



Yarra Oral Health Project

*‘Oral Health for People with
Mental Illness’*

Final Report

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Yarra Oral Health Promotion Project

Introduction

The Yarra Oral Health Promotion Project was a nine month project funded by the Department of Human Services under the Victorian Oral Health Promotion Strategy Grants Program. It involved a partnership of several organisations.

The partners included:

- North Richmond Community Health Centre
- North Yarra Community Health Centre
- City of Yarra
- St. Vincent's Mental Health Service
- Dental Health Services of Victoria

Rationale

The focus of this project was to improve the oral health of people in Yarra living with a mental illness. This client group is recognised as experiencing poorer oral health, less likely to access available dental services and more difficult to provide appropriate dental care. There are a number of factors contributing to the generally poor oral health of this group they include a lack of knowledge and motivation to perform oral hygiene, lack of knowledge about available dental services, and barriers to services due to poverty, transport and fear. Despite high use, there is poor awareness of the damaging oral side effects of psychiatric medications.

Traditional health education interventions targeting this client group have had limited success.¹ For this reason, oral health promotion strategies were targeted towards health service workers having the greatest contact with this client group. Therefore the project focused on workforce development strategies for health workers as there was a greater capacity for successful outcomes.

¹ Chalmers J., Kingsford Smith D. & Carter K. 1998, 'A multidisciplinary dental program for community living adults with chronic mental illness', *Special Care in Dentistry*, vol. 18, no. 5, pp. 194-201.

Prevalence of Mental Illness

It is estimated that one in five people throughout Australia will suffer from a mental illness at some point in their life. Mental illness refers to conditions or disorders which affect a person's thinking, motivation, and daily functioning. Common disorders include depressive, anxiety and bipolar disorders, schizophrenia and dementias.

In the City of Yarra, mental disorders account for 17% of disability adjusted life years (DALY), ranked third, behind cardiovascular disease and cancer. This rating represents the overall burden of disease resulting from death and illness in the community. Mental disorders also account for the highest number of years lived with disability (YLD) at 32% within Yarra. St. Vincent's Mental Health Service alone, had approximately 400 clients accessing services at the time of the project.

Mental health services in the region

The mental health service system within Yarra is comprised of clinical services and psychiatric disability support services (PDSS). St. Vincent's Mental Health Service is the principal mental health service in the City of Yarra. It encompasses the St. Vincent's inpatients unit, Footbridge Community Care Unit, Clarendon and Hawthorn Clinics.

A network of PDSS exists in the City of Yarra. These agencies offer services such as rehabilitation and support, recreation and day programs, residential and respite services. Agencies located in the City of Yarra include Outreach Victoria, Outdoors Inc, Richmond Fellowship, Schizophrenia Fellowship, St. Mary's House of Welcome, and Yarra Community Support.

Representatives from these organisations meet regularly in a coordinated regional approach as part of the Yarra Mental Health Issues Group to plan integrated mental health services in the area.

Public dental services in the region

People with mental health issues are eligible for care at the public dental clinics. There are two community dental clinics located in the Yarra area. These are located at North Richmond Community Health Centre and North Yarra Community Health, in Fitzroy.

Emergency and general care is offered by the clinics to people on health care cards. Under the co-payment system clients pay an initial \$20 fee for their first visit and can pay up to a maximum of \$80 for a continuing course of care. Emergency appointments are available daily and other clients are put on a waiting list for general care. There was approximately a 12 month wait for general care at the time of the project.

People with a diagnosed mental illness are a group recognised as requiring assistance and priority in order to improve their access to dental services. For this reason, the Department of Human Services provides a free service to individuals with a mental illness through exempting co-payment fees. This is an appropriate and important initiative, as poverty is a serious barrier to accessing services in this client group. Priority appointments are also provided to enable services to be provided in an opportunistic way, to clients who, due to their illness may lack self care motivation and therefore not access services should they have to wait for long periods of time.

Mental health workers are required to validate a co-payment exemption form on behalf of their client when a referral or appointment is made for each course of emergency or general care.

Project Reference Group

The steering committee overseeing the project was comprised of the project officer, dental program managers from the two public dental clinics, and representatives of Dental Health Services of Victoria, the City of Yarra and St. Vincent's Mental Health Service. The project officer was based at the North Richmond Community Health Centre.

Goal

The overall goal of the project was ‘to improve the oral health status of people with mental health issues who live in the City of Yarra’.

Aim

The project aimed ‘to strengthen the capacity of health services within the City of Yarra to provide oral health information to people with mental health issues’.

Objectives

Success in the project was measured by the extent to which the following objectives were met:

- Improving the capacity of mental health workers to promote improved oral health practice to their clients.
- Improving the capacity of oral health workers to respond appropriately to the oral health needs of clients with a mental illness.
- Promoting the use of appropriate fluoride therapies to this client group.

This was to be achieved through:

- Development of an oral health resource kit for mental health and dental workers.
- Development of client oral health information sheets in appropriate community languages.
- Holding information seminars for oral health and mental health workers about oral health and mental health issues.
- Development of a website from which information will be downloadable to a wider audience.
- Provision of appropriate fluoride therapies to the target group.

Methodology

The project was planned and implemented in the following four stages:

Phase 1: Research and Development Stage

This phase involved a literature review investigating the oral health needs of the client group which were explored further in focus group discussions and pre-test surveys conducted with health workers.

Phase 2: Materials Development Stage

This phase involved packaging the information into a kit format, website design and simple oral health messages translated into various community languages. A design, printing and translation firm, were involved in the process.

Phase 3: Implementation Phase

This phase involved the organisation, promotion and staging of a seminar for oral health and mental health workers. Guest speakers were invited and the information kits were launched. Follow up visits to mental health service staff meetings were required to provide information to those who did not attend the seminar.

Phase 4: Evaluation & Reporting

This phase involved the follow up gathering of data through surveys of workers to gauge the level of impact of the project and any change in level of knowledge of the issues. Other statistical data was collated and included number of referrals to the dental clinics and the number of hits and downloads from the website.

Evaluation Methods

Data collection methods included both qualitative and quantitative measures in a non-experimental evaluation design with a baseline data collection phase and planned follow up.

Process Measures

- Number of workers in attendance at the seminar
- Number of information kits disseminated
- Satisfaction with information provided at the seminar and in the kit
- Number of follow up visits to mental health services
- Number of other activities organised

Impact Measures

- Number of referrals to dental clinics before, during and after project implementation
- Number of hits to website and downloads of kits and translations
- Pre-test focus group discussions
- Knowledge and attitude changes through comparison of baseline and six month follow up survey/interviews

Evaluation Findings

Process Outcomes

Seminar

- Of the 14 people that attended the seminar focusing upon mental illness, 9 were dental staff of the public dental clinics. (A total of 18 staff were employed at the public dental clinics at the time).
- A total of 15 people attended the seminar focusing upon oral health issues. This figure represented poor attendance by mental health workers.
- Feedback from seminar participants indicated the sessions were ‘very informative’ and most were very satisfied.

Other comments from participants included:

- ‘learnt new information about the co-payment exemption and dental health’
- ‘I can refer clients who need support and dental treatment’
- ‘I liked all the speakers, from the practical to accessing the centres and applying for free service’ as well as ‘meeting new people and making contacts’
- ‘useful hints about ways of dealing with these clients’
- ‘dental services perspective on mentally ill as special needs’
- ‘more mental health workers should be encouraged to attend – very useful’

Information Kits

- More than 70 kits were disseminated to mental health workers, and more than 25 kits to oral health workers in the area.
- Hundreds of the website bookmarks were disseminated widely.

- Feedback from the information kits was similarly positive, however a limited number of evaluation sheets were returned. Some of the comments included:
 - ‘I learned all about dental cleaning, & medication in relation to clients’
 - ‘kit provided information about oral health issues that are specific to people with mental illnesses’
 - ‘it would be beneficial to develop a simple workbook to use with clients, particularly for use in living skills program’.

Follow Up Activities

- Nine follow up visits were made; seven by dental staff to mental health services and two visits to both dental clinics by mental health workers.
- Free dental checkups were offered to mental health workers during mental health week.

Impact Outcomes

Referrals to the Dental Clinics

Dental attendance by clients with a registered mental illness								
Year	NRCHC			NYCHC			YARRA	
	Clients	Emergency	General	Clients	Emergency	General	Total	Monthly
99/00	107	30	77	54	39	15	161	13/month
00/01	103	16	87	103	90	13	206	17/month
2001/02*	76	17	59	62	44	18	138	17/month

* Based on data up to and including February 2002
(Includes SRS clients)

This data shows an increase in the number of referrals to the clinics for care during the project. At the North Yarra clinic, more emergency referrals were made, whilst at North Richmond, more general care referrals were made and subsequent courses of care completed.

The increase in exemption forms processed indicated an increased use of dental services by client with registered mental health issues. This greater use was accounted for by an increase in emergency courses of care at NYCHC. It appears that the monthly rate of 17 courses of care per month is continuing past the project completion date.

Website

A number of difficulties were experienced with respect to the website. Server problems and a virus through the network meant information was not retrievable for the desired periods to analyse the number of website hits and downloads from the site. The data that is currently available is for the period from 7/04/02 to 29/04/02. A total of 14769 number of hits to the site were recorded in this period. A total of 8 downloads of the information kits and translations sheets were recorded in this period. Problems with access to these pages were the reason for this low number. The site problems have since been rectified. Generally the feedback has been very positive regarding the information and ease of use of the website.

Fluoride

Sponsorship was obtained from Colgate Oral Care. This included toothbrushes and fluoride toothpaste, in particular, *NeutraFluor 5000*, a concentrated fluoride product for high risk caries groups. The products were distributed across St. Vincent's mental health services, to promote use by their clients.

Worker & Client Knowledge & Perceptions

Client Focus Group

Focus group participants of a Psychiatric Disability Support group were asked a series of questions relating to their attitudes and experiences about visiting the dentist and oral hygiene behaviour.

Some reported that they had put off going to the dentist for a long period (several years) as they were frightened due to a past painful experience. Others felt they needed the support of someone like the RDNS nurse to physically take them to the appointment and home again so they would be supported through the fear, treatment, pain and grogginess experienced afterwards. Being able to trust the dentist and familiarity with the clinic was also very important to participants. One participant regularly visited his own private dentist stating he was prepared to go there and pay fees as he felt he received a better service and that his dentist was easy to talk to and made him feel more confident about his teeth. Another participant felt his dentist

didn't listen at all, so he hadn't been back for some time, despite awareness that his teeth were 'all rotting away'.

The general perception held was that there is a lack of care in the public system because people are not paying as they would in the private system, therefore they are 'getting what they paid for', that is, poorer care. Furthermore, participants expressed a perception of the public system, especially the dental hospital, that most of the dental work is conducted by students. Treatment at the dental hospital was likened to a 'butcher shop' by some participants, through first hand experience or from what they had heard from friends.

Mental Health Worker Focus Group

Questions focused on the general oral health status of clients, worker knowledge of factors predisposing clients to oral disease, barriers to care and the availability of dental services to this client group. Workers related how their clients find it difficult to access services as 'financially, it is a huge obstacle, to get affordable, quality treatment'. Generally responses concerning barriers to oral health and accessing care included a lack of motivation, poverty and disorganisation experienced by clients. There was a general lack of worker knowledge, however, about public dental services and the free treatment available through co-payment exemption to clients with a mental illness. There was also low awareness of the oral side effects of commonly used psychiatric medications, despite their high use. Workers' perceptions about the oral health of their clients', generally took low priority compared with other needs.

Pre/Post Evaluation Surveys

Questionnaires were developed for obtaining baseline data of workers' knowledge for comparison post intervention. Survey response rates were poor among mental health workers. Most workers were aware of considerably poor oral health among their clients and the factors predisposing clients to this. Lack of knowledge and finances were the most common barriers experienced by clients reported by workers. There was a slightly positive increase in the number of workers who reported that they asked clients on a more regular basis about the condition of their oral health. Post survey showed that more workers also asked clients about their oral hygiene habits, how often they brushed their teeth. These results whilst not conclusive suggest that

workers are able to reinforce oral health messages with clients with a preventative focus.

Other General Feedback

Mental health workers reported on the follow up visits to their staff meetings that the referral process was working well and they had not found any difficulties with getting clients booked in for appointments within a reasonable amount of time.

Constraints of the Project

Stigma of Mental Illness

- Reluctance of private dentists to be involved in the project (poor response rates).
The lack of priority for this type of professional development combined with business imperatives would account for this poor turn out. There was however greater interest and positive feedback from private practitioners who accessed information through website, this would indicate the relevance of the information to practitioners who manage clients with mental health issues in their practices.
- Finding an appropriate name for the project ('Dental As Anything') through consultation with client representatives. Sensitivities surrounding the representation of mental health issues were highlighted through the process of naming of the project. A greater awareness of these issues among the steering committee resulted.

Poor Attendance to Activities by Mental Health Workers

- More active promotion required such as visits to mental health service staff and network meetings. Mental health workers have busy schedules and struggled to attend the seminar. When presented with information in their work place they found it very interesting and attendance was much better.

Materials Production Problems

- Unreliable printer – 'cheap' quote – suggest follow advice of designer who has developed good contacts with printers
- Unreliable equipment for production of materials – in development stage ensure early on that options are tested not only for cost and final product but also capabilities for production

- Information technology problems with hosting of website and set up – best to let experts handle technical side

Sustainable Outcomes

The long term impact of this project are yet to be determined.

However since the completion of the project there are a number of actions which occurred during the project which will help provide sustainable outcomes to clients with mental health issues.

These included:

- Inclusion of an oral health component to mental health service client ‘Individual Service Plan’ (ISP)
- Inclusion of community dental clinic information to the redrafted and reprinted Yarra Psychiatric Disability Support Services map organised by the Yarra Mental Health Issues Group
- Oral health activity during mental health week eg offering free dental checkups for mental health workers
- Oral health representative to attend clinical mental health service planning meetings and Yarra Mental Health Issues Group planning meetings.
- Administrative relationship between mental health workers and community dental programs has improved with greater awareness of the policies, administrative requirements and dental appointing system. Mental health workers are familiar with procedures including exemption forms and feel more comfortable approaching dental clinics for client care. Dental reception staff are also more familiar with mental health services and a greater number of workers resulting in high levels of communication and cooperation between these two groups. It is anticipated strongly that these relationships will grow with time.
- Dental operators who have taken on the project objective to improve their capacity to respond appropriately to the oral health needs of clients with a mental illness gained in confidence with these clients and therefore reduced anxiety with dental care. There are more clients who now feel confident in continuing dental care and are completing a complete course of general care. There is less self referral than desirable but it is expected there will be

continuing gains with time and more clients with mental health issues will access care independently.

- The website is ongoing and will be maintained by the North Richmond Community Health Centre server to keep health worker information current.
- The project model is being duplicated in Warnambool and Springvale, using the resources developed in the project.

Conclusions

The program was worthwhile in addressing the identified need of this client group who generally experience poor oral health than the rest of the community. This project demonstrated the effectiveness of developing links and relationships with health workers and services dealing with special needs groups. In this way it is possible to raise awareness about the importance of oral health among workers and their clients. Removing some of the myths and fears associated with dental care from mental health workers themselves has helped promote oral health services to their clients. Equally as important was removing the myths and fears associated with mental health from oral health workers has promoted better understanding and care for those clients when they make it to the dental services.

Reducing the barriers to dental care through greater awareness of the available services, the administration and processing of forms and priority appointment systems has enabled more people with mental health issues to receive dental care within Yarra.

The underlying approach of this project model fosters greater integration between health services. Addressing mental health and oral health needs together rather than in isolation emphasises the benefits of a more holistic approach to health, especially for meeting the needs of vulnerable groups in the community. It is hoped this model would be reproduced to address the oral health needs of other special needs groups in the community, for example, drug and alcohol dependants and new arrival refugees.

Lessons for Future Oral Health Promotion

- Developing stronger links through building relationships with mental health and dental health services improves understanding of the issues being dealt with and promotes collaboration for improving access to services for people with a mental illness.

- This is a difficult client group to access, requiring ongoing reinforcement of messages, possible through mental health workers
- Oral health is generally not a high priority for people with a mental illness and similarly with their workers who have a complex range of needs to address, physical and oral health are of less priority compared to client's mental state and general living needs.
- A more successful approach when working with mental health workers is to attend services staff and network meetings to discuss issues.