



Minding Our Bodies

healthy eating and physical activity for mental health



OPHA Fall Forum
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Presenters

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Today's Agenda

1. Introductions
2. Overview of the Minding Our Bodies project
3. Video screening
4. MOB phase 3: Ways to get involved
5. *BREAK*
6. “Good Food, New Friends”: A case study
7. Roundtable discussions: Challenges and opportunities





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Minding Our Bodies: An Overview

www.mindingourbodies.ca



Our Partners

Minding Our Bodies is...

- An initiative of the Canadian Mental Health Association (CMHA) Ontario
- In partnership with:
 - Echo: Improving Women's Health in Ontario
 - Mood Disorders Association of Ontario
 - Nutrition Resource Centre (OPHA)
 - YMCA Ontario
 - York University, Faculty of Health
- With support from the Ontario Ministry of Health Promotion and Sport through the Healthy Communities Fund



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Advisory Committee

Advisory Committee Members

- Canadian Diabetes Association, Ontario Office
- CMHA Champlain East Branch
- Echo: Improving Women's Health in Ontario
- Heart and Stroke Foundation of Ontario
- Mood Disorders Association of Ontario
- Nutrition Resource Centre (OPHA)
- Ophea
- Parks and Recreation Ontario
- Schizophrenia Society of Ontario
- YMCA Ontario
- York University, Faculty of Health



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What We Do

The Minding Our Bodies project...

- Builds capacity within the community sector in Ontario to promote mental health through physical activity and healthy eating
- Serves as an "incubator" to help mental health service providers, together with community partners:
 - develop and deliver evidence-informed programs
 - improve access to local resources
 - promote social inclusion for people living with serious mental illness





Project Goals

Goals of the Minding Our Bodies project

- to help prevent and manage diabetes, heart disease and other chronic conditions in a high-risk population (people with SMI);
- to increase understanding of the relationship between nutrition, food security, physical activity and mental health;
- to build capacity for community organizations to plan, deliver and evaluate mental health promotion activities;
- to improve access to healthy food and physical activity resources for people with serious mental illness;





Project Goals (cont.)

- to facilitate opportunities for peer support and peer leadership development for people with serious mental illness;
- to foster and strengthen partnerships among organizations;
- to create a culture that encourages physical activity and healthy eating as core features of mental health promotion;
- to reduce stigma and discrimination through social inclusion.





Why It Matters

Chronic disease and mental illness

- People living with a serious mental illness are at much higher risk of developing chronic physical conditions, including:
 - diabetes
 - heart disease and stroke
 - respiratory conditions, including chronic obstructive pulmonary disease (COPD), chronic bronchitis and asthma
 - cancers
 - arthritis

CMHA Ontario, “Backgrounder: The Relationship between Mental Health, Mental Illness and Chronic Physical Conditions” (2008), www.ontario.cmha.ca

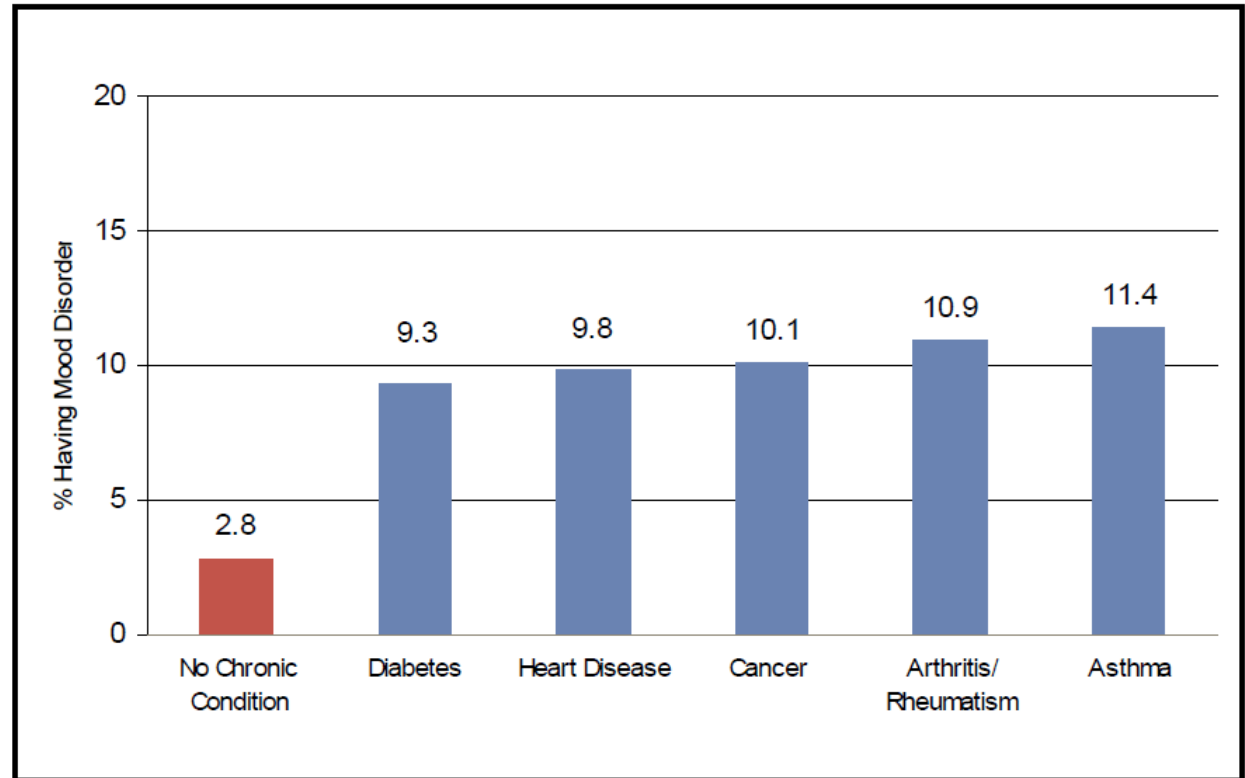


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Why It Matters

Figure 1. Comparison of Mood Disorder Rates in Ontarians with and without Chronic Physical Conditions



Mood disorders are more prevalent in individuals with chronic physical illness compared to individuals with no such illness.

Mood disorders amplify the disability associated with the physical condition and adversely affect its course.



Why It Matters

Why are people with mental illness at risk?

- Physiological links between mental illnesses and chronic conditions
- Medications
- Poverty
- Food insecurity
- Lack of stable housing
- Poor access to health care
- Stigma





Why It Matters

Poverty and mental illness

- Poverty is both a cause and a consequence of poor mental health.
- Poverty is a significant risk factor for poor physical and mental health.
- People with mental illness often live in chronic poverty.
 - 35% of ODSP clients have a mental illness
 - 21% of persons with disabilities in Ontario live in poverty
 - 30% of people with a diagnosed mental illness in Ontario are unemployed
 - Ontario is the province with the largest share of food bank recipients

CMHA Ontario, “Backgrounder: Poverty and Mental Illness” (2007), www.ontario.cmha.ca



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Why It Matters

Food security

- Food security exists when people “can get enough food to eat that is safe, that they like to eat, and that helps them to be healthy. They must be able to get this food in ways that make them feel good about themselves and their families” (Ontario Public Health Association, 2002).
- Food security is a prerequisite for disease prevention and overall well-being and is recognized by the Canadian Public Health Agency as a social determinant of health.





Why It Matters

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.” (U.S. Department of Agriculture, 2010).
- In Ontario, 8.4% of all households are food insecure; 5.6% are moderately so, and 2.7% are severely so (Health Canada, 2009).
- Food insufficient households are 80% more likely to report having diabetes, 60% more likely to report high blood pressure, and 70% more likely to report food allergies than households with sufficient food (Mikkonen and Raphael, 2010).





Why It Matters

People with mental illnesses are vulnerable to food insecurity

Groups “at risk” or vulnerable to food insecurity:

- People with a disability, including mental illnesses
- Low-income families (particularly single parents with young children)
- People with chronic illnesses
- People who are unemployed or have limited formal education
- Homeless or at risk of homelessness
- Refugees and asylum seekers
- People affected by alcohol and substance abuse
- People from non-English speaking backgrounds

(Kirkpatrick and Tarasuk, 2008; Health Canada, 2009)



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Why It Matters

The knowledge gap

- Research evidence shows that healthy eating and physical activity and can have significant positive effects in preventing chronic disease, improving chronic disease outcomes and supporting recovery from mental illness.
- Despite the known benefits, physical activity and healthy eating interventions are not commonplace or well integrated with other services delivered by community mental health care providers in Ontario.





Benefits of Physical Activity

Mental health factors affected by physical activity

- Positive effect on emotion, mood, sense of well-being
- Positive effect on self-esteem and self-confidence
- Improved body image
- Improved feelings of mastery and self-efficacy
- Sense of accomplishment and empowerment
- Lower risk of disturbed sleep
- Better cognitive performance





Benefits of Healthy Eating

Impact of healthy eating on mental health

- Growing evidence that diet plays a role in specific mental health problems including Attention Deficit Hyperactivity Disorder (ADHD), depression, schizophrenia and Alzheimer's disease.
 - e.g., risk factors for depression include low intake of fish, omega 3 fatty acids and fruits and vegetables, and high amounts of refined sugar and processed foods
- Combination of nutrients most commonly associated with good mental health and well-being is the same type of balanced diet that is recommended to reduce our risk of developing chronic diseases.
- Improved food security promotes better mental health.





Treatment Benefits

Healthy eating and physical activity as “treatment”

- Associated with minimal adverse side-effects – in contrast to pharmacological interventions
- Can be sustained indefinitely by the individual, unlike psychotherapeutic treatments which often have a specified end point
- Normalizing health-focused experiences, unlike drug treatments and other clinical interventions that are a constant reminder of one’s illness
- Serve as a bridge to engaging individual with other programs
- Group programs promote social inclusion, which is strongly associated with positive mental health





Why Mental Health Services?

Community mental health providers are ideally positioned to provide healthy lifestyle programs

- Physical activity and healthy eating programs support recovery from mental illness — fits the mandate of community mental health services
- Established professional relationships and ongoing contact with SMI population
- Specialized training and sensitivity to address barriers facing SMI population
- Strong history of collaboration with local health promoting agencies
- Opportunity to improve service coordination within and outside of mental health care sector, thereby enhancing access to lifestyle intervention supports for SMI population



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MOB Is a Multi-Phase Project

Minding Our Bodies is a multi-year project

- Phase 1: 2008-2010
 - “Physical Activity for Mental Health” pilot
- Phase 2: 2009-2011
 - “Eating Well for Mental Health” pilot
- Phase 3: 2011-2013
 - Province-wide rollout
 - “Healthy Eating and Physical Activity for Mental Health”





What We've Accomplished

- Two environmental scans (physical activity and healthy eating)
 - physical activity: online survey (140 responses) + 8 interviews
 - healthy eating: online survey (77 responses) + web search
- Four literature reviews
 - physical activity and mental health, nutrition and ADHD, nutrition and depression, nutrition and suicide
- Online toolkit to support program planning and evaluation
- Program documentation
 - “Gardening for Food and Mental Health: The Grey Bruce Experience”
- Online program directory
 - 48 programs currently listed





What We've Accomplished

- 12 pilot programs
 - 6 physical activity pilots (23 applications)
 - 6 healthy eating pilots (17 applications)
 - several pilots have successfully applied for new funding (Trillium, HCF)
- One-day training sessions for pilot site staff and volunteers
- Project evaluation and pilot site case studies
 - PHAC evaluation case study and CES Award
- Community of practice
 - listserv and eBulletin
 - Community Forum (success stories, ask the expert)
 - teleconferences to share program ideas





What We've Accomplished

Getting the Word Out

- Project website (www.mindingourbodies.ca)
- Newsletter (6 issues, print and online)
- Monthly e-bulletin (February 2010-): 600 subscribers
- Conference presentations
- Webinars (PARC, ParticipACTION)
- Promotional video (posted on MOB website, Youtube, Vimeo)
- Communications and media coverage (Network, CrossCurrents, Readers Digest, OCDPA bulletin, CBC Radio, iRun, Northern Life, etc.)
- Pedometer challenge (Mental Health Week, May 2010; July 2010)





What We've Accomplished

- Core training days for registered dietitians and dietetic interns
 - Toronto (November 2010): 105 attendees, plus 30 participants via Ontario Telemedicine Network (Kitchener, London, Sarnia, Sudbury and Thunder Bay)
 - Ottawa (December 2010): 66 participants
- Eating Well for Mental Health Forum (Toronto, March 2011)
 - 20+ pilot site participants from both phases
- Mental Health and Physical Activity Roundtable (Toronto, May 2011)
 - 100+ participants from mental health and physical activity sectors
 - Circuit Café discussion
- “Making the Case” documents
 - Integrating Physical Activity Programming into Mental Health Services Settings
 - Integrating Healthy Eating into Mental Health Service Provision





Environmental Scan

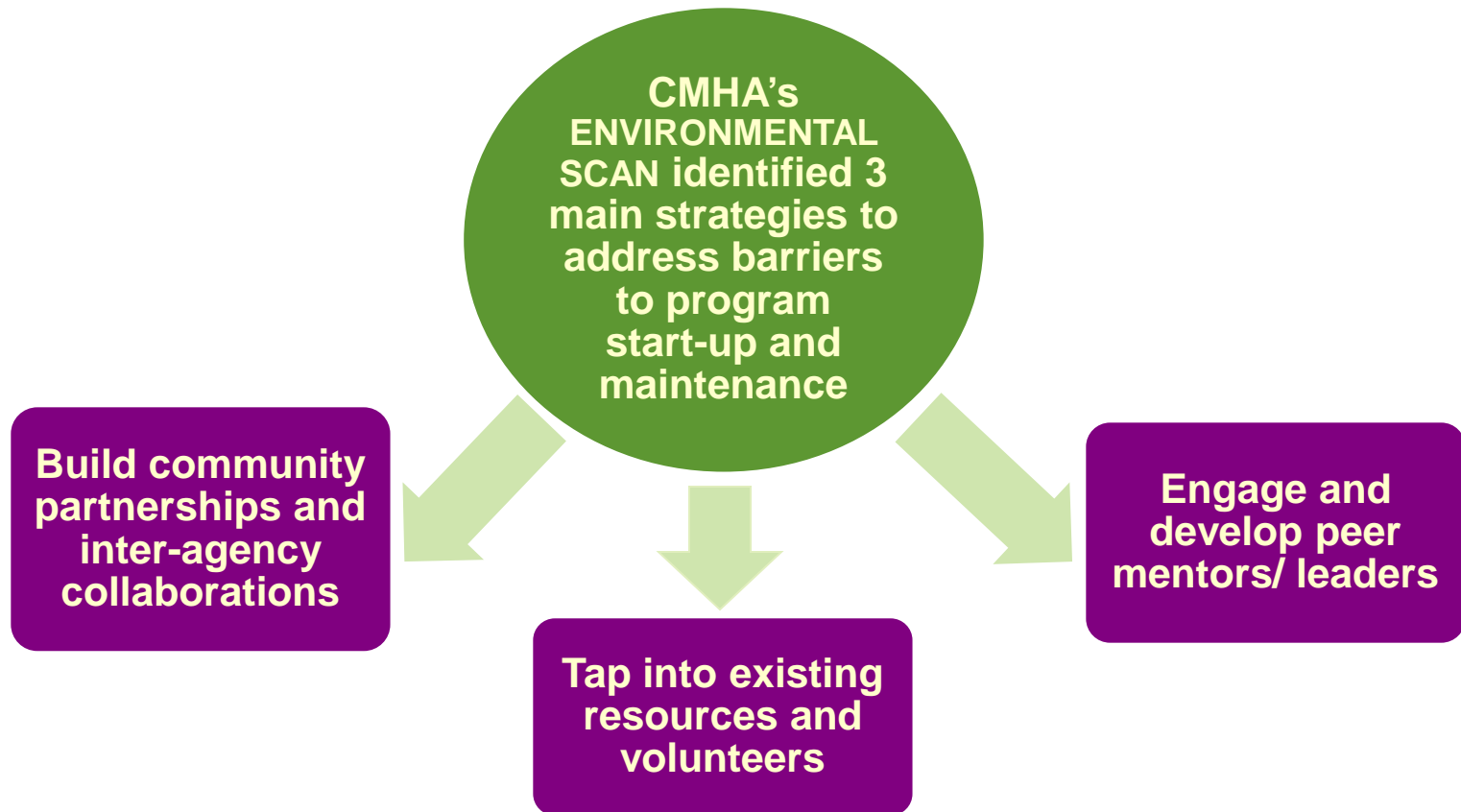
Organizational Barriers

- Access to adequate facilities/ physical space
- Availability of funds to support staffing and other program expenses
- Lack of staff motivation and knowledge about program benefits
- Difficulty motivating participants and providing individualized support
- Staff time management with competing priorities
- Transportation costs and accessibility
- Program evaluation skills and resources





Overcoming Obstacles





Community Partnership Building and Inter-agency Collaboration

Access to
Donations

Access to
Clothing

Access to
Program
Funding

Access to
People
Resources

Building or strengthening
community partnerships
was **universally
identified** as a primary
strategy for addressing
many of the key barriers
to program start-up and
maintenance

Access to
Expertise

Access to
Physical
Space

Access to
Equipment





Community Partnership Building and Inter-agency Collaboration

- Community partnerships are based on shared goals
- Partnerships provide an opportunity to raise community awareness about mental health issues and de-bunk myths/ stigma associated with mental illness
- Greater social inclusion through community involvement





Types of Partnerships (from CMHA Environmental Scan)

- **FACILITIES:** free or subsidized use of community centre, church space, community swimming pool, local gym facility, kitchen, greenhouse
- **EXPERTISE:** access to community food advisors, dietitians, personal trainers; working within a large interdisciplinary mental health facility where recreation staff consult with dietitians and doctors to understand interaction between medication, diet and exercise; access to a team of health professionals on a consultancy basis
- **RESOURCES AND STAFFING:** sharing of resources between mental health agencies in the same area
- **FINANCIAL DONATIONS:** tapping into a charitable community program that collects and distributes lightly used running shoes and fitness apparel; partnership with community running race that donates part of charitable proceeds to PA program





Peer Mentors and Leaders: A Win-Win Approach

Peer leaders can derive many personal benefits from their role

- Improved physical and mental health, and athletic skills
- Enhanced leadership and communication skills
- Ongoing social connections
- Increased self-confidence and satisfaction of helping others





Peer Mentors and Leaders: A Win-Win Approach

Peer leaders are effective at encouraging fellow peers to reach their goals

- Observation of real-life success in someone else who shares similar barriers and health conditions can be very inspirational
- Peer support can make one's personal goals feel more attainable





Peer Mentors and Leaders: A Win-Win Approach

Peer leaders can provide staff with additional support to help reduce the pressures of competing service demands and diminishing resources

- Helpful support functions expressed by respondents included: peer workers picking up new clients at their home who had a hard time getting to the group; peer workers providing friendly phone call reminders the night before a group
- These types of support were identified as especially useful when trying to engage secluded and hard-to-reach individuals who are without access to transportation





Pilot Programs

Physical Activity Programs

- Gerstein Centre – Gerstein on Bloor (Toronto)
 - Former residents trained to support and connect with individuals while they are staying at Gerstein and for up to six months afterwards
 - Group as well as one-on-one activities, plus monthly nutrition and stress reduction sessions
- CMHA Thunder Bay Branch (Thunder Bay)
 - Eight-week rotation of various physical activities (yoga, Qi Gong, walking/hiking, bowling, team sports, swimming) and an education series on health and wellness





Pilot Programs

Physical Activity Programs

- Haldimand-Norfolk Resource Centre (Simcoe and Dunnville)
 - Train and support for Peer Specialists who to lead physical activities and connect participants with existing community programs
- Search Community Mental Health Services (Strathroy and West Middlesex)
 - Walking/hiking, yoga/stretching and swimming/cycling three times a week, plus education on physical activity and nutrition





Pilot Programs

Physical Activity Programs

- Community Resource Connections of Toronto
 - Consumer-led walking group, combined with Wellness Recovery Action Planning (WRAP) groups and educational sessions on diabetes and nutrition
- Sunnybrook Health Sciences Centre: Inpatient Adult and Older Adult Psychiatry (Toronto)
 - Physical activity (stationary bikes and Wii Fit) for inpatients without off-ward privileges





Pilot Programs

Healthy Eating Programs

- Keewaytinook Okimakanak (Ontario's far north)
 - KO is a tribal council in Thunder Bay that serves community members in six First Nations in Ontario's far north: Fort Severn, Keewaywin, North Spirit Lake, Poplar Hill, McDowell Lake and Deer Lake
 - Educational video workshop sessions and garden box program
- CMHA Huron-Perth Branch (Stratford)
 - Community kitchen and physical activity sessions
- Algoma Public Health Community Mental Health Program (Elliot Lake)
 - Community kitchen





Pilot Programs

Healthy Eating Programs

- Mood Disorders Association of Ontario (Toronto)
 - Group sessions led by registered dietitian and accredited personal trainer
- Northern Initiative for Social Action (Sudbury)
 - Community kitchen (drop-in sessions)
- CMHA Peterborough Branch (Peterborough)
 - Educational sessions on food safety, shopping and meal planning, eating well on a budget, cooking skills, etc.





Final Thoughts

- Physical activity and healthy eating interventions have the potential to simultaneously improve physical health and mental health
- Successful strategies to change behaviours in healthier populations can be adopted for those with serious mental illness
- Integrating programs into community mental health services makes sense, given their frequency and duration of contact with the SMI population and their specialized training and expertise in understanding the needs and sensitivities of this group
- The evidence-based benefits of investing in these initiatives far outweigh the costs of failing to do so, from both an individual and public health care perspective





Video



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Minding Our Bodies Phase 3: Ways to Get Involved



What's Next?

MOB Phase 3 Activities

- 4+ knowledge exchange forums
- Boost Your Mood train-the-trainer program
- Seed funding for 20 new programs
 - Training and support for planning and evaluation
- eBulletin
- Toolkit updates
- Community of practice for program leaders
- Project evaluation





Project Schedule

- **September**
 - RFP issued for seed funding for new programs: **due Dec 2, 2011**
- **October (to February 2012)**
 - Diabetes and Mental Health Peer Support roundtables
- **December**
 - Review funding applications
 - Update toolkit





Project Schedule (cont.)

- **January-March 2012**
 - Training for seed-funded organizations
 - Deliver Boost Your Mood train-the-trainer sessions
 - Knowledge Exchange Forums begin
- **April-September**
 - Seed-funded organizations implement programs
- **October-November**
 - Program reports and evaluations are completed
- **January-March 2013**
 - Review project evaluation
 - Final Knowledge Exchange Forum





Ways to Get Involved

Knowledge Exchange Forums / Roundtables

- Attend as a participant
- Contribute speakers or resources
- Participate in the planning

Local Programs

- Partner with a community mental health agency or consumer/survivor initiative to create new programs in your area
- Join our community of practice

Planning

- Ensure that mental health issues are addressed in policy and planning for local health promotion initiatives
- Join a MOB working group



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Questions?

- Minding Our Bodies: www.mindingourbodies.ca

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