Americans towards suicide since 1977 using four questions: Do you think a person has the right to end his or her own life if this person has an incurable disease, has gone bankrupt, has dishonored his or her family, or is tired of living and ready to die? These four responses can be combined into a reliable index representing an individual's attitude toward suicide. As average population education levels have increased and religiosity has fallen, attitudes favoring the right to suicide have increased across the population. This research project introduces a previously understudied predictor of attitudes toward suicide: self-rated health. Using logistic and ordinal logistic regression, and controlling for age, education level, religiosity, marital status, survey year, race, and sex, I find that, over time, self-rated health has become a significant predictor of attitudes toward suicide. Since 2002, respondents who perceived themselves to be in poor health are significantly more likely to favor the right to end one's life, especially if the individual has an incurable disease. After stratifying by age and race, I find that the relationship between self-rated health and attitudes toward suicide is strongest among individuals in the mid-life and is equally significant as a predictor for White and Black Americans after 2010. These findings provide further evidence that mental health screening is an increasingly vital component of physician/patient interactions and highlight the importance of continuity of care.

## COVID-19 OUTBREAKS AND CONTROL MEASURES ARE ASSOCIATED WITH DEPRESSION RISK AMONG OLDER ADULTS

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Local COVID-19 outbreaks and infection control measures may affect mental health in older persons. This study aims to investigate the effects of COVID-19 outbreaks and control measures on depression risk in community-dwelling older adults in Hong Kong. With rolling cross-sectional design, telephone screenings for depressive risk were conducted among 8163 older people using Patient Health Questionnaire-2 (PHQ-2) from February to September 2020. COVID-19 outbreaks across thirty weeks were measured using real-time effective reproductive number (Rt), infected new cases, and change of infected new cases by week. Infection control measures were assessed using four policy indices, including government response, government stringency, containment and health, and economic support. Linear regressions were used to test the associations of depression risk with COVID-19 outbreaks and control measures. We found that being female and higher Rt were associated with higher depression risk in the overall sample. In older adults without pre-existing mental health issues, higher depression risk were related to older age (t=-1.974, 95%CI[-0.006, 0.000], p<0.05), a higher level of government stringency (t=2.954, 95%CI[0.007, 0.033], p<0.01), and less stringent containment and health-related policy (t=-2.599, 95%CI[-0.041, -0.006], p<0.01). In older adults with pre-existing mental health issues, greater changes in newly infected cases were related to higher depression risk (t=2.813, 95%CI[0.002, 0.010], p<0.01). In conclusion, the effects of COVID-19 infection risk and control measures on depression risk differ among older Chinese by pre-existing mental health issues. Future public health communication could build on resilience to balance awareness of infection risks and mental health risks in older persons.

## EXPLAINING GENDER DIFFERENCES IN DEPRESSIVE SYMPTOMS AMONG CAREGIVERS OF OLDER PATIENTS WITH CRITICAL ILLNESS

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The aging of baby boomers makes caring for the elderly an increasingly important topic. As rising cost of health care, the care for seriously ill patients has gradually shifted from hospitals to families, particularly in the countryside. Along with growing demand for informal care, informal caregivers are at increased risk of depression. The aim of this study was to explore the potential protective factors or risk factors associated with depressive symptoms of caregivers for patients with critical illness (45 to 93 years of age) across gender groups, explain their different pathways of influence, and elucidate targeted measures to improve their outcomes (N=518). Results from the statistical model showed that the paths of effect from care needs to caregiver depressive symptoms differed between male and female informal caregivers. Care needs were not significantly associated with depression symptoms among informal caregivers, for either men or women. Care hours of more than 12 hours per day and financial difficulties at home are risk factors for depressive symptoms in caregivers, with significance of OR=3.42; 95%CI,1.97 to 5.94; P=0.000 and OR=2.98; 95%CI, 1.46 to 6.05; p=0.003, respectively. For male caregivers, years of caregiver education and the feel relied upon by relative's were both protective factors, whereas Job-Caregiving conflict, was a risk factor (P<0.05). For female caregivers, caregiver burden and higher caregiver age were its risk factors (P<0.05). These important findings demonstrate that to be effective in reducing depressive symptoms among informal caregivers, both cointerventions and triage interventions by gender are warranted.

# Session 3475 (Symposium)

## THE EXPERIENCE OF HEALTH CARE WORKERS CARING FOR OLDER ADULTS DURING THE COVID-19 PANDEMIC

Chair: Tiffany Washington
Co-Chair: Terri Lewinson
Discussant: Jennifer Craft Morgan

Older adults are at increased risk for COVID-19 illness, hospitalization, and mortality. Essential health care workers became the backbone of their care during the pandemic, and their experiences are worthy of discussion. This symposium will highlight the emotional impact of COVID-19 on health care workers, and their scope of practice in various health settings. Using data from a cross-sectional survey, presenter one will describe concerns and coping strategies among nursing home social workers during COVID-19. Next, presenter two will present findings on the emotional health and wellbeing of home care workers. Then, presenter three will