

Mental health – a medical history-taking taboo?

A multi-centre early evaluation of the effectiveness of workshop teaching to improve the confidence of UK and Irish dental students when addressing patient mental health. *Br Dent J* 2021; <https://doi.org/10.1038/s41415-021-3613-8>

The General Dental Council states that dentists should be able to ‘identify, explain and manage the impact of medical and psychological conditions’ as part of patient management. Across five dental schools in the UK and Ireland, surveys evaluating dental students addressing patient mental health revealed low levels of confidence. The online surveys, answered by over 200 students, comprised of four fictional scenarios within a dental setting where patients presented with a mental health condition. Self-confidence levels scored an average of 4.86/10 on a scale of 1 (no confidence) to 10 (absolute confidence). Interestingly, confidence was lowest in a scenario involving a patient with an undiagnosed eating disorder. Following this, workshop interventions focusing on the links between mental health and dentistry were designed and implemented for 63 dental students in total across the five dental schools.

Pre- and post-workshop surveys asked the following three questions:

1. Dental signs and symptoms present as a consequence of mental health problems. How confident do you feel about recognising these?
2. How confident would you feel talking to a patient about their mental health?
3. If a patient presented with a mental health problem, how confident would you feel in your ability to address this if necessary?

Collation of results demonstrated an average increase in confidence from 2.3–3.7 on a scale of 1 (not confident) to 5 (very confident). Overall, 96.9% of workshop participants found the workshop useful and 92.5% of participants are now aware of services they can refer patients to. The widespread low confidence of dental students across the online surveys may reflect GPs’ (across the UK and Ireland) ability to

address patient mental health and therefore a need for formalised teaching of psychiatry within the dental field. Upon results analysis, the lowest self-reported confidence scenario regarding the eating disorder may be explained by the context of the scenario which required linking severe caries to the patient’s psychological health, and as a result, required action. A former Cochrane review and continuing medical education research reinforce the concept that an interactive educational workshop can be an effective educational tool. In summary, this study established a need for teaching of psychiatry within dentistry and that students are receptive to this idea. The researchers plan to develop an interactive module that can be used within dental schools as an introduction to the topic while under COVID-19 restrictions.

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Why did you decide to undertake this study?

Psychiatric conditions are highly prevalent within the UK population and are increasingly on the rise; such conditions have well-established links with poor oral health outcomes. Patients with psychiatric conditions may be well supported, inadequately supported or their conditions may be completely unmanaged/unidentified.

As dentists, we should be prepared for all three possibilities and be able to ‘identify, explain and manage the impact of medical and psychological conditions.’¹ We occupy frontline healthcare positions where we are able to refer and signpost patients in need of further support.

Our initial research into this field found that dental students lacked confidence in this area and wanted further training.² In order to increase confidence, students expressed the need for effective teaching on the impacts of psychiatry in dentistry and training on how to have difficult conversations with patients. Our study was a trial evaluation on a workshop co-developed by those in dentistry and clinical psychiatry to enhance dental student confidence in this field.

Did any of the results surprise you?

We conducted the study across five dental schools, and before delivering the workshop, we surveyed the student body for their baseline confidence when addressing a patient with a psychiatric condition. We did this so we could see if one dental school stood out against the others in either a positive or negative way. We were surprised to find that students across all the dental schools expressed similar feelings and low confidence with patient mental health, with no one school standing out in any way.

What do you think the next steps should be considering your findings?

We have since developed the workshop into an interactive e-module which can be distributed and incorporated into dental school curricula. We think that dental schools should generally consider the inclusion of more involved teaching on psychiatry in dentistry, especially given the NHS and governmental focus on ‘No health without mental health.’³ Additionally, we are now working to create a series on psychiatry in dentistry to aid the general dental practitioner. ■

References

1. General Dental Council. Preparing for Practice: Dental Team Learning Outcomes for Registration (2015 Revised Edition). 2015. Available at <https://www.gdc-uk.org/education-cpd/quality-assurance/learning-outcomes-review-process> (accessed October 2021).
2. Elliott E, Sharma S, Omar A, Hurst D. How confidently do students address patients with psychiatric conditions in the dental clinic? A service evaluation in a UK dental school. *Br Dent J* 2020; **228**: 376–380.
3. Department of Health and Social Care. No health without mental health. 2011. Available at <https://www.gov.uk/government/publications/nohealth-withoutmentalhealthacrossgovernmentoutcomes-strategy> (accessed December 2021).