online training platform that can be used for future training purposes and readily to be scaled up

HKU Online learning platform by
Technology-Enriched Learning Initiative (TELi)

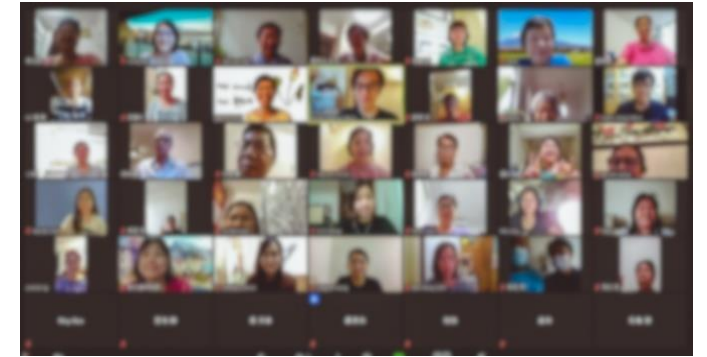
JC JoyAge online training platform website

<https://learning.hku.hk/joyage/>



Task shifting #2: Peer Supporters

- Recover model: targeted older people who have experience with depression.
- A total of 412 Peer Supporters trained.
- 80-hour theory & practicum
 - **Basic:** Phase I curriculum + story-telling: my personal experience
 - **Advanced:** Phase I curriculum + facilitation skills for individual planning and goal attainment; Wellness Recovery Action Plan (WRAP®) – basic course
- After training, they were hired as part-time protect staff.
- Under the supervision of social workers, they use their recovery experience to facilitate the intervention process.



Peer Supporter Profile

As of 31st August 2021, our district partners have altogether trained more than 412 Peer Supporters.

Phase II PS:

- Average age around 62 years old (“young old”)
- Majority are **female**
- **Relatively well-educated**, more than 90% had high school and above
- High on empowerment and resilience as measured by standard instruments

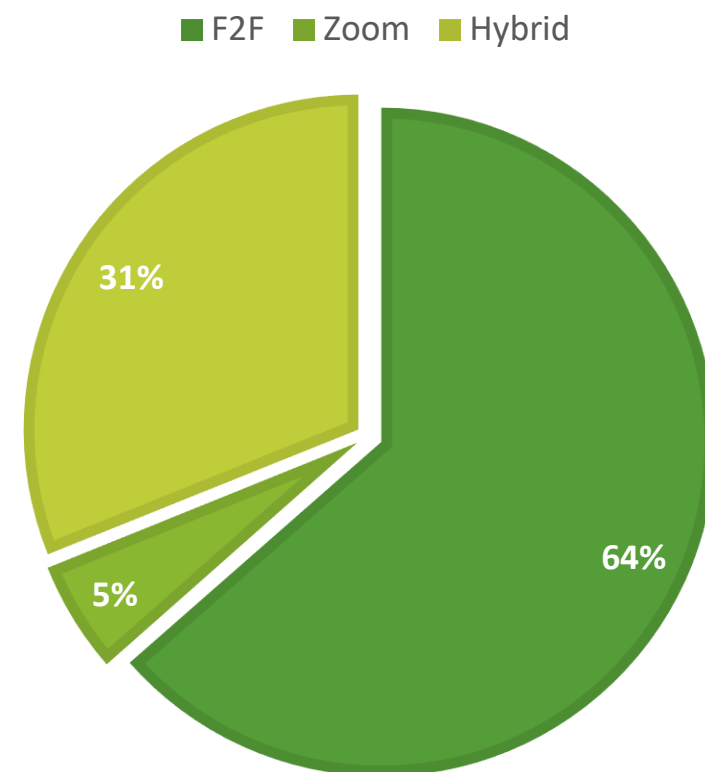
Mean (SD) / %	T0 (N=152)	T1 (N=60)^
Age, years	62 (5.7)	/
Female	78%	/
With secondary education or above	92%	/
Retired or homemaker	78%	/
Married	61%	/
Living with others	80%	/
Empowerment (max = 4)	2.69 (.20)	2.74 (.20)
• Self-efficacy-self-esteem	3.07 (.39)	3.14 (.39)
• Power-powerlessness	2.56 (.25)	2.57 (.30)
• Community activism & autonomy	3.26 (.34)	3.36 (.34)
• Optimism-control over the future	2.99 (.42)	3.00 (.44)
• Righteous anger	1.53 (0.45)	1.52 (.46)
Resilience (max = 20)	15.57 (2.77)	16.57 (2.63)

^Data collection in progress, currently, there are **no significant difference** for all pre- and post-assessment scores at the moment.

JoyAge Ambassador Training

- **1,792** started ambassador training, **1,638** completed ambassador training, **992** completed 6-hour service
- 15-hour training
 - Older Person Mental Health First Aid
 - Project brief
 - E-buddy training (zoom module)
 - Training on conducting telephone screening, use of digital devices / online platforms, apps, and one-on-one teaching with older adults
- Practicum
 - Direct contact with older adults (e.g. home visit, zoom/whatsapp video calls, warm phone calls); public awareness promotion
- Training Mode
 - **64%** conducted the training F2F, **5%** conducted the training via Zoom; **31%** conducted the training using a hybrid mode

AMBASADOR TRAINING MODE



Community Based Participatory Approach

- In **April/May 2021**, the CBPR initiative was commenced in 5 districts (Tseung Kwan O, Central & Western, Wan Chai, Sham Shui Po, Wong Tai Sin), and around 100 ambassadors expressed interest in joining at the first recruitment session
- As of **mid-September**, 2-4 further meetings have been held separately with the 5 district CBPR groups, which involved:
 - community asset mapping
 - discussion of district older adult mental health issues
 - brainstorming, decision & preparation of initial public awareness activity (e.g. posters/flyers; promotional calendars)
- **Outlook:** Each district group aims to implement initial public awareness activity at end of 2021/early 2022; roadmap for 2022 to be uniquely decided by each district CBPR group



Phase I Evaluation

Participants' Profile at intake

JoyAge Cases

- Majority are **female**
- **Low education**, around 1/3 had no formal education
- Majority are not married and live alone
- **Majority are at mild/prodromal stage of depression (55%)**, few moderate or above (19%)
- **A slightly higher percentage of Hospital Authority referred cases in the moderate or moderately severe categories (34%)**

N (%) / mean (SD)		JoyAge Cases (n =4,333)	Referred from HA (n =52)	Control Case (n=503)
Age, years		76.6 (11.5)	73.8 (8.6)	76.1 (10.8)
Female gender		2829 (78.7%)	32 (57.1%)	380 (75.8)
No education		1028 (28%)	13 (23.2%)	123 (24.8)
Single/Divorce/Widow/Se parated		2081 (56.8%)	23 (41.1%)	307 (61.3)
Living alone		1420 (38.9%)	28 (50%)	246 (49.1)
PHQ-9		6.7 (4.0)	9.1 (4.0)	6.5 (5.4)
GAD-7		4.5 (4.6)	6.4 (4.1)	4.1 (4.7)
UCLA-3		4.1 (2.9)	5.5 (3.0)	3.4 (3.1)
Service category	At Risk	959 (26.2%)	2 (4%)	20.76 (5.7)
	Mild/Prodromal	2021 (55.2%)	31 (55%)	222 (44.3)
	Moderate	520 (14.2%)	15 (27%)	140 (27.9)
	Moderately Severe	162 (4.4%)	4 (7%)	94 (18.8)

PHQ=Patient Health Questionnaire; GAD-7= Generalized Anxiety Disorder 7-item scale; UCLA-3=UCLA loneliness scale.

Phase I Evaluation

Key clinical outcomes of JoyAge and Control subjects

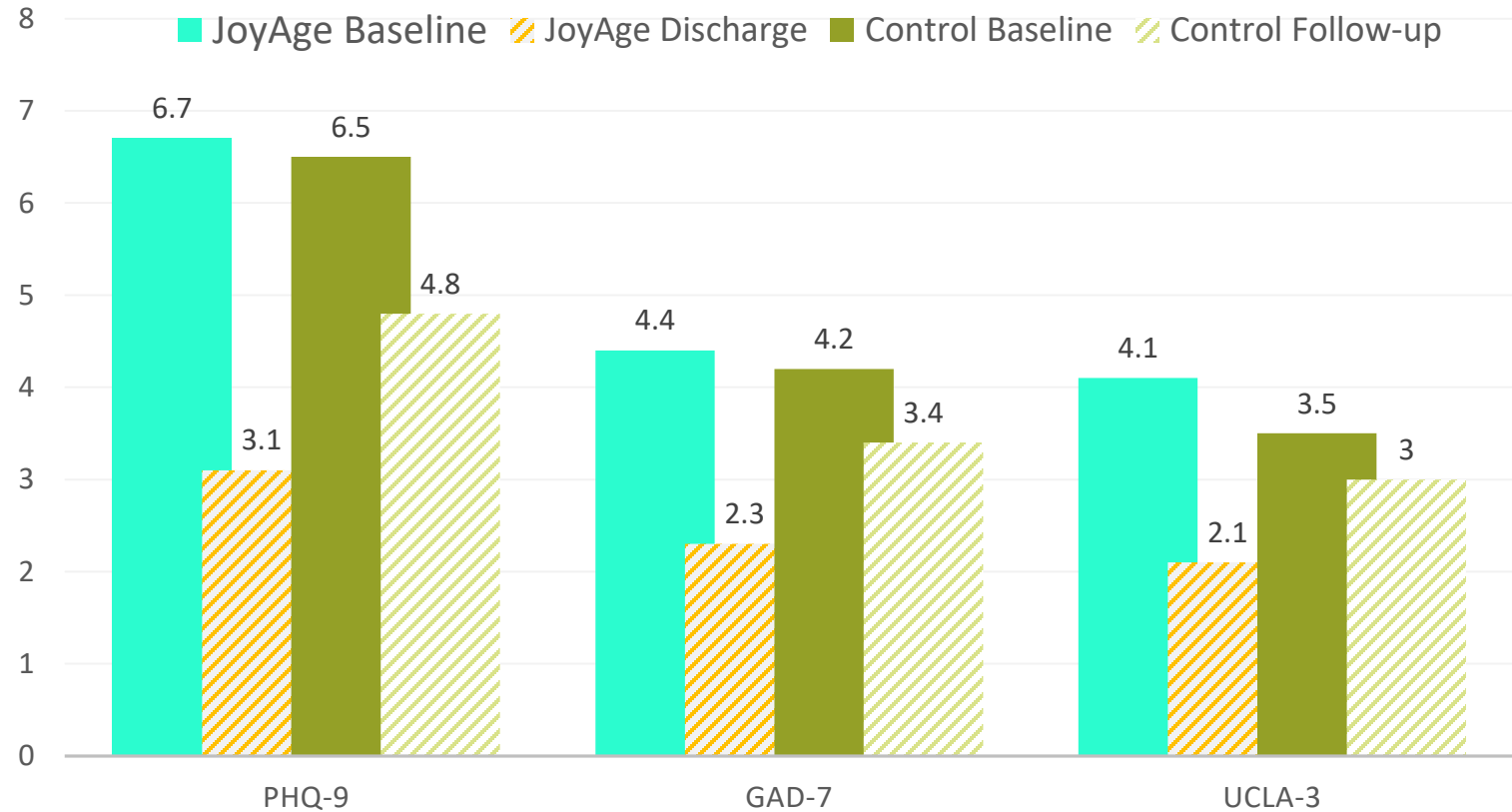
N (%)	JoyAge			Control		
	Baseline	Discharge	t	Baseline	Follow-up	t
Depression (PHQ-9)	Matched cases N = 3,184			Matched cases N = 354		
None (0-4)	850 (27)	2500 (79)		156 (44)	208 (59)	
Mild (5-9)	1758 (55)	576 (18)		99 (28)	86 (24)	
Moderate (10-14)	438 (14)	86 (3)		69 (19)	41 (12)	
Moderately Severe (>14)	138 (4)	22 (1)		31 (9)	20 (6)	
Mean (SD)	6.7 (4.0)	3.1 (2.9)	57.85***	6.6 (5.4)	4.7 (4.8)	7.03**
Anxiety (GAD-7)	Matched cases N = 2,836			Matched cases N = 354		
None (0-4)	1668 (59)	2285 (81)		225 (63)	254 (72)	
Mild (5-9)	781 (28)	445 (16)		80 (21)	66 (19)	
Moderate (10-14)	307 (11)	91 (3)		34 (10)	22 (6)	
Severe (>14)	80 (3)	15 (1)		16 (5)	12 (3)	
Mean (SD)	4.4 (4.5)	2.3 (3.1)	28.75***	4.2 (4.7)	3.3 (4.3)	4.07**
Loneliness (UCLA-3)	Matched cases N = 2,920			Matched cases N = 354		
Not Lonely (0-2)	864 (30)	1613 (55)		164 (46)	193 (54)	
Lonely (3-9)	2056 (70)	1307 (45)		191 (54)	161 (46)	
Mean (SD)	4.1 (2.9)	2.1 (2.2)	40.77***	3.6 (3.1)	2.9 (3.0)	4.41**

Phase I Evaluation

Effectiveness of the JC JoyAge service on mental wellness

JoyAge had better improvement than control cases in all key clinical outcomes.

Key Clinical Outcomes of JoyAge vs. Control cases



PHQ-9: Patient Health Questionnaire 9 items; GAD-7: Generalized Anxiety Disorder, 7 items

Phase I Evaluation

Effectiveness of the JC JoyAge service on prevention of depression

Operational Definition:
Maintained or reduced depression severity level from T2 to T0

Variables	B	S.E.	p	Exp (B)	95% CI
Age	0.00	0.01	0.93	1.00	0.98 – 1.01
Female	-0.19	0.21	0.38	0.83	0.55 – 1.26
Education	-0.44	0.18	0.02	0.65	0.45 – 0.92
Live alone	0.43	0.21	0.04	1.54	1.01 – 2.34
Married/Cohabit	-0.07	0.23	0.77	0.94	0.60 – 1.46
T0 PHQ-9	0.06	0.04	0.14	1.06	0.98 – 1.15
T0 GAD-7	-0.09	0.02	0.00	0.92	0.88 – 0.96
T0 UCLA-3	-0.02	0.03	0.58	0.98	0.92 – 1.05
JoyAge group	1.75	0.21	0.00	5.74	3.81 – 8.65

Compared with service as usual, JC JoyAge intervention was **5.74 times more effective** in preventing depression, even when examining the effects of selective prevention and indicated prevention separately.

Phase I Evaluation

Effectiveness of the JC JoyAge service on treating depression

Operational Definition 1:

T2 depression risk level reduced to mild or at risk

Operational Definition 2:

Responder: $\geq 50\%$ reduction of PHQ-9 score at T2

Controlled for demographic information (age, gender, education, living alone, marital status) and clinical outcome at service intake (PHQ-9, GAD-7, UCLA-3)

Variables	B	S.E.	p	Exp (B)	95% CI
JoyAge group	1.35	0.30	0.00	3.85	2.14 – 6.94

Compared with service as usual, JC JoyAge intervention was **3.85 times more effective** in treating depression

Variables	B	S.E.	p	Exp (B)	95% CI
JoyAge group	1.27	0.27	0.00	3.55	2.10 – 5.98

Compared with service as usual, JC JoyAge intervention was **3.55 times more effective** in treating depression

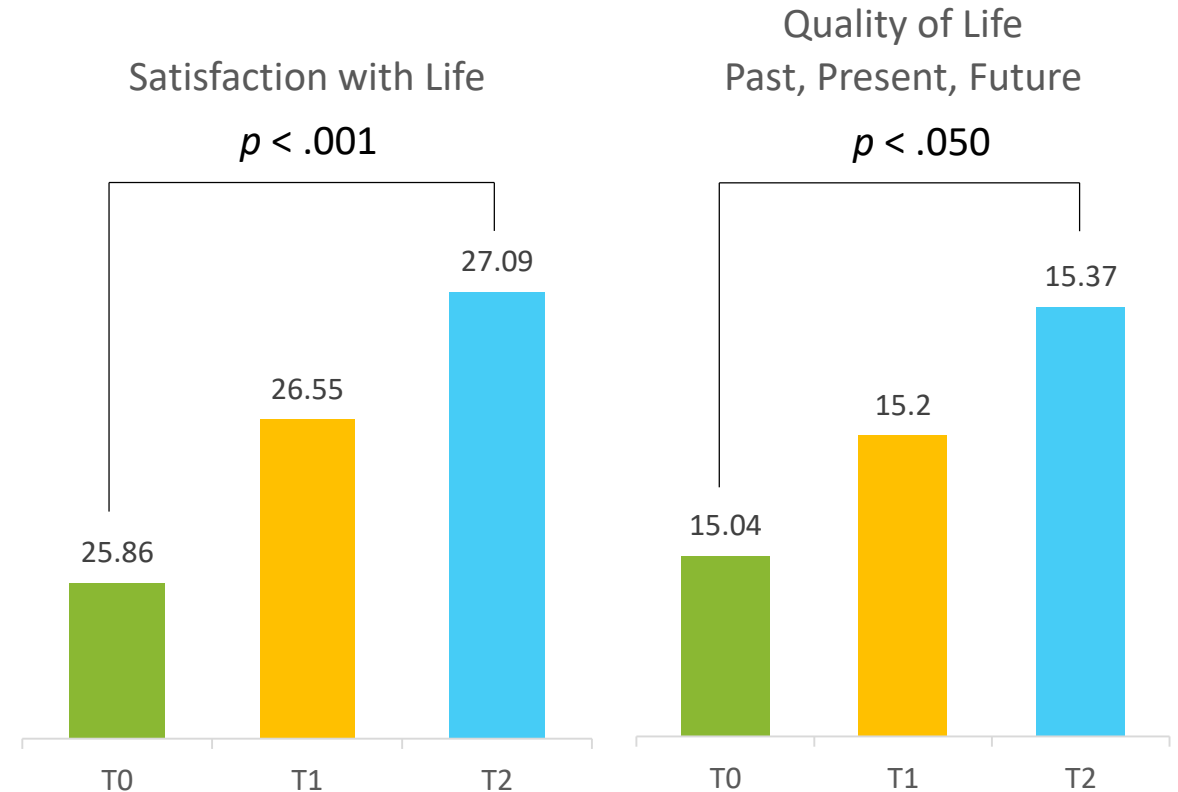
Phase I Evaluation

Impact of Peer Supporter Training

Significant improvement in **knowledge**, general **satisfaction with life** and **quality of life** in terms of satisfaction about achievements in life and at things looking forward to.

Mean scores	T0	T1	T2	<i>p</i>
LLDQ	5.38 (2.22)	6.45 (1.93)	6.64 (2.18)	<.001
KLLD-R (symptoms)	2.34 (0.77)	2.59 (0.68)	2.66 (0.62)	<.001
KLLD-R (myths)	1.21 (0.96)	1.21 (0.99)	1.42 (1.06)	<.050

LLDQ=Late-life Depression Quiz, KLLD-R=Knowledge of Late-Life Depression Scale—Revised



The JC JoyAge Strategies

- Provide comprehensive, integrated and responsive mental health and social care services in community-based settings ➡ **The JoyAge task-shifting stepped-care model** ➡ worked well ➡ scaling up.
- Implement strategies for promotion and prevention in mental health ➡ JoyAge **ambassador program** and JoyAge **community-based participatory approach** to promote in mental health literacy ➡ promising but need rigorous evaluation.



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Thank You

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