

# Food and Mood

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## A complementary treatment for mental health problems

by Amanda Geary

The current approach to mental health problems continues to favour the use of drug therapy and/or psychotherapy, yet more than 30 years of research<sup>1</sup> provides convincing evidence for making a third option available to patients.

### About the Author

Amanda Geary BSc(Hons), PGCE, gained the Diploma in Nutritional Counselling from the Raworth Centre, Dorking, Surrey, in 1991 and is registered with the British Association of Nutritional Therapists (BANT). She is currently studying for the MSc in Complementary Therapy Studies at the University of Westminster, London. Amanda provides nutritional therapy consultations at private clinics in Brighton and Lewes, Sussex, and also at The Children's Clinic at Dolphin House, in Brighton, a registered charity providing complementary therapies for children.



Nutritional therapy has been able to help a wide range of mental health problem from anxiety and anorexia, through behavioural disorders and depression to schizophrenia. The nutrition-based complementary treatment for mental health combines dietary changes with nutritional supplementation in a protocol that aims to redress the biochemical imbalances in the brain understood to be contributing to emotional and mental health problems  problems which are experienced by an estimated 25% of the UK population each year.<sup>2</sup>

## Background

The Food & Mood Project was set up – initially with funding from the Millennium Commission working in conjunction with Mind the mental health charity – to provide workshops for groups of self-referring women who wished to explore the relationship between diet and nutrition and mental and emotional health. During the 18 months of the funded programme over 50 women took part in the project. Aged from their 20s to mid-80s, with a range of problems and from all walks of life, most of the women attending the workshops were able to change their diets and benefit from the results which include: lower anxiety levels, less depression, improvements in mood swings, fewer cravings and reductions in the symptoms of pre-menstrual syndrome (PMS).

Attendance on the programme was high (an average of almost 70% over the life of the project), with the demand for places on the 12-week (six session) workshop programme exceeding the number of places available. A follow-up survey indicated that, up to 15 months later, many participants in the workshops were still able to maintain the alterations to their eating and retain the benefits of improved mental health. The project has recently published, as a record of its work and its findings, *The Food & Mood Workbook* containing self-help information together with contributions from some of the 50 women who took part.

## Encouraging Self-motivation for Change

Practical advice and access to information are necessary to help individuals regain a sense of control and mastery over their illness<sup>3</sup> and providing information was a key component of the Food & Mood Project. A workshop format was chosen to disseminate the information because the combination of advice with an active role for the recipients of that advice has been recommended to support individuals' self-motivation for change.<sup>4</sup> It is interesting to note that in the case of clinical practice it has been found that clear information together with an educational component have been associated with increased adherence to treatment protocols.<sup>5</sup>

One feature of complementary medicine is the emphasis on self-healing which requires the individual to do what she can to help herself, with the therapist taking the role of partner.<sup>6</sup> As a nutritional therapist facilitating the Food & Mood workshops I considered it appropriate to adopt a participatory learning approach that recognizes that involving adults in sharing their experience enhances the effectiveness of learning.<sup>7</sup> Thus each session included group discussion and exercises aimed at raising awareness of the emotional and social determinants of food choices.<sup>8</sup> To optimize the therapeutic benefit of these discussions it was considered important to establish a secure therapeutic frame<sup>9</sup> for the group, which included requirements for confidentiality and valuing one another's contributions.

A further element, which has been found to be important in effective brief counselling and was also incorporated into the Food & Mood programme design, was that of offering a 'menu' of alternative strategies for change. The advantage of providing a range of options allows individuals to select strategies that match their particular needs and situations. Through empowering individuals by offering choice, their sense of control is enhanced and it is more likely they will persist, and then succeed, in a course of action.<sup>4</sup>

The Food & Mood Project was able to provide a small lending/reference library and to include food and drink tasting as part of each session. Both

notary and to include food and drink tasting as part of each session. Both facilities were well used and popular – the food tasting not only providing new ideas for drinks and snacks but also removing the financial risk of purchasing unknown food to try and possibly not enjoy.

### A Naturopathic Health Care Model

The Food & Mood Project aimed to increase awareness of the range of dietary and nutritional self-help approaches with proven ability to relieve symptoms of mental and emotional ill health. The information and advice offered in each session had a different focus which derived from the ‘four pillars of mental health’<sup>1,10</sup> approach: eliminating allergies, maintaining blood glucose balance, avoiding pollution and achieving optimum nutrition.

The first session of each series of workshops explained two concepts of health from the naturopathic philosophy which was underpinning the self-help programme: the General Adaptation Syndrome which illustrates how humans adapt to stress and the Total Load Theory which describes the ‘total load’ of stressors in the environment impacting on an individual. Health is seen as the ability to adapt, and disease as the sign that an individual’s adaptive capability is being exceeded.<sup>10</sup> The ‘menu’ of options presented to participants during subsequent Food & Mood sessions consisted of recommendations for reducing the body’s exposure to some of the stressors within this Total Load, with the stages of the General Adaptation Syndrome used as an indicator of recovery.<sup>11</sup>

To support individuals in finding the diet that is right for them was a key objective of the Food & Mood programme, also made explicit in the first introductory session. The rationale for this person-centred approach was explained by reference to the concept of ‘biochemical individuality’, an idea that recognizes that individuals’ needs vary, depending on genetic, physiological, lifestyle and other influences.<sup>12</sup>

### Specific Recommendations for Improving Mental Health

#### To Reduce the Consumption of Caffeine

Caffeine is present in coffee, tea, chocolate and cola drinks (see **Table 1**) and is an addictive central nervous system stimulant widely consumed for its positive effect on mood, well-being and performance.<sup>13</sup> Its pharmacological effect is due to its ability to compete for absorption with adenosine, an inhibitory neurotransmitter, and override this natural sedative. The negative effects on mood of excess caffeine include restlessness, nervousness, anxiety, irritability and poor concentration.<sup>14</sup> Excess caffeine can also encourage glucose intolerance through its stimulatory effect on the adrenals.<sup>15</sup> Withdrawal symptoms are a consequence of the detoxification process and can be unpleasant but are usually complete following five days’ total abstinence. It was suggested that a gradual withdrawal may be preferable for some people.

**Table 1: Approximate levels of caffeine**

a cup of filter coffee – 100mg
a cup of instant coffee – 66mg
a cup of tea made with loose leaf tea – 41mg
a cup of tea made with a teabag – 40mg

<p>a cup of tea made with a teabag – 10mg                  a can of cola – 23mg                  a 50g bar of plain chocolate – 20mg                  a 50g bar of milk chocolate – 7mg                  a cup of ‘hot chocolate’ drink – 5mg                  a cup of ‘green’ tea – 4mg                  a cup of ‘decaff’ – 3mg                  a fizzy drink containing the herb guarana <b>1</b> -                  a cup of ‘Red Bush’ herbal tea <b>2</b> -</p> <p><b>1</b> a South American herb closely related to caffeine but possibly not as toxic  <b>2</b> this is naturally caffeine free although it does contain tannin, an ‘antinutrient’ which binds to minerals such as iron and zinc in the gut thus preventing their absorption.</p>
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**To Reduce the Consumption of Refined Sugars and Increase Consumption of Foods with a Low Glycaemic Index**

The brain is the organ most sensitive to a change in blood glucose level – too little produces fatigue, confusion, irritability and aggression while too much may result in loss of consciousness. Glucose intolerance, gut dysbiosis and mineral and vitamin deficiencies, all of which impact on mental functioning, are also risks associated with a diet containing too much refined sugar.<sup>10,12</sup> The main recommendation was to replace foods containing concentrated sugars with those of a low glycaemic index (a measure of the degree to which blood sugar is raised relative to consumption of pure glucose), which release their energy slowly and do not cause such rapid increases in insulin release from the pancreas (see **Table 2**). Other suggested dietary strategies for improving blood glucose metabolism were to include protein and fibre for their ability to reduce the glycaemic index of a meal and to consume regular meals to avoid becoming hypoglycaemic.<sup>16</sup>

<b>Table 2: The glycaemic index of some common foods</b>	
<b>Food</b>	<b>GI Score (0-60 = low, 60-100 = high)</b>
Glucose	100
French baguette	95
Rice Krispies	82
Watermelon	72
Potatoes (canned, new)	65
Digestive biscuits (plain)	59
Basmati rice	58
Pitta bread	57
Muesli	56
Sweetcorn/Popcorn	55
Sweet potato	54
Baked beans	48
Porridge oats	42
Wholegrain rye bread (e.g. pumpernickel)	41
Apple/Pear	38

Spaghetti (wholemeal)	37
Apricots (dried)	31

**To Reduce the Consumption of Common Allergens (see Table 3)**

Hypersensitivity reactions to problem foods involves a series of specific events – which may or may not include the immune system – and which can result in clinical symptoms including depression, anxiety, aggressive behaviour, hyperactivity and schizophrenia.<sup>17</sup> Identification of problem foods is best achieved through a dietary process known as ‘elimination and challenge’ whereby the suspect foods are avoided for a period of 7-21 days and reintroduced, one at a time, to determine the individual’s level of sensitivity. Once problem foods have been identified the maintenance diet may exclude the foods completely or take the form of a ‘rotation diet’ where foods are eaten only once in a period of usually five days. Those interested in investigating the possibility of hypersensitivity reactions to foods without the guidance of a health care professional were cautioned that any food(s) suspected of having produced a severe reaction in the past should not be reintroduced without medical supervision. The general recommendation was simply to reduce the consumption of suspect foods by rotating a variety of suggested nutritious alternatives.

<b>Table 3: From food to mood</b>	
<b>In psychological illnesses, the foods most commonly found linked with symptoms are:</b>	<b>Neuro-psychological symptoms or illnesses which can be made worse or which can be caused by foods include:</b>
wheat	depression
milk and milk products	mood changes
yeast	behavioural disorders
sugar	anxiety and panic attacks
coffee	hyperactivity
chocolate	poor memory, concentration
orange	sleep disorders
egg	migraine
tomato	poor co-ordination
corn	numbness, tingling, restless legs
soya	fatigue
additives	seasonal affective disorder (SAD) eating disorders

**To Support the Body with Nutritional Supplements**

Nutritional supplements can be prohibitively expensive for many people on a low income, and a multi-mineral and vitamin supplement may be all that can be afforded, although if it is of a high quality it may be sufficient to redress nutritional imbalances, correct faulty biochemistry and support detoxification processes. Other supplements recommended as being beneficial for symptoms of mental illness include an omega-3 essential fatty acid supplement or eating oil rich fish and/or mixing linseed/flax oil with food. Other beneficial nutrients include the B group vitamins, and

minerals such as magnesium and zinc.<sup>1,10,18</sup> A simple zinc taste test taken by Food & Mood participants showed that over 90% of them were low in zinc.

### Three Case Studies

Each Food & Mood Project participant was invited to complete a questionnaire to assess their individual progress and to comment on the workshop programme structure. The following are extracts from the feedback obtained in this way and also from a follow-up meeting and survey for project participants which took place after the end of the final course. Names have been changed.

#### Jennifer and Caffeine

Jennifer's main concern was her feelings of anxiety which she experienced "most days" and described as being quite high, rating them at a level of 8 on a scale of 0-10. She worked from home and tended to drink cups of tea and coffee throughout the day, and become so absorbed in her work that she would "forget to eat". Whilst in the Food & Mood group Jennifer was able to cut down on tea and coffee and replace them with caffeine free drinks such as fruit and herbal teas. She found that by doing this she felt less anxious. At the end of the course her anxiety levels were considerably lower, and Jennifer could now give them a score of only 2 out of a possible 10. Furthermore, this improvement appeared to be sustainable in the long term, as six months later Jennifer was still on a low-caffeine diet and describing the continuing benefits as "more energy" and "less stress". She emphasized that she had enjoyed being in the group, that being able to sample alternative drinks and foods had been particularly useful and that she had certainly benefited from the process of "getting to understand how the food I eat affects me".

#### Chris and Allergies

Chris started the Food & Mood course already aware of allergies, experiencing many adverse reactions to foods. As a result of being in the group she felt less isolated and described how good it was "not to feel like you're making a fuss about food and its weird reactions". The main benefit for Chris was to become "less restricted in what I eat" and this, she says, came about by starting to keep a food and mood diary. For Chris, the process of recording what she ate and how she felt enabled her to see that "it's not all doom and gloom" and to realize that the foods to which she was once intolerant were now under control and could be enjoyed "in small quantities on an occasional basis".

#### Anne and Sugar

Sugar was a major issue for Anne, particularly as she was having to cater for a diabetic husband. However it wasn't until attending a Food & Mood course that she became aware of the "downside of sugar" and the affect it was having on her own body. One year later she is still pleased with the information she received about hidden sugars, their affects on blood glucose and the links between hypoglycaemia and symptoms such as fatigue, fuzzy headedness and irritability. Anne now chooses to consume less sugary foods such as sweets and biscuits and says her shopping habits have changed and she now spends time reading labels more than she used to – to check for the sugars often concealed in prepared and processed

to check for the sugars often concealed in prepared and processed food.

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### Further Information

The Food & Mood Workbook by Amanda Geary, published by The Food & Mood Project (ISBN 0-9538074-0-1). A 32-page booklet, suitable for individuals or groups, packed with information, thought-provoking exercises and contributions from the Food & Mood Project participants, is available through bookshops or direct from the Food & Mood Project (see below). Price: £4.95 plus postage and packaging – £1 (UK) £2 (overseas). Please make cheques payable to 'The Food & Mood Project'.

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For details of private nutritional therapy consultations with Amanda or forthcoming Food & Mood workshops in Sussex please contact: The Food & Mood Project, PO Box 2737, Lewes, East Sussex BN7 2GN, UK. Tel: +44 (0) 1273 478108.



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