Demand Greater Than Supply

Dave Carpenter...
"Due to an overcrowded prison system, I'm sentencing you to stand in that corner for the next six months."
Prison Setting Hydebank Wood College, Belfast

- Young Offenders - Males 18-21
- Female Prison
- Population 150-200
- Female population 60
- Total Committals 1500/yr
- Healthcare provided by SE H&SC Trust
Disease Prevalence

- High Prevalence of Dental Caries
- Periodontal Disease
- Fungal infections
- Trauma
- Poor Oral Health and Dietary Habits
- Access to Dental Service Difficult
- Minimal General or Dental Health Advice
- Participants Interested in Dental Care
Patterns of Dental Attendance

- 55% of Patients with Anxiety or Dental Phobia
- Most attend only when in Pain
- 30% of regular attenders
- Opportunistic once in prison
- Demand for dental services in prison (Osborne et al 2003)
- 45% of patients receive some form of sedation for dental care before incarceration
Oral Health Complicated by

- **Mental Health Illness**
  - Xerostomia- ↑ Decay, Candida, Taste Disturbance
  - Atypical Facial Pain, Burning Mouth, TMJ Pain
  - Delusional Oral Symptoms

- **Trauma**- ↑ Incidence Facial Trauma

- **Abuse**- Difficulty in Tolerating Treatment

- **Medical Issues**- Blood Borne Virus, Liver Damage, Diabetes, Anti-Coagulants.
Oral Health Complicated by:

- **Substance Misuse**
  - Ecstasy- Dry Mouth, Bruxism, TMJ Pain
  - Crystal Meth- Tooth Loss, Erosion, Attrition, Fractures
  - Cannabis- Periodontal Disease, Risk of Oral Cancer
  - Cocaine- Dry Mouth, Bruxism, Ulceration
  - Opiates- Dry Mouth, Analgesia, Sugar Consumption
  - Alcohol- Erosion, Bruxism, Glossitis, Risk of Oral Cancer

Neglect
Significance of Substance Misuse and Oral Health

- Time of Incarceration - Detox - ↑Pain
- Seeking analgesia - Diverting Drugs
- Legacy of Sub Misuse – Poor oral health aesthetics
- Poor Confidence, Self-belief and well-being
- Negative Behaviour due to Pain
- Less Engagement in Activities, Education and Community in prison
Oral Health Related Quality of Life

• Oral Health Related Quality of Life is poor in prison (Marshman et al 2014, Heidari 2014)
• 75% of females in Holloway report oral impacts on daily performances (Rouxel et al 2013)
• Involving patients in their oral care can be an influential step in a patient’s rehabilitative journey and reduce the chance of recidivism (Freeman et al 2014)
Patient’s Opinions

• “I am embarrassed about my teeth, they are rotten”
• I didn’t know getting a dry mouth with my antidepressants can make holes in my teeth”
• “Nobody showed me how to brush my teeth before”
• “I broke my dentures and haven’t gone to education or visits for 3 weeks as I wait for dental appointment.”
• “Since incarceration I have been detoxing and my mouth is killing me.”
• “I know smoking is bad for my gums, and mouth but I don’t know how to get help in here to quit.”
• “I have no support in prison with diet choices”
Dental Triage

- Dental Services are Demand Led
- All New Committals - 72 hours
- Prioritised By Dental Nurse using Triage Algorithm
  Emergency / Urgent / Routine / Check-up

Aim:
- The dental service will be Targeted
- To prioritise patients in Pain.
- To maximise the efficiency of clinical sessions.
- Opportunity for Oral Health Education.
- To integrate the dental team into the wider multidisciplinary healthcare team.
Oral Health Promotion

- Toothbrush - prison issue very poor (Heidari et al 2008)
- Toothpaste - High concentration of Fluoride
- Diet - poor, boredom, autonomy of tuckshop, +++sugar
- Tuckshop – included in an integrated Health promotion approach
- Use of Dental Hygienists and Dental Nurses - Skill mix
- Substance misuse and affects on Oral health.
- Smoking cessation (opportunistic brief intervention)
- Common Risk Factor Approach - interdisciplinary working
- Training of Nursing Staff
Barriers to Care

- Lack of support from healthcare staff.
- No designated hospital escort.
- General clinical interruptions.
- Industrial action of Prison Officers’ ‘work to rule’.
- Security incidents which affect the smooth running of most Prison activities.
Continuity of Care

- Transfer to other Prisons - Shared Records
- Referrals to Tertiary Care - Prison Support
- Emergency/ Out of Hours - Protocols, Training of Nursing and Landing Staff
- Through the Gate - Importance of Continuing Care
- Interdisciplinary working - Probation/ Key Workers
- Study - Scottish Dental Through Care Pilot (Freeman et al 2014)
Dental Team

- Good Experience/ Highly Skilled
- Oral Surgery Competency
- Skill Mix of Dental Professionals (WHO 2014)
- Continuing Education/ Training
- Networks- National Organisations
  - NAPDUK
  - HWB
  - WHO Europe
- Research Opportunities – HWB Working Group

World Health Organization

South Eastern Health and Social Care Trust
Recommendations

- Dentistry is an integral part of prison healthcare
- Oral Health Triage is conducted at induction
- Interdisciplinary Health Promotion
- Continuity of Care Protocols
- Collaborative Research
Comprehensive Oral Care Services can play an important part in improving the Confidence, Engagement and Quality of Life of the Prison Population.