Understanding Dementia within National Dementia Policy in England: A Critical Discourse Analysis

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Background
Dementia is recognised as a public health priority globally. There are around 800,000 people with dementia in the UK and by 2040, this figure is expected to double. Since the publication of the ‘Living Well with Dementia’: A National Dementia Strategy in 2009 in England, a series of dementia policies have been established to improve the lives of people with dementia through increased societal awareness of dementia, earlier diagnosis and a cultural change in health and social care. This research aimed to identify dominant discourses underpinning national policy and consider their implications on the development of health and social care training.

Methods
337 hits were produced in a website search of ministerial departments, agencies and public bodies. Of these, 13 English policy documents (2009–2013) were identified and subject to critical discourse analysis which considered textual, social and discursive practices (Fairclough, 2009).

Results
Discourses were organised under five themes: dementia (responsibility, momentum), people with dementia (exclusion, fear); healthcare professionals (misunderstanding, (de)motivation); dementia awareness (collaboration, (de)valuation) and dementia training ((in)flexibility, (dis)empowerment).

Conclusions
Dominant discourses framed people with dementia as passive and marginalised within healthcare while practitioners were represented as uninformed yet powerful. A subversive context of disempowerment located GPs and nurses as gatekeepers to choice/control of people with dementia’s lives thereby reducing their capacity to resist oppressive healthcare practices operating in the service interest rather than in the interest of the people they serve.

Key messages
- The findings are illustrative of how cultural transformation of dementia care in England is suppressed and how messages of change can often rest at the level of rhetoric
- Local authorities are responsible for commissioning dementia services but people with dementia are largely effectively from decision-making/service development via health/social care gatekeepers