

## Media Release

### Guide to address unique challenges faced by LGBTIQ+ people with dementia launched by leading Australian healthcare programs

A guide to help aged care workers better meet the needs of people from LGBTIQ+ communities with dementia, and to inform the wider community about this often-overlooked demographic, has been released by Dementia Support Australia, and LGBTIQ+ Health Australia (LHA).

The two healthcare programs launched the booklet: *LGBTI and Dementia - Understanding changes in behaviour* to recognise that living with dementia provided some unique challenges for lesbian, gay, bisexual, trans and gender diverse individuals.

Head of Dementia Support Australia, Marie Alford, said LGBTIQ+ people living with dementia in aged care may experience changes in behaviour, known as behaviours and psychological symptoms of dementia (BPSD), as a result of past trauma or experiences of discrimination.

“Although changes in behaviour may be related to the progression of dementia, many are a consequence of or impacted by other internal and external modifiable factors,” Ms Alford said.

“Supporting marginalised groups has been a core focus of our work for a long time.

“We additionally want to empower our aged care workforce which is as equally diverse as the people we serve.”

“The past two years have been a particularly challenging time for LGBTIQ+ older people living with dementia, who are already more prone to social isolation.”

LHA’s Director of Training and Capacity Building, Robert Hardy said with the progression of dementia, LGBTIQ+ people can have difficulty communicating their specific needs, and be innately distrustful of healthcare staff.

“These older Australians lived through a time when expressing their true identity and sexuality led to discrimination, criminalisation and social isolation.

“The fear of expressing your gender, sexual orientation and or bodily diversity is carried throughout the lives of LGBTIQ+ people. Moving into aged care homes, away from existing support systems can be particularly traumatic, leading to people feeling increasingly distressed,” Mr Hardy said.

“This distress can commonly lead to anxiety, aggression, apathy and social withdrawal. The historical discrimination and abuse experienced by older LGBTIQ+ people can still create a significant barrier for LGBTIQ+ older people to live authentically.”

Mr Hardy said it is vital that aged care staff and health professionals have access to resources such as this booklet so that they can understand the underlying reasons why older LGBTIQ+ people feel and behave so that they can implement safe and appropriate care.

Under Australia’s Aged Care Quality Standards each consumer must be treated with dignity and respect, with their identity, culture and diversity valued.

To view the booklet, click [here](#).

## Case studies from the booklet

### Grant's story

*Grant, a 72-year-old gay man started using explicit sexual language in his care home. When he asked other residents to remove their clothes, and approached others in their rooms, his carers contacted Dementia Support Australia (DSA). A consultant visited Grant, who was in an emotionally turbulent state, who exclaimed that he had “nothing to live for” and “would kill himself if he could”. When the consultant talked to Grant about his past, he learned that his late partner had died from AIDS and that Grant was a member of the ‘78ers’ who protested at the first Mardi Gras in 1978, experiencing police brutality and violence. The Dementia Consultant advised care staff that although Grant’s needs appear sexual, he may also just be seeking intimacy and connection. This could mean spending time with another resident he feels comfortable with, particularly after he has been upset. A link to the local LGBTIQ+ community was recommended to engage a volunteer who could be matched with Grant and visit the care home to socialise and share stories about the gay rights movement. Staff found out that Grant loved gardening and bought gardening equipment. These strategies helped Grant. He became close friends with another resident. As Grant’s mood improved, his explicit language ceased completely.*

### Claire's story

*Claire was becoming increasingly withdrawn from social activities at her care home. She became anxious around her carers to the point of pushing them away and crying in distress. Wanting to learn more, her aged care staff contacted a trusted friend to enquire into her past. They learned Claire was assigned male at birth, who as an adult was married with children. In her early fifties, Claire underwent gender affirmation surgery. Claire’s siblings and children did not understand this decision and they ostracised her from the family. Ever since, Claire had been understandably anxious and distrusting of others. Staff worked to develop a relationship to make her feel safe and earn her trust. While spending time with Claire, they would talk about topics they knew she was interested in and that were not care related such as music and hobbies. An external organisation was also brought in to provide education to care staff about the needs of transgender people.*

Mr Hardy said understanding Grant’s and Claire’s past experiences is essential to ensure they had their health and wellbeing needs met.

“Without this knowledge, their health and wellbeing would have worsened,” Mr Hardy said.

“The booklets and help sheets released by DSA in collaboration with LHA will ensure that LGBTIQ+ people living with dementia like Grant and Claire will be looked after appropriately, and that behavioural and psychological symptoms of dementia unique to LGBTIQ+ people can be quickly recognised and supported by aged care staff. This booklet will contribute to aged care workers having a more meaningful understanding of the people that they are caring for which will be as rewarding for them as it will be for the person receiving their care.”

Ms Alford concluded: “We strive to implement individualised solutions and are always looking for feedback on how we can improve our dementia support services”.

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