

# Oral Health and Behavioral Health Disorders

## Overview of Teaching Strategy

A strong interaction exists between oral health and behavioral health. Oral stress can cause dry mouth, tooth grinding, TMJ, gum disease, and mouth sores. Some of the most common behavioral health problems affecting oral health are: mood disorders, depression, anxiety, panic attacks, eating disorders, substance-use disorders including smoking, obsessive-compulsive disorder, self-harm, and schizophrenia. These behavioral health issues are often associated with changes in mood, cognition, and/or motivation that affect self-care behaviors like oral hygiene, increasing risk for tooth decay. Side effects of psychotropic medications can cause gingivitis, xerostomia (dry mouth), and metabolic syndrome, which can increase risk for periodontal disease and caries. Lack of access to dental treatment due to lack of insurance or financial issues are common in those with behavioral health problems.

Many veterans have lingering behavioral health issues. The most common are post-traumatic stress disorder (PTSD), depression, and traumatic brain injury (TBI). Oral health is not an essential benefit of VA health care.

“Many veterans do not qualify for dental care from Veterans Affairs unless they have a preexisting dental condition, a disability, or were a prisoner of war...In many states, Medicaid does not cover adult dental health, and Medicare provides no dental benefits” (Silk, 2020). Veterans with anxiety disorders, depression, PTSD, smoking, or drug and/or alcohol use may be at high risk of developing poor oral health. Given the lack of access to an oral health benefit and care, promoting oral hygiene self-care behaviors becomes essential.

This teaching strategy will increase students’ awareness of the link between oral health and behavioral health. It will provide interventions to assist the student to help patients understand the importance of oral health to overall health and to increase oral health self-care behaviors in patients with mental health problems.

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## Learning Objectives

Students will:

1. Describe oral health needs of veterans with behavioral health disorders.
2. Discuss oral health risk factors for veterans with behavioral health disorders.
3. Demonstrate strategies for improving access and quality of oral care for veterans.
4. Develop community education program to support oral care for veterans.

## Learner Pre-Work

The following readings provide background information on oral health and behavioral health.

- American Institute of Dental Public Health and Care Quest Institute for Oral Health (2021). *Veteran oral health: Expanding access and equity* [White Paper]. doi:10.35565/CQI.2021.2041
- Kisely, S. (2016). No mental health without oral health. *Canadian Journal of Psychiatry*, 61(5), 277–282. doi:10.1177/0706743716632523
- Silk, H. (2020). Oral health care is an important issue for military veterans [Letter to the Editor]. *American Family Physician*, 101(8), 452. <https://www.aafp.org/afp/2020/0415/p452.html>

## Suggested Learning Activities

1. Veterans with behavioral health disorders experience multiple risk factors for poor oral health and need targeted intervention. Have students role play their intervention for each of these reasons a person gives for not obtaining dental care.

| Reason for not seeing dentist    | Student Intervention |
|----------------------------------|----------------------|
| Affordability                    |                      |
| Lack of perceived need           |                      |
| Difficulty accessing providers   |                      |
| Anticipating problems            |                      |
| Fear of dentists and dental care |                      |
| Lack of transportation/access    |                      |

2. Students will prepare a smoking cessation presentation for veterans living in local community.
3. Have students develop interventions for each of the following oral health issues in a veteran with a behavioral health disorder.

| Oral Health Problem     | Student Intervention |
|-------------------------|----------------------|
| Tooth grinding          |                      |
| Poor oral hygiene       |                      |
| Thrush                  |                      |
| Mouth sores             |                      |
| TMJ                     |                      |
| GERD                    |                      |
| Xerostomia              |                      |
| Cracked teeth           |                      |
| Anti-anxiety medication |                      |

### Suggested Reading

Albright, D.L., Godfrey, K., McDaniel, J.T., Fletcher, K.L., Thomas, K.H., Bertram, J., Cobb, D.I., & Stephens, T. M. (2020) Oral health among student veterans: Effects on mental and physical health. *Journal of American College Health, 68*(3), 263-270. doi: 10.1080/07448481.2018.1540985

Pich, J. (2019). Oral health education (advice and training) for people with serious mental illness (review). *Issues in Mental Health Nursing, 40*(10), 929-930. doi: 10.1080/01612840.2019.1619204

Torales, J., Barrios, I., & González, I. (2017). Oral and dental health issues in people with mental disorders. *Medwave, 17*(8), e7045. doi: 10.5867/medwave.2017.08.7045

Veterans Oral Health Initiative. (n.d.). *Helping veterans receive the oral healthcare they deserve*. <https://dental.nyu.edu/globalreach/veterans-oral-health-initiative.html>

## Author Information

Erin Hartnett, DNP, PPCNP-BC, CPNP, FAAN  
Former Program Director  
Oral Health Nursing Education and Practice (OHNEP)  
NYU Rory Meyers College of Nursing

Judith Haber, PhD, APRN, FAAN  
The Ursula Springer Leadership Professor in Nursing  
Executive Director, Oral Health Nursing Education and Practice (OHNEP)  
NYU Rory Meyers College of Nursing

Jessamin Elizabeth Cipollina, MA  
Program Manager  
Oral Health Nursing Education and Practice (OHNEP)  
NYU Rory Meyers College of Nursing