

Prevalence surveys on Mental Health in Hong Kong - Have we learnt something?

Commissioned Studies - MHS-P1(Part 3)-CUHK

Presented by Linda CW Lam (PA)

Dept of Psychiatry, CUHK

Current Progress

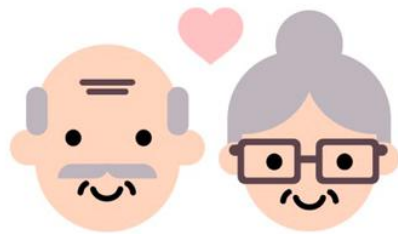


7 year follow up study of participants assessed between 2010-2013



Cognitive and Mental Health in People 60 years or over

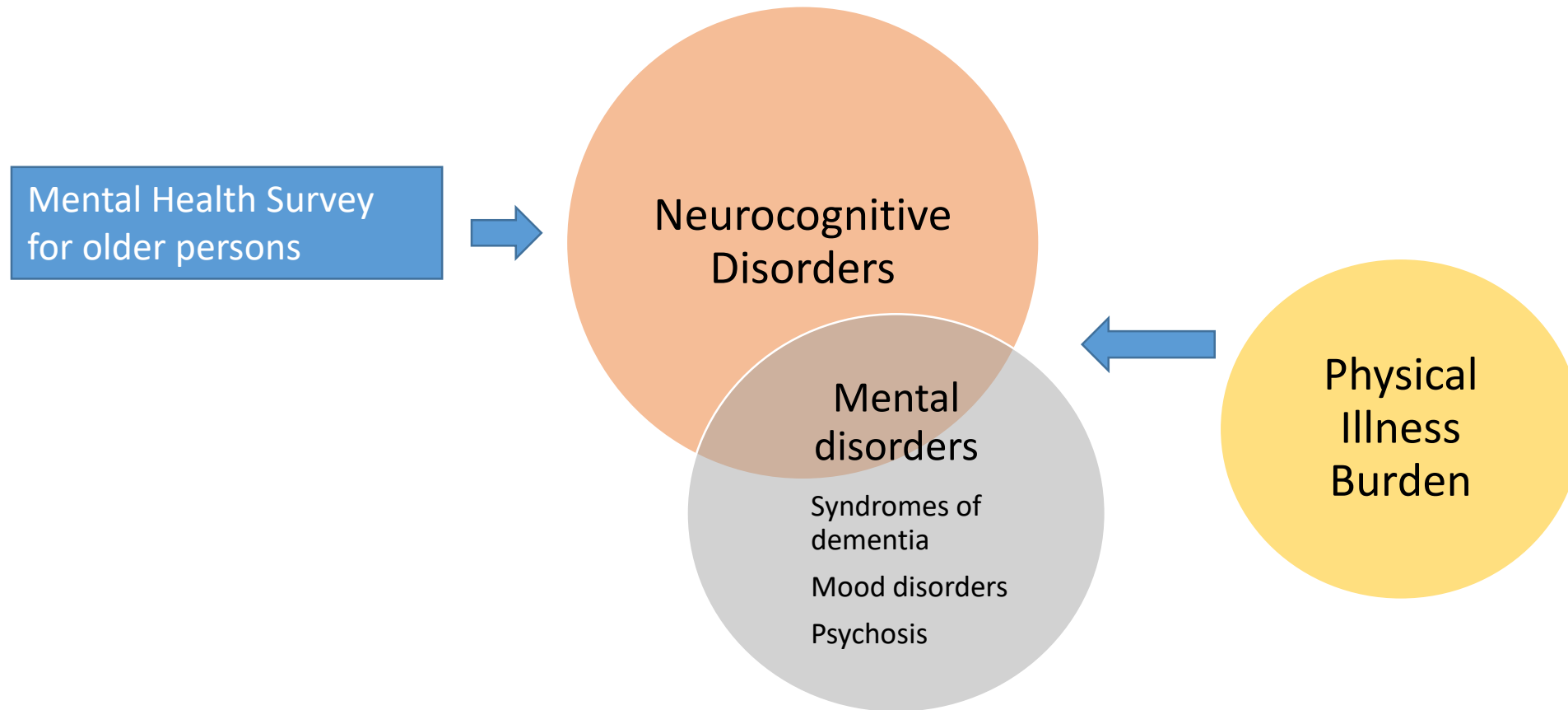
Mid term progress - MMSOP



香港長者精神健康調查

HONG KONG MENTAL MORBIDITY SURVEY FOR OLDER PEOPLE

MMSOP explores Cognitive and Mental Health needs in HK older adults



Methodology – Target Samples

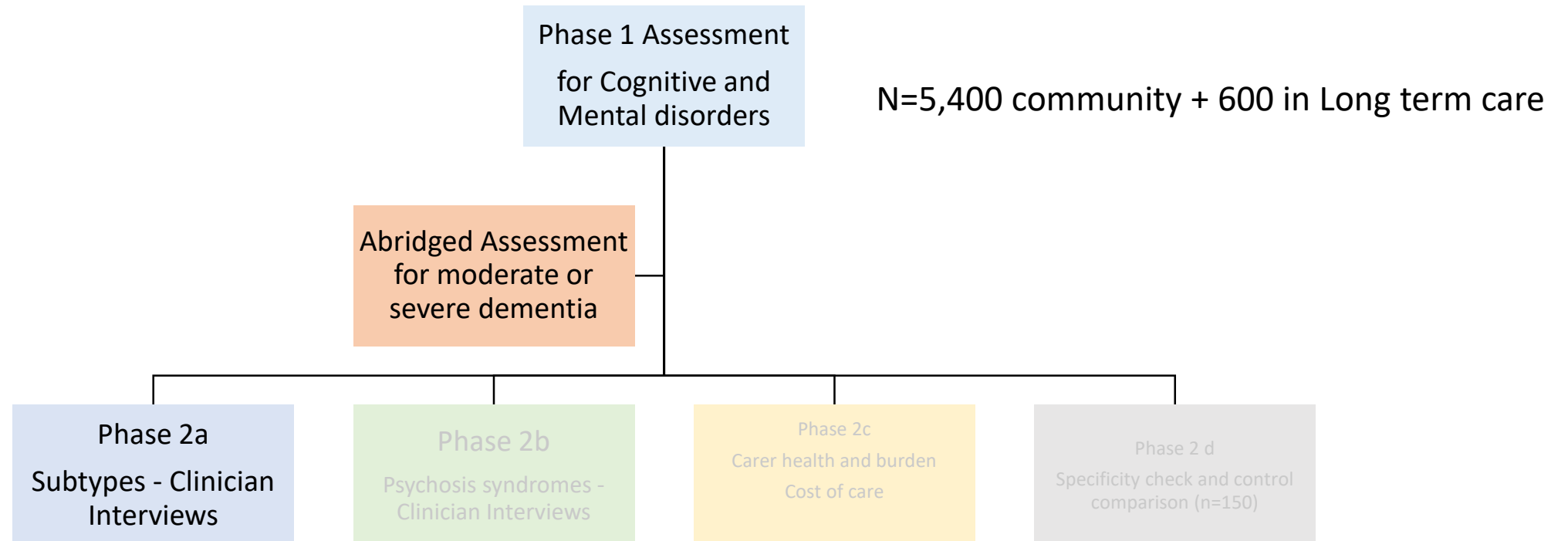
- Older adult population in Hong Kong.
- Age from 60 years or over (total sample = 6,000)
- Household survey (N=5,400)
- Long Term Care Institutions
 - About 600 residents from long stay care homes

Methodology – Target Samples

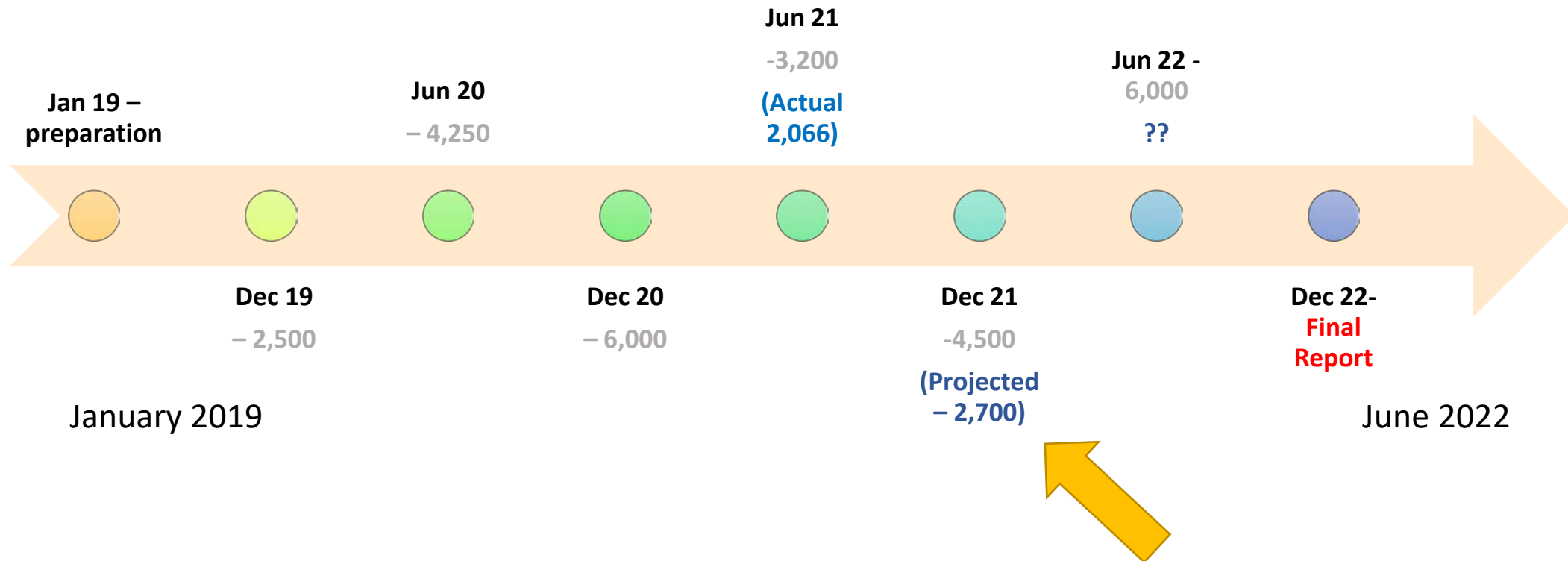
- For the household survey
 - Random selection of addresses quarters generated from the Census and Statistics Department of the Government of Hong Kong SAR.
 - Districts over Hong Kong (Non-residential/ business addresses excluded)



Flow of Participants

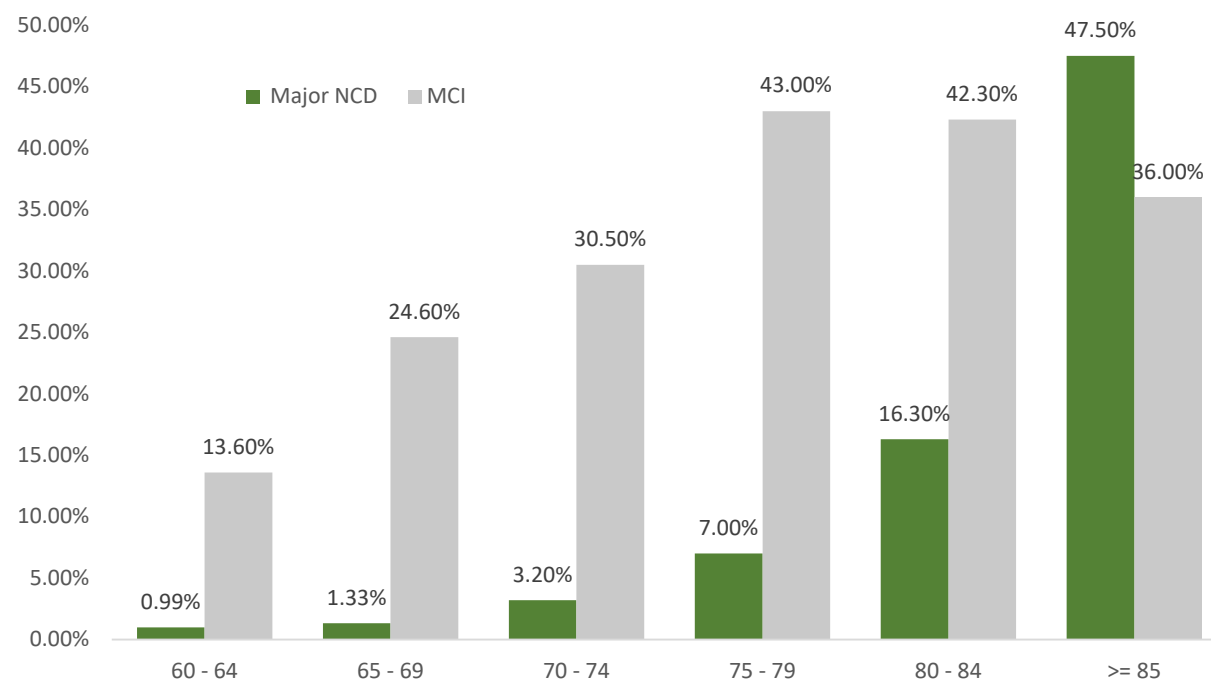


Current Progress – till 30 June 21



Interim Observations

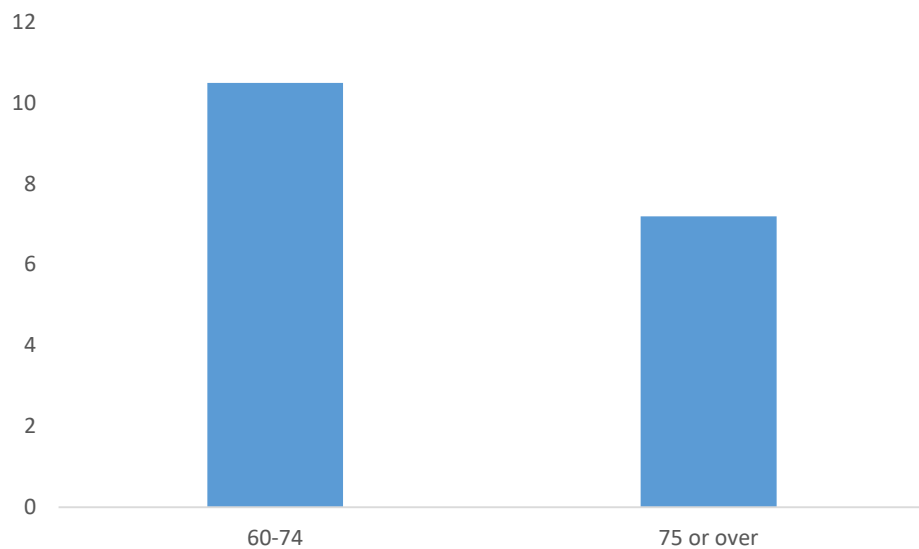
Prevalence of Mild and Major Neurocognitive Disorders – Interim Analysis of MMSOP (2021)



Adjusted with population based gender proportions
(Mid 2021 HK statistics)

- Oldest Old associated with high prevalence of dementia
- A high prevalence of Mild Neurocognitive Disorders

Prevalence of Depression or Anxiety Disorders



Older age with higher prevalence of neurocognitive disorders

- Mood symptoms manifested as symptoms of dementia and not full syndromes of depression or anxiety disorders

Neurocognitive Disorders - Demographic and physical health

- Age
- Education
- Gender (not significant when education level controlled)
- Chronic physical illness burden
 - Major Neurocognitive Disorder only

Interim analysis
Multinomial logistic regression
 R^2 0.32

Depression and Anxiety Disorders - Demographic and physical health



Not significant

- Age
- Education
- Gender

Interim analysis
Multinomial logistic regression

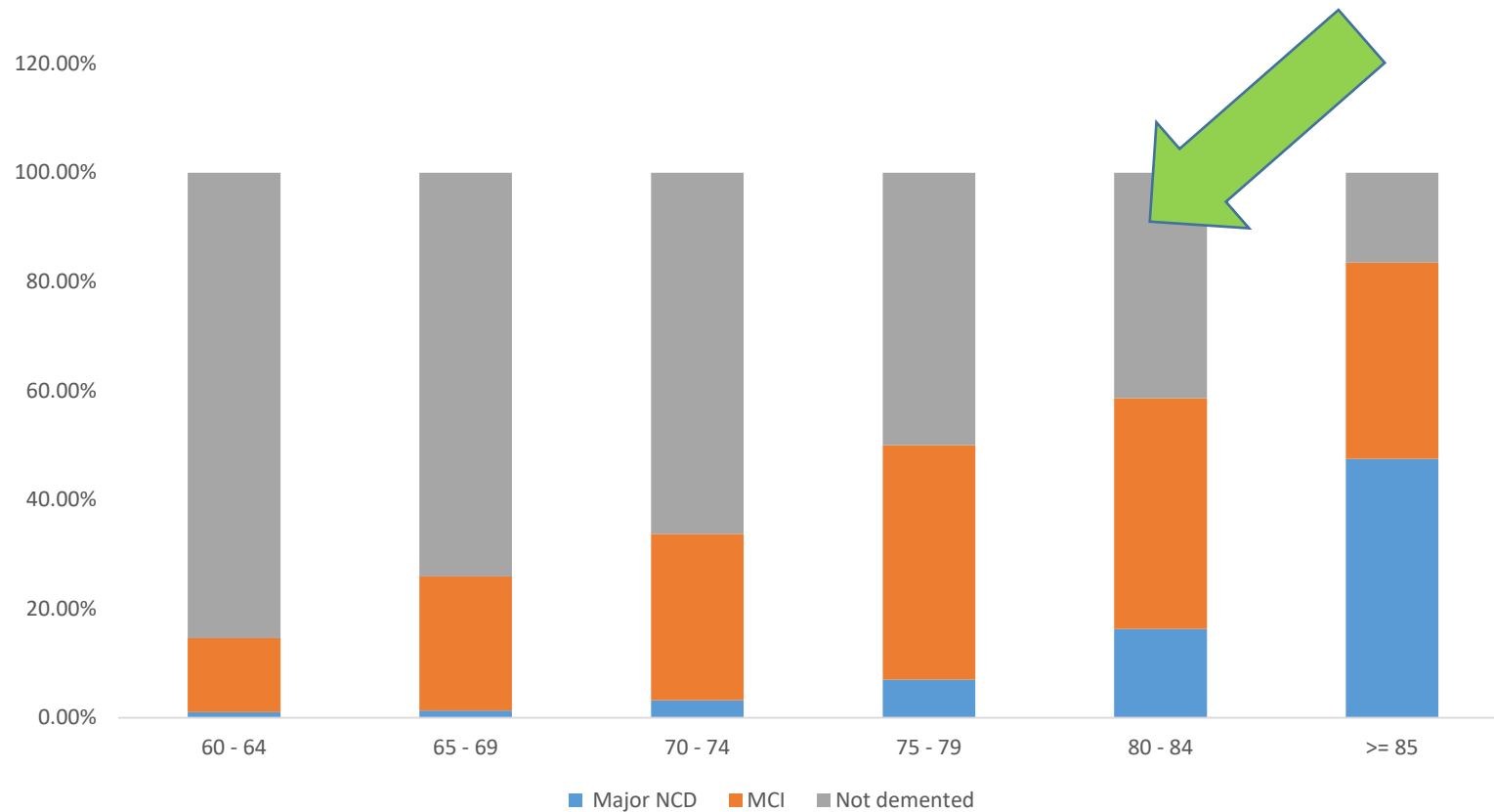
Loneliness, Cognitive and Mental Health

	Depression and Anxiety	Cognitive function (MoCA)
Emotional loneliness	.234*** (P<.001)	-.067** (P=.005)
Social loneliness	-.120*** (P<.001)	0.019 (P=.411)

Correlations with loneliness

- Mental health and Cognitive function are different?

Who stays well?



Psychological Factors – Neurocognitive disorders



- Mental Well being indexes are associated with lower risks
 - Short Warwick Edinburgh Mental Well Being
 - Satisfaction in Life
 - Mindful Awareness Scale
 - Physical and non-physical leisure activities
- Confounders controlled
 - Age
 - Gender
 - Education
 - Clinical Interview Scale – Revised (Depression or Anxiety Symptoms)

7 year follow up



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The Hong Kong Mental Morbidity Survey
2019-2022

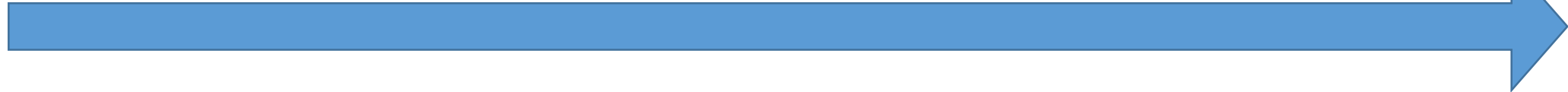
The Timeline of Hong Kong Mental Morbidity Surveys



Baseline
N=5,719

3 year FU of
CMD, N= 812

7 year FU of CMD
and control
N= 1,499



T0
2010-2013

T1
2014-2016

T2
2019-2021

T3
2021-2022

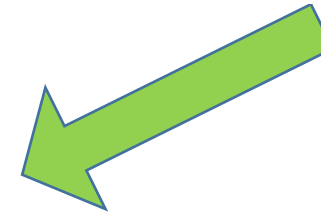
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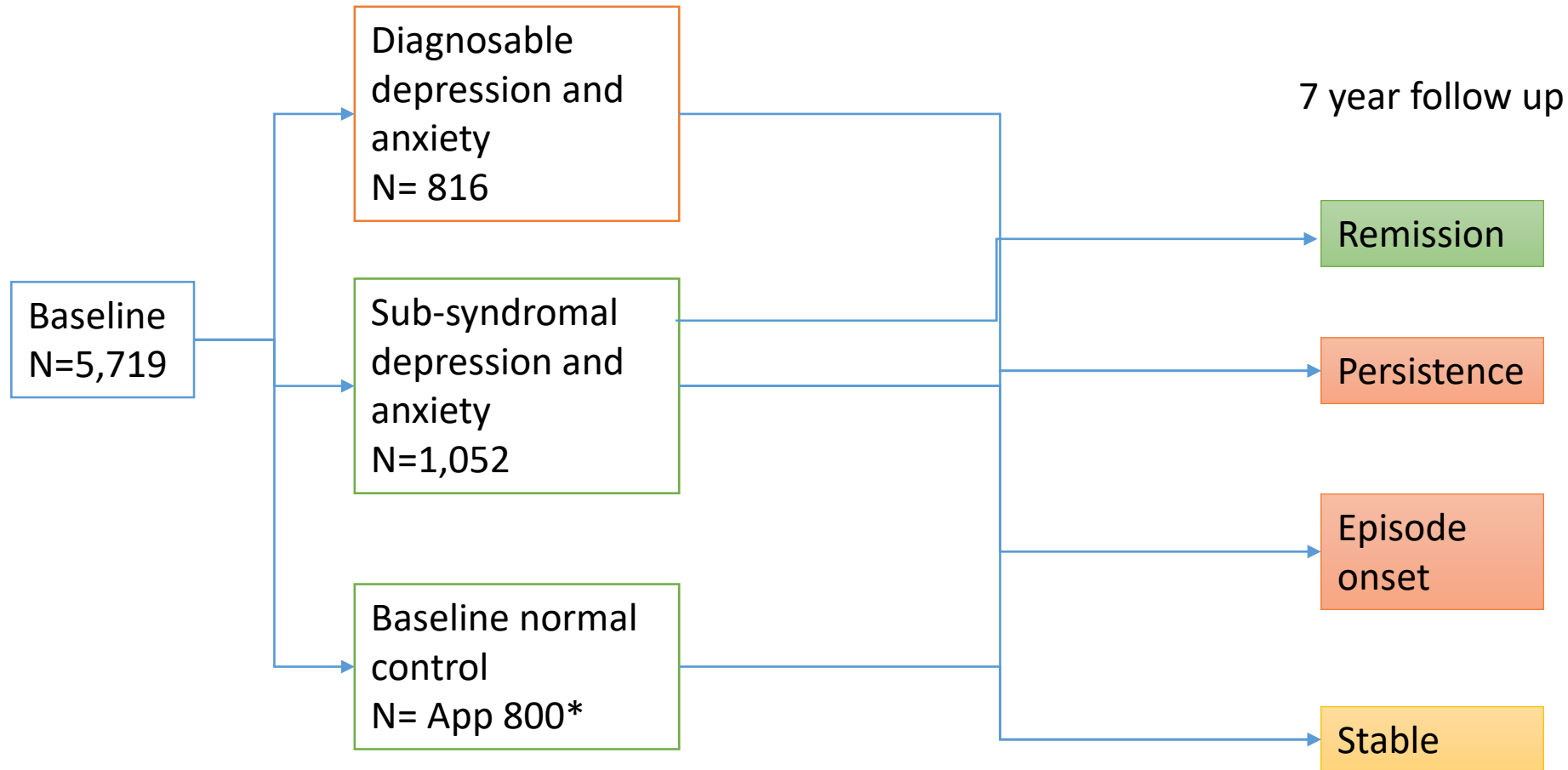
T0
2010-2013

T1
2014-2016

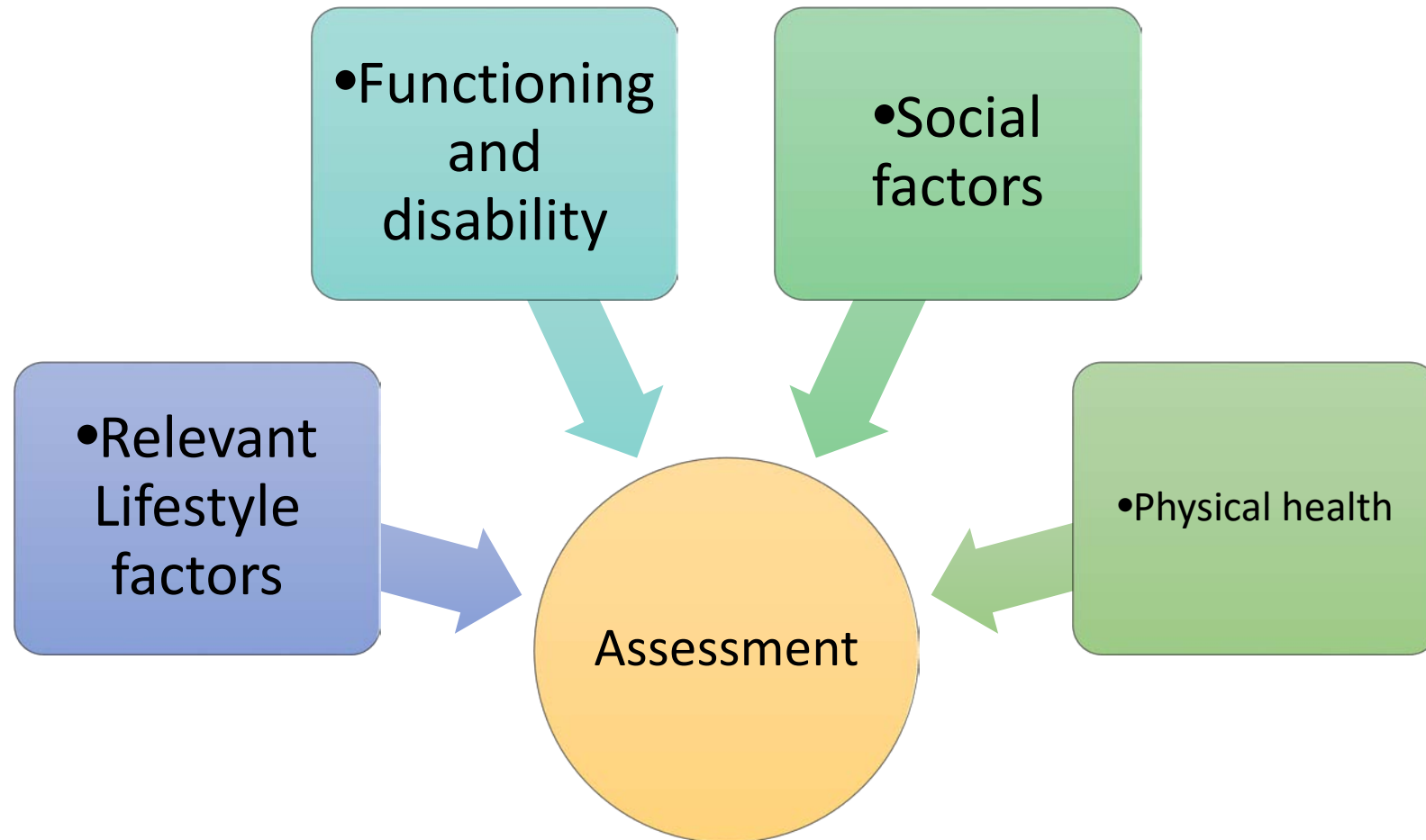
T2
2019-2021

T3
2021-2022

Study Objective -Persistence and Incidence rates of depression and anxiety disorders at 7 years

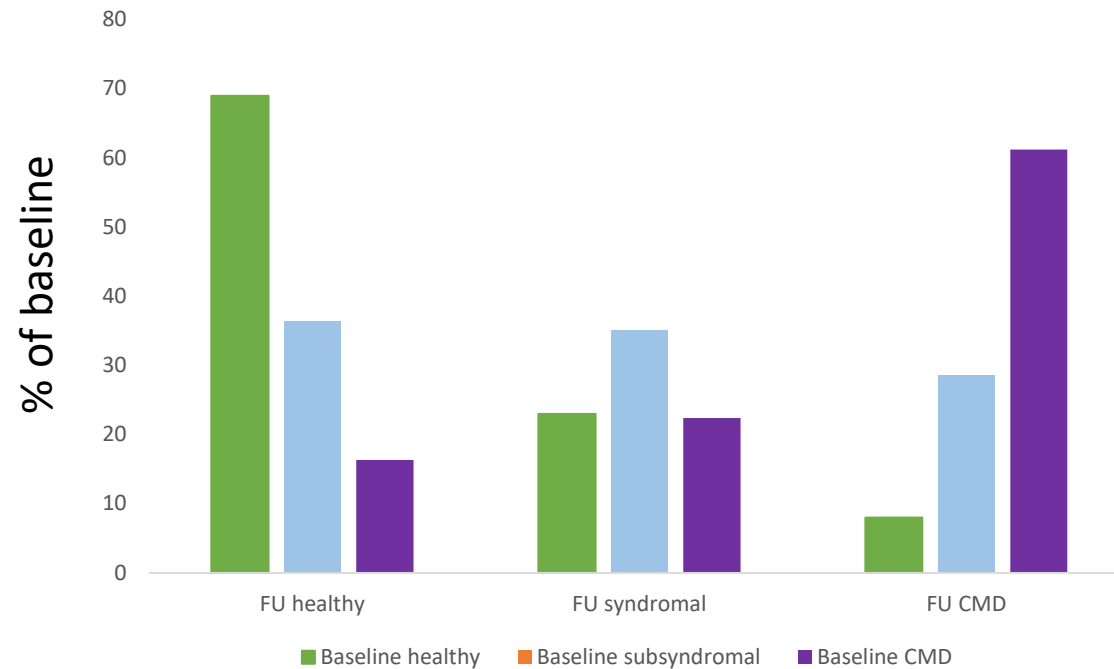


Study Objectives – Potential modifiable factors affecting trajectories of mental disorders



Interim Observations

Major Findings – Incidence and Remission at 7 years



N= 1,499

- More severe anxiety or depression at baseline
 - higher proportion will persist
- Milder subsyndromal symptoms
 - 20% episode onset
 - 20% remit

Demographics, persistence or episode onset



- Compared with participants who are mentally healthy at baseline and follow up
- Risk factors for episode onset and persistence
 - Younger age
 - Women
 - Lower educational attainment
 - Higher physical health burden
 - Lower level of perceived social support at baseline

Multinomial logistic regression
 R^2 0.09

Factors for remaining healthy from baseline till FU

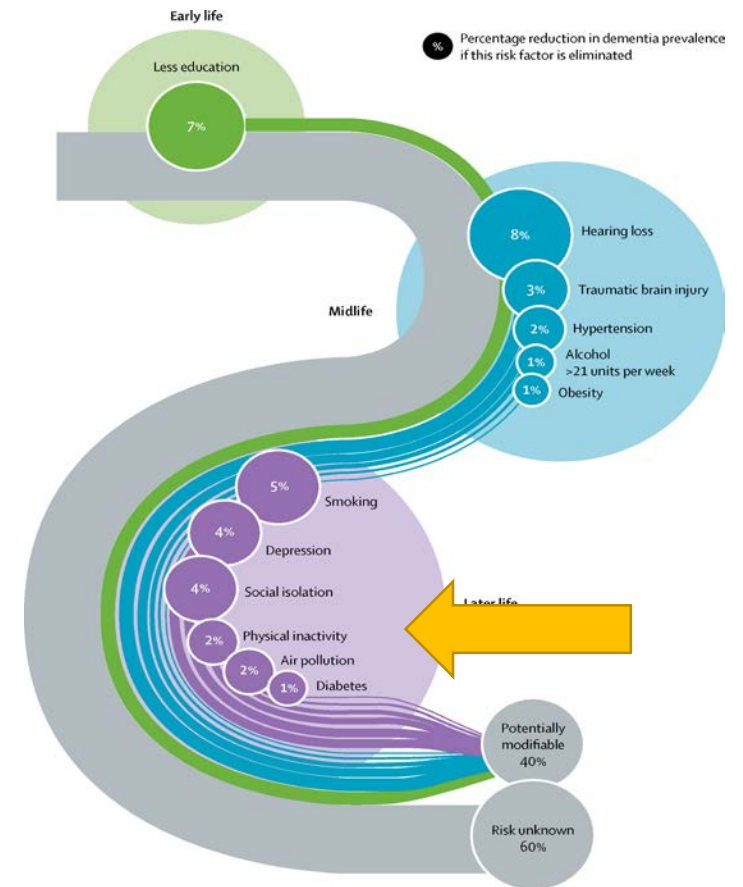


- Controlled for demographic and social risk factors
- Higher frequency
 - Aerobic exercise
 - Mind body exercise
 - Cognitive activities

Multinomial logistic regression
 R^2 0.31

Observations

- Physical exercises have been demonstrated to be related to cognitive function
- Physical exercises are also important in the maintenance of good mental health in adults?



The Lancet 2020 396413-446DOI:
(10.1016/S0140-6736(20)30367-6

Observations

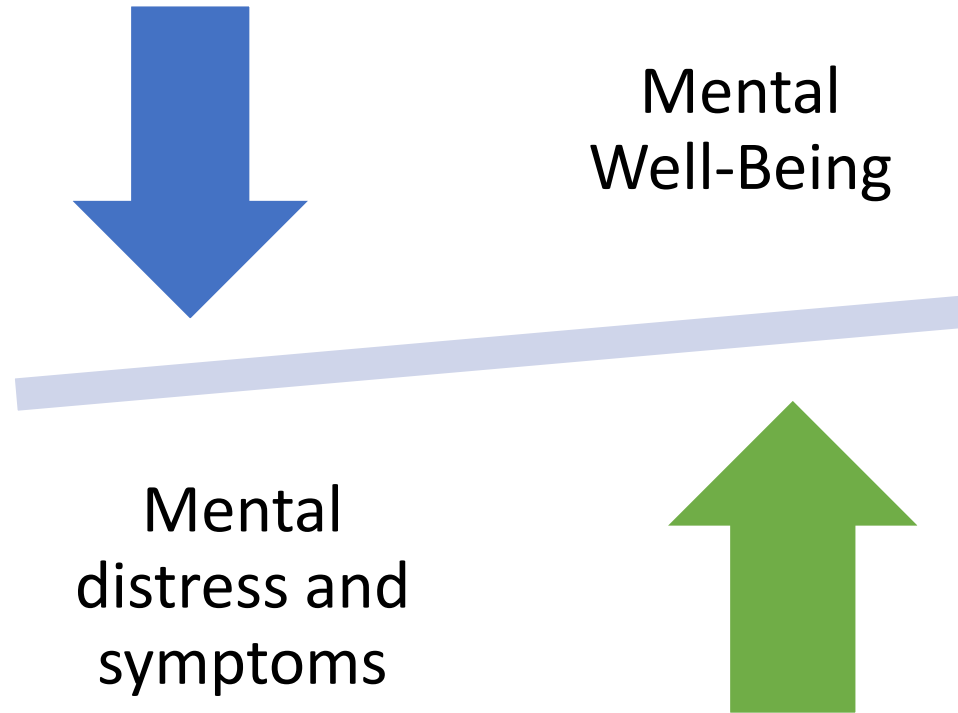
- Cognitive activities have been demonstrated to be related to cognitive function
- Are cognitive activities also important in the maintenance of good mental health in adults?

JAMA Psychiatry | [Original Investigation](#)

Association of Daily Intellectual Activities With Lower Risk of Incident Dementia Among Older Chinese Adults

Allen T. C. Lee, MBChB; Marcus Richards, PhD; Wai C. Chan, MBChB; Helen F. K. Chiu, MBBS; Ruby S. Y. Lee, MBBS; Linda C. W. Lam, MD

Observations



Could we booster mental well being when we are not completely free of mental distress?

Acknowledgements

Participants and Research Team

Research Team



香港精神健康調查

The Hong Kong Mental Morbidity Survey
2019-2022

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Thank you