This factsheet was developed to help community workers assist refugees and asylum seekers with dental referrals.

Dental health is a major health issue for refugees in Australia. For example, one Australian study found that over 55% of refugees reported they had dental problems, and over 65% reported symptoms of gum disease (Davies & Lee, 1998).

Dental problems can cause pain, trouble eating, difficulties learning to pronounce English, discrimination relating to employment, and have impacts socially.

Why would refugees have poor dental health?
The reasons can include:

- torture-related injuries to the mouth and face
- closure of dental services in war and disruption to dental hygiene practices, including shortages of brushes and toothpaste
- prolonged stays in refugee camps with few, if any, dental services or oral health education
- poor diet and nutrition whilst in exile
- lack of water fluoridation
- the impact of anxiety and other mental health issues causing a dry mouth, acid reflux, grinding, and, in some, reduced motivation for self-care.

The availability of low cost high-sugar foods in Australia can make existing problems worse. Language and transport difficulties, financial pressures, and the ongoing effects of torture and psychological trauma may make it harder for refugees to get treatment in Australia.

Who is eligible for public dental care?
Most recently arrived refugees are eligible to use public dental services. To be eligible, the patient (or a child’s parent) must have a Medicare Card and a Health Care Card. These cards must be shown at every visit.

People needing emergency treatment will be seen within 24 hours. Conditions classed as emergencies are:

- bleeding following extraction;
- swelling to the face due to infection; or
- injury that has badly damaged teeth.

Because of long waiting lists, pain is not classified as an emergency. Those with toothache and other problems will be seen in order of priority.

The patient will need to be there when you book an appointment, to answer a range of questions over the phone. One of the questions will be whether the patient is a newly arrived refugee. This is one factor used to indicate a high level of need.

When making an appointment at a public dental clinic, inform the intake officer that the patient is a refugee & whether an interpreter is needed.

Making referrals to dental services
Few refugees will be able to afford private dental services soon after arrival, regardless of their level of need. As a result they will need to be booked into the public dental system.

To make a successful referral, it is important to consider the following:

- Some refugees will be unfamiliar with the concept of preventive health care, and may not see the point of attending an appointment if their pain has subsided.
- Remembering appointment times can be difficult given the multiple demands of settlement, poor language skills, and the impact of psychological trauma.
- Public dental services usually notify patients of their appointment time by mail, in English. It is therefore very easy for patients
to miss their appointments, particularly people who are not from highly literate communities.

- Others may have extremely high expectations of the availability of free services in Australia, or may assume that services are provided on a first-come, first-serve basis, as it is in their country of origin.

Stress the importance of attending appointments. Always refer patients to public or more affordable services where possible, (& explain how to get there on public transport). Warn non-English speaking patients that their appointment details will probably arrive as a letter/card & advise them what words to look for.

How to refer to the Priority Oral Health Program

1. Contact the call centre number in your region (listed on the next page). A list of standard questions is asked. This allows the need for treatment to be assessed. Following the phone assessment the patient will be given an appointment, or told when they will be contacted again. A TIS interpreter can be used for this phone interview.

2. Patients first attend the dental clinic for assessment, not for treatment. The dentist will examine the mouth and determine what, and how soon, treatment is needed. Treatment is usually not provided until step 3. Interpreters should be available at assessment visits if requested.

3. An appointment will be made for the patient to return for treatment. Patients are able to bring one support person with them, in addition to an interpreter. Children under 16 must attend with a parent or guardian. The dental worker will advise if any future appointments are needed.

Explain waiting lists & the importance of not missing an appointment

Dental services and asylum seekers

Asylum seekers living in the community cannot access public dental services except for emergency treatment and relief of pain.

Asylum seekers can’t afford private dental services as they are not eligible for Centrelink benefits and a third are not allowed to work in Australia. Contact the Asylum Seekers Centre or RHS for advice.

Working with torture survivors

Torture that causes dental damage includes beatings around the face and head, electro-shocks and the removal of teeth. Survivors may be anxious and experience intense fear of dental procedures, particularly if similar instruments have been used in torture. This panic will be heightened if interpreters are not used, and supportive family or friends are not present.

Explaining to dentists how the damage was caused is likely to be traumatic for torture survivors.

With your client's permission, brief the dentist before the appointment if there are torture issues that might be relevant.

Knowledge of optimal dental practices

Knowledge of how to care for teeth will vary across and within communities. A few may have very basic knowledge, others may have had very effective methods that are no longer practical in Australia (e.g. ‘chewing sticks’ used in many countries). Refugees may adopt western oral hygiene practices in Australia, but they may not know how to get the best results.

People may also be unaware of the amount of sugar in different foods in Australia and its impact on decay, and be unfamiliar with preventative practices such as dental flossing.

Consider including oral health & nutrition information into group programs & casework. Translated information is available at www.mhcs.health.nsw.gov.au

Relevant refugee services:

NSW Refugee Health Service 8778 0770
Torture/trauma counselling (STARTTS) 9794 1900

Public dental service call centre numbers:

Sydney Dental (Central & East Sydney) 9293 3333
Westmead (Western Sydney) 9845 6766
South Western Sydney 1300 559 393
Illawarra 1300 369 651
Hunter 4924 6060
Central Coast 1800 632 657
Wentworth 4734 2387
Northern Rivers 6620 2142
Greater Murray 6058 1800
Mid North Coast 6656 7823

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