24-ICIT: Paper # 2-5

6-8 Feb 2025 hosted by the Gratia Christian College (GCC)
At the Regal Riverside Hotel, Shatin, HKSAR, China (www1.gcc.edu.hk/ro/24-ICIT)

Providing Quality "Mental Health" Service to Elders

Dr. Susanna Wong IP

- *Ph.D., M.P.H., M.A.T.*
- *Head of School of Education and Psychology, GCC*
- *Dr. Wong Ip is active both teaching and in clinical work. She employs systemic perspectives in dealing with education and in family therapy and finds it very effective in handling difficult cases in difficult situations.*

Gratia Christian College (GCC) SKM-MTR Exit-C, Kowloon

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ICIT + Dr. Susanna Wong IP 6-8/2/2025 hosted by GCC, Paper # 2-5

AIMS

The aims of the current research are as follows:

a) Assess the knowledge and attitudes regarding mental health in older age in an Asian sample.

b) Test demographic determinants of knowledge and attitudes regarding mental health in older age in an Asian sample.

c) Test the relationship between knowledge and attitudes regarding mental health in older age when demographic variables are controlled.

d) Test the relationship between knowledge, attitudes and time spent with older people when demographic variables are controlled.

Hypotheses

Hypothesis 1: Demographic variables will be associated with knowledge and attitudes regarding mental health in older age.

Hypothesis 2: There will be a strong association between knowledge and attitudes, even after demographic variables are accounted for.

Hypothesis 3: Knowledge and attitudes will have a distinct contribution towards the time spent with older people, after controlling for demographic variables.

Study Participants and Recruitment

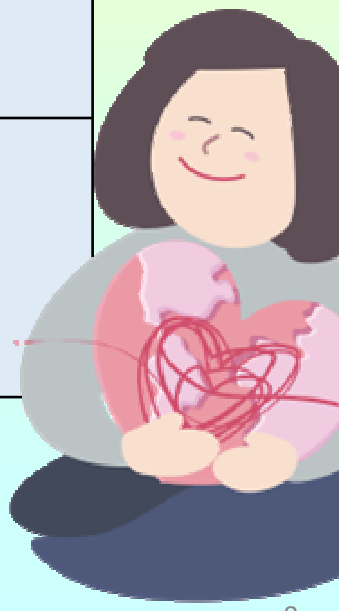
- This is a cross-sectional study conducted using a non-probability convenience sample. We distributed our online survey through a Quick Response code (QR code) from Jan 2024 to Mar 2024.
- Regarding sampling, we collaborated with Junior Chamber International Hong Kong, a network of mainly entrepreneurs and executives from vario businesses.
- Our survey participants were mostly members of the Junior Chamber International, their affiliates, and our personal connections. Informed consent was elicited upon filling out the online survey. The survey was written in English and was then translated into Traditional Chinese, Simplified Chinese, and Japanese.

Survey -- Demographics

- We asked for the participant's age (in years), gender (male or female), and highest educational level (Primary School, Secondary School or equivalent, Associate Degree or equivalent, Undergraduate Degree, Master's Degree, Doctoral Degree). These are the variables previously identified to be related to health literacy (Barutcu, 2019; Costa et al., 2022; Della Pelle et al., 2018; Garcia et al., 2013; Hurley et al., 2020; Wuttke et al., 2023), attitudes towards people with mental illness (Neupane et al., 2016), and care-giving time (Häikiö et al., 2020).
- We also asked for the participant's location (Hong Kong, Mainland China, Taiwan, Malaysia, Japan, and Others).

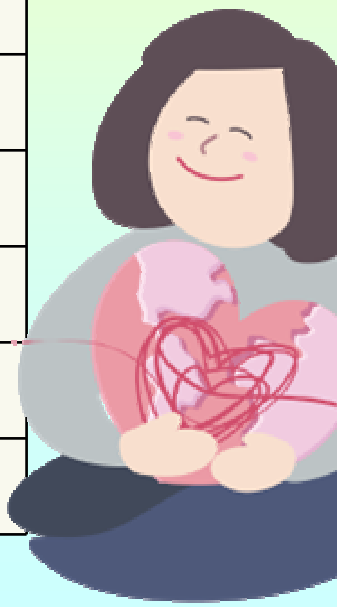
Demographic information
Data set :618

	Average/S.D.	Min.	Max.
Age	38.5 (12.9)	18	78
Time spent with elders Hrs/week	4.29 (7.29)	0	70



Personal Information: Education level

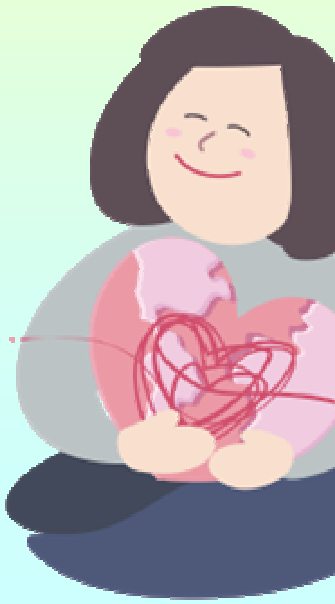
	Head-count	(%)
• primary	18	2.9
• Secondary &equiv.	134	21.7
• U grad or equiv.	175	28.3
• U graduates	227	36.7
master	62	10.0
• Doctor/Ph.D	2	.3
Total	**618**	**100.0**



Demographic Information:

Carers' stress and pressure

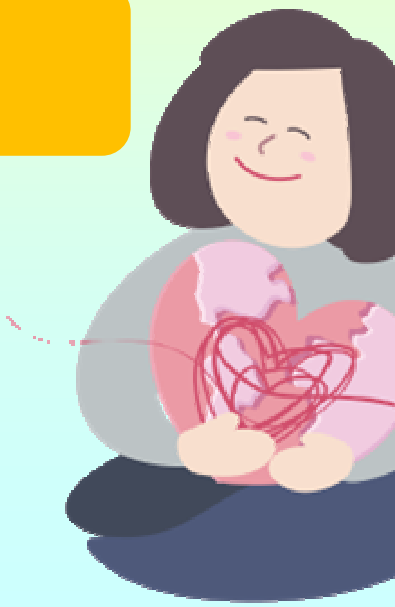
	No.	(%)
none	78	12.6
A little bit	148	23.9
general	128	20.7
Quite strong	146	23.6
very strong	71	11.5
N/A	46	7.4
Missing data	1	0.2
Total	618	100.0



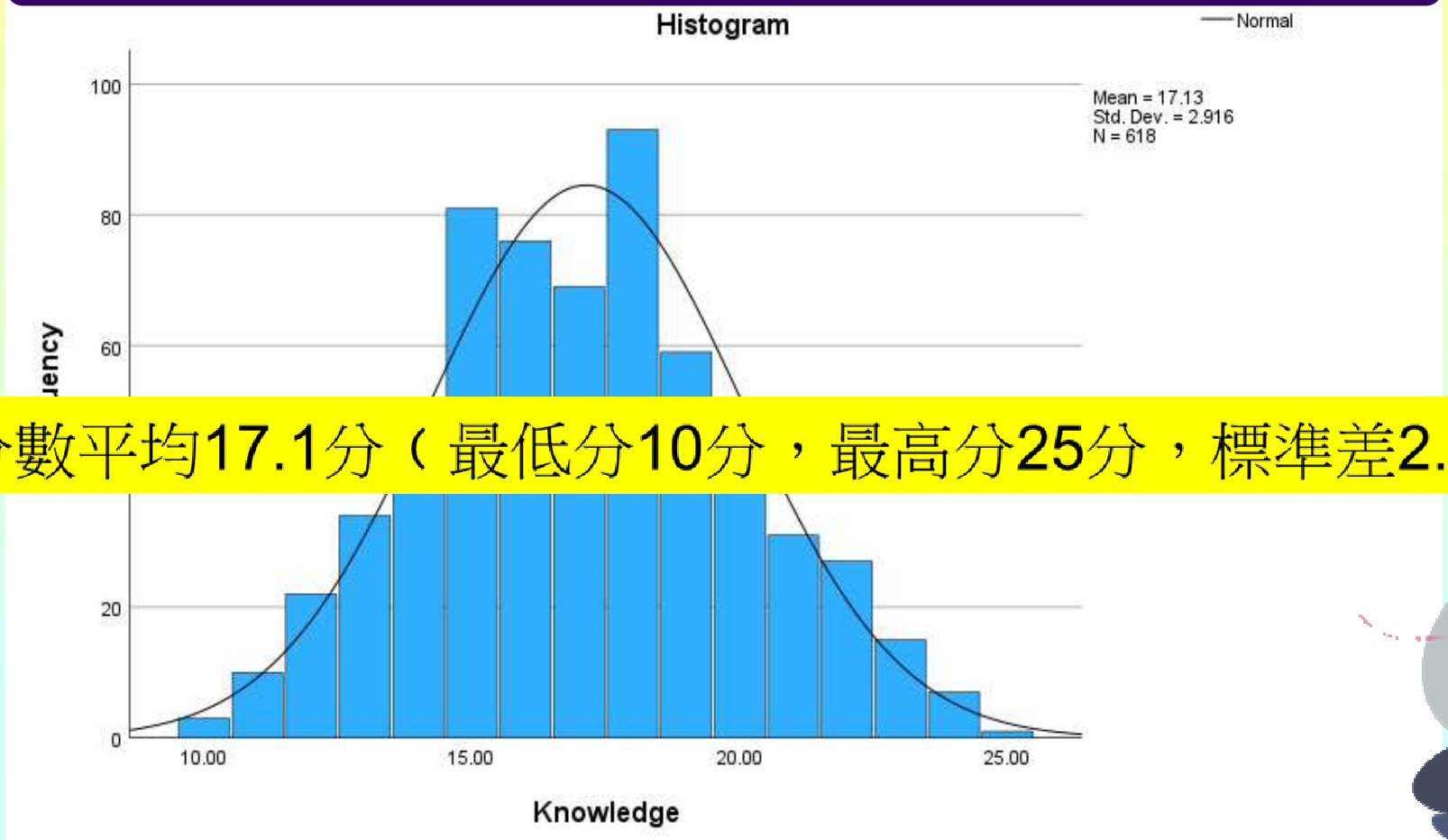
Part 1

What the general public

Know about elders' mental health

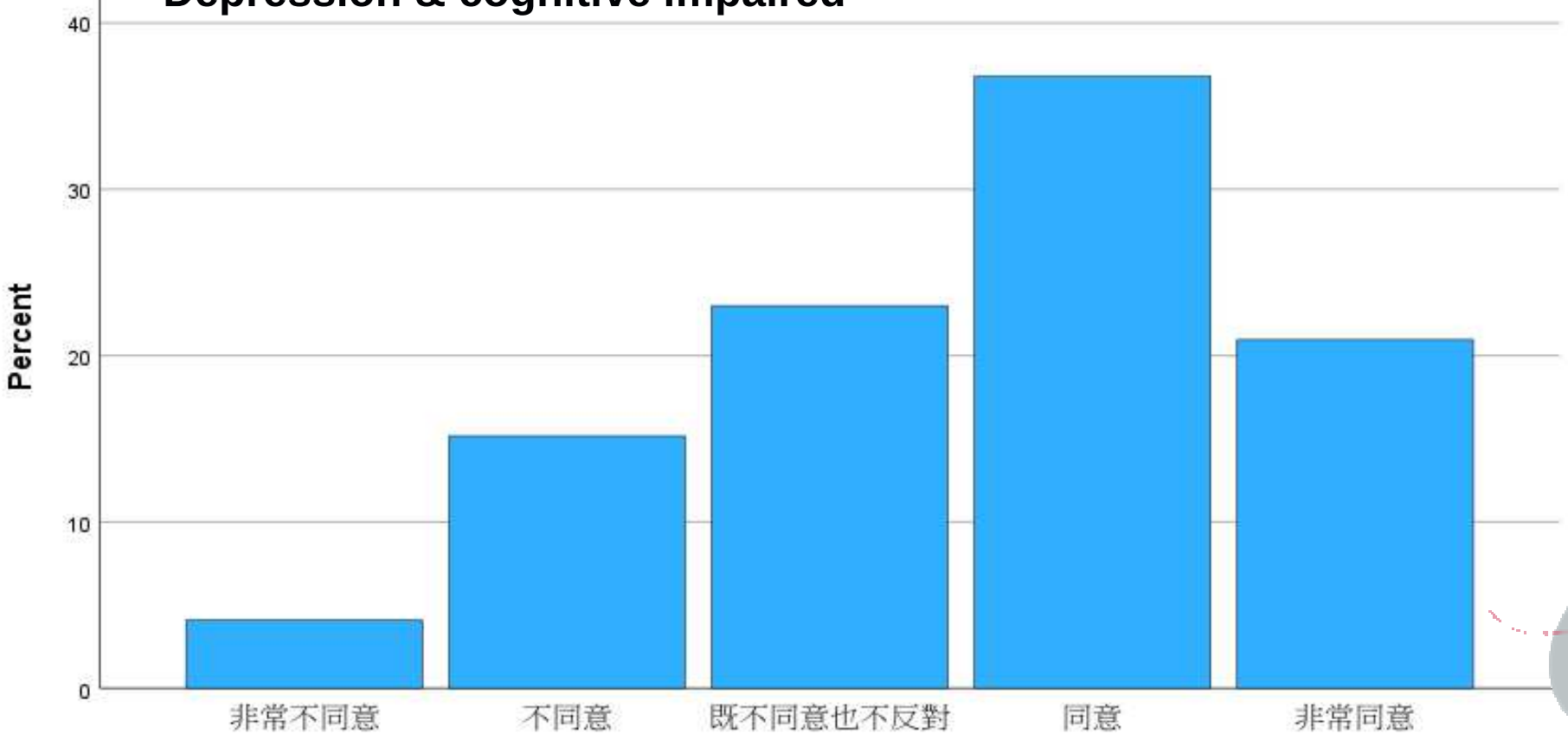


大眾對長者精神健康的知識

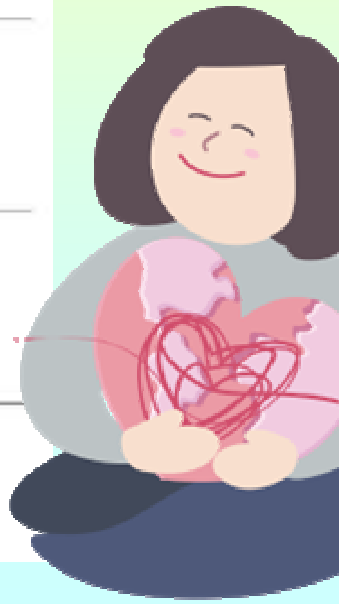


知識分數平均17.1分（最低分10分，最高分25分，標準差2.92分）。

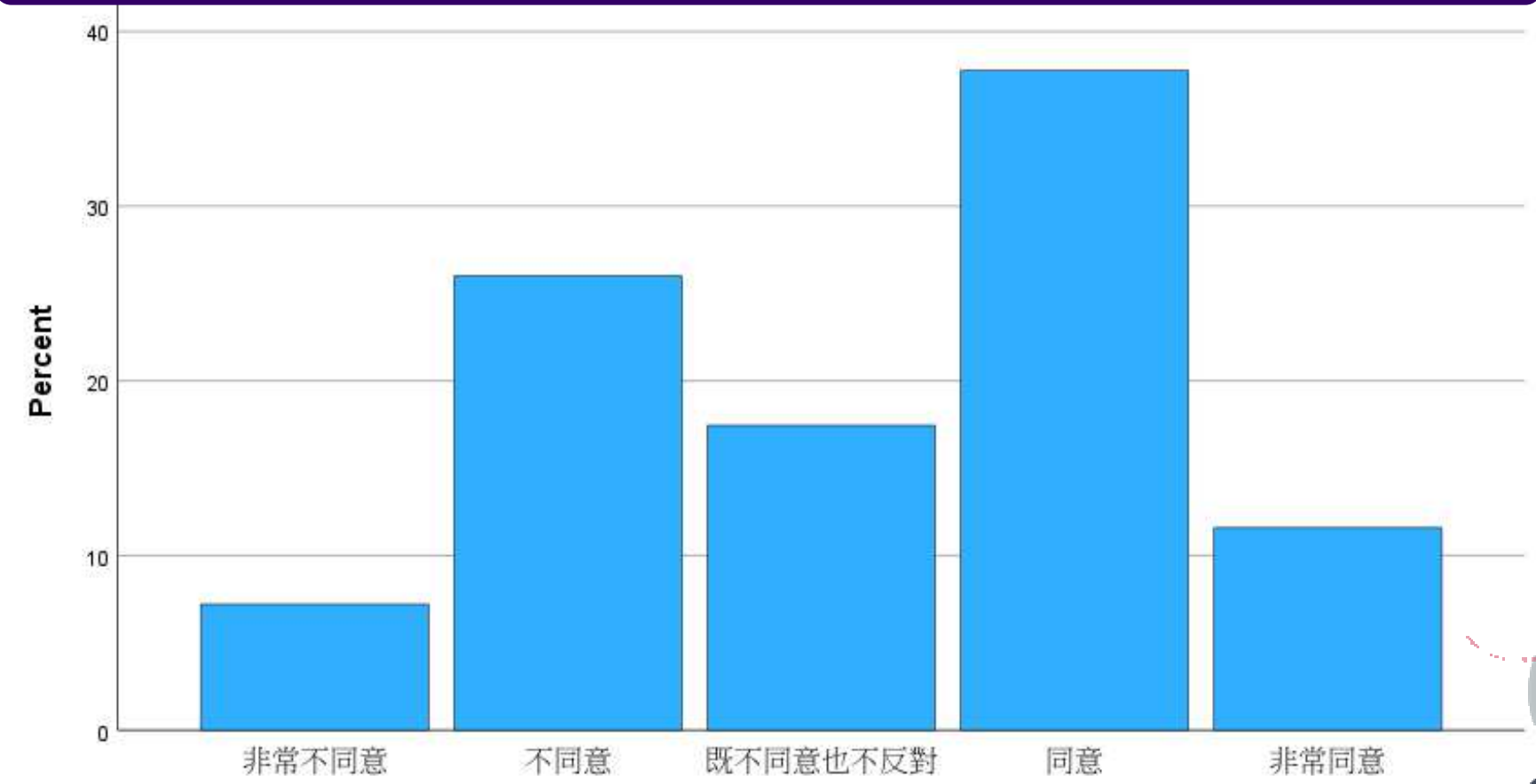
Two most common mental disorders among elders 65 and above
Depression & cognitive impaired



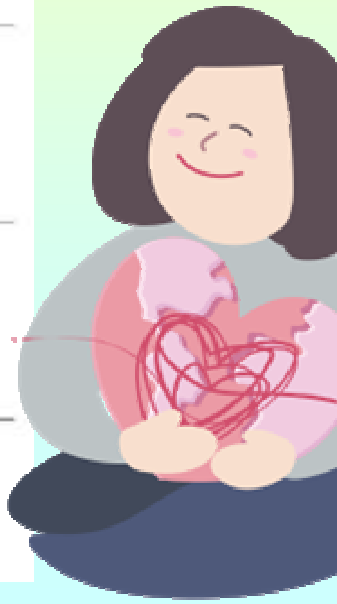
1. 65歲以上人士最常見的兩種精神疾病是抑鬱症和認知障礙症。



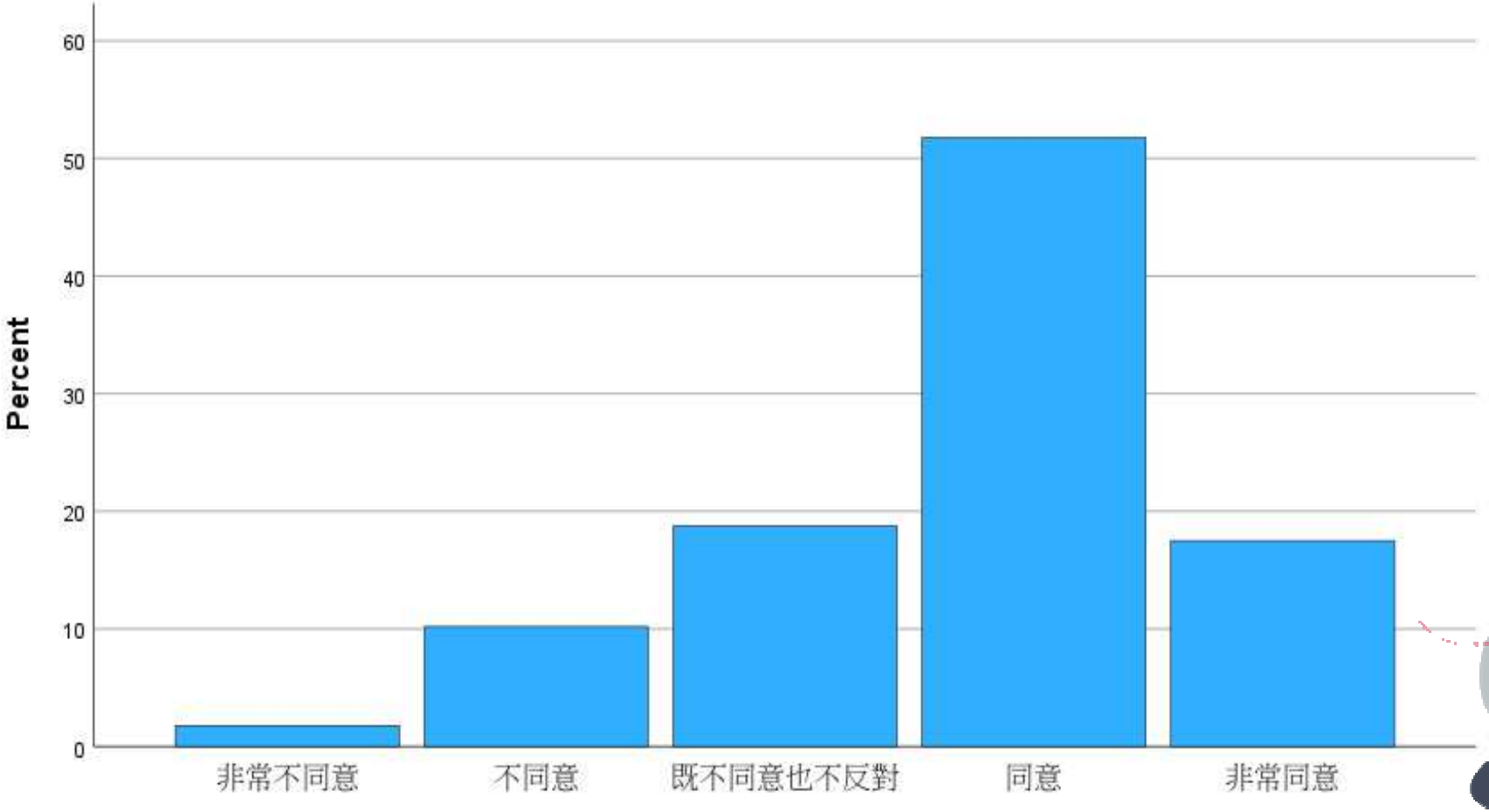
Depression among elders and cognitive impaired are common among elders in the process of aging.



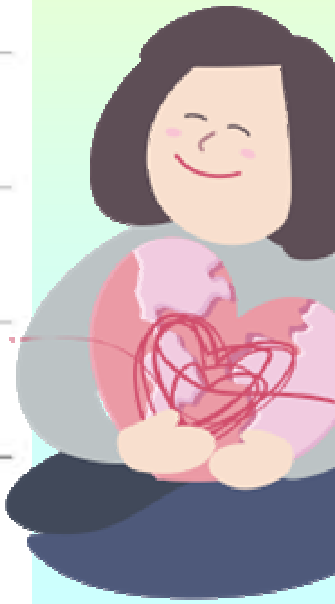
2. 晚年抑鬱症和認知障礙症都是老化的正常現象，因此其實並不是一種疾病。



Mental disorders among elders are curable

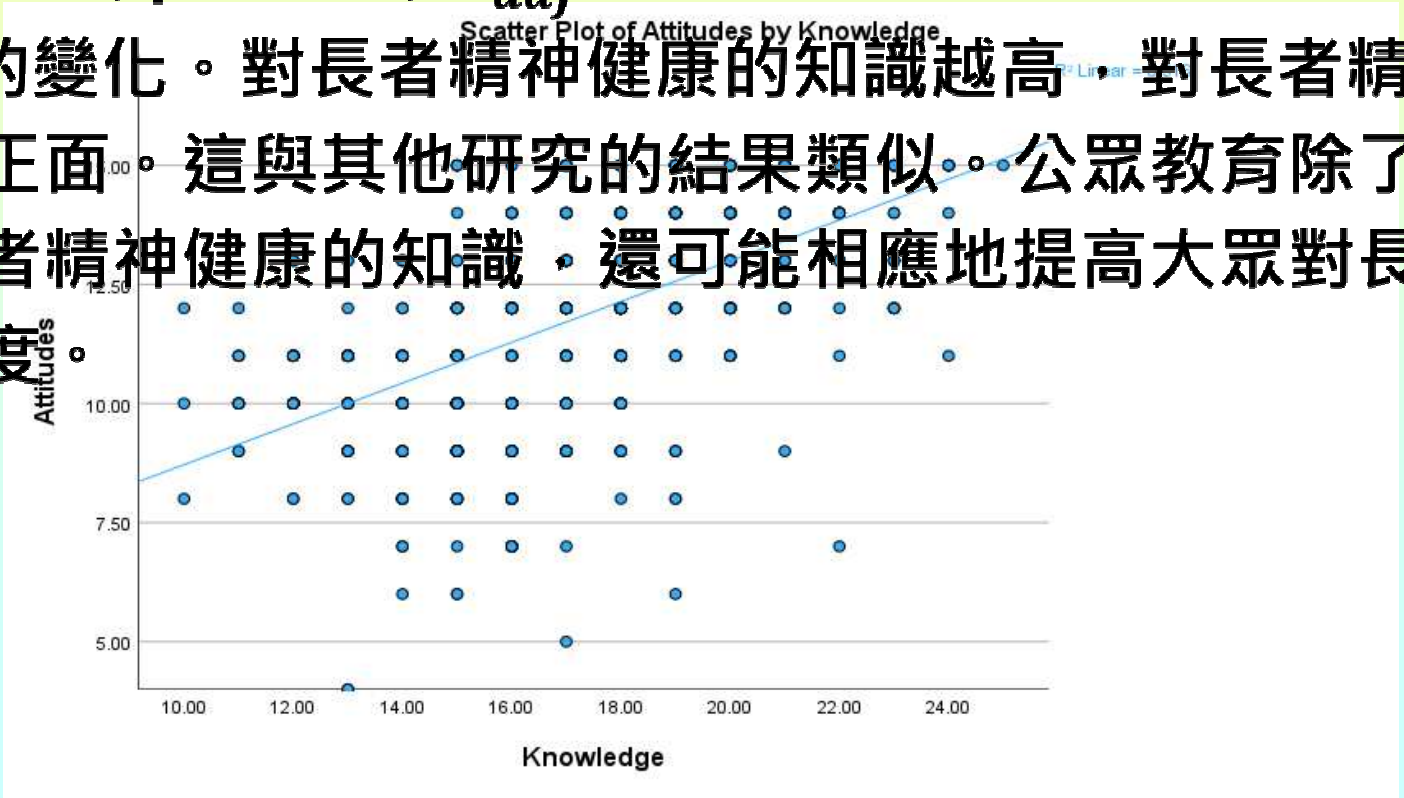


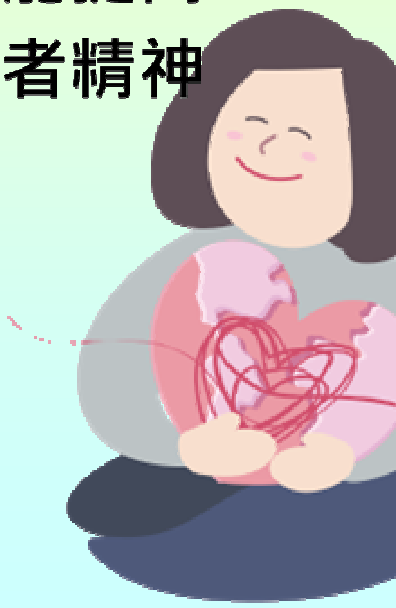
3. 老年人的精神疾病是可以成功治癒的。



The relationship between knowledge and attitud

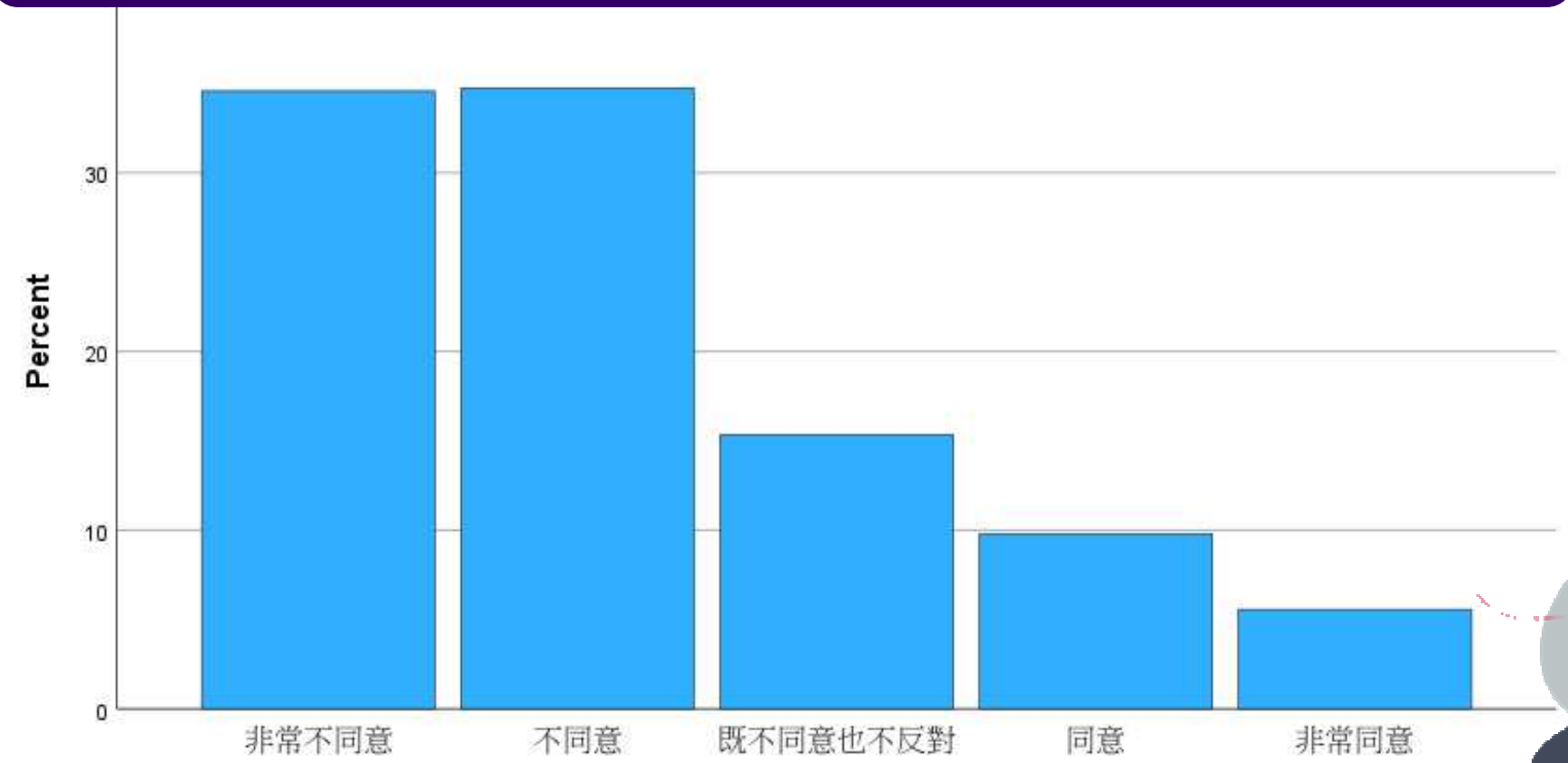
線性回歸分析指出知識和態度分數之間有顯著正相關性，F (1,616) = 285, p < .001, R^2_{adj} = 31.5%. 知識分數能夠解釋態度分數31.5%的變化。對長者精神健康的知識越高，對長者精神健康的態度就越正面。這與其他研究的結果類似。公眾教育除了能提高大眾對長者精神健康的知識，還可能相應地提高大眾對長者精神健康的態度。



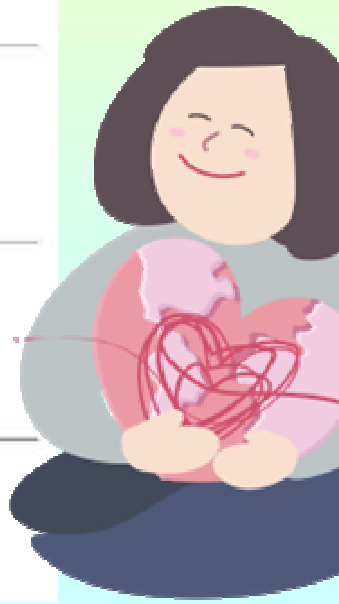


The knowledge and attitude items were abridged from Wuttke et al. (2023), a similar study in Germany. We selected 5 knowledge items and 3 attitude items from their list. Participants rated knowledge and attitude items on a 5-point Likert scale (from strongly disagree to strongly agree). In line with Evans-Lacko et al.'s (2010) suggestion, rating knowledge scores in a Likert scale instead of dichotomous true/false responses prevents guessing and making the participants feel unknowledgeable. For knowledge items, possible scores range from 5 to 25, with higher scores indicating better knowledge. For attitude items, possible scores range from 5 to 15, with higher scores indicating more positive attitudes.

Depression and cognitive impaired among elders are common and need not consult any professionals



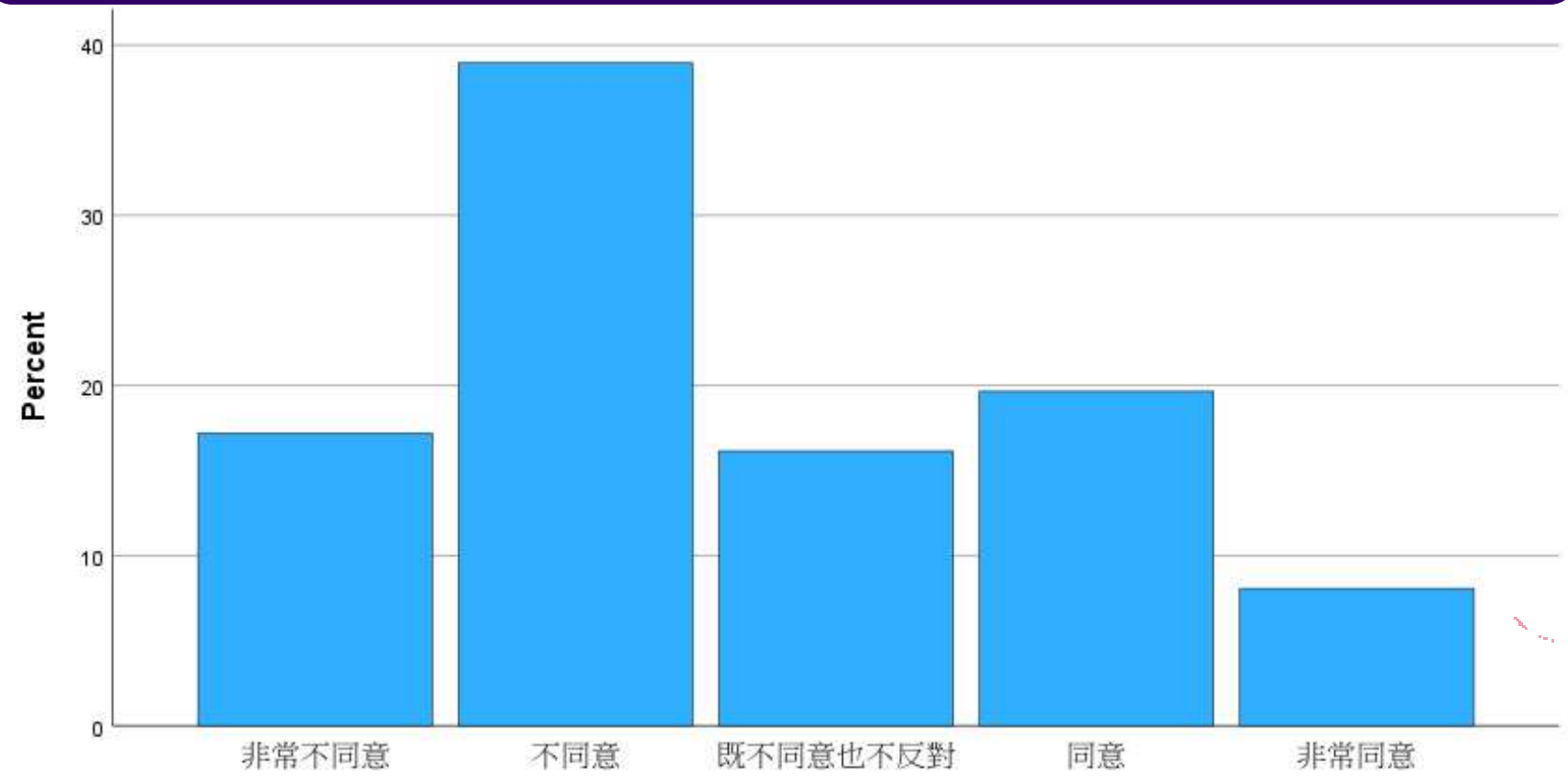
4. 認知障礙症或晚年抑鬱症狀是不須諮詢專業人士的。



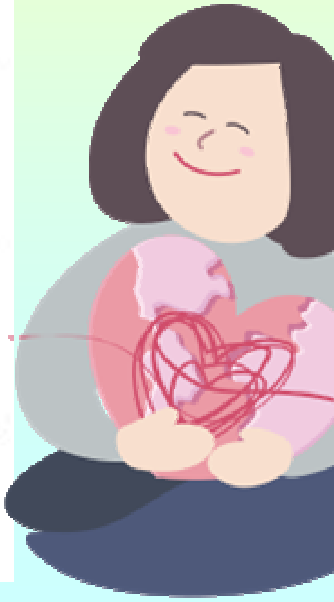
Time spent with older people

We also asked participants the following question: “How much time on average have you spent per week taking care of/with older people?” Participants filled in their time in hours.

Depression among elders seldom causes suicidual attempts



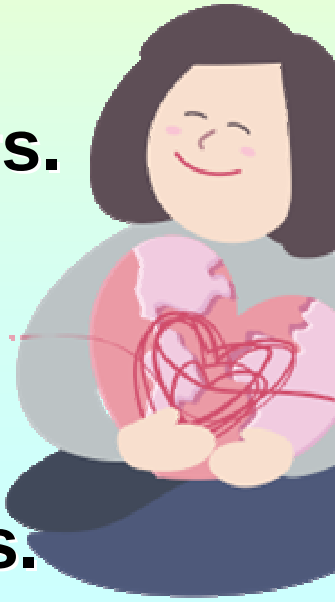
5. 老年抑鬱症患者很少自殺。



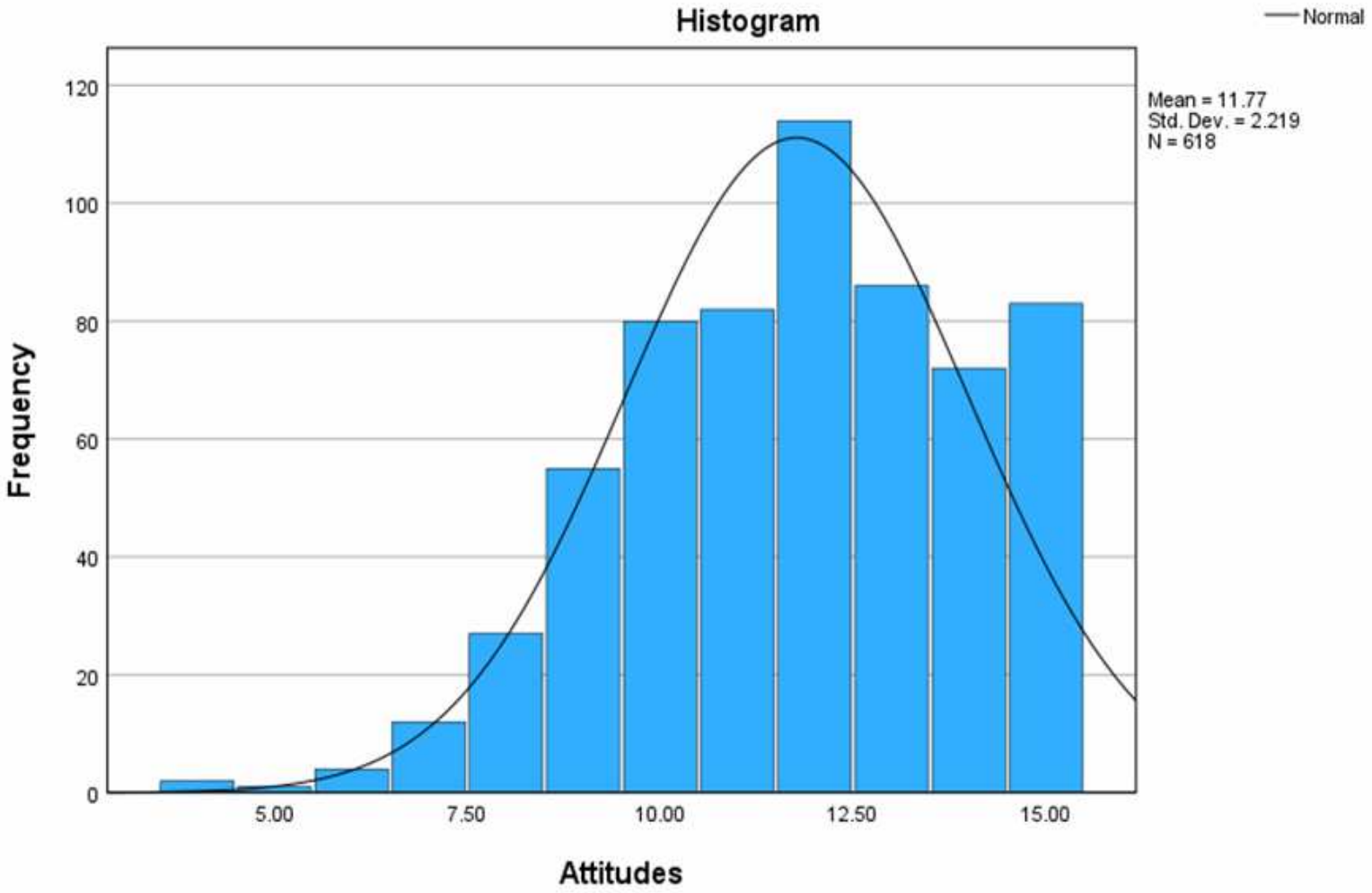
Data Analysis
on the general public knowledge on elders' mental health

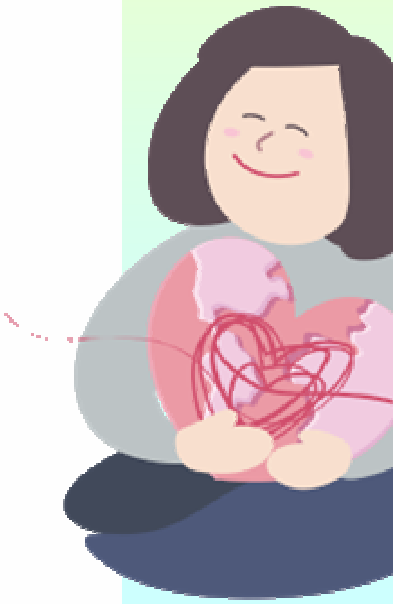
The correct responses :
ranging from32.1% to 66.5%。

The is much to learn about mental health of elders.
Areas to work on: Public education on elders' mental health
Improve knowledge about depression among elders and cognitive impaired to get rid of biases.

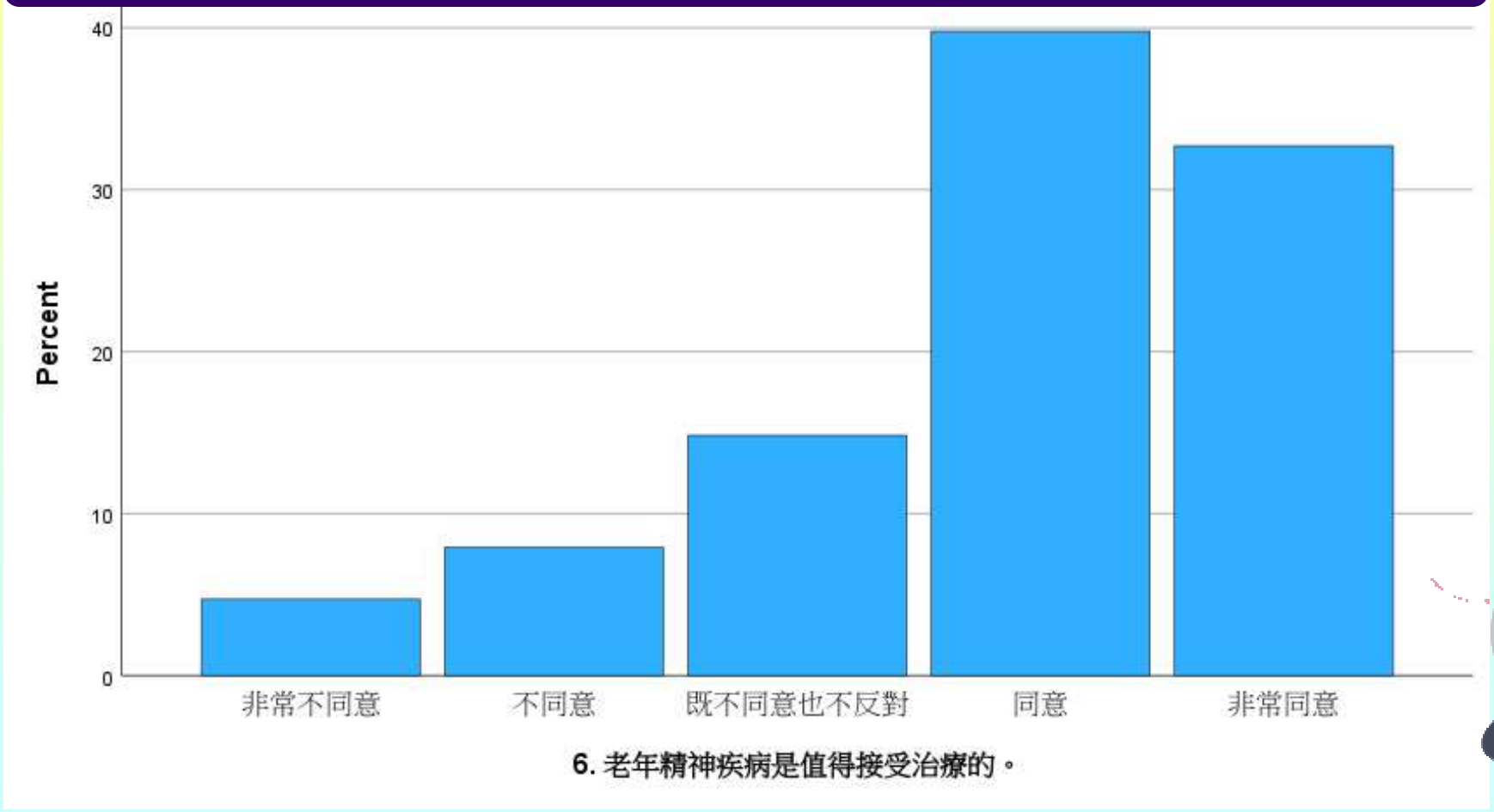


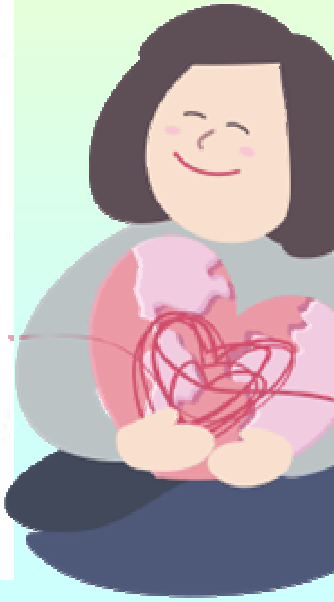
The general public attitude towards mental health of elders



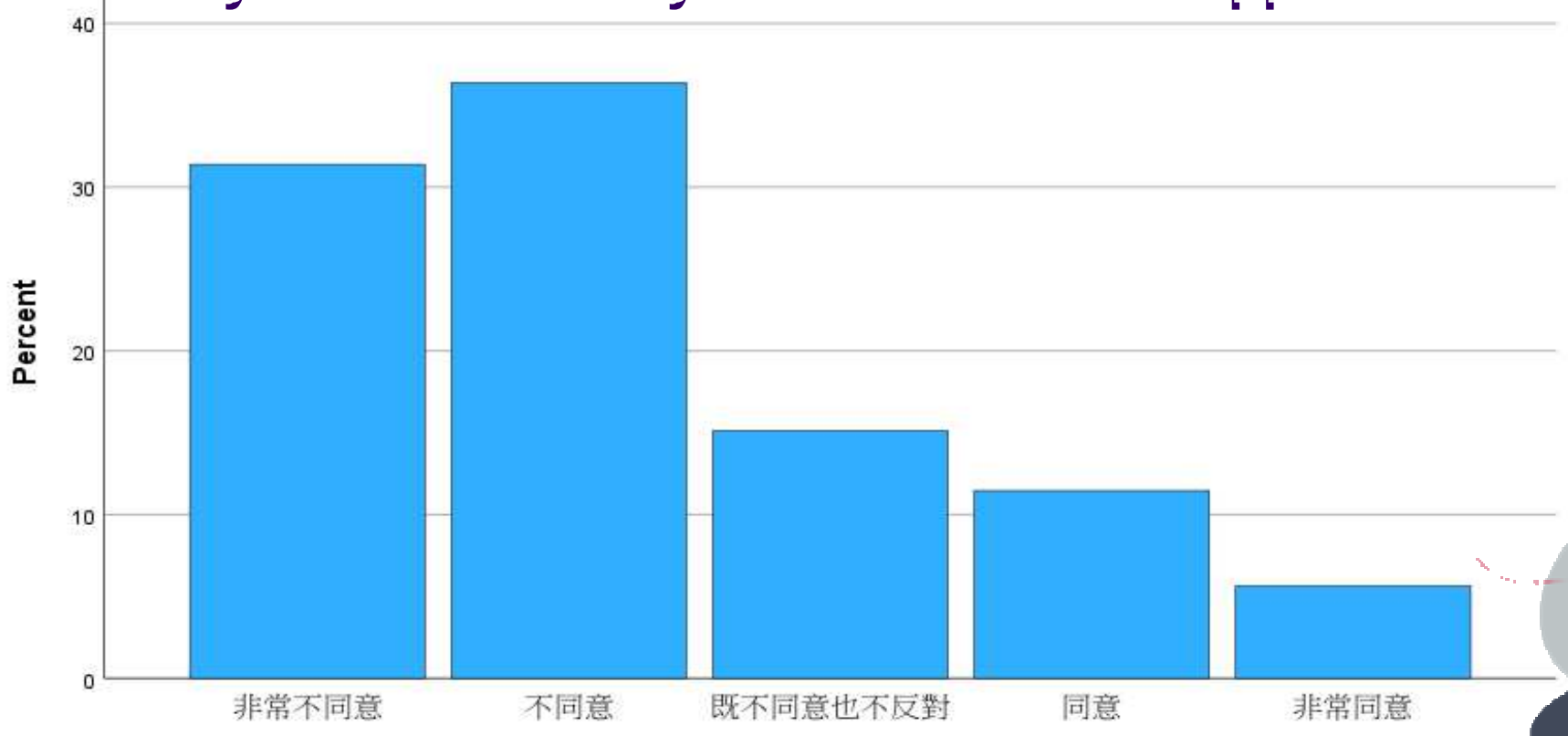


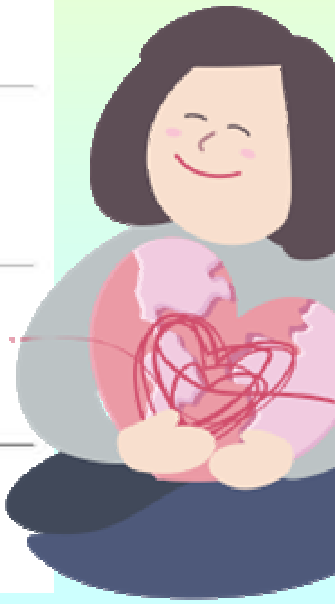
Mental disorders among elders are treatable



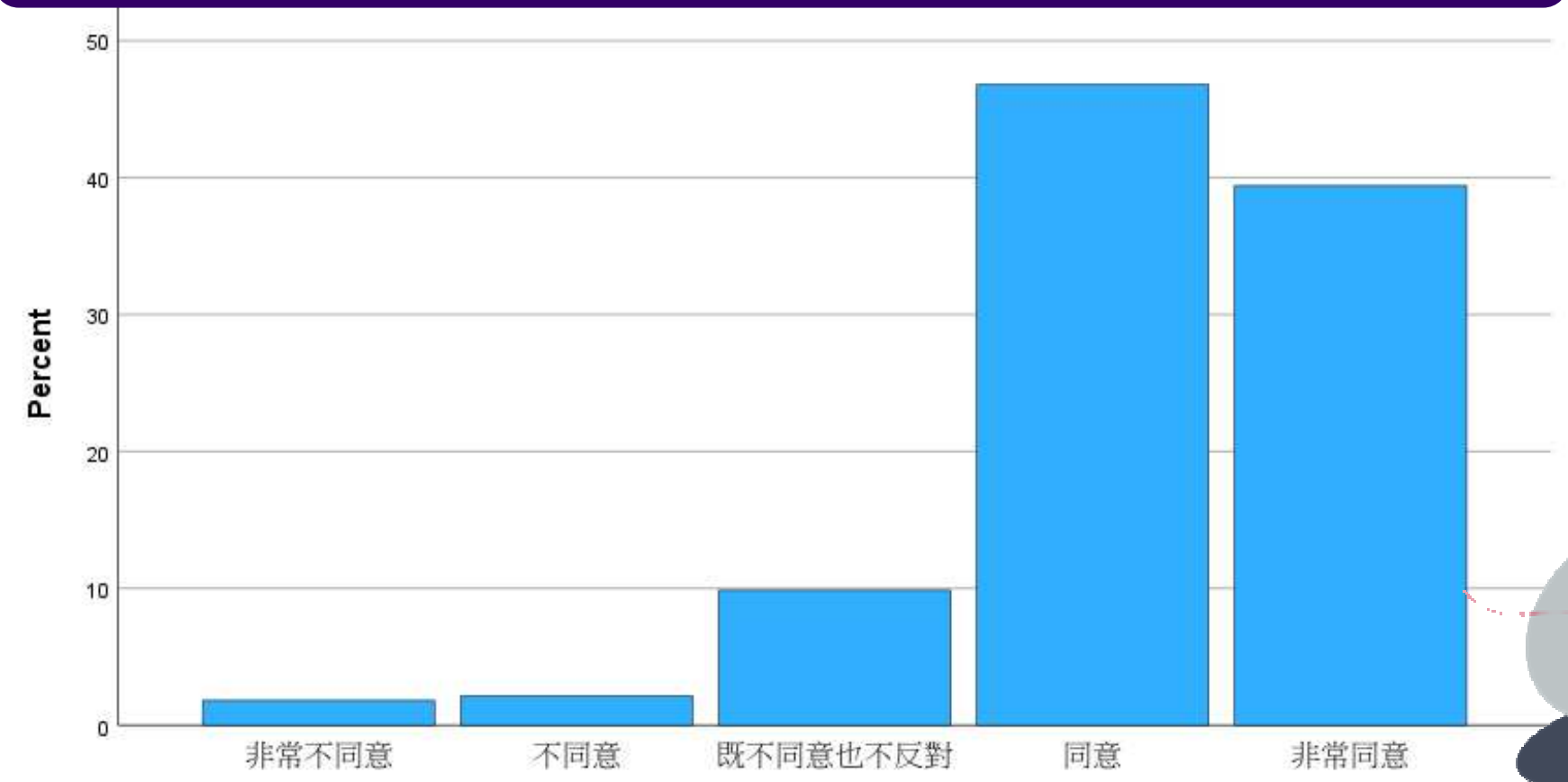


The relatives of the elders who have mental health problems do not feel any stress
They don't need early intervention and support。

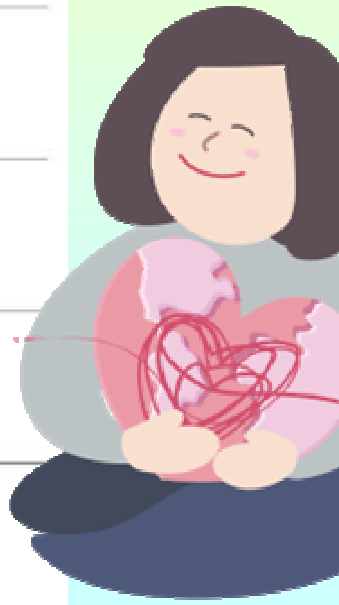




Early screening is extremely important in identifying cognitive impairment.



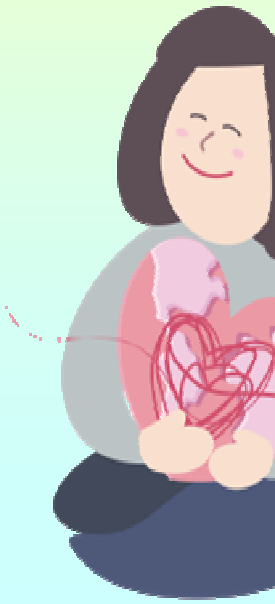
8. 定期進行認知障礙症篩檢對於早期發現認知障礙症非常重要。



Data Analysis on the general public knowledge on elders' mental health

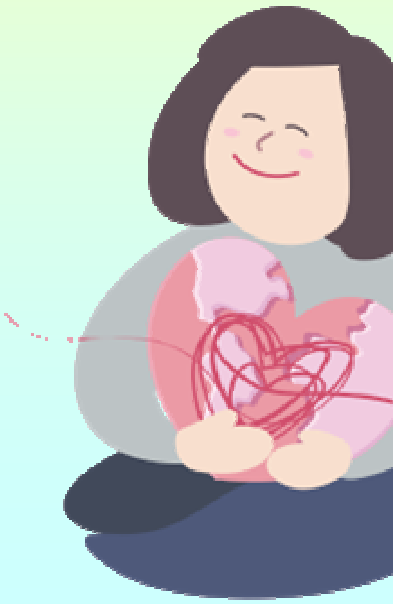
Average: 11.8

(3 is the lowest，15 is the highest)



Part 2

知識和態度之間的關係



知識和態度之間的關係

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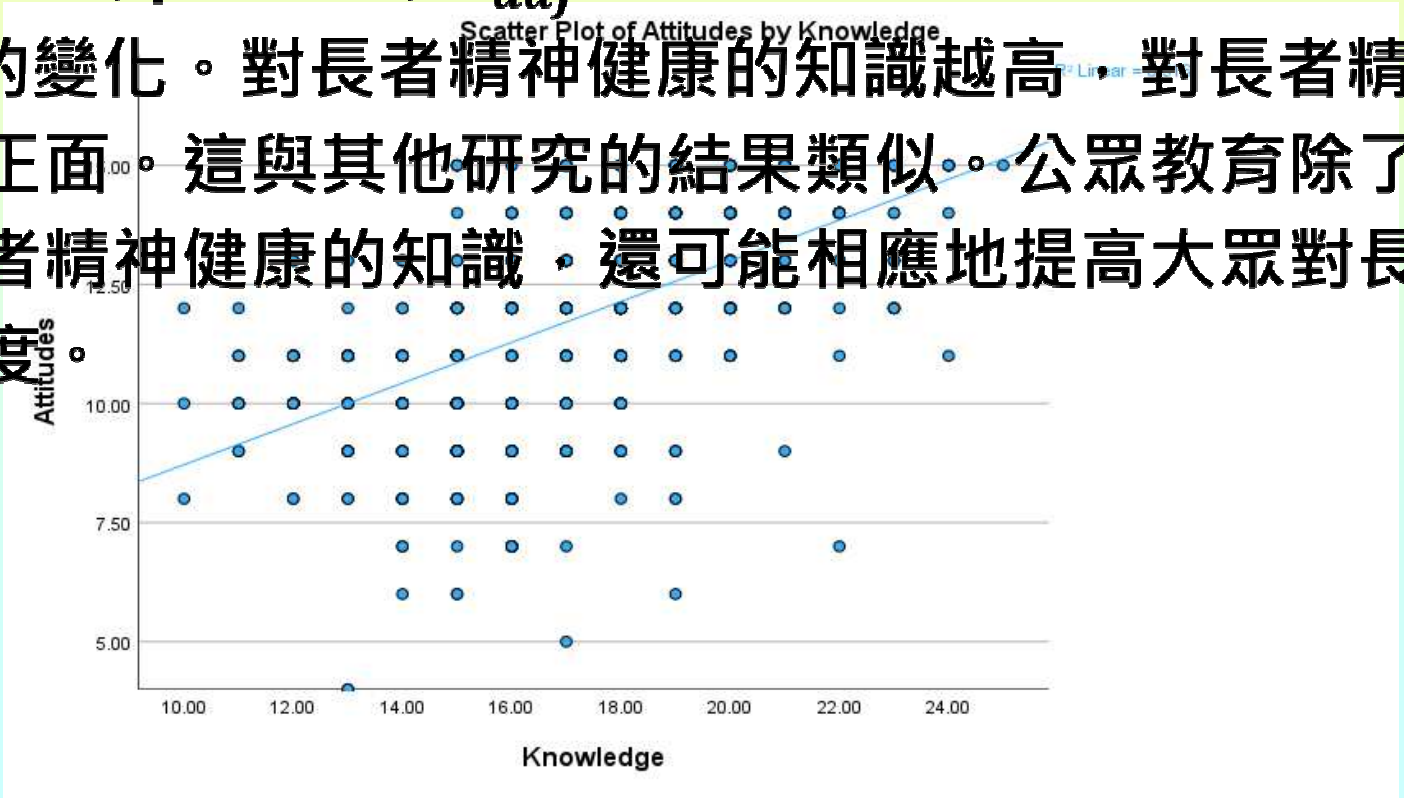
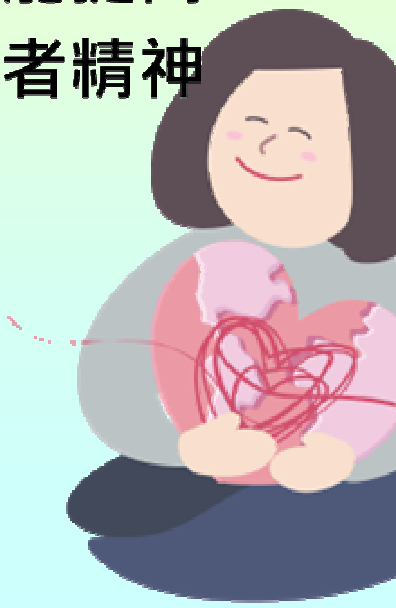
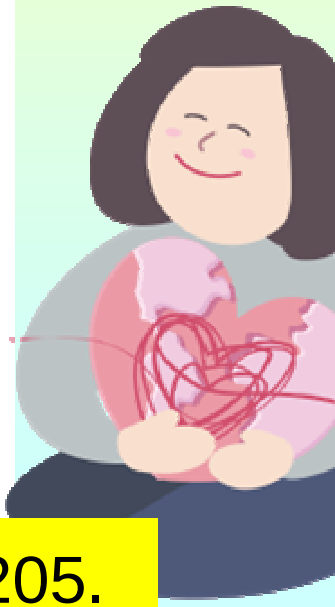




der difference

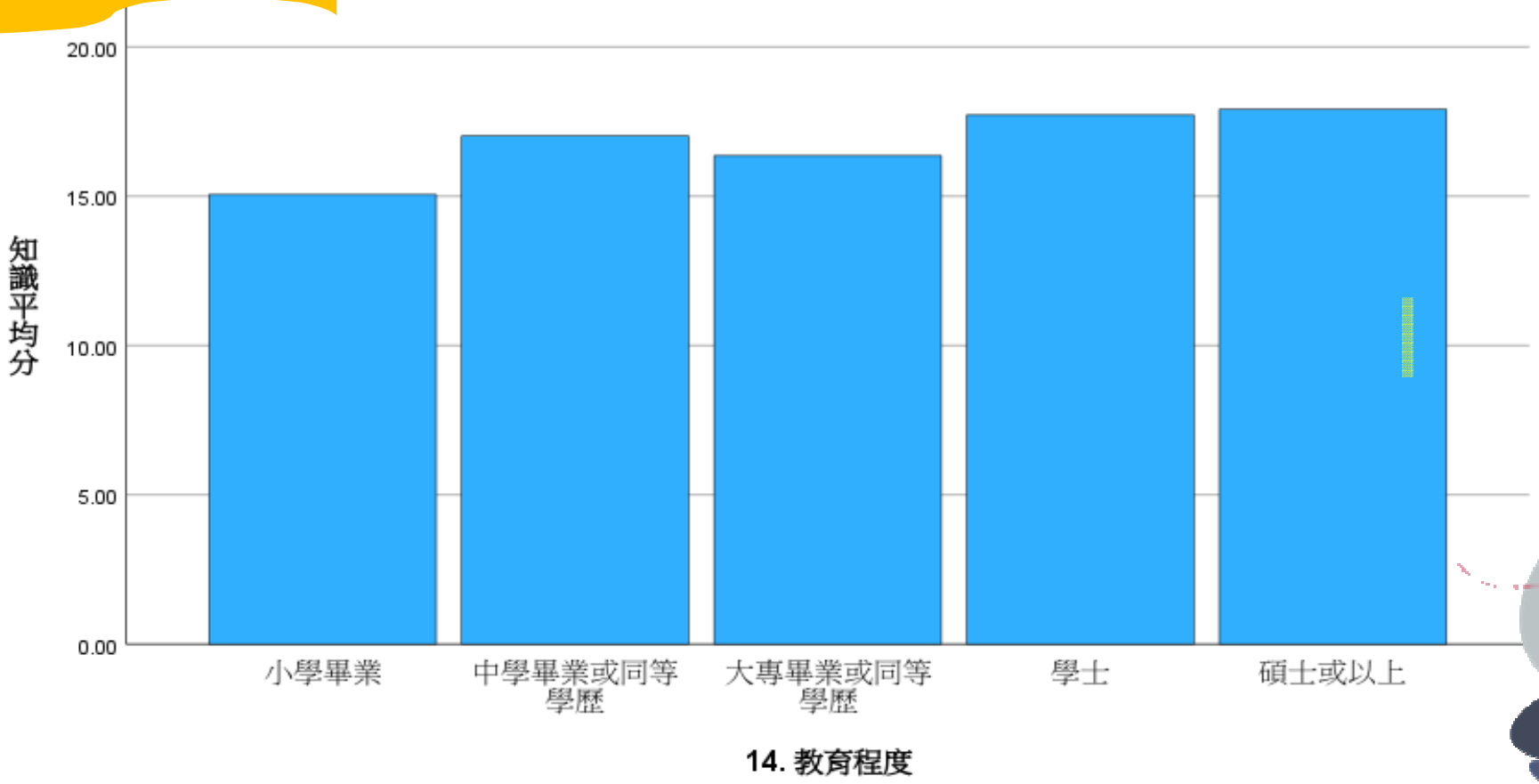
Knowledge on elders' mental health

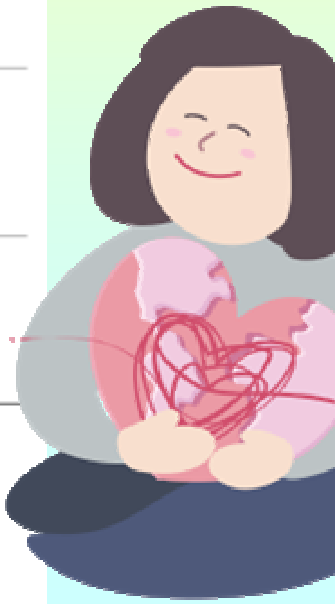


No significant difference, t(610.1) = 1.27, p = .205.

Knowledge about elders' mental health

Education level





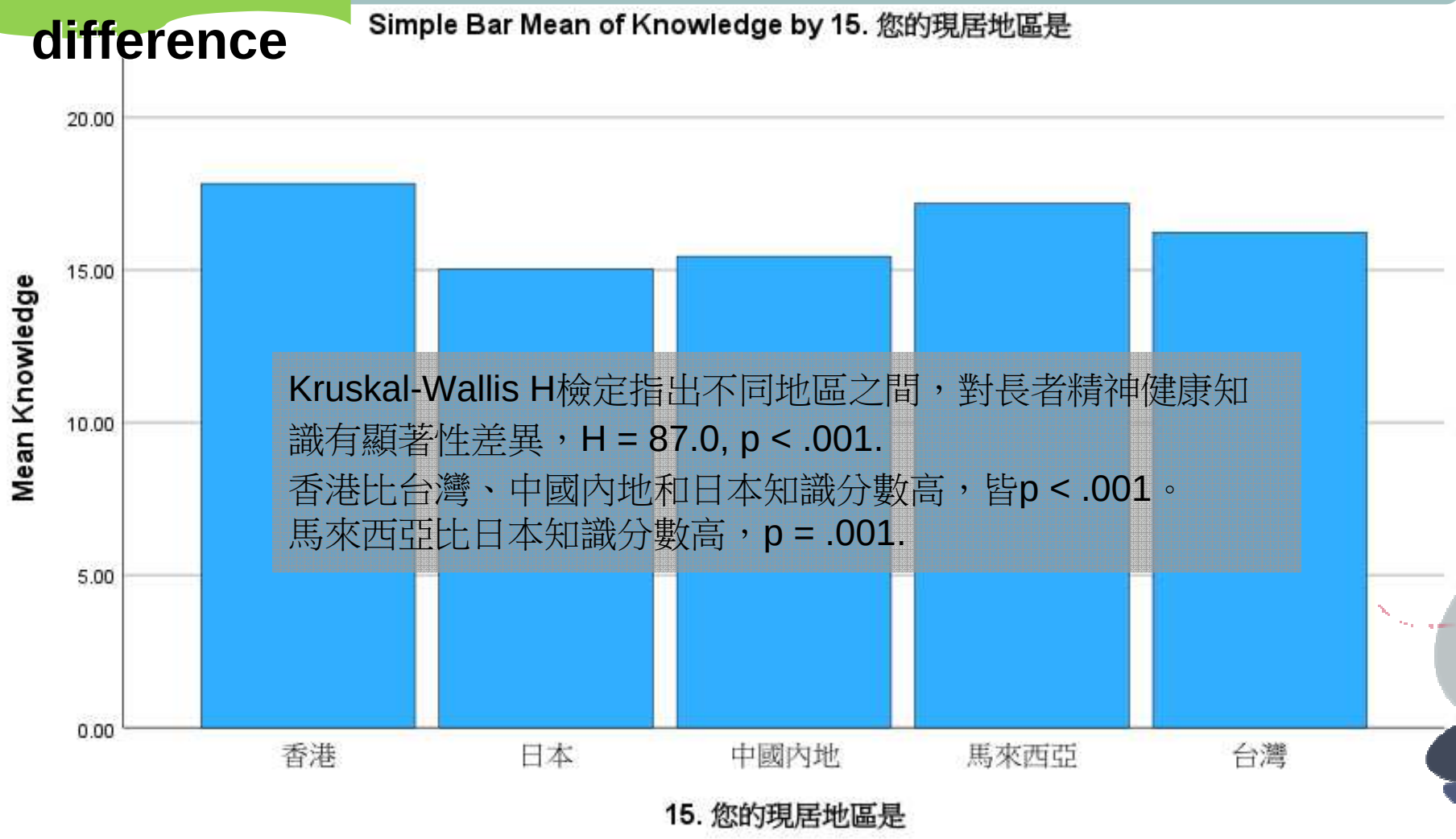
Kruskal-Wallis H檢定指出不同教育程度之間，對長者精神健康知識有顯著性差異，H = 39.9, p < .001.

小學畢業比學士和碩士或以上知識分數低，p = .001 及 p = .003

大專畢業比學士和碩士或以上知識分數低，p < .001 及 p = .005

District difference

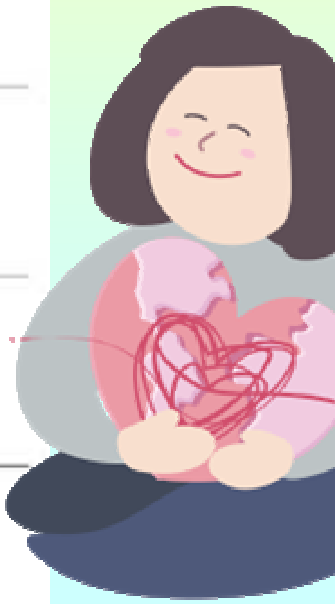
owledge on elders' mental health



Kruskal-Wallis H檢定指出不同地區之間，對長者精神健康知識有顯著性差異，H = 87.0, p < .001.

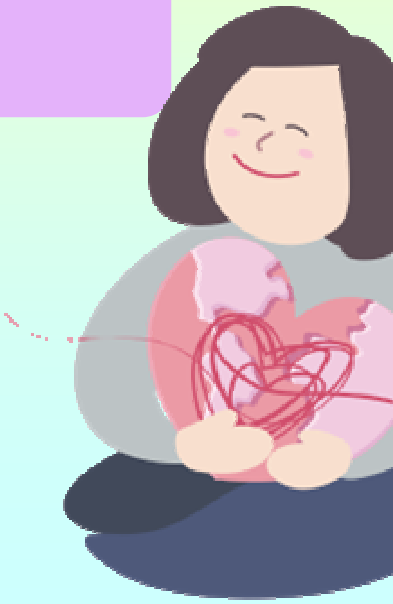
香港比台灣、中國內地和日本知識分數高，皆p < .001。

馬來西亞比日本知識分數高，p = .001.

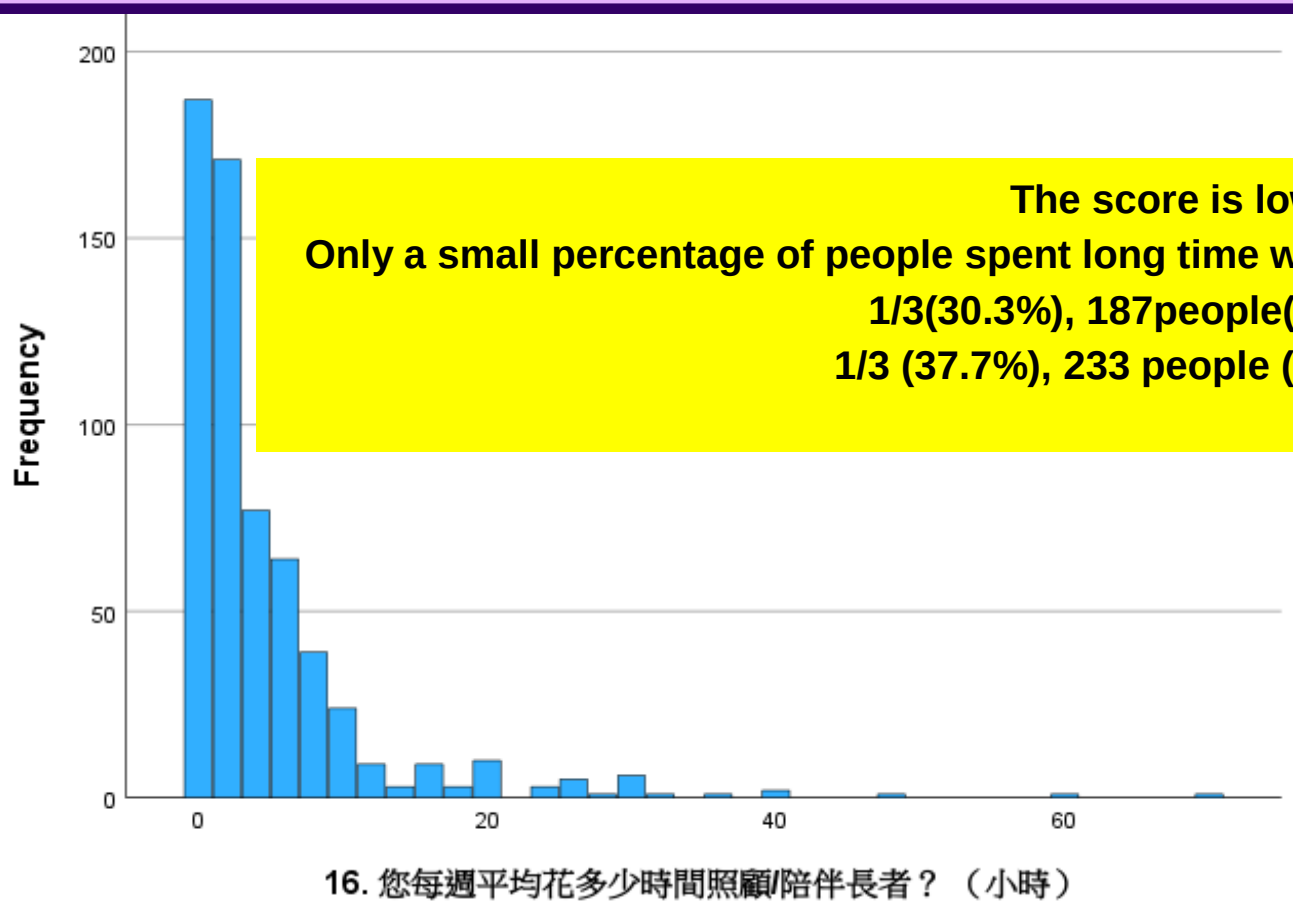


Part 3

Time spent with elders and stress in caring about them



time spent every week on caring for/ keeping company with elders

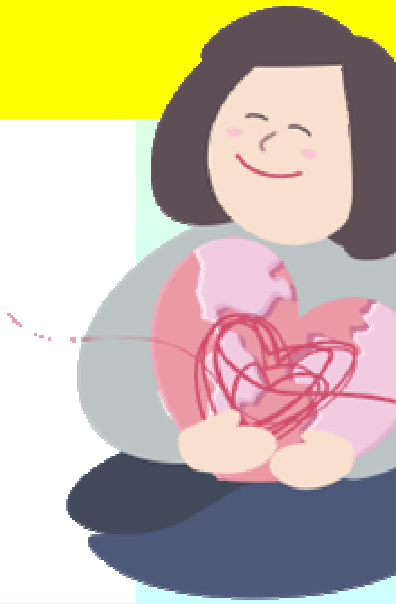


The score is low。

Only a small percentage of people spent long time with elders, the mean score is 2 hrs/w

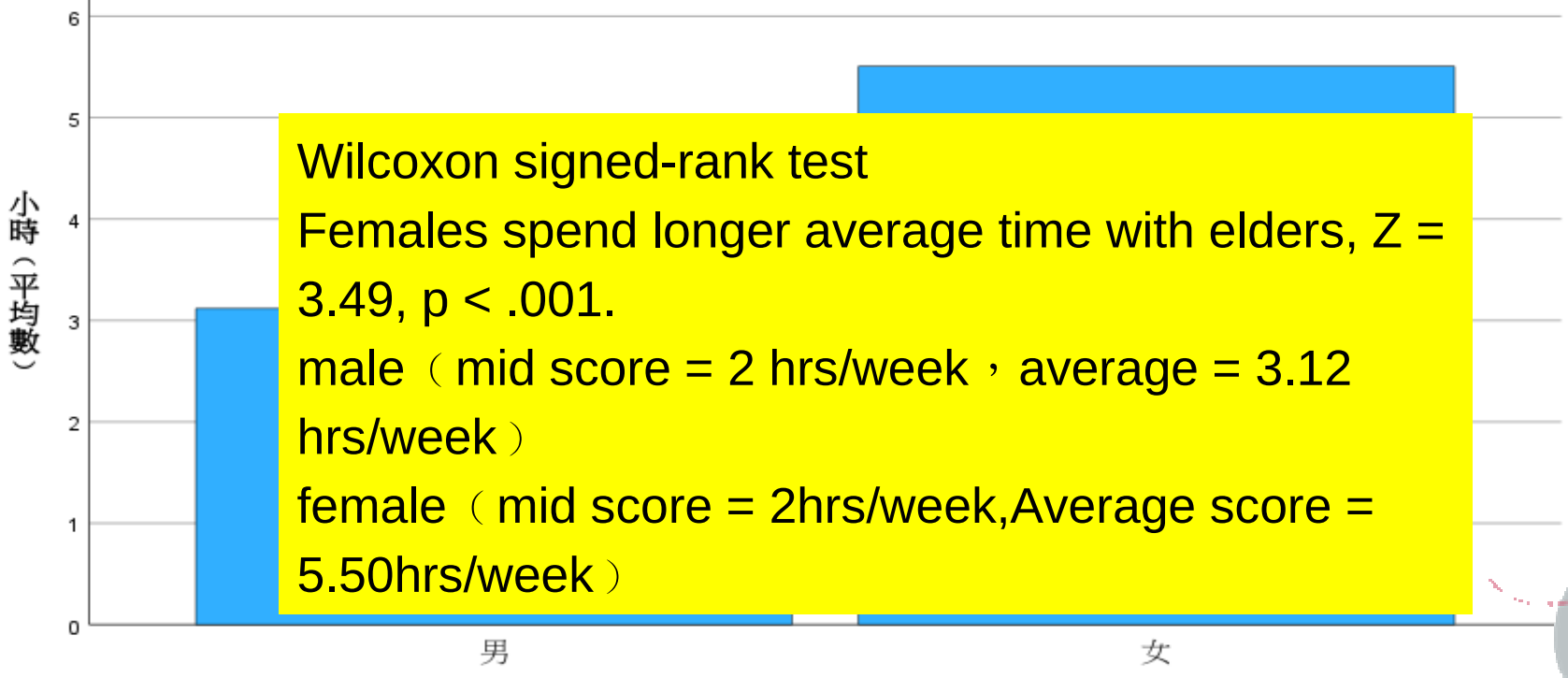
1/3(30.3%), 187people(0 hr/week)

1/3 (37.7%), 233 people (1-3hrs/week)



Gender difference

Average Time spent with elc (caring/keeping compa

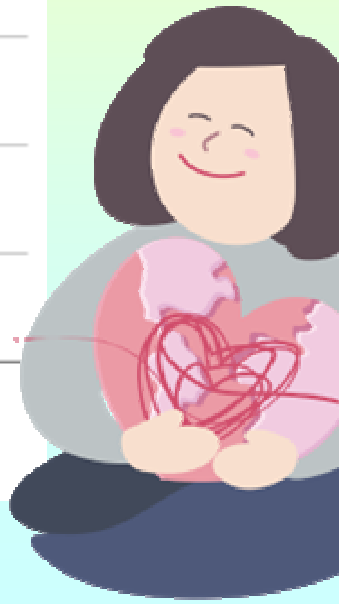


Wilcoxon signed-rank test

Females spend longer average time with elders, Z = 3.49, p < .001.

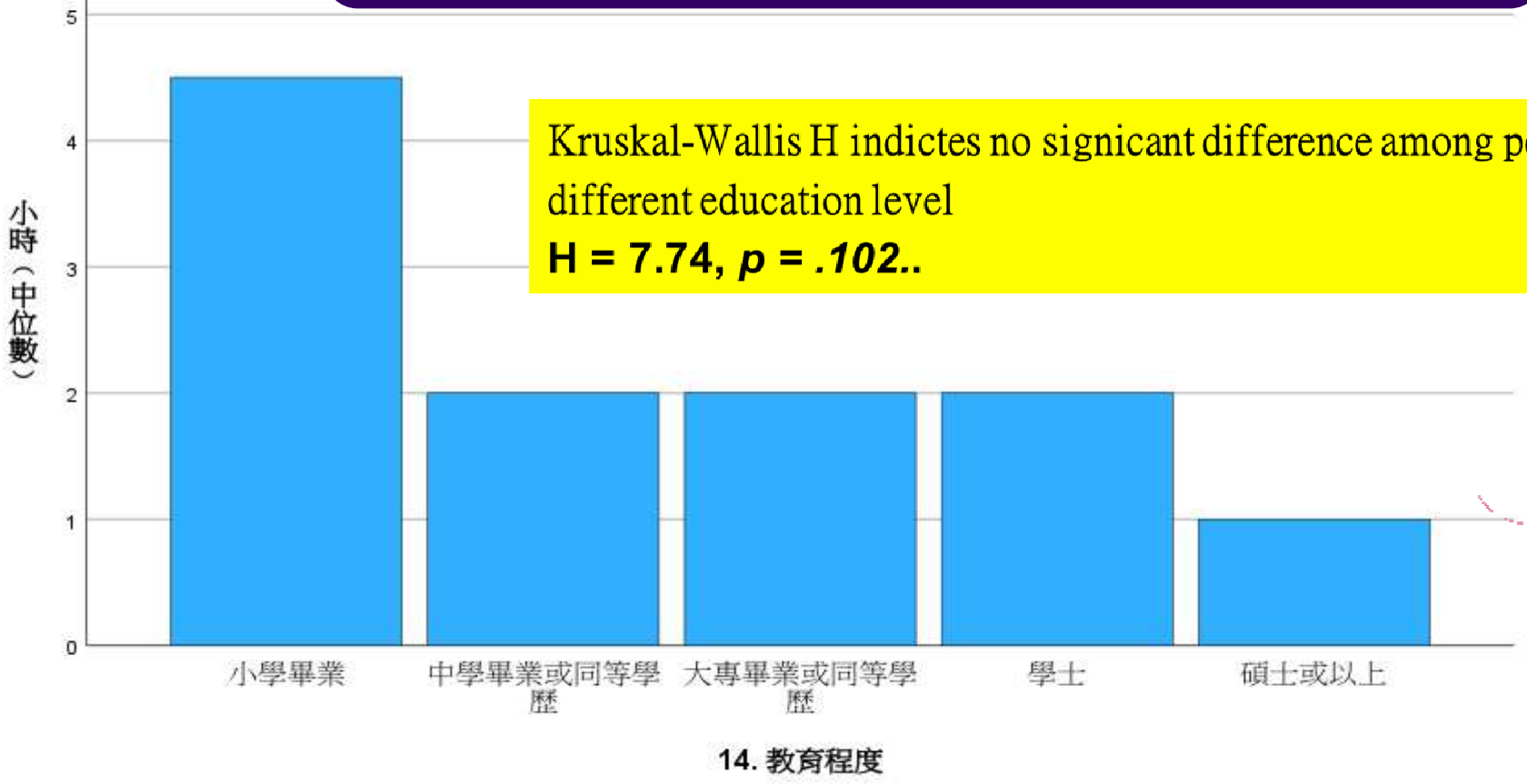
male（mid score = 2 hrs/week，average = 3.12 hrs/week）

female（mid score = 2hrs/week,Average score = 5.50hrs/week）



Education Level

Average Time spent caring about elders

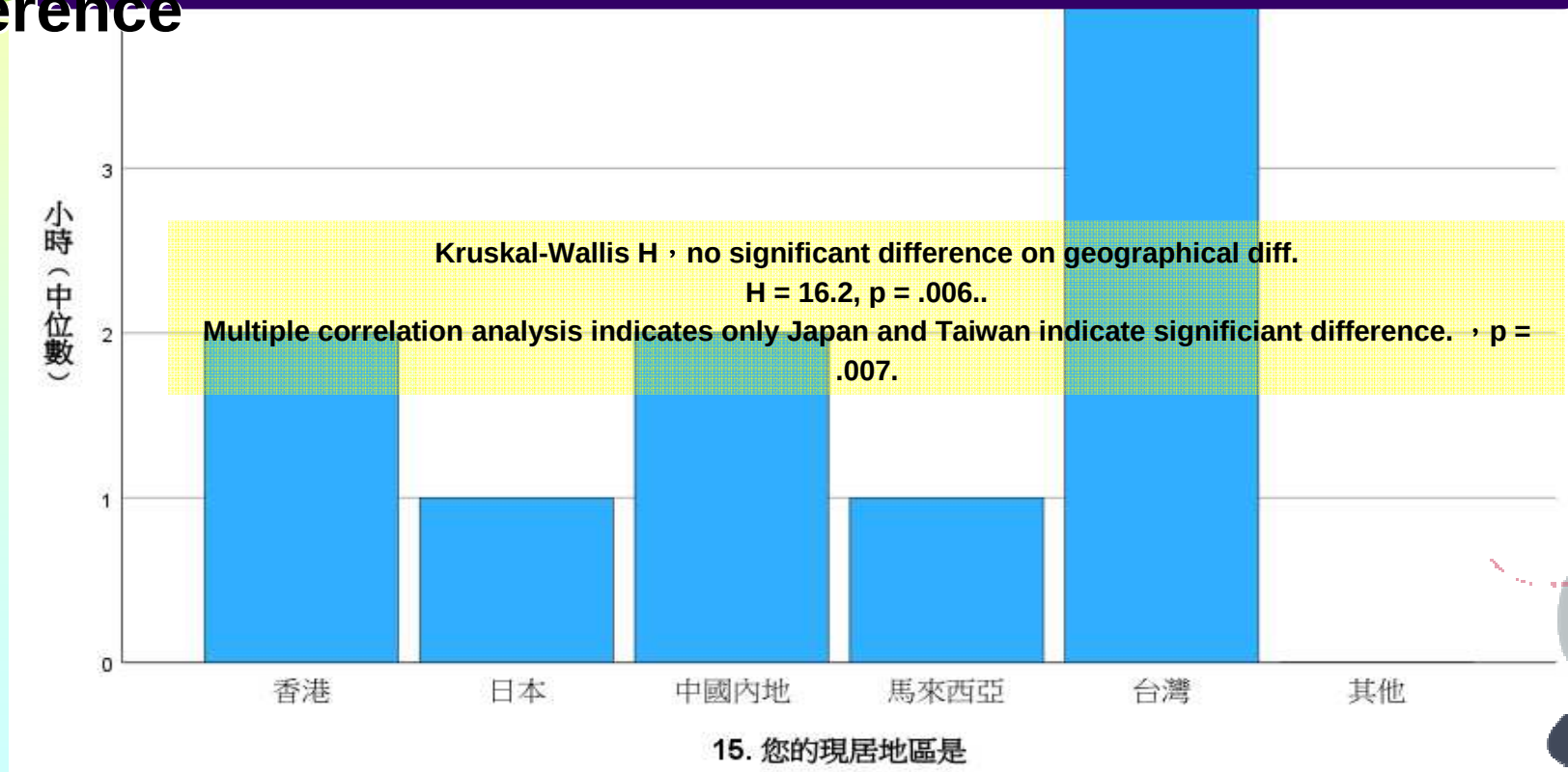


Kruskal-Wallis H indictes no signicant difference among people of different education level

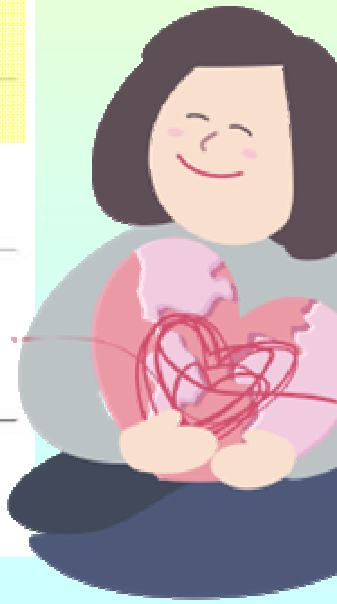
H = 7.74, *p* = *.102*..

Average Time spent caring about elders

Geograpical difference



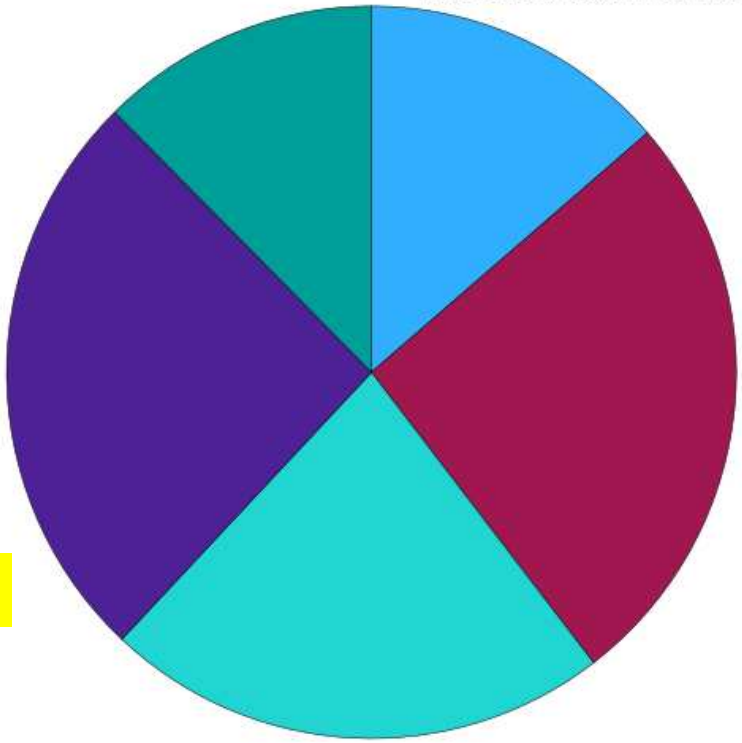
Kruskal-Wallis H，no significant difference on geographical diff.
H = 16.2, p = .006..
Multiple correlation analysis indicates only Japan and Taiwan indicate significiant difference. ，p = .007.

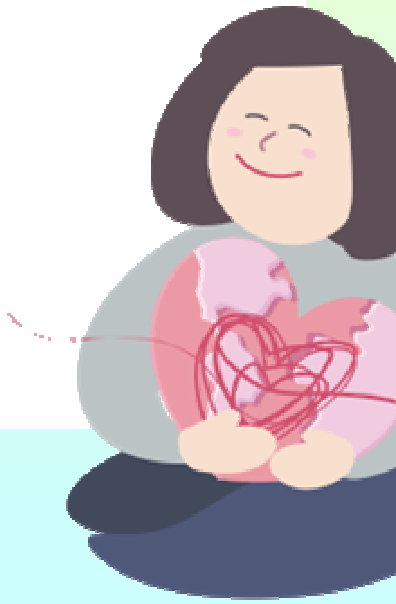


How much stress on caring for elders?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	完全沒有	78	12.6	13.7	13.7
	少許	148	23.9	25.9	39.6
	一般	128	20.7	22.4	62.0
	頗大	146	23.6	25.6	87.6
	極大	71	11.5	12.4	100.0
	Total	571	92.4	100.0	
Missing	不適用	46	7.4		
	System	1	.2		
	Total	47	7.6		
Total		618	100.0		

571responses,46people responded N/A.



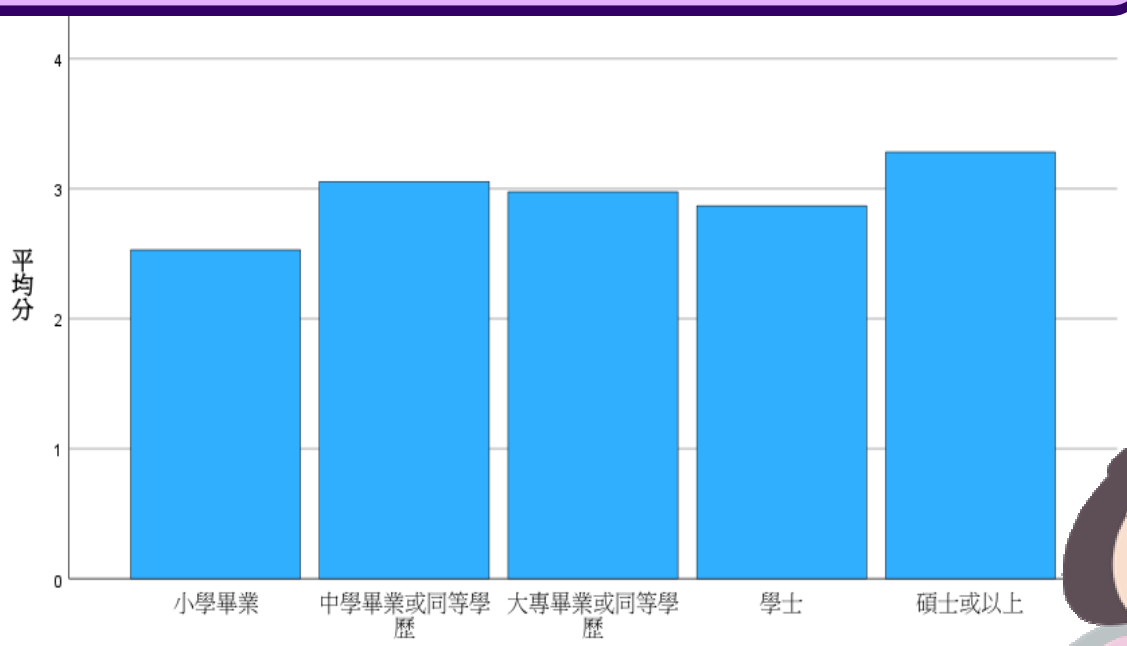


Education Level

How much stress on caring for elders?

Descriptives

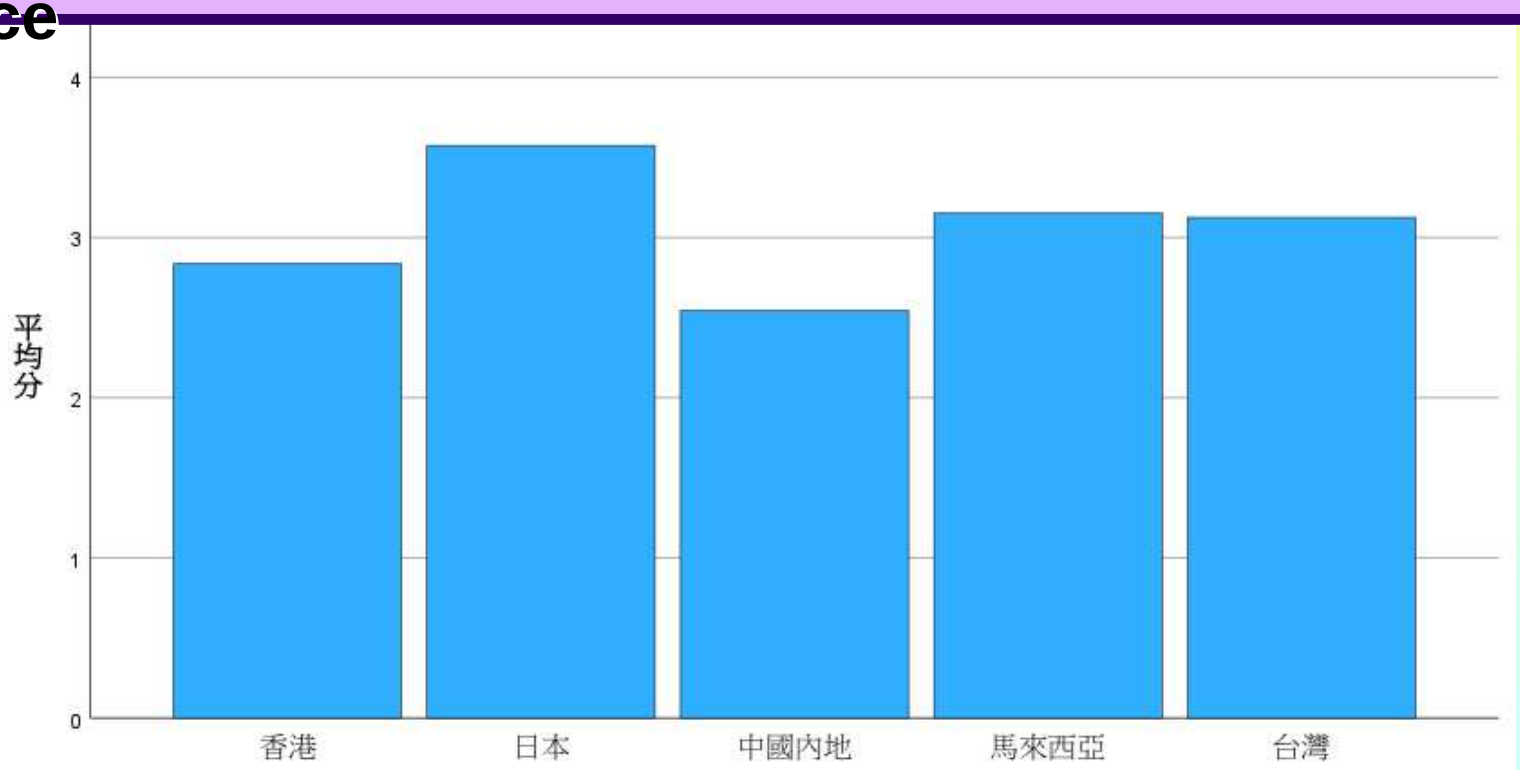
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean Lower Bound	95% Confidence Interval for Mean Upper Bound	Minimum	Maximum
畢業	17	2.53	1.505	.365	1.76	3.30	1	5
或同等歷	127	3.06	1.262	.112	2.83	3.28	1	5
或同等歷	165	2.98	1.225	.095	2.79	3.16	1	5
士	205	2.87	1.236	.086	2.70	3.04	1	5
以上	57	3.28	1.221	.162	2.96	3.60	1	5
al	571	2.97	1.249	.052	2.87	3.07	1	5



ANOVA indicates No significant difference，F(4,566) = 1.91, p = .107.

Geographical difference

How much stress on caring for elders?



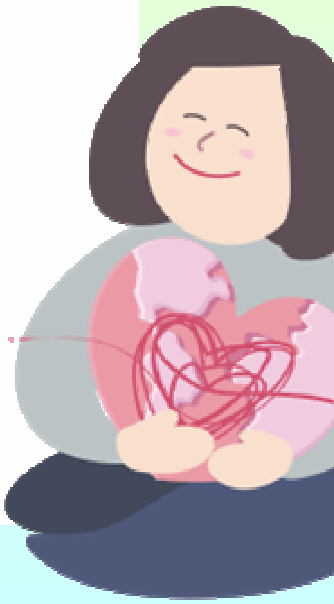
ANOVA indicates difference geographically ,$F(4,565) = 7.54$, $p < .001$.
In multiple correlatational analysis,Japan has higher stress in caring for elders(higher than in Hong Kong and Taiwan. $p < .001$.

Time spent with elders and other factors

Factor Analysis

迴歸分析指出知識、態度及照顧/陪伴長者的時間與照顧/陪伴長者的精神壓力有顯著性關係。

知識越高分，照顧/陪伴長者的精神壓力越細
（β = -.14，p = .007）
年齡越大，照顧/陪伴長者的精神壓力越大
（β = .08，p = .048）
照顧/陪伴長者的時間越長，照顧/陪伴長者的精神壓力越大
（β = .16，p < .001）。

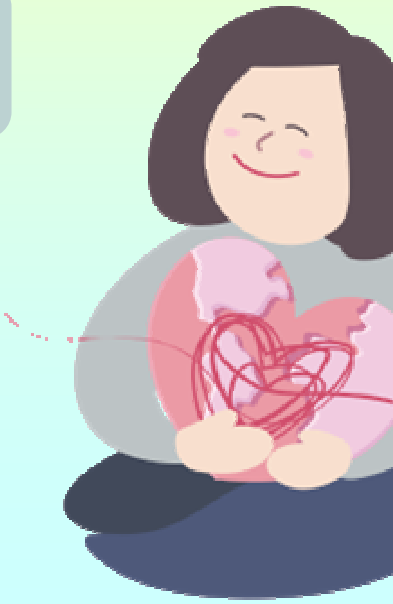


Using Regression Analysis:

- Attitude, knowledge and time spent with elders, significantly affect the stress level of the carer.
- Education level : higher and lower the stress
- Age level of the carer is, positively related to the stress level
- The longer time spent caring for elders, positively related to their stress level

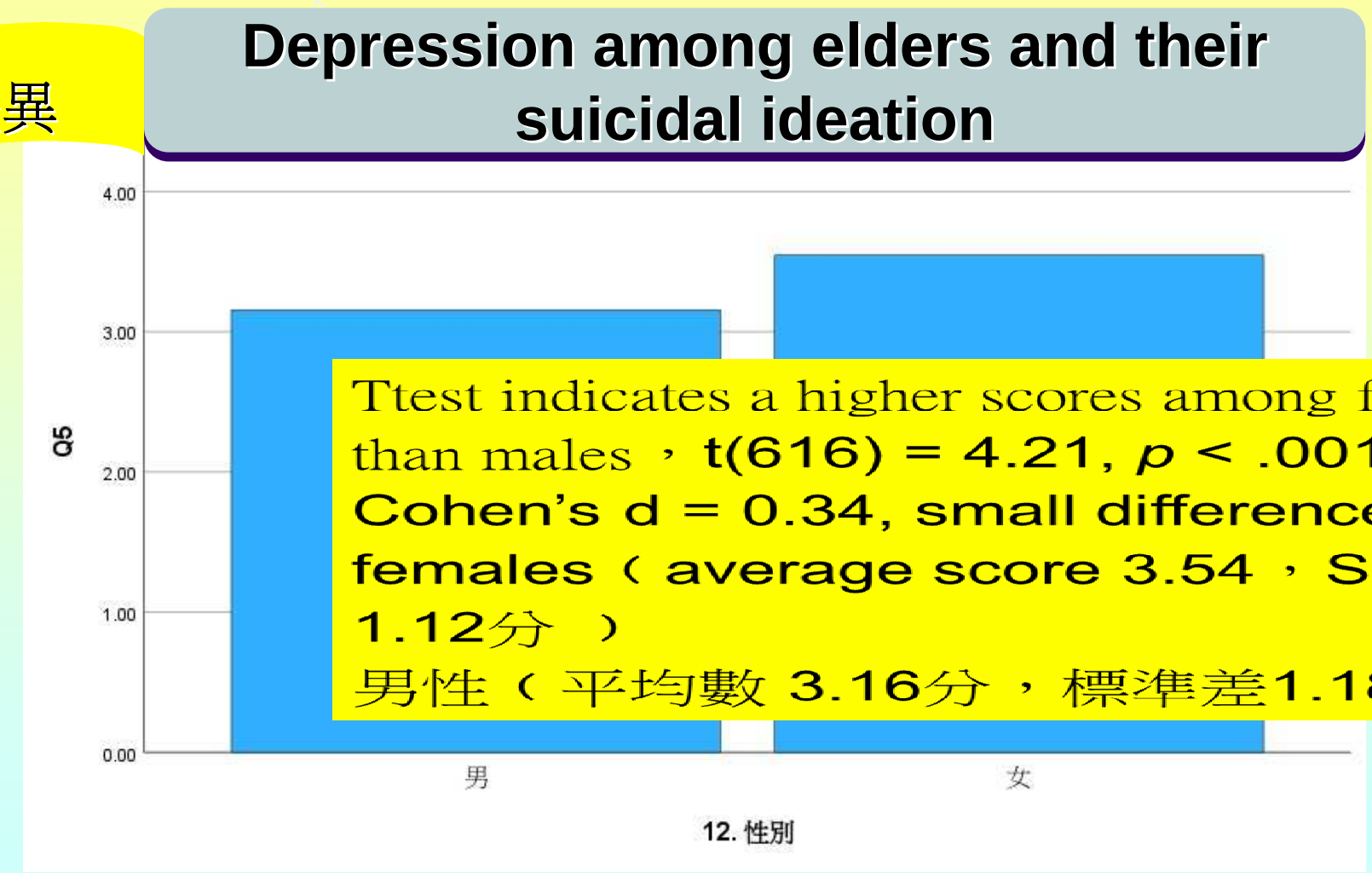
Part 4

Depression among elders and their suicide risk



性別差異

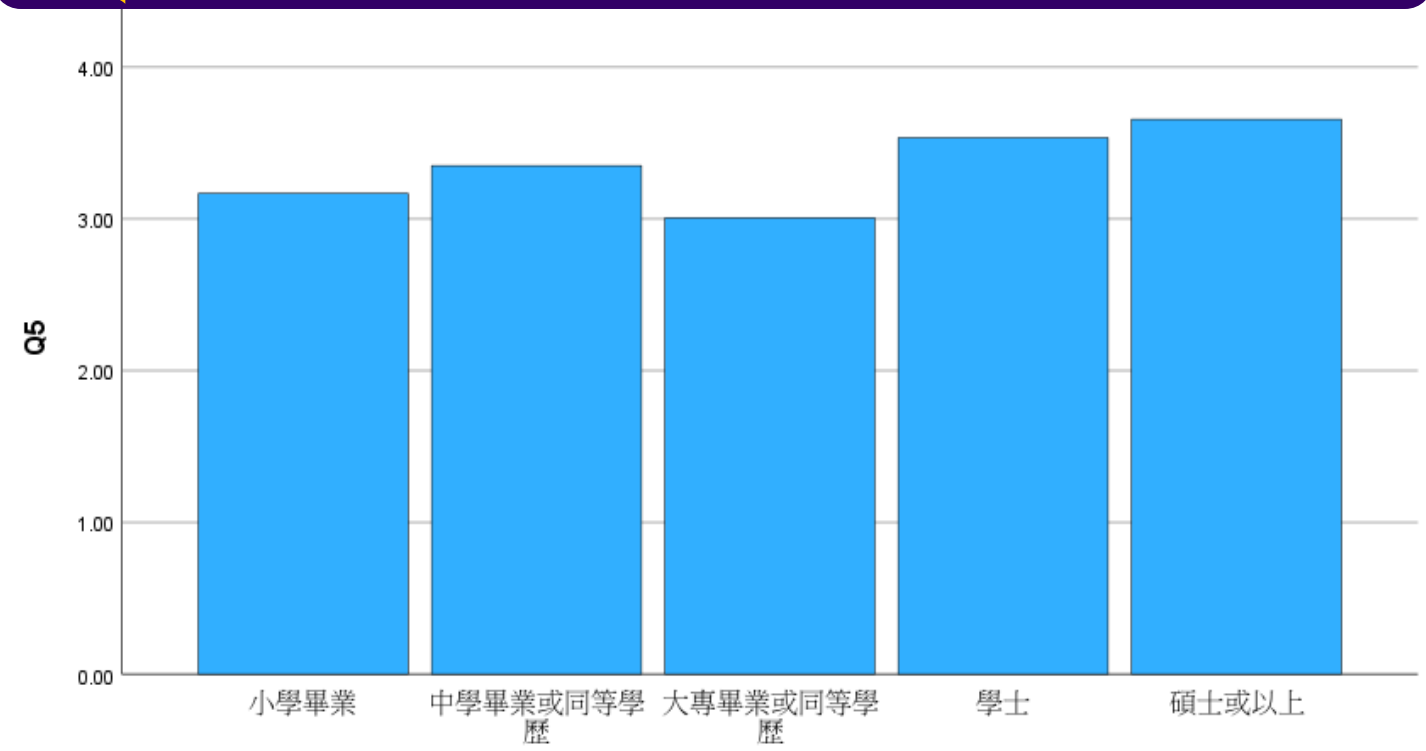
Depression among elders and their suicidal ideation



Ttest indicates a higher scores among females than males，t(616) = 4.21, $p < .001$, Cohen's d = 0.34, small difference.
females（average score 3.54，S. D.: 1.12分 ）
男性（平均數 3.16分，標準差1.18分）

教育程度差異

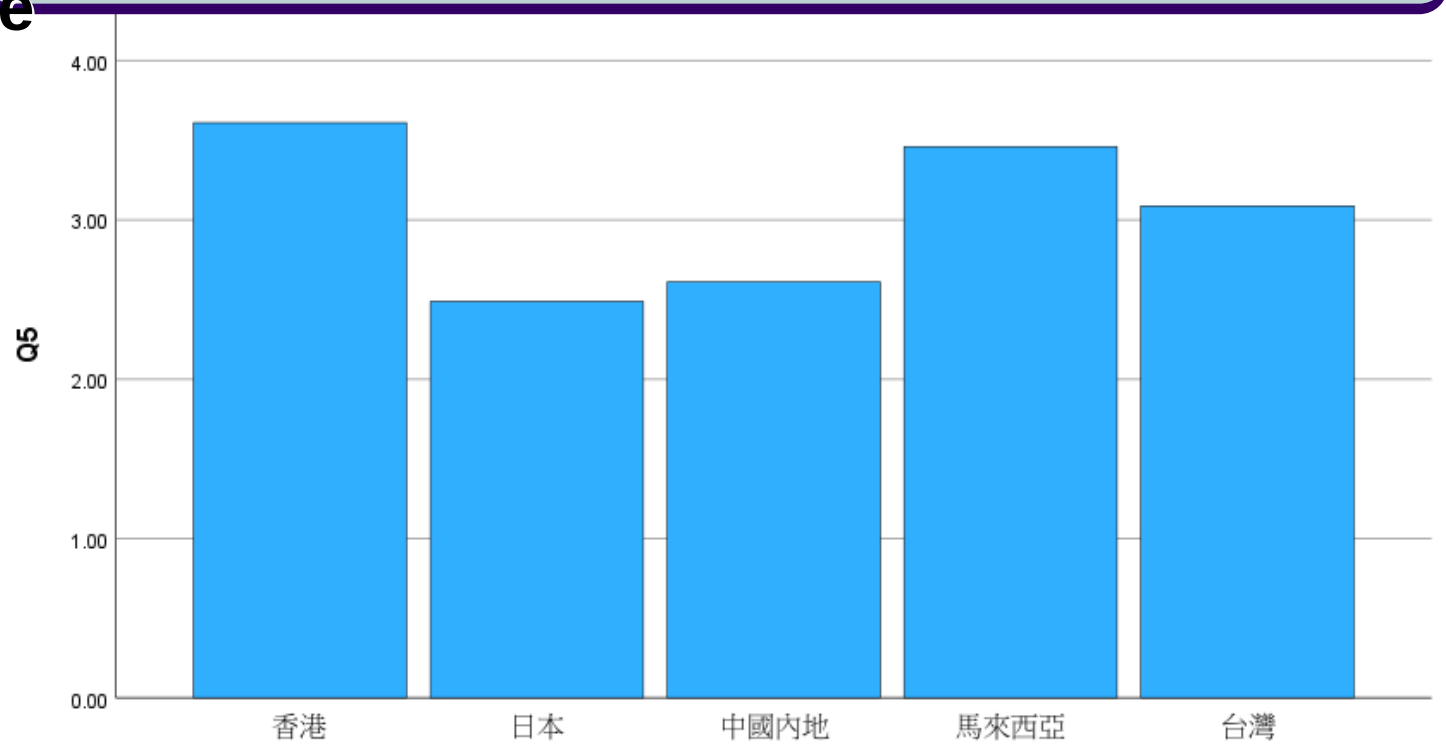
對老年抑鬱症患者容易自殺的意識



ANOVA檢定指出不同教育程度之間對老年抑鬱症患者容易自殺的意識有顯著性差異，F (4,613) = 6.69, p < .001.
大專畢業比學士和碩士或以上意識低，p < .001 及 p = .001。

Depression among elders and their suicidal ideation

Geographical difference

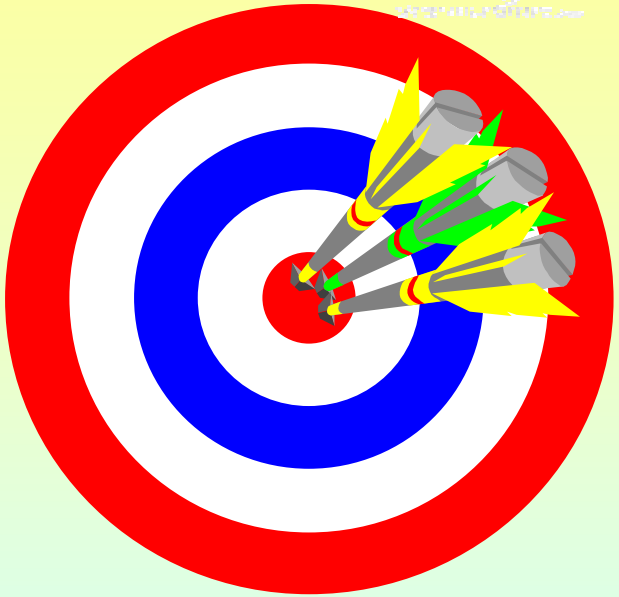


Kruskal-Wallis H indicates signicant difference geographically，H = 81.6, p < .001.

HK is higher than Taiwan, Mainland and Japan，p = .004, p < .001, 及 p < .001。
Malaysia is higher than Japan and Mainland China，p = .021 及 p < .001.

- **Kruskal-Wallis H indicates significant difference geographically，H = 81.6, p < .001.**
- **HK is higher than Taiwan, Mainland and Japan ，**
  p = .004, p < .001, 及 p < .001。
- **Malaysia is higher than Japan and Mainland China，**
  p = .021 及 p < .001.

? ? ? - Q & A - ✓ ✓ ✓



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