Title: Toward the development of mental health-related skills in entry-level dietitians

1. Rationale for Importance of Project

At least 1 in 5 Canadians experience mental health issues in their lifetimes. Mental health conditions, such as depression, anxiety, bipolar affective disorders, and eating disorders are common²⁻⁵. Furthermore, behavioural factors, such as diet, are part of the shared etiology between physical and mental health conditions⁶. The determinants of mental health are complex and nutrition intersects with mental health in multiple ways⁷. In addition Indigenous peoples across the globe suffer a disproportionate burden of mental illness. This higher prevalence of mental illness must consider the colonial processes and structures that continue to this day to impact Indigenous populations.²¹

Dietitians of Canada recognizes that registered dietitians (RDs) are vital in shaping nutrition interventions for mental health promotion, illness prevention, and treatment⁸. Building capacity for mental health work in dietetics practice has also been a focus of other associations ^{9,10}. Although mental health competency is integral to dietetics practice, it is unclear what training, is provided to prepare new RDs. In a national stakeholder consultation for nutrition and mental health, RDs in their first 4 years of practice expressed a need for more high-quality specialized training in mental health¹¹. In a recent online survey of Canadian RDs that explored social justice and advocacy in practice, 35% of respondents stated that social justice advocacy is an expectation of their practice and that it was connected to the populations they work with, including those impacted by mental health-related stigma¹².

The need to build nutrition and mental health practice-based skills has also been recognized by other allied health professionals^{13,14}. For example, in response to requests from mental health stakeholders, a public health nutritionist at the Thunder Bay District Health District (TBDHU) developed and piloted a Food and Mood training, which was adapted in 2020 and offered on-line. Although the target audience for the course is mental health professionals, more than 40% of the registrants were RDs, thus further indicating the need for more mental health-related skills training for dietitians. The Partnership for Dietetic Education and Practice is responsible for instilling "confidence on the part of the stakeholders that accredited programs demonstrate the quality and effectiveness needed to protect the public interest, and address needs of students and the profession." Developing essential mental health-related knowledge, skills, and attitudes of RDs will help to shape practices and policies across diverse groups¹. We have not found published reports of formal evaluation of entry-level RD skills and learning needs to build competence and comfort in mental health-related practice.

2. Research Question, Project Objectives, and Hypotheses

The research question for this project is: how, if at all, the Thunder Bay District Health Unit's online nutrition and mental health training course (www.tbdhu.com/foodandmood) can be utilized to enhance mental health-related knowledge and skills of entry-level RDs. The project objectives are to: 1) identify the mental health-related knowledge, skills, and learning needs of entry-level RDs and any existing resources; 2) assess how, if at all, the training course addresses dietetics practicum students learning needs to foster mental health-related competence. We hypothesize that the TBDHU's online Food and Mood training course and any potential associated resources will enhance mental health-related knowledge and skills of entry-level RDs.

3. Description of Approach

This three-phase, 24-month mixed methods project will be guided by an advisory committee recruited by project team members, and include representatives from dietetics education (n=2), dietetics practice (n=2), and mental health practice (n=2). Mixed methods will be used as forms of inquiry to gain broad perspectives of mental health competency as it relates to dietetics practice. ¹⁷ In Phase 1, we will conduct an environmental scan, via online survey, to determine what type of mental health-related programming is offered to dietetics students. Respondents will be asked to identify key informants that can be invited to participate in interviews to gain further details about training needs. In Phase 2, we will assess the mental health-related competencies and learning needs of dietetics students who are within 6 months of graduation from a university or internship program. Participants will complete the online Food and Mood course (approx. 4 hours). The course includes 48 lessons in two parts: 1) Nutrition and its relationships to mental health; and 2) common nutrition issues for those with mental health concerns and possible strategies. Pre/post surveys will be conducted to assess for baseline knowledge, confidence, attitudes, and skills related to nutrition and mental health and any changes in these domains after course completion. Six months after course completion, the survey will be re-administered to assess longer-term knowledge, confidence, attitudes, and skills. In addition, in-depth interviews will be conducted to assess the relevance of the course content to their work and elicit feedback about how the course may be adapted, and/or integrated into dietetics training curricula. In Phase 3, data collected will inform adaptations to the Food and Mood course as a resource for use in dietetics education programs.

Analysis: Details from descriptive and content analysis from Phases 1 and 2, the environmental scan, surveys, and key informant interviews, will be summarized into a report that profiles current programming, indicators, outcomes, strengths, challenges, and gaps. Content analysis of transcribed textual data from the stakeholder and

dietetics student interviews¹⁹ will be conducted to elicit key themes related to the mental health-related training needs of entry-level RDs. Descriptive and inferential statistics will be applied to summarize the pooled pre/post survey results from participants of the TBDHU's online Food and Mood course.

4. Timelines

Ethics approval; environmental scan (Phase 1) -0-6 months Food/Mood Course intervention, analysis and write up (Phase 2) - 4-18 months Adapt/expand Food/Mood Course; knowledge dissemination (Phase 3) -15-24 months

5. Budget Projections

Item	Description	Year 1	Year 2
Salaries	Coordinator (RD; graduate degree preferred): 25 hrs/month*18 months*\$31.50/hr+14% benefits. Based on entry-level RD wage rate	\$ 10,773	\$ 5,386
Services	Consultant: adapt online course resources: 40 hrs*\$35/hr + 14%	\$ 1,596	
Supplies	Office supplies (stationary, phone use)	\$ 30	50.00
	Participant honorariums: \$25 gift cards (n= 43)	\$ 1075	
	Advisory committee honorariums: \$100/member*5 members	\$ 500	
Knowledge Transfer	Conference travel and dissemination: Estimates for DC Conference; two project team members	\$ 516.00	
In-Kind	Transcription (student paid through work study) for key informant (n=13) and entry-level RD interviews (n=30): 43 transcripts*4 hrs/transcript*\$16/hr+14%.	\$ 3,137	
	Total Direct Costs	\$19,886.	
	Total In-Kind Total Project Costs	\$3,137 \$ 23,023	

Project Significance: The importance of developing mental health-related skills of RDs is clear⁷. The global burden of mental health conditions is increasing and there are unmet educational needs related to mental health in allied health professionals, particularly in trauma-related care.²⁰ This project, to identify and develop mental health-related competencies of entry-level RDs, will help to advance the dietetics profession by addressing CFDR's priorities that include identifying and adopting best practices for those at risk of nutritional vulnerability as well as expanding the roles of RDs to meet the health needs of all Canadians.

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Rebuttal to Previous Submission

In an effort to provide clarity on this submission based on prior feedback on our CFDR proposal submitted in the last round, we wanted to address one specific issue that was raised. The review team had brought forward a concern that: "This project has a focus on mental health skills for RDs. There is no doubt that improving mental health of our clients is important; however, it could also be argued that mental health counseling is beyond the scope of practice for RDs." We agree that mental health counseling is beyond the scope of practice for RDs. The intention of this training is to ensure dietitians are competent in providing nutrition counseling to people experiencing mental health conditions. The training is not only applicable to dietitians working in mental health settings, but to those working in all areas of dietetic practice, including diabetes, chronic illness, family health, etc.

Nutrition is being identified in the literature as an essential component in the prevention and treatment of mental illness and promotion of mental health. The relationship is bidirectional; food and nutrition impacts one's mental health (e.g. dietary interventions shown to decrease depression symptoms), and mental health impacts nutrition status (e.g. by way of mood impacting one's ability to feed themselves nutritious food). Since this is the case nutrition counseling plays a crucial role in supporting people with mental health conditions. As a result of this understanding, there is burgeoning interest on the part of mental health professionals to learn about and practice nutrition. Our learning from the launch of the training, due to the large enrollment of dietitians, is that dietitians are lacking skills in the area of mental health and nutrition and are looking to fill that gap. Our goal is to redesign the training to support dietitians in all areas of practice to be well equipped to support their clients who experience mental health conditions.