



## **Durham Talking About Mental Illness (TAMI) Coalition**

### **Stomping Out Stigma (S.O.S.) Annual Summit Conference**

#### **Research Report May, 2007**

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## **The Current State of Global Mental Health Concerns**

In recent years, the public health problems associated with psychiatric stigma have become recognized global health concerns. An estimated 450 million people worldwide are affected by mental disorders at any one time. In the 1999 US Surgeon General report on mental illness, stigma was found to be the most significant obstacle to the treatment of mental disorders. In 2001, the World Health Organization (WHO) report titled “New Understanding, New Hope” underlined the importance of attending to attitudes that could lead to stigmatizing behaviour, and called for countries to launch campaigns to educate the public. (Pinfold, Thornicroft, Huxley, & Farmer, 2005)

Link (2001) suggested that to direct effective and sustained reduction of psychiatric stigma and discrimination, that approaches needed to be multi-faceted and multi-level, and should address the deeply held attitudes and beliefs that are the causes of stigma. Research also indicates that psychiatric stigma programs should focus on personal contact, education and empowerment.

Several stigma changing initiatives have included personal contact with persons living with mental health issues, because research has found it is the single most influential factor for changing public attitudes and behaviour towards people with mental health problems (Angermeyer & Matschinger, 1996; Corrigan et al., Penn et al., Read & Law, 1999). Sharing information in an environment that encourages discussion and reflection was found to be an important ingredient in ‘successful’ mental health awareness workshops. Our research supports these findings. Personal experience was an important factor predicting attitude change among young people. Personal experience increased adolescent’s interest in mental health and subsequent engagement with the lessons.

The question of ‘what works’ to reduce the stigma of mental illness, is a question that is of global concern requiring further investigation. Yet, many of the programs have insufficient budgets to build an evidence base in this under-researched area. (Pinfold et al., 2005)

## **The Importance of Reaching Adolescents**

It is critical that we provide information about mental health and positive exposure to people who have experienced mental health difficulties to adolescents. During adolescence there is increased openness and developmental readiness exploring complex issues with personal and social significance (Pinfold et al., 2005). It is during this time that foundations are laid for adult attitudes and beliefs about mental health. Therefore, this is one of the best openings to prevent the development of prejudicial stigma and full-blown injustice (Corrigan et al., 2005).

## **The Present Study**

Summit Conference participants show a dramatic increase in knowledge about mental illness, and more positive attitudes towards those living with a mental illness and the associated stigma. The Summit does this through personal contact with people who have experienced mental illness, interactive learning opportunities, and sharing of information. Students are then able to take a leadership role by disseminating what they have learned at the Summit to the student body at their respective schools. A recent follow-up revealed that many of the schools who participated in the Summit, have since run anti-stigma education initiatives at their schools.

## **Background Information**

A Coalition of community partners in Durham Region was brought together 5 years ago with the help of the Centre for Addiction and Mental Health (CAMH), to implement an innovative educational program directed towards local high school students. The goal of the program is to increase knowledge about mental illness and decrease the associated stigma. “Talking About Mental Illness” (TAMI) was first introduced into the local high schools in 2002, through the dedicated and active support of the Coalition, made up of representatives from local community service providers and volunteers. Since its beginning, the Coalition has reached 95% of all high schools in the Durham Region through delivering the program to 2651 high school students in the form of 47 four-day in-school programs, 3 full-day “Stomping Out Stigma” (S.O.S.) Summit Conferences, and 6 Professional Development Workshops. All TAMI programs include a minimum of 3 speaker presentations from consumer survivors, telling their life story of living with a mental illness.

The Coalition’s objectives are as follows:

- Fostering a more positive attitude towards mental illness
- Providing teachers with practical, ready-to-use information on mental illness to assist with curriculum-based education
- Offering teachers and students an opportunity to meet with people who have experienced mental illness first-hand
- Providing links to community resources and support for further information and professional help
- Providing opportunities for people living with mental health issues to participate in an anti-stigma awareness campaign.

In 2005, the Ministry of Children and Youth Services provided funding to the Durham TAMI Coalition in order to structure a forum where all schools could be represented and gather in an arena where a consistent message to reduce stigma could be delivered. The annual S.O.S. Summit Conferences provide that environment. Inviting 1 to 2 staff members and 3 to 4 students per school provides the opportunity for all high schools in the Durham Region to attend. Since March 2005, 3 S.O.S. Summit Conferences have been held, with the participation of over 34 schools (many have attended all 3 Summits), 70 school staff members, and 250 students. Results of pre and post tests from the first 2 Summit Conferences assisted the Coalition in developing a Student Action Guide (“tool-kit”), to support and guide students (beyond the Summit) in building an awareness team at their school. This team is responsible for creating and running anti-stigma/ mental illness awareness campaigns. As the Summit Conferences continue to grow in scope, networking opportunities created will lead to multiple school and community partnerships in implementing new anti-stigma initiatives.

## **Purpose:**

Over 20% of youth will experience some type of emotional trauma or mental illness, normally requiring intervention. Within this group, over 80% will not seek help due to the negative stigma and stereotypes associated with mental illness. This allows the problem to worsen, and become less manageable for the person, and society as a whole, as they enter adulthood. The TAMI program strives to educate students about mental illness and to alleviate any stigma and/or misunderstanding students may have about mental illness. The Stomping Out Stigma (S.O.S.) Summit Conferences, in addition to fulfilling the mission and objectives of the TAMI program, serve as a vehicle through which students gain leadership skills, as they are given support tools for team-building and developing anti-stigma initiatives within their own school

community. The Summit Conferences also act as a networking tool through providing an opportunity for students and teaching staff from across the region to come together to learn about mental illness and explore the impact of associated stigma.

### Procedure:

On November 30, 2006, 30 schools from across Durham Region participated in the third Stomping Out Stigma (S.O.S.) Summit, involving a full-day interactive conference held at Whitby Mental Health Centre. In attendance from each school were 1 to 2 school staff members and 3 to 4 student representatives. Similar to the four-day in-school TAMI program, the Summit also offered structured, interactive learning opportunities, focused on enhancing the understanding of the many issues surrounding mental illness. Education and interactive opportunities were offered through presentations to the entire group, 4 life stories of consumer survivors followed by a question and answer/ discussion period, and smaller group “break-out” sessions (topics included: What is Mental Illness? Understanding Stigma, Current Stressors and Coping Skills, and instruction on how to use TAMI’s Student Action Guide to assist in developing and running anti-stigma/ mental illness awareness campaigns).

### Results:

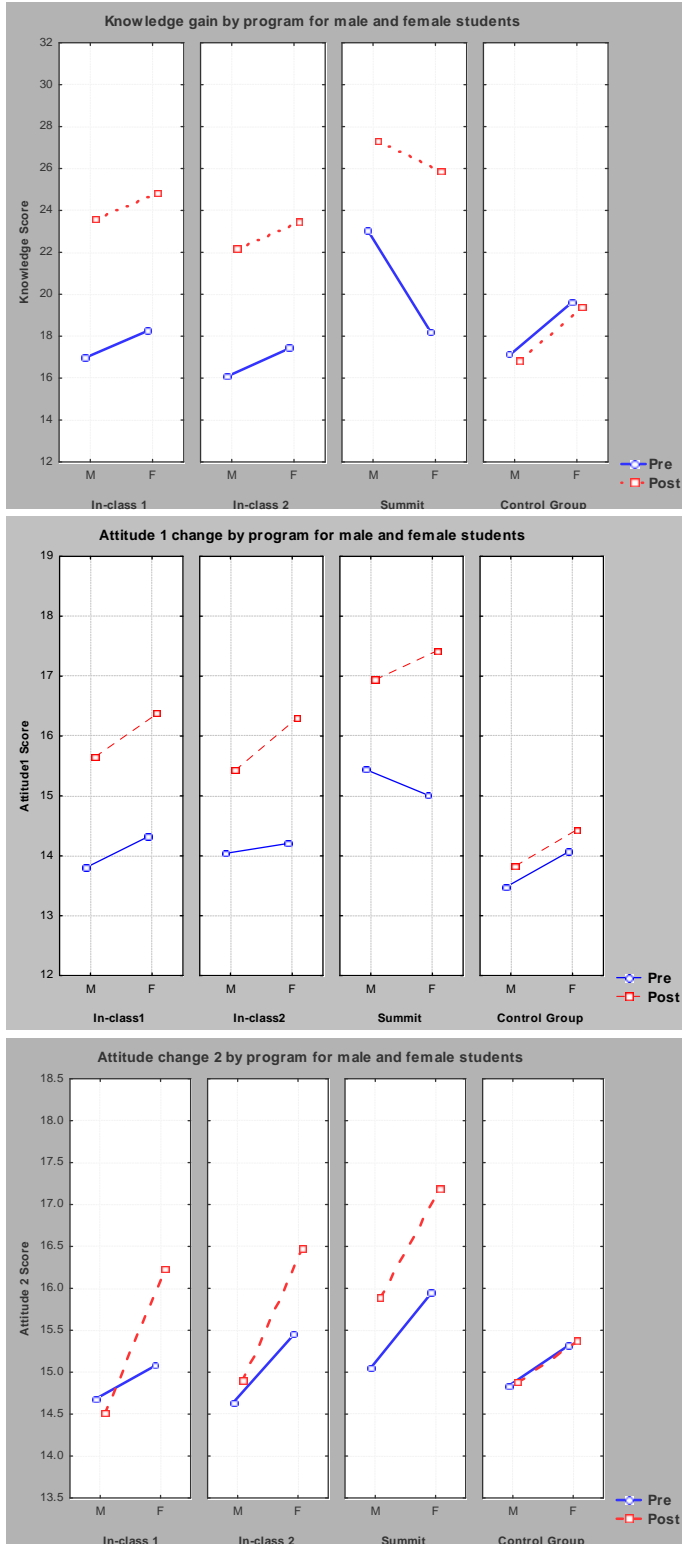
One hundred and three participants completed the identical questionnaire during the pre-and-post testing sessions. Pre-tests were completed prior to commencing the full day conference, and post-tests were completed at the end of the conference. Knowledge base and attitudes towards mental

**Table1: Percentage Changes between Student/ High School Staff  
SUMMIT Participants:**

	% Change students	% Change Adults
<b>Pre/Post Test Question:</b>		
<b>Section A: Indicate how much you feel you <i>know</i> about the following:</b>	N=83	N=20
A1: mental illness in general	27.6%	3.0%
A2: how people cope with mental illness	41.4%	14.1%
A3: different approaches to help persons with mental illness	42.4%	17.2%
A4: what it is like to have a mental illness	62.1%	40.8%
A5: what it is like to have a family member with a mental illness	25.4%	30.8%
A6: the causes of different forms of mental illness	36.0%	18.9%
A7: how to recognize signs of mental illness	28.5%	13.8%
A8: different training and career paths mental health workers have	23.7%	15.7%
<b>average % change</b>	<b>35.4%</b>	<b>18.4%</b>
<b>Section B: indicate how much you <i>agree or disagree</i> with the following statements:</b>		
B1: Most people with a serious mental illness can, with proper treatment, get well and return to productive lives.	21.0%	11.4%
B2: In most cases, keeping up a normal life in the community helps a person with mental illness get better.	17.1%	7.0%
B3: People with mental illness are far less of a danger than most people believe.	15.6%	8.5%
B4: Locating a group home or apts. for people with mental illness in residential neighborhoods does not endanger local residents.	13.4%	3.7%
B5: Locating a group home or apts. for people with mental illness in a residential neighborhood will not lower the value of surrounding homes.	4.9%	9.3%
<b>average % change</b>	<b>14.4%</b>	<b>7.9%</b>
B6: People with mental illness are, by far, more dangerous than the general population.	-19.0%	-30.4%
B7: Mental Health facilities should be kept out of residential neighbourhoods.	-13.7%	-1.2%
B8: Even if they seem OK, people with mental illness always have the potential to commit violent acts.	-13.8%	-10.3%
B9: It is easy to recognize someone who once had a serious mental illness.	-9.3%	-15.4%
B10: The best way to handle people with mental illness is to keep them behind locked doors.	-4.1%	-5.7%
<b>average % change</b>	<b>-12.6%</b>	<b>-13.6%</b>

illness were the two outcomes being measured. Participants involved in the Summit showed an overall increase of 31.6% in knowledge between testing (questions A1-A8). Students showed an increase of 35.4% (n=83) increase in knowledge and staff (n=20) participants showed an increase of 18.4%. Please refer to Table 1.

**Figures 1, 2, and 3 respectively:**



Participants overall showed a more positive outlook and understanding of mental illness with an increase in attitudes towards mental illness of 12.9% (questions B1-B5). Students showed an increase of 14.2% versus staff who showed an increase of 7.9%. When the favored response was a decrease in negative attitude, participants showed a decrease of -12.7% (questions B6-B10). Students showed a decrease of -12.4%, whereas staff had a decrease of -13.5%. Please refer to Table 1.

Further analysis using a Multivariate Test of Significance was conducted to compare the mean scores for the knowledge and attitude outcome measure after completion of the Summit Program. This allowed for insight into the main effects of time (pre and post testing) and Program Type (including the control group). Post hoc examination of means scores resulting from the pre and post testing allowed for direct comparison between our groups (male and female). This analysis revealed a significant increase in knowledge between pre and post tests

( $F(1, 1404) = 257.48, p < .001$ ). Program type also had a significant impact on knowledge gain ( $F(1, 1404) = 45.87, p < .001$ ). Please refer to Figure 1. Similarly, attitude scores increased significantly between pre and post tests (attitude 1: questions B1-B5), ( $F(3, 1402) = 97.33, p < .001$ ) and (attitude 2: questions B6-B10), ( $F(1, 1404) = 13.24, p < .001$ ). Significant increases for program types were also identified, for attitude 1 ( $F(9, 3412.25) = 20.30, p < .001$ ) and for attitude 2 ( $F(1, 1404) = 5.43, p < .001$ ). Please see Figures 2 and 3.

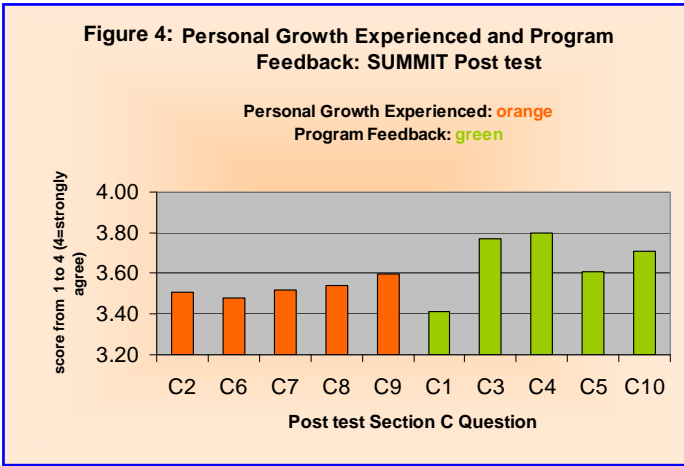
Note: **In-Class 1**= inclusion of Student Learning Guide and Teacher's Facilitation Guide.  
**In-Class 2**=exclusion of Student Learning Guide and Teacher's Facilitation Guide.

**Table 2: Personal Growth Experienced and Program Feedback for all SUMMIT Participants**  
**Post-test Section C Question:** As a result of participating in this program, please indicate how much you agree or disagree with the following (note: questions have been placed into their related category) N=103

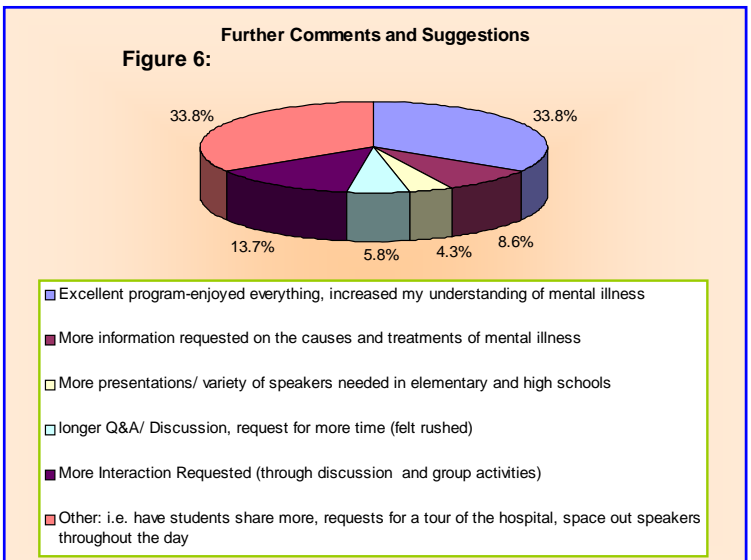
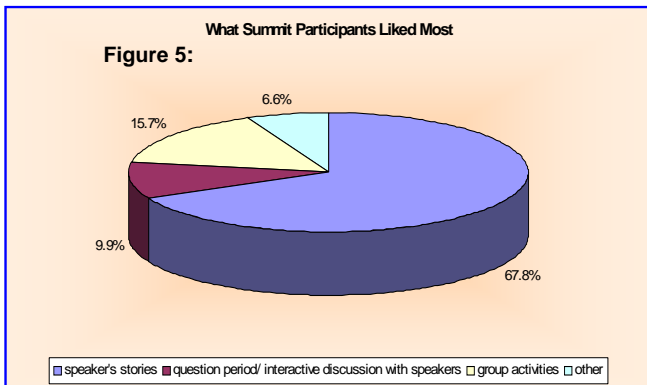
Personal Growth Experienced	
C2: I learned a lot from the presentations.	3.51
C6: I learned some new information about mental illness.	3.48
C7: I feel better about my ability to talk with someone with mental illness.	3.52
C8: I feel that I know more about the emotions experienced by someone who has a mental illness.	3.54
C9: In the future, I will feel more comfortable when I meet people with mental illness.	3.60
Program Feedback	
C1: The classroom activities and presentations held my attention.	3.41
C3: The presentations are a good way to learn about mental illness.	3.77
C4: It is valuable for students to be able to ask presenters questions.	3.80
C5: The experience of the presenters was relevant to people my age.	3.61
C10: I would recommend this program to a friend who hasn't participated in it.	3.71

During the post-test, participants were asked to give additional comments pertaining to their experience of the Summit Conference. Responses included comments such as: “What I liked most...being able to learn about how to realize if you should get help and how to notice certain problems. Then I realized maybe I should talk to someone...”, “I think it was an amazing experience and should be held more often for ALL age groups.”, and “it was a very rewarding and educational experience that everyone should have a chance to have.”

More specifically, participants completed a third section (questions C1-C10) providing insight into personal growth experienced and program feedback for the Summit Conference. Please refer



to Table 2 and Figure 4. Furthermore, participants were asked what they liked most about the program and for any further comments or suggestions they would have. Participants indicated that Speaker’s stories were favored (65.6%). Please refer to Figures 5 and 6 for additional results.



## Discussion and Implications of our Research

Results from the present study provide strong evidence that the Durham Region's Talking About Mental Illness (TAMI) Stomping Out Stigma Summit Conference, is extremely effective as a strategy for increasing knowledge about mental illness and improving attitudes towards those living with mental health issues, amongst both student and high school staff. This is in contrast to the lack of positive change for the control group students who did not receive the TAMI intervention.

Through our comparative review of similar international anti-stigma, mental health awareness campaigns in England, Australia, the United States, and New Zealand, it became clear that the Summit model possesses many of the multi-faceted components shown to be successful in other models, as well as unique elements. Following is a comparative summary.

1. Current literature supports direct experience as the strongest element for increasing knowledge and improving attitudes. Wood & Wahl (2006) suggested that "Stigma frequently stems from a lack of accurate knowledge about mental illness. Contact is believed to change attitudes by exposure to people who contradict negative stereotypes." Summit participants hear the life stories of four people living with mental illness, followed by an interactive question and answer period. In addition, they have the direct experience of visiting a mental health facility since the Summit is a full-day conference held at Whitby Mental Health Centre (the local mental health facility). Research has shown that even a brief visit to a mental health facility can improve attitudes beyond classroom education (Wallach, 2004; Watson et al., 2005).
2. Drolen (1993) found that education delivered by social workers on location at a mental health facility was more effective in changing student's attitudes than classroom education. It is the Coalition members (all working in the field of education and/ or mental health), who deliver the educational material and facilitate the smaller group ("break-out room") activities, throughout the Summit Conference. Coalition members also provided representative Agency displays, which includes factual information about mental illness and services available in Durham Region.
3. A major limitation in existing research generally, is the lack of evidence demonstrating behaviour change as a result of knowledge gain and positive attitude change. The current TAMI post test has 2 questions which show promising evidence that behaviour change towards people with mental illness is possible as a result of the TAMI intervention (see Table 2, questions C7 and C9). It is also necessary to increase the willingness of adolescents to seek help if they experience mental health problems. Currently, only 20% of adolescents seek help. Sheffield et al. (2004) found that knowledge about mental illness predicted a willingness to seek help, suggesting reduced stigmatizing attitudes towards mental health. To improve our ability to determine behaviour change the Coalition will implement revised pre and post tests for the 2007-2008 academic school year.
4. Male and female students reported higher overall knowledge and positive attitude on the post tests of the Summit conference versus the In-Class model. Males in particular, who normally show more negative attitudes towards mental illness than females (Sheffield et al., 2004), seemed to respond much more positively to the Summit experience than other intervention methods. Both of these findings could be due to the visit to a mental health facility and/or the numerous interactive and experiential activities built into the day's experience, which are shown to have a longer-lasting

effect than textbook education alone (Pinfold et al., 2005). However, it is also possible that more positive results are found because the Summit post test were completed at the end of the day and not 1 to 2 weeks later as in the In-Class model. In addition, it is possible that students selected by their teachers to attend the Summit are a select group who are more responsive to the experience than the general student population. Further research is necessary to explore these factors. The Summit format appears to provide a promising basis for the development of an empirically validated TAMI model, effective more equally for both genders, which could then be implemented in other regions.

5. A unique element of direct contact-based, anti-stigma programs is the empowering impact that telling one's story and interacting with program participants, can have on consumers (Wood & Wahl, 2006). The following TAMI speaker testimonial supports this finding, and the Coalition is currently in the process of increasing its speaker base. Speakers for the Durham TAMI Coalition are also represented on the Coalition itself and participate in program development.
 

*“Speaking for TAMI has given me the confidence I need to reach out to the students and try to erase the Stigma that's attached to mental illness. The students I talked to have become like a second family. Their well spoken and intelligent questions has taught me how much they are willing to learn and I've become a better person for talking to them. I am very proud to be part of TAMI. I am very thankful to have learned so much from it.” Ivor Vasconcellos, TAMI speaker, 5 years*
6. The Summit Conference model combines many of the multi-faceted elements of anti-stigma and mental health education programs which have been shown to be effective for increasing knowledge and improving attitudes when utilized separately. Not only does this allow for networking amongst local high schools to occur, but it further brings together adults and adolescents to experience the same intervention. Many research studies attempt to apply findings found in adult populations to adolescents. Further research could give TAMI the opportunity to more accurately compare these two groups, and the potential for attitude and behaviour change at different age levels. The Durham TAMI Coalition is unique in that representation from diverse member agencies reflects many of the issues associated with adolescent mental health (ie. Agency support for substance abuse, legal issues, mental health concerns etc.), and is a true partnership of many, local grass roots organizations; the formation of the TAMI Coalition itself being a grass roots initiative.
7. The Durham TAMI Coalitions' development of the Summit Conference also served as an effective promotional tool for raising awareness of the TAMI program within the local school communities. New communities interested in forming a TAMI Coalition, would have recommendations to include a regional S.O.S. Summit conference as one of the first major events held by the developing Coalition.

**Conclusions:**

As a result of inviting local high schools to the annual Stomping Out Stigma (S.O.S.) Summit Conferences, we have seen a tremendous improvement in the overall understanding of mental illness as well as attitudes towards people living with mental health issues, in both the students and school staff. The results presented in this report suggest that a significant change in both knowledge and attitude towards mental illness can be successfully achieved after participating in a program one day in duration, held at a local mental health facility, and facilitated by trained mental health practitioners and consumers. Furthermore, the results demonstrate that the Summit Conference has promoted the TAMI message to a wider public audience, while in the process forming stronger alliances within individual school communities, the region, and the province.

Wood and Wahl (2006) state that “ Indeed, it is important to expand awareness of and put to use those anti-stigma programs that have been empirically validated so that limited resources may be used wisely.” Although the TAMI Coalition has further research to conduct in order to validate its educational model, the success of all current elements of the program and Coalition, indicate that TAMI is already successful in fulfilling its mission. This indicates that the TAMI program has the potential to serve as a model for implementing successful anti-stigma, mental health education programs, far beyond the borders of Durham Region.

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