











Minding Our Bodies Project Overview

"Eating Well for Mental Health" Training Day September 23, 2010



Minding Our Bodies is...

- A provincial mental health promotion program
- An initiative of the CMHA Ontario
- In partnership with YMCA Ontario, York University Faculty of Health, Mood Disorders Association of Ontario and the Nutrition Resource Centre
- With support from the Ontario Ministry of Health Promotion through the Communities in Action Fund (2008-2010) and Healthy Communities Fund (2009-2011)



















Minding Our Bodies is designed to:

- Build capacity within the community mental health system in Ontario to promote physical activity and healthy eating for people with serious mental illness to support recovery
- Help mental health service providers, together with community partners, develop and deliver evidence-based programs, improve access to local resources, and promote social inclusion





Short-Term Objectives

- Increased awareness of the relationship between healthy eating and mental health
- Increased awareness of effective strategies for promoting healthy eating and physical activity among people with serious mental illness
- Strengthened partnerships between provincial organizations interested in these issues
- Increased capacity among community mental health agencies to deliver and evaluate health promotion activities
- Increased inter-professional partnerships
- Development of a group of trained leaders to promote healthy eating skills with people with serious mental illness





Longer-Term Objectives

- More healthy eating programs, improved food security, and access to healthy eating options for people with serious mental illness
- Greater awareness of association between chronic diseases, healthy lifestyles,
 mental health and mental illness throughout the mental health field
- Development of a common culture across mental health organizations that incorporates physical activity and healthy eating promotion as core features of mental health promotion.





Project Deliverables

- Environmental scan: perceived barriers, success factors, existing models
- Literature review(s): evidence for decision makers
- Online toolkit (<u>www.mindingourbodies.ca</u>): strategies and tools to help organizations develop effective and realistic programs (fact sheets, links to resources, documentation of some existing programs, evaluation resources, etc.)
- Six pilot programs + training for dietetic interns and others
- Community of practice
- Project evaluation





- Online survey: 77 respondents (52 completed)
- Beliefs about healthy eating programs:
 - Majority "strongly agree" that healthy eating is an effective way to improve both the physical health (71%) and mental health (56.7%) of their clients
 - Four respondents (6.0%) "strongly disagreed" that healthy eating is an effective way to improve the mental health of their clients





- Prevalence of healthy eating programs
 - Majority of respondents (51.4%) reported that their agency currently provided at least one type of healthy eating program
 - Another 22.9% of respondents were thinking of starting a healthy eating program
 - Less than one-quarter of respondents (21.4%) did not have a nutrition service





- Types of Healthy Eating Programs
 - Variety of approaches are being used to promote and support healthy eating and to increase access to healthy foods:
 - Nutrition Education Sessions
 - Healthy Eating Classes/Discussions
 - Healthy Food Purchasing
 - Menu Planning and Food Budgeting
 - Healthy Eating and Mental Illness
 - Living with Schizophrenia





- Types of Healthy Eating Programs (continued)
 - Chronic Disease Prevention/Management Sessions
 - Diabetes Education Classes
 - Stanford Chronic Disease Prevention
 - Cooking Skills Sessions
 - Food Security Initiatives
 - Prepared Meals
 - Community/Collective Kitchens
 - Good Food Boxes
 - Food Co-Operative
 - Community Gardens





- Six respondents (8.3%) reported that they had previously offered a healthy eating program but currently did not
 - Most common reason for discontinuing the program was the expense to deliver the service and lack of funding
 - Other reasons for stopping the service included:
 - lack of client participation program planning and delivery
 - clients are not interested
 - clients need to buy cheap food
 - clients like to eat unhealthy food
 - staff involved in program delivery left the agency





Organizational Challenges

- Almost all (97%) respondents reported that there were significant challenges to their organization when trying to start or sustain their healthy eating program
- Most frequently mentioned factors were:
 - lack of funding
 - time required to develop a new program
 - clients' lack of interest or commitment in healthy eating programs
 - lack of access to a dietitian





Other challenges

- lack of or restricted access to physical space for programming
- Lack of staff knowledge about healthy eating
- Lack of staff interest or commitment
- Lack of staff knowledge about food budgeting skills
- Lack of staff knowledge about increasing access to food
- Legal liability issues
- Not part of the organization's strategic directions and mission
- Consumer's financial inability to purchase healthy foods





- Other challenges (continued)
 - Lack of staff knowledge about cooking skills
 - Clients' diverse cultural eating habits
 - Risk of injury (e.g., cuts from cooking tools, burns from hot surface or liquids)
 - Individual food allergies





- How can we make healthy eating programs more effective?
 - Most frequently reported factors were:
 - additional funding
 - additional staff
 - more time for planning
 - more information to support planning and program delivery
 - a literature review on the link between healthy eating and mental health
 - 75% said additional training, such as workshops or seminars about healthy eating, would help them run their program





Community Partnerships

- Majority (96.6%) said that partnerships with other health promotion organizations, either provincially or in their local area, would help strengthen their program to make it more effective and sustainable
- Potential partners most frequently identified were:
 - organizations that employed a dietitian, such as health units, hospitals and Community Health Centres
 - public health departments
 - health care practitioners, such as physicians, nurses, Family Health
 Teams





- Potential partners (continued)
 - agencies with food security initiatives, such as community kitchens, community gardens, or food co-ops
 - Canadian Diabetes Association
 - First Nations communities
 - local YMCAs
 - ParticipACTION
- Full environmental scan will be published on the website





• QUESTIONS?

