chronic physical conditions, and social isolation. Several advances have been made in healthcare policy to address practical, evidence-based approaches to preventing suicide and treating behavioral health conditions such as depression, including collaborative care and the Zero Suicide model. This symposium will focus on reviewing the epidemiology and evidence-based approaches for suicide prevention and mental health treatment for older adults. In this presentation, the presenters describe the current trends in suicide rate in older adults in the United States, indicate risk factors (both modifiable and non-modifiable), and present about the collaborative care and Zero Suicide models. Speakers will emphasize the role of these two models in suicide prevention and population-based behavioral healthcare. The presenters will also highlight examples of policy changes and provide recommendations for regulators and hospital systems to adopt these evidence-based models of care for caring for older adults at risk for suicide.

EPIDEMIOLOGY OF SUICIDE IN OLDER ADULTS

Jane Pearson, National Institute of Mental Health, ROCKVILLE, Maryland, United States

This individual symposium abstract will focus on the epidemiology of suicide in older adults, with particular focus on risk factors, changing demographics, and population shifts with the baby-boomers aging. Epidemiologically, older men aged 75 and older have a suicide rate of 39.7 deaths per 100,000 in 2017, compared to the general population of 14.0 deaths per 100,000. Risk factors for suicide in older adults include functional disability, multiple chronic physical conditions, and social isolation. In addition, older adults often face stressors such as relationship issues, life crises (loss of spouse), and social factors (employment and financial challenges, housing stress, and legal issues). Limited mobility, physical and mental health conditions, and lack of social support can affect healthcare access and utilization. Many older adults do not routinely seek behavioral health treatment, with reported under-detection of mental health conditions such as depression, substance use disorders, and suicidal ideation.

EVIDENCE-BASED APPROACHES TO SUICIDE IN OLDER ADULTS—ZERO SUICIDE

Luming Li, Yale School of Medicine, New Haven, United States

This individual symposium abstract will focus on evidence-based approaches to suicide in older adults, with particular focus on the Zero Suicide Model. Zero Suicide Model is a framework that applies seven essential elements of suicide care (Lead, Train, Identify, Engage, Treat, Transition, Improve). The model provides a systematic approach for quality improvement for suicide prevention and offers implementation strategies for “real-world” clinical settings using the Assess, Intervene, and Monitor for Suicide Prevention (AIM-SP) program for suicide-safer care. The authors will describe implementation of Zero Suicide in general healthcare settings that care for older adults, including health systems and outpatient clinics. The authors will also describe the value of Zero Suicide other settings such as long-term care centers, where older adults are cared for. In addition, the authors will describe future directions for research in the Zero Suicide Model and additional opportunities in public policy for suicide prevention.

EVIDENCE-BASED APPROACHES TO SUICIDE IN OLDER ADULTS—COLLABORATIVE CARE

Michael Schoenbaum, National Institute of Mental Health, Bethesda, Maryland, United States

This individual symposium abstract will focus another evidence-based approach to mental health treatment and in older adults, the collaborative care model. Collaborative care is a consultation-based approach in primary care that has been described with multiple clinical trials, with significant benefit for access and treatment. The Prevention of Suicide in Primary Care Elderly: Collaborative Trial (PROSPECT) using the collaborative care model found that those older adults receiving the intervention had a higher utilization of mental health treatment (psychotherapy and/or antidepressant treatment) and had a 2.2 times greater decline in suicidal ideation over 24 months. The authors will describe the utility of using the collaborative care model on the identification of suicidal ideation and subsequent mental health treatment for older adults. The authors will also share about challenges and successes related to collaborative care implementation in healthcare settings for older adults, and relevant policy and financing components for the model.

SESSION 5775 (SYMPOSIUM)

SUPPORT, HEALTH, ACTIVITIES, RESOURCES, & EDUCATION (SHARE): NEW PROGRAM INNOVATIONS FOR EARLY-STAGE FAMILIES

Chair: Carol Whitlatch
Co-Chair: Steven Zarit
Discussant: Steven Zarit

Persons living with a recent diagnosis of dementia experience great uncertainty and stress as they and their families try to adjust to the new reality of their lives and futures. One fruitful strategy for intervening with these families is to include both the person living with dementia and their family care partner in the program. Although dyadic approaches are rare among early-stage programs, promising examples exist. The SHARE Program (Support, Health, Activities, Resources, and Education) is one exception where dyadic materials address: 1) current and long-term needs of care partners, and 2) how the family can develop a realistic plan of care based on their care values and preferences. This symposium describes the development and positive outcomes of the original SHARE intervention and the promising adaptations that expand how and to whom the intervention is delivered. Presentations explore: 1) the original SHARE for Dementia program and strategies for expanding its reach into chronic conditions populations (Orsulic-Jeras & Whitlatch), 2) a group version translated into Spanish (“EPIC: Early-stage Partners in Care,” Dr. Coon), and 3) the development of a remote needs assessment and unobtrusive in-home monitoring technology platform that guides care planning and helps to maintain independence (“SHARE-sense,” Dr. Miller). Discussion will focus on the challenges, unique solutions, and positive outcomes when adapting SHARE to different settings and populations (Dr. Zarit).