

**Submission
No 106**

**INQUIRY INTO EQUITY, ACCESSIBILITY AND
APPROPRIATE DELIVERY OF OUTPATIENT AND
COMMUNITY MENTAL HEALTH CARE IN NEW SOUTH
WALES**

Organisation: Dietitians Australia

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Upper House inquiry into the equity, accessibility and appropriate delivery of outpatient and community mental health care in NSW

**Response to consultation
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Recipient

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About Dietitians Australia

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

The Accredited Practising Dietitian program provides an assurance of safety and quality and is the foundation of self-regulation of the dietetic profession in Australia. Accredited Practising Dietitians (APDs) are uniquely trained to provide one-on-one medical nutrition therapy to patients in a clinical context across a broad range of disease and health conditions. Dietitians must hold the APD credential and meet continuing professional development and recency of practice standards annually to access Medicare, Department of Veterans Affairs, National Disability Insurance Scheme, worker's compensation schemes and most private health insurers. Accredited Practising Dietitians have an important role in the prevention, treatment and management of some mental illnesses and common comorbid physical illnesses, including diabetes and heart disease.

This submission was prepared by Dietitians Australia staff following the [Conflict of Interest Management Policy](#) and processes approved by the Board of Dietitians Australia.

Recommendations

Dietitians Australia recommends the NSW Government:

- allocate funding to provide comprehensive access to Accredited Practising Dietitians across all State-funded mental health services, including outpatient and community services, for the full spectrum of mental illnesses.

Discussion

Dietitians Australia welcomes the opportunity to comment on the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales.

This submission will focus on the following terms of reference:

- integration between physical and mental health services, and between mental health services and providers
- appropriate and efficient allocation of mental health care workers, including psychiatrists, nurses, psychologists, GPs, councillors, social workers, allied health professionals and peer workers

General comments

Half of all Australians will experience some form of mental illness in their lifetime.¹ Mental illness is a collective term that describes a wide array of conditions such as mood, anxiety, personality, psychotic, substance use and eating disorders.² Every year about 4 million Australian adults experience mental illness, and 14% of children and adolescents are estimated to have experienced a mental illness in the last 12 months.³ Anxiety disorders are the most common disorders (17% of Australians) followed by affective disorders such as depression (8%) and substance use (3%).^{1, 3, 4}

Mental and substance use disorders are the 4th leading cause of disease burden in the Australian population, representing 12% of the national burden of disease and the 2nd leading cause of non-fatal burden.^{3, 4, 7}

The life expectancy of people affected by mental illness is often shortened by as much as 30%.⁹ Eating disorders have one of the highest mortality rates of any mental illness.⁸ The incidence of premature death in people living with mental illness represents one-third of all preventable deaths.⁴

Among the therapies demonstrated to be effective in the prevention, treatment and management of some mental illnesses and common comorbid physical illnesses are evidence-based dietary interventions delivered by Accredited Practising Dietitians. Currently, universal and equitable access to APDs is lacking.

Integration between physical and mental health services, and between mental health services and providers

Appropriate and efficient allocation of allied health professionals

Recommendation

The role of diet and Accredited Practising Dietitians in the prevention, treatment and management of the full spectrum of mental illnesses or common comorbid physical illnesses is poorly recognised in government-funded outpatient and community mental health services.

Dietary support should form part of the core treatment of mental illness. When used in ongoing treatment for mental illnesses like depressive disorders, dietary support can help to prevent, treat or manage symptoms.

Routine access to dietitians as part of mental health care will improve health outcomes and quality of life for consumers and reduce healthcare costs and costs to the economy from lost productivity.

Dietitians Australia recommends the NSW Government allocate funding to provide comprehensive access to Accredited Practising Dietitians across all State-funded mental health services, including outpatient and community services, for the full spectrum of mental illnesses.

Evidence

There is a strong and growing body of evidence to support the role of diet and dietary interventions in mental health and mental illness.

Diet and mental health

Systematic reviews clearly demonstrate that dietary patterns consistent with the Australian Dietary Guidelines and those that are typical of a Mediterranean-style diet can lower the risk of depression.^{10, 11}

Large population-based studies, and reviews, have also shown strong associations between diet quality and mental health.¹¹⁻¹⁵ One example is the large prospective SUN cohort study in Spain (with over 10,000 participants) that found a Mediterranean dietary pattern was associated with a reduced risk of developing depression.¹⁴ Other studies have demonstrated that high intakes of discretionary foods such as sweets, highly processed cereals, chips, fast-food and sugar sweetened drinks increases the risk of poor mental health.^{10, 11, 16, 17}

Dietary interventions for prevention, treatment and management of mental illness

Dietary interventions delivered by an Accredited Practising Dietitian to promote the adoption of a healthy diet to improve mental health is supported by increasingly well-described links between nutritional status and mental wellbeing,¹⁸⁻²⁰ the role of the microbiome in the functional changes leading to mental illness,²¹ many studies supporting a link between nutrition and behaviour and mood^{12, 13, 22} and evidence demonstrating the effectiveness of dietary intervention to improve symptoms and induce remission of depression.^{19, 22-26}

Further, the nutritional care needs, including addressing clinical malnutrition, of people living with eating disorders and disordered eating are ideally addressed by Accredited Practising Dietitians as key members of the multidisciplinary team.²⁷ Additionally, the role of dietitians working in severe mental illness, and practice recommendations, are well-documented.^{28, 29}

Dietary interventions have been shown in studies to:

- be more effective than GP-led standard care in improving mental health and cognitive function,³⁰ and more effective when delivered by Accredited Practising Dietitians than by other healthcare providers³¹
- be more effective than social support. When led by Accredited Practising Dietitians, individual or group interventions lead to greater depressive symptom reduction, remission of depression in up to 36% of people and improved quality of life^{19, 23, 25, 32-34} (noting that group-based peer support has been shown to be as effective as psychotherapy for treating depression³⁵)
- have equivalent rates of remission of depression as antidepressants, without the side effects of medication^{36, 37}
- be as effective as cognitive behavioural therapy-problem solving therapy for primary care for preventing episodes of major depression and mitigating depressive symptoms^{26, 38}
- be cost effective, resulting in substantially lower health sector and societal costs³⁹⁻⁴¹
- have no known harms and instead confer additional health benefits when the diet is consistent with the Australian Dietary Guidelines or food patterns typical of Mediterranean diets.

Relationship between mental and physical health

The relationship between mental and physical health is bi-directional. For instance, up to 40% of people with cardiovascular disease, metabolic conditions (like diabetes, insulin resistance and fatty liver disease) and other chronic medical conditions have depression.⁴² And depression is widely documented to lead to an adverse cardiovascular disease prognosis as well as poorer quality of life.⁴³ ⁴⁴ Depressive disorders and depressive symptoms have also been linked to a two-fold higher risk of death and a higher risk for subsequent major adverse cardiac events.⁴⁵

Eighty percent of people living with mental illness have comorbid nutrition-related physical illnesses, including cardiovascular disease, respiratory disease, metabolic disease, diabetes, osteoporosis, and dental problems.⁴ Improved diet quality is known to reduce symptoms and the rate of progression of

chronic physical illnesses.⁴⁶⁻⁴⁹ People living with mental illness often experience poor dietary intakes, poor hydration status, difficulty regulating food intake and food insecurity.^{25, 50} Poor diet quality, often characterised by foods high in energy and salt, can contribute to physical illness and is prevalent in people across the spectrum of mental illness, particularly in those living with severe mental illness.⁵¹

A common symptom of depression is change in appetite, which can include either a reduced interest in food or an increased appetite with cravings for sweet, salty and fatty foods.⁵²⁻⁵⁴ From a behavioural perspective, those with mental illness may use food as a means of self-soothing and comforting.⁵⁵ Depression is also commonly associated with fatigue and apathy,⁵⁶ which may impact on a person's motivation to shop and cook, to care about themselves and their food choices.⁵⁷

Cardiovascular and respiratory diseases are the leading causes of death in people living with severe mental illness. They are 6 times more likely to die from cardiovascular disease and 4 times more likely to die from respiratory disease than the rest of the population.⁴

Psychotropic medications, commonly prescribed in the treatment of conditions like anxiety, depression, psychosis and bipolar disorder, can stimulate appetite and excessive food intake leading to significant weight gain. Weight gain in the first year of treatment can be over 20kgs.⁵⁸ Medication side effects can also contribute to the onset of diabetes and heart disease.⁵⁹

The life expectancy of people experiencing mental illness and substance use disorders in Australia is 10-to-16 years shorter than the rest of the population, often due to poor physical health. Diet improvement is critical for both prevention and management of physical illness.

Early access to an Accredited Practising Dietitian can help prevent onset of common comorbid physical illnesses.

Role of Accredited Practising Dietitians

Accredited Practising Dietitians are university-qualified nutrition experts, uniquely trained in the delivery of medical nutrition therapy. Medical nutrition therapy provides for a systematic and evidence-based approach to the clinical management of chronic conditions, including mental illnesses and comorbid physical illnesses like diabetes and heart disease, through diet.⁶⁰ The optimum dietary intervention is individualised and developed in partnership with the consumer, taking into consideration the consumer's health needs and goals and individual preferences.

Although general practitioners are expected to apply nutrition knowledge in practice, nutrition competencies have yet to be included in Australian medical courses.^{61, 62} Other health practitioners have a role in reinforcing general nutrition messages, but provision of medical nutrition therapy is not in scope of practice.^{63, 64}

The role of diet and dietitians in mental illness is underscored by the recommendations of the 2020 Royal Australian and New Zealand College of Psychiatrists' (RANZCP) Clinical Practice Guidelines for Mood Disorders⁶⁵ and the RANZCP Eating Disorders Clinical Practice Guidelines.⁶⁶ The former calls for lifestyle approaches, including diet, to form the first line of treatment for mood disorders. A multidisciplinary approach that includes medical, dietetic and psychological practitioners is called for in the eating disorders clinical practice guidelines to maximise the chances of a person's full recovery.

Detailed descriptions of the roles of Accredited Practising Dietitians in mental health and in eating disorders can be found in their respective [role statements](#).

Ensuring Australians have early access to Accredited Practising Dietitians as a routine part of their mental health care can help equip them with essential preventative tools they can use to help combat the typical effects of mental illness, the side effects of drugs used in treatment and the impacts of comorbid physical illness. Providing access to Accredited Practising Dietitians early in treatment can bolster a person's ability to prevent and manage long-term illnesses with much greater effectiveness.

Current limitations and opportunities to improve consumer access to Accredited Practising Dietitians

Australians living with mental illness and comorbid chronic diseases can access Accredited Practising Dietitians through Medicare's Chronic Disease Management (CDM) program. But access to effective, holistic, multidisciplinary healthcare that is essential to the prevention, treatment and management of chronic diseases is limited. Medicare's CDM program only allows for a maximum of 5 services per calendar year shared across all 13 eligible allied health professions.⁶⁷ This allocation does not align with best practice clinical guidelines and is insufficient to meet the holistic needs of people living with mental illness. State services, in contrast, offer an invaluable opportunity to provide comprehensive, holistic, multidisciplinary care to optimise outcomes for people living with mental illness and comorbid physical illness.

Adjunctive dietary interventions lead by Accredited Practising Dietitians offer cost-effective approaches to managing mental health symptoms and physical health.^{39, 40, 68-71} Early dietary intervention is fundamental to reduce disease burden and minimise the impact of physical illnesses. It can mitigate costs to the local and national economy, to individuals, their carers/families and communities by preventing progression and enhancing the management of disease.^{4, 72, 73}

ALIGNMENT WITH GOVERNMENT PLANS

The importance of addressing the physical health of those with mental illness is made explicit in the Equally Well Consensus Statement 2016 and the Fifth National Mental Health and Suicide Prevention Plan 2017. The NSW Government is committed to implementing the recommendations of both documents. The Equally Well Consensus Statement 2016 called stakeholders to commit to "making changes towards improving the physical health of people living with mental illness".⁴ The Fifth National Mental Health and Suicide Prevention Plan 2017 made "improving the physical health of people living with mental illness and reducing early mortality" one of its 8 priority areas.⁹

NSW's health plan, *Future Health: the next decade of health care in NSW 2022-2032* calls for investment in keeping people healthy and preventing illness, including supporting the mental health and wellbeing of the whole community.⁷⁴ A healthy diet is key to ensuring people stay both physically and mentally well. Broadening access to Accredited Practising Dietitians in State-funded outpatient and community mental health services for the full spectrum of mental illnesses will help the NSW Government achieve its own objectives set under its health plan.

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