younger people. Levels and trajectories of functional limitations also differed between genders. Older women showed greater increases in functional limitations than older men in contrast to relatively similar trajectories between younger women and men. In addition, having high levels of SI was associated with fewer functional limitations among men as compared to women. These findings suggest that SI may be more protective for late-life physical functioning among men as well as older cohorts of both genders. This study highlights future directions for longitudinal research on SI in late-life. Moreover, this study highlights the need to explore practical implications for focusing on promoting SI among the oldest old.

**OBJECTIVE PHYSICAL FUNCTION AND MENTAL HEALTH-RELATED OUTCOMES IN OLDER PRISONERS**

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The U.S. prison population is aging; increasing numbers of older adults (age ≥50) are being incarcerated and are aging “in place.” Older prisoners are likely to experience depression and suicidal ideation (SI), which are both strong predictors of suicide. However, “conventional” factors associated with increased suicide risk in mixed-age inmate samples (e.g., time served or single-cell housing) appear less relevant for older inmates. We sought to determine if physical function was associated with depression and SI in older prisoners. As part of an ongoing study, we conducted face-to-face interviews with 132 male prisoners age ≥50 from 4 Connecticut state prisons. Physical function was assessed objectively using the Short Physical Performance Battery (SPPB). The outcomes, depression and SI, were assessed using the PHQ-9 (range 0–27) and the Geriatric Suicide Ideation Scale (range 31–105); higher scores on each scale indicated worsening severity. Participants were racially diverse (42% White, 39% Black, 20% Hispanic/Other) and had a mean age of 57.2 ± 6.6 years (range 50–79 years). Using linear regression models controlling for age group (50’s vs 60+), race, years in prison, and ADL difficulties, we found that increasing SPPB total score was negatively associated with depression (beta= -1.18 ± 0.30; p=0.0001), SI (beta= -0.74 ± 0.34; p=0.03), and GSIS total score (beta= -2.62 ± 0.97; p=0.008). Physical function is strongly associated with mental health outcomes in older prisoners. Using objective indicators to assess older prisoners’ physical function may help to identify those who may be at higher risk of depression and SI and may indicate a target area for intervention.

**SESSION 1750 (POSTER)**

**DEPRESSION AND PSYCHOSOCIAL CHARACTERISTICS II**

**AGING ANXIETY MEDIATES THE RELATIONSHIPS OF KNOWLEDGE OF AGING AND CONTACT WITH OLDER ADULTS TO AGEIST ATTITUDES**

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Prior research has indicated that lack of knowledge about aging and little contact with older adults are related to more ageist attitudes about older adults. Based on the principles of Terror Management Theory (e.g., Martens, Goldenberg, & Greenberg, 2005), we hypothesized that anxiety about aging may mediate, or explain, these relationships. A sample of 483 participants (18–55 years; 244 males, 239 females) completed survey measures online including a demographic form, the Facts on Aging Quiz, Contact with Older Adults Scale, Aging Anxiety Scale, and Fraboni Scale of Ageism. Including age as a covariate, the multiple regression model explained 20.8% of the variance in ageist attitudes (p<.0001); three of the four predictors of more ageist attitudes about older adults were statistically significant: less knowledge of aging (b=-.64, p<.0001), greater anxiety (b=.35, p<.0001), and younger age (b=-.14, p=.004). Amount of contact was not a significant predictor (b=-.004, p=.912). However, 95% bootstrap confidence intervals indicated that both of the hypothesized indirect effects were statistically significant: (1) knowledge to anxiety to ageist attitudes (point estimate=-.135, 95% CI of -.220 to -.065) and (2) contact to anxiety to ageist attitudes (point estimate=-.046, 95% CI of -.077 to -.019). Thus, aging anxiety mediates the relationships of knowledge about aging and contact with older adults to ageist attitudes. One implication of these results is that interventions to reduce ageist attitudes, particularly if they involve increasing contact with older adults, may be most successful if they also work to reduce individuals’ anxiety about their own aging.

**ALL BEHAVIOUR HAS MEANING: CONCEPTUALIZING CHALLENGING ASSUMPTIONS IN DEMENTIA CARE**

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“All behaviour has meaning” is one of the central tenets of dementia care research and education. Yet, the question, “What is behaviour?” is often left unasked within dementia care research, education, practice and policy. Drawing from perspectives in cultural gerontology, interpretive sociology and critical disability studies, this presentation theorizes ‘challenging’ assumptions about behaviour in discourses of dementia care. Our constructivist conceptual analysis of behaviour leads to a consideration of the behaviourist tradition in psychology, and the biopsychosocial model of dementia care and Thomas Kitwood’s and Carl Rogers’ seminal works on meaning, personhood and relationships. Within this tradition and these works, what behaviour means and why it matters is informed by ideas about adaptation and adjustment; concepts which posit behaviour as an expression (and measure) of the ‘person-environment fit’, and by virtue of that, a means of recognizing some people as out of place. Through unpacking the meaning of behaviour as a ’challenging assumption’ in dementia care, we trace the relations between behaviour and personality. We contend that scholarly work of this nature within gerontology is critical to understanding the social significance of person-centred dementia care, and the challenges and opportunities a behaviourist approach poses for recognizing personhood in dementia.