

Volunteer Experiences of Community-Based Dementia Screening among Older Adults in Brunei Darussalam

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Dear Editor,

Article History:

Submitted: 13 December 2025

Revised: 19 February 2026

Accepted: 22 February 2026

Published: 1 March 2026

DOI: 10.31436/ijcs.v9i1.552

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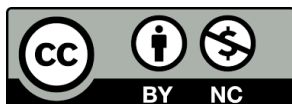
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Globally, population ageing is accelerating rapidly, with the number of people aged 60 years and older expected to double from 1 billion in 2020 to 2.1 billion by 2050 (1). In Brunei Darussalam, people aged 60 years and older comprise approximately 10% of the population, with this proportion expected to increase to almost 30% by 2050 (2). Dementia is a condition causing impaired cognition and function, and is a major contributor to disability, dependence and caregiver burden in older populations, with significant social and economic consequences (3,4). Interventions from a public health perspective include dementia risk reduction strategies and improved community awareness of dementia symptoms so that individuals seek timely assessment and management (5).

A community cognitive screening initiative in Brunei Darussalam, supported by the Davos Alzheimer's Collaborative, was implemented in 2023 (6). Trained volunteers consisted of ten undergraduate students from the Faculty of Arts and Social Sciences, Universiti Brunei Darussalam, who screened approximately 1000 participants within a three-month period. Prior to screening, volunteers completed four online modules on dementia, followed by structured training delivered by the project team. This consisted of an overview of dementia and cognitive screening, step-by-step guidance on administering the questionnaire, role-plays and discussions of ethical considerations such as consent, privacy, and responding to participant concerns. On-site supervision was provided during screening activities to ensure consistency and appropriate conduct. The cognitive screening process was previously piloted in Activity Centres for Older People in Brunei, which found a high prevalence of risk factors, cognitive symptoms, and 11.3% having possible dementia (6). This letter describes volunteer reflections and learning experiences, with the aim of sharing transferable lessons for similar initiatives in other settings.

Participants were asked to complete a structured questionnaire addressing dementia risk factors, potential cognitive symptoms, and the Mini-COG cognitive screening tool (7).

Based on responses, volunteers provided individualised advice on modifiable risk factors and encouraged participants to seek a medical review if they had uncontrolled vascular risks, concerning symptoms or abnormal Mini-COG results. Educational leaflets regarding dementia prevention strategies, including healthy nutrition, physical activity, cognitive stimulation and social engagement were also provided.

Screening was conducted in various settings, including outpatient cardiology and respiratory clinics in the main tertiary hospital, dialysis centres, and selected government ministries and departments that agreed to host screening booths for staff. Opportunistic screening in public spaces or events was also organised. Where feasible, the

screening was preceded by a brief educational talk covering common misconceptions, risk factors, symptoms, and prevention of dementia. Screening activities were conducted with permission from participating institutions and organizations and ethics approval from the Medical and Health Research Ethics Committee (MHREC), Ministry of Health, Brunei Darussalam. Written informed consent from participants was obtained prior to screening.

After the programme, volunteers were invited to provide written open-ended reflections on their experiences, challenges encountered and perceived learning outcomes. These reflections were reviewed and thematically summarized by the project team to identify common themes (**Table 1**).

Table 1: Summary of Key Themes from Volunteer Reflections

Theme	Summary
Engagement and awareness	Gained skills in communication, public engagement, addressing misconceptions, and facilitating discussions on dementia
Operational challenges	Navigating noise, institutional permissions, language barriers, and participant anxiety in public settings
Feasibility and scalability	Screening feasible with structured training and supervision; volunteers reported a sense of achievement from collective effort
Educational benefits	Developed teamwork, problem-solving, confidence in public interaction, and sensitivity in discussing cognitive health
Suggested improvements	Value of introductory talks, clearer signage, adapted Malay materials, digital questionnaires, participant appreciation tokens

There were several challenges identified. Screening in public spaces was difficult due to noise, frequent refusals, and unease among participants when answering questions in open settings. Language barriers were occasionally encountered when they had to give further explanations in Malay. Some participants expressed concerns about answering questions regarding their cognition, which required emotional sensitivity and careful explanations. Logistical issues, such as obtaining institutional permissions and managing participant flow during large group sessions were also experienced.

These reflections also provided feedback on how the format and settings affected the response and acceptability of screening. Screening sessions conducted within ministries and institutional workplaces had a higher level of engagement compared to open public venues. Participants seemed more willing and receptive when screening occurred in familiar environments and carried out with peers.

Volunteers also reported that conducting screening after a talk was more efficient, as fewer repetitive explanations were required. The talks also seemed to increase participant confidence and openness to further discussions regarding dementia. However, booth-based screening allowed a more personalized discussion and private questioning. Both approaches were considered complementary rather than mutually exclusive. This has implications for planning similar programmes, supporting the value of targeted pre-arranged screening in groups rather than opportunistic approaches.

This initiative demonstrated the utility of community-based screening for both awareness raising and early detection of dementia. Participants frequently asked questions about symptoms they have, how to access services, and shared concerns regarding family members with possible cognitive issues. Volunteers mentioned that some participants required reassurance about the difference

between screening and diagnosis, and the availability of support if a diagnosis was confirmed by their doctor.

This initiative was also a useful platform for dementia prevention messaging. In addition to lifestyle-related risk reduction approaches, some participants raised questions related to spirituality, coping, and meaning. This reflects a growing recognition of spirituality as an additional pillar in multimodal dementia prevention and the importance of integrating culturally relevant dimensions into community education to improve relevance and acceptability (8).

From an academic perspective, this initiative functioned as a service-learning experience, allowing students to apply theoretical knowledge related to ageing, dementia, communication, and ethics in a real-world community context. Although the volunteers for this dementia initiative were students from non-health disciplines, previous work in Brunei demonstrated the value of engaging arts and social sciences students in dementia education and awareness (9). In addition to improved dementia knowledge and awareness, volunteers reported that they developed skills in public speaking, community engagement, managing sensitive conversations, and an appreciation of teamwork. Many reported initial discomfort when approaching strangers or responding to questions, but gained confidence over time. This experience provided practical exposure to health communication, stigma, and ethical considerations rarely encountered in classroom-based learning. This programme also introduced students to fundamental aspects of community-based research, including informed consent, data collection, and reflection on implementation challenges, which supports early research literacy.

Public engagement through social media and community outreach has previously been used to raise dementia awareness in Brunei (9), and this initiative extends those efforts into face-to-face settings. The simplicity and low-cost involved suggest that similar approaches could be used in other low- and middle-income settings with appropriate training and supervision. Regional challenges in dementia diagnosis and service provision have been well-described (10), underscoring the importance of scalable community-level approaches. While adaptations to local language, culture and health system structures

may be required, the core principles in this initiative appear transferable.

In conclusion, community-based cognitive screening conducted by trained undergraduate volunteers is feasible and useful for early identification, dementia awareness, and risk reduction messaging. This initiative also provided educational benefits for students, particularly communication, problem-solving and teamwork skills. It is hoped that these volunteer reflections provide practical insights for future programmes in other settings.

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