irregular or infrequent dental attendance, late appointment cancellations and low compliance with advice.^{3,4} In these situations, we need to be understanding and accommodate the patient's circumstances, just as we would for physical illness. It should be remembered that mental ill health may be considered a disability under the Equality Act 2010.

Another important aspect to consider is that mental health disorders may manifest themselves in the first instance through a presentation of oral symptoms, such as TMD and facial pain, or tooth surface loss, or more uncommonly, conditions such as oral dysaesthesias.^{3,5}

As members of the dental team, we need to be able to identify any unusual attendance patterns or clinical presentations and be willing to open up discussions regarding such concerns with our patients. A simple opening question such as 'how are you?' can provide the starting point to allow a discussion to commence – and may save a life. Emergency dental attendance may be the only contact that an individual makes with a healthcare provider. In these situations we need to empathically address their oral health needs, whilst also signposting patients to seek appropriate help to manage their mental health problems, if required.

We all recognise that challenges exist for clinicians in the delivery of dental care, but for the dental team, identifying and supporting the patient in psychological distress demonstrates the highest level of care and humanity that we can offer.

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Dental education Exposure to biology

Sir, allow me to applaud the cogent appeal for a biologically-based approach to treatment of orofacial masticatory disorders in your opinion piece.¹ The diminished need for 'drilling, filling and billing' is indeed driving the dental profession into new areas counteracting the effects of ageing, hence 'Botox' treatments of facial creasing.

Your plea for increased undergraduate exposure to biology in the dental curriculum can be met by exploring the embryogenesis of the craniofacial complex in a newly published textbook: *Craniofacial embryogenetics and development*, 3rd edition, published by PMPHUSA (<https://pmphusa.com/>).

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Mentoring A sea change in attitude needed

Sir, we read with interest Dr Brooks' Opinion paper on mentoring in the dental profession.¹ Her enthusiasm shines through and we fully share her optimism of the current support for mentoring within our profession by some major UK professional organisations.^{2,3}

However, in our recently published qualitative research paper in this journal,⁴ although the group of experienced and trained mentors interviewed were given every opportunity to

express their thoughts eg 'In your view, how do you think practitioners could incorporate routine mentoring as part of their daily routine?' and 'What is your perception of mentoring as used in general dental practice?' they expressed a view that although they were trained and keen, they did not necessarily have the skills to mentor as Dr Brooks advocates. It would take a highly skilled mentor to simply 'be' without having to 'think about it' in a more formal way. It is recognised that those who are very skilled at something make it look easy, however, to get that very skill requires training ... which costs time and money.

If mentoring is going to have an impact in guiding dental professionals when 'life is not going swimmingly well' and be preventative rather than reactionary, our participants felt that it will take time and effort to educate the profession into the benefit of routine mentoring ie 'being' rather than 'doing'. We would therefore support the increasing provision of mentoring programmes as well as setting aside time for routine mentoring in practice. We feel, however, the sentiment expressed in the Opinion paper is an over optimistic stance, and current reality would suggest out of step with the views of the average time pressured dental professional. Without funding, development of a cadre of highly skilled mentors and a sea change in attitude to mentoring in the first instance, the aspirations and benefits of routine mentoring will not be realised in our profession.

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