



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

HEADSTRONG

Planning a Youth Anti-Stigma Summit

SUMMIT COORDINATOR TOOLKIT



**BE BRAVE
REACH OUT
SPEAK UP**

ABOUT THIS TOOLKIT

This toolkit will help you design, coordinate and implement a regional summit. It provides information regarding the roles community members take on in order to deliver this evidence-based model, including coordinators, speakers, students, educators and stakeholders. It provides a roadmap based on the Mental Health Commission of Canada's Opening Minds anti-stigma research which shows that contact-based education improves students' knowledge, attitudes and behaviours towards those living with a mental illness or a mental health problem. Communities that closely follow this toolkit will empower students to become leaders in their schools, organize HEADSTRONG Committees and school activities, thus creating environments of acceptance and inclusion.

Mental health problems and stigma can negatively impact young people's success at school and in other areas of their lives. Tragically, suicide is the second leading cause of death among young Canadians. The innovative HEADSTRONG Summit model is designed to inspire and engage youth to become champions in their schools, providing hope to those in need and leading fellow students in a culture change. Because of its unique focus, HEADSTRONG compliments mental health education and curricula underway in many schools across Canada.

ABOUT OPENING MINDS

The Mental Health Commission of Canada (MHCC) was established by Health Canada in 2007 with a 10-year mandate to act as a catalyst for improving mental health systems and reducing the stigma associated with mental illness. The MHCC launched Opening Minds in 2009 to tackle the stigma problem head-on.

Seven million Canadians will experience a mental health problem or a mental illness this year. This means that most of us will know someone who has experienced a mental health problem, yet there still exists the troubling and frustrating stigma related to mental illness. Many describe stigma as more life-limiting and disabling than the illness itself, and stigma is also a major barrier to people seeking help.

In 2001, the World Health Organization declared stigma as the "single most important barrier to overcome." Over the last five years, Opening Minds has become the largest systematic effort in Canadian history focused on reducing stigma related to mental health problems or mental illnesses, and the only anti-stigma initiative in the world with such a broad base of academic support. Following five years of extensive research, Canada is now considered a world leader in stigma research. The launch of the Youth Anti-Stigma Initiative signals a shift from the research phase to the roll out of evidence-based, anti-stigma programs to schools and communities across the country.

ACKNOWLEDGEMENTS

This toolkit is based on the work of many, including: Dr. Heather Stuart, Queen's University, who served as the Principal Investigator for Opening Minds research into youth anti-stigma projects in Canada, and the Durham Talking About Mental Illness Coalition (TAMI) that created a summit program upon which HEADSTRONG is modeled. We are grateful that the Durham TAMI Coalition as well as their school board partners have allowed us to share their work with the rest of Canada. Opening Minds and HEADSTRONG are also grateful to people with lived experience of mental health problems and mental illnesses who willingly share their stories of hope and recovery.

Opening Minds would also like to acknowledge the work of the following communities and their local organizations and partners who have helped deliver HEADSTRONG SUMMITS:

St. John's NL	Cornwall ON	Calgary AB
Halifax NS	Toronto ON	Edmonton AB
Pictou County NS	Peel Region ON	Stony Plain AB
Cape Breton NS	Hamilton ON	Lethbridge AB
Antigonish NS	Sudbury ON	Taber AB
Montreal QC	York Region ON	Vancouver BC
Quebec City QC	Winnipeg MB	Victoria BC
Dolbeau-Mistassini QC	Thompson MB	Yellowknife NWT
Ottawa ON	Brandon MB	

We look forward to adding new community names all across Canada to this list.



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What is 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. Among youth, the stigma often associated with mental health problems or mental illnesses can lead to teasing and bullying and, in extreme cases, catastrophic outcomes including suicide. A positive experience with people who have recovered from (or are successfully managing) a mental health problem or mental illness can help change negative perceptions and stereotypes.

Why Anti-Stigma

FOR YOUNG PEOPLE?

70% of adults living with a mental health problem or mental illness state that the first onset of their symptoms began when they were teenagers. If not identified and managed early, youth-onset mental health struggles can make it hard to succeed in school and have a significant impact on post-secondary dreams and aspirations.

- The fear of stigma often delays diagnosis and treatment, yet early intervention can make a dramatic difference in quality of life.
- Unfortunately, only one in four kids and teens in Canada who need mental health treatment can get it. (CMHA, 2017)
- 40% of parents say they would not admit to anyone – not even their doctor – that they had a child with a mental health problem or mental illness.

On the positive side, it is during this crucial development period that foundations can be laid for adult attitudes and beliefs which, if positive, could prevent stigmatizing behaviour in the future.



REASONS FOR ANTI-STIGMA PROGRAMS IN SCHOOLS

We know that high school is when many people begin to experience symptoms often associated with mental health problems or mental illnesses. Yet, because of stigma and a lack of understanding and education, many students don't know who to turn to for help or are embarrassed and scared to talk about how they are feeling. Thankfully, many school boards across the country are now embracing mental health education for their students and teachers.

You probably remember what high school was like for you. Many speakers across Canada say they wish they had had a mental health education program that addressed stigma when they were in school. They say that anti-stigma speaker programs send a message of hope by emphasizing that recovery is possible. By sharing their stories with high school students, both speakers and students can help address stigma and build inclusive schools.

NOTES

What is an Anti-Stigma Summit?

A summit brings together students from various schools, along with school staff (teachers and administrators), to learn about mental health problems and mental illnesses and stigma, and to challenge the stereotypes and misconceptions that fuel stigma.

A summit combines large presentations and small breakout sessions which feature speakers, experiential exercises, discussion, and action planning.

SHIFTING ATTITUDES

Research has shown that the model of an anti-stigma summit is one of the most powerful ways in which to change attitudes related to mental health problems and mental illnesses. This success stems from the way that a summit combines three key methods for shifting attitudes – education, taking action, and contact.

EDUCATION

Participants hear stories of hope from people who have recovered or are managing a mental illness. This is known as contact-based education, which research has identified as one of the most powerful models of learning – provided that speakers are well trained and are in recovery.

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, to help them plan activities and keep up the momentum of the anti-stigma message.

CONTACT

Summits connect students, teachers, school administrators, persons with lived experience, and community organizations. 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. Students also benefit from positive contact with speakers who assist with students' visions and action plans.

TANGIBLE RESULTS

Summits provide a measurable degree of success – not just anecdotal impacts. Research supported by the Mental Health Commission of Canada shows that summit participants experience significant shifts in attitudes and intended behaviours.



Summit Roles

SUMMIT COORDINATOR ROLE

The following tasks may be taken on by a community leader or designate. Some aspects of this role may also be shared among several community members who offer their time in kind to roll out your regional summit. It should be stated, however, that each community will need one member to act as chairperson for this project.

It is recommended that the chairperson call monthly Summit planning meetings to discuss updates on standing agenda items such as: Logistics, Summit Development, Promotions, Registration and On the Day of the Summit.

LOGISTICS

- Prepare agenda for summit subcommittee meetings
- Stay in consistent communication with community partners between meetings
- Find a venue and negotiate rental; consult with community partners prior to making any commitment
- Determine the best food and nutrition contract to fit with the budget and communicate this with the community partners

SUMMIT DEVELOPMENT

- Assist in development of the summit's theme
- Help determine best messaging and ensure that this messaging is consistent with theme
- Lead development of summit agenda
 - > See Appendix A for sample summit agendas
- Help determine toolkits/handouts needed
- Support training of breakout room facilitators where required





PROMOTIONS

- Initiate and/or approve summit flyer, promotion, and communications
- Design flyer and distribute as soon as date, time, and venue have been confirmed
- Post flyer and registration information on local school boards’ home pages, use social media and apps to spread the word
 - > See Appendix B for sample flyer

REGISTRATION

- Oversee registration and manage individual requests from schools
- Set up the registration spreadsheet
- Set up the Breakout Room Chart
 - > See Appendix C for sample Room Chart

ON THE DAY OF THE SUMMIT

- Help facilitators keep to the agenda during the summit (content, process, and timing)
- Be the “Go To” person on the day of the summit
- Be available to answer any requests from individual schools
- Follow up with all schools and support action items that arise from the summit

SUMMIT MASTER OF CEREMONIES (M.C.)

This is a dynamic, engaging individual. It is recommended he/she prepare a slide deck to show the audience as he/she moves through the day.

- Welcome registrants to the summit
- Provide details about the Summit safe space (see Risk Management)
- Deliver any housekeeping announcements
- Deliver the Yes – No/Up – Down Icebreaker
 - > See Appendix D
- Show the Mental Health Continuum as you conclude the Up/Down Icebreaker. (see Appendix J)
- Provide a brief history of the project and how registrants have come together for the day
- Introduce the keynote speaker (the M.C. may also deliver the keynote address)
- Introduce speakers with lived experience
- Facilitate the question period following the speaker’s story
- Facilitate the question period for the speaker panel
- Facilitate the closing plenary



BREAKOUT ROOM FACILITATORS

Facilitators should be community partner representatives with experience working with adolescents in groups of 30–40. Two facilitators will work as a team on breakout room activities.

Requirements:

- Welcome students and school staff with name tags, refreshments, agenda for the day
- High energy, supportive, and engaging
- Able to transition students from activities and identify those who may be struggling with material
- Stay on task and agenda
- Able to create a welcoming environment within the breakout room
- Stay in constant communication with Coordinator throughout the day
- May also volunteer to do a piece of work for the large presentation
- Ask for a student volunteer to introduce the breakout session speaker to the large group at the start of the afternoon speakers' panel
 - > See Appendix E for sample intro template
- Knowledgeable in delivering the morning and afternoon breakout sessions
 - > See Appendix F - Morning Breakout Session (Step-By-Step)
 - > See Appendix G - Afternoon Breakout Session (Step-By-Step)
 - > See Appendix H - Conversation Café Menu (Handout)
 - > See Appendices I, J & K - Optional Activities
- Participate in an end-of-day debriefing session

COMMUNITY ORGANIZATIONS

All community organizations who partner with you on summits should have a strong background in youth mental health (with the support of agencies donating their representatives' time in-kind, there can be a full house of mental health professionals at all summits). It's important to have a mental health professional to help answer some of the tough questions that students may pose, such as:

- I have a friend who is cutting herself. What can I do to help?
- I have a brother with schizophrenia and I want to rebuild my relationship with him. What should I do?

One community organization representative normally acts as a master of ceremonies and introduces all of the speakers' presentations.

Speakers can give keynotes to deliver at the opening address, talk to smaller groups in breakout rooms, as well as act as participants on the speakers' panel in the afternoon. They can even be co-facilitators.

Speakers are paid an honorarium so it is important to build this into your budget.

THE POWER OF THE GROUP

One important aspect of a summit is the power of the large group. The energy and enthusiasm generated by a large number of students in one room is tangible. The fact that the students have volunteered (or have been selected) to attend points to their keen interest. You may also find budding activists who are eager to bring about change because they see it as a social cause. Others may have personal or family experience with mental health problems or mental illnesses and find it to be a mission close to their heart. The most effective summits are those where the power is put back into the hands of students – through listening and supporting the energy and enthusiasm that is there just waiting to be given an outlet.



BUDGET

Your regional summit is made possible by the “time in-kind” community partners donate.

SAMPLE BUDGET ITEMS

- Food and snacks during registration, morning break and lunch
- Venue rental
- Printing costs
- Speaker honorariums and travel expenses
- Handouts

Previous summit costs have ranged from \$4,000–\$10,000 CDN when donations were not possible (depending on venue, food and promotional costs, speaker honorarium, keynote speaker costs and/or dance/theatrical performances).

SUMMIT DAY ITEMS

This list outlines materials you will need on the day of the summit. To keep costs low, you should investigate if any of these items can be donated:

- Morning coffee, tea, juice, water, snacks
- Morning nutrition break
- Lunch
- Agendas
- Internet access
- Name tags
- Donated swag (giveaways)
- Display tables
- Data projector, screen, P.A. system
- Flipcharts
- Markers, tape, paper
- Welcoming signage



RISK MANAGEMENT

Your summit participants will have different experiences with mental health problems and mental illnesses. In some cases, students may share problems they or their families have had. In other cases, hearing the presentation may trigger an emotional response. Here are some things you can do to manage these responses:

- Your MC will set the stage by announcing at the start that there is a safe space at the summit where students can go to in order to “take a break” or have someone to listen to them. This safe space should be staffed by community mental health professionals who have experience in counselling youth.
- When promoting your summit, make sure that school staff who are attending with their students know that some of the content may trigger an emotional response. The school staff person is the first line of support.
- Morning breakout room facilitators set the tone by debriefing the morning speaker and by going over group norms for the day, including confidentiality (see Confidentiality section).
- You should always provide students with an opportunity to debrief or participate in a Q&A session after a speaker presentation. This provides an opportunity to follow up on students’ responses so they can share their thoughts and deal with potential issues. A debrief also emphasizes core messages and strengthens the impact of the anti-stigma education.
- Debriefing questions that you may want to pose to the group include:
 - > Do you have any questions?
 - > Do you have any thoughts you would like to share with the group?
 - > What’s one thing that stood out the most for you from the speaker’s session?
- Provide students with information on emergency numbers that they can contact or have live chats with (such as Kid’s Help Phone and other local resources).
- Have school-based mental health resources (or mental health resources from the community) available if students want to talk to them privately.
- Ask any student who may begin to disclose a problem to discuss this with you at the end of the session.
- If you notice a student becoming visibly upset, make sure you connect with them after the talk and let them know that there are resources available to help them.





CONFIDENTIALITY

Summit participants, community partner representatives, and organizers may hear personal disclosures from students or teachers after speaker presentations during Q&A sessions, or during breakout sessions.

All personal disclosures should be held in confidence. This applies to everyone at a summit; during opening remarks all attendees should be made aware of confidentiality and respect.

A WELCOMING ENVIRONMENT

From the moment students walk into your summit, it is key for them to know that it is an important event.

- If the space allows, have information tables set up from your community agencies.
- Have people at the registration table to welcome all guests, orient them to the venue and provide them with take-aways (swag) such as name tags, pens, journals or whatever your budget allows.
- Refreshments at registration time are another way to welcome the students and your staff.
- Have music and slide shows in the lecture theatre, along with posters of famous people (ie. celebrities) with a mental health problem or a mental illness or inspirational quotes also set the stage.
- If possible, ask all community partner representatives and speakers to wear similar T-shirts so that people can easily identify them.



Appendix A

SUMMIT AGENDA

SAMPLE 1

Note: This venue had a lecture theatre and four small rooms for breakout sessions. There were enough trained speakers to put one in each breakout room, as well as having two speakers in the lecture theatre. Start and end times are samples only. It is important, however, to keep the working time blocks to 45 minutes - 1 hour.

8:30–9:30 a.m.	REGISTRATION <ul style="list-style-type: none"> • Students and staff get a chance to meet and mingle • Continental breakfast • Could show an inspirational slide show with music in the lecture theatre
9:00–9:45 a.m.	INTRODUCTORY SESSION Lecture Theatre <ul style="list-style-type: none"> • Welcome and setting the vision for the day • Keynote speaker and a speaker who is a person with lived experience to set the tone • Create a safe environment • Yes–No/Up–Down Survey
9:45–10:30 a.m.	SMALLER GROUP ACTIVITIES Breakouts Rooms <ul style="list-style-type: none"> • Housekeeping • Debrief the presentation of the first speaker with lived experience in the introductory session • Activity: Porcupine Map <ul style="list-style-type: none"> > Speaker story and Q&A; Student volunteer selected to introduce room speaker > See Appendix D
10:30 – 10:45 a.m.	MORNING NUTRITION BREAK
10:45 – 11:45 a.m.	LARGE GROUP PRESENTATION Lecture Theatre <ul style="list-style-type: none"> • Speaker’s story with Q&A • School Actions: presented by students to the large group. If students have already been running an awareness campaign in their school, they can share their experiences with a motivational presentation. As an alternative, use this time to share websites, Youtube videos or other motivational messaging.
11:45 a.m. – 12:30 p.m.	LUNCH
12:45–1:30 p.m.	SPEAKERS’ PANEL (all speakers) Lecture Theatre <ul style="list-style-type: none"> • Speakers’ panel with all speakers at the summit • Ask a student in each breakout to introduce their room’s speaker. The students speak to their peers with fresh understanding and enthusiasm. • The M.C. will spend an hour fielding questions from the large group. It is a good opportunity to have speakers talk about what would have made school a more positive experience for them. It also sets up the next phase.
1:30–2:30 p.m.	ACTION PLANNING Breakouts Rooms <ul style="list-style-type: none"> • Conversation Café method. Powerful questions on the menu require reflection and an individual response, and Action Items are developed by students to take back to their own schools and communities.
2:30–3:00 p.m.	CLOSING WRAP UP Lecture Theatre <ul style="list-style-type: none"> • Plenary Session: This is an opportunity to tie together themes, actions, and visions that emerged during the day. Having students summarize and report back to the large room can go a long way to promote sustainability. They are not only more involved, but also have an opportunity to express enthusiasm and exciting ideas. • Close by thanking participants. The M.C. summarizes the day and makes plans to assist students with their ongoing awareness activities.

SUMMIT AGENDA

SAMPLE 2

Note: This agenda is for a summit that features only two trained speakers for the day. If there are not enough speakers for the breakout rooms, you can include the Earache/Psychache Exercise in the morning Breakout Room. Start and end times are samples only. It is important, however, to keep the working time blocks to 45 minutes - 1 hour.

8:30–9:30 a.m.	REGISTRATION <ul style="list-style-type: none"> • Students and staff get a chance to meet other participants • Good opportunity for continental breakfast • We have used this time to show inspirational slide show with music in the theatre
9:00–9:45 a.m.	LECTURE THEATRE <ul style="list-style-type: none"> • Good opportunity to see the power of the large group – and put the power back in the hands of the students • Great time for welcomes and to set the vision for the day • Use of keynote speaker and person with lived experience to set the tone • Create a safe environment • Good time for the Yes – No/Up – Down Survey
9:45–10:30 a.m.	SMALLER GROUP ACTIVITIES Breakouts Rooms <ul style="list-style-type: none"> • Housekeeping and debrief from 1st morning speaker • Icebreaker: Porcupine Map • Earache/Psychache Exercise • Q&A
10:30 – 10:45 a.m. MORNING NUTRITION BREAK	
10:45 – 11:45 a.m.	LARGE GROUP PRESENTATION Lecture Theatre <ul style="list-style-type: none"> • Large room speaker's story with Q&A • School Actions: presented by students to the large group • Can make announcements regarding upcoming events
11:45 a.m. – 12:30 p.m. LUNCH	
12:45–1:30 p.m.	SPEAKERS' PANEL (all speakers) Lecture Theatre <ul style="list-style-type: none"> • Speaker panel with all speakers at the summit • If your summit has less than 3 trained speakers, you may want to invite one or two community professionals to join • The M.C. will spend an hour fielding questions from the large group. It is a good opportunity to have speakers talk about what would have made school a more positive experience for them. It also sets up the next phase.
1:30–2:30 p.m.	BREAKOUT ROOMS for action planning <ul style="list-style-type: none"> • Experiencing Empathy exercise • Partner Café and development of Action Items for students to take back to their own schools and communities
2:30–3:00 p.m.	CLOSING WRAP UP Lecture Theatre <ul style="list-style-type: none"> • Plenary Session: This is an opportunity to tie together themes, actions, and visions that emerged during the day. Students should summarize activities, themes and plans and report back to the larger group, as this can promote sustainability. Not only will they be more involved, they will have an opportunity to express enthusiasm and exciting ideas. • Close by thanking participants. The M.C. summarizes the day and makes plans to assist students with their ongoing awareness activities.

Appendix B

SAMPLE FLYER

A flyer provides you with an opportunity to acknowledge sponsors, themes, and special events.

DURHAM TAMI COALITION 9TH	
<h1>Partner for Change</h1> <h2>S.O.S. summit</h2>	
<hr/> <p>FEATURING THE DURHAM TAMI SPEAKERS AND VICTORIA MAXWELL</p> <hr/>	
<p>MONDAY OCTOBER 15, 2012</p> <p>8:30 a.m. – 3:00 p.m.</p> <p>Ontario Shores Centre for Mental Health Sciences</p> <p>700 Gordon Street Whitby, Ontario</p> <p>This free, award-winning event includes all meeting materials, meals, and ongoing support to help you with your plans to plant seeds of hope and eliminate stigma!</p>	<p>Why You Should Attend:</p> <ul style="list-style-type: none">• Your school reps (4 students and one staff member) will hear brave and compelling speakers discuss in depth their experiences with surviving and coming to terms with mental illness.• You will want to partner and take action on mental health awareness and reducing stigma.• You may have been affected indirectly or directly by mental health issues and will now see the power that partnerships provide in eliminating stigma.• You will leave the summit and want to encourage other youth to get help when they need it.• You will want to make changes!
<hr/> <p>To Register Contact: Bob Heeney</p> <p>905-555-5555 x6014 headstrong@mentalhealthcommission.ca</p> <p>BOOK EARLY TO AVOID DISAPPOINTMENT</p>	

Appendix C

SAMPLE BREAKOUT ROOM CHART

BREAKOUT ROOM A (7 x 6)	BREAKOUT ROOM B (10 x 6)	BREAKOUT ROOM C (5 x 6)	BREAKOUT ROOM D (5 x 6)
ROOM LEADERS Allison, Beth, Ray	ROOM LEADERS Deanna, Kelly, Lauren	ROOM LEADERS Jo-Ann, Heather B, Jodi	ROOM LEADERS Diane, Brenda
OBSERVE Jacqueline K	OBSERVE Vanessa, Tricia	OBSERVE Mireille	OBSERVE Nicole
ROOM SPEAKER Scott	ROOM SPEAKER Ivor	ROOM SPEAKER Patti	ROOM SPEAKER Bonnie
SCHOOLS Scott Ontario Shores Grove Uxbridge Eastdale CVI Clarington Centre for Independent Studies J. Clarke Richardson G. L. Roberts Dunbarton	SCHOOLS Father Donald McLellan Bowmanville Courtice S. S. Clarington Central S. S. Denis O'Conor St. Mary CSS Pine Ridge Pereyma Brock H. S. Anderson CVI	SCHOOLS Holy Trinity Dwyer R. S. McLaughlin Notre Dame CBLP Oshawa	SCHOOLS Maxwell Heights Henry St. H. S. All Saints DASS Austin
		Vanessa	Pauline
Katherine	Patti	Anne-Marie	Robin
Jennifer			
44 + Megan	60 + Robin and Jackie	32	31 + Ashley
Photographer: Ashley Keynotes: Robin and Jackie Mathers + 1 student (half day) Support Staff: HHG Registration Desk: Lauren, Heather B., Tricia Guests: Megan, Ashley			

Appendix D

ICEBREAKER ACTIVITY | YES – NO/UP – DOWN SURVEY

INSTRUCTIONS:

Tell the group that you are going to do a brief survey with them. This survey does not include a pen and paper, rather it has participants stand up or sit down. Tell the group that you are going to read them some statements:

- If their answer is “yes,” they will stand up in response to the statement.
- If their answer is “no,” they will sit down.
- The most important part of this survey is that it is done silently.
- The group will only communicate with one another by their body language and by looking around.

READY? FIRST STATEMENT:

- I like pizza...
 - > Especially with ham and pineapple on it.

“For those who are now sitting, have a look around the room and see who is standing. If you are planning a party in the near future and are inviting anyone who is standing, please make sure they have ham and pineapple on their pizza.”

OTHER STATEMENTS:

- I am a morning person.
- I have been snowboarding.
- I get stressed out some of the time. I cope well with my stress.
- Someone in my immediate or extended family has been treated for depression at some time. (“Look around the room...this is one illness of many...look at the numbers and tell me that mental illness is not a problem in our community.”)

TWO MORE STATEMENTS:

- I have engaged in some type of risk-taking behaviour at some point in my life.
- I know someone who may be struggling with their mental health and I’m not sure I know how to best support them.

“Again ladies and gentlemen, I ask you to look around the room and see the number of people who are standing. This tells all of us that we need to have a conversation about mental illness and stigma.

We know how to take care of our physical health and where to go when we don’t feel well. So why is it that as a society, we hide mental health problems with the hope that they will just go away on their own?”

LAST STATEMENT TO THE GROUP TO ANSWER BY SITTING OR STANDING:

- I have mental health (show continuum slide) Appendix J
- Thank you

Appendix E

STUDENT TEMPLATE FOR A SPEAKER INTRODUCTION

In the summit model, there are individual speakers in each of several breakout rooms; later all of the speakers participate together in a panel with the large group. A student who has experienced the breakout room session introduces their speaker at the panel presentation.

This template is useful for students who will be introducing their speaker. Students can be creative when using the template. The main goal is to share important points so the audience has a good understanding of some of the key themes in the speaker's story.

Hello,

My name is _____ and I'm from _____.

It is my privilege to introduce you to _____ who was the speaker in our breakout room.

After hearing _____'s story and participating in our group's question period, I learned

that people living with _____ can and do recover.

One thing that helped in _____'s recovery was _____.

He/she likes sharing his/her personal story because _____.

One message I will take away with me after listening to _____'s story is _____

_____.

Please give _____ a warm welcome.

Appendix F

MORNING BREAKOUT SESSION (STEP-BY-STEP)

Start and end times will depend on each community's schedule. The amount of time for each section should remain consistent.

9:45 – 10:30 a.m.

The following outlines activities in a morning breakout room where facilitators engage with students on a more intimate level. Right from the start, students should feel welcome, accepted, and supported as they continue a day of learning and sharing.

MATERIALS:

- A copy of the outline for the breakout room session, one for each facilitator
- A flipchart or dry erase markers for whiteboards
- Student Template for a Speaker Introduction – Appendix G
- Room welcome sign
- Name tags

9:45 – 9:50 a.m.

INTRODUCTIONS AND HOUSEKEEPING

Facilitators introduce themselves and explain where they are from.

SAMPLE HOUSEKEEPING STATEMENTS

- Do you have any comments/questions about the morning speaker's story? (Some students may need a bit of time for a debrief.)
- Washroom locations.
- We have a nutrition break immediately after this group session – 10:30 – 10:45 a.m.
- If at any time you feel the need to leave the room, please let a facilitator know. It's not unusual for people to feel overwhelmed.
- We are here to work together and share ideas – participation makes it work best.
- There are no wrong answers.
- You need to use your own judgment when sharing personal information. The group setting is not confidential.
- We hope that during this day participants will be open-minded and non-judgemental.

9:50 – 9:55 a.m.

ICEBREAKER

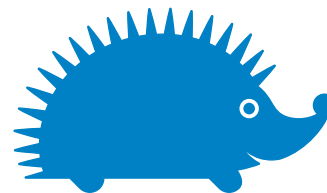
- Group Introductions: Give each school grouping one minute to talk among themselves in order to finish the following sentence: "We are here because..."
- Ask for one student representative from each group to introduce their school's name and share with the room their completed "We are here because..." sentence.

ACTIVITY | STIGMATIZING LANGUAGE: THE PORCUPINE MAP

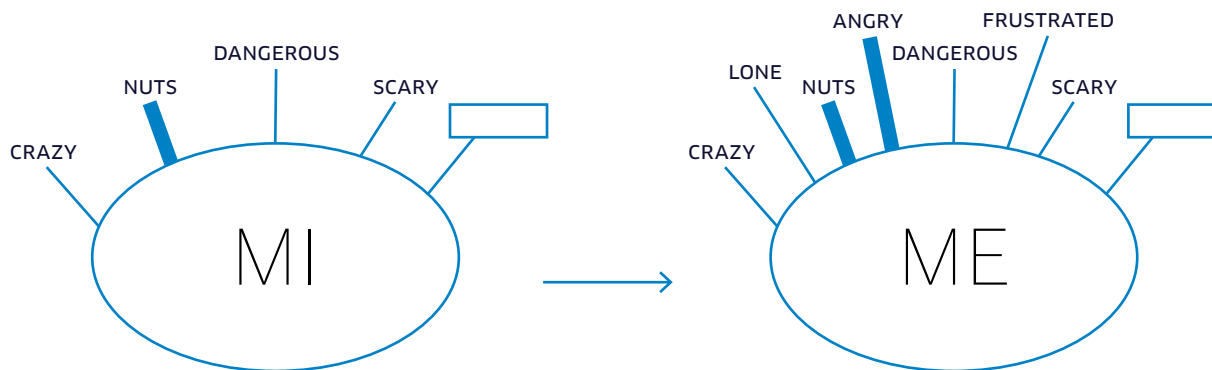
Facilitator's message for the Porcupine Map:

Step into Change: Walk the Talk

Make a connection for students as to how stigma and labels can prevent people from moving forward to build community awareness. How has stigma prevented us from stepping into change, particularly sustainable change? And how does stigma inhibit us from talking about mental health problems, mental illnesses, and ways to increase wellness?



- Draw an oval in the middle of the whiteboard or flipchart (or a porcupine if you are a good artist).
- In the oval write the letters MI (in capitals) to signify Mental Illness.
- Ask the group, "What words are used to describe people living with a mental illness? (e.g. *crazy*, *psycho*, etc.)
- Choose a brightly-coloured marker for this part. Each time a student comes up with a word, draw a line outwards from the oval (like porcupine quills) and write down the word at the end of the line (see example).
- After recording about 15 words, tell the group that you are now changing the letters from MI to ME (by drawing three short lines on the capital I).
- Choose a different coloured marker. Now ask the group how they would feel if the words on the board were used by peers, neighbours or even relatives to describe them. Some might say, "angry," "sad," etc. These are *feeling* words.
- With your new colour, draw a line from the oval to enter the feeling words. Each feeling line should be shorter than the description lines. You should put a *feeling* line in between each description line.
- When you have gone around the oval with the shorter *feeling* lines in between the longer lines, you will have a Porcupine Map.
- Emphasize that we are seeking to get to a time when positive words are used to talk about mental illness – e.g., "courageous," "hopeful," "resilient."



NOTE:

Mention that 1 in 5 people in Canada lives with a mental illness each year. Ask students to reflect on how it would feel if they or a family member, were the recipient of stigmatizing language.

10:05 – 10:25 a.m.

ROOM SPEAKER’S STORY

Introduce your room’s speaker to the group. Tell the group that one student will have to pay special attention; they will introduce the speaker to all of the summit participants at the afternoon speakers’ panel. A facilitator should ask for a volunteer. This is another opportunity for building successful community awareness as it is a chance for students to become more involved with the experience and the large group.

Facilitate the question and answer period as you would in a regular classroom setting. Leave enough time to work once more with the Porcupine Map.

10:25 – 10:30 a.m.

PORCUPINE MAP REVISITED

Re-introduce the Porcupine Map you have already drawn. This time, ask the following question: “What words can you now think of that would describe people who are living with a mental health problem or mental illness?” As the students offer suggestions, add the words with lines to create more “quills” of the porcupine. It’s helpful to use a different coloured pen to show the contrast.

To end the session, the speaker can offer a message of thanks to the students and let them know that he/she is available to answer any questions throughout the day.



Appendix G

AFTERNOON BREAKOUT SESSION (STEP-BY-STEP)

ACTION PLANNING CONVERSATION CAFÉ PLAN

1:30 – 2:30 p.m.

The facilitator may want to ensure the room is set up ready to go so that students have the full hour to work on their action items and complete the summit evaluation.

This breakout session is a chance for students to share ideas about stigma and action plans for change – what they can do to raise awareness in their own schools and communities. In an informal café setting, students discuss two key questions and then move from table to table, writing ideas on paper tablecloths.

- The *Partner for Change Café* is focused on two questions:
 - > How has stigma stopped us from partnering for change?
 - > What steps can you take to “partner for change” and build a community of acceptance and inclusion?
- Try and give the room a fun feel.
- Room facilitators will need to bring paper to be used as tablecloths. About 20 sheets of flipchart paper should do the trick.

Also required: candy, café menus (Appendix I).

AT 1:30 p.m.

The café host (room facilitator) will welcome the participants to the *Partner for Change Café* and provide a brief background on the “model.”

- “As the menu suggests, the café is an opportunity to share conversations so that we understand one another better.”
- “We can also learn the importance of networking and partnerships. Partnerships come in many sizes, from one-on-one partnerships to large community partnerships.”

CAFÉ CO-FACILITATOR

- Before starting this exercise, participants are to select and/or nominate one student to be the café co-facilitator.
- This student will shadow the room facilitator and speaker, and write down key learnings and ideas being discussed.
- This student will represent the room at the end of the day at the wind-up with all participants and tell the large group about some of the exciting ideas that emerged from their café.
- The student facilitator’s report to the large group should be no longer than three minutes. This report should primarily focus on ideas and discussion from Question 2.



CAFÉ ETIQUETTE

Point out to participants the etiquette rules in their menus. You should remind students that it is important to:

- Focus on what matters
- Acknowledge one another as equals
- Speak from the heart, as well as the mind
- Be aware of judgments
- Listen to understand: suspend certainty, let go of assumptions
- Slow down so we have time to think and reflect
- Listen together for patterns, insights, and deeper questions
- Share collective discoveries.

THE PROCESS

- Each table will be asked to select a student table leader. The table leader is responsible for jotting down ideas and points of information on the paper tablecloths. (Anyone at the table can also write things down during the conversation.)
- Let students know there will be discussions at each table, and then they will move a couple of times in order to hear ideas from around the room.
- Inform participants that there will be a group discussion at the end to summarize key points together.
- Remind the students (and teachers) that we are fortunate to have speakers with lived experience participating in the *Partner for Change Café*. And that many others in the room may have their own experiences with mental illness in their own lives and/or the lives of family and friends.

AT 1:40 p.m.

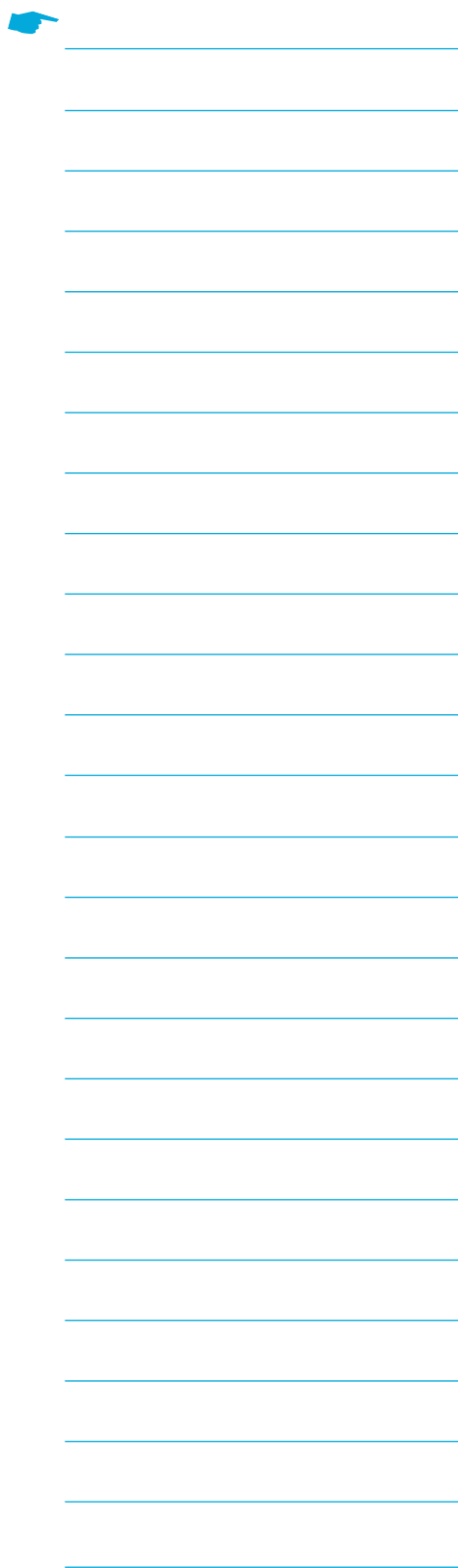
Ask your room’s speaker with lived experience to read question #1 aloud. This is the self-reflective question. Ask each table to begin to answer:

Question #1: How has stigma stopped us from partnering for change?

This conversation will go on for about 8 minutes. At 1:50 p.m., participants (other than table leaders) will be asked to move to another table where they will sit with new people. The table leaders stay at their original table.

AT 1:50 p.m.

Once settled, the table leaders will share with their new group a few highlights they recorded from the first group. Then have the new groups discuss Question #1 for five minutes. The table leaders will continue to write down points from this new group.





AT 1:55 p.m.

Ask the groups to move again, so they are again sitting with new people. Once settled, have the room's speaker with lived experience read Question #2 aloud. This is the action question.

Question #2: What steps can you take to partner for change and build a community of acceptance and inclusion?

Tell the group this is a brainstorming session and instruct them to write down ideas. As their lists grow, ask them to shift focus to what they will do (versus what they can do). Allow this to go on for seven minutes.

AT 2:02 p.m.

One last time, have the groups move to another table to meet new people and continue to discuss Question #2 for about seven minutes. Again, stress that there may be a difference in what they can do and what they will do. The student table leader who will be presenting to the large group will summarize what the group *will* do.

AT 2:09 p.m.

- Ask the participants to bring their attention back to the room as a whole.
- Process the experience with everyone. How was this café experience as a way of discussing new ideas and action items? What stood out for them?
- Is there a feeling that they have developed any actions or themes to go forward with?
- The facilitation team can now check the themes with the group.
- Summarize ideas and themes. Focus on Partner for Change – and on shared initiatives that participants can work on to turn into actions. “Do we have a Partner for Change message from the room?”

AT 2:20 p.m.

- Check-in with the group to discuss any additional thoughts or feelings that may have arose for them during or as a result of the activities.

AT 2:30 p.m.

Request a quick return to the large room for a wrap-up.

Appendix H

CONVERSATION CAFÉ MENU – Handout

THE POWER OF CONVERSATION DISCOVERING NEW MEANINGS

What to expect at a *Conversation Café*

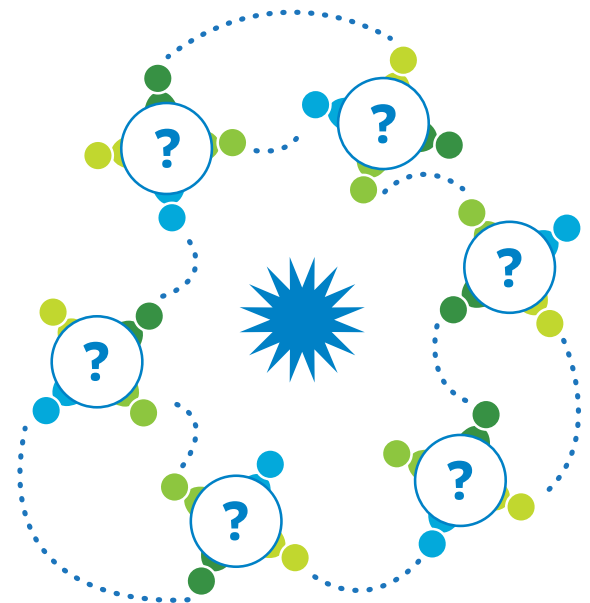
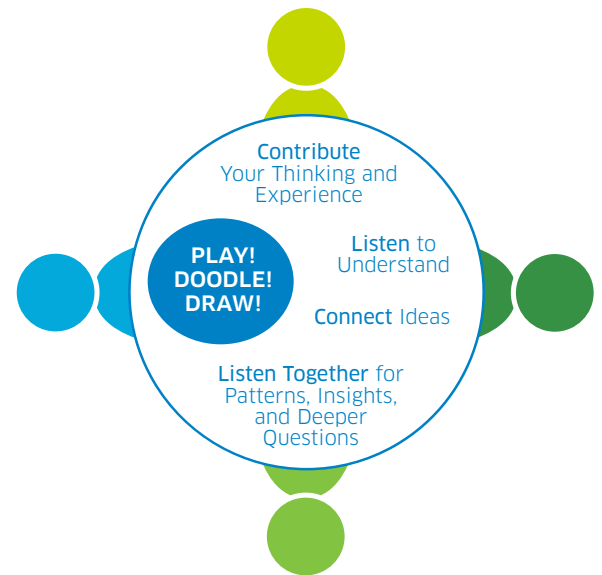
- You will be engaging in lively conversation about two carefully chosen questions.
- Only the table leader will remain at the table throughout the activity as he/she will have the important task of supporting the conversation, ensuring a positive sharing of ideas and communicating key themes to new conversationalists.
- We will change tables a few times throughout the café.
- After introducing ourselves in our small groups, we will have a conversation beginning with the first question to focus our thoughts.

Q1: provided a la carte at the workshop

Q2: offered as well at the workshop

For more information on this method, go to www.theworldcafe.com and www.sparc.bc.ca

As people share insights between tables, the “magic in the middle” and a sense of the whole become more accessible.



Appendix I

OPTIONAL ACTIVITY

EARACHE VS PSYCHACHE

1. Write the word “**Earache**” on the board. Ask the participants if they have ever had an earache and what it’s like to have one.
2. List the **symptoms** they provide on a flip chart or blackboard. Symptoms usually identified include: can’t eat, can’t sleep, don’t want to see their friends, want to stay in bed, hurts inside but you cannot see it, etc.
3. Ask **where they could go** or to whom they could turn if they had these symptoms. Youth will list walk-in clinic, parent, teacher, hospital, nurse, etc.
4. Ask **how long they would let it go** before they told someone about it or sought help. Usually youth will say no more than one day.
5. **What would happen if you told no one?** Youth will indicate that it could get worse and you could even die.
6. Erase earache and put the word “**Psychache**”
Ironically the symptoms of an earache mimic that of depression (can’t eat, can’t sleep, don’t want to see friends, etc.).
7. Ask participants **where they would go** if they had a psychache?
8. **How long would they wait to get help?**
Inform students they should seek treatment if depression symptoms persist for two weeks or longer (if they have suicidal thoughts they should seek treatment immediately).
9. **What could happen if they left it untreated?**
Usually there is limited knowledge of where to go or what to do.
10. Indicate to the group that this is what we are here to change.
11. **Go back to the list** of where we can go to get help and **add some appropriate resources.**





- This is a good place to describe the **difference between types of mental health professionals** (social worker/therapist, child and youth worker, psychologist, psychiatrist) and to let them know that most of these are available within their own school board.
- **Kids are often concerned about their friends.** Use this opportunity to discuss how supporting a friend can include sharing these resources or reminding them about these resources. It is important to remind students that they are not therapists and when someone is in need of therapeutic help, a friend’s support may not be enough.

The lesson here is that we have done a great job of teaching children and youth to recognize the symptoms of an earache as part of their physical health and to get help. In terms of youth mental health promotion, what we need to do now is to teach the symptoms of psychache and mental health, to ensure that youth know what to do before the pain becomes intolerable. There is no stigma (negative label) attached to having an earache and getting help for it but we still see and experience a lot of negative judgment toward experiencing a mental health problem.

We need to use mental health promotion to begin a dialogue about psychological pain and – as a community – find the teachable moments to address it. This is not limited to suicide prevention but includes all aspects of mental health promotion.



Appendix J

OPTIONAL ACTIVITY

MENTAL HEALTH/MENTAL ILLNESS CONTINUUM

Message to students:

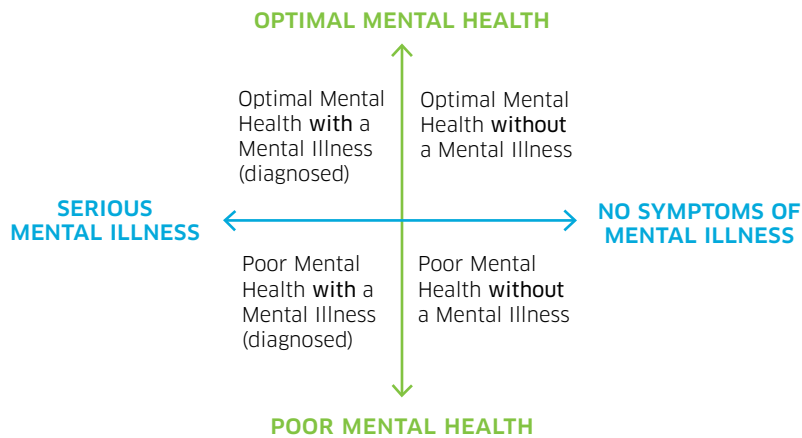
We all have physical health and we all have mental health. We have days and sometimes weeks when our physical health is not at its best (e.g., allergies, a sore arm or leg, a headache or stomach ache). These are all physical health concerns – not necessarily illnesses, but maybe something we need to watch if it continues, gets worse, or seems to have no understandable cause. Some of us, at different times in our lives, will develop a physical illness. With some sort of treatment, most physical illnesses will get better but some physical illnesses are more difficult to treat. Some of us will live with a physical illness, but with some support and strategies, be able to manage it and even feel “healthy and strong” while living with the illness.

Mental health is like physical health in this way. Some of us will have days or weeks when our mental health is not at its best. This is true for all people. If a concern continues, or gets worse, or gets in the way of us participating in our daily lives, getting help (like we would for an ear ache) is important. Some people may experience mental health problems or mental illnesses which, like physical illnesses will need varied lengths of time and types of treatment for a person to feel more mentally healthy.

On the chalk or white board, draw the diagram below starting with the arrows and bolded items. Draw each axis in a different colour e.g., Optimal Mental Health → Poor Mental Health in green; Serious Mental Health Illness → No Symptoms of Mental Illness in blue.



This diagram shows how mental health and mental illness are found on two separate continuums. Optimal mental health is at one end of the continuum, while poor mental health is at the other end. On the horizontal or blue axis, having a serious mental health illness is at one end of the continuum, while having no symptoms of a mental illness is at the other end. Ultimately, this means that someone can be mentally healthy with a mental illness and that someone can have poor mental health without a mental illness. (Adapted from Workplace Mental Health Promotion)






Mental Health
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of Canada

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