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The development of old age mental health and dementia services in Australia since 1975

Over the last 50 years, old age mental health and dementia services in Australia have undergone a massive transformation from a few institutionally based services to comprehensive Australia-wide service structures with a greater focus on community care. In 1975, old age mental health services were confined to psychiatric hospitals with some fledgling day centres in the community. Dementia care was either in poorly designed and resourced nursing homes or long stay psychiatric wards. There were no formal assessment or community care services and advocacy organisations were generic and not focused on dementia. The presumption was that both old age mental health and dementia were State responsibilities, with the Commonwealth having no formal role. The rapidly ageing population led to the ongoing aged care reforms that commenced in the 1980s and included formal acceptance by the Commonwealth for responsibility for most of dementia care, while old age mental health remained a State responsibility. The influence of Dementia Australia (initially known as ADARDS in the 1980s and later Alzheimer's Australia) on the Commonwealth led to widespread policy changes witnessed in the 1992 National Action Plan for Dementia Care and the 2005 Dementia Initiative. In both dementia and old age mental health, a focus on community-based assessment and care has seen the development of comprehensive service networks, albeit often under-resourced. These changes occurred over the course of my career in the field and so I was able to observe, participate in, and influence the developments that occurred. This presentation will highlightsome of the key changes

that occurred including the influence of key individuals, political considerations, and the impact of consumer-based advocacy. It will also include a consideration of the pros and cons of being a participant historian.