Journal of Orthodontics, Vol. 36, 2009, 93–102

SCIENTIFIC SECTION

A qualitative study of orthognathic patients' perceptions of referral to a mental health professional: Part 2—a questionnaire study

Fiona Siobhan Ryan, Justin Shute and Susan J Cunningham
Eastman Dental Hospital, London, UK

Objectives: There is evidence to suggest that clinicians are reluctant to refer orthognathic patients for psychological evaluation due to fear of the patient reacting badly to the suggestion. The aim of this study was to assess orthognathic patients' perceptions of referral to a psychiatrist/psychologist using a previously developed patient-centred questionnaire.

Methods: The study was divided into two parts. Stage 1 (presented previously) involved developing the questionnaire using qualitative methodology and stage 2 involved distribution of the questionnaire to 63 orthognathic patients. This paper describes the findings of stage 2.

Setting: UCLH Foundation Trust.

Results: The majority of patients viewed referral to a psychiatrist/psychologist positively (95.2%), the main benefits being having someone neutral to talk to who could explain and prepare them for treatment. Patients said they would prefer the referral to be made by the clinician they are most familiar with and to see the psychiatrist/psychologist on a one-to-one basis (79.4%) in an environment they are familiar with. The main perceived drawback of seeing a psychiatrist was the inconvenience of an additional visit.

Conclusions: Fear of the patient reacting badly to being referred to a mental health professional appears to be unfounded in this study of patients from a large teaching hospital and should not prevent clinicians referring patients whom they think would benefit from this.

Key words: Questionnaire, qualitative research, patients' perceptions, mental health professional

Received 16th December 2008; accepted 26th January 2009

Introduction

A recent study carried out in the United Kingdom revealed that orthodontists are often reluctant to refer orthognathic patients for psychological assessment, despite a large number of consultants believing that many patients would benefit from such a referral.[1] Predictably, the most common reason for not referring patients was limited access to psychological services. More surprisingly, the second most common reason for clinicians' reluctance to refer was fear of the patient reacting badly to the suggestion and a breakdown of trust in the professional relationship. There is no published literature regarding patients' perceptions of referral to a mental health professional, so it was decided to investigate orthognathic patients' perceptions of mental health services and their feelings towards being referred for psychological evaluation.

As there was no measure currently available to evaluate this it was necessary to develop a questionnaire *de novo* using qualitative methods. The first article in this series describes the questionnaire development process, which involved conducting interviews with orthognathic patients and clinicians. These were analysed qualitatively using thematic content analysis to yield topics of importance with respect to the research question. This article describes the results of a study using the questionnaire at the Eastman Dental Hospital, UCLH Foundation Trust.

Subjects and methods

Ethical considerations

The study was approved by the Joint Research and Ethics Committee of University College London

Address for correspondence: Fiona Siobhan Ryan, Eastman Dental Hospital, London, UK.
Email: fionaryan25@hotmail.com

DOI 10.1179/14653120723004

Table 1 Demographic features of the participants.

Number of participants	63
Response rate	100%
Mean age	24.9 years
Gender	
Male	33.3%
Female	66.7%
Stage of treatment	
Pre-surgery	74.6%
Post-treatment	25.4%
Referred to psychiatrist as part of orthognathic treatment?	
Yes	19%
No	81%
Seen a psychiatrist in the past for any reason?	
Yes	9.5%
No	90.5%

Hospitals Foundation Trust (06/Q0505/17) and the Joint Research and Development Unit of UCL/UCLH. All participants were given written and verbal information. The inclusion criteria were that participants were 16 years of age or older and undergoing active orthognathic treatment. Cleft lip and palate and syndromic patients or those who were no longer in fixed appliances were excluded from the study.

Sample and setting

This study was conducted in a University Teaching Hospital. Patients were identified from the orthognathic waiting list and 63 consecutive patients were approached as they attended their routine orthodontic appointments and invited to participate in the study. Consent forms were signed and participants were given the option of completing the questionnaire (Appendix 1) immediately or at their convenience and returning it in the stamped addressed envelope provided.

The questionnaire consisted of 13 questions, the majority of which included multichotomous, close-ended responses for ease of completion and analysis. The final three questions related to personal details. Free text boxes were also included for each question. Responses were analysed using SPSS© (version 14) and the frequencies of responses expressed as percentages.

It was not possible to conduct a sample size calculation for this study as there were no similar studies in the published literature. In addition, the concepts under investigation were qualitative in nature, and thus statistical significance of the results was not of concern. Instead, it was decided to include as many participants as possible within the time constraints of the research project, so that the results would be as generalizable as possible.

Results

A total of 63 patients completed and returned the questionnaire (100% response rate) during the period October 2006 to March 2007. One third of respondents were male and two thirds were female. The mean age was 24.9 years and 74.6% of respondents were pre-surgery, whilst 25.4% were post-surgery (Table 1).

Question 1 (Table 2) asked patients what they thought the main reason orthognathic patients were referred to a psychiatrist/psychologist was. The most frequent responses were: to give patients methods of coping with the changes that occur following this treatment (39.7% of respondents) and to explain how facial changes will affect their life in general (28.6%).

Question 2 asked who they would prefer to make any referral to a mental health specialist, 38.1% said they would like it to come from their orthodontist, although 30.2% did not mind who made the referral.

Questions 3 and 4 enquired how patients would feel if they were referred to a psychiatrist and just over half (58.7%) said they would not mind at all. If referral were undertaken for all patients, 95.2% said they would be happy to attend and would still continue treatment.

Question 5 was a free-text question and asked patients to state in their own words what they thought a psychiatrist was. The responses could be divided into five categories, including: 'someone who helps people',

Table 2 Responses to question 1 of the questionnaire.

In your opinion, do you think the main reason WE refer orthognathic patients to a psychiatrist/psychologist is	**%**
A. To explain how the facial changes will affect patient's life in general	28.6
B. To talk about psychological issues	6.3
C. To give patients methods of coping with the changes	39.7
D. To diagnose mental health disorders, e.g. depression, severe anxiety	1.6
E. To find out more about patient's reasons for choosing this type of treatment	20.6
F. Other	1.6
G. Unanswered	1.6

'someone who offers coping strategies', 'someone who assesses the state of mind', 'someone to talk to', and 'someone who explains the changes'.

Questions 6 and 7 (Table 3) asked about the advantages and drawbacks of seeing a psychiatrist/psychologist. The main benefits were perceived to be helping patients to focus on their goals (58.7%), having someone neutral to talk to (55.6%), and explaining how they would feel after the treatment (54%). The main drawbacks were seen as having to take time off work (42.9%) and the inconvenience of attending an additional appointment (34.9%). A third of those questioned felt there were no disadvantages at all to seeing a mental health professional.

Question 8 asked patients whether they would like to see the psychiatrist/psychologist alone or in a group with other patients, and the majority (79.4%) chose the former. However, a fifth (20.6%) said they would prefer to see the mental health professional in a group with other orthognathic patients present and this should be considered further in future planning of orthognathic services.

Questions 9 and 10 asked whether patients had been referred to a mental health professional as part of their orthognathic treatment or whether they had been seen by a psychiatrist or psychologist in the past for other reasons. Nineteen per cent of patients had been referred to see the orthognathic liaison psychiatrist as part of their orthognathic treatment and 9.5% had seen a psychiatrist in the past for other unrelated matters.

Discussion

Two thirds (66.7%) of respondents were female and one third was male (33.3%), this accurately reflects the current demographic of orthognathic patients, with females being twice as likely to seek treatment as males.[2] Selection or respondent bias were unlikely to have affected these figures as all patients were approached as they attended clinics over a period of 6 months and only one person refused to participate. The mean age of patients was 24.9 years (range 17 to 54 years). This age range is perhaps wider than that of patients receiving treatment in other units, although no national statistics are available.

The limitations of this study must be borne in mind when interpreting the results of the data, and care should be taken when applying the results to other patient groups, however, every attempt was made to ensure this research is as generalizable as possible so that other units may benefit from the findings.

As many patients as possible were included in order to make the results as generalizable as possible although, it was decided not to include patients who had completed treatment as their perceptions may have changed once treatment finished and this may therefore introduce recall bias.[3] The patients included in this study had all made a decision to proceed with treatment and they may differ in perceptions from those who decline treatment once offered. To this extent this limits how generalizable the results are, however, the current findings are still important in terms of management of patients during the orthognathic care pathway.

The majority of patients were pre-surgery (74.6%), although a quarter (25.4%) were in the post-operative stage of treatment but still wearing fixed appliances. Including patients at different stages of treatment may introduce different confounding factors and ideally the subgroups would have been analysed separately and the results compared. However, the relatively small numbers involved precluded such an approach.

Table 3 Responses to questions 6 and 7 of the questionnaire.

Benefits	%	Drawbacks	
A. To explain to patients how they may feel after treatment	54.0	**A.** Taking time off work	42.9
B. Gives patients the opportunity to talk to someone neutral (not directly involved) about their treatment	55.6	**B.** Cost of travelling to the appointment	22.2
C. Helps patients focus on what they really expect/want from the treatment	58.7	**C.** It involves coming for an extra visit	34.9
D. A psychiatrist/psychologist has more time to discuss personal issues with patients	20.6	**D.** I don't want to discuss personal issues	3.2
E. A psychiatrist/psychologist may identify psychological problems that may affect a patients' satisfaction with the outcome of treatment	49.2	**E.** I may be labelled as being 'mad'	1.6
F. I don't think there are any benefits	1.6	**F.** It may delay my treatment	27.0
G. Other	0.0	**G.** It may prevent me getting the treatment I want	11.1
H. Unanswered	1.6	**H.** I don't think there are any drawbacks	33.3
		I. Other	9.5

Almost 10% ($n=6$) of patients had been referred to see a mental health professional at some point in the past for unspecified reasons before they presented for orthognathic treatment. This number compares closely with the UK national average described in the National Service Framework for Mental Health, which estimates that 9% of patients attending their General Medical Practitioner with mental health problems are referred to specialist services for assessment, advice, or treatment.[4] This also correlates well with previous studies which found that orthognathic patients displayed similar levels of depression to non-patients.[5] Nineteen per cent of patients had been referred to see the psychiatrist at the Eastman Dental Hospital as part of their orthognathic treatment. It was decided to include patients who had previous experience of seeing a mental health professional in the analysis. The responses of these patients may well be affected by their previous experiences, however, it was thought important to include these viewpoints.

The findings from this study demonstrate that orthognathic patients in this unit saw referral to a psychiatrist, or a psychologist, as a generally positive experience and perhaps clinicians underestimate patients' knowledge of, and attitudes towards, orthognathic treatment as a whole. An incidental finding was that the majority of patients acknowledged that moving their teeth and jaws was going to have an impact, not only on how they looked, but also on their lives in general and their overall well-being. This is a positive finding and suggests that many patients appreciate the psychosocial changes that accompany treatment.

More than half of respondents said that they would not mind if they were referred to see a psychiatrist/psychologist, and a further quarter said they would be happy to be referred. This is important as many clinicians have previously assumed that patients would be unhappy at the prospect of seeing a mental health professional, and may have refrained from referring patients as a result,[1] but this does not appear to be the case. In fact, no individual had any negative comments about mental health professionals or what they do. A third of patients said that there were no drawbacks to seeing a mental health professional and of those who did perceive one, the main issue was taking time off work and attending for an additional appointment, rather than being labelled or stigmatized in any way.

Only one person was concerned that they would be labelled as being 'mad' if they were referred to see the psychiatrist. This is interesting as it suggests that the stigma towards seeing a psychiatrist is not as prevalent among patients as clinicians think. This is in contrast to some recent studies which found that the presence, or even the suspicion, of mental illness had a negative impact on how *clinicians* responded to the patient and how they viewed themselves.[6] However, in the unit where this study was undertaken there is a dedicated orthognathic liaison psychiatrist available to all patients, so this may have positively biased the patients.

It is not clear what makes some clinicians reluctant to refer patients to a psychiatrist where such a service exists. There appears to be a dichotomy between clinicians' and patients' attitudes towards mental health services and mental illness. Perhaps clinicians are right to be wary of sending patients to see a psychiatrist/psychologist; indeed, the UK Department of Health figures confirm that fewer than 40% of employers would be prepared to employ someone with mental illness[7] and over a third of people diagnosed with mental illness in the United Kingdom are unemployed.[8] However, in the context of the orthognathic patient, they are not being referred due to mental illness but to support them through a physical treatment process and the benefits in this case are likely to outweigh the drawbacks.

In view of the findings of this research and the national guidelines set out by The Royal College of Psychiatrists, in collaboration with The Royal College of Surgeons of England,[9] the psychological needs of all orthognathic patients must be met, and fear of the patient reacting badly should not prevent referral where it is felt to be appropriate.

Conclusions

The results of this study suggest that in the population studied.

- Orthognathic patients' perceptions of referral to a mental health professional in the unit studied were generally positive.
- The majority of patients said they would prefer to see a psychiatrist/psychologist on a one-to-one basis.
- The major perceived drawback of seeing a mental health professional was the inconvenience of coming for an additional appointment.
- Fear of the patient reacting badly to being referred to a mental health professional appears to be unfounded and should not prevent clinicians referring patients who they think would benefit from such a referral.

Contributors

Fiona Ryan was responsible for patient recruitment, data collection, analysis, and drafting of the manuscript. Susan Cunningham was responsible for the study

design, expert advice, critical revision, and final approval of the manuscript. Justin Shute was responsible for critical revision of the manuscript and expert advice. David Moles provided statistical support. Susan Cunningham is the guarantor.

Acknowledgements

We are very grateful to all the patients who took part in this study and to Dr D. Moles for his statistical support.

References

1. Juggins KJ, Feinmann C, Shute J, Cunningham SJ. Psychological support for orthognathic patients – what do orthodontists want? *J Orthod* 2006; **33**: 107–15.
2. Bailey LJ, Haltiwanger LH, Blakey GH, Proffit WR. Who seeks surgical-orthodontic treatment: a current review. *Int J Adult Orthod Orthognath Surg* 2001; **16**: 280–92.
3. de Oliveira CM, Sheiham A. Orthodontic treatment and its impact on oral health-related quality of life in Brazilian adolescents. *J Orthod* 2004; **1**: 20–27.
4. Department of Health Publications. National Service Framework for Mental Health: modern standards and service models, 1999. Crown copyright, available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009598. Accessed on 5 April 2007.
5. Cunningham SJ, Gilthorpe MS, Hunt NP. Are orthognathic patients different? *Eur J Orthod* 2000; **22**: 195–202.
6. Liggins J, Hatcher S. Stigma toward the mentally ill in the general hospital: a qualitative study. *Gen Hosp Psychiatry* 2005; **27**: 359–64.
7. Manning C, White PD. Attitudes of employers to the mentally ill. *Psychiatr Bull R Coll Psychiatr* 1995; **19**: 541–43.
8. Labour Force Survey, 2006. Office for National Statistics. Crown Copyright, available at: http://www.statistics.gov.uk/STATBASE/xsdataset.asp?More=Y&vlnk=1327&All=Y&B2.x=65&B2.y=1. Accessed on 20 April 2007.
9. Report of the working party on the psychological care of surgical patients. Council report 55. London: Royal College of Surgeons of England and Royal College of Psychiatrists, 1997.

Survey of patients having orthognathic treatment

Appendix 1: survey of patients having orthognathic treatment

What is this questionnaire about?

This survey is designed to help us find out what patients feel about their preparation for brace treatment and facial surgery (orthognathic treatment). We often refer patients to see a psychiatrist or psychologist before treatment and we want to find out if patients think they would benefit from this.

There are no right or wrong answers; we are just interested in your opinions.

Guarantee of Confidentiality

All information you provide will remain strictly confidential and is coded so that you cannot be individually identified in anyway.

Taking part in this survey will **NOT** affect your future care in any way

Thank you for taking the time to complete this confidential questionnaire

Confidential Identification number ☐

Q1. In your opinion, do you think the main reason WE (the doctors on the orthognathic team) refer orthognathic patients to a psychiatrist/psychologist is:

(Please tick ONE box only)

- ☐ To explain how the facial changes will affect patient's life in general
- ☐ To talk about psychological issues
- ☐ To give patients methods of coping with the changes
- ☐ To diagnose mental health disorders, e.g. depression, severe anxiety
- ☐ To find out more about patient's reasons for choosing this type of treatment
- ☐ Other (*please describe*)

_____

_____

_____

_____

_____

_____

Q2. If you were to be referred to the psychiatrist/psychologist, who would you prefer made the referral for you?

(Please tick ONE box only)

- ☐ Your orthodontist
- ☐ Your surgeon
- ☐ Your doctor (GP)
- ☐ Your general dentist
- ☐ Anyone in the orthognathic team
- ☐ Don't mind

Q3. If you were referred to see the psychiatrist/psychologist, as part of your orthognathic treatment, would you feel?

(Please circle ONE number only)

very happy	happy	don't mind	unhappy	very unhappy
1	2	3	4	5

Q4. At the moment we don't have the facilities to send all our patients to the psychiatrist/psychologist.

If we did refer all patients to them, would you…

(Please tick ONE box only)

- ☐ Consider not having treatment here and seek treatment elsewhere
- ☐ Be happy to see the psychiatrist/psychologist and carry on treatment here
- ☐ Decide not to have treatment at all

Q5. In general, what does a psychiatrist or a psychologist do?

_____

_____

_____

_____

_____

_____

_____

_____

_____

Confidential Identification number

Q6. **In your opinion, the BENEFITS of seeing a psychiatrist/psychologist before orthognathic treatment are:**

(Please tick a maximum of three boxes only)

- ☐ To explain to patients how they may feel after treatment
- ☐ Gives patients the opportunity to talk to someone neutral (not directly involved) about their treatment
- ☐ Helps patients focus on what they really expect/want from the treatment
- ☐ A psychiatrist/psychologist has more time to discuss personal issues with patients
- ☐ A psychiatrist/psychologist may identify psychological problems that may affect a patients' satisfaction with the outcome of treatment
- ☐ I don't think there are any benefits
- ☐ Other (*please specify*)

Q7. **In your opinion, the DRAWBACKS of seeing a psychiatrist/psychologist before orthognathic treatment are:**

(Please tick a maximum of three boxes only)

- ☐ Taking time off work
- ☐ Cost of travelling to the appointment
- ☐ It involves coming for an extra visit
- ☐ I don't want to discuss personal issues
- ☐ I may be labelled as being 'mad'
- ☐ It may delay my treatment
- ☐ It may prevent me getting the treatment I want
- ☐ I don't think there are any drawbacks
- ☐ Other *(please specify)*

Confidential Identification number

Q8. **In what environment would you prefer to see a psychiatrist/psychologist?**

(Please tick ONE box only)

- Just you and the psychiatrist
- In a group with other orthognathic patients who are going to receive the same treatment

Q9. **Have you seen a psychiatrist/psychologist in relation to your current orthognathic/dental treatment?**

(Please tick ONE box only)

- Yes
- No

Q10. **Have you ever seen a psychiatrist/psychologist in the past for any other reason?**

(Please tick ONE box only)

- Yes
- No

Q11. **What stage are you at in your orthognathic treatment?**

(Please tick ONE box only)

- Have not started any treatment yet
- Wearing fixed braces (before surgery)
- Had surgery but still wearing fixed braces

Q12. **Are you?**

(Please tick ONE box only)

- Male
- Female

Q13. **What is your current age?**

(Please enter age in numbers, e.g. 32)

Please return this completed questionnaire in the pre-paid envelope to;

XX,
Department of Orthodontics,
Eastman Dental Hospital,
256 Gray's Inn Road,
London WC1X 8LD.

If, as a result of any of the issues raised in this questionnaire, you would like to talk to our psychiatrist, please contact XX on xxxxxxxxxx.

Confidential Identification number 

Thank you for completing this confidential questionnaire. If you have any additional comments, please write them in the space provided below.

If you have any questions about this questionnaire, please feel free to contact XX on xxxxxxxxxxxx.