



beyondblue  
Depression. Anxiety.



# Anxiety and depression in older people

## Urgent assistance

People who are depressed or who have anxiety may be at risk of suicide, and if so, they need urgent help.

**If you or someone you care about is in crisis and you think immediate action is needed, call emergency services (triple zero – 000), contact the person’s doctor or mental health crisis service, or go to your local hospital emergency department.**

*beyondblue* would like to thank members of its national reference group, blueVoices, for sharing their personal experiences for this booklet. Their comments are quoted throughout and their feedback has been invaluable.

# Contents

Foreword	4	Treatments for anxiety and depression	21
Introduction	5	Who can assist?	24
<b>Anxiety</b>	<b>6</b>	Caring for someone with anxiety or depression	28
What is anxiety?	6	Malcolm's story	31
What causes anxiety?	7	Being well and staying well	32
Signs and symptoms of anxiety	8	Brian's story	36
Types of anxiety	10	References	37
<b>Depression</b>	<b>12</b>	Join blueVoices	38
What is depression?	12		
What causes depression?	13		
Signs and symptoms of depression	15		
Dale's story	18		
Dementia and depression	20		

# Foreword



Older people are an important part of our families, communities and organisations as leaders and sharers of generational knowledge. It is important that older people receive the support they need to remain fully engaged with their families and community life.

Mental health plays an important role in the wellbeing of older people. Eating well, exercising and being part of a community all help people to lead a healthy life. Receiving the appropriate support if things are not going well is equally important.

This booklet aims to provide some helpful information about anxiety and depression for older people, their families and friends. It also has positive strategies for supporting older people to stay mentally healthy.

A handwritten signature in black ink, reading "Jeff Kennett AC". The signature is written in a cursive style.

**The Hon. Jeff Kennett AC**  
**Founding Chairman**  
**2000-2017, *beyondblue***

# Introduction

In Australia, it is estimated that 45 per cent of people will experience a mental health condition in their lifetime.<sup>1</sup>

In any one year, around 1 million Australian adults experience depression, and over 2 million experience anxiety.<sup>1</sup>

While anxiety and depression are different conditions, it is not uncommon for them to occur at the same time. Over half of those who experience depression also experience symptoms of anxiety.<sup>1</sup> In some cases, one can lead to the onset of the other.

Older people are at greater risk of developing mental health conditions because of the cumulative effect of numerous risk factors, including chronic illness and isolation. However, there is no evidence that ageing itself is a risk factor for depression or anxiety in later life.

“Today there is so much help available, so don’t put up with feeling down for too long. Get help! Go to someone who can give you an accurate diagnosis and get it dealt with.”

– Dale, 69, QLD

“Try to understand the ‘why’ of it. Accept that there is hope at the end of the tunnel. Accept you have to do your part.”

– Patrick, 67, QLD

“When I was young nobody ever spoke or seemed to know about mental health. People are so fortunate these days with all the help there is.”

– Carole, 72, NSW

# Anxiety

## What is anxiety?

Anxiety is more than just feeling stressed or worried. While stress and anxious feelings are a common response to a situation where a person feels under pressure, it usually passes once the stressful situation has passed, or 'stressor' is removed.

Anxiety is when these anxious feelings don't subside – when they are ongoing and happen without any particular reason or cause. It's a serious condition that makes it hard for a person to cope with daily life.



We all feel anxious from time to time, but for a person experiencing anxiety these feelings cannot be easily controlled.

Anxiety is the most common mental health condition in Australia. On average, one in four people – one in three women and one in five men – will experience anxiety.<sup>1</sup>

The precise rates of anxiety in older people are not yet known, however it is thought that approximately 10 per cent of Australians over the age of 65 experience anxiety.<sup>2</sup>

## What causes anxiety?

It's often a combination of factors that can lead to a person developing anxiety. Risk factors that can be associated with the development of anxiety include:

- serious physical health problems
- change in living arrangements
- family and relationship problems
- major emotional shock following a stressful or traumatic event
- verbal, sexual, physical or emotional abuse or trauma
- death or loss of a loved one
- substance use
- family history
- personality factors (such as being a perfectionist, easily flustered, lack self-esteem or want to control everything).

Everyone is different and it's often a combination of factors that can contribute to a person developing anxiety. It's important to note that you can't always identify the cause of it or change difficult circumstances.

The most important thing is to recognise the signs and symptoms of anxiety and to seek support. The sooner you seek support, the sooner you can recover.

“Be honest with yourself. Don't pretend. Seek professional guidance and assistance and follow the strategies. Be patient with yourself. Go with the flow of each day. Live one day at a time. Move forward in 'baby steps' and acknowledge that sometimes those steps will see you going backwards and down a bit. Talk to people honestly and openly about how you feel – but do not be a whinger or a 'cry baby'. People get tired of those who do not make an effort to help themselves.”

– Jill, 70, NSW



## Signs and symptoms of anxiety

The symptoms of anxiety are sometimes not all that obvious as they often develop gradually and, given that we all experience some anxiety at some points in time, it can be hard to know how much is too much.

There are many types of anxiety. While the symptoms for each type are different, some general signs and symptoms include:

- hot and cold flushes
- racing heart
- tightening of the chest
- snowballing worries
- obsessive thinking and compulsive behaviour.

If an older person experiences physical symptoms, they should always see their doctor. Many signs of anxiety are similar to other serious health conditions.

“I feel a great sense of doom and gloom. I withdraw from friends and family. I don’t answer the phone or leave the house. I sleep a lot and stop eating. I cry and have suicidal thoughts. The anxiety manifests as rapid heartbeats, sweating, nausea and a feeling almost of paralysis.”

– Penelope, 65, NSW

## Behaviour

- avoiding objects or situations which cause anxiety
- urges to perform certain rituals in a bid to relieve anxiety
- not being assertive (i.e. avoiding eye contact)
- difficulty making decisions
- being startled easily

## Thoughts

- "I'm going crazy."
- "I can't control myself."
- "I'm about to die."
- "People are judging me."
- having upsetting dreams or flashbacks of a traumatic event
- finding it hard to stop worrying, unwanted or intrusive thoughts

## Feelings

- overwhelmed
- fear (particularly when facing certain objects, situations or events)
- worried about physical symptoms (such as fearing there is an undiagnosed medical problem)
- dread (such as fearing that something bad is going to happen)
- constantly tense or nervous
- uncontrollable or overwhelming panic

## Physical symptoms

- increased heart rate/ racing heart
- vomiting, nausea or pain in the stomach
- muscle tension and pain
- feeling detached from your physical self or surroundings
- having trouble sleeping
- sweating, shaking
- dizzy, lightheaded or faint
- numbness or tingling
- hot or cold flushes

## Types of anxiety

There are many types of anxiety, with a range of signs and symptoms. It's important to note that the following are only guides to recognising different types of anxiety. They will not provide a diagnosis – for that you need to see a health professional.

### **Generalised anxiety disorder (GAD)**

A person feels anxious on most days, worrying about lots of different things, over a period of six months or more.

### **Obsessive compulsive disorder (OCD)**

A person has ongoing unwanted/intrusive thoughts and fears that cause anxiety. Although the person may acknowledge these thoughts as silly, the person often finds him or herself trying to relieve their anxiety by carrying out certain behaviours or rituals. For example, a fear of germs and contamination can lead to constant washing of hands and clothes.

### **Panic disorder**

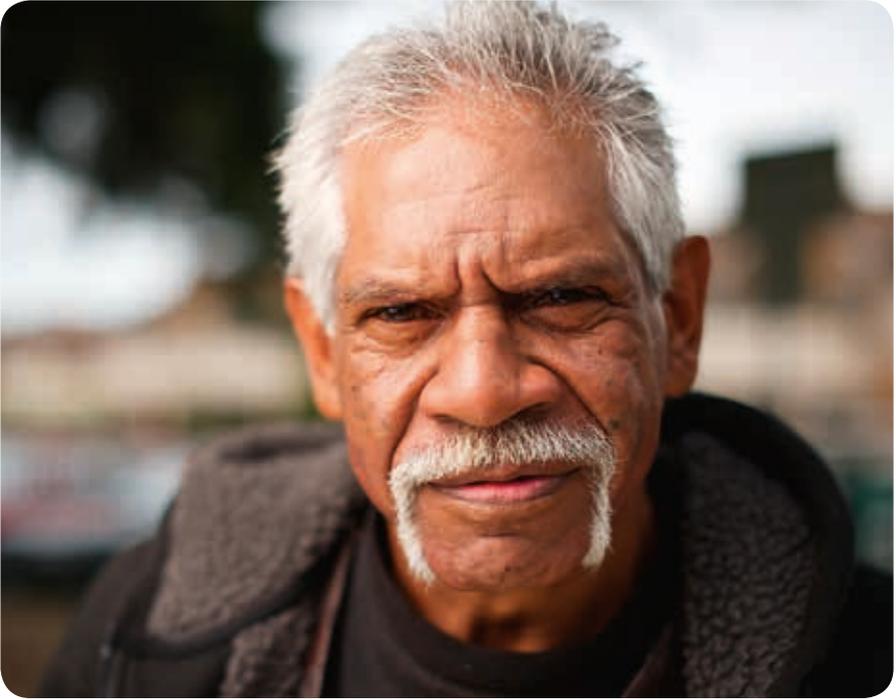
A person has panic attacks, which are intense, overwhelming and often involve uncontrollable feelings of anxiety combined with a range of physical symptoms (such as sweaty, shaky, increased heart rate, nauseous, dizzy, hot or cold flushes).

### **Post-traumatic stress disorder (PTSD)**

This can happen after a person experiences a traumatic event (such as war, assault, accident, disaster). Symptoms can include difficulty relaxing, upsetting dreams or flashbacks of the event, and avoidance of anything related to the event. PTSD is diagnosed when a person has symptoms for at least a month.

### **Social phobia**

A person with social phobia has an intense fear of criticism, being embarrassed or humiliated, even just in everyday situations, such as public speaking, eating in public, being assertive or making small talk.



### Specific phobias

A person feels very fearful about a particular object or situation and may go to great lengths to avoid it, for example, having an injection or travelling on a plane.

For more information on anxiety visit [www.beyondblue.org.au/anxiety](http://www.beyondblue.org.au/anxiety)

“It was like I was someone I really didn’t relate to. I was impatient, irritable, controlling, and difficult to please. It often felt like the cursor was hung on my emotional computer.”

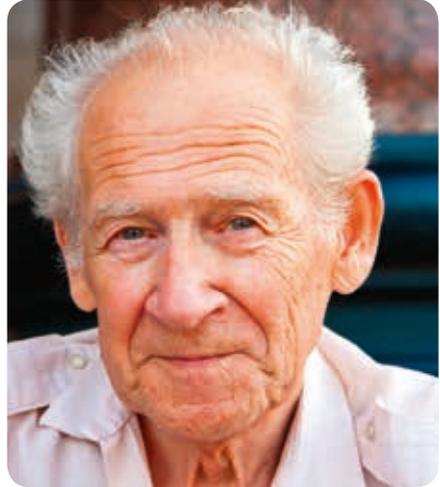
– Dale, 69, QLD

# Depression

## What is depression?

While we all feel sad, moody or low from time to time, some people experience these feelings intensely, for long periods of time (weeks, months or even years) and sometimes without any apparent reason.

Depression is more than just a low mood – it's a serious condition that has an impact on both physical and mental health.



On average, one in six people – one in five women and one in eight men – will experience depression at some stage of their lives.<sup>1</sup>

The precise rates of depression in older people are not yet known, however it is thought that between 10 and 15 per cent of Australians over the age of 65 experience depression.<sup>2</sup>

Rates of depression among people living in residential aged care facilities are believed to be much higher than the general population – around 35 per cent.

## What causes depression?

While the exact cause of depression isn't known, a number of things can be associated with its development. Generally, depression does not result from a single event, but from a combination of recent events and other longer-term or personal factors.

Some factors that might be associated with the development of depression include:

- serious physical health problems
- abusive or uncaring relationships
- family history of depression
- past experiences
- personality factors (e.g. self-critical or negative, worrying a lot, being a perfectionist)
- drug and alcohol use
- changes in the levels or activity of certain chemicals in the brain – particularly serotonin, norepinephrine and dopamine.



In older people, depression and anxiety may occur for different reasons, but physical illness or personal loss are common triggers.

“My depression was related to work stress and the after-effects of a physical injury. The impact was probably increased by some of the effects of Fibromyalgia, a chronic musculo-skeletal-neurological condition, with fatigue and sleep disorder as components.”

– Brian, 68, VIC

**Factors that can increase an older person's risk of developing depression include:**

- an increase in physical health problems/ conditions such as heart disease, stroke, Alzheimer's disease, cancer
- chronic pain
- side-effects from medications
- losses: relationships, independence, work and income, self-worth, mobility and flexibility
- social isolation or loneliness
- significant change in living arrangements such as moving from living independently to a care setting
- admission to hospital
- particular anniversaries and the memories they evoke.

Everyone is different and it's often a combination of factors that can contribute to a person developing depression.

It's important to note that you can't always identify the cause of depression or change difficult circumstances.

The most important thing is to recognise the signs and symptoms and seek support.

"I was first diagnosed with depression in my forties, following the breakdown of my relationship with the father of my children. However, on reflection, I have had depression since I was a child."

*- Penelope, 65, NSW*

"I experienced the death of my husband and could not cope by myself. We had been married 53 years. We met when I was 16 and married when I was 19, so I grew up in my marriage. After he died, I felt I had been cut in half."

*- Barbara, 77, NSW*



## Signs and symptoms of depression

Depression affects how people feel about themselves. They may lose interest in the things they normally enjoy. They may lack energy, have difficulty sleeping or sleep more than usual. Some people feel irritable and some find it hard to concentrate. Depression makes life more difficult to manage from day to day.

An older person may be depressed if, for more than two weeks, he or she has felt sad, down or miserable most of the time or has lost interest or pleasure in most of his or her usual activities, and has also

experienced several of the signs and symptoms across at least three of the categories on the following page.

“I lost motivation, found it hard to get up in the morning, lost all joy in things formerly that interested and fulfilled me. Sad, blue, not eating, not interested in life, couldn’t care less about things that used to matter. Feelings of hopelessness, deep grief, tired all the time, unable to sleep... I just seemed to be existing in some kind of a blue fog.”

– Jill, 70, NSW

## Behaviours

- general slowing down or restlessness
- neglect of responsibilities and self-care
- withdrawing from family and friends
- decline in day-to-day ability to function, being confused, worried and agitated
- inability to find pleasure in any activity
- behaving out of character
- denial of depressive feelings as a defence mechanism

## Feelings

- moodiness or irritability, which may present as angry or aggressive
- sadness, hopelessness or emptiness
- overwhelmed
- worthless, guilty

## Thoughts

- indecisiveness
- loss of self-esteem
- persistent suicidal thoughts
- negative comments like “I’m a failure”, “It’s my fault” or “Life is not worth living”
- excessive concerns about financial situation

## Physical symptoms

- sleeping more or less than usual
- feeling tired all the time
- slowed movement
- memory problems
- unexplained headaches, backache or pain
- digestive upsets, nausea, changes in bowel habits
- agitation, hand wringing, pacing
- loss or change of appetite
- significant weight loss/ gain

It's important to note that everyone experiences some of these symptoms from time to time and it may not necessarily mean that the person is depressed. Equally, not every person who is experiencing depression will have all of these symptoms.

Additionally, older people may use different language to refer to their depression. Instead of describing 'sadness', for example, they may talk about 'their nerves'.

“Depression was like being in a black hole and not being able to climb out. A feeling of hopelessness. Unable to do anything, unable to drive, unable to think clearly. A terrible feeling of being alone which was different from being lonely.”

– Barbara, 77, NSW

For more information on depression visit [www.beyondblue.org.au/depression](http://www.beyondblue.org.au/depression)



## Dale's story



It wasn't easy to recognise my own symptoms. It all seemed to start about the time my husband finished work. My husband and I fought every day and I cried every day for a year.

We called in to see my brother one Saturday afternoon. I started to cry and I couldn't stop. He said to me, "You need some sort of help." I said, "There's no help available." He suggested a psychiatrist and I moved

very swiftly from there because my marriage was so miserable.

My talking circle has been wonderful. I belong to a group of about 20, who talk about a lot of different topics which we research. We don't just talk. It's not an opinion group.

I really think the first place to go is to your doctor. If you're not happy with that, *beyondblue* is there for you and for everybody.

I often reflect with my husband on what life was like before and what life is like now, and for me, there's absolutely no comparison.

To watch Dale's story, visit [www.beyondblue.org.au/olderpeople](http://www.beyondblue.org.au/olderpeople)



Dale, 69

"I just love **being mentally healthy during my retirement** and I'd like to see others be as **happy** as they can be without depression."

Older people have a lot of difficulty recognising depression because they needed to be very strong and couldn't show weakness. It's not a weakness. It is an illness and you can manage it. I often reflect what life was like before and what life is like now, and for me, there's absolutely no comparison. The help is there and it's wonderful.

I can only impress upon people that what's out there now is so much better than anything before. **So talk about it and share it with somebody.**

To talk to someone today or to find out more call:

 1300 22 4636

 Watch Dale's story online at  
[beyondblue.org.au /olderpeople](https://beyondblue.org.au/olderpeople)



# Dementia and depression

**Older people with dementia are at greater risk of depression. Depression is thought to affect one in five people experiencing dementia.<sup>3</sup>**

When dementia and depression occur at the same time it can be difficult to distinguish between them, because the signs and symptoms are similar. For example, memory or concentration problems can be symptoms of both depression and dementia.

However, dementia and depression are very different conditions that require different responses and treatment, so a thorough assessment by a health professional is recommended.

In older people, both personal carers (such as a partner, family member or friend) and professional carers are a valuable source of information



about personality or cognitive changes (such as memory loss) in the person. All parties should be included in healthcare discussions where possible.

For more information see the *beyondblue Dementia, anxiety and depression* fact sheet at [www.beyondblue.org.au/resources](http://www.beyondblue.org.au/resources)

# Treatments for anxiety and depression



## **Different types of anxiety and depression require different types of treatment.**

This may include lifestyle changes (such as diet and physical exercise) for preventing and treating mild symptoms of anxiety or depression, through to psychological treatment and medical treatments for moderate to severe anxiety and/or depression.

The reality is that anxiety and depression conditions are unlikely to simply go away on their own. In fact, if ignored and left untreated, anxiety and depression can go on for months, sometimes years, and can have many negative effects on a person's life.

The good news is that there is a range of treatments, health professionals and services available to support people with depression and anxiety.

There are also many things that people with these conditions can do to support themselves.

## Psychological treatments

There are many types of psychological therapies that have been found to be effective for anxiety and depression. These include therapies such as behaviour therapy, cognitive behaviour therapy (CBT) and interpersonal therapy (IPT). Reminiscence therapy also appears to be an effective approach to treating depression in older people.

Psychological treatments support people with anxiety or depression to change negative patterns of thinking and improve their coping skills so they are better equipped to deal with life's stresses and conflicts. Psychological therapies may not only support a person to recover, but can also help to prevent the anxiety or depression from reoccurring.

Psychological treatments can be conducted one-on-one with a professional, in groups, and sometimes online.

“From the first session, counselling helped me see through my situation, discover strengths such as resilience – which I have always had but never perceived. Knowing I have resilience enables me to avoid and tackle situations which may lead to a reoccurrence.”

– Brian, 68, VIC

## Medical treatments

Research shows that psychological treatments are the most effective in supporting people with anxiety. However, if symptoms are severe, some medical treatments may be helpful.

For moderate to severe depression, antidepressant medication may be prescribed along with psychological treatments.



Sometimes, antidepressants are prescribed when other treatments have not been successful or when psychological treatments are not possible due to the severity of the condition or a lack of access to the treatment.

There is a lot of misinformation about antidepressant medication and while there is no simple explanation as to how it works, it can be very useful in the treatment of moderate to severe depression (and some types of anxiety).

There are many different antidepressants, and a decision about which type to use is one that needs to be

made by a qualified health professional, after careful assessment and consideration, and in consultation with the person concerned.

“The medication made me calm. I didn’t actually know I wasn’t calm until I became calm. Then I undertook CBT with my psychiatrist who specialised in it so I could learn to live with this calm person. I never go a day without my medication and apply CBT to situations that once would have been bad for me.”

– Dale, 69, QLD

“My journey wasn’t very pleasant having to go into clinics and given medication, which didn’t help. It was only when I was referred to another psychiatrist who found a tablet that agreed with me. I am still taking the same medication to this day.”

– Jackie, 79, VIC

# Who can assist?



Different health professionals offer different types of services and treatments for depression and anxiety.

“I attended counselling at the hospital in which my husband died but I knew I was really ill and sought the advice of a psychiatrist and later a psychologist.”

– Barbara, 77, NSW

## General Practitioners (GPs)

GPs are the best starting point for someone seeking professional support. A good GP can:

- make a diagnosis
- check for any physical health problem or medication that may be contributing to anxiety or depression
- discuss available treatments

- work with the person to draw up a Mental Health Treatment Plan so they can get a Medicare rebate for psychological treatment
- provide brief counselling or, in some cases, talking therapy
- prescribe medication
- refer a person to a mental health specialist such as a psychologist or psychiatrist.

## Psychologists

Psychologists are health professionals who provide psychological therapies. Clinical psychologists specialise in the assessment, diagnosis and treatment of mental health conditions. Psychologists and clinical psychologists are not doctors and cannot prescribe medication in Australia.

It is not necessary to have a referral from a GP or psychiatrist to see a psychologist. However, a Mental Health Treatment Plan from a GP is needed to claim rebates through Medicare. If you have private health insurance and extras cover, you may be able to claim part of a psychologist's

fee. Contact your health fund to check.

## Psychiatrists

Psychiatrists are doctors who have undergone further training to specialise in mental health. They can make medical and psychiatric assessments, conduct medical tests, provide therapy and prescribe medication. Psychiatrists often use psychological treatments and/or medication.

If the depression is severe and hospital admission is required, a psychiatrist will be in charge of the person's treatment. A referral from a GP is needed to see a psychiatrist. Rebates can also be claimed through Medicare.

## Mental health nurses

Mental health nurses are specially trained to care for people with mental health conditions. They work with psychiatrists and GPs to review the state of a person's mental health and monitor their medication.



They also provide people with information about mental health conditions and treatment.

Some have training in psychological therapies. For a referral to a mental health nurse who works in a general practice, ask your GP.

## Accredited Mental Health Social Workers

Accredited Mental Health Social Workers specialise in working with and treating mental health conditions. Some provide focused psychological strategies, such as CBT, IPT, relaxation training, psycho-education and interpersonal

skills training. They also draw on a range of theories and therapeutic approaches to work holistically with people to support their recovery and help them to effectively manage or change the situations that may contribute to mental health conditions.

## Occupational therapists in mental health

Occupational therapists in mental health help people who have difficulties functioning because of a mental health problem (such as anxiety or depression) to participate in normal, everyday activities.

Some occupational therapists can also provide focused psychological strategies.

## Aboriginal and Torres Strait Islander health workers

Aboriginal and Torres Strait Islander health workers are health workers who understand the health issues of Indigenous people and what is needed to provide culturally safe and accessible services.

Some workers may have undertaken training in mental health and psychological therapies. Support provided by Aboriginal and Torres Strait Islander health workers might include, but not be limited to, case management, screening, assessment, referrals, transport to and attendance at specialist appointments, education, improving access to mainstream services, advocacy, counselling, support for family and acute distress response.

The cost of getting treatment for anxiety and depression from a health professional varies. However, in the same way that people can get a Medicare rebate when they see a doctor, they can also get part or all of the consultation fee subsidised when they see a mental health professional for treatment of anxiety and depression. It's a good idea to find out the cost of the service and the available rebate before making an appointment. The receptionist should be able to provide this information.

For more information, visit [www.beyondblue.org.au/getting-support](http://www.beyondblue.org.au/getting-support)

# Caring for someone with anxiety or depression

**The term ‘carer’ is used for a person who supports, cares for or looks after someone with anxiety or depression. Carers may be partners, siblings, children, parents or close friends.**

While most carers say that looking after someone is very rewarding, it does have its challenges. Carers have poorer health and wellbeing than non-carers and research shows more than one-third of carers experience depression.<sup>4</sup>

Being a carer can be a leading cause of their depression.

Caring for, or living with, a person who experiences anxiety and/or depression isn't easy. Knowing what to do and say can be hard. It's not uncommon to experience anger, guilt or fear. On the next page are some practical tips to support you while caring for someone with anxiety or depression and to help you look after yourself.



“Find a good support group! This is the most important step. Find out about the illness and its characteristics. Find out what to do that works – for yourself and the one you care for.”

– Barry, 71, SA  
(Cares for his two sons)

- Let the person know if you've noticed a change in their behaviour.
- Encourage the person to face their fears with support from their doctor/psychologist.

It would be unhelpful to:

- Spend time talking with the person about their experiences and let them know that you're there to listen without being judgmental.
- put pressure on the person by telling them to "snap out of it" or "get their act together"
- Suggest they see a doctor or health professional and/or help them to make an appointment.
- stay away or avoid them
- Offer to go with them to the doctor or health professional.
- tell them they just need to stay busy or get out more
- Support the person to find information about anxiety and depression from a website or library.
- pressure them to mask how they're feeling with drugs and alcohol.
- Encourage them to try to get enough sleep, exercise and eat healthy food.
- Discourage the person from using alcohol or other drugs to feel better.
- Encourage friends and family members to invite the person out and keep in touch, but don't pressure them to participate in activities.

"For me it has been important to realise that I have a life too, apart from the person I care for. That it is not wrong to care for myself, in fact, it is essential. To take time to look after myself as well. Not always easy, but very important to plan things to look forward to."

*- Patricia, 67, VIC  
(Cares for her husband)*

It's important for people who are caring for someone with anxiety or depression to also look after themselves, both physically and emotionally.

“Don't delay in seeking counselling if you feel you are not coping. You not only need to look after yourself, but your welfare is vital for the wellbeing of your charge.”

– *Malcolm, 76, WA  
(Cares for his wife)*

## Learn about anxiety and depression

This may help you to understand why a person with the condition behaves in a certain way. It may also help you to separate the condition from the person and to realise that their mood or behaviour is not necessarily directed at you.

## Take time out

As a family member or friend of a person who is experiencing anxiety or depression, it's important to look after yourself too. Make sure you give yourself time to unwind and do things you enjoy.

## Talk to someone

It may be helpful to talk to your friends or family members about how you're feeling in your role as a carer. If you're having trouble coping and don't feel comfortable talking with the people you know, talk to a counsellor.

For more information, see *beyondblue's Guide for carers* at [www.beyondblue.org.au/resources](http://www.beyondblue.org.au/resources)

“Reassure a friend or loved one first that you are there for them and use this fact as a launching pad to seek the right help for them. They need constant reassurance.”

– *Patricia, 67, VIC  
(Cares for her husband)*

## Malcolm's story



I met Maureen in 1956. She would have been at a ripe old age of about 17 or something, and I was a bit older. We had a long engagement and finally got married when she turned 21.

We've got two children. We had it rough, it meant that there was no spare money for Maureen to do anything, and things were pretty hard, at least by current standards. She was isolated.

I not only had to work, but in those days, I had to go to night school. I came home sometimes and the baby was crying her eyes out because she was colicky and Maureen would be crying.

Finally the time came when I was called home from work because Maureen was walking around the front garden in the middle of the afternoon crying her eyes out.

I don't think postnatal depression was understood like it is now. I didn't know that I was a carer. I realised afterwards that I had become one because of what I was doing.

Building up self-esteem with someone who hasn't got any is very difficult. There was no *beyondblue* to say, "This is what you do. This is how you do it."

It's a lifestyle. You have to think about what you are doing all the time. You can't just go ahead and say, "I will do this." You gotta think, "What will be the effect on my partner if I do this?"

To watch Malcolm's story visit [www.beyondblue.org.au/olderpeople](http://www.beyondblue.org.au/olderpeople)

# Being well and staying well



**There are many ways people can support themselves to be well and stay well. The practical tips below can also help to promote mental wellbeing.**

## **Reducing and managing stress**

Stress is common in daily life, but exposure to prolonged stress can start to affect your mental and physical health.

Whatever the cause, here are some simple steps that can support you to reduce and manage stress:

- Making major changes in your life can be stressful at any time. If you're feeling stressed or anxious, it's probably a good idea to try to avoid moving house or making a major financial decision. Leave them to a time when you're feeling better.

- Ongoing stress in personal relationships often contributes to anxiety and depression. Learn how to let people know about your feelings so that you can resolve personal conflicts as they come up. Talking to a counsellor or psychologist can help you find ways to address your problems.
- Learn to relax. To do this, you need to allocate time to do the things you enjoy, such as exercising, meditating, reading, gardening or listening to music.
- Learn to say “no”. Create a balance between activities or other commitments and the things you enjoy doing. Don’t allow yourself to be overwhelmed by new commitments.
- Include short-term coping strategies in your day, such as breathing and relaxation exercises.

## Maintaining a healthy lifestyle

Eating a healthy diet, exercising regularly, getting enough sleep and avoiding harmful levels of alcohol and other drugs can help a person to manage the symptoms of anxiety and depression.

“I stay well by working on my physical health (walking and cycling), emotional health (Mindfulness) and brain fitness (CogniFit plus other varied activities). This is an ongoing effort. I also have closer family connections and contact with grandchildren. I immerse myself in community work related to health and wellbeing. I avoid obvious sources of stress, including negative and nasty people. I travel to stimulate my brain and explore the basic things of life with a much more open mind.”

– Brian, 68, VIC

## Eating well

Having a mental health condition can make it difficult to eat well, but keeping things simple can help. Here are some tips:

- keep a daily timetable and include food-related activities such as shopping, cooking and eating
- learn to prepare simple meals that don't take too much time or energy to prepare – if you live on your own and aren't eating proper meals, consider using frozen or home-delivered dishes
- looking for opportunities to eat with others can be another way of making mealtimes more enjoyable



- make use of the times when you feel good to prepare meals ahead of time. For example if you've got energy in the morning, make dinner then or cook large quantities of food and freeze it.

## Getting a good night's sleep

It's essential to try to maintain a regular sleep pattern to keep well and stay well:

- try to get up at about the same time each morning
- if you're worrying about things during the night, set aside some time for problem-solving during the day
- avoid drinking caffeine after 4pm and try not to drink more than two cups of caffeine-type drinks such as coffee, strong tea, cola or energy drinks each day
- avoid using alcohol to help you sleep – as the alcohol is broken down in your body, it causes you to sleep less deeply and to wake more frequently

- allow yourself time to wind down before going to bed. If you are working or studying, stop at least 30 minutes before bedtime and do something relaxing.



### Staying connected

Spending time alone can make a person feel cut off from the world.

That's why it's important to participate in activities with family members, close friends and the community – and to accept social invitations.

Connection with other people increases wellbeing, confidence and opportunities to participate in activities.

Here are some simple things you can do:

- invite a friend around for coffee
- organise a movie night
- visit a neighbour
- phone a friend for a chat
- join a local community group or volunteer with a local charity
- sign up for a course.

“Important to my wellbeing are healthy diet, exercises, doing things I enjoy. I also try to manage stress and notice when I start to feel the fog creeping back. I hate exercise but it is vital! If I don't walk almost every day I can sink fast. I have children and grandchildren in whom I delight, and a few close friends who are understanding and supportive. My biggest pillar is my partner. I have learned that it is not 'weak' to ask for help.”

– Penelope, 65, NSW

## Brian's story



In November 2009, I was going home from work and standing on the Collingwood railway station. The thought crossed my mind, "If I really wanted to get rid of myself it would be good to jump there because at least the driver wouldn't have to look" and I thought, "What the hell am I thinking?"

So I took myself straight off the next day to see my doctor who looked at me and said, "You need some counselling." My counsellor was terrific and from the very first session he

helped me to start to see the positives that I have in my life.

One of the strongest bits of advice that I have is to be active, and that doesn't mean you have to be out doing things all the time, there are different ways to be active.

It's a bit like a car. If you just hop in the car and drive it and don't maintain it and get it serviced every routine period, things will go wrong and it gets worse. It's the same with us and our bodies and our minds. What you say is I want a total tune up and repair, and listen to the advice that comes out of that. If that's going to be effective, though, you really need to have a doctor that you know.

At 68, I'm striving to be the best I can physically, emotionally, and to make sure my brain is as good as it can be for as long as it can be again, you need to be active.

To watch Brian's story visit [www.beyondblue.org.au/olderpeople](http://www.beyondblue.org.au/olderpeople)

“I know my weaknesses, we all have those, but I’ve also found my strengths, and nobody can take those away from me. Take heart, you can lead a normal life. Remember there are lots of people who have the same problems – you’re not alone, everyone has their own personal cross to carry, so learn to carry yours in whichever way is right for you. Be kind to others and it will be returned to you. Just remember, you’re important, you are needed, you have been put here for a purpose.”

– Carole, 72, NSW

“Find a doctor and other health professionals you can trust, and talk frankly with them. Make a decision to be positive – reject and avoid negative people and situations. If there is an obvious source or trigger for the depression or anxiety such as your job or a hostile partner, remove yourself from the trigger as soon as you can. Find a new and active means of contributing to your family and/or community, one which stimulates you mentally. Positive activity helped me immensely. Prevention and early detection and action are better, easier, less painful and cheaper than a cure. Seek help early.”

– Brian, 68, VIC

## References

- <sup>1</sup> Australian Bureau of Statistics (2008) *2007 National Survey of Mental Health and Wellbeing: Summary of Results* (4326.0). Canberra: ABS.
- <sup>2</sup> National Ageing Research Institute (2009). *beyondblue depression in older age: a scoping study. Final Report*. Melbourne: National Ageing Research Institute.
- <sup>3</sup> Australian Institute of Health and Welfare (2012), *Dementia in Australia*. Cat. no. AGE 70. Canberra: AIHW.
- <sup>4</sup> Cummins, R. A., Hughes, J., Tomy, A., Gibson, A., Woerner, J., & Lai, L. (2007). Australian Unity Wellbeing Index: Report 17.1 *The Wellbeing of Australians – Carer Health and Wellbeing*. Melbourne: Australian Centre on Quality of Life, School of Psychology, Deakin University.

“ Being a blueVoice is so very important, not only to me as it has helped me overcome so many past memories and has also given me courage, but to those that I can help in some way or another. ”

Christina, blueVoices member



## Join blueVoices

Make a difference to others experiencing anxiety and depression



If you've experienced anxiety or depression, or supported others through their journey, join *beyondblue's* reference group and online community, blueVoices.

blueVoices members provide feedback, tell their stories and help us develop a wide variety of *beyondblue* projects, campaigns and resources.

To find out more, or register, visit [www.beyondblue.org.au/bluevoices](http://www.beyondblue.org.au/bluevoices)



HOPE. RECOVERY. RESILIENCE. Find out more at [www.beyondblue.org.au](http://www.beyondblue.org.au)



## Where to find more information

### *beyondblue*

[www.beyondblue.org.au](http://www.beyondblue.org.au)

Learn more about anxiety, depression and suicide prevention, or talk through your concerns with our Support Service. Our trained mental health professionals will listen, provide information, advice and brief counselling, and point you in the right direction so you can seek further support.

 1300 22 4636

 Email or  chat to us online at [www.beyondblue.org.au/getsupport](http://www.beyondblue.org.au/getsupport)

### Head to Health

[headtohealth.gov.au](http://headtohealth.gov.au)

Head to Health can help you find free and low-cost, trusted online and phone mental health resources.



@beyondblue



@beyondblue



@beyondblueofficial



® company/beyondblue

Donate online [www.beyondblue.org.au/donations](http://www.beyondblue.org.au/donations)