

Australia

Research conducted in 01/03/2026

Australia's approach to dementia is guided by the comprehensive National Dementia Action Plan (2024-2034), which oversees a robust support system delivered through a partnership between the government and non-governmental organizations (NGOs) like Dementia Australia. This is complemented by a strong focus on research and innovation, with numerous academic institutions actively developing new methods like AI-powered retinal scans for early risk detection.

Highlights

Health system **Universal healthcare, mixed funding, mixed provisions**

ADI member association(s): **Dementia Australia**

National dementia plan: **National Dementia Action Plan 2024-2034; National Dementia Support Program (in partnership with Dementia Australia)**

Dementia plan funding: **Funded plan**

Dementia prevalence rate: **1165**

Dementia incidence rate: **202**

Population: **27009309**

Median age: **38**

Health expenditure (% of GDP): **9**

Diagnosis

Australia focuses on providing specialised and tailored care to patients exhibiting cognitive decline based on non-invasive technology – primarily MRI – while also prioritising access to its services and cultural inclusivity through its universal public health system, Medicare. Still, long wait times coupled with high costs for advanced diagnostics not covered by this insurance scheme pose certain challenges to the country's medical system.

Diagnosis pathway

Australia's dementia diagnostic pathway emphasises early recognition of initial symptoms, followed by referral to specialists for comprehensive assessment. It involves detailed history-taking, validated cognitive tools – including those tailored to Indigenous populations – physical and medication reviews, and investigations to exclude alternative causes. Diagnosis is supported by routine blood tests and structural neuroimaging (CT or MRI), while CSF analysis, EEG, and functional imaging are reserved for specific clinical indications. Diagnoses are made using international criteria and communicated by experienced clinicians in an individualised, culturally sensitive manner.

Based on the “Clinical Practice Guidelines and Principles of Care for People with Dementia”, approved by the Australian National Health and Medical Research Council (published in 2016), the diagnostic pathway is a comprehensive process that begins with identification of concerns and progresses through specialist assessments and specific diagnostic tests.

Early Identification and Initial Assessment:

- The process should begin when cognitive or functional decline is first noticed, but often it is escalated at a point at which there is an escalation of symptoms or risk to independent living. The guidelines emphasise that concerns should not be dismissed as a normal part of ageing.

Initial exploration: When changes are identified by an individual or their family members, they should be taken seriously and explored promptly. Medical practitioners are encouraged to be alert to evidence of cognitive decline when they do general health checks (e.g. Aged 75 health check) but should be alert to cognitive changes at any age.

Referral to specialists – individuals who are unable to be diagnosed by their GP should be referred to a memory assessment specialist, memory clinic or other specialist for a comprehensive assessment. These services should also refer the individual to Dementia Australia for supports at the point of diagnosis (or the patient can self-refer).

Comprehensive Diagnostic Assessment:

A formal diagnosis of dementia should only be made after a comprehensive assessment. This multifaceted evaluation includes several key components:

- History Taking: A thorough history is taken from both the individual and, if possible, from someone who knows them well.
- Cognitive and Mental State Examination: A validated instrument is used to formally assess cognitive and mental

state. Specific tools like the Kimberley Indigenous Cognitive Assessment (KICA) and the Rowland Universal Dementia Assessment Scale (RUDAS) are recommended for Indigenous and culturally and linguistically diverse (CALD) populations, respectively. Formal neuropsychological testing may also be used if the diagnosis is uncertain.

- Physical Examination: A complete physical examination is performed.
- Medication Review: All medications, including over-the-counter products, are reviewed to identify any that could adversely affect cognitive function.
- Rule Out Other Causes: Clinicians must consider and rule out other potential causes of the symptoms, such as delirium or depression. Co-existing medical and psychiatric conditions should be assessed and managed optimally.

Diagnostic Assessment:

To support the clinical assessment and help determine the subtype of dementia, specific investigations are performed.

Basic Dementia Screen (Blood Tests): A standard set of blood tests should be performed, usually in primary care. This includes:

- Routine haematology
- Biochemistry tests (electrolytes, calcium, glucose, renal and liver function)
- Thyroid function tests
- Serum vitamin B12 and folate levels

Neuroimaging:

- Structural Neuroimaging: Structural imaging is recommended in the assessment of most people with suspected dementia to exclude other cerebral pathologies (like tumours or stroke) and to help establish the dementia subtype. It may not be necessary for those presenting with moderate-to-severe dementia where the diagnosis is already clear.
- Functional Neuroimaging: The guidelines state that Hexamethylpropylene Amine Oxime (HMPAO) single-photon emission computed tomography (SPECT) should not be used for differentiating dementia from mild cognitive impairment or for predicting the progression of mild cognitive impairment.

Other Investigations:

- Cerebrospinal Fluid (CSF) Testing: This is not a routine investigation but may be indicated if Creutzfeldt-Jakob disease is suspected or in cases of rapidly progressive dementia. However, CSF exam may be undertaken for suspected AD to measure presence of proteins such as amyloid beta and tau.
- Electroencephalography (EEG): Not a routine investigation, but it should be considered if delirium or Creutzfeldt-Jakob disease is suspected.

Subtype Diagnosis and Communication

- Determining Dementia Subtype: The diagnosis of a specific subtype of dementia (e.g., Alzheimer's disease, vascular dementia) should be made by healthcare professionals with expertise in differential diagnosis, using international standardised criteria.
- Communicating the Diagnosis: The diagnosis should be communicated to the person living with dementia by a medical practitioner in an honest, respectful, and individualised manner. The practitioner should recognise the

person's right to know, and also their right not to know their diagnosis. Information should be provided clearly, emphasising that progression is often slow and that symptomatic treatments are available. Following the diagnosis, the person and their carers should be provided with verbal and written information about the condition, treatments, and available support services.

References

- https://cdpc.sydney.edu.au/wp-content/uploads/2019/06/CDPC-Dementia-Guidelines_WEB.pdf
- *This section has been amended according to direct feedback from ADI's member.

Wait times

Status: Medium wait time

Although Australian dementia guidelines recommend memory clinic assessments within 90 days, actual wait times vary widely, with an average of seven weeks and significantly longer delays in public clinics compared to private ones. While most clinics provide follow-up assessments, only a minority offer cognitive interventions, which indicates a disconnect between diagnostic access and ongoing care.

The Australian Dementia Network (ADNeT) Memory and Cognition Guidelines recommend a maximum waiting time of 90 days, but not all clinics will be able to offer an appointment within this time.

In 2021, the reported waiting time for an initial assessment at a memory clinic ranged from one week to twelve months, with a median wait of seven weeks. While most clinics (97%) offered follow-up assessments for their clients, only a few (31%) offered any form of cognitive intervention.

According to the "Australian Dementia Network Survey of Expert Opinion on Best Practice and Current Clinical Landscape" study, conducted in 2020, wait times vary; only 28.3% of clinics are able to offer an appointment within 1–2 weeks for urgent referrals, with significantly more private clinics (58.3%) compared to public clinics (19.5%) being able to do so.

References

- [https://www.australiandementianetwork.org.au/initiatives/memory-clinics-network/information-for-memory-and-cognition-clinic-clients/#:~:text=The%20Australian%20Dementia%20Network%20\(ADNeT,an%20appointment%20within%2030%20days](https://www.australiandementianetwork.org.au/initiatives/memory-clinics-network/information-for-memory-and-cognition-clinic-clients/#:~:text=The%20Australian%20Dementia%20Network%20(ADNeT,an%20appointment%20within%2030%20days)
- <https://bmjopen.bmj.com/content/bmjopen/11/2/e038624.full.pdf>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC9281346/#:~:text=There%20is%20a%20dearth%20of,%20in%20place%20%5B2%5D>

Diagnosis cost

Status: Partially covered

The out-of-pocket costs for a person being diagnosed with Alzheimer's disease or dementia in Australia can vary significantly. While a substantial portion of the diagnostic process is covered by Medicare, there are a number of potential expenses a person may incur.

References

<https://www.health.gov.au/topics/medicare/about/what-medicare-covers#:~:text=About%20Medicare-.About%20Medicare,pathology%20tests%2C%20imaging%20and%20scans>

Cognitive tests

Status: Available

In general practice, the following tests may be used:

- General Practitioner Assessment of Cognition (GPCOG): a screening tool specifically designed for the primary care setting. It involves a short patient examination and an optional interview with a carer.
- Mini-Mental State Examination (MMSE) is the most common test for cognitive changes due to Alzheimer's disease and other types of cognitive disorders – it tests reading, writing, orientation and short-term memory.
- Rowland Universal Dementia Assessment Scale (RUDAS): a short screening tool designed to minimise the effect of cultural and language differences. It is recommended for use with people from culturally and linguistically diverse (CALD) backgrounds.
- Kimberley Indigenous Cognitive Assessment (KICA): The KICA is a validated, culturally appropriate screening tool for Aboriginal and Torres Strait Islander people. There are different versions for remote and urban/regional populations.
- Clock Drawing Test: assesses executive functions like planning and organisation. The person is asked to draw a clock face with the numbers and set the hands to a specific time.

If a screening test indicates cognitive impairment, a more detailed assessment is usually conducted by a specialist, such as a neuropsychologist, geriatrician, or neurologist.

- Alzheimer's Disease Assessment Scale – Cognitive (ADAS-Cog): This is a more thorough test than the MMSE, often used for individuals with mild symptoms and is typically administered by a specialist or psychologist.
- Addenbrooke's Cognitive Examination-III (ACE-III): This is a screening tool recommended when shorter screens are inconclusive, and is useful for differentiating between different types of dementia.
- ADNeT Harmonised Neuropsychological Battery: recommends a list of essential tests for an assessment in Memory and Cognition Clinics – a detailed and comprehensive assessment of a person's cognitive and behavioural functioning, considered the most sensitive method for detecting dementia in its early stages.

References

- [https://www.australiandementianetwork.org.au/initiatives/memory-clinics-network/information-for-memory-and-cognition-clinic-clients/#:~:text=The%20Australian%20Dementia%20Network%20\(ADNeT,an%20appointment%20within%2030%20days](https://www.australiandementianetwork.org.au/initiatives/memory-clinics-network/information-for-memory-and-cognition-clinic-clients/#:~:text=The%20Australian%20Dementia%20Network%20(ADNeT,an%20appointment%20within%2030%20days)
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC9281346/#:~:text=There%20is%20a%20dearth%20of,%E2%80%9D%20in%20place%20%5B2%5D.>
- <https://www.unsw.edu.au/cheba/clinical-care/dementia-outcomes-measurement-suite-doms/doms-cognition-measures-tools#:~:text=The%20ACE%2DIII%20is%20a,dementia%20and%20related%20neurodegenerative%20conditions>
- <https://www.australiandementianetwork.org.au/initiatives/memory-clinics-network/clinical-resources-for-clinicians/#:~:text=Neuropsychological%20testing%2C%20that%20involves%20comprehensive,when%20the%20diagnosis%20is%20uncertain>

Imaging tests

Status: Commonly used

The 2016 NHMRC-approved clinical practice guidelines for dementia recommend a systematic approach that

includes either a computed tomography (CT) or magnetic resonance imaging (MRI) to exclude other pathologies, but state that more recent techniques like positron emission tomography (PET) scans are not recommended for routine use. However, with the recent introduction of Australian Medicare, the publicly funded universal health care insurance scheme in Australia, fluorodeoxyglucose (FDG)-PET is used in specific circumstances; its use in specialist memory clinics is becoming more common to improve diagnostic accuracy when needed.

Routine Structural Imaging

Structural imaging is recommended in national guidelines for the initial assessment of most people with suspected dementia. The main purpose is to rule out other potential causes for symptoms, such as brain tumours, strokes, or fluid buildup in the brain.

- CT: Is widely available, less expensive, and quicker than an MRI, making it a common choice for the initial assessment of acute intracranial conditions. While it can exclude other pathologies, it is less detailed than an MRI.
- MRI: Is more accurate, but it can't always be ordered on Medicare by a GP; it often requires a specialist. It is more sensitive than a CT in detecting subtle changes that can help in diagnosing the specific subtype of dementia.

Functional and Advanced Imaging

Functional imaging techniques are not typically used for routine diagnosis in Australia but are used in cases where the diagnosis is uncertain or for research purposes.

- PET: A PET scan involves injecting a small amount of a radioactive tracer to visualise brain activity.
- FDG-PET: measures glucose metabolism in the brain; a characteristic pattern of reduced glucose use is often seen in specific brain regions in patients living with Alzheimer's disease. FDG-PET scans can help differentiate between various types of dementia and are now eligible for a Medicare rebate in Australia for the work-up of dementia when the diagnosis is uncertain after standard evaluation.
- Amyloid-PET: This highly specialised scan can detect the accumulation of beta-amyloid plaques, a core pathology of Alzheimer's disease, in the living brain. While it is a very accurate marker, it is not yet widely used in routine clinical practice in Australia and is more common in research settings, for example in the Australian Imaging Biomarkers and Lifestyle (AIBL) study.
- Single-Photon Emission Computerised Tomography (SPECT): A SPECT scan shows blood flow to different regions of the brain.

References

- <https://www.mja.com.au/journal/2016/204/5/clinical-practice-guidelines-dementia-australia>
- <https://www.mja.com.au/journal/2016/204/5/clinical-practice-guidelines-dementia-australia#:~:text=The%20use%20of%20single%2Dphoton,recommended%20for%20routine%20use.11>

Genetic tests

Genetic testing in Australia is not a routine diagnostic tool. It is used in specific clinical situations, mostly related to rare types of dementia, with a strong family history of early-onset dementia. As of June 2024, Medicare-funded genetic or genomic tests are not yet available for dementia. However, some people living with concurrent conditions (such as motor neuron disease or mitochondrial disorders) may be able to receive Medicare-funded genetic testing.

References

- <https://www.dementia.org.au/about-dementia/genetics-and-dementia>
- <https://www.melbournegenomics.org.au/guide-genomics/genomics-medical-professionals/genomics-dementia-care-professionals#order>

Biomarker tests

Status: Commonly used

Biomarker testing for Alzheimer's disease involves analysing specific proteins in either cerebrospinal fluid (CSF) or blood-based biomarkers to detect the underlying pathology of the disease. These tests are primarily used in specialist memory clinics and research settings to increase diagnostic certainty, particularly in cases where the diagnosis is unclear. According to The Florey – one of the largest brain research centres in the Southern Hemisphere – blood tests for Alzheimer's disease are a more recent and rapidly advancing area. They are less invasive and more accessible than CSF tests. While some are still primarily used in research, they are beginning to be integrated into clinical practice in Australia.

References

- https://diagnostics.roche.com/au/en/article-listing/diagnosis_of_alzheimer_disease.html#:~:text=The%20diagnosis%20process%20at%20the,all%20capital%20cities%20in%20Australia
- [https://florey.edu.au/news/2024/01/one-step-closer-to-a-blood-test-for-diagnosing-alzheimers/#:~:text=Australian%20Dementia%20Network%20\(ADNeT\)%20researchers,'phosphoTau'%20in%20the%20blood](https://florey.edu.au/news/2024/01/one-step-closer-to-a-blood-test-for-diagnosing-alzheimers/#:~:text=Australian%20Dementia%20Network%20(ADNeT)%20researchers,'phosphoTau'%20in%20the%20blood)

Treatment & care

Australia's dementia care system provides age-specific support through the NDIS and My Aged Care, for patients under 65, and those over 65, respectively, which covers home services, residential care, and emerging therapies. Although funding for new treatments remains limited, government-backed behavioural teams and caregiver programmes, such as 24/7 helplines, help families cope with severe symptoms and navigate ongoing financial strains.

Specialized facilities and services

Australia's dementia support system is age-specific, with the NDIS assisting those under 65 and My Aged Care providing subsidised home services and further health access for older adults. GPs can also create Chronic Disease Management Plans to enable Medicare-subsidised allied health visits. Severe symptoms and complex cases are managed through specialist residential units (SDCP), 24/7 mobile crisis teams (SBRT), and the Dementia Behaviour Management Advisory Service, which offers clinical support, care planning, and a round-the-clock helpline for caregivers.

National Disability Insurance Scheme (NDIS): For people diagnosed with dementia who are under the age of 65, the NDIS may provide funding for support and services.

My Aged Care: For individuals aged 65 or older, a diagnosis can open the door to subsidised home care packages and other support services through My Aged Care.

Chronic Disease Management Plan: Once a diagnosis is made, a person's GP can create a Chronic Disease Management Plan, which provides access to up to five Medicare-subsidised allied health visits per year (e.g., to a physiotherapist, occupational therapist, or podiatrist).

Specialist Dementia Care Program (SDCP): Funds specialist dementia care units in residential aged care homes for people living with severe behaviours and psychological symptoms of dementia to reduce or stabilise symptoms so that people can transition into less intensive care settings.

Severe Behaviour Response Teams (SBRT) service: Compliments the residential SDCP model; the SBRT is a 24/7 mobile crisis intervention unit, also delivered by Dementia Support Australia, designed for rapid deployment to residential aged care facilities across the country.

Dementia Behaviour Management Advisory Service: Provided by Dementia Support Australia, led by HammondCare; helps staff and carers to support people living with dementia experiencing changes to their behaviour by providing assessment, clinical support, care planning, mentoring, linking to current research, and a 24-hour helpline.

National Dementia Support Program – provided by Dementia Australia; provides 24/7 National Dementia Helpline in addition to a range of nationally available free post-diagnostic services, counselling and support programs for people living with dementia as well as families and carers.

Approved medication

| Generic Name | Trade Name | Used for |
|---|--|---|
| <p>Donepezil; Official National Product Information; https://www.nps.org.au/medicine-finder/aricept-tablets</p> | <p>Aricept, Aricept ODT, Adlarity, Eranz, Memac, Alzepil, Davia, Donecept, Donep, Donepex, Donesyn, Dopezil, Yasnal, Memorit, Pezale, Redumas, Zolpezil, Namzaric*</p> | <p>Donepezil is indicated for the symptomatic treatment of mild to moderately severe Alzheimer's dementia. Official UK medicine details (MHRA SPC) link</p> |
| <p>Rivastigmine; Official National Product Information; https://www.nps.org.au/medicine-finder/exelon-patch-5-transdermal-patch</p> | <p>Exelon, Exelon Patch, Prometax, Rivastach, Nimvastid</p> | <p>Symptomatic treatment of mild to moderately severe Alzheimer's dementia. Symptomatic treatment of mild to moderately severe dementia in patients with idiopathic Parkinson's disease. Official UK medicine details (MHRA SPC) link</p> |
| <p>Galantamine; Official National Product Information; https://www.nps.org.au/medicine-finder/reminyl-prolonged-release-capsules</p> | <p>Razadyne, Razadyne ER, Reminyl, Reminyl XL, Nivalin, Lycoremine, Galsya</p> | <p>Galantamine is indicated for the symptomatic treatment of mild to moderately severe dementia of the Alzheimer type. Official UK medicine details (MHRA SPC) link</p> |
| <p>Memantine; Official National Product Information; https://www.nps.org.au/medicine-finder/ebixa-tablets</p> | <p>Namenda, Namenda XR, Ebixa, Memaury, Axura, Akatinol, Maruxa, Nemdatine, Namzaric*</p> | <p>Treatment of adult patients with moderate to severe Alzheimer's disease. Official UK medicine details (MHRA SPC) link</p> |
| <p>Donanemab; Official National Product Information; https://www.tga.gov.au/sites/default/files/2025-05/auspar-kisunla-pi-250528.pdf</p> | <p>Kisunla</p> | <p>Donanemab is indicated for the treatment of mild cognitive impairment and mild dementia due to Alzheimer's disease (AD) in adult patients that are apolipoprotein Eε4 (ApoE ε4) heterozygotes or non-carriers. Official UK medicine details (MHRA SPC) link</p> |

| Generic Name | Trade Name | Used for |
|---|------------|---|
| Lecanemab; Official National Product Information; https://www.tga.gov.au/sites/default/files/2025-09/auspar-leqembi-pi-250924.pdf | Leqembi | Lecanemab is indicated for the treatment of mild cognitive impairment and mild dementia due to Alzheimer's disease in adult patients that are apolipoprotein E ε4 (ApoE ε4) heterozygotes or non-carriers. Official UK medicine details (MHRA SPC) link |

*Namzaric = combination of Donepezil and Memantine

** MHRA: Medicines and Healthcare products Regulatory Agency - UK medicines regulator;

SPC: Summary of Product Characteristics - detailed product information

Treatment cost

In 2020–21, nearly \$3.7 billion of Australia's health and aged care spending was directly linked to dementia care. The largest portion was for residential aged care (\$1.8 billion, 49%), followed by community-based services such as Home Care Packages and support programmes (\$741 million, 20%), and hospital services including inpatient, outpatient, and emergency care (\$662 million, 18%).

It is estimated that almost \$3.7 billion of the total direct health and aged care system expenditure in 2020–21 was directly attributable to the diagnosis, treatment, and care of people living with dementia.

The health and aged care system expenditure directly attributable to dementia was mainly for:

- Residential aged care services – \$1.8 billion or 49% of the total direct health and aged care system expenditure for dementia
- Community-based aged care services – just over \$741 million or 20%
- Home Care Packages, Commonwealth Home Support Programme (excluding respite care), Veterans' Home Care Programme and DVA Community Nursing Programme
- Hospital services – almost \$662 million or 18%
- Public and private admitted hospital care, public hospital outpatient clinics, and public hospital emergency department care.

References

- <https://www.aihw.gov.au/reports/dementia/dementia-in-aus/contents/health-and-aged-care-expenditure-on-dementia>

Caregiver support

Dementia support in Australia is delivered by government programmes and NGOs that provide information, guidance, and practical assistance to people with dementia and their carers. Initiatives like the Stay at Home Programme offer nationwide carer support, while the Dementia Behaviour Management Advisory Service and

Severe Behaviour Response Teams help manage challenging behaviours. Broader programmes, such as Dementia Australia's community and training initiatives, work to raise community awareness, enhance understanding of dementia, and improve the quality of care provided.

Support services and initiatives for dementia in Australia are wide-ranging, and are provided by the Australian Government, state governments, and non-governmental organisations (NGOs). Services vary in scope and aim, and can address a range of challenges faced by people living with dementia, and their friends, families, and carers.

Dementia Support Australia's Stay at Home Programme, led by HammondCare, is a free, nationwide initiative funded by the Australian Government. The programme equips carers and families with the tools and knowledge to navigate the complexities of dementia care. The support is delivered by specialist-trained teams and includes access to respite retreats, workshops, and ongoing guidance for both carers and people living with dementia.

Carers Australia – national peak body representing Australia's unpaid carers, advocating on their behalf to influence policies and services at a national level.

National Dementia Helpline run by Dementia Australia – provides expert information, advice, and support for people living with dementia, family, and carers – 24 hours a day.

Carer Gateway – Australian Government programme providing free services and support for carers.

National Dementia Support Programme – delivered by Dementia Australia; provides information, education programmes, services, and resources that aim to improve awareness and understanding about dementia and empower people living with dementia and their carers and families to make informed decisions about the support services they access.

Improving Respite Care for People Living with Dementia and Their Carers Programme – delivered by various organisations; the programme provides respite care that focuses on carer education and wellbeing, planning for future respite stays, and capability development for aged care providers to deliver quality dementia respite care and services.

Dementia-Friendly Communities – delivered by Dementia Australia; builds understanding, awareness, and acceptance of dementia in the community.

Dementia Training Programme – delivered by Dementia Australia; a national approach to accredited education, upskilling, and professional development in dementia care.

Dementia Behaviour Management Advisory Service – provided by Dementia Support Australia, led by HammondCare; helps staff and carers to support people living with dementia experiencing changes to their behaviour by providing assessment, clinical support, care planning, mentoring, linking to current research, and a 24-hour helpline.

Severe Behaviour Response Teams – provided by Dementia Support Australia, led by HammondCare; provide specialist clinical support and advice to organisations and aged care staff caring for people living with severe behaviours and psychological symptoms of dementia.

Carer Conversations – provided by Dementia Support Australia and Australian Frontotemporal Dementia Association; designed for carers supporting people living with frontotemporal dementia.

References

- <https://www.aihw.gov.au/reports/dementia/dementia-in-aus/contents/aged-care-and-support-services-used-by-people-with/overview-of-dementia-support-services-and-initiati>
- <https://www.hammond.com.au/care/home-care/staying-at-home>
- <https://www.carersaustralia.com.au>
- <https://www.dementia.org.au/get-support/national-dementia-helpline>
- <https://www.carergateway.gov.au>
- <https://www.health.gov.au/our-work/national-dementia-support-program-ndsp>
- <https://www.health.gov.au/our-work/improving-respite-care-for-people-living-with-dementia-and-their-carers>
- <https://www.dementia.org.au/get-involved/dementia-friendly-communities>
- <https://dta.com.au>
- <https://www.dementia.com.au/dbmas>
- <https://www.dementia.com.au/who-we-help/health-care-professionals/services/sbrt>
- <https://www.dementia.com.au/carer-conversations>

Policy

The 10-year National Dementia Action Plan 2024–2034 shapes Australia's approach to dementia, and prioritises workforce training, system preparedness, transitional care, and research investment via the Medical Research Future Fund. Still, progress is limited by ongoing disparities in care for Indigenous and culturally diverse communities, and by a legal system that still relies heavily on traditional guardianship rather than fully embracing supported decision-making.

National dementia plan

The Australian Government released the National Dementia Action Plan 2024–2034 to coordinate national dementia efforts, which will be implemented through three shorter-term "Collective Priority Frameworks." Funding is provided through separate budget allocations, with early investments including over \$65 million via ADNeT for system readiness, workforce training, transitional care, and expanding respite programmes for caregivers.

The National Dementia Action Plan was officially released by the Australian Government on 5 December 2024. It is a long-term strategic framework designed to guide a coordinated national effort over the next decade. As its full title, "National Dementia Action Plan 2024–2034," indicates, it is a 10-year plan, running until 2034. The implementation is intended to be staged through a series of three shorter-term "Collective Priority Frameworks," each lasting 3 to 4 years, with the first of these expected in mid-2025.

The Action Plan itself is a strategic document and does not contain a detailed line-item budget. Instead, funding is allocated through separate government budget processes to support the plan's goals.

In conjunction with the plan's development and release, the government has announced several funding initiatives aimed at its key action areas. While not a single "Action Plan budget," these commitments are designed to kickstart its implementation:

- **System Readiness:** To prepare the healthcare system for new diagnostic tools and treatments, \$1.7 million was directed to the Australian Dementia Network (ADNeT).
- **Workforce Training:** A sum of \$7.7 million was allocated to boost dementia-specific training for the workforce, acting on recommendations from the Royal Commission into Aged Care Quality and Safety.
- **Transitional Care:** \$56.8 million has been committed to better support older people living with dementia when they transition from a hospital setting into aged care.
- **Respite Care:** An additional \$8 million has been invested to expand innovative respite care programmes for caregivers.

References

- <https://www.health.gov.au/our-work/national-dementia-action-plan#:~:text=and%20promote%20innovation.-,Implementation,Tracking%20our%20progress>
- <https://www.australiandementianetwork.org.au/2025/02/27/adnets-role-in-delivering-the-new-australian-national-dementia-action-plan/#:~:text=The%20plan%20outlines%20%241.7M,enhance%20dementia%20care%20across%20Australia>
- <https://www.biospectrumasia.com/news/47/25306/australia-releases-national-action-plan-for->

[dementia.html#:~:text=The%20government%20is%20providing%20%247.7,diagnosis%20and%20treatment%20of%20dementia](#)

- <https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/national-action-plan-on-dementia-released>

Upcoming plans

Dementia Australia, a key partner in the National Dementia Action Plan, has its own 2025–2028 Strategic Plan, which focuses on reducing stigma, promoting brain health, supporting people affected by dementia, and upskilling the care workforce. In parallel, the Medical Research Future Fund's 10-year Dementia, Ageing and Aged Care Mission will allocate \$185 million to research through 2029.

Dementia Australia, the national peak body and a key partner in implementing the national plan, has its own Strategic Plan for 2025–2028.⁵¹ This strategy details the organisation's specific priorities for the next three years, which are:

- Reducing stigma and discrimination.
- Promoting brain health.
- Empowering and supporting people impacted by all forms of dementia.
- Upskilling the dementia care workforce.

Medical Research Future Fund (MRFF): The Dementia, Ageing and Aged Care Mission is an ongoing 10-year, \$185 million investment plan in research that runs until 2029. A formal review of this mission's progress was released in August 2025, which will help shape future research priorities and investments in dementia research and care.

This plan steps over the National Dementia Action Plan, since the implementation framework that has been agreed by federal, state and territory governments, but it does not include new funding or programs additional to what is already delivered.

References

- <https://www.biospectrumasia.com/news/47/25306/australia-releases-national-action-plan-for-dementia.html#:~:text=The%20government%20is%20providing%20%247.7,diagnosis%20and%20treatment%20of%20dementia>
- <https://www.dementia.org.au/about-us/strategic-plan>
- <https://www.health.gov.au/sites/default/files/2025-08/review-of-the-medical-research-future-fund-dementia-ageing-and-aged-care-mission.pdf>
- *This section has been amended according to direct feedback from ADI's member.

Policy gaps

Legal barriers

Australian law is slowly shifting from a “substitute decision-making” model (where a guardian makes decisions for a person) to a “supported decision-making” model (which helps a person make their own decisions). However, policy and legal practice have not fully caught up, particularly for people living with dementia.

References

<https://www.unsw.edu.au/content/dam/pdfs/law/unsw-law-journal/2020-2029/2023/Issue-463-03-Mackay-et-al.pdf>

Cultural barriers

The largest cultural gap in Australia's dementia policy is limited access to culturally appropriate care for diverse communities, such as Aboriginal and Torres Strait Islander peoples, who face higher and earlier rates of dementia.

Access to culturally appropriate and safe dementia care is a challenge for many diverse communities, especially Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse communities. People in these communities live with dementia at higher rates and at a younger age than the non-Indigenous population. Barriers such as the limited availability of culturally appropriate dementia assessment tools and support services, affecting First Nations people's level of access to healthcare compared with non-Indigenous Australians remains high.

Policy has been slow to adapt to the needs of Australia's multicultural population, resulting in significant barriers for people from culturally and linguistically diverse backgrounds.

Research

Dementia research in Australia is driven by a collaborative network of universities and ADNeT, which facilitates clinical trials and uses data to improve aged care. Innovation plays a central role, with projects such as the BrainTrack cognitive monitoring app, AI-assisted retinal biomarker detection, and the AU-ARROW study on lifestyle-based risk reduction.

Selected academic institutions

[Australian Dementia Network \(ADNeT\)](#) [The University of Melbourne](#) [The University of Sydney](#) [The University of Queensland \(UQ\)](#) [The University of New South Wales \(UNSW\)](#) [Macquarie University](#) [The University of Tasmania](#) [Edith Cowan University \(ECU\)](#) [Australian National University \(ANU\)](#) [Neuroscience Research Australia \(NeuRA\)](#) [South Australian Health and Medical Research Institute \(SAHMRI\)](#) [Dementia Australia Research Foundation](#) [Monash University](#) [Deakin University](#) [Flinders University](#)

Clinical trials and registries

Australian Dementia Network (ADNeT)'s Screening for Trials portal

Australian New Zealand Clinical Trials Registry (ANZCTR) - the official government registry for all clinical trials in Australia.

Registry of Senior Australians (Rosa) Research Centre - guides evidence-driven decision making for quality, coordinated, efficient and age-friendly services and practices to improve the outcomes experienced by those accessing aged care

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References

- <https://www.australiandementianetwork.org.au/initiatives/screening-and-trials/>
- <https://www.anzctr.org.au>
- <https://sahmri.org.au/research/programs/registry-centre/groups/rosa>

Selected innovative methods

Australia is developing innovative tools for early dementia detection, including the BrainTrack app, which uses interactive games to track cognitive changes, and AI-assisted retinal scans by CERA to identify early biomarkers. The AU-ARROW study is also testing whether combined lifestyle choices can help slow cognitive decline in adults over 55.

BrainTrack - is a free app that helps users monitor and understand changes in cognition over time through fun, travel-themed games that test cognitive abilities. While BrainTrack does not replace the need for formal cognitive assessment, it supports the process by offering an easy way to track changes over time, and even picking up on cognitive concerns the user may not be aware of themselves. For many, it will offer reassurance and provide tips on maintaining brain health.

BrainTrack is an initiative of Dementia Australia and is funded by the Australian Government.

The Center for Eye Research Australia (CERA) and the University of Sydney have developed and are trialling AI-powered retinal scans to detect dementia risk, aiming to use the eye as a window into the brain to find early biomarkers years before symptoms appear.

The Australian Multidomain Approach to Reduce Dementia Risk by Protecting Brain Health with Lifestyle Intervention study (AU-ARROW) is a two-year clinical trial in Australia testing whether a combined lifestyle intervention - involving diet, exercise, cognitive training, and medical monitoring - can reduce cognitive decline in adults aged 55-79 years.

References

- <https://www.dementia.org.au/braintrack>
- <https://www.cera.org.au/revealing-alzheimers-hidden-clues/>
- https://www.researchgate.net/publication/382999175_Hyperspectral_Retinal_Imaging_as_a_Non-Invasive_Marker_to_Determine_Brain_Amyloid_Status
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC11002765/>

Support

Australia's dementia support system is strengthened by key organisations like Dementia Australia, with its programmes Dementia-Friendly Communities and Dementia Friends. These initiatives are supported by communication platforms – including professional journals and podcasts – that educate the public, combat stigma, and provide families with resources and peer networks.

Organizations are listed for informational purposes based on publicly available sources. Inclusion does not necessarily indicate affiliation with or endorsement by Alzheimer's Disease International (ADI).

Selected national associations, patient family associations, NGOs:

[Dementia Australia](#) [Alzheimer's WA](#) [Dementia Support Australia \(DSA\)](#) [Council on the Ageing \(COTA\) Australia](#) [Carers Australia](#) [FECCA \(Federation of Ethnic Communities' Councils of Australia\)](#)

Selected initiatives

Backed by government funding, Dementia Australia's Dementia-Friendly Communities programme helps local organisations make their spaces more accessible and supportive for people living with dementia, providing practical guidance and staff training. In parallel, the Dementia Friends initiative encourages individuals to learn about dementia through a short online module and take small, everyday actions to reduce stigma and support those affected within their communities.

Dementia-Friendly Communities

Dementia-Friendly Communities is an Australian Government-funded programme delivered by the NGO Dementia Australia; this programme helps local communities, businesses, and organisations make their environments more inclusive and supportive for people living with dementia. It provides resources and a framework for communities to take practical action, from training staff to designing dementia-friendly spaces.

Dementia Friends

Dementia Friends is a public awareness initiative, a component of the broader, government-funded Dementia-Friendly Communities programme, delivered by Dementia Australia, encourages individuals to learn more about dementia. By completing a short online module, anyone can become a "Dementia Friend" and commit to small actions that help reduce stigma and support people living with dementia in their community.

References

- <https://www.dementia.org.au/get-involved/dementia-friendly-communities>
- <https://www.dementia.org.au/get-involved/dementia-friendly-communities/become-dementia-friend>

Dedicated media outlets

Although there are not many mainstream media devoted solely to dementia in Australia, platforms such as Dementia Australia's News Hub, the Australian Journal of Dementia Care, and the Hold the Moment podcast provide news, research, and personal stories of people living with dementia and their families.

References

- <https://www.dementia.org.au/news>