

Transitions Conference 4

Participation

“Building Skills for Living in the Adult World”

“Stomping Out Stigma”

Summits for Youth

The Durham T.A.M.I. Coalition

Bob Heeney

Art Mathews

Our Objectives

- “Set the stage” – establish a common definition and understanding of the impacts of stigma
- Review some of the prominent research in the area of addressing stigma
- 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 regardless of the situation that leads to the stigma

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- More than eight in ten Canadians believe there is either a great deal (19%) or some (63%) discrimination taking place in today's society (against person's with disabilities).

Canadian Attitudes Towards Disability – Human Resources and
Development Canada, 2004

<http://www.rhdsc.gc.ca/en/hip/odi/documents/attitudesPoll/benchmarkSurvey/summary.shtml>

The Mental Health Commission of Canada

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

What is it?

There are a variety of definitions – 3 prominent ones include:

Wikipedia

- **Stigma** is an attribute, behavior, or reputation which is socially discrediting in a particular way: it causes an individual to be mentally classified by others in an undesirable, rejected stereotype rather than in an accepted, normal one.

World Health Organization (WHO)

Stigma is a social process or related personal experience characterized by exclusion, blame, or devaluation that results from an adverse social judgment about a person or group. The judgment is based on an enduring feature of identity attributable to a health problem or health-related condition, and this judgment is in some essential way medically unwarranted.

Mental Health Commission of Canada

“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



Common themes in all definitions:

- A complex idea that involves attitudes, feelings and behaviour
- A word referring to the negative “mark” attached to people who possess any attribute, trait or disorder that marks that person as different from “normal” people. This “difference” is viewed as undesirable and shameful, and can result in people having negative attitudes and responses (prejudice and discrimination) toward another person.

Epilepsy

If the seizures characterizing epilepsy can affect a person's daily activities, the biggest handicap remains the social stigma associated with the misconceptions about this physical condition. Amid 300,000 active epileptic Canadians, about 60% of them are able to work in almost any capacity. However, studies have shown that 40% of them are not given job opportunities that fully use their skills.

Epilepsy at Work: Demystifying and Accommodating
by Maria Escobar, G-Force

And yet, research has proved that provided there is a combination of available medical treatments along with certain accommodations implemented in the workplace, attendance, performance records, cooperative behaviour and turnover of epileptic employees are equal to those of the general working population. (McLellan, 1987 and Quattrini, 1999).

Varying Attitudes towards “disability”

- When asked to bring to mind their own internal associations with this term, most people think primarily of a physical handicap (principally entailing reduced mobility), or (in more functional terms) of someone with limited capabilities for activity and life roles. Mental conditions are much less apt to be a part of the public's definition of this concept.
- In comparison with being in a wheelchair or deaf, someone with HIV/AIDS is more likely to be seen as equally capable in fulfilling such roles, while someone with chronic depression is considered much less able to do so.
- This latter finding indicates that internal or mental conditions may not fit most people's definition of a disability, but tend to create uncertainty and discomfort that results in a form of stigma that is more powerful than the one attached to persons with a physical disability.

Canadian Attitudes Towards Disability – Human Resources and Development Canada, 2004

<http://www.rhdsc.gc.ca/en/hip/odi/documents/attitudesPoll/benchmarkSurvey/summary.shtml>

Breaking it down further, three types of stigma have been identified

Health-Related Stigma

- 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)

**A TIME FOR ACTION:
TACKLING STIGMA AND DISCRIMINATION Report to the Mental Health
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Self Stigma

- The known societal negatives about mental illness plays upon the self-image and feelings of self-worth of the individual themselves
- Becomes a self fulfilling cycle of expect rejection, get rejected
- Bottom line: they don't get the help they need

Ref: Watson, A.C., Larson, J.E., et al, "Self Stigma in People with Mental Illness", Maryland Psychiatric Research Centre, 2007

Courtesy Stigma

- *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



Effects of Stigma

“What does it mean in real “people” terms?”

- 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

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- Seven in ten (71%) believe persons with disabilities are at least “somewhat” included in Canadian society, and more than eight in ten (83%) say there has been at least some progress toward this goal over the past decade. But a majority also recognizes that persons with disabilities face real barriers in many areas of their lives, especially in terms of achieving financial security and having reliable access to transportation.

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- Canadians believe the primary solution to the problem lies in increasing public awareness of the issue (62%), whether this involves public education campaigns, programs in schools, and strategies for giving people more direct exposure to persons with disabilities and the challenges they face.

Canadian Attitudes Towards Disability – Human Resources and Development Canada, 2004

<http://www.rhdsc.gc.ca/en/hip/odi/documents/attitudesPoll/benchmarkSurvey/summary.shtml>



Why Did We Start This??

- 20 % of youth are struggling with their mental health
- 63% of youth surveyed at Children's Hospital of Eastern Ontario state that embarrassment, fear, peer pressure and stigma are the major barriers that discourage youth from seeking help
- 75% of youth will either talk to a friend or no one
- 50% of Canadians ages 18-24 who suffer from depression are not receiving mental health services
 - 15% will commit suicide
- 38% of parents surveyed by Kinark Child and Family Services are embarrassed to admit their child had depression or anxiety

What to do about it

- 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)

Current Literature

- Anti-stigma efforts focus on a variety of objectives, including:
 - To focus on recovery and hope
 - To educate, challenge stereotypes/misinformation about mental illness
 - To change public perceptions and attitudes about mental illness
 - To decrease discrimination
 - To encourage self-confidence and self esteem in people with mental illness
 - To provide a forum for families to speak candidly about their experience of stigma
 - To encourage students to seek help

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- None of those three approaches is completely successful on its own, however studies have repeatedly found that ***contact*** is the most effective single strategy in countering stigma and discrimination.

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Prepared by:
Neasa Martin & Valerie Johnston
Of Neasa Martin & Associates
Thursday, September 13, 2007



What we did in Durham

Brought contact and education together in a powerful program designed to help destigmatize mental health issues/mental illness within the youth population in Durham Region.



Durham Region

2535 square kilometres (979 square miles)





Durham Demographics

Population by Age and Sex

AGE	MALE	FEMALE	TOTAL
10-14	22,994	21,748	44,742
15-19	22,686	21,786	44,472
20-24	20,319	19,904	40,223

Total for all ages: 585,560

Children and Youth are approximately 25% of total population



What is the TAMI Coalition?

Based upon the pioneering work done by the Centre for Addiction and Mental Health (CAMH), a small group of passionate professionals got together and developed a grouping with the sole purpose of delivering anti-stigma education to students.



Durham TAMI Coalition

- WHITBY MENTAL HEALTH CENTRE
- C.M.H.A. DURHAM
- MOOD DISORDERS ASSOCIATION DURHAM
- DURHAM DISTRICT SCHOOL BOARD
- DURHAM CATHOLIC DISTRICT SCHOOL BOARD
- THE YOUTH CENTRE
- PINWOOD CENTRE OF LAKERIDGE HEALTH
- DURHAM FAMILY COURT CLINIC
- DURHAM MENTAL HEALTH SERVICES
- RESOURCES FOR EXCEPTIONAL CHILDREN AND YOUTH
- CENTRE FOR ADDICTION AND MENTAL HEALTH



Durham T.A.M.I. History

- 1990 “Over the Cuckoo’s Nest Project”
- 1998 TAMI concept first developed by CAMH
- 2002 Durham Coalition formed
- 2005 Support from Ministry Children and Youth Services
- 2005 “Stomping Out Stigma Summits”
- 2006 Expansion
- 2007 Awards and Recognition



TAMI Services

- 5 day in-class presentation
- Assemblies
- Professional Development
- Entire grade presentations
- Summit

“Our mission is to increase the knowledge of mental illness and decrease the associated stigma.”



Keys To Establishing a Coalition

- Standard: chair, vice, treasurer, secretary etc..
- Necessary Ingredients
 - Passion: agreement to work and “get out there”
 - Involvement of consumers on the coalition
 - Constant identification of need and growth
 - Willingness of members to extend themselves and take risks
 - All members active in community—shared responsibilities
 - Ongoing evaluation
 - One common goal: Healthy Schools and Students
 - Ex. C.A.S.H. In Durham, this stands for “Caring About Student Health”



School Partnership Process

Initially –

- Utilized Coalition Member's School Contacts (*Teachers, Guidance, Principals, etc.*)
- Sent letters about TAMI Program to Principals
- Talked it up at meetings in the community

Evolved –

- Obtained school representation, on the Coalition, from both the Catholic & Public School Boards
- Presented, about TAMI, at school staff development meetings



School Partnership Process

Now & Moving Forward –

- Word of mouth, TAMI experience/effectiveness
- Information Flyer (explains Program & booking/questions contact)
- Easy access to an innovative learning experience for their students (full package deal, little *(if any)* cost)
- All schools invited to participate in Summits
- School staff have Coalition Reps. as contacts
- Providing resources & support
- Helping schools move forward with their own stigma reducing initiatives/projects



TAMI – *Supporting Teachers...How?*

- Ensures the TAMI program *compliments* the *new* Ontario Secondary School Curriculum Guidelines
- Provides practical, ready-to-use information on mental illness (Teacher's Guides & Student Workbooks)
- Introduction Session of TAMI, in class, provided by Coalition Member to kick-start the TAMI Program
 - Pre test, experiential exercises, discussion on stigma, preparing for the speakers
- Interactive, in class, presentation provided on 4th day by Coalition Member & Speakers (living with mental illness)
- Provides links to local community resources & support (for further information & professional supports)

Creating healthier environment...student well-being...school well-being...community well-being



Speaker Training

Initially –

- Utilized Coalition Member's Contacts (*Volunteers, etc.*) to seek out individuals, living with mental illness, to be part of the program & wanting to champion change in their community

3 of our current speakers are original speakers from the start of TAMI (6 years ago)

Evolved –

- As TAMI demand grew we required recruiting of more speakers, created speaker application form & information flyer for potential speakers



Speaker Training

Now & Moving Forward –

- Application is reviewed by sub-committee
- Selected candidates contacted to attend introduction & interview (small group with sub-committee)
- 4 Mtgs. with sub-committee (speech writing/practice)
- Intro. to Coalition/Practice with questions
- CPICs
- Attend Summit, 2-3 class sessions
- When ready present for in class TAMI



Supporting Our Speakers

- Providing 1on1 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.”





The Summit Model – the most effective of the interventions

- Wallach (2004) “Even a brief visit to a mental health facility can improve attitudes beyond classroom education.”
- Students hear the stories of consumers, participate in experiential exercises AND are provided with Action Guides and Tool Kits to assist them in organizing anti-stigma campaigns in their home schools
- 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



The "S.O.S." Summit Conference: Conceptualization

- ✓ **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).**
- ✓ **Provide high school students and teaching staff with the tools needed in order to deliver anti-stigma campaigns in their home schools.**
- ✓ **Provide orientation to a mental health facility (Whitby Mental Health Centre), because even a brief visit to a mental health facility can improve attitudes beyond classroom education (Wallach, 2004; Watson, Miller & Lyons, 2005).**
- ✓ **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).**



“S.O.S.” Summit Conference: Process

- **Participants: 4550 students from 95% of Durham Region high schools have been reached through a Durham TAMI program (Summit, 5-day In-class, Staff Workshop & School Assembly). On average, 1-2 staff and 4 students from 30 different schools attend the annual Summit conference each year. (total participants for 3 Summits: 370)**
- **Participants complete pre and post tests to assess knowledge and attitudes about mental health**
- **Throughout the day participants hear the life stories of 4 consumer survivors followed by interactive discussion, participate in experiential learning exercises, and are given tools to assist in developing anti-stigma campaigns at their school**
- **Results substantiate that the S.O.S. Summit was the most effective program in reducing negative stigma and empowering students**

“This experience has been wonderful. I have seen such a positive change in students and their outlook on mental illness. Equally important, is that I have learnt a lot and can begin to pass on a positive message about mental illness to my students.”

-Staff Participant



How we evaluated Pre and Post Test

A. Please indicate how much you feel you **KNOW** about each of the following. Circle the number that best describes your knowledge.

	None	A little	Some	A lot
1. mental illness in general	1	2	3	4
2. how people cope with mental illness	1	2	3	4
3. different approaches to help persons with mental illness	1	2	3	4



How we evaluated Pre and Post Test

B. Please indicate how much you agree or disagree with the following statements by circling the appropriate number.

	Strongly disagree	Disagree	Agree	Strongly Agree
1. Most people with a serious mental illness, can with treatment, get well and return to productive lives.	1	2	3	4
2. In most cases, keeping up a normal life in the community helps a person with mental illness get better.	1	2	3	4
3. People with mental illness are far less of a danger than most people believe.	1	2	3	4

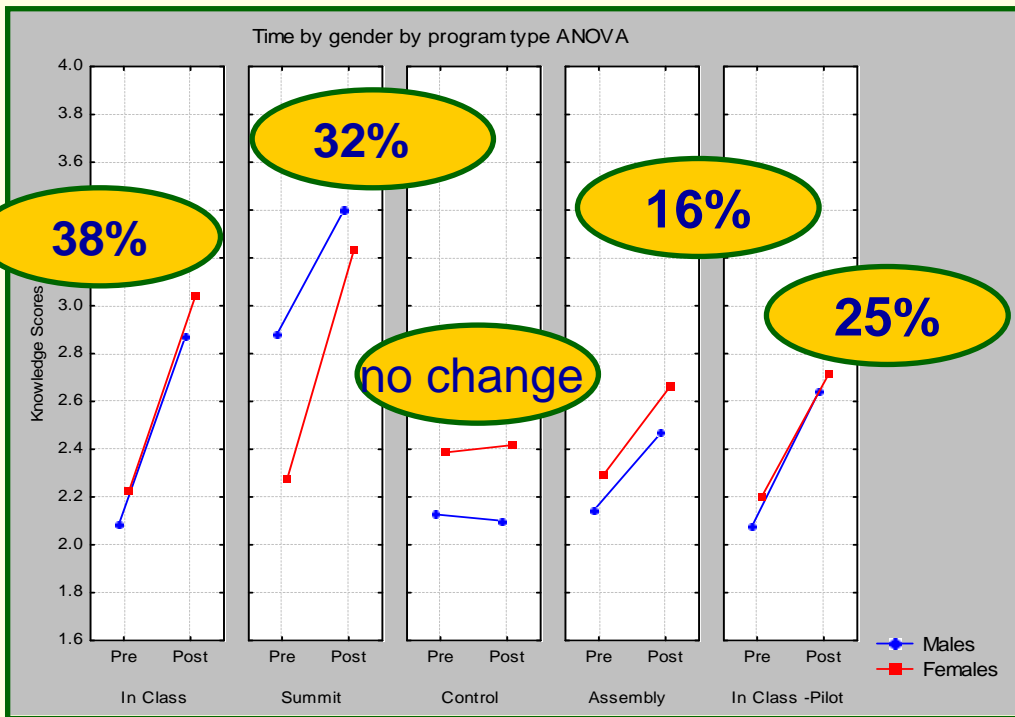


How we evaluated Post Test

C. As a result of participating in the program, please indicate how much you agree or disagree with the following statements.

	Strongly disagree	Disagree	Agree	Strongly agree
■ 1. The small group activities and presentations held my attention.	1	2	3	4
2. I learned a lot from the presentations.	1	2	3	4
3. The presentations are a good way to learn about mental illness.	1	2	3	4
4. It is valuable for students to be able to ask presenters questions.	1	2	3	4

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



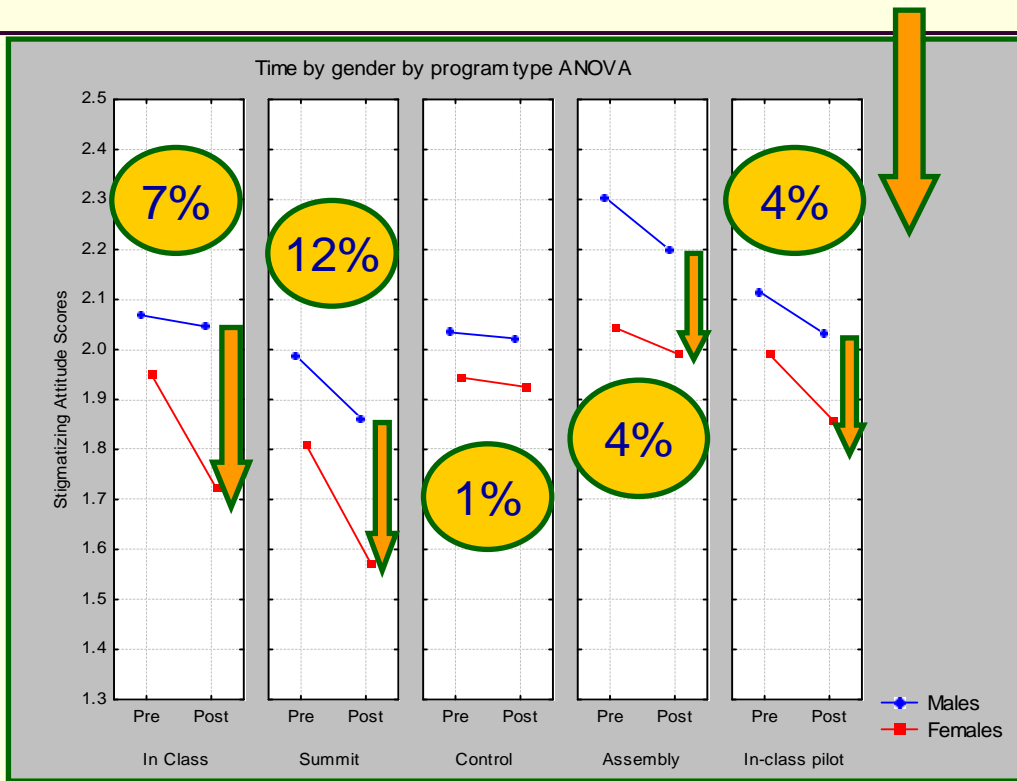
- ✓ Participants in the Summit had the 2nd highest gain in knowledge, however their overall knowledge level was the highest
- ✓ Participants in the Summit were a group of students and staff selected due to their potential to take the message back to schools

*A student participant said,
“It made me want to go back to school and help people and get my school involved.”*





.....and negative stigma went down

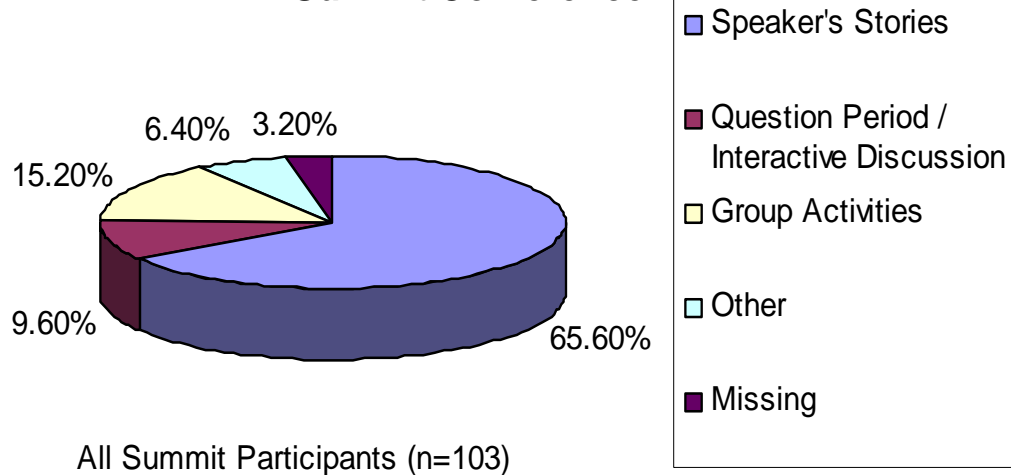


“What I liked the most about the program is the fact that someone I know has a mental illness that I see everyday, but am not always comfortable around her. Now I’m always with her!”

–Male Student

The Summit was the most effective program at decreasing negative stigma

What Participants Liked Most About the Summit Conference



✓ 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).

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, 5 years

John





Full Circle...

- Summits compliment the three key methods of shifting attitude (education, protest and contact)
- Summits address several of the key objectives of anti-stigma endeavours around the world
- Summits provide a measurable degree of success – not just anecdotal impacts
- Summit results can be replicated (in fact we have just done so in York Region and are moving into two other regions of Ontario as well) and can be modified to impact / address a variety of population
- The Summit model can be introduced in your area with minimal technological development required as all materials are available on the WMHC website for agencies to copy and use



Future Directions

- Education
 - To include younger grades, post secondary institutions and the private sector
- Incentives
 - To obtain support that will enable more consumers to take the lead
- Implementation
 - To support national growth
- Evaluation
 - Ongoing



Thank You!!

- Questions?

Useful Resources/References

OUT OF THE SHADOWS AT LAST

Transforming Mental Health, Mental Illness and Addiction Services in Canada

The Standing Senate Committee on Social Affairs, Science and Technology

The Honourable Michael J. L. Kirby, Chair The Honourable Wilbert Joseph Keon, Deputy Chair

May 2006

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Thursday, September 13, 2007

Evaluation of a School-Based Mental Health Education and Anti-Stigma Program

Carolyn Watters, BA, Megan Lummiss SSW, BSW October 2007

World Health Organization

Child and Adolescent Mental Health Initiatives of the Department of Mental Health and Substance Abuse

Canadian Attitudes Towards Disability – Human Resources and Development Canada, 2004

<http://www.rhdsc.gc.ca/en/hip/odi/documents/attitudesPoll/benchmarkSurvey/summary.shtml>

Epilepsy at Work: Demystifying and Accommodating

by Maria Escobar, G-Force

Useful Websites

- www.whitbymentalhealthcentre.ca
- www.camh.net
- www.mentalhealthworks.ca
- www.understanding-bipolardisorder.com
- www.mooddisorderscanada.ca
- www.mhwn.org
- www.mindyourmind.ca
- www.youthnet.on.ca

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