



Shared Stories.  
Shared Experiences.  
Stories of Mental Health for All.



Canadian Mental Health Association  
Peel  
Mental health for all

Annual Report 2012 - 2013





## CEO's Retrospective

Back in the late 60's and early 70's, awareness of mental illness and mental health was nowhere near where it is today. My journey with mental illness began when, as a student nurse, I spent 3 months living, working and learning at Whitby Psychiatric Hospital (now reinvented as Ontario Shores Centre for Mental Health Sciences). I was horrified by some of the treatment (Electroconvulsive therapy (ECT) with no anaesthetic) and the fact that people lived in the hospital for their whole lives, but I was encouraged at how "patients" rose to the challenge to get their lives back.

Shortly after graduation in 1970, I began work in Psychiatry at St. Joseph's Health Centre in Toronto. Mental illness remained isolated between labs and orthopedics and it broke my heart to see patients discharged to horrendous boarding homes in Parkdale. In the era following deinstitutionalization, there was nowhere else to go.

My first job at CMHA/Peel by contrast supported people with mental illness in the community, and as the "psychiatric nurse", I ran a women's group, cooking, 2 book clubs, life skills groups and an outreach group for those with physical disabilities (eg: strokes, Parkinson's disease) who consequently developed problems with their mental health. We had a total of about 8 staff, ran the organization on a shoestring budget and brought ingredients from home for the cooking group - but it was a beginning.

*The possibilities are endless and, as our tagline states "Mental Health for All".*



*I bring youth, fun, and professionalism to the job.*

Aretha Perkins - staff

*When you change the "I" to "we", even illness becomes wellness. We are what makes the difference.*  
Helen Vukovic - staff



A few milestones stand out in my mind as the organization continued to grow.

- CMHA/Peel developed and divested SHIP in hopes of future funding to establish additional housing programs to support client choice. Unfortunately, this was not to be and "client choice" seemed to be forgotten in "efficiencies".
- In our systemic advocacy role in 1998 – 2000, in partnership with the John Howard Society and the Region of Peel, we developed and operated the first "overnight drop-in" at the Knight's Table where we served just over 100 men. This was followed by the first shelter for men in the Region in 1999 – 2000 at Rutherford Road where 300 men sought shelter. We had to convince the powers that be that we actually had homeless men in our community and that our shelter wouldn't be a draw for homeless men across the country – of course it wasn't.
- What truly makes CMHAs nationally unique is our commitment to mental health promotion, awareness and education. CMHA/Peel is no different with a wide range of educational topics, Youth Net and Concurrent Disorder training. This is critically important as the general public is exposed to and becomes familiar with mental

illness. One more small step on the way to eradicating the discrimination that, though lessened, still overshadows mental illness.

- We adopted the CMHA/National Framework for Support as our model of recovery. The model demonstrates that mental health services are only a very small component in the road to recovery. This holistic model includes housing, employment, social groups, experiential learning and faith – all just as important as mental health services.
- Our Accreditation in 2012 by COHI (now Canadian Centre for Accreditation) validated our unrelenting work towards being the highest quality organization possible during our 50th year of service.

Now, as we move through our 51st year with a reaffirmed alignment with our CMHA family and a common vision – Mentally healthy people in a healthy society – a new mission and tagline, as well as an exciting new Strategic Plan and increased community focus on mental health – the possibilities are endless and, as our tagline states, supports "Mental Health for All".

*Shady Nickerson*

*Working on a stigma-free society.*

Tara Kallwitz - Consumer Council Member



*Treat people as they are, and help them to become what they are capable of being.*  
Vikram Saini - staff



*Our mental health is just as important as the air we breathe. My job as an Educator compels people to realize and perhaps appreciate that.*

Tammy Whelen - staff



## Message from the Chair of the Board

The past year has been a very busy and productive one for our organization and Board. Of course, we looked back as we celebrated our 50<sup>th</sup> anniversary, but we also continued to provide valuable services in the present and looked forward as we developed a new strategic plan and refined the organization's governance.

The Board revised the organization's Mission to include support for people with addictions as well as mental illness. The new Mission, along with CMHA National's Vision which we adopted as ours, also make clear that we strongly believe that everyone can and should enjoy good mental health.

We also led the development of a set of Values for the organization to help guide us in our work. These values – *Leadership, Integrity, Inclusiveness, Advocacy, Accessibility and Quality* – are intended to be exhibited in everything we (Board and staff) do. You will find more about our new Vision, Mission and Values elsewhere in this report.

In addition to CMHA National's Vision, we adopted their new brand guidelines which provide a more consistent and updated look. You will find this reflected throughout this report.

With the expectation that the CEO will retire at some point in the not-too-distant future, the Board has also been actively working on succession planning to ensure a smooth transition when the time comes. Among other things, the CEO job description, including competencies and skills we will be looking for, has been updated based on strategic planning work done by the Board.

In 2012, the Board formed two new Committees – Governance and Ownership Linkage – to increase its capacity. These committees became more active this year allowing the Board to be more productive in these areas. The Ownership Linkage Committee assists the Board with increasing input from people and organizations in the Peel community that, under our governance model, are considered to be our moral owners.

We also continued to be active in meeting and exploring opportunities to work better with other community agencies through LHIN-sponsored meetings of board directors from

various organizations, one-on-one sessions with other boards, and Metamorphosis, a network of community support service providers and health system partners in the Central West and Mississauga Halton regions. We have initiated several actions based on this work.

This was my third year as Chair of the Board and I will be stepping down after the Annual General Meeting but will remain on the Board as Past Chair.

My personal experience and those of family members drive my passion for reducing the stigma associated with mental illness and for providing the supports our clients need. Being on the Board has allowed me to use the skills I've developed through education and work to provide practical and, I hope, meaningful contributions to the important work being done at CMHA/Peel. Over the 50 years that CMHA/Peel has been in existence, much has improved for those experiencing mental illness but there is still far to go.

I would like to thank the members of the Board for their hard work and dedication, and volunteers and all the staff for their efforts and commitment to improving the lives of our clients and community.

Respectfully,

Frank van Nie

## VISION • MISSION STATEMENT • STRATEGIC PLAN GOALS



### VISION

Mentally healthy people in a healthy society.

### MISSION

CMHA/Peel champions good mental health for everyone and supports the full participation of those with mental illness and addictions in the life of the community.

### STRATEGIC PLAN GOALS

#### Priority One: Service Goals

- 1.1 – Expand services to targeted groups and locations in collaboration with other agencies.
- 1.2 – Better coordinate mental health and addictions program delivery.
- 1.3 – Foster the empowerment of clients to identify and advocate for the supports they need to recover.
- 1.4 – Become a family-focused organization

On completion of the service goals more groups and locations will receive expanded and integrated services that address community needs and produce successful client outcomes.

#### Priority Two: Leadership and Profile Goals

- 2.1 – Lead in streamlining client service delivery by developing and enhancing strategic partnerships.
- 2.2 – Raise community and service provider awareness, understanding and support of those with mental illness.
- 2.3 – Advocate on mental health issues to ensure public policy reflects mental health priorities.

On completion of these goals, CMHA/Peel will be recognized as a leading advocate and collaborative provider of mental health and addictions services in a positive and supportive community environment.

#### Priority Three: Organizational Development Goals

- 3.1 – Optimize financial, technological and human resources
- 3.2 – Become a leading edge quality organization
- 3.3 – Be recognized as an employer of choice

On completion of the organizational development goals, CMHA/Peel has a solid and stable resource base with highly engaged staff.

*The road to recovery is an interesting road to have traveled.*

Matt Biggs  
-Consumer Council Member



## STATS TELL A STORY OF SUCCESS



*Making a difference one by one.  
Loved working here for the last  
10 years.*

Frances Kovacs - staff

### RESOURCE CENTRE

- 1096** Telephone information and referral inquiries
- 91** Information and referral walk-ins
- 3** e-mail inquiries
- 133** Referrals completed for CMHA/Peel Central Intake
- 228** Individuals served by CMHA/Peel Central Intake
- 1028** Wait list check-in calls
- 4** Mental health promotion education session for **480** participants
- 26** Displays/health fairs (**2** French Language)
- 4612** Individuals served at health fairs/displays

### YOUTH

- 14** Focus groups served 143 youth
- 24** "Developmental Assets" groups for **210** youth
- 11** "Girls Talk" groups for **69** youth
- 30** Presentations and **18** displays for **712** and **841** youth respectively

### CONCURRENT DISORDERS CRISIS MANAGEMENT SERVICES

- 6** Concurrent Disorder sessions served **75** people
- 13** ASIST (Applied Suicide Intervention Skills Training) sessions for **251** people
- 6** Non-Violent Crisis Intervention sessions for **60** people
- 63** Agencies are members of our Concurrent Disorders Resource Network
- 47** Educational workshops for **1488** participants

### FACT PEEL +

- 62** Individuals served

### EDEN PLACE OUTREACH AND DROP-IN CENTRE

- 5848** Attendance days
- 194** Group sessions for **2,356** individuals

### ACCESS TO RECOVERY (ATR), HOUSING & SUPPORT PEEL (HASP), & TREAT AT HOME (TAH)

- 222** Clients served by ATR
- 172** Clients received employment support
- 57** Clients served by HASP
- 27** Clients served by TAH (CMHA/Peel staffing)

### PEEL OUTREACH PROGRAM

- 11,122** Calls placed to the Street Helpline of Peel
- 61** New client files created by Mental Health Workers
- 113** New client files created by the Family Transition Workers
- 12** Community presentations to **412** participants

### MCEVENUE HOME WORKS

- 43** Individuals received a total of **\$24,000** to support them with accommodation crises. This included first and last month's rent, rental arrears, utility bills, and furniture replacement.

### DAVIDSON SCHOLARSHIPS

- 17** People with lived experience received a total of over **\$7,500.00** to further their education.

### ASSERTIVE COMMUNITY TREATMENT TEAM (ACTT)

- 86** Clients served
- 14** Group sessions held

### PARTNERSHIP PLACE

- 424** Clients served
- 11,225** Hours of case management
- 61** Clients supported at employment

### MENTAL HEALTH AND JUSTICE SERVICES

- 724** Individuals served
- 21** Consultations



## 50<sup>th</sup> Anniversary Year 2012

As we outlined in last year's annual report, we held 14 very successful events to celebrate our 50<sup>th</sup> Anniversary of providing services in the Peel Community, and most importantly, bringing positive awareness to mental health.

At the writing of last year's annual report, we were only halfway through our events, so we wanted to bring you a final update. Our events saw just over 2,000 attendees. In addition to our visibility at the Santa Claus parade (where we won honorable mention for our float), we were profiled on Rogers Cable for a number of events, expanding our reach significantly.

Sincere thanks to all our volunteers and staff who worked tirelessly to ensure the success of each and every event during our 50<sup>th</sup> Anniversary. Many hands make light work, and together we brought awareness of mental health issues to our community.



*I love making sure people  
get paid on time.*

Michael Watson - staff



## SHARED STORIES

### Susie's Story

Most people define recovery as returning to a former, illness-free self. However, mental illness has affected my entire life, so recovery for me was letting go of my old self and developing a new identity with new goals and ambitions.

At a young age, it never occurred to me that my symptoms were those of a mental illness. In high school, I was labelled as a trouble maker because I couldn't focus. However, even without exerting much effort in my school work, I received superior grades and decided to go to University as I wanted to be a defence lawyer who assisted young offenders because I could empathize with troubled young persons.

In University, I developed a personality disorder. I became a complete perfectionist. I wanted the highest marks in my class, and in pursuit of that ambition I let go of all self-care, I did not shower, sleep or eat. I studied all day and night, isolating myself from family and friends. I started having panic attacks but I did not know what they were. I thought I was having asthma attacks.

In the summer before I entered my 3<sup>rd</sup> year of University, I was turning 20 years old, and I decided I wanted to re-unite with my father, who I had not had in my life since I was a child due to divorce. I believe a major source of my irritability, aggression and overall mental illness was not having my father in my life. I unfortunately discovered that he passed away from a brain tumor and that was the last straw that pushed me over the edge. I fell into a deep depression and also developed debilitating social and general anxiety. I completely lost my ability to focus and concentrate. My anxiety wouldn't let me participate in class presentations. I couldn't concentrate enough to write assignments.

I started getting negative thoughts; I no longer believed I was capable of being a lawyer, I felt incapable of continuing my studies or holding any job at all. Despite these hardships, I finished school, but all I did after was isolate. I didn't leave my apartment for 1 year. I developed an irrational fear about going outside; I did not want to be recognized in public. I tried numerous trials of antidepressant medications and nothing helped.

I was at my lowest when I entered a voluntary 30 day in-patient mood and anxiety program called AIM at CAMH. The holistic approach to this program is what helped me the most, physically. The exercise program improved my mood and self confidence, and I continue to exercise every day. An Occupational therapist and I worked on my perfectionism, allowing me to realize it was okay for me to be average and make mistakes. I learned various self-help strategies such as Cognitive Behaviour Therapy, Exposure Therapy and Meditation.

I'm putting my own needs first now. Engaging in self-care and exercise are more important to my recovery than anything else.

After returning home, I connected with the Canadian Mental Health Association, which provided an outlet where I could release my emotions to someone who would listen. I decided I wanted to take charge of my life again. I set a goal of obtaining a job. I obtained a part-time job, kept weekly meetings with my CMHA/Peel Community Support Worker, and I joined FACT Peel +, which allowed youth with mental health issues to get together, have cooking groups and go on social outings. I also

participated in the Pathways to Recovery group, which really helped me realize I could regain control over my life again. I also joined CMHA Peel's first ever Consumer Council. Keeping busy has helped me immensely. Also, having a support worker makes me feel like I'll never feel so alone again.

I sometimes feel like my struggles were a blessing in disguise. My goals have shifted and I am no longer interested in being a lawyer. I think I would have been overworked and burnt out had I pursued that job. I'm putting my own needs first now. Engaging in self-care and exercise are more important to my recovery

than anything else. With all of the support I have received, I have decided I want a career as a Peer Support Worker, by which I can assist others who have mental health disabilities so that they can overcome their challenges and have hope for recovery. I continue to face daily struggles with my mental health, however I know that recovery is a journey that I am still on. To other people struggling with mental health problems, I am living proof that with access to support services, it is possible to triumph over all obstacles and live a full and productive life.



## COMMUNITY GARDEN

This year, CMHA/Peel clients and staff participated in our very first community garden! The garden space, located at the Malton Community Garden, was carefully tended and nurtured throughout the year. The results were fantastic! Bags upon bags of nutritious vegetables were successfully harvested and distributed among interested participants.



The garden was a space where the participants could come together, share in a common purpose, and engage with members of the local community.

The idea for the community garden was introduced by the CMHA/Peel Wellness Committee. The hope was that the garden would increase participants' access to healthy, nutritious food and improve both their physical and mental wellness. The committee also wanted the garden to be an opportunity for participants to gain valuable skills and confidence, as well as an increased sense of belonging to their community. Gardening can be hard work!

Tending the garden, via planting, watering, weeding and harvesting, offered a way to get physical exercise without heading out to an expensive gym. The harvest provided participants with the ingredients for nutritious and delicious meals. The garden was also a space where the participants could come together, share in a common purpose, and engage with members of the local community.

In order to help participants learn more about good nutrition and its impact on their mental health, the committee organized a series of educational workshops. "Nourish your Mental Health" workshops were facilitated by Peace Ranch in collaboration with the Wellness Committee to help inform attendees on the connection between improved nutrition, physical health, and mental health. Eighteen people attended these workshops, and their responses were overwhelming positive.

The feedback from the survey indicated that all of the attendees either "agreed" or "strongly agreed" that the workshops taught them how eating healthier can improve their mental health. One respondent reported that they "liked the idea of the garden and its ways to be more healthy: physically, mentally, in relationships and spiritually." Another participant reported that "it is good to work in the garden, takes off all my stress and depression."

The community garden was a worthwhile project that offered opportunities for clients to interact with members of the local community. By working together closely to achieve a common goal, participants gained valuable skills that helped them integrate better into the community. The garden provided many opportunities to connect with others, foster relationships, and build a sense of community.

## SHARED STORIES

### Diana's Story

I am Diana G., in my early forties, a single parent of an 18 year-old son who is now on his own living with his girlfriend.

Raising a son without a father and with my mental illness, Obsessive Compulsive Disorder (OCD), made it difficult to sort out my life. I lived a life so confused, not knowing the right thing to do, especially with a growing son. When I was in crisis, I remembered what Andre (my son's father) told me "When you are at the end of your rope, ask for help". He mentioned Children's Aid and even the police to call for help. It hurts to recall that people thought I would hurt my son because of my mental disability.

Finally, I called Children's Aid when my son was 15 years old and felt I was at the end of my rope. It was Children's Aid who directed me to seek help from the Canadian Mental Health Association/Peel and referred me to Partnership Place Clubhouse. The Clubhouse helped me with my goals and supported me in coming up with my resume which I used to get my first cleaning jobs in an office (HR Block) and a house. My two cleaning jobs did not work out for me due to my mental disability. Once again, the Clubhouse supported me in updating my resume that led to my employment with Wok of Fame Restaurant. I started being appreciated for doing a good job. However, disclosing my OCD changed their attitude towards me, and I almost lost my job. I could sense their concern that I might not be able to act appropriately in public because of my mental

Whenever possible, I go to Partnership Place to keep in touch with my friends. I also look forward to attending on my off days, special events and activities in the Clubhouse.

illness. I was so depressed and devastated. My support staff from Partnership Place prepared a reference and character letter which I brought back to Wok of Fame.

Mr. Tan from Wok of Fame met with my Community Support Worker who clarified a lot of things about my illness and the program supporting people with mental illness. They were able to resolve my employment situation.

I am happy to continue my part-time job at the Wok of Fame and the employees understand and accept me as one of them. I was proud when my honesty in turning

over the US\$100.00 I found on the floor was acknowledged. Whenever possible, I go to Partnership Place to keep in touch with my friends. I also look forward to attending on my off days, special events and activities in the Clubhouse.



I've learned a lot working in different programs at CMHA/Peel.

Nicole Allin - staff

**WE'VE GROWN!  
INTRODUCING THE CMHA/PEEL CONSUMER COUNCIL**

In late 2012, CMHA/Peel recruited members for our first ever Consumer Council. We are tremendously excited about this new opportunity to inform our service development with the advice of this highly skilled group of individuals who can speak at an experiential level to how best provide our services.

The following two stories are courtesy of the two Co-chairs to provide insight into the CMHA/Peel Consumer Council and its direction.

My name is Teresa and I have been a member of CMHA/Peel attending the Partnership Place Program for the past year. I feel very fortunate to have been selected for the Consumer Council. It means so much to me because the chance to make a difference strengthens my personal recovery.

My work with the Council gives me a great sense of pride and helps me build confidence and self-esteem to overcome my own self-stigma.

I was very interested in joining the Consumer Council because I care deeply about improving the recovery process for many who will follow on the journey. As a former foster child and street kid, advocacy is very important to me. My previous experience as an Ambassador, Peer Counsellor and Research Assistant taught me there is power in giving voice to and sharing our stories to create change. Belonging to something bigger that can help others is very rewarding, and I look forward to sharing that feeling with all the members of the Council.

In April, our new Council attended a weekend of training with Pat Capponi which inspired

us with great possibilities and ignited our passions for activism. During our training I was so honoured to have been voted by my peers to sit as the Co-chair and lead the Council for the first term.

Our first meeting was held on May 2<sup>nd</sup> where the members of our new Council enjoyed getting to know each other better while we shared and discussed great ideas. Each and every member of our team has so much to offer in their commitment to being the voice of people in recovery. We all look forward to engaging with as many consumers as we can to listen and empower the voices of everyone. We are very excited with great hopes of improving our programs and services.

*Teresa Palmer*

Just a short note as a way of introducing myself.

My name is Andre and I've had the privilege of being selected for the Consumer Council followed by the singular honor of being elected as one of the two Co-chairs for the first term.

I'm a recovering alcoholic whose mental health issues were masked by the alcohol. I also have some physical health issues.

Once the booze was under control I needed to re-socialize myself in some type of program.

This proved a challenge, but after being a great self-advocate, I found CMHA/Peel and its programs which have been an immense help.

In retrospect, I'm surprised by other agencies lack of knowledge of what we offer.

This is a motivating issue for me, to make us a leader in recovery programs. I believe that with the skills on our Council, this is very possible over the next few years.

The Council is a very talented and motivated group and I think I speak for all in saying we look forward to working closely with the membership to improve programs and introduce new ones.

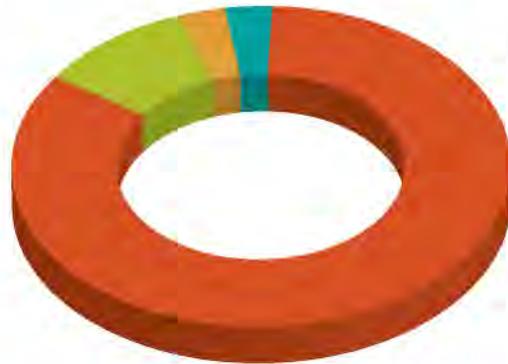
*Andre Dzierla*

This is a motivating issue for me, to make us a leader in recovery programs. I believe that with the skills on our council, this is very possible over the next few years.



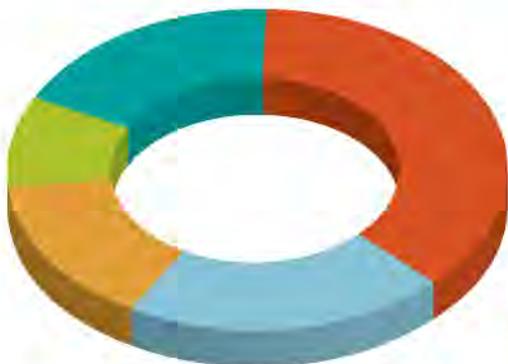
## FINANCIAL STATISTICS

### CMHA/Peel Branch Statement of Revenue and Expenditures April 1, 2012 to March 31, 2013



Revenue by Source \$10,998,829

- 84% Central West LHIN
- 10% Region of Peel
- 3% United Way of Peel
- 3% Resource Development



Expenses by Program \$10,958,102

- 37% Launch, ACTT, Mental Health & Justice, Homeworks Transitional Aged Youth & PHSJCC
- 21% Crisis (COAST; Peel Crisis Capacity Network)
- 15% Management/Administration Community & Resource Development
- 9% Homelessness/Outreach
- 18% Mental Health Promotion (incl. Partnership & Eden Place)

Full audited statements are available upon request

## CMHA/Peel Branch

### Statement of Financial Position as at March 31, 2013

#### ASSETS

|                           | 2013                | 2012                |
|---------------------------|---------------------|---------------------|
| <b>Current</b>            |                     |                     |
| Cash and cash equivalents | \$ 2,503,123        | \$ 1,334,173        |
| Short-term investments    | 153,558             | 401,300             |
| Accounts receivable       | 400,213             | 399,340             |
| Prepaid expenses          | 22,854              | 21,865              |
|                           | <u>3,079,748</u>    | <u>2,156,678</u>    |
| Long Term Investments     | 663,000             | 775,258             |
| Other Assets              | 58,361              | 49,341              |
| Capital Assets            | 706,496             | 754,203             |
|                           | <u>\$ 4,507,605</u> | <u>\$ 3,735,480</u> |

#### LIABILITIES

|  |                  |                  |
|--|------------------|------------------|
| <b>Current</b>                           |                  |                  |
| Accounts payable and accrued liabilities | \$ 1,098,097     | \$ 800,352       |
| Ministry of Health payable               | 1,095,439        | 877,891          |
| Deferred revenue                         | 791,045          | 528,732          |
| Deferred capital contributions           | 148,997          | 168,613          |
|  | <u>3,133,578</u> | <u>2,375,588</u> |
| Future Employee Benefits                 | 240,000          | 240,000          |
| Deferred Capital Contributions           | 557,487          | 584,079          |
|  | <u>3,931,065</u> | <u>3,199,667</u> |

#### NET ASSETS

|                       |                     |                     |
|-----------------------|---------------------|---------------------|
| Internally restricted | 141,665             | 149,171             |
| Unrestricted          | 434,875             | 386,642             |
|                       | <u>576,540</u>      | <u>535,813</u>      |
|                       | <u>\$ 4,507,605</u> | <u>\$ 3,735,480</u> |

APPROVED ON BEHALF OF THE BOARD:

F. O. N. Chair  
Mark Hawcutt A.P.T. CHAIR



PREMIERE CYCLING

# CMHA *Peel*

2012-2013 Board of Directors

Frank van Nie – Chair  
 Gilles Paquette – Vice Chair  
 Janine Elias Jookema – Vice Chair  
 Mark Howarth – Chair of Audit Committee

**Members:**

- Ron Dabor
- Jack Kamrad
- Karine Morin\*
- Jeanette Schepp
- Keith Ward\*
- Neil Brydon
- Kumee Rao
- Louroz Mercader

\*Resigned during the year

**Information and Referral**  
 Tel: 905-451-2123

**Corporate Services**  
 7700 Hurontario St., Unit 601  
 Brampton, ON L6Y 4M3  
 Tel: 905-451-1718

[www.cmhapeel.ca](http://www.cmhapeel.ca)



Promoting mental health, one mind at a time