

Gibraltar

Research conducted in

Gibraltar's dementia response is anchored in a coherent, GP to Memory Clinic pathway and a strong emphasis on carer education and community awareness, embedded within a whole-of-government National Dementia Strategy 2023-2028. By integrating health, social care, housing, and voluntary-sector actors, and by formally partnering with the Gibraltar Alzheimer's & Dementia Society (GADS), the strategy prioritizes early recognition, continuity of care, and the creation of a dementia-friendly community. This model reflects a pragmatic understanding of local realities: rather than investing in heavy biomedical infrastructure, Gibraltar focuses on service coordination, primary-care capacity, and social supports that can deliver tangible quality-of-life gains for people with dementia and their families.

The central challenge lies in execution at scale within a small health system. Sustaining consistent workforce training, effective single-point navigation, and timely access to diagnostics, particularly imaging, requires ongoing coordination and flexibility. Gibraltar's reliance on private provision and sponsored off-territory routes is therefore not a weakness but a necessary pressure-release mechanism, helping to smooth bottlenecks when public capacity is constrained. The long-term success of the strategy will depend on maintaining this balance: preserving integrated, publicly led care while intelligently using external and private pathways to ensure responsiveness, equity, and continuity across the dementia journey.

Highlights

Health system **Universal coverage with mixed provisions.**

ADI member association(s): **Gibraltar Alzheimer's & Dementia Society (GADS)**

National dementia plan: **National Dementia Strategy 2023-2028**

Dementia plan funding: **Inadequately funded plan**

Dementia prevalence rate: **NA**

Dementia incidence rate: **NA**

Population: **40477**

Median age: **39**

Health expenditure (% of GDP): **10.87 (UK)**

Diagnosis

Dementia diagnosis in Gibraltar begins with GP assessment before referral through community services to the Memory Clinic. Structural imaging with CT or MRI is available locally, while PET and advanced Alzheimer's biomarkers generally require overseas referral. Genetic testing is not routine and may be considered selectively for early-onset or strongly familial cases. Eligible residents receive publicly funded diagnostic assessment and follow-up, although private consultations and imaging are sometimes used to accelerate diagnosis. Formal dementia waiting-time data are unavailable, but same-day GP access supports early assessment. The Sponsored Patients programme funds approved external referrals where necessary. Rather than population screening, Gibraltar emphasises case-finding, awareness, and early recognition within its national dementia strategy.

Diagnosis pathway

Gibraltar has a structured GP-led dementia pathway, with primary care assessing symptoms and excluding reversible causes before referral through community services to the Memory Clinic for specialist diagnosis, care planning, and follow-up. GADS and Dementia Friends provide additional caregiver, peer, and awareness support. Some families use private consultations or imaging to accelerate assessment before returning to public services for ongoing care. When specialist expertise or procedures are unavailable locally, clinically eligible patients can receive overseas assessment or treatment through the government's Sponsored Patients programme.

Gibraltar's dementia pathway is formally GP-led, reflecting the UK NHS model and codified in the National Dementia Strategy 2023–2028 and Gibraltar Health Authority (GHA) public guidance. Individuals or families with concerns about memory, behaviour, or functional decline are advised to contact the Primary Care Centre, where GPs conduct initial assessments, exclude reversible or non-dementia causes (e.g. depression, infection, medication effects), and decide on onward referral. When dementia is suspected, patients are referred through a structured flow: from GP to community mental-health team or Care Agency and then to Memory Clinic for specialist diagnostic assessment, care planning, and follow-up. Alongside clinical steps, the pathway explicitly embeds social and peer support, with routine signposting to the Gibraltar Alzheimer's & Dementia Society (GADS) and initiatives such as Dementia Friends, which play an important role in awareness, caregiver education, and early help-seeking.

In practice, some families pursue private consultations or imaging to shorten time to diagnosis, particularly where reassurance, rapid clarification, or second opinions are sought. Private providers such as GibMed International Hospital offer specialist consultations and advanced imaging, after which patients often loop back into public services for ongoing care, medication, and community support. For cases where specialist input or procedures are unavailable locally, the Government maintains a "Sponsored Patients" mechanism, allowing approved referrals to external centers (typically in the UK or Spain) when clinically justified. This hybrid public-private pattern is common in small jurisdictions, combining rapid private access with the continuity and coverage of the public system.

References

- <https://disability.gov.gi/uploads/Documents/Gibraltar-dementia-strategy-digital.pdf>

<https://www.gha.gi/public-health/adult-health/dementia/>

- <https://www.gibmed.gi/services/imaging-and-diagnostics/magnetic-resonance-imaging-mri>
- <https://www.gha.gi/>

Wait times

Gibraltar does not publish formal dementia-specific waiting-time statistics. Same-day and evening GP clinics enable relatively rapid initial assessment, although specialist and imaging delays may occur when capacity is stretched. Private providers offer faster diagnostic access, including MRI reports within 2–3 working days, and private scanning capacity is also used for some GHA referrals.

Gibraltar does not publish formal referral-to-treatment (RTT) statistics for dementia. Instead, access is characterized through practical service availability. The Primary Care Centre operates same-day and evening GP clinics, booked by phone, suggesting relatively short waits for initial triage and case-finding. Specialist assessment and imaging waits are generally shorter than in large national systems, reflecting the territory's size, but delays can occur where cases are non-urgent or specialist capacity is stretched. Private providers explicitly market rapid turnaround, MRI reports within 2–3 working days, which explains why some families choose a parallel private route at the diagnostic stage. Since opening in November 2023, GibMed International Hospital's MRI scanner has carried out nearly 200 scans, around 40% for GHA patients under an agreement allowing public referrals to the private facility. In January 2024 it was out of service due to component failure but was fixed in two weeks.

References

- <https://www.gha.gi/services/primary-care-services/primary-care-centre/>
- <https://www.gibmed.gi/services/imaging-and-diagnostics/magnetic-resonance-imaging-mri>
- <https://www.gbc.gi/news/nearly-200-mri-scans-carried-out-gibmed-hospital-40-percent-these-gha-patients>

Diagnosis cost

Status: Mostly or fully covered

Gibraltar's public system largely covers dementia consultations, diagnostic investigations, imaging, and follow-up for eligible residents, with low medicine charges. Some families self-fund private assessment for faster diagnosis before returning to publicly funded long-term treatment and community support.

Gibraltar's financing model closely mirrors the UK NHS. Entitled residents access GP, hospital, and specialist services through the GHA or Group Practice Medical Scheme, with medicines subject to low fixed per-item charges rather than full cost recovery. Diagnostic assessments, imaging, and follow-up within the public system are therefore largely covered. By contrast, private consultations and imaging are self-funded, unless a case qualifies for Government support under the Sponsored Patients scheme. In practice, many families combine both systems: paying privately for speed at the diagnostic stage, then relying on public coverage for long-term management, medication, and community support.

References

- <https://gibraltar.com/en/relocation/healthcare-and-insurance.php>

<https://www.gha.gi/services/sponsored-patients-services/>

Cognitive tests

Status: Available

There is no population-wide dementia screening program. Consistent with UK and international guidance, Gibraltar prioritizes awareness, early recognition, and GP-led case-finding, supported by training targets and referral guidance within the national strategy.

References

- <https://disability.gov.gi/uploads/Documents/Gibraltar-dementia-strategy-digital.pdf>

Imaging tests

Status: Used in specific cases

Structural brain imaging (CT and MRI) is available through public radiology at St Bernard's Hospital and private providers such as GibMed International Hospital, enabling timely exclusion of secondary causes and support for differential diagnosis. Initially limited to a maximum of four GHA patients per day despite higher capacity, GibMed's scanner has mainly been used for head and musculoskeletal imaging, with the GHA continuing to send some cases to Spain while it reviews longer-term in-house MRI provision at St Bernard's Hospital. PET imaging for dementia is not described as routine locally and would generally require off-territory referral.

References

- <https://www.gha.gi/>
- <https://www.gibmed.gi/services/imaging-and-diagnostics/magnetic-resonance-imaging-mri>
- <https://www.gbc.gi/news/nearly-200-mri-scans-carried-out-gibmed-hospital-40-percent-these-gha-patients>

Genetic tests

Gibraltar does not have a publicly articulated Alzheimer's or dementia genetics policy, and the National Dementia Strategy 2023–2028 does not commit to routine genetic testing as part of the diagnostic pathway. There is no population-level or family-based genetic screening program, and testing for autosomal dominant Alzheimer's disease (e.g. APP, PSEN1, PSEN2) or risk alleles such as APOE ε4 is not described in government or GHA guidance. Where genetics are considered clinically relevant, typically in cases of early-onset dementia or strong familial history, testing is initiated case-by-case by specialists, often requiring referral to private or overseas laboratories (most commonly in the UK or Spain). Genetic counselling is not formally described as a dedicated local service and would usually be coordinated through specialist referral pathways rather than embedded primary care.

References

- <https://disability.gov.gi/uploads/Documents/Gibraltar-dementia-strategy-digital.pdf>

Biomarker tests

Status: Rarely used

The national strategy does not include a commitment to routine biomarker-based diagnosis of dementia. Cerebrospinal fluid (CSF) biomarkers and emerging blood-based assays are therefore not part of standard clinical practice in Gibraltar. Their use, when pursued, is specialist-led and selective, typically in diagnostically complex cases or where confirmation would meaningfully alter management. Access to CSF analysis or advanced biomarker testing generally requires external referral through established GHA processes, including the Sponsored Patients route where approved. PET for amyloid or tau imaging is not described as locally available or routine, reinforcing Gibraltar's continued reliance on clinical assessment and structural imaging (CT or MRI) as the diagnostic backbone, consistent with pragmatic small-system models.

References

- <https://disability.gov.gi/uploads/Documents/Gibraltar-dementia-strategy-digital.pdf>
- <https://www.gha.gi/public-health/health-screening/>

Treatment & care

Gibraltar provides integrated dementia care through primary care, the Memory Clinic, mental-health teams, residential services, and community and home support. Its national strategy prioritises coordinated access, continuity, and early home assistance to delay institutionalisation. Palliative principles are increasingly embedded within elderly and community services through specialist nursing, anticipatory planning, and enhanced support for advanced dementia, although no dedicated palliative service exists. Eligible residents receive subsidised formulary medicines with low copayments, while private and non-formulary treatments are generally self-funded. Caregiver support combines GHA education, navigation assistance, and WHO iSupport with GADS peer groups, helplines, awareness initiatives, and Dementia Friends training, integrating statutory and voluntary provision to address clinical, psychosocial, and family needs.

Specialized facilities and services

Gibraltar delivers dementia care through an integrated network of primary care, the Memory Clinic, mental-health teams, residential services, and community and home support. Its national strategy prioritises coordinated access, continuity, and early assistance to delay institutionalisation. GADS complements public provision through education, helplines, peer support, awareness, and caregiver engagement. Palliative principles are increasingly embedded within elderly and community services through specialist nursing, anticipatory care planning, and enhanced home support for advanced dementia, although no dedicated dementia palliative service exists.

Dementia care in Gibraltar is delivered through a compact, highly integrated public network, reflecting the territory's single-city geography and NHS-derived service model. Core provision is coordinated by the GHA and includes the Primary Care Centre (as the universal entry point), Memory Clinic and community mental-health teams, Elderly Residential Services (ERS), the Care Agency, and a range of home-based and community support packages. The National Dementia Strategy explicitly aims to reduce fragmentation by promoting single-point access, continuity of care across disease stages, and early deployment of home support to delay or avoid institutionalization. Because all services are concentrated within one urban area, geographical access barriers are minimal. Instead, system resilience depends on coordination, staffing capacity, and integration with voluntary partners.

A defining feature of Gibraltar's model is the formal integration of NGO support alongside statutory services. The Gibraltar Alzheimer's & Dementia Society (GADS) provides education, helplines, peer support, and community awareness initiatives such as Dementia Friends, effectively filling psychosocial and navigation gaps that small public systems often struggle to cover alone. This partnership approach allows the GHA to focus on clinical and social-care delivery while NGOs sustain caregiver engagement, stigma reduction, and early help-seeking.

The Dementia Strategy 2023–2028 places renewed emphasis on palliative and end-of-life care, recognizing dementia as a life-limiting condition rather than solely a cognitive disorder. Within ERS and GHA community services, palliative provision has been strengthened through specialist nursing input, anticipatory care planning, and enhanced home-support packages for advanced disease. While Gibraltar does not operate a stand-alone

dementia palliative service, palliative principles are increasingly embedded within existing elderly and community care structures, aiming to improve symptom control, reduce avoidable hospitalization, and support families through later disease stages.

Approved medication

Generic Name	Trade Name	Used for
Donepezil	Aricept, Aricept ODT, Adlarity, Eranz, Memac, Alzepil, Davia, Donecept, Donep, Donepex, Donesyn, Dopezil, Yasnal, Memorit, Pezale, Redumas, Zolpezil, Namzaric*	Donepezil is indicated for the symptomatic treatment of mild to moderately severe Alzheimer's dementia. Official UK medicine details (MHRA SPC) link
Rivastigmine	Exelon, Exelon Patch, Prometax, Rivastach, Nimvastid	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
Galantamine	Razadyne, Razadyne ER, Reminyl, Reminyl XL, Nivalin, Lycoremine, Galsya	Galantamine is indicated for the symptomatic treatment of mild to moderately severe dementia of the Alzheimer type. Official UK medicine details (MHRA SPC) link
Memantine	Namenda, Namenda XR, Ebixa, Memary, Axura, Akatinol, Maruxa, Nemdatine, Namzaric*	Treatment of adult patients with moderate to severe Alzheimer's disease. 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

Dementia medicines on Gibraltar's GHA formulary are subsidised for eligible residents through low fixed copayments, with complex treatments requiring specialist initiation. Private prescriptions and non-formulary medicines generally remain out-of-pocket expenses.

For entitled residents, dementia medicines on the GHA formulary are subsidized, with patients paying low, fixed co-payments per prescription item, rather than full market prices. This mirrors the UK NHS approach and helps limit financial barriers to long-term treatment adherence. Higher-risk or more complex dementia drugs remain specialist-only for initiation, ensuring clinical oversight and cost control. By contrast, medicines prescribed privately, branded alternatives outside the formulary, or care accessed through private providers are paid out-of-pocket, unless

exceptional funding is approved under established government mechanisms.

References

- <https://www.gha.gi/gha-digital/pharmacy/>
- <https://www.pharma2u.gi/gha>

Caregiver support

Gibraltar's dementia strategy supports caregivers through coordinated access, service navigation, structured education, and WHO iSupport. GADS complements public services with peer groups, helplines, awareness activities, and Dementia Friends training, providing emotional support and strengthening community dementia literacy.

Caregiver support is a core pillar of Gibraltar's dementia strategy. The GHA commits to single-point access, improved navigation, and structured caregiver education, recognizing families as the primary providers of day-to-day dementia care. Formal signposting includes promotion of WHO iSupport, offering evidence-based digital training and coping tools for carers. In parallel, GADS delivers locally embedded support such as peer groups, helplines, public talks, and Dementia Friends training, creating a blended model where statutory services address clinical and social-care needs, while NGOs sustain emotional support, community resilience, and dementia literacy.

References

- <https://www.gha.gi/wp-content/uploads/2023/08/Gibraltar-dementia-strategy-digital.pdf>
- <https://www.gha.gi/public-health/adult-health/dementia/>
- <https://gads.gi/> <https://www.dementiafriends.gi/>

Policy

Gibraltar's 2023-2028 National Dementia Strategy prioritises integrated, higher-quality services, focusing on awareness, earlier diagnosis, community-based support, and palliative care. Current efforts centre on implementation through Dementia Friends initiatives, workforce and GP training, peer support, consistent referrals, and stronger GADS collaboration. Legal frameworks provide protections for capacity, substitute decision-making, and patient rights, although gaps remain in dementia-specific training, home and community provision, and coordinated navigation. Reliance on NGOs and informal networks may disadvantage less-connected families. Gibraltar's close-knit society can facilitate rapid support but also reinforce stigma, denial, and delayed disclosure. Sustained public engagement, diagnostic normalisation, and dementia-friendly initiatives therefore remain important to improving access, consistency, and long-term dementia care.

National dementia plan

Gibraltar's 2023-2028 National Dementia Strategy provides a multi-agency framework that builds on the 2018-2021 strategy and aligns with WHO priorities. It shifts towards stronger service integration and quality improvement, focusing on four objectives: raising awareness and reducing stigma, promoting earlier GP-led diagnosis, supporting people with dementia to remain at home through coordinated community services, and strengthening anticipatory palliative and end-of-life care for dementia as a progressive, life-limiting condition.

Gibraltar's National Dementia Strategy 2023-2028 provides the current overarching policy framework for dementia, built as a multi-agency program involving the GHA, ERS, the Care Agency, Housing services, and the GADS. The strategy explicitly builds on lessons from the 2018-2021 dementia strategy, shifting from an initial awareness phase toward system integration and quality improvement. It is closely aligned with the WHO Global Action Plan on the Public Health Response to Dementia, particularly in its emphasis on awareness, timely diagnosis, community-based care, and caregiver support.

The strategy is structured around four core objectives. First, it prioritizes awareness raising and stigma reduction, recognizing that in a small and socially dense population, fear, denial, and informal coping can delay help-seeking. Second, it focuses on earlier diagnosis, operationalized through GP-led case-finding, clearer referral thresholds, and structured access to the Memory Clinic. Third, it aims to support people with dementia to live well at home for as long as possible, through flexible home-support packages, care coordination, and adaptations to housing and community services. Fourth, it commits to improved end-of-life and palliative care, explicitly framing dementia as a progressive, life-limiting condition requiring anticipatory planning rather than crisis-driven intervention.

References

- <https://www.gha.gi/wp-content/uploads/2023/08/Gibraltar-dementia-strategy-digital.pdf>
- <https://www.who.int/publications/i/item/global-action-plan-on-the-public-health-response-to-dementia-2017---2025>

Upcoming plans

Rather than introducing a new dementia policy, Gibraltar is focusing on implementing its 2023–2028 strategy. Priorities include awareness campaigns, workforce and Dementia Friends training, stronger peer-support networks and GADS collaboration, alongside improved GP education, case-finding, and referral consistency to reduce diagnostic delays.

Rather than launching a successor policy, Gibraltar's stated priority is full implementation of the 2023–2028 strategy. Planned and ongoing actions include territory-wide awareness campaigns, continued roll-out of Dementia Friends training across public services and the community, and targeted staff training within health, social care, and residential settings. The strategy also envisages expansion of peer-support networks and closer operational integration with GADS, reinforcing non-clinical support structures alongside statutory care. Within primary care, implementation efforts focus on GP education, dementia case-finding targets, and referral consistency, aiming to reduce diagnostic delay while avoiding unnecessary specialist bottlenecks. Collectively, these measures reflect a pragmatic small-system approach: improving quality and consistency of existing services rather than creating new institutional layers.

References

- <https://www.gha.gi/wp-content/uploads/2023/08/Gibraltar-dementia-strategy-digital.pdf>

Policy gaps

Legal barriers

Gibraltar provides relatively strong legal protections for capacity, substitute decision-making, and patient rights. Remaining service gaps include insufficient dementia-specific workforce training, inconsistent community and home-based support, and incomplete care navigation. Continued reliance on informal knowledge and NGO involvement may particularly disadvantage less-connected families.

From a legal and regulatory perspective, Gibraltar is comparatively well equipped. The Mental Health Act 2016 and the Lasting Powers of Attorney & Capacity Act 2018 provide modern foundations for capacity assessment, substitute decision-making, and patient rights. However, the dementia strategy itself acknowledges several operational and cultural gaps that remain. Key system gaps include the need for deeper, dementia-specific workforce training across all care settings, more consistent availability of community and home-based supports, and stronger delivery of single-point navigation so that families experience the system as coordinated rather than episodic. In practice, the success of integration still relies heavily on informal knowledge and NGO involvement, which can disadvantage less connected families.

References

- <https://www.gibraltarlaws.gov.gi/legislations/mental-health-act-2016-4305>
- <https://www.gibraltarlaws.gov.gi/legislations/lasting-powers-of-attorney-and-capacity-act-2018-4301/download>
- <https://www.gha.gi/wp-content/uploads/2023/08/Gibraltar-dementia-strategy-digital.pdf>

Cultural barriers

Gibraltar's close-knit community can strengthen dementia support but may also encourage stigma, silence, and

delayed disclosure, reinforcing the importance of sustained awareness and dementia-friendly initiatives.

Culturally, the strategy highlights the ongoing importance of anti-stigma work and dementia-friendly community initiatives. In a small, close-knit society like Gibraltar, social visibility can both help and hinder dementia care: while proximity enables rapid support, it can also reinforce silence, denial, or delayed disclosure. Sustained public engagement, normalization of diagnosis, and community-level adaptations therefore remain central to the long-term effectiveness of the policy framework.

Research

Gibraltar has no publicly listed interventional Alzheimer's or dementia clinical trials, with research participation generally requiring referral to UK or European centres. Local innovation instead emphasises service integration, community adaptation, and caregiver support rather than biomedical research. Dementia-friendly initiatives aim to reduce stigma and encourage earlier help-seeking, while GP education, case-finding, and clearer referral pathways improve diagnostic efficiency and specialist capacity use. WHO iSupport and NGO-led peer programmes provide caregivers with practical education and coping strategies. Overall, Gibraltar prioritises coordinated, community-based improvements to existing services, reflecting its small population, compact geography, and limited research infrastructure.

Selected academic institutions

Clinical trials and registries

There are no publicly listed interventional Alzheimer's or dementia clinical trials based in Gibraltar. Participation in clinical research therefore occurs on a case-by-case basis, typically through clinician-mediated referral to UK or nearby European research centers, or via government-supported external pathways where appropriate. For most residents, engagement with cutting-edge research, particularly disease-modifying therapies or biomarker validation studies, depends on eligibility, logistical feasibility, and the availability of off-territory sponsorship, rather than routine local trial recruitment.

References

- <https://www.nhs.uk/tests-and-treatments/clinical-trials/>
- <https://euclinicaltrials.eu/>
- <https://clinicaltrials.gov/>

Selected innovative methods

Gibraltar's dementia innovation emphasises service integration, community adaptation, and caregiver support rather than biomedical or technology-driven research. Dementia-friendly initiatives and awareness training aim to reduce stigma, encourage earlier help-seeking, and strengthen informal support. Clinical improvements focus on GP education, case-finding, consistent referrals, and coordination with the Memory Clinic, helping reduce diagnostic delays and use limited specialist capacity efficiently. Caregiver innovation combines WHO iSupport with NGO-led peer programmes, providing evidence-based education and practical assistance for managing behavioural symptoms, stress, and care planning, while supporting patient stability, reducing crises, and potentially delaying institutionalisation.

Innovation in Gibraltar's dementia response is systemic and social rather than biomedical, reflecting a deliberate policy choice shaped by the territory's small population, single-city geography, and limited research infrastructure.

Rather than attempting to replicate large-scale academic or laboratory-driven models, Gibraltar focuses on optimizing how existing services interact, how early signs are recognized, and how people with dementia and their families experience the system as a whole. Innovation is therefore framed as service design, coordination, and community adaptation, not technological novelty.

A central pillar of this approach is the development of a dementia-friendly community. This includes awareness campaigns, Dementia Friends training, and efforts to normalize dementia in everyday public settings such as shops, workplaces, and public services. In a close-knit society, these measures aim to reduce stigma, encourage earlier disclosure of symptoms, and foster informal support networks that complement formal care. Community-level adaptation is treated as a form of innovation in its own right, recognizing that social attitudes and everyday interactions strongly shape quality of life in dementia.

At the clinical interface, innovation focuses on strengthening GP-led case-finding and referral performance. Rather than introducing population screening or advanced diagnostics, the system invests in GP training, clearer referral thresholds, and feedback loops with the Memory Clinic to reduce diagnostic delay and variation in practice. This reinforces primary care as the system's diagnostic backbone and ensures that limited specialist capacity is used efficiently. Improvements in referral quality are seen as a higher-yield intervention than expanding specialist diagnostics in a small system.

Structured carer education and support represents another core innovation stream. The promotion of WHO iSupport provides carers with evidence-based tools for managing behavioural symptoms, stress, and care planning, while NGO-led peer support translates this knowledge into local practice. This emphasis reflects recognition that caregivers deliver the majority of dementia care and that relatively modest investments in training and support can produce disproportionate gains in patient stability, reduced crises, and delayed institutionalization.

References

- <https://disability.gov.gi/uploads/Documents/Gibraltar-dementia-strategy-digital.pdf>
- <https://gads.gi/what-is-dementia/how-to-talk-to-someone-with-dementia/>
- <https://disability.gov.gi/uploads/Documents/Gibraltar-dementia-strategy-digital.pdf>
- <https://disability.gov.gi/charities-support-groups/gibraltar-alzheimers-dementia-society>
- <https://www.gha.gi/public-health/adult-health/dementia/isupport/>

Support

Gibraltar's dementia support network centres on GADS and Dementia Friends Gibraltar, complemented by the Gibraltar Senior Citizens Association and external resources such as the Lewy Body Society. Community engagement includes Memory Walks, World Alzheimer's Month activities, public talks, conferences, and Dementia Friends training across workplaces and public services. Joint GHA-GADS events provide practical guidance on diagnosis, care pathways, and available support. Gibraltar has no dedicated dementia or specialist health media outlet, instead using GHA communications and mainstream local media, particularly the Gibraltar Chronicle, to report on dementia policy, treatments, and community developments, sustain awareness, reduce stigma, and promote earlier help-seeking.

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:

[Gibraltar Alzheimer's & Dementia Society \(GADS\)](#) [Gibraltar Senior Citizens Association](#)

Selected initiatives

Gibraltar sustains dementia awareness through Memory Walks, public talks, World Alzheimer's Month activities, conferences, and Dementia Friends training across workplaces and public services. Joint GHA-GADS events provide practical information on diagnosis, care pathways, and available support. Expansion of Dementia Friends into public-facing organisations strengthens dementia literacy and supportive everyday interactions, helping normalise dementia, reduce stigma, improve community support, and encourage earlier disclosure and help-seeking.

Dementia awareness and public engagement in Gibraltar are sustained through a continuous program of community-facing initiatives, rather than isolated campaigns. Activities during World Alzheimer's Month are complemented by Memory Walks, public lectures, community talks, and Dementia Friends sessions delivered across public services, workplaces, and community venues. By embedding awareness in everyday civic spaces rather than limiting it to clinical settings, this approach seeks to normalize dementia, reduce stigma, and encourage earlier help-seeking in a small, close-knit population. A key feature of this model is the use of joint GHA-GADS conferences and information events, such as "Understanding the Dementia Pathway in Gibraltar", which explain diagnosis, care routes, and available supports in clear, practical terms. In 2023, The Ministry of Culture and Gibraltar Cultural Services have joined the Dementia Friends community following an awareness session delivered by the GADS, aimed at improving understanding of dementia and encouraging simple, supportive everyday actions in the workplace. Minister for Education and Culture said that dementia awareness is vital in public-facing services, and welcomed the collaboration with GADS as a way to enhance community support and customer service.

References

- <https://www.gibraltar.gov.gi/press-releases/world-alzheimers-month-2023-5772023-9166>

<https://www.facebook.com/ghaweb/photos/the-gha-is-pleased-to-announce-living-with-dementia-understanding-the-dementia-p/1089769579798204/>

- <https://www.yourgibaltartv.com/charity/27071-cultural-staff-become-dementia-friends>

Dedicated media outlets

Gibraltar does not have dementia-specific or health-specialist media outlets. Instead, coverage is channeled through GHA communications and general local media, most notably the Gibraltar Chronicle, which periodically reports on dementia-related developments, including new drug approvals or policy updates, often incorporating commentary from GADS. In a small media ecosystem, this model relies on repetition and visibility across mainstream channels rather than niche publications to sustain public awareness.