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Editorial

Beyond the individual: the need for team based and system-wide solutions to support improved mental health in dentistry

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While the COVID-19 pandemic may no longer dominate headlines, significant pressures on the UK health and social care sector remain. Within dentistry, a profession with a long-standing association with poor mental health, practitioners continue to feel significant strain in terms of working conditions and financial pressures. They now also face a severe backlog of routine care for NHS patients.

The years preceding the pandemic saw a growth in evidence regarding the prevalence of mental health issues among dentists, identifying high levels of burnout (emotional exhaustion, depersonalisation, and reduced personal accomplishment) and increasing occupational stress, particularly around litigation and regulation, with general dental practitioners the most severely affected (Plessas *et al.*, 2021). More literature has appeared over the last two years, reporting the impact of the global pandemic on stress, anxiety, and burnout in dentistry. International studies show greater psychological distress associated with fears of contracting COVID-19 from patients, anxiety about transmitting the virus to family members, and high levels of concern about the financial viability of dental practice and professional futures (Consolo *et al.*, 2020; Kamran *et al.*, 2021; Shacham *et al.*, 2020).

Closer to home 'CAREER', a research project established during the early months of the pandemic in Scotland, applied a longitudinal approach to understanding the pandemic's effect on the anxiety, uncertainty and preparedness of those working in primary care dental teams (SDPBRN, 2022). A core objective of the project was to address the considerable research gap regarding dental care professionals (DCPs) and mental health. Therefore, data were captured across the entire clinical team, including dental nurses, hygienists, therapists and orthodontists, as well as those in training programmes across all professional groups. At baseline 27% of participants reported depressive symptoms (compared with 18% in a population-based cohort under normal conditions) and 55% were experiencing emotional exhaustion (Humphris *et al.*, 2021). Weekly diaries completed by a sub-set of the sample showed, on average, a 25% deterioration in wellbeing between July and December 2020 (Freeman *et al.*, 2021). Worryingly, a survey in early 2021 found three-quarters of dentists in Wales had gone to work despite not feeling mentally well enough (Owen *et al.*, 2022). Elsewhere, 65% of dental nurses reported that they had considered leaving dentistry altogether due to the pandemic (Dingle and Balmer, 2021). A combination of staff presenteeism alongside difficulties in recruitment and retention not only places additional pressures on already stretched dental teams but could also impede desirable clinical outcomes for patients. There are well established links between healthcare staff wellbeing, including burnout, and patient safety (Baer *et al.*, 2017; Hall *et al.*, 2017; Salyers *et al.*, 2017).

The evidence is clear: the need to develop suitable and ongoing ways to improve mental health in dental practitioners and DCPs has never been more pressing. But what should these measures consist of and where does responsibility lie for converting need into action?

As in many professional contexts, wellbeing and 'self-help' initiatives, targeted at the individual practitioner, have constituted the primary response to the difficulties of a stressed and over-stretched dental workforce. There is evidence to suggest that individually targeted interventions can be beneficial, for instance a self-help package delivered to dentists in the east of England in 2014 improved wellbeing and decision-making in the short-to-medium term (Chapman *et al.*, 2017). However, while individually targeted interventions, whether psychoeducational or therapeutic, may be important, necessary and enjoy moderate success, there remain serious questions about whether interventions relying on personal responsibility for one's wellbeing will be sufficient to ameliorate the impacts of system-wide pressures.

The heterogeneous nature of the dental environment (private/NHS, independent/corporate/salaried services) is a barrier to addressing stress and burnout at any other level than that of the individual practitioner (Chapman *et al.*, 2017). However, there is increasing recognition that addressing these issues also requires appreciable changes to be made at the departmental (team) and organisational levels, as well as policy and system-wide interventions (Knights *et al.*, 2022).

One innovative UK-based project focused on placing the dental team at the centre of change has been the development and release of the Mental Health Wellness in Dentistry (MHWD) Framework (May 2021) co-designed to speak

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to every dental workplace (Dental Professional Alliance, 2021). The initial call to action for this initiative was for each workplace to identify a 'Mental Health Wellness Lead' who, through completing a recognised applied educational programme, is confident, competent, and committed to improving mental health wellness in that setting. At an organisational level, comprehensive crisis management plans can be developed to mitigate future disruption to professional training, whether from a future pandemic or other external crises. The pandemic highlighted the vulnerability of professional training programmes to external crises. Greater capacity to deliver digital learning and simulation training for clinical and non-clinical competencies ought to be prioritised, as should the development of competency frameworks, which better support trainees to engage productively in redeployment roles (Knights *et al.*, 2022).

Policy and system-wide interventions might include the development of a suitable long-term post-COVID-19 NHS funding model for UK dentistry. This would be a very challenging task for all those in leadership positions. The business of dentistry and the financial viability of dental practices were already established as major factors connected with emotional exhaustion among dentists (Gorter and Freeman, 2011). With the pandemic having severely exacerbated difficulties for dentists and DCPs alike, this must be progressed with some urgency. Indeed, a new and sustainable post-COVID-19 vision for dentistry will be fundamental for rebuilding trust between the profession and the professional leadership, which has been, at least in part, eroded over the pandemic (Knights *et al.*, 2022; Cousins *et al.*, 2022).

The considerable number of staff adversely affected both professionally and personally by COVID-19 requires investigators to assess their recovery. The long-term nature of recovery is far from intuitive. For example, an exploratory study among lawyers at two time-points 12 years apart, found, surprisingly, that those experiencing burnout early in their career adapted well but more established colleagues did poorly and left the profession (Cherniss, 1992). However, this was a small study, not in dentistry and no clear pattern was established of recovery or deterioration during the interim. Surely, a proactive rather than a reactive approach, focussed on longer-term planning, is indicated and favoured, with a mix of local action research initiatives involving staff at all grades to encourage engagement and ongoing assessment of the mental health and wellbeing of the dental team across the UK. The latter could be taken forward as a four-nation approach should there be sufficient buy-in from key influencers and stakeholders i.e., the Chief Dental Officers. There is a responsibility upon the dental research community using a public health framework to investigate the experiences of practitioners and further develop the evidence base needed for effective interventions to improve mental health in dentistry.

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