



Nutritionally Supporting Patients in a Mental Health Setting

The role and experiences of a Dietitian



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St Andrew's Healthcare works in collaboration with NHS, voluntary, educational and research organisations to deliver specialist inpatient and community mental healthcare services, education and research that improves the lives of people with complex mental health needs.¹ The charity helps support patients in a number of areas, including: psychiatric intensive care (PICU)/crisis services, male and female services, neuropsychiatry and child and adolescent mental health (CAMHS) services. St Andrew's Healthcare help to support patients with a variety of mental health diagnoses, such as brain injury, dementia, Huntington's disease, learning disability, autism spectrum disorder and personality disorder. As a centralised team, dietitians receive referrals for all services and so have a wide-ranging knowledge across many areas of mental health. Alongside their mental health condition(s), patients can also present with any type of physical health condition, for example: diabetes, chronic kidney disease (CKD), obesity, cardiovascular disease, burns and wound care.

My career

I graduated from Coventry University in 2019 and secured a job at St Andrew's Healthcare as a Dietitian. After having completed all my clinical placements in the acute setting, I had no idea what to expect from mental health, but knew I wanted a challenge! Almost 4 years on and I have progressed to a Highly Specialist Dietitian, where I have developed not only my clinical knowledge, but gained management and leadership skills alongside this. More recently, I have become the secretary for the British Dietetic Association (BDA) CAMHS Specialist Sub-group of the Mental Health Group.

Dietetics and the multi-disciplinary team (MDT)

With a well-established link between mental and physical health,² it is vital to have MDT members working collaboratively within mental health services. In practice, dietitians play a key role in bridging the gap between understanding complex mental health conditions and supporting patients to manage any associated physical health risks.

In my experience, working in mental health services allows for joint working with a wide variety of professions. These include more specialist clinicians, such as psychiatrists and psychologists. This joint working allows for further understanding of more complex mental health conditions and a greater understanding of how this

may impact on someone's eating behaviours. In this unique setting, patients are frequently seen to have 'disordered eating' behaviours, where they may begin to restrict their food and fluid intake as a manifestation of their mental disorder. Dietitians play an important role in ensuring that patients are kept as physically well as possible, whilst weighing up the potential risks and benefits of nutritional intervention, with the challenge of the patient's symptoms and behaviours. In some cases, where it is felt that a patient's physical health is deteriorating due to them restricting their food and fluid intake, nutritional intervention may be required. This may be against the patients will. However, in practice, short-term nasogastric (NG) tube feeding can be considered, in order to ensure the safety of their physical health.

NG feeding (under restraint)

At St Andrew's Healthcare it is acknowledged that the use of an NG tube, against someone's will, is considered to be a lifesaving intervention that should only be utilised after all efforts have been exhausted to support oral food and fluid intake. In this instance, NG feeding can be initiated under section 63 of the Mental Health Act.³ National best practice guidance in NG feeding under restraint highlights the importance of consultant-led MDT decision-making for NG feeding that is carried out in consultation with the patient and their family, and that these discussions are clearly documented.⁴ There are many aspects to consider in the safe provision of NG feeding, even more so in a secure mental health setting,

such as that of St Andrew's Healthcare. Strict national safety guidance must be adhered to, to avoid the risk of feeding through a misplaced tube (i.e. a 'never event'), whilst ensuring NG feeding is used only as a last resort.⁵ It is imperative that decision-making regarding capacity, consent, best interests, use of section 63 of the Mental Health Act,³ and the clinical reasoning behind these decisions are all clearly documented.

Despite there being best practice guidance, to date, there is little research regarding how to actually implement NG feeding under restraint.⁶ The dietitian's clinical knowledge and guidance is key to the MDT decision-making process around NG feeding. If this route is chosen, when writing a feeding regime, we must consider multiple factors, including (and not limited to):

- Least restrictive practice (always ensuring that food and then oral nutritional supplements are offered prior to placing feed and fluid down the NG tube)
- Safe volume of feed delivered (which are usually given as a bolus due to potential safety issues with pumps on mental health wards)
- The number of bolus feeds that can be given in a day (often limited to 2/day due to staff availability, timing around mealtimes, timetabled therapy sessions and possible use of restraint)
- If nutritional requirements can be realistically met in these boluses
- Consideration of whether feeds are required to be given under restraint
- How long you will feed for before withdrawing NG feeding (exit planning)
- If the NG tube should be kept in situ or re-placed at each bolus (sometimes due to potential ligature risk).

Whilst juggling these factors, dietitians and nursing staff are also managing the clinical risks associated with NG feeding, such as potential refeeding risks and infection prevention. Given the non-clinical setting of a mental health ward at St Andrew's Healthcare, we have a dedicated Physical Healthcare Team, who take bloods for clinical monitoring and can give advice to our mental health nursing colleagues.

In practice, one of the main difficulties with NG feeding within the mental health setting is, unlike the acute setting, mental health nurses are not routinely trained in NG feeding. Part of my role at St Andrew's Healthcare, alongside my colleagues, was to develop an in-house e-learning and face-to-face competency package for nursing staff, allowing them to be up-skilled

in this area. The roll-out of this package across the charity has allowed us to have a dedicated core team of skilled nurses, who can train others at St Andrew's Healthcare, resulting in the creation of more patient-centred feeding regimes.

In some cases, patients may refuse food and fluid in the context of emotional dysregulation. In my experience, early dietetic intervention may not be always be beneficial in these particular cases. Our role as Dietitians may be to take the emphasis off focusing on food and fluid refusal and reassuring clinical teams that monitoring is required, before making any further decisions.

Advanced decision planning, capacity assessments & best interest decisions

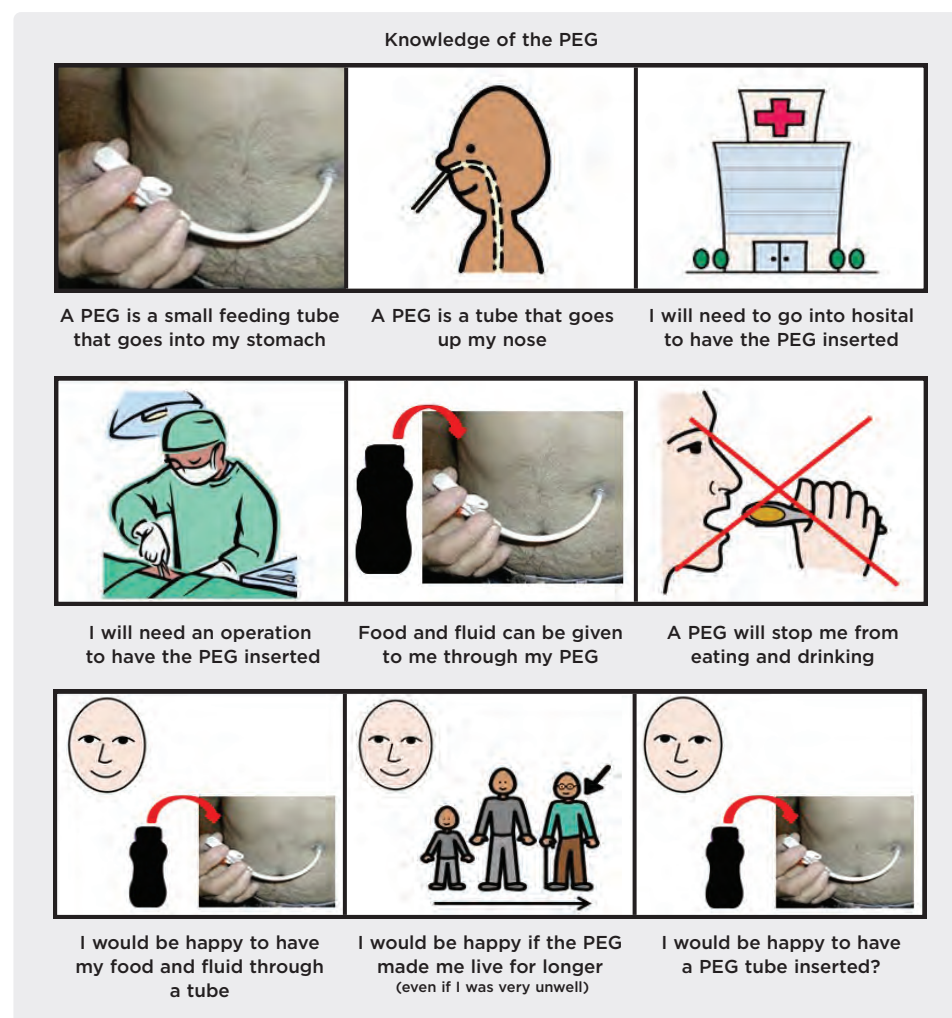
Dietitians in mental health play a vital role in delivering information in an accessible way to patients to assess if they can understand, retain, weigh up and communicate their decisions in line with the Mental Capacity Act 2005.⁷ As Dietitians we are involved in capacity assessments for different clinical conditions, including diabetes and weight management. If a patient is deemed to lack

capacity in a specific area - e.g. not understanding the consequence of having an excessive takeaway consumption on their long-term physical health, as a last resort, we can help to formulate an individual care plan, focusing on their takeaway consumption.

At St Andrew's, we also work with other MDT members, such as speech and language therapists, to look at supporting advanced decisions for patients with progressive neurological conditions (e.g. Huntington's disease). These sessions, aided by the use of 'Talking Mats',⁹ explore a patient's wishes for future decisions around the use of modified food and fluids and long-term gastrostomy feeding. This resource not only allows for a patient's wishes to be heard, but also helps us as clinicians to assess if the patient has the capacity to make decisions around these important topics. The outcome of these sessions is formally documented and shared with the wider team and can form the basis for a best interest meeting, if a patient is deemed to lack capacity.

Figure 1 shows examples of resources that have been made by the Dietitians at St Andrew's Healthcare. These picture cards are used alongside a 'Talking Mat', to help support patients to make advanced decisions around future wishes for gastrostomy feeding.

Figure 1: St Andrew's Healthcare Dietetic Resources



Catering & nutrition support

At St Andrew's Healthcare, the Dietitians work closely with the catering teams where all the food is cooked from fresh on-site. Dietitians play a key role in ensuring the four weekly rolling menu cycles provide nutritionally balanced and varied meals, which are in line with the NHS 'Better Hospital Food' blueprint.⁹ Furthermore, we have launched a hospital-wide electronic ordering system.

St Andrew's Healthcare has an on-site dysphagia kitchen, where all dysphagia meals and additional snack items are made freshly on-site.

In addition, the Dietetic Team have set up an established online ordering system with a supermarket chain, which enables us to order in additional meals and snacks for patients who require additional nutrition support. This flexibility allows for wider patient choice, which helps improve quality of life. All dysphagia meals and snacks are audited in line with the International Dysphagia Diet Standardisation Initiative (IDDSI) Framework.¹⁰

Nutritional screening – The St Andrew's Nutrition Screening Instrument

The Dietetic Team have developed a nutritional screening tool – The St Andrew's Nutrition Screening Instrument (SANSI) – which can be used as an alternative to the 'Malnutrition Universal Screening Tool' ('MUST')¹¹ to ensure that the additional nutritional risks prevalent in mental health settings are identified. These include: selective or restrictive eating, weight gain and dysphagia. The tool has 4 main steps, of which steps 1 and 2 are similar to that of 'MUST'. Step 3 differs to 'MUST', in that it does not ask for an acute disease effect score but asks a series of questions to highlight risk – see **Figure 2**. Step 4 allows for staff to enter a free-text comment and tick a box to send a referral to the Dietetic Team. Referrals are then triaged within 24 hours.¹²

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SANSI has been clinically validated across adult and CAMHS inpatient settings.¹³ Furthermore, it has been recognised by NHS England working groups as an appropriate alternative tool and has been shared with organisations across the UK and overseas.¹⁴

Weight management service

It is well known that the causes of obesity within inpatient mental health services are complex and multifactorial. These include pharmacological interventions which can lead to an increase in hunger levels, a sedentary lifestyle, coupled with low levels of physical activity, limited understanding of food and health and staff views on 'treats' in this setting.¹⁵

The importance of staying a healthy weight in secure services was highlighted in a 2021 Public Health England/NHS document 'Managing a healthy weight in adult secure services - practice guidance'.¹⁶ As part of the Charity's commitment to supporting patients' physical health, the Dietetics Team have produced

comprehensive and engaging nutrition education resources, including a 12-topic programme, healthy lifestyle workbook, factsheets, a recipe book and internal webpage, as well as an online training module for staff, which are all positively highlighted in the practice guidance mentioned above.¹⁶

Conclusion

Dietitians working within the mental health setting have a wide range of clinical knowledge coupled with excellent communication skills, which help to bridge the gap between mental and physical health, working alongside a broad MDT. Dietitians working at St Andrew's Healthcare have created specialist resources, which have been shared and used widely in other mental health settings, to help identify and optimise patients' nutritional status.

A dietetic career in mental health is both exciting and rewarding, providing a problem-solving approach to dietetics, and there are a growing number of opportunities for those looking to pursue a career in this area.

Figure 2: Step 3 of the SANSI

Step 3: Other significant dietary issues to consider

If **YES** to any of the below, alert clinical team, care plan, and refer to dietitian if appropriate (NBM = Nil By Mouth, e.g. if patient fed via a gastrostomy)

Does the patient have specific dietary requirements (e.g. allergies, vegan, cultural/religious diet, renal diet)?	Yes / No
Is the patient being fed by/have a nasogastric feeding tube or gastrostomy tube?	Yes / No
Is the patient prescribed nutritional supplements?	Yes / No
Does patient have diabetes (type 1 or type 2)?	Yes / No
Does the patient have a history of/been observed to have disordered eating?	Yes / No
Does patient have a history of excessive fluid intake?	Yes / No
Does the patient regularly refuse or not attend 2 or more main meals a day?	Yes / No / NBM
Does patient fail to eat at least half of their serving at most meal times?	Yes / No / NBM
Does the patient regularly refuse or not complete drinks?	Yes / No / NBM
Does the patient have any chewing or swallowing difficulties?	Yes / No / NBM
Does the patient suffer from nausea, involuntary vomiting or diarrhoea?	Yes / No / Sometimes
Are whole food groups (e.g. dairy products, fruit & vegetables) avoided?	Yes / No / NBM