

Bridging the Gap

Dietitians: an integral part of Mental Health Care in Ontario

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Naomi's Story

In her 20's, Naomi worked as a Child and Youth worker, and produced and sold beautiful art. She is friendly, outgoing, and intelligent. Naomi is also one of the 20% of Canadians who live with a mental illness.

Naomi was the unfortunate victim of sexual assault in childhood which led to a severe eating disorder. The eating disorder threatened to consume her. Eventually Naomi was unable to continue her career or create art, two of her passions. There were times when she was willing to die before eating because food was the only thing in her life that she could control. She suffered from uncontrollable symptoms which included weighing herself 100 times a day, purging, taking boxes of laxatives, and drinking 20 liters of water a day. Eventually she stopped eating for weeks at a time and needed a tube feed for a year just to survive.

Naomi required numerous hospital admissions and completed several eating disorder programs. Naomi had access to a dietitian for short periods of time during her mental health hospital visits but could never be followed up with. **Ongoing dietitian follow up through an eating disorder program is limited.** Given that her situation was so severe, special permission was granted for a dietitian to follow her after she left the hospital. This dietitian followed her for almost a decade.

Over the years, the dietitian provided hope for Naomi when she felt she had nothing left to hope for. She was able to advocate for Naomi's mental health in medical teams when nobody else would. Naomi worked very hard over the years and is a survivor. She now has a good quality of life, maintains medical stability, has resumed creating art, is volunteering and is considering other options. **Naomi maintains that she would not be alive without the help of a dietitian.** So why did it take so long for her to have access to one outside of a hospital?

We all know a Naomi. She's your neighbour, your cashier, she's your family member. She sits next to you on the bus and babysits your kids. **Naomi's condition had to decline to near-death before a dietitian was able to follow her outside of acute care.** Naomi's story is not unique, and it carries across a variety of mental health conditions. These patients are in desperate need of mental health services in the community, and dietitians are a key part of this outreach. It should not take until a patient is close to death to receive this level of treatment. **We advocate that it should be normalized to incorporate dietitians into conversations about mental health on all levels of care.** We advocate for stories like this to be shared so that we can work together until they are just that- stories and not a reality.

Although the determinants of mental health are complex, the emerging and compelling evidence for nutrition as a crucial factor in the high prevalence and incidence of mental disorders suggests that diet is as important to psychiatry as it is to cardiology, endocrinology, and gastroenterology. (1)

Nutrition in Mental Health Care

The connection between physical health and mental wellness is well understood(1). Those suffering from diverse chronic medical conditions have higher potential to experience mental illness, and those with mental illness have a higher likelihood of developing chronic conditions (2). Dietitians can offer support in the treatment, prevention, and rehabilitation of a wide variety of mental illnesses, as well as many chronic conditions. Dietary interventions are most effective when delivered by a dietitian (3). This report will briefly review the evidence around depression, autism spectrum disorder (ASD) and eating disorders. An extensive report detailing the dietitian's role in various mental health conditions and settings can be found on the Dietitians of Canada website [here](#) (4).

Dietary interventions may be an effective method of treatment and active prevention of depressive disorders

The current conventional treatments for depressive disorders are not sustainable. Nutrition therapy is currently considered an adjunctive form of treatment, but the evidence suggests that it should be a front-line treatment. Depression can cause low mood, disturbed sleep or appetite, and loss of enjoyment in life (5). Depression is projected to be the leading cause of disease burden by 2030 (6), yet the conventional treatment methods are only effective in one third of cases (7). The role of nutrition in the prevention and treatment of depression and related disorders has developed in recent years. A healthy diet has been shown to reduce the risk of depressive symptoms or clinical depression (5,8). Diet quality plays a part in the presence and severity of depressive symptoms across population groups (1,9–14). Additionally, certain nutrients have been linked to depression risk such as B vitamins (15,16), vitamin D (17), and antioxidants (18). This data suggests that dietary interventions could be an effective method of treatment and active prevention of depressive disorders. Dietary treatment should be integrated into the mental health care hospital hubs and can potentially decrease the burden on emergency services. In addition, robust research has shown that interventions for depressive symptoms are significantly more effective when a dietitian is involved for dietary counselling (11).

There is a lack of a system-wide multidisciplinary approach to helping people with mental health, involving physicians, dietitians and social work.

Individualized Nutrition Management for Children with Autism Spectrum Disorder is Key

Autism spectrum disorder (ASD) is an increasingly common neurodevelopmental disorder causing behavioural and social difficulties (19). ASD present a host of barriers to proper nutrition including behavioural and medical challenges. Nutritional management of these issues is extremely individualized, and therefore the involvement of an expert such as a dietitian is key for effective care. While balanced nutrition is important for all children, those with ASD have specific eating difficulties that may hinder their ability to consume a balanced diet. These difficulties include food refusal, limited oral intake, and behavioural problems at mealtimes (20–22).

In addition to behavioural obstacles, children with ASD may have gastrointestinal symptoms, metabolic abnormalities, and nutrition-related medication interactions that may interfere with their proper nutrition (23). The involvement of a dietitian in ASD patient care is important to manage all of the above challenges.

Compared to children without ASD, children with ASD have a lower repertoire of accepted foods. This has been linked to a greater number of nutritional deficiencies (22,24). Children with ASD are more likely to have lower intakes of vital nutrients such as calcium (20,22,25), folate (26,27), and B12 (26,27), and have been shown to have inadequate intakes of iron, vitamin D, and vitamin E (25). These low intakes are also reflected in blood work of children with ASD (26–30). The prevalence of iron deficiency in children with ASD is 24–32%, and iron deficiency anemia is 8–16% (31–33). **Iron deficiency in childhood can negatively impact brain development (34).**

The role of a dietitian in ASD patient care is invaluable. Any child with a developmental disability should be evaluated by a dietitian around feeding skills and delays (35). Dietitians translate the science of nutrition and work with the family and child to help increase the number of accepted foods and regulate mealtime behaviours. Additionally, a dietitian can recommend interventions based on the patient in order to correct and prevent nutrient deficiencies.

Eating Disorders are Best Handled Through an Interprofessional Team That Includes Dietitians

Eating disorders are an extremely complex and lethal mental health condition. Interprofessional management of these conditions is key for effective rehabilitation. It is well known that prevention is a cost-effective treatment for eating disorders (4). Integrating dietitians into mental health care teams to avoid progression of eating disorders is the first step in reducing healthcare burden (4). A dietitian's value in an interprofessional team for eating disorder treatment is concrete (36). Eating disorders (anorexia nervosa, bulimia nervosa, binge eating disorder) have among the highest morbidity and mortality rates of any mental health condition (4). Depending on the severity of the disorder, a dietitian focuses on various aspects of the condition, including refeeding, electrolyte balance, weight restoration, and nutrient deficiencies (4). Some patients may also present with gastrointestinal symptoms such as dysphagia, bloating, early fullness, and nausea that dietitians are trained to manage and treat (37). **Research shows that outpatient rehabilitation for eating disorder patients is more effective when delivered through a multidisciplinary team including a dietitian as opposed to psychotherapy alone (38).**

Dietary interventions are most effective when delivered by a dietitian.

The Disconnect in the System

The case for investing in mental health is clear. By committing \$174 million to address gaps in the system (39), the province can promote an integrated approach to care which dietitians are an essential part of. This sentiment is echoed throughout the country. **94% of Canadians support that mental health care should be covered under provincial health insurance (40).**

Accessing Credible Nutrition Services

Nutrition is a respected method of treatment for various conditions -both physical and mental- but many physicians are ill-equipped to provide comprehensive nutrition education. Canadian physicians do not feel as though they are adequately prepared to promote nutrition (41). A survey of Ontario dietitians showed that **patients in Ontario are often referred to dietitians for their chronic disease, but not for their mental health condition.** Patients are left unaware that their diet affects their mental health or that their medication may cause nutrition-related side effects. Dietitians in Ontario tell us that patients with depression are often only referred to dietitians after gaining weight from their antidepressant medication, but not to manage their depression. This shortcoming in the current Ontario health system can be bridged by embedding dietitians into mental health teams. A sustainable mental health care system will ensure patients have access to a full continuum of care including nutrition support.



Dietitians are a Critical Component of Mental Health Care and a Key to Ending Hallway Medicine

Dietitians have substantial economic benefits, providing excellent return on investment, yet access to dietitians in Ontario is limited (42,43). In Ontario, there are 28 dietitians per 100,000 residents, which is lower than the national average of 33 dietitians per 100,000 residents (44). If nutrition is becoming a front-line treatment for mental illness, **nutrition counselling needs to be more accessible to Ontarians.**

Mental illness can account for as many as one quarter of ER visits in seniors, and over half of the ER visits for mental illness are in patients under the age of 35 (45,46). Shockingly, **one in ten Canadians who visit the ER for mental health and addictions have more than 4 visits per year (46).** This indicates that Ontarians are not receiving the

help they need in the community that could prevent mental health crises and ER visits. Over the next 30 years, the amount of people living with mental illness in Canada will increase by 31% (47). Now is the time to build a sustainable system in Ontario able to withstand this increase. By embedding more dietitians in mental health care settings and making dietitians more accessible, we can narrow the divide that is afflicting the current system.

The Bottom Line

The importance of nutrition in mental health status is undeniable. As mental health is a complex interplay of social, biological, and psychological factors, interventions need to be equally complex and individualized. Optimal nutrition in mental health critical to cultivate a comprehensive, sustainable approach to care (1). **Dietitians shape the future of mental health promotion, illness prevention, treatment and rehabilitation and contribute to a dynamic, wrap-around model of care.** Currently there are gaps in the mental health care system in Ontario. Dietitians can help to bridge these gaps for a sustainable mental health care system.

Naomi's story is an example of the gap in our current mental health care system. Her story is not an exception, cases like hers occur across a variety of mental health conditions. Patients are not receiving the care they need in the community, and dietitians are a vital component of bridging this gap. Incorporating dietitians into conversations across the mental health care continuum should be standard care. We advocate for stories like Naomi's to be shared so that we can work together until they are just that- stories and not a reality.



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