



The state of senior emotional health in Florida

By: Danielle Neveles-McGrath and Heather Hyden



Emotional health trends

As people age, accumulating stressors such as chronic health conditions and the loss of loved ones can erode emotional well-being and contribute to mental health disorders.* Yet these challenges should not be viewed as an inevitable part of aging. For many older adults, limited social connection and feelings of loneliness compound these stressors and affect their ability to maintain health and independence. Social isolation and loneliness are critical public health issues.

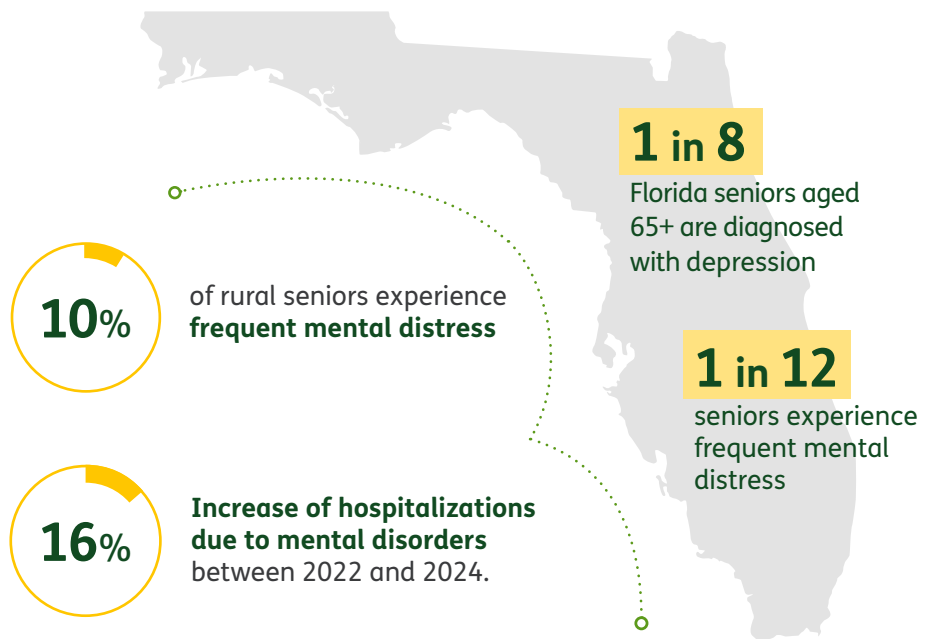
Research has consistently linked loneliness with higher rates of depression, anxiety, cognitive decline, and premature mortality among older adults.^{1,2} It can also increase the risk of Alzheimer's by 14%.³



Social isolation is also costly, elevating the rate of avoidable hospitalizations among older adults resulting in increases in Medicare spending.⁴

Strengthening emotional health support for seniors is vital to ensuring they can achieve their best health and thrive in their communities. This need is especially urgent in Florida, where one-third of the population will be over 60 by 2050.⁵ Older adults also represent a major economic engine for the state, contributing to nearly half of Florida's gross domestic product.⁶ At the same time, current emotional health indicators show clear signs of need among Florida's older adults.

Nearly one in eight Florida seniors aged 65+ are diagnosed with depression, and one in twelve experience frequent mental distress. In rural Florida, 10% of seniors experience frequent mental distress, higher than the national average (8.7%). Also, rates of hospitalization due to mental disorders in seniors rose by 16% between 2022 and 2024. **Moreover, Florida's suicide rate among the 65+ population is higher than the national average (20.7 vs. 17.7 deaths per 100,000), with the highest rate among those 85+ (25.5).^{7,8}**



* Mental disorder: A clinically diagnosed condition that significantly affects thinking, mood, or behavior (e.g., depression, anxiety disorders); Depression: A specific mental disorder characterized by persistent sadness or loss of interest, along with cognitive and physical symptoms; Frequent mental distress (FMD): A population-level indicator defined as reporting poor mental health for 14 or more days in the past month—not a clinical diagnosis.

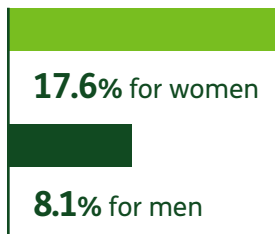
Trends by demographic group

Significant gaps in emotional and behavioral health outcomes exist among Florida’s older adults, with clear differences across race, gender, income, and disability status. White older adults have suicide rates twice those of Hispanic seniors and more than six times those of Black seniors.⁷ Nationally, as well as in Florida, White older men experience the highest suicide rates.

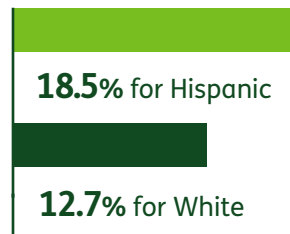
Separately, older women in Florida are diagnosed with depression at roughly twice the rate of men and Hispanic seniors have higher rates of depression than White seniors (18.5% vs.12.7%). Seniors earning under \$75,000 are nearly twice as likely to be diagnosed with this mental illness, and among those with incomes below \$25,000, rates are highest at nearly 20%. **Disability status represents the largest difference, with seniors who have mobility limitations diagnosed at nearly three times the rate of those without disabilities.**⁷



Men and women aged 65+ diagnosed with depression



Seniors aged 65+ diagnosed with depression



Seniors aged 65+ diagnosed with depression based on disability status



Aged 65+ diagnosed with depression by income



Key factors increasing emotional health risk for seniors

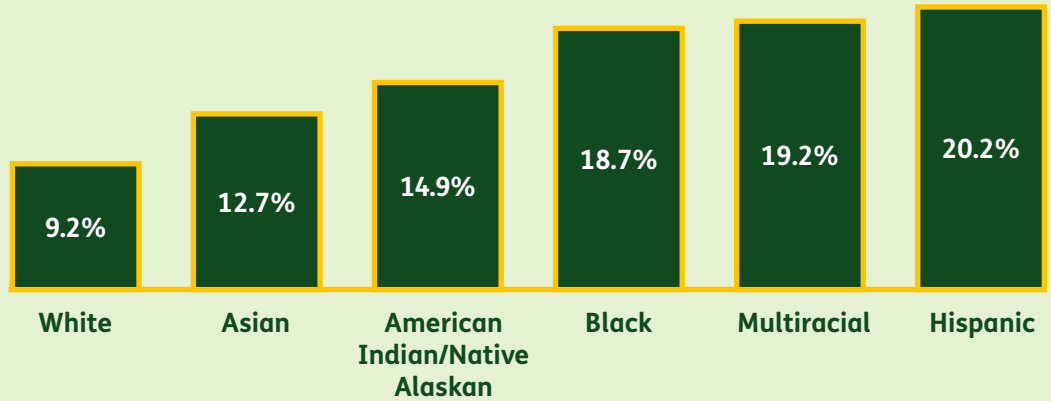
Financial insecurity

Research has shown how financial insecurity, such as rising housing costs, and food insecurity, contributes to poor mental health for older adults.⁹ These pressures leave seniors choosing between essentials, like medications, transportation, and healthy food, increasing stress and elevating the risk of depression and anxiety. **In Florida, poverty is higher than the national average for seniors (12.1% vs. 11.3%), as well as housing cost burden (36.3% vs. 33.5%) and food insecurity rates (10% vs. 8.7%).** Also, poverty rates among Florida’s Black and Hispanic seniors are more than double that of White seniors.⁷



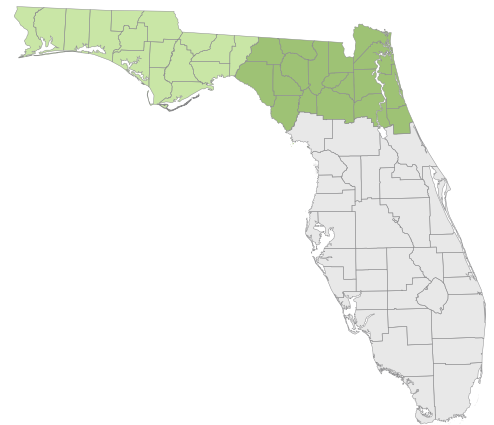


Poverty by race age 65+



Social isolation and loneliness*

Social isolation and loneliness can result from retirement, the loss of loved ones, mobility challenges, and financial pressures that limit social engagement.¹⁰ Objectively, nearly one in four Florida seniors live alone. Also, Florida ranks 22 out of 50 nationally for risk of social isolation among seniors. **Rural counties in the Panhandle and Northern Florida have the highest risk of social isolation.**⁷ Public data is currently unavailable on subjective loneliness among seniors at the state level, **however nationally over 1 in 3 older adults reported feeling isolated from others.**¹²



*Social isolation is the objective lack of social contact and loneliness is the subjective feeling of being alone, regardless of actual social contact.¹¹

Caregiving

While the need for caregiving is common for older adults across the country, Florida’s large senior population leads to greater need in the state. **In Florida, one in three adults aged 60+ provides care to another elder and nearly 74,000 are raising their grandchildren.**⁵ Evidence shows that caregivers over 65 face greater financial and health risks than younger caregivers, including worsened physical health, and increased risk of heart disease and mortality.¹³



Depression has been found to be the most common negative impact of caregiving.¹⁴

Barriers to senior behavioral health access

Florida has 240 federally designated mental health shortage areas, one of the highest shortages in the country. Over 17% of those areas are where low-income residents lack adequate access.¹⁵ **It ranks 43rd in the nation for access to a mental health care provider.**⁷ This gap in care is especially challenging for older adults due to a national workforce shortage of mental health providers with geriatric expertise.¹⁶ Limited mobility and minimal public transportation options in under-resourced communities also compound the problem of accessing timely and appropriate care. **And access is even further limited for the 9% of Florida seniors living in rural areas.**⁷



43rd in the nation for access to a mental health care provider

According to AARP¹⁷:



Many mental illnesses go undiagnosed among older adults and evidence gaps exist for appropriate treatment options.



Stigma is associated with delayed or discontinued mental health treatments. Fear of disappointing or inconveniencing family and friends can lead to personal stigmas.



Ageism leads to external and internalized beliefs that depression is normal in older age.



Health coverage barriers include prior authorization delays, small networks of providers offered by insurance plans, mental health provider shortages, and low participation of providers in insurance.

Call to action

1

Advance an Age Ready Florida by making older adults a priority in Florida's mental health efforts, including:

- Involving older adults and their caregivers in community needs assessments to guide community planning on their mental health needs.
- Incorporate screening for loneliness, depression, and anxiety in programs for older adults.

2

Strengthen access to age-appropriate mental health care:

- Increase the number of mental health professionals who specialize in serving older adults including incentives for providers to obtain geriatric training.
- Expand mental health services for older adults in rural and other underserved communities.
- Adopt evidence-based approaches that improve effectiveness for Florida's diverse older adults (rural communities, veterans, faith-based groups, and multicultural populations).

3

Invest in community supports that reduce stressors and strengthen stability, including:

- Caregiver support programs such as respite care and financial assistance.
- Emergency financial stabilization programs that help older adults cover unexpected expenses (e.g., medical bills, home repairs, transportation).
- Community mobility programs to reduce senior transportation barriers.

4

Scale technology solutions and data systems that improve mental health and social connections:

- Invest in evidence-based digital mental-health tools including telehealth solutions and digital literacy training.
- Invest in technology-enabled programs that foster connection among older adults.
- Expand investment in technology and data systems to assess and monitor the mental health of older Floridians.

About the authors



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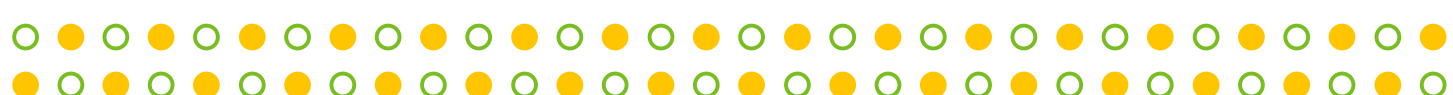
In her role, Danielle leads the Foundation’s impact evaluation and learning for the Foundation’s grant portfolio and publication strategy for advancing knowledge and insights from the Foundation’s focus areas in mental health and nutrition. Danielle has more than a decade of healthcare experience and has worked across corporate communications, philanthropy, crisis management, international relations, employee engagement, and media relations in the healthcare and bio-pharmaceutical industries. Before joining the Humana Foundation, Danielle was the Vice President of Racial Equity Grantmaking for the Eli Lilly and Company Foundation, where she managed a \$25 million grant portfolio and invested in community projects focused on education and economic development. She is a board member of Ladies of Virtue, a Chicago-based mentoring, career and leadership development program for young women. Danielle holds a Master of Business Administration from the Kellogg School of Management at Northwestern University and a Bachelor of Arts degree in journalism from Indiana University-Purdue University Indianapolis. She is a poet and an author of a poetry collection.



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In her role, Heather conducts extensive impact analysis and research to inform the Foundation’s publication strategy with goals of sharing key learnings and insights from grantmaking to advance understanding and knowledge of best practices, scalability and effective interventions in mental health and nutrition. For over 15 years her career has been anchored in health, equity, spanning multiple sectors including local government, non-profit, public policy, academia, and philanthropy. Recently she served as a lead consultant for the Robert Wood Johnson Foundation and managed a \$15 million-dollar grantmaking portfolio at the Humana Foundation. Her writing on maternal health, food policy and equitable community development is published across diverse platforms including magazines, peer-reviewed journals and institutional reports. She earned a B.S. in Geography and Urban Planning from the University of Memphis and an M.S. in Community and Leadership Development from the University of Kentucky where she continues to teach community-engaged research methods and leadership fundamentals.



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