

# Where are we now?



The Impact of Dementia  
on  
Black and Minority Ethnic Communities

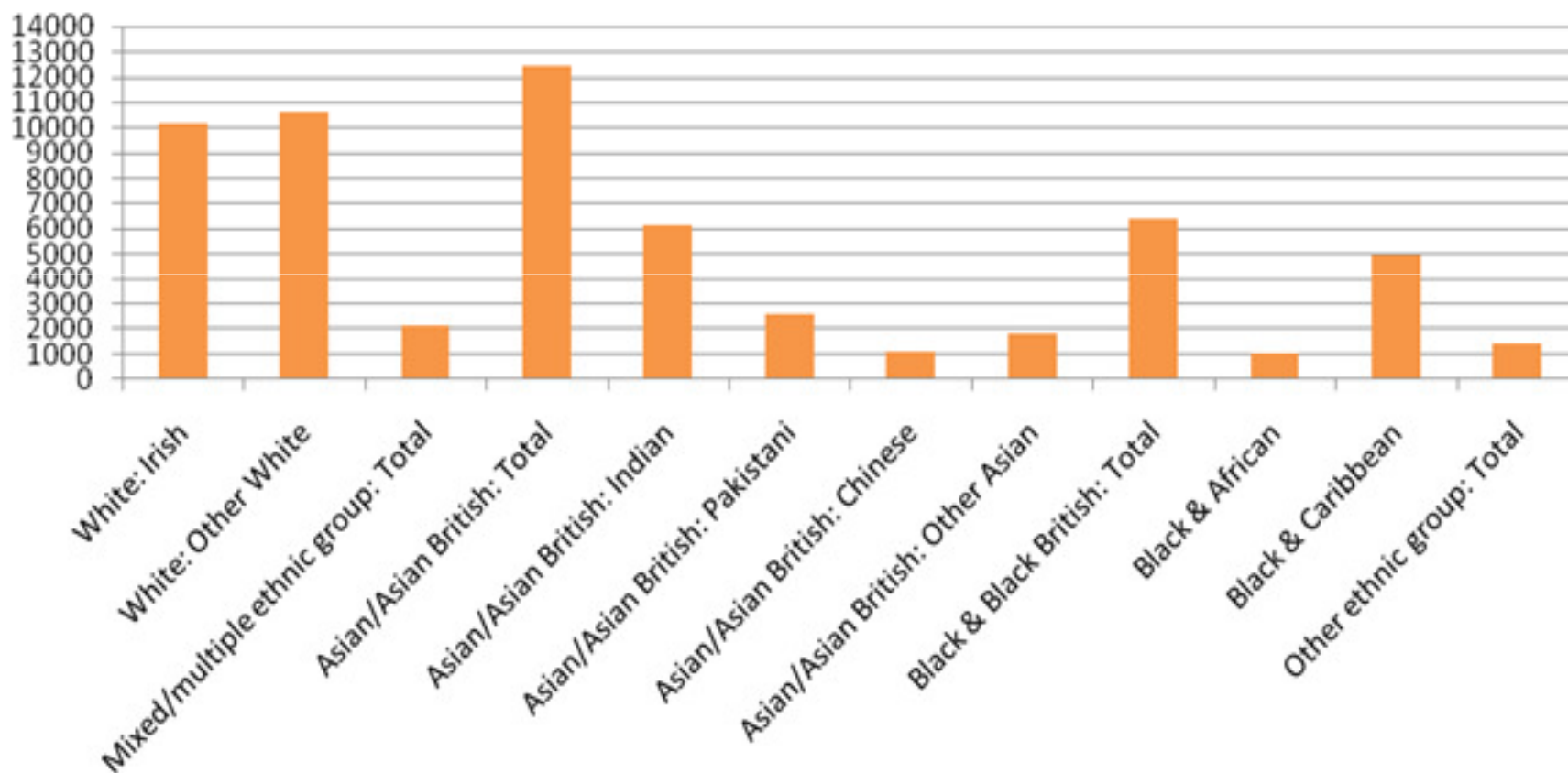
David Truswell



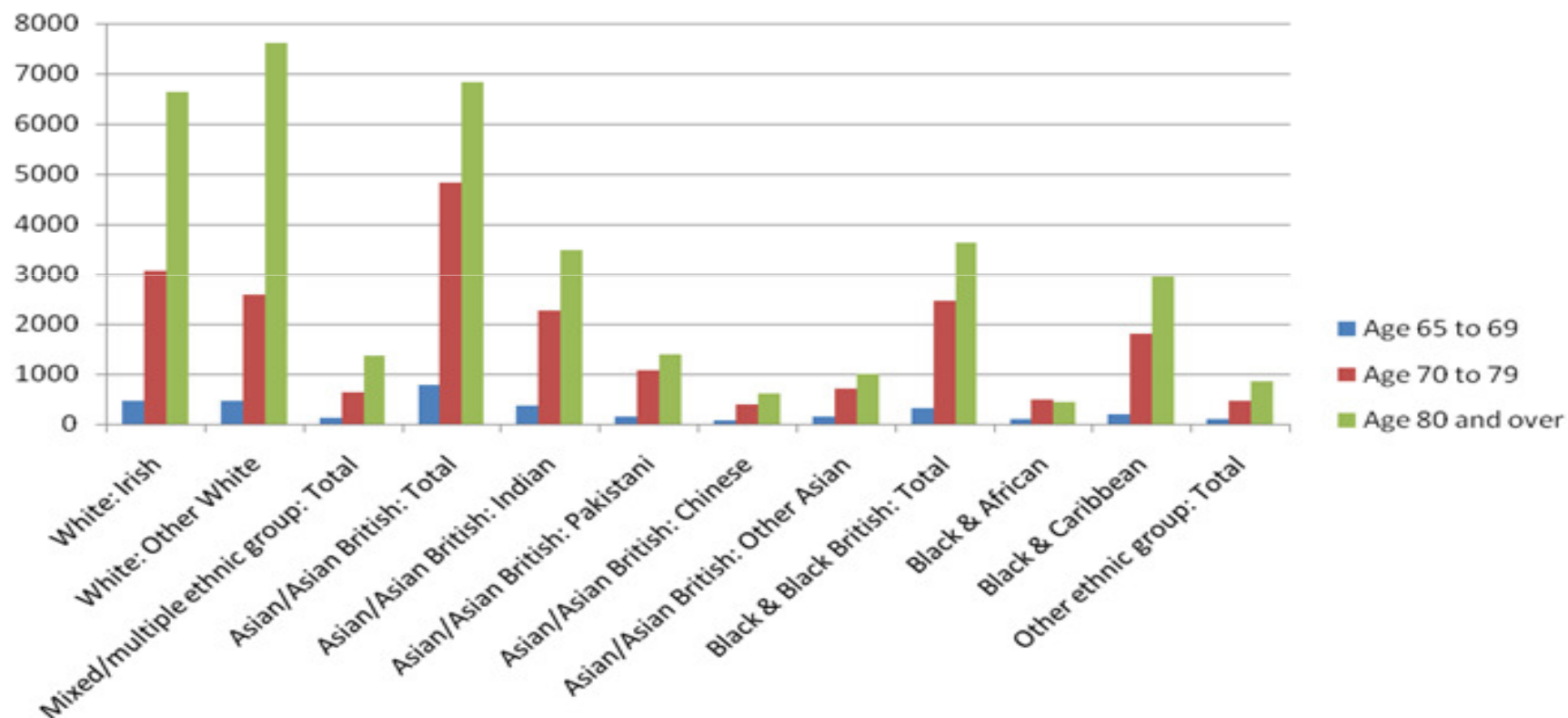
- Dementia is recognised as a worldwide health priority but research on dementia in general is poorly funded.
- Implementing the National Dementia Strategy should take into account the information and support needs of black and minority ethnic communities
- The prevalence of dementia in black and minority ethnic communities in the UK has been significantly underestimated
- Dementia is misunderstood and highly stigmatised in many UK black and minority ethnic communities
- There is an economic case for financing improvements in ‘living well’ with dementia for people in black and minority ethnic communities



Estimated Dementia prevalence for England and Wales black and minority ethnic population (2011 Census)  
all those over 65



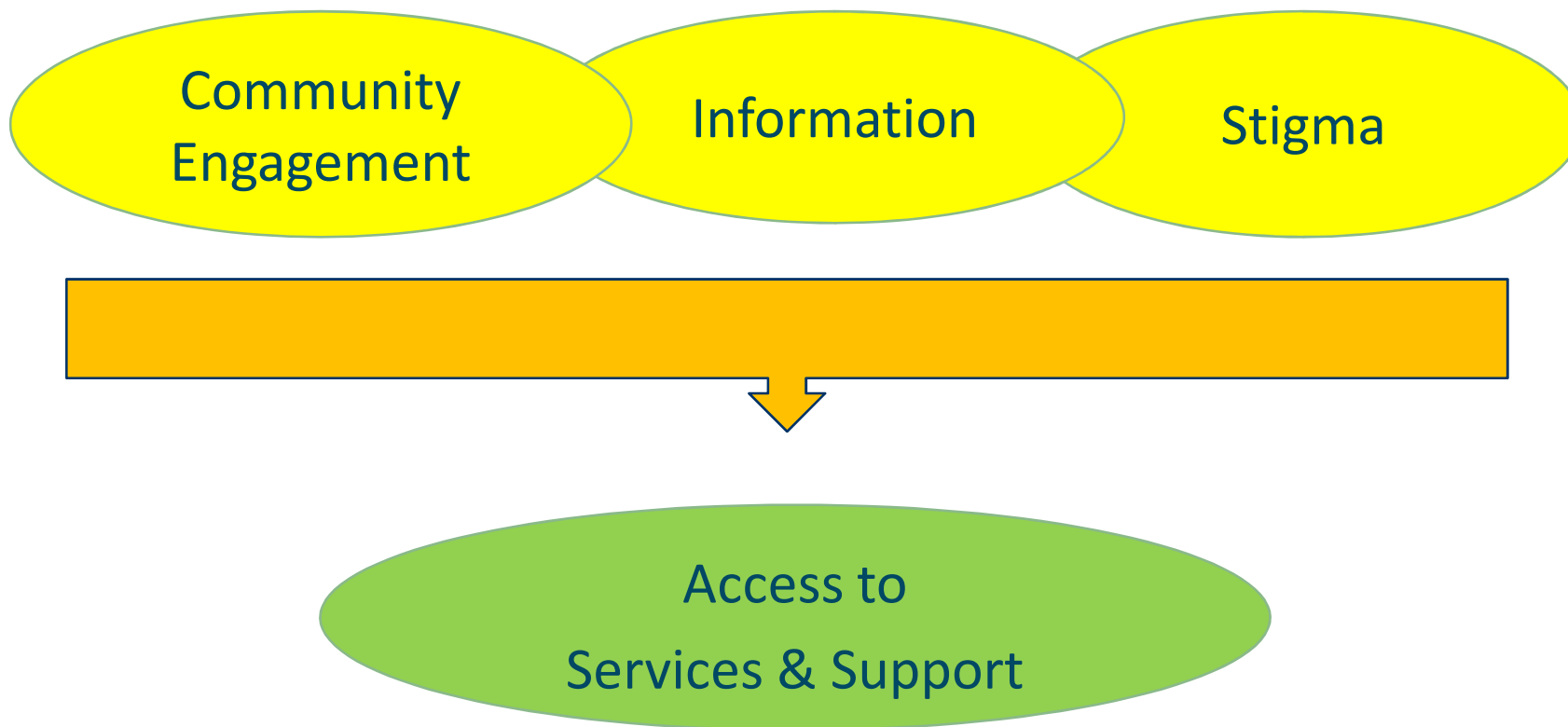
Estimated Dementia prevalence for England and Wales black and minority ethnic population (2011 Census)  
all those over 65 by age cohort



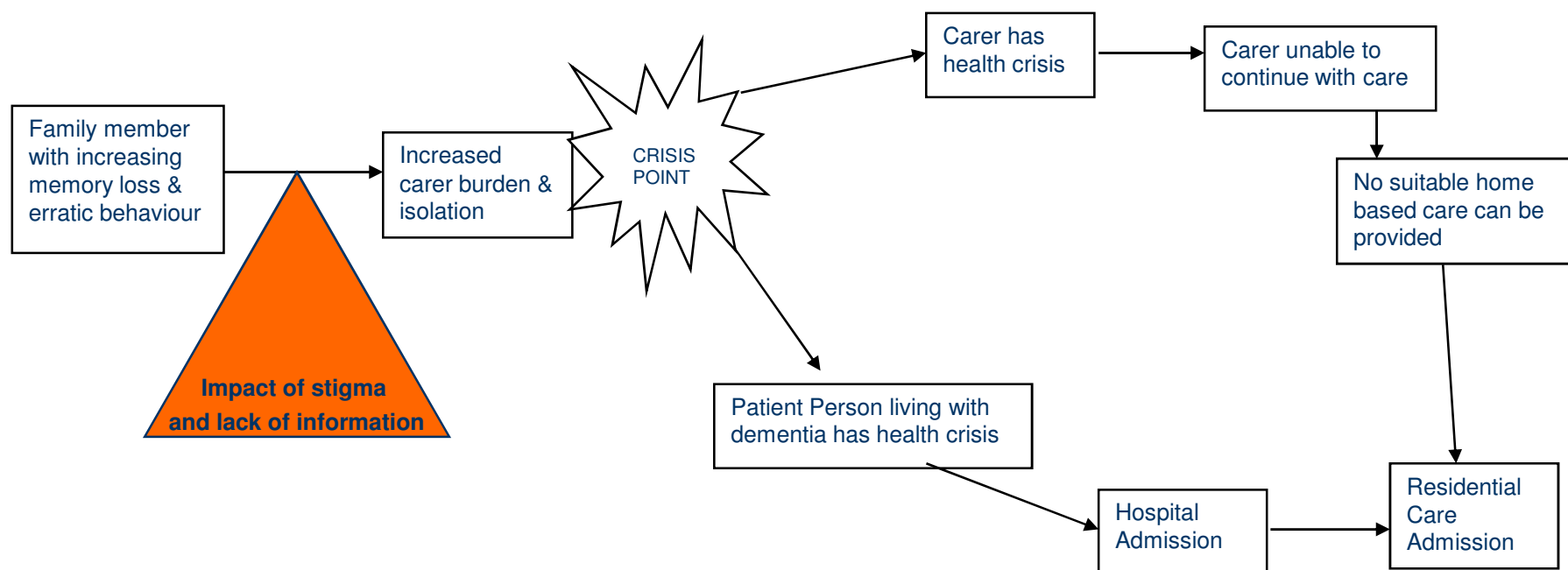
## Why is this a particular concern for black and minority ethnic communities?

1. There will be a seven fold increase in dementia BME communities over the next 30 years compared with a two fold increase in the indigenous White population
2. Within these broad trends there is projected to be a substantial increase of older people in some black and minority ethnic populations, notably the Irish, Indian and African-Caribbean populations, reflecting historic migration patterns
3. Lack of awareness as well as social and cultural factors reduce help seeking behaviours in black and minority ethnic populations, especially for mental health problems
4. There is an expectation of discrimination and/or lack of cultural competence from mental health services by black and minority ethnic populations
5. There are known predisposing health factors e.g. South Asian and African Caribbean groups are at increased risk of developing vascular dementia - the second most common form of the dementia - due to enhanced levels of diabetes and hypertension
6. Professionals' assumptions about lifestyle and care giving cultural norms of black and minority ethnic communities may inhibit help-giving behaviour
7. Use of appropriately standardised diagnostic tools in assessments needs to be considered

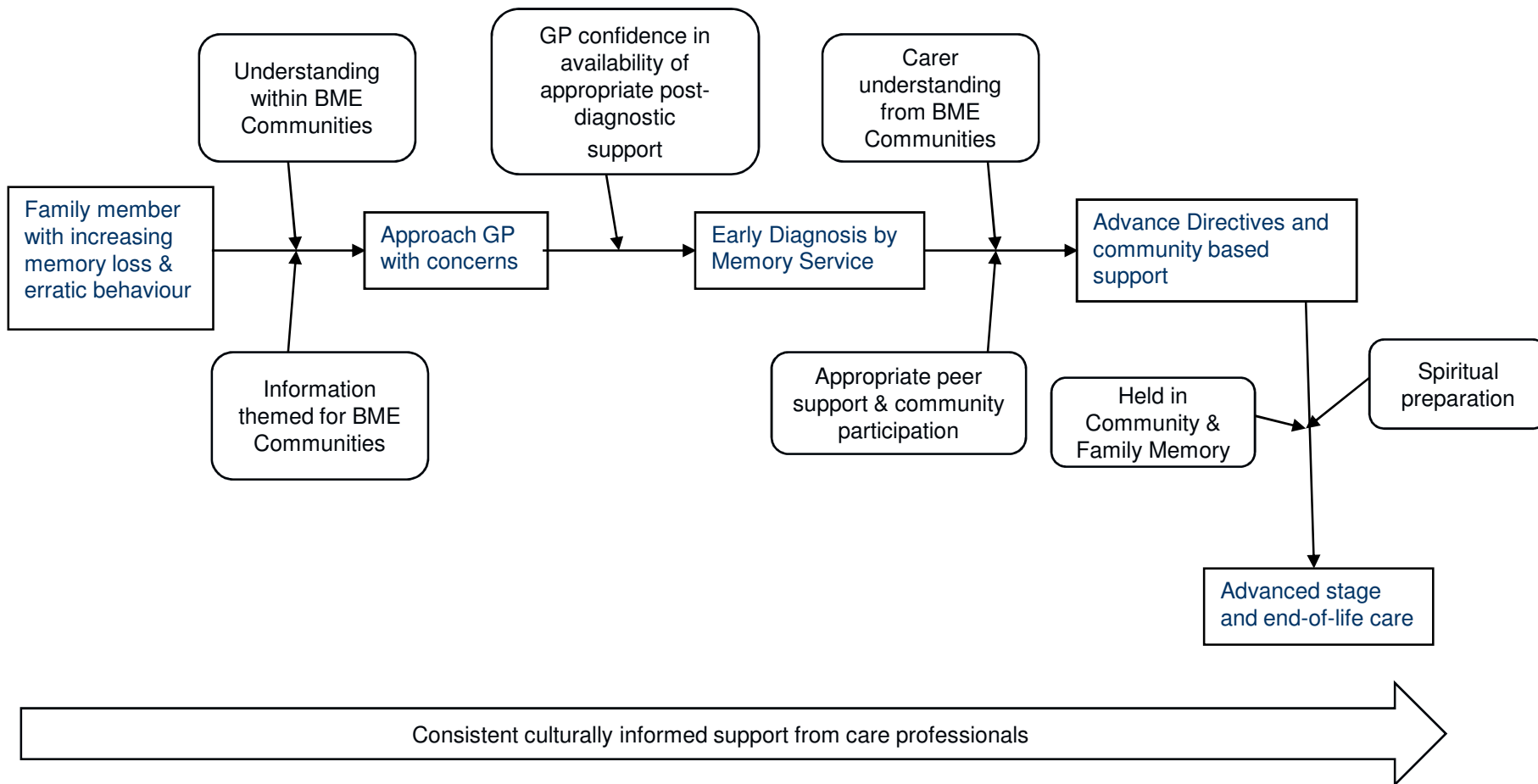




## What does this mean for individual families?

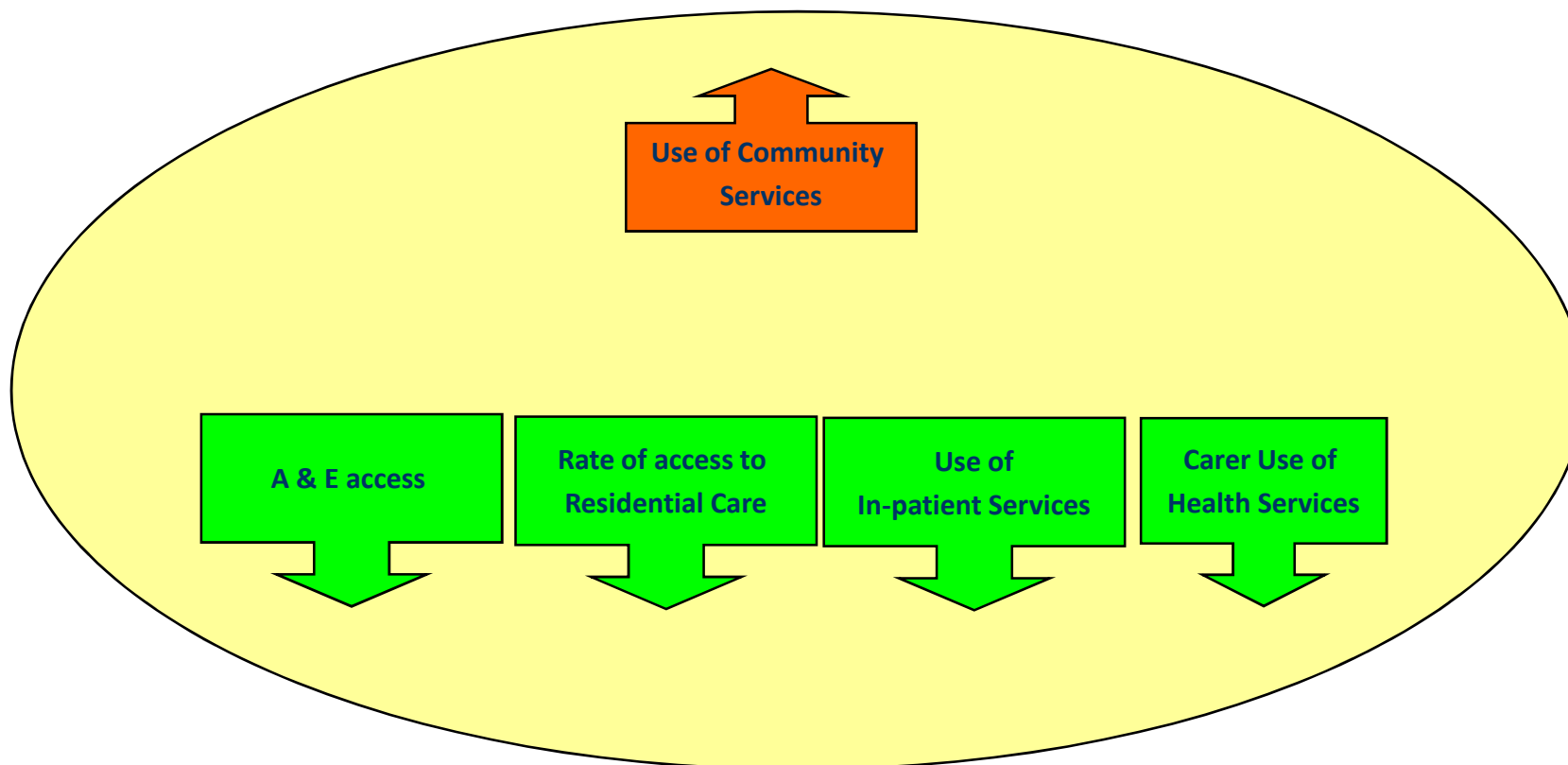


## What could a culturally informed care pathway look like?





## System wide benefits of improving focus on black and minority ethnic groups



## Some current good practice examples

- Alzheimer's Society – Connecting Communities Initiative in London & developing information for South Asian Communities nationwide
- *Meri Yaadain* is an information and advice service for the South Asian communities in Bradford
- Developing a BME focus within Dementia Action Alliance
- *Culture Dementia UK* is an energetic 3<sup>rd</sup> organisation that has been working in Brent for the past 15 years with the African-Caribbean
- Admiral Nurses - Tom's Club and other London initiatives. *Dementia UK's* Admiral Nurses in London have extensive experience and knowledge in support black and minority ethnic carers
- Asian link worker, in Wolverhampton where a community nurse fluent in Punjabi and English provides an outreach role to local South Asian communities
- Policy influencing organisations - Age UK, Race Equality Foundation, The Policy Institute for Research on Ageing and Ethnicity (PRIAE)
- Developing online resources (Facebook, Linked-In Group, Yecco)
- Developing more research focus on ageing in black and minority ethnic communities (ESRC Seminar Series 2012-2014: Ageing, Race & Ethnicity)



## An 'invest to save' illustration for using cost saving benefits of delayed transfer to residential home to fund community support services

PSSRU Provider category	Cost per resident per week	Cost per resident per day	Cost saving per week for 100 cases by 1week delay in transfer	Less cost of 1 week of Social Care Package Critical care package costs £363 per person per week
Private sector nursing homes for older people	£736	£105.14	£73,600	Less cost of Critical care - saves £37,300 per 100 cases per week
Private sector residential care for older people	£522	£74.57	£52,200	Less cost of Critical care - saves £15,900 per 100 cases per week
Local authority residential care for older people	£1,007	£143.86	£100,700	Less cost of Critical care - saves £64,400 per 100 cases per week
Extra care housing for older people	£428	£61.14	£42,800	Less cost of Critical care - saves £6,500 per 100 cases per week
<b>Costing for early interventions</b>				
Voluntary adult befriending	£87 for 12 hrs per week	This could support development of 'black and minority ethnic dementia navigator'		
Targeted black and minority ethnic health promotion campaign	Unknown as depends on the scale of health promotion campaign	This could be partly directly invested in black and minority ethnic community groups. It is anticipated that economic benefits would be comparable with those found by Knapp et al.* in reviewing the benefits of mental health promotion		

\*Mental health promotion and mental illness prevention: The economic case (2011) Knapp M., McDaid D. and Parsonage M. (eds.) Personal Social Services Research Unit, London School of Economics and Political Science



# Central and North West London

NHS Foundation Trust

## Contact Details

**David Truswell**

Senior Project Manager, CNWL

david.truswell@nhs.net

Mobile: **07969 692315**

or via Linked-In



*Wellbeing for life*