

2023 Doctoral Dissertation (Abstract)

Examination of intervention programs to improve the mental health of  
community-dwelling older adults  
—Incorporating positive psychology interventions—

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## **I. Introduction**

In recent years, as with psychiatric disorders, early detection, treatment, and efforts to prevent discomfort have become increasingly important. “Positive psychology interventions” (PPIs), which apply the theory of positive psychology, are attracting attention to prevent distress and improve mental health. However, most studies on PPIs have been conducted on young people and few on older adults. This study examines the usefulness and feasibility of a depression prevention program (commonly known as the “Happy Program”) incorporating PPIs to maintain and promote mental health in community-dwelling older adults. Furthermore, factors that allow continuous preventive care activities after the program will be clarified, and the program’s ripple effect will be identified.

## **II. Study 1**

### **Effectiveness of positive psychology–based depression prevention program among community-dwelling older adults**

This study examines the effectiveness of a positive psychology–based intervention named “Happy Program” in improving the mental health of community-dwelling older adults.

All residents aged 65 years or older in city A in the Tokyo Prefecture were sent a Kihon checklist survey by mail, of which 27,760 completed the survey (response rate 72.6%). Flyers requesting residents to participate in the Happy Program, a 12-week program (two-hour sessions once a week), were sent to 6,225 participants who scored two or above on the checklist for depressive mood. Of them, 65 residents agreed to participate and were assigned to the intervention group. Subsequently, 195 individuals whose age, gender, residential district, and depressive mood scores on the checklist matched those in the intervention group were extracted and assigned to a control group. A total of 128 participants returned valid responses and were included in the analysis (intervention group,  $n = 41$ ; mean age: 71.4 years; control group,  $n = 87$ ; mean age: 71.7 years). Those with a history of psychiatric disorders or those experiencing depressive symptoms at the time of the pre-intervention survey were excluded from the study. All the participants completed the 15-item Geriatric Depression Scale (GDS), Athene Insomnia Scale (AIS), State-Trait Anxiety Inventory (STAI), and Fordyce Emotions Questionnaire (FEQ) prior- and post-intervention.

Greater post-intervention reductions were recorded in the GDS, AIS, and STAI scores in the intervention group than in the control group ( $p < 0.001$ ). The Happy Program, which incorporates positive psychology intervention techniques, was effective in improving depressive states,

insomnia, and anxiety, suggesting that it is effective in preventing depression and maintaining and promoting mental health among community-dwelling older adults.

### **III. Study 2**

#### **Examination of positive psychology–based depression prevention program**

In this study, we focused on happiness skills to clarify problems in program implementation and consider countermeasures. We first attempted to identify the factors related to improving and maintaining psychological and mental health status. In addition, we examined the open-ended descriptions of the participants and clarified aspects of the program’s practice.

From 2014 to 2019, 97 people who wanted to participate in the Happy Program held in City B, Kanagawa Prefecture, were selected as participants in this study. Participants were publicly solicited through public relations outreach, including city newsletters, and voluntary participation from community-dwelling older adults. Questionnaire surveys were conducted prior and post the program intervention; 67 participants returned valid responses and were included in the analysis. In this study, the program was changed to once a week for 90 minutes and 13 weeks to reduce the burden on the participants. It should be noted that the classroom flow, program structure, and evaluation indicators were similar to those of Study 1.

Differences in the relationship between psychological and mental health and the state of practice were identified using happiness skills. When the PPIs adopted in this study are conducted individually, they do not necessarily contribute to the improvement and maintenance of psychological and mental health. On the contrary, when looking at these methods in combination, we observed “awareness” of positive aspects such as “small events lead to thanksgiving,” “acquiring a way of looking at things,” and “getting to know oneself,” and a “feeling of change” such as “becoming grateful and moved by casual events,” “action changed,” and “behavior changed.” Finally, the results suggested the possibility of positive effects on psychological and mental health.

Analysis of the open-ended descriptions from the participants reveals that they experienced a lot of difficulty in practicing the tasks of “having a good laugh,” “issuing a letter of appreciation,” “happy walking,” and “contacting a friend or acquaintance,” suggesting that careful attention should be paid when providing the PPIs method. Additionally, shortening the duration of the program and holding a briefing session on the program would reduce the number of participants who dropped out, and adjusting the program structure would encourage continued participation.

#### **IV. Study 3**

##### **Factors associated with continued participation in independent group activities after completing a positive psychology–based depression prevention program**

This study aimed to identify factors associated with continued attendance in independent group activities after completing a positive psychology–based depression prevention program called “Happy Classroom.”

The program “Happy Classroom” has been run for many years in two Japanese municipalities in the Tokyo and Kanagawa Prefecture; after completion, graduates are encouraged to independently run and participate in group activities. Focus group interviews were conducted with regularly attending members of the three groups who had been active for different durations after completing their classes.

Several aspects of the activities were associated with continued participation: friendly, uninhibited relationships with other attendees, reliable leaders, venue accessibility, a democratic management style, support from related organizations, and an expanded sense of community. These factors indicate that when considering their involvement with such independent group activities, governments and related institutions should recognize the value of cultivating friendly and uninhibited relationships among group members, while closely safeguarding their self-directed nature when considering their involvement in such independent group activities. To ensure that group members continue to attend activities in the long term, it seems crucial to develop activities intended to heighten attendees’ awareness of and connections with their communities.

#### **V. Conclusion**

The results of this study suggest that the Happy Program is effective in reducing depression and maintaining and promoting mental health among community-dwelling older adults; it could be a widely applicable tool for approaches aimed at the broader population. In addition, it is thought that completion of the Happy Program will lead to the formation and continuation of voluntary group activities to maintain the preventive effect of long-term care, and that the Happy Program will be proposed as a way to promote self-care for older adults themselves. In particular, content that focuses on positive aspects can raise awareness of the positive aspects, promote the building of positive relationships among participants and the continuation of activities, and contribute to the promotion of major preventive activities for long-term care.