Refugee oral health

Fact Sheet 2 - Working with refugee and asylum seeker clients

Overview of factors that impact on oral health care

This factsheet contains an overview of factors that impact on oral health care with people from refugee backgrounds and introduces good dental practice.

For clients of refugee and asylum seeker backgrounds, dental care may be complicated by past experiences of torture and other forms of trauma. Experiences of dental care will have varied prior to arrival in Australia, with some clients having had quite good access to oral health care, although typically not for an extended period of time, and many having no or only minimal access to oral health care. For many, competing settlement demands (including housing, negotiating Centrelink payments, accessing healthcare, learning English, gaining employment, schooling, etc, whilst continuing to worry about family in precarious circumstances overseas) can mean that dental care is a low priority. This refl ects the need for priority access, fee-waiver and consideration of a range of factors that may impact on access and appropriate service delivery.

Dental health services are eligible for an allowance[1] which recognises the time it may take staff and clinicians to assess and treat clients of refugee and asylum seeker background [1]. An 'allowance' will be made for agencies that deliver a reduced number of targets when treating identifi ed clients. Additional time may be required to work with people from refugee and asylum seeker backgrounds for reasons including:

- The impact of torture and trauma [2]
- Lack of trust in the service provider [3-6]
- Unfamiliarity with the Australian dental care system [3-6]
- Low oral health literacy [3, 4]
- Time taken to use appropriate interpreter services [3, 6]

Impact of torture and trauma

People from refugee or asylum seeker backgrounds may have had experiences of torture and trauma which will impact on their oral health care [2]. This includes direct assault to the teeth and gums, circumstances of imprisonment in confi ned spaces, use of noise and overhead light as forms of torture, experience of guns or other objects in the mouth or around the face and sexual assault. Within this context, lighting or layout of dental practices could increase discomfort for people who have been exposed to torture and trauma [2, 5].

Similarly, the presence or sound of some dental instruments may bring back memories of torture and pain. Therefore additional time may be required to build a trusting relationship with your client to relieve fear and anxiety. It is particularly important that the client be given every opportunity to provide feedback as to any discomfort that might be elicited by certain procedures. Hand signals can be agreed upon prior to the procedure commencing so the client can indicate if they are distressed.

For example, the basic task of reclining a dental chair during any procedure could evoke past experiences of sexual assault – lowering of the body, person hovering over you, and the perceived loss of control.

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Lack of trust in the service provider

A recent study of newly arrived refugees from Afghanistan revealed lack of trust in dental service providers prior to arrival in Australia[5]. People had experienced inadequate dental care, either in their home country or during transition in resource-poor refugee camps[5]. Other reports including other refugee background population cohorts, included corruption among medical and dental staff, and/or participation in torture, which have shaped people's responses to services in Australia [2, 3, 5].

Unfamiliarity with the dental care system

Refugees and asylum seekers often arrive from areas where there is no designated dental health facility or areas where medical infrastructure is severely compromised or no longer exists[2, 5]. Alternatively, some clients from refugee or asylum seeker backgrounds may have had other oral health care that was quite diff erent to that provided in Australia as part of the public dental care system[5].

People from refugee and asylum seeker backgrounds may not only have diffi culty navigating Australian dental and medical health systems, but may also be unfamiliar with the use of appointment systems. In many countries around the world, arriving and waiting until someone is ready to see you is commonplace[3]. However, people from refugee backgrounds may also have memories of very good oral health services in the past and so have similar expectations of Australian healthcare services, for example, struggle to understand wait times in public services.

Low oral health literacy

Within this context many new arrivals to Australia may have had little exposure to oral health promotion or oral health education messages[2, 5]. However, it is important to build an understanding of the clients personal health beliefs and practices including traditional health practices that may be health promoting [7].

Use of an appropriate interpreter

It is very important that agencies take the time to book and work with an appropriate interpreter with all clients with low-English proficiency. The results of failure to use interpreters in a dental setting are many, including failure to receive properly informed consent for procedures, poor diagnosis and risk of delivering misinformation[8]. In Victoria, the Dental Health Program[2] will specifically allocate funds for language services based on reported usage data collected through Titanium, in addition to the existing funds provided by the Department of Health for language services.[1]

> See Factsheet 1: Identifying clients of refugee or asylum seeker background for more information on how to determine eligibility for priority access and fee exemption for public dental care.

[1] 'Allowances' under the new 1 July 2011 funding model relate to client classifi cation and are used when monitoring performance against targets; it does not equate to additional funding nor alter the price or associated targets. They are a mechanism for monitoring performance[1].

[2] Initial agency allocations will be based on actual 2010-11 reported usage of the language services item and will be for a period of two years (the transition period). These allocations will be reviewed and adjusted using interpreter data collected via Titanium when 'need an interpreter' is indicated during the transition period.

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