



# Working with young people with a mental health issue

## Mental health and wellbeing for young people

This resource is focused on nutritional considerations and practical tips for working with young people aged 10 to 24 years who have experienced a mental health condition.

Adolescence and young adulthood are times of significant physical, emotional, social and cognitive development, which impacts both the immediate health and wellbeing, and shapes their future physical and mental health (Patton et al., 2016). Healthy dietary habits can help to prevent mental health conditions from occurring in young people. Eating well can also help to manage both mental health conditions and side effects of psychotropic medications. The dietary habits associated with good mental health involve eating a high quality diet consistent with the Australian Dietary Guidelines (ADG) (NHMRC, 2013). A high quality diet provides appropriate quantities of macro and micronutrients important to mental health. Both an inadequate intake of nutrient-dense foods, as well as a higher intake of nutrition-poor foods appear to influence the mental health of young people (Jacka et al, 2010).

## Prevalence of mental health conditions in young people

Mental health conditions are common in children and young people. Half of all lifetime mental health disorders emerge by age 14, and three quarters are evident before the age 25 (Kessler et al, 2005).

A survey by Mission Australia (in 2015-16) found one in four people aged 16 to 24 years had experienced a mental condition (Mission Australia, 2017). In addition, the Young Minds Matter: the Mental Health of Children and Adolescents Survey conducted in 2013-14 found:

- One fifth (20 percent) of adolescents had high or very high levels of psychological distress; this was

almost twice as high for girls aged 11 to 17 years (26 percent), compared to 15 percent for boys.

- 7.7 percent of adolescents aged 11 to 17 years had major depressive disorder (MDD). MDD was more common in girls and older adolescents.
- Sub-syndromal problem eating behaviours were reported by 2.4 percent of young people aged 11 to 17 years.
- Around one in 10 (11 percent) of young people aged 12 to 17 years reported at least one episode of self-harm.
- 8 per cent of young people aged 12 to 17 years had seriously considered attempting suicide in the previous 12 months. This equates to approximately 128,000 young people.

## Eating habits of Australian young people

In Australia, eating a wide variety of nutritious food consistent with the ADG remains a challenge for many in young people, including those who have experienced a mental health condition. According to population surveys, young people in Australia are more likely to eat insufficient amounts of foods from the core food groups which are essential for good physical and mental health, and are more likely to have an increased intake of nutrient-poor, ultra-processed foods (AIHW, 2018). The National Nutrition and Physical Activity Survey (conducted in 2011-12) found:

- 41 percent of the daily energy intake of young people aged 14 to 18 years came from discretionary foods such as sweet biscuits, cakes, muffins and chips.
- 99 percent of children and young people aged 2 to 18 years do not eat the recommended services of vegetables, and 50 percent do not eat enough fruit.

## Dietary considerations for mental health conditions in young people

Dietitians can play a key role in supporting the physical and mental health of young people living with mental illness, as well as in the prevention and management of common side effects such as weight gain, gut disturbances and cardiometabolic risks. For young people who have experienced weight gain – especially rapidly, and/or metabolic changes – professional dietary advice can improve clinical symptoms, promote positive body image and reduce the long term risk of chronic conditions including Type 2 Diabetes, hypertension and cardiovascular disease.

The common nutritional concerns for young people with mental health conditions include:

1. Nutrient imbalances
2. Metabolic disturbances including weight gain
3. Other nutrition-related side effects of medications

A range of mental health support services for young people are listed on page 4. This includes youth health and wellbeing assessment tools to assess psychosocial issues which can impact wellbeing.

### 1. Nutrient imbalances:

Refer to the MHANDi resource on [\*Working with people with food insecurity for further information.\*](#)

A high quality diet rich in omega-3 fatty acids, vitamins and minerals including zinc, magnesium, iron, folate and vitamins B, C and E is needed for good physical and mental health. People with mental health conditions can be at greater risk of a lower quality diets, particularly those with severe mental health conditions, who are more likely to have higher energy and sodium intakes (Teasdale et al., 2019). Factors which contribute to nutrient imbalances among young people with mental health conditions are related both to medications (see below) and the symptoms of mental illness. Mental health conditions are associated with overeating and comfort eating, and young people with complex mental health conditions (including for those living away from home) may have additional challenges which impact eating behaviours such as limited cooking skills or resources and a lack of structured meals (Teasdale et al., 2018). Young people who have the additional challenges of low income, unemployment and insecure housing are also at greater risk of food insecurity, and as a result may consume more convenience foods, or rely on other people for meals, reducing the autonomy they may have over their own food intake. It is important a dietitian works with young people to not only address nutrient imbalances, but consider these additional challenges that impact how, why and what they eat.

### 2. Metabolic disturbances and weight management:

Metabolic disturbances and weight gain are common side effects for young people who are prescribed (second generation) antipsychotic medications. These medications include olanzapine and clozapine, which are associated with a high risk of weight gain, including among children and young people (Dayabandara et al., 2017). Medication-related weight gain and metabolic disturbances are likely to occur when a young person is commenced on antipsychotic medications, and early dietary intervention can mitigate these effects (Teasdale et al., 2015). People with more severe mental health conditions are also more likely to experience weight changes and metabolic disturbances such as elevated blood lipids and altered glucose metabolism, which increases the risk of developing premature chronic conditions such as Type 2 Diabetes, hypertension, and cardiovascular disease (Teasdale et al., 2019; Firth et al., 2019b).

### 3. Other nutrition-related side effects of medications:

Refer to the MHANDi resource for an overview of [\*Nutritional consequences of psychotropic medications.\*](#)

For young people, common medications including antipsychotics, antidepressants and mood stabilisers are associated with a range of side effects which can influence their nutritional status including appetite changes, erratic eating and fatigue. Young people are also more prone to sedation as a side effect of antipsychotic medications (Stroup and Gray, 2018), which can affect energy levels, motivation and their ability to prepare healthy meals. Antipsychotic medications are also associated with dry mouth and constipation, caused by decreased salivation and reduced intestinal mobility. While metabolic disturbances and associated weight gain is common and should be considered as part of routine dietary advice, both hypercholesterolemia and insulinemia can occur in the absence of weight gain among those taking antipsychotic medications (Stroup and Gray, 2018).

### Specific dietary considerations for young people with common mental health conditions

For more detailed information, refer to the MHANDi resource [\*Nutrition issues in mood, anxiety and psychotic disorders.\*](#)

**Table 1. Mood and anxiety disorders**

Depression	Specific considerations for young people	Dietary assessment and management
One of the most common mental health conditions experienced by young people. Also known as MDD.	On average, MDD occurs in 1 in 13 young people, and it is more prevalent in some groups, with up to 1 in 5 in older adolescent girls being diagnosed with depression (Lawrence et al., 2015).	Key nutritional issues include poor quality diet, weight changes, dehydration and constipation.
Dietary advice should take into consideration diet quality, the effects of depressed mood, and common side effects of antidepressant medications	Persistent low mood over two weeks; can be accompanied by weight changes, loss of appetite, fatigue, erratic eating, sleep disturbances and reduced cognitive functioning (APA, 2013).	Consider functional ability to shop, prepare and consume nutritious meals.
Anxiety disorders		
A common mental health condition among young people.	On average 1 in 14 young Australians have experienced an anxiety disorder such as Panic Disorder, Social Phobia or Generalised Anxiety Disorder (GAD) (Lawrence et al., 2015).	Key nutritional issues include weight changes, poor dietary intake and compromised nutritional status.
Dietary advice should take into consideration diet quality, symptoms of anxiety and the side effects of medications.	Symptoms can include restlessness, dry mouth, appetite changes and gastro-intestinal effects such as nausea, vomiting and diarrhoea.	Consider strategies for planned, regular meals to reduce erratic eating and anxiety related to organising and preparing meals.  Low Glycaemic Index (GI) foods and exclusion of both caffeine (including energy drinks) and alcohol for over 18's, may also be helpful.

**Table 2. Psychotic disorders and psychosis in young**

Psychotic disorders and psychosis	Specific considerations for young people	Dietary assessment and management
Most common psychotic disorder in young people is schizophrenia, which accounts for about half of all cases of psychosis. (Morgan et al., 2011).	Two of the main symptoms are delusions and hallucinations, however young people may also experience psychotic symptoms without having a primary psychotic disorder. Refer to the <a href="#">headspace Early Psychosis referral checklist</a> for more information.	Key nutritional issues include poor quality diet, weight changes, dehydration and constipation.
Dietary advice should take into consideration symptoms and the side effects of antipsychotic medications.	Onset often occurs during a young person's late teens or early adulthood; around two thirds (65 percent) of people experienced their first episode before the age of 25 years.  More common in males aged 18 to 24 years, with around 2.5 cases per 1,000 young men, compared to a prevalence of 1.6 cases among young women (Morgan et al., 2011).	Consider functional ability to shop, prepare and consume nutritious meals.

## Eating disorders in young people

Eating disorders (EDs) require specialised nutrition advice and comprehensive management. Refer to the MHANDi resource for an overview of [Working with people with Eating Disorders](#), the National Eating Disorders Collaboration for the [Updated evidence review](#) (NEDC, 2017) and NSW Health [Eating Disorders Toolkit](#).

**Table 3. Eating disorders in young people**

Eating disorders	Specific considerations for young people	Specialist dietary assessment and management
The common EDs experienced by younger people are Anorexia Nervosa (AN) Bulimia nervosa (BN), and they are more likely to occur in girls and young women.	While concerns about body image are often reported by young people, these concerns can also occur in the absence of an Eating Disorder (Rosen et al., 2010)  Acute and severe malnutrition during adolescence can have long lasting, detrimental effects on growth and physical development (Rome et al., 2003).	Nutritional treatment goals should include the correction of metabolic abnormalities, restoration of safe body weight and normalisation of eating patterns  Sensitive discussions around weight, and topics such as safe foods, trigger foods, food fears and dietary beliefs or misconceptions (RACGP, 2014)
Anxiety and depression are also common in young people who are experiencing EDs (BB, 2019)	Early identification of risk factors and timely and appropriate intervention (including nutrition intervention) as part of a multi-disciplinary team, can improve the health and quality of life for young people affected by EDs (Rome et al., 2003).	Weight changes, dehydration and constipation..  Common gastrointestinal symptoms such as abdominal pain, constipation and delayed gastric emptying (Rosen et al., 2010).

### The role of diet in preventing and managing mental health conditions

There is increasing evidence to show a high diet quality may be associated with the prevention and management of mental health conditions across the life course including childhood and adolescence (O’Neil et al., 2014). Studies have demonstrated associations between diet quality and risks of depression among young people (Jacka et al, 2011). There are also recent research outcomes that might suggest diet could have a role in treating the symptoms of depression (Firth et al., 2019a). The potential role of inflammation and gut health has also been investigated to understand the connection between depression and diet. An ‘anti-inflammatory’ Mediterranean-style diet has been shown to reduce risk of developing depression among young people (Carvalho et al, 2018). A lower quality, ‘Western’ dietary pattern has been linked to an increased risk of depression among Australian adolescents (Oddy et al., 2018).

#### Further considerations

Dietitians are an important part of a multi-disciplinary mental health team, and play a key role in providing holistic care and social support for young people to adopt healthy behaviours, including eating well, being active, and safe alcohol consumption (for those over 18 years). See the MHANDi resource for an overview of [Working in a mental health team](#).

### Alcohol and other drugs

Australian research suggests young people with a mental health condition are more likely to use alcohol and other drugs (Baker & Kay-Lambkin, 2016), so it is important to consider a sensitive assessment of a young person’s use of alcohol and other drugs as part of their overall assessment in consultation with a mental health team. Specialist youth services can provide appropriate support and treatment for issues related to the misuse of alcohol and other drugs. See also the [Australian Drug Foundation](#) for further resources.

#### Communication tips

Dietitians should consider using positive, non-stigmatising language when working with young people with a mental health condition. Young people with mental health conditions can experience both self-stigma (their own perceptions) and the stigmatising attitudes of others, which can lead to discrimination and exclusion. Stigma may also be more commonly experienced by people from diverse cultural backgrounds. Stigma can prevent a young person from disclosing their mental health condition and/or seeking support, and potentially worsen their psychological symptoms. Refer to the Everymind [guide to non-stigmatising language](#) for people with mental health conditions, as well as the Youth Affairs Council Victoria resource on [communicating with young people](#), and BeyondBlue’s resource on [communicating with teenagers](#).



## Confidentiality and working with young people

Working with young people should involve collaboration with their families where appropriate, particularly for a young person who resides at home. Refer to the NSW Department of Health Adolescent Health [Resource Kit for GPs](#) for youth-friendly strategies to promote positive engagement and legal responsibilities when working with young people. A young person may wish to attend a dietary appointment with or without their carer for part or all of the appointment. In general, if the young person is under 16 years of age, there may be a legal obligation to disclose information to their family. When working with a young person without a parent or carer, it is important to set boundaries at beginning of an appointment regarding confidentiality obligations. It is also important to note a professional duty of care applies if you believe a young person is at risk of harm, either from another person or to themselves (such as self-harm or suicide). See also the headspace [clinical toolkit](#) for health professionals.

## Body image considerations

Young people experience many changes to their physical, biological and psychological functioning, and they can be vulnerable to insecurities including body image as a result of weight changes. Adopting a size acceptance approach such as 'Health at Every Size' can be helpful when approaching young people with weight concerns. More information at [haesaustralia.org.au](#). The National Eating Disorders Collaboration also recommends communication with young people should emphasise positive behaviours and focusing on building their self-determination. See also [nedc.com.au/eating-disorders/prevention/communication/](#).

## Trauma-informed support

By age 16, it has been reported at least half of young people may have experienced at least one traumatic event, with those at greater risk including young people from refugee backgrounds, young Aboriginal and Torres Strait Islander peoples or those in contact with the justice system (Orgyen, 2018). Dietitians working with young people in a mental health team should consider the principles of a trauma-informed approach, which aims to provide a sense of safety, trust and understanding, which supports disclosure, and also guides a practitioner on appropriate referral and mandatory reporting. See also [aifs.gov.au/cfca/publications/trauma-informed-care-child-family-welfare-services/what-trauma-informed-care](#).

## Mental health support services for young people:

Direct support services, information and resources

Beyond Blue [youthbeyondblue.org.au](#)

Support Service line 1300 22 4636

Information, resources and support services including email, webchat and telephone. Dedicated resources for young people, including manage anxiety, depression and helping others.

Butterfly Foundation [butterflyfoundation.org.au](#)

Support line 1800 33 4673

Information, resources and support services including email, webchat and telephone. A dedicated agency for eating disorders, including body image tips for young people.

headspace [headspace.org.au](#) Support line 1800 650 890

Information, resources and support services including email, webchat, telephone and drop-in centres headspace is the National Youth Mental Health Foundation, providing early intervention mental health services to young people aged 12 – 25 years.

Kids Helpline [kidshelp.com.au](#) Support line 1800 55 1800

Support services online and telephone. Counselling for children aged 5-25 years, available 24/7.

ReachOut [reachout.com](#) Online forums

A web-based support service for young people going through tough times, with practical tools and support, including online forums.

SANE Australia [sane.org](#) Support line 1800 18 7263

Information, resources and support services including email, webchat and telephone. Fact sheets and information for people with complex mental illness.

## Youth information and resources

Be You [beyou.edu.au](#)

Be You, the national education initiative by Beyond Blue is an online resource for educators to help children and young people to achieve their best mental health in early childhood and school settings.

COPMI (Children Of Parents with a Mental Illness) [copmi.net.au](#)

Information and resources for health professionals and others working with children in families affected by mental illness, including links to local services in each State and Territory.

It's all right itsallright.org

A story-based online resource with information and tips for young people who have a family member with mental illness.

Orygen Specialist Program (formerly Orygen Youth Health) [oyh.org.au/client-hub/fact-sheets](http://oyh.org.au/client-hub/fact-sheets)

Orygen Youth Health has factsheets on a range of topics including different mental illnesses, medication, sleep and healthy eating.

Out and On-line outandonline.org.au

An online program to improve wellbeing and reduce mental health symptoms in same-gender attracted youth aged 18-25 years, providing early intervention for of Anxiety and Depression.

NSW Health – Eating Disorders toolkit

## References:

Australian Institute of Health and Welfare (2018). Nutrition across the life stages. Australian Government: Canberra. [aihw.gov.au/reports/food-nutrition/nutrition-across-the-life-stages/contents/table-of-contents](http://aihw.gov.au/reports/food-nutrition/nutrition-across-the-life-stages/contents/table-of-contents)

Baker, D & Kay-Lambkin F (2016) Two at a time: alcohol and other drug use by young people with a mental illness. Melbourne: Orygen, The National Centre of Excellence in Youth Mental Health. [orygen.org.au/Policy/Policy-Reports/Alcohol-and-other-drug-use](http://orygen.org.au/Policy/Policy-Reports/Alcohol-and-other-drug-use)

Beyond Blue (2019). Eating Disorders resource. Retrieved from: [healthyfamilies.beyondblue.org.au/age-13/mental-health-conditions-in-young-people/eating-disorders](http://healthyfamilies.beyondblue.org.au/age-13/mental-health-conditions-in-young-people/eating-disorders)

Firth, et al. (2019a). The Effects of Dietary Improvement on Symptoms of Depression and Anxiety: A Meta-Analysis of Randomized Controlled Trials. *Psychosomatic Medicine*, 81(3), 265–280. doi.org/10.1097/PSY.0000000000000673

Firth et al., (2019b). The Lancet Psychiatry Commission: a blueprint for protecting physical health in people with mental illness. *The Lancet Psychiatry*, 6(8), 675-712. [thelancet.com/journals/lanpsy/article/PIIS2215-0366\(19\)30132-4/fulltext](http://thelancet.com/journals/lanpsy/article/PIIS2215-0366(19)30132-4/fulltext)

Jacka et al., (2010). Associations between diet quality and depressed mood in adolescents: results from the Australian Healthy Neighbourhoods Study. *Australian New Zealand Journal of Psychiatry*, 44: 435 -442.

Jacka et al (2011). A Prospective Study of Diet Quality and Mental Health in Adolescents. *PLoS ONE* 6(9): e24805. doi:10.1371/journal.pone.0024805

Kessler et al. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives General Psychiatry* 62: 593–602.

Lawrence et al. (2015). Young Minds Matter: the mental health of children and adolescents. Report on the second Child and Adolescent Survey of Mental Health and Wellbeing. Department of Health: Canberra.

Mission Australia (2017). Youth mental health report: youth survey 2012-2016. [blackdoginstitute.org.au/docs/default-source/research/evidence-and-policy-section/2017-youth-mental-health-report\\_mission-australia-and-black-dog-institute.pdf?sfvrsn=6](http://blackdoginstitute.org.au/docs/default-source/research/evidence-and-policy-section/2017-youth-mental-health-report_mission-australia-and-black-dog-institute.pdf?sfvrsn=6)

American Psychiatric Association (APA), DSM-5 Task Force. (2013). Diagnostic and statistical manual of mental disorders: DSM-5™ (5th ed.) American Psychiatric Publishing: USA [doi.org/10.1176/appi.books.9780890425596](http://doi.org/10.1176/appi.books.9780890425596)

Morgan et al. (2011). People living with psychotic illness 2010: Report on the second Australian national survey. Department of Health: Canberra. [health.gov.au/internet/main/publishing.nsf/Content/717137A2F9B9FCC2CA257BF0001C118F/\\$File/psych10.pdf](http://health.gov.au/internet/main/publishing.nsf/Content/717137A2F9B9FCC2CA257BF0001C118F/$File/psych10.pdf)

National Eating Disorders Collaboration (NEDC) (2018). What is an Eating Disorder? Retrieved from: [www.nedc.com.au/eating-disorders/eating-disorders-explained/something/whats-an-eating-disorder/](http://www.nedc.com.au/eating-disorders/eating-disorders-explained/something/whats-an-eating-disorder/)

National Health and Medical Research Council (NHMRC) (2013). Australian Dietary Guidelines. Canberra: NHMRC.

O'Neil, et al. (2014). Relationship between diet and mental health in children and adolescents: A systematic review. *American Journal of Public Health*, 104(10), e31–e42. [doi.org/10.2105/AJPH.2014.302110](http://doi.org/10.2105/AJPH.2014.302110)

Patton et al. (2016). Our future: a Lancet commission on adolescent health and wellbeing. *The Lancet*, 387: 2423–78.

Rome et al. (2003). Children and Adolescents With Eating Disorders: The State of the Art. *Journal of Paediatrics*, 11(1), 98-108. [pediatrics.aappublications.org/content/pediatrics/111/1/e98.full.pdf](http://pediatrics.aappublications.org/content/pediatrics/111/1/e98.full.pdf)

Rosen et al. (2010). Clinical report - Identification and management of eating disorders in children and adolescents. *Pediatrics*, 126(6), 1240–1253. [doi.org/10.1542/peds.2010-2821](http://doi.org/10.1542/peds.2010-2821)

Royal Australian and New Zealand College of Psychiatrists (RACGP) (2014). Clinical practice guidelines for the treatment of eating disorders. *Journal of Psychiatry*, 48(11), 1-62. Retrieved from: [ranzcp.org/files/resources/college\\_statements/clinician/cpg/eating-disorders-cpg.aspx](http://ranzcp.org/files/resources/college_statements/clinician/cpg/eating-disorders-cpg.aspx)

Stroup, S. & Gray, N. (2018). Management of common adverse effects of antipsychotic medications.

*World Psychiatry*, 17, 341–356. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6127750/pdf/WPS-17-341.pdf>

Teasdale et al. (2015). Individual dietetic consultation in first episode psychosis: a novel intervention to reduce cardiometabolic risk. *Community Mental Health*. 51:211-214.

Teasdale et al., (2018). Expanding collaborative care: integrating the role of dietitians and nutrition interventions in services for people with mental illness. *Australasian Psychiatry*, 26 (1) 47-49.

Teasdale et al. (2019). Dietary intake of people with severe mental illness: Systematic review and meta-analysis. *British Journal of Psychiatry*. *British Journal of Psychiatry*. doi: 10.1192/bjp.2019.20