

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 sound university training accredited by DA, undertake ongoing professional development and comply with the DA guidelines for best practice. They are committed to the DA Code of Professional Conduct and Statement of Ethical Practice, and 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

The purpose of this Role Statement is:

- To define the role an APD may fulfil when working in the area of Mental Health
- To promote the knowledge and expertise of an APD, broadly and in the area of Mental Health
- 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:

Skills:

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

Knowledge:

- Mental illness (e.g. diagnoses, symptoms, and treatments¹) 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.
- The bidirectional relationship between diet and mental illness, including:
 - The role of nutrition and diet in the development, prevention and management of depression and anxiety²⁻⁵ and the association between mental illness and physical health, particularly in regard to metabolic conditions⁶; and
 - The potential metabolic impact of psychotropic medication on client's physical health⁷, appetite regulation, level of motivation/alertness/ feeling of sedation, and physical activity.
- 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
- The broad range of nutritional issues, their impact and management, which frequently co-exist with mental illness, including eating disorders, disabilities and bariatric clients.
- The mental health sector, including roles and workings of mental health teams and relevant community resources and services to support people with mental illness.

Activities entry level APDs would conduct:

- Assessment and monitoring, recognising key issues in mental illness:
 - psychotropic medication side effects and nutrient interactions
 - 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}
 - behavioural, motivational, social, and financial challenges
 - concurrent addictions and substance use
 - disordered food/eating patterns.
- Client centred nutrition interventions, utilising elementary counselling skills, and tailored to the individual's needs and requirements to enhance self-management.
- 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:

- Utilise advanced counselling and coaching skills to enhance lifestyle change and client outcomes, particularly when working with clients with severe mental illness.
- 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.
- Apply understanding of the unique and varied food service needs and specific food service guidelines for mental health populations.

- Research contributing to the emerging evidence base in nutrition and mental health.

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:

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

APPENDIX 1

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.

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 National 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.

[Link to National Competency Standards](#)