

OUR MIND MATTERS



Let's unite and talk about dementia.

Over 100,000 Kiwis will be affected by dementia by 2030.

dementia-itstime.nz



INSIDE THE DEMENTIA BUBBLE

Those of us inside the 'dementia bubble' with someone affected by this disease know all too well how hard it is.

What's needed to shift the needle for dementia, to make a real difference in the lives of those affected?

When we ask this question of our community, the overwhelming answer we get is addressing ignorance, stigma and fear. This is backed up by international statistics which tell us that 2 out of 3 people globally believe there is little or no understanding of dementia in their own country.

We know that stigma around health issues can be beaten. Previously taboo topics like depression are now openly discussed and addressed - but this took years of concerted action and investment.

Dementia Auckland is working to beat stigma, and we have seen some real success over the last few months in raising awareness and starting conversations about the need for action and investment, especially as COVID-19 highlighted the vulnerability of people with dementia and their need for support.

September is World Alzheimer's Month. This was launched in 2012 as part of an international campaign to raise awareness of dementia and challenge the stigma that surrounds it. This is our opportunity to start changing the conversation, and you can help.

Let's make the most of this month. Each day we'll be posting content and information which you can use to discuss dementia with family, friends and work colleagues – please be our champion,

highlighting this growing condition, shining a light for all the heroes that are providing 24/7 care to those in need.

Talking about dementia tackles stigma, it normalises language and encourages people to get information, advice and seek help. Encouraging people and making it safe leads to people with dementia and their carers being able to continue living within the community with dignity and to live as well as possible.

Spread the word and stay safe.

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IONA'S VOLUNTEER STORY

About six years ago I walked for the first time through the doors of Dementia Auckland in Pakuranga.

I was in dire need of counsel. My mother had dementia and I was struggling to cope, feeling that I was failing her. I went on a course for carers with Dementia Auckland, and that was an eye opener. It didn't make my mom well, but it surely helped me.

I wanted to give something back, a bit more than the occasional fundraising time. When the email asking for volunteers for the dancing group arrived, I thought it might be a sign: my mother loved music of all sorts and also dancing, up until the end. A change of direction at work a month later also allowed me to put in the time needed and now that the stars were aligned, I joined the Wednesday dancing group.

I think of the people I meet there as my friends. They are amazing, and I miss them all if for some reason we don't meet one week. We don't know what life will throw at us in the future, but for the time being we're enjoying a good time together.



Join us in making a difference in the lives of those affected by dementia.

Are you like Iona and want to give back or have some time available? We always need incredible volunteers to join us. Get in touch with us today.

Contact sarah@dementiaauckland.org.nz or call 09 622 4230

CONTACT US

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AUCKLAND 1142

Phone: 09 622 4230

Free call: 0800 DEMENTIA (0800 433 636)

Email: info@dementiaauckland.org.nz

Website: www.dementiaauckland.org.nz

If you're moving please get in touch with your new address so we can ensure you receive your next edition of Our Mind Matters.

Donations and Bequests

Lisa Burns
lisa@dementiaauckland.org.nz
 09 551 8789 or 021 029 12505

Events and Fundraising

Kahu Iupati
kahu@dementiaauckland.org.nz
 09 551 8781 or 021 123 0214

Volunteers

Sarah Knight
sarah@dementiaauckland.org.nz
 09 551 2100

STILL ME

September is World Alzheimer's Month. Our t-shirts are the perfect way to spread the Still Me message - see the person not the condition.

Support us by purchasing your own Still Me t-shirt and a portion of the sale goes towards making a real difference to the people we support.

Visit - <https://thepopupboutique.co.nz/still-me-products-for-good/>



COMMUNITY CORNER

One of our carers sent us images of this amazing art series by her mother. We provided a link in our In Touch email newsletter to a version of Cezanne's Still Life with Curtain for colouring in, this is the first image. The second shows a set-up of the still life artwork, featuring the carers grandmothers jug and the final image is the wonderful watercolour that her mother created.



The Papatoetoe High School Key Club, led by their awesome president Nathaniel Mulia'ina Papali'i ran a gold coin fundraiser for Dementia Auckland on Friday 31st July. They raised \$246.80, thank you so much!



One day at a time

We slowly lost a loved one
 No they haven't passed away
 They have their eyes wide open
 But they don't know the time of day.

We've always been together
 And laugh for laughter's sake
 And always let the world go by
 Even if we sometimes made mistakes.

I love them even as they are
 Even though they can't reciprocate
 And as the time keeps passing on
 They have no time nor date.

I know I will be lonely
 When the time comes to say goodbye
 But I know I have my friends
 To stand along by my side.

By Arthur Clarkson for a dear friend
 caring for a loved one with dementia.



DEMENTIA DEEP DIVE – PART TWO

Types of Dementia

Rhonda Preston-Jones

In Our Mind Matters 29 we talked about why it's important to get cognitive changes assessed and why knowing what type of dementia someone has is helpful.

In this edition we talk about Vascular Dementia, Mixed Dementia and Frontal Temporal Dementia.

VASCULAR DEMENTIA is the second most common dementia diagnosis. In the past it was harder to ascertain what was happening in the brain, but with CT Scans and MRI's it's now possible to see vascular changes that are characteristic of Vascular Dementia.

People who live with cardio vascular disease, have had heart attacks, high blood pressure or strokes are more likely to develop Vascular Dementia. One stroke does not usually lead to a diagnosis of Vascular Dementia but a cluster of strokes can. When blood supply to the brain is inadequate, the supply of nutrients and oxygen to brain cells is reduced and the brain cells die. Usually the problem is caused by blood vessel damage, clots or bleeds.

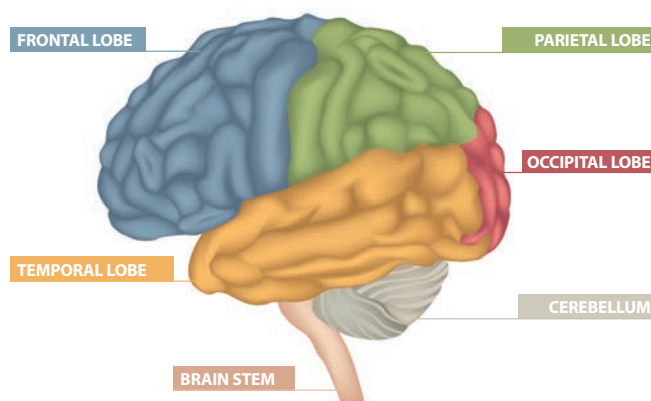
How Vascular Dementia presents is determined by where the damage is occurring in the brain. The rate of decline and the length of the illness varies according to the degree of vascular disease and the amount of damage the brain has sustained. The decline may appear to plateau if the cardiovascular disease can be well managed. However as more damage accumulates, the quicker the decline may be.

Vascular Dementia causes gradual deterioration in attention, decision-making, memory and learning, language, perception and /or social behaviour. A person's abilities may fluctuate more with Vascular Dementia.

MIXED DEMENTIA (a combination of both Alzheimer's disease and Vascular Dementia) as a diagnosis is becoming more common with the use of scans. Scans indicating Mixed Dementia show brain shrinkage from Alzheimer's as well as distinct vascular changes from strokes, bleeds or small vessel disease.

FRONTAL TEMPORAL DEMENTIA OR FRONTOTEMPORAL DEMENTIA (FTD)

Frontal Temporal Dementia is very different to all other dementia's. It affects the front and sides of the brain (the frontal and temporal lobes). FTD tends to effect people between the ages of 45 to 65. Because FTD starts so young, doctors often aren't looking for dementia in someone so young.



FTD does not present initially with memory loss so many people struggle with the idea that they have dementia. There are several variants of FTD – Behavioural Variant FTD, Primary Progressive Aphasia, Semantic Dementia and Progressive Non-fluent Aphasia.

FTD effects between 7 and 10% of all people living with dementia.

“Frontotemporal dementia is caused by clumps of abnormal protein forming inside brain cells. These are thought to damage the cells and stop them working properly. The proteins mainly build up in the frontal and temporal lobes of the brain. These are important for controlling language, behaviour, and the ability to plan and organise. It's not fully understood why this happens, but there's often a genetic link. Around 1 in 8 people who get Frontotemporal Dementia will have relatives who were also affected by the condition.”

Symptoms may include:

- Personality and behaviour changes
- Acting inappropriately or impulsively
- Impaired judgment
- Appearing selfish
- Lack of empathy
- Decreased self-awareness
- Loss of interest in normal daily activities
- Emotional withdrawal
- Loss of motivation or apathy
- Neglecting personal hygiene
- Overeating
- Getting distracted easily
- Struggling with planning and organisation
- Lack of insight
- Language problems – speaking slowly, struggling to make the right sounds when saying a word, getting words in the wrong order, or using words incorrectly
- Memory problems tend to occur later in the disease.

In the next Our Mind Matters we'll cover some of the more rare types of dementia.

VOTING WITH DEMENTIA

Dr Chris Perkins

Every three years the same questions come up. Can people with dementia vote? Can people in secure dementia units vote? Can people vote if their power of attorney has been activated? Can people who have had a Welfare Guardian appointed by the Court vote?

The answer to all these questions is “YES”. People with dementia have the same right to vote as every other citizen. There is no test for the capacity to vote. All New Zealand citizens aged over 18 must be enrolled and encouraged to vote.

Only people who fail to meet certain residential requirements in New Zealand, prisoners serving a sentence of three or more years and people who have been in a psychiatric institution after committing a crime for more than three years are unable to vote.

Obviously, some people with very severe dementia will not understand or remember about elections, but many older people have always taken their duty to vote very seriously, may still recall voting and wish to participate. Family or other responsible persons (or residential care staff) should make sure the person living with dementia has their enrolment details updated. If a person is physically unable to sign an enrolment form, any registered elector may do so.

If the person is mentally unable to complete the enrolment it can be signed by any registered elector, an



appointed welfare guardian or and attorney appointed by the person (e.g. EPA).

In both instances a separate form stating why they signed on behalf of the elector must be filled in.

“A support person can come with you when you vote. They can go behind the voting screen with you and can read out the words and information on the voting papers. The support person can also mark the voting papers for you if you ask them to.” If the person cannot get to a voting place the options are to apply for postal voting (a special vote) or to ask someone to collect and deliver your voting papers (a special vote). Residential care facilities usually have a visit from volunteers who assist with placing special votes before the election. People who are unable to get to a polling booth on the day will probably be voting in advance.

For enrolment: <https://vote.nz/enrolling/enrol-or-update/enrol-or-update-online/> 0800 36 76 56.

FROM THE ELECTORAL COMMISSION

Te Kaitiaki Take Kowhiri

0800 36 76 56 or enquiries@elections.govt.nz
PO Box 3220
Wellington 6140

<http://www.elections.org.nz/voters/get-ready-enrol-and-vote/enrol-and-vote-disability>

HOW DO YOU TACKLE DEMENTIA?

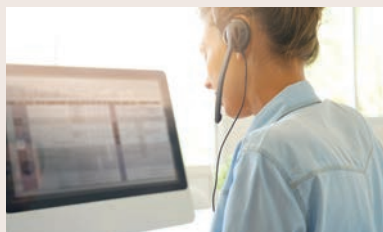
\$3.00 AT A TIME

Support our national support desk helping people with dementia and their families one call at a time.



Text to donate

Texting the word **UNITE** to **2449** will make an automatic donation of \$3 to Dementia New Zealand supporting our national helpdesk.



Over the phone

Phone one of our team on the number below and we'll be able to process a donation for you and send you a receipt.

0800 433 636



Donate online

You can make an online donation using your credit card at

dementiauckland.org.nz

JESSIES STORY

I remember the day of diagnoses. We had been in Auckland Hospital for the fourth time in six weeks.

I didn't like to leave her side, she liked to have me there for her "second pair of ears", but we both knew that it was because she knew she wouldn't remember what the doctor said by the time I returned.

Early-stage vascular dementia was the diagnosis. That was five years ago and all I remember was the fear on my mum's face. From that day I promised I would be by her side till the very end. And I was.

To begin with, it was manageable. She had been living cautiously for some time, knowing things weren't quite right. She had many friends and between us we made sure she could still function. We tried our best to keep her in her own home, but as her main carer the struggle became real when the phone calls came 20-30 times each day and night. She didn't want to be left alone, accused me of drugging her, spiking her water and worst of all accused me of abuse and financial theft. To add to it all, her friends actually believed what she would say.

We arranged for home help to come in 3 times a day. She would lock them out, lock them in, accuse them of stealing, refuse to shower, eat or take her medication. There was a time that I thought medication blister packs were a great idea. Not great for dementia patients if they don't know the days of the week. The brain is incredible; she could remember my phone numbers but didn't know that M on a blister pack meant Monday.

I would take her out every other day. She loved shopping - buying clothes which we returned the very next visit. Mum thought it was her right to return whatever she wanted in whatever condition she saw fit. Her brain didn't function like ours - she saw nothing wrong with what she was doing.

One particular day I turned up to collect her, she didn't have her hearing aids in - the battery was flat so she had put them in the bin and taken them out to the communal rubbish collection. I searched through all the other resident's rubbish, while she got angry because she wanted to get to the shops before they closed.

Things finally came to a head one day when she wanted to go to the shops. Her handbag was the weight of a suitcase. She had packed 5 handbags into one because



she didn't know which one she felt like using today. We arrived at the shopping mall, parked, walked to the entry, stopped, turned around and she said "Well that was pleasant but I'm ready to go home now". I cried all the way to the GP knowing that this was it - I couldn't live like this any longer - her life was at risk.

As much as I cared about and loved her, I was damaging myself as much as her. She sat in the car completely emotionless. As we sat with the doctor, he knew he had to find somewhere for her, or I would leave her in his surgery. I loved her, but the pain was real for me and I could no longer cope. The doctor found her emergency respite care. I took her there and settled her in. She remained completely emotionless, unaware of the impact of what was happening. When I left her there, I sat in the car and sobbed, incapable of driving, my family drove over to drive me home.

We had 3 days to find a new home for her. My parents had worked hard their whole life to save for their elder years. But finding accommodation where she could have her own toilet was rare. We considered altering our own home to have 24/7 nursing care for her there, but the logistics, and the stories of what was ahead meant that was not going to be in her best interest - or mine.

We finally found a beautiful care home for her, with the most beautiful caring staff we could ever ask for. I owe my sanity to them. They were my lifesavers, and I could never repay them for how they cared for my mum over the next two and a half years.

The rest home we chose was in the area that she had lived for 50 years - that's where her friends were, they could come to see her. Where were those friends? Nowhere to be seen. She had spent years driving people around, caring for them, some were friends of more than 20 years and 90% of them disappeared off the face of the earth. This disease not only robs you of your health, brain and dignity, it also robs you of your friends. "It's just too hard for me to see her like that"

I heard, numerous times. She knew they didn't come - she wondered what she had done to them and spent time writing them letters.

I didn't send them. Why? My excuse is I didn't want them to feel guilty, but the reality was I didn't feel they were worthy of getting those special jumbled messages from her that only I was capable of interpreting. Only those who visited were worthy of those final letters and the words she could string together.

Two Christmases later, she didn't know who I was or where she was. During that time she had many "husbands" and "babies", we had highs and lows, and still, the disease haunted her. I thought when she forgot who I was would be painful - the reality was, it was more painful seeing her become a shadow of her former self. Knowing that she was suffering from her worst fear in life killed me, I'm only glad she wasn't aware - but I was.

I had so much love for her, but how do you explain how your greatest wish for the woman who brought you up was to go to sleep and never wake up. Her brain continued to die, yet her heart kept going. She could no longer walk - but she didn't remember this, so we had months of so many falls that I felt sorry for the caregivers having to ring and advise me of another fall.

It was not always sad. The smiles I received from her were the biggest smiles I have ever seen from her in my lifetime. She had no idea who I was, but she knew she liked to see me. We would talk about the holiday she was planning - we would go through the travel section of the paper and plan the next trip; when the doctor gave her clearance. She had weekends away with friends in Scotland - who were dead for many years. She had visits from her mum and dad who were long gone. She would get dressed up for an evening out with dad who had died 11 years ago and tell me what they got up to - often with more detail than necessary! Many of those chats were hard, but mostly listening to her living in her past, speaking in her broad Scottish tongue.

“ Your friends may not know who you are or that you have visited them - but us, their family, know - and that is equally as important. ”

The end started at the beginning of COVID lockdown. I got upset for those who lost loved ones during that time without being able to say goodbye. For me - there was the selfish relief that I wasn't able to go and see her. I called her every other day, she could hear me but couldn't converse - that's what I missed the most, mindless chatter over coffee and cake. Still, I prayed to whoever may listen to quietly take her away. Every time her health declined we thought that was it. My sister in Scotland gave up writing her eulogy - each time she worked on it, mum bounced back!

When the end came, it was bittersweet. For 7 days we watched her breathing change, counting breaths and praying for the last one to come all while playing the music she liked. She knew I was there. She clutched my hand and told me she had had enough in language only I could understand. My tears flowed.

I miss my mum every day, but I certainly don't wish her back to this world. This disease is real and cruel. It robs people of their lives and dignity. It is prolific worldwide and continues to grow in a linear fashion. The organisations that help us are overwhelmed with enquiries and underwhelmed with funding. It will soon get to the stage that these organisations will be unable to help everyone, and we will end up having no choice but to care for our loved ones at home. For some this is possible, but please never criticise carers for choosing alternatives. It's hard. Some of us just cannot do it.

Please don't judge us, just support our decisions as carers. Your friends may not know who you are or that you have visited them - but us, their family, know - and that is equally as important.

CARER TIP

We don't have to do all of it alone.
We were never meant to.

Brene Brown



DEMENTIA CARE 24/7

Lisa Burns

This is a story told long ago. Found in the archives of our office originally published in the North Harbour News, July 2007.

Nana was diagnosed with dementia in 2003, the year they celebrated their 50th wedding anniversary. Both have since passed but the advice and story he shared is just as relevant today as it was in 2007 when he told it. They had been married for 58 years when she left us due to Alzheimers. Graham and Noeline were best friends, looking back over this article I realised that despite the dementia he loved her unconditionally and wanted to give her the very best he had to offer.

This is one man's story of how he copes positively with a partner who has dementia. Yet it is a story being told with variations in up to 40,000 New Zealand homes, with more in years to come.

Graham Lincoln of Whangaparaoa began to notice his wife of 50 years, Noeline, could be a bit forgetful about small things. "She kept losing things or could not remember what day it was. I became a little bit suspicious of that. Her short-term memory wasn't as good as it should be," he says.

Noeline's doctor referred her to a specialist who said: "Yes, it looks like she has got dementia, very slight at this stage but nonetheless she has dementia."

"As far as I am concerned it is the quality of Noeline's life that I am looking after. While she is able to know people around her, know me and know her family, it's her wellbeing, her happiness and her security."

"She knows she is loved and she is needed. To me as a carer, touching is very important like holding her hand. She loves me to be with her and to show her love."

"You have to be very consistent, you have to be disciplined. You have to keep things as much on an even keel as you possibly can. So, I have got to make sure that I have got everything there that she needs at any time."

Graham says it is important that Noeline remains a valuable part of the household, which means he needs to be well organised and leave plenty of time for everything that needs to be done.

"We work together, we read the paper together, she sets the table while I cook the meals," he says. "And meals need to be of the best quality you can afford, plenty of vegetables and fresh fruit."



Graham says caregivers need to be careful what they say and the tones they use because people with dementia can quickly become depressed and withdrawn. "Noeline is very cheerful and I have got to see things from her viewpoint. She knows that she has got it - she knows her memory is not there, but she is generally very happy," he says.

"When she gets tired, generally at night when she is to go and have her shower, she just doesn't know at all what to do anymore. So I make sure I get everything ready for her and take everything into the bathroom."

"There is no training for caregiver partners; it's by trial and error," says Graham.

"It is very easy for me. I love her dearly and I just love doing things for her. I'm here to improve the quality of her life and I do everything for her." "We have drawn together through this. Since Noeline has been diagnosed we are so close and to me that is just absolutely wonderful," says Graham.

"This is a 24-hour-a-day, seven-day-a-week job."

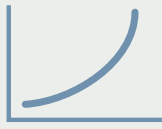
North Harbour Times and stuff.co.nz - July 2007

Graham Lincoln, or Snow as Nana called him, was supported throughout her diagnosis and decline by the same organisation I now work for and he was immensely grateful for the support and guidance he received.

To see a memory that's 13 years old of the love between my grandparents and how he cared for her, the way she continued to recognise him even when she could no longer speak was a memory I will treasure forever. Now I am in the privileged position of advocating for people just like my Nana. Noeline Lorraine Lincoln, passed peacefully 7 July 2011. Always in our hearts.

Let's talk about dementia

The curve we can't flatten



The number of kiwis living with dementia is predicted to triple, rising to 170,000 by 2050.

170,000
PEOPLE

2
YEARS



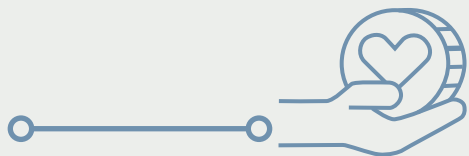
With the right support, education and advice post diagnosis, placement into care can be delayed by up to 2 years improving the life of people living with dementia, their carers and families.



Over 50% of carers globally say their health has suffered as a result of their caring responsibilities even whilst expressing positive sentiments about their role.

50%

4.6b



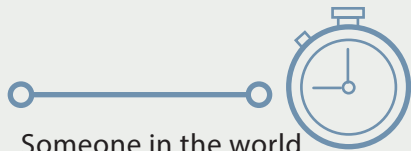
The economic burden of dementia will be \$4.6 billion dollars every year by 2050.



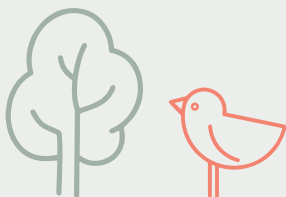
Dementia is the 7th leading cause of death worldwide.

7th
LEADING

3
SECONDS



Someone in the world develops dementia every 3 seconds.



dementia-itstime.nz

UNDERSTANDING EPAs

An Enduring Power of Attorney (EPA) is a legal document outlining who can take care of your personal or financial matters if you can't. That person is called your attorney and it's important to choose one carefully.

This doesn't mean someone gets all the power to do whatever they want with your finances or personal care, they are a trusted individual or organisation who is able to step in when you've been medically assessed and deemed incapable of making decisions. This could be down to illness, an accident or when there is a diagnosis of dementia.

Despite many of us knowing this is important, only 40% of people over the age of 65 have organised their EPA.

With great power comes great responsibility:

The person you appoint needs to accept their duties and are required to sign the EPA. You should never feel pressured or manipulated to appoint this person.

Their responsibilities may include:

- Signing legal documents.
- Making decisions about safety, welfare, suitable accommodation, health and medical treatments.
- Making judgements and decisions about money, banking, selling houses, investments, family trusts, preservation of assets and disposal of assets.
- Movement into a Retirement Village, Rest Home or a secure Dementia Unit.
- Carrying out Advanced Directives.

Tips for appointing an EPA – thinking practically

- Someone with good organisation and communication skills.
- Comfortable with financial tasks like paying bills, managing bank accounts.
- Appoint a younger person to be part of your EPA. It's not always wise to appoint an older attorney or colleague to the role if there's a risk that the person may retire or lose contact.
- Consider tricky family situations or where second marriages make things more complicated.



EPAs – THE FACTS

1. 'Next of Kin' doesn't hold any legal basis in New Zealand.
2. An EPA is in 2 parts:
 - **Property/Finances** - can be activated immediately or set up awaiting a time to activate. 1 to 2 people can be appointed.
 - **Welfare** - set up awaiting when someone is deemed no longer able to make decisions, needs to go into care, lacks insight or their safety is at risk. Only one person can be appointed.
3. If a spouse is appointed as the Attorney, you're able to appoint backups for your attorney if the time comes, and they are unable to carry out the responsibilities. They are called successor attorneys.
4. Keep copies of EPA documents in a safe place with other important documentation easily accessible should you need to.
5. Copies will be needed to show the bank or hospital when taking on the management of another person's finances or welfare.

Everything is okay until it's not, having an EPA in place will help when unpredictable situations come up.



If you need information or would like assistance visit publictrust.co.nz or call 0800 374 471.

DO YOUR FUTURE SELVES A FAVOUR

Learning that someone you care about has dementia is life changing. Whilst the changes brought by the illness happen gradually, it's important to plan for the future so that you and the people you care about can continue to enjoy the 'now'.

When someone receives a diagnosis of dementia, it's crucial to put EPAs in place if they still have the mental capacity to do so. It means decisions about their wellbeing, finances and property can be made by those trusted to be the champions for their next chapter.

EPAs and wills are just as important as each other. Without them, trying to manage tasks for someone when they are deemed no longer able can be costly, time consuming and potentially devastating for friends and family.

Sally's* story:

"It is so important to get it done while you can. My Mum didn't, and we didn't find out until we needed it. She has advanced dementia and my Dad was struggling to look after her and himself as he has health issues himself. We ended up having to go through lawyers to get a court appointed equivalent and it ended up costing a lot of money - money that my parents didn't have. It caused issues with a family member who didn't agree with our Dad's decision. All the stress, pain and money could have been saved if my Mum had sorted out her EPA while she was capable."

**Names have been changed to protect the privacy of individuals.*

Knowledge is power

- The person with the diagnosis of dementia (PLWD) must be able to understand the purpose of having an EPA and make decisions as to who they want to appoint as their attorney.
- They need to be able to explain to a lawyer what having an EPA means for them and maintain a consistent opinion on who they wish to assign to the role.
- For the best possible outcome, it's important for families and caregivers to feel supported, to face the challenges ahead and that everyone is working in the best interests of the person with dementia.

It's a team effort

When planning for the future, it's about understanding their wishes.

- Gently guide the person with dementia so you can make a plan together.
- Ask how they're feeling and how they're managing day-to-day tasks.

For every dementia diagnosis, it takes up to 7 people to provide support. There's a lot to consider when thinking about the responsibilities of supporting someone and who does what.

What happens when the EPA needs to be activated?

- Either a GP, Geriatrician or a Psychiatrist of Old Age undertakes a Competency Assessment. This depends on what is stated in the EPA.
- DHB specialists will only do Competency Assessments for people currently under their active care.
- It may be necessary to obtain an assessment from a Private Specialist.
- If deemed not competent to manage their finances or make decisions about their welfare then the assessing specialist will write a letter for the person's attorney to activate the EPA for Property/Finances or Welfare or both.
- The Attorney is able to make decisions based on the best interests of the PLWD once the EPA is activated and can override decisions if necessary.

What if you can't put an EPA in place?

If the PLWD does not agree to appoint an EPA or they are deemed not competent, to understand what this means, then it is not legal to establish an EPA.

The family must then apply to the court requesting a Welfare Guardian be appointed. A Judge under the Personal Property Protection Act does this. This is a very expensive exercise, potentially costing thousands and much more costly than setting up an EPA.

If someone is concerned that an EPA is making inappropriate decisions, not in the best interests of the PLWD, they can take this to court and challenge the EPA. This can be a very costly process.



WHAT'S COMING UP

Our events and other face-to-face education programmes will be coming back again. We are taking time to review how we can bring you an even better programme in the future.

If you need support, advice or are concerned please reach out to your Keyworker or one of our team by calling 0800 433 636.

Carer Education Programme Upcoming Dates

This programme is for people who provide care for people living with dementia and their families. Each session aims to provide you with a better understanding of dementia, give you helpful information and some practical suggestions to assist with daily life. We have two courses coming up, one that will be held in person, and the other via zoom as detailed below.

To register, speak with your Keyworker or email reception@dementiaauckland.org.nz

IN PERSON Morning Sessions – MONDAYS	ZOOM Evening Sessions - THURSDAYS
12, 19, 26 October 2020 TIME: 10AM-12NOON	5, 12, 19, 26 November 2020 TIME: 6.00PM – 8.00PM

Our In Touch weekly newsletter is sent out each Friday full of tips, useful apps and online resources.

If you are interested in receiving this email please let us know at intouch@dementiaauckland.org.nz.



We can't say Thank You enough

We truly appreciate all the incredible people, volunteers, sponsors, friends, donors, funders and supporters. Your support, kindness and generous contributions makes it possible for us to make a real difference in the lives of people affected by dementia. In this edition we would like to give special mention to:



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Due to COVID-19 and being unable to access our mail we apologise for any delay in processing your donation payments. Thank you for your kindness.