In response to the challenge presented by the growing number of people with dementia, the Australian Government has committed to continue to support efforts to better understand the causes of dementia, and work to support both people living with dementia and their carers.

A new single Dementia Advisory Group has been formed to provide the Minister for Ageing, the Hon Justine Elliot MP, and the Department of Health and Ageing with independent expert advice on dementia and options for future support.

The Dementia Advisory Group is co-chaired by Ms Sallyanne Atkinson AO and Ms Sue Pieters-Hawke.

Ms Sallyanne Atkinson AO was for seven years the Special Representative for Queensland, South East Asia in the Queensland Government. She was the Deputy Mayor of the Olympic Village for Sydney 2000. She is a former Lord Mayor of Brisbane, Australian Senior Trade Commissioner to Paris, and Chairperson of Queensland Tourism.

Sue Pieters-Hawke is a well known Australian and the author of the bestselling book ‘Hazel’s Journey’, the story of her mother’s experience of Alzheimer’s Disease. Ms Pieters-Hawke is a sought after speaker and media commentator, drawing on her knowledge and experience of social trends, community issues, politics, leaders and leadership.

Members for the Dementia Advisory Group are:

- Professor Henry Brodaty AO MB BS FRACP FRANZCP – Professor of Psychogeriatrics, University of New South Wales; Director, Aged Care Psychiatry and Head of the Memory Disorders Clinic, Prince of Wales Hospital.
- Dr Mark Yates MBBS FRACP – Geriatrician and Clinical Director, Aged Care and Rehabilitation Medicine, Ballarat Health Services.
- Mr Glenn Rees – National Executive Director, Alzheimer’s Australia.
- Ms Sharon Davis – Manager, Uniting Church Australian Frontier Services.
- Professor Jennifer Abbey – Professor, School of Nursing (Aged Care), Queensland University of Technology; Director, Queensland Dementia Collaborative Research Centre.
- Mr Stephen Judd – Chief Executive, Hammond Care Group.
- Ms Shirley Garnett – WA Dementia Consumer Advisory Group; Alzheimer’s Australia National Consumer Committee; Vice President, Dementia Advocacy Support Network International (WA).
- Ms Kaye Pritchard – Carer and former President of Alzheimer’s Australia.
- Ms Jaklina Michael – Cultural Liaison Coordinator, Royal District Nursing Service (VIC).
- Ms Lily Muthurajah – Aged Care Assessment and Liaison Unit, ACT Community Health.
- Mr Scott Wilson – Director, Aboriginal and Alcohol Council (SA).
- Ms Joan Hughes – Chief Executive Officer, Carers Australia.
- Mr Greg Mundy – Chief Executive Officer, Aged and Community Services Australia.
- Ms Wendt Venn – Aged Care Nurse Practitioner, Aged Care and Rehabilitation Service, ACT Health (ACT).

The first meeting of the Minister’s Dementia Advisory Group was held on Monday 3 March 2008. The Minister for Ageing attended this meeting and said, “the meeting of the Ministerial Dementia Advisory Group was an important step forward in the continuing national effort to combat dementia”. The group will meet again in May and it is anticipated that it will meet up to four times per year.
Rampant workforce shortages and the increasing need for culturally responsive aged care services continue to dominate current discourse in the aged care sector.

Many of Australia’s post-war migrants are moving into a period of their lives where they are likely to require aged care and support services. It is predicted that by 2011, the culturally and linguistically diverse (CALD) population aged 65 plus will increase to make up approximately 23% of the older Australian population (AIHW 2001). Given these changing demographics, increasing numbers of older Australians will require care and support services that respond to their language and cultural needs.

Furthermore, it is widely acknowledged that people with dementia often revert to their first language and are more likely to require care services that are coordinated and provided by qualified, bilingual staff.

Responding to these issues requires strong leadership; and the development of practical and accountable policies and programs which are reinforced by sufficient, nevertheless carefully directed funding. Moreover, careers in aged care must be perceived as an attractive option for all Australians if we are serious about creating an aged care support system that meets and respects the needs and expectations of our increasingly diverse ageing population. So in short, there is much work to be done!

Through ongoing consultation and policy development culminating in its Ageing and Cultural Diversity Strategy launched in the lead up to the 2007 Federal Election, Ethnic Communities Council of Victoria continues to advocate all levels of government to develop and implement policies that will effectively respond to the needs of this growing cohort of our older population.

Moreover, ECCV believes in developing and advocating for practical solutions. In line with this philosophy, ECCV in partnership with the Centre for Culture Ethnicity and Health (CEH) and funding from the Victorian Multicultural Commission (VMC), produced Caring for Your Community: A Career in Aged Care.

“The Caring for Your Community: A Career in Aged Care is a resource booklet for migrants and others with bilingual skills to research pathways to a career in aged care. It attempts to fill a shortage of available bilingual aged care workers and should be especially helpful to people whose first language is not English”, said Sam Afra, the recently elected Chairperson of Ethnic Communities’ Council of Victoria.

The booklet provides general information about careers in aged care, as well as information about Certificates III and IV courses that give people the skills and qualifications required to care for older people in the community or in residential care settings.

The booklet was officially launched by Commissioner Joseph Caputo of the VMC on 6 December, 2007. Copies are available from ECCV by calling 03 9349 4122 or online at http://eccv.org.au/doc/careerinethnicagedcare.pdf

For further enquiries about this initiative, please contact Natasha Kukanja at ECCV 03 9349 4122 or email natasha@eccv.org.au.

Natasha Kukanja
Policy Officer, Aged Care
Ethnic Communities’ Council of Victoria

We wish Natasha well in her new position with Age and Community Care Victoria and thank her for her contributions to the newsletter over the years.
The National Cross Cultural Dementia Network (NCCDN) aims to provide advice to Alzheimer’s Australia and its member organisations on dementia information provision, resource development, education programs and service delivery to ensure that their programs and services provide equitable access to people from culturally and linguistically diverse backgrounds. It is also intended to act as a forum for innovative ideas and models, and to help advance national policy. The Network consists of representatives from all states and territories and are available to be contacted. For contact details of any of the members refer to the National website http://www.alzheimers.org.au/upload/NCCDNContactMar08.pdf. In the next few issues members of the Network will be profiled, we hope you enjoy their stories.

Lily Muthurajah  
ACT Representative on the National Cross Cultural Dementia Network

Lily comes from a Sri Lankan background. She studied Nursing and worked in the UK for 25 years before arriving in Australia thirteen years ago. She has a wide range of employment history that includes teaching, management and vocational training within the fields of nursing and disability services.

Lily currently works as the Multicultural HACC Liaison Officer (MHLO) in the ACT, providing information, training and resources to service providers and CALD communities. Lily is an active participant in a number of committees and networks, through which she contributes to the development of linkages and partnerships between service providers and CALD communities.

Lily also teaches at Canberra Institute of Technology (CIT), covering areas such as, cultural diversity module and the dementia competency module in Certificate 111 Community Services (Aged Care & Disability Work), workplace diversity module in Diploma of Community Services Management and dementia related carer education in Skills for Carers program.

Up until recently Lily was also a carer for her mother who was diagnosed with dementia. Lily remains very much in touch with the difficulties the person and the families face in relation to accessing culturally competent dementia care. Lily has contributed extensively to the training of dementia care and has participated in an advisory capacity to a number of local and national projects related to dementia and CALD issues.

Recently, Lily participated in the reference group that helped develop a training resource for younger onset dementia, and has piloted this resource within a bi-lingual aged care volunteers group in the ACT.

Jaklina Michael  
Victorian representative for the National Cross Cultural Dementia Network

Jaklina is a professional educator who has worked with Cultural Diversity in a range of industries including Education, Aged Care and Health.

She is currently employed by Royal District Nursing Service (RDNS) in Melbourne as the organisations Cultural Liaison Coordinator. RDNS is a very large, well established home nursing organisation which provides general and specialised nursing services to over 32,000 clients across Melbourne and the Mornington Peninsula. Jaklina’s role is to provide options & solutions to organisational corporate and strategic operations to ensure that systems and services are accessible and equitable.

Jaklina sits on a range of state and national advisory bodies including the Ethnic Communities Council of Victoria Aged Care Committee, Palliative Care Victoria Aged Care Special Interest Group, Alzheimers National Cross Cultural Dementia Network and was recently appointed to the Federal Aged Care Ministers Dementia Advisory Group.

She has received numerous awards including 2005 Victorian Government Award for Excellence in Multicultural Affairs (Health Services Portfolio), the Lily Innovation Award at the 2006 Australian Diabetes National Conference and the 2007 RDNS Leadership Award in recognition of outstanding leadership characterised by initiative, collaboration and dedication to RDNS and its communities.

Both Lily Muthurajah and Jaklina Michaels have been invited to sit on the Ministers Dementia Advisory Group. They will be representing the interests of the CALD sector.
Recently, Dr. Anthony J Marsella visited Australia to be a keynote speaker at the Diversity In Health 2008: Strengths and Sustainable Solutions Conference, which was held at the Sydney Convention and Exhibition Centre from 10-12 March 2008. Dr. Marsella joined more than 1,000 national and international health experts, who presented, debated and discussed the challenges, strengths and sustainable solutions for Australia’s diverse community groups.

TEN KEY ISSUES FOR TRANSCULTURAL MENTAL HEALTH PROFESSIONALS

By Dr. Anthony J. Marsella, Ph.D.

Our global era is bringing ethnoculturally diverse individuals, families, and communities into contact under conditions of anger, fear, and distrust. Mental health services are often the crucible in which these problems must be addressed. A number of training, research, and service issues are arising from this situation that must be considered:

1. Variations Between Professional and Patient
At one point in the history of mental services in Australia, professionals and patients were mainly from the same ethnocultural groups (e.g., English, Irish), with only social class and gender differences emerging as sources of service decisions. However, in today’s global era, mental health services are being challenged by substantive differences in the spectrum of patient and professional ethnocultural diversities. Consider these possibilities today (e.g., Vietnamese Professional - Bosnian Patient; Greek Professional - Indonesian Patient, Nigerian Professional-Italian Patient). Ethnocultural competencies are needed under these circumstances.

2. Assessment Methods
For valid clinical and psychological assessment to occur, it is essential that there be language, conceptual, scale, and normative equivalence. Without this equivalence, we will have many errors in service decisions including those related to classification, diagnosis, therapy, and medications.

3. New Spectrum of Patients
Our global era is bring many new patients to clinics because of their “risk” levels: These include: Migratory Workers, International Workers (Skilled, Unskilled), Immigrants, Temporary Immigrants, Undocumented Immigrants, Refugees, Asylum Seekers (War Victims, Torture Victims), Multinational Transferees, and International Students. Each of these patients come with unique needs and problems requiring services that are available, accessible, and acceptable. These patients face problems in culture shock, acculturation, assimilation, uprooting, and language competency. Are we prepared to treat these problems?

4. Cultural Competency
Continue reliance on Western assumptions, knowledge, and practices is can have pernicious iatrogenic consequences. It is essential that mental services be aware of ethnocultural differences in etiological and causal models of health and disorder, standards of normality, and treatment alternatives.

5. Locations for Services
While the office, clinic and hospital were once the conventional locations for the provision of mental health services, pressing problems now require that services be delivered under challenging locations such as refugee camps, disaster crisis centres, street corners, homeless shelters, and rural outreach centres. These services are often of a different nature in terms of crisis, trauma, time, and follow-up. New training is needed for effective services in these locations.

6. Society as Patient
Most mental services are provided to individual patients and locus of the problem and the treatment is
typically intra-psychic and intra-cellular. However, the transcultural mental health professional can easily see that patients often are often victims of societal circumstances such prejudice, oppression, persecution, marginalization, and poverty. These are socio-political problems. I feel transcultural mental health professionals must begin presenting, questioning, and condemning these circumstances to policy makers, government leaders, and business leaders. They must be a voice and activist for social change and justice. The costs in the end would be far less.

7. Treatment Must Tap Positive Resources
For many patients from diverse ethnocultural backgrounds, effective treatment will require linkages to ethnic community services and resources. If they are not present, the transcultural mental professional should seek to develop them. Weekly office or clinic visits are insufficient. A strong social support and community-based network must be a goal of treatment and care.

8. Prevention
More needs to be done in the area of prevention for ethnoculturally diverse patients. Prevention is often assigned the last priority under the burdens of understaffing and underfunding. Nevertheless, more must be done to: (1) identify cases earlier in their disorder, (2) offer a full spectrum of services (e.g. education, employment training, crisis counseling).

9. Legal Complications
Accountability is becoming an increasing concern in mental health care oftentimes resulting in legal actions. When we accept ethnoculturally diverse patients, we accept the responsibility to know and understand them so we do make serious errors in care. Errors in diagnosis, assessment, treatment, and medications are outcomes for which we must be held accountable, especially when the patients must suffer the painful consequences. It is essential that we work with culture brokers and consultants if we are not familiar with a patient’s culture by virtue of our training or ethnocentricity.

10. Transcultural Mental Health Research
Much of mental health research fails to address the complexity of mental health problems especially for the ethnoculturally diverse patients. While I think we should begin with a patient narrative of their problems, it also see larger populations research be devoted to ecological, system, and contextual models that capture more fully the, the complexity of the problems and solutions. Qualitative research methods are essential for capturing and understanding patients’ worldviews.

Anthony J. Marsella, Ph.D.
Emeritus Professor
Department of Psychology
University of Hawaii
Honolulu, Hawaii 96822
marsella@hawaii.edu

Web Links

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<td>New Online Resource on Culturally Appropriate Aged Care:</td>
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HACC Service Models for People with Younger Onset Dementia and People with Dementia and Behaviours of Concern:

*Issues for Aboriginal and Torres Strait Islander People from Culturally and Linguistically Diverse Backgrounds* Community Care (Northern Beaches) Inc and NSW Department of Ageing, Disability and Home Care.

The project completed late 2007 involved consultations with HACC service providers, consumer representatives and other stakeholders and a brief literature review. It was testing the appropriateness of the recommendations of an earlier Alt Beatty report on younger onset dementia and behaviours of concern for Aboriginal people and people from a Culturally and Linguistically diverse (CALD) background.

The project found that a central issue for HACC in providing better service to both Aboriginal and CALD communities is strengthening the cultural competence of mainstream HACC services. This means putting culture at the heart of what people do and respecting, engaging and understanding a person’s culture. The report includes recommendations to assist providers in this regard.

Some of the recommendations include:

- HACC service providers be encouraged to strengthen their connections with community agencies representing Aboriginal and CALD communities, including through communication, consultations and partnerships.
- Funds be allocated to enable localised action research to identify appropriate service models for people with dementia within specific communities and to implement new approaches.
- Further research needs to address the experience of dementia for carers and people from CALD communities.
- Mainstream information services need to work in partnership with CALD organisations to provide information in appropriate and accessible formats.
- DADHC encourage and assist Dementia Advisory Services, Alzheimer’s Australia NSW and other relevant agencies to work in partnership with Aboriginal and CALD community bodies and service providers to promote awareness of and education on dementia in their communities.
- In future planning and service development activities, DADHC allow more lead time and calendar time for consultations.
- DADHC consider creating additional Aboriginal HACC Development Officer positions across Metro North to assist the service system respond to the needs of Aboriginal clients.

For any enquiries regarding the project, please contact Cathy or Eliza:

**Cathy Buining**
Project Officer, Planning Team
DADHC, Metro North
Cathy.Buining@dadhc.nsw.gov.au
9895 8989 or

**Eliza Pross**
Manager, Planning and Development
Community Care (Northern Beaches) Inc
Eliza@ccnb.com.au or on 9979 7677.


Diversity in Health 2008—Strength and Sustainable Solutions

Many people have been contacting the Conference Secretariat to gain access to the papers from the recent Diversity in Health Conference 2008: Strengths and Sustainable Solutions. We are pleased to announce that the keynote presentations are available for download off the conference website.

The Diversit-E Forums will not only be a place to download presentations and papers but also an opportunity to post questions, comments, feedback or suggestions…and best of all posts can be ANONYMOUS!!! It’s a chance to ask all those questions that you may not have had the nerve to get up and ask at the conference!

Endorsed by the DIH2008 Conference Steering Committee, these forums are a great opportunity to continue engaging in dialogue about diversity health issues and to continue building on this body of knowledge in the lead up to the conference in 2010.

The Diversit-E forum guide is also attached to this newsletter for step-by-step instructions on how to use the forum. Otherwise visit: [www.dhi.gov.au/conference/diversit_e_forum.html](http://www.dhi.gov.au/conference/diversit_e_forum.html) and follow the simple steps.

If you have any problems please contact:

**dhi@swahs.health.nsw.gov.au**

**Nadia Garan**
Conference Coordinator