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PARLIAMENTARY DEBATES



**HOUSE OF REPRESENTATIVES**

**PROOF**

**Federation Chamber**

**BILLS**

**Dental Benefits Amendment Bill 2012**

**Second Reading**

**SPEECH**

**Wednesday, 10 October 2012**

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

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## SPEECH

<p><b>Date</b> Wednesday, 10 October 2012  <b>Page</b> 143  <b>Questioner</b>  <b>Speaker</b> Brodtmann, Gai, MP</p>	<p><b>Source</b> House  <b>Proof</b> Yes  <b>Responder</b>  <b>Question No.</b></p>
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**Ms BRODTMANN** (Canberra) (17:56): A week before I got married I went along to my dentist to get my teeth cleaned, because I am obsessed with my teeth. I used to get them cleaned every three months—I am not that regular anymore, Dr Sharma! But I would like to go more regularly to the dentist to get my teeth cleaned. I wanted to have beautiful teeth for my wedding photos. I went to my dentist and she sat me down in the chair and started to clean them. She asked me to tell her about my wedding dress. I said: 'It's a very plain dress. It's made from silk faille, cut on the bias, and it's a 1930s-type style.' She said: 'It's interesting you should say that. Do you want me to give you the wedding gift that a lot of fathers used to give to their daughters in the 1930s?' I asked her what that was, and she said, 'Taking all your teeth out.' I asked why they would do that, and she said that it was a huge investment by fathers in the 1930s to get their daughters' teeth taken out, because it meant there was no lifetime of expense for the husband. They would get dentures, and they were pretty easily managed.

That underscored for me how far we have come in dental health, dental hygiene and dental care and in the state of the nation's teeth. But it reminded me of my mother's experience and why my mother—and now my sisters, as mothers—are now obsessed with dental care. My mum—and I have recounted this story many a time—grew up in a housing commission house in Melbourne, with seven children in the family. Her mum was a single mum who worked three jobs just to keep a roof over their heads and food on the table. They did it tough. Of course, dental care and dental hygiene was the last thing on my mother's mind or my grandmother's mind. At the ripe old age of 15, when my mother started working, she had rotten teeth. Before she started her new job she went out and had her teeth taken out. It took a month: one fortnight was spent getting the top teeth taken out, and the second fortnight was spent getting the bottom ones taken out. She spent the first nine months of her first pay packet as a 15-year-old on paying off that dental bill. To this day—and I actually had to ring her before I made this speech tonight—she still has great shame about the fact that she does not have her own teeth.

So to say that dental hygiene and dental health is an obsession in my household is probably an understatement. When we were little we were given fluoride tablets before there was fluoride in the water, and none of my sisters have fillings. I think that that is a great testament to my mother's obsession and the legacy of all those terrible things that she had to go through. So it probably comes as no surprise that I rise in support of this legislation, the Dental Benefits Amendment Bill 2012, which amends the Dental Benefits Act 2008 to establish the legislative framework for the Child Dental Benefits Schedule.

Dental care is critical in so many ways to our overall physical and mental health and our self-esteem, particularly in our youth. We know that there is a strong link between dental health and mental health. Just as an aside, I note that today is World Mental Health Day and I commend the minister for all the activities that he has been launching and taking part in, and the investments he has been making today. I also particularly commend the ADF for the fact that they are, for the first time, celebrating and acknowledging World Mental Health Day. I had a briefing last night, in a public hearing of the Defence Sub-Committee, from the ADF about the work that they are doing on PTSD and also on mental health, and there is a lot going on in this area. In the last five years they have really ratcheted it up, and not just for the soldiers who are coming back from operations but for veterans and, importantly, for families. So, as did the minister today, I commend the ADF not only for having their first mental health day today but also for the great work they are doing in this area.

According to the most recent data, 75 per cent of mental health problems occur in people under the age of 25. Some of these mental health conditions are indirectly related to dental care or, more precisely, the lack of proper dental health care. When you talk with mental health experts they will tell you of the links between good diet and good dental care and improved mental health outcomes. Some mental health conditions involve eating disorders which obviously have a connection to dental care. Other disorders may involve the misuse of illicit drugs, and they can result in poor dental outcomes and also complicate mental and physical healthcare treatment.

Another important aspect of good dental health care in young people involves self-esteem and social inclusion, because body image, as we all know—all of us having been through the teens—is a particularly sensitive issue

for young people and growing children, and good dental health is critical in addressing issues of self-esteem. We know that there is evidence, too, that poor dental health and poor dental health care can lead to children being bullied, teased and socially excluded.

In a similar vein, I am also very concerned about juvenile diabetes and the alarming rise in the number of young people afflicted by this condition. Obesity is already identified as one of the leading health problems in young Australians, and there is no doubt that obesity and its causes are inseparable from the need for better dental care and better diet. So good dental health care is about more than just improving the teeth of children. Good dental health care can deliver many other mental and physical health benefits as well. As to obesity, you cannot eat a carrot if you do not have good teeth. That is why the bill we are debating tonight is so significant.

This bill will mean that, for three million children, going to the dentist will be just like seeing a doctor. As everyone here would agree, it is critical that children get proper dental care early on, and I believe that, by extending the range of people eligible to receive dental services, the government will be helping children in so many other direct and indirect ways. By getting access to dental care there is also much greater opportunity to help with diet. As I said, it is very difficult to eat a carrot without good teeth or with no teeth, and we know that an improved diet is significant in the path to better health.

I also want to talk about one of the programs that is operating here in Canberra. It is operated by a Canberra legend. I have spoken about this incredible woman in the House before. Her name is Liz Dawson. Liz is a tenacious and formidable force of nature and she is involved in a range of causes around Canberra—notably, Common Ground, which is trying to get help for people who have been afflicted with homelessness for many years and who also suffer some mental health issues.

Liz, bless her heart, is an extraordinary women. She was diagnosed with bowel cancer about a year or two ago. She went in for a preliminary op on it and came out with partial vision damage. Not only is she now advocating for homes for the homeless, as well as for another cause that I will come to, but she is also out there advocating for the vision impaired as well. She has been on my case about that ever since she suffered that terrible effect from the operation.

Liz Dawson also works closely with the Salvation Army here in Canberra to provide the homeless with dental care. She goes out and seeks funding for dental care for the homeless. She has come to me seeking funding for two sets of dentures. I have promised that. I need to get on her case now: the cheque is ready, so please come and pick it up. A number of the people whom she deals with have had illicit drug habits and so their teeth have rotted as a result of that. Some have been just affected by the poverty and disadvantage trap, and years of neglect and lack of access have caused dreadful dental outcomes. She, as I said, raises funds for these people to get their teeth looked at and treated, but usually, because their teeth are in such a bad state, these people unfortunately need to have most of them out. So she raises funds for dentures as well. She is, as I said, an extraordinary woman.

The stories that Liz tells me about what this means to these people are wonderful. They now have teeth, which makes their life a hell of a lot more comfortable. But it also means that they can start eating a healthier diet, because they can eat carrots and good fresh food, which they could not do beforehand. Most importantly, these people get their self-esteem back because they look good and can actually smile. As a result of getting their self-esteem back and having the ability to smile without feeling any shame, they can then go out and look for work. That has been the central outcome of the program that Liz Dawson is involved in. In getting these people teeth, she gives them a healthy diet and self-esteem and gets them a job. There are so many layers to having decent teeth. I have said many times to friends, family and others that it is the great social indicator. That is why this bill is so welcome and important.

Turning to the specifics of this legislation, it amends the Dental Benefits Act 2008 to set up the framework for the Child Dental Benefits Schedule. The schedule forms part of the Labor government's \$4.1 billion dental reform package that was announced in August this year. The schedule will replace the Medicare Teen Dental Plan from 1 January 2014. I want to remind people about our new dental for kids scheme. About 3.4 million children will benefit from that scheme. This includes children in families who get family tax benefit A, Abstudy, the carer payment, the disability support pension, the parenting payment, the special benefit, youth allowance, the double orphan pension, the Veterans' Children Education Scheme or the Military Rehabilitation and Compensation Act Education and Training Scheme. To help families, they will be entitled to \$1,000 per child every two years over the life of this package.

It is also important to note that parents will be able to take their children to either a private or a public dental service to access this program. Access can be a challenge. I know that the government dental service in Civic in the ACT is doing great work. But they have a long waiting list. That is part of the challenge with some of the homeless people that Liz Dawson has been dealing with. She has been using the funds to get people into private providers. As I have said, this program is an investment in prevention. It is an investment in decent and good health, good diet, good self-esteem and jobs. The Labor government understands the importance of preventative health. We understand that the dental health of children is the best way to ensure better dental health in adults.

In addition to the dental for kids program, our reform package will also provide 1.4 million additional services for adults on low incomes, including pensioners and concession card holders and those with special needs. That will give them better access to dental health care in the public system. The dental package will mean more services and more dentists in areas of most need outside capital cities and large regional centres. Finally, this package comes on top of the \$515 million we committed in the last budget, which included a blitz on public dental waiting lists. This is a very important health reform that will benefit millions of Australian children. It will hopefully ensure that those children do not have the future those women in the 1930s had or that my mother had.