

## DIET, MENTAL HEALTH AND RESILIENCE


- Mental Health and Diet and Mental Health
- Resilience
- Resilience and Mental Health
- Building Resilience (the secret formula)
- Red Flags
- Case Studies



## MENTAL HEALTH AND DIET

- DIET APPEARS TO INFLUENCE MENTAL HEALTH (PARETTA ET AL, 2017; O'NEIL ET AL, 2014)
- PEOPLE WITH SEVERE MENTAL DISORDERS HAVE A 10-25 YEAR REDUCTION IN LIFE EXPECTANCY (WHO) (MULTIPLE REASONS INCLUDING DIABETES SEQUELAE)

\* O'NEIL, A., O'NEIL, S.E., HICKS, S.V., BERNARD, S.L., WILLIAMS, L.L., PASCO, J.A., & JACOBS, F.A. (2014). RELATIONSHIP BETWEEN DIET AND MENTAL HEALTH IN CHILDREN AND ADOLESCENTS: A SYSTEMATIC REVIEW. AMERICAN JOURNAL OF PUBLIC HEALTH, 104(10), E31-E42.  
 \* PARETTA, N., ZARONKOWSKI, D., CHOI, I., WILSON, A., ROCCACCIOLA, S., VILANI, A., MUSCOLO, C., NYCHINGKA, T., BLANKEN, S., WITTE, S., BIGNARDI, S., AND COZZI, F. (2017). A MEDITERRANEAN-STYLE DIETARY INTERVENTION SUPPLEMENTED WITH FISH OIL IMPROVES DIET QUALITY AND MENTAL HEALTH IN PEOPLE WITH DEPRESSION: A RANDOMIZED CONTROLLED TRIAL (PRELIM).  
 \* <http://www.psychcentral.com/118/how-long-do-antidepressants-take-to-work/>



## MENTAL HEALTH AND DIET

- COMMUNITY PREVALENCE OF DEPRESSION 16-34% IN ONE STUDY (CONSISTENT WITH A NUMBER OF 20% ESTIMATES) V 51% IN OBESE GENERAL PRACTICE SAMPLES (NIKOLIC, 2015)
- DEPRESSION IS COSTLY! \$210B ANNUAL COST TO US BUSINESS / 32 PRODUCTIVE WORK DAYS LOST PER ILL WORKER PA (HARVARD BUSINESS SCHOOL, 2019)

\* NIKOLIC, M. (2015). PREVALENCE OF COMMON DEPRESSION AND ANXIETY IN THE UNITED STATES: A GENERAL PRACTICE SAMPLE. JOURNAL OF GENERAL INTERNAL MEDICINE, 30(1), 103-109. DOI: 10.1007/s11368-014-0447-1.  
 \* <https://www.hbs.edu/press-releases/Pages/press-release.aspx?ID=1234>

## IS DIET/LIFESTYLE MODIFICATION A SLOW SOLUTION?

- LATENCY BETWEEN PRESCRIPTION OF ANTIDEPRESSANTS AND ACTION = ABOUT 6 WEEKS (GROHOL, 2018)
- SIDE EFFECTS INCLUDE: REDUCED/ABSENT LIBIDO, WEIGHT GAIN, NAUSEA, INSOMNIA, CONSTIPATION, DIZZINESS, HEADACHE, DRY MOUTH.

GROHOL, J. (2018). HOW LONG DO ANTIDEPRESSANTS TAKE TO WORK?. PSYCH CENTRAL. RETRIEVED ON OCTOBER 9, 2019, FROM <https://psychcentral.com/118/how-long-do-antidepressants-take-to-work/>

### IS DIET/LIFESTYLE MODIFICATION A SLOW SOLUTION?

- DIETARY CHANGE CAN RESULT IN SYMPTOM RELIEF IN AS LITTLE AS THREE WEEKS FRANCIS ET AL, 2019), CONSISTENT WITH: (JACKA ET AL, 2017)
- MODERATE TO SEVERE DEPRESSION. COOL SPECTROPHOTOMETRY!!
- RANZCP MOOD DISORDER TREATMENT GUIDELINES PRIVILEGE LIFESTYLE FACTORS (RANZCP)

JACKA ET AL, 2017 AVAILABLE AT: <https://rncwmedicine.biomedcentral.com/track/pdf/10.1186/s12916-017-0791-y>  
[https://www.ranzcp.org/files/resources/collge\\_statements/clinical/cmg/mood-disorders-cpg-aspx-al-2017](https://www.ranzcp.org/files/resources/collge_statements/clinical/cmg/mood-disorders-cpg-aspx-al-2017)  
<https://rncwmedicine.biomedcentral.com/track/pdf/10.1186/s12916-017-0791-y>  
 FRANCIS HA, STEVENSON RJ, CHAMBERS JR, GUPTA D, NEWBY S, LIM CK (2019) A BRIEF DIET INTERVENTION CAN REDUCE SYMPTOMS OF DEPRESSION IN YOUNG ADULTS – A RANDOMISED CONTROLLED TRIAL. PLOS ONE 14(10): E0222768. <https://doi.org/10.1371/journal.pone.0222768>

### WHAT IS RESILIENCE?



(L) RE (AGAIN)  
 + SALIRE (JUMP/LEAP)  
 (SAME WORD ORIGIN AS SALIENT)



(ACTIVE – JUMPING,  
 RATHER THAN PASSIVE –  
 BOUNCING)



POTENTIAL ENERGY

### WHAT IS RESILIENCE?

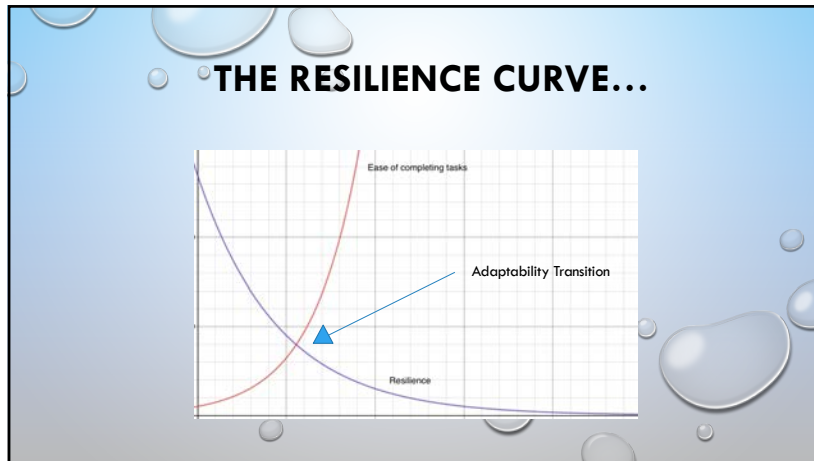
- STRONG ASSOCIATION BETWEEN RESILIENCE AND MENTAL HEALTH IN THE SOMATICALLY ILL (FÄRBER, F., & ROSENDAHL, J., 2018)
- RESILIENCE TRAINING CAN ALLEVIATE SX OF DEPRESSION (WILLIAMS ET AL, 2018) AND IMPROVE BOTTOM LINE (\$1846PP PRODUCTIVITY GAIN DUE REDUCTION IN PRESENTEEISM)

FÄRBER, F., & ROSENDAHL, J. (2018). THE ASSOCIATION BETWEEN RESILIENCE AND MENTAL HEALTH IN THE SOMATICALLY ILL. *DEUTSCHES ARZTEBLATT INTERNATIONAL*, 115(38), 621–627. DOI:10.3238/ARZTBL2018.0621  
[https://www.hbs.edu/faculty/publications/2018/RESILIENCE/SPECIAL-POPULATIONS\\_OUTLINE.PDF](https://www.hbs.edu/faculty/publications/2018/RESILIENCE/SPECIAL-POPULATIONS_OUTLINE.PDF) - GOOGLE DOCS: 68R7D074-68BE-458B-9ABE-7D43AFBEF630.PDF

### WHAT IS RESILIENCE?

- THREE BROAD STRATEGIES:
  - SKILL DEVELOPMENT
  - GOAL IDENTIFICATION
  - GRADED EXPOSURE
- BUT!! RESILIENCE IS NOT A PANACEA - SOCIAL DETERMINANTS MATTER! (WHO)
- POSITIVE LINEAR CORRELATION BETWEEN WEALTH AND OBESITY (MITCHELL INSTITUTE)
- WELLINGTON NSW
  - OBESITY PREVALENCE 42%
  - MEDIAN PERSONAL INCOME \$458 P.W V AUSTRALIA \$662 P.W
  - MEDIAN FAMILY INCOME \$1040 P.W V AUSTRALIA \$1734 P.W
  - MEDIAN HOUSEHOLD INCOME \$781 P.W V AUSTRALIA \$1438 P.W (ABS, 2016)

[http://www.frcg.vhpoint/~/data/assets/pdf\\_file/0012/100821/E92227.PDF](http://www.frcg.vhpoint/~/data/assets/pdf_file/0012/100821/E92227.PDF)  
<http://www.mitchellinstitute.org.au/reports/australian-health-tracker-by-area/>  
 ABS (2016) <https://quickstats.censusdata.abs.gov.au/census-services/getproduct?census=2016/quickstat/ssc14221>



### CAN'T WE MANAGE BY AVOIDING STRESSORS?

- AVOIDANCE COPING PREDICTS AN INCREASE IN UNMANAGED STRESSORS YEARS LATER (HOLAHAN ET AL, 2005)
- MEDITATION, CONTROLLED BREATHING, MINDFUL PRESENCE, SOCIAL SUPPORT, BODY SCAN/PMR, LAUGHTER, MUSIC, MOVEMENT, NATURE...
- THESE TECHNIQUES WE COMMONLY REFER TO AS "STRESS MINIMIZATION" AREN'T!! THEY'RE **CAPACITY MAXIMIZATION!**

HOLAHAN, C. J., MOOS, R. H., HOLAHAN, C. K., BRENNAN, P. L., & SCHUTTE, K. K. (2005). STRESS GENERATION, AVOIDANCE COPING, AND DEPRESSIVE SYMPTOMS: A 10-YEAR MODEL. JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY, 73(4), 658-666. DOI:10.1037/0022-006X.73.4.658

### HOW TO DEVELOP RESILIENCE

STRESS + RESOURCES  
 + MINDSET (+ RECOVERY?)  
 = RESILIENCE

### WHAT ABOUT PRACTITIONERS?

I ASKED A STUDENT:  
 "HOW DO YOU GET FROM THIS ROOM INTO THAT ROOM?"

"GOING FROM ROOM TO ROOM"

FROM: ROSEN, S(ED)(1982); MY VOICE WILL GO WITH YOU: THE TEACHING TALES OF MILTON H ERICKSON MD. NY: NORTON





## OPEN INQUIRY TO BUILD RESILIENCE

- WHEN HAVE YOU MANAGED A CHALLENGING SITUATION IN THE PAST?
- WHAT DID YOU DO?
- WHAT IS ONE ASPECT OF THIS SITUATION THAT SEEMS POSSIBLE FOR YOU TO INFLUENCE (NOT CHANGE/FIX!!)
- ON A 0-10 SCALE, WHERE 0 MEANS IMPOSSIBLE AND 10 MEANS EASILY ACHIEVED, WHERE ARE YOU NOW? (TOE-HOLD QUESTION)

## OPEN INQUIRY TO BUILD RESILIENCE (CONT)

- WHAT WOULD YOU BE DOING DIFFERENTLY IF YOU WERE (X+1) ON THE SCALE? (NOT WHAT COULD YOU DO)
- WHAT ELSE DO YOU SEE YOURSELF DOING DIFFERENTLY AT (X+1)?
- WHAT HAVE YOU LEARNT FROM THIS EXPERIENCE?
- HOW WOULD YOU ENCOURAGE SOMEONE ELSE TO APPROACH THIS SITUATION?

## WHEN TO SEEK SUPPORT/REFER FOR TREATMENT

-  LACK OF REACTIVITY IN Demeanour/Affect
-  REPORTED LACK OF REACTIVITY IN OTHER DOMAINS
-  REPORTED CONSISTENTLY LOW MOOD
-  REPORTED DIFFICULTY WITH ADL – EATING, WORKING, SLEEPING, SELF-CARE

## GENERAL CONSIDERATIONS FOR CASE STUDIES

- Scope of practice
- How are different factors reinforcing others? (circularity)
- What's the most efficacious "treatment entry point" for the patient?
- How would you approach this using an interdisciplinary lens?
- What other information might you want or need? Why?

**THE TAKE AWAYS...**

|   |  |   |
|---|--|---|
| Bidirectional relationship between diet and mental health | Resilience boosts mental health (but it's not the whole story) | Aim to increase capacity (get stressed!!) |
| Practitioner creativity and higher/wider thinking matters | Use Open inquiry to invite participation/ reflection           | Red flags for scope of practice           |