

## THE MISSION OF C.M.H.A./PEEL BRANCH

**“To offer supportive programs to people impacted by mental illness and to provide support and education that promotes and maintains mental health in our community.”**

A statement of beliefs in the following values helps drive the Mission of the organization:

- Everyone has the right to fully participate in the life of the community
- Optimism and an emphasis on ability over disability
- Everyone has the right to the basic necessities of life
- Everyone has the right to equal access of education, employment, health care, art, culture, and recreation
- Diversity and individual differences enrich the community
- Mental health is an essential component of overall well-being

Mental health should be achieved not only through the provision of services, but primarily through self-help, families and the expression of neighbourhood spirit.

## OUR RESULTS

**CMHA/Peel Branch** ~ “C.M.H.A. Peel is a leader in knowing frontline needs and community capacity gaps.” *Community partner*

- 7,059 people were served through the Branch
- 100 consumers, family members, and agency representatives brought a richness of information to our business planning consultations
- active participation in the Mental Health Implementation Task Force, United Way’s 211 for Peel Residents Committee, Peel Region Committee for Persons with Dual Diagnosis, Community Leadership Alliance of Peel

**Consumer/Survivor Support Network** ~ “Eden Place is my home, where I can be myself.” *Member*

- 224 people were members of Eden Place and 82 individuals participated in self-help groups
- members participated in 34 social events and five educational sessions, and earned \$3,000 performing casual work

**Mental Health Court Support Services** ~ “Thanks for being here. If you weren’t, I would be all alone.” *Client*

- 60 people were diverted to health care services from the justice system
- 213 families and service providers were provided with consultation services at the courthouse

**Outreach Services** ~ “provides a light that enables me to keep moving forward.” *Female client*

- 67 people moved from shelters to housing and 227 adults and 352 children were provided with support
- 37% of clients reported mental health as an issue leading to their homeless situation

**PAR Clubhouses** ~ “My life has totally changed for the better since I came to PAR.” *Member*

- 56 members worked in group and transitional employment earning \$53,400
- 467 individuals were served by the two clubhouses during the year

**Resource Centre** ~ “Very informative, very non-judgmental, answered all of our questions.” *Presentation participant*

- 812 individuals and 153 organizations assisted with information and referral
- 655 people participated in presentations and training, all reporting reviews of good to excellent

**Youth Net** ~ “We strongly support your efforts of further expansion of this program.” *Agency partner*

- Peel District School Board endorses the program
- Youth Advisory Committee established and youth volunteers survey agencies to assess their youth-friendliness

“Canada needs a National Action Plan for mental health.”

Canadian Mental Health Association  
**PEEL BRANCH**

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Canadian Mental Health Association  
**PEEL BRANCH**



**ANNUAL REPORT**  
April 1, 2002 to March 31, 2003

CANADIAN MENTAL  
HEALTH ASSOCIATION  
L'ASSOCIATION CANADIENNE  
POUR LA SANTÉ MENTALE

“Accountability - a trust to be earned, never taken for granted”



## MESSAGE FROM THE PRESIDENT

As I write this message I reflect on a year that saw mental health reported in the media perhaps more than at any other time. There appeared to be a “buzz” in the air, generated by the federally commissioned Romanow Report, the Senate Committee on Social Affairs, Science and Technology, chaired by Senator Kirby, and of course, the Ministry of Health and Long-Term Care’s Toronto-Peel Mental Health Implementation Task Force.

Mr. Romanow referred to mental health as the “orphan child” of health care. Our active role in partnership with consumers, family members, and other service providers, helps to ensure that gaps in service needs are identified to appropriate parties, including health planners, politicians, and funders. Despite inadequate resources, we take our commitment to the community’s mental health a step further. We help to provide information, knowledge, and new programs to address the service gaps as well as emerging needs. They are too important to ignore.

At the same time that much attention has been paid to C.M.H.A. because of mental health reform, charities also became a focus this past year. Circumstances in the corporate sector and a series of articles on charities called into question the accountability and transparency of charitable organizations.

Accountability is demonstrated by the Branch through signed agreements with C.M.H.A. Ontario Division and funders. We also have written agreements with other providers to ensure that our roles and responsibilities in meeting client needs and project goals are well defined. Detailed Board discussions regarding the principles of good governance, as espoused by the Broadbent Report and reflected by our own Board policies, affirm our accountability to all stakeholders. Our efficiency and effectiveness, as demonstrated by a 12% administrative cost, assures that the majority of our resources are devoted to service, as legally expected of a registered charity, and morally expected by donors.

System development and accountability is supported by our Branch. However, we recognize that no matter how welcome these changes are they will inevitably result in greater pressure for services already tremendously under-funded. A decade of flat-lined budgets and increasing costs has taken its toll. With no financial adjustments, it is only going to get more difficult with regional population growth projected to increase by an average of 26,000 people per year to 2005.

It remains to be seen whether the “buzz” will turn into a reality - an adequately resourced mental health system for the one in five people at risk of serious mental illness. C.M.H.A./Peel Branch will continue to take a leadership role in helping to plan and provide services well after what Mr. Romanow describes as the health care “orphan” - mental health - is treated and funded equally to other health issues. As Ken Ross, Assistant Deputy Minister with New Brunswick’s Department of Health and Wellness stated, “There is no health without mental health.”

Respectfully,

Tokulah Agbonoga

### TOTAL NUMBER SERVED

PAR Clubhouses .....	467
Outreach Services .....	298
HASP .....	24
CSSN .....	304
Resource Centre .....	5,687
Youth Net .....	6
Court Support .....	273

## BALANCE SHEET – AS AT MARCH 31, 2003

ASSETS	2003	2002
Current		
Cash and short term investments	\$ 481,771	\$ 506,618
Accounts Receivable	138,167	32,359
Prepaid Expenses	24,710	22,952
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	664,648	561,929
Capital Assets (note 3)	187,877	129,086
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	\$ 832,525	\$ 691,015
<b>LIABILITIES</b>		
Current		
Accounts payable and accrued liabilities	\$ 178,915	\$ 140,330
Ministry of Health payable (note 5)	6,082	6,411
Deferred revenue	175,482	157,637
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	360,479	304,378
Deferred Capital Contributions (note 4)	173,343	108,376
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	533,822	412,754
<b>SURPLUS</b>		
Surplus	205,565	183,905
W.O.Davidson Bequest reserve (note 7)	93,138	94,356
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	298,703	278,261
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	\$ 832,525	\$ 691,015

Approved on behalf of the Board:

Director

Director

The notes are an integral part of these financial statements and are available on request.

## USE OF FUNDING

*The Peel Branch is a multi-service organization with funds allocated to three core services.*

*An introduction to each is provided below, as well as a comment on our philosophy of being client-driven. We operate seven programs through three C.M.H.A. sites and two partner locations.*

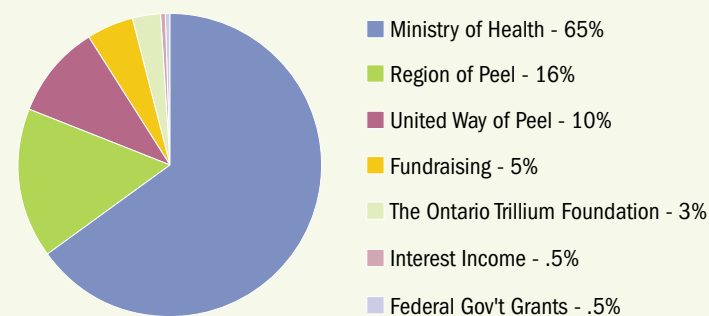
**Community Development** is a process where people identify their own and their community’s issues. With support and resources, people identify their capacities in order to seek solutions

**Mental Health Promotion** is the process of developing a person’s mental health. Mental health is inextricably linked to his or her relationship with others, environmental and lifestyle factors, and the degree of power he or she can exert over his or her life.

**Rehabilitation**, more specifically Psychosocial Rehabilitation (PSR), is defined as “rehabilitation designed in particular for people with serious mental illness.” The goal is to improve quality of life by assisting individuals to assume responsibility over their lives and to function as actively and independently as possible in society. Being **Client-driven** means involving clients as much as possible, and is our philosophy of how the organization operates. Clients are involved with everything from service planning and delivery, to promotion and presentations, to advocacy and governance.

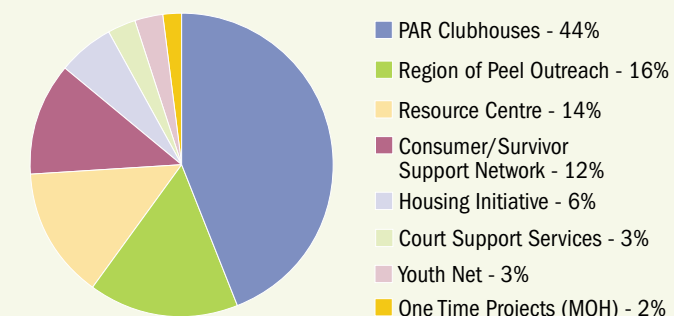
## STATEMENT OF REVENUE AND EXPENDITURES APRIL 1, 2002 TO MARCH 31, 2003

Revenue by Source – \$2,100,692



Full audited statements are available on request. Surplus of \$20,442 generated through successful fund raising including training and allocated to the Operating Reserve.

Expense by Program – \$2,080,250



In 2002/2003, no employees of the Canadian Mental Health Association/Peel Branch were paid a salary of \$100,000 or more, as defined in the Public Sector Salary Disclosure Act 1996. Administrative expenses of 12% are incorporated into each program budget.



“Recovery is attainable for every individual”