# Minding our Bodies: Eating Well for Mental Health

## CMHA Peterborough: Food for Mood Case Study Report

February 2011

Submitted to: Scott Mitchell
Canadian Mental Health Association, Ontario Division

Marcy Worral
Canadian Mental Health Association, Peterborough Branch

Submitted by: Michaela Hynie
York Institute for Health Research, Program Evaluation Unit
York University

Carolyn Steele Gray
University of Toronto

# Table of Contents

# Introduction

This case study report overviews and evaluates the Canadian Mental Health Association (CMHA) Peterborough Branch's Food for Mood program. The Food for Mood program is one of six pilot programs funded by CMHA Ontario's Minding Our Bodies (MOB) Eating Well for Mental Health program. This report is intended to provide evaluative feedback to the MOB Program Leaders, Advisory Committee, and CMHA Peterborough staff regarding the Food for Mood program. The evaluative analysis includes context, input, process and product evaluation questions (specifically, short-term outcomes) set out in the original Minding Our Bodies evaluation proposal that can be answered by examining the individual pilot programs. The main aim of this case study report is to provide feedback on the goals, development, implementation, and outputs of the pilot program in relation to the MOB program and its goals and objectives. The final MOB Eating Well for Mental Health program evaluation report will draw on this and other case study reports in order to determine whether the MOB program met its short-term goals, unfolded as planned, and how it could be improved.

# Methods

An on-site visit was originally intended, but bad weather conditions made travel impossible. Most data were therefore gathered through teleconferences and emails. Two teleconferences took place on February 3rd 2011, one was a program leader interview and the other was a staff focus group. The interview and focus group were audio recorded and transcribed. Most staff were away that day for professional development so the staff focus group was with program leaders only; one staff member sent written responses to client focus group questions only (no responses were given to staff focus group questions).Results from this staff member's report are in line with the others and is included in reports from other staff, except where indicated as divergent. The client focus group was conducted by the program leaders on February 3rd 2011 at their final cooking session; the MOB evaluation team could not conduct a teleconference as there were no teleconferencing resources available at the cooking site. Program leaders asked client focus group questions developed by the MOB evaluation team, took notes from the focus group and reported back findings to the MOB evaluation team. Consent forms were signed by all evaluation participants prior to participation.

Food for Mood program leaders sent documents pertaining to any aspect of the Food for Mood program including promotional materials, communications, information provided to clients, and internal evaluation materials. Any participation in pilot teleconferences or other communications with the MOB program leaders or advisory committee are also included in the analysis. Documents and interviews were coded by the evaluation team using NVivo 7 under a basic thematic coding scheme. Themes were then linked to evaluation questions to provide answers to the original evaluation questions, but novel themes were also allowed to emerge and will be identified below. Food for Mood program leaders were given the opportunity to provide feedback on this report; this feedback was incorporated in the final report.

## Data Sources

The analysis and findings of this case study report are based on the following documents and data sources.

**Table 1. Data Sources**

| Source | Date | Materials |
|---|---|---|
| Expression of Interest | July 5th 2010 | Proposal remitted to MOB project for approval |
| Teleconferences | November 2nd 2010 | Presentation on the Food for Mood program: |

| | | |
|---|---|---|
| | | slide deck and meeting minutes. |
| Teleconference "site visit" | February 3rd 2011 | Program leader interview (transcription)<br>Staff focus group (transcription)<br>Staff survey (on-line) – 4 responses as of Feb 12 2011<br>Client focus group – report from program leaders |
| Site visit follow-up emails | February 11th 2011 | Evaluation documents.<br>Written response to client focus group questions from one staff member (case manager reporting responses from their client).<br>Some hand-out materials; there were additional hand-out materials that were not gathered in time for this report. It is not clear how many there were in total.<br>Program activity overview<br>Information about promotion for the program (emails and memos)<br>Food for Mood funding overview<br>Memo sent to CMHA Peterborough staff at the end of the program |

## Background: Canadian Mental Health Association Peterborough Branch[1]

The Canadian Mental Health Association (CMHA) Peterborough Branch has a main office site located in Peterborough, Ontario. CMHA Peterborough provides services to adults (16-65 years old) living with a mental illness in Peterborough and the surrounding county. Three services offered (Crisis and EPI, and peer outreach support described below) are offered to a broader area. CMHA Peterborough offers a variety of services and programs to clients (listed below). Programs are funded by the Ontario Ministry of Health and Long Term Care, the Ontario Ministry of Community and Social Services, the Ontario Ministry of Housing, United Way foundations, private donations and fundraising initiatives. CMHA Peterborough has 155 full-time staff and 150 volunteers. The Board of Directors is made up of community volunteers. The main office is located on the main street in Peterborough. They share a building with the Schizophrenia Society of Ontario, Peterborough/Durham Region Branch. On the main street there are a variety of retail stores, businesses, restaurants, and banks.

***Organizational mission:*** To work with individuals, families and community partners in providing services to promote and enhance the mental health and wellness of those living within the communities served by CMHA Peterborough.[2]
***Organizational vision:*** A community that values human dignity and is dedicated to supporting mental health and wellness. In pursuing this vision, CMHA Peterborough seeks to be a leader and collaborative partner in the delivery of effective and high quality innovative services that support mental wellness.[3]

[1] Information gathered from submitted expression of interest, teleconference presentation (Nov 2nd) and CMHA Peterborough website http://www.peterborough.cmha.on.ca/
[2] Directly from CMHA Peterborough website http://www.peterborough.cmha.on.ca/
[3] Directly from CMHA Peterborough website http://www.peterborough.cmha.on.ca/

In addition to the organizational goals outlined in the mission and vision statements, one of the program leaders (the director, see below for staffing details) also noted that the organization had recently expanded on its central goal of enhancing mental health and wellness. Two new strategic sub-goals were identified: 1) promote health and wellness for clients; and 2) provide opportunities to build wellness in areas apart from clients' mental illness.

## Programs[4]

***Case Management – Dual Diagnosis:*** A 24 hour support program for individuals with both a serious mental illness and a developmental disability. Individuals are supported either in a supportive housing setting, or in the community. The program uses person-centered planning and includes programs such as social, recreational, vocational and group supports.

***Case Management – Mental Health:*** Assists people living with serious and persistent mental illness to maintain a level of independence to help them living in the community. The aim of this program is to provide individuals with services and support that meets their needs and improve their quality of life in the community.

***Crisis Intervention Services:*** Delivered in Haliburton, Northumberland, Kawartha Lakes and Peterborough. This program includes a 24/7 telephone crisis hotline, mobile crisis intervention, crisis stabilization/safe beds, and short-term case management.[5]

***Health Promotion/Public Education:*** Includes community development, information and referral, fundraising, lending and online resource library, presentations and workshops and the volunteer program.

***Homelessness Partnering Strategy:*** Activities include community outreach, the ID bank, and the trustee program.

***Vocational Services and Community Initiatives:*** Program to support food security (crisis cupboard and food services), programs to support employment (Making it Work program, the REACH vocational centre), and other programs around building life skills, and social recreation.

***Supportive Housing:*** Housing units are made available to individuals in need in Peterborough and Northumberland. Supportive housing is intended to help assist people to live independently, assist people to participate in the community, provide support and education.

***Diversion/Court support:*** Diversion program is to help divert eligible individuals away from the criminal justice system towards mental health support where applicable.

***Peer Outreach Support:*** Support provided by peers.

***Early Psychosis Intervention (EPI):*** The Lynx program offers assessment, treatment, support, and education for individuals who are in the early stages of psychosis. Assistance is also given to families.[6]

---

[4] Paraphrased from website which overviews each program in additional detail; http://www.peterborough.cmha.on.ca/

[5] http://4countycrisis.com/

[6] http://www.lynxtracks.ca/program.html

## The Food for Mood program

The Food for Mood program was a nutrition and cooking program that was run jointly with the Peterborough County City District Health Unit over eight weeks. In the presentation about the program given at the teleconference on November 2nd, program leaders identified six key goals and objectives of the program:

1) Increase client's awareness of healthy living and the values of incorporating good nutrition into their lifestyle
2) Enhance readiness to change behaviours related to healthy eating
3) Promote active living and healthy eating to support recovery
4) Empower consumers towards independent cooking skills
5) Improve mental well-being
6) Build social inclusion

In the interview, program leaders also noted that the program sought to teach food safety skills (such as food handling, storage, and preservation) and food security skills (such as food shopping, menu planning, and eating well on a budget). The program was run by two program leaders and overseen by a director, and had three staff (case managers). The Health Unit provided a chef who ran the program for the first four weeks; the Health Unit also paid for the cooking space located in a local church and groceries for those first four weeks.

Recruitment for the program was done through case managers, who identified clients as good potential candidates for this program. Program leaders believed that going through the case management team to find participants would help ensure clients were connected to a case manager to allow for follow-up after the program. Program leaders also wanted the program to fit in with individuals' service plans. The program was promoted to case managers through emails and team meetings. One program leader (who is also a case manager) noted that she had taken client goals into consideration when referring them to the program:

> *"…I had three clients do the program and all three of them had identified in their service plans that they were interested in their physical health, ...they had physical health goals, and I knew they had an interest in food, so that kind of led me to ask those people specifically." (Program leader, program leader interview.*

Program leaders also stated that case managers took into consideration their clients' mental health stability when determining whether to invite individuals to the program. Program leaders noted that for future programs they would be able to take referrals from other sources for this program; for instance, referrals from partner organizations.

At the start, the program took on 12 client referrals, although they had expected to have 15. Three of the initial 12 individuals were hospitalized or had social anxiety issues, leaving nine who started the program but only seven completed it. Two more individuals dropped out over the course of the program; one because they were overwhelmed by the group setting, the other individual was the only one who joined the program before being assigned a long-term case manager. Program leaders attributed this individual's lack of connection to a case manager as the reason why they dropped out of the program.

The program ran for eight weeks, from November 25th 2010 to February 3rd 2011 for one session each week for the first four weeks and two sessions a week for the subsequent four weeks. The first four

meetings were cooking sessions run by the chef from the Health Unit. In the second four weeks of the program there were eight sessions in total. During the second four weeks there were two sessions per week; the first session was a grocery store visit in which clients were given the opportunity to join program leaders to help purchase food and learn about shopping at the grocery store, the second session was a cooking session run by program leaders. Thus, the program had a total of eight cooking sessions and four shopping sessions over the eight weeks. Education sessions were not run formally; staff would share educational information while clients prepared, cooked, and ate the meal for the day. Information about healthy eating, food safety, and food security (eating on a budget or preparing healthy meals using food bank items) was shared in this informal fashion. The table below outlines program activities:

**Table 2. Food for Mood program activities**

| Session | Activities(s) | Hand-out(s) |
|---|---|---|
| November 25th 2010 | Food Prep and Cooking Skills with Chef and program leaders, and two Trent University Nursing Students. Education on: food safety, knife safety, food handling, storage and preservation, tips to eating well on a budget, and hand washing techniques. | $10 grocery card |
| December 2nd 2010 | Food Prep and Cooking Skills with Chef and program leaders. Education on: knife safety, saving time, cutting costs, food safety, food handling, storage and preservation, tips to eating well on a budget, and hand washing techniques. | $10 grocery card |
| December 9th 2010 | Food Prep and Cooking Skills with Chef and program leaders. Education on: knife safety, saving time, cutting costs, food safety, food handling, storage and preservation, tips to eating well on a budget, and hand washing techniques. | $10 grocery card |
| December 16th 2010 | Food Prep and Cooking Skills with Chef and program leaders. Education on: knife safety, saving time, cutting costs, food safety, food handling, storage and preservation, tips to eating well on a budget, and hand washing techniques. | $10 grocery card |
| January 12th 2011 | Food shopping, menu planning, budgeting and label reading during a grocery store tour. | |
| January 13th 2011 | Food Prep and Cooking Skills with program leaders. Education on: Canada's Food Guide, and handouts. | Canada's Food Guide<br>"The Menu Planner"<br>"The Plate Mate"<br>$10 grocery card |
| January 19th 2011 | Food shopping, menu planning, budgeting and label reading during a grocery store tour. | |
| January 20th 2011 | Food Prep and Cooking Skills with program leaders. Education on: Food and mood, and handouts. | "Making the Most of You: A Woman's Guide to Healthier Lifestyle"<br>$10 grocery card |
| January 26th 2011 | Food shopping, menu planning, budgeting and label reading during a grocery store tour. | |

| | | |
|---|---|---|
| January 27th2011 | Food Prep and Cooking Skills with program leaders. Education on: menu planning, label reading, comparison shopping, virtual grocery store tour. | $10 grocery card |
| February 2nd 2011 | Food shopping, menu planning, budgeting and label reading during a grocery store tour. | |
| February 3rd 2011 | Food Prep and Cooking Skills with program leaders. Client focus group. | Chef's knife<br>Cutting board<br>Glass sealable containers in a reusable bag. |

**Other handouts included: "How to Treat Burns and Scalds: First Aid Treatment for Injuries Caused by Heat" and "Kitchen Safety: Avoid Burns and Fires." All handouts identified in Table 2 came from Health Canada, Peterborough County City Health Unit, EatRight Ontario, Dietitians of Canada.

Information about the program was shared in CMHA Peterborough through memos (Appendix A) as well as through emails about the program to CMHA Peterborough's case management team. The program was also promoted at staff, board and committee meetings to promote the program and educate the staff about the plans. Examples of emails sent about the program are listed in Appendix B. Staff at CMHA Peterborough also participated in the CMHA Ontario pedometer challenge as a way to kick off the program and get the organization thinking about healthy eating and physical activity.

Program evaluation was conducted by the two program leaders. Evaluations were participatory in that participants identified their own indicators of success during the interviewing/screening process (see Appendix C). Program leaders also gathered data through the use of surveys, logs and feedback questions. Findings from internal evaluations can be found in Appendix D.

# Findings

## Context Evaluation Questions

**Table 3.Overarching goals of the organization, program, and MOB project**

| | |
|---|---|
| CMHA Peterborough organizational Goals | 1) Enhance mental health and wellness for adults living with a mental illness if the Peterborough and surrounding area.<br>Sub-goals<br>1a. Promote health and wellness for clients<br>1b. Provide opportunities to build wellness in areas apart from clients' mental illness<br>2) Be a leader and collaborative partner in the delivery of effective and high quality innovative services that support mental wellness.<br>Other goals identified by program leaders: building social inclusion and individual responsibility, improving clients' access to resources, and improving self-determination. |
| Food for Mood program Goals | 1) Increase client's awareness of healthy living and the values of incorporating good nutrition into their lifestyle<br>2) Enhance readiness to change<br>3) Promote active living and healthy eating to support recovery<br>4) Empower consumers towards independent cooking skills<br>5) Improve mental well-being |

| | |
|---|---|
| | 6) Build social inclusion<br>Other goals:<br>Teach food safety and food security skills and cooking skills |
| MOB goals | 1) Improve physical health<br>2) improve mental health<br>3) support social inclusion |

### Do the goals or needs of the sites conflict with program goals?

Food for Mood program leaders were positive about the program supporting broader organizational goals. In particular the director saw that the program supported the new sub-goals (goals 1a and 1b in Table 3) that were identified as part of the organization's strategic planning process. Food for Mood program goals are well aligned with the organizations goal (and sub-goals) of enhancing mental health and wellness. The sub-goal of improving overall wellness was considered by program leaders to be linked to enhancing mental health.

Program leaders also saw the program as being an important step towards building wellness in other areas apart from clients' mental health:

> *"It provides them with the opportunity to be integrated with a community group that is different than other groups that they may have been involved in that focus mainly on them being ill or requiring that type of support. It broadens it quite a bit and normalizes them." (Program leader, program leader interview).*

The program also spoke to a number of organizational goals identified by program leaders. The program's goals of seeking to empower consumers and build social inclusion speak directly to these same organizational goals. While it was not explicitly stated in the Food for Mood program goals, the program provided clients with skills to help improve their access to resources (particularly around food security). Food for Mood program goals strongly supported CMHA Peterborough organizational goals.

### Do pilot sites have other goals they hope to achieve through these programs?

In addition to the broad goals outlined above, Food for Mood program leaders also seemed to want to teach clients specific useful skills around cooking, food security, and food safety. These could be considered to be sub-goals to support the broader goals; in particular empowering clients towards independent cooking skills and promoting healthy eating.

The two organizational sub-goals identified by the director may also be considered as an "other" goal that was hoped to be achieved through this program. These sub-goals were relatively recent (within the last year) to the organization, and program leaders considered this program to be the first step towards building these goals:

> *"…to be accepted as a pilot has had an impact on our organization, so I could contribute a big word of thanks because I think from the perspective of where we'd like to go with wellness, this has enabled us to begin that journey with some level of confidence and competence." (Food for Mood program leader, program leader interview).*

### Are the project goals viewed as important? Are the project goals perceived to be attainable?

Program leaders found that MOB goals were strongly supported by, and attainable through, the Food for Mood program. Program leaders considered their program goals to be strongly aligned with MOB project goals. Physical health was supported through teaching cooking skills, teaching menu planning and tips and information on how to eat healthy on a budget.

Mental health and social inclusion were also supported by this program. Program leaders considered these goals to be closely related:

> *"I think we ended up seeing that the goal that was the most important became supporting social inclusion. That's just kind of [how] it worked out. And I think in doing that, it improved their mental health." (Food for Mood program leaders, staff focus group)*

While program leaders considered all three goals to be important going into the program (they are all represented in program goals), they shifted their view towards seeing social inclusion as being the most important goal because it was a key outcome and also supported the goal of improving mental health. This is an important shift to note as it might impact on future healthy eating program goals.

### What resources did sites have to contribute?

CMHA Peterborough mainly had human resources to contribute, specifically time and skills of staff. The kitchen used for the cooking sessions was a kitchen in a church basement located in downtown Peterborough. The site was booked by the Peterborough District Health Unit and four of the eight cooking sessions were paid for by the Health Unit. The Health Unit also provided the chef who ran the first four cooking sessions of the program and paid for the groceries at the first four sessions. Food for Mood program leaders expect that this partnership will continue. If not, they could still rent the space themselves and run sessions for future programs. CMHA Peterborough also has access to another kitchen located in one of its supportive housing buildings but it is a much smaller kitchen and could only accommodate four to six participants at one time. This kitchen could be used if the program could not secure funding required to rent the larger space.

Funding sources and where the funding was used is summarized in the following table:

**Table 4. Food for Mood program funding sources**

| Funding Source | Item(s) purchased |
|---|---|
| MOB pilot funding | • Rental space for the program (paid for four sessions at the church)<br>• Grocery cards for clients<br>• Groceries for four sessions<br>• Kitchen supplies to sustain program in the future (pots, pans, oven mitts, measuring cups, knives, cutting boards, hair nets, aprons, etc.) |
| CMHA Peterborough funding | • In-kind contributions of human resources (salaries and time of case managers) to facilitate the program<br>• In-kind contributions of promotional materials and mailing expenses |
| Peterborough County City Health Unit (partner) funding | • Rental space for the program (paid for four sessions at the church)<br>• Groceries for four sessions |

## Input Evaluation Questions

### How does the program meet the needs of stakeholders

The program was able to meet the needs of the CMHA Peterborough by supporting their new strategic direction (promoting overall health and wellness and building wellness in areas apart from clients' mental illness). The program was also able to meet staff needs by providing training and education on healthy eating, which staff had identified as goals in client program plans and to meet the education needs of staff around the connection between healthy eating and mental illness.

The program was designed to meet client education needs (around cooking and information around healthy eating). It also helped some clients meet personal needs of consistently participating in group activities and building social inclusion. Program leaders identified that clients had food security needs as well, and that many of them were looking to the program mainly to provide a meal.

### Are there sufficient resources for the program to be carried out?

Program leaders did not identify funding as being a problem and so it can be assumed that funding was considered adequate to run the program as they wanted to (see Table 4 for list of funding sources and items purchased with funding). There was also adequate space to run the program. However, program leaders felt that there was a significant lack of time to run the program as they had wanted to. Time constraints related to the time program leaders felt they had to run individual sessions:

> *"I think time was one of the big things that we were lacking. [Name of program leader] and I are both case managers so we both carried a case load in addition to the group, and we found that we were spending lots of time within the group doing some case management stuff too, like redirecting clients who were having certain behaviours or clients who were having symptoms […] so it was a bit difficult at times to balance that while also doing some of the chef stuff, like the cutting and cooking." (Food for Mood program leader, program leader interview)*

What is interesting to note here is that program leaders had to take on dual roles: they were both running the program and engaging in their usual case management duties during the sessions. For some sessions, the other three case managers (the staff) who had clients in the program would also attend sessions to help with their clients; this helped to manage this time issue.

Time was also an issue for fitting in all activities program leaders had wanted to include. Program leaders found that the time required to run the cooking session left no time for a more formal education session. The education sessions thus had to be run informally during the cooking portion of the program or when clients sat down to eat at the end of the session.

> *"we would hope to be able to do some more education […] and when we had the chef come in, there just wasn't the time that we thought there'd be in the two hours." (Food for Mood program leaders, staff focus group)*

## Process Evaluation Questions

### Are partnerships unfolding as planned?

In the initial pilot application CMHA Peterborough expected to develop partnerships with nine different local organizations to support the Food for Mood program. The following table identifies where partnerships occurred as expected and any unexpected partnerships that arose as part of this program.

| Expected partnership[7] | Actual activities | Comments |
|---|---|---|
| Peterborough County Health Unit | This was a key partner for this program. They provided a chef who ran four of the eight sessions, and provided funding for the space and groceries for those four sessions. | A new partnership. Program leaders expect to continue this organization. |
| YWCA | Expected the YWCA to send a representative to talk about their existing subsidized food box program. They were unable to schedule it for this round – it is expected that they will be able to run a session in the next round of the program. | Established a relationship at the time that the expression of interest was written (but it is a new partnership). Program leaders expect that this partnership will continue in the future. |
| Westmount Pharmacy | Identified as a partner in the teleconference presentation. | No additional information about the nature of this partnership was provided in interviews or other documents. |
| Peterborough Regional Health Care Centre | Identified as an expected partner in the submitted expression of interest, but not identified as a partner after the program was completed. | |
| Schizophrenia Clinic | Identified as an expected partner in the submitted expression of interest, but not identified as a partner after the program was completed. | |
| Diabetes Clinic | Identified as a partner in the teleconference presentation. | An informal partnership – worked in consultation with the program providing ideas for education for participants including label reading, menu planning, and portion control. |
| Kawartha Food Share | Identified as an expected partner in the submitted expression of interest, but not identified as a partner after the program was completed. | |
| Peterborough Gleaning Program | Identified as an expected partner in the submitted expression of interest, but not identified as a partner after the program was completed. | |
| Peterborough Community Garden Network. | Built connections, but full partnership not created. | As the group took place during the winter, it was difficult to fully benefit from this partnership. Plans for future groups involve gardening and gleaning. |
| Local church | Rented kitchen space from a local church | This is a new partnership. The |

[7] From submitted expression of interest

| | | |
|---|---|---|
| *unexpected partnership | | church also recently offered the program a garden space and access to the churches' physical activity program for clients. |

No existing partnerships were lost due to this program.

While the Health Unit was an expected partner, program leaders reported that they had not expected that the Health Unit would become as strong a partner as it did:

> *"I think the health unit stepped up a bit more than I had anticipated, I expected it to be more of a resource or information gathering kind of meeting with them but they ended up offering to run it jointly with us." (Food for Mood program leader, program leader interview)*

## Are pilot sites implementing programs as planned?

One of the most significant changes in program implementation was around including education sessions in the two-hour sessions. As previously stated program, leaders did not have the time to include a 15 minute formal education session and so the education component of the program had to be integrated into the cooking activities. Topics covered included:

- Label reading
- Canada's Food Guide
- The impact of food on mood
- How physical activity affects physical and mental health
- How to cook using healthier options

There were also last-minute changes that occurred in the way the cooking session were run:

> *"… we had last minute changes with the chef, he had committed to eight sessions and then wasn't able to fulfill that commitment, he was only able to do four. Then [Name of program leader] and I were in the spotlight as the chefs [laughs]." (Food for mood program leader, program leader interview)*

However, program leaders felt this change actually had a positive impact on the program by presenting participants with the opportunity to take on leadership roles during program activities. Program leaders stated that the chef has instilled in participants the importance of "pitching in" in the kitchen, which carried over into sessions that were run by the program leaders. This was important to building peer leadership which will be discussed in a later section.

Another shift in the program was around bringing in participants' case managers to act as staff. The reasons for this change are discussed in the next section.

### Who is participating? Who is not?

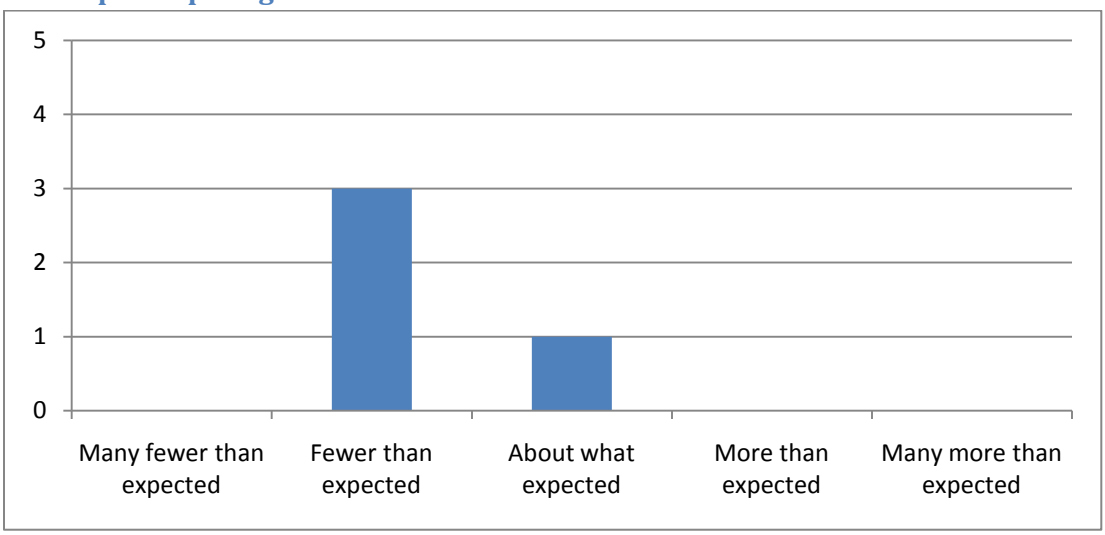


**Figure 1: How did the actual number of participants relate to the number you expected?**

The survey indicated that most staff felt they were fewer participants then they had expected. This is not surprising given that program leaders identified that they had hoped for 15 participants and only seven complete the program. Program leaders reported that drop out was mainly due to individuals' social anxiety. To manage this issue, program leaders took on a different approach to the program, bringing is case managers (staff) to help work with participants one-on-one during the program:

> *"… so we modified it a bit to include it more on an individual level with our clients, so we took the program and worked with our clients on our case loads and did it that way" (Food for mood program leader, program leader interview)*

As part of the one-on-one support program leaders and staff helped clients to identify their personal barriers to healthy eating, and used approaches including motivational interviewing and cognitive behavioural therapy to help enhance clients' readiness to change.

## Products Evaluation Questions

### Has awareness of the relationship between healthy eating and mental health increased; among staff, organization, community, clients?

Client awareness is discussed in the client outcomes section.

#### *Staff awareness*

***Survey Summary Results:***

- On a 5 point scale ranging from none, a few, some, most, and all, 4 out of 4 respondents believed that MOST (n=2) or ALL (n=2) staff have an increased awareness about the relationship between healthy eating and mental health since the start of the program.

Program leaders reported that they had learned about the connection between mental health and healthy eating since starting the program, mostly because they had to do research to prepare the sessions:

*"...we did some research and we did some educating of ourselves that we could actually teach the class. I think through the background research that we've done looking at different websites and stuff that we certainly have realized [the connection between healthy eating and mental health]" (Food for Mood program leader, staff focus group).*

Program leaders further indicated that case managers involved in the program, themselves included, had begun incorporating physical activity and healthy eating goals into individual client treatment plans, even for clients who did not participate in the Food for Mood program. For program leaders, this indicated an increased awareness of the connection between healthy eating and mental health among the other staff:

*"I think that in general there is broader awareness now, like the side effects of medication on our clients have such a significant impact on their health and we really need to incorporate healthy eating, physical health goals with our clients so that they can be healthy[…]. They're hugely at risk for these illnesses, heart problems, diabetes, incorporating healthy eating and physical health absolutely needs to be a part of the treatment plan." (Food for Mood program leader, staff focus group).*

### *Organizational and community awareness*

Program leaders felt as though there was increased awareness of the connection between healthy eating and mental health at the organizational level as well as at the staff level. In addition to the program one of the program leaders has been working with a local nursing student on a metabolic clinic project that is building educational components around healthy eating and mental illness. This demonstrates that the organization has an increased awareness of the importance of this issue and is seeking ways to address it.

Program leaders did not identify whether there was increased awareness of the connection between healthy eating and mental health at the community level. However, they did note that there was some increased community awareness about the mental health population more generally. Specifically, the chef from the Health Unit informally learned about mental illness after having run the four sessions:

*"I think it [learning] was very informal, particularly to the chef, just to see our clients and how they act in a group and how they did really well in a group […] I think it broke down barriers, you know, issues around stigma for him that he will pass around to his organization. It was a very positive experience for him." (Food for Mood program leaders, program leader interview).*

## Was the toolkit used? What is useful?

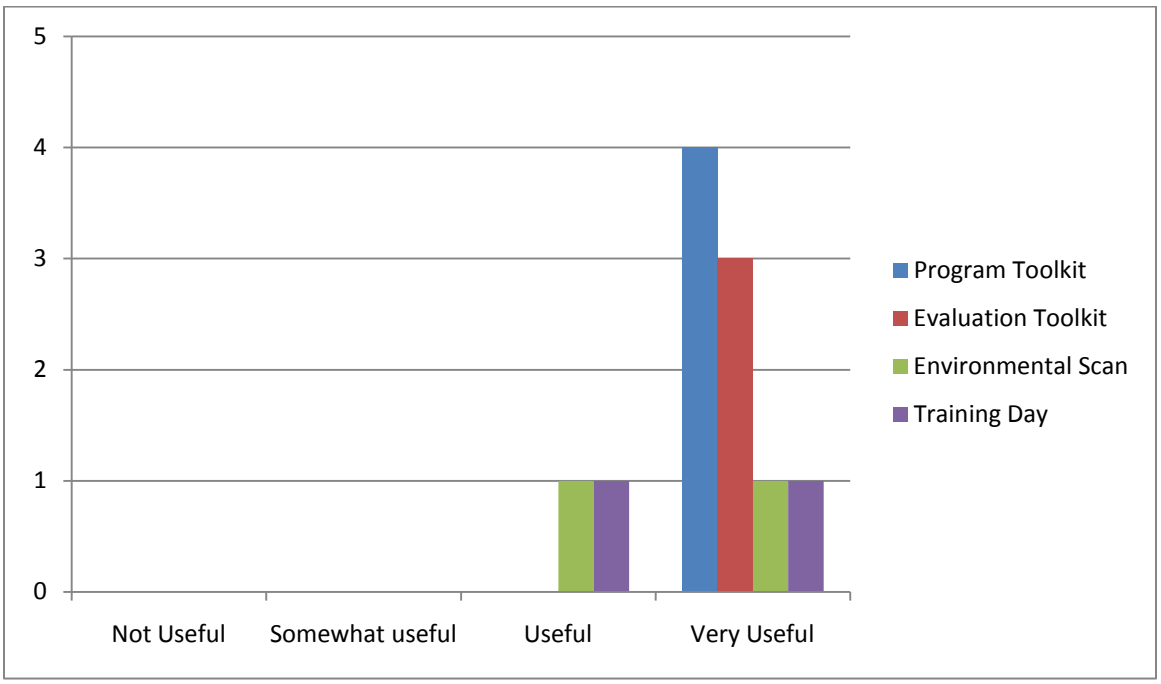


**Figure 2: Ratings of usefulness of toolkits and information sources**

Echoing the findings from the survey, program leaders reported drawing heavily on the existing program toolkit, evaluation toolkit and other online resources to help develop the Food for Mood program:

> *"Yeah we definitely used the resource library that you had online for tons of things, like the websites that were there, we used the evaluation toolkits, looked at some of the samples and tailored them to our group, the sustaining our program piece, we looked at that in terms of funding options and how to make sure that we sustain the issue and the program and the behaviour changes and things like that." (Food for Mood program leader, program leader interview)*

Program leaders found the evaluation toolkit (specifically the "measuring your success" section) to be useful as they had not had any previous experience with program evaluation. Program leaders found the toolkits easy to work through and only needed minimal support from the MOB project team; in instances where support was sought they found the MOB project team was helpful in answering questions over email.

While the program leaders were enthusiastic about the toolkits and did report using them for their program development, they also noted that they did not have sufficient time to use all components they wanted to. This further speaks to the time restriction felt by program leaders in developing and implementing this program.

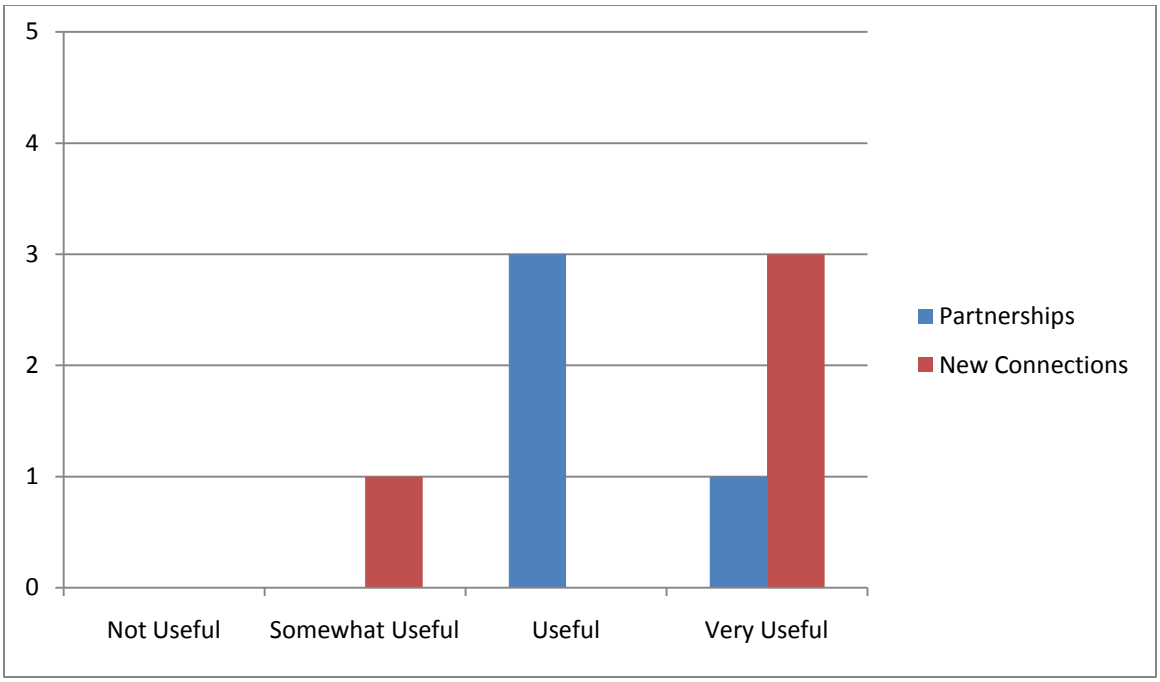


**Figure 3: Ratings of value of CMHA supported partnerships and connections**

Program leaders noted that the MOB team helped facilitate partnerships, mainly through training day and the teleconferences; program leaders also found the training day to be a good way for them to get their program off to a good start. Another important way MOB helped to facilitate partnerships for CMHA Peterborough was through the proposal. They found that because they had to identify partnerships in the proposal they worked harder to build those partnerships right from the beginning of the program.

Program leaders could not think of any other strategies the MOB team could have used that would have been additionally helpful for the Food for Mood program.

## Are partnerships being built?

***Survey Summary Results:***

- Staff felt the MOB project led to new partnerships. Staff believed there were between 2-3 new partnerships created
- Partnerships were mainly about information sharing and resource sharing.
- Communications occurred primarily through email and phone/conference calls. Some partners also worked together with them during the program delivery. Staff reported that these communications occurred weekly
- MOB helped build new partnerships by:
    - Providing training day and teleconferences
    - Providing the opportunity for organizations with similar mandates to get together

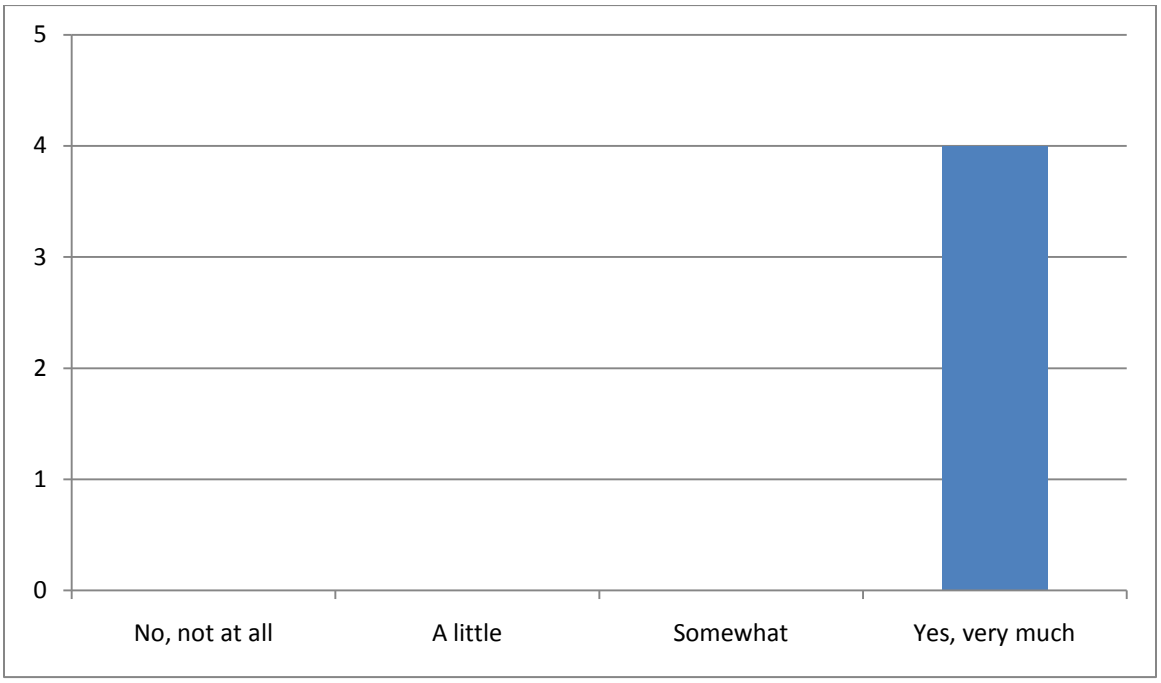


**Figure 4: Did the MOB result in new partnerships?**

Staff strongly felt that the MOB project led to new partnerships (see Figure 4). The two most prominent new partnerships developed as part of the Food for Mood program were with the Peterborough County Health Unit and with the local church where the program was delivered. Both these partnerships are expected to continue in the future. As noted earlier, program leaders were generally surprised with how involved the Health Unit became with the program and how it took on more of a leadership role.

While the partnership with the YWCA did not flourish for this program, program leaders were confident that this program gave them the opportunity to connect with the YWCA which will allow for future opportunities to partner around programs:

> *"We had originally planned to have them come in to talk about [their] food action program with a subsidized food box full of healthy food [but] there were some scheduling conflicts there. But we've been talking with them about the next round of groups and talking about*

*even applying for funding together around healthy eating and social inclusion." (Food for Mood program leaders, program leader interview)*

## Client outcomes

### *Awareness and knowledge gained*

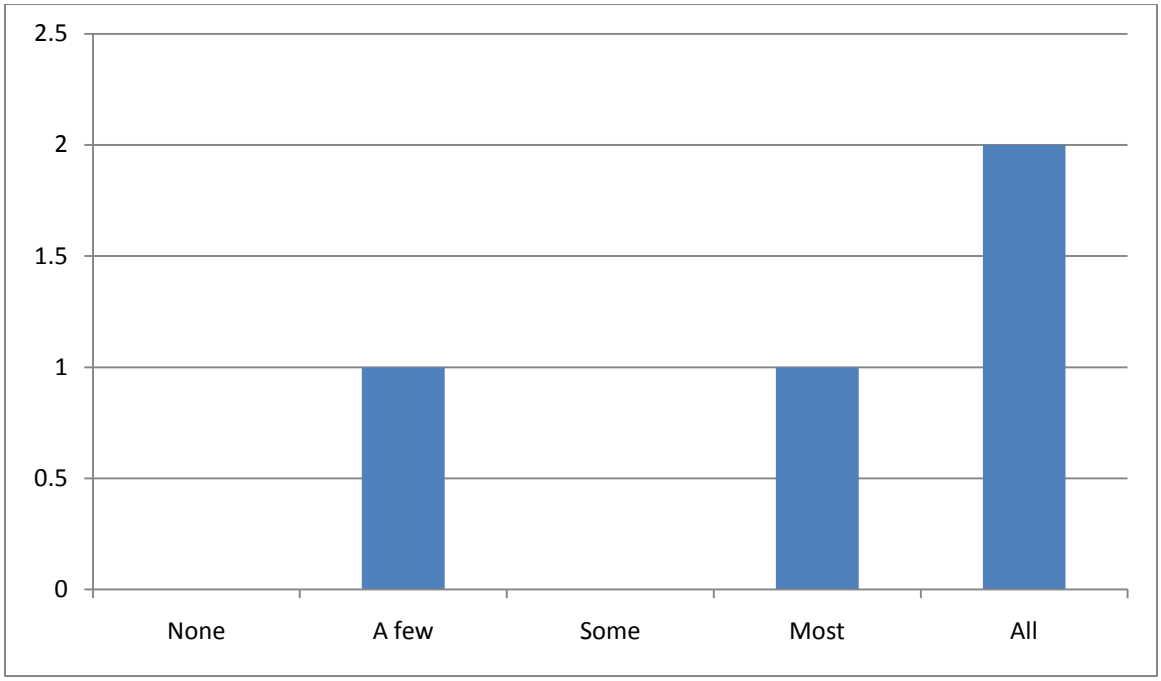


**Figure 5: How many clients have an increased awareness about the relationship between healthy eating and mental health**

Program leaders and staff found that clients were beginning to see the connection between healthy eating and mental health. Staff reported that clients were speaking very generally about the connection, mostly around noticing that they would feel better when they ate healthier. Program leaders further identified that clients described feeling more motivated to change behaviours, had an increased in self-confidence, and felt like they had more energy. Staff who ran the client focus group found that clients appreciated learning about this connection in an informal way:

> *"From the piece today, it sounds like they got it and […] I think they appreciated getting it on an informal level too is what I was getting, they were in that relaxed, laidback atmosphere, rather than somebody just talking at them about something" (Food for Mood program leader, staff focus group)*

Data from the client focus group and the case manager client report support the findings that the program increased client awareness about the relationship between healthy eating and mental health. Gaining this awareness strengthened client's commitment to healthy eating and physical activity. These findings demonstrate that the program was able to meet its goal of increasing knowledge around healthy living. This also works toward the broader organizational goal of promoting wellness.

### *Learning and applying new skills*

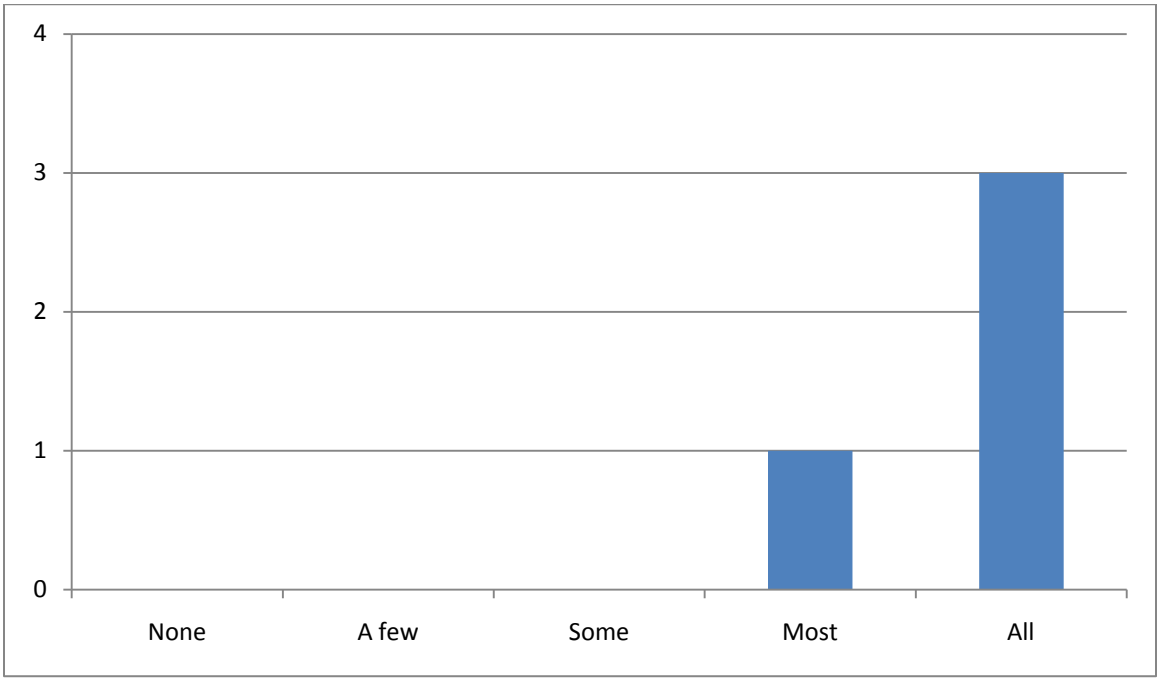


**Figure 6: Proportion of clients learning new food preferences**

From the focus group and case manager client report, staff identified a number of skills that were picked up by clients who participated in the program including:

- Budgeting skills (i.e. pricing things at the grocery store, comparative shopping)
- Cooking skills, including knife skills
- Cooking on a budget and cooking with items you would find at a food bank (i.e. canned beans)
- Socializing
- Food safety (i.e. washing vegetables, avoiding cross-contamination, and hand washing)

In their internal evaluations (Appendix D) there was demonstrated learning of skills. The food labelling and safe food handling questionnaire findings also demonstrate that participants had learned these new skills (Appendix D).

In the survey, three of four respondents believed that all clients have learned skills to apply these new food preferences (one respondent believed that only some clients have learned these skills). Program leaders and the case manager client report echoed this finding, stating that all clients who participated in the program had on at least one occasion mentioned implementing the skills they had learned in the program (such as cooking skills, menu planning, or grocery shopping skills).

> *"…everybody spoke about how to cut a pepper (Laughs) it was important that everybody learned that skill. And one person said that he actually used to avoid peppers, he never bought them right because they didn't know how to cut them, so I guess that was a pretty neat outcome." (Food for Mood program leader, staff focus group)*

These findings suggest that the program was able to meet its goal of empowering consumers towards building independent cooking skills, while also building skills in other key areas such as food budgeting and safety.

### *Improving access to healthy foods and other community resources*

***Survey Summary Results:***

- On a 5 point scale ranging from none, a few, some, most, and all, all respondents of believed that MOST (n=2) or ALL (n=2) clients have learned how to improve their access to healthy foods

Food budgeting was an important educational component of this program. Program leaders sought to address the identified food security needs of clients so in that way the program helped to improved access to healthy foods. Additionally, program leaders identified that some clients come to the sessions just to get a healthy meal:

> *"… they [clients] said when they don't have any money at all just to come and have a nice meal to eat." (Food for Mood program leaders, staff focus group).*

The program also spent time on providing information on how to cook using food from food banks or the CMHA Peterborough crisis cupboard. This was a key area of focus for the last cooking session held on February 3rd 2011. This was considered to be an important skills as a number of clients had mentioned to program leaders that they often did not know what to do with items they would find in a crisis cupboard (particularly beans).

### *Engaging in leadership and peer counselling*

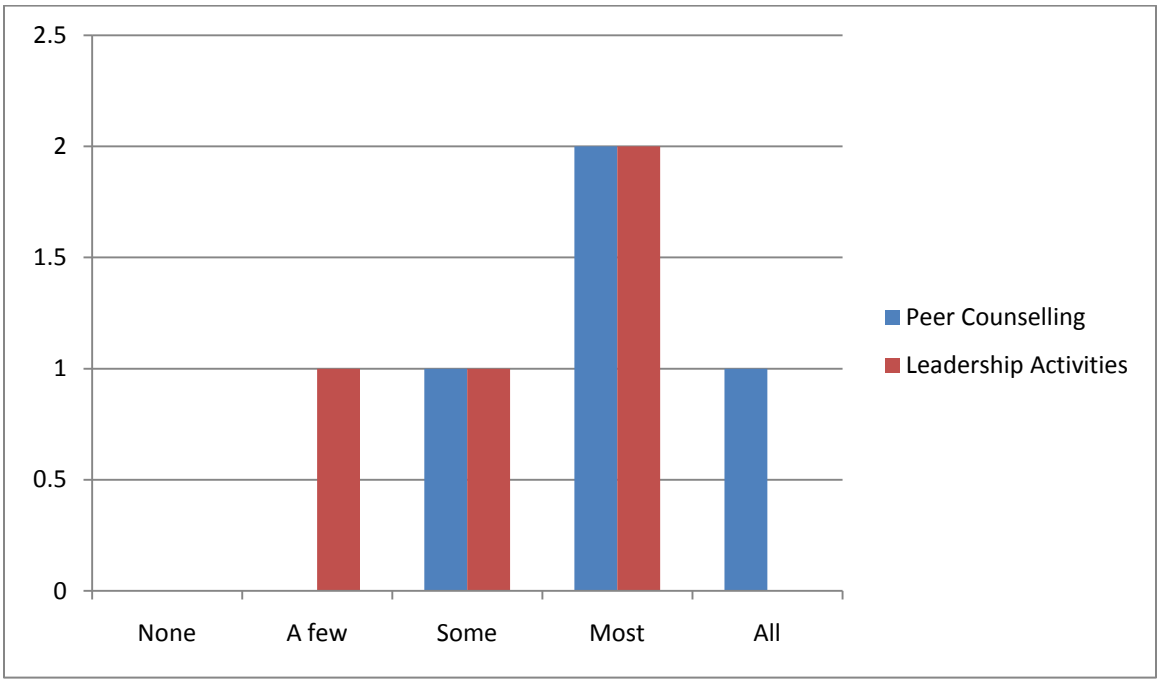


**Figure 7: Proportion of clients engaged in healthy eating activities**

Peer leadership within the group was a significant outcome identified by program leaders. This outcome was strongly attributed to the Health Unit chef who had high expectations of participants to contribute

to the sessions and take on leadership roles in the kitchen. Participants felt that they needed to take responsibility for the sessions and engaged not only in the cooking but also in the set-up and clean-up. Program leaders felt this was an indication that participants were becoming empowered:

> *"… it was their group and they were participating and involved in doing dishes and in set-up and clean-up. To me, that was very much indicative of the fact that they were empowered to feel that this was their group, whereas many times with the groups and the doctor appointments, it's people in authority that are telling them what they need to do, versus engaging them and bringing them along to see it as a value to them." (Food for Mood program leader, program leader interview).*

Program leaders felt this gave participants the opportunity to no longer experience their illness as a barrier to actively engage in their lives and in the community:

> *"I think society marginalizes individuals and allows them to be passive in regards to some of the normal things in life or things we take as normal […]in this group, they weren't marginalized, the expectation was the same as it would be for anyone. Their illness wasn't a barrier." (Food for Mood program leader, program leader interview).*

In the expression of interest, it was expected that consumer leadership would mainly take the form of feedback on the program itself and building leadership skills (like those identified above). However, program leaders identified a client who had a strong peer influence in the group. This client was prepared by program leaders to take on a strong leadership role ended up running the last session as well as taking on a leadership role at a grocery store visit.

Peer counselling and support occurred as well. Participants would talk about foods and information they had learned on their own with other group members:

> *"I think we were always talking, even when we're doing prep work, about their own experience with food and how they tried this or they would do it this way and how this was different from what they learned, and I think they were always building on their own experiences and some of them had done their own experimenting with food and bringing it back to the group and talking about it." (Food for Mood program leaders, staff focus group)*

> *"We did grocery shop with a couple of the participants each week and towards the last couple of shops, there were clients who might teach a client who had not done the shop before and they would lead through the grocery store what they had learned based on what we had taught them the first time. There was a lot of peer counselling going on there" (Food for Mood program leaders, staff focus group)*

Whereas the focus group and interview provided strong support for client engagement, survey findings suggest that staff perception of how many clients engaged in peer leadership activities around healthy eating varied. This might be because some staff were not present at all sessions and did not see as many clients engaging in peer leadership as staff who were there more often.

### *Improvements in physical health, mental health, social inclusion and community integration*

The building of leadership skills also built self-confidence, which some clients apparently found contributed to improvements in their mental health:

*"One person spoke about leadership skills, actually a couple of them did talk about leadership skills and they related their mental health to their physical health again. They spoke about how the leadership fills that confidence in them, they're feeling better mentally."(Food for Mood program leader reporting findings from client focus group, staff focus group).*

Program leaders indicated that all clients who participated in the focus group reported improvements in their mental health. Staff noted that other clients reported reduced social anxiety. One story in particular stood out to program leaders:

*"I like to tell the story about one of my clients that came to the group who had social anxiety and the first time he went to the group he had a complete panic attack, he wasn't going to do it, and we talked him throughout the panic attack, I was probably within two feet of him the whole time, the first time we met because he was constantly seeking assurance and checking in and I had to sit beside him and eat with him 'cause he was so anxious about being in this group setting. And he came back and he has developed friendships outside of the group, he no longer has panic attacks going to the group, and I think it also empowered him to go out to the community a lot more. He's facing his panic attacks and he's purposely going to the bus station, the mall, and he went to Toronto this week, things he would never, ever, ever do, and I think going to this group has changed his life quite frankly because it was such a non-threatening meet group where we didn't talk about mental health issues. We cooked and we talked and hung out. I think his is an amazing story as a great outcome for our group." (Food for Mood program leader, program leader focus group)*

Social inclusion was considered by program leaders to be the strongest positive outcome of the program. They found participants not only were creating important inter-personal relationships within the group (participants exchanged email addresses and phone number and began getting together outside of the group), a number of clients were also able to engage in the community more fully due to their reduced social anxiety:

*"They said they couldn't be around people before but now they can and they figured out how to be in a group of people" (Food for Mood program leader reporting findings from client focus group, staff focus group).*

*"One person said about their anxiety going into buildings, they wouldn't have gone into before"(Food for Mood program leader reporting findings from client focus group, staff focus group).*

Improvements in social inclusion were reported in the client focus group as well as from the case manager client report. The gains in social inclusion were strongly attributed by program leaders to the focus of the group being on healthy eating rather than being specifically on their mental illness which allowed for a more relaxed and positive atmosphere:

*"… it wasn't a mental or a social work therapy group, like the focus wasn't on depression or anxiety or their illness or substance abuse, it was on eating and being healthy and I think that was a really positive aspect of the group." (Food for Mood program leader, program leader interview).*

This demonstrates that the organizations goal of promoting wellness programs that are independent from clients' mental illness can still have significantly positive outcomes for clients in terms of social

inclusion and related mental health issues. The gains in social inclusion and mental health were also important goals of the program as well as important goals to the broader MOB project.

Data from the focus group and case manager client report indicated that many clients reported eating healthier and being motivated to continue to eat well and engage in physical activities. Program leaders found the used of motivational interviewing and cognitive behavioural therapy strongly supported clients' response to the program and resulted in many clients changing eating habits. Program leaders reported that, in the client focus group, all participants reported that participating in the program had resulted in positive health behaviour changes including: increasing physical activity (joining the local YMCA, walking and taking yoga classes), and improved eating behaviours (eating fewer pre-packaged/convenience foods and eating more fruits and vegetables). One staff member indicated that their client was strongly motivated to make these healthy lifestyle changes since starting the program and learning about the connection between healthy eating and mental health.

These findings indicated that the Food for Mood program was able to improve social inclusion and initial improvements in mental health. Additionally the program encouraged clients to make lifestyle changes that, if sustained, would lead to improvements in physical health as well. This demonstrates that the program did a good job of meeting the core goals of the MOB project.

### *Achieving personal goals*

Clients' personal goals overlapped with the goals of the program. Clients reported to program leaders that they were interested in building social inclusion as well as improving their healthy eating and physical activity habits. Many clients had these goals as part of their case management client plans. Program leaders also reported that a few clients had the goal of consistently showing up to the group; program leaders hadn't expected this to be a personal goal.

## Staff outcomes

As stated previously, as staff gained awareness about the relationship between healthy eating and mental health, many staff began to incorporate healthy eating into their client plans. Program leaders also reported that they had begun incorporating some of the learning around healthy eating in their own lives with their families.

## Organizational outcomes

There was an increased awareness of the connection between healthy eating and mental health, which has had an impact on how case managers develop individual client plans. This could also be considered to be an organizational shift in how care is delivered. Program leaders also felt that since the start of the program there has been more discussion around overall client wellness at the organizational level. The organization is building its wellness agenda by delivering programs focused on food and nutrition and smoking cessation. As noted earlier, the organization kicked off this shift towards wellness by participating in the CMHA Ontario pedometer challenge (see Appendix E for emails about the pedometer challenge circulated to staff).

Program leaders indicated that since the start of the Food for Mood program there has been an emphasis on healthy eating programs within the broader organizational shift towards wellness. Program leaders identified new healthy eating programs being run by the organization (i.e. cooking events and classes). Program leaders felt as though the organization was more conscious of the issue generally:

> *"So I would think that we're all much more conscious of nutrition and the value that that brings to our level of wellness." (Food for Mood program leader, program leader interview).*

To some extent, these organizational shifts seemed to have been in motion at the time the program started. The organization had already put in place goals to promote wellness generally as well as to support programs that had emphasis on wellness areas outside of mental illness. It is likely that the program reinforced organizational changes that had already begun.

### Were there unexpected outcomes?

Program leaders were surprised by a number of the outcomes. Firstly, as noted above, they were surprised that the Health Unit had taken on such a significant role in the program. Additionally program leaders hadn't expected that the chef had learned about the mental health population, which had resulted in a reduced stigma. Program leaders also identified that they had not expected the social inclusion outcome to be so prominent amongst program participants:

> *"We didn't really think as much about the social part and so that's a really big thing that came out of it." (Food for Mood program leader, staff focus group)*

Staff noted that clients reported a number of positive unexpected outcomes in the focus group. They did not expect to have made friendships or to have taken on leadership roles as part of the program. Some clients reported that their gains in mental health were unexpected as well, suggesting that prior to participating they did not believe that there would be a connection between eating and mental health.

## Important Learnings and Future Considerations

### Program challenges

Program leaders felt time was lacking in both the development and preparatory stages of the program as well as in the implementation of the program. As stated previously, program leaders felt that they did not have adequate time to run the program as they would have liked which resulted in their having to drop the formal education component of the program. They also felt limited by taking on multiple roles as part of the program (leading the group as well as acting as case managers), which made time management during the sessions a challenge as well. Timing and scheduling issues also made it difficult for the program to build its partnership with the YWCA to deliver some education sessions. Program leaders had also sought the help of a peer support worker, but the short time frame of the programming made it impossible to schedule. Having completed the program, program leaders did not feel that time would be as big of an issue in the future since much of the planning had already been done.

### Future Needs and Program Changes

When asked about future needs, program leaders and staff identified a few key needs if they continue this or other healthy eating programs:

Funding: This would mostly be for the weekly groceries. They would not need as much funding for subsequent programs, however, since kitchen supplies were already purchased for the pilot. Funding would also be required to rent the space from the church; however, if they wanted to run a smaller program they could do so at their kitchen site in one of their supportive housing units. There would also be the costs associated with paying staff that would be required.

Human Resources: Program leaders identified that having a peer support worker for the next round would be very helpful. The peer support workers would be paid to take over the planning and running of the program, which would help alleviate the time required of already busy case managers. While this would help with the time challenges the program leaders faced, this could also increase costs of the program. They would still need to have a case manager involved, but the peer support worker would

take on the bulk of the work. Program leaders also saw the possibility of having other consumers take on leadership roles in the next stage of this program.

Program changes: Program leaders would like the next phase of the program to include a formal education section. This would likely require longer session times; only an additional 15 minutes would be required. Program leaders also heard from clients that they would be willing to expand the program to include separate cooking sessions where clients pitched in for groceries and cook together. Generally, program leaders expect that program will expand and include additional activities over time.

## Summary

The Food for Mood program did an excellent job at meeting the aims of the MOB project. Clients demonstrated early gains in mental health and many had excellent gains in social inclusion with regard to inter-personal relationships as well as community integration. Clients' readiness to change was enhanced and encouraged lifestyle changes which, if sustained, will lead to improved physical health over the long term. The community of practice was built through the development of new partnerships in Peterborough, which are expected to continue in the future. CMHA Peterborough also benefited from participating in teleconferences and training day as a means to create additional linkages with other pilot sites and share their experiences.

The program also did a good job of meeting its own goals as well as meeting broader organizational goals. It is encouraging that CMHA Peterborough has demonstrated a shift towards promoting wellness generally, and this program serves to build on this goal and provide support for its importance. A key learning from this program was the importance of running a program that was not focused on mental illness but rather on healthy eating. This put clients at ease and created a safe and fun environment in which clients could learn and share experiences. There was a strong positive response to this program and there are already waiting lists for the next round.

## Appendix A: Internal memo about the program



Contact: Marcy Worral

(705)748 – 6711 extension 232

mworral@peterborough.cmha.on.ca

FOR IMMEDIATE RELEASE

**Exciting New Program - CMHA Peterborough Promotes Eating Well and Physical Activity**

As the body gets ill, so can the mind, and the two are not mutually exclusive.

Canadian Mental Health Association, Peterborough Branch, has been selected as a pilot site for the **Eating Well for Mental Health** phase of the "Minding our Bodies" initiative through CMHA Ontario. Six locations across Ontario were chosen as sites for this second phase of this exciting and timely project.

Minding Our Bodies is an initiative of CMHA Ontario, in partnership with Mood Disorders Association of Ontario, Nutrition Resource Centre, YMCA Ontario, and YorkUniversity's Faculty of Health with support from the Ontario Ministry of Health Promotion. The project's goal is to increase capacity within the community -based mental health system in Ontario to promote active living and healthy eating for people living with serious mental illness to support recovery.

Marcy Worral, a CMHA Peterborough Mental Health Case Manager, is the project lead. Arrangements are underway to offer a 6-8 week program with a focus on healthy eating. Collaborating with local community agencies such as Peterborough City and County Health Unit and YWCA, the program will focus on food safety and sanitization; kitchen terms, tools, techniques and ingredients; food shopping and meal planning; food handling, storage and preservation, and tips to eating well on a limited budget.

"My hope is an increase in overall wellness for the participants", states Worral.

Further, during the month of July, CMHA Peterborough got physical and participated in the CMHA Ontario pedometer walking challenge to support the release of the Minding Our Bodies project. There was great staff participation with a total of2,635,167 steps for the local Branch over the month.

***

If you would like more information on this topic, or to schedule an interview, please call Mark Graham, Executive Director at (705) 748 – 6711 extension 211. Thank you!

## Appendix B: Example of emails sent out to promote the Food for Mood program

Thank you to everyone for their referrals to the Nutrition / Cooking Program. The program will begin in November and will run for 6-8 weeks (no definite date set yet…). I'd like to meet with every client individually first to talk with them about their interests and hopefully answer any questions they have about participating in the program. Please let me know if you have anyone on your case load who may be interested in joining the program.

The program will consist of:

- food safety and sanitization
- kitchen terms, tools, techniques and ingredients
- food shopping and meal planning
- food handling, storage and preservation
- tips to eating well on a budget
- cooking skills – focus on teaching easy and delicious meal and snack preparation using vegetables, fruits, whole grains, beans, nuts, fish, low-fat dairy, lean meat and beneficial fats. Decrease use of pre-packaged, processed and refined foods high in sweeteners, sodium, saturated and trans fat, artificial ingredients and preservatives
- saving time, cutting costs and having fun making healthy food
- how food affects mood, mental health and wellness

Thanks,
Marcy

---

**From:** Marcy Worral
**Sent:** Mon 10/25/2010 11:25 AM
**To:** Health Team
**Subject:** Nutrition / Cooking Program

Do you have clients with goals of healthy eating?? The Nutrition / Cooking Program will beginonNovember 25and will run for 8 weeks. We have a chef coming in from the Health Unit to teach cooking skills and clients will have a chance to prepare and eat their own meals in the group atmosphere. Clients will also be provided with grocery cards and a cooking kit.

Please let me know asapif you have anyone on your case load who may be interested in joining the program.

The program will consist of:

- food safety and sanitization
- kitchen terms, tools, techniques and ingredients
- food shopping and meal planning
- food handling, storage and preservation
- tips to eating well on a budget
- cooking skills — focus on teaching easy and delicious meal and snack preparation using vegetables, fruits, whole grains, beans, nuts, fish, low-fat dairy, lean meat and beneficial fats. Decrease use of pre-packaged, processed and refined foods high in sweeteners, sodium, saturated and trans fat, artificial ingredients and preservatives
- saving time, cutting costs and having fun making healthy food
- how food affects mood, mental health and wellness

# Appendix C: Food for Mood Screening Tool

**Screening Tool**

1. What do you hope to learn from the group?

☐ Food Safety

☐ Cooking Skills and Recipes

☐ Food Shopping

☐ Meal Preparation

☐ How Food Affects Mood

☐ Socializing

2. What are your goals for the group?

Eating more fruits and vegetables

Eating new kinds of food

Saving money on groceries / better food budgeting

Feeling healthier

More aware of what's going on in the community

Eating more home-made meals

Learning about nutrition, healthy food choices

Learning how to cook

Buying more local produce

Other

3. Have you been other groups before?

☐ Yes

☐ No

If “yes”, what was it like for you?

4. How many meals do you eat that are home-made each week?

☐ Some meals

☐ Most meals

☐ All meals

5. How many meals do you eat that are pre-prepared (either restaurant or from a grocery store) each week?

Some meals

Most meals

All meals

6. Currently how many servings of each do you eat per day?

Fruits and Vegetables

Meat and Alternatives

Grain Products

Milk and Alternatives

7. How does food affect your mental health?

8. Do you have any food allergies?

9. Do you have a special diet?

Diabetes

Lactose Intolerance

Other:

# Appendix D: Internal Evaluation Summary

**Nutrition Group Feedback – Week 1**

1. I enjoyed working with others to prepare a meal today.

Yes _ 4 No _ Somewhat_2

2. I have a better understanding of using recipes and cooking to make meals more interesting.

Yes _3 No _ Somewhat_3

3. I have a better understanding of nutrition and healthy food choices.

Yes _4 No _ Somewhat_2

4. I have a better understanding of how to save money on groceries.

Yes _ 4 No _ Somewhat_2

5. I plan to prepare some meals this week.

Yes _5 No _ Maybe _1

Things I have learned in this group that will be useful:

- *How to cut a pepper*
- *Making home made chicken fingers and macaroni can cut down on sodium and money spent*
- *Cutting vegetables*
- *How to make a roux sauce properly*
- *How to make a white sauce*
- *Learned about cross contamination*
- *How to make a healthier macaroni*

How could the nutrition group be improved?

- *Don't ask me, it was great*
- *None it's good enough*
- *Please enforce how to wear a hair net properly. There were several people who had the net on top of their head with their long hair sticking out. Gross!*

Food Labeling and Safe Food Handling Quiz and Outcomes

**1. Meat, poultry and fish products are defrosted in my home by:**

- ○ Setting them on the counter
- ◉ Placing them in the refrigerator
- ○ Microwaving

**2. The last time I handled raw meat, poultry or fish, I cleaned my hands afterwards by:**

- ○ Wiping them on a towel
- ○ Rinsing them under hot, cold or warm tap water
- ◉ Washing with soap and warm water

**3. I clean my kitchen counters and other surfaces that come in contact with food with:**

- ○ Water
- ○ Hot water and soap
- ◉ Hot water and soap, then bleach solution
- ○ Hot water and soap, then commercial sanitizing agent

**4. The last time there was cookie dough in my home, the dough was:**

- ○ Made with raw eggs, and I sampled some of it
- ○ Made with raw eggs and refrigerated, then I sampled some of it
- ○ Store-bought, and I sampled som of it
- ◉ Not sampled until baked.

**5. If a cutting board is used in my home to cut raw meat, poultry or fish and it is going to be used to chop another food, the board is:**

- ○ Reused as is
- ○ Wiped with a damp cloth
- ○ Washed with soap and hot water
- ◉ Washed with soap and hot water and then sanitized

**6. The temperature of the refrigerator in my home is:**

- ○ 50 Degrees Fahrenheit (10 degrees Celsius)
- ◉ 40 F ( 5 C )
- ○ I don't Know; I've never measured it.

**7. The last time we had leftover cooked stew or other food with meat, chicken or fish, the food was:**

- ○ Cooled to room temperature, then put in the refrigerator
- ◉ Put in the refridgerator immediately after the food was served
- ○ Left at room temperature overnight or longer

8. How long must you wash your hands?

5 seconds
30 seconds
20 seconds

9. When must you wash your hands?

**Before** you touch anything used to prepare food

**After** you work with **raw** meat, fish and poultry

**After** you handle trash and take out garbage

All of the above

10. The correct steps for cleaning utensils, food contact surfaces and equipment are:
    1. Wash, Rinse, Sanitize
    2. Wash, Sanitize, Rinse
    3. Scrape, Wash, Rinse

**Outcomes Re: Food Label Reading**

After participating in guidance around label reading through a grocery store…
Interactive Nutrition Label Quiz – Health Canada Website
7 Participants completed the quiz, 9 questions regarding reading Food Labels
4/7 got 9/9 answers correct
2/7 got 8/9 answers correct
1/7 got 7/9 answers correct

**Outcomes Re: Safe Food Handling – after education component**

7 Participants completed the quiz on safe food handling.
5/7 got 10/10 answers correct
1 / 7 got 9/10 answers correct
1/7 got 8/10 answers correct

## Appendix E: Pedometer challenge emails

Dear All,
During the month of July we participated in the CMHA Ontario pedometer challenge to support the release of the Minding Our Bodies project. We had great participation with a total of 2,635,167 steps for our branch over the month.

There has been a lot of conversation and interest for a branch activity - with a little healthy competition! Now we are proposing "A Million Steps" challenge starting in September. It will be a team competition, open to all staff, with the first team to reach the goal to win a prize.

During August Marcy and Colleen will be organizing the teams and sending out more details. If you would like to participate please let Marcy know and keep an eye out for more information.

Keep walking!
**********

**Pedometer Challenge at CMHA Peterborough**

It is great to see that there has been a lot of interest in having our own Branch Pedometer Challenge.
**How will it work?**
We will draw names to form teams from all staff members who would like to participate. The size of the teams will depend on how many staff sign up.

Each team will pick a team leader who will be the contact person for that team and who will also be responsible for updating the "Steps Chart" which will be located by the staff bulletin board on the main floor.Each team will keep track of their daily totals and post them on the board.If we are unable to have an equal number of participants on each team, we will draw a name(s) from the team and they will have their steps count twice.

The team who reaches a million steps first wins a prize of a Pizza Lunch!

We will be drawing the names of the teams on August 24,2010
If you have any questions, please see Marcy.

**Thanks and keep walking!**
**********

Thank you everyone for your interest in the Pedometer Challenge!

Colleen and I drew names this morning using an internet Random Generator (random.org). We have four teams of nine participants for the Pedometer Challenge (see below) Feel free to be creative and decide on a name for your team!

We are asking for each team to **pick a team leader**. The team leader will be the contact person for that team and will also be responsible for updating the "Steps Chart" which will be located by the staff bulletin board on the main floor. (watch for Haley Milan's fantastic art work!) Please decide who will be the team leader for your team and let me know by Monday, August 30th. I will then get in touch with the Team Leaders to provide more information about the Pedometer Challenge.

We will begin the challenge on September 7. The first team to reach a million steps is the winner!

## Appendix F: Memo regarding the end of the Food for Mood program

Kudos to Marcy on a very successful endeavour!

Our agency has been successful in becoming a pilot site for the Eating Well for Mental Health phase of the "Minding our Bodies" Initiative through CMHA Ontario. There are only 6 pilot sites chosen throughout Ontario and we are one of those- Yeah!!!!

Marcy graciously agreed to take the lead for this wonderful initiative and has been the one submitting the proposal and establishing partnerships within our community in preparation for us being selected. This is very exciting news for us. Along with the acceptance of our proposal comes $3000.00 funding to assist us with the project. Needless to say I want to congratulate Marcy on her hard work and the pay-off this is for our clients and for our community of practice.

Eating Well for Mental Health is the second phase of the Minding our Bodies project of CMHA Ontario.

Eating Well for Mental health is intended to:

- ✓ Increase individual and organizational understanding of the role nutrition plays in physical and mental heath
- ✓ Build capacity in the community mental health sector to provide life skills training to enable people with mental illness to plan, budget, shop and cook in a health conscious , budget-savvy way
- ✓ Raise awareness of food security issues
- ✓ Improve access to healthy food options
- ✓ Create new opportunities for peer support workers in planning and delivery of healthy eating programs
- ✓ Strengthen local and provincial partnerships among organizations with a shared interest in preventing and managing chronic disease and promoting mental health.

Marcy has some exciting plans for this project and I am sure you will be hearing all about those in the coming weeks.

Please join me in sending Marcy congratulations and thanks for her leadership with this initiative.

Beth