7th Annual Older Adult Mental Health Awareness Day Symposium

Evaluation Report

July 2024

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 2024 Symposium

Summary

The National Council on Aging (NCOA) hosted the 7th annual Older Adult Mental Health Awareness Day Symposium on May 2, 2024, from 10:00 to 5:00pm EST. This free event was co-sponsored with the U.S. Administration for Community Living (ACL), the Health Resources and Services Administration (HRSA), 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 promoting the mental health of older adults.

The symposium featured nine sessions, some with personal stories from individuals sharing their mental health journeys and those of caregivers and family members. Others 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. Individuals can still register and watch the recorded sessions by visiting https://connect.ncoa.org/oamhad2024.

Attendance and Promotion

The event was widely promoted by NCOA, ACL, SAMHSA, HRSA, E4, 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 Jenifer Lewis' participation as keynote speaker. Sample marketing materials can be found in Appendix III.

On the day of the event, 8,333 people were registered, a 12% decrease from the 2023 event registration total of 9,507. This year 5,100 people attended at least one session live. The attendance rate was a 4.4% increase from the previous year's attendance total of 4,883. The attendance rate for this live event was 54%. This attendance rate is above the average of 47% found for other free, virtual events[1]. As of June 30, 2024, there have been an additional 732 views of the sessions on-demand.

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

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 for by session.

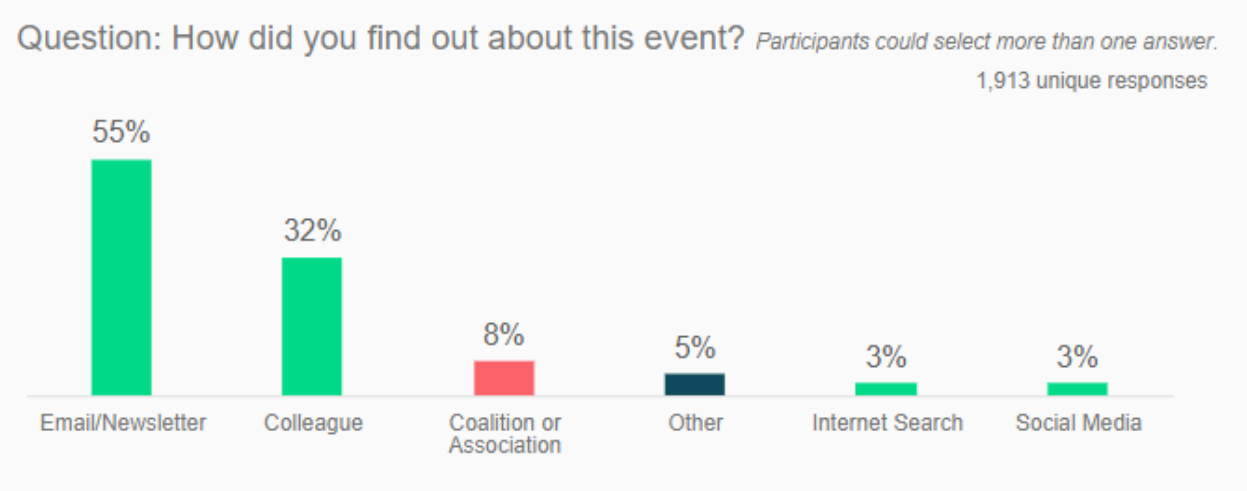
Product Title	Number of Registrants Accessed Live (5/2)
Welcome and Keynote Speaker, Jenifer Lewis	4186
Break – Suicide Prevention Resource Center – Reaching Older Adults	1676
The Intersection of Nutrition and Mental Health: Research and Solutions (Breakout 1)	2346
Supporting Grandfamilies to Build Resilience (Breakout 2)	785
Managing Substance Use Crises in Older Adults: Innovative Models for Screening and Treatment (Breakout 3)	1478
Break - Learn about Mental Health First Aid for Older Adults	1679
Suicide Prevention: What the Field Needs to Know About What Works (Spotlight Session)	3694
Break - Still Going Strong Campaign	913
Improving Equitable Access to Late-Life Depression Care (Breakout 4)	795
Addressing Serious Mental Illness in Older Adults (Breakout 5)	1303
Understanding Hoarding Related to Mental Health in Older Adults (Breakout 6)	1985
Break - How SAMHSA Block Grants Can Support Older Adult Behavioral Health	955
Older Adult Mental Health and Climate Change (Closing Session and Remarks)	3148
Unduplicated Attendance Total (attended at least one session)	**5,100**

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 Jenifer Lewis

In the evaluation survey, respondents were asked how they learned about the event, and over half of respondents (55%) said they learned about it from emails and newsletters, with another 32% saying they learned about it from their colleagues. 8% said they learned about it from a

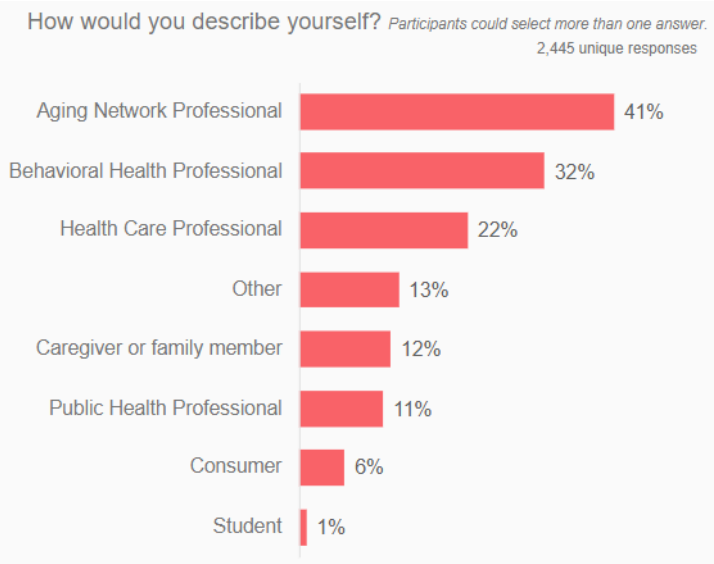
coalition or association, and when asked to list such associations, responses included ACL, AHEPA, Area Agency on Aging, American Society on Aging, National Coalition on Mental Health and Aging, NASW, and NCOA. Another 5% said they learned about the event from some other source, including a healthcare organization, 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

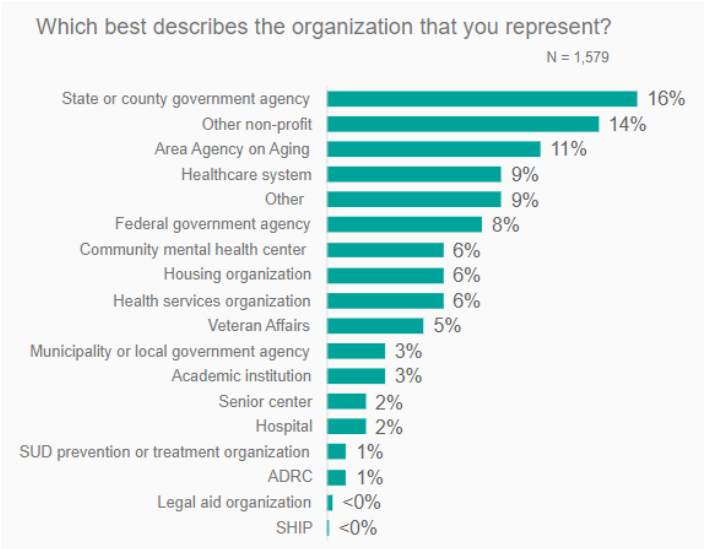
All symposium participants were invited to participate in an evaluation survey to give feedback about the event. The purpose of the survey was to gauge participants' overall satisfaction with the event and specific sessions. The survey link was provided to participants at the end of each session and 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 8th (one week after event) and May 14th (12 days after event). The survey was closed on May 17th, 2024. NCOA analyzed 2,001 survey responses for this summary.

Demographics

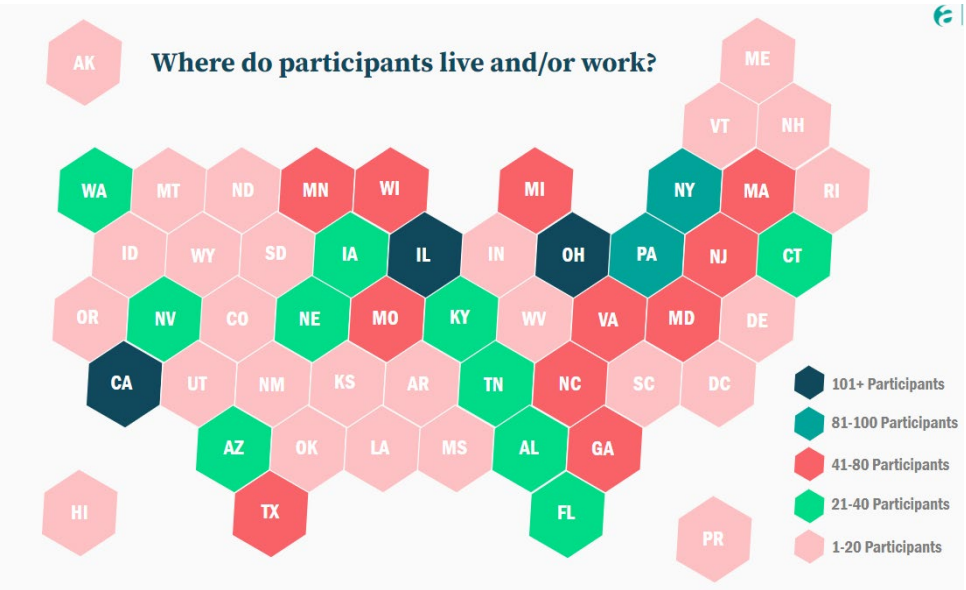


41% of survey respondents described themselves as professionals in the aging network; over a third (32%) said they are professionals in behavioral health services; over 20% (22%) said they were a health care professional; 13% identified as another type of professional (e.g. adult protective services workers, ombudsmen, service coordinators, social workers, and more); 12% were caregivers or family members; 11% public health professionals; 5% were consumers (an older adult, person with a behavioral health condition, or in recovery); and 1% 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; 11% worked for an Area Agency on Aging; 9% worked for a healthcare system; 9% worked for another type of agency such as managed care organizations or private practices; 8% worked for a federal government agency; 6% worked or a community mental health center; 6% worked at a housing organization; 6% worked at a health services organization; 5% worked for Veteran Affairs; 3% worked at a municipality or local government agency; 3% work at an academic institution; 2% worked at a senior center; 2% worked at a hospital; 1% worked at a substance use disorder prevention or treatment organization; 1% worked at an Aging and Disability Resource Center (ADRC); less than 1% worked for a legal aid organization; and less than 1% worked for a State Health Insurance Program (SHIP) office.

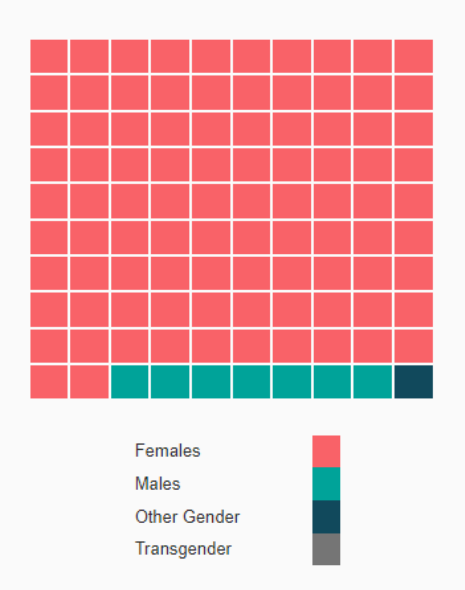


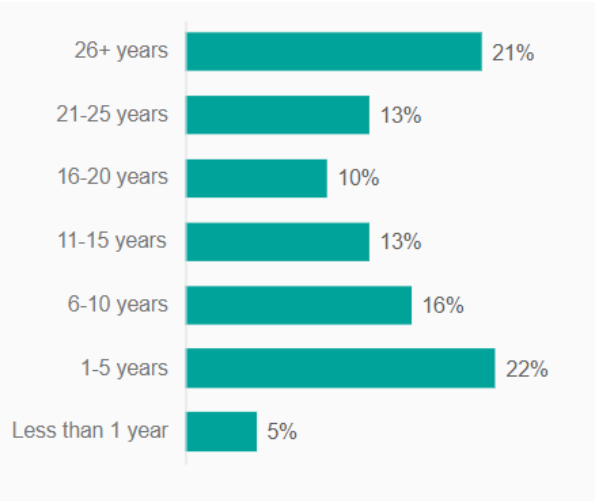
We had survey respondents from every state in the U.S., as well as the District of Columbia and Puerto Rico. Over one third of survey participants (34%) lived in the Midwest; nearly another third (31%) lived in the South; 20% lived in the Northeast; and 15% lived in the West. The states with the most survey participants were California, Illinois, and Ohio.



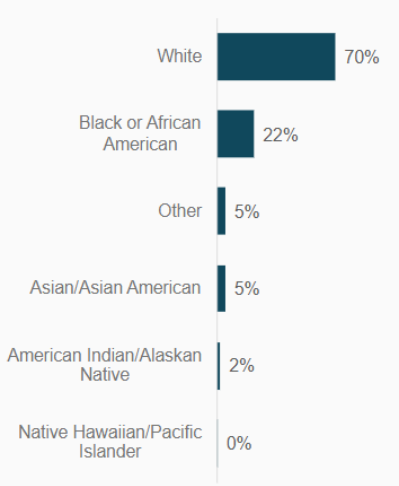
The average survey participant was 50 years old. Participants had a wide range of tenure, with most respondents working in their respective fields for 1-5 years (22%) or 26 or more years (21%).

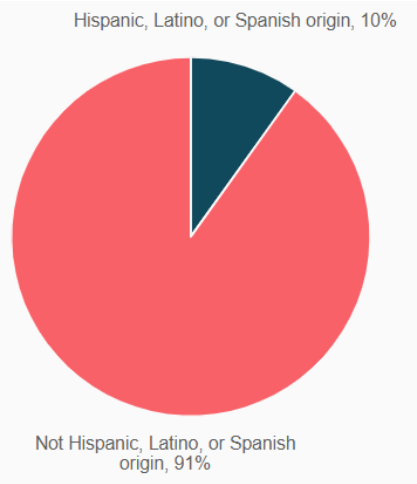
The majority of participants (93%) identified as female; 7% identified as male; 1% identified as another gender, such as genderqueer or non-binary.

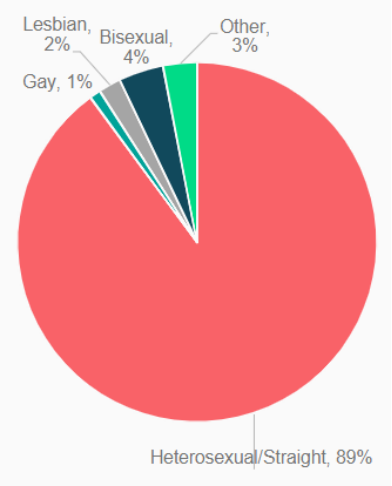




Seven out of ten (70%) survey respondents identified as White; 22% identified as Black or African American; 5% identified with another race; 5% identified as Asian or Asian American; 2% identified as American Indian or Alaskan Native; and 0% identified as Native Hawaiian or Pacific Islander. One out of 10 (10%) of survey respondents said they were Hispanic, Latino, or Spanish origin. Finally, participants were asked about their sexual identity. 89% of participants identified as heterosexual/straight.

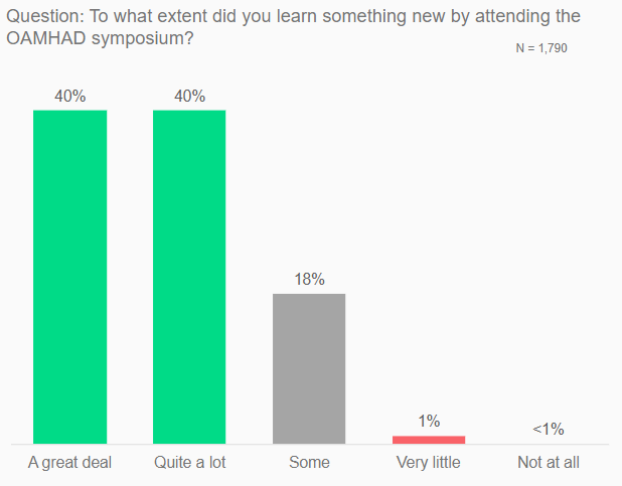


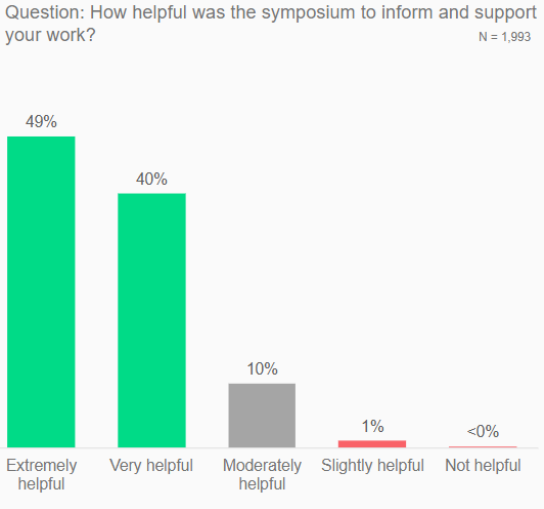




Experience

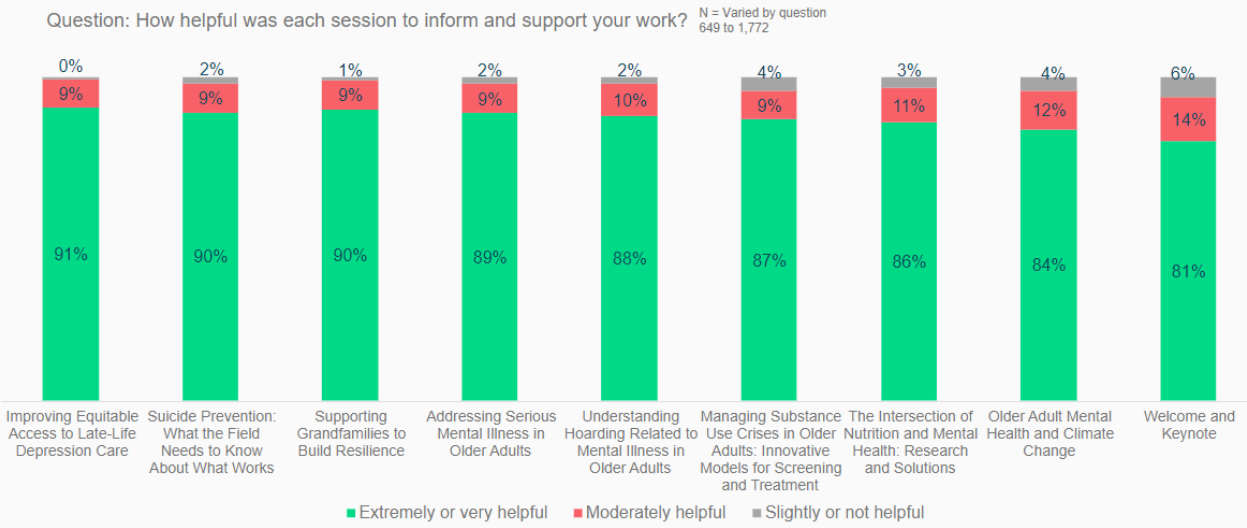
Four out of five participants said that they learned something new by attending the OAMHAD Symposium ("a great deal" (40%) and "quite a lot" (40%)). Another 18% said they learned some, 1% said very little, and less than 1% said they learned nothing at all.

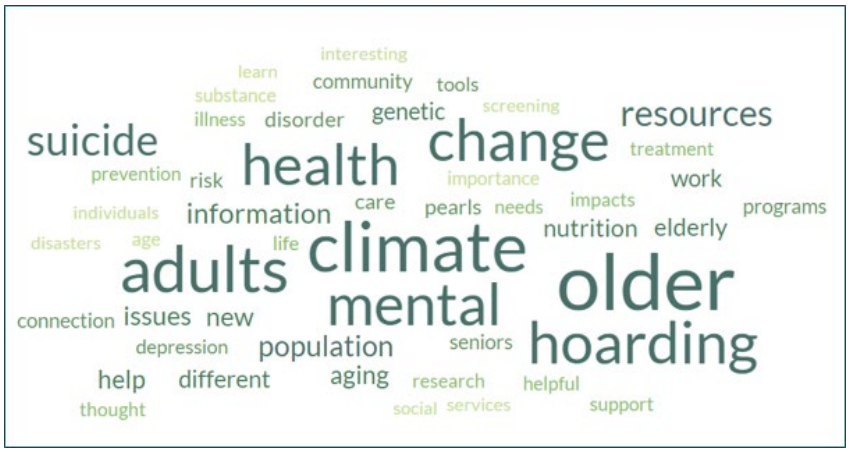




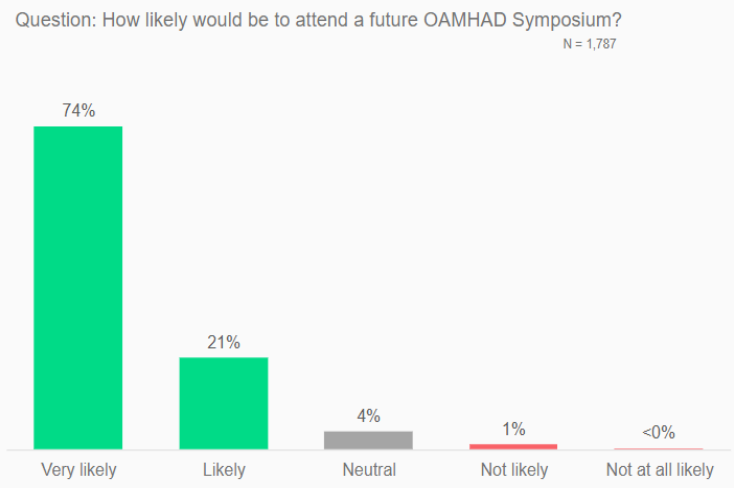
Nearly half of respondents (89%) said the symposium was extremely or very helpful to inform and support their work. Other respondents said the symposium was moderately helpful (10%) or either slightly or not helpful (1%). Identified by region, there were no statistically significant differences in participants 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 hoarding, climate change, mental health, suicide, and other resources.





Nearly one third of respondents (74%) indicated that they are very likely to attend a future OAMHAD symposium, and over one out of five (21%) 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:

"Appreciative of the vulnerability of speakers and my heart strings were moved to try to do better each day."

"As a Social Worker I have done many virtual conferences and this one was the best so far and very well organized."

"I loved the mix OF LIVED STORIES SHARING combined with professional scholars sharing research data...!"

"This was a great experience. I have been inspired to step up my work in [sic] behalf of inner city Black and Brown Senior Adults."

"With an aging parent, I am able to take what I learned and not just apply it professionally. More than a few times the speakers had brought tears to my eyes, whether it was over the topic at hand which hit home for me or being inspired my what I heard. Bravo to the organizers and the speakers. It was an incredible symposium!"

"This was an easy format and provided a lot of current data - I appreciated the free training and CEUs available as a LCSW!"

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

"You should have also offered General CEU. The way your certificate page is set up was not user friendly or beneficial to all. In the world of working with Older Adults you were not very age friendly in this manner. It was hard to determine what CEU I needed to select since there was no general option…"

"It took me 20 minutes to figure out how to join the symposium…A colleague of mine had same problem and gave up. Ironically, I'm 69 years old and feel the IT knowledge for participating in this was not older adult 'friendly'…Please

reassess and adapt your technology for any future offerings for the older generation."

"I accessed sessions primarily on my phone…I thought the mobile interface was a bit clunky and would prefer to have an easier time accessing sessions."

"Many of the presenters rushed through their presentation and slides, talked very fast…Perhaps fewer presenters and then allow more time for a presenter."

"Most sessions did not offer enough time to answer questions from participants….I would have loved to see presenters respond more to some of the questions in the que [sic] as well."

"I did not like how political it got at the end. Insisting people vote a certain way. This isn't the place for that."

Summaries and Key Takeaways

Overview

The National Council on Aging (NCOA) hosted the 7th annual Older Adult Mental Health Awareness Day Symposium on May 2, 2024, from 10:00 to 5:00pm EDT. This free event was co-sponsored with the U.S. Administration for Community Living (ACL), the Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Department of Health and Human Services Office of the Assistant Secretary for Planning and Education (ASPE).

Several recurring themes arose throughout the symposium. These included:

- Having a wonderful, joyful life to the end is possible.
- Disease, disability, and age do not determine whether someone is deserving of life regardless of outside messages we hear.
- The voices of older adults from rural and diverse communities is needed to adapt and increase access to evidence-based programs.
- A person-centered approach, with a focus on strengths and multi-dimensional wellness, can support healthy aging for older adults with serious mental illness.
- An increasing number of older adults are also caregivers, including having responsibility for their grandchildren.

- Older adults are at greater risk of negative health consequences from climate conditions and weather emergencies.

Participants left the symposium with actionable items, ideas, concepts, programs, and best practices to implement through 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.

This summary highlights the presentations and discussions that occurred during the meeting. It does not serve as a consensus document of the presenters, their organizations, or the National Council on Aging.

Welcome and Keynote, Jenifer Lewis

Key Takeaways

- Mental health conditions and substance abuse disorder continue to be concerns for older adults.
- Treatment and recovery are possible. It is important to lead with a positive approach.
- There are numerous federal resources available including the 988 Suicide & Crisis Lifeline and Findtreatment.gov.

The symposium provided an opportunity to consider the progress that has been made to improve access to mental health supports for older adults, honestly assess lingering problems that still exist, and engage in discussions on the path forward to meet the mental health needs of all older adults, including sharing tools, resources and promising practices. In the opening session representatives from the federal government, including ACL, HRSA, SAMHSA, and ASPE welcomed symposium participants and set the stage for the day's discussion.

Overview of Mental Illness and Substance Abuse Disorder in Older Adults

ACL, SAMHSA and ASPE shared some concerning statistics on the mental health challenges facing older adults. Today, one in five older adults have or have experienced a mental health condition, substance abuse disorder or both. Findings from numerous surveys and reports reinforce the concerning status of mental health in older adults.

- A 2020 report from the National Academies of Sciences, Engineering, and Medicine reported that one-fourth of those 60 and older feel socially isolated.
- Older adults are disproportionally impacted by suicide. The suicide rate for those ages 65 and older increased by 8.1% and the highest rate of suicide across all age groups was among men age 85 and older.
- In findings from a 2022 national survey on drug use and health, over 6 million (12.8%) adults aged 60 or over reported binge drinking and 12.1% reported using illicit drugs. Additionally, 3.7 million reported a major depressive disorder.

- There will be an estimated 14 million older adults with mental health or substance abuse disorders by 2030 if there are not changes to the systems of support.

These trends are troubling, especially considering the intersection between mental and physical health. It is important to address the linkages between chronic conditions and mental health– receiving a diagnosis of a chronic disease can be life altering physically and mentally. Mental health disorders can have a negative impact on preventing and managing chronic conditions such as diabetes mellitus and arthritis. There is also a bidirectional relationship between diet and mental health; impaired mental health is associated with an increased risk of malnutrition and malnutrition impacts health.

While the trends are troubling and there is more work to do, there are tools, resources and best practices available, and increased federal, state and community efforts to provide the support needed for older adults.

Federal Investments and Resources to Support Older Adult Mental Health

HHS recently released the 2024 National Strategy for Suicide Prevention, a 10-year, comprehensive, whole-of-society approach to suicide prevention that provides concrete recommendations for addressing gaps in the suicide prevention field. The strategy includes a particular focus on suicide prevention and intervention among older adults.

ACL believes that all people should be able to live at home in the community with the support they need to live fully and make valued contributions.

- The National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) funds The Center on Knowledge Translation for Employment Research (CeKTER) focused on moving research into practice in services and policies to provide aging and mental illness support for families, providers and patients.
- The LINK Center has identified the increase in dementia and Alzheimer's Disease in individuals with Down's Syndrome and the needs raised by aging family caregivers.
- Innovations in Nutrition Grantees are leveraging congregate meals to facilitate implementation of Applied Suicide Intervention Skills Training (ASIST) and BE WITH programs. Chronic Disease Self-Management Education (CDSME) grantees are scaling up the Program to Encourage Active, Rewarding Lives (PEARLS) and Wellness Recovery Action Plan (WRAP), programs that address social isolation and loneliness.

SAMHSA is focused on strengthening system capacity, connecting more individuals to care, and building the continuum of support to holistically address care. They are leading with the message that treatment works and recovery is possible. SAMHSA is prioritizing the integration of primary care and behavioral health care. They are also working to strengthen the 988 Suicide & Crisis Lifeline. Findtreatment.gov is a resource for accessing treatment and services for mental and substance use disorders. They also have resources specifically for those working with older adults with mental and substance use disorders on their website.

HRSA is addressing the critical needs in the workforce for providers who work with individuals with mental health and substance use disorders. They are working to bring training to primary care providers, including federally qualified health centers, noting that older adults often go to a primary care provider for other health issues, and then mental health and substance abuse

concerns emerge. HRSA is also supporting training for psychologists, social workers and peer counselors. They are working on a proposal for behavioral health to be required in communication health centers. Additionally, HRSA is building capacity if geriatricians to be trained in mental health and substance abuse disorders, both at the practice and academic levels.

ASPE is thinking broadly about ways to support older adults across the spectrum of needs, looking at strategies for reducing costs in Medicare and strengthening caregiver infrastructure support. The Older Americans Act regulations will be updated for the first time in 30 years.

Conversation between Ramsey Alwin and Jenifer Lewis

Ramsey Alwin, President and CEO of NCOA, hosted a conversation with Jenifer Lewis where she shared her journey with bipolar disorder and the physical and mental challenges of a recent fall during a trip to Africa. Ms. Lewis, an actor and singer, shared that it took years for her to realize she had a mental health disorder and did not get help until it started impacting her work. She was diagnosed with bipolar disorder in 1990. Ms. Lewis emphasized the importance of staying on medication as part of her treatment. She also noted that she has worked extremely hard in therapy and encouraged mental health professionals to continue their important work. She called on them to "hold the torch" and continue their important work to support individuals with mental health disorders.

Live Attendance	On-Demand Views *(as of 6/30/2024)*	# of Questions/ Comments	Selected Comments
4,186	119	976	• Ms. Lewis such strength! Thank you so much! You have brought so much joy to people, and I really wish you well! • So appreciate Jenifer Lewis sharing her experiences and vulnerabilities and how she has overcome... So glad to hear her story! "Ain't no shame in my game" • Ms. Lewis. Thank you so much for your strength. I grew up watching you as Aunt Helen and knew then that you were someone to be respected and admired. Your ability to be open is an inspiration!!!

The Intersection of Nutrition and Mental Health

Key Takeaways

- Poor dietary intake may affect the onset of anxiety and depression, and anxiety and depression may affect dietary intake.
- Programs should include screenings to identify and address food insecurity.
- Evidence-based programs have successfully integrated practices to address both nutrition and mental health concerns, with positive outcomes on both physical and

mental health.

The session began with an overview of the roles food and nutrition security play in mental health. Grounding this work was the following definitions:

- Food insecurity exists when people do not have adequate physical, social, or economic access to food (FAO 2002).
- Nutrition security exists when all people, always, consume food of sufficient quantity and quality in terms of variety, diversity, nutrient content and safety to meet their dietary needs and food preferences (FAO 2011).

Food insecurity and loneliness interact, putting individuals at higher risk of anxiety/depression and poor food intake. These can lead to malnutrition, which can then increase anxiety and depressive symptoms, resulting in an ongoing cycle of poor health. Food insecurity is a concern for older adults and 25% of homebound older adults are at higher risk for food insecurity. Screening older adults for food insecurity is vital, particularly for those with poor mental health. Most current measures of food insecurity focus on economic access to food, but not on the physical aspect of food insecurity that captures the inability to access food or prepare meals which also impact quality of life. This is particularly relevant among the older adult population who are at a high risk of functional impairments. The physical food security (PFS) tool includes measurements of physical limitations, such as difficulty preparing your own meals or difficulty going shopping. There is also an Expanded Food Security Screener for determining food insecurity risk based on ability to afford food, obtain groceries, and prepare hot meals and/or have reliable help with meal preparation. These tools can be particularly helpful in identifying and prioritizing those at greatest risk for food insecurity. The UCLA Three-Item Loneliness Scale was also shared as a resource.

An example of a program that holistically addressed nutrition and mental health was shared. With funding from ACL, a group of stakeholders in Maryland including the Department of Aging, Department of Health, Primary Care Program, Medicaid, Area Agencies on Aging, CareFirst and Apostle Group, collaborated to improve diabetes outcomes through medically tailored meals, medical nutrition therapy (MNT), and community services. Participants were screened for food insecurity using the Hunger Vital Sign™ and for social isolation. Eligible participants received several supports including technology-enabled diabetes education and MNT. Those that were food insecure could also receive medically tailored meals. There were positive clinical outcomes (A1c & BMI), reduced health care utilization, and improvements in reported social isolation for those that completed the study.

The session closed with the personal experience of a participant with diabetes that participated in an Apostle Group nutrition program. He shared how eating better made his brain function better. He shared how in the past he didn't think he could eat healthier, but with the support of the program and refresher information on what he was doing and why he was able to make and sustain changes. He also shared the value of being connected with other people like him. He said there was tremendous power in knowing that he could do something about his diabetes.

Live Attendance	On-Demand Views *(as of 6/30/2024)*	# of Questions/ Comments	Selected Comments
2,346	129	121	• Thank you for delivering meals to our seniors. Without people like you, we wouldn't be able to get our meals out. I am forever in your debt and thankful for you. • Food programs are great supports for our residents! Thanks so much for speaking with us today. • How exciting to get such positive feedback from the patients!!!

Supporting Grandfamilies to Build Resilience

Key Takeaways

- An increasing number of grandparents are caring for their grandchildren.
- Grandfamilies have to navigate complex social, emotional and financial issues and it can raise mental health challenges for grandparents.
- There are support resources available for grandfamilies, including peer support groups. Additional infrastructure supports are needed.

This session was comprised of a panel discussion on grandfamilies, grandparents or other relatives who have taken on the responsibility of raising children, and the impact this can have on the mental health of the older adults caring for their grandchildren. This is a very complex scenario for many families, who may be caring for their grandchild due to mental health issues, substance abuse, or domestic violence. From 2002 to 2019, grandparents reporting parents' substance abuse as reason for caring for grandchildren increased from 21% to 40%. It occurs across all races, ethnicities and income levels.

Over 2.4 million children in the United States are being raised by a relative or post family friend and do not have family in the home. The foster system is relying more and more on kin, with about 35% of children in foster care raised by a relative, up from 26% in 2010. Only one-third of grandparents receive financial support to care for their grandchildren and less than half access SNAP benefits.

This session included a panel discussion with representatives from national and local organizations, as well as a grandparent caring for her five grandchildren to elevate the top mental health challenges and supports for grandfamilies.

What are common struggles among grandparents raising grandchildren?

- Sharing her personal experience, a panelist noted that grandparents are often not prepared to receive their grandchildren and often have little to no notice. She shared that it impacted her health and led to depression. She realized that she had to get herself

better before she could help her grandchildren. She shared that there are a lot of emotions to manage including sadness, anger and disappointment in the children's parents. She also shared that several of her grandchildren had emotional and learning issues that she had to learn to manage and support.

- Additional struggles include legal issues, financial strain, physical challenges, housing concerns and difficulty navigating systems.
- Legal issues – Most grandparents have grandchildren come to them outside the legal system, so they do not have resources available to them. It is often informal care without legal guardianship or conservatorship.
- Financial strain – The grandparent(s) may rely on one income or social security. Having the grandchildren come to them may impact their ability to work.
- Emotional stress – There can be grief and trauma knowing that their child did not do what they were expected to do. They may isolate because of the same and the burden of being a parent for the second time around.
- Physical challenges – It is hard to be parenting at an older age. The grandparent may be managing health conditions.
- Navigating schools – Grandparents may not be familiar with how to navigate the technology used in schools.
- Housing – Grandparents' housing may be at risk if they are in housing deemed for older adults or if they do not have space for the grandchildren to come into their care.
- Lack of mental health support – It is hard to find help and support.
- It was noted that overall communities and the built environment is not equipped to deal with grandparents/grandfamilies.

What is out there to help grandfamilies address these mental health needs and challenges?

- National organizations such as Generations United and local organizations like Children's Home Network can help inform the field and share best practices with providers. The Grandfamilies Outcome Workgroup conducts national surveys and elevates best practices for kinship care.
- Pathways to peer-to-peer support. There is something very powerful about connecting with somebody who has gone through the same experience. Grandparents often don't know where to look for support or think they are the only one in this situation. Having a support group is critical. Every state has a Grandfamily Support member through Generations United.
- Children's Health Network has a "Time for Me" toolkit, a self-care intervention for caregivers that focuses on self-compassion and self-care.

What are recommendations to improve the support for grandfamilies?

- Respite care needs to be considered. Getting temporary relief can be very helpful even if for a few hours.

- Encouraging states to use opioid settlements to support grandfamilies and grandparents' mental health.
- Giving grandparents a voice so they can advocate for themselves and change policy
- Helping families access schools, HeadStart, and extracurricular activities.
- Generation's United 2023 State of Grandfamilies Report focused on grandfamilies' mental health and wellness provides additional recommendations.

Live Attendance	On-Demand Views *(as of 6/30/2024)*	# of Questions/ Comments	Selected Comments
785	73	91	• As a service coordinator, a lot of kids on my caseload are being raised by their grandparents. It is a tough job, but they are doing it! Technology was one of the barriers, and they have been working on it great! • Thank you for highlighting the critical importance of respite in grandfamilies raising grandchildren. • This discussion has been incredibly helpful - thank you for all of the resources!

Managing Substance Use Crises in Older Adults – Innovative Models for Screening and Treatment

Key Takeaways
- Providers often don't expect older adults to have addictions or mental health issues.
- Integrated care models that include screening, referrals and treatment plans with a whole person approach are showing positive outcomes.
- Mindfulness is showing promise as a treatment approach for substance abuse.

The session began with an overview of substance abuse disorders in older adults. Substance abuse is underreported, underrecognized, and undertreated. More than 25% of surveyed older adults who reported using alcohol were not asked about alcohol use during primary care visits. Health care providers lack knowledge about age-appropriate screening tools and may be uncomfortable talking about substance use with older adults. There has been an increase in substance abuse prevalence rates over the past two decades in older adults.

There are connections among substance abuse, trauma and mental health. People don't want to feel bad or feel negative emotions. They may try to push them away or use substances to cope with the systems. There relations between substance abuse and mental health are bidirectional where each exacerbates the other

Re-DO is a program that focuses on mindfulness as a major treatment approach. University of Alabama partners with Federally Qualified Health Centers, Residential Treatment Centers, and

Behavioral Health Centers to provide in-person and tele-behavioral counseling services for persons identified as having substance use and/or opioid use disorders (SUD/OUD) at no cost. It is focused on learning to be present in the moment and to have space in this time to be sober. Strengths to the program, as reported by partners, are its focus on prevention and treatment, no cost, provider partners believe in effectiveness and like variety, meeting an agency need. Challenges include trying to work with patients that don't think they have substance abuse disorder and technology challenges.

Indian Rivers Behavioral Health is one of the partners implementing Re-DO. They take a whole-person approach to the services they provide, acknowledging the need to address all the life domains and provide referrals and assistance needed. One of the biggest changes they have made is a shift away from behavioral health to expand services to meet all needs. They have recently opened a 24/7/365 crisis center and serve anyone who walks in the door. They are focused on peer support and maintaining contact after discharge.

The session closed with sharing of the experience of an individual that experienced substance abuse and multiple jail and prison sentences. He has now gone 22 years without substance abuse and is a certified peer specialist. He shared the importance of not running away from problems and learning to focus on the positive. He also shared that he believes it is especially important for him to support others. Being a peer counselor has brought him purpose and we need to remember we are doing this journey with others, not for others.

Live Attendance	On-Demand Views *(as of 6/30/2024)*	# of Questions/ Comments	Selected Comments
1,478	80	153	• I love that you are using a whole person care approach and have an open door to treatment. • Thank you, Tony, for sharing your journey! Recovery is possible...and all things are possible with Recovery! • Tony, you're a wonderful example, even felons can become helpful citizens and should be given a second chance if they do the work to improve their life.

Spotlight Session: Suicide Prevention – What the Field Needs to Know About What Works

Key Takeaways

- Depression and suicide are not expected responses to the stresses of aging.
- There are tools and resources available to support community efforts to address suicide prevention, including screening tools, safety planning and connection planning.
- CDC's Suicide Prevention Resource for Action and Comprehensive Approach to Suicide Prevention provides best practices and grant funding to support suicide

prevention efforts.

The session began with an overview of the epidemiology of suicide later in life. Older adults are the most rapidly growing segment of the population, and suicide rates increase with age worldwide. In the US, the problem is primarily among older men. In addition, suicide is more lethal later in life. Older adults are more planful in their attempts, are less likely to be rescued in time, and are generally frailer. The session then highlighted best practices for suicide prevention. Interventions must be aggressive in detecting and treating depression and include prevention measures.

There are 5 dimensions of suicide risk in later life (the 5 D's):

- Psychiatric illness (primarily depression)
- Physical illness (multiple comorbid diseases)
- Access to lethal (deadly) means (e.g., firearms)
- Social disconnection (isolation, loneliness, family conflict)
- Disability (functional impairment) & distress over dependency (feeling like a burden)

These dimensions overlap and an individual's risk increases with additional risk factors. Best practices for suicide prevention include routine screening for depression, diagnosing and treating depression to remission, and suicide-specific interventions.

Screening tools are important for determining the most appropriate actions to keep an individual safe. Examples of two-step screeners include the Patient Health Questionnaire-9 (PHQ-9), Question 9 and the P4 Screener. The Columbia Suicide Severity Rating Scale is a semi-structured interview screener that takes more time but provides more comprehensive information.

Safety planning is an intervention that results in a prioritized written list of warning signs, coping strategies, and resources to use during a suicidal crisis. Safety plans can address risk factors and are grounded in the 5 D's model. There is a toolkit available to support development of safety plans with older adults.

Social connection and social support are also important parts of suicide prevention. Social interactions are cognitively stimulating, relationships promote healthy behaviors and connection buffers stress. There are numerous resources available to support social connection planning.

The session then turned to CDC's Suicide Prevention Resource for Action and Comprehensive Approach to Suicide Prevention. CDC believes suicide is best addressed as a public health problem. There are multiple risk and protective factors for suicide at the individual, relationship, community, and societal level. CDC's Suicide Prevention Resource for Action 2022 details the strategies with the best available evidence to prevent suicide. The Prevention Resource can help states and communities prioritize suicide prevention activities most likely to have an impact. There will be 24 recipients funded to implement and evaluate a comprehensive public health approach to suicide prevention to reduce suicide morbidity and mortality, with specific attention to one or more disproportionately affected population. A key outcome is a 10%

reduction in suicide morbidity and mortality in the disproportionately affected population in the jurisdiction(s).

The session then turned to the experience of CDC grantees in Oregon sharing their experience implementing their comprehensive suicide prevention grant. Oregon's grant was focused on older adults and Service Members, Veterans, and their Families (SMVF) in rural areas. They focused on community-based and health care related approaches. They were also focused on promoting protective environments, particularly looking at the relationship between alcohol and suicide. One strategy was to reduce alcohol outlet density and increase the price of alcohol. They provided ASIST (applied suicide interventions skills) training, partnering with a firefighter safety coalition to help grow their partners and interest. The firefighter safety training was an entry point into more training. Lessons learned from the grant so far include acknowledging that suicide prevention is not as far along as youth focused programming, it takes time to grow the space and learn all the players in the state but you can leverage those partners, and there are opportunities to blend funding in rural communities bringing in funding for both youth and older adults.

The session closed with a personal story from a behavioral health care professional in Oregon who shared what it was like to lose an older adult who she worked with to suicide. She shared the struggle that the person faced throughout his life, but that was exacerbated after he was diagnosed with early-stage dementia and lost his job. He struggled with depression and was receiving treatment. She shared her lessons, which were that she didn't think they did anything wrong in his care, although there are things she would do differently based on what she knows now. However, she is not sure it would have made a difference, which is very hard to say. She noted that older adults are deliberate in their planning and it's a longer journey of support.

Live Attendance	On-Demand Views *(as of 6/30/2024)*	# of Questions/ Comments	Selected Comments
3,694	67	275	• Thank you, Kera, for your comment that disease, disability and age don't determine being worthy of life. I work a lot with creating advanced directives and so many do not see life being worth living with disease or disability. • I'd LOVE the link for the GSIS Scale! • It sounds like you were an incredible place of support for him. Thank you for doing this work and being a source of education, awareness, and comfort for others.

Improving Equitable Access to Late-Life Depression Care

Key Takeaways

- Ensuring equitable access to care requires engaging directly with and understanding the community.
- Collaborations between researchers and community-based organizations can play a

key role in adapting and successfully implementing evidence-based programs for low-income, diverse older adults.
- Improving access to programs and resources requires cultural understanding and respect.

This session featured the outcomes from the Program to Encourage Active, Rewarding Lives (PEARLS) Equity Study to improve equitable access among older adults, especially low-income older adults of color, linguistically diverse older adults. This panel discussion featured experiences from an implementation partner and a past participant.

PEARLS educates older adults about what depression is (and is not) and helps them develop the skills they need for self-sufficiency and active living. In this study, the program took place in eight, one-on-one sessions over the course of five months with implementation by IDIC Filipino Senior & Family Service.

How did this study address equity issues?

- **KeliAnne Hara-Hubbard, PEARLS Coordinator and Research Coordinator, UW Health Promotion Research Center:** Typically, we would wait for community-based organizations (CBOs) to come to us with interest in implementing PEARLS. In general, those CBOs would have more resources for program implementation. With the Equity Study, we decided to focus on Washington and California and proactively identified organizations that were serving older adults with multi-intersecting needs, including diverse older adults in rural areas. As part of this study, we learned how to be responsive to CBOs. Researchers are often taught there is one way to do things and that is the gold standard. However, a program like PEARLS in the community can be more effective when the community has a say in the program and research implementation.

Evidence-based programs are where the rubber really hits the road. What challenges did you have to overcome?

- **Lanvin Andres, Executive Director, IDIC Filipino Senior and Family Services:** There were a lot of challenges, especially for a non-western culture, Filipinos avoid talking about mental health, especially the older generation. There was also a language barrier – how to adapt a western culture program and research to the Filipino culture. It was very challenging in the beginning. We were able to leverage the senior center, where people come daily and already have relationships. We were allowed to customize the program to use our language, and make sure it was culturally sensitive and culturally applicable. Otherwise, it would push away people, and perhaps people would hide their feelings even more. The goal of IDIC was to try to make it more conversational than clinical. That is the beauty of PEARLS, you can do that based on the needs of your culture and community.

What have you learned from this process?

- **KeliAnne:** Often times when thinking about mental health, we think of clinical solutions. Social service organizations can absolutely provide depression care and social connection support. If provided with information and tools, CBOs will run with it. This is

why we do research. It is an honor and privilege to work with IDIC. We can always have more questions, more data, and more analysis in research. Lanvin and IDIC are the ones that make the impact.

- **Lanvin:** Openness is very important, especially between researchers and CBOs. Learning goes both ways and cultural sensitivity is particularly important. Our organizations developed a special relationship. We are like family.

The session closed with video from a participant in the PEARLS program at IDIC. He shared the challenges that he faced after moving to the U.S. and having no communication with his family. He had no one to talk to after his wife died. He shared that if it had not been for PEARLS and someone to talk to, he doesn't know what he would have done. With the help of his PEARLS coach, he found purpose in life again, he was able to find his family and visit them. And he found love again.

Live Attendance	On-Demand Views *(as of 6/30/2024)*	# of Questions/ Comments	Selected Comments
795	61	53	• I think this personal approach rather than strictly clinical is important. Some depression is situational and if you can improve a person's situation, you can help them to improve their depression without always moving to medical or prescription intervention. • Great session. KeliAnn and Lanvin were very informative and personable panelists. I learned a lot in this session. Thank you. • I work with the geriatric population, and this sounds like a wonderful program.

Addressing Serious Mental Illness in Older Adults

Key Takeaways

- People aging with mental health conditions are resilient despite challenges.
- Multi-dimensional wellness offers a framework to guide policies and programs to support healthy aging for people with mental health conditions.
- Staff training in aging and mental health will support them in implementing a person-centered approach.

The session began with an overview of serious mental health conditions. Older adults with serious mental illness face many challenges including comorbidities due to illness or medication, lack of access to health care and stigma – health care providers are fearful or don't know how to provide care to people with serious mental illness. It also increases risk of premature death, with people with serious mental illness experiencing 9-25 years of premature death. People aging with mental health conditions often experience symptoms as young adults and likely have accelerated aging. They also have many strengths including resilience.

Multi-dimensional wellness is a way to support healthy aging for older adults with serious mental illness. This includes a comprehensive person-centered lens, looking at the whole person. It is strengths-focused, assumes people are doing many things to be healthy and well, and looks at how we can help. The multi-dimensional wellness framework includes several components:

- Developmental – cultivating hope and addressing healthy aging
- Intellectual/cognitive – self-efficacy and engagement, cognitive activities that can promote brain health, dementia prevention
- Physical – maintaining the healthiest body we can, acknowledging disability and chronic disease
- Emotional – managing emotions, adjusting to challenges, coping with stress
- Social – connections and peers
- Occupational – activities that provide meaning and purpose, including hobbies
- Spiritual – not well developed in literature, not necessarily religious, meaning and purpose, reason to get out of bed
- Environmental – positive and health living and learning, satisfaction with space around you
- Financial – ability to have money to meet practical needs and lifestyle preferences

Multi-dimensional wellness is not focused only on the individual. Individuals can only do so much. It also requires resources and support from the community and society. Ageism is very prevalent in our society and can be a barrier to supporting older adults.

The session then included an example of an organization implementing a holistic, person-centered approach to mental health. The Felton Institute is the oldest mental health organization in San Fransisco not connected with religious organization. The Felton Institute Aging Services also provides mental health support and workforce development. They provide a continuum of mental health services, finding gaps and solutions in both aging and mental health services. The Recovery Model has transformed mental health treatment for them, meeting clients where they are and establishing hope.

In addition to a person-centered approach, training about aging is important. Staff trained in mental health have additional training in aging, and the aging sector is trained in mental health services. It is also important to be an advocate for older adults. Ageism is a social justice issue. We need to be involved in reducing stigma in both aging and mental health.

The session closed with sharing from a former participant in the Felton Institute who is also a mental health advocate. She shared how much it meant to have someone that cared about her, especially during the pandemic. She emphasized the importance of caring and hope – that suffering from depression and getting older, you can lose hope and feel people don't care, and then you don't care and give up. She shared how she felt so cared for by the Felton Institute, how they offered her coffee, had art groups, reserved space for them to meet, took excursions, talked with care managers and therapists. She said coming back to Felton felt like coming back

home. She always felt that the staff looked at her as being on the same level and did not look down on her.

Live Attendance	On-Demand Views *(as of 6/30/2024)*	# of Questions/ Comments	Selected Comments
1,303	81	76	• Yes! Cathy- participant led planning for activities is such an important piece of identifying services. They are the experts about their needs and wants and must be included in decision making for services they will access. • Ms. Hayashi you have great suggestions about providing computer training and an online resource guide for seniors. • Talking with people about meaning and purpose and values is exactly what professional interfaith chaplains do... Exciting to think about more research into "spiritual wellness" being done.

Understanding Hoarding Related to Mental Health in Older Adults

Key Takeaways

- Hoarding disorder has a genetic component and is not a choice behavior.
- Older adults are at greater risk of hoarding disorder consequences due to risk of falls, isolation, and potential challenges in living alone.
- Comprehensive approaches are needed. Aggressive cleaning strategies are not effective and can be harmful.

The session began with an overview of hoarding, noting that it is a chronic and progressive condition where an individual cannot use their living space. It is estimated to occur in 2-7% of the population but there isn't accurate data on the older adult population, and this estimate is likely higher. Hoarding disorder starts early in life and is a chronic and progressive condition. Diagnoses increase by 20% with every 5 years of age. By the time it is diagnosed, the problem has likely been around for decades.

Hoarding is a genetic condition; people don't choose to have it. Those with hoarding disorder tend to live alone because of conflict, largely due to the disorder. They are isolated and lonely with little to no support. It is common to have other psychiatric illnesses or disorders, most commonly depression, as well as other medical conditions. Some key considerations for those with hoarding disorder:

- Brain functioning is often different for those with hoarding disorder—people tend to think differently and have problems with executive functioning. People with hoarding disorder may have problems with categorization, problem solving, shifting set (when something isn't working, trying something else), organization, inhibition (stopping a response), or

attention

- Personal consequences of hoarding disorder increase with age. Risks include fire, food poisoning, loss of social connections, falls, hygiene concerns, pests, relocation, fines, jail time, and death. There is more at stake for older adults.
- Later life hoarding consequences include:
    - Chronic and age-related medical illnesses
    - Medication and dietary mismanagement leading to a worsening of medical conditions
    - Increased fall risk
    - Significant impairment in their activities of daily living
    - Social isolation
    - Premature relocation to senior housing or eviction
- Premature relocation is a particular threat to aging well, as people should be able to age in place and thrive in environment where they are happy.
- Interventions need to be thoughtful and comprehensive.
- Partial or full cleaning out of home is not treatment. This approach causes distress for individuals with hoarding disorder. Cleaned areas are often cluttered again, and it is not a useful approach in the long term.
- Standard approaches with cognitive behavioral therapy have not had effective results and do not appear to be an effective use of time.
- One successful approach is the Cognitive Rehabilitation and Exposure/Sorting Therapy (CREST) program, which has an emphasis on a behavioral approach to do targeted exposure for discarding and acquiring items (repeated and targeted exposure) and teaching skills to support and improve executive functioning.

The session then featured local efforts at Benjamin Rose in Cuyahoga County, OH where they started Hoarding Connection of Cuyahoga County, an initiative born out of the crisis of older adults losing housing due to hoarding issues. It is a multi-sector and private-public partnership including the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County, Benjamin Rose, Recovery Resources, Adult Protective Services, Frontline Services and the Adult Guardianship Program

The project:

- Provides educational opportunities to raise awareness of hoarding and treatment options, both those with hoarding disorder and those living with someone with hoarding disorders. Their most recent conference focused on animal hoarding, specific problem for older adults
- Supports small group sessions to help those with hoarding disorders

- Conducts trainings for the community
- Meets monthly to address questions and plan trainings and presentations about hoarding for first responders, public, and professionals in communities throughout Cuyahoga County and Ohio.

Behavioral health services and licensed and trained staff work with individuals (individual counseling and health care management), assisted by landlords, family members, first responders, and court officials. Treatment must be voluntary and is a process.

The session concluded with the perspective of a Benjamin Rose client with animal hoarding. At one point, she had 18 cats and filed for bankruptcy because of the cost of caring for them. She had to sell her house because she couldn't afford the property taxes. People would send cats to her, and she didn't want to say no because she wanted to save all the cats in need. Her advice was to never pass judgement on someone. She didn't realize she had an issue with animal hoarding, and the group was wonderful and supportive in helping her.

Live Attendance	On-Demand Views *(as of 6/30/2024)*	# of Questions/ Comments	Selected Comments
1,985	85	137	• I am happy that there is a section on hoarding in older adults. This is such a huge problem that no one speaks about it openly... thank you! • here from the Cleveland VA- we are so grateful for the resources Benjamin Rose and Hoarding Connection of Cuyahoga County has provided many of our Veterans! :) Thank you for the valuable work you do, Tamar! • I'm struck by how insightful this individual is - often not what we see in older adults we work with who may have paranoia as well as hoarding...

Closing: Older Adult Mental Health and Climate Connections

Key Takeaways

- Many older adults have fewer resources and support to manage climate conditions and weather emergencies.
- Unhoused older adults are at even greater risk for negative impacts.
- Community organizations can play a key role in responding to weather emergencies, proactively addressing community needs, and building resiliency to better respond to and withstand climate events.

The closing section focused on the connections between mental health and climate change. It was noted that older adults are often only thought of during heat emergencies, but there are a wide range of concerns, including natural disasters, displacement due to climate change, and

air pollution, that affect older adults. In addition, many older adults want a safe and healthy climate for their children and grandchildren.

There are unique medical and psychosocial factors that increase older adults' risk during climate events. This includes isolation/limited support/living alone, dependency on others for care, fixed and limited income, poor housing quality, less use of technology, and poor access to health care.

All acute disasters have adverse health effects, and these can be particularly challenging for older adults. Additionally, there are psychological and behavioral responses to acute disasters that can lead to poor health behaviors or challenges to managing mental health or substance abuse disorders. There are secondary and indirect impacts of disasters that impact older adults including loss of infrastructure, breakdown of health delivery system, loss of services, loss of community, supply chain interruptions, and displacement.

Relocation to an unfamiliar environment brings additional challenges for older adults, including exacerbation of cognitive impairments in individuals already experiencing them, lack of access to necessary medications, food, and personal hygiene products, and sleep disruptions.

Heat is a silent killer and is of particularl concern for older adults, leaving older adults that are left alone in their homes at risk. Extreme heat also impacts mental health, leading to sleep disruptions and impaired cognition and concentration. There are also medications that can interact with heat, which may cause concern for anyone using multiple medications at once, including older adults.

Finally, air pollution is the number one cause of lost years of life and results in increased deaths, hospitalizations and health care costs. It has also been identified as an official risk factor for dementia.

An example of local work to support older adults during disasters was then highlighted. Peletah Ministries is actively involved in preparing for and responding to disasters in Eastern North Carolina. They believe that "whatever is in the community at the time of the disaster is only amplified by the disaster." The Peletah Institute for Building Resilient Communities addresses food access, educational recovery, mental health resources, affordable health care, and affordable housing–building resiliency in the community. They engage in blue sky planning, or planning done when there is not a weather event. They also are very engaged with the community and highlighted the importance of wisdom in the community. They believe when people show up, wisdom shows up.

The session closed with a closer look at what happens at the community level and the sharing of firsthand experiences in both working with and experiencing homelessness and mental health challenges. Unhoused people are more exposed, sensitive, and have less adaptive capacity to respond to climate issues like heat and natural disasters. There has been an increase in older adults experiencing homelessness, and those individuals have more health/health-related concerns, more complex health needs and higher rates of mental health and substance use disorders. Minority and marginalized groups are also disproportionately represented in the unhoused population. There are several things that can be done to improve responses, starting with talking to those who have been impacted by weather emergencies. Ensuring representation of those impacted and from vulnerable populations on every policy committee related to weather emergencies and vulnerable populations is important.

Additional solutions include:

- Prevention resources for older adults at risk of homelessness
- Assistance with other costs of living (food, transportation, and other expenses, including ending the ability for utilities to cut services for those over age 65)
- Additional types of affordable housing assistance, especially for those over 65
- Expanded state coverage for home and community-based services
- More training for staff

SAMHSA has two national technical assistance centers to support efforts in increasing equitable access to essential services and improving overall outcomes for our aging and most vulnerable populations, the Opioid Response Network and the SAMHSA Program to Advance Recovery Knowledge (SPARK).

All speakers highlighted the importance of building the social capital in the community. Waiting until a weather emergency or climate event is not a sustainable solution. There is also not one solution, it takes an all-government approach and groundwork in the community. Having political leaders invested in and supporting efforts is critical. Speakers also highlighted the importance of taking care of self, noting that rescuers cannot rescue if they aren't healthy.

Live Attendance	On-Demand Views *(as of 6/30/2024)*	# of Questions/ Comments	Selected Comments
3,148	27	553	• I am so glad that NCOA put a spotlight on this topic. Thank you! This makes me hopeful. • I'm glad more people are sounding the alarm for more to be done for the older population. Stable housing is the paramount • This was a great session. Climate distress is something I did not really think of but something I will think of going forward. Thank you for opening my eyes and perspective to this issue.

Symposium Closing and Call to Action

The symposium was packed with incredible wisdom and insights. The goal was for attendees to take these learnings and 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 participate in a poll sharing what they learned from the symposium and how they plan to put it into action.

We know there is still more work to be done. A meaningful difference in the life of older adults and caregivers is only possible when we learn from each other and draw on the promising practices happening in communities across the country.

Call to Action

The symposium sessions were engaging and inspiring, with new insights and learnings shared with attendees. However, the symposium's impact did not end after the closing session. Attendees were called to leverage their 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:

- Discover a mental health and aging coalition or healthy aging coalition: https://www.ncmha.org/
- Read the Generations United Report on Grandfamilies and Building Resilience: https://www.gu.org/resources/building-resilience-grandfamilies-mental-health-and-wellness//
- Research PEARLS or another behavioral health evidence-based program in my area: https://www.ncoa.org/article/advancing-behavioral-health-programs-for-older-adults
- Attend additional continuing education in this area such as through the E4 Center: https://e4center.org/
- Find a local nutrition provider (such as congregate nutrition or Meals on Wheels) in my area through the Eldercare Locator: https://eldercare.acl.gov/Public/Index.aspx
- Find out more about the Suicide Prevention Resources for Action program in my state: https://www.cdc.gov/suicide/resources/prevention.html
- Find a local hoarding task force: https://hoarding.iocdf.org/hoarding-task-forces/
- Promote the 988 Suicide Crisis Lifeline: https://988lifeline.org/
- Learn more about Reframing Aging: https://www.reframingaging.org/
- Continue to learn more about climate and mental health connections: https://growing-greener.org/

Planning for the 2025 Symposium

NCOA, ACL, HRSA, SAMHSA and other partners will look to build off the success and lessons learned to inform the 2024 symposium. The 2025 symposium will be held on May 1st, 2025. In the post-symposium survey, participants were asked what they would like to see from next year's event. Some of the most frequently suggested topics included:

- Affordable housing/homelessness
- Sexuality/sexual heath
- Alzheimer's/Dementia
- Guardianship
- Ageism & Workplace discrimination
- De-escalation tactics
- Grief
- Veterans
- Technology
- Caregiver burnout
- Chronic illnesses/comorbidities
- Financial exploitation
- Cultural competencies
- Elder abuse/neglect
- End of Life/Advance Care planning
- Falls prevention
- Human Trafficking
- Gambling addiction
- Medicare and Medicaid
- In-home support services
- Older adults with special needs/serious mental illness
- Isolation
- LGBTQ+/Gender-affirming care
- ADHD in older adults
- Long-term care options/challenges
- Medication management
- Outreach in rural communities
- Hands-on techniques and resources/toolbox
- Therapeutic techniques
- Socializing resources/Social engagement
- Peer support
- Self-neglect
- Criminal records/incarceration

- Stigma
- Transportation/driving safety
- Social determinants of health
- Exercise/fitness

If you would like to be considered to be part of the planning process for the 2025 symposium, please email cristina.estrella@ncoa.org.

Appendix I – Full Agenda

AGENDA

7th Annual Older Adult Mental Health Awareness Day Symposium

Thursday, May 2, 2024 10:00 a.m. to 5:00 p.m.

Time	Session and Topic	Speakers
10:00 – 11:00 a.m. **1 CEU**	**Welcome and Keynote Speaker** **Remarks from Federal Partners** – 10:00 – 10:22AM EST ACL – Alison Barkoff, Performing the duties of the ACL Administrator and Assistant Secretary for Aging, ACL Welcome from HHS Deputy Secretary Andrea Palm SAMHSA - Miriam E. Delphin-Rittmon, Assistant Secretary for Mental Health and Substance Use, Substance Abuse and Mental Health Services Administration HRSA - Carole Johnson, Administrator, Health Resources and Services Administration **Keynote - Q&A Discussion with Ramsey Alwin, CEO and President, NCOA** – 10:22 - 10:47am EST	Keynote: Jenifer Lewis sharing about her personal journey with mental health
11:00 – 11:15 a.m.	Break – Suicide Prevention Resource Center – Reaching Older Adults https://sprc.org/video/reaching-older-adults/	

	The mental health needs of older adults are not being met. This population is unlikely to use mental health services in the way they were originally designed—going to a provider and asking for help. Suicide prevention programs and mental health services must be adapted to better fit the needs of older adults. One way communities can do this is by integrating mental health services into aging services programs such as senior centers. To learn more, check out our spotlight session at 1:00pm ET.	
11:15 a.m. – 12:15 p.m. **1 CEU**	**Breakout Session #1** Topic: The Intersection of Nutrition and Mental Health: Research and Solutions Description: Older adults have an increased risk of malnutrition, food insecurity, and other nutrition-related concerns that can negatively impact their mental health. This session will provide an overview of the overlap between nutrition and mental health and examine solutions. An innovation in nutrition services will showcase a virtual diabetes education program that addresses depression, anxiety, and social isolation among their clients. Moderator: Kathy Wilson-Gold, MS, RDN, LD, FAND (she/her), Senior Nutrition Consultant Office of Nutrition and Health Promotion Programs - **Confirmed**	Researcher/Academic Nadine Sahyoun, PhD, Professor, University of Maryland - **Accepted** CBO: Heather Engelman, Manager of Nutrition Service, Apostle Group LLC - **Accepted** Consumer: Participant of the Apostle Group, LLC (66 old male) - **Accepted**
11:15 a.m. – 12:15 pm **1 CEU**	**Breakout Session #2**	Researcher/Academic: Jamarl Clark, Assistant Director, National Center on Grandfamilies,

	Topic**:** Supporting Grandfamilies to Build Resilience Description: Grandfamilies refer to grandparents or other relatives who have taken on the responsibility of raising children due to various life-altering events like parental death, mental health, and substance use disorders, incarceration, deportation, divorce, or military deployment. These situations often result in traumatic experiences that impact the mental health of both the children and their caregivers. Recent events such as the COVID-19 pandemic, racial violence, and the opioid epidemic have compounded the impact of trauma. Yet grandfamilies face complex and often unique barriers to accessing mental health services and supports. It is imperative to address the mental wellness of grandfamilies. This presentation explores the complex mental health landscape among grandfamily caregivers by highlighting key findings from Generations United's 2023 State of Grandfamilies Report titled "Building Resilience: Supporting Grandfamilies' Mental Health and Wellness." The report examines the mental health challenges faced by grandfamilies as well as family strengths and provides policy and practice recommendations to address these issues. Moderator: Keith Lowhorne, Chairperson for the Advisory Council to Support Grandparents Raising Grandchildren (SGRG) - **Accepted**	Generations United - **Accepted** CBO: Larry Cooper, Executive Vice President of Innovation, Children's Home Network - **Accepted** Consumer: Mercedes Bristol, Founder and Executive Director, Texas Grandparents Raising Grandchildren - **Accepted**
11:15 a.m.– 12:15 pm **1 CEU**	**Breakout Session #3**	Researcher/ Academic: Rebecca S. Allen, PhD, ABPP, Professor

	Topic: Managing Substance Use Crises in Older Adults: Innovative Models for Screening and Treatment Description: Attending to the needs of older adults experiencing SUD is fraught with complications and challenges. For example, morbidity and mortality estimates associated with SUD may often preclude individuals from living into older adulthood. The Hope Pointe Crisis Center has developed to provide common services such as triage, temporary observation, and connection to community-based wrap-around services, including special attention to the needs of older adults. This new collaboration stems from an ongoing HRSA-funded graduate clinical psychology education training grant that, since 2022 and in collaboration with the Tuscaloosa County Mental Health Court, Karen Jones, and Dr. Jennifer Cox, focuses on the needs of justice-involved individuals. The session will also feature the voice of someone who has been in recovery for over 20 years to discuss their personal experience and how it impacts who they are today. Moderator: Nicole Cadovius, MBA, MSM, CAPS and FAAIDD, Director of Practice Improvement, National Council for Behavioral Health - **Accepted**	and Associate Chair of Psychology Director, Alabama Research Institute on Aging The University of Alabama - **Accepted** CBO: Karen Jones, Chief Executive Officer, Indian Rivers Behavioral Health Center- **Accepted** Consumer: Tony Gonzalez, Former Director of Partnerships at Faces and Voices of Recovery - **Accepted**
12:15 – 1:00 p.m.	Lunch Break – Learn about Mental Health First Aid for Older Adults Gain the knowledge needed to confidently recognize and respond to signs and symptoms of mental health and substance use challenges in older adults by getting certified in Mental	

	Health First Aid for Older Adults. Find a course near you via MHFA.org. Video: **3 Million Strong (youtube.com)** Flyer: MHFA_Older_Adults_Flyer.pdf (mentalhealthfirstaid.org) Blog post: Make Life Better for Older Adults with Mental Health Challenges - Mental Health First Aid	
1:00 – 2:00 p.m. **1 CEU**	**Spotlight Session** Title: Suicide Prevention: What the Field Needs to Know About What Works Description: New data from the Centers for Disease Control and Prevention (CDC) shows that suicide rates have significantly increased for older adults and generally increased with age, with men aged 75 and older having the highest rate of any age group. This session will present strategies that work to reach and help older adults. Moderator: Alison Cammack, PhD, MPH, Health Scientist, CDC Suicide Prevention Team - **Accepted**	Kim Van Orden, PhD, Associate Professor - Department of Psychiatry, Research, University of Rochester Medical Center - **Accepted** Debra Darmata, MS Program Manager, Oregon CSP Program **– Accepted** Tim Glascock, MPH, Statewide ASIST Coordinator, Association of Oregon Community Mental Health - **Accepted** Consumer: Kera Magarill

2:00 to 2:15 p.m.	Break – Still Going Strong Campaign CDC's *Still Going Strong* campaign speaks directly to older adults, ages 65 and older, and their caregivers. We want to raise awareness about preventable injuries among older adults. This campaign has two goals: Educate about common risk factors for falls and motor vehicle crashes, as well as traumatic brain injuries that happen from falls and motor vehicle crashes. Empower older adults and their caregivers to take simple steps that will help them maintain their independence and age without injury. Video: https://youtu.be/xKTVNpzIPfE Campaign resources: https://www.cdc.gov/stillgoingstrong/	
2:15 – 3:15 p.m. **1 CEU**	**Breakout Session #4** Topic**:** Improving Equitable Access to Late-Life Depression Care Description: Program to Encourage Active, Rewarding Lives (PEARLS) is an evidence-based late-life depression program. Recently, the developers of PEARLS engaged in an Equity Study to improve equitable access among older adults, especially low-income older adults of color, linguistically diverse older adults, and rural dwelling older adults, recognizing that many older adults are multiply marginalized by intersecting identities. This session will discuss what was learned from the Equity Study and share experiences from an implementation partner and a past participant. Moderator: Lily Liu, OAMHAD Steering Committee Member **- Accepted**	KeliAnne Hara-Hubbard, PEARLS Coordinator and Research Coordinator, UW Health Promotion Research Center - **Accepted** CBO: Lanvin Andres, Executive Director, IDIC Filipino Senior and Family Services- **Accepted** Consumer: PEARLS past participant (pre-recorded)- **Accepted**

2:15 – 3:15 p.m. **1 CEU**	**Breakout Session #5** Topic **:** Addressing Serious Mental Illness in Older Adults Description: People aging with serious mental illness (SMI) such as schizophrenia, bipolar disorder and major depression experience complex health problems and challenges to quality of life. They are also likely to experience accelerated physical aging as compared to people without such conditions. Older adults with serious mental illness are also very resilient and have coped with many challenges to well-being. They can experience healthy aging with supports. The Felton Institute will share about a multi-disciplinary teams model that was developed to form deeper relationships between behavioral health and aging services providers. Moderator: Paolo del Vecchi, MSW, Director of Recovery, SAMHSA - **Confirmed**	Researcher/Academic: Michelle R Zechner, PhD, Associate Professor, Rutgers- **Accepted** CBO: Catherine Spensley, MSW, LCSW Senior Division Director, Felton Institute- **Accepted** Consumer: Patricia Hayashi, Former Client of the Felton Institute- **Accepted**
2:15 – 3:15 p.m. **1 CEU**	**Breakout Session #6** Topic: Understanding Hoarding Related to Mental Health in Older Adults Description: Hoarding disorder can develop at any age, but the prevalence of hoarding disorder diagnoses increases by 20% with every 5 years of age. Individuals with hoarding disorder are also likely to experience other mental health conditions, and it can be a challenge to know what steps to take to provide support. This session will provide a better understanding of hoarding and what one task force is doing to address it.	Researcher/Academic Catherine Ayers, PhD, ABPP, Professor of Clinical Psychiatry, UC San Diego - **Accepted** CBO: Tamar Cooper, LISW-S, Director of Behavioral Health

	Moderator: Mary Dozier, Assistant Professor, Mississippi State University - **Accepted**	Services, Benjamin Rose and Co-leads the Hoarding Connection - **Accepted** Consumer: Bobbi, Consumer from the Hoarding Connection (pre-recorded) - **Accepted**
3:15 – 3:30 p.m.	Break – How SAMHSA Block Grants Can Support Older Adult Behavioral Health Funding is often a barrier to both the implementation of older adult behavioral health services and Mental Health and Aging Coalitions. An untapped and under-used resource, Substance Abuse and Mental Health Services Administration (SAMHSA) block grants, are a viable option. The National Coalition on Mental Health and Aging (NCMHA) is provided a two-part Learning Collaborative (LC) as an opportunity for States to better address behavioral health and aging. **Recordings**: NCMHA-Learning-Collaborative-One-pager-FINAL.pdf **Slides and More Information**: https://www.ncmha.org/what-we-do/	
3:30 – 4:30 p.m. **1 CEU**	**Closing Session & Remarks**	Researcher/Academic Robin Cooper, MD, Associate Clinical Professor,

	Topic: Older Adult Mental Health and Climate Change Description: Climate change is the biggest threat to human health. The effects of climate change such as extreme heat, wildfires, and flooding impact not only physical health, but there are significant mental health consequences as well. Older adults are especially vulnerable. This session will cover the most important mental health impacts of climate change and information on what communities are doing to support older adults. Moderator: Elissa Epel, PhD, Professor and Vice Chair in the Department of Psychiatry, at University of California, San Francisco **– Confirmed**	Department of Psychiatry and Behavioral Sciences, University of California, San Francisco - **Accepted** CBO: Dawn Baldwin Gibson, PhD, Peletah Institute for Building Resilient Communities - **Accepted** Consumer: Steven Samra – **Confirmed**
4:30 – 5:00 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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Emma Nye Public Health Analyst, Office of Behavioral Health, Disability, and Aging Policy Office of the Assistant Secretary for Planning and Evaluation Phone: 202-701-5373 Emma.Nye@HHS.gov	**Karen Orsi** OMHAC Director Oklahoma Mental Health and Aging Coalition 2617 General Pershing Blvd Oklahoma City, OK 73107 karen.orsi@northcare.com

Christine Pérez Jiménez, MS Director of Programs National Hispanic Council on Aging 2201 12th Street NW, Suite 101 Washington, DC 20009 (202) 347-9733 **c.perez@nhcoa.org**	**Katrina Trubilla, MSW, LCSW** Associate Director, Geriatric Mental Health Office of Mental Health and Suicide Prevention VA Central Office 559-944-7045 Katrina.Trubilla@va.gov
Eric Weakly, MSW, MBA Western Branch Chief, Division of State and Community Systems Development, Center for Mental Health Services Substance Abuse and Mental Health Services Administration 5600 Fishers Lane, Rockville, MD 20857 240-276-1303 Eric.Weakly@samhsa.hhs.gov	**Joan Weiss, PhD, RN, CRNP, FAAN** Senior Advisor, Division of Medicine and Dentistry Health Resources and Services Administration (HRSA) 5600 Fishers Lane, Rockville, MD 20857 Office: 301-443-0430 jweiss@hrsa.gov

Appendix III – Promotional Graphics


Register Now
7th Annual Older Adult Mental Health Awareness Day Symposium
Online: May 2, 2024
• Register at: connect.ncoa.org/OAMHAD24
• CEUs offered for multiple disciplines
ACL
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CENTER


Keynote Q&A | May 2, 2024
7th Annual Older Adult Mental Health Awareness Day Symposium
Jenifer Lewis
Actress known as the "Mother of Black Hollywood" and star of "Black-ish"
Register: https://connect.ncoa.org/OAMHAD2024
ACL
HRSA
Health Resources & Services Administration
SAMHSA
Substance Abuse and Mental Health Services Administration
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national council on aging
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