Global Dementia Legacy Event Japan-related materials
(The process of establishing tennis lessons for people with early onset dementia and Dementia Cafés)

Welcome to the Uji café!
Toshibo Mori, one-day café manager

Materials to be distributed today
1. PowerPoint materials (for mini lecture in Section 1)
2. Global Dementia Legacy Event Japan-related materials (the process of establishing tennis lessons for people with early onset dementia and Dementia Cafés): this document
3. Global Dementia Legacy Event Japan-related materials (Kyoto’s history):
The Kyoto Document 2012 and Kyoto-style Orange Plan
4. How to Promise People with Dementia to Continue their Own Lives
   - Kyoto Document 2012
5. Original Research Article: Present Status and Road Map to Achieve Inclusive and Holistic Care for Dementia in a Japanese Community: Analysis Using the Delphi Method

- The creation of tennis lessons for people with early onset dementia (October 2012)

These lessons were begun due to one man with early onset Alzheimer’s disease. He worked at Kyoto University as a research assistant on chronic cadmium poisoning, one type of pollution. The onset of his Alzheimer’s disease was at the age of 61, the year after his retirement. He enjoyed sports and had run the Honolulu Marathon four times, so after retiring he joined a sandlot team and continued enjoying baseball. But because he stopped driving after the onset of his disease, it became difficult for him to go play baseball. The man and his wife strongly wished for him to continue playing sports, which were his reason for living, but the nursing-care insurance services (focused on support for elderly people) did not offer what he wanted.

After continued consultations with the man and his wife, we decided that if nothing existed we would create it ourselves. A mental health and welfare consultation staff member at the Kyoto Prefectural Rakunan Hospital—where the man was commuting to—had experience playing tennis, and there was a tennis court at the hospital. Accordingly, the man, his wife, and the mental health and welfare consultation staff member began weekly tennis lessons. This was in October 2012.
These tennis lessons are unique for three reasons. The first is that they were begun according to an idea from a patient and with a focus on patients. The second is that family members can also participate. The third is that these lessons allow people to enjoy playing sports together, regardless of whether they have dementia or not. Opportunities such as this did not exist as part of traditional nursing-care insurance services, but there was great latent need for them. These lessons have drawn a series of people who were not satisfied by past services and who did not know where to go.

The first participant was a woman who had continually played tennis since she was young. Memory impairment had progressed, and she was unable to continue in the club she used to be part of. Her husband wished for her to somehow continue playing the game that she so loved, which is how he discovered these tennis lessons. These couple supported these tennis lessons; among all the participants the wife was the most skilled at tennis, and her husband took on the role of creating initial tennis court foundations. The next participant was an earth science professor. The onset of his disease was immediately after he retired, and he and his wife were together searching for answers regarding how to live with his dementia. When he was at the university, he told his students, “Mineralization occurs when gold, silver, copper, and other metallic minerals are agglomerated inside geological formations or rocks. Speculators then search for these. Today, speculators walk around mountains (fields) and search for that drama in the history of the earth.” He is now searching for a new answer about how to live with dementia. At the same time, a former male scientist—who had diverse talents including guitar performance and painting—also joined. He had stopped playing the guitar and painting since the onset of his dementia, and had continually shut himself away. His wife was worried, so she found the tennis lessons. Another participant was the greatest sportsman in the lessons, a runner who carried the torch at the 1964 Tokyo Olympic Games and was a former member of the Japan Men’s National Volleyball Team. He was one person who helped create the golden age of men’s volleyball together with Katsutoshi Nekoda, Tadayoshi Yokota, and Seiji Oko. As a succession of people joined in this way, one mental health and welfare consultation staff member could no longer provide sufficient support. The current tennis lessons were created with the addition of a specialized tennis coach and support from students from a nearby university (with part-
Two sets of members recently joined the lessons and blended into them immediately. The first couple was a man whose onset of dementia was two years ago (he had quit his job as a manager at a university that spring) together with his wife. In a mysterious coincidence, he was a colleague of Isao Ozawa who had been at the same university—which was Ozawa’s final job—at the same time. The second couple was a woman, who had been diagnosed with early onset dementia the previous year, and her husband. They felt confounded by this diagnosis, but said they now enjoyed attending the tennis lessons more than anything else and looked forward to them each time.

- Dementia Café trial run and a conference by a team of persons with dementia

A Dementia Café event was held on a trial basis on December 2, 2012. Central roles were played by participants of the tennis lessons for people with early onset dementia. One month later on January 5, 2013, the Dementia Café Preparatory Meeting was held, centered on a team of people with dementia. They spoke about their impressions of the café trial run: hopes, expectations, and requests for the future: and the Dementia Café concept. This preparatory meeting helped create an image for the café.

- Image of the Dementia Café as depicted with the team of persons with dementia

A person with dementia—with or without his or her family members—can go to the café on the early afternoon of a day off, bringing just one 500-yen coin. This is a café for people with early onset dementia, for which preparations are currently underway in Uji. It is open for two hours (from 2:00 to 4:00 p.m.) on non-working days. It is composed of three parts: mini lectures, mini concerts, and café time.
This space is well coordinated. People with dementia, their family members, experts in medical treatment and nursing, and local residents gather together in their everyday clothes to enjoy relaxing on days off. The atmosphere is unique because they are participating as equals, so it is not apparent who is a person with dementia and who is an expert. Physicians and persons with dementia are in charge of the mini lectures, while currently active musicians are invited to play during the concerts. The café time is an opportunity for people to chat freely: it is structured so that people with dementia and local residents can relax even if they are meeting for the first time.
Up until now, there were no services that could be used by people in the early stage of
dementia. It would not be an exaggeration to say that people with dementia and their families have been estranged from these services and from society as well. Cafés have been opened at each of six community general support centers as sites to allow people, even after the onset of dementia, to continue living in the regions they are used to. To local residents, these cafés are the first consultation locations for themselves or family members. A team of experts provides individual consultations after the café events, and they also feature outreach functions (visits to people’s homes). Therefore, they can also handle people who refuse to be diagnosed at medical institutions. By providing concentrated support in the early stage of dementia, these cafés support people in continually living in society, even after the onset of dementia.

It is not that difficult to create an Uji City where people say, “Even though I have dementia, I am glad I live in Uji.”