

**Submission No. 030****(Dementia)****Date: 01/05/2012**

Submission from Coralie

Launceston

SUBMISSIONINQUIRY INTO DEMENTIA: EARLY DIAGNOSIS AND INTERVENTION

I make this submission as the wife of whose husband has now had dementia for approx 7 years. The condition is now advanced to a stage where care in a secure ward is required. My husband is a resident in a Presbyterian Care home in Tasmania.

I am addressing the need for better intervention to improve the quality of life for those requiring secure care.

ACTIOVITIES AND ENTERTAINMENT

Anyone who has visited such units will understand the feeling of utter despair that one feels at seeing so many people sitting impassively. Most residents are bored and unhappy for a good deal of the time but lack the initiative to do anything to entertain themselves. As a result they are intensely frustrated. This results in eruptions of anger and other socially unacceptable behaviour, which makes the atmosphere still worse. It is well known that activities promote well being, stimulate cognitive processes, provide some enjoyment to what can be a very cheerless existence and can help the patient cope better with their situation.

Nursing homes recognize their importance but are not specifically funded to provide the required personnel. However, all, to my knowledge, manage to provide some staff but they are generally part time. In my husband's unit of 18, there is one officer who works from 12 noon to 6 p.m. from Monday to Friday. She cannot possibly cope with the needs of all the people in that unit. If she could, she would like to regularly organize singing, bus outings, one to one instruction using Montessori kits (for which she has training), walking, special morning and afternoon teas as well as inviting in outside entertainers. One part-time person cannot possibly do anything more than scratch the surface, especially as she must cope with residents with so many different needs and do her best to alleviate the "sundown syndrome" at the end of each day. We need more federal intervention to provide the activities officers who could provide these and other activities. They really do make a difference. In order to help the programme and, specifically, my husband, I visit every day to take him for a walk (with the Chaplain's dog when she is available), then for a coffee at a nearby café. After lunch at the home, we repair to the home theatre for a DVD on music or visual images – anything without a plot.

With funding to employ more activities officers more of this could be done for more residents for a greater part of the day. It should have top priority.

PHYSICAL CONDITIONS

There is no air conditioning in my husband's unit since it dates back to the time when air conditioning was considered unnecessary for the temperate regions of the country. Temperatures are rising, as the records of our local weather bureau show. The current cooling methods, based on air circulation, are totally inadequate to cope with temperatures that can be as high as 40deg. indoors during January and February. The patients are totally exhausted and distressed on such days, as is the staff. who have to care for them in the same

exhausting conditions. Heat stress is so much worse for dementia sufferers as they are unable to understand the causes or do anything to remedy the situation. Considering the misery of this condition, it seems doubly unjust that they should have to endure such acute physical discomfort on so many summer days. The nursing staff are acutely aware of this need and concerned for their patients. With modern heat pumps, it would be a small matter to install them, even if only in the communal areas of the homes. This, should be an urgent priority. It is doubly unjust that there should be this discrimination between older and newer homes to which the same fees apply.

Submitted

That the appointment of more activities officers and the introduction of more organized activities be a top priority in the treatment regime for dementia sufferers in institutions.

That air conditioning be a standard building requirement in all nursing homes

CORALIE