increase in depressive symptoms. Additional analysis using working adults begin family caregiving they experience an effects models support role conflict theory, suggesting when representative survey of U.S. adults aged 50+. Results from fixed Health and Retirement Study (2004-2018), a nationally rep

family caregiving role and how these impacts vary at the of working adults is impacted when they transition into a health when caregiving while employed. The current study an intersectional approach in understanding shifts in mental differences across racial identities in the family caregiving ex

giving. Prior work finds support for both theories, however, occupying both social roles can alleviate the burden of care employment roles. Additionally, while gendered differences and un

Role conflict theory suggests the experience of combining balancing family care needs with employment responsibilities. unpaid care to an adult family member, the majority are Massachusetts, United States

CAREGIVING ON MENTAL HEALTH
UNDERSTANDING COMBINING WORK AND AN INTERSECTIONAL APPROACH TO THE MENTAL HEALTH TAX OF FAMILY CAREGIVING

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EFFECT OF A COVID-19-RELATED LOCKDOWN ON MIDDLE-AGED AND OLDER FAMILY CAREGIVERS IN SINGAPORE

Rahul Malhotra1, Vicky Qin2, and Abhijit Visaria1, 1. Duke-NUS Medical School, Singapore, Singapore, 2. Nanyang Technological University, Singapore, Singapore

Lockdowns, while limiting COVID-19 transmission, can affect care provision by family caregivers and their caregiving experience. We assessed, among 1094 family caregivers aged 50-79 years in Singapore, the (1) perceived effect of nationwide lockdown on their care provision, (2) correlates of different perceptions, and (3) association of the perceptions with negative and positive caregiving experiences. Caregivers reported whether their care provision became harder, easier, or remained the same during versus before the lockdown. Multinomial logistic regression assessed the association of caregiver, care-recipient, and caregiving-context characteristics with their perceptions.

EXAMINE DAILY VARIATION IN SUICIDAL IDEATION AMONG DEMENTIA CAREGIVERS

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EXAMINE DAILY VARIATION IN SUICIDAL IDEATION AMONG DEMENTIA CAREGIVERS

Women, and White men when they began caregiving.

Emerging evidence suggests that caregivers may experience high rates of suicidal ideation. However, relatively little is known about daily contextual factors, including suicidal ideation trajectories over time leading to and following an individual's highest suicidal ideation. Suicide is a leading cause of death worldwide, and suicidal ideation is a risk factor for suicide. Examining suicidal ideation trajectories over time can help to identify the factors associated with suicidal ideation and can inform the development of interventions to mitigate the risk of severe psychological distress associated with suicidal ideation.

The purpose of this study was to examine daily variation in suicidal ideation among dementia caregivers using time-varying effect modeling (TVEM) to examine daily depression and anxiety symptoms. The primary aim of this study was to apply time-varying effect modeling (TVEM) to examine daily depression and anxiety-related symptoms, that is, as daily contextual factors influence daily variation in suicidal ideation. In particular, we aimed to investigate whether high levels of daily depression and anxiety predict increases in suicidal ideation, and whether daily depression and anxiety are influenced by suicidal ideation.

We conducted a longitudinal study using EMA ( ecological momentary assessment) to collect daily data on depression, anxiety, and suicidal ideation among dementia caregivers. We used TVEM to examine the daily variation in suicidal ideation, depression, and anxiety, and the relationships between suicidal ideation, depression, and anxiety.

Results showed that there was a significant increase in the mean scores of daily suicidal ideation four days leading up to an individual's highest suicidal ideation score. Additionally, there was a significant decrease four days after the highest suicidal ideation score. Similar relations were observed with daily anxiety as a time-varying predictor in a separate model. The results from this study suggest that suicidal ideation can vary between days, with suicidal ideation increasing leading up to and following an individual's highest suicidal ideation score. Furthermore, suicidal ideation is significantly related to daily anxiety, and daily anxiety is significantly related to suicidal ideation. These findings highlight the importance of understanding the complex relationships between suicidal ideation, depression, and anxiety, and the potential moderating and mediating effects of daily contextual factors on these relationships.

Our findings have important implications for the prevention and treatment of suicidal ideation among dementia caregivers. Clinicians and researchers can use these findings to design interventions that target individuals with high levels of suicidal ideation, depression, and anxiety, and that address daily contextual factors that influence these daily variation in suicidal ideation. For example, interventions can be designed to reduce daily depression and anxiety, and to increase daily protective factors, such as social support and coping strategies, that can mitigate the risk of suicidal ideation.

In conclusion, our findings highlight the importance of understanding the daily variation in suicidal ideation among dementia caregivers, and the complex relationships between suicidal ideation, depression, and anxiety. These findings can inform the development of effective interventions to prevent suicidal ideation among dementia caregivers, and can help to promote mental health and well-being among this vulnerable population.

This study is the first to examine daily variation in suicidal ideation among dementia caregivers using TVEM. Future research can extend these findings by examining the long-term effects of suicidal ideation, depression, and anxiety on suicidal behavior among dementia caregivers. Additionally, future research can examine the effectiveness of interventions that target these daily variation in suicidal ideation, and that address daily contextual factors that influence these daily variation in suicidal ideation.
Linear regression models examined the association of their perceptions with subsequent negative and positive caregiving experiences. Care provision became harder for 36%, easier for 18% and remained the same for 46% caregivers. Care provision becoming harder (versus same) was more likely for caregivers who were male, Chinese, in worse health, caring for care-recipients with functional limitations, without caregiving support from cohabiting family before the lockdown, and with caregiving support from non-cohabiting family before the lockdown. Care provision becoming easier (versus same) was less likely among caregivers who were of higher age, unemployed, socially isolated and whose care-recipients had functional limitations. Caregivers for whom care provision became harder were worse off in negative caregiving experiences. A nationwide lockdown did not make care provision harder for all caregivers. However, those for whom it did had greater negative caregiving experiences. Heterogeneity of the effect of lockdowns and offering flexibility to non-cohabiting family who support caregiving should be considerations when implementing such disruptions.