Nutrition and dietetics, delivered as part of multidisciplinary approach, is clinically and cost effective in the management of mental health.

“Mental health is an integral part of health; indeed, there is no health without mental health.” (WHO, 2010)

People with mental health problems are at higher risk of physical health problems than the general population and often have coexisting co-morbidities. Having depression can double the risk of developing Coronary Heart Disease (Hemmingway and Marmot, 1999 and Nicholson et al, 2006). People with mental illnesses such as schizophrenia are more likely to develop cardiovascular disease, obesity, abnormal lipid levels or diabetes. (De Hert et al, 2009)

Greater risk of physical health problems may be due to factors including apathy, lack of insight or awareness of a problem and not accessing health services. Individuals may be paranoid or mistrust health services. A person may lack awareness or support, or have communication issues. Physical mobility, behaviour or beliefs may restrict access to services and support.

‘No Health without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of all ages’ (HM Government, 2011) outlines six desired outcomes. Outcome three states “More
people with mental health problems will have good physical health”. Dietitians can play a large role in enabling this statement.

Dietitians in mental health work with people with mental health conditions including anxiety, autism, bipolar disorder, dementia, depression, drug and/or alcohol problems, eating disorders, learning disabilities, personality disorders, and schizophrenia.

**Case study**

6yr old Jenny was diagnosed with Foetal Alcohol Syndrome, with associated behavioural and eating problems. Jenny was becoming more fixated on certain foods, restricting acceptance of foods and not gaining weight as expected. Her parents were given advice on behaviour management techniques at meal times and advised to change their response to Jenny’s food rejection and reward eating well. The balance between introducing new foods and allowing foods she likes was discussed. At a 6 week review, her weight had increased and her parents were more relaxed. The parents applied their new knowledge at mealtimes and used milkshakes to boost nutritional intake. At a second review Jenny’s weight had reduced slightly but medication had been changed and appetite was subsequently reduced. However, her parents were less anxious as they had developed new strategies and were aware that once the medication settled down they would be able to increase Jenny’s weight and nutritional intake.

**Key Fact**

Dietetic interventions lead to reduced malnutrition, weight management, reduction in nutrition related side-effects of psychiatric medications, improve self-care and management of co-morbid conditions, and improved health and nutritional status. (De Hert et al, 2009)

**Case study**

Jack, diagnosed with Schizophrenia, was started on anti-psychotics leading to an increased appetite and weight gain. Using his Section 17 leave he visited fast food outlets. After 5 months his weight increased by 30kg/26% resulting in a Body Mass Index of 45kg/m2. Nutritional assessment showed Jack enjoyed 3-4 takeaways per week, ate large portions, and consumed hospital meals plus fast food meals daily. Jack reported being ‘uncomfortable’ and difficulty putting his shoes on. Jack has dyslexia thus interventions were tailored to his needs. Working within the multi-disciplinary team and supporting ward staff to maintain changes, Jack reported feeling he ‘knew more about what to eat’, the rate of weight gain reduced, changes to fast food meals and takeaways reduced. Weight reduced by 4kg, waist circumference by 2cm and cholesterol markers improved before discharge. GP and community dietitians were contacted to provide ongoing support.

**Key Fact**

Dietetic interventions, as part of collaborative approaches for mental health promotion, support and encourage mental health by enhancing lifestyle and behaviour, self-esteem and a healthy body image, improving knowledge and skills enabling people to make healthier choices. (NICE, 2014)

### References