

## PREDICTORS OF MENTAL HEALTH DURING THE COVID PANDEMIC

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Health professionals have been concerned about mental health of older adults during the COVID pandemic. To explore their experiences, we conducted an online survey of community-dwelling older people to examine their mental health related to stress, based on Pearlin's Stress Process Model. A snowball approach was used; we sent recruitment e-mails through senior organizations and contacts with e-mail lists of potential participants; there were 504 respondents. We used regression analysis to explore predictors of mental health based on Pearlin's model. Background characteristics included age ( $m = 75.7$ ,  $SD 4.95$ ), gender (77.4% female) and race (White = 93.4%). The CESD-10 provided a measure of mental health. Scores indicated 62.3% of the sample scored in the low range for depressive symptoms and 37.7% in the moderate to high range. Stressors were measured using the Perceived Stress Scale that includes subscales of perceived helplessness and perceived self-efficacy. We also measured perceived social isolation, and current life space as predictor variables. Results of regressing the CESD-10 onto the set of theoretical predictors revealed that the inclusion both subscales of the Perceived Stress Scale, social isolation, and current life space jointly accounted for approximately 63.0% of the variability in the outcome beyond the baseline model ( $F_{change}[4, 449] = 211.15$ ,  $p < .01$ ), which included age, race, and gender. The model overall, accounted for approximately 66.5% ( $R^2_{adjusted} = 66.0\%$ ) of the variability in CESD-10 scores, ( $F[7, 449] = 127.473$ ,  $p < .01$ ). Addressing stress among older adults is important to help them maintain positive mental health.

## SOCIAL CONNECTIVITY IN THE CONTEXT OF COVID-19 AND LONG-TERM CARE

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The COVID-19 pandemic has disproportionately impacted older adults, particularly those residing in long-term care homes (LTCHs), causing immense loss of life and resulting in overall health declines in LTCH residents. These vulnerable older adults have also experienced extreme loneliness, anxiety and depression. Social connectedness is an important contributor to well-being and quality of life of older adults in LTCHs and family members are an essential component to this. However, restrictions driven by policies to protect resident safety, have constrained family members' access to long-term care homes and limited in-person contact between residents and their families. In their absence, health providers have been integral to supporting connections between residents and their families within LTCHs.

This study aimed to understand the experiences of social connectedness between residents and family members who have been physically separated due to the current pandemic and, to examine LTCH health providers' experiences and responses to support social connectedness. Using a qualitative descriptive design, in-depth semi-structured interviews were conducted with 21 family members and 11 healthcare providers. Emergent themes from qualitative content analysis are: (a) all-encompassing impacts of separation; (b) advocacy became my life; (c) the emotional toll of the unknown; 4) the burden of information translation; 5) precarious balance between safety and mistrust for the healthcare system; and (d) a formulaic approach impedes connectivity. A more comprehensive understanding of the experiences and support needs of LTCH residents and their family members within the context of a pandemic can inform practice approaches to support social connections going forwards.

## Session 3595 (Paper)

### Mental Health of Older Adults

#### ASSOCIATION BETWEEN POST-TRAUMATIC STRESS AND DEPRESSION AMONG OLDER PUERTO RICANS: HOW DOES LONELINESS MATTER?

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Puerto Ricans have a significantly higher prevalence of post-traumatic stress disorder (PTSD) than other racial and ethnic groups. PTSD can lead to co-morbid depression, which exacerbates the risk for compromised mental and physical health among older adults. Loneliness, a robust indicator of poor social support, is likely to worsen the dysphoric symptoms of PTSD and increase the risks of depression. However, few studies have focused on the moderating role of loneliness on the association between post-traumatic stress and depression. This study examines the association between post-traumatic stress and depression and whether such an association differs by loneliness among older Puerto Ricans. Data were collected from 304 Puerto Ricans aged 60-81 living in the Greater Boston area who responded to questionnaires in a survey. We used ordinary least squares regression to examine the association between post-traumatic stress, loneliness, and depression. We found that post-traumatic stress was significantly associated with higher levels of depression; however, the association was contingent on experiences of loneliness. The association between post-traumatic stress and depression was stronger for those experiencing a higher degree of loneliness. Findings underscored the role that loneliness plays in exacerbating the risk of developing co-morbid PTSD and depression among older Puerto Ricans. In working with older Puerto Ricans experiencing post-traumatic stress, it is important for mental health professionals to incorporate the assessment of loneliness and

to prevent and reduce co-morbid depression by addressing loneliness through improving social skills, enhancing social support, and reducing maladaptive social cognition.

#### DISPARITIES OF MENTAL HEALTH SERVICE NEEDS AND UTILIZATION AMONG OLDER ADULTS

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Prior studies have examined mental health disparities, however, without adequate attention to the older adult population. Framed by the Andersen Behavioral Model of Health Service Use, this study was to examine the prevalence of depression and anxiety and the mental health service use among older adults of different race/ethnicity; and to investigate factors associated with mental health services use (counseling and psychotropic medication). Data from the National Health Interview Survey 2019 were analyzed by bivariate tests and logistic regression analyses. Hispanic older adults have the highest rates of depressive and anxious symptoms, followed by Whites, Blacks, and Asians. Non-Hispanic Asians and Blacks reported significantly lower rates of taking medication. The severity of depression and anxiety was consistently associated with mental health service use across all groups. Education was positively associated with counseling use in white and black groups. For older whites, better general health, male and foreign-born were significantly predicting less medication use. Older blacks with better general health were significantly less likely to use medication. For Hispanic older adults, female and being single were associated with anxiety medication use. Results suggest that older adults, despite different perceptions and cultural understandings of mental health, use mental health services for severe conditions. This study also highlights the important role that education and health literacy could have played in the use of counseling services. For the medication use, the result—that general health status was important for both black and white older adults, but not Hispanics—could suggest a few directions for further exploration.

#### FEASIBILITY PILOT: PROBLEM ADAPTATION THERAPY FOR EMOTION REGULATION IN COMMUNITY-DWELLING OLDER ADULTS

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Emotion regulation (ER) difficulties in older adults are associated with increased depression and decreased resiliency to stressful life events. In general, maladaptive ER is a transdiagnostic risk factor for a range of psychological and physical problems across the lifespan. Thus, interventions targeting ER may be valuable in reducing risk for a range of late-life pathologies. The present study evaluated and adapted an existing ER-focused treatment (i.e., Problem Adaptation Therapy (PATH)) for community older adults. We completed a small clinical pilot study to assess the feasibility of the adapted protocol and initial signals of effect of the intervention on ER, depression, and resiliency. Participants were recruited using an online survey, which was

used to then identify participants scoring in the highest and lowest quartiles for ER. Individuals in the lowest ER quartile (N=27) were randomly assigned to the PATH condition or a physical health education (PHET) control condition. Of the 27 participants in the low ER group, four participants (3 PATH, 1 PHET) dropped out of the intervention. A paired samples t-tests revealed significant decreases in depressive symptoms, significant increases in self-reported ER skill, and improvements in resiliency (all  $ps < .05$ ) for the PATH condition. For the PHET condition, only significant increases in self-reported ER skill ( $t(12) = -2.68, p = .020$ ) were observed. In sum, the intervention protocol proved feasibility and demonstrated initial signals of effect in the expected directions. Future studies will examine mechanisms of action and the efficacy of the adapted PATH protocol.

#### FUNCTIONAL MOBILITY, AGING, AND PEOPLE WITH MENTAL ILLNESS: ISSUES AND CHALLENGES

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People with serious mental illness (SMI) are more likely to experience chronic health conditions at younger ages, which increases the risk of premature death. Co-morbid health conditions and risk for premature death are well-studied in the population, however less is understood about the impact of aging and SMI on functional ability. Research suggests that the population walk less and may have lower fitness levels than other populations (Gill et al., 2016). Specific data exploring functional age of people with SMI is sparse. The authors compared published standardized geriatric functional fitness values for people over 65 to baseline values of a community sample of people living with SMI who participated in a community health promotion intervention. The average age of the sample was 50 (SD=11). Three physical functioning measures were used in the comparison to measure physical functioning; the Sit to Stand Test, 6 Minute Walk, and Single Legged Stance. Results indicated significant differences in mean physical functioning values between the sample and standardized geriatric values. The sample performed at levels 20-30 years older than their chronological age. This finding suggests that mental health and aging services may need to adjust interventions, services and methods to improve physical functioning in middle-aged and older adults living with SMI. Premature functional decline impacts community living skills, independent living, housing choice, vocational options, and may impede personal goal attainment. Recommendations for interventions will be offered, as will suggestions for policies targeting services that cross aging and mental health silos.

#### TRAUMA, POSTTRAUMATIC STRESS DISORDER, AND TREATMENT AMONG MIDDLE-AGED AND OLDER WOMEN

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