Dentistry Behind Bars

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Northern Ireland Prison

• Magilligan- 500 Male sentenced
• Maghaberry- 800 Male sentenced & remand
• Hydebank- 150 Male sentenced & remand 18-24
Female sentenced and remand
Prison Challenges

“...a highly complex prison that was in crisis and it is our view that the leadership of the prison had failed to ensure it was both safe and stable”

HMP Maghaberry report
Background to Prison Health

General Health and Well-being poor in prison

Co-morbidity of health issues

High prevalence of alcohol and substance use, trauma, and mental health illness

High demand for medical/dental services

Poor utilisation of services in community
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."

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Challenges in Providing Dentistry in Prison

- High Demand for Services
- Opportunistic on Incarceration
- Drug Detox
- High Prevalence of Disease
- Structure
- Schedule
- Security
Medical Implications

• High Prevalence of Mental Health Illness
• Chronic Diseases
• Infectious Diseases
• Poly pharmacy
• Learning Disability
• Behavioural Problems- Trauma and Abuse
Prevalence of dental caries is high in substance misusers (Molendijk 1994)
Mental health illness associated with oral health issues (Angelillo 1991)
Female prisoners engage in oral health damaging behaviour (Heidari 2014)
Oral Health Related Quality of Life is poor in prisoners (Marshman et al 2014)
75% of prisoners in Holloway report 1 or more oral impacts on daily performances (Rouxel et al 2013)
A Scottish prison suggested by involving patients in their oral care plans can be an influential step in a patient’s rehabilitative journey and reduce the chance of recidivism (Freeman et al 2014)
Oral Health Needs Assessment
YOC 2007

- High Prevalence of Dental Caries and Periodontal Disease
- Poor Oral Health and Dietary Habits
- Access to Dental Service Difficult
- Little Information about available Health Services
- Minimal General or Dental Health Advice
- Participants keen to improve Oral Health

"You’re doing 20-to-life. What do you mean you haven’t got time to floss?"
Patterns of Dental Attendance

• 55% of Patients with Anxiety/ 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
The Aims of the Triage

- The dental service targeted to those who need it most clinically, rather than being demanded by individuals.
- To prioritise patients in pain.
- To maximise the efficiency of clinical sessions.
- To use triage time as an opportunity for Oral health education.
- To support the Healthcare nursing staff during induction process.
- To integrate the dental team into the wider multidisciplinary healthcare team.
Triage Protocol Hydebank Wood

• 3 Strands
  1. Oral Health Assessment - Conducted by Dental Nurse During Prisoner Induction on landings
  2. Prioritization of Referrals from Prison Landing Staff
**Induction Oral Health Triage - Hydebank Wood**

**DATE:** ______________________

**Pt Name:** ___________________  **ID No:** ______________________

1. **How do you feel about your teeth?** ________________________________

2. **Do you have any problems with:**
   - **I. Trauma:** max-fax symptoms, trismus, avulsion, bleeding post ext.
   - **II. Swelling:** oro-facial infection- in size, peri-orbital, swallowing
   - **III. Pain:**
     - Dental abscess- intraoral swelling or sinus, throbbing pain.
     - Irreversible pulpitis- dull ache, no stimulus, long lasting, waking at night, no relief with analgesic.
     - Reversible pulpitis- sharp short pain, stimulus, analgesic relief.
   - **IV. Teeth:** decay, RCT incomplete, staining, sensitivity, restorations, wisdom teeth, fracture- involving dentine/pulp, chipped enamel
   - **V. Gingiva:** bleeding, pain, recession, ANUG
   - **VI. Oral Medicine:** dry mouth, ulcers, halitosis, trauma, candida
   - **Other:** ________________________________
   - **VII. Prosthetics-Denture:** age ______ condition ______ OHI_______
     - **Crowns:** OK
   - **VIII. Other:** Cosmetic Ortho

3. **When was the last time you visited a dentist?** ________________________________

4. **How do you feel about going to the dentist? Any problems before?**
   - Sedation, Anxious, OK, Can’t Be Bothered

5. **Medical History-** any serious illnesses? ______________________
   - medicines? ______________________

6. **Do you smoke?**  Y  N  **How many?** ______  **How long?** ______

7. **Do you drink alcohol?**  Y  N  **How much?** ______________________

8. **Do you use drugs?**  Y  N  **Which ones?** ______________________
   Any interventions planned? ________________________________

9. **How often do you brush your teeth?** ______________________

10. **Do you use interdental aids?** ________________________________

11. **Do you use mouthwash?** ________________________________

12. **Diet?** ________________________________

13. **Estimated length of time in Hydebank** ______________________

**OHI:**  Presentation  Leaflets  Advice  Demo  Refused

**Triage:**  Emergency  Urgent  Routine  Check-up

**Appt. made** ____________  **Date on Waiting List** ____________

**Date when Patient Seen** ____________

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**Triage: Timeframe as to when the patient should be seen:**

**Emergency** – seen by health care staff immediately and liaison with a dentist or medic within 4 hours.
1. Bleeding post extraction
2. Oro-facial Swelling- increase in size, periorbital and swallowing.
3. Trauma – lacerations, bony fractures
4. Severe Trismus

**Urgent** – Patient to be seen at next dental clinical session or within 7 days.
5. Dental Abscess
6. Irreversible Pulpitis- not controlled by analgesics
7. Fractured tooth- dentine or pulp involved
8. Pericoronitis
9. Oral medicine- long standing ulcer or problem
10. ANUG
11. Fractured Denture

**Routine** – Patient to be seen in monthly check-up triage appointment by GDP and assigned treatment plan.
12. Dental Decay
13. Reversible Pulpitis- controlled by analgesics
14. RCT to be completed
15. Gingivitis
16. Request for prosthetics, cosmetic to orthodontic treatment

**Check-Up** - Patient to be put on waiting list for 6 month check-up.
17. Pt is a current attendee with own GDP and no outstanding treatment
18. Pt happy with teeth

Appointment- date to be noted when appointment made, or when patient placed on waiting list.

Evaluation will be made by recording when the patient is seen by a dentist and if the triage timeframe has been honoured.
Other Results

- 50% Attended Dentist in Last Year
- 26% Treatment with Sedation
- 84% Smoke
- 71% Alcohol
- 74% Substance Misuse - cannabis, cocaine, ecstasy
- 25% Interested in Interventions
Patient Seen on Appointment Date

- 72% Seen on Time
- Non-Attendance:
  - Visitation
  - Pt Refused
  - Pt Released
  - Lock-Down
- 95% of Triage Concurred for Patient Prioritisation

Triage Category:
- 59%
- 19%
- 8%
- 3%
- 11%

Categories:
- Own GDP
- Emergency
- Urgent
- Routine
- Check-up

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Benefits to Patients

- Patients feel reassured that someone is taking them seriously.
- Patients feel that they won’t get lost in the system.
- Triage time is an opportunity for patients to meet dental staff and discuss fears they may have.
- Triage puts dentistry at the front of the patients mind, as many are non attendees.
Safety Quality and Experience

• Innovations in Healthcare
• Grass roots ideas
• Changing Culture
• https://youtu.be/fW8amMCVAJQ
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
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”
SQE Project

Rationale: Improving the quality of the dental service and patient experience

- Importance of patient centred care - devising an oral care plan in partnership with the patient
- Integrated care - collaboration in designing an oral health pathway
- Creating a more holistic and preventative approach

Aim

100% of female prisoners with a history of substance misuse or receiving mental health care to have an individual care plan by May 2015
Methodology

• Use PDSA cycles to test the effectiveness of introducing the oral healthcare plan checklist and pathway.

• 1st – devised an oral health care plan checklist

• Using evidence based research conducted at Hydebank Wood
• Using protocols from other special care dental specialties
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Outcome Measure - Patient Feedback

- “I am embarrassed about my teeth, they are rotten”
- “Dental team showed how to brush my teeth and use the wee brushes in-between”
- “I learnt things I didn’t know before”
- “They put me at ease, I’m very nervous, will definitely come back”
- I didn’t know getting a dry mouth with my antidepressants can make holes in my teeth”
- “They told me smoking is bad for my gums and how to get help in here to quit.”
- “I got support with diet choices”
- “Nobody showed me how to brush my teeth before”
- “Appointment was excellent they listened to me and I feel the care plan helped me a lot.”
Service Improvement Project Outcome

- 100% of female prisoners with a history of substance misuse or receiving mental health care to had an individual care plan by May 2015
Outcome Measure - Oral Care Pathway
Patient Centred and Integrated

- Patient Incarcerated
  - Dental Triage
    - Prism Appointment
    - Triage Protocol
    - Occasional referral for nurse

Patient Centred Self-Referral

- Mental Health Team
- Addictions Team
- Oral Health Awareness Induction

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Future Innovations

- SQE Maghaberry
- SQE Nursing Project
- Prison Induction
- Smoking Cessation

Healthcare Request for Services
PLEASE COMPLETE IN FULL
Name: ________________________
Number: ______________________
Residential Location: ________________________ Date: ________________________

Please tick the appropriate box and drop into the Healthcare request box.

Doctor [ ]
Nurse [ ]

Healthcare Services are available as follows:
Routine requests
Monday to Friday
8am to 4.30pm

ALL OTHER TIMES IS FOR EMERGENCY ONLY.
This includes from 5pm onwards, weekends and Public holidays.
Please ask for a Healthcare leaflet for the range of services available.

Medications [ ]
Optician [ ]
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)
Smoking Ban in Prisons

INMATES POSE ON ROOF IN PROTEST AGAINST PRISON SMOKING BAN

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PROJECT ECHO

- https://youtu.be/VAMaHP-tEwk
Project ECHO

Multipoint video conferencing
Hub and Spoke Model
Hub specialists in fields of Self-Harm, BBVs and Palliative Care
Spoke multidisciplinary teams - 3 NI prisons and 3 UK prisons.
Evaluating - outcome based framework
European Federation of Prison Health

National Association of Prison Dentistry
UK

5 Nations Health and Justice Collaboration

Health Without Barriers
European Federation for Prison Health
1st Annual General Meeting
3rd June 2015
Cagliari · Sardinia

“Sharing Good Practices in Prison Health”

South Eastern Health and Social Care Trust
Resources

- Dentistry in Prisons: A Guide to Working Within the Prison Environment
- Prisons and Health
- Good Governance for Prison Health in the 21st Century

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Comprehensive Oral Care Services can play an important part in improving the Confidence, Engagement and Quality of Life of the Prison Population.