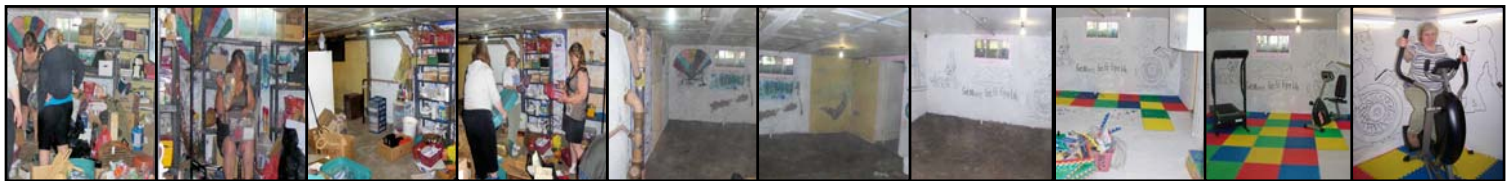
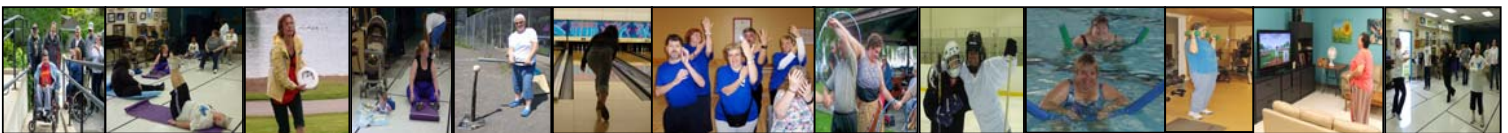


Background	Project Description	Deliverables	Environmental Scan Results	Knowledge Transfer	Pilot Study
<ul style="list-style-type: none"> •People with serious mental illness are at high risk for chronic physical conditions, including diabetes and cardiovascular disease. •Mental illness can influence a person's health behaviour, including choices around diet, exercise, smoking and treatment adherence. •Psychiatric medications can cause serious weight gain •Research shows that increased physical activity can have significant positive effects in preventing chronic disease, improving chronic disease outcomes and supporting recovery from mental illness. •Exercise can also alleviate primary symptoms of depression and anxiety, as well as secondary symptoms such as low self-esteem and social withdrawal •Despite the known benefits, physical activity interventions are not commonplace or well integrated with other community mental health care services in Ontario. 	<ul style="list-style-type: none"> •An initiative of the Canadian Mental Health Association, Ontario •A two-year project (2008-2010) •In partnership with YMCA Ontario and York University, Faculty of Health   <p>Purpose:</p> <ul style="list-style-type: none"> •To promote active living for people with serious mental illness •To reduce barriers to inclusion in the community •To build capacity within Ontario's community mental health sector to develop and deliver evidence-based physical activity programs 	<ul style="list-style-type: none"> •Environmental scan and literature review •Toolkit for community mental health service providers •Website to support knowledge exchange •One-day training workshop •Pilot programs at six diverse sites across the province •Project branding and communication materials •Strategy for future implementation and sustainability •Project evaluation <p>Environmental Scan Included:</p> <ul style="list-style-type: none"> •Internet search for existing programs and resources •Literature review selected and summarized 56 research articles •Online surveys were completed by community mental health service providers. Of 140 respondents: <ul style="list-style-type: none"> •44% did not currently have a formal physical activity (PA) program; •15% were considering starting a PA program; •41% had a formal PA program in place. •8 in-depth telephone interviews were conducted to determine barriers, success factors and lessons learned at the organizational and program level 	<ul style="list-style-type: none"> •Expected challenges when initiating and sustaining a physical activity program: Inadequate space (88%), Funding (76%), Lack of staff time (65%), Liability for injury (45%), Inadequate staff knowledge (45%), Lack of client interest (45%) •Awareness of programs : 60% of respondents said they are not aware of any other programs. Among the 40% who knew about other programs, many cited the YMCA. Others had heard of walking groups, a yoga program, and a couple of hospital-based programs. •Effects of physical activity all organizations who currently have a program observed positive effects of exercise on their participants' mental and physical health –i.e., improved mood, concentration, self-esteem, confidence, friendships, motivation, and energy. •Advice for organizations planning to start? Start small, stress the importance of physical activity, contact existing programs, partner with other agencies, involve consumers in planning, be flexible, use green space (parks, hiking trails), and "Always do a screening so that you know who your clients are." 	<p>Toolkit</p> <ul style="list-style-type: none"> •Designed to address barriers to implementing and accessing physical activity programs for people with mental illness. •Allows for customizable physical activity programs to meet the needs of diverse users. •Provides evidence-based, easy-to-use resources. •Final version will be launched in March 2010. <p>Website: www.mindingourbodies.ca</p> <p>Activities supported by the website:</p> <ul style="list-style-type: none"> •Promotes physical activity for mental health •Hosts the project toolkit •Profiles existing programs •Social networking between program staff •Knowledge transfer and resource sharing •Project management and evaluation abilities <p>Other Knowledge Transfer Channels:</p> <ul style="list-style-type: none"> •Bi-annual project newsletter, conference presentations, and an Advisory Committee composed of a mental health and physical activity stakeholders 	<ul style="list-style-type: none"> •RFP issued to recruit organizations interested in using the toolkit to create a new physical activity program. •Received 22 applications to participate in six-month pilot (May-November 2009). •Selected 3 applicants to receive funding (up to \$7,500) •Invited 3 additional applicants to participate in pilot phase without Minding Our Bodies funding. •Pilot sites are diverse in terms of geographic location, organization type and size, demographics of participants and physical activity program plan •Began with one-day training workshop for pilot-site staff and volunteers (April 15, 2009). •Each pilot site worked with a least 20 participants over the six months. •Evaluation data was collected online throughout the pilot and follow-up focus groups were conducted. •Feedback was incorporated into program to ensure the toolkit meets the needs of all potential users.



CMHA, Thunder Bay Branch	Gerstein Crisis Centre, Toronto	Haldimand-Norfolk Resource Centre	Community Resource Connections of Toronto	Search Community Mental Health Services, Strathroy	Sunnybrook Health Sciences Centre, Toronto
<p>A community mental health service provider that delivers: case management, crisis response, early intervention in psychosis, education and training, and skills development.</p> <p>Partnered with: Thunder Bay District Health Unit (for consumer leadership training), Diabetes Health Thunder Bay (health education), and City of Thunder Bay (access to community venues).</p> <p>Funded Program:</p> <ul style="list-style-type: none"> •Eight-week rotation of various physical activities including baseball, bowling and floor hockey •Health and wellness education series •Training for consumers on program planning and delivery 	<p>Provides 24-hour supported short-term residential crisis beds, offering up to 30-day stays for individuals in crisis who are dealing with a mental health issue and current involvement in the criminal justice system and/or homelessness.</p> <p>Partnered with: COTA Health, Parkdale Activity Resource Centre and the YMCA.</p> <p>Funded Program</p> <ul style="list-style-type: none"> •Consumers who have previously stayed at the Gerstein Centre were trained to support and connect with individuals while they are staying at Gerstein and for up to six months afterwards •Participants are supported in building skills that enable them to be physically active, eat well and connect with community activities •Monthly nutrition and stress-reduction sessions 	<p>A consumer/survivor initiative that provides advocacy, peer support, and a range of social/recreational and education opportunities.</p> <p>Partnered with: CMHA Haldimand-Norfolk Branch, Assertive Community Treatment Team of Haldimand and Norfolk and Community Addiction and Mental Health Services of Haldimand and Norfolk.</p> <p>Funded Program</p> <ul style="list-style-type: none"> •Train and support Peer Specialists to connect individuals with community programs •Peer-led lifestyle education program •Physical activity programs for beginners •Newsletter column to share "You can do it" motivational stories •Develop and distribute a resource list of community options for active living 	<p>Provides case management, court support, family programs, housing, early intervention, hostel outreach, and health promotion. Staff include Somali, Cantonese, Mandarin and Tamil-speaking workers who focus on those communities.</p> <p>Partnered with: North York General Hospital Participants' Council, DECNET (Diabetes Education Community Network of East Toronto), and a Recovery Education Consultant.</p> <p>Non-funded Program</p> <ul style="list-style-type: none"> •Consumer-led walking group, including journaling time •Wellness Recovery Action Planning (WRAP) sessions •Using Nintendo DS with "Healthy Life Style" program for additional fitness and lifestyle education •Diabetes and nutrition education 	<p>Provides community support, social/recreational programs, counselling, and crisis response services to the rural setting of Strathroy and the surrounding county of West Middlesex.</p> <p>Partnered with: Strathroy-Caradoc Family YMCA, Middlesex Hospital Alliance, Diabetes Education Centre, Strathroy-Middlesex Assertive Community Treatment Team, and Strathroy and Area Seniors' Centre.</p> <p>Non-funded Program</p> <ul style="list-style-type: none"> •Walking/hiking, yoga/stretching, swimming/cycling and aerobics classes three times per week •Education sessions on activity and nutrition 	<p>Inpatient Adult and Older Adult Psychiatry program provides inpatient services for people with serious mental health concerns requiring admission to hospital for assessment, treatment and stabilization</p> <p>Non-funded Program</p> <ul style="list-style-type: none"> •Provide opportunities for inpatients without off-ward privileges to be physically active •Purchased Wii Fit, Wii Sport technology and two stationary bikes •Group and individual sessions •Facilitated group warm-up and cool-down

Successes and Learning Experienced by Pilot Sites	Strategies for Overcoming their Challenges
<ul style="list-style-type: none"> •Programs need to have variety of activities so participants can choose appealing options. •Provide a variety of entry times to join the group. •Continue with an activity long enough to allow participants to build confidence in the activity. •Encourage the whole staff team to become physically active. •Incentives are a good motivational tool they can be used to encourage people to start, to continue or to build group identity. •Programs were most successful when they were not first thing in the morning. Having programs in the late morning and the afternoon made it easier for participants to find transportation to the program and to eat and take their medication beforehand. •Participants were thriving with the social support they received from their peers in the group. Important to keep a collegial atmosphere that is supportive and not too competitive. 	<ul style="list-style-type: none"> •Most groups had an interest in nutrition and diabetes prevention and treatment. Program partners often took on that role. •Engage consumer and peer leads to take on leadership and organizational roles within the group. •Have a consistent schedule so that participants can incorporate it into their routine. •Training and providing an orientation for outside instructors can help to make sure instructors know what to expect and allows them time to think about possible modifications for various abilities. •Realistic goal setting helps participants increase confidence and sense of accomplishment. •Need to have supportive management because a staff person needs to be made responsible for the program and given time to coordinate it.



The upper row of pictures illustrates the transformation of Haldimand-Norfolk Resource Centre's storage room into a physical activity room. The lower row of pictures is a collection of pictures gathered from the different Minding Our Bodies pilot sites.