MBS Review – Report from the Mental Health Reference Group

June 2019

The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 7000 members and branches in each state and territory. DAA is a leader in nutrition and advocates for food and nutrition for healthier people and healthier communities. DAA appreciates the opportunity to respond to the *Report from the Mental Health Reference Group* as part of the Medicare Benefit Schedule Taskforce Review.

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DAA interest in this inquiry

As the peak body for the dietetic profession, the Dietitians Association of Australia (DAA) has an interest in the health and wellbeing of all Australians, including those with mental health disorders. There is growing recognition of the link between physical and mental health and the importance of integrating nutrition services into mental health care. Access to healthy food and adequate nutrition care are significant factors in the management of both mental health and physical health. Improved access to nutrition and dietetic services, supported by Medicare will help improve the quality of life and health outcomes for people with mental health disorders.

The Accredited Practising Dietitian program administered by DAA is the platform for self-regulation of the dietetic profession and provides an assurance of quality and safety to the public. Accredited Practising Dietitians are food and nutrition experts who translate the science of nutrition into practical solutions for healthy living. Accredited Practising Dietitians have an important role in providing medical nutrition therapy to individuals with mental health disorders.

Key Messages

DAA supports Recommendation 1 and the expansion of the Better Access program to at-risk patients to increase access to services for those in need and to reduce the burden of mental health in Australia.

DAA supports a review under Recommendation 4 and consideration of additional Better Access sessions delivered by different professional groups. DAA recommends that given the growing evidence supporting the role of nutrition in mental health, there is a need for expansion of the Better Access initiative to provide adequate access for people living with mental illness to an appropriate number of nutrition services delivered by Accredited Practising Dietitians.

DAA supports Recommendation 11 and the enhancement of coordinated support for patients with chronic illness and mental illness as an effective evidence-based strategy to improve mental health treatment outcomes and to address the gap in life expectancy for Australians living with a mental illness.

DAA supports increased access to telehealth for people with a mental illness.

Discussion

Recommendation 4: Establish a new working group or committee to review access to, and rebates for, Better Access sessions delivered by different professional groups.

The evidence on the management of mental health continues to expand and there is now a well-established link between physical and mental health. Given the evolving evidence base and need to provide effective interventions to those living with mental illness, it is timely to review the current professionals eligible to provide Better Access sessions and expand the program where appropriate. DAA recommends that the Better Access Initiative provide items for dietitian services, provided by an Accredited Practising Dietitian to align with contemporary evidence and practice.

Nutrition is considered a potential contributing factor to mental health disorders. Often people with a mental health disorder have lower quality diets. In an Australian study, people suffering from depression were shown to have unhealthy diets in comparison to the recommendations in the Australian Dietary Guidelines and Australian Guide to Healthy Eating. Of 166 potential study participants in the SMILES trial, only 15 (9%) of individuals were excluded from participating due to having a high quality diet.[1]

Nutrition interventions are integral to the prevention and treatment of mental health disorders as well as recovery and long term health outcomes for people with mental health conditions.[2] New evidence from randomised controlled trials, NHMRC level-II evidence, demonstrates that dietary interventions for persons at risk of, or with current, depression can improve diet quality and reduce incidence and rates of depression.[1,3] Two randomised controlled trials which explored the use of diet to treat people with depression were completed in Australia – the SMILES Trial[1,5] and HELFIMED study.[6,7] These studies found that diet was a highly effective treatment for depression symptom reduction and also remission of depression when delivered as a tailored service. The SMILES trial which involved individual sessions with an Accredited Practising Dietitian has demonstrated the importance of diet therapy delivered by a dietitian in the treatment of mental health disorders.

Medications used to treat mental illness can be life-saving however they can be associated with significant weight gain and increases in metabolic risk factors.[8,9] A recent meta-analysis of randomised controlled trials found that nutrition interventions were effective in preventing weight gain and reducing cardiometabolic risk factors in people experiencing severe mental illness.[10] Additionally, these nutrition interventions delivered by dietitians were found to be more effective than those delivered by other health professionals.

Dietary interventions are low cost, safe and effective. Two Australian economic evaluations published in 2018 found that the dietary interventions in the SMILES and HELFIMED trial were cost effective when compared to social support as treatments for depression.[11,12] Specifically, the cost-utility analysis undertaken in one of the studies found that a Mediterranean diet as a treatment for depression was highly cost-effective compared to social group programs ($2275/QALY).[11]

Dietetic services are not eligible to be provided under the Better Access Initiative. The provision of five annual services shared across all eligible allied health provided under the Medicare Chronic Disease Management allied health items, is not enough to meet the complex needs of people with mental illness. This is due to the limited number of eligible services, insufficient time available to develop therapeutic relationships with clients to provide clinically effective nutrition counselling and the inadequate reimbursement for services. Additionally, the five services are shared across allied health and thus access to effective, holistic, multi-disciplinary health care is limited. The inclusion of Accredited Practising Dietitians in Better Access care items should be considered in this review as medical nutrition therapy can improve mental health as well as physical health. Introducing long and short MBS items for Accredited Practising Dietitians for individual and group consultations in person and by telehealth would improve equity of access to nutrition services for people with a mental health disorder who are most at risk of poor diet but have the least capacity to pay for private services. Inclusion of dietetic items in the mental health specific, Better Access initiative, allows those with mental health disorders without a chronic disease diagnosis to access nutrition services and those with a chronic disease diagnosis access to nutrition services in addition to other essential allied health services under a GP management plan.

Short and long items are recommended for dietitians through the Better Access initiative due to the counselling style of dietetic interventions and the time taken to communicate effectively with people experiencing mental illness. This is consistent with the evidence from the SMILES study which demonstrated good outcomes with a recommended seven longer duration sessions.[1,5] It is also consistent with analysis of Medicare statistics that shows over 90% of Better Access items used by psychology, social work and occupational therapy practitioners were long consults as required for counselling nature interventions.

DAA welcomes the opportunity to be involved in the working group proposed in Recommendation 4 who will be responsible for reviewing access to and rebates for Better Access sessions delivered by different professionals.

Recommendation 11: Encourage coordinated support for patients with chronic illness and patients with mental illness.

Nutrition and healthy lifestyles are not only beneficial for mental health, they are also integral in preventing and managing physical health conditions, which commonly coexist with mental health disorders. People who experience mental illness have reduced life expectancy estimated to be 10-15 years lower, predominantly attributed to diet-related chronic disease such as cardiovascular disease and cancer not their mental illness.[13,14] The *Equally Well* report highlights that people with psychosis have a reduced life expectancy between 14 and 23 years lower compared to the general population.[15] There is also an even greater gap in life expectancy for Indigenous Australians who are over-represented among those affected by mental health.[15] Preventing and managing physical comorbidities is important to address the disparities in physical health experienced by those living with mental illness and can also alleviate the potential mental health burden that these physical comorbidities place on the person. Increased access to nutrition and lifestyle interventions provided by qualified allied health professionals, including Accredited Practising Dietitians, is critical.

Recommendation 11 includes updating the eligibility criteria for a GPMP and team care arrangement to include patients with severe mental illness who are at risk of chronic disease. This would allow patients to access these services in addition to their Mental Health Treatment Plan. This would help increase access to allied health services for those with mental illness. The current recommendation is for patients with severe mental illness who are at risk of chronic disease, however DAA highlights that this change should be available for any patient with mental illness who is at risk of chronic disease, regardless of the severity of their mental illness. Importantly, this change needs to be in conjunction with the current recommendation to increase the number of services available under these MBS items. Ensuring eligibility for those with a mental illness as well as increasing the number of services available in the Chronic Disease Management items is one solution to support better care for people with a mental health disorder. DAA note this is currently under longer term recommendations and due to the potential benefit of this recommendation for the consumer and wider community, DAA recommend this be implemented alongside the initial changes.

Recommendation 14: increase access to telehealth services

DAA is supportive of Recommendation 14 and increased access to telehealth services. Again, DAA recommend that due to the benefits this offers that it should be implemented as an immediate recommendation, rather than long term. There is evidence to support the use of telehealth interventions in nutrition[16] and as such any telehealth services should be able to be utilised by

Accredited Practising Dietitians. To ensure success of telehealth programs, barriers to its use should be removed and there should be initiatives put in place to support its uptake.

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