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LETTER TO THE EDITOR

Australasian Journal on Ageing

Comments on Westera et al. (2022), 'Support for people with dementia experiencing severe responsive behaviours: Unpacking the disconnect between policy and practice'

Dear Editor,

We thank Westera and colleagues for their study identifying barriers for using the Severe Behaviour Response Teams (SBRT) program shortly after its commencement.[1] The SBRT is a mobile service funded by the Australian Government to respond to severe or very severe behaviours of people with dementia living in residential aged care homes (RACHs).[2] While we commend the authors for their research, the findings must be interpreted with caution, as:

1. Sampling is unlikely to be representative. Despite claims of data representation, the prohibitively small sample size resulted in wide margins of error, which were omitted from the article. For example, the reported one-third of clinical leads unaware of the SBRT has a margin of error of ±13% (95% confidence interval).
2. The findings were obtained from examining the SBRT services shortly after its implementation. During this period, the SBRT was designed as a national response to the de-funded Severe Behaviour Supplement, where it sourced referrals primarily from the previous model of the Dementia Behaviour Management Advisory Service (DBMAS) managed by eight service providers across Australia. Further, the DBMAS underwent a tender and then decommissioning of individual providers to the now-national program model under Dementia Support Australia (DSA). The knowledge barriers (e.g., awareness and scepticism of advertised claims) identified by Westera et al. were to be expected given that the data they presented were collected shortly after the SBRT was established and during a period of transition for the referral parties of DBMAS. These barriers were likely dismantled in subsequent years where the SBRT has a wider RACH coverage, counter to the authors' claim of a 2019 plateau (see Figure 1). The widespread use of the SBRT in the absence of major policy revisions undermines the authors' argument of critical divisions between policy and practice.

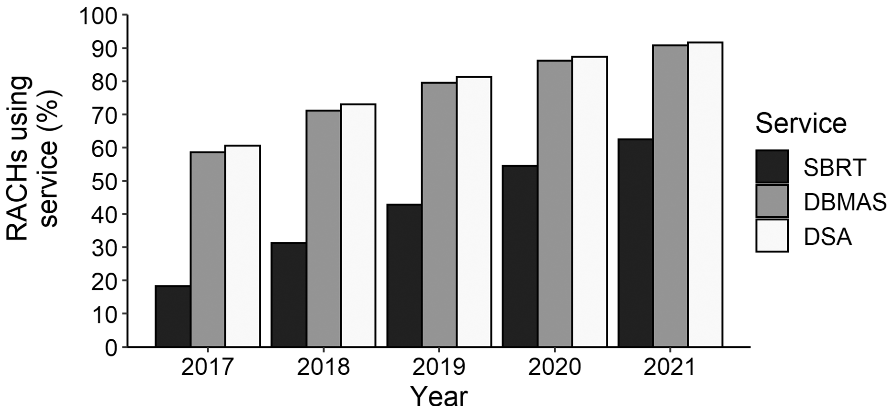

FIGURE 1 The percentage of RACHs using the SBRT, the DBMAS and DSA (either SBRT and/or DBMAS) services has steadily increased from 2016 to 2021. Services are distinguished by colour: SBRT (dark grey), DBMAS (medium grey) and DSA (light grey). RACH use of Dementia Support Australia services outside of the SBRT and the DBMAS is not shown. The percentage of RACHs using services is calculated by totalling the number of RACHs using a service each year, divided by the number of RACHs in 2021. DBMAS, Dementia Behaviour Management Advisory Service; DSA, Dementia Support Australia; RACH, residential aged care home; SBRT, Severe Behaviour Response Teams.

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3. An 'organisational capacity'[1;p.6] to respond to severe behaviours was uncritically accepted as a barrier to the SBRT use. However, most (54%) of Australian aged care residents are living with dementia,[3] and many aged care staff lack the knowledge required for dementia-specific care.[4] In addition, the Royal Commission into Aged Care Quality and Safety found that the aged care system failed to appropriately support changes in behaviours and psychological symptoms of dementia (BPSD), with greater BPSD severity associated with an elevated risk of mismanagement and unsafe care.[5] Altogether, this evidence suggests RACHs are unlikely to have an adequate organisational capacity to respond to severe BPSD.
4. Descriptions of study design (quasi-experimental) and respondents (percentage of clinical leads) were unclear.

KEYWORDS

behaviours and psychological symptoms of dementia, dementia, policy, residential aged care homes, responsive behaviours, Severe Behaviour Response Team

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CONFLICTS OF INTEREST

The authors are staff members of The Dementia Centre. This is a research, education and consultancy arm of HammondCare, an independent Christian charity, which supports the Dementia Behaviour Management Advisory Service (DBMAS) and Severe Behaviour Response Teams (SBRT) programs.

DATA AVAILABILITY STATEMENT

All data used in this manuscript will remain confidential to comply with the conditions of service provision of Dementia Support Australia.

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