HEADSTRONG: AN EVIDENCE BASED YOUTH ANTI STIGMA INITIATIVE

Ottawa April 7-8, 2016
Welcome

Bob Heeney: National Coordinator, MHCC Headstrong
Group Overview

Why did you choose this workshop?

What do you hope for?
“A scar or brand left by a hot iron on the face of an evildoer”

Webster’s Dictionary, 1962
History of Opening Minds

- NOT a national advertising campaign
- Take a targeted approach: Youth, Healthcare providers, the Workforce and News Media
- NOT reinvent the wheel
- Build on existing strengths in communities across the country
- Issued an RFI in 2009 to organizations who ran programs to reduce stigma aimed at one of our first two target groups
- About 250 submissions for Youth and Healthcare programs designed to reduce stigma
- OM has evaluated about 60 programs to see what works to reduce stigma
Why MHCC Works to Reduce Stigma

7 Million Canadians will experience a mental health problem this year.

Males and females are equally affected by mental health problems.

Many people living with a mental illness say the stigma they face is worse than the illness itself.

40% of Canadian parents would not tell anyone if their child had a mental illness.

75% of young Canadians with a mental health problem do not seek help.

60% of youth who sought treatment in the last year say they have been affected by stigma.
Stigma is the result of negative and prejudicial attitudes and behaviours that are expressed by people to those living with a mental health problem or a mental illness. Stigma is destructive. It leaves a mark of shame that makes people feel different and socially excluded. It is a major barrier to recovery.
Mental Health Continuum

Optimal Mental Health

Optimal Mental Health with a Mental Health Illness (diagnosed)

Optimal Mental Health without a Mental Illness

Serious Mental Illness

Poor Mental Health with a Mental Illness (diagnosed)

Poor Mental Health without a Mental Illness

Poor Mental Health

No Symptoms of Mental Illness
Youth are a High Risk Group

- The majority of mental disorders begin during youth so they are at high risk for stigma
- Youth are interested in mental disorders, stigma, and are willing to learn
- Youth bring a sense of social justice to the table that is important in fighting stigma
- Access to youth in school makes targeted programs feasible
- CTF survey showed that teachers want mental health to be a priority

“Young people feel the impacts of stigma more than any other group in Canada.”

12-month Stigma Impact by Age Group for Those Treated for a Mental Health Condition in Past Year who Reported Some Stigma

Weighted % of 752

Opening Minds Youth Pilot Projects Bottom-Up Approach to Sustainable Development

- Identified existing program partners using promising practices (25+ programs using contact based education)
- Created new outcome measures (tested on 600 students)
- Evaluated effects using new measures (10,000 students)
- Distilled best practices across programs (30+ ‘fidelity’ characteristics) and conducting validation studies
- Creating toolkits and training materials (for teachers, students, speakers, community developers)
- Supporting communities to adopt better practices (National and Regional Summits; Local coordinators)
- Helping to build networks and coalitions (encouraging collaboration and partnerships)
80% Threshold Stereotype Scale Items by Program

* Small sample size \( n < 30 \)
The Logic Model (Chen, Stuart, Krupa, 2013)

Domain 1: Inputs

1-1 Team Building
- Securing funding
- Building the team

1-2 Partnership with schools
- Building relationship
- Maintaining relationship

1-3 Preparation
- Literacy preparation
- Speaker preparation

1-4 Coordination
- Building infrastructure
- Logistics

Domain 2: Process

WHO: The roles of speakers
WHAT: Key messages
WHERE: the education
WHEN: the dose and timing
HOW: the pedagogy used
Materials to be distributed

Domain 3: Outcomes

Level 1 Reaction
- Positive response to the education

Level 2 Knowledge
- Increase reflected knowledge and general knowledge

Level 3 Individual Behaviours
- Demonstrate social responsibility and help seeking

Level 4 Social Changes
- Create an inclusive culture in the school and family
Not-so promising practices

- Brief one-offs
- Low teacher and school engagement
- Speakers who are not in recovery
- Large numbers of students with little opportunity for engagement
- No sustainable development

Promising practices

- Buy-in from teachers and Boards
- Teacher training and support
- Good stories and storytellers
- Transformative learning (interactive, small group)
- Whole school approach
- Emphasis on local sustainability

Interventions don’t work or cause harm

Effective in selected settings

Effective when scaled up
Our Initiative Change Model

**Inputs**
- (What we invest)
  - MHCC
    - Funding
    - Expertise
    - Tools
  - Community Groups & Schools
    - Staff time
    - Space
    - Equipment
  - External Funders
    - Operational funds

**Activities**
- (What we do)
  - MHCC
    - Workshops
    - National Summit
    - Lead evaluation
    - Knowledge exchange
    - Promotion
  - Community Groups & Schools
    - Regional Summits
    - Implement best practice programs and models
    - Collect evaluation data
    - Continuous quality improvement

**Outputs**
- (Units of service)
  - Greater Coverage
    - Number of schools
    - Number of students
    - Number of anti-stigma affiliations, networks, and coalitions
  - Improved Fidelity
    - Uptake of best practice models
    - Fidelity to best practice criteria

**Outcomes**
- (Changes in Students)
  - Improved Attitudes
    - Reductions in stereotypic attitudes
  - Reduced Prejudice
    - Greater feelings of social acceptance

**Impact**
- (Changes in Communities)
  - Proximal Impacts:
    - Sustainable Anti-stigma programming in high schools
    - Formal networks
    - Community coalitions
  - Distal Impacts:
    - Greater social tolerance
    - Improved help-seeking
    - Improved recovery

Source: Dr. Heather Stuart (used by permission)
How did Opening Minds choose HEADSTRONG?

Out of many programs evaluated, Opening Minds looked for something that:

1. Had positive evaluation results in reducing stigma
2. Could reach a large number of youth across Canada, in many different geographic areas
3. Was complimentary to mental health education programs already in existence in different schools and provinces
4. Could include and empower youth
Headstrong
National Launch November 2014

- [https://www.youtube.com/watch?v=lvknTTAV6Kk](https://www.youtube.com/watch?v=lvknTTAV6Kk)
The Summit Model

Contact Based Education

Opening Minds chose a summit program where many schools sent a few students and teachers to a day-long event, then students took different anti-stigma activities back to their own student populations.
3 Keys to a successful Summit

- **Education:** Participants hear inspiring stories of hope from people who have recovered or are managing a mental illness. This is known as contact-based education.

- **Action planning:** Students work together to plan awareness activities to take back to their own schools. Both students and school staff are provided with toolkits and student resources that include action guides and activity starters.

- **Contact:** Summits connect students, teachers, school administrators, persons with lived experience, and community mental health professionals. Students experience first-hand the importance of networking, and they learn who they can turn to for support in planning their own anti-stigma activities.
Post Summit
School Based Activities
**HEADSTRONG: OUR FIRST YEAR**

<table>
<thead>
<tr>
<th>Selected Accomplishments:</th>
<th>Selected Accomplishments</th>
</tr>
</thead>
<tbody>
<tr>
<td>• National Youth Summit</td>
<td>• 19 regional coordinators delivered 25 regional summits and 3</td>
</tr>
<tr>
<td>• Leader in Coordinator training and regular</td>
<td>provincial events</td>
</tr>
<tr>
<td>teleconferences</td>
<td>• Headstrong reached 404 schools and 5244 participants with</td>
</tr>
<tr>
<td>• Leader in speaker training and summit</td>
<td>an estimated reach of 186,000 students</td>
</tr>
<tr>
<td>training webinars</td>
<td>• Quality improvement via regional summit reports &amp; statistics</td>
</tr>
<tr>
<td>• Collection and analysis of pre and post test</td>
<td>provided for analysis</td>
</tr>
<tr>
<td>data</td>
<td>• Quality Improvement via Coordinators &amp; Speakers Surveys</td>
</tr>
<tr>
<td>• Supporting Regional Coordinators to engage</td>
<td>• Completion of Headstrong National Report and all Regional</td>
</tr>
<tr>
<td>community partners</td>
<td>Reports</td>
</tr>
<tr>
<td>• Creating a long term vision for Headstrong</td>
<td></td>
</tr>
</tbody>
</table>
Headstrong Priorities

• Make a positive difference to eliminate stigma among students and staff, making schools stigma-free environments
• Build regional sustainable community coalitions that embrace school boards and districts as key members
• Identify key processes in speaker training, support and recognition
• Learn from the research and develop a clear vision of next steps
• Design a check list of structural changes required in order to conquer stigma
Current Regional Coordinators

Peel DSB
Lambton Kent DSB
Stony Plain DSB
BC Children’s Hospital
CMHA: Calgary, Edmonton, Winnipeg, Kingston, Cornwall, Regina
Mood Disorders Association of Ontario
YouthNet
Quebec AQRP
Prairie Mountain Health Authority
Nova Scotia Health Authority and Schools Plus
Ministry of Education and Culture NWT
HEADSTRONG TOOLKITS

www.mhccheadstrong.ca

Your Speaker’s Story
Sharing Your Personal Story
Planning a Youth Anti Stigma Summit
MHCC Headstrong School-Based Activities
MHCC Parent/Teacher Pamphlet
Summit Webinar
Speaker Training Webinar
MHCC Headstrong Report 2014-2015
Can you embrace Headstrong?

Identify key member agencies and stakeholders in your region

• Reach out to the most appropriate leader
• Could be board staff (mental health leaders) or community professionals: “It’s about leadership—NOT ownership.
• Talk about the Headstrong Summit model
• Who is the leader; who is on board?
• How can MHCC Headstrong support you?
  • Teleconferences, on site visits, connecting you to regional coordinators; funding documents; regional and national final reports
• Support attendance at summits
• Support school based activities: Headstrong Committee
Questions?
Thank you

Contact us: headstrong@mentalhealthcommission.ca
Visit: www.mentalhealthcommission.ca
Follow us: 

The views represented herein solely represent the views of the Mental Health Commission of Canada. Production of this document is made possible through a financial contribution from Health Canada.

Les opinions exprimées aux présentes sont celles de la Commission de la santé mentale du Canada. La production de ce document a été rendue possible grâce à la contribution financière de Santé Canada.