

## A Deep Dive into the Connections Between Oral and Behavioral Health

Oral health is critical to overall health, yet it is an often neglected part of health care and receives less than its fair share of attention and resources. Lack of awareness about oral health, and access to comprehensive oral care, often has extremely negative impacts for people living with other chronic conditions, including diabetes and heart and lung diseases, and those with behavioral health conditions.<sup>1</sup>

It is critical that health advocates, health care providers, and policymakers understand how people who live with behavioral health conditions, which includes mental illnesses and substance use disorders, are disproportionately affected by oral health problems, and in turn, how behavioral health issues may contribute to or exacerbate co-occurring health issues. Policy solutions must address all of a person's health needs, including access to a full range of integrated care that does not omit oral health coverage.

There is emerging evidence of a direct connection between poor oral health and negative impacts to mental health and cognitive issues.

### Understanding the Problem: Oral Health and Mental Health Outcomes are Connected

The U.S. Centers for Disease Control and Prevention estimates that, over their lifetime 50 percent of Americans will be affected by some type of behavioral health issue.<sup>2</sup> In 2016, an estimated 45 million adults in the United States lived with a mental illness, including 10.4 million people with a severe mental illness.<sup>3</sup>

People with mental health conditions contend with a variety of challenges that can impede oral health and, by extension, their overall health. The connection between the two is bidirectional: Oral health problems are often exacerbated when a person has behavioral health needs, and mental health is likely to be made worse by poor oral health.

There is emerging evidence of a direct connection between poor oral health and negative impacts to mental health and cognitive issues, especially with respect to co-occurring depression<sup>4</sup> and dementia,<sup>5</sup> including Alzheimer's disease.<sup>6</sup> Studies show that, as

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with many types of health conditions, inflammation and bacteria that occur in the mouth can have negative impacts on behavioral health.

An additional link between behavioral and oral health conditions is due to common side effects of widely prescribed medications. Anti-depressant, mood stabilizing, anti-psychotic, and anti-anxiety medications often cause dry mouth, which may result in painful swelling and sores in the mouth (stomatitis), thrush, and hypersalivation.<sup>7</sup> These can promote or exacerbate oral health problems. Dry mouth can also lead to cavities, inflammation of the tongue or gums, and enamel erosion.<sup>8</sup>

Mental health conditions and substance use disorder commonly co-occur. People with behavioral health conditions use addictive substances, including alcohol, tobacco, and opioids at twice the rate of the general public, all of which can compromise their oral health.<sup>9</sup> Use of any of these substances can lead to oral cancer, gum disease,<sup>10</sup> infection, or ulcers and sores in the mouth.<sup>11</sup>

Conversely, oral pain can exacerbate factors that may lead to substance use and addiction or impede substance use recovery. People with severe pain from oral health conditions often end up in emergency rooms, where they are prescribed antibiotics and pain medications, such as opioids, rather than receiving complete oral care.

Impaired oral health may lead to other chronic health conditions<sup>12</sup> that also disproportionately affect people with mental illness,<sup>13</sup> such as heart disease and diabetes. All contribute to the severely decreased lifespans that are common to people with chronic and serious mental health issues.<sup>14</sup>

Untreated or undertreated oral health may not only affect length of life, but often severely impacts quality of life. A key component of behavioral health recovery is having close relationships, friends and intimate partners; meaningful work and community involvement; and a safe place to live in the community of one's choice.<sup>15</sup> Imagine how each of these important recovery elements is impacted when a person is in constant pain, is embarrassed by their appearance, or has difficulty communicating due to oral pain or missing teeth.

### **Looking for Solutions: Improving Dental Coverage and Integrated Care**

Given the direct connections between oral health and behavioral health, we need policy solutions that enable our health care system to address all of a person's health care conditions successfully.

As a foundational step, we need to ensure that people living with mental health conditions and substance use disorders have access to dental coverage. Medicare currently excludes most oral health services; Medicaid coverage for adult oral health is an optional, not a

required, benefit. While most states cover some dental services, very few cover all the oral health care needed to promote good overall health. Only 15 states provide extensive coverage.<sup>16</sup>

Models that allow for comprehensive and integrated physical, mental, and oral care must be expanded. A few exemplary programs improve the oral health of people living with behavioral health conditions. These models could be scaled and potentially supported by Medicaid.

A program at the Utah University School of Dentistry highlights the importance of dental care and coverage for people with substance use disorders.<sup>17</sup> Facilitating a Lifetime of Oral Health Sustainability for Substance Use Disorder Patients and Families (FLOSS) was a pilot funded by the Health Resources and Services Administration that demonstrated positive outcomes related to social determinants of health.<sup>18</sup> FLOSS showed that comprehensive dental care can contribute to higher rates of employment and recovery and lower rates of homelessness. The success of FLOSS spurred the enactment of House Bill 435 in the Utah State Legislature in 2018. The bill directed the Utah Department of Health to seek an amendment to an 1115 Medicaid waiver to provide dental benefits to individuals receiving treatment for substance use disorders. The amendment is currently pending.

Another example of integrated mental and dental care is provided through Asian Health Services (AHS), a community health clinic in California. AHS primarily serves Asian immigrants, a group that often defers behavioral health services due to stigma.<sup>19</sup> AHS began screening for depression at one of its dental clinics in 2017 after learning of patients' suicidal thoughts. Last year, the clinic hired a full-time mental health

counselor and provided an office there, making it easier for dental patients to access behavioral health services. This model may provide an avenue for similar innovative and integrated solutions at other dental clinics. The state of California recently restored comprehensive dental coverage for adult beneficiaries on Medicaid, a lead that other states should follow. Clinics can better afford to innovate and improve care when states provide comprehensive coverage.

Now is the time to start pursuing these and other solutions. Mental illness and substance use disorders are expected to become the main cause of disability on an international scale by 2020.<sup>20</sup> Oral and behavioral health conditions are among the most common diseases of humankind,<sup>21</sup> with huge effects on people's ability to work, play, and live healthy, productive lives. Continuing to neglect the interactions between these two health issues comes at too great a cost to the health of our nation.

## Resources

Families USA's [Oral Health for All](#) campaign offers resources and tools for advocating for oral health.

Mental Health America offers free, anonymous mental health screening tools at <https://screening.mentalhealthamerica.net>.

## Endnotes

- <sup>1</sup> U.S. Department of Health and Human Services. (July 2000). *Oral Health in America: A Report of the Surgeon General*. Retrieved from <https://www.nidcr.nih.gov/research/data-statistics/surgeon-general>.
- <sup>2</sup> Centers for Disease Control and Prevention. (n.d.). Data and Publications. Retrieved March 19, 2019 from [https://www.cdc.gov/mentalhealth/data\\_publications/index.htm](https://www.cdc.gov/mentalhealth/data_publications/index.htm).
- <sup>3</sup> National Institute of Mental Health. (November 2017). Mental Illness. Retrieved February 29, 2019 from <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>.
- <sup>4</sup> Deakin University. (2014, April 28). Link found between poor dental health and depression. Retrieved February 28, 2019 from <http://www.deakin.edu.au/about-deakin/media-releases/articles/link-found-between-poor-dental-health-and-depression>.
- <sup>5</sup> Social Dental Network. (2014, May 13). What Happens to Your Brain If You Don't Take Care of Your Teeth? Retrieved February 28, 2019 from <http://dentalpatientnews.com/what-happens-to-your-brain-if-you-dont-take-care-of-your-teeth/>.
- <sup>6</sup> D. MacKenzie. (2018, January 23). "We finally know what causes Alzheimer's—and how to stop it." Retrieved February 28, 2019 from <https://www.newscientist.com/article/2191814-we-may-finally-know-what-causes-alzheimers-and-how-to-stop-it/>.
- <sup>7</sup> Southern Association of Institutional Dentists. (n.d.). Clinical Concerns in Dental Care for Persons with Mental Illness. Retrieved February 29, 2019, from [https://www.integration.samhsa.gov/health-wellness/Clinical\\_Concerns\\_in\\_Dental\\_Care\\_for\\_Persons\\_With\\_Mental\\_Illness.pdf](https://www.integration.samhsa.gov/health-wellness/Clinical_Concerns_in_Dental_Care_for_Persons_With_Mental_Illness.pdf).
- <sup>8</sup> P. Doyle, A.J. Longley, and P.S. Brown. (November 2012). Dental-Mental Connection. *Dimensions of Dental Hygiene*, 10(11), 19-20. Retrieved February 28, 2019, from [https://cdn.ymaws.com/www.scdonline.org/resource/resmgr/2013\\_meeting\\_presentations/final\\_patty\\_doyle.pdf](https://cdn.ymaws.com/www.scdonline.org/resource/resmgr/2013_meeting_presentations/final_patty_doyle.pdf).
- <sup>9</sup> National Institute on Drug Abuse. (2014, January 3). New NIH study shows that certain protective factors do not exist in those with severe mental illness. Retrieved February 28, 2019, from <https://www.drugabuse.gov/news-events/news-releases/2014/01/severe-mental-illness-tied-to-higher-rates-substance-use>.
- <sup>10</sup> American Addiction Centers. (n.d.) How Drug Abuse Affects Dental Health. Retrieved February 28, 2019, from <https://americanaddictioncenters.org/health-complications-addiction/dental-health>.
- <sup>11</sup> Y. Balhara. (n.d.). Infections from IV Drug Use. Retrieved February 28, 2019 from <https://luxury.rehabs.com/iv-drug-use/infections/>.
- <sup>12</sup> American Academy of Periodontology. (n.d.). Periodontal Disease and Systemic Health Retrieved March 19, 2019 <https://www.perio.org/consumer/gum-disease-and-other-diseases>.
- <sup>13</sup> De Hert, M., Correll, C.U., Bobes, J., Cetkovich-Bakmas, M., Cohen, D., Asai, I., Detraux, J., et al. (February 2011). Physical illness in patients with severe mental disorders. *World Psychiatry*, 10(1), 52-77. Retrieved March 19, 2019 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3048500/>.
- <sup>14</sup> Mangurian, C., Newcomer, J.W., Modlin, C., & Schillinger, D. (September 2016). Diabetes and Cardiovascular Care Among People with Severe Mental Illness: A Literature Review. *Journal of General Internal Medicine*, 31(9), 1083-1091. Retrieved March 19, 2019 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4978675/>.
- <sup>15</sup> Substance Abuse and Mental Health Services Administration. (n.d.). Recovery and Recovery Support. Retrieved February 28, 2019, from <https://www.samhsa.gov/find-help/recovery>.
- <sup>16</sup> E. Hinton and J. Paradise. (March 2016). Access to Dental Care in Medicaid: Spotlight on Nonelderly Adults. Retrieved March 1, 2019, from <https://www.kff.org/medicaid/issue-brief/access-to-dental-care-in-medicaid-spotlight-on-nonelderly-adults/>.
- <sup>17</sup> Utah Addiction Center Projects. (n.d.) Project FLOSS. Retrieved February 28, 2019, from <https://uofuhealth.utah.edu/utahaddictioncenter/projects/floss.php>.
- <sup>18</sup> Utah Department of Health Medicaid. (2018, June 29). State of Utah 1115 Primary Care Network Demonstration Waiver. Retrieved February 28, 2019, from <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ut/ut-primary-care-network-pa5.pdf>.
- <sup>19</sup> A.B. Ibarra. (2019, February 26). Lonely? Anxious? Depressed? Maybe Your Dentist Can Help. *California Healthline*. Retrieved February 28, 2019, from <https://californiahealthline.org/news/dental-clinic-screens-for-depression-other-mental-health-issues-during-visits-to-dentist/>.
- <sup>20</sup> National Association of Counties. (n.d.) How Oral Health & Mental Health are Connected. Retrieved February 28, 2019 from [http://www.naco.org/sites/default/files/documents/oral-mental-health\\_06.29-v3.pdf](http://www.naco.org/sites/default/files/documents/oral-mental-health_06.29-v3.pdf).
- <sup>21</sup> Marcenes, W., Kassebaum, N.J., Bernabe, E., Naghavi, M., Lopez, A., & Murray, C.J.L. (July 2013). *Journal of Dental Research*, 92(7), 592-597. Retrieved March 19, 2019. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4484374/>.

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