

Screening for depression and anxiety among older Chinese people: a guide for health professionals

This evidence-based guide was developed as part of a study funded by *beyondblue* that investigated the usefulness of the Geriatric Depression Scale (GDS) and the Geriatric Anxiety Inventory (GAI) in detecting late life depression and anxiety in community-dwelling older Chinese migrants (NARI, 2014).

This guide is a resource for health professionals (including doctors, allied health staff and other clinicians) who work with older Chinese people.

The guide covers:

1. What are depression and anxiety?
2. Risk factors
3. What are the common screening tools for depression and anxiety?
4. What do I do if a patient screens as depressed or anxious?
5. Services and resources
6. Selected references

1. What are depression and anxiety?

Depression and anxiety are the two most common mental health disorders among older people.

The term 'depression' refers to both a mood state and symptom and to a syndrome ('disorder') comprising a collection of symptoms that often occur together in a recognisable pattern. The core feature of depression is a low mood, often characterised as 'low', 'down', 'miserable', 'sad' or 'blue'.

Depression occurs in between 10 and 15 per cent of the general adult population but is thought to be more prevalent amongst older Chinese immigrants, with one in five participants in the *beyondblue* study found to have clinically significant symptoms of depression.

Anxiety is more common than depression in older people with between 15 and 50 per cent of older people experiencing symptoms of anxiety. The prevalence among older Chinese immigrants is not known.

Signs and symptoms to be aware of when screening for depression

- Moodiness or irritability
- Loss of interest in daily activities
- Withdrawing from family and friends
- Loss of energy
- Feeling hopeless or helpless
- Sleep changes
- Unexplained aches or pains
- Appetite or weight changes



Common signs and symptoms to be aware of when screening for anxiety

- Psychological symptoms can include apprehension, inability to relax, fear, irritability, difficulty concentrating and thinking, worry, feeling tense and jumpy.
- The psychological distress of anxiety is often accompanied by physiological symptoms such as heart palpitations, hot flushes or chills, shortness of breath, muscle tension, dizziness and nausea, insomnia and diarrhoea.

Important considerations when working with older Chinese people

There are a number of factors to be aware of when working with older people of Chinese background who are or may be experiencing depression or anxiety.

- Many Chinese older people consider mental health problems as a personal weakness rather than an illness.
- Chinese older people are more likely to express mental health problems through physical symptoms.
- There is limited knowledge in the community about depression and anxiety.
- There is strong stigma associated with mental health problems amongst older Chinese immigrants.
- Obtaining assistance is often hindered by perceptions of depression and anxiety, language and cultural factors, and the availability of culturally appropriate services.

2. Risk factors

Depression

Depressive disorders and disability are highly correlated. Therefore, older people are at greater risk of depression in settings where disability is high – such as residential aged care facilities, hospitals and frail older people at home.

Other risk factors identified for late-life depression include:

- a prior history of depression
- low socio-economic status
- feelings of loss of control
- bereavement
- new medical illness
- poor self-rated health
- being female and being unmarried.

The loss of a significant other, including spouse, family member, close friend, or pet, is also associated with an increased risk of depression.

Anxiety

Risk factors of having an anxiety disorder in later life include:

- previously having a psychological disorder(s)
- poor coping strategies
- stressful life events
- being female.

Additional factors to be aware of for Chinese older people

THE PERSON'S MIGRATION HISTORY

A person's experience in life and as an older person will vary depending on when they migrated. Depression and anxiety among older Chinese immigrants can be related to their experience as immigrants, which might include language difficulties and changed role and status within the family.

As a professional, consider whether the person migrated as an older person, a younger person, or a refugee. Explore their migration history with them as a way of engaging with the older person. For example:

- Did they migrate to Australia for the purpose of caring for grandchildren?
- What is their living arrangement?
- Do they have their own home or are they dependent on their adult children?

CULTURAL BELIEFS ABOUT MENTAL ILLNESS

Prior to a professional interaction with an older Chinese person, find out what you can about their cultural beliefs relating to depression and anxiety. This information could be sourced from the Chinese community or health workers, or the websites listed in section 5. Some points to consider:

- Is it appropriate to use the term depression or anxiety?
- How should I refer to these terms?
- Is there stigma associated with these terms?
- Is it appropriate to discuss mental health issues with other family members present?

COMMUNICATION STRATEGIES

When communicating with an older Chinese person consider and obtain advice on the most appropriate communication strategies from someone from the relevant Chinese community. For example, ask the person how they prefer to be addressed and observe culturally appropriate seating arrangements, language and eye contact.

3. What are the common screening tools for depression and anxiety?

Accurate and timely diagnosis is the first step in treating any mental health disorders and a valid screening tool is useful in conjunction with a clinical examination to determine a diagnosis.

Screening does not provide a diagnosis; rather, screening tools signify the risk or likelihood of having a mental health disorder. Results from these tools may also prompt a comprehensive clinical examination, leading to a formal diagnosis. There is evidence that using a well validated screening tool can improve the rates of detection of depressive disorders in older adults, particularly when symptoms may be masked, subtle or confounded by co-morbidities. Therefore, the use of well-validated screening tools might help to improve early detection of depressive and anxiety symptoms among older people. In turn this can lead to improved practice and care of people experiencing depression and anxiety. Early detection of these symptoms is of vital importance.

The common screening tool for depressive disorders in older populations is the Geriatric Depression Scale (GDS) and for anxiety it is the Geriatric Anxiety Inventory (GAI).

Prior to administering these tools, ensure the following:

- You understand the administration instructions and have practiced using the tools.
- You have selected the most appropriate tool for the older person you are providing care for or screening:
 - Is the tool age appropriate?
 - Does it measure the mental health issue of concern?
 - Is it culturally relevant?

Culture and screening

Culture influences the ways in which people define and think about mental health. These cultural differences have given rise to concerns about using the common screening tools in people from culturally and linguistically diverse (CALD) backgrounds, because all of these tools were developed with English-speaking people and few, if any, have been validated with people from CALD backgrounds.

The GDS and the GAI have been culturally validated with community-dwelling older Chinese immigrants living in Melbourne in a recent study conducted by NARI and funded by *beyondblue* (NARI, 2014). The Australian Chinese versions of the two tools (including instructions and scoring) are available at on the following websites:

- web.stanford.edu/~yesavage/GDS.html
- www.gai.net.au/

4. What do I do if a patient screens as depressed or anxious?

When mental health disorders such as depression and anxiety are detected and treated in older people, not only are symptoms relieved, but behaviour, cognitive functioning, and overall quality of life is improved. Despite this, there is substantial evidence that depression and anxiety are often undetected or under-diagnosed in older people.

Steps to take if an older person screens as depressed or anxious

- Initiate a conversation about mental health.
- Identify informal supports.
- Refer to another service, such as a clinical psychologist or psychiatrist.

A range of treatment options are available for older people experiencing mental distress.

- Medication prescribed by a qualified medical practitioner can be effective in treating and managing some mental illnesses in older people.
- Psychosocial treatments such as cognitive behaviour therapy, relaxation and music therapy have all been found to be effective in some cases. These approaches should only be implemented by professionals who have had formal training, after a formal assessment by the appropriate professional. Refer to the resource *What works to promote emotional wellbeing in older people* for information about interventions implemented by mental health clinicians, other professionals and aged care staff. This resource is available at www.beyondblue.org.au/resources

Chinese older people who screen as depressed or anxious

In addition to the steps mentioned above, consider also the following for Chinese older people:

- Refer to a service that is consistent with the person's language and/or cultural background. For example, to find a Chinese speaking psychologist, go to the Australian Psychological Society website or the Australian Clinical Psychology Association (ACPA) website at
 - www.psychology.org.au/findapsychologist/
 - www.acpa.org.au/find-a-clinical-psychologist/

You can then specify the language spoken by the psychologist, such as Cantonese or Mandarin.

- Use an interpreter as appropriate. Refer to the following tip sheet developed by NARI: www.nari.unimelb.edu.au/nari_research/pdf_docs/2_Interpreters.pdf



5. Services and resources

The following services may be of assistance when dealing with an older person who is experiencing depression or anxiety. They provide a range of useful resources.

Centre for Cultural Diversity in Ageing

www.culturaldiversity.com.au

Chinese Community Social Services Centre Inc.

www.ccssci.com.au

Ethnic Communities Council of Victoria

www.eccv.org.au

Federation of Chinese Associations of Victoria (FCA)

www.fcavic.org

Mental Health in Multicultural Australia (MHIMA)

www.mhima.org.au

National Ageing Research Institute (NARI)

www.nari.unimelb.edu.au

Translating and Interpreting Service (telephone interpreting)

www.tisnational.gov.au

Victorian Transcultural Mental Health (previously Victorian Transcultural Psychiatry Unit)

www.vtmh.org.au

6. Selected references

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National Ageing Research Institute (2014). *Tip sheet: Things to consider when choosing and using a mental health screening tool.* Melbourne: NARI.

National Ageing Research Institute (2014). Assessing the Geriatric Depression Scale and the Generalised Anxiety Inventory and education about depression and anxiety amongst the older Chinese community in Australia. Melbourne: NARI.

Where to find more information

beyondblue

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

Head to Health

headtohealth.gov.au

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



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