Maternal Perceptions on Maternal Anxiety Screening and Referral in a Dental Clinical Setting



NYU Langone Dental Postdoctoral Residency Programs

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INTRODUCTION

- The World Health Organization defines the social determinants of health (SDOH) as the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.
- Despite being preventable, dental caries, gingivitis and periodontal diseases are the most prevalent oral diseases of childhood, with associated pain, infection, and loss of function that exhibit a social gradient, thus linking the SDOH to oral health.

PURPOSE

With funding from the Health Resources and Services Administration (grant # D88HP37549) and in partnership with Sunset Terrace Behavioral Health, the Department of Dental Medicine is seeking to assess the acceptability of screening mothers for anxiety during dental visits for their children and the feasibility of integrating maternal anxiety screening and referral when indicated to the Behavioral Health Program through the Adult Medicine Program.

METHOD

Participating mothers completed 4 questionnaires in English, Spanish, or Chinese, depending upon their language preference:
1) a survey of demographic information; 2) a validated scale to screen for general anxiety disorder (GAD-7); 3) a questionnaire on SDOH adversity screening (SDH-ASQ); and 4) a questionnaire on maternal perceptions of anxiety screening at the dental clinic. A clinical workflow is being developed by an interprofessional team to refer mothers who score moderate to severe anxiety on the GAD-7 to Primary Care for follow-up. Families with identified needs on the SDH-ASQ will be referred to the Family Support Center to be connected to social services according to a workflow being led by colleagues in the Adult Medicine Program and Community-Based Programs across the health center.

Table 1. Demographics

Demographic Characteristics of the Participating Pediatric Dental Patients (N=12) and their Mothers (N=12)

Characteristic	n
Age of Patient	
Under 5 years	4
5 - 12 years	7
Over 12 years	1
Age of mother	
30 years and younger	1
Over 30 years	11
Marital Status	
Married	5
Single, never married	6
Separated	1
Ethnicity	
Asian	4
White	1
Black or African American	2
Hispanic or Latino	4
American Indian or Alaska Native	1
Highest Degree	
Some college credit, no degree	5
High school graduate, diploma or the equivalent	4
Bachelor's degree	3
Type health Insurance	
No insurance	1
Private	2
Medicaid	9
Employment Status	

Employed for wages

Out of work and looking for work

Table 2. Summary of the Acceptability Survey

Maternal Perception following Completion of the Generalized Anxiety Disorder Questionnaire

Illustrative quotation of maternal perceptions Have you filled a similar questionnaire before? If yes: "I have twice before. One was at a parenting program 5 years ago. The other was a year ago at home." What happened after you filled the "I wasn't connected to resources the first time because I was questionnaire last time? [Probe: already receiving therapy. The second time I was connected connected to services; needed no to the WIC (women, infants, and children) program." services etc.] Are you comfortable filling the questionnaire at the dental clinic? "It was easy for me to understand and fill out" How do you feel answering these questions at the dental clinic as compared to the medical clinic? No difference Please tell me why do you feel better or worse at the dental clinic as compared to the medical clinic? "I feel that the dentist can help me with these needs." Worse "Last time was more comfortable because I was able to fill it out at home." Do you feel your dentist can serve as resource to help you get the support you and your family need? Yes, dentists have a deeper connection with patients and moms. Dentists know more about the needs of our community. What challenges do you anticipate if we were to ask these questions to families at the dental visit? Privacy/separate space "Not me personally, but other moms can feel uncomfortable with the loud sounds and not having a dedicated area." "Some people may need help with transportation to the Transportation "There's not enough time to fill this out and pay attention to my child's dental visit simultaneously."

Can you please share some suggestions to improve the experience for the families when filling the

alone."

"You should give more time incorporated to the dental

"You can have a play area for my other kids or have

of my child's dental visit."

can be distracting"

appointment so that I can fill out the form and also be a part

"It would be nice to have a separate area to fill this form out

someone watch them while I fill out the form because they

questionnaire at the dental clinic?

More time

More privacy

Distraction for children

PRELIMINARY RESULTS

- 12 mothers who presented to the clinic with their child for a new pediatric dentistry patient or periodic visit participated in the ongoing study to date
- 58% (n=7) of participating children were aged 5 12 years and 92% (n=11) of the participating mothers were over 30 years of age
- 75% (n=9) of the participating children were covered by Medicaid
- 75% (n=9) of the participating mothers reported minimal anxiety on GAD-7 scale, 17% (n=2) reported mild anxiety on the GAD-7 scale, and 8% (n=1) reported severe anxiety on the GAD-7 scale to date
- 2 mothers were referred to the Adult Medicine Program for possible Behavioral Health Services based on their anxiety scores and maternal requests for referral.

CONCLUSIONS

- While the study is still in progress, the interim analysis found that participating mothers are receptive to anxiety screening in the dental clinic setting.
- The data collection completed at the interim analysis stage will contribute to the final data analysis.
- The workflow for the referral led to revision of the existing referral materials within the health center and will be shared with the participating families.

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Funding provided by the Health Resources and Services Administration (grant # D88HP37549)