


Experiencing oral health care aimed at older people undergoing mental health care: an experience report


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Abstract

The dialogue between mental health, older people and oral health is a topic that must be addressed in Dentistry training. Even if in a short period within the 5 years of training, the moment when these themes come together in an internship program outside the college walls proves to be interesting and enriching. The objective of this article is to present an experience report of Dentistry students aimed at promoting health within the scope of Dentistry in a long-term institution located in a municipality in the state of Rio Grande do Sul. Methodologically, this experience report was structured according to the theoretical framework for Systematization of Experiences and followed these steps: description of the starting point, formulation of the initial questions, reflection about the process experienced and, finally, description and presentation of the end points of the experience. The 7 undergraduate students participating in this experience, together with tutor-professors and local supervisors, planned and developed care and educational actions focused on oral health for 32 institutionalized individuals. The activities developed generated mutual engagement between the interns and the institution's residents and workers. In this context, this article presents experiences that followed a narrative permeated by the difficulties, potentialities, and motivations encountered in the Dentistry learning process.

Descriptors: Community Mental Health Centers. Aged. Oral Health. Health Education, Dental.

Vivenciando el cuidado de la salud bucal del anciano en seguimiento de salud mental: relato de experiencia

Resumen

El diálogo entre salud mental, personas mayores y salud bucal es un tema que es necesario abordar en la formación de Odontología. Aunque sea en un corto período dentro de los 5 años de formación, un momento en el que estos temas se encuentran en una etapa extramuros resulta interesante y enriquecedor. El objetivo de este artículo es presentar un relato de experiencia de estudiantes de Odontología en la promoción de la salud en el ámbito de la Odontología en una institución de larga duración en una ciudad de Rio Grande do Sul. Metodológicamente, este relato de experiencia se estructuró de acuerdo con el marco teórico para Sistematización de Experiencias, siguiendo los siguientes pasos: descripción del punto de partida, elaboración de preguntas iniciales, reflexión sobre el proceso vivido y descripción y presentación de los puntos finales de la experiencia. Las 7 estudiantes de pregrado involucradas en esta experiencia planificaron y desarrollaron, con profesores-tutores y supervisores locales, acciones de educación y atención en salud bucal para 32 personas institucionalizadas. Las actividades desarrolladas generaron un compromiso mutuo, tanto entre los pasantes como entre los residentes y trabajadores de la institución. En este contexto, este texto presenta experiencias en una narrativa permeada por las dificultades, potencialidades y motivaciones para aprender Odontología.

Descriptorios: Centros Comunitarios de Salud Mental. Anciano. Salud Bucal. Educación en Salud Dental.

Vivenciando o cuidado em saúde bucal para pessoas idosas em acompanhamento em saúde mental: relato de experiência

Resumo A interlocução entre saúde mental, pessoas idosas e saúde bucal é um assunto que precisa ser abordado na formação em Odontologia. Mesmo que em um curto período dentro dos 5 anos de formação, um momento em que estes temas se

encontram em um estágio extramuros mostra-se interessante e enriquecedor. O objetivo do presente artigo é apresentar um relato de experiência de estudantes de Odontologia na promoção da saúde dentro do escopo da Odontologia em uma instituição de longa permanência em um município do Rio Grande do Sul. Metodologicamente, o presente relato de experiência foi estruturado de acordo com o referencial teórico para Sistematização de Experiências, seguindo os seguintes passos: descrição do ponto de partida, elaboração de perguntas iniciais, reflexão sobre o processo vivido e descrição e apresentação dos pontos finais da experiência. As 7 estudantes de graduação envolvidas nesta experiência planejaram e desenvolveram, com professores-tutores e supervisores locais, ações de cuidado e educação em saúde bucal para 32 pessoas institucionalizadas. As atividades desenvolvidas geraram engajamento mútuo, tanto das estagiárias quanto dos residentes e trabalhadores da instituição. Neste contexto, este texto apresenta experiências em uma narrativa permeada pelas dificuldades, potencialidades e motivações para o aprendizado da Odontologia.

Descritores: Centros Comunitários de Saúde Mental. Idoso. Saúde Bucal. Educação em Saúde Bucal.

INTRODUCTION

The song "*Balada do louco*" (Ballad of a Fool) created and recorded by the Brazilian band Mutantes in 1972 and re-recorded by singer Ney Matogrosso in 1984 soon became a classic that features in its verses (for example, "...but crazy is who tells me so/ and is not happy/ not happy...") an endless number of possibilities for defining and interpreting the physiological and psychopathological condition experienced by the protagonist of this song. The possibilities for defining the idea of "being crazy" corroborate the conceptualization of this term by the World Health Organization (WHO) which, in its mental health report, highlights that in addition to referring to a healthy individual, the term mental health is experienced by everyone and is linked to other factors that coexist within these individuals and are also confronted by them, even when they are not specifically reflecting on this subject¹. Mental health is closely associated with the health status of individuals, and it is not possible to discuss or address this topic separately from general health². Thus, the WHO presents the concept of mental health as: "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community"³.

The Diagnostic and Statistical Manual of Mental Disorders by the American Psychiatric Association⁴ has guided health professionals for more than 60 years with the aim of classifying and diagnosing these disorders in an accessible way, with information provided in simple language, including important epidemiological data for different areas of knowledge. Furthermore, the manual extends to family members and patients as it informs how mental disorders are manifested and identified by qualified professionals, in addition to conceptualizing most mental disorders as an emotional or behavioral imbalance that will contribute to a sense of disharmony in various operational fields (psychological, biological, developmental, among others) alongside the suffering caused by them, thus triggering problems that destabilize the individual's social activities⁴.

For the purposes of this experience report, it can be understood that psychological suffering is found in numerous works by Sigmund Freud, is often related to physical pain, and there is no way to simply deny or escape this suffering⁵. In an abstract concept, psychological suffering is understood as an idealization of failure, a type of suffering whose origin is unknown; a feeling of suffering related to something that triggers an underestimated and singular reaction among individuals⁶. Therefore, people undergoing mental health care are people who require prolonged care according to their needs, so that they can have their well-being assured, learn how to properly handle prescription drugs, be properly assisted in their daily practices, and maintain their overall health⁵.

In primary care, health professionals who work on the front line with this type of public have different ways of evaluating patients with mental disorders, whether focusing on primarily identifying the cause or even establishing standardized

care protocols. There is a consensus that it is necessary to qualify and better train health professionals to assist these individuals, focusing on a perspective that is more humanized and not just conceptual and based on protocols⁷.

Still regarding health professionals, especially dental surgeons, even those who work in specialized clinics fail to care for this type of public or understand the diagnosis of the most prevalent diseases, and this fact extends from their training period to their dental practice performance⁸. Caries stands out as the most prevalent disease, followed by gingivitis and xerostomia which is the most common symptom in individuals with compromised mental health as it is associated with the use of medications that treat mental disorders⁸. Among the elderly, tooth loss is a prominent factor, and the cleaning of their dental prostheses, whether total or partial, is not something done routinely by caregivers, thus contributing to the appearance of oral conditions⁹.

In Brazil, many seniors and individuals who require long-term care or undergo mental health care live in collective long-term care facilities. The National Health Surveillance Agency/ANVISA, according to resolution RDC No. 283, defines Long-Term Institutions for the Elderly/ILPI as "governmental or non-governmental institutions, of residential nature, intended to provide collective domicile for people aged 60 years or over, with or without family support, under conditions of freedom, dignity and citizenship"¹⁰. Thus, in Brazil, ILPIs are homes where not only seniors live together, but also people from other age groups who, regardless of their income, require prolonged care¹¹. The definition of ILPI by Pollo (2008)¹² is also adopted, which states that they are institutions that serve people in vulnerable situations and who have no social support. It is noteworthy that given the increase in the prevalence of depression, anxiety and other mental disorders among institutionalized elderly people, there is a strong presence of these mental health conditions among ILPI residents in Brazil^{13,14}.

It is necessary to highlight some important concepts that permeate the experience reported in this article. To this end, it must be understood that health promotion is currently influenced by international social engagement initiatives aimed at reducing social and health inequalities. Thus, health promotion appears as a set of intersectoral actions that lead to the empowerment of groups of people/populations focused on providing collective health care practices¹⁵. In this context, it is possible to notice a connection with health education which, as the guiding axis of the reported experience, is one of the several possible actions that may be used to promote health. It is believed that both Dentistry students and the individuals who are provided with health education actions promoted by these students are qualified to express their opinion regarding decision-making processes aimed at self-care and collective health care¹⁶.

This report leads to the understanding that health education, which includes oral health, is a political pedagogical process aimed at developing critical and reflective thinking with the purpose of transforming the individual's own health, in addition to the health of a group, family, community or an entire population¹⁷.

Oral health care is understood as a broad approach aligned with the principles of the Unified Health System (SUS) and the Oral Health National Policy/PNSB that support the idea that care reflects not only technical and assistive aspects, but also aspects of integrality, interdisciplinarity, health surveillance and a humanized approach to the individual, whether individually or collectively¹⁸. It should be noted that there is a connection between mental health, elderly people and oral health as described by the WHO, considering that depressive disorders affect around 7% of the elderly population over 60 years of age and may lead to weight loss, damaged life quality, changes in self-esteem^{1,3}, increased use of health services and worsening of oral health. Such aspects are directly linked to the proposal presented in this report for being associated to the experience of health education in an ILPI.

Thus, the objective of this article is to systematically report the learning experience that undergraduate Dentistry students went through, highlighting the challenges they faced while planning and executing actions aimed at promoting oral health for residents of an ILPI undergoing mental health care.

EXPERIENCE REPORT

Methodologically, this experience report was constructed and structured according to the theoretical methodological framework for Systematization of Experiences¹⁹. The systematization of the present experience lived by Dentistry

students in real spaces of care for institutionalized people with mental disorders may be divided into the following stages: description of the starting point, formulation of the initial questions, reflection about the process experienced (background reflection) and, finally, description and presentation of the end points in the form of this article¹⁹. In this process, the starting point refers to the presentation and contextualization of the ILPI aimed at people with mental disorders, which is the learning scenario, culminating with the answer to the following initial guiding question: Does the participation of undergraduate Dentistry students in planning and developing oral health care actions in an ILPI aimed at people with mental disorders and seniors enrich their training process as future dental surgeons?

Context, scenario and planning: the starting point

This experience report was elaborated as part of the activities included in the mandatory curricular internship in Geriatric Dentistry at the School of Dentistry of the Federal University of Rio Grande do Sul. Following the National Curricular Guidelines for Dentistry courses²⁰, the aforementioned school offers a 5-year course with supervised curricular internships totaling 945 hours²¹ of course load, and 45 of these hours are directed to internships in Geriatric Dentistry for students in the 4th year of the course. This internship is, overall, aimed at developing proactivity, autonomy, knowledge and bringing students closer to the ILPI, thus allowing them to combine the application of theoretical knowledge with dental care practices within the context of primary health care and health education for institutionalized elders. (Figure 1).

It is worth noting that each training field is made up of 7 to 10 students who are distributed according to their preferences, and they are duly monitored and supervised while performing care activities focused on oral health by locally sourced preceptors/dental surgeons or college professors who perform preceptorship in some scenarios. Furthermore, tutoring runs concurrently with weekly or bi-weekly meetings conducted by tutor professors, and the student evaluation is subjective and formative throughout the internship program, in which criteria such as proactivity, decision-making, attendance, communication and respect are observed. Following a competency-based curriculum, the internship specifically aims to prepare Dentistry students to manage oral health care for vulnerable elderly people. From a legal perspective, the university has agreements with the institutions in which the studies are carried out.

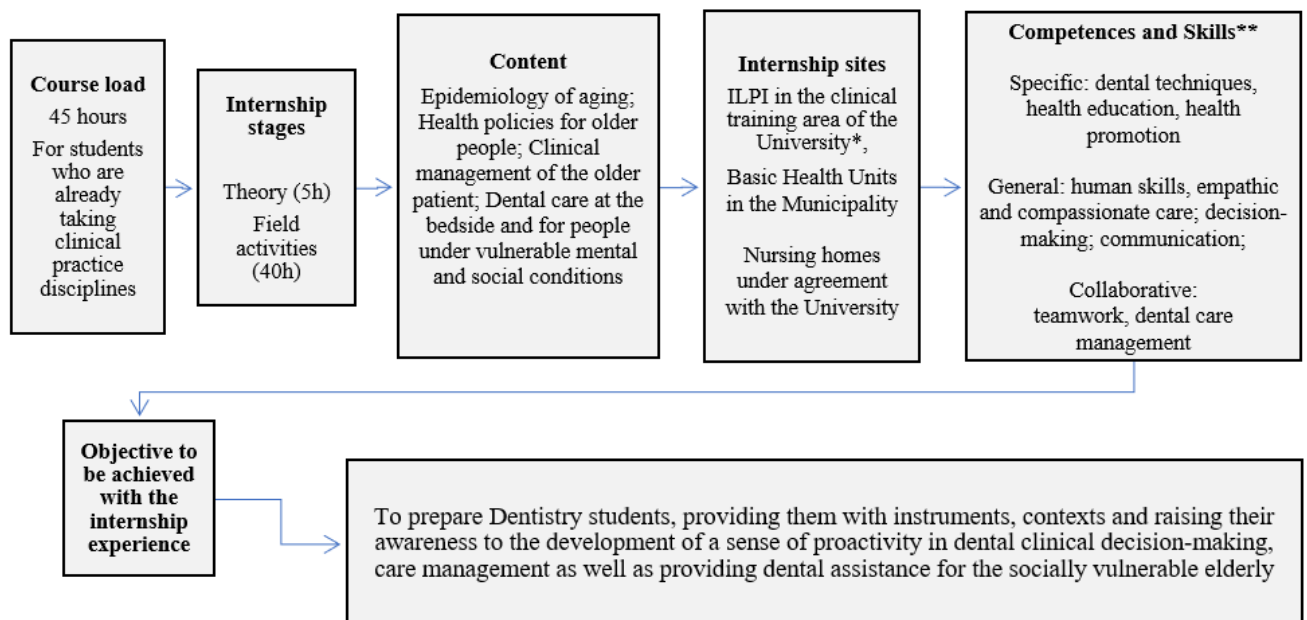


Figure 1. Illustrative diagram of the internship program in Geriatric Dentistry. Experiencing oral health care aimed at older people undergoing mental health care: an experience report. Brazil, 2022. *The internship site where the present report was carried out falls into this category. **Following the National Curricular Guidelines/DCN 2021 and the internship teaching plan.

Once enrolled in the aforementioned internship program, in order to initiate the learning process, the students mapped out the area to find institutions in the clinical training site that were under the responsibility of the university. This mapping process carried out under the guidance of the professor-tutor and the internship coordinator allowed them to gain knowledge on the area in which the University operates, as well as to initiate a situational diagnosis focused on the actual circumstances faced by the institutions in that area. As for the present report, the mapping process was carried out based on the area occupied by the Basic Health Unit geographically close to the School of Dentistry, in the city of Porto Alegre, through telephone contact and a visit to the unit, bearing a cover letter signed by the coordinating professor and internship supervisor.

The learning scenario of this experience report is one of the 7 institutions identified in the mapping process. The ILPI chosen was one that showed interest in receiving Dentistry students focused on planning and developing health promotion actions on its premises. The chosen institution was situated in a neighborhood belonging to the pre-established territory and located near the university, and is characterized as a public-private social support service of residential nature intended as a collective home for people with or without family support, in conditions of freedom, aimed at promoting quality service and ensuring the well-being of its residents, in addition to providing them with health care services performed by qualified professionals.

During the situational diagnosis activity carried out to characterize the institution, it was identified that, at the time of the internship, the institution served people aged 60 to 70 diagnosed with controlled psychiatric disorders, with a higher prevalence of schizophrenia followed by depression and bipolar disorder. Most of these residents were subsidized by their family members and only one of the institutionalized residents was completely supported by the Brazilian Unified Health System and government social programs.

It was informed by the institution's multidisciplinary team that all residents had pre-planned schedules to eat their meals and take their medication. Some had medical consent to smoke cigarettes, which was inspected by caregivers, as well as to perform other daily activities such as brushing their teeth, showering and sleeping. Thus, it was understood that the residents followed daily routines that contributed to the monitoring of their mental health.

The institution had a multidisciplinary team trained to care for and manage these patients consisting of cooks, a nutritionist, caregivers, cleaners, a social worker and psychologists. If other types of assistance were required, the family member was notified so that the appropriate actions were duly arranged. It is important to highlight that some residents had jobs, others were authorized to go out and practice outdoor sports, and there were those who remained full-time at the institution. The coordination was carried out by a social worker who welcomed the interns, showed them around the premises and explained how the place operated.

The first impression of the place was positive, especially in terms of organization and sanitary conditions. Regarding the oral health of the institution's residents, the coordinator had informed that it was hard to access the service and that the residents only sought care in urgent cases. This was an extremely relevant aspect for the group, in other words, they had to tackle the difficulty of access and lack of information encountered by the residents with a methodology based on activities that, in a playful and informative way, would promote the interaction between the large group of residents living in the institution and its workers.

A pain point to be highlighted refers to the psychological conditions faced by the residents of this ILPI. Although the public was different from that treated at the college clinic, the issue was resolved thanks to the receptivity of some residents (not all were present at the first meeting) and local workers, making the group enthusiastic about receiving the internship program in their institution. The lack of knowledge on how to handle psychiatric patients, before meeting them, was another difficulty encountered, which motivated the students to seek information and read about the approach to be used and how to clinically handle these patients.

During the internship, some visits to the institution were made. Once the situational diagnosis was completed, preparatory visits and activities followed. Each step was recorded weekly on a spreadsheet signed by the students and the tutor-professor. The group held periodic meetings with the tutor-professor to elaborate each stage of the action project - from completing the internship terms to planning the actions and anything else that would be necessary for the smooth progress of this learning process. In parallel, the group of students held periodic meetings with the ILPI coordinator to get better contextualization and come up with a joint action plan.

Learning from oral health care actions: background reflection

To plan collective actions directed at the oral health of adults and older people living in the institution and facing certain social vulnerability for undergoing mental health care, some visits were carried out starting with a situational diagnosis under the supervision of the institution's social worker in order to gather information about the site structure, the residents, their routine, their hygiene habits, in addition to finding out how many of them used dental prostheses, what was the role of caregivers and family members regarding their oral health, what was their meal plan and what types of food were most consumed. Finally, information about the psychiatric medications they used was collected.

In this process, it became known that the institution housed around 32 patients divided into 2 houses, with 20 living in one residence and 12 in another. Among them, 1 patient had a strong aversion to the use of fluoride toothpaste. Furthermore, it was informed that the residents were participative and enjoyed playful and interactive activities. All residents had good level of education - the vast majority had completed secondary education, and some had incomplete higher education. Finally, the group noted that the patients needed guidance on oral hygiene, use of toothbrush and dental floss.

In this process, choosing the activities and the shift in which they would be carried out turned into a challenge. The social worker and coordinator of the ILPI suggested the development of activities that stimulated curiosity and engagement with the topics covered, since as previously mentioned, the residents were into playful and interactive activities, and this would result in greater adherence. It is worth highlighting that in this case, playful interactions improve the social skills and interpersonal relationships of seniors and students who are learning in these spaces²². Furthermore, the performance of the activities should respect the daily routine of the residents. In these institutions, well-defined daily routines can improve the life quality of its residents²³. It was decided that the activities would be carried out in the afternoon, as in the morning they were still under the influence of controlled prescription drugs taken the evening before.

Based on these collected data, the group made up of seven 7th semester students of Dentistry planned and developed three collective activities connecting essential concepts for healthcare education: (1) oral health promotion and education, (2) elderly healthcare and mental health, and (3) institutionalized people and the importance of the caregiver. Thus, three health actions were duly planned, developed, proposed, and executed.

The first activity carried out with the residents were conversation circles at the ILPI which, if done in a participatory way, allow the learning-teaching process to occur through reflection and awareness of the importance of self-care²⁴. The conversation circles took place in collective living spaces such as TV rooms or even dining rooms. Initially, the group developed a script containing the main topics to be covered during the activity. The students started by addressing the main topic and using guiding questions such as: do you know what dental caries is? From there, the interns sought to retrieve the residents' prior knowledge on the referred topics so that the conversation could be developed based on the main doubts of the target-audience. The students sought to explain the content, answer questions, and address preventive measures against oral diseases in a clear, simple, playful way and with accessible language. In this way, the residents and the multidisciplinary team were encouraged to speak and have active participation.

Conversation circles were held with all the residents and were monitored and supported by the multidisciplinary team using simple language and addressing topics such as ways to prevent toothbrush trauma and avoid tooth abrasion; soft toothbrush recommendations, use of dental floss, dental tape and interdental brush; use of mouthwash; the importance of fluoride and its present both in toothpaste and drinking water; the development of caries and periodontal disease; the connection between dietary factors and dental caries; use/hygiene of dental prostheses and its relation to the appearance of oral candidiasis.

Furthermore, some oral care issues resulting from aging were emphasized such as the reduction of saliva that can cause a sensation of dry mouth (xerostomia), the patient's tendency to drink less water increasing the risk of dehydration, and periodontal changes such as increased bone resorption. This group activity led to the realization that the use of active methodologies is essential to stimulate participation and keep the participants engaged - this was the only way to get the residents involved in the topics discussed²⁵⁻²⁷. Then, with a mouth-teeth model, the ideal motion for effective brushing using a soft brush was demonstrated, covering all areas of all teeth, as well as the proper use of dental floss, showing how to manipulate it in interdental spaces to complete oral hygiene and pointing out that it can be used before or after brushing, according to each individual's preference. These demonstrations were carried out so that the residents could visualize and put into practice all the knowledge explored during the conversation. Each resident then received a soft toothbrush and an oral hygiene leaflet (Figure 2) created by the group as another reminder of the habits learned during the meeting. The activities were recorded in the form of reports in each intern's field notebook and by taking photographs, always protecting the privacy of the participants. Such records were important for group discussions aimed at preparing the final report on the internship activities.

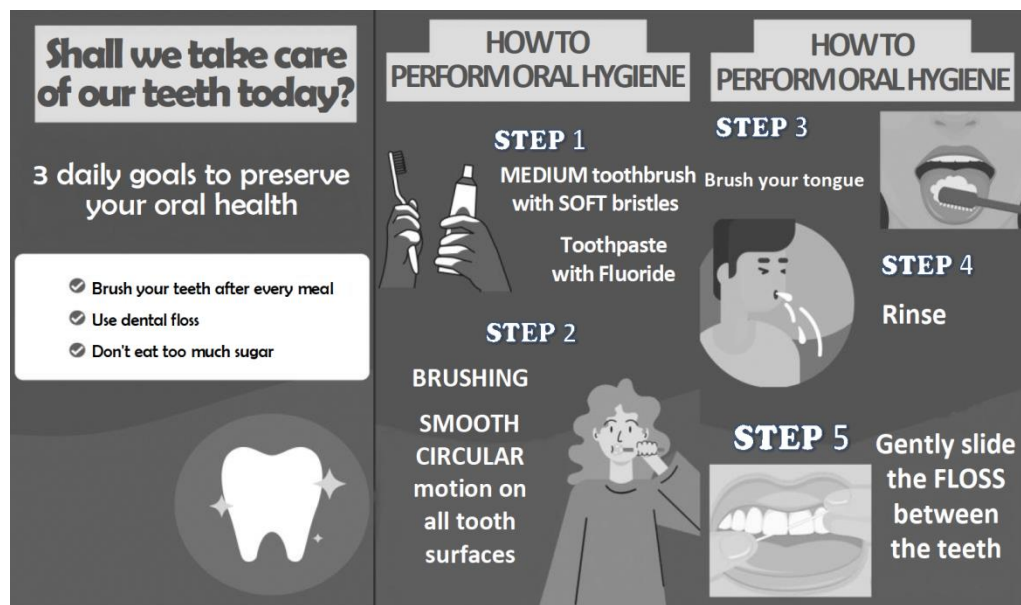


Figure 2. Information leaflet on oral hygiene distributed to the residents.

On another visit to the institution, a second health action was carried out, and it was also an activity in the form of a conversation circle, but this time five of the ten caregivers who were divided into two work shifts (day and night) were present. This conversation circle also had the presence of other professionals and began with an informal presentation by all participating subjects, the caregivers (health technicians) and the interns. A pre-defined script with some content on oral health and hygiene was presented, containing topics of interest previously mentioned by the caregivers such as teeth whitening and the use of activated charcoal, as well as themes that would be extremely relevant to be discussed with these professionals due to their role of encouraging the patients' oral hygiene. Discussions were sparked by doubts and questions from the caregivers. The participants took turns sharing their thoughts while exchanging experience and knowledge. The goal was to always answer the questions in a simple and clarifying way.

In this action, the purpose was to provide information about oral health and hygiene considering the caregivers role as co-responsible in this process, their motivating presence in the institution's routine and their contact with family members who, in this case, were responsible for purchasing the hygiene items of the residents. Also, as they were co-responsible for the orientation and oral hygiene process, the situation of the elderly resident who had an aversion to fluoridated toothpaste was discussed, and it was suggested the replacement of fluoridated toothpaste with artificial saliva and non-fluoridated toothpaste²⁸. Toothpastes containing hydroxyapatite are fluoride-free alternatives that have recently been

shown to be anti-cavity agents and have proven to be effective; however, there are very few clinical studies published on the topic²⁹.

Topics discussed included the connection between certain medication and salivary flow, the appearance of xerostomia and the importance of increasing water consumption among the elderly population; ideal oral hygiene items; how to properly brush, floss and the relevance of tongue brushing; the emergence of dental caries and periodontal diseases; guidance for residents who use removable prostheses, how to properly clean them and downsides of using them at night; types of food and their association with dental caries.

The result was positive, and the caregivers interacted by bringing up curiosities and frequently asked questions from the assisted population, which included topics such as tooth sensitivity caused by the use of activated charcoal toothpaste, daily intake of lemon juice for teeth whitening and types of food residents should avoid eating to achieve better oral health. The visit ended with an emphasis on the importance of maintaining oral health and changing habits in a scenario made up of institutionalized patients who also depend on the encouragement and motivation of the caregivers present in their daily lives. Photographic records were taken throughout the meetings, always preserving the identification of the residents, and showing the integration between the interns and caregivers in the conversation circle. Subsequently, the entire activity carried out was reported to the ILPI.

For the last meeting, the group developed a third health action that consisted of a playful learning activity focused on analyzing whether the content covered during the first meeting was assimilated by the residents. Therefore, the group created tags to play a game of "True or False" and formulated 15 statements about oral health and hygiene for the activity with the aim of reinforcing the topics covered and clarifying doubts from residents and caregivers. Everyone actively participated with questions and additional information related to the answers given and, therefore, a health education action was developed with interactions between the students, the individuals undergoing mental health care and their caregivers, all gathered in an institution outside the college walls. It is essential to form professionals who can deal with the most diverse realities in an integral and humanized way in order to create a bond between the professional and the patient. The patient/professional relationship encompasses a series of subjective aspects that go beyond dental treatment³⁰. Such subjective aspects were experienced in the internship program from the moment when there was an understanding on how to deal with the individual as a "whole" and not just as someone with a disease; how to properly manage explanations/instructions focused on the understanding and satisfaction of the patient, and how to help the patient in terms of perceiving their self-esteem and self-care³⁰.

In response to the initial guiding question of this experience report "Does the participation of undergraduate Dentistry students in planning and developing oral health care actions in an ILPI aimed at people with mental disorders and elderly people enrich their training as future dental surgeons?", a positive response was achieved, as the experiences obtained during the internship had great value for the training process of the students involved in the program, who dealt not only with elderly people, but also with individuals who were undergoing mental health care. Everything was new in terms of the learning routine as the students had no prior knowledge about working with this group of people. It was possible, for example, to observe the connection between xerostomia and the use of controlled drugs for mental health, as well as the best time of day to approach these people in a playful way, encouraging the joint participation of the entire group. It is important to highlight that people with mental disorders are more prone to developing changes in the oral cavity. Despite all the scientific advances in the field of Dentistry, this population still presents poor oral health³¹. Thus, like another similar report³², there was a contribution from the Dentistry students in this context.

FINAL CONSIDERATIONS

Thanks to this opportunity of taking an internship in an institution outside the college walls like the ILPI chosen by the students, which housed seniors and people undergoing mental health care, they were able to have a unique experience as Dentistry undergraduates given the fact that taking an internship focused on psychiatric patients under controlled medication initially proved to be a major challenge due to the lack of prior knowledge in carrying out activities with this group of people. At the same time, this experience proved to be a motivating and extremely relevant factor for the training process of future dental surgeons. It could be noted that the challenging side of this internship allowed the

development of a motivational learning process aimed at outlining oral health care strategies for people who, based on the aspects covered in this report, require certain peculiarities in their care and approach.

During the internship there was excellent response from the institution's coordinator, caregivers and institutionalized patients. When carrying out the activities, the amazement caused by the break from routine and escape from monotony was noticeable in some of the residents' faces. Everyone was very engaged and attentive to the proposed activities, within their limitations. It was noticed that the oral health education action was good for the institution as a whole.

It is expected that the health education activities presented in this study will have relevance and an assertive impact on the oral health of these patients, thus leading to improved self-care and a possible change of habits.

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