

Special Committee on Aging

Senior Depression: Life-Saving Mental Health Treatments for Older Americans

July 28, 2003

OPENING STATEMENT of Senator John Breaux

I would first like to take this opportunity to thank all of the witnesses who have come before us to testify today. Your testimony will be of great value as the Committee works to address some of the critical challenges in providing proper mental health care to our nation's seniors.

Our nation stands at a crossroads. As we prepare for the pending wave of 77 million aging baby boomers, our responsibility is to help this country re-think and re-define how we age. A few months ago, I chaired an Aging Committee hearing that looked at ageism in our nation's health care system. We learned that medical ageism is pervasive. It can be found in the use of preventive screenings, clinical trials for valuable treatments, the treatment of hospital-borne infections and in the way mental health care is provided to seniors. Outdated thinking about aging leads to outdated public policies and public health risks. We must rethink our attitudes and policies toward the elderly.

Though much progress has been made to eradicate the stigma and shame of mental illness, seniors have been left behind. By the year 2030, it is expected that close to 15 million seniors will suffer from depression. Many seniors and health professionals assume the symptoms of depression are a part of the normal aging process. In fact, a survey of adults older than 65 found that only 38 percent believed depression to be a health problem and more than half responded that it was a normal part of aging.

Older Americans have the highest suicide rate in America – a rate four times

the national average. Even more disturbing, 75 percent of suicide victims saw their doctor within one month of their suicide, but were not treated or referred for treatment for their depression. Our health care system simply failed them.

We can no longer continue to fail our seniors. Depression and suicide are not a normal part of aging. Those who need care must be properly diagnosed and treated.

Today, I am pleased to announce that I will be introducing the Positive Aging Act of 2003. This bill will help seniors receive the mental health care that they need. The Positive Aging Act will provide grants for demonstration projects to integrate mental health services for seniors into primary care settings. It will also provide the opportunity for community-based mental health providers to team up with other professionals to create outreach teams to better screen and diagnose seniors. I am excited by the opportunity to work with my colleagues to get this important legislation passed.

The bill I am introducing and today's hearing are important step towards ensuring that depression and suicide in the elderly are no longer ignored. We still have much work to do and I look forward to hearing, learning from, and working with the experts assembled before us.