2019 Submission - Royal Commission into Victoria's Mental Health System

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What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
"Mental health awareness campaigns that target people from various demographic groups (e.g. teenagers, young adults, Aboriginal and Torres Strait Islander young people, LGBT and gender diverse young people) are vital in the quest to reduce the shame, discrimination and stigma often associated with mental illness. Increasing public access to telephone counselling services for people with mental illness and courses such as Mental Health First Aid', which teaches people the skills to help someone they're concerned about, is recommended. "

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?
"Nutrition care (provided by Accredited Practising Dietitians) is important in the prevention and treatment of mental illness, yet there is limited recognition and awareness of the vital role that medical nutrition therapy plays in mental health among state and federal regulators, health professionals and the general community. The present situation: Currently, people seeking early treatment and support for mental illness can access publicly funded nutrition care when referred by a general practitioner to an Accredited Practising Dietitian (APD) under allied health Medicare Chronic Disease Management items. While this allows for up to five sessions per annum, the five sessions are shared across all eligible allied health providers (e.g. dietitians, mental health workers, psychologists, exercise physiologists etc). This is not sufficient to meet the complex needs of people with a mental health disorder (see also response to Question 4, Commonwealth issues). Improving access to Nutrition Care to prevent mental illness and support people with mental illness: Access to healthy food and nutrition care are significant considerations in the management of mental health and physical health for people with mental health disorders (1). Despite this, the number of Accredited Practising Dietitians in mental health multi-disciplinary teams in publicly funded health services is unacceptably low and this issue isn't being addressed in current reforms. 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 in Primary Health Networks or through other arrangements in the community. The increased access and use of services and subsequent improvements in health is expected to contribute to improvements in wellbeing and productivity of the population. A further 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. The role of nutrition in mental health the evidence and the rationale:

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 (2-5). Often people with a mental health disorder have lower quality diets (6). In an Australian study, people suffering from depression, anxiety or both were shown to have lower intakes of folate, magnesium and calcium, with magnesium intakes significantly related to depression. In this study, people with more severe symptoms of depression and anxiety were found to consume less variety, fewer healthy choices, fewer serves of fruit and vegetables, and more discretionary (high energy, non-nutritive) foods than those with less severe depression and anxiety (7). Other research shows people with mental illness generally consume fewer foods from core food groups such as fruit, vegetables, whole grains and dairy, and have higher intakes of energy and discretionary foods when compared with the general population (8,9). These dietary practices are key risks for poor mental health, obesity, CVD, diabetes and all-cause mortality (10). Of 166 potential study participants in the SMILES trial (a 12-week randomised controlled trial of an adjunctive dietary intervention in the treatment of moderate to severe depression), only 15 (9%) of individuals were excluded from participating due to a high quality diet (11,12). Nutrition is considered a potential contributing factor to mental health disorders. Recommendations provided in the Australian Dietary Guidelines (13) to reduce cardiac and cancer risk also support mental health. This is demonstrated by Australian and international research with recent reviews concluding 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 (14,15). Large population based studies and reviews of these have shown strong associations between diet quality and mental health (15-19). 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 reduced risk of developing depression (18). 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 (14,15). 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 (20,21). 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 (11,12) and HELFIMED study (22,23). 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. The 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. Addressing physical health gaps: There is also an established link between mental health and physical health, with those living with a mental health disorder experiencing a high prevalence of physical health conditions and shorter life expectancies (24). The high rates of physical illness including diabetes, respiratory illness, cardiovascular disease and cancer among people with serious mental illness are well documented. For example, people with serious mental illness are two to three times more likely to suffer from diabetes and the rate of cardiovascular disease is almost four times that of the general population (25,26). Depression is considered an independent risk factor for coronary heart disease, but can also affect the recovery of people with coronary heart disease and increase their risk of further heart problems (27). The poor physical health of many people living with mental illness is due, in part, to the side effects of medication, a range of lifestyle factors, and inadequate management of chronic disease. Importantly, 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. When incorporated with evidence-based psychological and medical treatment, physical health supports such as dietary and exercise interventions can provide a range of physical, social and mental health benefits for people living with a mental illness. Medications used to treat mental illness: Medications used to treat mental illness can be life-saving, however they can be associated with significant weight gain and increases in metabolic risk factors (28,29). A recent meta-analysis of randomised controlled trials found that nutrition interventions were effective in preventing weight gain and reducing cardiometabolic risk factors in people experiencing severe mental illness (30). Additionally, these nutrition interventions delivered by dietitians were found to be more effective than those delivered by other health professionals. References: 1.Teasdale SB, Latimer G, Byron A, Schuldt V, et al. Expanding collaborative care: integrating the role of dietitians and nutrition interventions in services for people with mental illness. Australas Psychiatry. 2018 Feb;26(1):47-49. 2.Kaplan BJ, Crawford SG, Field CF, Simpson JSA. Vitamins, minerals and mood. Psych Bull 2007, 133: 747-760. 3.Kaplan BJ, Rucklidge JJ et al. The emerging field of nutritional mental health: Inflammation, the microbiome, oxidative stress, and mitochondrial function. Clin Psych Sci 2015; 3: 964-980. 4.Parletta N, Milte CM, Meyer B. Nutritional modulation of cognitive function and mental health. J Nutr Biochem 2013; 24: 725-43. 5.Sinn N, Howe PRC. Mental health benefits of omega-3 fatty acids may be mediated by improvements in cerebral vascular function. Biosci Hypoth 2008; 1: 103-108. 6.Teasdale S, Ward P, Samaras K, Firth J, et al. Dietary intake of people with severe mental illness: Systematic review and meta-analysis. British J Psychiatry, 2019; 214(5):251-259. 7.Forsyth AK, Williams PG, Deanne FP. Nutrition status of primary care patients with depression and anxiety. Aust J Prim Health. 2012;18(2):172-6. 8.Dipasquale S, Pariante CM, Dazzan P, et al. The dietary pattern of patients with schizophrenia: a systematic review. J Psychiatr Res 2013; 47: 197207. 9.Lai JS, Hiles S, Bisquera A, et al. A systematic review and meta-analysis of dietary patterns and depression in community-dwelling adults. Am J Clin Nutr 2014; 99: 181-197. 10.Lim SS, Vos T, Flaxman AD, et al. A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 19902010: a systematic analysis for the Global Burden of Disease Study 2010. Lancet 2013; 380: 22242260. 11.Jacka F, O'Neil A, Itsiopoulos C, Opie R, Itsiopoulos C, Cotton S, Mohebbi M et al. A randomised controlled trial of dietary improvement for adults with major depression (the SMILES' trial). BMC Med 2017; 15: 23. 12.Opie RS, O'Neill A, Jacka FN, Pizzinga J, Itsiopoulos C. A modified Mediterranean dietary intervention for adults with major depression: Dietary protocol and feasibility data from the SMILES trial. Nutr NeuroScie 2018; 21: 487-501. 13.National Health and Medical Research Council (2013) Australian Dietary Guidelines. Canberra: National Health and Medical Research Council. 14.Opie RS, Itsiopoulos C, Parletta N, Sanchez-Villegas A, Akbaraly TN, Ruusunen A, et al. Dietary recommendations for the prevention of depression. Nutr Neurosci 2017; 20: 161-171. 15.Li Y, Lv MR, Wei YJ, Sun L, Zhang JX Li B. Dietary patterns and depression risk: A meta-analysis. Psychiatry Res 2017; 253: 372-382. 16.Lai JS, Hiles S, Bisquera A, Hure AJ, McEvoy M, Attia J. A systematic review and meta-analysis of dietary patterns and depression in community-dwelling adults. Am J Clin Nutr 2014; 99: 181-97. 17.Psaltopoulou T, Sergentanis T, Panagiotakos D, Sergentanis I, Kosti R & Scaremeas N. Mediterranean diet, stroke, cognitive impairment, and depression: A meta-analysis. Ann Neurol 2013; 74: 580-91. 18.Sanchez-Villegas A, Delgado-Rodriguez M, Alonso A, Schlatter J, Lahortiga F, Serra Majem L, et al. Association of the Mediterranean Dietary Pattern with the Incidence of Depression: The Seguimiento Universidad de Navarra/University of Navarra Follow-up. Arch Gen Psychiatry 2009; 66: 1090-98. 19.Lassale C, Batty GD, Baghdadli A, Jacka F, Snchez-Villegas A, Kivimki M, et al. Healthy dietary indices and risk of depressive outcomes: a systematic review and meta-analysis of observational studies. Mol Psychiatry 2018; doi: 10.1038/s41380-018-0237-8. [Epub ahead of

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What is already working well and what can be done better to prevent suicide?
N/A

What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.
"It makes it hard for people to experience good mental health when nutrition care isn't imbedded in routine mental health care within Australia. Issues with current funding arrangements at a state level: Accredited Practising Dietitians have supported people with mental health disorders for many years in public hospitals and community services. Yet the number of Accredited Practising Dietitians in mental health multi-disciplinary teams in publicly funded health services is unacceptably low, which means many people with mental illness are not receiving the nutrition care they need. People with a mental health disorder often have lower incomes (1) and thus may have limited access to private Accredited Practising Dietitians. 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. 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. Commonwealth issues (with implications for state services): There is a need to review the systems and referral pathways for patients with a mental illness, as currently, there is very limited support for patients to access nutrition care through Medicare. The provision of five sessions per annum 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 sessions, 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 for people with moderate to severe depression with seven individual nutritional consulting sessions delivered by a clinical dietician over 3 months (2,3). 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 like dietetics. Increasing the number of sessions available and length of services in the Medicare 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, the 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 mental a 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 (4). References: 1.Minding the Gaps: Cost barriers to accessing health care for people with mental illness. The Royal Australian & New Zealand College for Psychiatrists (RANZCP), 2015. 2.Jacka F, O'Neil A, Itsiopoulos C, Opie R, Itsiopoulos C, Cotton S, Mohebbi M et al. A randomised controlled trial of dietary improvement for adults with major depression (the SMILES' trial). BMC Med 2017; 15: 23. 3.Opie RS, O'Neill A, Jacka FN, Pizzinga J, Itsiopoulos C. A modified Mediterranean dietary intervention for adults with major depression: Dietary protocol and feasibility data from the SMILES trial. Nutr NeuroScie 2018; 21: 487-501. 4.Council of Australian Governments Health Council. The Fifth National Mental Health and Suicide Prevention Plan. Canberra. 2017. Available from: http://www.coaghealthcouncil.gov.au/Publications/Reports "

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

"Lower socioeconomic status, unstable housing and uncertain incomes contribute to many factors that increase vulnerability to mental illness (1), including reduced food security and inadequate access to (and intake of) healthy foods. As outlined in the response to question 2, an inadequate intake of healthy food increases the risk of mental illness. It is therefore vital to address food security issues, including access to a healthy food supply and access to nutrition care (via Accredited Practising Dietitians) when addressing the drivers to mental illness in Victoria. Dietitians working in Victoria report challenges in people accessing mental health clinical and

support services, due to the high demand for services. Challenges are also being experienced due to the changes in the provision of support services in Victoria over the past 5 years, including difficulties in accessing NDIS funding. References: 1.Jones AD. Food Insecurity and Mental Health Status: A Global Analysis of 149 Countries. Am J Prev Med. 2017 Aug;53(2):264-273. "

What are the needs of family members and carers and what can be done better to support them?

"Family members and carers of people with mental illness often need dietary advice to address the nutrition concerns/issues of their loved ones. This is most commonly the case for carers of a loved one with an eating disorder, but it also extends to family members and carers of people on psychotropic medications (which increases appetite and subsequent weight gain), those with altered appetites due to depression and anxiety, and those affected by chronic disease (e.g. diabetes, cardiovascular disease, metabolic syndrome). It is therefore important to consider nutrition care support for family members and carers when addressing the health care needs of people with mental illness in Victoria."

What can be done to attract, retain and better support the mental health workforce, including peer support workers?

"There needs to be an increase in the employment of dietitians working in mental health teams to support people with mental illness and as well as others in the workforce. We understand that previously people with mental illness could access dietitians in community services in Victoria, but that changes to services have reduced the number. Dietitians should be located in community services and also accessible to supported accommodation providers who deliver services to clients with mental illness. Attracting and retaining dietitians to work in mental health requires providing support both in training and in continuing education, as well as peer support from other dietitians and the Dietitians Association of Australia (DAA). Providing support from colleagues from other health professions in multidisciplinary teams is vital too. "

What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

"There is a need to translate into action the evidence on the important role that food and nutrition play in the prevention and treatment of mental health disorders and common physical comorbidities. 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. 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. Housing, income support and social services: 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 (1). 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 (2). 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 fundamental 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. References: 1.Opie RS, Segal L, Jacka FN, Nicholls L, Dash S, Pizzinga J & Itsiopoulos C. Assessing healthy diet affordability in a cohort with major depressive disorders. J Public Health Epidemiol. 2015; 7: 159-169. 2.Kettings C, Sinclair AJ, Voevodin M. A healthy diet consistent with Australian health recommendations is too expensive for welfare-dependent families. Aust NZ J Public Health 2009;33(6):566-72. "

Thinking about what Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?
"It is time for state and federal regulators to translate into action the growing evidence on the important role that food and nutrition play in the prevention and treatment of mental health disorders and common physical comorbidities. DAA's recommendations state and territory considerations: Given the issues and limitations with Commonwealth initiatives highlighted in the response to Question 4, DAA considers it vital that the Australian states and territories improve their supports to nutrition care for people with mental illness. This means: (a) Regular screening and ongoing monitoring of both physical and mental health for people experiencing mental illness. (b) Increased access to dietary interventions, in addition to evidence-based psychological and medical treatment, for individuals experiencing mental illness. 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 (e.g. Medicare funded sessions and low cost community-based services (Community Health), in addition to funded positions within mental health services). (c) 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. (d) The development and establishment of referral pathways for people with mental illness to access appropriately qualified allied health professionals to address lifestyle issues and physical health needs. (e) Strengthening referral networks and collaboration between core professionals in the mental health treatment team. (f) Increasing access to healthy and nutritious food for mental health clientele in the hospital setting, mental health facilities, supported accommodation and in residential care settings. DAA's recommendations Commonwealth considerations: DAA recommends that given the evidence supporting the role of nutrition in mental health, it is timely to review the current professionals eligible to provide Better Access sessions and expand the program where appropriate. Nutrition interventions are integral to the prevention and treatment of mental health disorders as well as recovery and long term health outcomes for people with mental health conditions (1). Therefore, DAA supports an expansion of the Better Access initiative to provide people living with mental illness adequate access to an appropriate number of nutrition

services, delivered by Accredited Practising Dietitians. DAA further recommends that Medicare Chronic Disease Management items for Allied Health Professionals, be extended to allow substitution of telehealth services (2) 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. References: 1.Teasdale SB, Latimer G, Byron A, Schuldt V, et al. Expanding collaborative care: integrating the role of dietitians and nutrition interventions in services for people with mental illness. Australas Psychiatry. 2018 Feb;26(1):47-49. 2.Davies RM, Hitch AD, Salaam MM, et al. TeleHealth improves diabetes self-management in an underserved community: diabetes TeleCare. Diabetes Care. 2010 Aug;33(8):1712-7. "

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
N/A

Is there anything else you would like to share with the Royal Commission?
"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, supported accommodation, hostels, boarding houses and residential aged care facilities it is critical that clients have the opportunity to access nutritious enjoyable food to promote wellbeing. It should also be emphasised that food and eating have a strong social and cultural aspect beyond physical health, which is highly pertinent to mental wellbeing and recovery. 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. "