



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 you with information regarding the roles of the coordinator, speakers, students, and community organizations. It will provide you with a roadmap based on the Mental Health Commission of Canada's Opening Minds' anti-stigma research which shows that contact-based education will improve students' knowledge, attitudes, and intended behaviours towards those living with a mental illness or mental health problem. If you follow this toolkit closely, students should leave a regional summit ready to implement anti-stigma action plans in their schools and communities.

## **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

The Mental Health Commission of Canada (MHCC) and Opening Minds (the MHCC's anti-stigma program) would like to acknowledge the Durham Talking About Mental Illness (TAMI) Coalition, which is made up of over a dozen organizations (for more information, visit [www.tamidurham.ca](http://www.tamidurham.ca)). The MHCC and the Opening Minds research team has recognized their Youth Anti-Stigma Summit model as a promising practice; the TAMI model and their experience and insight have been invaluable to this toolkit's creation. Their work has also informed the toolkits *Sharing Your Personal Story: Speaker Toolkit* and *Your Speaker's Story: Speaker Trainer Toolkit*, which are important components of the HEADSTRONG youth anti-stigma initiative. We are grateful that the Durham TAMI Coalition and the Ontario Shores Centre for Mental Health Sciences have allowed us to share their work with the rest of Canada.



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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?

We know that youth who are struggling with their mental health have difficulty succeeding at school and this impacts greatly on post-secondary dreams and aspirations.

We also know that 70% of adults living with a mental health problem or mental illness state that the onset of their symptoms began when they were teenagers.

- The fear of stigma often delays diagnosis and treatment, yet early intervention can make a dramatic difference in quality of life.
- Only one in six children diagnosed with a mental health problem or mental illness will get treatment.
- 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, adolescents are one of the best targets for anti-stigma campaigns (Corrigan et. al., 2005). This developmental period lays foundations for adult attitudes and beliefs which – if positive – could prevent stigmatizing behavior in the future.



### REASONS FOR ANTI-STIGMA PROGRAMS IN SCHOOLS

We know that high school is when many begin to experience symptoms often associated with mental health problems or mental illnesses. However, because of stigma and a lack of understanding and education, many students don't know who to turn to for help, or are embarrassed or scared to discuss their feelings. 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

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# 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 (or protest), 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

### 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

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## SUMMIT MASTER OF CEREMONIES (M.C.)

- Welcome registrants to the summit
- Deliver any housekeeping announcements
- Deliver the Yes – No/Up – Down Icebreaker
  - > See Appendix D
- 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



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## **LISTEN TO THE STUDENTS**

Students should be recognized as experts in helping to design summits. Here are some student recommendations from previous summits:

- Include a combination of lecture and small-group experiential exercises in the agenda.
- The speakers with lived experience should remain with students throughout the day. They should work with students in the large group setting and in smaller breakout sessions.
- Students want the opportunity to get to know their peers from other schools. Give them time to discuss strategies for making positive change.
- Summit participants were the driving force behind the development of resources to help guide activities in their home schools (such as an action guide, activity starters and toolkits).
- When students said that they wished they had anti-stigma training at a younger age, TAMI created a summit model which is now being used with elementary students.

Remember: Listening to feedback from students is key to developing a successful summit.

## **CREATE A THEME**

A theme for the day helps give focus, direction and vision. An overarching theme could be *Stomping Out Stigma* (talking about mental illness). Summit themes could be *Step Into Change* and *Creating Agents of Change*. These themes give each student and school staff a consistent message and keep the focus on advocacy and change.

## **SPEAKERS AND SPEAKER TRAINING**

Success requires that speakers be properly trained and supported as they develop their story presentation, always focused on hope and recovery. Speakers’ skills develop over time. Speaker training usually takes between three and six months. Support is also important during the Q&A following a speaker’s presentation. (Please see *Sharing Your Personal Story: Speaker Toolkit* and *Your Speaker’s Story: Speaker Trainer Toolkit* for more information.)

## 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 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.









## 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.




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# 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.

<b>8:30–9:30 a.m.</b>	<b>REGISTRATION</b> <ul style="list-style-type: none"> <li>• Students and staff get a chance to meet and mingle</li> <li>• Continental breakfast</li> <li>• Could show an inspirational slide show with music in the lecture theatre</li> </ul>
<b>9:00–9:45 a.m.</b>	<b>INTRODUCTORY SESSION   Lecture Theatre</b> <ul style="list-style-type: none"> <li>• Welcome and setting the vision for the day</li> <li>• Keynote speaker and a speaker who is a person with lived experience to set the tone</li> <li>• Create a safe environment</li> <li>• Yes–No/Up–Down Survey</li> </ul>
<b>9:45–10:30 a.m.</b>	<b>SMALLER GROUP ACTIVITIES   Breakouts Rooms</b> <ul style="list-style-type: none"> <li>• Housekeeping</li> <li>• Debrief the presentation of the first speaker with lived experience in the introductory session</li> <li>• Activity: Porcupine Map <ul style="list-style-type: none"> <li>&gt; Speaker story and Q&amp;A; Student volunteer selected to introduce room speaker</li> <li>&gt; See Appendix D</li> </ul> </li> </ul>
<b>10:30 – 10:45 a.m.</b>	<b>MORNING NUTRITION BREAK</b>
<b>10:45 – 11:45 a.m.</b>	<b>LARGE GROUP PRESENTATION   Lecture Theatre</b> <ul style="list-style-type: none"> <li>• Speaker’s story with Q&amp;A</li> <li>• 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.</li> </ul>
<b>11:45 a.m. – 12:30 p.m.</b>	<b>LUNCH</b>
<b>12:45–1:30 p.m.</b>	<b>SPEAKERS’ PANEL (all speakers)   Lecture Theatre</b> <ul style="list-style-type: none"> <li>• Speakers’ panel with all speakers at the summit</li> <li>• Ask a student in each breakout to introduce their room’s speaker. The students speak to their peers with fresh understanding and enthusiasm.</li> <li>• 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.</li> </ul>
<b>1:30–2:30 p.m.</b>	<b>ACTION PLANNING   Breakouts Rooms</b> <ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>2:30–3:00 p.m.</b>	<b>CLOSING WRAP UP   Lecture Theatre</b> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Close by thanking participants. The M.C. summarizes the day and makes plans to assist students with their ongoing awareness activities.</li> </ul>

## 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.

<b>8:30–9:30 a.m.</b>	<b>REGISTRATION</b> <ul style="list-style-type: none"> <li>• Students and staff get a chance to meet other participants</li> <li>• Good opportunity for continental breakfast</li> <li>• We have used this time to show inspirational slide show with music in the theatre</li> </ul>
<b>9:00–9:45 a.m.</b>	<b>LECTURE THEATRE</b> <ul style="list-style-type: none"> <li>• Good opportunity to see the power of the large group – and put the power back in the hands of the students</li> <li>• Great time for welcomes and to set the vision for the day</li> <li>• Use of keynote speaker and person with lived experience to set the tone</li> <li>• Create a safe environment</li> <li>• Good time for the Yes – No/Up – Down Survey</li> </ul>
<b>9:45–10:30 a.m.</b>	<b>SMALLER GROUP ACTIVITIES   Breakouts Rooms</b> <ul style="list-style-type: none"> <li>• Housekeeping and debrief from 1st morning speaker</li> <li>• Icebreaker: Porcupine Map</li> <li>• Earache/Psychache Exercise</li> <li>• Q&amp;A</li> </ul>
<b>10:30 – 10:45 a.m.</b>	<b>MORNING NUTRITION BREAK</b>
<b>10:45 – 11:45 a.m.</b>	<b>LARGE GROUP PRESENTATION   Lecture Theatre</b> <ul style="list-style-type: none"> <li>• Large room speaker’s story with Q&amp;A</li> <li>• School Actions: presented by students to the large group</li> <li>• Can make announcements regarding upcoming events</li> </ul>
<b>11:45 a.m. – 12:30 p.m.</b>	<b>LUNCH</b>
<b>12:45–1:30 p.m.</b>	<b>SPEAKERS’ PANEL (all speakers)   Lecture Theatre</b> <ul style="list-style-type: none"> <li>• Speaker panel with all speakers at the summit</li> <li>• If your summit has less than 3 trained speakers, you may want to invite one or two community professionals to join</li> <li>• 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.</li> </ul>
<b>1:30 – 2:30 p.m.</b>	<b>BREAKOUT ROOMS for action planning</b> <ul style="list-style-type: none"> <li>• Experiencing Empathy exercise</li> <li>• Partner Café and development of Action Items for students to take back to their own schools and communities</li> </ul>
<b>2:30–3:00 p.m.</b>	<b>CLOSING WRAP UP   Lecture Theatre</b> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Close by thanking participants. The M.C. summarizes the day and makes plans to assist students with their ongoing awareness activities.</li> </ul>

# 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><b>MONDAY</b> <b>OCTOBER 15, 2012</b></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"><li>• 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.</li><li>• You will want to partner and take action on mental health awareness and reducing stigma.</li><li>• You may have been affected indirectly or directly by mental health issues and will now see the power that partnerships provide in eliminating stigma.</li><li>• You will leave the summit and want to encourage other youth to get help when they need it.</li><li>• You will want to make changes!</li></ul>
<hr/> <p><b>To Register Contact: Bob Heeney</b></p> <p>905-555-5555 x6014   <a href="mailto:headstrong@mentalhealthcommission.ca">headstrong@mentalhealthcommission.ca</a></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)
<b>ROOM LEADERS</b> Allison, Beth, Ray	<b>ROOM LEADERS</b> Deanna, Kelly, Lauren	<b>ROOM LEADERS</b> Jo-Ann, Heather B, Jodi	<b>ROOM LEADERS</b> Diane, Brenda
<b>OBSERVE</b> Jacqueline K	<b>OBSERVE</b> Vanessa, Tricia	<b>OBSERVE</b> Mireille	<b>OBSERVE</b> Nicole
<b>ROOM SPEAKER</b> Scott	<b>ROOM SPEAKER</b> Ivor	<b>ROOM SPEAKER</b> Patti	<b>ROOM SPEAKER</b> Bonnie
<b>SCHOOLS</b> Scott Ontario Shores Grove Uxbridge Eastdale CVI Clarington Centre for Independent Studies J. Clarke Richardson G. L. Roberts Dunbarton	<b>SCHOOLS</b> 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	<b>SCHOOLS</b> Holy Trinity Dwyer R. S. McLaughlin Notre Dame CBLP Oshawa	<b>SCHOOLS</b> 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
- 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)

### 9:45 – 10:30 a.m.

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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.

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#### 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-judgmental.

### 9:50 – 9:55 a.m.

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#### ICEBREAKER

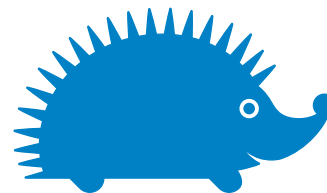
- Group Introductions: Give each school grouping one minute to talk among themselves in order to finish the following sentence: "We are here because..."
- Ask for one student representative from each group to introduce their school's name and share with the room their completed "We are here because..."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

9:55 – 10:05 a.m.

### ACTIVITY | STIGMATIZING LANGUAGE: THE PORCUPINE MAP

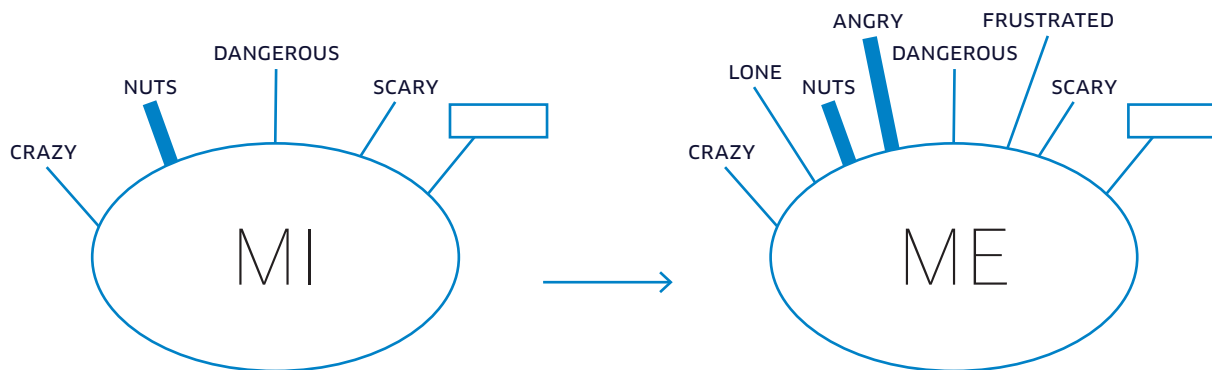
Facilitator's message for the Porcupine Map:

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 seven million Canadians per year will experience a mental illness. 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.**

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### **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.**

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### **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.

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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.

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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, the room is to select and/or nominate one student to be the café co-facilitator.
- This student will shadow the room facilitator and speaker, and jot 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.



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### AT 1:55 p.m.

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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.

#### 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.

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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 who will be presenting to the large group will summarize what the group *will* do.

### AT 2:09 p.m.

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- 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.

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- Check in about any “loose ends” people may be *feeling*.

### AT 2:30 p.m.

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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*

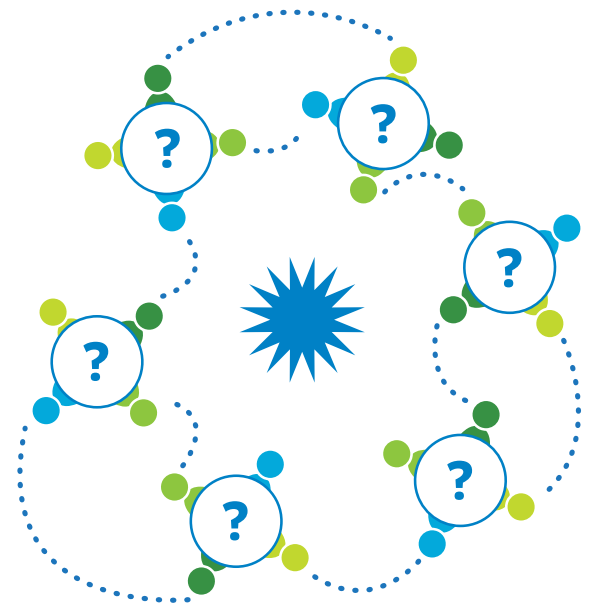
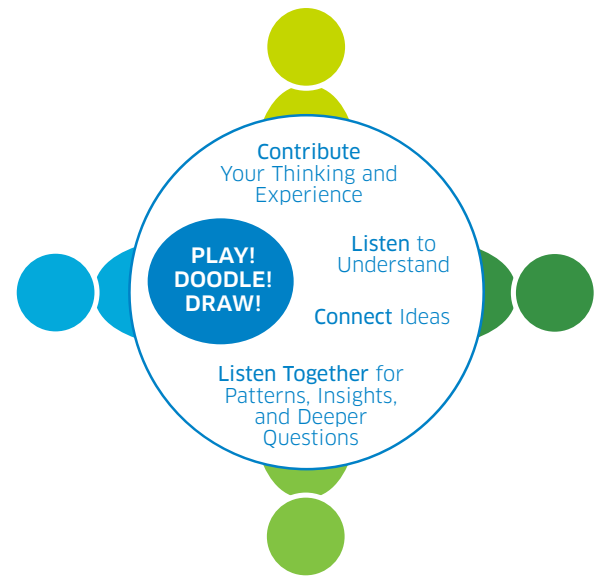
- You will be engaging in lively conversation about two carefully chosen questions.
- Only the table leader will remain at the table throughout the activity as he/she will have the important task of supporting the conversation, ensuring a positive sharing of ideas and communicating key themes to new 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](http://www.theworldcafe.com) and [www.sparc.bc.ca](http://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

### EXPERIENCING EMPATHY

For regions that don't have enough trained speakers for every breakout room, this exercise can be combined with the Porcupine Map and used in the morning breakout room.

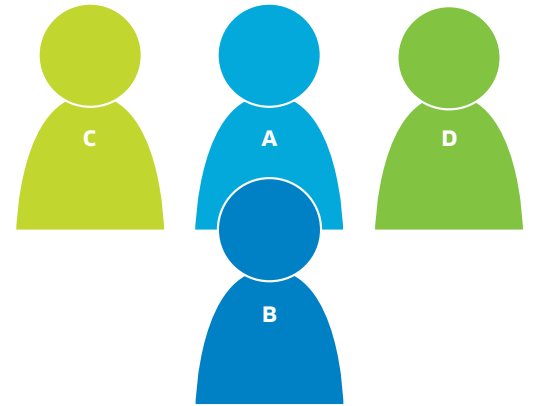
The purpose of this exercise is to have the students experience symptoms of certain conditions, and the feelings associated with struggling with a mental health problem or a mental illness. The exercise will lead to a discussion of words that are used to describe the associated feelings, and how these words can be used to help to connect with someone who is struggling. This is the initial stage for *active listening*.

### MATERIALS:

You will need copies of the attached voice script—two scripts for each grouping of four students.

### INSTRUCTIONS:

- Have the students get into groups of four.
- Have the students decide who will be “A,” “B,” “C,” and “D.”
- Pick one group to act as a role model for the rest of the class.
- Have “A” and “B” face one another as if they are going to have a conversation. They can also be seated facing one another.
- Have “C” and “D” stand on either side of “A” so that they are facing “A’s” left and right ear.



### ONCE ALL THE GROUPS ARE IN FORMATION, TELL THEM THAT:

- “A” and “B” know each other. They haven't seen one another in a long while and the purpose of the conversation is to get caught up on what's happening:
  - > How's school? What friends are you hanging out with?
  - > How's the family; what are your brothers and sisters up to?
  - > What have you been doing on weekends, holidays, etc?
- Let this conversation go on for two minutes. Tell the class that the only people who should be talking at this time are “A” and “B.”
- After a few minutes ask “C” and “D” to take turns whispering the lines from their voice script into the ears of “A.” Tell “A” and “B” to continue having their conversation.
- Let this go on for another few minutes.



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## DEBRIEFING WITH THE GROUP:



### “A” STUDENTS – THOSE STRUGGLING WITH A MENTAL HEALTH PROBLEM OR A MENTAL ILLNESS

- Ask all of the “A” students what it felt like to hear disjointed and negative whispers while catching up with a friend. List all *feeling* words on the board. In the past, students have said, “frustrated,” “scared,” “angry” and “confused,” to name a few. Take your time with this. Have the students focus on feeling words and build up as large a “feeling list” as possible.
- **KEY LEARNING** for “A”: The learning piece here is that the feeling words that “A” listed describe anyone who is living with a mental health problem or a mental illness. In order to know what it feels like some of the time for someone living with a mental illness, we need to remember the feeling list that “A” created.

This is where empathy comes in. People living with depression, anxiety, and other illnesses often feel the same way as those feelings that have been put on the board.

### “B” STUDENTS – REACTING TO A FRIEND

- Ask the “B” students what it was like for them to try and have the conversation with their friend. Write those feeling words in another list. Some words will be similar to the ones that “A” had listed.
- **KEY LEARNING** for “B”: talk about the list that was generated from the “B” group. We often hear students say how uncomfortable, frustrating, sad, angry or confused they may feel when talking to a friend who is struggling with a mental health problem. Friends of someone living with a mental health problem also need empathy as this role is difficult at times.

### “C” AND “D” – THE WHISPERING VOICES

- Ask “C” and “D” what it was like for them to be the voices and ask them if they noticed any changes in body language from either “A” or “B.”
- **KEY LEARNING** for “C” and “D”: the change in body language indicates the physical response to a frustrating or confusing situation. Did one or both people seem to stiffen or turn their shoulders/body away slightly? Did one or both stop making eye contact – or close down in any other way? This body language underlines the importance of empathy.

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## EMPATHY AND RECOVERY

Here are some thoughts about empathy from a person living with a mental illness. Share these thoughts with the students – and ask for their feedback.

“A” and “B” know each other. When we are struggling with a mental health problem or mental illness, recovery is something that starts to happen when we feel that those around us understand what we are going through – and are offering the kind of support that makes sense to us at that time.

The words we listed when discussing this exercise provide us with a language that we can now use to connect with and support someone who is struggling. This sense of connection, acceptance, and inclusion is crucial in a person’s recovery and our communities’ goal of eliminating stigma.

VOICE ONE	VOICE TWO
<p>You Jerk! You're a loser! Everyone knows it.</p>	<p>Save these people! Everybody knows what you're thinking. They must be persecuted. You can heal the world.</p>
<p>They're all looking at you. They know you're a loser.</p>	<p>Cleanse yourself. Save the world. Dirty! Dirty!</p>
<p>They're laughing at you. You're ugly! Hide your face. Run away.</p>	<p>There is no sense going on. Purify yourself. Nobody sees you. You are invisible.</p>
<p>You're no good. Everything that's happened in your family is your fault.</p>	<p>You're tired. Get out of here. Go to sleep.</p>
<p>Get a job, you bum. Do something. Don't listen to them.</p>	<p>They're staring at you with evil eyes. Run away.</p>
<p>Go for a coffee. Have a cigarette. This is boring.</p>	<p>Hit them now! Hit! Hit! Before they hurt you.</p>
<p>Hurt yourself. You deserve it! You're useless. No one cares.</p>	<p>(REPEAT)</p>

# Appendix J

## 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.**



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- 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.



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# Appendix K

## 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.

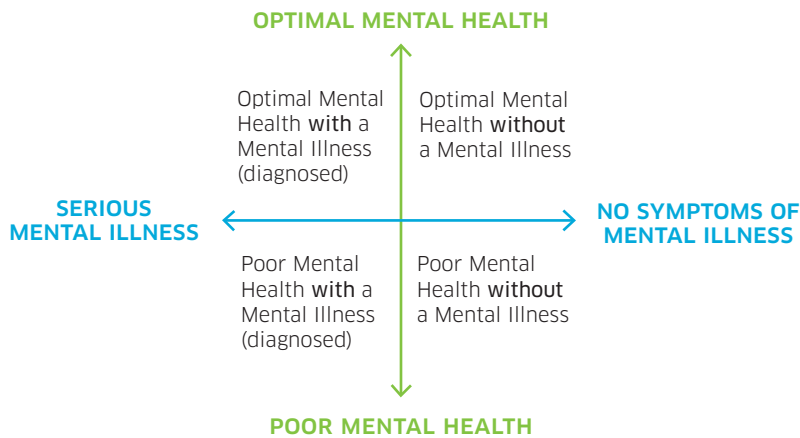
Mental health is like physical health in this way. Some of us will have days or weeks when our mental health is not at its best. This is true for all people. If a concern continues, or gets worse, or gets in the way of us participating in our daily lives, getting help (like we would for an ear ache) 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)




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Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada

# HEADSTRONG

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