

changes in SES (i.e., income) and health and well-being. Data are from the three-wave (1992; 2005; 2015) longitudinal Social Relations Study, which included a lifespan sample (age 13+; N=1451) from metro-Detroit, MI. Four longitudinal income trajectories were documented from Wave 1 to 3: significantly decreasing income, stable, slightly increasing, and significantly increasing. Individuals with slightly and significantly increasing income reported significantly better health than individuals experiencing other income changes. Individuals with slightly increasing income were significantly happier compared to those with other income trajectories. Interestingly, life satisfaction did not differ across the four income trajectories. Further analyses will examine longitudinal trajectories of education, financial well-being, and a composite SES indicator. Findings highlight that SES fluctuates over time and these changes have important implications for health and well-being.

WORK-RETIREMENT TRANSITIONS AND SOCIAL RELATIONS

W. Wan¹, T.C. Antonucci², 1. *Oregon Health and Science University, Portland, Oregon*, 2. *University of Michigan, Ann Arbor, Michigan*

The Convoy Model of Social Relations posits that changes in social networks have important implications for social support, health, and well-being. The Social Relations Study (Waves 1 to 3) provides a unique opportunity to examine changes in social networks over 20 years. This study tests the Strength and Vulnerability Integration (SAVI) model and the Socioemotional Selectivity Theory (SST) as competing theories to examine changes between work status (working versus retired) and network characteristics. Bivariate analyses revealed that those who remained working (n=251) from Wave 1 to Wave 3 had more promixate networks (73.5%), more negative networks (M=2.2; t=3.1, p<.01), and less positive networks (M=4.7; t=-3.5, p<.001) than those who retired (n=154; 66% promixate networks; M=1.9 negative networks; M=4.8 positive networks). Findings are discussed using the Convoy Model to elaborate ways in which the SAVI and SST frameworks advance a lifespan perspective on roles and social relations.

SESSION 3990 (SYMPOSIUM)

OLDER MEN'S RESILIENCE AND MENTAL HEALTH

Co-Chair: K.M. Bennett, *University Of Liverpool, United Kingdom*

E.H. Thompson, *College of the Holy Cross, Broadview Heights, Ohio*

Discussant: B. deVries, *San Francisco State University, San Francisco, California*

Resilience is the process of negotiating, managing and adapting to significant sources of stress or trauma, and the process is facilitated or hindered by masculinities as much as individuals' resources and access to community resources. Our objective is to assess what similarities and differences likely exist among older men in terms of their resilience. The symposium brings together papers that have looked at older men's experiences from different parts of the world and different life circumstances. Bennett and her colleagues assess

the resilience among men carers from the vantage of an ecological framework and discuss how the men can be supported in their communities. Heisel reviews a novel group intervention for men transitioning to retirement and discusses how it seems to bolster their resilience. Understanding that 20 veterans daily die of suicide in the US, Jahn and Crosby report on the ways the social and internalized stigmas of men seeking help for distress is a troubling source of suicide risk among older vets. King and Richardson draw on a life course perspective to assess the bearing of the early coming out experience on the older men's resilience and mental health. Tate and colleagues identify distinct predictors of longevity at different life stages among RCAF vets who survived to at least age 90. de Vries' discussion finds the threads among the papers on the bearing of masculinities to older men's resilience and mental health. Participants will better understand how the diversity of masculinities can facilitate or hinder resilience among older men.

HEALTH-RELATED RESOURCES: REFINING THE ECOLOGICAL MODEL OF RESILIENCE FOR OLDER MALE CARERS

K.M. Bennett, L. Cropper, W. Donnellan, L. Roper, *University of Liverpool, Liverpool, United Kingdom*

Increasing numbers of older men are informal carers. Whilst caregiving is stressful, some carers can be classified as resilient: able to adapt or bounce back in the face of adversity (Windle, 2011). There is growing interest in resilience amongst these men, and in the factors that contribute to resilience. We analyse data from twenty-five in-depth interviews of older men who are caring informally for people with dementia, brain injury and who are at the end-of-life. Utilising the ecological framework (Windle & Bennett, 2011), we examine factors promoting or hindering resilience. We identify individual, community and societal level resources, focusing on biological resources, health behaviors, social support and health-related services and social policy. We discuss the methodological challenges in researching resilience, these include: operationalizing resilience and identifying factors in the ecological system. We argue that male carers may be supported to become resilient through community and societal contributions.

MAN'S SEARCH FOR MEANING...IN RETIREMENT: FINDINGS FROM THE MEANING-CENTERED MEN'S GROUP (MCMG) STUDY

M. Heisel, 1. *Western University, London, Ontario, Canada*, 2. *Lawson Health Research Institute, London, Ontario, Canada*, 3. *University of Rochester Center for the Study and Prevention of Suicide, Rochester, New York*

Older men have the highest suicide rates worldwide, yet few interventions have been shown effective in reducing suicide risk in middle-age or older men (Lapierre et al., 2011). We developed and tested a novel, 12-session Meaning-Centered Men's Group (MCMG) intervention with 100-120 cognitively-intact, community-residing men 55 years or older who were struggling to adjust to retirement, a transition associated for some with increased suicide risk. The intervention draws on research demonstrating negative associations of Meaning in Life (MIL) with depression and suicide ideation (Heisel & Flett, 2014, 2016), and aims to build camaraderie through

group discussions about finding meaning in work, leisure, relationships, and generativity. This paper summarizes findings from this on-going study, including controlled analyses comparing MCMG with a current-events discussion group, and experiences disseminating MCMG to distant sites. Discussion will focus on helping men adjust meaningfully to retirement and preventing the onset or exacerbation of suicide ideation.

OLDER MALE VETERANS' RELATIONSHIPS, HELP-SEEKING ATTITUDES, AND SUICIDE RISK FACTORS

D. Jahn^{1,2}, E. Crosby², 1. *University of Maryland School of Medicine, Baltimore, Maryland*, 2. *VA Capitol Health Care Network (VISN 5) Mental Illness Research, Education, and Clinical Center (MIRECC), Baltimore, Maryland*

Older men die by suicide at very high rates (CDC, 2016), and may be particularly at risk for suicide due to a lack of help-seeking (Berger et al., 2013; Crabb & Hunsley, 2006). This study's aim was to examine relations among older men's relationships, attitudes toward help-seeking, and thoughts of suicide. In 30 male Veterans (ages 65+) with mental health diagnoses, social stigma regarding professional help-seeking, as well as social stigma and internalized stigma regarding informal help-seeking, were correlated with suicide ideation. Analyses indicated that social and internalized stigma regarding informal help-seeking mediated the relation between perceived hostility in personal relationships and suicide ideation. Additionally, social stigma regarding professional help-seeking mediated the relation between perceived healthcare provider stereotypes regarding mental health consumers and suicide ideation, though internalized stigma did not. These results suggest that reducing stigma may be important for improving help-seeking among older men to reduce suicide risk.

FAMILY ACCEPTANCE, RESILIENCE AND PHYSICAL AND MENTAL HEALTH OF MIDLIFE AND OLDER GAY MEN

S. King, V.E. Richardson, *The Ohio State University, Columbus, Ohio*

An association between previous coming out experiences and current depression, suicide, and overall physical and mental health was observed in this national, cross-sectional study of 316 older gay men. The older men who retrospectively reported having experienced high levels of stress when coming out to parents and other family members evidenced worse physical health, higher internalized homophobia, lower resilience, weaker internal health locus of control, and more substance abuse compared to older gay men who reported experiencing minimal family stress when coming out. The findings underscore the importance of using a life course framework and Meyer's minority stress theory to understand older gay men's mental and physical well-being. These early experiences evidently affect older men's health throughout their lives although longitudinal studies are needed to confirm these findings. Mental health interventions that address these critical events are discussed.

PREDICTORS OF LIVING TO AGE 90 AMONG THE MEN OF MANITOBA FOLLOW-UP STUDY

R.B. Tate¹, A. Swift¹, P. St. John¹, E.H. Thompson², 1. *University of Manitoba, Winnipeg, Manitoba, Canada*, 2. *College of the Holy Cross, Worcester, Massachusetts*

A cohort of 3,983 young male aircrew recruits from the Royal Canadian Air Force has been followed with medical examinations and regular contact since 1948. In this cohort 98% were born in 1925 or earlier, and hence had the opportunity to live to age 90; 745 (19%) did. A history of childhood illnesses was recorded at entry to the study, mean age 30 years. EKG abnormalities, anthropometric measurements, and disease diagnoses were recorded at routine physical examinations over 68 years of follow-up. Physical activity was surveyed at ~50 years of age, and physical and mental functioning were documented on annual surveys since 2000. Smoking history, blood pressure and body weight at entry; absence of smoking, major ekg abnormalities and excess weight at mid-life; and continuity in mental functioning in later life distinguish the men living to age 90. The life course perspective is invaluable for long-term research.

SESSION 3995 (PAPER)

MILITARY SERVICE AND THE LIFE COURSE

TRANSGENDER OLDER ADULTS—MILITARY SERVICE: IDENTITY STIGMA AND MENTAL HEALTH CHANGES OVER TIME

C.P. Hoy-Ellis¹, C. Shiu², H. Kim², K. Sullivan², A. Sturges², K.I. Fredriksen-Goldsen², 1. *College of Social Work, University of Utah, Salt Lake City, Utah*, 2. *University of Washington, Seattle, Washington*

Depression is a leading cause of disability globally. Transgender older adults experience depression and serve in the U.S. military at disproportionality high rates. Military service has been implicated in mental health outcomes, yet there is scant empirical evidence relating military service to transgender mental health, particularly in relation to identity stigma. Cross-sectional data has limited our understanding of the directional relationship between identity stigma and mental health. Using longitudinal data we examined temporal relationships between these factors among transgender older adults with and without prior military service. We used weighted multivariate linear models to evaluate the relationships between previous military service, identity stigma, depressive symptomology, and psychological health related quality of life (HRQOL) among a subsample of transgender older adults ($n = 183$) from Waves 1 and 2 of the Aging with Pride: National Health, Aging, Sexuality & Gender Study. Over time, Identity stigma was significantly associated with HRQOL only for those without prior military service. Regardless of military service history, changes in depressive symptomatology predicted changes in HRQOL.

The U.S. recently joined 18 other countries in allowing transgender individuals to serve openly in the military. This study provides new insights into the roles of military service and identity stigma in the long-term mental health of transgender older adults, and highlights within-group heterogeneity. As such, it contributes to promoting resilience and better mental health outcomes for both of transgender older adults and current and future transgender service members