The study object was motivation to sustain self-care of older drug users. Objective: Analyze older drug users’ motivation to sustain self-care practices. Specific objectives: (i) To characterize social-demographic profile, physical and mental health of older illicit drug users. (ii) Describe everyday practices classified as self-care by older drug users; (iii) Discuss what helps and hinders older drug users’ motivation to sustain self-care. Methodology: Qualitative, descriptive, study using Grounded Theory (GT) to guide the process of data collection, analysis and discussion. Sixty individuals 60+ who used or are current users of illicit drugs were contacted through the snowball technique and interviewed in Brazil and Portugal. Data collection instruments were: (i) a semi-structured question guide; (ii) a spreadsheet for quantitative data collection; (iii) field notes; and (iv) memos were filled out throughout the research process, with the purpose to contribute with and enlighten data analysis and discussion. Results: From data submitted to GT analytical processes, 152 codes emerged, were grouped in 10 subcategories and three categories: “Life trajectory”; “Drugs” and “Health tensions and balance practices”. Conclusion: Data results on older drug users’ motivation to sustain self-care practices gave rise to the central category “the aging journey railway, drug (de) rails and care: ways in Brazil and Portugal” revealing self-care as key in the treatment, also highlighting significant individuals and therapeutic modalities as consubstantial influence for such maintenance.

BURDENS OF HONOR: EXAMINING HONOR IDEOLOGY, SUICIDE RISK-FACTORS, AND AGEISM IN OLDER ADULTS
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Prior research has demonstrated that rates of suicide increase as men enter older adulthood and that these rates are even higher in honor-oriented regions of the U.S. (particularly among White men). Research into the honor-suicide link has suggested explanatory factors that coincide with the interpersonal theory of suicide, such as untreated depression, heightened risk-taking, and the use of firearms in suicide; however, factors related to aging (e.g., ageism, anxiety about aging) have yet to be examined. The present study examined ambivalent ageism, permissive attitudes toward suicide, and interpersonal risk-factors for suicide as explanations for the honor-suicide link among a sample of 201 older American men (Mage = 56.45, SD = 8.35, range = 44-77 years of age). After controlling for participant age and religiosity, participants with greater endorsement of honor ideology but lower levels of honor fulfillment expressed heightened levels of thwarted belongingness (β = 0.35, p = .001)—an established interpersonal risk-factor for suicide. Additionally, lower levels of honor fulfillment predicted greater anxiety about aging (β = -0.41, p < .001), greater perceived burdensomeness (β = -0.39, p < .001), and more positive implicit attitudes toward youth (β = 0.27, p = .019). Conversely, greater levels of honor fulfillment predicted more positive attitudes toward aging (β = 0.20, p = .025). Our results extend previous research on the honor-suicide relationship by demonstrating the utility of marrying the interpersonal theory of suicide with research on cultures of honor.

STRENGTHENING AGE-FRIENDLY COMMUNITIES THROUGH CAPACITY BUILDING TO ADDRESS BEHAVIORAL HEALTH CONCERNS
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The Center for Aging and Disability Education and Research at Boston University in collaboration with the Age-Friendly New Bedford received funding from Tufts Health Plan Foundation to reduce the stigma of mental illness and increase awareness of the effects of social isolation in the community. In order for older adults to be fully engaged in community life, behavioral health concerns need to be addressed with a focus on social isolation, depression, and substance use. Many Age Friendly efforts don’t address these issues even though significant numbers of older adults are impacted. Without a community-wide capacity building effort, behavioral health issues among older adults often fade into the background. We developed and implemented a 3-tiered approach to incorporating behavioral health into an Age Friendly initiative. In the first tier, we focused on increasing awareness of the impact of behavioral health concerns and stigma by creating an anti-stigma campaign in multiple languages. The second tier focused on holding workshops for older adults on behavioral health related issues. The third tier provided training to key stakeholders, including aging service providers, clergy, first responders, and resident coordinators focusing on the need to effectively identify and respond to older adults with behavioral health concerns. Using the Depression Stigma Scale, we measured perceived stigma among older adults pre and post workshop participation. We found statistically significant changes in how older adults perceive depression after participation in the workshop. Training results were also statistically significant with gains pre-post training in key competency areas.

THE RELATIONSHIP BETWEEN MARITAL STATUS, COHORT, AND DEPRESSION SYMPTOMS IN TAIWAN
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Objectives: The relationship between marital status and depression symptoms is well documented. However, how the negative economic shock affect relationship differ by gender and cohort is still indecisive. The dataset “2011 wave of the Taiwan Longitudinal Study in Aging” and logistic regression models were used in the study. The results: Marital status is related to depression symptoms, but it differs by gendered cohort. With considering financial shock, there is no difference of depressive symptom between divorced and married female. The divorced and widowed have 4.81 and 2.47 times
This study examined whether perceived neighborhood social disorder predicted depressive symptoms among non-married older women (N = 823) drawn from the 2016 Health and Retirement Study. It also tested the stress buffering effect of friends support. A negative binomial regression model showed that higher perceived neighborhood social disorder was associated with higher depressive symptoms. Presence of good friends in the same neighborhood and number of close friends were protective factors, but no stress buffering effect of friends support was identified. This study highlights the adverse effect of negative perceptions of the neighborhood social environment on non-married older women's depressive symptoms.

MENTAL HEALTH POLICY OUTCOMES: AN EXAMINATION OF OLDER ADULTS’ MENTAL HEALTH SERVICE USE, 2002-2012

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Objectives: Though several national-level mental health policies have been enacted and implemented over the past decade, older adults’ rates of mental health service (MHS) utilization remain low. We aimed to examine individual- and community-level factors that have fostered the most successful implementations of national mental health policies in recent years. Methods: We conducted a multilevel growth curve analysis to examine older adults’ MHS use using the Medical Expenditure Panel Survey – Household Component, or MEPS-HC. We considered MHS use in the MEPS-HC for the period of 2002-2012, during which members of MEPS Panels 6-17 provided responses. We identified 8,416 respondents aged 65+ with mental health need, and examined the rates of actual MHS utilization among this sample as it varied by insurance status, rural/urban location, and race/ethnicity. Results: Analyses revealed that rates of older adults’ MHS use did not increase significantly over our examination period, regardless of race/ethnicity or rurality of location. Only insurance status was a significant predictor of change in MHS use rates over the years 2002-2012; t=3.93 (19), p<0.001. Conclusions: Findings suggest that rates of MHS use remained stagnant over the decade examined, revealing problems with implementation of relevant policies for older adults. Additionally, our analyses highlighted that although there were no disparities in rates of MHS use by geographic location or race/ethnicity, there may be significant disparities in identified need for services among older adults. We make suggestions for ensuring greater efficiency and efficacy of efforts to improve older adults’ MHS use in the coming decade.

DOES MUSICKING IMPROVE WELL-BEING IN LATER LIFE? USING BASIC PSYCHOLOGICAL NEEDS THEORY TO EXPLORE THE QUESTION

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Older adults are vulnerable to developing poor mental health as they experience significant life changes such as retirement, widowhood, living alone, institutionalisation,