ECRONICON OPEN ACCESS

EC DENTAL SCIENCE
Mini Review

Mental Health in the Family Environment and its Impact on the Experiences of Dental Care in Pediatric Dentistry

Maria Cleide Tenório Gomes de Aguiar, Niedje Siqueira de Lima, Maria da Conceição de Barros Correia, Zilma Ribeiro do Nascimento, Leonardo Cavalcanti Bezerra dos Santos, Rosa Maria Mariz de Melo Sales Marmhoud Coury, Criseuda Maria Benício Barros, Kátia Maria Gonçalves Marques, Dayvson Silva dos Santos and Luciana de Barros Correia Fontes*

Department of Clinical and Preventive Dentistry, School of Dentistry, Federal University of Pernambuco (UFPE), Avenida Profressor Moraes Rego, Cidade Universitária, Recife, Pernambuco, Brazil

***Corresponding Author:** Luciana de Barros Correia Fontes, Department of Clinical and Preventive Dentistry, School of Dentistry, Federal University of Pernambuco (UFPE), Avenida Profressor Moraes Rego, Cidade Universitária, Recife, Pernambuco, Brazil.

Received: July 08, 2023; **Published:** July 22, 2023

Abstract

The objective of this work was to report experiences involving the context of mental health in the family environment and the behaviors presented by parents, guardians and children assisted in the clinics-schools of the Dentistry Course of the Federal University of Pernambuco, in northeastern Brazil. These, from the gradual return of dental care in the diverse epidemiological scenarios of COVID-19, with changes in logistics and care protocols. The experiences described here comprise the period between the months of August 2021 to June 2023, considering a weekly demand of approximately 60 consultations for children up to nine years of age. An increase in extreme emotional reactions has been observed, without a direct relationship to possible "triggers" associated with the approach and complexity of the dental procedure. Behavior changes from "apathy" to "aggressiveness" or even "to hysteria". What was narrated, from these experiences, and even if the sociodemographic variables and the cultural diversity of the target audience involved are considered, can serve as an alert for a greater support for mental health, particularly in the more vulnerable groups of individuals.

Keywords: *Mental Health; Family Structure; Pediatric Dentistry; Expressed Emotion*

Background

From the beginning of the pandemic of COVID-19 and even three years after living with the diverse epidemiological scenarios for this serious global public health challenge, the effects of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) on the nervous system remain unclear, there is no doubt that the COVID-19 pandemic is bad for mental health. To alleviate the impact of both the virus and the measures taken to control its spread, we need high quality information about their immediate and long-term effects, and which countermeasures are most effective [1].

Stress, depression, fear, anguish, insecurity, social withdrawal, eating and sleep disorders; many symptoms have been linked to living in the distinct epidemiological scenarios of COVID-19 associated with lowered immunity and not always strengthened resilience [2,3]. In some more vulnerable groups, such as children and adolescents, these variables represented an additional difficulty.

Resilience is understood as a dynamic process of adaptation to challenging life conditions encompassing several aspects of personal resources and is considered to be protective against mental disorders [4].

The comprehensive health care for children and adolescents was greatly compromised, especially in the first wave of COVID-19, and particularly regarding oral health, where professionals were more distant from the "front line" of actions, due to the high risk of infection and transmission during procedures. There was a repressed demand for treatments, with implications in the complexity, in low hygiene, and in the adaptation and management of these, breaking much continuity of attention and conditioning or behavioral management of this target audience [5,6].

The description of this report of experiences is justified, so that a differentiated look can be taken at the possible impacts on the mental health of these children and the family environment where they live, on the behaviors and reactions presented when these services are resumed, especially in university teaching clinics and in Primary Health Care.

Report of experiences

From the gradual resumption of clinical activities in dentistry, according to the epidemiological scenario of COVID-19, there has been a need for adaptations, new logistics for the flow and protocols of care.

The experiences reported here, in a broader way, refer to different situations, found in dental care to children, in the Dentistry course of the Federal University of Pernambuco, in the city of Recife, northeastern Brazil. The period includes experiences from August 2021 to June 2023.

To understand them, we must first situate that health care in Brazil, besides its diverse culture and with influences from different peoples, is based on welcoming, humanization, and integrality, and where there is greater contact with family members or guardians, as part of the care process. This is to establish healthy habits, collaborative behaviors, and the understanding of the dental surgeon as a professional who will treat and "avoid pain, discomfort", not the opposite: "the professional of pain and discomfort".

Extreme behavioral situations with caregivers in crying fits during anamnesis and apathetic children. Some regular child patients until February 2020, cooperative and very communicative, no longer expressing themselves through oral language; circumstances associated with reports of domestic violence at home, especially when with the greater social distance established by the local authorities.

The need to seek the contact of the children's guardians, not only to obtain relevant information about the child's health and with direct relation to dental care, but also to be close to them, in the most invasive procedures. Occasions when children aged between two and five years old, showed fear of the moment experienced during dental care or asked their parents or companions to stay with them, to hold hands. There were several situations where, besides the denial for this proximity, it was not even established a look for the child or children in question, opting for the isolation of the same with the assistance team; most of them informing that they prefer to interact on social networks and "cool down".

Moments where the person responsible for the child went into hysterics, needing attention, or reported experiences that did not occur in the clinic environment. Sometimes there was an acknowledgement of confusion in the memories, sometimes mentioning not knowing with whom it really occurred, and sometimes reinforcing a fact that did not happen. Child patients with very atypical behavior, in relation to what they presented before, with episodes of aggressiveness, without limits.

Yes... these experiences being reduced, with individualized and multiprofessional intervention proposals. Most of the experiences were positive; but, with the experience of the facts that occurred, we need a differentiated look at the approach to these families and also to the students and teachers involved, who were impacted by the form of treatment offered and the even offensive reactions witnessed.

The "lightness" of the conduction in the dental clinic or directed to the child patient, needs to be a goal; because, besides the service itself, the provision of service, the dynamic process of teaching and learning, bonds and behavior patterns are established, which can be perpetuated, and that are positive and growth, for the quality of life of all involved.

Final Considerations

Experiences during pediatric dentistry practice in the clinic-school in question, raise the need for an assistance of mental health support not only for the family nuclei where differentiated behaviors are detected, but for the strengthening of resilience, respect and limits for all those involved in the health care activities of the child, of the human being.

Disclosure

There is no conflit of interest or funding support.

Bibliography

1. Lancet Psychiatry. "COVID-19 and mental health". *Lancet Psychiatry* 8.2 (2021): 87.
2. Daly M and Robinson E. "Depression and anxiety during COVID-19". *Lancet* 399.10324 (2022): 518.
3. López-Gil JF., *et al*. "Sleep-related problems and eating habits during COVID-19 lockdown in a Southern Brazilian youth sample". *Sleep Medicine* 85 (2021): 150-156.
4. Verdolini N., *et al*. "Resilience and mental health during the COVID-19 pandemic". *Journal of Affective Disorders* 283 (2021): 156-164.
5. Danigno JF., *et al*. "Factors associated with the reduction of dental care in Primary Health Care in Brazil after the emergence of COVID-19: a cross-sectional study, 2020". *A Epidemiologia e Serviços de Saúde* 31.1 (2022): e2021663.
6. Kochhar AS., *et al*. "Dentistry during and after COVID-19 pandemic: pediatric considerations". *International Journal of Clinical Pediatric Dentistry* 13.4 (2020): 399-406.

Volume 22 Issue 8 August 2023