institutionalized older adults. The knowledge produced about oral health and mental health in long-term care facilities for the elderly is relatively recent, reflecting the contemporary nature of the theme. Besides, the construction of this knowledge is associated with the diversity of epidemiological and qualitative studies seeking to answer questions that involve technical and subjective plurality involving mental health and oral health of institutionalized older adults.

**EFFECTS OF PARTICIPATING IN A VOLUNTEER DRIVING PROGRAM ON MENTAL HEALTH IN SERVICE RECIPIENTS AND VOLUNTEERS**

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**Objectives:** To assess the effects of a volunteer transportation program on mental health in riders and volunteers.

**Methods:** A cross-sectional study (N=133, age ≥60) compared pre- and existing (≥2 years) riders, pre- and existing (≥2 years) volunteer drivers, and riders (Rs) and pre-volunteers (PreVs), representing general older adults. The cohorts belonged to a large, community volunteer organization. Outcome measures, depression and quality of life, were analyzed using ANCOVA. Percentages of people who wanted to go to specific destinations with available transportation were identified for pre-riders (PreRs) and Rs.

**Results:** Rs had better depression scores (p<.001), no longer exhibited depressive symptoms (p=.005), and were better in quality of life (p=.002) than PreRs. Rs were similar to PreVs. PreRs’ major needs were going to medically related places (doctors’ offices = 74.4%, drug stores = 44.2%, hospitals = 37.2%) and basic living (grocery = 60.5%, clothing = 37.2%). In Rs, these had significantly lowered, but still 40% wanted to go to doctors’ offices and 30%, grocery stores. Volunteer driver’s (Vs)’ depression (p=.009), health (p=.006), and social relationships (p=.004) were significantly better than PreVs’.

**Discussion:** Although the use of free transportation up to four times a month may not be enough to improve perceived health for Rs, it was beneficial to prevent depression and increase quality of life. Since many PreVs were doing volunteer work other than driving, the type of volunteer work matters. Regularly helping people, in person, with their core needs for living resulted in positive outcomes for Vs.

**GROUP-BASED SMOKING CESSATION PROGRAM FOR OLDER ADULTS WITH SERIOUS MENTAL ILLNESS**

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Smoking is one of the most important modifiable risk factors for excess morbidity and mortality in older adults with serious mental illness (SMI). Many older smokers with SMI are reportedly motivated to quit, however evidence-based treatment targeting this vulnerable group is limited. To address an urgent need to identify interventions that assist smoking cessation efforts, we are conducting a pilot two-arm randomized controlled trial (RCT) targeting adults with SMI. Our videogame-based Physical activity (“VIP”) smoking cessation intervention includes: a) group videogame-based physical activity intervention (50 minutes, 3X/week for 12 weeks), b) pharmacotherapy (bupropion or nicotine replacement therapy), and c) smoking cessation counseling. Upon completion of the 12 week program, participants in the VIP and control groups completed a semi-structured interview in order to determine how the program impacted their smoking cessation. To date, six participants completed an interview. Participants described how the program helped with smoking cessation because it allowed them to “face their addiction” and learn more about why they smoke and how to quit. The program provided the structure, resources, and encouragement needed to start the process of quitting. Finally, they enjoyed having the game time as a distraction from smoking. Older adults with SMI need support, resources, and group-based exercise as they begin quitting and practice the skills needed to quit.

**INCREASING MIXED-BERRY FLAVONOID INTAKE MAY REDUCE DEPRESSIVE SYMPTOMS IN OLDER ADULTS: FRAMINGHAM HEART STUDY**

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Depression affects more than 250 million people worldwide. Although epidemiological studies have linked higher dietary flavonoids with depression prevention in older women, it is unknown if increasing dietary flavonoids could effectively reduce depression. Mixed berries (blueberry, blackberry, and raspberry) are a rich source of flavonoids, particularly anthocyanin, flavanol, and flavan-3-ol subclasses. Our aim was to determine the association of mixed-berry flavonoid intake with change in depressive symptoms over ~8 years in older adults from the Framingham Heart Study. This community-based prospective longitudinal study included 1,278 adults with assessments on diet (food frequency questionnaire) and depressive symptoms (Center for Epidemiologic Studies Depression, CES-D) at baseline (1998-2001) and follow-up (2003-2008). Absolute change in mixed-berry flavonoid intake (defined as sum of anthocyanin, flavanol, and flavon-3-ols, mg/day) and change in CES-D scores were calculated. Linear regression estimated beta and standard error (SE) for change in CES-D scores per 250 mg/day increase in mixed-berry flavonoids (obtained from ~3/4 cup of mixed berries), adjusting for baseline age, sex, energy intake, current smoking, body mass index, physical activity, cardiovascular disease, and non-melanoma cancer. Mean age was 59±9 years (range: 33-81), 57% female and mean change in mixed-berry flavonoid intake was 15.0±72.8 mg/day over ~8 years. In adjusted models, each 250 mg/day increase in mixed-berry flavonoid intake was associated with a 1-point reduction in depressive symptoms (beta: -1.06, SE: 0.61, p=0.08) over ~8 years, although this was not statistically significant. These data highlight the need for randomized clinical trials of flavonoid-rich berries to target depressive symptoms in older adults.

**MINIMALLY ADEQUATE MENTAL HEALTH TREATMENT AND MORTALITY IN PRIMARY CARE OLDER ADULTS WITH DEPRESSION AND ANXIETY**

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