THE CATALYST

Food for thought: Untangling our relationship with food and mental health

By: Suzanne Westover | Posted: March 31, 2025

To mark Nutrition Month, the Mental Health Commission of Canada (MHCC) sat down with Christina Seely, Registered Dietitian, Certified Diabetes Educator, and co-chair of the Dietitians of Canada Addiction, Mental Health & Eating Disorders Network, to discuss the deeply intertwined relationship between our mental well-being and food choices, in a bid to give us all something more well-balanced to chew on.

"It's complicated…"

A relationship with food. It's something everyone has in common. In fact, I'd be willing to bet that if Facebook had a status update on the subject, we'd all be perpetually set to "it's complicated."

And it's only getting more so.

Twenty years ago, the jury was still out on the connection between food and many chronic illnesses. Today, we know the right choices can help stave off depression, dementia, and a host of other health concerns.

No pressure, right?

Now, throw into the mix an appearance-obsessed culture and the relentless influence of online "lifestyle" purveyors, whose perfect plates and elevated palates can leave the rest of us feeling like we're eating dust.

It's hard to make thoughtful choices when we're drinking from a firehose of mis- and disinformation, all while enduring shame and blame that can further disenfranchise us from a healthy relationship with food.

I chatted with Christina to understand how we can reframe this discourse, embracing a more compassionate, common sense approach.

It all comes down to science

While our stomachs might grumble, it's actually our brains that have the hungriest cells. At a mere two percent of the body's weight, our brains consume an astonishing 20 per cent of food energy.

To build and maintain its structure, the brain forages for 50 different nutrients, maximizing its function and protecting itself from harm.

“The production of feel-good neurotransmitters, like serotonin or dopamine, is enhanced or limited based on our diet,” explains Christina. “And while the causes of mental illness are complex, food is an essential building block of brain function.”

It follows then, that an optimal diet can improve mood and boost energy levels, and not just by a little bit.

A well-nourished brain is more resilient to stress, and nutrition affects brain health throughout our lives, from earliest childhood to our elderly years.

“Appropriate nutrition can reduce the risk of depression by about 40 per cent, and upwards of a third of Alzheimer’s diagnoses might be preventable through lifestyle choices,” says Christina.

Choices that, unfortunately, aren’t readily available to everyone.

“Take mental illness treatment and diet,” says Christina. “This may be a particularly fraught cross-roads. Common medications for serious mental illnesses can increase appetite, thirst and fatigue. Also, symptoms of mental illness can affect energy level and, by extension, the planning, shopping, and cooking process.”

A perfect storm, often leading to increased reliance on convenience foods and delivery options, which helps to explain the comorbidity between weight management and mental illness.

“There is a double stigma for people living with mental illness and a higher weight. And, because the mental and physical health systems often operate independently, people are less likely to receive best-practice care for their physical health,” says Christina, who runs a monthly dietetic clinic for clients of the Canadian Mental Health Association.

“Redressing inequity is a passion project,” she explains. That’s why she was drawn to London’s InterCommunity Health Centre, which provides care to those who traditionally face barriers.

Behind the curtain: A dietitian’s perspective

No matter our circumstance or backstory, Christina says people may be hesitant to see a dietitian because of fundamental misconceptions about what they’re going to hear.

“I assumed that the approach would be prescriptive,” I admit, too embarrassed to confess that my own breakfast was three digestive biscuits and a cup of tea.

But Christina reassures me that clients are often far harder on themselves than a dietitian would ever be. This is especially true among people who’ve experienced cardiac events or received a diabetes diagnosis, for example.

“Some people arrive clutching these ridged lists of dos and don’ts, berating themselves for the slightest deviation. So they’re often pleasantly surprised when we explain a big part of our job is making sure they don’t lose the joy they once found in eating.”

The surest route to throwing up your hands, she explains, is creating a set of impossible-to-meet criteria.

“The last thing I want my clients to feel is perceived failure or self-recrimination,” emphasizes Christina. “This is a lifelong journey with highs and lows. What we’re trying to do is smooth it out, and aim for the manageable in-between.”

I tell her what a relief it is to hear someone talking about food from a common sense perspective, instead of in a perfectionistic or performative way. But then, in the billion-dollar space that’s diet and weight management, common sense is what’s desperately lacking.

Add to this the advent of new weight management medications, and the complexity of an already fraught dialogue grows.

“While they [medications] can be helpful for certain people under the right circumstances, they also come with a hefty price tag and limited insurance coverage, creating yet another barrier between those who can access certain treatments and those who’re left out in the cold,” says Christina.



Christina Seely, Registered Dietitian, Certified Diabetes Educator, and co-chair of the Dietitians of Canada Addiction, Mental Health & Eating Disorders Network

Perfect vs. fed: Finding balance in an imbalanced world

In the truest axiom I’ve heard in a long time, Christina suggests, “We can’t let perfect be the enemy of fed.”

She goes on to explain: “If you have IBS or another chronic gastrointestinal condition, it’s okay to subscribe to the survival diet when you need to.” In short, eat what you can tolerate without making yourself more unwell.

“Honestly,” I say, “these judgment-free statements are so refreshing and unexpected.”

Christina notes that one of the biggest challenges Dietitians Canada faces is the onslaught of misinformation feeding Canadians a diet of unhelpful content, which is often profit-motivated rather than person-centered. Cutting through the noise of fad diets and miracle cures becomes increasingly difficult in our information-saturated age.

“Food is central to so many parts of our lives, and the cultures that are the healthiest tend to embrace the beauty of breaking bread together, rather than creating a societal expectation of perfection.”

Voicing vulnerabilities

Speaking of perfection, I reflect that we’re conditioned – almost from birth – that there are right and wrong ways to eat and be fed.

I remember being unable to breastfeed my premature daughter and feeling utterly inadequate, until someone finally said to me, “Canned veggies, fresh veggies… the important thing is that you’re feeding your child with love.”

For so many of us, food is a means to express affection and socialize. Having that impulse curtailed – whether you live alone, or have an allergy, intolerance, or illness that detracts from enjoying the communal nature of food – can be isolating.

But until we normalize voicing these vulnerabilities, we’re going to continue to be islands. This can be especially true of people who struggle with their weight in a society that is still in recovery from worshiping thinness. Over time, Christina herself has shifted to a “weight-inclusive” approach, meaning her consults are a guilt-free zone.

“We tend to keep our food insecurities, whether economic or emotional, very buttoned up,” Christina notes. “As dietitians, it’s important that we convey we’re here with an eye to support. Full stop.”

In fact, peeling back layers to help people identify the many factors that can influence eating habits – including stressors and difficult experiences – is part and parcel of the role.

“Studies have shown that at least 50 percent of us qualify as having had an adverse childhood experience (a potentially traumatic event) as a child,” says Christina.

This reality should free us to be more honest about our challenges, not isolate us. And yet, in our world of curated Instagram perfection and a sea of aspirational cooking content, the widening chasm between haves and have-nots is starker than ever.

Food bank usage is up 90 per cent from just five years ago – the highest it’s ever been. Helping people manage difficult budgetary decisions has added complexity to the dietitian’s traditional role. To help meet this growing need, Christina’s health centre has created handouts to highlight money-saving options like dollar store shopping, price matching, and apps like Too Good to Go and FlashFood.

But financial insecurity is often layered. For example, someone living with serious mental illness may experience addictions, like smoking, which displace the food budget and increases the risk of nutrient deficiency.

The bitter irony?

“Those who could benefit the most from a high-quality, healthy diet are often the least able to obtain it,” Christina concludes.

Meeting this depth of need is just one of the many obstacles Christina and her colleagues face.

Disordered eating – Red flags and roadblocks

“Sometimes our hands are tied even when there are concerns,” explains Christina. “As allied health professionals, we can’t offer a formal diagnosis around disordered eating, and there may not be a straightforward avenue for getting one – or accessing supports.”

Language, says Christina, is often an initial red flag for dietitians when it comes to identifying someone who may be struggling with disordered eating.

“People may indicate a strong value judgment on food. For example labelling them as ‘bad or fear foods,’ and others as ‘safe foods,’ which can indicate a cause for concern. Another sign can be if people report spending a great deal of time worrying about their food choices and weight.”

But with 6.5 million people in Canada lacking a family doctor, the most obvious door to medical support may be closed, while wait lists for formal eating disorder programs can stretch two years or longer.

Dietitians are left with imperfect solutions: mental health or therapy referrals when a client has access, either through employer benefits or if publicly funded coverage exists; books, webinars, and other self-guided materials when finances are a constraint.

“Provincial insurance for dietitian visits often comes following a specific diagnosis,” Christina explains, “which curtails the opportunity to take a more proactive approach.”

Small steps, big impacts

Despite these challenges, Christina is convinced there is still reason for optimism. Her best piece of advice?

Try to avoid thinking of food as the enemy.

“Consider that a wide range of eating habits can support health – and small changes to food choices can have an outsized impact. Whether it’s adding a serving of frozen veggies, cooking two meals a week at home, or cutting down on soda.”

The biggest thing to remember, she advocates, is that we’re all experiencing challenges, from feelings of inadequacy to overindulgence.

As a parent, I deeply relate. I chastise myself for serving too many chicken nuggets and too few chopped veggies. But my conversation with Christina reminds me that a healthy diet has room for a range of foods, and we shouldn’t beat ourselves up for doing our best on any given day.

Nor should we give up on doing that little bit better.

“If we push ourselves too hard, we can conclude the effort is futile, why bother.”

That’s why taking an approach of everything in moderation is the likeliest route to reaping the long-term benefits of making more nutritious choices. Chasing a number on a scale or perfect pant size isn’t the solution, because finding true nourishment is about feeding your whole self – body and soul.

A seat at the table

There’s something comforting in the knowledge that there is no such thing as a perfect relationship with food. Contrary to popular belief, licensed experts like dietitians aren’t there to police our intake. Instead, they can help us see opportunities for choices that might better serve us, all while validating our fears and frustrations.

Christina’s approach reminds us that our worst tendencies—from self-disgust to self-righteousness—aren’t on the menu.

Instead, dietitians offer a more palatable approach: one that acknowledges the complexity of our relationship with food while providing practical tools to make that relationship healthier.

Sure, food is sustenance.

But it’s also connection, memory, comfort, and joy. Like it or not, we’re in this relationship for the long haul. Making small, daily commitments to improved choices will help us reduce our risk of developing both physical and mental health conditions.

The path will be different for each of us – depending on our biology, psychology, finances, and culture.

In an ideal world, there’s a place at the table for all of us.

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An Ottawa writer and former speechwriter, and Manager of Communications at the Mental Health Commission of Canada. A homebody who always has her nose in a book, she bakes a mean lemon loaf (some would call her a one-dish wonder) and enjoys watching movies with her husband and 14-year-old daughter. Suzanne’s time with the MHCC cemented her interest in mental health, and she remains a life-long learner on the subject.

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