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## Our Position

Mental Health America of Texas supports greater awareness and treatment of depression among older adults. Depression is a serious health condition that requires attention, not a normal part of aging or a temporary side effect of a physical health problem.

## Background

The percentage of the population aged 65 and older is expected to grow significantly over the next few decades both nationally and in Texas. It is projected that more than 20% of people in the United States<sup>1</sup> and around 17% of people in Texas will be in this age group by 2030.<sup>2</sup>

In any age group, depression is a health condition for which treatment is important and available. Unfortunately, it is not uncommon for people close to an older adult with depression to assume that warning signs are simply a natural reaction to life changes associated with aging.<sup>3</sup>

Depression alone is not necessarily more prevalent in older adults than people of other age groups, but elderly individuals are more likely to have physical conditions (such as cardiovascular disease and diabetes mellitus) with which depression frequently co-occurs.<sup>4</sup> Unfortunately, signs of depression among older adults with a co-occurring physical condition are often ignored as attention is paid solely to treatment of that condition.

Depression can lead to the same tragic outcomes for older adults as members of other age groups:

- Individuals 65 years of age and older currently make up over 14% of the U.S. population,<sup>5</sup> yet they account for over 16% of deaths by suicide.<sup>6</sup> Around 400 elderly individuals die from suicide in the state of Texas every year.<sup>7</sup>
- Research shows that older adults with depression have significantly higher health care costs for co-occurring physical health conditions.<sup>8</sup>

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<sup>1</sup> Jennifer M. Ortman, Victoria A. Velkoff & Howard Hogan, An Aging Nation: The Older Population in the United States 1, UNITED STATES CENSUS BUREAU (May 2014), <https://www.census.gov/prod/2014pubs/p25-1140.pdf>.

<sup>2</sup> Ari Houser, Wendy Fox-Grage & Kathleen Ujvari, Across the States: Profiles of Long-Term Services and Supports 302, AARP, Inc. (Apr. 2012), [http://www.aarp.org/content/dam/aarp/research/public\\_policy\\_institute/lrc/2012/across-the-states-2012-full-report-AARP-ppi-lrc.pdf](http://www.aarp.org/content/dam/aarp/research/public_policy_institute/lrc/2012/across-the-states-2012-full-report-AARP-ppi-lrc.pdf).

<sup>3</sup> Depression is Not a Normal Part of Growing Older, CENTERS FOR DISEASE CONTROL AND PREVENTION (Mar. 5, 2015), <http://www.cdc.gov/aging/mentalhealth/depression.htm>.

<sup>4</sup> Older Adults and Mental Health, NATIONAL INSTITUTE OF MENTAL HEALTH, <http://www.nimh.nih.gov/health/topics/older-adults-and-mental-health/index.shtml> (last visited Oct. 2, 2015).

<sup>5</sup> Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico Commonwealth and Municipios: April 1, 2010 to July 1, 2014, UNITED STATES CENSUS BUREAU (Jun. 2015), <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>.

<sup>6</sup> Elderly Suicide Fact Sheet, AMERICAN ASSOCIATION OF SUICIDOLOGY (2014), <http://www.suicidology.org/Portals/14/docs/Resources/FactSheets/Elderly2012.pdf>.

<sup>7</sup> Deaths of Texas Residents, Texas Health Data, TEXAS DEPARTMENT OF STATE HEALTH SERVICES (Jul. 31, 2015), <http://soupfin.tdh.state.tx.us/death10.htm>.

<sup>8</sup> Depression, NATIONAL INSTITUTE OF MENTAL HEALTH (2011), <http://www.nimh.nih.gov/health/publications/depression/index.shtml>.

## Treatment

Fortunately, depression is a health condition for which treatment can have very positive results. Research has indicated that up to 80% of individuals who receive treatment for depression will experience improvement.<sup>9</sup> No treatment should be viewed as a quick and easy “cure,” but medication, psychotherapy, or a combination of the two have been shown to be very effective in addressing depression and improving outcomes.<sup>10</sup>

## Recommendations

People in Texas of all ages deserve access to screenings, treatment, and services for depression. On the individual level, relatives, friends and healthcare providers of older adults in Texas should look for the signs of depression and not be afraid to bring up the issue or assume it is not important. On a broader, systems-based level, Texas lawmakers and officials should work to provide more support for the state’s mental health system, address the current mental health professional shortage, and improve the current system of mental health provider Medicaid reimbursement. Greater access to mental health services means more people in Texas receiving needed screenings, treatment, and other services. All treatment for older adults in Texas should:

- Enable consumers to live where they prefer (to “age in place”);
- Assure access to clinically appropriate and culturally/linguistically competent care in the community and in congregate living settings; and
- Encourage people to age well by helping them preserve their mental as well as general health and sense of vitality and fulfillment.

For more information on aging and mental health, read Mental Health America’s position statement on aging well.<sup>11</sup>

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<sup>9</sup> Workplace Health Promotion: Depression, Centers for Disease Control and Prevention (Oct. 23, 2013), <http://www.cdc.gov/workplacehealthpromotion/implementation/topics/depression.html>.

<sup>10</sup> Older Adults and Depression, NATIONAL INSTITUTE OF MENTAL HEALTH, <http://www.nimh.nih.gov/health/publications/older-adults-and-depression/index.shtml> (last visited Oct. 2, 2015).

<sup>11</sup> Aging Well, MENTAL HEALTH AMERICA (Jun. 12, 2011), <http://www.mentalhealthamerica.net/positions/aging-well>.