

# food and mood

The quarterly  
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the Food and  
Mood Project

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**Special Food and Mood Conference Issue**

## Healing minds

by Dr Jan Wallcraft, Senior Researcher, the Sainsbury Centre



I am currently a Senior Researcher at the Sainsbury Centre carrying out a survey of the user/survivor movement in England. I recently completed my PhD on the subject of how people experience a crisis or breakdown and psychiatric treatment for the first time.

I am a survivor of mental distress and psychiatric services, and have struggled with issues around food since early childhood. I have had periods of anorexia, bulimia and compulsive eating throughout my adult life, usually related to stress and unhappiness. I have spoken and written on the subject of food

and eating problems on a number of occasions, the first of these was at the Survivors Speak Out conference, Personal Perspectives on Eating Distress. While at the Mental Health Foundation, I wrote a report, *Healing Minds*, on complementary therapies and mental health, in which I covered the role of nutrition in mental health and the importance of looking at diet and nutrition as part of any mental health diagnosis and treatment. I also carried out a project on eating distress, to commemorate the life and work of Rosalinde Caplin, a close friend of mine. Ros, a highly qualified complementary therapist and campaigner for better understanding of issues around food and mental distress, died a few years ago after losing her battle with anorexia. I believe that many people who are diagnosed and medicated may be suffering from the effects of poor nutrition, undiagnosed

## FROM THE EDITOR



Welcome to this special conference edition of the newsletter where, for this autumn

issue, the regular newsletter features have been put aside. This has been to make space for the many words of wisdom that have flowed from the hearts, minds and pens (and keyboards) of each of the eleven mental health and nutritional experts who are contributing to the landmark Food and Mood event this September.

Topics covered in this bumper-sized issue include the evidence base underpinning 'food and mood', the fascinating area of food sensitivities and mental health, self-help experiences of service users, user-led research and a general call for positive action now in this exciting new area of mental health care.

To readers who have been unable to attend this sell-out conference, we hope you will appreciate learning something about the speakers, the information and insights these experts will be sharing on the day, and discovering how they see the food and mood approach being further developed.

If you are reading this as one of the hundred or so delegates attending on the day, then, it is hoped that your special copy of *Food and Mood* will become a valued record of what promises to be a memorable event.

Enjoy!  
Amanda Geary  
The Food and Mood Project Founder

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**Explore the relationship between what you eat and how you feel**

food sensitivities and food addictions related to the type of diet which is common in western countries. I think that we are heavily influenced by the media and advertising in our food choices, and choice is further limited by the relative expensiveness and unavailability of fresh, healthy and unpolluted food.

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research on this is needed, action by the Government and health authorities should not wait for further proof. My research shows that there is currently a poor level of understanding of the needs of people with problems around food. Specialist services are few and far between, and those that do

exist tend to concentrate on anorexia, with even fewer services for people with bulimia or compulsive eating problems.

Surprisingly, I find that there is even less understanding of the role of good nutrition for people with eating problems and mental health problems generally. Beyond the basic Government advice to eat a healthy balanced diet and enough fresh fruit, there is little guidance to help people through the maze of conflicting advice on diet to be found in newspapers, magazines and books. Yet more and more research is showing that some of our basic foodstuffs, such as wheat and milk, may be causing us mental and physical ill health.

I have been reading and experimenting with my own diet for a number of years and have discovered for myself how closely food and mood are interrelated. I have been impressed with the Food and Mood project, which I think offers sound and valuable information.

My concern for the future is that at the moment, children and young people's physical and mental health is still being damaged by the kinds of foods and drinks that are widely advertised, and made tempting and easily available to them. The same pharmaceutical industry which markets the chemical solutions to depression, anxiety and psychoses is becoming more and more involved in the food industry which, with its denatured and addictive products, helps to cause or exacerbate those very problems.

My hope is that greater public understanding of these issues will help us all to take action for ourselves and make consumer choices that will force a change in the food supply and wake up the health services to the importance of taking nutrition into account in mental health. I would like to see much more work by MIND and

other mental health organisations to raise awareness of this subject.

I think health services should offer anyone suffering from mental health problems the opportunity to receive specialist testing for allergies and food sensitivities. I would like to see GPs consider nutrition before prescribing more chemicals to people whose physical system is already overloaded with toxins. I think doctors should know how to advise and support people to detoxify and/or remedy nutritional deficiencies, and to find the best diet and health regime to support recovery.

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## Treatment and life-style choices, please!

by Richard Brook, Chief Executive, Mind



I am delighted to be contributing to the Food and Mood Conference and this special conference edition of the Food and Mood newsletter. Following a lengthy career in the voluntary sector, I became Chief Executive of Mind in June 2001.

Prior to this I have worked in the sector in a range of areas: social work, community work, homelessness, services for people with disabilities and, of course, people suffering from poor mental health.

Mind is a major charity in England and Wales. It campaigns widely on issues of national importance relating to mental health as well as actively promoting good mental health and providing advice and information.

Mind has been delighted with the emergence in recent years of the recognition of the links between food and mood. This recognition has begun to allow people to have more control over their own mental health and develop self-management approaches. It also has

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*users of mental health services are looking for treatment and life-style choices to replace or combine with the more traditional medication approach*

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indicated the importance of good meals and sound understanding of nutritional issues in a wide range of residential mental health services.

The Food and Mood Project set up by Amanda Geary was a ground-breaking project originally set up by

our Millennium Awards scheme 4 years ago. The Mind Millennium Awards were specifically about promoting

innovative approaches to mental health issues. Along with other initiatives, this project has allowed the research on the links between food and mood to become better understood and more accessible to people suffering mental health issues in their own lives.

Of course at a simple level we all know certain foods are good for us or can affect our mood. However, linking real information and evidence with effective ways of using it can be a really efficient tool in managing your mental health. With hindsight and looking back as a young worker with children in a residential setting, I now realise the effect food had on their moods at times. However, lack of knowledge then meant a poorer, less effective service was provided.

Increasingly, users of mental health services are looking for treatment and life-style choices to replace or combine with the more traditional medication approach. In the last 12 months I personally have heard many accounts of how people are managing their own recovery partly by using some of the concepts behind the 'food and mood' approach. That is why I am delighted to be speaking at the Conference.

Speaking from Mind's experience and contact with service users, I will be outlining the right to have a wide-range of treatment and life-style choices open to individuals managing mental health issues in their lives. I will develop briefly the opportunities that understanding the issues around food and mood brings to managing a person's mental health and outline the safe-guards we need to ensure exist in managing the development of this approach.

I am also looking forward to learning, from the other experts at the conference, the latest research and evidence that is available.

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## Optimum nutrition for the mind



**Patrick Holford**

Patrick Holford is one of the UK's leading authorities on new approaches to health and nutrition. He started his academic career by graduating from York University in Experimental Psychology, which led to his interest in the biochemistry of mental illness and the treating of mental health problems with nutritional therapies.

In 1984 he founded the Institute for Optimum Nutrition (ION) in London, a charitable and independent educational trust for the furtherance of education and research in nutrition, now one of the most highly respected training colleges for clinical nutritionists.

At ION he researched the role of nutrition in influencing intelligence, culminating in a landmark trial in 1987 proving that nutritional supplementation can raise IQ. He also researched nutritional approaches to depression, schizophrenia and eating disorders and developed a method for assessing a person's optimal nutrition requirements which has been tried and tested on more than 100,000 people.

Patrick Holford directs the UK Mental Health Project, whose aim is to establish out-patient clinics and half-way

houses to aid the recovery of those with mental health problems.

Patrick believes that humanity is under massive adaptive stress in the 21st century. Not only has our physical and chemical world changed beyond belief, illustrated by the 10 millionth man-made

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*The evidence is there if you look for it. What you put into your mouth has a profound effect on how you think and feel*

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chemical recently registered by the American Chemical Society, so too has our psychological world. Time is speeding up, space is contracting. These are challenging times. Some of us are rising to the challenge, but most of us are struggling to keep up and are living with tiredness, anxiety, stress, depression and sleeping problems as a result, and too many are suffering from mental health problems – from attention deficit disorder to Alzheimer's, from depression to schizophrenia. In fact, the world over, there's been a massive increase in the incidence of mental health problems, especially among young people. The incidence of autism, suicide, violence and depression are on the increase, according to the World Health Organisation. Mental health problems, they say, are fast becoming the number one health issue for the 21st century, with one in ten people suffering at any point in time, and one on four people suffering at some point in their life.<sup>1</sup>

Until now the therapeutic approach to mental health problems has been largely pharmaceutical or psychological, with little or no regard being given to nutritional intervention despite substantial evidence of its efficacy.

Both professionally and culturally we tend to ignore the role of nutrition in mental health. When you're having difficulty concentrating, when your mood is low, when you struggle to find a memory do you consider that you may be sub-optimally nourished? Why not? Every one of these states, your thinking, feeling, mental energy and focus, happen across a network of interconnecting brain cells, each one of which depends on an optimal supply of nutrients to work efficiently. Consider these experiments:

- Gwilym Roberts, a student of Holford's, measured the IQ scores of 90 schoolchildren and then gave 30 schoolchildren a high dose multivitamin, 30 a dummy pill and 30 nothing. After 8 months he re-evaluated their IQ. Only those children on the vitamins had a staggering increase in their non-verbal IQ of over 10 points!<sup>2</sup> Since this study, published more than a decade ago, fifteen other studies

have confirmed that supplements boost children's IQ. The effect is real.

- Dr Thomas Crook from the Memory Assessment Clinic in Maryland in the US gave 149 people with age-related memory impairment a daily dose of 300mg of a nutrient called Phosphatidyl serine. When tested after 12 weeks their memory had improved to the level of those 12 years younger!<sup>3</sup>
- Dr Bernard Rimland from California compared the results of 1,591 hyperactive children treated with drugs to those of 191 children given nutritional supplements. The nutritional approach was 18 times more effective!<sup>4</sup> Yet, despite this, drug prescriptions for children are almost doubling every year!
- Dr Carl Birmingham from The Eating Disorders Clinic in Vancouver, Canada, gave people with anorexia, who have a disperception about their weight, a zinc supplement or placebo. Those taking zinc increased the body weight twice as rapidly as those given the dummy pills.<sup>5</sup>
- Dr Abram Hoffer from Canada has treated 5,000 people diagnosed with schizophrenia with high dose multi-nutrients, especially large doses of vitamin B3 and vitamin C. His published 40 year follow-up reports reveal an 80% 'cure' rate – defined as free of symptoms, able to socialise with family and friends, and paying income tax!<sup>6</sup> Despite this lifetime of research, and results, Hoffer's approach to schizophrenia has been largely sidelined.

- Dr Polding and colleagues from Basel University in Switzerland gave depressed patients either a state-of-the-art 'SSRI' antidepressant or a nutrient called 5-HTP. 5-HTP outperformed the drug on every measure, with virtually no side effects!<sup>7</sup> This is in sharp contrast to the estimated one suicide every day caused directly by adverse reactions to this class of anti-depressant drug.

- Bernard Gesch, director of the charity Natural Justice, gave prison inmates supplements of vitamins, minerals and essential fats, or placebos, and demonstrated a dramatic 35 percent decrease in aggressive acts only in those taking the supplements.<sup>8</sup>

A recent study in the New England Journal of Medicine charted the health of 1,092 elderly people without dementia. Those with high blood homocysteine levels had nearly double the risk of Alzheimer's. Homocysteine is lowered by large amounts of B vitamins, suggesting that optimum nutrition should, at the very least, halve the risk of developing Alzheimer's.<sup>9</sup>

The evidence is there if you look for it. What you put into your mouth has a profound effect on how you think and feel.

At the Food and Mood conference Patrick Holford will be presenting evidence that many forms of mental illness, from ADHD to autism, depression to schizophrenia, are the consequence of maladaptive biochemistry largely brought on by a combination of factors. These include nutrient deficiencies, anti-nutrient overload, disglycemia, gastro-intestinal problems, allergies and sensitivities, methylation abnormalities and neurotransmitter imbalances. These factors can be corrected by changing diet

and individualised supplementation, often producing faster and better recovery, without the risk of side-effects, than current pharmacological approaches.

Advances in both the understanding of the biochemistry of mental illness and biochemical tests means that such contributory factors can now be measured objectively. Patrick believes that such a 'systems' based approach to the major mental health issues will lead to a diagnostic procedure that generates a much more effective nutritionally based treatment of a wide variety of mental health problems.

- 1 World Health Organisation, *The World Health Report 2001 – mental Health: New Understanding, New Hope*, see [www.who.int/whr/2001/](http://www.who.int/whr/2001/)
- 2 Benton D & Roberts G, 1988, 'Effect of vitamin and mineral supplementation on intelligence of school children', *Lancet* 1(8578), p140-3.
- 3 Crook TH et al., 1992, 'Effects of phosphatidylserine in Alzheimer's disease', *Psychopharmacology Bulletin* 28, p61-66.
- 4 Survey by Dr Bernard Rimland. For details of his work see [www.autism.com/ari](http://www.autism.com/ari)
- 5 Birmingham C et al., 1994, 'Controlled trial of zinc supplementation in anorexia nervosa', *International Journal of Eating Disorders* 15 (3), p251-55.
- 6 Hoffer A., 1994 'Chronic schizophrenic patients treated ten years or more. *Journal of Orthomolecular Medicine*, 9;p7-37; and Hoffer A., 2000, *Vitamin B3 and Schizophrenia: Discovery, Recovery, Controversy* (book), Quarry Press, Kingston, Canada
- 7 Polding W et al., 1991, 'A functional-dimensional approach to depression: serotonin deficiency and target syndrome in a comparison of 5-hydroxytryptophan and fluvoxamine', *24(2)*, p53-81.
- 8 Gesch B, 2002, 'Influence of supplementary vitamins, minerals and essential fatty acids on the antisocial behaviour of young adult prisoners' *British Journal of Psychiatry*, 181, p22-28.
- 9 Seshadri S et al., 2002 'Plasma Homocysteine as a Risk Factor for Dementia and Alzheimer's Disease'. *New England Journal of Medicine* 346 (7): 476-483

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## The use of gluten and casein free diets with people with autism

by Paul Shattock OBE, Autism Research Unit

*The following is a slightly edited article from the website of the Autism Research Unit (which is based at the University of Sunderland). It discusses food sensitivity and mental health with particular reference to gluten and casein sensitivity in autism.*



### Background

In the early 1980s a number of researchers, including Herman and Panksepp, noted the similarities between the behavioural effects on animals of opioids, such as morphine, and the symptoms of autism. In a very speculative paper, Panksepp proposed a mechanism whereby people with autism may have elevated levels of opioids which occur naturally in the

CNS (central nervous system and brain) of humans. The best known of these naturally occurring opioid compounds is beta-endorphin (an endogenous, or self-made, morphine) and certainly there is a degree of correlation between the known effects of this compound and the symptoms of autism.

Just after this, Gillberg produced evidence of elevated levels of 'endorphin like substances' in the cerebro-spinal fluid of some people with autism. In particular, elevated levels appeared in those children who appeared to feel pain less than the normal population and who exhibited self-injurious behaviour. At about the same time, Reichelt produced evidence of abnormal peptides in the urine of people with autism.

We ourselves, like a number of other groups, attempted to replicate his findings. Although his method was comparatively simple there were technical difficulties and these attempts were, initially unsuccessful. Later on we switched to a more sophisticated technique and have been able to confirm Reichelt's findings.

In the urine of about 70-80% of people with autism there appear to be elevated levels of substances with physico/chemical properties similar to those expected from opioid peptides. The quantities of these compounds, as found in the urine, are much too large to

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*We have obtained clinical information from over 7,500 people with autistic spectrum disorder and also chronic fatigue syndrome, gulf war syndrome, obsessive compulsive disorder, dyspraxia and others*

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be of CNS origin. The quantities are such that they can only have been derived from the incomplete breakdown of certain foods.

Proteins consist of long chains of units known as amino-acids. Normally proteins are digested by enzymes in the intestines being broken down into these units. However, if for some reason,

this digestion is incomplete, short chains of these amino-acids (known as peptides) will result. It is proposed that these peptides may be biologically active and could result in the symptoms that we see in autism.

The majority of these peptides will be dumped in the urine, which is where Reichelt and we are finding them\*. A small proportion will cross into the brain and interfere with transmission in such a way that normal activity is altered or disrupted. It may be that these compounds, themselves, have a direct effect upon transmission or that they will attach themselves to the enzymes which would break down our own naturally occurring enzymes.

The consequences would be the same in either case. It is well known that casein (from human or cow milk) will break down in the stomach to produce a peptide known as casomorphine, which, as the name implies, will have opioid activities. Similar effects are noted with gluten from wheat and some other cereals in which case the compounds formed are gluteomorphins.

If this opioid excess hypothesis is correct, a diet which excludes casein (milk and dairy produce) or gluten (wheat and some other cereal products) could be considered. It may be possible to determine, from the pattern of the urinary peptides whether casein or wheat or both should be avoided but such conclusions may be premature at this stage.

Numerous people have experimented on an individual basis and have reported successful responses but such evidence cannot be considered as, in any way, conclusive.

## Practical aspects

The theoretical processes described here are toxicological in nature rather than allergic. The results are akin to poisoning rather than an extreme sensitivity such as occurs in coeliac disease or sensitivity to certain food colourings. Gluten- and casein-free products, are available from pharmacies and are now available in some supermarkets. Advice on their use is available from nutritionists and dieticians.

Initially the reported effects may be negative. Upset stomach, anxiety, clinginess (in children), dizziness, aches and pains and slight ill-temper have all been reported. Experience would suggest that these are good signs and precursors of a positive response. Reichelt recommends a trial period of three months. If it has not worked within that time it is unlikely to do so. Experience also suggests that the results are more easily demonstrated in younger children. The effects in fully-grown individuals appear less impressive. It should also be noted that the withdrawal effects may also be more noticeable in small children and that these can sometimes be very marked. Where younger children are involved (less than 4 years old for example), it may be appropriate to withdraw the offending foods in stages over a period of two weeks.

## Conclusions

Although the hypotheses may appear 'off the wall' in many respects, there are a number of pieces of evidence that support them. The ideas are compatible with virtually all the accepted biological data on autism and are worthy of consideration. The dietary method must still be considered as experimental and no positive results can be promised or are claimed. The use of diet may well be far less harmful than other medical interventions or therapeutic regimes but care is still necessary during its implementation.

Further information and references are available at:  
[www.osiris.sunderland.ac.uk/autism](http://www.osiris.sunderland.ac.uk/autism)

\* A urine test is able to measure levels of a 'marker' substance called IAG (indolyl acryloyl glycine). IAG can result from faulty processing of tryptophan (an amino acid, protein fragment) and has been linked with raised levels of the problem opioid peptides.

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# A beautiful science that makes sense

by Kate Neil, Director, Centre for Nutrition Education



Children's health has been focal to my clinical practice throughout 30 years in healthcare. It was a great joy as a young midwife to deliver a healthy newborn infant into the world. Sadly, this was not always the case and there seemed little explanation as to why.

It was as a mother with three young boys that I first appreciated the impact of food on the expression of health or illness. Not wishing to pursue a conventional drug-based approach for the management of their asthma, eczema and hayfever I began to explore the links between food and allergy. The removal of cow's milk from the diet of my then two-year old son was not only dramatic in regard to the clearance of eczema but had a profound beneficial affect on his mood.

This experience fuelled my desire to study nutrition. Since re-training to become a nutrition practitioner in 1987 I have played an integral role in the development of educational courses training nutrition practitioners. From January 2003, pending validation from Middlesex University, we will be offering a BSc (Hons) in Nutritional Therapy at the Centre for Nutrition Education. I have just completed a Masters degree in Nutritional Medicine (awaiting results) at Surrey University. The Masters course has been targeted towards medical doctors. The last decade has seen immense changes in the acceptance of the impact of food on health in the scientific community.

In 1994 (republished 1998) I authored the book *Balancing Hormones Naturally* which was one of the first publications highlighting the research findings of the damaging effects of environmental 'oestrogen-like' mimics on reproductive health, including the newborn infant. Pre-conceptual nutrition for men and women is another aspect of my clinical practice. Pre-conceptual nutrition is still a hard area of healthcare to influence, but is in my view the foundation for the long-term health of the adult. The Barker hypothesis demonstrates the importance of intra-uterine nutrition to long-term health outcomes.

An optimal supply of nutrients is central to the intra-uterine development of the brain and nervous system. One of the most researched nutrients is omega-3 fatty acids. Two key authors, Professor Crawford and Professor Horrobin have in my view helped to give shape to the importance of these oils on brain and behaviour.

Since Horrobin published his neuronal membrane phospholipid model of neuropsychiatric disorders in the late 1970's evidence has accumulated from many fields including: blood biochemical studies, neurochemistry,

molecular genetics, structural neuroimaging and magnetic resonance spectroscopy supporting his model in disorders as diverse as schizophrenia, depression, ADHD, dyslexia, dyspraxia and Huntingdon's disease.

Both authors have provided compelling hypothesis that man evolved at the land/sea interface and became creative intelligent human beings as a result of consuming the fruits of the sea. Fish and sea vegetation are rich in omega-3 oils. Two key texts worthy of a read by anyone interested in their origins are: *The Driving Force, Food Evolution and the Future*, Professor Michael Crawford &

David Marsh (1989) and *The Madness of Adam and Eve*, how schizophrenia shaped humanity by Professor David Horrobin (2001).

Around 50% of my current clinical practice centres on supporting parents of children diagnosed within the 'learning disorder spectrum'. The last issue of the professional peer-reviewed journal that I edit *The Nutrition Practitioner* focuses

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*If nutrition is to be given serious consideration in the prevention and management of depression and mental health problems then research funding in the future has to support trials on natural products*

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on this topic. The role of omega-3 fatty acids is a key research area in these disorders.

10% of five to fifteen year olds in England, Scotland and Wales were found to have some type of mental disorder in a survey conducted in the year 2000 by the Social Survey Division of the Office of National Statistics. This finding could lead to increased prescribing of psychotropic medication in this age group that is already considerable. Mental illness is predicted to be a major health issue for the 21st century.

The beauty of nutrition is that it makes sense. However, if nutrition is to be given serious consideration in the prevention and management of depression and mental health problems then research funding in the future has to support trials on natural products. Commercial pressures from large pharmaceutical companies can strongly influence academic research. Natural products cannot be patented.

The importance of omega-3 oils in the prevention and management of anxiety and depression will be a theme throughout my workshop. However, this will be in the context of a balanced, nutrient dense diet with a considered role for the therapeutic use of specific nutritional products.

Nutrition is a fascinating science and takes us right back to our origins. Adding nutritional science to current thinking in evolutionary dynamics makes for a powerful understanding of our past and how our future could potentially be shaped to our advantage rather than our destruction.

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# Criminal diets – criminal behaviour

by Peter Bennett, Director, Restorative Health Co Ltd



## Who

Peter Bennett retired from the police as a superintendent having had charge of research and development, communications and two operational divisions. After graduating in Human Sciences from

Oxford University, he developed a concept of ecological policing bringing health, biochemical and nutritional factors into consideration with genetic, social and environmental aspects of criminality, including stress, risk and fear of crime.

He has lectured internationally on police and health research in preventing and reducing criminality. Having published various articles and papers, he has made many media appearances. Further research led to a Master of Philosophy in Complementary Health from Exeter University. He now directs the Restorative Health Company Ltd bringing nutrition, biology, behaviour, law, environment, education, nature and nurture together in restorative justice and health.

The Restorative Health Company Ltd provides local, national and international investigation, assessment, advice and evidence in relation to environmental, nutritional, dietary and biochemical factors in offending behaviour and other behavioural health problems affected by food and chemical allergies or intolerances, mineral imbalances, drugs, alcohol and substance abuse. Help, support and representation are given to children, young people and adults in contexts of home, school, work and community or social groups. This includes problems at school, exclusion appeals, discipline at work and sickness absences. The company also conducts road accident investigation, road safety and motoring offence advice.

## What

At the Food and Mood Conference, Peter Bennett will present a seminar in workshop form on nutritional approaches to behaviour and criminality. There will be two presentations, morning and afternoon.

A brief introduction and summary of research conducted by him and others including the Shipley Project that was featured in a BBC QED programme will be followed by an interactive demonstration of how, in research and practice, he assesses and deals with offenders and children labelled ADHD and/or at risk of school exclusion.

Delegates will see and may have a go at taking non-invasive and non-intimate biological samples and

conducting tests and inventories. Depending on numbers, small groups of delegates will be formed and invited to consider de-personalised actual case files and discuss issues to produce an individualised health and behaviour improvement plan for the case subject. The full group will then review the plans and be presented with the actual

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plan used with outcomes for the individual cases. In a question and answer session to wrap-up the workshop, the presenter will deal with issues around the use of psychological and behaviour therapy, psychiatry and use and abuse of psychotropic drugs to modify behaviour. These issues may be challenging to

some professional delegates but they will be dealt with in an open, honest and de-personalised way with a contract of confidentiality over what is said by delegates and presenter.

Delegates will take away a pack of case notes and a handout form of a PowerPoint presentation. Copies of a booklet titled 'Writings on Nutrition and Behaviour' will be available for purchase. This booklet contains several published articles and papers with a detailed reference list and bibliography.

The 'take home message' will be the realisation that nutrition and biochemistry underlies behavioural health and can be used to help behaviourally disordered people to improve their health, happiness and education whilst at the same time reducing the risk, actuality and fear of crime and criminality.

All this in a package that delivers the four 'Es' of effectiveness, efficiency, economy and ecology or environmentalism and meets the demands and declarations of intent from the present government in education, social inclusion, health, policing, crime and criminal justice. The sub-text is that further research is not necessary before such approaches can be applied, that existing evidence is beyond reasonable doubt and a partnership working approach can be taken now.

## Why and what for

Twenty years ago, Peter Bennett was a serving police inspector finishing his studies of human sciences at Oxford University doing the reverse of what most university graduates do. He practised before learning. In applying learning to practice, he developed a concept of ecological policing and was awarded an Airey Neave Memorial Trust Scholarship to pursue this with particular emphasis on freedom under the law and fear of crime. He also discovered through evolution, genetics and anthropology how nutrition is linked with social mores and culture including behaviours.

On return to practical policing, he applied these discoveries and was dubbed 'Eco-Cop' by the press. He

conducted research into environmental behaviour effects including colour. A particular pink colour was found to reduce violence and arousal in police prisoners and a particular blue was found to facilitate 'disclosure' by sexually abused children. Bright yellow record cards were found to trigger an unusual rate of headaches and eye discomfort in administration staff. He proposed electronic tagging of offenders long before it became an issue and he applied nutritional and biochemical assessment and treatment to persistent young offenders with remarkable results in terms of their health, education and criminality. He introduced unleaded petrol for operational police vehicles at a time when it was believed that performance would deteriorate and petrol companies rejected its introduction.

Often accused of being 'ten years ahead of his time' Peter Bennett had visions of ecological policing with probabalistic and adaptable strategies and policies. Having found most young offenders do have underlying nutritional and biochemical disorders, he looks forward to truly holistic assessment of individual offenders to be presented with behavioural health improvement plans and true partnership working between agencies. He is keen to pass on his knowledge and experience to others who may better realise his vision, hopefully within his lifetime! This is because it will only work if people work with people and not to them, on them, at them or against them.

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## Cravings and addictions

by Margaret Moss, Director, Stockport Nutrition and Allergy Clinic



Margaret is an experienced nutritionist, who runs the busy Nutrition and Allergy Clinic in Greater Manchester. She works with people who suffer from anxiety, depression, schizophrenia, autism, hyperactivity, and a variety of other conditions. She has published research on coronary

heart disease, chronic digestive problems, and arthritis, in medical journals. She was one of the speakers at the second Health Hazards of Milk conference, held in London in 2001, and at the Primary Care 2002 conference at Birmingham. She has lectured on nutrition to doctors, nutritionists and dieticians. She teaches nutrition at South Trafford College. She has collaborated with an immunologist and a toxicologist in carrying out research on how food affects people, in order to give people trustworthy advice. She was trained at the Universities of Cambridge and Manchester, and the Institute for Optimum Nutrition. She is a Member of the British Association of Nutritional

Therapists, and an Associate Member of the British Society for Allergy, Environmental and Nutritional Medicine.

Margaret will be talking about nutritional approaches to cravings and addictions. Many people have cravings for sugar and stimulants, due to low blood sugar. They eat sugar, or drink coffee or tea, and their blood sugar rises fast. The pancreas provides insulin to pack away the excessive sugar, and tends to reduce the sugar level too much. The resulting low blood sugar can make people irritable, weak or nauseated. They learn that they can quickly feel better, by having another coffee or bar of chocolate. Unfortunately the blood sugar levels soon drops again.

Giving up sugar and caffeine is hard at first, as there may well be bad headaches, or other withdrawal symptoms. It helps to use blood sugar stabilising nutrients, like chromium, magnesium, manganese, potassium, vitamin B3 and biotin, and to eat parsley. However, people with manic depression often have unstable blood sugar, but they should not have parsley, because of its high vanadium level. Marijuana depletes liver glycogen, removing this useful source of glucose for the blood, and causing unstable blood sugar.

Exhausted adrenal glands cause people to look for ever increasing stimuli, to provoke the glands to respond. The stimulation may come from reckless driving, watching horror films, gambling, the sweetener aspartame, or street drugs. The adrenal glands can be nourished with vitamins B and C, and the amino acids (parts of protein) called methionine and tyrosine. However, cysteine is made from methionine, and some people have too high levels of cysteine. Methionine should only be prescribed by a practitioner who understands about this. Similarly, high doses of vitamin C

should not be given to people who are low in sulphate. The practitioner needs to consider if this is the case.

Much addiction is akin to allergy. Many people are wheataholics or milkaholics, addicted to the glutamorphine in wheat, or the beta casomorphine in milk. They will feel unwell for a few days after giving up their milk and wheat, but will be rewarded by feeling better thereafter

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up their milk and wheat, but will be rewarded by feeling better thereafter. As milk drinking often leads to death from coronary heart disease, and wheat consumption often leads to arthritis, there is much to be said for giving up these addictive foods.

Digestive enzyme capsules may help, by breaking down the addictive opioids, before they reach the bloodstream. Also the gut wall may have too big holes in it, allowing the opioids through. The wall can be repaired,

using Epsom salt baths, to provide sulphate, and butter, coconuts and mushrooms may also help. Some people use glutamine to repair the gut wall, but this easily changes into an over exciting amino acid, and should only be prescribed by a practitioner who understands this.

Binge eaters may crave foods that raise their blood sugar, in order to provoke the release of insulin. The insulin packs away sugar and some of the amino acids, allowing one amino acid called tryptophan to cross the barrier between the blood and the brain. When it enters the brain, it is changed into a chemical called 5HTP, and then into serotonin, a hormone that makes us feel sleepy or happy. Rather than bingeing, to obtain 5HTP, it can be taken as a supplement, extracted from an African herb.

Some people eat a full Sunday lunch, and still feel hungry. They lack the hormone CCK that makes us feel full. If they take the amino acid, phenylalanine, they can make CCK, and no longer feel hungry. A small number of people with a condition called PKU must not take phenylalanine, however. Nowadays, PKU babies are detected soon after birth in this country.

People who drink alcohol feel good at first, but then the alcohol changes into aldehyde, which causes a hangover. They may then drink again, in order to feel better. The nutrients, zinc, molybdenum, and vitamins B2, B3 and B5 process the aldehyde into acid, making people feel better, without needing to have another drink. These nutrients are valuable for helping people with alcohol addiction. Glutamine may help them too, but should only be used with care.

Nutritional supplements and dietary changes can restore blood sugar stability, nourish the adrenals, and address allergy problems, leading to recovery from craving and addiction. A variety of tasty food, cooked at home from fresh raw ingredients is the basis of healthy nutrition. Nutritional supplements help a great deal, if they are carefully chosen, for the needs of the particular individual.

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## Turning convention on its head

by Dr Marilyn Glenville, nutritional therapist



I am a nutritional therapist and psychologist with a doctorate from Cambridge University, a Fellow of the Royal Society of Medicine and an observer on the Foods Standards Agency's Expert Group on the Safety of Vitamins and Minerals, and a steering group member of the Forum for Food and Health at the Royal Society of Medicine.

As a nutritional therapist, I have been practising for more than twenty years and work in a gynaecology clinic

in London. My special interest is women's health and hormone problems and one of my best selling books is entitled Natural Solutions to PMS. I am particularly interested in the link between nutrition and the mood swings and other psychological and physical symptoms that occur during the menstrual cycle. These premenstrual symptoms are obviously related to the cycle and yet research has shown that there are no hormone differences between women with PMS and those without. If there is no hormone imbalance, there has to be another cause.

With up to 90% of women suffering each month with mood swings, depression, irritability, anxiety, food

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*Premenstrual symptoms are obviously related to the cycle and yet research has shown that there are no hormone differences between women with PMS and those without. If there is no hormone imbalance, there has to be another cause*

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cravings etc., women need to know that there is an effective and yet practical nutritional approach to this problem.

The negative effects on family life, partners and children of women with premenstrual symptoms can be very severe.

Some women

describe a 'Jekyll and Hyde' change in personality in which they literally become a different person premenstrually. Interestingly, the majority of women are aware that their feelings and the way they think are different – even irrational – but they have no control over those feelings. Other women see everything in a negative light and will often burst into tears for no real reason while others will experience serious depression.

Some women have experienced personality changes so extreme that they have committed murder or suicide in the week leading up to a period.

Because the symptoms can be predominately psychological, women are often prescribed tranquillisers or antidepressants. This means that some women are taking strong medication the whole month for a problem that occurs for about 7 to 14 days.

Other women have been just told to 'grin and bear it' or told that it's part and parcel of being a woman. Still others have been faced with doctors who do not even believe that the condition exists, that it's all in the mind.

My workshop at the conference covers how simple changes in diet and the use of supplements can alleviate mood swings and PMS. Women need to know that if they are offered a drug approach, it does not address the fundamental cause of the problem. When the medication is stopped, the symptoms undoubtedly return.

It is assumed that PMS has an effect on a woman's general health by giving her any number of different symptoms. But what if the situation is really the other way round? In other words, what if a woman's state of health is causing the premenstrual symptoms to manifest?

Instead of following the orthodox method of treating each premenstrual symptom individually, this workshop

turns convention on its head and reveals a new approach to the problem. The workshop will cover why premenstrual symptoms occur and why conventional treatments are rarely effective. It will show women how to become free of symptoms, permanently, and why certain vitamins and minerals and changes in diet can make such a big difference.

It is vital that the link between nutrition and mental health is explored further in order to give practical tools for coping with psychological problems. For the future, more research and cooperation between different disciplines needs to happen in order to have a large body of evidence that supports the connection between food and mood.

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## Brain foods



**Lorraine Perretta**

In her presentation, Lorraine Perretta brings the latest research together with her clinical experience to discuss how foods can affect mental health in both a positive and, for many people, a negative way. She looks particularly at the role of fluctuating blood sugar levels, food intolerances and nutrient deficiencies.

Sugar is the most important nutrient for mental health because it is the key fuel for the brain and nervous system. However, it is important to have an even supply of sugar circulating in the blood stream in order to maintain a good level of mental energy. When there are fluctuations people can experience irritability, depression, emotional highs and lows, and panic attacks.

Recently, a 16-year-old woman called 'Mary', diagnosed with schizophrenia, went to see Lorraine. At that time Mary was having a pudding every evening, plus lots of chocolates and several cups of sweet tea during the day. While waiting some test results, Lorraine suggested that Mary reduce sugar, sweets and chocolates. At a subsequent appointment, Mary's father reported how Mary was far less irritable just five days after making these simple changes.

There are some foods that are excellent at providing a steady supply of mental fuel. These include wholemeal pasta, brown rice, vegetables and granary bread. On the other hand biscuits, cakes and sweets which breakdown in the body very quickly may supply a quick surge of energy, but this is usually followed by a sudden slump and many unpleasant symptoms. Lorraine will discuss simple ways to introduce foods that are good for mental energy and leave behind those that may be contributing to problems.

Lorraine explains that food allergies have been linked with depression, aggression and psychosis. In fact, some researchers suggest that 60 per cent of depression sufferers have a food allergy. Lorraine reports about one case involving a man, called 'Adam', who had been suffering from depression for several years and hadn't

been able to work for over eighteen months when he went to see Lorraine.

After taking a health history and analysing his eating habits, Lorraine discovered that Adam's diet consisted

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mainly of tea and toast. Just seven weeks after eliminating wheat in the form of bread from his diet Adam claimed he felt absolutely wonderful and had been offered his previous job back. Lorraine reports that any food may cause an allergic reaction, but usually allergies develop to frequently eaten and favourite foods. It has been shown that milk, wheat, eggs, beef, plus caffeine found in

coffee, tea and colas are the most common causes of mental symptoms for many people. Lorraine will discuss alternatives to these foods plus an easy and inexpensive way to check if food allergies may be a problem.

Lorraine sums up her presentation with a look at the research into the role key vitamins and minerals play in mental health plus practical ways of incorporating these important nutrients in the diet. The brain is primarily made of fat so we need to eat good sources of fat such as oily fish like sardines and mackerel.

Protein in the form of fish, lean meat and beans helps to create neurotransmitters that are the brain's chemical messengers. In addition complex carbohydrates and the B-vitamins are essential to provide mental fuel while minerals, especially zinc and magnesium, help the whole brain function properly. Lorraine will talk about foods that provide these key nutrients and practical ways to include them in the diet.

Lorraine Perretta is a Nutrition Consultant with a wealth of experience in the world of nutrition and mental health. She is an enthusiastic international speaker and regularly lectures and talks at conferences both in the UK and abroad. She has two clinical practices in Sloane Square and at the Institute for Optimum Nutrition in Putney where she specialises in the area of mental illness seeing clients suffering from schizophrenia, depression, OCD, bipolar disorders and psychosis.

She is currently Senior Nutrition Consultant for [www.mynutrition.co.uk](http://www.mynutrition.co.uk) which is the UK's leading group of independent nutrition consultants. Lorraine has recently written a book entitled Brain Foods published in the autumn of 2001. This examines how to use foods to enhance memory, mood and intelligence. She is also a regular contributor to many consumer magazines including Vogue and GQ. Lorraine is a Fellow of the Institute for Optimum Nutrition and a member of the British Association of Nutritional Therapists.

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# Strategies for eating?

by Alison Faulkner, Mental Health Foundation



I work as a freelance researcher, trainer and writer, mainly in the area of 'user involvement in research' – whether training service users in research skills or developing strategies for R&D programmes or departments. My background is in social research in the mental health

field. Until recently I was programme manager for the Mental Health Foundation's user-led Strategies for Living project.

As a mental health service user/survivor myself, this programme of work was very precious to me; it enabled me (and I hope others) to value my experience as a service user and to develop the skills and expertise to promote the voices of experience. In this programme we explored complementary therapies in relation to mental health, and religion and spirituality; and a great many other strategies now form the basis of the new user-led projects being supported through the second phase of the Strategies for Living programme<sup>1</sup>.

If I am honest, I would have to say that my personal approach to 'food and mood' is somewhat ambivalent – perhaps not unusual amongst the general population! I know that I drink too much tea and coffee (and probably too much alcohol too!), and that I often feel almost 'addicted' to cheese and salty foods. How much all of this affects my mood, I really do not know. However, over the years, I have reduced and reduced my consumption of sugar because I find the effect of that on my mood too difficult to tolerate. But, when asked to

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*All too often research is constructed around a professional theory or model that fails to listen to our experience, and very often regards us as a small 'black box' to which some intervention, drug or whatever, is applied and then the outcomes measured*

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contribute to a conference or newsletter on food and mood, I find myself struggling to identify my personal qualifications for this difficult subject!

Undoubtedly, the way forward in all of these things (from alternative and complementary therapies through physical exercise, spiritual beliefs and food and nutrition) is to listen to the experience of people with mental health problems themselves, and to learn from that experience. All too often research is constructed around a professional theory or model that fails to listen to our experience, and very often regards us as a small 'black

box' to which some intervention, drug or whatever, is applied and then the outcomes measured.

The signs are positive though. With the publication of Department of Health guidance in the form of the Research Governance Framework for Health and Social Care (April 2001) last year, the requirement to involve service users in new research is increasing. Many funders require the involvement of service users in research they are funding, and for this to be more than simply one or two users sitting on an advisory group. Consumers in NHS Research<sup>2</sup> provide guidelines and support to both researchers and consumers about things that need to be considered when undertaking such collaborative research. All of this suggests that future research will reflect our priorities more closely, and that these are likely to involve the exploration of a range of alternatives to medication – including food and nutrition. I certainly hope so.

1 For more details contact Vicky Nicholls or Stephanie Wells at the Mental Health Foundation: 0207 802 0333.

2 Consumers in NHS Research aims to ensure that consumer involvement in R&D in the NHS, Public Health and Social Care improves the way that research is prioritised, commissioned, undertaken and disseminated. Produces publications and guidance: [www.conres.co.uk](http://www.conres.co.uk)

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# The food and mood survey: the collective power of self-help

by Amanda Geary, Founder, The Food and Mood Project



In 1998, whilst practising as a registered nutritional therapist, I was fortunate to win a Millennium Award from the UK mental health charity Mind to start the Food and Mood Project. The aim of the Food and Mood Project was, and remains, as follows:

*to empower individuals to explore the relationship between diet, nutrition and emotional and mental health and to share this information with others.*

I believe that the strength of the Food and Mood Project is that it is founded on individuals' experiences of using this particular form of self-help for managing emotional and mental distress. And it all began with my own experience...

## A personal view

In 1991 I was diagnosed with depression (later revised to ME/CFS) and provided with antidepressant medication

and cognitive behavioural therapy (CBT) – the two conventional treatment options available to me through the National Health Service. I finished the course of CBT but, due to unpleasant side effects, chose to stop the medication I was taking. Instead, I decided to explore a

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*It is said that information is power. One of the reasons for doing the Food and Mood survey was to give a collective voice to the individuals using dietary and nutritional self-help to improve emotional and mental health – in the hope that other people, as well as health care providers, can benefit from their experiences*

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range of alternative and complementary treatments and self-help strategies to improve my physical and mental health.

At this time I had just completed my training as a nutritional therapist and so, after some experimentation, I found that the right diet and appropriate nutritional supplementation were key to reducing or avoiding the fatigue, and also the apparently

inexplicable feelings of anxiety and depression, I was experiencing.

Now, although I am not fully recovered from the ME/CFS, my physical and mental health is much improved, and a modified diet and use of some nutritional supplements continues to play a central part in how I manage this condition.

I believe that an optimum diet, and in some cases nutritional supplementation as well, are fundamental to achieving mental and physical health. I would like nutritional assessment advice and support to form an integral part of all conventional medical approaches. For the treatment of mental and emotional distress, I propose that nutritional therapy – in the form of dietary change protocols and/or therapeutic doses of nutritional supplements – should be made available as another treatment option.

## Food and Mood Self-help Survey

In the world of self-help, many individuals are exploring the links between diet, nutrition and emotional and mental health. Also, there are certain health care professionals and people working in the mental health services who are supporting this form of self-help.

It is said that information is power. One of the reasons for doing the Food and Mood survey was to give a collective voice to the individuals using dietary and nutritional self-help to improve emotional and mental health – in the hope that other people, as well as health care providers, can benefit from their experiences.

The Food and Mood survey found that within a non-random sample of adults living independently in the community there has been considerable use of dietary

changes and nutritional supplements used with the specific aim of improving emotional and mental health.

The dietary and nutritional self-help strategies that have been used are those that relate to:

- the use of specific dietary strategies that focus on
  - cutting down or avoiding potential food ‘stressors’
  - eating more potential food ‘supporters’
  - making changes to eating habits
- general dietary strategies (concerned with the overall approach or attitude to adopt)
- the use of nutritional supplements

The survey participants also described their experience of the change process, the apparent effects of these changes to their emotional and mental health and provided some self-help recommendations to guide others.

A summary of the findings (regrettably too large to fit into this article!) will be presented at the Food and Mood conference and posted at [www.foodandmood.org](http://www.foodandmood.org) (a paper version can be obtained by sending an SAE plus £1 in stamps to the Food and Mood Project) and a full report is also available to purchase.

Over one-third of survey participants expressed that they were ‘very certain’ that the benefits they experienced to their emotional and mental health were the result of using a dietary or nutritional self-help approach. So, with the survey participants’ recommendations available to guide them (see [www.foodandmood.org](http://www.foodandmood.org)), further exploration by these people, and others, would seem likely. We can only hope that, soon, other researchers and the mental health services will follow our lead.



The Food and Mood Project was started in 1998 with a Millennium Award from Mind, the mental health charity. The aim of the Project is to empower individuals to explore the relationship between diet, nutrition and emotional and mental health, and to share this information with others.

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The Food and Mood Project  
PO Box 2737, LEWES  
East Sussex BN7 2GN, UK  
+44 (0) 1273 478108

Editor: Amanda Geary  
Design: Julian Howell

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