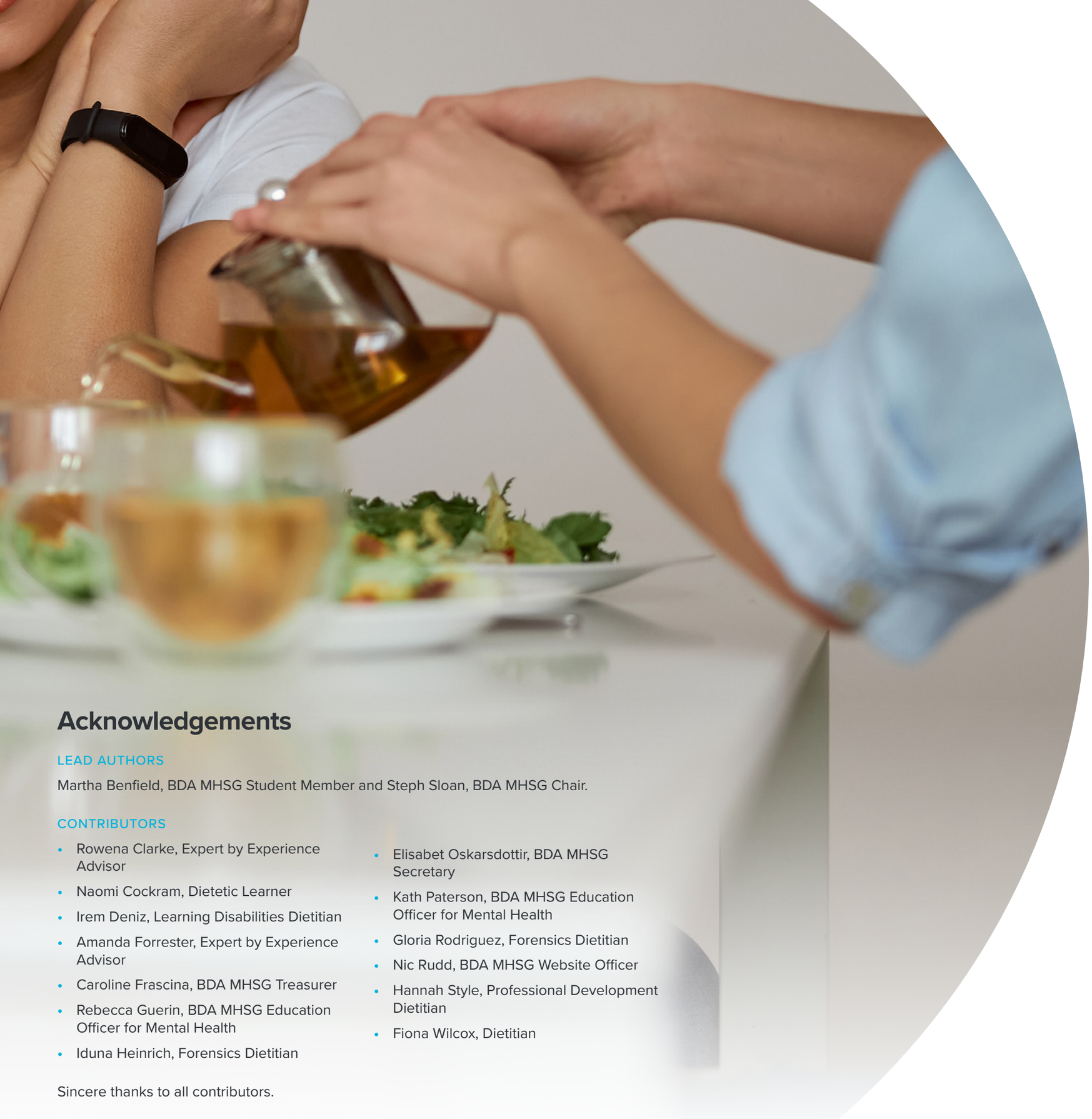
BDA The Association of UK Dietitians

Mental Health Specialist Group

Dietetic practice-based learning in mental health, eating disorders and learning disabilities

A guidebook produced by the British Dietetic Association Mental Health Specialist Group



Contents

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Sincere thanks to all contributors.

Welcome

We hope this resource can introduce dietetic learners, practice educators and higher education educators to practice based learning (PBL) in mental health (MH), eating disorders (ED), and learning disabilities (LD).

The dietetic role within MH, ED and LD is diverse with dietitians playing a crucial role across a range of services. This can include working with individuals, caregivers, and other healthcare professionals to assess and treat a range of diet related conditions. Dietitians are often a minority profession within MH services. Advocating for and embedding good nutritional practices within services is therefore often an important dietetic role in addition to direct clinical care. Dietitians can work in community, inpatient, day centre and assisted living settings. They can support children and adolescents, adults, or both. Some dietitians will work in one specialist service such as eating disorders while others have split roles across several services.

To learn more about the MH, ED and LD dietetic workforce, head to our **2023 Workforce Scoping Report** >

Dietetic PBL can be undertaken in a range of settings. These may include NHS, social care, private sector, third sector, leadership, research, or public health. Within MH, ED, and LD services, dietetic PBL provision varies nationally. Some universities have strong links to large MH trusts therefore PBL in MH, ED and LD is commonplace. In other regions MH PBL is relatively in its infancy and dietetic learners and/or educators may be uncertain as to what PBL in MH, ED and LD can offer.

If you would like to hear more about the changing landscape of dietetic PBL, watch our **practice based learning webinar** delivered as part of our 2023 webinar series >

To support the growth of our MH, ED, and LD dietetic workforce, it is important to work towards PBL being facilitated in all MH, ED and LD settings. Further to raising the profile of MH, ED and LD dietetics, graduates who undertake PBL in these areas and enter early career roles in other settings, will do so with increased exposure, confidence, and competence in MH. This can hopefully help bridge the gap between mental and physical health care.

The mental health context

Nationally, around

1 in 5

people experience a MH problem each year[1,2]

In 2021-2022, approximately

3.25 million

people (5.8% of the population) accessed secondary mental health, learning disability, and autism services in England[3]

Most people with common MH problems such as anxiety and depression will access MH support within primary care e.g. via their GP or NHS Talking Therapies for anxiety and depression (formerly known as Improving Access to Psychological Therapies, IAPT). However, access to support can be difficult. Many individuals can experience MH problems without a formal diagnosis or access to support. Individuals with severe or complex MH conditions may receive support from secondary care MH services such as Community Mental Health Teams.

Positively, public conversation around MH has increased in recent years, helping to change perceptions surrounding mental wellbeing and MH conditions. However, support and understanding of severe mental illness (SMI) requires more attention. This is imperative to ensure individuals are understood, have access to appropriate healthcare, and are provided with equal opportunities in society.

Note: Definitions of SMI differ however this generally includes diagnoses of Bipolar Affective Disorder, Schizophrenia and Schizoaffective Disorder. To learn more about mental health diagnoses, **visit Mind** >

Physical health and mental health care - what's the difference?

The biggest distinction between MH and physical health services is the focus of care. MH services provide care to individuals requiring support with a mental illness. The main aim of treatment is related to their MH condition(s) and most healthcare professionals involved in their care are primarily trained in MH. Care is often multidisciplinary. A range of professionals can be involved depending on the individual's needs. MH care is most likely to be provided by a registered mental health nurse, psychological wellbeing practitioner, therapist, psychologist or psychiatrist. Other members of the multidisciplinary team can include occupational therapists, dietitians, social workers, art therapists, speech and language therapists and support workers.

It is well documented that people with SMI die on average 15-20 years earlier that the general population[4] often related to preventable conditions such as Cardiovascular Disease, Type 2 Diabetes and Hypertension.

This makes the optimization of physical healthcare in MH settings an important agenda. With knowledge and skills in the assessment and treatment of diet related conditions which are often linked to early mortality in SMI, dietitians are very well placed to support the reduction of health inequalities within this population. A dietitians physical health knowledge is therefore put to very good use whilst practicing in a MH service.

Learning disability services are often linked with MH services. We'll tell you more about the dietetic role in LD as well as MH and ED later in the guidebook.

Legal principles

Mental Health Act (1983)

The Mental Health Act is a legal framework in England and Wales. It outlines the rights and safeguards of people receiving MH care. This includes rights around assessment and treatment in hospital, treatment in the community and pathways into hospital. You may have heard the term 'sectioning', which refers to 'sections' of the Act under which people can be detained in hospital.

Not all patients admitted to MH hospitals will be detained. Many people receiving care have agreed to go into hospital as informal patients, also known as voluntary patients.

The Mental Health Act can also be used for community treatment such as a Community Treatment Order (CTO). To find out more about the sections of the Mental Health Act, **watch this video** >

Under the Act, patients can be detained for assessment and treatment against their will if:

- Suffering from a mental disorder which requires assessment or treatment in hospital
- Treatment is necessary for the health, safety or protection of themselves or others

Mental Capacity Act (2005)

The Mental Capacity Act (MCA) 2005 applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales who are unable to make all or some decisions for themselves. The MCA is designed to protect and restore power to those who lack capacity. The Act offers a legal framework to provide care and treatment in 'best interests' for a person who lacks capacity around a particular decision. It is important to note that capacity should always be considered in relation to a specific decision at a specific time. A person may lack capacity around a decision for many reasons; MH diagnoses, dementia, learning disability, traumatic brain injury, a condition or treatment causing confusion, alcohol or drugs. This means unlike the Mental Health Act, the Mental Capacity Act can be used in the absence of a mental disorder. The MCA is also broader in its application whereby it can relate to decisions aside from health such as housing and finances.

The MCA states that a person is unable to make an informed decision for themselves (lacks capacity) if they are unable to do any of the following:

- Understand information which is relevant to the decision to be made
- Retain that information in their mind
- Use or weigh that information as part of the decision-making process
- Communicate their decision

If the person is unable to do of the above, they lack capacity to make the decision and those making decisions for the person must act in their best interests. In this instance, The MCA Code of Practice must be used to guide decision making. You can read further information about the MCA Code of Practice **here** >

Some considerations with the Code of Practice include:

- Are they likely to regain capacity in the near future, in which case can the decision be postponed
- Involve the person as far as possible
- Take account of the beliefs, values, wishes and instructions voiced when they had capacity
- Consider the views of close relatives, carers and guardians

Clinicians should start from a position of assuming an individual does have capacity in order that people can remain in control of their decisions as much as possible. Equally, it is the duty of care of health and social care professionals to assess capacity for service users where there is doubt. This is important to ensure individuals receive appropriate care. Remember, capacity is time and situation specific.

To learn more, **watch this video** of a ward scenario >

What about other nations?

The main MH legislation in Scotland is the Mental Health (Care and Treatment) (Scotland) Act 2003, as amended by the Mental Health (Scotland) Act 2015 and the Adults with Incapacity (Scotland) Act 2000. In Northern Ireland, the Mental Capacity Act (Northern Ireland) 2016 (MCA) is used. Whilst there are commonalities in overarching principles, it is helpful to be familiar with the specific legislation used within the country in which you are practicing.

An introduction to specialist areas

A mental health, learning disabilities, and eating disorders setting as my first practice placement was something I had hoped for. Looking back, I have to say I was fairly unaware about these services, and the reality was quite different to what I had anticipated. It felt like everything I had learned or thought so far around nutrition and dietetics in physical health, flipped on its head! And for this, I could not be more grateful.

Walking onto a locked adult mental health ward during the COVID-19 pandemic was undeniably quite challenging. On the positive side, it set a foundation for understanding the real value that dietitians can bring to people in incredibly difficult circumstances. The exposure to different communication techniques and therapeutic approaches significantly influenced my development over the remainder of the course. This experience supported me to consider how and what I communicate as a student dietitian, which has been transferrable to both academic work and practice placements. Additionally, it gave me the opportunity to reflect on the importance of support, supervision, psychological safety, and personal wellbeing in order to be a safe and effective dietitian.

Since this first experience, I was fortunate enough to have the opportunity to experience other aspects of mental health, learning disabilities, and eating disorder dietetic care during subsequent placements. This included spending time in a specialist community eating disorders service and general acute services whereby physical health and mental health co-morbidities were common. Additionally, my degree included a specific mental health module run by a very experienced dietitian which was hugely impactful in learning both theory and practical skills. I now have a greater understanding of how the cornerstones of effective dietetics are patient-centred care and effective communication. I also better understand the specialist care that patients who have mental health conditions, learning disabilities, and eating disorders require.

Some mental health, eating disorder and learning disability settings might seem like areas of dietetics that are ‘specialist’ and non-essential to experience during dietetic training. However, many individuals live with both physical and mental health needs. Dietitians are therefore likely to be involved in the care of people with mental health or learning disability diagnoses wherever they practice, not just if they choose to specialise in mental health. This arguably makes a mental health placement a significantly important learning experience for training healthcare professionals.

I firmly believe that without my experiences with specialist mental health, learning disability, and eating disorder dietitians, I would not have the view of dietetics I do today. These placements might not be for everyone, and support, especially for those directly or indirectly affected by conditions or circumstances in these areas (as with any areas of dietetics), will be essential. However, I would keenly support student dietitians having access to quality training experiences in these areas, supported by preparation, theoretical underpinning for good practice, and practice-based reflection and supervision. This will hopefully help to equip the future dietetic profession with the competence and confidence to provide holistic patient care which accounts for physical and mental health needs.

Martha, BDA Mental Health Specialist Group Student Rep

Forensic services

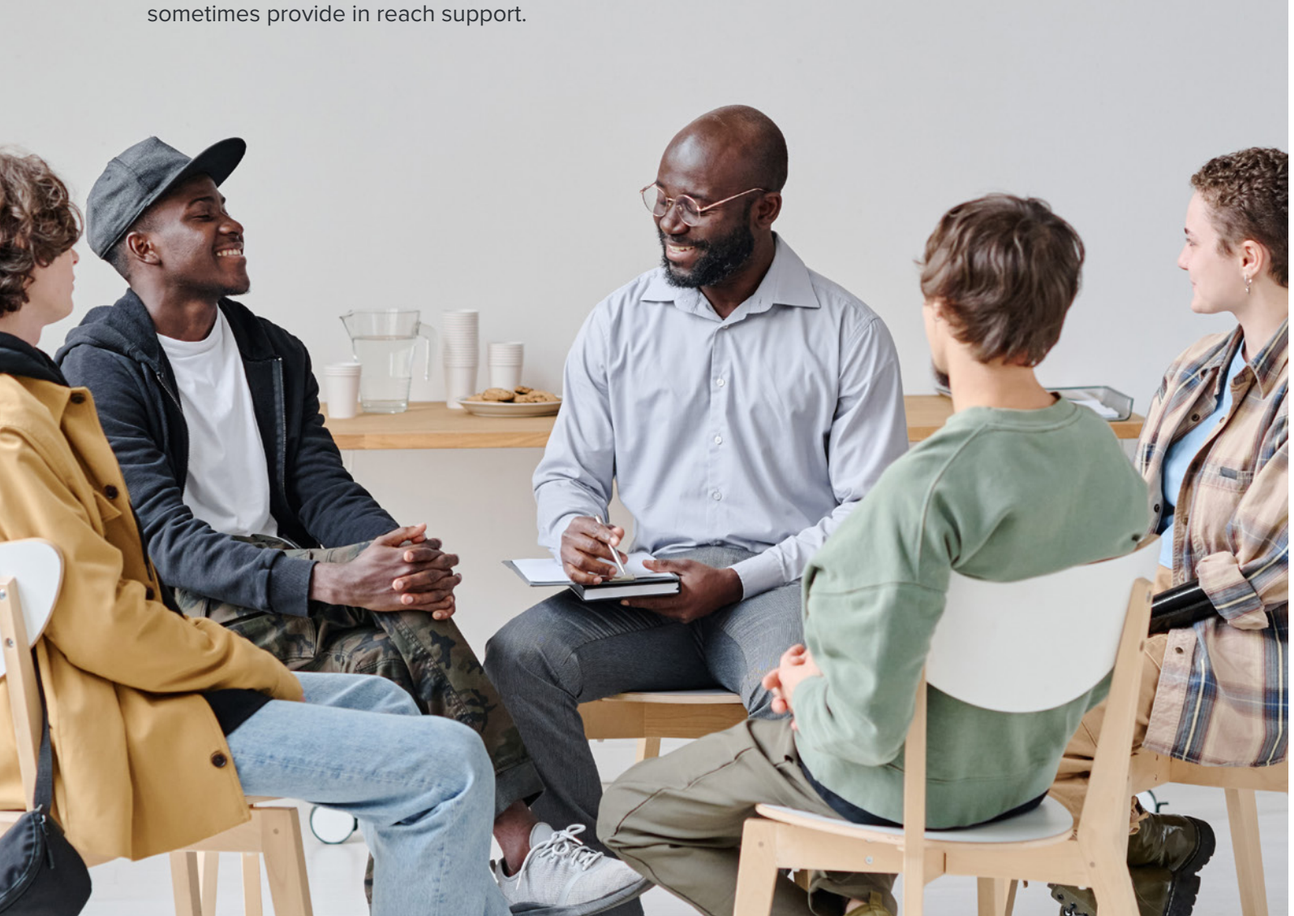
Forensic mental health services specialise in the assessment, treatment and risk management of people with a mental disorder who are currently undergoing, or have previously undergone, legal or court proceedings.

Iduna Heinrich, Dietitian, East London NHS Foundation Trust tells us about her role in Forensic Services.

“There are different levels of security to manage service user’s levels of risk to others, these are: High, Medium and Low secure services. These all have different security measures to make sure people get the right treatment and care as well as providing safety to the individual and other patients, staff and the general public.

Anyone working in a specialist forensic mental health hospital needs to practice good physical- procedural- and relational/therapeutic security to keep themselves and service users save. Extensive and regular security training is therefore provided by the relevant NHS trust and part of the induction process.

Dietitians working in forensic mental health hospitals provide nutritional care to service users residing on the hospital’s wards. Dietitians may work with local, specialist dietetic services who sometimes provide in reach support.



What are the usual dietetic needs / dietetic problems within Forensics?

Dietitians working within Forensic services support individuals living with a variety of conditions, including:

- Overweight and Obesity
- Type 2 Diabetes Mellitus, Coeliac Disease, IBS, IBD
- Dyslipidaemia
- Disordered eating:
  - Calorie restriction or food refusal; ‘hunger strike’
  - Restrictive eating – limiting variety of food eating e.g. on background of mental health symptoms (intrusive thoughts or believes), food and texture preferences
- Malnutrition e.g. COPD associated

They also support the health and wellbeing of services users in other ways, such as:

Oral health, reduction of sugar consumption – often in joint working with speech and language therapists and occupational therapists

Embedding healthy eating practices such as healthier shopping /takeaway options

Liaising with catering to improve the food environment in secure settings

Advising on balanced texture modified meals

Providing education, supervision and support to colleagues

Policy and pathway development

Contribute to service user’s risk assessments, best interest and professionals’ meetings

Dietary management of side effects of antipsychotic medication

Some ways that the dietetic role can look different in Forensics can include working autonomously due to very small dietetic teams. Dietitians often act in an advisory role within the MDT rather than providing 1:1 care. There is a lot of joint working with occupational therapists (e.g. smoothie groups, cooking clubs, healthy shopping lists) and exercise therapists (nutrition and sport) to optimize the food environment and implement nutrition care plans.

Prior to an initial assessment, dietitians will often have multiple joint meetings with service users and another health care professional who knows the service user very well (e.g. service users primary nurse). These introductions are important to build rapport with service users.

Dietitians often work closely with the ward's physical health lead nurses and service users primary care nurses to implement nutrition care plans, organize staff training and raise awareness of service users' nutritional needs. Dietitians may deliver care in 1:1 sessions on the ward, in a primary care clinic on site, in groups, and/or in service user's best interest.

Practicing Trauma informed care is especially important in this setting to ensure dietitians are aware of service users potential triggers related to food/drink, and other, that could come up during an assessment. Dietitians working in the forensic MH setting are also required to have good knowledge of service users risk assessments to always keep service users and themself safe.

It is helpful for dietitians working in this setting to understand health care requirements of autistic service users and those with a learning disability. Good knowledge of reasonable adjustments and what a capacity assessment is and when this may be needed are helpful.

Another way dietetic care can look different compared to other inpatient settings is that dietitians may work with service users over several years to address various nutritional needs. The duration of a service user's stay in this setting can last from a few months to several years, and dietetic interventions may be 'paused' when service users' mental health deteriorates. Depending on service users' circumstances and the hospitals security level, service users may have leave to access the community and/or stay overnight with others (e.g. family) this often requires dietitians to adapt nutrition care plans for the various environments.

The following resources may be helpful for a dietetic learner undertaking PBL in Forensics:

- **Dietetics in Forensic Secure Services >**
- **Guidance Health matters: reducing health inequalities in mental illness >**
- **The King's Fund What are health inequalities? >**
- **Mental health of adults in contact with the criminal justice system >**
- **Learning disability - applying All Our Health >**
- **elfh Mental Capacity Act elearning >**
- **Your guide to relational security SEE THINK ACT >**

Practice based learning with Forensics might include some of the following learning opportunities;

- Information gathering for dietetic assessments (from medical record, referrals, MDT members and by speaking to service users)
- Formulation, planning and implementation of nutrition care plans
- Review, monitor and evaluate dietetic interventions
- Audits and service evaluation
- Plan, design and deliver patient education programs
- Develop accessible nutritional care related resources for service users and health care professionals, often in an easy read format
- Plan, design and deliver cooking workshops in collaboration with occupational therapist and/or health care assistants
- Plan, design and deliver reflective practice sessions, case studies and/or journal clubs
- Plan, design and deliver staff training

Working age adult mental health

Rebecca Guerin, CMHT Dietitian, Leeds and York Partnership Foundation Trust and, Kath Paterson Cambridge & Peterborough NHS Foundation Trust tell us about their roles in Mental Health Services.

"I currently work in Community Mental Health, however I have worked in Inpatient Mental Health settings too and in my opinion, the best thing about these roles is the diversity they offer. I work with patients who have a wide range of mental health conditions including eating disorders, depression, anxiety disorders, schizophrenia, personality disorders and bipolar disorder. Often the patients I work with have physical health conditions alongside their mental health diagnoses such as IBS, allergies and intolerances, GORD, Diabetes, CVD and so on. Many of the patients I work with also have additional needs due to Autism, ADHD or/and mild learning disability. In both the inpatient setting and the community, I generally have more time available to spend with my patients than I would outside of a mental health setting, and I get to work really holistically and creatively with people.

Becky

"My outpatient work includes disordered eating, rumination, managing antipsychotic weight gain, undernutrition and advising care home for adults of working age on improving diet quality. Alongside mental health, I am now also a Specialist Diabetes dietitian and I owe my inpatient mental health work for much of my diabetes training!

Kath

"Whilst the core dietetics is usually uncomplicated, the real magic happens in your communication with patients. Possibly someone will be very reserved to start with and will need time to build a therapeutic relationship, whereas some will talk quickly and give more information than you expect which you may need to revisit with them gradually. Other patients may need a different approach due to psychotic beliefs or hallucinations during appointments. Some may prefer more informal conversation with nutrition education casually introduced. I frequently work jointly with other members of the MDT who may know the patient better and be able to support the dietetic intervention.

Becky

"Dietetic needs of inpatients include diabetes, disordered eating (service users who are not supported by Eating Disorder Teams), increase of appetite and weight gain, undernutrition, refeeding syndrome and diet quality.

Kath

Often students are understandably apprehensive about coming to a mental health setting on placement. Some students are unsure what to expect from the setting and may worry about meeting their learning outcomes. It is our job as supervisors to support students through this process. Sometimes this means discussing what ward environments or home visits could be like, and what mental health conditions they are likely to see, possibly even before coming onto placement. We recognise that mental health settings can be emotionally challenging environments to be in at times, and are well placed to support students with this as we do with our colleagues. I can proudly say in my experience, students generally report very positive experiences following their placements with us and tell us they have learned a wide range of transferrable skills. Following placements in this setting they have more confidence meeting patients with mental health conditions in other settings, improved communication skills which they can use with a range of patients, and opportunity to observe and practice many core dietetic skills with a range of clinical conditions.

Becky

Within my setting, student dietitians may be involved in providing healthy eating or weight management education groups for inpatients and assessing adequacy of hospital menus to meet specific patient needs. They may also be involved in training support workers and other healthcare professionals in the outpatient and inpatient settings.

Kath

Here are some recommended resources if you are spending time in adult mental health services during your PBL:

- **NICE (2014) CG178 Psychosis and schizophrenia in adults: Prevention and management**

  NICE provides guidance on diagnosis and management of many mental health conditions. As part of this guidance, management of physical conditions associated with mental health conditions are often recommended or recommendations signposted to. Services and treatments patients can expect as part of their (physical health care) are often outlined. This provides a context to the mental health services you will be part of and you can see to what extent the provider provides all that is recommended.

- **Lester tool adaptation 2023. Positive Cardiometabolic Health Resource An intervention framework for people experiencing psychosis and schizophrenia**

  You can compare and contrast this with the protocols in the inpatient and outpatient settings where you are placed

- **Equally Well UK**

  Seeks to promote and support collaborative action to improve physical health among people with a mental illness. The voice of Experts by experience is heard here so links with practice.

Insightful publications on improving diabetes care in inpatient mental health settings:

- **Bickford et al. 2023. Improving diabetes care: findings from the first National Diabetes Inpatient Audit undertaken in a mental health setting. British Journal of Mental Health Nursing Vol. 12, No. 2 Published Online:9 May 2023**
- **Price HC, Ismail K; Joint British Diabetes Societies (JBDS) for Inpatient Care. Royal College of Psychiatrists Liaison Faculty & Joint British Diabetes Societies (JBDS): guidelines for the management of diabetes in adults and children with psychiatric disorders in inpatient settings. Diabet Med. 2018 Aug;35(8):997-1004. doi: 10.1111/dme.13673. PMID: 30152583.**

A word from a service user

Amanda Forrester and Rowena Clarke, Expert by Experience Advisors at North Staffordshire Combined Healthcare NHS Foundation Trust, kindly told us what they felt was important for dietetic learners to consider if supporting autistic individuals and those with mental health or learning disability diagnoses.

Whilst it is important to get to know patients as individuals, the below offers some useful insight into potential challenges faced from a lived experience perspective.

SCHEDULE

Reasonable adjustments should be put in place. For example, longer appointment times so that we have time to process information.

If we yawn when talking to you we aren't bored, just tired as we get tired easily. We may need to break appointment up or allow time for breaks.

We struggle to plan and organise things.

CONSIDERATIONS

Budgeting and managing money can be difficult.

We struggle with change and new situations, give us time to process this.

Food is complex. Amanda and Rowena described how they may eat when emotional and a recognition that it's often the food they know mightn't be as good for them.

We can struggle with sensory processing, and be mistaken for being fussy but some food has strange textures. We can also have a strong sense of smell. Rowena described her sense of smell as being so strong she could smell food going off in a broken fridge.

We can often feel overwhelmed and need time to process things.

LANGUAGE

Don't use long words or jargon

Be cautious with analogies. For example, Amanda and Rowena noted phrases such as 'it's raining cats and dogs' or 'did you bump into anyone you know' could be taken literally.

COMMUNICATION

Talk to us as well as our carers; make sure you talk to me. Amanda and Rowena described how it is important to include them in the conversation.

We might struggle with short term memory.

Remember lots of people with learning disabilities need support but are independent, we have a life outside of appointments.

Amanda and Rowena both strongly preferred to meet in person rather than on telephone or video calls.

Text, chat or email messages can be difficult as you can't tell the tone of the person if they are happy or angry.

Learning disabilities services

> In the specialized field of Learning Disabilities (LD) dietetics, the dietitian assumes a pivotal role in addressing the nuanced challenges individuals with learning disabilities face in maintaining optimal nutrition. This role extends beyond traditional dietary concerns, encompassing behavioural, sensory, and communication aspects. The collaborative nature of LD dietetics distinguishes it from other dietetic areas, as LD dietitians often work closely with interdisciplinary teams to provide holistic and tailored care.
>
> *Irem Deniz, Specialist Dietitian, Community Learning Disabilities, East London NHS Foundation Trust*

Some common 'dietetic needs' within practice area

Weight Management and Obesity

Individuals with learning disabilities often face an increased risk of obesity due to factors such as medication side effects, limited physical activity, and challenges in making healthy food choices. LD dietitians collaboratively work within multidisciplinary teams to develop comprehensive weight management plans. These plans consider not only dietary aspects but also behavioural interventions and the creation of a supportive environment to promote healthier lifestyle choices.

Weight management interventions within LD require a nuanced approach. Dietitians collaborate with psychologists, occupational therapists, and other specialists to understand the behavioural and sensory aspects influencing food choices. By tailoring strategies to cognitive abilities and incorporating behavioural interventions, dietitians aim to foster sustainable and meaningful lifestyle changes.

Nutrition Support and Tube Feeding

Some individuals with learning disabilities may require nutrition support, including tube feeding, due to difficulties in chewing, swallowing, or complex medical conditions. Dietitians collaborate within multidisciplinary teams to assess nutritional needs, formulate appropriate enteral nutrition plans, and provide education and support to caregivers.

Collaboration is vital when addressing nutrition support needs. Dietitians work closely with speech therapists to assess swallowing function and collaborate with physicians and nurses to manage any complications related to tube feeding. The dietitian's role is integral in integrating nutritional expertise into the broader healthcare plan.

Multidisciplinary Team (MDT) Work

In both weight management and nutrition support, LD dietitians actively engage in multidisciplinary teamwork. This collaboration involves regular team meetings where cases are discussed comprehensively. Psychologists, occupational therapists, physical therapists, speech therapists, physicians, and nurses collaborate to develop holistic care plans. The dietitian contributes nutritional expertise to this collaborative approach, ensuring that interventions align with the individual's cognitive abilities, behavioural patterns, and overall health status.

Placement activities for students

Students on LD placements can actively participate in:

- Collaborative interdisciplinary meetings to discuss individual cases and formulate comprehensive care plans.
- Shadowing and working alongside psychologists and therapists to understand the behavioural and sensory aspects influencing dietary choices.
- Contributing to and potentially running a tier 2 weight management program tailored for individuals with learning disabilities. This involves actively participating in the development of strategies and interventions that support lifestyle changes, considering the unique needs and challenges of this population.

Read about **two dietetic learners' experience** of a non-clinical placement within learning disabilities >

Resources and Reading Recommendations:

- **"Weight Management for Individuals with Intellectual and Developmental Disabilities" by Ron VanDerZwet and Carolyn Rovee-Collier**
- **"Dysphagia in Learning Disabilities: An Exploration of the Interactions between Individuals with Learning Disabilities and Their Caregivers" by John Tetley**

  This resource delves into dysphagia, a topic often relevant in LD dietetics, providing insights into the interactions between individuals with learning disabilities and their caregivers
- **Nice (2018) Care & support of people growing older with LD >**
- **NHS Learning Disabilities >**
- **PHE Learning Disability Profiles >**
- **LeDeR Fact Sheet 28 Nutrition and diet >**
- **GOV.UK Improving healthcare access for people with learning disabilities >**
- **Learning Disabilities Observatory 2010 Health Inequalities & People with Learning Disabilities in the UK >**
- **LeDeR Action from Learning >**
- **Interactive Eatwell Guide The Interactive Eatwell Guide | Food Standards Scotland >**
- **Image bank >**

Eating disorders services

Naomi Cockram, Dietetic Learner, tells us about her experiences of practice based learning within Eating Disorders.

Tell us about your dietetic course and recent practice-based learning

I am completing an MSc Nutrition and Dietetic course at the University of Chester, the course has developed my clinical nutritional knowledge and the practical application in a variety of conditions. This has been further solidified on my 3 placements. I am coming to the end of my final placement (P3) where my 12 weeks were split between the community [Nutrition support and diabetes] and the Eating disorder team across the Lancashire and South Cumbria area.

What if any, prior mental health, eating disorders or learning disabilities classroom teaching or experience did you have prior to commencing practice-based learning?

During my first year we had a lecture on eating disorders which exposed us to the aetiology, the different presentations, touched on some of the evidence and resources available [i.e. BEAT]. During our public health module, we discussed communication styles such as motivational interviewing and briefly exploring psychological therapies such as cognitive behavioural therapy.

What were the primary dietetic needs and interventions within your practice-based learning setting?

Managing re-feeding risk and malnutrition were a major part of eating disorders. Considering SMART ways to increase intake and manage nutritional deficiencies.

Naomi's recommended resources for future dietetic learners undertaking practice-based learning in this setting:

- **MEED guidance >**
- **Eva Musby meal support >**
- **BEAT >**
- **CCI resources >**

From your experience, what are the key skills and qualities required of a working as a dietitian or dietetic learner in this area?

Communication is critical in all areas but even more so in mental health. Developing motivational interviewing and behaviour change techniques is of great benefit to this speciality. Problem solving is also crucial as there are often a lot of barriers to the clients ability to follow plans. Empathy and patience are imperative. Eating disorders are a serious mental illness, change will not be linear and progress might be slow.

What activities did you undertake in order to demonstrate practice-based learning competencies?

I completed assessments, reviewed clients, conducted an audit and presented this to the dietetic team. Additionally, I completed a report for the wider MDT, reflected through my practise both debriefing with the dietitian post session and then as part of my portfolio of evidence. I contributed to MDT meetings, sharing information from clinics to help create collaborative and holistic care for the client, and I presented a client's case in an initial assessment. I created resources to share with the wider eating disorders team and collaborated with other students and the BDA team to create resources for eating disorder awareness week.

What did you enjoy about your practice based learning?

I felt I could really make a difference to the client's life, supporting their journey to weight and health restoration. I enjoyed the frequent contact and the ability to regularly monitor goals. I have developed my communication style and feel confident applying this in other areas of dietetics.

What was challenging?

Being direct and sometimes having to use a prescription approach. This could at times feel like telling the client what they needed to do. As a student we are taught to be led by the client on implementing changes and making SMART goals. In some situations, a more direct approach is required if the individual is suffering from starvation and/or difficulties driving accountability.

Do you have any advice for practice educators supporting dietetic learners in this setting?

As a P3 student with the expectation to be able to conduct consultations it can be daunting going into such a specialist area. However, over my 5 weeks through strong support from the team and reflecting on practise I have developed my skills and have been able to complete full assessments along with reviewing clients with the Dietitian observing. There are plenty opportunities for students to achieve competencies and it is a great area to really develop communication skills.

My personal suggestions: Allowing adequate time for debriefing following consultations is essential as they can be very intense. Setting clear expectations of what you want the student to do/achieve in the session. Give opportunity to present clinics in MDT's and set time to work with the systematic practitioner, mental health nurse and clinical psychologist. If available try to find opportunity for a student to follow a client's journey from initial dietetic consultation with subsequent reviews, I found that very helpful and informative for my practice.

CYPS/CAMHS

Children and young people's services/child and adolescent mental health services

Elisabet Oskarsdottir specialist dietitian at Tees, Esk and Wear Valleys Foundation Trust tells us about her role in CAMHS.

What are CAMHS services?

CAMHS services assess and treat young people under the age of 18 with emotional, behavioural or mental health difficulties. Young people can access support for depression, anxiety, disordered eating, self-harm, abuse, violence, anger, bi-polar disorder, schizophrenia among other difficulties. There are local NHS CAMHS services around the UK, with teams made up of nurses, therapists, psychologists, dietitians, psychiatrists, support workers, social workers as well as other professionals.

What are the usual dietetic needs / problems and what is the role of a dietitian in CAMHS?

In my role as a community CAMHS dietitian I get the opportunity to see a wide range of service users. I often work with autistic young people and those with ADHD, disordered eating, Avoidant Restrictive Food Intake Disorder (ARFID), learning disabilities, anxiety, and depression. The usual dietetic needs of the young people I work with includes nutrition support, increasing and optimising the nutritional quality of their diet, weight restoration, management of refeeding risk, increasing variety of food consumed through food chaining and food exposure work for example. Much of my work also includes behavioural change intervention by working on establishing and maintaining new routines and habits that will support the young people in making meaningful changes. This can also include working on optimising the environment in which the young people eat.

Working collaboratively with the service user as well as the multidisciplinary team (MDT) is essential in order to provide safe and effective care. The service users I work with are receiving support from CAMHS for many different reasons but all have in common that they need support with their eating. I may offer individual dietetic sessions but also actively work as part of the MDT and attend regular MDT meetings with other professionals involved and other agencies such as school. This gives us the opportunity to provide a holistic care for the young person.

What type of activities might students do with you on placement?

Every day is different and that is one of the aspects I love the most about my role. I regularly have students on placement with me and they have opportunities to get involved in dietetic reviews, MDT meetings and discussions, caseload discussion, referral triage and service improvement projects.

Resources that Elisbaet recommends to CAMHS students:

- **NICE: Autism in under 19s >**
- **National Autistic Society: Eating - a guide for all audiences >**
- **BDA: Avoidant Restrictive Food Intake Disorder >**
- **NICE: ADHD and medication >**

Practical insights and tips

Hopefully the information so far has shown how you can meet PBL competencies in MH, ED and LD settings, but it may still feel a bit overwhelming! The following pages have some practical insights and tips to help further.

Getting started

Autism: Autism is not a MH diagnosis or learning disability. Autistic people are however more likely to experience MH difficulties and people with a learning disability are more likely to be diagnosed autistic than those without a learning disability. You are likely to be involved in the care of autistic people during your MH, ED or LD PBL and so having an understanding of communication adaptations for autistic people is important.

To learn more about communication and environment adaptions when supporting autistic service users, please visit the **National Autistic Society** or the **PEACE pathway >**

Cognition: A person's ability to understand and retain information may be affected by their condition or a treatment side effect. Short sessions, writing things down, communication aids, involving carers or planning sessions at certain times of the day might be helpful. Sometimes you may need to use more closed questions which can feel counterintuitive to the usual application of open questions for effective communication.

Difficulties with verbal communication: People with MH or LD diagnoses may have difficulties expressing themselves verbally. This might include difficulties finding the right words or articulating thoughts coherently.

Difficulties with non-verbal communication: Some MH conditions or learning disabilities may affect non-verbal communication, such as body language, facial expressions, or gestures. Individuals may have difficulty interpreting or conveying non-verbal cues effectively, leading to potential misunderstandings or miscommunication.

Environmental or social difficulties: Some diagnoses can increase the risk of someone feeling overwhelmed or anxious during social interactions. Sensory sensitivities may make some environments more difficult e.g. loud noises, bright lights or busy spaces. You might undertake your dietetic consultations a little differently such as whilst a service user completes another activity like playing pool, drawing, or going for a walk.

Trauma: Trauma can affect someone's communication needs and preferences in many ways. This can include difficulties expressing or describing emotions, hypervigilance leading to someone presenting guarded, eroded trust making secure attachments difficult, dissociation making the person appear withdrawn or intrusive thoughts disrupting communication.

Communication

People with MH or LD diagnoses may have communication needs or preferences that are different to the general population. Speaking with the individual and professionals within their core care team can help you learn about individual communication needs or preferences.

A common concern for dietetic learners coming into MH, ED and LD services is whether they have the skills to communicate effectively with patients. Communication skills will develop across PBL and throughout your career. Most dietitians in MH, ED and LD will undertake further training and education. It's ok that you won't have developed and refined communication skills the way your supervisors will have. However, you will have already developed a range of communication skills in the classroom and perhaps previous PBL which you can absolutely use! PBL in MH, ED and LD is also a fantastic opportunity to further develop these skills. You may have opportunities to develop different communication skills during PBL such as using story boards or observing the use of Makaton.

Communication needs and preferences vary among individuals even with the same diagnosis. It's important to adopt a person-centred approach, be willing to listen and learn, be patient and adapt your communication as needed. Ensure you have regular supervision to support the maintenance of professional boundaries and your own wellbeing. Supervision is important in all areas of dietetics however when supporting patients in psychological distress, it's particularly important to have a psychologically safe place to talk about this.

Environment

If you're going to a MH hospital, check in advance where to meet your supervisor and what is the best way to enter the building. Some hospitals or wards are locked and so you may not be able to get inside without a key, code, or fob.

Some forensic inpatient services may require you to leave your belongings in a locker before entering the ward. Your supervisor should advise you if this is the case.

Check uniform expectations. Sometimes dietetic teams don't wear a uniform therefore check the dress code before starting PBL.

Right place, right time: You may undertake an assessment over the course of several sessions. You may also conduct assessments or sessions away from a typical consultation room. For example, in a TV, art or games room on a ward or even on a walk with a patient.

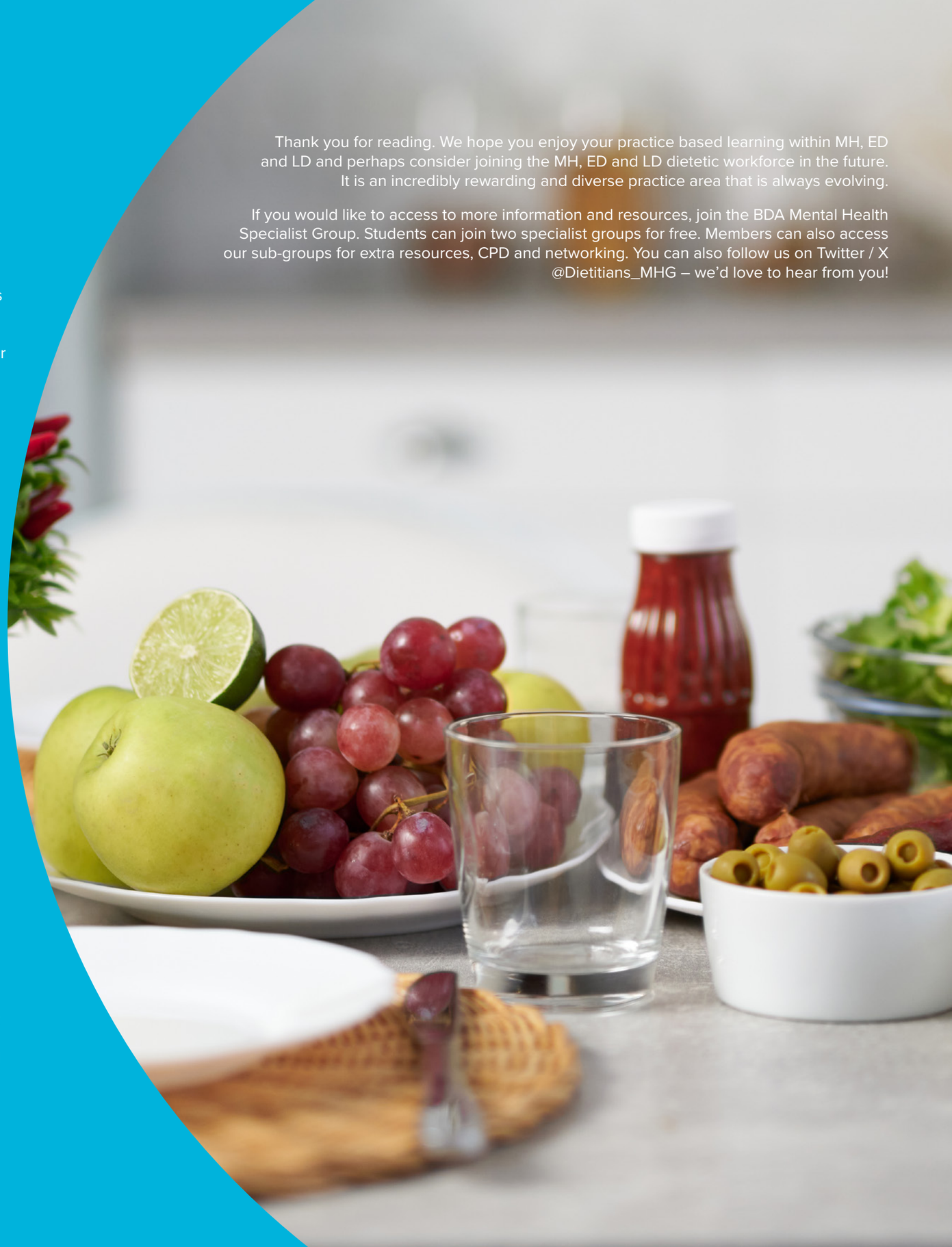
Final advice

Speak up. As in any setting, if you see or anticipate anything challenging, overwhelming or distressing make sure you speak to your supervisors. Mental health services should have robust supervisory support for their staff and students so make sure you access this.

Look after yourself. As much as you can consider how you can best work within your allocated placement hours without the need to extend beyond these. If you are struggling or feel there are unmanageable expectations placed on you, please speak with your placement and university supervisors. If you are tired and become worn out not only is that a concern for your wellbeing but you will be less able to bring your whole self to placement so, please speak up if feeling overwhelmed.

Thank you for reading. We hope you enjoy your practice based learning within MH, ED and LD and perhaps consider joining the MH, ED and LD dietetic workforce in the future. It is an incredibly rewarding and diverse practice area that is always evolving.

If you would like to access to more information and resources, join the BDA Mental Health Specialist Group. Students can join two specialist groups for free. Members can also access our sub-groups for extra resources, CPD and networking. You can also follow us on Twitter / X @Dietitians_MHG – we'd love to hear from you!



References and further resources

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Chesney E, Goodwin GM, Fazel S. Risks of all-cause and suicide mortality in mental disorders: a meta-review. *World psychiatry* 2014. doi: 10.1002/wps.20128 (Accessed 10 November 2023)

Further resources

NHS Digital Mental Health Bulletin: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-bulletin/2021-22-annual-report (Accessed 13 January 2024)

House of Commons Library, Mental health statistics: prevalence, services and funding in England: https://commonslibrary.parliament.uk/research-briefings/sn06988/ (Accessed 13 January 2024)

Clinical condition and medication resource aimed at patients and healthcare professionals. Search for specific conditions or medications to learn more: https://www.choiceandmedication.org/NSFT/ (Accessed 13 January 2024)

Dietitians Australia, Nutrition Consequences of Psychotropic Medications: https://member.dietitiansaustralia.org.au/Common/Uploaded%20files/DAA/Resource_Library/MHANDi/MHANDi_2.10_Psychotropic_Medications.pdf (Accessed 13 January 2024)

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Mental Health

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