

University: The University of Hong Kong (HKU)
Unit of Assessment (UoA): Social Work and Social Policy
Faculty: Social Sciences
Title of case study: JC JoyAge – Holistic Support Project for Elderly Mental Wellness
Has this case study been submitted for RAE 2020? (Y/N) No
Will this case study be submitted for RAE 2026? (Y/N) Yes
Is this case study <u>continued</u> from a case study submitted in RAE 2020? (Y/N) No (if yes, please provide clear evidence of the manner and extent to which the development of the impact expands its scope beyond that presented in the previously submitted impact case study in RAE 2020.)
<p>1. Summary of the impact (indicative maximum 100 words) JC JoyAge has developed a successful evidence-based collaborative stepped-care preventative intervention in the community for older adults with depressive symptoms. Since 2016, we trained 6620 Ambassadors, 917 Peer Supporters, and 208 social workers. Aside from reaching >100,000 older adults, JoyAge benefited >10,000 at-risk/symptomatic individuals, with 92.8% showing symptom improvements. Each dollar invested contributes to HKD\$2.14 saved in the healthcare system. After piloting in four districts (2016–2019), JoyAge expanded to 18 districts since 2022 and is now involving 51 service units – including 3 district health centres (DHCs) – since 2024, with the new JoyAge-DHC component endorsed by the HKSAR Government.</p>
<p>2. Underpinning research (indicative maximum 500 words) Depression in old age is a major public health concern with substantial impacts on the quality of life and functioning of individuals and their families, peers, the healthcare system, and the economy [R1]. This has become an even greater concern with population ageing and limited manpower across healthcare settings. Ensuring interventions are not only effective and cost-effective but also scalable is critical to ensure its long-term sustainability. JoyAge is a solution to this concern.</p> <p>1. Evidence-based stepped-care model: We base the core model of JoyAge on the evidence-based stepped-care intervention approach as recommended in other national guidelines, such as the National Institute for Health and Clinical Excellence in England and the Primary Health Networks in Australia.</p> <p>JoyAge provides time-limited (avg. 9 months) psychosocial interventions delivered by trained social workers in local District Elderly Community Centres (DECCs) and Integrated Community Centres for Mental Wellness (ICCMWs). Participants could be “stepped-up” or “stepped-down” (i.e., increase/reduce intervention intensity, respectively) depending on their symptom severity after the first trial of intervention [R2].</p>

Similar to the Improving Access to Psychological Therapies service in the National Health Service in England – in which our project’s international advisor, Prof. Martin Knapp, has been leading its economic evaluation – our interventions are based on cognitive-behavioural therapy (CBT). Our work has evidenced that JoyAge services are significantly more effective and cost-effective in reducing depressive and anxiety symptoms, loneliness, and quality of life compared to usual care [R3,4,5].

2. Multidisciplinary team for service scalability and sustainability

Our team is composed of senior researchers in the field and a team of experienced clinical psychologists, psychiatrists, and senior social workers, who provide ongoing training and supervision to social workers in our partnered non-governmental organisations (NGOs) in intervention delivery and case management.

Before JoyAge, mental health care was not routinely provided in local DECCs. To reduce fragmentation in existing services and improve scalability of the model, JoyAge innovatively serves as a bridge between DECCs and ICCMWs, such that those who experience persistent symptoms following low-intensity interventions can be “stepped-up” from DECCs to ICCMWs, and those who experience improved symptoms following high-intensity interventions can be “stepped-down” from ICCMWs and DECCs. This was the first in Hong Kong, which we demonstrated to be feasible and largely beneficial.

3. Peer support and community network

In JoyAge, all participants are matched with a Peer Supporter alongside their stepped-care intervention to facilitate their recovery. This emphasis on “peer support” (「樂齡同行」) and community-based participation is rarely seen in other projects. Aside from benefitting service users of the JoyAge interventions, our work has also shown a positive impact on Peer Supporters, such that they feel a strong sense of “peer-ness” and companionship and an improved sense of meaningfulness and hope through their work [R6]. The involvement of community members across districts using a bottom-up approach in the design and implementation process is also crucial to mobilise the wisdom of the general public and to ensure mental health awareness and promotion can be sustained in the community.

3. Period when the underpinning research was undertaken: 2016–2019

4. References to the research (indicative maximum of six references)

- [R1] Lu, S., Liu, T., Wong, G. H. Y., Leung, D. K. Y., Sze, L. C. Y., Kwok, W. W., ... & Lum, T. Y. S. (2021). Health and social care service utilisation and associated expenditure among community-dwelling older adults with depressive symptoms. *Epidemiology and Psychiatric Sciences*, 30, e10.
- [R2] Liu, T., Leung, D. K. Y., Lu, S., Kwok, W. W., Sze, L. C. Y., Tse, S. S. K., ... & Wong, G. H. Y. (2022). Collaborative community mental health and aged care services with peer support to prevent late-life depression: study protocol for a non-randomised controlled trial. *Trials*, 23(1), 280.
- [R3] Lum, T. Y. S., Wong, G. H. Y., Liu, T., Lu, S., Leung, D. K. Y., Sze, L. C. Y., ... & Kwok, W. W. (2019). Effectiveness Of A Collaborative Stepped-care Model For Older Adults With Depression. *Innovation in Aging*, 3(Supplement_1), S512-S513.

[R4] Lu, S., Wong, G. H. Y., Lum, T. Y. S., & Liu, T. (2019). Cost-effectiveness Analysis of the Collaborative Stepped Care Intervention for Late-life Depression. *Innovation in Aging*, 3(Suppl 1), S876.

[R5] Lu, S., Liu, T., Knapp, M., Wong, G. H. Y., & Lum, T. Y. S. (in preparation). Cost-effectiveness analysis of a collaborative community mental health and aged care services to prevent and treat late-life depression: a non-randomized quasi-experimental trial.

[R6] Tang, J. P. S., Liu, T., Lu, S., Sing, C. Y., Sze, L. C. Y., Lum, T. Y. S., & Tse, S. (2022). ‘It was the deepest level of companionship’: peer-to-peer experience of supporting community-dwelling older people with depression—a qualitative study. *BMC Geriatrics*, 22(1), 443.

5. Details of the impact (indicative maximum 750 words)

1. **Successful prevention and intervention for depressive symptoms in older adults and expansion of JoyAge model in Hong Kong**

Since 2016, we have provided our JoyAge intervention services to over 10,000 older adults at risk or with subclinical depressive symptoms. Our ongoing research shows that 92.8% showed improvements in their symptoms, with significant improvements also seen in their levels of anxiety symptoms, loneliness, and quality of life.

The effectiveness and cost-effectiveness of JoyAge are well-recognised by the funder, our beneficiaries, and the general public. After an initial funding of over HK\$87 million from the Hong Kong Jockey Club Charities Trust to pilot the service model in 2016–2019, we were additionally awarded HK\$279 million in 2020 to extend the project until 2023, expanding services to all 18 districts. In 2024, we were awarded further funding to continue the service model across all 18 districts until 2026, involving 30 DECCs, 18 ICCMWs, as well as 3 DHCs, from 18 NGOs [S1].

Building on the success of the JoyAge model for older adults, the service model is now also expanded to the primary care setting in three District Health Centres covering both older adults and middle-aged adults, with this expansion also recognised by the HKSAR Government in a recent Press Release [S2].

2. **Ambassador and peer support network**

Aside from ensuring the core intervention model is evidence-based, the involvement of a large network of trained mental wellness Ambassadors and Peer Supporters is critical. As of September 2024, we have trained 6620 Ambassadors and 917 Peer Supporters, who had undergone 15 hours and >80 hours of theory and practicum training before being certified, respectively. The impacts of Peer Support on JoyAge participants and Peer Supporters themselves are well-documented in the media [e.g., S3–S5], including in a recent sharing by a columnist in am730 [S6].

3. **Professional development and capacity building in the sector and public education**

Given the importance of continued capacity building in the sector and among the public, we have delivered a 256-hour training to 208 of the project’s social workers and held 78 professional training workshops with over 7,000 attendances from the social services and welfare sector. Our partnered NGOs have also delivered over 860 community talks related to mental health for the general public. We have created an online training platform to support social worker training. This allows for didactic learning to take place outside of the classroom, while face-to-face interaction can be utilised for experiential learning and skills training.

Based on the project's first-hand clinical experiences, we also developed 3 intervention manuals for use by social workers and other professionals in the social services setting, alongside two practical guides for suicide prevention and an online workbook for mental health promotion during the COVID-19 period (both available on our project website).

4. Local and international knowledge exchange:

We actively advocate for evidence-based mental health services for older adults in the community and the utilisation of a community-based and peer support approach via (i) local media sharing and press conferences, (ii) sharing in local NGOs and HKSAR Government bodies, (iii) international symposiums, (iv) publication in leading peer-reviewed academic journals, and (v) participation in international scientific bodies. The impact of the JoyAge has been documented in the HKU Bulletin (May 2020) as a Cover Story and in the Faculty's *Sociologist* in 2021 as a Community Impact case [S7].

Since 2016, we have been invited to share the work of JoyAge through 7 radio interviews and 9 TV programmes, with 56 newspaper and magazine coverages. Notably, of the over 500 funded projects by The Hong Kong Jockey Club Charities Trust through 2021–23, JoyAge was selected as one of the only two projects invited to the Prince Mahidol Award Conference 2023 to share our experiences in providing holistic mental health support to older adults with the global community.

With extensive experience from JoyAge and expertise in aged care, Prof Lum was appointed as a member of the Chief Executive Policy Unit of the HKSAR Government and the Research Council of Our Hong Kong Foundation. He has also been invited as a consultant to many local NGOs, and to share his views on policy development for mental health services in the community [S8]. He has also been invited to share his expert advice on providing mental health support to older adults during the COVID-19 pandemic at the UK Parliament [S9] and appointed by the World Health Organization to join the Global Network of Long-Term Care [S10].

6. Sources to corroborate the impact (indicative maximum of 10 references)

[S1] Additional funding received from The Jockey Club Charities Trust to extend the JC JoyAge service to district health centres and to middle-aged: <https://www.scmp.com/news/hong-kong/health-environment/article/3253050/hong-kong-jockey-club-sets-aside-hk790-million-support-8-mental-health-drives-over-154000-people-set>

[S2] Recognition of JC JoyAge's work in three District Health Centres by the HKSAR Government in a recent Press Release, in August 2024: <https://www.info.gov.hk/gia/general/202408/15/P2024081400535.htm?fontSize=3>

[S3] Sharing of the impact of JoyAge interventions in supporting the mental health of older adults on RTHK 鏗鏘集 in May 2022:

https://www.youtube.com/watch?v=HdzoVOixIeE&ab_channel=RTHK 香港電台

[S4] Sharing of the story of a Peer Supporter in Jan 2024 showing her experience as a caregiver and the impact of becoming a Peer Supporter on her:

<https://www.mpweekly.com/culture/%E7%A4%BE%E6%9C%83/%E6%9B%BC%E6%9B%BC-%E7%85%A7%E9%A1%A7%E8%80%85-%E9%9A%B1%E8%94%BD%E4%B8%AD%E5%B9%B4-234153>

[S5] Sharing of the experiences and impact of ambassadors and Peer Supporters of JC JoyAge, on 港台電視 31 精靈一點 – 好在友里, June 2024:

https://www.rthk.hk/tv/dtt31/programme/healthpedia_tv/episode/949645?lang=en

[S6] Mention of JC JoyAge’s international symposium held in July 2024 in am730, wherein the columnist has shared her friend’s mother’s experience as a retiree, who experienced immense improvements in her mental well-being after being trained as a Peer Supporter:

<https://www.am730.com.hk/本地/-繞場一週-賽馬會樂齡同行計劃-支援長者精神健康/467988>

[S7] Work of the JC JoyAge featured in HKU Bulletin May 2020, highlighting the reach of the programme in the community both in prevention and intervention, and additional funding obtained from The Jockey Club Charities Trust to expand the project to all 18 districts of Hong Kong given its success: <https://bulletin.hku.hk/cover-story-theme/mood-enhancers>

[S8] Prof Lum invited to share his views at a panel interview with officials of the HKSAR Government and Executive Director of Public Policy Institute at Our Hong Kong Foundation on enhancing mental health support and facilitating policy development with his experience in elderly mental health intervention: <https://ourhkfoundation.org.hk/en/media/press-releases/團結>

[香港基金發表《跨界合作-提升全民精神健康》醫療政策研究報告](#)

[S9] Prof Lum invited to share his expert advice on protecting the mental health of older adults during the COVID-19 pandemic at the UK Parliament (Health and Social Care Committee):

<https://committees.parliament.uk/event/1027/formal-meeting-oral-evidence-session/>

[S10] Prof Lum invited as a member of World Health Organization’s Global Network on Long-Term Care, particularly on the intrinsic capacities (including depression) and functional abilities of older adults in old age: [https://cdn.who.int/media/docs/default-source/mca-documents/global-network-on-long-term-care-\(gnltc\)/gnltc-meeting-report_launch-of-the-gnltc-2020.pdf?sfvrsn=665e424a_5](https://cdn.who.int/media/docs/default-source/mca-documents/global-network-on-long-term-care-(gnltc)/gnltc-meeting-report_launch-of-the-gnltc-2020.pdf?sfvrsn=665e424a_5)