









Development of the NutriMental Screener: a nutrition-risk screener specific for mental health services



Annabel S. Mueller-Stierlin¹, Sabrina Moerkl², Scott B. Teasdale³

Background

The mortality gap reported for people with severe mental illness is still widening. Premature mortality is primarily driven by preventable cardiometabolic disease that are partly linked to unhealthy dietary patterns or disordered eating behaviour. However, the dietary behaviour of people with mental illness has received little attention in mental health care so far. One reason is that mental health workers have difficulties in identifying people at risk for nutrition-related physical health conditions, such as overnutrition and under-nutrition. However, there is a lack of valid nutrition-risk screening tools targeted to mental health services, and typically used nutrition-risk screening tools (such as the Nutritional Risk Screening (NRS) or the Malnutrition Screening Tool (MST)) are not suitable for mental health services.

Objective

Here, we outline the protocol for the development and preliminary validation of a nutrition and eating behavior risk screening tool for mental health services in general. This targeted nutrition-screening tool will identify mental health service users with possible nutrition risks, including both overand under-nutrition, requiring referral to and assessment from a specialist clinician such as a dietitian.



Phase 1

Complete versions of the 17 tools identified in the recent scoping review by Hancox et al. (2021) were obtained, and individual questions/items were extracted and collated.

Hancox, L.E., et al. (2021) Nutrition risk screening methods for adults living with severe mental illness: A scoping review. Nutr Diet; doi: 10.111/1747-0080.12652

Phase 2

Systematic reviews and semi-structured service user interviews have been conducted by the authors across three mental health sites (Sydney, Australia, n=12; Günzburg, Germany, n=8; and Graz, Austria, n=8) to explore barriers and challenges to a healthy dietary pattern and impact of disordered eating behaviors experienced by people living with SMI.

Phase 3

Two international online workshops and an online survey will be conducted to gain consensus on key themes to be included in the NutriMental Screener and on wording of single items.

Phase 4

The NutriMental Screener will undergo pilot testing within mental health sites in Sydney, Australia (English language), and Graz, Austria and Zürich, Switzerland (German translation), to gain first insights in feasibility and preliminary validity.

Phase 5

Formal validation studies will follow, Given the hybrid model of assessment that may include domains of medical history, eating behaviors and food access, multiple steps need to be taken for construct validity. Details on the study protocol will depend on the final NutriMental Screener and other conditions.

- ¹ Ulm University, Germany
- ² Medical University Graz, Austria
- ³ Mindgardens Neuroscience Netzwork & University of New South Wales, Australia

Outlook

In the long run, we envision that the NutriMental screener will be used by mental health nurses in daily routine and will act as a risk identifier, triggering referral to a specialist clinician such as a dietitian for comprehensive assessment, and subsequently intervention as necessary.

