



Working in a mental health team

Foreword: Nutrition plays a complex role in people's mental health. Trust, respect, and hearing each person's lived experience is crucial to being able to provide appropriate and safe nutrition counselling. It is important to uphold truly person-centred care alongside evidence-based practice, and to acknowledge that mental health is multifactorial and more complex than diet alone. Understanding mental illness

Understanding mental illness

About 1 in 5 Australians will experience a mental illness at some time in their life. A mental illness is a health problem that significantly affects how a person feels, thinks, behaves and interacts with other people. Treating and managing mental illness is complex. It requires a multi-disciplinary approach which a mental health team provides.

What is a mental health team?

A mental health team (refer to Appendix 1) is a group of health and social care professionals who provide a range of mental health related service and support to people living with mental illness. The team may include any combination of the members illustrated in Figure 1, plus other team members including: neuropsychologist (to assess cognitive functioning), speech pathologist (regarding language and communication abilities or swallowing), physiotherapist, and teacher. It is essential that such clinicians are also involved in all relevant aspects of the patient's care and treatment planning. External organisations may also be an integral part of the patient's management. For example eating disorder consultants or dual diagnosis case workers.

Clinicians' roles in the mental health care team

There are several roles common to all clinicians within the mental health team, regardless of professional background. These include (but are not limited to):

1. ensuring there is open and ongoing communication, liaison and collaboration with all members of the team regarding all areas of consumer care
2. maintaining a consumer centred or motivational approach, whilst maintaining professional boundaries
3. referral to other clinicians where issues arise that are outside the clinician's area of expertise or professional capacity
4. involvement in discharge planning, including any appropriate follow-up care needed

The emerging role of the dietitian within the mental health team

Dietitians working in mental health can be catalysts for improved physical health care of mental health consumers and effective members of collaborative mental health care teams.¹ This means that good team communication and advocacy skills are a key part of working within the team, enabling the dietitian to potentially increase the profile of physical healthcare and the likelihood of mental health team members conveying consistent nutrition messages. For tips on advocating for nutrition and physical health needs in mental health settings, please refer to the MHANDi document '[Strategies for Nutrition Promotion and Advocacy in Mental Health](#)'. Furthermore, nutrition knowledge and attitudes of health professionals impact on the care of the mental health consumer.

Working in mental health, outcomes or changes of lifestyle interventions may only be small. It is essential to maintain a positive attitude, individually negotiate realistic goals, and acknowledge and reinforce any positive changes consumers make. For more tips for practice, refer to the MHANDi document *'10 Helpful Tips for Working with People with Mental Health Issues'*.

Health professionals' nutrition knowledge

As dietetic services may not have the resources to see consumers individually to support them to make lifestyle changes, other health professionals (particularly case workers) and carers often play a key role in nutrition education. The nutrition knowledge, nutrition education, skills and attitudes regarding nutrition of the various health professionals in the mental health team is likely to vary widely. It has been acknowledged that nutrition education in the training of doctors and

other health professionals is insufficient, variable, lacking in any specified competency standards and provided by a range of professionals who often lack sufficient dietary expertise.⁴⁻⁶ As such, differing and sometimes conflicting nutrition messages may be provided to consumers and carers, which is potentially confusing and/or detrimental to health, and a key task of dietitians in mental health care is to provide accurate and evidence-based nutrition information to mental health team members.

Traditionally, there has been limited acknowledgement of a dietitian's role in mental health care beyond eating disorders. In recent years, there is increasing recognition that dietitians can assist clients with mental health issues to improve their health and quality of life.⁷ In the past, nutrition and preventative physical health were considered outside the scope of the mental health care team, however with the rapid increase of lifestyle conditions, these attitudes are changing.⁸

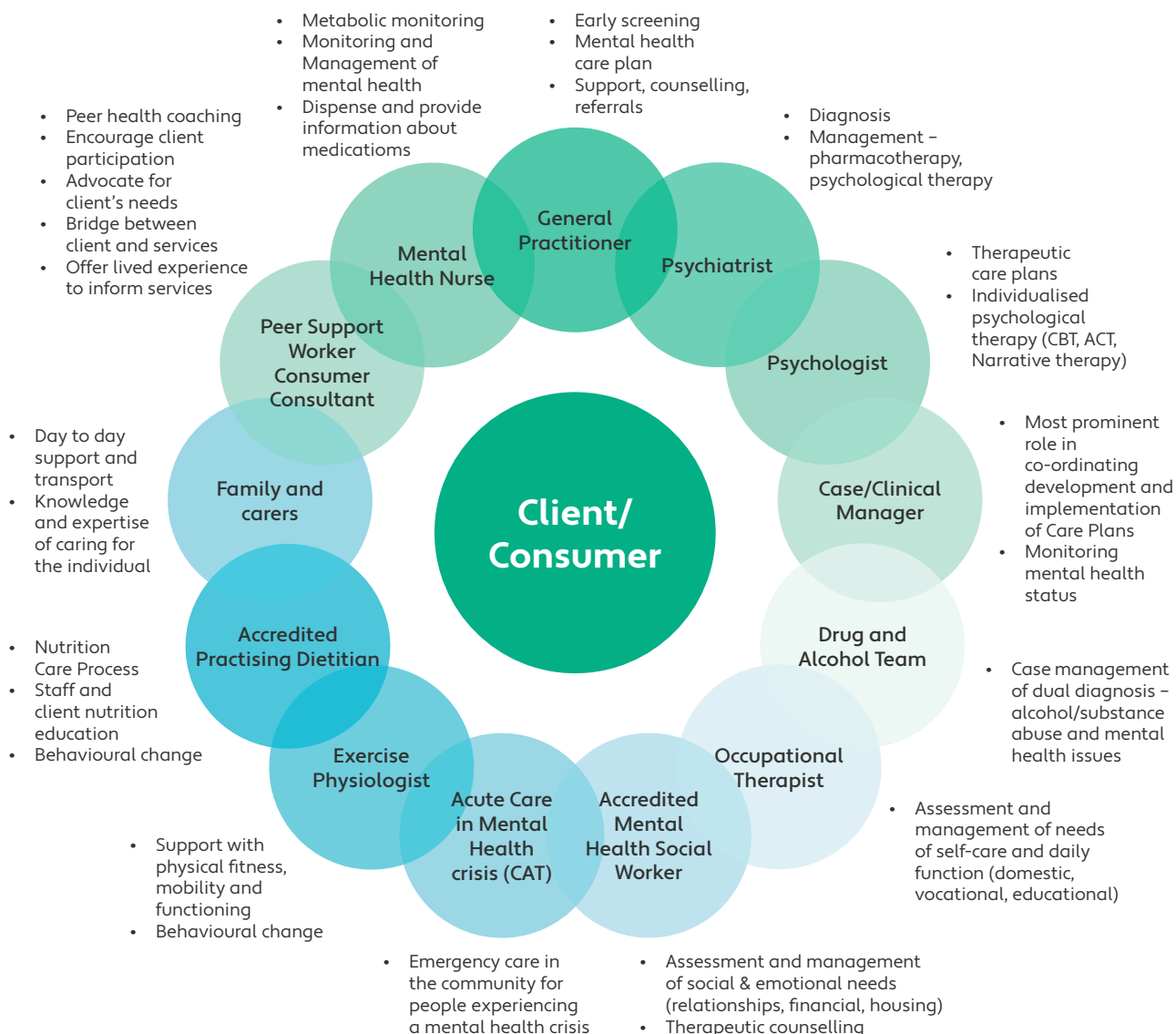


Figure 1. The mental health care team.

Nutrition Care Process

Nutrition Care Process should involve the collaboration of dietitians with the members of the multidisciplinary mental health team to develop a suitable nutrition care plan, which balances relevant health issues and priorities, and may include working primarily with those supporting the client. It is essential that strong and constant communication pathways are achieved within the team, as collaboration underpins treatment.

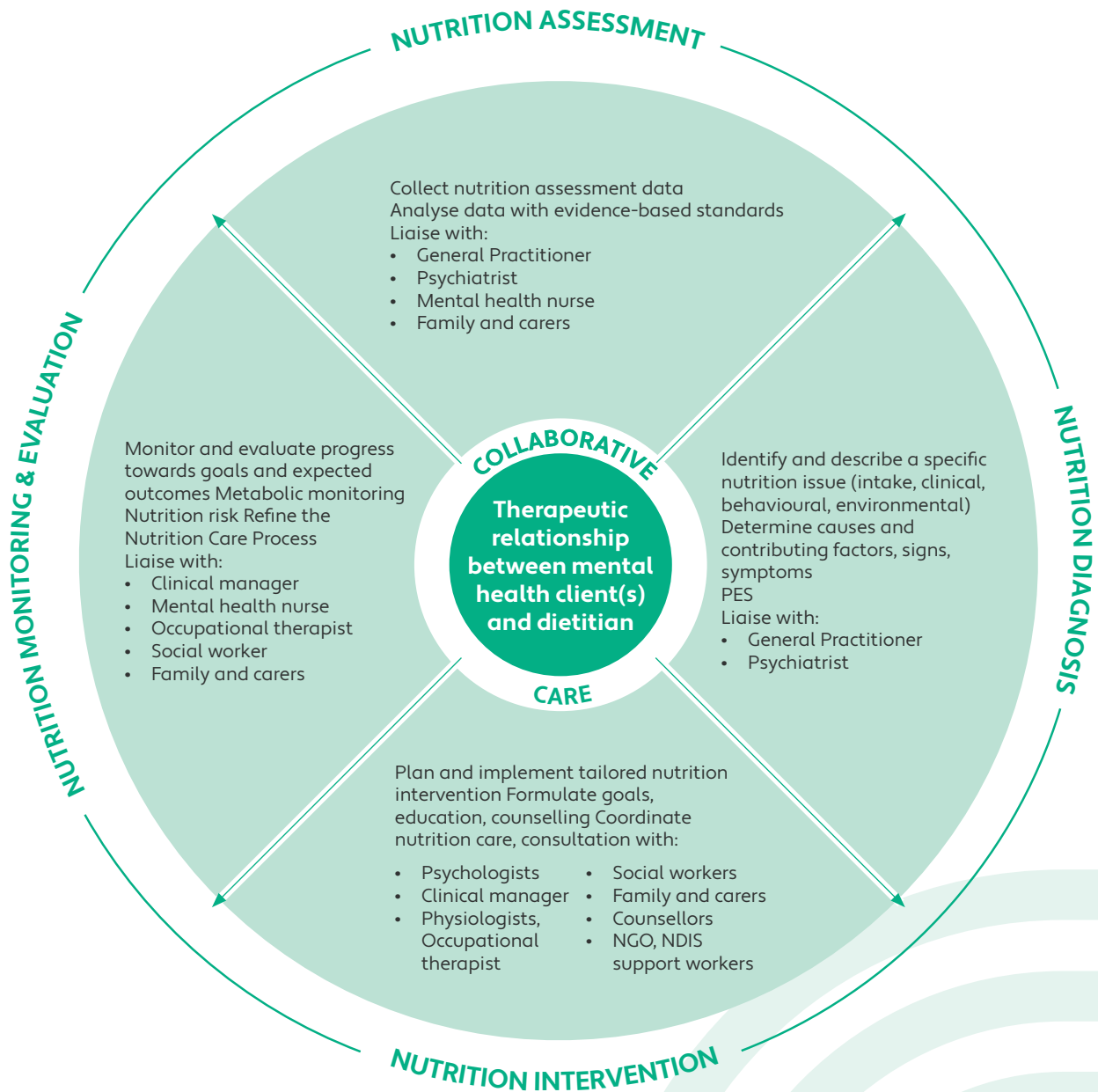


Figure 2. The nutrition care process (NCP) in the context of a mental health setting. Four key areas of nutrition care are highlighted, each interrelated with one another and all part of a fluid process: nutrition assessment, nutrition diagnosis, nutrition intervention, and nutrition monitoring and evaluation. Each key area includes key stakeholders with whom dietitians should consider

liaising for improved holistic care within the client’s care team. As well as these key areas, community level considerations include the clinical setting, health care system, economics, social setting. Individual level considerations include one’s dietetic knowledge, clinical skills and competencies, upholding evidence based practice and code of ethics, collaborative and communication skills.

Accredited Practising Dietitians roles in a mental health team

- Liaise with the multidisciplinary mental health team
- Understand the bidirectional relationship between diet quality and mental illness including prevention and management of depression, anxiety and development of metabolic syndrome with psychotropic medications (appetite regulation, side effects, motivation, sedation)
- Nutrition assessment, diagnosis, treatment, monitoring and follow-up planning
- Provision of therapeutic diets for co-morbid conditions as well as for conditions related to mental illness
- Nutrition counselling, behaviour change support and practical strategies to facilitate the development of healthy eating patterns and behaviours, and healthy relationships with food
- Psycho education, counselling and behaviour change techniques to assist in building motivation, capacity for lifestyle change and self-management
- Nutrition education for consumers, families, carers and other clinicians
- This is not an exhaustive list, please refer to the [Dietitians Australia role statement](#) for dietitians in mental health and MHANDi resources for additional information and tips

Community versus Inpatient Teams

Whilst there are differences between community and inpatient teams, roles are broadly similar. Good communication between all services involved, the different mental health teams and other community-based clinicians outside of the mental health team (e.g. GP), is essential for care.

Nutritional psychiatry – the emerging field

The emerging field of nutritional psychiatry suggests that there are many consequences and associations between not only what you eat, how you feel and behave but also the link between gut bacteria and mental health. There is a growing body of scientific evidence indicating that poor diet is linked to an increased risk of developing a mental illness especially depression and an anxiety disorder. Poor diet is characterised by a high intake of processed foods, which are energy dense, high in saturated fat and sodium, and little

nutritional value. Improving diet quality is the key to help improving mood and sense of well-being.

The microbiome-gut brain axis or ‘Psychobiotics’ is the new frontier for improving brain health. It appears that what you eat will change the composition and metabolic activity of the gut microbiota, with significant health consequences.

Summary

A cohesive team approach is vital in mental health services. The field of nutritional psychiatry is emerging with growing quality evidence to suggest that there is a strong association between diet quality and mental health outcomes. Therefore, dietitians can play a very significant role in the mental health team.

Recommended reading:

1. [MHANDi resources](#)
2. [Mental Health Role Statement](#): Dietitians Australia May 2018.
3. Queensland Health. ‘Action-based’ resources and factsheets designed to support the delivery of basic nutrition care by non-nutrition mental health professionals (e.g. case managers/key workers/care co-ordinators) to their community-based patients or clients. https://www.health.qld.gov.au/_data/assets/pdf_file/0024/152484/mh_nsapassessdiet.pdf
4. 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: 181-97.
5. O’Neil A et al. Relationship between Diet and Mental Health in Children and Adolescents: A systematic Review. *Am J Public Health* 2014; 104:10; e31-e42

Afterword: When working to improve the mental health and wellbeing of others, it’s also important to look after your own mental health. Personal life stress, and stress related to work can affect your mood, thoughts and feelings in different ways, at different times. Remember to be mindful of your own wellbeing and make time to take care of your mental health at work, such as debriefing, taking a short walk/break outdoors, seeking support, and practising self-care. If any of the topics discussed in this resource brought up any distress for you, you can find helpful resources at Beyond Blue, Head to Health, and Mental Health Australia.

References

1. Dudgeon S, Kates N, The Role of Dietitians in Collaborative Primary Health Care Mental Health Programs. Canadian Collaborative Mental Health Initiative 2008
2. Bartlem, K., et al (2016). Mental health clinician attitudes to the provision of preventive care for chronic disease risk behaviours and association with care provision. BMC Psychiatry 2016, 16(1): 57-65
3. Nordt C, Rossler W & Lauber C. Attitudes of mental health professionals towards people with schizophrenia and major depression. Schizophrenia Bulletin 2006; 32(4): 709-714
4. Kris-Etherton, PM. et al, Nutrition competencies in health professionals' education and training: a new paradigm. Adv Nutr. 2015 Jan 15;6(1):83-7.
5. Kris-Etherton, PM. et al., The need to advance nutrition education in the training of health care professionals and recommended research to evaluate implementation and effectiveness. Am J Clin Nutr 2014 May; 99(5): 1153S-1166S.
6. Dudgeon S, Kates N, The Role of Dietitians in Collaborative Primary Health Care Mental Health Programs. Canadian Collaborative Mental Health Initiative 2008
7. Byron A. Mental health is dietitian's business too. In Touch Newsletter of Public Health Association of Australia 2009, 26 (2). Accessed at <http://www.phaa.net.au/documents/Mar09.pdf>.
8. Personal communication. Mental Health Interest Group Committee Teleconference Meeting. February 2009.

Appendix 1

The different roles in the mental health care team

General Practitioner (GP)

- Early detection of the mental health issue and referral to an appropriate health service (e.g. Emergency Department at nearest hospital) or mental health service
- Provision of ongoing community medical care with ongoing liaison and communication with the treating mental health team, as required
- Assessment, monitoring and treatment of physical health needs, including referral to specialists, as required

Psychiatrist

- Assessment and oversight of the management of the consumer's mental health, including diagnosis
- Prescription of medications, as required, as an adjunctive treatment to therapy
- Physical health monitoring, e.g. cholesterol and blood glucose levels, which are often affected by mental illness, lifestyle factors and/or medications
- Referral to medical specialists, as required

Clinical (Case) Manager

- A feature of mental health services is the allocation of a staff member as the primary worker for the consumer, often referred to as Case Manager. The Case Manager works most closely with the consumer and often has the most prominent role in co-ordinating the development of care plans and discharge plans with the consumer, team and family/carers. The case manager is generally a Registered Psychiatric Nurse, Psychologist, Occupational Therapist or Social Worker

Clinical Psychologist/Psychologist

- Assessment of the mental health of the consumer;
 - Psychological assessment - in some cases the psychologist/clinical psychologist may use specialised psychological testing tools (intelligence, behaviour, disorder specific tools [e.g. tools to diagnose disorders such as Asperger's Syndrome]) to assist in making this assessment and inform the treating team in making decisions regarding treatment
 - Family assessment (in case of child and adolescent mental health [CAMHS])
- Determination of differential diagnosis (e.g., ADHD versus attachment/traumatisation issues)
- Formulation of therapeutic care plans
- Provision of individualised psychological therapy (such as CBT, ACT, Narrative Therapy, IPT)

Nurse (varying levels - including Registered Nurses, Enrolled Nurses and Psychiatric Services Officers)

- Assessment of the consumer's mental state and risks
- Development and implementation of treatment plans, in consultation with consumers and carers/family (e.g. nominated person) and treating team
- Management and monitoring of the consumer's physical and emotional health
- In some settings (community settings, rehabilitation settings) the nurse may coordinate care for the consumer (e.g. as primary nurse or case manager) and provide some therapeutic interventions in terms of counselling and support
- Dispensing of medications to consumers and liaise with the prescribing doctor, pharmacist and other team members regarding medications, as required
- Monitoring side effects of medications, managing medication compliance and educating consumer and carers/family about medications

Social Worker

- Assessment of the consumer's social and emotional needs and provision of individual, group and/or family interventions as required, for example:
 - Relationship needs
 - Financial needs
 - Housing needs

Occupational Therapist

- Assessment of the following aspects of self-care and productivity and provision of individual, group and/or family interventions as required:
 - Domestic skills/needs
 - Vocational skills/needs
 - Educational skills/needs
 - Rest and Leisure skills/interests/needs

Accredited Practising Dietitian

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- Provision of therapeutic diets for co-morbid conditions as well as for conditions related to mental illness
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Exercise Physiologist

- Exercise assessment: health related fitness testing – body composition, cardiorespiratory, muscular strength and endurance, and flexibility
- Exercise prescription: prescribe 1:1 and group based exercise interventions tailored to the specific needs of the individual
- Behaviour change support: assisting individuals modify their lifestyle

Peer Support Worker

- Has a lived experience of mental health issues and provide recovery support to consumers
- Speaks with consumers about how to manage the effect of mental distress on their wellbeing
- recovery journey
- Helps planning for the future
- Provides Assists consumers to access resources to help along the support with their physical health and wellbeing

Consumer Consultant

- Has a lived experience of mental health issues
- Provides a consumer perspective in the mental health service
- Liaises with consumers and advocate on behalf of consumers to ensure their opinions are heard by the service

Families and carers

- Family members or caregivers are an essential asset to the patient and dietitian in the Nutrition Care Process
- Families and/or carers should be involved as much as possible (and as appropriate) in decisions regarding treatment and in care planning.
- The family and/or carers are also an important resource in making assessments of mental health, and other aspects of the consumer's functioning, and in arranging or providing support in the community. Regular meetings with the family and/or carers should be arranged, as appropriate.