

Magazzica

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Health

Hope, Happiness

Living Fully,
Caring Deeply:

Kirsten Woodend

on Nursing, Loss,
Resilience, and the
Power of Human
Connection

Come Together:
Canadian Mental
Health Week,
May 4–10

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The Therapeutic
Benefits of Soil
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Fueling Muscle
Recovery
Naturally

Ergonomics for
the Hybrid
Worker:
Avoiding the
Couch-Slouch



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Interview

Kirsten Woodend



Kirsten Woodend is an Emeritus Professor of Nursing at Trent University and a Fellow of the Canadian Nurse Educators Institute. With a distinguished career spanning clinical practice, research, and academic leadership, she has shaped nursing education across Canada. As an End-of-Life Doula (EOLDAC), ACC Certified Peer Visitor, and Trainer, she brings a rare blend of clinical expertise and compassionate presence to her work. Woodend is recognized for her leadership in peer support for amputees, her commitment to community-centred care, and her lifelong dedication to advancing humane, relational healthcare.

Some people spend a lifetime mastering a craft. Others spend a lifetime mastering what it means to be human. Kirsten Woodend has done both. Her journey spans coronary care units, university classrooms, hospice rooms, and the quiet, unseen spaces where people confront their deepest fears. She has walked beside patients in crisis, mentored nurses finding their footing, and stood as a companion to amputees rediscovering possibility. Her story is not about titles - though she has many - but about presence, courage, and the radical act of showing up. This interview is an invitation to slow down, listen, and learn.



Living Fully, Caring Deeply: Kirsten Woodend on Nursing, Loss, Resilience, and the Power of Human Connection

Magazica: Dear readers and viewers, Kirsten Woodend has spent her career at the intersection of science, compassion, and community. As Emeritus Professor of Nursing at Trent University, she has guided generations of students while shaping the future of nursing education in Canada. She's a Fellow of the Canadian Nurse Educators Institute, an end-of-life doula, and a national leader in peer support for amputees.

Her journey spans clinical practice, research, and leadership, including serving as dean.

Today, she continues to mentor, write, and advocate for better health and human connection. What makes her story remarkable is not just the titles she has held, but the lives she has touched-whether helping internationally educated nurses find their place in Ontario, supporting families through hospice care, or building resilience in communities across Canada. Kirsten, welcome to Magazica.

Kirsten Woodend: Thank you.

Magazica: Let's start at the very beginning. When I saw your profile, the first thought that came to my mind was: what an enriched career. How did it all start? Looking back, was there a single experience or turning point that made you realize nursing and advocacy would become your life's work?

Kirsten Woodend: Sadly, no. I actually wanted to be a forensic pathologist, and life's journey took me into nursing. I don't think there was a moment when I said, "I'm going to spend my whole life, my whole career, nursing." I think nursing became me, rather than me choosing nursing. The more I was involved at the bedside, and then in research, and then in teaching, the more in love I fell with my profession. It wasn't that I sought it-it grew on me, and I became more passionate about it as I did it.

Magazica: It was like nursing happened to you.

Kirsten Woodend: Nursing happened. Exactly.

Magazica: Nursing chose you, not the other way around.

Kirsten Woodend: Exactly.

What about the human side? Many people think of nursing only as medical care. What's a story from your career that shows the deeper human connection behind the profession?

Kirsten Woodend: I don't think of nursing as a medical career-I think of it as healthcare. Yes, there are technical tasks nurses do, but one of the biggest things we do is walk beside our

patients. We're there, we're aware of what's going on. In a hospital, we're the one continuous presence.

I'm thinking of a story that reminds me of that humanness. I used to work in coronary care at the Heart Institute in Ottawa. One night, a patient was really frightened, and I had a quiet moment to sit with her. She eventually found that praying would help her sleep, so I stayed and created the space and support she needed. I wasn't starting an IV or doing a task-it was simply being present when someone felt frightened and alone in an intensive care unit.

Magazica: Yes. Sometimes you just need that human presence that soothes you.

Kirsten Woodend: I think it's harder and harder for nurses these days, particularly in hospital-based nursing. The structure forces them to focus on tasks and finding those human moments is more challenging. It's very sad because those moments make a huge difference in people's illness journeys and in their recovery.

Magazica: As you've mentioned, what's happening in nursing today and how the profession is structured, you've taught and mentored countless students. What's one lesson you hope every nurse you've guided carries with them into their career, if there is one?

Kirsten Woodend: I would say it's relational practice-the being in relationship with the patients for whom you're caring, making those connections so that you're aware of what that person's

needs are in that moment and over the long term. It's the ability to make that connection with people and be in relation with them. I think that leads to things like advocacy, but the most important part is the ability to be in relation with your patients, the people for whom you're providing care.

Magazica: You have also worked with internationally educated nurses. You've helped create pathways for nurses who were trained abroad so they can practice in Ontario. Why does this matter, not just for healthcare, but for society as a whole? What is your take on it?

Kirsten Woodend: We are a multicultural society, and I think it matters for two reasons. One is that internationally educated nurses bring a huge resource to healthcare in Canada. They bring previous experiences, cultural understandings, and perspectives to nursing care in Ontario that are very important.

But the other part is that when people who were educated as nurses in other countries come to Canada and are not able to practice, it's an enormous waste of a resource we badly need. That was the passion that drove the four of us who manage this program. We felt strongly about launching an internationally educated nurse pathway so we wouldn't waste this wonderful resource. It was-and still is-very difficult, with many hoops to jump through to be registered to practice in Ontario if you were educated elsewhere.

And we still run the program. We have a cohort of students going through as we speak.

Magazica: Fantastic. What a beautiful way to uphold the Canadian spirit. Peer support for amputees-let's go into that area. As president of the Amputee Coalition of Canada, you've seen resilience firsthand. Can you share a story of how peer support, without disclosing any sensitive details, can change someone's outlook on life? A story, a trend, anything?

“

NURSING IS RELATIONAL PRACTICE - THE ABILITY TO TRULY BE IN RELATIONSHIP WITH THE PEOPLE FOR WHOM YOU'RE PROVIDING CARE.

”

Kirsten Woodend: There's a growing body of evidence that peer support makes a difference. It makes a difference personally, but interestingly, it can also make a difference in a person's ability to stick with their rehabilitation program and to see a future for themselves. It can help them better access the resources they need to optimize their health.

I did a peer visit last Saturday-I always come away with a huge smile. When you visit someone, and you've been a little further down that journey-I am an amputee-you show them that life is possible. I thought it was kind of funny: I'm not young, I'm an above-knee

amputee, which is harder to walk on than a below-knee amputee. My husband had misplaced his car keys, so when I finished the peer visit, he called, and I had to walk from that home to downtown in a small town to meet him.

I think even that idea—that someone of the same age as the people I'm visiting, who has an above-knee amputation, has the ability and empowerment to get up and go and continue with a full life—can be powerful. I can walk downtown and meet my husband. Now, I want to be careful, because some people do stay in wheelchairs after amputation, and that's okay too. They create a life that way as well.

But yes, it was interesting. After 40 years as a nurse, when I lost my leg in a motor vehicle accident, I didn't know anything about this. That was part of the reason I became passionate. I had this nursing background, and suddenly I was an amputee, and I didn't have a clue. I didn't know how to move forward, what prostheses were, what was involved, what I'd be able to do in the future.

I didn't have a peer visitor. I did have a colleague at the university who was a paraplegic who helped me with wheelchairs, cars and so on. But what a difference it would have made if I'd had someone early on. I wouldn't have spent so much time wondering, "Is there any life for me?" I had no models to look at. And that was after being a nurse for 40 years. I was shocked at how clueless I was.

Magazica: And now you are becoming a model for others.

Kirsten Woodend: I hope so. Maybe not even

a model, perhaps a companion, and an example of what's possible despite amputation.

Magazica: Such an inspiring take on life. Thank you for doing that for us and for thousands of your students and colleagues. That is one part of dealing with the vulnerabilities of life. Vulnerability can show up in any form, at any moment. Now let's go to another side of vulnerability that you've seen firsthand—hospice.

We often think, "If I'm doing something, there must be a result." But these nurses and doctors work with people they know are in terminal illness. Day in and day out, they face this fact, yet they're still careful about how the needle goes in, whether the person has eaten, whether they've taken their morning medication. I always wondered how they do that. So, hospice and end-of-life care, as an end-of-life doula, you walk with people through the final chapter of the book. What have you learned about living well from those moments, and from those moments of saying goodbye in daily practice? What can you say about that?

Kirsten Woodend: I think there can be life at the end of life. Unfortunately, in our society, we do everything possible to deny that there are two ends. We celebrate the birth end, and we try to ignore the other end. But that is part of a full life. I think hospices and end-of-life doulas are beginning to help people have a life at the end of life. Life should be full from beginning to end. We shouldn't just turn off the TV because we know the end is coming.

It's interesting, because I volunteer in hospice on Friday afternoons and evenings. One of the families said, "Thank you for being a volunteer

in such a difficult role,” and I said, “This is such a lovely end to my week.” My week is always busy with the Amputee Coalition, and I teach, and I work full-time even though I’m retired. So, I get to do this lovely thing of going to the hospice. Our hospice is small and quiet, with lots of space for families to be with their loved ones. She was shocked that I thought this was a lovely way to end the week, and I think that’s part of our denial-that this is part of life.

It’s such a pleasure to be in a space where we are supporting people all the way through to the very last breath.

Magazica: Yes. I’ve seen people... I’ve seen one of my relatives, he was on his deathbed in the UK. I visited him, and he had such a smiling face. He wasn’t in hospice, but he was a stage-four cancer survivor, and eventually cancer caught up with his lungs. Everyone knew he was going to die, but he was smiling. I knew he was in acute pain. I don’t know whether he was a spiritual person or not-he was a distant cousin of my father.

I was very young. I didn’t know how to talk in such a sensitive moment. Nobody prepares you for that. We don’t talk about death in normal family conversations. I asked him, “Why are you happy?” And he said, “This is the moment I have prepared my whole life for. I celebrated my life, and I prepared for my death.” Like meeting a friend, I always wanted to meet, but at the end.

Kirsten Woodend: I think that’s why we’re seeing this resurgence of end-of-life doulas, which are a very old-fashioned sort of thing. It’s an attempt to bring death back into our lives.

We’ve turned our backs on it so much, and that has a very negative impact on people who are reaching the end of their lives. Instead of being embraced and seen and treated in ways that support their final days, we turn away.

Magazica: If we have to exit life, let us do it in a great and graceful way.

Kirsten Woodend: Exactly. And it’s odd, because I started my career as an intensive care nurse, where you’re doing everything to keep people alive. Over my life, I developed the maturity so that when I retired, I was very interested in training to become an end-of-life doula and spending part of my volunteer time doing that. It’s not much different from peer support. You’re walking beside people, creating safe spaces to be with them and support them. Much of what I learn and do as an end-of-life doula, I practice in peer support, and vice versa.

Magazica: What a beautiful way to end your week.

Kirsten Woodend: Yes, exactly.

Magazica: What practical mindset or habit helps people move forward when life feels overwhelming? You are a very strong person, expressing strength in a very soft way. What helps people move forward?

Kirsten Woodend: Trying to be in the day, in the moment. When you’re recovering, you don’t have to solve tomorrow or next week. Yes, planning is good, but being in the moment, not looking backward, not looking forward, just coping in that moment.

When I'm doing peer visiting, I meet people who get lost in the past- "If this hadn't happened..."- and it doesn't help. It uses energy that doesn't change anything. So, when I do peer visits, I try very much to be in that moment. I answer questions, of course, but I stay present. I think that's the best way to move forward. You don't know what's coming.

For me, I don't look backward a lot. I'm human, I have moments, but for the most part, I try to be in the moment and then move forward.

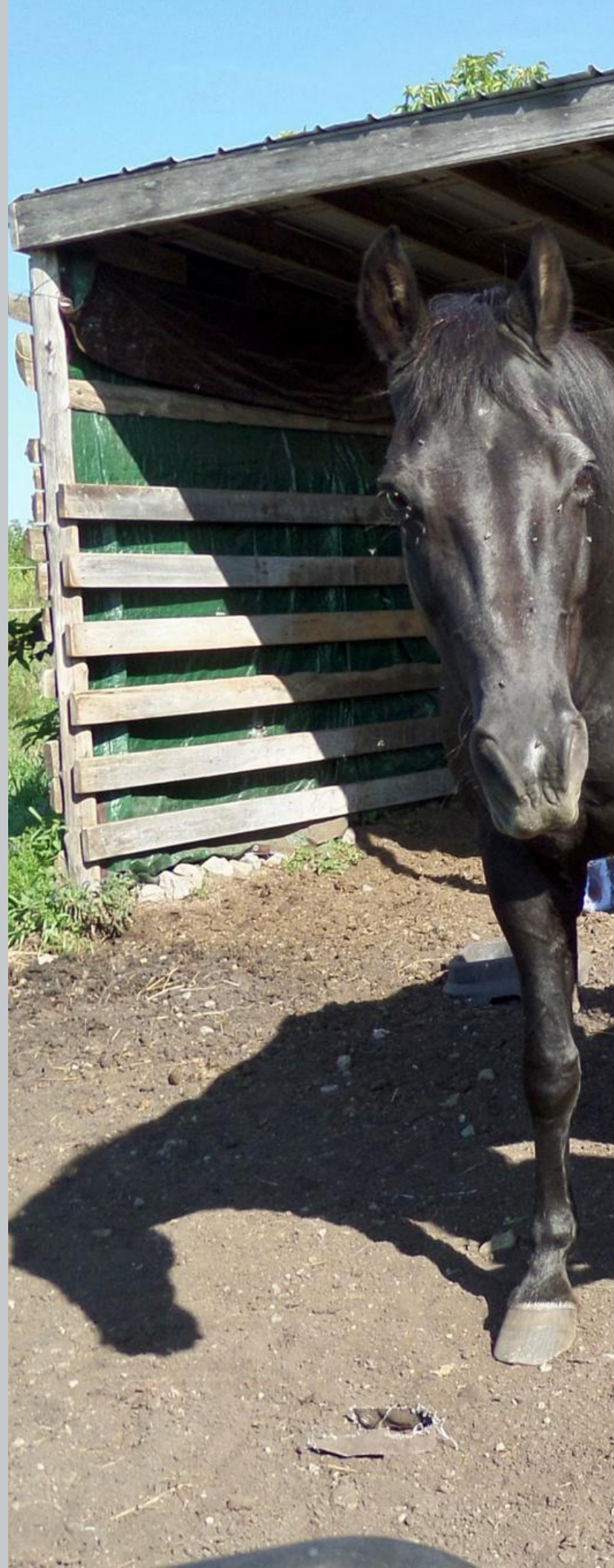
Magazica: Very important-be in the moment and keep your energy intact so it can carry you through.

Kirsten Woodend: Yes. We get lost in our angst. We worry about the past, which we can't change, and then worry about things coming up that we can't do anything about. You can probably tell I read a lot of Buddhist philosophy.

Magazica: Oh, that's why this conversation feels very meditative to me. Very meditative. And your work is deeply emotional. You teach people who will be dealing with others' vulnerabilities, and you treat people who are already vulnerable. How have you learned to protect your own well-being while supporting others?

Kirsten Woodend: I tend to be strong on the self-care side. No matter how busy I am, I still take time to read. I cuddle my dogs and my horses, and family is important to me. I exercise every day. I very much believe that being physical helps with the emotional side.

I don't need to shut down anything I'm doing or shut it out, but I am careful about taking time to be good to my mind and my body every day. So, every day I do a workout, and every day I take time to read a book, or cuddle our two little dogs,





or get out and-what I call- “sniff the horses,” giving them a big hug. All those little things help, without shutting everything else down. I’m not blocking anything out; I’m accepting that I, too, need care.

Magazica: Yes. Being mentally and physically fit is something nobody can see from the outside, but it’s a core tenet of Buddhist philosophy.

Magazica: Strengthen your mind and body. We have to remember that they established the Shaolin temples, one of the fiercest physical-fitness feats human civilization ever saw. And Buddha himself was a very fit person. Physically fit. Even the day before he died, he walked more than ten miles.

Kirsten Woodend: I joke that in some ways, I was set up for my accident. About a week and a half before, I had been at a four-day silent retreat at a local Buddhist temple. Then I had a motorcycle accident-you can imagine it wasn’t just my leg; I broke a whole bunch of things. I was really doing it well. But I had just come from that retreat, so I said I had set myself up to be mindful as I was recovering. I got a little pre-practice in.

Magazica: And it reflects in you. From the very beginning, this conversation has been meditative for me. I practice meditation myself, in a different way, but still centred around Buddhism.

What is the power of community? From classrooms to coalitions, you have built communities of care. What makes a community truly healing, and how can everyday people

create that community of care in their own lives?

Kirsten Woodend: It’s so important. I don’t think of myself as someone who needs a group, and yet I very much embrace and enjoy being part of the amputee community. That surprises me, because I wouldn’t have thought I needed community like that.

For instance, we have peer-visitor drop-ins every quarter. There are many amputee support Facebook sites. I sit on the board of the Amputee Coalition, so we meet and work together. I often have meetings with working groups on things we’re trying to move forward. It surprises me how important it is to me to be part of that community with other amputees.

I know many amputees seek that. It’s a place where, in some ways, you feel normal, because everyone else has had a similar experience. We’re all different-we arrived here in different ways-but we share one common thing: we’ve lost one or more limbs, and some of the challenges are similar.

I’ve been part of different online communities, and some I’m no longer part of. It’s the kindness factor-the thing we’re a bit more challenged with these days. Being kind and humane.

I’ve gravitated to communities that put that first: being respectful and kind to each other. I experience the same thing in hospice. The staff at the hospice where I volunteer are amazing people. I’m in community with people who are kind and who give of themselves. It really surprises me how much I’ve enjoyed being part of the amputee community in the way that I have.

Magazica: As you say, the kindness you have inside you and the respectfulness you show—these are the greatest magnets. People gather around you. Without realizing it, you become a lighthouse.

Kirsten Woodend: I think we all do, and we all can. If we're in the middle of a dark time right now, each of us can light a little candle and keep it going. I keep my fingers crossed that in the long run, we'll prevail.

Magazica: Yes, we'll prevail. And looking at the feats you've accomplished and the endeavours you're still in, you've done phenomenal work. Even if I could do a portion of it, I'd consider myself lucky. I really hate the word "retirement," because for me, retirement is when I'm dust again. Whenever I'm dust again, that's my retirement.

Kirsten Woodend: Yes.

Magazica: It's a wrong word for me. But still, you are Professor Emeritus, and you're still teaching. You're still writing, researching, and mentoring. What excites you? What excites you about the next plan, the next mission, the next task? What keeps you going? What drives you?

Kirsten Woodend: Oddly, and maybe not kindly, it's curiosity. The desire to keep learning. I joke that when I do the peer-visitor training for the Amputee Coalition, we sit together for eight hours learning how to be peer visitors. Despite having done it many times, I always come away learning new things.

When I'm working with a graduate student,

I'm always learning new things. That very much drives me. It may not sound like kindness or well-being, but curiosity is what keeps me engaged. Yes, I want to make a difference, and yes, I hope we'll all make the world a better place. But it's the ability to constantly learn new things. By the time I get to the end of my life, I'll barely have touched what there is to know.

Magazica: Curiosity means you are alive inside.

Kirsten Woodend: Yes.

Magazica: People die inside first, then it manifests in the physical body. That's what I've understood from life so far.

Kirsten Woodend: We have the Trent Centre for Aging and Society. I sit on its executive committee, and they put out a magazine. They interviewed a man—I think he was about 100—and one of the things he said about getting older was, "Never retire." I don't think he meant to retire from your job; he meant never to retire from being engaged in all kinds of things. I thought that was a great piece of advice. And I tease my friends who are still employed that I have fewer holidays than they do.

Magazica: That's why you're so alive, and that's why you touch so many people's lives in such a proactive way. I've seen my seniors around me—at a young age, you're active, but as you gain experience, you become proactive.

Kirsten Woodend: Yes, I think so.

Magazica: Because your intelligence becomes

more crystallized. Experience filters it into a deeper understanding and deeper knowledge. So now you're proactive-you're active or busy. You're contributing to people, contributing to society. And that's why you said, I think, "never retire."

One last message to the audience. You've shared so many gems, and we've learned so much from you. There's no end to it, because you've had such a long career and touched so many lives. If you could leave our listeners and readers with one piece of wisdom-something they could carry into their own lives starting today-what would that be?

Kirsten Woodend: I think it is: be good to yourself in ways that allow you to engage with the rest of the world and be good to others as well. I do think it starts there. And I'm sorry-Buddha said that too. You need to take care of yourself, and then you are able to take care of others.

Magazica: So true. Such a simple line, but yes. In this age of social media, in this age of economic uncertainty, the first thing we ignore is ourselves.

Kirsten Woodend: Yes, and if you yourself are rich, then you don't need to engage in all of that uncertainty and negativity around us. You need to step away for a moment and be good to yourself. Then you can cope with all of that-and help other people cope with all of that.

Magazica: Thank you. Thank you very much for being with us today and giving us such a meditative conversation. I'm repeating the term,

but it's the only good term I know. This is one of the most meditative conversations I have ever had. I've interviewed a lot of people in my life-this is one of the most meditative conversations I've ever had.

Thank you for being with us.

Kirsten Woodend: Thank you.





Sleep Hygiene Reboot: Adjusting to Longer Daylight Hours

Prepared By
Suman Dhar
Editor-in-Chief

Disclaimer:

This article is for informational and educational purposes only and does not constitute medical advice. It should not be taken as a medical diagnosis or treatment. Always consult with a qualified healthcare professional for personalized medical guidance.

Let us imagine that it is a Tuesday in late March. After a night's work and the yearly ritual known as the "spring forward," despite the presence of sunlight, you feel that you are a complete gong show. Despite three cups of coffee in you, your brain is still having trouble functioning at normal speed. If you have ever felt your body in full-on battle with your alarm clock, it seems that your suspicions were right; there is more to it than just your personal feeling of confusion, as it turns out. As we move towards longer periods of daylight, our bodies need to work even harder to synchronize with social time.

Your Internal GPS is Still Calibrating: The Circadian Rhythm Shuffle

All of us possess an elaborate biological clock, and at the moment in Canada, this clock is experiencing a slight malfunction. The mechanism works according to circadian rhythms, which dictate that "standard time" should be kept similar to solar time, in which the peak of the sun occurs during noon. The problem arises from the fact that in the spring, we suddenly alter our relationship between natural sunlight and sleeping habits.

Imagine the circadian clock as the GPS that tells you it is still in the center of Lake Superior when you are at home on the couch. The reason why this change in March is so disruptive is that it creates an eight-month disconnection. As a resident of the "True North," the northern latitude means there is no latitude left in the

daylight hours; the body simply does not have any more give to adapt to this new time zone.

Northern Latitude Problems: Why Canada is the Final Boss of Sleep Habits

First, being in Canada means playing a completely different game compared to our friends south of the border. As an example, on the shortest day of the year, Montreal will only see eight hours and forty minutes of daylight, whereas Miami will experience more than ten hours. The absence of a "light cushion" means that the spring change is an extra burden for our internal conducting orchestra. Were we to apply the same DST policy year-round, then most Canadian cities would have sunrise at 8:00 AM or later in winter, which would make us go to school and work in complete darkness without the necessary dose of sunlight to "reprogram" our brains.

In addition, there are some interesting time zones within Canada, which makes its borders pretty crazy when it comes to DST. For example, Thunder Bay, Ontario, is located nearly an hour away from its correct solar time zone. This situation creates something scientists call "social jetlag," which is effectively similar to trying to play a game of shinny on an ice rink tilted at 45 degrees. You can do it, but you will get tired way quicker than your opponents.

Tick-Tock vs. Heart-Thump: The Cardiovascular Price of Losing an Hour

It may seem like an insignificant loss of sixty minutes to you, but your heart may beg to differ. There have been recent findings in a

Canadian study on hospitalizations of patients with acute myocardial infarction (AMI), which is another way of saying heart attack. Prior to the outbreak of the pandemic, the onset of Daylight Saving Time showed a 19% rise in the frequency of heart attacks among a Canadian population.

The trend got complicated with the onset of the virus; however, the findings show that those who are referred to as late chronotypes—i.e., "night owls"—may be at greater risk. These people require four weeks of adjustment for their biological clocks following the switch in spring. The

one-hour time difference is not just a nuisance but also a significant challenge for their heart. It is as though your heart is a finely-tuned engine, which has suddenly had its oil replaced by maple syrup.

The Summer Sleep Slump: Why "Netlessphobia" Won't Save Your Zzzs

However, when summer arrives, the natural patterns of sleep change for most people. Indeed, according to research conducted by The Canadian Longitudinal Study on Aging, there exists a statistically noticeable difference between hours spent sleeping in the summer and winter seasons. While the difference itself is only nine minutes, its importance cannot be overlooked. Longer periods of daylight force people to prolong their bedtimes and make them even more vulnerable to social jet lag.

Strikingly enough, it was not the summer, but rather the fall transition to Standard Time that led to sleep disturbances and dissatisfaction

in older adults. People who participated in interviews one week after the time shift experienced significantly more difficulties falling asleep. In other words, our body is extremely sensitive to every discrepancy between external light and internal time perception. Even though enjoying the warm weather is an excellent opportunity to have some fun, do not forget to respect the "conductor orchestra" in your brain.

Reclaiming Your Rhythm in the Great White North

What, then, are some of the lessons we have learned? First, your chronotype makes a difference. If you happen to be an "owl," expect to require more than a couple of days for your system to adapt to the change in the light–dark cycle. Second, the phenomenon known as the March misalignment effect does not go away overnight – it is a long-term process that impacts your physical well-being.

Canadian scientists and specialists believe that there is no better way to align one's biological clock with environmental changes than by adopting permanent Standard Time across the country. However, until that happens, realize that your body has been through quite a tango, and give yourself some leeway to feel a little sleepy now and then. The one thing that will always remain constant in any time zone of Canada is the sun, which is your best guide in terms of timekeeping.

Key Takeaways

- **Northern Disadvantage:** Due to our country's northern location, we are more prone to being affected by time changes since we have less flexibility regarding sunlight in the winter months.



- Heart and Clock: Scientific research conducted before the pandemic has found an increased rate of myocardial infarction of 19% following the change in the time schedule.
- Night Owls Are in for a Hard Time: People who tend to be evening people may need up to four weeks to fully adjust to the time shift in the spring, which is much longer than the one-night adjustment time provided.
- Social Jetlag: Those who live on the western side of their time zones (for example, Thunder Bay or Calgary) will experience a bigger difference between the two times, causing chronic sleep deprivation.

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Canadian Mental Health Week



Green Living

Come Together: Canadian Mental Health Week, May 4–10

Conceptualized by
Anthony Testa
Editor

Come Together: Canadian Mental Health Week, May 4–10

Every May, something important happens across Canada. In schools, workplaces, community centres, and living rooms, millions of Canadians pause to talk about something that affects nearly every one of us — mental health. This year, Canadian Mental Health Week runs from May 4 to 10, and the theme set by the Canadian Mental Health Association (CMHA) is powerful in its simplicity: Come Together.

It is a call to action rooted in one of the most urgent public health realities of our time. Too many Canadians are struggling alone. Too many are wearing a mask — hiding anxiety, depression, grief, or burnout behind a composed exterior — because the stigma of mental illness still makes honesty feel dangerous. Mental Health Week exists to change that, one conversation at a time.

A Tradition Worth Knowing

Canadian Mental Health Week is not new. First introduced by the CMHA in 1951, this year marks its 75th anniversary — making it one of the longest-running public health campaigns in Canadian history. What began as a modest awareness effort has grown into a national movement, with events in more than 330 communities across every province and territory (CMHA National, 2026).

The CMHA's message this year is both timely and personal: social connection is essential to mental health, yet millions of Canadians report feeling lonely, often or always. The theme Come Together is a reminder that mental health is not just an individual challenge

— it is a community responsibility. Small, everyday acts of connection — a phone call, a genuine conversation, checking in on a neighbour — can ripple outward in ways we rarely see but always feel.

The Numbers Tell a Difficult Story

The warm spirit of Mental Health Week exists against a backdrop that is, frankly, troubling. The numbers are not abstractions — they represent real people in real communities across this country.

According to the Canadian Mental Health Association's State of Mental Health in Canada 2024 report, the mental health of Canadians is now three times worse than it was before the COVID-19 pandemic. In 2019, roughly 9 percent of Canadians rated their mental health as "poor" or "fair."

By 2021 that figure had climbed to 26 percent — and it has not meaningfully recovered (CMHA, 2024).

The Canadian Institute for Health Information (CIHI) reported in 2025 that 41 percent of adults with a diagnosed mental health condition said their care needs were only partially met or completely unmet. For young adults aged 18 to 34, that figure climbs to 52 percent. And only half of Canadians referred to community mental health counselling received care within 30 days (CIHI, 2025).

The financial barriers are stark. Fifty-seven percent of Canadians aged 18 to 24 who showed early signs of mental illness said cost was the primary obstacle to getting help. Mental health care in Canada is not enshrined

as a medically necessary service under the Canada Health Act, meaning that outside of hospital care, most Canadians pay out of pocket or go without (CMHA, 2024).

Canada also lags well behind its peers in mental health spending. Provinces and territories average just 6.3 percent of their health budgets on mental health — compared to 15 percent in France, 11 percent in Germany, and 9 percent in the United Kingdom. CMHA is calling on the federal government to bring that figure to at least 12 percent.

Who Is Bearing the Heaviest Load

The data makes it clear that mental health struggles are not distributed equally. Indigenous Peoples face the most severe barriers, with 38 percent reporting "poor" or "fair" mental health. Racialized and immigrant communities face systemic challenges, including language barriers, culturally inappropriate care, and discrimination. Canadians in rural and remote areas face acute shortages of qualified professionals.

Emergency departments — never designed to be the front door of mental health care — have absorbed a 47 percent increase in visits for mental health and substance use concerns. Hospitalization rates have risen 23

percent. For youth aged 14 to 17, the hospitalization rate increased by a staggering 136 percent over recent years (CMHA Toronto, 2024).

These are not statistics. They are human beings who ran out of other options.



What Mental Health Week Asks of Us

In the face of numbers this sobering, it can be tempting to feel helpless. But Mental Health Week is a reminder that systemic change and personal action are not mutually exclusive — and that the personal often leads to the systemic.

CMHA is asking Canadians to do something beautifully uncomplicated: connect. Reach out to someone you haven't spoken to in a while. Ask a colleague how they're really doing — and mean it. Share your own experience if you feel safe to. Attend a local or virtual event. Wear green. Start a conversation in your workplace or classroom.

The science behind this ask is solid. Social connection is one of the most powerful protective factors for mental health. Loneliness, by contrast, carries health risks comparable to smoking 15 cigarettes a day. Connection is not a soft, feel-good add-on to mental health — it is medicine.

The Road Ahead

Mental Health Week is one week. But the work it represents is year-round — in how we fund our health system, how we treat each other in our workplaces and communities, and how willing we are to be honest about our own struggles.

Canada has made progress. But as the CMHA's own 2024 report concludes plainly: *"Mental health has been profoundly neglected under universal health care since Medicare was introduced. Six federal governments in a row have failed to deliver free, universal mental health care — and Canadians are living with,*

and sometimes dying from, the consequences." This May 4–10, Come Together. Have the conversation. Make the call. The person on the other end may need it more than you know.

If you or someone you know needs support, contact the Canada Suicide Prevention Service: 1-833-456-4566 (24/7), or text HOME to 686868 to reach Crisis Services Canada.

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Ergonomics for the Hybrid Worker: Avoiding the Couch-Slouch

Conceptualized by
Anthony Testa
Editor

Ergonomics for the Hybrid Worker: Avoiding the Couch-Slouch (Tech Talk)

You're on a video call from your kitchen table, laptop propped on a stack of cookbooks, neck craned forward, shoulders rounded like a question mark. Sound familiar? For millions of Canadians navigating the hybrid work era, this is Monday, Wednesday, and Friday — and their bodies are paying the price.

Hybrid work is now a permanent fixture of the Canadian professional landscape. According to Statistics Canada, by late 2023 nearly 12 percent of Canadian workers were in a hybrid arrangement — splitting time between the office and home — a number that has been steadily climbing as employers and employees negotiate the new normal (Statistics Canada, 2023). That flexibility is a genuine win. But it comes with a hidden cost: two workspaces, neither of them quite right.

The Couch-Slouch Problem

The office, at its best, offers an adjustable chair, a proper monitor, and a desk at the correct height. Home is where the couch, the kitchen counter, and the coffee-table laptop live. Switching between these environments multiple times a week creates an ergonomic inconsistency that accumulates into real injury over time.

According to *Benefits Canada*, an estimated 11 million Canadians suffer from a musculoskeletal (MSK) condition every year — a number expected to rise to 15 million over the next decade. Remote and hybrid work is a significant driver. A widely cited survey found that 41 percent of remote workers reported lower back



pain and 23.5 percent reported neck pain, with half of those workers saying the pain had worsened since they began working from home (Benefits Canada, 2023). The culprit isn't just the couch — it's the unpredictability of constantly changing setups combined with long, unbroken periods of sitting.

As one occupational health specialist put it bluntly: "We sit way too long. And then you add the complexity of a work-from-home environment and it's a recipe for disaster." (Benefits Canada, 2023).

What the Experts Say: The CCOHS Standard

Canada's own Canadian Centre for Occupational Health and Safety (CCOHS) has published comprehensive guidance on office and telework ergonomics — and the principles apply whether you're in a downtown Toronto tower or your Saskatoon spare bedroom.

According to CCOHS, the foundation of an ergonomic workstation rests on a few non-negotiables:

- **Chair:** Seat height should allow feet to rest flat on the floor, thighs roughly parallel to the ground, with lumbar support fitting the natural curve of the lower back.
- **Monitor:** Top of the screen at or just below eye level, at arm's length, angled between horizontal and 35 degrees below the line of sight.
- **Keyboard and mouse:** Both at elbow height, allowing wrists to stay neutral — not bent up or down.
- **Sitting vs. standing:** Alternate throughout the day. Even breaking up every hour of sitting with five minutes of standing or

movement makes a measurable difference (CCOHS Office Ergonomics Guide).

The core principle is simple: the job should fit the worker, not the other way around.

A Personal Observation — and the Science Behind It

I'll admit something here: I have never been able to sit in one spot when I think or problem-solve. I walk around, sit, stand, move from room to room. For years I assumed it was just a quirk — restlessness dressed up as a work style. It turns out there's hard science behind it.

Stanford University researchers studied 176 adults and found that creative output increased by roughly 60 percent when participants were walking compared to sitting — and the boost held whether they walked outdoors or on a treadmill facing a blank wall. The environment didn't matter. The movement did. Researchers also found that the creative benefits lingered for several minutes after the walk ended — meaning the brain stays in a more generative state even after you sit back down.

The mechanism appears to involve something called the **default mode network (DMN)** — a brain system associated with idea generation, introspection, and making unexpected connections. Walking engages it in ways that sitting simply doesn't. When the body moves rhythmically, the brain relaxes its focused, analytical grip and enters a more free-associative state — exactly the mental space where creative problem-solving thrives.

As the philosopher Henry David Thoreau put it: *"The moment my legs begin to move, my thoughts begin to flow."*

So if you pace while on the phone, wander the hallway when stuck on a problem, or find your best ideas come mid-walk — you're not being unfocused.

You're doing something neurologically smart. Movement isn't a distraction from thinking. For many people, it is the thinking.

Making It Work Across Two Spaces

The real ergonomic challenge for hybrid workers isn't any one workspace — it's maintaining consistency across two. Here's how to bridge the gap practically:

Invest in a few portable essentials. A laptop stand, compact wireless keyboard, and mouse can travel in a tote bag and transform any flat surface from a neck-strain machine into a functional workstation.

Create a dedicated home workspace. Even a small corner with a proper chair and surface makes a significant ergonomic difference. The kitchen table beats the sofa every time.

Embrace intentional movement. Set a reminder every 45–60 minutes to stand, stretch, or walk — even briefly. If you're a natural pacer or mover, lean into that instinct rather than fighting it. Build walking breaks into your problem-solving process deliberately.

Mirror your office setup at home as closely as possible. Canadian HR Reporter notes that Canadian employers have both a legal and ethical obligation to support safe working environments — even when that environment is an employee's home (Canadian HR Reporter, 2024). If your employer provides ergonomic equipment at the office, advocate for equivalent support at home.

The Bottom Line

Hybrid work is here to stay in Canada — and so is the risk of chronic pain if home setups aren't taken seriously. The good news: small changes make an enormous difference. A laptop stand, a proper chair, a movement reminder, and permission to trust your own instincts about how your brain works best can prevent years of accumulated strain.

Your back will thank you. So will your best ideas.

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Gardening for the Soul: The Therapeutic Benefits of Soil Microbes

Conceptualized by
Anthony Testa
Editor

“The connection I feel when I first plunge my hands into the soil — It’s meditative. That warm earth between my fingers has a calming effect. It’s a re-connection that has been forged through centuries. Science is only now beginning to explain what my body has always known.”

There is a reason so many Canadians feel inexplicably better after an afternoon in the garden. Something shifts when hands plunge into soil — a quiet calm settles, the mental chatter slows, and the weight of the day loosens its grip. For generations, this feeling was written off as simply "getting some fresh air." Science now tells a richer, more fascinating story. The answer may lie not just in the act of gardening, but in the living world thriving beneath your fingernails.

Dirt as Medicine: Meet Mycobacterium vaccae

At the heart of this story is a bacterium with an unassuming name: *Mycobacterium vaccae*. This harmless, naturally occurring microbe lives in soil — particularly in rich, organic earth — and researchers have discovered that exposure to it triggers something remarkable in the human brain. When *M. vaccae* enters the body through skin contact or inhalation (both of which happen naturally during gardening), it activates neurons that produce serotonin — the same neurotransmitter targeted by many commonly prescribed antidepressant medications.

Researchers from Bristol University first uncovered this connection when they noticed that cancer patients treated with the bacterium reported significant improvements in their

quality of life and mood. Laboratory studies followed, showing that mice exposed to *M. vaccae* displayed reduced anxiety, improved cognitive performance, and a more proactive response to stress — without any negative side effects. Further research revealed the bacteria also help reduce systemic inflammation, a condition increasingly linked to depression and mood disorders.

The implications are quietly profound: every time a Canadian gardener turns over a patch of earth, waters a raised bed, or kneels in a vegetable plot, they are potentially dosing themselves with a natural mood enhancer that has evolved alongside humans for millennia.

A Canadian Profession Rooted in Healing

Canada has its own formal tradition of harnessing the healing power of plants and gardening for mental health — and it is growing. The Canadian Horticultural Therapy Association (CHTA), a national non-profit organization, is the professional body overseeing Horticultural Therapy (HT) and Therapeutic Horticulture (TH) across the country. Its members — Registered Horticultural Therapists — work in hospitals, rehabilitation centres, long-term care facilities, mental health programs, correctional facilities, schools, and community gardens from coast to coast (CHTA, 2024).

According to CHTA, horticultural therapy is a formal, goal-oriented practice that uses plants, gardening activities, and the garden landscape to promote measurable improvements in well-being. It is not simply potting plants to pass the time — it is a clinically structured intervention

with defined outcomes, assessment procedures, and professionally trained practitioners. In Canada, therapists operate in settings as diverse as palliative care wards, addiction recovery programs, and youth mental health facilities.

At Homewood Ravensview — a 75-bed mental health facility on Vancouver Island — a Registered Horticultural Therapist works directly with patients as part of an integrated treatment team. In Ottawa and across Ontario, practitioners are embedding horticultural therapy into programs for youth with concurrent mental health and addiction challenges, specifically because gardening offers something that many clinical settings struggle to provide: engagement, purpose, and a living connection to the natural world.

What the Research Confirms

The science backing horticultural therapy is increasingly robust. As Canada's National Observer reported in an in-depth feature on the field, a landmark review of 22 case studies found that gardening has a significant positive effect on health outcomes — reducing depression, anxiety, stress, and mood disturbance, while increasing quality of life, sense of community, and cognitive function.

A meta-analysis published in *Nature* found that horticultural therapy participants experienced reduced anxiety, improved cognitive functioning, and increased happiness after each session (Canada's National Observer, 2022).

Closer to home, research exchanged through Memorial University of Newfoundland's Research Exchange Group on Horticultural Therapy — a collaborative forum linking community organizations, academic institutions, healthcare, and correctional settings — continues to explore how these interventions

can be tailored to diverse Canadian populations, including Indigenous communities, people living in institutional care, and individuals facing housing insecurity (Memorial University of Newfoundland, NLCAHR).

Research also points to neurobiological mechanisms beyond serotonin.

Therapeutic gardening activities have been shown to elevate levels of Brain-Derived Neurotrophic Factor (BDNF) — a protein critical for neural survival and cognitive flexibility — by up to 36 percent after just 20 minutes of engagement. As Dunham House, a Quebec-based dual-diagnosis treatment centre with its own 7,000-square-foot therapeutic garden, has observed firsthand: as clients nurture plant life, they simultaneously learn to nurture themselves (Dunham House, 2024).

Getting Your Hands Dirty: A Practical Invitation

You don't need a formal diagnosis or a clinical referral to benefit. The microbes don't check credentials. Whether you have a sprawling backyard in the Ottawa Valley, a community garden plot in Vancouver, a balcony container garden in Montreal, or a few herb pots on a Winnipeg windowsill — regular, mindful contact with soil and plants offers genuine mental health benefits that are now backed by a growing body of evidence.

A few things worth knowing as you dig in:

- Bare hands are better. Skin contact with soil maximizes exposure to beneficial microbes like *M. vaccae*. Save the gloves for thorny plants.
- Consistency matters more than quantity. Regular, shorter gardening sessions appear to provide more sustained mood benefits than occasional marathon sessions.
- Growing food adds a layer. The act of nurturing something from seed to harvest engages the reward system deeply, reinforcing a sense of purpose and accomplishment.
- Community gardens amplify the benefits. Social connection — tending a shared space alongside neighbours — adds another layer of mental health protection beyond what gardening alone provides.

Ancient Instinct, Modern Validation

Indigenous peoples across Canada have always understood the reciprocal relationship between human beings and the living earth. What Western science is now catching up to, is something that was never a mystery to communities whose relationship with the land was never severed: that the soil is not just where food grows. It is where healing begins.

As Canadians — navigating long winters, increasingly urban lives, and growing rates of anxiety and depression — the garden may be one of the most accessible, affordable, and underused tools in our mental health toolkit. The microbes are there, waiting patiently in the dirt, ready to do what they have always done.

All we have to do is dig in.

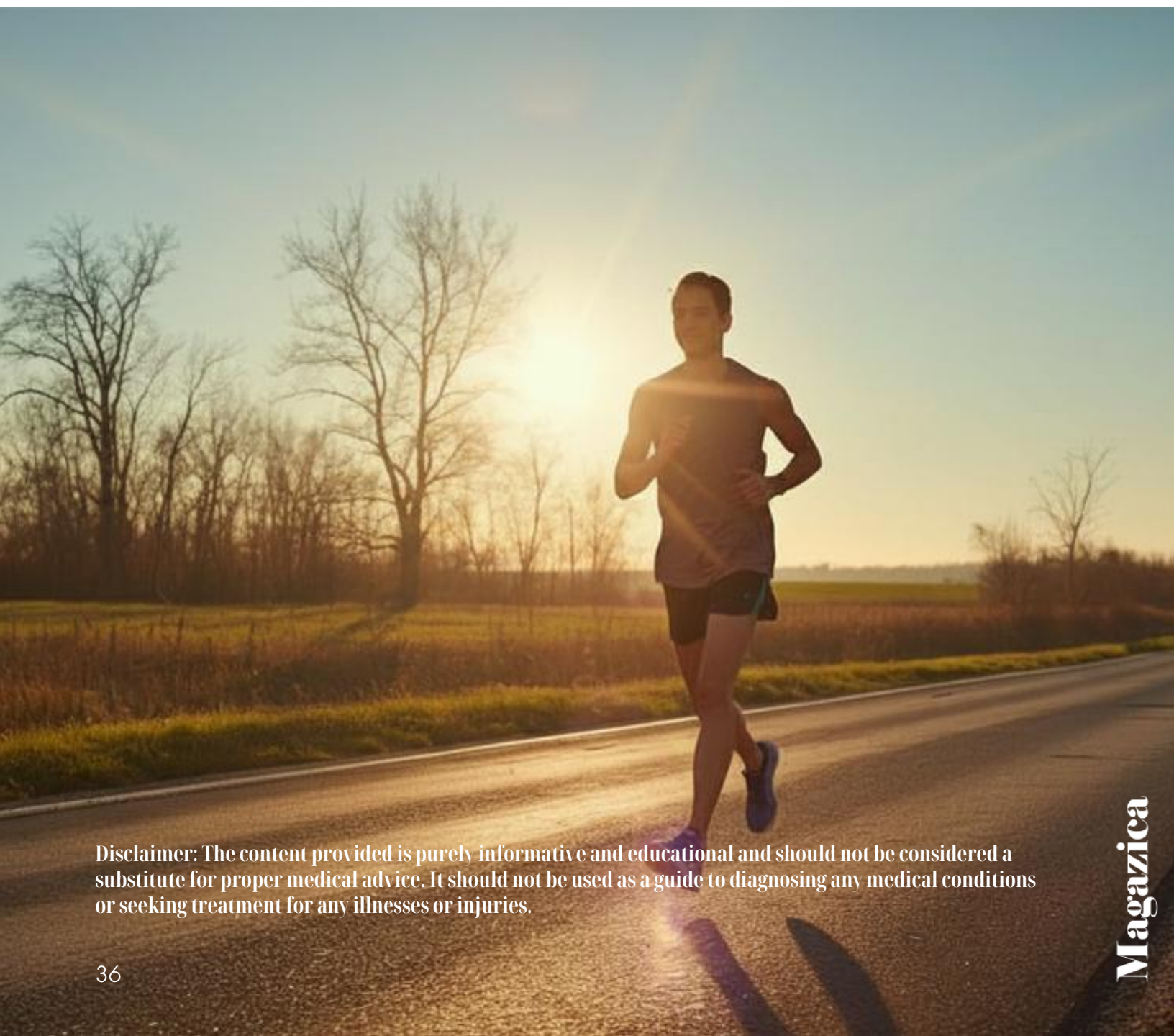


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Shine in Sun: Train Safely for Summer Runs

Prepared By
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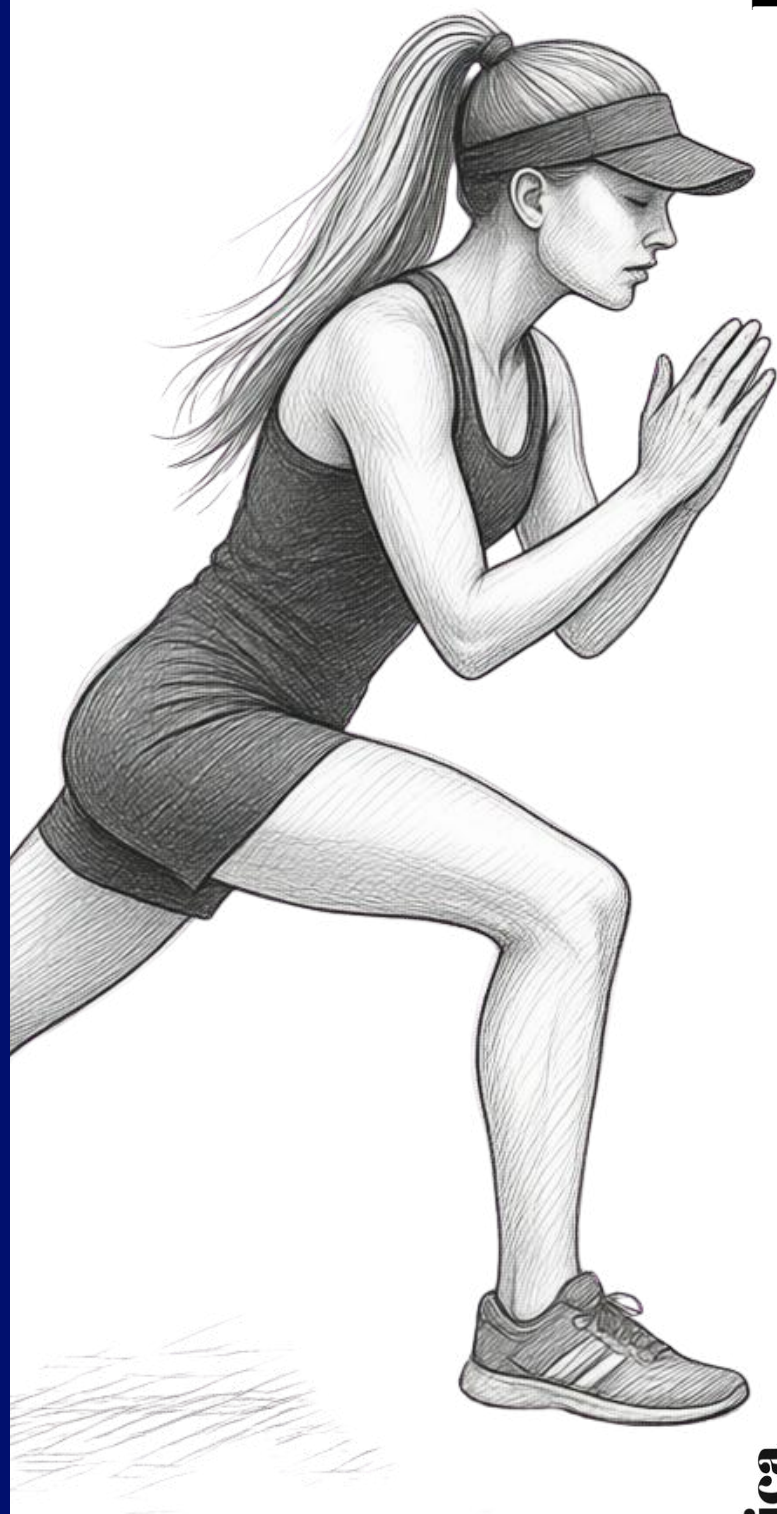
You've finally tossed out the treadmill, spring is upon us, and that Canadian sun is starting to do some real work. Now, it's time to give 'er on the roads and knock out those summer kilometres. But have you thought about whether your body's "battery" is properly charged for the task at hand? Because it looks like not having a running plan before diving headfirst into summer workouts will result in an absolute circus of cramps and "it hurts to walk" mornings.

Sweat is Just Your Fat Crying (And Your Electrolytes Leaving Home)

What happens when you run in the heat? Your body starts up the sweat factory, a fantastic feat of engineering that allows you to cool off as much as possible and prevents the core body temperature from spiking. But this natural body function comes at a price: while you're losing water, you are also losing important electrolytes such as sodium, chloride, and potassium.

Imagine your electrolytes as being similar to the data plan of your cell phone. You do not actually miss them unless you go without them, and all of a sudden, everything just goes dead. Once your "data" gets low, your body starts experiencing a reduction in blood volume, increased workload on your heart to keep the pace (cardiovascular drift), and even cramps in your muscles, telling you that you are in desperate need. The measurement for such a deficiency is known as Whole-Body Washdown; however, this is usually done by the scientific community, while you and I only get the salt crust.

The 8-Week Itch: Why Consistency Beats the Summer Sprint



If you believe it is possible to train yourself adequately for a race in the summer by packing all of your mileage into the last two weeks of July, then your shins have something to say about that. Researchers tracking high school runners learned that participants who trained for less than eight weeks during the summer had close to three times the risk of being hurt in their first month of competition.

The key to not ending up in the clinic, then, is consistency - the "secret sauce," as it were. Based on the data, it seems that the key here is variation. The runners who did not regularly switch between shorter and longer mileage days ended up at significantly higher risk of musculoskeletal injuries. In other words, your body needs a "variety pack" of running distances in order to be able to adapt; otherwise, it will break down eventually.

Lone Wolves vs. The Guidance Gang: The Battle for Better Knees

Here lies a striking dichotomy in the way we tackle our training. According to statistics, 84% of males prefer being "lone wolves" when it comes to training, whereas females are much more inclined to become part of the "guidance gang."

What does this mean for your safety in the summer? Professional assistance typically implies adopting a well-rounded periodization schedule, which means giving your body time to heal during training phases. Where men usually aim to achieve higher daily mileage and duration regardless of the training phase, females tend to prioritize their physical well-being and recreational motives. No matter whether you decide to take the route of a lone

wolf or seek professional guidance, there should always be one thing in common - ensuring your exercise focus does not lead you to forget about the importance of transitional phases of your body.

Hills and Thrills: When Your Legs Decide to Stage a Walkout

Who doesn't love the feeling of success after tackling a big hill? Yet, for others, hills can be hazardous – particularly for women who train on very high elevation terrains or bumpy terrains for more than one-third of their training times. This results in an increased rate of occurrence of knee and tibia bone injuries, which can best be described as driving a sports car on a 4x4 trail.

In order not to let your "bouncer" go on strike, it is essential to perform regular NMT training. NMT incorporates different types of physical activities such as aerobic, agility, strength, and balance exercises. For example, simply performing planks and lunges at least twice per week is enough to protect your lower extremities from any possible injury. This means that there is no need for a long gym workout; a short session of pre-flight safety training of only 10 minutes in the morning is enough to guarantee safe jogging without pain in the physiotherapist's office.

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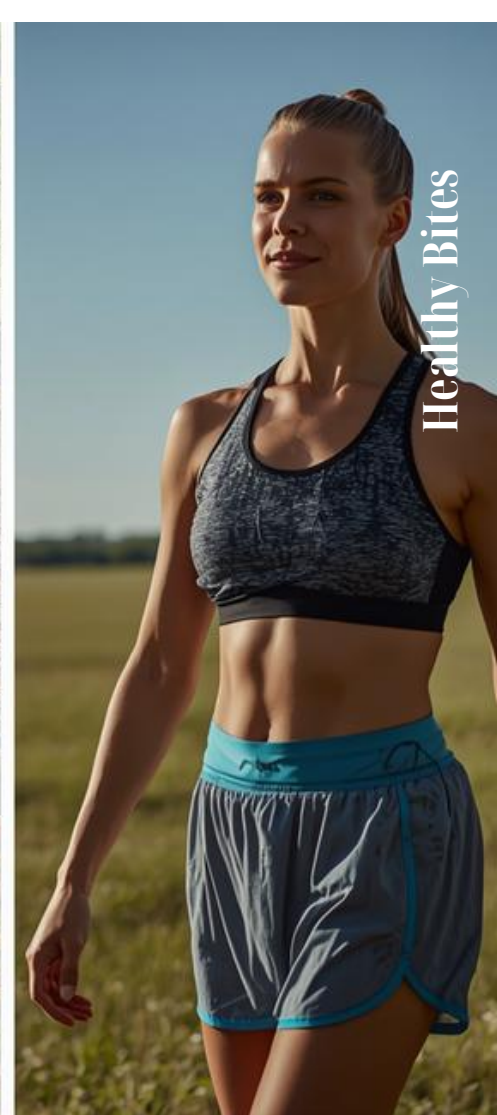
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Healthy Bites

Plant-Based Proteins: Fueling Muscle Recovery Naturally

Conceptualized by
Anthony Testa
Editor

Whether you're a weekend cyclist, a hockey player recovering from hard practice, or a gym-goer trying to maintain muscle as you age, what you eat after exercise matters.

For decades, animal-based proteins — especially whey — dominated the sports nutrition conversation. But the shift is underway. Science-backed Canadian researchers are leading it.

Canada's Dietary Shift

The push toward plant protein in Canada is national policy. In January 2019, Health Canada released a landmark revision to Canada's Food Guide, consolidating all proteins into a single "protein foods" category with one clear directive: choose plant-based protein foods more often (Health Canada, 2019).

Legumes, nuts, seeds, tofu, and fortified soy beverages were elevated as preferred sources, driven by evidence linking plant-forward diets to reduced risks of cardiovascular disease and type 2 diabetes, as well as a lower environmental footprint.

The shift is not without challenges. Research involving institutions including McMaster University, the University of Guelph, and the University of Alberta found that most Canadian adults derived roughly two-thirds of their protein from animal sources in 2015 — meaning the Food Guide's vision requires a significant dietary overhaul.

The same researchers flagged older adults and women face the highest risk of protein inadequacy during this transition, underscoring the need for smart plant protein choices (Fernandez et al., 2020).

What Protein Does for Recovering Muscles

After resistance exercise, microscopic damage to muscle fibres triggers the body to synthesize new proteins — a process called muscle protein synthesis (MPS). Dietary protein supplies the essential amino acids (EAAs) needed to drive this repair, with leucine playing a particularly important signaling role in activating the cellular machinery behind muscle building.

Animal proteins like whey have long been considered superior for MPS because they are rich in leucine, rapidly digested, and contain a full EAA profile. Most plant proteins, by contrast, are lower in leucine and limited in one or more EAAs — pea protein, for instance, is low in methionine and cysteine.

The question Canadian researchers have been tackling: are these limitations fundamental, or can they be overcome?

McMaster University: Closing the Gap

Nowhere in Canada has plant protein research been more productive than at McMaster University in Hamilton, Ontario. Dr. Stuart Phillips and his Exercise Metabolism Research Group have produced findings that are reshaping sports nutrition science.

In a 2024 study published in *Current Developments in Nutrition*, McMaster researchers tested a blend of 88% pea protein



and 12% canola protein — a pairing chosen because canola's high sulfur-containing amino acids compensate for pea protein's relative deficiency. The key finding: when leucine was added to match whey's leucine content, the plant blend stimulated MPS at comparable rates to whey in young men and women. **Strategic blending and leucine fortification can close the gap between plant and animal proteins** (Lim et al., 2024).

A second 2024 McMaster trial, published in the *American Journal of Clinical Nutrition*, examined men aged 65–80 in a double-blind randomized controlled study. Participants supplemented either whey, pea, or collagen protein above the recommended dietary allowance (RDA). Both whey and pea significantly increased integrated MPS rates; collagen did not.

The researchers concluded that pea protein — alongside whey — represents a viable strategy to combat age-related muscle loss in older Canadians (McKendry et al., 2024).

Practical Guidance: Best Plant Proteins for Recovery

Given the research, a few plant proteins stand out:

Pea protein is the frontrunner — rich in branched-chain amino acids, widely available, and backed by strong clinical evidence. Canadian company Merit Functional Foods (Winnipeg) supplies high-purity pea isolates used in McMaster's own research.

Soy protein is a well-studied complete protein that performs reliably across multiple recovery metrics.

Pea-rice or pea-canola blends are smart choices, as combining sources fills amino acid gaps that exist in any single plant protein.

For timing, aim for 20–40 grams of high-quality protein within two hours of exercise, though total daily protein intake is the more important variable overall.

A Balanced Approach

It would be misleading to suggest plant proteins are a perfect one-for-one swap for whey. A 2025 systematic review found that single-source plant proteins often fell short of whey in reducing delayed-onset muscle soreness within 48–72 hours post-exercise. However, blended plant formulations — exactly what McMaster's research champions — consistently narrowed that gap. The science is rapidly evolving, and Canada is helping to write it.

The takeaway

Plant-based proteins are no longer a compromise — they are a credible strategy for muscle recovery. Backed by national dietary policy, world-class research from McMaster and partner institutions, and a domestic pulse crop industry among the largest in the world, Canada is uniquely positioned at the intersection of this nutritional shift. For active Canadians, the message is clear: choose wisely, blend smartly, and the plants will deliver.

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Breaking the Stigma: Community Initiatives for Youth Mental Health in Canada

Conceptualized by
Anthony Testa
Editor



There is a quiet crisis unfolding in communities across Canada — one that doesn't always make the front page but shows up every day in school hallways, on university campuses, and in the silence of a teenager who doesn't know where to turn. Youth mental health in this country has been declining for over a decade, and the numbers are sobering. Approximately 1.25 million young Canadians require mental health support each year. Yet the majority — nearly 58 percent — are not receiving the help they need (Jack.org, 2024).

What makes this crisis particularly painful is that it is not invisible. Young people know they are struggling. Many of their peers know it too. What stands in the way, time and again, is stigma — the fear of judgment, the worry about being seen as weak, the silence that costs lives.

Suicide remains one of the leading causes of death for young people in Canada. Breaking that silence is not just a cultural aspiration. It is a matter of life and death.

The good news is that Canada is fighting back — and it is doing so with some of the most innovative, youth-led, and community-rooted approaches in the world.

The Scale of the Challenge

Almost two-thirds of all mental health disorders first emerge before the age of 25, and nearly half appear before the age of 18. In 2022, one in four young Canadians had been diagnosed with a mental illness — a figure that has climbed steadily in the years since the pandemic reshaped the social fabric of young people's lives (Health Canada, 2024).

Young people today are navigating a convergence of pressures unlike any previous generation: the lingering psychological aftermath of COVID-19, an affordability crisis that strips away their sense of security, a relentlessly online social world, and a climate anxiety that feels existential. And yet, despite this, many still hesitate to ask for help. Before completing peer mental health training, only 57 percent of young people felt comfortable.

Youth Leading the Way: Jack.org

One of Canada's most powerful responses to youth mental health stigma has come not from government or clinical systems — but from young people themselves. Jack.org, founded in 2010 and now Canada's largest network of young people supporting young people, has built a nationwide movement grounded in a deceptively simple idea: that peer-to-peer connection and lived experience are among the most powerful tools we have to break stigma and save lives.

In 2024 alone, more than 31,000 people across Canada engaged in mental health literacy education through Jack.org, while trained youth shared their personal stories 286 times through Jack Talks — conversations that use the power of lived experience to spark open dialogue about mental health. That same year, over 19,000 Canadians completed the Be There Certificate — a free online course teaching peer support skills — and six months later, 72 percent of participants had used those skills to support someone who was struggling.

In 2024, 2,220 youth led mental health

initiatives in their own communities through Jack Chapters — grassroots groups of young people running events, workshops, and awareness campaigns tailored to the needs of their own schools and neighbourhoods. This is not top-down programming. It is young people, trained and supported, showing up for each other.

The results speak for themselves. When someone who has lived through depression, anxiety, or suicidal ideation stands up in a gymnasium or a lecture hall and says "this happened to me and I got help" — something shifts. Stigma has a harder time surviving in the presence of honesty.

A National Investment: The Youth Mental Health Fund

Alongside grassroots efforts, Canada has made an unprecedented financial commitment to transforming how youth mental health services are delivered at the community level. Budget 2024 announced \$500 million in funding over five years to establish the Youth Mental Health Fund — the single largest investment in youth mental health in Canadian history.

A central pillar of the Fund is the expansion of the **Integrated Youth Services (IYS)** model — a "one-stop-shop" approach that brings mental health counselling, primary care, addiction services, sexual health resources, housing support, and education and employment help together under one roof. IYS hubs serve youth typically aged 12 to 25, offering services in-person or virtually, by drop-in or appointment, free of charge and without requiring a referral from a healthcare provider.

The first six projects to receive funding were announced in February 2025, representing a total investment of more than \$46 million. Among them, British Columbia's Foundry network — a flagship IYS model — will expand its hubs to reach more youth who currently lack access, particularly equity-deserving populations including Black, Indigenous, and 2SLGBTQ+ youth. Similar expansions are underway in Manitoba, Ontario, Newfoundland and Labrador, and Alberta, where the Kickstand network is growing its centres to provide free, walk-in mental health care with no waitlists.

This model matters because it meets young people where they are — not in a clinical office they have to be referred to, not behind a months-long waitlist, but in their communities, on their terms.

Research Driving Better Care: The IYS Learning Network

Breaking stigma also requires knowing what works — and being willing to change when it doesn't. In September 2025, the Government of Canada announced more than \$30 million over four years through the Canadian Institutes of Health Research to strengthen and expand the Integrated Youth Services Network of Networks — a pan-Canadian "Learning Health System" where data, research, and real-world experience are continuously used to improve care and policies for youth.

Critically, this research is being led with Indigenous communities — not imposed upon them. In the Yukon, youth, Elders, and communities will co-lead research to map

current service gaps and develop new ways of sharing information between providers, ensuring young people no longer have to "tell their story over and over" to get help. First Nations, Inuit, and Métis youth are leading co-design efforts to develop culturally grounded services rooted in Indigenous knowledge — recognizing that stigma looks different across cultures, and that healing must be rooted in identity and community.

What Breaking Stigma Actually Looks Like

In practical terms, breaking stigma for young Canadians means normalizing help-seeking the same way we normalize going to a doctor for a broken arm. It means training peers, not just professionals, to recognize and respond to distress. It means designing services around young people's actual lives — not around the convenience of systems.

It means a teenager in rural Newfoundland being able to access virtual mental health support without a referral or a credit card. It means a Jack Talks speaker standing at the front of a high school classroom in Saskatoon sharing their experience with anxiety — and another student in the back row quietly realizing for the first time that they are not alone.

Young people today are grappling with the repercussions of a global pandemic, navigating an increasingly online world, and contending with an affordability crisis that

denies them the assurance of security. They deserve systems — and communities — that meet the scale of what they are facing.

Canada is not there yet. But the direction is right, the investment is real, and the young people leading this movement have made one thing unmistakably clear: they are not waiting for permission to talk about mental health. They are already having the conversation.

It's time the rest of us caught up.

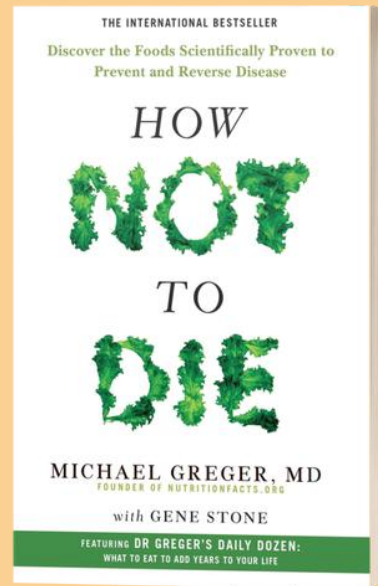
If you or a young person you know needs support, contact Kids Help Phone: call or text 1-800-668-6868, or text HELLO to 686868. Crisis Services Canada: 1-833-456-4566 (24/7).

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BOOK

Review



Book of The Month

Can You Eat Your Way to a Longer Life? A Review of Michael Greger’s “How Not to Die”

Beyond Genetics: How Evidence-Based Nutrition and the “Daily Dozen” Put Health Back in Your Hands

Prepared By
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Should one be browsing the selection in the health and wellness department of a Canadian bookstore, "How Not to Die" written by Michael Greger, M.D., could either be seen as an optimistic read about beating mortality or an insult to reality. The author who created 'NutritionFacts.org' has not promised immortality in any of his works; in fact, in this bestseller from 2015, he presents a revolutionary method based on scientific evidence that allows evading the early deaths that take place each day around the world. Unlike other authors writing about superfoods and diet trends, Greger offers a guide that was developed through thorough analysis by a team of researchers and volunteers studying tens of thousands of medical articles on the subject matter.

The book has been divided into two sections titled "Why" and "How". In the former part of the book, the reader will be presented with information about the fifteen leading causes of mortality in America (and Canada alike), such as heart diseases, high blood pressure, mental illness (depression), and cancer. The latter part describes the "Daily Dozen" plan that the author has developed from all his knowledge of health matters.

The first main point of Greger is that we have a lot more control over our biology than may seem from the point of view of our genetics. The author states that the scientific evidence has proven that genetics contributes not more than 10% to 20% of risk in most of the leading causes of death in humans. The author claims that there should be a need to stop thinking that genetics makes us ill and calls "the Standard American Diet" an acronym of SAD.

From the viewpoint of wellness, the tone of the author is very persuasive. He notices that medicine can be compared to mopping the floor around an overflowing sink, instead of just turning off the water. For Greger, this "tap" is our own behaviour, particularly our diet. There is one shocking study where he states that only 1 percent of people received a high "Healthy Eating Score."

Another noteworthy "infotainment" feature of the book is Greger's "Traffic Light" system. In this scheme, green light foods (fresh plant products) need to be consumed in abundance, yellow light foods (processed plant foods or fresh animal foods) need to be limited, and red light foods (processed junk or meats) are virtually excluded. The Traffic Light concept is easy to memorize, although Greger is realistic enough to admit that perfection shouldn't become an obstacle to improvement. Even though he admits having had a "grease tooth" for pepperoni pizzas and bacon cheeseburgers, the scientist manages to bring his high science down to the level of a common person's experience.

Nevertheless, the book isn't completely devoid of controversial topics. As regards the food industry, Greger doesn't show much respect to the medical establishment or governmental bodies involved in promoting dietary guidelines. In particular, the author criticizes the U.S. healthcare system that emphasizes the number of procedures rather than their quality, often ignoring the necessity of nutrition education, as "no one profits from lifestyle medicine".

Besides, he mentions the help he got from a wealthy Canadian philanthropist named Jesse Rasch, who supported the transfer of his

research activities to a non-profit basis.

However, Greger's discussion of particular foods brings life to the reader's shopping cart. He believes there are foods that have special characteristics and cannot be substituted. For example, he advocates the "Hack and Hold" method of preparation for broccoli, explaining that the process of producing sulforaphane, a chemical responsible for fighting cancer, necessitates an enzyme that is destroyed in heat. Thus, the broccoli needs to be chopped and then left for forty minutes before cooking. Additionally, he advocates amla fruit (Indian gooseberry), which he claims can be the most antioxidant-loaded food on the planet, and ground flaxseeds for their miraculous effects on reducing blood pressure in laboratory experiments.

It is important to note that some readers might see Greger's long and extensive citation list, taking up more than one hundred pages, as a benefit, while others will perceive it as unnecessary. The writing style of the author flows in an unstoppable flow of data, making the reading experience similar to being lectured by a very concerned scientist. Even though the work is highly readable, the quantity of "Daily Dozen" (beans, berries, greens, turmeric, etc.) is probably too much for a typical suburban household trying to survive another hectic Tuesday evening.

According to the author, heart disease is a matter of choice, supported by historical evidence that in rural Africa and China, people did not suffer from such problems due to their low-sodium, plant-based diet. But most importantly, the author encourages the audience not to give up





In fact, there have been cases in which pioneers, including Dean Ornish and Nathan Pritikin, managed to open up arteries and reverse the process of disease through lifestyle changes.

In the case of Canada, with a constantly overloaded healthcare system due to chronic diseases, Greger's speech is quite relevant. The author does not encourage people to eat better; instead, he asks them to reconsider their view on aging. According to the author, modern society has become so proficient in adding years to the period of its decline ("sicklier").

"How Not to Die" can be regarded as an outstanding work in terms of popularizing science. This book is a terrifying alarm as well as a hope for the future. Even if one does not consider switching from coffee to hibiscus tea and amla powder in his breakfast porridge, he will find many reasons to change his views on health in Greger's work.

This review is for informational purposes only and does not constitute medical advice. Always consult with a qualified healthcare professional before making significant changes to your health or wellness routine.



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