P02-107

EVALUATION OF A HEALTH PROMOTION PROGRAM FOR REDUCING DEPRESSION, ANXIETY AND STRESS IN COMMUNITY-DWELLING OLDER ADULTS W. Walker^{1,2}, D. Pierce³, S. Davidson², J. Walker⁴

¹University Department of Rural Health, School of Rural Health, University of Melbourne, Shepparton, ²Aged Psychiatry Service, Northeast Health Wangaratta, Wangaratta, ³University Department of Rural Health, University of Melbourne, Shepparton, VIC, ⁴Centre for Mental Health Research, Australia National University, Canberra, ACT, Australia Aim: Health education programs that address risk factors for depression and promote positive mental health are approaches that can improve mental wellbeing. We investigated the effectiveness of a health promotion program for reducing levels of depression, anxiety and stress and for promoting appropriate help-seeking behaviour.

Methods: Fifty-five adults 55+years (43 female, 12 male) self-selected to attend the Healthy & Wise program - a group-based, 8x2hr session health-literacy program for promoting positive physical, mental and social functioning in a rural setting. A questionnaire was administered at base-line and post-intervention which included the DASS-21 to measure depression, anxiety and stress levels.

Results: No significant change in depression scores (mean=3.60pre-3.51post). Anxiety scores increased (mean 2.92pre-3.51post) (p=.036) correlating with age (p=.029) and change in physical health status (p=.002).

Stress scores increased (mean 4.81pre-5.59post) (p=.05) correlating with age (p=.033) and change in physical health status (p=.016).

Most participants (pre=96.36%, post=98%) indicated they would be likely to seek help from a GP if depressed. Men who mainly rely on their spouse for support were more likely to seek help from a psychologist or psychiatrist (p=.038).

Conclusions: There was no significant change in DASS-21 scores for depression. There was an increase in anxiety and stress levels which may be attributable to older participants experiencing a decline in physical health during the program. Participants remained firm in their preference for seeking help from their GP for depression. Further evaluation is needed to determine whether: at-risk-populations need to be targeted; the intervention has an impact at 12-month follow-up.