An Exploration of the Use of Behavioral Health Consultants in Dentistry

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BACKGROUND

- Relationships between mental health and oral health are well-established in the literature (Leiva-García, Planells, del Pozo, & Molina-López, 2019; Genis & Hocaoğlu, 2020; Gray, 2021).
- Dental phobia and oral pain or sensitivity impact patients' experiences with dental procedures and willingness to seek services (Appukuttan, 2016; ADA, 2015, Beaton, Freeman, & Humphris 2014). Additionally, dental pain is a top dental problem for young adults and low-income adults (ADA, 2015) and contributes to avoiding dental procedures.
- Substance use disorders, developmental disabilities, anxiety, depression, trauma-related symptoms, eating disorders, psychotic symptoms, and specific dental phobias represent just a few examples of mental health conditions connected to oral health (DeBate, Plichta, Tedesco, & Kerschbaum, 2006; Genis, & Hocaoğlu, 2020; Gray, 2021; Hernandez, & Ikkanda, 2011; Leiva et al., 2019; Mukherjee, Dye, Clague, Belin, & Shetty, 2018; Shaw, & Thoresen, 1974; Umezaki et al. 2016).
- Providing behavioral health resources within a dental setting, similar to efforts to integrate behavioral health services into primary care, offers a potential resource to manage mental health concerns that impact dental care and provide brief interventions and referrals for mental health concerns that are connected to oral health.

BENEFITS OF BHCs

Behavioral health consultants (BHCs) have been effective in integrated primary care settings with cited benefits including increased access to mental health services, high levels of satisfaction with family physicians, and significant improvements in the functioning of the individuals receiving services (Kates et al., 2002). Beyond improvements to patient care, physicians also report the availability of BHC's help decrease physician stress levels (Miller-Matero et al., 2016). It is reasonable to expect the same benefits would be seen in a dental setting, yet the integration of BHCs in dental clinics is uncommon. The addition of interdisciplinary staff in dental settings would help address the challenges dentists and dental hygienists in treating patients with dental anxiety and other mental health conditions. Dental staff are frequently ill-equipped to manage patients with dental anxiety and associated symptoms that arise during treatment. Almost three-quarters of dental hygienists report dental anxiety as a somewhat serious to an extremely serious issue in the treatment of patients, yet less than half reported being educated on addressing dental anxiety. Even those who report receiving education on managing dental anxiety feel they still need education (Drown et al., 2018). BHC's would take this pressure off of dental staff. BHCs are able to provide brief cognitive-behavioral interventions (CBT) to patients experiencing anxiety, panic, or trauma responses to dental care. CBT has been proven to be effective in reducing symptoms. Additional interventions BHCs can provide, such as relaxation training, are also effective when provided in combination with traditional CBT interventions (Gordon, 2013). CBT has also been shown to improve patients' acceptance of dental treatment (Wide-Boman, 2013). In addition to providing interventions for patients during treatment, BHCs can aid in the early identification of mental health concerns presenting in dental clinics, making appropriate referrals for these patients, and providing psychoeducation and behavioral health approaches to managing lifestyle factors that impact oral health, such as smoking. BHCs in dental settings could help improve patient retention, patient comfort, and patient satisfaction for patients managing mental health concerns.

MODEL PROGRAM

- At this time, no research has been published regarding how to integrate behavioral health consultants into dentistry clinics. Therefore, these are recommendations based upon the standard framework for levels of integrated healthcare by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA) for behavioral health consultants (2020).
- There are three levels of integration of behavioral health into primary care: coordinated, co-located, and integrated. These recommendations of what behavioral health consultants could do in dentistry clinics are based upon the idea of full integration.
- Behavioral Health Consultants may collaborate with dentists and other dentistry staff to agree upon ways to screen for substance use disorders, developmental disabilities, anxiety, depression, trauma-related symptoms, eating disorders, psychotic symptoms, and specific dental phobias during dental visits.
- Behavioral Health Consultants may also meet individually with patients prior to their dental visits to discuss the psychological toll one may feel during this type of visit and the benefits of speaking with a mental healthcare provider. Treatments that BHC's may be able to provide to patients at this time may include teaching strategies to manage anxiety about the appointment, teaching relaxation techniques, exposure to dental tools that may exacerbate phobias, etc.
- When a dental provider meets a patient that may present with an underlying psychological diagnosis that may impact their visit, Behavioral Health Consultants may be pulled in to triage and make recommendations prior to beginning the treatment. Behavioral Health Consultants may then be able to inform the providers of what is going on for the patient and be able to recommend strategies for the provider in caring for the patient.

WHAT CAN BHCs ADDRESS IN DENTAL SETTINGS?

- Mental health concerns that present in dentistry:
  - Anxiety disorders, including dental phobias, panic disorder, and generalized anxiety disorder
  - Coping with fears related to pain
- Mental health conditions that impact dental care:
  - Developmental disorders (ex: Autism Spectrum Disorder, Down Syndrome, Cerebral Palsy)
  - Trauma-related disorders
  - Schizophrenia and delusional disorders/paranoia
  - Anxiety and Panic Disorders
- Mental health concerns that BHCs can identify in the dental treatment environment:
  - Substance use disorders
  - Eating disorders
  - Smoking/tobacco use
  - Domestic Violence
  - Physical abuse
  - Neglect (in children)

In patients with more serious dental conditions, dental anxiety has been shown to be present in up to 83% of cases, with up to 16% meeting the criteria for a specific phobia (Dou et al., 2018). Behavioral Health Consultants can provide education to dental staff in the areas of screening for mental health concerns and conditions. BHCs can conduct interventions designed to reduce the impact of mental health concerns in the treatment of dental conditions. BHCs can also provide appropriate referral resources for the more intensive treatment often required of some identified mental health concerns, including trauma, severe anxiety, abuse/neglect, and eating disorders.

CONCLUSIONS

1. **Dental settings do not provide access points to mental health services for their patients who may benefit from mental health services.**
   - Behavioral health consultation in a dental practice provides a pathway to mental health treatment for patients suffering from a wide range of psychiatric disorders (e.g., substance use disorders, eating disorders, etc.).
2. **BHCs can help better equip dental staff to support patients with mental health symptoms (e.g., pain disorder, generalized anxiety disorder).**
   - Behavioral health consultation equips dental practices to appropriately deal with complex mental health issues in real time (e.g., smoking/tobacco cessation, domestic violence, child abuse).
3. **Dental phobia is a more common condition than most realize, especially among patients with serious conditions.**
   - Behavioral health consultants can provide brief, evidence-based psychotherapy interventions (i.e., Cognitive Behavioral Therapy), that should reduce dental anxiety and hopefully, patient turnover.

FUTURE DIRECTIONS

- Integrated Primary Care Training Programs offer an ideal opportunity to implement the use of BHCs within a dental setting. Primary care clinics that have already implemented behavioral health services integration successfully and are connected to dental clinics also offer an ideal location for beginning to test and design protocols for integrating behavioral health with dentistry.
- Trainees could collect data to monitor and evaluate the utility of behavioral health consultation services provided within a dentistry setting. Examples of progress monitoring include patient experience surveys and monitoring the number of return visits for patients who utilize BHC services.
- In addition to offering direct patient care benefits, BHCs are uniquely suited to provide didactic training and resources to providers within a dentistry setting about advanced strategies for managing behavioral health concerns.
- BHCs could also provide direct resources to dental professionals for managing vicarious trauma, fatigue, and burn-out as a health care provider.

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