

**DEPRESSION...  
IT'S JUST PART OF GETTING OLD  
- RIGHT?**

**WRONG!!!**

**THE FACTS ON AGING AND DEPRESSION  
FOR OLDER ADULTS  
AND  
THOSE WHO CARE ABOUT THEM**

**Older Persons' Mental Health  
and Addictions Network of Ontario  
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## **1. WHO IS THIS BOOKLET FOR?**

This booklet is for older adults at risk of, or coping with depression, their families, caregivers, and all those who care about older people.

Though depression is a serious issue for both older adults living in the community and those in residential care settings, and many of the issues are the same for all older adults, the focus of this booklet is on those who are living in the community.

When we speak of depression in the older adult we must recognize that we are talking about two groups of older adults - those who may have experienced depression in their earlier years and are growing older with depression - and those whose depression first appears in their later years, often known as age-onset depression.

In this booklet we will look at the facts about aging and depression, treatment options and how depression may relate to other medical conditions and life situations.

We will also talk about how to get the help you need and why some older adults find it difficult to seek help.

We hope this information will inform you and encourage you to seek help for yourself or others who may be dealing with depression.

### **REMEMBER –**

**DEPRESSION IS NOT A NORMAL PART  
OF GROWING OLDER...  
AND  
SHOULD BE TREATED JUST LIKE ANY OTHER  
ILLNESS!**

## **2. WHY DO WE NEED TO TALK ABOUT AGING AND DEPRESSION?**

Most older adults are healthy, leading independent and fulfilling lives. They are socially active and engaged in leisure pastimes, continuing activities, volunteering in their communities or busy with family and friends. For those older adults who **do** suffer from depression, the ability to participate decreases as the depression takes over. Often people describe a feeling of lacking energy, of having no interest in day to day happenings, being listless and not knowing why.



Depression is the most common mental health concern for older adults, affecting some 15-20 % of older adults living in the community. It is **not** a normal part of aging. Symptoms such as decreased energy, poor sleep and preoccupation with health problems should be viewed as possible symptoms of **treatable illness** and are not a result of the aging process.

Until recently, many older people have been reluctant to talk about depression. The time has come to talk openly about this serious illness. Depression can and should be treated, just like any other illness.

The good news is that when depression is identified early and properly diagnosed, older adults respond well and most often can return to their usual health, independent and fulfilling lives.

Too many people remain undiagnosed and untreated because they don't recognize the signs and symptoms of depression. The good news is that treatment for depression works!

**In order to seek and receive the right kind of help, it is important to know the facts about depression.**

### **The Facts about Aging and Depression**

- Depression is common in older adults: 1 in 6 visits to a medical office relates to depression.
- Depression can magnify other existing conditions such as pain or substance use
- Suicide is more common in later life than at other ages
- Screening for depression helps to identify those who need professional help
- Depression in the older adult can be effectively treated

### **Some myths about depression**

- *Myth* – Feeling sad or depressed is part of growing old.

***Reality* – Depression is common among older adults, but is not a result of aging. Depression should be treated in people of all ages.**

- *Myth* – Older adults suffering from depression or anxiety disorders lack inner strength.

***Reality* – Depression and anxiety disorders have many possible causes. Lack of inner strength is not one of them.**

- *Myth* – The most common sign of depression is crying.

***Reality* – Symptoms of depression vary from one individual to another**

### **3. WHAT IS DEPRESSION?**

#### **DEPRESSION:**

- **Is** a serious illness that can be treated effectively when it is recognized and properly diagnosed.
- **Is** caused by changes in brain chemicals. These changes may be triggered by stress, life changes, or a combination of biological, psychological and/or social factors.
- **Is NOT** a character flaw or personality flaw.

Depression can be defined as:

***An imbalance of brain chemicals triggered by stress and life events, including biological, psychological and social factors.***

### **4. WHAT CAUSES DEPRESSION?**

There is still much to be learned about the causes of depression, especially in older adults. In fact it is likely that a combination of physical, psychological and social factors that come with aging may increase the risk of depression in old age.

What we do know is that there is no single cause for depression - every individual is unique in what may cause their depression, and what may trigger a depressive episode.

Here are some of the **possible causes and risk factors**:

### **Genetics and Family History**

Depression runs in families. Relatives of people who are depressed are at greater risk for developing depressive illness themselves. Researchers believe that some people may have a biological vulnerability to depression. However, depression can also occur in people who have no family history of the illness.

As well - women appear to be at higher risk than men - which may be explained by differences in hormones, or by differing life experiences.

### **Brain Chemistry**

Depression is triggered by changes that occur within our brain. The brain contains specific chemicals that work to keep it functioning in a healthy way. When we are depressed, these chemicals in our brain are altered. One of these chemicals is called serotonin (pronounced SERO-TO-NIN), and is responsible for elevating our mood and making us feel happy. If there are low levels of serotonin, we can experience depression.

There may also be changes in the brain caused by vascular problems (such as heart disease) or related to other conditions such as dementia.

### **Personality**

It may be that those who avoid certain situations or tend to be dependent, and those who have problems developing close relationships are at higher risk of developing depressive symptoms.

## **Major Illness**

Depression is associated with a wide variety of physical conditions including heart disease, Parkinson's disease, and dementia. Chronic pain is also a risk factor for depression.

As well, older adults who have experienced a depressive illness in their younger years may be more prone to recurrence. And, older adults who have lived with chronic depression – for example that related to bi-polar disorder - may continue to suffer from depression as they age.

There is more information about the relationship between aging, depression and specific medical conditions in a later section of this booklet.

## **Medications & Alcohol**

Some medicines have side effects that can cause depression including several which are used for high blood pressure and arthritis. Drugs can also interact in unexpected



ways when they are taken in combination, or with alcohol, which may also lead to depression. This may include prescription drugs, over the counter medications, herbal or alternative substances and illicit drugs such as marijuana.

**Those older adults who drink alcohol at high levels or who have had problems with alcohol consumption for many years are at higher risk of developing depression.** There is more discussion about this important topic further on in this booklet.

## **Life Events**

Certain stressful life events can cause anyone to feel depressed. Most people will feel sad or anxious when these situations occur, but when these symptoms persist or worsen over time, depression should be suspected.

**Risk factors for serious depression, particularly in the older adult may include:**

### **Loss and Bereavement**

Many older adults are faced with multiple losses, for example - loss of status and friendships that may come with retirement, or loss of independence that may result from losing one's driving license or mobility. Loss of a spouse or life partner is a very difficult situation to cope with, and may result in depression.

### **Lack of Social Support**

People without relatives or friends to help them cope through stressful situations are at greater risk for depression.



### Isolation

Those who live alone, by choice or because of life's circumstances, tend to be at risk for depression – and those who are depressed tend to become more isolated.

### Living in Poverty

Many older people live in poverty for a wide variety of reasons, including many who have lived with chronic mental and/or physical illness. These marginalized older adults may have concerns about housing, adequate nutrition and more, and these stressors may be triggers for depression.

### Being a Caregiver

**Those taking care of family members or friends who are dealing with physical or mental illness concerns are themselves at risk of depression.** The section in this booklet on Caring for Yourself while Caring for Others offers some important advice.

### Abuse

Older people who have been abused at any time in their lives appear to be at higher risk of developing depression. Victims of elder abuse are less likely than other older adults to have strong social support networks, another risk factor for serious depression. Older adults who have experienced abuse should be encouraged to seek help to prevent or treat their depression.

## 5. RECOGNIZING DEPRESSION IN YOURSELF AND IN OTHERS

Older adults, like people of any age, have days when they feel out of sorts or sad, especially after a disturbing or distressing event. Most often these moods are normal reactions to stressful life situations, and pass with time. Major depression is quite different – these moods last longer, are more severe and are accompanied by physical symptoms.

Mental health specialists generally agree on the following definition of major depression:

1. Symptoms persist for two weeks or longer
2. People either have depressed moods or seem unable to enjoy life
3. Major depression should be considered if **four** of the following **seven** criteria are present:
  - A change in sleeping habits (more or less than usual)
  - A change in eating habits or weight
  - Low energy or fatigue
  - Trouble concentrating
  - Feeling worthless or excessively guilty
  - Marked restlessness or slowed-down movements
  - Thoughts of death or suicide



**\*\*\*Many of the signs of depression may also indicate other problems or medical conditions. It is important to consult with a doctor to determine if your symptoms indicate depression, or another medical condition. \*\*\***

## **6. SUICIDE AND THE OLDER ADULT**

Talk of death or suicide is the most worrisome symptom of depression and should **always** be taken seriously...and if the depressed person you are concerned about suddenly becomes cheerful and starts visiting old friends, giving away possessions or generally 'getting things in order', that, too, is reason for concern.

**Older people have a higher suicide risk than any other age group.** In fact, suicide is five times more likely in people over the age of 60 than in younger populations. Depression increases the risk of suicide. Older men, in particular, are the most in danger of taking their own lives.

**Any thoughts of suicide should be shared with someone you trust - and any talk of suicide should be taken seriously.**

### **WHAT CAN YOU DO IF YOU THINK AN OLDER PERSON IS SUICIDAL?**

First, don't panic – there is help! Although you might be frightened, or even angry, stay calm and be supportive. Remember, - depression is a serious illness, your friend or relative is sick, and being angry or frustrated will not help them to get the help they need.

Encourage the person themselves to ask for help. Help them find the number of their family doctor, distress centre or local mental health agency or community health centre.

(The *Resources* section at the back of this booklet tells you about some of the places to seek help).

If the person refuses to seek help:

- Call the family doctor or health care professional who usually cares for your relative or friend and explain the situation. They may or may not take action depending on their assessment of the situation.
- **If you feel it is an emergency,** call 911 or the local distress centre - and stay with the person until help arrives.



Remember – many older adults who are suicidal do not accept help and may not tell anyone what they are contemplating –You can do your best to be supportive of someone who is seriously depressed but **you** must not blame yourself if you are unable to help. If you are distressed because of your involvement with someone who is suicidal, or has committed suicide, **get help for yourself.**

## **7. WHAT MAKES SEEKING TREATMENT DIFFICULT?**

Many older persons don't seek treatment for depression, despite the good news that treatment works.

One major reason why many do not seek help is the stigma surrounding depression.

Many older people grew up in a time when no one talked about depression, or any other form of mental illness. Many believed that depression was the result of being lazy or weak. People believed that you could 'snap out' of depression just by working hard and focusing on other things. Even though today we know this is not true, some people still believe these myths. As a result, many older adults who feel depressed are too embarrassed or ashamed to seek the help they need.

The stigma around mental illness affects older adults much more profoundly than it does young adults because of the misconceptions that depression is a natural accompaniment of aging; that it is somehow okay for older adults to be depressed.

**Depression IS NOT a normal part of aging and should not be accepted as such!**

We now understand that depression is a very real and treatable illness. We must learn to talk openly about depression and seek help for our family members and ourselves.

The double stigma associated with mental illness and aging is certainly a major reason why some older adults don't seek help. But there are other reasons as well.

**Depression in the older adult can be very difficult to recognize.**

Even when older adults approach health care professionals for help they don't always use the word 'depression' or even recognize their symptoms as signs of depression. Sometimes, they complain of aches and pains. Trained professionals can distinguish between mood disorders such as depression and other medical conditions.

Depression can easily be confused with symptoms of another medical condition. Conditions that are common with aging (e.g. dementia, stroke, and Parkinson's disease) can be associated with or complicated by depression. However, common depressive symptoms such as decreased energy and interest, poor sleep and increasing preoccupation with health problems, should be seen as possible symptoms of depression rather than as inevitable results of the aging process.

**Many older people simply do not know where to go for help, even if they want it...**

As a result, they never get treated for depression. While we strongly suggest that **a medical assessment is a good place to start**, we will provide other community resources where you can ask questions and get information. See the *Resource* section in the back of this booklet.

## **8. GETTING THE HELP YOU NEED**

**Depression is one of the most treatable forms of mental illness.** Even the most seriously depressed person can be treated successfully, often in a matter of weeks, and return to a happier and more fulfilling life.

Many people in need of help visit a family doctor or other health professional. If the health care provider feels that your depression is of a more serious nature, you may be referred to a psychologist or to a psychiatrist.

When antidepressant medication is needed, you might be referred to a psychiatrist. A psychiatrist is a doctor who provides treatment for depression and is also able to prescribe medication.

Your family doctor can also prescribe anti-depressant medication, and can work together with a mental health specialist in helping to treat your depression.

Social workers and specialized mental health counsellors are also available to help you. They can often be found in community mental health centres, or community agencies, or in private practice.

**Talking to someone who understands depression is the first step in moving forward to beat the depression.**

Sharing your concerns with your doctor, nurse, social worker, faith leader, staff or volunteers at your seniors' centre or club or with anyone you trust - will help you get the support you will benefit from.

Please also see the *Resources* section of this booklet for names and numbers of some organizations that can help you to get started.

## 9. TALKING TO YOUR DOCTOR...

### About Yourself

A survey of Canadians found that most consider their family doctor to be the most important person involved in their health care. But sometimes, people feel uncomfortable talking about health concerns. Many older adults especially feel awkward discussing depression. But remember, a doctor or other health care provider is there to help. He/she is trained to be sensitive to patient concerns and to provide the most appropriate and most helpful treatment for your problem.



If your doctor is extremely busy or running behind and your appointment feels too rushed to have a meaningful discussion about your concerns, **ask if you can schedule a follow-up visit to address your depression.** If it is important to discuss the matter right away, tell that to the doctor so that he or she will spend the time talking to you about depression.

### About someone you care about (Confidentiality)

Being supportive of a family member or friend who has depressive illness is the most important thing a person can do to help. If you are concerned about a person living with depression, you should let them know you care. Ask how you can help. Sometimes the person living with depression may not feel comfortable speaking with a medical professional. In that case, ask that person if you can speak to a doctor or mental health professional on his or her behalf.

If you obtain the person's permission, ask if he or she has any questions they would want answered by the doctor. When you are at the appointment, be sure to get answers to those questions, and any questions you have of your own, and relay that information back to the individual. The information provided will help the person learn about ways his or her depression can be treated. He or she may then be ready to make that visit to the doctor or mental health professional themselves.

Remember - to protect your family member or friend's trust, the doctor or health professional may be unable to share with you any information that might be considered confidential. However, **use this opportunity to explain your own concerns as the care provider.**

## **10. TREATMENT OPTIONS: THE GOOD NEWS**

It is important to realize that treatment for older adults with depression can be as, or more effective, than in younger people. When faced with depression, the goal can and should be complete recovery. In fact, when treatment is given in a timely and appropriate manner, over 80 % of older adults with depression can be treated successfully - and can resume leading full and active lives.

### **DIAGNOSING DEPRESSION:**

Because diagnosing depression in an older adult can be confusing **it is important to begin with a proper medical assessment to rule out the presence of other conditions and to determine the best path to treatment.** Often, the best place to begin is with your family doctor or primary care health professional. If you feel it would be helpful, you can choose to have someone with you at meetings with the doctor. Also, consider taking a list of questions to be answered.

### **WHAT TREATMENT WORKS BEST?**

**There are many different ways depression can be treated.** The most important thing to remember is that treatment works!

The type of treatment chosen will depend on the type and severity of depression, the general health of the depressed person and their personal preferences.

|  |
|--|
| <p><b>Remember – No two people are alike. Only you and your health care professional can decide what treatment works best for you.</b></p> |
|--|

## TREATMENT OPTIONS:

### Antidepressant Medication:

For many people anti-depressants are effective. These are prescription drugs that work to restore certain brain chemicals to proper balance so we feel better. **Unlike the drugs used long ago, most anti-depressants are not addictive.** Medication helps to improve mood, sleep, appetite, energy levels, and concentration. If you think you may need medication, you should talk to your doctor.█

### Remember the Following:

- Different people may need different kinds of anti-depressant medications. Medication that works for one person may not work for you. And sometimes it may be necessary to use a combination of medications to manage your depression.
- Once you begin medication, you may have to wait a few weeks to see changes. It is important to see your doctor regularly during this time. If you are not beginning to feel better, you might need a different dose or kind of medication.
- It is essential to follow your treatment plan closely to recover successfully. You may experience some mild side effects, which your doctor will monitor with you.



**Do not change your dose  
or the kind of pills you are taking  
– And -NEVER stop taking your medication –  
- even if you begin to feel better -  
without talking to your doctor.**

## **Psychotherapy or “Talk Therapy”:**

Talk therapy, also known as psychotherapy, involves meeting and talking with a therapist, who is trained to help people who have depression. Often just talking to someone about the depression, how it affects your thinking, steals your abilities and drains your energy can ease the depression and can help you overcome negative thoughts. Psychotherapy can play a role alone or in combination with antidepressant medication and other psychosocial interventions.

Talk therapy can take place in different settings. Sometimes it is done individually, one-on-one, with a trained mental health professional. Sometimes a mental health professional might conduct group therapy. In group therapy, several people living with depression meet together to discuss their problems, under the leadership and guidance of a mental health professional.

Types of psychotherapies include: Behavioral and cognitive/behavioral therapy, Inter-Personal Psychotherapy, Brief dynamic psychotherapy, Reminiscence therapy, and Narrative therapy. Anyone being offered psychotherapy should understand what is involved with each different type.

Because talk therapy depends in part on the relationship between the older person and the counselor, and an atmosphere of trust and mutual respect, it is important to feel comfortable with what is being offered. **If you are not comfortable after a few meetings, say so, and talk about what other options are available.**

### **Electro convulsive therapy (ECT):**

Electro convulsive therapy plays an important role in severe depression in older adults. There has been much negative publicity surrounding ECT, much of it based on old and outdated information on the procedure. ECT is a quick and painless procedure with a high success rate of relieving symptoms of older people living with depression that does not respond to other treatments.

### **Psycho-Social Support:**

A variety of support options are available to provide information for depressed individuals and those around them, and to reduce social isolation and re-connect the older adult to their communities.

### **Family, Friends, Neighbours:**

Social support is extremely important for the person living with depression. Family members and friends can provide a great deal of encouragement and motivation. Their support can help the individual follow the treatment plan, helping the recovery process move ahead more quickly. They can be there to listen, to offer advice, and to provide reassurance.



Often, exactly when someone is depressed and most needs others in their lives it is most difficult to get out and interact with others. We know that the sensible thing to do is join a group, or go to a seniors club, but the challenge when one is depressed seems insurmountable. Sometimes the simple act of getting out of bed and dressing is a huge step. **Family and friends should support the depressed individual and applaud even the smallest effort.**

### Support Groups

Support groups may be led by professionals or by peers. There are many benefits to being part of a support group:

- A group can help you feel less alone, as everyone in the group has some understanding of your struggle.
- Being with people who share your feelings helps reduce any sense of shame or embarrassment around depression.
- You can give to others in the group by listening and supporting them in their journey.
- Support groups can be found in many places; mental health agencies, community centres, religious communities.
- Support groups are excellent places to connect with others who can relate to you and provide support and motivation.
- Sharing our life stories and our achievements over our life span helps us to put into perspective how we have coped so far, and that we have the ability, with help, to fight the depression that is taxing our daily lives.

### Physical activity, diet, relaxation and stress reduction:

Physical activity to the extent possible can be a good tool for combating depression. Walking is beneficial as it is easily accomplished and provides a feeling of well being. Even a 15 minute outing can be marked as an achievement you can strive for every day, taking time to congratulate yourself on your perseverance. Meditation can also be helpful for the person living with depression. As well, eating a balanced diet rich in nutrients has been found to help those dealing with depression - feeding the mind as well as providing the challenge to be thoughtful in physical self-care.



### Community Volunteering:

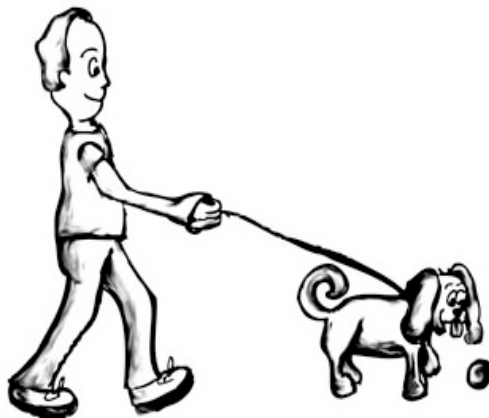
The old saying that helping others makes us feel good about ourselves is actually true! In fact research has shown that those over 65 who volunteer have a lower rate of depression. While volunteering may seem like a difficult step early in the illness, when you are ready volunteering is not only an activity with a positive focus, but also provides great opportunities for social interaction and support.

## **11. HELPING YOURSELF**

### **How you can start to help yourself fight depression**

There is a role for you to play in fighting back against depression. Lets start with what you know, and use this knowledge to build up your game plan.

1. Depression can make you feel listless, lacking energy, unable to escape thoughts of hopelessness, and with a loss of self worth.
2. People with depression often feel embarrassed, ashamed, scared, and fear discussing their feelings in case they are considered weak and lacking “backbone” by others. There is a stigma around aging and depression.
3. Your mind may be “stuck” with messages focused on the negative or “bad” things in your life-----this is common to all of us. When things are not going well, these thoughts seem to be at the front of our thinking. As our situation changes, other thoughts come to the front, thoughts that are ordinary and allow us to deal with what is happening in our day to day lives.



## Some suggestions for helping yourself:

1. When you feel “out of sorts” it is a huge task to consider taking any kind of action. Often just getting out of bed in the morning can drain all of your energy. Yet we all know if we achieve a little more, we feel a little better. Why is this? Well, in simple terms, getting the body moving produces a bit of energy, that boosts the brain.

Can you write down what you **did** accomplish today, and what you can add on for tomorrow? The add-on has to be something you **CAN** manage - running around the block may not be realistic, but getting a meal for yourself, reading the newspaper, walking the dog, making an appointment to see your doctor – give yourself credit for whatever it is you **are** able to accomplish.

By breaking the pattern of feeling “stuck” you are helping yourself. Keep your goals small and manageable; write your accomplishments on your calendar so you can keep track of the days when you fought back against the depression.

2. Can you talk to yourself and stop these depressing thoughts that keep running through your mind? While it truly helps to have someone with specialized training in depression to talk to, you can also help yourself to challenge your negative thinking.

Here is an example:

*“I never should have given up that job when I was 37”-----  
Now, ask yourself, “ how does it help me thinking about the  
past, which a] I have already dealt with and b] cannot  
change?”*

*This is hard work, for the mind keeps going back to what we  
have always told ourselves, “playing the old record”. Your  
job is to stop playing the same old tune... and it takes a lot of  
practice! Try talking with others who know about your past  
and can help you find more positive ways of looking at what  
you have experienced.*

3. Looking after your diet helps-----depression can lead to overeating, or you may have little interest in eating at all. It is important to remember that our brains need nutrients, and we need to fuel our memories. Try eating small meals often, and try to have healthy snacks available.
4. Try to renew your interest in something you used to enjoy. You may not manage to go to your favourite sports event, but you may manage to watch it on T.V. You may not feel up to visiting with someone, but perhaps you can manage a phone call.
5. It is true that many people lose friends and family members as they get older .You may have to challenge yourself to expand your networks. While you may not feel like meeting others, try to get yourself to your local seniors club, or to the library, anywhere where you might find others with common interests. It is often helpful to think about what you might like to do as a volunteer once the depression is more manageable.

6. It is difficult to make decisions and take action when fighting depression. Recognizing that you do have strengths and you are of value to others is key. How do you know you are of value? Try to remember all those times that you have helped others, made decisions, overcome struggles, taken action, or made choices.
7. Try to let others help you. Talking to health care professionals, clergy, neighbours, friends, or family does help. Give yourself permission to ask for help. You can find community mental health services, family doctors, and help-phone lines in your local telephone directory or among the resources at the back of this booklet.
8. Think of your plan of action against depression as a team effort. You are the team captain, but you cannot manage without a group of others who understand what you are going through and can lend support

**Don't give up!**

**Depression is a serious illness –even with the correct diagnosis and treatment it may take several weeks of treatment to begin to feel better.**

## **12. DEPRESSION AND OTHER MEDICAL CONDITIONS**

### **Cancer:**

Dealing with the emotional and physical stress of cancer can be a trigger for depression. Of course, in some cases, people might have been dealing with depression prior to the cancer diagnosis.

**It is important to know that depression can be treated at the same time as the cancer.** Prescription antidepressant medications are safe and generally well tolerated while receiving cancer treatment. However, as with any other medications, it is crucial to talk to your physicians about all of your medications, including herbal and natural supplements

### **Chronic Pain:**

Depression is common in those people living with chronic pain. Research has shown that those with chronic back pain are four times more likely to experience depression than the general population.



Chronic pain causes difficulty with movement and may contribute to poor sleep, fatigue and the ability to concentrate. All of these may contribute to depression.

Depression among people with chronic pain often goes undiagnosed, either because the person with the chronic pain does not recognize he or she has depression, or because the physician does not consider depression.

**Treating both the chronic pain and the depressive illness shows the best results.**

**Dementia:**

As the population ages, there has been a rise in both depression and dementia in older adults. The relationship between these two diseases is complicated, and diagnosis of both conditions is difficult because the symptoms of the behaviour of people with dementia and depression often overlap in early stages.

One question that is often asked is whether depression causes dementia. Research has shown that, in fact, depression approximately doubles the risk for developing dementia. Having both depression and dementia also increases the risk of death and disability.

Research has shown that over 50% of people with dementia experience at least one symptom of depression (anxiety, sadness, loss of interest in activities, etc).

While there is still much to learn about the interactions between dementia and depression, what is known is that **depression can be treated and responds well even in the presence of dementia.**

**Studies have shown that as many as 83 per cent of caregivers of people with dementia suffer from depression. Caregivers should be screened and treated aggressively when depression is found.**

### **Diabetes:**

It has been reported that people with diabetes are twice as likely to develop depression than those without diabetes.

For people who are depressed and living with diabetes, there is a greater risk they will not follow the necessary steps to stay healthy. Studies also suggest that people with diabetes who have a history of depression are more likely to develop diabetic complications than those without depression. For all these reasons, **it is very important for people with diabetes who are depressed to seek help**, especially since depression can sometimes go undiagnosed when another illness is present.

### **Heart Disease:**

Research has shown that **people with heart disease are more likely to suffer from depression than those without heart disease**. Interestingly, **people with depression are also at greater risk for developing heart disease**. People who live with both heart disease and depression are more likely to die after a heart attack than those who are not depressed, but also suffered a heart attack. If you have both heart disease and depression, you may also be less motivated to take your medications, complicating and potentially worsening both medical conditions.

It is important to work with a knowledgeable medical professional who can diagnose and treat depression if it is present, because sometimes people with other medical problems such as heart disease do not recognize their own depression.

## **Parkinson's Disease:**

People who have Parkinson's disease may be at greater risk for depression. In fact, half of all people living with Parkinson's disease may be feeling depressed.

Often, depressive illness can go undetected among people who live with Parkinson's as signs of depression can be confused with the side effects of Parkinson's. Working with a knowledgeable medical professional who can detect depression if it is present, is very important.

As with many other medical conditions, **when the depression is treated people living with Parkinson's disease often feel generally better.**

## **Stroke**

Having a stroke is a devastating and often debilitating event which may cause major changes in a person's life, often with no warning at all.

One of the common side effects of having a stroke can be depression. Several factors contribute to the presence of depression after experiencing a stroke.

They include:

- The location on the brain where the stroke occurred
- Previous or family history of depression
- Social interaction and support before the stroke occurred

The physical consequences of a stroke can also trigger depressive illness. Some of the disabilities that can result from a stroke include paralysis, speech problems, and fatigue. Many people require psychological or psychiatric help after a stroke. Depression, anxiety, frustration and anger are common post-stroke disabilities.

Depression can also go undiagnosed when a stroke occurs. It can be mistaken for common and expected side effects of the stroke condition. But **depression is a separate illness. Its warning signs can be identified by a skilled medical and/or mental health professional, and should be treated independently of the stroke.**

## Sleep

Getting enough rest is essential to good health. Many important body processes occur during sleep that help to 'recharge our batteries.' Without enough sleep, older adults don't function well, either physically or mentally, and may feel irritable and have trouble concentrating.

**Insufficient sleep can cause depression. On the other hand, depression can also cause poor sleeping patterns.** People with depression can have many types of sleep problems. Generally, these involve getting less sleep than usual and include:

- Difficulty falling asleep
- Frequently waking up during the night.
- Waking early in the morning and not being able to get back to sleep.

Even if people with depression do get a reasonable amount of sleep, they often wake in the morning feeling groggy and feel tired throughout the day. Occasionally, people with depression sleep too much, finding it hard to get out of bed and spending much of the day there. **More than 80 per cent of people suffering from depression have problems with sleep.**



### **13. AGING, DEPRESSION AND...**

#### **Alcohol:**

Older people who have been drinking in the past are three to four times more likely to experience major depression than are older people who have not dealt with an alcohol problem.

Alcohol contributes to the development of depression in several ways including:

- **Decreasing serotonin levels-** Long term alcohol use increases the amount of cortisol in the brain. Cortisol is a chemical that works against serotonin, the brain chemical that lifts our mood and tells us to be happy. When serotonin levels drop, there is a much greater risk for developing depression
- **Exaggeration of Feelings** – Alcohol consumption exaggerates a person’s state of mind. A happy person can become extremely cheerful, but the opposite is true as well. If a person is depressed while drinking, feelings of anxiety and sadness can become more severe, and the person can become even more depressed.
- **As a form of ‘Self Medication’** – Some people who are depressed may use alcohol as a way of coping with their feelings, or as an escape from their problems. This is a temporary and high risk ‘treatment’ method.
- **Side affects of Alcohol** – Alcohol abuse can lead to low blood sugar and poor sleeping habits. Both of these factors can trigger depression.

An older person who deals with both alcohol abuse and depression may be difficult to diagnose, and so it is important to seek help from a trained professional who can properly identify both problems, and treat them simultaneously. Creating an atmosphere of support, through any combination of support groups, therapy, or family and friends can all lead to positive results.

### **Differences between men and women**

Men and women respond differently to depression.

#### Depression in Women

Women experience depression about twice as often as men. One in four women may develop depressive illness in their life.

#### Depression in Men

One in ten men can expect to develop a depressive episode at some point in their lives. Many men think that depression is a sign of weakness. (It's not!) As a result they may be less likely to seek help.

Men who are depressed are more likely to abuse alcohol and drugs. When depressed men do show emotion, it is may be through anger, or irritability, as opposed to tears.



## **Cultural Differences**

Older persons for whom English is a second language face challenges to getting the health care they need. Using a family member as an interpreter is complicated when dealing with depression.

Older people from diverse ethnic communities may have different values from the doctors or mental health workers they visit. This can make communication problems even more difficult. Older individuals may feel threatened by or suspicious of doctors and mental health providers who don't understand their cultural context.

For all these reasons, depressive illness often goes undiagnosed in this group of older people. **Where possible, professionals from similar cultural and linguistic backgrounds working in the mental health field, or those in the “mainstream” who have had special education in diversity that should be turned to for help.**

## **Depression and older lesbian / gay / bisexual / transgendered adults**

Older men and women who identify as lesbian, gay, bisexual, transgendered or transsexual (LGBTT), may have spent their early years hiding their sexual orientation or gender identity. Having to live each day managing the stress of social disapproval and the demands of secrecy may have predisposed these individuals to a higher risk of depression in older age.

In the past, homosexuality was considered a mental illness. Individuals that identified as gay or lesbian were sometimes exposed to medical treatments and psychiatric interventions that are now considered cruel and inhumane.

With this in mind, it is understandable that today many older gay men and lesbians are suspicious of the health care and mental health care systems. Many older LGBTTT people are not 'out' to their peers because of the bias that still exists among many older adults.

However, help is available. Today, there are many therapists and mental health agencies that have extensive knowledge about issues relevant to older LGBTTT people and that offer a safe and welcoming space to talk about personal problems, such as depression.

### **Depression in the Aboriginal older adult**

Many Aboriginal people have endured discrimination throughout their lifetimes, and have had to overcome many obstacles to survive. As a result, depression among Aboriginals is higher than in the general community. It is assumed, therefore, that depression among older Aboriginals is higher as well.

When mental health treatment is available, many older Aboriginal people are reluctant to accept help, for a number of reasons; shame and embarrassment for living with depression, fear of further discrimination, and distrust of people in the mental health community whom they may see as insensitive to Native culture. Also, many older Aboriginal people face a language barrier, and are uncomfortable talking to medical professionals in English, and too embarrassed to seek the help of an interpreter.

**It is important to note that there is very little research into the specific challenges of older Aboriginals with depression, and because of the cultural and historical factors that make this population unique, further research is needed.**

## **14. CARING FOR YOURSELF WHILE CARING FOR SOMEONE WITH DEPRESSION**

From doctors' visits to medication management, home care to emergency situations, the burden on you can sometimes feel overwhelming. This is an emotionally stressful time for you, and feelings of anger, anxiety, and sadness may arise without warning.

Caring for someone with depression may be especially difficult as the person who is depressed may not appear thankful, or may even express resentment towards your offerings of help. Keep in mind that this is the depression talking, that the person you care for is counting on you to be positive, hopeful and remain balanced. Remember that this illness is not about you, that you didn't cause it.

Here are some things you can do to help yourself as you care for someone who is depressed:

- **Stay connected** with the outside world, and remember that it is absolutely okay, and perfectly healthy, to maintain a sense of humour.
- **Accept that there will be limits to what you can and cannot do.** Ask for help from others to lighten the load, and set priorities.
- Find the time to **do the things that matter most**, like spending time with friends, eating properly, and exercising- and when there is opportunity, let others help you ...

**\*\*Alert – CAREGIVERS ARE AT RISK OF DEVELOPING DEPRESSION, TOO. It is often hard to admit that you yourself need help when taking care of someone with a more serious illness- but to take care of someone else you need to take care of yourself ...\*\***

## **15. RESOURCES FOR OLDER PERSONS AT RISK OF OR COPING WITH DEPRESSION**

### **IN AN EMERGENCY:**

Dial **911**, or your **local distress center**. The number of your local distress center can be found on the **INSIDE COVER OF YOUR YELLOW PAGES**.

If you are with a person in crisis, **STAY** with them. Don't leave him or her alone. Be a good listener. Let them talk about what is on their mind. Don't change the subject.

### **LOCAL COMMUNITY RESOURCES:**

Wherever you are located in Ontario, there are resources you can access for help and information on mental illness and addictions in older adults.

For services in your community please see OPMHAN's "**Directory of Mental Health and Addiction Services for Ontario's Older Adults** at [www.opmhan.ca](http://www.opmhan.ca) or Email to [opmhan@sympatico.ca](mailto:opmhan@sympatico.ca) or call **416-325-7643**.

Following are some examples of resources uniquely serving older adults at risk of or coping with mental illness and /or addictions:

#### ***In Mississauga/Peel:***

##### **Peel Addiction Assessment and Referral Centre (PAARC)**

Peel Addiction Assessment and Referral Centre (PAARC) provides services to individuals concerned with their own or another's involvement with alcohol or drugs. Services are free of charge.

Types of services provided:

- Assessment and treatment planning, individual counseling (including home visits), and case management for people over age 55 experiencing gambling and/or substance abuse problems.
- Average length of service provided is one year, but clients are maintained in service on a case-by-case basis until they no longer require assistance.

5170 Dixie Road, Suite 302  
Mississauga, ON L4W 1E3  
Fax: (905) 629-8377 Email: [admin@paarc.com](mailto:admin@paarc.com)

***In Ottawa:***

***Lifestyle Enrichment for Senior Adults (LESA)***

LESA is a substance abuse and problem gambling counseling service for seniors offered in the City of Ottawa and surrounding area. It provides support for men and women of age 55 and more who are concerned about their alcohol or drug use or problem gambling.

Types of services provided:

- Provides in-home counselling and group support for older adults over the age of 55, with alcohol, drug and problem gambling addictions. Program offers group support, recreational therapy and serves lunch. Telephone counselling is also available. Services are provided in French and English and are confidential and free of charge.

420 Cooper Street  
Ottawa, ON K2P 2N6  
(613) 233-5430 Fax: (613) 233-2062  
Toll free: 1-877-795-8442 Email: [lesa@centretownchc.org](mailto:lesa@centretownchc.org)  
Website:  
[http://www.centretownchc.org/addictions\\_services.htm](http://www.centretownchc.org/addictions_services.htm)

***In Thunder Bay:***

**St. Joseph's Care Group-Geriatric Psychiatry**

Among its many health related programs, The St. Joseph Care Group supports mental health and addiction services for older people living in the Districts of Thunder Bay and Kenora-Rainy River.

Types of services provided:

- The Community Geriatric Program (CGPP) identifies and treats mental illness and prevents psychiatric hospitalization through psychiatric assessment, treatment, follow up and consultation in community settings.
- The Day Treatment Program helps clients achieve and maintain wellness and reduce hospitalization through a variety of therapeutic, rehabilitative and community integration processes.
- The Community Outreach Team-Older Adult Mental Health (COT) works with clients and caregivers to assess needs and develop strategies that reduce behavioural symptoms and support healthy living through case management, advocacy and education.

35 Algoma Street North  
Thunder Bay, ON P7B 5G7  
(807) 343-2431  
Fax: (807) 345-4994  
Email: [owens@tbh.net](mailto:owens@tbh.net)  
Website: [www.sjcg.net](http://www.sjcg.net)

***In Toronto:***

Community Outreach Programs in Addictions (COPA)

COPA is a Toronto based organization serving adults 55 years and over who struggle with addictions that impact their daily lives.

Types of services provided:

- Provides community based addiction treatment for persons over age 55. Services include counselling, support groups, crisis management, telephone and offsite consultations, and support for family and caregivers of people living with addictions. Services are free of charge.

49 Bathurst Street, Suite 200  
Toronto, ON M5V 2P2  
(416) 516-2982  
Fax: (416)516-2984  
Email: [admin@copacommunity.ca](mailto:admin@copacommunity.ca)  
Website: [www.copacommunity.ca](http://www.copacommunity.ca)

**PROVINCIAL ORGANIZATIONS SERVING OLDER  
ADULTS AT RISK OF OR COPING WITH DEPRESSION  
AND OTHER FORMS OF MENTAL ILLNESS AND  
ADDICTIONS:**

**Older Persons' Mental Health and Addictions Network of  
Ontario (OPMHAN)**

The Older Persons' Mental Health and Addictions Network is a province-wide non profit organization dedicated to improving Ontario's system of care for older persons in the community who are at risk of or are coping with mental illness and addictions. OPMHAN also supports those who care for and about older persons living with mental illness and addictions through various training programs, workshops, conferences and the publication and /or dissemination of research and resource materials.

OPMHAN c/o OSS  
777 Bay Street, Suite 601C  
Toronto, ON M7A 2J4  
(416) 325-7643  
Email: [opmhan@sympatico.ca](mailto:opmhan@sympatico.ca)  
Website: [www.opmhan.ca](http://www.opmhan.ca)

**Anxiety Disorders Association of Ontario (ADAO)**

The Anxiety Disorders Association of Ontario is a registered charity and non-profit corporation, dedicated to promoting public and professional sensitization and awareness, as well as assisting the community with early identification, prevention and finding treatment for persistent anxiety conditions.

797 Somerset St. West, Suite14  
Ottawa, ON K1R 6R3  
(613) 729-6761  
Toll free: 1-877-308-3843  
Website: [www.anxietyontario.com](http://www.anxietyontario.com)

**Canadian Mental Health Association (CMHA) Ontario**

The Canadian Mental Health Association is a nationwide organization that promotes mental health for all, and supports the recovery of people living with mental illness. The association has chapters across Ontario. To locate a chapter near you, contact the provincial office:

180 Dundas Street West, Suite 2301  
Toronto, ON M5G 1Z8  
(416) 977-5580  
fax: (416) 977-2813  
Email: [info@ontario.cmha.ca](mailto:info@ontario.cmha.ca)  
Website: [www.ontario.cmha.ca](http://www.ontario.cmha.ca)

**Centre for Addictions and Mental Health (CAMH)**

The Centre for Addiction and Mental Health (CAMH) is Canada's leading addiction and mental health teaching hospital. Its main location is in Toronto and has 26 community locations throughout the province.

- Geriatric Mental Health Program  
1001 Queen Street West, suite 1046  
Toronto, ON M6J 1H4  
(416) 535-8501 ext. 2875  
Website: [www.camh.net](http://www.camh.net)

**CONNEX Ontario**

ConnexOntario Health Services Information is a provincially funded corporation dedicated to improving access to alcohol and drug, gambling and mental health services for the people of Ontario. If you or someone you know needs information and/or referrals concerning drug/alcohol abuse, problem gambling or mental health, call one of the toll free numbers below.

Drug and Alcohol helpline: toll free in Ontario 1-800-565-8603  
Problem Gambling helpline: toll free in Ontario 1-888-235-3505  
Mental Health helpline: toll free in Ontario 1-866-531-2600

**Mood Disorders Association of Ontario (MDAO)**

The Mood Disorders Association of Ontario is a non-profit organization working to improve the quality of life for all people affected by mood disorders. MDAO has branches located across Ontario.

36 Eglinton Ave West Suite 602  
Toronto, ON M4R 1A1  
(416) 486-8046  
Toll free: 1-888-486-8236  
Email: [info@mooddisorders.on.ca](mailto:info@mooddisorders.on.ca)  
Website: [www.mooddisorders.on.ca](http://www.mooddisorders.on.ca)

**Ontario Pharmacist's Association**

In association with the Ontario Senior's Secretariat, the Ontario Pharmacist's Association has initiated a campaign to promote the safe use of medication among seniors. Seminars are provided across the province. For more information on Safe Medication Use seminars and a schedule of upcoming dates, contact the Ontario Pharmacist's Association at:

23 Lesmill Road, Suite 301  
Don Mills, ON M3B 3P6  
(416) 441-0788 Toll Free: 1-877-341-0788  
Email: [mail@opatoday.com](mailto:mail@opatoday.com) Website: [www.opatoday.com](http://www.opatoday.com)

**Ontario Self-Help Network (OSHNET)**

The Ontario Self-Help Network was established in 1992 as a program of the Self-Help Resources Centre of Toronto to support the development of new and existing self-help/mutual aid initiatives across Ontario. The goals of the organization are to increase awareness about self-help/mutual aid in the community and among helping professionals, and to facilitate the growth and development of self-help groups, networks and resources.

40 Orchard View Blvd, Suite 219  
Toronto, Ontario M4R 1B9  
(416) 487-4355 Toll free: 1-888-283-8806  
Fax. (416) 487-0344  
Email: [shrc@selfhelp.on.ca](mailto:shrc@selfhelp.on.ca)  
Website: [www.selfhelp.on.ca](http://www.selfhelp.on.ca)

**Ontario Seniors Secretariat (OSS)**

The Ontario Seniors' Secretariat, Ministry of Citizenship and Immigration, advocates within the provincial government on behalf of the needs and concerns of Ontario's older adults. The Secretariat influences and supports policies that directly affect 1.5 million older adults in the province. The Secretariat also responds to a large volume of requests for information for seniors on a wide range of topics.

777 Bay Street Suite 601C  
Toronto ON M7A 2J4  
Toll free: 1-888-910-1999  
TTY: 1-800-387-5559  
Email: [info@mci.gov.on.ca](mailto:info@mci.gov.on.ca).  
Website: [www.citizenship.gov.on.ca/seniors](http://www.citizenship.gov.on.ca/seniors)

**NATIONAL ORGANIZATIONS SERVING OLDER ADULTS  
AT RISK OF OR COPING WITH DEPRESSION AND  
OTHER FORMS OF MENTAL ILLNESS AND  
ADDICTIONS:**

**Canadian Coalition for Seniors Mental Health (CCSMH)**

The Canadian Coalition for Seniors Mental Health is a national advocacy organization that raises awareness of mental health issues in older adults and promotes the need for greater education, research and training in this area. It is made up of over 750 individual members and 85 organizational members from across Canada, representing mental health providers, consumers, caregivers and policy makers.

c/o Baycrest Centre for Geriatric Care  
3560 Bathurst St.  
Toronto, ON M6A 2E1  
(416) 785-2500 ext. 6331  
Email: [fmalach@baycrest.org](mailto:fmalach@baycrest.org)  
Website: [www.ccsmh.ca](http://www.ccsmh.ca)

**Canadian Mental Health Association (CMHA)**

Founded in 1918, CMHA is one of the oldest voluntary organizations in Canada. Each year, it provides direct service to more than 100,000 Canadians through the combined efforts of more than 10,000 volunteers and staff across Canada in over 135 communities. As a nation-wide, voluntary organization, it promotes the mental health of all—including older adults—and supports the recovery of people experiencing mental illness. The vision of CMHA is Mentally Healthy People In A Healthy Society.

180 Dundas Street West, Suite 2301  
Toronto, ON M5G 1Z8  
(416) 484-7750 Fax: (416) 484-4617  
Email: [info@cmha.ca](mailto:info@cmha.ca) Website: [www.cmha.ca](http://www.cmha.ca)

**Seniors' Mental Health Research and Knowledge Exchange Network**

The idea of a Canadian Seniors' Mental Health research and knowledge exchange network was born out of a Research Workshop sponsored by the Canadian Coalition for Seniors' Mental Health (CCSMH) in September 2004. The goal of the research and knowledge exchange network is to connect people, ideas, and resources in the interest of research on seniors' mental health.

<http://researchnetwork.ccsmh.ca>

**Schizophrenia Society of Canada (SSC)**

A national, charitable organization whose mission is to "alleviate the suffering caused by schizophrenia and related mental disorders. The organization supports programs across Canada.

50 Acadia Avenue, Suite 205  
Markham, ON L3R 0B3  
(905) 415-2007  
Toll Free: 1-888-772-4673  
Fax: (905)415.2337  
Email: [info@schizophrenia.ca](mailto:info@schizophrenia.ca)  
Website: [www.schizophrenia.ca](http://www.schizophrenia.ca)

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## **WEBSITES OF INTEREST**

### **Alcohol and Seniors**

- Older Adults, Alcohol and Depression  
[http://www.agingincanada.ca/alcohol\\_and\\_depression.htm](http://www.agingincanada.ca/alcohol_and_depression.htm)

**OR**

[http://www.agingincanada.ca/Alcohol%20and%20Depression\\_7.pdf](http://www.agingincanada.ca/Alcohol%20and%20Depression_7.pdf) **OR**

<http://www.projectseagull.ca>

### **Canadian Coalition on Seniors Mental Health**

- National Guidelines for Seniors' Mental Health: The Assessment and Treatment of Depression
- National Guidelines for Seniors' Mental Health: The Assessment of Suicide Risk and Prevention of Suicide  
<http://www.ccsmh.ca/en/natlGuidelines/natlGuidelinesInit>.

### **Canadian Mental Health Association, Ontario**

- Depression  
[http://www.ontario.cmha.ca/content/aboutmentallness/mood\\_disorders.asp/cID=1584](http://www.ontario.cmha.ca/content/aboutmentallness/mood_disorders.asp/cID=1584) **OR**

[http://www.ontario.cmha.ca/admin\\_ver2/maps/fs\\_depression.pdf](http://www.ontario.cmha.ca/admin_ver2/maps/fs_depression.pdf) **OR**

[http://www.ontario.cmha.ca/admin\\_ver2/maps/fs\\_depression.doc](http://www.ontario.cmha.ca/admin_ver2/maps/fs_depression.doc)

### **Lifestyle Enrichment for Seniors Adults**

- Betting on Older Adults  
[http://www.centretownchc.org/PDFs/Betting\\_on\\_Older\\_Adults\\_Manual.pdf](http://www.centretownchc.org/PDFs/Betting_on_Older_Adults_Manual.pdf)

*National Institute of Mental Health*

- Older Adults: Depression and Suicide Facts  
<http://www.nimh.nih.gov/publicat/elderlydepsuicide.cfm>

*Ontario Ministry of Health Promotion*

- Depression  
<http://www.healthyontario.com/Conditions/D/Depression.htm>

*Ontario Seniors' Secretariat*

- Guide to Programs and Services for Seniors in Ontario  
<http://www.citizenship.gov.on.ca/seniors/english/guide.htm>  
or  
[http://www.citizenship.gov.on.ca/seniors/english/SeniorsGuideEnglish\\_bookmarked.pdf](http://www.citizenship.gov.on.ca/seniors/english/SeniorsGuideEnglish_bookmarked.pdf)

*Parkinson Society of Canada, Ontario Division*

- Taking Charge: A Guide to Living with Parkinson's  
<http://www.parkinson.ca/pdf/TakingCharge2003.pdf>

*Registered Nurses Association of Ontario*

- Nursing Best Practice Guideline: Caregiving Strategies for Older Adults with Delirium, Dementia and Depression  
[http://www.rnao.org/Storage/11/573\\_BPG\\_caregiving\\_strategies\\_ddd.pdf](http://www.rnao.org/Storage/11/573_BPG_caregiving_strategies_ddd.pdf)
- Nursing Best Practice Guideline: Screening for Delirium, Dementia and Depression in the Older Adults  
[http://www.rnao.org/bestpractices/PDF/BPG\\_DDD.pdf](http://www.rnao.org/bestpractices/PDF/BPG_DDD.pdf)

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