

Mental Health Briefing Paper

Position

It is the position of Dietitians Australia that Accredited Practising Dietitians (APDs) are health professionals equipped to take a lead role in multidisciplinary teams to provide effective, evidence-based dietary interventions for the prevention, treatment and management of mental illness and/or associated physical illness.

Recommendations

Dietitians Australia calls for equity and greater access to dietetic services in the prevention and treatment of mental illnesses and related physical illnesses through:

1. Inclusion of dietitians in the Medicare Benefits Scheme (MBS) 'Better Access to Psychiatrists, Psychologists and General Practitioners' (Better Access) initiative
2. Funding for FTE positions for dietitians in government-funded mental health initiatives
3. Creation of 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

Summary Points

- APDs are health professionals who are equipped to take a lead role in multidisciplinary teams in the prevention, treatment and management of mental illness and/or physical illness.
- Mental illness costs the economy \$70 billion annually. The cost of physical illness alone in those with severe mental illness is \$15 billion annually.
- The additional economic cost of disability and early mortality of those with mental illness is approximately \$150 billion.
- Half of all Australians will experience some form of mental illness in their lifetime. Each year, about 5 million Australians experience mental illness. 10% experience mood disorders as a long-term illness.
- 4 million Australians are estimated to be affected by eating disorders and disordered eating.
- Mental and substance use disorders are the 4th leading cause of disease burden in the Australian population.
- The life expectancy of people affected by mental illness is often shortened by as much as 30%
- 80% of people living with mental illness have comorbid physical illnesses that have recognised effective dietary interventions for prevention, treatment and management when delivered by dietitians.

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- People with severe mental illness are 6 times more likely to die from cardiovascular disease and 4 times more likely to die from respiratory disease than the rest of the population. These conditions can be prevented, treated and managed through dietary interventions by dietitians.
- People with mental illness often have poorer dietary intakes, poor hydration status, difficulty regulating food intake and food insecurity. Poor nutrition contributes to both poor physical health and mental illness.
- People experiencing mental illness are subject to multiple forms of stigma, including weight stigma which in turn is a major contributor to depression, eating disorders and disordered eating. Dietitians are well-positioned to take an important advocacy role in addressing bodyweight-based discrimination in healthcare.
- The incidence of mental illness doubled during early COVID-19 pandemic restrictions. A 15% national increase in access to Medicare-subsidised mental health services has been witnessed.
- In 2016 and 2017, the Australian Government acknowledged the health service inequities for people with mental illness and committed to improving the physical health of those with mental illness. Little action has been taken on the government's commitments to date.
- Adjunctive dietary interventions lead by APDs offer cost-effective approaches to managing mental health symptomology and physical health.

Background

Half of all Australians will experience some form of mental illness in their lifetime.¹ Mental illness is a collective term that describes a wide array of conditions such as mood, anxiety, personality, psychotic, substance use and eating disorders.² Every year about 4 million Australians over 16 experience mental illness, 250,000 of whom experience affective disorders such as depression.^{1,3} National Health Survey results from 2017-18 show that 12.8% of adults over 18 report depression or depressive symptoms, an increase from 10.9% in 2014-15.^{4,5}

Mental and substance use disorders are the 4th leading cause of disease burden in the Australian population, representing 12% of the national burden of disease and the leading cause of non-fatal burden.^{3,6}

The life expectancy of people affected by mental illness is often shortened by as much as 30%.⁷ The incidence of premature death in people living with mental illness represents one-third of all preventable deaths. The impact of mental illness on life expectancy in the general population mirrors the impacts of health disparities of Aboriginal and Torres Strait Islander populations, which is further reduced with mental illness.³

Mental illness impacts all society and is associated with significant economic costs. Mental illnesses are whole-of-life conditions, impacting the economy, society and health of Australia. In 2018, psychosocial disability affected 1.1 million (4.6% of) Australians.⁸ Mental illness impacts the capacity of those affected in the workplace and results in more frequent absences and lower performance. The cost to the economy as a macroeconomic flow-on effect is \$70 billion annually.⁹ Physical illness alone in people living with severe mental illness in Australia costs \$15 billion annually.^{3,9} The additional, avoidable economic burden of disability and early mortality of people with mental illness is approximately \$150 billion annually.¹⁰ The healthcare costs for individuals living with mental illness increases by at least 45% when they also have a long-term physical illness. These costs are largely avoidable.^{3,6,8}

Evidence

APDs are health professionals qualified in clinical, food service, community and public health nutrition and should play pivotal roles in multi-disciplinary mental healthcare teams. APDs provide effective, evidence-based dietary interventions to improve symptoms of mental illness and to prevent, treat and manage the physical illnesses associated with mental illness. APDs working in mental health are highly equipped with assessment, intervention, monitoring and evaluation, counselling and psychoeducation skills, in addition to extensive behaviour and lifestyle modification techniques to help people living with mental illness. But they continue to be under-recognised and underutilised. Refer to the [Dietitians Australia Mental Health Role Statement](#) for more information about the specific skills and knowledge of APDs in mental health.

Early dietary intervention, with referral to an APD, will help prevent, treat and manage common mental illnesses and other mental disorders, including eating disorders. Early intervention, together with collaborative care, will mitigate costs to the economy, reduce the burden of disease and minimise the impact of physical illnesses. Early intervention is particularly important in vulnerable groups such as young people. Current available evidence points strongly to the cost effectiveness of dietary interventions for prevention, treatment and management of mental illnesses.¹¹⁻¹⁶ Dietitians Australia is undertaking comprehensive cost-benefit research to demonstrate further the cost effectiveness of dietary intervention.

Eighty percent of people living with mental illness have comorbid physical illnesses that have recognised effective dietary interventions when delivered by dietitians, yet the link between mental and physical illness and the role of dietitians is not well-recognised. Comorbidities in people living with mental illness include obesity, cardiovascular disease, respiratory disease, metabolic disease, diabetes, osteoporosis, and dental problems.³ These conditions have established dietary interventions as evidenced in their respective best practice clinical guidelines. Early intervention prevents progression and enhances the management of these illnesses for which dietary intervention is fundamental.

Cardiovascular and respiratory diseases are the leading causes of death in people living with severe mental illness. These people are 6 times more likely to die from cardiovascular disease and 4 times more likely to die from respiratory disease than the rest of the population.³ Dietitians have best practice guidelines to provide effective medical nutrition therapy for these conditions. Diagnosis of these conditions in people with mental illness should automatically trigger referral to a dietitian, yet this is happening infrequently.

People living with mental illness often have poor dietary intakes, poor hydration status, difficulty regulating food intake and food insecurity, yet nutrition is not part of care plans. Poor diet quality, often characterised by foods high in energy and sodium, 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.¹⁷ There is growing evidence of the direct impact that nutrients, food, dietary patterns and behaviours have on mental health showing they help support healthy brain structure and function in many ways. Factors that adversely affect physical health such as inflammation, glucose intolerance, impaired cerebral blood flow and oxidative stress, also impact on mental health.^{18,19}

Eating disorders and disordered eating affect 16% of the Australian population (about 4 million people) with the most common forms being binge eating disorders (6% or 1.5 million people) and other specified feeding or eating disorders (5% or 1.25 million people). Mortality rates in people with eating disorders and disordered eating are higher than the rest of the population. For anorexia nervosa it is 5 times higher. Risk factors stem from problematic food and health beliefs, attitudes and behaviours, including dieting, weight and shape concerns, low self-esteem, parental, peer and social norms, media exposure and weight stigma.²⁰

Many groups are particularly vulnerable and experience increased risk of mental illness and associated comorbidities. 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 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, comorbid physical illness, early aging and suicide. Early intervention is key, and dietitians can play a lead role in their treatment.

Australians experienced a doubling in the prevalence of mental illness, particularly depression and anxiety during early COVID19 pandemic restrictions.²⁰ Since mid-March 2020, there has also been an increase of 15% in the access of Medicare-subsidised mental health services nationally.²¹ An increase in the incidence of eating disorders and perinatal depression has also been reported.^{23,24}

In 2016 and 2017, the Australian Government acknowledged the health service inequities for people with mental illness and committed to improving the physical health of those with mental illness. Little action has been taken on its commitments to date. The *Equally Well Consensus Statement 2016* called stakeholders to commit to “making changes towards improving the physical health of people living with mental illness”.³ The Fifth National Mental Health and Suicide Prevention Plan 2017 made “improving the physical health of people living with mental illness and reducing early mortality” one of its 8 priority areas.⁷

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