5th Annual Older Adult Mental Health Awareness Day Symposium

Evaluation Report and Session Summaries

June 2022

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 2022 Symposium

Summary

The National Council on Aging (NCOA) hosted the 5th annual Older Adult Mental Health Awareness Day Symposium on May 16, 2022 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), 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 providers, health care professionals, and anyone interested in ensuring the mental health of older adults.

The symposium sessions featured 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 make at least one connection in their community to support mental health for older adults.

All sessions were recorded and are available on demand. Individuals can still register and watch the recorded sessions by visiting: https://connect.ncoa.org/oamhad2022

Corporate Sponsorship

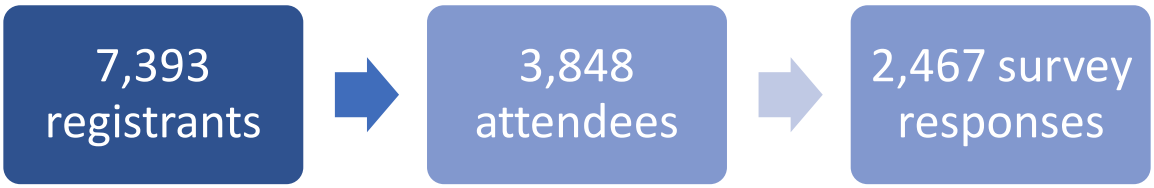
There was one corporate sponsor for the symposium, Novo Nordisk, Inc. They had an opportunity to plan the breakout panel on obesity and mental health.

Attendance and Promotion

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

On the day of the event, 7,393 people were registered, which far exceeded the 2021 event registration total of 4,291 registrations (72% increase). 3,848 people attended at

least one session live. The attendance rate was a 75% increase from the 2021 event's attendance total of 2,179. The attendance rate for the live event was 52%. This attendance rate is above the average found for other free, virtual events (47%[1]). As of May 16, there have been an additional 619 views of the sessions on-demand.



Attendance remained high throughout the day. The highest attended session was the welcome and plenary with 2,845 attendees. The chart below outlines attendance numbers for by session and by time block.

Session Title	Number of Registrants Accessed Live (5/16)	
Welcome and Keynote Speaker, Jane Pauley	2,845	
Breakout 1: A Look at Trauma-Informed Care	1,513	3,267
Breakout 2: Practical Strategies to Navigate Mental Health Resources and Services for Older Adults and Caregivers	1,210	
Breakout 3: Obesity and Mental Health in Older Adults: How to Beat Stigma and Seek Help	544	
Understanding and Preventing Suicide in Older Adults	2,666	
Breakout 1: A Look at Grief and Loss through a Lens of Hope	977	3,028
Breakout 2: Alcohol, Cannabis, and Opioid Use and Misuse in Older Adults	1,063	
Breakout 3: Beyond the Doctor's Office: Older Adult Mental Health Care	988	
Panel and Closing: Addressing the Intersection of the Social Determinants of Health and Mental Health	2,212	
Unduplicated Attendee Total (attended at least one session)	**3,824**	

We may be able to attribute the increase in registration and attendance to several factors:

- Previous successful symposiums

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

- Free continuing education (CE) credit being offered in partnership with the E4 Center
    - 1,061 attendees (28%) claimed CE credit for the event
- Featuring a well-known keynote speaker in Jane Pauley
- Increased focus on mental health on a national scale

In the participant evaluation survey, respondents were asked how they learned about the event, and over half of respondents (56%) said they learned about it from emails and newsletters, with another 31% saying they learned about it from their colleagues. One out of ten said they learned about it from a coalition or association, and when asked what the name of the association was, responses included ACL, Area Agency on Aging, COA, National Coalition on Mental Health and Aging, SAMHSA, and NCOA. Another 5% said they learned about the event from some other source, and when asked to name the other source, responses included their university, their employer, and they had attended in previous years. Finally, 3% learned about the event through an internet search and 3% learned about it from social media.

In addition to the symposium, NCOA invited contacts from the National Coalition for Mental Health and Aging and other partners to be featured as a guest author on the NCOA website. Sixteen articles were submitted and published on www.ncoa.org. Some of the article titles and authors include:

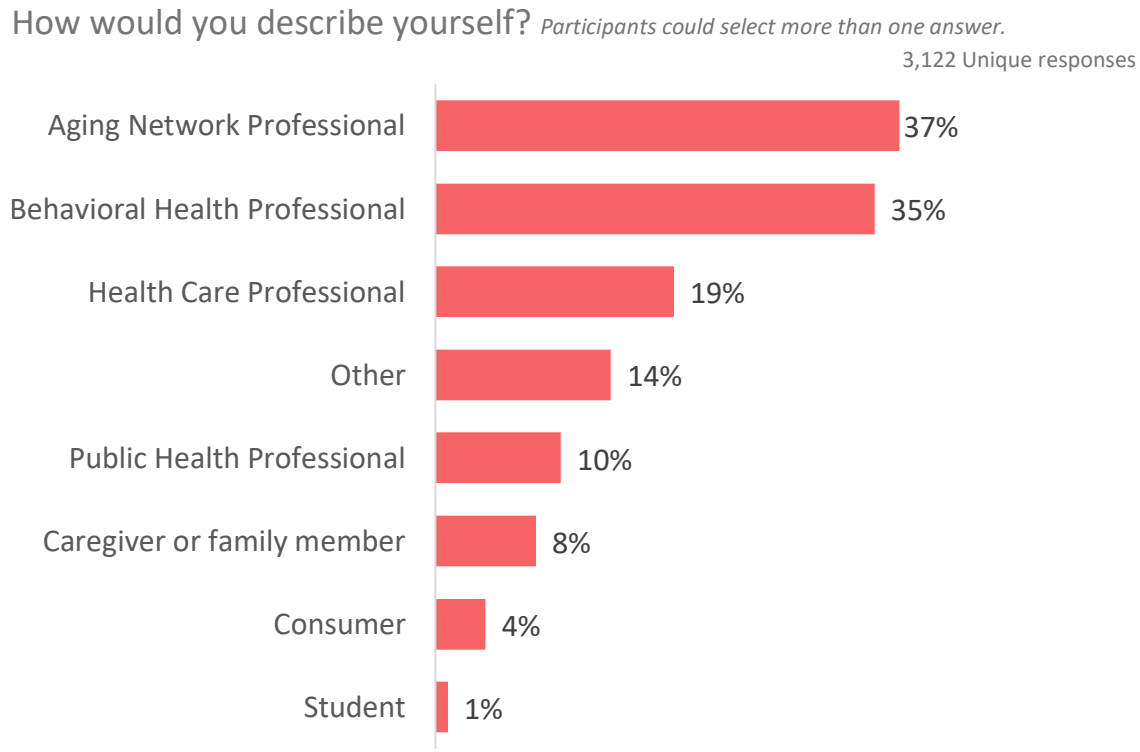
- Tips for Talking to Older Adults About Substance Use, Erin Woodhead, PhD, Clinical Mental Health Counseling Masters Program, San José State University
- How to Find Trustworthy Mental Health Information Online, Matthew Picchiello, Washington University in St Louis
- Navigating Social Isolation and Loneliness as an Older Adult, Edward Garcia, Foundation for Social Connection and the Coalition to End Social Isolation and Loneliness

Participant Evaluation Survey

All symposium participants were invited to participate in a 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 after each session and again at the end of the day. Reminders were sent to participants on May 18 and May 26, 2022. The survey link was kept open until May 27, 2022. We received 3,208 responses to the survey, however, due to a problem with the CE credit website, some respondents answered the survey multiple times. After deduplicating the data, based on IP address, age, zip code, and race, there were 2,467 survey participants. It should be noted that there may still be duplicated responses within the dataset.

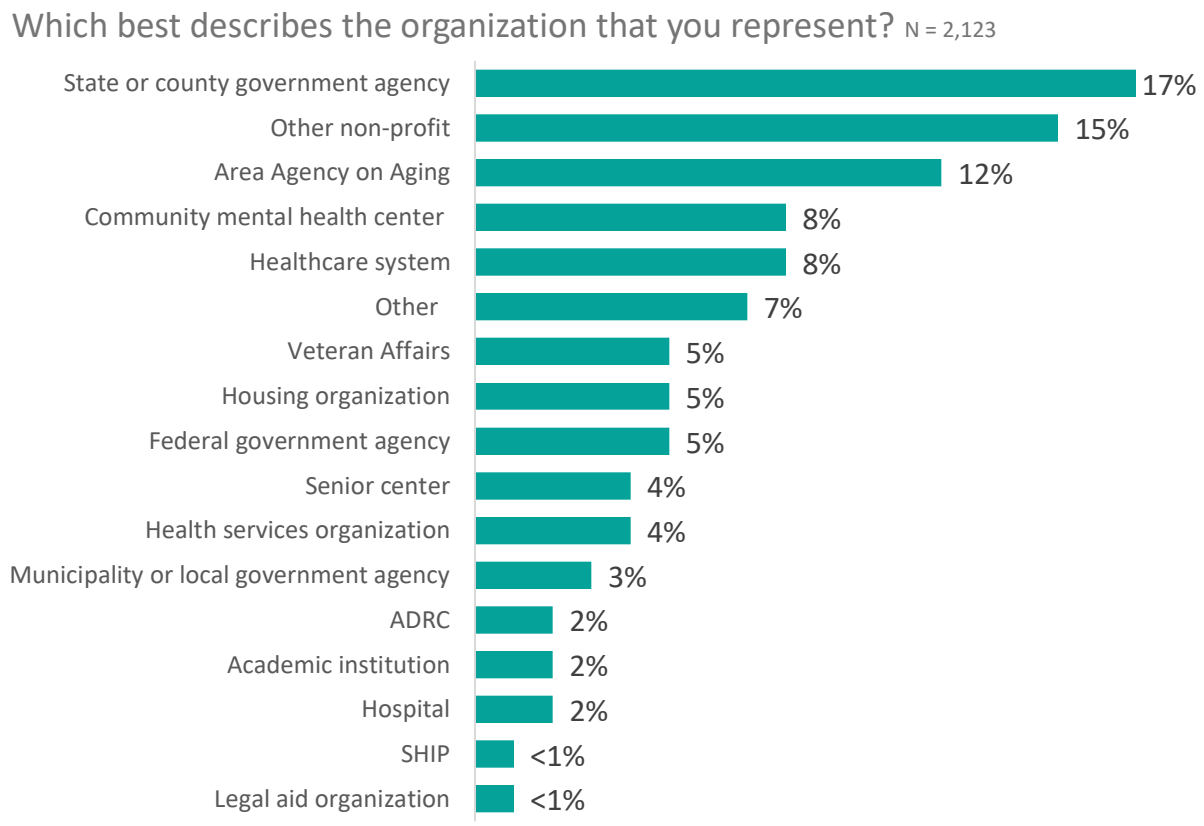
Demographics

Nearly 2 out of 5 (37%) survey respondents described themselves as professionals in the aging network; over a third (35%) said they are professionals in behavioral health services; nearly one in five (19%) said they were a health care professional; 14% described themselves as "other"; one in ten (10%) are public health professionals; 8% were caregivers or family members; 4% were consumers (an older adult, person with a behavioral health condition, or in recovery); and 1% were students.



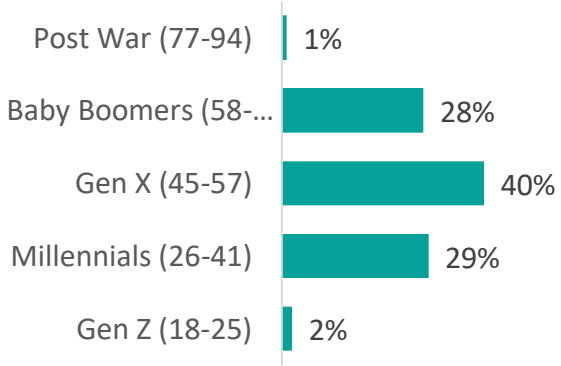
Almost one out of five (17%) survey respondents worked for a state or county government agency; 15% said they worked for a non-profit; 12% worked for an Area Agency on Aging; 8%

worked or a community mental health center; 8% worked for a healthcare system; 7% selected "Other"; 5% worked for Veteran Affairs; 5% worked at a housing organization; 5% worked for a federal government agency; 4% worked at a senior center; 4% worked for a health services organization; 3% worked for a municipality or local government agency; 2% worked at ADRC; 2% worked at an academic institution; 2% worked at a hospital; 1% worked for SHIP; less than 1% worked for a legal aid organization.



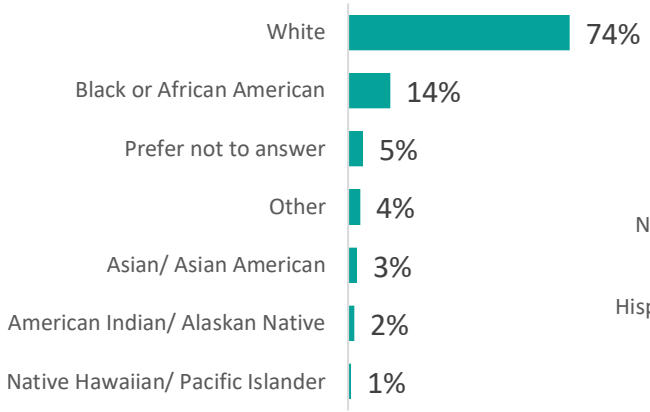
We had survey respondents from every state in the U.S., including DC. Over one out of five (22%) lived in the northeast; nearly one in three (32%) lived in the Midwest; three out of ten (30%) lived in the south; and 16% lived in the west. States with the most survey participants were Massachusetts and Illinois.

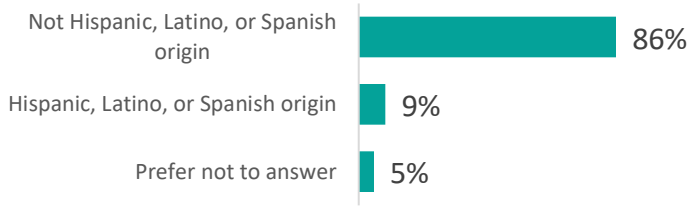
The average survey participant was 49 years old, with 2% being Gen Z (18-25 years old); nearly three out of ten (29%) being Millennials (26-41); two out of five were Gen X (45-57); 28% were Baby Boomers (58-76); and 1% were older than 77.



The majority of participants (88.5%) were females, nearly one out of ten (9%) were males; less than 1% were another gender; and 3% preferred not to respond.

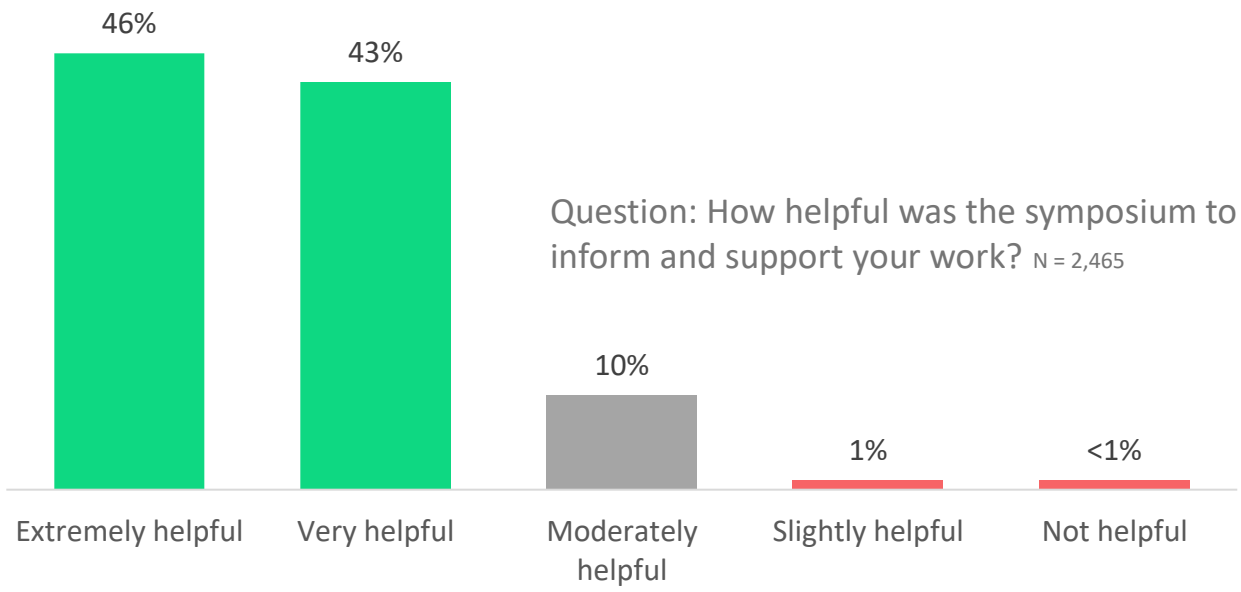
Nearly three out of four (74%) of survey respondents were White; Blacks or African Americans made up 14% of survey respondents; 5% preferred not to answer; 4% selected "Other"; 3% said they were Asian or Asian American; 2% said they were American Indian or Alaskan Native; and 1% said they were Native Hawaiian or Pacific Islander. Nearly one out of 10 (9%) of survey respondents said they were Hispanic, Latino, or Spanish origin.



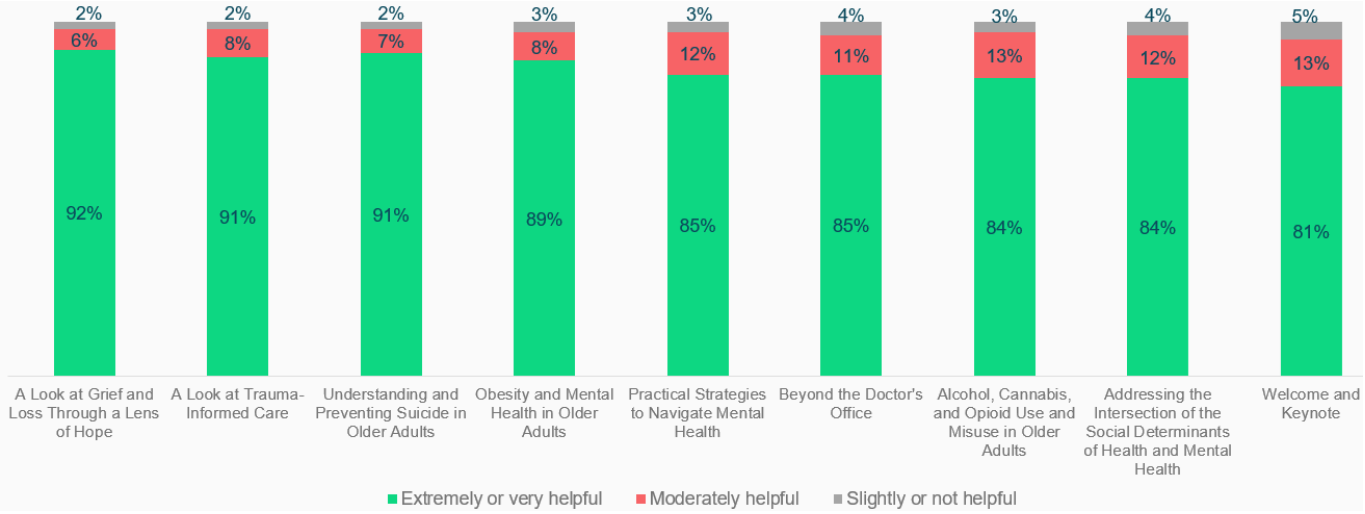


Experience

The survey asked respondents about their experience at the symposium. Nearly half of respondents (46%) said the symposium was extremely helpful to inform and support their work. Over two out of five (43%) said the symposium would be very helpful. Other respondents said the symposium was moderately helpful (10%), slightly helpful (1%), and not helpful (less than 1%). Participants from the South (92%) were more likely to indicate that the symposium was helpful to them as compared to participants in the Northeast (87%) or Midwest (88%).

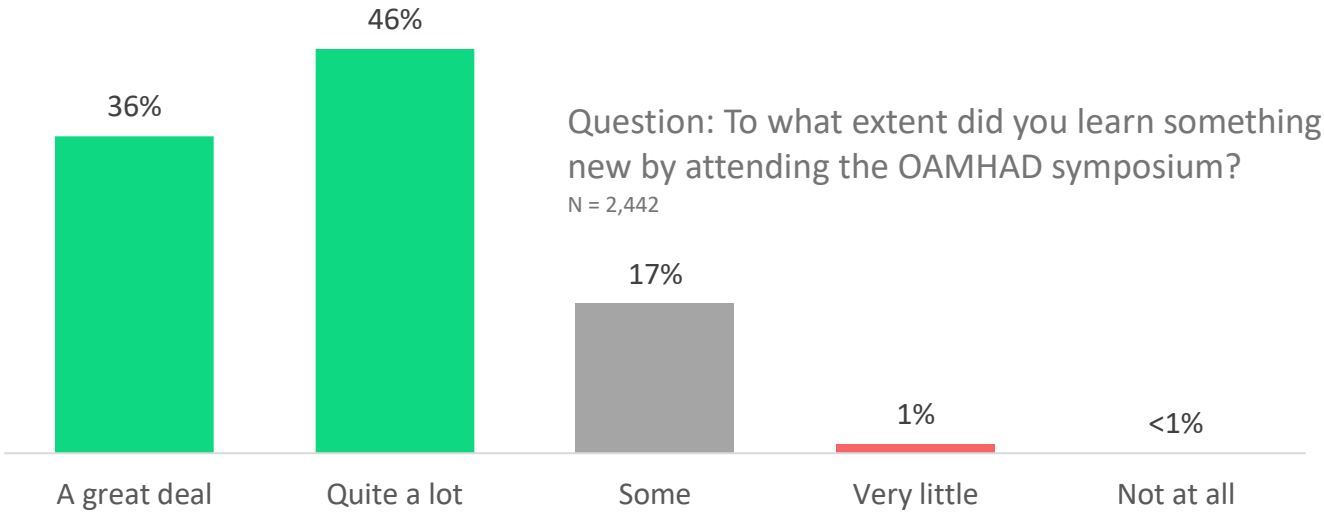


Respondents were asked how helpful each individual session was to inform and support their work. Participants rated all the sessions as helpful to inform and support participants' work. *A Look at Grief and Loss through a Lens of Hope* had the highest percentage of participants rate it as helpful.

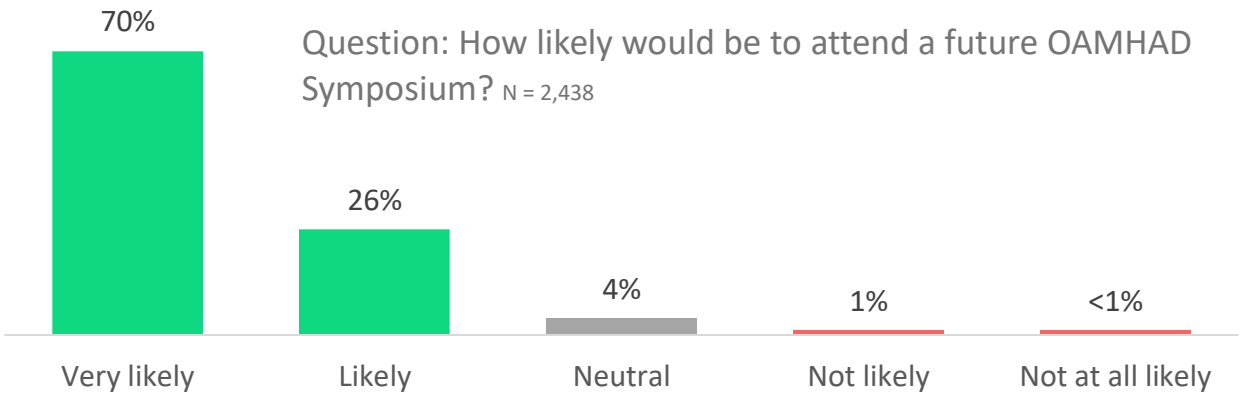


Over four out of five participants (a great deal (36%) and quite a lot (46%)) said that they learned something new by attending the OAMHAD Symposium. Another 17% said them learned some, 1% said very little, and less than 1% said they learned nothing at all. Participants from the South (85%) were more likely to indicate that they learned something new as compared to participants from the Midwest (78%). Generation X (85%) was more likely to indicate that they

learned something new as compared to Millennials (77%). When asked what they learned, some of the top responses included information about suicide, grief, and mental health.



Seven out of ten respondents indicated that they are very likely to attend a future OAMHAD symposium, and another one out of four (26%) said they are likely to attend. 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:

> "Fabulous webinar! Great variety of topics and speakers. Loved the blend of personal stories, research programs and professional organizations represented…"

"Including people with lived experiences of all kinds (veterans, people in recovery, etc.) enhanced both the quality of the information and my level of interest."

"Excellent speakers and topics! This was my second year of attendance, and I am looking forward to attending again next year.. such important discussions and I appreciate everyone's vast expertise, insight and guidance/recommendations. I always learn new things, and it keeps me excited/refreshed to keep working in the MH/SUD/adult/geriatric field after 26 years."

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

"As an LMHC, I was hoping for more meaty information on mental health disorders, but I realize the audience has a broad range of experience and the sessions were short and could not go into that much depth."

"I thought the first half hour-plus was too long with intro's and thank you's from assorted heads of agencies. I was anxious to get to the meat of the program."

"… some of the speakers spoke so fast, I missed some of the information. 15 min is not much time to tell your story- great idea, but perhaps somehow allowing more time would have helped…"

Summaries and Key Takeaways

Executive Summary

The National Council on Aging hosted the 5th annual Older Adult Mental Health Awareness Day Symposium on May 16, 2022, 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), and the Substance Abuse and Mental Health Services Administration (SAMHSA), the E4 Center of Excellence for Behavioral Health Disparities in Aging, and Novo Nordisk, Inc.

Several recurring themes arose throughout the symposium. These included:

- The importance of collaboration and communications across sectors to address mental health, with an emphasis on bringing services to older adults in a coordinated way.
- Leading with a person-center approach, listening and engaging with older adults and respecting their experiences.
- Meeting older adults with services where they are instead of expecting them to navigate complex systems and requirements.
- Understanding the impact of isolation on physical and mental health for older adults.
- Older adults are facing mental health challenges and substance abuse disorders, in some cases in disproportionate rates as compared to the rest of the population.
- Leveraging community partnerships, peer support and volunteers can increase capacity for mental health screening and strategies.
- Each of us can make at least one connection in our community and develop partnerships to improve mental health services and support for older adults.

Most of all, the participants left the symposium appreciating how powerful it is to hear the voice of older adults and their caregivers. It was a reminder of why we participated in the symposium and a motivator to take actionable steps back in our communities. Attendees were charged to make connections with others in their community that are serving older adults and were asked to make those commitments at the end of the symposium.

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

Key Takeaways

- One in five older adults experience a mental illness but they are less likely to receive treatment, and mental health issues are often unrecognized and unaddressed.
- COVID-19 was particularly difficult for older adults due to disproportionate mortality rates and social isolation.
- The American Rescue Plan invested $5.5 million in mental health and substance abuse care, providing increased resources to mental health services.

Overview of Mental Illness in Older Adults

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. Representatives from the federal government, including ACL, SAMHSA, HRSA, welcomed symposium participants. Speakers noted that COVID-19 was particularly difficult for older adults. There was a disproportionate mortality rate for older adults and one-third of COVID-19 deaths occurring in nursing homes. It also led to isolation for older Americans with the closing of congregate meal sites and limits of visitors at facilities and homes. Mental health is an important issue for older adults. In 2020, 16.9 million (14.5%) Americans 50 and older had a mental illness, with 3.8 million having major depressive disorder and 3.5 million having other serious mental illness. There has been a 220% increase in older adults in the emergency room due to opioid misuse. Older adults have the highest suicide rates compared to the population as a whole and those 85 and older have the highest suicide rates of any group. Social isolation of older adults happens in every community. Better supports are needed for older adults struggling with anxiety and loneliness.

Older Adult Mental Health as a National Priority

A representative from the Domestic Policy Council shared the Administration's efforts and priorities related to mental health. President Biden issued a Proclamation on National Mental Health Awareness Month, 2022 in May. This proclamation is part of the Administration's efforts to collectively ensure that all children and adults are treated with the compassion and respect they deserve. Additionally, the American Rescue Plan invested $5.5 billion in mental health and substance abuse care. During the State of the Union, President Biden announced three pillars to address mental health

- Dramatically expand workforce and build capacity
- Breakdown financial barriers to connect more Americans to care
- Foster supportive environments that support mental wellness and recovery

Building on these comments, the Department of Health and Human Services Deputy Secretary noted that mental health is among the most consequential issues we face today. One in 5 older adults experiences a mental illness. While older adults make up about 12% of the population, they account for 18% of mental illness. Older adults are less likely to receive treatment, and mental health issues are often unrecognized and unaddressed. Behavioral health is a mission we can all unite behind. The U.S. government has invested billions in the past year in mental health, including mental health block grants and new overdose prevention strategy. In July, the U.S. will transition to using the new 988 dialing code that will operate through and strengthen the existing National Suicide Prevention Lifeline. The government representatives' comments ended with one final ask – that we must combat loneliness and isolation in older adults. Participants were issued a call to action to develop concrete partnerships and take actions to support those in their community.

A representative from The Carter Center read a statement from Mrs. Rosalynn Carter recognizing the important role of the symposium in promoting understanding, reducing stigma and fostering community health. She extended her thanks on behalf of the approximately 54 million older adults in the United States.

Witness the Lived Experience

Ramsey Alwin, CEO of NCOA hosted a conversation with Jane Pauley where she shared her personal journey with mental health. In her 50's, Ms. Pauley was treated for hives with a medication that triggered a previously unrecognized genetic vulnerability for mood disorders. She was subsequently diagnosed with bipolar disorder. Ms. Pauley stated she was blessed with good treatment but noted that treatment for anxiety, depression, bipolar disorder is difficult and finding the correct treatment can be long and frustrating. Ms. Pauley also reminded health care professionals that individuals and families do not want to have a mental health diagnosis. This can delay or prevent treatment as some may consider it part of normal aging. In addition, families are not experts at treating mental conditions and are not trained to be the first responders that they often are. Health professionals have an important role in helping families understand what they can and cannot do and helping patients understand families often don't know how or have the skills to help.

Ms. Pauley shared that the following actions have helped her manage her mental health, which she said was especially difficult during the COVID-19 lockdown. She emphasized the need to take prescribed medications and noted there will need to be changes made in medication over time. Ups and downs are common. Ms. Pauley also identified her advocacy as one factor in her wellness and said each appearance helps boost her own health. She is passionate about how mental health is portrayed in the media and advocating for media to stop referring to people having "demons". Ms. Pauley also recommends we stop using the word "stigma" as it can be toxic and reinforces stereotypes. She identified other conditions where there was stigma but are now discussed publicly such as cancer and Parkinson's disease. Her advocacy is focused on addressing mental health with hope, not fear.

Live Attendance	On-Demand Views *(as of 6/16/2022)*	# of Questions/ Comments	Selected Comments
2,845	97	81	• We can only treat mental health issues if we know about them... couldn't we have preventive methods to check for these when folks are younger (and clearly show signs) so that we are more able to recognize and treat these "known" issues as we age then? Currently, we do not do this! • Jane Pauley's story is a great backdrop for advocating for actively addressing all mental health issues in older adults. Thanks for being so open, Jane!

A Look at Trauma Informed Care

Key Takeaways

- Many older adults have experienced trauma, and the effects and impacts can evolve over time.
- Trauma can be triggered by a broad range of circumstances and situations, including those that may be intended to help the individual.
- There are proven strategies to provide older adults with care that promotes safety and helps resolve trauma.

The session opened with a first-person account of an experience and perspective as a family caregiver. She highlighted the importance of understanding culture and experiences, which often are different across generations. She also noted that family members often do not share the trauma they experienced in the past with their families, caregivers or health care providers.

An individual's trauma exposure is linked to their propensity for developing a wide range of conditions that negatively impact their physical, mental, and cognitive health. Trauma-informed care (TIC) and person-center, trauma-informed (PCTI) care are strategies for working with older adults that have experienced trauma.

A trauma trigger is a stimulus that prompts traumatic response and includes sound, smell, touch, sight, taste, feeling, or circumstance that reminds an individual of a past trauma. Once experienced, triggers can elicit a fight, flight, or freeze response in the body.

TIC is both a provider approach and an organizational structure that involves understanding, recognizing, and responding to the effects of trauma. TIC emphasizes physical, psychological and emotional safety for both the people they serve and providers. There are six key principles of a trauma-informed approach

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice, and choice
- Cultural, historical, and gender issues

PCTI combines the principles of person-centered care – self-determination and individual preference – with the six principles of trauma-informed care. Additionally, a trauma-informed approach includes the four "R"s – realize, recognize, respond and resist re-traumatization. This results in approaches and settings that help resolve trauma instead of exacerbate trauma.

Developing a PCTI Agency includes multiple steps and investments across an entire organization including demonstrated leadership and staff commitment, incorporation into systems and procedures, training of staff and fostering community partners.

In working with older adults, it is important to remember that trauma impacts individuals of all ages and the effects of trauma evolve over time and symptoms of trauma can emerge for the first time during older adulthood, decades after exposure to traumatic events. In addition,

symptoms of trauma emerging in older adulthood can be more extreme that previously experienced. TIC and PCTI are proven trauma informed approach strategies.

Live Attendance	On-Demand Views *(as of 6/16/2022)*	# of Questions/ Comments	Selected Comments
1,513	112	212	• Ms. Liu, thank you for sharing your history and story. Very enlightening. • Lily, thank you for sharing you and your mother's story. You are both dragons! :) • Aloha from Hawaii. Thank you, Lily, for sharing your families story. I appreciate hearing from a fellow Asian American. • This is such a handy way to remember the trauma timeline, thank you • Thanks to Leah for suggesting that photos/literature look like the people being served. It really does make a difference when establishing relationships and community connections • Not a question but a comment. this is a really great presentation and has given me a different view of what trauma informed care is about and the different facets that "trauma" connotes.

Practical Strategies to Navigate Mental Health Resources and Services for Older Adults and Caregivers

Key Takeaways

- Access to mental health services can allow older adults to live independently and improve quality of life.
- There is a need for more mental health and substance abuse disorder providers that specialize in older adults. Collaboration between community and clinical settings can add capacity for screening and data sharing.
- National resources are available to support health care providers and community-based organizations in caring for older adults with mental illness or substance use disorders.

Easy access to mental health and substance use services is critical. Challenges in coverage for mental health services, particularly with insurance changes such as changing from private to public coverage, can derail successful management strategies. Lack of access to services can also lead to dangerous cycles. One personal example shared was of an elderly parent that developed an opioid addiction after a fall. This led to a cycle of depression, opioid addiction, falls, multiple hospitalizations, rehab, and in-home care. This experience impacts quality of life and also costs to families and the health care system.

There are numerous barriers to accessing mental health and substance use services and many of them are complex, including stigma, denial, lack of information/knowledge, personal financial limitations, regulatory barriers, limited state and federal funding, waiting lists and

biases. The consequences are significant for older adults as lack of access reduces the quality of life, jeopardizes independent living, increases health risks and risk of suicide, increases health care costs and creates unmeasurable costs to individuals, families, and communities both financially and emotionally.

One example of a successful strategy in Pennsylvania included multiple systems level such as:

- Changes to current funding systems/regulations/waivers to improve access, especially Medicare and Medicaid.
- Cross systems training with the Aging Network, mental health and substance use disorders providers, including training about the unique needs of older adults.
- Meeting older adults where they are – at home, in skilled nursing facilities, at Area Agencies on Aging (AAAs), and Senior Centers.

There was also a need to increase the number of Medicare providers and mental health and substance use disorder providers that specialized in older adults. Getting funding/regulatory waivers was a critical piece of the systems change in Pennsylvania. Programs often still operated independently but were better coordinated and had improved communication. As the speaker noted, we are "all in different silos but we are all on the same farm."

A second local example was PEARLS (Program to Encourage Active and Rewarding Lives), an evidence-based community depression program implemented by the Maryland Living Well Center of Excellence (LWCE). In March 2020 due to COVID, LWCE initiated outreach to seniors via phone. In addition to checking to make sure people had food and other immediate services, a screening for social isolation was initiated. They also trained PEARLS coaches to engage underserved populations through contracts with 10 multicultural organizations. LWCE works with local providers who are part of Maryland Primary Care Program. This provides a complete cycle of community and clinical sectors marrying each other on screening and sharing data, leveraging the electronic health records. This has also helped clinical teams struggling with shortages of mental health therapists. PEARLS does not take the place of therapy but can be supportive and has been able to bring clinical and community settings together. It has also shown positive impacts for participants. In one group of 289 program completers, 69% achieved reduced depressive symptoms and 63% achieved remission of depression.

National resources were also shared during the session. The SAMHSA Behavioral Health Care System was established in 1992 to reduce the impact of substance abuse and mental illness on America's communities. SAMSHA has regional offices and provides multiple block grants and discretionary grants to support mental health and substance use disorders.

A 3-digit dialing code, 988, will be launched in July 2022, the largest federal investment in the National Suicide Prevention Lifeline in 15 years. It is a transformational step towards crisis care and creates a universal entry point. The vision is to have additional crisis services available in communities across the nation, similar to the way emergency medical services are dispatched.

Another national resource is the E4 Center for Excellence for Behavioral Health Disparities in Aging. The mission of the E4 Center is to engage, empower, and educate health care providers and community-based organizations for equity in behavioral health for older adults and their families. E4 provides education, implementation resources, and technical assistance regarding mental health, substance use, and their intersection with physical health, including specific resources for older adults.

Older adults with mental health and substance abuse disorders are not a new population, but it is an underserved population that can be challenged in connecting with services. Building capacity within communities to address these needs require system changes to improve coordination, empower health care providers and community organizations, and leverage resources available for older adults.

Live Attendance	On-Demand Views *(as of 6/16/2022)*	# of Questions/ Comments	Selected Comments
1,210	84	101	• Thank you for sharing your experience, strength and hope! • Would love to offer PEARLS in Wisconsin • Cultural competency matters, and I appreciate the efforts being made to ensure the health and wellness of older adults in those communities. • It would also be helpful to explore Medicare reimbursement of peer support services during these conversations of expanding licensing providers.

Obesity and Mental Health in Older Adults: How to Beat Stigma and Seek Help

Key Takeaways

- Obesity is a concern for older adults with a prevalence over 40% among adults aged 60 and older.
- Obesity and mood disorders frequently occur together, and one can affect the other.
- Health care providers are not immune to weight bias, which can impact treatment and services for older adults.

The session began with a shared experience of weight bias preventing access to good medical care, including treatment for obesity and mental health. In this speaker's situation, she was given a false diagnosis of "obesity pain" when she actually had progressive degenerative scoliosis. The doctor's weight bias caused him to miss the correct medical diagnosis because he wasn't willing to look past her weight or acknowledge that her pain was interfering with the recommendations to be physically active. Patients are more dignified if they have the right-sized clothing and equipment to accommodate their size. Inadequately-sized gowns and equipment prevent individuals from engaging in appointments, limiting access to care. Healthcare workers are not immune to stigma or categorizing individuals living with obesity as lazy, dirty or annoying, which can lead to a missed diagnosis. Telling people living with obesity

to lose weight without tailoring the exam and having a conversation overlooks an individual's needs and compounds the issue that may be driving the individual to seek treatment.

Obesity as a public health crisis in the United States. It is associated with over 200 possible health complications and 2 in 5 Americans have obesity. The American Medical Association currently defines obesity as a disease, partially to reduce stigma and belief that weight status is all under a person's control. It was underscored that obesity is not a bad word, and it is not a label, but it is a medical diagnosis. We must limit the labeling of our patients. We are not our diagnoses.

Obesity is a concern for older adults with an obesity prevalence of 42.8% among adults aged 60 and older. Obesity and mood disorders frequently occur together and the relationship between obesity and depression is bidirectional. Obesity is a risk factor for mood disorders; mood disorders are a risk factor for obesity. Obesity and psychiatric diseases may share pathogenic pathways and adverse childhood experiences increase both mental health disorders, weight concerns and obesity.

There is an effect of excess weight on mental health, including bias, stigma, depression, grief, isolation, and decreased productivity. In addition, psychiatric diseases can sometimes independently contribute to overnutrition and/or consumption of foods rich in carbohydrates and fats and some people gain body weight in response to medications used to treat mental health disorders.

Obesity and mental health impact marginalized populations. According to the American Psychological Association, mental and behavioral health needs of racial and ethnic minorities along with inadequate attention to cultural sensitivity in racial and ethnic minority communities leads to significant issues and gaps in care.

It is important for health care providers to address bias – both self-bias (judging yourself) and external bias to effectively support older adults with obesity and mental health issues. Additionally, these two diagnoses are inter-related and may need to be addressed in a coordinated way.

Live Attendance	On-Demand Views *(as of 6/16/2022)*	# of Questions/ Comments	Selected Comments
544	70	57	• Thank you for addressing body shame. Health and wellness is vital to mood. Shame is toxic. • As a dietitian, I love your wording for addressing someone with the diagnosis of obesity instead of calling them obese. Thank you!! • Wonderful presentation! I took a lot of info from here. I could use it since I am obese myself. I also want to thank you for your compassionate approach to weight.

Understanding and Preventing Suicide in Older Adults

Key Takeaways

- Older adults are at risk for social isolation, loneliness, and suicide.
- Prevention measures include routine screening for depression, ensuring access to care for other conditions or diseases and connecting older adults to community services.
- Programs that serve older adults, such as home delivered meals, can play a vital role in identifying mental health needs in the population they serve.

This session started with an individual sharing a personal experience of having a son with deep depression that ended his life by suicide. This led to setbacks at work and strain with his spouse and friends, and his own challenges with depression and PTSD. He felt less needed, feeling grief and the loss of his son's death, loss of his job, and financial pressures. He connected with a therapist and is now a volunteer and trained in suicide prevention.

Older people are more frail (more likely to die), more isolated (less likely to be rescued) and more planful and determined. Interventions must be aggressive and include both selective and universal approaches. The "5 Ds" of late-life suicide (depression, disease, disconnectedness, deadly means, disability) can provide indications of suicide risk. Strategies for selective prevention aligned with the 5Ds include

- Depression – Routine screening for depression, screening for suicidal ideation and intent, assuring safety, diagnosing, and treating
- Disease & Disability -- Easy access to acceptable primary care, integrated care management models, rehab; pain management
- Disconnectedness -- Outreach & engagement, community-based services and supports.

Strategies for universal prevention focus on the entire population as the target through reducing risk and enhancing health. One example includes firearm safety (deadly means).

Natural helpers and systems that are already in place, such as home-delivered meal deliverers, can enhance the well-being of older adults. In the BE WITH program, volunteers were recruited to screen for social isolation, loneliness and elevated suicide risk. These BE volunteers received Belongingness + Empathy training and BE WITH volunteers receive BE training + ASIST training (belongingness and empathy with intentional targeted helping). When volunteers received suicide intervention training, they obtained suicide intervention response skills and report using them in real-world settings, including with older adult meal recipients. Among volunteers who received ASIST training, there was significant skill acquisition with almost 20% of those trained reported using skills and 35 instances of intervention skills used over a six-month period.

Screening and identification of older adults at risk for or experiencing social isolation, loneliness, depression or at risk of suicide is critical. Community services and volunteers can play a successful role in identification and support for older adults in need of support.

Live Attendance	On-Demand Views *(as of 6/16/2022)*	# of Questions/ Comments	Selected Comments
2,666	66	234	• Thank you for sharing your journey as a survivor. It is the hardest path in life we have to walk through. Your testimony gives us other survivors hope. • The ASIST training is amazing. I used it twice within a week of completing the training. It is powerful and completely changed how I interact with individuals experiencing thoughts of suicide. I am so grateful it was available to me. • I wanted to just thank Jeffrey for sharing his personal experiences and thank you to the organizers for bringing in someone with lived experience. The voices of people affected are often missing from these conversation to everyone's detriment. • I would love to hear more about this. Specifically how to get trained, efficacy data for grants, etc.

Beyond the Doctor's Office: Older Adult Mental Health Care

Key Takeaways

- Peer support is an important component of mental health services for older adults, particularly for veterans.
- Bringing mental health care to where older adults are living increases access and reduces stigma.
- Chronic disease self-management program models are successful in helping older adults manage their emotional health.

In an interview with a veteran, the importance of peer support was emphasized. This is particularly relevant in the military where civilians could actually alienate rather than support. "Boots want to talk to boots" describes the importance of peer support in the military and emphasizes the value of peer support for older adults overall.

There are several examples of effective services provided outside of traditional mental health. Insights from three service delivery programs conducted in partnership between Weill Cornell Medicine and community mental health service programs were shared: SMART-MH, PROTECT (Providing Options To Elderly Clients Together) and a peer coach intervention. The first example, SMART-MH, focused on providing psychotherapy to a diverse community post disaster. This program brought community-based services offered by staff, who are culturally sensitive and speak the language of the community, into senior centers and improved access to care. The New York City Department for the Aging Geriatric Mental Health (DGMH) program rolled out mental health services, including SMART-MH components, in senior centers. This includes outreach and engagement activities, assessments and direct therapeutic services. In a different structure than many programs, this initiative bills for services as a strategy to build

sustainability and to help identify costs and potential for revenue. Results have been promising with 62% of depressed adults showing a significant improvement in depression and 46% showing an improvement in anxiety. Weill Cornell's version of the program is called TRIO because it brings together aging support, mental health and health. In this program, a bilingual clinician is located at a senior center 2 days a week.

PROTECT (Providing Options To Elderly Clients Together) is a community-academic partnership between the NYC Department for the Aging and Weill Cornell to address those experiencing elder abuse. It is a brief therapeutic program that is easy to learn and deliver, offered to those already receiving elder abuse services. It includes 9 weekly sessions in the home (currently being conducted virtually). PROTECT reduced depression both at the research phase and in community settings. This includes reductions in both those with significant depression and those that have borderline depression.

Weill Cornell is also studying a new project bringing peer coaches to community-based settings. One of the challenges is finding mental health providers that are trained and comfortable in working with older adults. It is important that individuals are working with someone that understands their challenges. The Do More, Feel Better! Program will examine if peer coaches can offer behavioral activation to older people with depression with equivalent outcomes as social workers. This is an opportunity to cultivate a new workforce that could serve individuals at senior centers.

Another example of community-based programming is the Wellness Recovery Action Plan (WRAP), a weekly, 6-session program that helps people learn to manage their physical and emotional health. WRAP is recognized by ACL as a chronic disease self-management education program that helps older adults identify strategies to support healthier and happier aging, learn how to manage their everyday stressors, feel more confident and engaged in their healthcare and overcome social isolation. WRAP is a multi-component program that teaches that being well is much more than the absence of physical or emotional symptoms. Participants learn a holistic notion of wellness that defines them as the central force in their lives, empowering them to take actions they find enjoyable. WRAP is unique in that it is not a clinician-driven approach and focuses on peer support, connections with others and finding meaningful ways to spend time, including when alone. Research shows that WRAP reduces psychiatric symptoms, enhances hopefulness, increases empowerment, improves quality of life, and increases self-advocacy with treatment providers. Compared to controls, WRAP participants show significantly reduced health and mental service need and 90% said they felt less alone now compared to before participating in WRAP. 95% of participants say they continue to use what they learned in WRAP after completion of the program.

Peer support and community-based services are an important part of providing mental health care to older adults. These programs increase access and resources, and often give older adults vital roles in helping support others in their community. At the system level, seamless integration of mental health is feasible, supports sustainability and leads to good outcomes.

Live Attendance	On-Demand Views *(as of 6/16/2022)*	# of Questions/ Comments	Selected Comments
988	58	47	• Peer counselors will appear less intrusive to recipients. Clients have preconceived ideas about who social workers are and what they do. • I really enjoyed this so much information and all very helpful especially for me as a caregiver. • I'm eager to see if there is a program in Massachusetts.

Alcohol, Cannabis, and Opioid Use and Misuse in Older Adults

Key Takeaways

- Nearly 1 million adults aged 65 and older live with a substance use disorder.
- Older adults are at greater risk for alcohol impacts due to changes in body composition and potentially dangerous interactions with drugs.
- Annual screening is recommended as substance abuse disorder can be difficult to identify in older adults.

More than 10% of older adults report binge drinking alcohol and about a quarter of those are consuming alcohol every day. Cannabis use in older adults has increased steadily from 2015 to 2020 with 5.9% of older adults using cannabis. Prescription opioid use was steadily declining since 2010, with 23% using prescription opioids in 2020. A personal experience was shared from an individual with depression and post-traumatic stress disorder (PTSD). Starting at a young age he reported feeling more comfortable when using alcohol and drugs, which continued when he joined the military. During his time in the military, most of his troop were killed in a plane crash, and he started having nightmares as a result. He did not ask for help and self-medicated using drugs and alcohol. After he was discharged and facing the loss of his career and marriage, he was arrested. This led to his participation in a 90-day rehab program. He also had his first diagnosis of depression. At this time, he realized that his challenges went beyond substance abuse and included a need to address his depression. He started seeing a therapist that connected him to the National Alliance on Mental Illness. This program introduced him to the concept of wellness. He is now a support group facilitator, does crisis intervention training with police officers, and works in a psychiatric facility. He wants to offer hope and health to others. This helps him to stay well.

Older adults' use of alcohol, cannabis and opioids has impact on their mental and physical health. Most older adults have chronic conditions and alcohol exacerbates those conditions. Alcohol can exacerbate physical and mental health problems and lead to additional problems (e.g., poor sleep, liver disease, alcoholic neuropathy, depression/anxiety, suicide risk), as well as increased risk of falls. Older adults are also at greater risk for alcohol impacts due to changes in body composition and potentially dangerous interactions with drugs. Additionally, there is co-use of alcohol, cannabis, and other substances, including prescription and non-prescription

medications. Older adults are often prescribed more medicines than other age groups, leading to a higher rate of exposure to potentially addictive medications. In addition, rates of illicit drug use and co-occurring mental disorders are high.

Older adults with alcohol use disorder, cannabis use disorder and/or opioid use disorder need treatment for substance use and mental health problems. In addition, addressing life stressors and increasing social support may help reduce substance use. There also needs to be nonpharmacological, psychosocial and physical interventions for chronic pain to reduce risk of opioid use disorder. More research is needed on cannabis use in older adults.

Substance abuse disorder can be difficult to identify in older adults, so screening is critical. Patients should be screened at least annually. Questions should be intentional, and patients should be praised for progress. One example featured a program at a federally qualified health center where 100% of patients are screened using screening tools (PHQ-9, CAGE-AID, DAST and SBIRT (Screening, Brief Intervention, & Referral to Treatment)). Scores are discussed with a patient's primary care provider. Patients who score positively on screening tools have a behavioral health clinician invited into their session. Patients are also provided with a case manager and/or peer support specialist.

Older adults are at greater risk of negative impacts of alcohol and opioid misuse due to physical changes with aging and increased use of other medications. Use of alcohol, cannabis and opioids often go undetected without intentional screening and dialogue as part of other services.

Live Attendance	On-Demand Views *(as of 6/16/2022)*	# of Questions/ Comments	Selected Comments
1,063	53	76	• Thank you, Henry, for your service; congratulations on your recovery journey; I'm a CPRC as well as a CPSS (Certified Peer Recovery Coach & Certified Peer Support Specialist); It's easier to identify with someone with shared lived experiences to get us through those difficult times. • It is about the language we use to start the helping process. • Wonderful presentation! Thanks for sharing your story, Henry. Ms. Gilbert and Dr. Choi the work you're doing is so valuable. Thank you!

A Look at Grief and Loss through a Lens of Hope

Key Takeaways

- Grief expresses itself in many forms and does not follow one specific path or cycle.
- Prolonged grief disorder is a new diagnosis and is a form of grief that is persistent and pervasive and interferes with functioning. This is distinct from grief or depression.
- Grief expression such as through art and writing can be helpful for coping with grief and can take many forms.

The session began with an individual sharing her personal experience with grief in dealing with her husband's death from COVID-19. She noted that she thought it would be easier to deal with his death since he had Alzheimer's as she had been grieving lost experiences already, she found it incredibly challenging. She joined a group for those that lost spouses that met weekly through Zoom and found that very helpful. Other helpful resources included a daily meditation book and classes on coping with grief. She learned that the stages of grief were developed for those who are dying, not those who lost someone. She noted there are no timelines for grief and no set patterns to follow. Healing is not a linear event. The grief is still there and hits at different times, but she is also healing, recovering and growing. She encouraged others not to feel bad about asking for help. Healing is not a linear event. Good days and bad days will follow each other again and again. But soon more good days will follow good days.

Grief is long lasting, but it changes over time and while it is unique to every person and every loss, there are commonalities. It also changes as we adapt to the loss. Prolonged grief disorder (PDG) is a new diagnosis for when an individual loses someone close and experiences an intense yearning/longing for or preoccupation with the deceased. In this situation, bereavement lasts longer than social norms and causes distress or problems functioning. PGD differs from usual continuing grief in pervasiveness of preoccupation and yearning, other grief symptoms and disruption of ongoing life. People with PGD can't adapt and can't develop ways of coping through the evolution of grief. Although adapting to the loss is derailed, there is treatment that can address these "derailers." PGD is known to occur around the world, causing considerable health, mental health, and functioning problems.

Grief expression can be helpful for coping with grief and cultivating hope. However, grief expression is often limited, and grief can be intensified when it is hidden. Expression in some form becomes important for coping with grief and building a sense of hope and integration. Older adults experience many kinds of losses included loss of routine, loss of gatherings, loss of employment, loss of access to health care and support services and loss of face-to-face social connections. Examples of grief expression that can be used by practitioners and community organizations include grief cafes, walks, letters, poems, and art.

Live Attendance	On-Demand Views *(as of 6/16/2022)*	# of Questions/ Comments	Selected Comments
977	59	89	• Thank you, Jane for your statement, "Grief is not linear." • It is nice to have a name for this disorder. I had a client who had exactly this. It also helps to differentiate for grieving clients who feel "stuck". • This is really common in the 2SLGBT+ community, disenfranchised losses. • Thank you, Dr. Srinivasan! I've never heard of the term disenfranchised grief and these different grief cafes. Such great ideas!

Panel and Closing: Addressing the Intersection of the Social Determinants of Health and Mental Health

Key Takeaways

- Behavioral health and mental health impact older adults' ability to stay in their current housing.
- Intentional and additional efforts are needed to provide coordinated services to older adults and support them in successfully aging in their current housing.
- Housing needs for older adults vary widely and include grandparents caring for their grandchildren, individuals aging in their own homes and people in affordable housing.

This panel discussion began with an individual sharing her lifelong challenges with anger management issues and alcohol and drug dependencies. She was inspired by a friend's first-year clean celebration to go clean herself. When she experienced a lease violation for behavior that put her housing at risk, the speaker was visited by a behavioral health coach through Atlanta Regional Commission's program. She found this coach to be incredibly helpful and noted the value of having somebody that you could talk with that doesn't pass judgment and listens to you makes a difference in an addict's life.

Three panelists discussed interventions to support stable housing for older adults. Some highlights include:

- Michelle Missler, President and CEO, American Association of Service Providers -- Service coordinators work in affordable housing, primarily funded by HUD, to provide support for older adults and individuals with disabilities. One of the goals is to help older adults age in place. Individuals come to affordable housing with various backgrounds and experiences, and different generations are aging together. Service coordinators provide supports and connections to help them do so successfully.
- Dwight J. Mayes, Director of Housing, NCBA Housing Development Corporation -- NCBA owns and manages independent affordable senior housing and has a goal of preserving existing housing portfolios and increasing age-restricted senior housing. D.C. has developed committed programs and funding to this mission. The corporation is also

focused on development and underwriting a mixed development/mixed income facility with units designated as grand family units. The need for housing for grandparents that are raising grandchildren should be addressed at the national level.

- Becky A. Kurtz, Managing Director, Aging & Independence Services Director, Area Agency on Aging, Atlanta Regional Commission -- Area Agencies on Aging (AAA) are local resources for older adults. However, they discovered that people in housing complexes were not connecting or reaching out to them. They worked to identify older adults that were at risk of losing affordable housing due to unmanaged behavioral health issues. It took several years to create an effective model. Now, for consumers with a behavioral health need, the affordable housing partner makes a referral (and provides ongoing support) to the AAA. The consumer receives behavioral health coaching with face-to-face support and a clinical consultant does case consultation. An evaluation showed that 99% of those served maintained housing. This stabilization of housing benefits avoids the costs and stresses of the eviction process with the housing provider saving $1,000 to $4,900 per household by avoiding eviction.

Panelists identified what they see as the top key elements of safe and stable housing in their communities.

- Dwight Mayes -- Annual assessment of physical and human factors about operations and services. This includes building conditions (including the evolution of technology) and the human factors, such as changes in community demographics, staff development and training, and community relationships. You must assess what is working and what is not. Communication is also very important -- be patient and keep messages short, simple and to the point.
- Becky Kurtz -- Person-centeredness, listening and connecting to services. Affordability and physical accessibility are increasingly important. For older adults that own homes, we need to make sure they can continue to afford their homes with increasing property taxes and maintenance costs. Helping older adults stay in homes they own and helping people stay in rentals is a challenge as most homes are not accessible, lack universal design. This can trap people in their own homes and increase risk for falls.
- Michelle Missler -- Connection to services. Collaboration across service sectors and how service coordinators work with other resources to wrap older adults in support. Social connectivity of residents in affordable housing is also very important.

Panelists then discussed the important connections between housing connecting and other social determinants of health (SDOH) including nutritious foods and transportation.

- Becky Kurtz -- Before COVID-19, she would have said location was the biggest issue with food access, but now there are concerns with digital access (technology and literacy) to get food delivered. We cannot assume individuals have the ability to cook and have safe

and functioning kitchen appliances. We also cannot expect to succeed in behavioral health or other health needs if individuals are hungry.

- Michelle Missler -- Service coordinators often go in to work with an older adult on one specific issue identified and as the relationship builds, they identify other needs. Having a trusted person can identify granular nature of needs (i.e., Someone that presents as needing access to food could uncover other challenges). There is also a digital divide – digital literacy should be a new SDOH. We need more support and advocacy for those that do not have access to or understanding of technology, especially older adults.
- Dwight Mayes -- Social isolation among older individuals and relationship to morbidity and mortality. COVID-19 exacerbated the issue of social isolation. Isolation at one's home or facility, but more so, older adults were often isolated to a bedroom or single unit for months. Technology (video conferencing), social media, health/remote monitoring helped with interaction. We must do a better job of protecting older adults from cyberspace abuse.

Panelists then identified the next mental health and housing initiative or solution that will have the greatest impact.

- Michelle Missler – Collaboration and connection between organizations is needed to reduce generational stigma around mental health, increase access and address cost barriers. We need to ensure that mental health professionals are at the same table as community organizations and housing organizations.
- Becky Kurtz – There are models out there to connect the aging administration with housing and other services but not enough to meet demand. We need to get rid of silos.
- Dwight Mayes -- Federal funding should be available to all federally assisted affordable housing developments for social/service coordinators. These positions are totally different than property managers. There should be an initiative for grand family units to increase units in all independent affordable housing facilities.

Live Attendance	On-Demand Views *(as of 6/16/2022)*	# of Questions/ Comments	Selected Comments
2,212	21	192	• Starting with a personal story prior to a session, it is a great inspiration. Gives hope. • Affordable and safe housing is so critical to healthy aging. • Helpful to hear what strategies are being used to incorporate BH supports into housing - we have some innovative models here in RI as well • This session on housing and mental health with older adults has shined a light on a lot of issues which are relevant and need to be addressed now and in the future. I find this discussion among the panelist to be

			enlightening that we are addressing these issues.

Symposium Closing and Call to Action

One important goal was for attendees to leave the symposium with actionable ideas, concepts, and programs they could use in their work and community. Attendees were charged to make connections with others in their community that are serving older adults to see how to leverage their work together.

Examples of key takeaways from the symposium reported by participants:

- The importance of person-centered approaches, partnership, collaboration, holistic approach
- How powerful it is to hear the voice of older adults and caregivers
- The importance of advocacy for better resources and securing funding for those that raised us
- The realization that recovery is available to all
- The importance role of isolation in physical and mental health
- The role of connectedness for both older adults and programs that serve older adults
- Health is housing and housing is health
- Mental health providers and aging providers need to work together

Examples of connections participants plan to make in their community:

- Area agency on aging
- WRAP program
- Other providers that specialize in aging
- Housing agencies and authorities
- Behavioral health specialists
- Transportation
- Working with those open and willing to share their stories
- Visiting the SAMHSA and NCOA websites for more tools and resource

Planning for the 2023 Symposium

NCOA and partners will look to build off the success of the event to inform the 2023 symposium. The date and theme for the 2023 symposium are still to be determined. From the participant survey, we received over 1,000 suggestions on what participants would like to see from next year's event. Some of the most frequently suggested topics included:

- Affordable housing/homelessness
- Aging in place
- Alzheimer's/Dementia
- Anxiety/Depression
- Caregiver burnout/support
- Chronic illnesses and mental health
- Digital literacy
- Elder abuse/neglect
- End of Life planning
- Hands-on techniques and resources/toolbox
- Health equity and cultural considerations
- Hoarding
- LGBTQ+ concerns
- Medicare and Medicaid
- Medication management
- Nutrition
- Outreach in rural communities
- Peer support
- Social isolation
- Substance use/abuse
- Therapeutic techniques
- Transportation
- Veterans

If you would like to be considered to be part of the planning process for the 2023 symposium, please email Laura Plunkett at laura.plunkett@ncoa.org.

Appendix

Full Agenda

5th Annual Older Adult Mental Health Awareness Day Symposium

Monday, May 16 10:00 a.m. to 5:00 pm

Time	Session and Topic	Speakers
10:00 – 10:45 am **0 CEUs**	**Welcome and Keynote Speaker** Format: Welcome - ACL, SAMHSA, HRSA - *10 minutes* Opening Remarks- HHS Secretary *10 minutes* Statement from Rosalynn Carter read by Eve Byrd D.N.P., M.P.H., Director, Mental Health Program at The Carter Center Keynote: Moderated Q&A with NCOA's CEO, Ramsey Alwin and Jane Pauley *25 minutes* *Jane Pauley will discuss her personal journey with mental illness*	Alison Barkoff, Acting Administrator and Assistant Secretary for Aging U.S. Administration for Community Living 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 HHS Deputy Secretary Andrea Palm Jane Pauley, Host, CBS Sunday Morning and Ramsey Alwin, President and CEO, NCOA

10:45 – 11:00 am	Break - NAMI Pride: Speak Your Truth! https://nami.org/Support-Education/Video-Resource-Library/NAMI-Pride-Speak-Your-Truth	
11:00 – 12:00 pm **1 CEU**	**Breakout Session #1** Topic: A Look at Trauma-Informed Care Description: Up to 90% of older adults have experienced at least one traumatic event in their lifetime. This session addresses the importance of a trauma-informed care framework to create a community environment that understands, recognizes, and responds to the effect of the experience of trauma in older adults. Moderator: Erin Emery-Tiburcio, PhD, ABPP, Associate Professor, Division of Behavioral Sciences, Rush University *Learning Objectives*: At the end of this session, participants will be able to: 1) Understand the prevalence of trauma among older adults. 2) Describe the basic tenants of trauma-informed care, its importance, and common triggers. 3) Identify how individuals in various settings and levels have a role to play in trauma-informed care.	Consumer: Lily Liu Lisa Brown, PhD, ABPP, Palo Alto University Leah Bergen Miller, Associate Director, Center on Aging and Trauma at the Jewish Federations of North America
11:00 – 12:00 pm **1 CEU**	**Breakout Session #2** Title: Practical Strategies to Navigate Mental Health Resources and Services for Older Adults and Caregivers Description: Navigating mental health care resources and services for older adults and caregivers can be overwhelming. This session will provide an overview of the landscape, highlight successful initiatives, and provide practical steps	Consumer: Lynn Cooper, Behavioral Health Policy Specialist, P4A Leigh Ann Eagle, Executive Director, MAC, Inc.

	you can use to help connect older adults and caregivers in your community to services and supports. Moderator: Kristie Kulinski, Team Lead, Office of Network Advancement, Center for Innovation and Partnership at the Administration for Community Living *Learning Objectives:* At the end of this session, participants will be able to: 1) Discuss common barriers and challenges for providers and older adults to locate and connect to mental health resources and services. 2) Identify programs, such as the Program to Encourage Active, Rewarding Lives (PEARLS), that can serve as a linkage between behavioral health services and the community. 3) Locate resources and supports in their community to assist in connecting older adults and caregivers to mental health services.	Charles H. Smith, Regional Administrator, SAMHSA
11:00 – 12:00 pm **1 CEU**	**Breakout Session #3** Topic: Obesity and Mental Health in Older Adults: How to Beat Stigma and Seek Help *Sponsored by Novo Nordisk* Description: This session will look at the prevalence and risk factors for obesity as one ages. It will discuss how excess weight impacts our mental health with a focus on marginalized and minority populations and where to seek help. Moderator: Dorothea Vafiadis, Director, Health Partnerships and Strategic Engagement, NCOA *Learning Objectives:* At the end of this session, participants will be able to:	Tiffani Bell Washington, MD, FAPA, Physician/Health Policy, Trustee Harvard T. H. Chan School of Public Health Patty Nece

	1. Describe the connection between obesity and mental health in older adults, including the role of stigma, bias, stress, and past trauma. 2. Recognize the policy implications with respect to treatments for obesity and mental health for older adults, including equitable access and Medicare Part D coverage. 3. Identify resources for older adults to seek help and highlight solutions, such as the benefit of social connection.	
12:00pm – 12:45pm	Lunch Break – SAMHSA Spotlight • Dan L – Living with Major Depression - https://youtu.be/1clEHAj-eRE • Support for Serious Mental Illness | Real Stories - https://youtu.be/jTquXGc_CO0 • Screening and Treatment for Co-Occurring Mental Health and Substance Use Disorders - https://youtu.be/nqjrhF5ZtXM	
12:45 – 1:45 pm **1 CEU**	**Spotlight Session** Topic: Understanding and Preventing Suicide in Older Adults Description: Older adults comprise more than 16% of the population, but approximately 18% of suicides. This session discusses risk factors for suicide in older adults, how it varies across gender and racial/ethnic subgroups, and interventions that can help to prevent suicide. Moderator: Richard McKeon, PhD, Public Health Advisor, SAMHSA *Learning Objectives:* At the end of this session, participants will be able to: 1) Understand the scope and prevalence of suicide in older adults.	Consumer: Jeffrey Shultz Yeates Conwell, M.D. Professor and Vice Chair, Co-Director of the Center for the Study and Prevention of Suicide and Director of the Geriatric Psychiatry Program of the Department of Psychiatry, and Director of the University of Rochester Medical Center's Office for Aging Research and Health Services Mary Chase Mize, PhD, Assistant Director, HOPE Lab

	2) Recognize the factors that place older adults at an increased risk for suicide. 3) Describe evidence-based approaches to suicide prevention and identify resources, such as the nation's new 988 crisis hotline, to assist older adults.	
1:45 to 2:00pm	Break – Veteran's Spotlight VIDEOS Walking in the Light (maketheconnection.net) I'm not a victim anymore (Robert's Story) Vietnam Veterans' Voices on Managing PTSD	
2:00 – 3:00pm **1 CEU**	**Breakout Session #4** Topic: Beyond the Doctor's Office: Older Adult Mental Health Care Description: Access to mental health care services for older adults can be fragmented and difficult to navigate. This session explores programs beyond the health care system to address older adult mental health such as the evidence-based program, the Wellness Recovery Action Plan (WRAP). Moderator: Robyn Golden, LCSW, Chairperson, Department of Social Work, Rush University *Learning Objectives:* At the end of this session, participants will be able to: 1) Describe services and programs that address older adult mental health and empower individuals, such the Wellness Recovery Action Plan (WRAP) and other peer support programs. 2) Determine how older adult mental health support services and programs have adapted during the pandemic and what they may look like moving forward. 3) Identify sites where mental health services can take place and how mental health, aging, and	Jo Anne Sirey, PhD, Clinical Psychologist, Weill Cornell Sean Johnson, MA, CRSS-E, Project Coordinator, University of Illinois at Chicago (WRAP) Video: Warren Campbell, Veteran and Keri Lipperini, Director, Office of Nutrition and Health Promotion Programs Administration for Community Living

	disability services can collaborate to better meet the needs of their community.	
2:00 – 3:00pm **1 CEU**	**Breakout Session #5** Topic**:** Alcohol, Cannabis, and Opioid: Use and Misuse among Older Adults Description: This session will take a closer look at the prevalence of alcohol, cannabis, and opioid use and misuse in older adults, how these substances are often used for self-treatment of mental health and other conditions, and steps to ensure that older adults receive appropriate, effective, and safe treatment. Moderator: Frederic C. Blow, Ph.D., Director, U-M Addiction Center, Professor in the Department of Psychiatry, University of Michigan *Learning Objectives:* At the end of this session, participants will be able to: 1) Understand the nature and extent of the issue of alcohol, cannabis, and opioid use and misuse in older adults. 2) Identify how screening and interventions, such as SBIRT (Screening, Brief Intervention, Referral to Treatment), can lead to appropriate treatment. 3) Describe the role that stigma plays in substance use screening and treatment and how to overcome this barrier.	Namkee G. Choi, PhD, Professor and Louis and Ann Wolens Centennial Chair in Gerontology, The University of Texas at Austin Gwendolyn Gilbert, MS, LCMHC, LCAS, CSI, NCC, Chief Behavioral Health Officer and the CCBHC Program Director, Agape Health Services Consumer: Henry Tyler
2:00 – 3:00pm **1 CEU**	**Breakout Session #6** Topic**:** A Look at Grief and Loss through a Lens of Hope Description: Many older adults are affected by grief and loss, especially during the COVID-19 pandemic. This session will look at what is being done to	M. Katherine Shear, MD Marion E. Kenworthy Professor of Psychiatry in Social Work, Columbia, School of Social Work

	address grief from various perspectives and the power of hope and resilience. Moderator: Shari M. Ling, M.D., Deputy CMS Chief Medical Officer, CMS *Learning Objectives:* At the end of this session, participants will be able to: 1) Describe the different types of grief such as prolonged grief and disenfranchised grief. 2) Discuss practice approaches and innovative strategies to address grief such as through writing and Death Cafes. 3) Identify resources available to help people who are grieving.	Erica G. Srinivasan, Ph.D. Associate Professor, Psychology Department, UW-La Crosse Consumer: Jane Nichols
3:00 – 3:30pm	Break – VIDEO: Transportation and Social Isolation National Aging and Disability Transportation Center	
3:30 – 4:30pm **1 CEU**	**Panel and Closing** Topic: Addressing the Intersection of the Social Determinants of Health and Mental Health Description: Social determinants of health (SDOH) are the environmental conditions where people are born, live, work, play, worship and age and include economic stability, education access and quality, health care education access and quality, neighborhood and built environment, and social and community context. Safe housing, access to nutritious food, transportation and safety play a large role in health and well-being. Speakers will present interventions and solutions to address these determinants as they relate to mental health.	Consumer: Ms. BJ Michelle Missler, President and CEO, American Association of Service Coordinators Dwight J. Mayes - Director of Housing NCBA Housing Development Corporation Becky A. Kurtz, Managing Director, Aging &

	Moderator: Nina Darby, Trainer, Diverse Elders Coalition *Learning Objectives:* At the end of this session, participants will be able to: 1) Recognize the correlation between housing and behavioral health for older adults. 2) Identify how the barriers related to housing and other social determinants of health, such as nutritious food and transportation, can contribute to mental health concerns for older adults. 3) Summarize a behavioral health coaching intervention from Altana Regional Commission and what is happening next in this space.	Independence Services Director, Area Agency on Aging, Atlanta Regional Commission
4:30pm – 5:00pm	**Closing**	Ramsey Alwin, President and CEO, NCOA

Program Planning Committee Roster

Program Planning 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 PromotionPrograms (ONHPP) Administration on Aging Administration for Community Living U.S. Department of Health and Human ServicesPhone: 202-795-7422 keri.lipperini@acl.hhs.gov
Ellen Blackwell, MSW Senior Advisor, Center for Medicare & Medicaid Services (CMS), Center for Clinical Standards and Quality 7500 Security Boulevard, Baltimore, Maryland 21244-1850 ellen.blackwell@cms.hhs.gov	**Angie Boddie** Director of Health Programs, National Caucus and Center on Black Aging1220 L Street, N.W. Suite 800, Washington, D.C. 20005 Office: 202-637-8400 aboddie@ncba-aged.org
Virginia Dize, MS Program Director, USAging, National Aging and Disability Transportation Center 1100 New Jersey Avenue, SE, Suite 350, Washington, DC 20003 202-872-0888 vdize@usaging.org	**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
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	**Shannon Skowronski, MPH, MSW** Office of Nutrition and Health Promotion ProgramsAdministration on Aging/Administration for Community Living U.S. Department of Health and Human ServicesPhone: 202-795-7438 shannon.skowronski@acl.hhs.gov
Robert Walker External Consumer Engagement Liaison, Massachusetts Department of Mental Health, Office of Recovery and Empowerment, 25 Staniford Street, Boston, MA 02114 617-626-8275 robert.walker@state.ma.us	**Eric Weakly, MSW, MBA** Western Branch Chief, Division of State and Community Systems Development, Center for MentalHealth 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**	