

**Fifth National Mental Health Plan**  
**Submission by: Dietitians Association of Australia**  
**30<sup>th</sup> November, 2016**

**Part A – About You**

To help us understand the views expressed through this survey, we need to gather some basic information about you (or your organisation, if you are responding as a representative). This will allow summary information to be presented to Health Ministers on who has responded to the survey.

None of the information requested in this survey will allow you to be identified.

On what basis are you responding to this survey? \*

- As an Individual  As a representative of an organisation

Have you read the latest draft of the Fifth National Mental Health Plan? \*

- Yes  No

If your answer is 'No', the latest version of the draft can be found at the link below

[Fifth National Mental Health Plan](#)

Which option best represents you? \*

- A person living with mental health issues  Carer of someone living with mental health issues  Friend or relative of someone living with mental health issues  A person who works within a mental health service  Other (please specify)

Other

See below .

[Dietitians Association of Australia \(DAA\)](#) - national association of the dietetic profession.

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## Part B – Your Views About the Proposed Priority Areas

The draft Fifth Plan is built around seven main areas for national priority action. The scope of the Plan reflects a desire for a plan that is implementable and not just aspirational by focusing our collective efforts on a small number of achievable priorities.

We would value your opinion about whether each of the identified areas should be a priority for action under the Fifth National Mental Health Plan.

### **B1. To what extent do you agree that the areas proposed in the draft Fifth Plan should be national priorities for action over the next five years?**

Priority Area 1: Integrated regional planning and service delivery

Mental Health Plan developers are applauded for recognising that a regional focus, supported by actions at the national level, is a key platform for change to address the fundamental shortcomings of the existing system.

The Dietitians Association of Australia (DAA) agrees there is value in a regional focus and can see that Primary Health Networks could enable people with mental illness to improve their physical and mental health and wellbeing through access to practical evidence-based solutions, such as by:

- Collaborating with Accredited Practising Dietitians (APDs) who provide individual care;
- Offering programs led by APDs to build skills in budgeting, shopping and preparing healthy food for people with mental illness and their families, because nutrition is a significant contributor to prevention and treatment of mental illness;
- Networking with Carers or Case Managers from Community Mental Health Teams to reinforce health and nutrition messages provided to people with mental illness, while in consultation with the APD;
- Offering programs for mental health workers and other health professionals to build their capacity to support clients in their efforts to build healthy food and drink habits.

Priority Area 2: Coordinated treatment and supports for people with severe and complex mental illness

Poor dietary habits are well documented among people living with mental illness. When compared to the general population, people with schizophrenia consume more energy (kilojoules) and saturated fat and eat less fruit, vegetables and dietary fibre [1]. A significant association has also been found between depressive symptoms and a reduced likelihood of eating a healthy diet [2]. Poor dietary patterns account for, in part, the higher rates of obesity, diabetes and cardiovascular disease within this population.

Early intervention with nutrition and physical activity is vital. It is essential that Accredited Practising Dietitians (APDs) are included in the mental health team, and that this is supported by Medicare dietetic items for Better Mental Health and that state/territory health departments include APDs in mental health teams for inpatients and the community.

Accredited Practising Dietitians (APDs) are experts in food and medical nutrition therapy with skills to translate scientific nutrition information into personalised, practical dietary advice. They are skilled in coaching strategies to support lifestyle change.

*References:*

1. *Dipasquale, S., et al., The dietary pattern of patients with schizophrenia: a systematic review. J Psychiatr RES, 2013. 47: p. 197-207.*
2. *Quirk, S., et al., The association between diet quality, dietary patterns and depression in adults: a systematic review. BMC Psychiatry 2013. 13(175).*

Priority Area 3: Suicide prevention

Priority Area 4: Aboriginal and Torres Strait Islander mental health and suicide prevention

Poor nutrition is a contributor to the higher rates of poor physical and mental health among Aboriginal and Torres Strait Islander people. As such, it is important to address nutrition and dietary issues in the quest to reduce rates of mental illness and suicide among Aboriginal and Torres Strait Islander people.

Priority Area 5: Physical health of people living with mental health issues

The Dietitians Association of Australia (DAA) is encouraged to see the physical health care of people living with mental health issues as a national priority. Lifestyle factors such as poor diet, low levels of physical activity, smoking, and substance misuse are *modifiable* and offer a way for health professionals to assist people living with mental illness. This is one of the many reasons why Australia needs a National Nutrition Policy which interfaces with other government policies, such as the Fifth National Mental Health Plan.

The provision of multi-disciplinary care to address **modifiable lifestyle factors** is an important component of holistic care for many people with mental illness, so as to help achieve improvements in both physical and mental health outcomes. DAA is keen to see the focus on mental health extend beyond 'medication'. There is a high word count in the consultation Plan for physical health, but virtually nothing about nutrition or dietary interventions. There is strong evidence around the importance of nutrition and physical activity in mental health, which offers real solutions to:

- Reduce the risk of depression and other lower level mental health issues.
- Improve the wellbeing of people with severe mental illness treated with drugs.
- Make positive contributions to the management of eating disorders.

Accredited Practising Dietitians (APDs) are the health professionals to lead activities, which realise these outcomes. APDs are experts in food and medical nutrition therapy with skills to translate scientific nutrition information into personalised, practical dietary advice. They are skilled in coaching strategies to improve diet quality through lifestyle change. For people with mental illness, APDs can help to:

- Improve diet quality so as to improve concurrent and comorbid conditions (e.g. diabetes, cardiovascular disease, obesity, metabolic syndrome) and reduce all-cause mortality risk [3-5].
- Mitigate weight gain commonly seen in patients taking psychotropic medications [6, 7].
- Reduce the risk and progression of common mental disorders (e.g. depression and anxiety) [2, 8-12].
- Identify and improve disordered eating patterns and eating behaviours [13].
- Enhance food security (i.e. food access, supply and utilisation) through improved meal planning, budgeting, shopping, food preparation and cooking skills [14].

Regarding the **Overview** (see pg: 46) for Priority Area 5, overweight and obesity is also a common health issue among people with severe mental illness [15]. As such, in the health statistics provided on pg: 46, DAA considers it important to highlight the rate of overweight/obesity among people with severe mental health illness. Evidence supports nutrition interventions as standard care in preventing and treating weight gain among people experiencing severe mental illness [15].

#### **References:**

1. *Dipasquale, S., et al., The dietary pattern of patients with schizophrenia: a systematic review. J Psychiatr RES, 2013. 47: p. 197-207.*
2. *Quirk, S., et al., The association between diet quality, dietary patterns and depression in adults: a systematic review. BMC Psychiatry 2013. 13(175).*
3. *Teasdale, S., S. Harris, and S. Rosenbam, Individual dietetic consultations in first episode psychosis: a novel intervention to reduce cardiometabolic risk. Community Mental Health Journal 2014. 51: p. 211-14.*
4. *Teasdale, S., et al., A nutrition intervention is effective in improving dietary components linked to cardiometabolic risk in youth with first-episode psychosis. Br J Nutr, 2016. 115(11): p. 1987-93.*
5. *Reedy, J., et al., Higher diet quality is associated with decreased risk of all-cause, cardiovascular disease and cancer mortality among older adults. J Nutr, 2014. 144(6): p. 881-889.*
6. *Álvarez-Jiménez, M., et al., Antipsychotic-induced weight gain in chronic and first-episode psychotic disorders. CNS drugs, 2008. 22(7): p. 547-562.*
7. *Curtis, J., et al., Evaluating an individualized lifestyle and lifeskills intervention to prevent antipsychotic-induced weight gain in first-episode psychosis. Early Interv Psychiatry 2016. 10(3): p. 267-76.*
8. *Akbaraly, T., et al., Dietary patterns and depressive symptoms in middle age. Br J Psych, 2009. 195: p. 408-413.*
9. *Forsyth, A., F. Deane, and P. Williams, A lifestyle intervention for primary care patients with depression and anxiety: A randomised controlled trial. Psychiatry Res, 2015. 230(2): p. 537-44.*

10. Sanhueza, C., L. Ryan, and D. Foxcroft, *Diet and the risk of unipolar depression in adults: systematic review of cohort studies. Journal of Human Nutrition and Dietetics*, 2013. 26(1): p. 56-70.
11. Sanchez-Villegas, A. and M. Martínez-González, *Diet, a new target to prevent depression? BMC medicine*, 2013. 11(1).
12. Lai, J., et al., *A systematic review and meta-analysis of dietary patterns and depression in community-dwelling adults. The American Journal of Clinical Nutrition*, 2014. 99(1): p. 181-97.
13. Ozier, A. and B. Henry, *Position of the American Dietetic Association: Nutrition Intervention in the Treatment of Eating Disorders. J Am Diet Assoc*, 2011. 111(8): p. 1236-1241.
14. Holben, D., *Position of the American Dietetic Association: Food Insecurity in the United States. J Am Diet Assoc*, 2011. 110(9): p. 1368-1377
15. Teasdale S, Ward P, Rosenbaum S, Samaras K, Stubbs B. *Solving a weighty problem: systematic review and meta-analysis of nutrition interventions in severe mental illness. Br J Psych*, 2016. bjp.bp.115.177139.

Priority Area 7: Safety and quality in mental health care

Strongly Agree 

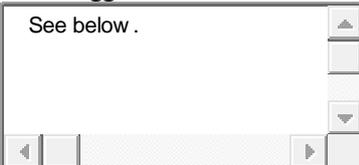
People with serious mental illness may experience physical harm or unwanted side effects with drug treatment (e.g. weight gain is commonly seen in patients taking psychotropic medications). Early access to dietary support (via Accredited Practising Dietitians) and physical activity (via Accredited Exercise Physiologists) can help reduce the risk of physical harm associated with psychotropic medications.

Healthcare accreditation standards are one avenue to encourage health services to ensure that all patients are considered by food and nutrition systems. Draft Version 2 of the NSQHS Standards developed by the ACSQHC now include nutrition. The EQuIP Standards developed by the ACHS have a comprehensive nutrition component.

**B2. Are there any other major areas that should be the focus of national priority action over the next five years that are not included in the current draft Fifth Plan?**

Yes  No

**B2.1. Suggestions:**

See below . 

1. Workforce considerations.
2. Health promotion and health literacy nutrition national programs.
3. Nutrition and mental health including in curricula at high school, college and university level.

## Part C – Your Views About the 30 Proposed Actions

The draft Fifth Plan identifies 30 actions, spread across the seven priority areas.

Please indicate the extent to which you agree that each of the proposed actions should be a national priority over the next five years.

### Priority Area 1: Integrated regional planning and service delivery

Governments will establish the enablers to support integrated planning and service delivery at the regional level.

Good planning is essential and it should include all relevant health professionals (including allied health professionals) alongside people with mental health and their families.

A commitment to adequate resourcing is needed to achieve outcomes. Equitable access to nutrition and dietetic experts is needed by:

- Including Accredited Practising Dietitians in Better Mental Health items;
- Funding programs in Primary Health Networks to build capacity in food and nutrition where market failure exists and people cannot access individual care;
- Ensuring Accredited Practising Dietitians are employed in mental health teams funded by state and territory health departments.

Governments will work with Primary Health Networks and Local Hospital Networks to implement integrated planning and service delivery at the regional level.

### Priority Area 2: Coordinated treatment and supports for people with severe and complex mental illness

Governments will support coordinated service delivery for people with severe and complex mental illness through the development of national guidelines.

Regarding the *'Mental health stepped care levels of need and services'* (Figure 3, pg: 23): The Dietitians Association of Australia (DAA) sees a role for Allied Health services (including dietetics) to be included across the spectrum, not just in the care of people with 'severe mental illness'. When incorporated with evidence-based psychological and medical treatment, dietary interventions (delivered by Accredited Practising Dietitians) can provide a range of physical, social and mental health benefits for people at risk of mental illness, or who are living with mild, moderate or severe mental illness. As such, DAA considers it imperative to include APDs in the coordinated service delivery and include nutrition/dietetic care in the national guidelines.

**Priority Area 2: Coordinated treatment and supports for people with severe and complex mental illness**

In consultation with key stakeholders, the Mental Health Drug and Alcohol Principal Committee will monitor and report to Health Ministers on emerging health and other related policy issues that may arise from the implementation of mental health reforms and the National Disability Insurance Scheme for people with severe and complex mental illness.

Primary Health Networks and Local Hospital Networks will work with health and social service agencies operating in their regions and the community sector to develop region-wide arrangements to ensure coordinated treatment and community support for people with severe and complex mental illness.

The Dietitians Association of Australia (DAA) considers it important to not only include people with severe and complex mental illness in coordinated treatment, but all people with mental illness.

We need more than just social marketing at a national level to guide people to better food and drink choices. Local programs are needed to build the skills of parents, carers, socially disadvantaged people etc. Primary Health Networks (PHNs) can improve knowledge and skills in the community about food and nutrition to improve physical and mental health and wellbeing.

**Priority Area 3: Suicide prevention**

Governments will work with service providers, including Aboriginal Community Controlled Health Organisations, to improve Aboriginal and Torres Strait Islander access to and experience with mental health and wellbeing services.

Aboriginal and Torres Strait Islander people’s participation in the planning, implementation and evaluation of culturally sensitive, geographically appropriate services and initiatives in communities is essential.

Governments will work together to strengthen the evidence base needed to inform development of improved mental health services and outcomes for Aboriginal and Torres Strait Islander people.

The Dietitians Association of Australia (DAA) strongly agrees that the evidence base needs to be developed with collaboration of Aboriginal and Torres Strait Islander people.

**Priority Area 5: Physical health of people living with mental health issues**

Governments will identify suitable guidelines and other resources for use by health services and health professionals to improve the physical health of people living with mental health issues.

With regards to Action 16 (pg: 48-49): In the guidelines and other resources that are to be developed for use by health services to improve the physical health of people living with mental health issues, the Dietitians Association of Australia (DAA) considers it important that the guidelines provide detailed advice on the role of

Allied Health Professionals (AHPs), including Accredited Practising Dietitians (APDs), in the provision of integrated physical and mental health care.

DAA encourages developers of the guidelines and resources to seek guidance from DAA when:

1. clarifying the roles and responsibilities of Allied Health Professionals, specifically Accredited Practising Dietitians, in improving the physical health of people with mental illness;
2. developing screening and referral protocols for physical health conditions;
3. preparing information for consumers and carers on how to manage co-existing physical health conditions and reduce risk factors for poor physical health; and
4. developing nutrition training programs for Medical and Allied Health Professionals.

Governments will work with Primary Health Networks and Local Hospital Networks to ensure that the physical health of people living with mental health issues is a priority in the development of regional health plans and service delivery, and that systems are developed for monitoring progress.

Health Ministers will lead the work of commencing regular national reporting on the physical health of people living with mental health issues.

**Priority Area 7: Safety and quality in mental health care**

Governments will develop a national mental health safety and quality framework to guide delivery of the full range of health and support services required by people living with mental health issues.

Governments will work with the Australian Commission on Safety and Quality in Health Care and the mental health sector to amend the National Standards for Mental Health Services to better reflect their intent in those health services where the National Safety and Quality Health Service Standards also apply.

Nutrition risk should be addressed in the Standards, just as Draft Version 2 of the National Safety and Quality Health Services Standards now addresses risk, although the risk profile of people with mental health may be different.

The mandatory implementation of the Hospital Accreditation Standard 12-Nutrition should be monitored to ensure that hospitalised people with mental illness are being provided with high quality nutritious food, based on the ACI Mental Health Food & Nutrition Standards.

Governments will implement monitoring of consumer and carer experiences of care, including the Your Experience of Service survey tool, across the specialised and primary care mental health service sectors.

Monitoring of consumer experience is important to inform service improvements. The Dietitians Association of Australia (DAA) considers it essential to monitor outcomes, prevalence of comorbidities and outcomes with the intervention. DAA also considers it essential to monitor access to services, including Accredited Practising Dietitians (APDs).

Governments will agree on a national statement of priorities to guide mental health information developments over the next ten years.

The Dietitians Association of Australia (DAA) considers it important for the priorities to address better access to nutrition/dietetic care and physical activity. The development and implementation of a National Nutrition Policy (or Framework) which interfaces with other government initiatives, such as the Mental Health Plan, will help to address some of the nutrition/dietetic access issues, which many patients with mental illness now face.

Governments will continue to build accountability by ensuring service delivery systems work to monitor the safety and quality of their services and make information about their performance on service quality indicators available to consumers, carers and other stakeholders.

Governments will undertake work to improve consistency across jurisdictions in policy underpinning mental health legislation, based on an understanding of their impacts on consumer and carers.

#### Part D – Other Aspects of the Draft Fifth Plan

In this final section of the survey we are seeking your views on several specific issues, and providing you an opportunity to add any other comments that you wish to make.

The proposed draft Fifth Plan provides a suitable strategic framework for progressing mental health reform in Australia over the next 5 years.

The Dietitians Association of Australia (DAA) considers the framework to be adequate, provided it includes a commitment to resourcing and long-term investments in ongoing programs (and an evaluation of those programs).

The proposed draft Fifth Plan provides enough detail to understand what is expected to be done by governments over the next five years.

The Dietitians Association of Australia (DAA) believes more detail is needed, especially with regards to Priority Area 5 – Physical health of people living with mental illness. DAA considers it vital to specifically address and include nutrition and physical activity in the Plan, since these are the key components which contribute to shorter lives among people with mental illness.

The proposed draft Fifth Plan gives sufficient recognition to the ‘whole of government’ responsibility for improving mental health.

**Are there any other major areas that should be the focus of national priority action over the next five years that are not included in the current draft Fifth Plan?**

Workforce is not addressed. A workforce strategy is needed, in which all players in the mental health workforce, including Accredited Practising Dietitians (APDs), are included. Post graduate training and continuing professional development is needed for health professionals to ensure they are equipped to support people with mental health. Mental health workers and health professionals would be more confident in their holistic support of people with mental health issues if they had stronger food and nutrition skills at a basic level.

Nutrition and mental health in curricula at high school, college and university level is important, yet it is also missing as an area of focus for prevention in the Fifth Plan. The Dietitians Association of Australia considers it important for planners to give this issue due consideration in the Fifth National Mental Health Plan.