



When we think of health care, many of us think of doctors and nurses. But *we all need to join in*. When people understand health risks and what services are needed to treat medical conditions, we help to create a healthy community. With this knowledge we can support our families, friends and neighbors.

This booklet is called a *toolkit* because it contains a powerful tool, *information*. This information will help your community deal with one of the most costly and hidden health conditions:

DEPRESSION IN OLDER IOWANS.

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Fast Facts About Aging and Depression:

1. Depression is not a normal part of aging, but as we age, our risk of getting depression may increase.
2. People may feel too ashamed to ask for help.
3. Some people don't know they have depression, or they deny they are depressed.
4. Elders have a suicide rate 7 times greater than any other age group.
5. Untreated depressed people have trouble taking care of themselves.
6. People with untreated depression often keep other people at a distance, and isolate themselves.
7. When people have depression and also have another health problem, they may take longer to get well.

Use these resources to find more help:

State Organizations

Iowa Department of Elder Affairs

Jessie M. Parker Building

510 E 12th Street, Suite 2

Des Moines, IA 50319-9025

(515) 725-3333 or **TTY (515) 725-3302**

www.state.ia.us/elderaffairs

Iowa Coalition on Mental Health and Aging

2159 Westlawn

The University of Iowa

Iowa City, IA 52242

(319) 384-4222

www.icmha.org

Iowa Department of Public Health

321 E. 12th Street

Des Moines, Iowa, 50319-0075

(515) 281-7689

www.idph.state.ia.us

Iowa Association of Community Providers

7025 Hickman Road, Suite 5

Urbandale, IA 50322

(515) 270-9495

<http://www.iowaproviders.org/>

This booklet is part of a series of toolkits. The other Beyond Depression Toolkits for Older Iowans are for:

- Those Who Live With Depression (People with depression and their families and friends)
- Medical Providers

This publication is part of a project supported by The Wellmark Foundation, called *“Beyond Depression for Older Iowans”* and developed by Joan Blundall, BS. MS. HCA, of Higher Plain, Inc.

“Beyond Depression for Older Iowans” focuses on increasing science-based knowledge and skills in identifying and treating depression, and promoting self-care for residents of Iowa.



What is depression and what impact does it have on a community?

Depression can happen to people at any age. It is a disease that affects a person’s brain. The brain uses certain chemicals to help us think and have feelings. People who have depression feel sad and feel bad about themselves. They may have trouble thinking and getting things done. This is because their brains do not have enough of three important chemicals, called *serotonin*, *norepinephrine*, and *dopamine*. These chemicals help the cells in a person’s brain work with each other. And if they don’t have enough of these three chemicals, a person can feel very sad. It could mean they have depression, or another health problem. A health professional can figure out what the problem is and what treatment will help.

Depression comes in “episodes”. An episode could happen just once in a person’s lifetime, or it could happen several times. It could last for a short time, or for a long time. One in four women will have an episode of depression during their life. One in seven men will get depression.

The following symptoms (or signs) of depression show that changes are happening in the way a person thinks and acts and feels:

SIGNS OF DEPRESSION

- Depressed mood (sadness)
- Crying
- Easy to anger
- Less interest or pleasure in activities
- Major change in weight or appetite
- Sleep problems
- Slow, restless or fidgety movements
- Tiredness or loss of energy
- Feeling bad about themselves or feeling guilty
- Trouble thinking and making decisions
- Thinking about death or suicide often

Remember, not all depressed people show all of these symptoms.

Depression in older people may look and feel different. An elder might say, "I just don't feel right" or "I'm not depressed, I just want to die"

Expert Panel members for this project:

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Dr. Jerome Greenfield, *Mercy Medical Center, Psychiatric Services, Des Moines, IA.*

Dr. Angela Hoth, *VA Medical Center, Behavioral Health Clinic and Primary Care, Iowa City, IA, and University of Iowa Hospitals and Clinics Department of Pharmacy.*

Dr. Michael J. Miller, *Drake University, College of Pharmacy and Health Sciences.*

Communications between The Higher Plain, Inc. Beyond Depression for Older Iowans Project and IMPACT have occurred throughout the development of this project.

For more information about "BEYOND DEPRESSION" projects contact:

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Even though suicide is most frequent among older adults, it is still relatively rare. The best way to prevent it is to recognize the symptoms of depression and to know where to get help.

Caring about others is hard work. Getting help for yourself when tackling tough problems makes you a wise resource to your community.



Reach out to get help for your neighbor when you are uncomfortable reaching out to them alone.

Remember, you can try to help, but sometimes people may choose to make the wrong decisions about their life.



Many people may feel ashamed about their sadness and not want to tell anyone about it. It can be hard for them to talk about how very sad they are feeling. Instead they may complain more about physical health problems, like aches and pains. Older people are often more comfortable talking about their body than their feelings.

Sad mood and less interest in favorite activities are very common in people with depression.


Depression changes many areas of a person's life, making it more difficult for them and the people around them. Friends and family are affected when a depressed person feels bad, and they often do not know how to help.



Depression causes changes in a person's body, moods, thoughts, and the way they act.

Depression is often not seen as a problem by health care professionals or family members, yet it causes pain and discomfort for older patients who are not treated.

When depression is not treated, the depressed person may become disabled by the disease. This increases the care burden on their families and community services. When depression hits in the later years and is left untreated, your community is affected in many ways.

<p>IMPORTANT PHONE NUMBERS: FILL THIS IN AND KEEP IT BY THE PHONE, OR ON THE REFRIDGERATOR.</p>	
<p>911</p> <p>Police: _____</p> <p>Sheriff: _____</p> <p>Community Mental Health Center: _____</p> <p>The Nearest Hospital Emergency Room: _____</p> <p>Mental Health Provider: _____</p> <p>Family doctor or health care provider: _____</p> <p>Family, friend, or relative: _____</p> <p>Clergy, counselor: _____</p>	
<p style="text-align: right;">23</p>	

When you see suicide warning signs, a health care provider or law enforcement officer should be notified. **People without training are not equipped to deal with a suicidal person alone.**

Suicides are higher among older persons, particularly older men. Risk of suicide is higher when the person is isolated, misuses drugs and alcohol, and when firearms or other lethal means are present. If a person has firearms, do not intervene personally, but call local law enforcement.



When you are uncomfortable addressing an issue about suicide think carefully about who might help. This may be a family member, clergy, or long-term friend. Call for help from others when trying to avert a tragedy.

COMMUNITIES THAT FOCUS ON THE NEEDS OF THEIR MEMBERS:

- Know that depressed people have a real medical problem and they need treatment.
- See that treating depression can cost less than not treating depression.
- Help the depressed person get treatment and do not make them feel ashamed.
- Know that the depressed person's health care team needs to work together.



Depressed people have a real medical problem and they need treatment.

What do we know about depression in older adults?

Risk Factors (things that increase your chances)

Rural and city people get depression at almost the same rates. Rates of depression for women are almost twice those for men. These are risk factors for depression in elders:

HEALTH-RELATED RISK FACTORS

- Family history of depression
- Pain and stress
- Care giving for a family or friend
- Drug or alcohol abuse
- Medication
- Having other serious health problems

FAMILY AND SOCIAL RISK FACTORS

- Grief and tragic events
- Loss of family or friends
- Loss of home or neighborhood
- Divorce or death of husband or wife
- Abuse
- Feeling that life is out of control

Worried about someone committing suicide?

When Someone You Know:	<i>You Can Help:</i>
has attempted suicide before...	<i>take the threat seriously.</i>
has a plan to end it all...	<i>ask if he or she has the means to carry it out.</i>
talks about ending it all...	<i>ask if he or she has a specific plan.</i>
<i>SUDDENLY</i> goes from being depressed to acting normal...	<i>notice the change and ask them what's going on. This sign is serious.</i>
injures himself or herself <i>ON PURPOSE</i> ...	<i>don't promise to keep this a secret, and ask about the injury.</i>
says he will not be missed or others would be better off without him...	<i>don't act shocked, or argue about the value of life.</i>
talks about death a lot...	<i>listen and don't judge .</i>
says they feel helpless and useless...	<i>tell them you care about them and you want them to get help.</i>
changes how they act, or how they look, or their	<i>notice the change and tell them what you have</i>

**TIPS FOR COMMUNICATING WITH PEOPLE
WHO ARE DEPRESSED**

When they are overwhelmed	<i>we need to keep things simple.</i>
When they are scared or upset	<i>we need to stay calm.</i>
When they can't think straight	<i>we need to be calm and not talk too much.</i>
When they have trouble making decisions	<i>we need to stick to one plan.</i>
When their feelings are easy to hurt	<i>we need to be careful about what we say, and not criticize.</i>
When they avoid other people	<i>we need to call and visit them.</i>
When they feel bad about themselves	<i>we need to point out their strengths and character.</i>
When their mind is somewhere else	<i>we need to get their attention before speaking.</i>
When they look like they may explode	<i>we need to let them move around and give them space</i>

Remember, as a community member there is a role for you.

- Loneliness and isolation
- Retirement
- Loss of independence

ECONOMIC RISK FACTORS

- Money worries
- Poverty, not having what you need to survive
- Increasing daily expenses
- Rising cost of medicine and health care



Older males commit suicide at 7 times the rate of the general population.

Depression in Older Adults is a Major Public Health Problem.

- Older males commit suicide at 7 times the rate of the general population.
- 25% of older adults with an illness that lasts a long time have depression.
- Depression is highest in older adults with heart disease, stroke, cancer, arthritis, and Parkinson's disease.
- Older adults are more likely to show more physical signs of depression than younger people.

Most of all, depression hurts the body and the spirit. Community members may believe that growing old is something to fear.

Understanding Why People Don't Get Help

- Approximately 75% of people with depression do not seek treatment.
- They cannot see that their beliefs and feelings are part of a disease called depression.
- They do not realize that treatment could make

Helping Older Adults Have Good Mental Health

- Remind your friend to stay away from stressful people and situations when they can.
- Share the stress burden by offering practical help.
- Remind them that if they try to do too many things at once it could make them feel sad.
- Help them make a list of people who can give them caring support in their family and community. These will be people who understand that depression is an illness.
- Remind them to exercise, get enough sleep, and eat a healthy diet.
- Help them focus on getting better and having a full and happy life.



What Can a Community Member do to Help?

Helping the depressed person get medical treatment

- Remind them that depression is a medical problem requiring medical care.
- Listen to the depressed person, and tell them to talk about their feelings with their health care provider or clergy.
- Tell them why you are worried about them and that you would like them to enjoy life again.
- Point out changes you have seen in the way they have been acting that make you wonder if they are depressed.
- Have a name and phone number of where they can get help.
- Offer to drive them to appointments.
- Offer to come in with them to the health care provider's office or waiting room.
- Share the good news that depression can be treated and treatment is the fastest way to feel better.

them feel better.

- They are not able to care for themselves and make good decisions about their health.
- They feel like victims with no hope of a better life.
- They believe being sad is part of being old.
- They think getting help for themselves is not worth the effort of others.
- They don't know that Medicare could pay for treatment.

But depression is also misunderstood by family, friends and the community. Listen to these negative words often used to describe a depressed person:

lazy, irritable, miserable, unmotivated, oversensitive, weak, wimpy, grumpy, selfish, hopeless, confused, critical, moody, crabby

These words also describe a medical condition:

Major Depression.

This misunderstanding keeps family and community members from helping the person to seek treatment.

Untreated depression creates lives where no one gets along and nothing works.

Blame

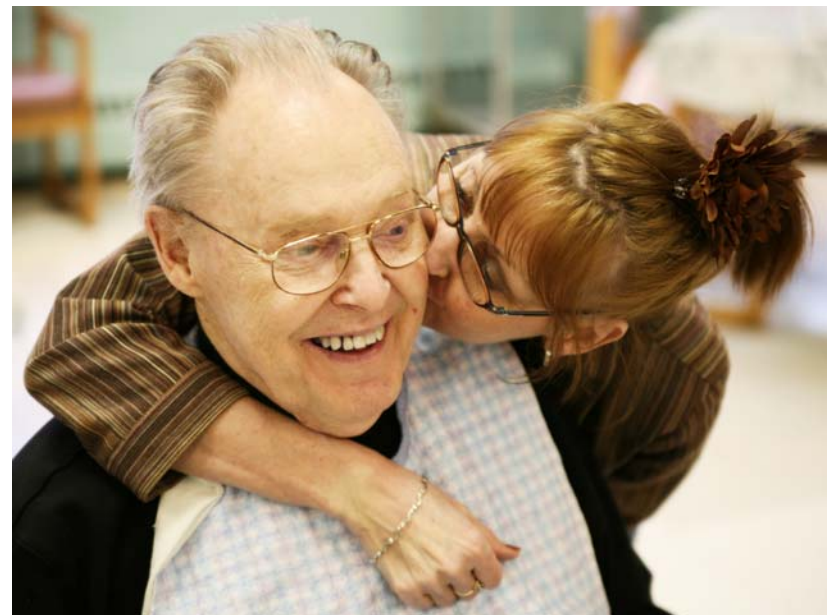
It can be hard for friends and family of the depressed person to understand the way they act. This can lead to *blame*.

People with depression may blame their suffering on themselves, their families, or life events.

Blame comes from families, friends and community members.

- Pain caused by feelings is often seen as a weakness.
Sometimes we say that person should *“snap out of it”* or *“get over it.”*
- When people try to cheer up the depressed person, they believe that the depressed person can improve.
- When cheering up doesn't work, friends and family members feel frustrated and give up. [This makes the depressed person feel even more lonely.](#)

To achieve the best results, it may take time to find the right treatment, or combinations of treatment. Every person's body and mind react differently. Education about depression is necessary for good results to occur.



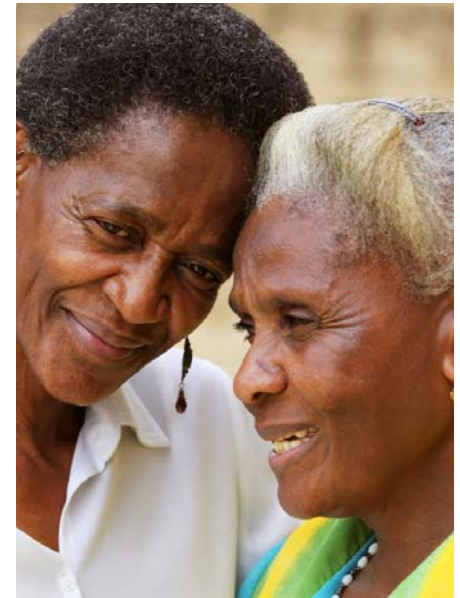
Tell them why you are worried about them and that you would like them to enjoy life again.

Steps Involved in Quality Care for Depression:

- The patient takes a questionnaire, often called an assessment, that shows how depressed they are.
- The health care provider talks with the patient about different ways to treat their depression. Treatment may include medication, counseling, problem solving treatment, or a combination of these treatments.
- The patient learns how depression affects not only their mood, but also other medical problems.
- When medicine is prescribed, contact with a health care provider is recommended to start 3 to 4 weeks after starting any new drug.
- A medical professional, sometimes called a Depression Care Manager, regularly checks on changes in the patient's mood, behavior, and if they are taking their medication as instructed.
- When problems or lack of results are found, changes in medication may be made, or the patient may be referred to a mental health specialist.
- Medication treatment is monitored regularly for as long as the person is taking medication.

When cheering up doesn't work, friends and family members feel frustrated and give up.

This makes the depressed person feel even more lonely.



The Blues, Grief and Depression

People of all ages sometimes have bad moods or times they feel "down" or "blue."

These bad moods or times of feeling "down" usually go away. Most of the time, people get over their "down" feelings and feel better. Long episodes of feeling very sad or hopeless can be signs of depression. When someone has the blues for more than two weeks, it's time for them to talk to a health professional.

Life involves periods of disappointment, adjustment, and dealing with negative events or conditions. Grief is experienced when a person loses something important to them:

- A loved one
- A relationship
- A job or valued position in the community
- An ability to function such as sight, hearing or movement

Learning to live with this loss takes time and hard work. Grieving can be a painful process. Counseling and support from friends, family, or clergy may help. When this help is unavailable, getting medical care is even more important.



Getting stuck in grief can lead to depression.

What is the Best Treatment for Depression?

Because depression is a serious illness, it is important that people with depression be treated so they can feel better. Care given by medical professionals is only part of the treatment.

Members of a community, whether or not they have a family member with depression, are affected by depression.

BENEFITS OF TREATING DEPRESSION:

- Improves a depressed elder's ability to take care of themselves.
- Helps keep family and social relationships strong.
- Keeps down long-term health care costs.
- Reduces attempted or completed suicides.
- Improves lives and relationships throughout the community.