

9th Annual Older Adult Mental Health Awareness Day Symposium

Evaluation Report

July 2026

national council on aging

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Summary

The National Council on Aging (NCOA) hosted the 9th annual Older Adult Mental Health Awareness Day Symposium on May 7, 2026, from 10:00 to 5:00 pm ET. 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:

- Older adults deserve to age with dignity, connection, and support.
- When isolation due to chronic disease and limited access to care comes together, mental well-being suffers, that gap is where community-based solutions become essential.
- CDSME programs have documented benefits for participants including reduced depression, improved quality of life, and increased health behaviors. They also build confidence, connection and resilience, they are more than just disease management.
- Supporting mental well-being can happen in a variety of settings including community spaces and with partners older adults already trust.

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 executive committee members (Roster in Appendix II), and other partners. Organizations were provided with marketing materials including social sharing toolkit to help promote the event. Additional marketing tools and messages were provided to stakeholders to promote Kevin Briggs' participation as keynote speaker. The social sharing toolkit can be found in Appendix III. On the day of the event, 2,976 people were registered. This year 1,586 people attended at least one live session. As of June 25, 2026, there have been an additional 957 views of the sessions on demand.

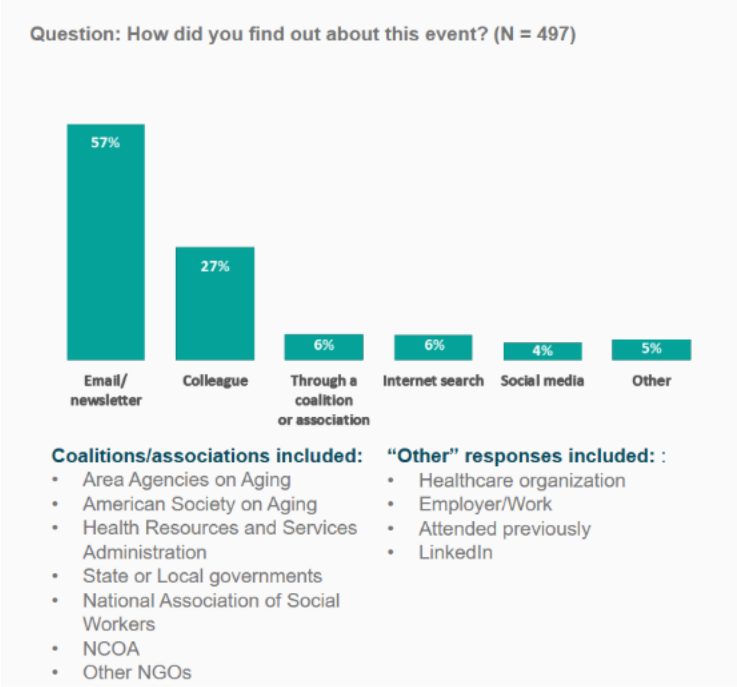
We recognize that registration numbers were lower this year compared to previous years. To help us better understand why attendance was lower we have created a brief survey that will be sent to registrants from 2024 and 2025 who did not register for the 2026 conference.

Specific attendance details can be found in the chart below.

Product Title	**Number of Registrants Accessed Live (5/7)**
Welcome and Keynote Speaker, Kevin Briggs	1,050
Geriatric Workforce Enhancement in Rural Communities: Integrating Care, Expanding Access, and Improving Outcomes (Breakout 1)	347
From Clutter to Connection: Innovative Approaches to Hoarding Disorder (Breakout 2)	643
Addressing Older Adult Mental Health Through CDSME at Congregate Meal Site: An Academic-Community Partnership Model from Texas (Breakout 3)	213
Spotlight Session: Chronic Disease Self-Management and Behavioral Health: Lessons from the Field	904
Mind, Mood, and Mobility: Integrating Behavioral Health and Falls Prevention for Older Adults (Breakout 4)	421
The SLEEP Program: Evidence-Based Strategies for Better Rest and Wellbeing (Breakout 5)	328
Substance Use Prevention: How Implementing Care Management Strengthening Suicide Prevention for Older Adults: State Innovations from SAMHSA's Suicide Prevention Academies (Breakout 6)	295
Workforce and Community Strategies to Support Older Adults Living with Serious Mental Illnesses Mind-Body Practices for Mental Wellness: Tai Chi for Arthritis (Closing Session and Remarks)	606
Unduplicated Attendance Total (attended at least one session)	**1,586**

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.



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

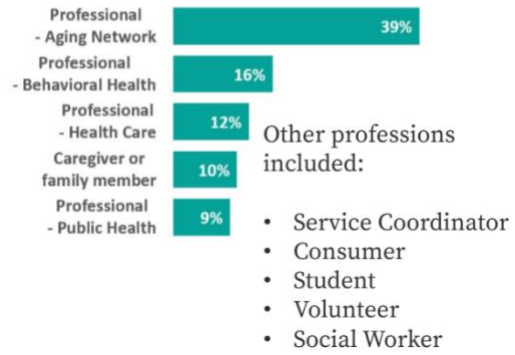
All symposium participants were invited to complete an evaluation survey to provide feedback on the event. The survey assessed participants' overall satisfaction with the symposium and

individual sessions, gathered suggestions for future topics, and provided an opportunity to share additional feedback.

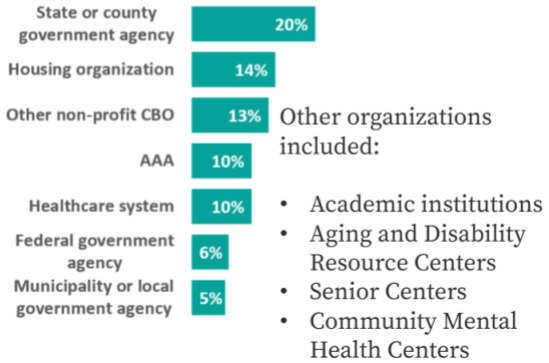
Participants who were not requesting continuing education (CE) credit, as well as those requesting CE credit for Certified Health Education Specialists (CHES®), completed the NCOA survey. This was the first year that NCOA offered CHES® continuing education credit for the symposium. Participants requesting CE credit for other professions completed a separate evaluation administered by the Rush University E4 Center.

Both surveys closed on June 5, 2026. NCOA received and analyzed 321 responses to its survey for this summary.

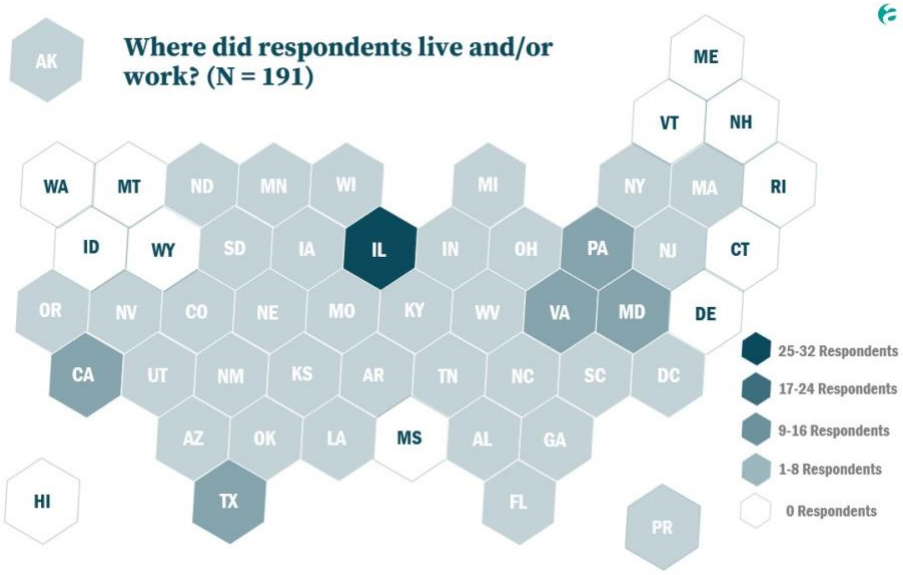
Question: How would you describe yourself? (N = 266)



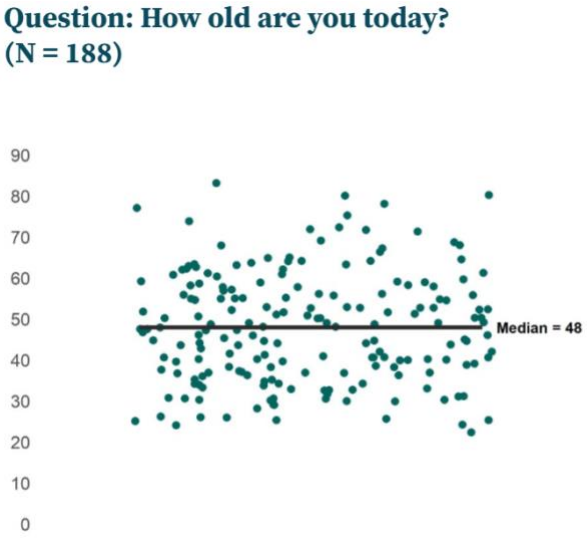
Question: Which best describes the organization you represent? (N = 184)

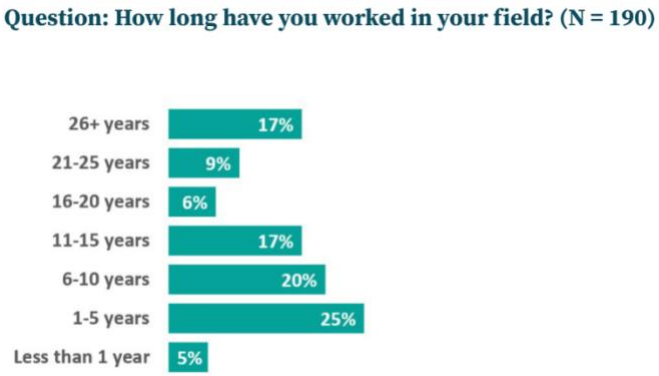


Over a third (39%) of survey respondents described themselves as professionals in the aging network; 16% said they are professionals in behavioral health services; 12% said they were health care professionals; 10% were caregivers or family members, and 9% were public health professionals. Other Professions included service coordinators, consumers, students, volunteers, and social workers. One of five (20%) survey respondents worked for a state or county government agency; 14% said they worked for a housing organization; 13% were employed by a non-profit community-based organization; 10% worked for an Area Agency on Aging; 10% worked for a health care system; 6% worked for a Federal Government agency; and 5% were from a municipal or local government agency. Other organizations represented in the survey include academic institutions, Aging and Disability Resource Centers, Senior Centers, and Community Mental Health Centers.



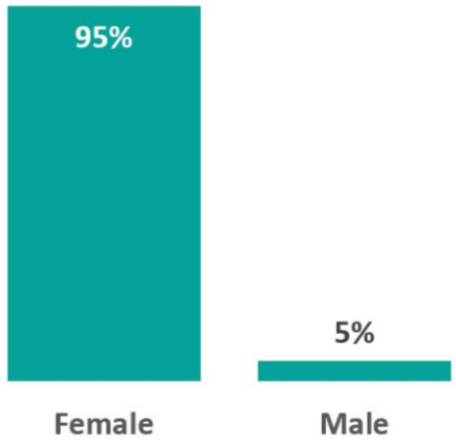
We had survey respondents from 40 states in the U.S., as well as the District of Columbia and Puerto Rico. We likely had participants attending from all 50 states; however, they were not represented in the evaluation data. The states with the most survey participants were Illinois, California and Texas.





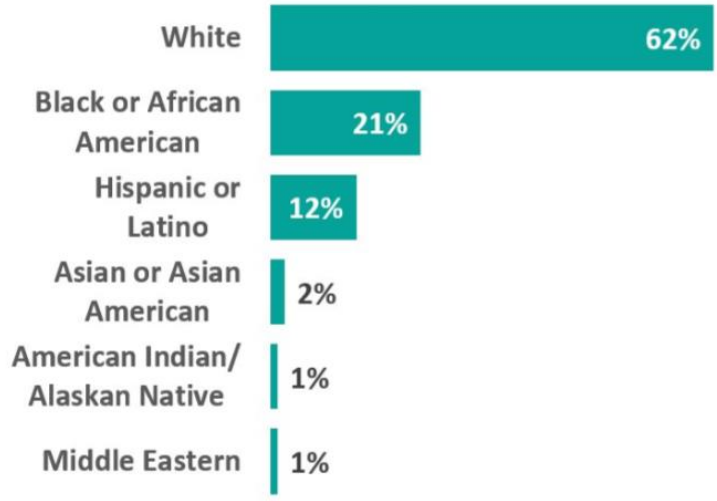
The median age of survey participants was 48 years old. Participants had a wide range of tenure, with most respondents working in their respective fields for 1-5 years (25%), 6-10 years (20%), and 26 or more years (17%).

Question: What is your sex? (N = 191)



Most participants (95%) identified as female and 5% identified as male.

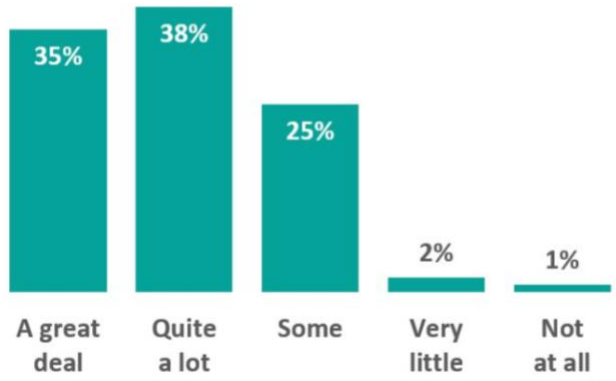
Question: What is your race? (N = 201)



Six out of ten (62%) survey respondents identified as White; 21% identified as Black or African American; 12% identified as Hispanic or Latino; 2% identified as Asian or Asian American; 1% identified as American Indian or Alaskan Native or Middle Eastern.

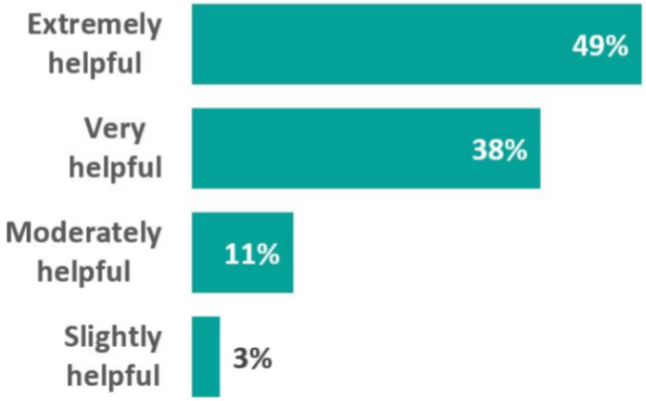
Participant Experience

Question: To what extent did you learn something new by attending the OAMHAD Symposium?



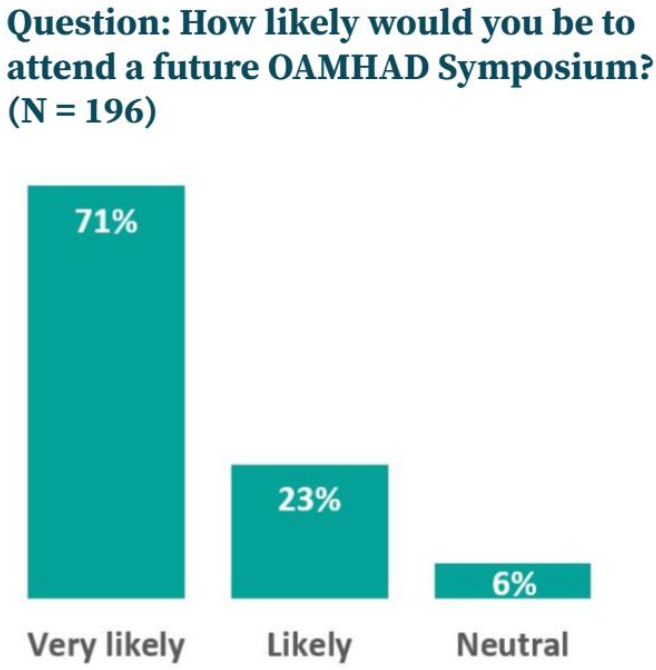
Nearly all participants reported learning something new at the Symposium ("a great deal" (35%) and "quite a lot" (38%) and "some" (25%). 2% said very little, and 1% said they learned nothing at all.

Question: How helpful was the symposium to inform and support your work? (N = 223)



Over three quarters of participants (87%) said the symposium was extremely or very helpful to inform and support their work. Other respondents said the symposium was moderately helpful (13%) or slightly helpful (3%).

When asked what they learned, some of the top responses included information about potential programs, resources, and strategies for helping older adults, information about hoarding, sleep, tai chi, and suicide rates among older adults.



Nearly three quarters of participants (71%) indicated that they are very likely to attend a future OAMHAD symposium, and just under a quarter (23%) said they are likely to attend again. Only 6% indicated that they were neutral about attending in the future.

Most cited feedback from participants

- The conference was done well and included good testimonials
- More small group discussions, presenter engagement, program implementation details, and Q&A questions answered would be appreciated
- The SLEEP study and breakout workout/Tai Chi were well appreciated
- Clearer communication on navigating to the sessions, the need to watch live, and the CE credit process would be appreciated

Direct feedback from participants:

- "I really enjoyed the personal testimonies with those that have been impacted by certain programs. Especially Sheila's testimony on the hoarding session."
- "The symposium addressed important topics for older adults and provided extensive knowledge on topics that are often overlooked for this age group."

- "I thought the information was very helpful and I will definitely attend again. I'm also sharing information with my colleagues."
- "I have taken care of family (mother) who had a stroke and aged 15 years post stroke at home. I understand how disease management as we age can be tricky. Now I am the same age my mother was when she had her stroke and I am alone. I am also trying to set up a business as a health coach so I can help others manage their lives as they age (hopefully at home). All of the sessions gave me insights into what to incorporate into my business and into my own life."
- "It was insightful to learn that sleep problems are linked to 10 causes of death. I plan to incorporate sleep education into our community health education workshops."
- "Tai Chi activities very helpful"
- "We have programs specifically for older adults so learning how Tai Chi can be a great alternative from general exercises for arthritis has inspired a possible physical wellness workshop. Our community members have previously expressed a physical wellness workshop, which could be narrowed down to Tai Chi."
- "Connection is Prevention! We are currently working on Senior Suicide Prevention activities for September in our rural area of Mesquite, NV. Kevin Briggs gave numerous gold nuggets to bring forth in our planning. We will be incorporating our Senior Center, Library, and Rec Center for our events!"
- "What stood out to me was how prevalent mental illness is amongst older adults. Through the various sessions - the whole person approach was emphasized to me. This includes mental and emotional wellness: 1. Connection is prevention 2. The importance of sleep. Also, physical wellness: 1. Meal congregates such as meals on wheels 2. Movement/Exercise such as Thai Chi."
- "I really enjoyed the closing session which provided some great resources that I will be exploring further in my role. Also, I think ending with Tai Chi was perfect timing and has inspired me to look into the practice further."
- "I felt motivated and supported with a large amount of resources to draw from. Content was all very insightful and engaging."

Opportunities for improvement:

- Provide more specific information about how to navigate the conference platform to ensure attendance at all the sessions
    - "Being my first time, I didn't know how to navigate to your other sessions. My screen over in 45 minutes. I just checked the website and can see the content with the listed speakers."

- Ensure all speakers maintain a bi-partisan perspective.

Welcome and Keynote Speaker

Key Takeaways

- As the aging population grows, so does the urgency to address older adult mental health.
- Presence and connection are as important as specific services themselves.
- Older adults need to know they are not alone.
- It is up to all of us to make a difference by reducing isolation, helping with access to services, and making space where older adults feel valued and comfortable asking for help.
- Consistent presence can make a difference between someone feeling invisible and feeling valued.

This session started with representatives from SAMSHA, ACL, and HRSA sharing a state of older adult mental health and resources that are available to individuals, caregivers, and professionals. As the aging population grows, so does the urgency to address older adult mental health. One in five older adults experiences a mental health condition, which could be substance use or mental health concerns. These are often unrecognized and go untreated until a crisis occurs. This undermines older adults' ability to age with dignity, connection, and support. The Administration has challenged agencies to look at the root cause of addiction and how to get people the care they need to help them thrive. Federal programs are reaching millions of Americans, including through grantees providing behavioral and mental health services. Speakers also noted the need for better tools to recognize and respond to older adults' mental health needs and called for systems that serve older adults to work together more effectively. The importance of supporting caregivers and family members was also emphasized. There are examples of innovation, including many that will be shared as part of this symposium.

Ramsey Alwin Conversation with Sergeant Kevin Briggs, Retired, California State Highway Patrol, "Guardian of the Golden Gate Bridge"

Sergeant Kevin Briggs, a suicide prevention advocate, military veteran, and retired California Highway Patrol officer, shared his experience patrolling the Golden Gate Bridge and engaging with individuals who were contemplating suicide. He emphasized the importance of

connection, noting that connection is protection. Restoring a sense of reason, purpose, or hope, even in a small way can make a world of difference for someone in emotional distress. Briggs shared some signs that an older adult may be in distress, including changes from their normal routine, declines in self-care such as not showering or shaving, stopping medication, and talking about no longer feeling useful or being a burden. In supporting these individuals, creating a safe space where they can share what they are going through is important. This means listening to understand, being patient and intentional, and allowing the individual to talk without interrupting. It also means not jumping in with advice or trying to fix the issues and not comparing their experience to personal experiences. These actions can cause people to shut down. Briggs shared an example of an older male who was on the Golden Gate Bridge, where he was able to build a connection by asking him about where he lived. This eventually led to the man sharing he had a goldfish and he eventually came back over the rail because of that goldfish. Older adults need to know they are not alone. Connection and consistent follow-through are as important as services themselves. As a retired highway patrol officer, Briggs said he would encourage community-based organizations and state and federal agencies to connect with police departments, highway patrol, and sheriffs to provide training and resources they can have with them that can serve older adults.

Briggs recommendations to participants were to:

- Make genuine human connection a priority
- Reach out, slow down, and listen without judgement
- Let older adults know that they matter and they are not alone

He closed with saying that a simple conversation, consistent presence, and willingness to truly listen can make a difference between someone feeling invisible and feeling valued, supported, and hopeful.

Live Attendance	On-Demand Views (as of June 25, 2026)	# of Questions/Comments	Selected Comments
1,267	173	281	• Authentic connection is the key to humanity! • Is there required suicide prevention training for assisted living communities? My loved one threatened suicide with a plan and her assisted living community not

			only didn't take it seriously, but also would not let her return after a period in a psychiatric hospital. How are staff at assisted living communities being educated about behavioral health? • Great story, it's nice to see compassion still after being in that line of work for a while... Great Job!

Geriatric Workforce Enhancement in Rural Communities: Integrating Care, Expanding Access, and Improving Outcomes

Key Takeaways

- Integrated systems and trained providers improve outcomes
- Training on key foundational pieces in geriatrics, regardless of health care role, can improve care for older patients and their families.
- Interdisciplinary training and approaches can increase workforce capacity.

This session began with an overview of the challenges in geriatric care, including the rapidly growing older adult population, the increasing complexity of older adults' health, the severe shortage of geriatric-trained workforce, and fragmented care across clinical, home, rural, and community settings. The session then highlighted the LIGHT project which has a goal of producing an integrated system in Northwest Pennsylvania and increasing workforce capacity. This project leverages the Lake Erie College of Osteopathic Medicine (LECOM), the largest medical college in the nation, to train future professionals and create a campus that includes all clinical services for older adults. In the first phase of the project, LIGHT focused on building out clinical services, creating a geriatric fellowship program, and training students in health care professions in geriatrics. A geriatric rotation for medical students has resulted in graduation of 6000 students who are now operating as physicians with great understanding of geriatric medicine. Light 2.0 has a focus on reaching out to primary care providers with geriatric education and protocols and integrating behavioral health with primary care. The next phase of the project, Light 3.0, is focused on dementia and age friendly initiatives, including establishing and expanding partnerships to develop new age- and dementia-friendly training environments in rural and underserved areas. Across the program, there is an emphasis on an interdisciplinary approach and patient-collaboration. Additionally, training and connections are made across the entire health system, including front line care providers such as CNAs and support group leads. Support group leaders are particularly important in rural communities

where there are fewer resources. They are also building a career ladder by engaging with youth to build interest in health care and provide older adult sensitivity training and intergenerational activities.

Live Attendance	On-Demand Views (as of June 25, 2026)	# of Questions/ Comments	Selected Comments
417	91	92	• Are there any programs that you can suggest that would focus on domestic violence services for the elderly who are unable to get to their local shelter? • Are there training and collaborative opportunities to support aging adults with ID/DD (intellectual disability/developmental disability) and their aging caregivers? • THANK YOU!! Follow up - how can licensed professional counselors get connected with programs like yours? I would be so interested but feels like there is a gap to partnerships or communication/marketing of those (at least here in MO)

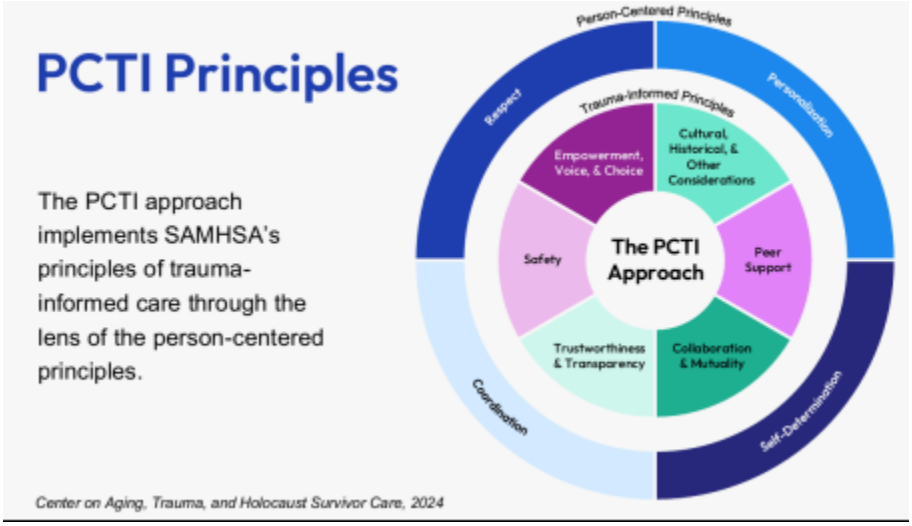
From Clutter to Connection: Innovative Approaches to Hoarding Disorder

Key Takeaways

- Hoarding disorder often co-occurs with other mental health conditions.
- Hoarding behaviors are more common than many people realize.
- Cleanouts are not effective in addressing hoarding, with a high recidivism rate while being traumatic and triggering for the individual.
- Partnering with the individual and building rapport and trust are critical to success.

This session began with establishing a shared definition of 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. This makes the person-centered, trauma-informed (PCTI) approach, 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, particularly important.



The session then delved into hoarding disorder and effective interventions for those with hoarding behaviors. The definition of hoarding disorder in the American Psychiatric Association DSM-V includes difficulty discarding items, accumulation of stuff that prevents normal use of space (e.g., Can you cook in your kitchen? Can you get to your bed?), and distress or impairment. These symptoms are not related to another medical or mental health condition. Hoarding behaviors are much more prevalent than many people realize, affecting 2-6% of the population. Additionally, 92% of individuals with hoarding disorder have a co-occurring disorder. Hoarding has a broad impact on individuals and communities, often leading to conflict and social isolation. There are several program models and interventions to address hoarding. The Jewish Family and Children's Service of Greater Philadelphia hoarding program focuses on multi-stage interventions with a core focus on building rapport and focusing on safety and harm reduction. In this program, the focus is on building a relationship with the person with hoarding behaviors and less on the "stuff." These relationships are critical to success as efforts that focus solely on cleanout can be very traumatic and triggering and have a high recidivism rate of over 90%. This JFCS model focuses on team building and rapport building. As opposed to cleanout days, which often result in removal of all clutter from the home, the focus on this program is building up to Safety Day – removal of enough clutter to make conditions safe in the home. This is done in collaboration with the individual across the entire process. This is a harm reduction model, where the focus isn't on telling the individual what and how much to get rid of, but focusing on safety. Importantly, this is a voluntary program.

Three assessment tools were shared:

- Clutter Image Rating – This uses photos to assess clutter. It can also be used to assess the perception of the individual compared to others on the team.
- Home Environment Index – Measures squalor and level of sanitation and can be helpful in building the team.
- Activities of Daily Living – Hoarding – These measures how the clutter impact's ability to conduct daily activities.

The session included a personal story from an individual who participated in the hoarding program. She shared the numerous struggles that contributed to her hoarding behavior and the shame she felt about her home, noting that she did not want to engage with people, felt lonely and isolated, and did not know where to turn to for help. After an intervention, she received several diagnoses and got the help she needed. She shared that the Jewish program saved her life. It was such a change for her to learn that hoarding is a medical condition, and she didn't have to be ashamed anymore, just as she wouldn't be embarrassed about another disease diagnosis. She shared photos of her home to show the progress that has been made. She also shared the incredible impact of having someone ask to use her bathroom and to fill up their water bottle in her kitchen, and that was when she realized the progress she had made. This program gave her life back and she now loves her life and is so grateful for them being on this journey with her.

Live Attendance	On-Demand Views (as of June 25, 2026)	# of Questions/ Comments	Selected Comments
762	136	271	• What an amazing share! Thank you so much Sheila, so very inspirational and powerful! You are AMAZING! • If someone is reluctant to follow through with treatment after initially seeking it, but the hoarding disorder is impacting their living space and quality of life, what is recommended to do to ensure appropriate care is provided and that continuity of care is maintained to address root causes? • Thank you for sharing your story and being so vulnerable. It is truly inspiring and helpful to be put into your shoes and feelings.

Addressing Older Adult Mental Health Through CDSME at Congregate Meal Sites: An Academic-Community Partnership Model from Texas

Key Takeaways

- Congregate meals sites can serve as powerful platforms for older adult mental health.
- Meeting older adults where they already gather reduces stigma and increases engagement.
- CDSME increases confidence, builds connection, and reduces isolation. The group structure supports connection, and participants know they are not alone.
- Academic–community partnerships empower scale and sustainability.

Chronic disease management and mental health are deeply interconnected. Many older adults manage at least one if not more chronic diseases, often with limited support, particularly in rural communities, increasing strain. For example, in Texas, 98% of counties are designated as mental health professional shortage areas. Additionally, about 50% of older Texans have 2 or more chronic conditions. Long distances paired with limited transit result in reduced access to care. Congregate meals sites can be a solution in these situations. They already bring together powerful protective factors in one place – nutrition, social connection, and wellness activities. Congregate meal sites are trusted. They are one of the last few places where older adults may be socially comfortable. In these locations staff know people personally and can encourage support before crisis. They may be the most consistent point of connection in places without behavioral health services, bringing a whole person support.

The Brownwood model in Texas provides CDSME programs in a congregate meal setting. The program is delivered right after lunch while participants are still seated. This seamless transition from meal to program helps remove many barriers, including transportation (participants already there), scheduling challenges, and stigma (not going to a chronic disease class but staying after lunch with friends). It also leverages the trust participants have in the congregate meal site and leverages routine and peer participation. It meets older adults where they already are and does not add complexity to their lives. The Brownwood model leverages an integrated academic-community partnership model that leverages academic expertise and community trust. This helps to ensure fidelity in program implementation and supports data collection, while also having implementation done by a trusted community partner. There were some implementation challenges but much of the initial skepticism was addressed by reframing. Having flexibility and partnership made barriers into opportunities. This change of focus, plus some investments from a grant, allowed rebranding from a meal site to a vibrant community center.

Participation in the CDSME programs at Brownwood increased connection, reduced isolation, built self-efficacy, increased routine and structure, normalized peer discussions, and reduced perceived stress.

A Brownwood participant and volunteer shared that the program built her confidence through setting and achieving small goals. She felt her stress levels went down and felt more in control, which made a big difference in her mood. She also shared the importance of the group format, noting that being in a group helped her realize she wasn't alone and this sense of connection lifted her up. She noticed changes in other participants as well – with people becoming more confident and more social over the course of the program. She felt the biggest value of the program was giving older adults a safe place to talk about stress and challenges, something that is limited in her community. She also noted that volunteering in the program gives her a purpose and helps her connect, telling her she is capable and can help others.

Live Attendance	On-Demand Views (as of June 25, 2026)	# of Questions/ Comments	Selected Comments
262	68	37	• How do we reach out to community members who are not utilizing the congregate meal site that we run? • We have a partnership with local restaurants for congregate sites and we see 100 people a day attend. We offer several evidence based classes after such as stepping on, powerful tools. This is a great model. • This was very informative and sparked some wonderful ideas! Thank you!

Spotlight Session: Chronic Disease Self-Management and Behavioral Health: Lessons from the Field

Key Findings

- Older adults are much more likely to act when information comes from someone they trust.
- CDSME programs have documented benefits for participants including reduced depression, improved quality of life, and increased health behaviors.

This session included three presentations highlighting practical strategies for adapting and delivering CDSME programs, building cross-sector partnerships, strengthening workforce capacity, and maintaining fidelity while promoting participant engagement.

Backstage at BRIDGES Where Caregivers and Providers Get Ready for the Spotlight

93% of adults 60 years old and older live with chronic disease and 1 in 4 of those adults also have a behavioral health challenge. While 80% improve with care**,** 66% never get care for behavioral health**.** When behavioral health goes untreated, medical outcomes suffer. Older adults are much more likely to act when information comes from someone they trust and this is where Behavioral Health Resources for Integrated Development, Growth, Engagement, and Support (BRIDGES) for Older Adults comes in. BRIDGES has three customers -- CDSME providers (staff and peers, those with lived experiences, that run programs), caregivers (equip with practical easy to use tools) and older adults. It provides three core types of support

- Training modules – equip CDSME providers and caregivers
- Collaboration building – helps connect providers, caregivers, and community organizations
- Technical assistance and ongoing support – helping feel confident and prepared

These are all available at no cost.

CDSME for Older/Disabled Adults with Behavioral Health Conditions "Lessons from the Field"

Education Health & Research International (EHRI) is a nonprofit, located in Milford Wellness Village, an innovative, multi-use development initiative that provides integrated health, education, and other services to the City of Milford and Kent and Sussex Counties. Delaware has a large percent of older adults with over 25% of the state's population over 60. Additionally, 20% of older adults in Delaware meet criteria for a mental health disorder –the most common being anxiety and depression. EHRI serves as a program incubator, expanding targeted consumer access to CDSME. They become aware of BRIDGES and utilized their tools to increase awareness of CDSME programs, build skills of partners, and expand medical/behavioral health partnerships that facilitate bi-directional referral pathways for clients. They utilize strategic partnerships for participant identification and workshop implementation. And promote CDSME as encouraging healthy lifestyle habits like diet, sleep, and mindfulness, effective decision making, staying physically and mentally active, and social connection.

Mental Health Association of Delaware

MHA's mission is to strengthen knowledge, resources, and support mental health and recovery. They provide advocacy, education, and support in Delaware and focus on depression not being a normal part of aging. Advocacy activity includes legislative advocacy and community collaborations. Their education initiatives focus on suicide prevention, peer training, peer

internship programs, and mental health awareness. Support priorities include wellness groups and mental health court peer program.

Live Attendance	On-Demand Views (as of June 25, 2026)	# of Questions/Comments	Selected Comments
1,133	221	197	• Are the training programs and educational toolkits available to students in higher education? • Does Bridges have any thoughts on medication dispensers? Considerations... etc.? • so much information... lots of resources, thank you.

Mind, Mood, and Mobility: Integrating Behavioral Health and Falls Prevention for Older Adults

Key Takeaways

- Depression can increase risk of falls and falls can increase depression.
- Depression treatment should not be avoided solely due to fall concerns.
- The clinical benefit of treating depression may outweigh pharmacological concerns.
- Treating depression and preventing falls should happen together.
- There are proven ways to prevent and reduce falls, which will improve older adults' mental health.

Depression and falls are both common and dangerous in older adults. Depression is the most common geriatric psychiatric disorder accounting for about 11% of total disability. About one in four older adults fall each year (about 10% with injury) leading to 3 million emergency department (ED) visits. Falls are increasingly recognized as significant public health issue for the older population. This can lead to a clinical dilemma – should we treat the depression or prevent the fall? Some anti-depressants can cause dizziness, drowsiness and poor balance, especially early on. This led to recommendations to avoid anti-depressants in older adults with a history of falls-related injuries. This fear of falls often leads to no medication treatment for

depression. But is it better to treat? Research using Medicare fee-for-service administrative claims from 2016-2019 for over 100,000 adults age 65+ with newly diagnosed depression looked at fall-related injuries (FRI) comparisons between no treatment, psychotherapy, and 10 common antidepressants. Countering previous advice, the research found that first line antidepressants are associated with a lower FRI risk compared to no treatment. What does this mean in practice? Don't avoid depression treatment solely due to fall concerns but consider the full fall risk picture. Medication is just part of the picture. If the fall risk is very high, clinical providers should discuss medication choice and other fall-risk factors (other medications, alcohol, vision, home hazards) with patients. Treatment should include proven falls-prevention strategies such as exercise/balance programs, home safety assessments, and medication review.

The New York State Department of Health and key partners are expanding the state's infrastructure for evidence-based falls prevention programs to reach older adults with the greatest economic or social need and adults with disabilities. Falls are the leading cause of injury deaths, hospitalizations, and emergency department visits among New York State residents aged 60 years and older. There are many modifiable risk factors included in fall risk reduction programs including education and awareness, home safety and assessment, vision assessment and correction and exercise. The goals of these programs are to decrease falls, reduce fall risk, and reduce fear of falling.

Their main fall prevention evidence-based programs over the years include:

- Tai Chi for Arthritis and Fall Prevention
- A Matter of Balance
- Stay Active and Independent for Life
- Stepping On
- STEADI (Stopping Elderly Accidents, Deaths, and Injuries)

New York is streamlining access to these programs by engaging with partners to embed programs in statewide programs that target the population. These partners have subject matter expertise in the target population, and the state brings subject matter expertise in falls prevention/evidence-based programs. Remote tai chi is one program example. Benefits of remote implementation include broadened reach to older adults experiencing social isolation through their inability to attend in-person programs due to disability, illness, or for economic reasons (e.g., lack of transportation). Choice and freedom to participate from home is a crucial feature for caregivers trying to maintain their own balance and wellbeing.

A participant in the remote tai chi program shared her experience. She has both arthritis and osteoporosis. She was drawn to the program to establish a routine and meet people. While she was hesitant about an online program at first, she now prefers it as she is in her own space and doesn't have to travel. She shared that the program helped reduce stress and anxieties, allowed her to feel freer and it was just what she needed at that point in her life. She noted that having instructors that were warm and welcoming helped build connections, and hearing how it was helping others was beneficial. It is now a part of her everyday routine.

Live Attendance	On-Demand Views (as of June 25, 2026)	# of Questions/ Comments	Selected Comments
484	88	90	• So many great takeaways.. "Clear the mechanism" "Tai Chi Travel Companion" thank you so much for sharing! You are inspiring as well! • Untreated struggles with "attention" or other organizing abilities, like with Dyspraxia, for example, I see are related. I really appreciate how you addressed that. I know it's a complex issue. • Do you offer any home visit programs that assess fall risk and offer strategies and suggestions?

The SLEEP Program: Evidence-Based Strategies for Better Rest and Wellbeing

Key Findings

- There are many physiological processes that occur during sleep that are essential to a well-functioning body.
- There is a bidirectional relationship between sleep and pain. Poor sleep can lead to increased sensitivity to pain and pain can impact sleep quality.
- Adults need 7 – 9 hours of sleep and older adults 7-8 hours.
- Sleep quality and quantity are both important.

The session began by establishing a shared definition of sleep -- a period of reduced responsiveness to the outside world, usually associated with immobility, which is reversible. Sleep appears to be essential but there is no consensus on why we sleep. There are many physiological processes that occur during sleep that are essential to a well-functioning body.

Many things can disrupt sleep including varying sleep schedules, shift work, lack of natural light during the day, screen time, medications, and habits. Lack of sleep can result in performance issues, emotional and social difficulties, and making more mistakes.

There are two systems that regulate sleep

- circadian rhythms (slightly more than 24 hours for most)
- homeostatic sleep drive

Circadian rhythms are heavily influenced by light exposure and also influenced by melatonin. Homeostatic sleep drive reminds the body to sleep after a certain amount of time and causes one to sleep more deeply after a longer time without sleep. The desire to sleep increases throughout the day.

Adults need 7 – 9 hours, and older adults need 7-8 hours. The amount of sleep we need changes as we age but also varies within age. Sleep quality and quantity are both important. Sleep is important to overall health and well-being and it's important to do what we can to get adequate sleep. Sleep problems are linked to the 10 leading causes of death. Without quality sleep our body cannot function.

Pain and sleep are bidirectional. Changes in the brain under insufficient or poor-quality sleep can cause pain to develop, increased pain sensation, and increased pain sensitivity. Restorative sleep normalizes the pain processing. Chronic pain impacts sleep architecture by reducing deep sleep, increasing wakefulness, preventing the restorative processes and perpetuating the pain cycle. It is essential to manage pain to sleep well. The goal of a pain and sleep intervention is to break the negative cycles – thus improving sleep, reducing pain, and decreasing the use of opioid medications.

Sleep hygiene refers to the things we can do to make sleeping easier and more restful such as our environment, habits, and schedule. What we do during the day can have a big influence on the quality and quantity of sleep we get at night, small things can make a big difference

- Bed and wake times -- A consistent bedtime and waketime are critical. Even if you stay up later, try to maintain the same waketime. This will help strengthen the body's drive to sleep.
- Naps -- Naps are not recommended and should be limited. Power naps of 30 minutes or less may be incorporated.
- Caffeine -- Avoid caffeine after 6 pm or 6 hours before bedtime. Some people are more sensitive and should consider only consuming caffeine in the morning.

- Food -- Eating and drinking can also affect sleep. If you are hungry before bed, a small snack can be beneficial so don't wake up hungry in middle of night. It's best to avoid high fat, spicy, and acidic foods close to bedtime as they could cause heartburn.
- Nicotine and alcohol -- Avoid nicotine and alcohol at least two hours before bed. Alcohol could make you feel sleepy and help you fall asleep, but it impairs restorative sleep.
- Go to bed only when tired -- Create a wind down routine that makes you sleepy,
- Get out of bed when can't sleep –- If you don't fall asleep within 10-15 minutes, get up and do something outside of bedroom under dim/no light and repeat as needed. This helps avoid frustration and anxiety about not sleeping. Some options include listening to music, meditation, and relaxation.
- Reserve bedroom for sleeping only – Assess your sleep environment and try to avoid screens in bed.
- Reduce screen time leading up to bed –- Screens are very stimulating on the mind and can makes it harder to sleep. Have a wind down routine that doesn't include screens to give your brain time to rest.
- Avoid blue light -- Blue light reduces melatonin which is our bodies signal to go to sleep. It's best to avoid blue light from screens, televisions, tablets, computers and phones before going to bed. Red lights have less impact and are a better option if you need light at night. You can even swap out nightlights.
- Create a power down brain routine –- Find time to clear your mind and unwind. Journaling could be a great option.
- Mindfulness techniques –- Mindfulness techniques such as body scans or breathwork can promote falling asleep by quieting the mind and body
- Physical activity –- Daily physical activity is important but it's best to avoid vigorous activity 1-2 hours before bed. Trying to add some morning physical activity to your routine.

Everything we do during the day and night matters and could have a cumulative effect. To help better understand your sleep and sleep hygiene track bed and wake times, mealtimes, exercise, and stress level. Small changes to your routine may have a big impact.

The Sleep Education for Everyone Program (SLEEP) program was developed in response to the lack of community-based, sleep focused education program for those without diagnosed sleep disorders. The program, taught in classroom format, includes personal goal setting based on social cognitive theory.

A SLEEP participant shared her experience with the program. She said the importance of light was new to her. She also changed some of her eating habits and bedtime routine, including no longer listening to audiobooks before bed. She used to wake up at 12:30 am and not be able to go back to sleep. After participating in the program, she often doesn't wake up at all during the night or can go back to sleep if she does.

Live Attendance	On-Demand Views (as of June 25, 2026)	# of Questions/ Comments	Selected Comments
376	64	92	• This information is fantastic!! I am working on developing a different topic of patient education weekly and this is so much great information that I will include in my sleep hygiene material. Thank you for sharing. • Very good info... I have a great deal of getting good sleep, very vivid dreams and weird! I got some good ideas to try and share with others. • Are you familiar with eye movement techniques to help with getting to sleep or getting back to sleep?

Strengthening Suicide Prevention for Older Adults: State Innovations from SAMHSA's Suicide Prevention Academies

Key Findings

- Older adults need to be identified as priorities in many state action plans.
- Coalition building, including lived experience, is important for addressing suicide prevention in older adults.
- Intergenerational efforts can help address both youth and older adult suicide prevention efforts.

This section included participants in SAMHSA's Suicide Prevention Academy from Oklahoma, New Jersey and Alaska who shared how the framework strengthened cross-sector coordination between behavioral health and aging services systems to improve suicide prevention infrastructure.

Participation in the Academy helped state teams identify priorities in their state. New Jersey identified the need for coalition building and larger representation on their team including those with lived experience and those that work directly with older adults. Oklahoma also

focused on developing, sustaining, and expanding their state task force, focusing on the intersection between behavioral health, aging, and suicide, and developed recommendations regarding aging services. Alaska is working on strengthening coordination between aging, veterans, behavioral health, crisis response, tribal organization, and community-based support. They are also elevating the concerns around older adult suicide as much of the focus in the state has been on protecting youth. This work brought into focus the importance of intergenerational work.

All three states highlighted the importance of learning about the risk including the 5D – disability and dependency, depression, disease, disconnection and deadly means), the unique suicide needs of older adults, and the value of connection to experts at the academy. Oklahoma has provided education and tools to providers about the 5Ls of firearm safety (locked, loaded, little children, low (feeling low), learned owner) and protective factors against suicide. New Jersey is working to make older adults a priority population, while also raising awareness of the many available resources. Alaska had an ageism awareness day webinar working to counter the belief that depression and suicide are an expected response to aging and reframe that emotional well-being can in fact improve with age.

All three states identified Certified Community Behavioral Health Clinics (CCBHCs) as critical for coordination across state systems to better support older adults. They noted they focus on whole person health and are required to develop partnerships.

As a result of Academy participation, all three states have responded to meet the needs of older adults. Alaska's Mental Health Trust Authority is critical to sustainability and is facilitating a statewide summit on aging. State aging plans can support collaborative work among agencies to help meet the suicide prevention needs of older adults. New Jersey is working to boost community understanding of the high risk of suicide for older adults, as they tend to focus on youth especially for upstream efforts.

All three states identified efforts to better incorporate lived experience, community voice, and traditions into their work. Peer support programs are important in Alaska, and they have been increasing mental health training and ensuring older adults are represented. New Jersey utilizes peer recovery specialists, who have lived experience, to bridge the gap between the person attending services and the clinical teams. They also maintain an advisory board that includes those with lived experience and do a community needs assessment every three years. Oklahoma also works closely with their advisory group and continuously seeks ways to expand their task force.

Live Attendance	On-Demand Views (as of June 25, 2026)	# of Questions/ Comments	Selected Comments
336	56	69	• Is there a tool for assessing for the 5 D's? • Fantastic session. Really impressive panelists and moderators. And so many creative and interesting programs going on. Look forward to sharing this info with my colleagues here in Florida. • Based on how far your agencies/programs are progressing, what do you see or hope for in the future of suicide prevention in older adults?

Closing Session and Remarks

Key findings

- Older adults living with serious mental illnesses are living longer and workforce training is critical to help meet the older adults' needs.
- Remaining active and open to trying new things fosters happiness and growth as people age.
- Aging brings a sense of freedom to be able to do what one wants in life.

Workforce and Community Strategies to Support Older Adults Living with Serious Mental Illnesses

Ageist stereotypes lead people to assume that poor health is natural and unavoidable in later life, preventing many older people from seeking or getting the support that they need. If people assume poor health is unavoidable, they won't seek the support they need. The Rehabilitation Research and Training Center is the first of its kind to focus on older adults with serious psychiatric disabilities. It is charged with both creating new knowledge (research) and promoting the uptake of new knowledge (i.e., training, dissemination and technical assistance). While all older adults can benefit from better services, this is especially true for those living with a serious mental illness.

The center has four research priorities:

- Creating a national picture of the barriers to health and well-being and their association with social determinants of health and disability of older adults living with serious mental illness.

- Re-imaging aging through meaning and purpose in community living (RAMP-CL) which includes photos and interviews that share individual experiences with the goal of changing provider attitudes.
- Enhancing social connection, health, and cognition in older people by building on evidence-based programs and adapting them to the older adult's living with serious mental illnesses community
- An exploratory study to identify promising state policies and policy gaps which has looked at 12 states to identify themes and clarify gaps around service policies and interventions

The center also has four knowledge transfer programs:

- Creating Relationships of Empowerment and Wellbeing (CREW) – This includes a program for families and caregivers and one for community workers which provides tools to share with people around strengthening caregiver relationships, introducing recovery and sharing recovery journey stories.
- National Resource Center as a Workforce Development hub – The interdisciplinary taskforce is focused on identifying workforce gaps and creating recommendations to create a more competent workforce. These recommendations may include developing materials specific to aging and serious mental illnesses that can be inserted into academic programs.
- Individual Technical Assistance – which includes an online training library.
- Policy Academy - Which provides technical assistance to state systems that includes working sessions to identify gaps in services for this population and the creation of a strategic plan with specific SMART goals that can be achieved in 6 months. This pilot was tested in New York, revised, and is now being tested again in the state of Washington.

The National Resource Center for S.I.L.V.E.R. is an online hub of resources focused on working with older adults living with psychiatric illness or mental health concerns and includes materials, events, and trainings– all available for free.

Three videos of individuals sharing themes that resonated with them about aging were shared. One key theme that was brought up repeatedly was wisdom – that getting wiser is a critical part of aging. Wisdom is about letting go of regrets, being able to accept one's own and others' imperfections, and looking at obstacles people face as they age as opportunities for continued growth.

Individuals also said aging needs to be part of mental health services, but reminded viewers to not just look at persons age but what they want to do. Interviewees shared that providers

should not write people off when they get to a certain age and are struggling. One person shared that they feel like they are just starting to live.

POWER-OR (Promoting Older Adult Wellness and Evidence-based Resources in Oregon)

Oregon Center of Excellence for Behavioral Health & Aging is using a multidisciplinary approach to advance best practices in care, reduce silos, develop training, and support the workforce. Oregon ranks among the bottom states nationally for older adult behavioral health outcomes. All but two Oregon counties have a mental health service provider shortage. The POWER-OR program is one way Oregon is responding to better support older adult mental health. POWER-OR includes

- The PEARLS (Program to Encourage Active Rewarding Lives) Program which is being implemented in assisted living communities and adult foster homes. The PEARLS program educates older adults about what depression is and is not, helping them develop the skills they need to be more self-sufficiency and lead more active lives. PEARLS takes place over 6-8 sessions across a 4–5-month period in the older adults' home or community-based settings.
- The WRAP (Wellness Recovery Action Plan) Program which is being implemented in senior centers. The WRAP program supports clients to identify the tools they have that keep them well and helps them create an action plan to put their tools into practice every day. All along the way, WRAP has helped clients incorporate key recovery concepts and wellness tools into their life plans.

Mind-Body Practices for Mental Wellness: Tai Chi for Arthritis

Participants then had the opportunity to learn more about how Tai Chi can improve balance, strength, and fall prevention in older adults while practicing some tai chi movements. Tai Chi for Arthritis and Falls Prevention (TCAFP) is an evidence-based falls prevention program that has been shown to reduce the risk of falls by 30%. It includes 16 hours of class time plus recommended individual practice between sessions. Tai chi also has psychological benefits including increased quality of life, overall improved mood, increased self-esteem and improved sleep quality.

Additional information on implementing the program in a community setting or becoming a certified instructor is available on the Tai Chi for Health Institute website. In clinical settings, you can make referrals to Iowa Community HUB where a navigator can help register you for an online program as appropriate.

Participants then had the opportunity to join in a brief tai chi practice.

Closing Remarks

Ramsey Alwin thanked speakers, moderators, and participants for joining in a truly amazing day of insights and information. Special gratitude was expressed to those that shared their personal experience, their struggles, and realities with mental health and wellness.

Live Attendance	On-Demand Views (as of June 25, 2026)	# of Questions/ Comments	Selected Comments
935	60	186	• Always learn so much from attending and grateful that sessions are recorded so I can see them all. Thank you for continuing to offer this for free. • We have the PEARLS program in most of our CREOKS clinics. I came out of retirement to work with the program. Outstanding • am in Pittsburgh PA and we were able to get this program for my senior residents in independent living. The residents loved it and were sad when it had to end. We did it twice a week for 8 weeks.

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.

Pivotal Points

LECOM Institute for Successful Living

LIGHT project

JFNA Person-Centered, Trauma-Informed Essentials for Aging Services Online Course

Jewish Family and Children's Service of Greater Philadelphia

Clutter Imaging Rating Scale

Activities of Daily Living – hoarding (ADL-H) Scales

Home Environment Index

BRIDGES Program

NY Department of Health Fall Prevention website

Sleep Education for Everyone Program (SLEEP) program

Ageism Awareness Day webinar

National Resource Center for S.I.L.V.E.R

Oregon's Center for Excellence for Behavioral Health & Aging

Iowa Community HUB

Tai Chi for Health Institute website

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:

- The mental health impact of caregiving
- Dementia and declining cognitive abilities
- Social isolation and transportation
- Loneliness, including family estrangement
- End-of-life care, living wills, power of attorney and advanced directives

Appendix I: Full Agenda

Agenda Link: https://connect.ncoa.org/oamhad2026-agenda

Appendix II: Executive Committee Roster

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Appendix III: Marketing Materials

Sosha Sharing Toolkit