

HOW ORAL HEALTH & MENTAL HEALTH

..... ARE CONNECTED



THE MOUTH REFLECTS GENERAL HEALTH AND WELL-BEING. THE MOUTH IS A READILY ACCESSIBLE AND VISIBLE PART OF THE BODY AND PROVIDES HEALTH CARE PROVIDERS AND INDIVIDUALS WITH A WINDOW ON THEIR GENERAL HEALTH STATUS. AS THE GATEWAY OF THE BODY, THE MOUTH SENSES AND RESPONDS TO THE EXTERNAL WORLD AND AT THE SAME TIME REFLECTS WHAT IS HAPPENING DEEP INSIDE THE BODY. THE MOUTH MAY SHOW SIGNS OF NUTRITIONAL DEFICIENCIES AND SERVE AS AN EARLY WARNING SYSTEM FOR DISEASES SUCH AS HIV INFECTION AND OTHER IMMUNE SYSTEM PROBLEMS. THE MOUTH CAN ALSO SHOW SIGNS OF GENERAL INFECTION AND STRESS.

—U.S. SURGEON GENERAL'S 2000 REPORT

Source: U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000. Available at: <http://www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/sgr/>



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Counties aim to provide comprehensive care to residents. It is critical to ensure that this care incorporates primary, behavioral and chronic disease management and oral health care. Approaches such as accountable care organizations, service integration and the implementation of parity for behavioral health services and treatment offer opportunities to treat the whole person rather than provide fragmented services and treatment. Both oral health and mental health are integral components of an individual's health and well-being and can impact an individual's economic productivity and ability to work.¹ Poor oral health has been shown to:

- lead to malnutrition,² which in turn influences physical health
- cause serious or fatal infections³
- be linked to heart disease, stroke and diabetes,⁴ and
- be associated with respiratory diseases such as pneumonia.⁵

When treating individuals with mental illness,⁶ particularly those with serious mental illnesses, paying attention to oral health is important because it is often neglected and deteriorates.⁷ This population has an average of 6 or more decayed, missing or filled teeth than the general population and is 3.4 times more likely to have lost teeth.⁸ Individuals living with mental illness are susceptible to certain oral health conditions, including enamel erosion, gingivitis, tooth abrasion, oral pain disorder, dry mouth and jaw and muscle pain.⁹ For example, depression and stress increase the level of the hormone cortisol, which can contribute to periodontal disease.¹⁰ Furthermore, medications, lack of motivation for maintaining good dental hygiene, dental phobia, dental care costs, geography and access to care have all been shown to contribute to oral diseases.^{11, 12, 13, 14}

BY 2020, MENTAL ILLNESS AND SUBSTANCE USE DISORDERS WILL SURPASS ALL PHYSICAL DISEASES AS A MAJOR CAUSE OF DISABILITY WORLDWIDE.¹⁵ THE SIDE EFFECTS OF THE ANTIPSYCHOTICS, ANTIDEPRESSANTS AND MOOD STABILIZERS USED TO TREAT MENTAL ILLNESS REDUCE THE FLOW OF SALIVA IN THE MOUTH, RESULTING IN CAVITIES, GINGIVITIS AND PERIODONTAL DISEASE. GUM DISEASE HAS BEEN LINKED TO HEART DISEASE.¹⁶ BY ADDRESSING THE ORAL HEALTH NEEDS OF INDIVIDUALS LIVING WITH MENTAL ILLNESS, COUNTIES COULD POTENTIALLY REDUCE THEIR RESIDENTS' RISK FOR HEART DISEASE,¹⁷ A LEADING CAUSE OF DEATH IN THE U.S.

This, in conjunction with visits to the hospital emergency room for dental care costing more than \$2.1 billion over a two-year period,¹⁸ has led to the emergence of integrating oral health care into primary health care as a potential solution for addressing oral health.¹⁹ The presence of dentists, dental hygienists and/or other dental care professionals in a primary health care setting can assist in not only treating oral health conditions, but also in preventing them. According to the American Dental Hygienists Association, every \$1 spent on preventive oral care can result in \$8 to \$50 in savings in future dental costs.²⁰

Recognizing its unique position as a policy maker, public health leader and the local safety net, one county, Washtenaw County, Mich., has incorporated oral care into the services it provides through its public health department. Through a partnership with the Saint Joseph Mercy Health System, a full-service dental clinic opened in 2015 and is expected to serve more than 6,000 Medicaid-enrolled or low-income patients annually.²¹ Research indicates that "once a patient has visited the dental clinic, the fact that it is located in the same place as providers of medical and behavioral health services makes it easy to introduce the patient to other services."²² Another health setting that has integrated oral health care with primary care are the federally qualified health centers (FQHCs), which provide health services to underserved areas or populations. FQHCs can play a critical role in increasing access to timely and appropriate dental services, according to research.²³

Other potential strategies include implementing activities that can impact health behavior and promoting interventions such as fluoride use to reduce tooth decay, according to Healthy People 2020.²⁴ Having staff undergo dental awareness training and requiring use of a dental checklist can improve oral health among individuals being treated for mental illness, according to research studies.²⁵ Other interventions include motivating and providing oral hygiene training for individuals with serious mental illnesses.²⁶ Additionally, family members and caregivers can be provided with information on healthy lifestyles (e.g., no tobacco use, healthy diet, regular physical activity) to help the individual living with a mental illness. The type of advice, support and education should be tailored to the individual's oral health needs.²⁷ Factors affecting oral health are listed in the figure below. Considering these factors and implementing some of the strategies described can potentially reduce the disparities in access and ultimately improve the oral health status of individuals living with mental illness.

FACTORS AFFECTING THE ORAL HEALTH OF INDIVIDUALS LIVING WITH MENTAL ILLNESS:

Source: De Hert M, Cohen D, Bobes J, Cetkovich-Bakmas M, et al. Physical Illness in Patients with Severe Mental Disorders. II. Barriers to Care, Monitoring and Treatment Guidelines, Plus Recommendations at the System and Individual Level. *World Psychiatry*. 2011;10:138-151.

- diagnosis, severity and stage of mental illness
- socioeconomic factors
- poor diet (e.g., foods and drinks high in sugar and/or fat, low in fiber)
- lack of perception of oral health problems
- smoking
- ability to self-care
- access to the dentist
- side effects of medications, and
- knowledge of oral health problems.

A FEW THINGS TO CHEW ON...

- **1 in 5 adults (43.8 million adults)** experience a **mental illness** in a year.²⁸
- **10 million adults** have a serious mental illness such as **depression, bipolar disorder or schizophrenia**.²⁹
- Of the people who experience a mental illness during their lifetime, **half of the cases** occur by 14 years of age and **three-fourths** by the age of 24.³⁰
- More than **47 million people** live in places where it is **difficult to access dental care**.³¹
- More than **125 health conditions** affect or are affected by oral health,³² including **cardiovascular diseases, HIV/AIDS, osteoporosis, obesity, rheumatoid arthritis and mental illness**.
- **Between 2008 and 2010**, more than **4 million people** visited the emergency department for dental care at a cost of **\$2.1 billion**.³³
- Serious mental illness costs the U.S. **\$300 billion** each year.³⁴
- 2014 expenditures on mental health services and substance abuse treatment are estimated at **\$735 per person** in the U.S.³⁵

About NACo

The National Association of Counties (NACo) unites America's 3,069 county governments. Founded in 1935, NACo brings county officials together to advocate with a collective voice on national policy, exchange ideas and build new leadership skills, pursue transformational county solutions, enrich the public's understanding of county government and exercise exemplary leadership in public service. For more information about NACo, visit www.naco.org.

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