



**Minding Our Bodies**  
eating well for mental health

# **Environmental Scan**

## ***Online Survey Results***

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**April 2010**  
***Revised February 10, 2011***

[www.mindingourbodies.ca](http://www.mindingourbodies.ca)

## **Environmental Scan: Online Survey Results**

### **Why Focus on Healthy Eating?**

Serious mental illness is a significant risk factor for the development of a number of chronic diseases including chronic obstructive pulmonary disease, breast cancer, colon cancer, lung cancer, stroke, heart disease and diabetes.

Schizophrenia and depression are independently identified as risk factors for type 2 diabetes. At the same time, mental illness can influence a person's health behaviours. Studies show that depression, for example, has a negative impact on food choices, commitment to exercise and adherence to medical therapies.

Choices around diet, exercise, smoking and treatment adherence can all have a serious bearing on the state of one's physical health. To compound the issue, psychiatric medications can induce metabolic syndrome resulting in weight gain. A high percentage of people with serious mental illness are smokers, often as a means to combat the side-effects of medication.

Research evidence shows that healthy eating can have positive effects in preventing chronic disease, improving chronic disease outcomes and supporting recovery from mental illness. Despite the known benefits, healthy eating interventions in Ontario are neither commonplace nor well integrated with other services delivered by community providers of mental health care. Mental health service providers in Ontario have identified a need for assistance in managing chronic physical conditions when working with people with serious mental illnesses.

### **Why Focus on Food Security?**

The early onset and episodic nature of many mental illnesses disrupts education, employment and relationships. This can result in disempowerment, poverty and social isolation. Poverty affects a person's motivation and capacity to eat well and be physically active. Poverty is an underlying risk factor for chronic diseases such as diabetes and heart disease and for obesity.

Low income can also put an individual in a situation of food insecurity. Food insecurity occurs when an individual or family has “limited or uncertain access to nutritious, safe foods necessary to lead a healthy lifestyle. Households that experience food insecurity have a reduced quality or variety of meals and may have irregular food intake” (United States Department of Agriculture).

### **About the Minding Our Bodies Project**

Minding Our Bodies is a multi-year project (2008-2011). Our purpose is to increase capacity within the community mental health sector in Ontario to promote healthy eating and active living for people with serious mental illness.

The project will develop a toolkit, a one-day training workshop, and a website to support mental health service providers and their community partners in developing new programs and increasing access to existing resources.

Project goals include the creation of opportunities for peer leadership development, the fostering of community partnerships, and an increased capacity to evaluate mental health promotion programs. Ultimately, Minding Our Bodies is intended to support mental health promotion and recovery from mental illness through greater access to healthy foods, access to resources, greater social inclusion, and reduced stigma and discrimination.

The objectives of the environmental scan were to locate and describe existing programs, understand their strengths and weaknesses, and identify both the challenges they faced and the successes they experienced. The scan also sought to understand the perceived barriers that prevent community mental health organizations from starting and maintaining healthy eating programs. The scan also set out to identify healthy eating resources already available in Ontario, including other sectors, which could be used by mental health organizations.

The findings are intended to support the development of the Minding Our Bodies Toolkit, a resource to help community mental health service providers in Ontario promote healthy eating and create new opportunities for food security.

Minding Our Bodies: Healthy Eating for Mental Health is an initiative of the Canadian Mental Health Association, Ontario in partnership with Mood Disorders Association of Ontario, Nutrition Resource Centre, YMCA Ontario and York

University's Faculty of Health, with support from the Ministry of Health Promotion and Sport through the Healthy Communities Fund. The project builds on CMHA Ontario's policy work in such areas as mental health promotion and chronic disease prevention and management.

### **The Environmental Scan**

Data collection for the environmental scan took two approaches. The first approach was through the use of an online survey, developed using the tool Survey Monkey ([www.surveymonkey.com](http://www.surveymonkey.com)). An e-mail invitation to participate was sent directly to more than 300 community mental health organizations, identified through listings provided online by Mental Health Service Information Ontario ([www.mhsio.on.ca](http://www.mhsio.on.ca)). The invitation was further distributed by the Minding Our Bodies Advisory Committee through their own communication networks, including the Nutrition Resource Centre and the Heart Health Resource Centre mailing lists. The survey was also advertised on the Minding Our Bodies website ([www.mindingourbodies.ca](http://www.mindingourbodies.ca)) and in CMHA Ontario's e-newsletter, *Mental Health Notes*.

Between February 22, 2010 and March 15, 2010, more than 77 surveys were completed. The online survey was intended for all community mental health service providers, both with and without healthy eating programs. The response rate of 20.6% suggests a lower level of interest in healthy eating compared to active living, as the response to an earlier survey in phase one was 40%. However, many of the comments returned on the survey were highly supportive of the project aims.

The second approach was an in-depth telephone interview process with service providers that offered healthy eating programs or who had developed specific nutrition resources for this population. Over 25 prospective agencies were identified through an online search for programs and through survey respondents who indicated they currently had, or had previously, a healthy eating program. This list was reduced to 15 due to time limitations. Key information from the interviews was incorporated into a more detailed overview of existing healthy eating programs, *Healthy Eating Programs in Ontario for People with a Mental Illness*.

### ***Strengths and Limitations of the Environmental Scan***

A total of 77 surveys were submitted from a field of approximately 350 community mental health service providers in the province. Most questions included an instruction to “check all that apply,” which allowed respondents to indicate multiple answers; this explains why some percentages below exceed 100%.

A possible limitation of the online survey relates to the fact that approximately 32% of respondents did not complete the entire survey – resulting in a total of 52 completed surveys.

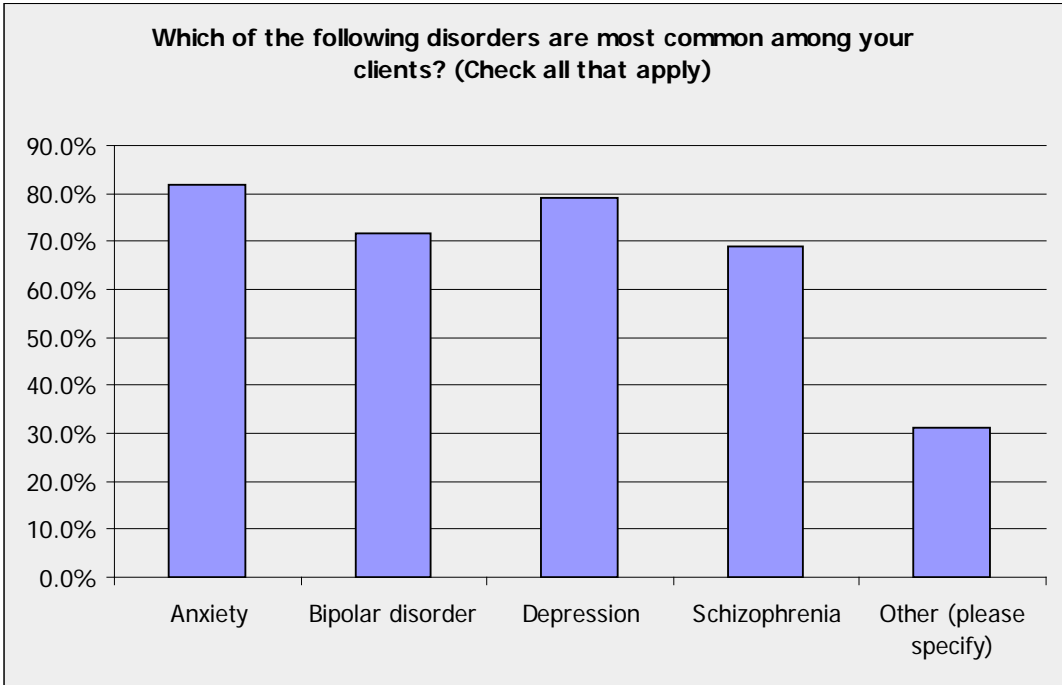
### **Summary of Findings from the Online Survey**

#### ***Organization and client profile***

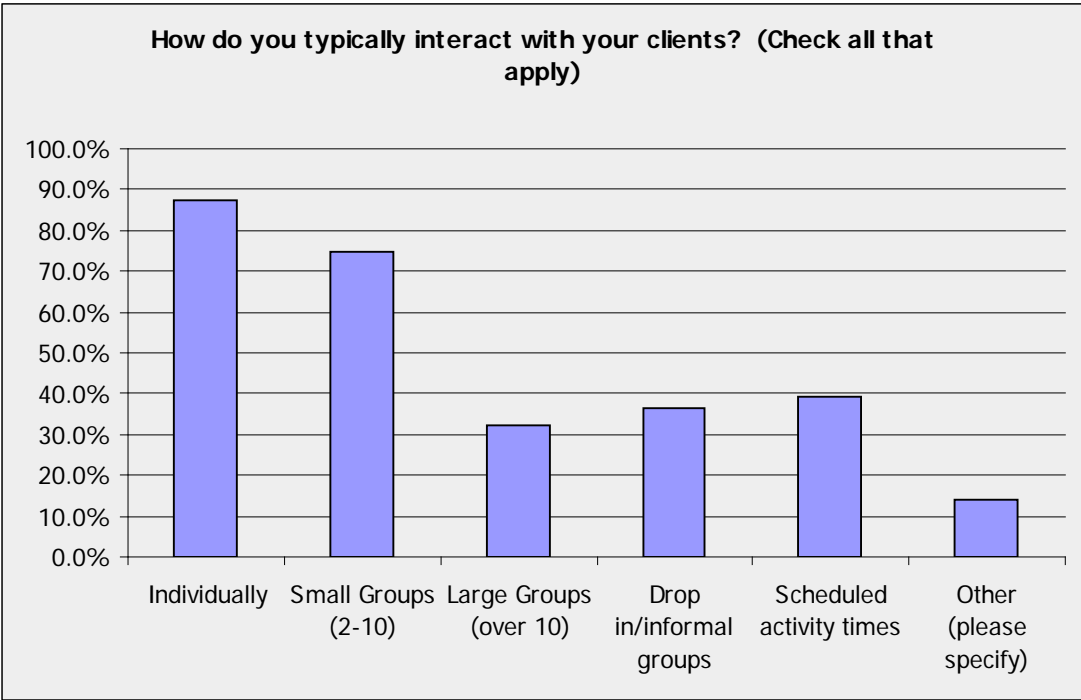
The first six questions in the online survey gathered general information about the respondents and their organizations.

A total of 57 respondents (79%; N=76) provided some information about their organization while 21% selected to remain anonymous. Approximately three-quarters (N=55) of respondents provided the name of their organization.

The respondents reported that their agencies served people with different types of mental illness, most frequently clients with a diagnosis of anxiety (82%), depression (79%), bipolar disorder (72%) and schizophrenia (69%). Other mental disorders affecting their clients included Cognitive Disorders, dual diagnosis, Borderline Personality Disorder, Concurrent Disorders, substance dependence, Dissociative Identity Disorders, PTSD and eating disorders.



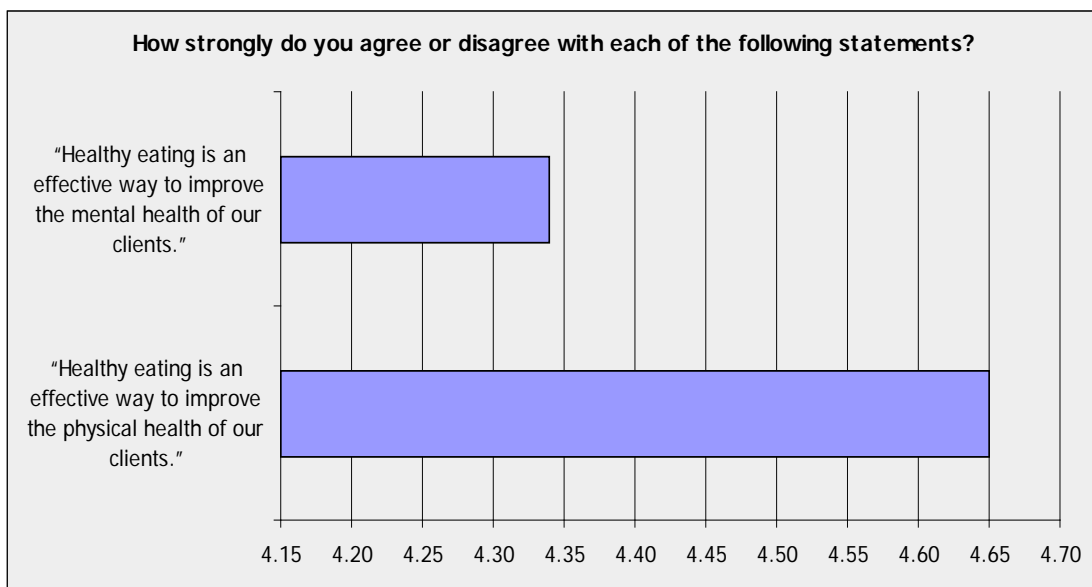
The agencies interacted with their clients in a variety of ways, with individual consultation (87%; N=76) and small group work with two to ten people (75%) being the most prevalent.



Other methods used to interact with clients included by phone, e-mail, and monthly meetings, integrated groups in the community, 24-hour crisis phone lines, and outreach services.

### ***Healthy Eating Programs – Beliefs***

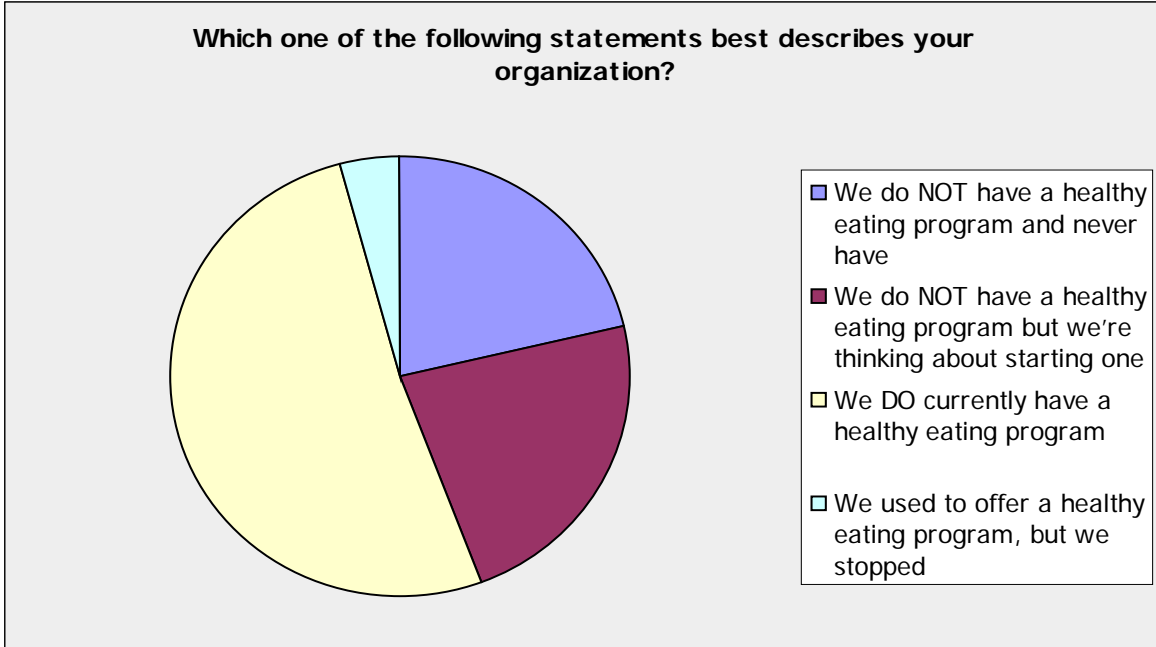
The majority of respondents stated that they “Strongly Agree” that healthy eating was an effective way to improve both the physical health (69%; N=32) and mental health (57%; N=72) of their clients.” Only 4 respondents (6%) “Strongly disagreed” that healthy eating was an effective way to improve the mental health of their clients.



### **Organizations with Healthy Eating Program Experience**

A total of 39 respondents (52%; N=77) reported that their agency provided at least one healthy eating program, while 4% had previously offered consumers a healthy eating program. A further 23% were thinking of offering a nutrition service.

In addition, almost all (94%; N=31) of the agencies currently offering healthy eating programs also provided other health promotion programs such as physical activity programs (66%), smoking cessation support (35%), health promotion education on a variety of health topics (28%), and education about diabetes (21%).



***“Many people that I work with who live in extreme poverty budget really well. The issue is that they don't get enough money to eat well from OW or ODSP.”***  
 (Respondent, Environmental Scan, 2010)

### **Types of Healthy Eating Programs**

Of the potential 39 respondents, 87% briefly described the type of healthy eating program offered by their agency. A variety of approaches were used to promote and support healthy eating and to increase access to healthy foods, as summarized below.

#### **Types of Healthy Eating Programs**

##### ***Nutrition Education Sessions***

Healthy Eating Classes/Discussions  
 Healthy Food Purchasing  
 Menu Planning and Food Budgeting

##### ***Healthy Eating and Mental Illness***

Food and Mood  
 Living with Schizophrenia

##### ***Food Security Initiatives***

Prepared Meals  
 Community/Collective Kitchens  
 Good Food Boxes  
 Food Co-Operative  
 Community Gardens  
 Container Gardening Classes  
 Crisis Cupboards

##### ***Chronic Disease Prevention/Management Sessions***

Diabetes Education Classes  
 Stanford Chronic Disease Prevention Program  
 Craving Change

##### ***Cooking Skills Sessions***

## Organizational Successes in Attracting Participants

While there were challenges in attracting clients to healthy eating programs, respondents also reported a variety of successful initiatives and approaches. Five of the agencies that provided nutrition programs reported that they did not have any challenges attracting clients to healthy eating programs. Nutrition education was successfully implemented within healthy lifestyles program and was well received. Another respondent remarked that their community kitchens were well attended. One respondent reported that their program came to be as a result of the membership wanting a healthy eating program.

The following positive comments were received:

- *“All of the participants were very interested in finding more ways to eat healthy on a limited budget and how proper nutrition can improve their mental health.”*
- *“Members enjoy learning new recipes, developing skills and confidence, sharing experiences and enjoying the social interactions”.*
- *“Clients ended up choosing to have a healthier beverage, walk instead of smoke and strive to exercise at a community gym.”*

A variety of successful approaches were used to engage consumers, as noted below. In addition, several agencies partnered with other organizations that brought their clients to their healthy eating programs.

### Organization Successes Reaching Consumers

#### *Program Promotion*

- Offered to all clients via flyer
- The group spreads through “word of mouth” from the clients and the mental health agencies
- Long-time participants who spread the word to newcomers
- Through 1:1 interactions

#### *Program Format and Cost*

- Low or no cost helps them out while they are learning about nutrition
- By making it modular based, people have another group to look forward to
- Motivational interviewing and goal-setting to help people stay motivated.

#### *Incentives*

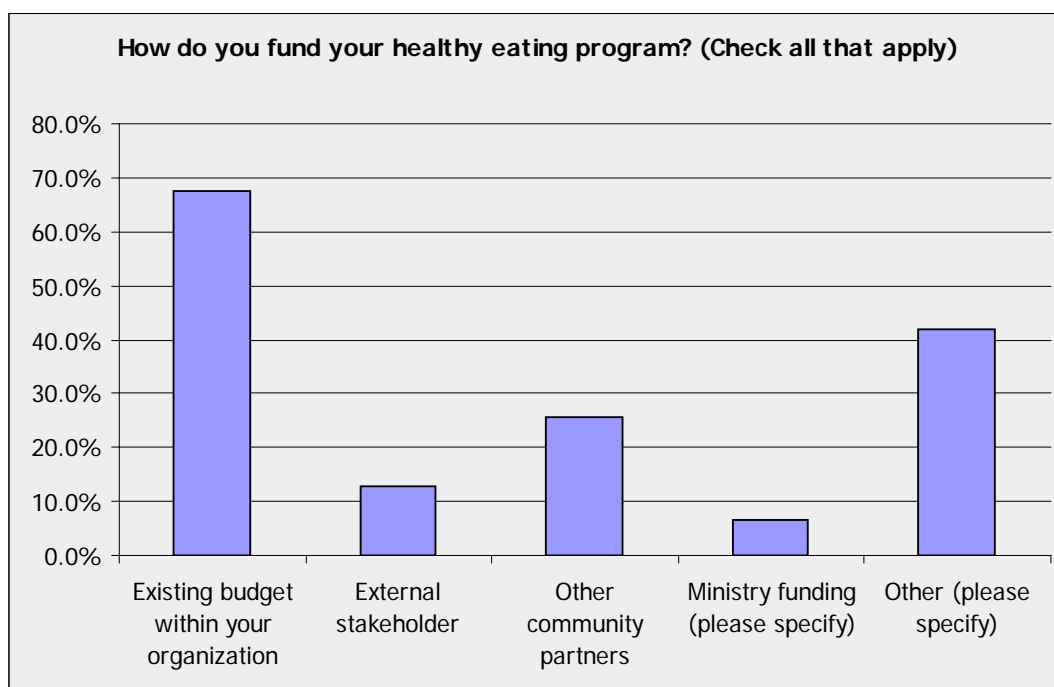
- Free food or snacks
- Sampling new types of food
- \$10 grocery store gift card for each class attended

#### *Paid Employment*

- Providing them with the work incentive was a good motivator
- Paid employment is a huge motivator. Once participating they want to learn more

## Funding

The majority (68%; N=31) of healthy eating programs were funded through the agency's existing budget. About one-quarter (26%) of respondents were provided nutrition services by community partners, such as the Diabetes Education Centre, as part of the partner organization's mandate.



In addition, 42% of respondents listed a variety of other sources of funding for their healthy eating programs, including:

- consumer contribution
- pharmaceutical company donation
- donations
- small grants
- subsidized with money we make at our snack shop
- fundraising such as selling cookbooks.

***“It is extremely difficult with current fiscal conditions to create new programs without financial support.”*** (Respondent, Environmental Scan, 2010)

## Partner Organizations

Most respondents (84%; N=32) reported that they delivered their healthy eating program in partnership with another organization in their community.

### Existing Healthy Eating Program Partnerships

#### *Medical*

- Diabetes Information Services
- Diabetes Education Centre - They conduct the nutrition education classes.
- Hospitals
  - The Cardiopulmonary Dept — members were led through an exercise program by a kinesiologist
  - A partnership with Cardiac Rehab program and have access to an indoor walking track and the use of some equipment.
  - Partner with the Mental Health Program and do some of the walking groups together

#### *Social Services*

- The New Direction Alcohol Drug and Gambling Program
- Ontario Disability Support Program (ODSP) Employment Program
- South Bruce Shores Employment Services
- Community Connections, Mental Health Housing Program
- Food security organizations — provide food and expert knowledge

#### *Government*

- Owen Sound Jail
- Town of Newmarket provided facilities at significantly discounted rate
- City of Owen Sound

#### *Health Units*

- Thunder Bay District Health Unit has provided Safe Food Handling Training for staff and resource material
- Porcupine Health Unit — dietitian accompanies clients to purchase groceries as part of their grocery shopping program
- Eastern Ontario Health Unit — provides support on nutrition

#### *Charitable Funding*

- United Way Grey Bruce provided land to use for a garden program

#### *Volunteers*

- Yoga Instructor volunteers her time
- a local master gardener volunteers

#### *Business*

- Apartment Building owner — provides kitchen facilities and multipurpose room for cooking, group exercise and yoga
- Pharmaceutical company donation

#### *NGOs*

- Heart and Stroke Foundation provided grant money to run cooking groups

#### *Faith Community*

- Churches – donated money

## Staff Training

About one-quarter of respondents (27%; N=30) provided their staff with special training in order to implement their healthy eating program. The most commonly provided training was related to the handling of safe food, such as the Safe Food Handling Certification or the Safe Food Handling Food Service Course provided by the local Health Department. Other training involved:

- Understanding the unique issues and barriers towards healthy eating for people with mental health issues
- Awareness of hospitalization, nutrition patterns, energy requirements and financial barriers
- Obtaining a Nutrition Specialist Certificate
- Qualifying to become CDSMP Master Trainers.

Agencies that did not provide training to staff involved in delivering healthy eating programs had qualified dietitians and nurses on staff, hired outside specialists to provide nutrition services, or were provided the healthy program free from another agency which employed dietitians, such as a health unit or Diabetes Education Centre.

## Challenges to Providing Healthy Eating Programs

Almost all (97%; N=33) respondents reported that there were significant challenges to their organization when trying to start or sustain their healthy eating program. The most frequently mentioned factors are summarized below.

Challenges Facing Organizations	
Lack of funding (55%)	Time required developing a new program (55%)
Lack of, or restricted access to, physical space for programming (36%)	Clients' lack of interest or commitment in healthy eating programs (30%)
Lack of staff knowledge about healthy eating (15%)	Lack of staff interest or commitment (12%)
Lack of access to a dietitian (15%)	Lack of staff knowledge about food budgeting skills (10%)
Lack of staff knowledge about increasing access to food/budgeting (9%)	Legal liability issues (9%)

Not part of the organization's strategic directions and mission (9%)	Consumer's financial inability to purchase healthy foods (10%)
Lack of staff knowledge about cooking skills (6%)	Clients' diverse cultural eating habits (9%)
Risk of injury, e.g., cuts from cooking tools, burns from hot surface or liquids (6.5%)	Individual food allergies (3%)

The majority (85%; N=34) of respondents replied that there were difficulties in attracting clients to participate in their healthy eating programs. A summary of their challenges are listed below.

### Challenges Attracting Participants

#### *Reaching Clients*

- Advertising can be challenging as many of our clients do not have internet access and often live in isolation
  - Unlikely to see flyers posted around the city
  - They tend to move frequently
  - Their phones are often out of service

#### *Lack of Funds for Incentives*

- Some grants do not allow extra money for attendance incentives — these programs are not as well attended as classes where we have incentives

#### *Low Income of Clients*

- The cost of "healthy food" is a huge barrier for clients in promoting healthy eating.
- Having a low income status (OW, ODSP) puts healthy eating near the bottom of many of our clients' priority list, so they may not value healthy eating classes as much as their health care providers.

#### *Health of Clients*

- The consumers we targeted for the group are coping with difficulty managing symptoms, addiction issues and are at risk of homelessness.
- The clients have issues with organizing their appointments and social commitments.

#### *Client Motivation*

- Motivation can be an issue. Some clients are not interested in changing their eating habits.
- Those who need it the most are the least interested.
- Difficulty in sustaining member's interest due to interruptions in the program with overlapping space demands and staff being called away to other tasks, which was frustrating for participants.

#### *Engaging Clients*

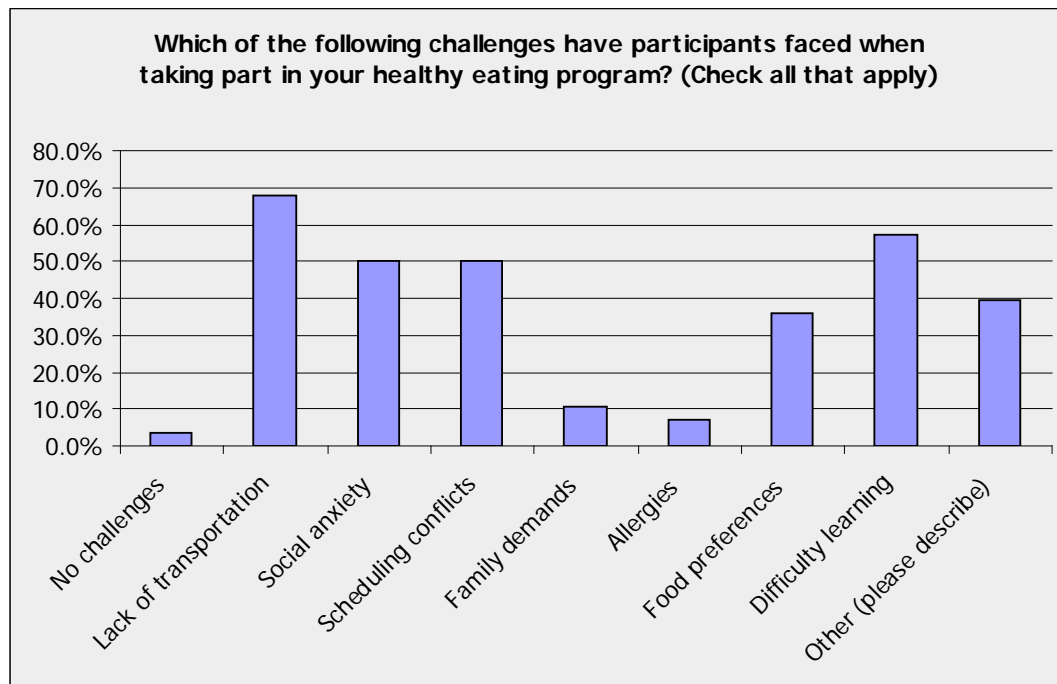
- Some of the clients who we feel would benefit the most have shown no interest.
- They require a great deal of reminding and encouragement to get to scheduled events.
- It is difficult to get clients to understand the risks of not eating healthy, especially diabetics

***“There is a lack of staff to fill in during my time off. Clients tend to be less inclined to return if a program has been cancelled for 2-3 weeks.”***

The majority (59%; N=39) reported that there were also challenges to keeping consumers engaged and motivated.

### **Consumer Challenges to Participating in Healthy Eating Programs**

Only one respondent (4%; N= 28) reported that their participants did not face any challenges related to attending nutrition programs. The most frequently experienced challenges consumers faced were lack of transportation (68%), difficulty learning (57%), social anxiety (50%), scheduling conflicts (50%) and food preferences (36%).



***“Our experience is that it is not the mental illness that poses the greatest challenge but the circumstances that arise from poverty, lack of other resources — limited cooking equipment, no freezers, difficulty accessing stores for best bargains.”*** (Respondent, Environmental Scan, 2010)

## Challenges Consumers Face to Participating in Healthy Eating Programs

### *Low income*

- Client's financial inability to purchase healthy foods
- Healthy food is often more expensive and clients are reluctant to spend their excess money on food
- Clients find it necessary to stretch their budget and will purchase unhealthy choices at a lower cost
- Costs and variety of healthy food choices that is appealing

### *Motivation*

- In the groups in which not many people attended, this affected the commitment of those that were attending. We found that the groups need to start with at least 8 people for everyone to feel committed.
- Clients lose interest easily — education is better disseminated in an entertaining manner using audiovisual aids
- Clients often don't want to make the efforts at home to continue eating healthy

### *Health*

- Some participants clearly lose focus during educational sessions
- Some challenges with peoples' illness ebbing and flowing...can be expected
- Member's mental / physical health

- Food preferences
- Transportation in the evening (catching the transit at night), cold weather and other commitments

***“It is not so much that people don't know what is healthy eating, as much as it is people can't afford healthy eating. Any education or interventions delinked from anti-poverty work risks blaming the poor for not having the skills or education or motivation to eat healthily.”*** (CMHA Ontario, Environmental Scan, 2010)

## Ways to Address Challenges

Of the respondents from agencies who currently, or previously, offered healthy eating programs, 55% (N=42) provided feedback on how they were able to successfully engage consumers in their healthy eating initiatives.

## Successes in Engaging Consumers and Maintaining Motivation

### *Transportation Support*

- Developed a transportation program
- Offered bus tickets.
- Provided bus tickets, bus training, and workers will provide rides
- Tried to have members buddy up for transportation

### *Support*

- Scheduled programs well in advance so members can organize their time
- Calling right before a group.
- Provided detailed instructions and support when needed
- Accommodated family members when

- Offered bus tickets (if people do not have a bus pass)
- Support Workers provided rides, if needed

- possible
- No fee for attending programs to address the poverty issues

*Accommodate Learning Difficulties*

- Had enough staff in the group to assist members who displayed cognitive difficulties.
- Program is behaviour-based and the teaching is done through interactive games.
- Do not rely on paper or classroom learning to address the cognitive deficits
- Visual instructions and teaching in ways that are interactive and hands-on help with learning difficulties

*Program content*

- Made it interesting and practical
  - divided luncheon plates [and] 4 oz juice glasses for clients to take home to help with portion control
  - showing clips of nutrition related DVD's and discussing after each clip (e.g., *Super Size Me*)
  - supermarket tours with quiz and prizes
- *Jeopardy* game to review concepts discussed in class

*Create Motivation to attend*

- By making it fun
- Calling people when they don't show up to provide extra support and help them problem solve or find motivation to attend again
- By making it social to address social isolation.

*Maintaining Motivation*

- Weekly to bi-weekly meetings help to maintain motivation
- Motivational interviewing
- Each member had identified personal goals to achieve.
- Be welcoming and accepting them where they are
- Making it very easy for them to succeed and downplaying the times when they make a mistake

*Social Anxiety*

- By keeping everything in the community
- Volunteer university students to address social anxiety
- Family members or Support Workers can be part of the group until the person feels comfortable
- Intensive Case Managers accompany clients that are anxious

*Incentives*

- Paying for the garden work
- Enticements for completing the hours such as gift cards, medals
- Prizes such as grocery vouchers
- End of program party - food, awards for most attended, best changes, etc.
- Each gardener was given a shirt

*Format*

- Offer frequent breaks
- Modified learning material
- Provide the educational material at an appropriate level
- Keep the groups interactive
- By making it modular based, people have

*Scheduling Conflicts*

- We schedule groups on varying days and times of day to address scheduling conflicts.
- Working with other supports in the person's life to remind them if they live in supported housing

another group to look forward to

#### *Food Preferences*

- We all as a group try to plan the menus - so everyone has an opportunity to provide input on meals
- provide variety of foods to accommodate varying tastes

#### *Timing of Programs*

- scheduled the program in early evening so that members would not be going home late at night
- We no longer have morning groups as they were not well attended).

#### *Location*

- Offering the program at the same location as their doctor's office
- In a location that is on a bus route/central to our catchment area.

***“We do not tell someone to leave if they are under the influence or experiencing symptoms provided they are safe and not disruptive to others.”***

## **Consumer Involvement in the Planning and Delivery of Healthy Eating Programs**

The majority (77%; N=31) of respondents involved consumers in some way in either the planning and/or delivery of their healthy eating programs. Of these respondents, consumers were involved in the following ways:

### **Successes in Involving Consumers**

#### *Program Planning (25%)*

- Focus group of members helped lay the groundwork
- A Healthy Workplace Group made up of volunteer employees dedicated to enhancing the health of all employees and offer ongoing assistance with programs and activities
- Involved consumer leaders who helped plan for educational sessions
- We have a yearly planning meeting where all members are invited
- Clients are involved in planning and implementation

#### *Formal Leadership Internship Program (17%)*

- All members take on leadership activities such as promoting the group and encouraging/supporting others, as needed, as part of the group
- Peer leadership is available through the CDSMP group for individuals who demonstrate leadership qualities
- Peer leadership through mentoring, WRAP training, Pathways to Recovery training, group-based learning
- Peer Specialists are trained and get together at least once a month

#### *Paid Consumers (17%)*

- Consumers hired to work in the kitchen, serving and cleaning up
- Consumer hired to oversee the garden program
- Peer support worker hired
- FRESH workers are all consumers

#### *Meal Planning (17%)*

- Members do participate in the planning of meals for the lunch program and the Community Kitchen
- Consumers provide input into direction of education sessions and meal choices.
- Food education and meal planning, shopping and preparations are all done together with members (consumers)
- Consumers assist in preparation of our weekly community lunch.

#### *Program Facilitators (17%)*

- The program is facilitated by people with schizophrenia. These facilitators were some of the first people to be involved in the program and that have since been trained to lead it.
- Members who have been in the program will mentor, co-facilitate or help run some of our groups.
- Consumers co-lead the group.
- Most of the programming is being facilitated by our Peer Resource Workers
- Monthly meetings in our Peer Resource Centres is a venue used to consult consumers

#### *Advisory Committee Meetings (8%)*

- A Consumer Initiative Association helps with fundraising and gives some direction and feedback for the programming
- We try as much as we can to get consumer input and feedback. We have open door policies, member meetings, volunteer meetings and all of which consumers sit on

## **Program Evaluation**

Slightly over one-half (52%; N=32) of respondents reported that they evaluated their healthy eating program in some way. The variety of evaluation methods ranged from the use of validated questionnaires to informal feedback.

### **Existing Evaluation of Healthy Eating Programs**

#### *Client satisfaction surveys*

- Programs are modified based on client evaluation at the end of each set of group classes.
- Anonymous questionnaire after every
- Evaluation based on participant observations and feedback.
- In a general satisfaction survey of the outpatient program

<ul style="list-style-type: none"> <li>session asking for feedback</li> <li>▪ Client feedback and participating staff reflect.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Yearly review</li> <li>▪ Program evaluation after the 4-6 week session is completed</li> </ul>
<b>Questionnaires on Behaviour Change</b>	
<ul style="list-style-type: none"> <li>▪ Behaviour Modification Questionnaire pre and post program.</li> <li>▪ Individual outcomes related to personal goals set</li> </ul>	<ul style="list-style-type: none"> <li>▪ Pre and post tests to determine behaviour change using validated tools.</li> </ul>
<b>Physical Health Data</b>	
<ul style="list-style-type: none"> <li>• Nutrition changes analyzed</li> <li>▪ Blood work</li> </ul>	<ul style="list-style-type: none"> <li>▪ Weight</li> <li>▪ BMI</li> <li>▪ Waist-circumference</li> </ul>
<b>Quality of Life</b>	
<ul style="list-style-type: none"> <li>▪ Quality-of-life questionnaire</li> </ul>	

Two respondents reported that they were in the midst of improving their evaluation methods by:

- Attempting to determine the impact of their lunch program on overall eating patterns, knowledge base of healthy eating and impact on use of outside resources such as food banks.
- Investigating options for standardized testing.

***“Setting time aside to develop an evaluation tool has been a challenge for us. We have currently engaged Conestoga College to do a formal program evaluation.”***

## Reported Impacts

Almost all (92%; N=24) respondents reported that they had observed positive impacts as a result of providing healthy eating programs, as outlined below.

### Positive Benefits from Participating in Healthy Eating Programs

#### **Increased Social Connection**

- Connections are made with other individuals engaging in the same activities,
- Improved interpersonal skills
- increased social interaction
- Clients connect to the other groups we offer through the centre which helps to decrease their social isolation.

### ***Positive Impact on Mental Health***

- Decrease in depressive symptoms and anxiety
- Decreased mood swings
- Better able to manage symptoms
- Feel much better about themselves due to weight loss

### ***Greater Awareness of Nutrition***

- People are taking more responsibility, show more insight
- They enjoy eating healthier
- Reading food labels

### ***Improvements in Eating Habits***

- Pre and post test questionnaires show a pattern of some improvement in eating habits.
- Are aware and are eating healthier
- Develop healthy habits such as daily breakfast
- People with diabetes are eating more vegetables and salads
- Individuals that were not eating well have at least started to engage in a healthier diet. *“One man from the group asked the group home where he lives to prepare healthier meals; ironically he would not eat a vegetable when he started the group.”*

### ***Positive Impact on Physical Health***

- Energy gain
- Lower blood pressure
- A few have quit smoking

### ***Weight Management***

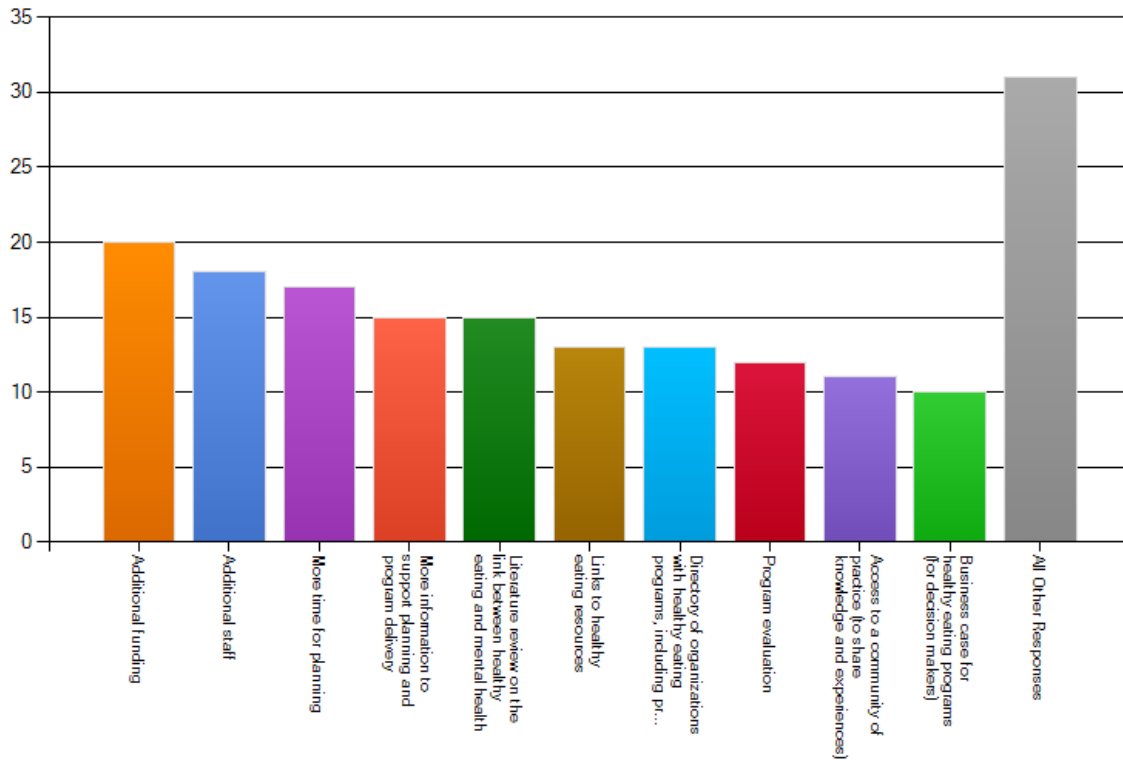
- Weight loss

***“Although they may seem small to some, there is always an improvement in the client’s healthy lifestyle. Through ongoing education, they are more conscious of their purchases and will walk the extra block.”***

## **What Is Needed to Make Healthy Eating Programs More Effective?**

Twenty-eight respondents provided input on which factors they thought would make nutrition programs more effective. The most frequently reported factors were additional funding (68%), additional staff (57%), more time for planning (57%), more information to support planning and program delivery (50%), and a literature review on the link between healthy eating and mental health (50%).

**Which of the following factors do you feel would make your program more effective?  
(Check all that apply)**



**Training**

Three quarters (N=30) of the respondents reported that additional training, such as workshops or seminars about healthy eating, would help them run their program. The most frequently mentioned topics are listed below.

**Effective Nutrition Education Strategies**

- Training in education principles for patients with mental health issues
- How to make program interesting
- What education strategies are most likely to change eating behaviour?
- The best way to market healthy eating programs to our clients — how do we tap into their value system?
- New ways to educate that can help to keep participants interested and engaged

**Weight Management**

- How to most effectively disseminate healthy eating programs to individuals with mental health issues and/or cognitive deficits.
- Programs that relate healthy lifestyle to
- Helping those with mental health issues overcome barriers that are significant to them, e.g., weight management due to medications, lack of energy, etc.

chronic illnesses such as chronic pain, diabetes, heart disease, blood pressure, depression, anxiety, stress, heart disease and medications for schizophrenia, bipolar etc.

### ***Nutrition and Food Safety Information***

- Information about nutrition — ways to integrate it every day. Any tips that can be passed on to the client, such as what foods are best to eat for nutritional value.
- Cooking classes and books on making healthy meals.
- Stretching the food budget for healthy options
- Safe Food Handling Course.

### ***Sharing of “Real Life” Successes***

- Examples of how others run their programs
- Community of practice to share what works.

## **Potential Community Partners**

An overwhelming majority of respondents (97%; N=29) reported 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
- agencies with food security initiatives, such as community kitchens, community gardens, or food co-ops
- Diabetes Association
- First Nation reserves
- local YMCAs
- ParticipACTION

Only 14% of respondents were aware of any other organizations that provide healthy eating programs for people with mental illness. Agencies identified were: the Canadian College of Naturopathic Medicine; Hamilton Program for Schizophrenia; health maintenance organizations; Community Health Centres;

- Among Friends; and, LAMP.

The majority (84%, N=21) of respondents stated that new partnerships with other health promotion organizations, either in their local area or on a provincial basis, would help strengthen their program to make it more effective and sustainable.

### **Thinking of Starting a Healthy Eating Program?**

Twenty respondents provided useful advice for organizations considering starting a healthy eating program for people with mental illness. Their input is organized below under the headings of Planning; Funding; Programming; and Partnerships.

#### ***Planning***

- Take the time to plan a comprehensive program.
- Address possible challenges before they occur.
- Find staff that are themselves motivated.
- Research into what people need and what they will eat and are willing to eat.
- Always at every step include the client.
  - Are members are willing to help with program?
  - Is there interest? If so, develop a focus group with the members to lay the foundation for the program.

#### ***Programming***

- Learn what is important to the client so that you can tap into their value system
- Make the information meaningful. Review the structure of the program regularly.
- Be realistic and set attainable goals. Small successes are still successes.
- Keep information simple in each class.
- Think of ways to make the information entertaining.
- Do not focus solely on behaviour change and individual education. The root of poor eating amongst many of the people that we serve is poverty.
- There are various food security activities across the organization aimed at food security as a result of poverty. Healthy eating without the lens of poverty risks “blaming the victim” if they can't access healthy food and eat in a healthy manner.
- Clients require a more extensive program including weekly or bi-weekly individual weigh-in and BMI calculation.
- Repetition of label reading.
- Accompaniment to grocery store to show client how to purchase healthy foods.

#### ***Funding***

- Before embarking, ensure funds — how to spend
- Budget for the purchase for fresh food items as they are costly
- Set funds aside for professional sessions

#### ***Partnerships***

- Work with a dietitian. This is their area of specialty and too often, other professionals and lay people think they know this knowledge.
- Partner with organizations that address healthy eating to help you set up the program.

## Organizations without a Healthy Eating Program

### Anticipated Challenges to Starting/Sustaining Healthy Eating Programs

Respondents from agencies who currently did not provide healthy eating programs expected that a variety of factors would be a significant challenge to their organization if they tried to initiate or sustain nutrition services. The most frequently anticipated challenges were funding (75%; N=28) and the time required to develop a new program (64%) as shown below.

Factor	Percent
Funding	75%
Time required to develop a new program	64%
Clients' lack of interest in participating	43%
Lack of access to a dietitian	39%
Lack of staff knowledge about increasing access to food	36%
Lack of access to physical space for programming	36%
Lack of staff knowledge about healthy eating	25%
Clients' diverse cultural eating habits	18%
Lack of support from management	14%
Not part of the organization's strategic directions and mission	14%
Lack of interest from staff	14%
Legal liability issues	11%
Lack of staff knowledge about cooking skills	7%
Individual food allergies	7%
Risk of injury (e.g., cuts from cooking tools, burns from hot surface or liquids)	4%
Other	18%

Other anticipated challenges to starting and sustaining a healthy eating program included: rural location; lack of transportation; lack of staff; difficulty in finding specialized staff who will continue on-going; lack of funds to get a pilot project; and lack of funds to continue subsidizing healthy changes.

The majority (72%) of respondents did not feel that there was sufficient information available for organizations to start healthy eating programs for people with a mental illness. The types of nutrition information thought to be missing included:

- A dietitian-approved “program in a can”
- Program materials
- Creative ways to engage clients in a healthy eating program
- Innovative programs with community partners that have been successful with agencies.

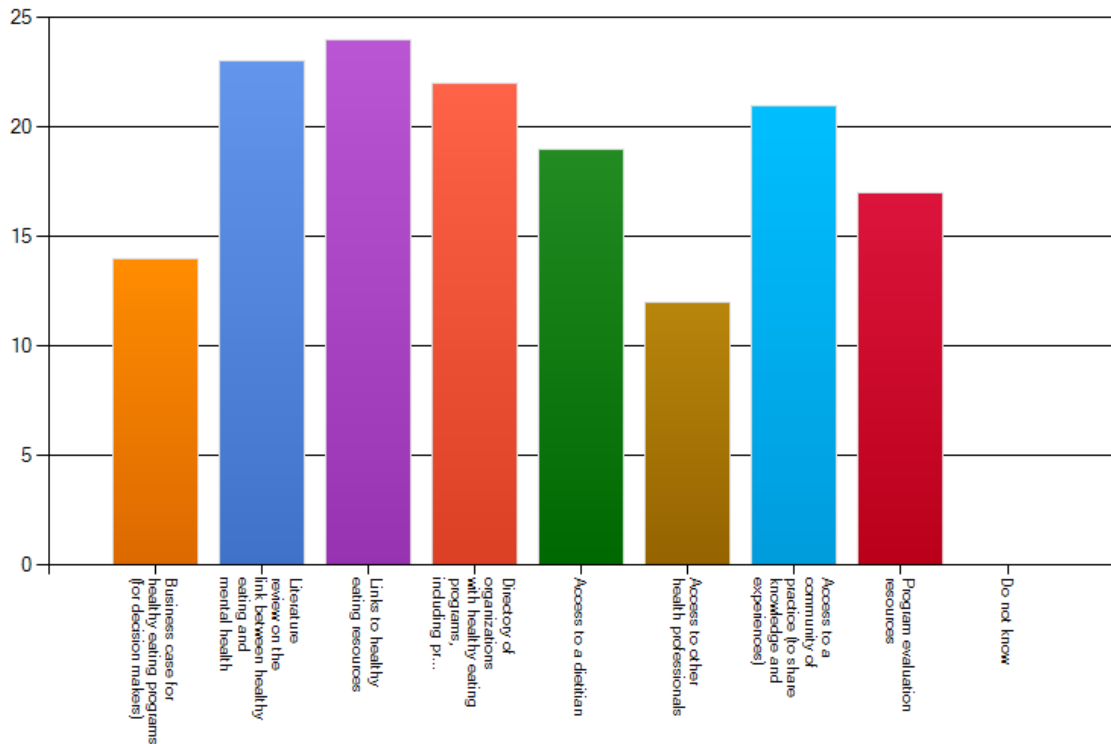
The respondents who thought there was sufficient information available suggested contacting the following sources for information on how to start a nutrition program:

- Local dietitians
- Internet
- Health Units
- Community Health Centres
- Health practitioners such as nursing staff
- The STOP
- Foodshare
- Canada’s Food Guide

The resources considered most useful for planning and delivering a healthy eating program were a literature review summary of the link between healthy eating and mental health (76%; N=31), online links to healthy eating resources (76%), and a directory of organizations with healthy eating programs (69%), including program descriptions.

***“Go for it! Don't underestimate people.  
Just do it!”***

**Which of the following resources might help you to plan and deliver a healthy eating program? (Check all that apply)**



Fourteen respondents (48%) indicated that a wide variety of other resources and tools might be needed in order to provide a healthy eating program within their organization. The resources could be grouped into the following themes.

### **Beneficial Resources - Information for Practitioners**

#### **Background Information on Healthy Eating and Mental Health**

- Information on Chronic Diseases
  - Diabetes
  - Heart disease
  - Hypoglycemia
- Information on Specific Nutrition Issues
  - effects of caffeine and nicotine on the body
  - food and mood connection
  - information on herbal and dietary supplements
- Information on Medications
  - information on why psychiatric meds lead to weight gain
  - effects of meds on appetite
- Information on how to address body image
- Successful cases
- Data with positive results (healthy eating and mental wellness)
- Information on pregnancy

### ***Programming***

- Training modules for staff
- Ways to get funding
- Program outline
- A detailed breakdown of lesson plans including the set-up
- Materials lists
- Food list
- Estimates of cost and time
- Evaluation tool
- Advertising templates
- Strategies for implementing the program in rural areas with a lack of access to transportation for clients

### ***Resources***

- Links to resources and health professionals
- Websites
- Simple nutrition education tools or links to find them
- Educational materials
- Workbooks for individuals based on culture and backgrounds
- Easy-to-use resources that can be shared including how to implement
- Visual tools
- Grocery store tour guidelines
- A creative approach to the toolkit — one that would engage young adults and teens.

## ***Beneficial Resources - Information for Consumers***

### ***Healthy Eating***

- What is healthy eating
- What are correct portion sizes that is short and easy to read

### ***Healthy Weights***

- Importance of maintaining weight BEFORE gaining it
- Full/hunger scales

### ***Healthy Shopping and Cooking***

- Reading labels
- A cookbook with few ingredients for low income
- Information about the foods in recipes to make it interesting
- Recipes using items purchase on a very low income and/or received from a food bank

### ***Food Budgeting***

- How to cook for one on a budget
- How to budget and purchase healthy food
- Shopping/budgeting tips for very low income

## Conclusion

The Minding Our Bodies project is addressing a need clearly identified by its target audience. The environmental scan confirmed that community mental health practitioners are ready and willing to learn how they can promote healthy eating and enhance food security programs for consumers.

Specific barriers and challenges were identified that are preventing community mental health service providers from implementing healthy eating programs. Program descriptions, success stories, and words of advice from agencies that have already begun to provide healthy eating opportunities have been gathered and will be shared through the toolkit and other resources created.

Some organizations are already doing it, despite the many challenges, and they are prepared to share the knowledge and experience they've gained. Information valuable to the preparation of the toolkit and training day was collected via the online survey and interviews. CMHA's environmental scan of service providers who currently offer a healthy eating program has yielded a wealth of information on what has worked well across a variety of mental health programs.

During the pilot project and into the future, the Minding Our Bodies website ([www.mindingourbodies.ca](http://www.mindingourbodies.ca)) will allow staff and volunteers within both new and existing healthy eating programs to connect, communicate and continue sharing knowledge and resources with one another.

CMHA Ontario would like to acknowledge the almost 80 individuals and organizations that took time to participate in our environmental scan. Thank you!

**Eleven respondents provided additional comments on the survey.**

- *I applaud your efforts to improve the quality of life and overall wellness for our people.*
- *Thanks so much for doing all of this from the beginning. I have wanted to go this route for a long time and now with what you are doing this is paving the way.*
- *I'm glad this is getting addressed through the mental health community. Keep it up. It helps to improve people's lives.*
- *Good luck on this important work.*
- *All knowledge and information is good and getting interest is a struggle to start with but when it succeeds everyone wins.*
- *Thanks for offering this survey! It may be beneficial to circulate this to other ACTT programs!*
- *Healthy eating programs are crucial to good mental health.*