Dementia
New Zealand

Our Mind Matters

September 2025

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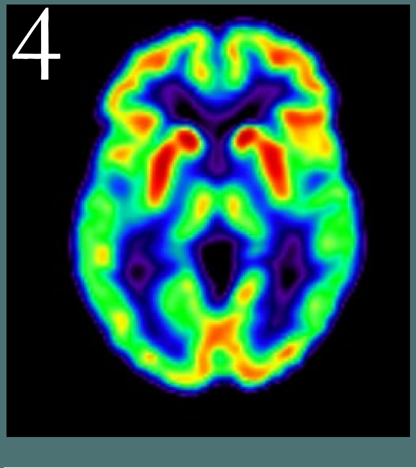

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UPDATE
from Dementia New Zealand

Kia ora and welcome to the September 2025 edition of Mind Matters.

This month, I want to acknowledge two important milestones for our community.

At the end of June, we welcomed Marsha Marshall as Chief Executive of Dementia North, covering the Auckland, Waikato and Lakes regions. Marsha brings many years of leadership across health, disability, and community services, and a commitment to people having greater control over their own lives – which aligns beautifully with our own Dementia New Zealand values. Over the past few months, she has already begun connecting with staff, whānau, and care partners across the region.

Work is also underway to refresh the Dementia Mate Wareware Action Plan (2026–2031). As one of the kaitiaki organisations, alongside the New Zealand Dementia Foundation, Alzheimers NZ and the Mate Wareware Advisory Rōpū, we are contributing to a collaborative process to ensure the plan reflects the current challenges and aspirations of our community. We look forward to profiling the refreshed Action Plan at a later date.

The themes of planning, connection, carer wellbeing, and community partnership echo strongly throughout this edition of Mind Matters. From stories about planning ahead and the importance of enduring powers of attorney, to the value of connection in community groups, the wellbeing of carers, and the role of partnership – the threads are the same. Real experiences, practical insights, and a vision of communities that are more connected and more inclusive.

As always, I want to thank our affiliates, supporters, funders, and whānau who continue to stand with us. Your commitment ensures that people across Aotearoa can live well with dementia | mate wareware.

Cathy Cooney
Chief Executive, Dementia New Zealand

We need your help

Your donation enables people living with dementia and their whānau across Aotearoa to access the support, education and guidance they need – when they need it most. *Please note for your own protection we no longer take postal or over the phone.*

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SCAN TO DONATE

Introducing Marsha Marshall

A values-led approach to leadership

When Marsha Marshall talks about leadership, she doesn't begin with strategy. She begins with listening.

“I believe that people closest to the mahi often know the answers,” she says. “It's our job to really hear them.”

Marsha joined the Dementia New Zealand network in June as Chief Executive of Dementia North, covering the Auckland, Waikato and Lakes regions. With more than 30 years in senior roles across disability, health, and government sectors, she brings a long-standing commitment to building systems that respond to what people need - not just what's already available.

Most recently, Marsha led Manawanui, Aotearoa New Zealand's first and only self-directed disability support organisation. Under her leadership, the service grew from a pilot into a nationwide programme, giving thousands of people greater control over how, when, and by whom their support was delivered.

“The premise was simple,” she explains. “People are the experts in their own lives. But we often make decisions on their behalf, based on what we think is best. What happens when we stop and ask?”

Marsha sees similar opportunities in the dementia | mate wareware space - where access to quality support often depends on location, diagnosis pathway, or workforce capacity. She is clear about the constraints but focuses on connection and collaboration.

“The sector is stretched. But that doesn't mean people should experience fragmented support. It means we need to be smarter about how we connect - across services, across regions, and across government.”

A strong advocate for equity, Marsha is committed to ensuring services are inclusive and reflect the diverse communities of Aotearoa. In her first weeks, she has prioritised listening - to staff, to whānau, and to people living with dementia - to better understand what's working well and where change is needed.

“People are generous in sharing their experiences,” she says. “That's not something I take lightly. Our responsibility is to take that kōrero and use it to improve what we do.”

Her approach aligns closely with the Dementia New Zealand values, which include Ki kōna tāua hui ai (meeting people where they are), along with Manaakitanga (showing care, inclusion, respect, support, trust and kindness), Tika me te Pono (doing the right thing with integrity), and Kōkiri ngātahi (connecting and working together towards a common purpose).

“I want to work in a space where people feel seen, supported, and valued,” Marsha says. “It's not about having all the answers. It's about being present, being open, and moving forward together.”

It's early days, but Marsha's focus is clear: strengthen what's working, listen deeply to what's not, and ensure people and whānau affected by dementia | mate wareware are always at the centre of the conversation.

As the magazine goes to print, Marsha is prioritising spending time in the regions getting to know our staff, clients and care partners.

If you'd like to connect with Marsha, please email **marsha.marshall@dementia.nz**.

A voyage into space

Stanmore Bay resident Roger turned to journaling to help him through his years caring for wife Patte, here is an excerpt.

Every voyage is different, every passenger is a person travelling away from us.

As with space travel, we need a plan even if we need to change our course along the way.

Take off

Patte was looking for more social contact and was having back problems. We decided to be proactive and found a retirement village that suited us both. Downsizing early was a good idea. Our doctor called us in when Patte had rung the back specialist three times in one day. Did we have a problem? A cognitive test a month later returned 18/30.

Six months in – Low orbit

Patte has hip surgery, and we find anesthesia and dementia not to be a good combination. The first week was a nightmare.

In the village we had a few complaints forwarded through management about Patte which upset us.

1.5 years in – Higher orbit

The strategy is to keep Patte busy with social events to avoid a steep decline.

I prepared a timeline for our lives to date. Key dates and places we have lived and worked. This forms a concertina scrap book.

Meals are mainly takeaways and eating out as Patte needs to be supervised when using a frypan.

Patte's personal thermostat is way out of kilter, she piles on more blankets than she needs.

I do most of the shopping to prevent over buying. Patte's driver's license has now expired. I keep the only car key.

Patte forgets when our dog was last fed and overfeeds him, we now have a fat dog.

2.5 years in – More distant orbit

The cognitive test is down to 10/30. Our flight plan is working so far by keeping busy. Any disagreements are associated with meals. She feels that meals are her job. What is frustrating is that half an hour after dinner, she asks where we are going for dinner.

3 years in – Major malfunction

Patte falls and breaks her hip, next stop a care facility for rehabilitation. The hip accident caused further cognitive decline and a move to dementia care was recommended. At the dementia unit staff are friendly and they have a very good activities program.

I finally got the accordion diary completed. Patte can remember most places and people and really appreciates it. She is even helping me write in the captions (amazing).

After three months we have some stability. My plan is now to try and extend this stable period as long as possible. I know she may have to go to a dementia unit eventually.

She goes for walks to the beach every day. The staff have followed her to see where she goes and are not overly concerned as it is good exercise. She knows the area as her parents built a beach house here in approx. 1950. She says the rest home is “quite good” and likes the staff. She wonders if we are still married and wonders why we cannot live together.

She says that I have not visited for “years”. I do not correct her. Patte is physically good and gets good exercise. She says her brain is “addled”.

5 years in – Flight is continuing

We are now so far away from earth that time has little bearing. Changes are occurring but they are becoming less obvious. I am still recognised and greeted with enthusiasm. Our relationship is no longer so obvious to her. She knows our daughters but now does not realise that they are our children. A fog is gathering over life on her earth. I am realising that as we grow older our memories are our most important asset and they are being stolen from us. I must look forward positively. Patte is in a caring environment, and I will continue visiting her twice a week until she no longer recognises me.

Written by Roger

Menopause: the architect of a new brain structure

Women have long been told that midlife brain fog, insomnia and mood swings are "all in their heads." New research shows this is true, but not because it is imagined.

Brain scans carried out before, during and after menopause reveal dramatic physical changes in structure, connectivity and energy metabolism. These changes are not only visible on the scans, but many women can also feel them, says Dr Lisa Mosconi, a neuroscientist and author of the book "*The Menopause Brain*."

Gray matter volume is reduced in areas of the brain involved in attention, concentration, language and memory, and there also are changes in connectivity. Areas involved in reproductive functions become less connected, while other regions become more connected. There are declines in brain energy levels, meaning the brain pulls glucose from the bloodstream and does not burn it as efficiently as it used to.

Using various neuroimaging techniques, the brains of more than 160 women between the ages of 40 and 65 who were in different stages of the transition were studied by Dr Mosconi's team. They also imaged the brains of men in the same age range.

"What we found in women and not in men is that the brain changes quite a lot," says Dr Mosconi. "The transition of menopause really leads to a whole remodelling."

On average, women enter the menopause transition - defined as the first 12 consecutive months without a period - at around 50; once diagnosed, they are in post menopause.

What does this mean for Dementia?

Women experience a loss of both gray matter (the brain cells that process information) and white matter (the fibers that connect those cells) post menopause. However, that loss stops, and in some cases brain volume increases again, though not to its premenopausal size.

The researchers also detected corresponding shifts in how the brain metabolised energy, but these did not affect performance on tests of memory, higher-order processing and language. This suggests that the female brain goes through this process, and it recoups.

Understanding what happens in the brain around the time of the menopause transition could inform how to treat symptoms.

Hormone therapy - whether estrogen alone or in combination with a progestogen - is not ordinarily prescribed until post menopause, and carries risks; on the other hand, it can help treat symptoms.

Some women who receive hormone therapy might also gain cognitive benefits, but more evidence is needed to identify who should be treated. Randomised control trials of postmenopausal women have tried to assess whether hormone therapy decreased the risk of Alzheimer's disease, but these have returned mixed results so far.

Dr Mosconi found that women who had a genetic risk factor for Alzheimer's disease began to develop amyloid plaques, which are linked to the disease, during perimenopause in their late 40s and early 50s - earlier than previously thought. If the brain changes significantly during perimenopause, it's an important time to take measures to prevent Alzheimer's and other chronic diseases.

Several major chronic diseases, including Alzheimer's, appear to afflict women disproportionately. More than two-thirds of those diagnosed with Alzheimer's are women (only in part because they live longer, and older people are at greater risk).

Women are at twice the risk of developing a major depressive disorder, and cardiovascular disease – which is also a risk factor for Alzheimer's. Identifying why those health disparities exist and what to do about them will require researchers to consider sex and gender specifically as variables, which science has been slow to do.

The stress factor

Research indicates that chronic stress leads to brain shrinkage and reduced memory performance by the 40s and 50s, which is more pronounced in women.

A key reason is cortisol, the stress hormone. Both stress and sex hormones are produced by pregnenolone.

Stress causes the body to use pregnenolone to make cortisol instead of testosterone or estrogen. That's a problem for women because they already experience higher stress levels than men at every age. This peaks from 35 to 44, in the "juggling everything years."

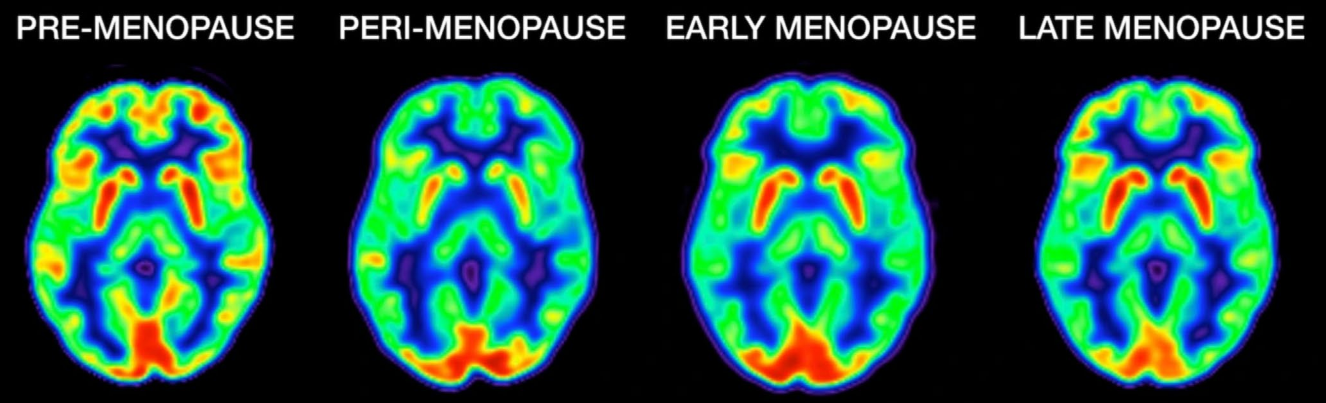
Perimenopause is also sending estrogen levels down; the combination of factors can lead to earlier menopause or make menopausal symptoms worse.

A 45-year-old woman has a one in five chance of developing Alzheimer's during her remaining life, while a man the same age has only a one in 10 chance. Women seem to start getting the disease earlier, around menopause.

Classic symptoms that start in perimenopause - mood swings, depression, anxiety, "brain fog," disrupted sleep, memory lapses, migraines and even hot flushes are signs of the brain being in transition and needing extra support.

There are a number of possible measures to protect cognitive health before and after the menopause transition, including not smoking, keeping active, eating a plant-rich diet, reducing stress and getting enough sleep.

Menopause is a critical window when a woman might begin to develop the first signs of chronic disease, so it's an important time to check in with her GP.



Brain scans from women 40 to 65 years old show glucose levels dipping during perimenopause and then stabilising or increasing in some areas postmenopause. Photo: Dr. Lisa Mosconi/Weill Cornell Medicine

Enduring Powers of Attorney

By Fiona Faithfull

McVeagh Fleming Lawyers

Enduring Powers of Attorney (EPOA / EPA) are essential legal documents that are often overlooked and undervalued. On receiving a diagnosis of dementia | mate wareware, it is critical that the person appoints EPA's as a matter of urgency to avoid losing the capacity to be able to do so.

What is an EPA?

They are legal documents that allow you to nominate an individual or individuals (in relation to property only) to look after your money, property, your care and other needs if you become "mentally incapable". The person who gives an EPA is referred to as the "Donor". The person(s) nominated by the Donor to manage their affairs is known as the "Attorney(s)". Any attorney appointed must be over the age of 20 and have mental capacity.

Critically, you must arrange an EPA before you become mentally incapable. Contrary to common belief, your spouse does not automatically have the ability to deal with your affairs.

There are two types of EPAs. An EPA for property gives the attorney the right to manage your financial affairs and deal with your property, money, investments, and bills.

An EPA for personal care and welfare allows for your attorney to make decisions in regards of your health and welfare. This covers decisions such as where you are to live or who can care for you, consent for medical procedures as well as to promote and protect your best interest in general.

In both cases you can authorise an Attorney to act in respect of all of your affairs, or only some of them. Granting an EPA gives considerable power over your property affairs or personal care and welfare to your nominated Attorney, therefore you need to trust your Attorney implicitly. Notwithstanding this, your Attorney's paramount obligation under the Protection of Personal and Property Rights Act 1988 ("PPPR Act") is to make decisions protecting your best interests.

With a dementia diagnosis, the need for EPA is a question of "when" rather than "if." Having EPA's in place will allow a smooth process for your family during a time of stress and uncertainty. They can access money to pay for your everyday needs and care, provide consent for medical procedures, and make the decision to place you into extra residential care. Without EPAs in place, there will be substancial time delays and the expense in applying to the Family Courts in order to be able to make these decisions.

What if someone has lost mental capacity and they do not have EPA in place?

An application to the Family Court will need to be made. The person who lacks capacity will be referred to as the "Subject Person" throughout Court proceedings. These applications are filed under the PPPR Act and can be filed urgently in certain circumstances, however, generally take several months to be granted and can be an expensive especially where the application is contested.

Doctors can make decisions on your behalf in medical emergencies. In such a situation, doctors will, generally, consult with family. However, the family's decision is not binding on the doctor's decision making.

Welfare Guardian and Property Manager

A "welfare guardian" is a Court appointed decision maker for all welfare related decisions, such as medical decisions and which residential care facility the Subject Person should live at. The "Property Manager" is the Court appointed decision maker responsible for managing the Subject person's assets and liabilities and will be in charge of paying all of the bills associated with the Subject Person's living expenditure. Generally, it makes logistical and financial sense to file both applications simultaneously.

Application process

The threshold for applying to be appointed welfare guardian vs property manager differs. The granting of a Welfare Guardian Order requires the Subject Person to be "wholly lacking" capacity. Whilst a Property Manager Order allows the subject person to retain "partial" capacity. It is important to have medical advice to ascertain what level of capacity the subject person has retained.

After the application is filed, the Court will appoint a "Lawyer for Subject Person" ("L4SP"). L4SP will meet with the subject person, obtain their views on relevant matters where appropriate and report to the Court. The Judge will usually decide an application without the parties appearing in Court, however, if affected parties, such as family members, do not agree with the orders as sought, then they may oppose the application and a hearing may be required.

Other restrictions

Property managers and welfare guardians are not entitled to be paid for acting as such, however, all expenses that are reasonably incurred in exercising the powers are payable out of the property of the person, unless a Court orders otherwise.

Property managers and welfare guardians are not usually liable for their actions or decisions. However, there are two exceptions where they may be held liable: if it is shown that they acted in bad faith and without reasonable care or if they entered into a contract or arrangement or incurred a liability with a person without disclosing, they were acting on your behalf.

When an order appointing a property manager or a welfare guardian is made, the Court will also set a date by which time they must apply for a review of the order, this is generally in three years' time. If you do not apply for a review, the orders will expire.

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10 am - 12 noon
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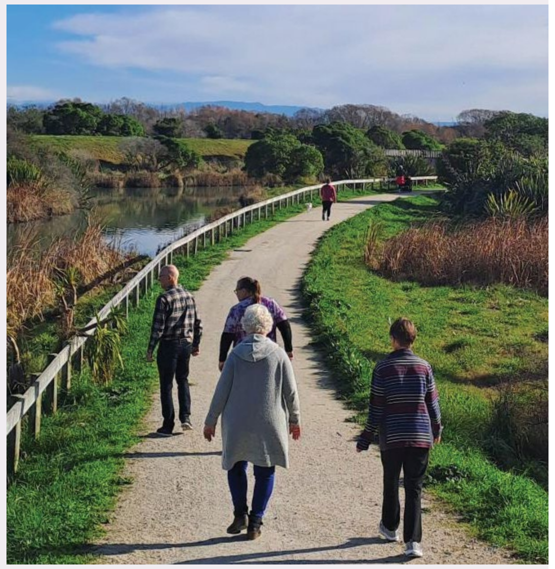
What is Alzheimer's Disease?

Friday, 17th October
10 am - 11 am
Technology series
Reality reimagined: VR for memory, socialisation and connection

Friday, 14th November
10 am - 12 noon
The art of enablement

Book now: dementia.nz/events



Good Companions bring laughter, learning – and life – to Hawke's Bay

It's a crisp Thursday morning at Birdwoods Café, and table chatter hums with energy. Over shared treats and steaming mugs, seven members of the Good Companions Hastings group relax into easy conversation. A short walk next door takes them to the gallery, their smiles reflecting more than art appreciation – it's connection, purpose, and belonging.

In Napier, meanwhile, six others lace up for a boardwalk stroll. The sea breeze brings fresh air and fresh conversation, each step reaffirming the mission behind Dementia New Zealand's Active Brain programme: engaging the mind and body through socially rich, purpose-driven experiences.

Rediscovering creativity together

Members light up during pottery. They shape clay, paint, laugh – rediscovering their ability to create. Recently, Napier Good Companions moulded mugs in a pottery workshop and another day immersed themselves in art classes. Other outings have included a tour of the Hawke's Bay Recycling Centre, offering insight into sustainability and reflections of their own journeys.

In Hastings, the group has explored the ToiToi Event Centre, visited Birdwoods Gallery, and walked the oceanfront boardwalk. Activities are deliberately chosen to foster curiosity, autonomy, and engagement – a lifeline for independence.

Community-driven, supported by care

Facilitators from Dementia Hawke's Bay organise each monthly gathering, using the opportunity to check in on participant needs. But the activities are driven by members themselves – choices and companionship grow naturally. Between meetings, they share rides, phone check-ins, and small gestures of support. As one participant puts it, "No one is on their own."

At the same time, the team supports care partners – many still working – by connecting them with respite services, therapy, counselling, and planning tools. NASC assessments help ensure needs are identified early and appropriately met throughout the dementia journey.

What lies ahead

Looking forward, there's excitement for poetry mornings, more seaside strolls, and museum visits – all rewarding experiences to be shared over coffee and conversation. These activities deepen mental stimulation and social connection in ways that matter most.

In a region already cherished for its scenic beauty, Good Companions offers something even more meaningful: a space where people living with dementia | mate wareware are welcomed, valued, and empowered.

Kia kaha e hoa mā – Good Companions is lighting the way to a welcoming, caring future in Hawke's Bay.

Volunteering after caregiving

My name is Paula Greenstreet, it was after my husband passed away that I answered a request from Dementia Auckland, who wanted volunteers to assist with a Men's group in Pakuranga. This interested me as I felt I could happily be of help, as not only had I cared for my husband with dementia for some time, but I had also worked in elderly care for 32 years, so I was well acquainted with the various aspects associated with dementia.

I met Kelly Priest who is our leader, and along with my friend Dawn Burns who was in a similar situation to me, we joined the group one Friday morning.

This group of up to 12 men have become a weekly highlight for us. We feel it is our privilege to be able to support other families facing the same path we experienced with dementia.

We cover many activities in our two hours, and time passes quickly with lots of laughter and friendship, not to mention morning tea with baked treats and lots of chatter.

Everyone there is important and it is so nice to be part of this group and give back the support which we were given through our journey not so long ago.

We hope to belong to this group for many years to come.

The Men's group aims to provide a safe and supportive environment for people with dementia to participate in a range of physical activities to maintain or improve their fitness. balance, muscle strength, and general wellbeing – while having fun and making friends. It meets every Friday in Pakuranga.

Good in the Hood: Supporting local dementia services

This year, Dementia Auckland, Dementia Waikato, and Dementia Hawkes Bay have been chosen to take part in Z Energy's Good in the Hood programme – an initiative that shares $1 million with local charities and community groups across Aotearoa.

From Tuesday, 26th August, every purchase at a participating Z service station will earn customers a token to vote for one of four local charities. The more tokens a charity receives, the greater its share of the funding.

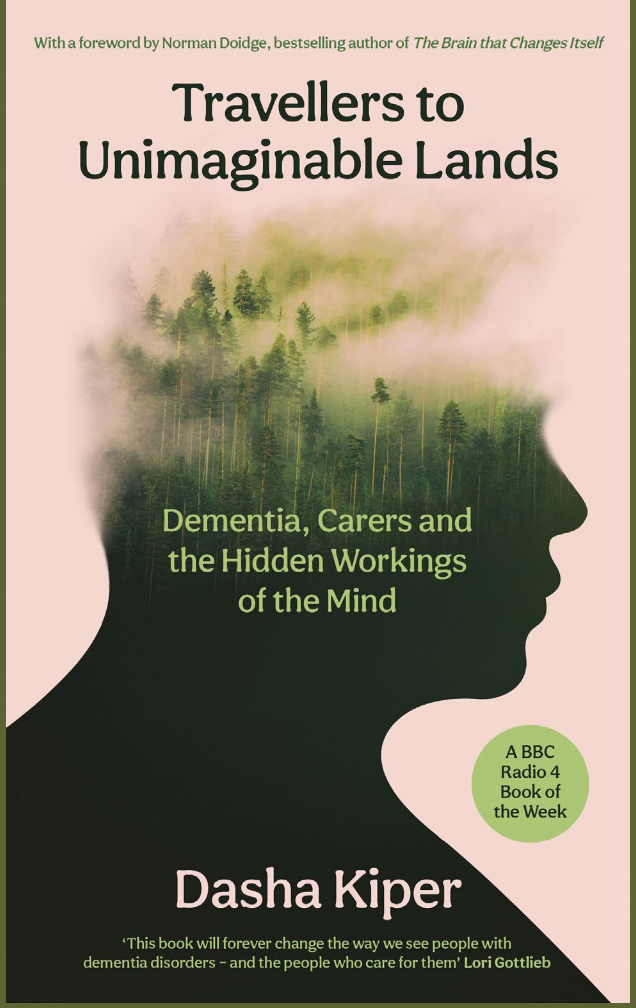
For Dementia Auckland, being selected at Z Greenlane means vital funds to continue providing local support services for people living with dementia | mate wareware, their care partners, and whānau.

Dementia Waikato will be represented at three stations – Z Dinsdale/Tuhikaramea, Z Stadium, and Z Te Kuiti – with all funds going directly to services in their communities.

In Hawke's Bay, Z Heretaunga Hastings will support Dementia Hawkes Bay's Active Brain Programme, which offers cognitive stimulation activities, social connection, and strategies to help people maintain independence.

"These funds help us be there for people when they need us most," says Cathy Cooney, Dementia New Zealand Chief Executive. "It's a simple way for the community to show support, and every token really does make a difference."

If you're filling up at one of these stations between Tuesday, 26th August and Sunday, 21st September, look for the Good in the Hood stand and place your token in the box for your local Dementia organisation.



Travellers to Unimaginable Lands by Dasha Kiper

Book review by Janine Appleby, Senior Dementia Advisor at Dementia Waikato

Dasha Kiper's *Travellers to Unimaginable Lands* is a profoundly insightful exploration of dementia caregiving, blending deeply personal narratives with scientific evidence to uncover the unique emotional and psychological challenges faced by caregivers. Rather than offering a step-by-step guide to caregiving, Kiper's book delves into the complexities of human behaviour and the profound impact of dementia on both the affected and their caregivers.

As an experienced Occupational Therapist and Senior Dementia Advisor with three decades of expertise in brain injury, rehabilitation, older persons care, and dementia support, I found this book particularly captivating. It does not aim to provide practical strategies but instead illuminates the healthy brain's unconscious biases, intuitive responses, and inherent limitations when confronted with the fractured reality of dementia. This perspective offers a deep understanding of the caregiving experience, validating caregivers' feelings and helping them navigate the bewildering challenges they face.

Kiper's background in clinical psychology specialising in dementia care lends the book authenticity and compassion. Her unique approach blends neuroscience, psychology, philosophy, and literature, creating a multidimensional exploration of the caregiving journey. The book's structure revolves around poignant case studies, each shedding light on the struggles and triumphs of caregivers and dispelling the myth of the "perfect caregiver." Through these narratives, Kiper highlights the underlying psychological mechanisms that drive caregivers' reactions and emotions, opening the door to understanding and self-forgiveness.

One particularly heartbreaking example is the story of Elizabeth and Mitch, a couple whose shared rituals and intimacy have been shattered by Mitch's dementia. Despite their once-loving relationship, Mitch now fails to recognise Elizabeth as his wife, dismissing their shared belongings and memories as fraudulent. He reacts to her presence with suspicion and rejection, even evicting her from their home or calling the police. Elizabeth struggles to reconcile these painful moments, reflecting on a life that leaves her feeling as though she is losing her sense of reality. This case study vividly portrays the emotional toll of dementia caregiving, illustrating how caregivers must grapple with feelings of grief, rejection, and isolation.

Kiper emphasizes that these reactions are not only natural but also deeply rooted in the way the healthy brain operates. Humans are hardwired to seek shared realities, build relationships based on continuity, and believe in the persistence of an essential self. When these assumptions are disrupted by dementia, caregivers find themselves bewildered and struggling to adapt to a new, unfamiliar reality. Kiper argues that this struggle is not a personal failing but a consequence of the healthy brain's inherent limitations.

In addition to exploring the emotional landscape of caregiving, *Travellers to Unimaginable Lands* provides fascinating insights into the workings of the healthy brain by contrasting it with the cognitive breakdown caused by dementia. For readers, this perspective offers a deeper understanding of how the mind functions and how it creates a ripple effect with cognitive and mental dysfunction within its immediate environment when affected by dementia. Kiper's articulate and empathetic writing ensures that even the most challenging aspects of dementia are explained with clarity and compassion, making this book a remarkable and thought-provoking read.

While the book's primary purpose is to assist caregivers in better understanding and communicating with their loved ones, its insights extend beyond caregiving. The narratives explore existential dilemmas faced by families, such as feelings of betrayal, altered identities, and the fading connection with loved ones. These themes resonate deeply, offering readers a profound reflection on human relationships and the impact of cognitive decline.

However, the book is not without its limitations. It lacks practical advice for caregivers, offering few examples of strategies or tools that could help in challenging circumstances. Similarly, the concept of self-care - an essential aspect of effective caregiving - is largely absent from the text. While Kiper's focus on understanding and empathy is invaluable, caregivers may find themselves wishing for more actionable guidance on managing the day-to-day realities of caregiving.

Additionally, the book is tailored primarily to family caregivers, often overlooking the role of professional support. Most family caregivers have little or no experience or training in supporting people with dementia and are often overwhelmed by feelings of guilt. These emotions can lead to ill-advised decisions or efforts that unintentionally undermine both the caregiver and the person being cared for. Kiper provides limited guidance on seeking support from competent health professionals, which could be critical in preventing caregiver burnout and enhancing the quality of care.

Despite these drawbacks, *Travellers to Unimaginable Lands* remains an invaluable resource. By examining the psychological impact of caregiving and validating caregivers' experiences, Kiper offers comfort and understanding to those navigating the complex and deeply human journey of dementia caregiving. Her compassionate approach helps caregivers recognise that their feelings - anger, frustration, disbelief, isolation, immense sadness - are not only understandable but also a function of their brain's operations. This perspective provides a sense of relief and self-forgiveness, easing the emotional burden of caregiving.

Kiper's book is a testament to the resilience of caregivers and the profound humanity inherent in their role. It encourages readers to approach caregiving with empathy, both for their loved ones and for themselves, and to accept that perfection is not achievable. Instead, *Travellers to Unimaginable Lands* invites caregivers to embrace the challenges and complexities of their journey, finding strength in the shared experience of others.

For anyone - be it family members, therapists, or professionals - seeking to better understand the emotional and psychological nuances of caregiving, *Travellers to Unimaginable Lands* is a beacon of insight and compassion. Its unique focus on the "why and what" of caregiving, rather than the "how-to," offers a deeper and more meaningful exploration of human behaviour, making it an essential read for those involved in dementia care.

Fitness, whānau, and remembering Elsie May

When the doors of Snap Fitness Silverdale open on Saturday, 20th September, the energy inside will be about more than just exercise.

From 9:30am to 5pm, the gym floor will be alive with movement – stretch classes, step aerobics, strength and conditioning, a 'Mini Me' dance class for parents and kids, box fit, and circuit training. Every class will be open to the public on a donation basis, with all proceeds going to Dementia Auckland.

Elsie Farrell story

For Club Manager Hamish Farrell, this day is deeply personal. It's in memory of his nana, Elsie May Farrell, who died in March this year at the age of 99, less than a year after being diagnosed with dementia | mate wareware.

"She was a strong, stubborn lady – the kind that just kept going," Hamish says. " Even at 99, she had an amazing memory for so many things."

"But, after a fall, surgery, and more medications, the dementia seemed to speed up. Seeing the toll it took on my dad was hard – I just want to do something that helps other families."

Elsie May was the only grandparent Hamish truly knew. She lived independently in the family home in Glendene until early this year when the difficult decision was made that resthome care would offer her the best care.

A bond that never faded

Despite her memory fading, one thing never left her – the love she had for her family, and in particular, the special bond she formed with Hamish's partner, Star Daly, despite only knowing her for a short time.

"From the first day she met her, she remembered. Even when she forgot other things, she'd always ask after Star – sometimes before me!" Hamish smiles. "She really loved her, and that meant a lot to both of us. It was like Star had always been part of the family."

Elsie also held vivid memories of Queenstown. "She loved it there – could describe the whole plane ride in, the snow on the mountains, the gondolas, the boat across the lake. Every time we visited, she'd ask when we were going to Queenstown and tell the same story again. It was her happy place."

Turning memories into action

For Hamish, the fundraiser is more than a tribute – it's a way to raise awareness and provide practical support. An estimated 80,000 people live with dementia in Aotearoa, and that number is expected to grow to 180,000 by 2050 – impacting hundreds of thousands of families.

Around half of Dementia Auckland's funding comes from government sources, but community-based programmes, such as activity groups, Living Well programmes, and care partner support sessions, rely heavily on donations.

"Little organisations don't always get the funding they should," Hamish says. "This is personal for me, but I also want to support the kind of services that make a difference – the groups where people can connect, feel supported, and still find meaning."

The day will be a team effort. Alongside Hamish and his Silverdale staff, trainers from other Snap Fitness clubs in the McCarthy Group will travel in to run classes. Star and her mother will also make the trip from Manukau, bringing members from their local gym. Local businesses are contributing raffle prizes, and promotion is happening across Auckland – from posters in the shopping centre to noticeboards in kindergartens.

A community effort

Marsha Marshall, Chief Executive of Dementia North (covering the Auckland, Waikato and Lakes areas, including Dementia Auckland), says community initiatives like this reflect DNZ's values of meeting people where they are and working alongside them.

"Every dollar raised stays in the community to help people live well with dementia. Just as importantly, events like this start conversations – they help reduce stigma, raise awareness, and show that support can come from all corners of the community."

Hamish is realistic about numbers but hopeful for impact. "If someone walks in off the street because they see the doors open and wants to take part – great. Every coin in the bucket helps. And if it gets people talking about dementia, even better."

For Hamish, this event is a way to honour his nana's life and support others living with dementia, their care partners, and whānau. "It's about showing that even though she's gone, Nana can still bring people together," he says.

Dementia Awareness
FUNDRAISER
SNAP FITNESS SILVERDALE

SAVE THE DATE
SATURDAY 20TH SEPTEMBER
9AM - 5PM

- ALL DAY GROUP FITNESS CLASSES
- COMMUNITY INCLUSIVE DAY
- LOCAL VENDORS
- RAFFLE FUNDRAISER
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SCAN ME
TO DONATE

Dementia Auckland

snap 24/7 fitness SILVERDALE

The Stranger

By Jan Beaumont

I had a visitor today who knocked upon my door
I didn't know just who she was, I'd not seen her before.

She seemed so pleased to see me as her smile was big and bright
I wondered just why she was there, for something seemed not right.

I asked her in to sit a while, to see just why she came
I felt it would be rude to say I didn't know her name.

She seemed to know me well and was familiar with my home
I have to say it felt quite nice to not be all alone.

She made me tea with biscuits, knew where everything was kept
I felt a little guilty that I somehow seemed inept.

She brought a picture of her kids she couldn't wait to share
And when she left the house I saw the photo was still there.

There was some writing on the back, I read it carefully
It said 'We love you, Nana' but it wasn't meant for me.

For I do not have grandkids even though that would be great
By now I'm in my eighties so I think it's far too late.

We had a lovely visit but I really didn't know
Just who she was, or why she came and it disturbed me so.

She held my hand and smiled at me and said it was so nice
To spend a little time with me, then gave me this advice:

Play some music, for the sound will make the memories flow
Put on some sweet perfume and then right back in time you'll go.

I tried hard to remember but my memory was unclear
Yet something deep inside me said that she was someone dear.

I still don't know just who she was but I was glad she'd come
And, as she left, she held me close and whispered 'Goodbye, Mum.'

The table that connects us

How socialising over food supports brain health

There's something timeless about gathering around a table. The hum of conversation, the gentle clink of cutlery, the scent of something warm on the stove – these moments nourish more than our bodies. They feed our sense of belonging, strengthen relationships, and, as research shows, they can also help keep our brains healthier for longer.

At this year's Fuel Your Mind Matariki panel, people living with dementia | mate wareware, care partners, and chefs from across Aotearoa came together to explore how food and connection can work hand-in-hand to support brain health. It's a conversation that matters all year round, opportunities for reflection on what sustains us – in mind, body, and spirit.

More than nutrition

"Brain health is shaped by so many things – movement, connection, purpose, joy," explains Winifred Henderson, Dementia New Zealand Senior Educator.

"Cooking together touches all of those. It's social, it's physical, it's fun – and it gives us that sense of success, of still being part of something. Success builds on our self-belief and grows confidence."

Food can unlock memories, spark conversations, and help us feel we belong. Cognition, Winifred reminded us, isn't just about memory – it's about connection.

For community leader Tevita Havea, a Tongan man living with young onset dementia, food is central to bringing people together.

"In our culture, food is number one. It's how you show care, how you open the door to conversation," he said.

Through his volunteer work with Fair Food and the Young Onset Dementia Collective, Tevita has found new purpose. "When we're cooking together, we're not people with dementia. We're people with purpose. That changes how you feel."

Socialising as brain medicine

Research links regular social interaction to better brain health. Staying engaged with others can help maintain thinking skills, reduce stress, and lower the risk of cognitive decline. For people already living with dementia, social contact can support mood, confidence, and quality of life.

Anita Buckmaster, who also volunteers weekly with Fair Food, spoke about how the simple act of preparing and sharing meals helps her feel more connected.

"It's not just cooking," she said. "It's being part of a team, being needed, and sharing laughs along the way."

These shared moments – whether at home with whānau or in community groups – offer opportunities for mental stimulation, physical activity, and emotional connection all at once. They're a reminder that dementia support isn't only about services and therapies, but about making space for the human connections that keep us well.

Diet and brain health

While no single food can prevent dementia, evidence shows that a balanced, nutrient-rich diet supports brain function and overall wellbeing. Diets rich in vegetables, fruit, legumes, whole grains, fish, and healthy fats – such as those found in olive oil, nuts, and seeds – are linked to better cognitive health. Limiting processed foods, refined sugars, and high-salt snacks can also help.

For Havelock North-based chef Francky Godinho, healthy eating begins with what's grown close to home.

"We grow a lot of our own produce – organic, spray-free, seasonal. It's about good health and real food. We try to use everything, and if we have extra, we share it with others."

Wellington chef Shaun Clouston agrees.

"Start with ingredients that get you excited. Then put a bit of time aside and make something delicious for yourself or your family. And if you can cook with someone else – even better. That's when food really comes to life."

Both chefs stressed that food should never be a source of shame.

"It's not about rules," Shaun said. "It's about enjoying what we eat and who we share it with."

Making dining together part of daily life

Dining together doesn't need to be elaborate. A cup of tea with a friend, a sandwich at the park, or a potluck dinner at the community hall can bring many of the same benefits as a formal meal.

For people living with dementia | mate wareware, tailoring activities can make these moments easier and more enjoyable. Those confident in the kitchen might enjoy preparing a familiar recipe, while others may prefer simpler roles such as washing vegetables, stirring a pot, or setting the table. What matters most is creating space for participation and connection.

Simple ways to bring people together over food:

- Cook together: Choose familiar, well-loved recipes and prepare them side-by-side.
- Eat together: Make at least one shared meal a week a priority.
- Involve all senses: Talk about the smells, colours, and textures of the ingredients.
- Mix it up: Join a community cooking group, invite neighbours for lunch, or attend local events.

Connection and wellbeing

Our wider team see the benefits of shared kai every day – in Living Well programmes, young onset groups, and community partnerships. These initiatives are about more than activity; they're about maintaining dignity, independence, and purpose.

Through our education and community services, we encourage opportunities for social interaction as part of a broader approach to living well with dementia. Food and shared meals are a practical, enjoyable way to make those connections happen.

A table for all

The Fuel Your Mind panel reinforced a simple truth: good food, prepared with care, can restore dignity, spark joy, and create lasting memories. For some, it's about carrying on traditions; for others, it's a chance to start new ones.

"When we do something that feels meaningful – preparing a meal, sharing it, being part of a group – it gives us a lift," Winifred said. "It's not just about nutrition. It's about belonging, and that's what sustains us."

Whether it's a family dinner, a picnic with friends, or a community kai, remember: the act of coming together is as important as the meal itself.

I am still here

Bringing community stories to the stage

Image credit: Stephen Parker/Rotorua Trust

For Rotorua writer and director Jack Grace, the stage is more than a place for performance – it's a platform for telling the real stories at the heart of the community.

His recent project, I Am Still Here, explores the lived experiences of people with dementia | mate wareware, their whānau, and care partners. Jack began with a clear direction, but as he listened to whānau, the kōrero reshaped the work, steering it into new territory.

"I've been in performance my whole life – it's where I feel I belong," Jack says. "But this work within our community is different. It's about listening first, then telling stories in a way that's true to the people who live them."

Jack's work draws its strength from hauora (health and wellbeing) and the belief that pūrākau (storytelling) can connect people, spark conversation, and shift understanding – especially when tackling subjects often left unspoken.

Theatre, for Jack, is about creating the conditions for people to share their own truths. After one performance, more than 200 people stayed for a Q&A, transforming the theatre into a safe space for open kōrero.

"It's magic," he says, "when people can speak without bias or prejudice, and be heard."

The play was supported by Dementia Lakes and the wider Dementia New Zealand network. Cathy Cooney, Dementia New Zealand Chief Executive, calls it "a creative doorway into a conversation our communities need to have."

For Jack, the title I Am Still Here reflects what he heard in so many stories – that identity, spirit, and relationships endure beyond a diagnosis.

The project also became a four-part podcast series, sharing stories kanohi ki te kanohi (face-to-face) from experts, people living with dementia, and whānau.

Listen on YouTube - youtube.com/@iamstillheredementia.

Caring through the night: Why your sleep matters too

It's late at night. The house is quiet – until you hear movement, a voice calling out, or the sound of someone trying to get out of bed. For many care partners supporting someone living with dementia | mate wareware, broken nights become part of daily life.

Dr Rosemary (Rosie) Gibson, a researcher at Massey University and long-time collaborator with Dementia New Zealand, has spent years listening to carers and studying the link between dementia and sleep.

"People kept telling carers to look after themselves, but many said to me, "How do I do that when there's no time?" That's exactly why we need to talk about sleep," says Dr Gibson.

Many care partners describe being "on high alert" at night – getting up multiple times to help with toileting, guiding someone back to bed, or simply listening for movement. One woman told Rosie she lay in bed with "one ear open all night," never fully asleep.

Continence issues can add to the disruption. Rosie's research found that carers were often awake at 3am washing bedding, then left too tired to focus on their own needs.

Sleep is vital for health, mood, and decision-making. Without enough rest, the risks of illness, burnout, and even accidents increase. Some carers admitted to driving after only two hours' sleep, only realising later how unsafe that was.

Rosie is clear: feeling tired or overwhelmed isn't failure – it's human. Yet many carers said they felt guilty about napping or asking for help.

When you're well-rested, you're better able to provide the calm, patient support your loved one needs. And you deserve care too.

If you're finding sleep difficult:

- Reach out to your local Dementia New Zealand affiliate and ask about support options
- Talk to your GP / practice nurse or Hauora clinic about your own sleep health
- Explore respite services, even for short breaks.

Remember that needing rest doesn't mean you are giving up – it means you're sustaining yourself for the journey ahead.

Looking after yourself is part of looking after your loved one.

Read Rosie's latest research findings, visit journals.sagepub.com/doi/10.1177/14713012251356825.

"We realised mum wasn't taking her medication."

Heather Taylor noticed changes in her mother, Ann, that signalled she was no longer coping as well as she had been. Recognising that Ann needed a bit more help, Heather and her husband John stepped up. After almost two years of trialling in-home services and caring for Ann in her home, Heather and John knew Ann needed more support.

"It got to a point where we realised mum wasn't taking her medication. We weren't sure whether she was eating properly. Of course, she said she was fine, but we were also worried that she wasn't showering, we looked for little signs." said Heather.

"We had in-home services go in to see what they could do to help her, but she wasn't having a bar of it. She wouldn't let anybody in. So, we went to the doctors to have her assessed and started the process of having the care coordinators come around and a psychiatric assessment."

John and Heather had been planning ahead, knowing they wouldn't be able to care for her mother indefinitely. "John and I visited Summerset before mum moved in. We had a look around the village and decided this was the place, I just felt good about everything." said Heather.

It can be challenging juggling your career, life and children while moving a loved one into care, especially when that person is living with dementia. It's important to have the right people on your side to guide you. It won't always be smooth sailing, but having professionals you can trust makes all the difference.

"I found it hard handing the care responsibility over to other people, but you could see the benefits almost straight away. Mum started looking better. She was having her pills, three meals a day, she was hydrated." said Heather.

Once settled, Ann's social life improved as well. "It took around four or five months for mum to fully settle in, but I knew we had done the right thing. I came in one day and she was sitting in the lounge chatting with a couple of ladies. She wasn't really interested in me. Then one day mum suggested we go to the village café. So, we went downstairs and she's waving at all these people, and I thought 'this is fabulous'."

If you'd like to know more about the Summerset life, or find a village near you, visit summerset.co.nz

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