minority, caregiver and immigrant groups. The symposium addresses both risk factors and the protective factors and coping mechanisms that mediate and mitigate psychological wellbeing and aims to inform interventions to improve psychological wellbeing outcomes in U.S. Asian older adults.

**PSYCHOLOGICAL DISTRESS AMONG OLDER LGBT AND NON-LGBT ASIAN AMERICANS: THE INFLUENCE OF MINORITY STRESS**

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Emerging data from epidemiological studies have confirmed elevated prevalence rates for mental health conditions among the lesbian, gay, bisexual and transgender (LGBT) populations. An estimated 2.8% of Asian Americans identify as LGBT and 26% of Asian LGBT are 40 years or older. This study analyzed the California Health Interview Survey to examine differences in psychological distress between LGBT and non-LGBT older Asian Americans, and further evaluated the role of discrimination in medical care and intimate violence on psychological distress. Regression results showed older LGBT Asians had a higher psychological distress score compared to non-LGBT Asians. After adjusting for discrimination or violence, this association no longer existed. Experiencing discrimination in medical care and intimate violence were associated with higher levels of psychological stress. This study increases our knowledge of mental health among older Asian LGBT, enhancing our ability to design culturally-targeted and trauma-informed psychosocial interventions to improve outcomes in this population.

**ARE SPOUSES MORE LIKELY TO BE DEPRESSED THAN ADULT CHILDREN IN DEMENTIA CARE? A MIXED-METHODS STUDY**

Jinyu Liu, Weatherhead East Asian Institute, New York City, New York, United States

Using a mixed-methods approach, this study examines caregiver burden and depressive symptoms of Chinese American spouses and adult-children who provided care for their spouse or parents with dementia. Quantitative data were collected from a questionnaire-based survey in 124 Chinese caregivers in New York City and narrative data were gathered from in-depth interviews with 27 of these caregivers. The results of linear regression show that there was no difference in objective burden (caring tasks) between spousal and adult-child caregivers, but spousal caregivers reported significantly higher levels of subjective burden and depressive symptoms. Based on the structural equation modeling, it was found that subjective burden significantly mediated the association between being a spousal caregiver on depressive symptoms. The narrative data show that, compared to the adult-child caregivers, spousal caregivers were more likely to express their worries about the sequence of death (what will happen if they die earlier than their care receiver?).

**EXPLORING THE RISK AND PROTECTIVE FACTORS FOR THE MENTAL HEALTH OF SEXUAL MINORITY ASIAN AMERICANS**

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This study characterizes the mental health of Asian American older adults (aged 60+) who identify as sexual minorities (SM or lesbian, gay, bisexual) and compare to their non-Asian American and non-SM counterparts. Data were from the Research Program on Genes, Environment and Health (Aged 60+; N=185,478), a representative sample of healthcare members from Northern California. It includes SM (N=447) and heterosexual/non-SM (N=15,772) older adults who identify as Asian American (Chinese, Japanese, Filipino, and South Asian) and non-Asian American SM (N=3,890). Rates of dementia, anxiety, and PTSD were similar for both SM and non-SM Asian Americans. However, older lesbian and gay Asian Americans were more likely to have a depression diagnosis (30% vs. 18%, p=0.002) compared to non-SM. Overall, mental health outcomes were lower for Asian American SM compared to non-Asian American SM. We discuss need for understanding protective factors for mental health and implications for future interventions.

**ADVERSITY, COPING REPERTOIRE, AND PSYCHOLOGICAL WELL-BEING OF CHINESE OLDER IMMIGRANTS IN THE UNITED STATES**

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Using data from 2,923 Chinese older immigrants in Chicago, this study aims to identify different patterns of coping repertoires of older immigrants, based on a combination of individual, family and community coping resources, and the optimal coping repertoire that is associated with the best psychological outcomes. The results of Latent Class Analysis revealed four types of coping repertoires: low-resource (43%), spouse-oriented (32%), community-oriented (15%), and multi-source coping repertoire (10%). Overall, immigrants who had multi-source coping repertoire reported the best psychological outcomes. However, the influence of coping repertoires varied based on specific adversities. Having community-oriented coping repertoire was more protective for widowed immigrants, whereas spouse- or community-oriented coping repertoire was more protective for those with poor health. For less-acculturated older immigrants, having community-oriented coping appears most beneficial to their well-being; and for older immigrants who perceived low filial support from their children, having multi-source coping was associated with better psychological well-being.

**SESSION 5770 (SYMPOSIUM)**

**SUICIDE PREVENTION IN OLDER ADULTS: EVIDENCE-BASED APPROACHES FOR CARE**

Chair: Luming Li

Suicide in older adults is a major public health concern. Data of suicide rates of older adults from the Centers for Disease Control suggests that suicide is more frequent in older adults and warrants further examination of treatment and public health prevention approaches. Risk factors for suicide in the elderly include functional disability, multiple
chronic physical conditions, and social isolation. Several advances have been made in healthcare policy to address practical, evidence-based approaches to preventing suicide and treating behavioral health conditions such as depression, including collaborative care and the Zero Suicide model. This symposium will focus on reviewing the epidemiology and evidence-based approaches for suicide prevention and mental health treatment for older adults. In this presentation, the presenters describe the current trends in suicide rate in older adults in the United States, indicate risk factors (both modifiable and non-modifiable), and present about the collaborative care and Zero Suicide models. Speakers will emphasize the role of these two models in suicide prevention and population-based behavioral healthcare. The presenters will also highlight examples of policy changes and provide recommendations for regulators and hospital systems to adopt these evidence-based models of care for caring for older adults at risk for suicide.

EPIDEMIOLOGY OF SUICIDE IN OLDER ADULTS
Jane Pearson, National Institute of Mental Health, ROCKVILLE, Maryland, United States

This individual symposium abstract will focus on the epidemiology of suicide in older adults, with particular focus on risk factors, changing demographics, and population shifts with the baby-boomers aging. Epidemiologically, older men aged 75 and older have a suicide rate of 39.7 deaths per 100,000 in 2017, compared to the general population of 14.0 deaths per 100,000. Risk factors for suicide in older adults include functional disability, multiple chronic physical conditions, and social isolation. In addition, older adults often face stressors such as relationship issues, life crises (loss of spouse), and social factors (employment and financial challenges, housing stress, and legal issues). Limited mobility, physical and mental health conditions, and lack of social support can affect healthcare access and utilization. Many older adults do not routinely seek behavioral health treatment, with reported under-detection of mental health conditions such as depression, substance use disorders, and suicidal ideation.

EVIDENCE-BASED APPROACHES TO SUICIDE IN OLDER ADULTS—ZERO SUICIDE
Luming Li, Yale School of Medicine, New Haven, United States

This individual symposium abstract will focus on evidence-based approaches to suicide in older adults, with particular focus on the Zero Suicide Model. Zero Suicide Model is a framework that applies seven essential elements of suicide care (Lead, Train, Identify, Engage, Treat, Transition, Improve). The model provides a systematic approach for quality improvement for suicide prevention and offers implementation strategies for “real-world” clinical settings using the Assess, Intervene, and Monitor for Suicide Prevention (AIM-SP) program for suicide-safer care. The authors will describe implementation of Zero Suicide in general healthcare settings that care for older adults, including health systems and outpatient clinics. The authors will also describe the value of Zero Suicide other settings such as long-term care centers, where older adults are cared for. In addition, the authors will describe future directions for research in the Zero Suicide Model and additional opportunities in public policy for suicide prevention.

EVIDENCE-BASED APPROACHES TO SUICIDE IN OLDER ADULTS—COLLABORATIVE CARE
Michael Schoenbaum, National Institute of Mental Health, Bethesda, Maryland, United States

This individual symposium abstract will focus another evidence-based approach to mental health treatment and in older adults, the collaborative care model. Collaborative care is a consultation-based approach in primary care that has been described with multiple clinical trials, with significant benefit for access and treatment. The Prevention of Suicide in Primary Care Elderly: Collaborative Trial (PROSPECT) using the collaborative care model found that those older adults receiving the intervention had a higher utilization of mental health treatment (psychotherapy and/or antidepressant treatment) and had a 2.2 times greater decline in suicidal ideation over 24 months. The authors will describe the utility of using the collaborative care model on the identification of suicidal ideation and subsequent mental health treatment for older adults. The authors will also share about challenges and successes related to collaborative care implementation in healthcare settings for older adults, and relevant policy and financing components for the model.

SESSION 5775 (SYMPOSIUM)

SUPPORT, HEALTH, ACTIVITIES, RESOURCES, & EDUCATION (SHARE): NEW PROGRAM

INNOVATIONS FOR EARLY-STAGE FAMILIES
Chair: Carol Whittlatch
Co-Chair: Steven Zarit
Discussant: Steven Zarit

Persons living with a recent diagnosis of dementia experience great uncertainty and stress as they and their families try to adjust to the new reality of their lives and futures. One fruitful strategy for intervening with these families is to include both the person living with dementia and their family care partner in the program. Although dyadic approaches are rare among early-stage programs, promising examples exist. The SHARE Program (Support, Health, Activities, Resources, and Education) is one exception where dyadic materials address: 1) current and long-term needs of care partners, and 2) how the family can develop a realistic plan of care based on their care values and preferences. This symposium describes the development and positive outcomes of the original SHARE intervention and the promising adaptations that expand how and to whom the intervention is delivered. Presentations explore: 1) the original SHARE for Dementia program and strategies for expanding its reach into chronic conditions populations (Orsulic-Jeras & Whitlatch), 2) a group version translated into Spanish (“EPIC: Early-stage Partners in Care,” Dr. Coon), and 3) the development of a remote needs assessment and unobtrusive in-home monitoring technology platform that guides care planning and helps to maintain independence (“SHARE-sense,” Dr. Miller). Discussion will focus on the challenges, unique solutions, and positive outcomes when adapting SHARE to different settings and populations (Dr. Zarit).