CONFERENCE ABSTRACT

“Imagine if I didn’t meet you”: Developing an Integrated Psycho-Social and Legal Support Model in a Public Dental Setting

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Introduction: Dental diseases share many of the same deterministic factors as other illness, with the social determinants of health contributing to compounding social, physical, psychological and emotional conditions which lead to poor health outcomes.

Almost every week in Australia one woman is killed by her current or former partner, often after a history of domestic violence (DV). Historically supports have not been provided for DV in public dental setting. In New South Wales, Australia, patients who are experiencing social and economic disadvantage are largely seen in public dental settings. Often emergency appointments are their only connection to services.

Aims: An integrated care model was introduced at Sydney Dental hospital (SDH) to provide timely access to supportive services. In 2019, SDH employed the first lawyer through its Health Justice Partnership (HJP) with Redfern Legal Centre (RLC) and the first permanent Social worker in a Public Dental setting.

Highlights/results: HJP’s have the goal of reducing social determinants of health, which have the largest impact on health and health inequalities in Australia. The HJP’s lawyer is based at SDH to reach clients who would otherwise not access legal assistance and help address health-harming legal needs.

The social worker has introduced Domestic violence Routine Screening (DVRS) for the first time in an oral health setting. DVRS is routinely performed in other NSW Health settings as an early identification and intervention strategy. The impetus was regular referrals to social work for women subjected to domestic violence. Staff have attended training to gain skills in asking questions about safety and undertake DVRS as part of routine clinical examination.

This integration has involved collaboration and strong networks with other health, legal and community non–government support agencies. SDH is taking a ‘no wrong door’ approach with patients, finding the right services to support their needs.

Since the introduction of this model SDH has assisted patients to access crisis supports and housing, financial assistance, victim’s compensation, and advocate for the protection of their rights within social and legal systems. By providing this support, SDH is addressing the barriers in healthcare provision amongst vulnerable communities.

Conclusions: Through this innovative initiative SDH has improved the health and wellbeing outcomes and provided holistic care to patients.
Correy: “Imagine if I didn't meet you”: Developing an Integrated Psycho-Social and Legal Support Model in a Public Dental Setting

The results achieved through onsite services speak to the benefits of integrated psycho-social supports in health settings that have not previously housed such collaborations. Positive responses from both patients and staff show that this integrated, patient centred care could benefit and be transferred to other public dental services both in Australia and internationally.