



Older Adult Depression Symptoms

- **Vague physical complaints that have no apparent physical basis***
- **Anxiety, agitation***
- **Memory problems and complaints***
- Frequent or prolonged depressed or irritable mood
- Feelings of worthlessness or sadness
- Loss of interest or pleasure in daily activities
- Increased temper, agitation
- Change in appetite, usually a loss of appetite
- Difficulty sleeping
 - Daytime sleepiness
 - Difficulty falling asleep
- Multiple awakenings through the night
- Difficulty concentrating
- Memory loss
- Abnormal thoughts, excessive or inappropriate guilt
- Abnormal thoughts about death/wishing for death
- Thoughts and/or plans about suicide

***Often the initial complaints of elders vs. identifying feeling depressed**

Other risk factors:

- Family/personal history
- Chronic illness
- Caregiver
- Loss of spouse/partner or other significant loss or change
- Lacking social support
- Alcohol or drug use
- Pattern of negative thinking and pessimism
- People who worry too much
- Low self worth, feeling little control over life events
- Certain types of medications
- Untreated hearing loss. A 1999 National Council on Aging study showed there was an increased report of depression, anxiety, and paranoia in those without hearing aids.

Contrary to commonly held beliefs:

- Depression is a NOT A NORMAL part of aging
- Depression among older adults cannot be treated
- Most completed suicides are not due to terminal illness
- Elders who complete suicide are not always all alone in the world and may have close family members
- Even older adults who live with others can be at risk of suicide

Sources: Mental Health Association of Colorado, National Institute on Mental Health, Colorado Office on Suicide Prevention, Mental Health Center of Boulder County Geriatric Team

20% of elderly suicides over 75 have been seen by a physician within 24 hours of completing suicide; 35% have been seen by a physician within a week; 75% have seen a primary care physician within a month of their suicide, and 80% have seen a primary care physician within 6 months of their suicide.

Mental Health Resources for Older Adults and Caregivers in Boulder County

Crisis Line: 303-447-1665

Resource Specialists in Boulder County

Resource Specialists provide information and assistance to older adults and their families in the cities and rural areas of Boulder County

Boulder: 303-441-4388

Longmont: 303-651-8716

Louisville: 303-335-4919

Lafayette: 303-665-9052

Erie: 303-828-6588

Lyons: 303-823-9016

Allenspark: 303-747-2592

Nederland: 303-258-3068

Niwot: 303-652-3850

Outside of Boulder County

Eldercare Locator 1-800-677-11116

Senior Reach

1-866-217-5808

www.seniorreach.org

Available to provide in-home short-term mental health services for isolated elders aged 60+ (currently grant-funded so no out-of-pocket cost to those receiving services)

Mental Health Center of Boulder County Geriatric Team

303-413-6263

Comprehensive psychiatric treatment for older adults with serious mental illness. Home visits available for the homebound. Medicare/Medicaid accepted. Co-pays and sliding scale fees based on insurance and income.

Peer Counseling For Seniors

Support from one older adult to another

303-413-6377

The City of Longmont Senior Services

303-651-8414

Ruth Waukau, LCSW

Counseling services at no cost to Longmont residents 55 years and older and/or their family members

Adult Protective Services

303-441-1441

If you suspect abuse or self-neglect

Self-neglect can be:

Not getting enough food to the point of malnourishment

Wearing clothes that are filthy, torn, or not suited for the weather

Living in filthy, unsanitary, or hazardous conditions

Not getting enough needed medical care