

Aims: Geriatric depression and anxiety are increasingly relevant conditions in the ageing population of Singapore. Subsyndromal depression and anxiety in older adults is estimated at 20-50% of the population and often go undetected despite adverse effects on quality of life (Preisig et al., 2001), suicidality (Sadek and Bona, 2000), disability and inappropriate usage of medical services (de Beurs et al., 1999; Wagner et al., 2000), and cognition (Yoachim et al., 2013). BRIGHT is an early intervention group coaching programme to empower older adults to self-manage physical and mental health ailments so as to decrease healthcare utilization and expenditure. This paper aims to present the findings from three pilot runs of BRIGHT with older adults in the community setting.

Methodology: BRIGHT consists of 4 half-day workshops with both didactic and interactive components that leverage on the group-based therapy setting to promote psychoeducation, self-reflection, and reminiscence. This was delivered by a multidisciplinary team comprising psychiatrists, psychologists, and medical social workers. Simple digital literacy skills were taught and a mobile application to promote active lifestyles was utilized.

Groups are kept small at less than 15 participants each who were referred from community partners. They have been screened for subclinical depression and anxiety using the Geriatric Depression Scale (GDS), Geriatric Anxiety Inventory (GAI), 12-item Short Form Survey (SF-12), and Health Confidence Score (HCS). The same scales were administered again immediately upon completion of the programme to capture (1) reduction in depressive and anxiety symptoms, (2) quality of life, (3) improvement in health confidence, and (4) participant satisfaction.

Result: Average participant satisfaction was 82.2% - most qualitative feedback was positive but one group preferred the sessions to be conducted in Mandarin instead of English. GDS, GAI, HCS, and SF12 PCS scores improved by an average of 2.285, 0.969, 0.685, and 1.733 respectively. However, SF12 MCS scores decreased by an average of 1.795.

Conclusion: Preliminary quantitative data shows that BRIGHT appears to be an effective early intervention modality for older adults with subclinical depressive and anxiety symptoms. After an iterative process of refining the programme content, plans are underway to “train the trainers” so as to increase scale and sustainability.

P144: Are the older community-residents who did not respond to the administrative survey high risk group? Early detection and continuous support by the visiting nurse

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Background: Clinically, the older adults who do not respond to administrative surveys are at high risk for dementia and other diseases in many cases. The aim of this study is 1) to examine this hypothesis, and 2) to establish a support system to reach out to them and help them live well, in the community-based participatory research (CBPR) in Chiyoda-ward, Tokyo, Japan, using a mail survey as a starting point to visit older community-residents who did not respond to the administrative survey.

Methods: The participants were residents aged 65+, living in Chiyoda ward, Tokyo, Japan in 2021 (N=4009, mean aged 74.2±6.6, female 54.9%). We conducted the survey by following three steps. First, we distributed self-administered questionnaire to all participants by mail. Second, a survey request letter was mailed to the older

adults who did not return the survey (N=675, aged70+). We conducting visit investigation by visiting nurses for old-old people (N=87), and conducting assessment to evaluate risks of dementia and physical health. Third supporting people with high risk of dementia through cooperation among various organizations and various professions, and conducting watching support by visiting nurses as prophylactic care.

Result: For the investigation by mail, 2050 participants sent back the investigation form. Of the 87 people living alone or in aged households who responded to the request for a visit survey, we were able to conduct home-visit surveys for 46 participants (implementation rate: 52.9%). As a result of the comprehensive assessment, 15 participants (mean aged 81.9 ± 5.0 , female 53.6%, MMSE: 25.2 ± 2.8), were regarded as participants with high risk of dementia, and 3people of them were started watching support work.

Discussion: We established a support system for people living with dementia that consist early detection and continuous support by the visiting nurse. There were many cases in which the home-visit nurses investigation led to continuous support. For the further research, it is necessary to review the long-term outcomes of those who received early support concerning whether they could maintain their quality of life.

P146: How to introduce EDI principles to multigenerational programs?

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Objective: The Time for Dementia (TFD) is an educational programme for healthcare students to learn from 'experts by experience' through longitudinal contact with a family affected by dementia. Since 2014, over 1,900 families have taken part. In December 2021, as a result of a student complaint about racism, expectations of inclusivity, diversity and inclusion (EDI) were examined and an anti-discriminatory practice plan for TFD was developed.

One of the proposed outputs of this plan was the creation of a communique to outline the expectations on EDI for circulation to participant families and students in TFD. Several considerations were acknowledged to be important: i) Generational differences and expectations about anti-discrimination; specifically, the use of language; ii) The complexity of addressing this issue with people with dementia; who may have difficulties with recall or disinhibition due to their condition; iv) The need to enhance understanding of different perspectives and needs between families and students.

Methods: The iterative development (January-September 2022) of the final communique included;

1. The formation of a working group including student inclusivity representatives and Tfd families to develop the communique.
2. A draft set of 'inclusivity principles' was created and feedback was sort from a sample of TFD participants independent of the working group (n=15).
3. As a result of feedback, these principles were amended by the working group.
4. The circulation of these inclusivity principles to the families taking part in TFD from July 2022.
5. A qualitative research study was conducted on the reception of these principles (n=14).

Results: This poster will present the communique that was developed, the results of the thematic analysis on its reception, and key reflections on its development.

Conclusions: Universities have a responsibility to prevent and effectively deal with discrimination on placements and this includes educational programs with 'experts by experience'. Educational programs with people with