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➤ **Starting today: Future of mental health services**

This report reviews the provision of mental health services in the United Kingdom in the light of current and future health and socio-economic developments. It debates on the goals and ambitions of mental health services and considers how to keep services relevant 20-30 years in the future. It looks at six key themes: personalising services that include co-production and self-management; integrated care that includes models, taking it forward, information-sharing systems, funding and multidisciplinary teams; lifespan issues in early and later life; workforce development; research and new technologies; and public mental health.

Starting today: Future of mental health services. Mental Health Foundation.

Full text article can be accessed here:

<http://www.mentalhealth.org.uk/content/assets/PDF/publications/starting-today.pdf?view=Standard>

➤ **Inclusion of persons with mental illness in patient-centred medical homes: Cross-sectional findings from Ontario, Canada**

In Ontario, Canada, primary care organisations have promoted the concept of the “patient-centred medical homes” as a model for health service delivery that has the potential to improve the accessibility, affordability and quality of health care. This study looks at three types of patient-centred medical home models: enhanced fee-for-service, blended capitation, and team-based blended capitation. This report hypothesises that though physicians in all 3 types of models can receive financial incentives for rostering patients with severe mental illness they would be less likely as it would involve a greater need for care. It found this hypothesis to be true and suggests a need to focus attention to the incentive structure for including patients with mental illness.

Steele, L., Durbin, A., Sibley, L. & Glazier, R. Inclusion of persons with mental illness in patient centred medical homes: Cross-sectional findings from Ontario, Canada. Open Medicine. 7(1).

Full text article can be accessed here:

<http://www.openmedicine.ca/article/view/536/494>

➤ **Crossing boundaries: Improving integrated care for people with mental health problems**

This report presents the finds of the Mental Health Foundation’s inquiry into integrated care for people with mental health problems. It identifies good practices, generates discussions and highlights key messages on integrated healthcare for people with mental health problems. It details a new way of thinking about mental health and ways to improve integrated care in current systems. This includes hiring the right people, interprofessional education and training, and integration across health and social care and beyond. It lists nine factors that facilitate good integrated care: information-sharing systems, shared

protocol, joint funding and commissioning, co-located services, multidisciplinary teams, liaison services, navigators, research and reducing stigma.

Crossing boundaries: Improving integrated care for people with mental health problems. Mental Health Foundation.

Full text article can be accessed here:

<http://www.mentalhealth.org.uk/content/assets/PDF/publications/crossing-boundaries.pdf?view=Standard>

➤ **Mental health-related services provided in Australia**

There are 10 topic areas listed in this website which describes the characteristics and activities of the wide range of health care and treatment services for people who have mental health problems in Australia. These services include care provided by mental health specialists in both residential and ambulatory settings, disability support services and personal helpers and mentors service. The providers are mainly from the government sector but private hospitals, non-government organisations and private medical practitioners also provide such services. It also provides information on residential mental health care that includes rehabilitation treatment or extended care, across states in Australia.

Mental health-related services provided in Australia. Australian Institute of Health and Welfare.

Full text article can be accessed here:

<http://mhsa.aihw.gov.au/services/>

➤ **The case for mental health reform in Australia: A review of expenditure and system design**

Mental illness is posing a growing health challenge in Australia. Successive governments have recognised this issue and have drawn up policy plans to address it. This report provides a comprehensive picture. It calculates health and non-health total direct expenditure used to support people with mental illness in Australia and examines the limited available knowledge of system-wide outcomes that this funding supports. It also examines a number of Australian and international mental health system-level initiatives and draws out the elements of those initiatives relevant to Australia.

The case for mental health reform in Australia: A review of expenditure and system design. Nous Group.

Full text article can be accessed here:

http://www.nousgroup.com.au/images/news_attachments/The_Case_for_Mental_Health_Reform_in_Australia_-_Full_Report.pdf

➤ **Building resilient communities: Making every contact count for public mental health**

There are no definite steps that can be taken to build resilience, promote wellbeing and help prevent mental health problems. This report explores what makes people resilient: activities that promote wellbeing; building social capital; and developing psychological coping strategies. It looks at what makes communities resilient: mental health awareness; information; local networks; and accessibility. It examines the resources and infrastructure that need to be in place locally to support resilient communities and help people “feel good and function well”. It also provides recommendations for local authorities and public health teams, health and wellbeing boards, local community groups and service providers, clinical commissioning groups, and councillors in areas such as good provision of local facilities, resources and services to support people to take part in wellbeing activities and providing access to psychological coping skills interventions.

Building resilient communities: Making every contact count for public mental health. *Mental Health Foundation.*

Full text article can be accessed here:

<http://www.mentalhealth.org.uk/content/assets/PDF/publications/building-resilient-communities.pdf?view=Standard>

➤ **Mental health services in brief**

This paper provides an overview of the national response of the health and welfare system to the mental health care needs of Australians. It details the various services provided to those affected by mental illness. These include: mental health-related services provided by general practitioners; Medicare-subsidised mental health-related services; state and territory community mental health care services; mental health services provided in emergency departments; admitted patient mental health-related care; residential mental health care; psychiatric disability support services; specialist homelessness services; and personal helpers and mentors. It highlights the resources provided such as a mental health workforce, expenditure on mental health services, specialised mental health care facilities, and mental health-related prescriptions.

Mental health services in brief. Australian Institute of Health and Welfare.

Full text article can be accessed here:

http://apo.org.au/sites/default/files/docs/AIHW_MentalHealthServicesInBrief%202013_Oct_2013.pdf

➤ **Growing older, staying well: Mental health care for older Australians**

This report examines the experiences of people aged over 50 living with mental illness, their carers, family and friends. It focuses on all mental illnesses common to older adults, including anxiety disorders, mood disorders such as depression and bipolar disorder, psychotic illness such as schizophrenia, as well as personality disorders. The aim of the study was to identify areas of need to support older adults living with mental illness. It found that more support, services and education is needed to appropriately care for Australia's ageing population. It outlines key areas in need of attention and change: staying well; mind and body; having a home; social isolation; loss and grief; and stigma. It also looks at what lies ahead and provides recommendations in order to achieve better mental health care for older Australians.

Growing older, staying well: Mental health care for older Australians. Sane Australia.

Full text article can be accessed here:

<http://www.sane.org/images/stories/media/GrowingOlderStayingWell.pdf>

➤ **Mental health research and evaluation in multicultural Australia:
Developing a culture of inclusion**

This report highlights that while there has been an active process of reform of the mental health system in Australia for more than two decades, the challenges presented by cultural and linguistic diversity have not been effectively met. This study examines: what is known about the mental health of immigrant and refugee communities in Australia; whether Australian mental health research pays adequate attention to the fact of cultural and linguistic diversity in the Australian population; and whether national mental health data collections support evidence-informed mental health policy and practice and mental health reform in multicultural Australia. It finds that while there are many positive statements on policy of intent in relation to immigrant and refugee communities in national mental health policies and strategies, there is very little reporting at the Commonwealth or State level on whether these mental health reforms are benefiting the immigrant and refugee communities.

Minas, H., et. al. Mental health research and evaluation in multicultural Australia: Developing a culture of inclusion. International Journal of Mental Health Systems.

Full text article can be accessed here:

<http://www.ijmhs.com/content/7/1/23>

➤ **Defining mental illness: Can values and objectivity get in the way?**

The creation of each edition of the Diagnostic and Statistical Manual (DSM) of psychiatry has been very controversial. In this regard, the controversy surrounding DSM-5 was further heightened by the National Institute of Mental Health's (NIMH) announcement that "the institute would focus efforts on the development of their own psychiatric nosology, the Research Domain Criteria (RDoC) (NIMH, 2013)." The authors opine that "the RDoC seem to be structured around the concern that the only way to find objectivity in the classification of diseases or disorders in psychiatry is to begin with biology and work back to symptoms. Values infuse medical categories in various ways and drive practical considerations about where and how to divide up constellations of already agreed upon symptoms." In addition, they argue that "all nosologies are infused with values and, while we should continue to sharpen the psychiatric nosology, normativity will permeate even the strictest biologically based taxonomy; this need not be a bad thing."

Sisti, D., Young, M., & Caplan, A. Defining mental illness: Can values and objectivity get in the way? BMC Psychiatry. 13(346).

Full text article can be accessed here:

<http://www.biomedcentral.com/content/pdf/1471-244X-13-346.pdf>

➤ **Service users' perspectives in the design of an online tool for assisted self-help in mental health: A case study of implications**

This is a case report for an online tool for assisted self-help in mental health, PsyConnect. The tool was ready for testing in two communities in 2014. This design phase report addresses: who is the primary target group; what are the aims; what functions are priorities; roles and responsibilities; what type of evidence can legitimise tool design decisions. PsyConnect is a tool for those who expect to need assistance over long periods of time regardless of their specific condition(s). It helps to map life domains; medication overview; crisis management; coping exercises; secure messaging; and social support. It invites a proactive approach.

Gammon, D., Strand, M. & Eng, L.S. Service users' perspectives in the design of an online tool for assisted self-help in mental health: A case study of implications. International Journal of Mental Health Systems.

Full text article can be accessed here:

<http://www.ijmhs.com/content/8/1/2>

➤ **Evaluation of the California Mental Health Services Authority's prevention and early intervention initiatives**

This document provides a summary and commentary on an interim evaluation report of the California Mental Health Services Authority (CaMHSA)

Prevention and Early Intervention Program. The programme is composed of three strategic initiatives: reduction of stigma and discrimination towards those with mental illness; prevention of suicide; and improvement in student mental health. Each of these initiatives is implemented with the assistance of community agencies and partners. This report details information on capacities and resources developed by programme partners and preliminary data on their reach.

Burnam, M.A., Berry, S., Cerully, J. & Eberhart, N. Evaluation of the California Mental Health Services Authority's prevention and early intervention initiatives. RAND Corporation.

Full text article can be accessed here:

http://www.rand.org/content/dam/rand/pubs/research_reports/RR400/RR438z1/RAND_RR438z1.pdf

➤ **Crossroads: Rethinking the Australian mental health system**

The use of mental health services in Australia over the next 15 years is forecasted to increase by 135 to 160 percent as the proportion of people seeking help for mental health difficulties and the population grows. By 2027, the current system will require at least 8,800 additional mental health professionals at a cumulative cost of AU\$9 billion to Australia. It is highly unlikely that the existing services can meet this demand. Hence, Australia urgently needs to evolve their mental health system to be more efficient and avoid becoming economically unsustainable. The paper suggests: reorienting the system to develop a 21st century mental health care system that is self-help and peer-based, delivered online and integrated fully with the 'traditional' existing services; and invest in greater proportion of overall mental health funding in promotion, prevention and early intervention.

Hosie, A., Vogt, G., Hoddinott, J., Carden, J. & Comeau, Y. Crossroads: Rethinking the Australian mental health system. Inspire Foundation.

Full text article can be accessed here:

http://inspire.org.au/wp-content/uploads/2014/03/Crossroads_ReachOut_10Mar2014.pdf

➤ **Service transformation: Lessons from mental health**

Mental health services in the United Kingdom have undergone radical transformation in the past 30 years. A community-based care model has largely replaced the acute long-term care provided in large institutions. This paper examines the transformation of mental health services in England and the relevance to current policy. It explores the context and factors that enable change to take place in mental health. It highlights 10 lessons for service transformation based on these experiences. These include: the dangers of 're-institutionalisation'; the danger of system complexity; the need to understand professional resistance to change; the need to understand the complexities of partnership working; the need to engage primary care; unpredictable

developments and unintended consequences; the temptation to be overly optimistic; and a lack of flexibility in implementation.

Gilbert, H., Peck, E., Ashton, B., Edwards, N. & Naylor, C. Service transformation: Lessons from mental health. The King's Fund.

Full text article can be accessed here:

http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/service-transformation-lessons-mental-health-4-feb-2014.pdf

➤ **Like minds, like mine: National plan 2014-2019**

The Like Minds programme was established in 1997 in New Zealand to increase the social inclusion and reduce stigma and discrimination for people with experience of mental illness. This new National Plan sets the guiding principles for service delivery for the programme over the next five years: leadership and coordination; strong, shared purpose; multi-level approaches; social model of disability and human rights perspective; power of contact; and social inclusion. It includes reinvigorating leadership and more flexible service options. It prioritises groups of people with the greatest need and targets issues and audiences that will have the greatest impact on reducing stigma and discrimination.

Like minds, like mine: National plan 2014-2019. Ministry of Health, New Zealand.

Full text article can be accessed here:

<http://www.health.govt.nz/system/files/documents/publications/like-minds-like-mine-national-plan-2014-2019-may14.pdf>

➤ **Good practice in the design of homes and living spaces for people living with dementia and sight loss**

This document discusses the research on the design of homes and living spaces for those with dementia and sight loss. The findings provide a review of the evidence base and offer Guidelines on ways in which environments can be modified to enable people with dementia and sight loss to enjoy better quality of life. They also provide advice on some of the challenges presented when optimising home environments. It showed that home design for these people is not only concerned with helping them to manage their home environment but also often includes a focus on control of behaviours, activities and locations. The guidelines also offer evidence-based information and recommendations and include "information about the strength and source of the available evidence." In addition, due to individual needs, deciding what is best for them needs careful consideration.

Good practice in the design of homes and living spaces for people living with dementia and sight loss. Thomas Pocklington Trust.

Full text article can be accessed here:

<http://www.pocklington-trust.org.uk/Resources/Thomas%20Pocklington/Documents/PDF/Research%20Publications/rf-42-design-for-dementia-and-sight-loss.pdf>

➤ **The changing landscape of dementia care**

More than 332,000 people in Australia are living with dementia and the number is expected to reach 900,000 by 2050. Dementia care offers great employment opportunities for allied and health professionals. However, a study by the University of Tasmania showed that half of those who worked in aged care do not understand the people they care for and that most who have dementia are actually dying. In this regard, the university is running a degree in dementia care, the online Bachelor of Dementia Care, and the world's first Massive Open Online Course (MOOC), Understanding Dementia. The course content includes normal ageing, dementia-causing diseases, behaviours associated with the disease, and practical strategies to care for those with dementia through case-based learning. The course is proving to be very popular, with 500 people studying the degree while 9,500 people enrolled in the first MOOC and 12,000 taking part in the second nine-week MOOC.

The changing landscape of dementia care. Nursing Careers Allied Health.

Full text article can be accessed here:

<http://www.ncah.com.au/careers/the-changing-landscape-of-dementia-care/2062/>

➤ **Transforming mental health: A plan of action for London**

This report describes a vision for the future of mental health provision in London, generated through a process of engagement with key stakeholders in the capital. It explores the impact of mental illness in London that includes impact on health and wellbeing, and wider impacts on society; the determinants of mental health needs and mental health provisions; the limitations of current mental health provision; the shared vision for the mental health and wellbeing of London; understanding mental health transformation; and achieving the vision.

Gilbert, H., Edwards, N. & Murray, R. Transforming mental health: A plan of action for London. The King's Fund.

Full text article can be accessed here:

http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/transforming-mental-health-london-kingsfund-sep2014.pdf

➤ **Feelings without memory in Alzheimer disease**

While Alzheimer patients might forget receiving poor or negligent care, the bad feelings created by ill treatment may persist. This study examines whether feelings of emotions can persist in patients with Alzheimer's, even after their declarative memory for what caused the feeling has faded. The study involved the screening of happy and sad film clips for 17 patients with Alzheimer's and the collection of real-time emotion ratings at baseline and 3 post-induction time points. It found that despite having severely impaired declarative memory for both the sad and happy films, the patients continued to report elevated levels of sadness and happiness that persisted well beyond their memory for the films. It was more prominent for sad films where the effect lasted for more than 30 minutes, even in patients with no conscious recollection for the films.

Guzman-Velez, E., Feinstein, J. & Daniel, T. Feelings without memory in Alzheimer disease. Cognitive & Behavioural Neurology, 27 (3): 117-129.

Full text article can be accessed here:

http://journals.lww.com/cogbehavneurol/Fulltext/2014/09000/Feelings_Without_Memory_in_Alzheimer_Disease.1.aspx

➤ **No assumptions: A narrative for personalised, coordinated care and support in mental health**

This report describes some critical outcomes and success factors in the care, support and treatment of people who use mental health services in the United Kingdom. It provides case studies on how these services may be delivered in practice. It provides the perspective of users of the services in addressing questions such as: who am I; what is important to me; how I wish to be supported; and how people behave with me. People using mental health services and their families or carers want their mental and physical health needs addressed together in a whole person approach. Thus, mental health needs an 'integrated care' approach.

No assumptions: A narrative for personalised, coordinated care and support in mental health. National Voices & Think Local Act Personal.

Full text article can be accessed here:

http://www.nationalvoices.org.uk/sites/www.nationalvoices.org.uk/files/noassumptionsfinal27_august.pdf

➤ **How to commission better mental health and wellbeing services for young people**

This guide brings together learning from the five-year Right Here programme that was designed to support the mental wellbeing of young people aged 16-25. To address the barriers and better support the mental health of young people commissioners need to look at innovative models and approaches that

place mental health support within the wider context of their lives, including their physical health, relationships, education and employment. This guide details the process of deciding how to use the total resources available to bring about improved outcomes for young people. The stages include: identifying needs; planning; tendering and procurement; and monitoring and evaluation.

How to commission better mental health and wellbeing services for young people. Mental Health Foundation.

Full text article can be accessed here:

<http://www.mentalhealth.org.uk/content/assets/PDF/publications/right-here-guide-3.pdf?view=Standard>

➤ **How can ‘positive risk-taking’ help build dementia-friendly communities?**

This report examines how ‘positive risk-taking’ can help communities become dementia-friendly. Positive risk-taking involves making good decisions by taking calculated and reasoned risks and not leaving things to chance. It is easy to see the negatives around someone living with dementia and to remain oblivious to their capabilities, potential and the resources they may have around them. People with dementia should not be denied the power to exercise their decisions. A dementia-friendly neighbourhood or community is not risk-free but is beneficial for everyone. This report examines the relevance of these ideas to current policies and practice, investigates the barriers official terminology presents and recommends how positive risk-taking can be embedded into the daily experiences of people.

Morgan, S. & Willaimson T. How can ‘positive risk-taking’ help build dementia-friendly communities? Joseph Rowntree Foundation.

Full text article can be accessed here:

<http://www.jrf.org.uk/sites/files/jrf/Positive-risk-taking-dementia-summary.pdf>

➤ **Blueprint for action on mental health**

This blueprint puts forth practical steps for short, medium and long term implementation of structural and systemic changes that will drive sustainable improvements in mental health outcomes in Australia. Its seven point plan for action on mental health is: agree on what we want to achieve; be clear on who is responsible for what; increase consumer and carer participation and choice; match services to needs; get the incentives right to drive better outcomes; invest at the right time to achieve the greatest benefit; and keep governments and services accountable. This blueprint is submitted by Mental Health Australia to the National Mental Health Commission’s (NMHC) Review of Mental Health Services and Programmes.

Blueprint for action on mental health. Mental Health Australia.

Full text article can be accessed here:

http://mhaustralia.org/sites/default/files/docs/blueprint_for_action_on_mental_health_system_reform_nmhc_review_4th_submission_2014.pdf

➤ **Evaluation of California’s statewide mental health prevention and early intervention programs**

This report summarises key findings from the second year of an evaluation of the California Mental Health Services Authority's statewide prevention and early intervention programmes. It found that Asian Americans faced higher levels of stigmatised attitudes towards individuals with mental illness; young adults with the least-stigmatising attitudes towards mental illness were more likely to know someone with mental illness and are less likely to feel they know how to help; one in five higher education students reported probable psychological distress; and a high number of students reported bad academic performance due to anxiety and depression.

Eberhart, N., et. al. Evaluation of California’s statewide mental health prevention and early intervention programs. RAND Corporation.

Full text article can be accessed here:

http://www.rand.org/content/dam/rand/pubs/research_reports/RR900/RR971/RAND_RR971.pdf

➤ **Future in mind: Promoting, protecting and improving our children and young people’s mental health and wellbeing**

This report makes a number of proposals the British government wishes to see by implemented by 2020. They include: tackling stigmatisation and improving attitudes to mental illness; introducing more access and waiting time standards for services; establishing ‘one stop shop’ support services in the community; and improving access for children and young people who are particularly vulnerable. It highlights that this can be achieved through better working and coordination between the NHS, local authorities, voluntary and community services, schools and other local services.

Future in mind: Promoting, protecting and improving our children and young people’s mental health and wellbeing. Department of Health, UK.

Full text article can be accessed here:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Children_s_Mental_Health.pdf

➤ **A qualitative exploration of the perspectives of mental health professionals on stigma and discrimination of mental illness in Malaysia**

The knowledge of the nature, symptom and impact of mental illness is usually neglected, leading to misunderstandings on mental health and stigma. While most research has investigated stigma from a cultural perspective, none have done so from the standpoint of a mental health professional. This study conducted in-depth, face-to-face, semi-structured interviews with 15 mental health professionals including psychiatrists, psychologists and counsellors in Malaysia. Seven themes emerged from these interviews: main perpetrators; types of mental illness carrying stigma; demography and geography of stigma; manifestations of stigma; impacts of stigma; causes of stigma; and proposed initiatives to tackle stigma.

Hanafiah, A. & Bortel, T. A qualitative exploration of the perspectives of mental health professionals on stigma and discrimination of mental illness in Malaysia. International Journal of Mental Health Systems.

Full text article can be accessed here:
<http://www.ijmhs.com/content/9/1/10>

➤ **A way forward: Equipping Australia's mental health system for the next generation**

This report highlights that 45 percent of all Australians will experience a mental health problem over the course of their lives; 75 percent of mental health problems first appear before the age of 25; and poor mental health in young people costs Australia at least AU\$6.29 billion per annum. This report looks at how Australia needs to undertake long-term reforms to redesign and resource the mental health system. It details that Australia must embrace and promote scalable online interventions as the "first line of defence" in a system of mental health stepped care, and must intervene early to prevent the development and progression of mental illness, especially among young people.

Hosie, A., Vogl, G., Carden, J., Hoddinott, J. & Lim, S. A way forward: Equipping Australia's mental health system for the next generation. ReachOut Australia & EY.

Full text article can be accessed here:
[http://www.ey.com/Publication/vwLUAssets/Equipping-Australias-mental-health-system/\\$FILE/EY-Equipping-Australias-mental-health-system.pdf](http://www.ey.com/Publication/vwLUAssets/Equipping-Australias-mental-health-system/$FILE/EY-Equipping-Australias-mental-health-system.pdf)

➤ **New, rapid dementia screening tool rivals ‘gold standard’ clinical evaluations**

A leading neuroscientist at Florida Atlantic University has developed a way for a layperson to determine whether or not an individual has dementia and to what degree. The Quick Dementia Rating System is a 10-item questionnaire that can be completed by a caregiver, friend or family member. It covers the following topics: memory and recall; orientation; decision-making and problem-solving abilities; activities outside the home; function at home and hobbies; toileting and personal hygiene; behaviour and personality changes; language and communication abilities; mood; and attention and concentration. This tool is found to be as effective as the gold standard used to screen for the five stages of dementia.

New, rapid dementia screening tool rivals ‘gold standard’ clinical evaluations. Science Daily.

Full text article can be accessed here:

<http://www.sciencedaily.com/releases/2015/08/150812104326.htm>

➤ **Stanford researchers find mental health prescription: Nature**

A new study found that walking in nature could lead to a lower risk of depression. People who walked for 90 minutes in a natural area, as opposed to participants who walked in a high-traffic urban setting, showed decreased activity in a region of the brain associated with a key factor in depression. Researchers measured heart and respiration rates, performed brain scans and asked participants to fill out questionnaires after walking for 90 minutes in either grassland area scattered with oak trees and shrubs or along a traffic-heavy four-lane roadway. While the researchers found little difference in physiological conditions, it found marked changes in the brain.

Jordan, R. Stanford researchers find mental health prescription: Nature. Stanford University News.

Full text article can be accessed here:

<http://news.stanford.edu/news/2015/june/hiking-mental-health-063015.html>

➤ **National framework for action on dementia 2015-2019**

The Australian Health Ministry Advisory Council developed this framework for action on dementia based on extensive national consultations with people with dementia, their carers and families, organisations that represent them, clinicians and service providers. It aims to improve the quality of life of those living with dementia and their carers. It presents seven priority areas for action: increasing awareness and reducing risk; the need for timely diagnosis; accessing care and support post diagnosis; accessing ongoing care and support; accessing care and support during and after hospital care; accessing end of life and palliative care; and promoting and supporting research.

National framework for action on dementia 2015-2019. *Department of Social Services, Australian Government.*

Full text article can be accessed here:

<https://www.dss.gov.au/ageing-and-aged-care-older-people-their-families-and-carers-dementia/national-framework-for-action-on-dementia-2015-2019>

➤ **Alzheimer's drug may keep late-stage sufferers out of nursing homes**

Donepezil, sold under the brand name Aricept, is a common Alzheimer's drug used to reduce or manage symptoms in mild or moderate cases. A study conducted by researchers from University College London found that withdrawing donepezil in the later stages of the disease doubled the chances of an Alzheimer's patient being moved into a nursing home after a year. The researchers found that even when the patients had progressed to the moderate or severe stage of their dementia, continuing the treatment provided modest benefits in cognitive function and in how well people could perform their daily activities.

Alzheimer's drug may keep late-stage sufferers out of nursing homes. *The Guardian.*

Full text article can be accessed here:

<http://www.theguardian.com/society/2015/oct/27/alzheimers-drug-may-keep-late-stage-sufferers-out-of-nursing-homes>

➤ **Nursing homes use sights and sounds of yesteryear**

The décor in The Easton Home in Easton, Pennsylvania, is themed around the 1930s, '40s and '50s. The old-fashioned rooms with antique cast-iron stoves in the kitchen to the ancient wood-panelled radio in the living room, in the dementia wing of the elder-care facility, make the residents feel at home, help them retrieve memories and get them talking about their younger selves. An increasing number of nursing homes and assisted living facilities are using sight, sound and other sensory cures to stimulate memory and provide familiar surroundings.

Rubinkam, M. *Nursing homes use sights and sound of yesteryear. The Daily Gazette.*

Full text article can be accessed here:

<http://www.dailygazette.com/news/2015/nov/20/nursing/>