



Plenary III

The Effectiveness of the JC JoyAge Non-pharmacological Intervention for Community Dwelling Older Adults with Depression



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Professor Terry Lum is the Henry G. Leong Professor in Social Work and Social Administration and the Head of the Department of Social Work and Social Administration at the University of Hong Kong. His research focuses on long-term care, productive aging, and geriatric mental health. He is a key advisor to the Hong Kong Government in long-term care policy and has led the development of new assessment instrument and service matching formula for long-term care for frail older adults in Hong Kong. He is currently directing the JC JoyAge Program that provides community based nonpharmacological intervention for older adults with depression. Professor Lum is a member of the WHO's Consortium on Metrics and Evidence for Healthy Aging and Global Network on Long-term Care. Professor Lum was a tenured professor in the University of Minnesota in the United States before he joined HKU. He was elected as a Fellow by the Gerontological Society of America in 2011 and was awarded the Career Leadership Award by the Association of Gerontology Education in Social Work in 2016. Professor Lum is the Editor for Asia and Australasia of the Journal of Aging and Mental Health.

The JC JoyAge is a collaborate stepped care intervention for older people at risk of or have depressive symptoms. Between September 2016 and December 2019, the intervention was implemented in four districts in Hong Kong. The project is expanded to cover 12 districts between 2020 and 2021. It will be expanded to all 18 districts by 2023. This paper will present findings on the effectiveness of the intervention based on data collected between 2016 and 2019, from 3,240 older adults who completed the intervention and 354 older adults in the control group who completed a 12-month follow-up study. Controlled for demographic, risk factors, and baseline mental health and cognition, for participants who were at risk or with mild depressive symptoms at baseline, logistic regression revealed that the JoyAge intervention was 5.7 times more effective in preventing them from deterioration at follow-up than service as usual (OR=5.74, 95% CI: 3.81, 8.65). For participants who had moderate or more severe depressive symptoms at baseline, the JoyAge intervention was also 3.5 times more effective in treating these symptoms, defined as 50% reduction on PHQ-9 total score and severity level decreased to mild or below, than service as usual (OR=3.55, 95% CI: 2.10, 5.98). The results suggested that compared to service as usual, the JoyAge stepped-care model was more effective in both prevention of depression among those who were at risk or with mild depressive symptoms, and treatment of depression among those who had moderate or more severe depressive symptoms.