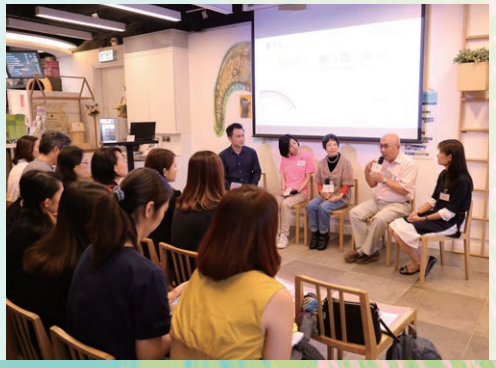
東華三院
Tung Wah Group of Hospitals

A Survey of Elderly Mental Health in Hong Kong: Final Report 2019



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Acknowledgement

According to various research studies, the rate of the Hong Kong elderly committing suicide could be 3 times higher than that in other countries. The reasons for the elderly committing suicide are very complicated, but elderly depression seems to be a crucial factor. In the meantime, the number of the elderly suffering from dementia is intensifying. Facing the challenges of ageing and a rising population of Hong Kong, we believe in the idea of "Prevention is Better than Cure".

Against this background and the belief, a 2-year community education project named "Best 60s Mental Health Healing and Education for the Elderly" was commenced in April 2017 in order to draw the public's attention to elderly mental health issues. The project was aimed at facilitating the young generation to care for and keep their seniors company, improving public understanding of elderly's mental health and educating members of the public about the early symptoms of elderly mental illnesses through a survey study, community education videos, a photo contest and a film festival.

Since the number of elderly singletons had risen 54.3% from 2006 to 2016, close correlation between loneliness and elderly depression was observed, and the issue of elderly loneliness had seldom been researched into, a "Survey of Elderly Mental Health in Hong Kong" was carried out from October 2017 to December 2018. Besides the causes of elderly loneliness and the strategies for coping with it, 10 lonely scenarios encountered by the elderly and 10 activities that intensively needed the companionship of the young generation by the elderly were identified.

We would like to give our heartfelt thanks to our Board of Directors in funding this community education project and supporting us to implement in an innovative way. In addition, we would also like to express our gratitude for the unfailing support of Dr. Vivian LOU, her research team in Sau Po Centre on Ageing, The University of Hong Kong and the research participants particularly the elderly and the caregivers concerned. Last but not least, the concerted efforts of all our fellow colleagues on the study were also highly appreciated.

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I. BACKGROUND

Hong Kong is facing a rapidly ageing population. Along with the increasing number of solitary elderly residents in the community, depression, anxiety and dementia amongst the elderly have received a lot of public attention. Loneliness is a largely neglected yet exceptionally important mental health issue that deserves the concern of the public, families and healthcare providers.

In addition to the two mental health concerns of depression and dementia, social isolation has been identified as an independent factor that can have a profound impact on the quality of life of people of any age. However, it is the older population in particular who might lose contact with their social network and connectedness due to retirement or their physical location. In the area of technology, older people are more likely to suffer from digital divide which separates those with access to wireless communications from those who have no access, which in turn leads to social isolation and/or loneliness. A study of social isolation, loneliness, and mortality of older adults (Steptoe, Shankar, Demakakos, & Wardle, 2013) found that social isolation and the subjective experience of loneliness were associated with higher mortality in older adults. Research further shows that loneliness was associated with various chronic diseases, such as hypertension, stroke and dementia, as well as the higher possibility of mortality (Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015; Holt-Lunstad, Smith, & Layton, 2010; Ong, Uchino, & Wethington, 2016; Valtorta, Kanaan, Gilbody, Ronzi, & Hanratty, 2016). Loneliness occasions not only negatively affect individuals but also family, the community and the whole society.

In this regard, Tung Wah Group of Hospitals (TWGHs) has launched a community education project titled Best60s–Mental Health Healing and Education for the Elderly ("Best60s") to raise public awareness of caring for the mental health of the elderly. TWGHs has invited the Sau Po Centre on Ageing (CoA) of The University of Hong Kong to conduct a research study entitled "TWGHs – A Survey of Elderly Mental Health in Hong Kong" to examine the factors associated with the loneliness of the elderly and to recommend a set of feasible coping strategies incorporating an intergenerational perspective. The research project started on 1 October 2017 and ended on 31 December 2018.

II. OBJECTIVE

This study aimed to examine social isolation and loneliness and their associated factors among older adults and their family caregivers in Hong Kong. Implications for public education would be generated based on the study's findings.

III. RESEARCH DESIGN AND MILESTONES

We adopted a mixed form of investigation, integrating qualitative and quantitative research methodologies.

Focus Groups

In order to get a thorough understanding of the experiences and feelings of loneliness, the research team from CoA conducted two focus groups, with elderly and social workers, respectively, in September 2017.

The objective of the focus group meetings was to elicit, examine and rank older adults' contextualized experience of loneliness. Guiding questions included "What do you think about loneliness?", "When do you feel lonely?", "What do you do when you feel lonely?" and "How would you rank the loneliness items?". In addition to these four basic questions, items from the UCLA Loneliness Scale (Dodeen, 2015; Hughes, Waite, Hawkley, & Cacioppo, 2004; Russell, 1996) and the loneliness ranking list (Appendix I & II) were also the references of discussion. A list of questions was purposefully developed to guide the focus group discussions (Appendix III). These two focus group discussions contributed to the modification of the "loneliness ranking list" (Appendix I) and generated "Being alone situation/loneliness items in Hong Kong local context".

Focus Group Participants

Inclusion criteria for older adults were 60 years old or older, able to communicate using Cantonese and voluntary participation. Inclusion criteria for frontline workers were serving older adults in the community for over one year and voluntary participation. The sample size was seven older adults and seven frontline workers. Participants were recruited through elderly service units under TWGHs.

Questionnaire Survey

Findings of the focus group discussions helped with the preparation of the questionnaire survey. Subsequently, a three-round questionnaire survey was conducted from November 2017 to December 2018.

Sampling Process

Inclusion criteria and exclusion criteria for recruiting participants are stated in Table 1. The survey was self-administrated. TWGHs staff conducted interviews to obtain information from participants who were illiterate or unable to access the materials. The first-round survey was conducted in November 2017 with two types of participants: elderly and caregivers. The research team collected 205 and 140 valid questionnaires among the elderly and caregiver participants independently. The purpose of collecting the caregiver questionnaires in the first-round was to determine a utilization pattern of mobile use and activities or events among elderly and caregiver participants. The second-round survey was conducted in March 2018. This time, 185 elderly questionnaires were collected, of which 180 were validated questionnaires. The third-round survey was conducted from July to December 2018, with 454 validated elderly questionnaires being collected. All data were collected via an online survey together with an online agreed informed consent. Data collection was administered by TWGHs staff from TWGHs Elderly Centres.

Table 1. Inclusion and exclusion criteria for participant recruitment and the number of questionnaires collected

	Elderly – 1st survey	**Elderly – 2nd survey**	**Elderly – 3rd survey**	**Caregivers in 1st Survey**
Inclusion criteria	1. 60+ years of age 2. communicate using Cantonese 3. voluntary participation	1. 60+ years of age 2. communicate using Cantonese 3. voluntary participation	1. 60+ years of age 2. communicate using Cantonese 3. voluntary participation	aged 19 to 59 years of age
Exclusion criteria	1. aged below 60 2. unable to communicate in Cantonese	1. aged below 60 2. unable to communicate in Cantonese	1. aged below 60 2. unable to communicate in Cantonese	1. not having any elderly relatives or friends aged 60 or above (excluding spouse) 2. no contact with elderly relative/ friend in past three months 3. unable to communicate with the elderly relative/friend in Cantonese
Collected questionnaires	205	185	454	140
Validated questionnaires	205	180	454	140
	Total validated questionnaires of elderly = 839. **Total validated questionnaires of caregivers = 140.**			

Measurements

Loneliness experience.

During the focus group discussions, the elderly and the social workers shared various activities that older adults are most often involved in without companionship from the younger generation. 15 items were assembled according to the voting and ranking of participants, followed by a serious discussion among the CoA research team and the TWGHs professionals. Finally, the research team and the project team adopted these 15 items into the first-round survey (N = 205) to assess the elderly's loneliness experience. After the preliminary survey, the research team and the project team from TWGHs held a meeting on 22 December 2017, and thoroughly discussed the results. The team decided to choose 10 out of the 15 items to further assess the elderly's loneliness experience in the second-round survey. In the third-round survey, all 15 contexts were adopted to assess the elderly's sense of loneliness and their perceived need for companionship on an 11-point Likert scale.

Sense of loneliness.

To measure participants' sense of loneliness, research team has modified the 3-item version of the UCLA Loneliness Scale which was used in the questionnaire survey of study of Hughes et al. (2004). The Three-Item Loneliness Scale (TILS) with 4-point Likert scale ranged from '0 = never' to '3 = always' was adopted across the three surveys. The summed scores ranged from 3 to 12. The reliability was excellent at 0.87. In the data analysis process, the TILS sum scores of 3–8 were grouped as feeling less sense of loneliness, while the TILS sum scores of 9–12 were grouped as feeling an elevated sense of loneliness.

Quality of Life.

The validated Hong Kong Chinese version of the World Health Organisation's WHOQOL-BREF (QoL-8) was used to measure the quality of life of the participating elderly (Leung, Wong, Tay, Chu, & Ng, 2005). Higher overall scores of WHOQOL-BREF indicate a better quality of life (Nikmat, Hawthorne, & Al-Mashoor, 2015). There are 8 items on the assessment and the summed scores ranged from 8 to 40. QoL-8 sum scores of 8–24 were grouped as Poor, and QoL-8 sum scores of 25–40 were grouped as Good. The reliability was found to be excellent at 0.85. (Note: quality of life was measured in the first-round and second-round surveys only.)

Mental health status.

A 2-item version of the Patient Health Questionnaire Depression module (PHQ-2) was used to measure participants' mental health status (Yeung, 2010). PHQ-2 has 2 items and the summed scores ranged from 0 to 6. A total score of 3 was taken as the cut-off point (Yu, Stewart, Wong, & Lam, 2011). PHQ-2 sum scores of 0–2 were grouped as Good and sum scores of 3–6 were grouped as Poor. The reliability was excellent at 0.8.

Health status – self-rated health.

A self-developed single item asking the elderly, "How do you feel about your health status?" was used to measure the self-rated health of participants. A 5-point response pattern was used, ranging from '1 = very poor' to '5 = very good'. In the data analysis process, self-reported health scores of 1–2 were grouped as Poor and self-reported health scores of 3–5 were grouped as Good.

Communication anxiety.

A self-developed single item asking the elderly, "In general, how often do you feel nervous when you communicate with others?" was used to measure the self-rated communication anxiety level of participants. A 3-point response pattern was used, ranging from '1 = seldom' to '3 = often'. In the data analysis process, self-reported communication anxiety scores of 1–2 were grouped as Good and self-reported communication anxiety scores of 3 was grouped as Poor.

Technology usage.

3 self-developed items were asked to measure the technology usage of the elderly: "How often do you use a computer/smartphone/tablet for entertainment?", "How often do you use a computer/smartphone/tablet to communicate with family members?" and "How often do you use a computer/smartphone/tablet to communicate with friends/neighbours/ colleagues?". A 5-point Likert scale was used, ranging from '0 = never' to '4 = often'. The reliability was excellent at 0.93.

Subjective feeling of being cared about during specified activities.

A list of 15 types of activity contexts based on the discussion in the focus group was used in the first-round survey to measure the subjective feeling of being cared about during the 15 specified activities when not accompanied by younger generation members. This list was adapted from the study of (Appel, Holtz, Stiglbauer, & Batinic, 2012) and modified by CoA to suit the local context. Participants were asked, "Do you mind if the younger generation cannot provide companionship during the following activities/events?". The responses were made following a 5-point Likert scale from '1 = I never mind' to '5 = I mind very much'.

Subjective feeling of being respected during specified activities with the companionship of younger generation.

The same list of 15 activity contexts based on the discussion in the focus group was used in the second-round survey, to measure the subjective feeling of being respected during the specified 15 activities with the companionship of the younger generation. This item was also adapted from the study of (Appel et al., 2012) and modified by CoA to suit the local context. Participants were asked, "How much do you feel being respected when the younger generation accompanies you to the following events/activities?". The responses were made following a 5-point Likert scale from '1 = I never feel I am being respected' to '5 = I always feel I am being respected'.

Perceived loneliness experienced during specified activities.

In developing the third-round survey, the team has based on the results of first and second-round surveys, discussion among the research team and the frontline social workers. The same list of 15 activity contexts was adapted as in the previous surveys. Participants were asked the degree of sense of loneliness experienced when performing the activities alone. An 11-point response pattern was used, ranging from '0 = I have never felt lonely' to '11 = I felt very lonely'. The reliability was excellent at 0.95.

Perceived need for companionship from the younger generation.

In developing the third-round survey, the team has based on the results of first and second-round surveys, discussion among the research team and the frontline social workers. The same list of 15 activity contexts was adapted as in the previous surveys. Participants were asked the degree of a need for companionship from the younger generation when performing these activities/events. An 11-point response pattern was used, ranging from '0 = no need at all' to '11 = very much needed'. The reliability was excellent at 0.93.

Open-ended items for perceived quality communication and expectation on younger generation.

In the third-round survey, 2 open-ended items were added: "How do you define a high quality communication?" and "What do you think the younger generation could do to alleviate the loneliness of the elderly?".

Appendix IV lists the measurement across three surveys.

IV. FINDINGS

Findings of Focus Groups

Profile of focus group participants.

A total of 14 individuals (7 elderly and 7 social workers) participated in the two focus groups. All the participants were recruited by TWGHs. Details of the participants' sociodemographic information are shown in Table 2.

Table 2. Demographic characteristics of focus group participants

Group	Participants (N)	Male (N)	Mean Age	Marital Status	Educational Level	Living area*
Social workers	7	2	28.5	Married: 2 Single: 4	College or above: 7	HK: 2 NT: 2 Kowloon: 2
Elderly	7	2	80.7	Married: 2 Single: 1 Widowed:4	Illiterate: 4 Primary School: 3	NT: 7

**Note: One participant in the social worker group refused to provide demographic information. Therefore, there is complete demographic information for only six social workers.*

A list of activities identified as being associated with a sense of loneliness.

The research team explored the experiences and feelings of loneliness with the elderly and the social workers during the focus group meetings. Most elderly participants expressed their helplessness when facing loneliness. Some tended to rationalize the sense of loneliness. Some had no choice but to accept loneliness because they did not want to bother their children. Some helpless elderly went so far as to admit being lonely were their fates. Most of them lacked coping strategies when dealing with loneliness.

Below are some quotes from the participating elderly in the focus group.

「仔女真係無辦法陪伴，後生一定要搵食」
"Son and daughter are really unable to accompany me because they have to earn a living and work very hard".

「都想兒孫繞膝前，但入唔到佢地（年輕一輩）生活，入唔到後生嘅精神生活，入唔到後生個生活圈子」
"Of course, I want my son and grandson [offspring & grandchildren] always around me. However, I am unable to enter their spiritual life or their social circle".

「有（仔女問候）總好過無，係咁易（隨便）問下都好」
"It is always good to have greetings [from son and daughter], just passing by or casually checking in on us and caring about us is fine".

「（感到孤單的時候）睇開啲囉」
"[When I feel lonely] I try to think about other things to distract this feeling".

（問及如何處理孤單感的時候）「係咁㗎啦，點都要面對㗎」
"[When an elderly was asked about how to cope with the feeling of being lonely] It is usual [to free lonely]. You must face it no matter what".

The focus groups modified the Loneliness Ranking List (Appendix I) in the local context to guide participants to express their experiences of being alone and feeling lonely. Their responses were included in the questionnaire survey.

Below are the 15 items that were used in the two-round questionnaire survey. Items with * were adopted in the second-round survey.

1. *Having surgery	1. * 入院做手術
2. *Celebrating traditional festivals	2. * 過節。中國人有很多傳統節日，例如冬至、團年、過年（農曆新年）、中秋節、清明、重陽等等
3. *Celebrating birthdays	3. * 過生日
4. *Tomb-sweeping	4. * 掃墓 / 祭祖
5. *Watching movies	5. * 入戲院睇電影
6. *Watching Cantonese opera	6. * 睇大戲（粵曲 / 粵劇 / 中國傳統戲曲）或者其他娛樂節目（演出 / 音樂會）
7. *Seeking community services and relevant information	7. * 找尋社區服務資源或資訊等，例如：申請津貼、排老人院、醫療券、私營醫療復康服務等等
8. *Being hospitalized	8. * 住醫院 / 留院觀察 / 入急症室
9. Travelling out of Hong Kong for more than one day	9. 離開香港的行程（非探親的旅行或公幹、超過一天、需留宿）
10. *Participating in a one-day tour	10. * 參加一日遊（例如：參觀博物館、食自助餐、長洲一日遊、大嶼山拜大佛等等）
11. *Follow-up consultation	11. * 覆診
12. Seeing a doctor	12. 普通傷風感冒 / 小病睇醫生
13. Yum Cha	13. 飲茶
14. Shopping	14. 外出購物 / 買餸 / 行超市 / 行街市
15. Exercising	15. 做運動 / 晨運

Findings of Questionnaire Survey

Profile of the survey participants.

Left column of Table 3 shows the characteristics of the survey participants (elderly) of the three rounds of surveys. Among them, 53.3% were 60–74 years old, while 46.7% were 75 years old or above. Around 22.1% of the participants were male and 77.9% were female. 26.6% of them lived on Hong Kong Island, 45.6% in Kowloon and 27.8% in New Territories. In the right column of Table 3, among the carers, 12.8% were aged below 30, 51.5% were 30–44 years old, 24.3% were 45–59 years old and 11.4% were 60–74 years old. Around 17.1% of the participants were male and 82.9% were female. For their residence, 11.4% of them lived on Hong Kong Island, 38.6% in Kowloon and 50% in New Territories.

Table 3. Demographic characteristics of the survey participants

	Elderly (N = 839)		**Carers (N = 140)**	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Gender				
Male	185	22.1	24	17.1
Female	654	77.9	116	82.9
Age				
Below 30			18	12.8
30–44			72	51.5
45–59			34	24.3
60–74	447	53.3	16	11.4
75 or above	391	46.7		
District				
Living on Hong Kong Island	223	26.6	16	11.4
Living in Kowloon	383	45.6	54	38.6
Living in New Territories	233	27.8	70	50.0

Note: Age group has missing data for one elderly participant.

Sense of loneliness.

Table 4 shows the three items of the loneliness scale that measured the participants' loneliness. Among the three items of the TILS, 19.1% of the respondents sometimes or often felt a lack of companionship, 16.8% sometimes or often felt left out, and 15.0% sometimes or often felt isolated from others.

Table 4. Distribution of sense of loneliness items (N = 839)

Items	Response	Frequency	Percentage (%)
TILS01. How often do you feel that you lack companionship?	never/rarely sometimes/often	679 160	80.9 19.1
TILS02. How often do you feel left out?	never/rarely sometimes/often	698 141	83.2 16.8
TILS03. How often do you feel isolated from others?	never/rarely sometimes/often	713 126	85.0 15.0

Table 5 presents the overall sense of loneliness of the participants. Around 10.3% of the elderly report having experienced a greater sense of loneliness.

Table 5. Sense of loneliness (N = 839)

	Frequency	Percentage (%)
Less sense of loneliness	753	89.7
Greater sense of loneliness	86	10.3

Notes: Scores of 3–8 were grouped as feeling less sense of loneliness, and TILS sum scores of 9–12 were grouped as feeling more sense of loneliness.

Sense of loneliness and quality of life.

The sense of loneliness was statistically significantly associated with the quality of life indicator (X^2 (1, N = 383) = 5.628, p <.05). Elderly who have a higher sense of loneliness were more likely to report poor quality of life. Among participants who reported greater loneliness, 25.6% reported poorer quality of life, while only 11.9% reported poorer quality of life among participants who reported less sense of loneliness (Table 6).

Table 6. Sense of loneliness (TILS) and Quality of Life (QoL-8)

Sense of loneliness (TILS)	**Quality of life (QoL-8)**					
	Good		Poor			
	N	%	N	%	Total	%
Less sense of loneliness	303	88.1	41	11.9	344	100
Greater sense of loneliness	29	74.4	10	25.6	39	100

Sense of loneliness and mental health.

The sense of loneliness was statistically significantly associated with the mental health indicator (X^2 (1, N = 387) = 38.182, p <.001). Among the elderly who reported a greater sense of loneliness, 28.2% reported poor mental health status, while only 3.4% reported poor mental health among participants who reported less sense of loneliness (Table 7).

Table 7. Sense of loneliness (TILS) and mental health status (PHQ-2)

Sense of loneliness (TILS)	**Mental health status (PHQ-2)**					
	Good		Poor			
	N	%	N	%	Total	%
Less sense of loneliness	336	96.6	12	3.4	348	100
Greater sense of loneliness	28	71.8	11	28.2	39	100

Factors associated with a sense of loneliness

Living status and sense of loneliness.

The participant's living arrangement was statistically significantly associated with the sense of loneliness (Table 8). Among participants living alone, 12.4% reported a higher sense of loneliness, while only 9.2% of those participants who were living with others reported more sense of loneliness. An independent sample t-test showed statistical significance for living alone (M = 5.20 SD = 2.26) versus living with others (M = 4.70, SD = 2.07), t = 3.368, p = 0.001.

Table 8. Living status and sense of loneliness (TILS)

Living status	Sense of loneliness (TILS)					
	Less sense		More sense			
	N	%	N	%	Total	%
Live alone	247	87.6	35	12.4	282	100
Live with others	506	90.8	51	9.2	557	100

Moreover, further examinations were made to investigate whether older participants had sons or grandsons living in Hong Kong affects their sense of loneliness or not.

A chi-square test of independence was performed to examine the relation between a sense of loneliness and having sons living in Hong Kong. The relation between these variables was significant: X^2 (1, N = 832) = 4.521, p <0.05. Elderly who had no son living in Hong Kong were more likely to have a higher sense of loneliness than those who had. A chi-square test of independence was performed to examine the relation between a sense of loneliness and having grandsons living in Hong Kong. The relation between these variables was significant, X^2 (1, N = 763) = 6.387, p <0.01. Elderly who had no grandson living in Hong Kong were more likely to have a higher sense of loneliness than those had. Among the elderly who had grandsons living in Hong Kong, 7.2% were more likely to have a higher sense of loneliness and 12.7% of those who had no grandsons living in Hong Kong experienced a less sense of loneliness. Table 9 and Table 10 indicate that the elderly were more prone to experience a sense of loneliness if they had no sons or grandsons living in Hong Kong. Amongst participants who did not have sons living in Hong Kong, 13.2 % feel lonely, while only 8.5% who had a son living in Hong Kong experienced the same feeling.

Table 9. Having one or more sons living in Hong Kong and sense of loneliness (TILS)

	Sense of loneliness (TILS)					
	Less sense		More sense			
	N	%	N	%	Total	%
Having sons living in HK	505	91.5	47	8.5	552	100
No son living in HK	243	86.8	37	13.2	280	100

Note: 7 missing cases for number of sons living in HK.

Table 10. Having one or more grandsons living in Hong Kong and sense of loneliness (TILS)

	Sense of loneliness (TILS)					
	Less sense		More sense			
	N	%	N	%	Total	%
Having grandsons living in HK	349	92.8	27	7.2	376	100
No grandsons living in HK	338	87.3	49	12.7	387	100

Note: 76 missing cases for number of grandsons living in HK.

Self-rated health and sense of loneliness.

The relation between self-reported health and the sense of loneliness was found to be significant: X^2 (1, N = 839) = 17.584, p <0.001. Among the individuals reporting poor health, 21.7% of them feel lonelier. Only 8.6% of the elderly who believed they were healthy, reported experiencing a higher sense of loneliness (Table 11).

Table 11. Self-reported health and sense of loneliness (TILS)

Self-reported health	Sense of loneliness (TILS)					
	Less sense		More sense			
	N	%	N	%	Total	%
Poor	83	78.3	23	21.7	106	100
Good	670	91.4	63	8.6	733	100

Communication anxiety and sense of loneliness.

The relation between communication anxiety and the sense of loneliness was found to be statistically significant: X^2 (1, N = 839) = 23.084, p <.001. Among the elderly who tend to feel nervous while conversing, 40.9% of them had more sense of loneliness. Only 9.4% of participants who did not feel nervous talking to others reported experiencing less sense of feelings of loneliness (Table 12).

Table 12. Communication anxiety and sense of loneliness (TILS)

	Sense of loneliness (TILS)					
	Less sense		More sense			
	N	%	N	%	Total	%
Easily feel nervous	13	59.1	9	40.9	22	100
Don't feel nervous	740	90.6	77	9.4	817	100

Use of technology and sense of loneliness.

The relation between technology usage and the sense of loneliness was found to be statistically significant: X^2 (1, N = 838) = 2.575, p = 0.069. Some 8.7% of the participants who have used a computer/smartphone/tablet felt less lonely, while the 12.1% of the elderly who have never used such technology experienced a greater sense of loneliness (Table 13).

Table 13. Technology usage and sense of loneliness (TILS)

Whether elderly use computer/ smartphone for entertainment	Sense of loneliness (TILS)					
	Less sense		More sense			
	N	%	N	%	Total	%
Never use	304	87.9	42	12.1	346	100
Yes, use	449	91.3	43	8.7	492	100

Note. 1 missing case for mobile use items.

Age group differences across three surveys

Age group differences on technology usage.

Table 14 shows age group differences on using a computer/smartphone/tablet for entertainment, to communicate with family members and to communicate with friends/neighbours/colleagues. Independent Sample t-test was conducted to examine any age group difference on using technology. There were statistically significances on using computer/mobile for entertainment and communication among elderly aged 60 to 74 and elderly aged 75 and above.

Table 14. Mean, standard deviation and age group difference on technology usage

	Aged 60 to 74 (N = 447)		Aged 75 and above (N = 391)		t-value
	Mean	SD	Mean	SD	
01. How often do you use a computer/smartphone/tablet for entertainment?	2.81	1.65	1.20	1.70	13.833***
02. How often do you use a computer/smartphone/tablet to communicate with family members?	2.57	1.62	0.97	1.55	14.602***
03. How often do you use a computer/smartphone/tablet to communicate with friends/neighbours/colleagues?	2.57	1.62	0.93	1.57	14.812***
Mobile use sum score	7.58	4.65	2.78	4.32	10.468***

*Notes. ***p≤0.001. Each item scores ranged from 0 to 4; Score: 0 = never, 1 = One day a week; 2 = 2-3 days a week; 3 = 4-6 days a week; 4 = Almost every day. Mobile use sum scores ranged from 0 to 12.*

Age group differences of perceived loneliness experienced during specified activities.

Independent Sample t-tests were conducted to examine any age group difference on perceived loneliness experienced during specified activities (Table 15). There were statistically significances on perceived loneliness experienced during specified activities which were 'Celebrating birthdays alone', 'Seeking community services and relevant information alone', 'Following-up medical consultation', 'Having meals alone' and 'Shopping alone' among elderly aged 60 to 74 and elderly aged 75 and above.

Table 15. Age group differences of perceived loneliness experienced during specified activities

	Aged 60 to 74 (N = 243)		Aged 75 and above (N = 211)		t-value
	Mean	SD	Mean	SD	
When you undergo below specific events alone, how lonely do you feel?					
Celebrating birthdays alone	3.87	3.21	4.55	3.09	-2.286**
Seeking community services and relevant information alone	3.17	2.89	3.70	2.82	-1.950*
Having follow-up medical consultation alone	2.91	2.77	3.55	2.91	-2.416*
Having meals alone	2.79	2.80	3.48	2.93	-2.560**
Shopping alone	2.62	2.74	3.16	2.81	-2.083*
(score from 0 to 10, higher = feel lonelier)					

*Notes. **p≤0.01. *p≤0.05. Each item scores ranged from 0 to 10, higher scores indicate a higher perceived loneliness experienced during specified activities.*

Age group differences of perceived need of companionship under specific context.

Independent Sample t-tests were conducted to examine any age group difference on perceived need of companionship under 15 specific contexts. There were statistically significances found on seven scenarios which were among elderly aged 60 to 74 and elderly aged 75 and above (Table 16). From the results, the elderly aged 75 and above reported higher perceived need of companionship when they 'Having surgery', 'Going to cinema to watch movies', 'Watching Cantonese opera', 'Seeking community services and relevant information', 'Having follow-up medical consultation', 'Yum Cha', 'Having meals' and 'Shopping or go to grocery store'.

Table 16. Age group difference of perceived need of companionship under specific context

	Aged 60 to 74 (N = 243)		Aged 75 and above (N = 211)		t-value
	Mean	SD	Mean	SD	
Having surgery	4.75	3.33	5.32	3.01	-1.898*
Going to cinema to watch movies	2.82	2.85	3.49	2.90	-2.494**
Watching Cantonese opera	2.82	2.74	3.56	2.83	-2.811**
Seeking community services and relevant information	3.15	2.86	3.94	3.07	-2.839**
Having follow-up medical consultation	3.11	3.01	4.08	3.07	-3.394***
Yum Cha	3.29	3.01	3.79	2.83	-1.836#
Having meals	2.90	2.78	3.96	2.80	-4.058***
Shopping or go to grocery store	2.57	2.63	3.42	2.87	-3.305***

*Notes. ***p≤0.001. **p≤0.01. *p≤0.05. #p = 0.067. Each item score ranged from 0 to 10, higher scores indicate a higher perceived need of companionship under specific context.*

Age group differences on self-rated health and communication anxiety.

Independent Sample t-tests were conducted to examine any age group difference on self-rated health and communication anxiety. Statistically significances were found among elderly aged 60 to 74 and elderly aged 75 and above (Table 17). From the results, the elderly aged 60 to 74 had higher satisfaction on their health status compared to those aged 75 and above. Meanwhile, elderly aged 60 to 74 reported higher anxiety score (i.e. they felt more nervous) when they were communicating with other people, compared to elderly aged 75 and above.

Table 17. Age group difference on self-rated health and communication anxiety

	Aged 60 to 74 (N = 447)		Aged 75 and above (N = 391)		t-value
	Mean	SD	Mean	SD	
Self-rated health	3.37	0.77	3.19	0.83	3.350***
Communication anxiety	1.33	0.54	1.25	0.47	2.254**

*Notes. ***p≤0.001. **p≤0.01. *p≤0.05. Self-rated health scores ranged from 1 to 5, higher scores indicate higher satisfaction. Communication anxiety level ranged from 1 to 3, higher scores indicate one feels more anxious during communicating with others.*

Age group differences on subjective feeling of being cared about during specific events.

Independent Sample t-tests were conducted to examine any age group difference on subjective feeling of being cared about during specific events which included 'Having surgery', 'Celebrating traditional festivals', 'Celebrating birthdays', 'Tomb-sweeping', 'Going to cinema to watch movies', 'Watching Cantonese opera', 'Seeking community services and relevant information', 'Being hospitalized', 'Participating in a one-day tour' and 'Follow-up medical consultation' if younger generation provide companionship to them. Statistically significant age group differences on feeling of being cared about was only found in 'Being hospitalized' (Table 18). Elderly aged 75 and above reported they felt being cared about if younger generation provide companionship when they were being hospitalized, compare to elderly aged 60 to 74.

Table 18. Age group differences on subjective feeling of being cared about during specific events if there were companionships from younger generation

	Aged 60 to 74 (N = 68)		Aged 75 and above (N = 55)		
	Mean	SD	Mean	SD	t-value
Being hospitalized	1.43	0.92	1.84	1.27	-2.002*

*Notes. *p≤0.05. Each item score ranged from 1 to 5, higher scores indicate a stronger feeling of being cared about more.*

Age group differences on Quality of Life (QoL) and mental health status.

In order to examine any age group difference on Quality of Life and mental health status, Independent Sample t-tests were conducted. For Quality of Life, statistical significance of age group differences was found in 2 items which were self-rated satisfaction on Quality of Life in general and self-rated satisfaction on energy for everyday life, as well as the grant total of QoL scores (QoL sum). For mental health status, statistical significance of age group differences was found in one item of 'feeling down, depressed or hopeless' (Table 19). From the results, young-older adults (aged 60 to 74) rated themselves having greater satisfaction on Quality of Life and better mental health than elder-older adults (aged 75 and above).

Table 19. Age group difference on Quality of Life and mental health status

	Aged 60 to 74 (N = 204)		Aged 75 and above (N = 180)		t-value
	Mean	SD	Mean	SD	
01. How would you rate your Quality of Life?	3.86	0.71	3.69	0.84	2.050*
02. Do you have enough energy for everyday life?	3.97	0.89	3.69	0.84	3.132**
05. How satisfied are you with your ability to perform your daily living activities?	3.91	0.69	3.65	0.84	3.306***
QoL sum	30.71	4.47	29.72	4.72	2.095**
PHQ02- Over the past 2 weeks, how often have you been bothered by feeling down, depressed or hopeless?	0.27	0.56	0.41	0.66	-2.082**

*Notes. ***p≤0.001. **p≤0.01. *p≤0.05. QoL: each item score ranged from 1 to 5, higher score indicates greater satisfaction; item #01: 1 = Very poor, 2 = Poor, 3 = Neither poor nor good, 4 = Good, 5 = Very good; item #02: 1 = Not at all, 2 = A little, 3 = Moderately, 4 = Mostly, 5 = Completely; item #05: 1 = Very dissatisfied, 2 = Dissatisfied, 3 = Neither satisfied nor dissatisfied, 4 = Satisfied, 5 = Very satisfied. QoL sum scores ranged from 8 to 40. PHQ02: score ranged from 0 to 3, higher score indicates worse mental health, 0 = not at all, 1 = several days, 2 = more than half the days, 3 = nearly every day.*

Gender and sense of loneliness.

Gender differences on the sense of loneliness were not statistically significant: t = .250, p = .803 (Male: mean = 4.88, SD = 2.22; Female: mean = 4.84, SD = 2.13).

Gender differences on mental health status.

Independent Sample t-tests were conducted to examine any gender difference on mental health status. There were statistically significant differences of gender among mental health status as Table 20 shown. From the results, male respondents reported better self-rated mental health status than female respondents. Male respondents were less bothered by loss of interest or pleasure, feeling down, depressed or hopeless.

Table 20. Gender differences on mental health status

Over the past 2 weeks, how often have you been bothered by-	Male (N = 73)		Female (N = 311)		t-value
	Mean	SD	Mean	SD	
PHQ-01. Little interest or pleasure in doing things	0.19	0.49	0.41	0.68	-3.201**
PHQ-02. Feeling down, depressed or hopeless	0.22	0.48	0.36	0.64	-2.147*
PHQ sum	0.41	0.85	0.77	1.21	-3.025**

*Notes. ***p≤0.001. **p≤0.01. *p≤0.05. PHQ02: each item score ranged from 0 to 3; higher score indicates worse mental health; 0 = never, 1 = rarely, 2 = sometimes, 3 = always. PHQ sum scores ranged from 0 to 6.*

Gender differences on perceived need for companionship from the younger generation.

To examine any gender difference on perceived need for companionship from the younger generation, Independent Sample t-tests were conducted. Statistically significances (p = 0.05) were found in two specific contexts (Table 21) from fifteen scenarios. Male respondents reported greater perceived need for companionship from the younger generation for two specific contexts, 'Go to follow-up medical consultation' and 'having meals', than female respondents.

Table 21. Gender differences on perceived need for companionship from the younger generation under specific context

	Male (N = 112)		Female (N = 342)		t-value
	Mean	SD	Mean	SD	
Go to follow-up medical consultation	4.04	2.85	3.41	3.13	1.980*
Having meals	3.84	2.75	3.25	2.85	1.928*

*Notes. *p≤0.05. Each item score ranged from 0 to 10, higher scores indicate higher perceived need of companionship under specific context.*

Gender differences on subjective feeling of being respected during specified activities with the companionship of the younger generation.

Independent Sample t-tests were conducted to examine any gender differences on subjective feeling of being respected during specified activities with the companionship of the younger generation. Two contexts of ten selected scenarios were found statistically significant among gender (Table 22). There were gender differences on subjective feeling of being respected when younger generation provide companionship during the time they are having surgery and having meal together.

Table 22. Gender differences on subjective feeling of being respected during specified activities with the companionship of the younger generation

	Male (N = 34)		Female (N = 149)		t-value
	Mean	SD	Mean	SD	
Younger generation provide companionship when you are having surgery	2.79	1.32	3.34	1.42	-2.053*
Younger generation accompany you go to cinema to watch movie with you	2.41	1.37	2.92	1.37	-1.951*

*Notes. *p≤0.05. Each item score ranged from 1 to 5, higher scores indicate a more subjective feeling of being respected.*

Gender differences on Quality of Life (QoL) .

In order to examine any gender differences on Quality of Life, Independent Sample t-tests were carried out. 2 of 8 items measuring QoL were found statistically significant difference among male respondents and female respondents, with marginal significant level (p = 0.054) for having enough energy for everyday life and marginal significant level (p = 0.053) for own ability to perform daily living activities (Table 23). More male respondents perceived they had sufficient energy for everyday life and a higher ability for daily living activities performance, compare to that of female respondents.

Table 23. Gender differences on Quality of Life (QoL)

	Male (N = 73)		Female (N = 311)		t-value
	Mean	SD	Mean	SD	
02. Do you have enough energy for everyday life?	4.01	0.86	3.79	0.88	1.931#
05. How satisfied are you with your ability to perform your daily living activities?	3.95	0.78	3.75	0.77	1.945#

Notes. # Marginal significance, p = 0.054 for item #2, p = 0.053 for item #5. QoL: each item score ranged from 1 to 5, higher score indicates greater satisfaction; item #02: 1 = Not at all, 2 = A little, 3 = Moderately, 4 = Mostly, 5 = Completely; item #05: 1 = Very dissatisfied, 2 = Dissatisfied, 3 = Neither satisfied nor dissatisfied, 4 = Satisfied, 5 = Very satisfied.

Elderly using TWGHs Elderly Services versus elderly interviewed in the street.

No statistical difference of the sense of loneliness was found between the elderly who used TWGHs' elderly service t = -.723, p = .470 (M = 4.83, SD = 2.06) and were interviewed randomly in the street (M = 4.99, SD = 2.35) (Table 24).

Table 24. Distribution for sources of data in 3rd survey

	Frequency	Percentage (%)
TWGHs Elderly Centres	296	65.2
Street interview and self-administrated	144	31.7
Unknown or unclassified	14	3.1

Differences among elderly and carer participants on technological usage.

There were statistically significant differences between the elderly participants and the carers in the pattern of using technology and mobile devices including computer/smartphone/tablet. Carers were found to be frequent users, including using computer/smartphone/tablet for entertainment and communicating with family members, friends and colleagues every day. However, older participants reported that they seldom used technology for communication. On average, older participants reported using computer/smartphone/tablet for communication 1 or 2 days per week. Around 43% of older participants reported never having used a mobile device for entertainment or communication with family members, friends and colleagues (Refer to Tables 25–27).

Table 25. Results of Independent Sample t-test & descriptive statistics among elderly & carers

	Elderly (N = 839)		Carers (N = 140)			
	Mean	SD	Mean	SD	df	t-value
01. How often do you use a computer/smartphone/tablet for entertainment?	2.05	1.86	3.79	0.74	976	-10.92***
02. How often do you use a computer/smartphone/tablet for communication with family members?	1.82	1.78	3.14	1.23	977	-8.48***
03. How often do you use a computer/smartphone/ tablet for communication with friends, neighbours or colleagues?	1.81	1.79	3.66	0.82	976	-12.04***
Summed score of technology usage	5.68	5.08	10.60	2.17	975	-11.28***

*Notes. 1 missing case for Elderly #01 & Elderly #03. 2 missing cases for summed score.***p = 0.000*

Table 26. Frequency of using technology amongst carers

	Never	1 day per week	2-3 days per week	4-6 days per week	Almost every day
01. How often do you use a computer/smartphone/tablet for entertainment?	2.1%	1.4%	2.1%	3.6%	90.7%
02. How often do you use a computer/smartphone/tablet for communication with family members?	5.0%	8.6%	13.6%	12.8%	60.0%
03. How often do you use a computer/smartphone/tablet for communication with friends, neighbours or colleagues?	1.4%	2.1%	7.1%	7.1%	82.1%

Remarks: Differences in round up value range from 0.05 to 0.2 due to statistical programme automatic calculation.

Table 27. Frequency of using technology amongst elderly

	Never	1 day per week	2-3 days per week	4-6 days per week	Almost every day
01. How often do you use a computer/smartphone/tablet for entertainment?	41.3%	3.1%	7.6%	4.9%	43.1%
02. How often do you use a computer/smartphone/tablet for communication with family members?	42.9%	6.3%	10.3%	7.0%	33.5%
03. How often you use a computer/smartphone/tablet for communication with friends, neighbours or colleagues?	44.5%	5.0%	9.8%	6.8%	33.9%

Remarks: 1 missing case for #01 and 1 missing case for #03; Differences in round up value range from 0.05 to 0.2 due to statistical programme automatic calculation.

Findings from qualitative items in surveys

Feeling loneliness, experience of companionship with younger generation, quality communication and intergenerational interaction.

According to the combined three-round surveys, the elderly felt they were respected and were taken seriously when the younger generation provided companionship for them during the following **specified events or activities**: "Having surgery", "Celebrating traditional festivals", "Celebrating birthdays", "Tomb-sweeping" and "Being hospitalized". Meanwhile, "Yum Cha", "Travelling out of Hong Kong for more than one day", "Shopping together", "Chatting", "Having meals together" were the **Top 5 daily activities** that the elderly desired companionship from the younger generation. The elderly felt a greater **sense of loneliness** when they experienced "Having surgery", "Celebrating traditional festivals", "Celebrating birthdays", "Tomb-sweeping" & "Being hospitalized" **alone**.

In addition, the elderly reported they **needed companionship** when they encountered the following situations: "Having surgery", "Celebrating traditional festivals", "Celebrating birthdays", "Tomb-sweeping", "Being hospitalized" and "Travelling out of Hong Kong for more than one day" (Refer to Table 28). Activities and events that carers perceived that the elderly needed their companionship are listed in Table 28.

Table 28. Ranking for activities that elderly need companionships

Elderly perceived they need companionship in:	*Carers perceived elderly need their companionship in:*
1. Celebrating birthdays	1. Celebrating traditional festivals
2. Having surgery	2. Tomb-sweeping
3. Celebrating traditional festivals	3. Being hospitalized
4. Being hospitalized	4. Medical follow-up or consultation
5. Tomb-sweeping	5. Finding/applying for social services resources
6. Travelling out of Hong Kong for more than one day	6. Travelling out of Hong Kong for more than one day

The open-ended responses from the elderly for the question 'Please list 3 things/activities which you most wanted to have companionship from the younger generation' echoed the responses from the younger generation in the first-round survey of the question 'Please list 3 things you frequently help or do together with the older generation'. The top 5 responses for both age groups included 'Chatting and conversation on the phone', 'Going out together/ travelling', 'Having a meal together', 'Going go together to purchase groceries'. The responses also included 'Solving computer problems or (smart) phone problems' for the carers and 'Medical appointment/follow-up/check-up' for the elderly. The responses from the elderly and the younger generation seem to match each other well (Table 29).

Table 29. Comparison of ranking among elderly and carers in open-ended responses

Elderly "things/activities you most wanted companionship from younger generation" (1st + 2nd survey)	**Carers (1st survey)** "activities when you think elderly most wanted to have your companionship"	**Carers (1st survey)** "things you frequently help or do together with the older generation?"
1. Travelling	1. Having a meal together	1. Having a meal together
2. Yum Cha	2. Chatting	2. Chatting
3. Having a meal together	3. Going out together to purchase groceries	3. Travelling
4. Going out together to purchase groceries	4.Yum Cha	4. Going out together to purchase groceries
5. Medical appointment	5. Travelling	5. Yum Cha
6. Chatting	6. Entertainment	6. Medical appointment
7. Entertainment	7. Medical appointment	7. Entertainment

Further analysis focused on the seven themes reported by both elderly and carer participants – 'Having a meal together', 'Travelling', 'Yum Cha', 'Going out together to purchase groceries', 'Medical appointment', 'Chatting', 'Entertainment'. (Appendix V shows the frequency of these 7 common themes.) A Chi-square Test showed the differences between elderly and carer participants on 'most wanted to have companionship from younger generation' was significantly different: X^2 (6, n = 1013) = 150.03, p<.005. Moreover, the statistical difference between elderly and carer participants on 'activities which elderly most wanted to have companionship from younger generation' and 'things youngsters frequently help with or do together with the older generation' were found to be significant: X^2 (6, n = 955) = 36.90, p<.005.

In responding to these findings, the team decided to ask questions concerning “What is a quality communication?” and “In your opinion, what can the younger generation do to relieve elderly’s sense of loneliness?” in the third round of the survey.

Moreover, in the third-round survey, several main themes emerged from the responses of the elderly participants. Quality communication involves a two-ways process which includes active listening, being attentive and genuine to each other. In addition, it means showing care as well as having empathy toward each other’s feelings and understanding the situation one is in. Also, a face-to-face conversation is preferred for two-ways communication, followed by a phone conversation and using mobile instant social media apps. Another main theme was “time invested in being together and chatting”, which implicitly demonstrated the importance of companionship. Other themes, for example, “feeling in tune with” and “disclose and share one’s feeling and thoughts” revealed that elderly takes commonality among people and personal exchanges on private matters into account. (Details of each theme are listed in Appendix VI about elderly responses to quality communication).

The above analysis showed that there were discrepancies between elderly expectations of the younger generation, between youngsters’ perceptions or interpretation of elderly expectations, and between the actions the younger generation actually took towards the older generation. (The frequencies of each coding is shown in Appendix VII for the elderly expectation toward younger generation)

Through the third-round survey, the team gained the idea that the elderly preferred intergenerational interaction that helps to relieve the sense of loneliness. Showing care towards the elderly by having a quality communication through a face-to-face conversation or through a home visit, a phone call, or a mobile instant social media app, absolutely helps relieve the sense of loneliness for the elderly. Another key theme, namely “companionship”, includes “Having meals together”, “Yum Cha together” and “Travelling together” strongly supports the recent trend of facilitating intergenerational interaction. “Companionship” activities provide space and time for elders and youngers to have face-to-face conversation. (The elderly responses to “what youth can do to relieve the elderly’s sense of loneliness” are listed in Appendix VII).

V. DISCUSSION AND RECOMMENDATIONS

In the present study of Hong Kong elderly, around 10% of our participants reported a higher sense of loneliness. Among the three questions asked of them, approximately 20% of the older participants reported that they sometimes or often felt lack of companionship, followed by 17% reporting they felt left out and 15% felt isolated from others. When adopting a more sensitive cut-off, as suggested by Hughes et al. (2004), 50% of the surveyed older participants reported signs of a sense of loneliness, which was compatible with previous literature (Cohen-Mansfield, Shmotkin, & Goldberg, 2009; Savikko, Routasalo, Tilvis, Strandberg, & Pitkälä, 2005; Victor & Bowling, 2012). In line with the previous literature, a sense of loneliness was found to be positively associated with a poorer quality of life (Chalise, Kai, & Saito, 2010) and adverse mental and physical health outcomes (Golden et al., 2009; Luo, Hawkley, Waite, & Cacioppo, 2012; Wilson et al., 2007). A study by Coyle and Dugan (2012) reported that among U.S. older adults, loneliness was associated with a higher likelihood of having a mental health problem and self-reported fair/poor health. In the study of Theeke and Mallow (2013), higher loneliness scores were reported by participants with a mood disorder, such as anxiety or depression, and loneliness was significantly related to the total number of chronic illnesses and the use of benzodiazepines.

Among those who reported a greater sense of loneliness, about 26% suffered from poor quality of life, which was more than two times as many as reported less sense of loneliness. Mental health indicators revealed even worse findings. Participants who reported a greater sense of loneliness were eight times more likely to suffer from poorer mental health than those reported less sense of loneliness. Jaremka et al. (2014) demonstrated that loneliness was a risk factor for the development of pain, depression, and fatigue symptom cluster over time. This finding deserves public awareness and public attention since loneliness itself, at this moment, is not treated as a mental disorder and might be neglected by mental health professionals and formal service providers. We advocate a public awareness campaign, a distinguished mental health professional who can work to increase awareness of addressing loneliness and emotional needs among older adults, caregivers, professional and non-professional service providers, and the public.

As reported in Tables 26 and 27, a huge gap exists in daily use of mobile and internet to call friends, neighbours and colleagues between the carers (82.1%) and the elderly (33.9%), thus revealing a broad digital divide between the elderly and the caregiver group. A study by Fokkema and Knipscheer (2007) demonstrated the effectiveness of an internet-at-home intervention experiment for reducing loneliness among chronically ill and physically handicapped older adults, by introducing them to the use of an electronic communication

device which facilitated social contact with their families, friends and other people. The study also found that the computer and internet were often used by the older adults to pass the time, thereby taking their minds off their loneliness. Hence, technology literacy education should be promoted amongst the elderly.

A greater sense of loneliness was found to be significantly associated with living alone, having no son or grandson living in Hong Kong, poorer self-rated health, greater communication anxiety, not using computer/smartphone for entertainment and not engaging with community elderly centres. These findings were mainly in line with the previous literature. Loneliness was associated with living alone and with living far from or having infrequent contact or interaction with others (Adams, Sanders, & Auth, 2004; Drennan et al., 2008; Fokkema, Gierveld, & Dykstra, 2012; Heylen, 2010; Kuyper & Fokkema, 2010; Newall et al., 2009; Shiovitz-Ezra & Leitsch, 2010; Theeke, 2009). Liu, Dupre, Gu, Mair, and Chen (2012) investigated the role of adult children in differences in psychological well-being between institutionalized and community-residing old adults in China. They found the associations of positive affect, loneliness, and quality of life were moderated by child-related factors such as number of children, proximity and visits. Shiovitz-Ezra and Leitsch (2010) found that the perceived quality of family relationships was more important than the size of the family network itself in predicting loneliness; in other words, the quality of one's social relationships is a stronger predictor of loneliness than the quantity of social contacts. Therefore, quality of communication and social relationships are crucial in addressing elderly loneliness.

Our focus group discussion seemed to suggest that older participants might not have constructive coping strategies for fighting against the sense of loneliness. Observations from the focus groups indicated that some elderly tend to rationalize their sense of loneliness and persuade themselves that everyone feels lonely nowadays. Some had no choice but to accept loneliness because their children, grandchildren and other relatives were too busy to care about them. Some helpless elderly even accepted that experiencing loneliness were their fates. Masi, Chen, Hawkley, and Cacioppo (2011) in their meta-analysis of interventions, another review and synthesis of loneliness and health in older adults by Ong et al. (2016) both suggested effective interventions for loneliness, including (1) improving social skills such as social recreation; (2) enhancing social support such as mentoring and home visits; (3) increasing opportunities for social contacts, such as telephone outreach and nonverbal communication; and (4) addressing maladaptive social cognition such as psychological reframing or cognitive behavioural therapy.

Socioemotional Selectivity Theory (SST) has proposed that "the perception of time plays a fundamental role in the selection and pursuit of social goals (p.165)"; there is "two social motives – those related to acquisition of knowledge and those related to the regulation of emotion (p.165)" (Carstensen, Isaacowitz, & Charles, 1999). When people are young, they tend to perceive time is open-ended, information seeking and knowledge-related goals are prioritized; and young people tend to pay great effort and resources establishing social networks and accumulating reserve of knowledge to prepare for uncertain futures; as people grow older, they tend to perceive constraints on future time, emotionally meaningful goals are prioritized in which are associated with improved emotional experience (Sims, Hogan, & Carstensen, 2015).

It is common that older adults experience loss or disruption of important social relationship in their later life, for instance, widowhood, deaths of relatives and friends. The death of a spouse can affect one's other interpersonal relationships such as in-laws and couples who the widowed person previously socialized with. These social relationships often fade over time when one is widow or is facing deaths of relatives and friends. Other life events such as residential relocation and retirement which lead to income decline also disperse social networks geographically. Those common experience in later life course weaken in-person support, companionship and social ties (He, Sengupta, Velkoff, & DeBarros, 2005; Rook, 2009).

The model of selection, optimization, and compensation (SOC) together with the Theory of Socioemotional Selectivity proposed that older adults who lose a high-quality relationship such as contented and satisfactory marriage (loss of beloved spouse) or lack of closed relationships would make effort to compensate by increasing the closeness or centrality of other social relationships with family members and close friends (Carstensen et al., 1999).

Declines in social network involvement among older adults appear to be an adaptive challenge as well as reflecting older adults' selective involvement in meaningful, gratifying social ties and preference to maintain contact and interact with their closest, most emotionally rewarding social network members such as family members and friends (Carstensen, Fung, & Charles, 2003).

In response to age-related decline and to function optimally when older adults are ageing, they tend to make cautious deployment of shrinking resources and adjust their regulatory processes across their life span (Baltes & Baltes, 1990; Heckhausen & Schulz, 1995; Labouvie-Vief, 2003); as a result, for purpose of selective optimization with compensation, older adults choose to focus on domains of life which are circumscribed but valued by older adults, with personal meanings (Baltes & Baltes, 1990).

Study of Li and Zhang (2015) has explored reciprocal association between social network types (i.e. diverse network, friend-focused, family-focused and restricted network) and the health of Chinese older adults (health indicators included physical, cognitive, psychological, and overall well-being). This study results demonstrated that a diverse network type (with the most balanced social resources compare to other three social network types) generates the most beneficial health outcomes, and a friend-focused network type is more beneficial than the family-focused network type in physical outcomes, but not in psychological outcomes. Meanwhile, the study also demonstrated worse health conditions (i.e., decreases in health indicators) lead to withdrawal from more-beneficial network types, for example a diversified network type; besides, and worse health conditions lead to a shift to less beneficial network types, for example, family-focused or restricted networks.

These evidence-based phenomena support our present surveys results about Hong Kong elderly. Participants aged 60 to 74 and aged 75 and above have reported they need companionship from younger generation, who are usually their family members, particularly son and grandson, for their significant life events such as having surgery, being hospitalized, as well as routine daily activities such as having meals, Yum Cha, purchasing grocery, also, for leisure and entertainment such as going to cinema to watch movie, going to watch Cantonese opera, travelling and so on. Moreover, our elderly explicitly expressed that they need companionships in celebrating birthdays, celebrating traditional festivals, tomb-sweeping and so on; these events and activities were believed to be emotionally meaningful to them. Participants aged 75 and above even reported a greater perceived need of companionships than participants aged 60 to 74. Similarly, participants aged 75 and above felt lonelier when they were alone under specific scenario with personal and emotional valued meanings; for example, celebrating birthdays, having follow-up medical consultation, and etc.

One of the reasons for higher perceived need of companionships might be due to declines in physical condition during life span (i.e., deterioration during ageing process). Older adults substantially need assistance from younger generation, in particular, daily life tasks which required physical strengths, good eyesight, using technology and electronic devices, etc. Another reason could be explained by Socioemotional Selectivity Theory (SST), as older adults perceive time is limited, their social goals are emotional-prioritized; meanwhile, pursuing goals about emotional meaning are associated with improved emotional experience. Prioritization of meaningful relationships over exploration and expanding social networks results in selective narrowing of social networks and privileging of close social partners such as reachable family members instead of peripheral social contacts (English & Carstensen, 2014; Fredrickson & Carstensen, 1990; Lang & Carstensen, 1994; Wrzus, Hanel, Wagner, & Neyer, 2013).

Keeping participation in social networks is a main way to tackle the issues of isolation and loneliness and satisfy social needs. Family members and good friends who are able to provide bonding social relationships, reciprocity, emotional support and companionship are vital for elderly's health and well-being, where old people are more dependent on emotionally close relationships (Gilbert & Karahalios, 2009). Various research had provided evidence that older adults gain a number of social and cognitive benefits when they use technology to create contact and actively participate in reciprocal information-sharing with family and friends (Baecker, Sellen, Crosskey, Boscart, & Barbosa Neves, 2014; Cornejo, Tentori, & Favela, 2013; Giorgi, Talamo, & Mellini, 2011; Harley, Howland, Harris, & Redlich, 2014). Study of Santana, Rodríguez, González, Castro, and Andrade (2005) demonstrated keeping in touch with relatives is the main reason of older adults using social technologies and family is the main motivator for older adults to learn new technology.

Based on findings of the present study, we suggest the following four implications for policy and service targeting the enhancement of the mental health of the older population.

1. Include loneliness in the mental health agenda.

Ten percent of the surveyed participants reported signs of loneliness. We advocate that loneliness to be included in the mental health agenda, in particular among the older population, considering its positive and significant association with mental health and quality of life indicators. In the context of a highly digitalized community, it would be important for the whole society, including the public, the professionals and the families to enhance a sense of awareness of loneliness.

2. Identify at-risk older adults earlier.

Prevention is better than cure. Identification of lonely elderly is the first step towards dealing with the elderly's loneliness issues. Our study demonstrates that individuals who are likely to experience a sense of loneliness have the following characteristics: they live alone, they have no son or grandson living in Hong Kong, they report being in poor health, they feel nervous easily during interpersonal contact and they have never used computers, smartphone or tablets. Elderly with above characteristics need more attention from their family, friends, care providers and the society.

3. Enhance the social skills and social connections of elderly.

Social support and social connections are very important to elderly's mental health. As mentioned before, those elderly who live alone tend to feel lonely more easily. Besides, the better the communication skills they possess, the less the possibility they will feel lonely. Therefore, enhancing the elderly's social skills and encouraging them to strengthen their social network are feasible ways to reduce their loneliness. Technology, such as smartphones and tablets, should also be provided to help the elderly keep connected with their friends, family and the society.

However, being alone does not mean that the elderly will always feel lonely. Older people can also enjoy their life and meet new friends when they live alone. Our study indicates the three most popular things that the elderly are willing to do by themselves without feeling lonely: 43.1 % of the respondents chose participating in a one-day trip, 26.2% preferred to watch Cantonese opera and 11.3% wanted to watch movies.

4. Increase intergenerational quality time.

Support from the younger generation is very important and meaningful to the elderly. Research reveals the top three activities in which the elderly wish to be accompanied by the younger generation are Yum Cha or having meals, travelling or visiting their hometown and shopping or purchasing groceries.

The top five activities that make the elderly feel valued when accompanied by the younger generation include celebrating their birthday, celebrating various festivals, tomb-sweeping, visits during their hospitalization period and undergoing medical surgery. Accompanying the elderly does not mean just spending time with them; the quality of companionship is also very important to the elderly. Listening and communicating with the elderly wholeheartedly is considered an effective way to reduce the elderly's loneliness.

We recommend four useful tips for communicating effectively with the elderly: listening to the elderly patiently, encouraging the elderly to express more about themselves, being empathetic towards the elderly and talking to the elderly respectfully.

Table 30. Summary of discussion

In our present study, we found:

- 10% of our participants reported a higher sense of loneliness;
- Approximately 20% of the older felt sometimes or often lack of companionship;
- 17% reporting they felt left out;
- 15% felt isolated from others.
- A huge gap exists in daily use of mobile and internet to call friends, neighbours and colleagues between the carers and the elderly.
- A greater sense of loneliness was associated with:
  - living alone,
  - having no son or grandson living in Hong Kong,
  - poorer self-rated health,
  - greater communication anxiety,
  - not using computer/smartphone for entertainment,
  - not engaging with community elderly centres.
- The model of selection, optimization, and compensation (SOC) together with the Theory of Socioemotional Selectivity describe when people are growing old:
  - how the developmental situations effect their life and social goals,
  - shift of main life domain from instrumental & functional social motive to meaningful-emotion-prioritized motive,
  - selection of vital personal meaningful social interaction.
- Hong Kong elderly need companionship from younger generation for:
  - their significant life events such as having surgery, being hospitalized,
  - routine daily activities such as having meals, Yum Cha, purchasing grocery.

- Hong Kong elderly explicitly expressed that they need companionships in those events and activities emotionally meaningful to them:
    - celebrating birthdays,
    - celebrating traditional festivals,
    - tomb-sweeping.

- Older adults substantially need assistance from younger generation in daily life tasks which required:
    - physical strengths,
    - good eyesight,
    - using technology and
    - electronic devices.

Our study results are in line with previous literature,

- Sense of loneliness was found to be positively associated with:
    - a poorer quality of life,
    - adverse mental and physical health outcome.

- Loneliness was a risk factor for the development of pain, depression, and fatigue symptom cluster over time.

- Introducing the use of an electronic communication device was effective to reducing loneliness, in which facilitated social contact with their families, friends and other people to elderly.

- Technology literacy education should be promoted amongst the elderly.

- Keeping in touch with relatives is the main reason of older adults using social technologies.

- Family is the main motivator for older adults to learn new technology.

- Number of adult children, proximity of adult children and frequency of adult children visits were associate with positive affect, loneliness, and quality of life among Chinese elderly.

- Quality of communication and social relationships are crucial in addressing elderly loneliness.

- Effective interventions for loneliness, including
  - improving social skills such as social recreation;
  - enhancing social support such as mentoring and home visits;
  - increasing opportunities for social contacts, such as telephone outreach and nonverbal communication; and
  - addressing maladaptive social cognition such as psychological reframing or cognitive behavioural therapy.

- A diverse network type generates the most beneficial health outcomes.

TWGHs Elderly Services has been advocating:

- To hold public awareness campaigns,

- To establish a distinguished mental health professional,

- To increase awareness of addressing loneliness, emotional needs of Hong Kong older adults and importance of companionships from family members.

Table 31. Summary of recommendation

1. Include loneliness in the mental health agenda.	• In particular among the older population, considering its positive and significant association with mental health and quality of life indicators. • Enhance a sense of awareness of loneliness among the public the professionals and the families.
2. Identify at-risk older adults earlier.	• Prevention is better than cure. • Elderly with below characteristics need more attention: ◆ live alone, ◆ have no son or grandson living in Hong Kong, ◆ in poor health, ◆ feel nervous easily during interpersonal contact, ◆ never used computers, smartphone or tablets.
3. Enhance the social skills and social connections of elderly.	• Social support and social connections are very important to elderly's mental health. • Enhancing the elderly's social skills. • Encouraging them to strengthen their social network. • Technology, such as smartphones and tablets, should be provided to help the elderly keep connected with their friends, family and the society.

4. Increase intergenerational quality time.

- Support from the younger generation is very important and meaningful to the elderly.
- Four useful tips for communicating effectively with the elderly:
  - listening to the elderly patiently,
  - encouraging the elderly to express more about themselves,
  - being empathetic towards the elderly and
  - talking to the elderly respectfully.
- The quality of companionship: listening and communicating with the elderly wholeheartedly.
- Top three activities that elderly wish to be accompanied by the younger generation are:
  - Yum Cha or having meals,
  - travelling or visiting their hometown and
  - shopping or purchasing groceries.
- The top five activities that make the elderly feel valued when accompanied by the younger generation include:
  - celebrating their birthday,
  - celebrating various festivals,
  - tomb-sweeping,
  - visits during their hospitalization period and
  - visits during their undergoing medical surgery.

VI. IMPACT

The present study has contributed to the development of a list of strategies to relieve elderly loneliness, including early identification of at-risk older adults, 4 communication styles, top 3 daily activities in which the elderly want companionship from the younger generation, and top 5 events/activities in which the elderly feel they are respected and taken seriously when the younger generation provided companionship (Appendix XI). These strategies have been adopted in public education activities including social media.

Based on the findings of the present study, on 9 May 2018, TWGHs and CoA jointly held a press conference at the iBakery Gallery Café for the Best60s project and disseminated research findings and recommendations to the public (Appendixes XII & XIII). Media reports based on the press release appeared in both traditional and social media. Public awareness of loneliness among older adults was thus achieved.

The present study also contributed to a live radio interview on 1 October 2018 on the RTHK programme with the Chinese name “ 精靈一點 ”.

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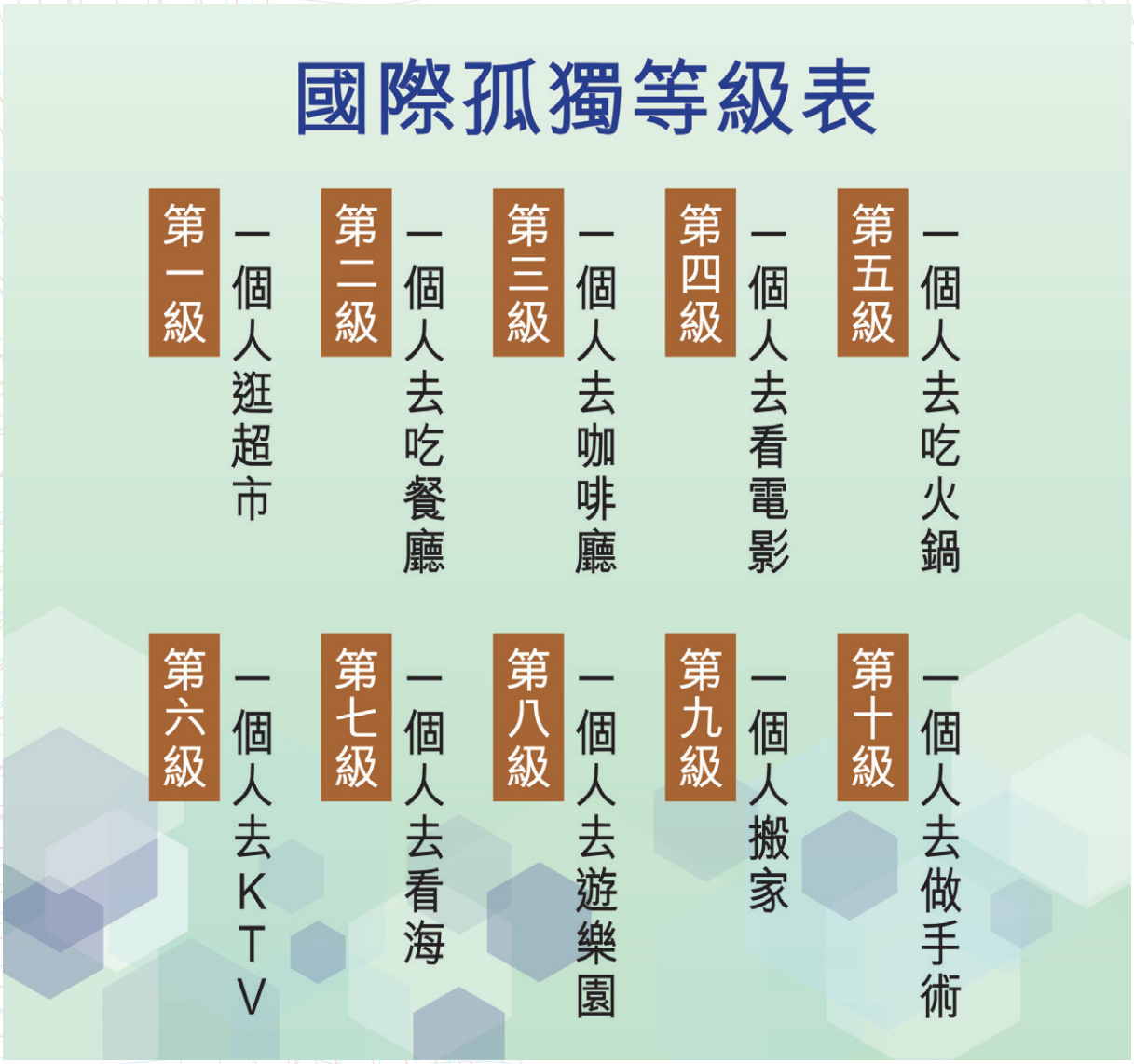
APPENDICES

Appendix I. Loneliness Ranking List (at initial brainstorming)



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Appendix II. UCLA Loneliness Scale (Dodeen, 2015; Hughes, Waite, Hawkley, & Cacioppo, 2004; Russsell, 1996)

1. **I feel in tune with the people around me.**
2. **I lack companionship.**
3. **There is no one I can turn to.**
4. **I do not feel alone.**
5. **I feel part of a group of friends.**
6. **I have a lot in common with the people around me.**
7. **I am no longer close to anyone.**
8. **My interests and ideas are not shared by those around me.**
9. **I am an outgoing person.**
10. **There are people I feel close to.**
11. **I feel left out.**
12. **My social relationships are superficial.**
13. **No one really knows me well.**
14. **I feel isolated from others.**
15. **I can find companionship when I want it.**
16. **There are people who really understand me.**
17. **I am unhappy being so withdrawn.**
18. **People are around me but not with me.**
19. **There are people I can talk to.**
20. **There are people I can turn to.**

Appendix III. Focus group guiding questions

For elderly	For social worker
1. 有咩嘢你會鐘意自己一個人做？ "What activities you prefer to do/ participate alone?"	1. 你認為有咩嘢老人家會鐘意自己一個人做？ "What do you think about activities that elderly prefer to participate/do by his/ herself?"
2. 有咩嘢你係絕對唔想自己一個人做？ "What activities you avoid to do/ participate alone?"	2. 你認為有咩嘢老人家會絕對唔想得佢自己一個人做？ "What do you think about activities that elderly will avoid to participate/do by his/herself/alone?"
3. 你點睇孤獨？你幾時（咩情況下）會覺得孤獨？ "What do you think about loneliness?" "When do you feel lonely?"	3. 你點睇孤獨？你覺得長者幾時（咩情況下）會覺得孤獨？ "What do you think about loneliness?" "In your point of view, when elderly feel lonely?"
4. 你覺得當老人家覺得孤獨果陣（的時候），會做啲咩來疏解自己？ 疏解：①疏通調解，②使通暢緩解。 疏：去掉阻塞使通暢；把束縛著的分開、剖開。 "What will you do when you feel lonely?"	4. 你認為當長者覺得孤單的時候可以做啲咩黎減少孤單的感覺（令自己感覺無咁孤單呢）? "What do you think about elderly will do when they feel lonely?"
5. 你會點樣排十件一個人做的事情呢？請你排序。 "How would you rank the loneliness item?" Please rank the top 10.	5. 你覺得長者會點樣排序十件一個人做的事情呢？請你排序。 "From your experience of working in elderly services, (you think) how would elderly rank the loneliness item?" Please rank the top 10.
6. 你覺得社會需要做甚麼才能減少老人家的孤獨感？ "What do you think our community can do to reduce your sense of loneliness?"	6. 你覺得社會需要做甚麼以協助長者減少孤單？ "What do you think our community can do to help reduce the sense of loneliness among the elderly?"
7. 你認為老人家自己可以做甚麼才能避免或者減少孤獨感？ "What do you think you can/should do to reduce (your own sense of) loneliness?"	7. 你認為老人家自己可以做甚麼才能避免或者減少孤獨感？ "What do you think elderly can/should do to reduce (the sense of) loneliness?"
8. 你會對孤獨感感到困擾嗎？ " Do you feel troubled on your own sense of loneliness?"	8. 你認為長者會對孤獨感感到困擾嗎？ "Do you think elderly will feel troubled on their own sense of loneliness?"

Appendix IV. Measurement across three surveys

	1st survey	2nd survey	3rd survey
Technology/Mobile use	✓	✓	✓
"Do you experience these 15 context?" 有無經歷過 15 個場境？	✓	✓	✓
"Do you have companionships from younger generation in these 15 context?" 有無後輩陪伴去做？	✓	✓	✗
"Do you mind if younger generation cannot not provide companionships during following activities/event?" (如果) 無後輩陪伴做呢樣活動，你是否介意？ 程度由 1 = 唔介意 至 5 = 好介意)	✓	✗	✗
"How much you feel being respected when younger generation accompany you to do following events/activities?" (如果) 當後輩陪伴你做這樣活動，你有多感到被重視？(程度由 1= 從沒有感到至 5= 經常感到)	✗	✓	✗
"Please list 3 things/activities you most wanted to have companionships from younger generations" 首三件你最想後輩 / 年輕一輩陪伴你做的事情。 (open-ended)	✓	✓	✗
QoL-8 (WHOQOL-BREF)	✓	✓	✗
Sense of loneliness (TILS)	✓	✓	✓
PHQ-2	✓	✓	✓
Self-rated health	✓	✓	✓
Self-rated loneliness	✓	✓	✓
Communication anxiety	✓	✓	✓
Sense of loneliness under 15 context	✗	✗	✓
Perceived need of companionship under 15 context	✗	✗	✓
Quality communication 有質素的溝通是怎樣的？	✗	✗	✓
"What youth can do to relieve elderly loneliness?" 你認為後輩可以做些什麼去減輕長者孤獨感？	✗	✗	✓

Appendix V. Frequency of 7 common theme

	Elderly: "things/ activities you most wanted to have companionships from younger generations" (1st + 2nd survey)	Carers: "activities you think elderly most wanted to have your companionships?"	Carers: "things you frequently help or do together with the older generation?"
Having meal together 食飯	129	102	75
Travel 旅行	146	25	45
Yum Cha 飲茶	140	33	31
Go out together /purchase grocery 行街 / 購物	101	58	32
Medical appointment 覆診 / 看醫生	67	11	25
Chatting 傾計	61	90	53
Entertainment 一齊去消閒活動	38	18	12
Total no. of frequency/code	*682*	*337*	*273*

Appendix VI. Elderly responses to quality communication

Theme	**Frequency**	**Main Code**
Attentive & genuine	76	願意用心、用心溝通、坦誠 、真誠 、專注傾計； 付出愛心、耐性和誠意去聽； 不要敷衍、誠心誠意、真心真意
Two-ways	64	有問有答，雙方都有傾有講； 有傾有講，雙方也有回應的； 需回應對方；願意對話； 是彼此有交流的，可以交換意見
Time invested in being together & chat	56	可以有足夠時間；間中有保持聯絡的； 多見面花多點時間陪伴；多陪伴
Showing care	35	關心慰問我；多點關心； 打電話來關心下；多表達關心； 安慰；關心問候

Appendix VI. Elderly responses to quality communication (Cont'd)

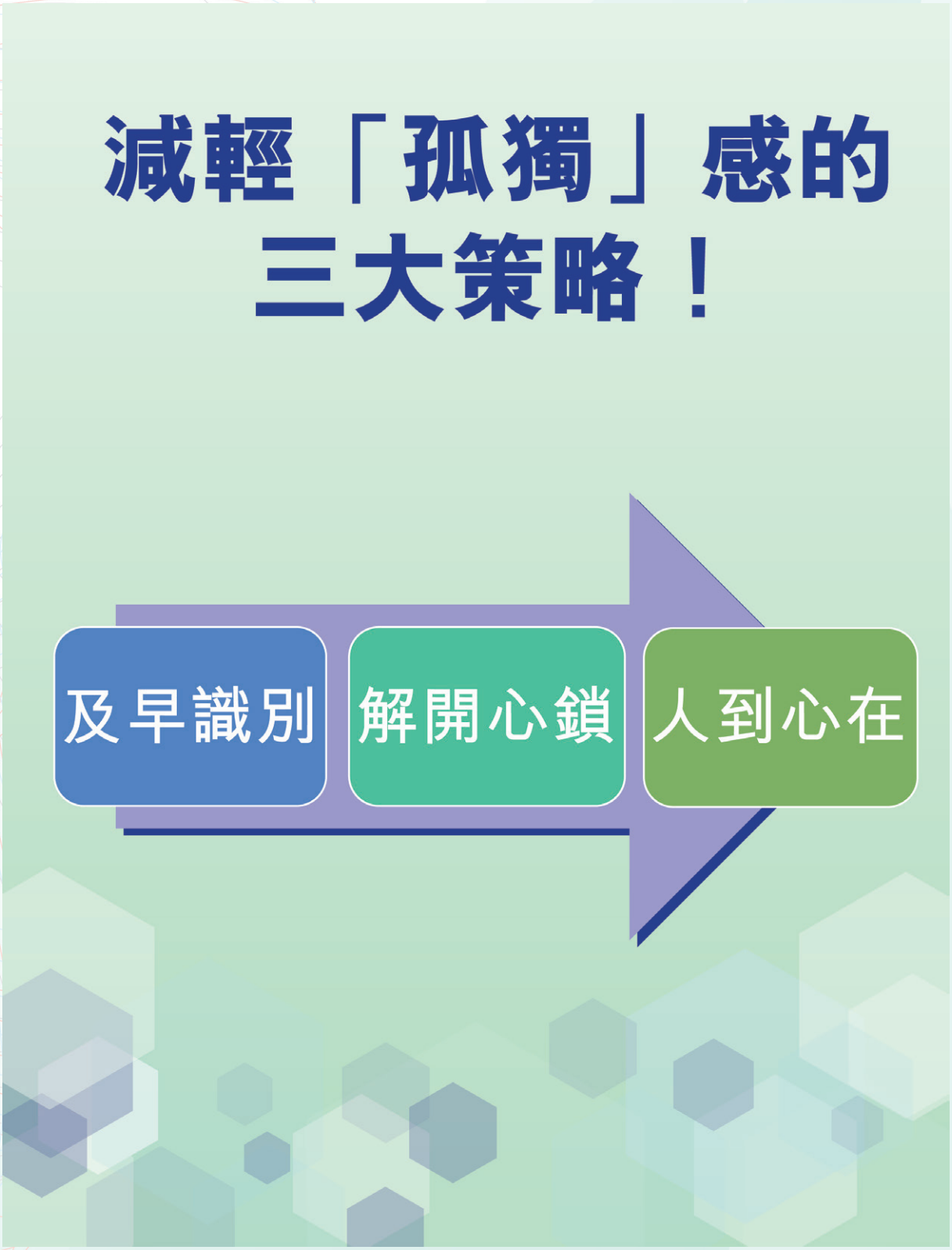
Theme	Frequency	Main Code
In tune with	33	大家同聲同氣，有話題； 雙方有共鳴，合得來； 大家啱傾；傾得埋；話題相同
Active listening	32	耐心聆聽對方；用心聆聽；少說話多聆聽
Disclose share oneself feeling & thoughts	32	講心底話，談心事；表達自己意見； 講出感受說出自己的想法；任何事都講
Empathy & understanding	26	體諒能逆地而處的溝通方式； 體諒對方的立場和感受； 了解長者有時詞不達意； 了解對方的立場； 互相諒解；互諒互讓； 有時會換位思考對方意見
Face-to-face	19	面對面說話； 最好能當面溝通清楚
Respect	18	語氣和態度要好； 在和平的氣氛下； 尊重對方的意見； 互相尊重；願意接納意見； 接納對方的意見和選擇
Substantial in content	15	話題要合適；不要說些長輩聽不明白的話； 說多一些深層次的話題；有內容； 傾一些有意義的事情
Direct & clear expression	13	開心見誠；有話直說；直接；需講清楚
Proactive	11	主動，主動問候
Share interesting things	10	歡樂的；可以說說笑的；輕鬆的話題； 有趣，不無聊；談開心事
About daily life	8	傾談日常生活；告訴我他的近況； 多談生活細節；分享生活內容
Be patient	5	平心靜氣；耐心溝通
Timely (when it is needed)	3	需要既時候，閒時談話，有咩事都可以搵佢； 有需要的說話

Appendix VII. Elderly responses to "what youth can do to relieve elderly sense of loneliness?"

Theme	Frequency	Main Code
多問候關心 Showing care	96	關心他們；多關心長者；多些問候； 多關懷長者
打電話 , Apps 聯絡 / 關心 / 慰問	72	打電話問候；用電話傾談及問候； 沒有空都可以致電與長者溝通一下； 多打電話來；多打電話來慰問； 打電話來關心下
探望 , 面對面關心 / 慰問	59	見面與閒談；多探望長輩；多探訪長者； 抽空見面；多見面；多一些回家探望； 定時探望
多陪伴	94	多些陪伴長者；多陪伴；主動陪伴
陪食飯	31	閒時請長輩吃飯；食飯；多一齊食飯
陪旅行、行街、娛樂	24	一齊去旅行；旅行；陪去旅行 ；多些一齊去街； 一齊去街；旅遊
陪飲茶	36	多啲陪飲茶；見面飲茶；陪飲茶
陪伴 - 重要節日	10	陪過節、生日和祭祖； 陪我慶祝生日和掃墓； 一齊做節；送禮 (在過節時)
多傾計多溝通	71	抽空傾談；多點談天；多與他們溝通； 傾計；多同長者溝通；多聊天；多溝通
幫忙 , 服務 , 提供支援支持	20	幫長輩做家務； 安慰你；了解長者們的需要； 睇醫生；陪覆診；有病時要探你； 購物 / 送飯；多協助清潔家居
分享日常生活及新事物	11	講下自己的近況比長者知道； 分享近況； 分享資訊；帶長者認識新事物
專注及積極聆聽 (Active listening & attentive)	9	多點聆聽、耐心；耐心溝通；多給予耐性
其他 Other	6	家庭和睦；接納； 實行承諾；視乎長者； 多些照顧孫兒和孫兒玩樂，不致孤獨
Total codes	539	

Appendix VIII. Strategies to relieve elderly loneliness

Early identification of at-risk older adults



「無獨耆年」

及早識別

- 獨居
- 沒有兒子或孫子住在香港
- 自評健康狀況較差
- 溝通能力較弱
- 不使用電子設備

預防勝於治療！

「無獨耆年」

解開心鎖

提升社交技能

- 鼓勵長者自得其樂
- 支持長者與眾同樂
- 提倡優質代際溝通

提升社會聯繫

- 善用互聯網及智能手機/平板等科技
- 陪伴長者與社會保持聯繫

「無獨耆年」

人到心在

提升社交支援

停一停，諗一諗，
多陪伴，不缺席。

提升溝通質量

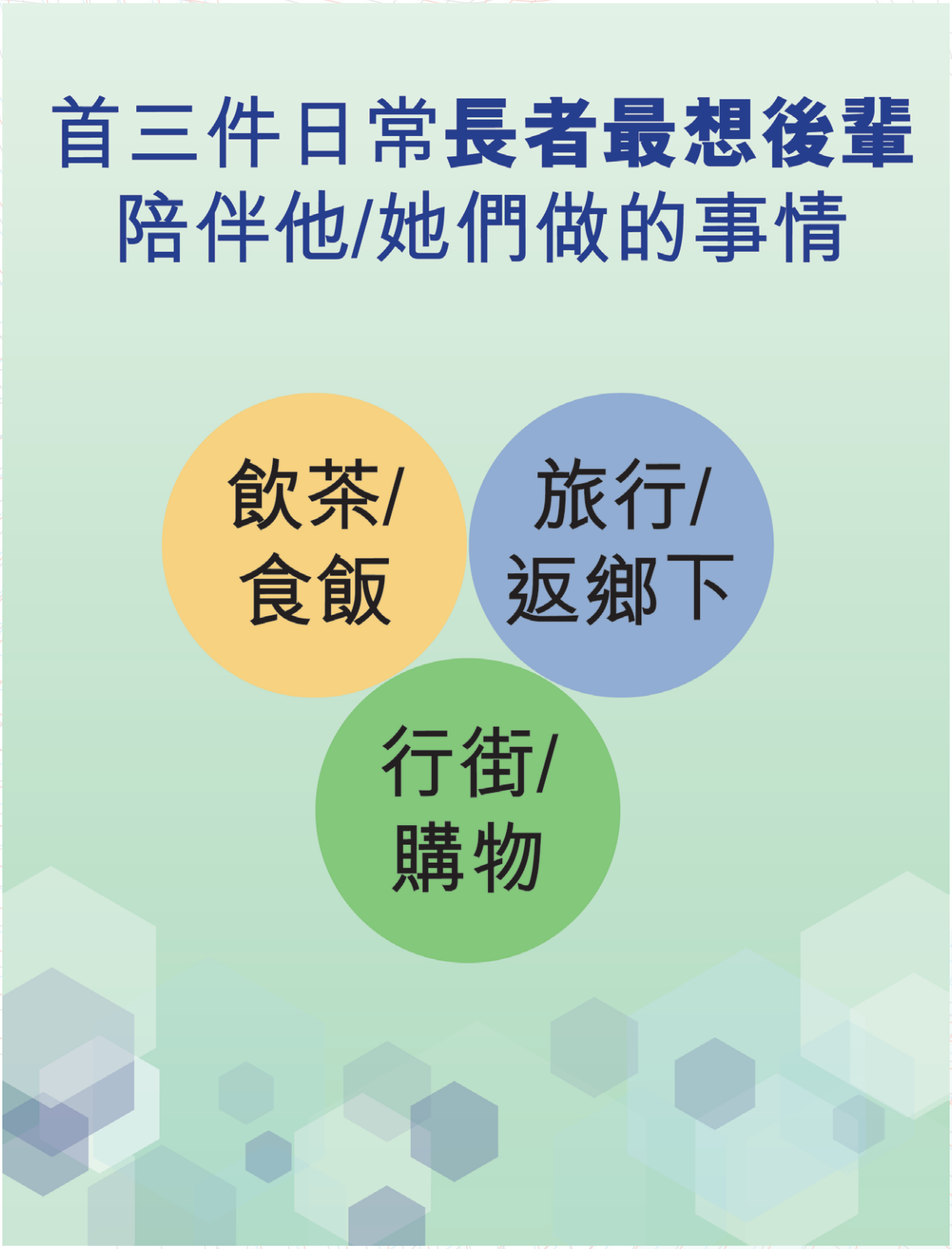
耐心聆聽，用心溝通。

Appendix IX. 4 communication styles

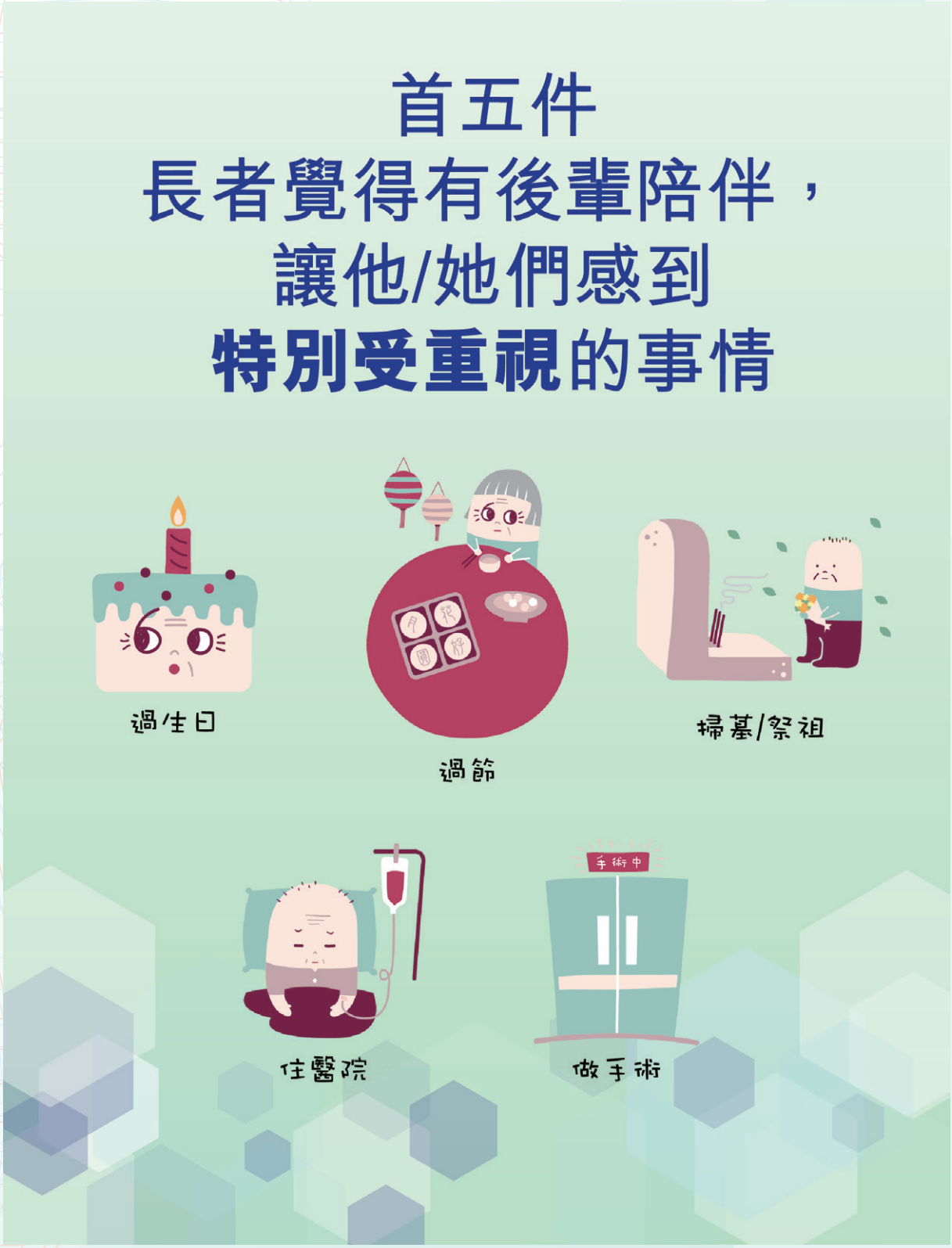
溝通四式

	✓	✗
耐心聆聽	你仲有咩想講畀我聽架?	我好忙架，無時間聽你講咁多嘢，講重點吖!
多鼓勵對方表達自己	你今日做咗咩呀?開唔開心呀?	你唔使講咩，睇死你實係……
了解對方的立場和感受	你覺得點?有冇咩意見?	你講黎講去都係嗰啲，你聽我講就無錯。
尊重對方	就嚟母親節，你想點慶祝呀?	母親節我返黎食飯，你唔好再煮梅菜扣肉，好易食到你中風。

Appendix X. Top 3 daily activities elderly want companionships from younger generation



Appendix XI. Top 5 event/activities elderly feel they were respected and were taken seriously when younger generation provided companionships



Appendix XII. Media invitation and press release of press conference

致編輯/ 採訪主任：

關注「腦」朋友計劃
「無獨耆年」－長者孤獨情緒與精神健康研究結果發佈會

按政府統計處於 2016 年進行的中期人口統計結果顯示，全港獨居長者人數超過 15 萬名，兩老家庭亦超過 10 萬戶，而 65 歲及以上長者佔全港人口比例 16%。長者於晚年面對各種疾病及機能退化，容易出現如孤獨感等情緒困擾。國際研究指出，孤獨情緒不僅與慢性疾病有關，亦會增加死亡率。

為促進長者晚年的生活質素，東華三院與香港大學秀圃老年研究中心合作，進行「無獨耆年」－長者孤獨情緒與精神健康研究，分析長者產生孤獨情緒的因素，並提供改善建議。調查結果顯示，孤獨情緒與親友陪伴有密切的關係，因此，是次發佈會亦會分享多個關愛及陪伴長者的方案，建立親友與長者間的良好溝通，以紓緩長者的孤獨情緒。

發佈會邀得香港大學秀圃老年研究中心總監樓瑋群博士主講研究結果及提供建議。東華三院安老服務的使用者、護老者和義工亦會出席，分享面對及協助處理孤獨情緒的經歷。

現誠邀　　貴報/ 刊/ 台派員蒞臨採訪及拍攝是次活動，詳情如下：

日期： 2018 年 5 月 9 日（星期三）
時間： 下午 3 時 45 分（媒體登記將於下午 3 時 30 分開始）
地點： 金鐘添馬公園添馬茶座 iBakery 愛烘焙餐廳
內容： 1) 關注「腦」朋友計劃簡介
2) 「無獨耆年」－長者孤獨情緒與精神健康研究結果發佈
3) 長者、照顧者及義工分享

如有查詢，請致電 2657 7899 或電郵至 karyn.lam@tungwah.org.hk 與林嘉誼小姐聯絡。

Press Invitation

SAY "NO" TO LONELINESS

Survey Findings on Elderly Sense of Loneliness and Associated Factors

As people age, they suffer from different kinds of diseases and degenerative issues which easily prone to emotional distress. International researches show that loneliness is one of the greatest mental health challenges among older adults, and it is associated with social isolation, chronic diseases, and even mortality.

According to the results of 2016 Population By-census, 16% of entire Hong Kong population are aged 65 and above, the number of solitary elderly significantly increased by 5% from 2006 to 2016, reached 152,536 people; and elderly couples also account for 107,182 households. To understand the relationship between loneliness and mental health of elderly, Tung Wah Group of Hospitals invited Dr. Vivian Lou from Sau Po Centre on Aging and her team in the fourth quarter of 2017 to conduct a "Say 'NO' to Loneliness" survey.

The research objectives are to explore the related factors of elderly's loneliness, as well as to advocate anti-loneliness strategies, in particular recommend good practices to strengthen intergenerational support and communication, thus alleviate seniors' loneliness. During the event, Ms. Rita Chow from Tung Wah Group of Hospitals will introduce the mental well-being enhancement project Best60s which was established in 2017, followed by Dr. Vivian Lou to share the background, findings and suggestions from the survey. Elderly, caregivers and volunteers are invited as guests to share their experiences and knowledge with attendees.

You are cordially invited to attend the press conference, details are as follow:

Date: May 9th, 2018 (Wednesday)
Time: 3:45 PM (Media registration starts at 3:30 PM)
Venue: iBakery Gallery Café, Tamar Park, Admiralty
Rundown:

1) Introduction of "Best60s - Mental Health Healing and Education for the Elderly" Project
2) Findings on Sense of Loneliness and Associated Factors
3) Sharing Session by Elderly, Caregivers & Volunteers

For inquiries, please contact Miss Karyn Lam, Project Manager (Publicity), at 2657 7899 or karyn.lam@tungwah.org.hk.

Let's Join Hands, Say NO to Loneliness!

致編輯/ 採訪主任：

【新聞稿】(即時發佈) 2018 年 5 月 9 日

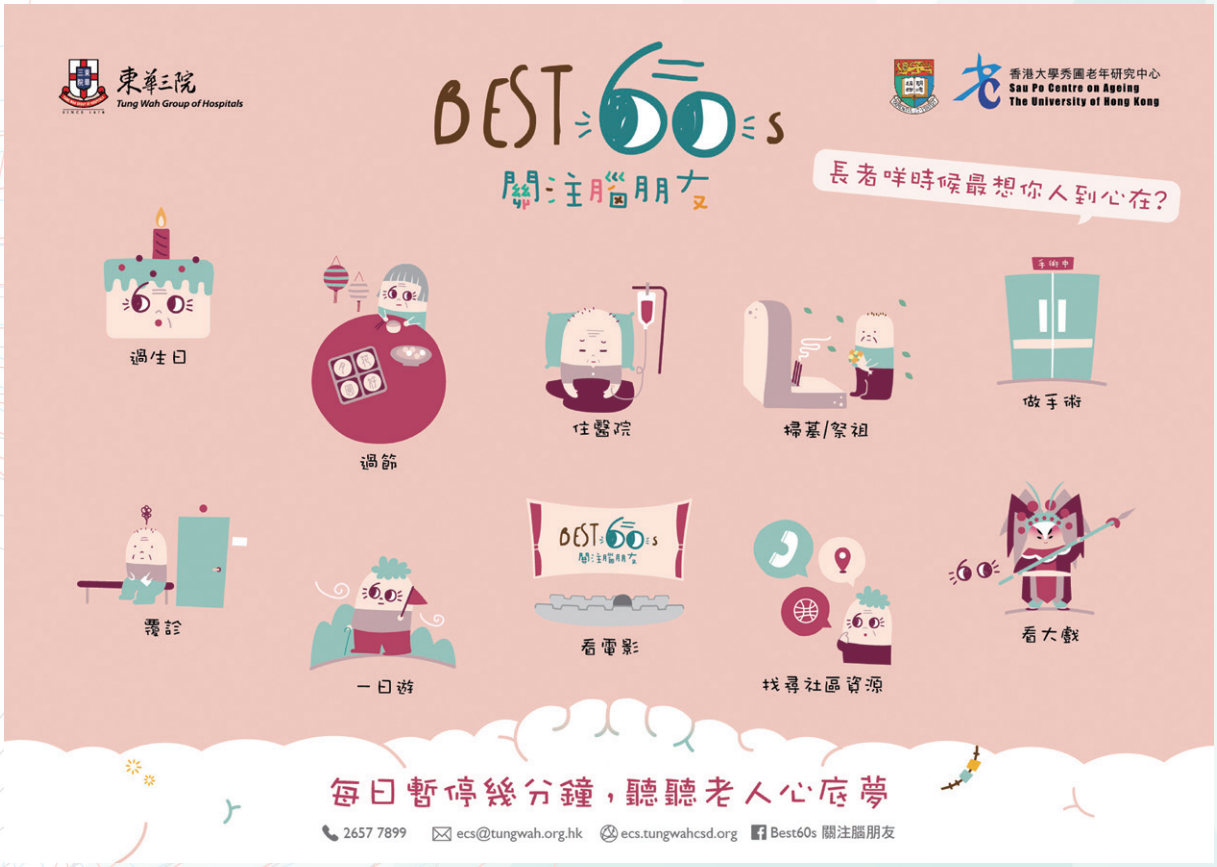
Best 60s 關注「腦」朋友計劃
「無獨耆年」－長者孤獨情緒與精神健康研究結果發佈會

東華三院 Best 60s 關注「腦」朋友計劃聯同香港大學秀圃老年研究中心，於 2018 年 5 月 9 日在添馬公園添馬茶座 iBakery 愛烘焙餐廳，舉行「無獨耆年」－長者孤獨情緒與精神健康研究結果發布會，邀得香港大學秀圃老年研究中心總監樓瑋群博士主講研究結果及提供建議。

Best 60s 關注「腦」朋友計劃致力推動公衆關注長者精神健康，除了抑鬱、焦慮、認知障礙症等精神健康問題外，鑑於近年獨居長者人數持續增加，長者孤獨情緒亦需要公衆、家庭成員及醫護業界的關注。不少國際研究顯示，孤獨情緒與慢性疾病相關，亦會增加死亡率，對長者、家庭、社區和社會都會帶來負面影響。因此，Best 60s 關注「腦」朋友計劃特此展開香港首個長者孤獨情緒的研究，藉以瞭解長者孤獨感的情況及相關因素，並由代際關懷的角度，提出減輕長者孤獨感的建議。

研究首先透過焦點小組探討長者孤獨的經驗和感受，其後透過問卷形式，訪問 385 名 60 歲或以上長者，收集其個人及家庭情況、孤獨感受、希望後輩能陪伴的事項等數據，然後進行分析。

研究結果顯示，約有 1 成受訪者經驗較嚴重的孤獨感，其中獨居、沒有兒子在香港居住、沒有孫子女在香港居住、自我感覺身體健康較差、溝通時感到緊張，以及從未使用電腦、智能電話或平板電腦的長者會感到較嚴重的孤獨情緒。研究亦指出，受訪長者希望後輩陪伴進行的首 5 項事情，包括與他們過生日、過節、掃墓/ 祭祖、住院和做手術，讓他們感到備受重視。



獨居長者朱女士分享道：「當感到孤獨時，會到長者中心參加活動，例如東華三院的生前規劃服務，每逢傳統節日都有活動，可以和義工朋友一起享受節日氣氛。」擁有豐富探訪獨居長者經驗的義工柯小姐分享說：「對獨居長者來說，有人關心、有人聆聽他們說話，他們就會感到開心和滿足。付出少少時間，就可以為長者帶來快樂。」

東華三院圓滿人生服務經理周淑娟女士表示，關注「腦」朋友計劃正籌備以「長者精神健康』為題的攝影比賽和電影節，希望透過活動加強社區人士對長者精神健康的認知，於日常生活中多關心周邊的長者親友，及早識別長者精神健康問題。適逢母親節將至，「腦」朋友計劃就研究所得，準備了精美的「長者認為有後輩陪伴備受重視的10件事」貼紙，希望能夠協助親人更有效地陪伴和關心身邊長者，用心聆聽，用心溝通，創建「無獨耆年」。

關於東華三院

東華三院自 1870 年成立以來，一直秉承「救病拯危、安老復康、興學育才、扶幼導青」的使命和承諾，時至今日，已發展成為全港歷史最悠久及規模最大的慈善服務機構。在過去百多年，東華三院的醫療、教育及社會服務均有長足發展，迎合社會需求，為市民提供收費低廉或免費的優質服務。現時東華三院共有 321 個服務單位，包括 5 間醫院、30 個中西醫療衞生服務單位、55 個教育服務單位、229 個安老、兒童及青少年、復康及公共服務的社會服務單位，以及 2 個肩負守護和保育本地歷史文化重任的服務單位，分別為東華三院文物館和東華三院何超蹟檔案及文物中心，負責宣揚東華三院歷史、修復和保存機構檔案等工作，藉此推動保護文化遺產。

關於香港大學秀圃老年研究中心

香港大學秀圃老年研究中心是中國及亞太地區內具領導地位的老年學研究中心。研究中心致力拓展前瞻性的老年學研究範疇，包括長期護理政策、長者友善城市、居家安老、生命意義、積極老齡化，及社會性因素對身心健康的影響等，引領華人社區社會老年學研究。研究團隊透過以賦權為本、家庭為基礎，及具有文化敏感度的手法，進行循證介入及政策分析研究，並將研究成果貢獻於知識承傳，提高社會效應及影響力。多年來，研究中心與長者及社區持份者建立策略性的夥伴關係，攜手貢獻華人社區積極應對老齡化；並與世界各地的老年學學者緊密合作和交流，推動亞洲在國際老年學的學術地位。

關於 Best 60s「腦」朋友計劃簡介

Best 60s 關注「腦」朋友計劃是一個為期兩年的推廣計劃（4/2017 至 3/2019），透過社區教育短片、長者精神健康調查、攝影比賽和電影節，向公眾人士、長者、照顧者，以及後輩傳遞關注長者精神健康的訊息。

Facebook 專頁：Best60s 關注腦朋友
電話：2657 7899
電郵：karyn.lam@tungwah.org.hk

BEST 60s 關注腦朋友

— 完 —

研究結果查詢
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https://drive.google.com/open?id=1ABRmgUNf2uhl3_wu6Uj2LvfUWz9DH9zz

Appendix XIII. List of newspaper articles

- 長者嚴重孤獨感 易患「三高」 [Oriental Daily News] 2018-05-10 A06 港聞
- 兒孫不陪伴 如日食 15 支煙 長者過分孤獨易患三高 [Sing Pao] 2018-05-10 A08 港聞
- 成長者有嚴重孤獨感 [Sky Post] 2018-05-10 P17 港聞
- 調查指約一成長者感到孤獨 [RTHK] 2018-05-09 即時新聞
- 一成長者感到孤獨 盼後輩陪伴過生日 [MSN] 2018-05-09
- 逾一成長者感嚴重孤獨　最希望後輩陪過生日、過節 [HK01] 2018-05-09
- 港大研究：一成長者常感孤獨　獨居從未用智能電話者情況較嚴重 [STANDNEWS] 2018-05-09
- 長者獨居唔用手機孤獨感大　禍害如日吸 15 支煙 [東網] 2018-05-09
- 調查指一成受訪長者有較嚴重孤獨感　最盼後輩「人到心在」[TOPICK] 2018-05-09
- 港大研究：一成長者常感孤獨　獨居從未用智能電話者情況較嚴重 [立場新聞] 2018-05-10
- 獨居長者需社會關心 [大公報] 副刊 2018-05-14
- 1 成長者嚴重孤獨 盼後輩「人到心在」 [Hong Kong Economic Times] 2018-05-10 A24 港聞
- 快讀新聞 10/5/2018 [Metro Daily] 2018-05-10 P06 新聞
- 【最心痛是愛得太遲】可曾想過，年邁父母最渴望的是「溝通」？ [Hong Kong Economic Times] 2018-05-21
- 東華三院 Best60s 關注腦朋友計劃無獨耆年長者研究結果發佈 [蘋果日報] 2018-05-27 C4
- 本港逾一成長者感嚴重弧獨 勿忘多關懷陪伴 [健康動力] 2018-07-01
- 長者獨迎中秋　義工視像通訊服務助情緒健康 [HK01] 2018-07-01 01 觀點

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