

Results: At follow-up, 87 participants were diagnosed with mild cognitive impairment and 7 with dementia. Overall, the mean SWLS score experienced a slight but statistically significant decrease over the five-year period (18.14 ± 5.27 at baseline and 17.75 ± 5.27 at follow-up, $p = 0.02$ as determined by a paired t-test). The linear mixed model analysis revealed that developing cognitive decline was not significantly associated with life satisfaction ($p = 0.93$). Notably, living alone and being in a depressive state were significantly associated with higher SWLS scores ($p = 0.003$ and $p < 0.001$, respectively).

Conclusions: Life satisfaction did not significantly decline in older adults who developed cognitive decline compared to those who remained cognitively intact. The unexpected findings that individuals living alone and those experiencing depressive states reported higher life satisfaction may indicate potential adaptive mechanisms, whereby these individuals might have developed strategies to find joy in everyday life. Further research is warranted to replicate these results and to explore the underlying factors or potential resilience mechanisms contributing to these findings.

P37: Building Resilience in Geriatric Health Today (BRIGHT)

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Objectives: With a rapidly aging population in Singapore, late-life depression and anxiety become increasingly relevant as they impact on quality of life, disability and healthcare costs. BRIGHT initiative begins as a group coaching programme with the aim to empower at risk elderly to self-manage physical and mental health ailments. This poster aims to present the latest findings and updates from BRIGHT as we embark on to the next phase, BRIGHT Train the Trainers (BRIGHT T3) programme to ensure long term sustainability of these interventions.

Methods: BRIGHT consists of three two-hour workshops facilitated by a multidisciplinary team (MDT) comprising psychiatrists, psychologists, and medical social workers. Two virtual runs were conducted over zoom while five physical runs were conducted on site at the local senior activity centres. Scales of GDS, GAI, HCS and SF 12 were administered pre and post intervention to capture 1) reduction in depressive and anxiety symptoms, 2) quality of life, 3) improvement in health confidence, and 4) participant satisfaction.

This intervention is supplemented by a mobile wellness application nested within Singhealth Healthbuddy application, providing seniors access to an application with self-monitoring, inbuilt reward systems to reinforce positive behaviours and self-help mental health resources.

BRIGHT T3 programme aims to promote mental wellness and create sustainable impact by establishing a self-sustaining model through peers, volunteers and grassroots leaders who will continue to deliver the programme in their respective communities. Eligible trainers identified will be pre-screened by the BRIGHT team and a baseline assessment of mental health literacy will be administered. The comprehensive training regimen comprises of training modules in didactic and experiential format which will be led by the BRIGHT MDT. As trainees gain competence, they will progress to leading sessions under close supervision.

Results: Average participant satisfaction was 85% with positive verbal reviews from community partners as well. GDS, GAI, HCS, and SF 12 PCS scores improved by an average of 1.8, 1.7, 1.6 and 1.8 respectively. On the other hand, SF-12 MCS scores decreased by an average of 1.8.

Conclusions: By focusing on a train-the-trainer model, the programme ensures long-term sustainability of these interventions.