# OPENING MINDS
## PROGRAM OVERVIEW

Opening Minds Initiative, Mental Health Commission of Canada
May 2012

Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

# THE MENTAL HEALTH COMMISSION OF CANADA

In 2006, Canada's Standing Senate Committee on Social Affairs, Science and Technology completed a national review of mental health and addiction services in Canada. It was the most extensive study of the mental health system ever undertaken in Canadian history. One of the key observations in its final report, *Out of the Shadows at Last: Transforming Mental Health, Mental Illness, And Addiction Services in Canada*, was that there was a lack of national focus for mental health issues in Canada. To address this gap, the Committee recommended that the Government of Canada establish a Mental Health Commission (The Standing Senate Committee on Social Affairs, Science and Technology, 2006).

The Mental Health Commission of Canada was established the following year with the support of all of the federal parties. Funded through Health Canada, the Commission has a ten-year mandate to act as a catalyst for improving mental health systems and change the attitudes and behaviours of Canadians with respect to mental health issues. In its role as a catalyst, the Commission has created partnerships to focus on key projects and make recommendations to governments, service providers, and community leaders. Consulting with people who have experienced a mental illness and their family members is a central aspect of all of the Commission's work. Activities include developing Canada's first national mental health strategy, advancing knowledge exchange in mental health, examining how best to support people who are homeless and living with a mental illness, and a national anti-stigma initiative.

# OPENING MINDS

## CANADA'S LARGEST EVER ANTI-STIGMA INITIATIVE

*Opening Minds*, one of the Commission's major initiatives, was created in response to the knowledge that stigma is a major barrier to recovery. People with a mental illness often describe stigma as more life-limiting and disabling than the illness itself.

*Opening Minds* has a broad mandate to change the way Canadians see mental illness. The program recognizes that stigma is primarily a problem of behaviours that result in unfair and inequitable treatment for people with a mental illness and their family members. Thus, the goal of the program is to effect change that will result in tangible improvements in the day-to-day lives of those who experience stigma.

Based on feedback received in the 2006 national consultation undertaken by the Senate Committee, two key targets were identified for the first year of the program's operation. Subsequently, two target groups were added resulting in these four:

- Healthcare providers because they are often under pressure to see patients quickly and may not have the time or the training to adequately address mental health issues. People who seek help for mental health problems report that they often experience some of the most deeply felt stigma from front–line healthcare personnel.

- Youth 12-18 because the majority of adults living with mental illness say their symptoms developed before they were 18 years old. The fear of stigma often delays diagnosis and treatment; therefore, early intervention can make an enormous difference over a lifetime.

- The workforce because one out of every four or five employees is affected by a mental health problem every year. Many workers choose to go untreated rather than risk being labeled as "unreliable, unproductive, and untrustworthy." This is costing our economy billions of dollars annually.

- The news media because they have considerable influence in shaping public opinion. Stereotypes and misconceptions about mental illness are prevalent in our media. More than a third of the news stories about mental health focus on murder and violent crimes and often link these to mental illnesses.

The map below (Figure 1) shows the program sites that are currently partnered with the *Opening Minds* Initiative.

Figure 1
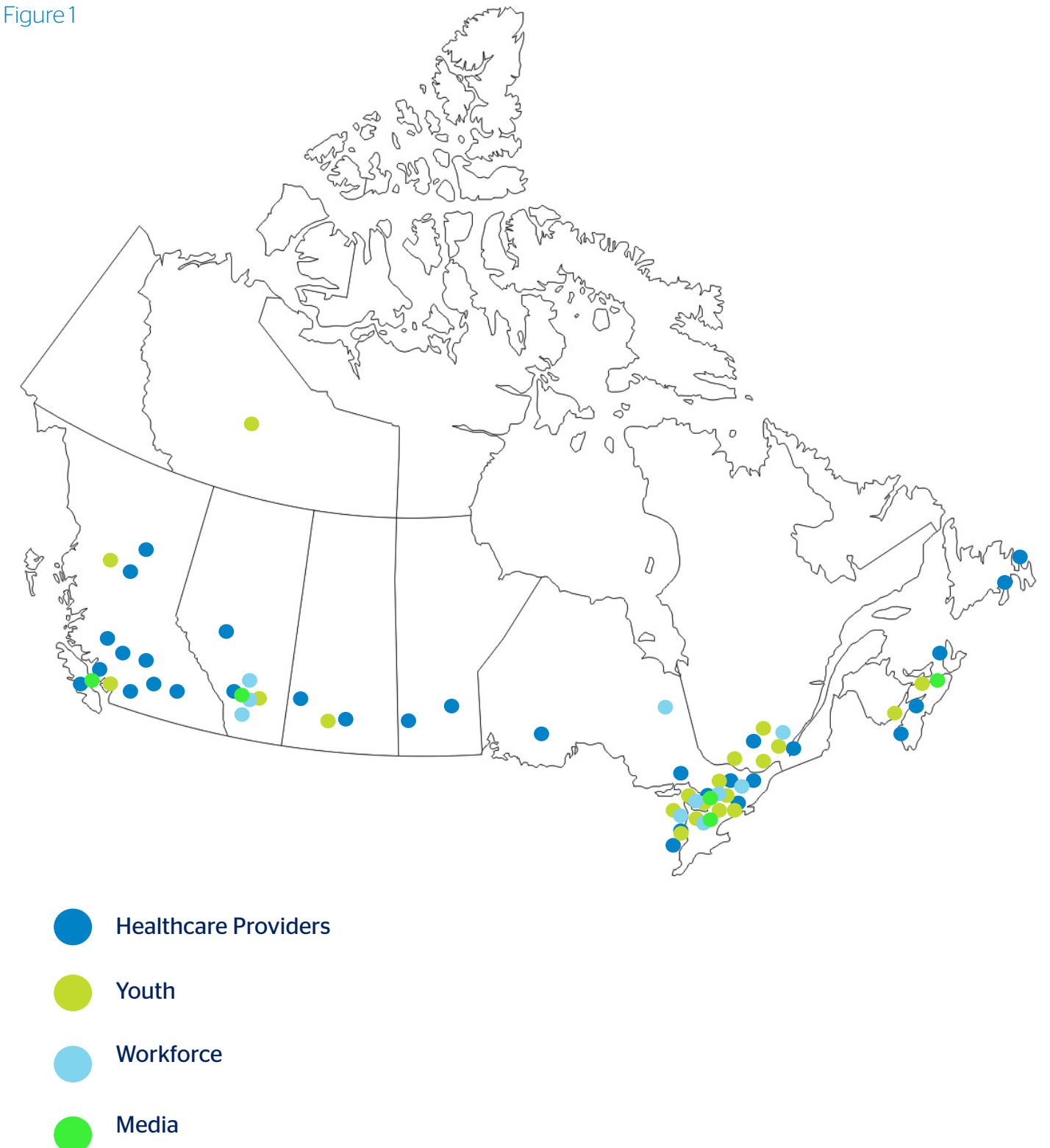


- **Healthcare Providers**
- **Youth**
- **Workforce**
- **Media**

# BUILDING PROGRAM PARTNERSHIPS FOR BETTER PRACTICES

While much of the ongoing international anti-stigma work involves large-scale public education campaigns, *Opening Minds* recognized that there was already important work ongoing throughout Canada at a grassroots level. If a national anti-stigma effort was to be sustained after the sunset of the Commission in 2017, existing programs would have to form the nexus for this effort. However, there was recognition that many of these programs had never been formally evaluated, so their effectiveness was unknown. The staff in many small programs, though interested in evaluation, have not had the resources or expertise to conduct evaluations on their own.

In order to build on these existing initiatives and provide an opportunity for program staff to access evaluation expertise and resources, *Opening Minds* has coordinated and funded a series of evaluation projects. The goal is to understand the best practices in the field, then create resources and toolkits that could be made available on a national (or international) scale to other communities and stakeholders who wish to begin their own anti-stigma efforts. In this way, the central operating tenet of the initiative has been to identify, document, and disseminate best practices in stigma-reduction using networks of existing programs as community leaders (see Figure 2).

*Opening Minds* has actively sought program partners to undertake pilot studies of existing programs. For example, in 2009, *Opening Minds* issued a 'Request for Interest' (RFI) to identify programs that were using evidence-informed or promising practices. The RFI was distributed widely through various mental health networks, institutions, associations, and individuals. Programs responded by expressing an interest in becoming potential evaluation sites and by agreeing to work with initiative staff and networks of university-based researchers to develop and conduct evaluations. This included collecting pre- and post-test data using standardized instruments (many of which were developed specifically by *Opening Minds*' research teams for this purpose); documenting program interventions, including the structures and processes needed to mount the program; and participating in knowledge exchange through helping to develop programs in other communities, contributing to technical reports, and

collaborating to develop academic publications. Because best practices are culled from the academic literature, ensuring that outcomes are reported in the peer reviewed literature remains an important goal. Close to 250 submissions were received; 44% focusing on youth audiences and 56% focusing on healthcare professionals. A small number targeted both groups. An impartial selection committee composed of national and international experts, including people with lived experience of a mental illness, family members, researchers, policy makers, mental health advocates, and anti-stigma experts reviewed the applications. Priority was given to programs that:

- Used contact-based interventions that directly involved people with a mental illness to design and deliver the intervention (Contact-based education involves trained speakers who have had personal experience with a mental illness to teach audiences about recovery and to engage them in discussions about mental illnesses.);
- Had stable funding so the program would not be in jeopardy of closing during the life of the evaluation; and
- Had the potential to be widely disseminated if demonstrated to be effective.

Programs were deemed to be out of scope if they did not directly address stigma (such as clinical programs without a clear anti-stigma focus), were not yet operational, or were requests for research or program funding.

The review panel assessed 103 submissions targeting youth and 130 submissions targeting healthcare providers, reflecting the two target groups that had been chosen for the first wave of the *Opening Minds* initiative.

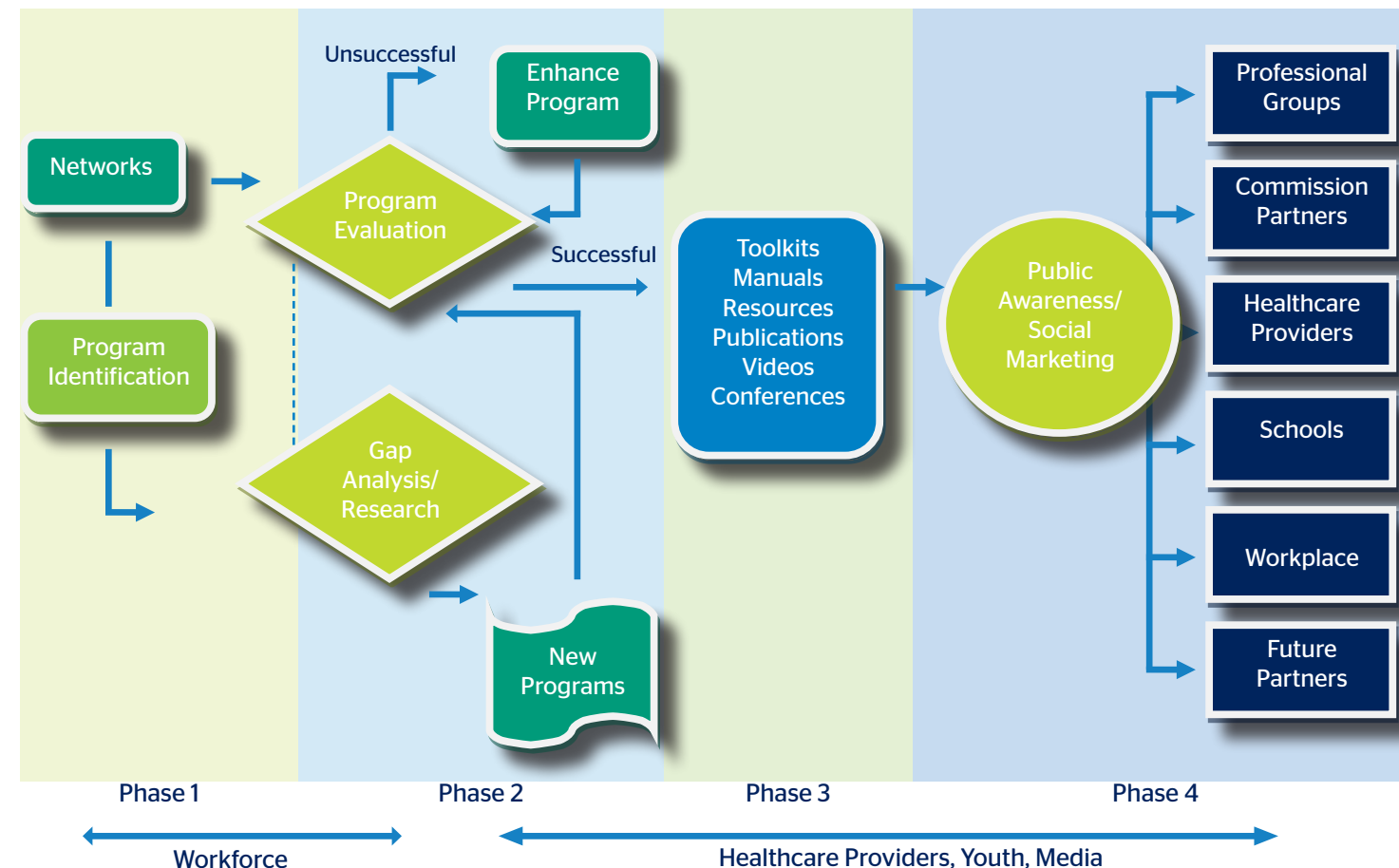## Figure 2: Process Model, *Opening Minds* Anti-stigma Initiative

Table 1 summarizes this information and shows that less than a third of the programs used direct contact in their educational approaches and only one in 10 reported that people with lived experience had been involved in the planning of the program. Programs targeting healthcare providers were significantly more likely to use a traditional didactic educational approach. Funding was a challenge for many programs and just under half reported that they did not have stable funding at the time of the submission. Less than half had been formally evaluated and of those that had, a minority resulted in reports that were published in the peer reviewed academic literature where they would be available for best practice reviews. The review panel identified 20 youth programs and 17 healthcare provider programs to form the first two evaluation networks.

Principal academic investigators were recruited for each evaluation network and a research associate was assigned to support the evaluation activities.

Program representatives attended a face-to-face planning meeting in Toronto to discuss their participation and identify the requirements for the evaluations. All agreed that programs delivering similar interventions would use similar evaluation strategies with common assessment tools. In this way, outcomes could be compared across settings to help determine which program activities would yield the greatest effects.



## Table 1: Characteristics of Submissions

| Program Characteristic | Youth Group % of 103 | Healthcare Provider Group % of 130 |
|---|---|---|
| **Level of Consumer Involvement *** | | |
| • Direct | 29% (30) | 20% (26) |
| • Indirect (eg: video) | 13% (13) | 10% (13) |
| • Involved in planning | 6% (6) | 10% (13) |
| • No consumer involvement | 61% (63) | 69% (90) |
| **Program Approach *** | | |
| • Education | 29% (30) | 39% (62) |
| • Treatment oriented | 31% (32) | 30% (39) |
| • Promotion/prevention | 15% (15) | 7% (9) |
| • Advocacy | 2% (2) | 8% (10) |
| • Theatre of Arts | 8% (8) | 4% (5) |
| • Engagement | 5% (5) | 2% (3) |
| • Other (non-program) | 11% (11) | 14% (18) |
| **Stable Funding** | | |
| • Yes | 54% (55) | 57% (71) |
| • No | 21% (21) | 20% (25) |
| • Uncertain | 26% (26) | 23% (28) |
| **Ever Evaluated:** | | |
| • Yes | 46% (47) | 44% (53) |
| • No | 46% (47) | 47% (56) |
| • Uncertain | 8% (8) | 9% (11) |
| **Evaluation Report Published** | | |
| • Academic Journal | 7% (7) | 3% (4) |
| • Technical Report | 6% (6) | 4% (5) |
| • Unpublished | 79% (81) | 80% (104) |
| • Uncertain | 9% (9) | 14% (17) |
| **Invitation Extended - Phase I** | 19% (20) | 13% (17) |
| *Because programs could have multiple dimensions, percents do not add up to 100 (multiple responses were coded). | | |

## EXPANDING THE TARGETS

Following these initial developments, Opening Minds enlarged their target groups to include workplaces, and the media through journalism schools. Staff actively recruited partners from these settings. *Opening Minds* staff approached potential partners and recruited them to become involved. For example, in the case of journalism schools, Opening Minds staff approached former journalism colleagues who were in administrative or teaching roles. Early successes were used to engage an even wider network of partners.

In addition, *Opening Minds* has held justice symposia in two provinces, as it begins to reach out to the additional groups showing an interest in the initiative's activities, such as police, lawyers, and prison workers. Opening Minds has also worked closely with the Commission's advisory committees looking to reduce stigma experienced by particular sectors of society, such as seniors. The efforts to reduce stigma among seniors is largely being informed by *Opening Minds'* efforts to reach out to healthcare providers.

## UNIVERSITY PARTNERSHIPS

*Opening Minds* has developed a multi-disciplinary network of various university-affiliated researchers to work with target programs to develop, implement, analyze, and report evaluation results. In some cases, such as the media monitoring study (described below), researchers responded to a 'Request for Proposals' and were chosen following a scientific review. In other cases, individual researchers were recruited based on their unique expertise and on the strength of peer recommendations. Principal Investigators (PIs) are supported by research associates and students. As well as providing a focal point for program evaluation and the development of best practices, the support provided to students is intended to help develop greater capacity for applied stigma-related research in Canada. Table 2 shows the current team members and their university affiliations.

## Table 2: University Partnerships

**Youth Projects**

- Heather Stuart, PhD (Epidemiology), Queen's University Senior Consultant and PI, Youth Projects
- Shu-Ping Chen, PhD (Rehabilitation), Queen's University, Post-doctoral Fellow
- Michelle Koller, PhD Candidate (Epidemiology), Queen's University, Research Associate

**Healthcare Providers**

- Scott Patten, MD, FRCP, PhD (Epidemiology), University of Calgary, PI, Healthcare Provider Projects
- Geeta Modgill, MSc (Epidemiology), University of Calgary, Research Associate

**Workplace Projects**

- Terry Krupa, PhD (Rehabilitation), Queen's University, PI, Workplace Projects, Central and Eastern Canada
- Bonnie Kirsh , PhD (Rehabilitation), University of Toronto, PI, Workplace Projects, Central and Eastern Canada
- Keith Dobson, PhD (Psychology), University of Calgary, PI, Workplace Projects, Western Canada
- Andrew Szeto, PhD (Psychology), University of Calgary, Research Associate, Workplace Projects, Western Canada
- Carolyn Dewa, PhD (Health Services Research), University of Toronto, PI, Economic Evaluations
- Lucy Trojanowski, MA, University of Toronto, Research Associate

**Media Monitoring Project**

- Rob Whitley, PhD (Psychiatry), PI, McGill University
- Sarah Berry, PhD Candidate (Sociology), McGill University, Research Associate

Journalism students at the University of King's College in Halifax hear about the effects of stigma from OM speaker.

## DEVELOPMENT OF MEASURES

As a building block to evaluation, researchers have developed and tested a number of measurement scales appropriate for use among high school and primary school students, healthcare providers, workplaces, and the general population. Of particular importance is the development of a stigma module that measures the frequency and impact of stigma experienced by people who have received treatment for a mental illness. This brief module was developed and tested in conjunction with Canada's national reporting agency (Statistics Canada) for use in population surveys. It was used in a rapid response survey of 10,000 Canadians funded by *Opening Minds*, and is currently being used in a community mental health survey of some 35,000 Canadians. To our knowledge, this is the first nationally representative survey of personal experiences with stigma and it reflects an important structural improvement in the way national data are collected. A complete measurement toolkit is available on request.

## YOUTH

Youth programs are nearing completion of their second phase of activity. In the first phase, a common measurement tool was developed and psychometrically tested. The scale was developed by harmonizing instruments across programs. Existing items were used to develop a pool of questions, which were then augmented by items from the peer reviewed scientific literature. Items were chosen for ease of reading and clarity of concepts. Draft scales were then circulated throughout the youth evaluation network for comment and revision. The scale was tested for readability (at the Grade 8 level) and several items were further revised or omitted. Several iterations were conducted until all partners were in agreement with the scale. A graphic artist was then commissioned to format the scale to be interesting to high school students.

During the winter and spring of 2011, programs used the new instrument as part of their regular data collection activities. Data on more than 600 students were submitted for formal psychometric assessment. The Stigma Stereotype scale measured students' ideas about the controllability of mental illnesses (four items), the potential for recovery (two items), and the potential for people with a mental illness to be violent and unpredictable (five items). The Social Tolerance Scale measured students' desire for social distance (seven items) and feelings of social responsibility for mental health issues (four items). The scales were shortened following the psychometric analysis, retaining the strongest items.

The second wave of the evaluation took place in the 2011/2012 school year. Programs used the revised scales to collect data on more than 10,000 youth from locations across Canada. Analysis is ongoing, but preliminary results are positive with some variability across programs and across scale items. In order to gain a better understanding of how program delivery has influenced these scores, in-depth program reviews are underway. Standardized program characteristics will be used in further quantitative analyses to identify the 'active ingredients' of program delivery, and the qualitative data will be used to create detailed logic models that capture the best practices in the field. This information will be consolidated into tool kits that can be widely disseminated.

All of the partner programs being evaluated involve schools. The selection varies in terms of content, methods of delivery, and length of program. For example, included programs are delivered in classrooms or school assemblies; contact-based education is delivered as part of a one-class effort, a five-day curriculum about mental illness, or over a school term; one specific program provides computer-based learning to students either in class or online; an anti-stigma drama production for elementary school children brings several schools to a theatre production; vignettes of real-life mental health issues lived by the youth are acted out by the youth themselves; and a story-telling program where issues and content are tailored for individual high schools.

Once the evaluations have been completed, the variety of successful programs will provide schools and boards across Canada with choices most appropriate for their own students, in their particular communities.



Artwork created through partner initiatives and by people with lived experience of mental health issues is showcased during the Together Againt Stigma: Changing how we see mental illness 2012 Conference.

## HEALTHCARE PROVIDERS

Similar to activities reaching the youth target group, one of the first tasks for Opening Minds and the healthcare research team was to develop a new survey tool to measure changes in attitudes and behaviours among healthcare providers. Extensive interviews and focus groups were conducted to refine and evaluate the scale. The scale development process and the scale are the subject of a journal article being published by BMC Psychiatry in 2012.

The list of healthcare programs partnering with *Opening Minds* is fluid as new ones come to light that can help address gap populations. Several partner programs take place in universities, where healthcare professionals are trained. For example, three pharmacy schools utilize a similar kind of program designed to reduce stigma and help pharmacy students become more comfortable communicating with people who have mental health issues. Research results from the three schools have been pooled, and the evaluation shows positive results. An article about the results has been submitted to an academic journal for publication. Other university programs being evaluated include: two separate medical school mental health modules, an occupational therapy specialized course, and a psychiatric nursing program, all using different methods to reduce stigma.

When it comes to efforts aimed at healthcare providers, not as many programs came to light through the original RFI process. One that did was Ontario's Central Local Health Integration Network or LHIN (see section "Evolving Network of Practices" below, and Figure 1). These programs take place in hospital or clinic settings and reach nurses, triage teams, and therapists who work directly with patients. Early on in the process, *Opening Minds* staff realized physicians were not attending these programs for a variety of reasons, so they proved to be a difficult target to reach. As a result, *Opening Minds* sought out new methods and partnerships to engage doctors. For example, an online program, accredited for continuing medical education, has been developed in partnership with a number of organizations, including the Canadian Medical Association and Mood Disorders Society of Canada. One of the creators of the online program is a British Columbia psychiatrist who came to Opening Minds' attention after she developed a mental health program for family doctors in British Columbia.



Artist Niki Hylins shares her story of stigma through a program of the B.C. Interior Health Authority, a successful initiative evaluated by Opening Minds.

That program is being evaluated, as is a shorter version created for and delivered to family doctors at the College of Family Physicians Canada annual meeting in the fall of 2011.

Another interesting item has been developed to spawn interest in the issue of stigma among physicians. It is called an "IAT," or Implicit Association Test, created by a training psychiatrist at McGill University with assistance from an Opening Minds research associate. The Physician IAT is now available for expanded use.

## WORKPLACES

Workplaces are increasingly recognized as an important point for anti-stigma programming. Mental illnesses cost the Canadian economy billions of dollars annually in disability claims, medical services, absenteeism, and reduced productivity while at work (or presenteeism). The majority of workers who experience mental health-related problems do not seek help because they worry about being stigmatized by employers, supervisors, or colleagues. *Opening Minds* is partnering with employers in many different sectors in Canada to identify workplace programs (those that are publicly available and some that are proprietary) that could effectively reduce stigma in the workplace. Through a series of pilot evaluation projects, Opening Minds is partnering employers with workplace anti-stigma programs that are tailored to meet their specific needs. For example, the Region of Peel (a large municipality west of Toronto) has been using a program developed by the Ontario branch of the Canadian Mental Health Association, Mental Health Works. Initially this program was aimed at managers and supervisors. In June 2012, the program will be provided to all 4,800 employees in the region. In addition to identifying best practices in workplace anti-stigma programs, *Opening Minds* is also working with a health economist and employers to identify the return-on-investment for employers who use these programs. By establishing a business case for Canadian companies, it will be possible to advocate for improved mental health programming in the workplace.

## THE MEDIA

Media symposia have been offered to students at Mount Royal University, Bachelor of Communications – Journalism (Calgary), University of King's College, School of Journalism (Halifax), Carleton University, School of Journalism and Communications (Ottawa), Ryerson University, School of Journalism (Toronto), and University of British Columbia, Graduate School of Journalism (Vancouver). Students hear from a reporter who specializes in health policy, a news media research expert, as well as a family member and two young people with lived experience of mental illness. Recently, a forensic psychologist who has extensive experience dealing with the news media was added to the panel. The first time the media symposium was offered, a media expert from the United States illustrated stigmatizing news stories from that country. Canadian research was lacking; consequently, the students were somewhat unconvinced that Canadian news reporters were as stigmatizing. In order to provide clear Canadian examples, *Opening Minds* established a media monitoring project. Researchers at McGill University are content-analyzing stories about mental illness presented in all major Canadian newspapers, as well as on television, radio, and the internet. The study has examined more than 11,000 English and French language news stories dating back to January 2005. It is focusing on the use of stigmatizing language and tone as well as other trends. This is the first national Canadian study of news content pertaining to mental illnesses. As well as providing Canadian-specific examples for the journalism symposia, this project will track changes over time and isolate patterns of reporting following unusual incidents involving someone with a mental illness.

Results from the first symposium offered to Mount Royal students in Calgary, Alberta, demonstrated a positive outcome. Following the symposium, there was a statistically significant reduction in stigma scale scores (reflecting a 5% overall reduction in the aggregated scale score) with large item-specific change in questions pertaining to attributions of dangerousness and unpredictability (reflecting a 26% improvement). The majority of students reported that the symposium had changed their views of people with a mental illness, and half reported that they would change the way they would report stories involving someone with a mental illness. Results of this evaluation have been published and are available on request.

Media researchers at McGill University were recently successful in obtaining a grant from the Canadian Institutes of Health Research to hold a Café Scientific in Montreal to discuss mental illness stigma and the media. These cafés are situated in a restaurant, pub, or other local establishment with easy access and usually involve a light dinner followed by a panel discussion. They are intended to extend scientific discourse to the wider community. Members of *Opening Minds*, along with a prominent reporter, were included in the panel. The café was a great success; the room was filled to capacity, including members of the scientific community, policy makers, government officials, people who had personal experience with mental illness, and students. The discussion was vibrant and extended past the scheduled closing time.
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Students from the University of King's College School of Journalism, learn about what they can do to reduce stigma in their news reporting



Panelists representing Canada's journalists and researchers gather at Together Against Stigma: Changing how we see mental illness 2012 Conference to discuss the role the news media plays in perpetuating stigma.

## EVOLVING NETWORKS OF PRACTICE

A key component of the *Opening Minds* approach is to foster networks of practice so that local programs can develop a wider reach and contribute to a national effort. Figure 3 shows an example of one of the networks that has been evolving. It focuses on a contact-based educational program that was developed by the regional health authority in Central Ontario (termed Local Health Integration Network, or the Central LHIN) and evaluated by the Opening Minds health provider research team and found to be effective. The program was adopted and adapted by two additional LHINs in Ontario (the South East and the Central East), by the IWK health centre in Halifax, Nova Scotia, and by Alberta Health Services. In addition, British Columbia's Interior Health Authority has adopted the program for use in seven communities. The DVD that was developed by *Opening Minds* to provide Canadian examples of people's stigma experiences with healthcare providers has now been used in five provinces (British Columbia, Alberta, Ontario, Nova Scotia, and Prince Edward Island), and by two professional associations (The Canadian Psychiatric Association and the Canadian Medical Association). In the meantime, in response to follow-up research that demonstrated that positive changes in some areas were not sustained in a three month follow-up, the Central LHIN is developing a Phase II program to expand its anti-stigma work. This pointed to the need for booster sessions and additional innovative programs to entrench the positive outcomes from the initial course.

Figure 4 provides a network example from the youth pilot programs. The Durham Region Talking about Mental Illness Program (TAMI) is a contact-based educational program for high school students that was adapted from a program originally developed in partnership between the Centre for Addiction and Mental Health, the Mood Disorders Association of Ontario, and the Canadian Mental Health Association. In addition to being delivered to more than 5,000 students in the Durham region, it has been included as one of the *Opening Minds* pilot evaluation projects. In response to positive evaluation data, *Opening Minds* served as a catalyst for the Durham TAMI leaders to deliver a day-long workshop to decision makers in Yellowknife in the fall of 2011. Early in 2012, the government of the Northwest Territories implemented a pilot program for all Grade 8 students in Yellowknife. If successful (evaluation is underway), it will be implemented more widely in the Northwest Territories. The program has also influenced a number of key decision makers, school boards, and the media.

## SUMMARY

*Opening Minds* is currently working with more than 80 partners and developing more each day. At least half of those partners are currently involved in developing and evaluating contact-based anti-stigma interventions that, once they have been demonstrated to be effective, have the potential to be disseminated broadly. Fostering grassroots initiatives and working with university-affiliated researchers to develop evaluation networks focusing on target groups (youth, healthcare providers, journalism students, and workplaces), are key components of the *Opening Minds* strategy.

Participants at Together Against Stigma: Changing how we see mental illness 2012 Conference

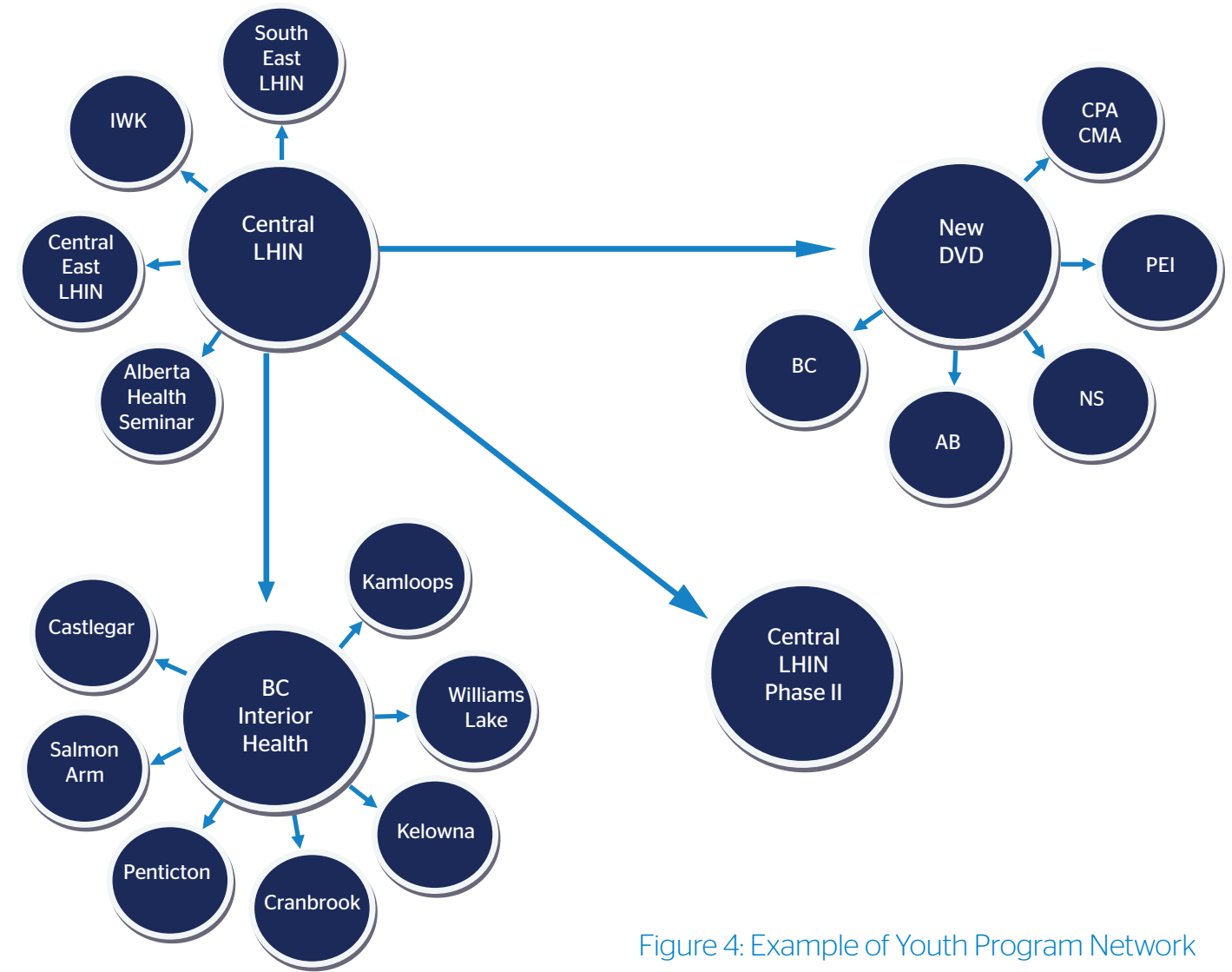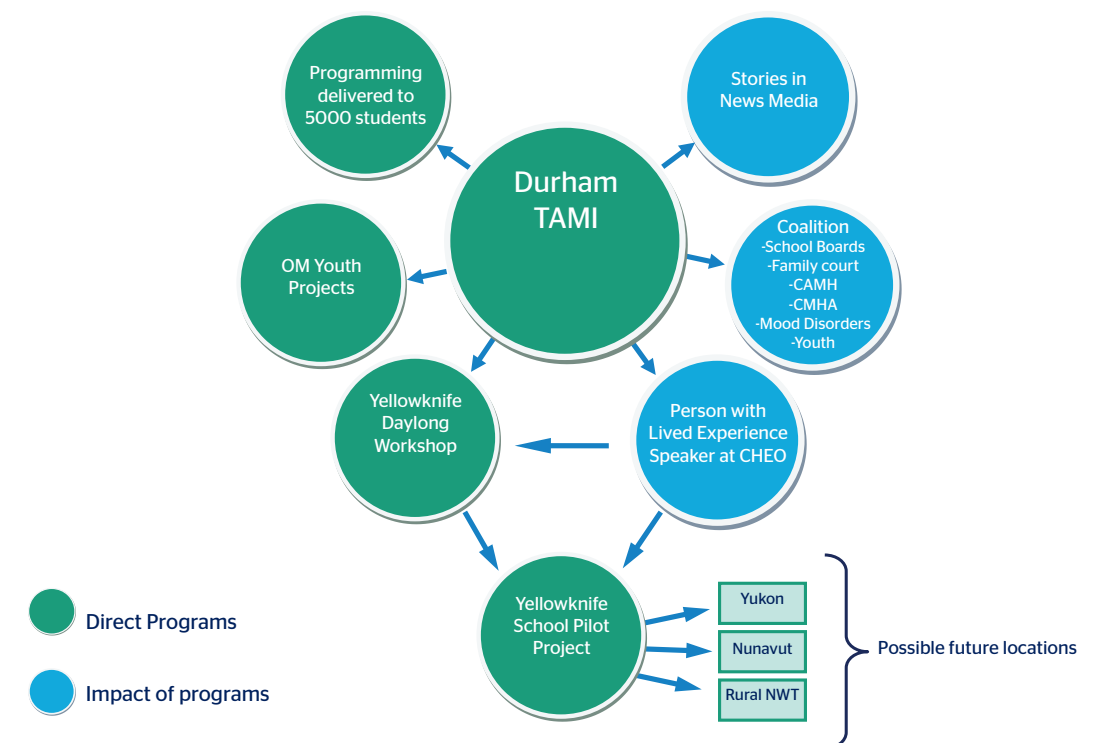### Figure 3: Example of a Healthcare Provider Network

### Figure 4: Example of Youth Program Network

Bonnie Kirsh: Principal Investigator for the Workforce

An associate professor in the Department of Occupational Science and Occupational Therapy at the University of Toronto, Bonnie's primary research focuses on community and work integration for persons with mental illnesses. Another area of research is workplace mental health, including trajectories of persons who experience depression at work and related issues of disability management and return to work.

Terry Krupa: Principal Investigator for the Workforce

Terry is a professor in the School of Rehabilitation Therapy at Queen's University in Kingston. Her research, teaching, and practice have focused on ensuring the full and meaningful community participation of people who experience mental illness.

Keith Dobson: Principal Investigator for the Workforce

A professor of Clinical Psychology at the University of Calgary, his research interests include psychological models of and treatments for various disorders, particularly depression. In addition, Keith has written about ethical and professional issues in mental health treatment.
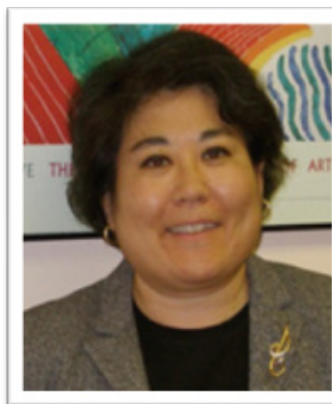
Carolyn Dewa: Principal Investigator for Workplace Mental Health Economics

Carolyn is a professor at the University of Toronto in the Department of Psychiatry, as well as the Department of Health Policy, Management and Evaluation. She also heads the Centre for Addiction and Mental Health's Centre for Research on Employment and Workplace Health, and currently holds a Canadian Institutes of Health Research/Public Health Agency of Canada Applied Public Health Chair.
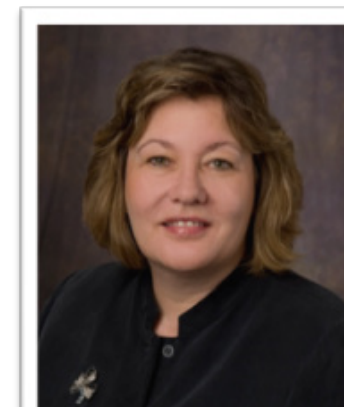
Scott Patten: Principal Investigator for Healthcare Providers

Also at the University of Calgary, Scott teaches in the Department of Community Health Sciences. The focus of his work is on the longitudinal epidemiology of major depression, with the main goal of integrating epidemiologic estimates of incidence, recurrence, prevalence, episode duration, and mortality into a comprehensive epidemiologic picture. He also has expertise in methodological approaches to the analysis of longitudinal data
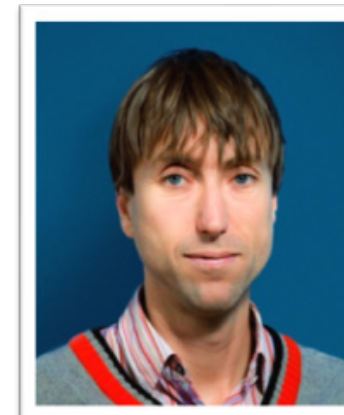
Robert Whitley: Principal Investigator for Mental Illness and Media Project

An assistant professor in the Department of Psychiatry at McGill University and at the Douglas University Mental Health Institute, Rob has a particular interest in recovery from severe mental illness and the role of stigma and religiosity in enhancing or impeding recovery. He is conducting a systematic analysis of media coverage of mental illness in Canada in order to discern whether the media is taking a more positive approach to mental health.

Heather Stuart: Principal Investigator for Youth and Senior Consultant for Opening Minds

Heather's main research interests are in the areas of psychiatric epidemiology and mental health services. Her main goals have been to undertake applied research that helps policy makers and planners solve day-to-day problems and make evidence-informed decisions. She has worked in both hospital- and community-based mental health treatment systems and on international projects with the World Health Organization, the Pan American Health Organization, and the World Psychiatric Association.

OPENING MINDS PARTNERS

Professional Associations
Alberta Medical Association
British Columbia Medical Association
Canadian Medical Association
Canadian Psychiatric Association
College of Family Physicians of Canada
Royal College of Physicians and Surgeons

Program Providers
Canadian Mental Health Association
- Calgary
- Caribou Chilcotin, Williams Lake
- Champlain East Branch, Cornwall/Ottawa
- Grand River Branch, Guelph
- Halton Region
- Hamilton
- Thunder Bay Branch

Centre for Addiction and Mental Health, Hamilton, Ontario
Canadian Mental Health Association, Ontario
Centre for Building a Culture of Recovery, Penetanguishene, Ontario
Children's Mental Health Ontario
Digby Clare Mental Health Volunteers Association, Digby, Nova Scotia
Dream Team/Houselink, Toronto, Ontario
Elevated Grounds, Toronto, Ontario
Family Outreach and Response, Toronto, Ontario
Hands – TheFamilyHelpNetwork.ca
Healthy Aboriginal Network, Vancouver, British Columbia
Iris the Dragon (Charity), Perth, Ontario
Laing House, Halifax, Nova Scotia
Mental Illness Foundation, Montreal, Quebec
Mike's Story, Montreal, Quebec
mindyourmind, London, Ontario
Mixed Company Theatre, Toronto, Ontario
Mood Disorders Association of British Columbia, Vancouver
Mood Disorders Society of Canada
Mood Disorders Association of Ontario, Toronto
Progress Place and the University Health Network (UHN), Toronto, Ontario
Provincial Centre of Excellence for Child and Youth Mental Health, CHEO, Ottawa, Ontario
Schizophrenia Society of Alberta, Calgary Chapter
Schizophrenia Society of Saskatchewan, Regina Chapter
Schizophrenia Society of Saskatchewan, Saskatoon Chapter
Self Help Alliance, Guelph, Ontario
Stand Up For Mental Health, Vancouver, British Columbia
Toronto District School Board, Ontario
Workman Arts, Toronto, Ontario
Health Service Providers
Alberta Health Services, Alberta
British Columbia Interior Health, Castlegar, Kelowna, Williams Lake, Penticton, Cranbrook, Kamloops, and Salmon Arm, British Columbia
CAMH – Centre for Addiction and Mental Health, Toronto, Ontario
Cape Breton Regional Health Authority, Nova Scotia
Central East Local Health Integration Network (LHIN), Oshawa, Ontario
Central LHIN, Markham, Ontario
Centre hospitalier universitaire, Sherbrooke, Quebec
Children's Hospital of Eastern Ontario, Ottawa, Ontario

Community Health Centres in Ontario: South Riverdale, Central Toronto, Unison
Izaak Walton Killam (IWK) Health Centre, Halifax, Nova Scotia
Lakeridge Health, Oshawa, Ontario
Louis H. Lafontaine Hospital, Montreal, Quebec
North Bay General Hospital, North Bay, Ontario
Ontario Shores Centre for Mental Health Sciences, Whitby, Ontario
South East LHIN, Belleville, Ontario
United Health Network, Toronto, Ontario

Universities
Brandon University, Brandon, Manitoba
Carleton University, Ottawa, Ontario
Dalhousie University, Halifax, Nova Scotia
McGill University, Montreal, Quebec
MDcme
Mount Royal University, Calgary, Alberta
Memorial University, St. John's, Newfoundland
Ryerson University, Toronto, Ontario
University of Alberta, Edmonton, Alberta
University of British Columbia, Vancouver, British Columbia
University of Calgary, Calgary, Alberta
University of King's College Journalism School, Halifax, Nova Scotia
University of Saskatchewan, Saskatoon, Saskatchewan
York University, School of Social Work, Faculty of Liberal Arts and Professional Studies, Toronto, Ontario

Employers – Private
Canadian Pacific Railways, Calgary, Alberta
McElhanney Land Surveys Ltd., Calgary, Alberta, with offices across Alberta and in Fort St. John, British Columbia
TELUS, Barrie and Scarborough, Ontario
Employers – Public
Alberta Health Services
Canadian Forces
Government of Northwest Territories: Department of Health and Social Services
Government of Ontario: Ministry of Education; Ministry of Colleges and Universities; Ministry of Government Services; Ministry of Community and Social Services
Health Canada, Alberta
Region of Peel, Ontario

Other
Alberta Criminal Justice Association
Astra Zeneca
Bell Canada
Canadian Human Rights Commission
Manitoba Criminal Justice Association
Statistics Canada

Works Cited
The Standing Senate Committee on Social Affairs, Science and Technology, 2006. Out of the Shadows at Last: Transforming Mental Health, Mental Illness, and Addictions Services in Canada. Ottawa: The Parliament of Canada.

# OPENING MINDS

## PROGRAM OVERVIEW

Opening Minds Initiative, Mental Health Commission of Canada
May 2012

Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada