

cognitive function. Mediation analysis was used to examine whether physical activity could mediate the effects of depressive symptoms on cognitive function. Regression results indicated that increased depressive symptoms was associated with poorer cognitive function, while increased moderate and mild physical activity were associated with better cognitive function. Mediation analysis indicated that the direct effect of depressive symptoms on cognitive function was significant. The indirect effect of depressive symptoms on cognitive function mediated by moderate and mild physical activity were also significant. Findings suggest that physical activity could potentially improve the cognitive function of older adults who have depressive symptoms. Moderate and mild physical activity could benefit older adults with depressive symptoms and reduce the risk of cognitive decline. Frail, disabled or chronically ill older adults are less likely to participate in vigorous physical activity, but they could benefit from moderate or mild physical activity and have better cognitive health.

SESSION 2015 (SYMPOSIUM)

DEMENTIA CARE AND BEHAVIORAL HEALTH WORKFORCE DEVELOPMENT: INNOVATIONS IN TRAINING ACROSS SETTINGS

Chair: Mary F. Wyman, *WS MIDDLETON MEMORIAL VETERANS HOSPITAL, Madison, Wisconsin, United States*

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It is well-established that there is a critical shortage of trained health care staff who can deliver high-quality behavioral health services to persons with dementia. The development of innovative professional training curricula, and effectively implementing and sustaining such programs, is a key element in addressing this workforce crisis. This symposium highlights cutting-edge efforts being conducted across the continuum of care, to train health care professionals to support optimal behavioral health for persons with dementia. In the outpatient setting, Wyman et al. present data from a survey of mental health clinicians on their perspectives about working with persons with dementia and caregivers, revealing critical gaps in knowledge and skills to target in continuing education programming. Wray and colleagues focus on integrated behavioral health in primary care, discussing how geriatric experts can most effectively contribute to improved assessment and treatment within this setting. Koepf presents an innovative program to transform outpatient mental health care for persons with dementia through provider training and consultation. In the residential care setting, Reinhardt and colleagues report on the implementation of a comprehensive approach to the alleviation of behavioral health problems through training direct care staff in person-directed care in nursing homes. Finally, Karel et al share how VA interprofessional nursing home teams learn and sustain an evidence-based program to address behavioral concerns among residents with dementia. The discussant will lend a

deep expertise in research and policy related to the geriatric workforce to her remarks on the presentations.

DEVELOPING DEMENTIA-SPECIFIC PROVIDER TRAINING IN MENTAL HEALTH: WHAT IS THE TARGET?

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Most persons with dementia (PwD) live in the community and receive mental health care in the outpatient setting, making these providers an important target for education to improve dementia care. To inform the development of training curricula, we surveyed 65 mental health providers in a Veterans Affairs outpatient clinic on perceived barriers and training needs related to service delivery to PwD and caregivers. We used an adapted version of the Sense of Competence in Dementia Care Staff scale to assess domain-specific competencies. Respondents rated this work as highly important and wanted dementia-related training. They reported low competency in person-centered care approaches and challenging clinical situations, e.g., managing risk of harm. System-level barriers affecting services for PwD were noted. Findings suggest that outpatient mental health professionals are an underutilized resource in dementia care. This work can inform the development of provider training and identification of system-level barriers in this setting.

BEHAVIORAL HEALTH WORKFORCE DEVELOPMENT TO IMPROVE DEMENTIA CARE IN INTEGRATED PRIMARY CARE

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People with dementia (PwD) receive most of their health care in primary care, yet timely recognition and optimal management of dementia in that setting continues to be challenging. Implementation of primary care medical home models in the Veterans Health Administration (VHA) holds promise for improving quality and coordination of dementia care through interprofessional collaboration. Integrating behavioral health providers (BHPs) into primary care may help to support the care of people with dementia and their families. However, most integrated BHPs have a generalist training background and likely require professional education to address the unique needs of patients with dementia. We will describe findings from a national VHA education needs survey of integrated BHPs and an in-depth qualitative study examining primary care for PwD in two large VHA healthcare systems. We will discuss how geriatric experts can serve as trainers to address current gaps in primary care of PwD.