

Transcending the Stigma Surrounding Mental Health Difficulties

*An International Research Collaboration
to Empower Children and Youth*

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YOUTH FOCUS GROUP REPORT



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The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO
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Transcending the Stigma: Focus Group Report - March 2007

On March 1st, 2007, 7 youth attended a focus group session held at Youth Net/Réseau Ado. The youth ranged in age from 15 through 21. The rich discussions opened with the youth defining the term stigma. These definitions included misconceptions about mental illnesses; “stigma as an epidemic”; “a negative stigma disassociates people from the realities and separate individual truths of every unique life surrounding them”; prejudice towards those with a mental illness; “stigma is a way to alienate other people” and misconceptions about mental health disorders and the difference between mental health and mental illness; and how these misconceptions get passed on from person to person. Another common theme regarding stigma was that the biggest stigma that exists around mental health difficulties is that fault lies with the person experiencing the difficulty.

All of the youth were adamant that stigma prevention programs are needed and that myths such as those above should be busted via such programs as early as possible. As well, they brought incredibly creative ideas and clear challenges to the table around what effective school stigma prevention programming should look like.

We spoke about the three types of programs identified in the systematic review, and there was consensus in the group that Education should be used as a first tool with middle and secondary students, and the only tool for primary aged school children, and that Contact should be used in combination with Education for middle and secondary age youth. It was also agreed that Contact alone without Education before hand, would not be successful.

Elementary School Aged Education

It was felt that the content of the Education program should be based on the level of comprehension of those being taught. The youth agreed that starting as early in age as possible is important (i.e. kindergarten), as children are quick to notice differences amongst their peers. It is also crucial that elementary students are taught to accept differences, and not judge others. The program would include the idea that you can't see all differences, and clear explanations of possible differences. The creation of familiarity with mental illness, and the use of comparison to physical illnesses the youth may already be familiar with would create a stepping stone for future, deeper education. In addition to this, the introduction of the fact that having a mental illness is not that person's fault was seen as crucial. The suggestion of the use of a popular children's character, for example Clifford the Big Red Dog, may also help to engage younger children to the topic. The education should be basic but informative, and would be centered on encouraging the children to ask questions.

Middle School and High School Education and Contact

It was agreed Contact would be introduced in Grade 7; although some youth were concerned that immaturity would prevent the class from absorbing the purpose of this contact. Respect should be an integral part of the program, as well as the gradual introduction of the youth's ability to question the world around them in reference to mental health and mental illness. The Education would include an explanation and

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introduction of the various types of mental illnesses. Guest speakers in a panel format should demonstrate the normalcy of living with a mental illness, as well as introduce a personal side to the facts that have been taught previously.

Motivation

The best way to grab students' interest and promote participation could include peer leaders, the introduction of advocacy, and the discussion around famous people that have and are living with a mental illness, like Johnny Depp, thus illustrating that success is not eliminated with the diagnosis of mental illness.

Another way to engage youth was seen to be the use of a panel with people (as mentioned above) of varying ages, as with Open Minds. The issue of teacher involvement in such a program was debated regarding both their presence and their role as providers of the education part of the program. Open Minds uses a curriculum which is taught by teachers preceding the panel presentation. The effectiveness of this was discussed given that the youth felt that many teachers have existing stigma towards mental health disorders. Conversely, some youth pointed out that those teachers would probably not be the ones inviting Open Minds into their classrooms. This relates back to one of the challenges raised by the youth, of stigma within the school staff.

Youth stressed the importance of using a "for youth by youth" program. The use of campaigning, posters, working with media organizations and the inclusion of parent, teacher and school administration education about stigma and mental illness would deepen the effects of learning, and increase awareness in the community as well as the schools.

The suggestion of having mandatory assemblies or groups about mental illness was also made, but no consensus could be reached on whether this would alienate youth rather than educate. Some youth felt that an assembly could be designed as a special event with a local celebrity delivering a normalizing message (athlete, media person etc.), and would be seen as a welcomed change to regular classes by many students. An assembly was seen to be a mental health promotion starting point which could then be built on in smaller groups down the road.

Challenges & Benefits

The main challenges mentioned for all age groups were maturity, attitude and comprehension, as well as noting the stigmas that may exist within the home, and at school. The group also spoke at length about the challenge of familiarizing youth and children with mental health disorders without offending or alienating them through normalizing mental illnesses, and comparing stigma towards them to racism for example. Delivery was seen to be key, not just the message.

It was felt that by reaching all ages of children and youth these programs would help to prepare children and youth for what they, and/or their peers or family members, may face personally. The youth viewed giving the "real picture" as vital to the success of such programs.

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The benefits of having a yearly mental health component for all grades would be that the program is showing that there is another way to think; planting that seed in their minds for any kind of future growth. Another repeated highlight was that youth should be part of creating the answers, that youth to youth communication will bust the myths, and get rid of stigma. Another identified benefit was that of educating parents (e.g. through the PTA) which would then be educating the school community, and thus make it a more supportive environment for youth experiencing mental health disorders.

Timing

The best introduction time given was a range between grades 6 through 9, as this would be the transition from education only to education with contact. The program should be delivered in a six-week block, with 15 minutes (primary school age) to 60 minutes (secondary school age) once a week in the morning. Youth and adults with past experience on the panel, and trained facilitators between the ages of 20-30, would be the way to leave the strongest impression to youth. An assembly was thought to be best if it was between an hour and an hour and a half long.

Evaluation

We had only five minutes left in the focus group to discuss this question, but the youth overwhelmingly thought that to figure out if a program work you need to find out from the youth who were part of the program!

The youth thought that using pre and post surveys, with the post survey given one month after the course is over would demonstrate the increased awareness and knowledge of the program participants, like YN/RA does.

Thanks so much to all of the youth for their wisdom and input.