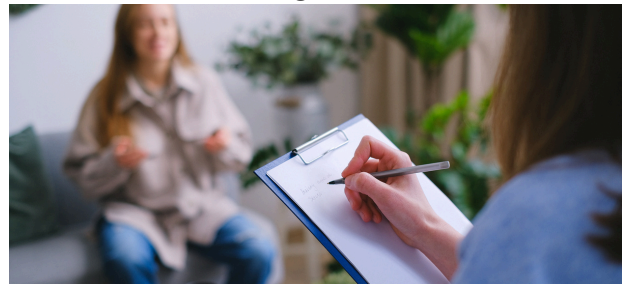


Food News



Welcome to Food News. This month's edition is a Dietetic Student take over and will cover mental health associated with food, food disorders, and also how social media could impact mental health and eating behaviour.



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Are we what we eat?

At some point you have probably heard the phrase ‘You are what you eat’ at least once but what does this mean? I will be delving into the impact of how what we eat could impact on how we think and feel. Are our food choices helping or hindering?

1 in 4 people experiencing a form of mental ill health each year (MIND. 2020, June).



Mental ill health manifests in a wide array of conditions, ranging from anxiety, depression, and stress to obsessive-compulsive disorder, bipolar disorder, schizophrenia, eating disorders, post-traumatic stress disorder (PTSD), and many others. Each of these conditions can affect people in different ways, often influencing their thoughts, emotions, and behaviours, and can significantly disrupt their daily lives.

What is important to note is that mental ill health is not confined to any specific demographic—it transcends all boundaries. People of all ages, genders, backgrounds, and cultures are vulnerable, and it can manifest in anyone, regardless of social status, profession, or lifestyle.

Food is key to how our brain works, as the nutrients we eat directly affect our thinking, mood, and mental clarity. Like the rest of our body, the brain needs specific nutrients to function well. These nutrients help brain cells communicate, grow, and repair, supporting memory, focus, and emotional balance. For example, omega-3 fatty acids are important for brain cell structure (National Institutes of Health Office of Dietary Supplements, n.d.), while antioxidants like vitamin C, E, and flavonoids protect brain cells from damage that can lead to cognitive decline (Kyung et al., 2020). Vitamins such as B12 and folate also help produce neurotransmitters that regulate mood and brain function (Reynolds, 2006). Having a balanced diet, following the Eatwell Guide, is the best way to achieve all of these nutrients and more.

Sources:

Omega-3 fatty acids – Found in oily fish, like salmon, mackerel, and kippers, as well as nuts, seeds, and soya products. Check labels for products fortified with omega-3 (British Dietetic Association, 2021).

Vitamin C – Present in citrus fruits (e.g., oranges), peppers, strawberries, Brussels sprouts, blackcurrants, and potatoes (NHS, 2020).

Vitamin E – Found in plant oils (rapeseed, sunflower, soya, olive oil), nuts, seeds, and wheat germ in cereals and cereal products (NHS, 2020).

Vitamin B12 – Available in meat, fish, cheese, eggs, and fortified cereals (NHS, 2020).

Folate – Found in broccoli, Brussels sprouts, leafy greens (cabbage, kale, spinach), chickpeas, and liver (NHS, 2020).



A balanced diet rich in vitamins, minerals, healthy fats, proteins, and antioxidants helps maintain brain health, improve memory, enhance concentration, and regulate emotions (Firth et al., 2020). On the other hand, poor eating habits—such as a diet high in processed foods, sugars, and unhealthy fats—can negatively impact brain function, leading to issues like brain fog, mood swings, and even long-term cognitive decline (Ejtahed et al., 2024). Simply put, the foods we choose fuel our brain, influencing both our mental performance and overall well-being.

However, it is important to emphasize that food alone is not a solution for mental ill health. While a nutritious diet can certainly support brain health and improve mental well-being, it is not a cure for mental health conditions like anxiety, depression, or other disorders. Mental ill health is complex and influenced by a combination of genetic, environmental, psychological, and social factors. Treatment typically requires a multifaceted approach, including therapy, medication, lifestyle changes, and support systems (Ee et al., 2020).

Incorporating a well-balanced diet can complement other forms of treatment and contribute to an overall sense of well-being. But it is essential to recognize that mental health challenges require professional care, and food is only one part of the equation in supporting mental and cognitive function. Maintaining a holistic approach that addresses both physical and mental health is key to improving overall quality of life.



When Does Picky Eating Become a Disorder?

Food preferences are a normal part of life, but when do they indicate a more serious issue? With 40% of Britons identifying as fussy eaters (YouGov, 2022), it is important to distinguish between personal tastes and Avoidant Restrictive Food Intake Disorder (ARFID). Unlike typical picky eating, ARFID severely limits food intake and can lead to nutritional deficiencies (Berg et al., 2023). This article explores ARFID's different forms, associated challenges, and its strong links with mental health conditions.

What is ARFID? Unlike anorexia or bulimia, ARFID is not driven by body image concerns but by strong food aversions or lack of interest in eating. This can lead to avoidance of entire food groups, resulting in health complications without the emotional distress tied to weight (Ramirez & Gunturu, 2024).

Types of ARFID:

- Sensory Sensitivity – Strong reactions to texture, taste, or smell leading to avoidance.
- Fear of Consequences – Anxiety around choking, vomiting, or allergic reactions.
- Lack of Interest – Low appetite and disinterest in food, often resulting in poor nutrition (Berg et al., 2023).

Symptoms and Red Flags:

Key signs include food avoidance, strict meal preferences, anxiety about eating, and inadequate growth or nutritional deficiencies (AWP, 2022). While selective eating is common, ARFID is diagnosed when it significantly impacts health and daily life.

The Link Between ARFID and Mental Health ARFID frequently coexists with other mental health conditions, often reinforcing restrictive eating behaviours and making treatment more complex:

- **Anxiety Disorders** – Fear-based food avoidance mimics phobic responses, reinforcing restrictive eating habits. Generalised anxiety disorder, social anxiety, and health anxiety are commonly associated with ARFID, contributing to heightened food-related fears (Zimmerman & Fisher, 2017; Velimirović et al., 2024).
- **Autism Spectrum Disorder (ASD)** – Sensory sensitivities, rigid routines, and difficulty recognising hunger cues can contribute to severe dietary limitations, increasing the risk of malnutrition (Sader et al., 2025; Yule et al., 2021).
- **Obsessive-Compulsive Disorder (OCD)** – Fear of contamination and strict food rituals can lead to extreme restrictions. Some individuals may refuse foods that do not meet precise preparation standards, leading to an extremely limited diet (Zimmerman & Fisher, 2017; Williams et al., 2022).
- **Depression** – Low appetite, apathy, and social withdrawal can worsen restrictive eating patterns. Feelings of isolation and self-consciousness about eating habits can further reinforce food avoidance (Velimirović et al., 2024).
- **ADHD** – Executive dysfunction and sensory aversions contribute to inconsistent food intake. Individuals may forget meals, struggle with food planning, and have difficulty trying new foods (Berg et al., 2023).
- **Post-Traumatic Stress Disorder (PTSD)** – Past traumatic food experiences, such as choking, vomiting, or medical feeding interventions, can create intense food-related phobias. This often results in extreme avoidance behaviours that persist without intervention (Velimirović et al., 2024).

The Nutritional and Psychological Risks of ARFID

The restrictive nature of ARFID can lead to serious nutritional deficiencies, affecting both physical and mental health. A lack of essential nutrients may contribute to fatigue, poor concentration, and heightened anxiety, creating a cycle where mental health conditions worsen food aversions. The psychological impact of ARFID should not be underestimated, as it can lead to distress around mealtimes, social isolation, and feelings of frustration or shame.

Treatment Approaches

Although no specific NICE or SIGN guidelines exist for ARFID, a multidisciplinary approach is key. Treatment may involve:

- Cognitive Behavioural Therapy (CBT) – Addressing food-related anxieties and unhelpful thought patterns.
- Behavioural Interventions – Gradual exposure to new foods in a controlled environment.
- Anxiety Management – Techniques to reduce food-related fears and improve mealtime experiences.
- Nutritional Support – Guidance from dietitians to prevent deficiencies and support a balanced diet.
- Sensory Therapies – Reducing aversions to food textures and smells through structured interventions (Dalle Grave & Sapuppo, 2020; Beat Eating Disorders, 2024).

Conclusion

While picky eating is common, ARFID is a serious condition requiring professional support. Its strong ties to mental health disorders mean early recognition and intervention are crucial. A tailored combination of psychological and nutritional care can help individuals manage ARFID and improve their quality of life.

Social media and how it affects Nutrition and Mental Health

Its purpose:

Social media is a tool that lets people connect with others like pieces in a puzzle. Share and interact with others online. It helps users stay informed, express themselves, and keep up with trends.

Usage

The Adults' Media Use and Attitudes Report 2024 by Ofcom highlights several key trends in internet usage among UK adults. In 2023, approximately 19% of online adults reported exploring numerous new websites, an increase from 16% in 2022. Additionally, there was a rise in adults utilizing the internet for banking, bill payments, and accessing government or public services. The report also notes significant age-related differences in social media platform preferences: while 48% of social media users identified Facebook as their primary platform—a preference largely driven by older users—platforms like TikTok, Snapchat, and Instagram were more favoured by younger users (Ofcom, 2024, pp. 4-5).

Social Media's effects on behaviour and its influence

Social media plays a big role in shaping the way people eat. Advertisements, cultural trends, and the sheer amount of nutrition information online can sometimes lead to poor eating habits, with many people opting for processed and unhealthy foods. At the same time, social media also has the power to promote healthy eating and educate people about nutrition. This highlights just how influential digital platforms are in shaping dietary choices. Experts suggest that with the right policies and interventions, social media could be used to encourage better eating habits and improve public health (Safdar & Bibi, 2025).

It's positive impact on nutrition:

- Social media can impact nutrition in many ways. Research found that social media can be a useful tool for improving nutrition habits in teenagers and young adults. While not many studies have explored this, most showed positive results, suggesting that social media can help encourage healthier eating (Chau et al. 2018)
- For some individuals, social media often promotes the idea that being extremely thin is the ideal body type, especially among teenage girls and young women in their early 20s. This creates pressure to look a certain way, leading to harmful trends like pro- anorexia culture. The unrealistic beauty standards pushed online can make young women more likely to develop eating disorders from extreme dieting (Son & Kwon, 2024).
- In other individuals, spending more time on social media can increase appetite and the urge to eat, sometimes leading to binge eating. Recent studies have found a strong link between social media use and binge eating habits. To help address this issue, interventions should consider how social media influences eating behaviours (Kim & Mackert, 2022).
- Although social media has its benefits it's important to also be mindful of conflicting notions of nutrition. It is always advised to make sure that advice is given by accredited health professionals, professional pages like the NHS or certified organisations



To conclude:

Social media has a significant impact on both nutrition and mental health. While it provides a platform for spreading useful nutrition advice and promoting healthy eating habits, it also presents risks such as misinformation and the glorification of unhealthy beauty standards. Many young people are influenced by digital trends that can lead to disordered eating, whether through extreme dieting or binge eating. Additionally, the way individuals use social media can shape their eating behaviours, highlighting the need for responsible content and credible health information. By being mindful of the content we consume and ensuring that nutrition advice comes from accredited professionals, social media can be a powerful tool for positive change rather than a source of harm.





NUTRITION



HYDRATION

WEEK



17TH - 23RD MARCH 2025



Celebrate Nutrition & Hydration Week!

Please look out for posters and messages around the Trust promoting Nutrition and Hydration Week; for patients, visitors, and staff.

For our own displays, please contact:
Tamorah.LassamJones@swft.nhs.uk



NUTRITION & HYDRATION FOR PATIENTS

EATING WELL

Try to have:
3 meals a day
Have some snacks
This will help you to recover more quickly



01.

HOT FOOD

Choose hot meal & pudding options
This provides you with more calories and protein



02.

SNACKS

Don't be afraid to ask for snacks at any time
There are snack menus on the ward
Ask the ward hostess what snacks are available



03.

DRINK PLENTY

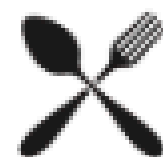
Try to drink 8 drinks per day
Being on the ward can make you feel dried out
You can ask for drinks at any time



04.

LOOK AT THE MENU

Spend time reading the menu
These have codes to help you choose the best foods for you
Menus also have lighter options



05.



NUTRITION & HYDRATION FOR VISITORS

EATING WELL

Encourage the person you are visiting to eat well



01.

HOT FOOD

If the person you are visiting struggles to make choices please help by:

Writing down favourite foods

Help them make some choices for the next few days



02.

SNACKS

You can bring in foods that keep well outside of the fridge

Find their favourite snacks

This may encourage them to eat a little more



03.

DRINK PLENTY

Bring in favourite drinks to help encourage them to drink more

This can be fizzy pop, squash or favourite fruit teas

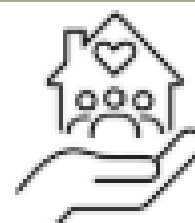


04.

ENJOY YOUR VISIT

Having familiar faces around helps recovery

You are an important part of the patients hospital journey



05.



**FOR STAFF SUPPORTING
PATIENTS**

EATING WELL

Put all specific dietary needs on the bedside board – use diet strips

Ensure the patient is able to see a menu before the ward hostess takes their orders

If patients are eating less than 1/2 their meals, offer sandwiches, Meritene shakes or soups because these don't need to be prescribed.

MUST

If the patients has a MUST score of 2, start keeping food charts and refer to the dietitian.

If they have a MUST score of 1 or they look underweight here are some ideas: offer snacks with drinks from the drinks trolley - see the snack menu.

DRINKS

Offer blue top milk as the default milk.

Ensure patients have access to drinks at all times – push milky drinks rounds in the evening. nursing staff should be making milky horlicks/ovaltine in the evening before bed. Horlick and Ovaltine are available to order from the kitchen. Instructions to make this are normally found in the ward kitchen (on cupboard doors).

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