



**HEALTHY
SMILES**



Griffith
UNIVERSITY

Centre for
Mental Health

No mental health without oral health: addressing systemic neglect in Australian care

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What is the problem?

- **People with serious mental ill-health (SMI)**
 - more likely to have decayed and missing teeth & less fillings
 - less likely to visit dental services
 - 4 x more likely to have periodontal disease & dental caries
 - leading to tooth loss (3 x more likely), bad breath, a struggle to eat drink & smile
 - linked to other physical health problems like cardiovascular & respiratory disease, diabetes & cancer – which people with SMI are already at increased risk
 - all impact on psychosocial outcomes (increased stress, social isolation, employment disadvantages), self-esteem and quality of life
- **Oral diseases are the 3rd most common reason for preventable hospital admissions for people with SMI**



Why are young people important?

- SMI typically emerges during adolescence and early adulthood (18–25 years)
 - 62.5% of lifetime psychiatric disorders occur by age 24
 - almost half experiencing symptoms before age 18
- Oral health behaviours formed earlier in life can significantly impact adult outcomes
- Adolescence/youth is a key time of life transitions – leaving home & school, new relationships.
- Preventative intervention during early adulthood when SMI symptoms emerge is critical to interrupt negative oral health trajectories
- Limited research focused on this population – & on mental & dental practitioners supporting this population



What did we do?

- Systematic review of how oral health is represented in Australian oral and mental health policies and national research funding schemes
- Qualitative interviews (n=27) undertaken with mental health practitioners, peer workers, GPs, dentists, people with lived experience & carers
- Focus group with young people with SMI (n=10)
- Explored how oral health is prioritised and barriers to access



Whose priority is oral health in mental health?

- Review of Australian oral health policies/plans (national & state) in last 10 years
 - **Five of 10 documents (50%)** identify SMI as a priority population including *Australia's National Oral Health Plan 2015-2024*, plus Victoria, South Australia & Western Australia state documents
- Review of Australian mental health policies/plans (national & state) in last 10 years
 - **none** of the 24 documents identify SMI as a priority population for oral healthcare
 - Equally Well National Consensus Statement 2016 states *"People living with mental illnesses are 6 times more likely to have dental problems. Dentistry should be incorporated into all mental health and primary health care plans from the start. Flexible funding to enable access to dental care is recommended"*



UK Consensus Statement

➤ Australian policy contrasts starkly with UK where ***The Right To Smile*** a National Oral Health Consensus Statement for People Experiencing Severe Mental Ill Health was launched in 2022

THE RIGHT TO SMILE: In 2022 There can be No Mental Health Without Physical health... AND no Physical Health without ORAL HEALTH

Poor oral health should not be an inevitable consequence of experiencing severe mental ill health

THE RIGHT
TO SMILE



Who funds research to address this priority?

- Scan of Australian national health grant funding outcomes across NHMRC since 2013, and MRFF and ARC since 2017
 - only identified 50 oral health/dental focused grants out of 21,025 that have been funded
 - this represented 0.22% of all awarded funding
 - none focused on people with SMI
- Urgent need to prioritise achieving equity in oral healthcare



Who did we talk to?

- 14 People with lived experience
- 6 Psychiatrists
- 5 Mental health workers
- 4 Dentists/oral health therapists
- 3 Peer workers
- 2 General practitioners
- 2 Carers
- 1 Community pharmacist



Key themes that we identified

1. Out of sight and out of mind

- Difficulties prioritising oral health
- Not asked about oral health
- System level factors (e.g. housing, finances) and good mental health were enablers for preventative care
- Difficulties in accessing affordable oral healthcare – emergencies rather than preventative care
- Experiences of judgement and stigma in dental care

Oral health is something I think I sort of struggle to keep on the forefront because there are usually so many more pressing issues sitting, you know, with the patient present, sitting in front of you



2. Personal experiences of failures

- Delayed treatment
- Experiences of significant periodontal disease
- Significant effects on quality of life & well-being
- Pain impacted mental health, sleep & eating
- Impact on self-esteem and participation
- Described as a vicious cycle

I've lost all of or part of my five or six teeth now...Sadly at least some of which I don't think I would have lost if I had been able to have a regular cleaning and checkups

When I was losing teeth, I struggled to get out into society...which then made me feel more alone and isolated, which feeds into all the demons in my head, which then puts me at higher risk of suicide again



3. How to support oral health

- Awareness of longer-term impacts
- Availability of oral health information
 - Co-designed resources
- Mental health workers (trusted relationships) to ask about oral health and provide support and advocacy
- 'Touch points' in mental health care (e.g., medication reviews, discharge)

You know, you are going to save a lot more money if you come regularly and look after your teeth and brushing twice a day with fluoride toothpaste



Making oral healthcare accessible & inclusive

Routine part of mental healthcare

- Mental health workers are aware and have the skills to support oral health
- Regular screening/assessment
- Collaboration across sectors

Trauma-informed dental care

- Negative experiences with dental professionals
- Awareness of impacts of mental ill-health and trauma

Financial/system barriers

- Dental care expensive/long waitlists
- Stronger focus on prevention rather than emergencies

Range of resources available

- Oral health literacy information available across all settings
- Oral health promotion resources (achievable routines)
- Information about side-effects of medication
- Mental health workers provide oral health promotion and support
- Public health messaging
- Resources to reduce anxiety about dental visits

If there was a video you could watch ... so, if that person could go through the steps of the procedure. Like, "They're going to sit you in the chair, do this, do that, and then this is going to happen"



Recommendations for action

- **Early intervention**
 - Prevention is key – prioritisation of oral health
 - Improve oral health literacy for consumers, carers & workforce
- **Implement integrated care models**
 - Oral health in mental health assessments and care
 - Systematic referral pathways and collaboration between sectors
 - Updated healthcare guidelines
- **Develop professional training**
 - Equip both dental & mental health professionals with cross-disciplinary skills; focus on stigma reduction & trauma awareness
- 📢 **Health policy reforms & research promoting innovative, integrated dental and mental health service delivery systems are urgently needed worldwide**



**Thank you &
any questions**



HEALTHY SMILES

promoting good oral health for people
living with serious mental ill-health



Centre for
Mental Health

ORIGINAL ARTICLE **OPEN ACCESS**

Healthy Smiles: Promoting Good Oral Health for Youth With Serious Mental Illness

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Evaluation of a national mental health initiative

Griffith Ethics Reference Number:
2023/473

3 minute survey

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