The Role of Oral Health in Mental Health, Substance Use and Addiction Recovery

Overview, Conclusions, and Recommendations

In August 2018, the NH Oral Health Coalition partnered with the NH Department of Health & Human Services, Division of Public Health, Oral Health Program to offer a three-session series on the role of oral health in addiction, treatment and recovery services in different regions of New Hampshire.

The purpose of the series was to provide information to providers, programs and the public on a recent DHHS environmental scan, to disseminate baseline information on the relationships between oral health, mental health, and substance use, to connect diverse stakeholders working in this sector, and to learn what is happening at the local level to ensure oral health access for this population. This was viewed by the conveners and participants *as the beginning of a conversation and collaboration on this topic.*

Sessions were held in three regions with local hosts; invitations were sent out statewide. Locales included Littleton, hosted by the North Country Health Consortium; Manchester, hosted by the Greater Manchester Community Mental Health Center; and Portsmouth, hosted by the Seacoast Mental Health Center. Programs emphasized programs and activities from their region.

Trends and Conclusions

- There is significant interest on this topic throughout the state from leaders in mental health, oral health, health, substance use treatment and recovery.
- Adequate access to oral health services is viewed as significant in the individuals' ability to function well, be healthy, and have a successful recovery.
- Treatment and recovery programs report having difficulty finding sufficient funding and dental treatment resources for all of the individuals in recovery who need them.
- Barriers to oral health services include social determinants of health, e.g. finances, insurance, transportation, health and resource knowledge, locale/zip code, etc.
- Aspects of mental disease, addiction, and disabilities may mean it is difficult for an individual to maneuver through the health care system including dental.
- Unmet oral health needs increase in costs for dental treatment, potentially for treatment/relapse intervention, and for negative psychosocial impacts on the individual and their family.
- *There is currently no single, statewide solution, for funding or dental treatment to solve this problem. Solutions at this point are local and customized to the area they serve and their local resources.*

Recommendations

- Implementation of a NH Medicaid adult dental benefit that supports recognition of the associations and relationships between health, oral health and mental/behavioral health.
- Private and public insurance coverage that supports payment for *community-based* oral health services provided by certified public health dental hygienists and hygienists working under public health supervision.
- Training for oral health and dental providers to increase their knowledge and understanding of behavioral and mental health, and addiction treatment including relapse and factors that make it difficult for those populations to complete dental treatment plans as typically designed.
- Establishment of care coordinators and navigators that can help individuals maneuver through the system and locate and complete dental care in the "right place at the right time."
- Ensure distribution of information on community-based programs, dental access services, and pro bono dental referrals to providers and programs in the treatment sectors.
- Continued conversation, cross-training, linking providers and programs, and NHOHC to include this topic in the Nov. 30 NH Oral Health Forum in Concord.
- Engagement of the business community relating to workforce including the Business and Industry Association (BIA) and the local Chambers of Commerce.

Local resources and solutions identified in the process

- Federally-qualified health centers with full dental programs: Families First Seacoast, Goodwin Health Center, Ammonoosuc Community Health Services, Harbor Homes (Partnership in Successful Living), Coos County Family Health Services and Mid-State Health Center.
- Community-based full dental programs serving communities without FQHC dental, e.g. Easter Seals, Mascoma Community Health Center, Concord Hospital Family Health Center, Dental Health Works, Greater Nashua Dental Connection, Saving People's Smiles, Sullivan County Dental Initiative, Wentworth Douglass Hospital Dental Center, and White Mountain Community Health Center, etc. Further resources and information at: www.nhoralhealth.org GIS map.
- Limited (time and $$$) philanthropic or pilot funding has been available: there has been some from the NH Charitable Foundation and DHHS-Bureau of Drug and Alcohol Services.

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Notes

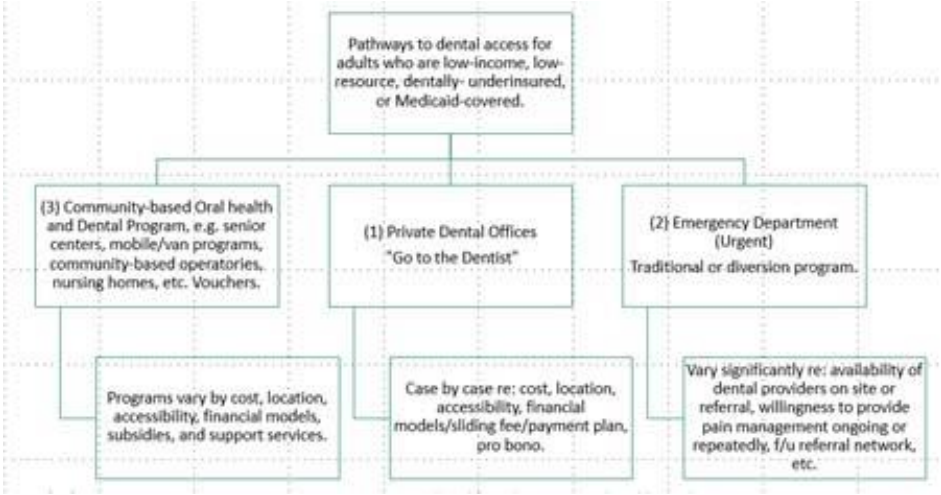
"# Oral Health Matters" presented by Gail Brown, Director of the, NH Oral Health Coalition.
WHY Oral Health Matters? "To live, laugh, love across the lifespan"

- It's not just teeth!
- Mouth, tissue, bone, teeth
    - Ability to be healthy and functional – eat, speak, smile, kiss

Impact of Dental Disease and Poor Oral Health

- Medical - Dental Condition
    - Infection - decayed teeth
    - Gum disease with inflammation and bleeding
    - Fungal and viral infections in the mouth and head
    - Pain and pain management needs
    - Impact on full body and body systems
- Impaired Function
    - Broken, decayed teeth that result in difficulty biting, chewing and digesting
    - Difficulty speaking and communicating clearly
    - Difficulty concentrating and focusing
- "If you're not managing oral disease, you aren't managing health care… or its cost."
- Oral disease negatively impact your overall health
    - Diabetes
    - Heart disease
    - Osteoporosis
    - Inflammatory disease
    - Sepsis - infection
    - Chronic pain leading to alcohol and drug use and relapse risk
    - Depression
    - Aspiration pneumonia/respiratory illness
    - Oral cancers
    - Dry mouth
    - Nutritional issues
    - Speech difficulties
    - Self-image

Pathways to Oral Health Access: Forks in the Road



NH Financial and Benefit Considerations

- Cash or credit payment options
- Commercial Dental insurance
  - Availability of insurers
  - Expenses including co-pays, deductibles and caps
  - Scope of coverage – what services are provided? How often? By whom?
  - Prevention v. restorative needs
- NH Medicaid
  - Children – Comprehensive
  - Adults – Limited benefit, "emergency-only" with antibiotics, pain management and extractions. No dentures.
- Medicare – Traditional
  - Traditional has no dental coverage
  - Advantage may provide a "value-added" benefit that is defined by the insurer

Oral Health and Substance Use Disorder presented by Hope Saltmarsh, Oral Health Program Director, Bureau of Community Health Services, NH Division of Public Health Services, NH DHHS

Environmental Scan

- OH Status of SUD Patients in Recovery
- CDC Grant to States 2013-2018
- May 2018 - Interviews
  - 3 FQHCs w/dental, 2 in DHPSA
  - 2 SUD treatment centers
  - 1 partners with FQHC dental center
  - 1 in rural area without a dental partner

Background

- Heroin and opioid addiction often associated with severe decay and dental pain
  - Crave sweet foods & beverages
  - Dry mouth can lead to rapid decay
    - Associated with alcohol, heroin and other opioids
    - Associated with Sub Oxone used in Medication Assisted Treatment (MAT)
  - Opiates suppress pain

Background

- NH Medicaid has limited dental benefit for adults – examination & extraction
- BDAS (Bureau of Drug & Alcohol Services) receives "enhanced services" $ for recovery costs in treatment centers
  - Pilot with 2 FQHCs with dental and associated recovery centers
  - Dental treatment for those in recovery

  That pilot encountered problems related to claims billing and was canceled early.

Treatment Centers

- 1 reported 50% patients enter with severe dental decay, pain/infection and 70% on Medicaid
- Pain often masked by drugs until detox

FQHC Dental Treatment

Challenges:

- Limited Medicaid coverage
- Pts. with known SUD have multiple, significant treatment needs
- Scarcity of oral surgeons accepting NH Medicaid

CPHDH (Certified Public Health Dental Hygienists)

- Cost-effective clinician
- Screen
- Prevention
- Decay arrest
- Tele dental capacity

Conclusions

- Too few treatment and recovery centers have an effective referral relationship with dental centers/dentists
- Reimbursement and funding doesn't adequately support needed treatments for those with SUD who are referred for dental treatment. - *Is there a role for CPHDHs?*

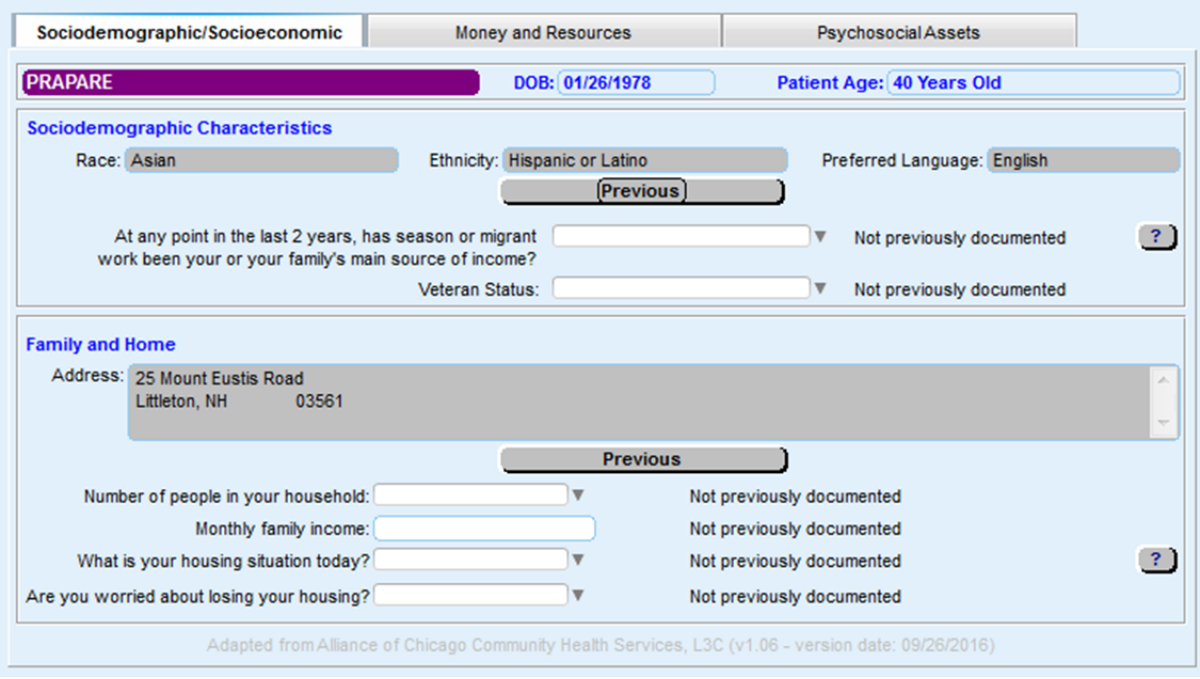
Oral Health Grants to OHP

- PH Block Grant pilot funds for dental center outreach by CPHDHs in SUD centers
- 2018-2022 new HRSA OH Workforce grants to support education of dentists/dental team (w/NHDS)
  - PDMP and SBIRT
  - Integrated education on dental pain management for dentists & ED physician
  - Integrated education on SUD for dental, medical, behavioral health
  - Care coordination pilot

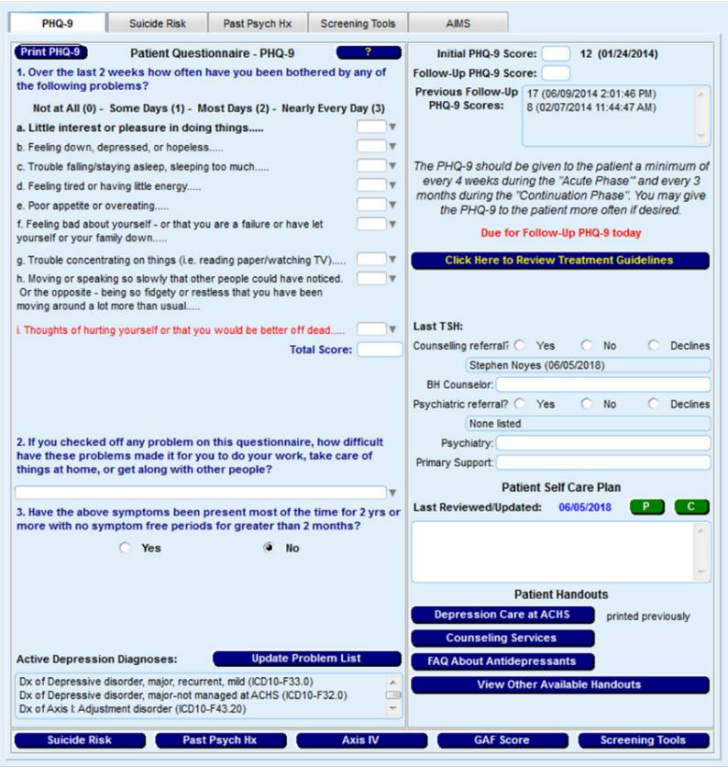
Putting the Mouth Back in the Body: the Role of Oral Health in Addiction, Treatment & Recovery, (August 21, 2018, Littleton, NH 03561)
Environmental Snapshot of SUDs, Recovery and Oral Health Access in Rural Northern NH presented by Ed Shanshala, CEO Ammonoosuc Community Health Services

The Challenge in NH North Country

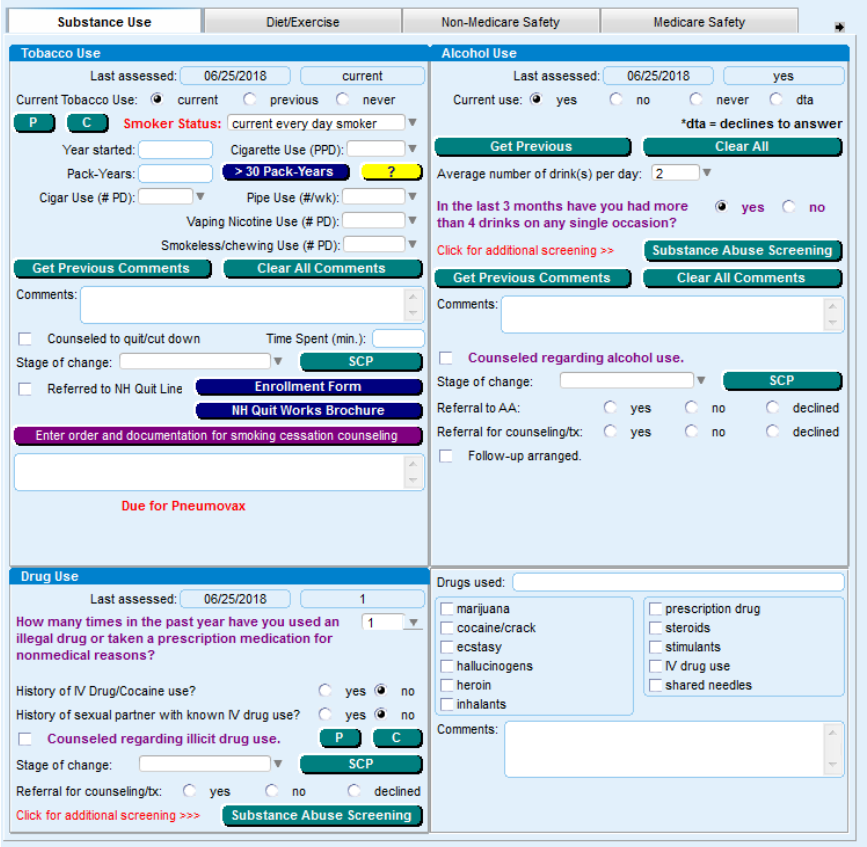
Social Determinants Screening



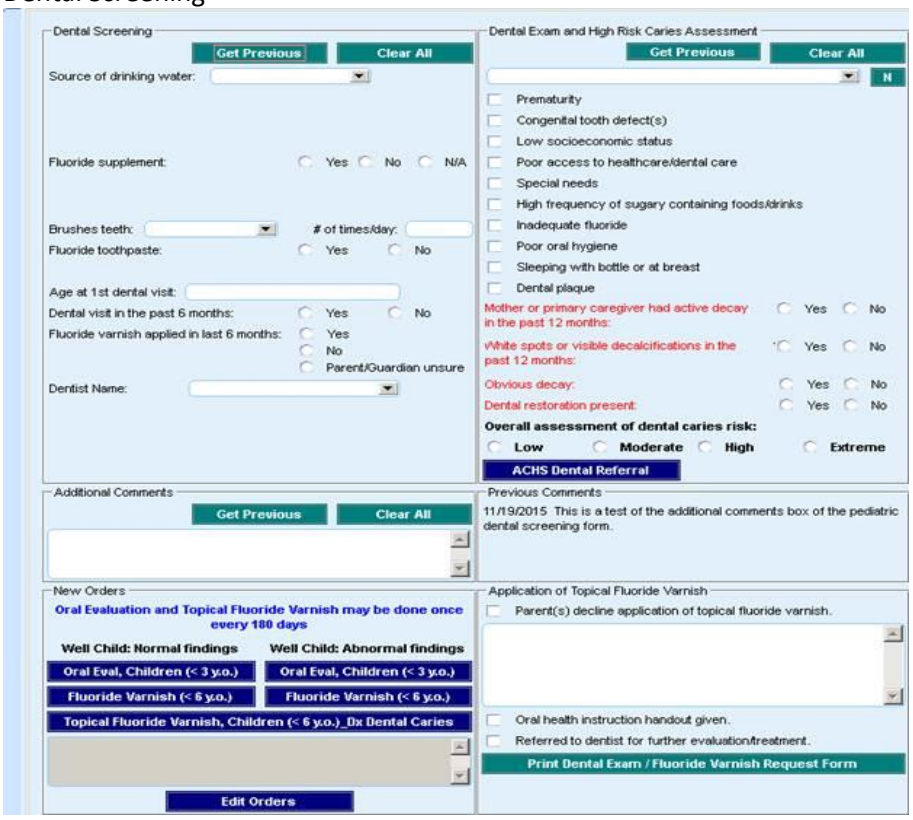
Behavioral Health Screening



Substance Use Disorder Screening



Dental Screening



See Case Studies: http://nhoralhealth.org/blog/wp-content/uploads/2018/09/Putting_the_Mouth_Back_in_the_Body_the_Role_of_Oral_Health_in_Addiction_Treatment_and_Recoveryx.pdf

Putting the Mouth Back in the Body: the Role of Oral Health in Addiction, Treatment & Recovery
presented by Peter Place, MS, Behavioral Health and Substance Use Disorder Case Manager, Ammonoosuc Community Health Services (ACHS)

In 2017, NH was number 3 in the U.S. in per capita Opioid Deaths with 483 deaths - a 28% increase over 2016.

There are several ways that drug abuse can damage oral health:

- Dry mouth, which increases acid in the mouth and leads to rotting enamel
- Acid reflux, which also rots enamel and hurts soft tissue
- Grinding teeth
- Loss of blood flow to roots and gums
- Ulcers or sores in the mouth that can become infected
- A focus on attaining more drugs instead of caring for oral hygiene
- Nutritional deficiencies that can damage teeth and gums
- Greater intake of high-sugar food or beverages, which rots teeth

Barriers to accessing oral health services in the North Country

- Numbers of Providers
- Insurance Coverage
- Medicaid

- Affording Dental
- Transportation

Oral health effects:

- Functional abilities: mastication and speech
- Psychologic affects: appearance (shame) and low self esteem
- Social impact affects: intimacy and communication
- Direct health affect: acute pain and discomfort and chronic, progressive oral disease

Services provided by ACHS

Educate Patients

- How substance abuse affects oral health
- How oral health affects overall health
- How to prevent poor oral health

How to access care

- Medicaid
- SFS

Provide Treatment

- SUD
- Dental

Services provided by ACHS in the North Country

Provide SUD services

- Education
- Behavioral Health Counseling (Both SUD and Mental Health)
- Case Management
- Medication Assisted Treatment
- Primary Care
- Dental
- Vision
- Referrals to external agencies for:
- Sober Living
- Employment
- Recovery Support Services

Annette Cole, B.S., RDH, CPHDH, Program Manager North Country Health Consortium discussed treatment of oral disease offering before and after pictures and clinical information.

Why Oral Health Matters: Protecting our Investment in Recovery
August 27, 2018, Manchester, NH 03103

"Targeting the Role of Oral Health in Recovery-Oriented Services" presented by Bill Rider, President and Chief Executive Officer, the Mental Health Center of Greater Manchester (MHCGM)

Serious Mental Illness and Oral Health… …if truth be told

- The Canadian Journal of Psychiatry 2016: 40 years of data are available… covering the disparity of oral health for people with mental illness….yet it remains a forgotten problem…

- US Surgeon General's Report 2000: The mouth is a window to wellbeing…showing signs of nutritional deficiencies and serving as an early warning system for disease, general infection and stress

Serious Mental Illness and Oral Health - 1 in 5 Americans is suffering from a Mental Illness

- Despite the known overall health implications of oral health… NH Medicaid is one of 12 states that covers 2 or fewer common oral health procedures:
  - Limited Oral Evaluation
  - Tooth Extraction
- 24 States offer 10 to 13 common oral health procedures
- Over 4 million people visited the ED for dental care costing 2.1 billion dollars (T. Wall 2013)
- Persons with Mental Illness are 3.5 times more likely to suffer tooth loss or serious decay as compared to those w/o Mental Illness
- Persons w/ Eating Disorders: 5 to 7x greater rates of dental erosion
- **Conclusion: Mental Illness is a serious oral health risk factor**

Psychosocial Factors contributing to poor oral health - Persons with Mental Illness often suffer from:

- Difficulty with concentration & executive functioning (Planning/ Organizing & Completing Tasks)
- Feelings of worthlessness & hopelessness (why bother)
- Withdrawal (don't want to go)
- Cognitive deficits & distorted perceptions
- Poverty & lack of social supports

Iatrogenic effects of psychiatric medicine

- Many Psychiatric Medicines cause dry mouth (Xerostomia) resulting in:
  - Cavities, gingivitis and periodontal disease
- 35 to 45% of patients suffer dry mouth on:
  - Antidepressants: Prozac, Wellbutrin, Zoloft
  - Anti-manic/Mood Stabilizers: Lithium, Tegretol
  - Anxiolytics/ Benzodiazepines: Ativan, Xanax
  - Antipsychotics: Seroquel, Risperidone
- Often there is 30 to 50% reduction in saliva flow before patients complain

Other contributing factors for poor oral health among persons with mental Illness

- Use of carbonated sugary drinks in an effort to relieve dry mouth
- Tobacco Smoking:
  - 36% of adults with MI smoke vs 20% of adults without MI
  - Persons with MH are tend to be heavy smokers as they consume 31 % of all cigarettes smoked.
  - 45-65% of people with MI have a co-occurring Substance Use Disorder, which contributes further to dry mouth and increased functional impairment.

Overall health and Psychosocial Vulnerabilities

- Secondary to bacteremia and inflammation, persons with mental illness have an increased risk for:
  - Pain
  - Serious oral diseases including Cancer
  - Cardiovascular disease
  - Chronic lung disease/ respiratory illnesses

- Eating and speech difficulties
- Unsightly dentition exacerbating social isolation, under employment and unemployment.

What can be done??

- On the policy/ state/ public health level:
  - Establish comprehensive Medicare & Medicaid dental benefits
  - Sustain or expand community water fluoridation
  - Conduct basic screening surveys
  - Train dentists on meeting the unique treatment needs of persons with mental illness and integrated care
- On the psychiatric provider level:
  - Conduct basic screenings:
    - Registered with a dentist and last visit?
    - If none – what stopped the person from going?
    - Teeth brushing
      - Do you have a toothbrush…How new?
      - How often do you generally brush and floss?
    - History of oral health?
    - Current/ recent pain and how managed?
  - Education and compassionate support
  - Support local Oral Health Programs (FY 18 MHCGM invested $30K in The CMC Poisson Dental Clinic for Persons w/ Serious Mental Illness & SUD)

Being able to work is one of the greatest/most reliable predictive factors for recovery success.

Oral Disease a Prevalent Comorbidity Related to Addiction: The Role of Oral Health in Treatment & Recovery, August 29, 2018, Portsmouth NH 03801

Oral Health: An Overlooked but Critical Recovery-Oriented Service: A Seacoast Perspective presented by Jay Couture, Executive Director, Seacoast Mental Health Center

Whole Person

- As complex beings it should be no surprise that there is overlap between our physical, oral and mental health

Serious Mental Illness and Oral Health… …if truth be told

- The Canadian Journal of Psychiatry 2016:
  - 40 years of data are available… covering the disparity of oral health for people with mental illness….yet it remains a forgotten problem…
- US Surgeon General's Report 2000:
  - The mouth is a window to wellbeing…showing signs of nutritional deficiencies and serving as an early warning system for disease, general infection and stress
- Review by Dr. Kisely Hooman Baghaie published in 2017 found dental patients with substance use disorders have more tooth decay and periodontal disease than the general population, but are less likely to receive dental care.

How does drug use affect oral health?

- Dry mouth
- Clenching or grinding of teeth
- Chemical erosion
- Malnutrition
- Poor oral hygiene

- Inflammation

How do Oral Health Issues affect physical health?

- Coronary heart disease
- Stroke
- Diabetes
- Respiratory disease

Social Impact of Poor Oral Health and Addiction

- Personal relationships/interactions
- Professional opportunities
- Higher rate of absenteeism

Barriers to Oral Healthcare

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Why have this conversation now?

- The issue is not new, but the numbers of individuals impacted has grown
- Improved oral health can lead to improved self-esteem, increased ability to find a job and have a positive impact on recovery
- Increasing partnerships and integration of care makes this the right time to focus on making progress

What action can we take?

- Mental Health First Aid Training
- Establish/expand practice of oral health assessment and referral by SUD Treatment and Recovery Providers and Dental Providers: needs to be a two way street
- Work collaboratively to decrease or eliminate barriers to access to adult dental care across all communities

Supporting Recovery: Local Leaders Panel

- Anne Sleeper, RDH, CPHDH, Wentworth Health Partners Dental Center is actively working in the SUD/Recovery area. She started a program at Hope for Haven Hill a program for pregnant and new mothers. She also provides oral health education to recovery houses in the area. Most recoverees in treatment need dental work. Some had outside support but most have financial and transportation needs. Programs run by the Wentworth Douglas Foundation see SUD patients at the Wentworth Health Partners Dental Center; patients must be in the service area and if they qualify for hospital financial aid they can get help. The paperwork burden is significant. Anne started with pregnant women initially helping them with the paperwork. Finally got Bonfire to help with the paperwork. Care coordination is a very important missing piece. SOS in Dover will help with recoverees with the paperwork if they can get to SOS in Dover but there are transportation issues. Anne Sleeper was the initiator of these services.

- Nick Toumpas, IDN 6 Strafford County and part of Rockingham County (1115 Medicaid Demonstration Waiver – on Mental Health and Substance Use Disorder) IDN 6 is the only IDN that has added significant oral health representation to its leadership with Helen Taft on the

executive committee as the oral health voice, Skip Homicz, DDS as a member of the advisor committee, and William Gunn, psychologist.

- Bonnie Greaney, Lamprey school-based program but also works on a project “Tots and Teeth” working with interpreters in the Nashua area to bring oral services to children 1-3. She is also working on a Lamprey program that does treatment plans for adult dental services that are subsidized.

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