

# Happiness Groups Decrease Depression & Pain; Increase Happiness, Vitality, & Social Life



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# Depression

- Contributes disease burden + \$ (Mathers & Loncar, 2006).
- Depression + pain > primary care visits (Arnow et al., 2009; Bair et al., 2003; Katon et al., 2003; Narasimhan & Campbell, 2010).
- Disability costs > hypertension, = diabetes & back problems (CCHS, 2002; Pruss et al., 2000).
- Association w pain (2.5 - 10x depression) (DeVeugh-Geiss et al., 2010; Lee & Tsang, 2009; Narasimhan & Campbell, 2010).
- Outcome poor after 6 mo tx in pts w pain + depression (Kroenke et al., 2008; Thielke et al., 2007).

# Solution

- 40% RDPCN referrals = depression
- Happiness groups grounded in positive psychology developed to increase levels of happiness. Can these help with pain?
- Positive psychology = empirical science of happiness (positive experiences, emotions, & traits, positive communities)

# Rationale: Happiness =

- < cortisol (Cohen et al., 2003)
- + natural killer cell activity (Salovey et al., 2000)
- < physiological reactivity to stress (Taylor et al., 2003)
- Longevity: 7.5 - 10 years more (+ quality) (Veenhoven, 08)
- + sleep, exercise, medical adherence, less stress & pain (Pressman & Cohen, 05)
- (smoke, drink, obesity associated w depression; Lukassen & Beaudet, 2005; Patten & Juby, 2008; Smith et al., 2007).
- “Hidden reset button” (Fredrickson, 2000)

# Method

- Seven week happiness program = weekly interventions and lessons (2 hours)
- Completion of SF-12v2 Health Survey (pre and post group, 3 and 6 months)
- *Happiness 101: A how-to guide in positive psychology for people who are depressed, languishing, or flourishing* (Lambert, 2009; RDPCN, 2011)

# Program: Happiness 101

Week 1	What is positive psychology? Participant responsibility (homework, focus on present/future). Myths re: happiness: it needs no effort; circumstances prevent it; I need things not experiences; happiness is unrealistic; deal with past first; if happiness is a goal, I can do what I like; money.
Week 2	Benefits of happiness (health, employment, relationships, finances, cognition; Lyubomirsky, Diener, & King, 2005). Sustainable Happiness Model (Lyubomirsky, Sheldon, & Schkade, 2005). Counter adaptation: effort, fit, variety, skill, habit, purpose (Lyubomirsky, 2009).
Week 3	Heroism (Zimbardo, 2009); Who is a hero and how? Video of bystander effect, heroes in media. When have you been a hero; how can you be? Feeling better = do, be better
Week 4	Broaden-and-Build Model (Fredrickson, 2006); role of positive emotions (joy, vitality, awe, pride, interest, inspiration, gratitude, optimism). Share story about each positive emotion. Happiness is not one feeling, but many.
Week 5	Authentic Happiness (Seligman, 2002); introduce pleasure, engagement/ flow, meaning. Develop Happiness Plan includes relationships, health, achievement (Seligman, 2011).
Week 6	Role of physical activity; benefits of exercise; joy of movement (Kimiciek, 2002), positive affect (flow; Csikszentmihalyi, 1990), neurogenesis (Ratey, 2008), immunity, aging.

# Weekly Interventions

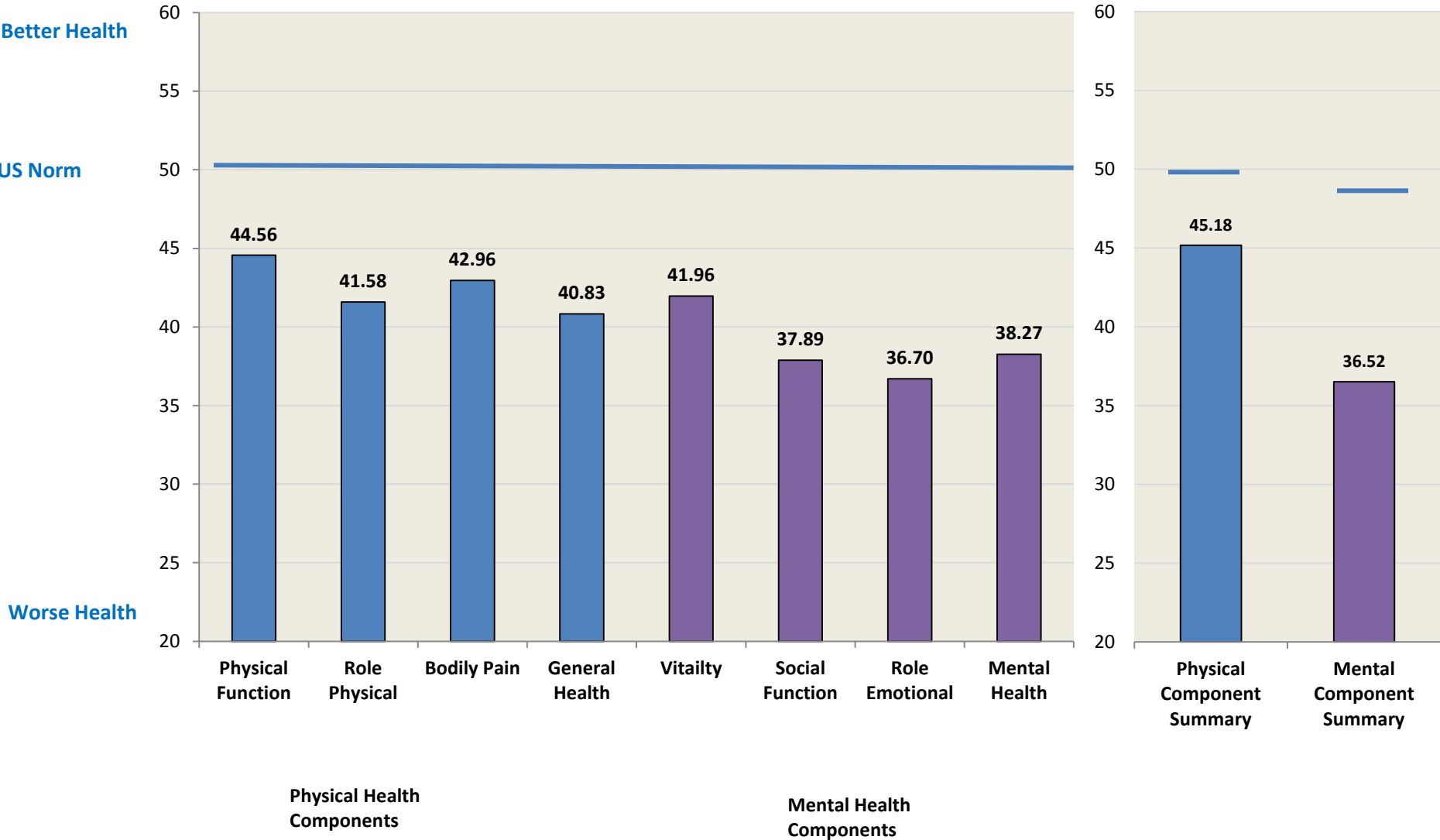
Week 1	Mindfulness (Brown, Ryan, & Creswell, 2007); Time control (Flaherty, 2003)
Week 2	Goal setting & implementation; Reducing over-thinking (Lyubomirsky et al., 2006; Lyubomirsky & Tkach, 2003)
Week 3	Three good deeds; Optimism, Self talk (Gammage, Hardy & Hall, 2001; Hardy et al., 2001)
Week 4	Writing and thinking about positive experiences (Burton & King, 2004); Savoring (Bryant & Veroff, 2006); Gratitude letter & visit (Duckworth et al., 2005; Seligman et al., 2005)
Week 5	Best possible self (Kurtz & Lyubomirsky, 2008); Planning a Standing Date
Week 6	Counting blessings & three good things (Seligman et al., 2005)
Week 7	Focus Group/ Patient Experiences and Potluck (open to all participants)

# Quantitative Results

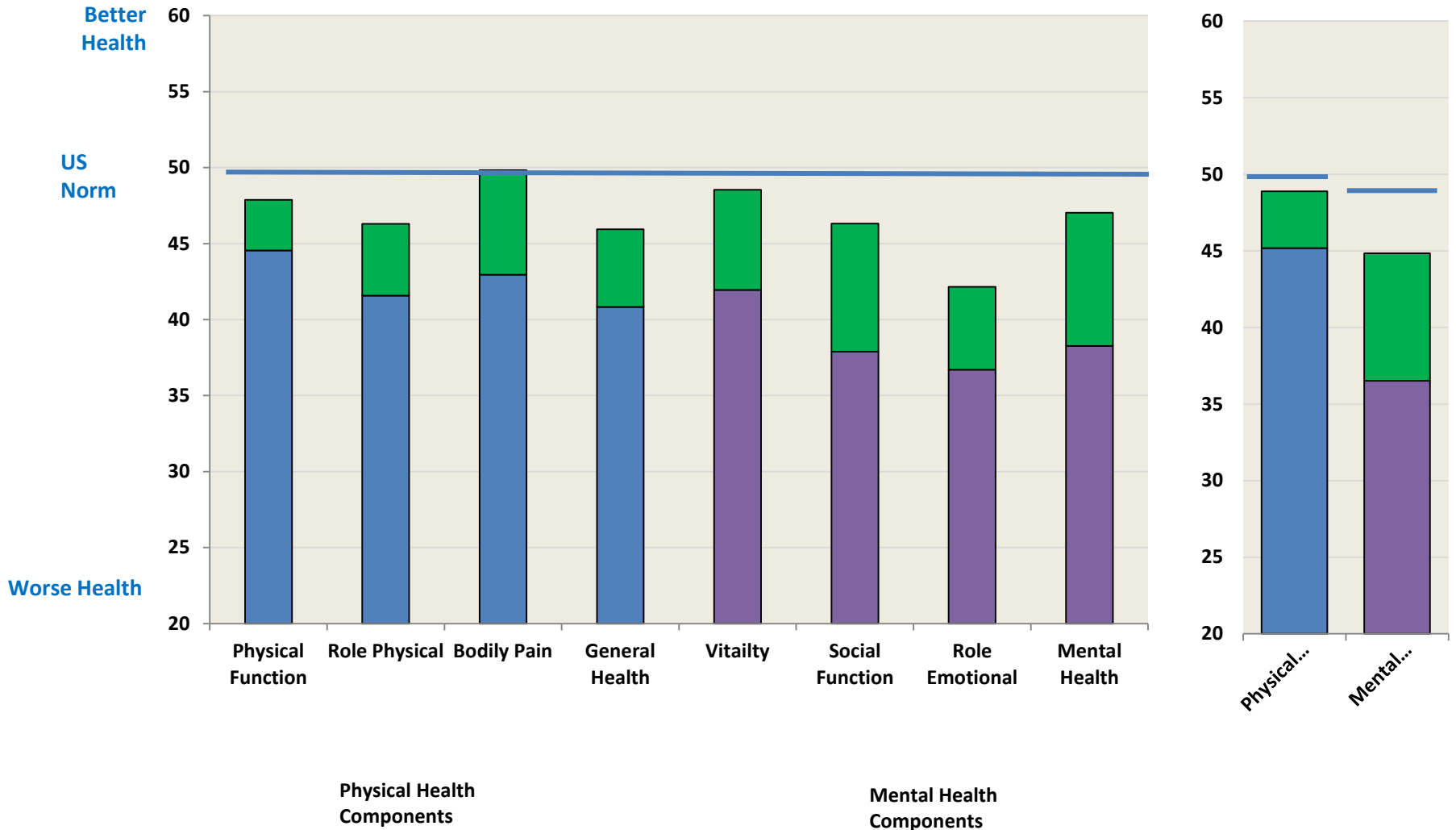
- Statistically significant reduction in depression and reports of pain at 3 months
- Statistically significant improvement in positive mood, social life, vitality at 3 months
- Happiness = less pain
- Cost-savings? Time will tell.
- Will gains hold? 6-month data incoming.



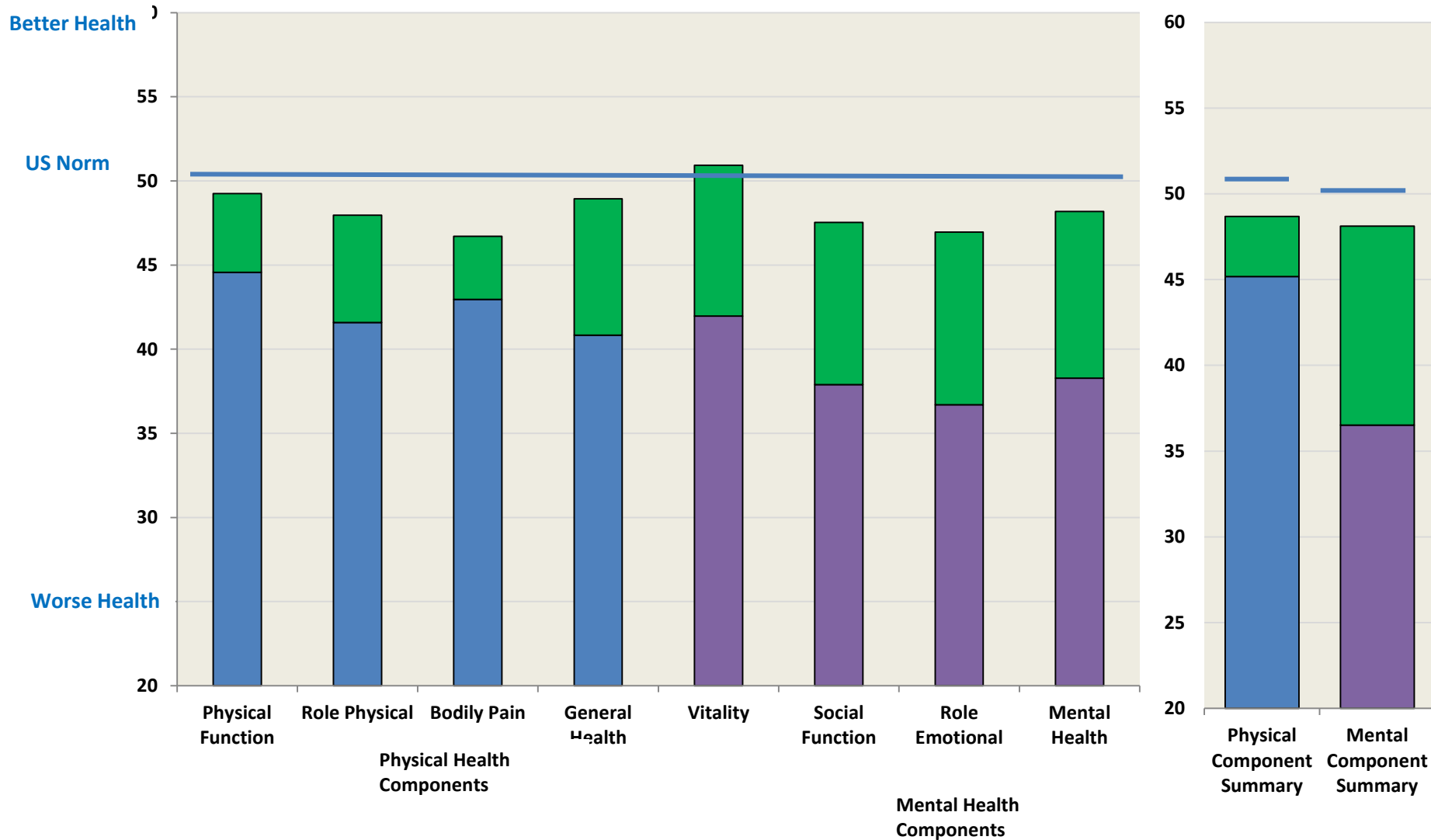
# Happiness Group Participants Norm Based Physical and Mental Health Measures - Baseline (n = 114)



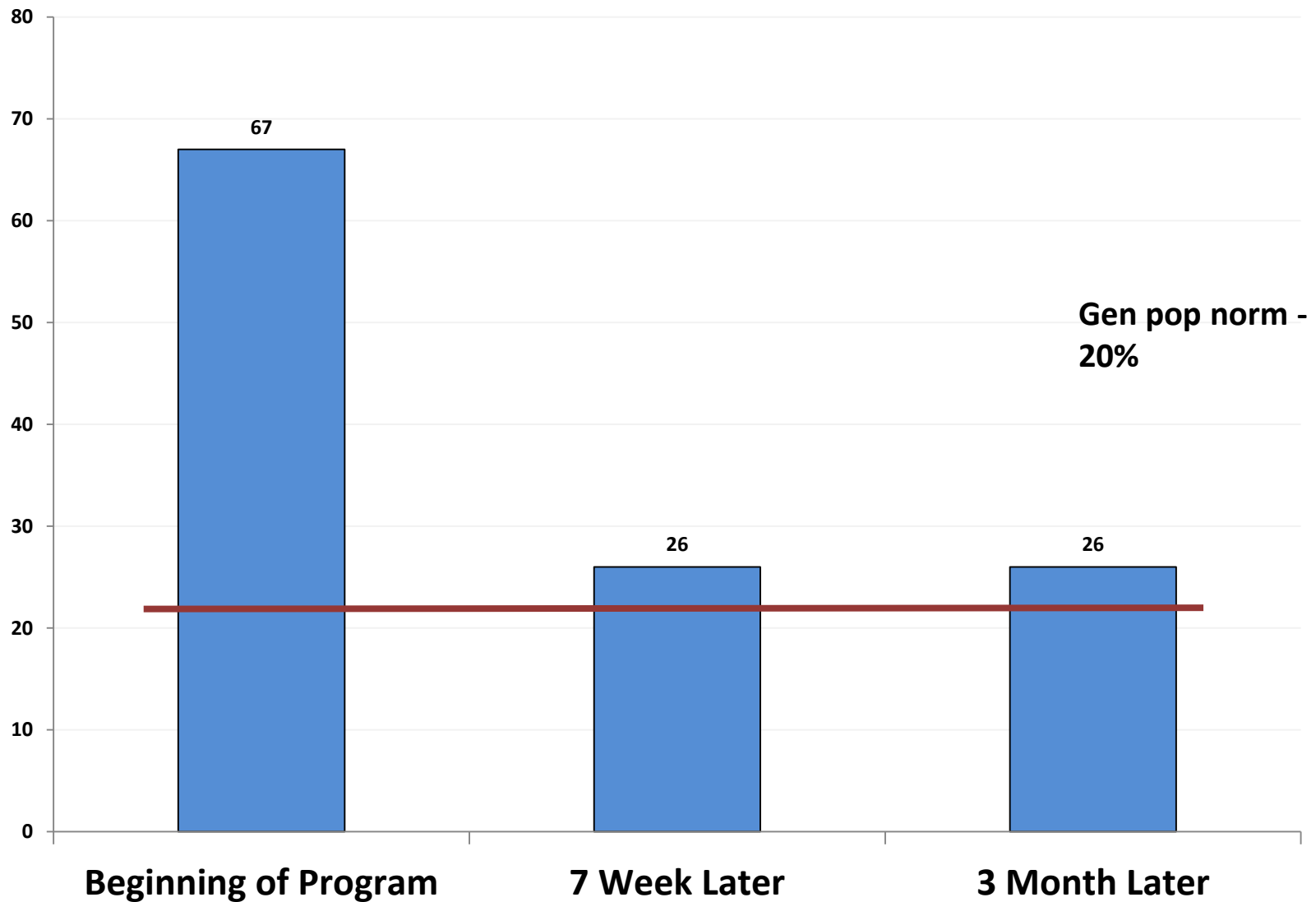
# Happiness Group 101 Participants Have Better Health 7 Weeks After Program, especially Mental Health (n = 63)



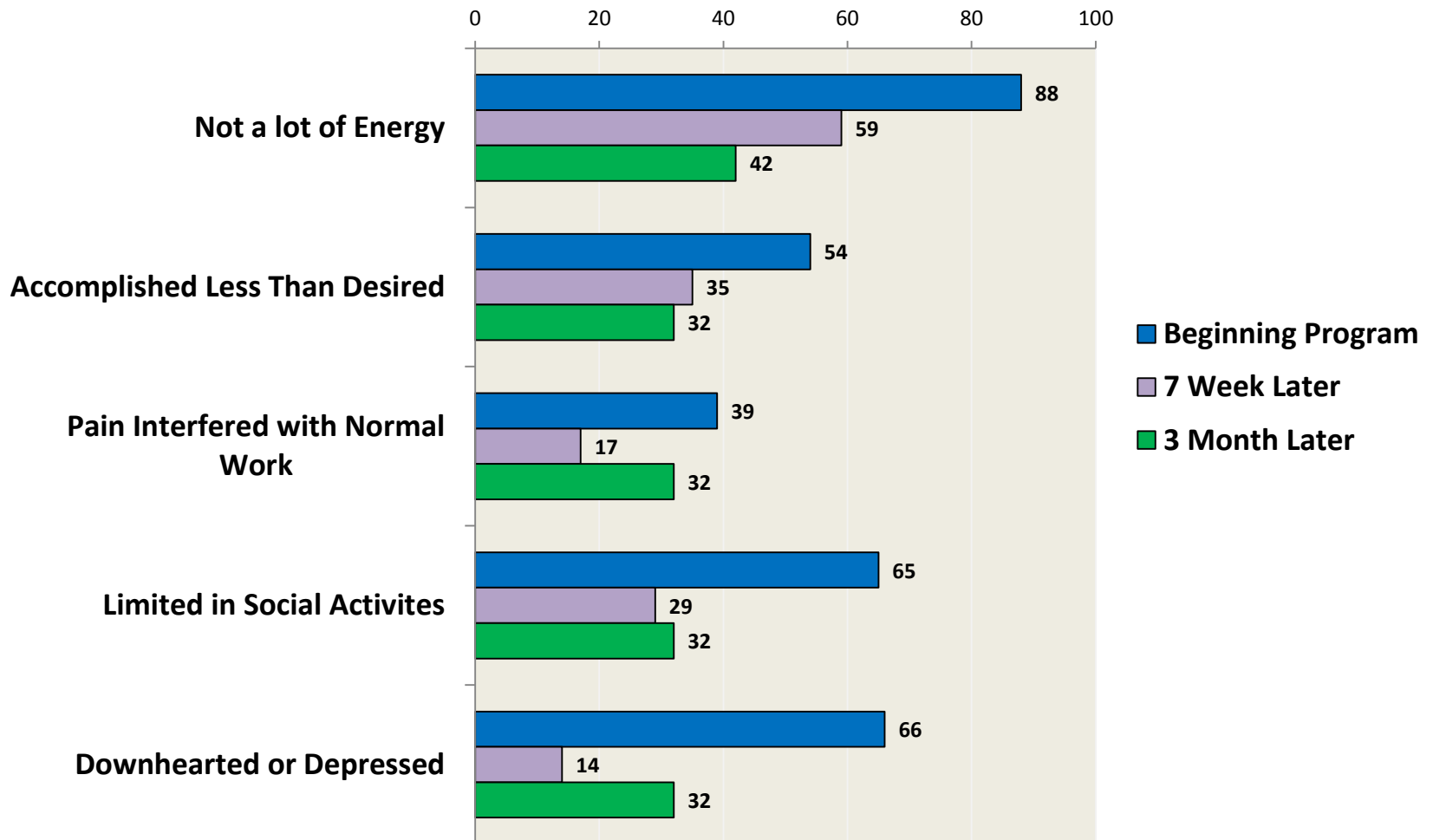
# Happiness Group 101 Participants Have Better Health 3 Months After Program, especially Mental Health n = 19



## % at Risk - First Stage Depression (All Participants)



# % Change in Health Burden of Program Participants



# Qualitative Results

- Got very depressed when I became ill and was referred to psychiatrist. My treatment was entirely focused on my depression and this course was focused entirely on happiness. Always left my psychiatrist feeling worse than when I went.
- I see a difference in how people react to me. This has been nice.
- I was a “wallower”. I have learned to be proactive and am now doing things. I am more active, getting up, doing small projects.
- Excited to go home from class, try lessons and look forward to coming back. Some classes I have attended have depleted your energy and made you feel more depressed. This class was energizing.
- I was convinced that I needed to fix the things from the past that bother me...I was forced to re-live past experiences, rather than moving on. Why do I have to deal with old issues? I found out this is not the case anymore.
- Healthier because of my positivity. I haven't caught a cold lately and I usually do.

# Implications

- Focus on happiness more effective than one issue at time (depression, pain, isolation, etc.)
- Prevention and treatment can be same
- Focus on happiness = > positive spin-offs than focus on depression

# Questions? Comments?

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- Please visit our website for other programs:  
[www.reddeerpcn.com](http://www.reddeerpcn.com)

*Make today great, it's the only moment you really have.*

