



Canadian Mental
Health Association
Mental health for all

Canadian Collaborative
Mental Health Care Conference 

Dietitians and Community Mental Health: Setting the Research Agenda

CCMHCC, Toronto, June 2014



a place of mind

THE UNIVERSITY OF BRITISH COLUMBIA

Critical Research in Health and Healthcare
Inequities (CRiHHI) Research Unit

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Presenter disclosure

Presenter: Scott Mitchell
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Conflict of interest: None to declare

Context

What's the connection between diet and mental health?

✓ **Nutrition as therapy**

Reduced side-effects of psychiatric medications, improved cognition, better self-management of concurrent and comorbid conditions, and improved overall occupational, social, and psychological function

✓ **Healthy diet for prevention**

Reduced risk of developing chronic physical conditions (diabetes, heart disease, etc.)

✓ **Collaborative mental health promotion programs**

Many benefits: enhanced social inclusion, self-reliance, food security, and healthy body image; reduced health and social inequities

History: CMHA and DC collaboration

Minding Our Bodies (2008-2013)

<http://ww.mindingourbodies.ca>

- CMHA Ontario capacity-building project
- Dietitians integrated into community mental health services
- Need for further evidence on the relationships between mental health, food security, social inclusion, and community-based healthy eating programs

Dietitians of Canada role paper (2012)

<http://www.dietitians.ca/Dietitians-Views/Health-Care-System/Mental-Health.aspx>

- “Promoting Mental Health through Healthy Eating and Nutritional Care: The Role of Dietitians”
- Identifies gaps in knowledge and areas needing further research relevant to dietetics and community mental health

Project goal

Dietitians and Community Mental Health: Setting the Research Agenda

To develop a Canadian research agenda for nutrition and community mental health with input from a broad range of stakeholders.

Why a research agenda?

1. Guide health research investments and knowledge exchange activity
2. Increase community access to quality nutrition services for people with mental health conditions
3. Facilitate partnerships and collaborations between dietitians and the community mental health sector for research, knowledge exchange and program delivery

Stakeholder engagement

The best predictor of research use is early and continued involvement of relevant decision-makers and stakeholders.

We consulted broadly to identify stakeholder priorities:

- ✓ anyone living with a mental health condition(s)
- ✓ family members of someone living with a mental health condition(s)
- ✓ service providers (e.g., case managers, support workers, nurses, occupational therapists, dietitians, social workers, psychiatrists)
- ✓ program developers (nutrition and/or mental health)
- ✓ public policy decision-makers
- ✓ researchers
- ✓ advocates

Collaborative multi-step consultation process



Expert Advisory Committee

- **Shana Calixte**, ED, Northern Initiative for Social Action
- **Mike Gawliuk**, Canadian Mental Health Association
- **Linda Greene-Finestone**, RD, Public Health Agency of Canada
- **Nick Kates**, MD, McMaster University & Hamilton Family Health Team
- **Craig Larsen**, ED, Chronic Disease Prevention Alliance of Canada
- **Vikki Madden**, OT, ACT Team, Homewood Health Centre
- **Lynette McGarrell**, RD, Eating Disorders Clinic, Halton Health Services
- **Eric Ng**, RD, Public Health Ontario
- **Nandini Saxena**, MSW, Centre for Addiction and Mental Health

Survey respondents (n = 811)

STAKEHOLDER CATEGORY	n (%)
Service Provider	433 (54)
Family Member	344 (43)
Registered Dietitian	299 (37)
Lived Experience	244 (30)
Advocacy	135 (17)
Volunteer	120 (15)
Researcher	109 (14)
Manager/Director	70 (9)
Public Policy	48 (6)
Student (post-secondary)	37 (5)
Declined	10 (1)
Other	4 (<1)

Survey respondents could self-identify as belonging to more than one stakeholder category

Top priorities of survey respondents

It depends who you ask...

	What is the impact of food on mental health?	What food-related programs are needed in community mental health?	What is the impact of social determinants (housing, etc.) on food access and mental health?
Lived experience	1	2	3
Family members	1	2	3
Service providers	1	2	3
Researchers	1	2	3
Dietitians	2	1	
Public policy		3	1

Stakeholder subgroup analysis (in progress)

Dietitian respondents to survey (n = 299/811)

- 50% - less than 10 years experience as RD
- 40% - family member with mental health condition (MHC)
- 20% - lived experience of MHC
- 35% - service provider for individuals with MHCs

Priority mental health conditions to research?

- Disordered eating, neurocognitive disorders (RDs with less than 4 years experience)
- Schizophrenia, psychosis (RDs who worked as service provider to clients with MHC or had personal lived experience with MHC)

Key informant interviews / questionnaire

Key informants were asked to:

- Identify gaps in current nutrition and mental health research
- Suggest criteria for establishing nutrition and mental health research priorities
- Point out barriers that may prevent project recommendations from moving forward
- Identify researchers, research teams, institutions, community partners to engage in research, as well as possible funders
- Tell us who needs to know about project results and how to disseminate that information

Setting research priorities

So, how do you decide?

Prioritizing the research questions

Face-to-face workshop with invited experts to review findings and consider 8 criteria* grouped under 4 categories:

Appropriateness: Should we do it?

Relevancy: Why should we do it?

Chance of Success: Can we do it?

Impact of the Research Outcome: What do the stakeholders get out of it?

* Adapted from: David Okello, Pisonthi Chongtrakul and the COHRED Working Group on Priority Setting, *A Manual for Research Priority Setting using the ENHR Strategy*, Geneva: Council on Health Research for Development, March 2000.

Appropriateness: Should we do it?

Is the research:

- Ethically and morally appropriate?
- Culturally appropriate?
- Not reliant on the food industry?

Do we *need* more research?

- Avoid duplication

Relevancy: Why should we do it?

Will the research:

- Contribute to better equity in health?
- Serve community concern/demand?
- Be broad in scope?
- Reduce the burden of illness?
- Address the social determinants of health (poverty, food insecurity, housing)?

Chance of Success: Can we do it?

Does our system have the capacity to undertake the research?

- Do we have the competency, infrastructure, mechanisms, support system, resources?

Can we justify the cost of the research?

- Likelihood of partnership building
- Funding potential
- Political acceptability

Impact of the research outcome: What do the stakeholders get out of it?

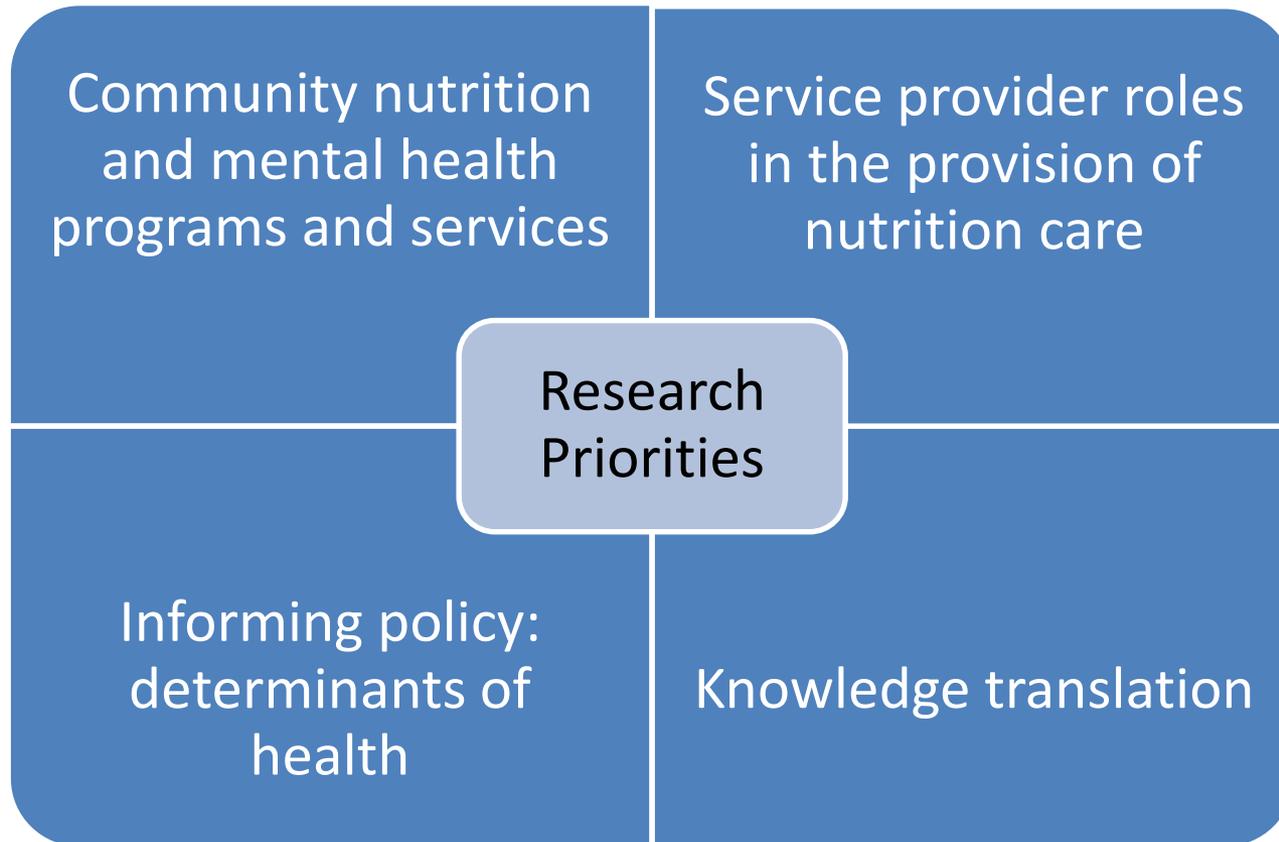
Likelihood of implementation of research recommendations

- Applicability to current practice
- Forward/upstream thinking

Reduction of burden, including costs and quality of life

- Impact of research on mental health and quality of life within the population
- Economic impact

Four priority areas for research



Community nutrition and mental health programs and services

Research Priority

Identify nutrition program/service needs, gaps, and barriers for people living with mental health conditions with respect to healthy diet, food access and skills development



Research Use

Develop effective models of care to address these issues in community settings

Service provider roles in the provision of nutrition care

Research Priority

Explore roles and responsibilities of mental health service providers, including dietitians, in the effective provision of nutrition care to clients living with mental health conditions in the community



Research Use

Enhance collaboration and cross-training among service providers, and improve access to dietitians at the most effective points of intervention

Informing policy: determinants of health

Research Priority

Investigate the impact of social determinants (housing, income, education, employment, etc.) on diet, food security and mental health



Research Use

Advocate for and establish effective systems-level policies to benefit people living with mental health conditions

Knowledge translation

Research Priority

Explore methods of knowledge translation and exchange for nutrition and community mental health research



Research Use

Improve dissemination and uptake of new and existing knowledge to strengthen the impact of community services, inform policy and program decision-makers, and increase food literacy in target population

Next steps

Raise awareness of project results
among stakeholders in the research agenda

Engage with research partners and funders
to move the research agenda forward

Continue to analyze the data
for new insights into stakeholder needs
and the priority-setting process

Final project report in development. Stay tuned!

Stakeholder views

“This is something I struggle with in my own life. I live on a low income and find it a challenge to eat healthy food. When I am doing the worst with my illness, it's the hardest to feed myself well, but probably when I need it the most.”

“I am a researcher who is interested in determinants of mental illness. Nutrition is particularly interesting because it is a modifiable risk factor.”

Stakeholder views

“As a service provider serving marginalized populations, the link is essential for those trying to achieve mental wellness. Food insecurity and poverty overlap with many of those that we serve, and research in multiple areas sets the stage for overall improvement in health care outcomes, program design, and policy change for people with lived experience.”

Acknowledgements

Steering Committee

- Karen Davison, PhD, RD researcher, UBC
- Scott Mitchell, Director, Knowledge Transfer, CMHA Ontario
- Pat Vanderkooy, RD, Public Affairs, DC

Project Consultant

- Carla D'Andreamatteo, RD

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Plus our Advisory Committee members and all stakeholders who participated in the consultation process!

Questions?

For more information, contact

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