

Signs of depression

- Feeling sad/pōuri or down, most of the day, nearly every day and for weeks on end
- Change in sleeping patterns
- Loss of appetite or significant weight loss or gain
- Loss of interest and pleasure in life
- Loss of motivation
- Noticeable changes in behaviour such as irritability or withdrawing from others
- Feeling hopeless or worthless
- Feelings of guilt
- Pain including headaches, abdominal and other pain for which the doctor can find no cause
- Thoughts of suicide
- Poor concentration, forgetfulness, finding it hard to make decisions

GPs and mental health professionals recognise these signs as possible indicators of depression, especially if they last for two weeks or longer.

Depression can sometimes affect our short term memory. You might be worried you have dementia. Your GP will be able to help work out what is going on for you. This is why having a check-up is so important.

Where can I get help?

If none of your usual support seems to be working, talk to your GP. The earlier a health professional knows what you're going through and treatment begins, the better your chances of recovery and a return to your usual enjoyment of life.

Sometimes, especially if you are feeling down, it is hard to remember exactly what the doctor says. Consider having a supportive friend or whānau member accompany you.

If you don't exercise regularly, ask your GP about a green prescription – a plan to help you get more active.

Treatment for depression may include seeing a counsellor and/or taking medication, usually an antidepressant.

If you are prescribed medication, remember that you are entitled to know its name, what symptoms it is treating, how long it will be before it takes effect, how long you have to take it for and what the side effects are. This is very important if you are already taking other medication.

Medication can take a few weeks to start working. If you feel no better after 2–3 weeks, go back to your GP as something else may suit you better. Don't just stop taking the medication without talking to your doctor first.

Helplines

Talking with a trained professional can help. Call or txt **1737** to speak to a trained counsellor. Find other helplines at: [mentalhealth.org.nz/helplines](https://www.mentalhealth.org.nz/helplines)

Resources

You can order Mental Health Foundation information on mental health and wellbeing, such as postcards and posters, on our website: shop.mentalhealth.org.nz.

Mental Health Foundation

PO Box 10051, Dominion Road, Auckland 1446

Phone: 09 623 4810

www.mentalhealth.org.nz

Resource & Information Service

Phone: 09 623 4812

Email: resource@mentalhealth.org.nz

Further information

Age Concern New Zealand

Phone: 0800 65 2 105

www.ageconcern.org.nz

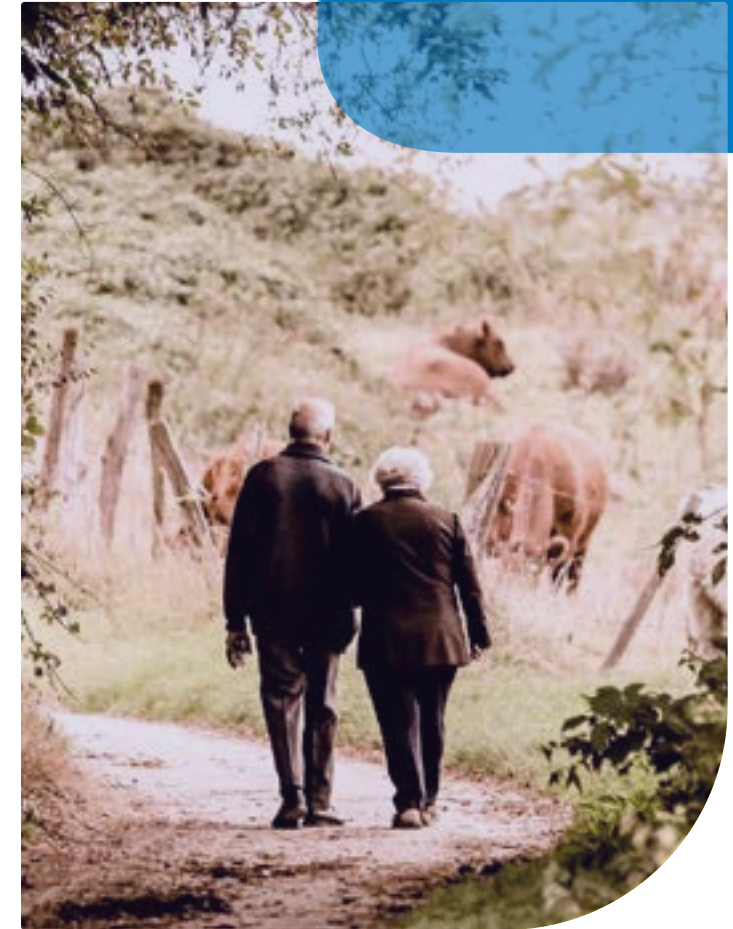
Information services

www.seniorline.org.nz

www.eldernet.co.nz

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Depression in later life



Depression is more than ‘feeling blue’ or being ‘in the doldrums’ for a short while. Depression/ mate pāpōuri means persistent and ongoing unhappiness or pōuritanga.

Many older people and kaumātua experience depression and it can be a risk factor for suicide, yet it often goes undetected and untreated.

Why is depression in later life often not recognised?

- As an older person, you can often look back on much harder periods in time, and you may have learned to ‘keep your chin up’ and carry on without complaining.
- Many older people and kaumātua don’t like to bother their GP about something other than a physical illness. You may not like the idea of taking more pills.
- Putting troubled feelings into words can be difficult. You may not know how to mention depression or how you are feeling.

- Those who remember people being placed in asylums and subjected to harsh treatment may be frightened of talking about their mental health.
- Many people think depression is a natural part of ageing. Instead, your elder years can be a time of flourishing.

What causes depression?

Many factors can contribute to depression: grief, loss, change, loneliness, poverty, illness, reaction to medication and many others. Often it is due to a combination of factors. Sometimes it just seems to come out of nowhere.

What about grief?

The signs of depression and grief can be similar, although people who have experienced both talk about the ‘sadness’ of grief compared with the ‘numbness’ or almost non-feeling state of major depression.

Grieving is a natural process. After a period it usually lessens or resolves. If you experience persistent distress, which continues for months after a bereavement or loss, you may need help from a doctor or counsellor.

Who is at risk?

People of all ages can have depression. You may be more at risk if you have had previous episodes of depression or a family history of depression or suicide attempts, problem use of alcohol or other substances, childhood trauma, responsibilities for caring for others, and chronic or severe physical illness. Loneliness and loss also add to the risk.

What can I do?

Many older people have developed strategies for dealing with feeling down. These can be gardening, walking in nature, visiting mokopuna, reading a good book, phoning friends, or treating yourself to a small luxury. But people can also ‘mask’ or disguise depression by making themselves really busy and not getting the help they need.

It is said that ‘friends and whānau are good medicine’. Having meaningful interactions with others is of real value.

You may find that hobbies or voluntary work contribute to a sense of belonging in your community. Contact some organisations that offer activities and services (see the back page). Connect with others for activities like music, dance, kapa haka, weaving or crafts.

Teach others your skills, like cooking or fixing things.

You may find comfort and meaning in spirituality or religious beliefs.

Try to look after all aspects of your health: physical/tinana, mental/hinengaro and spiritual/wairua. These are all things that contribute to your wellbeing.

Friends and whānau are good medicine

