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## From the Neck Up

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By Christopher J. Smiley, DDS  
Editor-in-Chief

## From the Neck Up

**A** recent presentation I attended discussed the need for greater emphasis on behavioral health in dentistry, showing that it is an essential component of oral health

care. Furthermore, a greater awareness of the relationship between oral health and mental health can broaden diagnosis and better address our patients' health needs.

An evidence-based literature search on changing patient behavior attests to the benefit of applying this approach. Two randomized trials and a systematic review of interventions to improve oral hygiene show that behavior change techniques positively impact oral hygiene and reduce clinical indices of periodontal disease.<sup>1,2,3</sup> A January 2022 article in *JADA* concluded that receiving smoking-cessation advice from a dental care professional was associated with smoking abstinence beyond six months.<sup>4</sup> There are, however, significant barriers to introducing behavioral change models in clinical dental care.

For example, complex motivational models that build on successive steps and ongoing reinforcement with monitoring, are burdensome to a busy clinical practice.<sup>5,6</sup> The lack of reimbursement from dental benefit programs for case management and the effort required to deliver these services create financial disincentives at the expense of improved outcomes. Additionally, clinicians may be reluctant to implement strategies they perceive could disrupt their relationship with the patient, or that the patient would question a dentist's standing in advising on health issues believed outside the scope of dental care.<sup>7</sup> An option for the dentist is to enlist outside resources to overcome these barriers.

Success arising from behavioral change is seen through the referral of smokers to the quit line for behavioral coaching (1-800-QUIT-NOW, or text QUIT to 47848). Establishing referral relationships with mental health counselors to bring about behavioral change can

also reduce the burden by allowing those with expertise, capacity, and systems for reimbursement to affect behavioral change to support our care.

Mental and oral health providers have long struggled to integrate into health systems and achieve parity in funding. At times we've appeared to be competitors seeking a seat at the table, jockeying for resources, and for acknowledgment that what happens above the neck impacts overall health. Recognizing that behavioral science is an essential component of oral health care and that dental health care supports mental health, rather

than being pitted against one another, each discipline should find ways to increase mutual collaboration.

There is cause for optimism that policymakers are beginning to commit resources for mental and dental health care. As noted in the January issue of the *Journal*, the Michigan Legislature last year redesigned the Adult Dental Medicaid Program, increasing reimbursement and the number of covered services. For 2023, the Michigan House of Representatives announced the cre-

ation of a Subcommittee on Behavioral Health, addressing issues of mental health, substance abuse, and stress.

Identifying oral signs of depression, stress, the ravages of adverse behavior and addiction such as smoking, eating disorders, and substance abuse, confirms more than a need for dental care. It is an opportunity for integration and collaboration between dentists and mental health professionals to address our patients' overall health needs. We must seize the opportunity to capitalize on the energy of policy initiatives supporting our professions, to advocate for increased training and inclusion of coverage for behavioral counseling and case management services within both dental and mental health plans. ●

**A greater awareness of the relationship between oral health and mental health can broaden diagnosis and better address our patients' health needs.**

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