

Mental Health Issues and Special Care Patients



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KEYWORDS

- Mental illness • Psychotropic medications • Stigma • Oral health complications
- Xerostomia • Addictions

KEY POINTS

- Patients with mental health issues bring unique needs and differing priorities to a dental practice and the dental practitioner must be mindful and flexible of these factors.
- Dentistry can play a significant role in the diagnosis, support, and management of individuals dealing with severe mental illness.
- Effective communication and collaboration between dentists, physicians, psychiatrists, nursing, and social services and the patient's family is essential to promoting effective oral health initiatives and care for those individuals with severe mental health issues.
- Overwhelming evidence has shown that those individuals suffering from severe mental health issues experience enormous disparities rather than advantages in the quality and quantity of health care services.
- Individuals with severe mental illness display a greater incidence of oral disease, including rampant caries, periodontal disease, xerostomia, and tooth loss.

INTRODUCTION

Psychiatric disease and dental disease are viewed as 2 of the most prevalent health problems that exist in society today. Approximately 1 in 5 people in North America will suffer from some form of psychiatric illness at some point during their lifetime.^{1,2} Depression, the most common mental illness, is estimated to become the second leading cause of disability worldwide by 2020, second only to ischemic cardiovascular disease.³

Mental illness can include such disorders as schizophrenia and other forms of psychoses, anxiety disorders, eating disorders, mood disorders (eg, depression, bipolar affective disorder), and personality disorders. A specific diagnosis is made on the

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basis of a cluster of particular symptoms, each with a clinical significance or impairment criterion. It is this methodology that comprises the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-V), which is the standard reference for defining and classifying psychiatric disease in North America.⁴ Despite twentieth century advances in disease diagnosis and treatment, the concept of a distinction between mental illness and physical illness has persisted in our perception and dialogue surrounding disease. This misconception surrounding the separation of mind and body along with a further separation of mental health treatment from mainstream medical care has provided significant impetus to the stigmatization of people suffering from psychiatric illness.^{5–7} Results of a Canadian national health survey in 2008 highlight the public's perception of mental illness revealing some startling, and yet not surprising views on this devastating group of diseases.⁸ The survey results are summarized in **Box 1**.

A significant and yet often unspoken barrier to accessing much-needed oral care is the misconception held by not only health care professionals but the public at large, that those individuals dealing with issues of mental illness are inherently unpredictable and, therefore, dangerous and violent toward others. The reality is that fewer than 4% of violent criminal acts can be attributed to someone with a history of mental illness in contrast to that portion of violent criminal activity in the community at large.^{1,9,10} Unfortunately, one single case of violence (combined with heightened media portrayals) can undermine any progress being made to fight stigma and discrimination against this most vulnerable segment of society. This misconception also serves to undermine the reality that individuals with severe mental illness will be of more harm to themselves or will in fact be the victims of criminal violence.¹⁰

Mental illness is an “equal opportunity disease,” affecting people of all ages, all races, and all educational backgrounds and economic groups (**Fig. 1**).^{11,12}

Up to two-thirds of individuals suffering from various signs and symptoms of a severe mental illness will not receive a proper and timely diagnosis with appropriate follow-up treatment. Stigma is generally cited as the main formidable barrier to care.⁵ Coping strategies often used in lieu of seeking professional treatment include such negative behaviors as denial and substance abuse.⁵ Stigmatization of individuals with severe mental health issues has persisted throughout history and is exemplified by distrust, fear, bias, stereotyping, embarrassment, and often avoidance. In turn, this complicates and even reduces a person's ability to access resources and opportunities for treatment. The end result often leads to low self-esteem, isolation, and a sense of hopelessness. A tragic and yet preventable result of this long-term disease is suicide. As health care professionals, dental practitioners must play a vital role in

Box 1

Survey results among Canadians regarding stigma toward mental illness

46% of respondents believe mental illness is used as an excuse for bad behavior

25% of respondents fear to be around those with mental illness

50% of respondents would disclose their relationship with someone with mental illness versus

72% for someone with cancer; 68% for someone with diabetes

50% of respondents view alcohol/drug addictions as not being mental illnesses

Data from National Report Card on Health Care. Canadian Medical Association, 2008. Available at: <http://www.cbc.ca/health/story/2008/08/15/mental-health.html>. Accessed September 15, 2015.

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