Table 5. Subjects' Perception of Causes of Depression (Unweighted Samples)

Description of causes	Total number (%)
Physical problems	51 (24.4)
Lack of filial piety	47 (22.5)
Personal relationship	27 (12.9)
Lack of money	24 (11.5)
Loneliness	18 (8.6)
Others	12 (5.7)
Don't know	30 (14.4)
Total	209 (100.0)

lack of filial piety, poor personal relationships, and low economic status. Other causes included children experiencing job difficulties and feeling lonely. These data are summarized in Table 5. These findings are similar to those of the previous literature regarding the importance of physical health status[3-5] and economic status[7,19] in predicting depressed mood states. They also reflect and suggest the importance of social support (i.e., filial piety) in this particular culture.

Limitations of This Study

The major limitations of the present study include possible selection bias in the preliminary study sample and potential bias from respondents due to the nature of self-reporting. Furthermore, the results of subjects' help-seeking behaviors were only significant for a time period of 6 months prior to the interviews.

IMPLICATIONS AND CONCLUSIONS

Accompanying the drastic social and economic changes in Taiwan, there is increasing difficulties for the younger generations to fulfill traditional expectations of filial piety. In addition, the changing pattern of family interaction (e.g., increased generation gap, or changed relationships between parents-in-law and daughters-in-law) also have contributed to the vulnerability of depression in the Chinese elderly population. However, long-term care in Taiwan usually focuses on medical and rehabilitation services. There has been little emphasis on promoting the mental health of the elderly until quite recently. Given the high prevalence of depressed mood states among the elderly found in this study, it is important to incorporate social services and public health services into the long-term care policies for the elderly. Also, geriatric wellness programs should consider screening for depressed mood among elderly populations (as suggested by Dorfman *et al.*[23]).

This study explores the help-seeking behaviors for "depressed mood" rather than "depressive disorders." If the reduction of depressive symptoms could decrease the incidence of clinical episodes of depression,[24] studies on help-seeking patterns of depressed mood states will be of great value in developing intervention programs to promote mental health in the elderly. It is hoped that in the long run, the intervention of depressed mood states will reduce potential treatment costs for mental disorders as well as decrease suicide rates of the elderly. The alleviation of depressed mood could also benefit in reducing functional decline in older adults.[25] The present study suggests that intervention programs should incorporate family communication skills into mental health education. For instance, children should be encouraged to more actively ask about their elderly parents' needs. The elderly should also learn to actively express their needs. Moreover, interventions should be designed to strengthen existing ties or create new ties if networks do not exist. The latter may be accomplished by organizing self-help groups or peer counseling for the elderly. Results from the present study also suggest that health promotion and disease prevention programs should consider screening for social isolation (as suggested by Rubinstein *et al.*[26]). Although family support may not be substituted by other forms of social support, it is possible to enhance family support. Thus, in this regard community outreach programs should be facilitated.

However, the family may be a source of stress as well as support. For instance, according to the respondents in this study, the lack of filial piety among one's children was thought to be the second leading cause of depression. The culturally accepted norm of never-ending concern and worry about their children regardless of their children's age, and the fact that activities of Chinese elders are more family-centered than those of the elderly in Western societies, are likely to contribute to the vulnerability to depressed mood. Chinese elders are also reluctant to speak about their family conflicts to outsiders. As described by one of the subjects, "family problems or shame should never be heard by outsid-