



Mental Health  
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Commission de  
la santé mentale  
du Canada



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**THE MENTAL HEALTH COMMISSION OF CANADA'S  
HEADSTRONG YOUTH ANTI-STIGMA INITIATIVE**

**2014-2015 FINAL REPORT**

March 1, 2016



Ce document est disponible en français.

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## EXECUTIVE SUMMARY

MHCC HEADSTRONG is a stigma reduction program aimed at changing the attitudes and behaviours among youth around mental health problems and illnesses. From 2014-2015, the program was funded by the Mental Health Commission of Canada (MHCC) and led by the MHCC's anti-stigma initiative, Opening Minds.

In November 2014, coinciding with the program's official launch, MHCC HEADSTRONG held a National Youth Anti-Stigma Summit in Ottawa. Following this event more than two dozen regional summits were held across Canada in the remainder of the 2014-2015 school year. These summits were planned and delivered by regional coordinators, hired by community organizations partnering with the MHCC, and funded by the MHCC HEADSTRONG project. The MHCC also provided funding for a national coordinator. In many locations, students who had attended the National Summit provided significant help in planning the events.

The regional summits brought together thousands of students and school staff to examine the dangers of stereotypes and the harm created by stigma. This happened through listening to and engaging with speakers with lived experience, who shared their stories of hope and recovery. Such contact-based education is a promising practice in stigma reduction. Other exercises helped participants discover their own potentially stigmatizing attitudes and behaviours.

A handful of students represented each school at their regional summit. These youth leaders were encouraged to take the anti-stigma message back to their schools and communities and hold their own school-based activities to keep the momentum going.

The Opening Minds' research team evaluated each summit to determine whether it was effective at changing the attitudes and behaviours of its participants. The results suggest that MHCC HEADSTRONG is effective in making positive changes in how youth think about, interact with, and behave toward people with mental health problems.

We are now presented with a remarkable opportunity to increase this impact by building upon the momentum from this first year. School boards and non-profit community organizations all over the country are interested in holding MHCC HEADSTRONG summits and partnering with us.

The potential is extraordinary, but also challenging. While the MHCC initially funded the program, those resources are no longer available. At the time of writing, Opening Minds is seeking new partnerships to enable continued funding of MHCC HEADSTRONG, which stands to be one of the biggest coordinated efforts in Canadian history to reduce mental health stigma among youth.



## ABOUT MHCC HEADSTRONG

MHCC HEADSTRONG is an initiative to reduce the painful stigma experienced by Canadian children and youth living with mental health problems and illnesses. It is also intended to reduce the stigma experienced by their families.

Opening Minds is the Mental Health Commission of Canada's anti-stigma initiative. It established and continues to lead MHCC HEADSTRONG.

Officially launched in November 2014, MHCC HEADSTRONG worked closely with community organizations, schools, and youth across the country during the 2014-2015 school year. (This report details the initiative's activities during that particular timeframe.)

MHCC HEADSTRONG served as a catalyst and coordinating agent between these groups, sharing a goal of reducing the stigmatizing attitudes and behaviours often associated with mental health problems and illnesses among youth.

As part of its strategy, MHCC HEADSTRONG provided the training, tools, support, and financial resources these groups needed to raise awareness about mental health, mental wellness, and stigma. Through anti-stigma education and activities that included regional youth anti-stigma summits, this collaborative effort was able to bring mental health awareness and the anti-stigma message to schools and communities across the country.

### The MHCC's Approach to Reducing Stigma

The MHCC's Opening Minds initiative is taking a strategically targeted approach to reducing stigma. This approach, which also informed the MHCC HEADSTRONG initiative, is based on years of original research conducted under Opening Minds. [1-3]

In 2009, Opening Minds issued a Request for Interest to determine whether programs had already been developed that were successful at reducing stigma.

About 130 responses were received from youth anti-stigma programs alone. (For more on Opening Minds' three other target groups, see the box on the next page.) Opening Minds was surprised to learn that very few if any of these programs had undergone formal evaluations. Working with leading researchers, Opening Minds evaluated 25 of these programs to determine whether they were successfully reducing stigma and to identify promising practices that Opening Minds and its partners could replicate in programs across the country.

### GOVERNANCE OF MHCC HEADSTRONG

Leading up to, and during, the 2014-2015 school year, MHCC HEADSTRONG was governed by a steering committee, which included MHCC senior management, subject matter experts, and an advisory committee comprised of external advisors who have interest and expertise in youth anti-stigma initiatives. The MHCC's Youth Council also provided valuable input to the project team and acted as a sounding board for ideas, actions, and solutions.



## Developing the MHCC's HEADSTRONG

Following its evaluation work, Opening Minds developed MHCC HEADSTRONG based on the most promising practices it had identified for stigma reduction among youth. [3-4] Chief among these was the anti-stigma summit model created by the Durham Talking About Mental Illness (TAMI) Coalition. (For more information about TAMI see the [MHCC HEADSTRONG Interim Report](#) or visit [TamiDurham.ca](#). You can also watch a video created by an Ontario school that TAMI is active in.)

In its early youth anti-stigma work, Opening Minds had created a number of partnerships with organizations that had expertise or interest in stigma reduction. In order to get MHCC HEADSTRONG into as many communities as possible, the initiative forged additional partnerships. These new relationships included school boards, service clubs, the private sector, and others.

MHCC HEADSTRONG provided these key community organizations with the training and support needed to bring contact-based, anti-stigma education to their students. It also funded and supported regional coordinators so they could deliver the initiative to students in their area.

During the 2014-2015 school year, the initiative followed an evidence-informed approach that included contact-based education as part of more than two dozen regional summits involving 4,000 students across Canada.

MHCC HEADSTRONG'S most important partners during this time were the teens and adolescents the initiative was trying to reach. Youth are a major influence among their peers and within their families, schools and communities, so MHCC HEADSTRONG partnered with them to champion the anti-stigma effort.

### OPENING MINDS' INITIAL ANTI-STIGMA TARGET GROUPS

**Youth 12-18** - With most symptoms of mental illnesses beginning before adulthood, intervening as early as possible can help young people successfully manage their illness and set them on the road to recovery.

**Healthcare Providers** - People with mental health problems and illnesses often say the most hurtful stigma they experience comes from frontline healthcare providers.

**The Workforce** - One out of every four or five employees experiences a mental health problem every year, yet most choose not to seek treatment because they fear their employers will think poorly of them.

**The Media** - The media is a powerful source of information about mental health and mental illness, and can further entrench negative stereotypes.



The Mental Health Commission of Canada describes stigma as a “complex social process involving many parts, all of which work together to marginalize and disenfranchise people with a mental illness and their family members.” [1]

## THE NATIONAL YOUTH ANTI-STIGMA SUMMIT

MHCC HEADSTRONG was officially launched in conjunction with its first official event, the National Youth Anti-Stigma Summit in Ottawa in November 2014. The MHCC sponsored the week-long summit, where more than 130 youth gathered to learn how they could champion change where they live.

The summit was hosted through Encounters with Canada, a youth-focused organization operated by the Canadian Unity Council. The students were recruited through Opening Minds’ and MHCC HEADSTRONG’s partners, boards of education, community organizations, the Canadian Teachers’ Federation, school boards, schools, and teachers.

“One of the stories really related to me because I could see her pain through it. You feel for them, so you get to say ‘wow, it isn’t just me.’ And that’s something that I think is really important to understand.”

- Participant at the National Summit

By the end of the week everyone came to understand the importance of confronting stigma. They also realized just how much could be accomplished by working together. The students were encouraged to take the anti-stigma message back to their own regions, communities, and schools.

MHCC HEADSTRONG identified individuals within partner organizations who could help the youth tackle stigma where they live. These 19 people became MHCC HEADSTRONG regional coordinators, who were partially funded by the initiative and attended their own workshop during the National Summit. While there, they met with students from their region to talk about delivering regional youth anti-stigma summits when they returned home. For more on the National Summit, see the [MHCC HEADSTRONG Interim Report](#) or [watch the video](#).

**NATIONAL ANTI-STIGMA SUMMIT YOUTH ATTENDANCE**

Minority			Gender			By Province		
Yes	14	10.61%	Female	103	78.03%	BC	11	8%
No	118	89.39%	Male	29	21.97%	AB	16	12%
Aboriginal			Language			SK	10	8%
Yes	21	15.91%	English	123	93.18%	MB	11	8%
No	111	84.09%	French	9	6.82%	ON	14	11%
Age			Geographical Setting			QC	8	6%
14	12	9.09%	Rural	66	50.00%	PE	8	6%
15	27	20.45%	Urban	65	49.24%	NB	12	9%
16	56	42.42%				NS	7	5%
17	37	28.03%				NL	6	5%
						NT	9	7%
						NU	10	8%
						YT	10	8%

**REGIONAL ANTI-STIGMA YOUTH SUMMITS**

The National Youth Anti-Stigma Summit prepared and equipped students and the regional coordinators from community organizations to take action to reduce stigma at home. Together, they accomplished their first important task – holding regional youth anti-stigma summits across Canada before the end of the 2014-2015 school term.

A regional summit brings together students and staff (teachers and administrators) from various schools to examine the harmful stigma related to mental health problems and challenge the stereotypes and misconceptions that fuel it. Each summit combines large presentations and small breakout sessions featuring speakers, experiential exercises, discussion, and action planning. There is also a priority on contact-based education, with one or more speakers with lived experience sharing their story of hope and recovery.

To help maximize the success of the regional summits, MHCC HEADSTRONG created a series of toolkits in both French and English for regional coordinators and summit speakers: Planning a Summit, Speaker Training, Sharing Your Personal Story, and School-Based Activities. (For more on the toolkits and other resources, see Appendices A, B, and C, or visit the [MHCC HEADSTRONG website](#).)

In many regions, youth leaders were included on the planning committee for the regional summits. Together with the regional coordinators, they designed and delivered their events. The regional coordinators also engaged community stakeholders to help deliver their MHCC HEADSTRONG summits.

MHCC HEADSTRONG’s national coordinator consulted with his regional counterparts and partner organizations to help tailor the summits and other activities to the needs of their particular audience. The national coordinator also assisted with the delivery of speaker training to ensure the success of the crucial contact-based education component. MHCC HEADSTRONG hosted monthly teleconferences for coordinators to facilitate information sharing and networking via the MHCC Collaborative Space.

Several regional coordinators reported a substantial commitment from community organizations to ensuring the success of the summits. Another theme emerging from their reports was that summit partners sometimes needed convincing on the importance of having contact-based education. And yet in each of these cases, having people with lived experience of a mental illness share their story of hope ended up having the most impact on the attendees.

“If the MHCC HEADSTRONG project funding was not available, there would have been no model or catalyst for striking this conversation or these partnerships.”

- Regional coordinator in Stony Plain, Alberta

Many regional coordinators also reported that planning and delivering the summits was more work than anticipated. We greatly appreciate their efforts, as these 27 MHCC HEADSTRONG summits were a significant first step in reducing the painful stigma experienced by youth. The summits educated, empowered, and mobilized young Canadians to return to their schools and communities with clear ideas and action plans to further engage their peers in school-based MHCC HEADSTRONG activities.

#### MHCC HEADSTRONG BY THE NUMBERS

- 19 regional coordinators
- 132 students (National Summit)
- 27 regional summits in 2014-2015 school year
- 3 provincial events with MHCC HEADSTRONG activities/workshops
- Approx. 4,450 student participants
- 186,000\* high school students could potentially be reached through subsequent school-based activities and community coalitions

\* Source: CANSIM (Statistics Canada's key socioeconomic database) & provincial web sites



## REGIONAL SUMMITS IN BRITISH COLUMBIA

### Overview

- Summit locations: Vancouver and Delta
- Number of schools represented: 81
- Number of students in attendance: 1,600

The Vancouver summit was the largest of its kind and inspired youth in schools across BC to host similar spin-off events, organize mental health awareness weeks, and start other initiatives to raise awareness and reduce stigma in their own schools and communities.

### Vancouver: February 12, 2015

- 75 schools represented, 1,200 students and 200 school staff attended

The Balancing Our Minds 2015: Everyday Champions of Wellness youth summit was organized by BC Mental Health and Substance Use Services in collaboration with Canuck Sports & Entertainment and MHCC HEADSTRONG. It was held at Rogers Arena and all regions of the province were represented.

More than a dozen organizations were represented on the event's planning committee, which met regularly to inform the direction of the program. The MHCC HEADSTRONG regional coordinator said managing logistics in such a large venue and with so many partners, speakers, etc., was difficult. She overcame these challenges through ongoing collaboration and communication with stakeholders to engage them in the process and ensure they understood they were a meaningful part of the event. She plans to incorporate more MHCC HEADSTRONG breakout sessions and activities in the 2016 youth summit.

### Delta: April 28, 2015

- Six schools represented, approximately 400 students and 10 school staff attended

The Victoria (South Island) and Lower Mainland regions were represented at this summit, which was hosted in a local church by Southpointe Academy. Students from this private school who had attended the summit in Vancouver were instrumental in making it happen.

*"I liked that my students witnessed youth like themselves being open, honest, and unashamed about their experiences in life. More conversations like this need to happen to help remove the shame and stigma that still hang over mental health issues."*

**- A teacher who attended a regional summit in BC**



Southpointe engaged the Independent Schools Association of British Columbia to recruit five other schools to attend. A social media campaign included an event page on Facebook, an event hashtag (#miniBOM2015), and continued discussion and promotion on Twitter throughout the summit.

The students were from grades 8-12 and most didn't know each other, yet the regional coordinator reported thought-provoking discussion from every group.

This summit was unusual in that it was much shorter than most. Many students could not arrive before 10 a.m. and many had to leave after 2 p.m. This gave the students only four hours for the summit, but the level of student engagement in the break-out sessions at the end of the day was impressive and their discussions were inspiring.

## REGIONAL SUMMITS IN ALBERTA

### Overview

- Summit locations: Calgary, Edmonton, Stony Plain, and Lethbridge
- Number of schools represented: 65
- Number of students in attendance: 631

### Calgary: March 16, 2015

- 37 schools represented, 146 students and 43 school staff attended

Community outreach and support for this summit had a wonderful snowball effect. The first group the MHCC HEADSTRONG regional coordinators approached was the Sheldon Kennedy Child Advocacy Centre. Kennedy himself immediately wanted to be a partner in the day and the Centre provided support in planning and implementation. Through the Centre's involvement, the Calgary Inferno Women's Hockey Team got on board, volunteering and promoting the event.

There was heavy promotion leading up to the summit through both traditional and social media. On the day of the event, the twitter hashtag #headstrongyyc was trending first in Calgary and sixth in Canada.

One high school principal who sent students to the summit said it sparked so much interest that some junior high school students had their parents take them because they wanted to learn what it was all about. Students left the summit feeling inspired and their teachers said they were grateful to have been a part of the day. Summit organizers also produced a [video](#) about the event.



### Edmonton: April 8-9, 2015

- Nine schools represented, 60 students and 12 school staff attended

The regional coordinator consulted with a small group of staff and students from Edmonton’s public and Catholic school districts. Some members of this group had been to the National Summit and all were eager to be involved in the regional events.

Timing was a challenge for these summits. Scheduled for right after the spring break, it made last minute changes impossible as there would not be enough time to inform the schools. Ensuring that volunteer roles were well-defined helped both summits run well.

The regional coordinator spent much of her time preparing first-time speakers to share their stories publicly. The stories were well-received and the speakers said they enjoyed the experience.

### Stony Plain: April 28 - May 1, 2015

- 12 schools represented, 320 students and 30 school staff attended

Three regions were represented at four summits held over consecutive days to accommodate all of the students. Due to the small size of the various communities, finding people with lived experience who were willing to share their stories was initially a challenge. Potential speakers felt uncomfortable presenting in front of their communities or didn’t feel they could live up to the commitment. The three speakers who came on board, however, did a wonderful job.

The organizing committee felt it was important that the summit didn’t focus on illness, so it organized activities to encourage positivity, including hiring a graffiti artist and renting a photo booth.

“I really enjoyed today. I learned that we need to stand up for others to make things better.”

- Alberta regional summit attendee

The question and answer sessions with speakers featured an option where students could text their questions if they felt uncomfortable speaking in front of their peers, and this option was very well-received. All 12 of the schools involved said they want to take part in the project again this year and one of the schools has already volunteered to lead it.

The Parkland School Division produced this [video](#) about the summits and featured one of the speakers in another [video](#).

## Lethbridge: May 7, 2015

- Seven schools represented, 105 students and 27 teachers attended

Schools, teachers, community agencies, and more stepped forward as facilitators for the summit. They were also keen to make the commitment to support the anti-stigma initiative in the long term.

Municipal government representatives participated in the steering committee and summit planning group. MLAs were informed about the event, but because it took place two days after the provincial election, no MLAs were present.

The regional coordinator reported a steep learning curve in getting to know the school processes and systems. A key learning was the need to find the right contact within the school system in order to get started.

The coordinator also found that students needed more breaks and less work. Timing was also an issue for this summit; it took place during exams and teachers said many more students would have attended if it had been held outside that particular period. Feedback from teachers and students who did attend was very positive.



## REGIONAL SUMMIT IN THE NORTHWEST TERRITORIES

### Overview

- A single summit was held in the NWT's capital
- Awareness presentations helped to get schools on board
- The regional coordinator was a school teacher

## Yellowknife: May 5, 2015

- 5 schools represented, 57 students, 4 school staff attended

The summit in Yellowknife is a good demonstration of how outreach can pay huge dividends. In this case, the regional coordinator set up awareness presentations with her student team in all of the schools prior to the summit. She also met with a variety of community members.

The result – she received a lot of encouragement and support on the day, including two school nurses sent on behalf of Public Health. The NWT Department of Education, Culture and Employment also helped with planning the summit.

The regional coordinator said students in NWT sometimes struggle to sit still while listening, so her biggest challenge was finding ways to keep them engaged. The solutions, which proved successful, were having movement breaks that let restless students expend their energy, and to permit students to stand while listening.

“Most students left [the summit] wanting to implement awareness into their own schools and many have kept in contact and have been working with me to do so.”

- Regional coordinator for the Yellowknife Summit



Most of the students seemed to realize the importance of quashing stigma and took something back to their school. One school even created a Mental Health Awareness Wall the week after the summit.

One of the highlights of the summit was when a local radio host, who just happened to be walking by, popped in to see what was going on. She ended up giving the summit a shout-out on the radio and encouraged others to “stomp out the stigma.”

## REGIONAL SUMMITS IN MANITOBA

### Overview

- Summit locations: Winnipeg, Thompson, and Brandon
- Number of schools represented: 30
- Number of students in attendance: 329

The knowledge sharing within the four summits had a positive impact on the students, schools, and school boards. MHCC HEADSTRONG funded a half-time coordinator in Winnipeg, and Thompson and Brandon shared the funding for a half-time coordinator.



As in other locations in Canada, community groups in Manitoba supported the delivery of the summits and we believe the MHCC HEADSTRONG message has touched thousands of students in the participating schools.

### **Winnipeg: February 11-12, 2015**

- 13 schools represented, 185 students and 17 school staff attended

The Canadian Mental Health Association (CMHA)-Winnipeg was MHCC HEADSTRONG's partner hosting the two Winnipeg summits. Two local agencies, TeenTalk and YMCA, helped with planning activities, talked to students about participating, and took part in the summits.

Feedback was very positive and people seemed especially moved by the speakers' stories. Students were keen to plan what they could do back in their schools.

Many of the speakers also filled the role of break-out room facilitators. The summit program resulted in the CMHA-Winnipeg speaker capacity growing very positively with speakers evolving to become mental health leaders and advocates. The regional coordinator was especially proud of this development. In fact, as a result of their experience, some speakers have applied to do other work at CMHA-Winnipeg.

### **Thompson: April 16, 2015**

- Ten schools represented, 100 students and 12 school staff attended

Six regions near Thompson were represented at the summit, which was incorporated into a well-known pre-existing event called the Hope Forum, organized by the North Suicide Prevention Committee. The MHCC HEADSTRONG summit was the second of the two-day forum and had newspaper coverage as well as advertising through radio, posters, and social media.

Using the MHCC HEADSTRONG Speaker Training toolkits, the regional coordinator was very successful at finding and preparing local speakers. Many youth helped to create action plans during the summit and left with aspirations to take the message home. The speakers and volunteers also stepped up to assist in carrying forward the message of eliminating stigma. Both students and speakers had strong First Nations representation.

*"Really changed my outlook on mental illness."*

*"Great event ... the speakers were inspirational."*

**- Students who attended summits in Manitoba**

There was a request to repeat parts of the summit in local schools and to create a plan of action for each school during the school district-wide health fair. The regional coordinator credited the excellent speakers with inspiring youth and many others to be potential leaders in their schools and communities.

### Brandon: April 20, 2015

- Seven schools represented, 44 students and 14 school staff attended

Seven regions were represented at the Brandon summit, whose theme was more about community involvement and support.

The original summit had to be cancelled the day before it was to take place due to severe winter weather and rescheduling likely affected the numbers. Despite this, the feedback was very positive. Teachers appreciated the opportunity to have their students attend such a great event and expressed interest in having more summits in the future. Students were active participants in group sessions and were very attentive during the speakers' stories.

The regional coordinator speaks on behalf of many coordinators saying, "I feel this has moved us forward in fighting against the stigma in our communities. That is what I am proud of."



## REGIONAL SUMMITS IN ONTARIO

### Overview

- Summit locations: Aurora, Peel, Toronto, Sudbury, Hamilton, Ottawa, and Cornwall
- Number of schools represented: 170-180
- Number of students in attendance: 950 (approximately)

### Aurora: November 6, 2014

- 39 schools and 151 students and school staff attended

Ontario's York Region was represented at this event, which was held just prior to MHCC HEADSTRONG's official launch. The summit followed the Durham TAMI model, which is the same



model that MHCC HEADSTRONG summits are based on. Because it was an established TAMI program, organizers felt comfortable launching in advance of MHCC HEADSTRONG's National Summit.

Aurora demonstrated the benefits of holding a regional summit earlier in the school year. Having the kick-off event in autumn allowed for the roll-out of several MHCC HEADSTRONG school-based anti-stigma activities in the remaining months of the school year.

### **Peel: March 25 and 31, 2015**

- 26 schools represented, 92 students and 24 school staff attended

Two separate summits were held for students in the Peel region. A handful of community mental health and youth organizations accepted an invitation to the first planning meeting. Two of these groups were actively involved in a series of training sessions as facilitators for the summits.

Initially speaker recruitment was challenging. The regional coordinator overcame this by using community partners to assist in recruitment. Once speakers were found, the regional coordinator conducted the training within a group setting, which helped the speakers learn from each other and develop supportive relationships.

The training was more labour intensive than expected, but well worth the effort – feedback from summit participants was extremely positive and the coordinator said she was most proud of the “courage and strength in which the speakers delivered such powerful stories.”

### **Toronto: March 31 and April 7, 2015**

- 19 schools represented and 174 students and teachers participated

The summits in Toronto closely followed the MHCC HEADSTRONG *Summit Toolkit*, with some adaptations, such as adding stakeholder presentations. The coordinator demonstrated strong fidelity to the MHCC HEADSTRONG *Your Speaker's Story Speaker Trainer Toolkit* and *Sharing Your Personal Story Speaker Toolkit*, having seasoned speakers meet in groups a number of times to make sure that key messages were delivered.

The coordinator was able to create partnership contracts with both the Toronto District School Board and the Toronto Catholic District School Board to offer MHCC HEADSTRONG summits and school-based activities in the months and years to come.

At the end of both days, students were able to provide detailed plans on how they were going to move forward with school-based activities. It was noted, however, that future summits should be held at the beginning of the school year to allow for more post-summit activities in the schools.



### **Sudbury: May 5, 2015**

- Nine schools represented, 54 students and 8 school staff attended

Some stakeholders involved in this summit were concerned it could trigger emotional reactions among students. To overcome these concerns, the MHCC HEADSTRONG regional coordinator ensured there was onsite support the day of the summit. This form of support was common at the regional summits.

*“I have been to many mental health conferences, but this was by far the best.”*

**- Teacher at a regional summit in Ontario**

The regional coordinator said she was most proud of being able to maintain the vision of the MHCC HEADSTRONG initiative despite challenges from some stakeholders. For example, there was resistance to having contact-based education at the summit. The coordinator worked to reassure the stakeholders and in the end the speakers’ stories were the highlight of this very successful event which received excellent feedback from students and teachers alike.

### **Hamilton: May 7, 2015**

- 19 schools represented, 244 students and 26 school staff attended

Planning for this summit with a number of community partners began in December 2014. The regional coordinator’s biggest challenge turned out to be potential emcees and speakers dropping out. The national coordinator was able to provide two speakers who received great feedback from the students.

Some partner organizations had other priorities for summit content beyond what is a usual MHCC HEADSTRONG summit. The national coordinator communicated as best he could the purpose and evidence-based value of the MHCC HEADSTRONG model to the organizations partnering with the MHCC.

### **Ottawa: May 8, 2015**

- 27 schools represented, 124 students and 28 school staff attended

This summit involved more than a dozen community partners engaged in improving youth mental health in Ottawa and surrounding areas. The group was first established in December 2014 and met monthly to discuss the summit’s Ottawa-specific needs, direction, logistics, and progress.

The use of the public affairs checklist and templates provided by MHCC HEADSTRONG helped generate media coverage before, during, and after the summit. Social media campaigns leading



up to and during the summit engaged the larger community and generated a favourable response from all attendees and stakeholders.

The regional coordinator collaborated with a youth mental health advisory committee to increase meaningful youth engagement in delivering the summit. This helped to create a youth-friendly agenda and space, including decorations, music, self-care stations, icebreakers, and much more. Teachers and students emailed the coordinator after the summit with incredibly positive feedback.

Students on the planning committee, and those who supported sessions during the day, made this anti-stigma [video](#).

### **Cornwall: May 13, 2015**

- 10 schools represented, 120 students and 20 school staff attended

Six regions were represented at this summit, which community stakeholders quickly committed to help plan and deliver. This collaboration worked very well and the event saw terrific energy and motivation demonstrated by the students throughout the day.

One challenge involved training the speakers with the MHCC HEADSTRONG toolkit. Some speakers felt it was too structured, but the regional coordinator reinforced the fact that it had been evaluated as a promising practice in stigma reduction. She also met with speakers individually and as a group to review the toolkit and provide support for their stories. In the end their willingness to follow the toolkit and push themselves to present to such a large group was one of the things she was most proud of.

## **REGIONAL SUMMITS IN QUEBEC**

### **Overview**

- Summit locations: Dolbeau-Mistassini, Quebec City and Montreal
- Number of schools represented: 25
- Number of students in attendance: 345

These three summits drew on support from La Fondation des Maladies Mentales (FMM), which is already working on mental health issues at schools throughout Quebec.



The regional coordinator in Quebec said that planning and delivering the summits was easier than expected, in part because so many community stakeholders were quick to offer their support. However, his lack of proximity to two of the regions did present some logistical challenges.

#### **Dolbeau-Mistassini: March 26, 2015**

- Three schools represented, 106 students and 13 school staff attended

This was a rural summit and, like the two events in the province's urban centres, it received enthusiastic and positive feedback from participants. Students and adults alike said they wanted to have another summit this year. One school principal was amazed at how mental health and stigma had mobilized his community and created "a new network of partners for the benefit of our students."

"It was a great day, essential for our youth to become more aware of their responsibility on stigma and on their mental health. I really hope everyone will be more at ease to go look for help after this day."

- Speaker at one of the regional summits in Quebec

Initially, the schools and mental health organizations wanted the summit to be more information and education driven, but eventually realized it is the speakers who truly have the greatest impact.

#### **Quebec City: May 8, 2015**

- 18 schools represented, 135 students and 50 school staff attended

As with the two other summits in Quebec, the schools needed some convincing regarding the value of speakers with lived-experience, but were eventually won over. Many of the participants at this event left wanting to have a summit at their own schools. The province's education minister and an NDP MP attended this summit.

#### **Montréal: May 12, 2015**

- Four schools represented, 104 students and eight school staff attended

The four schools formed a committee that helped bring this event to fruition. The summit was originally planned to be held in nearby Laval, but plans fell apart when a key partner pulled out

of the project. That left just a couple of months to plan a new summit and the FMM was instrumental in helping to find a school champion in Montréal.

The regional coordinator was pleased with the positive feedback from participants. “They listened carefully to speakers and learned about stigma and mental health,” he said. “Students and adults want to have another summit next year.”

## REGIONAL SUMMITS IN ATLANTIC CANADA

### Overview

- Summit locations: St. John’s, NL; Halifax and Antigonish, NS
- Number of schools represented: 53
- Number of students in attendance: 527

These summits are another good example of the power of contact-based education. The regional coordinator for Nova Scotia said students who had heard speakers at the Halifax summit came to the Antigonish event because they wanted to hear more stories and learn more about how to stop stigma.



*Paul Davis (R), Premier of Newfoundland and Labrador, speaks to students.*

### St. John’s: April 24 and 25, 2015

- 25 schools represented, 450 students and 10 school staff attended

Four regions of Newfoundland were represented at this two-day summit which led to the challenge of coordinating with all of the stakeholders involved, including local politicians. However, the hard work paid off and, with the help of the Youth Leadership Council, the day was a success. The premier and health minister of Newfoundland and Labrador were on hand to deliver opening remarks. The MHCC President and CEO, Louise Bradley, also attended. Initially the idea of one student, this event demonstrated how extraordinarily effective just one young person can be when committed to making a difference for youth living with a mental illness.

### Halifax: April 14, 2015

- Eight schools represented, 29 students and one school staff member attended

There was a very active social media campaign during this summit, featuring messages on Facebook and Twitter throughout the day. The summit came very close to being a trending topic on Twitter.



The regional coordinator said he was most proud of the participation of the students, calling it top notch. “I feel like they really got a lot out of the day,” he said. He was also extremely proud of the speakers. One of those remarkable speakers was Lenore Zann, who spoke about living with a mental illness and focused on how she worked on her recovery and became an MLA.

“That was really brave. I don’t think I could share a story like that.”

“We really need to have you come to our school.”

- Students at the summits in Atlantic Canada

### **Antigonish: May 15, 2015**

- 20 schools represented, 48 students and one school staff member attended

The Nova Scotia Secondary Schools Students’ Association (NSSSSA) hosted its provincial conference and included MHCC HEADSTRONG as part of its agenda. MHCC HEADSTRONG ran three workshops, each a 90-minute streamlined summit format. Given the limited amount of time, and the effectiveness of contact-based education, the focus was on speakers’ stories and encouraging youth to take action in their schools to reduce stigma and raise awareness.

The NSSSA has indicated it would like to have MHCC HEADSTRONG back this year and some students have offered to help with planning future summits.

## EVALUATING THE REGIONAL SUMMITS

MHCC HEADSTRONG was developed from the most promising practices for reducing stigma among youth. Starting in 2009, the Opening Minds research team evaluated existing anti-stigma programs to identify what worked best and these components, such as contact-based education and the summit model, were incorporated into MHCC HEADSTRONG. [e.g., see 1-4]

MHCC HEADSTRONG summits, and the school-based activities following them, aim to see a positive change in students' behavioural intentions, which are far more predictive of actual behaviours than attitudes. In other words, we want to change how students act instead of just how they think.

Given the importance Opening Minds has placed on evaluation from its earliest days, it was critical to evaluate the MHCC HEADSTRONG regional summits to ensure the initiative is indeed taking an effective approach to stigma reduction among youth.

### Approach to Data Collection

To gauge the effectiveness of the regional summits at reducing stigma, the research team collected the following sources of data:

1. Participation data, including such information as the numbers of students attending the summit and the total school population. This data was collected to assess the potential reach of the event.
2. A descriptive assessment of fidelity to the program agenda and speaker training protocol. The purpose of collecting this information was to determine whether summits that closely followed the MHCC HEADSTRONG summit template had different outcomes from those which did not.
3. Regional coordinators prepared reports on their events to allow researchers and MHCC HEADSTRONG to better understand key activities, challenges, successes, and lessons learned, as well as planned next steps/rollout activities for schools.
4. Students were surveyed before and after their participation in the summit. All MHCC HEADSTRONG partner organizations hosting summits used the same pre- and post-test survey for students, called The Stigma Evaluation Survey (see Appendix B). Note: Evaluation results from the Yellowknife summit were delayed and are not included in the following Figures in this section.

## Survey Data

The Stigma Evaluation Survey contains 22 self-report items (statements) which measure student attitudes and behavioural intentions toward people living with a mental illness. This is the same 22-question survey created and used by Opening Minds to assess all youth anti-stigma programs. [1] Every student who attended a regional summit was asked to fill out the survey both before and after the event.

Half of the 22 items on the survey measured stereotyped attributions, such as a person's potential for recovery or potential for violence. The remaining half measured expressions of social distance or tolerance. Each item was scored on a five-point agreement scale, ranging from strongly agree to strongly disagree. Some items were positively worded while others were negatively worded.

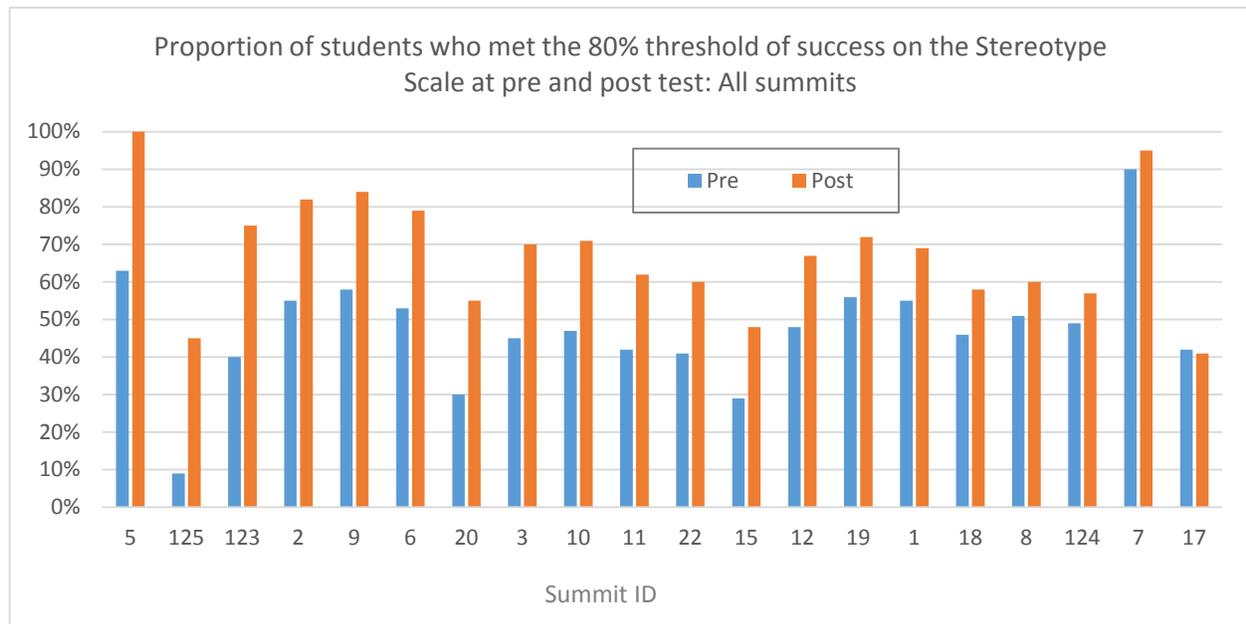
## Stereotyped Attributions

The first 11 questions of the survey measured students' attitudes and beliefs toward people living with a mental illness (in other words, did they buy into prevalent stereotypes). Analysis was based on an examination of how many participants reached a "threshold of success" on the scale; in other words, how many participants responded to a certain number of items on the scale in a non-stigmatizing way. The threshold of success measure was derived by recoding each participant's response to represent either a stigmatizing or a non-stigmatizing response. For example, "People with a mental illness could snap out of it if they wanted to" was recoded as non-stigmatizing if the respondent selected strongly disagree or disagree, and recoded as stigmatizing if the respondent chose neutral, agree, or strongly agree.

**Figure 1** shows the percentages of participants who had non-stigmatizing responses for items at pre- and post-test across all the regional summits. A threshold of 80% (or at least nine out of 11 "correct" – i.e. non-stigmatizing answers) was used as an indication of success.

Before they attended a summit, 47% of students, on average, were across the 80% threshold of success. After the summit, the students were surveyed again and this time 66.6% were across the threshold of success on average, a notable increase.

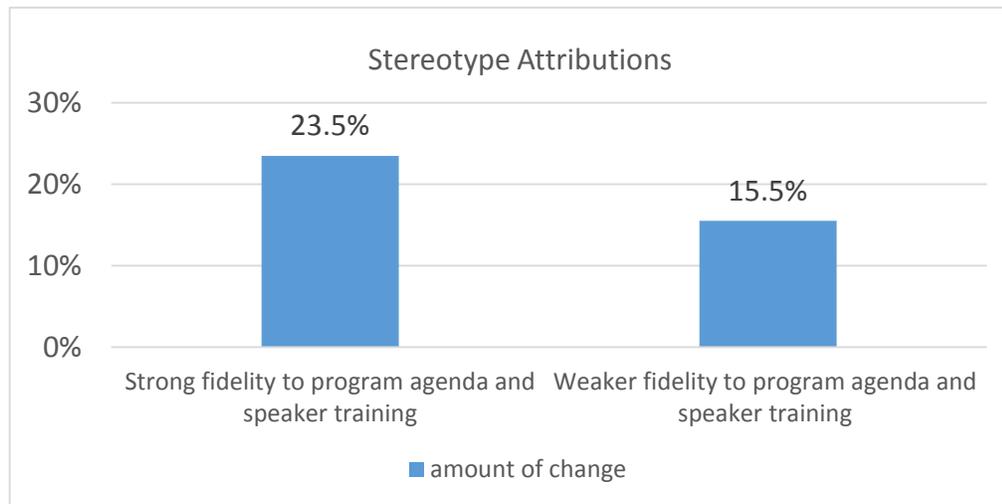
**Figure 1: Pre- and Post- Survey Results on the Stereotype Scale**



These results suggest that the summits are meeting expected outcomes in terms of improving attitudes. They also suggest that MHCC HEADSTRONG is recruiting the right students for its summits – those whose attitudes are capable of change can help champion the anti-stigma message when they return to their schools and communities.

Some summits experienced higher levels of change from pre- to post-summit. One of the primary reasons for this appears to be how faithful the summit was to the MHCC HEADSTRONG program agenda, including speaker training. On average, summits that demonstrated higher fidelity to the speaker training and program agenda saw a higher percentage of positive change (see **Figure 2**), reinforcing the importance of following the MHCC HEADSTRONG model.

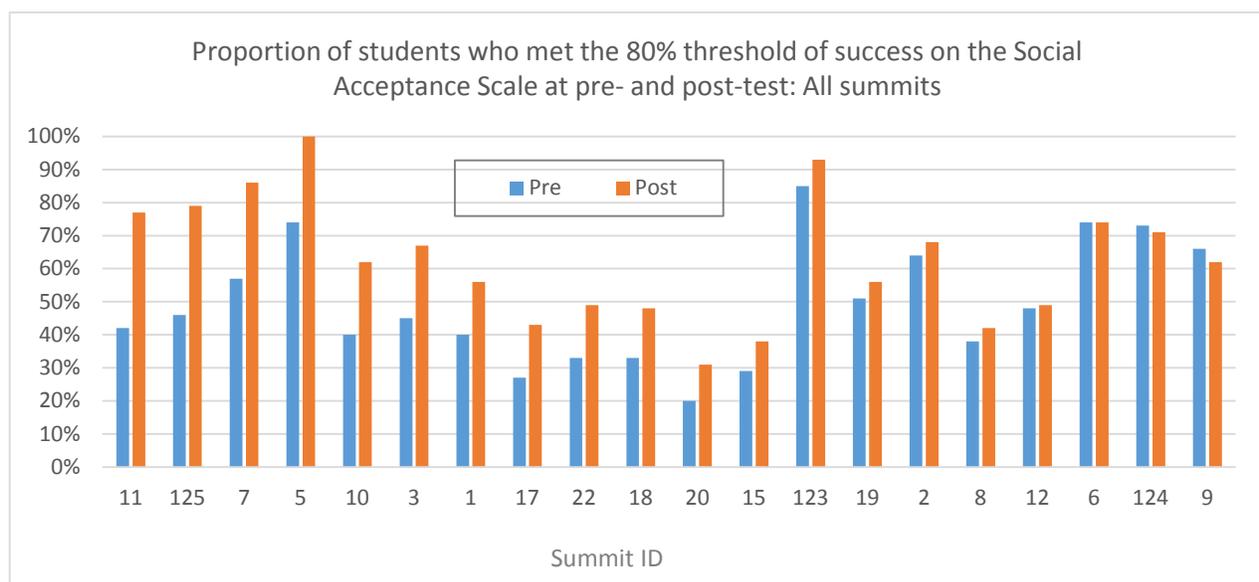
**Figure 2: Change in Stereotyped Attributions by Program Fidelity**



### Social Acceptance

The remaining 11 questions of The Stigma Evaluation Survey measured students’ social acceptance toward people living with a mental illness. Again, a threshold of 80% (or at least nine out of 11 “correct” – i.e. non-stigmatizing answers) was used as an indication of success (see **Figure 3**). Before attending a summit, an average of 49% of students were across the 80% threshold of success. Surveyed again after the summit, on average 62.2% of students were across the threshold.

**Figure 3: Pre- and Post-Survey Results of the Social Acceptance Scale**





Improvements on the Social Acceptance Scale, while on average smaller than those observed on Stereotyped Attributions Scale, are still impressive. Specifically, the MHCC HEADSTRONG regional summits demonstrated more positive change on social acceptance/behavioural intentions than evaluation results of existing school-based programs conducted previously by Opening Minds (for more see the [Opening Minds Interim Report](#)).

Similar to the results of the stereotyped attribution survey items, the results of the social acceptance items indicate the right students are being recruited for these summits; that is, students who demonstrate a willingness to change their behaviours and can help to accelerate positive changes in their communities. However, unlike the stereotyped survey results, stronger fidelity to the program agenda and the speaker training did not necessarily correlate to a higher percentage of positive changes in social acceptance measures.

Preliminary qualitative research suggests larger improvements in social acceptance may be related to other aspects of program fidelity, such as the content of the speakers' stories and/or having speakers' experiences related back to students in the form of specific actions they can undertake to support peers and friends with mental illnesses. Other qualitative research conducted by the Opening Minds team has emphasized the importance of concepts such as connection, engagement, and empowerment in speaker stories and student-speaker interactions, which may be related as well. [4]

As was the case with the National Summit in Ottawa, participants for the regional events in some cases were not a typical population; many respondents had been identified as students who could champion the anti-stigma message in their schools, so they arrived at the summit with already lower levels of stigma and a good understanding of the issues. Given this, the fact that the survey results still showed improvements comparable to, or greater than, other school-based programs previously evaluated by Opening Minds (for more see the [MHCC HEADSTRONG Interim Report](#) and the [Opening Minds Interim Report](#)), is even more encouraging.



## SEIZING THE MOMENTUM

Many existing MHCC HEADSTRONG partner organizations and coordinators have said they want to continue our youth anti-stigma initiative across Canada. As well, we have received a steady stream of requests from new organizations looking for information on how they could plan MHCC HEADSTRONG summits and school-based activities.

Given this level of interest, and being keen to continue the momentum, Opening Minds, the MHCC initiative leading MHCC HEADSTRONG, held a pair of two-day workshops in October 2015. These events, in Calgary and Toronto, were attended by existing MHCC HEADSTRONG regional coordinators along with representatives from new partner organizations interested in bringing the initiative to their communities. Opening Minds staff, its research team, and the MHCC HEADSTRONG national coordinator led the workshops.

The workshops helped the new partners plan how they could implement MHCC HEADSTRONG where they live by learning from the successes and challenges experienced by the existing coordinators. The workshops were also an opportunity for existing partners to strategize together about what made a difference, and for Opening Minds to better understand how and why some of the regional summits were more successful than others.

The first day of each workshop focused on two of the most important aspects of anti-stigma programs: proper and adequately trained speakers, and the ongoing challenge of creating and sustaining a network of community supports. Inspiring first-person stories at each workshop reminded participants that speakers sharing their own experiences and offering messages of hope and recovery are at the core of all successful MHCC HEADSTRONG events.

The second day delved into the evaluation research. Before attending the workshops, each coordinator who had been involved in MHCC HEADSTRONG summits received a draft evaluation report relating to their summit from the Opening Minds research team. Data included analysis of the pre- and post-tests completed by youth at the 2015 summits. Coordinators learned that fidelity to the HEADSTRONG program, both in terms of speaker training and following the planned agenda, had a direct correlation to a reduction in negative attitudes and stereotyping among students.

Workshop attendees then heard from coordinators who had run summits that the data showed were particularly effective at increasing social acceptance. That led to in-depth brainstorming, where together participants determined what additional information speakers and facilitators could provide students to generate even greater social acceptance and responsibility — known predictors of positive changes in behaviour. Based on the research, MHCC HEADSTRONG will promote fidelity to these added messages.

A conversation café rounded out the second day of the workshop, where coordinators discussed how to overcome shared challenges such as a lack of resources and time. They came up with novel approaches on how to obtain buy-in from community partners, school



boards, teachers, etc. All participants left inspired by new knowledge and committed to promoting MHCC HEADSTRONG in their communities.

### Sustainability Concerns

Sustainability of the MHCC HEADSTRONG program was a key concern expressed by existing and potential MHCC HEADSTRONG partners at the workshops in October 2015.

Primary among these concerns was the cost involved in delivering an anti-stigma summit, which typically requires funding for a regional coordinator, an event venue, catering, transportation for students, supplies, and much more.

Some of the 2015 summit coordinators suggested innovative ways to overcome these challenges, such as asking the schools to provide the venue or having parents donate goods for a silent auction.

Still, it would likely be impossible to plan and deliver a summit without requiring at least some additional third-party funding. Opening Minds covered the expenses for the regional summits in 2014-2015 school year, but the initiative no longer has the funds to continue to do so. Opening Minds and the coordinators are now looking for other corporate and individual partners who could help to fund the planning and delivery of future MHCC HEADSTRONG summits.

### MHCC HEADSTRONG DRAWS INTERNATIONAL INTEREST

Opening Minds' targeted approach to reducing stigma has been sparking interest from international anti-stigma groups and researchers for several years. In February 2015, Opening Minds won an award as the most Innovative Program world-wide. Now the initiative's MHCC HEADSTRONG program is also drawing such attention.

In September 2015, as part of the International Initiative for Mental Health Leadership, Opening Minds brought a delegation to Queen Elizabeth High School in Calgary. Among the guests were people working in mental health in the Netherlands, Scotland, and California who had expressed an interest in Opening Minds' work in youth anti-stigma.

Organized by the Canadian Mental Health Association (CMHA) – Calgary, Queen Elizabeth High School students helped present at a very successful MHCC HEADSTRONG summit in March 2015. The Queen Elizabeth student champions, school principal, and CMHA regional coordinator spoke to the international delegation about how they delivered the summit and why they feel MHCC HEADSTRONG works.



“Meeting the students and hearing their stories was one of the highlights,” said Paul Van Rooij with GGZ Nederland, the organization representing mental health institutions in the Netherlands.

“We try to learn from experiences in other countries, who started earlier and often have done research and evaluation, so we can use our (limited) budget in the most efficient way.”

The Netherlands began an anti-stigma program in 2012 and, while it doesn’t have a youth focus just yet, Van Rooij said he left the meeting with a number of ideas that he could implement back home, including having student ambassadors, or champions, who work to bring the anti-stigma message to regions and schools.

“Meeting [the Opening Minds team] and the students was inspiring,” he said.

## FUTURE DIRECTIONS

The Mental Health Commission of Canada is a catalyst in Canada. With seed money, it created MHCC HEADSTRONG based on the most promising research in reducing stigma among youth, developed toolkits, established partnerships, hosted a National Summit in Ottawa, and funded regional coordinators during the 2014-2015 school year to deliver summits in their communities and begin to support students to deliver school-based activities.

The MHCC HEADSTRONG initiative is doing what it was always intended to — helping to reduce stigma among youth while at the same time encouraging help-seeking, and creating a supportive environment in schools. Existing partners, who bring a wealth of experience, are eager to sustain and grow MHCC HEADSTRONG in their communities in the years to come. New partnerships can be cultivated to spread the initiative more extensively throughout Canada.

We have added 11 new regional coordinators and seven new regions to the MHCC HEADSTRONG team, and there are 25 regions wanting to run summits in this 2015-2016 school year. In addition, regions that have held summits in the 2014-2015 school year are being encouraged to follow-up with school-based activities to help ingrain the anti-stigma message. Regular requests for information and queries about involvement come in via the initiative’s website. Almost every region that hosted a summit in 2015 wants to hold another summit in this school year.

In short, the success of MHCC HEADSTRONG and the growing interest in it have both exceeded our expectations. Yet, the most significant challenge we currently face is to actually keep the initiative going.

Opening Minds is no longer able to fund the regional coordinators to plan and deliver summits and its funding of MHCC HEADSTRONG’s national coordinator may end in March 2016. Finding a new source(s) of full-time funding is critical – it would create the potential for MHCC



HEADSTRONG to engage more than 800 schools and 8,000 students nationally, with a potential reach of 300,000 students in 2015-2016.

The regional coordinators, the national coordinator, and Opening Minds are all actively seeking new sources of funding to keep this important initiative going. Through its successful rollout this year, we have shown that MHCC HEADSTRONG can mobilize one of the most powerful forces in Canada — our youth. We remain committed to providing them with the program, tools, and supports needed to fight stigma and will continue tirelessly to seek the resources necessary to do this.



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## APPENDIX A

### MHCC HEADSTRONG RESOURCES

MHCC HEADSTRONG provides resources to people and organizations interested in delivering a regional summit and bringing the anti-stigma message to their schools and communities. These resources include toolkits, a brochure for parents and teachers, webinars, webcasts, and videos.

#### Toolkits

**Summit Toolkit** - This toolkit provides coordinators with a practical guide to plan and deliver a regional youth anti-stigma summit. It includes information on their own roles, as well as those of speakers, students, and community organizations. When followed closely, the toolkit will see students come away from the summit ready to implement anti-stigma action plans in their schools and communities.

**Speaker Trainer Toolkit** - Contact-based education is a priority component of the regional events. This toolkit gives regional coordinators information on how to find and train people, caregivers, or family members with lived experience of a mental health problem or illness to share their personal stories of hope and recovery.

**Speaker Toolkit** - This toolkit gives speakers the skills to share their stories in an impactful way.

**School-Based Activity Toolkit** - After the summits, important activities must take place in schools and this toolkit provides ideas and information on what students and teachers can do to expand the MHCC HEADSTRONG anti-stigma message.

#### Other Resources

**Parent and Teacher Guidelines** - These guidelines provide an overview of MHCC HEADSTRONG, define regional summit, contact-based education, and whole-school approach, and provide information on why anti-stigma efforts are vitally important for the health and well-being of Canadian youth.

**Webinars and Webcasts** – Live webinars on speaker training and how to run a summit have been recorded for later viewing.

**Videos** - To supplement the summit and school activities, MHCC HEADSTRONG is producing videos of anti-stigma stories and spreading the message.

All toolkits and material are available to the public in English and French on MHCC HEADSTRONG's webpage which can be accessed using: <http://www.mhccheadstrong.ca>.

## APPENDIX B

### The Stigma Evaluation Survey

(Used with permission from Koller, M. and Stuart, H.)

Eleven items measure stereotyped attributions. These items examine respondents' opinions on controllability of illness, potential for recovery, and potential for violence and unpredictability. These items are as follows:

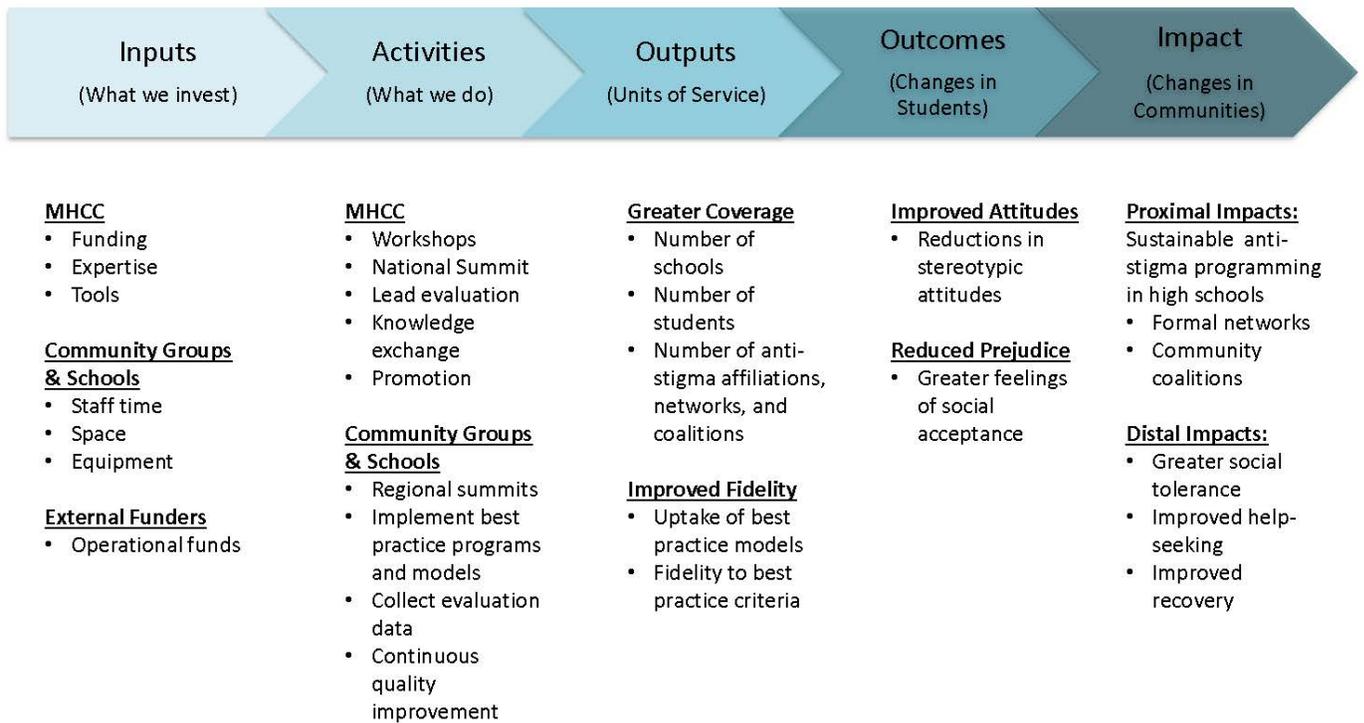
1. Most people with a mental illness are too disabled to work
2. People with a mental illness tend to bring it on themselves
3. People with a mental illness often don't try enough to get better
4. People with a mental illness could snap out of it if they wanted to
5. People with a mental illness are often more dangerous than the average person
6. People with a mental illness often become violent if not treated
7. Most violent crimes are committed by people with a mental illness
8. You can't rely on someone with a mental illness
9. You can never know what someone with a mental illness is going to do
10. Most people with a mental illness get what they deserve
11. People with serious mental illnesses need to be locked away

Eleven other items measure expressions of social acceptance, which include both social distance and social responsibility. These items are as follows:

1. I would be upset if someone with a mental illness always sat next to me in class
2. I would not be close friends with someone I knew had a mental illness
3. I would visit a classmate in the hospital if they had a mental illness
4. I would try and avoid someone with a mental illness
5. I would not mind if someone with a mental illness lived next door to me
6. If I knew someone had a mental illness I would not date them
7. I would not want to be taught by a teacher who had been treated for a mental illness
8. I would tell a teacher if a student was being bullied because of their mental illness
9. I would stick up for someone who had a mental illness if they were being teased
10. I would tutor a classmate who got behind in their studies because of their mental illness
11. I would volunteer my time to work in a program for people with a mental illness

APPENDIX C

# Our Initiative Change Model





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