

Innovative Medical-Social Integrative Models for Health Empowerment at Healthy Families,
Healthy Communities: Empowering Health through Medical Social Integration Symposium

JoyAge 3.0 and a community-based participatory process to create a primary mental health care system for Hong Kong

Terry Lum

Henry G Leung Professor in Social Work and Social Administration
The University of Hong Kong

Initiated and Funded by:



The Hong Kong Jockey Club Charities Trust

Partner Institution:



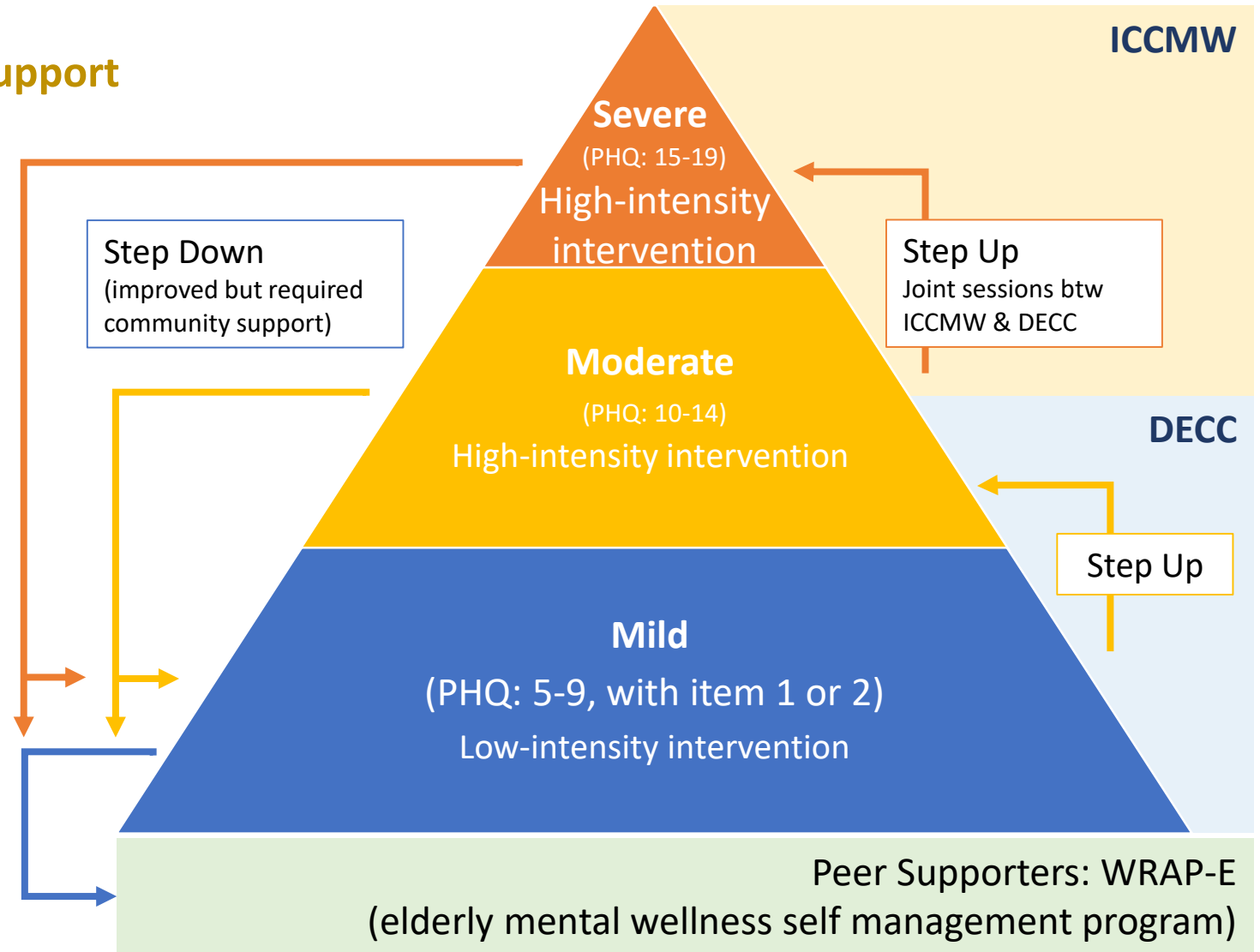
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The University of Hong Kong
香港大學社會工作及社會行政學系

The JoyAge model

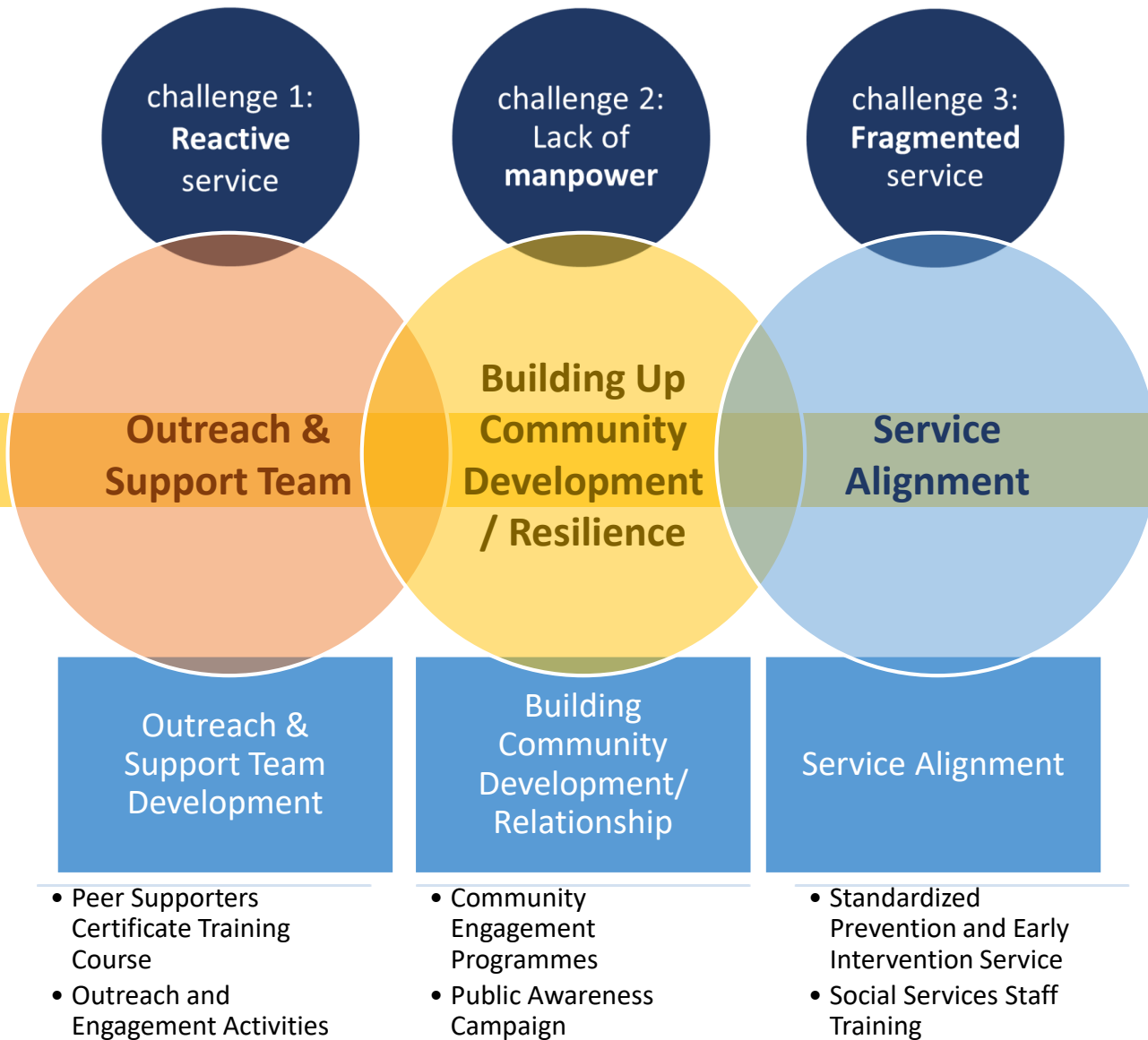
Collaborative stepped-care with peer support

- JoyAge collaborative stepped care and peer support model
 - Engagement with other stakeholders
 - Referrals from other sources
- Target older adults (≥ 60 years) with subclinical depression ($5 \geq \text{PHQ-9} \geq 19$);
- Two-week mental wellness self-management training (Exit plan)
- Served **more than 7,800 older adults** at risk of or with depressive symptoms from 2016 to 2022
- Over 800 peer supporters trained since Phase 1 of JoyAge



DECC = District Elderly Community Centre; ICCMW = Integrated Community Centre for Mental Wellness; PHQ-9 = Patient Health Questionnaire.

JC JoyAge solutions in response to the mental health care challenges in Hong Kong



Partners: **17** NGOs; **47** centres (**31** DECCs & **16** ICCMWs)



Our Goal

To establish a **cross-sectoral stepped care model** at community level to engage the **at-risk older persons** and render preventive support and early interventions through **community empowerment**

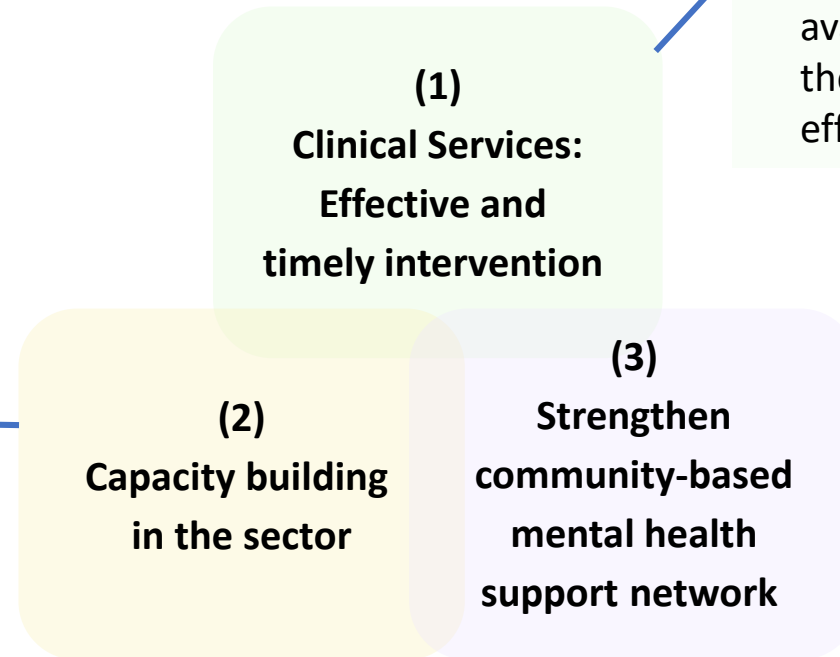
Project stages:

1. Pilot phase (2016-2019): 4 pilot districts
2. Extension phase (2020-2023): 18 districts
3. **Repurposing phase (2024-2027): 18 districts + DHC pilot**

Core components of the JoyAge model

Training provided to frontline workers at DECC and ICCMWs to:

1. Provide evidence-based psychotherapy for older adults with subclinical depressive symptoms;
2. Train recovered clients in becoming peer supporters, who will support future clients through their JoyAge intervention journey, thereby facilitating **community re-integration and expansion of social support network.**



1. Stepped-care approach
2. Time-limited evidence-based intervention (e.g., cognitive-behavioural therapy) based on user's depressive symptom severity (low-/ high-intensity intervention) (avg. 9 months);
3. Aimed at increasing service accessibility, availability, and acceptability, reducing burden in the clinical setting, and improving cost-effectiveness of existing service models.

1. Structured training for **ambassadors** and **peer supporters** (both recovered clients and local community members) to promote and improve mental health in the community using a bottom-up approach;
2. Using a **community-based participatory research approach**, to empower clients and older adults to develop their own support networks in the community;
3. Psychoeducation and public awareness to reduce stigma.

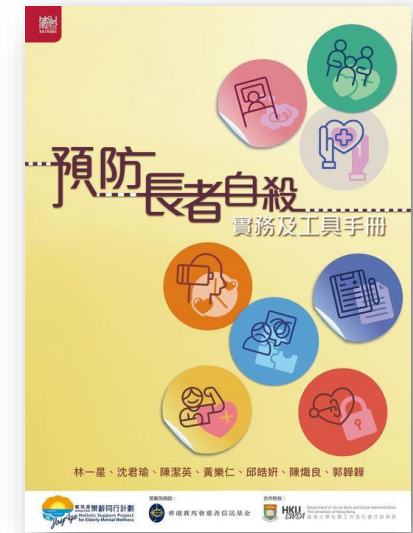
Clinical Services

Intervention Practical Guide and Intervention Booklets

Developed based on observations from Phase I clients' needs and responses to CBT-based intervention

- Suicide Prevention Practical Guide & Toolkits
- Pilot groups
 - Acceptance & Commitment therapy with Exercise (ACEEx) for chronic pain with emotional distress
 - Community-based cultural arts (CBCA) for self-stigma and internalized ageism
 - Mindfulness Based Cognitive Therapy (MBCT) for moderate or more severe affective symptoms
 - Compassion Focused Therapy (CFT) for high self-criticism
- Telemental health – use of zoom in psychotherapy
- 4 intervention (CBT, CBT-I, ACT, Mindfulness) booklet,
1 Case sharing booklet and 1 PS sharing booklet *

* To be published by HKU press (in progress)



Clinical Services

Pilot Intervention

Culturally-adapted Modified Mindfulness-based Intervention

「無憂有計」 長者靜觀小組

甚麼是靜觀

行動
模式

同在
模式

靜觀幫助我們練習：

- 留意此時此刻注意力在那裡
- 培養覺知內在經驗包括想法、情緒和身體感覺
- 刻意改變注意力的焦點
- 體驗活在此時此刻
- 減少被外在環境和固有思維習慣所牽動



Clientele:

- With mild or above depressive symptoms (PHQ-9 \geq 5 marks)

Objectives:

- Cultivate mindfulness: increase non-judgmental awareness to thoughts, emotions, and bodily sensations
- Improve mood

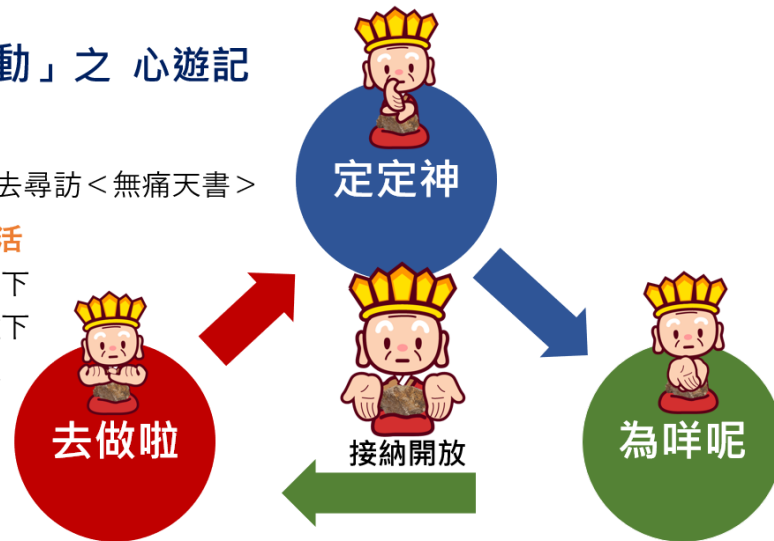
Clinical Services

Pilot Intervention (Cont.)

Acceptance and Commitment Therapy (ACT) with Exercise Intervention

「心動不如行動」之心遊記

- 8星期 每星期節
- 經歷一個個關卡，去尋訪〈無痛天書〉
- **重拾自己重視的生活**
 - 行行坐坐試郁下
 - 日日開心去做下
 - 好嘢嗰介紹返
 - 不如一齊啊



Clientele:

- At risk or with mild depressive symptoms
- Have chronic pain (≥ 3 months)

Objectives:

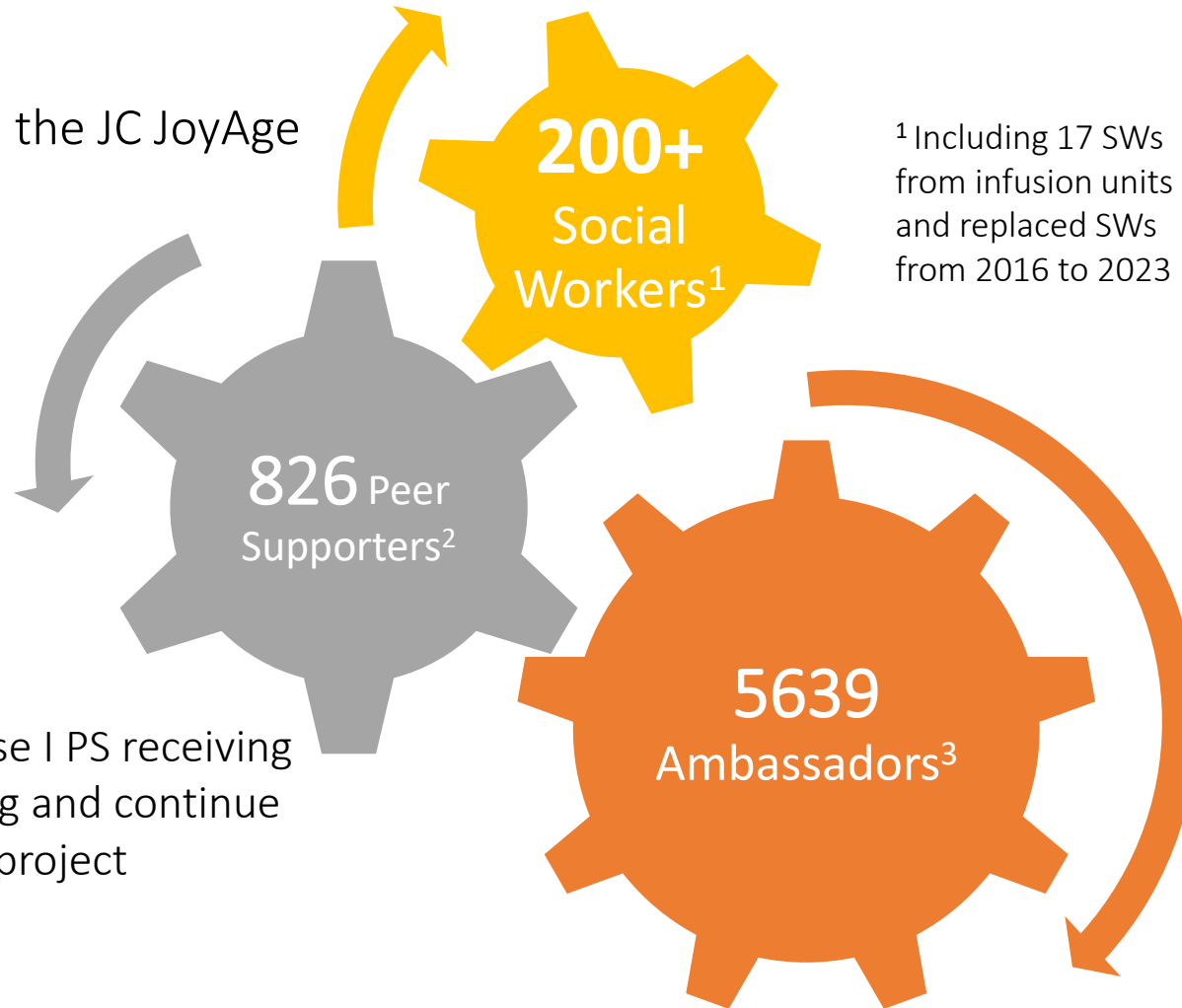
- Cultivate **acceptance around pain (psychological flexibility)** and encourage **value living** despite pain.
- Emphasis **value-based actions** that encourage positive physical and social behaviours
- Improve **physical functioning** through exercise

Capacity Building: Overview

From Sep 2016 to Sep 2023, the JC JoyAge project has trained:



²Including Phase I PS receiving booster training and continue to work in the project



¹Including 17 SWs from infusion units and replaced SWs from 2016 to 2023



³ Number of Ambassadors who completed the Mental Health First Aid training from 2020 to Sep 2023

Capacity Building

Ambassadors & Peer Supporters



Ambassadors

- Engaged **over 5,600** older adults at risk of depression
- Promote mental health literacy through *Mental Health First Aid*
- Prevention oriented
- Build community resilience

Peer Supporters

- Empowered **over 800** at-risk older adults in the community
- Concept of peer support and the power of peer-ness
- Walk with older adults and co-work with social workers
- Training to equip peer supporters with knowledge, attitudes and skills
- Advance training: *WRAP facilitators* – to promote mental wellness and self-care in older adults

Older Adults Mental Health First Aid & JoyAge model training: 15hrs

+

Practicum: 6 hrs

Classroom & practicum mode

Basic training: 26 hrs (included 6 hrs practicum)

+

Advance training: 54 hrs (included 30 hrs practicum)

Classroom & practicum mode

Capacity Building

Ambassadors' Profile

As of 30 Sep 2023, the project has recruited 5639 **at-risk older adults** and provided them with the Ambassador Training #.

- Majority are **female**
- **Relatively well-educated**, more than half had high school and above
- Around 10.8% had depression history
- Ambassadors **did not increase in depression risk**, despite increase in PHQ-9 total score, possibly due to increased awareness
- Ambassadors showed marginal increase in knowledge in late life depression

There is a time gap between completion of training and data entry.

2023 Demographics	N (%) / mean (SD)	All subjects (n = 1363)
	Age, years	65.8 (7.3)
	% of >= 65	49.9%
	% of >= 85	1.1%
	Female gender	1120 (81.6%)
	Highest level of education	
	• Primary school or below	208 (15.1%)
	• Middle school	297 (21.6%)
	• High school	519 (37.8%)
	• Diploma or above	328 (24%)
Full-time employment	67 (4.9%)	
Single/Divorce/Widow/Separated	572 (41.7%)	
Living alone	358 (26.1%)	
Depression history – self	148 (10.8%)	
Depression history – family members	160 (11.7%)	

Effect of training	Baseline (n=1,792)	After-training (n=1,638)	Comparison, t
PHQ-9 (0-27)	1.70 (2.2)	2.03 (2.5)	-4.46***
Knowledge in Late Life Depression (KLLD-R)	27.27 (3.0)	27.49 (3.1)	1.86 (p = 0.063)

*** $p < .001$ significant differences

Capacity Building

Peer Supporters' Profile

As of 30 Sep 2023, the project has trained 826 **at-risk older adults** and provided them with the Peer supporter Training.

- Majority are **female**
- **Relatively well-educated**, more than half had high school and above
- Over half of them were **married**
- Around 20% had **depression history**
- **Less than 5 % has full-time job**
- After training , they demonstrated **significant increase** in their resilience and self efficacy

Valid data with Ps' s consent

@Valid data from PS completed full training

	N (%) / mean (SD)		All subjects (n = 816#)
Demographics	Age, years		62.95 (6.54)
	Gender (Female)		625 (76.6%)
	Highest level of education		
	• Primary school or below		73(9%)
	• Secondary school		131 (16.4%)
	• High school		326 (40.7%)
	• Diploma or above		246 (30.2%)
	Full-time employment		31(3.9%)
	Single/Divorce/Widow/Separated		335 (41.1%)
	Living alone		163 (20%)
Depression history – self		170 (20.8%)	
<hr/>			
Effect of training	Baseline (n=502@)	After-training (n=502@)	Comparison, t
Resilience (0-20)	15.57(2.73)	15.87 (2.64)	2.39*
Self efficacy (0-4)	3.06(0.35)	3.09(0.37)	2.21*

* $p < .05$ significant differences

Capacity Building

Certificate Course for Clinical Social Worker

Certificate course with practicum

- To equip social workers with mental health knowledge and clinical skills to conduct standardize clinical assessments and evidence-based interventions

Online training platform

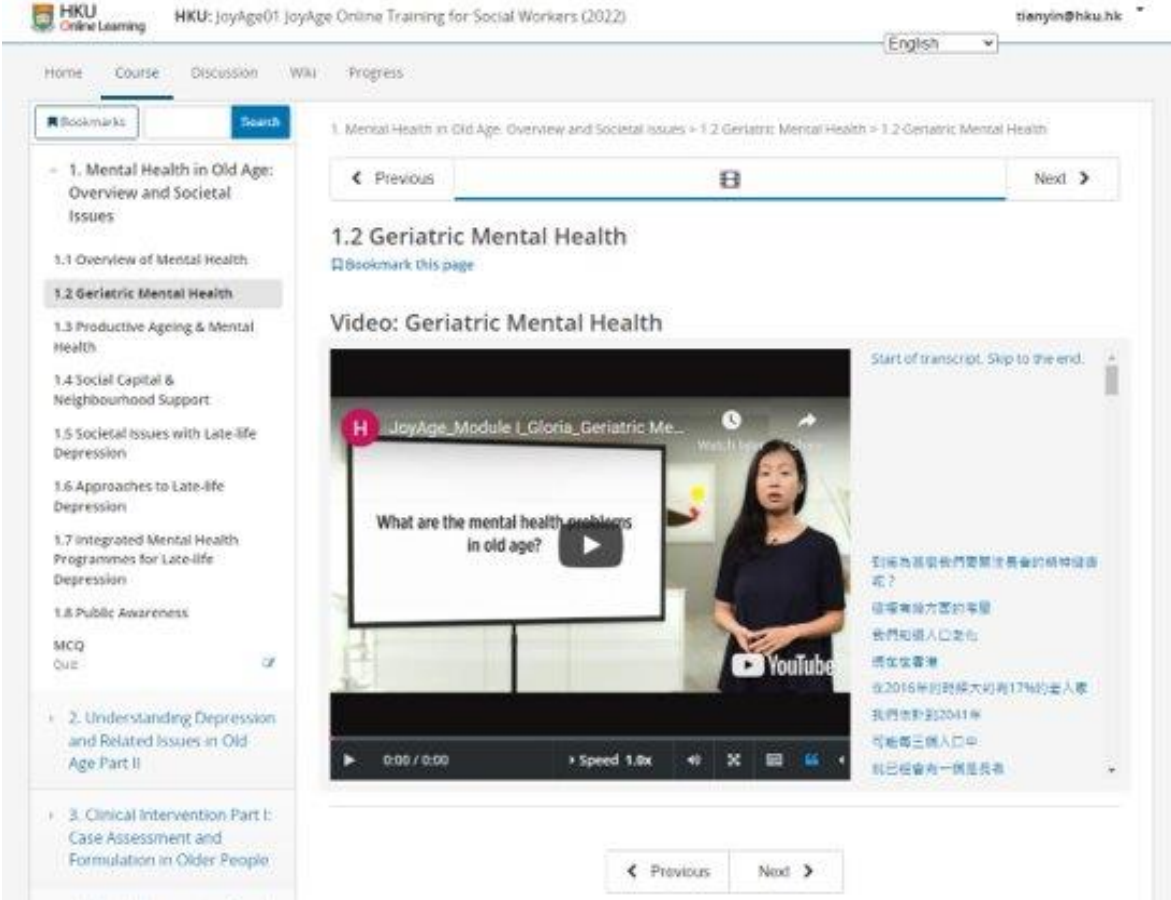
- Reach to 52 centers, over 200 social workers; welcome access beyond JoyAge social workers

Evaluation mechanism

- Online, in-class and real case assessment

Train the trainer

- Supervisors from NGO who received the certificate course training and supervision with an aim to train their colleagues in future



The screenshot displays the HKU Online Learning interface for the course 'HKU: JoyAge01 JoyAge Online Training for Social Workers (2022)'. The user is logged in as 'tienyin@hku.hk'. The course structure is shown in a sidebar, with '1.2 Geriatric Mental Health' selected. The main content area features a video titled 'Video: Geriatric Mental Health' with a thumbnail showing a woman and a slide that asks 'What are the mental health problems in old age?'. The video player shows a progress of 0:00 / 0:00 and a speed of 1.0x. Below the video, there is a transcript in Chinese. Navigation buttons for 'Previous' and 'Next' are visible at the bottom of the page.

Capacity Building

Professional Training Workshops

11 professional training workshops
with 2,895 attendees since Jan 2022

PROFESSIONAL WORKSHOP SERIES

Public Mental Health Interventions under COVID-19 pandemic

Workshop I: 22 April 2022 (Friday) | 9:30 am – 12:30 pm
Assessment and Screening for Older Adults with Emotional Needs

Workshop II: 29 April 2022 (Friday) | 9:30 am – 12:30 pm
Working with Older Adults with Suicidal Risk

Venue: Zoom (link will be sent to registrants)
Language: Cantonese

Speaker
HKU JoyAge Clinical Team

Summary
The fifth wave of COVID-19 outbreak in Hong Kong continues, it has created a drastic impact on everyone's lives, preventive measures such as tightened social-distancing and implementation of vaccine pass scheme have led to loneliness, depression and anxiety symptoms among elderly population. In response to the needs of the society, we aim to enhance participants' knowledge, understanding and skills for identification of depressive and anxiety symptoms in older adults. Early identification and prevention work of suicide will also be highlighted.

Application will be accepted on a first come, first served basis. Successful applicants will receive a confirmation email and a copy of the Suicide Prevention Practical Guide and Tools written by the HKU JoyAge Team.

Registration: <https://bit.ly/3Dz7obG>

Open to all

PROFESSIONAL WORKSHOP SERIES

Working with Older Adults who are facing Bereavement and Other Losses in Life

19th & 26th September 2023 (Tue) | 9:30 am - 12:30 pm

Venue: Zoom
Language: Cantonese

About the Speaker
Ms. Agnes Tin is a registered social worker specialized in bereavement counseling. She received her Master of Social Work in the University of Hong Kong, and is granted the Fellow in Thanatology: Death, Dying & Bereavement (Association of Death Education & Counselling, USA). She has been working as a counselor and trainer in bereavement counseling for more than 20 years. She has offered extensive professional training on bereavement counseling, life and death education, as well as end of life care. She is also the co-author of a number of self-help booklets, professional training manuals and academic book chapters on bereavement.

Ms. Agnes Tin
RSW, MSW, FT
Honorary Lecturer
Centre on Behavioral Health
The University of Hong Kong

Summary
People in Hong Kong have been facing a lot of losses in recent years: the emigration of relatives and friends, the COVID-19 pandemic, and different social changes etc. Grief and losses, both death-related and non-death-related, have become our common experiences. The situation is particularly challenging for some older adults when they have to face the departure of their children who are leaving Hong Kong, in addition to other loss experiences at their late stage of life.

This two half-day training is designed to address the unique challenges of bereavement and losses in general. In the first session, the concepts of grief and losses in general would be introduced. Possible support and intervention approaches would also be discussed. In the second session, the experience of death-related loss, especially bereavement in the context of pandemic, would be highlighted. Interventions particularly for supporting bereaved elderly as well as pandemic grief would also be shared.

Registration: <https://forms.gle/gJeZbdW4nwodGA1q9>

Open to the Public

Topics included:

- Family Therapy
- Assessment and Screening for Older Adults
- Public Mental Health Intervention
- Older Adults with Challenging Interpersonal Relationships
- Handling Elderly with Suicide Risk
- Integrating Cognitive Behavioral Therapy (CBT) and Integrative Family and Systems Treatment (I-FAST)
- Public Talk on Self-care
- Working with Older Adults who are Facing Bereavement and Other Losses in Life

Repurposing the JoyAge model in JoyAge 3.0

Improving access to mental health services in the community via two major areas and testing two new models:

1. JoyAge-HA Medical-Social Collaboration Model

- aimed at reducing waiting time among those in the waiting line for HA outpatient services and reducing demands for HA's psychiatric services;
- already collaborating with the Hong Kong East Cluster, will further test the model in other clusters, including Kowloon Central Cluster and Hong Kong West Cluster.

2. JoyAge-District Health Centre (DHC) Collaboration

- aimed at repurposing the JoyAge model and improving community mental health services in the primary care setting;
- reducing age of eligibility from 60 to **45 years and above** to improve accessibility and test the model;
- starting with three pilot districts – Tseung Kwan O (including Sai Kung), Wong Tai Sin, and Southern;
- incorporating a Co-Care Model involving primary care physicians, who will offer time-limited consultation sessions with medication (as necessary) to those with more severe depressive symptoms.

(1) JoyAge-HA Medical-Social Collaboration: Pilot project on case referral from HKEC



Case referrals open for:

- Pamela Youde Nethersole Eastern Hospital
- Ruttonjee & Tang Shiu Kin Hospitals
- Family Medicine and Primary Care Centre

Centralized case distribution to JoyAge's service units
(based on catchment area and PHQ-9 score)

Triage to JoyAge's service
(according to PHQ-9 score and depression severity, reply to case within 15 working days)



ICCMW:



DECC:



此欄供計劃職員填寫
個案編號()-()-()
e.g., SKG-II-2012021



CONFIDENTIAL 保密文件

醫院管理局轉介表格 Referral Form for HA
(只適用於本計劃地區)

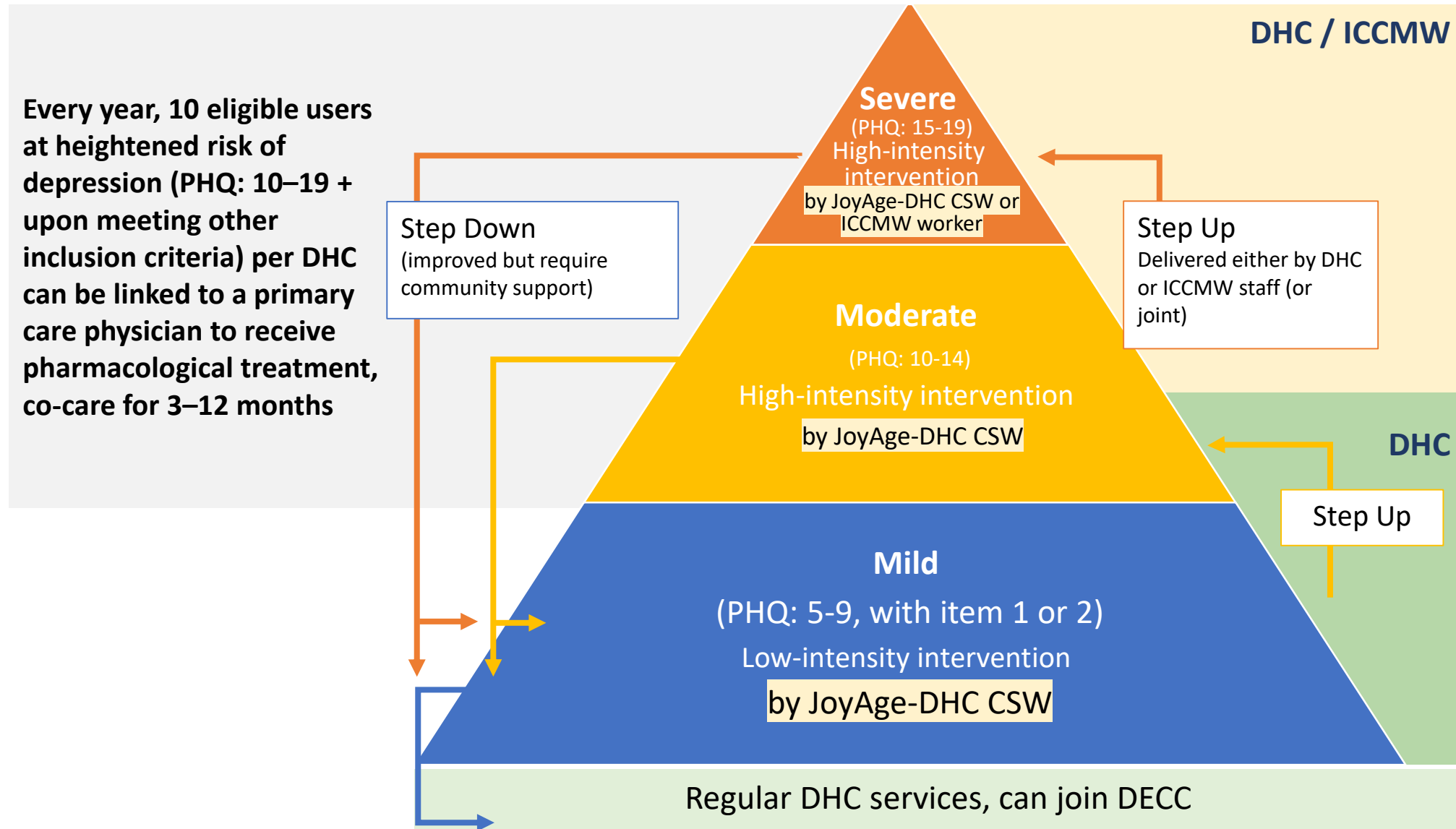
東區及灣仔區

*請直接傳真至 2967 0577 賽馬會樂齡同行計劃 - 浸信會愛羣社會服務處精神健康綜合社區中心
(港島東)作服務分流。如對轉介有任何疑問,可致電 2967 0902 查詢。

轉介單位:	
港島東醫院聯網	位置/部門
<input type="checkbox"/> 東區尤德夫人那打素醫院 (PYNEH)	<input type="checkbox"/> 病房: _____
<input type="checkbox"/> 律敦治及邵鐘堅醫院 (RTSKH)	<input type="checkbox"/> 專科門診: _____
<input type="checkbox"/> 家庭醫學及基層醫療服務 (FM&PH)	<input type="checkbox"/> 單位: _____



(2) JoyAge-DHC Model: to be piloted in JoyAge 3.0



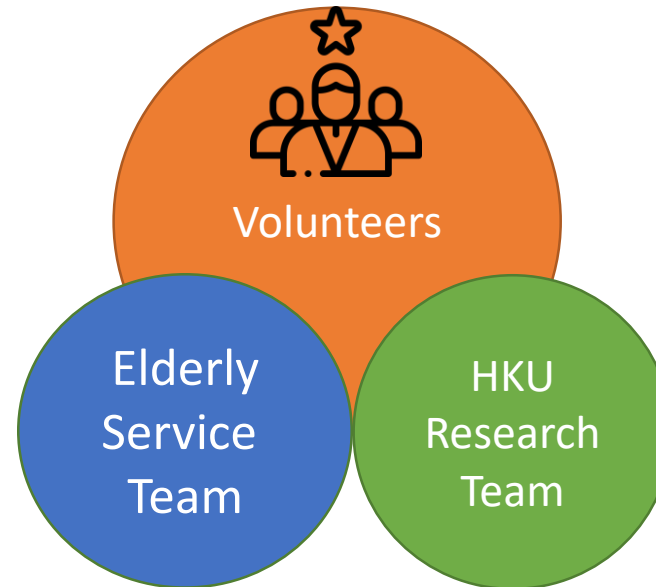
CSQ = Clinical Social Worker.

How to ensure the primary mental health care system can adequately and most effectively target the needs of potential users?

Community Based Participatory Approach

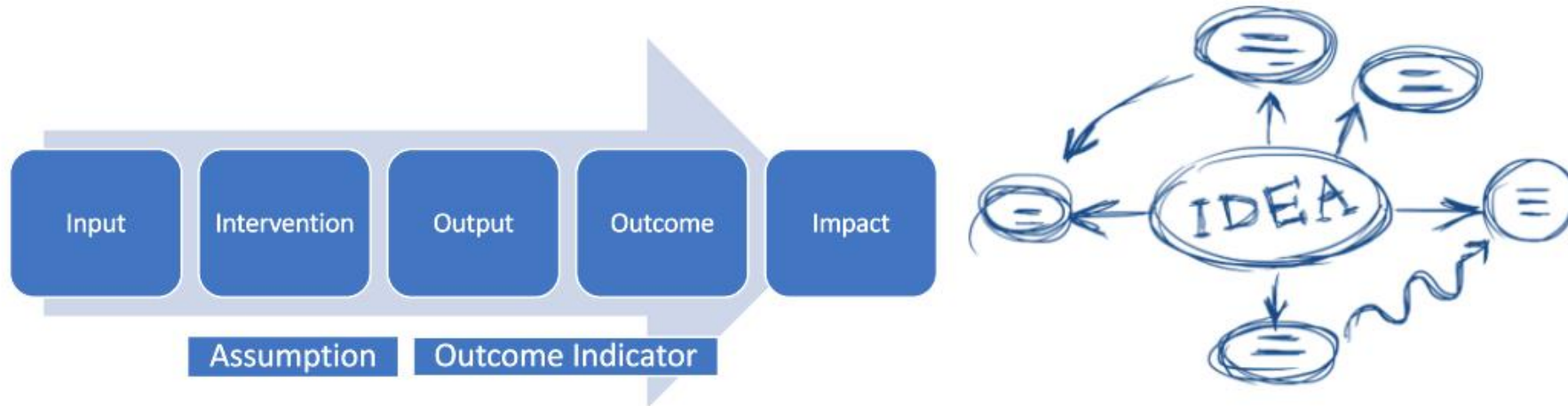
As of Nov 2023: 115 CBPR members in 5 pilot districts
(Central & Western, Tseung Kwan O, Wan Chai, Wong Tai Sin, Sham Shui Po)

- Promote mental health in the community **by** community members/volunteers themselves; academic institution and NGOs as facilitators
- To consolidate wisdom from the community, identify community problems and population in need, research, conceive, and implement interventions suitable for the community
- Long-term goal and vision
 - To raise awareness among community members (older adults, carers, and family members) about common mental disorders
 - Convey community members' opinions on mental health service development in Hong Kong to key stakeholders (e.g., service agencies, government departments)
 - To enhance older adults' impact on primary mental healthcare services



Incorporating Community-based Participatory Processes and Theory of Change

- Interventions developed, tested, and evaluated in context with **stakeholders**
- **Theory of Change (ToC):**
 - **Not** a theory
 - An outcome-based approach that describes how a programme brings about specific outcomes through a logical sequence of intermediate outcomes, a monitoring and evaluation approach
 - Response to “black box” evaluations of programmes
 - Seeks to understand how and why a programme brings about change



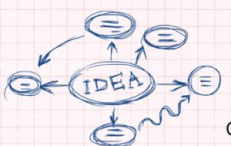
Example of ToC workshops held


Theory of Change Workshop

Theme: What an ideal Mental Health System catering to Older Adult Mental Wellness would look like


Join us to map out a more age-friendly Mental Health Care System!

Date: 17th February, 2022 (Thu)
Time: 2:00-5:00pm
Venue: HKU Centennial Campus




Google Form 

Please sign-up the event by filling in the Google Form. For further information, please contact Mr. Bowen CHEUNG at 3917 1759.



Initiated and Funded by:
The Hong Kong Jockey Club Charities Trust

Partner Institution:

 Department of Social Work and Social Administration
 The University of Hong Kong
 香港大學社會工作及社會行政學系

Date	Activity
Early Mar – Early Apr 2022	Initial discussion on scoping the mental health ecosystem and its challenges
7 th Apr	1st ToC Workshop
Mid Apr – Late May	Follow-up discussion; Consolidation of ToC
1 st Jun	2nd ToC Workshop

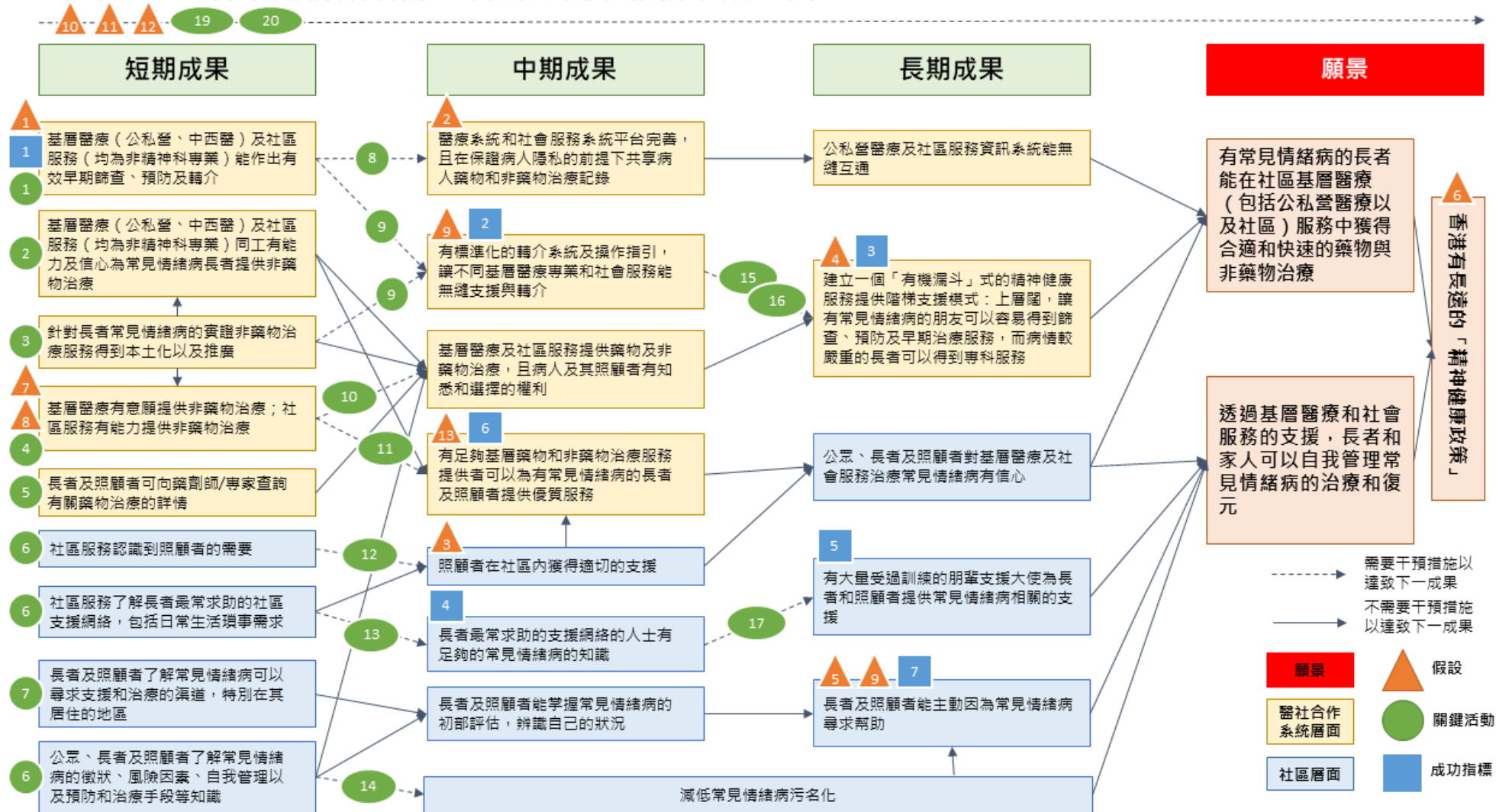
	1 st workshop N=33	2 nd workshop N=27
Government officials	1	1
NGOs for older adult/ mental health services		
Directors	5	3
Key members	5	6
Professional specialists		
Psychiatrists	2	1
Clinical psychologists	3	2
Professional non-specialists		
Nurses	2	1
Occupational therapists	3	2
Professors from tertiary institutions	4	4
Charity institution	2	3
Caregivers and service users	6	4

ToC workshop

Outcome Map

(Work in progress)

針對香港長者常見情緒病的基層精神健康服務系統藍圖



Thank You

Contact: tlum@hku.hk

For more information, please

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Contact us: Phone: 39171519 / jcjoyage@hku.hk