



White Wreath
Association Ltd®

"Action Against Suicide"

ABN: 50 117 603 442

care and management of younger and older Australians living with dementia and behavioural and psychiatric symptom of dementia (BPSD)
Submission 5

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NATIONAL WHITE WREATH DAY 29 MAY

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The Senate: Standing Committee on Community Affairs; References committee.

Re: Inquiry into the care and management of younger and older Australians living with dementia and behavioural and psychiatric symptom of dementia.

History: the above group of people, our most vulnerable group in society were thrown out on the street as a result of the whole dogma and practice of "Deinstitutionalisation" which started in earnest in Australia and New Zealand in the 1970s Politicians instead of using their commonsense allowed the direction of services to be dictated by "Experts" who in reality did not want to care for a difficult group of clients who needed life-time care.

Politicians still are not serious about this issue and want to hold Inquiries ad infinitum. Inquiries have been going on about his group for 40 years without any improvement ...in reality a significant deterioration in care.

Rather than go on and on about the increased suicide and imprison rate caused by ignoring this group we invite you to read All of White Wreaths submissions since our inception in 1999.

We have said more than enough about the problems here now our recommendations for real and positive change.

1. That a system of "Sheltered Villages" be set up providing a range of services and an environment which both supports the patient and his family and is mindful of community concerns.
2. That Psychiatric Nurse training or specific Neurological --stand-alone nurse training be reintroduced because the key problem of this group of clients is a neurological (brain) one.
3. That anyone with continual aggressive behaviour/antisocial behaviour and /or behaviour indicating a lack of ability to care for themselves be referred to an assessment unit as part of the Sheltered Villages (above) for period of three months assessment.
4. Change in legislation to ensure compulsory assessment for those patients who refuse voluntary assessment and are regarded as a risk to themselves and others.....regardless of the presence or absence of a diagnosed "psychiatric" disorder
5. That families and loved ones caring for a patient in this category be entitled by law to regular respite care and an increased level of benefits. Families save the "System" billions of dollars and should be supported not abandoned.
6. That specific research funding be attached to training programs for professionals working in this area. At the moment this area is not regarded as an attractive area to work in....but the fact is there is now an explosion in brain research and interest worldwide.

Fanita Clark CEO

Peter Neame Research Officer