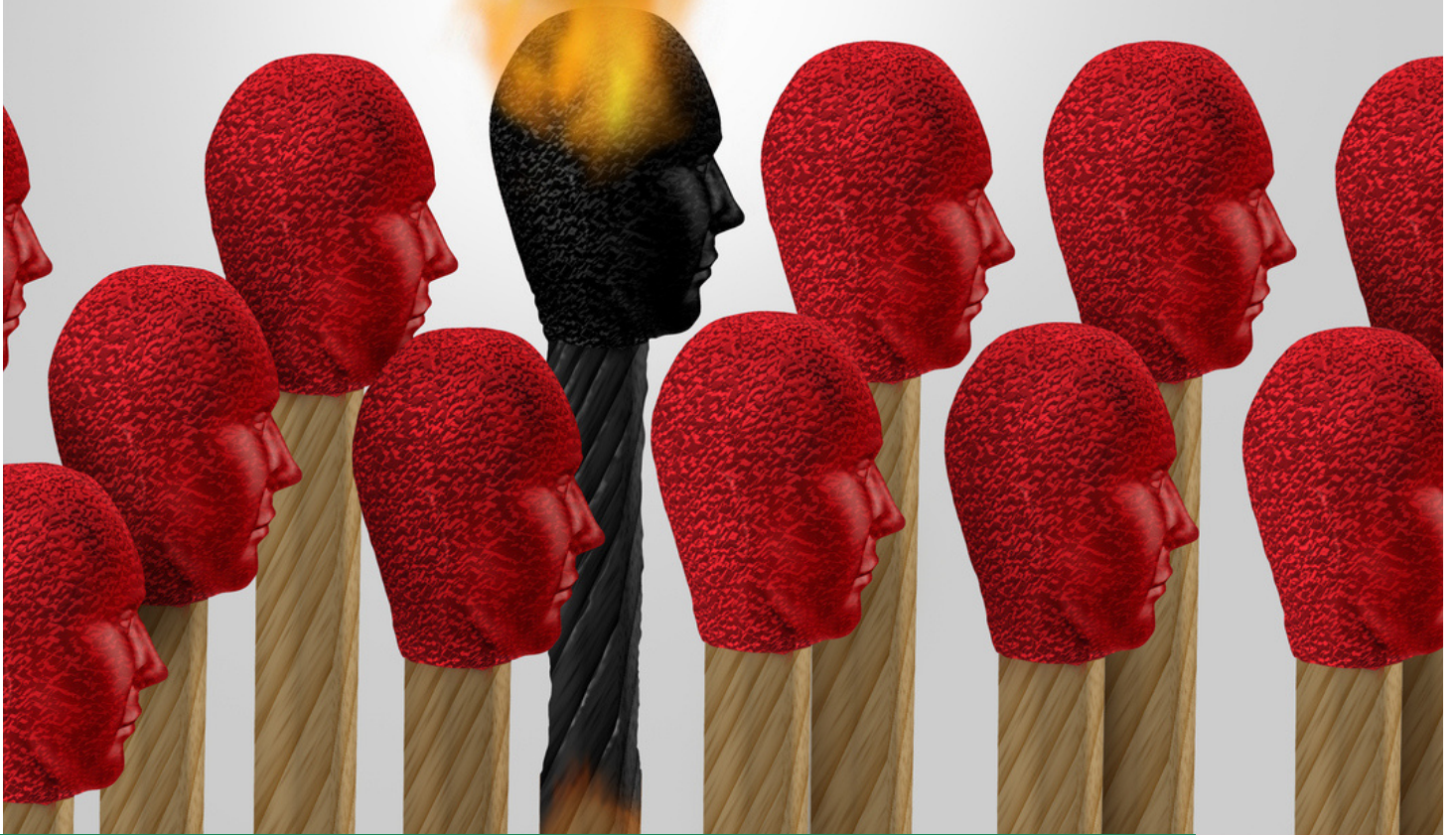




MINDFUL SMILES HUB



Mental health of the Australian dental profession: Snapshot

2023

Introduction

The dental profession in Australia is experiencing a mental health crisis, with high levels of psychological distress, burnout and mental illness.

Historically dental practitioners have been seen as experiencing high levels of stress and there has been the perception of higher rates of suicide than other professional groups. However, there has been limited research on the mental health of Australian dental practitioners. Recently published data suggests that the dental profession is in the midst of a mental health crisis, with dental practitioners at high risk of burnout, depression, and psychological distress.[1] High rates of suicidal ideation are of particular concern.[2] Although there are a range of support services that exist across the profession, they are often disparate and not well utilised, and the stigma associated with mental illness contributes to this.

Workforce

There are 26,563 registered dental practitioners in Australia in 2023.[3]

- Dentists/specialists - 19,818
- Oral health therapists - 3,320
- Dental hygienists - 1,463
- Dental prosthetists - 1,290
- Dental therapists - 672

One third are aged 34 years or younger, and 14% are aged 60+ years. More than half (55%) are female. Nearly 85% of dental practitioners have their main work setting in the private sector, 12.4% in the public sector and 1.4% in the education sector.[4] Most (80%) work in major cities, with 14% in inner regional areas, 6% in outer regional or remote locations.

Career Stages

Dental practitioners face challenges across their career that may contribute to stress and mental illness. Although many of these may not be unique to dental practice, the cumulative effect of these is likely to be driving the mental health challenges facing the profession.

Students

- High entry scores
- Competitive education
- Clinical placements
- High fees (up to \$75,000 per year)

Recent graduates

- Transition to practice
- Steep learning curve
- Lack of mentoring
- Repaying student debt
- Building patient base

International dental graduates

- Assessment and examination process
- Finding employment
- Understanding culture of Australian dental practice

Specialists-in-training

- High student fees
- Reduced income during study

Mid-career

- Practice ownership
- Regulation
- Patient complaints/notifications

Retirement

- Loss of identity after retiring

A stressful profession

Dentistry is a stressful profession. Stressors include time and scheduling pressures, striving for perfection, fear of litigation, anxious patients, demanding and unrealistic patient expectations (particularly meeting aesthetic needs), business pressures, staffing problems, regulatory demands and negative perceptions of the dental profession. It can also be an isolating profession despite there often being a large number of staff in the workplace.

Complaints

Dental practitioners made up 3.5% of health practitioners, yet accounted for around 10% of all complaints made to Ahpra.[5] They had the highest rate of complaints across health professions (42.7 complaints per 1000 practitioners per year) with higher rates among dentists and dental prosthetists than other dental practitioners. Male practitioners were at highest risk of complaints.

The vast majority of these notifications result in no disciplinary action, although 13% result in some form of restrictive conditions on practice. Importantly though, the complaints process can be extremely distressing for the practitioner, particularly given the time taken to reach a resolution.

'There is still stigma in talking about it as it directly links to AHPRA and both students and practitioners don't want to disclose but we are also obligated to put patient safety first.'

Dentist, 51-60yrs

'The incredible impact of a complaint lodged against a practitioner and the process of complaints being addressed ... needs to be studied extensively, I believe this process needs to be improved greatly, practitioners are at enormous stress even without a complaint looming over their heads, the stress that the complaints process places needs to be mitigated somehow. The process heavily leans on the practitioner being judged guilty until they have exhausted every effort to prove otherwise.'

Dentist, 31-40 years

Mandatory Notification

Health practitioners have cited fears about mandatory reporting as a barrier to seeking care for mental health conditions, despite the guidelines only requiring reporting for significant health impairment which places the public at-risk of substantial harm. It is important that practitioners feel safe in seeking support for their mental health issues.

The guidelines for a treating GP or mental health professional only require a mandatory notification if the dental practitioner has an impairment AND is placing the public at SUBSTANTIAL risk of harm. Rest assured that a mental health issue such as depression or burnout is not in itself a trigger for mandatory notification.

A stressful profession

Risk Factors

Research has identified a number of factors associated with an increased risk of mental health issues in dental practitioners, including:

Perfectionism

- 87.3% scored as distinctly perfectionist, 11.9% scored as moderately perfectionist and 0.8% scored as mildly perfectionist.
- Perfectionism has been associated with increased risk of burnout.

Alcohol consumption

- 17.3% reported potentially hazardous or risky consumption of alcohol.
- Higher in males, older practitioners and those working in regional or rural locations.

Illicit substance use

- 13.2% reported illicit substance use over the past 6 months.
- Higher in males and younger practitioners, and lower in those who worked fewer clinical hours.

Resilience

Resilience may be protective against burnout and mental illness, although there is still debate about inherent versus learned resilience. There may be an emphasis on resilience training as a tool to combat issues like burnout, but evidence shows that burnout still persists in health practitioners despite high levels of resilience. There is a risk that a focus on resilience training shifts the burden of mental health to being purely an individual problem.

Support Services

There are a range of support services available to dental practitioners and members of the dental team.

Some of those are provided through professional associations and others are generic services available to everyone. There is limited data on the uptake of these services, but anecdotally it appears to be low relative to the prevalence of mental health issues identified.

- Dental Practitioner Support
- Employee Assistance Programs
- Peer Support
- Mentoring Programs
- Mental Health First Aid Training
- Free Counselling Services

Seeking Support

There still appears to be a reluctance to seek help for mental health issues, and a reluctance more broadly for dental practitioners to talk about their own mental health struggles. Delaying or avoiding professional support is likely to have a negative outcome, and it is important that dental practitioners are encouraged and supported to seek mental health care.

Mental Health

Depression

Depression is common in the Australian population, with 1 in 16 people affected every year.

Just over one in ten dental practitioners reported a current diagnosis of depression, and one in four dentists, one-third of oral health therapists and nearly half of dental prosthetists reported ever having a diagnosis of depression, with 11.3%–22.5% having taken time off work because of their depression diagnosis.

Current diagnosis of depression

11.4%

Current diagnosis of anxiety disorder

12.9%

Anxiety Disorder

Up to one-third of Australian women and one-fifth of men will experience anxiety at some point in their lives.

Self-reported anxiety disorder was similar for dentists and oral health therapists, but lower in dental prosthetists than for depression. 10.5% oral health therapists, 5.3% of dentists and 2.6% of dental prosthetists reported a current diagnosis of both depression and anxiety disorder. Female dental practitioners were nearly twice as likely to report a current diagnosis of anxiety disorder.

'I have been struggling with feelings of anxiety, depression, and burnout. I have not sought professional help.'

Dentist, <30 years

Stress

Stress is a state of worry or tension caused by a difficult situation, and is a normal part of the adaptive response to a challenge. However, prolonged periods of stress can be harmful to both mental and physical health.

One third of dental practitioners reported symptoms consistent with moderate or severe psychological distress over a 4-week period. Nearly 60% reported symptoms consistent with non-psychotic psychiatric morbidity over a 2-week period. Distress was generally more prevalent in younger and female dental practitioners.

'The stress and burnout I feel comes partly from the pressure I put on myself but more so the pressures put on me from the practice and my boss in particular - admin, financial targets, time management.'

Dentist, 31-40yrs

Psychological
distress

32.0%

Psychiatric
morbidity

59.4%

These high levels of psychological distress are of significant concern. Left untreated and unmanaged, chronic stress can impact on wellbeing, exacerbate existing mental health conditions or lead to an anxiety disorder and depression. There is a strong association between increasing psychological distress and burnout.

Psychological distress can also contribute to physical health problems affecting the immune, cardiovascular, digestive and reproductive systems.

Burnout

Burnout is a combination of emotional exhaustion, negativity, and reduced sense of personal accomplishment, and is generally related to periods of persistent and unrelenting stress. Although there is currently debate about whether burnout is a mental health disorder, the impacts on health practitioners and the safety of their patients can be significant.

'I think there is a culture of burnout in dentistry. So many practitioners are severely burnt out yet continue to work for financial reasons or because of the psychological burden of changing career paths. After investing so much time and money in becoming a dentist one cannot help but feel like a failure if you leave the profession before retirement age.'

Dentist, <30 years

One in four Australian dental practitioners were classified as likely to be experiencing burnout. Higher rates of burnout were seen in those:

- who were younger
- working <24 or >41 clinical hours per week
- practising in regional/rural locations
- who did not own a practice
- who took fewer holidays or had their last holiday more than two years previously
- working in an academic or non-clinical role

Burnout

25.0%

Other factors associated with higher burnout scores included a current depression diagnosis, psychological distress and potentially hazardous or risky consumption of alcohol.

Factors that were associated with lower burnout scores included good self-reported physical health, high resilience and lower perfectionism.

'Our profession struggles with high levels of stress and burnout. Both men and women. The many challenges of practice ownership, having children, being present in our relationships and trying to juggle it all do contribute to our stress and can lead to burnout. For me, 6 years working in a rural community has had its challenges.'

Dentist, 31-40 years

Suicidal ideation

Suicide is a significant issue in Australia, with 3139 deaths by suicide (2384 males and 755 females) in 2020 making it the fifteenth leading cause of death.[6,7]

'I lost my colleague and very close friend 4 weeks ago to suicide. We were both dental therapist hygienists and she continued to work while being clinically depressed.'

Dental therapist, 51–60 years

Thoughts of suicide in previous 12 months

17.6%

One in six dental practitioners reported thoughts of suicide in the previous 12 months, and 31.4% reported thoughts of taking their own life prior to the preceding 12 months. Males and younger practitioners were more than twice as likely to have experienced thoughts of suicide in the previous 12 months.

Ever made a suicide attempt

5.6%

'I have lost 3 close dental friends to suicide. My best man and dental school clinical partner, housemate and friend tragically took his own life just over 1 year ago. The pressures of this career are absolutely immense yet we bottle it up and carry on. No one had any idea [they] were even suffering let alone to the unthinkable point where suicide is the only option.'

Dentist, 51–60 year

Prior self-reported suicide attempts in the present study were strongly associated with suicidal ideation over the previous 12 months. The level of recent and past suicidal ideation in this study should raise 'red flags' for the dental profession.

Mindful Smiles Hub

Once the scale of the mental health crisis gripping the Australian dental profession became apparent, a committed group of dental professionals came together to chart a path forward. From these discussions, the Mindful Smiles Hub was born.

Addressing mental health and wellbeing allows the dental team to deliver better dental care to the community. The aim of the Mindful Smiles Hub is to:

- Identify evidence-based strategies to promote positive wellbeing for all members of the dental team.
- Make recommendations to professional associations to drive a wellbeing agenda.
- Seek insights on mental health and wellbeing issues across the dental professional space.
- Consider which interventions or programs are needed and of interest.
- Create a forum to discuss the latest research for dental health professionals on mental health and wellbeing, and share information on suicide prevention knowledge, programs and practice.
- Provide national and whole of team perspectives to inform decisions.
- Curate resources to support the mental health and wellbeing for all members of the dental team.

There is an abundance of resources and support available to members of the dental team, but there is a lack of coordination and a central point of focus, and many of these resources are poorly utilised. It is difficult for people to know where to go in a crisis, or even when they need some information.

The work of the Mindful Smiles Hub is to collate this information, contextualise it for the dental team and make it readily available.

Raising Awareness

One of the key roles of the Mindful Smiles Hub is to raise awareness of mental health and wellbeing, and work to reduce the stigma associated with mental health issues that continue to act as a barrier to seeking care.

The World Dental Federation (FDI) released a mental health toolkit in 2023. Although the focus for FDI is only on dentists, the general framework is applicable to the dental team. We have modified the actions identified by the FDI at the national level to encompass all members of the dental team:

- Identify strategies used to help stressed dental students
- Identify training programmes in stress management available for members of the dental team on the national or regional level
- Identify and produce resources available for members of the dental team on the national level
- Identify research which is underway on the national or regional level
- Identify services available for members of the dental team on the national level (i.e., health services, alcohol and drugs consumption and other issues)

Summary

1

Dentistry is a stressful profession.

The work environment for dental practitioners is inherently stressful as evidenced by the high rates of psychological distress and burnout reported across the profession.

This appears to be persistent across the life-course, and regardless of the type of practitioner, sector of employment or whether they were an employee or business owner.

2

The dental profession is in the midst of a mental health crisis.

Data shows that dental practitioners experience higher rates of depression, anxiety, burnout and psychological distress than the general population, and the equivalent or higher than other health professional groups.

Of particular concern is the high rate of suicidal ideation, at a rate much higher than reported in the Beyond Blue study of Australian doctors.

3

There are still gaps in the data.

The research presented here provides valuable information about registered dental practitioners, but data gaps exist for students and other members of the dental team. More information is required to understand help seeking behaviours, barriers to seeking care, stigma and psychosocial risk factors in the workplace.

4

The time for action is now.

It is not clear how much of this current crisis is a result of the COVID-19 pandemic, and how much reflects issues that are inherent in the dental profession. What is clear is that it is important that stakeholders across the dental industry come together and work collaboratively to address this crisis before things get worse.

Next Steps

1

Whole of dental team approach to improve mental health and wellbeing.

It is evident that mental health issues exist across the dental profession, and therefore the responsibility to address this does not rest with any single stakeholder. There is a need for professional associations representing all registered and non-registered members of the dental team to work together with other stakeholders to improve mental health and wellbeing.

2

Reduce the stigma associated with mental illness.

Negative attitudes to mental illness act as a barrier to help seeking amongst health professionals. Early education to encourage help seeking and conversations to normalise mental health struggles are important. There is also a need to address the concerns that practitioners feel about mandatory notification and the potential impact of a mental illness diagnosis on their registration.

3

Target support for students and recent graduates.

Although this research did not include students, it is clear that younger practitioners were experiencing significant mental health challenges early in their careers, suggesting that there is likely to be similar problems in the student cohort. Ensuring that education and support exists at the commencement of studying entry-to-practice courses is important, as are efforts to de-stigmatise mental health problem to encourage help-seeking behaviour. Communicating that clearly with the rest of the world.

4

Ongoing monitoring of the mental health of dental professionals.

This research is the first major study to provide a snapshot of mental health across the dental profession in Australia. There is a need for ongoing research to monitor mental health and wellbeing (including dental students). This will also be important to evaluate the impact of interventions designed to improve mental health outcomes for dental practitioners.

Mental health matters

References:

1. Hopcraft MS, McGrath R, Stormon N, Parker G. Psychological distress, burnout and mental health issues in Australian dental practitioners. Aust Dent J 2023
<https://doi.org/10.1111/adj.12961>
2. Hopcraft MS, Stormon N, McGrath R, Parker G. Factors associated with suicidal ideation and suicide attempts by Australian dental practitioners. Community Dent Oral Epidemiol 2023 DOI: 10.1111/cdoe.12849
3. <https://www.dentalboard.gov.au/About-the-Board/Statistics.aspx>
4. Department of Health and Ageing. Health Workforce Data, <https://hwd.health.gov.au/>
5. Thomas LA, Tibble H, Too LS, Hopcraft MS, Bismark MM. Complaints about dental practitioners: an analysis of 6 years of complaints about dentists, dental prosthetists, oral health therapists, dental therapists and dental hygienists in Australia. Aust Dent J 2018; 63:285–293
6. Australian Institute of Health and Welfare. Suicide and self-harm monitoring; 2002.
<https://www.aihw.gov.au/suicide-self-harm-monitoring/data/deaths-by-suicide-in-australia>
7. Australian Bureau of Statistics. (2020). Causes of Death, Australia. ABS.
<https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2020>.

Acknowledgements

Research team

This report is based on research conducted by:

- A/Prof Matt Hopcraft (University of Melbourne)
- Dr Roisin McGrath (University of Melbourne)
- Dr Nicole Stormon (University of Queensland)
- Prof Gordon Parker (UNSW)
- eviDent Foundation

Report authors

- A/Prof Matt Hopcraft (University of Melbourne)
- Dr Roisin McGrath (University of Melbourne)
- Dr Nicole Stormon (University of Queensland)

Mindful Smiles Hub
Melbourne VIC

www.mindfulsmiles.org
info@mindfulsmiles.org