



# **Review of MBS Mental Health items: Proposal for *Better Access* items to include Accredited Practising Dietitians**

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Position: Senior Policy Officer  
Organisation: Dietitians Association of Australia  
Address: 1/8 Phipps Close, Deakin ACT 2600  
Telephone: 02 6189 1202  
Facsimile: 02 6282 9888  
Email: [policy@daa.asn.au](mailto:policy@daa.asn.au)

## **DAA interest in the MBS Review – Mental Health items**

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 disorders. Access to healthy food and nutrition care are significant factors in the management of mental health and physical health for people with mental disorders. Correspondence to DAA from mental health consumer advocates supports better access to medical nutrition therapy provided by dietitians.

The Accredited Practising Dietitian (APD) program is the basis for self-regulation of the dietetic profession in Australia. APDs have an important role in providing medical nutrition therapy to individuals with mental disorders.

## **Proposal to include dietitian services in Better Access items**

DAA requests that the Medicare Benefits Schedule (MBS) Review Taskforce recommend an extension to the current *Better Access to Mental Health Care* Medical Benefit Scheme (MBS) items with the inclusion of the services of APDs in a structured approach with other allied health professionals to improve mental health outcomes for people with clinically-diagnosed mental disorders. This submission briefly outlines how the inclusion of APD services is aligned with contemporary clinical evidence and practice to improve health outcomes for patients.

## **Mental Health items for dietitians are needed**

### *Mental illness has a cost*

People with serious mental illness experience considerable morbidity, loss of quality of life and a lower life expectancy of 20 or more years<sup>1</sup>. They also have far greater incidence of chronic disease, with 90% experiencing physical illness<sup>2</sup>. Poorer social and economic outcomes are reported, and mental illness is the major reason for eligibility for a disability pension. 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. This is one of the reasons for the growing interest in the relationships between nutrition, mental health and physical health.

### *Greater access to dietitians is needed*

APDs are the health professionals with expertise in nutrition and dietetics. APDs have university qualifications and are credentialed by the DAA to provide an assurance of public safety and quality. More information about APDs is available

on the [DAA website](#). APDs work with people with mental health disorders to improve both mental health and physical health<sup>3</sup>.

APDs have supported people with mental illness for many years in public hospitals and community services but funded positions are not enough to meet community needs. Small numbers of people choose to self-fund or use their private health insurance to consult APDs in private practice. Medicare Chronic Disease Management items offer limited access because the five items available per year are shared across all eligible allied health providers. This is not enough to meet the complex needs of people with mental illness who require more and longer consultations with APDs to develop a therapeutic alliance and be clinically effective.

APD services are not available at present under Better Access. Introducing MBS items for APDs for individual and group consultations in person and by telehealth would improve equity of access to nutrition services for people with mental disorders who are most at risk of poor diet and mental illness but have the least capacity to pay for private services.

## **Evidence to support this proposal**

### *The role of nutrients*

There is a developing evidence base 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 signaling, myelin sheath maintenance, glucose and lipid metabolism, mitochondrial function, and more.<sup>4,5</sup> Factors that adversely affect physical health such as inflammation, glucose intolerance, impaired cerebral blood flow and oxidative stress, also impact on mental health.<sup>5-7</sup> Poor diet contributes to these factors.

### *Dietary patterns are important*

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.<sup>8</sup> Large population based studies have shown strong associations between diet quality and mental health.<sup>9-12</sup> This includes prospective studies such as the large SUN cohort in Spain (15,093 participants) that found a healthy Mediterranean diet pattern was associated with up to 40% reduction in the risk of developing depression (depending on diet measure) over a median 8.5 year follow-up (in adjusted models).<sup>12</sup>

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.<sup>8</sup>

### *Dietary interventions are effective*

New evidence from randomised controlled trials<sup>13,14</sup> demonstrates that dietary interventions for persons at risk of, or with current, depression can improve diet quality and reduce incidence and rates of depression. Two of the first randomized controlled trials to explore the use of diet to treat people with depression were recently completed by Australian research teams – the SMILES Trial and HELFIMED study. Both studies found that diet was a highly effective treatment for symptom reduction and remission of depression when delivered intensively in around seven interventions.<sup>15-18</sup>

In the SMILES Trial the dietary support group demonstrated significantly greater improvement between baseline and 12 weeks on the Montgomery-Åsberg Depression Rating Scale than the social support control group. The effect size was greater than that reported for current best practice therapies (psychotherapy and pharmacotherapy). Complete remission was achieved for 32.3% of the intervention and 8% of the control group<sup>17</sup>. Higher adherence to a Mediterranean style diet at 12 weeks was associated with greater improvement in depression scores. The HELFIMED study results have been submitted for publication<sup>18</sup>. This study also found a clinically and statistically significant improvement from baseline in the diet group; with outcomes better than the social support group. Benefits were sustained between three and six months.

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