‘Mental wellbeing has to keep up with the changing demands of healthcare’

MENTAL HEALTH
WELLNESS
IN DENTISTRY

It's good to talk...

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Introduction

If you own a Porsche 918 Spyder, there's no way you're going to drive it into the ground. Sure, you're going to keep the bodywork in pristine condition – why wouldn't you – but it's really what's under the bonnet that matters. And, while I don't own one, I'm sure those parts are central to the car's performance and are the result of years of careful development.

That's how **Professor Tim Newton**, member of the Dental Professional Alliance's Mental Health Wellness strategic steering group, sees mental health and wellbeing. The initiative has gained widespread support from across dentistry, with a large number of endorsing partners including the

British Dental Association, Royal Colleges of Surgeons and the Royal College of Physicians and Surgeons, General Dental Council, Chief Dental Officer of Scotland, Chief Dental Officer of Wales, Acting Chief Dental Officer of Northern Ireland, FGDP (UK), College of General Dentistry, British Orthodontic Society, Association of Dental Groups, British Association of Dental Therapists, British Society of Dental Hygiene & Therapy, Society of British Dental Nurses, Orthodontic Therapists Society, Orthodontic Technicians Association, British Institute of Surgical & Dental Technologists, British Association of Clinical Dental Technology, British Society of Paediatric Dentistry, Denplan, Dental Laboratories Association and Mental Health First Aid (MHFA) England.

I spoke to Professor Newton about the steering group and the current challenges facing the mental health and wellbeing of the dental profession.

Mental health seems to be front and centre of every conversation in dentistry at the moment. Why do you think that is?

TN There are probably three reasons, all with equal weighting, that have contributed to the raised profile of mental health and wellbeing. The first of these is the attitude of new graduates coming through the system. They are seemingly much more open and comfortable with discussing mental health and challenging the status quo. This organically creates increased awareness, which will likely only improve as more come through the system.

The second is the changing demands of healthcare, and particularly dentistry. The rise in consumerism has found its way into healthcare, and the traditional patient/dentist relationship has changed. You only need to

look at the availability of information out there a patient can access. No longer does a minimum of five years' worth of training and a deep understanding of biology, chemistry and anatomy carry the same influence for a patient. Many weigh up the various sources of information out there – including the thoughts of their dentist – and that dynamic is becoming stressful.

The third of these is staffing. Many are leaving and taking early retirement, so we have to ask ourselves whether the happiness of the workforce is where it should be. The pandemic has completely disrupted the way we work, and coming out of that gives us an opportunity to bring about change. There may be some who view this as an opportunity to push their agenda through – whatever that may be – and that is where mental health being part of that conversation is an advantage.

In your opinion, what changes do we need to see to continue to improve the mental health and wellbeing of the dental workforce?

TN I think we need to be asking 'what is creating this problem?' Is the working environment intolerable? Are there changes that make the situation worse? Only then can we identify and signpost to the appropriate service(s) to meet the needs of the individuals in the team. Work is stressful and with early interventions, we can alleviate some of those pressure points for the workforce.

Does the fact that multiple organisations within dentistry have their own mental health and wellbeing initiatives dilute the message when there are so many partners in the steering group?

TN I don't think so, no. Under the guidance of chairs Fiona Ellwood and Roz McMullan we've made a great start, and the large number of partners simply offers a diversity of entry points for people looking to access information and support about mental health. Not everyone will access the information in the same way at the same time, so if they have options open to them rather than barriers, that can only be a good thing.

Rather than the dilution of message, it's perhaps best to look at the way we deal with dentistry in the UK. We're hampered by the fact there is no overarching body specifically designed to oversee mental health and wellbeing. We have independent

contractors in the 'business of healthcare' who have to weigh up whether to appoint an individual within the practice to be a point of contact and the implications that comes with that – time, money, resources. Hospitals have occupational health departments, and there's an expectation that model has to be reproduced in the thousands of practices across the country. This isn't a sustainable model.

Could this be one of the reasons – as you suggested earlier – that younger graduates are willing to speak up more?

TN It's not as straightforward as that. One could ask whether there have been changes in perceptions and expectations in society – take immediacy, for example. You can pretty much find anything within minutes through a smartphone. And so, bearing that in mind, are younger members of the workforce not willing to put up with 'how things used to be'. Jenny Gallagher did some great research on why dental students wanted to get into the profession. Choice, flexibility and control were the main reasons given, and so you have to wonder whether when they fully qualify if these things become illusions. You have to work to earn those things – they don't come immediately to you, and for those who do live in the immediacy sphere, this can be difficult to comprehend and create stressful situations.

You also need to consider whether the wider environment many of today's new graduates grew up around is applying undue pressure. For some, not all, traditional rewards aren't enough. A good salary and job security are minimum expectations, they want social recognition. The number of followers, likes and comments on a post, or being known – these are difficult to acquire and often are temporary. Social media and mental health links are well-documented, and dentistry is stressful enough as it is without manufacturing these additional burdens.

The initial call to action from the initiative is that each dental workplace should have an identified individual who acts as a 'Mental Health Wellness Lead'. Maybe an overly simplistic question, but why hasn't this already been implemented?

TN There's no doubt it should already have been done, but there are so many challenges to overcome. Unfortunately the attitude 'we

don't have any problems here, and if they do we'll sort them out as they happen' persists. Dentistry is about prevention, and that needs to translate into mental health and wellbeing too.

We're getting to a point where the wider profession broadly understands the importance of mental health and wellbeing, and we need to see that reflected in all areas of the working environment. Do employees know where to access information? Do they know it even exists, that employers view it as important? These questions remain, which is why the steering group is essential to pushing mental health and wellbeing up the agenda. It absolutely has to be done, of that there is no doubt, but there is no 'one size fits all' solution – the complexity of settings means we need to carefully assess the issues discussed here and find something that can work for everyone and anyone, regardless of occupation or first point of contact.

For more information about the initiative and how you can get involved, visit: <https://mhwd.org/> ♦

Bio

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