

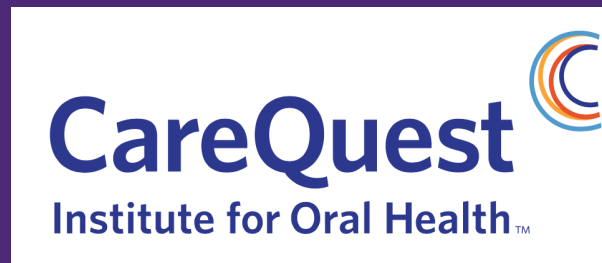
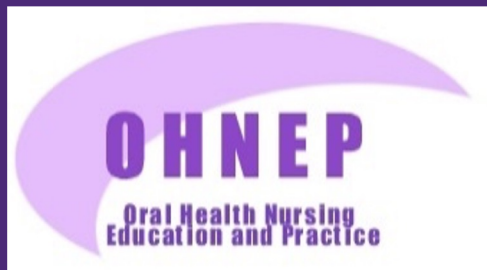
# The Brain-Mouth Connection: Mental Health & Oral Health

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# Oral Health Nursing Education and Practice (OHNEP)



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Education and Practice

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## Reducing Oral Health Disparities Across The Lifespan

### News

- Interprofessional Education and Practice- Future of Nursing Summit 2017
- The Midwifery Profession: Frontline Providers of Oral Health Care for Women and Newborns- ACNM 2017 Presentation
- OHNEP Program Director, Erin Hartnett, DNP, APRN-BC, CPNP, received the Georgetown University Outstanding Alumna Award!
- OHNEP Executive Director, Judith Haber, PhD, APRN-BC, FAAN, named Health Equity Hero by DentaQuest!

### OHNEP LEADS THE WAY

OHNEP is at the vanguard of helping nurse practitioners, nurse-midwives, nurses, and other health professionals incorporate oral health into patient care.

**Why? Oral health and general health are interconnected.** Research evidence links poor oral health like periodontal disease with diabetes, cancer, heart and lung diseases, and progression of dementia and Alzheimer's, among others. Yet, few health professionals integrate oral health in their clinical practice.

OHNEP is changing that.

As a national voice promoting interprofessional oral health integration, OHNEP advocates, educates, creates and promotes resources that educators and clinicians can use to improve the quality of oral health care in their patients. The OHNEP website serves as a knowledge center and portal for best practices.



[www.ohnep.org](http://www.ohnep.org)

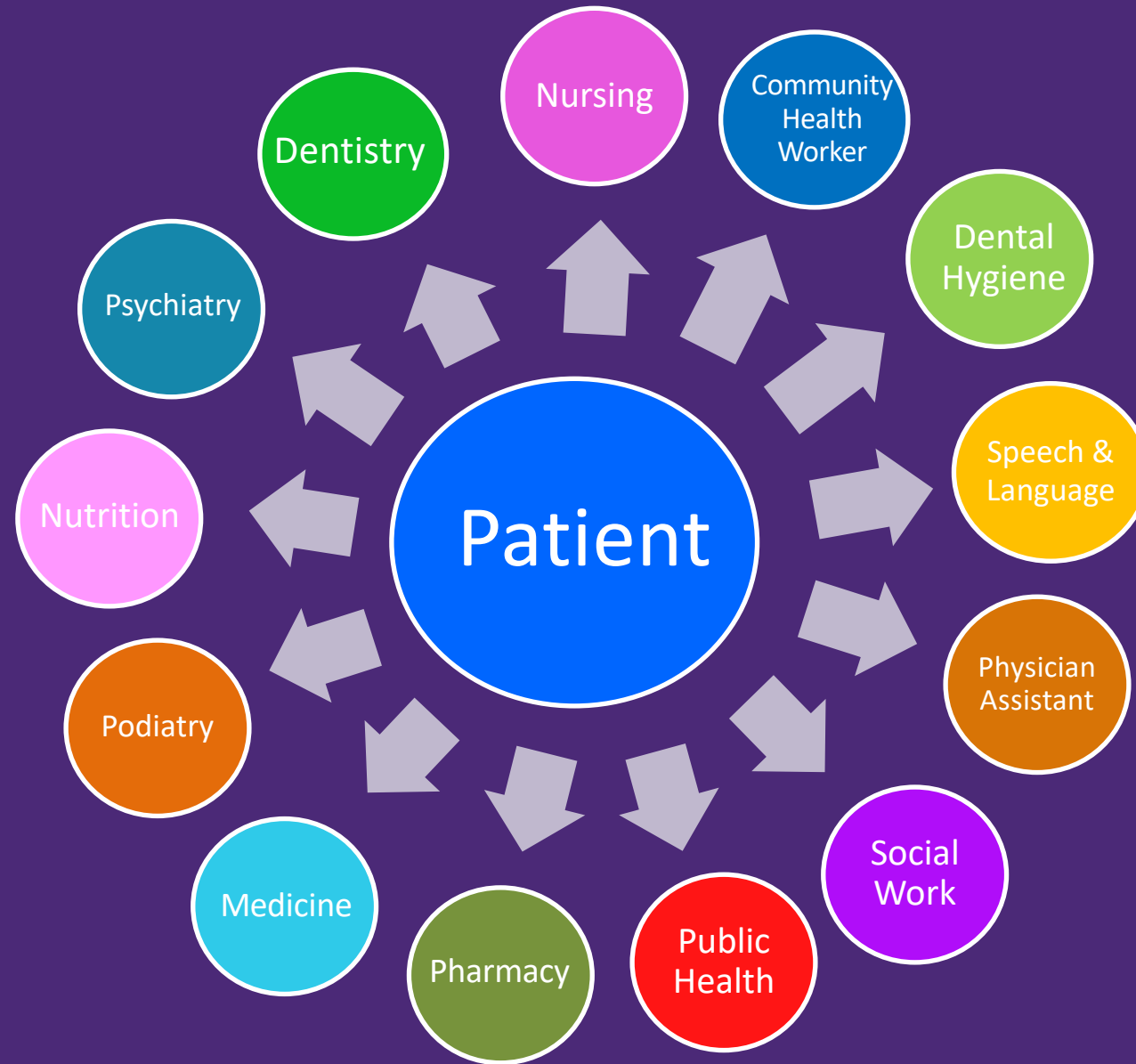
# Prevention and Management of Mental & Oral Health Issues Calls for an *Interprofessional* Team



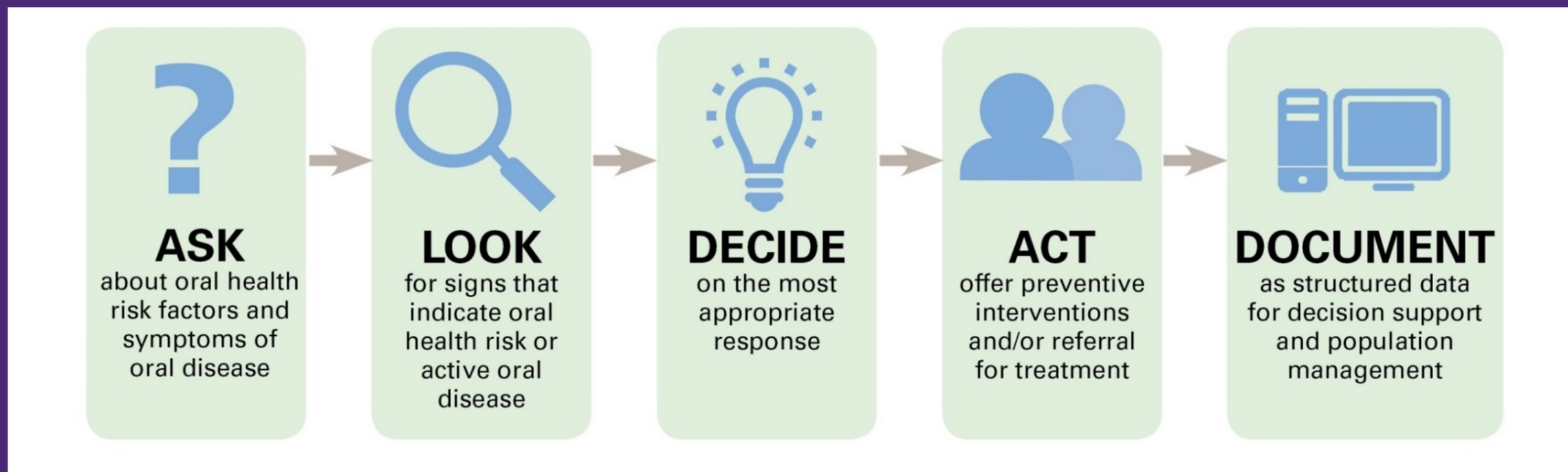
- 4.2 million RNs
- 325,000 NPs
- 13,000 MWs
- 1 million MD/DO
- 139,000 PAs
- 200,000 DDS/DMD
- 195,000 dental hygienists
- 150 dental therapists



# Whole Person Care



# Oral Health Delivery Framework (2015)



Available at: [www.QualisHealth.org/white-paper](http://www.QualisHealth.org/white-paper)

# HEENT to HEENOT – Putting the Mouth Back in the Head



## COMMENTARIES

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## Putting the Mouth Back in the Head: HEENT to HEENOT

Improving oral health is a leading population health goal; however, curricula preparing health professionals have a dearth of oral health content and clinical experiences. We detail an educational and clinical innovation transitioning the traditional head, ears, eyes, nose, and throat (HEENT) examination to the addition of the teeth, gums, mucosa, tongue, and palate examination (HEENOT) for assessment, diagnosis, and treatment of oral-systemic health. Many New York University nursing, dental, and medical faculty and students have been exposed to interprofessional oral health HEENOT classrooms, simulation, and clinical experiences. This was associated with increased dental-primary care referrals.

This innovation has potential to build interprofessional oral health workforce capacity that addresses a significant public health issue, increases oral health care access, and improves oral-systemic health across the lifespan. (*Am J Public Health*. 2015;105:K32-K31. doi:10.2196/AJPH.2014.300499)

Judith Haber, PhD, APRN, BC, Erin Harvett, DNP, CFNP, BC, Kenneth Allen, DDS, MBA, Doreen Hallak, PhD, CFNP, BC, Caroline Dorsner, MSN, FNP, BC, Julia Lange-Kessler, DNP, CM, RN, Macielene Lloyd, MS, FNP, BC, PMHNP, BC, Edelidge Thomas, DNP, ANP, BC, and Dorothy Wohlman, DNP, ANP, BC, PCNP, BC

DURING THE DECADE FOLLOWING publication of the Surgeon General's Report, *Oral Health in America*, health professionals, physicians (MDs), nurse practitioners (NPs), nurse-midwives (NMs), and physician assistants (PAs) began to align with the dental profession to heed Satcher's call to "view the mouth as a window to the body."<sup>1</sup> The most significant interprofessional movement that followed this report occurred with family practice and pediatric physicians coming together to work on preventive oral health initiatives for children in which those professionals would provide screenings, fluoride varnish, and referrals for children to find dental homes.

Mobilization of the overall health community to work collaboratively has been slower. Development of "Bodies for Life: A National Oral Health Curriculum"<sup>2</sup> represented an important interprofessional "tipping point" for engaging health professionals focused on treating populations across the lifespan in considering oral health and its relationship to overall health as an integral component of their practice.

Yet, evidence from national databases monitoring oral health data continue to reveal a high

incidence and prevalence of dental caries, especially in lower socioeconomic and minority group populations.<sup>3,4</sup> Data from the 2009–2012 National Health and Nutrition Examination Survey<sup>5</sup> reveal that approximately one in four children (1.9%) aged 3 to 5 years living at the poverty level have untreated dental caries. The survey data further reveal that 19% of non-Hispanic Black children aged 3 to 5 years and 20% of Hispanic children aged 6 to 9 years had untreated dental caries compared with non-Hispanic White children aged 3 to 5 years (1.1%) and 6 to 9 years (1.4%).<sup>6</sup> Although national statistics show an improvement in access to oral health care for children aged 5 years and older, the data reveal significant disparities in access to care for children aged 2 to 4 years.<sup>7</sup>

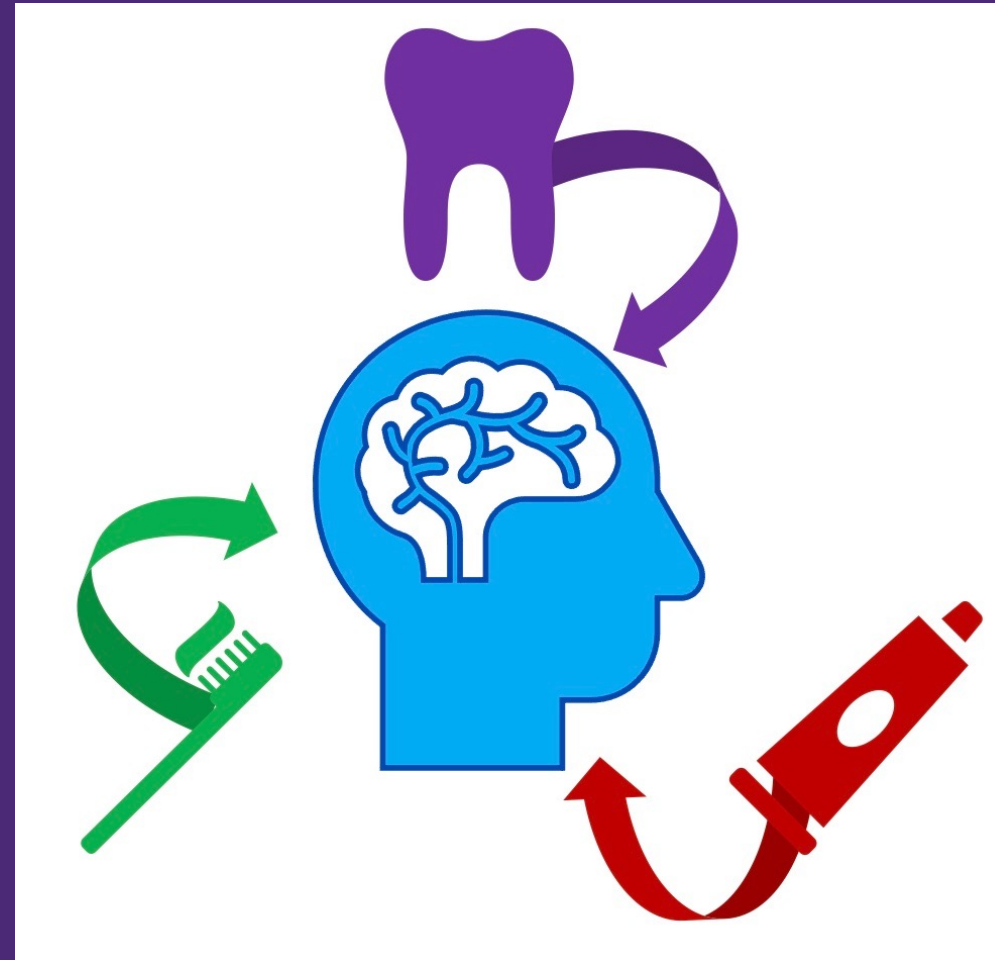
In the adult population, oral cancer morbidity and mortality rates have not declined over the past 10 years, at least in part related to absent or inadequate oral examinations,<sup>8</sup> and human papillomavirus is associated with the recent rise in the incidence of oropharyngeal cancer.<sup>9</sup> Among adults aged 65 years and older, only 30% have a dental benefit.<sup>10</sup> Primary care providers have been

challenged by the Institute of Medicine to play a significant role in improving these oral health disparities by building interprofessional oral health workforce capacity.<sup>11</sup>

One important component of the problem is that the majority of curricula for preparing health professionals have a dearth of oral health content and clinical experiences. Approximately 70% of medical schools include 4 hours or less on oral health in their curriculum; 10% have no oral health content at all.<sup>12</sup> Similarly, NPs and NMs have also not had a defined oral health curriculum knowledge base nor a set of oral health clinical competencies.<sup>13,14</sup> The PA programs have generally followed medical school curricula and have not required dental or health content or competencies.<sup>15</sup>

The recent publication of several important national reports, two oral health reports by the Institute of Medicine,<sup>16,17</sup> the listing of oral health as one of the Healthy People 2020 Leading Health Indicators,<sup>18</sup> the release of the Health Resources and Services Administration document "Integration of Oral Health and Primary Care Practice,"<sup>19</sup> and the dissemination of "Oral Health Care During Pregnancy: A

# Oral Health & Mental Health: The Oral-Systemic Connection



# Mental Health

- Isolation and financial hardships of COVID-19 pandemic deeply affected mental health status worldwide
  - Poor mental health → insecurity related to poor oral health → reluctance to visit the dentist
  - Global prevalence of anxiety and depression increased 25%
  - Increased substance abuse and suicidal ideation
  - Increased incidence of domestic violence
  - Decreased access to mental health and dental care





# 2020



## Mental Health By the Numbers

### RECOGNIZING THE IMPACT

2020 was a year of challenges, marked by loss and the uncertainty of the COVID-19 pandemic.

We must recognize the significant impact of the pandemic on our mental health – and the importance of increasing access to timely and effective care for those who need it.

Among U.S. ADULTS:



1 in 5 experienced a mental illness

1 in 20

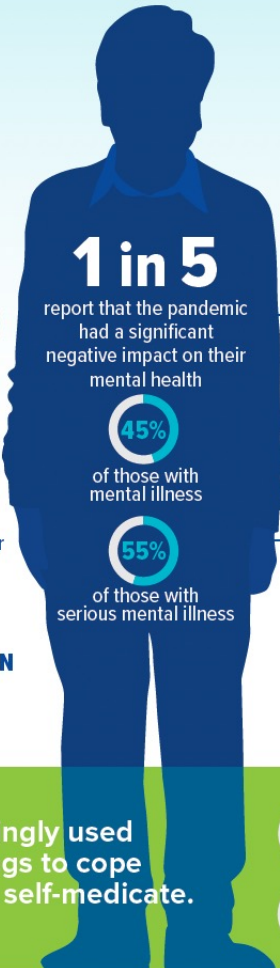
experienced a serious mental illness

1 in 15

experienced both a substance use disorder and mental illness

12+ MILLION

had serious thoughts of suicide



1 in 5

report that the pandemic had a significant negative impact on their mental health

45%

of those with mental illness

55%

of those with serious mental illness

Among U.S. ADULTS who received mental health services:

17.7

MILLION

experienced delays or cancellations in appointments

7.3

MILLION

experienced delays in getting prescriptions

4.9

MILLION

were unable to access needed care



Many struggled to get necessary mental health care, with telehealth proving an essential option.

26.3

MILLION

adults received virtual mental health services in the past year

34%

of those with mental illness

50%

of those with serious mental illness

Many increasingly used alcohol or drugs to cope with stress or self-medicate.

15%

Among people aged 12 and older who drink alcohol, 15% report increased drinking

10%

Among people aged 12 and older who use drugs, 10% report increased use

Data from CDC, NIMH and other select sources. Find citations for this resource at [nami.org/mhstats](https://nami.org/mhstats)

NAMI HelpLine  
800-950-NAMI (6264)



NAMI



NAMICommunicate



NAMICommunicate



[www.nami.org](https://www.nami.org)



National Alliance on Mental Illness



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Oral Health Nursing Education and Practice

# Poor Mental Health → Poor Oral Health

- Increased risk of oral health neglect due to...
  - Dental anxiety
  - Substance use
  - Depression
  - Trauma
  - Inadequate self-care
- Side effects of antipsychotic, antidepressant, and mood stabilizer drugs include a higher risk for oral bacterial infections, gum disease & xerostomia
- Mental illness includes a range of dysfunctional symptoms and behaviors that can significantly impact oral health → serious systemic consequences (inflammation and infection spread to other areas of the body)



# Poor Mental Health → Poor Oral Health

- Stress affects the immune system, sleep, personal hygiene patterns & contribute to bruxism and orofacial pain
- Bipolar disorder often causes over-brushing that may damage gums and cause dental abrasion, mucosal lacerations, or gingival lacerations
- Bipolar patients treated with lithium and other mood stabilizers have a higher rate of xerostomia, gingival hyperplasia & stomatitis
- Difficulty sleeping can contribute to a weakened immune system, leading to increased risk of periodontitis
- Lack of sleep can cause poor nutritional choices including increased coffee intake and snacking
- Anxiety and trauma → dental anxiety and dental phobias cause avoidance of the dentist



# Poor Mental Health → Poor Oral Health

- People with obsessive-compulsive disorders may brush & floss too vigorously or too often
- Depression is associated with higher abuse of alcohol, caffeine, and tobacco, which may cause tooth erosion and decay
- Depression can cause self-neglect, which often results in poor oral hygiene and consequential tooth decay
- Substances (i.e. cocaine, amphetamines, opioids) can cause xerostomia, leading to severe tooth decay
- “Meth mouth” among methamphetamine users
- Acids from vomiting make patients with bulimia more susceptible to tooth decay
- Patients with anorexia may exhibit decrease in calcium
- Schizophrenia spectrum and other psychotic disorders increase risk for metabolic syndrome & demonstrate poor motivation related to personal care



# How an Interprofessional Health Team Can Make a Difference

- **Think** about mental health as complex and multifaceted → requires coordinated team-based approach to providing care
- **Consider** the barriers r/t social determinants of health in accessing mental health and dental care needs
- **Screen** patients for dental, oral hygiene & mental health issues
- **Educate** patients on the importance of good home oral health and hygiene practices
- **Manage** oral bacteria levels and inflammation by providing coaching about good oral hygiene behaviors → promote oral health care as a key component of managing mental health
- **Document** oral health assessment findings and interventions, and provide referrals to address specific oral and/or mental health issues



# ORAL HEALTH, MENTAL HEALTH AND SUBSTANCE USE TREATMENT

A Framework for Increased Coordination and Integration



NATIONAL  
COUNCIL  
for Mental  
Wellbeing

**CENTER OF EXCELLENCE**  
for Integrated Health Solutions

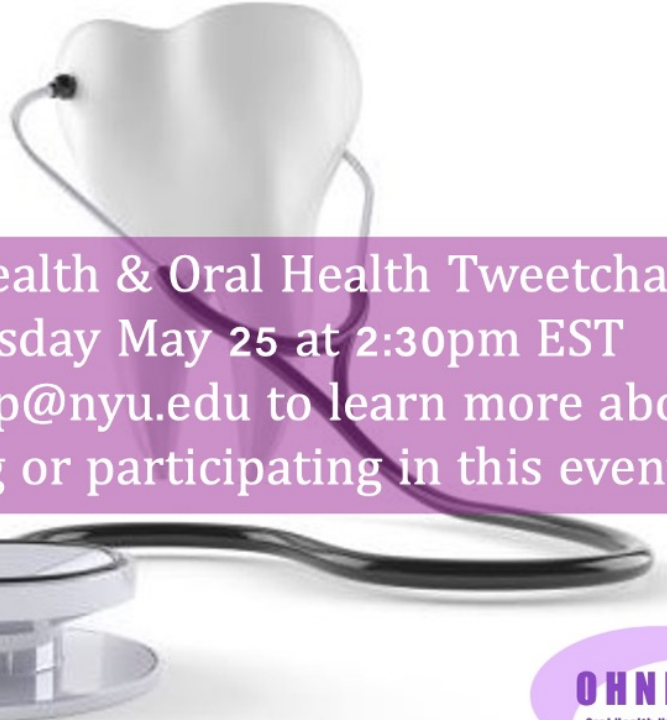
*Funded by Substance Abuse and Mental Health Services Administration  
and operated by the National Council for Mental Wellbeing*




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# Interprofessional Oral Health Tweetchats



Mental Health & Oral Health Tweetchat  
Wednesday May 25 at 2:30pm EST  
Email [ohnep@nyu.edu](mailto:ohnep@nyu.edu) to learn more about  
co-hosting or participating in this event!



**All 4 Oral Health**  
@All4OralHealth

The OHNEP and TOSH programs build interprofessional oral health competencies among future primary care providers.

📍 NYU College of Nursing 🔗 [ohnep.org](http://ohnep.org) 📅 Joined September 2012

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# *New Edition Coming Soon!*

## Undergraduate Interprofessional Oral Health Faculty Tool Kit

- ✓ Microbiology
- ✓ Anatomy & Physiology
- ✓ Pathophysiology
- ✓ Research Methods
- ✓ Pharmacology
- ✓ Health Assessment & Promotion
- ✓ Fundamentals



- ✓ Nursing Care of Adults & Older Adults
- ✓ Nursing Care of Children
- ✓ Maternity & Women's Health
- ✓ Community
- ✓ Psychiatric-Mental Health
- ✓ Leadership in Nursing
- ✓ Professional Nursing



Available at <http://ohnep.org/faculty-toolkit>



# Graduate Interprofessional Oral Health Faculty Tool Kits


**The OHNEP Interprofessional Oral Health Faculty Toolkit**

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**Pediatric Nurse Practitioner Program**

CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:

- Pediatric Health Promotion
- Pediatric Health Assessment
- Pediatric Primary Care
- Resources




**The OHNEP Interprofessional Oral Health Faculty Toolkit**

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**Family Nurse Practitioner Program**

CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:

- Health Assessment of Families
- Health Promotion of Families
- Primary Care
- Resources




**The OHNEP Interprofessional Oral Health Faculty Toolkit**

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**Adult Gerontology Primary Care Nurse Practitioner Program**

CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:

- Adult Gerontology Health Assessment
- Adult Gerontology Health Promotion
- Adult Gerontology Primary Care
- Resources




**The OHNEP Interprofessional Oral Health Faculty Toolkit**

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**Psychiatric-Mental Health Nurse Practitioner Program**

CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:

- Health Assessment Across the Lifespan
- Health Promotion in Children & Adolescents
- Health Promotion in Adults & Older Adults
- Resources




**The OHNEP Interprofessional Oral Health Faculty Toolkit**

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**Nurse Midwifery Program**

CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:

- Midwifery Health Assessment of Women & Gynecology
- Midwifery Care During Pregnancy
- Midwifery Care of Women During Labor, Birth, Postpartum & Care of Newborns
- Resources




**The OHNEP Interprofessional Oral Health Faculty Toolkit**

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**Adult Gerontology Acute Care Nurse Practitioner Program**

CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:

- Advanced Physical Assessment Across the Lifespan
- Principles of Adult Gerontology Acute Care I-II
- Principles of Adult Gerontology Acute Care III
- Resources




**The OHNEP Interprofessional Oral Health Faculty Toolkit**

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**Women's Health Nurse Practitioner Program**

CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:

- Introduction to Reproductive Healthcare of Women
- Ambulatory Care of Women
- Integrated Care of Women
- Resources



# Smiles for Life: A National Oral Health Curriculum



Smiles for Life  
A national oral health curriculum

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## Click a Course Below to Get Started

**ORAL** **SYSTEMIC**

The Relationship of Oral and Systemic Health

See more...

0% COMPLETE

Child Oral Health

See more...

0% COMPLETE

Adult Oral Health

See more...

0% COMPLETE

[www.smilesforlifeoralhealth.org](http://www.smilesforlifeoralhealth.org)



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