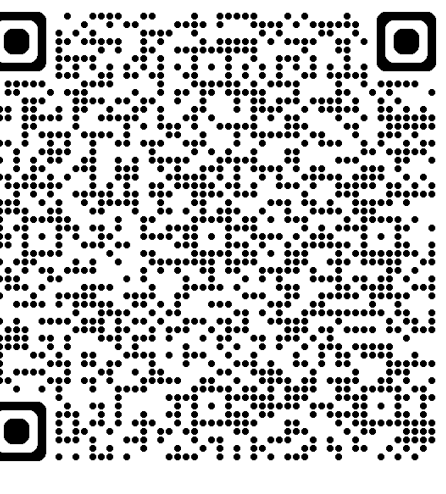


Oral health knowledge attitudes, and practices of mental health care providers: A review of the current literature



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Background

- People living with a mental illness have a high risk of tooth loss and oral health (OH) diseases.
- Barriers to oral health care include limited oral health awareness, lack of priority, dental fears and dental costs
- Mental health care providers (MHCPs) like medical practitioners, nurses and allied health professionals could play a role in this area.

Aims

To synthesize the knowledge, attitudes, and practices of MHCPs regarding OH care for people living with a mental illness, and the available clinical guidelines/ recommendations pertaining to this area.

Methods

Integrative review

- 6 databases and grey literature
- Hybrid thematic synthesis

Results

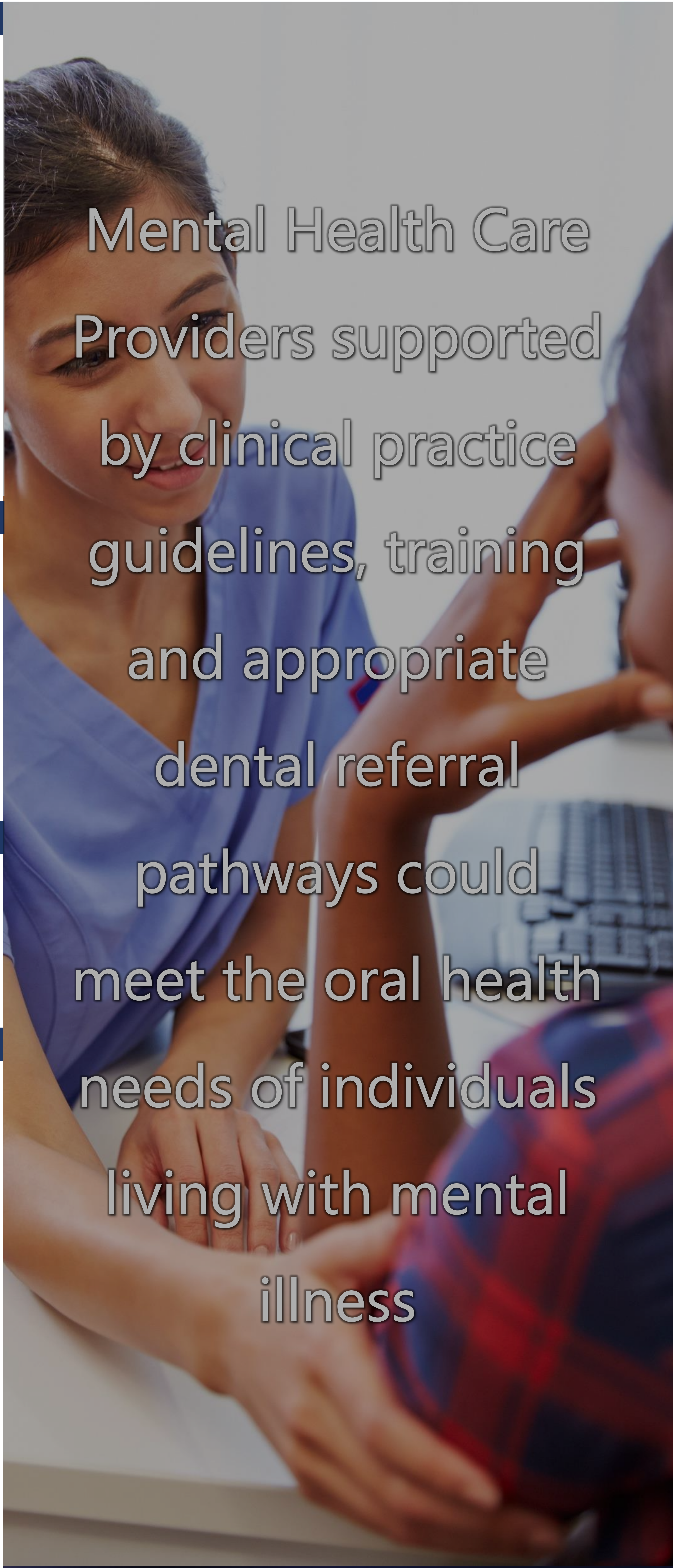
- 16 studies were included with 4 themes arising:

Limited OH knowledge:
"We end up not knowing much"

- Impact of psychotropic medication on oral health

Varied attitudes towards OH *"I'm just wondering if there are times when I could share more stuff"*

- OH is important
- MHCPs could play a role in OH



Inconsistent OH practices: *"No attention is paid to the mouth"*

- MHCPs rarely provide OH advice

Barriers to promoting OH: *"No time... to do something in oral health"*

- Limited OH knowledge and training
- Healthcare system constraints

- 4 guidelines and 1 expert consensus statement:

Promoting OH in clinical practice:

- Provide OH advice
- Techniques for plaque control

Undertaking OH screening:

- Health assessment to include OH
- OH screening in initial assessment
- Establish dental input into assessments

Providing referrals and clinical follow-up:

- Management plans to include dental care
- Ensure continuity of dental care
- Annual OH assessment in care plans

Conclusions

MHCPs can be supported to promote OH through:

- professional development training
- practice guidelines
- short OH resources
- streamlined dental referral pathways