Reflecting on mental health and wellbeing in dentistry

Dr Shalini Nayee¹ shares with *BDJ Team* how and why she joined a collaborative focused on creating a mental health and wellbeing guide for the dental team, and how it can begin to help individuals access support.

A new document focused on mental health and wellbeing for dental team members has recently been published. How did you get involved and what was your role?

Shalini: I heard that a collaborative was putting together a document on mental health and wellbeing for the dental team and those who support them, and were looking for someone who could take the lead writing the draft document. I fitted the bill in that they were looking for someone at registrar level who was keen to be involved.

I think the majority of people who work within the dental profession recognise that, whatever your role, it can be highly stressful. This provided me with the chance to do something proactive and helpful, and that attracted me to the project.

Author information

¹Dr Shalini Nayee is an NIHR Academic Clinical Fellow in Oral Medicine and holds dual qualification in medicine and dentistry. She is a member of an independent collaborative group of dental and mental health professionals who have put together a wellbeing resource for the UK dental team, *Mental health and wellbeing for the dental team*.

Who is the guide on *Wellbeing support for the dental team* for?

Shalini: It's for all members of the dental team, whatever your role and wherever you work. That includes clinical and non-clinical team members. A lot of the research that's available focuses on dentists but we know that any dental professional of any age could experience a mental health or wellbeing problem. We also provide coverage for people throughout the UK, because there are some small differences in the provision that's available across the nation.

What do you hope to achieve with the guide?

Shalini: The document's split into two halves, and the main objective of the first half is to provide general advice and an introduction to self-care strategies for some of the common problems that dental team members might encounter. This could be low mood, sleep problems, anxiety or stress at work or in their personal life.

The second half of the document is essentially a directory of all the organisations that provide mental health support. That includes just someone to talk to, but also things like professional counselling and talking therapies. There are also organisations that provide specific support for addiction problems and for financial concerns.

We've predominantly included organisations that are specific to the dental team or health care workers. That's because past research has

indicated that one of the things that can deter people from seeking support is that they feel that some of the mainstream services that target the whole population aren't going to be relevant or specific enough to their needs within dentistry.

So, by including these dental and health care organisations, we hope that dental team members will feel that there is an avenue of support more tailored and targeted for them.

That said, there are, of course, some national help groups included because they have a valuable role to play and sometimes offer types of help or support that health- or dental-focused organisations can't provide.

With COVID-19 currently dominating our lives, the guide seems particularly timely. How do you feel it fits in with what the dental profession is experiencing?

Shalini: This document was conceived prior to COVID, prior to any of us having heard of it. But by the time we were ready to proceed with it, COVID was very much ongoing.

The pandemic period has been a time of anxiety and uncertainty for society as a whole. Within the dental profession, that's particularly been the case because of the changes to dental practice that have occurred.

Of course, as we all know, dentistry was suspended in the first lockdown. And although routine dentistry in theory is now up and running again, there are a number of changes in the way we work. On top of that, many

members of the dental team were redeployed to other health care sectors, and that's the same even now. Some are working in ITU, others are testing and vaccinating.

That means many of us have taken on jobs we had never anticipated as we pursued our careers in dentistry, bringing with it added anxiety and uncertainty. So, I think this document is timely and probably needed more than ever. However, we see it as serving a valuable role after COVID as well; it wasn't designed to counteract the stresses of COVID, it's just that the virus came along while we were working on it.

Why do you think the members of the dental profession have a tendency to neglect their own emotional needs?

Shalini: I think lots of possibilities have been suggested. One of the issues is that traits such as perfectionism and attention to detail that are considered advantageous across the dental profession, also put people at higher risk of experiencing burnout and mental health problems.

Alongside that, there's something about the environment in which dentistry is conducted. Most members of the dental team, but not all, work within general dental practice. That can often be in small practices where you may not have very many colleagues and that can lead to a sense of isolation.

All of these things have been thought to contribute towards mental health problems and burnout within the profession. Yet, sometimes, there can be a reluctance to seek help because of a perceived stigma around mental health. I think

some of that has reduced over the last few years, because nationally there's been more of a focus on mental health and achieving parity with physical health.

Also, as I mentioned earlier, often people within the dental profession feel that the resources available won't recognise their specific concerns. They want to speak to someone who understands their role and the environment they're working in and who therefore can contextualise the help available. Our guide, in part, helps to bridge any perceived gap.

What can be the outcome of someone not seeking help?

Shalini: I think it will vary from individual to individual. And I think it's important to state that seeking support from a professional organisation is, perhaps, not for everyone.

We recognise that, for some people going through a challenging period, simply having time to talk to family, friends and colleagues can actually be all you really need to feel better about things and to manage your situation more effectively.

that your interaction with others changes, that you find that you're drinking more alcohol, that you're not enjoying your work or that you just feel a sense of detachment from everything you're doing.

I think that we're all different in how we manifest our emotions, but the key thing is that if you notice that you or your colleague are going through a difficult period, then most of the time just having an informal chat or discussion can go a long way towards clarifying matters and better understanding what's going on. And then, obviously, you can look for yourself or signpost a colleague to a lot of the support that's available in our document or elsewhere.

In some quarters, there is a perceived stigma attached to emotional distress. How might this be overcome?

Shalini: Two things come to mind. One is that we hope our document in itself raises awareness of this issue and makes people aware that it's actually okay to need support. The very existence of this document hopefully underlines

'Perfectionism and attention to detail are considered advantageous [but] put people at higher risk of experiencing burnout and mental health problems.'

But in situations where people aren't able to do that, or don't feel able to do that, or it's simply not enough, then clearly that can have a negative effect on both their professional and personal life. Some of the evidence on burnout suggests that it has a detrimental effect on your clinical performance. That's because the state of burnout, where you are in a state of emotional exhaustion can result in depersonalisation, where you are detached from your clinical work and detached from the care that you're trying to give.

Recognising the signs of stress and burnout are clearly very important in order to get help as soon as possible, so what symptoms should people be looking out for?

Shalini: For some people, the signs that perhaps they're going through a difficult time may be very subtle. It may just be that you're not sleeping as well, or that you're not enjoying life as much as you once did. But it might also be

to people it's accepted and acknowledged that people sometimes need support.

Secondly, I think it's about all these individual interactions we have. Throughout the day, we all interact with others and it's about being kind and supportive and doing what we can to recognise if others need help, because our behaviours might influence how someone deals with their challenges or how they approach it and their willingness to accept or seek out help.

I think there's generally been a trend throughout the UK for us to be more open about mental health and wellbeing and that includes the dental profession. For anyone looking for help, we hope the guide provides a simple first step to getting the support they need.

To download your free copy of Wellbeing support for the dental team, visit supportfordentalteams.org.

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