

# Collaborative Mental Health Care Conference

## Stomping Out Stigma

## Summit Conferences for Youth



**Bob Heeney**

**Professional Practice Leader**

**May 15, 2010**



**Ontario Shores**

Centre for Mental Health Sciences



# Thank you for spending part of the morning with me.

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## Getting to know you.

- Who are you?
- What would you like to take away from this workshop?



# Stomping out Stigma Summits:

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## My Objectives

- “Set the stage” – establish a common definition and understanding of the impacts of stigma
- To provide you with a “taste” of what our students are experiencing in the program
- Share resources and supports
- Provide detail on the work done in Durham Region by the TAMI Coalition – techniques and results
- Provide input as to how to duplicate this initiative in your local areas



**What words does society use to describe those who are living with a mental illness?**



# “S.O.S.” Summit Conference: Process

- On average, 1-2 staff and 4 students from 30 different schools attend the annual Summit conference each year. (total participants for 6 Summits: 770)
- Participants complete pre and post tests to assess knowledge and attitudes about mental health
- Youth participate in experiential exercises, hear 3 speaker stories AND all are provided with a CD toolkit which includes: Action Guides, web links, organizational strategies, funding information and more
- Youth are provided ongoing support to assist them in organizing anti-stigma awareness campaigns in their home schools



# The “S.O.S.” Summit Conference: Conceptualization

- ✓ Wallach (2004) “Even a brief visit to a mental health facility can improve attitudes beyond classroom education.”
- ✓ Provide an opportunity for interaction between students and consumer survivors, which is empirically recognized as the most powerful model of learning (Angermeyer & Matchsinger, 1996; Corrigan et al., 2001).
- ✓ Corrigan et al. (2005) found adolescents were one of the best targets for anti-stigma campaigns, since it is during this developmental period that foundations are laid for adult attitudes and beliefs, which if positive, could prevent stigmatizing behaviour in the future
- ✓ Increase the knowledge of mental illness and decrease the associated stigma, because research shows that decreasing stigma reduces attitudes and behaviours that might be barriers to care seeking (Corrigan, 2004).





# **STOMPING OUT STIGMA "S.O.S." SUMMIT CONFERENCE**

**WELCOME ALL HIGH SCHOOL AMBASSADORS**

## **AGENDA**

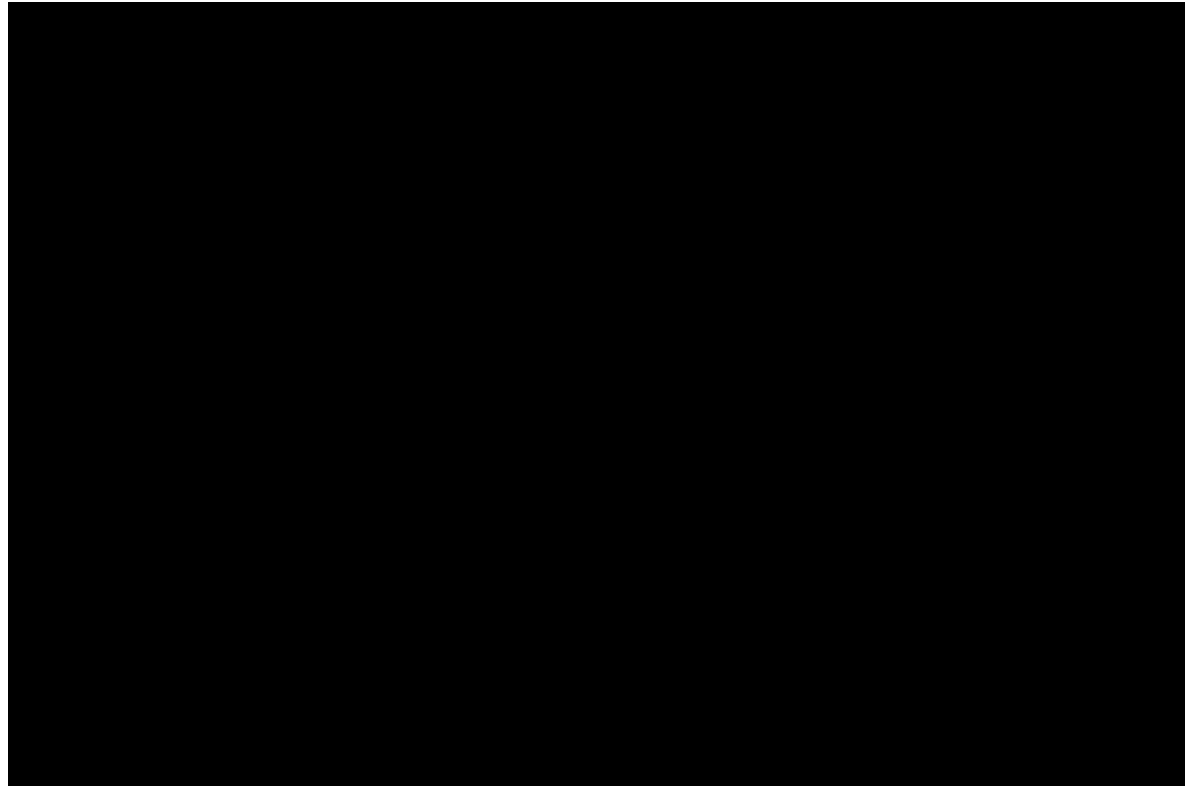
<b>8:15-9:00</b>	<b>Registration and Pre-Test</b>
<b>9:00-9:10</b>	<b>Auditorium: Welcoming Remarks "A Message of Hope"</b>
<b>9:10-9:30</b>	<b>Speaker's Story: Megan</b>
<b>9:30-10:30</b>	<b>Break Out Rooms "Exploring Mental Illness and Stigma"</b>
<b>10:30-10:45</b>	<b>Nutrition Break</b>
<b>10:45-11:30</b>	<b>Auditorium: A Speaker's Story: Ivor Dare to Dream and Your Toolkit Barb Hiff Memorial Bursary</b>
<b>11:30-12:10</b>	<b>Lunch</b>
<b>12:10-12:50</b>	<b>Auditorium: Speaker's Stories: Sherrilyn and John Question Period for all Speakers</b>
<b>12:50-2:00</b>	<b>Break Out Rooms: "Conversation Café"</b>
<b>2:00-2:30</b>	<b>Auditorium: Closing Plenary Session</b>





# Summit Snapshot

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# Staying Grounded



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# ...and changing roles



# What do you think of me now?

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# “How do we discover our own unique value?”

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# “How do we reclaim and recover<sup>18</sup> our sense of worth?”



**“You carry within you a precious flame, a spark of the divine.”**

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American musician who served as lead singer, guitarist, and songwriter for the Seattle-based rock band Nirvana. He was diagnosed with ADD as a child and later with Bipolar Mood Disorder. He had a family history of suicide. He also had a substance abuse dependence disorder.



“In knowing what I can’t do, I also open up<sup>21</sup>  
the possibilities of all I can do.”





# Winston Churchill

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Prime Minister of the United Kingdom from 1940 to 1945 and again from 1951 to 1955. A noted statesman and orator, Churchill was also known as an officer in the British Army, a historical writer, and an artist. He is also reported to have had Bipolar Mood Disorder and speech disfluency (stuttering).





“It is possible to live a whole and happy life and still have a disability?”

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CHILDSTARLETS.COM



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# Drew Barrymore

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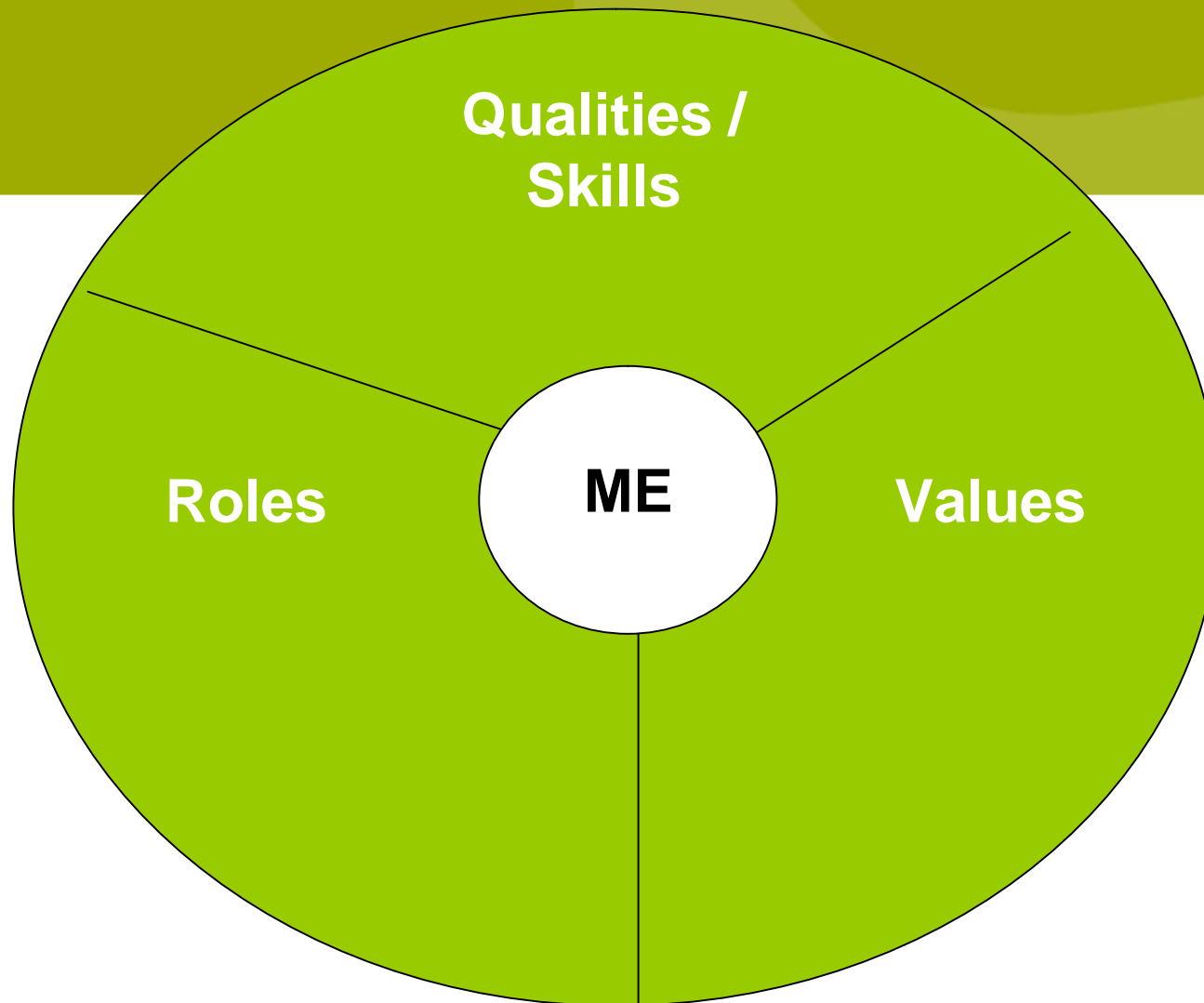


Actress, Director  
Lives with Depression and has had public  
struggles with substance use since early  
teens.



# What does it take to see the potential?







# The Mental Health Commission of Canada...

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has identified the elimination of stigma and the reduction of discrimination as one of the top three priority areas that are identified as part of its federal framework for mental health.





# The Mental Health Commission Of Canada

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*“Stigma is typically a social process, experienced or anticipated, characterized by exclusion, rejection, blame or devaluation that results from experience or reasonable anticipation of an adverse social judgment about a person or group.”*

Prepared by Neasa Martin 8/42 06/11/2007 & Valerie Johnston  
A Time For Action: Tackling Stigma and Discrimination - MHCC





# Stigma Defined

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Negative, disrespectful and untrue judgments about you based on what people *think* they know about you – and your situation.



# Stigma Defined

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## *Self-stigma*

**Self-stigma is when you begin to believe these negative opinions about you and start to think that you deserve to be called names and denied opportunities.**



# Courtesy Stigma

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*Family, caregivers and professionals actively distance themselves from the individual who happens to be ill due to negative social stigma*

*Bottom –line: Isolation*

*Ref: Angermeyer, M.C., “A focus group study of relatives of schizophrenia patients” April 2003*



# Health Related Stigma

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Negative attitudes/judgements about the condition itself (i.e. schizophrenia = violence) leads to negative social judgements

Bottom line: negative impacts on social policy (NIMBY syndrome)

Neasa Martin 8/42 06/11/2007 & Valerie Johnston  
A Time For Action: Tackling Stigma and Discrimination



# What can you do about it?

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- In general, however, we know that there is no quick fix and no single answer. Instead, many authors suggest a three-pronged approach:
  - **Education** (to dispel commonly held myths about mental illness)
  - **Protest** (to suppress discriminatory attitudes and challenge commonly held stigmatizing images)
  - **Contact** (to put a human face on mental illness – whether that of celebrities or of the not-so famous)



# So...

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**“Why are our students so hesitant in coming forward to talk about mental illness or mental health issues?”**



“Once you come to believe you are a mental illness, you give away all your power.”

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“Most people are afraid to sit quietly  
and to be with a person who is  
suffering.”

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“I am witnessing the flame of the  
human spirit faltering.”

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“Your life doesn’t have to be about  
being ill.”

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“There’s a big difference between  
breaking down and breaking  
through.”

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“The cry of an anguished person has the power to awaken the cry that exists inside every person.”

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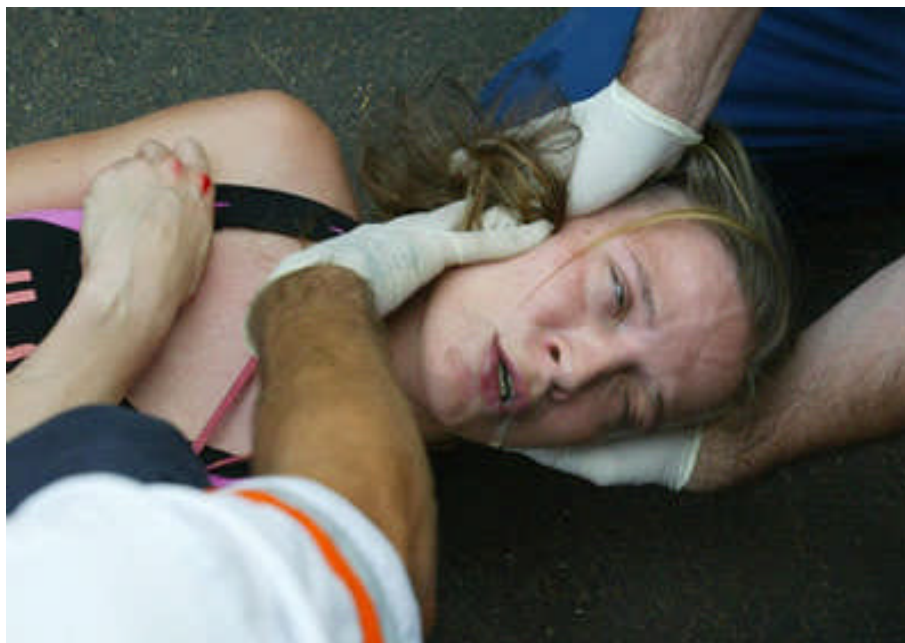
“People were talking to me about my symptoms, but no one was talking to me about how I was doing.”

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“It is possible to live a whole and happy life and still have a disability.”



“Labelling strips away my identity.”



“Being labelled brings on a profound sense of being all alone.”

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# Why does stigma need to be eliminated?

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- Prejudice and discrimination (in school, medical care, housing, employment)
- Negative feelings about self (self-stigma)
- Tendency to avoid seeking help, and to keep symptoms and/or substance use a secret
- Social isolation and/or constricted social support network
- Poverty
- Depression
- Loss of hope for recovery
- Suicide



# Why is accurate information crucial?

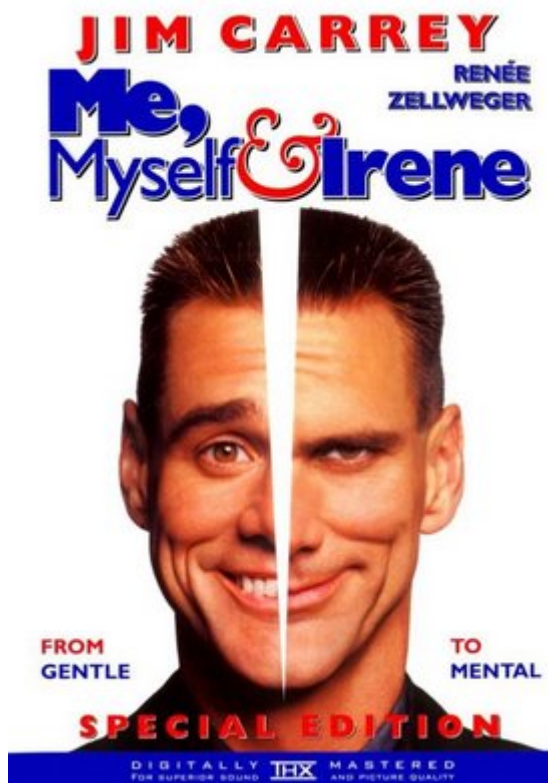
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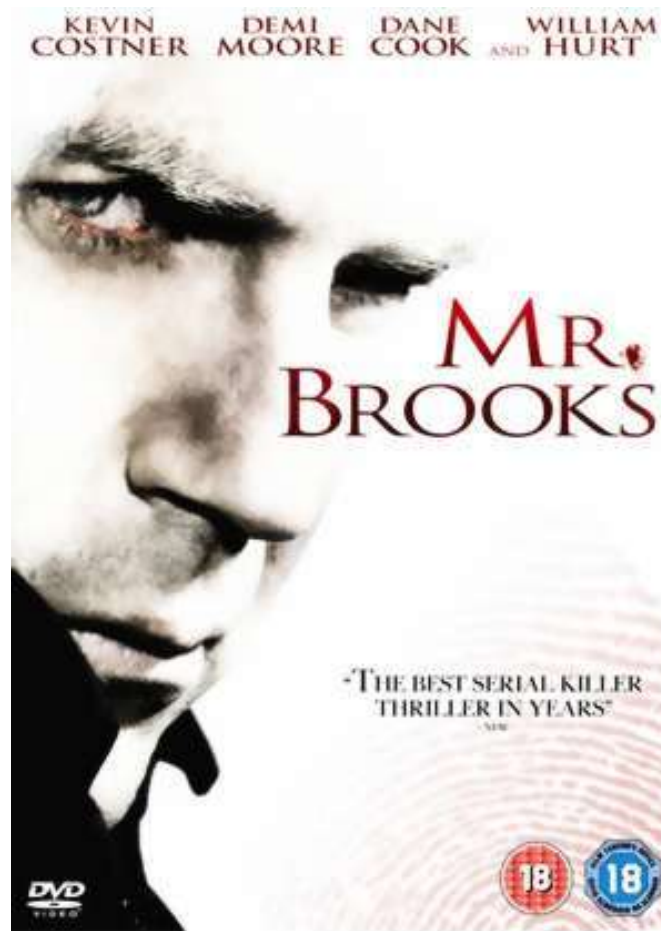




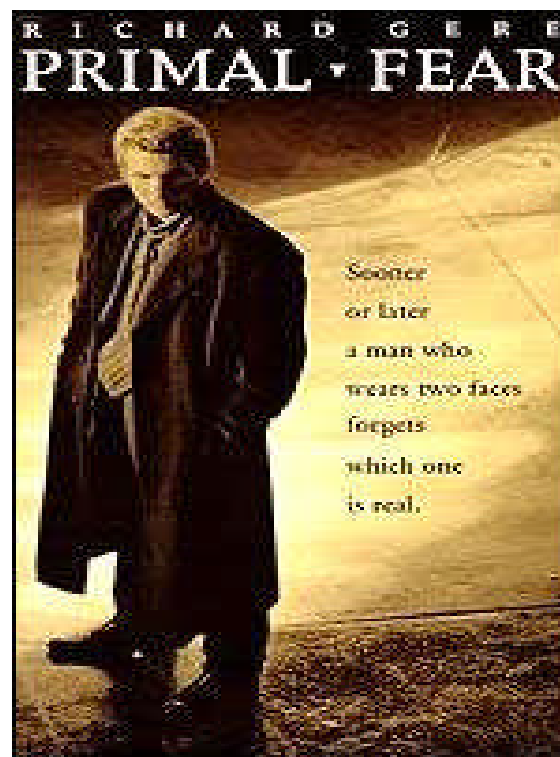












# Experiencing Empathy

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# Durham Talking About Mental Illness Coalition—T.A.M.I.

Student Volunteers  
Community Volunteers  
Ontario Shores Centre for Mental Health Sciences  
Canadian Mental Health Association  
Pinewood Centre  
Centre for Addiction and Mental Health  
The Youth Centre  
Resources for Exceptional Children and Youth  
Kinark Child and Family Services  
Frontenac Youth Services  
Lakeridge Health Child, Youth and Family Program  
Durham Family Court Clinic  
Durham Mental Health Services  
Durham District School Board  
Durham Catholic District School Board  
Kawartha Pine Ridge District School Board  
PNVC Catholic District School Board



# Building a Coalition: What does it take?

- Standard: chair, co-chair, treasurer, secretary
- Sharing a Vision
  - Full support of member agencies.
  - Collaboration, communication, passion
  - Leadership, not ownership
  - Commitment to data collection and analysis
  - Strong, supportive consumer involvement component
    - Including Speaker Trainer and Speaker Coordinator positions
    - Honorariums, recognition and awards
  - Seeking and accepting direction from consumers and youth
  - Constant identification of need and growth
    - Completing a pilot project for younger grades
  - Respectful, supportive relationship with education
- One common goal:
  - A healthy future for children, youth, parents, schools and communities



# Community: A Core Value

## What we did in Durham Region

- Brought contact and education together in a powerful, innovative program designed to help destigmatize mental illness within the youth population in Durham Region and beyond.
- Coordinated the delivery of this model to neighbouring regions resulting in 3 Summits in York region and future Summits planned for Northumberland and Toronto winter/spring 2010.



# A Brief Historical Overview

## Durham T.A.M.I. Coalition

- 1992: “Over the Cuckoo’s Nest” Project
- 2002: First introduction to Durham Region
- 2004: First “Stomping out Stigma” Summit (S.O.S.)
- 2005: T.A.M.I. Professional Development Model
- 2006: Entire grade pilot project
- 2007: Release of Extra Ordinary People
- 2009: 6 Summits completed
- 2009: Grade 7&8 pilot project completed
- 2010: Participating in the Opening Minds Project





# A Brief Historical Overview

## Speaker and Project Recognition

2007: Winner Minister's Award for Health Promotion  
and OHA Leading Practices Award

2009: Attorney General's Victim Services Award of  
Distinction

2009: CMHA Consumer Award

2009: Mary Neville Memorial Award

2010: Kaiser Foundation Award for Excellence in  
Youth Leadership

Youth Participation

8664

Professional Participation

3805

TOTAL: 12,469



# A Core Value: Respect

## *Supporting Our Speakers*

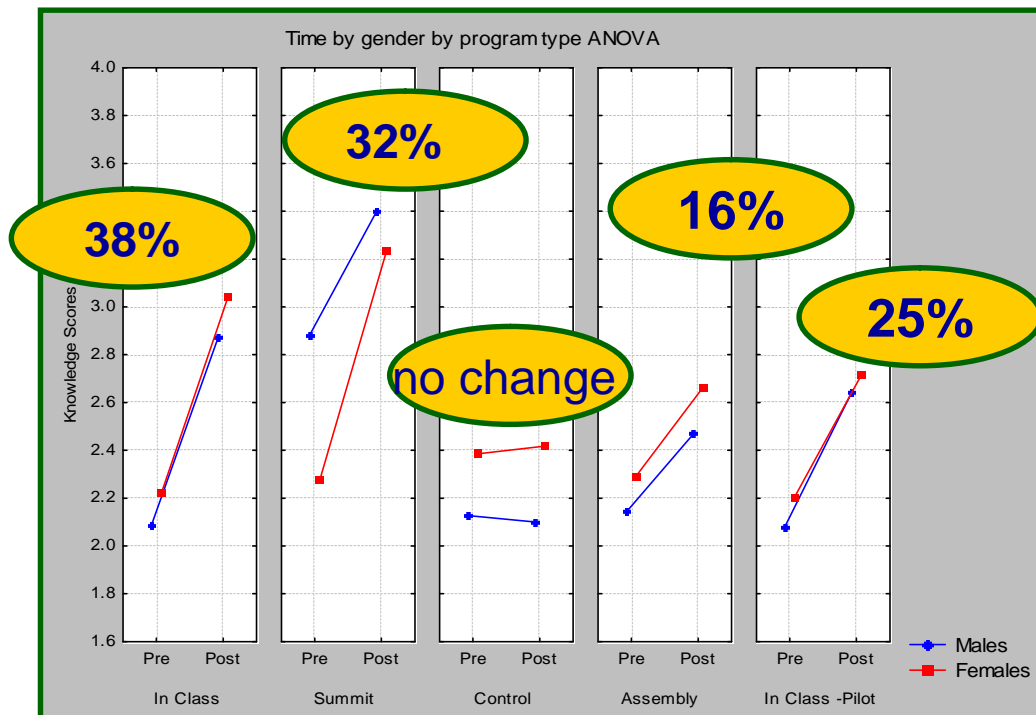
- ✓ Providing a comprehensive process for speech development
- ✓ Support from peer speakers & Coalition Members
- ✓ Inclusion through full Participation (TAMI Program, SOS, luncheons, discussions, eliciting feedback, honorariums, etc.)
- ✓ Honouring their personal schedules & wellness/needing a break

***“Without our Speakers there wouldn’t be a TAMI Program.”***



# “We learn by research and we learn by doing”: Knowledge Change

As a result of S.O.S programs...knowledge about mental illness increased.....

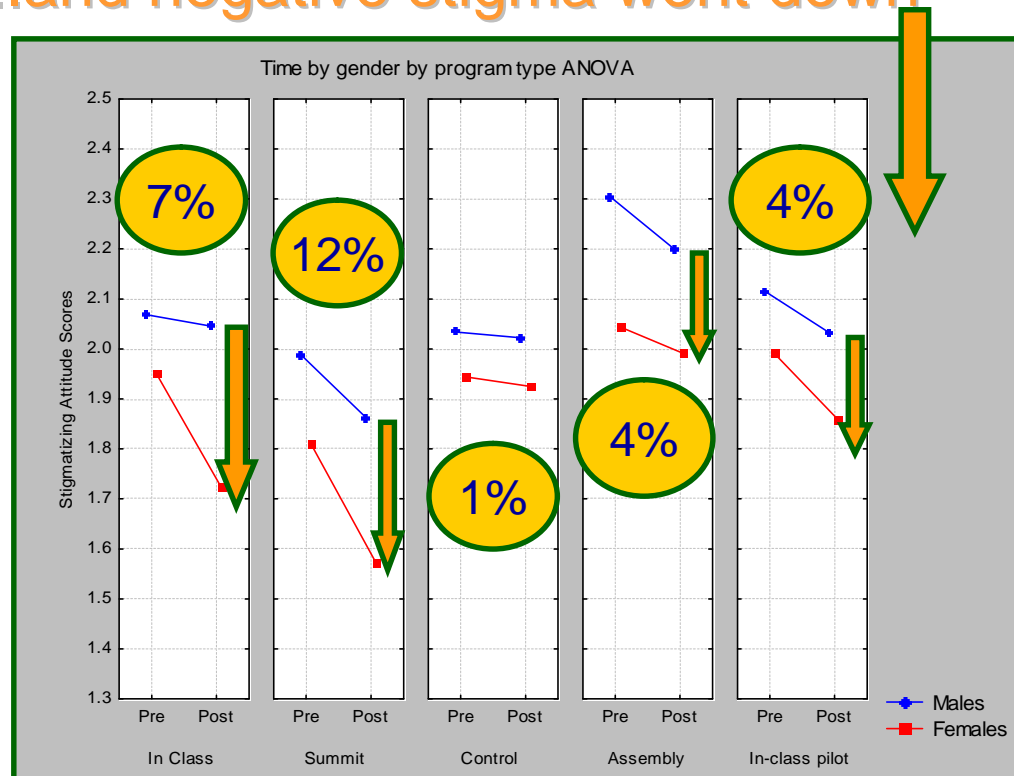


Participants in the Summit had the 2nd highest gain in knowledge, however their overall knowledge level was the highest. Participants in the Summit were a group of students and staff selected due to their potential to take the message back to schools



# Attitude Change

.....and negative stigma went down



***“What I liked the most about the program is the fact that someone I know has a mental illness that I see everyday, but am not always comfortable around her. Now I’m always with her!”***

**–Male Student**

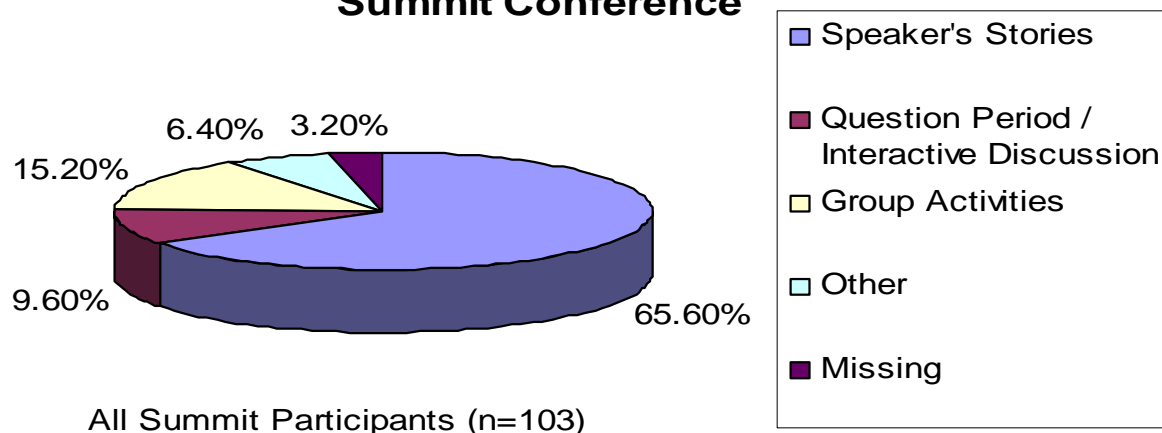


**The Summit was the most effective program at decreasing negative stigma**

# Core Values: Excellence and Innovation

## The Power of Direct Contact

**What Participants Liked Most About the Summit Conference**



### Speaker Testimonial

**“Speaking for TAMI has given me the confidence I need to reach out and try to erase the stigma attached to mental illness. The students I talk to have become like a second family. Their intelligent questions have taught me how much they are willing to learn, and I’ve become a better person for talking to them.”**

**Ivor Vasconcellos, TAMI Speaker, 7 years**

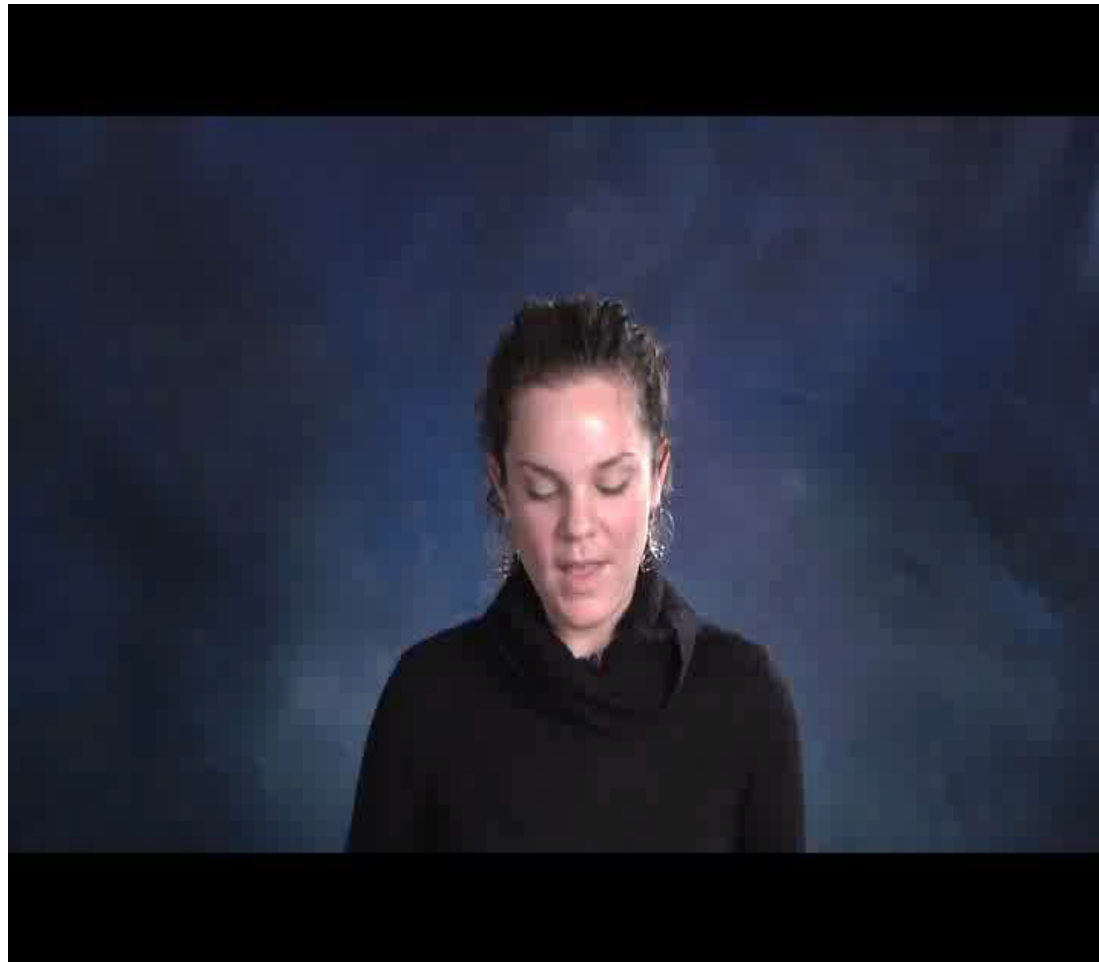
✓ **Research has also shown evidence of the empowering effect that telling one’s story and interacting with program participants, can have on consumers (Wood & Wahl, 2006).**



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# Megan's Story

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# Where do we go from here?

- Continue our partnership with “Opening Minds” and MHCC
- Complete the roll out to the younger grades
- Design and deliver a summit for grade 7
- Expand to include post secondary
- Make modifications to meet the needs across the lifespan and across sectors
- Stay connected with other regions who want to implement the model



# Accessing TAMI Material

*For downloadable TAMI Resource Material including:*

- *2007 Evaluation Report*
- *2009 Outcomes Report*
- *“Stomping out Stigma” SOS summit conferences for youth*
- *Student Action Guide*
- *Teacher Facilitation Guide*

<http://www.ontarioshores.ca/tami.htm>  
[heeneyb@ontarioshores.ca](mailto:heeneyb@ontarioshores.ca)



# Useful Websites

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[www.ontarioshores.ca](http://www.ontarioshores.ca)

[www.camh.net](http://www.camh.net)

[www.mentalhealthworks.ca](http://www.mentalhealthworks.ca)

[www.pinewoodcentre.org](http://www.pinewoodcentre.org)

[www.mooddisorderscanada.ca](http://www.mooddisorderscanada.ca)

[www.theyouthcentre.ca](http://www.theyouthcentre.ca)

[www.mindyourmind.ca](http://www.mindyourmind.ca)

[www.rfecydurham.com](http://www.rfecydurham.com)

[http://www.cmha.ca/highschool/s\\_hs.htm](http://www.cmha.ca/highschool/s_hs.htm)

[www.kinark.on.ca](http://www.kinark.on.ca)

[www.jhsdurham.on.ca](http://www.jhsdurham.on.ca)



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# Useful Resources

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Extra Ordinary People”: Laura Sky producer

[info@skyworksfoundation.org](mailto:info@skyworksfoundation.org)

“Letters to a Street Child”: Andree Cazabon producer

[www.andreecazabon.ca](http://www.andreecazabon.ca)

Dare to Dream: a source of mental health education funding

[www.daretodreamprogram.ca](http://www.daretodreamprogram.ca)



# Presenter Contact Information

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1-800-341-6323 x6014



# Virtual Emergency Room—VER

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A collaborative project between Ontario Shores  
and surrounding General Hospitals

Use of telehealth technology

Significant decrease in wait times for psychiatric  
assessment

Contact: [thompsonj@ontarioshores.ca](mailto:thompsonj@ontarioshores.ca)





# Mood and Anxiety Program—MAP

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A partnership with Lakeridge Health Oshawa for adolescents and young adults

Interprofessional approach includes child and adolescent psychiatrists, social workers, child and youth counsellors and psychologists

MAP offers:

- comprehensive psychiatric assessment
- social work assessment
- CBT group intervention and co-occurring parent group
- individual/family intervention
- For referral: 1-877-767-9642

