

Submission
No 88

INQUIRY INTO DENTAL SERVICES IN NSW

Organisation:

Name: Ms Emma Jay

Telephone:

Date Received: 2/06/2005

Theme:

Summary

SOCIAL ISSUES COMMITTEE

27 MAY 2005

RECEIVED

The Standing Committee On Social Issues
Legislative Council

RE: The Inquiry By The Standing Committee On Social Issues Into Dental Health

Dear Sir/Madam

As a citizen of NSW, I have long been concerned about the degrading state of dental health, service and education, and welcome the Upper House Inquiry into this neglected area of health care.

I am aware of many people who suffer significant pain and disability from poor dental health, and am dismayed by the lack of adequate services to relieve their pain and restore their lives to normal function. My uncle was disabled in a work-related accident has been waiting over 9 months for an assessment as he can't wear dentures. He eats mashed foods because he cannot chew properly.

Tooth ache is not only intensely painful, but also prevents consumption of a normal diet essential for good health, as does the lack of proper dentures for those missing teeth. Also, in a society where personal appearance is considered important, badly degraded teeth cause great psychological pain for many. I understand that there are further links between general and dental health, so that poor dental health is making our community sicker in more ways than one.

It is particularly worrying to me that there is an increase in the extent of untreated dental disease. I am also aware that this in part reflects a shortage of trained dental clinicians, with significant shortfalls predicted by 2010. The workforce shortage appears to be due to a lack of sufficient training positions for dentists, as well as dental therapists, hygienists, technicians and prosthetists. It worries me that despite the fact that there are many young people who would love to enter these professions, and the significant community need, the necessary training positions have not been created. I also hear that the educational staff in the training institutions are working in difficult circumstances, and am worried that if this is not reversed the dental workforce will be further degraded.

I recognise that public dental services are patchy, with some areas receiving comparatively good care and most of the eligible population unable to access routine dental care in a reasonable time.

I am concerned that people living in rural areas are often unable to find a dentist, despite being able to pay for service, and am further worried by the prospect of dental shortages in metropolitan areas.

The lack of adequate preventive dental programs and insufficient fluoridation worry me, as prevention of disease seems even more important in the absence of enough dental clinicians to treat existing dental disease.

I am particularly concerned about the situation for people with intellectual disabilities. I am aware that dental disease in people with intellectual disabilities is up to seven times more frequent than in the general population. I am also aware that dental disease is the most common health problem faced by people with intellectual disabilities.

I am concerned that it is very difficult for a person with an intellectual disability to obtain appropriate treatment. This situation arises from a range of factors including communication issues between professional and patient – capacity to communicate, training of professionals in communication techniques. A shortage of skills amongst dentists in working with people with intellectual disabilities. Dentists need particular training and skills due to the difficulty people with intellectual disabilities often have in recognising and explaining symptoms. The fear and resistance of dental treatment often shown by people with intellectual disabilities due to limited understanding. This calls for extra time and reassurance by the dentist and sometimes requires a sedation. The relationship between dental issues and particular health problems commonly experienced by people with intellectual disabilities. Health professionals need to spend more time with people with intellectual disabilities but the health system often does not allow for this. Poverty of people with intellectual disabilities

and inadequate supply of free and subsidised dental services. Inadequate awareness of dental care issues amongst disability support workers and other carers, lack of continuity of staffing and therefore knowledge of individual history and needs in disability supported accommodation. I understand dentists are often frustrated by the difficulty of getting a history form workers and the difficulty of having their recommendations implemented in supported accommodation.

In the absence of regular, timely and high quality dental treatment, people with intellectual disabilities will often be in ongoing pain. For those with limited verbal communication, they may not be able to explain that pain. This can lead to the person being highly distressed and exhibiting highly challenging behaviour. I know a young man with Autism who previously had never had dental disease. He was not able to be examined or have a radiograph taken due to extreme fear. Eventually he was examined under a general anaesthetic and found to have an abscess. Once the tooth was removed his behaviour returned to normal.

Most people with intellectual disabilities are dependent on disability support pensions and so dependent on public dental services. There are various problems with this system: such as long waiting times at various services due to inadequate resources. Dentists working in general hospital clinics may have little knowledge of intellectual disability. There is often a tendency to focus on treatment of immediate problems rather than ensuring appropriate preventative health approaches. For example, much dental disease is related to diet and inadequate consumption of fluoridated tap water. A tendency for hospital managers to be focused on the number of patients seen rather than focussing on giving patients the time their disability might call for and time to ensure a preventive approach. The lack of a career path to encourage dentists to specialise in working with people with disabilities

Some people with intellectual disabilities use private dentists. However, it is very difficult to find a private dentist who is experienced with people with intellectual disabilities and willing to spend the time the patient needs for an affordable fee. There has been a limited advance in recent changes to Medicare. Patients can claim a Medicare rebate on three consultations with a dentist when dental problems may exacerbate major health problems.

Finally, I am concerned that despite there being many internal and external reports of these problems to both State and Federal governments, including a Senate Inquiry in 1998, very little seems to have been done to prevent the current and developing dental crisis.

I hope that the current inquiry results in positive action being taken to address these concerns, and expect the State Government to accept its responsibility for ensuring adequate dental health, services and education for NSW.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Emma Jay', with a stylized, flowing script.

Emma Jay