

DEPRESSION

Depression is one of the most common psychiatric disorders in older people. It is not a normal part of ageing. It is a serious disabling mood disorder that can affect the way a person feels, behaves and thinks. It causes distress and anxiety, impacts on functional ability, reduces physical activity and can cause memory problems. Depression induces thoughts of worthlessness, helplessness and suicidal ideation (World Health Organization 2023; Zenebe et al 2021)

Alert

IMMEDIATE ACTION

If the resident states they want to die, end their life or hurt themselves, the registered nurse, nurse practitioner and general practitioner must be contacted immediately.
Do not leave the resident alone.

A resident who is severely depressed and has expressed thoughts of self-harm and/or suicide will need to have constant monitoring and close supervision.



Mental signs and symptoms

- Depressed mood most of the day, nearly every day
- Expressions of worthlessness or excessive guilt
- Isolation
- Resident expresses wish to die/suicidal thoughts
- Remaining in bed
- Loss of interest in activities
- Anxiety and/or panic attacks
- Crying and tearfulness
- Irritable and/or agitated
- Anger
- Psychotic symptoms – agitation, anxiety, hallucinations, paranoia
- Cognitive impairment

Physical signs and symptoms

- Not sleeping so well or sleeping too much
- Changes in weight
- Restlessness and/or agitation
- Changes in appetite
- Changes in communication
- Frequent reports of feeling unwell
- Loss of energy and tiredness





RISK FACTORS

Abnormal vital signs

- Family/whānau history
- Recent significant change or life event (ie, bereavement)
- Residing in residential care
- Substance abuse history (alcohol)
- Chronic pain
- Poor physical health
- Post-traumatic stress disorder (PTSD)
- Poor mobility
- History of mental health disorder
- Chronic medical conditions
- Dementia
- Multiple medications – beta blockers

Know your resident

Know your resident's previous medical history.
Have they experienced depression in the past?

Assessment

1. Rule out physical illness – check vital signs, report findings to registered nurse
2. Rule out suicidal and self-harm thoughts

ACTION

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REPORT

Notify registered nurse of any changes



RECORD

Document in progress notes/update care plan

RECORD

CARE AND MANAGEMENT OF RESIDENT

- Spend time talking and engaging with the resident
- Listen to the resident's concerns
- Involve the resident in social activities
- Ensure the resident's spiritual needs are being met
- Involve and encourage your resident to exercise
- Monitor food and fluid intake, encourage treats and snacks
- Identify and manage pain and discomfort
- Encourage resident to do as much for themselves as they are able
- Involve family/whānau
- Praise frequently
- Reassurance and encouragement
- Smile and hugs, if appropriate