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### **Response to the *National Dementia Action Plan 2022-2033 - Public Consultation Paper***

The Australian Psychological Society (APS) welcomes the opportunity to provide feedback in response to the public consultation paper about the National Dementia Action Plan 2022-2033, noting this is the third national action plan and that the previous plan expired in 2019. The new plan aims to:

- Provide a roadmap, setting out where we want to be in 10 years,
- Guide action by the Australian Government and state and territory governments so that policies, services and systems are better integrated for people living with dementia,
- Drive improvements to services and systems for people living with dementia, their carers and families,
- Enable measurement of progress against priority areas, and
- Engage, inform and involve the whole community in actions to achieve a society that is more understanding of dementia and more inclusive of people living with dementia.

At the APS, our work focuses on improving the lives of all Australians. In doing so, we are committed to the United Nations' Sustainable Development Goals, which promote wellbeing for all ages and challenge communities to address the broader social determinants of health<sup>1</sup>. We advocate on behalf of our members and the community for improving wellbeing through the reform of Australian health and social systems, policies and evidence-based services for health promotion, prevention, early intervention and treatment. This commitment to our members and the community have guided our responses to this consultation.

The APS commends the Department on the release of this public consultation paper about the proposed new national dementia action plan, which has:

- Engaged early with people with lived experience of dementia, carers and dementia experts in the development of the new action plan, noting that feedback from people living with dementia and their carers identified that the previous plan had limited impact,
- Acknowledged specific populations and matters of intersectionality, whereby stigma and discrimination can amplify the challenges of receiving appropriate dementia care, and
- Responded to feedback about the previous plan to embed measurement and evaluation within the plan.

The APS offers the following feedback and comments for your consideration for the next stage of developing and implementing the National Dementia Action Plan 2022-2033.

## Principles

- The APS commends the proposed Principles that underpin the design and implementation of the action plan.
- The Principles are especially strong in making clear the Government's commitment to person-centredness. This includes cultural safety for First Nations peoples and accessibility of dementia-related systems and services for people from priority population groups and diverse backgrounds (e.g., culturally and linguistically diverse people; people living in regional, rural and remote Australia; people with disability, LGBTIQ+, veterans, people who are homeless).
- Given the Government's stated commitment in the consultation paper to working together alongside people living with dementia, their carers and families, communities, academics, service providers, businesses and the non-government sector to implement the action plan (p. 69), consideration could be given to embedding co-creation and partnerships with these stakeholders as a principle and performance measure.

## Vision

- The APS commends the aspect of the Vision that is person-centred and refers to people with dementia and carers achieving the best quality of life.
- However, the Vision as it is currently written does not flow well and is weakened by misplaced and distracting inclusions. The first part of the Vision, "Australians understand dementia", seems to be an objective, and "no one walks the dementia journey alone" is clichéd and vague.
- Consideration could also be given to developing a more ambitious and inspiring Vision and call to action for this next national 10-year action plan. As one of the first countries to design a wide-ranging national policy response to dementia in the 1990s, and now embarking on a third national plan<sup>2</sup>, Australia has the opportunity to re-establish international leadership and demonstrate a deep commitment to dementia care and support as a member state to the WHO's *Global action plan on the public health response to dementia 2017-2025*<sup>3</sup>.

## Objectives, Focus Areas and Proposed Actions

- The objectives and focus areas are aligned with the gaps identified throughout the consultation paper and within seminal contemporary reviews of dementia prevention, intervention and care<sup>4,5</sup>.
- There is, however, a lack of clear accountabilities for the various focus areas and actions, which poses a significant risk to the implementation and ultimate success of the plan. The APS calls for the strategy document to clearly assign responsibilities across federal, state, territory and local governments, along with industry and/or the community. We note the consultation paper refers to the availability of an implementation plan that will follow in due course which may contain this necessary detail.
- The APS also calls for greater attention to vulnerable populations throughout all of the objectives of the action plan. We also highlight that the unique impact of colonisation means that First Nations Peoples are not the same as other groups. There must be deep recognition of the intergenerational trauma and ongoing disenfranchisement that has been created in Australian society which pervades many areas of life for First Nations People and contributes to the intersectional experience of stigma and discrimination impacting access to safe and high-quality dementia care.
- *Objective 1: Tackling stigma and discrimination.*
  - Health-related stigma is an identified barrier to health-seeking and engagement in care<sup>7</sup>. We note that the case for tackling dementia-related stigma and discrimination is made clear in the consultation paper and we commend the inclusion of this as an objective in the national action plan.
  - While a number of awareness-raising initiatives and stigma reduction strategies are put forward in the plan, these tend to focus on individuals and adapting physical environments. We encourage consideration of "behavioural science approaches that compel behavioural change within the systems, structures, policies and practices which embed stigmatising attitudes and discriminatory treatment, even in the absence of shift in the community attitudes" (p. 13)<sup>6</sup>.

- The APS would like to see more action and measurement of the impacts of intersecting stigmas that people with dementia and their carers may experience (such as those associated with culture, gender, sexual orientation, and socio-economic status).
- *Objective 2: Minimising risk, delaying onset and progression.*
  - The APS welcomes the proposed actions in the plan pertaining to increased awareness across the lifespan of the 12 potentially modifiable risk factors that can prevent or delay the onset of dementia<sup>4,5</sup>, including physical health conditions and psychosocial risk factors such as poor mental health and social isolation.
  - The APS commends the inclusion of physical health measures linked to the National Preventative Health Strategy that will action and measure progress towards prevention and early intervention associated with physical health-related risk factors for dementia.
  - The APS is, however, concerned that, apart from general awareness raising, there are no actions that address prevention and early intervention for the psychosocial risk factors of poor mental health and social isolation. The APS calls for the inclusion of preventive and early actions for these dementia risk factors. We also call for links to other mental health strategies and initiatives to improve integration and co-ordination of mental health prevention and early intervention across jurisdictions. It is also critical that any barriers to seeking timely and appropriate mental health treatment are urgently addressed as part of the actions, such as the inadequacy of MBS Chronic Disease Management and Better Access items for supporting people with complex conditions such as dementia, and their carers, to access appropriate psychological support.
  - The APS urges the inclusion of psychologists as a critical workforce for mental health prevention and early intervention actions. Psychologists are uniquely placed as enablers of evidence-based community-level mental health promotion, prevention and early intervention, including capacity building and training of other health professionals and care providers. Our members already work in a number of ways to promote mental health and social connection in a variety of settings including schools, workplaces, sport settings, private clinics, and correctional facilities to name a few.
  - In this way, psychologists have a broad sphere of influence, and should be central to the development and implementation of preventive mental health and social connection initiatives in the new dementia action plan.
  - The APS is concerned that dementia prevention and early intervention is not currently identified as one of the immediate priorities (commencing in the first 3 years) for this new action plan. The current and seminal Lancet paper about dementia prevention, intervention and care notes that modifying the 12 risk factors, including improving mental health and social connection, might prevent or delay up to 40% of dementias. We join with the evidence-based community in the call to “be ambitious about prevention” (p. 414)<sup>5</sup>.
- *Objective 3: Improving dementia diagnosis and support.*
  - The APS commends the setting of objectives and targets associated with reductions in the wait time for people to access dementia assessment and diagnosis services following referral from a GP.
  - The National Memory and Cognition Clinic Guidelines (ADNeT Guidelines)<sup>8</sup> referred to in the consultation paper and included in the actions, identify psychologists and clinical neuropsychologists, working alongside other health professionals, as a critical workforce for dementia assessment and diagnosis. As noted in the consultation paper, workforce, cost, and geographical barriers are challenges to achieving this. We are concerned, then, that aside from actions directed towards GPs and nurses in primary care settings and their roles in screening, referral and coordinating care and a review of the Medicare Benefits Schedule, none of the proposed actions address the psychology (or other expert health professional) workforce shortages or adequately address the cost and other issues that will be required to improve access to timely dementia diagnosis and assessment.
- *Objective 4: Improving treatment, coordination and support along the dementia journey; Objective 5: Supporting people caring for those living with dementia; Objective 7 Building dementia workforce capacity.*

- The APS calls for the inclusion of psychologists in the proposed actions for treatment, coordination and support, noting that while allied health professionals are specifically mentioned, psychologists are not.
- Psychologists are not limited in their scope of practice to assessment and diagnosis of dementia and mental health treatment. Psychologists are Ahpra-registered and have advanced skills in providing evidence-based support for the behavioural and psychological symptoms of dementia.  
Psychologists can lead, co-ordinate and oversee psychological supports and services in partnership with other health professionals and care teams<sup>9-13</sup>.  
Psychologists can also train and educate other health professionals, care staff and family members and develop guidelines and resources to help them identify and care for people living with dementia.
- Evidence-based psychological support, including prevention and treatment, not only averts or decreases psychological distress, but can improve the quality of life for people with dementia and their carers by way of increased social participation, fewer disruptive behaviours and reduced use of psychotropic medications<sup>14,15</sup>.

## Measurement and evaluation

- The APS commends the commitment to performance measures in this new plan and the stating of change targets for a number of proposed actions.
- It is unclear, however, what the basis is for the proposed percentage change targets that are referred to throughout the plan (e.g., for Objective 1 longer-term (3-10 years), "At least 20% improvement in the experience of people living with dementia as measured by the 3 yearly dementia experience survey" (p. 22)). On the face of it, this target and most of the proposed percentage change targets for all the objectives appear to be very low/conservative, especially given the 10-year time frame.
- The APS calls for benchmarking to inform these targets which takes into account our national context, starting point, and progress to date as a result of previous national dementia plans and policies. Benchmarked targets will improve the Governments accountability for delivering impactful national and global policy as a member state for the WHO *Global action plan on the public health response to dementia 2017-2025*<sup>3</sup>.

## Summary of APS Key recommendations for the *National Dementia Action Plan 2022-2033*

- Develop a more ambitious Vision and call to action in the new National Dementia Action Plan that re-establishes Australia as an international leader in dementia policy and action.
- Clearly state who is accountable for the various focus areas, actions and measures in the plan, including roles and responsibilities for achieving better integration and co-ordination across jurisdictions (i.e., Australian Government, state, territory and local governments).
- Embed co-creation and partnerships with people with lived experience of dementia and their carers, health professionals, industry, peak bodies, the community, priority populations and other stakeholders as an action plan principle and performance measure.
- Strengthen the approach to dementia prevention and support needs for priority populations, and in particular First Nations people.
- Develop explicit actions for prevention and early intervention of poor mental health and social isolation as two key identified psychosocial risk factors for dementia.
- Improving access to high-quality psychological care for people with dementia by redesigning MBS items so they are fit for purpose.
- Commence immediate implementation of dementia prevention and early intervention actions (for both mental and physical health) within the first 3 years as a matter of priority.
- Expand the dementia stigma and discrimination reduction actions to include approaches that adopt behavioural science approaches that compel change even in the absence of attitudinal change.
- Develop actions that address the psychology workforce shortages and cost and distance factors that reduce community access to expert and timely dementia diagnosis and assessment.

- Embed psychologists as an essential workforce into the proposed actions related to dementia assessment and diagnosis, prevention, treatment, coordination, support and research.
- Benchmark the Plan performance measures to take account of our national context, starting point and progress to date.

The APS plays a pivotal role in supporting mental health and wellbeing, and our downstream impact, through our network of members, reaches millions of Australians and their families and supports each year, including people living with dementia and their carers. We would very much welcome the opportunity to meet at your earliest convenience to discuss how the APS can proactively support the Department in the next steps of finalising and implementing this next National Dementia Action Plan. In the meantime, if any further information is required from the APS, I would be happy to be contacted through the national office on (03) 8662 3300 or by email at [z.burgess@psychology.org.au](mailto:z.burgess@psychology.org.au)

Yours sincerely,

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Chief Executive Officer

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