

2012 Asian Award for Advancing Family Well-being (3A Project 2012)



Sleeping Beauty – Women Wellness Scheme (睡得香甜 – 婦女全人健康提昇計劃)

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Hong Kong Children & Youth Services

Hung Hom Integrated Family Service Centre

- A multi-social service agency subvented by the Social Welfare Department of the HKSAR
- Operates one of the 62 Integrated Family Service Centres (IFSCs) over the territory
- One-stop service with a continuum of preventive, supportive and remedial services.

Characteristics of the Hung Hom District

- Urban district with population over 120,000
- Mixed socio-economic background of residents
 - Middle class families living in private abodes
 - under-privileged crowded in cubicles of old tenements less than 10 sq. ft.
- service users with main presenting problem as:
 - Emotional problems (24.8%)
 - Marital Problems (17.8%)
 - Parenting difficulty(4.8%)
 - Financial hardship and accommodation problem (11.4%)
 - Mental Problem(3.8%)

Background of the project

- Tailor-made project cater to the needs of users with mental health problems (20% of the total users)
- Mainly presented with depressive symptoms, having heavy physical symptoms such as insomnia and somatic
- High occurrence echoed with prevalence figures in literature
 - 1-year prevalence of insomnia complaints: 30-45% adults

Depression & insomnia in women

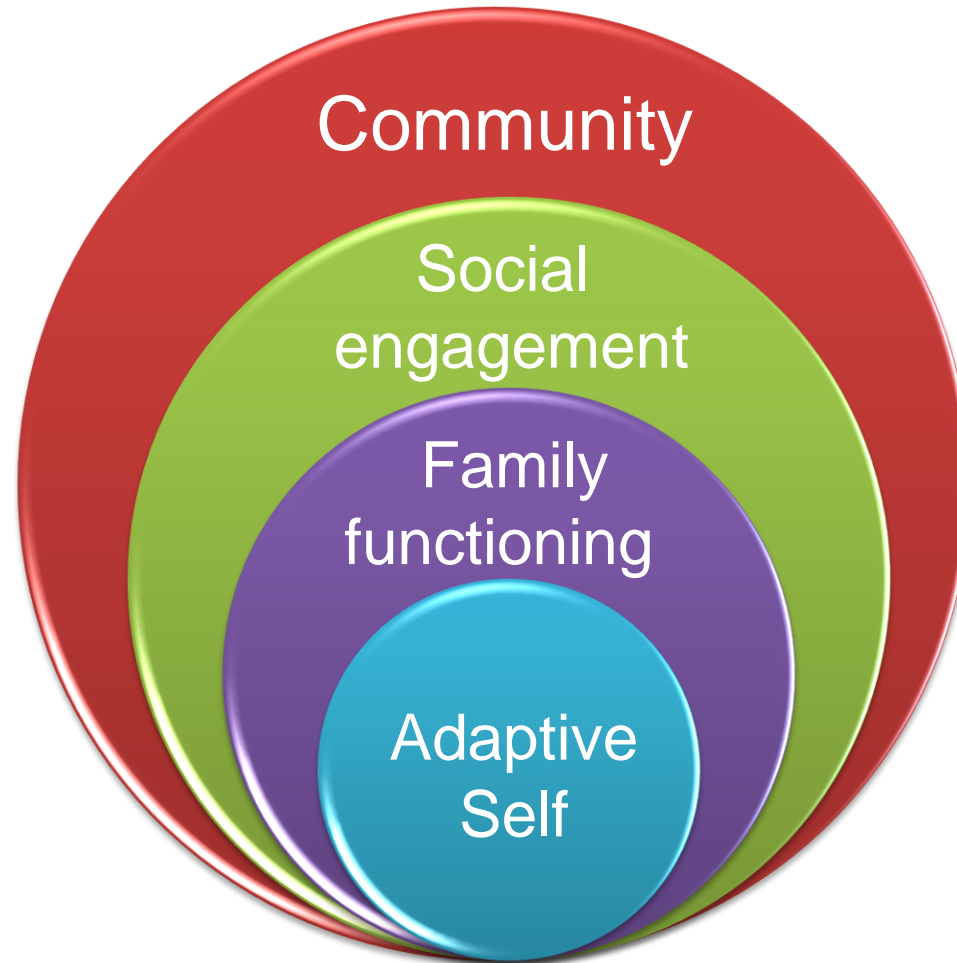
- Both depression and insomnia are more prevalent in women than men
- High comorbidity between the two diseases
- Risks greatly from menarche to menopause
- Both effective to treat both insomnia and depression at the same time

Sleeping as entry point

- Chinese tended to express their mood problem in physical complaints, such as **fatigue** and **sleeping disturbance**
- Symptoms begins in young adulthood or middle age
- 50-75% of individuals having chronic symptoms lasting for more than 1 year
- Engaging participants for sleeping problems as an effective **early intervention for mental illness**

Conceptualized framework

- Holistic Approach to health and wellness



Treatment Model

Interconnectedness of Body-Mind-Spirit components
to a positive and adaptive self



Characteristic of the Model

- **Strength-based** approach
- **Body-mind-spirit (BMS)** as the principal model, with specific skills in **mindfulness, Satir model** and **positive psychology**
- Emphasis on **self-care**, generating **hope** and building the **meaning of life**
- Promote **self awareness** and **acceptance**
 - “Who am I?”
 - “What life is it?”
- Cultivate positive attitude and develop competency to life difficulties
- Extend support network and build connection to others

Part I: Health Promotion Scheme

- Duration : 2009-2011
- Psycho-educational approach to arouse public awareness on mental health
- High risk group were screened for further therapeutic intervention

Health Promotion Scheme

- About 100 women and their family members joined the two public educational campaigns:
- Two health promotion schemes supported by external fundings
 - **Love your family, love yourself, love your Country**
“愛自己、愛家人、愛國家”
 - **Simplicity in life**
“自在人生-婦女身心靈健康教育計劃”

- Echoed with Centre's year theme on mental health named "Be more positive, Be happier": various programs were organized, such as workshops and educational stalls on health



1. Love your family, love yourself and love your Country “愛自己、愛家人、愛國家”

Whole body tapping



Physical exercise lead by Professional coach (體適能訓練)



2. Simplicity in life

“自在人生-婦女身心靈健康教育計劃”



2. Simplicity in life

“自在人生-婦女身心靈健康教育計劃”



**Team-building
Exercises**

Family Day Camp



Sharing on positive emotions



Acupuncture



Talk on Healthy Nutrition delivered by Nutritionist



飲茶

食物類別	較好	少食
點心/肉類	有餃皮的蒸點心, 蒸灼鰻魚球等	鳳爪, 排骨, 腐皮卷, 春卷, 鹹水角等
五穀類	蒸饅頭, 菜肉包, 蒸腸粉, 蒸蘿蔔糕, 瘦肉/魚片粥, 燒味飯	叉燒包, 奶皇/蓮蓉包, 馬拉糕, 蔥油餅, 糯米雞, 炒麵/飯, 蠟味飯
甜點	豆腐花, 紅綠豆沙, 啫喱, 桂花糕, 涼粉	蛋撻, 蛋散, 椰汁糕, 椰汁西米露, 煎堆

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A photograph of a nutritionist in a white shirt and glasses standing next to a projector screen. The screen displays a slide titled '飲茶' (Tea) with a table of food categories and recommendations. The nutritionist is gesturing with his hands while speaking to the audience.

Part II: Therapeutic Group

Sleeping Beauty – Women Wellness Treatment Group

睡得香甜 ~ 失眠及痛症治療小組

- Screened from the participants joining the two health educational campaigns
- Totally, 23 women with sleeping impairment and emotional disturbance participated in the therapeutic groups

Group design

- Number of participants, N=23
- All women, aged from 29 to 61
- Clinical features
 - Sleeping disturbance, medication, mood problems and somatic complain
- 8 consecutive group sessions for each group,
- Each session last for 3 hours
- Booster session after 2 weeks
- Follow up programs

Screening tools

- Chinese version of Sleeping questionnaire to test their sleeping condition (耆康會港島長者綜合服務)
- Chinese version of Body-Mind-Spirit Well-being Inventory (BMSWBI)
- Beck's depression inventory (BDI)

Qualitative Measurement

- **Semi-structured interview** before and after the group treatment
- Questions would be asked during the pre-group interview :
 - How do you know the group ?
 - What are your expectations for the group?
 - What are your sleeping problems ?
 - What have you done to tackle your insomnia?
 - What are the group goals and expectations for the participants ?
- Open-ended questions exploring their experience and efficacy of the group. The questions are related to the following domains :
 - **Body : Physical distress, the improvement of insomnia**
 - **Mind : Affect (positive, negative)**
 - **Spirit : Congruence, resilience, life meaning**

Group Content

- Practice 1-2 physical exercises such as whole body tapping, Ba Duan Jin , hand massage and stretching Exercise each session
- Practice meditation with music background each session
- Mini-lecture on the concept of body-mind-spirit approach, insomnia, healthy nutrition
- Experiential exercises on self strengths and positive strategies to manage relationship problems and life difficulties

Group Content

- Practice the exercises of Chi including Liu Zi Chang Shou Jue for emotional regulation
- Practice Mindfulness including mindful breathing, body scan, mindful eating and mindful walking each session for learning the attitude of living at the present moment
- Acupuncture : To practice of how to tap some acupoints to release their bodily stress so as to facilitate better quality of sleep
- Experiential exercise and sharing on positive living attitudes such as Gratitude, Acceptance ,Optimism , Appreciation, Love and Hope

Whole body tapping (拍打功)



Meditation

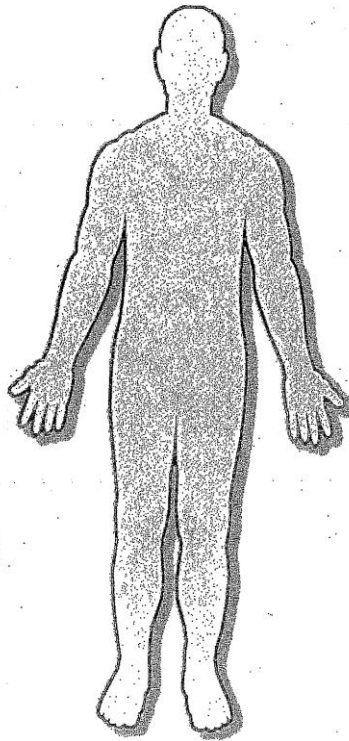


Sharing on the impact of insomnia

Hand massage (手健操)

我的身體反應

- 1) 恐懼
- 2) 擔心
- 3) 憂鬱
- 4) 內疚
- 5) 憤怒/埋怨
- 6) 哀傷/悲傷/難過
- 7) 焦慮



Mini-talk on emotion and body



Liu Zi Zhang Shou Jue (六字長壽訣)



Group sharing on positive thinking



Experiential exercise on positive emotion



Body Stretching (伸展練習)



Ba Duan Jin (八段錦)



Coping Stances to Stress



Body Scan (身體掃描)



Mindful Walking (靜心步行)



Booster Session

- A reunion session two weeks after the last group session to consolidate their learning





Effectiveness of the Project

Strengthening physical condition

- 100% increased functioning in managing physical distress. Overall health condition was improved:
 - less somatic complaint
 - felt more relaxed & muscles became less tense
 - slowing down the steps of doing things

Established healthy lifestyle

- a good habit of healthy diet and physical exercise
- improved appetite and concentration

Improved the quality of sleeping

- Practicing relaxation exercise and physical exercises
- Easier to fall asleep again after relaxation exercises
- Maintain continuous sleep during night-time
- Less wake up episodes in the midnight

Improved emotional regulation

- Cognitive restructuring – Dispute negative thinking, modifying maladaptive rules and core beliefs
 - Mood change
 - Increased self acceptance with less self-blaming
 - Building inner strengths with hopes in life
- Stable mood facilitates their problem solving, able to develop alternative perspectives
- Deal with their adversities and challenges in lives with stronger confidence

Improved emotional regulation

- Mood was regulated
e.g. less worried & depressed
- More positive and stable emotions and calm while facing stress
- Higher capacity to cope with mood swings & anxiety

Enhancing self-understanding and acceptance to themselves

- Better awareness to live in the **present moment**
- Developed more **hopes, confidence, gratitude, thanksgiving, enjoyment**
- Developed greater **sense of gratification** in life
- Stronger sense of **forgiveness** to themselves
- Try to re-prioritize the importance of their life events, review their life goals and let-it-be attitude
- Developed a **new life meaning** and value
- More enjoyable in life
- Learned to appreciate the **strength** and **positive intentions** of the others

Restoring family functioning

- Better family atmosphere when their emotions became more stable
- Couple relationship became less tense with less conflict
- Parent-child relationship was improved resulted from participants' adoption of more appropriate communication patterns
- More constructive problem solving and coping strategies in dealing with conflicts

Strengthening social support network

- Gained the friendship, mutual support & cohesion among group members
- Drive away the sense of loneliness
- Less withdrawn and willing to resume contacts with their own friends and social network
- More willing to seek help from others

Challenges

- Generalizability of the findings to other age and cultural populations
- Labeling effect
- Compliance of the homework exercises
- Suitable screening tools to assess the mental state of participants
 - E.g. BDI measures depressive state under the framework of CBT, suitable under body-mind-spirit model?

Generalization to different cultures?

1. Assessment
2. Selection
3. Pilot the modified EBT
4. Staff selection and training
5. Program modification
6. Program implementation
7. Cultural adaption made continuously with pilot groups
8. Revision of program materials
9. Empowerment evaluation
10. Dissemination of results

Development of culturally adapted Evidence-based intervention
(Kumpfer et al., 2008)

Implication for Further studies

- Present study as **pilot effort** using qualitative approach, pre-and-post quantitative measurement could be employed in future
- Objective assessment tools to evaluate the efficacy of the group treatment
- Randomized waitlist control design
 - Control group would be given with the same treatment after the examined group study finished
 - Instead of delay treatment only, the waitlist group could participate in other conventional treatment for comparison

Implication for Further studies

- Sample sizes to be increased
- Participants from different cultural backgrounds, such as south-east Asian in Hong Kong to be recruited, to evaluate the **cultural adaptability** of this model to people with other racial backgrounds

Further Plan

- Replicate the approach to **consolidate** the present findings
- Extend the approach to other mental disorders with co-occurrence symptoms, such as anxiety disorder
- **Multi-disciplinary efforts**, such as university researchers and other professionals
- **Train-the-trainer**: encourage graduates as **mentors** to support new participants
- Developed **computerized intervention kit** to facilitate their day-to-day practice and easy reference