

COMMENT

Why Mental Health Nurses Should Care about Oral Health: A Commentary

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Introduction

There is evidence to suggest that people with severe mental ill health (SMI) experience worse oral health outcomes compared with the general population. People with SMI are more likely to have tooth loss, experience poor oral health such as bleeding gums (Kisely et al., 2016) as well as tooth decay (Kang et al., 2024). We discuss reasons why this might be and how mental health nurses might be best placed to support individuals with SMI to improve their oral health.

Risk Factors

There are several factors that might make this group more at risk of poor oral health. People with SMI are more likely to engage in higher risk behaviours, such as smoking (Cook et al., 2014), - which increases the likelihood of tooth loss (Kang et al., 2024) - and eating sugary foods (Teasdale et al., 2019). The side effects of anti-psychotic medications can also contribute to physical side effects (Correll et al., 2015) with higher numbers of medications prescribed increasing the likelihood of dry mouth (Okamoto et al., 2016). This means that the people with poorer mental health are at risk of developing dental decay which pre-disposes to having a dry mouth and / or a diet with high frequency of sugar intake (Okamoto et al., 2016, Teasdale et al., 2019).

The participants in Turner et al.'s (2023) qualitative study cited fatigue as affecting their ability to exercise good self-care behaviours, especially at night. The service users attributed their tiredness and lack of motivation to their psychotropic medication. Some however reported their poor mental health (voice hearing and depressive symptoms) as directly impacting their motivation to take care of themselves (Turner et al., 2023). This could explain why there is some evidence to suggest that this population have poorer overall oral hygiene behaviours, including brushing their teeth less than the general population (Turner et al., 2022). They are also less likely to attend the dentist (Turner et al., 2022) despite greater levels of need (Gray et al., 2022).

There can be many factors impacting dental attendance in people with SMI. Practical reasons such as lack of transport, cost of treatment and form filling were cited as barriers to attending dental appointments for this population (Scrine et al., 2019). Similar results were found in another study (Bjørkvik et al., 2022) which reported that a perceived lack of control at appointments or feeling unable to express their needs to a dentist meant that people with SMI had lower uptake of follow-up treatment appointments. One qualitative study found that psychological difficulties can directly impact the willingness of someone to attend their appointments (Mishu et al., 2022). Participants reported that noisy waiting rooms, sterile dental clinics, and invasive procedures triggered memories of past traumatic experiences and represented barriers to dental attendance. The pandemic has likely exacerbated inequalities around dental access in vulnerable groups, with some evidence to suggest that dental access has reduced in areas worldwide since the pandemic (Tingley, 2021; Green et al., 2022; Akbari et al., 2024). Poor access might lead to preventable problems being left untreated, leading to an increased likelihood of using urgent care/emergency dental services (Currie et al., 2022). Conditions that are often treated at emergency dental appointments adversely impact a person's quality of life (Edwards et al., 2023).

The Burden of Poor Oral Health

The implications of poor oral health are significant and can influence all domains of health. Addressing problems in this area, therefore, should be a priority. Poor oral health can impact simple everyday functions, such as eating and drinking and cause problems such as discomfort and oral pain (Kisely, 2023). Interviews with people with SMI suggested that poor oral health can lead to feelings of shame, impacting on a person's self-esteem and confidence, further exacerbating existing mental health difficulties (Mishu et al., 2022). People with SMI also have poorer overall health outcomes, including preventable physical diseases, (Hayes et al., 2017) with poor oral health also being linked with diseases such as heart disease (Xu et al., 2017) and diabetes (Passarelli et al., 2020). These factors mean that this population are particularly at risk of poor secondary health outcomes given the links

between oral health, physical health, and mental health (Strait et al., 2021). Oral health can at times be overlooked in the care of people with SMI and poor oral health might be seen as an expected consequence of having SMI. The Right to Smile Consensus Statement (Closing the Gap Network, 2022) describes a commitment to tackling oral health inequalities in this population, ensuring that poor oral health is not an inevitable consequence of SMI. There has been progress in improving the physical health of people with SMI, illustrated by the development of multiple interventions that seek to address these issues (Struntz et al. 2023), and a commitment to provide a course of action to reduce oral health disease numbers (World Health Organisation, 2022). Oral health, however, remains a neglected area of concern.

Role of Mental Health Nurses

Mental health nurses can play a significant role in addressing these problems for the service users they work with. The International Council of Nurses (Stewart et al., 2022) describe the role of mental health nurses as:

Mental health nursing is a specialty within the field of nursing that provides holistic care to individuals at risk for or experiencing mental and substance disorders or behavioural problems to promote their physical and psychosocial well-being. It emphasizes the use of interpersonal relationships as therapeutic tools and considers the environmental factors that influence mental health. Psychiatric -mental health nurses not only provide physical care, but also use socialization, activation and communication with their patients to create a safe, comfortable environment that promotes positive change. (p.15)

Thus, the work of a mental health nurse seems key in supporting someone with their oral health, ensuring oral health is considered as part of the person's overall health needs.

Proposals

Although this is not an exhaustive list, we have highlighted some of the actions that mental health nurses could consider when supporting their service users. Given the current pressures on mental health nurses and the contexts in which they work, it is important to note that these actions cannot be made in isolation. We emphasise the need for a multi-disciplinary, collaborative approach to working with an individual with SMI to support them with their oral health, in addition to the allocation of adequate resources and funding.

Training and Supervision

Firstly, it is important to provide training to mental health nurses, pre and post registration so that mental health nurses are equipped to recognise signs of poor oral health, evidence of good oral health practices, as well as understand the impact of poor oral health on a person's mental health (Kuipers et al., 2024).

Appropriate supervision is also important to support this workforce. Adequate training and supervision will enable them to feel confident that if indicators of poor oral health are apparent, to sign post individuals to relevant services able to provide the necessary treatment, such as GPs or dentists. Education, training and supervision might also equip practitioners to have conversations with their service users on what a person might expect to happen during a dental appointment, or what might be involved with specific dental treatments.

Oral Health is Physical Health

It is also key for physical health assessments to include questions around oral health, whilst emphasising that oral health is important to maintain and a priority for the general health of a person. Being curious about a person's oral health might open up further discussions about how poor oral health might be impacting a person's mental health (Kuipers et al., 2024).

Self-Care

Exploratory conversations around service users' understanding and interest in learning about topics such as healthy eating and smoking cessation could also be a way for mental health nurses to support people with SMI around their oral health. These conversations will have wider implications on a person's health but can also inform discussions about the impact that healthy lifestyle choices can have on improving an individual's oral health.

Service users are often very aware that behaviours such as smoking or eating foods that are high in sugar can have a negative impact on their oral health. Someone might realise, for example, that smoking is bad for their health but also feel like this is the only way they can reduce overwhelming feelings of stress. In these situations, further information or advice is unlikely to be helpful (Joury et al., 2023). Mental health nurses, however, can use curious questioning to enable people to explore dilemmas about behaviours that impact on their oral health, with the aim of helping service users develop new perspectives to their problems (Griffiths & Carey, 2020).

As mental health nurses are in a position to encourage their service users to adopt healthier oral health behaviours, they are also well-placed to assess whether their service users have access to items to enable self-care behaviours, such as toothpaste, a toothbrush and dental floss. If this isn't the case, then practitioners could offer advice on where their service user can obtain these. This might include signposting them to free or affordable resources.

Medication

Given the available literature describing the impact of psychotropic medication on oral health (Okamoto et al., 2016), mental health nurses have a responsibility to be curious about their service users' tolerance to their medication, and any side effects experienced, such as xerostomia (dry mouth). Following discussions with the wider multi-disciplinary team (MDT), alternative medications linked with less side effects might be made available to the person.

In instances where this isn't possible, mental health nurses could offer healthier ways to manage dry mouth that would reduce the negative impact on the person's oral health.

Support Network

Discussing with carers and family members the importance of maintaining good oral health and oral hygiene behaviours could play an important role in supporting service users with their oral health. As care plans involve looking at a holistic approach to mental health, involving family and carers is a way to empower the person and their support network. Including them in these conversations might also enable them to support the person to book and attend regular dental appointments.

Understanding barriers to good oral health could enable mental health nurses to care plan ways to problem solve around different difficulties that are contributing to the person's poor oral health. Actions might be to signpost people with SMI to appropriate sources of support e.g. psychological support, financial support services, dental appointments and dental provisions targeted to people with SMI.

Goal Setting

Finally, involving service users in goal setting to support them to plan, implement and measure changes in their oral health might be helpful. Having these conversations could enable the practitioner to understand the priorities of their service users in relation to their oral health. Having smaller goals might increase a person's motivation to improve areas of oral health by reducing the perceived pressure on them. Conversely, asking someone to radically change their self-care behaviours might feel overwhelming and demotivating. Using each contact as a way to measure the service user's perception of successes and goal attainments would ensure that oral health remained on the agenda.

Conclusion

To summarise, people with SMI have higher risk factors that make them more vulnerable to poor oral health. Inequalities also exist in the provision and access to care which exacerbates the risks of poor oral health for this population. Mental health nurses form part of a multi-disciplinary team, where shared responsibility is pertinent to delivering good care. Despite this, in their profession, they possess expertise and unique opportunities to holistically support a person's well-being which includes their oral health, and are therefore well placed to address inequalities. As discussed, mental health nurses cannot achieve this without appropriate training and clinical supervision, along with a commitment from services to provide sufficient resources to support them.

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Conflict of Interest Statement

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