



Promoting Mental Health through Healthy Eating and Nutritional Care

Executive Summary

DECEMBER 2012

Forward

In 2006, Dietitians of Canada partnered with the Canadian Collaborative Mental Health Initiative, creating a toolkit, *The Role of Dietitians in Collaborative Primary Health Care Mental Health Programs*, to help dietitians and other health professionals in their care of clients with mental health conditions. One of the principles enshrined in the Canadian Collaborative Mental Health Charter, endorsed by Dietitians of Canada, was “All Canadians have the right to health services that promote a healthy, mind, body and spirit.” In the same year, the Standing Senate Committee on Social Affairs, Science and Technology recognized the urgent need to transform mental health systems across Canada, releasing the report, *Out of the Shadows at Last: Transforming mental health, mental illness and addiction services in Canada*¹, which led to the creation of the Mental Health Commission of Canada.

In the six years since publication of the initial toolkit, Dietitians of Canada has continued to speak to issues in mental health care. A brief to the newly formed Mental Health Commission of Canada was submitted in 2007, highlighting dietitian roles in mental health promotion and mental health conditions and citing evidence for association between mental health and diet quality. In 2009, the Mental Health Commission of Canada released its first report, *Toward recovery & well-being: A framework for a mental health strategy for Canada*². This year, in 2012, the Commission has outlined its strategy in their second report, *Changing directions, changing lives: The mental health strategy for Canada*³, calling on all Canadians to play a role in improving the mental health system.

Dietitians of Canada is proud to release the new role paper, *Promoting Mental Health through Healthy Eating and Nutritional Care*⁴, a comprehensive document discussing intersections of nutrition with mental health, from promotion to nutrition care and therapeutic approaches. We believe dietitians will continue to play an important role in mental health promotion and care, supporting Canada’s mental health strategy in its strategic directions as outlined by the Mental Health Commission of Canada, helping people to find the right combination of services, treatments and supports.

The World Health Organization has acknowledged “there is no health without mental health”⁵. Health professionals, indeed any people with an interest in nutrition and mental health, will appreciate this extensively referenced, evidence-based resource, complete with many practical tips and links. We hope you will use the comprehensive document, or any one of the three section papers developed, to inform your knowledge and promote nutrition and mental health.

¹ Canada, Parliament, Senate. (2006). Standing Senate Committee on Social Affairs, Science and Technology. M.J.L. Kirby (Chair) & W.J. Keon (Deputy Chair). *Out of the shadows at last: Transforming mental health, mental illness and addiction services in Canada*. 38th Parl., 1st sess., p. 42. Retrieved from <http://www.parl.gc.ca/Content/SEN/Committee/391/soci/rep/rep02may06-e.htm>

² Mental Health Commission of Canada. (2009). *Toward recovery & well-being: A framework for a mental health strategy for Canada*. <http://www.mentalhealthcommission.ca>

³ Mental Health Commission of Canada. (2012). *Changing directions, changing lives: The mental health strategy for Canada*. Calgary, AB: Author. <http://strategy.mentalhealthcommission.ca/download/>

⁴ Davison KM, Ng E, Chandrasekera U, Seely C, Cairns J, Mailhot-Hall L, Sengmueller E, Jaques M, Palmer J, Grant-Moore J for Dietitians of Canada. *Promoting Mental Health through Healthy Eating and Nutritional Care*. Toronto: Dietitians of Canada, 2012. Access at: www.dietitians.ca/mentalhealth

⁵ World Health Organization (2010). *Mental health: strengthening our response*. Fact sheet N° 220. <http://www.who.int/mediacentre/factsheets/fs220/en/>

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Mental health is “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”¹.

Good nutrition is integral to mental health. As experts advising on diet, food and nutrition, Registered Dietitians have an important role in mental health promotion, disease prevention, and treatment for a wide variety of mental health conditions. Dietitians of Canada (DC), the national professional association for dietitians, recognizes that all dietitians work either directly or indirectly in mental health and commissioned this document which examines the various intersections between nutrition and mental health. The overall goal is to support the work of dietitians and to guide future dietetics practice as it relates to mental health. *Promoting Mental Health through Healthy Eating and Nutritional Care* provides policy makers, and other interested groups and individuals, with an evidence-based summary of the current literature about the promotion of mental health through healthy eating and nutritional care.

Process

Dietitians of Canada acknowledges the contributions of an author/advisory team of dietetics professionals and reviewers with expertise in various disciplines, all working in mental health settings in Canada, in the production of the comprehensive role paper, *Promoting Mental Health through Healthy Eating and Nutritional Care*. The process began with identification of concepts and key resources related to mental health promotion, disease prevention, treatment and rehabilitation, as well as special

considerations for dietetics and mental health practice. Selected literature regarding mental health treatment focused on conditions defined by the forthcoming fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. A structured literature search for each identified topic was conducted followed by extensive review of more than 800 articles to identify key themes.

An integrative literature synthesis was employed to outline the various intersections between nutrition and mental health and to inform dietetics-related policy and practice. The literature was organized within four key themes:

- Nutrition and its role in mental health promotion and disease prevention;
- Intersections between mental health conditions and dietetics practice;
- Diversity in practice; and
- Nutritional care for mental health populations.

Based on the synthesis of these themes above, five recommendations were presented, to guide the promotion of mental health as it relates to nutrition. In addition to the comprehensive document *Promoting Mental Health through Healthy Eating and Nutritional Care*, three distinct papers were produced, each addressing dietitian and health professional roles in specific areas of health and mental health care:

1. The Role of Nutrition in Mental Health Promotion and Prevention
2. The Role of Nutrition Care for Mental Health Conditions
3. Nutrition and Mental Health: Therapeutic Approaches

All documents are accessible at:
www.dietitians.ca/mentalhealth

Key Findings

Mental health conditions are associated with long-lasting disability and significant mortality through suicide, medical illness, and accidental death. It is estimated that mental health conditions cost the Canadian economy \$51 billion dollars annually. By 2030, mental health issues are expected to be the leading cause of disability in Canada. Current treatments for mental health conditions (e.g., pharmaceuticals) only provide partial benefit. Other approaches, such as targeted nutrition interventions that can maintain the structure and function of neurons and brain centres and therapeutic approaches to modify disordered eating patterns, can effectively augment medical approaches to mental health care.

Nutritional interventions, as part of collaborative and integrative programs aimed at mental health promotion, contribute to positive health outcomes and are cost-effective. Comprehensive mental health promotion interventions that include nutrition education and food skills training components, with a focus on pregnant moms, infants, children, and adolescents, can lead to reductions in neural tube defects, low birth weight, and premature delivery, and can positively affect cognitive development, behaviour, and academic performance. Positive parenting programs that include healthy lifestyle interventions have led to a return on investment in excess of 6% based on reduced use of special education, social, mental health, and criminal justice services. Simulations of healthy worksite programs aimed at mental health promotion have shown returns on investment of 9 to 1. Many nutrition initiatives that Registered Dietitians help facilitate support mental health by enhancing social inclusion, self-reliance, self-determination, food security, healthy body image, and reducing health and social inequities.

Interventions provided by Registered Dietitians to individuals with mental health conditions and their care providers can lead to reduced nutrition-related side effects of psychiatric medications, improved cognition, better self-management of concurrent and comorbid conditions, and improved overall occupational, social, and psychological functioning. Targeted nutritional interventions exist for mental health symptoms such as depression, mania, psychosis, delirium, dementia, disordered eating, sleep problems, and substance use. In addition, therapeutic approaches such as cognitive behaviour therapy, mindful based eating awareness, dialectical behaviour therapy, motivational interviewing, cognitive adaptive training, and applied behavioural analysis used by Registered Dietitians in mental health practice show evidence that food intakes and eating behaviours can be positively modified and lead to enhanced well-being.

Other issues affecting mental health and dietetics practice include food insecurity, use of natural health products, and debate about food addictions. Mental health consumers may have diverse needs related to gender, life stage, culture, history of trauma, and co-occurring conditions. Registered Dietitians can draw on knowledge and skills such as cultural competence, trauma-informed care, and harm reduction, to foster mental well-being, reduce disparities, and strengthen response to diverse communities.

Recommendations

Optimal nutrition supports the mental health of Canadians, and could reduce health and social costs. To better integrate nutritional and mental health services, the following recommendations are made:

1. Advocate for Nutrition and Mental Health in Practice and Policy

Advocacy is needed for nutrition interventions targeted for mental health consumers. Strategies include food security initiatives, healthy-eating education, food skills training (e.g., preparing, cooking, growing food), promoting nutrition literacy (e.g., develop easy-to-understand nutrition labelling of foods), and development of nutrition and mental health educational materials (e.g., diet to prevent mental health problems, how to manage nutritional side effects of psychiatric medications, nutrition guidelines for specific conditions).

Dietitian services are important to all levels of mental health practice: promotion, prevention, treatment, and rehabilitation. Diet therapy should be recognized as a cornerstone of mental health interventions in clinical practice guidelines and standards of care. Adequate funding is needed for nutrition services in mental health care, with monitoring and evaluation for effectiveness and efficiency.

Continued advocacy for nutrition services is needed at broader levels of public health and policy. Government and non-government agencies are recognizing the links between diet and mental health. Public health messaging and social marketing initiatives need to highlight the importance of healthy eating and mental health. Initiatives targeted at building healthy food environments (e.g., sodium reduction, banning trans fats, food guidelines for schools) are important mechanisms to support mental health in the general population. Food policy can be evaluated for impact, effectiveness, and

appropriateness of key food regulatory initiatives. Standardized measurement of the cost of healthy eating should continue to be conducted regionally to monitor trends and advocate for food security and poverty reduction.

2. Developing Mental Health Competency and Training for Registered Dietitians

There is a need to develop and implement mental health content and/or field experience in undergraduate and graduate nutrition programs as well as in dietetic internships, including training in adapted psycho-therapeutic approaches (e.g., cognitive behaviour therapy, dialectical behaviour therapy, mindful eating approaches, motivational interviewing), culturally competent care, and identification of nutrition-related side effects of psychiatric medications. More interdisciplinary care is needed for consumers who have mental health conditions and concurrent chronic disease, such as depression and diabetes.

3. Program Planning and Collaboration

Mental health professionals and health care/service providers working with mental health consumers to improve dietary intakes could benefit from increased knowledge of nutrition related to mental health issues.

Credentialed dietetics professionals knowledgeable about mental health issues need to be employed in agencies responsible for developing policy in education, vocation, and health services at federal and provincial levels. Furthermore, participation of dietitians should be integrated into primary and specialty care teams and in vocation, education, and residential programs serving this population. Rehabilitative services (e.g., prisons, group homes) should incorporate healthy eating and culturally diverse food policies that encourage residents to choose foods that promote mental and physical well-being.

Initiatives that include training of para-professionals and peer workers, dietitian services at drop-in centres, shelters, and transitional houses, and use of technology and telehealth can enhance access to nutrition services. Mental health service staff (e.g., mental health workers, psychiatric nurses) should have easy access to Registered Dietitians for consultation.

4. Screening and Standards in Nutrition and Mental Health

Food and nutrition standards for mental health facilities and programs (e.g., community psychiatric homes, shelters, transitional houses, facilities for substance abuse recovery, food relief programs) and organizations that commission mental health services (e.g., non-profit associations) need to be established. Such standards would define menu requirements and specify when referrals to a Registered Dietitian are needed. These standards should be incorporated into current assessments to ensure implementation.

Nutrition screening initiatives should be implemented for community based programs and services targeted to mental health consumers. Specialized health services need valid and reliable nutrition screening tools for mental health consumers, including for medical and psychosocial factors, anthropometric measures, lifestyle components, and biochemical data.

5. Mental Health and Nutrition Research

More investigative work that examines the role of nutrition in mental health promotion, disease prevention, and mental health condition-based interventions is needed. Adequate data is required to strengthen evidence for the benefits of mental health promotion strategies with a diet component are required. Epidemiological and intervention research will help define diets that can prevent or delay the development of mental health conditions. Research that characterizes dietitians working in mental health

(e.g., number of full-time equivalents per consumer base) would help determine and advocate for appropriate service levels. Cost-effectiveness studies are needed to quantify how specific nutritional interventions in mental health practice are economically beneficial. Finally, the effectiveness of nutritional interventions for mental health consumers needs to be examined (e.g., lifestyle interventions that help manage weight for individuals taking atypical antipsychotics). In order for these investigations to move forward, adequate funds for nutrition and mental health research need to be provided to support investigation of the relationship between diet and mental health and facilitate ongoing, meaningful citizen and civil society involvement in planning nutrition and mental health research.

Suggested Citation:

Davison KM, Ng E, Chandrasekera U, Seely C, Cairns J, Mailhot-Hall L, Sengmueller E, Jaques M, Palmer J, Grant-Moore J for Dietitians of Canada. Promoting Mental Health through Healthy Eating and Nutritional Care: Executive Summary. Toronto: Dietitians of Canada, 2012. Access at: www.dietitians.ca/mentalhealth



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