



was highly valued by trainees and appears to be most effectively provided on a formal basis with adequate supervision. Our survey showed that in this region most clinical experience was adequately supervised though there were problems with FT, IDP and CBT supervision (on two schemes).

## What distinguishes a successful from an unsuccessful psychotherapy training programme?

Our survey suggests that the following factors are important:

- (a) formal organisation of the training programme
- (b) protected bleep-free time for training
- (c) adequate theoretical teaching in each of the four major therapy groups (IDP, BT/CBT, FT and GT)
- (d) supervised clinical practice with selected patients.

We support the College's recommendation of a half-day release model for psychotherapy training; this not only provides protected time for training, but also provides a structure within which it can be organised on a formal basis. Our findings and those from other areas suggest that a more informal approach to training is often unsuccessful.

## Conclusions

The standards recommended by the Royal College of Psychiatrists' guidelines for psychotherapy training for psychiatric trainees were not being met in South-West England (April 1999). Training provision was extremely variable, with only one out of the 12 training schemes achieving the recommended standards. The major difficulty for the trainee was the lack of available psychotherapy training in the four recommended types of psychotherapy. Despite several local initiatives,

psychotherapy training is in need of ongoing review in South-West England.

## Acknowledgements

We would like to thank all trainees who participated in this survey and Carmen Haddow for her secretarial support.

## References

- ARNOTT, S., WILKINSON, E. & AYLARD, P. (1993) A survey of psychotherapy experience among psychiatric registrars. *Psychiatric Bulletin*, **17**, 721–723.
- BYRNE, P. & MEAGHER, D. (1997) Psychotherapy and trainees. *Psychiatric Bulletin*, **21**, 707–710.
- DAVIES, S. P. (1998) Psychotherapy on a shoestring: improving training using existing resources. *Psychiatric Bulletin*, **22**, 702–705.
- DRUMMOND, L. M. & RAMSAY, R. L. (1996) Trainees' experience and attitudes to behavioural–cognitive psychotherapy training. *Psychiatric Bulletin*, **20**, 351–353.
- HAMILTON, R. J. & TRACY, D. (1996) A survey of psychotherapy training among psychiatric trainees. *Psychiatric Bulletin*, **20**, 536–537.
- HWANG, K. S. & DRUMMOND, L. M. (1996) Psychotherapy training and experience of successful candidates in MRCPsych examinations. *Psychiatric Bulletin*, **20**, 604–606.
- KERR, M., BIRTLE, J., BOND, A., et al (1998) Dynamic psychotherapy supervision for psychiatric trainees. *Psychiatric Bulletin*, **22**, 44–46.
- LAWSON, L. (1996) College guidelines on psychotherapy training. *Psychiatric Bulletin*, **20**, 695.
- MALONEY, C. (1998) Implementing psychotherapy guidelines: putting a logbook into practice. *Psychiatric Bulletin*, **22**, 169–171.
- ROONEY, S. & KELLY, G. (1999) Psychotherapy experience in Ireland. *Psychiatric Bulletin*, **23**, 89–94.
- ROYAL COLLEGE OF PSYCHIATRISTS (1986) Guidelines for the training of general psychiatrists in psychotherapy. *Bulletin of the Royal College of Psychiatrists*, **10**, 286–289.
- (1993) Guidelines for psychotherapy training as part of general professional training. *Psychiatric Bulletin*, **17**, 695–698.
- \*David McCrindle Specialist Registrar in Psychotherapy, Winterbourne House, 53–55 Argyle Road, Reading, Berkshire RG1 7YL, Joanna Wildgoose Specialist Registrar in General Psychiatry, Richard Tillet Consultant Psychiatrist and Psychotherapist, Wonford House Hospital, Dryden Road, Exeter EX2 5AF

ILYAS MIRZA, RACHEL DAY, MICHAEL PHELAN AND VICTOR WULFF-COCHRANE

## Oral health of psychiatric in-patients

A point prevalence survey of an inner-city hospital

### AIM AND METHOD

The aim of the study was to get an estimate of oral health needs of in-patients on acute general adult wards in an inner-city psychiatric unit. Information was collected by means of a cross-sectional survey with patient interviews and a brief oral examination.

### RESULTS

A significant majority of patients had carious teeth, inflammation of gums and oral plaque. A majority of patients complained of pain during the preceding 3 months and problems with teeth.

### CLINICAL IMPLICATIONS

Oral health of patients admitted to an acute psychiatric unit is worse than compared to the general population. There appears to be a need for basic dental health education and easy access to dental care on psychiatric wards.



original papers

Mental illness is associated with physical ill health (Sims, 1987). Poor diet, lack of exercise and heavy cigarette smoking have all been cited as causal factors in such health problems (Brown et al, 1999). Improving the health of people with mental illness is a specific recommendation of *Health of the Nation* (Department of Health, 1992). Changes in lifestyle may lead to improvement in the overall health of patients with mental illness, and they should be a priority group for health promotion.

Oral health is an important component of physical health. It affects the personal, social and psychological spheres of life. An adult dental health survey in the UK in 1988 (Office of Population Censuses and Surveys, 1988) reported an improvement in adult dental health during the decade since the last survey. It also highlighted health inequality: 91% of men living in southern England with a non-manual occupational background still had some natural teeth, compared to 52% of women living in northern England with unskilled manual occupational backgrounds.

Patients with mental illness are prone to develop dental problems. This may be owing to general self-neglect associated with mental illness, fear of treatment, worry about the cost of treatment, inability to access dental services and the side-effects of medication. Cormac & Jenkins (1999) have underlined the importance of understanding the oral health of psychiatric patients.

Hede (1995) reported relatively poor oral health among hospitalised patients with mental disorders in Denmark compared to the general population. In that study the presence of decayed tooth surfaces was associated with a neglect of tooth brushing. Stiefel et al (1990) compared samples with and without mental illness in community settings and found that those with chronic mental illness had a significantly higher incidence of self-reported dry mouth, consumption of carbonated beverages, mucosal, lip and tongue lesions, coronal smooth surface caries and more severe plaque and calculus. Roca et al (1987) studied the medical care of chronic psychiatric out-patients and found that gross dental disease was the most common problem among men, with only 11% of male and 26% of female patients receiving appropriate care.

Our study aimed to get a snapshot of the oral health of patients in an inner-city acute psychiatric in-patient unit, so that any unmet need could be addressed locally.

## Method

A Medline search was done using the key words 'dental', 'disorder' and 'mental'. Of the 66 records found, none specifically described dental health in inner-city acute psychiatric in-patients.

In collaboration with two community dentists, an interviewer-based questionnaire was developed. The questions included items on basic demographic data, dental service utilisation and satisfaction. A dentist (R.D.) also collected data from a brief visual examination of the mouth and teeth. The 1988 UK national household survey (Office of Population Censuses and Surveys, 1988) was

used as a reference. The 1988 survey was carried out by selecting a random sample of 4640 addresses and asking all the adults at those addresses to participate (results of the 1998 survey were not available at the time of our study).

Ethical approval was obtained from Riverside Research Ethics Committee. Wards were informed by letter and verbally about the date and time of the interviews. Patients were given information letters and their written consent was obtained at the time of the interviews.

## Results

Out of 50 patients invited to participate, 16 refused and 5 were too disturbed to be interviewed, leaving 29. One of these answered the questionnaire but refused oral examination, and two did not have any teeth, so 26 dentate patients took part in the survey. The mean age of the sample was 39 years, with almost an equal male to female ratio, of 14:15. Just over one-half (17/29) were single, 13/29 were living independently alone and 9/29 with their families.

A majority of dentate patients (22/26) had 21 or more of their natural teeth and 20/26 reported problems with their teeth at the time of examination. Twenty-five reported that staff on the ward or their professional carers in the community had never asked them about any dental problems. Twenty-three reported having a toothbrush in hospital and 20 produced it when the interviewer asked to see it. Out of this 20, 17 brushes were in an adequate state. Twenty-two patients reported brushing their teeth once or twice a day at home, and 20 reported that they were continuing this in hospital. Only two patients were using mouthwash daily. Fifteen of the 26 patients visited the hospital shop to buy chocolate or soft drinks.

About half of the patients (13/26) had had their last dental treatment more than 2 years ago, and a similar number (13/26) had visited their dentist within the past year. The most common reason for not visiting a dentist was fear of treatment, anxiety or lack of faith in the dentist. A majority had worried about their teeth (19/26) or had had dental pain (15/26) over the preceding 3 months. A majority complained of current problems with their teeth and 50% were satisfied with the overall dental care provided in the hospital.

Dental examination revealed that 3/26 of the in-patients had no visible plaque and 23 had plaque. Similarly, only 3 had no visible inflammation of the gums and 23 had visible inflammation. As regards condition of teeth, 9/26 had no carious teeth and 17/26 had carious teeth.

## Discussion

The oral health of patients admitted to this acute psychiatric unit was worse than that of the general population. This is consistent with other findings of physical ill health in psychiatric patients (Strathdee, 1993), and has implications for routine clinical practice and

original  
papers

service development. Dental problems and dental care need to be considered by mental health staff when comprehensive assessments are conducted, and a care plan should be decided upon.

The limitations of this study are its cross-sectional design and small sample size, which limit the ability to draw valid conclusions. However, this is not entirely unexpected in a study set in a busy inner-city general adult psychiatric unit. Owing to ethical and staffing constraints, a visual assessment of condition of teeth and gums was made and dental probing was not done. It is reasonable to assume that a more detailed examination with probing and radiography may have revealed more disease.

There is a need for basic dental health education in in-patient units, and access to dental care. The anxieties and fears that keep patients away from dentists should be explored and addressed appropriately. Improving liaison between mental health staff and community dental services could help to tackle some of the problems.

## Acknowledgement

I.M.'s post was funded by the Priory Group of Hospitals.

## References

- BROWN, S., BIRTWISTLE, J., ROE, L., et al (1999) The unhealthy lifestyle of people with schizophrenia. *Psychological Medicine*, **29**, 697–701.
- CORMAC, I. & JENKINS, P. (1999) Understanding the importance of oral health in psychiatric patients. *Advances in Psychiatric Treatment*, **9**, 53–60.
- DEPARTMENT OF HEALTH (1992) *Health of the Nation. A Strategy for Health in England*. London: HMSO.
- HEDE, B. (1995) Oral health in Danish hospitalized psychiatric patients. *Community Dental and Oral Epidemiology*, **22**, 44–48.
- OFFICE OF POPULATION CENSUSES AND SURVEYS (1988) *Adult Dental Health 1988: United Kingdom*. Office of Population Censuses and Surveys. London: HMSO.
- ROCA, R. P., BREAKEY, W. R. & FISCHER, P. J. (1987) Medical care of chronic psychiatric outpatients. *Hospital and Community Psychiatry*, **38**, 741–745.
- SIMS, A. (1987) Why the excess mortality from psychiatric illness? *British Medical Journal*, **294**, 986–987.
- STIEFEL, D. J., TRUELOVE, E. L., MENARD, T. W., et al (1990) A comparison of the oral health of persons with and without chronic mental illness in community settings. *Special Care in Dentistry*, **10**, 6–10.
- STRATHDEE, G. (1993) Primary care and community psychiatric services: changing patterns and responsibilities. In *Dimensions of Community Mental Health Care* (eds M. P. I. Weller & M. Mujien), pp. 62–81. London: W. B. Saunders Company.
- \*Ilyas Mirza** Priory Research Fellow, Imperial College School of Medicine, London (correspondence address: Specialist Registrar to Dr Falkowski, The Royal London Hospital (St Clement's), 2a Bow Road, London E3 4LL), **Rachel Day** Dental Officer, **Victor Wulff-Cochrane** District Dental Officer, Riverside Community Healthcare NHS Trust, London, **Michael Phelan** Consultant Psychiatrist and Primary Care Research Co-ordinator, Charing Cross Hospital and Ealing, Hammersmith & Fulham NHS Trust, 24 St Dunstan's Road, London W6 8RP