6th Annual Older Adult Mental Health Awareness Day Symposium

Evaluation Report

July 2023

national council on aging

Contents

Special thanks to the symposium partners:
U.S. Administration for Community Living (ACL), the Health Resources and Services Administration (HRSA), and the Substance Abuse and Mental Health Services Administration (SAMHSA), and the E4 Center of Excellence for Behavioral Health Disparities in Aging

Overview of the 2023 Symposium

Summary

The National Council on Aging (NCOA) hosted the 6th annual Older Adult Mental Health Awareness Day Symposium on May 11, 2023, from 10 a.m. to 5 p.m. EST. This free event was co-sponsored with the U.S. Administration for Community Living (ACL), the Health Resources and Services Administration (HRSA), and the Substance Abuse and Mental Health Services Administration (SAMHSA), and the E4 Center of Excellence for Behavioral Health Disparities in Aging. The symposium was designed for public health practitioners, professionals in the aging network, mental health and substance use disorder providers/professionals, healthcare professionals, university students, academic researchers, and anyone interested in ensuring the mental health of older adults.

The symposium sessions featured nine sessions, in which personal stories from individuals sharing their mental health stories as well as those of caregivers and family members. Sessions also featured research findings on the state of mental health in older adults and promising programs and interventions. The symposium ended with a call to action for all participants – to share how they will work with colleagues across different sectors to apply what they learned. A full agenda can be found in Appendix I.

All sessions were recorded and are available on demand. Register and watch the recorded sessions by visiting: https://connect.ncoa.org/oamhad2023

Attendance and Promotion

The event was widely promoted by NCOA, ACL, SAMHSA, HRSA, the steering committee members (Roster in Appendix II), and other partners. Organizations were provided with a Partner Sharing Toolkit that included social media messages and images to help promote the event. Additional marketing tools and messages were provided to stakeholders to promote Montel Williams' participation as keynote speaker. Sample marketing materials can be found in Appendix III.

On the day of the event, 9,507 people were registered, which exceeded the 2022 event registration total of 7,393 registrations (28% increase). This year 4,883 people attended at least one session live. The attendance rate was a 27% increase from the 2022 event's attendance total of 3,848. The attendance rate for the live event was 51%. This attendance rate is above

the average found for other free, virtual events of 47%[1]. As of June 30, 2023, there have been an additional 618 views of the sessions on-demand.

Attendance remained high throughout the day. The highest attended session was the welcome and plenary with 4,039 attendees. The chart below outlines attendance numbers by session.

Session Title	Number of Registrants Accessed Live (5/11)
Welcome and Keynote Speaker, Montel Williams	4039
Supporting Caregivers Providing Care to Someone with Mental Illness (Breakout 1)	2463
Medication Considerations for Older Adults with Mental Health Conditions (Breakout 2)	1083
Traumatic Brain Injury and Mental Illness Among Older Adults (Breakout 3)	1397
Spotlight Session: Social Cohesion and Intergenerational Connections to Address Social Isolation	3452
The Link Between Chronic Pain and Mental Health in Older Adults (Breakout 4)	2234
The Impact of the COVID-19 Pandemic on Older Adults Mental Health (Breakout 5)	696
Suicide Prevention - Updates on 988 (Breakout 6)	782
Panel and Closing: Current State of Behavioral Health Integration in Primary Care	2951
Unduplicated Attendance Total (attended at least one session)	4,883

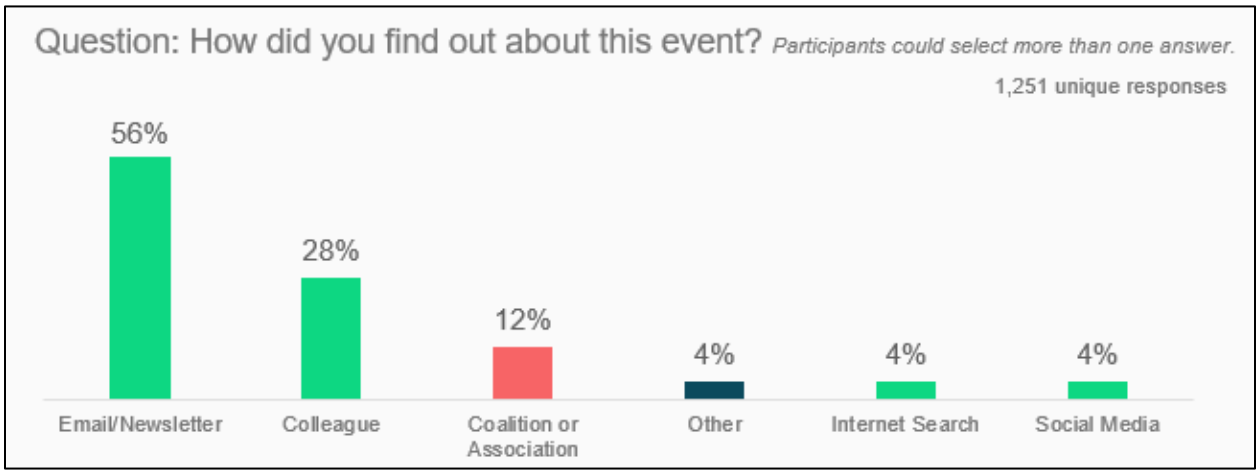
We believe the continued interest in the event was sparked by several factors:

- Previous successful symposiums
- Availability of free continuing education credits being offered in partnership with the E4 Center for multiple disciplines for all sessions
- Demand for current information on mental health and aging
- Featuring a well-known keynote celebrity speaker in Montel Williams

In the evaluation survey, respondents were asked how they learned about the event, and over half of respondents (53%) said they learned about it from emails and newsletters, with another

[1] https://www.virtualtradeshowhosting.com/virtual-event-benchmarks-and-insights-for-2021/

26% saying they learned about it from their colleagues; 11% said they learned about it from a coalition or association, and when asked to list such associations, responses included ACL, Area Agency on Aging, COA, National Coalition on Mental Health and Aging, SAMHSA, NASW, the VA, and NCOA. Another 3% said they learned about the event from some other source, including their employer or having attended in previous years. Finally, 3% learned about the event through an internet search, and 3% learned about it from social media.

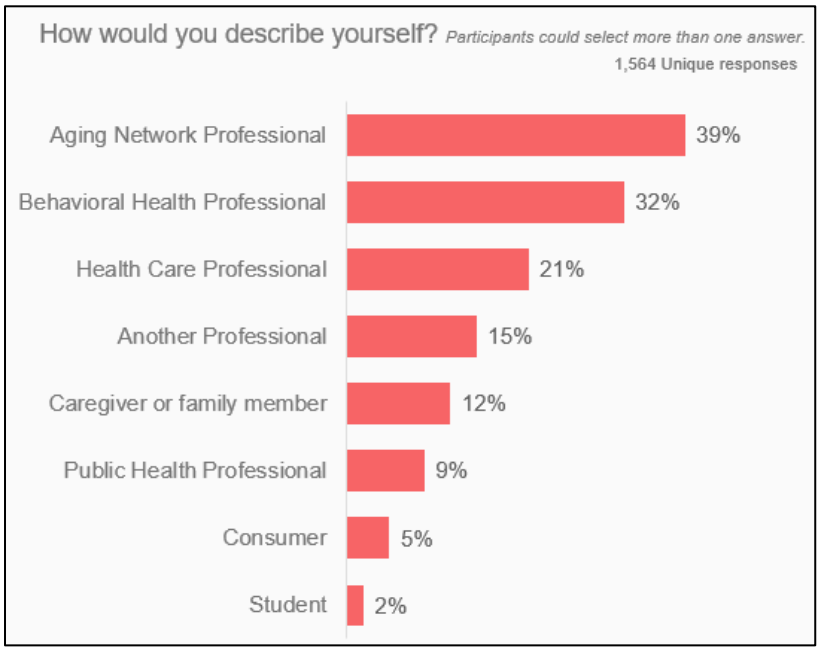


Participant Evaluation Survey

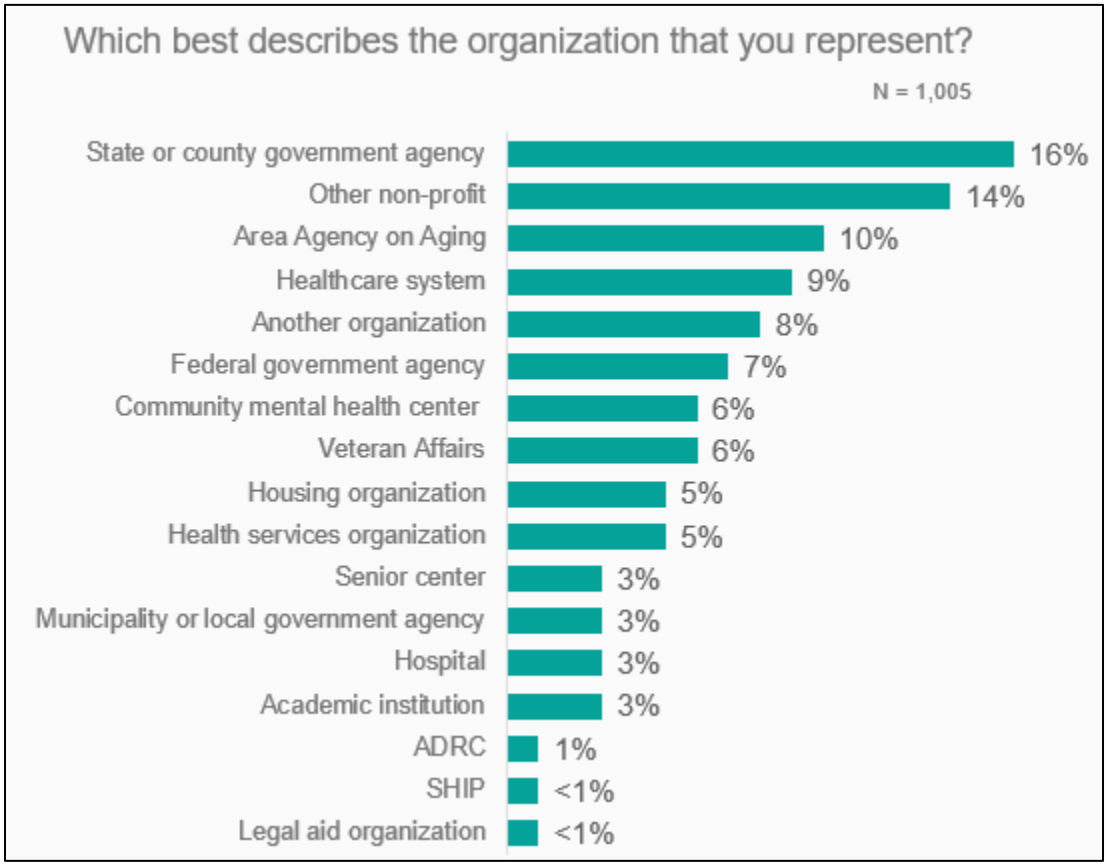
All symposium participants were invited to participate in an evaluation survey to give feedback about the event. The purpose of the survey was to gauge participants' overall satisfaction with the event and specific sessions. The survey link was provided to participants at the conclusion of the symposium. The survey link was provided as a separate link from the CEU survey link. Reminders were sent to participants on May 18 (one week after event) and May 24 (13 days after event). The survey was closed on May 25, 2023. NCOA received 1,305 responses to the survey—1,282 of which consented to completing the participation survey. The responses from these 1,282 participants were analyzed for this summary.

Demographics

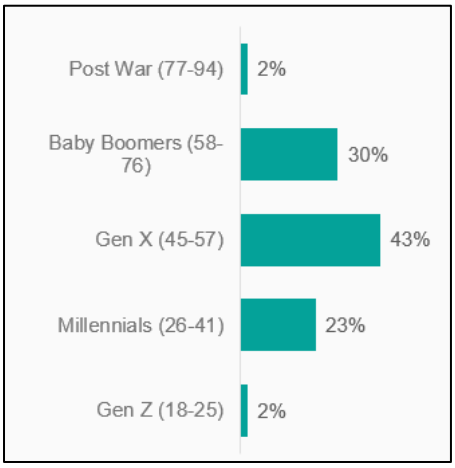
Nearly 2 out of 5 (39%) survey respondents described themselves as professionals in the aging network; over a third (32%) said they are professionals in behavioral health services; over one in five (21%) said they were a health care professional; 15% identified as another type of professional (e.g. adult protective services workers, ombudsmen, service coordinators, social workers, and more); 12% were caregivers or family members; nearly one in 10 (9%) were public health professionals; 5% were consumers (an older adult, person with a behavioral health condition, or in recovery); and 2% were students.



Almost one out of five (16%) survey respondents worked for a state or county government agency; 14% said they worked for a non-profit community-based organization; 10% worked for an area agency on aging; 9% worked for a health care system; 8% worked for another type of agency such as managed care organizations or private practices; 8% worked or a community mental health center; 7% worked for a federal government agency; 6% worked for a community mental health center or certified community behavioral health center; 6% worked for Veteran Affairs; 5% worked for a health services organization; 5% worked at a housing organization; 3% worked at a senior center; 3% worked at a hospital or inpatient behavioral health facility; 3% worked for a municipality or local government agency; 3% worked at an academic institution; 1% worked at an aging and disability resource center (ADRC); less than 1% worked for a State Health Insurance Program (SHIP) office; less than 1% worked for a legal aid organization.

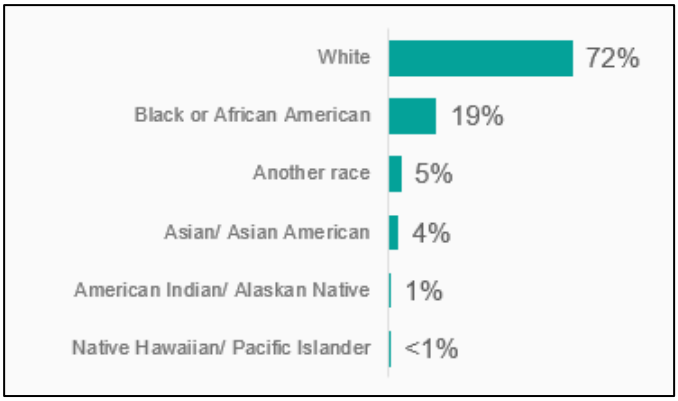


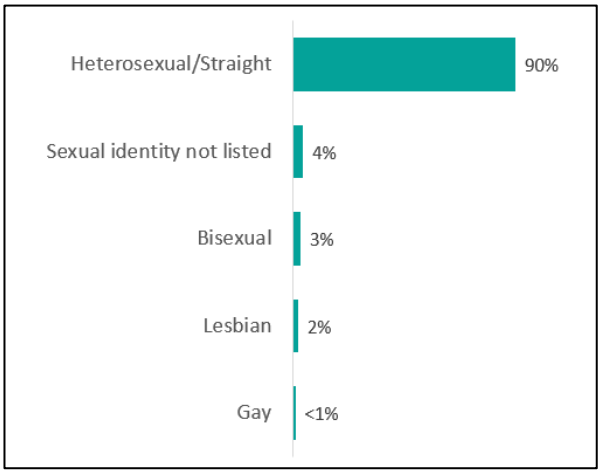
We had survey respondents from every state in the U.S., as well as the District of Columbia, Puerto Rico, and the Virgin Islands. Over one-third of survey participants (34%) lived in the Midwest; nearly another third (32%) lived in the South; 18% lived in the Northeast; and 16% lived in the West. The states with the most survey participants were Illinois, Pennsylvania, and Ohio.



The average survey participant was 62 years old. More than two out of five respondents were Gen X (ages 45-57); 30% were Baby Boomers (58-76); 23% were Millennials (26-41), 2% were Gen Z (18-25); and 2% were older than 77. The majority of participants (90%) identified as female; nearly one out of 10 (9%) identified as male; 1% identified as transgender; and less than 1% identified as another gender, such as genderqueer or non-binary.

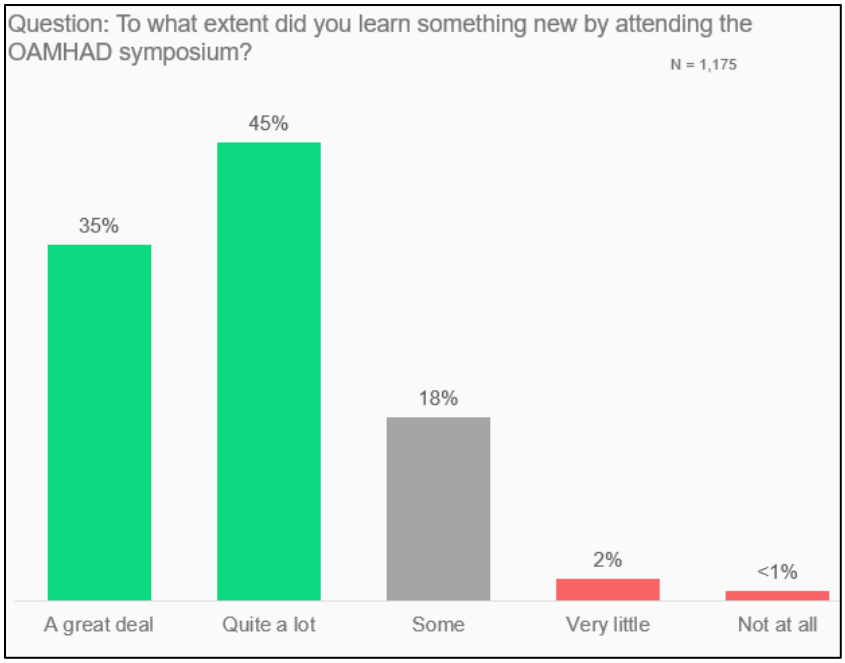
More than seven out of 10 (71%) survey respondents identified as White; 19% identified as Black or African American; 5% identified with another race; 4% identified as Asian or Asian American; 1% identified as American Indian or Alaskan Native; and less than 1% identified as Native Hawaiian or Pacific Islander. Nearly one out of 10 (9%) of survey respondents said they were Hispanic, Latino, or Spanish origin. Finally, participants were asked about their sexual identity, and 90% of participants identified as heterosexual/straight.



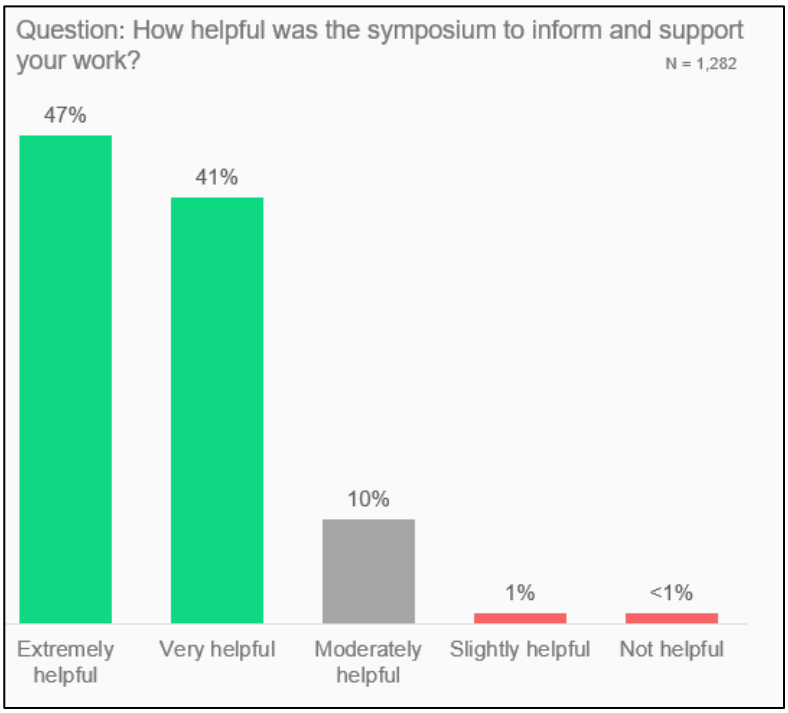


Experience

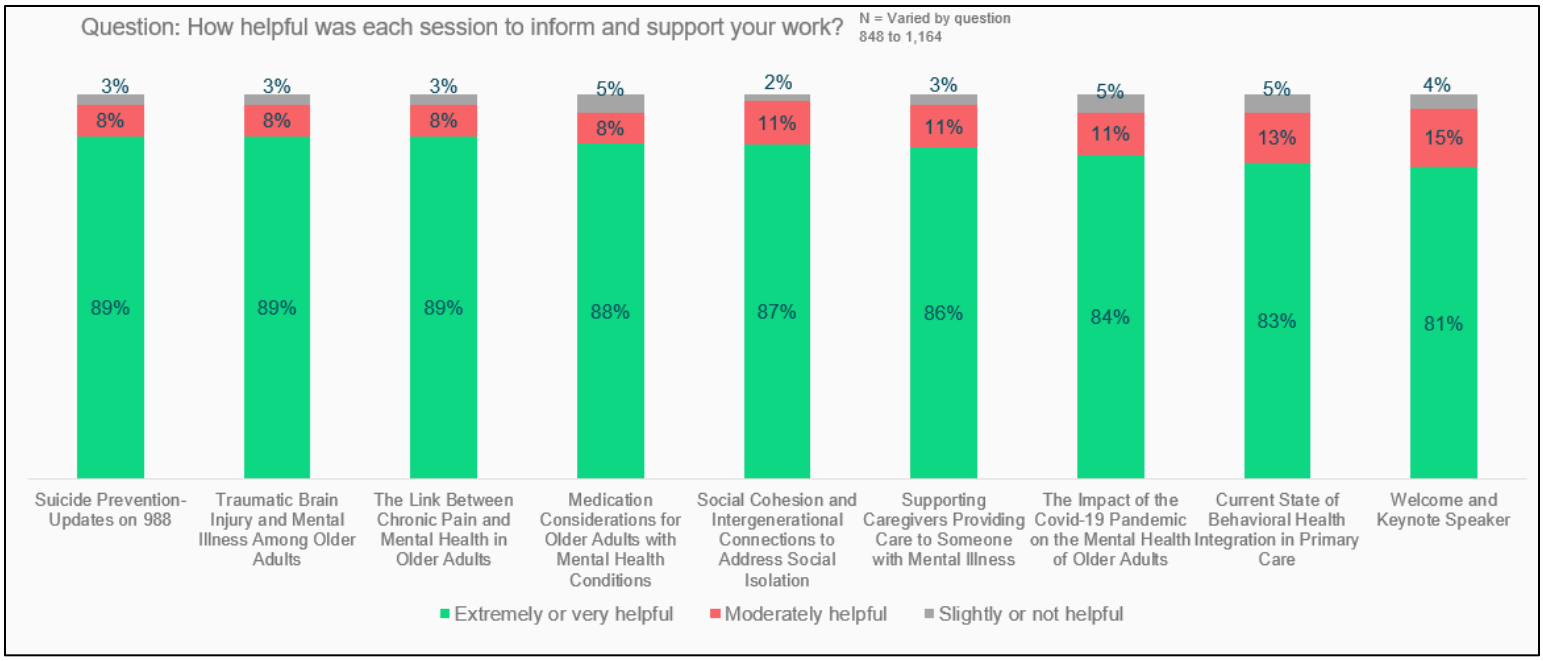
Over four out of five participants (a great deal (35%) and quite a lot (45%)) said that they learned something new by attending the OAMHAD Symposium. Another 18% said they learned some, 2% said very little, and less than 1% said they learned nothing at all. Across both regions and age by generation, there were no statistically significant differences in participants who reported learning 'a great deal' or 'quite a lot' from the symposium.

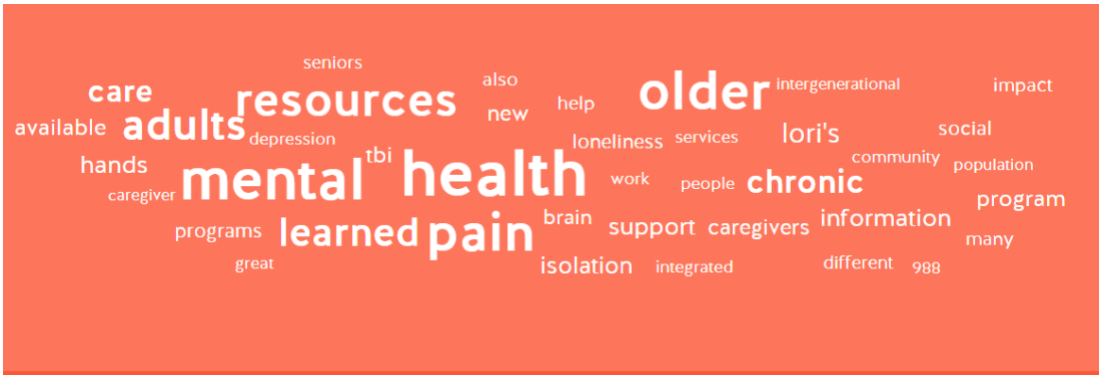


Nearly half of respondents (88%) said the symposium was extremely or very helpful to inform and support their work. Other respondents said the symposium was moderately helpful (10%) or either slightly or not helpful (2%). Identified by region, there were no statistically significant differences in participants who said the symposium was extremely or very helpful in informing their work.

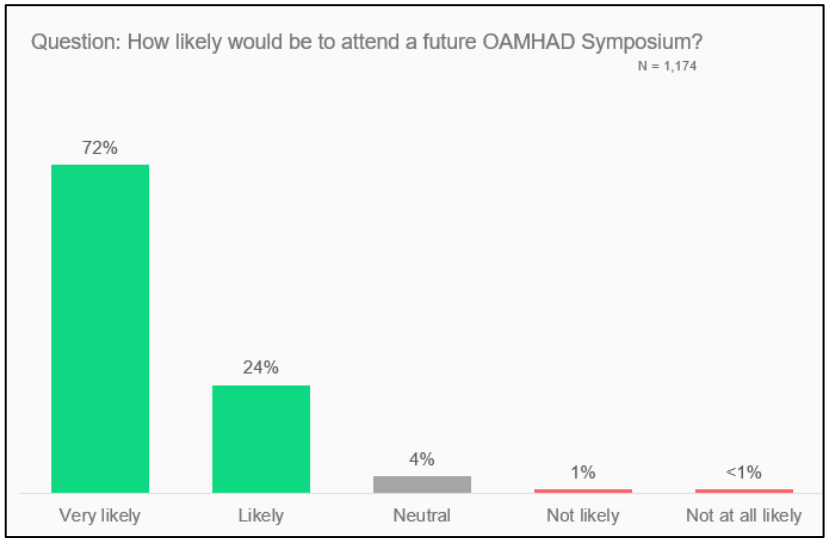


When asked what they learned, some of the top responses included information about suicide, traumatic brain injury, chronic pain, chronic disease, and other resources.





Seven out of 10 respondents indicated that they are very likely to attend a future OAMHAD symposium, and nearly one out of four (24%) said they are likely to attend again. Only 4% indicated that they were neutral, 1% said they were not likely, and less than 1% said they are not at all likely to attend in the future.



Respondents were asked if they had any additional feedback. Overall, participants had positive feedback to provide about the event:

"Nice variety of topics. Appealed to many varied audiences."

"The Symposium was very well done and organized and had interesting speakers. I liked that all sessions involved a consumer."

"I have attended several of these Symposiums, which have all been very good, but I think overall, this one was the best. I am looking forward to listening to some of the breakout sessions that I did not attend. Also, the resource listings were great!"

"This was such a professional program. I thoroughly enjoyed seeing the participants sign in from across the country as well as seeing the diversity in the presenters. You made each session so relatable. Thank you!"

"It was the best webinar I have attended in years. Every speaker is engaging, passionate and knowledgeable in their respective fields, and inspiring. Rather than feel bored and burned out with online trainings, I feel invigorated after the symposium. The speakers are the kind of people I would like to work with because they ignite hope and passion just listening to them talk. Thank you for offering this to us for free."

However, there were several areas of improvement that will be carefully examined for next year's event. Below is a sample of the comments.

"The sessions I attended seemed to be packing a lot of content and speakers in to the one hour time slot. I would suggest expanding the session time to 1.5 hours to allow for the material to be presented and for there to be Q & A."

"The event was well organized, and the speakers appeared to be engaged and stayed on topic. I would have liked more handouts to download."

"Sometimes the visuals that the speaker was sharing were gone before I could write down what I wanted to write...maybe a little slower? (I know I can watch the video, but I don't know that I'll have time to do it.)"

"I would like to hear different topics because some of them were the same as last year."

Summaries and Key Takeaways

Overview

This summary highlights the presentations and discussions that occurred during the symposium. Several recurring themes arose throughout the symposium. These included:

- Depression and anxiety are not a normal part of aging. Older adults should be screened and receive support and intervention.
- The voice of older adults and caregivers is needed across all mental health and physical health services. More older adults should feel comfortable and know how to seek mental health support.
- We must continue to make sure services and supports are available, accessible, and high quality, to build awareness, and to lower barriers that prevent older adults from seeking help.
- A holistic and integrated approach that looks at the entire person and includes both physical and mental health is most effective in supporting healthy aging.
- It is essential to connect the dots across services and treatments (i.e., medication) to ensure that older adults are not being put at risk.
- Older adults can better receive the support they need by integrating clinical supports with community organizations.
- Addressing mental health is a journey for the individual, their caregivers, family, and providers. These personal journeys are an important part of raising awareness.
- Individuals and caregivers are not alone. You are not alone.
- When we work together, we are powerful. Working together, we can accomplish more, whether it is behavioral health intervention, raising awareness or advocacy.

Participants left the symposium with actionable items, ideas, concepts, programs, and best practices that they can use in their work in the community. Attendees were charged with making connections with others that serve older adults in their community to see how they could work together.

Welcome and Keynote, Montel Williams

Key Takeaways

- Older adults are less likely to receive treatment for mental health or substance abuse disorders than other ages.
- Mental health and physical health are closely linked. Mental health is health.
- FindSupport.gov, an online tool to help people navigate through common questions

they have at the start of their journey to better behavioral health. FindTreatment.gov is a confidential and anonymous resource for persons seeking treatment for mental and substance use disorders in the U.S. and its territories.

The symposium provided an opportunity to focus on the progress that has been made, the setbacks encountered over the last two years, and plans and opportunities for the future in the field of older adult mental health. In the opening session representatives from the federal government, including HHS, ACL, SAMHSA, HRSA, welcomed symposium participants. A letter from Vice President Kamala Harris was also read.

Overview of Mental Illness in Older Adults

ACL kicked off the symposium sharing some concerning statistics on the mental health challenges facing older adults. Older adults are less likely to receive treatment for mental health or substance abuse disorder, despite 1 in 5 older adults experiencing mental illness at some point. There has been a dramatic increase in the need for services and support due to the pandemic and related impacts.

In a 2021 national survey on drug use and health, 17.7 million (15%) of 50 or older had a mental illness. Additionally,

- 3.4 million had a major depressive disorder that caused severe impairment.
- 3 million had some other type of serious mental illness that caused functional impairment.
- 13.4 million (11.3%) had substance abuse disorder.

There are also associations between mental health and physical health.

- Depression is associated with diabetes, cardiovascular disease, and other conditions.
- 68% of adults with mental health conditions have co-existing physical health conditions.
- 32% of adults with physical health conditions also experience mental health needs.

A recent U.S. Surgeon General Advisory raised the alarm about the devastating impact of loneliness and isolation. Loneliness and isolation contribute to both mental and physical health challenges. For older adults, both social isolation and loneliness have been shown to increase the likelihood of depression or anxiety. Chronic loneliness and social isolation can increase the risk of developing dementia by approximately 50%. Older adults are the cornerstone of the nation. All older adults should have the resources they need not just to thrive but to survive.

Older Adult Mental Health as a National Priority

Mental health is health. The Biden-Harris administration is committed to transforming how mental health is understood, perceived, accessed, treated, and integrated in health care settings. In 2022, President Biden released a comprehensive strategy to address the mental

health crisis. The Department of Health and Human Services (HHS) has made behavioral health a priority, investing billions of dollars in mental health over the last two years.

HHS launched FindSupport.gov, an online tool to help people navigate through common questions they have at the start of their journey to better behavioral health. This provides information on coping, helping loved ones, and covering costs of treatment, in addition to many other topics. FindTreatment.gov is a confidential and anonymous resource for persons seeking treatment for mental and substance use disorders in the U.S. and its territories.

The overarching message is, "Support is here"—support through Medicare/Medicaid/health care marketplace, support through the Aging Network, and support through certified behavioral health clinics.

ACL is working with partners across the federal government to ensure the unique needs of older adults are part of broader mental health efforts. One recent advance was highlighted in a study by Dr Laura Shannonhouse which found that social isolation, loneliness and risk of suicide of older adults was lessened when congregate and home-delivered meals were delivered by volunteers trained in the ACL-funded BE WITH Project.

SAMHSA's mental health strategy is focused on strengthening system capacity, connecting more Americans to care, and creating a continuum of support to address mental health holistically and equitably. Treatment works and people do recover. SAMHSA has developed numerous resources across the prevention, treatment, and recovery continuum for serving older adults as well as the E4 Center of Excellence for Behavioral Health Disparities in Aging. HRSA is making sure community health centers have the tools and resources to identify and support mental health needs. They are hosting training programs for primary care providers. Often the first place older adults ask for help is the primary care office. There should be no wrong door for accessing mental health services. There is also a geriatric workforce enhancement program focused on integrating geriatrics and primary care, mental health is a part of that work. There should be proactive outreach by all of us to raise awareness.

Conversation Between Ramsey Alwin and Montel Williams

NCOA President and CEO Ramsey Alwin hosted a conversation with Montel Williams where he shared his journey with multiple sclerosis (MS) and mental health. Williams was diagnosed with MS in 1999 and 2000. He noted that how doctors communicate is really important—in his experience physicians often focused on statistics and poor outlook as opposed to focusing on what he could do to improve his condition. He shared the approach of the Happiness Quotient, which identifies the important role of emotions, or personal outlook, on happiness. The Happiness Quotient notes that 50% of how we feel about something is genetic, 10% is based on things around us (external factors) and 40% is in our control and determined by personal outlook.

Williams' advice for managing a chronic disease or illness included focusing on the science and learning about the condition so that you are prepared to ask the right questions of your medical providers. He also emphasized again the importance of mindset. His approach is to end each day asking, "What did I do today that is worth talking about tomorrow?" He then starts off the next day reviewing those items, starting the day off with successes that he can build on the rest of the day. He also mentioned the importance of physical activity and diet to his overall wellbeing.

Williams discussed the important role his wife plays as his support system. He suffered a hemorrhagic stroke five years ago and he attributes his recovery to his wife's dedication and support. Williams noted that he wants to make sure she gets the rest that she needs. It is important that our caregivers understand they are no good to those they care for if they don't care for themselves. He encouraged all to thank our caregivers and to write a gratitude letter to friends and family.

Williams is concerned about ageism. He noted that aging well is living well. Older adults need to recognize that they are a powerful group— a powerful voting group and a powerful mentoring group. We need to take care of the older generation, but the older generation can also lead by example and encourage others to get help as well. He noted that you have the ability to impact the way you feel and the way you live your life every single day.

Live Attendance	On-Demand Views *(as of 6/30/2023)*	# of Questions/ Comments	Selected Comments
4,039	145	165	• Beautiful Montel. I love the question of the day. "What have I done today that I can talk about tomorrow?" Thank you! • Thank you for sharing today! It is especially important what you highlight about self-advocacy with providers and focus what you can do to help yourself. • I couldn't love this presentation more, Montel. I have lived with MS for over 25 years, and was a caregiver to my mom while she completed hospice care. I never knew how much I could do until I had to, and gratitude helped me through it. Thanks for this!

Supporting Caregivers Providing Care to Someone with Mental Illness

Key Takeaways

- Family caregivers are the backbone, foundation and lifeblood of the long-term services and support system.
- Caregiver burnout is a concern. We need systems of services and supports for

caregivers that are accessible, flexible and consumer and family-directed.
- The VA provides several support programs for caregivers of veterans that can be accessed at www.caregiver.va.gov.

The session began with the perspective of a caregiver for a spouse and grandchildren with a mental health diagnosis and children with substance abuse disorders. She shared the long and continuous journey of caring for her family and how her work experiences helped her in managing her own situation. Her life and work journey are connected. She found family training and spousal support programs from the National Alliance on Mental Illness (NAMI) to be very helpful. Her spiritual relationship was the best way to help her manage her ups and downs. She also shared strategies that help her husband, such as being on a schedule and having activities that make him feel proud, like helping with the grandchildren. She shared that caregiving can be isolating and there were times when it was challenging to maintain friendships. She encouraged caregivers to have things to do that make them feel good and have fun, to have releases.

Resources to support caregivers were then discussed. The National Strategy to Support Family Caregivers was delivered to Congress in September of 2022. This strategy is grounded in the voices of family caregivers. Strong public-private partnerships are a key part of the strategy in the strategy. The ACL partnership with John A. Hartford Foundation and the National Academy for State Health Policy is a model that states and communities can adopt, with technical assistance and support being provided to the states. It will take more than government dollars; it will take a whole society approach.

Caregiver burnout is a concern and caregivers that pass away before their family raises additional challenges. Shifting the paradigm of caregiving allows caregivers and families to be empowered and not victims. Trauma-informed psychology builds on research that brains can be retrained and we can regulate our neurological system. Keys to caregiving that build on trauma-informed psychology focus on awareness, transformation (including self-regulation and co-regulation) and self-love. *Take Your Oxygen First*, a book from one of the speakers, is built on the premise that you can't provide compassion to others until we do it for ourselves. Be kind to yourself, forgive yourself and take care of yourself.

Veterans Affairs Caregiver Support Programs (CSP) has two caregiver programs that were highlighted:

- Program of Comprehensive Assistance for Family Caregivers (PCAFC) – PCAFC services include education and training, enhanced respite care, and mental health counseling. There is also a monthly stipend and access to health care for eligible caregivers. Veterans and caregivers can apply to this program online through www.caregiver.va.gov.
- Program of General Caregiver Support Services (PGCSS) – The mission is to help caregivers care for themselves and the veteran. There is no formal application to enroll, and it supports anyone providing personal care services to a veteran enrolled

in VA health care. There are four core elements -- education and support, collaboration and partnerships, outreach, and resource and referrals.

There are also VA CSP Support Resources specifically for mental health, including VA S.A.V.E Training (suicide prevention skills training), Build Better Caregivers (for caregivers of veterans with dementia, mental problems, PTSD, serious brain injury), Annie Caregiver Text Program (weekly text messages), Health and Wellbeing Coach, peer support mentoring program (caregivers in the program who are paired with a new caregiver that is enrolling in the program, provides mentoring relationship), numerous group support programs, respite care and the VA Caregiver Support Line (855-260-3274). The website has a zip code locator to connect with local CSP teams. More information on all programs can be found at https://www.caregiver.va.gov/index.asp.

Live Attendance	On-Demand Views *(as of 6/30/2023)*	# of Questions/ Comments	Selected Comments
2,463	82	105	• Yay!! I'm with NAMI watching this to better understand how I can help caregivers, so I'm glad to hear NAMI helped!! • Whole society approach...that's true! • Thank you so much for this great information on caregiver supports available for the caregivers of our veterans. I am so glad I came today! Very helpful information!

Medication Considerations for Older Adults with Mental Health Conditions

Key Takeaways

- Polypharmacy and potentially inappropriate medications are areas of concern for older adults and are associated with cognitive decline and decreased health-related quality of life.
- Resources and trainings are available for providers, caregivers, and older adults to support safe medication practices.
- Older adults need support to help them feel confident in questioning health care providers and asking if medication is needed and appropriate.

There is an intersection between medication safety and older adults. Unsafe medication practices and medication errors are leading causes of injury of avoidable harm in health care systems across the world.

Two areas of concern include:

- Polypharmacy— a term used to describe the simultaneous use of multiple medications

by a patient for their conditions. This is most commonly defined as regularly taking five or more medications. While this is not necessarily a bad thing, it can be problematic when medications are excessive, no longer necessary or potentially harmful. Medication use is prominent in older adults. 83.3% of 60–79-year-olds have used one or more medications in the past 30 days and 34.5% have used five or more.

- Potentially inappropriate medications (PIMS)— where the risk of taking medication may outweigh the benefits. This depends on the patient's individual circumstances and is also important for older adults as the aging process can reduce the ability to use and remove certain medications. This can increase adverse drug reactions which are endemic to older adult population. According to CDC, someone over 65 is twice as likely to have an adverse drug event, and they result in 1.3 million ER visits per year. The AGS Beers Criteria by the American Geriatric Society provides guidelines for providers for safe prescribing for older adults and identifies medications that should be avoided or used cautiously. This is publicly available.

Prescription medication side effects or adverse reactions can be misdiagnosed as a new condition for which a new medication is prescribed. This is referred to as a prescription cascade.

Medications can impact mental health. Polypharmacy and PIMS are linked to cognitive decline, lower health-related quality of life, and higher symptom burden. Due to these concerns, there is an increasing deprescribing field.

Additionally, prescription medications that treat affective disorders and pain can present a multitude of side effects. These medications need to be prescribed and dosed correctly and have the potential for misuse. There are concerns with substance misuse and substance use disorders in older adults. These can be intentional or unintentional. Nearly 1 million adults over 65 have reported substance abuse disorder. In addition to alcohol, prescription pain meds are most frequently misused by older adults. Drug overdose fatalities in older adults have quadrupled in the past 20 years, with most of those unintentional.

Team Alice seeks to address medication safety through research, education and advocacy and policy change. Team Alice was inspired by the story of Alice Brennan and the efforts of her daughter, Mary Brennan-Taylor, to drive positive change among health care professionals and across the system, particularly around medication prescribing. Alice was a vibrant 88-year-old until a small health event led to a cascade of medication errors that ultimately resulted in her death. Events that transpired in only 6 weeks. Her health deterioration was due to adverse effects of medication, which included going from 3 medications prior to the event to 26 medications, including a medication on the AGS Beers list.

There are numerous potential solutions to these medication concerns:

- The US Deprescribing Research Network (USDeN)—The goal of the USDeN is to develop and disseminate evidence about deprescribing for older adults, and in doing so to help

improve medication use among older adults and the outcomes that are important to them.

- Age Friendly Health Systems—Providing the "4Ms," to all older adults in your system: What Matters to the patient, Medication, Mentation, and Mobility
- Team Alice patient and provider education initiatives to address deprescribing medication safety
- NCOA and Team Alice Medication Safety Curriculum for Senior Centers, which will be available soon

Live Attendance	On-Demand Views *(as of 6/30/2023)*	# of Questions/ Comments	Selected Comments
1,083	76	113	• Love the 4 "M"s Framework! • Thank you, Mary. That was heartbreaking and preventable. • Although not identical, my mom's story was similar...it is great that you are honoring your mom and this is partially her legacy to help others. Congrats on that.

Traumatic Brain Injury and Mental Illness Among Older Adults

Key Takeaways

- The greatest risk for traumatic brain injury (TBI) is above age 75, and falls are the number-one cause in this age group.
- The brain doesn't recover as well as in older adults. A mild injury could have more significant consequences and slower recovery rates than it would in younger ages.
- There is a connection between TBI and mental health. Education is needed to increase awareness about these issues, to really target stigma as a barrier to seeking care.

The session began with a shared lived experience from someone who experienced a traumatic brain injury 46 years ago. He shared how his early experiences playing pro-baseball journey, drawing on sports lessons of keeping his poise, managing stress, and not giving up. As a founding member of the Oregon Brain Injury support group, be talked with many people with TBI and noticed how often they were frustrated and triggered by stressors (i.e., a fight or flight response). He works with people to help them stay calm when they get stressed and to practice mindfulness. It is difficult and it requires practice. As he gets older, it is harder for him now to tell the difference between aging and his brain injury, but he feels better prepared with strategies he has learned.

Research on traumatic brain injury (TBI) and resources were then discussed. TBI is a blow or jolt to the head or a penetrating head injury that disrupts the function of the brain. These can range from mild to severe based on loss of consciousness and the classification impacts recovery. Not

all blows or jolts to the head result in a TBI. The main causes of TBI in older adults are falls and motor vehicle accidents. These are of particular concern in older adults as the brain doesn't recover as well as when younger, a mild injury could have more significant consequences and also slower recovery rates. In addition, older adults tend to have more health conditions prior to the TBI.

There is a connection between TBI and mental health. There is a 68% risk of developing mental health problems in the first year after TBI. In some cases, those risks return to baseline after time, with risk of anxiety disorders returning to baseline after 2 years and depression after 5 years. There is also increased irritability, anger, and emotional lability (lack of emotional control). Personality changes with more severe brain injuries include anger, disinhibition, poor impulse control, and apathy.

Treatments need to include assessments for both TBI and mental health. Collaborative teamwork is critically important, as is long-term symptom and disease management. There needs to be supports for the whole person (housing, social/community engagement, etc.) and monitoring of caregiver burden.

There are numerous resources available for providers that support people with TBI. Brain injury programs can sit in many places within a state and community, including aging and disability programs, behavioral health, and assisted living. The National Association of State Head Injury Administrators (NASHIA) is a national nonprofit that supports state government in promoting partnerships and building systems to meet the needs of individuals with brain injury and their families. Their efforts include training and professional development, connections, state and national trends, advocacy, resources and information. The ACL TBI Technical Assistance and Resource Center's (TARC) Behavioral Health Guide is a resource on how to better partner with state mental health systems, including training, screening and how to modify clinical interventions and psychopharmacologic interventions.

Live Attendance	On-Demand Views *(as of 6/30/2023)*	# of Questions/ Comments	Selected Comments
1,397	70	135	• Thank you, Ken, for speaking with us about your experience. I value what you said about the importance of mindfulness. • Thanks for pointing out the "invisible disability" I have a client who is sometimes loud and volatile due to a TBI but is constantly reprimanded/suspended/kicked out for his behavior by folks who don't know. • Universal strategies-great information!

Spotlight Session: Social Cohesion and Intergenerational Connections to Address Social Isolation

Key Takeaways

- Social isolation is a concern for older adults and is associated with an increased risk of premature mortality.
- Aging independent of other risk factors does not cause social isolation or loneliness, but older adults are more likely to face predisposing factors.
- Quality and number of relationships matter in addressing social isolation and loneliness. Intergeneration programs show promise and provide benefits to all participants.

The spotlight session kicked off with a message from Surgeon General Vivek H. Murthy thanking attendees for making sure people of all ages have the mental health supports they need. He noted that by 2034, the country's senior population will outnumber the child and youth population for the first time ever. Mental health is the defining health challenge of our time and working to address older adult mental health has never been more important.

The session then looked at research on social isolation in older adults. A key resource is the National Academies of Science, Engineering and Medicine report, Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System.

Social isolation can be deadly. It is associated with significantly increased risk of premature mortality from all causes and may be comparable to or greater than other risk factors. Health outcomes impacted by isolation and loneliness include lower quality of life, accelerated cognitive decline, exacerbated chronic health conditions, and higher rates of clinically significant depression, anxiety, and suicidal ideation. Social isolation is associated with a 50% increased risk of dementia and loneliness with a 59% increased risk of cognitive decline.

It is important to note that people who are lonely are not necessarily socially isolated and people who are socially isolated are not necessarily lonely. These are distinct items. In addition, depression and loneliness are not the same. Screenings and assessments should be done with all older adults and assessment tools include the Berkman-Syme Social Network Index and the UCLA Loneliness Scale.

Both one-on-one and group interventions have been shown to be effective in addressing both social isolation and loneliness. It is important to match the intervention with the person's circumstances and what outcomes the provider and participant hope to achieve. There is emerging evidence on intergenerational programs and one of those programs was shared during the session.

Lori's Hands is a program that builds mutually beneficial partnerships between community members with chronic illness and college students. Students help support community members' independence at home, and community members share their health and life experiences to support students' learning, fostering empathy, connection, and resilience.

In this model, two college students, typically from health care fields, are paired with a community member living with a chronic illness. The students make scheduled weekly visits to assist with daily tasks made difficult by the person's condition. The students participate as part of an internship or class credit and services are offered free of charge to seniors living independently in the community.

This program benefits both clients and students. Clients have reported receiving instrumental support to stay in their homes, increased independence, intergenerational connectedness, and reduced isolation and loneliness. Students have developed career readiness including communication skills, empathy, resource navigation, and real-world learning.

The session closed with the personal experience of a Lori's Hands client and the two students that work with her. The client shared how vital Lori's Hands was in allowing her to stay in her home safely. She noted that while she does have family in the area, she does not want her entire relationship with them to be caregiving. She wants to be able to socialize with her grandchildren when they visit, not give them a list of things to do. She shared that it is support with the small things that has been so helpful with Lori's Hands. Examples included opening containers, changing light bulbs, putting up holiday decorations, and planting flowers. She will make a list of items she needs help with, and she can count on the students to come when they are scheduled to be there. The rapport between the client and students was evident during the session.

Live Attendance	On-Demand Views *(as of 6/30/2023)*	# of Questions/ Comments	Selected Comments
3,452	49	222	• I love this idea! I was quite lonely when I first went to college and my grandmother suggested I visit one of her friends in an assisted living facility. It was such a great experience and think we both enjoyed the visits! Putting students with seniors with chronic conditions is a great idea! • What an impressive program and asset to the community. Job well done. • I want to be like Patricia when I grow up :) what a wonderful program - thank you SO much for being here Patricia and students! • It sounds like Ms. Drake has a deep connection with the two students. It's very cool that she gets to showcase her skills and interests with someone who appreciates it

The Link Between Chronic Pain and Mental Health in Older Adults

Key Takeaways

- Pain should not be a natural consequence of getting older – that mindset prevents people from addressing pain.
- Older patients should be asked specifically about pain, how they address their pain, what has worked, what does not, and what matters to them. A thorough pain assessment should follow.
- People with chronic pain are underserved, overlooked and misunderstood. There is always something else that can be done to help manage pain and mental health challenges, improve quality of life, and improve relationships that matter to them.

The session started with an overview of research on chronic pain and resources to support providers and older adults. There is a real-life burden of chronic pain for older adults. In 2021, 16.6 million Americans 65 and older experienced chronic pain and of those, 5.8 million experienced high-impact chronic pain. Chronic pain is one of the most common conditions encountered by healthcare professionals with over 65% of those over 65 years old report suffering from pain. Pain is often undertreated, and every aspect of an individual's life is impacted, not just physical but also psychological, social interference and spirituality. The most prevalent pain conditions in older adults are arthritis, nerve damage/neuropathy, neck/low back pain, and cancer. Many older adults have multiple pain conditions.

Pain and depression are closely related. Anxiety, depression, and severe cognitive impairment are the most common mental health condition in older adults, with pain and depression co-occurring from 30-50% of time. Women are twice as likely to have pain and depression as men. Depression after the onset of pain is related to reduced functioning and consequences of living with pain resulting in feelings of loss which significantly impact mood. Pain and depression together have significant impact on quality of life.

There are a wide variety of treatment options available, including pharmacotherapy (which requires care), integrative and complementary medicine, psychosocial interventions, cognitive behavioral therapy, family education, support groups and group therapy and expressive arts.

Regardless of age, patient self-report remains the best indicator of their pain experience. Older patients should be asked specifically about pain, the ways in which they address their pain, what has worked, what does not, and what matters to them.

One resource is the U.S. Pain Foundation, whose mission is to empower, educate, connect and advocate for all individuals living with chronic pain and chronic illnesses and serious injuries that cause pain, as well as their care partners and clinicians. They work to elevate patient voice, increase disease state education, improve pain care, expand outreach to underserved and marginalized communities, and provide comprehensive resources to ensure individuals are served and empowered.

In a 2022 survey report by the U.S. Pain Foundation, 99% of respondents reported that pain has restricted their ability to engage in routine activities and 71% considered themselves disabled.

They also reported challenges with the patient-provider relationship and 59% said their current health provider doesn't, sometimes or rarely listens to and values their concerns. The connection to mental health was evident in the findings as well, with 60% reporting feeling anxiety or depression-like symptoms with only 38% said health care providers asked about mental health.

There are resources to support older adults with pain. The Far From Alone Campaign has a section specifically for older adults. U.S. Pain Foundation's support group program, Pain Connection, offers monthly support and evidence-based education through peer-to-peer groups. The U.S. Pain Foundation also has a dedicated advocacy program that aims to make best practices in pain care available and accessible so that all have the opportunity to manage their pain, find community support and live a fulfilling life despite chronic conditions or injuries.

The session was brought to a close by a first-person account of living with chronic pain for the past 12 years. She noted that pain has directed every choice made during that time. She also noted that since pain is invisible, it is hard for people to understand and that can lead to confusion, isolation and loneliness. Over this time, she has taken steps to become an advocate and help others to live a better quality of life. During her training to become a support group leader for the U.S. Pain Foundation, she learned terms like "multidisciplinary care" and realized that was what she was looking for even though she had not known the terminology. That taught her the importance of empowering people, helping them to say the right words and finding the right tools to work with their providers to receive the care they need. She shared that learning to relinquish the past and the pain, paved the way for her to embrace her new self.

Live Attendance	On-Demand Views *(as of 6/30/2023)*	# of Questions/ Comments	Selected Comments
2,234	74	222	• I love this idea! I was quite lonely when I first went to college and my grandmother suggested I visit one of her friends in an assisted living facility. It was such a great experience and think we both enjoyed the visits! Putting students with seniors with chronic conditions is a great idea! • What an impressive program and asset to the community. Job well done. • I want to be like Patricia when I grow up :) what a wonderful program - thank you SO much for being here Patricia and students! • It sounds like Ms. Drake has a deep connection with the two students. It's very cool that she gets to showcase her skills and interests with someone who appreciates it

The Impact of the COVID-19 Pandemic on Older Adults Mental Health

Key Takeaways

- While COVID-19 had an impact on all ages, older adults were especially at risk for both the negative health effects of COVID-19 and the social isolation that came with reducing risk of COVID-19 exposure.
- COVID-19 had an impact on mental health of adults aged 50-80 and those impacts are ongoing.
- There is a continued need for support and services for those living with long COVID.

The session started with data on older adults' perceptions of COVID-19's impact on their mental health and sharing of support resources for addressing isolation. The National Poll on Healthy Aging, has provided some valuable insights on the impact of COVID-19 on the mental health of adults ages 50-80. There was a doubling of feelings of isolation from pre-COVID (2018) to March-June 2020, as well as an increase in feeling a lack of companionship and infrequent social contact. And while half had social media, use of social media and video chat was not a helpful tool for all older adults. In a follow-up survey in March 2023, there was a marked decline in reports of isolation, but one-third still reported feeling isolated. Most older adults said their overall mental health is the same as before the pandemic, but 18% said it was worse. There are some groups that are disproportionately impacted including women, and those with lower household incomes, disabilities, poor physical and mental health, or live alone. The risk of COVID-19 remains for some, and we need to have opportunities that are safe and welcoming. This may not look the same for all.

One resource is the Institute on Aging Friendship Line. This is both a crisis intervention center (suicide prevention "hot" line) and emotional support service (friendship "warm" line). The Friendship Line serves adults 60 and older, adults with disabilities 18 and older and their caregivers. Prevention is the focus of the Friendship Line, decreasing loneliness by increasing social connection. The call line is staffed by counselors, interns, and volunteers, all of whom undergo training.

During COVID-19, issues reported by callers included feeling isolated from family and friends, feeling lonely, anxiety and depression, mood swings, sleeping too much or too little and worrying about things not getting better/returning to normal.

The session closed with the perspectives of someone living with long COVID who is an advocate for better supports and services. He shared that as COVID-19 has transitioned away from a pandemic, he feels written off as disposable. COVID-19 is a long-term permanent threat that has inequitable impacts, with long COVID mostly seen in older adults and those with chronic conditions. There is disproportional COVID-19 loss in Black, Brown, and Indigenous people. He noted that there are lessons learned from HIV—the drastic success that shows what happens with resources and a coordinated effort. Unfortunately, making this case is falling on advocates and community members.

Live Attendance	On-Demand Views *(as of 6/30/2023)*	# of Questions/ Comments	Selected Comments
696	60	23	• Wow this hits close to home • How much does Covid fatigue attribute to the lack of attention or funding for individuals living with long-Covid? • As we transition from Public Health Emergency to continued public health for COVID what do you think are key topics for helping seniors reintegrate successfully and safe?

Suicide Prevention—Updates on 988

Key Takeaways

- Profound structural ageism in our culture limits older adults in getting the mental health, suicide prevention and substance abuse services they need.
- The 988 Suicide & Crisis Lifeline provides 24/7, free and confidential support for people in distress.
- Research is needed to address suicide prevention and mental health needs of people of color and from marginalized communities. Resources need to be culturally relevant and culturally humble.

The session kicked off with data on suicide rates and risks for older adults. America is experiencing a mental health crisis. In 2021, 48,183 Americans died by suicide. 90% of those had a diagnosable mental health condition. Suicide rates increased 37% between 2000-2018. There was a slight decrease of 5% between 2018-2020. However, the rate nearly returned to the peak in 2021. There are disparities in suicide, with some groups having disproportionately high rates of suicide or suicide attempts. This includes older adults, with those 85 and older having the highest rates of suicide. For older adults, suicide is the 18th cause of death and almost 10,000 died by suicide in 2021.

Older adults have lower rates of mental health disorders than younger adults. However, they are more likely to be functionally and physically impaired by them. Older adults are less likely to get mental health and substance use treatment and they are less likely to be screened and get treatment, especially if black or brown. Older adults are less likely to survive suicide attempts—1 in 4 who attempts die compared to 1 in 25 for younger adults.

The 988 Suicide & Crisis Lifeline is funded by SAMSHA and administered by Vibrant Emotional Health. The Lifeline provides free and confidential support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the U.S. The 988 Lifeline is made up of a network of over 200 local centers and it also has specialized services, including for veterans, Spanish-speaking, LQBTQ, and in some communities, Native people. The 988 Lifeline provides

affirmed crisis care rooted in best practices for all communities and in preferred communication channels (call, chat, text). Between January and March of 2023, between 3.6 and 4.25% of users of the 988 Lifeline were 65 and older. Less than 1% of text and chat users were over 65.

Additionally, there is profound structural ageism in our culture. It is why older adults don't get the services they need. Providers assume anxiety and depression are normal parts of aging. They assume older adults don't use drugs. We can shift how we engage with aging and start to think about it in different ways. The majority are happy and healthy and engaged in their community, and we can reconnect older adults into our society. The book, Healing, by Tom Incel notes the importance of people, place and purpose. If someone doesn't have people around them, they are more likely to die by suicide or health risk. This also applies to having a purpose. We need to look at how as a society we bring older adults back into the fold.

The E4 Center of Excellence for Behavioral Health Disparities in Aging engages, empowers, and educates health care providers and community-based organizations for equity in behavioral health for older adults and their families across the U.S., with a focus on depression, suicide and substance abuse disorders. E4 has created trainings and resources for crisis lines so they are prepared to address the unique issues older adults face. They identified six critical issues that call centers need to know about—ageism, anxiety and depression, cognition, older adult life and health, substance use, and suicide—and created 15-minute modules and fact sheets for each. The E4 Center also has a library of free trainings, including the Foundational Competencies in Older Adult Mental Health Online Certificate Program. The E4 Center's hope is that increasing awareness of ageism, decreasing implementation of ageism, and providing better care for older adults so when they need services like 988, they are appropriately having their needs met.

The session closed with a personal perspective from a mental health activist that also has treatment-resistant depression and PTSD. She shared a piece of spoken word about her journey and talked about the importance of spoken word and art as part of her healing journey. She also shared her personal perspectives on why she has not called a hotline—concerns about talking with a stranger, that police will be called, that there will not be culturally relevant or culturally humble staff that will be able to relate to her. She noted that suicide prevention efforts have not been developed for people of color or marginalized communities. There is a lack of research on specific communities within Asian American Native Hawaiian and Pacific Islander older adults. She noted that 988 is a good start. The next step is to have language diversity and cultural relevance and humility and to have efforts led by people of color and diverse experience and lived experience in the field.

Live Attendance	On-Demand Views *(as of 6/30/2023)*	# of Questions/ Comments	Selected Comments

782	36	70	• It is good that you are able to relay of what you have gone through and are still able to help others! Love the poem. • This session has been incredible. Had no idea what to expect and the quality and relevance of info shared is so high. Thank you Ms Dole, Emery-Tiburcio, and Suyemoto, for both what you do every day in your work, and for your talks today! • You guys have done great with this. I am in an area with a Mobile Crisis Team where we now can call them first!

Panel and Closing: Current State of Behavioral Health Integration in Primary Care

Key Takeaways

- Behavioral health integration is care that results from a practice team of primary care and behavioral health clinicians that work together to provide patient-centered care. This care may include mental health and substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization.
- Behavioral health integration is especially important for older adults who likely have physical health conditions in addition to their mental health needs.
- Community connections and addressing social determinants of health are also important integration points.

Three panelists shared their professional experiences with behavioral health integration in the primary care setting, beginning with the model their organization uses when it comes to integrating behavioral health into primary care.

- Jürgen Unützer, Professor and Chair, Department of Psychiatry and Behavioral Sciences —University of Washington Medicine serves a five-state region where there is a huge lack of access to care. The first place older adults go is to primary care, so they decided to integrate into those settings. They use a collaborative care model, adding two types of professionals to primary care practices. This includes a mental health care manager (psychologist, clinical social worker, nurse with training in psychiatry) in the clinic and a psychiatric consultant. They have found this doubles the effectiveness of depression care and reduces health care spending. The return on investment for ROI for collaborative depression care is $6.50 for each $1 spent. They also partner with community-based organizations to extend care into communities.
- Neil Korsen, Physician Scientist, Center for Interdisciplinary Population & Health Research, Maine Health – Maine Health's goal was to bring behavioral health integration into each primary care group. Integration was driven by the challenges in getting patients into treatment that were screened as needing support. They started with three learning collaboratives that included a requirement to work with local mental health

providers and bring at least one provider into the practice if possible.

- Ashley Breazeale, PhD, Clinical Psychologist, Cherokee Health Systems – Cherokee Health Systems is a federally qualified health care system, so they are fully integrated with a primary care behavioral health model. A licensed psychologist or licensed clinical social worker is part of the team and able to focus on prevention and screening. Behavioral health consultation is available in real time. Lack of access is a big issue (no insurance, no transportation) so the only access to support may be at the primary care office.

Panelists shared how integrated care helps address the combination of mental health and physical health needs.

- Korsen— Ideally the primary care team should have expertise to meet both mental and physical health needs. Integrated practice is the logical approach, including shared health records and communication.
- Breazeale—Integrated care helps to co-manage mental health conditions and behavioral aspects of physical conditions. Most behavioral health consultants are trained in the 4 M's framework of Age-Friendly Care, focus on what matters – cognitive ability, medication, mobility. When you can provide all services in one appointment, it eases the burden for patients and care team.
- Unützer—If you are trying to provide care for an older adult with mental health or substance abuse problems and not doing that in a setting where both mental and physical conditions can be treated, then you are providing poor care. Younger adults seeking mental health often don't have physical conditions so can treat those separately. Older adults often have multiple physical conditions, these are not separate issues but very tightly related.

What staff are involved in the care team?

- Breazeale—It depends on the clinic, but most have medical providers (MD, NP), a behavioral health consultant, nursing, patient associates, and community health coordinators—individuals who have extra training in social work and community outreach, and psychiatry.
- Unützer—Our model is very similar. The primary care provider and medical assistant do screening and engage the patient. The next step is to bring in somebody that has more training and time to work with patient behavioral health, and then if need more assistance reach out to a psychiatry consultant. We are constantly tracking outcomes, so people don't fall through tracks.
- Korsen—The core team is similar. Maine Health has focused on building out the primary care team. Most practices in addition to primary care clinical and medical assistants, usually have a licensed clinical social worker and sometimes a psychologist. They are increasingly building out care management staff, health coaches and community health workers to help with social needs. Pharmacists help with medication management and psychiatry is connected to every practice through behavioral health specialists and the electronic health record.

How does your organization address social determinants of health and build community connections?

- Unützer—A person spends limited time in the doctor's office, we can't address all their needs in the doctor's office. People live in the community. We engage family members as part of the treatment team. We work with religious organizations and social support programs (i.e., meal delivery programs).
- Breazeale—We apply for a lot of grants and partner with several universities and community organizations. Community health coordinators serve as liaisons between the clinic and community partners. We offer a lot of on-demand resources to clients. We have a food pantry to make sure no patient leaves hungry. Transportation is a huge barrier so we try to meet as many needs at the point of care as can. We are also working on hiring community health workers, individuals that are in the community. The services offered vary by clinic, we look at what need is by patient and clinic level.
- Korsen—Maine Health is focusing on identifying social needs of patients and are building screenings into routine care. They have food banks on site. They have a program for caregivers of people with dementia. This is an important group, if they aren't doing well then people with dementia are not doing well.

What lessons can you share and what solutions to barriers?

- Breazeale—There can be some frustration with integration. Stick with it. Any movement is good movement. Programming looks different depending on the population, clinic, and individual needs. It isn't a one size fits all. The big barrier is workforce and funding.
- Korsen—When we brought integration to primary care practices, we offered ideas on what patients might benefit from but left it up to practices to decide. We asked clinicians to be ambassadors for the program. Clinician satisfaction surveys found that clinicians were happy, and this made work life better. That helped convince leadership this was valuable. They also developed a business model that thought would break even for the practice.
- Unützer—Attitudes and money are barriers. Attitudes of both the patients and the providers. Many older adults are not comfortable going to primary care and talking about mental health. It helps tremendously when the provider says they are going to talk about it and really invites the patient to start talking about it and lets the patient know there is someone there to help them. Providers are concerned that it will be difficult to implement. Once they see how it works, they become the biggest advocate for it. You do have to find a way to pay for it. It is a bit challenging in the traditional fee-for-service model. CMS looked at cost-effectiveness data and said services may save money (and certainly improve health). CMS developed billing codes for collaborative services.

The program closed with an individual sharing his personal experience as a peer specialist that has also been in recovery since 2012 for alcohol and cocaine. Through this experience, he knows what it is like for his clients. He works specifically with people 55 and older. He works as

part of a team with a clinical social worker and RN. As part of his peer specialist role, he meets with clinics and does home visits. He notes that the client is the most important person in the team, and he works on building rapport, building strength, and taking assessments so they can work together to address needs.

Live Attendance	On-Demand Views *(as of 6/30/2023)*	# of Questions/ Comments	Selected Comments
2,951	26	335	• Collaborative care definitely saves time and increases the success of clients/patients feeling heard and increases participation in care. • Great points! We need stronger partnerships across the care continuum with various disciplines to holistically support our patients. • Peer workers can be helpful, like Family/peer support specialists. With the lived experience they have, they can also be helpful with the stigma involved.

Symposium Closing and Call to Action

One goal of the conference was for attendees to leave with actionable items, ideas, concepts, programs, and best practices that they can use right away in their work in the community. They were charged with making connections in their community with others that serve older adults and seeing how they can work together.

Participants were asked to share a main takeaway from the day. Some examples were:

- We can learn from older adults and their caregivers to raise awareness and reduce stigma.
- Remember to take care of yourself when a caregiver for others.
- It takes a village.
- Effects of loneliness on older adults
- Integrated care is where it's at.
- Supporting veterans
- Caregivers should not feel alone; there is support out there.
- Benefits of intergenerational connectedness!
- Empowering patients and medical providers to engage in more holistic approach to coping/mental health and overall well-being

Participants were also asked to share one action they will take to work with colleagues across different sectors. Examples included:

- Veteran Affairs
- Reaching out to local TBI group to connect a client

- Finding intergenerational programming in my community
- Team Alice
- Better connection to integrated care within our agency
- Working with other disciplines including PT/OT/Therapy/Doctors to make sure that we are addressing the person as a whole rather than just one piece of the problem
- I want to start something like or bring Lori's Hands to my community. I will be talking to supervisor and community agencies for their ideas. We area college town and I think it a fabulous program!!!
- Peer groups

Call to Action

The symposium sessions were engaging and inspiring, with new insights and learnings shared with attendees. But the symposium's impact did not end after the closing session. Attendees were called to leverage the findings, connections, and enthusiasm to extend and apply the learnings from this event to their work and community. To elevate and apply the symposium content, NCOA and its partners recommend the following actions attendees can take to support mental health for older adults and their caregivers.

- Promote and disseminate mental health resources including the 988 Suicide & Crisis Lifeline, FindSupport.gov, and FindTreatment.gov.
- Leverage the National Strategy to Support Family Caregivers: Actions for States, Communities, and Others to identify and prioritize actions to support family caregivers.
- Review and update medication protocols to identify potentially inappropriate medications (PIMS) or unnecessary and problematic polypharmacy.
- Forge connections with other agencies or organizations in their state or community to increase coordination and quality care for older adults, such as State Head Injury Administrators.
- Utilize trainings and resources shared during with colleagues and partners to increase awareness and skills in supporting older adults' mental health, including The E4 Center's trainings and toolkits and NCOA's hub for behavioral health.
- Look for opportunities to integrate services, including utilizing collaborative care models and behavioral health and primary care integration models.
- Prioritize the voice, perspective and insights of older adults and their caregivers in providing individual services, developing programs and resources, and conducting research.

Planning for the 2024 Symposium

NCOA, ACL, HRSA, SAMHSA, and other partners will look to build on the success and lessons learned to inform the 2024 symposium. The 2024 symposium will be held on May 2, 2024. From the participant survey, we received over 660 suggestions on what participants would like to see from next year's event. Some of the most frequently suggested topics included:

- Ageism/Stigma (19)
- Cultural considerations (14)
- Compassion fatigue/caregiver burnout (45)
- Dementia (63)
- Depression (15)
- Hoarding (9)
- Housing/Homelessness (31)
- End of life (40)
- Grief and loss (17)
- Intellectual/developmental disabilities in older adults (16)
- LGBTQI+ population (10)
- Nutrition (13)
- Needs of rural older adults (15)
- Services for older adults (20)
- Substance use (34)

If you would like to be considered to participate in the planning process for the 2024 symposium, please email Laura Plunkett at laura.plunkett@ncoa.org.

Appendix I – Full Agenda

6th Annual Older Adult Mental Health Awareness Day Symposium

Thursday, May 11 10 a.m. to 5 p.m.

Time	Session and Topic	Speakers
10 – 11 a.m. **1 CEU**	**Welcome and Keynote Speaker**	Montel Williams, Emmy-Award winning TV personality, Bestselling Author, Marine Corps and Navy Veteran and Healthcare Advocate Andrea Palm, Deputy Secretary Department of Health and Human Services Alison Barkoff, Acting Administrator and Assistant Secretary for Aging Miriam E. Delphin-Rittmon, Assistant Secretary for Mental Health and Substance Use, Substance Abuse and Mental Health Services Administration Carole Johnson, Administrator, Health Resources and Services Administration

		Ramsey Alwin, President & CEO, NCOA
11 – 11:15 a.m.	Break – The Brain Donor Project https://braindonorproject.org/	
11:15 a.m. – 12:15 p.m. **1 CEU**	**Breakout Session #1** Topic: Supporting Caregivers Providing Care to Someone with Mental Illness **Description**: There are 60 million Americans who provide unpaid care to an individual who has a physical or mental illness. This session will dive into what is the impact on the caregiver. Attendees will learn how they can better support these caregivers with resources to help them maintain their mental health and care for their care recipients. **Moderator**: Greg Link, MA, Director of the Office of Supportive and Caregiver Services, ACL	Jamie Huysman, Psy.D, LCSW, CAP, CFT, Vice President of Provider Relations and Government Affairs for WellMed Medical Management LaQuana M. Fulton, MSW, MS, LCSW, CSW-G, National Training and Education Coordinator, Caregiver Support Program -VA Central Office Ruth Fox, Family Caregiver
11:15 a.m. – 12:15 p.m. **1 CEU**	**Breakout Session #2** Title: Medication Considerations for Older Adults with Mental Health Conditions **Description**: The session will provide an overview of medication safety for older adults and how the use of multiple and inappropriate medications can lead to and/or exacerbate mental health issues in older adults. A patient advocate will provide testimonial of her lived experiences and a senior center will discuss current	Jennifer Stoll, PhD., Senior Research Scientist, Primary Care Research Institute, Center for Successful Aging, University at Buffalo Kerry Peek, Director,

	initiatives that educate and empower older adults on safe medication use. **Moderator**: Kathleen Cameron, BSPharm, MPH, Senior Director, Center for Healthy Aging, NCOA	Cheektowaga, NY, Senior Center Mary Brennan-Taylor, Advocate, Team Alice
11:15 a.m.– 12:15 p.m. **1 CEU**	**Breakout Session #3** Topic**:** Traumatic Brain Injury and Mental Illness Among Older Adults **Description**: Each year, an estimated 40 million older Americans experience a traumatic brain injury (TBI). Older adults who suffer from a TBI are at an increased risk for developing mental health disorders, such as major depression and panic disorder. This session will explore how TBIs impact older adults and their mental health. **Moderator**: Donna Bethge, Aging Services Program Specialist, ACL	Michael Hall, PhD, LCP, Associate Professor, Department of Physical Medicine and Rehabilitation, Virginia Commonwealth University Maria Crowley, MA, CRC, Director of Professional Development, (NASHIA) Ken Collins, Person with Brain Injury, Advocate, Executive Director, Hozho Center for Personal Enhancement
12:15 – 1 p.m.	Lunch Break – Voices of Older Adults with Lived Experience with Mental Health and Substance Abuse (E4 Center) - https://e4center.org/combat-mental-health-stigma-videos/	
1 – 2 p.m. **1 CEU**	**Spotlight Session** Topic**:** Social Cohesion and Intergenerational Connections to Address Social Isolation **Description**: Social cohesion and engagement can help improve quality of life and is associated with better mental and emotional health for older adults. Learn about the national initiatives to	Vice Admiral Vivek H. Murthy, MD, MBA, U.S. Surgeon General Colleen Galambos, PhD, ACSW, LCSW-C, FGSA, FAASWSW, Helen

	support social cohesion as well as intergenerational opportunities as one strategy to address older adult social isolation. **Moderator**: Lily Liu, Communications Professional and Family Caregiver	Bader Endowed Chair in Applied Gerontology, University of Wisconsin Milwaukee Maggie Ratnayake, LPCMH, ATR, NCC, Executive Director, Lori's Hands (Newark, DE) Pat Drake, Lori's Hands participant
2 to 2:15 p.m.	Break – Learn more about the Senior Nutrition Program. Since 1972, ACL's National Senior Nutrition Program has supported nutrition services for older adults across the country. Funded by the Older Americans Act, local senior nutrition programs serve as hubs for older adults to access nutritious meals and other vital services that strengthen social connections and promote health and well-being. Video: https://www.youtube.com/watch?v=RERcdAGeTZ8	
2:15 – 3:15 p.m. **1 CEU**	**Breakout Session #4** Topic: The Link Between Chronic Pain and Mental Health in Older Adults **Description**: Older and middle-aged adults in the United States account for about 80 percent of those who experience chronic pain. This session will discuss how people who have chronic pain are more likely to experience mental health problems, such as depression, anxiety, and substance use disorders. The session will discuss mental health resources available for those suffering from chronic pain.	Yvette Colón, PhD, BCD, LMSW Associate Professor; department member, Women's & Gender Studies; and Faculty Affiliate for the Aging Studies Program in the School of Social Work, Eastern Michigan University

	Moderator: Linda Porter, PhD, Director, Office of Pain Policy and Planning, National Institutes of Health (NIH)	Nicole Hemmingway, CEO, US Pain Foundation Linda Shaw, U.S. Pain Foundation's BIPOC Community Support Group Lead
2:15 – 3:15 p.m. **1 CEU**	**Breakout Session #5** Topic**:** The Impact of the COVID-19 Pandemic on the Mental Health of Older Adults **Description**: Older adults are greatly affected by the COVID-19 pandemic. Research has shown that rates of anxiety and depression for older adults have increased during the beginning of the pandemic. This session will examine what the impact has been on older adults' mental health thus far and resources available to support older adults during the COVID-19 pandemic**.** **Moderator**: Anita Everett, MD, DFAPA, Director, Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA)	Erica Solway, Ph.D., M.S.W., M.P.H., Deputy Director, National Poll on Healthy Aging, University of Michigan Michael Beco Business Director, Friendship Line, Institute on Aging JD Davids, Founder, Network for Long COVID Justice and Strategies for High Impact (S4HI)
2:15 – 3:15 p.m. **1 CEU**	**Breakout Session #6** Topic**:** Suicide Prevention – Updates on 988 **Description**: 9-8-8 launched on July 16, 2022, as a new way for individuals in a mental health crisis to connect with a trained mental health professional. What has the rollout and impact looked like so far? The E4 Center will also share about new modules created for call centers to better help serve older adults. **Moderator**: Monica Johnson, MA, LPC, Director, 988 and Behavioral Health Crisis Coordinating Office, SAMHSA	Tia Dole, PhD, Chief 988 Suicide and Crisis Lifeline Officer Vibrant Emotional Health Erin Emery-Tiburcio, PhD, ABPP, Co-Director, E4 Center of Excellence for Behavioral Health Disparities in Aging

		Pata Suyemoto, Member of SPRC Advisory Committee
3:15 – 3:30 p.m.	Break – 988 Social Media Shareables https://www.samhsa.gov/find-help/988/partner-toolkit/social-media-shareables	
3:30 – 4:30 p.m. **1 CEU**	**Panel and Closing** Topic: Current State of Behavioral Health Integration in Primary Care **Description**: This panel will summarize what are the current models and promising practices of behavioral health integration to address chronic conditions and mental health. **Moderator**: Arlene S. Bierman, MD, MS, Chief Strategy Officer, Agency for Healthcare Research and Quality. (AHRQ)	Jürgen Unützer, MD, MPH, MA, Professor, Psychiatry and Behavioral Sciences, University of Washington Neil Korsen, MD, MSc, Faculty Scientist, Center for Interdisciplinary Population & Health Research, Maine Health Ashley Breazeale, PhD, Clinical Psychologist, Cherokee Health Systems Christopher Walter, Peer Support Specialist, Family and Children's Association
4:30 – 5 p.m. **.5 CEU**	**Closing**	Ramsey Alwin, MBA, President and CEO, NCOA

Appendix II – Steering Committee Roster

Steering Committee Roster	
Kathleen Cameron, BSPharm, MPH (Co-Chair) Senior Director, Center for Healthy Aging National Council on Aging 251 18th St. South, Suite 500 Arlington, VA 22202 Office: 571-527-3996 Cell: 703-585-6607 kathleen.cameron@ncoa.org	**Keri Ann Lipperini, MPA (Co-Chair)** Director, Office of Nutrition and Health Promotion Programs (ONHPP) Administration on Aging Administration for Community Living U.S. Department of Health and Human Services Phone: 202-795-7422 keri.lipperini@acl.hhs.gov
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Erin E. Emery-Tiburcio, PhD, ABPP Co-Director, E4 Center of Excellence for Behavioral Health Disparities in Aging 710 S. Paulina St., Suite 431, Chicago, IL 60612 312-942-6294 Erin_EmeryTiburcio@rush.edu	**Chris Herman, MSW, LICSW** Senior Practice Associate–Aging National Association of Social Workers (NASW) 750 First Street, NE Suite 800 Washington, DC 20002 cherman.nasw@socialworkers.org
Michele J. Karel, PhD, ABPP Board Certified in Geropsychology, National Mental Health Director, Geriatric Mental Health Office of Mental Health and Suicide Prevention VA Central Office 810 Vermont Avenue, NW Washington DC, 20420 Office: 802-299-5178 Michele.Karel@va.gov	**Lily Liu** Communications Professional Family Caregiver Washington, D.C. lilyycliu@gmail.com

Christy Malik, MSW Senior Policy Associate National Association of State Mental Health Program Directors (NASMHPD) 66 Canal Center Plaza, Suite 302 Alexandria, VA 22314 Office: 703-682-5184 Cell: 703-244-7096 christy.malik@nasmhpd.org	**Karen Orsi** OMHAC Director Oklahoma Mental Health and Aging Coalition 2617 General Pershing Blvd Oklahoma City, OK 73107 karen.orsi@northcare.com
Jeffrey Shultz Steering Committee Member, Co-Chair for Publicity and Outreach NAMI Maryland 10632 Little Patuxent Parkway, Suite 454 Columbia, MD 21044 shultzjb@gmail.com	**Shannon Skowronski, MPH, MSW** Office of Nutrition and Health Promotion Programs Administration on Aging/Administration for Community Living U.S. Department of Health and Human Services Phone: 202-795-7438 shannon.skowronski@acl.hhs.gov
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Appendix III – Promotional Graphics


Keynote Q&A | May 11, 2023
6th Annual Older Adult Mental Health Awareness Day Symposium
Montel Williams
Emmy Award winning television personality and radio talk show host
Register: https://connect.ncoa.org/oamhad2023
ACL
Administration for Community Living
E4 CENTER
Center of Excellence for Behavioral Health Disparities in Aging
HRSA
Health Resources & Services Administration
ncoa
national council on aging
SAMHSA
Substance Abuse and Mental Health Services Administration