DementiA FrIenDly Communities
IndiAn SceNario

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Alzheimer’s Disease International Conference
Budapest 2015
Dementia in India: A Few Facts

- India is the second populous country (1.2 billion) in the globe.
- Around 100 million elderly at present.
- 4.1 million Indians are estimated to have dementia.
- Only 10% of cases are diagnosed.
- Families have traditionally taken care of the elderly.
- Factors like urbanisation, nuclear families and economic migration have led to changes in the social structure of the country.
- Impact of dementia on individual, family and community is increasing in terms of social, emotional and financial implications.
Dementia in India: A Few Facts

- People lack access to timely information or advice on how to respond to the disease and related social and emotional challenges.
- Absence of adequate policy and programs.
- A real need to mobilise social support to meet the needs of people with dementia in their own homes and within their communities.
- Solution - a sustainable and community based care model seems to be the ideal one.
Early Initiatives in Kerala

- In 2011-2012, 104 programs were conducted to train 1941 persons. This was an awareness based project targeting school students, old age home staff and management cadets, senior citizens and volunteers.

- Trained Dementia Guides - cadre of people from different disciplines to guide people on dementia diagnosis and care

- Dementia guides are skilled to help people identify symptoms to help make early and proper diagnosis.

- A brief but intensive training was held to train 2260 persons (39 programs)
Programmes in Cochin

Dementia Friendly Communities - India
• Trained volunteers to become dementia guides who can work towards making Cochin a dementia friendly city.

• Effectively linked dementia guides with the National Dementia Helpline to utilize existing resources.
A step towards making dementia care a public health and social welfare priority by establishing a sustainable community-level care model in the state through a public private partnership.
The project components...

- Comprehensive dementia awareness in the community
- Equipping social and health care personnel in dementia care
- Memory Clinics in Government Medical hospitals for early diagnosis and intervention
- Model Dementia Day Care and Fulltime Care Centers
- Telephonic Helpline Service for dementia information and support
- Developing protocols for the diagnosis, treatment, and care of the Dementia
One hundred thousand dementia volunteers-friends to be trained by ARDSI in collaboration with other resource partners.
I am a Dementia Friend

Campaign

Route Map
Kasargodu to Thiruvananthapuram

Dementia Friendly Communities - India
Dementia Friend Campaign

- State wide campaign from Kasargode to Trivandrum covering a distance of 560 kilometers
- A 10 day vehicle rally which traversed all 14 districts
- Public meetings, events at schools and colleges and old age/senior citizen associations
- Pledge taken by participants to be a dementia friend
- Pamphlets and dementia friend flags distributed during the rally
- Culmination ceremony at the state capital where the Minister of social welfare released the memory clinic guidelines
Inauguration of ‘I Am A Dementia Friend’ Campaign At Kasargode

Mr. Abdul Razak releasing ‘I am a dementia friend’ flag and presenting to Mrs. Vidya Shenoy, Secretary General, ARDSI. Sri. K. Sugumaran Master, Dist. Secretary, Kerala senior Citizens forum, administered the pledge.

Mrs. Anithabai M.V, Headmistress GHHS Kasargod flagged off the Memory Walk. LA Mr. Abdul Razak also clipped the miniature flag to few students.

Sri. P.S. Mohammed Shagir, IAS, Hon’ble District Collector flagged off the Vehicle.
Pathanamthitta

Mr. S. Narayanan IPS, Dist. Police Chief, Pathanamthitta flagged off the memory walk.

Alapuza

Dr. Sumesh, Psychiatrist, delivered lecture on dementia
Thiruvananthapuram

Hon'ble Minister Dr. M.K. Muneer releasing the "I AM A DEMENTIA FRIEND" Balloons

Mr. C.K. Raghavan Unni, Director in Charge, DSJ releasing ARDSI Memory Clinic guidelines

administering the dementia pledge
DFC Calls For

Awareness – at different stakeholders levels addressing varied roles and needs and evolving appropriate training modules

Environment – a conducive platform/community/professional networks with empathy to effectively and efficiently internalise persons with dementia and extend love and support to help them continue to lead a life with dignity which they richly deserve

Services and Support – for persons with dementia and carers through setting up community based institutional models of care

Innovation – in facilitating early diagnosis (community screening), in creating friendly hospitals, addressing associated risks, creating networks of dementia friends, friendly design in care homes, customising need based services, consolidating and scaling up to new areas and regions.
**Key Messages**

- DFC as a concept enjoys wide acceptance from all stakeholders involved.
- DFC shall generate lots of data on existing resources as a result of mapping resources and services, which needs to be put to good use for planning joint interventions, which is a key for the success of DFC concept.
- DFC knowledge should not be restricted to identification and treatment of dementia, it has to address prevention, care aspects and raising a volunteer base.
- Definite signs of increasing awareness are evident though the same cannot be said about knowledge and attitudes.
- Financial constraints remain the major challenge.
- Innovative ways should be considered to keep the discussion engaged and ongoing.
Takeaways

• Low cost and sustainable model effectively taps the existing resources while saving additional costs.
• This integrated care model with health and social care improves accessibility to care and services.
• It is a family-centric model aimed at equipping and empowering them.
Together we can think, create and develop Dementia Friendly communities
Thank you

Let’s join for a dementia-friendly India