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COVID-19 and Well-Being

GROWTH MINDSET AND OLDER ADULTS' WELL-BEING DURING THE COVID-19 PANDEMIC

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Growth mindset, the belief that abilities and attributes are improvable, may help buffer against older adults' feelings of social isolation during the COVID-19 pandemic, as it may foster effective self-regulation and resilience. This study examined the effects of growth mindset on older adults' well-being and adjustment, compared to younger and middle-aged adults. Participants self-reported on their growth mindset, depression, well-being, and daily habits amid the pandemic. For older adults (N = 178, 82% female, M age = 70.42, SD age = 6.50, range 60-90), regression analyses (controlling for gender, education, income, and age) revealed that growth mindset was associated with decreased depression ($\beta = -.29$, $p = .001$) and increased well-being ($\beta = .38$, $p < .001$). In addition, a logistic regression showed that older adults with a higher growth mindset were more likely to adjust their daily tasks during the pandemic (e.g., using technology to remotely socialize; OR = 1.77, $p = .012$). The same set of analyses in samples of younger (N = 235, 72% female, M age = 29.84, SD age = 5.89, range 18-39) and middle-aged adults (N = 188, 74% female, M age = 50.02, SD age = 6.10, range 40-59) revealed that growth mindset was associated with decreased depression and increased well-being. However, in these groups, growth mindset did not predict the likelihood of adjusting daily tasks. Findings suggest that while growth mindset is linked to enhanced well-being during the pandemic, its effect on adjusting to new circumstances might be salient in older adulthood.

IT WAS HEARTBREAKING . . . IT WAS HORRIBLE: THE EXPERIENCES OF NURSING HOME RESIDENTS' CHILDREN DURING COVID-19

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As a result of COVID-19, the Centers for Medicare and Medicaid Services (CMS) suspended all outside visitors from entering nursing homes on March 13, 2020. For more than six months, care partners were only permitted in compassionate care situations, so adult children of residents were only able to contact their parents via phone calls, video chats, window visits, and in some cases, limited outdoor visits. Experts have written on the adverse, detrimental impact of this lack of connection and isolation has had on residents. However, the lived

experiences from the perspectives of residents' adult children remain largely absent from the literature. To uncover the experiences of these care partners, semi-structured interviews were conducted (N=12) from December 2020 to February 2021. Adult children shared witnessing their parent's physical and cognitive decline which they attributed to the lack of visitors. Care partners expressed feeling frustrated that they were unable to observe their parent's health condition, and could not provide support. Also, many rightfully worried they would never see their loved one again. Findings from this study reveal implications for nursing home leaders and policymakers, such as building infrastructure and systems that both ensure safety and allow care partners to regularly see their residents in long-term care to avoid the unintended adverse consequences of these policies. Further, findings from this research indicate the need for future programs to mitigate and lessen the long-term consequences this isolation has had on both residents and their adult children.

MENTAL HEALTH EFFECTS OF COVID-19 IN OLDER ADULTS ARE MODERATED BY EXISTING MENTAL HEALTH NEEDS AND EMOTIONAL SUPPORT

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Mitigating mental health consequences is one of the priorities for the society to advance, and the aim of this study is to investigate the mental health effects of COVID-19 in older adults and to explore risk and protective factors. Social workers recruited 722 older adults living in the community (mean age 73.6±8.4) from January 2020 to February 2021 in Hong Kong, and interviewed them for basic demographics (age, gender, education, and living status), mental health service use in recent three months (proxy for existing needs), number of people to talk to when feeling down (proxy for emotional support network), and assessed their depression using Patient Health Questionnaire-9 (PHQ-9). Impacts of COVID-19 were indicated by local daily effective reproductive number (Rt) and Nth wave since the start of the pandemic. Generalized linear models (GLM) were applied. Basic demographics were not associated with depression, existing mental health needs ($\beta=2.99$, $p<.001$), Rt ($\beta=1.08$, $p<.05$) and Nth wave ($\beta=0.49$, $p<.05$) were positively associated with depression, while emotional support network was negatively associated with depression ($\beta=-2.47$, $p<.001$). There was also a significant interaction between Rt and Nth wave on depression ($\beta=0.69$, $p<.05$), suggesting ongoing COVID-19 took a toll on older adults' mental health. Three-way interactions between COVID-19 Rt, Nth wave and existing mental health needs ($\beta=0.25$, $p<.05$) and emotional support network ($\beta=-0.12$, $p=.07$) on depression further indicated that older adults with existing mental health needs warrant more attention, and wider emotional support network may buffer the impact of the pandemic on mental health.

RACIAL DIFFERENCES IN THE EROSION OF PSYCHOLOGICAL RESILIENCE FOLLOWING COVID-19 RELATED FINANCIAL HARDSHIP

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