

PCP- South West Oral Health Project

Aim

The aim of the project was to improve the oral health knowledge and skills: of aged care workers including staff working in residential care facilities; of people with a mental illness and their support workers, and to improve the knowledge of dentists about the treatment of people with a mental illness.

Objectives:

1. To deliver the oral health resource kit for mental health workers developed by the Yarra Oral Health promotion project
2. To improve the capacity of mental health workers to promote improved oral health practice to their clients with diagnosed mental illness.
3. To improve the capacity of oral health workers to respond appropriately to the oral health needs of clients with a diagnosed mental illness.
4. To provide DHSV training in Oral Health for Older People: A Practical Guide for Aged Care Services to residential aged care workers.
5. To promote the use of appropriate fluoride therapies to these target groups.
6. To review priority of access policies to public dental services by people with a diagnosed mental illness.
7. To explore with DHSV opportunities for special program funding to increase dental services access for people with a diagnosed mental illness.
8. To evaluate all of the above.

Strategies:

1. A training program based on the Yarra kits for mental health professionals was developed and delivered to staff and participants at all ASPIRE (A Psychiatric Disability Support Service) offices across South West Victoria including: Warrnambool; Portland; Hamilton and Camperdown Appendix 1 & 2.
2. Mental health support staff and clients were targeted with information to enhance better access to the public dental service, and how to utilise government funded dental schemes. Support staff were provided with copies of "Exemption from co-payment forms" in order to facilitate access to affordable dental services.
3. Dentists in the South-West Australian Dental Association branch were briefed at their quarterly dinner on the project and issued with copies of the "Information Kit for Dental Professionals". This kit and evaluation forms, were posted to all dentists in the region who did not attend the meeting (Appendix 3)
4. A training package was developed from the DHSV Oral Health for Older People: Practical Guidelines for Aged Care Services resource manual. The training was delivered to staff at all

residential care facilities in the South West Water catchment (Warrnambool, Koroit, Mortlake, Terang, Camperdown and Cobden) Appendix 4.

5. The dental nurse was engaged to deliver the training at residential care facilities Appendix 5.

6. The benefits of fluoride were promoted in presentations to the target groups.

7. Investigation has determined that there is no priority access policy for people with a mental illness, however the existence of the co-payment exemption forms were identified. There was previously no knowledge of this scheme amongst mental health workers, or public dental workers in the south west.

8. Information on the Victorian Emergency Denture Scheme and Victorian Emergency Scheme was distributed to people and carers who may benefit from access to the schemes.

9. Evaluation forms were filled out by all participants at every stage of the project.

Barriers

Lack of access to dentists: The main barrier to this project was the public's lack of access to dentists in the south west. The target group for this project included people who mainly access care from public facilities. In the south west there is an 80% vacancy rate for public dentists.

Despite Government schemes being available to enable private dentists to treat public patients, the demand in some areas, particularly Warrnambool, is so great that the private dentists are unable to meet the additional demand.

This project created a greater awareness of dental health, and therefore a greater demand for local dental services.

Accessing residential care staff: Another barrier was constraints on residential care staff. It was not possible to get large numbers of staff together at the one time due to the fact that staffing levels on wards needed to be maintained, while many staff were reluctant to attend training on their days off. At one facility, a session was held at night to cater for a wider range of staff, but only four attended.

Budgets: There are many products available that could help make oral hygiene easier for both staff and residents in aged care facilities, but the budgets don't allow for purchase of specialised equipment, and many residents don't have money to spend on dental care products.

Process evaluation:

The key issue for the success of the project was ensuring the information was styled to be relevant and useful for each individual group.

Aged residential care: To ensure that the training program was practical and useful in the aged residential care sector, every facility was visited before the training to ascertain the needs of the staff, the level of oral hygiene already provided to residents, issues staff would like information about and the best way to deliver oral health education. The training package was developed after this round of visits, and included information that had been requested.

Supported Residential Care: The project targeted two supported residential care facilities in Warrnambool and Koroit as part of the education of mental health support workers. These facilities only had three staff each, and managers felt training would be better directed at the residents. In these two facilities the residents had a varying range of diagnosed mental illnesses, a short attention span and limited ability to recall information. For this reason two completely different approaches to the training were devised.

Dental bingo: To meet the special needs of residents, at one facility a game of dental bingo was devised as part of the routine weekly activities. At the end of each bingo game information was provided to individuals regarding their specific oral health needs. Bingo prizes included oral health products.

Dental crossword: At the second facility, the most popular weekly activity was the crossword session, so a dental crossword was developed. The discussion of each answer provided the opportunity for oral health information to be distributed. The reward for correct answers was dental hygiene products, sugar-free lollies and afternoon tea was a fruit platter Appendix 6.

Mental Health: When discussing the training for mental health support workers based on the Yarra kits for Mental Health Professionals, it was decided that the “clients” who, are known as “participants”, would greatly benefit from the education. To this end, a training session was developed based on the kit, but aimed mainly at the participant audience. Staff also attended these sessions and were provided with appropriate additional written material. Staff at two of the four facilities requested that the training be packaged as an overall “good health” session. Additional information on nutrition and weight loss was provided at these facilities.

Dentists:

The decision to post out Information Kits for Dental Professionals was made in consultation with members of the South West Australian Dental Association.

Impact evaluation:

Residential care:

In the residential care facilities, a total of 52 people attended the oral health training Appendix 7.

67% agreed or strongly agreed that before the training their knowledge of oral hygiene needed improving.

On the information provided about oral cancer, tooth decay and brushing a resident’s teeth, 92%, 90% and 89% respectively agreed or strongly that the information was clear and understandable, that the session covered the content with enough detail, and gave them the knowledge needed to use the information in practice.

In regard to information on dentures 100% of respondents agreed or strongly agreed that the session was clear and understandable, covered the content with enough detail and have them the knowledge to use the information in practice.

100% of respondents said they understood and remembered the content and gained knowledge that was directly useful in their daily work.

92% of people agreed or strongly agreed that the training session provided them with enough information on the important aspects of oral health, and 98% of respondents felt that after the training session they had the skills to competently conduct oral hygiene.

Follow-up of managers 4-6 weeks after the training had been conducted indicated that the resource kits were being used by staff, especially new staff. Three managers said the education had resulted in a series of actions being implemented, incorporating changes to existing techniques or the introduction of improved standards. One facility has requested a session for residents in the future, and another has requested additional training sessions for staff.

Mental Health:

A total of 34 ASPIRE participants and staff attended the training. 97% said the sessions improved their knowledge of oral health and 83% said they would now be more inclined to seek dental care if they needed it. Many participants have since sought dental care, when previously many had indicated they would never visit a dentist under any circumstances Appendix 8.

Dentists:

Five of 19 dentists responded in writing to the evaluation of the kits for dental health professionals Appendix 9.

The five dentists who attended the dinner were phoned for their response, with every one providing their opinion.

Of the written responses, 100% agreed that their knowledge needed improving. 100% also agreed or strongly agreed that the information in the kit for dental professional was clear and understandable, covered the content with enough detail and gave them the knowledge they needed to use it in practice

Two commented that the kit was a helpful resource.

Of the five dentists who attended the dinner and were phoned for their response, 100 per cent agreed that the resource was helpful and informative.

Two commented that information on the treatment of people with a mental illness was an area where knowledge was lacking in the dental profession. Most commented that the resource had been passed on to colleagues for their information.

Sustainable outcomes:

Training packages: Two training packages have been developed to complement resource kits that previously existed. There are now training packages for residential care workers and also for people with a mental illness and their support workers. A component on good nutrition and weight loss has also been developed. All of this information is transferable to similar settings in any region in Australia. The training is only 60-90 minutes and is therefore relatively time-efficient to deliver in busy work environments.

Already the training program for residential care facilities is being considered for roll-out in Gleneira Shire (Melbourne metro) and the Deakin University Department of Rural Health (Warrnambool) has also expressed an interest in the project.

Dental nurse trained in education techniques: Another sustainable outcome of the project has been the training of a Warrnambool based dental nurse in education and training techniques. This nurse is now skilled and enthusiastic to carry out further education and training in the region.

Education of mental health and residential care workers: This workforce is now knowledgeable about basic oral hygiene techniques, and the options for accessing dental care. They can pass this information on to other staff as well as people they care for.

Education of dentists: Dentists in the region now have an improved understanding of treatment considerations for people with a mental illness and have resource kits in their surgeries to use for training other staff, or to refer to if they have a query about drug treatment.

Conclusions and lessons learned for future initiatives:

1. The 100% acceptance of the training program indicated a need for this type of education in all target groups. There is an increased focus on oral hygiene in residential care facilities due to accreditation standards that demand attention to oral care.
2. The evaluation indicates that people who attended the training found it beneficial and useful in their workplace. This gives a sound basis for duplicating the training in other similar environments.
3. Running multiple sessions in larger facilities won't necessarily capture a large number of additional staff. Day-time sessions were the best attended. Two sessions on different days received a better response than a day and night session on the same date.
4. Requests for training from groups outside the target areas (child health and Koori health) indicate that people are talking about the education program, and that there is a need for training in areas beyond those targeted by this project. The requests have come from people who have heard about the program by word of mouth.
5. It was hard to access information on the best oral hygiene techniques for "difficult" residents, or those who were in a semi-conscious or unconscious state. It would be helpful to develop guidelines to assist staff in residential care facilities deal with this important group of people whose oral hygiene is often neglected because there is little knowledge about what is the best course of action.