As people age they increase the likelihood that they will suffer some form of dementing illness. With the increasing availability of services and medications it is important to be able to screen for the presence of cognitive impairment, so that it might be addressed from an earlier stage. In order to do this, doctors employ a variety of ‘screening tools’, the most common of which has been the Folstein Mini-Mental State Examination (MMSE).

In Australia a significant and ever growing proportion of the elderly population are overseas born with English as a second language. Unfortunately this can make the MMSE difficult to use as many of the concepts do not easily translate into other languages. In the South West of Sydney a group of dedicated health workers have developed a new tool: the Rowland Universal Dementia Assessment Scale – (RUDAS). This tool was developed and then validated in the very multicultural population of South West Sydney. The original studies were published showing a high degree of accuracy with the new test, at least as good as the MMSE. The studies also showed that there was little if any bias from language spoken or level of education, unlike the bias noted with the MMSE.

Most of the original researchers have recently teamed up with colleagues in Melbourne, at NARI (the National Ageing Research Institute), and in Adelaide, at the Royal Adelaide Hospital, to conduct further validation of the RUDAS. This time the RUDAS was examined in populations away from the city in which it was first developed. The population studied also had higher cognitive function, suffering a milder degree of dementia and therefore posing a more difficult task to screen for the presence of impairment. The RUDAS was compared with the MMSE and the GP-cog (General Practitioner test of cognition) against the diagnosis made by a specialist. In terms of the primary aims of the project, the RUDAS was found to have high predictive accuracy in a broader population sample, that included other settings (Melbourne and Adelaide) and a range of cognitive function (including mild to moderate cognitive impairment). In terms of the secondary aim of the project, similar prediction accuracy between the RUDAS, MMSE and GPCOG was demonstrated. This is very encouraging and suggests that we should be considering adopting the RUDAS across the board for screening for cognitive impairment.

Much study remains to be done.

Jeff Rowland

Staff Physician
The Prince Charles Hospital
Chermside Qld

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Photography by Lynton Crabb

Models used for illustrative purposes only.
Dementia Behaviour Management Advisory Service (DBMAS)

Supporting people from a Culturally and Linguistically Diverse (CALD) background.

The Dementia Behaviour Management Advisory Services which are funded by the Australian Government are being established in each State and Territory. This service will provide clinical support, advice and assistance to careworkers, carers and services providing care to people with dementia where their behaviour impacts on their care. A multi-disciplinary team of health professionals will provide the service by telephone, face to face contact, through distribution of educational material and training.

In addition to this service, Alzheimers Australia WA will provide coordination and facilitation for other DBMAS projects across Australia to better support people from CALD backgrounds. To do this Alzheimers Australia WA will

- Identify issues relating to the development of the DBMAS for CALD groups;
- Identify and promote best practice in the intervention models for DBMAS in relation to CALD groups;
- Identify, and in conjunction with other DBMAS providers, develop and promote specific resources for CALD groups;
- Support DBMAS providers in each State/Territory to be responsive to the needs of CALD groups;
- Send a questionnaire to service providers relating to the DBMAS aspects of the CALD groups;
- Literature review and collection of previous research, reports and resources relating to CALD groups; and

Act as a central hub for the national feeding and collation of information from other DBMAS on CALD group issues.

It has long been acknowledged that people from a CALD background often have difficulty accessing services in our community. When the person requiring assistance or care also has a diagnosis of dementia there are additional needs which must be considered. By linking with a wide range of service providers and representatives of CALD groups, Alzheimers Australia WA will work with other State/Territory DBMAS providers to identify specific needs and develop models of care which will remove barriers to accessing the Dementia Behaviour Management Advisory Service.

Web Links

Alzheimer’s Australia  
http://www.alzheimers.org.au

Federation of Ethnic Communities Council (FECCA)  
http://www.fecca.org.au

New Online Resource on Culturally Appropriate Aged Care:  
http://www.culturaldiversity.com.au

Australian Government  
http://www.gov.au

Link to translated resources on website  
Cultural Diversity and a Palliative Approach to Aged Care

With the culturally and linguistically diverse (CALD) population ageing at a rapid rate, cultural issues are emerging as an important consideration in end-of-life care.

Attitudes and approaches regarding care of the dying and those with dementia can vary widely between and within different cultures. Thus, in order to provide culturally appropriate palliative care, it is important to gain an understanding of the specific cultural, linguistic and spiritual preferences of the care recipient and their families around death, dying and bereavement.

Volunteers from the same language and cultural groups can add value to culturally appropriate care. They provide a source of community and cultural connections that offer comfort as patients and families prepare for death.

In the ACT, such volunteers have not been well supported and organised and furthermore, many remain untrained in key aspects of ageing such as end of life issues and dementia. The ‘CALD Volunteers Contributing to a Palliative Approach in Residential Aged Care Facilities’ is a pilot project that has been initiated in an attempt to address this area of need. This project, which is an initiative of the Community Partners Program (CPP) in collaboration with Alzheimer’s ACT, The ACT Palliative Care Society and Partners in Culturally Appropriate Care (PICAC), has two key elements:

The first involves training seventeen enthusiastic volunteers from the Italian, Greek and Croatian communities in palliative and dementia care. These participants volunteer regularly at two ethno-specific residential aged care facilities - Villaggio Sant’ Antonio (Italian) and St Nicholas Home for the Aged (Greek), and in the community.

The training sessions will not only enhance the volunteers’ understanding of palliative and dementia care, but will provide an opportunity for them to share their knowledge and experiences about providing culturally appropriate care to elderly residents. Training will be provided by Alzheimer’s ACT and the ACT Palliative Care Society Inc. There will also be an ‘in-house’ session at Villaggio Sant’ Antonio and St Nicholas Home in which the volunteers will have an opportunity to discuss the supports available for their work. Funding has been provided through CPP to support volunteers to take part in the program.

The 2nd phase of the project will take place in collaboration with, the ACT’s PICAC officer (Serena Ann). This involves working with a volunteer coordinator and the management of each of the two participating residential aged care facilities to develop volunteer programs with a palliative approach. This includes building supports for the volunteers and integrating this into the policies and procedures of the facility. Staff will also have the opportunity to develop their knowledge and skills in palliative care through their participation in the Program of Experience in the Palliative Approach (PEPA).

At the completion of the pilot, in June 2007, the program will be evaluated and a report made available.

For more information, contact Anna John at anna.john@act.gov.au or at (02) 6207 7057.

Upcoming Conferences

Alzheimer’s Australia Conference Perth WA
29 May-1 June 2007

Australian Multicultural Foundation 12th International Metropolis Conference
Melbourne, Australia
8-12 October 2007
www.amf.net.au

AAG National Conference
Adelaide, November 2007
http://www.aag.asn.au/

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A reference group had been set up in December 2006 by then NSW Minister for Disability Services, John Della Bosca, to improve access to ageing and disability services for people from non-English speaking backgrounds.

“People from culturally and linguistically diverse backgrounds make up a substantial and growing proportion of the NSW population, with almost one in five speaking a language other than English at home,” Mr Della Bosca had said.

“The group will help the NSW Department of Ageing, Disability and Home Care, implement a three-year strategy to improve access to, and the responsiveness of, programs and services for culturally diverse clients,” the Minister said. The strategy’s four key components are: Planning services for a culturally diverse population; Improving the response to feedback from client groups; Training staff to be more culturally aware and Boosting language services.

The group, which met for the first time this week, comprises eight people from a wide range of cultural backgrounds and expertise in ageing and disability services. They are: Rashmere Bhatti, Coordinator, Woolgoolga Neighbourhood Centre Grace Chan, Multicultural Carer Program Coordinator, Carers NSW Vivi Germanos-Koutsoundis, Executive Director, Ethnic Child Care, Family and Community Services Cooperative Robert Pinchin, Aged and Disability Project/Policy Officer, Ethnic Communities Council of NSW Diana Qian, Executive Officer, National Ethnic Disability Alliance Yvonne Santalucia, Area Ethnic Aged Health Adviser, NSW Health Sucheta Velankar, Client Services Manager, Links Youth and Disability Services Barbel Winter, Executive Director, Multicultural Disability Advocacy Association of NSW.

“The improvement of services for people from non-English speaking backgrounds is part of the Iemma Government’s Stronger Together initiative, a 10-year plan for the disability sector, which includes $1.3 billion in extra funding over the first five years.

“Stronger Together represents a new direction and contains the increased resources to deliver more respite, more therapy, more accommodation, day care and certainty about the services people need,” Mr Della Bosca said. “Unfortunately, Mr Debnam has not committed to spending this money if elected next year. His plans will lead to a reduction in services which will hurt people with a disability and their families,” the Minister said.

“He has also pledged to sack 20,000 public sector workers, including those in the disability sector – this will further hurt the services that the most vulnerable in the community rely on,” Mr Della Bosca added.

The strategy and accompanying action plan to better meet the needs of people with a disability and their families from non-English speaking backgrounds is available on the Department’s website at www.dadhc.nsw.gov.au

Contact: Emanuela D’Urso
Manager CALD Policy & Equity Unit
Department of Ageing, Disability and Home Care
emanuela.durso@dadhc.nsw.gov.au
(02) 8270 2138
The Dementia Symbol Research Project (February to December 2007) has been funded by the Australian Government under the 2005 Budget Initiative Helping Australians with Dementia and their Carers – Making Dementia a National Health Priority. The Project aims to research the viability and potential impact of developing a national symbol for cognitive impairment that may have applications within a number of settings.

Such a symbol would be good news for people from special needs groups, such as people from culturally and linguistically diverse (CALD) backgrounds. This Project could be of particular assistance when applied in situations – hospitals, aged care facilities, public transport and others, where the person with dementia has English as a second language.

The project involves several research phases, with a systematic literature review (undertaken by Queensland University of Technology), focus groups, surveys and consultation with national and international experts. CALD groups will be represented on these focus groups with representatives from Indigenous peoples and people living in rural and remote areas.

The Steering Committee for the Project includes a member of the Cross-Cultural Dementia Network who will play a key role in ensuring that the needs of CALD people with dementia and their families and carers are addressed.
Cue Cards: A Communication Resource

WHAT IS IT?
’Cue Cards’ is a new resource developed by Eastern Health Transcultural Services to assist health professionals and clients/carers, who primarily have English language difficulties, communicate with each other. The resource can equally be utilised for improved communication with English speaking clients who have vision, hearing and cognitive impairment.

HOW WAS IT DEVELOPED?
Local Government, Acute/Mental/Community Health, Residential Care, Dental and Disability Services were asked to provide a list of most commonly used words they needed to communicate on a daily basis
- A list of words used across the spectrum of health care services was developed
- Agencies chose 33 languages for translation
- Community members with little or no English language chose the images that best represented the 200 plus words listed on the Cue Cards
- The ‘Cue Cards’ were extensively trialled prior to release and took 4 years to develop.

HOW TO USE CUE CARDS:
This resource is not to be used in lieu of accredited interpreters, but can be used by clients/carers to communicate simple needs such as hunger, thirst, use of a telephone, request for a bible and by professionals to indicate simple instructions/concepts. Cue Cards is available 2 formats and divided into 11 categories:
- 12-page document, maximum 20 images per page
- 55-page document, maximum 4 images per page – this version is more appropriate for persons with vision or cognitive impairment

Please do not attempt to phoneticise the translated words verbally when communicating with persons experiencing English language difficulties, as this can add to miscommunication.

SUCCESS:
Since the ‘Cue Cards’ were officially launched on 26th April 2007, the response by health professionals and clients has been overwhelmingly positive. The resource is being used by emergency departments in hospitals overseas, by agencies around Australia and being requested by carers prior to their elderly family members entering health care facilities.

COST – IT’S FREE!
The resource is available free of charge electronically on the Eastern Health website:

FOR OCCASIONS WHEN INTERPRETERS ARE NEEDED:
To let your clients know they have the right to request interpreters and when they should be doing so, you can use the Eastern Health Interpreter Brochure. Also available free of charge for download in 16 languages from: http://www.easternhealth.org.au/language/interpreter/interpreter.html

Lena Dimopoulos
Transcultural Services
Eastern Health
M/Th/F - (03) 9881 1778

Dementia Collaborative Research Centres

The Dementia Collaborative Research Centres are now underway having passed through the stages of planning and establishment. The nodes associated with each of the centres have individual projects which have either begun or will begin in the near future. Post doctoral fellows have been appointed and a number of scholarships for PhDs have been awarded.

Important developments are the newly launched Dementia CRC website and the National Research Forum in Sydney on 17th & 18th September 2007.
Presents

“Facilitating Spiritual Reminiscence for Older People with Dementia” Workshop for Aged Care and Pastoral Care Workers

Presented by Rev Dr Elizabeth Mackinlay AM
Director, Centre for Ageing & Pastoral Studies, Charles Sturt University

Date: Tuesday, 26 June 2007
Time: 9.30 am—3.45 pm
(Registration 9.00 am)

Venue: City West Function Centre
The Cambridge Room
45 Plaistowe Mews,
City West Centre, West Perth

Cost: $88.00 per person
(includes GST and catering throughout the day)

Learn from an internationally recognised expert how to conduct spiritual reminiscence for older people with dementia and address Aged Care Standards requirements to meet “Cultural & Spiritual Life”, Standard 3.8

On completion of the workshop participants will be able to:

- Assess spiritual needs of culturally diverse older people with dementia, relevant to spiritual reminiscence.
- Differentiate between reminiscence and spiritual reminiscence.
- Explain the role of spiritual reminiscence as an aspect of spiritual care in the holistic care of older people with dementia.
- Demonstrate the specific communication skills required when interacting with a person with dementia.
- Facilitate spiritual reminiscence groups for older people with and without dementia.

Registration closes

Monday 18 June, 2007
(See over for registration form)
REGISTRATION

“Facilitating Spiritual Reminiscence for Older People with Dementia” Workshop

Please complete the registration slip and fax to Multicultural Aged Care Service WA or send to the address hereunder.

Name:_____________________________________________

Position:___________________________________________

Organisation:________________________________________

Tel No:_________________ Fax No: ____________________

Email Address:_______________________________________

Postal Address:___________________________________________

___________________________________________________

___________________________________________________

___________________________________________________

Please make cheques payable and forward with registration slip to:

Multicultural Aged Care Service WA
Rehabilitation and Aged Care Unit, Osborne Park Hospital
Osborne Place, Stirling 6021 WA

A tax invoice will be issued on receipt of registration form.

For more information contact:
Multicultural Aged Care Service WA
Tel: (08) 9346 8149 or 9346 8240
Fax: (08) 9346 8244
Email: macswa@health.wa.gov.au

Please note: No refunds provided for cancellations received after 18th May 2007