

Representative quotes regarding barriers from patients, dentists, and psychiatrists, 2018-2019, eastern North Carolina

Participants	Quote Exemplars
	Barriers
	<i>Access to Dental Care</i>
Patients	<p>It's not a cheap place. [Laughs] It does cost and definitely with my financial situation that it is one of the biggest concerns and one of the biggest players as in me not going would be the cost.</p> <p>Transportation played an issue, yeah, cause I don't drive, cause I take medication, so sometimes it's not very easy for me to drive.</p>
Dentists	A lot of times they don't have dental insurance because they can't hold a job. Socioeconomically they don't have the money for dental care, so that also affects how frequently they go to the dentist
Psychiatrists	<p>Finances are the big one. Dentistry is expensive and dental care and dental coverage is very, very limited, especially with a lot of our patients.</p> <p>I think lack of education is another big one (barrier). They're not aware that tooth pain is a sign that they could be having some sort of problem.</p> <p>Insurance status, transportation, and then the difficulty with having to take off of work in order to go to an appointment.</p> <p>I don't think we have many dentists. If you don't have insurance, you don't have money, you're not going to get a dentist.</p>
	<i>Fear</i>
Patients	<p>I've got cavities I need to fill and I've got two more wisdom teeth but I'm afraid to go back to the dentist to do anything because it scared me because the stuff they give you to numb your teeth, it like gets in your throat and it makes your throat go numb and so my throat was numb for a while afterwards and it just freaked me out and so I haven't been back.</p> <p>He just kept saying "it doesn't hurt, it doesn't hurt." I'm like "no it doesn't hurt. That's not what the problem is." But whatever. I don't think they're equipped to handle people with anxiety. They just acted like they didn't care.</p> <p>It seems like other dentists just really don't want to, don't understand or don't have the ability or don't want to help people with bad anxiety</p>
Dentists	<p>They just don't like getting dentistry done. They have an anxiety or fear, and if you look through the lit, I mean, there is a number of different things that cause that fear. Most patients will say it's the needle or the noise of the drill, the sounds, or the anticipation or fear of pain. So there are all sorts of different reasons why people are afraid.</p> <p>A lot of folks just are scared of treating people with mental illness because they don't know what to expect.</p> <p>Some practitioners are afraid to—you know, and don't have the skills, they feel like they don't have the skills and they're—so they don't take patients that have some of those mental illnesses.</p>
Psychiatrists	We treat people with a lot of anxiety and just the idea of going, whether they had a previous bad experience or they're assuming or have a lot of anticipatory anxiety, that it's hard to get them connected because of the actual anxiety
	<i>Characteristics of Mental Illness</i>
Patients	<p>I have been too depressed to get out of bed, too depressed to brush, too depressed to brush for a week when I was homeless</p> <p>It (good oral health) plays a big part in your mentality and how you feel about yourself because if you don't feel good about yourself, you're going to get depressed.</p>

Dentists	<p>They do not have zest for life I would say. Some of them. Not all of them who are well managed with medications and therapies and they are okay but some of them they do not have zest to do certain things so they don't care for their oral needs. They do not – they have no zest to live and then oral health is the last concern in their life</p> <p>There is a higher occurrence of oral problems among psychiatric patients due to lack of prevention, lack of care, lack of recall, lack of interest, and lack of support from family members.</p> <p>I feel pretty confident. I mean, I'm all for doing my best to treat them. I would never refuse to treat a patient with a mental disease, cause we—you know, as of now we have so many resources for them, that I think we should be okay.</p>
Psychiatrists	<p>If they're depressed they probably don't really take care of themselves, don't take care of their oral health</p> <p>It's a challenge for people with mental illness to meet their basic needs and a lot of times they'll put dental health needs even further down than their general health condition needs.</p> <p>I would say everything is tied together. If a patient's oral health is so poor that they're in pain or that it causes problems with how they perceive themselves like if they're missing a lot of teeth and they're pretty young, it affects their self-esteem then yes, it can cause issues with maybe worsening depression, worsening mood.</p> <p>They're doing all sorts of negative activities that will worsen dental health. So I don't know that dental health worsens mental health as much as mental health worsens dental health significantly.</p> <p>A lot of the medicines we use cause dry mouth which can cause more cavities</p> <p>They can't concentrate to make the appointment or to remember to go after they made the appointment, being too disorganized to pick up the phone and make a call or too disorganized to recognize the symptoms</p>
<i>Lack of Oral Health Screening by Mental Health Providers</i>	
Patients	<p>I feel like a lot of more severe mental health issues like rely on their psychiatrist or physician whatever to tell them the important stuff. That's where they kind of go, so I feel like that would help a lot. It's like, hey, you should also get your teeth worked on. That should be a priority as well. I feel like that would help a lot</p>
Dentists	<p>Most of the physicians don't hold the teeth and the oral cavity in very high esteem and hopefully we can change that perception of how important the mouth is to the relationship between oral and systemic health</p>
Psychiatrists	<p>I do not, no. (screen) Not specifically for oral health.</p> <p>I don't think I would have time (to screen)</p> <p>Most of us don't really want to be dentists but we need information on if we can screen for oral health in a psychiatric visit easily and what resources are available in the community for our patients.</p> <p>I'm a little concerned that if I'm also screening for dental issues, that eats into my time. I would really want to know that this is something that would have an outcome that is really remarkable, because if I'm doing it and I'm spending time doing it, I want to know that it is for a good reason.</p> <p>I think it depends on how easy it (screening) is to perform. My focus is going to be on their psychiatric issues and then perhaps secondarily on some of their medical issues. I think for most folks, probably the dental issues would be way down on the list,</p>
<i>Lack of Education and Training</i>	
Patients	<p>Yes, I feel like that because you don't really hear much about, at least I didn't hear much about dental hygiene, unless it's an actual like severe issue, then you're going to the dentist and you're like, okay, yes, but other than that, you don't really get too much exposure to it</p>

Dentists	<p>There is a lack of the patient understanding the issues that he or she has and I think there's not enough education directed towards the people with mental handicaps</p> <p>Dentists need to have more continuing education courses on mental illness, and psychiatrists need to have more education on how that mental illness affects dental care.</p>
Psychiatrists	<p>When I look back on my training and residency, at that time we didn't even really have a good approach to overall general health, like integrating just even general health like they do now, so obviously I think the oral health kind of is a part of the general physical health, and so it wasn't occurring.</p> <p>I don't even know what the screening questions would be other than pain or sensitivity when you eat hot and cold food, but that's all I know.</p> <p>Dentist need more training in dealing with patients with mental illness</p> <p>I think lack of education is another big one. They're not aware that tooth pain is a sign that they could be having some sort of problem.</p>
	<i>Lack of Communication</i>
Patients	<p>I mean just don't come in there and don't say nothing to me and just take this big, old long needle and start sticking it in my mouth. Let me know what's going on. I told them, I said "hey look, this is my first time at a dentist.</p>
Dentists	<p>I find the communication with physicians in general very challenging. Sometimes you want to speak to the physician, and it's even very hard for -- you know, to get a -- sometimes they don't even answer you, most of the time you don't have access to talk to the physician directly, so you need to talk to the assistant or the nurse, and sometimes you need to have a conversation and most of the time it's via email or via Fax. Or, you know, for example, you send a letter asking for a recommendation and you write a pretty thorough letter, medical history, and you just get a response with two lines saying okay to treat, you know?</p> <p>A lot of the physicians ignore the dentist's questions, and then they just say do what you want.</p> <p>None of my patients ever came through a health practitioner that was trying to place them with a dentist for care.</p> <p>Most dental practitioners are kind of siloed where we're in office parks and then most of the physicians are in a hospital</p>
Psychiatrists	<p>We have access to a lot of primary care records but we don't integrate dentistry into the health care records</p> <p>I think actually messaging from both primary care and from specialty psychiatric care because that's the way we approach diabetes and primary care. So having it part of either intake or making recommendations and connecting people actually to someplace they can actually go, like we do for primary care.</p> <p>"My tooth is hurting. I think I have an abscess," and my response would be, "You should see a dentist." I don't recall them bringing it back up the next time that we met or if they did, I just don't recall what was said.</p> <p>I have referred people from my primary care clinic to the School of Dental Medicine. I've not referred anyone from psychiatry clinic to the School of Dental Medicine.</p> <p>Even when I notice poor oral health, bad teeth, it's nothing I really comment on or talk to them about.</p>
	<i>Stigma</i>
Patient	
Dentist	<p>I think that's one of those things, you know, a stigma that, well, those people with mental illness are odd or something, you know, people have that sort of thought. I think it's gotten—thank goodness it's gotten</p>

	<p>better and everything.</p> <p>But when it comes to dealing with patients with mild to moderate mental illnesses, as long as they're cooperative and not resistant, physically resistant, I have no problem working with them</p> <p>Sometimes you have prejudice on how it's going to be (working with patients with schizophrenia) and it actually was not negative.</p> <p>I think there's a stigma about these patients and really I think it's more just like ignorance. It's lack of knowledge in what they're diseases are or what their medications are, what changes the medications cause to personality and disposition.</p>
Psychiatrist	<p>I think that's just part of the mental health stigma in general (dentists not wanting to see patients with mental illness). It's not outside of the providers – plenty of providers carry that stigma with them as well so I think that's just part of getting rid of that stigma.</p> <p>I refer my patients to the dental school. I don't think any of the private dental offices would see them. I don't think so.</p> <p>It's a struggle to get them a dentist appointment because the dentists are worried about the type of patients we would send over.</p>

Representative quotes regarding facilitators from patients, dentists, and psychiatrists, 2018-2019, eastern North Carolina

Participants	Quote Exemplars
	<p>Facilitators</p> <p><i>Financial Resources (Barrier: Access to Dental Care)</i></p>
Patients	<p>Financial help is good and to know that there's somebody out there that is willing to take the time to say hey look, we can get you on the right path. We can get you to the right resources. I think this is a really fantastic thing to know about because when people know there's somebody out there that's willing to say okay, here's what we can do for you, here's what we can get you started, we've got the resources, we're willing to share those resources with you</p> <p>I mean I don't know what's out there available to me. I mean I know there are resources out there and I know you've got them but you've got to have somebody to say hey, guess what, we've got these resources, we know about these resources, here is information to check into these resources.</p> <p>But now I realize there's a medical van, you know that helps. That's who brings me here when I have my regular appointments. Yeah, but I was never aware of that before.</p>
Dentists	<p>So be it, you know, from the psychological standpoint or just for overall health, we do need that dental coverage as a part of insurance.</p>
Psychiatrists	<p>I think that if the School of Dentistry could get involved in the community, like the School of Medicine is good about going out and doing cholesterol checks or blood pressure screenings. I think if they did the oral health screenings, then they could probably bring in a lot of people that otherwise wouldn't go see a dentist until they absolutely had to</p>
	<p><i>Chairside Manner (Barrier: Fear)</i></p>
Patients	<p>They're generally very nice, you know. They try -- whenever I got my teeth cleaned a few times, they've mostly just talked to me, you know, made me feel comfortable. Somebody would tell me stories, you know, like an interesting thing maybe about what they recently seen or just generally putting small talk out.</p>
Dentists	<p>What I call anxiety reduction protocol. So scheduling patients at a time where it's the most comfortable for that patient to come in. The second thing is mentally preparing them, being very informative to the point that they know what you're going to be doing, but not telling them so many details that it makes their anxiety higher. The third thing, a lot of those, the bipolar schizophrenics, they have to a lot of times feel that they're in control of the situation. A lot of those are stimulated by past traumatic events like sexual abuse or physical abuse, and so patients that claim that they're claustrophobic, you don't want to do any, -- you don't want to put a bunch of things or have a lot of people in their face. So a large part of that is your first appointment with the patient getting to know the patient's medical history, and if they have a medical history of psychological illness, then you need to kind of dive into that and figure out what was the causes, what are some triggers, and then formulate a plan of treatment that will make them feel better. Shorter appointments. Laughing gas.</p> <p>I think for someone that doesn't have a sedation license, doing small things like hypnosis and maybe even seeing those patients and just having a conversation with them getting to know them, let them get to know you, and let them feel comfortable before you do any treatment at all. If they come in for an appointment, you have a consultation with them and make them feel comfortable, and then have them come back for the actual work.</p> <p>A lot of people have anxiety, and those people you basically treat with kid gloves, you know, you go in slow, talk softly, no sudden movements, and explain everything, everything to them.</p> <p>But you have to treat the dental anxiety. And in most cases you manage the dental anxiety either through behavioral influences, techniques, you know, like making sure the patient doesn't—cover up your tray so they don't see the syringe. You know, make them calm. I used to put a little music on.</p>

Psychiatrists	
	<i>Community Support for Mental Illness (Barrier: Characteristics of Mental Illness)</i>
Patients	This would be my first time doing it out on my own, because my mother, she usually does it. Yeah. I was expecting for her to keep doing it, but, you know. My father, he always stays on me.
Dentists	You need to, you know, work a lot with the family member, for example, you know, make sure that the patient is -- if the patient isn't going to be compliant with medications, oral hygiene, so make sure that you always find the time to explain to family member.
Psychiatrists	<p>I think folks with mental health issues need more care in terms of someone taking them to their appointments</p> <p>Maybe the same way that we sometimes think to remind our patients to go to their medical appointments for their high blood pressure or their diabetes or whatever, reminding them to make the appointment for a dentist and reminding them of why it's important that your teeth health is take care of.</p> <p>I think they do need reminders, both for compliance issues with medications but also in terms of keeping of good oral hygiene.</p> <p>For more acute cases, or severe cases I should say, more severe chronic cases if there can be like a contact person out in the community who caters to like say 200 chronic severe mentally ill patients as regards their oral hygiene and maintains a database of say 500 patients and calls them every month to check on their status or remind them of an appointment or reach out to them, that would go a long way in improving the quality of dental health or oral hygiene in a lot of our severely mentally-ill patients.</p>
	<i>Oral Health Screening by MH Providers (Barrier: Lack of Screening)</i>
Patients	I feel like a lot of more severe mental health issues like rely on their psychiatrist or physician whatever to tell them the important stuff. That's where they kind of go, so I feel like that would help a lot. It's like hey, you should also get your teeth worked on. That should be a priority as well. I feel like that would help a lot.
Dentists	Well, one of the things is that most of the time they come to a dentist when they have an emergency...most of these patients they come when they already have advanced oral health problems.
Psychiatrists	<p>Most of the time primarily if they're having pain</p> <p>I think it would help to be trained on what more to look for in addition to the resources to try to get people to get help earlier on before they identify an issue. If I knew more of what I was looking for, maybe I could identify issues before they were well advanced and then maybe I could educate the patient and get them to get seen quicker depending that they had the resources</p>
	<i>Education and Training (Barrier: Lack of Education and Training)</i>
Patients	They had somebody come by the home economics class. That was in junior high. But in elementary, they just had somebody to come by to talk about our teeth.
Dentists	<p>Education, cross-education. Dentists need to have more continuing education courses on mental illness, and psychiatrists need to have more education on how that mental illness affects dental care.</p> <p>It should be included in their training that they need to consider oral health as part of overall treatment because I feel like they feel like dentistry is like a separate entity.</p> <p>I think that it would be an excellent idea for a dental curriculum to include a rotation for the students through a facility with patients who are institutionalized there to get exposure to the types on management techniques that are effective in treating folks with the moderate to severe types of mental disorders. I think that will be very valuable.</p>
Psychiatrists	That would be something that if we had a grand rounds series they could mention like a free

	<p>dental clinic, or do the dental school trainees accept indigent patients and what's the process for that, because we know very little about what goes on in the dental school and so we would love two or three grand rounds from the dentists on oral care and psychiatry. That would be great.</p> <p>It would be good to know the resources that are available for the patients that have mental health problems and need help with their oral care</p> <p>I would like to emphasize the training of residents because the way they are trained is the way they tend to practice. So if we would just include oral health in their overall chronic health conditions that we are training residents to evaluate and encourage patients to continue to focus on, because we teach them your body's all one body and you can't just focus on one thing and let the other part go to pieces</p> <p>Maybe video or something or some type of hands on training looking at examples of different dental states or decay and how to identify things on a gross level. I'm not talking about on a level that a dental hygienist or a dentist would be able to do with x-rays but being able to pick up at least moderately advanced disease and identify it.</p> <p>Training on how we can manage them on like an inpatient basis until they can make it to their appointment with an actual dentist once we discharge them because most of the time the dentist that can see them in the hospital is usually for only like emergent things so there's not much that they can do so we're still kind of stuck with the problem when they're on inpatient because we can't let them go to the dentist and then bring them back</p>
	<i>Communication (Barrier: Lack of Communication)</i>
Patients	they'll call and be like, hey, you have an appointment or you're supposed to schedule an appointment this month, and they'll call me and be like, hey, we need to get you in. So I'm better about it, but yes. I guess I prefer them harassing me
Dentists	We're doing a lot of inter-professional relationship things now, so I'm sure that's improving.
Psychiatrists	<p>having in the same way that we sometimes think to remind our patients to go to their medical appointments for their high blood pressure or their diabetes or whatever, reminding them to make the appointment for a dentist and reminding them of why it's important that your teeth health is taken care of</p> <p>I think actually messaging from both primary care and from specialty psychiatric care because that's the way we approach diabetes and primary care. So having it part of either intake or making recommendations and connecting people actually to someplace they can actually go, like we do for primary care.</p> <p>In the ideal world, we would be in a clinic that had everything, that had the primary care, and the OB, and the peds, and the dentists, and the psychiatrists all together.</p>
	<i>Stigma</i>
Patient	
Dentist	Before you work on someone you really need to know what the underlying problems are, what may occur during the appointment with that particular mental illness that they have. Are they prone to be very excitable and things like that? You need to be ready. You also need to train your staff.....you also need to have the information to treat them correctly.
Psychiatrist	