Dietitians Australia
The Leading Voice of Nutrition

Select Committee Inquiry into Mental Health and Suicide Prevention

March 2021

Dietitians Australia is the national association of the dietetic profession with over 7500 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for food and nutrition for healthier people and healthier communities. Dietitians Australia appreciates the opportunity to provide feedback to the Select Committee regarding mental health and suicide prevention in Australia.

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Dietitians Australia interest in this consultation

As the leading organisation of nutrition and dietetic professionals in Australia, Dietitians Australia has an interest in the health and wellbeing of all Australians, including those with mental illness. Dietitians Australia strongly supports reforms to the mental health system to enable all Australians to access optimum physical and mental health care.

With growing recognition of the inextricable link between physical and mental health, it is imperative that reform of the mental health system also recognises this link. Access to healthy food and nutrition care are significant factors in the management of mental illness and associated physical illnesses. Improved access to nutrition and dietetic services, supported by government reforms, funding and coordinated health care will enable people with mental illness to improve their health and increase their social and economic participation. Accredited Practising Dietitians have a vital role to play in mental health.

The Accredited Practising Dietitian (APD) program is the foundation of self-regulation of the dietetic profession in Australia and provides an assurance of safety and quality.

This submission was prepared by Dietitians Australia staff in consultation with members following the Conflict-of-Interest Management Policy and process approved by the Board of Dietitians Australia. This policy can be viewed on the Dietitians Australia website.

Recommendations

Dietitians Australia recommends:

1. inclusion of APDs in the Medicare Benefits Scheme (MBS) 'Better Access to Psychiatrists, Psychologists and General Practitioners' (Better Access) initiative
2. 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 10 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
3. funding for FTE positions for dietitians in government-funded mental health initiatives
4. adoption of the recommendations of the Productivity Commission's Inquiry Report into Mental Health

Discussion

General comment

Dietitians Australia strongly supports major reform of the mental health system in Australia. Both the Productivity Commission's Inquiry Report on Mental Health and the Royal Commission into Victoria's Mental Health System highlight the significant and serious shortcomings of the mental health system in Australia and the urgent need for reform.

Dietitians Australia submitted two comprehensive responses to the Productivity Commission's Inquiry into Mental Health that detailed the key issues, evidence and recommendations that are essential to consider in national reforms to the mental health system in Australia. These are at **Appendices 1 and 2**. Dietitians Australia recommends the Select Committee review this information together with the additional details provided here.

Dietitians Australia supports the recommendations of the Productivity Commission's inquiry report and supports the Select Committee in adopting and committing the government to implementing them.

In terms of the provision of appropriate, evidence-based services, Dietitians Australia believes the report has some significant shortcomings that are detailed below. Dietitians Australia strongly recommends the Select Committee address these issues in its own inquiry.

Emerging evidence-based approaches to effective early detection, diagnosis, treatment and recovery across the general population and at-risk groups - access to Accredited Practising Dietitians

While the Productivity Commission correctly recognised the inextricable link between physical and mental health and the importance of diet in both physical and mental health, it failed to recognise adequately the critical role of Accredited Practising Dietitians (APDs) in the provision of clinical care as part of the mental healthcare team.

APDs are allied health professionals qualified in clinical, community, public health and food service nutrition and should play pivotal roles in multi-disciplinary mental healthcare teams. APDs provide effective, evidence-based dietary interventions to improve symptoms of some mental illnesses and to prevent, treat and manage commonly 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, their families and carers. The Dietitians Australia Mental Health Role Statement at **Appendix 3** includes more information about the specific skills and knowledge of APDs in mental health.

Early dietary intervention, with referral to an APD, helps to prevent, treat and manage some common mental illnesses and other mental disorders, including eating disorders. Early intervention, together with collaborative care, can mitigate costs to the local and national economy, to individuals and their carers/families and communities, as well as reduce the burden of disease and minimise the impact of physical illnesses. Early intervention is particularly important in vulnerable groups such as young people, as the Productivity Commission correctly pointed out. Current available evidence points strongly to the cost effectiveness of dietary interventions for prevention, treatment and management of some mental illnesses.[1-6] Dietitians Australia is undertaking comprehensive cost-benefit research to demonstrate further the cost effectiveness of dietary intervention.

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 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, comorbid physical illness, early aging and suicide. Early intervention is key, and dietitians can play a lead role in their treatment.

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.[7] 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.[8, 9]

As previously reported to the Productivity Commission, recent reviews clearly demonstrate that healthy dietary patterns containing fish, legumes, fruits, vegetables, nuts, and whole grains as recommended in the Australian Dietary Guidelines and typically found in Mediterranean diets, can lower the risk of depression.[10, 11] Large population based studies and reviews of these have shown strong associations between diet quality and mental health.[11-15] 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.[14] Conversely, a high intake of discretionary items such as sweets, highly processed cereals, crisps, fast-food and sugar sweetened beverages increases the risk of poor mental health.[10, 11] 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 health.

It is imperative that any reform to the mental health system results in access to comprehensive integrated care for Australians living with mental illness to address both mental and physical health. The current system is vastly inadequate and results in inequitable access to services, particularly for those living with severe mental illness. In 2016 and 2017, the Australian Government acknowledged these health service inequities for people living with mental illness and committed to improving the physical health of those with mental illness.[16, 17] Dietitians Australia supports the Productivity Commission's call for the government to act on these commitments and urges the Select Committee to do likewise as an urgent priority.

Building on the work of the Mental Health Workforce Taskforce and forthcoming National Medical Workforce Strategy, the roles, training and standards for all health and allied health professionals who contribute to mental health care, including peer workers, that are required to deliver quality care at different levels of severity and complexity, and across the spectrum of prevention, early intervention, treatment and recovery support

The APD program run by Dietitians Australia is the foundation of self-regulation of the dietetic profession in Australia and provides an assurance of safety and high-quality evidence-based practice.[18] The minimum qualification to become an APD is a four-year undergraduate program. The alternate pathway to training in Australia is through a post-graduate Masters program. Dietitians Australia accredits dietetic training programs. Qualifications from each pathway are equivalent in terms of entrance to the profession. Entry-level dietetic competencies equip dietitians with the knowledge and skills needed to work effectively in mental health.

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. This would become more critical with the implementation of the Productivity Commission's recommendation for a national digital mental health platform. APDs can ensure the information provided through such platforms is evidence-based, up to date and accurate, and Dietitians Australia strongly encourages engagement of APDs in the development of these resources.

Adjunctive dietary interventions lead by APDs offer cost-effective approaches to managing mental health symptomology and physical health. Including APDs in the MBS Better Access Initiative and expanding MBS items to ensure access to dietitians for people living with mental illness will provide cost-effective services and reduce the burden on GPs. Ongoing funding for telehealth would ensure greater access to services, particularly for those living in rural and remote settings and for those who are limited by other factors to attend appointments in person. 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. Workforce planning needs to take into consideration the growing demand for dietetic services and ensure that systems are in place to support this growth. Such supports should include funding of FTE positions for dietitians in government-funded mental health initiatives.

Effective system-wide strategies for encouraging emotional resilience building and reducing stigma

APDs can play a key role in improving emotional resilience through dietary intervention. Improved psychological resilience has been associated with adherence to national dietary guidelines and Mediterranean-type and vegetable based dietary patterns.[19, 20] 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. To facilitate this further, the Australian government needs to ensure all Australians 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 assure food security for all Australians in the event of any natural disaster or pandemic. During such events, there is a particularly heightened need for access to good nutrition for wellbeing.

In terms of addressing stigma, Dietitians Australia strongly supports initiatives designed to reduce stigma for all Australians living with mental illness, including a national campaign for stigma reduction. 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 and other forms of stigma in healthcare.

The funding arrangements for all mental health services, including through the MBS

Dietitians Australia supports a review of services provided under the MBS Better Access Initiative. Dietitians Australia recommends expanding services to include other evidence-based effective treatment options, including access to the essential clinical dietetic services of APDs. APDs are already recognised by the MBS, but access is limited and inadequate. In addition to including APDs in the Better Access Initiative, Dietitians Australia recommends creating MBS items pertaining to depression, other mood disorders and severe mental illness, to include:

- introduction of long and short MBS items for APDs for 10 individual and group consultations, in person and by Telehealth
- immediate referral to APDs for people who are prescribed antipsychotics and other psychotropic medications where there are known metabolic side effects

These services are imperative for the appropriate care of individuals living with mental illness to ensure both their mental and physical health are managed.

The use, standards, safety and regulation of telehealth services

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 Australians to optimise their health and well-being, regardless of location, income or literacy level.[21]

Since the implementation of COVID-19 telehealth items in March 2020, Aboriginal and Torres Strait Islander health check dietetic follow-ups (items 81230, 93048, 93061) have almost doubled per capita and eating disorders dietetic consultations have more than tripled (Table 1), demonstrating that telehealth has a significant and tangible positive impact on access to health services.

Table 1: Increase in access to dietetic care since telehealth implementation

Service	MBS item numbers	Time period	Number of services		Benefit	
			per 100,000 population[22]	increase	per 100,000 population[22]	increase
Aboriginal and Torres Strait Islander health check, dietetics follow up	81230 93048 93061	Mar 2019 to Nov 2019	13	170%	$703	180%
		Mar 2020 to Nov 2020	35		$1977	
Eating disorder dietetics counselling	82350 93074 93108	Nov 2019 to Feb 2020	14	307%	$912	369%
		Aug 2020 to Nov 2020	57		$4273	
Chronic disease management	10954 93000 93013	Mar 2019 to Nov 2019	1368	13%	$74,127	16%
		Mar 2020 to Nov 2020	1546		$85,707	

National frameworks

A structural weakness in health care is the absence of a current National Nutrition Policy. Australia needs a new National Nutrition Policy which would provide a contemporary, comprehensive and integrated framework across the spectrum of nutrition issues, including nutrition and mental health.[23]

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APPENDIX 1

The Social and Economic Benefits of Improving Mental Health

April 2019

The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 6900 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 *Mental Health Inquiry* by the Productivity Commission.

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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 nutrition and healthy lifestyles. Access to healthy food and nutrition care are significant factors in the management of mental health and physical health for people with mental health disorders. Improved access to nutrition and dietetic services, supported by government reforms, funding and coordinated health care will enable people with mental health disorders to improve their health, to increase their social and economic participation, and to develop their capacity to actively take part in the community.

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. Accredited Practising Dietitians play an integral role in supporting individuals and groups in community health services and in private practice, overseeing food services and working with other health professionals and health workers as part of the multidisciplinary team supporting inpatient populations.

Key Messages

DAA supports the focus on the link between physical and mental health and overall wellness, as a high priority area in the Fifth National Mental Health and Suicide Prevention plan. When a person feels physically and mentally well, there is opportunity for increased motivation, confidence, self-respect, self-esteem and capacity for participation in the community.

It is time to translate the growing evidence on the important role that food and nutrition play into action in the prevention and treatment of mental health disorders and common physical comorbidities.

People with mental health disorders need to be able to access nutritious food as a prerequisite to health.

Providing person centric care is critical in addressing mental ill health in Australia. People with mental health disorders recognise the important role that Accredited Practising Dietitians have in improving their mental and physical health and wellbeing. They want greater access to Accredited Practising Dietitians in public sector services through more funded positions. There is also a need for expansion of the Medicare Better Access to Mental Health program to include Accredited Practising Dietitians with long consultations.

Discussion

Structural weaknesses in healthcare

DAA agrees with the structural issues identified on page 12 in the report, in particular the limited resources for community care and poorly coordinated systems. Many people with mental health disorders want to develop strategies for self-care and lifestyle change but they do not have access to dietetic services that could lead to improvements in mental and physical health. As outlined in the issues paper a number of reforms are in progress and improving access and coordination of care is critical.

Increasing the number of Accredited Practising Dietitians in mental health multi-disciplinary teams in publicly funded health services to enable greater access to services for mental health consumers is not covered in current reforms. The number of dietitians for a given population size in Australia is much less than other health professions,[1] despite nutrition playing a critical role in both physical and mental health. More funded dietetic positions and subsidised dietetic services are required to improve nutrition and promote wellness for those living with mental health disorders and the wider community.

General practitioners have a role as gate keepers to primary care services but even when they recognise the need to connect their patient with an Accredited Practising Dietitian, there is very limited support through Medicare. Referral pathways for dietetic services should be established which include health services, general practitioners, mental health support workers, and Accredited Practising Dietitians. The increased access and use of services and subsequent improvements in health is expected to contribute to improvements in productivity of the population.

A further structural weakness in health care is the absence of a current National Nutrition Policy. Australia is in need of a new National Nutrition Policy[2] which would provide a contemporary, comprehensive and integrated framework across the spectrum of nutrition issues, including nutrition and mental health.

Specific health concerns

The link between physical and mental health

The issues paper highlights that there is an established link between mental and physical health, with those living with a mental health disorder experiencing a high prevalence of physical health conditions and shorter life expectancies. The importance of addressing physical health in those with mental health disorders is outlined in a joint statement from DAA, Exercise and Sports Science Australia and the Australian Psychological Society.[3] Whilst the issues paper highlights the significant impact of mental health on productivity and the economy, it is crucial to recognise the further burden physical comorbidities have on the mental health and productivity of individuals.

A focus on good nutrition in mental health will help manage the physical comorbidities as well as generally support good health for the whole community. This in turn has the potential to improve productivity amongst the Australian population and reduce the economic burden of these conditions. Given nutrition care is important for prevention and treatment, greater awareness of its importance is needed amongst the general community and health professionals.

Benefits of nutrition on mental health

There is a growing evidence base from epidemiological and intervention studies on the direct impact that nutrients, food and dietary patterns have on mental health. Nutrients, such as vitamins,

minerals, polyunsaturated fats and amino acids support healthy brain structure and function, act as cofactors for hundreds of different enzymes, support metabolic pathways, prevent oxidation and are involved in neurotransmitter synthesis, cell signalling, myelin sheath maintenance, glucose and lipid metabolism, mitochondrial function, and more.[4,5] Factors that adversely affect physical health such as inflammation, glucose intolerance, impaired cerebral blood flow and oxidative stress, also impact on mental health.[5-7] Poor diet contributes to these factors.

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 high quality diet.[8] Nutrition is considered a potential contributing factor to mental health disorders.

Recent reviews conclude that healthy dietary patterns containing fish, legumes, fruits, vegetables, nuts, and whole grains as recommended in the Australian Dietary Guidelines and typically found in Mediterranean diets, can lower the risk of depression.[9,10] Large population based studies and reviews of these have shown strong associations between diet quality and mental health.[10-14] 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.[13] Conversely, a high intake of discretionary items such as sweets, highly processed cereals, crisps, fast-food and sugar sweetened beverages increases the risk of poor mental health.[9,10] This link between diet and prevention of mental health disorders highlights the importance of focusing on nutrition as part of prevention and early intervention strategies for mental health.

Benefits of nutrition interventions

New 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.[15,16] Two of the first randomised controlled trials to explore the use of diet to treat people with depression were recently completed by Australian research teams – the SMILES Trial[8,17] and HELFIMED study.[18,19] 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.

As highlighted, there is a growing body of evidence showcasing the integral role nutrition plays in the prevention and management of mental health disorders. It is critical that this evidence starts translating into routine mental health care in Australia.

Nutrition interventions – safe and good value

Dietary interventions are low cost, safe and effective. Two Australian economic evaluations published in 2018 found that dietary interventions were cost effective when compared to social support as treatments for depression.[20,21] 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 compare to social group program ($2275/QALY).[20] There are no known harms associated with consuming a diet consistent with the Australian Dietary Guidelines or food patterns typical of Mediterranean diets. Rather, a healthy diet is likely to be associated with additional benefits in relation to comorbid health conditions. The potential side effects from a healthy diet will almost certainly involve positive effects on health and reduction in health costs associated with comorbid health conditions.

Limitations of medication

A common side effect of mental health medication is changes in appetite and weight gain. It is critical that those living with a mental health disorder who are on medications receive support from suitably qualified health professionals, including Accredited Practising Dietitians, to manage any appetite and weight related side effects. Routine nutrition screening should be included as part of mental health care, to enable early identification and management of nutrition issues. Early intervention to prevent weight gain and decrease risk of physical comorbidities is imperative and Accredited Practising Dietitians are well placed to support this.

In view of the substantial effect of mental health on physical health and the limitations of pharmacotherapy and psychotherapy, there is a need for new approaches for preventing and managing mental illness in Australia. Dietary intervention may reduce the need for on-going treatment with medication, thereby reducing the risk of medication-induced side effects. The importance of complementing medications with diet and lifestyles was highlighted in an article published in the Medical Journal of Australia (Davey et al., 2016) that concluded that **"***Australia has one of the highest rates of antidepressant use in the world … despite evidence showing that the effectiveness of these medications is lower than previously thought…. Antidepressant medications still have an important role in the treatment of moderate to severe depression; they should be provided as part of an overall treatment plan that includes psychotherapy and lifestyle strategies to improve diet and increase exercise."*[22]

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. This includes diabetes, heart disease and other diseases where unhealthy lifestyles are a known risk factor. Preventing and managing physical comorbidities also reduces the potential mental health burden that these physical comorbidities have on the person.

Increased access to nutrition and lifestyle interventions provided by qualified allied health professionals including Accredited Practising Dietitians is critical. Dietary interventions are both low risk and low cost and as highlighted have additional benefits for the individual beyond improving their mental health.

Health workforce and informal carers

A large skilled workforce is required to address the burden of mental ill health in Australia. There is a need to ensure that all individuals working in the field of mental health have adequate skills and knowledge to competently undertake their role and support health and wellbeing in clients. Training to increase skills and knowledge of mental health should be provided to all health professionals. More opportunities are needed for student dietitians to experience mental health practice and to demonstrate an ability to meet entry-level competencies relevant to mental health prior to graduation. Ongoing opportunities to extend skills, including working in mental health, need to be available for Accredited Practising Dietitians to consolidate and advance their practice after graduation.

The skill mix of the health professional workforce must be equipped to adequately manage and integrate physical and mental health care. DAA recommend greater employment of Accredited Practising Dietitians as part of mental health multidisciplinary teams, to adequately service and address the needs of individuals with mental health disorders. This should be supported by models of care that enable those living with a mental health disorder to access these services with minimal financial burden. In addition to a larger dietetic workforce, basic nutrition education should be provided to all health professionals to ensure that nutrition is recognised as a central, necessary and

integrated part of care. These changes will support implementation of the Fifth National Mental Health and Suicide Prevention Plan which includes a priority area specifically focusing on physical health and calls for improvements in integrated service delivery and coordination of care.[23] These workforce improvements have the capacity to support wellness in those living with a mental health disorder and improve participation and productivity.

Given the importance of nutrition and lifestyle in the prevention and management of mental health, adequate knowledge of these is required across the health and support staff workforce. Health workers and health professionals should be able to support people around basic healthy eating at the level of the Australian Dietary Guidelines with food shopping, preparation and storage. They should also be able to screen for nutrition and food related issues which indicate the need for referral to an Accredited Practising Dietitian for specialised nutrition care. The appropriate skills and knowledge should be incorporated in the relevant training units and packages in the Vocational Educational and Training sector.

Continuing professional development

To meet actions specific to developing and supporting the workforce, outlined in the National Mental Health Workforce plan,[24] relevant and appropriate professional development should be provided for health professionals. The availability of low cost, or free, accessible, evidence-based education that meets the professional development requirements for health professionals could support an increase in uptake of training. Additionally, delivery format of the training needs to be considered. Technology can be used to extend opportunities to access education. It is important though that onsite training is also provided when competence in practical skills is required such as skills in food purchase, preparation and storage.

Primary Health Networks provide a potential avenue to offer training for health professionals and support workers in each region.

Meeting needs in remote areas

DAA recommends that Medicare Chronic Disease Management items for Allied Health Professionals, be extended to allow substitution of telehealth services for face to face encounters, as is supported for the Better Access MBS items in recognition of workforce shortages in regional and remote areas. Additionally, it removes barriers and increases access to allied health services for those living in rural and remote areas, older Australians and those with mobility issues. Given the benefits of lifestyle interventions in mental health this offers great potential.

<u>Housing, income support and social services</u>

Affordability of food is a prerequisite to health and effective dietetic interventions. DAA is concerned about issues of food security in those living with a mental health disorder and their ability to afford the cost of food, to support good physical and mental wellbeing. An Australian study has found that a healthy diet can be affordable for people living with major depressive disorders compared to their normal intake.[25] However, not all individuals may be able to afford adequate food in the first instance. In an Australian paper (2009), the cost of healthy food habits was equivalent to 44% of the disposable income of welfare-dependant couple-families, compared to 18% of the income of average-wage couple-families.[26] As the issues paper highlights, many with a mental health disorder are utilising social services and income support, and consequently they may have difficulty purchasing adequate healthy food or paying for exercise equipment or services.

Given the integral role of nutrition and physical activity in mental health this is concerning and ensuring that all those living with a mental health disorder can afford and access healthy food is important. Accredited Practising Dietitians and qualified exercise professionals can support those with a mental health disorder adopt low-cost strategies to support their wellbeing. Accredited Practising Dietitians play a critical role in helping consumers understand what is an affordable, healthy diet and support the development of skills for food budgeting and preparation to improve their nutritional intake and health.

Access to secure housing, a common challenge faced by this population, can also limit the capacity to adequately store and prepare healthy food. Accommodation options need to ensure there are adequate facilities for food storage and preparation or provision of healthy food choices, to support mental and physical wellbeing. People living in hostels or supported accommodation should be able to access enjoyable nutritious food which meets their needs.

Coordination and integration

DAA recommend that establishing integrated care systems for physical and mental health care should be a priority and this may include colocation of services as part of shared care models.

Funding arrangements

Accredited Practising Dietitians have supported people with mental health disorders for many years in public hospitals and community services but funded positions are not enough to meet community needs. Those with a mental health disorder, often have lower income as outlined in the issues paper and thus may have limited access to private Accredited Practising Dietitians.

The provision of five annual services shared across all eligible allied health provided under the Medicare Chronic Disease Management program, is not enough to meet the complex needs of people with a mental health disorder. 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 SMILES study demonstrated good outcomes with a recommended seven longer duration sessions.[8,17] Analysis of Medicare statistics shows that over 90% of Better Access items used by psychology, social work and occupational therapy practitioners were long consults as required for counselling nature interventions. Increasing the number of services available and length of services in the Chronic Disease Management items would support better care for people with a mental health disorder.

Accredited Practising Dietitian services are not available at present under the Better Access initiative, a Medicare scheme aiming to improve community management of mental illness. Part of the solution would be to include Accredited Practising Dietitians in Better Access care items 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. To embed the importance of physical care in the Mental Health Care plans, physical health including nutrition should be included in the templates used for these models and in practice applications, for

example electronic record templates. These suggestions support both priority area three and five in the Fifth National Mental Health and Suicide Prevention Plan.[23]

In addition to the expansion of Medicare dietetic items, more funding for publicly funded community-based positions is critical. Mental illness is a major reason for eligibility for the disability pension but the payment is intended to meet basic costs e.g. rent, transport and food. Finding money for additional health care presents a barrier to access to that care. The burden of mental illness is a powerful motivator in finding approaches to prevention and treatment which improve outcomes and carry little risk of additional harm. Given the impact of social determinants in those living with a mental health disorder it is important to support access to services, including dietetics, which can be beneficial in the management of mental illness.

It is critical solutions be found to improve access and provision of integrated care to those with a mental health disorder. Continuity of care for the consumer is critical whilst finding solutions to improve models in mental health care.

Other comments

The importance of physical health for those living with a mental health disorder has been included widely in the literature and throughout this response the specific role of nutrition has been highlighted. For those living in facilities where food is provided, such as hospitals, mental health facilities and residential aged care facilities it is critical that clients have the opportunity to access nutritious enjoyable food to promote wellbeing. As such, a focus on having standards for food service and appropriately trained staff is imperative to ensure those in these facilities are provided with food and drinks that will support physical and mental wellness.

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Dietitians Australia
The Leading Voice of Nutrition

APPENDIX 2

The Social and Economic Benefits of Improving Mental Health – DAA response to the Productivity Commission's Mental Health Draft Report

January 2020

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 nations. DAA appreciates the opportunity to provide feedback on the draft report into Mental Health by the Australian Government Productivity Commission.

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DAA interest in this consultation

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.

This submission extends DAA's first submission (number 232)[24] to the Australian Government Productivity Commission inquiry into Mental Health. In this submission we respond to the issues raised in sections of the draft report and the Productivity Commission's draft recommendations.

DAA welcomes the acknowledgement of dietitians in the draft report and the focus on the link between physical and mental health. However, DAA believes further provisions are needed to deliver integrated physical-mental healthcare for consumers and leverage the dietetic workforce to meet consumer mental healthcare needs.

Key messages

1. The draft report correctly links mental health and physical health, but further provisions are needed to integrate physical and mental healthcare within the mental health system.
2. There is a need for greater recognition of the role of food and nutrition in the prevention, development, treatment and management of mental illness, not just in the prevention and management of physical illness experienced by people with mental illness.
3. Accredited Practising Dietitians address both physical and mental health needs of consumers, through the provision of person-centred, evidenced based medical nutrition therapy services. More provisions are needed to increase access to dietitians, for their role in addressing both mental and physical health needs of consumers, especially through increased funding to meet community demand for services.
4. To optimise the stepped model of care, evidence-based information about food and nutrition and/or dietetic and allied health services should be integrated within each step of the model.
5. There should be core mental health training for all staff and health professionals involved in mental healthcare. Mental health clinicians should understand the connection between physical and mental health and the role of food and nutrition in the treatment, prevention and management of mental illness. Training should cover the role of different members of the workforce including dietitians.
6. The Australian government, States and Territories and other funding bodies should allocate more funding to ensure the accessibility of dietetic and allied health services.
7. Additional strategies are needed to address mental health issues experienced in Aboriginal and Torres Strait Islander communities

Corrections

1. **Volume 1 of the draft report contains an error regarding the training requirements for dietitians** (Table 11.1, vol 1, pg 374). The minimum qualification to become a dietitian is a four-year undergraduate program. The alternate pathway to training in Australia is through a post-graduate Masters program. DAA accredits dietetic training programs in Australia. Qualifications from each pathway are considered to be equivalent in terms of entrance to the profession. DAA requests that Table 11.1 and associated text is corrected to reflect this.
2. The word 'dietitian' is misspelled throughout the draft report. Consistent with Australian and international standards, DAA request that the word dietitian is spelled with a 't' and not a 'c' (i.e. dietician).[25]

Discussion

The Productivity Commission proposes a set of measures to reform Australia's mental health system, through the delivery of a person-centred approach to mental healthcare.[26] DAA agrees with this vision but are concerned that the proposed recommendations are not enough to deliver an integrated system of mental healthcare for consumers. The interrelationship between physical and mental health is well-established[27] and while this is acknowledged in the draft report, DAA observes multiple missed opportunities to optimise the delivery of integrated physical and mental healthcare to consumers.

The draft report provides insufficient recognition of the role of food and nutrition in addressing both the physical and mental health needs of consumers, despite a growing body of evidence that food impacts both physical and mental health.[13, 28] In layman's terms, the dietary patterns which keep your heart healthy and reduce your cancer risk, also keep your mind healthy.

Considering the importance of lifestyle to mental health, dietetic and allied services should have a higher priority within the Productivity Commission's proposed stepped model of care and more provisions should be made to leverage the dietetic workforce to meet consumer demand for services. DAA's previous submission to the Mental Health Inquiry (submission 232) details evidence of the health and economic benefits of nutrition intervention and the role of Accredited Practising Dietitians in addressing the mental health needs of consumers. We urge the Productivity Commission to revisit this work and re-consider how food and nutrition and dietetic services can be better recognised and leveraged to meet consumer mental healthcare needs.

A cultural shift in our understanding and appreciation for the role of food and nutrition in mental healthcare is needed and action is required to ensure that consumers have access to dietitian services to meet their combined physical and mental healthcare needs.

The following adaptations to the Productivity Commission's draft recommendations are proposed.

Part 1: The Case for major reform

Stepped Model of Care

An integrated approach to physical and mental healthcare should be embedded within each stage of the stepped model of care. Self-help resources should include evidence-based nutrition information, and access to Accredited Practising Dietitians should be facilitated within each stage of the model. Data collection, monitoring and evaluation activities should occur at each stage to inform service design and delivery.

DAA recommend the following adjustments to the stepped model of care, to better integrate physical and mental healthcare, and dietetic services:

Self-management (step 1)

- Self-help resources should include evidence-based information about food and nutrition and the importance of diet to mental health. The Australian Government Department of Health 'Eat for Health' website (https://www.eatforhealth.gov.au/) is an example of a credible source of nutrition information. Individuals seeking self-help resources should be referred to information such as this, through the national phone-line and websites that are proposed for development.
- Information about how to access Accredited Practising Dietitians should be readily available to consumers, including through the proposed expanded online portals.

Low intensity care (step 2)

- Screening for physical comorbidity should be included in this stage and information about the risk of physical comorbidity should be disseminated.
- Referral pathways to Accredited Practising Dietitians and other allied health professionals involved in physical and mental healthcare should be established and readily accessible.
- Dietary intervention, facilitated by an Accredited Practising Dietitian, should be included in this step for individuals at risk of physical comorbidity and to address mental illness.
- Clinician-supported online treatment will be helpful for consumers with mild symptoms but these services (eg MindSpot) should provide evidence-based nutrition information, developed in collaboration with the Dietitians Association of Australia or Accredited Practising Dietitians. Similar should be done for the provision of exercise and other lifestyle information.
- Clinician supported online treatment should be expanded to include healthcare providers that are qualified and credentialled to deliver care online including Accredited Practising Dietitians.

Moderate intensity treatment (step 3)

- Screening for physical comorbidity should be included in this stage.
- Referral pathways to Accredited Practising Dietitians and other allied health professionals involved in treating physical and mental health should be established.
- Dietary intervention, facilitated by an Accredited Practising Dietitian, should be explicitly embedded within this step of the model, for individuals recognised as nutritionally compromised or at increased risk of physical comorbidity.
- Accredited Practising Dietitians should be included in the Better Access program, with provision of items of sufficient number and adequate duration, to address the physical and mental healthcare needs of consumers.
- There should be enhanced access to Accredited Practising Dietitians through the Medicare program including specific items for mental health dietetic services and items for both short and long consultations, with adequate remuneration to provide effective and quality care.

- Access to video conferencing and telehealth services should be widened and should improve access to Accredited Practising Dietitians and other members of the treatment team. In some cases, this will also be relevant to people living in urban areas who are unable to leave their home on account of physical disability or mental illness. Medicare should be expanded to fund video conferencing and telehealth services.

High intensity and complex care (step 4)

- Screening for physical comorbidity should be included in this stage.
- Dietary intervention, facilitated by an Accredited Practising Dietitian, should be provided where an individual is at risk of physical comorbidity or is nutritionally compromised.
- Referral pathways to Accredited Practising Dietitians and other allied health professionals should be well-established, and practitioners should have enough hours, with adequate remuneration, to provide effective and quality care. As per moderate intensity care (step 3), access to dietitians should be enhanced by inclusion of Accredited Practising Dietitians in the Better Access program and through improvements to the Medicare program.

All steps should emphasise better use of data to inform service design and delivery, and this should include monitoring and analysis of referral practices of GPs to allied health professionals including Accredited Practising Dietitians.

Part II: Re-orienting health services to consumers

Chapter 5 - Primary Mental Healthcare

Draft recommendations 5.2 - Assessment and referral practices in line with consumer treatment needs

In the short term (next 2 years): To ensure that assessment and referral practices are in line with consumer treatment needs, commissioning agencies (Primary Health Networks and Regional Commissioning Authorities) should establish referral pathways to allied health professionals including Accredited Practising Dietitians, as described in DAA's proposed adapted stepped care model.

In the medium term (over 2 – 5 years): Commissioning agencies should engage with peak bodies and service providers in the codesign of monitoring and evaluation frameworks to monitor the use of services, including dietetic services.

Draft recommendations 5.9 - Ensure access to the right level of care

DAA agree that the Australian, State and Territory Governments should reconfigure the mental health system to give all Australians access to mental healthcare, at a level of care that most suits their treatment needs, is timely and culturally appropriate.

To ensure consumers have 'access to the right level of care', referral pathways to allied health professionals including Accredited Practising Dietitians should be established across the continuum of primary-tertiary care, and at each stage of the stepped model of care, as discussed above.

Chapter 6 - Supported online treatment

Draft recommendation 6.1 - Supported online treatment options should be integrated and expanded

DAA agrees that clinician-supported online treatment options should be integrated and expanded. Accredited Practising Dietitians and other allied health professionals, who are qualified and credentialled to provide online treatment, should be accessible through supported online treatment

facilities, and there should be appropriate time and remuneration for professionals to deliver their services.

Major providers of supported online treatment (MindSpot, Mental Health Online and THIS WAY UP) should be encouraged to build food and nutrition education into their programs and this should be codesigned by appropriately qualified dietetic professionals.

Draft recommendation 6.2 – Information campaign to promote supported online treatment

DAA agrees that the Australian Government should instigate an information campaign to increase awareness of the effectiveness, quality and safety of government funded clinician supported online therapy for treatment of mental ill-health for consumers and health professionals.

Chapter 7 – Specialist community mental health services

Draft recommendation 7.1 – Planning regional hospital and community mental health services

DAA agrees there is a need for specialist community mental health services, particularly those that meet the needs of the growing 'missing middle' population. Responsibility for the development and delivery of these services will primarily lie with State and Territory governments that have responsibility to identify services gaps within a region and then to develop and deliver services.[26](p 288) In terms of Australian Government funding, Primary Health Networks also have a potential role in facilitating identification of gaps, and implementation of solutions in proportion to community needs.

Integrated models of care should be developed, and States and Territories should be supported to implement these models, with flexibility to adapt at the local level to meet regional needs. Integrated models of care should include funded positions for dedicated mental health dietitians, at appropriate patient to staff ratios and established referral pathways to all relevant members of the mental health workforce including Accredited Practising Dietitians.

DAA would like to see funding for dietitians in positions dedicated to mental health. We would also like to see dietetic services incorporated into the profile of services within community mental health services, hospitals and other practice settings, to ensure adequate resourcing for medical nutrition therapy.

Chapter 8 – Emergency and acute inpatient services

DAA noted in its first submission the necessity for adequate inpatient staffing to ensure Accredited Practising Dietitians are available for individual therapy and to work with food service staff and other stakeholders, to meet the needs of people admitted to health services for acute illness. This should consider the needs of people who may be frequently admitted for care, or who experience extended length of stay.

Chapter 9 – Physical and substance use comorbidity

DAA support the focus on the link between physical and mental health, wellbeing and productivity. 80% of the gap in life expectancy is related to physical illness.[29] Much of the burden of physical disease here is related to dietary and physical activity patterns.[27] Proportional investment is needed to address the health and life expectancy gap through commitment to delivering on the objectives of

the Equally Well National Consensus Statement[30] and the Fifth National Mental Health and Suicide Prevention Plan.[31]

Chapter 10 - Towards integrated care: linking consumers and services

Draft recommendation 10.1 – Consumer assistance phone lines

Consumer assistance phone lines should link consumers with evidence-based nutrition information and referral pathways to Accredited Practising Dietitians should be established and readily available.

Draft recommendation 10.2 - Online platforms to support better referral pathways

DAA agrees that service providers should have access to online navigation platforms offering information on pathways in the mental health system. Online platforms should include referral pathways to Accredited Practising Dietitians and other allied health professionals.

Draft recommendation 10.3 - Single care plans for consumers

DAA agrees that single care plans have the potential to promote integration in service delivery. DAA also agrees that single care plans should be comprehensive and promote integrated care. This means addressing nutrition care in addition to cultural, spiritual and psychosocial needs, as detailed on pg 26 of the Draft Report.

Providers, including allied health professionals, should be remunerated for the administration of care plans given that "a wide range of care providers may need to contribute to the single care plan or update it with new information — either by accessing a digital health record, or in a face-to-face discussion".[26](p 352)

Remuneration for providers should reflect the high-level skills and experience required by allied health professionals to meet the needs of consumers with complex (social, physical and psychological) needs.

Draft recommendation 10.4 - Care coordination services

Care coordinators will play a critical role in linking people with severe and persistent mental illness to mental health services and ensuring individuals do not 'fall through the cracks' in the system. To ensure the delivery of effective, integrated care, care coordinators should be trained on the role of allied health professionals in addressing the mental healthcare needs of consumers.

Care coordinators should also be educated on the connection between physical and mental health and the relationship between lifestyle, food and nutrition and mental health and productivity. This education will ensure that the role of lifestyle in mental health is not overlooked and consumers are provided with encouragement and support to access dietitians and allied health services to address both physical and mental health needs.

Care coordinators should be trained to achieve competencies in basic food and nutrition to support consumers, to identify when referral is needed and to use appropriate referral pathways to Accredited Practising Dietitians.

Chapter 11 – Mental health workforce

The workforce section of the draft report[26](p 367-376) recognises the role of Accredited Practising Dietitians as healthcare providers but greater emphasis should be placed on the role of dietitians in mental healthcare (see DAA submission 232 for details).[24]

DAA would like to see acknowledgement of Accredited Practising Dietitians as a routine part of the mental health workforce, with investment from the Australian, States and Territory governments to ensure the workforce is available in numbers and location to meet community needs.

Feedback from members working in South Australia indicates that recent initiatives in Eating Disorders for new inpatient or outpatient/ambulatory services include provision of additional medical, nursing and other staff but neglect to include Accredited Practising Dietitians in staffing estimates. Health service administrators ignore the need or erroneously assume new Eating Disorder services can draw on existing dietetic services. Those services are in fact already struggling to meet inpatient and outpatient demand across all service areas and must be funded to meet consumer needs.

Box 11.1 – Health professions most relevant to people with mental ill-health

Accredited Practising Dietitians provide consumer-focused, evidence-based nutrition services to address the mental and physical health needs of individuals and population groups. Dietitians are core members of the mental health workforce and should be recognised as such.

DAA requests that Accredited Practising Dietitians are listed in Box 11.1 as 'health professionals most relevant to people with mental ill-health',[26](p 368) along with the other allied health professionals.

Draft recommendation 11.1 – The National Mental Health Workforce Strategy

The development of a new National Mental Health Workforce Strategy provides an important opportunity to estimate future mental health workforce needs and identify approaches to attract and train a workforce, to meet future demand.[32] Accredited Practising Dietitians are core members of the mental health workforce and it is imperative that this is explicitly acknowledged in the National Mental Health Workforce Strategy, along with efforts to plan for the development of the dietetic workforce.

Draft recommendation 11.5 – Improved mental health training for doctors

DAA recommends improving mental health training for medical practitioners and allied health professionals including Accredited Practising Dietitians.

Draft recommendation 11.6 – Mental health specialisation as a career option

DAA agrees there is a need to reduce negative perception of, and to promote, mental health as a career option. More focus is also needed on promoting mental health as a specialty area among allied health professionals and career pathways implemented to support service delivery for individuals and populations, along with teaching and training and research within and across professions.

To deliver integrated care, efforts are needed to build the workforce across all professions involved in mental healthcare. Failure to do so will result in gaps in service provision and poorer health outcomes.

Draft recommendation 11.7 – Attracting a rural health workforce

More investment is needed from Australian, State and Territory Governments to support recruitment and retention of allied health practitioners in rural locations.

Funding should also ensure greater use of teleconferencing and expanded initiatives to fund access to health professionals where delivery of services in place is challenging. The new MBS Eating Disorder items for dietitians can be delivered face to face or through telehealth but not MBS Chronic Disease Management items. MBS items should be expanded to include telehealth to increase access to services.

Training of the mental health workforce

There should be core mental health training for all staff and health professionals involved in mental healthcare.

All mental health clinicians should have an understanding of the connection between physical and mental health, and the role of food and nutrition in the treatment and prevention of mental illness and the promotion of wellbeing and productivity. Training should also cover the role of members of the mental health workforce including Accredited Practising Dietitians, to build better coordination and integration of care.

Education on physical health comorbidities and nutrition care should be included in all mental health professional courses, undergraduate courses and post-graduate courses where applicable. Information on nutrition care, dietetic services and referral pathways should be readily available online for all mental health clinicians to refer to. Such education and information should be developed and provided by qualified dietitians.

Much of the training of dietitians and other allied health practitioners occurs in hospital settings or community health services. Student placement programs must be expanded to improve the exposure of students to various practice settings, including private practice and aged care. DAA advocates that Medicare and Department of Veterans' Affairs should allow students to work under supervision with allied health practitioners to build the allied health workforce, including in the area of mental health.

Part III: Re-orienting surrounding services to consumers

Chapter 12 – Psychosocial support

Draft recommendation 12.3 - NDIS support for people with psychosocial disability

The NDIA should continue to improve its approach to people with psychosocial disability including providing more consistency and enhanced access to Accredited Practising Dietitian services and nutrition support products. During the implementation of the NDIS, inconsistency in the inclusion of dietetic services in NDIS plans has resulted in people with disability being denied access to services and nutrition support products that are both reasonable and necessary. There are reports of poorer nutrition-related health outcomes for consumers as a result.[33-35]

The NDIA should do more to ensure that participants in the scheme have access to nutrition-related health supports including dietitian services. NDIS plans should include adequate consultation hours for dietitians and appropriate remuneration for travel to enable sustainable service delivery.

Evaluations of the psychosocial disability stream trial sites in Tasmania and South Australia should examine the methods, outcomes and decisions of NDIS Planners in relation to the provision of dietitian services and nutrition support products.

Chapter 15 – Housing and homelessness & Chapter 16 - Justice

Draft recommendation 15.2 (Support people to find and maintain housing) and draft recommendation 16.2 (Mental healthcare standards in correctional facilities)

DAA is still concerned about issues of food security, which includes accessibility and affordability of a nutritious diet. Adequate food and nutrition should be provided to supported housing, sub-acute residential facilities, aged care facilities, prisons and schools.

Draft recommendation 16.3 - Mental health in correctional facilities and on release

Combined physical and mental health screening should be conducted for prisoners within correctional facilities and on release, and referral pathways should include allied health professionals and Accredited Practising Dietitians. This is particularly relevant to forensic mental health services given the prominence of severe mental illness and lengthy engagement with services in this sector.

Part IV: Early intervention and prevention

Chapter 17 - Interventions in early childhood and school education

Draft recommendation 17.1 - Perinatal mental health

Research demonstrates that a nutritionally adequate maternal diet reduces the risk of perinatal and childhood mental illness including depression and anxiety.[36] Diet during childhood is also important, with a growing body of evidence linking healthy diets to better mental health outcomes[37] and poor diet to poorer mental health in children and adolescents.[38]

Given the link between poor diet and negative mental health outcomes, it is alarming that discretionary food choices comprise over 35% of the total energy intake in the diet of Australian children.[39] More needs to be done to support families to choose healthy foods and to reduce the intake of discretionary foods, to protect the physical and mental health of children, young people and adults across the life course.

Universal screening for perinatal mental illness should include assessment of food and nutritional intake and measures to identify and refer mothers at risk of poor nutrition and nutrition-related health outcomes.

Health professionals involved in perinatal care should be educated to provide basic nutrition information to new families and referral pathways to Accredited Practising Dietitians and allied health professionals should be established for parents and carers in need of professional support to address food and nutrition issues.

Draft recommendation 17.5 - Wellbeing leaders in schools

Wellbeing leaders will play a critical role in promoting the mental and physical health of children in schools. It is imperative that wellbeing leaders are educated on the various contributors to mental health including the physical-mental health connection and the role of diet in addressing the mental health needs of adolescents.[37] Also relevant to this age group is the growing body of evidence linking healthy diet to better academic performance[40] cognitive outcomes,[41] which may in turn contribute to the overall wellbeing of children and adolescents. Given that discretionary foods comprise 35% of the total energy intake of the diet of Australian children[39] and the known impact on these foods on both physical and mental health outcomes,[37, 38] strong advocates for nutrition are needed in the school setting. Wellbeing leaders are well-placed to play this role, but appropriate education of wellbeing leaders is needed to ensure students are provided with evidence-based lifestyle and nutrition information and support.

Wellbeing leaders and teachers should be competent to provide basic food and nutrition education in the school setting. School canteens should implement health food guidelines (e.g. NSW guidelines, Victorian guidelines), to support healthy food choices and to reinforce food and nutrition educational principles.

Draft recommendation 17.6 - Data on child social and emotional wellbeing

Data gathered in schools should include information on food, nutrition and physical activity. Data should be collected in a way that enables analysis and integration of data sets to enable future research, monitoring and evaluation.

Chapter 18 – Youth economic participation

Draft recommendation 18.1 - Training for educators in tertiary education institutions

As per recommendation 17.5 (wellbeing leaders), teaching staff should be provided with education on the interconnection between physical and mental health and role of lifestyle, food and nutrition in mental healthcare. Appropriate resources should be used in education such as those developed by the Australian Government Department of Health available on the eatforhealth.gov.au website.

Draft recommendation 18.2 - Student mental health and wellbeing strategy in tertiary education institutions

Student mental health and wellbeing strategies in tertiary education settings should include a food and nutrition policy and strategies to promote a healthy food environment. Referral pathways to allied health professionals should be made available as part of the 'links into the broader health system'.

Chapter 19 – Mentally healthy workplaces

Workplace health promotion interventions, including diet and physical activity intervention, have been shown to promote the physical and mental health of employees[42, 43] and boost productivity.[44] Mentally healthy workplaces should therefore support individuals to make healthy food choices and reduce exposure to discretionary foods within employer funded food outlets such as cafeterias and vending machines.

More needs to be done to promote healthy food environments as promoters of workplace wellbeing. DAA suggest that Box 19.1[26](p 739) of the final report should list an unhealthy food environment as a risk factor to workplace mental health and Figure 19.1[26](p 740) should include healthy food environment as a promoter of a mentally healthy workplace.

Draft recommendation 19.5 - Disseminating information on workplace interventions

Information about the benefits and features of multicomponent workplace health promotion interventions, including diet and physical activity intervention,[42-44] should be broadly disseminated.

Chapter 20 – Social participation and inclusion

Social exclusion and mental ill-health are exacerbated by physical comorbidity.[27] For instance, obesity may lead to social withdrawal[45] and sedentary behaviour[46] in individuals with mental illness and there is evidence that obesity and metabolic syndrome, conditions both addressed by dietary intervention, independently predict relapse and rehospitalisation in individuals with severe mental illness.[27] Hence, the importance of addressing the combined physical and mental healthcare needs of consumers cannot be understated and as outlined in this submission and previously (see DAA submission number 232),[24] nutrition intervention delivered by an Accredited Practising Dietitian has a key role to play in addressing the combined mental and physical healthcare needs of consumers, with subsequent benefits for social participation and inclusion.

Chapter 21 – Suicide prevention

Suicide prevention requires a multidisciplinary, integrated person-centred approach to treatment and prevention, with services that are well-funded to ensure continuity of care. However, there is a lack of specialist community mental health services to meet community needs including a lack of funded positions for dietitians within these services.

It is notable that rates of suicide and all-cause mortality are particularly high among individuals with anorexia nervosa and eating disorders.[47] Nutrition interventions delivered by an Accredited Practising Dietitian are an essential component of the treatment of eating disorders and should be built into models of service delivery for this population group.[48] The new MBS items for Eating Disorders goes some way to filling current service gaps but DAA is concerned that the use of items might be limited by the short duration of the items, rebated at the equivalent of 20 minutes.

A holistic approach to suicidality is needed including educating the community and the workforce on how to address suicide ideation/suicidality.

Part V: Pulling the reforms together

Chapter 22 - Governance

Draft recommendation 22.1 – A national mental health and suicide prevention agreement

DAA agrees that COAG should develop a National Mental Health and Suicide Prevention Agreement between Australian, States and Territory Governments. As recommended, consumers and carers should be key partners in the development of the agreement.

Peak bodies and services providers should also be consulted regarding implementation of the agreement including the development of performance and reporting requirements.

Draft recommendation 22.4 – Establishing targets for outcomes

DAA agrees that performance targets should be developed with input from consumers and carers. Peak bodies, academic institutions and service providers should also be consulted in the process of developing targets and data collection standards.

Draft recommendation 22.5 – Building a stronger evaluation culture

A strong evaluation culture requires standards for data management and collection, as well as efficient and affordable IT infrastructure and data collection systems. A priority in data collection should be identification of community needs and service gaps.

Peak bodies, academic institutions and service providers will all benefit from data to enable evaluation and monitoring activities and should be consulted in the process of developing evaluation systems.

Chapter 24 – Funding arrangements

As outlined in our previous submission to the Mental Health Inquiry (see submission number 232)[24] and in detail in DAA's submission to the Medicare Benefits Schedule (MBS) Review,[49] there is a lack of funding to support community need for dietetic services. Some of the key funding issues include:

- Not enough funded positions for dedicated mental health Accredited Practising Dietitians and dietitians in community-based positions
- Insufficient duration and number of MBS rebated sessions available for dietitians and other allied health services. Current funding only entitles eligible people to 5 sessions per year, across all allied health professionals. This makes it impossible to deliver evidence-based care

for people with chronic and complex needs such as individuals with conditions such as autism, pervasive developmental disorder, disability and mental illness. Items of sufficient number and duration are needed to support building of relationships, communication, and incremental behaviour change

- Items for Accredited Practising Dietitians not available in the Better Access program
- Exclusion of telehealth services under the MBS Chronic Disease Management program for allied health providers.

An effective mental health system cannot operate without appropriate funding of allied health and dietetic services. Improvements to the MBS are needed but additional sources of secure funding are also required to support community needs.

Draft recommendation – Toward more innovative payment models

DAA agree new funding models are needed. Peak bodies should be involved in the design and implementation of these models.

Chapter 25 – A framework for monitoring, evaluation and research

Draft recommendation 25.2 – Routine national surveys of mental health

DAA agrees that the Australian Government should fund the ABS to conduct a National Survey of Mental Health and Wellbeing at least every 10 years. This survey should be linked to future ABS Australian Health Survey datasets including the National Health Survey and National Nutrition and Physical Activity Survey, to enable evaluation of mental health, physical health and lifestyle trends.

Draft recommendation 25.3 – Strategies to fill data gaps

Broad consultation with consumers, peak bodies, mental health service providers, including allied health professionals, and Australian, State and Territory governments, is needed to identify data gaps and strategies to ensure the collection of high-quality and fit-for-purpose data.

Additional comments

The importance of a National Nutrition Policy

Many of the recommendations in this submission could be tied together with the development and implementation of a National Nutrition Policy. Such a policy would bring together evidence on the role of food and nutrition in mental and physical healthcare and provide a framework for translating evidence regarding food, nutrition and health, into action in prevention and treatment of combined physical and mental health disorders.

Further detail regarding the rationale and recommendations for a National Nutrition Policy are outlined in the '*Joint Policy Statement: Towards a National Nutrition Policy for Australia*',[50] endorsed by the DAA, Nutrition Australia, the Public Health Association of Australia and the Heart Foundation.

Mental health in Aboriginal and Torres Strait Islander communities

Aboriginal and Torres Strait Islander communities experience a greater burden of mental health disease and require additional measures to address the challenges in those communities.

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APPENDIX 3

Mental Health Role Statement

Role Statement for Accredited Practising Dietitians practising in the area of Mental Health

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 DAA, undertake ongoing professional development and comply with the DAA guidelines for best practice. They are committed to the DAA 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 treatments [51]) 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 anxiety [28, 52-54] and the association between mental illness and physical health, particularly in regard to metabolic conditions [55]; and
    - The potential metabolic impact of psychotropic medication on client's physical health [56], 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 [57].
- 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) [58, 59]
    - 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 [60]. 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 [56, 61].

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 [53]. To date, three Australian-based, dietitian-led intervention studies have been completed and have shown efficacy in improving symptoms of depression/anxiety [28, 52, 54]. Dietetic interventions can be considered effective adjunctive care in high-prevalence mental illness.

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