



Depression and the LGBTQ+ Elder Community

If you're an LGBTQ+ individual and experiencing symptoms of depression, you are NOT alone. Due to stigma and discrimination, the LGBTQ+ community is more frequently affected by mental health conditions — including major depressive disorder (MDD) or clinical depression — at higher rates than the general population ([NAMI](#)).

BY THE NUMBERS

- ✔ There are 1.5 million adults aged 65 or older in the U.S. who identify as lesbian, gay, or bisexual, and that population may double by 2030.¹
- ✔ Studies show that 39% of LGBTQ+ elders have experienced suicidal ideation during their lifetime, and 31% of LGBTQ+ elders have symptoms of depression. This is 2 to 3 times higher than the general older adult population in the U.S.²
- ✔ 48% of transgender older people report they have experienced symptoms of depression and 71% report a history of suicidal ideation.²
- ✔ Many LGBTQ+ elders live alone because of a history of family rejection or lack of connection, increasing their risk of social isolation and loneliness, two significant predictors of depression for older people.³
- ✔ The historic stigmatization of same-sex attraction as a “mental illness” has led to a lasting distrust and fear of psychiatrists and other healthcare providers amongst many older LGBTQ+ people.²

DO I HAVE DEPRESSION?

Depression is a serious mental illness that can have a significant, negative impact on the way you think, feel, and act. Depression symptoms and severity vary by person and may include persistent feelings of sadness, hopelessness, or tension; changes in sleep or appetite; difficulty concentrating or performing activities of daily living; lack of interest; and or thoughts of self-harm or suicide.⁴

Living with depression is challenging for anyone. But when you're also facing disparities and hurdles associated with being LGBTQ+ — such as rejection, discrimination, and violence — it can add to mental health challenges.



WHAT'S THE DIFFERENCE BETWEEN DEPRESSION, MDD, AND TRD?

Depression symptoms can vary from mild to severe, and those with more severe, frequent symptoms are considered to have major depressive disorder (MDD).⁴ When a person with MDD does not respond positively to two or more antidepressant medications, they may be considered to have treatment-resistant depression (TRD).⁵ TRD isn't your fault. You haven't failed — it's more common than you think. Approximately one-third of people with MDD may have TRD.⁶

Sometimes, symptoms also can progress to a point where a person starts actively considering suicide and requires urgent intervention to treat their symptoms.⁷

While these forms of depression can be more persistent, there is still hope. There are treatment options for these ongoing or more severe types of depression.



HOW CAN I SEEK HELP?

Only one-third of those suffering from severe depression seek treatment from a healthcare professional.⁸

Many don't know what to do when symptoms become more severe. But there are other options and places to turn for help. An important step is finding a healthcare provider that makes you feel safe, supported and heard.

Finding providers with whom you can create a personal connection will establish a safe space and allow you to develop a more personalized approach to your treatment plan.



TO LEARN MORE

Visit www.DepressionLooksLikeMe.com for additional information and trusted resources. You can also call the SAGE National LGBTQ+ Elder Hotline at 1-877-360-LGBT (5428) for support.

Please know you are not alone. If you or someone you know is struggling emotionally or has concerns about their mental health, there are ways to get help. Call or text the 988 Suicide & Crisis Lifeline at 988 or visit www.988Lifeline.org to chat.

REFERENCES

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