The role of arts centres for Indigenous Australians with dementia in remote communities

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Introduction

Art centres have been recognised as central to the social, cultural, economic and spiritual wellbeing of Indigenous artists and communities.

Limited research exists on the significance of art centres in improving wellbeing of older Indigenous Australians, and those with dementia.

Indigenous Australians continue to experience poorer health outcomes than non-Indigenous Australians, high rates of dementia, and healthcare that is often poor and inaccessible in rural and remote regions.

Aim

This paper aimed to:

Review existing literature regarding the role that art centres play for older Indigenous Australians with dementia, from rural and remote communities.

Method

A literature search of four databases was undertaken (AIATSIS, CINAHL, Medline, and PubMed).

There were no restriction on articles regarding year of publication.

Articles were also sourced from reference lists, and from recommendations made by the authors.

Results

Several themes emerged from the literature review. These included:

• Health and wellbeing
• Connection to Country
• Community

Research indicates that the use of arts in healthcare increases effectiveness and efficiency of healthcare delivery.

There is nothing published about how older users with dementia interact with art centres. The research does indicate that art centres play a key role in maintaining traditions, culture, and practices unique to Indigenous Australians. In turn strengthening a sense of cultural identity, belonging and health for the artists.

For Aboriginal people painting one’s country plays a significant cultural role. The process involves of exercising one’s specific rights, and responsibilities, both cultural and ceremonial, to the management of Ngurra (country).

Art centres have been found to play a crucial role in providing an inclusive place for older people to share their cultural knowledge with younger generations and the non-Indigenous community, unite the community and provide an opportunity to generate an income.

Conclusions

The gap in the literature offers an opportunity to explore if arts centres could be providing a strengths based and culturally appropriate model of care, in remote settings, where access to healthcare is poorer than urban or regional areas.

Further research is required to address this gap in knowledge.

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