



Bell Let's Talk Conversation Toolkit

Facilitator's Guide

Tools to start a community conversation
about mental health



Acknowledgments

Funded by Bell Let's Talk to provide tools and resources for Canadians to start safe conversations about mental health, the Bell Let's Talk Facilitator Guide ("Tools to Start a Community Conversation") and the Bell Let's Talk Conversation Guide ("Tools to Start a One-on-One Conversation") were created by the Centre for Addiction and Mental Health (CAMH).

CAMH

CAMH is Canada's largest mental health and addiction teaching hospital, as well as one of the world's leading research centres in the area of addiction and mental health. CAMH combines clinical care, research, education, policy development and health promotion to help transform the lives of people affected by mental health and addiction issues. For more information, visit www.camh.ca.

Disclaimer

Information in this publication is not to be used for diagnosis, treatment or referral services. Individuals should contact their personal physician and/or their local addiction or mental health agency for further information.

Contents

Introduction	4	Handout A: Outline/Core concepts of mental health	31
What is Bell Let's Talk?	4	Handout B Resources	33
What is this guide all about?	4	I need help now.....	33
Who uses this guide?	5	I need support and mental health resources ...	33
Legend	5	I want to learn more about mental health and mental illness	34
Facilitating community conversations	6	Articles and other resources	36
Getting started.....	6	I want to learn more about the impact of stigma and how to prevent stigma	37
Where to hold the conversation	6	I want to continue the conversation.....	37
Promoting the conversation.....	7	I want to learn more about trauma	37
Gathering resources	7	Handout C: Let's talk: True or false	38
Your role as a facilitator	8	Handout D: What are your thoughts?	40
Create a welcoming and safe environment.....	9	Handout E: Activity: Language use	41
Connect with participants.....	9	References	42
Virtual meetings	9		
Planning checklist.....	10		
The community conversation	11		
Slide 1.....	11		
Slide 2.....	13		
Slide 3.....	14		
Slide 4.....	15		
Slide 5.....	17		
Slide 6.....	18		
Slide 7	19		
Slide 8.....	20		
Slide 9/10.....	22		
Slide 11	23		
Slide 12	24		
Slide 13	25		
Slide 14	26		
Slide 15.....	28		
Slide 16.....	29		
Slide 17.....	30		



Introduction

What is Bell Let's Talk?

The largest-ever corporate commitment to mental health in Canada, Bell Let's Talk is focused on four key action pillars: Anti-stigma, Care and Access, Research and Workplace Leadership. Since its launch in September 2010, Bell Let's Talk has partnered with more than 1,300 organizations to provide mental health supports and services throughout Canada, including hospitals, universities, local community service providers and other care and research organizations. To learn more, please visit Bell.ca/LetsTalk.

To help you become part of the conversation, the Bell Let's Talk Conversation Toolkit provides information and resources on how you can facilitate a conversation in your community, as well as guidelines on ways to have conversations with people you may care for and be concerned about.

The Bell Let's Talk Conversation Toolkit consists of two elements:

- The Bell Let's Talk Facilitator's Guide (i.e., this guide), including slides and handouts to help you lead a community conversation
- The Bell Let's Talk Conversation Guide to help you have one-on-one discussions with people you care about

Our overall goal is to continue the conversation about mental health all year. Every day, we should feel comfortable talking about mental health.

Thank you for helping to create positive change for mental health.

What is this guide all about?

This guide is designed to help people start conversations about mental health in their communities. The guide covers everything from facilitating a virtual conversation to identifying the next steps that participants may want to take in order to increase education and raise awareness about mental health where they live.

There are important reasons to start talking about mental health. For instance, mental health issues are among the most widespread health issues in the country, and there are implications for everyone. One in three Canadians will experience a mental illness at some point in their lives; however, many people are hesitant about talking to coworkers, friends or family members about mental health and seeking treatment. While you may not experience mental health challenges first-hand, it is likely that you know someone who has or will have a mental illness.

For anyone facing challenges with their mental health, stigma (i.e., negative attitudes and discrimination) is one of the biggest hurdles to overcome. In fact, it is the leading reason why two-thirds of people living with mental health issues do not seek help.

This guide will help you, as a facilitator, plan ways of encouraging your community to start conversations about mental health. The three key goals for this guide are to:

- Encourage Canadians to talk openly about mental health in their communities, workplaces, schools and homes
- Provide practical information (e.g., tools, tips and strategies) for starting conversations about mental health, promoting recovery and encouraging healthy communities
- Help Canadians understand and break down the stigma attached to mental health issues

Who uses this guide?

This guide has been created for those who want to encourage their communities to talk about mental health. These communities may include:

- Colleagues in a workplace
- Students and their families in a school community
- Students and/or staff at a cégep, college or university
- Neighbours belonging to a community association
- Neighbours in an apartment building or condominium
- Clients being served by an employment agency
- Clients being served by immigration and refugee centres
- Youth who attend programs in youth agencies
- Seniors in a geriatric day program
- Clients being served by a social service agency
- Veterans being served by a Veterans' organization
- Women who belong to a women's organization
- Members of a faith-based group
- Any group of friends and/or families

Anyone can be a facilitator. The role might be of particular interest to:

- People with lived experience of mental health issues
- Parents, other family members or friends of people with mental health issues
- Peer support workers
- Cégep, college or university counsellors
- Faith leaders
- People trained in conflict resolution
- Addiction workers
- Anyone who is interested in promoting mental health

Legend



Time estimate (estimated time to cover the material for each slide)



Do (what the facilitator could do at that point in the presentation)



Handouts (resources found at the end of the guide)



Decide/Choose (options for ways of managing the talk based on facilitator skill and comfort level)



Ask (prompts for your group)



Suggested script (ideas to help guide the conversation)

Facilitating community conversations

Community conversations are educational ways of beginning conversations about mental health and increasing education and awareness. By learning more, we can take steps to help ourselves and others lower the risk of developing mental health challenges, improve mental health and reduce the stigma associated with mental health issues. The goal is to talk about how people can find help and how communities can host conversations about mental health. You don't need to be an expert on mental health to talk about it. It's often the everyday things that make a difference, for example, asking: "How are you?" and "What can I do to help?" We want to help you guide conversations about some of the challenges that can arise when seeking help and strengthen your community, with help from your friends and families.

Community conversations do **not** offer clinical or medical advice. The facilitator's guide and presentation (and any additional handouts) provide general non-medical information about mental health. They do not replace the need for advice from a health care professional.

The presentation is designed to help you facilitate a two-hour conversation. This can be held as one session or two one-hour sessions on different days. You can adjust or skip some activities to suit the time available and the needs of the audience.

Getting started

It can be challenging to determine how best to start a conversation about mental health. Here are a few suggestions.

Where to hold the conversation

There are probably many places in your neighbourhood, education setting or workplace where you can meet for free, for example:

- A staff room
- A university residence
- A community centre
- A mosque, synagogue, church or faith meeting hall
- A library
- Your child's school
- An apartment/condo building's party or meeting room
- A shelter
- A family health clinic
- A virtual meeting space such as Webex, Zoom or Google Meet

When choosing a space, consider these elements:

- Think about accessibility:
 - Is the location easily reached by transit?
 - Is it wheelchair accessible?
 - Is there an elevator or ramp to the meeting space?
 - Is there enough natural light?
 - Where are the washrooms located?
 - Are there other accessibility requirements to consider (e.g., for people with visual or hearing-related issues)?
- Check transit routes, schedules and parking. If you can, arrange transportation support (e.g., bus tickets, carpooling).
- Find out if you will have access to a computer and projector to show the presentation. If not, you may choose to bring your own computer, or use the facilitator's guide and handouts alone.
- If you're hosting a virtual event, does the audience have access to a computer and internet, as well as an understanding about how to connect?
- If language is a barrier, arrange for an interpreter to be present.
- Confirm and re-confirm before your event.

Promoting the conversation

Download your Bell Let's Talk poster, stickers and other resources to help you spread the word and raise awareness of your event. Give plenty of advance notice.

There are several useful places for posters or notices:

- In community calendars and emailed announcements
- On bulletin boards (e.g., in libraries, schools, community centres, grocery stores, laundromats)
- Among your faith community
- At your school, organization or workplace
- Through phone calls, texts and emails
- On social media, such as Facebook, Instagram, LinkedIn, TikTok or Twitter

You may choose to invite participants to bring others who may be interested. Make sure you have made extra copies of the handouts you wish to use.

Before the event, make sure to follow up with your invitees by reminding them by phone, email or in person.

Gathering resources

Mental health resources vary by region. We recommend creating a list of resources specific to your region – in addition to the resources listed in this guide – and making this available to your participants.

Here are three ways to learn what resources are available in your area:

- Contact your local Canadian Mental Health Association (CMHA) branch: www.cmha.ca/get-involved/find-your-cmha
- Find a local crisis centre for suicide prevention : <https://suicideprevention.ca/resources/>
- Consult 211, Canada's primary source of information on government and community-based health and social services. Call 211 or visit www.211.ca

Your role as a facilitator

As a facilitator, your role is to:

- Create a safe environment where participants feel comfortable expressing and responding to ideas
- Guide the conversation
- Encourage participation while keeping discussions focused on the topic and away from a conversation about people's personal struggles
- Monitor and assist with the group's activities and interactions
- Allow time for participants to reflect and respond; you should pace your presentation accordingly

Whenever possible, try to work alongside a co-facilitator. You can discuss between yourselves how to divide up the roles and tasks. Perhaps one facilitator can deliver the content of the workshop while the other is available to monitor participants, answer questions or attend to any issues that may arise (e.g., answer questions in-person or in the chat function of the virtual platform). Co-facilitating is a useful strategy because organizing and facilitating the event alone can be a lot to manage.

Assess your emotional readiness

Ask yourself the following questions to see if you are ready to facilitate the conversation.

- Have I had a difficult experience that may make me emotionally vulnerable while facilitating? If so, how will I handle the situation if I find myself feeling upset?
- How will I handle the situation if something difficult comes up for someone in attendance?
- What do I want to disclose or not disclose about my own experiences with mental health issues?
- Who can I talk to before or after the event if I feel upset?
- Who would be an appropriate co-facilitator?
- How am I going to look after myself throughout the process of preparing for the conversation (e.g., go for walks, eat well, leave work at the office, seek support)?
- What extra supports and resources can I identify (e.g., a representative from my human resources department or employee assistance program, school counsellor, spiritual leader, co-facilitator)?
- How might facilitation be handled differently to fully incorporate people with disabilities?
- Should there be interpreters?

It's okay to change your mind about facilitating if, after doing this assessment, you are not feeling comfortable with the role. You can still help to organize an event or sit in on a group session, and then reassess your comfort level with facilitating.

Be aware of yourself

- Identify your strengths, weaknesses, biases and values. Self-reflection is a critical part of working with groups who are often overlooked, harmed or disadvantaged as a result of the systems we exist in. It's important to understand our positionality in relation to others, and how we may be privileged or disadvantaged depending on the role we are in. For more information, see www.culturallyconnected.ca. This website includes a self-reflection exercise that may be useful if these concepts are new to you: www.culturallyconnected.ca/practice/practice-self-reflection.
- Be aware of the language that you use (see the "Let's Talk About Language" handout).

Create a welcoming and safe environment

- Welcome participants as they join
- Introduce yourself
- Share your pronouns and welcome others to share their own
- Give a land acknowledgement (find out what ancestral lands you are on by visiting native-land.ca)
- Invite each participant to wear a name tag (if in person)
- Use each participant's name when responding to questions or comments
- Set a relaxed and open tone
- Be nonjudgmental
- Note the ground rules for the group that will help you facilitate a respectful discussion and stay on topic (see slide 2)

Connect with participants

- Convey energy and enthusiasm
- Smile and make eye contact
- Speak loudly and clearly
- Use your voice, gestures and posture to emphasize important points
- Maintain a balance between providing content and allowing group discussion
- Ask questions to facilitate discussions and check understanding
- Create opportunities for everyone to participate
- Encourage questions and comments
- Paraphrase participants' questions and comments to ensure that you have understood them correctly and that their points have been clarified before others respond
- Keep the discussion on topic

Virtual meetings

You may choose to hold the community conversation online using a platform designed for group meetings. Free options include Zoom, which allows 40 minutes of meeting time with a free account, as well as Google Meet, which is readily available to people with a Google account.

Zoom

You will need to create an account and download the app. If you are not familiar with Zoom, here is a basic tutorial: www.youtube.com/watch?v=6fIYWnfTc5o&feature=youtu.be.

Make sure to tell the participants to download Zoom ahead of time.

Google Meet

For those with Google accounts, you will find Google Meet in the apps list (to the left of your account picture in the top right of your browser) when you are on any Google website. Click the following link for instructions and information: <https://support.google.com/meet/?hl=en-GB#topic=7306097>.

For both platforms, when you create a meeting, you will get a link to email to the participants. The link is specific to a day and time that you choose.

You should test the platform with a friend or colleague ahead of time to make sure you are comfortable and that the platform works for you. In addition, you should log in 30 minutes before your meeting starts to ensure it is working for you on that day.

When hosting an online meeting, you will need to:

- Welcome people as they join (note: you may need to let them in one by one)
- Explain functions like muting and chatting, and have a plan for offering technology help (e.g., This may be the role of the second facilitator)
- Know how and when to mute all participants
- Create break-out rooms if needed
- Share your screen to show the presentation slides
- Know how to use the chat function to send direct messages to a single person and to send messages to all participants
- Alter the activities when necessary to fit the virtual format
- Just as you would in person, follow the tips above for creating a welcoming and safe environment and connecting with participants

Planning checklist

Use this checklist to help plan and guide your event.

Have you/the co-facilitator:

- Familiarized yourself with the discussion material?
- Booked the technology or space you will use?
 - If you are going to be showing the presentation on a screen, do you have:
 - a projector
 - a laptop
 - a microphone (if you think your group will not be able to hear you without one)
 - copies of the conversation outline (optional)?
 - If you will be facilitating without equipment, do you have:
 - your Facilitator's Guide
 - copies of the handouts
 - copies of other resources you wish to use?
 - If you are hosting a virtual meeting, have you practiced and tested the platform (e.g, Zoom, Google Meet)?
- Prepared back-up resources (e.g., internet access, extra handouts, a plan if equipment fails)?
- Planned how you want to position the seats, equipment and visual aids to enhance discussions and reduce distractions?

The community conversation

Slide 1

- Starting a conversation



Time estimate:

- 5 to 10 minutes

Goal:

- Set the stage for your conversation about mental health



Do:

- Have the presentation ready to go (if possible) and have your facilitator's guide with you
- Greet visitors as they join
- Start on time if you can
- Make sure your other resources are visible and available
- It is important to highlight your connection to the talk. Explain why you wanted to facilitate the conversation. You may also want to explain your connection to the setting or organization if there are people in the room who don't know you.



Suggested script:

- Welcome to this important event about mental health and how to start a conversation. My name is _____. I'm here to facilitate a conversation about mental health because _____. I want to acknowledge that we are on the traditional territory of (include your local land acknowledgement details, which can be found by visiting www.native-land.ca)



Decide:

- Depending on your setting, comfort level and circumstances, you may want to be specific or more general in your explanation.



Suggested script:

- Why are we having this talk now?
- How many of you have seen the campaign on Bell Let's Talk Day? (Show of hands.) Bell Let's Talk Day reminds us that "talking is the best way to start breaking down the barriers associated with mental health issues."

or

- In our community, we have already been talking about mental health and we've said that we want to know more, so that's why we're here today. By learning more about mental health, we can help ourselves and others lower the risk of developing mental health challenges, improve mental health and reduce the stigma associated with mental illness.

or

- We have become very aware of mental health issues given recent events. (Depending on your group, you may want to mention the isolation caused by the pandemic, racism highlighted by the Black Lives Matter movement or Indigenous trauma from generations of children forced to attend residential schools across Canada, among others.)

Note: If you are facilitating this talk because of something difficult within your community (e.g., disturbing events in the news, discrimination at work or schools related to mental health or a recent suicide event), you will need a co-facilitator (e.g., a grief counsellor, a representative from human resources, an employee support program representative, a peer support worker or a spiritual leader). Participants may be emotionally affected by the content. Let the group know that people are free to leave the room if they need to. Make sure to have a staff person or co-facilitator available to support people outside of the room, should they want to talk.

Point out:

- Washrooms
- Time frame/agenda
- Refreshments
- If virtual: the functions of the platform, such as how to raise hand, chat, etc.
- Other resources

Slide 2

- Welcome
- Ground rules

Welcome!

Ground rules:



1. Respect the privacy of those here by keeping what individuals say inside of the group.
2. Reflect on new ideas.
3. Listen to and respect each other's opinions and perspectives.
4. One person talks at a time.
5. Anything else?



Time estimate:

- 5 minutes

Goal:

- Welcome the group and set the tone for the conversation
- Outline ground rules for the discussion



Suggested script:

- Today's conversation will be about mental health. It is our goal that you feel comfortable about sharing your thoughts and feelings.
- At the same time, it's important to understand that this conversation is not about individual mental health concerns that you may have. However, we do have resource sheets available to help you or someone you know to seek help or more information.
- We are going to start by talking about a few ground rules or guidelines for us all to keep in mind as we participate. Ground rules are there to help make this a helpful and respectful conversation for everyone.
- Here are a few ground rules to get us started:
 - Respect people's privacy and their right to confidentiality. Do not discuss any personal information about others with people outside of this group.
 - Reflect on new ideas.
 - Listen to and respect each other, without judging people's opinions.
 - One person talks at a time.
- Also note that people are free to leave at any time; if you need a bit of space, feel free to leave the room (or turn off your camera).



Ask:

- Are there any other ground rules we should add to the list?

Slide 3

- Outline

Outline

During this conversation, we are going to talk about:

- mental health
- mental illness
- the social determinants of mental health
- stigma



Time estimate:

- 5 minutes

Goal:

- Give participants a roadmap of what to expect of the conversation



Suggested script:

- We have two hours (or mention the amount of time you have been allotted), and over that time, we are going to talk about the topics of mental health, mental illness, social determinants of mental health and stigma.
- We will ask what your thoughts are and give an overview of each concept.
- Don't worry if you aren't sure what some of these topics mean. That's why we're here: to facilitate opportunities for talking and learning.

Slide 4

- What is mental health?

What is mental health?



What do you think of when you think of mental health?
What does it mean to you?



Time estimate:

- 5 to 10 minutes

Goal:

- Provide opportunities for the group to begin thinking and talking about what mental health means to them



Handout:

- Handout A: Core concepts of mental health (hand this out after discussing the question)



Suggested script:

- We're coming from different places, experiences and connections to this topic, some more personal than others. You do not have to share those experiences here today, and that's okay.
- Our goal is to have a respectful conversation about a topic that may be uncomfortable or painful for many to talk about.
- This conversation may challenge our understanding and attitudes about mental health and mental illness, and it may help us to think about and make connections to our own lives.
- So, let's start!



Ask:

- What do you think of when you think of mental health? What does it mean to you? Write down your thoughts if you wish.

Option 1: Self-reflect

- Invite participants to quietly reflect on the question on their own, and perhaps write down their thoughts.
 - This option is easiest to facilitate. It doesn't take long for participants to respond and it offers a safe way for people to participate without sharing.

Option 2: Self-reflect and share

- Invite participants to come up with an answer and then share their response with the person next to them.
 - This option allows people to share their thoughts without speaking in front of the group. People will have varying degrees of comfort with sharing in small or large groups.

Option 3: Think, pair, share

- Invite participants to think about what mental health means to them and to discuss their response with a partner. Then, bring the group back together and invite people to share what they discussed with the larger group.
 - This option helps people to learn by hearing a wider range of responses. It can also help to build community in your group.



Do:

- After completing one of the options above, distribute “Handout A: Core Concepts of Mental Health.”

Slide 5

- Mental health is...

Mental health is...

A state of well-being in which the individual:

- realizes their own abilities
- can cope with the normal stresses of life
- can work productively
- is able to make a contribution to their community



Time estimate:

- 5 minutes

Goal:

- Discuss the World Health Organization (WHO) definition of mental health
- Reflect on values and beliefs about mental health



Suggested script:

- The World Health Organization (WHO) defines mental health as a state of well-being in which the individual:
 - Realizes their own abilities
 - Can cope with the normal stresses of life
 - Can work productively
 - Is able to make a contribution to their community (WHO, Department of Mental Health and Substance Abuse, Victorian Health Promotion Foundation & University of Melbourne, 2004)



Ask:

- What strikes you about this definition? Which part is important to you? (Solicit themes and connect themes with the earlier discussion about their definition of mental health.)



Suggested script:

- In summary, mental health is the ability to enjoy life, deal with everyday challenges like making decisions, adapt to and cope with difficult situations and talk about our needs and desires while feeling like part of a community. Mental health is essential to overall health and well-being.

Slide 6

- What is mental illness?
- What proportion of people in Canada are affected by mental illness?

What is mental illness?

- Characterized by changes in an individual's



thinking



emotions



behaviour



relationships
with others

- What proportion of people in Canada are affected by mental illness?



Time estimate:

- 5 minutes

Goal:

- Define mental illness and provide examples
- Raise awareness of how common mental health problems are



Suggested script:

- So, we have talked about mental health, but what about mental illness?
- Mental illness includes a broad range of problems with different symptoms. However, they are generally characterized by some combination of changes in or disruptions of typical thoughts, emotions, behaviour and relationships with others (WHO, 2011).
- When there are changes in a person's thinking, mood or behaviour, and these changes cause distress or make it difficult to do daily tasks, this may be a sign that someone is experiencing a mental health challenge.
- For example, we all feel sad, worried, scared or suspicious at times. These kinds of feelings may become a problem if they get in the way of our daily lives over a long period.
- Examples of mental illness include depression, bipolar disorder, substance use and schizophrenia. These are mental health challenges that you may have heard about, or you may know someone who is affected by one or more of these illnesses.



Ask:

- What proportion of people in Canada do you think will experience a mental illness in their lifetime? (Ask them to take a guess and get a few responses.)



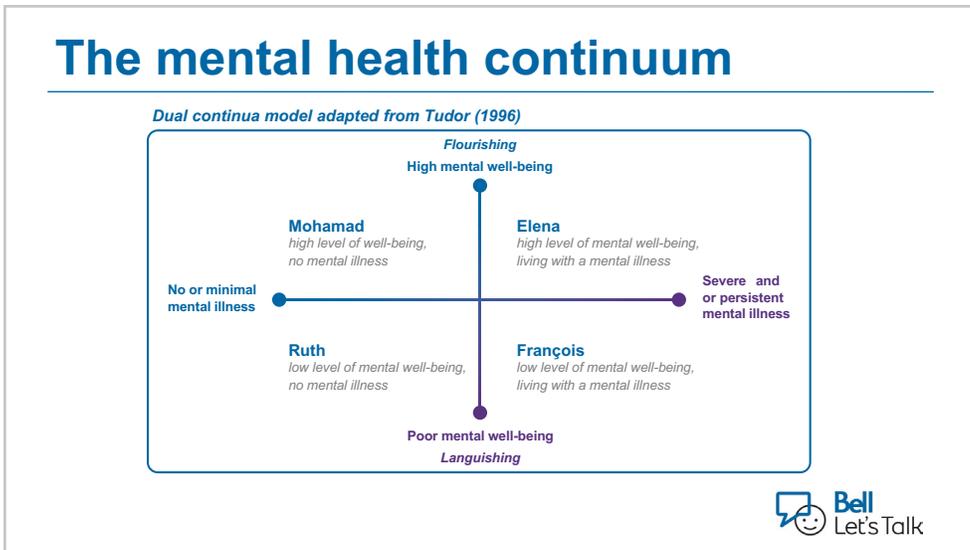
Suggested script:

- One in three Canadians will experience a mental illness in their lifetime (PHAC, 2020).
- Mental illnesses affect people of all ages, educational backgrounds, genders, income levels and cultures.

- There are many reasons why people may develop a mental illness. Family history, stressful life events, negative early life experiences, trauma, and socioeconomic status are all associated with mental illness. Regardless of the reason, mental illnesses are health problems just like cancer, arthritis or diabetes.
- Treatment and early care can help people recover from or manage a mental illness. However, stigma and other barriers can delay people from seeking help. We will be talking more about stigma in a few minutes.

Slide 7

- The mental health continuum



Time estimate:

- 10 minutes

Goal:

- Explore the concepts of mental health and mental illness on a dual continuum



Suggested script:

- It's important to understand that mental health is not the opposite of mental illness.
- Mental health means well-being rather than just living without an illness.
- You can have good mental health while living with a mental illness and poor mental health even though you do not have a mental illness.
- Let's talk about each example on the slide.
 - **Mohamad** has good mental health and has never been diagnosed with a mental illness; his mental health is good.
 - **Elena** has bipolar disorder but is managing it with medication. They have a good support system, and their mental health is good.
 - **François** is a newcomer to Canada and was diagnosed with depression. He is having trouble getting a doctor or counsellor; his mental health is poor.
 - **Ruth** does not have a mental illness but has been feeling very isolated due to a recent move to a new city; her mental health is poor.



Ask:

- What are your thoughts about the mental health of each of these individuals?
- Do you recognize anyone you know?



Suggested script:

- Remember that everyone has good and bad days, with or without a mental illness.
- Here is a list of resources that will be useful if you or someone you know is looking for information, resources and support.



Handout:

- Handout B: Resources

Slide 8

- Activity: True or false

Activity:
True or false







Time estimate:

- 10 minutes

Goal:

- Explore the facts about mental illness using a true or false activity



Handout:

- Handout C: True or false questionnaire (without the answer key at first)



Suggested script:

- We're going to do an activity about some of the facts behind mental illness.



Decide:

- You may choose to make copies of the true or false questions and have the participants fill them out themselves, or you may want to do the activity out loud as a group. Use the answer key provided with the activity to help facilitate a discussion.
- Depending on your group, your time limits and your comfort level as a facilitator, you can choose how participants respond to the questions.

Option 1: Self-reflect

- Invite participants to complete the true or false questionnaire individually.
 - This option is easiest to facilitate. It doesn't take long for participants to respond and it offers a safe way for people to participate without sharing.

Option 2: Self-reflect and share

- Invite participants to complete the questionnaire individually, then invite them to share with the person next to them.
 - This option allows people to share their learning without speaking in front of the group. People will have varying degrees of comfort with sharing in small or large groups.

Option 3: Think, pair, share

- Invite participants to complete the questionnaire individually. Invite them to then share with another participant. Finally, bring the group back together and invite people to share their answers with the group.
- Note: If time is limited you may choose to provide copies of the questionnaire and answer key as a handout for participants to complete later.
- If you go through the answers with your group using the answer key provided, ask them to put an asterisk (*) beside one answer they find surprising. You can then ask for volunteers to share their findings with the group.

Slide 9/10

- Social determinants of mental health

Social determinants of mental health

List adapted from:
Raphael, D., Bryant, T., Mikkonen, J. and Raphael, A. (2020). Social Determinants of Health: The Canadian Facts. Oshawa: Ontario Tech University Faculty of Health Sciences and Toronto: York University School of Health Policy and Management.
Canadian Mental Health Association. (2021). Social Determinants of Health.
Available: <https://ontario.cmha.ca/provincial-policy/social-determinants/>

Social determinants of mental health

- Employment status/unemployment
- Housing/homelessness
- Trauma (may be intergenerational or cyclical)
- Poverty
- Discrimination, racism and homophobia
- Access to health care
- Education



Time estimate:

- 10 minutes

Goal:

- Identify the societal factors that can affect mental health



Suggested script:

- Mental health and many common mental illnesses are affected to a great extent by the social, economic and physical environments in which people live (WHO & Calouste Gulbenkian Foundation, 2014).
- Because these factors often affect whole communities, this puts groups of people at greater risk of poor mental health.
- Factors that may increase risk are called the “social determinants of mental health” and they include:
 - Employment status
 - Housing
 - Trauma (which may be intergenerational or cyclical due to the cycle of poverty)
 - Poverty
 - Discrimination, racism and homophobia
 - Access to health care
 - Education
- These types of social inequalities are associated with increased risk of many common mental disorders (WHO & Calouste Gulbenkian Foundation, 2014).
- We know from statistics that Indigenous people, racialized people, LGBTQ2S+ people and people with lower incomes are more likely to experience mental health challenges and barriers to seeking help.
- Why? One important factor is because these populations more often experience racism, discrimination and stigma, which impacts their ability to access employment, housing, health care, nutrition and education, among others. This affects their overall quality of life.
- People who identify with more than one of these factors are even more at risk. This is called intersectionality.

Slide 11

- Stigma is ...

Stigma is...

- Stigma = negative attitudes (prejudice) + negative responses (discrimination)
- Stigma means thinking less of a person because of who they are
- Stigma can make a person feel unwanted and shamed and can prevent people from seeking help



Time estimate:

- 5 minutes

Goal:

- Begin addressing stigma by defining it clearly



Suggested script:

- Why does society look at people with mental illnesses differently than people with physical illnesses like cancer? The answer is stigma.
- Stigma is a combination of attitudes and discrimination.
- An example of an attitude includes thinking less of a person because of who they are, such as for their race, religion, sexual orientation, mental health status or gender.
- Discrimination is when someone treats you in a negative way due to a negative belief or bias.
- Stigma and discrimination can make mental health problems worse and stop a person from getting the help they need (Victoria State Government Department of Health & Better Health Channel, 2015).
- Stigma can make people feel unwanted and ashamed for something that is not their choice.
- Stigma adds to the stress caused by mental health problems. It is sometimes harder to deal with than the illness itself.
- Stigma related to mental illness can act as a barrier to accessing things like employment and housing. As we discussed earlier, these things define a good quality of life. Stigma can also be a barrier to accessing necessary health services (Carrara et al., 2019).



Decide:

- Stigma may be a new concept in many communities and contexts. If this is the case in your group, you may want to spend more time on this discussion.

Slide 12

- Ways to stop stigma

Ways to stop stigma

- ✓ Treat everyone with respect
- ✓ Be warm, caring and nonjudgmental
- ✓ Challenge stigma when you see it
- ✓ Be mindful of the language you use
- ✓ Learn the facts about mental health and mental illness
- ✓ Help raise awareness about mental health



Time estimate:

- 5 minutes

Goal:

- Offer practical tips to reduce stigma



Suggested script:

- Here are some ways to help stop stigma:
 - Treat everyone with respect.
 - Treating people with respect is about treating people with dignity and humanity.
 - Be warm, caring and nonjudgmental.
 - If you approach every interaction you have with warmth and care, you will help to create an environment where distress is less likely. If something does come up, people around you will feel supported and more likely to share their difficulties.
 - Challenge stigma when you see it. (We will be doing an activity about this.)
 - Be aware of your language. It's important to remember to put the person first. (We'll talk more about this in a few minutes.)
 - Learn the facts about mental health and mental illness. (This is something you are doing today.)
 - Help raise awareness about mental health by speaking to others about what you learn today and going forward.

Slide 13

- Activity: Stigma scenarios: Discussion

Activity: Stigma scenarios: Discussion





Time estimate:

- 15 minutes

Goal:

- Discuss the negative stereotypes associated with mental illness
- Explain the negative impact of stigma on people with mental illnesses
- Discuss practical ways to reduce stigma



Handout:

- Handout D: What are your thoughts?



Suggested script:

- In this activity, we are going to have an opportunity to check out our own attitudes and beliefs about mental health issues and substance use problems. All the scenarios are from real-life situations. I am going to pass around an envelope and ask that you take out one piece of paper and read the scenario to yourself.



Do:

- Pass around the envelope and give the participants a couple of minutes to read their scenario.



Suggested script:

- What is your reaction to your scenario? (Discuss.)



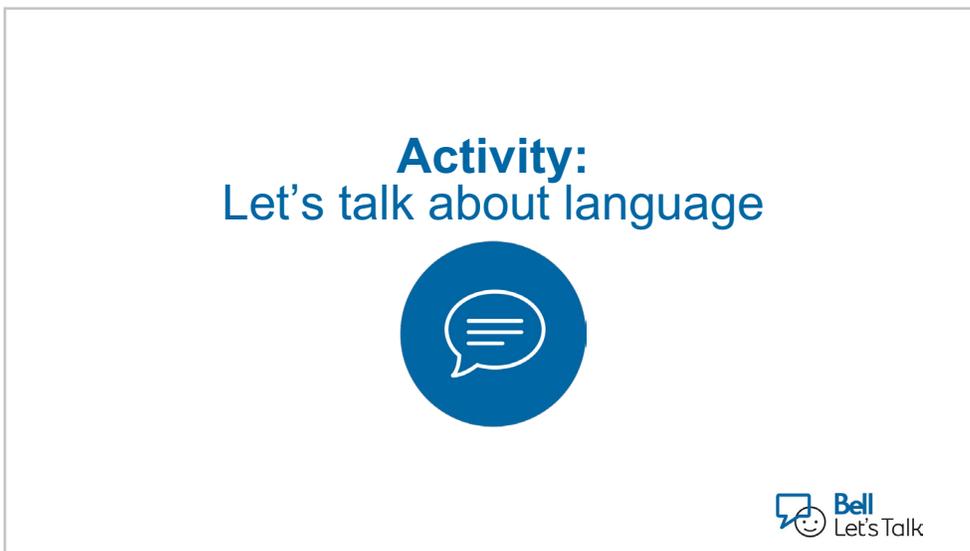
Do:

- Ask people to volunteer to read their scenarios out loud. After the person reading has commented, you might ask the group:
 - Does anyone else want to comment on this scenario?

- If no one volunteers to read their scenario, you can choose a few from those that have been handed out, read them out loud and ask participants to comment. The following questions can be used as prompts for discussion:
 - What are some of the issues related to stigma in this scenario?
 - What are some of the barriers that stop this person from getting the help they need?
 - What might be some of the ways that the person could better support someone with a mental health or substance use problem? What could the person do? What could they say?
- If you're not sure how to respond to any of the comments, you can turn the discussion back to the group and ask, "What do others think about this?"
- Take the opportunity to stress that faulty beliefs and misconceptions about people living with mental health and substance use problems can be a barrier to people getting the help they need.

Slide 14

- Activity: Let's talk about language



Time estimate:

- 10 to 15 minutes

Goal:

- Discuss language choices that reduce stigma



Suggested script:

- We've talked a bit about stigma against people based on mental health status, and can acknowledge that although we are all different in one way or another, we all deserve to be treated with respect.
- Language plays a big part in showing respect to people with a mental health issue.
- We are going to review the ways we can use language to reduce stigma.



Handout:

- Handout E: Language suggestions



Do:

- Review the suggestions on the handout and explain the principles behind respectful language usage.



Suggested script:

(The following are from the Canadian Public Health Association's [2019] resource called *Language Matters: Using Respectful Language in Relation to Sexual Health, Substance Use, STBBIs and Intersecting Sources of Stigma*. They've been adapted to apply to specifically mental health problems and substance use. You won't manage to cover every one of these, but as questions and comments arise, you can refer to some of these principles. You may also decide to print this out as a handout.)

- **Words matter.** Certain words can make people or groups feel excluded, and can also convey stereotypes, expectations or limitations based on a person's identity. Stigmatizing language can make people feel unwelcome or unsafe, which can have adverse impacts on a person's well-being.
- **Language changes.** As societal values change over time, so does the language that is considered acceptable. Nuances can be challenging to understand and navigate, but every effort should be made to be specific and use appropriate words when having conversations about mental health and substance use.
- **Mindset matters.** Be open and empathetic, and encourage others to do the same. It is important that we do not let the fear of using the "wrong" word keep important conversations from taking place. If someone suggests a correction to our language, it's important not to be insulted or defensive. Rather, try to understand the need for the suggested change, and take it as an opportunity to learn, increase our understanding and show empathy.
- **Person first.** Use person-first language: language that prioritizes someone's identity and individuality above whatever other characteristic you might be describing (e.g., "person living with a mental illness" rather than "mentally ill").
- **Be inclusive.** Try to use language that is as inclusive as possible to reflect the known or unknown diversity of your audience. For example, instead of using the terms husband or wife when unsure of the sexual orientation and/or marital status of who you are speaking with, use the term "partner." Similarly, when referring to a group of people, try "folks" instead of "guys."
- **Be specific.** Use language that is consistent with how a person identifies and is comfortable for them. This would include, for example, using correct pronouns. It's important to keep in mind that not every member of a group, or person impacted by an issue, will agree on preferred terminology or identifiers. When describing their own identity, people might even use language that you would typically avoid using. The best way to find out how someone identifies or what language is comfortable to them is to ask.
- **Be critical.** Before introducing or describing someone based on personal characteristics (such as race, gender identity, use of substances, etc.), ask yourself whether it is relevant and necessary to do so. Similarly, think about your intentions for using a phrase or word, whether it has any origins that may impact how it is received and whether there is a more inclusive or respectful way to state what you are trying to say.

Slide 15

- Summary: Key messages

Summary: Key messages

- Mental health is more than the absence of disease. Mental health includes well-being
- Anyone can experience mental illness
- Social factors like housing, income, trauma and discrimination are risk factors for developing mental health issues
- Stigma is not only hurtful, but can prevent people from seeking help



Time estimate:

- 5 minutes

Goal:

- Review key messages



Suggested script:

- We are coming to the end of our time together.
- What's one thing you'll take away from our conversations today? (Allow for a few examples from participants, then review/recap.)
- Let's review some of the key messages we talked about today:
 - Mental health is more than the absence of disease. Mental health means experiencing well-being and having the ability to function.
 - Anyone can experience mental illness, regardless of age, culture, gender, etcetera.
 - Social factors like housing, income, trauma and discrimination are risk factors for developing mental health issues.
 - Stigma is not only hurtful, but can prevent people from seeking help.

Slide 16

- Let's keep talking

Let's keep talking

- Some ideas for the next steps:



- Share resources and information with other individuals or groups
- Support a mental health organization as a volunteer or donor
- Learn more about mental health at camh.ca and through other resources



Time estimate:

- 5 to 10 minutes

Goal:

- Identify next steps for keeping the conversation going



Suggested script:

- Thank you for joining the conversation today.
- What's one thing you can do to keep the conversation going?
 - Some ideas include:
 - Share resources and information with other individuals or groups.
 - Support a mental health organization as a volunteer or donor.
 - Learn more about mental health at www.camh.ca or through other sources.



Decide:

- If your group is having trouble coming up with other ideas, ask them to choose one of the suggestions on the slide and discuss how they might put that idea into action.
- Depending on your group, your time limits and your comfort as a facilitator, you will probably want to choose how participants respond to the questions.

Option 1: Self-reflect

- Invite participants to quietly think about what they are taking away from today, as well as their plans for action following this conversation. You may want to ask them to write down their ideas.
 - This option is easiest to facilitate. It doesn't take long for participants to respond, and it offers a safe way for people to participate without sharing.

Option 2: Self-reflect and share

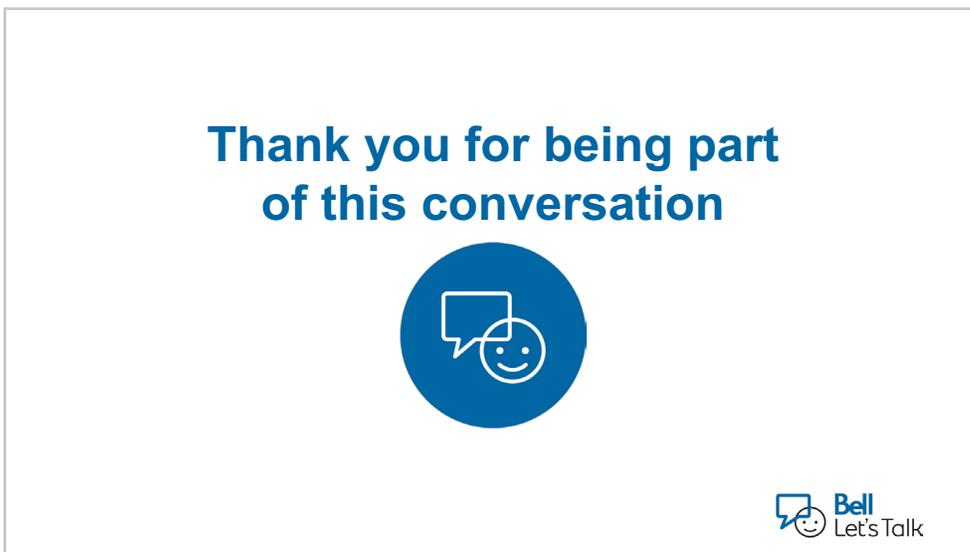
- Invite participants to reflect on what they are taking away from today, as well as their plans for action following this conversation. Ask them to share their ideas with another participant.
 - This option allows people to share their learning without speaking in front of the group. People will have varying degrees of comfort with sharing in small or large groups.

Option 3: Think, pair, share

- Invite participants to think about what they're taking away from today, as well as their plans for action following this conversation. Then, ask them to share with a partner. Finally, bring the group back together and invite people to share what they discussed with the larger group.
 - This option helps people learn by hearing a wider range of responses. It can also help build community within your group.

Slide 17

- Thank you



Time estimate:

- 5 minutes

Goal:

- Thank participants for attending your community conversation about mental health.
- Remind them of the resources available, including how to find local resources.



Do:

- Make sure your resources are visible and available.
- Be proud of yourself for facilitating such an important conversation!

Outline/Core concepts of mental health

Mental health

The World Health Organization (WHO) defines mental health as a state of well-being in which the individual realizes their own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to their community (WHO, Department of Mental Health and Substance Abuse, Victorian Health Promotion Foundation & University of Melbourne, 2004).

Three ideas are central to this definition of mental health: it is an integral part of health, it is more than the absence of illness and it is intimately connected with overall wellness.

Mental illness

Mental illnesses include a broad range of problems with different symptoms. However, they are generally characterized by some combination of changes in or disruptions of typical thoughts, emotions, behaviour and relationships with others (WHO, 2011). The American Psychiatric Association (APA) refers to mental illnesses as “disorders.”

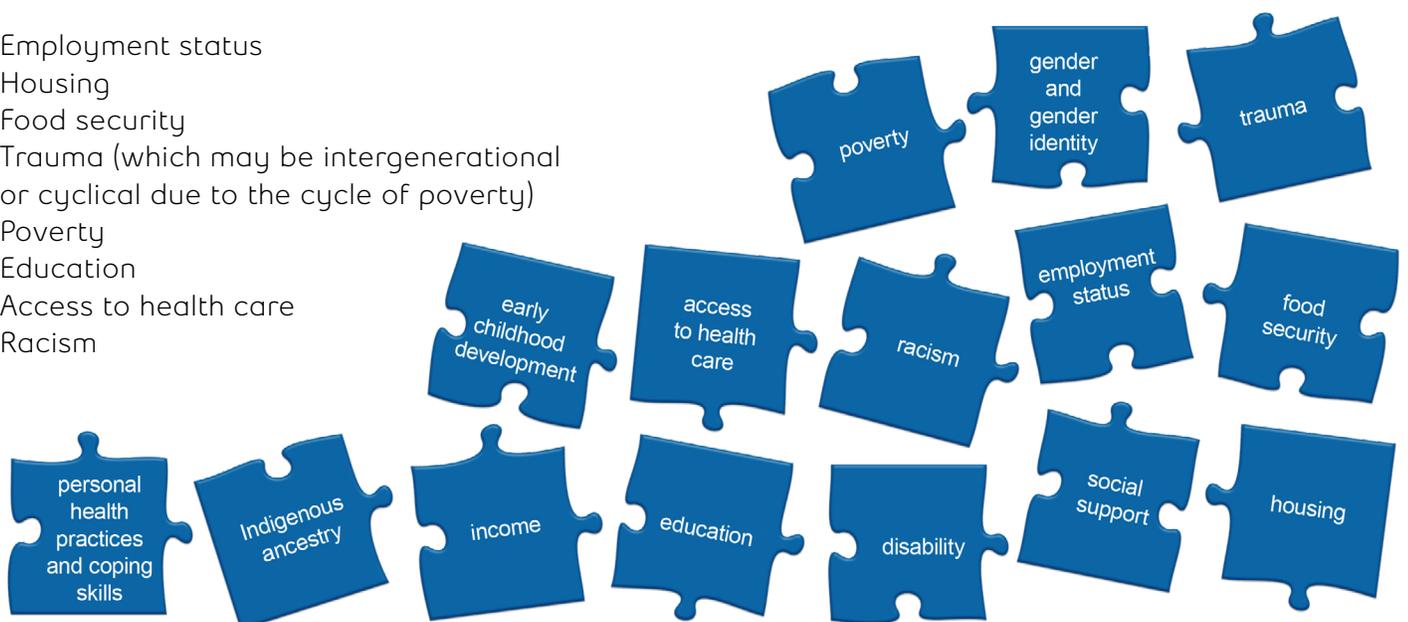
Mental health continuum (dual continua of mental health)

Mental health is not the opposite of mental illness. Mental health means well-being rather than just living without an illness. You can have good mental health while living with a mental illness and poor mental health even though you do not have a mental illness.

Social determinants of mental health

Mental health challenges are largely influenced by the social, economic and physical environments in which people live (WHO & Calouste Gulbenkian Foundation, 2014). These factors often affect whole communities, which puts groups of people at greater risk of poor mental health. Because they affect the mental and physical health statuses of groups of people, they are called “social determinants of health.” The social determinants of mental health include:

- Employment status
- Housing
- Food security
- Trauma (which may be intergenerational or cyclical due to the cycle of poverty)
- Poverty
- Education
- Access to health care
- Racism



Stigma

Although one in three Canadians will experience a mental illness at some point in their lives, many don't seek out the treatment or support they need because of fear of stigmatization.

Stigma includes both a negative attitude and the physical act of discrimination that results from the negative bias. Stigma means thinking less of a person because of their condition.

Stigma can make people feel unwanted and ashamed. It is often harder to deal with than the illness itself.

Stigmatization of mental illness may interact with other forms of stigma related to social identities, such as race, gender and sexuality. Stigma is especially difficult for people living with these conditions because it can create barriers to accessing necessary social and structural supports. This can result in further experiences of stigma (Jackson-Best & Edwards, 2018).

Addressing stigma

These are some ways to talk about mental illness, show your support and help those who are facing mental health challenges seek help:



- **Be kind:** Small acts of kindness make a big difference.
- **Educate yourself:** Learn about and talk more about the signs of mental illness.
- **Language matters:** Pay attention to the words you use about mental health and illness.
- **Listen and ask:** Sometimes, it's best to just listen.
- **Talk about it:** Start a dialogue and break the silence.

Resources

I need help now

- Visit your local emergency department or call 911.
- Call Kids Help Phone at 1 800 668-6868 or text TALK to 686868.
- Call a distress line or crisis centre in your area. For a list of crisis centres across Canada, visit www.suicideprevention.ca

I need support and mental health resources

Contact your health care provider (i.e., family doctor or local health clinic).

Black Youth Helpline: www.blackyouth.ca

Black Youth Helpline serves all youth and specifically responds to the need for a Black youth specific service, positioned and resourced to promote access to professional, culturally appropriate support for youth, families and schools. Their National Helpline for Canadian Youth is available toll-free, 7 days a week by calling 1 833 294-8650.

Canadian Mental Health Association (CMHA): www.cmha.ca

Over 330 CMHA locations all across Canada provide a wide range of programs, services and supports to step in early to prevent and treat mental health issues in those who are struggling, and to support those with mental illness and their families to live well in the community. These local CMHAs are a good place to start when seeking out services and resources in your community. CMHA offices will refer you to other mental health centres in your area. They also offer many programs and services, ranging from workplace and school programs to counseling, information and support groups, and can help coordinate your care and provide day-to-day support.

Centre for Addiction and Mental Health (CAMH) website: www.camh.ca

CAMH is Canada's largest mental health and addiction teaching hospital, as well as one of the world's leading research centres in the area of addiction and mental health. CAMH combines clinical care, research, education, policy development and health promotion to help transform the lives of people affected by mental health and addiction issues.

ConnexOntario: www.connexontario.ca

ConnexOntario operates three helplines: a mental health hotline (1 866 531-2600), an alcohol and other drugs hotline (1 800 565-8603) and a problem gambling helpline (1 888 230-3505). These telephone information lines are confidential, free and available 24/7 for people in Ontario. They provide information about services in your community, basic education and support and strategies to help you reach your goals by phone, email or webchat.

Hope for Wellness Help Line: www.hopeforwellness.ca

The Hope for Wellness Help Line offers immediate help to all Indigenous peoples across Canada. It is available 24 hours a day, 7 days a week to offer culturally competent counselling and crisis intervention. Call the toll-free Help Line at 1 855 242-3310 or connect to the online chat at hopeforwellness.ca.

Kids Help Phone: www.kidshelpphone.ca

Kids Help Phone is Canada's only 24/7, national support service that offers professional counselling; information; referrals and volunteer-led, text-based support in both English and French. Call 1 800 668-6868 or text TALK to 686868.

Mood Disorders Society of Canada: www.mooddisorderscanada.ca

The Mood Disorders Society of Canada provides a range of educational programs and resources designed to support persons impacted by mental illness, their families and caregivers. MDSC offers a wide array of training for health care providers, essential workers and employers on mental illnesses, particularly about depression, bipolar disorder and PTSD.

Schizophrenia Society of Canada: www.schizophrenia.ca

The mission of the Schizophrenia society is: "Build a Canada where people living with early psychosis and schizophrenia achieve their potential." The Society offers education and support programs as well as engages in lobbying to affect public policy and research.

Strongest Families Institute: www.strongestfamilies.com

Strongest Families Institute (SFI) delivers services to children, youth, adults and families living with mild to moderate mental health and other issues through innovative distance-based coaching. SFI equips people with life skills, providing timely support to people in the comfort and privacy of their own homes, day and night.

211's phone number and website: www.211.ca

211 is Canada's main source of information on government and community-based health and social services. Call 211 or visit their website.

Wellness Together Canada: wellnesstogether.ca

Wellness Together Canada is a mental health and substance use website that supports people across Canada as well as Canadians living abroad in both official languages. The online service was launched in response to growing mental health concerns related to the COVID-19 pandemic and provides immediate support and resources at no cost.

I want to learn more about mental health and mental illness

Canadian Mental Health Association (CMHA): www.cmha.ca

CMHA's national website offers simple, easy-to-understand information about mental illness, mental health and how to take care of it. Visit the website for [Fast Facts about Mental Health and Mental Illness](#) and to learn more about a range of topics, including [Coping with Loneliness](#), [Care for the Caregiver](#) and [Eating Disorders](#).

Centre for Addiction and Mental Health (CAMH): www.camh.ca

CAMH's website provides quick access to the best available online information, tools and resources about mental health, including information for clients and families.

Handout B Resources

The Mental Health and Addiction 101 series are free, quick and easy-to-use online tutorials, which introduce topics concerning substance use and mental health problems: www.camh.ca/en/health-info/mental-health-101

Find workshops, interviews and seminars posted as videos, including “Mini-Med School,” a series of health sciences lectures offered by CAMH in collaboration with the University of Toronto: www.porticonetwork.ca/learn/videos/mini-med-school

Canadian Public Health Association

Canadian Public Health Association’s “What Are The Social Determinants Of Health?” may be a useful resource for those seeking more information about the social determinants. It can be accessed at: www.cpha.ca/what-are-social-determinants-health

Here to Help (BC): www.heretohelp.bc.ca

Here to Help is a project of the BC Partners for Mental Health and Addictions Information. Here to Help is a collective of seven mental health and addiction agencies that have been working together since 2003 to help prevent and manage mental health and substance use problems.

Jack.org: www.bethere.org

Jack.org is training and empowering young leaders to revolutionize mental health in every province and territory. Through [Jack Talks](#), [Jack Chapters](#), and [Jack Summits](#), young leaders identify and dismantle barriers to positive mental health in their communities. Jack.org’s innovations like [Be There](#) and [Jack Originals](#) give people the mental health resources they need to educate themselves.

Multicultural Mental Health Resource Centre (MMHRC): www.mmhrc.ca

The Mental Health Commission of Canada (MHCC) leads the development and dissemination of innovative programs and tools to support the mental health and wellness of Canadians. Through their website you can access information about mental health in Canada, training opportunities and resources.

Relief: www.monrelief.ca

Relief’s role is to support people living with anxiety, depression or bipolar disorder, as well as their loved ones; to help them learn to live with the ups and downs of their mental health and to regain power over it. Relief’s approach has remained the same since 1991: self-management support. Relief offers one-on-one support in English and French, virtually or in person, as well as 10-week thematic group workshops and support groups to share with others who are experiencing similar situations.

National Alliance on Mental Illness (NAMI) (US): www.nami.org

NAMI is the National Alliance on Mental Illness, the largest grassroots mental health organization in the United States. NAMI advocates for access to services, treatment, supports and research.

National Empowerment Center (US): www.power2u.org

This consumer/survivor/ex-patient-run organization carries a message of recovery, empowerment, hope and healing to people with lived experience of mental health issues, trauma and extreme states.

National Institute of Mental Health (NIMH) (US): www.nimh.nih.gov

This organization offers fact sheets, booklets and brochures on mental health topics.

Articles and other resources

The following resources may be helpful:

Abdillahi, I. & Shaw, A. (2020). *Social Determinants and Inequities in Health for Black Canadians: A Snapshot*. Public Health Agency of Canada (PHAC). Retrieved from: www.canada.ca/content/dam/phac-aspc/documents/services/health-promotion/population-health/what-determines-health/social-determinants-inequities-black-canadians-snapshot/health-inequities-black-canadians.pdf

Guruge, S., Birpreet, B. & Samuels-Dennis, J.A. (2015). Health status and health determinants of older immigrant women in Canada: A scoping review. *Journal of Aging Research*. Retrieved from: www.ncbi.nlm.nih.gov/pmc/articles/PMC4530267

Public Health Agency of Canada (PHAC). (2018). Inequalities in mental illness hospitalization in Canada. Ottawa: Author. www.canada.ca/content/dam/phac-aspc/documents/services/publications/science-research-data/7.Mental%20illness-EN_final.pdf

Public Health Agency of Canada (PHAC). (2018). Inequalities in death by suicide in Canada. Retrieved from: www.canada.ca/content/dam/phac-aspc/documents/services/publications/science-research/phac-suicide-en.pdf

Public Health Agency of Canada (PHAC). (2020). Mental illness in Canada. Retrieved from: www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/mental-illness-canada-infographic/mental-illness-canada-infographic.pdf

Raphael, D., Bryant, T., Mikkonen, J. & Raphael, A. (2020). *Social Determinants of Health: The Canadian Facts* (2nd ed.). Oshawa & Toronto: Ontario Tech University Faculty of Health Sciences & York University School of Health Policy and Management. Retrieved from: thecanadianfacts.org/The_Canadian_Facts-2nd_ed.pdf

Statistics Canada. (2017). Canadians with mental health-related disabilities. *Canadian Survey on Disability*. Her Majesty the Queen in Right of Canada. Retrieved from: www150.statcan.gc.ca/n1/en/pub/11-627-m/11-627-m2020008-eng.pdf?st=wd3o2GYO

Williams D.R. (2018). Stress and the mental health of populations of color: Advancing our understanding of race-related stressors. *Journal of Health and Social Behavior*, 59(4), 466–485. Retrieved from: doi.org/10.1177/0022146518814251

I want to learn more about the impact of stigma and how to prevent stigma

American Psychiatric Association (APA)

Visit the APA's webpage on stigma and discrimination, accessible at: www.psychiatry.org/patients-families/stigma-and-discrimination

Canadian Public Health Association

The Canadian Public Health Association has put together a resource called Language Matters: Using Respectful Language in Relation to Sexual Health, Substance Use, STBBIs and Intersecting Sources of Stigma. It can be accessed at: www.cpha.ca/sites/default/files/uploads/resources/stbbi/language-tool-e.pdf

I want to continue the conversation

Bell Let's Talk

Bell Let's Talk encourages you to spread the word about mental health using #BellLetsTalk. For more information and resources to join the conversation, check out Bell.ca/LetsTalk

Mental Health Commission of Canada: www.mentalhealthcommission.ca

Supported by the Mental Health Commission of Canada, COLLABORATIVE SPACES is an online place to share mental health information and learn from others as they post. Once you have registered for a free account, you can discuss issues and share links to articles, documents, pictures and videos with the community. You can also bring attention to events and activities happening around the world and view them by various mental health topics.

Time to Change www.time-to-change.org.uk

Time to Change, an anti-stigma campaign in the UK, has ended but the website is live and has links to their resources. The website offers resources for community conversations, as well as tips and strategies to help you talk openly about mental health with someone you care about.

I want to learn more about trauma

Klinik Community Health Centre

Klinik Community Health Centre has put together a resource called Trauma-Informed: The Trauma Toolkit. It can be accessed at: trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed_Toolkit.pdf

Let's talk: True or false

Read each statement and then put a mark in the corresponding column based on whether you think the statement is true or false.

Questions	True	False
1. Five per cent (one in twenty) of youth in Canada have a mental health disorder.	<input type="checkbox"/>	<input type="checkbox"/>
2. Indigenous people in Canada report that long waiting lists are the biggest barrier to receiving health care.	<input type="checkbox"/>	<input type="checkbox"/>
3. More than one in ten adults in Ontario reported having mental distress for longer than two weeks in the past 30 days.	<input type="checkbox"/>	<input type="checkbox"/>
4. Men are more likely to experience mental health issues than women.	<input type="checkbox"/>	<input type="checkbox"/>
5. Low income is strongly associated with mental distress.	<input type="checkbox"/>	<input type="checkbox"/>
6. Young people generally know where to turn if they experience a mental health problem.	<input type="checkbox"/>	<input type="checkbox"/>
7. During the COVID-19 pandemic, the rates of anxiety and depression rose.	<input type="checkbox"/>	<input type="checkbox"/>
8. Stigma prevents 40 per cent of people with anxiety or depression from seeking medical help.	<input type="checkbox"/>	<input type="checkbox"/>
9. During the COVID-19 pandemic, older people were more likely to report poor mental health.	<input type="checkbox"/>	<input type="checkbox"/>
10. Recent older immigrants, refugees, those who are racialized and those whose first language is not English are more likely to experience poor mental health than non-immigrant, non-racialized older adults.	<input type="checkbox"/>	<input type="checkbox"/>

Answer key

1. **FALSE.** Around 20 per cent (one in five) of Canadian youth have a mental health problem. In Canada, between 2008–2009 and 2018–2019, there was a 61 per cent increase in emergency department visits and a 60 per cent increase in hospitalizations for mental health disorders in youth (CIHI, 2020).
2. **TRUE.** More than a quarter (27 per cent) of Indigenous adults surveyed said that long waiting lists are a barrier to receiving health care – the single most mentioned barrier in the past twelve months (FNIGC, 2016).
3. **TRUE.** More than one in 10 Ontario adults (13.3 per cent) reported frequent days (i.e., over 14) in which they felt they experienced mental distress in a 30-day period (Nigatu et al., 2020).
4. **FALSE.** Women are more likely to experience (or admit to experiencing): psychological distress, use of anti-anxiety and antidepressant medications, fair or poor mental health, frequent mental distress days and suicidal ideation (Nigatu et al., 2020).
5. **TRUE.** After adjusting for other demographic characteristics, respondents with lower incomes are significantly more likely to report psychological distress and rate their health as fair or poor (Nigatu et al., 2020).
6. **FALSE.** About one-third of students (35 per cent) report that in the past year, there was a time when they wanted to talk to someone about a mental health problem but did not know where to turn, and over one-third (37 per cent) report that they rarely or never talk to their parents about their problems or feelings (Boak et al., 2020).
7. **TRUE.** The percentage of respondents who indicated that their anxiety was “high to extremely high” quadrupled (from five to 20 per cent) and the number of participants with high self-reported depression more than doubled (from four to 10 per cent) between the onset of COVID-19 and early 2021 (Dozois, D.J.A., & Mental Health Research Canada, 2021).
8. **TRUE.** Stigma seriously affects the well-being of those who experience it. Fear and misunderstanding often lead to prejudice against people with mental illnesses and substance use problems, even among service providers. Prejudice and discrimination can lead to feelings of hopelessness and shame in those struggling to cope with their situation, creating a serious barrier to diagnosis and treatment (CAMH, n.d.).
9. **FALSE.** According to Statistics Canada, youth were at higher risk of experiencing poor mental health (compared to other age groups) during the pandemic. The younger the age group, the higher the percentage of people who reported poor mental health during the pandemic (64 per cent of those aged 15 to 24 versus 35 per cent for those over 65) (MHCC, 2020). In addition, the number of positive screens for mental health issues (i.e., major depressive disorder, generalized anxiety disorder, PTSD) were over three times higher among young adults than older adults (Statistics Canada, 2021).
10. **TRUE.** Recent older immigrants, refugees, those who are racialized and those whose first language is not English are more likely to experience poor mental health than non-immigrant, non-racialized older adults (Um & Lightman, 2017).

What are your thoughts?

(These scenarios were adapted from Beyond the Label, Activity 7, © 2005 Centre for Addiction and Mental Health, with credit to Hong Fook Mental Health Association, Toronto, who originally developed the activity “What’s your gut feeling?”)



- 1 From a friend: It’s okay for your daughter to come to our holiday party, but I think it’s better for everyone’s sake that your son doesn’t attend. You said yourself that you think he has some mental problems and that he might be using drugs. We don’t want to take a chance.
- 2 From a co-worker (in the lunchroom at work): Mary’s off sick again. She’s always taking time off, especially on Mondays. You know, I’ve smelled alcohol on her breath sometimes, and she always seems to be in a bad mood. She’s going to get fired if she doesn’t watch herself.
- 3 From a family member: He has to move out. My mother-in-law is coming to visit, and she doesn’t know he has a mental illness, not to mention the fact that he also drinks too much. Everybody else in our family is a high achiever, except him. I don’t want her to look at me differently.
- 4 From a neighbour to her daughter: I don’t want you going over to Fatima’s house. I heard that her mother just got out of hospital because of some nervous breakdown. If she’s crazy/unpredictable, you never know what she might do.
- 5 From a friend: I felt sorry for Walter when he found out that he has schizophrenia. It’s not his fault because he was born with it, but now he’s smoking marijuana and getting into all kinds of trouble. He should know better. It’s bad enough his family has to live with his mental illness.
- 6 From a landlord: As long as she takes her meds and doesn’t drink, she’ll have a place to live. I can’t deal with drug addicts or alcoholics.
- 7 From a family member: Alcohol is taboo in our culture. There’s been some acceptance of his bipolar disorder, but if our friends and relatives find out that our son is drinking, we’re doomed.

Activity: Language use

We are all different, yet we all deserve to be treated with respect. Here are some suggested language choices for discussing mental health issues without being stigmatizing (Media Smarts, n.d.).

Respectful language	Disrespectful language
Person with schizophrenia	Schizophrenic
Person with bipolar disorder	Manic depressive
Person with a disability	Handicapped person

Empowering language	Disempowering language
Person with a mental illness	Mentally ill
Person experiencing mental illness	Victim / Sufferer
Person experiencing mental health symptoms	Crazy / Wacko / Lunatic

Do	Don't
Put the person first	Refer to people by their illness
Become informed about mental illnesses	Be judgmental
Speak up about stigma	Let jokes or misinformation go
Talk openly about mental illnesses	Treat mental illnesses as something to be embarrassed about

Terms to avoid
Challenged
Special
Normal versus not normal
Psycho, psychopath or demented

References

- Boak, A., Elton-Marshall, T., Mann, R.E., Henderson, J.L. & Hamilton, H.A., (2020). *The Mental Health and Well-Being of Ontario Students, 1991-2019: Detailed Findings from the Ontario Student Drug Use and Health Survey (OSDUHS)*. Toronto: CAMH.
- Canadian Institute for Health Information (CIHI). (2020). Mental health of children and youth in Canada. Retrieved from: www.cihi.ca/en/mental-health-of-children-and-youth-in-canada
- Canadian Public Health Association. (2019). *Language Matters: Using Respectful Language in Relation to Sexual Health, Substance Use, STBBIs and Intersecting Sources of Stigma*. Ottawa: Author. Retrieved from: www.cpha.ca/sites/default/files/uploads/resources/stbbi/language-tool-e.pdf
- Carrara, B.S., Arena Ventura, C.A., Bobbili, S.J., Pimentel Jacobina, O.M., Khenti, A. & Costa Mendes, I.A. (2019). Stigma in health professionals towards people with mental illness: An integrative review. *Archives of Psychiatric Nursing*, 33(4), 311–318. Retrieved from: [dx.doi.org/10.1016/j.apnu.2019.01.006](https://doi.org/10.1016/j.apnu.2019.01.006)
- Centre for Addiction and Mental Health (CAMH). (n.d.). Addressing stigma. Retrieved from: camh.ca/en/driving-change/addressing-stigma
- Dozois, D.J.A., & Mental Health Research Canada. (2021). *Anxiety and depression in Canada during the COVID-19 pandemic: A national survey*. *Canadian Psychology/Psychologie canadienne*, 62 (1), 136–142. Retrieved from: doi.org/10.1037/cap0000251
- First Nations Information Governance Centre (FNIGC). (2016). *First Nations Regional Health Survey (RHS)* [Data set]. Retrieved from: fnigc.ca/dataonline/charts-list?term_node_tid_depth_1=23&term_node_tid_depth=All&keys=
- Jackson-Best, F. & Edwards, N. (2018). Stigma and intersectionality: A systematic review of systematic reviews across HIV/AIDS, mental illness, and physical disability. *BMC Public Health*, 18. Retrieved from: [dx.doi.org/10.1186/s12889-018-5861-3](https://doi.org/10.1186/s12889-018-5861-3)
- Media Smarts. (n.d.). *Let's Talk: Finding Reliable Mental Health Information and Resources*. Retrieved from: mediasmarts.ca/sites/default/files/pdfs/Lets_Talk_Teacher_Training_Guide.pdf
- Mental Health Commission of Canada (MHCC). (2020). *Lockdown Life: Mental Health Impacts of COVID-19 on Youth in Canada*. Ottawa: Health Canada. Retrieved from: www.mentalhealthcommission.ca/wp-content/uploads/drupal/2021-02/lockdown_life_eng.pdf
- Nigatu, Y.T., Elton-Marshall, T., Adlaf E.M., Ialomiteanu, A.R., Mann, R.E. & Hamilton, H.A. (2020). *CAMH Monitor e-Report: Substance Use, Mental Health and Well-Being Among Ontario Adults, 1977-2019*. Toronto: CAMH. Retrieved from: www.camh.ca/camh-monitor
- Public Health Agency of Canada (PHAC). (2020). Mental illness in Canada. Retrieved from: www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/mental-illness-canada-infographic/mental-illness-canada-infographic.pdf
- Statistics Canada. (2021, March 18). Survey on COVID-19 and mental health, September to December 2020. The Daily. Retrieved from: www150.statcan.gc.ca/n1/en/daily-quotidien/210318/dq210318a-eng.pdf?st=S11k8gpC

Um, S. & Lightman, N. (2017). Seniors' health in the GTA: How immigration, language, and racialization impact seniors' health. Wellesley Institute. Retrieved from: www.wellesleyinstitute.com/publications/seniors-health-in-the-gta-how-immigration-language-and-racialization-impact-seniors-health

Victoria State Government Department of Health & Better Health Channel. (2015). Stigma, discrimination and mental illness. Better Health Channel. Retrieved from: www.betterhealth.vic.gov.au/health/servicesandsupport/stigma-discrimination-and-mental-illness#bhc-content

World Health Organization (WHO). (2011). *International Statistical Classification of Diseases and Related Health Problems* (10th rev., Vol. 2). Geneva, CH: Author. Retrieved from: https://icd.who.int/browse10/Content/statichtml/ICD10Volume2_en_2010.pdf

World Health Organization (WHO) & Calouste Gulbenkian Foundation. (2014). *Social Determinants of Mental Health*. Geneva, CH: Author. Retrieved from: apps.who.int/iris/bitstream/handle/10665/112828/9789241506809_eng.pdf

World Health Organization (WHO), Department of Mental Health and Substance Abuse, Victorian Health Promotion Foundation & University of Melbourne. (2004). *Promoting Mental Health: Summary Report*. Geneva, CH: Author. Retrieved from: <https://apps.who.int/iris/bitstream/handle/10665/42940/9241591595.pdf>