8th Annual Older Adult Mental Health Awareness Day Symposium

Evaluation Report

July 2025

national council on aging

Content

Summary

The National Council on Aging (NCOA) hosted the 8th annual Older Adult Mental Health Awareness Day Symposium on May 1, 2025, from 10 a.m. to 5 p.m. 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).

Several recurring themes arose throughout the symposium. These included:

- Mental illness is not a normal part of aging.
- Words matter. There remains stigma around mental health, and our words send powerful messages that can either support mental well-being or add to the issue.
- Person-centered care should be standard, and older adults should be actively involved in setting goals that matter to them.
- Integration of mental health services into community programs increases participation.
- Strengthening social connectedness can reduce isolation for older adults.
- Our personal mission and values bring joy to our work with older adults.

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

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.

Attendance and Promotion

The event was widely promoted by NCOA, the steering committee members (Roster in Appendix II), and other partners. Organizations were provided with marketing materials including social media messages and images to help promote the event. Additional marketing tools and messages were provided to stakeholders to promote Dan Harris' participation as keynote speaker. Sample marketing materials can be found in Appendix III. The promotional period was shortened to three weeks due to federal regulations. Despite this shortened window, on the day of the event, 5,301 people were registered. This represents a 36% increase in registration in the same three-week promotion period for the 2024 Symposium and a 54% increase for the 2023 Symposium. This year 2,873 people attended at least one session live. The attendance rate for this live event was 54%, well above the average attendance rate of 47% for other free, virtual events[1]. As of June 30, 2025, there have been an additional 87 views of the sessions on-demand.

Attendance remained high throughout the day. The most attended session was "How to be Present for Those Experiencing Suicidal Ideation or Suicide Loss" with 2,554 attendees. The chart below outlines attendance numbers by session.

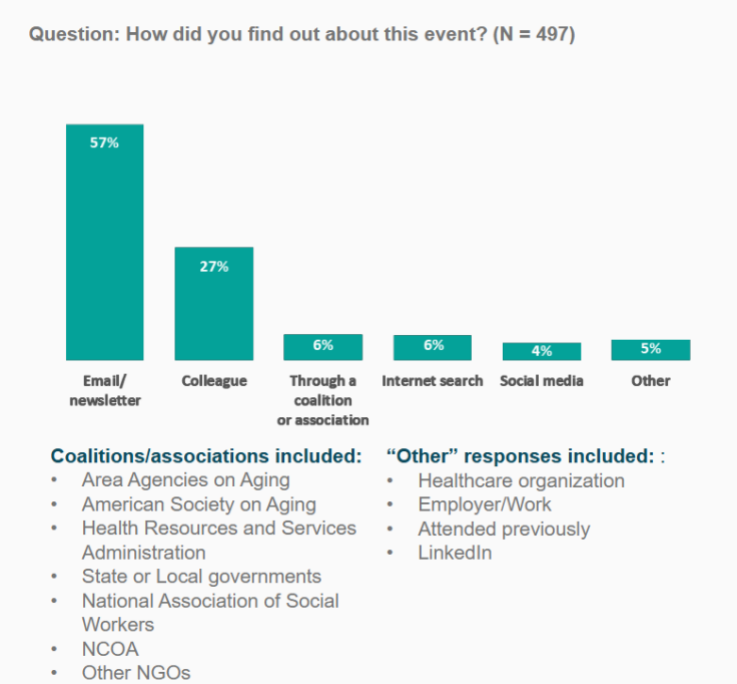
Product Title	**Number of Registrants Accessed Live (5/1)**
Welcome and Keynote Speaker, Dan Harris	2,365
How to be Present for Those Experiencing Suicidal Ideation or Suicide Loss (Breakout 1)	2,554
Using the Arts to Support Mental Well-Being: Addressing the Strengths and Challenges of Aging (Breakout 2)	853
Presentations from Geriatrics Academic Career Award Participants (Breakout 3)	372
Lunch Break – Mental Health and Retirement	1,561
Reality Check: Mental Health Issues Impacting Older Adults (Spotlight Session)	2,204
Implementing Behavioral Health Access into Community Based Organizations. Breaking Silence, Building Support: Mental Health Care at Sunnyside Community Services (Breakout 4)	741
From Struggle to Strength: A Person-Centered, Trauma Informed Model for Supporting Older Adults with Disabilities (Breakout 5)	953

Substance Use Prevention: How implementing Care Management Strategies and SBIRT can reduce the negative impacts of substance use (Breakout 6)	546
The Epidemic of Loneliness and Isolation: How Wisconsin is mitigating the effects through Social Connection; Mindfulness: Practical Strategies to Support Self-Care (Closing Session and Remarks)	1,730
Unduplicated Attendance Total (attended at least one session)	**2,873**

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

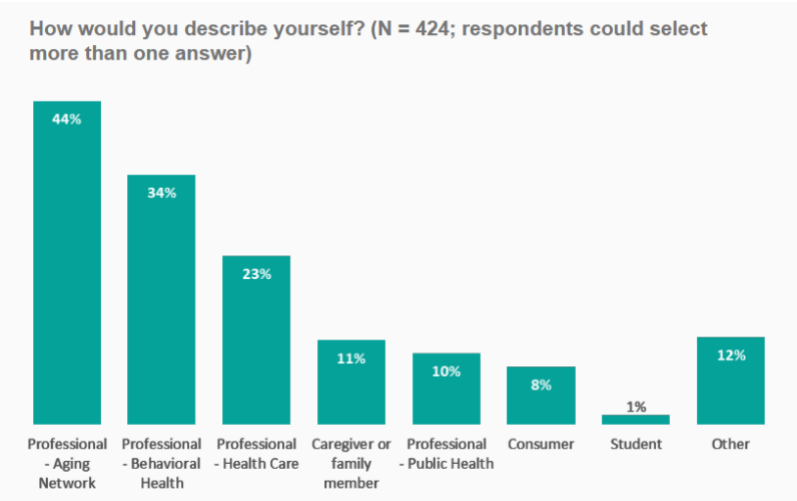
- Demand for current information on mental health and aging.
- Availability of free continuing education credits being offered in partnership with the E4 Center for multiple disciplines for all sessions.
- Extensive promotion from community partners.
- Featuring a well-known keynote celebrity speaker in Dan Harris

In the evaluation survey, respondents were asked how they learned about the event, and over half of respondents (57%) said they learned about it from emails and newsletters, with another 27% saying they learned about it from their colleagues. Six percent (6%) said they learned about the event from a coalition or association, and when asked to list such associations, responses included Area Agencies on Aging, American Society on Aging, Health Resources and Services Administration (HRSA), State and Local governments, National Association of Social Workers, NCOA, and other NGOs. Another 6% said they learned about the event from an internet search and 4% from social media. Finally, 5% learned about the event through a health care organization, employer, attended previously, or LinkedIn.



Participant Evaluation Survey

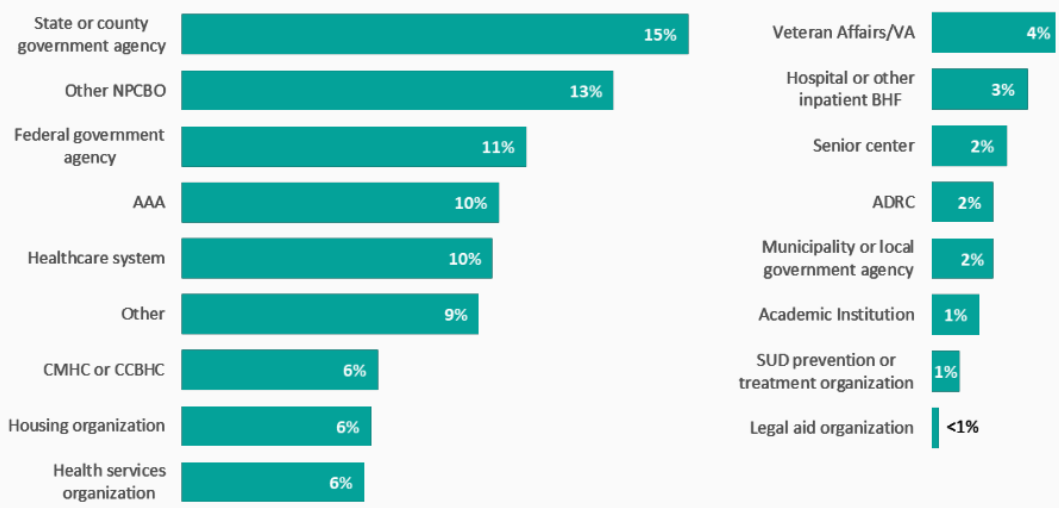
All symposium participants were invited to participate in an evaluation survey to give feedback about the event. The purpose of the survey was to gauge participants' overall satisfaction with the event and specific sessions, gather ideas for future sessions and give additional feedback. In addition to the NCOA survey link, participants who wished to receive CE credit were provided with a separate link from the Rush University E4 Center. Both survey links closed on May 16th, 2025. NCOA analyzed 595 survey responses for this summary.



44% of survey respondents described themselves as professionals in the aging network; over a third (34%) said they are professionals in behavioral health services; over 20% (23%) said they

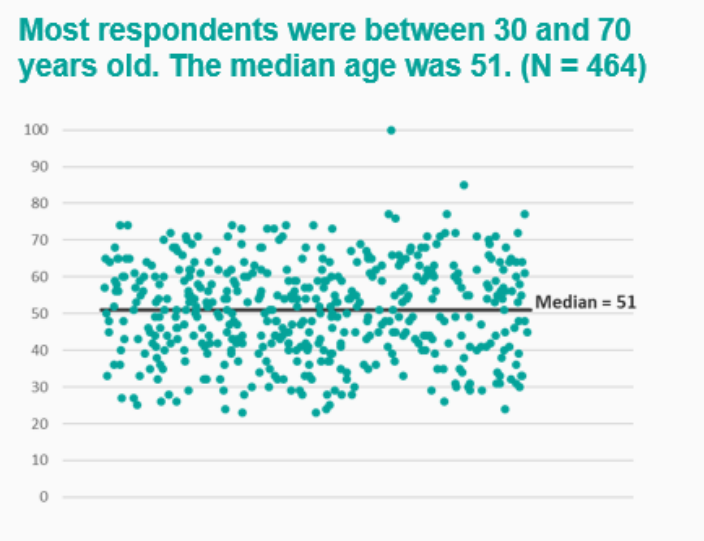
were a health care professional; 11% were caregivers or family members; 10% public health professionals; 8% were consumers (an older adult, person with a behavioral health condition, or in recovery); and 1% were students. Almost one out of five (15%) survey respondents worked for a state or county government agency; 13% said they worked for a non-profit community-based organization; 11% worked for a Federal Government agency; 10% worked for an Area Agency on Aging; 10% worked for a healthcare system; 8% worked for a Health Services Organization; 4% worked for Veterans Affairs/VA; 3% worked for a hospital or other inpatient BHF; 2% worked for senior centers, 2% worked at Aging and Disability Resource Centers (ADRC); 2% worked at a local or municipality government agency; 1% worked for an academic institute and 1% worked for a Substance Use Disorder (SUD) prevention or treatment center.

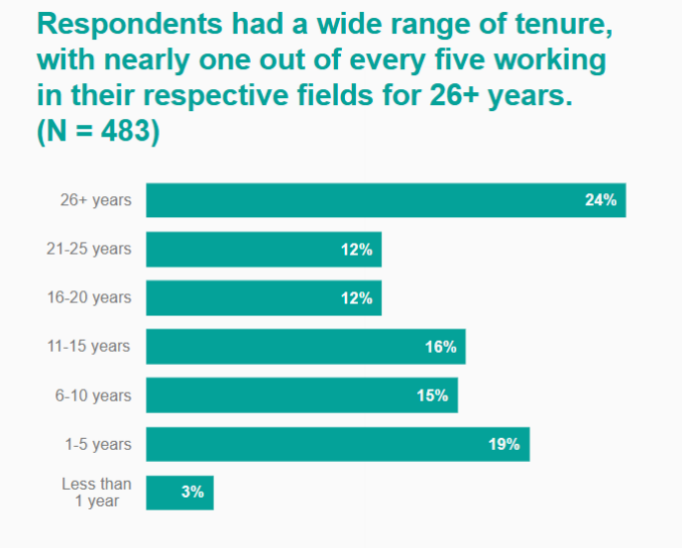
The most common organization that respondents represented were state or county government agencies and non-profits.



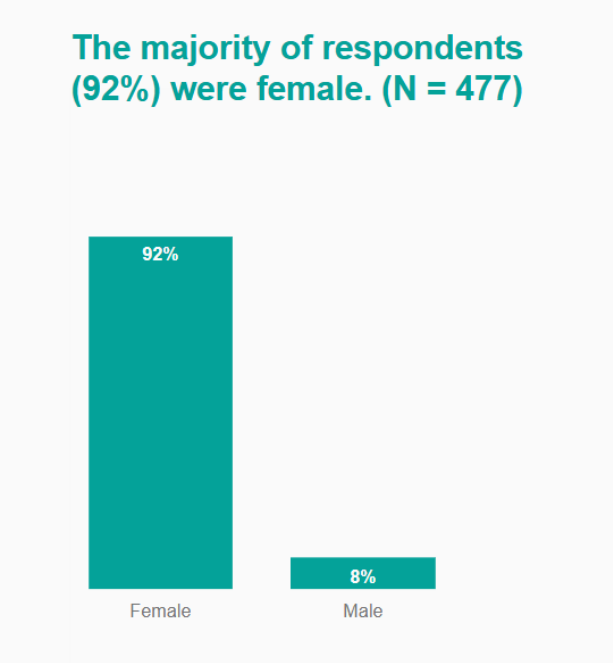
We had survey respondents from almost every state in the U.S., as well as the District of Columbia. We likely had participants attending from all 50 states as well as Puerto Rico; however, they were not represented in the evaluation data. The states with the most survey participants were California and Illinois.

The median age of survey participants was 51 years old. Participants had a wide range of tenure, with most respondents working in their respective fields for 26 or more years (24%) or 1 – 5 years (19%).

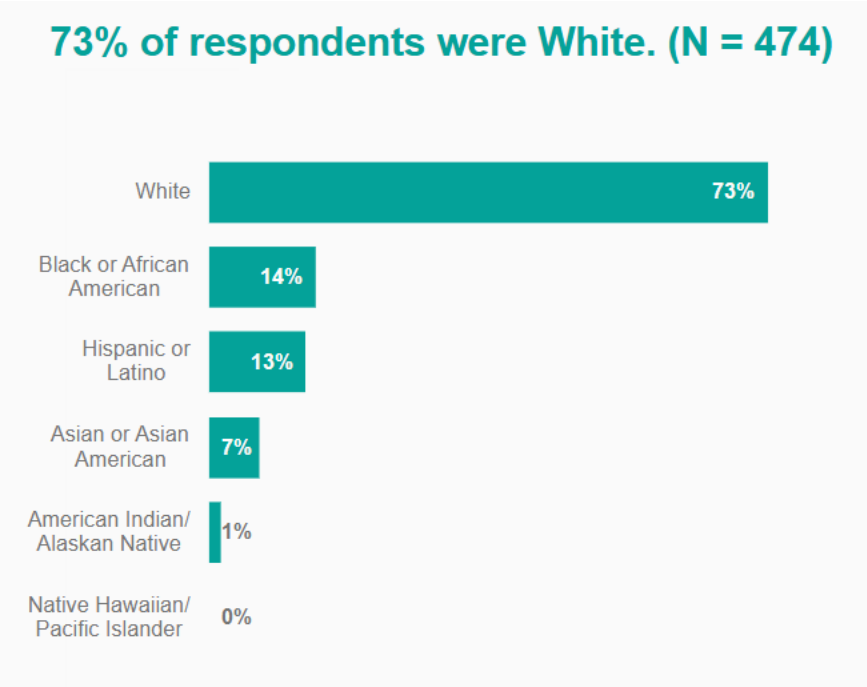




Most participants (93%) identified as female and 8% identified as male.

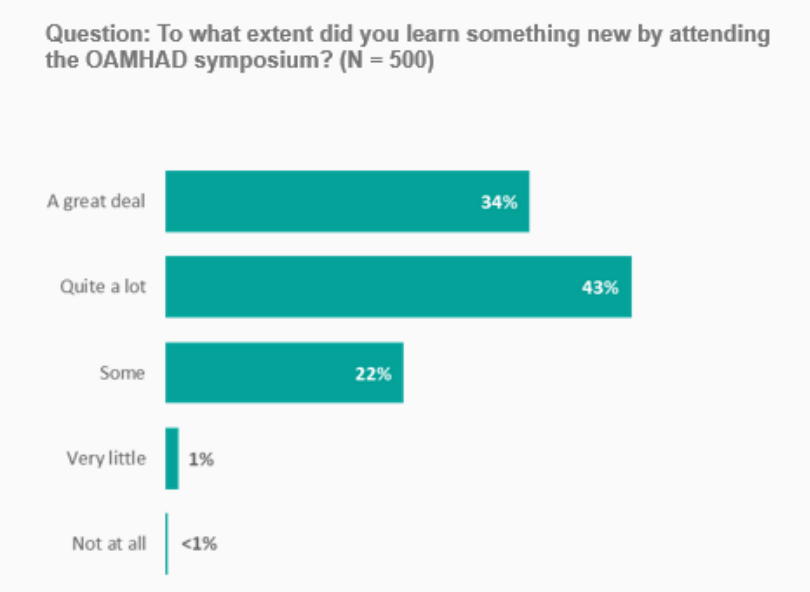


Seven out of ten (73%) survey respondents identified as White; 14% identified as Black or African American; 13% identified as Hispanic or Latino; 7% identified as Asian or Asian American; 1% identified as American Indian or Alaskan Native; and 0% identified as Native Hawaiian or Pacific Islander.



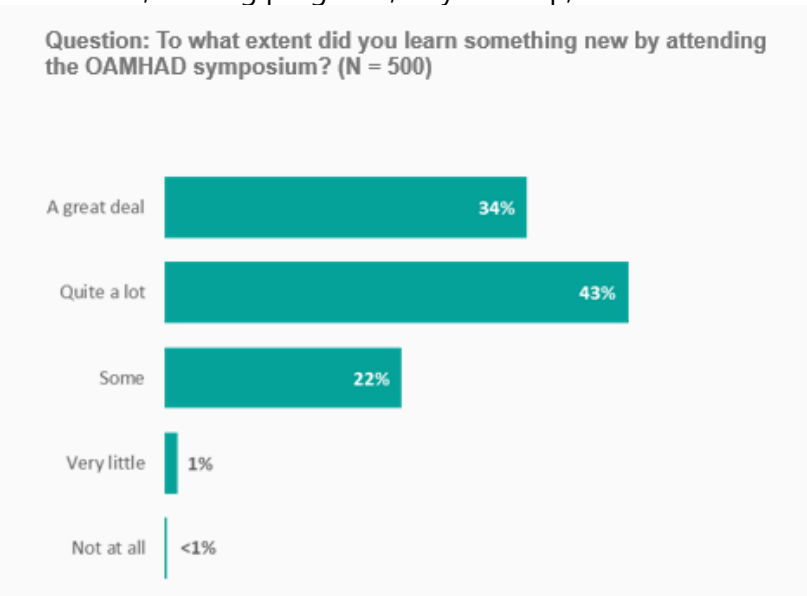
Participant Experience

Nearly all participants reported learning something new at the Symposium ("a great deal" (34%) and "quite a lot" (43%) and "some" (22%). 1% said very little, and less than 1% said they learned nothing at all.

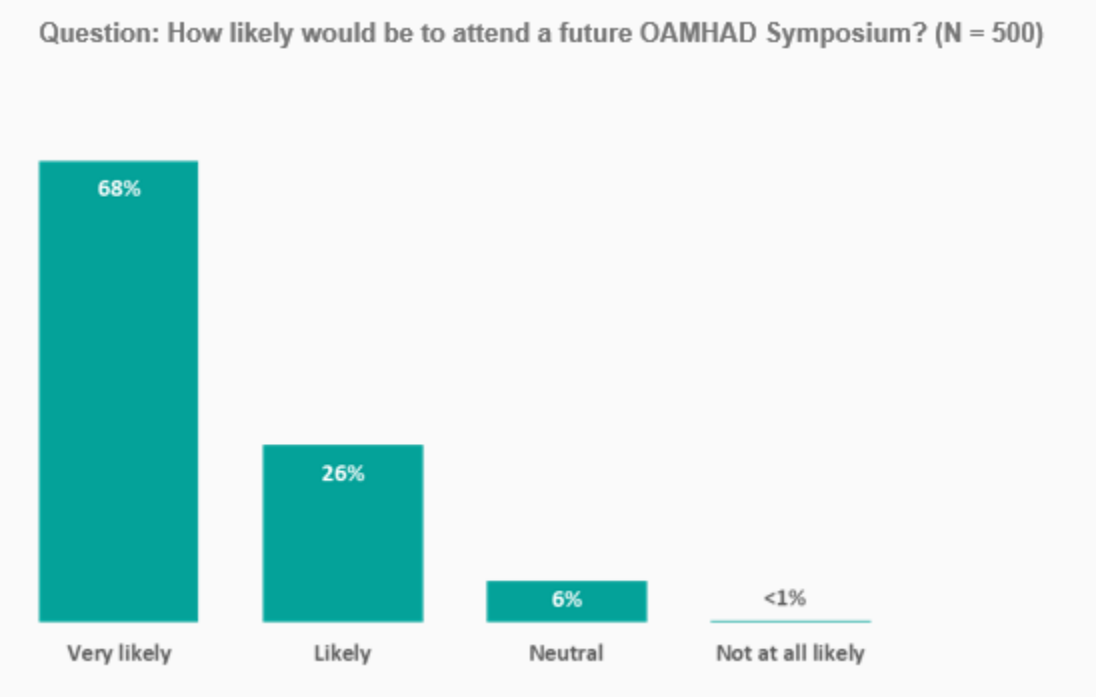


Over three quarters of participants (86%) said the symposium was extremely or very helpful to inform and support their work. Other respondents said the symposium was moderately helpful (13%) or either slightly or not helpful (1%).

When asked what they learned, some of the top responses included information about social connection, existing programs, ways to help, and suicide.



Nearly two thirds of respondents (68%) indicated that they are very likely to attend a future OAMHAD symposium, and just over a quarter (26%) said they are likely to attend again. Only 6% indicated that they were neutral and less than 1% said they are not at all likely to attend in the future



Sample Participant Feedback

"One of the better conferences I've attended as an RN, relatable to the population we see… and important information to help our clients"

"This was my 3rd year attending. I will do so next year as well. Working in senior housing, I found this symposium very helpful. Thank you."

"I really appreciated the closed captions and ASL interpreters. Very accessible!"

"Keep up the great work! The symposium is essential to us CBO workers, so I appreciate being able to attend every year! Thank you!"

"I found Dan's story to be inspiring and motivating. He took his challenges with mental health and is now a huge advocate impacting others lives sharing his story. I also loved his quote: "Happiness is a trainable skill- the mind and body is a trainable thing, there are things you can do to be happy. Any interaction can be an opportunity for boosting happiness."

"Overall, it was a wonderful experience and I learned so much about mental health issues for older adults and will be applying this knowledge as the [profession redacted] for [organization name redacted], as well as for my role as PEARLS Coach!"

"I'm really really impressed with the symposium. I wasn't sure how it would be on line but all of the speakers were engaging and the topics were very interesting. One of my co-workers also attended and I wish more of them had been able to. Thank you!"

Sample Feedback Regarding Areas of Improvement

"I would prefer to have a few minutes at least between sessions. Some sessions went right to the time of the next session and I was late for a few. Going back and forth to the agenda made it a bit difficult."

"How the sessions are set up is still something to get used to. Every time I went back to the main page and clicked on dashboard, another window would open and by the time I was done with the event, I had 10 tabs opened.... I did not know if I had to click on the tab that I completed the session to ensure that I was registered for it to receive credit for attending it or close out and hope for the best."

"Know the audience more.... Many in the training do not need to be educated and what has been done and what has not."

"Some of the specific programs very interesting but didn't feel applicable to on the ground clinical work."

Several participants noted a perceived gap between the guidance provided by federal partners and the realities they encounter in their day-to-day operations. Opening remarks came across as incongruent with current aging and disability policies.

Welcome and Keynote Speaker

Key Takeaways

- Mental health crisis or illness should not be considered a normal part of aging.
- There is hope that people can recover.
- We need to increase the speed of dissemination of successful models.
- Meditation can be a powerful tool to support mental health.
- We need to make meaningful connections and support older adults in doing so too.

This session started with representatives from ACL, HRSA and SAMSHA sharing a state of older adult mental health and resources that are available to individuals, caregivers and professionals. Mental illnesses are on the rise in older adults, including depression and suicidal ideation. The overdose rate for those over 55 has increased, even though it has declined for younger people. And individuals over the age of 85 are some of the most vulnerable to suicide. To address these concerns, the Administration is asking people to increase the spread of innovative models – to share what works with more people and with great purpose. They encouraged participants to "flip the script" and change the mindset that people are too old to recover. We need to work together to support older individuals and their families.

Ramsey Alwin Conversation with Dan Harris

Dan Harris, an award-winning journalist, shared his experience managing panic attacks. He first experienced a panic attack on Good Morning America while giving the news headlines, an experience that was scary – and embarrassing. He learned that self-medicating with drugs was increasing his risk of panic attacks and that motivated him to start going to therapy and doing meditation. Realizing that the benefits of meditation are supported by science, and that it can be a secular activity, helped him incorporate it into his life. This realization led him to author, *10% Happier: How I Tamed the Voice in My Head, Reduced Stress Without Losing My Edge, and Found Self-Help That Actually Works--A True Story* and he also hosts the 10% Happier Podcast. He also highlighted other modalities to support mental health in addition to meditation, including therapy, exercise, healthy diet, sleep, and nature or beauty of any kind. He said most importantly, the strongest and most powerful lever you can pull is the quality of your relationships. He noted that men in particular are at risk for loneliness because they may have been taught, they need to get by on their own and not ask for help. His belief is that real strength is being enmeshed and engaged in community -- helping others and getting help.

His recommendations to participants were to:

- Start small with meditation. Start with 1 minute per day and be flexible, don't let missing a day derail you.
- If you are lonely, one great action is to volunteer. When we do good, we feel good.
- To support older adult mental health, especially for men, help find ways to connect with others. Identify meaningful opportunities, especially those who have lost their spouse.

Live Attendance	On-Demand Views (as of June 30, 2025)	# of Questions/ Comments	Selected Comments
2,364	2	158	• Thank you Dan Harris for coming on and spreading your knowledge/help for mental health! It can be hard to know what to say to older men of how to focus on their full health. • I love looking out for the opportunity for a small positive interaction with a stranger each day! It's like a little scavenger hunt and both I and the stranger win! • Good to hear that the presenters/facilitators share their personal knowledge of aging.

How to Be Present for Those Experiencing Suicidal Ideation

Key Takeaways

- There are identified older adult suicide risk and protective factors.
- There should be a lifetime pathway for prevention, not just addressed in older adulthood.
- Evidence-based training has been found to save lives.
- Each suicide impacts hundreds of lives and can bring trauma for the survivors.
- Postvention is important for suicide loss survivors.

The session began with an overview of suicide rates and risk factors for older adults. For older adults, the suicide rate increases with age with the highest rates for those over 85. Rates are also higher for males, particularly older males, and more prevalent among white persons. The highest suicide rates are for older adults by firearm. Older adults also have fewer attempts to completion than younger adults. This may be due to higher use of firearms, and because being isolated may delay them being found after a suicide attempt.

There are older adult suicide risk and protective factors. Risk factors include mental health challenges; physical health problems; isolation and loneliness; stressful life events such as grief, loss of loved ones, and loss of independence; prior suicide attempts; and access to lethal means.

Protective factors include effective behavioral health care, life skills (problem solving and coping skills, self-esteem and sense of purpose and social connectedness. Social connectedness could be participation in community organizations, having a confidante, engaging in a hobby, and/or living with others. However, it is important to note that no factors can completely predict or prevent suicide attempts. It is complex and interwoven.

There are not enough interventions for older adults and those that exist are not successfully promoted. Two resources that provide effective interventions include:

- Interventions to Prevent Older Adult Suicide: Final Report
- Older Americans Behavioral Health Issue Brief 4: Preventing Suicide in Older Adult

One example of a successful intervention, Firearm Life Plan, works to reduce risk by helping older adults plan for "retiring" firearms, including guiding difficult conversations and considering firearms as heirlooms to pass down, preserving the importance of the firearm to their family and the right to own firearms, while also reducing risk due to suicide by firearm.

When designing suicide prevention interventions for older adults, it is important to establish the framework for delivery – is it universal (for all), selective (smaller group that might seem more at risk), very targeted (high risk). Additionally, interventions should start before older adulthood. We should be considering a lifetime pathway to prevention.

Interventions should also consider the touch points where older adults are already making connections, reflect the circumstances most relevant to older adults, consider potential physical health issues and strengthen sense of usefulness, belonging and that contribute to preserving social integration.

Interventions need to be thoughtful, and evidence based as we go forward. More research based on data and intervention evaluation is needed to improve suicide prevention for older adult.

The session than focused on how to be present for those experiencing suicide ideation or loss. There are things we can all do:

- Recognize warning sides of suicide
- Learn how to talk to someone if you're concerned
- Know how you can be a hope-giver
- Understand how and where to get help
- Get trained in mental health first aid or QPR (question, persuade, refer)

You are not trying to avoid pain for yourself or others. Life is not about avoiding pain or stress. Life is about experiencing pain, processing it, learning from it, and living through it.

Postvention, an intervention conducted after suicide focused largely on supporting the bereaved, is also especially important. We can do a lot of suicide prevention and there will still be suicide loss survivors. These suicide loss survivors are more likely to experience suicide, highlighting the importance of postvention. This impact extends far beyond the next of kin, to include close friends, colleagues, first responders, and therapists. It is estimated that approximately 135-138 people are exposed to every suicide death. Those exposed may develop PTSD or major depressive disorder. A male partner of someone who died by suicide is 46% more likely to take his life. Trauma is generational and we need to put in protective factors for those impacted. It can be a stigmatizing loss that brings shame and embarrassment, making it even more important to open the door to get support.

The session ended with a personal experience of a man whose wife had attempts at suicide. He noted that stigma prevented him from reaching out for help, and that getting older has made getting mental health services for his wife even more difficult. Programs such as Courage to Caregivers and Light After Loss provide important supports for caregivers and family.

Live Attendance	On-Demand Views (as of June 30, 2025)	# of Questions/ Comments	Selected Comments
1,330	85	79	• Are there any specific events that took place in 2022 that affected older adult suicide rate at that point? • In my research as well as my personal connections to veterans through my work, I have seen that veterans have more skill and typically are more likely to own firearms. I see at a much younger age veterans and first responders attempting or dying by suicide. • Laurie - your love and dedication to your wife is really touching • Thank you all for sharing your personal stories.

Using the Arts to Support Mental Well-Being: Addressing the Strengths and Challenges of Aging

Key Takeaways

- Art can have positive impacts on health.
- Art can give a voice to people often left out of conversations on aging and mental health.
- Art can bring attention to aging and mental health and help reduce stigma.
- Art can empower people to tell their stories in a powerful way.

This session focused on the important role the arts play in helping support mental wellbeing for older adults and those with mental illness. Several examples of successful programs in Sarasota, Florida were shared. Sarasota has a large older adult population, with 46% of the residents being aged 60 or older and almost 25% of those 65 and older live alone. Sarasota has committed to supporting this older population, being the first age-friendly community in Florida and the first age-friendly public health department.

Art can have positive impacts on health. It has been shown to foster creativity, support self-expression, improve quality of life, deepen social connections, facilitate dialogue about difficult issues, improve mood, and support feeling acknowledged and being heard.

One program, FACEing Mental Illness: The Art of Acceptance held monthly art workshops where anyone in the community with mental health challenges could come and create a self-portrait. The program focused on eliminating misconceptions, empowering individuals who have lived experience, reducing shame and promoting the healthy power of the arts. The project held an exhibition during Mental Health Awareness Month where every portrait was displayed along with a photo of artist and an artist statement. This was very meaningful as it is a challenge to get people experiencing mental illness to come forward. In this case everyone agreed to be included with full name and photo. Instead of being ashamed, they felt celebrated. This also resulted in a book and documentary, with subsequent community projects building on this work.

Advice and suggestions for doing this type of work included:

- Don't go it alone. Engage the entire community. Seek collaborations with business, schools, artists, local nonprofits, etc.
- You don't need a lot of funding to get started. Efforts are often funded by the organization but could also charge a nominal fee.
- Apply for grants and foundation funding that match your mission and goals.

An additional example, Arts for Health focuses on improvisational drama, which can improve health through empowerment of expression of creativity, imagination and inner voice. Sages Plays with Purpose uses older adult actors and focuses on issues of relevance to older adults including falls, scams, and memory loss, helping to destigmatize aging.

Live Attendance	On-Demand Views (as of June 30, 2025)	# of Questions/ Comments	Selected Comments
853	62	61	• Can you talk about some of the logistics for setting something like this up? I would be really interested in trying to have something like this work through the art committee at my job. • So inspired by your projects, hope to find ways to incorporate some in Central VT. Thank you! • That video would be an awesome thing to show to my residents. This information and knowledge of the arts and what it does for those with mental illness has been so beneficial. Thank you

Presentations from Geriatrics Academic Career Award Participants

Key Takeaways

- Integrating mental health support and screening for social isolation is essential for improving both psychological and physical outcomes.
- Addressing the mental health needs of older adults with chronic wounds can significantly improve recovery and quality of life.
- Collaborative practice models can improve mental health outcomes and patient satisfaction.
- The Medicare Annual Wellness Visit is a valuable tool for preventive mental health screening for older adults.

This session includes three presentations from recipients of the Geriatrics Academic Career Award.

Improving Mental Health in Older Adults with Chronic Wounds

Older adults with chronic wounds are susceptible to depression and anxiety. Wounds can lead to social isolation due to pain, bandages or dressings required, and swelling, odor and itching that can occur. There is also a connection between depression and wound healing, with depression leading to slower wound healing and reduced adherence to treatment plans and delayed wound healing worsening depression. Screening is particularly important for this group of individuals as

depression is diagnosed three times more often in older adults with impaired wound healing. Factors that predict risk of depression include wounds present for longer than 90 days and pain from the wound at the initial consultation. These findings are reversable through screening and treatment, including managing pain, optimizing mobility and socialization. An intervention at Icahn School of Medicine at Mount Sinai included a community-based "Leg Club" and found significant improvement in healing in the intervention group, where the only treatment difference was a socialization component.

Enhancing Mental Health Care for Older Adults: A Collaborative Practice Model for Chronic Care Management

The University of Rochester Medical Geriatrics Group developed a practice model to improve the management of mental health conditions among older adults, with an emphasis on chronic care. In addition to providing better quality of life and health outcomes for older adults, the model

- improves communications between healthcare providers, older adults and their caregivers
- shares responsibility for managing the older adult's mental and physical health
- provides holistic support by addressing mental health needs in the context of the older adult's overall health, improving the management of comorbid conditions

The model addresses the 4 M's of the Age Friendly Health System (mobility, medication, mind, what matters), with an emphasis on shared chronic care management focusing on mental health for older adults. It involves a comprehensive 90-minute initial visit, development of an individualized care plan and regular follow-up visits every three months that alternate between the physician and care coordinator. They go to the patients and rely on telemedicine, allowing them to serve those in remote areas. Outcomes have included improved mental health, including reduced use of unnecessary medications, better quality of care, improved patient satisfaction and improved treatment adherence.

Using the Annual Wellness Visit (AWV) to Screen Older Adults for Mental Health Disorders

The Medicare Annual Wellness Visit (AWV) is a valuable tool for improving the quality of life in older adults by promoting preventive mental health screenings. This annual visit is available for Medicare part B beneficiaries and promotes healthy aging but is an underutilized resource, especially to identify mental health issues in older adults. Multiple studies have demonstrated improvement in depression screening with AWV utilization in primary care practices. Potential screenings tools include PHQ-2 Screening Tool for Depression and GAD-7 Screening Tool for Anxiety. At the University of Hawaii Geriatrics, providing training, an interprofessional approach and incorporating mental health screenings into the AWV workflow resulted in a major increase in depression screening completion rates, especially for those over 75 years of age.

Live Attendance	On-Demand Views (as of June 30, 2025)	# of Questions/ Comments	Selected Comments
371	24	49	• Can any older adult request to their PCP to take either screening tool or can their care giver? What is their cost? If insurance doesn't cover this service? • I am starting soon to provide mental health services in an inpatient setting in my career such as a skilled nursing facility, what are some recommendations for me as a mental health professional specializing in older adult care, would you suggest that I focus on during assessment to ensure collaboration with medical professionals. • This is great, but I wonder how many doctors' offices in the community have social workers. It would be such an added benefit to seniors to have social workers.

Mental Health and Retirement

Key Takeaways

- Retirement looks different for different people.
- Transitions to retirement can be challenging.
- Positive aspects of retirement are often not shown or highlighted.
- Strategies can support well-being in retirement.

Retirement is often shown as difficult and a struggle, but the positive aspects are often not shown. The once linear model of retirement has evolved; it is more of a process with people moving in and out of work. Retirement may occur later in the career; some may still work part time or volunteer. The transitions to retirement can be challenging, and a strong identity tied to a job makes it more stressful. The University of British Columbia Retirement Lab conducted a

narrative study of 20 males that felt they successfully transitioned to retirement provided some key themes including perceived readiness, career challenges as a catalyst, tying lose ends, coming to terms, desire for meaning, purpose and balance, continuing paid and unpaid work, and reflections on vocational achievements and identify.

Based on these findings, some practice applications to support well-being in retirement include:

- gradual role transitions and modified work or volunteer opportunities
- finding ways to contribute
- exploring meaningful activities
- processing and reflecting on career experiences
- building new routines that honor past identifies
- preparing for change and acceptance

Having space for conversations about transitions at worksites can support employees. We also need to consider support for caregivers during and after retirement.

Live Attendance	On-Demand Views (as of June 30, 2025)	# of Questions/ Comments	Selected Comments
1,561	35	99	• I think it is critical that we acknowledge family caregiving as a job in order to help caregivers face retirement. • All this info is spot on. I am currently transitioning and finding meaning is probably my number one concern. It is almost like steps of grief, slow and steady with transition is very digestible. • Great presentation, thank you! My husband experienced a forced Retirement last year. He found a part time job with a non-profit and feels like he is giving back to the community. He also has been seeing a therapist for PTSD related to the forced retirement.

Spotlight Session - Reality Check: Mental Health Issues Impacting Older Adults

Key Takeaways

- We need to have a realistic vision of older adults
- Simply telling someone to do something is not enough. There has to be something positive that goes with it. Such as a positive feeling or a sense of accomplishment

The session started with an overview of older adults' mental health concerns. The speaker noted that the vision many people have of older adults does not reflect the diversity of this population. This is not a population only of little old ladies playing with their grandchildren. This is a population that is comprised of diverse cultures, backgrounds and lifestyles that includes drug use and trauma, and their mental health concerns reflect this experience.

There are five main categories of concerns:

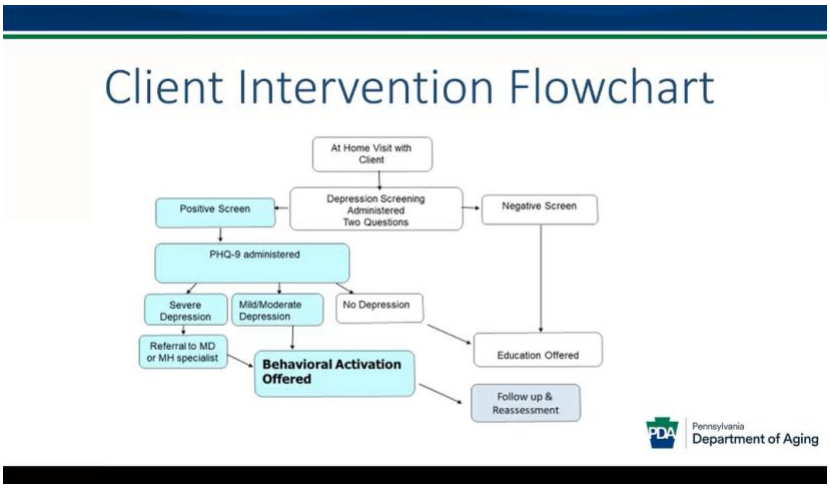
- mental health – can be longstanding or recent
- aging-related (more likely to occur later in life) -- loss and grief for people, pets, health, independence. It can also be related to role transitions and end of life issues.
- human experiences (not age specific) – relationships, finances, trauma, abuse
- cohort influenced concerns – consequences of cultural and historic context which for this current group of older adults includes the civil rights movement, the Vietnam War and the AIDS epidemic
- current state of world concerns – climate, environmental concerns, government and politics

The session then highlighted work at the Pennsylvania Department of Aging Health & Wellness Program and implementation of the Health IDEAS Program. Pennsylvania is fifth in the nation in older adult population with 24 counties in Pennsylvania having more older adults than youth. Additionally, Pennsylvania is ranked 9th in depression hospital admissions with western Pennsylvania having the highest admissions. National trends in adult suicide are also found in Pennsylvania where individuals 60 and older represented 28.6% of suicide deaths. Additionally, suicides in Pennsylvania men aged 60 and older outnumber women 60 and older by over 5 to 1.

Healthy IDEAS (Identifying Depression and Empowering Activities for Seniors) is an evidence-based community program to detect and reduce depressive symptoms. It is embedded into ongoing case management services and improves linkages between community providers and healthcare professionals. It has successfully reached isolated, high-risk, diverse, community dwelling older adults and is available in English, Spanish, Russian, and Chinese.

The program is delivered over 3 to 6 months and conducted in the client's home on a one-to-one basis by case managers. Program components include:

1. Screening for symptoms of depression. Patient Health Questionnaire (PHQ-9), using their own responses to elicit information.
2. Educate older adults and caregivers about depression, effective treatment and self-care. Depression is NOT a normal part of aging, it is treatable.
3. Referring and linking clients to treatment and follow-up with PCP and mental/behavioral health providers. Encourages participants to discuss their symptoms with their doctor and explore therapy and medication options.
4. Empowering clients through Behavioral Activation. Linking between mood and activity, adding meaningful activities into their lives will increase feelings of pleasure and decrease depressive symptoms. Behavioral activation involves identifying meaningful behavioral goals that are important to individual clients. Case managers help clients set and achieve their goals as part of a collaborative process designed to address the unique needs of each person and to maximize the opportunity to obtain positive outcomes (e.g., pleasure, feelings of accomplishment) and to decrease negative outcomes (e.g., feeling sad, tired, lonely)
5. Assessing client progress.



The program has had positive outcomes in Pennsylvania. The average consumer starts the program with a PHQ-9 depression score of 12.7 and by completion the average PHQ-9 score is at 6.4. Additionally, the completion rate for the participants is 82.6%.

There were challenges to program implementation and suggested strategies for addressing those challenges were presented.

- Mental health stigma - try not to use the term depression with the consumer. AAA (Area Agency on Aging) staff do assessments for resources that the consumer may need
- Limited access to Mental Health Treatment -Healthy IDEAS is an intervention and not treatment
- Staffing shortages -- Training and retraining facilitators is key. The department offered mini coaching sessions during monthly meetings

Live Attendance	On-Demand Views (as of June 30, 2025)	# of Questions/ Comments	Selected Comments
2,205	48	142	• Do you find that people aged 65 plus are unlikely to seek therapy even when screened for depression or anxiety at the primary care office. Any tips on engaging them? • Are there any thoughts or recommendations around improving community-clinical linkages to help facilitate getting individuals connected to resources/physicians AND getting physicians/providers more confident in having difficult discussions or providing referrals? • What kinds of mental health support could/would be done with someone with dementia beyond med management and ensuring staff encourages social participation?

Implementing Behavioral Health Access into Community Based Organizations. Breaking Silence, Building Support: Mental Health Care at Sunnyside Community Services

Key Takeaways

- Having mental health programs integrated into the senior center improves participation and reduces stigma.
- Having staff familiar with the culture and those who speak the language encourages older adults to seek counseling and support.
- Words matter. Changing the staffing name from "mental health counselor" to "supportive counselor" made individuals more comfortable in accessing support.

This session focused on the integration of mental health services into the overall services at Sunnyside, a community-based non-profit center in Queens. The Older Adult Center at Sunnyside provides numerous services designed to help older adults thrive in the community, including shared experiences, meals, activities, educational programs and intergenerational activities. The Geriatric Mental Health Initiative (GMHI) program is a free supportive counseling program for individuals that is offered in person, by phone or in the home. There are also support groups offered onsite. It is offered to those over 55 who report feeling lonely, anxious,

depressed or stressed or for those who are feeling overwhelmed or experiencing mild to moderate mental health symptoms that are impacting their quality of life. Those individuals requiring psychotherapy or medication management are referred to a community partner, who also provide services at the community center.

This collaboration and seamless connection of the GMHI program within Sunnyside is invaluable and ensures provision of mental health services to the community. It has also helped to normalize mental health support. The programs are announced as part of the regular schedule and the GMHI staff are integrated with Sunnyside staff. Having the program embedded within the community center reduces the stress and stigma in accessing mental health services. People are more likely to accept help when it is offered in a trusted place as they don't feel judged for accessing the services.

The session closed with the personal experience from an older adult that has actively engaged with and benefited from the GMHI program at Sunnyside. The individual immigrated to the United States from Romania in 1992 and worked in the hotel industry. She was in a long but unhappy marriage and also has a limited relationship with her daughter. After her divorce, she tried therapy that was covered through her insurance but found it disengaging and unhelpful. She participated in activities at Sunnyside and was connected to the GMHI counselor. Through this service, she found the time and space to unload her emotional burdens. She said she found real support, understanding and healing through the counseling. The connection was so strong that she felt able to ask for additional help after experiencing an injury. Her testimony highlighted the vital role of community-based mental health access.

Live Attendance	On-Demand Views (as of June 30, 2025)	# of Questions/ Comments	Selected Comments
741	31	36	• Are there any suggestions on how to engage with Independent Living Centers as an individual provider of mental health services to older adults? These are not non-profit centers and communities. My Mom lived in one of these communities during the pandemic before she moved in with me. I found many of her fellow residents showing the effects of loneliness, grief and issues who are not utilizing the activities offered and often estranged from adult children and other family members.

			• Thank you Lucia for sharing your story. And thank you to the Social Workers working to make a difference in older adults' lives. • It seems the program is able to assist its clientele with navigating a variety of system that would otherwise be challenging for them.

From Struggle to Strength: A Person-Centered, Trauma Informed Model for Supporting Older Adults with Disabilities

Key Takeaways

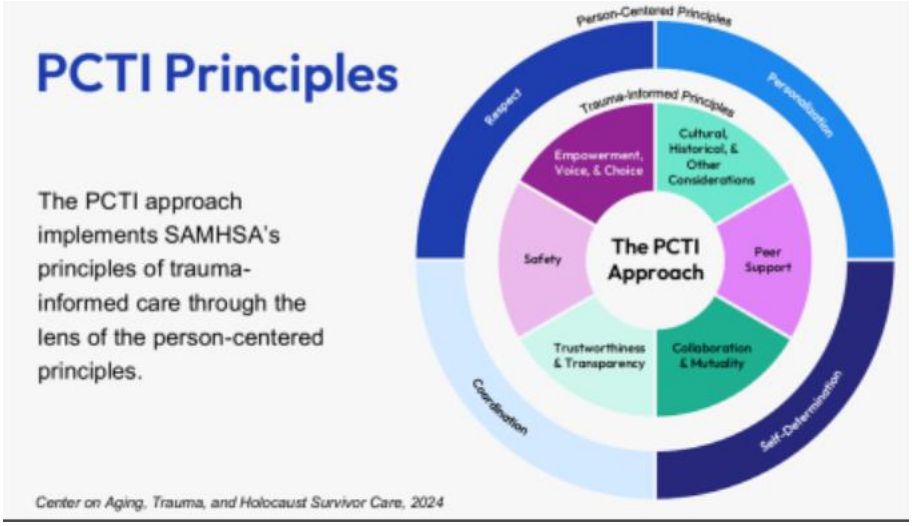
- Trauma can have long standing impacts across the lifespan.
- Person-Centered Trauma Informed (PCTI) care focuses on the strength, agency and dignity of the individual.
- There is an intersection between trauma and disability, especially for those with intellectual and developmental disabilities.
- Validation of trauma experiences provides the opportunity to heal.

The session started with a focus on trauma definitions and approaches for working with those that have experienced trauma. Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. As many as 90% of older American adults have experienced a traumatic event in their lifetime.

The Person-Centered, Trauma-Informed (PCTI) approach is a holistic model of care that promotes the health and well-being of individuals by accounting for the role of trauma across the life course and by resisting re-traumatization, while also focusing on the strength, agency, and dignity of the person receiving care. This approach incorporates SAMHSA's (Substance Abuse and Mental Health Services Administration) six principles of trauma Informed care including:

1. Safety
2. Trustworthiness and transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, historical and gender considerations

and the four principles of the person-centered approach; personalization, self-coordination, coordination and respect.



The session then shared a personal story of an individual who was institutionalized as a young child. She was able to go home once a month and in the summer. Coming back to the institution after these visits was challenging for her and she was often put in isolation when she "acted out." She was also told that she was one of the "lucky ones" because she was able to go home and also able to take classes. But she noted that she did not feel lucky. She shared that she was recently in a nursing home after surgery and being in that setting made her very anxious, with certain environments triggering those early experiences.

The session than delved into the trauma experienced by individuals living with intellectual and developmental disabilities (IDD). There is a history of institutionalization for individuals with IDD, many of whom were then moved out into the community in the 1980's. Both situations could have caused trauma. Sources of trauma for individuals living with IDD include physical, sexual, and emotional abuse; bullying; exclusion; and institutionalization. One in three adults living with IDD will experience some form of sexual abuse in adulthood.

There are "big T" traumas that include major events such as physical and sexual abuse, neglect, grief and loss. There are also "little t" traumas such as neighborhood trauma, discrimination, social exclusion, exclusion from family, and frequent foster care or group home placements. In reality there is no small trauma, as they all have impact. Trauma changes the brain – causing cognitive, physical, or emotional effects. The smaller traumas, which may not be seen as impactful by others, can cause PTSD.

There is also a lack of person-centered support for people living with IDD, especially older adults. The Trauma Informed Approaches for Adults with Disabilities (TRIAD) Project at Minot State University in North Dakota is applying PCTI care principles to support healing from trauma

and contribute to significantly improved quality of life for older adults with IDD. The TRIAD Project included three groups of participants

- older adults living with IDD that have a history of trauma from living in an institution or other facility away from their family.
- caregivers that have experienced secondary trauma and compassion fatigue from caring for a family member living with IDD who have a history of trauma
- professionals that have experienced secondary trauma and compassion fatigue from supporting individuals living with IDD who have a history of trauma

The project included a triangle of healing focused on perceived safety, connections and empowerment, conducting four main activities that provide a framework to gain strength and heal. These included

- Twice a month direct therapy services
- Once a month trauma-informed care workshops
- Weekly social connections
- Development of artifacts as a way to share their stories and ensure legacy lives on

A plain language trauma screening tool was developed as part of the project. In addition to the artifacts, promising practices that emerged from the project were person-centered healing plans and individualized futures plans, guides for the individuals to lead a good life and reach their goals and dreams as independently as possible. Outcomes for participants include having positive identify development, validation of their trauma experience(s), getting the opportunity to heal and having a lasting legacy.

Live Attendance	On-Demand Views (as of June 30, 2025)	# of Questions/ Comments	Selected Comments
954	37	76	• Are there evidence-based programs that could be implemented in community settings that could be supportive of people with IDD? • Thanks for sharing that! It is important to remember that you are NOT your trauma • What would be an effective way to help people with IDD when they are triggered in an inpatient hospital setting?

Substance Use Prevention: How implementing Care Management Strategies and SBIRT can Reduce the Negative Impacts of Substance Use

Key Takeaways

- Focus on the good things when working with older adults to address substance use– what they like and what motivates them.
- We need to put strategies in place to help the older adults to have a more positive experience.
- This generation is less scared of substance use – part of experience growing up, need to remember that experiences throughout lifetime impact us as we age.
- One encounter won't solve substance use issues, but it can plant the seed to move the individual from one stage of change to the next.

The session started with a snapshot of substance use disorder (SUD) in older adults. There are approximately 7.1 million older adults with SUD but only 1 in 9 receive treatment. Older adults are less likely to be screened, assessed and treated for SUD so these numbers are likely an underestimated. Care management has been identified as a strategy that improves identification and support for this group of individuals. A case management program was implemented at Scripps Gerontology Center at Miami University. Potential participants were identified in collaboration with the health insurer based on claims with an SUD diagnosis and a certain level of medical costs. 239 individuals were referred to the program. There were numerous challenges identified in implementing the program, including staffing shortages and turnover (program participants need to know their case manager), resistance to change, challenges retaining program enrollees and stigma. Some potential solutions identified included honoring the unique needs of each individual and building trust.

Lessons learned include that the needs of the program member/individual must be prioritized, staff retention is vital to gaining the program members' trust, and there is a high need to provide support that focuses on all social determinants.

The session than focused on SBIRT (Screening, Brief Intervention, Referral to Treatment), which is a strategy to reduce risk of disease, accident and injury through early intervention. As part of a SAMHSA grant program over 450,000 individuals participated in the program. The program has three phases – screening, brief intervention, referral for treatment.

- Screening – This is a two-part process that includes pre-screening for everyone and then full screening using validated tools for those that have a positive score on pre-screening. Screening tools include AUDIT (Alcohol Use Disorders Identification Test), CRAFFT (Car, Relax, Alone, Forget, Family/Friends, Trouble) and DAST (Drug Abuse Screening Test)
- Brief Intervention – This strategy is designed to increase awareness and motivation to change, not solve the problem right away. It is very person-centered, focusing on what is

important to the individual. It includes four steps: raise the subject – use open ended questions; provide feedback – explore health or social connections if appropriate; enhance motivation – explore readiness to change; and negotiate the plan – what they are willing to do.
    - Motivational interviewing can be very helpful in this stage, particularly the REDS strategy - Rolling with Resistance, Expressing Empathy, Developing Discrepancy, and Supporting Self-Efficacy. This can help move the person to the fourth stage of negotiating a plan. It is important to write down agreed upon goals.
    - The precontemplation stage can be the most challenging, here the person isn't considering change. We may only move them to the contemplation stage, and that's okay. The goal is to get them to think about how their use is impacting them.
- Refer to Treatment – Some individuals may need to be referred to more specialized treatment. Using the brief intervention can increase willingness to move forward with a treatment provider. It is important to be ready with resources including the available providers and providing a "warm handoff" if possible, by making a direct connection with the treatment provider.

The session then included a video of SBIRT in action. The video highlighted the importance of asking open-ended questions to understand the individual's current situation and perspectives. Through the dialogue, the individual was able to identify potential reasons for her drinking (moving from independent living to assisted living, missing gardening, and boredom), learn about recommendations for safe drinking levels, identify potential strategies that could help address her dissatisfaction with her current living situation (doing gardening and bowling clubs), and make a specific and measurable goal to reduce drinking.

The session focused on how to successfully meet people where they are, while also addressing substance abuse. Speakers reinforced that one encounter may not be the one that moves an individual all the way to action, but it may be the event that gets them thinking maybe they should consider a change. Additionally, it was reinforced to focus on the good things in the person's life – what they like, what they would miss, planting the seed to move them from one stage of change to the next. It is important to leverage what is motivating to that person.

It was also discussed that we need to consider what we can put in place to help older adults have a more positive treatment experience. We need to be creative about what can bridge the gap while trying to connect to professional services, particularly in areas with limited resources.

Addressing pain and misuse of prescription medications was identified as an audience concern. The need for ongoing conversations with health care providers is critical and our role is to encourage older adults to continue those conversations to effectively address pain management and reduce the risk of developing a substance use disorder.

Live Attendance	On-Demand Views (as of June 30, 2025)	# of Questions/ Comments	Selected Comments
546	36	39	• How would you respond to a member who continues to say, "I do not have a substance use issue. I've been doing this my whole life and I'm still here." But clearly as a provider, you see the member has an issue. • Many older adults are also dealing with chronic pain, and this really needs to be dealt with head-on as part of tx. Seeing that the pain component is being addressed can really get people into broader tx. • In my program we also encourage harm reduction resources especially for folks who might be pre-contemplative

Closing Session and Remarks

Key Takeaways

- Social connections impact health. People who lack connections experience serious health impacts. Building social connections can be protective.
- Coalition work can effectively address loneliness and isolation in older adults.
- We can all help increase social connections.
- The Men's Shed is an effective approach to build social connections in older men.
- Mindfulness can help promote mental health and connectedness for both professionals and consumers.

Addressing the Epidemic of Social Isolation and Loneliness in Wisconsin

This session presented an example of work happening in Wisconsin to build social connections for older adults in the state. Four key definitions were presented for shared understanding:

- Social Isolation is commonly defined as an objective measure of the number of relationships and contacts a person has. It may or may not be unpleasant for the person.
- Loneliness is a subjective feeling about the gap between a person's desired levels of social contact and their actual level of social contact. It is distressing for the person and can be felt regardless of social contact.

- Social Connectedness refers to the degree to which people have and perceive a desired number, quality, and diversity of relationships that create a sense of belonging, being cared for, valued, and supported.
- Belonging is a fundamental human need – the feeling of deep connection with social groups, physical places, and individual and collective experience

The Wisconsin Institute for Healthy Aging (WIHA) is the convener for the Wisconsin Coalition for Social Connection whose mission is to engage diverse partners in reimagining how we can combat the root causes and adverse consequences of social isolation and loneliness among older adults and people with disabilities in our state. The coalition has been a leader in reframing aging and disability in the state of Wisconsin, advocating for policies, raising awareness and increasing engagement. Lessons learned from the coalition include the importance of having a backbone organization, planning ahead for funding, not just screening – being intentional and planning for next steps, evaluating challenging – really wanting to tell the story, being flexible and individual planning.

The session then focused on the Men's Shed example. This is an international movement based on the philosophy that "Men don't talk face to face, then talk shoulder to shoulder." Several participants from the Men's Shed in Juneau County shared their experience. In Juneau County, the group meets monthly and has grown to 70-80 people. They have educational sessions with a speaker each month. They said that having good topics and food helps bring in new participants. Word of mouth is the main way men hear about the program. They have seen friendships grow and relationships develop that extend outside the official activity. One participant noted that, "We used to see people drive separately and now see 2-3 arrive together." The participants also noted that it has brought additional support to other organizations in the community. The Men's Shed participants have knowledge and skills to share. The group is actually now building their own bigger building.

The program does take time and resources to support. The ADRC (Agency and Disability Resource Center) manages the program. They received some grant funding and ask for donations for meals. Having an agency organizer is essential to keep it going.

The speakers gave a call to action to all participants to

- Join or develop a local or state coalition
- Consider how you can play a roll in these coalitions
- Raise awareness about social connection
- Reach out to family/friends/neighbors to make connection

Mindfulness: Practical Strategies to Support Self-Care

The conference ended with a session on mindfulness. Three techniques were shared and practiced supporting mindfulness. These techniques can be used to support self-care for professionals and consumers.

- Circle of connection – In this technique, the individual identifies who are in their first, second and third circles, helping them to feel more connected. You start by putting yourself in the inner circle/center and any faith practice would go this circle as well. Then envision the circle right outside your self-circle and mindfully consider who will be there. This could include pets, immediate family members, close neighbors and/or friends. Then consider who would be in the circle just outside the second circle. For example, this could be neighbors that you see on weekly basis or members of a group you participate in. You may be at peace with those three circles, or you can keep going and build more circles. This can help us to feel connected by taking inventory of who we are connected to and can be particularly helpful when feeling isolated or having a bad day.

- Mindful breathing – Another practice is guided meditation and deep breathing. Focused breathing calms the nervous system and activates the parasympathetic nervous system. When using deep breathing you can either place both hands on the heart or one hand on the heart and one on the belly. Then breathe deeply, filling into your heart. Then slowly exhale. Some people find it helpful to close their eyes. You can take a few deep breaths or spend several minutes on mindful breathing. The key is to focus on taking deep, purposeful breaths. These techniques can reduce anxiety and depression and help calm ourselves.

- Progressive muscle relaxation – Progressive muscle relaxation involves tightening and relaxing your muscle groups, one at a time, in a specific pattern. A body scan, an inventory of how your body is feeling, paired with progressive muscle relaxation can help with mind-body connection. Starting with your toes, focus on each component of the body going up, clenching or tightening the muscles for about 5 seconds and then releasing them while exhaling. We can hold trauma and tension in the body, and this can help to relax that tension.

Live Attendance	On-Demand Views (as of June 30, 2025)	# of Questions/ Comments	Selected Comments
1,731	21	297	• Thank you for this Symposium, great speakers and programs to help those that feel invisible, isolated and alone! • One big take away (reminder) is "men don't talk face to face, but shoulder to shoulder!" Such a good framework to understand why Men's Shed is so valuable! Are there any plans to come to San Diego?? • A wonderful relaxation activity. Thank you for offering this educational day focused on mental health & older adults!

Conclusion

Thank you to the speakers, moderators and those who shared their personal experiences with us during the symposium. Our goal is to provide actionable resources you can use to support your work. Below please find links for the vital programs discussed during today's symposium.

10% Happier: How I Tamed the Voice in My Head, Reduced Stress Without Losing My Edge, and Found Self-Help That Actually Works--A True Story

10% Happier Podcast

Interventions to Prevent Older Adult Suicide: Final Report

Older Americans Behavioral Health Issue Brief 4: Preventing Suicide in Older Adult

Courage to Caregivers

Light After Loss

Geriatrics Academic Career Award

Person-Centered Trauma-Informed Care online training

Screening, Brief Intervention, Referral to Treatment)

Wisconsin Coalition for Social Connection

Men's Shed

Dr. Cook-Braxton Holistic Performance Center

Participant-Suggested Topics for Future Events

In the post-symposium survey, participants were asked what they would like to see in future events. Some of the most frequently suggested topics included:

- Depression, anxiety, trauma, suicide, 988, grief, and/or loss
- Alzheimer's, dementia, autism, and/or IDD
- Worker/caregiver support
- Social isolation, loneliness, and social connection
- Substance use
- The guardianship/conservatorship process, long-term care, and/or end-of-life care
- Disparities in mental health/suicide/mental health care
- Senior living facilities

Appendix I: Full Agenda

(INSERT PDF COPY)

Appendix II: Steering Committee Roster

Steering Committee Roster	
Amanda Krisher, LCSW-C (Co-Chair) Associate Director, Behavioral Health, Center for Healthy Aging National Council on Aging 251 18th St. South, Suite 500 Arlington, VA 22202 Direct line: 571-527-3945 Amanda.krisher@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

Caryn Blanton, MSW, LCSW, CYT Program Manager, Rush University Rush University E4 Center of Excellence for Behavioral Health Disparities in Aging Chicago, IL O: (312) 563-1725 caryn_L_blanton@rush.edu	**Nicole Cadovius, MBA, MSM** Director, Strategic Programs National Council on Mental Wellbeing 1400 K Street NW Suite 400, Washington, DC 20005 Direct: (202) 774-1670 **NicoleC@TheNationalCouncil.org**
Nirmala Dhar, LCSW, ACSW Older Adult Behavioral Health Lead Strategist Older Adult BH Initiative Project Director PASRR Level II (SMI) State Coordinator CDC Comp. Suicide Prevention Team Oregon Healthy Brain Initiative Team (BOLD) Contract Administrator NIRMALA.DHAR@oha.oregon.gov	**Melissa Donegan, LSW** Director, Healthy Living Center Director, Healthy IDEAS Program Reframing Aging Faciltator Healthy Living Center of Excellence AgeSpan 280 Merrimack Street, Suite 400, Lawrence, MA 01843 Direct: 978-946-1338 Main: 978-683-7747 or 800-892-0890 MDonegan@AgeSpan.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	**Dana Fink** Aging, Disabilities, Olmstead Coordinator Office of Technical Assistance & Coordination (OTAC) Center for Mental Health Services (CMHS) Substance Abuse and Mental Health Services Administration (SAMHSA) 240.276.2428 dana.fink@samhsa.hhs.gov
Althea Lloyd Clinical Gero psychologist, Veteran's Health Administration, Department of Veterans Affairs althea.lloyd2@va.gov	**Keri Magarill** Older Adult Behavioral Health Specialist, Washington County Disability, Aging and Veteran Services 5240 NE Elam Young Pkwy Ste 300, Hillsboro, Or 97124 (503) 846-3060 kera_magarill@washingtoncountyor.gov
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	**Jennifer Solomon** Division of Medicine and Dentistry Bureau of Health Workforce 5600 Fishers Lane, 15W-68 Rockville, MD 20857 Tel: 301-443-0024 E-mail: jsolomon@hrsa.gov

Lesley Steinman, PhD, MSW, MPH Research Scientist Health Promotion Research Center University of Washington School of Public Health lesles@uw.edu	**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: Marketing Materials

Older Adult
Mental Health Awareness Day
Symposium | Online: May 1, 2025

Register Now

Older Adult
Mental Health Awareness Day
Symposium | Online: May 1, 2025