整體開心指數2020
General Happiness Index 2020

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整體開心指數2020
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和富社會企業是一個多元服務提供者，提供協作平台，凝聚各界人士及團體。透過共同合作，提高服務質素，採取有效的方式提供社會服務，既具創新意念，亦重視持續發展，從而推動公民對社會作出承擔。

和富社會企業「香港開心D」平台由一群熱心人士及伙伴機構共同策劃並於2015年成立本著「推動積極樂觀、尊重互愛的價值觀，令香港開心D」的理念，呼籲香港人保持樂觀正面的思想，向社區傳播愛與笑的力量。

願景

建構一個關愛、包容及互相尊重的社會，體現出「人和家富，民和國富」的精神。

理念

- 培育下一代成為「負責任公民」
- 不斷創新，帶動社會服務與時俱進
- 凝聚社會資源，提高社會服務效能
- 推崇關愛、包容及互相尊重的精神

核心價值

- 以人為本
- 追求卓越
- 和諧關愛
- 積極創新

我們的使命

- 讓香港人可以「選擇」變得快樂將快樂成為人生的一部份
- 為社區注入抗逆力，傳遞新希望

我們的格言

- 選擇快樂，成就富足

核心價值

- 樂觀、尊重、愛、關懷和希望

工作範圍

青年　社區　教育　長者

工作範圍

開心大解密　開心大探索　開心大行動

我們的工作

開心大解密

了解香港人的快樂狀況因素，喚起關注，合作策劃具針對性的跟進工作

重要項目

開心指數調查研究
(整體、學童、青年、打工族、長者、家庭)

開心大探索

發掘開心新動力，為社會帶來正面影響

重要項目

社區計劃：社區改變者網上活動平台

開心大行動

透過與不同的界別的機構合作舉辦推廣活動，提升各階層開心指數

重要項目

大型義工同樂日 (打工族)
大澳水鄉花燈節 (整體大眾)
走過快樂大地：芬蘭之旅 (青年)
兒歌創作比賽 (家庭及學童)
同你遊迪士尼 (長者)

內容大要 (Flow of Contents)

- 研究目的 Research Objective
- 研究方法 Research Method
- 量度指標 Questionnaire Design
- 數據結果 Findings Result
- 統計推論分析 Statistical inference
- 問答 Q&A

開心指數研究調查

「香港開心D」自2015年開展《開心指數研究調查》的工作，以了解香港人的快樂狀況及影響快樂的各種因素變化。
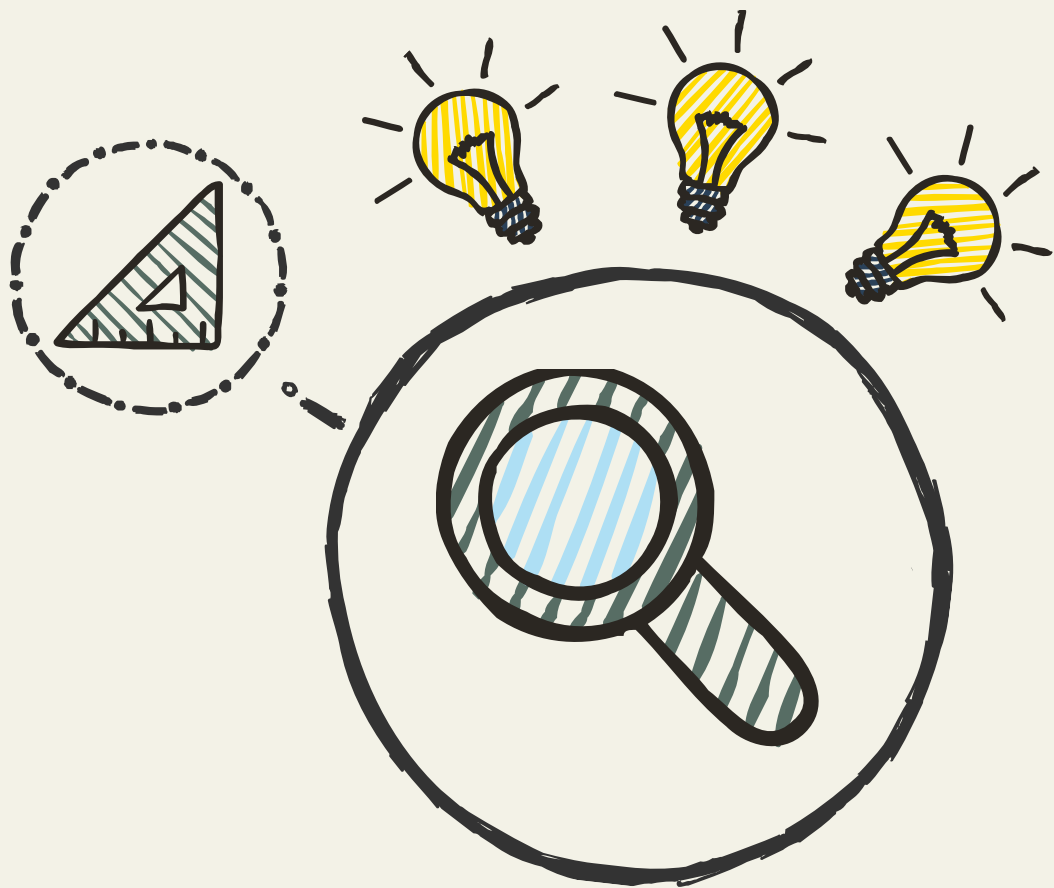
香港，屬於全球最富裕的地方之一，但是
- 香港人開心嗎？
- 香港人如何才會開心？
- 哪個香港人群組最開心？

透過科學實證的方法，「開心指數」有助我們了解香港人的快樂狀況，連結各界，為提升不同群組的社區人士共同努力。

六個開心指數

- 學童開心指數
- 青年開心指數
- 打工族開心指數
- 家庭開心指數
- 長者開心指數
- 整體開心指數

研究目的

研究將探討以下範圍：
- 香港人快樂程度 (HAPPINESS LEVEL)
- 探討港人的快樂原因
  內在心理因素 – 心理資本 (MENTAL CAPITAL)
  　　　　　　 – 價值觀 (VALUES)
  外在環境因素 – 生活質素的滿意程度
  　　　　　　　 (SATISFACTION LEVEL OVER
  　　　　　　　 QUALITY OF LIFE)
- 抑鬱情緒 (DEPRESSIVE SYMPTOMS)
  提出具體建議讓香港人更開心。

研究方法

- 和富社會企業「香港開心D」委託香港理工大學護理學院於2020年9月17至30日期間，在網上收集問卷，共收集了1827份有效問卷。

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開心指數
Happiness Index

開心方程式

【圖解】開心方程式

內在因素 ＋ 外在因素 ＝ 開心指數

（e.g. 心理資本
價值觀）

（e.g. 對各項生活質素
的滿意程度）

⬇

抑鬱情緒

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問心指數
Happiness Index

各項量度指標

量度指標

開心指數 HAPPINESS LEVEL

量度受訪者的快樂狀況

以下是「開心指數」評估題目例子

整體來說，你快樂嗎?(0-10)

外在環境因素 EXTERNAL FACTORS

量度受訪者對生活上各項的滿意程度

內在心理因素 INTERNAL FACTORS

量度受訪者的「心理資本」：

A. 關愛(LOVE)

B. 智慧(INSIGHT)

C. 堅毅(FORTITUDE)

D. 行動(ENGAGEMENT)

量度受訪者的「價值觀」：

A. 關愛(LOVE)

B. 負責(社會)(SOCIAL RESPONSIBILITY)

C. 誠信(INTEGRITY)

D.負責(自我)(SELF RESPONSIBILITY)

E. 尊重 (RESPECT)

抑鬱情緒 DEPRESSIVE SYMPTOMS

以「抑鬱症自我檢測表分數」(PHQ-9) 評估

受訪者抑鬱情緒

心理資本　價值觀　外在環境因素　抑鬱情緒

內在心理因素(價值觀)

以下是「價值觀」評估題目例子（「0分」代表非常不同意，「5分」代表非常同意）

關愛

- 我專注於幫助他人的成長和發展

負責任 (自己)

- 當我生氣或難過時，很難控制自己的行為

負責任 (社會).

- 我有興趣參加改善社區環境的工作

誠信

- 我視個人誠信比金錢重要

尊重

- 即使別人與我的看法不同，我仍尊重他

內在心理因素（心理資本）

以下是「心理資本」評估題目例子（「0分」代表最不同意，「10分」代表最同意）

關愛 (LOVE)

我樂意助人。I AM WILLING TO HELP OTHERS.

智慧 (INSIGHT)

對於自己能力處理範圍以外的事情，我不會去多想。I WILL NOT OVERTHINK WHEN SOMETHING IS OUT OF CONTROL.

堅毅 (FORTITUDE)

遇到挫敗我不氣餒。I WILL NOT GIVE UP WHEN FACING DIFFICULTIES.

行動 (ENGAGEMENT)

我有清晰的人生目標。I HAVE CLEAR LIFE GOAL.

外在環境因素

以下是對外在環境滿意程度的評估題目例子•

對生活上各項的滿意程度（「0分」代表最不滿意，「10分」代表最滿意）

A.政治及社會狀況 POLITICS AND SOCIETY

B.政府的施政 GOVERNMENT POLICY

C.經濟狀況 ECONOMY

D.自己的住房狀況 YOUR HOUSING CONDITION

E. 居住環境 LIVING ENVIRONMENT

F. 公共醫療 PUBLIC MEDICAL

G. 娛樂康體設施 ENTERTAINMENT AND LEISURE FACILITIES

H. 媒體 MEDIA

I. 治安 LAW AND ORDER

J. 信任政府處事的程度 GOVERNMENT TRUST

外在環境因素

抑鬱情緒

PHQ-9抑鬱量表

在過去兩個星期，有多少時候您受到以下任何問題所困擾?

(完全沒有(0)；幾天(1)；一半以上天數(2)；幾乎每天(3))

抑鬱情緒

1. 做事時提不起勁或沒有樂趣 (LITTLE INTEREST OR PLEASURE IN DOING THINGS)

2. 感到心情低落、沮喪或絕望 (FEELING DOWN, DEPRESSED, OR HOPELESS)

3. 入睡困難、睡不安穩或睡眠過多 (TROUBLE FALLING OR STAYING ASLEEP, OR SLEEPING TOO MUCH)

4. 感覺疲倦或沒有活力 (FEELING TIRED OR HAVING LITTLE ENERGY)

5. 食慾不振或吃太多 (POOR APPETITE OR OVEREATING)

6. 覺得自己很糟，或覺得自己很失敗，或讓自己或家人失望(FEELING BAD ABOUT YOURSELF OR THAT YOU ARE A FAILURE OR HAVE LET YOURSELF OR YOUR FAMILY DOWN)

7. 對事物專注有困難，例如閱讀報紙或看電視時(TROUBLE CONCENTRATING ON THINGS, SUCH AS READING THE NEWSPAPER OR WATCHING TELEVISION)

8. 動作或說話速度緩慢到別人已經察覺，或正好相反–煩燥或坐立不安、動來動去的情況更勝於平常 (MOVING OR SPEAKING SO SLOWLY THAT OTHER PEOPLE COULD HAVE NOTICED. OR THE OPPOSITE BEING SO FIGETY ORRESTLESS THAT YOU HAVE BEEN MOVING AROUND A LOT MORE THAN USUAL)

9. 有不如死掉或用某種方式傷害自己的念頭(THOUGHTS THAT YOU WOULD BE BETTER OFF DEAD, OR OF HURTING YOURSELF)

(十至十四分為輕度抑鬱 ；十五至十九分為中度抑鬱 ；二十分或以上為重度抑鬱。)

(10-14 – MODERATE DEPRESSION; 15-19 MODERATELY SEVERE DEPRESSION; 20 OR ABOVE SEVERE DEPRESSION)

據「香港整體開心指數2019調查」於2019年9月期間，透過網上收集了1087份問卷，以病人健康問卷-9（PHQ-9）評估過去兩周內受訪者的抑鬱症狀和自殺意念，當時發現18.5%受訪者達15分或以上(中度抑鬱至重度抑鬱)。

數據結果

被訪者特徵 Characteristics		2020	2019	
	收集日期	2020年9月17至30日	2019年9月9至23日	
	樣本數目	1827	1077	
	類別 Types	百份比(%) Percentage	百份比(%) Percentage	
年齡	34歲或以下	52.5%	62.6%	
	35歲至54歲	36%	32%	
	55歲至65歲或以上	11.5%	5.4%	
性別	男	35.4%	61.2%	
	女	64.6%	38.8%	
就業狀況 Occupation	在職	39.7%	27.8%	
	家庭主婦	6.2%	3.9%	
	待業	12.2%	2.1%	
	退休	3.6%	1.6%	
	正職學生	38.3%	53.9%	
感情狀況 Marital Status	單身 Single	49%	52.4%	
	交往中 In relationship	21.8%	18.6%	
	已婚 Married	26.2%	26.7%	
	離婚或喪偶 Divorced	3%	2.3%	
學歷 Education	中學或以下 Secondary or below	30.5%	42.5%	
	大專 Tertiary	64.3%	52.9%	
	碩士或以上 Master or above	5.2%	4.6%	
收入 Income	收入群組 Income Group	個人 Individual	個人 Individual	
	$0-$19999	77.2%	$0-$19999	77.3%
	$20000-$29999	13.2%	$20000-$29999	8.7%
	$30000-$39999	5.2%	$30000-$39999	7.5%
	$40000-$49999	1.7%	$40000-$49999	2.8%
	>$50000	2.7%	>$50000	3.7%

整體開心指數 General Happiness Index

人數

柱狀圖數值：
- 0：.8%
- 1：1.1%
- 2：3.0%
- 3：6.1%
- 4：7.2%
- 5：13.5%
- 6：19.8%
- 7：23.5%
- 8：16.4%
- 9：6.7%
- 10：1.9%
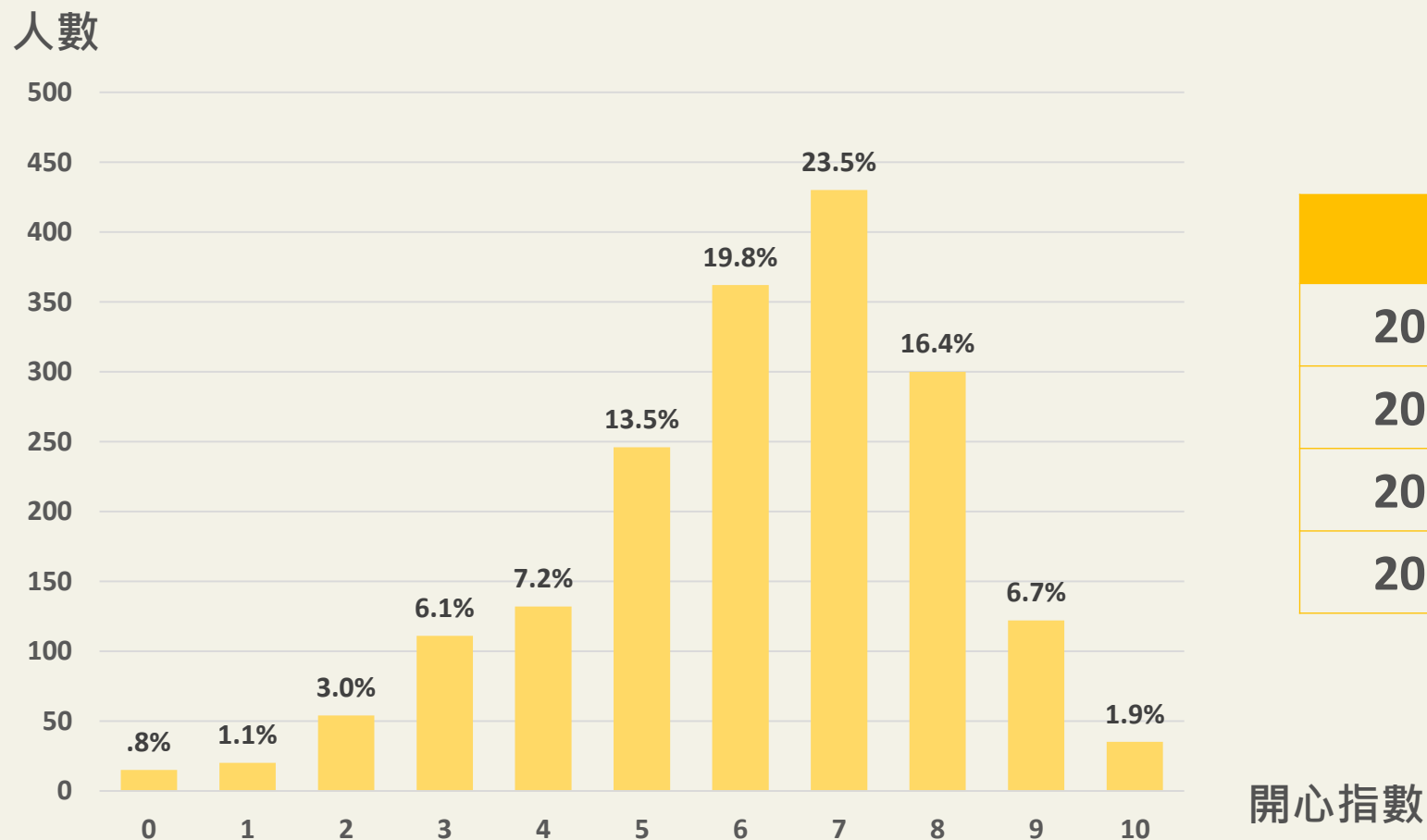
開心指數

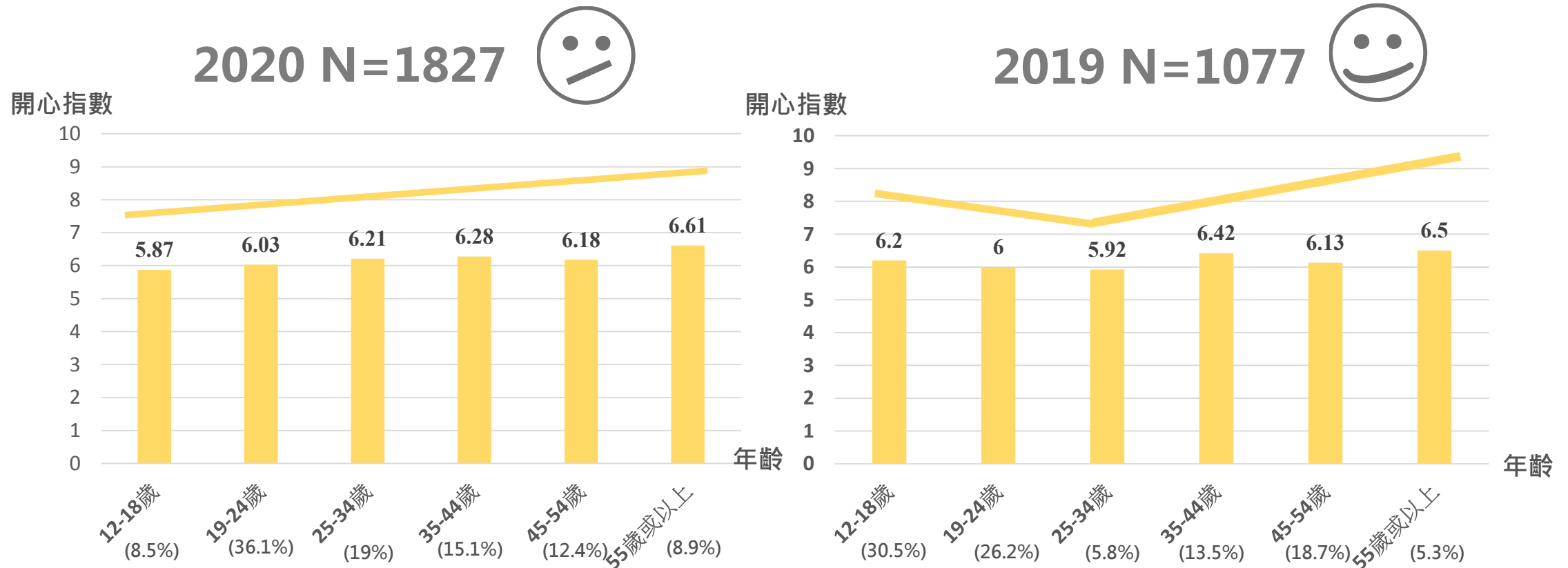| 開心指數	
2020	6.16
2019	6.15
2018	6.54
2017	6.4

自2019年起，開心指數急挫至（6.15）
2020年的開心指數（6.16）與去年相約

有48.5%受訪者整體開心指數有7分或以上
有19%受訪者整體開心指數有4分或以下
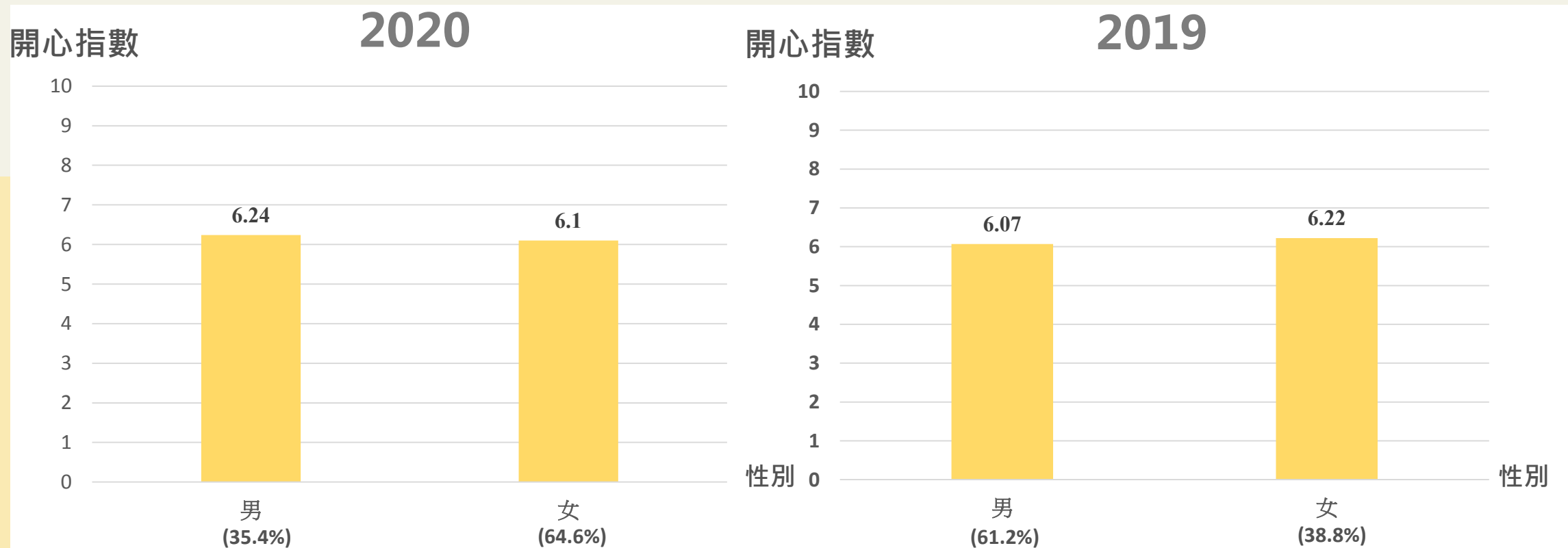
17

開心指數(按年齡劃分)
Happiness Index by Age Groups

開心指數(按性別劃分)
Happiness Index by Gender Groups

2020

開心指數

6.24	6.1

男
(35.4%)　　　　女
(64.6%)

今年女性較男性不開心

2019

開心指數

6.07	6.22

性別

男
(61.2%)　　　　女
(38.8%)
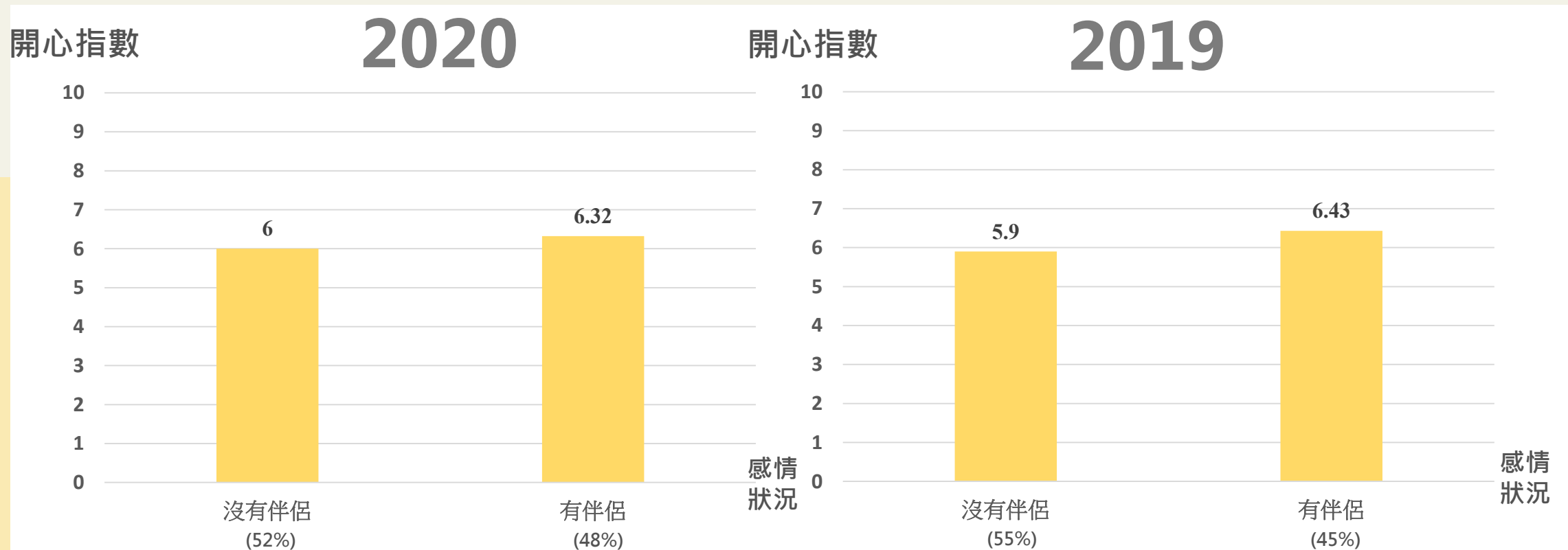
性別
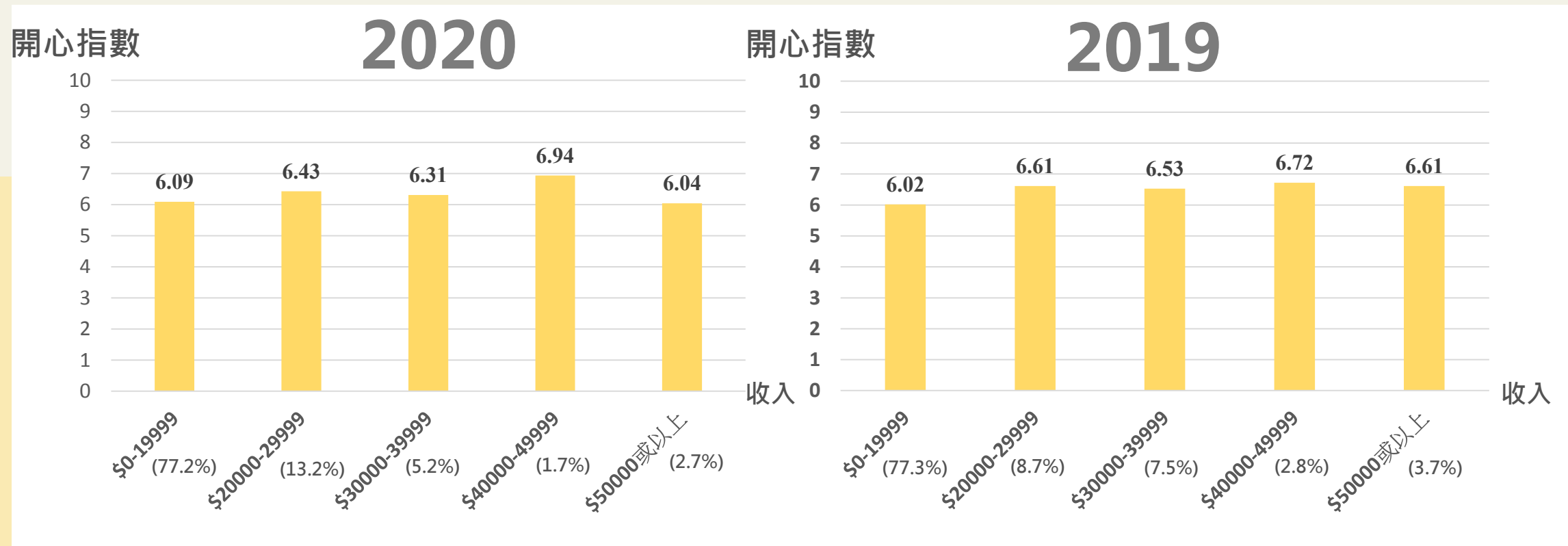
以往男性開心指數較女性不開心

開心指數(按學歷劃分)
Happiness Index by Education
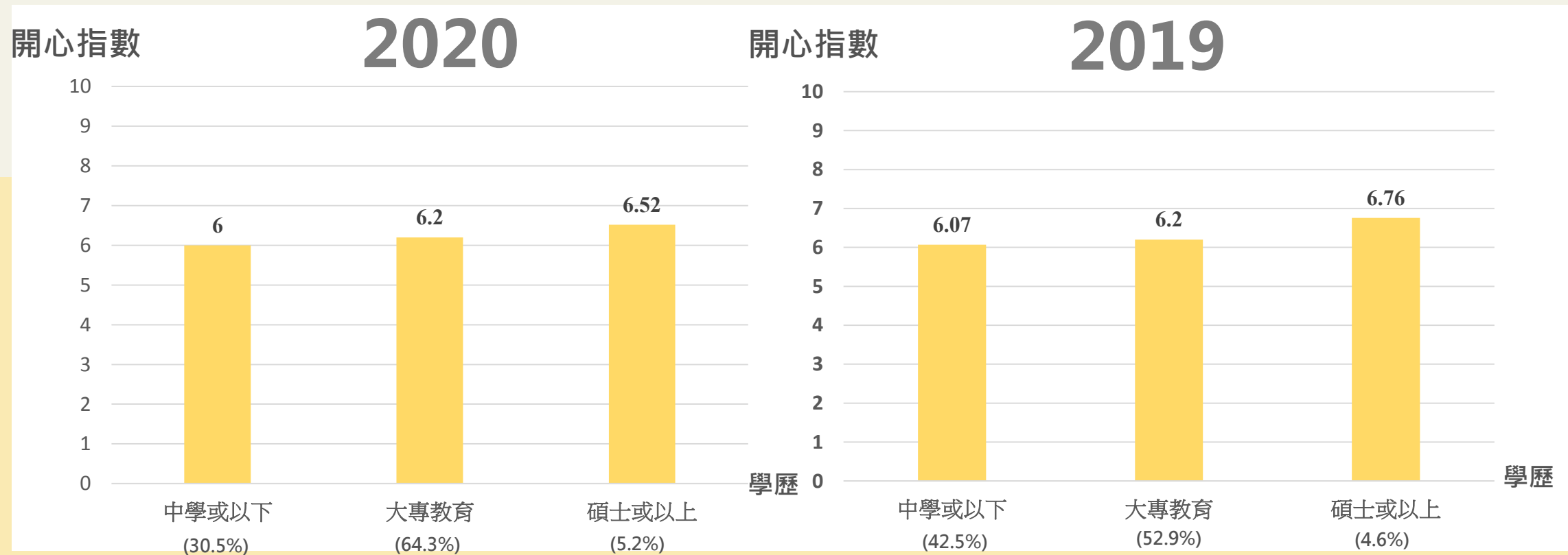
開心指數(按感情狀況劃分)
Happiness Index by Relationship Status

有伴侶的受訪者比沒有伴侶的開心

有伴侶的受訪者比沒有伴侶的開心

開心指數(按個人收入劃分)
Happiness Index by Income

2020

開心指數

6.09	6.43	6.31	6.94	6.04

$0-19999 (77.2%) / $20000-29999 (13.2%) / $30000-39999 (5.2%) / $40000-49999 (1.7%) / $50000或以上 (2.7%)

收入

2019

開心指數

6.02	6.61	6.53	6.72	6.61

$0-19999 (77.3%) / $20000-29999 (8.7%) / $30000-39999 (7.5%) / $40000-49999 (2.8%) / $50000或以上 (3.7%)

收入

收入多與少與開心指數沒有特定趨勢

收入多與少與開心指數沒有特定趨勢

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閃心指數
Happiness Index

內在因素
價值觀及心理資本

價值觀

尊重	責任(社會)	關愛	責任(自我)	誠信
4.02/5	3.23/5	3.48/5	2.30/5	3.04/5
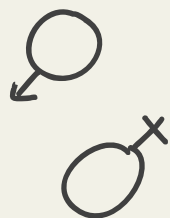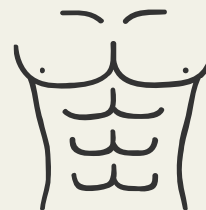
心理資本
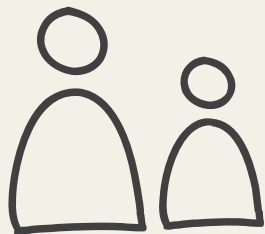
關愛	智慧	堅毅	行動
7.41/10	**7.21/10**	**6.53/10**	**6.35/10**
• 我樂意助人。	• 我力求生活平衡、工作娛樂飲食均能節制。	• 遇到挫敗我不氣餒。	• 我有清晰的人生目標。

「心理資本」的趨勢
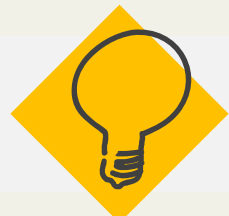
		2018	2019	2020	相差			2018	2019	2020	相差
	關愛	8.13	7.38	7.41	+0.03 ⬆		堅毅	6.68	6.16	6.53	+0.37 ⬆
	智慧	7.03	6.53	7.21	+0.68 ⬆		行動	6.66	6.08	6.35	+0.27 ⬆

25

心理資本 (按年齡劃分)
Mental Capital by Age

2020

心理資本

6.7	7.1	7.34
35歲以下 (63.7%)	35歲至54歲 (27.4%)	55歲或以上 (8.9%)

年齡

心理資本隨年齡增加

2019

心理資本

6.4	6.87	7.28
35歲以下 (62.6%)	35歲至54歲 (32%)	55歲或以上 (5.4%)

年齡
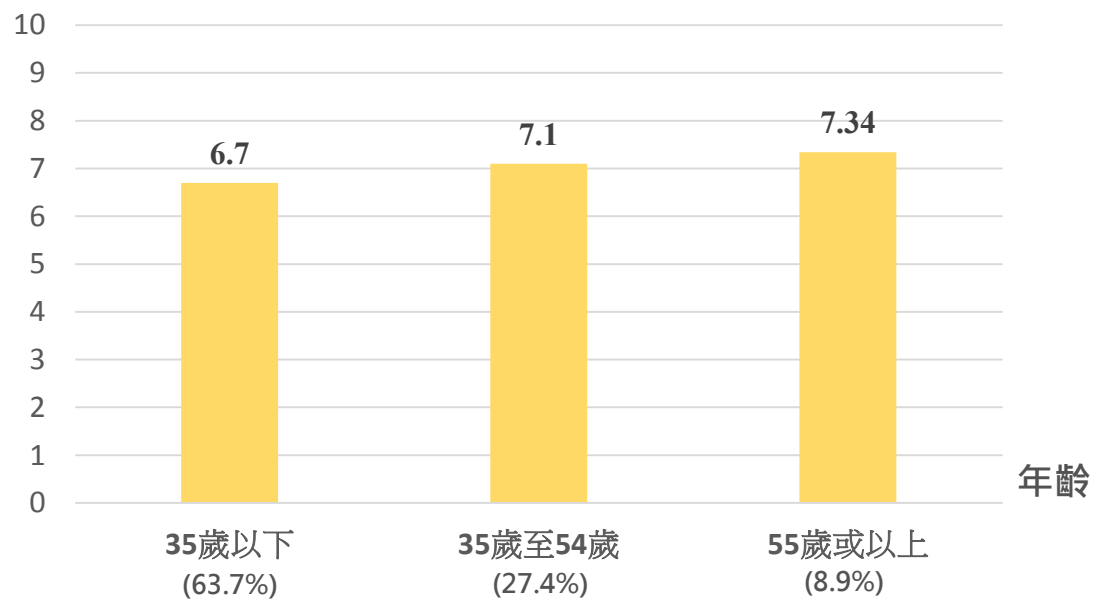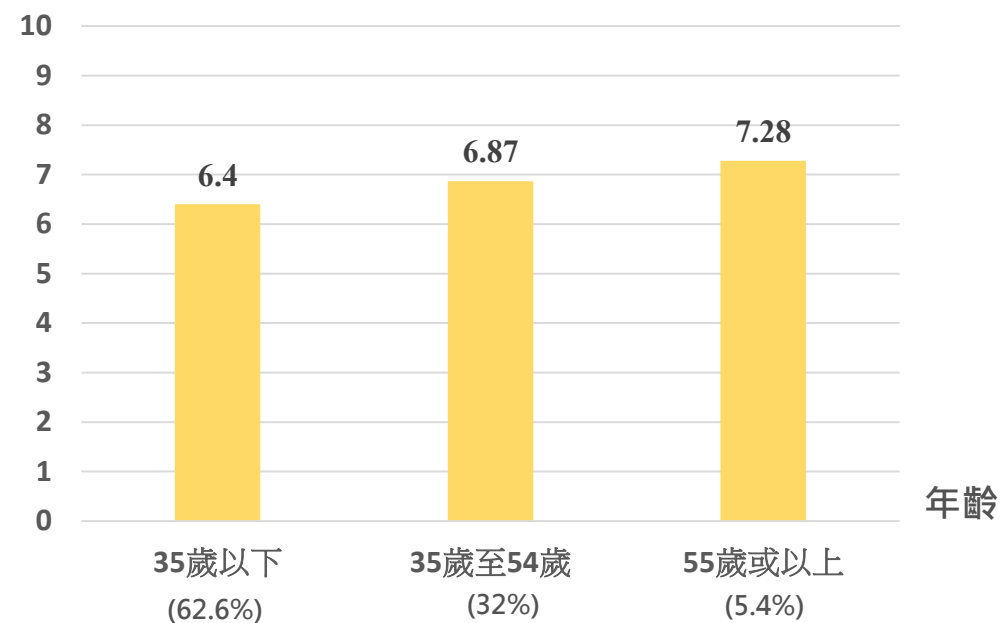
心理資本隨年齡增加

心理資本 (按性別劃分)
Mental Capital by Gender

2020

心理資本

數值
10
9
8
7
6
5
4
3
2
1
0

6.95 男 (35.4%)

6.82 女 (64.6%)

年齡

男性的心理資本比女性高

2019

心理資本

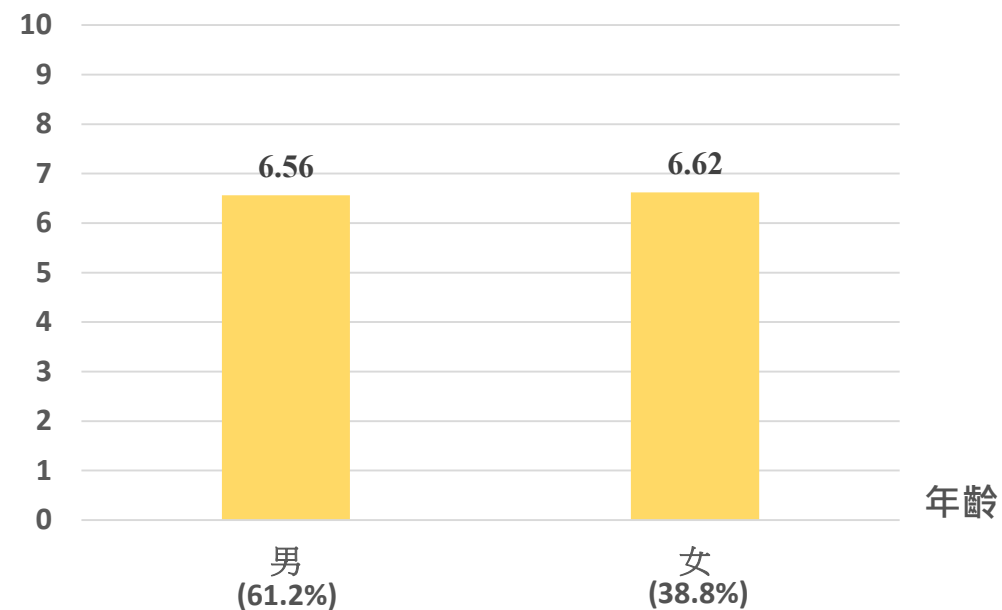| 數值 |
|---|
| 10 |
| 9 |
| 8 |
| 7 |
| 6 |
| 5 |
| 4 |
| 3 |
| 2 |
| 1 |
| 0 |

6.56 男 (61.2%)

6.62 女 (38.8%)

年齡
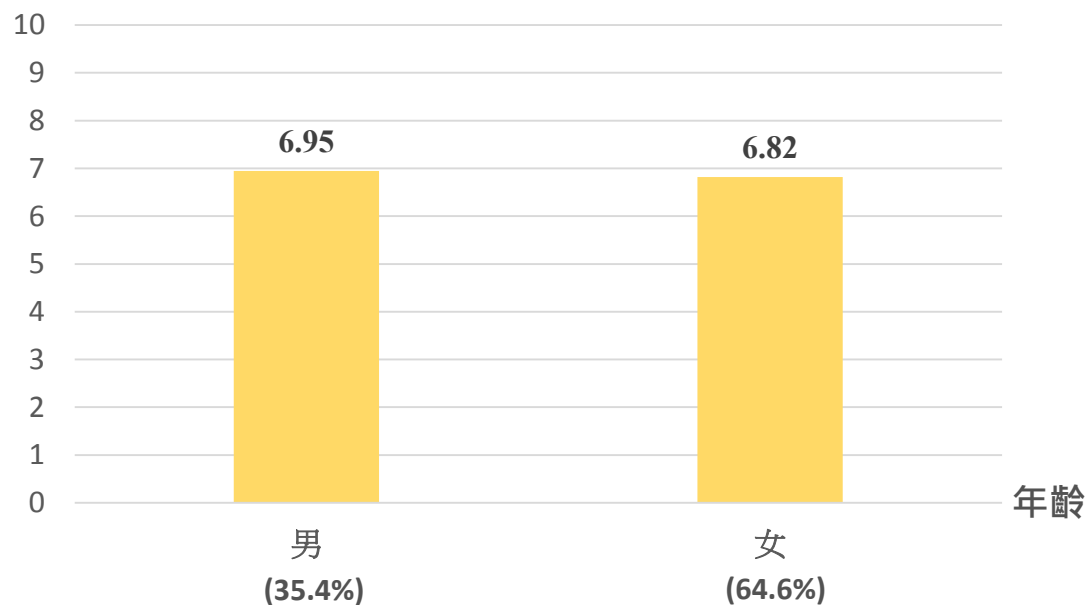
女性的心理資本比男性高

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閂心指數
Happiness Index

🌏 外在因素
對各項生活質素
的滿意程度

「對外在環境的滿意程度」的趨勢
Satisfaction over Quality of Life

	2018	2019	2020	相差			2018	2019	2020	相差
政治及社會狀況	4.53	3.06	3.31	+0.25 ⬆		公共醫療	5.34	5.14	5.19	+0.05 ⬆
政府的施政	4.31	2.73	3.03	+0.30 ⬆		娛樂康體設施	5.72	5.57	5.57	/
經濟狀況	5.25	4.63	4.68	+0.05 ⬆		媒體	5.59	5.39	5.13	-0.26 ⬇
自己的住房狀況	5.88	5.64	5.85	+0.21 ⬆		治安	/	4.06	4.40	+0.34 ⬆
居住環境	6.03	5.81	6.04	+0.23 ⬆		信任政府處事的程度	/	/	3.04	/

最不滿意的三個範疇(按年齡劃分)
THREE Most dissatisfied Area by Age Groups

滿意程度

政治及社會
政府的施政
對政府的信任

年齡

35歲以下
(63.7%)

35歲至54歲
(27.4%)

55歲或以上
(8.9%)

35歲以下: 2.85, 2.42, 2.37
35歲至54歲: 4.21, 4.11, 4.19
55歲或以上: 3.78, 4.07, 4.33
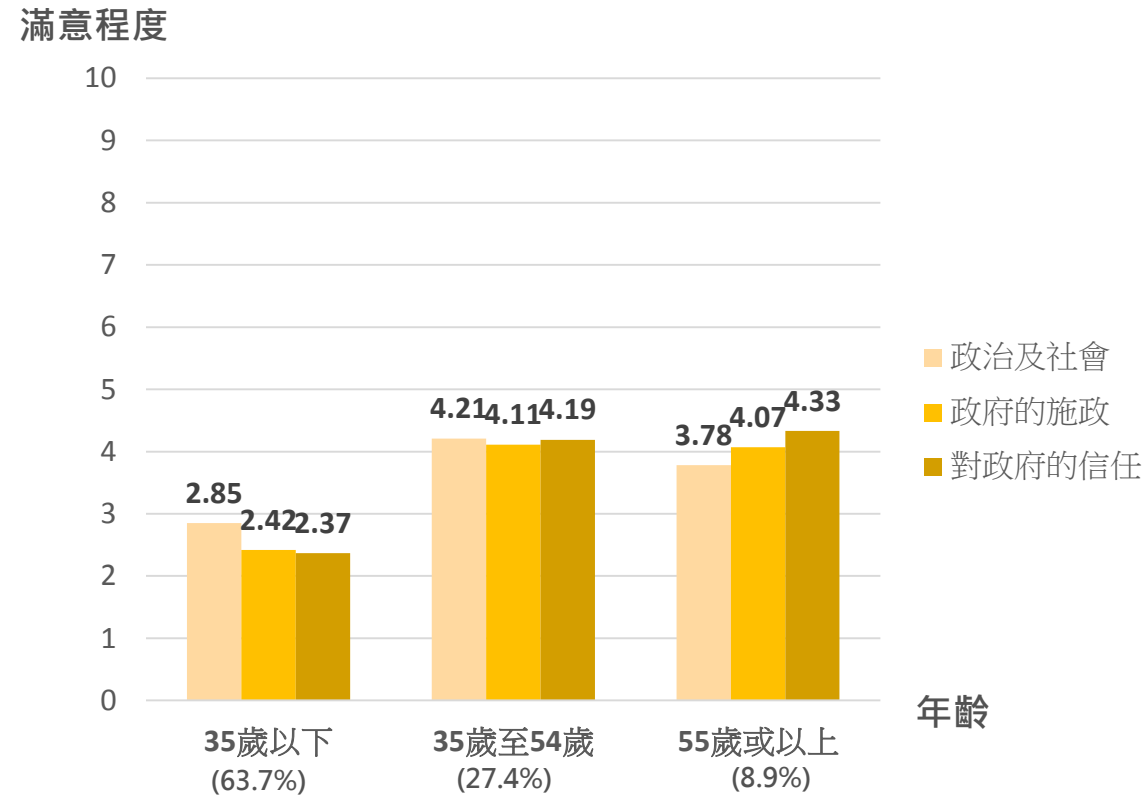
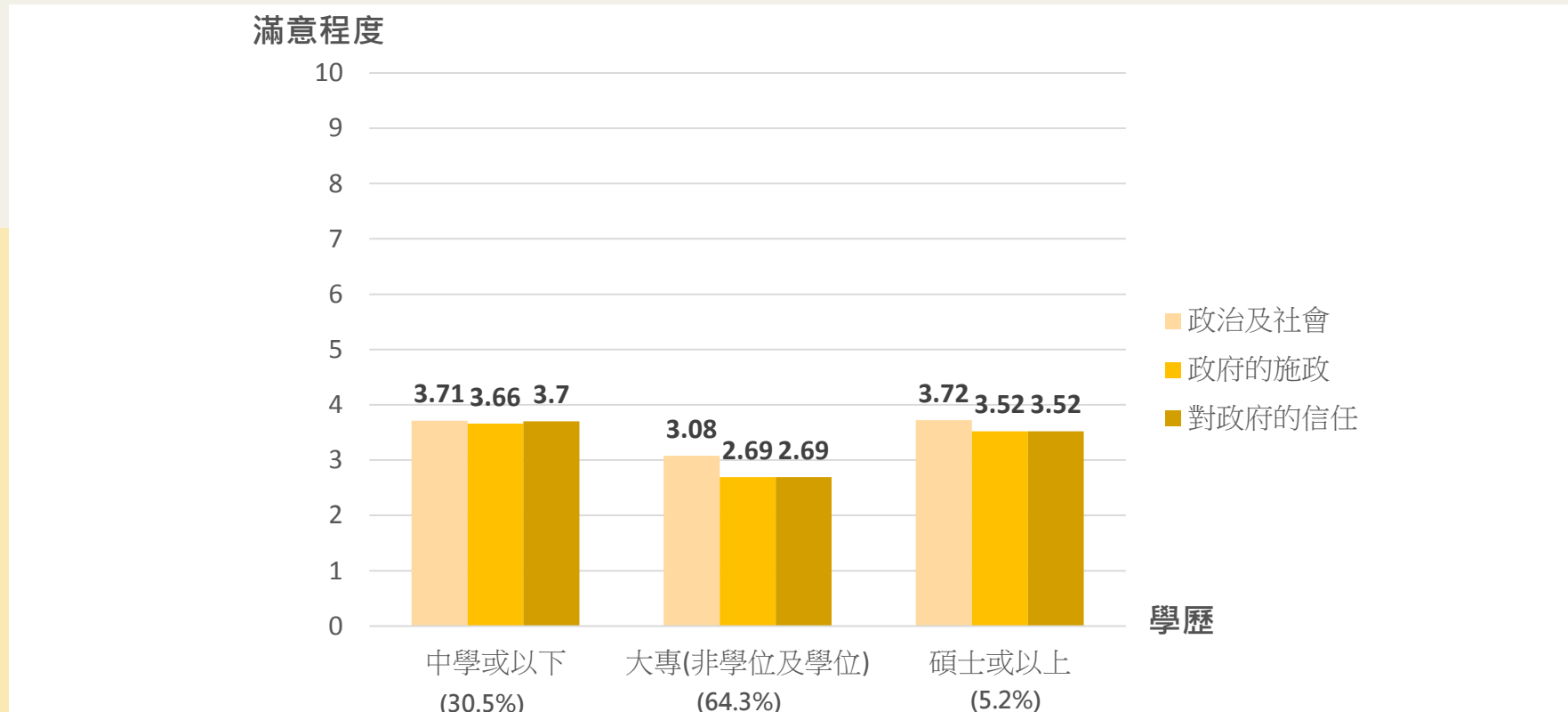## 較年輕的群組感最不滿

35歲或以下受訪者對「政治及社會狀況」、
「政府的施政」及「治安」最不滿。

最不滿意的三個範疇(按學歷劃分)
THREE Most dissatisfied Area by Education Level

中學或以下學歷的群組最滿意

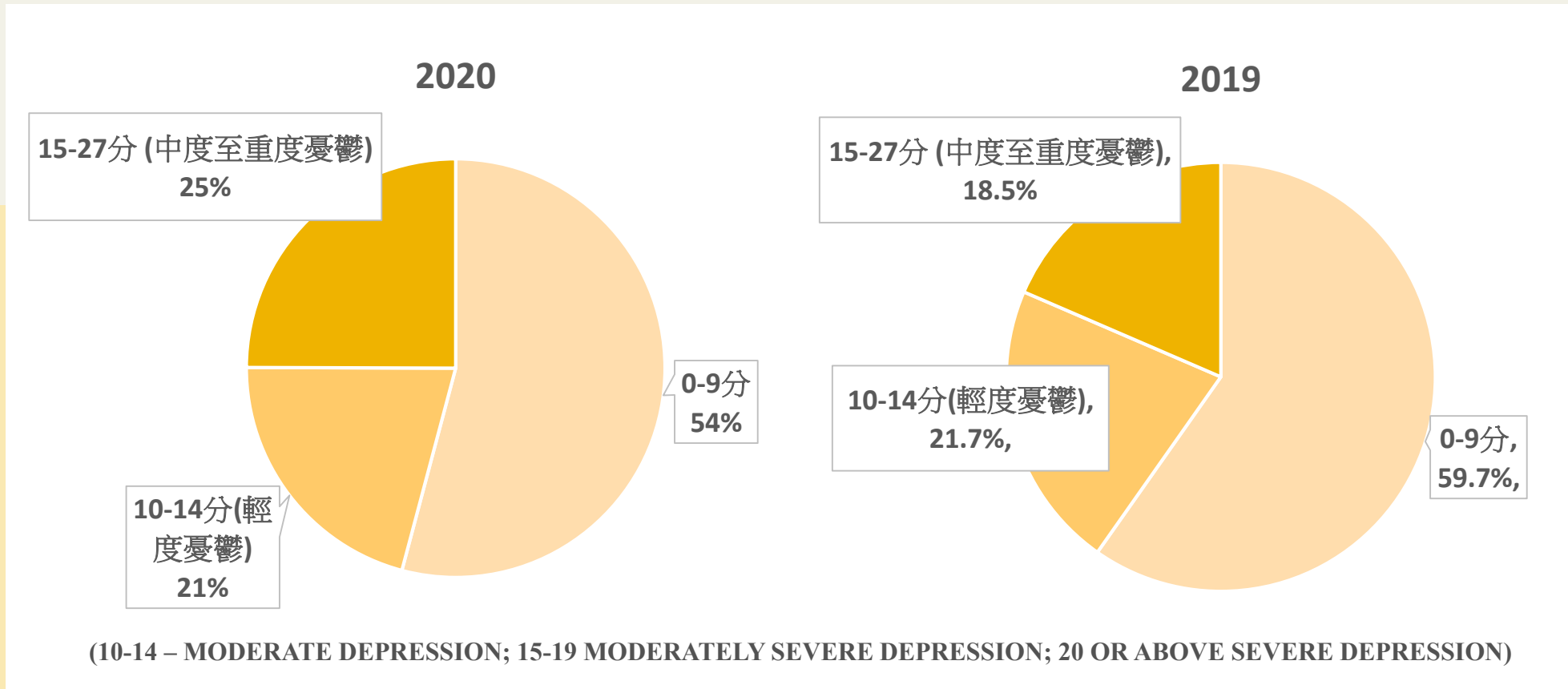學歷在中學或以下的受訪者對「政治及社會狀況」、「政府的施政」及「治安」最滿意。

We Care HK
香港開心 D

開心指數
Happiness Index

抑鬱情緒

抑鬱情緒
PHQ9 Scores

2020

2019

15-27分 (中度至重度憂鬱)
25%

15-27分 (中度至重度憂鬱),
18.5%

0-9分
54%

10-14分(輕度憂鬱),
21.7%,

0-9分,
59.7%,

10-14分(輕度憂鬱)
21%

(10-14 – MODERATE DEPRESSION; 15-19 MODERATELY SEVERE DEPRESSION; 20 OR ABOVE SEVERE DEPRESSION)

受訪者抑鬱症狀比往年嚴重

25%受訪者達15分或以上(中度抑鬱至重度抑鬱)
比去年的18.5%多

Association between depression, health beliefs and face mask use during the COVID-19 pandemic

Provisionally accepted · The final, formatted version of the article will be published soon. ✉ Notify me

👤 Daniel Bressington[1], 👤 Teris Cheuk Chi Cheung[1], 👤 Simon Ching LAM[1*], 👤 Lorna Kwai Ping Suen[1], 👤 Tommy Kwan Hin FONG[1], 👤 Hilda Sze Wing HO[2] and Yu Tao Xiang[3]

[1]Hong Kong Polytechnic University, Hong Kong
[2]York University, Canada
[3]University of Macau, China

The 2019 novel coronavirus (COVID-19) pandemic is associated with increases in psychiatric morbidity. It is unclear if similar rates are evident outside of mainland China or if people with depressive symptoms understand or apply COVID-19 information and face mask use guidelines differently to the general population. Therefore, this study aimed to examine associations between depression, health beliefs and face mask use during the COVID-19 pandemic among the general population in Hong Kong. This study gathered data from 11,072 Hong Kong adults via an online survey. Respondents self-reported their demographic characteristics, depressive symptoms (PHQ-9), face mask use, and health beliefs about COVID-19. Hierarchical logistic regression was used to identify independent variables associated with depression.

The point-prevalence of probable depression was 46.5% (n=5,150. Respondents reporting higher mask reuse (OR=1.24, 95%CI 1.17-1.34), wearing masks for self-protection (OR=1.03 95%CI 1.01-1.06), perceived high susceptibility (OR=1.15, 95%CI 1.09-1.23) and high severity (OR=1.33, 95%CI 1.28-1.37) were more likely to report depression. Depression was less likely in those with higher scores for cues to action (OR=0.82, 95%CI 0.80-0.84), knowledge of COVID-19 (OR=0.95, 95%CI 0.91-0.99) and self-efficacy to wear mask properly (OR=0.90 95%CI 0.83-0.98).

We identified a high point-prevalence of probable major depression and suicidal ideation during the COVID-19 outbreak in Hong Kong. The findings highlight that COVID-19 health information may be a protective factor of probable depression and suicidal ideation during the pandemic. Accurate and up-to-

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Original Article

Prevalence of sleep disturbances during COVID-19 outbreak in an urban Chinese population: a cross-sectional study

Branda Yee-Man Yu [a], Wing-Fai Yeung [a, *], Jason Chun-Sing Lam [a], Sam Chun-Sum Yuen [b], Simon Ching Lam [a], Vincent Chi-Ho Chung [c], Ka-Fai Chung [d], Paul Hong Lee [a], Fiona Yan-Yee Ho [e], Janice Yuen-Shan Ho [a]

ABSTRACT

Objective: The COVID-19 pandemic is a large-scale public health emergency that likely precipitated sleep disturbances in the community. This study aimed to investigate the prevalence and correlates of sleep disturbances during the early phase of COVID-19 pandemic.

Methods: This web-based cross-sectional study recruited 1138 Hong Kong adults using convenience sampling over a two-week period from 6th April 2020. The survey collected data on sleep disturbances, mood, stress, stock of infection control supplies, perceived risk of being infected by COVID-19, and sources for acquiring COVID-19 information. The participants were asked to compare their recent sleep and sleep before the outbreak. The Insomnia Severity Index (ISI) was used to assess their current insomnia severity. Prevalence was weighted according to 2016 population census.

Results: The weighted prevalence of worsened sleep quality, difficulty in sleep initiation, and shortened sleep duration since the outbreak were 38.3%, 29.8%, and 29.1%, respectively. The prevalence of current insomnia (ISI score of ≥ 10) was 29.9%. Insufficient stock of masks was significantly associated with worsened sleep quality, impaired sleep initiation, shortened sleep duration, and current insomnia in multivariate logistic regression (adjusted OR = 1.57, 1.72, 1.99, and 1.96 respectively, all $p < 0.05$).

Conclusion: A high proportion of people in Hong Kong felt that their sleep had worsened since the COVID-19 outbreak. Insufficient stock of masks was one of the risk factors that were associated with sleep disturbances. Adequate and stable supply of masks may play an important role to maintain the sleep health in the Hong Kong general population during a pandemic outbreak.

October 21, 2020

Understanding the phenomena of suicidal ideation in the COVID-19 Era for suicidal prevention strategy

Simon Ching Lam, PhD, RN, FHKAN | Squina International Centre for Infection Control, School of Nursing, The Hong Kong Polytechnic University.

This special communication indicated the COVID-19 pandemic "may increase the risk of population suicide through its effects on a number of well-established suicide risk factors". This was because we observed the presence of many contributing suicidal factors including pandemic-specific (e.g., social isolated, economic burden, unforeseeable threats[1])[2,3], and pre-pandemic (e.g., social crisis in some regions, unmet mental health services)[4]. Therefore, health experts envisaged the high prevalence of suicide during the COVID-19 pandemic, but there was minimal evidence published that matched with this claim.

Although it is known that people with suicidal ideation may not attempt suicide, suicidal thought is one of measureable and observable variables of individuals before an end of life. Currently, there is paucity of published study reflecting the suicidal ideation among general public globally in the COVID-19 Era. Instead, some are still under review[5].

We conducted a cross-sectional research on mental health issues among general population (including measurement of depressive symptoms and suicidal ideations by PHQ-9) with our collaborators in 10 countries/regions nationwide, where covered North America (n=1,226), South America (n=8,382), Europe (n=975), and Asia (n=13,794), in April 2020. The prevalence of depressive symptoms was alarming globally, i.e., North America (46.7%), Asia (42.2%), South America (31.8%), and Europe (21.5%). However, the pattern of prevalence of suicidal ideation was different, which Asian people

# Association Between Depression, Health Beliefs, and Face Mask Use During the COVID-19 Pandemic

Daniel Thomas Bressington [1,2†], Teris Cheuk Chi Cheung [1†], Simon Ching Lam [1,3*†], Lorna Kwai Ping Suen [1,3†], Tommy Kwan Hin Fong [1], Hilda Sze Wing Ho [4] and Yu-Tao Xiang [5]

[1] School of Nursing, The Hong Kong Polytechnic University, Kowloon, Hong Kong, [2] College of Nursing and Midwifery, Charles Darwin University, Casuarina, NT, Australia, [3] Squina International Center for Infection Control, The Hong Kong Polytechnic University, Kowloon, Hong Kong, [4] Department of Psychology, York University, Toronto, ON, Canada, [5] Faculty of Health Sciences, University of Macau, Macau, China

The 2019 novel coronavirus (COVID-19) pandemic is associated with increases in psychiatric morbidity, including depression. It is unclear if people with depressive symptoms understand or apply COVID-19 information differently to the general population. Therefore, this study aimed to examine associations between depression, health beliefs, and face mask use during the COVID-19 pandemic among the general population in Hong Kong. This study gathered data from 11,072 Hong Kong adults via an online survey. Respondents self-reported their demographic characteristics, depressive symptoms (PHQ-9), face mask use, and health beliefs about COVID-19. Hierarchical logistic regression was used to identify independent variables associated with depression. The point-prevalence of probable depression was 46.5% ($n = 5,150$). Respondents reporting higher mask reuse (OR = 1.24, 95%CI 1.17–1.34), wearing masks for self-protection (OR = 1.03 95%CI 1.01–1.06), perceived high susceptibility (OR = 1.15, 95%CI 1.09–1.23), and high severity (OR = 1.33, 95%CI 1.28–1.37) were more likely to report depression. Depression was less likely in those with higher scores for cues to action (OR = 0.82, 95%CI 0.80–0.84), knowledge of COVID-19 (OR = 0.95, 95%CI 0.91–0.99), and self-efficacy to wear mask properly (OR = 0.90 95%CI 0.83–0.98). We identified a high point-prevalence of probable major depression and suicidal ideation during the COVID-19 outbreak in Hong Kong, but this should be viewed with caution due to the convenience sampling method employed. Future studies should recruit a representative probability sample in order to draw more reliable conclusions. The findings highlight that COVID-19 health information may be a protective factor of probable depression and suicidal ideation during the pandemic. Accurate and up-to-date health information should be disseminated to distressed and vulnerable subpopulations, perhaps using digital health technology, and social media platforms to prompt professional help-seeking behavior.

抑鬱情緒（按年齡劃分）
PHQ9 Scores by Age Groups
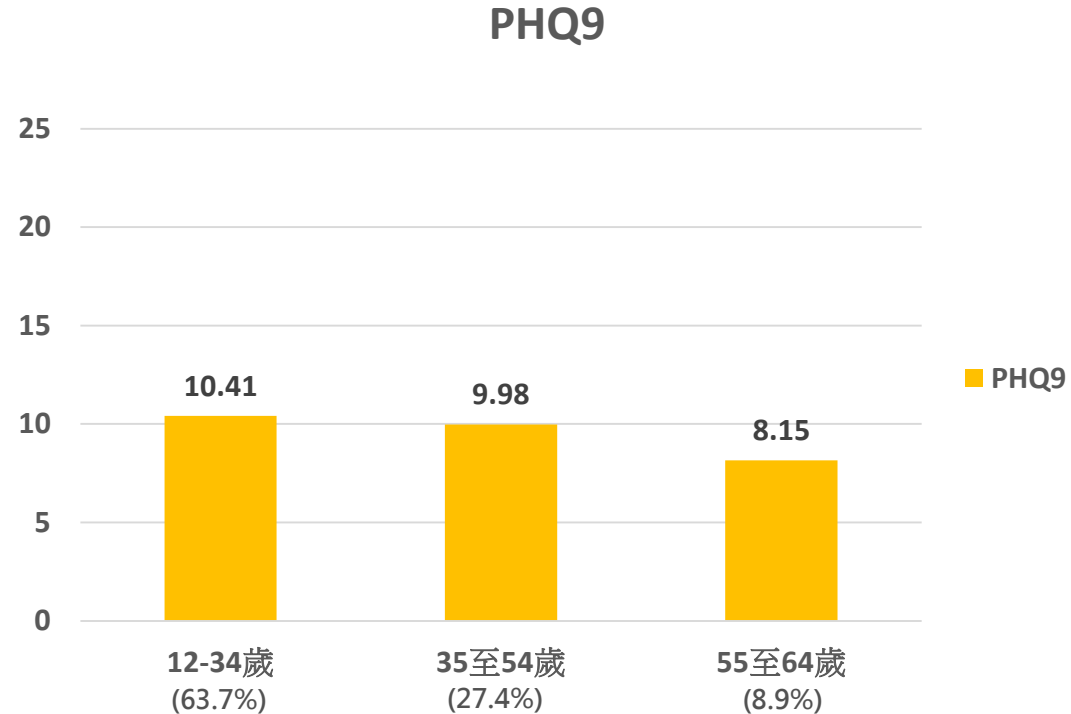
PHQ9

十至十四分為輕度抑鬱；十五至十九分為中度抑鬱；二十分或以上為重度抑鬱

(10-14 – MODERATE DEPRESSION; 15-19 MODERATELY SEVERE DEPRESSION; 20 OR ABOVE SEVERE DEPRESSION)

較年輕的群組最抑鬱

12-34歲群組的抑鬱情緒，比其他年齡群組高

WeCare HK
香港開心D

閂心指數
Happiness Index
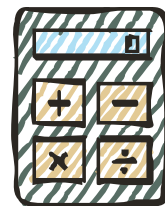
統計分析

「開心指數」與「心理資本」及「與外在環境滿意程度」的趨勢及關係
Trend and correlation for 'Happiness Index' with 'Mental Capital' and 'Satisfaction Level over Quality of Life'

程度

	內在心理因素 心理資本	對外在環境的滿意程度
Pearson Correlation	.502***	.471***
p	<.001	<.001

圖表數值：
- 心理資本：2018年 7.33，2019年 6.56，2020年 6.87
- 整體開心指數：2018年 6.54，2019年 6.15，2020年 6.16
- 與外在環境滿意程度：2018年 5.79，2019年 4.67，2020年 4.62

年份

圖例：
— 整體開心指數
— 心理資本
— 與外在環境滿意程度
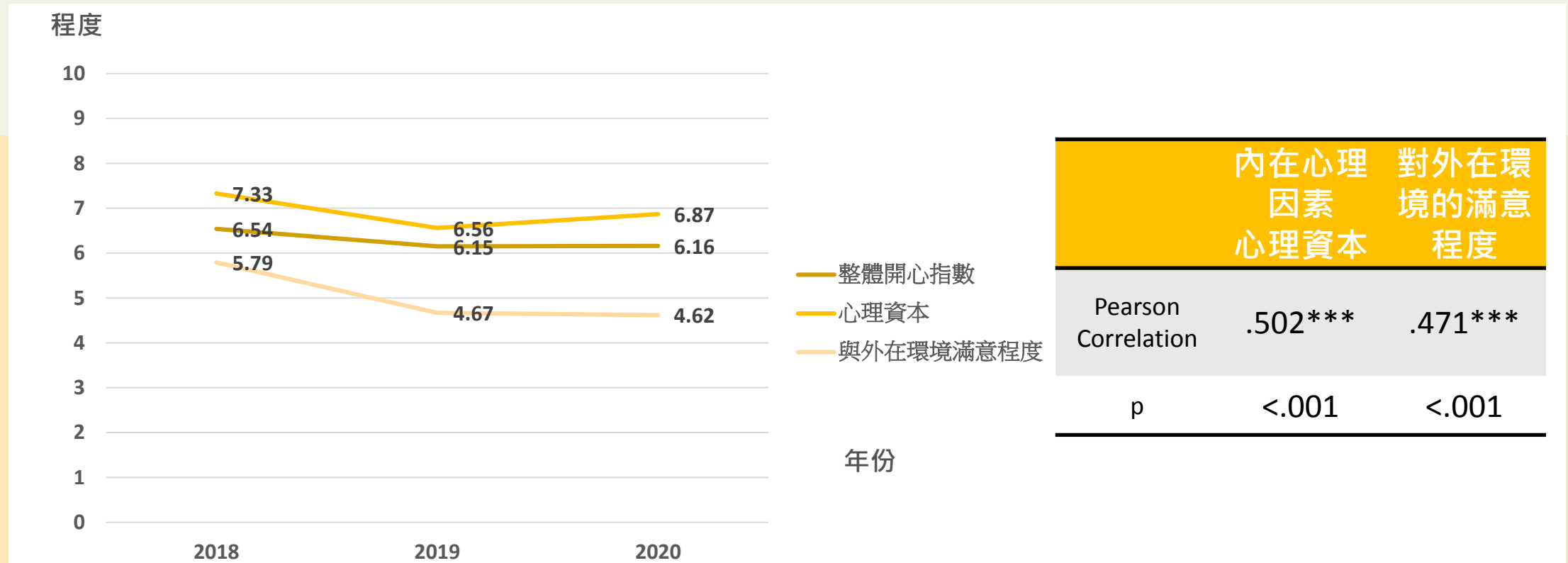
各項指標與去年相約，仍遠低於2018年

比去年，心理資本微升，外在環境滿意程度微跌
「心理資本」較「與外在環境滿意程度」對開心的影響較大

「開心指數」與「心理資本」的關係
Correlation between 'Happiness Index' and 'Mental Capital'

	關愛	智慧	堅毅	行動
Pearson Correlation	.342***	.360***	.446***	.442***
p	<.001	<.001	<.001	<.001
N	1827	1827	1827	1827

心理資本的「關愛」、「智慧」、「堅毅」
及「行動」與「開心指數」呈正向關係

心理資本中的「堅毅」與開心指數最相關（r=.446, p<.001)

「開心指數」與「與外在環境滿意程度」的關係
Correlation between 'Happiness Index' and 'Satisfaction Level over Quality of Life'

	政治及社會狀況	政府的施政	經濟狀況	自己的住房狀況	居住環境	公共醫療	娛樂康體設施	媒體	治安	信任政府處事的程度
Pearson Correlation	.351***	.318***	**.394*****	**.401***	**.388***	.381***	.383***	.350***	.306***	.306***
p	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001
N	1827	1827	1827	1827	1827	1827	1827	1827	1827	1827

各項「生活質素的滿意程度」與「開心指數」均相關
「經濟狀況」、「自己的住房狀況」及「居住環境」與開心指數最相關

「內在心理因素」、「外在因素」及「個人特徵」對開心的迴歸分析

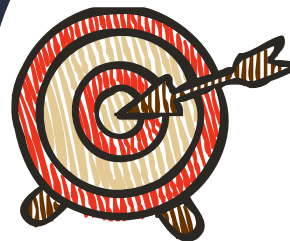|	Standardised Coefficient Beta	p value
內在心理因素 (價值觀)*** (Internal Factor – Values)	.145	p<0.001
內在心理因素 (心理資本)*** (Internal Factor – Mental Capital)	.285	p<0.001
對外在環境的滿意程度*** Satisfaction over Quality of Life	.330	p=0.001
教育程度** Education Level	.060	p<0.05
感情狀況* Relationship Status	.035	p <0.1

「內在心理因素」對於一個人是否開心，最具影響力

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開心指數
Happiness Index

研究洞悉

【圖解】各項因素對開心的影響力

最強
內在心理因素
心理資本、價值觀

中等
外在環境因素
政治、經濟、社會、環境等十個項目

輕微
個人特徵
教育程度、感情狀況

研究洞悉

閞心指數
Happiness Index

1

開心指數
持續低迷

開心指數與去
年相約，但仍
遠比2018年份
低

2

正向價值觀
能起作用

「正向價值觀」
與「心理資本」
是構成「內在
心理因素」的
重要部份

3

各項指標
仍然偏低

「心理資本」
及「對外在環
境滿意程度」
微升，但仍遠
比2018年低

4

年輕人
最感不滿

年輕人對「政
治及社會」、
「政府的施政」
及「對政府的
信任度」滿意
度最低

5

抑鬱情緒
持續嚴重
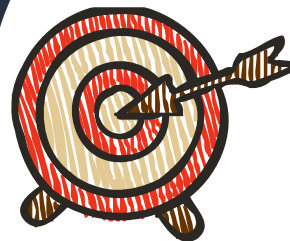
「抑鬱情緒」持
續嚴重，情況值
得關注

6

內在心理因素
最具影響力

「內在心理因素」
對開心最具影響力，
「對外在環
境的滿
意程度」則僅次其
下

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閃心指數
Happiness Index

建議

個人

☺ 從自己建立強大的「逆境」心理開始

建立心理資本

關愛

互相扶持關心愛護
沒有什麼問題是解決不了，
齊心合力，共同解決！

智慧

不用執著壞那一面
世事未必樣樣完美，
不必追求完美！

堅毅

不要讓那團火熄掉
難關的確很難
好好燃燒那團對未來及生活的火！

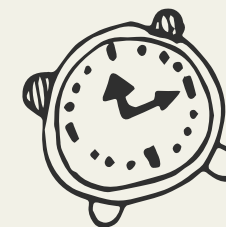**行動**

朝著目標進發
此路不通，就行新路
總會一天到達！

**培養心理資本，提升個人抗逆力
應對負面環境**

建立正向價值觀

將心比己，
關心別人的
處境多點

對社會及自
己負上更多
責任

重視個人
誠信

**共同構建一個更和諧、更開心的社會
有助提升整體港人的開心指數**

個人

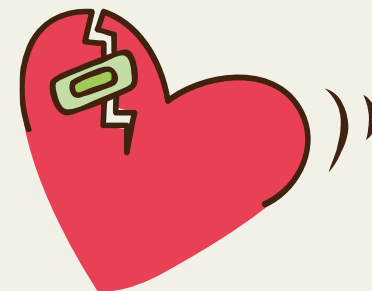察覺自我情緒

情緒病不是洪水猛獸

負面環境下，每人都有負面情緒，不必壓抑或恐懼這些情緒，更應學懂與其相處

進行自我檢測

填寫簡單問卷(PHQ9)
評估自己的狀況
詳情可瀏覽：www.hkwecare.hk/phq9

尋求協助

透過網上軟件，與專業人士聯絡及咨詢
或向身邊的朋友尋求援助

社會及政府

教育	社會	政府

加強「內在心理」的教育

- 如：情緒管理、壓力管理的技巧、生命教育
- 建立正向心理的知識、技巧、態度

學習生活技能

- 從小培訓個人生活技能
- 一切從學習「失敗」起，培養個人堅毅的意志

推動正向價值觀

- 每人一少步，展現多一點關愛、包容共濟、互相扶持
- 多考慮別人的角度，聽取不同意見
- 面對差異時應以尊重和包容的對待
- 構建一個更和諧、更開心的社會

想市民所想，急市民所急

- 處理當下疫情為市民帶來的影響
- 加強對弱勢的支援
- 做足充份準備迎接經濟復甦

關注青年所關注

- 堅信青年人是社會的未來
- 如鼓勵及支持他們創業、
- 聆聽他們需要

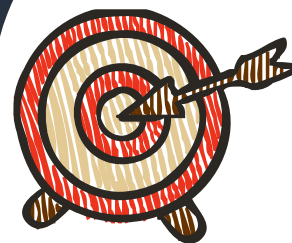## 重建溝通橋樑

- 增加施政透明度，加強跟社會各界的溝通，以謙和及開放的態度聆聽意見
- 求施政貼近民情民意，重建信任

We Care HK 香港開心D

開心指數
Happiness Index

謝謝

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【圖解】開心方程式

內在因素　+　外在因素　=　開心指數

（e.g. 心理資本
價值觀）

（e.g. 對各項生活質素
的滿意程度）

抑鬱情緒

「開心指數」與抑鬱情緒的關係
PHQ9 Scores by Age Groups
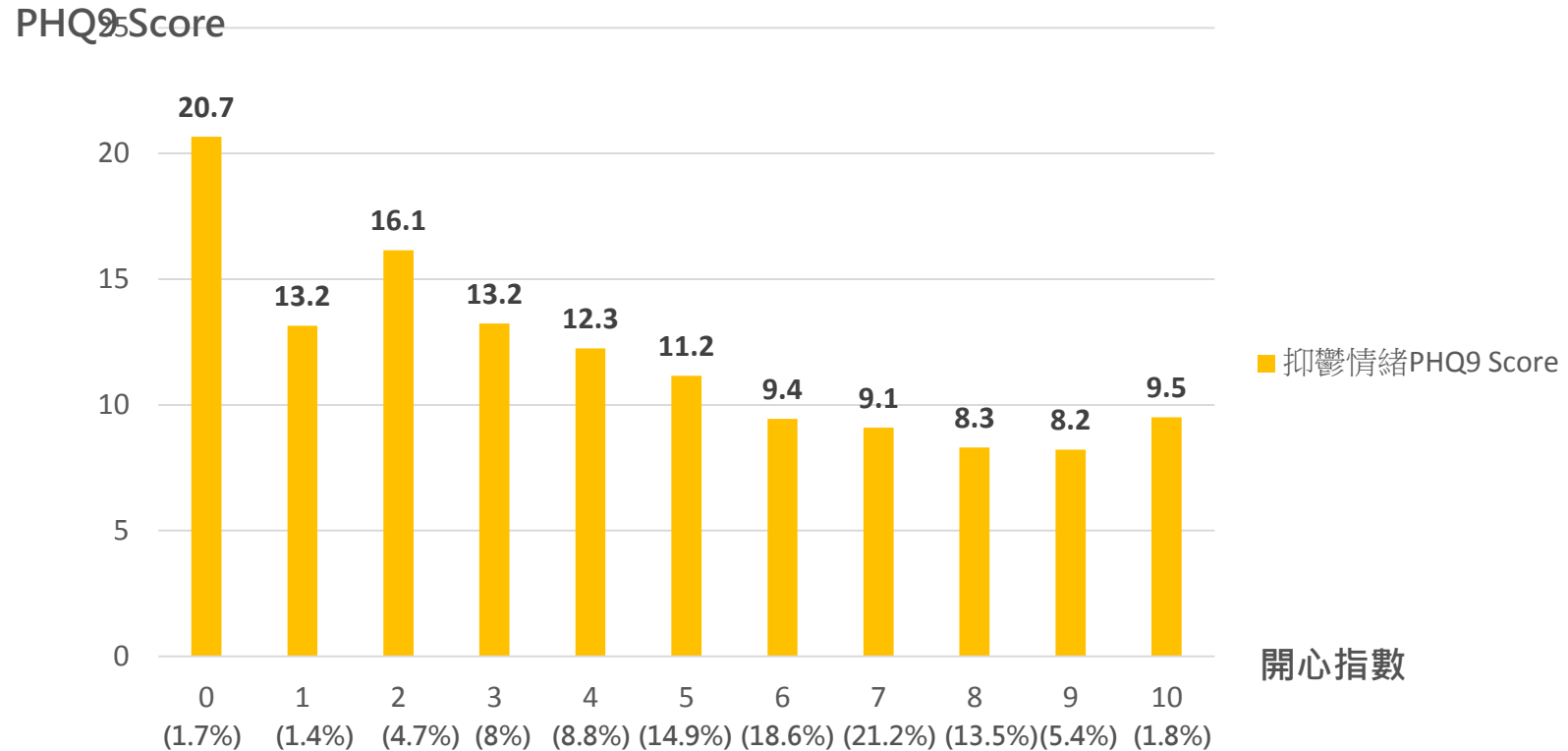
PHQ9 Score

20.7 16.1 13.2 13.2 12.3 11.2 9.4 9.1 8.3 8.2 9.5

抑鬱情緒PHQ9 Score

開心指數										
0	1	2	3	4	5	6	7	8	9	10
(1.7%)	(1.4%)	(4.7%)	(8%)	(8.8%)	(14.9%)	(18.6%)	(21.2%)	(13.5%)	(5.4%)	(1.8%)

十至十四分為輕度抑鬱 ；十五至十九分為中度抑鬱 ；二十分或以上為重度抑鬱

(10-14 – MODERATE DEPRESSION; 15-19 MODERATELY SEVERE DEPRESSION; 20 OR ABOVE SEVERE DEPRESSION)

「開心指數」與「抑鬱情緒」呈負向關係

兩者呈負向關係 (r=-.313, p<.001)

Figure 1
Trends of Happiness Index, LIFE mental capital and external factors

Legend: ● Happiness index ● LIFE mental capital ● External factors

LIFE mental capital: 7.48 (2012), 7.47 (2013), 7.49 (2014), 7.31 (2015), 7.44 (2016), 7.27 (2017), 7.12 (2018)

Happiness index: 7.05 (2012), 7.09 (2013), 7.08 (2014), 7.05 (2015), 6.8 (2016), 6.93 (2017), 6.36 (2018)

External factors: 5.51 (2012), 5.26 (2013), 5.37 (2014), 5.82 (2015), 5.33 (2016), 5.36 (2017), 5.3 (2018)