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Inquiry into the opportunities to improve mental health outcomes for Queenslanders

February 2022

Recipient

Queensland Government Mental Health Select Committee

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About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over 8000 members, and branches in each state and territory. We are the leading voice in nutrition and dietetics in Australia and we advocate for food and nutrition for healthier people and healthier communities. We appreciate the opportunity to provide feedback to the Queensland Government's Mental Health Select Committee regarding opportunities to improve the mental health of Queenslanders.

The Accredited Practising Dietitian (APD) program provides an assurance of safety and quality and is the foundation of self-regulation of the dietetic profession in Australia. APDs have an important role in chronic disease prevention and management, including to address the health needs of people living with mental illness.

This submission was prepared by Dietitians Australia staff in collaboration with members with mental health expertise following the Conflict of Interest Management Policy.

Recommendations

Dietitians Australia recommends:

1. Strong focus on nutrition as part of all mental health care with routine inclusion of APDs in multidisciplinary mental health care teams
2. Funding for FTE positions for dietitians in State-based government-funded mental health initiatives
3. State Government support for the creation of Medicare Benefits Schedule (MBS) items pertaining to depression, other mood disorders and severe mental illness, to include:
    a. introduction of long and short MBS items for APDs for individual and group consultations, in person and by Telehealth
    b. immediate referral to APDs for people who are prescribed antipsychotics and other psychotropic medications where there are known metabolic side effects

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Discussion

General comment

Dietitians Australia strongly supports reforms to the mental health system that improve equity of access and integration of health services to enable all Australians to have optimal physical and mental health care. Access to healthy food and nutrition care are significant factors in the prevention and treatment of mental illness and co-occurring physical illnesses. Improved ability to seek nutrition and dietetic services, supported by government reforms, funding and coordinated healthcare will enable people with mental illness to improve their health and increase their social and economic participation. APDs have a vital role to play.

We welcome the Queensland Government's establishment of the Mental Health Select Committee to inquire into opportunities to improve mental health outcomes for Queenslanders. Beyond the traditional mental health professions – psychiatry, psychology, etc - there is a strong and growing evidence base to support routine inclusion of dietitians in the mental health care team. We strongly encourage the Select Committee to explore alternative funding models and recommend inclusion of dietetic services to ensure equitable access to holistic mental health services. We would warmly welcome the opportunity to present evidence to the Select Committee.

Comments relating to the Terms of Reference of the inquiry

Dietitians Australia submits the following comments with reference to the Mental Health Select Committee's terms of reference, as listed.

1.(c) opportunities to improve economic and social participation of people with mental illness through comprehensive, coordinated, and integrated mental health services (including alcohol and other drugs and suicide prevention)

a. **across the care continuum from prevention, crisis response, harm reduction, treatment and recovery**
b. **across sectors, including Commonwealth funded primary care and private specialist services, state funded specialist mental health services, non-government services and services funded by the NDIS**

Key points

- The link between diet and mental health is well-documented
- The link between mental health and physical health is also well-recognised
- People living with mental illness often have one or more associated physical illnesses, like diabetes and heart disease. This can also happen in reverse – people with these kinds of physical illnesses can become, for example, depressed or anxious or experience other mental illnesses
- Many mental illnesses and their associated physical illnesses can be prevented, managed or treated with dietary intervention when directed by dietitians
- Many mental illnesses often cause people to struggle with staying hydrated, with eating enough of the right food in the right amounts and with getting enough good quality food to support their health. Dietitians can help people who experience difficulty in these ways
- Early dietary intervention is critical for both mental and physical illness
- APDs are experts in nutrition, qualified to provide evidence-based, safe, quality dietetic service and care that help people address their health concerns and promote people's ability to fully participate in society

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Diet and mental health

Recent reviews clearly demonstrate that healthy dietary patterns containing fish, pulses, fruit, vegetables, nuts, and whole grains[a] can lower the risk of depression.[1, 2] Large population based studies and reviews of these have shown strong associations between diet quality and mental health.[2-6] This includes prospective studies such as the large SUN cohort in Spain (over 10,000 participants) that found a healthy Mediterranean diet pattern was associated with a reduction in the risk of developing depression.[5] Conversely, a high intake of discretionary items such as sweets, highly processed cereals, chips, fast-food and sugar sweetened drinks increases the risk of poor mental health.[1, 2] This link between diet and prevention of mental illness highlights the importance of focusing on nutrition as part of prevention and early intervention strategies for mental illness.

Evidence from randomised controlled trials demonstrates that dietary interventions for persons at risk of or with current depression can improve diet quality and reduce incidence and rates of depression.[7, 8] Two Australia-based trials found that diet was a highly effective treatment for depression symptom reduction and also remission of depression when delivered as a tailored service.[9-12] The SMILES trial, which involved individual sessions with an APD, has demonstrated the importance of diet therapy delivered by a dietitian in the treatment of mental illness.

Mental and physical health

Eighty percent of people living with mental illness have co-occurring nutrition-related physical illnesses. These physical illnesses include cardiovascular disease, respiratory disease, metabolic disease, diabetes, osteoporosis, and dental problems.[13] These conditions have established dietary interventions as evidenced in their respective best practice clinical guidelines.

People living with mental illness often experience poor dietary intakes, poor hydration status, difficulty regulating food intake and food insecurity. Poor diet quality, often characterised by foods high in energy and salt, can contribute to physical illness and is prevalent in people across the spectrum of mental illness, but particularly in those living with severe mental illness.[14]

Early dietary intervention is fundamental to reduce disease burden and minimise the impact of physical illnesses. It can mitigate costs to the local and national economy, to individuals, their carers/families and communities by preventing progression and enhancing the management of disease. Early intervention is particularly important in vulnerable groups such as young people (and others as listed in the next section).

Accredited Practising Dietitian (APD) Credential

The professional dietetic credentialing program (the APD Program) and accreditation of university dietetic training programs[b] form the foundation of self-regulation of the dietetic profession in Australia and provide an assurance of safety and high-quality, evidence-based practice.[15] Entry-level dietetic competencies equip dietitians with the knowledge and skills needed to work effectively in mental health. APDs are qualified to provide evidence-based, safe, quality dietetic service and care that help people address their health concerns and promote people's ability to fully participate in society. The Dietitians Australia Mental Health Role Statement (**Appendix 1)** includes more information about the specific skills and knowledge of APDs in mental health.

[a] as recommended in the Australian Dietary Guidelines and typically found in Mediterranean diets

[b] Both are conducted by Dietitians Australia

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1.(e) the mental health needs of people at greater risk of poor mental health

Key points

- Many groups are particularly vulnerable to poor mental health
- Stigma in the health care system and across the community is prevalent and needs to be addressed to ensure people with mental illness, particularly those who are most vulnerable, seek the care they need
- Ensuring food security for all Queenslanders is imperative to help people maintain good mental health and to be resilient in the face of challenges
- A National Nutrition Strategy that is supported by all jurisdictions is needed

Vulnerable groups

Many groups are particularly vulnerable and experience increased risk of mental illness and associated physical illnesses. These groups include veterans, people with disordered eating, people with a disability, Aboriginal and Torres Strait Islander peoples, young people, older people, perinatal women and men, people of cultural and linguistic diversity, the LGBTQIA+ community, victims of domestic violence, sexual harassment and assault victims, people in rural and remote communities and those impacted by natural disasters, among many others. These groups represent people who are at greater risk of mental illness, co-occurring physical illness, early aging and suicide. Early intervention is key, and dietitians can play a lead role in their treatment.

Addressing stigma

Dietitians Australia strongly supports initiatives designed to reduce stigma for Queenslanders living with mental illness. While a national campaign for stigma reduction has been proposed by the Australian Government, Dietitians Australia strongly encourages the Queensland Government to develop State-based initiatives as well. People experiencing mental illness are subject to multiple forms of stigma which is a major contributor to depression, eating disorders and disordered eating. Experiences of stigma in healthcare can prevent people from seeking the care they need, and it can impact on the quality of care they receive.[16-18] Dietitians are well-positioned to take an important advocacy role in addressing stigma in healthcare.

Food security is imperative for the maintenance of good mental health

Dietitians Australia calls on the Queensland Government to ensure all Queenslanders have adequate access to healthy foods. This is especially important in poorly serviced and otherwise disadvantaged communities, and in response to natural disasters and pandemics. It is imperative that the government implement systems to always assure food security for all Queenslanders, and especially in the event of any natural disaster or pandemic. During such events, there is a particularly heightened need for access to good nutrition for physical and emotional wellbeing.

National framework

A structural weakness in health care is the absence of a current national nutrition policy, supported by all jurisdictions. Dietitians Australia calls on the Queensland Government to support calls for a National Nutrition Strategy which would provide a contemporary, comprehensive and integrated framework across the spectrum of nutrition issues, including nutrition and mental health.[19]

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1.(f) how investment by the Queensland Government and other levels of government can enhance outcomes for Queenslanders requiring mental health treatment and support, and

1.(h) mental health funding models in Australia

Key points

- Dietary interventions offer cost-effective measures to address mental and physical illnesses
- Enhanced access to dietetic services through Medicare for holistic mental health care will help to improve Queenslanders' mental health outcomes
- Alternative funding models that support community-based mental health programs would provide for more equitable access to mental health services

New MBS items are needed

Adjunctive dietary interventions lead by APDs offer cost-effective approaches to managing mental health symptomology and physical health.[18-20-25] Dietitians Australia calls on the Queensland Government to support calls for creation of new MBS items ensuring access to dietitians for people living with mental illness. The new MBS items would pertain to depression, other mood disorders and severe mental illness, to include:

a. introduction of long and short MBS items for APDs for individual and group consultations, in person and by Telehealth

b. immediate referral to APDs for people who are prescribed antipsychotics and other psychotropic medications where there are known metabolic side effects

These additional MBS items would allow for the provision of cost-effective services and reduce the burden on GPs. Providing greater access to APDs through Medicare means more Australians can be equipped with the essential skills and knowledge to make healthy food choices that promote wellness and emotional resilience. Dietitians Australia strongly supports a holistic approach to health and broadening the suite of effective, evidence-based service options available to consumers living with mental illness to support their mental and physical health goals.

Alternative funding models

Dietitians Australia also strongly encourages the Queensland Government to explore other funding opportunities to ensure equitable access to services. To promote equity and ensure the skills of dietitians are more routinely included in multidisciplinary practice, alternative funding models such as funding of FTE positions for dietitians in government-funded mental health initiatives are needed.

1.(g) service safety and quality, workforce improvement and digital capability

Key points

- The APD Program assures safety and quality of dietetic service
- There is growing demand for dietetic services, and systems need to be in place to support this growth
- Dietitians deliver clinical care to clients, training to the broader health care team and prevention strategies to the community and are therefore integral to mental health care
- Dietetic interventions can be effectively delivered both in person and via telehealth
- Investment in infrastructure to enhance digital capacity for the entire community is imperative

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The APD Program

As stated above, the APD Program run by Dietitians Australia provides an assurance of safety and high-quality evidence-based practice.[15]

Workforce capacity

The community demand for dietetic services of APDs continues to grow with the greater recognition of the contribution of diet to mental health. APDs can provide individual and group support to those living with mental illness and can also provide nutrition expertise and training to the wider mental healthcare team. There is an increasing need for dietetic positions in the community to support and deliver prevention strategies.

Workforce planning needs to take into consideration this growing demand for dietetic services and ensure that systems are in place to support this growth. Enhancing workforce capacity through appropriate remuneration, student placement and ongoing training in urban, rural and remote settings would support this continuing growth.

Telehealth

Dietitians Australia strongly supports ongoing commitment to telehealth dietetic services as a permanent feature of Medicare.

Telehealth dietetics services are highly cost effective, with cost per Quality Adjusted Life Years (QALY) gained ranging from 0.4% to 62.5% of GDP per capita.[26] Increased access to allied health services will reduce expenditure on medications and decrease hospital costs, as demonstrated by pilot projects.[27]

Patients can receive high quality and effective dietetic services via telehealth. Outcomes of telehealth dietetics are as effective as in-person services and do not require training beyond graduate level. Telehealth services improve access to effective nutrition services, help to address health inequalities and support Queenslanders to optimise their health and well-being, regardless of location, income or literacy level.[28]

Tenuous access to healthcare in regional, rural and remote Australia has been a sore reality given a spotlight during the COVID-19 pandemic. Restrictions on movement of health professionals and people seeking care has placed great strains on regional health care and impacted the wellbeing of thousands of Australians. Telehealth has been a crucial lifeline in these times, giving Australians access to health care that is lacking in their region. However, rural and remote Australians face barriers to even telehealth access, that city-dwellers often do not.[29]

Rural and remote Australians face barriers related to service suitability, reliability and affordability,[29] and are more reliant on out-dated telecommunications technology such as landline services delivered through the copper wire network.[30] This can negatively impact telehealth services like video calls (eg Zoom, Coviu, WebEx) and secure voice calls (eg WhatsApp, Telegram). Initiatives in the United States and United Kingdom demonstrate that investment in telecommunications infrastructure in rural and remote areas improves access to health care.[31, 32] Dietitians Australia therefore strongly encourages the Queensland Government to advocate for and support greater investment in telecommunications infrastructure in rural and remote areas as a high priority.

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References

1. Opie R, Itsiopoulos C, Parletta N, Sánchez-Villegas A, Akbaraly TN, Ruusunen A, et al. Dietary recommendations for the prevention of depression. Nutritional neuroscience. 2017;20(3):161-71

2. Li Y, Lv M-R, Wei Y-J, Sun L, Zhang J-X, Zhang H-G, et al. Dietary patterns and depression risk: a meta-analysis. Psychiatry research. 2017;253:373-82

3. Lai JS, Hiles S, Bisquera A, Hure AJ, McEvoy M, Attia J. A systematic review and meta-analysis of dietary patterns and depression in community-dwelling adults. The American journal of clinical nutrition. 2014;99(1):181-97

4. Psaltopoulou T, Sergentanis TN, Panagiotakos DB, Sergentanis IN, Kosti R, Scarmeas N. Mediterranean diet, stroke, cognitive impairment, and depression: a meta‐analysis. Annals of neurology. 2013;74(4):580-91

5. Sánchez-Villegas A, Delgado-Rodríguez M, Alonso A, Schlatter J, Lahortiga F, Majem LS, et al. Association of the Mediterranean dietary pattern with the incidence of depression: the Seguimiento Universidad de Navarra/University of Navarra follow-up (SUN) cohort. Archives of general psychiatry. 2009;66(10):1090-8

6. Lassale C, Batty GD, Baghdadli A, Jacka F, Sánchez-Villegas A, Kivimäki M, et al. Healthy dietary indices and risk of depressive outcomes: a systematic review and meta-analysis of observational studies. Molecular psychiatry. 2019;24(7):965-86

7. Sánchez-Villegas A, Martínez-González MA, Estruch R, Salas-Salvadó J, Corella D, Covas MI, et al. Mediterranean dietary pattern and depression: the PREDIMED randomized trial. BMC medicine. 2013;11(1):1-12

8. Stahl ST, Albert SM, Dew MA, Lockovich MH, Reynolds III CF. Coaching in healthy dietary practices in at-risk older adults: a case of indicated depression prevention. American Journal of Psychiatry. 2014;171(5):499-505

9. Jacka FN, O'Neil A, Opie R, Itsiopoulos C, Cotton S, Mohebbi M, et al. A randomised controlled trial of dietary improvement for adults with major depression (the 'SMILES'trial). BMC medicine. 2017;15(1):1-13

10. Opie RS, O'Neil A, Jacka FN, Pizzinga J, Itsiopoulos C. A modified Mediterranean dietary intervention for adults with major depression: Dietary protocol and feasibility data from the SMILES trial. Nutritional neuroscience. 2018;21(7):487-501

11. Parletta N. A Mediterranean-style dietary intervention supplemented with fish oil improves diet and mental health in people with depression: a 6-month randomized controlled trial (HELFIMED). BMC Medicine. 2017;Under review

12. Zarnowiecki D, Cho J, Wilson A, Bogomolova S, Villani A, Itsiopoulos C, et al. A 6-month randomised controlled trial investigating effects of Mediterranean-style diet and fish oil supplementation on dietary behaviour change, mental and cardiometabolic health and health-related quality of life in adults with depression (HELFIMED): study protocol. BMC Nutrition. 2016;2(1):1-10

13. National Mental Health Commission. Equally Well Consensus Statement: improving the physical health and wellness of people living with mental illness in Australia. Sydney NMHC 2016.

14. Teasdale SB, Ward PB, Samaras K, Firth J, Stubbs B, Tripodi E, et al. Dietary intake of people with severe mental illness: systematic review and meta-analysis. The British Journal of Psychiatry. 2019;214(5):251-9

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15. Dietitians Australia. Accredited Practising Dietitian Program. 2020 [Available from: https://dietitiansaustralia.org.au/maintaining-professional-standards/apd-program/.

16. Corrigan PW, Druss BG, Perlick DA. The impact of mental illness stigma on seeking and participating in mental health care. Psychological Science in the Public Interest. 2014;15(2):37-70

17. Tyerman J, Patovirta A-L, Celestini A. How stigma and discrimination influences nursing care of persons diagnosed with mental illness: a systematic review. Issues in mental health nursing. 2021;42(2):153-63

18. Phelan SM, Burgess DJ, Yeazel MW, Hellerstedt WL, Griffin JM, van Ryn M. Impact of weight bias and stigma on quality of care and outcomes for patients with obesity. obesity reviews. 2015;16(4):319-26

19. Dietitians Australia. Nourish not Neglect. 2019 [Available from: https://dietitiansaustralia.org.au/voice-of-daa/advocacy/call-for-a-new-national-nutrition-policy/.

20. Chatterton ML, Mihalopoulos C, O'Neil A, Itsiopoulos C, Opie R, Castle D, et al. Economic evaluation of a dietary intervention for adults with major depression (the "SMILES" trial). BMC Public Health. 2018;18(1):1-11

21. Holt RI, Hind D, Gossage-Worrall R, Bradburn MJ, Saxon D, McCrone P, et al. Structured lifestyle education to support weight loss for people with schizophrenia, schizoaffective disorder and first episode psychosis: the STEPWISE RCT. Health Technology Assessment (Winchester, England). 2018;22(65):1

22. Meenan RT, Stumbo SP, Yarborough MT, Leo MC, Yarborough BJH, Green CA. An economic evaluation of a weight loss intervention program for people with serious mental illnesses taking antipsychotic medications. Administration and Policy in Mental Health and Mental Health Services Research. 2016;43(4):604-15

23. Osborn D, Burton A, Hunter R, Marston L, Atkins L, Barnes T, et al. Clinical and cost-effectiveness of an intervention for reducing cholesterol and cardiovascular risk for people with severe mental illness in English primary care: a cluster randomised controlled trial. The Lancet Psychiatry. 2018;5(2):145-54

24. Segal L, Twizeyemariya A, Zarnowiecki D, Niyonsenga T, Bogomolova S, Wilson A, et al. Cost effectiveness and cost-utility analysis of a group-based diet intervention for treating major depression–the HELFIMED trial. Nutritional neuroscience. 2020;23(10):770-8

25. Verhaeghe N, De Smedt D, De Maeseneer J, Maes L, Van Heeringen C, Annemans L. Cost-effectiveness of health promotion targeting physical activity and healthy eating in mental health care. BMC Public Health. 2014;14(1):1-9

26. Rinaldi G, Hijazi A, Haghparast-Bidgoli H. Cost and cost-effectiveness of mHealth interventions for the prevention and control of type 2 diabetes mellitus: A systematic review. Diabetes Res Clin Pract. 2020;162:108084.10.1016/j.diabres.2020.108084

27. Department of Health. Evaluation report of the diabetes care project. Canberra2015.

28. Kelly JT, Allman-Farinelli M, Chen J, Partridge SR, Collins C, Rollo M, et al. Dietitians Australia position statement on telehealth. Nutrition & Dietetics. 2020;77(4):406-15.10.1111/1747-0080.12619 https://doi.org/10.1111/1747-0080.12619

29. Park S. Digital inequalities in rural Australia: A double jeopardy of remoteness and social exclusion. Journal of Rural Studies. 2017;54:399-407.https://doi.org/10.1016/j.jrurstud.2015.12.018 http://www.sciencedirect.com/science/article/pii/S0743016715300693

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30. Productivity Commission. Telecommunications Universal Service Obligation: Inquiry Report. 2017 [Available from: https://www.pc.gov.au/inquiries/completed/telecommunications/report.

31. Townsend L, Sathiaseelan A, Fairhurst G, Wallace C. Enhanced broadband access as a solution to the social and economic problems of the rural digital divide. Local Economy. 2013;28(6):580-95.10.1177/0269094213496974 https://doi.org/10.1177/0269094213496974

32. Prieger JE. The broadband digital divide and the benefits of mobile broadband for minorities. The Journal of Economic Inequality. 2015;13(3):373-400.10.1007/s10888-015-9296-0 https://doi.org/10.1007/s10888-015-9296-0

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APPENDIX 1

Mental Health Role Statement

Developed by members of the Mental Health Interest Group

Introduction

Accredited Practising Dietitians (APDs) are recognised professionals with the qualifications and skills to provide expert nutrition and dietary advice. APDs are qualified to advise individuals and groups on nutrition related matters.

APDs have university training accredited by Dietitians Australia, undertake ongoing professional development and commit to evidence-based practice. They comply with the Dietitians Australia Code of Conduct for Dietitians & Nutritionists and commit to providing quality service.

APD is the only national credential recognised by the Australian Government, Medicare, the Department of Veterans Affairs and most private health funds as the quality standard for nutrition and dietetics services in Australia. It is a recognised trademark protected by law.

Purpose of this role statement

1. To define the role an APD may fulfil when working in the area of mental health
2. To promote the knowledge and expertise of an APD, broadly and in the area of mental health and beyond National Competency Standards
3. To advocate for dietetic services

Knowledge and skills in this area of practice

Entry level dietetic competencies ensure all APDs can conduct comprehensive assessments (assessment, diagnosis, intervention, monitoring and evaluation). Within a particular practice area, APD skills and knowledge will range from entry level to highly skilled. Within this continuum APDs can either fully manage the patient, seek support (clinical supervision, secondary consultation, mentor) to continue seeing the patient or choose to refer the patient on.

The following is a list of skills and knowledge required to work in the mental health area:

Knowledge

4. Mental illness (e.g. diagnoses, symptoms, and treatments[1]) and its potential influence on psychosocial circumstances, which may significantly impact a client's cognition, behaviour, motivation and capacity to implement lifestyle change or maintain a healthy lifestyle.
5. The bidirectional relationship between diet and mental illness, including:
    a. The role of nutrition and diet in the development, prevention and management of depression and anxiety[2–5] and the association between mental illness and physical health, particularly in regard to metabolic conditions[6]; and

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b. The potential metabolic impact of psychotropic medication on client's physical health[7], appetite regulation, level of motivation/alertness/ feeling of sedation, and physical activity.

6. The recovery approach and its application to diet therapy, including client-centred strategies for long-term dietetic and lifestyle self-management of relevant physical health issues, including those related to long term use of medication.[8]
7. The broad range of nutritional issues, their impact and management, which frequently co-exist with mental illness, including eating disorders, disabilities and bariatric clients.
8. The mental health sector, including roles and workings of mental health teams and relevant community resources and services to support people with mental illness.

Skills

9. Psychoeducation, counselling and behaviour change techniques to assist in building motivation and capacity for lifestyle change and self-management.
10. Nutrition counselling, using an empathic, non-judgemental approach, psychosocial and cultural awareness, to enhance client engagement.
11. Ability to frequently communicate with multidisciplinary mental health teams, clients, family and carers, as collaboration underpins treatment.

Activities entry level APDs would conduct

12. Assessment and monitoring, recognising key issues in mental illness:
    a. psychotropic medication side effects and nutrient interactions
    b. risk of co-morbid metabolic and other physical health conditions, and key relevant biochemical measures (including lipids, glucose, LFTs, folate, B12, vitamin D)[9, 10]
    c. behavioural, motivational, social, and financial challenges
    d. concurrent addictions and substance use
    e. disordered food/eating patterns.
13. Client centred nutrition interventions, utilising elementary counselling skills, and tailored to the individual's needs and requirements to enhance self-management.
14. Collaboration with clients, carers, families, GPs and multidisciplinary mental health teams to develop a suitable nutrition plan, which balances relevant health issues and priorities, and may include working primarily with those supporting the client.

Activities APDs working at a higher level would conduct

15. Utilise advanced counselling and coaching skills to enhance lifestyle change and client outcomes, particularly when working with clients with severe mental illness.
16. Nutrition advocacy and provision of nutrition education within the mental health sector, given the prevalence of co-morbid physical health issues, which have not traditionally been a focus in this practice area.
17. Apply understanding of the unique and varied food service needs and specific food service guidelines for mental health populations.
18. Research contributing to the emerging evidence base in nutrition and mental health.

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Any individual practitioner should refer to the Scope of Practice Decision Tool to determine if a task is within their scope of practice.

Activities Dietitians working in this area of practice do not usually undertake

19. Diagnose mental illness and conduct mental health risk assessment: undertaken by medical staff and mental health clinicians.
20. Assess safety and functioning while cooking: undertaken by Occupational Therapists.
21. Assess physical activity capacity: undertaken by Exercise Physiologists and/or Physiotherapists.
22. Assess swallowing difficulties: undertaken by Speech Pathologists.

Appendix A – Background

Mental health teams which include psychiatrists, nursing staff and other allied health clinicians have traditionally focussed on their clients' mental state and recovery, and often lack adequate knowledge, skills and capacity in providing optimal physical health support. Given the well-documented poor physical health and subsequent mortality gap, dedicated specialist clinicians including dietitians are required, and they are a relatively new addition to the mental health team. Psychotropic medications, particularly antipsychotic medications, stimulate appetite and excessive food intake. Mental illness can also have a marked impact on energy levels and motivation (often referred to as the "negative symptoms" of the illness). In addition, mental illness may impact on a person's life and nutrition status in many other ways, including social stigma, social and geographical isolation, access to transport, financial status and self-esteem. All of these factors can impact on a client's capacity for lifestyle change, or to follow a healthy lifestyle, and ability to plan, access, prepare and consume nutritious food and undertake physical activity. All of these challenges mean that lifestyle intervention often requires intensive behaviour change and lifestyle change techniques that dietitians are well placed to provide. Dietitians have been shown to provide more effective nutrition interventions for the physical health of people with severe mental illness than other clinicians and should be considered core members of mental health teams.[11] In addition to nutrition-related side effects, dietitians are ideally placed to manage the specific psychotropic medication-nutrient interactions. The role of dietitians working in severe mental illness, and practice recommendations, are well-documented.[7, 12]

The role of dietitians in high-prevalence mental illnesses (depression/anxiety) is coming to fruition. A review of the literature concluded that, (i) whole of diet (rather than individual nutrient) interventions are an effective method in improving symptoms of depression and anxiety, and (ii) dietitians should deliver the nutrition intervention.[4] To date, three Australian-based, dietitian-led intervention studies have been completed and have shown efficacy in improving symptoms of depression/anxiety.[2–3, 5] Dietetic interventions can be considered effective adjunctive care in high-prevalence mental illness.

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References

1. Royal Australian & New Zealand College of Psychiatrists (RANZCP). Guidelines and resources for practice. Cited 2018 March 31; Available from: https://www.ranzcp.org/Publications/Guidelines-and-resources-for-practice.
2. Forsyth A, Deane FP, Williams P. A lifestyle intervention for primary care patients with depression and anxiety: A randomised controlled trial. Psychiatry Res, 2015; **230**: 537–44.
3. Jacka FN, O'Neil A, Opie R, et al. A randomised controlled trial of dietary improvement for adults with major depression (the 'SMILES'trial). BMC Med, 2017; **15**: 23.
4. Opie RS, O'Neil A, Itsiopoulos C, Jacka FN. The impact of whole-of-diet interventions on depression and anxiety: a systematic review of randomised controlled trials. Public Health Nutr, 2015; **18**: 2074–93.
5. Parletta N, Zarnowlecki D, Cho J, et al. A Mediterranean-style dietary intervention supplemented with fish oil improves diet and mental health in people with depression: a 6-month randomized controlled trial (HELFIMED). BMC Med, [epub ahead of print 2017 Dec 7, doi: 10.1080/1028415X.2017.1411320].
6. Vancampfort D, Stubbs B, Mitchell AJ, et al. Risk of metabolic syndrome and its components in people with schizophrenia and related psychotic disorders, bipolar disorder and major depressive disorder: a systematic review and meta-analysis. World Psychiatry, 2015; **14**: 339–47.
7. Teasdale SB, Samaras K, Wade T, Jarman R, Ward PB. A review of the nutritional challenges experienced by people living with severe mental illness: a role for dietitians in addressing physical health gaps. J Hum Nutr Diet, 2017; **30**: 545–53.
8. Bruce K, et al. Continuing Education: Nutrition issues for the mental health patient population. Nutr Diet, 2010; **67**: 124–7.
9. Lambert TJ, Reavley NJ, Jorm AF, Oakley-Browne MA. Royal Australian and New Zealand College of Psychiatrists expert consensus statement for the treatment, management and monitoring of the physical health of people with an enduring psychotic illness. Aust N Z J Psychiatry, 2017; **51**: 322–37.
10. Early Psychosis Guidelines Writing Group and EPPIC Naional Support Program. Australian Clinical Guidelines for Early Psychosis. 2nd ed update. 2016, Melbourne: Orygen, The National Centre of Excellence in Youth Mental Health.
11. Teasdale SB, Ward PB, Rosenbaum S, Samaras K, Stubbs B. Solving a weighty problem: systematic review and meta-analysis of nutrition interventions in severe mental illness. Br J Psychiatry, 2016; **210**: 110–8.
12. Teasdale SB, Latimer G, Byron A, et al. Expanding collaborative care: integrating the role of dietitians and nutrition interventions in services for people with mental illness. Australas Psychiatry, 2017; **26**: 47–9.