Academic/Research Article

Does nutrition have a place in the therapy room?

By Jayne Leonard

Diet and nutrition are rarely included in psychotherapy training, yet research suggests that nutritional status is strongly correlated with mental wellbeing. Acknowledging this connection may enhance the therapeutic experience, and provide clients with a complementary means of supporting their mental health

Introduction

It has long been known that our food choices have a significant impact on our physical health. In the last few decades, however, the burgeoning field of nutritional psychiatry has been highlighting the relationship between food intake and mental health. The findings are consistent and persuasive – better diets typically equate to a better mental health status, while poorer diets equate to poorer mental health.

Despite the impressive body of evidence put forward by the field of nutritional psychiatry, the research has been largely excluded from the counselling and psychotherapy profession. Nutritional education and methods of intervention remain largely absent from psychotherapy training and practice; while psychotherapists and other mental health professionals worldwide report poor nutritional literacy. Perhaps the time has come to consider the potential benefits for clients, if therapists were to have greater awareness, as well as training, in the area of nutrition for mental health.

The field of nutritional psychiatry

Psychotherapy, or talk therapy, typically involves treating clients based on the assumption that they have underlying interpersonal issues, unhelpful patterns of thinking or behaving, emotional regulation issues, or adverse childhood experiences. It does not usually explore the possibility that there may be nutritional reasons for client mental health issues. Yet the emerging field of nutritional psychiatry presents compelling evidence to suggest that nutritional deficiencies and dietary choices may contribute, at least in part, to some mental health issues.

Nutritional psychiatry is a discipline that examines the influence of diet and supplements on mental health. Its origins can be traced back to the 1970s, when researchers explored the relationship between specific food components and neurotransmitters, such as

serotonin (Gessa, Biggio, Fadda, Corsini, & Tagliamonte, 1974; Tagliamonte, Biggio, Vargiu, & Gessa, 1973). Since these early explorations, multitudinous studies have been carried out to uncover connections between nutrition and mental health. While the majority of these studies focus on diet and depression, much of the discussion accompanying them is relevant to many aspects of mental health, ranging from attitude changes to violent behaviour (Logan & Jacka, 2014). Furthermore, several nutritional psychiatry studies focus on other aspects of mental health, such as anxiety, behavioural problems, bipolar disorder, cognitive impairment, psychological distress and schizophrenia (e.g. Cha, Yang, and Kim, 2021; Jacka et al., 2009; Mantzorou et al., 2021; Mishra, McNaughton, O'Connell, Prynne, & Kuh, 2009; Noaghiul & Hibbeln, 2003; Peet, 2004; Scarmeas, Anastasiou, & Yannakoulia, 2018; Zaalberg, Nijman, Bulten, Stroosma, & Van Der Staak, 2010). Additionally, nutritional status may impact on behaviours that have a knock-on effect on mental health, such as fatigue and sleep difficulties (e.g. Azzolino, Arosio, Marzetti, Calvani, & Cesari, 2020; Hajianfar et al., 2021).

Diet and depression – the evidence

A myriad of evidence from several sources implies that dietary factors influence depression risk (Opie et al., 2017). For example, meta-analyses indicate that addressing low levels of omega-3 fats can help treat depression, perinatal depression and bipolar disorder (Appleton, Rogers, & Ness, 2010; Lin & Su, 2007; Logan & Jacka, 2014). Similarly, review papers report a substantial link between vitamin D deficiency and depression, with vitamin D supplements found to be comparable to antidepressant use in alleviating symptoms (Cuomo, Giordano, Goracci, & Fagiolini, 2017; Spedding, 2014). Other vitamins and minerals, including vitamin B6, folate, selenium, and zinc, as well as certain dietary patterns, may also influence depression risk (Chen et al., 2021; Ferreira de Almeida et al., 2021; Opie et al., 2017; Rienks, Dobson, & Mishra, 2013).

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Studies further indicate that adhering to traditional dietary practices, such as Mediterranean or Japanese diets, can lead to a reduced risk of depression (e.g. Gianfredi et al., 2021; Konishi, 2021; Lasserre et al., 2021; Mantzorou et al., 2021), with some sources citing a 25%-30% lower risk of depression when people adhere to such traditional diets (Selhub, Logan, & Bested, 2014). Factors influencing depressive symptoms, where diet is a key mediator, include gut microbiota, chronic low-grade inflammation, and oxidative stress (Dash, Clarke, Berk, & Jacka, 2015; Kaplan, Rucklidge, Romijn, & McLeod, 2015; Marx, Moseley, Berk, & Jacka, 2017; Mörkl et al., 2020).

Consistent and persuasive findings

Overall, the research findings are persuasive and largely consistent – there appears to be a positive association between healthy diets and good mental health and between unhealthy diets and poor mental health. In many studies (e.g. Ferreira de Almeida et al., 2021; Mantzorou et al., 2021; Yin et al., 2021), this relationship exists in a dose-response pattern – the healthier the diet, the better the mental health. Researchers propose several mechanisms for these effects, such as nutritional impact on the the immune system, the gut microbiota, neurotransmitters, and brain development and function (Mörkl et al., 2021).

While many nutritional psychiatry studies are cross-sectional in nature, meaning they cannot show the direction of causation, several researchers (e.g., Vassou et al., 2021; Yin et al., 2021) believe that the relationship between the quality of a person's diet and their mental health is likely bidirectional. Furthermore, the evidence consistently demonstrates a relationship between diet and mental health across numerous populations and age groups which is not explained by other factors (Marx et al., 2017).

Findings from the field of nutritional psychiatry are exciting, due to their potential to benefit people with mental health issues. They offer an alternative to traditional treatments, which typically only address symptoms, rather than root causes, and are largely ineffective. When it comes to depression, for example, antidepressants and psychotherapy may avert less than half of the disease burden (Marx et al., 2017). Recent evidence (Jorm, Patten, Brugha, & Mojtabai, 2017) suggests that depression may be on the increase, despite the rise in use of psychotropic medication, which may indicate the presence of environmental risk factors for depression (Marx et al., 2017) – one of which could be diet quality. Given these

findings, it is unsurprising, then, that some suggest that "diet is as important to psychiatry as it is to cardiology, endocrinology, and gastroenterology" (Sarris et al., 2015, p.271).

Real-world application of findings

Despite the significant and persuasive efforts by nutritional psychiatry researchers, individuals and healthcare providers do not seem to have translated research findings into practical changes. One possible reason for this is that traditional policies (as well as older nutritional psychiatry studies) focus on individual nutrients and foods. Recently, however, the research focus has moved toward a 'whole of diet' approach, which takes into account the complex combination of various foods and nutrients that people typically consume in real life settings (Konishi, 2021; Vassou et al., 2021). This shift will potentially trickle down and have a knock-on effect on food education and policies in years to come, translating research findings into guidelines and practices that are easier for individuals to follow.

Another challenge is that mental health professionals remain largely uneducated about the effects of diet on mental health. A recent study by Mörkl et al. (2021) assessed the nutritional literacy of 1,056 mental health professionals – including psychiatrists, psychologists, and psychotherapists – in 52 countries. The findings indicate that most participants had no training in nutrition, and 92.9% would like to expand their knowledge of nutritional psychiatry, even though most of them already used nutritional approaches in their work. In the counselling and psychotherapy field, specifically, there appears to be a significant gap between current research findings and training, policy, and practice.

The consumption of unhealthy foods, meal skipping, and overeating can create a vicious cycle that intensifies stress and emotional distress which, in turn, increases the risk of poor nutrition

Nutritional awareness within psychotherapy

Research on the use of dietary and nutritional interventions within counselling and psychotherapy is scarce. Earlier studies have explored therapist engagement with clients in relation to diet and other health behaviours (Burks & Keeley, 1989; Edwards, 2002; Royak-Schaler and Feldman, 1984), and one small study (Terry & Reeves, 2015) looked at therapists' understanding of diet and nutrition in relation to therapy. The few studies that do exist largely suggest that many therapists lack confidence in bringing nutrition into the therapy room (Burks & Keeley, 1989; Edwards, 2002) and they often do not feel supported in being able to do so (Terry & Reeves, 2015). This is perhaps unsurprising, considering that counselling training institutes typically do not provide comprehensive training and education on the topic, and accrediting bodies do not typically publish guidelines on nutrition for mental health.

Despite therapist concerns, the research suggests that conversations around nutrition *are* happening within therapy rooms. According to Burks and Keeley (1989), 68% of participants suggested that a client follow a specific diet or had referred a client on to someone to suggest a specific diet. Royak-Schaler & Feldman (1984) report that almost half of participants attended to diet or other lifestyle factors in client work. Mörkl et al. (2021) found that 65.9% of psychotherapists reported using nutritional approaches in client work; while Terry and Reeves (2015) state that all six participants used nutritional interventions to some degree with clients.

The literature also suggests that therapists want more training on nutrition. Burks and Keeley (1989) report that over half of the participants in their study believed that diet and exercise should be a required component of training and, as cited earlier, almost 93% of participants in the 2021 survey by Mörkl et al. wanted further training in nutritional psychiatry.

Bringing nutrition into the therapy room

Given the potential benefits of nutrition for mental health and the likely bidirectional nature of the relationship, it could be prudent for therapists to explore client food choices with them. As Terry and Reeves (2015) note, if therapists are aware of the contribution of nutrition to positive mental health, then it becomes an important therapeutic issue. Perhaps even an ethical one.

Along with helping clients to manage their mental health issues, there are other potential benefits to therapists being aware of nutrition and health. For example, clients present with an array of issues, including those relating to self-esteem and weight, stress, disordered eating, substance misuse, and physical illnesses (such as cancer and autoimmune conditions) that impact their mental health. While it may be unreasonable and even unethical to expect psychotherapists to use dietary interventions for physical issues, a simple awareness of the effects of nutrition on the body and

brain, could enhance the therapist-client discussion in these areas. For example, vitamin and mineral intake may provide some protection against substance misuse (Schroeder & Higgins, 2017). Additionally, diet and nutrition may impact a person's stress levels and this stress can then have knock-on mental and physical effects (Edwards, 2002).

The consumption of unhealthy foods, meal skipping, and overeating can create a vicious cycle that intensifies stress and emotional distress which, in turn, increases the risk of poor nutrition. Furthermore, therapists who work with women of child-bearing age may wish to consider diet and nutrition in their work, due to the emerging evidence that "maternal and early-life nutrition is a determinant of later mental health outcomes" (Sarris et al., 2015, p272). Essentially, not only does early diet impact mental health outcomes later in life, but the effects of diet can pass from one generation to another.

Therapists also need to be aware that some clients prefer to take a natural approach to health (Caldwell & Jorm, 2000; Jorm et al., 2000), with many psychotherapy clients also utilising complementary and alternative therapies (including dietary interventions) alongside psychotherapy to manage mental health issues (Elkins, Marcus, Rajab, & Durgam, 2005). Yet just 34% (Elkins et al., 2005) discuss their use of these therapies with their psychotherapist. Perhaps therapist openness and familiarity with dietary interventions could support better integration of client goals, treatment, and outcomes.

Finally, effective dietary-related therapeutic interventions could help empower clients to support their own mental health, long after therapy has ended.

Of course, even acknowledging this separate-but-related discipline poses some interesting questions for our profession

Conclusion

Nutritional psychiatry research from the last few decades has established that there is a strong relationship between diet and mental health. Studies have indicated links between nutritional status and depression, anxiety, violent behaviour, bipolar disorder, schizophrenia, cognitive impairment, and more. Findings tend to be consistent across multiple populations and age groups. In some cases, altering a person's nutrient status can be as effective as taking antidepressant medication. There are several potential explanations for these effects, which may include diet's impact on the gut microbiota, neurotransmitters, and the body's inflammation levels.

The field of counselling and psychotherapy seems to be lagging behind in terms of integrating these findings into training and practice. There are several potential explanations for this. Firstly, nutritional literacy among psychotherapists (and other mental health professionals) is poor. Secondly, research on nutrition specifically within the psychotherapy field is lacking. Thirdly, the research that does exist suggests that therapists want more training and support when it comes to the topic of nutrition.

Of course, even acknowledging this separate-but-related discipline poses some interesting questions for our profession. Are there ethical implications of continuing to exclude the subject of nutrition from psychotherapy, given the persuasive research findings? Should we use this newfound knowledge with our clients? If so, how? What might the interventions look like? How do we integrate this into training and supervision? What about issues of competency and insurance? Right now, perhaps, we do not have the answers to these questions. However, they certainly give us food for thought.

Clearly, much more research is necessary – specifically within the field of counselling and psychotherapy – in order to determine how and when therapists could possibly apply this knowledge to their work with clients, as well as the barriers that currently prevent them from doing so. Furthermore, understanding the opinions, preferences, and the lived experiences of both clients and mental health professionals with regard to this complex topic could provide invaluable information to move this area of research forward, and make meaningful contributions to policy and practice.

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