Dentistry during COVID-19:

Psychological advice for dental teams, policy makers, and communicators







The British Psychological Society Division of Health Psychology

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Published December 2020

Dentistry during COVID-19: Psychological advice for dental teams, policy makers, and communicators

This advice should be read in conjunction with <u>Implications of COVID-19 for the safe management of</u> general dental practice - A practical guide.

Psychology can help dental teams with the unique challenges posed by COVID-19. We can do this by providing evidence-based recommendations to support wellbeing in dental teams, ensuring patient adherence to safety measures and dental advice, and advising on new ways of working informed by psychological science.

Why it is important to support dental teams now

The COVID-19 pandemic has presented unique challenges for dental teams. In view of the numbers of patients attending, the challenges of social distancing and the close working proximity to the upper respiratory tract, there is a perception that dental practices could pose a potential threat for COVID-19 transmission. Restrictions on the provision of dental care throughout the UK during the early stages of the pandemic only heightened concern around the potential risks. This has been compounded by a plethora of conflicting information, which has led to considerable anxiety and stress for many members of the dental profession.

Dental practices have high standards of infection prevention and control, and have adapted their protocols to ensure dental premises continue to be a safe environment despite the threat of COVID-19. Dental professionals are considered to be at higher risk of exposure, specifically when carrying out aerosol-generating procedures (AGPs), e.g. when using ultra-sonic scalers and high-speed handpieces on potentially infectious patients¹. Although the risk of transmission from this route is considered to be extremely small², new protocols have been introduced including enhanced personal protective equipment (PPE), implementation of a fallow period following AGPs, and promotion of both procedural and environmental mitigation measures^{3,4}.

In addition to the new standard operating procedures, dental teams may also face the challenge of treating patients who may be anxious about the risk of infection. This may be compounded by existing dental anxiety, and concerns about oral health generally and COVID-19 more specifically.

Dental teams have managed unprecedented changes in their practice to respond to the COVID-19 pandemic. Psychology can offer support and guidance for the dental team, and their patients, in the following key areas. These are separate but inter-connected:

Challenges and advice based on psychological evidence

Specific challenges have been identified in recent research⁵, through application of psychology behaviour change models, and from dentist consultation. These are outlined below, alongside advice based on psychological evidence.

Challenge	Why is it a problem?	Psychological evidence and advice on how to address this
Conducting a consultation wearing additional Personal Protective Equipment (PPE)	Could negatively affect communication e.g., depersonalisation. Breathing dry air and / or steaming up glasses/visor are some of the PPE-related challenges that could make you feel physically uncomfortable	In other disciplines, photos of the healthcare professional's face, attached to the torso with a name badge have been used ⁶ . Where this is not practicable in the dental surgery, consider emphasizing to patients that dentistry has always used PPE e.g. face masks, thus normalizing the experience. We know that <i>preparation</i> and <i>habit formation</i> are important ^{7,8} – having everything you need to minimise discomfort e.g., fresh water, deodorant, change of clothes will help address the challenge of wearing additional PPE.
	and/or interfere with delivering optimal care.	Having a standard operating procedure for visits that explicitly includes frequent breaks will reinforce habit formation.
Extended appointment times to allow for cleaning and disinfection time	This may mean you are able to see fewer patients using traditional face-to-face consultations. Doing so may have financial implications for the practice, and may cause anxiety about the viability of the practice.	We know that financial concerns about the viability of the business are going to be a really big issue for a lot of the profession. Focusing on the things you can control about the situation and letting go of what is not in your control can be helpful here ⁹ . <i>Planning</i> is key to ensuring time is used as efficiently as possible. If you are worried about losing clinical time consider what other activities you could plan to do during this time, such as; (a) consultations that can be carried out online e.g., via video platforms and/or (b) activities that do not involve patients but are still key to the practice such as CPD and administration. Make sure your plan includes a SMART (specific, measurable, achievable, realistic and time-specific) goal.
Reduce the use of aerosol-producing clinical instruments e.g. drills and scalers, if/where possible.	There may be patient expectations of treatment involving these instruments.	Deliver messages about treatment in relatable terms to your patients, using simple and clear language ⁸ . Use examples and evidence to educate patients why these instruments are not always needed (even if they have routinely had treatment using these previously) and can still lead to a satisfactory treatment outcome.
Moving to online consultations (where appropriate).	The dental team may be concerned that online consultations will be less effective and/ or patients will be less likely to adhere to the advice given in an online consultation	A potential advantage of an online consultation will be the ability to interact without the confines of wearing a mask. Even though the consultation is online, the basic structure can stay the same so you can use your pre-existing, well-practised skills to carry out this. In order to maximise patient concordance, it can be helpful to identify what influences the patient's oral health behaviour and ensure advice is targeted to

Emotional distress about the current situation e.g., finances, uncertainty around NHS targets, job insecurity, lack of clear guidance and conflicting opinions, fear of contracting COVID-19	Negative impact on the mental health of the dental team. Mental health difficulties can impact on work, physical health and quality of life ²	relevant drivers and a specific behaviour – ideally one that you have discussed with the patient and which is personally relevant to them ¹² . Health Psychologists know that people are more likely to perform a behaviour, such as tooth brushing or flossing, if they know what they need to do and how to do it (Capability); if they have the right environment to do it such as having a tooth brush, floss, and running water (Opportunity); and they think that doing this is important to their dental and overall health (Motivation). Having conversations with patients about their capability, opportunity and motivation can facilitate optimal behaviour. These factors are important for the patient to adhere to the oral health advice and form the COM-B model ^{7.8} . Health Psychologists with expertise in dental care can help you with this further. Please see resources below. It is crucial to protect your mental health wellbeing – for example, developing skills in managing and addressing difficult thoughts and feelings and fostering adaptive coping skills. Enabling yourself to focus on the things that you can control, whilst letting go of the things that you cannot, is key ¹³ . Seeking support that is relevant to your needs is important here: Remember that support can be sought and gained from several sources; there is peer support, professional network support (e.g. FGDP, BDA, LDCs, BADN, SBDN, BSDHT, BADT) and professional support for mental health issues (e.g. Mind). Psychologists are trained in helping health professionals develop skills in managing difficult situations as well as offering mental health support. Please see resources below.
Managing staff and patients during new standard operating procedures	Patients and staff may be unfamiliar (or unmotivated) to conduct themselves within these new operating procedures, which can compromise safety	Ensure that staff have access to equipment and resources necessary to do their work. Consider planning ahead for situations where such resources may not be available. Create concern but not fear. Concern is healthy and may motivate action. Fear is a threat – a concern that you think is beyond your control. We know that whilst concern motivates protective behaviours (e.g., hand washing), fear can lead to denying the risk and avoiding protective behaviours ¹⁴ .

Discuss ways that people can behave to minimise that worry. There should be advice and instruction on <i>clear</i> behavioural actions <i>and their related outcomes</i> . So for example, you should clearly specify behaviours (e.g., "Wash your hands on arrival for as long as it takes to sing the verse of 'Happy Birthday' twice" ¹²) and link this behaviour specifically to effectiveness (e.g. "Hand washing significantly reduces risk of infection"). Use appropriate language to avoid confusion and unintended consequences. Where relevant, there should be systems in place to also check on, and positively reinforce these key behaviours (e.g., using praise; thanks).
Emphasise the 'we' - using messaging that highlights how we can keep one another safe, rather than how 'you' can look after yourself will be more effective ¹⁴
Clear and specific messages should be communicated to patients in advance of the consultation (e.g., in a text message along with their appointment reminder) as to what they need to do and what they should expect ^{7,8} . These should be reinforced when they come to the clinic.
Training should be provided for the dental team in terms of their own behaviour and patients in the practice. Role modelling can be very effective so it is important that all staff (no matter what level) follow the guidelines implemented so they act as role models for the whole practice. This creates 'social norms' which help everyone stick to new standard operating procedures.
Where official messages need to change over time, a clear rationale and set of actions should be provided. Communication within and between dental teams about official messages is essential and requires teamwork. This is facilitated by teambuilding and appropriate leadership (which need not necessarily always come from the same individual) working within a supportive management. These difficult times can be used to strengthen teamwork and a collective identity by emphasizing that 'we' are coming together against a common threat ¹⁴ . Take time to build teams' self-efficacy (i.e. the belief in own ability to perform a behaviour) by reminding them of previous successes with difficult situations ¹⁶ .

Policy and guideline considerations

The pandemic has impacted how dental teams work, how they think and feel about work, and on how they relate to patients. Clear policy guidance is required for dental teams that addresses these thoughts, emotions, and practical concerns practically and psychologically.

Further resources and support

- The BPS Division of Health Psychology can offer advice and support for strategic development, policies and recommendations; evidence synthesis and rapid reviews, intervention design/evaluation; and upskilling of others in psychological approaches. To access this support, email communicationsdhp@bps.org.uk with the subject title 'COVID-19 Dentistry'. https://www.bps.org.uk/member-microsites/division-health-psychology
- Visit the BPS COVID resources site: <u>https://www.bps.org.uk/coronavirus-resources</u>
- Access the World Health Organisation's guidance on dealing with stress: <u>https://apps.who.int/iris/rest/bitstreams/1276043/retrieve</u>
- Consider using mental resilience principles: <u>https://www.gskhealthpartner.com/en-gb/news-events/covid-19/anxiety-detail-page</u>
- Members of the Faculty of General Dental Practice (UK) in the UK or Ireland can access mental health and wellbeing support from a trained counsellor by calling 020 7869 6221. <u>http://www.fgdp.org.uk/news/helpline-service-available-fgdpuk-members</u>
- The NHS Practitioner Health Programme offers specialist therapeutic support to dentists in England experiencing mental ill health or addiction problems (whether or not they practice under an NHS contract). Freephone 0300 030 3300. <u>https://www.practitionerhealth.nhs.uk/</u>
- Health for Health Professionals Wales is a free, confidential service available to all health professionals and healthcare students working in NHS Wales. Freephone 0800 058 2738. <u>https://www.hhpwales.co.uk/</u>
- Confidental is a helpline offering emotional support and signposting for dentists from a team of trained volunteer dentists. Freephone 0333 987 5158, 24 hours a day. <u>https://www.confidental-helpline.org/</u>
- The Dentists' Health Support Trust provides dental professionals with free support and advice on mental health, alcohol and drug issues. Call 0207 224 4671. http://dentistshealthsupporttrust.org/about-us/
- The BDA Benevolent Fund offers wellbeing and financial support to dental students, dentists and their families (whether or not they are/were members of the BDA). Call 020 7486 4994. <u>https://www.bdabenevolentfund.org.uk/</u>
- Mental Dental is a private Facebook group to support dentists in crisis to know that they are not alone, and offers a safe space to discuss mental health and get further information about services for dentists.

https://www.facebook.com/groups/1521725241212609/

• The NHS psychological therapies service can be accessed without a referral from a GP: <u>https://www.nhs.uk/conditions/stress-anxiety-depression/free-therapy-or-counselling/</u>

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Acknowledgements

The development of this document was supported by the British Psychological Society (BPS) COVID-19 Behavioural Science and Disease Prevention (BSDP) Taskforce, in partnership with the BPS Division of Health Psychology (DHP), the Faculty of General Dental Practice (UK) and the College of General Dentistry. We are grateful to the following individuals for their contribution to its development:

Professor Luigi Nibali, King's College London Dr Matthew Nolan, Merivale Dental Practice Professor Angel Chater, Taskforce Lead, BSPD & Chair, DHP Professor Madelynne Arden **Professor Christopher Armitage Professor Lucie Byrne-Davis Dr Paul Chadwick** Professor John Drury **Dr Tracy Epton** Professor Jo Hart Dr Atiya Kamal Lesley Lewis Emily McBride Professor Daryl O'Connor **Dr Gillian Shorter** Dr Vivien Swanson Ellie Whittaker