Inside the mind-body connection: what practitioners need to know

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Host (00:01):

Welcome to Mental Health in Practice, a podcast by MHPN, bringing you insights and experiences from professionals across Australia's health and mental health sector.

Rupert Saunders (00:18):

Most of us working in mental health, whether we're psychologists, nurses, social workers, peer workers, or GPs are pretty comfortable asking people how they're sleeping, how they're exercising, how their mood is, but how often do we ask how they're eating? That's a bigger gap than many of us realise, and it's one that we can all do something about. Welcome to this episode of Mental Health in Practice, a podcast by the Mental Health Professionals Network. I'm Rupert Saunders, a psychologist and a member of the professional development team at MHPN. And today we're talking about food and mood, why nutrition belongs in mental healthcare, why so often it slips through the gaps between our disciplines and the way we work with patients and consumers and how we can think about making everyday changes to our practice. I'm really pleased to be joined by Tetyana Rocks. Tetyana is an accredited practicing dietitian and senior research fellow and director of the Food and Mood Academy at Deakin University's Food and Mood Centre.

(01:12):

Tetyana, welcome.

Dr Tetyana Rocks (01:13):

Thank you very much, Rupert. It's fantastic to be here and to have this very important conversation about food, mood, and what every mental health care professional can do to support implementation of discussions around food and diet and eating in treatment of mental health.

Rupert Saunders (01:32):

Really important conversation. So let's dive into the big picture here. Tetyana, why do you think the connection between what we eat and our mental health is something that every clinician should be talking about?

Dr Tetyana Rocks (01:43):

It's a great question, and I think it's important to acknowledge that over past couple decades, our understanding of the relationship between diet and mental health has changed substantially. We have moved from predominantly observational research showing some links between diet and mental health to actually clinical trials which examine whether improving diet can actually improve mental health outcomes. And we now have quite effective dietary interventions showing that through diet we can reduce depressive symptoms, particularly if we incorporate dietary support alongside established treatment. So we also understand much more about potential biological pathways that connect to diet and brain, things such as inflammation and metabolism and oxidative stress and gut microbiota. So we understand that brain is a metabolic organ. It requires energy just like all other organs in the body. It requires nutrients, quality nutrients. Yet historically, when we treat mental health conditions, we often consider nutrition separately from brain function, but we can't really separate mental and physical health.

(03:08):

And that's what's important for all of us to understand. We also of course have substantial physical health inequalities. We know that people who live with severe mental illness die on average 10 to 20 years earlier than general population. And much of the success mortality relates to very much preventable physical conditions like metabolic issues or cardiovascular diseases. And poor nutrition and physical inactivity contributes to this high risk, but also does medication and socioeconomic disadvantage and stigma. So addressing nutrition is very much relevant to both mental and physical health.

Rupert Saunders (03:58):

I love that notion and I think it's quite a common notion that we're really aware of in mental health around the connection between our minds and our bodies. And just listening to you talk there about the evidence, thinking about mortality rates, the brain being a metabolic organ and all of these kind of flowing effects, thinking from a mental health professional who's probably thinking about behaviour, mood, symptoms, that probably can feel a little overwhelming at times to think about all of these metabolic words and things like that. So we know the evidence is there, but I imagine for a lot of our listeners out there, food and its connection to this kind of physiological terminology can feel a little bit like, oh, someone else's department.

Dr Tetyana Rocks (04:35):

Look, I do understand that, but I think as mental health professionals, we also need to recognise that our consumers, so patients or clients also increasingly understand that body is very much holistic entity, isn't it? So it's all together. We can't really separate and think about brain issues and body issues separately. So when we talk about diet and food, I think dietary intervention or addressing diet gives consumers another way to participate actively in their care. We know that for individuals living with mental illness, opportunities to make choices about their treatment and everyday life might be limited, but food can provide this opportunity, can provide this way of nourishing oneself, of supporting one own choices and building that confidence and self-efficacy around food and diet. Look, I'm a dietitian, so of course I'm going to be slightly biassed for me. A lot of things could be fixed with nice nourishing meal.

(05:47):

But when it's come to food and mental health, we not suggest that food replaces psychological therapies or medication. We're suggesting that it really deserves great place alongside traditional treatment. And if we want to provide a truly holistic mental health care, we can't really continue to leave nutrition out of conversation and it doesn't have to be confusing or complicated. We can approach that with curiosity and simplicity like we would talk even if you don't have nutrition and dietetic training, you can approach that the way you talk about food with your friends, if anything.

Rupert Saunders (06:32):

I think it's really important if I'm a psychologist myself and in my practice, I often ask people about relationships, sleep, exercise habits. And I'm just curious from your perspective, Tetyana, why do you think conversations about nutrition in that kind of engaging people and giving people option and tools for taking action in their own lives, why do you think that sofa might sit outside the way we think in mental health?

Dr Tetyana Rocks (06:55):

Look, I don't think it's particularly news for anyone that good food is actually great for us. And when I say good food, I'm not trying to moralise food. I'm talking about higher quality foods such as vegetables and fruit and whole grains. It doesn't mean it's more expensive or branded food. It's more about that whole food, which we all know very well is good for us. However, knowing something, it doesn't mean doing something. So in practice, we see that the gap between knowing what we should be doing or how it could be done and actually doing is quite enormous. And for mental health practitioners outside of dietitians or nutritionists, knowledge and confidence, major barriers. We understand that many health professionals receive very little nutrition education during day training. Day training is not focused on diet and nutrition. And even if nutrition included, it's quite general and doesn't really connect specifically to mental health.

(08:08):

That's why sometimes we still have issues or even misunderstanding among health professionals. So we see that clinicians might recognise that food matters, but feel poorly equipped to start the conversations. That's where issue might be. We also see that there's enormous amount of misinformation when it's come to nutrition. We leave at very interesting time. There's a lot of information available, but because people not quite sure what is true, what is not, we have so much misinformation so people quite often feel lost when it's come to quite simple notion of food and eating. So that's one aspect, for example, knowledge and confidence. Another aspect, mental health services are very busy and clinicians often prioritise immediate psychological or social or medical needs. So physical health and mental health still frequently treated as slightly separate responsibilities. I think we're coming back to it. So it's a bit about scope of practice, which is of course very sensible and important issues because we all come in from in multidisciplinary team, which is often represent mental healthcare team.

(09:34):

We all come in from very different professions and training and understanding as well. So each profession would have specific responsibilities or boundaries. And they of course need to be respected, but there's a difference between delivering specialised dietary intervention and recognising that nutrition is relevant to wellbeing. Don't you agree with me?

Rupert Saunders (10:02):

Yeah, definitely.

Dr Tetyana Rocks (10:03):

So in nutritional psychiatry, when we really advocate for increased knowledge and confidence, it's not about making everyone into dietitians. It's about recognising the importance of food and eating and diet, understanding when to refer. And for many clinicians, the role might be simply asking about food, maybe talking about some concerns or supporting general healthy eating principles and know when to refer. So we have a lot of information out there, for example, Australian dietary guidelines, which provide very simple starting point. And we have, again, I know we talk about multidisciplinary team quite often when we discuss mental health, because when you look at our teams, all professions already have a lot of valuable skills to contribute to lifestyle or nutrition and diet. Psychologists are excellent in motivation, behaviour change and habit formation and identifying barriers. So these skills are directly relate to, for example, change in dietary behaviour or supporting someone very gently through eating a little bit better.

(11:25):

Nurses have regular contact with consumers and patients, and they really have a lot of opportunities to identify potential difficulties with eating, be it of physical difficulties or social difficulties and can help with small changes. Social workers know all social barriers and economic circumstances around food. Occupational therapists, medical practitioners, psychiatrists, all have a lot of different skills to support dietary change. So again, clinicians, we don't want clinicians to be able to prescribe detailed dietary meal, and it's not what we see as a valuable contribution. Sometimes helping someone just to establish regular routine around food, having breakfast, supporting access to groceries, or having simple education around food, following up with dietitian referral is great. And then if you do have a referral, if you refer to dietitian, please don't leave it there. Follow up, ask people how they went with dietitian. Is there specific recommendations? If psychologists would be beautifully placed to step in and maybe help with implementing some of the recommendations from dietitians, so every other professionals as well.

Rupert Saunders (12:56):

I can listen to you talk about the different ways in which teams work together on this topic and how we can build it in. But the really clear message there I think coming through is that within all of our roles to be thinking about nutrition and eating, I'm putting my psychologist hat on, thinking eating's a behaviour, it can be a social interaction kind of thing. We've spoken before we got into this recording around knowledge. We've talked about it's not often in a lot of people's training to be taught about nutrition. We might be taught about a lot of other things, but it often doesn't come up. But also there's that confidence element, I guess. How do we build that within ourselves and perhaps in our teams?

Dr Tetyana Rocks (13:29):

Look, confidence starts from practice. I don't think any of us can afford, particularly our patients who need our support now, can afford waiting for us until we undertake a perfect training in nutrition. Though of course some learning available. We have educational opportunities offered through our academy, Food and Mood Academy. So clinicians can undertake professional development and seek supervision, maybe connect with specialist colleagues. So have conversations with dietitians and nutritionists. If you don't have them as part of your mental health care team, perhaps think about finding a way of including nutritionists in your team. But clinicians shouldn't feel that they need this

extensive training before they can begin ask simple questions around food. We understand that confidence does develop through having conversations, recognising what works, becoming more confident without not having every answer even perhaps. And sometimes very simple questions could be very useful rather than start moving into recommendations and telling people what to eat, what not to eat.

(14:52):

We can try with simple questions around, can you tell me a little bit more about what you're eating or have you noticed changes in your appetite? So use simple questions, not some specialist nutritional assessment to open conversation around food and diet. And we discussed that before that many health professionals within their scope of practice do talk about stuff like sleeping or stress. And I think that eating and for example, moving or enjoying some physical activity is the same type of conversation. We also have, Rupert, and that's coming up in conversation quite often, a lot of stigma when it's come to food and diet because for so many years we actually done it quite wrong by focusing on say food and then body weight. We had public campaigns and born obesity. All this created a lot of painful feelings around food and eating. And unfortunately for many people, even health is somehow linked to body size.

(16:08):

Interestingly, interestingly. In nutritional psychiatry, when we assess the links between say eating well and wellbeing, these links exist independent to body weight. So when we discuss that with our patients or consumers in a simple way, I think it's a great way to actually reintroduce topic of food. It's not stigmatising, it's not about losing weight. So we do need to remember and recognise that nutrition is much more than body weight and perhaps discuss that with our patients as well. And when we talk about food, again, coming from perspective of nourishing one's body, not decreasing eating or decreasing the body size, talking about what can be added rather than what can be removed from a diet, how eating a variety of food is great for our brain, how eating regularly is wonderful for our wellbeing, cognition, concentration, stress level. So I think thinking about food in terms of nourishment is quite supportive of this conversation around diet and mental health.

Rupert Saunders (17:32):

I think that's really wonderful and I like the notion that building it into part of our practice and having conversations regularly and testing it out and obviously working with the people that we're working with is really important. And I imagine for some of our listeners, this might be a new concept to think about, oh, I can actually ask about food without being a nutritionist. I'm also thinking about those people that might be working in teams that might not be located in the same space. So they might be working through referrals, through case conferencing, sometimes not even that, but they are connected to other people providing care. Thinking about if I'm a practitioner, I'm going out there, I'm going to start building into this practice. Where might these gaps also appear in the team structures? So you might have someone who's really passionate about champion nutritional psychiatry, but also might be a team culture that isn't encouraging that.

(18:17):

How do we challenge some of those confidence gaps and knowledge gaps that might be existing in teams out there or people working with other people?

Dr Tetyana Rocks (18:25):

That's a good question. And usually here, and again, I'm not currently working with a team of clinicians or healthcare professionals, so of course I can only provide my understanding what I see from research, what I see from many conversations I have with many, many mental healthcare team. And I think the key message here is not to wait for the perfect team, perfect resources or perfect circumstances, but try to do whatever we can when we can with what we can. And that shared understanding is quite important in the team, understanding or bringing everyone together on one page that diet is important. And of course it will come with acknowledgement that not everyone have a knowledge, skills, time, or feels that it's their responsibility to discuss diet. But shared understanding is much more important than absolutely everyone becoming an expert. And we discussed it before in multidisciplinary team, each professional bring very different expertise, which is very relevant to diet and eating.

(19:41):

We don't need to know everything about nutrition, but we need shared understanding why it matters, how it could fit into treatment, and how we can all support each other in bringing more of lifestyle into care. And look, ideally nutrition and other lifestyle considerations should be part of routine care planning rather than some optional extra. They should be discussed in case discussions or any meetings team have. It's also important if we can involve consumers themselves. And when we ask consumers, we usually see that they treat the area of food and eating and moving and sleeping very, very seriously. So I always think, and it's coming from experience. Again, it's not about thinking how we can get a dietitian if we don't have, for example, resources or a budget for dietitian. It's to use the strengths already within the team. So who you currently working with? Who is interested in physical health?

(20:53):

Who's particularly skilled around behaviour change? Who loves food? Who understands local food market and really is a foodie? Quite often these people are very happy to assume the role of bit of a food expert. And again, you don't need a dietetic degree to support regular eating, but also building a relationship outside of the team where possible developing the relationship with community, with private dietitians. I understand that unfortunately not everyone in our care would be able to afford private support, but some people might and we should consider private dietitians, exercise physiologists, other relevant professionals. Then using the established referral pathways, also thinking about community organisations outside of say healthcare system. There's a lot of community clubs, kitchens, cooking groups, which could be very useful for this conversation. So it's more really about involving local community around you and finding expertise where you can. But one thing I do want to mention here that none of this removes the responsibility of organisations and policymakers to provide us with appropriate resources and staffing and training.

(22:24):

And we are working on this. We are in nutritional psychiatry. It's not just development of new evidence and implementation of them and practice. It's also constant work with policymakers and with people who can, who are in a position to provide organisational support because clinicians shouldn't be expected to compensate for under-resourced services. It's great if you can, but I also think it's quite important not to put responsibilities on clinicians. So we shouldn't underestimate the value of very small, thoughtful changes while we wait for bigger pictures to shift because unfortunately, look, I'm probably a bit less optimistic. I don't think it's going to shift in my working life, but shift is coming. And Rupert, we have a lot of professional bodies actually recommend lifestyles. So diet, exercise, sleep, stress management, foundational, non-negotiable part of mental health care.

Rupert Saunders (23:30):

Absolutely, yes. I think what we've been talking about is there's a lot of little different things, whether you are confident working and thinking about food or conversations about food in working with patients and consumers or working in teams that maybe some of our listeners might be able to put into practise in the next couple of weeks just test out some things. It's always fun to try all these things. I recall from our conversation before, we talked about some resources that might be useful, things like the -

Dr Tetyana Rocks (23:54):

Courses, training courses.

Rupert Saunders (23:56):

Training courses, but there's also guides like nutritional guides.

Dr Tetyana Rocks (23:59):

Absolutely. Dietary guidelines for healthy eating. So Australian government does do a pretty good job actually of providing resources we can use in practice. In our Food and Mood Academy, we also have a lot of resources for practitioners, so ready to be download and use in conversation. There are resources out there to start your training. We have continuing professional development courses accredited with our colleges of psychiatrists, college of general practitioners. So they definitely are resources.

Rupert Saunders (24:37):

And I guess there's a lot of training and those kind of available resources that you just mentioned. I'm guessing thinking about if I'm in a team, could just be having a discussion at lunchtime really.

Dr Tetyana Rocks (24:46):

It's a great suggestion to start talking about food while you're eating. Why not? From mental health perspective, eating together is actually better for all of us. So although I know how often we're also busy, we push to take our lunches in front of computer, but sometimes having lunch with your team members and having conversations could be just as productive, if not more productive than looking at the computer.

Rupert Saunders (25:14):

Like you said, sharing food. Food is nourishing, but also is connection at times, isn't it?

Dr Tetyana Rocks (25:19):

Food is culture, food is tradition, food is family. I think for majority, and of course I don't want to diminish that, for example, real challenges people who live with eating disorders have around food, but for many people, food thankfully is associated with very pleasant memories. The favourite meal your parents or grandparents cooked, the cake you had for your birthday. So there's a lot of good memories around food. But again, Rupert, I'm a dietitian. I'm so biassed and Ukrainian. So for me, everything start and ends with food really. I do encourage mental health professionals to really recognise and appreciate that you don't need to become nutrition expert to make nutrition part of better mental health care. Start with conversation, be curious about person's relationship with food, use the skills you already have. We all have some skills. We have professional judgement . We have knowledge we can use and seek specialist support when you see that there might be real needs or real complicated case.

(26:37):

But to start conversation around food and eating, I don't think we should wait much longer to start these conversations.

Rupert Saunders (26:46):

What a lovely message there, just to finish on. My cheeky question for you at the end of this podcast, if I may, is let's pretend I'm chatting to you for the first time thinking that, oh, I don't know what to do, where to start in my practice as a psychologist. What's one thing that I could do tomorrow, I guess, that would be really useful, maybe in my practice and maybe if I'm working with my colleagues.

Dr Tetyana Rocks (27:08):

Food and Mood Academy, start there. We have a lot of information. Just be interested. And again, but another thing, Rupert, I think I would love everyone to be more confident after this conversation. So just in case food is not your thing, it's okay too. There's physical activity or just moving, bodies, sleeping, stress reduction, meditate, social connection. So there's a lot of factors we can tap in our holistic care. So you don't need to love food as much as I do to start thinking about that. But perhaps you can start with reflection too and think about your own way of eating and without judgement , without expectations, just to see and think about, discuss that with somebody and see what could change.

Rupert Saunders (28:02):

Thanks so much, Tetyana. It's been wonderful having this conversation today. I know I've learned a lot and I'm actually really feeling hungry now that we've got this conversation. Thanks for listening to Mental Health in Practice, a podcast from the Mental Health Professionals Network. If you'd like to learn more about today's guest or access related resources, visit the episode's landing page. We'd also love to hear your feedback. You'll find a short survey on the landing page to share what was useful and what you'd like to hear more of. Thank you for your commitment to multidisciplinary care and lifelong learning.

Host (28:34):

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