

differently. The context in which gender shapes key aspects of life contributes to self-perceptions of aging in later life.

## SESSION 5750 (SYMPOSIUM)

### SOCIAL PARTICIPATION, SOCIAL SUPPORT, AND SOCIAL POLICY AMONG OLDER ADULTS

Chair: Linda Waite

The social world is closely linked to other dimensions of health, including physical health and illness, physical functioning, cognition and emotional well-being, and these links may change across generations and may depend on social and policy context. The papers in this symposium focus on these links. Carr examines the associations between productive engagement in later life and perceptions of social support and interactions with friends and family. She finds that volunteer engagement is associated with greater perceived social support and interaction with friends and family but not with support from spouse. Waite, Duvoisin and Kotwal measure changes in social participation between the Silent Generation cohort, born between 1938 and 1947, and the Baby Boom cohort, born from 1948-1958. They find that the gender differences shown in the Silent Generation cohort are reduced among those born during the Baby Boom. Azar examines the moderating role of social policy, particularly defamilization, on the link between loneliness and health, using data from 30 European countries and the U.S. Choi compares marital and partnership status, social support and strain in Silent Generation vs. Baby Boom cohorts. Her results suggest that those born during the Baby Boom are embedded in looser social relationships compared to their older counterparts. Together, these papers point to the importance of considering various dimensions of social life, gender, and context, including historical time and the life cycle, in understanding how the social world acts to affect well-being.

### COHORT DIFFERENCES IN SOCIAL PARTICIPATION IN THE NATIONAL SOCIAL LIFE, HEALTH, AND AGING PROJECT

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Has American society become more socially disconnected as Robert Putnam argues in *Bowling Alone*? Claude Fischer disputes this contention with evidence that Americans remain about as connected to friends and family as in the past. We address this debate with data for older adults from the National Social Life, Health and Aging Study, collected in 2005, 2010, and 2015. We compare social participation as reported at ages 57 to 68 for members of the Silent Generation cohort vs the Baby Boom cohort. We find that the gender gap in social participation evident for the Silent Generation does not exist at all for younger Baby Boomers, only appearing after age 62. These same cohort differences appear for participation in religious services and organized groups. This suggests that the gendered separation of social roles that characterized older generations is becoming less pronounced, with implications for social support and social isolation.

## SESSION 5755 (SYMPOSIUM)

### SOCIAL PROCESSES IN LATE-LIFE SUICIDE

Chair: Elizabeth Necka

Suicide is the tenth leading cause of death in the United States, and social isolation – either real or perceived – is one of the primary risk factors for a suicidal attempt (Calati et al., 2019). Late adulthood is characterized by both rapid increases in both social isolation (Cornwell, 2011) and loneliness (i.e., perceived social isolation; Hawkey, Wroblewski, Kaiser, Luhmann, & Schumm, 2019), which enhance risk of mental disorders (Santini et al., 2020), as well as by suicide rates that are higher than in any other age group (SAMSHA, 2017). What are the mechanisms by which social isolation confers risk (and social connection confers resilience) to suicidal thoughts and behaviors in aging, and what promising interventions exist for addressing social impediments in older adulthood? What barriers exist to providing services to socially isolated older adults contemplating suicide, and what are the public health implications of social isolation and suicide in late life? This symposium will feature talks on the role of social motivation and empathy in the development of (or resilience to) suicidal ideation in older adults, on interventions that draw upon the Interpersonal Theory of Suicide and utilize social engagement and digital ‘mHealth’ services to reduce late-life social isolation, depression, and suicidal ideation, and on National Institute of Mental Health funding priorities and efforts to address suicide. After attending this session, participants will be able to articulate mechanisms by which social isolation confers risk for suicide in older adulthood and to identify opportunities and obstacles for effective intervention implementation.

### THE NATIONAL INSTITUTE OF MENTAL HEALTH: RESEARCH AGENDA AND PRIORITIES IN GERIATRICS AND AGING

Elizabeth Necka, *National Institute of Mental Health, Rockville, Maryland, United States*

The Geriatrics and Aging Processes Research Branch of the National Institute of Mental Health (NIMH) supports research on the etiology, pathophysiology, and trajectory of late life mental disorders. The branch encourages research using neuroscience, cognitive and affective science, and social and behavioral science to translate basic and preclinical research to clinical research. The branch prioritizes research that investigates neuropsychiatric disorders of aging, how they interact with neurodevelopment/neurodegeneration, and how to assess, treat, and prevent them. Of particular interest is research on social isolation and suicide. Suicide prevention research is an urgent priority: NIMH’s portfolio includes projects aimed at identifying those at risk for suicide, understanding causes of suicide risk, developing suicide prevention interventions, and testing the effectiveness of these interventions and services in real-world settings. In this talk, a NIMH program official will discuss the NIMH research agenda in the domain of late-life mental illness, social isolation, and suicide.

### SOCIAL DECISION MAKING AND SUICIDAL BEHAVIOR IN LATE-LIFE DEPRESSION