COMMENT

Letters to the editor

Send your letters to the Editor, *British Dental Journal*, 64 Wimpole Street, London, W1G 8YS. Email bdj@bda.org.

Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space.

Holistic dentistry

Mental health disorders

Sir, we read the letter *Mental health disorders* with interest.¹ The authors made two important points on which we could not agree more: patients with mental disorders are becoming more common in daily dental practice, and as dentists we should enhance our role to manage them empathically. Since this topic is our research concern, here are some additional opinions that we would like to discuss.

All clinical practice guidelines in dentistry address the necessity of a systemic evaluation (eg medical history, medication) in parallel with a comprehensive examination of the oral cavity, to assess oral health and overall health. However, when it comes to systemic diseases dentists tend to focus more on physical conditions like cardiovascular or infectious diseases, that could pose a risk directly to routine dental procedures. Mental health or psychiatric history has thus never been a serious concern, even though oral symptoms can be a presentation of a mental condition.

We suggest using the concept of medically unexplained oral symptoms to explain in this circumstance. Indeed, the patients who failed in coping with their distress might experience their psychological symptoms in a physical form in the oral facial region.2 This is similar to our observation in 606 cases of oral dysaesthesias, in which it is concluded that dental treatment during the acute phase of depression could provoke an oral cenestopathy symptom.3 However, regardless of with or without psychiatric comorbidity, half of the patients with idiopathic oral pain (atypical odontalgia) still have their symptoms triggered by dental treatment.4 This suggests an appropriate assessment of mental health before a dental procedure could help eliminate, but maybe not completely, the risk of developing various somatic symptoms, especially in patients with acute depression.

There is no doubt that treating a patient with psychological problems is always difficult and challenging for any dentist, especially when they are not equipped with enough knowledge to recognise and avoid unnecessary risk. Hence, we believe that adding mental-health-related subjects into the dental curriculum is vital, even just at a level of 'psychiatry education for dental practice'.

T. T. H. Tu, Y. Abiko, A. Toyofuku, Tokyo and Hokkaido, Japan

References

- Oliver R, Thayer T. Oral health: Mental health disorders. Br Dent J 2019; 227: 539-540.
- 2. Toyofuku A. Psychosomatic problems in dentistry. *Biopsychosoc Med* 2016; **10:** 14.
- Umezaki Y, Miura A, Shinohara Y et al. Clinical characteristics and course of oral somatic delusions: a retrospective chart review of 606 cases in five years. Neuropsychiatr Dis Treat 2018; 14: 2057–2065.
- Miura A, Tu T T H, Shinohara Y, Mikuzuki L, Kawasaki K, Sugawara S, Toyofuku A. Psychiatric comorbidities in patients with Atypical Odontalgia. J Psychosom Res 2018: 104: 35–40

https://doi.org/10.1038/s41415-019-1054-4

Dental policy

Developing future leaders

Sir, I would like to raise awareness of the Chief Dental Officer's Clinical Fellowship Scheme, which started in 2017 in partnership with the Faculty of Medical Leadership and Management. The programme is designed as a way to develop and empower future leaders within the profession.

Leadership itself is an ambiguous term that's difficult to clearly define or measure. Despite this, leadership skills are increasingly cited as a key component to one's professional development. Indeed, demonstrating 'good leadership' is referred to in the GDC standards for anyone managing a team.¹

In the literature there is clear evidence detailing the link between leadership and a

range of important outcomes within health services, including patient satisfaction, patient mortality, organisational financial performance, staff well-being, engagement, turnover and absenteeism, and overall quality of care.² Lack of leadership resulting in failing patient care is also well recognised.³

In September 2019 I joined eight other dental fellows on a 12-month non-clinical fellowship to explore themes like project management, healthcare policy, quality improvement and strategy. Each fellow is allocated a host (NHS England and NHS Improvement, GDC, CQC etc) and gets the opportunity to work with senior leaders within that organisation to better understand their function and agenda. Within its inceptive weeks the scheme has already offered me insight into how healthcare is commissioned, and begun to illuminate the rationale behind some policy decision making. As a group we have been motivated to work collaboratively and with others on a national platform with the aim to ultimately effect practical change.

This programme presents a fantastic opportunity for any young dentist who truly wants to develop their leadership skills and learn from influential actors within the dental profession. Applications for the next cohort of clinical fellows will open in March 2020.

S. Shah, London, UK

References

- General Dental Council. Standards for the dental team. 2013. Available at: https://www.gdc-uk.org/information-standards-guidance/standards-and-guidance/standards-for-the-dental-team/ (accessed November 2019).
- Faculty of Medical Leadership and Management, The King's Fund and the Centre for Creative Leadership. Leadership and leadership development in health care. 2015. Available at: https://www.kingsfund.org.uk/ publications/leadership-and-leadership-developmenthealth-care (accessed November 2019).
- Francis R. Report of the Mid Staffordshire NHS
 Foundation Trust Public Inquiry. Executive summary.
 London: The Stationery Office, 2013.

https://doi.org/10.1038/s41415-019-1104-y