Healing Through Humanity: Dr. Ally Jaffee's Journey in Psychiatry and Nutrition Transcript

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Sponsor Introduction and Guest Welcome

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So whether you're studying for your medical school finals, surgical or any other professional exam, pastis can help you. Now back to the show. We. Hello.

Welcome back to Safe Space. I'm really excited to introduce our very own celebrity guest on this episode. Doctor Ali Jaffe. Doctor Jaffe is an award winning NHS doctor and psychiatry resident based in London.

She's a graduate of Bristol Medical School with a BSc in medical Humanities from Imperial College, and a passionate advocate for mental health, as well as being a co-founder for Nutri Tank, where she promotes nutrition education and health care with over 18,000 social media followers.

She normalizes conversations around mental health through her content and speaking engagements as a trustee for Kimo Trust. She supports young people facing mental health challenges.

Join us today as we explore Doctor Jaffe's inspiring journey and her vision for the future of mental health care. Welcome, Doctor Jaffe. So good to have you this evening.

Thank you for having me, Doctor Pereira. Wonderful to be chatting with you. So let's get straight into it. You have a diverse educational background, including a BSc in medical humanities and the creative Arts.

How has this influenced your approach to medicine and mental health? So I'm so glad you started with that, because sometimes I don't even get to talk about my passion for this area.

Medical Humanities and Creative Practice

And I think it really comes down to what helps me feel more human, and what helps me feel more human is engaging with creative practices and reading people's stories, whether it's seeing them on the screen, in a film, in a theater production, a poem, a person's artwork and getting a window into what was going on in their world for them at that time.

And so, it really helped me in psychiatry in particular, having that creative arts, medical humanities background, because it truly allows you to be more holistic.

And obviously, we always talk about the biopsychosocial model in psychiatry, and you really need to be able to understand your patient's world, especially when they're thought disordered and are saying really random sentences that make, you know, very little sense to the layperson.

And I think it's so wonderful to be able to have done a kind of deep, educational degree in medical humanities where we, we studied different people's perspectives from different cultures.

We looked at the different cultural practices of death, and, grieving into your funeral practices and kind of this and that, and just allows me to be able to be able to relate to people from complete different walks of life even more, and also pick up on the nuances of like, language and, yeah, nonverbal cues in body language and things like that.

So yeah, and it helps me, as I said, it helps me with my own healing process and journey with writing poetry and journaling and content creation. So I'm just such a huge advocate of the arts, especially for storytelling and for also just improving upon cultural competency and understanding that person's world.

Amazing. I think certainly medicine and the health care profession as a rural tendency to put us all into boxes. And, you know, we have this is intersectionality that we have to read and then pass our exams.

And then we have a font of knowledge and that's that's our whole personality. And yeah, having those having those creative flares or whatever it is that makes you you and holding on to that really like just enriches the whole experience of being a doctor and a health care professional professional.

So it's it's awesome that you're able to kind of, explore that, that side of your degree as well, and that you haven't lost it. You've still managed to retain it.

Yeah, definitely. Especially I think, you know, psychoanalysis and we have quite a few lectures on psychoanalytic theory does lend itself really beautifully towards the arts, and especially like if you watch a film through a psychoanalytic lens.

So it does lend itself really beautifully psychiatry. And there's also an arts and psychiatry special interest group. And I think they've got conference over summer.

But I mean, there is definitely a struggle to integrate it in day to, to practice, especially when, you know, things like activities and, you know, artwork on the wards are kind of the first thing to go with budget cuts.

So you do wonder how much the health care environment and system does emphasize creativity versus the science, the pharmacological interventions, and the hard cool stuff.

I do too, if that's been your, you know, experience at all. Yeah. It's frustrating. It's frustrating because I think there's so much pressure on our health care system and on the wards and, you know, the kind of, drive to discharge patients as soon as possible that we frequently, kind of, just have those blinkers on with their pharmacological route and patients, quite unstimulated in the wards for long periods.

And that creativity is so healing, as you were saying. And, you know, I really think, you know, we should have gardens in the middle of the wards. You know, we should we should have patients looking after chicken.

So, you know, that responsibility and so forensics have so much more funding than general adults, which has been such a big learning for me. Starting site training, because they're all funded by the NHS and Ministry of Justice.

They get quite a lot more funding from the government. So the sight patients on the forensic wards at my hospital tomorrow are having a visit by reindeers, and they've recently had chickens come and visit them and owls and they've got poppy and kitten therapy and carpentry and way more activities like a beautiful basketball court as well that's indoors that I saw when I was on call at the weekend.

But the general adults and older adults, interestingly, they don't have nearly as much of that kind of creative outlets that I've funded.

Inspiration for Psychiatry and Mental Health

Yeah, this is a it's, you know, postcode lottery. It's hospital lottery, isn't it? Absolutely. I wonder if you can share a personal experience that inspired you to focus on mental health and pursue your career in psychiatry?

Absolutely. So it started for me at a really young age, wanting to go into the world of work to explore how I can help someone's mind, and that ended up being wanting to pursue psychiatry.

When I did the research of what does that look like? And it came from the personal experience of my maternal

grandfather, who I only got the chance to meet once when I was born, and he died two weeks later by suicide.

And he was a doctor in South Africa, where my parents are from. And I found out about his mode of death, when doing a school project, in primary school.

And I'd always been led to believe he died in a different way. And it was I was the most curious child. I still think curiosity is probably one of my biggest, values and assets and irritations to people in my life.

Very nosy, but I got really curious and eventually found out how he died, and it led me to a whole line of questioning and a real spark was lit into me of what is the field where I can help people with their, minds and their suffering and realized, oh, that's what psychiatrist do.

And so I wanted to do psychiatry before we even, you know, starting medical school and wanted to go to medical school to become a psychiatrist. Looking back on that, now, whether that was the right route to go or not, I don't know.

But that was the limited research I did. And I have realized now how many other agencies in society help people who are suffering with their mental health, be it social workers, be it people who work for mental health charities, be it, you know, art therapists, psychologists.

But that was, that was the plan to become a doctor. And, then during medical school, I, you know, consented a lot of my projects around psychiatry and, really sought opportunities around that field.

And then halfway through, I went through my, my own experience, of, of depression and, also suffered from panic disorder prior to that and generalized anxiety disorder.

And that, was a very confronting, questioning time for me. I nearly didn't make it back to medical school to complete my final two years. During that period.

And once I actually had reached a point of recovery, it did cement my desire even further to want to work in the field, having kind of been on the other side of it.

So yeah, that's the story, really. And hopefully I stick it out because training is frustrating in many ways, you know, thank you so much for your candidness and speaking through that.

And you know, it's so complex, the emotions surrounding the suicide of a close, a close relative. And I'm sure the emotions that you experienced as a child, it would have been such a confusing thing to have to reconcile with.

But, so I'm so pleased that it resulted in a positive aspiration for you. And, I think, you know, being being that candid about your mental health struggles, you know, I it really resonates with me as someone who has, you know, frequently suffered bouts of depression.

But I think there's always so much, so much, comfort in knowing that you're not alone and going through it and, and still, you know, fighting another day and trying to do something positive.

And. Yeah, so, so thank you so much. You co-founded the award winning Nutri Tank. So it won the BBC Food and Farming, New Talent award, the Diana Award, and the Prime Minister's Points of Light Award.

So really awe inspiring stuff. So the focus for my understanding is on providing excellent medical education and nutrition and lifestyle in health care.

So what motivated you to integrate nutrition into your medical practice? Yeah, well, for me, I didn't get into medical school first time round, so I took a gap year.

And it was during that time I discovered this passion for holistic health care, preventative medicine, lifestyle

medicine, nutrition, integrative medicine, you know, all these different labels that essentially are pointing to the wards, the fact that we need a more person centered approach in health care and we can go beyond the pharmacological intervention into multiple tools to help a patient and to help ourselves.

So I started medical school primed with this passion. Then, was very disappointed with what I was being taught, in the sense that I had already read the research around cardiometabolic outcomes being battered by the Mediterranean diet, leading to reduction in stroke, and I did.

I read all about this prior to med school and thought, oh, of course I'm going to learn about the preventative measures a patient can implement, as well as pharmacological interventions, such interventions, etc..

And then in my lectures and shadowing healthcare professionals as a medical student, I just didn't come across it. So I just was like quite taken aback and disappointed and thought, oh, I thought I would be learning about this at medical school.

Then I started a nutrition and medicine interest group just to see if there were other people, like thinking like me and a lovely post-grad medical student came along, called in, and we had a chat after the evening I organized, and it led to a whole snowball effect of conversations.

And we thought, right, we feel the same way. This is a real gap. Let's do something about it. Realized it was not actually just an issue with our medical school, Bristol.

Not so. It was an issue nationally. And more than that, it was a niche. It was an issue globally in westernized healthcare systems that do not prioritize mind body medicine, proactive medicine, and mainly go for that reactive approach of how do we symptom control rather than deal with that root cause.

So that's why we created Nutri Tank to essentially fill this gap and educate health care professionals around nutrition in life. So I just said, and we did it with data backed insights in mind because that's how you get people to listen is the data the data, the data.

And we did a paper with many other brilliant people in this field that were far more expert than us people, like Professor Rea, who is the founder of Net Pro, who's been in this game for a very long time.

And we, coauthored a paper called time for Nutrition Education in the BMJ, where we surveyed healthcare professionals, doctors and medical students around the country to find out why aren't they talking about nutrition with their patients?

And all our faculty, who we had discussions with, trying to get them to get on board our very exciting mission. And who told us no curriculum crowding, lack of time.

Oh, I was, a medical student 40 years ago, and I'm a brilliant doctor today with great outcomes. My patients of all don't need to know it. Why do you?

All these different kind of skeptical opinions, different flavors to them, and the insights that we got, from our data that we collected was that actually the reason why people aren't talking about nutrition with their patients is not due to a lack of time, it's due to a lack of confidence.

And that was cited as the number one barrier. So you wonder how do you get confident? How do you you know, we know that the more you take blood them we can listen.

The more you do catheters. You get more confident and more competent.

Founding Nutri Tank and Nutrition Education

So the more you teach nutrition and lifestyle medicine and make it actually part of the curriculum and part of the

assessment, because we know most students don't want to let anything they're not going to be tested up because what's the point?

And assessment drives learning. That's the culture we're in. So we had to get it as part of the curriculum and make it mainstream. And it's an ongoing, evolving, process.

But we're really pleased with the groundwork we've made so far. It's so exciting because I think this kind of reactionary approach, it's a symptom of society, really.

And, you know, just the way that all of us in our system seem to work. You know, if we think about the way that climate change is being addressed, if at all, it feels very reactionary.

And I think that kind of preventative mindset is it's so beneficial. And if we can just trickle up through not only our health care professionals, but our patients and eventually, you know, like society, it would reap so many rewards, wouldn't we?

It all is connected. Nutrition, the mind, body and as you, as you, advocate for. There's so much research, there's so much evidence behind it. Absolutely.

And you've got to think about also the impact it will have on our own practitioner health. And it's just about changing those cultural norms, you know, consultants and generations above you and I, the way they, blew off steam with their colleagues was going to the park having a fag.

You know, it was a very different culture. I'll sleep when I'm dead. And what our generation has realized is actually no lifestyle factors are huge for our own burnout on our own mental health.

And I can really speak to that as well. Personally, from lived experience. So you've been involved in significant policy changes, including the addition of nutrition education, close to the NHS long term plan.

Can you discuss the importance of such policies in the health care, education? So I think the top down approach is really essential. And, I'm grateful we have implemented, policies.

But I do think the bottom up approach is equally as important. And I do think that with policy, lip service can be paid to it, but work actually gets done.

So whilst that was a huge milestone for us, we were really dead set on still creating a community of health care professionals across the country who wanted this change and also were being upskilled with the education, because policy can take a really long time to trickle down, and sometimes there's not ownership when policies get put into place.

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But it was never taught in medical schools despite that being lip service. So I'm really pleased I've been involved in policy work and it gives you that gravitas to do what you're doing and be listened to.

But I do think the bottom up educational work is equally, if not more important to carry on doing because the policies can sit there without any of the work being done.

Yeah. So there is a question that's been kind of like troubling me for the last few weeks really. And I just had to put it out to you. I really feel like nowadays we're frustratingly living in a post-truth era where, you know, evidence and research doesn't seem to, matter to at large swathes of the public.

And misinformation and disinformation is is rife. So in things like, nutrition education, how do you combat, all of these mistruths that are being swept around, and, and still managed to connect with, with the general public?

So glad you brought this up, because I think it is probably one of the biggest issues we're living through in our generation and will probably affect our, you know, our offspring as well, because that is how deeply embedded this issue is within society, across all different sectors, from politics to healthcare and beyond and climate change. So I recently co-organized, conference with World Society of Medicine, around the subject of nutrition misinformation.

And I'm also, just to say, really passionate about mental health misinformation as well, and would really recommend people read Doctor Jonathan Steyer's new book called Mind the Science, where he talks about he's a psychologist in Canada, and he talks about all the issues around mental health, misinformation and wellness products that get peddled to people with, vulnerabilities and mental health issues.

So, you know, this problem is completely huge across all sectors of health and cancer care. Let's not forget as well. But regarding nutrition misinformation.

So we held this conference and I think it was safe. Space is proudly sponsored by Pass Test. Pastas is a fantastic resource for those of you preparing for important exams.

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Policy, Misinformation, and Public Trust

So you do wonder how much the health care environment and system does emphasize creativity versus the science, the pharmacological interventions, and the hard cool stuff.

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And once I actually had reached a point of recovery, it did cement my desire even further to want to work in the field, having kind of been on the other side of it.

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Nutritional Psychiatry and Hospital Food

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Yeah. So there is a question that's been kind of like troubling me for the last few weeks, really, and I just had to put it out to you. I really feel like nowadays we're frustratingly living in a post-truth era where, you know, evidence and research doesn't seem to, matter to large swathes of the public.

And misinformation and disinformation is is rife. So in things like, nutrition education, how do you combat, all of

these mistruths that are being swept around, and, and still managed to connect with, with the general public?

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And I'm also, just to say, really passionate about mental health misinformation as well, and would really recommend people read Doctor Jonathan Steyer's new book called Mind the Science, where he talks about he's a psychologist in Canada, and he talks about all the issues around mental health, misinformation and wellness products that get peddled to people with, vulnerabilities and mental health issues.

So, you know, this problem is completely huge across all sectors of health and cancer care. Let's not forget as well. But, regarding nutrition misinformation.

So we held this conference and I think it was truly it was it was an incredible day of learning. And I think that so many people aren't aware of the issue and what the issue, what makes the issue so complex about nutrition missed this information is that healthcare professionals are part of the problem as well.

So that's one of the reasons Niche Tank exists, is so that healthcare professionals become less part of the problem and are actually upskilled with nutrition, and they don't self teach because obviously, as doctors, if you don't get taught it formally and you go and you self teach from like a fitness influencer or whatever, maverick, then you are part of the problem.

And so it's very hard because you've got the issues around fitness influencers, you know, celebrities talking about their products that they're trying to get you to buy based on what they look like, lives that they have completely.

But then healthcare professionals who take sponsorship deals from probiotic companies that are very unregulated, supplement companies, etc., are doing the exact same thing.

And, you know, I've been to vitamin trips, I've seen a million GP's wanting to make extra buck, which I'm all about. Definitely. We should be able to have side hustles out of the NHS, but it has to be ethical.

So is a is a subject I'm deeply passionate about, and we really need to be aware of what the red flags are to point out. And that's why the education around nutrition misinformation comes in.

And so what I say is really look at who is talking. So first of all qualifications okay. So we're talking registered dietitians and registered nutritionists and doctors who have, credibility to talk about nutrition and have done the work.

But be aware that, you know, you can see registered dietitians have registered. Nutrition is also swaying. So qualifications are really important. But that don't make you immune to peddling nutrition misinformation.

So who is giving you the nutrition advice. Look at the person. Are they standing there with their top off? Because to me that's unprofessional. And it's making you want to, exploit someone's emotions by saying, well, you can look like me.

So think about what? Yeah. What do they look like? What are they wearing? And you know, what are they trying? What subliminal messages are they trying to get across to you?

What is their language like? How extreme is an absolutist is their language. This supplement will be the panacea for your menstrual pain, for your back pain, blah blah.

Are they saying this with a complete and utter certainty? Because as you know, as I know, there actually is no certainty in science and in health. People can have the best chance at recovery and we can do the best by them.

And sometimes they still don't recover. So you cannot have absolute certainty when you're trying to talk about this diet will cure your cancer or blah, blah, blah.

Also, if it's a cure all. So if it's saying this diet will help you or this product will help you with all of these issues, it sounds too good to be true.

It's likely not true. And someone is trying to sell you their agenda. And also look at what fallacies they're trying to implement. So there's the nature, natural fallacy that often gets put into play.

That Doctor Ellis, who's a big player in the nutrition misinformation space, talks about. And so people online will be trying to say to you, everything natural is good for your health.

And anything with preservatives and chemicals and stabilizers is bad for your health. But you could literally list so many things that are bad for your health that a natural mode is bad for your health and it's natural.

Are you going to eat a moldy banana? No. Likewise different metals and, things that are found naturally mushrooms in the wild. They can kill you. So not natural doesn't necessarily equal good.

So you need a nuanced, critical thinking approach. And to really have a framework of how you can spot nutrition, misinformation and where to go for the right sourced information.

And it's it's it's really troubling what can happen to patients in the public. And it's happened to me on a much less kind of harmful level. But when I had a period of, really drastic weight gain due to emotional, eating and, binge eating, I was then looking.

This was before, neutral tank. But I was looking at ways to try and lose the weight and the fad diets that I went on based on just random things I was reading online before I was informed about.

Nutritional science is wild, and they're far worse stories. They're stories of cancer patients giving up their traditional chemotherapy, radiotherapy, and going abroad to some really sketchy clinic that's promised them vitamin drips and special green alkaline diets to help, you know, treat their cancer.

They spend all their money and they end up dying. It's it's hugely worrying what outcomes can happen due to nutrition misinformation and how so many people are not taking responsibility or accountability because they're getting good sales.

Absolutely. I mean, you know, we, seeking this information out of desperation. It's, exploitation of vulnerability. And, you know, it's a great marketing strategy.

But, you know, I think as a health care professional, your words are so important. And I really I really feel that, you know, a good proportion of the public don't want to be swindled.

You know, they don't want, a policy, that is sold to them by snake oil salesmen. You know, they actually do want something with concrete evidence. And the tips that you've provided are so useful, to, all of our listeners, thank you so much.

I was wondering, can you explain the concept of nutritional psychiatry and how it could, change the way that we approach mental health treatment? So this is my absolute passion field.

And for me, my dream would be to get nutrition training into psychiatry training, because so much of what we do in psychiatry is give patients metabolic problems inadvertently, because we know that the, antipsychotics are so paramount to manage so many patients conditions from bipolar to schizophrenia, etc.

but we do give them these metabolic health problems. So of course we need to be able to combat that with good nutritional advice as well, but not only to, patients with severe mental illness have metabolic health problems.

And this early mortality gap, whereby they die 10 to 15, sometimes even 20 years earlier than the general population due to all the health complications that come with their mental illness.

But, more than just using nutrition to help with the metabolic health concerns, nutrition can actually help with the psychiatric symptoms themselves, which is this area of nutritional psychiatry.

It's a pretty nascent field. It's been around for 20 years or so. And Professor Felice Jagger over in Australia really is the godmother of the research field.

And she had a 2017 randomized controlled trial called the Smiles trial, which took a group of middle aged Australian women with severe clinical depression and put them into two groups.

One was a group which had the standard psychiatric treatment. So staying on that medication, talking therapy, whatever they were on initially for their depression, but adding in a befriending service.

So someone to help them with their social needs. And the second arm again stuck with their usual psychiatric care if they were on medication or whatever, etc..

But this time they added in a dietician who helped counsel them around following a modified Mediterranean diet so that essentially gave rise to, really amazing outcomes, highlighting the power of food on mood.

And that group did better than the other group and had greater remission in their depression symptoms, highlighting the sheer power of nutrition can have on brain health and psychiatry outcomes.

Whilst an economic evaluation was also done showing that it was a cost effective solution which I think is so important to highlight as well, especially as we work in the NHS and there is a lot of chatter around, well, eating healthy is more expensive etc.

but you have to think about how important it is to have these sustainable practices, and especially if you can cost them down, that's far more cost effective than psychotherapy, for instance.

And a recent paper that came out in 2024 by, the Australians, again, because they are really leading the way in this, highlighted that, nutritional interventions for patients with psychiatric issues.

I can't remember exactly what exact illness. I think it was depression again, but, it highlighted that seeing a dietician was more clinically effective and more cost effective than psychotherapy in a trial that they did.

So I don't think we need to either or in the sense that I'm such a big advocate for talking therapy, and I'm a big advocate for social connection and befriending type services.

But it's to highlight that the power of food and what we put on our plate is so powerful, but it has been hugely overlooked and we can see how overlooked it's been by just looking at the state of NHS hospital food for both patients and for staff.

It's seen as hospitality as an add on, as just a nice to have tick box kind of. We need it for hospitals, for our health care system. But when you go over to the east and you're to Singapore, wherever, you know that the diets are actually being looked at as therapeutic and part of the treatment plan for patients.

But in the UK and other West size countries, we just haven't done that. So we need to not overlook food and realize how powerful it is. And in psychiatry, I think it's just has the potential to do such wonders for patients who get written off or think that this is me for the rest of my life, and I'm on the waiting list for psychotherapy, but I can't get through, and I'm having bad side effects from the antidepressant, or the antidepressant isn't working for me.

But what about food? And what about other aspects within lifestyle, psychiatry, nature, movement, art, social connection, etcetera? Yeah. I mean, you know, the, the quote food is life is food is love.

You know, that doesn't just come from thin air. There's a reason for it. And there's so much evidence coming out that there is that got brain access. You know, you've got so many serotonin receptors in your gut and that kind of biodiversity of the gut flora.

It has a direct impact on, on the brain and therefore on mood and, and on depression and, all of, all of these psychiatric illnesses, it's, it definitely has, an important, it's definitely an important factor in, in the management plan.

So when when you talk about these, these papers and the research that's been done, it completely makes sense to me. And it's a shame that we we haven't realized something that feels so intuitively correct.

Yeah. And in the guidelines in Australia, by the way, it's in the psychiatry guidelines. It acknowledges diet as a key treatment intervention, whereas it's not in our guidelines.

Unfortunately, I think that is so interesting. Yeah. And I mean, not even just in psychiatry, but it's hospital food is is awful. It's, you know, you have cardiac patients that are back onto chips and sausages after a heart attack, you know, what are we doing?

What are we doing? It's it's my, it is genuine inertia. It is so blinding to me how I again like very simple example. When I was working on the stroke ward, we had just done thrombolysis.

A very effective, expensive, expensive treatment to clot based, escape for a ski, make strokes and back, you know, in the bed. The patient had all this ultra processed food that was brought in by the family.

I don't blame the family. Look, food is love and, you know, comfort food and all of that. But what? Where's the education? We have to do something more to just say that no ischemic stroke.

You know, largely diet and lifestyle related. We need to educate. And, I am I am really concerned by the state of play, of hospital food, especially not just for patients, but for staff and how I'm sure you'll be able to relate to this when you're out of hours and you're on call or working nights as a trainee, as a, you know, consultant.

However, as a nurse, you have such limited access to nutritious food, yet you're meant to sustain yourself for four nights, just five nights just in a row.

Or remember that you need to meal prep, which you know, I often do, but we can all forget and we can all have other obligations that mean, oh, I'll get something at work.

Well, what if that something of work is ultra processed food in a vending machine that is not going to nourish your brain or your heart or your immune health or anything else in between and, a few colleagues of mine, we are actually working on a paper at the moment, whereby we surveyed over 500, junior doctors across the UK to find out what provisions they have, in their hospital food environment.

And the paper seeks to explore what the occupational food environment is like for junior doctors and whether it has an impact on, that mood, productivity and, well-being.

So, yeah, we'll publish that soon. But as you can imagine, the results did largely highlight that many people are fed up. They find it expensive, the canteen food, and, you know, it's chips and beans and all the things, and it isn't nutritious.

And they're noticing an impact on their metabolic health as well as their mental health. So, hopefully that will lead to, yeah, greater kind of importance being given to staff provision because patients are essential.

But if your health care workers are not being looked after, it's all about culture. You cannot advocate for your patient then have that heart healthy meal.

Yeah, it does feel like we've not got a leg to stand on. Yeah. Getting. Yeah. Like my med med fridge. Like the number of times my my dredge just had Red bull after Red bull and crisps after crisps.

And, you know, there was no judgment of me placing on him, but it's because that's what was available for him to keep going. Yeah, it's really frustrating.

And, I mean, I read ultra processed people crisps until again and just it what he said about how sluggish and how just fatigued you feel after an ultra processed meal, it really resonates.

And then how is your brain going to perform top ten in the most demanding, stressful situations? Absolutely. And, no, he's done such incredible work. I think it's probably also important to just caveat that, obviously, you know, we can't demonize ultra processed food in its entirety, and people do live in food deserts, and there are loads of social determinants of accessibility, to food that's nutritious.

But, you know, 1820 is really important. And to actually aim for less ultra processed food in your diet overall. But not to say that, you know, it's one old person who's going to kill you.

And I guess the area that I see it the most is also on inpatient psychiatric wards where patients are on antipsychotics. They've got a high appetite due to the drug, and they're also very bored, leading sedentary lifestyle.

And if you do, as we said, food is life. Food is so multifactorial that it's not just about the nutrients, but about the enjoyment and the memories associated with it.

And, you know, the social impact of food as well, eating together. And so I completely understand. And if I was in that position, I would also want to be having comfort foods and ordering in takeaways and whatnot.

But I do think we also need to just, again, educate and really have protocols around how much. And you know, that's very controversial thing for me to say.

It's quite nanny state and it is their free will to do so, especially given that many of them can be sectioned and we've taken away their rights. And it is a human right.

But we do need to educate especially, I see, like the young patients who have huge BMIs based on, you know, a psychiatric inpatient stay. We need to do better by them for sure we do.

And I definitely advocate for a non-judgmental attitude towards ultra processed food. But I mean, you know what? You were saying there about it being a nanny state, I so I feel like it's that's so much to do with the lobbying from these big food ultra processed food companies basically telling the government, no, don't sanction us for this, for the sugars and the high fats and all of the all the there is chemicals that they put into the foods, you know, to make it last longer and to make it taste hyper delicious.

Because the onus ultimately is on those companies, you know, that they're driven by profit rather than, driven by consideration for the health of our populations.

And these food so addictive. Yeah. And it's so difficult to say no to, to these, especially if you're feeling low and you want the gratification. We all know well, country sickness and it's available.

So yeah. You know. Yeah of course. Of course you're going to select it if you can. So it's, it's and it's that if you can but it's like can we improve the food choices available for especially in patients where it is a controlled environment where we can try and role model what a healthy food environment looks like.

And again, people will not agree with what I'm saying because it comes down to human rights and, free will. But I personally think that hospital wards should be role modeling healthful behaviors.

And if we're encouraging vaping, smoking, sedentary lifestyles glues, you know, to in front of the TV. And, you

know, endless biscuits and, sugars and tea and takeaways being which then I don't think we are doing right by the patients we know.

No, no, we're not it's it's a very kind of, fighting fires type scenario and. Yeah. Yeah. And it's just motivation to get this patient treated in the short, you know, whatever you say.

Medically fit. And that's all I do. We mean anything. Are they up? Then time is up. It's it's the loosest, loosest term. And I just think, yeah, at least in hospitals, at least in, in healthcare settings, we do need to try and improve the, the type of food that we provide.

I was the Covid year, med school. So my elective was canceled. So I had to do a UK based one. And so I wanted to really see my passions out. And so I did a nutritional psychiatry cooking project on a psych ward, before starting F1, and it was literally one of the most fulfilling projects.

And I really saw how, like, what good looks like and what it could be like. And so I was on a male inpatient ward and, it was a five week program and it only ran once a week, and it was over summer as well.

So that did really help because I prepared the meal and it was all using nutritional psychiatry principles and, making foods that they already like more brain healthy.

So like they wanted to fry up. So I made a more brain healthy, high fiber, far up, essentially, and things like that. Like the key swaps for meals that they already like, like replacing white pasta with brown pasta, etc..

And then we, we ate the meal all together like mental health nurses. The consultant, the ward manager and all the patients. We sat outside in their ward garden and it was the most human experience ever.

And you just literally saw no kind of hierarchical structures and power imbalance just for that meal period. And we had music on in the background as well.

And my consultant actually said to me, like, Ali, you have done me such a favor by doing this project. And I said, oh, like, what do you mean? These like you, you've, you've let the patient see me as a human and not as someone who is telling them they need to be on this medication and that they're not allowed that section 17 leave.

And, you know, restricting restriction, restricting them being the bad cop, you've let them see me as human and let me share human experience with them.

That is outside the four walls of where we do the ward round. And I didn't, you know, I just didn't think I about the ripple effect of the project. And it just highlights how you cannot reduce food down to supplementation.

Food is a meal shared with colors, different textures that goes through digestive process. And so I really believe that it just is such an all encompassing therapeutic intervention.

Yeah, I really believe and I've said this before, that we haven't evolved since we were hunter gatherers. Our brains and just our whole bodies really are so nourished by the things that make us human, you know, that's, that's why we're top dog on the planet, because we communicate and we, best in communities, and we're best when we're out in greenery and we're together.

And eating together is such a, as you say, you know, such a human. It's such a human thing. It's. And it really kind of warms the cockles of my heart to, to hear you talk about that experience because, that is healing.

That is part of a management plan, and it feels right. So when we're just throwing pills or adding supplementation, that's taking away the humanity of the patient, that's taking away our humanity.

And we just need to kind of incorporate what it means to be human into the management plan. What do you see pan out in general practice? I know social prescription is, you know, well and truly on the rise.

What's what's the scene like in Wales? Yeah. Wales is a huge, a huge advocate for social prescribing. There's, plenty of, GP practices that have the social prescribing speed.

I would pretty much. And, it feels really exciting. It feels like there's a lot of, change in the way that we, approach mental health in, in, in general practice.

And it's not just focusing on the antidepressant, but it's also focusing now on community. And, you know, we're lucky in North Wales to have access to areas of beauty as well.

I know it's a privilege, but there's, small world organizations and, there's volunteer groups as walking groups, whatever. That, patients can be allocate allocated to depending on their preference.

And that's in, coordination with the antidepressant medication, with counseling and with, follow up with the GP. Or, you know, if the practice is lucky enough, they can have a mental health practitioner.

And that just means that you're getting such a holistic treatment approach to, to managing, mental health issues within, within the primary care setting.

That's amazing to, you know, the Welsh psychiatrist that runs Fathom Trust in Wales. I need to show you. I'll show you his work. You'll be. And I didn't realize I've now put two and two together now, like, I don't know how far it is from where you live in Wales, but you have to meet him and his practice.

He does loads of initiatives around carpentry, nature based therapies, creative based therapies for his patients and he does, I think he does retreats for health care professionals as well to help with like our own, wellbeing.

Yeah. Fantastic. I just, interviewed, the Healing and Health care GP's who run a wellbeing retreat.