



4th Annual Older Adult Mental Health Awareness Day Symposium

Evaluation Report

July 2021

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Overview of the 2021 Symposium

Summary

The 4th Annual Older Adult Mental Health Awareness Day symposium was held on May 6, 2021. The event was free for participants and designed as a public discussion on the topics of mental health and aging, specifically related to the prevention, treatment, and recovery support options and solutions for older adults with mental health or substance use disorders. Planning for the symposium began in November 2020 and program committee members included representation from federal agencies such as the U.S. Administration for Community Living and the Substance Abuse and Mental Health Services Administration as well as several key national organizations.

The event was expanded from previous years and was held virtually, live from 10 a.m. EST to 5:15 p.m. EST. The intended audience of the event was for public health practitioners, professionals in the aging network, mental health providers, and healthcare professionals.

Overall, there were nine sessions covering topics:

- Addressing ageism
- What behavioral health access looks like in diverse populations
- The latest in substance use interventions
- Hearing the lived experience of having a mental health condition and/or substance use disorder from consumers and caregivers
- Addressing health disparities
- Promising practices in state partnerships in aging and mental health
- Socialization efforts to combat social isolation
- The intersection of mental health and pain care
- A federal panel to discuss the latest initiatives and funding opportunities

All the sessions were recorded and are available on demand. Individuals can still register for the event and watch the recorded sessions. The recordings can be found here:

<https://connect.ncoa.org/oamhad2021>

Sponsorship

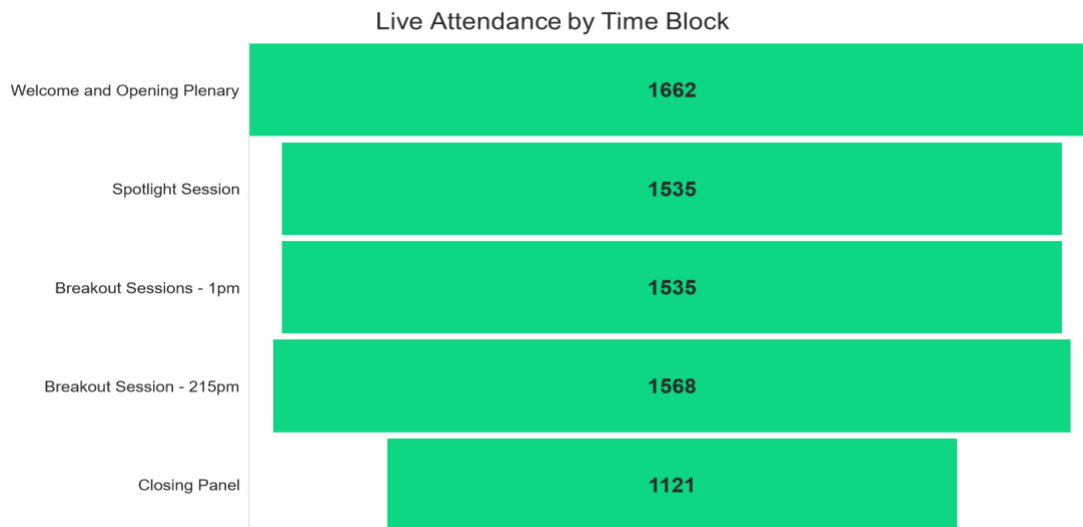
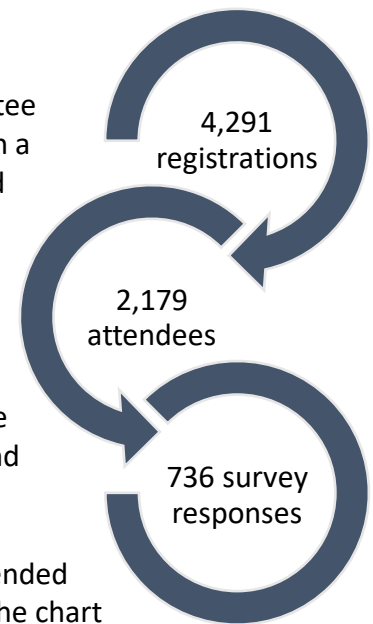
There was one corporate sponsor, J&J, that provided \$10K to support the symposium. They had an opportunity to plan the breakout panel on pain and mental health.

Attendance

The event was widely promoted by NCOA, the planning committee members, and other partners. Organizations were provided with a Partner Sharing Toolkit that included social media messages and images to help promote the event.

By the day of the event, 4,291 people registered, and 2,179 people attended at least one session live. Registration rates were on par with the 2020 event, even with the agenda expanded from 2 hours to a full day. The attendance rate for the live event was 51%. This attendance rate is above averages found for other free, virtual events (35%¹, 43%²).

Attendance remained high throughout the day. The highest attended session was the welcome and plenary with 1,662 participants. The chart below outlines attendance numbers for each time block.



¹ <https://www.pcma.org/attrition-virtual-events/>

² https://insight.intrado.com/2020-Benchmark-Report?utm_source=GlobeNewswire&utm_medium=PressRelease&utm_campaign=2019BenchmarkReport

Participant Feedback

Live Feedback During Sessions

During the virtual event, attendees were encouraged to use the Q&A box to ask questions, share comments, or provide feedback. Attendees were active participants, and the table below provides a breakdown of the number of questions and comments per session as well as a sampling of the responses from each session. A full list of questions and comments by session can be found in the Appendix.

Session	# of Questions	Highlights
Welcome and Plenary on Ageism and Resilience	117	<p>Questions:</p> <p>This is all great for practitioners but how do we teach the average gas station worker to stop saying "thank you young lady" to older women, and the young donut shop clerk, from saying "take care, hon or sweetie" to older adults when they think they are being nice!?</p> <p>Statistics were stated that there is increased suicide for older adults but also it was stated that there is U shape curve in life and that children and older adults are happiest. Could someone comment on this?</p> <p>Comments:</p> <p>Fantastic thoughts Ashton! I vow to notice how I am being ageist toward myself and make a sincere effort at changing this habit.</p> <p>I think we ascribe negativity to old and therefore older adult. Lets change they way we view old rather than find a new word.</p>
Spotlight Session: Access to Behavioral Health in Diverse Older Adults	58	<p>Questions:</p> <p>What is being done on suicide prevention and mental health in Spanish for Latinos? there is not many resources out there and protocols for intervention and post-intervention</p> <p>What are things that agencies can do to welcome more diverse clientele , African American, Hispanic/Latino, Latin X, Indigenous and LGBTQ?</p> <p>Comments:</p> <p>So glad to hear a Land Acknowledgement! I am listening from ancestral lands of the Abenaki.</p> <p>Dr Gray. Yeah funding!!! Write your congressman right?</p>
Perspectives on the Lived Experience of Mental Health	46	<p>Questions:</p> <p>What was the "ah-ha" moment or turning point with you and your own mental health?</p> <p>In your experiences, what are the most important ways in which family members can honor your experiences and support you?</p> <p>Comments:</p> <p>Thank you to each one of you for sharing your very real and personal stories! Each of you are making a difference!</p> <p>AboutFace is at www.ptsd.va.gov - so many videos</p>
Latest Interventions in Substance Use Disorders	29	<p>Questions:</p> <p>Do these trends (increasing rates of substance abuse) reflect trends across the population at large or is this uniquely impacting older adults?</p> <p>Can you please share some terms to use instead of stigmatized terms like alcoholic? What language have you found effective in screening?</p> <p>Comments:</p> <p>Great presentation, thank you!</p> <p>Motivational Interviewing techniques is very effective in working with individuals with addictions.</p>

Addressing Behavioral Health Disparities in Aging: The E4 Center of Excellence	40	<p>Questions:</p> <p>What are the biggest obstacles to helping older people get the mental health care that they need? How much of a problem is stigma about mental illness?</p> <p>Has the E-4 Center engaged Community Health Workers?</p> <p>Comments:</p> <p>Really great to hear all of the great work you are doing at Rush, not just great work but important work. Thank you for your compassion and persistence.</p> <p>Not a question, but just a comment of thank you for opening our eyes to things that we should be considering such as the steps into the facility, font sizes on forms, etc. for this population. good presentation!</p>
Socialization and Engagement: What We Know Works	34	<p>Questions:</p> <p>How do these interventions stack up for non English native speakers? For example, Headspace isn't available for a lot of languages.</p> <p>For Diane- how did you use the loneliness scale in choosing/developing programs?</p> <p>Comments:</p> <p>I teach a chair exercise program and we socialize and laugh as much as we exercise.</p> <p>This was absolutely wonderful!!! Thank you so much!!</p>
Promising Practices and Funding Strategies from State Partnerships in Mental Health and Aging	13	<p>Questions:</p> <p>In Oregon, has technology/self-help apps been used and what has been successful and not so successful in adoption and utilization in the older adult population?</p> <p>From a diversity, equity and inclusion perspective, do you have any thoughts on what should be considered in increasing access and utilization by a diverse population? any specific barriers you see for Asians, Black, Latino, LGBTQ populations?</p> <p>Comments:</p> <p>This is wonderful</p>
Perspectives on the Intersection of Mental Health and Pain Care for Older Adults	28	<p>Questions:</p> <p>My 78 yr old mom is on a limited budget and her Medicare drug plan incentivizes her to use an online pharmacy for her prescription drugs so she has a limited relationship with a local pharmacist. What would a good solution for her be?</p> <p>Question: what are a couple "easy" ways to engage or assist older adults with pain and mental health issues in a rural community?</p> <p>Comments:</p> <p>Such great points about the impact of adequate/healthy nutrition and sleep. We address this (and more) in Chronic Pain PATH classes</p> <p>This is where I think Social workers can help so much - connecting local resources for our vulnerable patients. mobility/transportation, day care programs, etc.</p>
Federal Initiatives in Older Adult Mental Health	69	<p>Questions:</p> <p>Do you/your agencies meet regularly to coordinate policies/funding opportunities to promote integration/coordination of older adult behavioral health services with health and aging/social services at the state and local level to break down the silos across services/programs?</p> <p>I believe Brian mentioned WRAP as something being looked at as a potential support for older adults. I'm wondering if there's plan for future implementation and or how WRAP might be helpful?</p> <p>Comments:</p> <p>Exactly the same experience as Lisa's with my mom in assisted living. Heartbreaking consequences on families seeing the difference after one year's absence.</p>

		Thank you this has been an AWESOME SYMPOSIUM. Thank you
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Call-to-Action: Plus One and Pledge

During the closing session, Ramsey Alwin, NCOA's CEO, gave a call to action and asked participants to share their Plus One and Pledge. For the Plus One, participants were invited to write in the chat box what was their one key takeaway that they gained from the symposium. Participants were also able to up-vote other people's responses. Participants shared the following responses:

- Uniper
- To use what I learned to help my clients
- Alzheimer's Providers training and VHA funds for MH
- Techniques on how to treat clients with pain
- New technology
- Vietnam veteran view on SI at a later age than those post 9/11.
- Open Table
- The incredible and exciting perspectives.
- Partnerships and advocacy are key!
- It's up to me to advocate for my elder clients
- The use of technology
- Connection is the antidote to addiction.
- New technology such as open table and Uniper
- Telehealth
- Autonomy requires collaborators!
- Making friends of all ages, that is how desegregation happens!
- Building capacity in local communities to partner with aging care
- Those older adults need to be screen yearly for substance use
- The importance of challenging ageism
- Importance of community!
- Ashton Applewhite and COAPS
- I had no idea of the suicide rates among the elder population and will be screening more frequently.

Then, participants were asked to make a Pledge. What action steps will they take at their office, home, and in their community to make a change happen based on what they learned today? Participants shared they would take the following Pledges:

- I pledge to advocate and spread awareness about the importance of mental health and combating ageism!
- Sharing these ideas with my students
- Discuss the skills learned with my team
- Using the resources provided
- Researching Uniper
- Spread awareness about mental health.
- Share with my colleagues especially the view on aging and what it means to age
- I especially loved the Vietnam Veterans story and how the treatment he received worked for him and the progressive steps that the program had him do for healing and well-being. Quite impressive! My stepfather is currently suicidal--a Korean War Veteran at the age of 85. We are working with the VA and our mother is already in their care. Thank you to all panelists and speakers! Highly informative!
- Sharing all that I learned
- I will raise awareness and share resources with my team.
- More awareness about ageism in practice. Not making assumptions.
- Discuss certain skills learned today, especially the news of the high rate of suicide among older people, with my

- coworkers.
- Sharing w/ my team
- Listen more
- Promote telehealth
- Use MATHER & Uniper.
- To advocate and explore Open Table, which sounds like a great program
- Share the knowledge I learned with co-workers and the senior residents I work with.
- To share with coworkers and to keep learning
- Training and for better support
- Share information with team members
- Will research many programs discussed
- Presenting on ElderSpeak
- Sharing resources with others.
- Share new resources with local caregivers
- I will forward information of UNIPER to my elderly population
- I will share the resources I got with my work team
- Meet with state partners
- Advocating awareness
- Spread awareness
- Already checked out the Uniper program for my grandmother
- Make connections with others
- I pledge to ensure minorities receive the same level of mental health assistance as any anyone else
- Remain cognizant on the ageism that our elders face!
- Pledge to get more involved with programs offered and resources from SAMSHA
- More cultural sensitivity
- I pledge to work with homeless vets
- I pledge to advocate more for appropriate services for older adults in substance use treatment
- I pledge to explore wellness tools.

Plan for the Future: Consider additional approaches to enhance the call-to-action and encourage more actionable steps of engagement with participants during future symposiums.

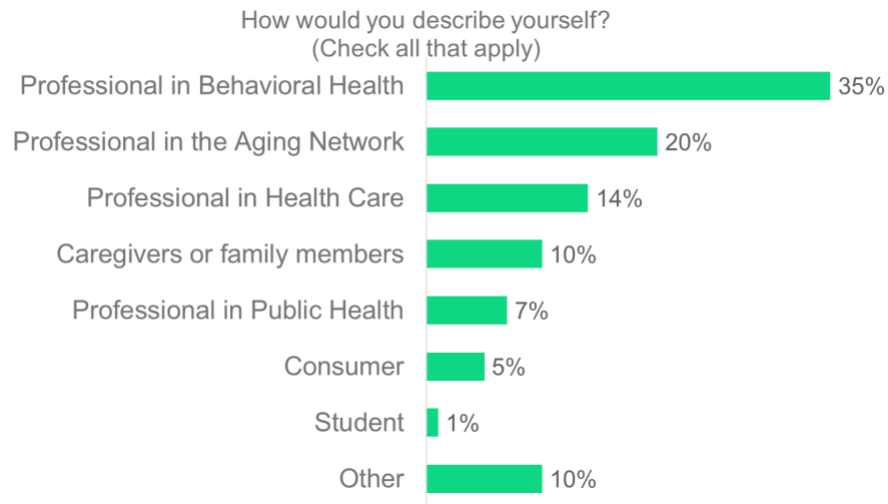
Participant Evaluation Survey

NCOA conducted a participant evaluation survey to gauge participants' overall satisfaction with the event and specific sessions. The survey link was announced during the closing session, and a link was sent to all registered participants on May 12 and May 17, 2021. The survey link was kept open until May 20, 2021 at 11:59 p.m. EST. We received 736 responses to the survey. Event participants were required to complete the evaluation survey in order to access an attendance certificate.

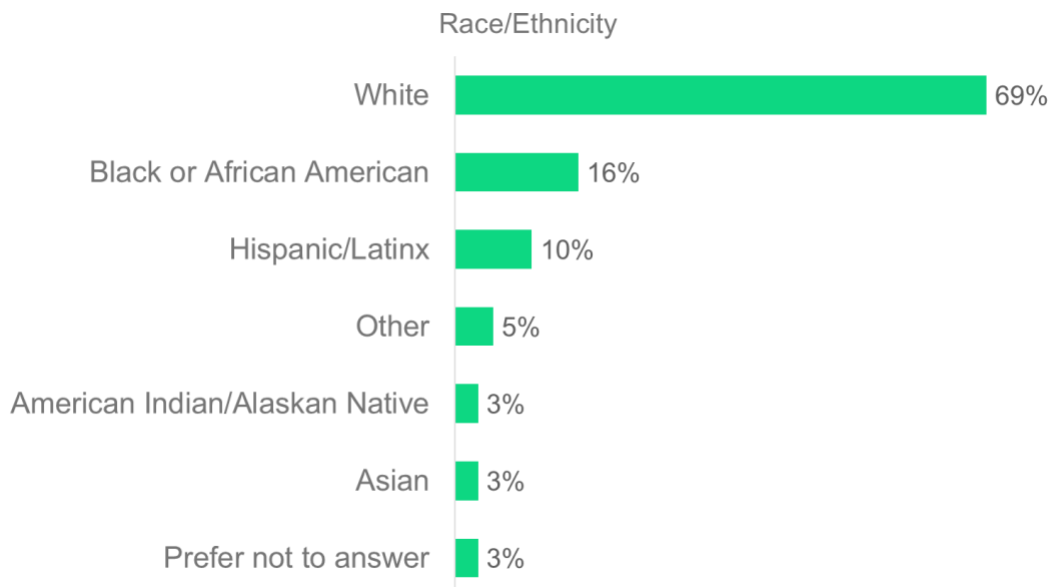
Demographics

Over a third of survey respondents (35%) described themselves as professionals in behavioral health; one in five (20%) said they are professionals in the aging network; one in seven (14%) are professionals in health care; one in ten (10%) are caregivers or family members; one in fifteen (7%) are professionals in public health; and five percent said they were Consumers (an

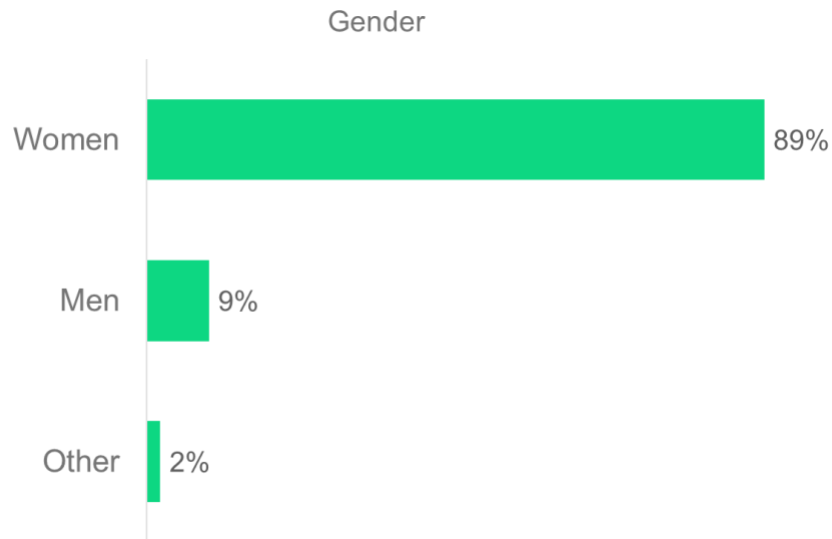
older adult, person with a behavioral health condition or in recovery). One percent of survey respondents are Students and another 10% indicated “Other.”



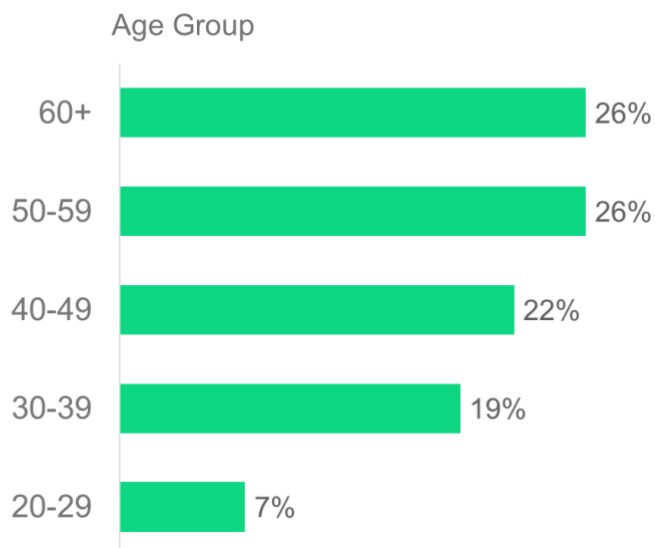
More than two-thirds of survey respondents are White (69%); Blacks or African Americans made up 16% of survey respondents; three percent said they were Asian; and another 3% said they were American Indian/Alaska Natives. Five percent of survey respondents said “Other” and 3% Prefer not to Answer. Ten percent of survey respondents said they were of Hispanic, Latinx, or Spanish origin.



The majority of attendees said they are female (89%); males made up 9% of attendees; and 2% identified as Other, Cisgender, Non-binary, Prefer not to Answer.



Attendees came from across the age ranges: 20-29:7%; 30-39: 19%; 40-49: 22%; 50-59: 26%, and 60+: 26%. Less than one percent of survey participants opted not to share their age.



Individuals from across the country attended the symposium, which is one of the benefits of having a virtual event. We saw top attendance rates from the following states:

- | | |
|-----------------|-------------------|
| 1. California | 6. Florida |
| 2. Texas | 7. Illinois |
| 3. New York | 8. Virginia |
| 4. Maryland | 9. North Carolina |
| 5. Pennsylvania | 10. Ohio |

Experience

Nearly two-thirds of respondents (65%) reported the symposium was extremely helpful to inform and support their work. Another three in ten (29%) said the symposium was very helpful. Only six percent of survey respondents said the symposium was moderately (5%) or slightly (1%) helpful to inform and support their work.

Survey respondents were asked which symposium session was most helpful; they were able to select up to two choices. The two most helpful sessions were the Plenary on Ageism, Resilience, and Older Adult Mental Health (22%) and the Spotlight session Access to Behavioral Health in Diverse Older Adults (15%). The Breakout sessions Socialization and Engagement-What We Know Works (14%) and Perspectives on the Lived Experience of Mental Health (12%) also garnered double-digit helpfulness levels. Survey respondents rated the other five sessions three to nine percent in terms of helpfulness.

The Older Adult Mental Health Day Awareness platform was well rated. The vast majority of survey respondents said the platform was very easy (76%) or easy (19%) to use. Almost all survey participants say they are likely (86% very and 12% likely) to attend a future symposium.

Overall, the survey response rate was 34%, which is slightly above average (most response rates are between 20 to 30%³).

Key Partner Debriefs

Internal

A post debrief meeting with NCOA staff on May 10, 2021, confirmed that the following objectives were met:

- NCOA delivered a symposium covering a wide range of topics on older adult mental health for public health practitioners, professionals in the aging network, mental health providers, and healthcare professionals.
- Participants walked away feeling the symposium positively benefited their work and they have a call to action.
- Registration goals from last year's event (4,000 people) were met and exceeded.

³ <https://www.qualtrics.com/experience-management/research/tools-increase-response-rate/>

The group reported the following went well:

- Investing in the right technology helped ensure that the event ran seamlessly
- The pre-planning process went well including the timing of the committee meetings, preparing the agenda, instructions provided, and the trainings for staff and speakers
- NCOA staff working in pairs during sessions to answer questions from the audience and speakers and share slides was beneficial
- The length of the event was appropriate

The following items could be enhanced next time:

- Allow more time for Q&A – some sessions were filled with too much content
- Provide CEUs for attendees
- Determine before the conference how many registrations were incomplete to reduce technical issues with logging on day-of
- Be more selective about the questions received from the audience to be asked during Q&A

Program planning committee

Key program planning committee members met on June 30, 2021 to discuss if the symposium met the objectives, what went well, and what could be done differently next time.

Objectives:

- The representative from SAMHSA felt like we did meet the objectives of the day. People were pleased with the topics and speakers and thought the peer sessions were well done.
- The representative from HRSA agreed that there was something for everyone, and the opening session was especially powerful.
- The representative from the VA thought that it was a diverse agenda and that the sessions went well.

What went well:

- The platform was easy to navigate.
- There was good variation for each breakout section.
- Pre-training for the speakers was very helpful, and the tech support was great.

What could be improved for next time:

- Needing a password to log into the site did cause some barriers
- It will be important in future years to be more mindful of which questions are asked to the panelists and to ensure that all sessions have an active moderator.
- Collect information on practice setting of attendees
- Continue to strive for diverse speakers and planning committee representation

The attendance and participant survey results were also shared with the full committee via email on July 7, 2021.

National Coalition on Mental Health and Aging (NCMHA)

Kathleen Cameron, Senior Director for the Center for Healthy Aging at NCOA, met with the National Coalition on Mental Health and Aging (NCMHA) on May 13th during their Quarterly Member Meeting. Overall, the feedback from the coalition about the event was positive. Coalition members were asked for feedback on future topic ideas. Ideas from the coalition members included:

- Examining family dynamics
- Exploring the impact of trauma later in life
- Alzheimer's disease/dementia - managing the behavioral symptoms of ADRD, specifically non-pharma solutions
- Anxiety of older adults and professionals re-entering, resistance going back to community programs
- Breakout sessions for common older adult behavioral health disorders – depression, anxiety, SUD – and how to recognize someone in distress and what to do about it

National Institute of Senior Centers (NISC)

Mental health was a topic covered by senior centers at the 2021 Age + Action conference, held June 7 through 10, 2021, which can provide us insight into the topics of interest for senior centers. Three sessions were selected to take a deeper dive into what senior centers were discussing around mental health at the conference.

- Creative Ways to Engage People with Dementia and Their Caregivers (on demand)
- Senior Center Without Walls: Going Virtual in a COVID-19 (and post-COVID-19) World (on demand)
- 3 Steps to Combating Digital Ageism with Virtual Senior Centers (Live – 6/9 from 2:30 to 3:30 p.m. EST)

The session on *Creative Ways to Engage People with Dementia and Their Caregivers* discussed how this organization uses music and art to engage people with dementia. By doing activities such as the Music & Memory program, which provides personalized iPods to participants, or the Gleeful Choir, they have seen positive benefits in their participants. Benefits have included an improvement in the mood of the care recipient and the caregiver, increased alertness of the person with dementia, and new friendships. The presenters also shared about a program where they have slide decks of about 10 slides of just pictures. Topics include animals, things that smell good, colors, or sports teams. Everyone shares what they like best and there are no wrong answers.

In the session *Senior Center Without Walls: Going Virtual in a COVID-19 (and post-COVID-19) World*, the senior center manager, Anahita Felts, shared their experience in starting a virtual senior center through Facebook. Their center offers a wide variety of classes from exercise, paint classes, and even Mindful Mondays, where they post mental health information. In partnership with a local mental health provider, they also feature presentations on different mental health topics. Many of the programs are also able to be accessed by phone only. They use <https://idontmind.com/> as a source for mental health content. The senior center plans on continuing to offer programs online even as they move back to indoor and outdoor classes. They have seen the effect these online programs can have on individuals that are most effected by social isolation risk factors, such as those who are homebound.

The last session chosen was on the topic of stigma, which aligned with the Plenary speaker for the 2021 OAMHAD symposium. This session, *3 Steps to Combating Digital Ageism with Virtual Senior Centers*, discussed specifically how older adults experience everyday ageism as it relates to technology. Technology and digital spaces are geared toward digital natives, and often, we

make the mistake of teaching our clients based on our own usage and perspective. It is important to put the user first and use a person-centered approach by considering things like vision loss, hearing loss, dexterity concerns, and cognition changes when designing a virtual senior center or webpage.

From the participant survey, those identified as senior centers, almost all shared that the symposium was extremely helpful (one shared it was moderately helpful) and said they were very likely to attend a future event (one shared they were likely). Future topic ideas included more social activities to help during COVID-19 isolation, resources for low-income seniors living in rural areas, socialization, and arts-based activities.

As we are planning for the 2022 OAMHAD symposium, we plan to engage a senior center thought leader as part of the program committee to ensure the representation of topics and themes relevant to the senior center network.

Planning for the 2022 Symposium

Resources and education around older adult mental health are as important as ever for professionals. The date and theme for the 2022 symposium are still to be determined. However, there is already topic ideas for consideration for next year's event. From the participant survey, we received many comments on what participants would like to see from next year's event. Some of the topic suggestions included:

- More speakers on cultural considerations – AAPI, LGBTQ+, and others
- Supports and resources for caregivers
- Sharing the newest research on older adult mental health
- Trauma and trauma-informed care
- Depression interventions
- Specific strategies for supporting older adults in rural communities
- Integrating older adults into peer navigation programs and roles/importance of nonmedical peer supports
- Housing and mental health
- Opioids, pain management
- Mental health issues in LTC settings
- Palliative care, end-of-life quality of life
- How to address suicidal thinking/behaviors
- Skill-building sessions
- Practical tips on working with older adults experiencing mental health with dementia
- Creative therapies for older adults (art, pet, etc.)
- Addressing social isolation for those who do not have internet access
- Grief
- Insurance coverage and limitations

- Ageism in the aging network
- Intergenerational programs
- Addressing family systems and dynamics
- Resource navigation
- How to respond to crisis situations
- Speaker recommendation: Dr. Chan Hellman (Hope Research Center – University of Oklahoma)

The program committee also suggested the following topics: opioids, crisis services, telehealth, resilience, and the impact of COVID-19.

If you would like to be considered to be part of the planning process for the 2022 symposium, please email Laura Plunkett at laura.plunkett@ncoa.org.

Appendix

Live Session Questions and Comments by Session

Session	Highlights Live Session Feedback
Welcome and Plenary on Ageism and Resilience	<p>Questions:</p> <ul style="list-style-type: none"> I would love to hear opinions on the digital divide and digital access for older adults. Any suggestions from Ellen Flaherty on how to address the medicalization of grief and loss which I see much more significant when the "patient" complaining of sleep disruption after a death is an older adult? Is the medical community considering changing the idea that once someone turns 80, lots of tests, preventative care isn't important. My father is an active 84 yr old and threw a fit when he was told he didn't need a colonoscopy due to his age He got one. I told him to insist. This is all great for practitioners but how do we teach the average gas station worker to stop saying "thank you young lady" to older women, and the young donut shop clerk, from saying "take care, hon or sweetie" to older adults when they think they are being nice!? Statistics were stated that there is increased suicide for older adults but also it was stated that there is U shape curve in life and that children and older adults are happiest. Could someone comment on this ? What are some suggestions on how we can better educate our students about the aging process in academic settings? Are there costs involved in COAPS training, implementation (I'm thinking about whether there's something to write into grant applications as far as budgetary concerns)? <p>Comments:</p> <ul style="list-style-type: none"> Ms. Applewhite has provided so much valuable information. Thank you so much :) Yes! What she said!!!! She does ROCK that was awesome Ashton! Fantastic thoughts Ashton! I vow to notice how I am being ageist toward myself and make a sincere effort at changing this habit. Very inspiring and heartwarming presentation. Thank you so much Ashton! Listening to all of is bringing back memories of my grandmother and what a good example of aging gracefully she was to me. In the 1980's (you know way back in the 20th Century ;))At over 70 years she became involved with the anti-nuclear weapons movement in Omaha and everything protesting entailed. I miss her and her wonderful example that age doesn't mean giving up or giving in. If anything it allows for increased freedom to become involved in matters one is passionate about. Thank you, Mr. Klasen for your talk. Thank you. Jim is an amazing influence and supporter in my life! I LOVE that saying, Jim. Thanks!! I think appreciating hearing their stories and appreciating where they are at. I think we ascribe negativity to old and therefore older adult. Lets change they way we view old rather than find a new word. Thanks so much to the panel--inspiring!
Spotlight Session: Access to Behavioral Health in Diverse Older Adults	<p>Questions:</p> <ul style="list-style-type: none"> How have the panelists delivered program education and behavioral health services in the midst of COVID? Have any of you used technology in the distribution of services? What is being done on suicide prevention and mental health in Spanish for Latinos? there is not many resources out there and protocols for intervention and post-intervention

	<ul style="list-style-type: none"> • Bill, will SAGE work with our local communities if asked to present a session during our local Aging Conferences to increase awareness and highlight specific advocacy strategy? • Jacque: We deliver meals to two different Pomo tribes. We'd like to support them even more, but we must go through tribal representatives and they have much distrust to different organizations. This impacts those that need food and other services we provide. Any suggestions? • What are things that agencies can do to welcome more diverse clientele, African American, Hispanic/Latino, Latin X, Indigenous and LGBTQ? <p>Comments:</p> <ul style="list-style-type: none"> • So glad to hear a Land Acknowledgement! I am listening from ancestral lands of the Abenaki. • Why aren't Black and Indigenous panelists with lived experience included on EVERY panel of this symposium? • At a time when Anti-Asian racism is high, our elders have increased levels of anxiety and stress. Many report they are afraid to go outside because they are more afraid of assault than COVID. It would have been inclusive to have a representative from the Asian community, especially at this critical time. • Yvette. Your contribution is much appreciated. The Spanish populations are "showing" all across America. I'm here in West Virginia! • No question, but "movement therapy" is a great way to say it! Hadn't heard that before... • Great presentation!!! Very, very informative. • Don't overlook music therapy! Every culture has deep musical traditions that can be leveraged in the service of mental health and validation. • If you want to improve access for older Americans support legislation that put professional counselors, professional clinical counselors, mental health counselors and marriage and family therapists on a par with social workers in Medicare reimbursement. • Truth!! I run a music group with my residential clients and it's such a great experience to see how healing music interpretation, listening and playing can be and how everyone interacts • Yes! We just started a virtual drumming group with caregivers this past week! • Drama Therapy is also great • Dr Gray. Yeah funding!!! Write your congressman right? • Great information and presenters. Thank you.
Perspectives on the Lived Experience of Mental Health	<p>Questions:</p> <ul style="list-style-type: none"> • What was the "ah-ha" moment or turning point with you and your own mental health? • Question for Dave- as a trauma therapist that wants to work with veterans what is your advice on where to start? • In your experiences, what are the most important ways in which family members can honor your experiences and support you? <p>Comments:</p> <ul style="list-style-type: none"> • Thank you Karen for sharing your testimony • I love your Spirit =) • You are so brave. • Thank you for your service. I am of your generation and have many friends who struggle with PTSD and other issues regarding their service in Vietnam. If we ever meet, I will be proud to shake your hand and thank you for your and your family's sacrifice. God bless you. • As the daughter of a WWII POW, your experiences were particularly moving. Moved me to tears. Thank you so much for your service and sacrifice and for sharing your soul with us. My 92 year old dad never admitted he had PTSD although he had some of the same symptoms as you did. Thank you for helping people become aware of your experiences. • Thank you for sharing your stories. Amazing. • Thank you Nina for sharing your brother's story. <3

	<ul style="list-style-type: none"> • Goodness, no question, just thank you, to each one of you, for telling us your stories. You are heard, and I am in tears and in awe of you • Thank you to each one of you for sharing your very real and personal stories! Each of you are making a difference! • AboutFace is at www.ptsd.va.gov - so many videos
Latest Interventions in Substance Use Disorders	<p>Questions:</p> <ul style="list-style-type: none"> • Do these trends (increasing rates of substance abuse) reflect trends across the population at large or is this uniquely impacting older adults? • What has been most effective in deprescribing opioid and benzodiazepine use in the primary care and health plan setting? • Any thoughts on sustainable strategies for paying non-medical providers (folks at community-based organizations) to provide some of the screenings and/or interventions that you discussed? • Can you please share some terms to use instead of stigmatized terms like alcoholic? What language have you found effective in screening? • From a diversity, equity and inclusion perspective do you have any insights into differences in how substance abuse is identified or treated for LatinX, Asian, Black, LGBT older adult populations? <p>Comments:</p> <ul style="list-style-type: none"> • Great presentation, thank you! • Motivational Interviewing techniques is very effective in working with individuals with addictions. • Very good workshop.
Addressing Behavioral Health Disparities in Aging: The E4 Center of Excellence	<p>Questions:</p> <ul style="list-style-type: none"> • Advocating for folks living with HD ("Hoarding Disorder"), how are Older Adults being provided services (or not) for this 2013 DSM-5Dx? • What are the biggest obstacles to helping older people get the mental health care that they need? How much of a problem is stigma about mental illness? • How do we get mental health services to older adults that can not afford it? • Has the E-4 Center engaged Community Health Workers? • I have colleagues who call older adult patients "cute"...Do you have any helpful strategies on communicating with staff on effective/non-infantilizing ways to communicate with our patients? • Wonderful presentation! What are your thoughts on updating the Medicare Program to include LPCs and MFTs. It would essentially decrease the provider gap, and make mental health more accessible. Thoughts? Ideas? <p>Comments:</p> <ul style="list-style-type: none"> • Dr. Elder Speak is "contagious" • As a 62 year-old grey haired woman, I have experienced this. It lowers self-esteem. • Writing someone off or joking about someone because of their age is unfortunately the last acceptable prejudice in the mainstream. We must work to stop it • Really great to hear all of the great work you are doing at Rush, not just great work but important work. Thank you for your compassion and persistence. • Not a question, but just a comment of thank you for opening our eyes to things that we should be considering such as the steps into the facility, font sizes on forms, etc. for this population. good presentation!
Socialization and Engagement: What We Know Works	<p>Questions:</p> <ul style="list-style-type: none"> • Is Cognitive Behavioral Therapy (CBT) effective for Mindfulness Training? • How is the loneliness measured in these studies? • How do these interventions stack up for non English native speakers? For example, Headspace isn't available for a lot of languages. • Are robotic pets readily available for purchase? is it economical? • Does the "Engage" Behavioral Activation Therapy include social skill /interpersonal effectiveness training? I recall an emerging research program out of University of Chicago that showed loneliness was most impacted when older adults received training in HOW to increase comfort and skills in connecting with others. Any

	<p>thoughts on this facet of intervention?</p> <ul style="list-style-type: none"> For Diane- how did you use the loneliness scale in choosing/developing programs? <p>Comments:</p> <ul style="list-style-type: none"> I teach a chair exercise program and we socialize and laugh as much as we exercise. Not a question rather a comment.... in New Jersey...New Jersey Prevention Network developed the WISE (Wellness Initiative Senior Education) 6 week curriculum that has been evaluated as an effective program and approved by NREPP. One of the unintended outcomes was increased social support from participating in the program. That video was so good it made me want to join Uniper This was absolutely wonderful!!! Thank you so much!! that was excellent! thanks! Thanks to all! It was so informative!
Promising Practices and Funding Strategies from State Partnerships in Mental Health and Aging	<p>Questions:</p> <ul style="list-style-type: none"> Do any of your states require a specialization in Geriatrics or Gerontology in order to provide mental health services to our older adult population? If not, what are your thoughts on starting to require this type of education? In Oregon, was peer support considered? In Oregon, has technology/self-help apps been used and what has been successful and not so successful in adoption and utilization in the older adult population? For the workforce shortage and increasing competencies in working with older adults for mental health, are there any suggested publicly available trainings or was the trainings developed in-house (e.g. for your state in-home workers)? From a diversity, equity and inclusion perspective, do you have any thoughts on what should be considered in increasing access and utilization by a diverse population? any specific barriers you see for Asians, Black, Latino, LGBTQ populations? <p>Comments:</p> <ul style="list-style-type: none"> This is wonderful
Perspectives on the Intersection of Mental Health and Pain Care for Older Adults	<p>Questions:</p> <ul style="list-style-type: none"> My 78 yr old mom is on a limited budget and her Medicare drug plan incentivizes her to use an online pharmacy for her prescription drugs so she has a limited relationship with a local pharmacist. What would a good solution for her be? Question: what are a couple "easy" ways to engage or assist older adults with pain and mental health issues in a rural community? <p>Comments:</p> <ul style="list-style-type: none"> Thank you Carmen for listening to the woman in pain. there are a lot of alternate interventions besides medication to ameliorate pain Our AAA just started a community Tai Chi program! As a psychologist I'm currently working with an older adult with chronic pain who is upset that providers will not prescribe pain medications due to concern for "fall risk" because of his age. He feels this is discriminatory and I'm conflicted by this. In line with some of the other talks today, I suppose it could be seen as ageist. Such great points about the impact of adequate/healthy nutrition and sleep. We address this (and more) in Chronic Pain PATH classes Check locally with the area agencies on aging if there are evidence based fall prevention classes available (we have those in WI ...gone virtual but some in person with social distancing, masks, etc.) Unfortunately, WI ranks #1 for death of older adults due to accidental falls. Wow. I'm an older and a peer supporter. I have started using these in my personal life and also introducing some of my younger peers to these practices to enhance their lives. You don't need to be older to benefit. This is where I think Social workers can help so much - connecting local resources for our vulnerable patients. mobility/transportation, day care programs, etc Thank you all for sharing the information

	<ul style="list-style-type: none"> • This was really great! • Help ensure LCPCs are reimbursed by Medicare as LSWs are!
Federal Initiatives in Older Adult Mental Health	<p>Questions:</p> <ul style="list-style-type: none"> • What is the likelihood of Medicare continuing to pay for telemental health services from the client's home rather than returning to the Pre-Covid19 requirement for the client to go to an approved site? • Is Open Table available nationwide? • Do you/your agencies meet regularly to coordinate policies/funding opportunities to promote integration/coordination of older adult behavioral health services with health and aging/social services at the state and local level to break down the silos across services/programs? • I believe Brian mentioned WRAP as something being looked at as a potential support for older adults. I'm wondering if there's plan for future implementation and or how WRAP might be helpful? <p>Comments:</p> <ul style="list-style-type: none"> • Exactly the same experience as Lisa's with my mom in assisted living. Heartbreaking consequences on families seeing the difference after one year's absence. • We are providing Care Coordination for those wanting to remain in their homes. Went through the same experience with my parents. • Passing The Improving Access to Mental Health Act(S. 870/H.R. 2035) would allow social workers to provide mental health services in nursing homes, greatly expanding access to care. • Thank you this has been an AWESOME SYMPOSIUM. Thank you