

Frank Kovacs
Kerathabis

David Thomas

Jackie

Paula Jacky

G. Shields
Sue D'Silva

Melvin Semmell

You're in good company

Marisa Fregrese Jesse B.

Larry Brathorne



Wendy
Tina

Rachelle
Wages

Maida
Sinko

Sharon Piccini

Jellican
Reckwas

Jana Vijaykumar
Ephraim

Cathy T
Lynnie Romanow

John Stambor
Nela Esperas
Jacqueline
Lundy

Chick Wachtel
Ali McMath

From GULZAR
MOLU

Gronne
vanadichem

Clarence S'lima

Shirley

Sandy
McKee

Nancy Baumer

Shirley
Cahill

John

Shirley

Nat
Brettell



CANADIAN MENTAL
HEALTH ASSOCIATION
ASSOCIATION CANADIENNE
POUR LA SANTÉ MENTALE

2007 - 2008

report to the community

Barb K. Tracy Woodburn

Namata Balsara

Marian

You're in good company

Picture this... everyone in our community enjoying good mental health!

What is mental health? To quote “Valuing Mental Health: A Framework to Support the Development of a Provincial Mental Health Policy for Newfoundland and Labrador”:

Mental health is about coping with the challenges of life: from bereavement to job stress to relationship problems. Strong support networks and financial security can help a person cope with mental health problems, whereas living in poverty or abuse, with little control over circumstances, places serious strain on someone's mental health. Income, housing, education and employment – or lack of these – are key factors affecting our sense of well-being. Anything making it difficult for an individual, group and environment to interact effectively, can become a threat or barrier to mental health, and may result in a mental health problem.



As you may know, one in five Canadians will experience a mental health problem at some point in their lives. However, due to stigma, only one third of them will seek help. Viewing those statistics against the backdrop of the wide definition of mental health encouraged the Board to think more broadly as they discussed our new vision.

After almost a full year of discussion and input from a variety of stakeholders, the Board is pleased to announce the following statement as our new mission.

“CMHA/Peel enhances the well being of all people in our community by promoting and supporting good mental health.”

Its wording is significant in that the role we play is much more than the services we provide. By focusing on “good” mental health rather than illness, we make our message more applicable to everyone in our community and, as a result, decrease the stigma.

In the past year, perhaps more than any other, the Board has brought the message of good mental health to multiple community venues. Board members have participated in many community meetings for both Central West (C/W) and Mississauga/Halton (M/H) Local Health Integration Networks (LHINs). We were represented on the Peel Memorial Site Task Force of the C/W LHIN by our Chair and at the E-Health and Mental Health and Addictions tables of both LHINs by senior staff of CMHA/Peel.

One of our vice chairs and our CEO represent CMHA/Peel at a collective of all service providers called “Metamorphosis” where we ensure mental health is included in all planning.

Our past Chair has a seat on the Board of the Bramalea Community Health Centre – a primary care initiative where we will co-locate our Assertive Community Treatment Team (ACTT) and Access to Recovery (ATR) programs. At a board level this will bring the message of the importance of good mental health to a broader audience and, in turn, at a service level, it will also support our clients' access to primary care as well as encourage primary care clients to access mental health services.

“Good” mental health will also drive our work with the Punjabi Community Health Centre as we focus on building community capacity in order to address mental health in a way that respects cultural norms.

The Board retreat this year focused on a second area – the potential for mental health services in Dufferin and the impact that it may have both operationally and at a board level. Ultimately, the Board approved participating in the needs assessment of Dufferin and making the final decision regarding CMHA/Peel on its completion.

Finally, we heard from Robin Harvey, a freelance reporter and Geoffrey Reaume, Chair of Disability Studies at York University. Both are stellar examples of how someone who experiences mental illness can also demonstrate good mental health.

We would like to take this opportunity to thank our many partners, funders, agencies and individual supporters for their commitment to our vision of “growing good mental health” in our community. Finally, we extend a very special acknowledgement to the clients of our services and their families who demonstrate daily to us their steps toward recovery and achievement of good mental health.

With sincere thanks,

Kate Jedan
Chair



CMHA/Peel's mission statement:

CMHA/Peel enhances the well being of all people in our community by promoting and supporting good mental health.

CMHA/Peel ACT

“Assertive Community Treatment” supports individuals 16 and over who have been diagnosed with schizophrenia, bipolar disorder or other psychotic disorders. Traditional office-based services have not worked for these clients, who are able to live in the community with the kind of support ACT provides.

The ACT Team is made up of a multidisciplinary team which consists of a Psychiatrist, Nurses, Social Worker, Occupational Therapist, Addictions Specialist, Peer Support Specialist, Vocational Specialist, Rehabilitation Specialist and a Team Leader. We provide an individualized client-centered, client-driven, recovery based service. The ACT Team will come directly to the individual, instead of the individual having to come to the service. This makes it easier for clients to engage in services.

ACT clients are frequent users of community services, may have a dual diagnosis, concurrent disorder, severe functional impairment or other medical issues.

ACT will individualize the service to fit the client. An elderly client may need support with aging issues and safety in the home, whereas a younger client may need creative supports around medications and substance use.

Currently CMHA/Peel ACT is supporting some young individuals who are experiencing living on their own for the first time. These individuals are learning how to cook, clean and budget on a fixed income. They are learning how to use their new found independence and at times struggle with problem solving.

As well, ACT is also supporting individuals whose illness has affected them later in life, and are now using services they may not have had to access in the past. Some have attended university or had professional careers interrupted by mental illness. The ACT Team supports these individuals in regaining control of their hopes and dreams.



The Framework for Support

CMHA/Peel Strategic Plan 2008 to 2013

CMHA/Peel's Strategic Plan builds its foundation for recovery on the CMHA/National Framework for Support.

Every element of the plan considers how best to work within the framework involving consumers and their families/significant others every step of the way.

Role of Framework For Support (FFS) and Recovery

The "Framework For Support" has been a model for service for almost 20 years.

The FFS has three core characteristics:

- Transformation and support
- Respect and recognition
- Moving forward in partnership

Its ultimate goal is to ensure that people with serious mental health problems live fulfilling lives in the community.

The FFS is constructed with three pillars that define and support recovery:

- a **Community Resource Base** – which anchors CMHA's thinking in the real process of consumers lives in society.
- a **Knowledge Resource Base** – which represents all types of knowledge for recovery.
- a **Personal Resource Base** – which represents consumers being in control of their lives.

Recovery as defined within the FFS is:

- supported and enhanced by the three pillars
- not an end state but a continual journey
- achievable as identified by the individual

Mental illness, when seen through the lens of recovery, loses its central and life defining position in the life of the individual and takes on a more secondary role.

Three Pillars of Recovery



Working Toward Good Mental Health

Service Stats

Resource Centre

- 2,462 people served
- 30 group sessions offered
- 34 of 36 Peel Region postal codes registered calls
- 86 individuals trained in Mental Health Works
- 115 individuals trained in Applied Suicide Intervention Skills Training (ASIST)

Youth Net

- 1,168 youth served
 - 6 volunteers provided 1,029 hours of service
- Note: Youth Net focus this year is on in-depth "Pens and Paints" groups with special needs youth.

FACT Peel+

- 25 clients served
- Referrals opened to community agencies to augment caseloads
- 76% of clients returned to school or secured employment

Concurrent Disorders Crisis Services

- 2 ASIST sessions held for 31 participants
- 34 agencies signed on to Peel Concurrent Disorders Network

Mental Health & Justice Services

- 177 diversions completed
- 2,052 consultations provided
- 121 clients served by discharge planning
- 20 clients served by justice housing
- Additional office space negotiated

Access to Recovery (ATR)/ Housing and Support Peel (HASP)

- 145 clients served by ATR
- 38 clients received employment support
- 40 clients served by HASP

Region of Peel Street Outreach

- 567 clients served
- 104 clients identified mental health issues
- 28 clients identified with concurrent disorders

PAR North and PAR South Clubhouse Programs

- 547 members received services
- 122 members participated in employment program
- 130 members received housing support

Consumer Survivor Support Network

- 94% of members feel they are functioning better in the community
- 83% of members perceive receiving support from peers
- 94% of members report the centre is a safe welcoming environment
- 622 members served

Assertive Community Treatment Team (ACTT)

- Negotiated with Supportive Housing In Peel to do Central Intake
- 12 clients served from September 2007 to March 2008
- 100% of clients have established recovery goals (Note: Recruitment has been challenging throughout the province - achievement of 75% staffing was our annual result and is consistent with provincial averages)

Davidson Scholarships

- 10 scholarships awarded

McEvenue Home Works Program

- 13 individuals received a total of \$6,000.00 to assist them to acquire or maintain housing. Identified needs included start up, moving costs, rental arrears and mortgage foreclosure





Growing Good Mental Health

50,000 geraniums! That's a lot of plants!

In the past 22 years, upwards of that sum were sold during CMHA/Peel's Annual Geranium Sale. This successful venture has helped CMHA/Peel in their efforts of *growing good mental health* in our community. Many clients call the Geranium Sale a harbinger of spring. Loyal, long-time support, along with new clients, has helped us increase funds raised annually from \$3,200 in 2001 to \$6,300 in 2008.

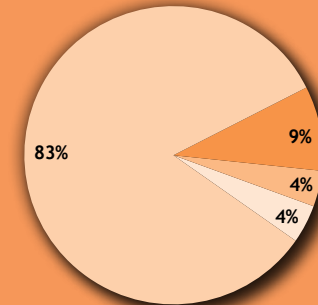
We are grateful to all our supporters, including long-time supplier, Fairview Farm, without whom we would literally have no Geranium Sale. Martin and Nellie Manley of Fairview Farm in Brampton have supplied us with lush, healthy plants since 1977. They have also donated money from pre-Mother's Day sales for several years. Alas, all things must come to an end. The Manleys have sold their property in order to retire. Grateful for their two-decades-long support, CMHA/Peel wishes Martin, Nellie and family the best.

Plans are underway to negotiate with a new supplier for the 2009 Geranium Campaign.

CMHA/Peel Branch

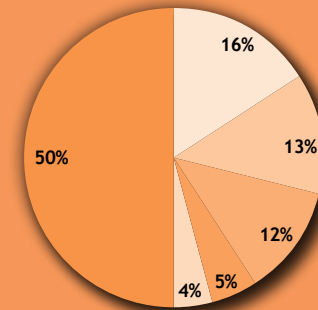
Statement of Revenue and Expenditures
April 1, 2007 to March 31, 2008

Revenue by Source — \$6,854,290



- 83% Ministry of Health/LHIN
- 9% Region of Peel
- 4% United Way
- 4% Trillium/Resource Development

Expenses by Program — \$6,830,342



- 50% Rehabilitation - (PAR Clubhouse, FACT Peel+, Mental Health & Justice, Access to Recovery, ACTT)
- 16% Crisis - (COAST Peel, Peel Crisis Capacity Network, Training)
- 13% Management, Administration, Community Development, Resource Development
- 12% Homelessness/Outreach
- 5% Promotion/Education/Community Awareness
- 4% Consumer Survivor Support Network

Full audited statements are available on request.

Statement of Financial Position as at March 31, 2008

ASSETS

	2008	2007
Current		
Cash and short term investments	\$ 3,646,809	\$ 2,375,951
Accounts receivable	232,120	119,414
Prepaid expenses	73,078	36,175
	<u>3,952,007</u>	<u>2,531,540</u>
Capital Assets (note 3)	445,748	376,345
	<u>\$ 4,397,755</u>	<u>\$ 2,907,885</u>

LIABILITIES

Current

Accounts payable and accrued liabilities	\$ 1,070,273	\$ 893,614
Ministry of Health payable (note 6)	1,933,425	868,298
Deferred revenue	352,645	196,072
Deferred capital contributions (note 5)	192,393	148,855
	<u>3,548,736</u>	<u>2,106,839</u>

Future Employee Benefits (note 4)	250,128	251,736
Deferred Capital Contributions (note 5)	248,637	223,044
	<u>4,047,501</u>	<u>2,581,579</u>

NET ASSETS

Invested in capital assets	4,718	4,488
Unrestricted	243,447	222,385
Internally Restricted (note 8)	102,089	99,433
	<u>350,254</u>	<u>326,306</u>
	<u>\$ 4,397,755</u>	<u>\$ 2,907,885</u>

APPROVED ON BEHALF OF THE BOARD:

[Signature]
[Signature]

The Accompanying notes are an integral part of these financial statements.

CMHA/Peel Branch

Resource Centre

2 County Court Blvd., Unit #102
Brampton, ON L6W 3W8
Tel: 905-451-2123

Finance & Operations

250 Clarence St., Unit #5
Brampton, ON L6W 1T4
Tel: 905-451-1718

Visit our website @ www.cmhapeel.ca

2007 - 2008 Board of Directors

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CANADIAN MENTAL
HEALTH ASSOCIATION
ASSOCIATION CANADIENNE
POUR LA SANTÉ MENTALE

Ministry of
Health and Long-Term Care



THE ONTARIO
TRILLIUM
FOUNDATION

 Region of Peel
Working for you