Hong Kong Psychogeriatric Association Newsletter
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Message from the Newsletter Committee

This biannual issue has three outstanding articles prepared by our Occupational Therapist Council representative Ms. S.C. Leung, Clinical Psychologist of St. Vincent Hospital (Melbourne) Ms. Stephanie Perin and the HKPGA Young Researcher Award-winner, Dr. Alice Y.C. Wong. Collaboration between different professionals in mental health care for older people is essential. The other important aspect is mental capacity and/or advanced medical directive in medicolegal setting. The HKPGA will organise a workshop with updates and highlights that have occurred over the last decade. Please support the HKPGA newsletters by emailing a Word file to info@hkpga.org and visit www.hkpga.org for format and read archives of the HKPGA newsletters.

A Pilot Study on the Effectiveness of Group-based Acceptance and Commitment Therapy on Sleep Quality in Elderly Clients with Mood Disorders – an Occupational Therapy Approach

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Kowloon Hospital

Introduction

Elderly insomnia is a prevalent issue that affects seniors in every community. A study indicated that up to 47.1% of elderly individuals in Hong Kong experience insomnia (Wong & Fielding, 2011). Besides ageing, various factors contribute to this widespread condition, which mental health issues play a central role (Staner, 2010). An increasing number of people are seeking help at occupational therapy (OT) outpatient clinic (psychiatric) due to insomnia. Insomnia has far-reaching negative consequences on affected individuals, intertwining mental health issues (Gulia & Kumar, 2018), cognitive decline (Molano & Vaughn, 2014), pain (Tang, 2008), and stress (Shruti & Anuradha, 2024) into a complex web of challenges. Dysfunctional thoughts often mediate these effects, intensifying insomnia in older adults with mood disorders (Kutzer et al., 2022). Conventional approaches such as pharmacological interventions and sleep hygiene education may focus on alleviating insomnia symptoms without addressing this potential underlying cause. Additionally, inadequacy and reluctance towards sleep medicine highlight a gap for effective non-pharmacological treatments for late-life insomnia (León-Barriera et al., 2025). In the search for effective treatment, Acceptance and Commitment Therapy (ACT) has emerged as a promising approach, offering strategies that target underlying factors contributing to insomnia while enhancing sleep quality and overall wellbeing (Salari et al., 2020).

ACT is a third wave behavioral therapy that emphasizes psychological flexibility through mindfulness, acceptance, and value-driven behavioral changes (Hayes et al., 2006). It is considered congruent with the practice of OT. ACT aims to

enhance engagement in meaningful activities through a strength-based, non-judgmental approach, blending talk therapy with real world skills building. The OT profession mandated to implement occupation-based services tailored to clients and their environments (Wilcock, 1999), supporting clients in achieving functional independence across leisure, productivity, and self-care, allowing for a wide range of interventions depending on client needs (Crabtree, 1999). Occupation, more than activity, expresses values of individuals within his or her context. OT working in insomnia can use a range of interventions, including sleep hygiene education, lifestyle intervention, assistive devices, and cognitive behavioral therapy, to support occupational engagement (Ho et al., 2018). The six ACT processes align closely with OT practice (Rider & LaVerdure, 2025). ACT can be provided by many different professions, but OT primarily aim to improve the "read world" function.

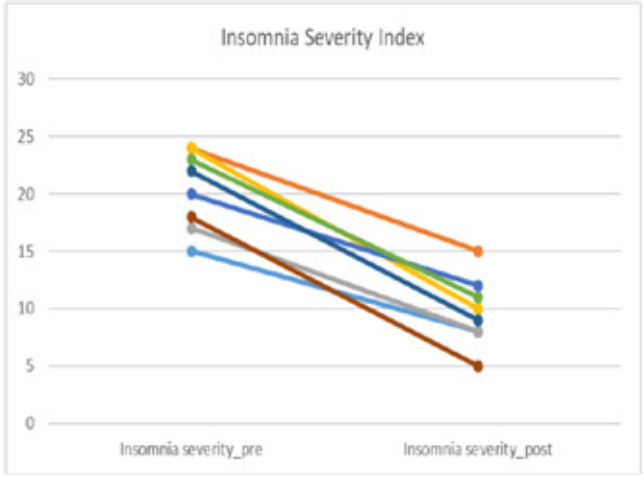
It has been shown to be beneficial for individuals struggling with insomnia (Gloster et al., 2020). By encouraging acceptance of thoughts and feelings related to insomnia rather than resisting them, and by fostering a commitment to personal values and meaningful activities, ACT helps alleviate emotional burden of sleep-related concerns and thereby enhancing overall sleep quality. However, there is insufficient local research on ACT for elderly insomnia accompanied by mood disorders (Haage & Tjörnstrand, 2024).

Objective

To examine the effectiveness of ACT in improving sleep quality in elderly clients with mood disorders.

Methods

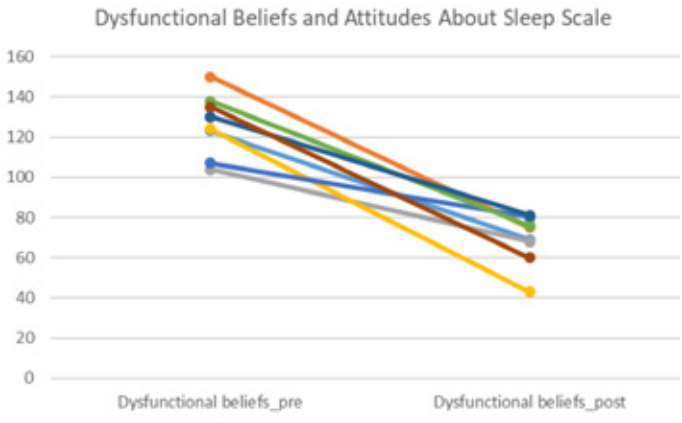
The present study employed pre- and post-assessment clinical trial design. Eight community-dwelling elderly clients (aged 67-84) with complaints of insomnia were recruited for a sleep program at the Kowloon Hospital OT psychiatric outpatient clinic in June-July 2024, with assessment conducted at baseline and post-treatment. Participants were diagnosed with mixed anxiety-depressive disorder (N=3), generalized anxiety disorder (N=2) or depression (N=3). The program consisted of 7 weekly 60-minute sessions. Self-reported outcomes included sleep quality (Pittsburgh Sleep Quality Index, Buysse et al., 1989), insomnia severity (Insomnia Severity Index, Morin et al., 2011; Baghyahi et al., 2011), and dysfunctional beliefs about sleep (Dysfunctional Beliefs and Attitudes About Sleep Scale-16-item, Morin et al., 2007; Chen et al., 2009). Functional level



was assessed using the Hong Kong Chinese Version of the Lawton Instrumental Activities of Daily Living Scale (Tong & Man, 2002). Qualitative data was collected through post-treatment interviews to capture participants' experiences and perspectives. Data was analyzed using paired-sample Wilcoxon signed-rank tests with SPSS.23 software.

Results

High completion rate (96.4%) was achieved in this study. Paired-sample analyses revealed that the ACT sleep program significantly improved sleep quality (Z = -2.524, p = .012), decreased insomnia severity (Z = -2.527, p = .012) and reduced dysfunctional beliefs about sleep (Z = -2.524, p = .012) at post-treatment. No significant difference in functional level was observed (Z = -1.841, p = .066).



Four clients chose to articulate their feelings verbally as writing might not be easy for them, while four provided written letters. Three major themes emerged from their feedback, namely (1) accepting that insomnia can occur at times, (2) refocusing on the present moment, and (3) commitment to relaxation practices. Some participants acknowledged that insomnia could occur at times and adapted to irregular but controlled use of hypnotics. Some participants expressed that acceptance strategies facilitated behavioral changes, improved sleep hygiene, and fostered healthier sleep habits. Some participants reported a greater sense of control over their insomnia and more preserved energy for meaningful activities, such as caring for family and religious pursuit. All participants enjoyed relaxation practices, with stretching, diaphragmic breathing and acupressure identified as the most enjoyable and effective strategies for sleep and pain management.

Conclusion

These findings indicate that group-based ACT is effective in improving sleep quality among elderly individuals, who are also struggling with mood disorders. By fostering psychological flexibility and promoting value-driven changes, ACT empowers clients to take control of their sleep. The results contribute to the existing body of evidence supporting the use of group-based ACT in clinical settings. Continued exploration of ACT in diverse settings will be essential for refining its application and maximizing its benefits for the dual challenges of insomnia and mood disorders.

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Psychosocial Group Programs for Older Adults – A Possible Pathway for Increasing Mental Health Service Equity

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Even though Australia's population is ageing, and demands for mental health services are increasing overall, in Australia, there remains a lack of mental health services available for older adults, particularly for those living in residential aged care. Alternative solutions are therefore needed to improve capacity for existing mental health services to support older adults[1,2].

One option may be group therapy programs. Evidence-based, short-term group interventions may be a more time and cost-effective way for mental health services to increase service equity. Although there is a paucity of literature in this area, some evidence suggests that group programs for older adults using Cognitive Behavioural Therapy and Acceptance and Commitment Therapy frameworks are effective at reducing depressive and anxiety symptoms, and psychosocial group-based programs have also been shown to decrease the risk of perceived loneliness and social isolation in older adults[3,4,5].

The Healthy Ageing Service (HAS) is a multidisciplinary mental health service based in Melbourne, Australia, funded by Eastern Melbourne Primary Health Network, and run by St Vincent's Hospital Melbourne[6], building on the experience of a smaller pilot program[7]. HAS was developed to support the mental health needs of people aged over 65 years who need more than primary care support but do not meet criteria to access public mental health services. HAS provides community outreach, seeing people in their homes (including in aged care facilities) for mental health assessment, primary consultation, and brief intervention support. HAS also offers secondary consultation with General Practitioners and other health care practitioners and provides capacity building (education) on topics related to older adults' mental health within aged care, health services, and the wider community.

Community mental health services may be uniquely suited to provide group program support to older adults as they have close

connections to the communities they serve and are equipped to address psychosocial stressors. As such, we considered HAS to be a useful model of care within which to explore the feasibility of a psychosocial group program for older adults. This resulted in the development of the HAS-Wellbeing Skills Group Program (WSGP), a 6-week group program focused on teaching participants a range of evidence-based psychosocial skills to promote emotional wellbeing. Sessions were conducted weekly and were facilitated by mental health clinicians and a peer support worker.

Session Topics:

Week 1	Mental Health and Emotional Wellbeing
Week 2	Relaxation
Week 3	Sleep
Week 4	Mindfulness and Sensory Grounding
Week 5	Self Compassion
Week 6	Wellbeing Plan

Fig 1. Session topics from the WSGP

After running a pilot trial of the WSGP, a quality assurance study was conducted to review the implementation and feasibility of the wellbeing skills group[8]. Data collection included a combination of variables: demographics, outcome measures assessing psychiatric symptoms, functioning, and psychological distress, process measures, as well as a feedback survey administered pre- and post-group participation.

A total of 7 groups were completed in the pilot period (n=40 participants, 82.5% female), with most occurring in the community setting (62.5%). For our outcome measures, we observed statistically significant improvement on psychiatric symptoms and functioning, however no significant changes were observed for our measure of psychological distress. In terms of the feedback survey results, we observed statistically significant improvements in self-reported knowledge of each session topic post-group. Majority of participants reported enjoying the group, and over half also strongly agreed that they had gained new knowledge to improve their wellbeing and that they could implement their learnings from the group into their everyday lives.

The study had a few limitations, namely that results failed to show any significant changes in our measure of psychological distress, which we suspect is related to inconsistencies with outcome measure administration contributing to an underestimation of symptoms at both baseline and follow-up. The majority of our participants were female, which likely reflects the higher proportion of older females in residential aged care, as well as their greater acceptance of mental health support when compared to men[9,10]. However, this does indicate that more consideration may need to be given in how to best engage older men in accessing similar programs. Interpretation of the outcome data must also be considered cautiously due to the small sample size. Lastly, it may also have been useful to include a screening measure of cognition. Having this information may have facilitated an exploration of whether cognition influences a participant's ability to benefit from the group program, and which components of the program are beneficial for participants with cognitive impairment.

However, overall, this study demonstrates that group programs are acceptable to

older adults, and feasible to run with older adults in community and aged care settings. Given this, group programs may be a useful way of increasing a service's capacity to provide mental health services to a vulnerable population with historically poor access to mental health support in the community. However, before more group programs are implemented, more research with larger sample sizes is needed to evaluate the efficacy of these programs.

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This article is a summary of the following publication: Perin, S., Billing, G., McCurry, J., Cottrell, T., & Chong, T. W. (2025). Evaluation of a psychosocial group program for older adults: The Healthy Ageing Service Wellbeing Skills Group. Australasian Psychiatry, 33(3), 463-468.

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Fig 2. The HAS Group Program Team (L-R): Dr Terence Chong (Consultant Psychiatrist), Tanya Cottrell (Mental Health Nurse), Grace Billing (Occupational Therapist), Stephanie Perin (Clinical Psychologist), Julia McCurry (Peer Support Worker).

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Validation Study of the Hong Kong Chinese version of Telephone Screening Protocol (HKC-TELE)

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Castle Peak Hospital

Summary:

Alzheimer's disease (AD) is a major health challenge in Hong Kong. The rising prevalence of AD emphasizes the importance of developing effective strategies for early detection and management of the disease. Telephone-based cognitive assessments are recognized as convenient and cost-effective methods for community dementia screening. The Telephone Screening Protocol (TELE) was designed for screening dementia and was proven to be a valid tool for identifying AD in the general population in Europe. Due to absence of a well validated Chinese telephone assessment for screening AD, the Hong Kong Chinese version of TELE (HKC-TELE) was developed and validated to facilitate remote cognitive assessment in the local elderly community.

Objectives:

To explore the psychometric properties of the HKC-TELE, to determine the optimal cut-off of HKC-TELE for differentiating AD patients and control, and to examine the correlation of HKC-TELE with functioning, behavioural disturbances, and caregiver stress of AD patients.

Methods:

This was a cross-sectional study. The HKC-TELE was developed by backward and forward translations and was reviewed by an expert panel and a focus group. A total of 105 AD patients and 106 controls were recruited through convenience sampling. The internal consistency, test-retest reliability and inter-rater reliability were examined. Exploratory factor analysis (EFA) was conducted to evaluate construct validity. Concurrent validity was examined by correlating with the Chinese version of Clinical Dementia Rating (C-CDR) and the

Hong Kong version of Montreal Cognitive Assessment (HK-MoCA). The cut-off scores of the HKC-TELE to differentiate between controls and different stages of AD were determined by the Receiver Operating Characteristic (ROC) analysis against the C-CDR. Correlation analyses were conducted for the subjects' demographics, Chinese version of Disability Assessment for Dementia (CDAD), Chinese version of the Neuropsychiatric Inventory - Questionnaire (C-NPI-Q) and Chinese version of the Zarit Burden Interview (C-ZBI).

Result:

The HKC-TELE showed good internal consistency (Cronbach's alpha = 0.804). It had excellent test-retest reliability ($r = 0.945$, $p < 0.001$) and excellent inter-rater reliability ($r = 0.981$, $p < 0.001$). A three-factor model was identified by EFA, which measured three groups of cognitive function. The concurrent validity with C-CDR ($r = -0.768$, $p < 0.01$) and HK-MoCA ($r = 0.887$, $p < 0.001$) was satisfactory. The optimal cut-off of HKC-TELE to differentiate AD patients from control was 15.0/15.5, with good sensitivity of 99.0% and specificity of 95.3%. The HKC-TELE had negative correlation with age ($r = -0.351$, $p < 0.001$) and positive correlation with years of education ($r = 0.362$, $p < 0.001$). The HKC-TELE was found to have positive correlations with CDAD and negative correlations with C-NPI-Q total symptom severity score. The HKC-TELE had no correlations with C-NPI-Q total distress score or C-ZBI.

Conclusion:

The HKC-TELE demonstrated good psychometric properties. It is found to be a reliable and valid telephone-based cognitive assessment for detecting AD. It could be utilised in clinical setting, allowing medical staff to remotely assess the cognitive status of individuals, potentially identifying those with suspected AD. This could facilitate timely referral for further assessment and initiation of appropriate treatment. However, further research with larger and diverse sampling may be necessary to explore the influence of age and years of education on HKC-TELE, as well as to refine its scoring system.

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The HKPGA Young Researcher Award 2026

The Hong Kong Psychogeriatric Association is happy to announce that the contest for the captioned award is now open to HKPGA members who aged 40 or below for submission.

Call for submission

We welcome original scientific research works themed on old age psychiatry. Submitted works would be evaluated by an independent panel of experts and winner(s) would be selected based on the merits of the scientific project, and the contributions made by the candidates to the HKPGA and the field of Psychogeriatrics in general.

The award

A cash prize of HKD$3,800 will be awarded to the winner(s). The winner(s) would be required to present the paper in English in a meeting of HKPGA and submit a summary article to be published in the HKPGA newsletter.

Eligibility requirement:

1. The contest is open to all HKPGA members of ALL professional disciplines who aged 40 or below;
2. Candidate should have less than or equal to 12 years post-registration of their respective health care profession;
3. The study submitted should not be published at the time of submission for the Award or published within 1 year before submission for the Award;
4. Rating priority is given papers that have not been published or accepted by journals or books at the time of submission for the Award.

Format of research report

1. Only electronic copy of the report in English will be accepted.
2. An abstract within 500 words and the full manuscript on the submitted research work, along with the completed application form and a brief CV of the applicant should be emailed to info@hkpga.org on or before **31 August 2026**.
3. The email subject should be stated with **'Submission for the HKPGA Young Researcher Award 2026'**.
4. To maintain the quality of this contest, the HKPGA is not obligated to appoint any winner if it is advised by the panel of experts that none of the submitted works is of sufficient scientific merit.

Please forward any enquiries to the email address above. We look forward to receiving your submissions eagerly!

With best wishes,

HKPGA

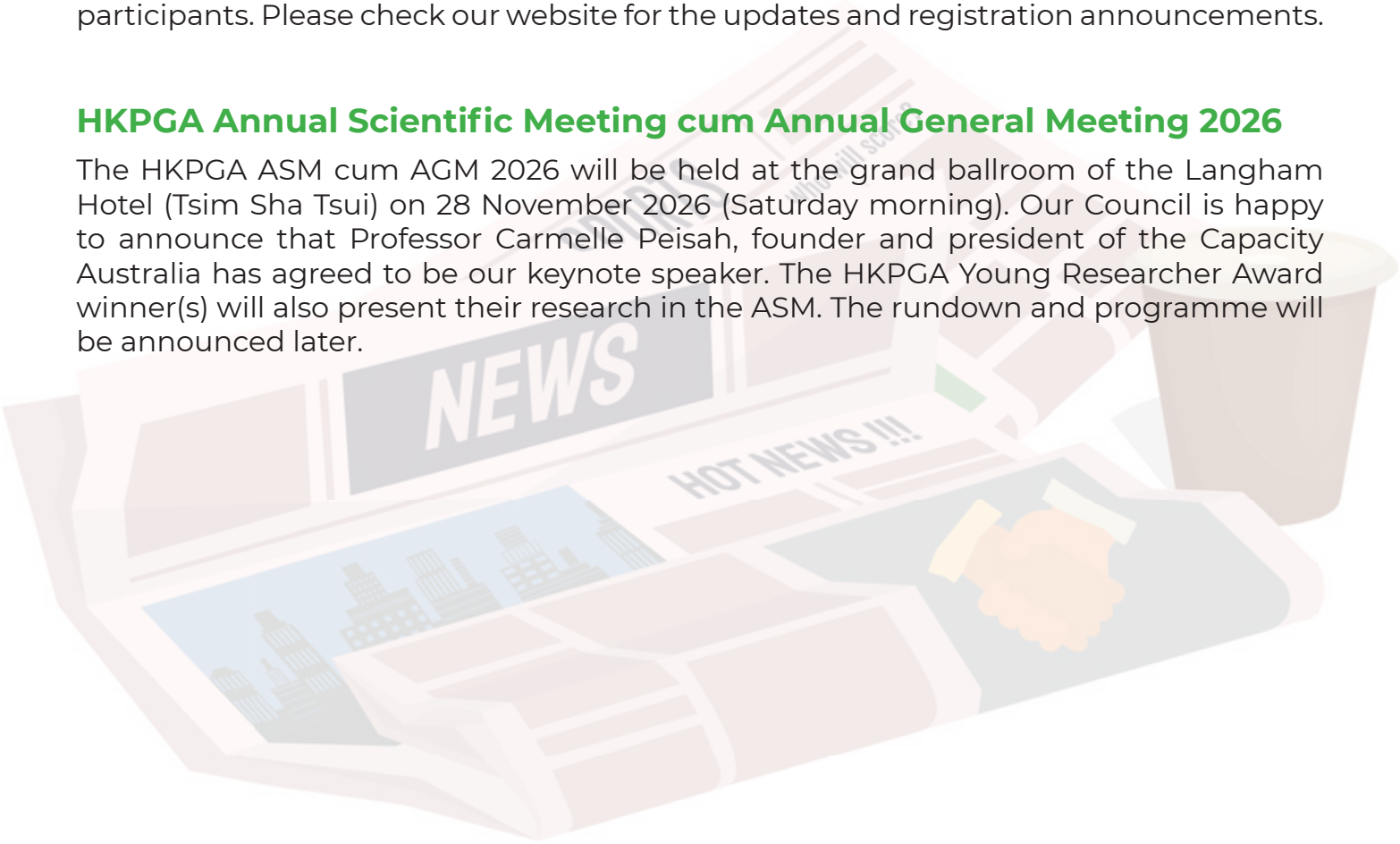
Council News

HKPGA Mental Capacity Assessment Workshop 2026

HKPGA will co-host the captioned with the Capacity Australia and MIP Care Resources Connect (https://mipcrc.org.hk/) on 27 November 2026 (Friday). We are delighted to have representatives of the Capacity Australia to speak for us. Local experts from the respective organisers will join the team to share their insights and experiences with the participants. Please check our website for the updates and registration announcements.

HKPGA Annual Scientific Meeting cum Annual General Meeting 2026

The HKPGA ASM cum AGM 2026 will be held at the grand ballroom of the Langham Hotel (Tsim Sha Tsui) on 28 November 2026 (Saturday morning). Our Council is happy to announce that Professor Carmelle Peisah, founder and president of the Capacity Australia has agreed to be our keynote speaker. The HKPGA Young Researcher Award winner(s) will also present their research in the ASM. The rundown and programme will be announced later.



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Please join or renew your HKPGA membership by downloading the HKPGA Membership Application Form at www.hkpga.org/main.php?id=30

To save the environment, please update your email address via info@hkpga.org