



MEDIA RELEASE AND BACKGROUNDER

9 August 2017

Why does poor mental health often lead to poor dental health, and what can be done?

Journal article:

[Ho HD, Satur J, Meldrum R. Perceptions of oral health by those living with mental illnesses in the Victorian community – The consumer’s perspective. *International Journal of Dental Hygiene*, 29 March 2017. Doi:10.1111/ijdh.12278](#)

People living with mental health conditions have an [increased risk](#) of a range of chronic illnesses, including diabetes, obesity and cardiovascular disease (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3104888/>).

Less well recognised is the high rate of poor oral health among people with mental health conditions. People living with mental illness are more likely to be affected by dental caries (tooth decay) and periodontal disease (gum disease), more likely to have untreated dental problems, and more likely to undergo emergency rather than preventive treatment.

[A meta-analysis](#) published in the *British Journal of Psychiatry* found that people with a severe mental illness were 3.4 times more likely to have lost all their teeth compared with the general community, and had significantly higher numbers of decayed or filled teeth (<https://www.ncbi.nlm.nih.gov/pubmed/?term=kisley+quek+pais+lalloo>).

Many of the risk factors for poor oral health are shared with poor general health and are highly prevalent in the lives of people with mental health issues. This includes higher rates of smoking, higher consumption of sugar, and side-effects of prescribed medications, such as reduced saliva flow from anti-psychotic medication, which can compromise dental health.

In addition to general risk factors, there are a range of factors specific to the lives of people with mental illness that combine to make it difficult for people to maintain or improve their oral health while managing mental illness.

[A study](#) recently carried out by a team of both oral health and mental health practitioners from the University of Melbourne, Neami National and the Oral Health CRC identified five key barriers to dental care for people with mental health conditions.

1. Keeping up self-care while coping with mental illness

A common experience of people in the study was that mental illness often overwhelmed their capacity for self-care. Coping with the demands of mental illness resulted in competing priorities, and the ability to manage these demands usually depended on how well a person was managing their mental illness.

Study participant: “ ...if you’re not travelling well with your mental health...you’re just consumed by all of that, and things like eyesight and

teeth...are deteriorating because you've sort of gone far off into the distance and just trying to manage everything else."

The study also found that people felt more motivated to improve their oral health care when there were increases in feelings of empowerment, autonomy and independence.

2. Fear

Dental fear and anxiety were barriers to seeking dental care for many participants in the study. Some people experienced specific dental fear, others had experience of generalised social anxiety that made it difficult attend any medical appointment, and some people experienced both.

Study participant: "I feel terrified. Really, really anxious. I have to be careful to watch my breathing, make sure I don't hyperventilate. I probably won't sleep the night before the appointment."

Many people had found individual ways of coping with dental appointments such as being situated near windows, distracting themselves with music, arranging with dental staff to remain partially upright during examinations, and some said they self-medicated before appointments to reduce anxiety.

3. Stigma

Fear of being judged or stigmatised due to mental illness was an issue for some people in the study, and most people thought carefully about whether or not to disclose mental health conditions to dental staff.

Study participant: "Like you know, you tell the dentist you have a mental health illness...they treat you so differently".

This was not the experience for all participants, but many chose not to disclose information about their mental health or the medications they were using to oral health professionals.

4. Financial issues

The cost of dental treatment was raised as a major barrier to both regular examinations and dental treatment.

Study participant: "I haven't been to the dentist for a few years because of financial reasons."

Study participant: "If I've got a sore tooth, I just battle through it. I just can't afford to go to the dentist."

Participants were not always aware if they were eligible for public dental assistance. Worries about the embarrassment of being unable to pay for a bill was a deterrent to seeking dental treatment from both private and public dental providers, because although public dental care is subsidised, it is not free.

5. Communication and literacy

People living with mental illness come from a wide range of educational and social backgrounds. Not surprisingly, dental health knowledge (oral health literacy) varied among participants in the study, but even among people with good oral health literacy, miscommunication between dental practitioners and patients still occurred.

Study participant: “I don’t know what they mean when they say certain things and I’m like ‘does it mean I’ve got something wrong with my teeth?’ or ‘what are they going to do with me today?’”.

Putting findings into practice

Findings from the study have been used to develop a training package for mental health support workers at the community mental health organisation Neami National. The initiative provides workers with the skills and knowledge to support clients to maintain their oral health and access dental care when needed. The findings are also being used to assess dental service delivery models and to make recommendations for future oral health promotion activities.

“This study has captured rich information about the experiences of people with mental illness in managing their oral health. It is a subject that has received very little attention and yet poor oral health has a huge impact on the health and wellbeing of a person.”

– Associate Professor Julie Satur, University of Melbourne

“Neami has committed to putting these research results into action. We have worked with the University of Melbourne to roll out and evaluate training to our staff. Oral health is now firmly on the agenda in how we work with people to improve control over their health.”

– Pricilla Ennals, Senior Manager for Research and Evaluation, Neami National

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