



Enclosed lives, creative collaborations, and best practice: opening secure dementia units

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A resident's viewpoint: “I've got to eat in a mausoleum for the dead!”

“They don't even talk. Half an hour of silence.”

A couple in their eighties are now living in a dementia unit.

The husband says in response to his wife's storming away, “She doesn't want me.”



“But it said ‘Exit’ so I broke the glass.”

Unplanned exits (the above has happened in both facilities)

“How does it feel to be unable to get out?”

“Frustrating”. The man is wearing his Rotary tie and pin.

Statistics from Alzheimer's Australia's current website :

Only 20-50% of people with dementia are recognized and documented in primary care (so 50-80% in the community)

50% of residents in Australian Government-subsidized aged care facilities have dementia.

This means that there are people living with dementia both in the wider community and in ACFs.

44% of permanent residents with dementia also had a diagnosis of mental illness.

Who then is in the dementia units?

How and when did people with dementia start to be locked in? Prison, invalid depot, mental hospital, aged care facility.



Asylum for the Insane, New York



Duty of care/resident safety versus the dignity of risk

What are the risks within the dementia unit?

What are the risks outside the dementia unit?

Within: falls, assault (physical, sexual, and verbal - no escape from other residents), misinterpretation of scene (prison, boarding school, monastery), fear, anxiety

Without: wandering off, falls, exploitation by others.

How do we allow individuals living with dementia to have client-directed care?

What does better practice look like?

People living with dementia feel at home, have areas, which they can move through to meals, activities, gardens.

They live in a dementia-friendly community.

