Mental Illness and Oral Health: Identifying Signs and Referral Methods

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Current research

Singhal et al., (2021) found that patients with SMI who received a mechanical toothbrush had a significant reduction in the gingival index and oral home care instructions did not have a significant impact on oral health.

Zechner, Singhal et al. (2021) identified that post-graduate dental students felt unprepared to work with patients with SMI.

Zechner et al., (2022) found that dental hygiene students who provided care to patients with Schizophrenia had improved comfort and willingness to work with the population.
Objectives

1. Discuss the prevalence and stigma of mental illnesses.
2. Explain the use of the *Diagnostic and Statistical Manual (DSM) of Mental Disorders* by qualified mental health professionals to diagnose mental disorders.
3. Identify symptoms of mental illness, treatment options and referral strategies for dental providers.
OBJECTIVE 1: Discuss the prevalence and stigma of mental illnesses
Oral Health in the US

Oral health is a “vital sign” for optimum health

Significant oral health disparities

(Brennan & Teusner, 2015)
Overlap of Oral and Mental Health

Oral Health

Mental Health
Poll 1
OBJECTIVE 1: Discuss the prevalence and stigma of mental illnesses

1 in 5 mental health condition

1 in 25 serious mental illness

NIMH, 2022
What is mental illness?

According to the World Health Organization (WHO), “A mental disorder is characterized by a clinically significant disturbance in an individual’s cognition, emotional regulation, or behavior.”
### Differences between mental health condition & serious mental illness?

<table>
<thead>
<tr>
<th>Mental Health Condition</th>
<th>Serious Mental Illness</th>
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<tbody>
<tr>
<td>Requires diagnosis</td>
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<tr>
<td>Impacts mood, thinking and behavior</td>
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<tr>
<td>Treatments include psychotherapy and medication</td>
<td>Treatments include psychotherapy and medication, <strong>specialized outpatient and inpatient treatment</strong></td>
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<tr>
<td>Examples include: anxiety, depression, personality disorder</td>
<td>Examples include: <strong>bipolar disorder, schizophrenia, major depression, PTSD</strong></td>
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<tr>
<td>Can be temporary situation (e.g. post-partum depression)</td>
<td><strong>Severely impacts the ability to work, live or perform daily functions over a lifetime.</strong></td>
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Poll 2
Types of mental illness

- Anxiety disorders
- Depression
- Bipolar disorder
- Schizophrenia
- PTSD
- Eating disorders
- Disruptive behavior & dissocial disorders
- Neurodevelopmental disorders

WHO, 2022
Challenges of Stigma

- Fear and uncertainty of health professionals
- Less likely to treat
- Patients feel unheard and dismissed
- Patients don’t seek care
- Worsened oral care and outcomes
OBJECTIVE 2: Explain the use of the Diagnostic and Statistical Manual (DSM) of Mental Disorders
The DSM 5-TR

A comprehensive reference book describing conditions and symptoms

Used by psychiatrists, psychologists, social workers, nurses, counselors and other behavioral health providers

Operationalize mental health disorders by listing symptoms
Depressive symptoms (≥5 symptoms during the same two week period that are a change from previous functioning; depressed mood and/or loss of interest/pleasure must be present; exclude symptoms clearly attributable to another medical condition)

▷ **Depressed mood** Most of the day, nearly every day; may be subjective (e.g. feels sad, empty, hopeless) or observed by others (e.g. appears tearful)

▷ **Loss of interest/pleasure** Markedly diminished interest/pleasure in all (or almost all) activities most of the day, nearly every day; may be subjective or observed by others

▷ **Weight loss or gain** Significant weight loss (without dieting) or gain (change of >5% body weight in a month), or decrease or increase in appetite nearly every day

▷ **Insomnia or hypersomnia**; Nearly every day

▷ **Psychomotor agitation or retardation** Nearly every day and observable by others (not merely subjectively restless or slow)

▷ **Fatigue Or loss of energy**, nearly every day. Feeling worthless or excessive/inappropriate guilt

American Psychiatric Association, 2013
Example of Diagnosis

Depressive Disorder, Borderline Personality Disorder, GERD, HTN, IDDM2

• Psychosocial and Environmental Problems.

Housing Problems, Social Problems, Problems with Access to Healthcare

• Global Assessment of Functioning (GAF)

60
Poll 3
OBJECTIVE 3: Identify symptoms of mental illness, treatment options and referral strategies for dental providers.
Anxiety

- Behavioral symptoms such as restlessness
- Cognitive symptoms such as racing or unwanted thoughts, inability to concentrate
- Other symptoms such as worrying, inability to sleep, nausea, palpitations, trembling, feeling of impending doom
- Physical symptoms such as tiredness or sweating
Impact of Anxiety on Oral Health

- Teeth grinding (bruxism)
- Fear of oral care providers or services
- Dental phobia
- Xerostomia – side effect of medications
Depressive Symptoms

Behavioral symptoms: irritability and crying excessively

Mood: hopelessness and lack of interest

Physical symptoms: loss of appetite, fatigue, weight changes, sleep changes

Cognition: concentration and decision-making
Impact of Depression on Oral Health

- More dental caries
- Poor oral hygiene
- Self-neglect
- Cariogenic foods due to low serotonin levels
- Xerostomia – side effect of medications
Bipolar Disorder

Behavior: hyperactivity, restlessness.

Mood swings ranging from sadness to euphoria.

Psychological symptoms: mania and depression.

Difficulty sleeping or excessive sleepiness.

Increased risk of tobacco and substance use.

Cognitive: delusions, inability to concentrate. Unrealistic beliefs.

Mayo Clinic, 2022
Impact of Bipolar Disorder on Oral Health

- Overzealous in brushing, flossing and mouthwash use during manic episodes
- Loss of interest in self-care during depressive episodes
- Long term use of Lithium contributes to bone loss
- Xerostomia – side effect of some medications
- Bruxism
- Altered perception of taste
Post-Traumatic Stress Disorder

Occurs after a terrifying event

Symptoms can vary in intensity: irritability, easily startled, depression

Impact on mood: anxious, depressed, loneliness and lack of interest in activities

Psychological symptoms: flashbacks of event, lack of trust, fear, anxiety, unwanted thoughts

Mayo Clinic, 2022
Impact of PTSD on Oral Health

- Reject oral health care
- Teeth grinding and clenching leading to abfraction and occlusal wear
- Xerostomia – side effect of some medications
Schizophrenia

A genetic thought disorder

Behavior: unusual actions, isolation, disorganized behavior

Mood: depression, feeling detached from self, lack of interest or motivation

Cognitive impacts: difficulty thinking, delusions and disordered thoughts, difficulty with speech and understanding

Psychological symptoms: delusions and hallucinations,
Impact of Schizophrenia on Oral Health

• Difficulty understanding and following directions
• Medication-induced involuntary movements
• Xerostomia – side effect of some medications
Eating disorders

Anorexia nervosa

Bulimia nervosa
Anorexia Nervosa

Physical signs: Being underweight, appearing thin, dry skin, low blood pressure, dehydrated

Emotional and behavioral: Frequently skipping meals, not eating in public, social withdrawal, irritability, eating only certain low calorie foods.
Bulimia nervosa

<table>
<thead>
<tr>
<th>Eating abnormally large amounts of food in 1 meal</th>
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<tr>
<td>Use of diuretics, laxatives, enemas after eating</td>
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<tr>
<td>Fasting, vomiting or exercise after eating</td>
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<tr>
<td>Damaged teeth and oral soft tissues</td>
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<td>Swelling of face and cheek from enlarged glands</td>
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Bulimia

This Photo by Unknown author is licensed under CC BY-SA.
Treatment options for mental illness

- Psychotherapy
- Psychotropic Medications
- Psychosocial Treatment (e.g. skills building, goal-setting)
- ECT & Brain Stimulation Therapies
- Outpatient and inpatient services
Referral Strategies
If You See Something...Say Something

• Ask
  – Do you have anyone who can help you with ....
  – Who can we call for you?
  – You seem very nervous/upset/distressed about dental work, have you considered talking to a mental health provider about this?
  – Do you take any medications that help you when you are very nervous?
  – Are you working with doctor/nurse/professional who helps you with your emotional health?
  – Would you like some information about getting emotional support for yourself?
Identifying the patient with mental illness

- Patient may not note on the health history that they have a mental illness.
- Those not diagnosed may appear disheveled and display unusual behaviors.
- Poor oral health
- Excessive brushing and damage to the dentition
- Heavy plaque buildup on teeth
- Seeking dental care when acute problems arise
- Patients with several broken appointments
The role of the dental provider

- Most general dentists realize they have limited knowledge in identifying patients with mental illness.
- Currently there are no protocols in place for identification of patients with mental illness and referral to a healthcare provider.
- Limited communication between dental practitioner and general physician.
- Collaboration with mental health providers in area of practice

(Freeman, 2001, Heaton 2012)
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<th>Dentists work in silos</th>
<th>Collaboration between providers</th>
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<tr>
<td>Collaboration between patient and provider</td>
<td>Assisting patients though the healthcare divide</td>
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If Patients Need Assistance

**Emergency**
- Patients can contact National Helpline by dialing **988**
  (for suicide and crisis prevention)
- Dentists/dental offices can contact emergency responders by dialing **911**
  (for emergencies and crisis situations)

**Non-Emergency**
- Contact State or Local National Alliance on Mental Illness for non-emergencies
  (800) 950-6264
- Contact Mental Health America Connect:
  (703) 684-7722
QUESTIONS
Resources

- National Alliance on Mental Illness [https://www.nami.org/Home](https://www.nami.org/Home)


References


• Freeman, R. Have dentists a role in identifying mentally ill patients?. *Br Dent J* **191**, 621 (2001). https://doi.org/10.1038/sj.bdj.4801250

• Heaton LJ, Hyatt HA, Huggins KH, Milgrom P. UNITED STATES DENTAL PROFESSIONALS' PERCEPTIONS OF DENTAL ANXIETY AND NEED FOR SEDATION IN PATIENTS WITH MENTAL ILLNESS. SAAD Dig. 2012 Jan;28:23-30. PMID: 24876662; PMCID: PMC4033904.
References


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