

Designing Mental Health Services in the ACT

Response to consultation June 2023

Recipient

ACT Government - Mental Health Commissioning

 $\underline{Mental Health Commissioning@act.gov.au}$

Dietitians Australia contact

Julia Schindlmayr, Policy Officer

Po2@dietitiansaustralia.org.au

The leading voice in nutrition and dietetics

A PO Box 2087 Woden ACT 2606 | T 02 6189 1200

E info@dietitiansaustralia.org.au | W dietitiansaustralia.org.au

Dietitians Association of Australia | ABN 34 008 521 480

Dietitians Australia and the associated logo is a trademark of the Dietitians Association of Australia.



About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over 8500 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for the profession and the people and communities it serves.

The Accredited Practising Dietitian program provides an assurance of safety and quality and is the foundation of self-regulation of the dietetic profession in Australia. Accredited Practising Dietitians have an important role in preventing, treating and managing mental illness and its associated physical comorbidities.

This submission was prepared by Dietitians Australia staff following the <u>Conflict of Interest</u> <u>Management Policy</u> and process approved by the Board of Dietitians Australia.

Recommendations or summary

Dietitians Australia recommends the ACT government:

raise awareness of the role of diet and nutrition in both mental health and mental illness through activities related to the design of the territory's mental health service system

fund consumer access to Accredited Practising Dietitians (APDs) through mental health services across the ACT throughout the lifespan

ensure that eating disorders services are adequately funded to address need, are comprehensive and inclusive of equitable, affordable access to dietetic services.

Discussion

General comments

Dietitians Australia welcomes the opportunity to provide feedback for the design of mental health services in the ACT. Mental illness is prevalent in Canberra and ACT surrounds (19.4%),¹ its cause is often complex and addressing it effectively requires a well-considered, person-led and collaborative multidisciplinary approach.

Dietary interventions are effective in the prevention, treatment and management of mental illnesses and their common physical comorbidities.² Access to these interventions can be limited, however, due to lack of consumer and practitioner awareness and lack of funded services.

We call on the ACT government to raise awareness of the role of diet and nutrition in both mental health and mental illness through the design of the mental health service system and related activities in the ACT. We also call on the ACT government to fund greater access to dietary services in the ACT so that consumers can be empowered to prevent, treat and manage their mental illnesses and any comorbid physical illnesses that they may be experiencing.

Services will be recovery focused, person-led, holistic and human-rights informed

Dietitians Australia applauds the ACT government in recognising that mental health services need to be recovery-oriented, person-led, holistic and human-rights informed. We strongly support this approach and encourage the ACT government to fund and include dietetic services as a fundamental component of mental health care across the territory.



While the role of dietitians in the treatment of people at risk of or experiencing disordered eating and eating disorders is well-established and accepted, further investment in those services is still needed.

Eating disorders and disordered eating affect 4.2% of the ACT population (about 17,900 people) with the most common forms being binge eating disorders (1.9% or approximately 8,300 people) and other specified feeding or eating disorders (1.6% or approximately 6,900 people).³ 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.⁴

Dietitians play a pivotal role, not only in treatment, but also in prevention and early identification of disordered eating and eating disorders. We call on the ACT government to ensure that eating disorders services are adequately funded to address need, are comprehensive and inclusive of equitable, affordable access to dietetic services. We look forward to the prompt completion of the new residential facility at Coombs and call on the ACT government to ensure that dietetic services are a fundamental component of the services provided at that centre.

Our central role in mental health more broadly requires greater recognition. Access to dietetic services for people experiencing mental illnesses other than eating disorders needs to be supported and promoted.

APDs provide effective, evidence-based dietary interventions to improve symptoms of other mental illnesses and to prevent, treat and manage associated physical illnesses. 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.

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.⁵ 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 conditions for which dietary intervention is fundamental.

Cardiovascular and respiratory diseases are the leading causes of death in people living with severe mental illness. Death rates from cardiovascular disease in this cohort are 6 times higher than the rest of the population, and for respiratory disease the death rate is 4 times higher. Diagnosis of these conditions in people with mental illness should automatically trigger referral to a dietitian, yet this is happening infrequently.

Mental illness is often combined with poor dietary intake, 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. 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.



We call on the ACT government to recognise the fundamental importance of including APDs in mental health teams to help in the provision of recovery-oriented, person-led, holistic and human-rights informed care.

The sector will focus on prevention and early intervention

Dietitians Australia strongly supports greater focus on and investment in prevention and early intervention. We applaud the ACT Government in adopting this approach, noting that services for all levels of mental illness severity will continue to be needed.

Early dietary intervention, with referral to an APD, will help prevent, treat and manage common mental illnesses and mental disorders, including eating disorders. A focus on prevention and early intervention, together with collaborative care, will mitigate costs to the economy, reduce the burden of disease and minimise the impact of physical illnesses.² Early intervention is particularly important in vulnerable groups like young people.

As the design blueprint highlights, prevention and early intervention are important not only early in onset/episode of illness, but also early in life.

Public health campaigns that target the early years can have significant mental health benefits for children and their families. Pregnancy and the early years of life are a time of rapid growth and neurodevelopment. A nutritious diet is a significant factor contributing to health and well-being. Nutrition plays a pivotal role in influencing the expression of an unborn baby's genetic make-up during a woman's pre-natal stage to brain development, cognitive function and physical ability in the first 1000 days. Given the exponential growth and development during this period there are high nutritional requirements. Optimal nutrition is imperative for growth, development, and immediate and long-term disease prevention. 10-12

APDs are important members of the multidisciplinary team who support children to achieve the best start in life. Dietitians provide various supports, including:

- delivery of nutrition education to communities, early childhood services and health professionals
- delivery of medical nutrition therapy to groups and individuals
- development and delivery of public health programs and policies.

Prevention is key to improving overall health outcomes and quality of life of ACT residents. We call on the ACT Government to enhance access to APDs to help improve dietary behaviours during pre-, peri- and post-natal periods, early infancy and early childhood to optimise mental and physical health outcomes throughout life.

Dietitians are well-equipped to aid in the co-design and development of public health messaging that can contribute to positive health outcomes for the ACT community. We strongly encourage the ACT Government to collaborate with us and use the services of APDs working in public health for this purpose.



References

- 1. Mental Health Australia. ACT electorate mental health profiles. Canberra; 2022.
- 2. Dietitians Australia. Mental health briefing paper. 2020.
- 3. Deloitte Access Economics. Prevalence of eating disorders by Primary Health Network. 2019.
- 4. National Eating Disorders Collaboration. National Eating Disorders Collaboration. [Available from: https://nedc.com.au/.
- 5. 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.
- 6. 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
- 7. Firth J, Marx W, Dash S, Carney R, Teasdale SB, Solmi M, et al. The effects of dietary improvement on symptoms of depression and anxiety: a meta-analysis of randomized controlled trials. Psychosomatic medicine. 2019;81(3):265
- 8. Firth J, Solmi M, Wootton RE, Vancampfort D, Schuch FB, Hoare E, et al. A meta-review of "lifestyle psychiatry": the role of exercise, smoking, diet and sleep in the prevention and treatment of mental disorders. World Psychiatry. 2020;19(3):360-80
- 9. Cusick SE, Georgieff MK. The role of nutrition in brain development: the golden opportunity of the "first 1000 days". The Journal of pediatrics. 2016;175:16-21
- 10. Likhar A, Patil MS. Importance of Maternal Nutrition in the First 1,000 Days of Life and Its Effects on Child Development: A Narrative Review. Cureus. 2022;14(10)
- 11. Moore TG, Arefadib N, Deery A, West S, Keyes M. The first thousand days: An evidence paper-summary. 2017
- 12. Scott JA. The first 1000 days: A critical period of nutritional opportunity and vulnerability. Wiley Online Library; 2020. p. 295-7.