Dental Care for People Living with Serious Mental Illness and/or Substance Use Disorder

A Toolkit for Dentists and Other Oral Health Professionals



TABLE OF CONTENTS

How to Use This Guide	3
Introduction	4
Case Studies	5
Adam & Gloria	6
Mental Health Conditions & Symptoms-	7
Anxiety Disorders	8
Depression	9
Bipolar Disorder	10
Schizophrenia & Related Disorders	11
Substance Use Disorders	13
Neurodevelopmental Disorders	14
Trauma Related Disorders	16
Care Frameworks	17
Person Centered Care	18
Trauma Informed Care	19
Motivational Interviewing	20
Roles Within the Dental Practice	22
Next Steps	24
Closing & References	26



About Jourdan Hennick: Since 2016, I have worked for Mental Health Resources as the main point of contact for our dental health initiative. The initiative was made possible with funding from Delta Dental of Minnesota Foundation. In 2023, MHR served more than 13,000 people living with mental illness. My passion for public health drives my commitment to reducing disparities and inequities faced by individuals with mental illness, including increasing their access to dental care.

This toolkit is the culmination of years of experience assisting individuals in navigating the dental landscape. I wrote this as my final project to complete my Master of Public Health degree at the University of Minnesota School of Public Health. My hope is to provide dentists and other oral health professionals with practical tools and strategies to better support individuals seeking dental care.

Mental

Resources



This toolkit is not designed to make you a mental health professional or therapist, and you don't have to know someone's diagnosis to be supportive. The goal of this guide is to:

- Give oral health professionals a baseline of knowledge to understand how mental illness and substance use disorders may show up in the dental clinic.
- Help staff know what might get in the way of routine hygiene for people with various diagnoses.
- Most importantly, to create ease for everyone involved in dental care, providers and patients alike.

Whatever your role within the dental practice may be, you have an impact on the patient experience. By making small changes to your dental care practice, you can improve the experience for all patients.



Did you know that roughly 1 in 5 adults in the United States live with a mental health diagnosis? That's like having a waiting room full of patients, and every fifth person you see is navigating some form of mental illness. Among these, there's a subset known as Serious Mental Illness (SMI), which can significantly impact daily life activities.

In the US alone, more than 14 million adults live with SMI. People living with SMI experience many health inequities and disparities. A landmark report back in 2006 found that those living with SMI die, on average, a staggering 25 years earlier than the general population. Many of these premature deaths are due to preventable or treatable medical conditions.

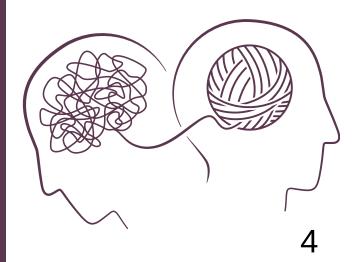
Dental clinics can help address these health disparities and inequities. We all know oral health is key to overall well-being, just like we understand the intricate link between chronic conditions such as diabetes and heart disease. But did you know that neglecting oral health can exacerbate the challenges faced by those dealing with SMI?

Integrated care and collaboration are our strongest tools in addressing the dental health needs of individuals navigating SMI. And we're not only talking about syncing up primary and dental care—although that's crucial. We're advocating for coordination and collaboration between mental health care providers and dental professionals. Knowing how to make adjustments in your practice and the care you provide can improve access for people living with SMI.

Small changes, whether within our organizations or in our individual practices, can have an impact on our patients' lives. Navigating these changes within the vast healthcare system may seem daunting, but it's absolutely achievable. Together, we can make a real difference.

People living with Serious Mental Illness die 10-25 years earlier than the general population.

This is often from preventable conditions.





Case Studies

On the following page you will find short biographies about Adam and Gloria. You might find their stories familiar. Perhaps you know someone in your life with similar experiences, or you have met them in your dental chair.

You will see Gloria and Adam referenced throughout the rest of the toolkit as we explore ways to support people living with mental illness and/or substance use disorder.

As you read the case studies, consider patients you have encountered in your practice. How do Adam and Gloria seem familiar?



Meet Adam and Gloria



Adam lives with Schizophrenia and Type 1 Diabetes. He experiences delusions and hallucinations which make it difficult for him to leave his home. He has support from an Assertive Community Treatment (ACT) team and lives in a group home.

The medications he takes for his mental illness cause dry mouth. Adam has a hard time with daily home hygiene and hasn't been to the dentist in 5 years. While he has support from his ACT team and group home staff, he has a lot of anxiety about what the dentist is going to say about his teeth. He gets frustrated when he is lectured by providers to floss or brush more.

Adam benefits from having staff support and accompaniment during appointments but not all dental clinics accommodate this need. His symptoms can make it almost impossible for him to leave home and he cannot predict when they will happen. Sometimes Adam responds out loud to the voices that he is hearing.

Gloria struggles with Major Depression. She often finds it difficult to get out of bed during depressive episodes, let alone maintain oral hygiene. Her history of substance use has resulted in significant damage to her teeth, causing her to feel ashamed of her smile and to hide it whenever possible.

When discussing the idea of visiting the dentist with her Case Manager, Gloria expresses feelings of unworthiness, believing that she doesn't deserve dental care due to her substance use. She expresses a desire to cut back on tobacco but feels uncertain about doing so after 30 years of smoking.

Over the past three years, Gloria has canceled or failed to show up for several dental appointments. Unfortunately, she was fired from one clinic for arriving late to appointments too frequently, and she has been unable to find another provider willing to give her a chance.





Mental Health Conditions & Symptoms

Remember, you do not have to know an individual's diagnosis to support them through a dental appointment.

The next section covers the very basics of several mental health conditions and symptoms, as well as the potential impact those conditions have on an individual completing dental care appointments and routine oral hygiene.

These overviews are not exhaustive but provide enough information for oral health professionals to gain a better understanding of the impact of mental health symptoms on dental health.

A note on medications: many medications used to treat mental health symptoms have side effects that directly impact oral health, including dry mouth and bruxism.

Consider what you already know about mental illness. How have you seen mental health symptoms impact the oral health of your patients?



Anxiety Disorders

Generalized: Generalized Anxiety Disorder can feel like worries that won't leave you alone, making it hard to focus on your day. These worries can become like unwelcome guests, overstaying their welcome and interfering with daily life. You might feel restless, on edge, or exhausted all the time, and even basic tasks like concentrating or getting a good night's sleep can feel like climbing a mountain.

Specific Phobias: Specific phobias involve a deep, overwhelming fear of something specific, like needles, leaving the house, or germs, to the point where you'd do almost anything to avoid it. In the dentist's office, this fear might focus on tools, the space where treatment is provided, or even the dentist or dental hygienists themselves.

APPOINTMENT IMPACT:

Anxiety can make dental visits tough due to the anticipation, unfamiliar environment, and fear of discomfort during treatment. This can trigger intense feelings leading to avoidance or delaying visits. During appointments, anxiety can hinder communication and make sitting still during procedures challenging. You can establish communication before starting procedures in case the person needs a break, or ask them if they want more information. Some people want to know each and every step of the process, others want to get out of the chair as quickly as possible.

HYGIENE IMPACT:

Anxiety can disrupt daily tooth brushing and flossing habits, leading to avoidance and difficulty maintaining consistent oral hygiene routines. Concentration and motivation may also be affected, increasing the risk of dental problems like cavities and gum disease. Establishing coping strategies and a supportive routine is important for managing oral health with anxiety.

Dental anxiety is extremely common. What is one thing your dental practice does to help patients successfully complete care?

Depression

Depression can vary widely in its effects, including difficulty with daily tasks during major episodes like getting out of bed, speaking slowly, and experiencing physical pain. Despite its treatability, only about a third of people with depression seek professional help.

APPOINTMENT IMPACT

For individuals with depression, attending dental appointments can be challenging due to decreased motivation, low energy, and feelings of low self worth. Some individuals may miss appointments altogether, and those who do attend may have minimal engagement and heightened pain sensitivity.

Feelings of guilt and shame about the condition of their teeth can hinder open discussion during dental visits. Creating a supportive, non-judgmental environment is crucial for individuals with depression to feel comfortable receiving care.

HYGIENE IMPACT

Depression can also make basic oral hygiene tasks difficult. Helping individuals come up with manageable steps, like brushing teeth without toothpaste or water, can be a good place to start. Placing a toothbrush in a convenient location or using mouthwash as an alternative during difficult periods can help. Gradually building their oral hygiene routine based on their comfort level is key, rather than aiming for immediate and total adherence with recommended practices.

Gloria lives with depression and has a hard time feeling worthy of receiving even basic dental care. What is one thing you can do to help her feel better when she arrives for an appointment?



Bipolar Disorder



People living with Bipolar Disorder experience depression and mania. During manic episodes, individuals might require very little sleep and appear to be constantly in motion or sped up. They may exhibit risky or impulsive behaviors such as drug use, risky sexual activity, or reckless driving. Hypomania is a milder form of mania where individuals may experience similar symptoms but with less disruption to their daily lives.

APPOINTMENT IMPACT

When someone is experiencing mania, they may exhibit rapid or loud speech, miss appointments without notice, and appear highly energetic or restless if they do attend. They may feel the need to constantly move around, stand up, or engage in excessive talking during the appointment.

To support individuals experiencing mania, it's essential to maintain a calm and consistent approach. Providing reassurance and accommodating their need for movement or breaks can help facilitate appointment completion. Creating a supportive environment with clear communication and flexibility can contribute to a more positive experience.

HYGIENE IMPACT

During manic or hypomanic episodes, dental hygiene and oral health may become less of a priority, and individuals may engage in risky behaviors that can impact their teeth. It's important for dental professionals to approach conversations about oral hygiene with nonjudgment and empathy.

Working with the individual to identify what is feasible and realistic for them in terms of oral care is key to successful education and improvement of dental hygiene. By fostering a supportive and understanding environment, dental professionals can encourage positive oral health habits.

Maintaining a calm demeanor is essential for providing care to people experiencing mania, which can be challenging. What do you do to help stay calm in challenging or stressful moments?



Schizophrenia & Related Disorders

Schizophrenia is a complex mental health disorder that affects how a person thinks, feels, and behaves. It often involves experiencing psychosis, delusions, hallucinations, disorganized thinking, and negative symptoms. It's like a puzzle with pieces missing, making it hard for individuals to connect with the world around them.

- Psychosis is when someone loses touch with reality, making it tough to separate what's real from what's not.
- Delusions are strong beliefs that aren't based in reality, even when there's clear evidence against them. For instance, a patient might believe they're being targeted by unseen forces or followed by the FBI.
- Hallucinations involve experiencing things that aren't actually there, like hearing voices or seeing things that aren't real. Hallucinations can happen in any of the sense. These experiences can be intense and vivid, often resembling normal perceptions.
- Disorganized thinking causes confusion and difficulty in communication. Imagine trying to have a conversation with someone whose thoughts jump around unpredictably.
- Negative symptoms include things like reduced emotions or speech, and a lack of interest in socializing or daily activities. For example, a patient might seem emotionally flat and disengaged during their appointment.



Schizophrenia & Related Disorders

APPOINTMENT IMPACT

The symptoms of schizophrenia and psychosis can present in various ways, and support needs for dental appointments can vary greatly. Fixed delusions, especially those involving perceived harm from external sources, may hinder individuals from leaving home or attending appointments.

Patience and calmness are crucial when interacting with individuals experiencing schizophrenia or related diagnoses. It's important to recognize signs of escalation, such as speaking louder or nonsensically, and respond with understanding.

Flexibility in scheduling and appointment completion is key if a patient struggles during the visit. Allowing a trusted individual to accompany the patient or ensuring consistency in dental providers can create a more comfortable experience.

HYGIENE IMPACT

Disorganized thinking and negative symptoms can significantly impact daily tasks, including dental hygiene. Delusions related to oral health routines may make certain tasks seem impossible.

To support these individuals, approach them with nonjudgment and creativity. Suggest alternative home hygiene strategies that accommodate their needs and beliefs.

Adam lives with schizophrenia and will often attend to his auditory hallucinations by responding out loud. What can you do to help support Adam and other patients when this happens in the waiting room?



Substance Use Disorders

Substance use disorder (SUD) is like being stuck in a loop of physical and psychological cravings and use, despite the problems it causes. Imagine feeling a relentless urge to use a substance, but no matter how hard you try to cut down or control it, you can't escape it. SUD disrupts major parts of life. Work, school, and family commitments slip away, replaced by the pursuit of the substance. Despite knowing the harm, the substance use leads to risky situations. Over time, the body becomes accustomed to the substance, needing more for the same effect.

From an oral health perspective, substance use can result in serious oral health problems. Dry mouth from certain substances increases the risk of tooth decay and gum disease. Neglecting oral hygiene due to substance use can lead to serious dental issues down the line.

APPOINTMENT IMPACT

When individuals are actively using substances, their impaired state can affect their ability to complete daily tasks and make it unreliable for them to attend appointments. Even during recovery from substance use, individuals may experience shame regarding the state of their oral health, often feeling responsible for their condition.

The sense of self-blame and shame can make it challenging for individuals to complete dental appointments. Showing extra empathy, kindness, and curiosity can be highly supportive in these situations. By approaching individuals with understanding and nonjudgment, dental professionals can help alleviate feelings of shame.

HYGIENE IMPACT

Many substances can contribute to increased risks of oral health challenges and dental diseases. Unfortunately, some individuals may feel defeated, believing that their teeth are "beyond repair," which can lead to a lack of engagement in oral hygiene practices because they perceive it as not worth the effort.

It's important for dental professionals to address these feelings of hopelessness with compassion and understanding. By providing education on the potential for improvement and offering realistic treatment options, individuals can be encouraged to prioritize their oral health and take steps towards positive change.

Gloria experiences a lot of shame related to her teeth. What is one approach you can use to help her feel comfortable during an appointment?



Neurodevelopmental Disorders (Sensory Differences)

Neurodevelopmental disorders include diagnoses such as Attention-Deficit / Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD). ADHD and ASD impact the way the brain processes information and can impact everything from social interactions to communication. The degree of impact can vary significantly from person-to-person. Two symptoms common to both diagnoses are sensory differences and executive dysfunction.

People with neurodevelopmental disorders may experience the world in unique ways, especially when it comes to their senses. For some, certain sensations, like loud noises or bright lights, can feel overwhelming. Others might need more stimulation to feel engaged, like turning up the volume on a favorite song to really feel its beat. It's like having a volume dial that's always set a little too high or too low, making everyday experiences a bit different for them.

APPOINTMENT IMPACT

For individuals with sensory sensitivities, the lights, sounds, and smells of a dental office can be overwhelming. To support them during their visit, it's important to communicate proactively and provide options for comfort.

Before starting any procedures, ask questions and share information to help the person prepare mentally. Inquire about flavor preferences for dental products. If the environment is too noisy, consider providing headphones or earplugs to help reduce auditory distractions. Similarly, if the lights are too bright, offer sunglasses to minimize discomfort.

HYGIENE IMPACT

For individuals with sensory sensitivities, common dental products like mint-flavored toothpaste, firm toothbrush bristles, or electric toothbrush sensations can be distressing. It's important to explore alternative options that are easier for the individual to tolerate, which may require some trial and error.

Consider offering toothpaste flavors that are less intense or non-minty. Use soft-bristled toothbrushes instead of firm ones to minimize discomfort. For those sensitive to electric toothbrushes, suggest manual brushes or sonic brushes as alternatives. Finding the right dental products that align with the individual's sensory preferences can greatly enhance their oral hygiene routine.

Sensory differences can be for any of the senses-- what aspects of the dental appointment might be challenging for someone with ADHD or ASD?



Executive function is the brain's "CEO", responsible for managing tasks and making decisions. It includes things like remembering information, being able to switch gears when needed, and controlling impulses. When these functions aren't working as they should, it's like trying to run a business without a clear plan or strategy. Tasks like planning, critical thinking, and problem-solving are much more challenging.

APPOINTMENT IMPACT

Executive dysfunction can result in patients arriving late to appointments or missing them altogether. Patients may struggle with transitioning between different parts of their dental visit. For instance, if the initial exam and dental charting occur in one room, and then they need to move to a different room for their cleaning, this change in environment can be stressful. Consider completing the appointment all in one space, scheduling extra time for appointments, or sending extra appointment reminder texts/calls/emails.

HYGIENE IMPACT

Tasks perceived as boring or difficult may be forgotten or avoided during periods of distress, leading to a ripple effect on dental care. Using visual cues, like leaving a toothbrush out on the counter, can serve as a reminder. Making the process more engaging with music or podcasts during brushing can help. Suggesting tools like electric toothbrushes or flossers can also make oral hygiene easier and more manageable.

What are other ways you have seen Executive Dysfunction show up at your clinic? What do you do to help patients experiencing difficulty making it to appointments?





Trauma Related Disorders

Post-Traumatic Stress Disorder (PTSD) can develop after traumatic events, and may involve intrusive thoughts, avoidance of reminders, negative thoughts and detachment, and changes in arousal, like irritability and hypervigilance. Symptoms fall into four categories: intrusion, avoidance, alterations in cognition and mood, and alterations in arousal and reactivity.

APPOINTMENT IMPACT

When trauma symptoms are triggered in the dental setting, individuals may struggle to complete their appointment. They might require assistance with grounding techniques to help them mentally return to the present moment. Those with a trauma history may benefit from adaptations to their appointment, such as providing additional information and allowing extra time.

Simply being reclined in the dental chair can be triggering, along with other aspects of the dental environment including sights, smells, and sounds. Encouraging open communication throughout the appointment and allowing for extra time can help make the appointment more manageable.

Examples of Grounding Techniques

- **3-3-3:** Name to yourself 3 things you can see, 3 things you hear, and 3 three things you feel.
- **Square Breathing:** Inhale to a count of 4, hold your breath for a count of 4, exhale for a count of 4, hold for 4. Repeat

HYGIENE IMPACT

People living with PTSD often face challenges with oral hygiene leading to issues such as cavities, missing teeth, severe gum disease, dry mouth, and temporomandibular joint (TMJ) problems. These dental issues can arise due to difficulties maintaining consistent oral care routines and managing the physical and emotional impacts of PTSD.

What other grounding techniques have you used to help patients make it through a challenging appointment?



Care Frameworks Intro



Creating sustainable change within any system can be challenging and feel overwhelming. Utilizing well established frameworks and borrowing practices from other fields can guide the transition. Below are three frameworks used in this toolkit.

Person Centered Care (PCC)	PCC is the practice of putting the individual at the center of how treatment is chosen and performed. It means taking the time to understand the individual's needs, social context, and behavior.
Trauma Informed Care (TIC)	Trauma-informed care acknowledges the need to understand a patient's life experiences and adapt to their needs in order to deliver effective care.
Motivational Interviewing (MI)	Motivational Interviewing is a counseling style that is rooted in being person- centered. It consists of collaborative conversations to strengthen an individual's motivation and commitment to change.

Person Centered Care



Person Centered Care (PCC) is the practice of putting the individual at the center of how treatment is chosen and performed. It means taking the time to understand the individual's needs, social context, and behavior.

Traditional medical models of care focus solely on the treatment of tooth decay and gum disease. Shifting to a Person-Centered model can help expand to understanding of each individual's unique needs.

General principles from Person Centered Care include:

- Clinical services exist to benefit the dental patient.
- People are the **experts on their own lives**—we do not know more about them than they do.
- We cannot make change happen for someone else.
- To facilitate change, it is key to understand the patient's **strengths**, **motivations**, and **resources**.
- Change requires **partnership** and **collaboration**.
- Conversations around change should feel more like **dancing** than wrestling.

Gloria has been fired from dental clinics for missing appointments. What aspects of Person Centered Care could you use to help her be successful at your clinic?









Trauma-Informed Care adapts care to support trauma survivors. It acknowledges past experiences' impact on patients and fosters a safe, respectful environment. Like tailoring treatment for medical conditions, it customizes care for each patient, promoting understanding and empowerment.

General Principles:

- **Safety:** Safety means giving patients control. Let them define it—whether it's explaining procedures, seeking consent, or establishing discomfort signals.
- **Trustworthiness & transparency:** Build trust by being honest and clear. Address patient concerns fully, offering alternatives to ensure reliability in their care journey.
- **Collaboration & mutuality:** It's a team effort. Every member creates a supportive environment.
- **Empowerment & choice:** Give patients autonomy. Involve them in decisions, nurturing their self-advocacy.
- **Cultural, historical & gender issues:** Address biases deeply. Understand each patient's needs and larger systems, creating an inclusive practice.



1. SAFETY











4. COLLABORATION

& MUTUALITY



5. EMPOWERMENT

VOICE & CHOICE



 CULTURAL, HISTORICAL, & GENDER ISSUES

How can principles of Trauma Informed Care help Adam successfully complete dental appointments? How might clinic staff build trust with him?



Motivational Interviewing

Motivational Interviewing (MI) is a collaborative approach to conversations that aims to enhance a person's motivation and commitment to change. It is rooted in being person-centered and can take years to master. Here we will draw from the spirit of MI, using some of its tools, processes, and techniques. It's recommended to seek specific MI training for deeper understanding and proficiency.

- Spirit of MI
 - **Partnership** This style of communication is not one of expert and passive recipient; it promotes collaboration and working together.
 - **Acceptance** in Motivational Interviewing includes four key aspects:
 - Absolute Worth: Believing in the inherent worth of every individual without judgment.
 - Accurate Empathy: Showing genuine interest in the individual's perspective without imposing one's own assumptions.
 - Autonomy: Respecting each person's right and capacity for selfdirection, avoiding coercion.
 - Affirmation: Acknowledging the individual's strengths and efforts openly, rather than focusing on deficits.
 - **Compassion** in Motivational Interviewing involves actively promoting the welfare and prioritizing the needs of others. It's a deliberate commitment to pursue their best interests and well-being.

Which part of the Spirit of Motivational Interviewing do you already use in your dental clinic practice?



Core Skills of MI

- Asking open-ended questions creates an opportunity for individuals to disclose information to help the provider gain a better understanding of their wants and needs. Open ended questions cannot be answered with a yes or no, or other one word answer. Instead of using questions that start with "why" (this can lead people to feel defensive), consider starting open ended questions with "what" or "how."
 - Examples: What have you tried in the past? How did it go last week? What might help you to remember?
- **Affirmations** help individuals to see their own inner strength and efforts. They acknowledge and hold up the work of the individual.
 - Examples: "You are brave for facing your fears by leaving your house today." or "It took a lot of effort to make such a big change in your daily routine."
- Reflective Listening builds rapport and trust and can help ensure that correct communication is taking place. You may reflect back by paraphrasing what you've heard or adding meaning to what might have been left unspoken.
 - Examples: "It sounds like you had a really difficult weekend." or "You feel overwhelmed by daily chores."

What MI skills would be useful in working with a patient like Gloria or Adam? What MI skills do you already feel confident using?





Roles within the Dental Practice

There is no role too small to make a difference at your dental clinic. All staff can work together to create a supportive, welcoming, and safe environment. There are unique opportunities for staff to help patients living with serious mental illness have success in accessing dental care.

SCHEDULING AND RECEPTION STAFF

Screening for Dental Anxiety: Screening for dental anxiety can be part of the scheduling process. This can be done through online questions or by directly asking when people call to make an appointment. For example: Have you experienced dental anxiety in the past? Do you have any worries about this appointment? Is there anything we can do to make this easier for you?

Warm Demeanor: Maintain a warm and welcoming demeanor, especially with individuals who appear anxious or uncomfortable during their appointments.

Confirmation for Missed Appointments: It's important to establish a way to confirm appointments with individuals who have a history of missed or cancelled appointments.

Offering Extra Support: You can ask patients if they need extra support or if they have additional supports like a case manager, ILS worker, or family member who can assist them.

Transportation Screening: For patients with a history of missed appointments, consider screening for transportation needs to ensure they can make it to their scheduled visits.

Clarify Appointment Details: Confirm what will and will not take place during an appointment. Be open to answering questions or providing clarification. For example, let patients know if their initial appointment will only involve an exam and x-rays, or if there will also be a cleaning. Provide information on the number of appointments needed to complete planned treatments such as fillings, and discuss flexibility in scheduling if needed.

DENTAL ASSISTANT

Introduce Yourself and Your Role: Start by introducing yourself and explaining your role in the appointment. This helps the patient feel more comfortable and informed.

Explanation of the Appointment: Offer to explain what will happen during the appointment to the patient. Providing clear information can reduce anxiety and uncertainty.

Communication Support: Work with the dentist to establish communication with the patient for situations like needing a break or experiencing pain. Ask the patient if they would like you to continue checking in or if they prefer to proceed with the appointment uninterrupted. This shows sensitivity to their needs and preferences.





Roles within the Dental Practice



DENTAL HYGIENIST

Avoid Shaming: Never shame people for not flossing or other perceived "noncompliance" with recommended hygiene practices. Everyone's situation is different and it's important to approach oral health discussions with empathy and understanding.

Open-Ended Questions: Ask open-ended questions to understand what next steps might be possible for the individual. This approach helps tailor oral health recommendations to the person's specific needs and circumstances.

Build on Success: Start by acknowledging what is already going well and build on the person's existing habits. Be open to taking small steps, such as adding one more day of brushing per week, flossing once before the next appointment, or trying a new flavor of toothpaste. Incremental changes can lead to significant improvements in oral health over time.

DENTIST

Establish Communication Standards: Set clear communication standards for the appointment procedures. Ask the patient how they will let you know if they need a break or if they want steps explained during the procedure. Offer information and ask questions to ensure they feel comfortable and informed.

Consider Appointment Length: Explore the possibility of breaking up a longer appointment into several smaller ones, or scheduling a longer appointment to accomplish more in one visit. This flexibility helps accommodate the patient's needs and preferences.

Discuss Treatment Options: Offer a range of treatment options and discuss the implications of each. While implants and crowns are common, it's important to note that certain insurances, especially Medicaid, may not cover all treatment options, this can lead to significant out-of-pocket expenses. Help the patient understand their options and potential costs upfront to make informed decisions about their dental care.

What else have you done to help patients in your role? What are other ways you already support patients? Are any of these suggestions surprising?





Adam

- Lives with Schizophrenia and Type 1 Diabetes
- Has support from an ACT team and lives in a group home.
- Some of the medications he takes cause dry mouth.
- Hasn't been to the dentist in 5 years and has anxiety about being judged and lectured by dental clinic staff.
- Sometimes responds out loud to auditory hallucinations.

What challenges might Adam face in attending a dental appointment?

What adaptations may be helpful to him?

What challenges might Adam have in completing routine home hygiene?

What protective factors or strengths does Adam have in attending to his oral health?

What elements of Trauma Informed Care, Person Centered Care, and Motivational Interviewing would be best to keep in mind while working with Adam?

Are there other physical health considerations?







Gloria Next Steps



Gloria

- Lives with major depression and smokes cigarettes. Has a history of SUD but hasn't used her drug of choice in a couple of years.
- Feels a lot of shame around her smile and does what she can to hide her teeth.
- Lives alone in an apartment.
- Wants to cut back on tobacco.
- Has cancelled or no showed several dental appointments over the past three years.

What challenges might Gloria face in attending a dental appointment?

What adaptations may be helpful to her?

What challenges might Gloria have in completing routine home hygiene?

What protective factors or strengths does Gloria have in attending to her oral health?

What elements of Trauma Informed Care, Person Centered Care, and Motivational Interviewing would be best to keep in mind while working with Gloria?

Are there other physical health considerations?







By using this toolkit, you are taking an important step toward making dental care more accessible and comfortable for people with serious mental illness. You don't need to be a mental health professional to provide compassionate and effective care. A basic understanding of how mental illness and substance use disorders can affect oral health and hygiene is a powerful tool in creating a supportive environment.

Remember, small adjustments in your approach can make a significant difference. Whether it's being patient, offering flexible scheduling, or simply creating a welcoming atmosphere, every effort counts. Your role in the dental practice has a profound impact on the patient experience, and by implementing the strategies in this guide, you can help ensure that all patients feel understood and valued.

Take what you've learned from this toolkit and start making changes today. Educate your team, integrate these practices into your daily routines, and continuously seek ways to improve the patient experience. By doing so, you'll not only enhance the quality of care for those with serious mental illness but also foster a more inclusive and compassionate dental practice for everyone.





About Adverse Childhood Experiences | Adverse Childhood Experiences (ACEs) | CDC. (n.d.). Retrieved June 11, 2024, from <u>https://www.cdc.gov/aces/about/index.html</u>

American psychiatric association (Ed.). (2013). Desk reference to the diagnostic criteria from DSM-5. American psychiatric publ.

Anxiety disorders and your oral health. (n.d.). Retrieved October 21, 2023, from <u>https://www1.deltadentalins.com/wellness/conditions-and-treatments/articles/anxiety-and-oral-health.html</u>

Apelian, N., Vergnes, J.-N., & Bedos, C. (2020). Is the dental profession ready for person-centred care? British Dental Journal, 229(2), 133–137. <u>https://doi.org/10.1038/s41415-020-1650-3</u>

Asimakopoulou, K., Mills, I., Neville, P., & Scambler, S. (2021). COVID-19 presents an opportunity for dental teams to become ready for person-centred care. British Dental Journal, 231(11), 709–712. <u>https://doi.org/10.1038/s41415-021-3715-3</u>

Bras, M., & Dordevic, V. (2014). Person-centered health education and training. Croatian Medical Journal, 55(1), 79–80.

Bray, K. K., Catley, D., Voelker, M. A., Liston, R., & Williams, K. B. (2013). Motivational Interviewing in Dental Hygiene Education: Curriculum Modification and Evaluation. Journal of Dental Education, 77(12), 1662–1669. <u>https://doi.org/10.1002/j.0022-0337.2013.77.12.tb05645.x</u>

Brown, T., Mehta, P. K., Berman, S., McDaniel, K., Radford, C., Lewis-O'Connor, A., Grossman, S., Potter, J., Hirsh, D. A., Woo, B., & Krieger, D. (2021). A Trauma-Informed Approach to the Medical History: Teaching Trauma-Informed Communication Skills to First-Year Medical and Dental Students. MedEdPORTAL, 17(1), 11160. <u>https://doi.org/10.15766/mep_2374-8265.11160</u>

Building Trauma-Informed Communities | Blogs | CDC. (2022, May 25). <u>https://blogs.cdc.gov/publichealthmatters/2022/05/trauma-informed/</u>

Cabassa, L. (2023). Addressing Health Inequities in People with Serious Mental Illness: A Call to Action. Oxford University Press.

Chu, B., Marwaha, K., Sanvictores, T., Awosika, A. O., & Ayers, D. (2024). Physiology, Stress Reaction. In StatPearls. StatPearls Publishing. <u>http://www.ncbi.nlm.nih.gov/books/NBK541120/</u>

Clifton, A., Tosh, G., Khokhar, W., Jones, H., & Wells, N. (2011). Oral health advice for people with serious mental illness. Schizophrenia Bulletin, 37(3), 464–465. <u>https://doi.org/10.1093/schbul/sbq169</u>

Correlates of poor oral health related quality of life in a cohort of people who use methamphetamine in Australia | BMC Oral Health | Full Text. (n.d.). Retrieved June 11, 2024, from <u>https://bmcoralhealth.biomedcentral.com/articles/10.1186/s12903-023-03201-w</u>

Davis, E. E., Deinard, A. S., & Maïga, E. W. H. (2010). Doctor, my tooth hurts: The costs of incomplete dental care in the emergency room. Journal of Public Health Dentistry, 70(3), 205–210. <u>https://doi.org/10.1111/j.1752-7325.2010.00166.x</u>





de Mooij, L. D., Kikkert, M., Theunissen, J., Beekman, A. T. F., de Haan, L., Duurkoop, P. W. R. A., Van, H. L., & Dekker, J. J. M. (2019). Dying Too Soon: Excess Mortality in Severe Mental Illness. Frontiers in psychiatry, 10, 855. https://doi.org/10.3389/fpsyt.2019.00855

Dialectical Behavior Therapy: DBT Skills, Worksheets, Videos. (n.d.). Retrieved May 31, 2023, from https://dialecticalbehaviortherapy.com/

Edward, K.-L., Felstead, B., & Mahoney, A.-M. (2012). Hospitalized mental health patients and oral health. Journal of Psychiatric and Mental Health Nursing, 19(5), 419–425. https://doi.org/10.1111/j.1365-2850.2011.01794.x

Evans, D. D., & Gisness, C. (2013, June). Managing Dental Pain in the Emergency Department: Dental Disparities With Practice Implications. https://oce-ovid-com.ezp2.lib.umn.edu/article/01261775-201304000-00003/PDF

French Beatty, C. (2022). Community Oral Health Practice for the Dental Hygienist (Fifth). Elsevier.

Gillam, D. G., & Yusuf, H. (2019). Brief Motivational Interviewing in Dental Practice. Dentistry Journal, 7(2), 51. https://doi.org/10.3390/dj7020051

Guzman-Armstrong, S., Fontana, M., Nascimento, M. M., & Ferreira Zandona, A. G. (2019). Dental Caries: Evidence and Interdisciplinary Person-Centered Care Considerations for Management Over Time. Dental Clinics of North America, 63(4), xiii–xv. <u>https://doi.org/10.1016/j.cden.2019.07.003</u>

Hall, J. P., LaPierre, T. A., & Kurth, N. K. (2018). Oral Health Needs and Experiences of Medicaid Enrollees With Serious Mental Illness. American Journal of Preventive Medicine, 55(4), 470–479. <u>https://doi.org/10.1016/j.amepre.2018.05.013</u>

Hallett, N., & Rees, H. (2017). Reducing health inequalities for people with serious mental illness. Nursing Standard, 31(38), 60–71. <u>https://doi.org/10.7748/ns.2017.e10787</u>

Harris, T. A. (n.d.). THE U.S. ORAL HEALTH WORKFORCE IN THE COMING DECADE.

Hemingway, S., Clifton, A., Stephenson, J., & Edward, K.-L. (2014). Facilitating knowledge of mental health nurses to undertake physical health interventions: A pre-test/post-test evaluation. Journal of Nursing Management, 22(3), 383–393. <u>https://doi.org/10.1111/jonm.12220</u>

HF 33 2nd Engrossment—92nd Legislature, 2021 1st Special Session (2021—2021). (n.d.). Retrieved November 6, 2021, from <u>https://www.revisor.mn.gov/bills/text.php?</u> <u>number=HF33&version=2&session=ls92&session_year=2021&session_number=1</u>

Increase use of the oral health care system—OH-08—Healthy People 2030 | health.gov. (n.d.). Retrieved November 14, 2021, from <u>https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care/increase-use-oral-health-care-system-oh-08</u>





Jones, H. F., Adams, C. E., Clifton, A., Simpson, J., Tosh, G., Liddle, P. F., Callaghan, P., Yang, M., Guo, B., & Furtado, V. (2013). An oral health intervention for people with serious mental illness (Three Shires Early Intervention Dental Trial): Study protocol for a randomised controlled trial. Trials, 14(101263253), 158. https://doi.org/10.1186/1745-6215-14-158

Jones, J. A., Snyder, J. J., Gesko, D. S., & Helgeson, M. J. (2017). Integrated Medical-Dental Delivery Systems: Models in a Changing Environment and Their Implications for Dental Education. Journal of Dental Education, 81(9), eS21–eS29. <u>https://doi.org/10.21815/JDE.017.029</u>

Kane, S. F. (2017). The effects of oral health on systemic health. GENERAL DENTISTRY, 5.

Khokhar, W. A., Ali, M. M. M. I., Jones, H., Clifton, A., & Tosh, G. (2010). Oral health advice for people with serious mental illness. In The Cochrane Collaboration (Ed.), Cochrane Database of Systematic Reviews (p. CD008802). John Wiley & Sons, Ltd. <u>https://doi.org/10.1002/14651858.CD008802</u>

Kohli, R., Replogle, K., Gough-Goldman, A., Taylor, B., Maughan, B., Sehgal, H. S., Herink, M. C., Hemmings, R., Mahoney, S., McDonnell, M. M., McLemore, K., & Schwarz, E. (2022). Launching an innovative educational model addressing substance use disorders and dental pain management (Project ECHO® in dentistry). BMC Oral Health, 22(1), 402. <u>https://doi.org/10.1186/s12903-022-02417-6</u>

Lam, P. C., John, D. A., Galfalvy, H., Kunzel, C., & Lewis-Fernández, R. (2019). Oral Health–Related Quality of Life Among Publicly Insured Mental Health Service Outpatients With Serious Mental Illness. Psychiatric Services, 70(12), 1101–1109. <u>https://doi.org/10.1176/appi.ps.201900111</u>

Lee, H., Chalmers, N. I., Brow, A., Boynes, S., Monopoli, M., Doherty, M., Croom, O., & Engineer, L. (2018). Person-centered care model in dentistry. BMC Oral Health, 18(1), 198. <u>https://doi.org/10.1186/s12903-018-0661-9</u>

Matevosyan, N. R. (2010). Oral health of adults with serious mental illnesses: A review. Community Mental Health Journal, 46(6), 553–562. <u>https://doi.org/10.1007/s10597-009-9280-x</u>

Mauer, B. (n.d.). Morbidity and Mortality in People with Serious Mental Illness. McGrath, R., Marino, R., & Satur, J. (2021). Oral health promotion practices of Australian community mental health professionals: A cross sectional web-based survey. BMC Oral Health, 21(1), 85. <u>https://doi.org/10.1186/s12903-021-01438-x</u>

McKibbin, C. L., Kitchen-Andren, K. A., Lee, A. A., Wykes, T. L., & Bourassa, K. A. (2015). Oral health in adults with serious mental illness: Needs for and perspectives on care. Community Mental Health Journal, 51(2), 222–228. <u>https://doi.org/10.1007/s10597-014-9758-z</u>

Medicaid dental service use query—MN Data. (n.d.). Retrieved October 14, 2020, from <u>https://data.web.health.state.mn.us/web/mndata/medicaid-dental-service-use-query</u>

Mejia-Lancheros, C., Lachaud, J., Nisenbaum, R., Wang, A., Stergiopoulos, V., Hwang, S. W., & O'Campo, P. (2020). Dental problems and chronic diseases in mentally ill homeless adults: A cross-sectional study. BMC Public Health, 20(1), 419. <u>https://doi.org/10.1186/s12889-020-08499-7</u>





Mental Health America | Homepage | Mental Health America. (n.d.). Retrieved June 11, 2024, from <u>https://mhanational.org/</u>

Miller, W., & Rollnick, S. (2013). Motivational Interviewing: Helping People Change (Third). The Guilford Press.

Mills, I. J. (2018). Through the patient's eyes – the importance of person-centred care in oral cancer. British Dental Journal, 225(9), 889–891. <u>https://doi.org/10.1038/sj.bdj.2018.923</u>

Nasseh, K., Fosse, C., & Vujicic, M. (2021). Comparative analysis of dental procedure mix in public and private dental benefits programs. The Journal of the American Dental Association, S0002817721004827. <u>https://doi.org/10.1016/j.adaj.2021.07.024</u>

Oral health data report—MN Data. (2016). <u>https://data.web.health.state.mn.us/oral-health-data-report</u>

Otto, M. (2017). Teeth: The Story of Beauty, Inequality, and the Struggle for Oral Health in America. The New Press.

Poudel, P., Griffiths, R., Wong, V. W., Arora, A., Flack, J. R., Khoo, C. L., & George, A. (2018). Oral health knowledge, attitudes and care practices of people with diabetes: A systematic review. BMC Public Health, 18(1), 577. <u>https://doi.org/10.1186/s12889-018-5485-7</u>

Powers, M. P. (2020). Trauma-informed care by dentists can ease stress, anxiety of patients. Nation's Health, 49(10), 31–31. <u>http://login.ezproxy.lib.umn.edu/login?url=https://search.ebscohost.com/login.aspx?</u> <u>direct=true&AuthType=ip,uid&db=aph&AN=141023234&site=ehost-live</u>

Products—Data Briefs—Number 172—December 2014. (2019, June 7). https://www.cdc.gov/nchs/products/databriefs/db172.htm

Psychiatry.org—What are Anxiety Disorders? (n.d.). Retrieved June 11, 2024, from <u>https://www.psychiatry.org/patients-families/anxiety-disorders/what-are-anxiety-disorders</u>

PTSD Basics—PTSD: National Center for PTSD. (n.d.). Retrieved November 11, 2023, from <u>https://www.ptsd.va.gov/understand/what/ptsd_basics.asp</u>

Raja, S., Hoersch, M., Rajagopalan, C. F., & Chang, P. (2014). Treating patients with traumatic life experiences. The Journal of the American Dental Association, 145(3), 238–245. <u>https://doi.org/10.14219/jada.2013.30</u>

Rosenzweig, J., Blaizot, A., Cougot, N., Pegon-Machat, E., Hamel, O., Apelian, N., Bedos, C., Munoz-Sastre, M.-T., & Vergnes, J.-N. (2016). Effect of a Person-Centered Course on the Empathic Ability of Dental Students. Journal of Dental Education, 80(11), 1337–1348. <u>https://doi.org/10.1002/j.0022-0337.2016.80.11.tb06219.x</u>

Scambler, S., Curtis, S., Manthorpe, J., Samsi, K., Rooney, Y. M., & Gallagher, J. E. (2021). The mouth and oral health in the field of dementia. Health, 13634593211049892. <u>https://doi.org/10.1177/13634593211049891</u>

Services, I. of M. (US) B. on H. C. (2009). The Connection Between Oral Health and Overall Health and Welgo Being. In The U.S. Oral Health Workforce in the Coming Decade: Workshop Summary. National Academies Press (US). <u>https://www.ncbi.nlm.nih.gov/books/NBK219661/</u>





Tiwari, T., & Palatta, A. M. (2019). An Adapted Framework for Incorporating the Social Determinants of Health into Predoctoral Dental Curricula. Journal of Dental Education, 83(2), 127–136. <u>https://doi.org/10.21815/JDE.019.015</u>

Trauma Informed Universal Precautions – Institute for Inpatient Psychiatric Rehabilitation. (n.d.). Retrieved June 11, 2024, from <u>https://sites.rutgers.edu/shp-shpri/trauma-informed-care-universal-precautions/</u>

van den Putte, B., Yzer, M., Southwell, B. G., de Bruijn, G.-J., & Willemsen, M. C. (2011). Interpersonal Communication as an Indirect Pathway for the Effect of Antismoking Media Content on Smoking Cessation. Journal of Health Communication, 16(5), 470–485. <u>https://doi.org/10.1080/10810730.2010.546487</u>

Walji, M. F., Karimbux, N. Y., & Spielman, A. I. (2017a). Person-Centered Care: Opportunities and Challenges for Academic Dental Institutions and Programs. Journal of Dental Education, 81(11), 1265–1272. <u>https://doi.org/10.21815/JDE.017.084</u>

Walji, M. F., Karimbux, N. Y., & Spielman, A. I. (2017b). Person-Centered Care: Opportunities and Challenges for Academic Dental Institutions and Programs. Journal of Dental Education, 81(11), 1265–1272. <u>https://doi.org/10.21815/JDE.017.084</u>

Weinstein, P., Milgrom, P., Riedy, C. A., Mancl, L. A., Garson, G., Huebner, C. E., Smolen, D., Sutherland, M., & Nykamp, A. (2014). Treatment fidelity of brief motivational interviewing and health education in a randomized clinical trial to promote dental attendance of low-income mothers and children: Community-Based Intergenerational Oral Health Study "Baby Smiles." BMC Oral Health, 14(1), 15. <u>https://doi.org/10.1186/1472-6831-14-15</u>

Wright, W. G., Averett, P. E., Benjamin, J., Nowlin, J. P., Lee, J. G. L., & Anand, V. (2021). Barriers to and Facilitators of Oral Health Among Persons Living With Mental Illness: A Qualitative Study. Psychiatric Services, 72(2), 156–162. <u>https://doi.org/10.1176/appi.ps.201900535</u>

Xiang, X., Lee, W., & Kang, S. (2015). Serious psychological distress as a barrier to dental care in communitydwelling adults in the United States. Journal of Public Health Dentistry, 75(2), 134–141. <u>https://doi.org/10.1111/jphd.12081</u>

