The COVID-19 pandemic has led to increased strains on the rapidly increasing aging population's mental, emotional, and physiological health. COVID-19, which belongs to a family of respiratory viruses, was first detected in China before spreading to other parts of the globe. Due to underlying health conditions and weakened immune systems, the aging population is at greater risk for contracting COVID-19. To better prepare for a future pandemic, it is necessary to explore the psychosocial impacts of limited human interactions to make the aging population feel safer while mitigating harm to their mental and emotional health. The purpose of this study is to highlight the experiences of the aging population with COVID-19, including psychosocial, behavioral responses to the pandemic, and older adults' overall well-being.

We surveyed a total of 203 adults 55 and older regarding their experiences with the pandemic. Survey components included the COVID-19 Household Environment Scale (Behar-Zusman, Chavez, & Gattamorta, ND), selected items from the COVID-19 Impact Study and open-ended questions, the Generalized Anxiety Disorder Assessment (Williams et al., 2006), and the UCLA Loneliness Scale (Russell, Peplau, & Ferguson, 1978). Preliminary analyses indicate that most participants had not experienced any COVID-19 symptoms, nor did they know anyone who had passed away from the virus. However, participants did report loneliness and less family cohesion because of the pandemic. Findings from this study will be used to help older adults cope with the impact of the current pandemic and future pandemics.

OLDER AGE AND OTHER PROTECTIVE FACTORS OF MENTAL HEALTH DURING THE COVID-19 PANDEMIC IN THE US

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Research conducted early in the COVID-19 pandemic (i.e., March 2020) suggested that older adults were less likely to experience negative pandemic-related mental health than younger people. We investigated whether this age-related advantage persisted during the July 2020 spike in COVID-19 cases and investigated links between coping strategies and mental health. We used data from the Understanding America Study (UAS) to conduct a secondary data analysis of participants (N = 5,753) aged 18-110 years (M=46.20, SD=12.88) who completed online self-report surveys twice—once immediately prior to the July spike in cases, and again during the spike. Surveys assessed engagement in protective behaviors (e.g., wearing a mask, washing hands), coping strategies (e.g., calling family/friends, getting extra exercise, meditating), and anxiety and depressive symptoms (using the Patient Health Questionnaire PHQ-4). Multiple regression analyses were used to identify predictors of anxiety and depression during the spike, controlling for previous anxiety and depression, race, ethnicity, income, education, and marital status. Older age and engaging in protective behaviors were associated with less anxiety, whereas coping by calling family/friends was associated with more symptoms, R2 = .71, F(16, 5736) = 885.90, p < .001. Coping by calling and getting extra exercise were associated with fewer depressive symptoms, whereas coping by using social media was associated with more symptoms, R2 = .72, F(16, 5736) = 906.65, p < .001. These findings highlight age as a protective factor for anxiety but not for depression and underscore the importance of social support as a protective factor for mental health.

ONLINE LEISURE ACTIVITIES FOR SUSTAINED MENTAL HEALTH WELL-BEING IN OLDER ADULTS WITH COVID-19 MITIGATION

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Older adults (OA) experience psychosocial distress from the COVID-19 pandemic mitigations. While their participation in leisure and recreation activities (LRA) would be ameliorating, we do not know how LRA OA engages for their mental health (MH) well-being with COVID-19 mitigation. This scoping review aimed to trend the evidence on the types of LRA OA engage for their MH well-being across the young-old continuum (60-69 years) through to older-old (80 years and above) in the COVID-19 pandemic. We searched the following electronic databases (PubMed, EMBASE, CINAHL, Cochrane, JBI-ES, and Epistemonics for LRA studies by OA with COVID-19 mitigation. To be included, we considered empirical articles published in English on LRA of OA 55+ years-old. Another criterion required articles describing those activities’ qualities and the impact of LRA on MH and well-being during the COVID-19 pandemic. We resulted in seven empirical studies, two of which implemented in the USA and one from the USA and Canada, Spain, Israel, and Japan. Findings following narrative synthesis revealed trending evidence on OA to engage in online LRA for social, cognitive /intellectual, and emotional health. Leisure-time physical activity reduced negative MH symptoms as anxiety and depression in OA under COVID-19 threat. In conclusion, the present review’s trending evidence suggests that OA engagement in social, physical, mental, and cognitive LRA enhanced their MH and overall well-being. Activities delivered by way of the Internet and television provided a cluster of beneficial opportunities for the OA mental health needs under the COVID-19 pandemic.

PERCEIVED IMPACT OF COVID-19 ON OLDER ADULTS’ MENTAL HEALTH AND BARRIERS TO MENTAL HEALTH CARE

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COVID-19 disproportionately impacted older adults in terms of fatalities, but also increased stress, isolation, and loneliness (Chen, 2020). We examined older adults’ anxiety, depression, and barriers to mental healthcare during the COVID-19 pandemic and their perceptions of these variables prior to the pandemic. Further, we explored whether any perceived changes differed based on geographical location (rural, suburban, urban). Data were collected online between mid-June and mid-July of 2020 from 244 individuals aged 65-82 years (M=68.3, SD=3.5). The sample was primarily White (91%) and female (60%); most (n=119) lived in suburban settings, with 63 in urban and 60 in rural settings.