

Mental health in dentistry: Has the profession opened up through the years?



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Key points

- First paper discussing mental health in the BDI was 1987
- Research increasing in volume and across sectors
- COVID-19 accelerated concerns about mental health
- What more should we be doing?

Introduction

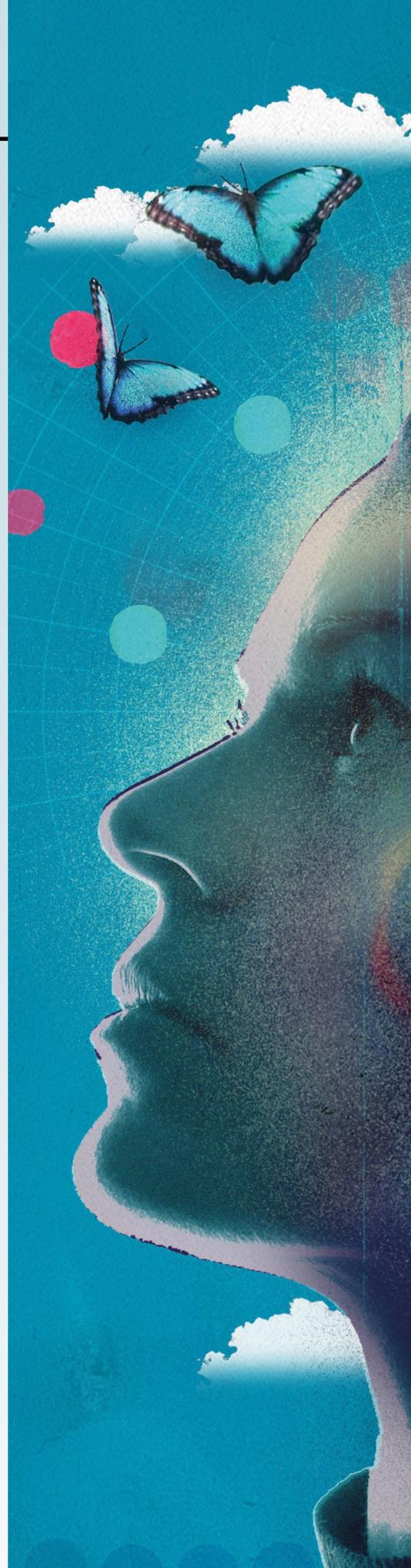
'Well, we know where we're goin', but we don't know where we've been, and we know what we're knowin', but we can't say what we've seen' is the opening verse from the Talking Heads song Road to Nowhere. Released in 1985, I bet they never thought they'd feature in the opening paragraph in a dental publication.

And yet the lyrics should resonate with the topic of this issue's theme. For any conversations about mental health and wellbeing, we should know where we've been so we can plot a clearer path to where we're going. We know that the working environment – predominantly for those offering health service work – must improve,

but being able to see the problems, identify them and act upon them still feels too low, leading to a downward spiral for those caught within it. Although there has been a vast improvement throughout the years, it still feels like we've got some way to go. But is there light at the end of the tunnel? Are mental health and wellbeing discussions and provisions for the dental profession improving?

Back to the start

According to a search of 'mental health' within the BDI archives, there are 662 results, the first of which is dated 24 January, 1987, where Cooper, Watts and Kelly wrote 'Job satisfaction, mental health, and job stressors



among general dental practitioners in the UK.¹ The paper read:

'This study assesses the levels of job satisfaction and mental health among a sample of 484 general dental practitioners. It was found that about one-third of the sample were job dissatisfied. In addition, male dentists showed significantly higher mean scores on four sub-scales of the mental health index (free-floating anxiety, phobic anxiety, depression and hysterical anxiety) than the normal population; while female dentists had higher scores on only two sub-scales (free-floating anxiety and hysterical anxiety). Type A coronary-prone behaviour was also higher for male in contrast to female dentists.'

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The paper concluded:

'Further multivariate analysis is being undertaken and will discriminate the data more precisely, but it would appear from the discussion above and the empirical evidence it is based upon that the dental profession is indeed subject to considerable levels of stress and pressure, focused around the triangle of needs – those of the professional and the client, the dentist and the patient and, overarching these, the needs of the practice as a whole. It would appear that these pressures are exerting strain on dentists, both directly in lowering psychological well-being, and indirectly through the emphasis upon a controlled, competent, and confident public image.'

'The findings would seem to point to the necessity to develop effective stress management training and less inhibiting structural frameworks for the profession, if the general dental practitioner is not to find health and welfare seriously undermined in the continuing period of change through the late 1980s and 1990s.'

(Scotland) NHS Occupational Health Advice and Guidance Service: [www.sehd.scot.nhs.uk/pca/PCA2018\(D\)07.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2018(D)07.pdf)

It is worth considering the conclusion found here, some 35 years ago. This is a clear warning of what the authors expected to come. They probably did not expect the process would be sped up by the introduction of the 2006 contract, but their observation that ‘less inhibiting structural frameworks’ were needed certainly does not tally with targets, UDAs and what the dental professional faces on a daily basis today. One wonders what the authors make of dentistry today in light of these observations and conclusions, but it’s not a stretch of the imagination to think they would be deeply troubled by the plight of the profession.

Within the 10 years that followed, only three papers touched upon the subject of mental health: Occupational stress factors in hospital dentists,² Occupational stress and dentistry: theory and practice. Part I. Recognition³ and Burnout and stress-related factors among junior staff of three dental hospital specialties.⁴ You could be forgiven for thinking discussing mental health – not just in dentistry, but within the population – remained something that you simply did not do.

As it turns out, that was the case. In ancient Greece, a stigma was a brand to mark slaves or criminals. Far more than any other type of illness, mental disorders are subject to negative judgements and stigmatisation. Many patients not only have to cope with the often devastating effects of their illness, but also suffer from social exclusion and prejudices. In 2016, Wulf Rössler wrote: *‘The stigmatisation of mental illness is still an important societal problem. The general population is largely ignorant about this problem, and fear of the mentally ill remains prevalent. Although we no longer imprison, burn or kill the mentally ill as in the Middle Ages or in Nazi Germany, our social standards and attitudes are nonetheless unworthy of modern welfare states.’*⁵

Those words and the importance of the stigma ring especially true in the medical profession. Research conducted in 2021 concluded ‘Stigmatising attitudes towards mental disorder and barriers to help-seeking remain prevalent within the medical profession. Our results suggest doctors’ health programs should address mental health stigma in younger practitioners and facilitate education about

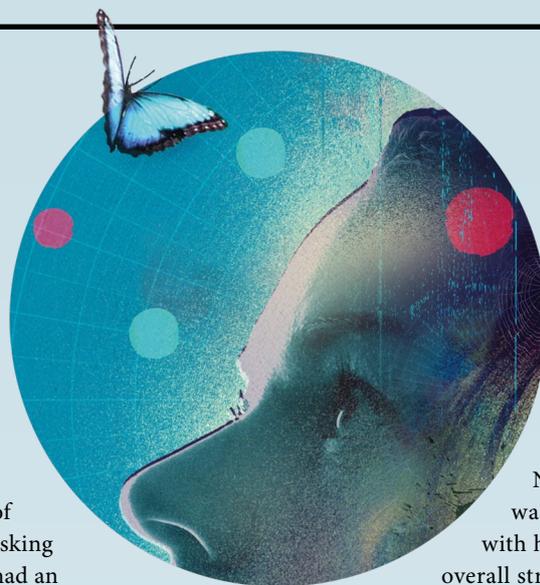
psychological treatments in older practitioners.’⁶ Given where we are today, it is clear the stigma of writing, talking and asking about mental health had an impact on the relative paucity of papers the *BDJ* published on the topic.

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A wake-up call?

As I allude to in my editorial in this issue, there are certain moments in time that you can pin-point and say ‘yep, things changed after that’. For all the research that had been discussed and published, much was about occupational health and stress, the difference young graduates reported in working in high street dentistry and hospitals, but there wasn’t that pivotal moment (or in this case piece of research) where dentistry really woke up to the problems Cooper, Watts and Kelly predicted. That was until 2004, when Myers and Myers identified one of the causes of the differences and the stress: working within the NHS.

Their research discovered GDPs suffer from work-related stress, a lot of the GDP work-related stress is linked to working within the NHS, minor psychiatric symptoms were high, similar to doctors over half of the GDPs reported backache, headache, difficulty in sleeping and being nervy, tense or depressed and a third were overweight or obese.⁷ Of more significance, they concluded a high



percentage of NHS dentistry was associated with high levels of overall stress in GDPs’

lives, indicating that the nature of NHS dentistry should be carefully investigated to try to improve GDPs’ working conditions’. Sound familiar? Besides the fact these were the very same concerns identified that were raised 17 years earlier, they also should have been a warning for what was to come – and what practitioners are saying today.

It is almost inconceivable that dentistry has been so stagnant as to have had multiple opportunities to better support the profession and all of them have been missed. We’re told not to ignore red flags – you wouldn’t ignore the petrol light, a carbon monoxide alarm, or signs of ill-health, and yet it feels like the powers that be had a good go at ignoring the warning signs that were growing.

Then again, this time coincided with the introduction of the Dental Contract in 2006, so could those powers have been overly pre-occupied with changing the environment for NHS dentists – one of the many conclusions authors called for – to see what was really going on in the profession? Could they have possibly foreseen the effect that the contract would have on the profession and the environment the workforce would operate within? In all honesty there are probably only a few people who truly have the answers to those questions while the rest of us make educated guesses. The cynic in me says you don’t have to be Harvard educated to see what was going on, but retrospect is a wonderful thing.

What it did mean is the environment – so clearly highlighted as an issue – completely changed, and not for the better. The result? A decade or so later, those within the

profession were beginning to muse about its sustainability, with one letter to the *BDJ* reading:

'Sir, a recently conducted poll on the GDPUK online forum asked the question 'Would you consider a dental degree now?' Responses were made by 148 dentists (who validate their forum membership with a GDC number); 67% would now not consider a career in dentistry if they were starting over, and only 18% of respondents would consider a career in general practice.

'Dentistry is still a very popular degree course, but the day to day job is changing rapidly. With a new NHS contract on the way and many more dental therapists qualifying, the dental workforce will have a very different look in a few years.

'Dentists also face challenges with ever escalating NHS regulations, possibly reduced NHS dental funding, regulators (CQC and GDC), multiple inspections of practices, tiering leading to deskilling of non-specialists, corporate practices, increased litigation, high patient expectations and decreasing disease.

*'Dental students are now leaving university with massive debts (course fees alone are £45,000), lower earning power to repay those debts and with dental unemployment becoming a real issue along with possible further government spending cuts, it may take a long time to just break even. Dentistry is still a very rewarding career, but we believe the mood of the profession has changed markedly, and we call for potential applicants to dental school to be given these facts, and the results of this survey, before embarking on a dental degree course.'*⁸

By this point we'd gone beyond the warning signs. The petrol had long run out and the car was parked up at the side of the road. By this point, we were considering telling others not to buy cars. What sort of profession is that? Yes, this letter represents the feelings of two individuals, but you don't need to dig too deep to realise it was indicative of the profession at the time. Kathryn Fox's paper in the *BDJ* spoke of a 'climate of fear' in new graduates and the climate in which those graduates would have grown up and developed within.⁹

Imagine if you were a first year dental student with access to that paper, being told that you will need to prepare to defend yourself when you graduate. I can hear the

collective 'yay' in those common rooms and clinics. Dentistry had gotten itself into such a place where guards were up, mental health was declining, stress was increasing and we were telling students not to bother and if they do bother, lawyer up kiddo.

Perhaps we should look back on this period with a tinge of sadness, personified by half a sentence in the above letter. 'With a new contract on the way...'. In 2015. As always, it's the hope that kills you.

'In the last week of May, Chair of the BDA General Dental Practice Committee Shawn Charlwood told the Health and Social Care Committee dentistry was on its knees even before the pandemic hit – COVID-19, like many other areas of healthcare, had merely shined a light on the pre-existing deficiencies in the system'

COVID-19, mental health and a breakthrough?

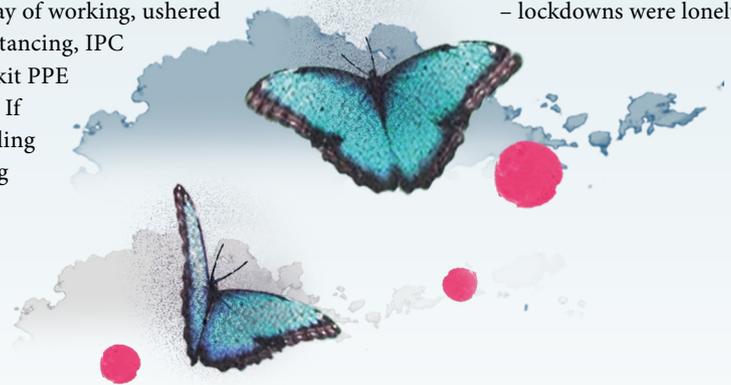
In the last week of May, Chair of the BDA General Dental Practice Committee Shawn Charlwood told the Health and Social Care Committee dentistry was on its knees even before the pandemic hit – COVID-19, like many other areas of healthcare, had merely shined a light on the pre-existing deficiencies in the system.

As wave after wave of the virus swept through the country, towing immeasurable suffering and hurt with it, dentistry changed pretty much overnight. Gone was the usual way of working, ushered out by social distancing, IPC guidelines, full-kit PPE and fallow time. If you were struggling with the working

environment pre-pandemic, this was mentally and physically exhausting. 2019 BDA research on stress and burnout found that 43% of dentists felt that they could not cope with the stress of their job, and 17.6% had seriously considered suicide.¹⁰

And yet, the rather odd juxtaposition of BDA research suggesting psychological distress was lower in UK dentists during the national lockdown period when compared to previous research using the same measure should have told you everything about how dentists worked. Of course, this was not the whole story: GDPs in England and those with mixed commitment reported the highest levels of psychological distress. The research said 'most dentists had been affected by the pandemic. Some who were remotely working during this time valued the time away from the profession, relishing the absence of regulatory and contractual stressors, and used lockdown as an opportunity to re-evaluate their lives and careers.'¹¹ Further research highlighted this wasn't just in England – BDA Wales found that 'High levels of stress were found, with 82% of respondents saying stress levels in the dental team have increased noticeably. Three-quarters of respondents have gone to work despite not feeling mentally well enough. Working conditions and financial pressures caused by the pandemic have directly impacted the mental health of many dentists. As a result, they have been using both adaptive and maladaptive coping methods to cope with the stress of the pandemic, with over one-third of respondents drinking alcohol more frequently than before the pandemic.'¹²

To me, these two examples are a culmination of the preceding 34 years. The pandemic forced people to be open about their thoughts and feelings – lockdowns were lonely



(Wales) Canopi: <https://canopi.nhs.wales/>

places, hundreds of thousands lost loved ones, and the stressors of financial survival were pillars of the profession. 'Normality' could not be relied upon to offer a coping mechanism. You had to admit when you were struggling. The stigma was gone – to a man and woman, everyone struggled throughout the pandemic, healthcare and non-healthcare professionals alike. Yes, healthcare professionals felt the impact greater, but those barriers to opening up and seeking help were now gone.

Perhaps this is why, since the beginning of the pandemic in 2020, papers and articles on mental health have increased significantly. The stigma Rössler describes no longer existed. We were all in the same storm, just perhaps in different boats. The research lays bare where the profession is at, how much work there is to do, but just as important, it provides us a yardstick to measure the development of being able to discuss mental health and wellbeing concerns.

For those relaying concerns with levels of alcohol consumption, stress, how their business would survive financially, the resources organisations have fastidiously worked on took on added significance – they were signposts at a great time of need. Research now comes thick and fast, opening our collective eyes to the problems colleagues may be facing and putting safeguarding procedures in place to stop a concern spiralling out of control. Would this progress – and it is progress – have occurred without COVID-19? I can safely say no, I do not think it would. Like many aspects of healthcare, what would usually have taken years happened in weeks or overnight. A shift in focus from empowering individuals to a collective review of the system can only be a good thing, if that change comes to fruition.

Work to do

As ever with a topic previously stigmatised, there is a wealth of work to do. Globally, employees and employers alike are coming to terms with the return to normality, but burdened with the knowledge the pandemic's behaviour health conditions linger. Identifying these, providing the right support and signposting to the right platforms should be at the top of every to-do list for those in positions of responsibility.

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Besides these, breaking a stigma is never a completed process. Take AIDS and LGBTQ+ – both of these cohorts have been heavily and repeatedly stigmatised throughout the years. While society has made great progress in shifting attitudes, there is work to be done. When it comes to changing attitudes and bringing about behaviour change, there is no better profession equipped to say how difficult that is.

And so, people will still tell you they're fine when you're not. I firmly believe there is no more dangerous phrase to use than 'I'm fine'. It's not overly reassuring for the person asking how you are, and for the person saying it, there's a degree of hesitancy, of masking true feelings. Societal norms have for years stopped us from saying 'Well actually I'm really struggling and I hate my life and this profession sucks but I'm too long in the tooth to change, do anything about it or seek help'. Imagine that conversation in the coffee room before you see your first patient.

What would you do? Would it adversely impact your mental state while treating subsequent patients? It is this 'protection'? And not wishing to burden others, if that lingers and persists will it hamper the progress made? Generational differences

like the ones Fox discussed will mean a paradigm shift within a generation of dental professions. They will have fewer of these thoughts and an increased confidence to share a sense of vulnerability. While the fear of litigation hangs over those bearing scars from the tumultuous period where the BDA and GDC locked horns, there will always be work to do.

As the Talking Heads song nears 37 years since its release, dentistry can look back to where it has been, understand where it is at and use that information to decide where it needs to go. It can only do this if the warning signs like those of Cooper, Watts and Kelly and Myers and Myers are not ignored again. The mental health of the profession – given the environment in which dental professionals are operating – cannot wait another 35 years, for there will be no more dentists left. ♦

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