

ORIGINAL ARTICLE

# Mental Health and Healthcare Facilities: The Case of the Oral Maxillofacial Practice

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## ABSTRACT

**AIM:** The aim of the study is to analyze and understand the deeper causes that lead individuals suffering from mental illnesses to fear pain and especially pain caused during the dental examination, repair or extraction of teeth.

**METHOD:** A qualitative research was conducted with semi-structured interviews in «Evangelismos» Hospital in Athens, Greece. Participants were patients suffering from mental illness who had several problems with their mouth and teeth. 17 interviews were conducted with participants who visited the hospital in order to visit the dentist and maxillofacial department. Interviews were analyzed by thematic analysis and the main topics were the Satisfaction of participants with hospital services, Doctor-patient communication, the trust in doctors, the Physical and oral hygiene of mentally ill patients and the medication use.

**RESULTS:** Participants were mostly satisfied with the healthcare services offered by the physicians of the hospital and the equipment of the hospital. Almost all of the interviewed participants reported trusting the physicians and followed their instructions. About 60% of the participants took care of their teeth daily. About 45% of the participants reported experiencing increasing stress levels during the dental examination. The analysis of the interviews revealed particularly useful information for understanding the deeper causes, triggering difficult psychological conditions as well as anxiety in mentally ill individuals when faced with health problems and oral hygiene.

**CONCLUSION:** The results showed that the majority of patients were satisfied by the services they received. A further investigation is needed to record the factors that affect significantly in the upgrading of service quality.

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**KEY WORDS:** mental illness, oral  
health, beliefs, pain management,  
patient satisfaction

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Manuscript received July 10, 2020;

Revised manuscript received March 10, 2021;

Accepted March 12, 2021

## INTRODUCTION

Patients suffering from mental illnesses have a different perception of pain or even disability, which is not developmentally or socially determined. In general, mental illness is determined by a combination of the way an individual feels, acts, thinks or perceives reality. It may be related to specific areas or functions of the brain or the

**Conflict of Interest:** none declared

rest of the nervous system, often in a social context, but may even be linked to the genetic background or the experience of the individual. The causes of mental disorders vary and in some cases are not clearly defined and some theories merge findings from a wide range of fields.<sup>1</sup>

The adequate approach of healthcare professionals to these patients is critical to developing a framework for cooperation between the specialist and the patient to overcome this dilemma from the first moment the patient enters to seek treatment. In addition, to a large extent, mental illness, when not adequately treated and usually through the fault of the patient, who overlooks his treatment, affects the compliance of any other health problem.<sup>2</sup>

The deeper purpose of the research is to analyze and understand the deeper causes that lead individuals suffering from mental illnesses to fear pain and especially pain caused during the dental examination, repair or extraction of teeth. The interview questions aimed at determining the level of satisfaction of the participants about the healthcare facilities (infrastructure, staff and the environment) of Evangelismos Hospital and at investigating whether participants take care of their oral hygiene and whether they feel fear or anxiety and their causes (whether they were related to fear about the toothache or an impending operation) and the way their psychological state affects pain tolerance.

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## METHODS

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### DESIGN

A qualitative research was conducted with semi-structured interviews in order to discuss in depth the key topics and at the same time to ensure the participants had the opportunity to express themselves on the points they considered mostly significant about mental health. In qualitative studies in the field of social research, in-depth interviews are widely used. The principal investigator asked open-ended questions according to a predefined interview guide. The interview plan consisted of predefined open-ended questions. Care was taken to ensure flexibility in the order of the questions, adding questions, shifting their content according to the respondent and the course of the interview. The participants developed their thoughts and opinions in depth. The purpose of this type of interview was to gather as much information as possible about the experiences, views and attitudes of the participants.

### SETTING AND RECRUITMENT

The interviews were conducted at the “Evangelismos” Hospital in Athens, Greece. Prior to the interview, participants were examined by the physicians of the hospital, the maxillofacial surgeons, the dentists and the orthodontists of the healthcare facility.

Participants were psychiatric patients who did not develop

acute symptoms of their disease during the last period, who were able to meet the requirements of the interview and patients regularly took their medications and could collaborate. The majority of participants were individuals of productive age. Participants were mentally ill patients who had several problems with their mouth and teeth.

### DATA COLLECTION

17 interviews were conducted with 17 participants who visited the hospital in order to visit the dentist and maxillofacial department of the healthcare facility in order to solve their problems with teeth, jaw and mouth in general.

### DATA ANALYSIS

Interviews were analyzed by thematic analysis in order to identify key emergent themes and their meaning. The investigators responsible for the analysis, identified a preliminary thematic framework, which was developed and applied to all interview transcripts. Several representative participants' quotes were translated from Greek to English and presented below. In order to ensure the anonymity of the participants and the data protection, false names were used. This also helped in the analysis of the data by the investigators.

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## RESULTS

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The main topics of the interview were about the problems participants had the day they visited the dentist or maxillofacial surgeon, their oral hygiene routine, their mental illness and the problems they usually experience that destabilize their illness, their concerns regarding the dental examination, the level of satisfaction regarding the hospital facilities, the attitude of the doctors, the nurses and the rest of the staff but also the equipment of the hospital. Finally, they were asked about their expectations from the physicians.

### SATISFACTION WITH HOSPITAL SERVICE

Participants were satisfied about the hospital personnel. For example, a participant reported being satisfied about the way she was treated by a doctor and other staff, saying “Then I made an appointment with you and Mr.... and Mr. N... saw me ... (doctors) and another very good girl. I was very happy with the doctors and the girl...I could tell my family and they listened to me carefully. “

A participant said: “I don't think there is anything better in Athens. And the girls, the therapists are very good. Doctors are very good” and another also reported, “Although I am generally bitter with hospitals, I am very happy with the doctors, the nurses, especially with Mr. G. ...., I love him very much. “ Thus, it seems that the participants believe that physicians have a very good attitude towards patients making them feel comfortable. There were only two cases in which

the participants made a remark about the cleanliness of the toilets. Otherwise, all respondents were largely satisfied with the overall environment of the hospital

#### **DOCTOR-PATIENT COMMUNICATION**

Doctor-patient communication is very important and as it was recorded from the interviews this aspect is very important to patients. It is important to create a friendly atmosphere, so that the patients feel comfortable and can express themselves without fear.

#### **TRUST IN DOCTORS**

The participants responded positively regarding their trust to doctors. Several participants said “Yes, very much, and I follow what they tell me”, “Yes, of course, and I trust them”, “Yes, I trust them, but the doctors, the specialists, don’t cause me much stress, not that they aren’t necessarily good, that’s just how I see it”.

#### **PHYSICAL AND ORAL HYGIENE OF MENTALLY ILL PATIENTS**

Regarding the answers to the questions of oral hygiene, about 60% of the respondents answered that they pay enough attention to their oral hygiene. This is of particular interest given the psychological state of patients. That is, most patients who took part in the study said that they have a form of depression that most often makes a person not interested in his health, body care and consequently his oral hygiene. About 40% often forget to brush their teeth or get bored brushing their teeth. Of course, this can be confirmed from the condition of the patients’ teeth, which in some cases had very damaged teeth. It was expected from the cases of patients examined in this study to be indifferent to their oral hygiene as their depression, sadness and psychological state did not encourage them to take care of their physical health.

#### **MEDICATION USE**

Of the 17 patients in total, 5 cases were found to be related to the death of a patient in the patient’s family in the past, with the result that the patient has never lost consciousness and has fallen into depression. These patients are taking several medications because they say they make them feel better, they can’t sleep at night without them.

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### **DISCUSSION**

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In this study, the views, beliefs and deeper psychological causes that cause stress and anxiety in mentally ill patients who visited the dentistry and maxillofacial department of the “Evangelismos” hospital were investigated. The aim of the study was to analyze in depth the beliefs of mentally ill patients about their treatment by physicians, nurses and hospital

staff, and more generally to discuss their experiences from the healthcare facilities.

Despite the difficulties faced during the data collection, due to the lack of cooperation from some physicians and the limited time and space, important information were obtained from this study. During the interviews most participants were very talkative and did not intend to hide any information either about the medication, their mental health condition and about the unpleasant situations they experienced in healthcare facilities.

Regarding the questions asked to the patients regarding the attitude of the healthcare facility staff, participants who visited the “Evangelismos” hospital were mostly satisfied with the healthcare services offered by the physicians of the hospital and the equipment of the hospital. Several participants had previously visited the “Evangelismos” hospital either for their own medical problem or for a relative and all of them stated that the hospital is very good, especially the physicians, nurses and the staff. All the participants responded with very positive comments. Even more respondents have visited in the past and other times either for their own examination or surgery or for other relatives and their experiences have been very positive.

Regarding their oral healthcare, about 60% of the participants took care of their teeth daily, although the majority had damaged teeth and in many cases had an artificial denture or missed many teeth. This is of particular interest given the psychological condition of the patients; most patients who participated in the study reported having a form of depression and due to that they felt not interested about their health, body care and consequently the oral hygiene.

About 45% of the participants reported experiencing increasing stress levels during the dental examination. The fear of experiencing pain, the probability of a tooth extraction, the lack of trust towards the dentist seem to be the main causes triggering anxiety to the patients, even before the examination.

From the analysis of the interviews and regarding the causes triggering their mental health problems, about 40% of the participants reported having experienced the loss of a close relative, which seemed to be greatly affecting the participants’ interest in taking care of their body and their oral hygiene. Therefore, it seemed that these participants were in a particularly bad psychological condition and they also had a particular fear about doctors and oral examination, and were particularly concerned, stating that they felt anxious and wanted to stop the pain, or felt phobic at the thought of a tooth extraction.

Of all the 17 respondents, the most difficult psychological situation seemed to arise in cases where the mother lost a child. There have been reported three such cases in from the participants. A mother said “It’s like your life is coming to an end”. The pain and depression caused by this event may never stop, no matter how many years pass. In such cases it seems that treatment may help the patient and temporarily alleviate their pain. In addition to the loss of a relative, there are other

events causing anxiety, phobias, stress and depression as well.

Quite interestingly, almost all of the interviewed participants reported trusting the physicians and followed their instructions. Except for 2-3 cases in which the respondents stated that they do not trust the resident physicians (trainee doctors) or had bad experiences with doctors outside the “Evangelismos” hospital.

The analysis of the interviews revealed particularly useful information for understanding the deeper causes, triggering difficult psychological conditions as well as anxiety in mentally ill individuals when faced with health problems and oral hygiene. All of the above conclusions can help in the improvement of the services delivered by the healthcare facilities and the management of Evangelismos Hospital, as well as the way physicians and hospital staff treat these patients.

Unfortunately, after so many years, society still feels uncomfortable with mental illness because it does not look like other physical illnesses, such as heart disease and cancer. The term mental illness represents a mysterious, enigmatic, unexplored field for many people. Stigma and the stigmatization process include two basic elements, the recognition of the point that differentiates the individual and the induced discrediting of the individual. Many modern societies view mental illness as a source of shame, both for the individual and for their family. In some cultures, having a relative who suffers from mental illness could hinder the progress of other family members and even ruin the young daughter’s or sister’s marriage prospects.<sup>3</sup>

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### CONCLUSION

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One of the most important goals that governs should pursue is the correct and specialized treatment, reintegration and rehabilitation of the mentally ill patients, so that they do not feel disadvantaged and can function at the social level; live within the community and not inside a psychiatric facility. Unfortunately, this goal has almost never been achieved, with the result that chronic mental patients experience health problems and there is no proper way to treat them. According to research, the socio-cultural integration of the mentally ill person is the one that reduces psycho-neurotic and physiologi-

cal symptoms. An integrated mental health services promote the socio-cultural integration of the individual.<sup>4</sup>

Finally, special attention should be paid to issues related to ethics and ethics for the mentally ill individual who are reintroduced in the society. The axis from which the principles and rules of restorative ethics are structured is that of the principles of medicine, which are: 1. The Principle of Autonomy 2. The Principle of Benefit 3. The Principle of Non-Damage 4. The Principle of Justice. Every medical procedure must tend to maintain the confidentiality of nature and the functionality of the patient, in order to be beneficial and not harmful or offending.<sup>5</sup> The ethical principles governing any restorative treatment are: i) Promoting the autonomy of human dignity; ii) personalizing the needs of each individual; iii) the confidentiality of information; iv) the purity of communication. The family must be honestly informed of the progress or the problem of its member in the field of rehabilitation in which it participates.

There have been some limitations to this research. During the research, there were some doctors of the hospital who seemed to be dissatisfied with the research, preventing investigators from conducting the research with the necessary time and space. The non-cooperation of dentists often interrupted the interviews and consequently the discussion with the patients.

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