

DOES THE HOME-VISIT COMMUNICATING SERVICE BY POSTAL WORKERS IMPROVE THE MENTAL HEALTH OF OLDER PERSONS LIVING ALONE?

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In Japan, the number of older households living alone or married couples is increasing as society ages. For such households, Japan Post offers “Mimamori Home-visit service” a fee-based service where postal workers visit once a month to check their living and health conditions. We examined whether the use of this service improves the mental health of users. There were 10,592 service users as February 2019. The survey targeted 524 people (356 women) who started using the system in January or February (wave1) and continued using until August 2019 (wave2). The mean age was 79.5 years. Visiting postal workers conducted tablet-based interviews to assess social support networks (LSNS-6) and mental health (WHO-5). Information on gender, age, and family form (living alone or not) was provided by Japan Post. The WHO-5 average score was 16.4 for wave1 and 16.3 for wave2. Changes in mental health (WHO-5 scores) at 2 time points were compared by ANCOVA using family form (living alone or not) and social isolation (12 points or less/13 or more for LSNS-6) as explanatory variables and gender and age as covariates. The results showed a significant interaction between the 3 factors of time, family form, and social isolation. WHO-5 scores increased (14.2 to 15.3) in the group that lived alone and had 12 or less of LSNS-6. In the other group, the score was no change or lowered. It has been shown that mental health improves with the use of monitoring services in elderly people living alone and in social isolation.

EFFECTS OF THE JC JOYAGE STEPPED-CARE MODEL ARE DIFFERENTIALLY ASSOCIATED WITH OLDER ADULTS' BASELINE PROFILES

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Depression is a multidimensional construct consists of different symptom clusters. This paper aims to investigate if the impact of a stepped-care model, JC JoyAge, differs for older adults with different baseline depressive symptom clusters. Data came from 702 older people aged 65 and over who completed the JoyAge program. Their depression (measured by Patient Health Questionnaire-9 [PHQ-9]), anxiety, loneliness, and cognition were assessed by social workers at baseline and 12-months follow-up. Among them 609 were at risk or with mild symptoms and received group-based preventive care (prevention group), and 93 had moderate or above symptoms and received intensive intervention (intervention group). Their responses to PHQ-9 were coded to indicate affective, cognitive, behavioral, and somatic symptom clusters. It was found that somatic complaints had the highest prevalence (91%), followed by affective (83%), behavioral (60%), and cognitive symptoms (41%). Logistic regressions were used to estimate the effects of the program. For the prevention

group, the JoyAge preventive care is more effective among those who reported behavioral symptoms ($b=0.44$, $p<0.05$, $OR=1.55$, 95% CI: 1.01, 2.40), but less so in those who had cognitive appraisal issues ($b=-0.42$, $p<0.05$, $OR=0.66$, 95% CI: 0.46, 0.96). For the intervention group, the JoyAge intervention was more effective in treatment among those who reported more affective symptoms ($b=0.46$, $p<0.05$, $OR=1.59$, 95% CI: 1.05, 2.42). The benefits of JC JoyAge stepped-care are differentially associated with participants' baseline profile. Participants' overall depressive symptom severity and the presentation of symptom clusters need to be taken into consideration when delivering the services.

MENTAL HEALTH LITERACY AND THE RELATIONSHIP TO BARRIERS TO MENTAL HEALTH CARE

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According to the American Psychological Association (2017), one in four individuals who are 65 years and older experience a mental health problem; however, many older adults do not receive the services they need and deserve (Karlin, 2008). The current study utilizes a new concept similar to eHealth Literacy called eMental Health Literacy, defined as the degree to which individuals obtain, process, and understand basic mental health information and services needed to aid their recognition, management, or prevention of mental health issues. The relationship of eMental Health Literacy to perceived barriers to receiving mental health services was examined in a sample of middle-aged and older adults. We hypothesized that higher eMental Health Literacy would predict fewer reported barriers to mental health services. A sample of 243 participants ($M=63.33$, $range=55-80$ years) were recruited online through Amazon Mechanical Turk to complete measures assessing eMental Health Literacy (eMHEALS) and mental health barriers (BMHSS-R). After adding two correlated errors, a structural equation model specifying eMHEALS as a predictor of extrinsic and intrinsic barriers to mental health services achieved good fit ($\chi^2(60)=170.014$, $p<.001$, $SRMR=.068$, $CFI=.944$, $GFI=.901$, $TLI=.927$, $RMSEA=.087$). All indicators were significantly related to their latent construct ($p<.001$). The results indicate higher eMental Health Literacy significantly predicted fewer reported intrinsic and fewer extrinsic barriers to mental health services. These relationships were statistically significant even when examined across differing socioeconomic status and age. These findings indicate eMental Health Literacy may have significant impact on the way individuals in later life navigate through the mental healthcare system.

HEALTH CHARACTERISTICS AND TREATMENT PATTERNS OF VHA VETERANS DIAGNOSED WITH PTSD IN LATER LIFE

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Older adults may exhibit symptoms of Post-Traumatic Stress Disorder (PTSD) after a traumatic event, even if they do not meet the criteria for a full diagnosis. This sub-clinical