**Productivity Commission Submission April 2019**

**While mental and substance-use disorders account for the leading cause of global disability, poor diet is now the leading contributor to early death across middle and high-income countries, and the second leading cause overall (1)**.

**THESE TWO LEADING CAUSES OF DISEASE BURDEN ARE LINKED, WHICH HAS IMPORTANT IMPLICATIONS FOR PUBLIC HEALTH, POLICY, AND CLINICAL PRACTICE**

* Diet quality is a risk factor for common mental disorders, particularly depression: This is true across countries and cultures, independent of a wide range of potential confounding factors such as socioeconomic status, education, body weight and other health behaviours, with associations not explained by reverse causality.
* These relationships have been repeatedly confirmed at the meta-analytic level, showing an approximate 30% reduction in the risk for depression in those with healthier diets (2)
* Unhealthy dietary patterns are independently associated with an increased risk for depression (3)
* There are also extensive data showing that diet quality is a factor in adolescent depression, the primary age of onset for common mental disorders (e.g. 4-6)
* Maternal and early life nutrition are predictors of children’s mental health (7)
* The relationship between maternal diet and child emotional and cognitive outcomes is confirmed at the meta-analytic level (8)
* Diet quality is also a risk factor for cognitive decline (9)
* Diet quality is inversely associated with hippocampal volume, of relevance to learning, memory and mental health across the lifespan (10-12)
* Two randomised controlled trials have confirmed that dietary improvement can successfully address depression, with large effect sizes and close correlations between the degree of dietary change and depression improvement (13, 14)
* Studies in depressed and other populations have also shown that dietary improvement results in improvements in depression, verified at meta-analytic level (15).
* Taking a dietary approach to treating depression is highly cost-effective; this indicates substantial benefits to overall health and functioning in addition to mental health benefits (16, 17)
* People with serious mental illnesses such as schizophrenia have a 20 year mortality gap due to the impact of their illness and associated medications and lifestyle behaviours on their physical health.
* World-leading data has shown that support to improve diet in this population can mitigate the impact on metabolic health in the short and longer term (18)

**Diet should now be a key consideration for food policy, public health, and clinical practice, including ensuring access to dietitians for people with mental health conditions. Such an approach will result in substantial cost savings to the community, business and the public**

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