



MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

Behavioral Health and Oral Health

Breaking Down Silos to Promote Wellbeing

Adrienne Lapidos, PhD

Clinical Associate Professor, University of Michigan Medical School

Disclosures:

Consultant, National Council for Mental Wellbeing

Lead Developer, “Understanding Psychosis” (Coursera)

“No mental health without oral health” (Kisely, 2016)

“No mental health without oral health” (Kisely, 2016)

“No mental health without oral health” (Kisely, 2016)

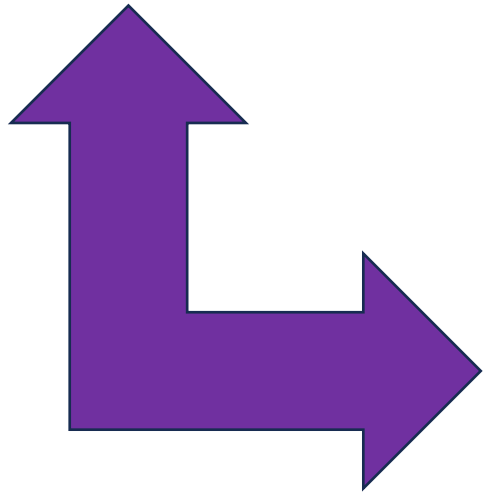


Oral Health Recovery

Stories of Stigma

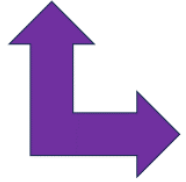


“No mental health without oral health” (Kisely, 2016)...



...No oral health without mental health?

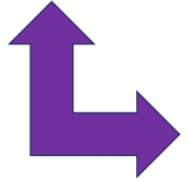
“No mental health without oral health” (Kisely, 2016)...



...No oral health without mental health?

- **Behavioral impacts**
- **Physiological impacts**
- **Access impacts**

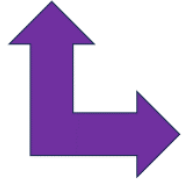
“No mental health without oral health” (Kisely, 2016)...



...No oral health without mental health?

- **Behavioral impacts:**
 - Substance use disorder, eating disorder (Shekarchizadeh, 2013; Kisely et al., 2013)
 - Amotivation
- **Physiological impacts**
- **Access impacts**

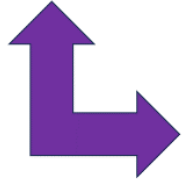
“No mental health without oral health” (Kisely, 2016)...



...No oral health without mental health?

- **Behavioral impacts:**
 - Substance use disorder, eating disorder
 - Amotivation (Kisely, 2016)
- **Physiological impacts**
- **Access impacts**

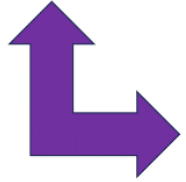
“No mental health without oral health” (Kisely, 2016)...



...No oral health without mental health?

- **Behavioral impacts**
- **Physiological impacts**
 - Salivary cortisol (Padmanabhan et al., 2023)
 - Medication side effects (e.g. xerostomia)
- **Access impacts**

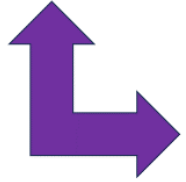
“No mental health without oral health” (Kisely, 2016)...



...No oral health without mental health?

- **Behavioral impacts**
- **Physiological impacts**
 - Salivary cortisol
 - Medication side effects (e.g. xerostomia) (Kisely et al., 2016)
- **Access impacts**

“No mental health without oral health” (Kisely, 2016)...

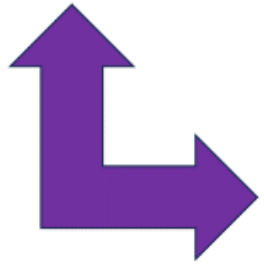


...No oral health without mental health?

- **Behavioral impacts**
- **Physiological impacts**

- **Access impacts** (Kisely et al., 2016)
 - Higher likelihood of poverty
 - Higher likelihood of unemployment

“No mental health without oral health” (Kisely, 2016)...



...No oral health without mental health?

- **Behavioral impacts**
- **Physiological impacts**
- **Access impacts**



Breaking Silos to Promote Wellbeing

1. Trauma-informed care

“A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.”

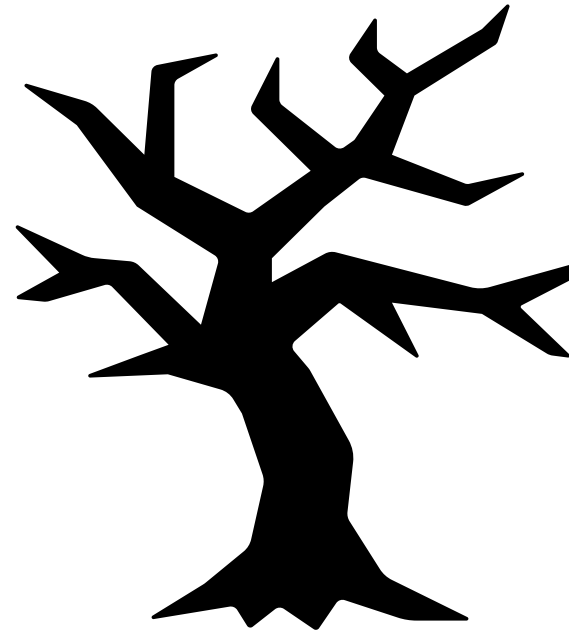
-SAMHSA, 2014

1. Trauma-informed care

Defining trauma:

“Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”

-SAMHSA, 2014

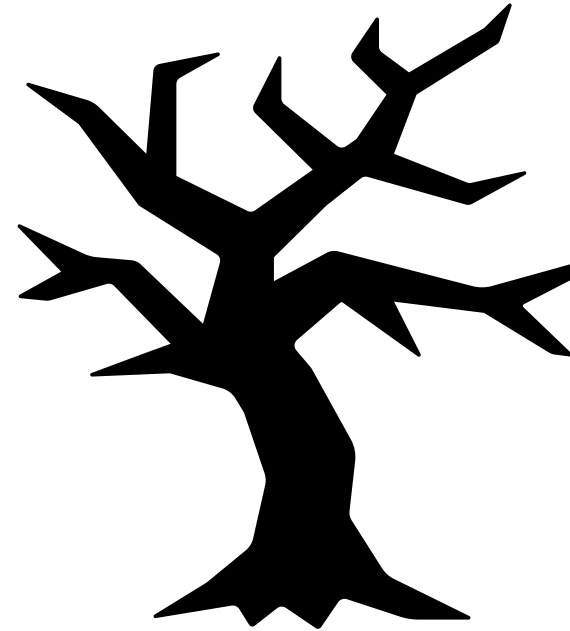


1. Trauma-informed care

Post-trauma reactions:

- “Re-experiencing” the event
- Avoiding reminders of the event
- Arousal and reactivity
- Cognition and mood
- Changes to view of safety, power, control, intimacy

-DSM-5

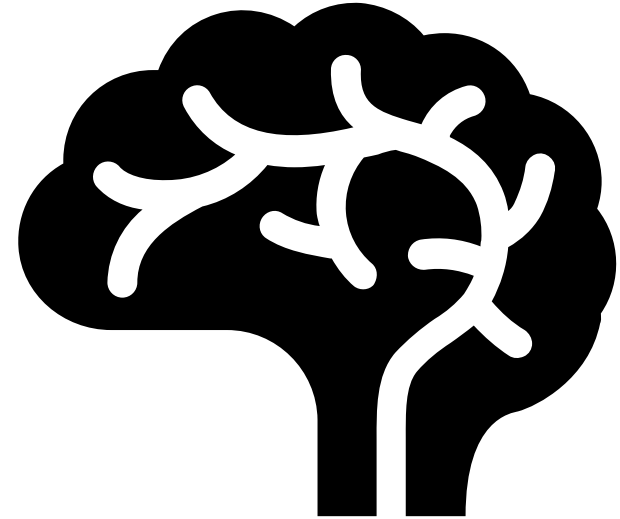


1. Trauma-informed care

Physiological effects:

- Can sensitize the body's stress response system (HPA axis)
- Can affect hormones like adrenaline, cortisol, and oxytocin
- Can cause more physiological reactivity to stressors

-DSM-5



1. Trauma-informed care

“A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.”

-SAMHSA, 2014

1. Trauma-informed care

- What's wrong with you → What happened to you
- Understand function of “bad” behaviors
- What's going right with this person?
- Self-calming can be taught
- Taking away control has a deep effect

Adapted from <https://www.psychiatry.org/psychiatrists/practice/professional-interests/recovery-oriented-care>

(Module 9: Trauma-Informed Care)

1. Trauma-informed care

- **What's wrong with you → What happened to you**
- Understand function of “bad” behaviors
- What's going right with this person?
- Self-calming can be taught
- Taking away control has a deep effect

Adapted from <https://www.psychiatry.org/psychiatrists/practice/professional-interests/recovery-oriented-care>
(Module 9: Trauma-Informed Care)

1. Trauma-informed care

- What's wrong with you → What happened to you
- **Understand function of “bad” behaviors**
- What's going right with this person?
- Self-calming can be taught
- Taking away control has a deep effect

Adapted from <https://www.psychiatry.org/psychiatrists/practice/professional-interests/recovery-oriented-care>

(Module 9: Trauma-Informed Care)

1. Trauma-informed care

- What's wrong with you → What happened to you
- Understand function of “bad” behaviors
- **What's going right with this person?**
- Self-calming can be taught
- Taking away control has a deep effect

Adapted from <https://www.psychiatry.org/psychiatrists/practice/professional-interests/recovery-oriented-care>

(Module 9: Trauma-Informed Care)

1. Trauma-informed care

- What's wrong with you → What happened to you
- Understand function of “bad” behaviors
- What's going right with this person?
- **Self-calming can be taught**
- Taking away control has a deep effect

Adapted from <https://www.psychiatry.org/psychiatrists/practice/professional-interests/recovery-oriented-care>

(Module 9: Trauma-Informed Care)

1. Trauma-informed care

- What's wrong with you → What happened to you
- Understand function of “bad” behaviors
- What's going right with this person?
- Self-calming can be taught
- **Taking away control has a deep effect**

Adapted from <https://www.psychiatry.org/psychiatrists/practice/professional-interests/recovery-oriented-care>

(Module 9: Trauma-Informed Care)

2. Therapeutic communication: not just for therapists!

- Motivational Interviewing
- Teach-back method
- Recovery-oriented visual aids
- Public mental health resources

2. Therapeutic communication: not just for therapists

- **Motivational Interviewing**

Using Motivational Interviewing in Dentistry:

<https://www.carequest.org/resource-library/using-motivational-interviewing-dentistry-video-series>

- Teach-back method
- Recovery-oriented visual aids
- Public mental health resources

2. Therapeutic communication: not just for therapists

- Motivational Interviewing
- **Teach-back method**

AHRQ Resource: <https://www.ahrq.gov/patient-safety/reports/engage/interventions/teachback.html>

- Recovery-oriented visual aids
- Public mental health resources

2. Therapeutic communication: not just for therapists

- Motivational Interviewing
- Teach-back method
- **Recovery-oriented visual aids**

Oral Health Recovery materials:

<https://www.mcmillenhealth.org/custom-resources/adult-oral-health-recovery-resources>

- Public mental health resources

2. Therapeutic communication: not just for therapists

- Motivational Interviewing
- Teach-back method
- Recovery-oriented visual aids
- **Public mental health resources**
 - Warmlines: <https://warmline.org/>
 - 988 crisis lifeline

Kentucky

Warm Line - Participation Station

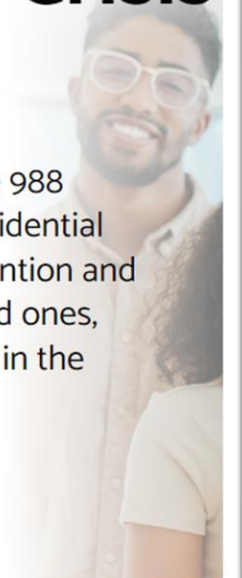
(859) 252-0058 Lexington area

(877) 840-5167 Bluegrass area

Hours: Monday - Thursday 11:30am-9:00pm; Friday - Saturday 5:00pm-9:00pm.

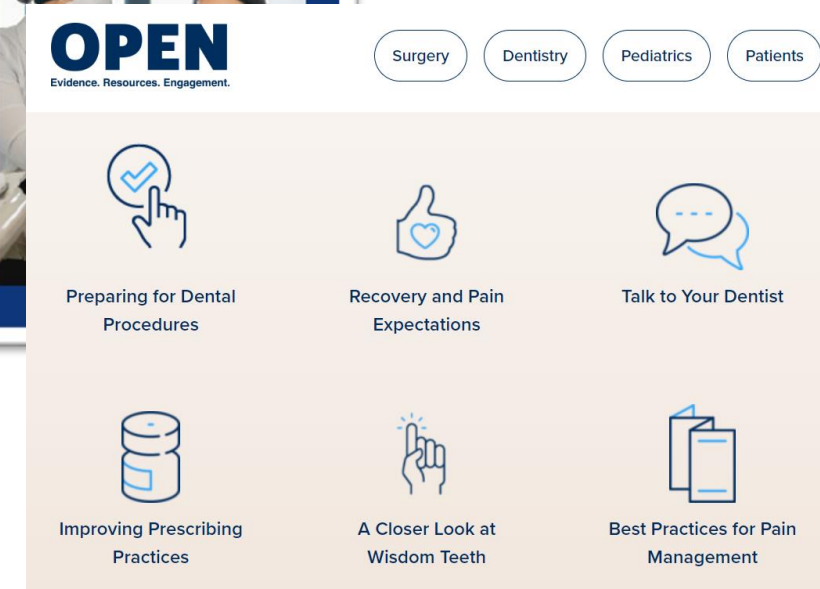
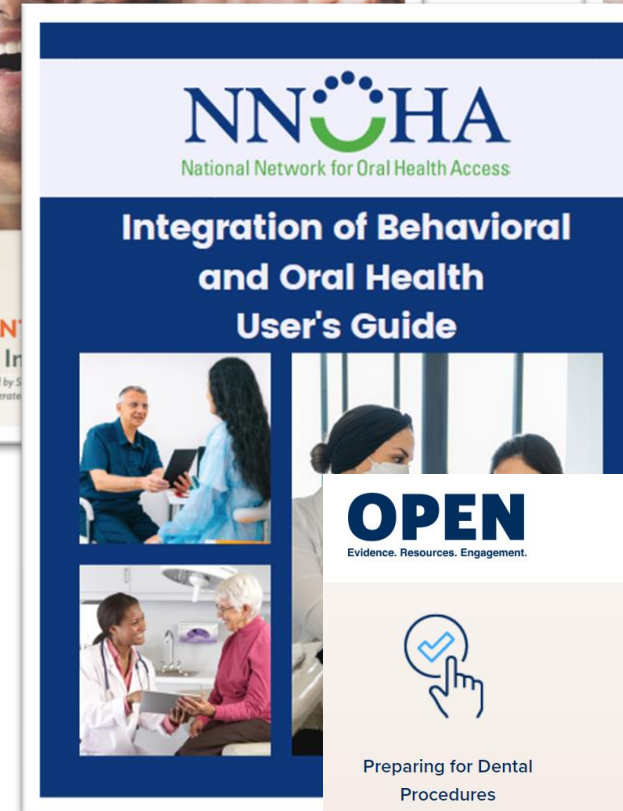
988 Suicide & Crisis Lifeline

We can all help prevent suicide. The 988 Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals in the United States.



3. Don't go it alone

- OH-BH integration framework: <https://www.thenationalcouncil.org/resources/oral-health-mental-health-substance-use-treatment-toolkit/>
- Guidance on implementing BH-OH integration programs: <https://www.nnoha.org/items-2/behavioral-health-integration>
- Environmental scan of OH-BH integration models: <https://www.thenationalcouncil.org/resources/environmental-scan-of-oral-health/>
- Michigan OPEN (opioid management): <https://michigan-open.org/dentistry/>





Breaking Silos to Promote Wellbeing

The “Community Worker” Workforce

Peer Support Specialists and Peer Recovery Coaches (“Peer Providers”)

- People in recovery from a mental health or substance use challenges, certified to support others with similar experiences
- Work in safety net behavioral health like Community Mental Health or VA

Community Health Workers

- Trained frontline health workers who are trusted members of, or closely connected to, the population served
- Work in safety net physical health like FQHCS or other health centers


Unique due to first-hand knowledge of communities they serve

Project 1: Psychiatry-Dentistry Partnership

Module 1- An Introduction to Oral Health

4 What Would You Do?

A person mentions that a few of her teeth are loose. She has not been to the dentist in many years. She says she figures she will have to get dentures because most people in her family have them.


A close-up photograph of a woman with dark hair, looking slightly to the left with a thoughtful or concerned expression. The lighting is soft, highlighting her features.

https://youtu.be/Bg6pIK_VLQE

Module 2- Oral Healthcare Toolbox

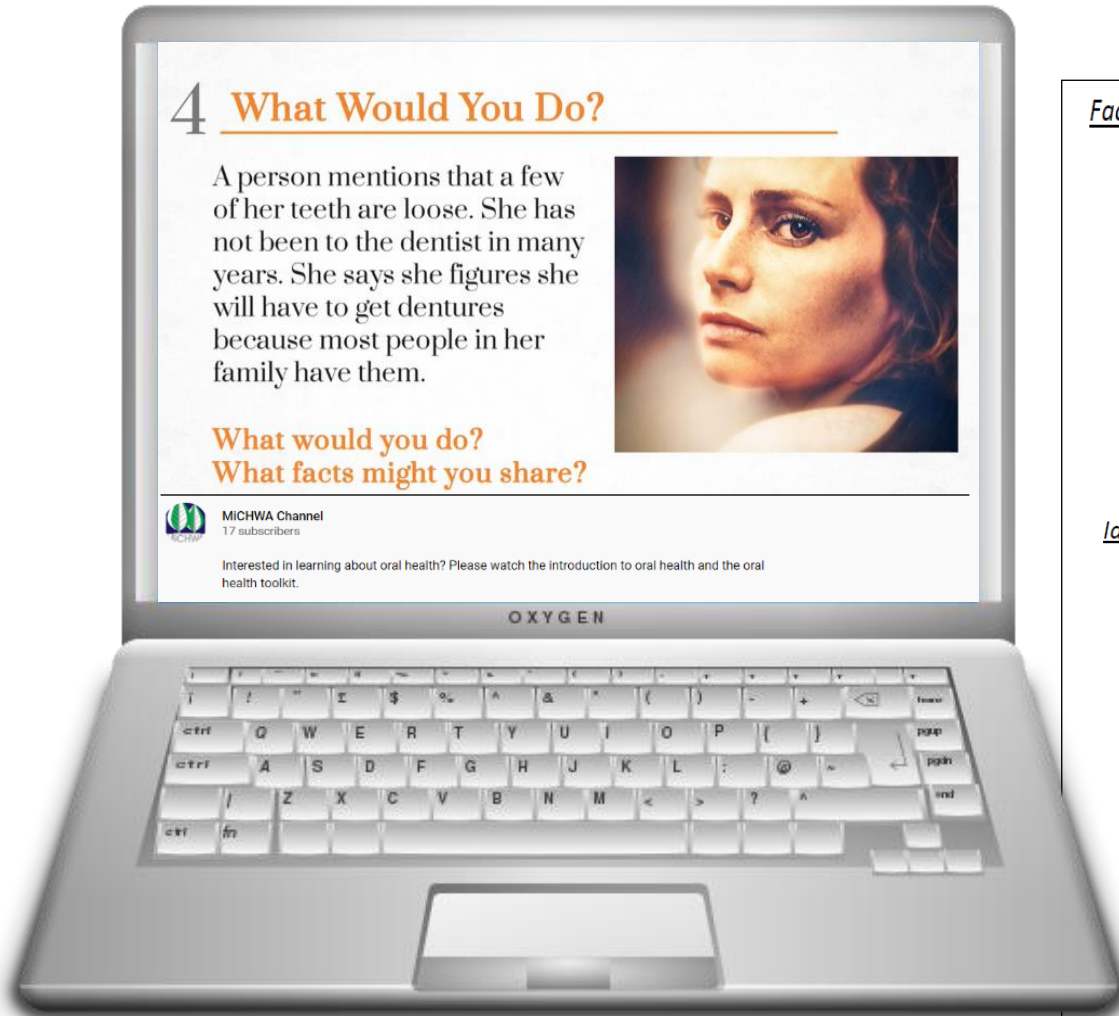
4 What Would You Do?

A person mentions that a few of her teeth are loose. She has not been to the dentist in many years. She says she figures she will have to get dentures because most people in her family have them.

A close-up photograph of a woman with dark hair, looking slightly to the left with a thoughtful or concerned expression. The lighting is soft, highlighting her features.

<https://youtu.be/vhWJw5n7rq4>

Here is an example of a “What would you do” scenario. With the supporting video guides, learners are guided through facts and ideas like this:



Facts:

- Teeth help people do many things, like eat, speak, and smile.
- Loose teeth could potentially be a sign of a dental problem. Teeth can become loose from things like lack of dental self-care or dental care, dental disease, clenching or grinding, or from being hit or knocked into something.
- When teeth are not taken care of at home, a lot of bacteria could build up under the gums. The bacteria could lead to oral problems such as gum disease which can eventually cause the tooth to fall out.
- Most people don't neglect their teeth because they are “lazy” or “don't care.” It's a combination of complicated issues, many of which are outside the person's control. You can help reduce the stigma of tooth problems by being non-judgmental toward the person and never implying that their tooth problems are “all their fault.”

Ideas:

- The person in the situation assumes she will have to get dentures because her family members have them. She may be assuming that it's too late to save her teeth. But it may not be too late. And just because she knows many people with dentures, it doesn't mean she will need them. You can help the person see that it's never too late to improve oral health.
- The person should visit a dentist so she can get her loose teeth checked. But the decision to visit a dentist brings many questions, like:
 - How long will this take to heal?
 - How expensive is this going to be?
 - If I have already lost a few teeth, should I just wait to go to the dentist until I lose the rest of them?
- Losing teeth can be scary. Make sure to think about all the options before the dental problem worsens. Review the bullet points above about barriers to dental care such as anxiety and social determinants of health.
- Dentures can be very expensive, especially when people don't have dental insurance. You can help the person call dental [schools](#) or reduced care programs in the area to find reduced cost resources.
- You can learn more about dentures by clicking [here](#).

Project 2: The Oral Health Recovery Initiative

- Certified peer support specialists (PSS) use a flip-chart to deliver oral health education to people with psychiatric disabilities in behavioral health settings such as CMH and peer-run drop-in centers
- When comfortable, they share their own oral health recovery story
- Use of videos to illustrate the oral health recovery story
- Attempt is made to schedule a dental appointment



MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

Project 3: The Oral Health Recovery Group

- Certified peer support specialists (PSS) use a flip-chart to deliver oral health education **in a group setting** to people with psychiatric disabilities in behavioral health settings such as CMH and peer-run drop-in centers
- When comfortable, they share their own oral health recovery story
- Use of videos to illustrate the oral health recovery story
- Attempt is made to schedule a dental appointment



It's Never Too Late

The Struggle is Real

Some people have been struggling with dental problems for so long that they think it's too late to improve their oral health.

Changing Habits

Many people might think, "It's too late for me to fix my teeth. I might as well give up." Or maybe they're thinking, "I'm afraid of the dentist. In fact, I HATE the dentist."

This kind of thinking can stop people from making changes to improve their oral health. The good news is, it's never too late to make positive changes. No matter how old a person is, making healthier choices can improve their oral health.

Let's listen to a story from someone that changed their oral health habits later in life.

"Oral Health Recovery: Changing Habits Later in Life"

- ? How long have you had issues with your teeth or mouth?
- ? Are you able to tell me a little about the problems you've had?
- ? What's the first thing you think of when I mention oral health recovery?

Healthy Teeth Habits

Healthy Habits start at home! Your daily oral health care should include:

- Brush your teeth twice a day for two minutes each time, using a toothpaste with fluoride
- Floss once a day

Other healthy teeth habits include:

- Visit the dentist twice a year
- Go to the dentist as soon as possible for any cavities or other issues in your mouth
- Rinse your mouth twice a day, using a mouthwash that has fluoride
- Limit sugary snacks and sugary drinks
- Cut back or quit smoking, vaping, or chewing tobacco
- Limit alcohol drinks

Start Small, Start Now

What are some healthy habits you can try to start right away?

At the end of this flip chart, there is information about creating an Oral Health Action Plan. For now, think about the healthy habits we just talked about and how you can make small changes now to start improving your oral health.



**Do you ever think it's too late to fix your teeth?
Do you ever feel like you can't avoid problems
with your teeth?**

Scan to Watch Video:
"Oral Health
Recovery: Changing
Habits Later in Life"



Thank you!

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5* (Vol. 5, No. 5). Washington, DC: American psychiatric association.
- da Fonseca, M. A., Feigal, R. J., & ten Bensele, R. W. (1992). Dental aspects of 1248 cases of child maltreatment on file at a major county hospital. *Pediatric Dentistry, 14*(3), 152-7.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American journal of preventive medicine, 14*(4), 245-258.
- Kisely, S., Baghaie, H., Lalloo, R., & Johnson, N. W. (2015). Association between poor oral health and eating disorders: systematic review and meta-analysis. *The British Journal of Psychiatry, 207*(4), 299-305.
- Kisely, S. (2016). No mental health without oral health. *The Canadian Journal of Psychiatry, 61*(5), 277-282.
- Lapidos, A., Garlick, J., & Rulli, D. (2023). Oral Health Recovery: A Peer Support Specialist–Led Health Education Program for People With Serious Mental Illness. *Psychiatric Services, appi-ps*.
- Lapidos, A., Henderson, J., Garlick, J., Guzmàn, R., Tyus, J., Werner, P., & Rulli, D. (2022). Integrating oral health into community health worker and peer provider certifications in Michigan: A community action report. *Journal of Public Health Dentistry, 82*(1), 123-127.
- National Institutes of Health. (2021). *Oral health in America: advances and challenges*. Bethesda, MD: US Department of Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research.
- Padmanabhan, V., Islam, M. S., Habib, M., Abdulaziz, Z., Goud, M., Chaitanya, N. C., ... & Rahman, M. M. (2023). Association between Salivary Cortisol Levels, Dental Anxiety, and Dental Caries in Children: A Cross-Sectional Study. *Dentistry Journal, 11*(9), 205.
- Racine, N., Killam, T., & Madigan, S. (2020). Trauma-informed care as a universal precaution: beyond the adverse childhood experiences questionnaire. *JAMA pediatrics, 174*(1), 5-6.
- Shekarchizadeh, H., Khami, M. R., Mohebbi, S. Z., Ekhtiari, H., & Virtanen, J. I. (2013). Oral health of drug abusers: a review of health effects and care. *Iranian journal of public health, 42*(9), 929.
- Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.