

Free Interpreting Services for Primary Health Providers in the Auckland Region

The Primary Health Interpreting Services funded by the Northern DHB Support Agency are part of the Auckland Regional Settlement Strategy Health Action Plan to improve access for communities from non-English speaking backgrounds¹.

Free interpreting services are available to:

- All PHO services
 - Retinal Screening services
 - Psychological services
 - Podiatrist services
 - Physiotherapists
- General Practices
 - Community based retinal screening services
 - Pharmacy Services
 - Community Laboratory Services
 - Community Radiology Services
 - Community Pre-school Oral Health Education Services
 - Plunket Nurses
 - Accident & Medical Clinic
 - Independent Midwives
 - Home based support services (ADHB only)
 - Birthcare (ADHB only)
 - Parent and Family resource centre (for parents and families of children and young people with disabilities)
 - Arthritis NZ (Auckland region only)
 - Mercy Hospice
 - NZ Family Planning Assoc (Auckland region only)

Access Criteria Guidelines for the Provision of Phone and Face to Face Interpreting services

The criteria for using phone and face to face interpreters are as follows:

- Telephone interpreting (TINT) is the default medium for all primary health consultations because of cost and convenience
- Face to Face (site) interpreting service (SINT) will be provided for the following consultations:

¹ **Clients must be eligible for publicly funded health services in New Zealand**

- Not speak English or have limited English speaking language proficiency
- Have hearing impairments or require sign language interpreting

Note: ACC-related clients are not eligible for this service.

- Consultations taking more than 45 minutes
- Sign language interpreting
- Collecting a comprehensive health history
- Exercising of powers under the Mental Health Act
- Discussing complex medical issues
- Appointments for primary care early interventions such as HPV, B4SC, Breast screening, Retinal Screening
- **Appointments for refugee² and asylum seeker clients who have been in New Zealand for two years or less³**

How to use the service

- For face to face interpreting services patients need to state that they require an interpreter when making an appointment with their GP or clinic
- The GP or clinic will book an interpreter
- Telephone interpreters do not need to be booked
- For general GP visits (15 minutes), telephone interpreting will be provided
- For longer sessions, face to face interpreting services available

For more information contact

Waitemata Auckland Translation and Interpreting Services

Call centre: 0800887765 or e-mail watis@waitematadhb.govt.nz

Website: <http://www.watis.org.nz>

Auckland District Health Board Interpreting Service

Call centre: (09) 6236453, Fax (09) 6234695 or email: phip@adhb.govt.nz

Counties Manukau District Health Board Interpreting and Translation Service

Call centre: 0800 47 00 22, Fax (09) 276 0198 or e-mail: its@cmdhb.org.nz

² This protocol includes refugees who arrive as part of the United Nations High Commissioner for Refugees (UNHCR) mandated quota; asylum seekers (who arrive spontaneously and seek refugee status on arrival); and family reunification refugees (those who enter New Zealand as relatives of refugees (whether arriving as quota refugees or asylum seekers) already living in New Zealand

³ Research tells us that people from refugee backgrounds access health care services at a higher rate, particularly in the first two years of their settlement period. A study by Wing et al. (2009) shows high PHO enrolment for newly arrived refugees although how well refugees use general practices is unknown. In the first two years post arrival hospitalisation rates and emergency department attendances for people from refugee backgrounds are markedly higher compared to other cohorts of people in New Zealand. Similarly there is a high level of mental health service utilisation in the first two years. The utilisation rates drop rapidly to a similar level as non-Maori and non-Pacific people in the subsequent years. The following health problems are likely to be common amongst refugees in the first two years:

- psychological disorders such as post traumatic stress disorder, anxiety, depression and psychosomatic disorders
- direct physical consequences of torture such as musculoskeletal pain or deafness
- under recognised and under managed hypertension, diabetes and chronic pain
- poor oral health, a result of poor nutrition and diet, lack of fluoridated water, poor dental hygiene practices and limited dental care in the past
- infectious diseases including TB and intestinal parasites
- delayed growth or development in children

