

During the first months of the pandemic, about a quarter of older people provided informal care (with ~10% caring for members living in the same household). Those caring in the household experience worse mental health during the pandemic. Even controlling for prior characteristics and lack of social interactions, those caring for family members in the household had higher odds of reporting elevated depressive symptoms (OR=1.67, 95%CI=1.07;2.62), poor self-rated health (OR=1.73, 95%CI=1.09;2.73), anxiety (OR=2.21, 95%CI=1.20;4.06) as well as lower quality of life (B=-0.85, 95%CI=-1.66;-0.05) and life satisfaction (B=-0.43; 95%CI=-0.78;-0.09) than those who were caring for friends and family outside the household. As we aim to build back society and restore the wellbeing of our populations, policies and services should be better directed to support those people who during the pandemic struggled to cope while caring for their family members.

#### LEFT OUT TO DRY: UNMET NEEDS AND RISK OF DEPRESSION AMONG OLDER ADULTS

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Pre-pandemic research has shown adverse consequences of having unmet care needs for older adults' mental health. Due to the broad psychological distress and increased caregiving challenges during COVID-19, older adults' vulnerabilities to unmet needs may be amplified by the pandemic, especially for those with functional limitations and intense care needs. This study aims to examine (1) the associations between unmet needs and depression among older adults before and during the COVID-19 and (2) whether the excess mental health consequences from unmet needs and COVID-19 vary by older adults' dementia status. We pool data from the 2018, 2019, and 2020 rounds of National Health and Aging Trends Study, a nationally representative sample of U.S. Medicare beneficiaries. We analyze N=6,273 older adults aged 70 years and older who had limitations with self-care, household activities, or mobility. Results show that older adults with functional limitations experienced increased risk of depression over time. Before and during the pandemic, older adults with unmet needs and older adults with probable dementia had higher risks of depression compared to their counterparts, respectively. The risk of depression was highest among older adults who had probable dementia and could not have their care needs met. For older adults without dementia, their risks of depression increased significantly from pre-pandemic to COVID-19 if they had unmet care needs. Findings demonstrate the disproportionate impacts of COVID-19 on mental health among older adults. Older adults who have cognitive impairments and unmet needs are in particular need of mental health support.

#### THE LONGITUDINAL EFFECT OF FINANCIAL DIFFICULTY ON CAREGIVER DEPRESSION

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Informal caregivers are the backbone of the long-term healthcare system in the United States and crucial in supporting the rapidly increasing aging population. Previous studies have illustrated the negative effects that the caregiving role can have on caregiver mental health, but few studies have examined the singular role of experiencing financial difficulty on caregiver mental health. The aim of this study was twofold: to measure how financial difficulty in 2015 correlates with caregiver depression in 2015, and to examine whether financial difficulty in 2015 can predict caregiver depression in 2017. We used two-wave panel data from the National Study on Caregiving (N=1,125) to conduct both regression and lagged dependent variable (LDV) regression analyses to investigate the cross-sectional and longitudinal effect of financial difficulty on caregiver depression, respectively. Caregiver depression was measured using the 2-item version of the Patient Health Questionnaire-9 (PHQ-2), and financial difficulty was self-reported. Results show that caregivers who did not experience financial difficulty in 2015 had 0.46 times the odds of not being depressed (CI 0.30-0.70, p-value= 0.00) in 2015, compared to those who noted that they did experience financial difficulty. In performing a LDV analysis, outcomes showed that financial difficulty in 2015 was significantly associated with caregiver depression in 2017 (p-value< 0.05), implying that current reported financial difficulty may influence caregiver depression two years later. Conclusions from this work provide support for the development of financial interventions for caregivers experiencing financial difficulty that could play a role in alleviating their depressive symptoms.

#### WORSENING OF DEPRESSIVE SYMPTOMATOLOGY SINCE BEFORE COVID-19 AMONG CAREGIVERS OF PERSONS LIVING WITH DEMENTIA

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This study examines factors associated with self-reported worsening of depressive symptomatology since before the COVID-19 pandemic among caregivers of persons living with dementia (PLWD). Cross-sectional baseline survey data were analyzed from 76 paid and unpaid caregivers of PLWD participating in a larger NIH-funded study assessing the feasibility of using a novel in-situ sensor system. Using the PHQ-2, caregivers were asked to report their depressive symptomatology twice: (1) retrospectively before the COVID-19 pandemic started; and (2) since the COVID-19 pandemic. A change score was calculated, and whether or not caregivers' depressive symptomatology worsened since before the pandemic served as the dependent variable. A logistic regression model was fitted, controlling for contextual items related to the caregiver, care recipient, and caregiving logistics. On average, caregivers were age 58.09(±16.92) and the majority was female (84.2%). Thirty percent of caregivers reported worse depressive symptomatology since the COVID-19 pandemic than before the COVID-19 pandemic started. Caregivers who were female (OR=25.86, P=0.028),