Oral Health Education at ISMHU within HNE Health

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Introduction

Mental Illness is a major health concern worldwide, with substantial evidence interlinking poor mental health to poor oral health (Robson & Gray, 2007).
The literature suggests that individuals with mental illnesses are at high risk for poor oral health. Some complicating factors may include dry mouth, a cariogenic diet and an impaired immune function leading to oral infections.

Oral Health Promotion through education and motivational interviewing have thus far proven to be an effective preventive strategy in improving the oral health status in people with mental illness (Almomani et al., 2009).

Within the selected mental health facility, it was hypothesized that directing this strategy to both clients and staff would improve the overall oral health status of our target groups.

Aim

The aim of this program is to improve the oral health status of clients and staff at the Intermediate Stay Mental Health Unit (ISMHU) at James Fletcher Hospital by implementing an unprecedented educational oral health program.

Methods & Materials

A Needs Analysis was performed based on our preliminary literature findings, staff interviews, client observation, and meetings with key local figures.

Consequently, the program consisted of two complementary workshops targeting both clients and staff.

The clients’ 1-hour workshop included a facilitator’s guide for staff, a workshop booklet for the clients, and illustrative diagrams containing key oral health topics. A total of 18 clients voluntarily attended the workshop.

Correspondingly, a sustainable train-the-trainer workshop was designed and implemented for ISMHU staff comprising of a presentation, tooth brushing instructions, and questionnaires. Three identical 1-hour workshops were carried out at different times to allow for a maximum attendance number of 18 staff. Pre-evaluation and post-evaluation confidence questionnaires were completed by attendees before, and immediately after the workshops.

Results

A total of 18 clients participated in the workshop. Qualitative data through verbal responses was obtained. Positive feedback was expressed through an exceptionally high attendance rate, active listening, questioning and verbal appraisal. The clients’ responses to the verbal questionnaire were compared before and after the completion of the workshop. They portrayed positive behaviour in the form of active communication.

A total of 18 staff members attended the 3 workshops and their results were gathered and graphed. Staff confidence in oral health knowledge and skills were rated as (0=not confident, 1=Neutral, 2=Some Confidence, 3=Confident, and 4=Very Confident). The results of the questionnaire reflected the instantaneous success of the program with average baseline confidence levels along different areas ranging between 1.17 and 1.18 followed by a substantial rise to 3.29 and 3.53. The average confidence level in overall oral health knowledge increased from 1.74 (neutral-some confidence) to 3.45 (confident-very confident).

Discussion

The Dental Health Basics program established promising grounds for future good oral health practices at ISMHU.

Oral health is usually a misunderstood topic, and often neglected when compared to other health sectors. The challenge was further compounded with manifold limitations, conspicuous time constraints, and varying mental health disorders and cognitive levels. Charmers et al (2002) and studies alike had demonstrated similarities in defining an inter-relationship between poor cognitive skills and poor motivation for self and oral care yielding oral disease.

The Dental Health Basics workshops were able to maintain a significant level of interest and motivation throughout the duration of the initial rollout. The content covered was deemed relevant and informative. Nonetheless, both staff and client workshops were successfully introduced and delivered an increase in self-confidence in dental health.

Conclusion

The results demonstrated the short-term effectiveness of a multidisciplinary all-inclusive approach to oral health education at ISMHU. Long-term improvement in oral health status may result through frequent implementation of the program.

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References

http://www.who.int/mental_health/en/