Empowering Use of "Positive Thinking" to Improve Mental Health among Elderly

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Introduction
According to World Health Organization (WHO), depression is the leading cause of ill health and disability worldwide. There are more than 300 million people with depression, an increase of more than 18% between 2005 and 2015. Most of them are lack of support with mental disorders, coupled with a fear of stigmatization. A better understanding of depression, its prevention and treatment, could lead people more willing to seek help. Therefore, WHO has declared “Depression” as the theme for year 2017. (WHO, 2017) There was more than 10% elderly in Hong Kong displayed signs of depression or even early symptoms of suicidal behavior. (Department of Health, 2017) We, as the community care nurses, desired to echo with the WHO 2017 theme to organize focus groups in joint venture with District Elderly Community Centres of District Council (Central & Western) in empowering the use of positive thinking among elderly in daily life hassles and while facing stressors at daily encounters.

Objectives
Aim: Our aim was to enhance skills and knowledge on stress management in maintaining mental health. Objectives: Our Objectives were (1) To enhance understanding on the stress management. (2) To impart knowledge and skills on the use of ‘Positive Thinking’. (3) To apply learnt skills to promote mental health in daily life activities. (4) To introduce available community resources. (5) To foster experience sharing among peers to enhance problem solving skills towards stress management.

Methodology
Two focus groups with 15 participants each were recruited. Two sessions of a total of 90 minutes were spent on knowledge input to understand stress management and to use “Positive Thinking” to increase resilience. Another 30 minutes group sharing as well as community resources were introduced followed with 45 minutes group activity. The activity of “快樂由我手創” was structured to reinforce the notion of “Happiness is Built up by Ourselves” (H.B.O.). All participants were encouraged to select and design their unique linen bags with ironing of colorful stamp at their discretion. Nurse consultation was provided to individual health enquiries and
appropriate referral would be made if indicated. Last but not the least, all participants were expected to practice skills learnt by acting as ‘Happy Ambassador’ within their DECC to disseminate the use of ‘Positive Thinking’ in stressful situations.

Result
Evaluation: The effectiveness and efficiency of this program were evaluated by the pre- & post-assessments of the ‘Stress Score’ (Kroenke, Spitzer & Williams, 1999), the ‘Happy Score’ (Kahneman, 2004); and also clients’ satisfaction at the end of classes. There were altogether 28 clients (26 females and 2 males) responded to the satisfaction survey, 100% were satisfied to very satisfied with the group activities. There was a decrease of 51% of Stress Score (Pre mean score 4.9 and Post mean score 2.4) and an increased 9.28% of Happy Score (Pre mean score 86.7 and post mean score 94.7). 80% of participants were promised to act as the ‘Happy Ambassador’ after the group activities. Conclusion Mutual support and self-motivation in the form of focus group participation are crucial for elderly to be empowered with necessary skills and knowledge of stress management. The introduction on skillful use of ‘Positive Thinking’ as well as knowledge about the community available resources are helpful means to empower our community elders especially in maintaining their mental health and in return reduce the occurrence of stress-related depression.