No health without oral health for people experiencing severe mental ill health.[1]

[1] Includes those people with the lived experience of conditions such as psychosis, schizophrenia, severe depression, and bipolar disorder.



CONSENSUS STATEMENT

INTRODUCTION

It is well recognised that people experiencing severe mental ill health can have their lives restricted and shortened by conditions like diabetes and heart disease. **However, less recognised is that they also experience serious inequalities in oral health, with high rates of tooth decay, gum disease and tooth loss.**

This can affect functions as basic as eating and speaking. It can damage a person's confidence and self-esteem. It can interfere with relationships or keeping a job. Poor oral health is also linked to other health conditions like diabetes and heart disease.

This means that people experiencing severe mental ill health may be dealing with multiple health problems at the same time. Moreover, these problems can interfere with each other, adding to the difficulties faced. For instance, poor oral health can upset diabetes control, while diabetes makes gum disease more likely.

There are several reasons why people with severe mental ill health experience worse oral health. These include:

- **Social adversities** influencing poor diet, high rates of smoking and lack of awareness about practical ways to keep teeth and gums healthy
- **Mental health difficulties** such as poor motivation, low mood, or feeling anxious, causing reluctance to seek help
- **Medication side effects** like a dry mouth and grinding of teeth
- **Difficulties engaging dental services** such as problems with booking and attending appointments, feeling ill-at -ease in the dental consultation and struggling to meet the costs of dental treatments.

In its Vision 2030 *Delivering Optimal Oral Health for All* the World Dental Federation (FDI) commits to meeting **the oral health needs of the most vulnerable**. This is particularly relevant to people with severe mental ill health. Simple changes could be introduced within existing services that would make a real difference to their oral health, and to their lives.

The Right to Smile consensus believes that tackling this inequality is overdue and deserves urgent attention from services, researchers, and policymakers.

Poor oral health should not be an inevitable consequence of experiencing severe mental ill health.

THE CHALLENGE

What do we know?

Compared to the general population, people experiencing severe mental ill health are:

- **MORE LIKELY** to have decayed, missing and filled teeth
- **MORE LIKELY** to lose all of their teeth
- **MORE LIKELY** to experience gum and supporting bone problems
- **AT RISK** of acute non-psychiatric hospital admission due to tooth decay
- **LESS LIKELY** to access dental services
- **LESS LIKELY** to brush their teeth

Moreover, a lack of effective interventions to improve oral health in people with severe mental ill health makes matters worse

RESEARCH EVIDENCE BEHIND THESE STATEMENTS

Scroll down on this web page: https://www.lancaster.ac.uk/right-to-smile/

WHOLE-PERSON CARE MATTERS TO ME

People with severe mental ill health say:

Whether you are my dentist, my mental health practitioner, or my general practitioner, I want you to recognise that having healthy teeth and gums is not an optional extra but an essential part of how I can feel at ease with my mind and my body.

By equipping me with the right knowledge and skills, by supporting me to adopt healthy routines including dental checks before things go wrong, you can make a real difference to my health and my well-being.

THE RIGHT TO SMILE IS ABOUT THE HELP AND SUPPORT THAT I SHOULD EXPECT FOR MY ORAL HEALTH:

» **THE RIGHT** to equal treatment in my oral health care and not to be discriminated against because of my mental health condition

» **THE RIGHT** to have my oral health care valued and supported

» **THE RIGHT** to have my oral health considered from the start of my mental ill health and its treatment

» **THE RIGHT** to information and advice on issues relating to my oral health so that I can make informed decisions

» **THE RIGHT** to regular dental check-ups; and to dental treatment if I need it.

FIVE YEAR TARGETS

Over the next five years any person experiencing severe mental ill health should expect their risk of poor oral health to be reduced by more effective whole-person care.

Meeting these targets will require much greater joined-up and collaborative working between

- **mental health**
- **dentistry**
- **primary care**
- **social care**

And crucially it requires commitment from **practitioners, commissioners, and policy makers to work with people with lived experience** of mental ill health to plan the changes needed **together**.

1 Any assessment of physical health in people experiencing severe mental ill health must include consideration of oral health.

» Health promotion advice about healthy eating, tobacco and substance use should initiate discussion and support around oral health.

» Carers should be made aware of the importance of oral health for those they support, and given advice and information on how they can encourage good oral hygiene.

» All annual physical health reviews should include an enquiry about oral health and signposting to a dental service for those not attending regular check-ups.

» As a critical opportunity for prevention, 70% of people will have been signposted to dental care within six months of first receiving a diagnosis and medication for a severe mental disorder.

2 Access to dental services for people with severe mental ill health needs to improve.

» Dental services must make reasonable adjustments to enable people experiencing severe mental ill health to attend and receive effective oral health care as required by the Equality Act 2010.

» At least 60% of people experiencing severe mental ill health should be in receipt of regular dental check-ups consistent with clinical guidelines around dental attendance in the general population.

» Dental services should be commissioned to meet the local needs of vulnerable people, which includes those with severe mental ill health, emphasising equity in access to dental services.

» People with severe mental ill health should be supported to claim free or subsidised treatment when eligible.

3 The importance of oral health for people experiencing severe mental ill health should be recognised in healthcare training, systems, & structures.

» All policy, clinical guidelines, and training that make recommendations around the physical health of people experiencing severe mental ill health should include oral health.

» Dental, medical, and other undergraduate teaching curricula should include the understanding and management of oral health problems for people experiencing severe mental ill health.

» The joining up of health records across primary and secondary care should include dental records to better support the holistic care of those experiencing severe mental ill health.

CONTRIBUTORS & AFFILIATIONS

(listed alphabetically)

- Closing the Gap
- Greater Manchester Mental Health NHS Foundation Trust
- Keele University
- Kings College London
- Lancashire & South Cumbria NHS Trust
- Lancaster University
- Manchester Metropolita University
- Mindgardens Neuroscier Network (Australia)
- Office of Chief Dental Officer England
- Pennine Care NHS Foundation Trust
- Psychosis Research Unit
- The Spectrum Centre
- The University of Manchester
- The University of New South Wales (Australia)
- University of Leeds
- University of Liverpool
- University of York

ENDORSING ORGANISATIONS

(listed alphabetically)

TRUSTS

- Bradford District Care NHS Foundation Trust
- Pennine Care NHS Foundation Trust

NATIONAL

- British Society of Special Care Dentistry
- College *of* General Dentistry
- College of Mental Health Pharmacy
- Office of Chief Dental Officer England
- Oral Health Foundation
- Personalised Care Institute
- Rethink
- Royal College of General Practitioners
- Royal College of Psychiatrists
- Scottish Association for Mental Health (SAMH)

INTERNATIONAL

- International Early Psychosis Association (IEPA)
- International Centre for Oral Health Inequalities Research & Policy (ICOHIRP)
- World Dental Federation
- World Organisation of Family Doctors - Europe

BACKGROUND TO THE DECLARATION

The impetus for **The Right to Smile Consensus Statement** arose from an oral health group established by the **Closing the Gap Network**, a **UKRI** funded initiative to develop a mental health network exploring ways to reduce the health gap faced by people experiencing severe mental ill health. Our Oral Health Group comprises people with lived experience, carers, mental health practitioners, dental professionals, researchers, and policy makers. We share an ambition to reduce the inequalities in oral health faced by people experiencing severe mental ill health.

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WEBLINKS TO RESOURCES

Delivering better oral health: an evidence-based toolkit for prevention https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention
Special focus 'Dentistry and Patients with Mental Illness: NHS Dentistry and oral health update (Bulletin 32; 9.11.21)https://createsend.com/t/d-79BC6639C9930B492540EF23F30FEDED

WEB: https://www.lancaster.ac.uk/right-to-smile/

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THE RIGHT TO SMILE

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