

Cognitive Stimulation Therapy in Australia

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Background

Cognitive Stimulation Therapy (CST) is an evidence-based, non-pharmacological, psycho-social treatment for people with mild to moderate dementia. CST was designed by researchers in the United Kingdom (UK) who systematically reviewed the literature on non-pharmacological therapies for dementia and combined the key elements of the therapies to create the program.

Group CST is conducted in-person or online by a [trained](#) facilitator with a small group of participants who meet the program criteria (a diagnosis of mild to moderate dementia; can hear well enough to take part in a small group discussion; can see well enough to engage with the visual materials; is likely to remain in a group for each session of at least 45 minutes). There are 14 sessions of [themed](#) activities, which are designed to run twice weekly over seven weeks.

All CST programs are presented in [manuals](#) that are followed by facilitators to ensure consistency and fidelity of the programs. Programs follow [18 key principals](#) that guide the delivery of sessions. Monitoring of participant attendance, interest, communication, enjoyment and mood occurs at every CST session.

CST groups may choose a group name and song for consistency, fun and engagement. A reality orientation board is used in each session with information about the group, date, place and time. Sessions often start with a warm-up activity, which may be a ball toss or discussion about current affairs. Each session follows a theme, with the facilitator initiating and maintaining conversations to help group members share ideas and views. Groups aim to offer a range of multi-sensory experiences to keep participants active and engaged. Regardless of the session theme, CST aims to be fun and enjoyable for participants and social interaction is as important as the activities. Groups often share refreshments and enjoy informal interaction.

CST programs can be conducted in residential aged care, day centre, respite, memory clinic, community or hospital settings where people with mild to moderate dementia live, meet or receive therapies and support.

Following the initial block of group CST, a longer-term program of Maintenance CST (MCST) is available and is designed to be conducted weekly for 24 sessions. For people who are unable to attend a group CST program, Individual Cognitive Stimulation Therapy (iCST) has been developed. iCST is designed to be delivered for 30 minutes, 3 times per week over 25 weeks. CST is currently delivered in [36 countries](#) and a process for adapting CST for different [cultures](#) has been developed and tested.

Evidence base

[Studies](#) have shown that CST improves cognitive functioning, language comprehension and production, quality of life and the well-being of people with dementia in a cost-effective manner. The [National Institute for Health and Clinical Excellence](#), which provides national guidance and advice to improve health and social care in the UK, recommends the use of structured group CST for people with mild to moderate dementia.

Cost effectiveness

Researchers at the London School of Economics and Political Science who conducted cost-effectiveness [analyses](#) for CST, found that it is more cost-effective than usual care when looking at benefits in cognition and quality of life. In 2011, the UK National Health Service (NHS) found that, combining health care cost savings and quality of life improvements, CST could generate a net benefit of nearly £54.9 million per year for the NHS.

CST in Australia

In 2013, the Aged Care Psychiatry Department, Eastern Suburbs Mental Health Service, Sydney, conducted a pilot study of an Australian adaptation of CST and MCST programs.

The aims of the study were to determine if CST is adaptable to Australian conditions; what changes would be required to ensure cultural applicability; and to propose guidelines for translation of knowledge about CST for local dementia services. Themes from the CST manuals were used, but Australian content such as music, art, food, geographical landmarks and advertisements replaced the UK content.

The pilot study proved to be an effective Australian adaptation of the CST material. CST was well received by participants and carers welcomed an early intervention program. The pilot study resulted in lower depression scores, higher quality of life scores and improved behaviour. Carers and facilitators noted reduced apathy in the participants over the course of the study.

In 2015, the [Australian CST Handbook](#) was published to support the delivery of CST in Australian settings. It was noted by developers that a cultural adaptation is required for Aboriginal and Torres Strait Islander people.

In 2016, the [Whiddon Group](#) (NSW and QLD) commenced CST groups through the program [Chat, Stories and Tea](#).



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In South Australia, CST is facilitated by undergraduate and postgraduate occupational therapy students from [UniSA](#). This occurs as part of a structured foundational student placement and is delivered every year across six different aged care providers. [Resthaven Incorporated](#) has been providing CST groups in the [Making Minds Matter](#) program which was developed in 2019 through a project with Occupational Therapy students from UniSA.

In the ACT, [Canberra Health Services](#) in partnership with the [University of Canberra](#) incorporates CST in a wellbeing program and study for people living with dementia and their carers. The Sustainable Personalised Intervention for Cognition, Care and Engagement (SPICE) is supported by the [Dementia Australia Research Foundation](#).

Policy context

The World Health Organisation (WHO) [Global action plan on the public health response to dementia 2017 - 2025](#) was agreed to by the 194 WHO member states (including Australia) in 2017. The agreement commits member states to develop and implement national dementia plans by 2025. The progress of plan development is monitored by [Alzheimer's Disease International](#).

The current Australian [National Framework for Action on Dementia 2015–2019](#) was reviewed in 2019 and a draft framework for consultation is pending in 2022. The draft will incorporate the Australian Government's response to the recommendations of the [Royal Commission into Aged Care Quality and Safety](#).

The [New Zealand Dementia Action Plan](#) was developed in 2020 by Alzheimers New Zealand, the New Zealand Dementia Cooperative and Dementia New Zealand. The plan was updated in 2021 following consultation and includes specific reference to CST and a recommendation that post diagnosis, people with dementia be provided with a range of supports including CST and other proven interventions to maximise function. The plan has been [endorsed](#) by the New Zealand Government.

Opportunities

- Establish a CST Australia working group for individuals or organisations delivering and researching CST in Australia (commenced).
- Support Australian governments and stakeholder organisations to understand the benefits of effective, low cost, easily implemented non-pharmacological, psycho-social programs such as CST for people with mild to moderate dementia (commenced).
- Strengthen documentation, case studies and benefits on existing Australian CST programs and adaptations to support organisations to introduce similar programs.

- Increase the number of CST facilitators in Australia through training with University College London, master trainers from the University of Auckland (New Zealand) or identify a suitable Australian master trainer (with a clinical background).
- Improve access to CST for all Australians with mild to moderate dementia, especially those in regional, rural and remote areas.
- Create a cultural adaptation of the CST program for Aboriginal and Torres Strait Islander people with mild to moderate dementia.
- Engage with research organisations to undertake, coordinate and publish research related to CST in Australia.
- Engage with Australian universities to train undergraduate and post graduate students (e.g. Psychology, Occupational Therapy, Physiotherapy, Nursing, Medicine, Gerontology) to deliver CST in aged care and community settings within their course work.
- Undertake a cost-benefit analysis of CST in Australian settings.

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Photo: Community CST, Moments Café, Plymouth, UK