

**Oral Health Improvement Plans for Children and Older
Persons**

Public Consultation Response Paper

(Print Version)



Department of
Health

An Roinn Sláinte
Máinnystrie O Poustie

Introduction

1. The Department of Health is seeking views on the recommendations arising from the **Children's Oral Health Improvement Plan** and **Older Person's Oral Health Improvement Plan**.
2. We are inviting you to share your views to ensure we are taking the right approach to children's and older persons oral health in Northern Ireland to best serve their needs and improve the oral health of the population of Northern Ireland. We would be particularly keen to hear from:
 - those with lived experience of children's dental services both in general dental practice and in HSC dental clinics
 - those with lived experience of older person's dental services both in general dental practice and in HSC dental practice
 - organisations that provide support to children and older persons
 - frontline healthcare professionals
 - school teachers, classroom assistants, care assistants, care home managers
 - academics and researchers
 - the general public

Background

3. The current Northern Ireland Oral Health Strategy (OHS) was published in 2007. In the absence of the significant resources required to develop a new wide-ranging strategy, the Department of Health has determined that the two groups of the Northern Ireland population that would benefit most from updated oral health improvement plans were children and older people.
4. One of the most important foundations for building healthy and happy families is the nurturing of children in early life. A child's oral health is recognised as being a contributing factor to their healthy development and it has been seen that if preventative interventions are established at an early stage, children have a higher chance of establishing healthy lifetime habits.
5. Improved oral disease prevention throughout the life course has led to an increase in the number of older adults who are retaining some of their natural teeth. However, as people become older self-care tends to deteriorate and there is a tendency to rely on others for care. This older cohort of our population is at increased risk of dental disease and oral health problems.
6. The Improvement Plans identify a range of strategic and ambitious recommendations for progression, which reflects the significant work needed

in this area. It is recognised that implementation of many of the recommendations made will require business case approval and funding, at a time of significant financial challenge.

Consultation

7. The **Consultation Questionnaire** is included at the **Appendix** of this document.
8. **The consultation will run for a period of 12 weeks from 11 December 2023 to 4 March 2024**
9. While we want to hear from as many people as possible on as many of the questions as possible, please feel free to comment on as few or as many of them as you see fit.
10. Implementation of many of the recommendations will be subject to the approval of a Minister and/or Executive.

Alternative formats

11. Hard copies of this document and copies in other formats (including Braille, large print etc.), can be made available on request. If it would assist you to access the document in an alternative format, or language other than English, please let us know and we will do our best to assist you. Please contact us at gdocorrespondence@health-ni.gov.uk or at the address below.

Responding to the Consultation

12. Please return responses no later than **4 March 2024** via:

Email to: gdocorrespondence@health-ni.gov.uk

Or:

post to:

Post to: Oral Health Consultation
Room D4.29
Castle Buildings,
Stormont Estate,
BELFAST, BT4 3SQ.

13. While not necessary, our preference is for responses to be submitted online through gdocscorrespondence@health-ni.gov.uk.
14. Late responses will not be accepted.

Privacy, Confidentiality, and Access to Consultation

15. For this consultation, we may publish all responses except for those where the respondent indicates that they are an individual acting in a private capacity (e.g., a member of the public). All responses from organisations and individuals responding in a professional capacity will be published. We will remove email addresses and telephone numbers from these responses; but apart from this, we will publish them in full. For more information about what we do with personal data please see our consultation privacy notice. ([DoH Business Areas - Privacy Notices | Department of Health \(health-ni.gov.uk\)](#))
16. Your response, and all other responses to this consultation, may also be disclosed on request in accordance with the Freedom of Information Act 2000 (FOIA) and the Environmental Information Regulations 2004 (EIR); however, all disclosures will be in line with the requirements of the Data Protection Act 2018 (DPA) and the UK General Data Protection Regulation (UK GDPR).
17. If you want the information that you provide to be treated as confidential it would be helpful if you could explain to us why you regard the information you have provided as confidential, so that this may be considered if the Department should receive a request for the information under the FOIA or EIR
18. Your views on the recommendations from the Children's and Older Persons Oral Health Improvement Groups are being sought.
19. The Children's Oral Health Improvement Plan makes 14 recommendations. Views are being sought on all recommendations. There are 8 questions to answer.
20. The Older Person's Oral Health Improvement Plan makes 22 recommendations. Views are being sought on 16 recommendations. There are 7 questions to answer.
21. In total, there are **15 consultation questions**, organised along the lines of the Themes in each oral health improvement plan. The text of the recommendations to which the questions relate is provided. If possible and

relevant, we would like you to respond to all questions and to all elements of individual questions.

22. When responding, you are asked to make reference to the Childrens Oral Health Improvement Plan and Older Persons Oral Health Improvement Plan to fully understand the detail behind the recommendations and the context in which they are being made.

23. Further detail and supporting documents can be viewed on the Department of Health website at: <https://www.health-ni.gov.uk/consultations>

Purpose of this consultation

24. This consultation is intended to assist with prioritising the recommendations in each plan, with the emphasis now on how we address the issues identified in each of the Plans.

Why your views matter

25. Some of the recommendations are significant in policy, practice and service delivery terms. It is important that you are given the opportunity to contribute your views on the suggested way forward. It is important because we want to ensure that we provide the best possible support and services to some of the most vulnerable children and older people in Northern Ireland and provide the best possible working support for healthcare professionals and families involved.

CHILDREN'S and OLDER PERSON'S ORAL HEALTH IMPROVEMENT PLANS

CONSULTATION QUESTIONNAIRE

About You

The Department of Health (DoH) is committed to protecting your privacy. For more information about what we do with your personal data please see our consultation privacy notice.

When completing this section, you only need to answer the questions that are relevant to you.

1. Are you responding

as an individual? (Please complete questions 2-8)

on behalf of an organisation? (Please complete question 9)

(Required)

2. About You – An individual

Are you a child / young person (under the age of 18)?

Yes

No

3. Are you a person with care experience?

(Care experience means you have spent time living with foster carers, and/or in residential care)

Yes

No

Prefer not to say

4. Have you ever engaged with family and children's social care services? If yes, in what capacity? (Examples include - as a: foster carer, adoptive parent, child / young person with a disability, the parent of a child with a disability, or a parent in receipt of family support services - this list is not exhaustive)

Yes

No

If yes, please specify below.

5. Do you work with children or families in a social care capacity?

Yes

No

6. If you answered yes to question 5 do you work in:

Statutory Health and Social Care Sector?

Voluntary or community sector?

Education?

Other?

Prefer not to say

If other, please specify:

7. Do you work with older persons in a social care capacity?

Yes

No

8. If you answered yes to question 7 do you work in:

Statutory Health and Social Care Sector?

Voluntary or community sector?

Care home environment?

Other?

Prefer not to say

If other, please specify:

This is the end of this section for those answering as an individual.

9. If you are responding on behalf of an organisation, please provide the name of the organisation.

**Organisation Name: Royal College of Psychiatrists
Northern Ireland**

The Royal College of Psychiatrists (RCPsych) is the statutory body responsible for the supervision of the training and accreditation of Psychiatrists in the UK and for providing guidelines and advice regarding the treatment, care, and prevention of mental and behavioural disorders. Among its principal aims are to improve the outcomes for those with mental illness and to improve the mental health of individuals, families and communities.

The College has approximately 450 Members in Northern Ireland (including Doctors in training) who provide the backbone of the local Psychiatric service, offering inpatient, day patient and outpatient treatment, as well as specialist care and consultation across a large range of settings.

This response is submitted on behalf of the Devolved Council of the Royal College of Psychiatrists in Northern Ireland, with particular input from our Old Age Psychiatry Faculty, our Child & Adolescent Psychiatry Faculty, our Learning Disability Psychiatry Faculty and our General Adult Psychiatry Faculty.

Contact: thomas.mckeever@rcpsych.ac.uk

Childrens Oral Health Improvement Plan

Set out under **four broad themes**, the report makes a series of recommendations that we believe will make the greatest difference to the oral health of children both now and in the future.

- Theme 1. Improving the Oral and Dental Health of Children
- Theme 2. General Anaesthetic Dental Provision for Children
- Theme 3. Utilising the Skills of the Team
- Theme 4. Empowering Families

Theme One – Improving the Oral and Dental Health of Children

This group of recommendations are intended to provide a guide to reduce the amount and severity of dental decay in children in Northern Ireland and reduce the chance of dental disease for children most at risk.

Recommendation 1.1: Relevant stakeholders should continue to develop and embed the children's dental epidemiology programme in Northern Ireland to provide information and intelligence to improve oral health and provision of services.

Recommendation 1.2: Preventative initiatives should be supported by a strong evidence base. Targeted evidence-based programmes should be aimed at those at high risk of dental disease. Consideration should also be given to the cost-effectiveness of any interventions.

Recommendation 1.3: Promotion of good oral health and prevention of dental disease among children should be included in all strategic plans/policies dealing with general health. There should be improved collaboration between those involved in the prevention of oral disease and those involved in the prevention of general disease. Preventative advice should be age appropriate and in line with *Delivering Better Oral Health V.4*

Recommendation 1.4: Preschool and nursery settings should have a healthy snack policy. Primary and Secondary schools should have healthy meals and healthy snack policies. Schools should be free from vending machines selling sugary snacks/drinks, and healthy options included in tuck shops. Oral hygiene practices should be integrated into the teaching of general body cleanliness at pre, primary and secondary school level.

Recommendation 1.5: Arrangements should be in place with local dental services to provide timely access to appropriate dental care for all children, when the need arises, particularly for those at higher risk of developing dental disease.

Consultation Questions

Q1. Do you agree with the themes of these recommendations as guiding principles for improving the oral health of children in Northern Ireland?

Strongly agree / tend to agree / neither agree or disagree / tend to agree / strongly disagree (please delete as appropriate)

(Please enter your comments here)

The Royal College of Psychiatrists NI strongly agrees with and supports the themes and recommendations of this report for children in NI.

However, the specific needs of children with a mental disorder or a learning disability and their families must be encompassed in a more visible way into these recommendations. This can be achieved through close working with children's mental health and learning disability services.

Please see our Narrative on Children's Oral Health Improvement Plan at Appendix A below.

Q2. To what extent do you support or oppose these recommendations to guide future reform in this area of dental service provision and oral health promotion?

Strongly support / tend to support / neither support nor oppose / tend to oppose / strongly oppose (please delete as appropriate)

(Please enter your comments here)

Please see our Narrative on Children's Oral Health Improvement Plan at Appendix A below.

The needs of children with a mental disorder or a learning disability need to be addressed in the Plan.

Q3. Are there further comments that you would like to make in terms of how we ensure that the recommendations are being adopted?

Yes

No

(Please enter your comments here)

Please see our Narrative on Children’s Oral Health Improvement Plan at Appendix A below.

Theme Two – General Anaesthetic Dental Provision for Children

These recommendations are intended to support the equitable access to general anaesthetic extraction services for children in Northern Ireland, regardless of the HSC Trust they reside in.

Recommendation 2.1: There should be a drive towards equitable recovery of general anaesthetic services so that when the need arises, access to dental extractions under general anaesthetic is timely and without barriers.

Recommendation 2.2: Preventive interventions should be standardised and incorporated regionally with the aim to reduce the need for referral for dental extractions under General Anaesthetic for all children.

Q4. Are there specific considerations you think we should bear in mind in taking forward recommendations 2.1 and 2.2?

Yes

No

(Please enter your comments here)

Please see our Narrative on Children’s Oral Health Improvement Plan at Appendix A below.

Theme Three – Utilising the Skills of the Dental Team

This group of recommendations are intended to ensure that the skills of the whole dental workforce should be used to provide safe and effective patient care, in line with GDC’s scope of practice for all dental care professionals.

Recommendation 3.1: There should be opportunities, support, and resources available to develop and upskill the dental team.

Recommendation 3.2: Consideration should be given to the expansion of the paediatric dental workforce.

Recommendation 3.3: Other healthcare providers and stakeholders should be empowered to take an active role in the prevention of dental disease.

Recommendation 3.4: The training of dental care professionals should include specific knowledge relating to the dental care of children and management of those at higher risk of developing dental disease.

Q5. To what extent do you agree that dental nurses, dental hygienists and dental therapists should provide direct patient care, in line with their professional skills and competencies?

Strongly agree / tend to agree / neither agree or disagree / tend to agree / strongly disagree (please delete as appropriate)

(Please enter your comments here)

We support the enhanced role of dental professionals. Good working relationships with families, as well as local mental health and learning disability services, need to be established for these patient groups. However, the dental professional groups will need to develop enhanced skills in dealing with children who have a learning disability or mental disorder.

Q6. To what extent do you agree that non-dentally qualified health and social care workers could give oral health advice when working with parents/carers of children?

Strongly agree / tend to agree / neither agree or disagree / tend to disagree / strongly disagree (please delete as appropriate)

(Please enter your comments here)

No Comment

Theme 4: Empowering Families

Families, guardians, and carers should be empowered to proactively improve the oral health of the children in their care.

These recommendations are intended to ensure that families, guardians, and carers are empowered to proactively improve the oral health of the children in their care.

Recommendation 4.1: Parents, guardians, and carers should be supported to access a dental examination before their baby's first birthday.

Recommendation 4.2: Parents, guardians, and carers should ensure all children are brought to recall dental appointments as recommended by the dentist and in line with NICE guidance.

Recommendation 4.3; Parents, guardians, and carers of children should receive an oral health educational module that covers how to prevent oral disease, detection of early signs of oral disease and how to access dental services.

Q7. Do you agree that every child in Northern Ireland should have access to a first dental examination before their first birthday?

Strongly agree / tend to agree / neither agree or disagree / tend to disagree / strongly disagree (please delete as appropriate)

(Please enter your comments here)

No Comment

Q8. Do you agree with the principle that general dental practices could provide more opportunities to focus on preventing oral disease in childhood?

Strongly agree / tend to agree / neither agree or disagree / tend to disagree / strongly disagree (please delete as appropriate)

(Please enter your comments here)

There also needs to be more input into children's day-care, residential and inpatient units.

THANK YOU FOR COMPLETING THIS SECTION. THE NEXT SET OF QUESTIONS RELATE TO THE OLDER PERSONS ORAL HEALTH IMPROVEMENT PLAN.

Older Person's Oral Health Improvement Plan

Set out under **four broad themes**, the report makes a series of recommendations that we believe will make the greatest difference to the oral health of Older People both now and in the future.

- Theme 1. Improving the Oral and Dental Health of Older People
- Theme 2. Utilising the skills of the Dental Team
- Theme 3. Empowering families and allied health professionals
- Theme 4. Governance

Theme 1: Improving oral and dental health of older people.

These recommendations are intended to reduce the prevalence and severity of oral disease in older people and focus on upstream prevention of oral disease in later life.

Recommendation 1.1; Patients aged 65 years and over should be encouraged to be registered with a general dental practitioner.

Recommendation 1.2; The General Dental Services contract should support practitioners to provide preventive and operative care for older adults.

Recommendation 1.3; Future oral health care needs should form part of the patient pathway, ideally before people become frail.

Recommendation 1.4; Targeted evidence-based programmes should be aimed at older people who are at higher risk of dental disease (e.g., care dependent older people) and preventative initiatives should be supported by a strong evidence base. Consideration should also be given to the cost effectiveness of any initiatives.

Recommendation 1.5; Oral Health assessment for new residents in care homes should be completed on admission to promote and protect the resident's oral health with a personalised oral care plan developed, as recommended by the Enhancing Clinical Care Framework.

Recommendation 1.6; Arrangements should be in place with local dental services to provide access to appropriate dental care for older people, when the need arises, particularly for those at higher risk of developing dental disease.

Recommendation 1.7; Techniques used by dentists for the treatment of dental caries and oral disease should be in line with best available evidence.

Consultation Questions

Q9. Do you agree with the themes of these recommendations as guiding principles for improving the oral health of older people in Northern Ireland?

Strongly agree / tend to agree / neither agree or disagree / tend to agree / strongly disagree (please delete as appropriate)

(Please enter your comments here)

The Royal College of Psychiatrists NI strongly agrees with and supports the themes and recommendations of this report for the older population in NI.

We would go further to say that they should also be considered *specifically* applicable to patient groups with severe mental illness, learning disability, eating disorders and organic cognitive disorders *across the whole age range* - as these patient cohorts share many of the vulnerabilities and barriers identified for older people in this report and can demonstrate or experience additional ones as well. This would apply to such patients *both* in the community *and* in supported accommodation.

Please see our Narrative on Older Person's Oral Health Improvement Plan at Appendix B below, where we have outlined additional significant vulnerabilities which are greatly enhanced in older patient groups.

Dental services need to outreach and be pro-active in engaging patients and their carers/supporters with mental disorders and learning disability.

Q10. To what extent do you support or oppose these recommendations to guide future reform in this area of dental service provision and oral health promotion?

Strongly support / tend to support / neither support nor oppose / tend to oppose / strongly oppose (please delete as appropriate)

(Please enter your comments here)

We support the recommendations which flow from Theme 1. In particular, the extra time that a dentist may have to take with a patient who has a mental disorder or learning disability should be recognised in the dental contract.

Dental services for people with a mental disorder or learning disability need to be proactive and outreach to patients.

Primary Care and Mental Health services should be aware of the benefits of strategies to help assist patients at risk of dental caries e.g. toothpaste with a stronger fluoride component.

Many older people will have been taught "to rinse" after brushing their teeth - but this needs to be updated to the advice of "spitting out and not rinsing"

There needs to be good working relationships and clinical pathways between Mental Health services and Dental services in each locality.

Q11. Are there further comments that you would like to make in terms of how we ensure that the recommendations are being adopted?

Yes

No

(Please enter your comments here)

There should be advocacy for an increased workforce and training in Speech and Language Therapy in the community, care home and inpatient settings.

There should be enhanced availability of home visits to inpatient, community and residential/nursing facilities.

There are opportunities for education involving Dental and Mental Health services including areas such as serious mental illness, dementia, medications, swallowing difficulties, Parkinsonism, abnormal involuntary movements. Issues of consent and capacity need to be addressed and the Dental team will need to develop the skills to address these issues.

Attention needs to be given to effective outcome measures for SPPG and RQIA.

Theme 2: Utilising the skills of the dental team.

This group of recommendations are intended to ensure the right dental workforce to meet the needs of the older persons population: training, workforce, and skill mix. There are **two questions** related to workforce and skill mix

Training

Recommendation 2.1; The training of dental care professionals should include practical experience in the management of older people, especially those at higher risk of developing dental disease.

Recommendation 2.2; Development of a digital training repository

Workforce

Recommendation 2.3; The General Dental Services (GDS) contract should support practitioners to carry out domiciliary care.

Recommendation 2.4; Increase capacity within the Community Dental Service (CDS) for increased demands on service and support wider skill-mix within the CDS team.

Recommendation 2.5; Increased numbers of dental nurses, dental therapists and dental hygienists should be planned, to expand the dental workforce appropriately and support collaborative models of care between CDS & GDS.

Q12. Do you agree that the dental workforce headcount needs to increase in order to respond to increased service pressures and demands?

Strongly agree / tend to agree / neither agree or disagree / tend to disagree / strongly disagree (please delete as appropriate)

(Please enter your comments here)

We support the need for the expansion of the Dental Workforce with a widening of the skill mix and the development of specialties relevant to the older patient.

The Demographic shift is substantial and will increasingly include the very old and frail with multiple co-morbidities.

There will be an increasing need for Domiciliary provision.

There will need to be faster access to prosthetics (dentures etc) to reduce risks associated with admissions/transfers.

There should be better assurance processes in hospitals and facilities to reduce the loss of dentures.

Recommendation 2.3 should be extended to include mental health inpatient units.

Skill Mix

Recommendation 2.6; Widening the oral care system.

Recommendation 2.7; There should be opportunities, support, and resources available to develop and upskill the dental team.

Recommendation 2.8; Promotion of new ways of working and developing skill mix within dental teams.

Recommendation 2.9; Ensure that skill mix does not impact on delivery in the GDS

Q13. To what extent do you agree that dental nurses, dental hygienists and dental therapists should provide direct patient care, in line with their professional skills and competencies?

Strongly agree / tend to agree / neither agree or disagree / tend to agree / strongly disagree (please delete as appropriate)

(Please enter your comments here)

A properly resourced multidisciplinary approach will provide the best care and is more likely to achieve the necessary outcomes.

There are opportunities for cross-education within existing programmes of care.

Theme 3: Empowering families and allied health professionals.

These recommendations are intended to ensure that families, carers, and other non-dental staff should be empowered to proactively improve the oral health of the older people they look after.

Recommendation 3.1; Key health professionals in both acute and community settings should receive training on oral health and should be empowered to take an active role in the prevention of dental disease.

Recommendation 3.2; Healthcare partnerships should be strengthened to integrate oral health with other projects focused on general health of older people. There should be improved collaboration between those involved in the prevention of oral disease and those involved in the prevention of general disease.

Recommendation 3.3; Families and carers should be empowered to proactively improve the oral health of the older people they look after. Carers and families should be supported with basic oral health advice to assist their dependent family members.

Q14. Do you have any further thoughts or comments about the types of support that families/carers need to promote good oral health?

(Please enter your comments here)

Training of health and mental health professionals in oral health should be essential for all professions.

Proportionate training should be given to Care assistants who provide services in the domestic and supported accommodation scenarios.

Increasingly we see older patients that are unable to attend for appointments. This should be factored in. Increased awareness and availability of Domiciliary care is important.

Education on dental injury/infection as a source of delirium is important.

Funding travel to Dental appointments would be helpful in some cases.

Training on aspiration risk and prevention would be very useful.

Please see our Narrative on Older Person's Oral Health Improvement Plan at Appendix B below

Theme 4: Governance.

This group of recommendations are intended to ensure that Policy development for older people should include promotion of good oral health, prevention of dental disease and management of oral conditions.

Recommendation 4.1; Regulatory inspections should include an oral health element in their Assessment.

Recommendation 4.2; Relevant stakeholders should develop and embed an oral epidemiology programme in Northern Ireland to provide information and intelligence

to improve oral health and provision of services. This could be supported using digital technology.

Recommendation 4.3; Promotion of good oral health and prevention of dental disease among older people should be included in all strategic plans and policy development dealing with the general health of older people.

Q15. Do you agree that regulatory inspections of care homes should include an oral health element in the assessment?

Strongly agree / tend to agree / neither agree or disagree / tend to agree / strongly disagree (please delete as appropriate)

(Please enter your comments here)

There should be well developed pathways to access dental care.

This is a basic component to quality of life and risk management for delirium/aspiration/infection/pain.

There should also be thought given to Speech and Language Therapist aspects like aspiration risk, communication and comfort feeding as part of the care plan.

The outcome of dental care projects from throughout the U.K. should be well distributed locally for information, education and possible implementation.

The needs of people with a severe mental illness or learning disability should be specifically highlighted in the strategy, action plan and review of the Oral Health Strategy for Northern Ireland.

APPENDIX A

RCPsych NI Narrative for Children's Oral Health Improvement Plan

General Comments and Context:

We will give general comments on the Consultation "Northern Ireland Children's Oral Health Improvement Plan (2024)" which are pertinent to our patient population as well as having completed the Consultation Questionnaire above. Both our replies to the above Questions and this Appendix A need to be read together - as well as in the context of the [Mental Health Strategy 2021-2031](#).

We strongly welcome and overall fully support all aspects of this Oral Health Improvement Plan. In our comments we have focused on the main patient groups who attend mental health services.

The Plan covers the main areas for improving children's dental care. It is important to have equitable services and address the implications of poverty on health and dental care in children.

We support the additional training of more specialist paediatric dentists, nurses and assistants who will be needed to deliver an enhanced dental service to children.

The health promotion/prevention side of the Plan, especially for those more vulnerable groups, needs to be developed further. In particular, more thought needs to be given to early intervention.

The preparation for examination or treatment for those children who are very anxious will often fall on other professionals/carers/families to carry out. They need to be better resourced and supported in carrying out these responsibilities.

There is a higher rate of gum disease and dental caries in children with a learning disability. The reasons are multifactorial and include restricted diet, atypical anatomy of the mouth, limited skills in dental hygiene and barriers to accessing dental care.

The role of the community dental service is critical. It is important that pathways into this service are well known and easily accessed in a timely way for children with a learning disability.

The College accepts that some children and some children with learning disabilities and severe mental illness will need a degree of sedation, or even general anaesthesia, in order to be able to tolerate dental examination or treatment. However, this should be a last resort and such services need to be equitable to all children. It is likely that the need for interventions of this type

could be reduced if the knowledge and skills of community dental teams were enhanced. This will require funding, training and increased access.

It is vital that people with learning disabilities learn the skills they need in order to cooperate with dental examination and procedures - and that any associated anxiety is addressed at an early stage. Support strategies and therapeutic approaches such as desensitisation, use of social stories, individualised communication interventions and relaxation techniques can be very beneficial and will reduce the likelihood of people with learning disabilities experiencing dental care as traumatic.

It must be recognised that some people with learning disabilities have experienced dental care as traumatic and this can contribute to poor long-term outcomes. Affected individuals should be able to access psychological support. The use of positive support strategies such as those described and the reduction of restraint, is imperative.

Dental services should be able to implement the new Regional Guidance on Restraint and Seclusion, which applies across all healthcare settings.

The role of prevention of gum and tooth problems is also of utmost importance. The College welcomes the relaunch and extension of the Happy Smiles programme. It is important that this programme is properly adapted for use in learning support units and special schools. Similarly, all health promotion programmes need to be inclusive of children and adults with learning disability.

Prevention programmes undertaken in care homes should be extended to residential settings for people with learning disabilities.

There needs to be dental input into all residential units and inpatient units for children with mental disorders and learning disability.

APPENDIX B

RCPsych NI Narrative for Older Person's Oral Health Improvement Plan

General Comments and Context:

We will give general comments on the Consultation "Northern Ireland Older Person's Oral Health Improvement Plan (2024)" which are pertinent to our patient population as well as having completed the Consultation Questionnaire above. Both our replies to the above Questions and this Appendix B need to be read together - as well as in the context of the [Mental Health Strategy 2021-2031](#).

We strongly welcome and overall fully support all aspects of this Oral Health Improvement Plan. In our comments we have focused on the main patient groups who attend mental health services.

Patients with mental health disorders - especially severe mental illness, learning disability, organic cognitive disorders, eating disorders, as well as alcohol and drug addiction, are at increased risk of experiencing gum disease and dental caries and have greater oral treatment needs across the whole age range.

However, this is very significant in the older age group. Many of these patients, especially those who have a severe mental illness or a learning disability, lack motivation and drive as part of their condition or do not understand the need for dental care. This will impact on their ability to seek regular dental assessment and engage with treatment. Dental services will need to be proactive and reach out to these patient groups and their carers across the age range.

There are also additional factors that need to be considered in these patient groups:

- Many anti-depressant and anti-psychotic medications can cause xerostomia (dry mouth) which is a risk factor for dental caries.
- Many patients with a severe mental illness/learning disability/organic cognitive disorder experience Abnormal Involuntary Movements, especially affecting the mouth. This can be due to a mixture of the medication and the mental disorder. These movements may have an impact on irregular wearing down of the teeth which the dentist can identify. In addition, there may be an impact of swallowing and choking risks. Availability of and linkage with Speech and Language therapists would be important.

- Many of these patients live away from their families and can be isolated in society. Also, many of these patients live in hostels and supported accommodation.
- Poor oral health can impact on general health (e.g. oral cancers, cardiovascular disorders) and social interaction.
- Many people in this patient group are heavy smokers with the increased risk of oral cancer.

Patients with mental health disorders or a learning disability should be encouraged and facilitated to attend their dentist regularly. However, they generally attend less often than the rest of the population for the reasons identified above.

People with a severe mental illness or a learning disability are less likely to receive dental care for the reasons outlined. This includes mental health inpatients and patients in supported accommodation and care homes.

Promotion of good oral health and prevention of oral disease should be included in policies regarding serious mental illness and learning disability from a young age and maintained throughout the lifespan.

Lifestyle factors including smoking cigarettes, drug and alcohol use, poor diet and high sugar/fizzy drinks should be discussed. In mental health inpatient units, vending machines should sell healthy options.

The role of the community dental service is critical. It is important that pathways into this service are well known and easily accessed in a timely way.

The College accepts that some people and some people with learning disabilities or severe mental illness will need a degree of sedation, or even general anaesthesia, in order to be able to tolerate dental examination or treatment. However, this should be a last resort and such services need to be equitable to all. It is likely that the need for interventions of this type could be reduced if the knowledge and skills of community dental teams were enhanced. This will require funding, training and increased access.

It is vital that people with learning disabilities learn the skills and those with severe mental illness maintain the skills that are needed in order to cooperate with dental examination and procedures - and that any associated anxiety is addressed at an early stage. Support strategies and therapeutic approaches such as desensitisation, use of social stories, individualised communication interventions and relaxation techniques can be very beneficial and will reduce the likelihood of people with learning disabilities experiencing dental care as traumatic.

It must be recognised that some people with learning disabilities have experienced dental care as traumatic and this can contribute to poor long term outcomes. Affected individuals should be able to access psychological support. The use of positive support strategies such as those described, and the reduction of restraint, is imperative.

Dental services should be able to implement the new Regional Guidance on Restraint and Seclusion, which applies across all healthcare settings.

The role of prevention of gum and tooth problems is also of utmost importance. The College welcomes the relaunch and extension of the Happy Smiles programme. It is important that this programme is properly adapted for use in learning support units and special schools. Similarly, all health promotion programmes need to be inclusive of children and adults with learning disability.

Prevention programmes must be undertaken in care homes and should be carefully monitored and implemented - and also extended to residential settings for people with learning disabilities.

There needs to be dental input into all residential units and inpatient units for those with mental disorders and learning disability.

Families and carers need to be equipped with the skills and support to encourage good oral health in vulnerable patients.

There is a need to review the model of dental care for people with a severe mental illness or learning disability. There needs to be arrangements with local dental services and timely and proactive access to appropriate dental care. Local pathways to access dental care should be developed and there should be joint planning with primary care, mental health and learning disability services and dental care services.

There needs to be clear local pathways for urgent dental pain relief.

When the Northern Ireland Oral Health Strategy is reviewed, people with serious mental illness and learning disability should be included as a priority.

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS
QUESTIONNAIRE.**