

DEEPNESS
DEMENTIA MEDIA

Deepness
Dementia Media

Living Well With Dementia



Sign up to our Monthly Newsletter



Its here, 2025 Happy new year everyone welcome to our January newsletter from Deepness Dementia Media, myself and everyone from deepness dementia media would like to thank you all for the continues support through 2024 we hope you all enjoyed the Christmas break

I am Anne Scott the Newsletter Editor, and I hope you enjoy reading our latest news. Please send your feedback about the newsletter, whether you liked it or how it could be better. If you want to contribute or send in something for the newsletter or ask a question or have a topic covered then, get in touch with me at - scottanne@live.co.uk

The newsletter will come out monthly with lots of features and dementia news, including news from Deepness Dementia, the dementia community, dementia activism, and dementia rights



Check out below a list of what is coming up in this newsletter. You can click on the links and skip straight to that article.



Howard Gordon ... [Dementia rights... Research opportunity](#)

Teepa snow...[Keep Calm and Brush On! Dementia and Oral Care.](#)

Gail Gregory... [photography](#)

Howard Gordon, Rights & Dementia... [Scottish Government: Dementia strategy: island communities impact assessment](#)

Anne Scott... dementia news... [Discount for carers.](#)

Easy Recipies...[Microwave soy salmon noodles](#)

Anne scott ... Arts and crafts...[Beautiful Pressed Flower Lanterns](#)

Dementia film ... [Blueberries](#)

Give Your Mind a Workout! [brain teasers](#)

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scottanne@live.co.uk

Thank You

Anne Scott



Howard Gordon ... Dementia rights... Research opportunity

Please Share

Are you someone who is living with dementia?

I am looking for people with a diagnosis of dementia to become participants in some research I am doing as part of my Doctorate of Counselling Psychology at York Saint John University.

The research topic is particularly sensitive, and so this role is not for everyone.

The research will focus on your positive experiences with healthcare professionals discussing end-of-life care and using advance care plans. I would like to have two or three face-to-face interviews with you in a location familiar to you so that together, we can explore what good conversations with healthcare professionals look like from your perspective. You are considered to be an expert through lived experience, and therefore, your opinion is valuable.

This is a topic that has been researched but has not involved people with a diagnosis of dementia in the research using one-one interviews. I am very passionate about people living with dementia having their voices heard in relation to decision-making that involves their own care and support.

Research shows that people living with dementia who have discussed end-of-life care preferences experience a better quality of life with person-centred care that is more aligned with their values and preferences. Research also shows that having discussions about end-of-life care can reduce unnecessary hospital admissions.

I hope this research will enable more people to experience an improved quality of life as their dementia progresses.



If you would like to find out more about participating in this research, please ensure you Have a dementia diagnosis. Have experienced a good conversation with a healthcare professional about end-of-life care and advance care plans.

Are comfortable talking to me initially via email, telephone, or video call so we can talk about what to expect and identify a familiar location for your interview such as a local community centre.

You must be available to be interviewed two or three times between January 2025 and March 2025. The total time spent being interviewed will not be greater than two hours.

Gaps between your first, second, and third interviews will be approximately one week each, but they may be longer (up to three weeks) if we struggle to find mutually convenient dates.

Have a trusted person accompany you to the interviews and be available - in a separate room - should our conversations raise difficult emotions that you would find helpful to share with someone you know and trust. Please note this person will not be taking part in the research.

You can email me at Tania.Carter1@Yorks.ac.uk or contact the organisation that shared this information sheet with you before 1st March 2025.

**Thank you, I look forward to hearing from you. Tania Carter
Email: Tania.Carter1@YorkSJ.ac.uk**

If you need support, some helpful services are detailed below. Hover your cursor over the words to click to visit the website or call the phone numbers for support.

Dementia Connect support line on 0333 150 3456 Dementia Support Forum Admiral Nurse Dementia Helpline on 0800 888 6678 or email helpline@dementiauk.org

Alzheimer's Society Dementia UK Advance Care Plan Template

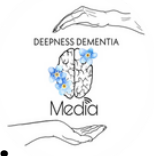
[BACK TO CONTENTS](#)

CLICK HERE



Teepa snow...

Keep Calm and Brush On! Dementia and Oral Care.



As we well know, it can be challenging for many of us, even if we are living with healthy brains, to remember to brush and floss as much as we should! With the progression of dementia, oral hygiene tasks such as toothbrushing, flossing, mouth rinsing, and denture care often become extremely challenging. However, the lack of oral hygiene is only one reason for mouth problems in dementia care. The most commonly seen oral problems in individuals living with dementia are mouth sores, tooth decay and abscess, broken teeth, periodontitis (gum disease), and issues with dentures.

Why do these issues often occur with dementia?

Mouth sores can be caused by trauma, broken teeth, or ill-fitting dentures. They may be worsened by a dry mouth, which is common in aging adults and is also a side effect of many medications commonly used in dementia care. Mouth sores can be a severe issue for those living with dementia, since they often have trouble recognizing or communicating that something is bothering them until the sore is very large, which may prevent them from getting adequate nutrition and hydration.

Tooth decay is another frequently seen issue in dementia care and is especially problematic on the root surfaces of teeth. Recession of the gums, which is usually due to years of tooth brushing or tooth grinding, tends to be very common in older individuals. When the gums recede and shrink away, the root surfaces of the teeth are no longer protected and are very susceptible to decay when not properly cleaned. This root surface decay is often difficult to repair and can lead to tooth abscess.

Another reason that tooth decay and abscess is prevalent is due to dietary changes. As dementia begins to cause the brain to crave more glucose, it is very typical for intake of sugary liquids or foods to increase. This sugar feeds the bacteria in the mouth, and the acid they produce dissolves tooth enamel, causing decay.

When teeth decay, they often begin to crumble or break. Broken teeth may also be caused by tooth grinding or chewing on objects, both of which are often seen in the disease of dementia.



Why do dentures or partial dentures often cause issues in dementia care?

One reason is that the person living with dementia may be having a difficult time keeping the denture clean or is forgetting to remove it at night. When food or bacteria gets trapped under a denture, sores often result. Also, as many individuals lose weight during the later stages of dementia, dentures loosen and move around the mouth more, causing discomfort.

Periodontitis is also very often seen in individuals living with dementia due to their inability to perform effective oral hygiene. Unfortunately, this can result in bad breath, loose teeth, tooth loss, and abscess.

If a person living with dementia suddenly stops eating, displays pain signals, constantly seems to be chewing or sucking on something when their mouth is empty, is touching their mouth more than usual, or is suddenly not tolerating their denture, these are all warning signs that there may possibly be something amiss inside the mouth.

How can we do our best to avoid oral care emergencies?

During the middle states of dementia, one should continue to visit a dentist on a regular basis. If oral hygiene is starting to decline, it may be very helpful to increase visits from twice a year to three or four times a year, if finances allow.

It is essential that the dental team be informed of a dementia diagnosis as early as possible, as it will assist them in being on the lookout for potential trouble areas, such as fillings that are starting to break down and need replacement, dentures that need to be remade or refitted, or broken teeth that need to be repaired. The dental team may also choose to recommend products to prevent decay or alleviate dry mouth. The goal is to be proactive to reduce issues further down the dementia road, when visiting a dentist is typically extremely challenging or impossible. Being aware of a dementia diagnosis will also assist the dental care team in understanding why an individual's oral hygiene may be declining or why the patient they may have seen for many years is now acting a bit differently.

As one continues to live with dementia, the focus should be on keeping the mouth as clean as possible. The sequencing of brushing one's teeth will likely become more challenging, so simple step-by-step instructions should be used.

Offer one step, and then allow time for the person living with dementia to process the instructions and complete the action. You might start by saying, "Take off the toothpaste cap." After the task is completed, continue with "Put a dab on your toothbrush." Follow up with "Wet your toothbrush," and so forth.



Hand-under-Hand® assistance should be utilized for brushing as soon as it becomes evident that the person living with dementia is unable to brush effectively themselves. Flossing is also very important, even in the later stages, as it will help prevent decay and abscess. Care partners may wish to try flossing with Hand-under-Hand® assistance using a long-handled dental floss holder. For the person living with dementia, this will somewhat mimic the motion of toothbrushing, and will likely be better tolerated. As care partners are assisting with oral care, it is essential that they routinely check for mouth sores, broken teeth, or swelling, as those living with dementia may have trouble communicating or recognizing these issues.

Daily cleaning of dentures or partial dentures is also essential to reduce infections. Did you know that you should never brush dentures with toothpaste? The abrasives in toothpaste cause tiny scratches in the material of the denture, which can trap more food particles and bacteria. Instead, use a toothbrush with a mild soap and rinse well, or soak them using denture cleaning tablets. Make certain that dentures or partial dentures are removed every night to allow the mouth tissues a chance to breathe and heal, if necessary.

Late in dementia, dental appointments are typically used only for extreme emergencies. Involved procedures such as tooth extractions or crowns should be avoided if at all possible, as it is unlikely that they will be well-tolerated.

Broken teeth will likely not be treated at this stage of dementia, although a dentist may be able to quickly smooth a sharp spot if it is causing trauma to the cheeks or tongue. It is likely at some point that the person living with dementia may no longer be able to tolerate wearing a denture or partial denture, and diet modifications may need to be implemented.

Prevention of oral issues is key for all individuals, but especially in those people living with dementia. Let's do our best to keep our mouths as healthy as possible, to keep smiling!



[BACK TO CONTENTS](#)

[CLICK HERE](#)



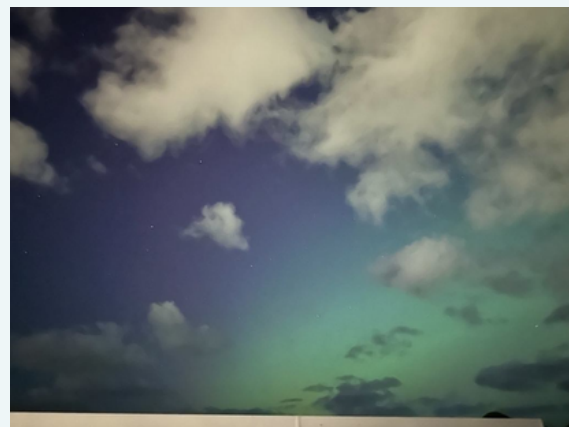
Gail Gregory... photography.



Aurora Borealis: Nature's Dazzling Light Show

The Aurora Borealis, commonly known as the Northern Lights, is one of nature's most captivating phenomena. It is a breathtaking display of colorful lights dancing across the night sky. It is just amazing!

The Northern Lights occur when charged particles from the sun collide with gases in the Earth's atmosphere, creating a stunning light display.





gases in the Earth's atmosphere, creating a stunning light display.

The best places to witness the Northern Lights are regions close to the Arctic Circle, such as Alaska, Canada, Iceland, Norway, and Sweden.

Just recently we have been lucky to watch this spectacular light show all over the UK.

Whether you observe it in silence or capture it on camera, the Aurora Borealis is a sight that definitely leaves a lasting impression.



[BACK TO CONTENTS](#)

[CLICK HERE](#)



Howard Gordon ... Rights and dementia



Scottish Government: Dementia strategy: island communities impact assessment

Considers the impact of the dementia strategy in Scotland: Everyone's Story and its first two-year delivery plan for island and geographically remote communities.

Data and evidence gathering

Methodology

The potential impacts of the strategy and delivery plan on people living with dementia and their care partners/unpaid carers were informed by an analysis of a range of published evidence and stakeholder engagement. We held and attended meetings, conversations, conferences and workshops with various stakeholders. We also held meetings with and sought input and advice from relevant colleagues in the Scottish Government and COSLA.

Our process for carrying out these impact assessments has focused on collaboration and participation and expanding our knowledge. The establishment of a National Lived Experience Panel, appointed by an independent group on behalf of the Scottish Government, has formed part of the formal governance which oversees the development (and subsequent delivery) of this strategy. Some members of the Lived Experience Panel live in rural and island communities, so their participation provides valuable insights for our ICIA. As well as working with the National Dementia Lived Experience Panel, we have and will continue to engage with pre-existing lived experience groups as reflected during the National Conversation and other delivery partners through our Strategy Delivery Group.

Findings around lifestyle factors/circumstances

Covid-19 Pandemic A global survey of the impact of COVID on islands[6], including Scottish Islands, found the potential for digital connectivity limited and in addition, as large parts of an increasingly elderly population may not be as comfortable using technology such as smartphones. This potentially compounded issues and lead to an increase in social isolation, considered to be a risk factor for the progression of dementia, and so in turn can exacerbate the progression of dementia symptoms.

Cost of Living and Deprivation

The main issues in rural areas include higher costs of living: access to services, lack of affordable housing and higher fuel costs

Feedback from those consulted for this assessment corroborated that cost of many amenities and activities are higher for people living in island communities than those living on the mainland.

And that there are additional costs associated with living with dementia such as an increased dependence on taxis. A lack of choice and accessibility means that shopping, mobile phone services and broadband can be more expensive for people living in island communities compared to those on the mainland.



The greater distances mean that day to day travel, postage, fuel, day-trips and holidays are also more expensive for people in rural and island communities. Citizens Advice Scotland[8] have identified issues of grid, utilities, digital and travel as key barriers for people in accessible rural small towns. Furthermore, a typical food basket can cost as much as 50% more on island communities in Scotland, while transport can be up to £30 a week more expensive due to longer distances for commuting and a higher price for petrol.

Noting this, it is important to consider the link between deprivation and poorer health outcomes including potential risk for some dementias. The proportion of households experiencing low-income poverty living in rural areas of Scotland is estimated to be approximately 13%[10]. Western Isles, Shetland and Orkney had no areas among the 20% most deprived.

in Scotland, while levels of deprivation had increased in Highland, albeit by no more than 2% Connectivity and accessibility According to the research from 2017 about the Islands (Scotland) Bill[12], residents of islands rely on ferry crossings and air travel to reach the mainland and larger islands, and key services such as secondary and higher education, care, and medical services.

A lack of accessibility to employment, education and leisure opportunities can be made more difficult for someone with mobility issues, especially when transport options are limited. From consultation with our Lived Experience Panel, members noted that it was felt not being able to access these things infringed on people's human rights.

Especially as bus services in rural and island communities can be unreliable, with buses only running rarely even when they are available, and timetables that often do not meet the needs of people living in the community. Furthermore, not all islands are served by buses and taxis are not always available. This is particular an issue for people living with dementia who are often no longer able or allowed to drive. We heard how people on islands rely heavily on neighbours, friends and families driving them as a primary means of transport.

Findings relating to people's dementia experience

Dementia risk Research conducted[14] in 2016 and supported by Alzheimer Scotland, found evidence that environmental risk factors seem to play a role in a person's risk of developing dementia. Researchers previously found that dementia risk may be higher in the north compared to the south in Scotland. While they are not completely sure why this is the case, it is likely to relate, at least in part, to environmental risk factors.

In rural and island areas there tends to be an older age profile. Mid-2021 population data[15] suggest island and rural communities have some of the highest proportions of people aged 65+, and some of the lowest proportions of people in the other age groups.

Rural aging populations have been recognised globally as a critical policy issue[16]. Increasing age is well established as the greatest known risk factor for dementia[17]. Of the estimated 90,000 people with dementia in Scotland, only an estimated 3,000 are under the age of 65[18] but it is not clear how many people of these live outside urban areas



The above data provides key insights and background on the experiences of those in island and rural communities, but the gaps in data availability, particularly in relation to islands data at a more detailed level than local authority level, and data relating specifically to how people living with dementia are affected, raise the importance of prioritising this in the Strategy and delivery plans and the value of directly engaging with island communities.

An epidemiology study in 2012 of geographical variation in dementia[20] found that any consideration of geographical variation of dementia must also include geographical variation of related conditions and risk factors. It also found variance in incidence across Scotland for cardiovascular and cerebrovascular diseases, and this variation is partly related to smoking (in both sexes), population density, deprivation, blood pressure and body mass index (in men).

An earlier study in 1995 of young onset dementia across the whole of Scotland[21] looked at the geographical distribution of cases and found non-random distribution of cases of young onset Alzheimer's disease but not vascular dementia. The study found that the pattern was partly, but not entirely, explained by kinship, suggesting that socio-environmental factors may also play a role in the aetiology of young onset dementia[22]. There is also evidence[23] of geographical variation in rates of dementia in affluent countries at a variety of geographical scales. Rural living is associated with an increased risk of Alzheimer disease, and there is a suggestion that early life rural living further increases this risk. However, this is currently not yet well understood The Delivery Plan notes the need to collect more data regarding geographical and socioeconomic factors relating to dementia.

Post diagnostic support (PDS) According to data published by Public Health Scotland[24], there were 8,915 people diagnosed and referred for dementia post diagnostic support (PDS) in 2021/22. Of those people referred in 2021/22 for post diagnostic support (PDS), 78.7% received a minimum of one year's support. Within Scotland, 47.7% of those estimated to be newly diagnosed with dementia in 2021/22 were referred for post diagnostic support (PDS). However, the data does not provide further detail, such as of potential rural/urban population discrepancies.

Though there is currently data collected on the number of people referred for Post diagnostic support (PDS) following a dementia diagnosis broken down by health board and local authority[25], there is limited data on the number of people living with dementia irrespective of whether they receive PDS or more disaggregated or qualitative published and geographic data on the local population of people with dementia.

To address this, the delivery plan has committed to better understand and ultimately improve the amount and quality of data collected, to ensure the circumstances are understood. The voices of those in island and rural communities will be considered as part of this process, and this impact assessment will inform what analysis is undertaken of future data.

Research from a study by Innes et al (2014)[26] explores the reported difficulties and satisfactions with diagnostic processes and post diagnostic support (PDS) offered to people with dementia and their families living in the largest rural region in Scotland.



Participant experiences in this study suggest increased efforts are required to meet diagnosis targets set by Government in this area and that post diagnostic support (PDS) needs to be developed and monitored to make sure that once a diagnosis is given people are then well-supported. The Delivery Plan commits to an independent evaluation of PDS policy and delivery to address areas of concern for our stakeholders.

Challenges Efforts to understand dementia and social inclusion[27] suggest that demographic factors in Scotland (growing older population, large proportion of older people living in rural areas due to out-migration of younger people, and people living longer) mean research specific to Scotland needs to be conducted regarding lived-experience in rural areas. Individually tailored services are required in rural areas to insure improvement in support

However, individually tailored services and person-centred support are recommended as best practice in dementia care, and should be provided for everyone, regardless of location. However, problems of distance and staff recruitment and few service options available compound the challenges of making high quality services available in rural and island areas. Research from 2018[28] acknowledges challenges for service providers when it comes to developing and evaluating services for people living with dementia in remote areas including organisational difficulties and lack of clear information about their communities and populations with dementia. It is important to understand that any new services in these areas will encounter, and need to address, challenges facing island and rural communities including distance, communication and workforce deployment issues.

Dementia deaths According to the national Records of Scotland[29] there were 6,491 deaths caused by Alzheimer's disease and other dementias in Scotland in 2023, an increase of 3% (214 deaths) on 2022. The rate of mortality caused by Alzheimer's disease and other dementias was 125 deaths per 100,000 people in 2023. This makes these conditions one of the leading causes of death in Scotland. The current rate of 125 deaths per 100,000 people is more than twice as high as it was in 2005 (60 deaths per 100,000).

After adjusting for age, deaths caused by Alzheimer's disease and other dementias were 1.3 times as high in the most deprived areas of Scotland as in the least deprived areas. Inverclyde and Falkirk had the highest 5-year average mortality rates. The rates were lowest in the Scottish Borders, East Renfrewshire and North Ayrshire. The rates for Shetland and Orkney are lower than the Scottish average. However, the confidence interval around the rates for these areas is very wide, making the estimate less certain. This is likely due to the smaller populations in these areas. Considering urban and rural areas, there hasn't been as clear a pattern over time and there doesn't appear to be as strong a relationship when comparing changing levels of rurality and the rate of Alzheimer's disease and other dementia deaths.

The National Conversation The range of voices we heard from in our National Conversation[30], whether it be in writing, online or in-person, provided an incredibly strong basis for considerations as to what the new Dementia Strategy for Scotland can and needs to achieve in island and rural communities

The engagement work was led and delivered by Scottish Government and COSLA, working with several organisations who went to great lengths to engage communities across Scotland in their communities, where they feel most comfortable and to enable their voices to be heard. .



Such efforts have been essential in broadening out this conversation on what a new Strategy could look like and what needs to be prioritised in the first 2-year delivery plan, and we will continue to encourage these efforts as we progress from Strategy and its outcomes to delivery

An emerging theme from the National Conversation and delivery subgroups was the need to tackle “postcode lotteries”. Access to timely, person-centred diagnosis that is consistent and equitable throughout Scotland but allows for flexibility to suit the locality is committed to as a priority by the strategy. This includes diagnosis delivered by a broader range of those professionally qualified than current arrangements and delivery of diagnosis in a wider range of settings such as community hubs and care homes. However, the availability and provision of support, including the commitment of a minimum of 12 months Post Diagnostic Support (PDS), is felt to be inconsistent in island and rural communities. Recognising the principles of good support and enabling these to be delivered to fit local need was seen as a means of addressing negative local variation.

Inconsistencies in diagnostic services and care were also raised as an issue facing island and rural communities. It was felt this was often due to a lack of awareness from professionals of the symptoms of dementia, especially for those with young onset dementia. There was felt to be a lack of qualified professionals to diagnose (particularly in rural areas), driven in part by the continued ‘medicalised’ nature of the diagnosis process, that it continued to be based around a series of tests which were not considered accessible for many, and did not capture cognitive deterioration over time. The lack of a national screening programme and campaign was also cited as a concern, as it led to people needing to ‘know’ themselves what symptoms to look for.

Dementia-friendly communities were seen as a critical initiative for building connections across people and place, fitting with wider policy initiatives (such as 20-minute neighbourhoods) and has been agreed as a priority in the Delivery Plan.

This included the Meeting Centres model, with many participants in our National Conversation calling for greater support for these. Learning from communities that understand, welcome and are inclusive of people living with dementia was urged.

[BACK TO CONTENTS](#)

[CLICK HERE](#)



Anne Scott... dementia news...
Discount for carers.



discounts for carers



Whether you're a paid or unpaid carer, we have a huge range of discounts, money-saving deals and vouchers that you're entitled to, including travel and holiday deals, money off top fashion brands, savings on homeware and electricals, through to deals on mobile phones, utilities and gym memberships. The amazing things you do every day should be rewarded. You deserve it.



TUI
TUI January Sale
save up to £300 per booking

Very
Home | Garden | Electrical
Save up to 30%

Sykes Cottages
UK & Ireland Cottages
£20 Carers discount



506k+
members



22+ years
experience



Furniture Village Sale

up to 50% off + extra 5% Carers discount

Reward Mobile
Apple iPhone 15
£0 upfront + £43.20 a month

Purple Parking
Airport Parking
up to 75% off + up to 30% extra Carers discount

Up to **70%** off
plus
20% extra
Carers discount



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[BACK TO CONTENTS](#)

[CLICK HERE](#)

Easy recipes ...



Microwave soy salmon noodles



Prepare in less than 30 mins Cook in less than 10 mins Serves 1 Dietary Dairy-free...

Healthy... Pregnancy-friendly

A seriously quick and healthy salmon noodle dinner made in the microwave. Perfect for speedy suppers.

Recipe tested using a 800W microwave.

Ingredients

1 salmon fillet (about 120g/4½oz): 1 salmon fillet (about 120g/4½oz)

2 tbsp orange juice, fresh or from concentrate: 2 tbsp orange juice, fresh or from concentrate

1 tbsp soy sauce: 1 tbsp soy sauce

1 tsp honey: 1 tsp honey

1 nest of noodles (about 60g/2¼oz): 1 nest of noodles (about 60g/2¼oz)

2 tbsp frozen peas: 2 tbsp frozen peas

1 spring onion, finely sliced (optional): 1 spring onion, finely sliced (optional)

2 tsp sesame seeds (optional)



Put the salmon in a microwaveable bowl. Pour over the orange juice and soy sauce and drizzle over the honey.

Microwave for 4 minutes, turning halfway through. Rest in the microwave for a minute before removing, taking care as it might spit.

Put the noodles in a microwaveable bowl, cover with boiling water and microwave for 5 minutes, or until cooked to your liking.

Add the peas and set aside for a few minutes until the peas have defrosted. Drain the water.

Place the salmon on top of the noodles and pour over the sauce.

Sprinkle with spring onions and sesame seeds, if using

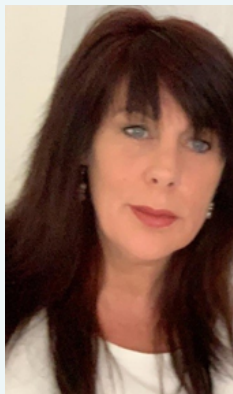
for all recipes click... .

<https://www.deepnessdementiamedia.com/dementia-resources>

[BACK TO CONTENTS](#)

CLICK HERE

Anne scott ... Arts and crafts



Beautiful Pressed Flower Lanterns

Pressed flower lanterns take little time to make, and they add such a classic charm to a table or desk. With just a few dried flowers and the glassware of your choice, you can make beautiful decor to enjoy all spring and summer.



It's no secret that crafts can have a positive impact on our mood by stimulating the mind, boosting creativity and even reducing stress. You don't have to be an expert crafter to derive joy from these easy crafts for adults, ranging from simple paper, yarn and painting projects to genius upcycling ideas that make the most of what you've got lying around the house. The best part? Once you've finished your craft, you'll have something beautiful to either cherish or pass off to a loved one as a homemade gift.

Glass jar (Oui jar, mason jar, or food jar)

Mod Podge Multi

Dried flowers or leaves

Paintbrush

Tweezers (optional)

Votive candle or tea light

Ribbon or twine (optional)

Flower press optional

Paint brush

scissors

Tweezers

Supplies



- 1 glass jar**
- 7-10 pressed flowers**
- 1 votive candle or tea light candle**
- Mod Podge Multi**
- ribbon or twine (optional)**

Instructions

If you plan to use an old food jar, remove any labels and wash the jar thoroughly. I recommend using a product like Goo Gone to remove glue residue after peeling away the labels.



Using a paintbrush, add a thin layer of Mod Podge to the jar.



Place a flower onto the jar, and gently press it in place. Continue working in small areas adding Mod Podge and flowers until the design is complete. If a stem is too long, you can trim it with scissors.



Add another layer of Mod Podge around the jar covering both the flowers and any open areas of the jar. This will give a uniform finish to the lantern. Wait for the jar to finish drying 2 hours before applying additional coats.



Allow the jar to dry for about 20 minutes before handling, and wait 2 hours before applying additional coats of Mod Podge, if desired.



For an extra embellishment, wrap a piece of ribbon or jute twine around the rim of the jar and tie a bow.



Place a small candle inside your glass jar, and enjoy the warm glow of your pressed flower lantern.



Notes

Use jars with a smooth surface and choose flowers that will lie flat for the best results. For a transparent, slightly glossy finish, use the Gloss formula of Mod Podge. For a frosted finish with minimal luster, use the Matte Mod Podge formula.

[BACK TO CONTENTS](#)

[CLICK HERE](#)



Dementia film ... Blueberries



PLAY FILM



[BACK TO CONTENTS](#)

[CLICK HERE](#)

Give Your Mind a Workout! brain teasers



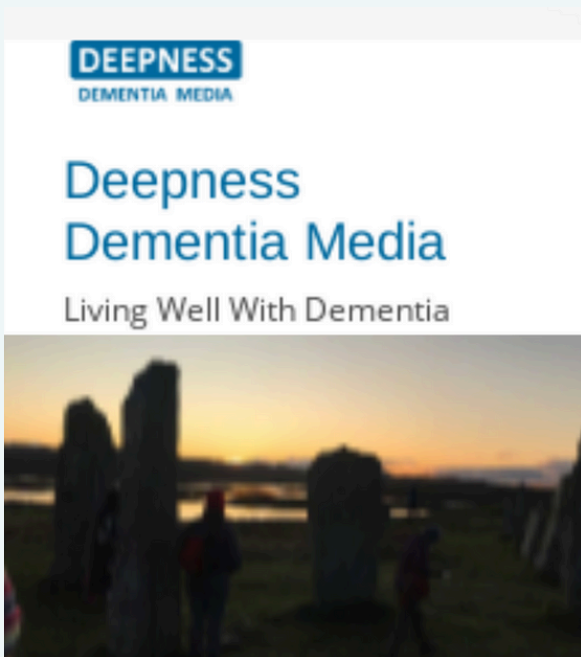
Did you know that doing brain teasers and logic problems can improve short-term memory loss? Challenging your mind with math brain teasers and other types of puzzles keeps the connections between your brain cells sharp. Plus, learning how to solve brain teasers improves your ability to concentrate and focus, too!

A man stands on one side of a river, his dog on the other. The man calls his dog, who immediately crosses the river without getting wet and without using a bridge or a boat. How did the dog do it?

Answer in next months newsletter

BACK TO CONTENTS

CLICK HERE



Dementia Media is a platform that gives people tools for living well with dementia designed collaboratively with those with dementia leading the process. By coming together in a supportive, energetic common space makes up a huge difference to the well-being of those going through dementia. As opposed to providing a cure, our goal is to help people become autonomous and get the most out of life. We bring a series of innovative projects - such as our radio station, online education courses, and much more - that use technology and music in a way that keeps people connected and stimulated.

“I didn’t want to die without leaving something for my family to enjoy and remember my strengths,” he says of the thinking behind the EP. “The whole concept was to create something that was a legacy for the person, and as soon as I thought about wanting to do that for myself I knew it was something other people would want to do, to leave our mark on society. It’s almost like leaving our families a gift.”

The Demented Poets EP is on sale now via Bandcamp iTunes and other outlets:

Bandcamp - <https://thedementedpoets.bandcamp.com>

Spotify - <https://open.spotify.com/album/6pngYVybZ3qUf6XMhOOFuK>

Deezer - <https://www.deezer.com/en/album/258048592>

iTunes / Apple Music - <https://music.apple.com/us/album/the-demented-poets-ep/1585080810>

Amazon - <https://www.amazon.com/dp/B09FRVYQ1F>

