



Looking Back, Moving Forward

2017-2018 Annual Report



Canadian Mental
Health Association
Saskatchewan
Mental health for all



*years of
community*

While CMHA National looks back at “100 Years of Community, Hope, Togetherness, Strength, Progress”, CMHA Sask has been in existence for 68 years (recognized as the first provincial division on November 27, 1950).

Canadian Mental Health Association
National Since 1918 Saskatchewan Since 1950

The “ERAS” of CMHA: **E**ducation, **R**esearch, **A**dvocacy, **S**ervices

Throughout its history, the Canadian Mental Health Association has focused on Education, Research, Advocacy, and Services to improve the lives of persons with long-term, severe mental illness and to promote mental health for all. Often the actual work is done behind the scenes, through meetings, briefs, presentations, and personal interactions to propose and promote improvements in policy, programs, and resources. Key players include people living with mental illness, families, peer support and self-help, the informal and formal mental health service providers, planners, and policy makers. CMHA works through partnerships, collaborations, and coalitions to empower all sectors to take responsibility and leadership to improve mental health in communities.

These priorities are represented by the programs in Saskatchewan active in 2018:



Read this Annual Report for more information about these programs and other aspects of CMHA.

Report by Jayne Whyte, **C**onsultant/**A**rchivist

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Rebecca Rackow, Consultant, Research & Public Policy Development and C.A.R.E. Program

Global Ends Policy and Mission Statement

The Canadian Mental Health Association (Saskatchewan Division) Inc. is a volunteer-based organization which supports and promotes the rights of persons with mental illness to maximize their full potential; and promotes and enhances the mental health and well-being of all members of the community.

Ends Policy 1 **QUALITY OF LIFE**

People with mental health problems will have healthy, personally satisfying relationships and an excellent quality of life. Such a life includes meaningful work, adequate income, good housing, accessible education and training, enjoyable recreational activities, friendship and fun with others. It also includes easy access to appropriate, effective, comprehensive health services in a community in which there is an understanding and acceptance of mental illness.

Ends Policy 2 **PROMOTION AND PREVENTION**

There will be a reduced incidence and severity of mental illness in the community, mental health will be promoted throughout the community and high-quality information on mental health and mental illness will be available to all.

Ends Policy 3 **AUTONOMY AND HUMAN RIGHTS**

People with lived experience of mental illness, and families affected by mental illness, will be empowered and supported in their efforts to protect their human rights, and to freely make autonomous, reasonable and responsible choices and decisions.



Values

The Canadian Mental Health Association (Saskatchewan Division) Inc. endorses the following values essential to fulfillment of the Global Ends Policy/Mission Statement:

The future well-being and the quality of life of persons with mental illnesses depends on our ability to change attitudes toward mental illness. The Association must communicate that there is a high incidence of psychiatric and emotional disorders in our communities, which strike more people every year than all other health problems combined.

The Association is committed to promoting a quality of life for people who are psychiatrically disadvantaged.

The Association strives to prevent mental illness and promote mental health.

The Association is firm in its conviction that persons with mental illness have the potential to live normal, or near normal lives within the community and it, therefore, commits to advocating with them, or on their behalf, to promote awareness of conditions surrounding mental illness, to monitor inadequate care, and foster better mental health, dignity and quality of life through community-based support and services.

In all of its endeavours, the Association strives to offer consumers, colleagues and the public the highest standards of leadership, service and professionalism.

The Association is committed to administering its affairs in a cost-effective and efficient manner and to working within the levels of community support.

The Saskatchewan Division continually reaffirms the leadership of the Canadian Mental Health Association, its partnership with community groups, government and non-government agencies and individuals, and its commitment to establish viable mental health programs, policies and services.

Meaningful leisure activity is an essential source of self-esteem and position image. Leisure provides the opportunity to lead balanced lives, achieve our full potential and gain life satisfaction. The Canadian Mental Health Association (Saskatchewan Division) Inc. is committed to enhancing quality of life through recreation, programs and services.



CMHA Saskatchewan Division

Executive Director's Report

2018 is an exciting year — the 100th Anniversary of CMHA National.

It all started at afternoon tea. In Mrs. Dunlap's drawing room.

But first, some context: It was wartime, circa 1917, and Dr. Clarence Hincks had grown impatient. He had been plugging away in a psychiatric outpatient clinic in Toronto for a number of years. Meanwhile, the asylums were inadequate. No one was helping soldiers who were coming back traumatized from the war. And no one was doing anything about prevention. Things had to change, this was clear to Hincks. The question was, how?

Hincks went looking for inspiration. He found just that in Clifford Beers, an American who had written *A Mind that Found Itself*, a book recounting his own mental health journey. Beers had also been the force behind the National Committee for Mental Hygiene in the U.S. Together, Beers and Hincks devised a plan to bring mental hygiene to Canada.



Clarence Hincks

First stop: influence. Hincks would persuade some powerful Canadians to join his cause; he won over the Governor General, (the Duke of Devonshire), who agreed, sight unseen, to serve as patron. Add in the presidents of the CPR, the Bank of Montreal and Molson's; and then prominent physicians at the U of T and McGill. When all was said and done, Hincks had composed a mighty group of sponsors and board members.

Cut back to the tea at Mrs. Dunlap's: February 26, 1918.

The tone of the room? Reportedly festive. As one guest told the *Globe and Mail*: "I never saw people so enjoy being asked for money." Mrs. Dunlap had invited her wealthy and influential friends to meet Clifford Beers, who was himself a captivating figure with a compelling message: there was an urgent need for adequate care and prevention of what was then called "mental disease and deficiency." All told, the tea alone raised \$20,000.

With pledges in hand, and an impressive roster of members, the Canadian National Committee for Mental Hygiene (CNCMH) came to be: The day was April 26, 1918, and the *Globe and Mail* was there again, this time in Ottawa, for the first official meeting of the CNCMH.

Today we view the mental hygiene movement through a critical, historical lens. The original CNCMH was a product of its time, with its language of "mental deficiency," and its social reform agenda. It was of a time when eugenics was considered "the latest of the sciences."

But the organization that would later become the Canadian Mental Health Association was also ahead of its time.

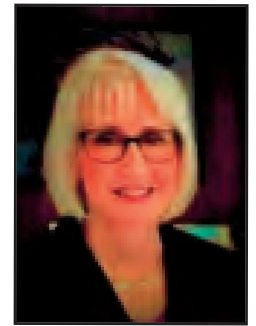
In 1918, Hincks was already describing the scope of the problem: mental health problems affected "practically every home in Canada," and yet help and facilities were grossly inadequate. He could see that soldiers had no treatment, that patients were unjustly in jail and that the public was both apathetic and frightened of mental disabilities.

He named the injustice and the inaction, and he set us on a course. It is a course with ups and downs. A century of moments to be proud of, and moments to reflect on and move past. Taken together, these moments chart the course of community mental health in Canada. One hundred years later, we arrive at today's CMHA. (<https://cmha.ca/100year> [photo not part of the original text])

CMHA (Saskatchewan Division) Inc. was formed in 1950 – the first provincial division in Canada. At that time a branch was already operating in Saskatoon.

For 68 years now, CMHA Saskatchewan Division has been committed to a three-fold mission, providing advocacy, public awareness and services, first to patients in the Saskatchewan mental hospitals and now to persons with lived experience, and to all citizens, in the community.

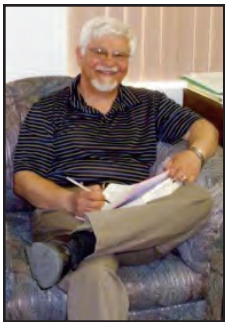
This report outlines some of the programs and activities during the 2017-2018 fiscal year. CMHA Saskatchewan Division is always looking to form new partnerships and to take advantage of new opportunities to advance the work of pushing forward the mental health agenda in our province. So much has been done but so much remains to be done. These are exciting times when mental health is finally stepping out of the shadows and gaining the recognition it deserves. CMHA Saskatchewan Division looks towards a future when mental health and physical health will be seen in the same light – deserving of the same recognition and support.



Phyllis O'Connor
Executive Director

Associate Executive Director/Public Policy Development Report

Dave Nelson



Disability Income Support Coalition (DISC)

CMHA Sask Division continues to take a leadership role in working with disability advocates, consumers, and organizations from across Saskatchewan who are advocating for a respectful, dignified and adequate income support system. The SAID (Saskatchewan Assured Income for Disability) has been the result of this focused advocacy. It now serves over 17,000 individuals, approximately 6,000 of whom have a significant and persistent psychiatric disability issue.

DISC is currently working to reverse decisions made by government to remove persons over 65 who receive Old Age Security from the SAID rolls. Persons reaching age 65 may need the supports, both financially and service, that SAID provides.

Program Implementation Advisory Team (PIAT)

The Associate Executive Director, Dave Nelson, is currently the co-chair of PIAT, community cross-disability leaders appointed by the Minister of Social Services to represent the broader disability community regarding issues of services and benefits provided by the SAID program.

Human Rights Commission

We continue to work with the Human Rights Commission to review and advocate for government progress in funding for the mental health and addictions programs in the province. Recent announcements by the Minister of Health to increase from five to seven percent the portion of the Health budget invested in mental health and addictions services has shown the value of this process.

We are involved in a “courageous conversation” regarding mental health needs and funding with the Human Rights Commission. Recent discussions with Corey O’Soup, the Children’s Advocate, have also proven useful in this regard.

New Saskatchewan Health Authority (SHA)

Recent amalgamation of the Regional Health Authorities into one central Saskatchewan Health Authority has opened opportunities to rethink standards and funding for mental health and addictions services. Our Association has met with Scott Livingston, CEO of the SHA, and had a fruitful dialogue with him regarding future plans.

A presentation to both the Minister of Health and the CEO of the SHA regarding a recent position paper entitled “A Responsible Vision and Plan for Mental Health and Addictions Care in Saskatchewan” outlined methods to enhance overall services for mental health and addictions by utilizing a broader range of supports in a primary mental health care model.

Mental Health Coalition

CMHA Sask Division continues to support a broader range of stakeholders in the form of the Mental Health Coalition. A recent meeting of the Coalition held April 4, 2018 resulted in a good discussion on a variety of mental health issues.

Mental Health Issues for Persons of Métis Descent

The Associate Executive Director and Rebecca Rackow were invited by the Métis Nation to present at a conference held in Ottawa on February 26, 2018 regarding potential methods to enhance mental health services for persons of Métis descent.

We continue to explore how our province may enhance existing programs to better serve this important group.

Practicum Students

Appreciation to students from Social Work and Justice who have learned and contributed to the programs, research, advocacy and awareness with CMHA this year.

Saskatchewan Polytechnic Research Grant

A successful grant application in conjunction with CMHA Sask Division and Polytech Psychiatric Nursing Program will fund research in the CMHA programs of C.A.R.E. program, Friends for Life, and Peer Support.

Dave Nelson, Associate Executive Director
Rebecca Rackow, Consultant
Sharon Lyons, Consultant

President's Report

The Saskatchewan Division has 10 branches located throughout the province, and has direct responsibility for the operation of 4 branches. As well, we lead several programs: the Gambling Awareness Program (GAP), the Justice Community Support Program, Friends for Life, and OSI-CAN, which provide programs and training around the province.

Another year has passed and we have once again benefitted greatly from the teamwork of our Executive Director, Phyllis O'Connor, and Associate Executive Director, Dave Nelson. Both are people with a passion for providing support for individuals experiencing mental health concerns, which is evident in their tireless effort to increase advocacy, awareness, and programming.

Dave has continued his persistent efforts to lobby the government, including several meetings with various ministers, as an advocate for funding for individuals living with mental health issues and for mental health programming. Although the struggle to receive financial support has been quite challenging this past year, Dave continues to ensure that the government and the public are informed on the needs of our residents' mental health and what supports are required for services that aid these needs.

Phyllis and her staff have continued to provide dedication to fundraising and program management for CMHA, as well as relief efforts in times of need. Roughly one year ago, Fort McMurray was shocked by a wildfire that caused the largest evacuation in Alberta's history. During this time, CMHA SK made sure that families and friends knew that there was dedicated staff available to provide support as lives were displaced from this disaster. Recently, many families are struggling after a bus accident that involved the Humboldt Broncos and, once again, CMHA SK made it known that there are staff available to help friends and families cope with this tragedy.

Phyllis and Dave also oversee the daily operations of CMHA Saskatchewan Division. On behalf of the Board, I want to thank them and the staff for their dedicated efforts to provide support to all those who are experiencing mental health concerns and especially for providing timely services during tragic events. The staff continues to demonstrate dedication to fundraising, accounting, program management, and providing and examining the needs of our residents. The staff at CMHA across Saskatchewan is an integral part of improving the services, programs, and quality of life for mental health.

I want to express appreciation to the Board members who volunteer their time and skills. A recent Strategy Session gave us an opportunity for "Looking Back, Moving Forward."

Chet Hembroff
President



PUBLIC EDUCATION & AWARENESS

CAREGIVER AFFECTED RECOVERY EDUCATION (C.A.R.E.)

Rebecca Rackow, Consultant, Research & Public Policy Development



The Caregiver Affected Recovery Education (C.A.R.E.) program has had some increase in interest. The Saskatchewan Union of Nurses (SUN) has indicated some desire in C.A.R.E. supporting their nurses but this was put on hold until after the unification of the Saskatchewan Health Authority, and the ripples that change would create within the system, was complete and settled. Although there have been few requests for the two-day workshop, groups such as Saskatchewan Association for Community Living (SACL), Saskatchewan Association of Rehabilitation Centres, and KPS Medic have requested either a keynote speaker, a breakaway session leader, or both for Conference or Education Day events. The requests have primarily been to help educate people on recognizing the signs of Compassion Fatigue, Burnout, and Vicarious Trauma in self or others and then a guideline on how to prevent or recover from these issues.

The C.A.R.E. program has also been recommended and accepted for use in methodology in research projects. The Psych Nurse Research Team at Saskatchewan Polytechnic has decided to use the program as one of the education components in researching how education affects workplace wellness for carers of people with mental illness. The proposal for a mental health program involving research and implementation for the Saskatchewan Métis Nation included a modified version of the C.A.R.E. program as a possible exemplar of how programs could be catered to primarily Métis populations. There has also been some preliminary work done on potential partnerships with doctors' offices who offer pro bono counselling services such as the Northgate Medical Clinic.

As the need is identified in caregiver callers, there have been requests for future workshop events around the province as well. In social media, since the launch of the C.A.R.E. facebook page, interest has grown significantly. Some T-Shirts have also been created and marketed as "C.A.R.E. Wear" that capitalize on caregiver humour and experience. It is my hope that the slow but steady education of caregivers helps remove the stigma of self-care as selfish, and promotes the idea that we cannot take care of others effectively unless we take care of ourselves.



FRIENDS FOR LIFE

Donna Bowyer, Director

What can I say about 2017–18? It's been a busy year with 86 presentations (many being two full-day training sessions).

I did more Mental Health First Aid courses than any of the previous years; I did 12 of them. This is encouraging as it is now becoming mandatory for managers in different areas of business. Within the groups I have noticed a different type of person attending for different reasons. I used to see people that were learning for personal reasons—they had a family member or friend, or thought it was something they "should take" without feeling they would ever use it—and people that were sent but had not chosen to take the training. This year I am seeing lawyers, accountants, nurses, managers, and other professionals looking for skills they can use to support their clients and their co-workers with the understanding that it is something they need and will use. I see organizations taking the issue of mental health/illness seriously and recognizing that they have a role in identification and recovery.

I have also taken the training for Working Minds. This to me is the next step in the training to provide a healthy workforce. It is based on the Road to Mental Readiness (R2MR), which was developed by the military and is now also being used by other first responders. It is set up in two distinct presentations, one for managers and one for the employees. People learn that we are not either healthy or ill, but that we move back and forth on a continuum; that we have skills that we use daily to keep ourselves well. It teaches us to become more aware of our mental health and where we are on the continuum, and that we can take ownership of our mental health on a daily basis. Managers also learn how to manage employees whose mental health may at times need more attention and how to do that in a respectful, non-stigmatizing way. Such workers will come back to the workplace as the most loyal employees.

I continue to encourage people to become suicide aware. Saskatchewan is now the province that has the second highest rate of suicide in Canada; we are still waiting to have a provincial strategy on how we can bring our stats down. Overall, the suicide rate in Canada has gone down while we continue to go up. CMHA continues to offer programs such as ASIST, safeTALK, suicideTALK, Tattered Teddies, and Straight Talk. These are all directed to breaking the silence about suicide and to help individuals become more alert and either be able to connect the person to someone that can do the intervention or learn to be that person who can take someone from suicide ideation and behaviour to choosing life. We need to break the fear and feeling of helplessness when it comes to suicide.

The more I work in this area, the more I feel there is so much more to learn and to share with anyone that will listen. It is also the daily frustration I feel when talking to people that are either struggling on their own or have a loved one who is frustrated either in navigating the mental health system or by the lack of services available to help in their recovery.

I gain strength when I meet someone who is in recovery as I see the energy and determination they have to help and share their experience. I also see the courage that, even with the stigma out there, they are willing to come forward and disclose what they have been through to help just one person realize that recovery is possible. I hear individuals have the courage to disclose while in training to help people better understand and to make the training more real to people who have not experienced it themselves.

I look forward to next year.



Shauna Altrogge, Director

The Gambling Awareness Program (GAP) is a long-standing program of the CMHA Saskatchewan Division, and funding is provided by the Community Initiatives Fund. CMHA wishes to express our gratitude for their continued financial support of our program.

A province-wide program, our goal is to help educate people on responsible gambling and the potential risks associated with gambling. GAP helps inform the public through interactive displays, presentations, social media, and actively produces and distributes an array of resource materials to the public. This year, our programming focused on youth, post-secondary students, incarcerated individuals at correctional facilities, patients attending treatment facilities, police, consumers at some of our CMHA branches, First Nations, and a range of other organizations such as MACSI, SWITCH, Radius, Bridges to Employment, just to name a few.

We welcomed Corinne Anthony as the Northern Coordinator, joining her colleagues Aeliesha Brooks, Dan Blondeau, and Jenna Lothammer. We had a great year, and GAP reached a new pinnacle in our work, delivering **332** community-based presentations and educating **6,934** people - a new record for the program!

Our Communications Coordinator is moving our social media strategy forward on Facebook and Twitter. One of our social media ads is shown (right). He developed a number of key print resources and promotional items for wide distribution, and began the journey of creating a video series for our YouTube and social media channels, which will touch on a number of topics, with the first video exploring the history of gambling in Saskatchewan.



GAP recognizes how the nature of gambling is changing in our modern world. It is possible for activities identified and marketed as “games” (e.g., Clash Royale, Candy Crush) to feature many of the essential elements of gambling, but are not considered gambling in the more traditional sense. This convergence of gambling and gaming has, in essence, blurred the lines, making it more challenging to navigate.



Building more of this relevant content into our presentations, resource material, and during conversations has offered some clarity and greater understanding for the public, concerned parents, youth and teachers. To that end, our work with youths saw significant growth, as GAP delivered **203** classroom presentations, reaching **4,907** students. A Parent & Teacher Resource along with a fun scratch card *What's Your Gaming Profile?* that encourages kids to self-reflect on their gaming habits were big hits this year.

The GAP display was prominent at **33** community events, including health and wellness fairs, youth wellness days, and Responsible Gambling Awareness Week as well as Welcome Week events at universities and colleges, and teacher conventions. Connecting with people through interactive games such as Plinko allows our team to have meaningful conversations about gambling while participants learn and have fun at the same time.

New this year was the development of a monthly GAP article for the Whitecap Dakota First Nation Health Newsletter. It featured a number of responsible gambling related topics to help educate their community—which hosts a casino on their reserve—where gambling issues are of concern.

We also partnered with the Credit Counselling Society, a non-profit service that helps people find the best options to deal with their debt and get their finances back on track. GAP promotes this service as a way to provide additional support to someone who may be struggling with their finances due to a gambling problem.



GAP is a founding member of the recently formed National Gambling Education and Prevention Alliance (NGEPA), a group of individuals each representing their province in efforts to collaborate, share information, and potentially work together on gambling education and prevention initiatives. We look forward to continued involvement with this group.

Photos of GAP in Action follow!



HEALING THROUGH HUMOUR

Ian Morrison
Program Facilitator

Healing through Humour is a program run through the Canadian Mental Health Association Saskatchewan division in partnership with the Schizophrenia Society of Saskatchewan that teaches people living with mental health issues the art of comedy writing and performance.

We are releasing two comedy albums this year, one on May 7th for mental health week and one for October 10 on world mental health day. We have also shot and completed 6 music videos for the album “50 Shades of Spanky” that will be available to be viewed on Healing through Humour’s YouTube channel. We will also be having several upcoming performances and look forward to bringing more comedy over the next year.



Transition Magazine

Transition Magazine is published two times a year. It is distributed free of charge to members of CMHA Saskatchewan Division, to CMHA Divisions and Branches across Canada, and to community-based and government organizations in Saskatchewan who have an interest in mental health/mental illness issues. Transition Magazine is also made available in PDF format on the CMHA Sask. Division website at <http://sk.cmha.ca/documents/transition-magazine/>

Transition publishes two kinds of works: those directly about current mental health issues and those about the individual’s personal experience of those same issues. Both kinds of work celebrate lives in transit—lives of change, growth, and transformation.

CMHA Saskatchewan Archive Project

Meeting minutes, reports, letters and resources tell the history of the life and work of CMHA in Saskatchewan. Since 2013, Jayne Whyte has been contracted to sort and compile the CMHA files for the Provincial Archives of Saskatchewan. In November 2017, Archives picked up 100 boxes of files, one box of photos and a detailed finding aid for the years 1985 to 2002. The Archives already holds the 1950 to 1985 collection. Now Jayne is assembling 2002-2012 records. Individuals and branches with pages of the CMHA story are invited to bring their materials to CMHA division office.



Website and Social Media

CMHA Saskatchewan Division’s online presence includes the following mediums:

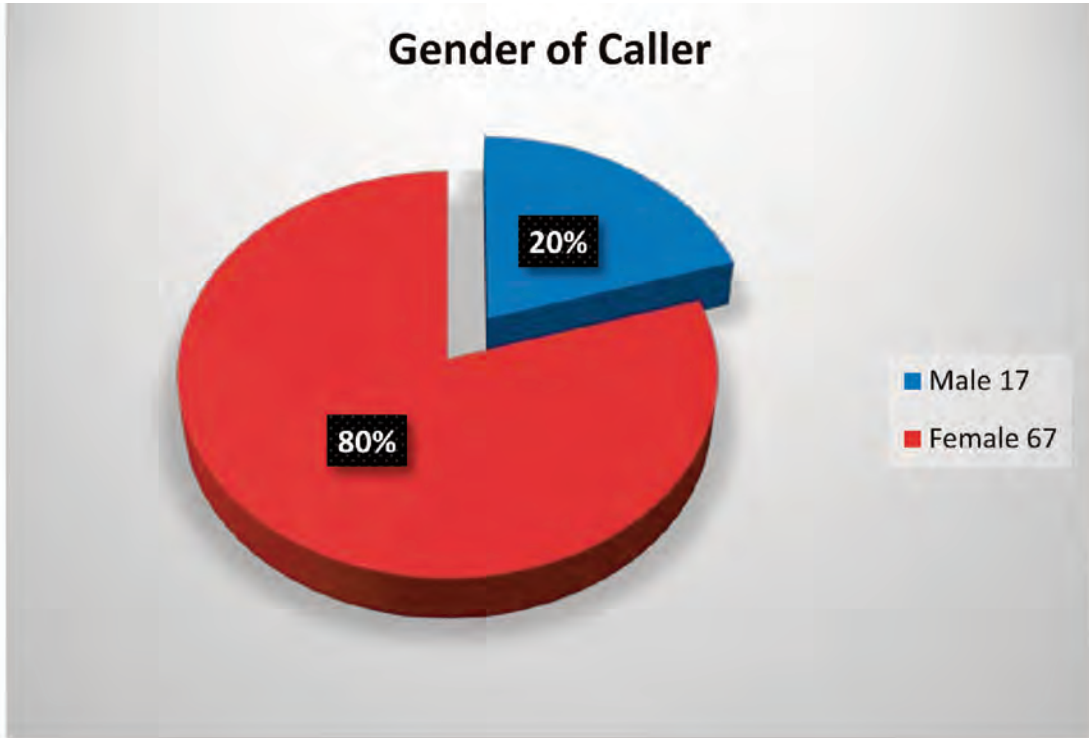
- Website: <https://sk.cmha.ca>
- Facebook: <https://www.facebook.com/CMHASK/>
- Twitter: https://twitter.com/CMHA_sk
- Instagram: https://www.instagram.com/cmha_sk/

Check them out to get the latest news, events, and information on a variety of mental health topics!

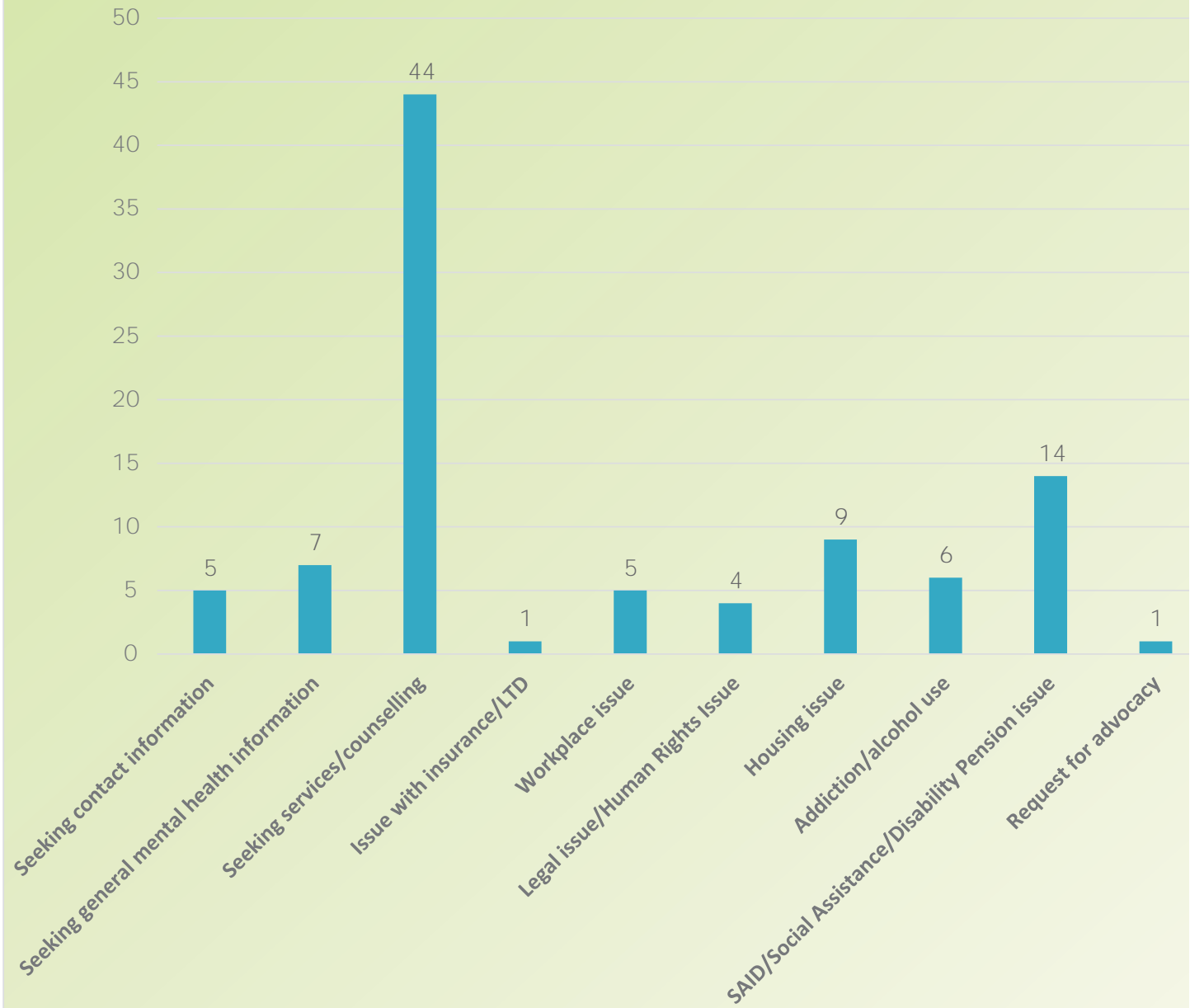
INDIVIDUAL AND FAMILY SUPPORT

While the main focus of the work of CMHA (Saskatchewan Division) Inc. is education and public policy development on a provincial scale to assist those experiencing mental health issues, the staff at CMHA Saskatchewan Division Office frequently have the opportunity to assist individuals, consumers and their family members on a wide variety of issues.

The following illustrates the type of assistance provided by the CMHA Saskatchewan Division Office staff throughout the past year:



Reasons for Call (some callers have multiple needs)



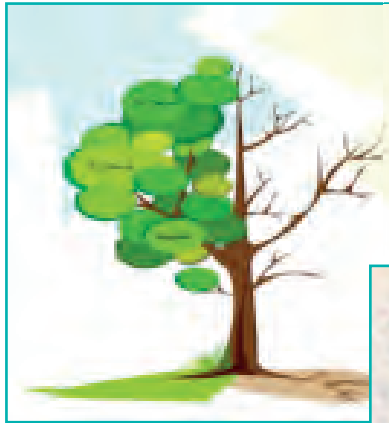
The above is just an overview of the type of requests for individual and family support received at Division Office on a regular basis. Division Office staff also provide verbal and print information on a wide variety of mental health topics—such as schizophrenia, bipolar disorder, depression, obsessive compulsive disorder, stress, workplace mental health—and how to contact the mental health clinic on an almost daily basis.

Individuals choose pamphlets from our office display. Organizations such as the Library, Polytechnic, and the General Hospital Mental Health Unit order multiple copies of pamphlets for their display. We distributed thousands of brochures last year to Branches around the province and other groups.

DIRECT SERVICE

JUSTICE COMMUNITY SUPPORT PROGRAM

David Jones, Director



A common representation of life is symbolized through an image of a tree. We have adopted this image to represent a healthy life that includes the reality of traumatic experience. The principle themes of the program— Wellness, Recovery, and Support— hold forth the potential of nurturing the life of the tree despite an ever-present sense of emptiness or suffering. For the reality of both hope and despair are part and parcel of the recovery process.

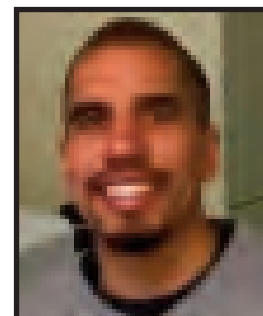
Program Description

The **Justice Community Support Program (JCSP)** is a partnership between the Saskatchewan Ministry of Justice and the Canadian Mental Health Association (Saskatchewan Division) Inc. as part of the provincial **Serious Violent Offender Response (SVOR)** initiative. Set up in 2013, the SVOR is a comprehensive, targeted, and evidence-based approach on public protection by reducing the risk of past offenders being involved in serious, violent crimes. Various agencies within the justice system—such as adult corrections, public prosecutions, municipal police services, and RCMP—along with the CMHA program collaborate on **integrated case planning** while leveraging innovative tools such as secure, web-based data management systems and integrated training. This initiative is currently operating in Saskatoon, North Battleford and, most recently Regina.

JCSP Workers' Role

The JCSP team (top left: Lisa Harder [Saskatoon]; center right: Lesley Amoe [North Battleford]; bottom left: Garrett MacNaull [Regina]) is focused on individual rehabilitation through the delivery of one-on-one support and the establishment of links with available community resources and programs. A client's need for resources may include housing, income support, education and/or employment, crisis response, anger management, and social recreation activities. Health needs may require getting on a case load of a general practitioner, the mental health clinic and psychiatrist, dentists, optometrists, or other services.

The JCSP worker offers the client a period of intensive, interpersonal involvement to anticipate and resolve practical and emotional barriers to healthy living in the transition from prison to community. The client is encouraged to establish a positive community resource base to sustain the objective of "staying out of jail" beyond the transition of probation and the JCSP intervention. The well-being of the client improves the possibility for a crime-free future as a citizen contributing to personal and community success.



Highlights of 2017-2018

- JCSP was one of three presentations at the CMHA National AGM/Conference in September. It was an opportunity to profile the program to the wider association and connect with similar programs across the country.
- Productive steps taken by the SVOR to adopt the program officially and formally in Regina. Garrett is the JCSP worker and now operates from a new office space that is alongside SVOR Probation Workers in the Adult Corrections Office (on Hamilton St.)
- Stability is maintained despite changes in partnership personnel with CMHA staff seen as resources for the changes—indeed sometimes with the most experience in the SVOR.
- Development of a client management database with a focus on client statistics, client program flow, and community impact.
- Continuing to develop a program image/identity that contributes to a professional and public representation of the program.
- Program presentation to the Annual Aboriginal Courtworkers Conference in Saskatoon on mental health awareness – FASD, Trauma, Depression, Anxiety and Schizophrenia.

Goals for 2018-2019

Attend and participate in the Violence and Aggression Symposium – The Centre for Forensic Behavioural Science and Justice Studies at the University of Saskatchewan.

Define and promote the specific and unique role of the program within the partnership.

Prepare for possible program expansion by adapting the program infrastructure to include client management database tracking and social impact reporting.

Create a visible program identity.

Explore partnership with New Horizons Métis Services for SVOR-type services.

Participate in the International Coach Federation program – Leadership Coaching opportunity.

Obtain certification in Positive Interactive Behavioral Therapy*

Develop Anger Management modules used for small group and individual training (Lesley – North Battleford)

* Presented by Daniel J. Tomasulo, PhD., TEP, MFA, MAPP. Positive psychotherapy (PPT) is a strengths-based approach that is directly aimed at offering a more comprehensive perspective of a client and their life circumstances. It is becoming known as an evidence-based standpoint that explores both strengths and weaknesses to achieve greater well-being and functioning. We are moving from looking at what is **wrong** to what is **strong**.

*Remember that everyone you meet is
afraid of something, loves something, and
has lost something.*

H. Jackson Brown Jr.



OSI-CAN (OPERATION STRESS INJURY/PTSD SUPPORT INITIATIVE)

Julius Brown, Provincial Coordinator

OSI-CAN is an Operational Stress Injury/Post Traumatic Stress Support Initiative. We were created in January 2016 as a partnership between the Canadian Mental Health Association Saskatchewan Division and the Royal Canadian Legion Saskatchewan Command. This partnership provides a network of service providers available to our members. OSI-CAN operates solely through private donations.

The target demographic of OSI-CAN is serving members and veterans of the Canadian Armed Forces, Allied Armed Forces, the Royal Canadian Mounted Police and Community First Responders or public safety personnel—which include Municipal Police Services, Emergency Medical Services, Fire Protection Services, Hospital Trauma personnel, Emergency Communications Specialists, and Corrections Officers. This demographic was chosen due to the commonality of experiences they share through the service they provide to country and community.

OSI-CAN seeks to empower and encourage our target group to strive for recovery through peer and professional support. Our initiative does not require participants to be diagnosed or referred. They just need to be willing to admit to themselves that they might need some help and find the courage to attend one of our support groups. Our support groups provide a secure and confidential forum that is built on anonymity. Here, their issues can be discussed with others who are going through the same thing without fear of judgement or criticism. It is within the support group that other needs are identified and addressed.

We have an ever-expanding network of service providers to link members with other services necessary for their recovery, such as housing, counselling, vocational training, psychosocial rehabilitation, advice on prescriptions, horse-assisted therapy, and financial assistance for those needing a service dog. OSI-CAN also provides a Spouses of OSI support group and a Phone-In support group. Our Phone-In Support Group is for individuals located in remote or hard to reach areas of the province or those with mobility issues that prevent them from physically attending a support group meeting.

Our network of supports continues to grow as individual needs are identified; our program is free to anyone who needs it.

We offer coping strategies, self-care and symptom management. We also encourage use of the PTSD Coach Canada mobile app, which is a self-management app. Our objective is RECOVERY.

We currently have support groups operating in Regina, North Battleford, Prince Albert, Saskatoon, Moose Jaw, Weyburn, the Tisdale/Humboldt/Nipawin/Melfort region, and Estevan. While we continue to expand throughout the province, a support group is scheduled to begin in Tisdale.

OSI-CAN has published a manual titled “Operational Stress Injury and PTSD: What It Is and How to Manage Trauma Into Recovery.” This resource is available at <http://www.osi-can.ca/resources.html>

Follow us on our website (osican.ca), Facebook ([osicanrecover](https://www.facebook.com/osicanrecover)), and Twitter ([@osican_ptsd](https://twitter.com/osican_ptsd))!



BATTLEFORDS BRANCH

Jane Zielke de Montbrun, Executive Director



It's hard to believe another year has gone by and that we are well settled in our new home. With the overwhelming support of so many individuals and businesses in the Battlefords, we're so pleased to announce that the "Make Room for Mental Health" building campaign to raise \$615,000 successfully reached its goal. Our Garden Party last June was the event that pushed us to the top with donations in excess of \$50,000. Members have adapted well to their new surroundings and enjoyed our adjacent green space all summer and fall. We look forward to spring and will be doing some further landscaping when we're not at the picnic tables enjoying the sunshine.

With three new volunteers this past year, we have ten engaged board members representing community mental health nurses, approved home operators, Saskatchewan Hospital, media and persons with lived experience. These directors will be developing a new strategic plan this spring that will include supported housing and a mini-bus.

In January, Battlefords Mental Health Centre (BMHC) asked for assistance in establishing a peer support group in our community. By the end of February, two individuals had successfully completed the Prairies to Peaks peer training. The Battlefords Branch now has a fledgling peer support group that meets each week at our office. Our branch continues to work with BMHC to ensure this new group has the support it needs to be vibrant and effective. A huge thank you goes to CMHA Saskatchewan Division for funding the training to make all this possible.

Our community assisted this CMHA branch throughout the year with garage sales donations, BBQs, cash donations and revenue from cash calendar sales. More than 150 members and guests attended our 2017 Christmas Social and Dance. Once again, businesses and individuals donated more than 90 gift items for our members. Our board of directors and approved home operators provided and served the Christmas supper, which was very much appreciated by all who attended.

Our Programs

The social recreation program continues to be popular. Members participated in evening and weekend activities offered five times a week throughout the year. With the funding uncertainty experienced last year, we were not able to offer Tour. This was offset by several weekend camping trips to Battlefords Provincial Park. In total, this program's participant count exceeded 2,000. Our life skills programs were attended regularly by 36 individuals separated into three groups.

Our two work experience programs are robust. In 2017-18, twenty TEP I members worked in the community shovelling snow, mowing lawns, delivering flyers and performing odd jobs. Our TEP II program engaged members in housekeeping, newspaper delivery, janitorial work and grounds/facility maintenance at David Laird Campground. Participant count in TEP II this past year was 58.

This past year we welcomed over 40 new members bringing our total to approximately 160 individuals with current membership cards. In addition to having access to CMHA programs and supports, membership allows individuals free independent use of the field house and aquatic centre. In 2017, these facilities were visited by our members more than 900 times.



Our Staff

At present, our branch employs 3 full time program coordinators and four part time job coaches/program assistants. Additionally, we hired two summer students and 5 seasonal employees for 2017's spring/summer/fall. We expect this staff count to remain consistent.

Mental Health Week 2017

Mental Health Week (MHW) 2017 events included a flag raising ceremony at North Battleford City Hall, our annual Walk for Awareness and a free community BBQ sponsored by Battle River Treaty 6 Health Centre (BRT6HC). Edwards Society and Saskatchewan Hospital celebrated MHW 2017 with a basement/bake sale and Talent Show respectively. Our Semicolon Tattoo Day raised over \$4,000 for our building fund and we're grateful to Marc'd Up Tattoos in Turtleford for sponsoring this event. A Mental Health Fair had representation from Maternal Mental Health, Saskatchewan Hospital New Beginnings, AMGITS, Registered Psychiatric Nurses Association of Saskatchewan, and CMHA Battlefords Branch and included an art demonstration and music provided by residents of Saskatchewan Hospital.

In closing, we are grateful to the Saskatchewan Health Authority (formerly Prairie North Health Region), CMHA Saskatchewan Division, BATC-Community Development Corporation, North Battleford Lions Club, North Battleford Kinsmen Rodeo, Battlefords United Way, W. Brett Wilson and Family Foundation, SPRA, Kinsmen TeleMiracle, Royal Canadian Legion No. 70, and our many donors and volunteers for their support of CMHA Battlefords Branch this past year.

KINDERSLEY BRANCH

Pam Welter, Branch Coordinator

CMHA Kindersley Branch is dedicated to promoting mental health and wellness through a comprehensive range of community-based services for individuals, families, groups and organizations within the Heartland Health Region. We invite collaboration: CMHA Kindersley Branch is connected to a variety of mental health service providers and professionals in the Heartland Health Region. We invite partnerships to provide information regarding a variety of mental health topics to connect those in need with many other treatment and informative sources. To the consumers and their families in our communities, we provide appropriate information—through presentations, support groups, trainings and referrals—regarding their family member's mental health needs as well as support in advocacy and coping skills as necessary.

Kindersley Branch held two fundraising initiatives: cash calendars and recently a bake sale. One of the community actions facilitated by CMHA Kindersley Branch is the Community Christmas Hamper Program. This is the longest-running Population Health Promotion program in the health region. Under this program, low-income families can apply to receive a food hamper for Christmas. December 2017, the need was once again high, providing Christmas Hampers to 150 families in the Heartland Health Region. That worked out to 150 children and 200 seniors and adults.

The CMHA Kindersley Branch receives numerous invitations throughout the Heartland Health Region to provide various presentations, trainings, and programs. In 2017, we did 18 events covering 9 communities. Through this service, CMHA Kindersley Branch is linked into the communities within the health region to do population health promotion, prevention and education, referrals and advocacy. The Kindersley Branch Coordinator and board have provided presentations to schools and groups in several communities throughout the Heartland Health Region. Some of the topics covered were:

- **Support Group** – Kindersley Support group no longer is meeting. A Mental Health Support Group in Eston was set up in partnership with the town of Eston and the Health Region with Volunteer and the Branch President, who attends as time allows. Many resources and information are provided to this group as requested. Branch Coordinator receives calls with questions and concerns and provides advocacy as needed to the members of this group as well as community members in other communities in the health region.
- **Depression/Anxiety/FRIENDS Program/LLTTF Program/Presentations** – In 2017 to 90 individuals. The Branch Coordinator did a PTSD presentation on Remembrance Day to 35 individuals. Branch President and Coordinator each provided a LLTTF Program to 15 individuals.
- **Suicide Prevention** – There were three safeTALK trainings provide in the health region in 2017 to 30 students and 65 adults. This brings the total of students trained in safeTALK to 317 and 895 individuals (students and adults) by CMHA Kindersley Branch in the health region to date. In 2017 we had nine interventions; four students as young as grade 5 and five adults. Since 2006 we have done 256 suicide interventions in the health region.

- **Safe Communities** – Our branch works on initiatives within the whole Safe Communities model to promote mental health and wellness through a comprehensive range of community-based services. Farm safety is important to our rural agricultural communities in prevention of accidents and having mentally healthy and healthy well-being families. Taking part in these programs and with our farm safety for kids program helps the branch link to our communities in the health region. This year Volunteers did three presentations in farm safety to 52 kids who went through our display on grain safety (grain suffocation) and PTO safety, and who played our “Wheel of Misfortune” and learned about machinery safety; 22 kids last June watched a bike safety rodeo.
- **Other** – CMHA Kindersley Branch provides pamphlets and information displays for Heartland Health Region Mental Health Services, the Salvation Army, Spokes Kindersley Family Resource Centre, the Crisis Center, schools and various groups as requested. The pamphlets are provided to us by CMHA Division. Many people who are experiencing symptoms of a mental illness have lost touch with their leisure lifestyles or have become socially isolated. Through the SPRA Grant, we have been able to fund community resources for participation in local hockey games (11) and four day trip outings. These leisure activities improve social skills to enhance enjoyment and enable consumers to build better relationships. Community committees that we are involved in are Kindersley Integrated Children’ Services (KICS), Kindersley Food Collation Committee (KFCC) and other various community interagency committees throughout the health region, which we try to attend as time allows. The Kindersley Branch has five active Board members and seven active program volunteers. Our programs are delivered within the Population Health Promotion model in which partnerships are formed with key organizations such as West Central Abilities, various schools, town administration and local community businesses, and other CBOs in the communities to provide our residents the resources, tools and education on mental health topics and to improve overall Mental Wellness in our region.

MELVILLE BRANCH
Tim Ziola, President

The Melville Branch of the CMHA has had a very productive and rewarding year! We began the year by acquiring a regular, permanent meeting room at Melville Community Works. This meeting room has allowed us to offer regular monthly support group sessions facilitated by our very own Kara Molnar, Registered Psychiatric Nurse. These

support group sessions have been what the community has been asking for since our branch began. We find that there is always someone new attending and we can only assume it will continue to get better.

On Tuesday, November 21, we held a free evening presentation by Kyle Moffatt at the Melville Community Works. Kyle has been actively involved in the mental health and addictions community since August 2015 when his father Wade completed suicide after suffering from bipolar disorder and alcoholism. Kyle spoke of his own personal struggles and touched on his campaign to change both social stigma and fight to expand treatment for those suffering from mental illness and addictions.



On the afternoon of November 21, I was fortunate enough to accompany Kyle to Yorkton where he spoke at a school assembly at the Regional High School. Kyle’s ability to speak to students was incredibly profound and well received by the school’s students and staff.

On April 7–8, 2018, our branch had a booth at the Melville and District Trade to promote our Branch activities, events and the monthly support group. It was very well received, and we sold over 20 memberships to our branch.

We are presently promoting a function we are holding during Mental Health Week 2018. We have a Dessert Theatre on May 10 featuring “The Reel-Antisuppresants” at the Melville Community Works. Our goal was to sell tickets for \$15 each, which would include a 2018 CMHA Melville Branch Membership. The increase to our memberships will give us a better forum and larger audience when communicating our events and the CMHA agenda.

We are currently in discussions with our local high school to install a permanent Yellow Bench (Buddy Bench) on the grounds at Melville Comprehensive High School. The goal of the bench is to serve as a visual reminder that:

- We all experience some level of anxiety and/or depression in school.
- It’s important to talk about what causes the stressors that contribute to that anxiety and to speak out when we are experiencing it.
- We must be open to the attitudes, comments, and behaviours of fellow students and reach out to those who we think need friendship.

Special thanks to our entire board who really stepped up this year and helped make our organization one in the community that is reputable and relevant in today’s world!

Our AGM was held on Wednesday, April 4, 2018, and all positions were acclaimed for the upcoming year:

President – Tim Ziola

Vice President – Vicki Ottenbreit

Secretary/Treasurer – Kelsey Karius

Board Members – Ruth Cooper, Micheal Halyk, Kara Molnar, Jordan Sinclair, Kim Unterschute, Lesia Baker



Melville Branch Team

Unveiling of new meeting place,
Melville Community Works (May 2017)



MOOSE JAW BRANCH

Donna Bowyer, Program Director

Peer Support is our main focus. Our Peer Support Program keeps growing in new directions that we hadn't thought of until someone brings the idea to us and says "Is it possible to" or "I wish we could.....". That's how things get started.

We were able to train two more Peer Supporters as well as our facilitator to our Family and Friends Peer Support group. It gives me a great deal of confidence in the quality of support that our groups are able to provide.

Our Family and Friends Peer Support Group is starting to feel that there needs to be a split in the group as there are people who have family members with long-term, chronic mental illnesses while other members have a mental illness as a result of life's challenges. Although they are all dealing with loved ones who have mental illnesses, the needs of the supporter tend to be different. This is something we will be looking at in the upcoming year.

We were also asked to start a Peer Support Group for people who are high functioning autistic. We had the discussions in the fall, found two skilled facilitators, and started the group in January, 2018. The first group had the two facilitators plus one participant. This was a planning and strategy meeting. They decided to start meeting once a month with casual contact between. By March (3rd meeting), they had increased their numbers to eight participants, with multiple contacts and support being given between meetings.

The OSI-CAN Peer Support Group in Moose Jaw started meeting at our office in September. This has been a great addition to our community. We are now being asked to have additional support groups to answer the need for people who have a traumatic injury, either from life experience or from their workplace, that does not fall under OSI-CAN. We are hoping to be able to find a facilitator for this program in the near future. Requests from individuals who have experienced trauma are coming in without a group to support them.

We are hoping to provide training in Peer Support this fall to be able to catch up to the developing need in communities across Saskatchewan. We have also discussed the need to have more connection between the various peer supporters that we have throughout the province. I have spoken to the Manager for Peer Support at the Saskatoon Health Region and we think that we might be able to use the eHealth system for meetings. I also spoke to the people in the eHealth Department and they felt it was possible.

Our main Peer Support Program is doing well. We now meet an average of three times a week. We have introduced some new programs as well, based on what the members are telling us. We are now doing crafts such as beading and bow making. We also have a strong steady group doing drumming. We have a group that takes physical exercise seriously and are walking. The newest two groups are the Women's Group and Coffee with Les. In our Women's Group, we discuss topics such as #metoo, what is a healthy relationship, detrimental mind-reading.

The newest level of Peer Support we introduced this year is a Peer Support phone contact strategy. We noticed that we needed to follow up with people who were either not coming to programs anymore or who we aren't seeing. We decided to have the peer supporters make contact with them by phone to find out the reason for their absence and to let them know we are thinking of them. This way we can celebrate with them if they have found other things in the community to take part in, or keep in touch to let them know they aren't forgotten if their illness, physical or mental, is preventing them to come out. We also want to let them know that if they are interested we will help them figure out how to take part.

In honour of the 100th birthday of CMHA, we are partnering with Journey to Hope and are having a competition for song writers in our community to write and perform a song of Hope. We are also working with a local producer to make a high-quality video that can be posted on social media. We will also be able to get air time on our local radio stations. We are excited to be able to see some of these amazing local artists help us explain Hope. We are calling this project "Hope Sings."

I am looking forward to the upcoming year to see how the members and the community see our role moving forward.



Our drumming group (left to right): Les Lalond (peer supporter), Lindsey Fortin (peer supporter), Doug Heron (member), Mary Lou (approved home operator).



Branch members prepared gift bags for people that would be on the Psych Ward on Christmas Day. Left to right: Gabriel Turcotte (Peer Support Manager), Shannon Auger (member), Lindsey Fortin (Peer Supporter)

PRINCE ALBERT BRANCH

Doug Kinar, Executive Director

Another year finished! It seems like only yesterday when I started, yet here we are 14 years later. Change seems to be ongoing! We are evolving continuously.

Our programs are thriving. The vocational programs totalled 12,340.25 hours of participation. The Nest Drop In Center saw 10,139 visits. Our Nest Lunch program served 7,131 meals.

We have partnered with the First Nations University to create a Diner program. Our kitchen has increased its productivity, creating delicious, nutritious meals for the students. The student pays only \$2.50 per meal and the Students Union pays \$2.50.

We have facilitated several ASIST and MHFA workshops with funding from the Community Initiatives Fund. The appreciation the community shows for the workshops demonstrates their value.

Our Education programs will be on display at the Prince Albert Art Center during the month of May. Art Club, Photography Club and our Writing For Your Life Club will be featured during the month-long show.

We are slowly renovating our building to allow our Nest Drop In Center activities to move to the main floor. Our As Good As New store is reducing in size to allow for the changes. The accessibility for the programs will be vastly increased once main floor access is available.

A majority of the renovation work is being completed by people on a work release program from the penitentiary. The program has proven invaluable for our branch for the “heavy lifting” involved with renovations. The people involved are able to give back as they demonstrate their readiness to assimilate back into our community. We will also be hosting graduates from a commercial cooking program from the Penitentiary during their practicums in our kitchen program.

MapleRidge and Dave Rascher apartments are full; in fact, we are in the process of renovating a small house and applying for another six-unit apartment complex. Our total will be 24 units dedicated to people living with mental illnesses. Our support worker is kept busy providing individualized components necessary to living independently. Our waiting list for apartments is growing even as we pursue new opportunities for housing.

Our website, hosted by CMHA National, is now live! We have also created a new Facebook page! We look forward to highlighting our Branch activities to the rest of the world.

We experienced several losses this last year, participants who had been with our programs for many years, one since the beginning when our branch opened. We honoured their time with us through PowerPoint presentations at their memorial services, one of which was hosted at our branch. Our Nest family misses those we have lost as we continue to cherish those in our midst.

Our annual Valentine’s Day Chili Cook-off was the best, ever! This may have been in part because Team Majestic (Doug Kinar) finally won after losing the first two years. Last year the Thug Muffins (kitchen staff) won with a vegetarian chili. I admit it was better than mine, I even voted for it. This year my all-meat chili was victorious! Long live the Chili Cook-Off King!

We look forward to the next year as the entire CMHA family celebrates the 100th year anniversary!

REGINA BRANCH

Leroy Berndt, Executive Director

CMHA Regina Branch continues to operate Pre-Vocational and Vocational Programs and is proud to have them meet the needs of close to 1,000 members in Regina who are living with a mental illness. We served over 11,000 meals and we provided members with training and employment opportunities.

The Pre-Vocational Program focuses on providing a welcoming environment of acceptance and support with numerous opportunities that foster personal recovery and growth. Our Drop-In center and programs follow evidence-based research, which indicates that a supportive engaging community is the most helpful for people managing a mental illness. Participation in our programs helps build friendships, a support network, and skill enhancements. Our membership intakes went up again this year to 277 from 211 last year.

A summary of the annual client survey 2017 can shed light on the value and benefits of our programs and services from those who know us the best:

- 91% of members surveyed indicated that CMHA services/programs helped keep them out of the hospital.
- 85% identified that CMHA helped them gain knowledge and skills on how to make healthy choices.
- 98.5% shared that Club activities gave them a sense of belonging in the community.

This year our program has benefited immensely from the Community Engagement Initiatives as more people become aware of the Regina Branch. Partnerships are being formed. Our members loved the additional special events sponsored and directly facilitated by several community organizations, groups, and individuals. **We are so grateful!**

The vocational team employs approximately 30 people in the Canteen, Janitorial program, Housekeeping, front desk and in our newly renovated kitchen. We have had an increase in members coming to get help with résumés and cover letters because they would like to apply for community employment. Presently, the in-house work seems to be most people’s preference, but we can only hire a certain number of people.

Throughout the past year, our Community Engagement area has been extremely busy providing numerous educational/awareness presentations and safeTALK training to various workplaces, schools, post-secondary educational institutions in addition to developing partnerships and securing fundraising opportunities within our community. The impact of this area on our branch has been instrumental in increasing our visibility and reputation within the community. Our relationship with various workplaces have increased and as a result have provided opportunities for those workplace staff to facilitate various activities with our members at the branch.

In addition to presentations tailored to meet the needs of various groups, Community Engagement has helped facilitate very successful awareness events. As an example, in February, through our partnership with the WHL Regina Pat's Organization and TalkToday program, we were given the opportunity to host an awareness night at a home hockey game that included a raffle of a signed Pats hockey team jersey.

Through the Punchline Comedy fundraising event, the branch was able to renovate the kitchen and develop and launch the Buddy Bench program in eight schools.

We will build on our successes. We will continue to respond to our members' needs with meaningful social and recreational programming. We will enhance our vocational training and orientation and provide more employment opportunities. We will strive to ensure we live in an all-inclusive healthy community through a robust Community Engagement program and we will work hard to sustain it all.

A special word of thanks to all our donors, sponsor and funders!

Please visit our website at www.cmharegina.com and like or follow us on twitter and facebook to stay up-to-date on the great things we are doing in Regina.



Left: Members at the pool table at the Members' Club

Bottom right: members of the Reel Anti-Depressants Popular Theatre Group

Bottom left: poster done by some members reflecting their ways of viewing challenges



SASKATOON BRANCH

Lynda Brazeau, Executive Director

2017–2018 has been a year of transitions. We have changed Executive Director Leadership, completed a total makeover at our facility, and are embarking on strategic planning to ensure CMHA Saskatoon is continuing its “upstream” journey. Our newly renovated building now has beautiful open spaces to effectively deliver programs and has created potential to increase our ability to meet the growing needs in the Saskatoon area.

The CMHA Vocational team consists of three vocational counsellors, Brenda Beaudry, Morgan Wickett, and Jenna Neufeld; one Marketing Coordinator, Bart Voswinkel; and one Labor Consultant, Dave Wake. There has been a marketable increase in employers contacting us to assist employees with job retention, accommodations and greater enquiries around better mental health within their businesses. CMHA experiences a high number of clients coming in to receive vocational counselling, as this continues to be an important need for anyone experiencing mental health issues. We also experience a high number of calls and walk-ins that require mental health support such as needing someone to talk about their mental health, looking for assistance on how to support someone else with a mental health issue, or getting connected to other resources in the city.



CMHA Saskatoon Team

The vocational counsellors support and assist individuals to identify and pursue their individual goals. These goals include maintaining and improving their mental health, attending secondary or post-secondary classes, finding full- or part-time work, volunteering, and maintaining employment. Vocational counselors also provide support in making sure that each client’s basic necessities are met (e.g., housing, finances, food) so that they are in the best possible place to begin working on employment skills.



Jade’s Ride
for Mental Health

The labour consultant’s role focuses on a preventative/upstream approach in trying to address the potential challenges in the workplace. A few areas where mental health education is currently being provided include community-based organizations, employers, and schools (elementary, high schools, universities). This role also includes providing vocational counselling and intakes for any referrals to our programming.

In the last few years, there has been a significant increase in people who are already part of the workplace needing additional support maintaining employment and in career growth. The vocational team has worked hard to be able to advocate for people in the workplace by approaching employers and starting a dialogue about creating psychologically healthy workplaces in addition to specific individual advocacy.

With this new development also comes opportunity. A renewed conversation about mental health in the workplace has opened up the door for us to approach employers with our educational programs, which in turn leads the way to a sustainable relationship with the job market.

Despite the fact that our branch works with clients with various barriers to the workplace, we have been very successful in helping people fulfill their potential and create opportunities in the job market. We feel optimistic about employers reaching out and wanting to work collaboratively with our office. We are well positioned to continue to be a voice for mental health in the workplace and we hope the community will continue to support us in our work.

CMHA Saskatoon offers two Life Skills programs per year. They are 18 weeks long and include classroom and community components. The program is intended to enhance participants' skills in coping with daily living situations and work toward personal wellness and recovery. Participants often use this program as a step toward further vocational plans such as volunteering, employment, or education.

Mental Health First Aid (MHFA) is a course provided by two facilitators at CMHA Saskatoon (Brenda Beaudry and Jenna Neufeld). This course provides participants with basic knowledge around mental health issues, along with how to work through a mental health crisis when someone is experiencing one. We run closed (when requested) and open (approximately every 2 months) MHFA courses.

CMHA Saskatoon has also been partnering with Bedford Road Collegiate and the nursing students from Saskatchewan Polytechnic to provide mental health education to students in grades 9 and 12. The program has been entitled RISE, and stands for Resilience, Information, Support, and Empathy.

Along with five other mental health related community-based organizations, CMHA Saskatoon hosted a five-day camping experience from June 26–30, 2017. Forty individuals with mental illness eighteen years and older spent Monday through Friday at Blue Mountain Adventure Park enjoying the great outdoors. A large chartered bus provided transportation to and from Blue Mountain. Campers participated in many outdoor activities; zip line, volleyball, canoeing, kayaking, paddle boards, trail rides, hikes, archery, horseshoes, rest and relaxation on the beach, and swimming in the lake. The week was wrapped up by a fireworks display.



Top photo: Blue Mountain Adventure Park, Day Camp

Left photo: Mental Health Rally

SWIFT CURRENT BRANCH

Jacqueline Williams, Executive Director

Once again, our branch in Swift Current has had another year of change. Cortney Reynolds has moved on to Addictions Services and Jacqui Williams has taken over the role of Executive Director. Jacqui relocated to the Swift Current area three years ago and has many years of client service work experience.

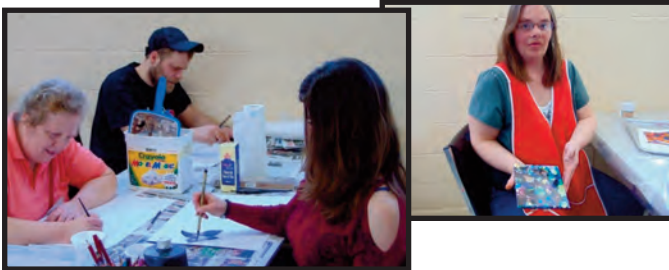
In Swift Current, we run a clubhouse model. Shared responsibility and shared ownership has created an environment of empowerment, support, and mentorship.

Our meal program (cold breakfast and hot lunch) served 7,740 meals in 2017. Members are actively taking a lead role in the programming. Helen, our cook, appreciates the “many hands make light work” approach in the kitchen and members assist her daily. Once a month, James makes his special meatloaf, and Dianne always is happy to help with our Community Kitchen. They make a nutritious meal for participants to take home for supper.



Members and community supporters make our social, recreational and education programming a success.

Art is relaxing and therapeutic. There are no limits to the creativity.



As much as we love it at the Clubhouse, we really love it when we get out and enjoy our City.

Music is fun... whether it's belting out some karaoke or strumming on the guitar.



And thanks to a donation from the Durward Seafoot foundation, we now can leave the city and see more of the beauty of Saskatchewan.



Top photo (left to right): Jacqui Williams, Stephen Allen, Betty McDougal, Mark Covell. Stephen and Mark are representatives of the Durward Seafoot foundation.

Right photo: Jacqui Williams (Swift Current Branch) and Bruce Deg (Cypress Motors)

This has been a great year for us here in Swift Current. 2018 we are celebrating 100 years nationally and 40 years here locally. Things are looking up and we are proud to “Stick it to Stigma”.

WEYBURN BRANCH

Tasha Collins, Program Director

Thanks to the generous support from the Regional Health Authority, Weyburn and District United Way, Community Initiatives Fund, Sask Parks and Recreation, as well as Sask Lotteries and the City of Weyburn, CMHA Weyburn was able to continue supporting our community members who struggle with their mental health. This allowed CMHA Weyburn to offer quality programming to individuals living with mental illness as well as youth within our community. 2017–2018 was another exciting year for us.

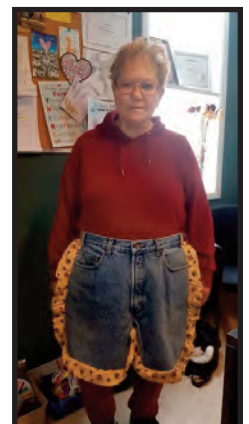
Our Youth Theatre program continues to promote growth and development for youth by providing a safe, fun environment for youth to visit and participate in activities. Participants are able to grow, mature and become leaders through positive programming while having the opportunity to explore their creative side. The goal of the theatre program is to encourage self-esteem, confidence, inclusion, and leadership while developing new performance skills. During mental health week in May 2017, the theatre group performed their production “The Locket”. The group had two showings with 160 community members in attendance. We received very positive feedback about the program and performance from youth, parents, caregivers and community members. In the fall, the youth program focused on specific skill building as well as improv; the group performed at CMHA Weyburn’s Christmas party in December. This program has become a staple within our community and is talked about highly.



CMHA Weyburn holds many events throughout the year to increase awareness and public education. We also work with Sun Country Health Region to provide ASIST Training (suicide intervention training) for adults, and CMHA Weyburn provides safeTALK to community members as well. During Mental Health week in 2017, we held many wonderful events:

- We hosted our annual Mayor’s Luncheon with guest speaker Kyle Moffatt.
- We partnered with Under Your Skin to offer the Semi-Colon Tattoo event for the second time with 68 tattoos completed.
- Détente Spa also offered manicures to the community with ½ proceeds donated to our Branch.
- Our youth theatre program held two performances (packed the audience with approximate 60 people in attendance the first night and over 100 the second).
- Blue Earth provided us an opportunity for a Book Sale where they provided the books to sell, and CMHA received all proceeds from book purchases.

Our Vocational training continues with both our work crew and meal program. The work crew provides services to the community in the form of refuse hauling, lawn care, snow removal, small moves, along with a cleaning contract with Weyburn Livestock Exchange. The Vocational meal program consists of consumers working together to provide lunch for those attending the centre Monday through Thursday. This program also works to provide lunches for our Community Connections Meetings, and lunches or baking for other events held at the centre.



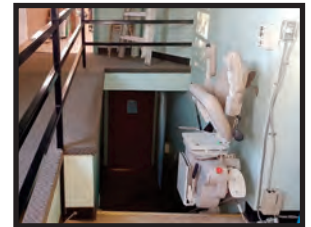
Our adult programs and services including socialization, educational and recreational services were well attended. We provide many different options, some of which include free coffee for consumers and visitors, board games, TV/sitting area, walks, bowling, sewing, art program, writers' group, gardening, baking, playing pool, and day trips. This year we had the unique opportunity to work with a local artist who facilitated an art piece of the world with the consumers for the centre, with the idea that if one piece is missing, the world is incomplete, each piece representing a person and completed by different people within the centre. We also held our 2nd Art Gala in June, with each participating artist selling at least one piece out of their collection.



In terms of Self-Help, we provide life-skills programming on Mondays. This program covers a wide variety of topics from hygiene and coping skills to budgeting and social skills. CMHA Weyburn Branch is a community resource drop-in centre that can offer support, programming, links to other community resources, or just an ear for someone who needs one. We also provide meeting space for a local NA group that meets every Thursday at our branch. And new this year is a Peer Support program that runs for six weeks consecutively. We hope to have this program run twice a year moving forward.



Our community involvement continues to include volunteering at the United Way Communithon as well as participating in the "adopt a planter" program through the City of Weyburn, where consumers help to pick out and plant flowers as well as maintain a planter in downtown Weyburn. We continue to help our local Salvation Army with refuse hauling when we can. In December we held our 7th annual Trade Show, which again was very successful; our vendor list was full and we had over 100 visitors to the centre. Not only do these events raise the profile of CMHA within Weyburn, but they also connect our consumers with the community and provide programming at the same time.



This year CMHA Weyburn was successful in receiving a federal grant through the Enabling Accessibility Fund, where we received \$4,600 toward improving accessibility within our building. With the addition of our chairlift, we are able to be much more inclusive with our programs and offer programming to those with limited mobility.

We are happy to announce that once again we have received funding through Community Initiatives Fund to cover some of the staff wages for our youth theatre program. We look forward to continuing this program and working toward establishing sustainable funding for it. I am so excited about the conversational changes happening within our community, and look forward to the coming years when discussing our mental health is something that happens as naturally as discussing our physical health. I would also like to pass on a thank you to CMHA SK Division for their continued support.

Thank you CMHA for a wonderful 2017–2018 year!

RESOURCE DEVELOPMENT

CMHA is dedicated to supporting and promoting the rights of persons with mental illness to maximize their full potential through education, advocacy, programs, and services. These programs and services provide a stabilizing support for people affected by mental illness, reducing their dependence on costly alternatives, such as hospitalization or institutionalization. The work of CMHA provides a cornerstone for a healthier community.

As a charitable, non-profit association, CMHA is dependent upon the goodwill and support of the community. Fundraising and “friend” raising initiatives like the Cash Calendar lottery ensure that vital programs in support of people affected by mental illness continue to provide for their needs.

Cash Calendar Lottery

This project has not only proven to be a very good fundraiser for the Association, but has also become a very successful public awareness tool, thanks to the dedication and hard work of the Call Centre employees. The calendar is unique as it not only displays the artwork of people who use our services, but of people whose artwork has been chosen through our yearly “artwork call,” which has in turn brought to light the magnificent artistic talents of many members of our communities. The calendar also showcases quotes from the artists about how their artistic talent supports their mental health. Many of our members are gifted with talents and skills left dormant due to financial and social restraints. The calendar has given them the opportunity to develop their artistic talents, to enhance social interaction and physical skills, and to realize some monetary gain through the use of their artwork.



Bingo

The Canadian Mental Health Association (Saskatchewan Division) continues to see a modest income from the proceeds of bingo generated at the Centennial Bingo Hall. Due to the dedicated group of volunteers who run the bingo for CMHA, very little staff time needs to be devoted to the bingo operation. The Board and staff of CMHA Saskatchewan Division extend their sincere appreciation to these individuals. We couldn't do it without you!

Direct Mail

Public education goes hand-in-hand with all fundraising initiatives. People give to organizations they “know” or have heard about and with which they have a connection. For this reason, public education and awareness is absolutely necessary for the success of our direct mail campaigns. They not only raise funds for the Association, but they also continue to provide awareness and public education, which helps to reduce the stigma of mental illness in the community.

Planned Giving

CMHA Saskatchewan Division continues to expand our efforts in the area of planned giving. Planned gifts are dedicated in the present but realized in the future through estate plans. It is a way to carry your legacy forward. Through education and stewardship activities, CMHA Saskatchewan Division is encouraging individuals to think to the future.



FRAMEWORK FOR SUPPORT: A RETROSPECTIVE 1984-2004

The goal of the Canadian Mental Health Association (CMHA) was, and continues to be, *to ensure people with serious mental health problems live fulfilling lives in the community*. This vision also includes the broader mandate, *mental health for all*.



In 2018, the Canadian Mental Health Association is celebrating 100 years as a not-for-profit, community based organization focused on mental health and mental illness and the need for appropriate, adequate and accessible programs and services.

From 1984 to 2004, CMHA National, Divisions and Branches modelled and advocated a person-centred *Framework of Support* model with persons with lived experience of mental illness. The Framework for Support Project embraced listening to, empowerment of, and participation with people living with mental illness.

The Framework developed and illustrated concepts of a Community Resource Base, Knowledge Resource Base, and Personal Resource Base to promote empowerment and recovery through involvement in community.

Framework for Support: A Retrospective 1984-2004 traces the various documents and initiatives of CMHA National to include and empower the voices of people living with mental illness (consumers) in the development of mental health policy and initiatives within the nation-wide Canadian Mental Health Association and in government and non-government programs at all levels.



ABOUT THE AUTHOR of *Framework for Support: A Retrospective*

Jayne Melville Whyte was deeply involved with the Framework for Support. She attended the first CMHA Empowerment Search Conference in 1985 and served on the first National Consumer Advisory Committee from 1986-1992. Jayne is author of *Pivot Points: a fragmented history of Mental Health in Saskatchewan* (2012) and currently is compiling the archives of CMHA Saskatchewan.

Copies of this publication will be available at the 2018 Conference or from the Division Office.



ISBN 978-0-9917109-1-1

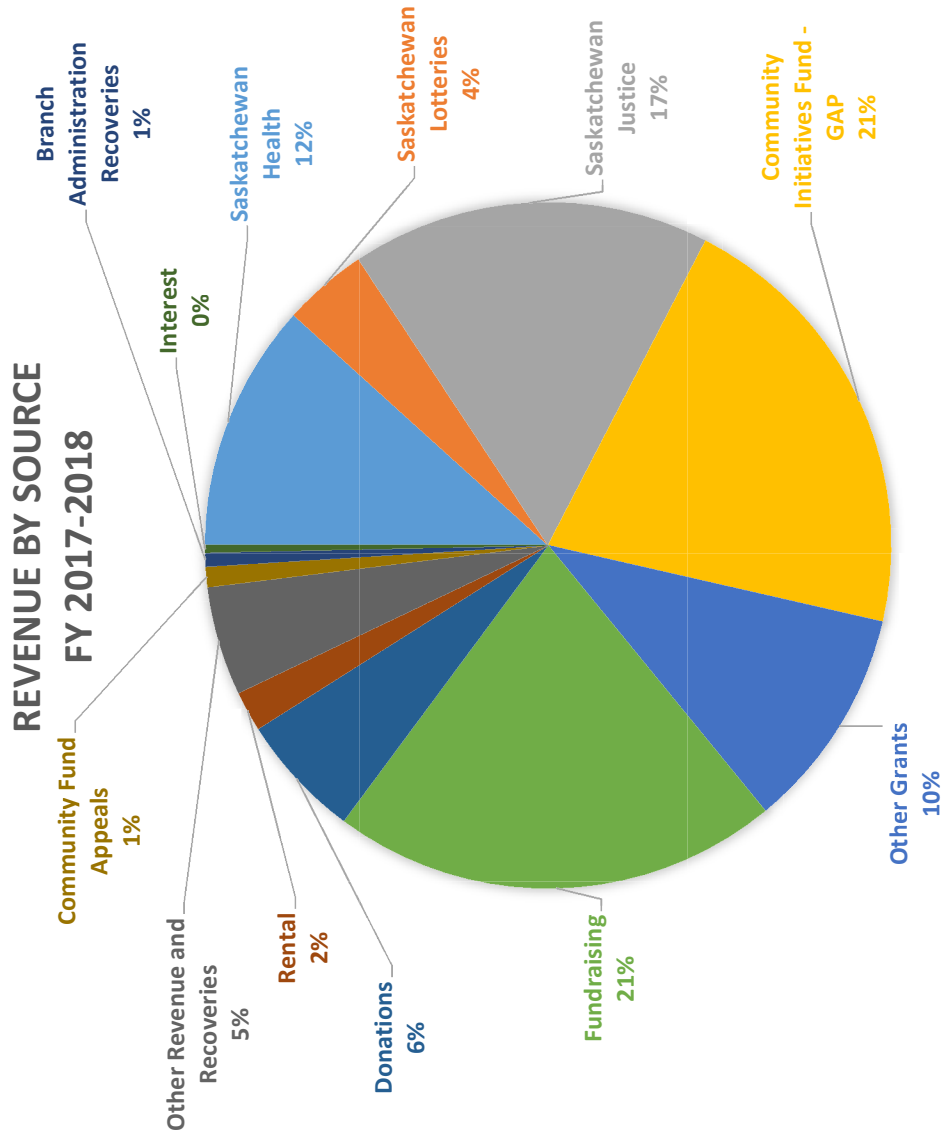
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Framework for Support: A Retrospective 1984-2004

Canadian Mental Health Association (Saskatchewan Division) Inc.

Revenue by Source Fiscal Year 2017-2018

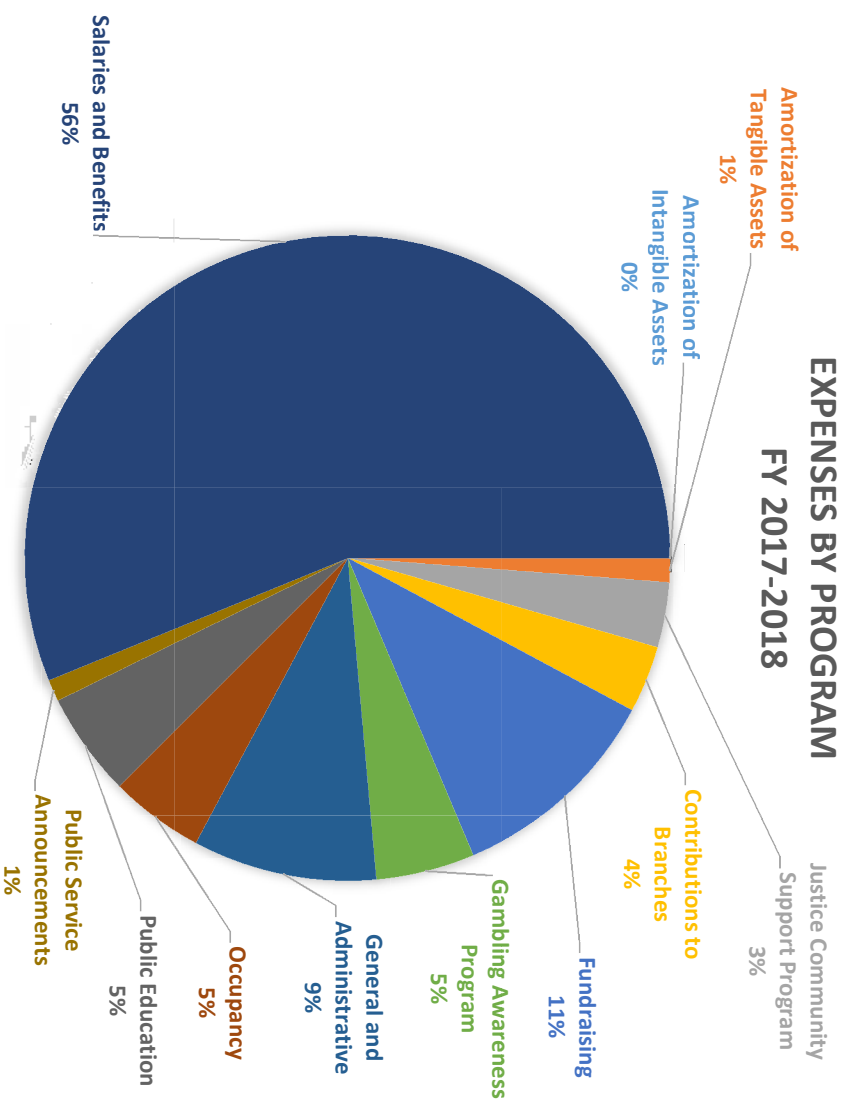
Saskatchewan Health	\$249,630
Saskatchewan Lotteries	\$84,859
Saskatchewan Justice	\$360,690
Community Initiatives Fund - GAP	\$447,472
Other Grants	\$224,136
Fundraising	\$449,451
Donations	\$124,967
Rental	\$40,545
Other Revenue and Recoveries	\$109,539
Community Fund Appeals	\$20,441
Branch Administration Recoveries	\$13,883
Interest	\$7,150
Total	\$2,132,763



Canadian Mental Health Association (Saskatchewan Division) Inc.

Expenses by Program Fiscal Year 2017-2018

Amortization of Intangible Assets	\$745
Amortization of Tangible Assets	\$24,524
Justice Community Support Program	\$67,687
Contributions to Branches	\$69,531
Fundraising	\$224,499
Gambling Awareness Program	\$102,772
General and Administrative	\$191,268
Occupancy	\$97,835
Public Education	\$108,488
Public Service Announcements	\$22,684
Salaries and Benefits	\$1,166,374
Total	\$2,076,407



**CANADIAN MENTAL HEALTH ASSOC.
(SASK DIVISION) INC.**

Financial Statements

Year Ended March 31, 2018

CANADIAN MENTAL HEALTH ASSOC. (SASK DIVISION) INC.
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March 31, 2018

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INDEPENDENT AUDITOR'S REPORT

To the Members of Canadian Mental Health Assoc. (Sask Division) Inc.:

We have audited the accompanying financial statements of Canadian Mental Health Assoc. (Sask Division) Inc., which comprise the balance sheets as at March 31, 2018 and March 31, 2017 and the statements of operations, changes in net assets and cash flows for the years ended March 31, 2018 and March 31, 2017, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained in our audits is sufficient and appropriate to provide a basis for our qualified audit opinion.

Basis for Qualified Opinion

In common with many not-for-profit organizations, Canadian Mental Health Assoc. (Sask Division) Inc. derives revenue from fundraising activities the completeness of which is not susceptible to satisfactory audit verification. Accordingly, verification of these revenues was limited to the amounts recorded in the records of Canadian Mental Health Assoc. (Sask Division) Inc. Therefore, we were not able to determine whether any adjustments might be necessary to fundraising revenue, excess of revenues over expenses, and cash flows from operations for the years ended March 31, 2018 and March 31, 2017, current assets and net assets as at March 31, 2018 and March 31, 2017.

(continues)

Independent Auditor's Report to the Members of Canadian Mental Health Assoc. (Sask Division) Inc.
(continued)

Qualified Opinion

In our opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements present fairly, in all material respects, the financial position of Canadian Mental Health Assoc. (Sask Division) Inc. as at March 31, 2018 and March 31, 2017 and the results of its operations and its cash flows for the years then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Regina, Saskatchewan
May 16, 2018


Dudley & Company LLP
Chartered Professional Accountants

CANADIAN MENTAL HEALTH ASSOC. (SASK DIVISION) INC.
Balance Sheet
As at March 31, 2018

	<i>March 31</i> 2018	<i>March 31</i> 2017
ASSETS		
CURRENT		
Cash	\$ 435,223	\$ 428,491
Investments (Note 3)	365,810	110,000
Accounts receivable	146,388	107,763
Receivable from branches	467	8,619
Current portion of loans and notes receivable	900	-
GST receivable	9,253	1,002
Prepaid expenses	24,639	22,374
	982,680	678,249
TANGIBLE CAPITAL ASSETS (Note 5)	270,340	274,868
INTANGIBLE ASSETS (Note 6)	2,980	3,725
LONG TERM INVESTMENTS (Note 3)	110,212	365,595
	\$ 1,366,212	\$ 1,322,437
LIABILITIES AND NET ASSETS		
CURRENT		
Accounts payable and accrued liabilities	\$ 61,772	\$ 92,929
Wages payable	64,681	62,438
Deferred revenue (Note 12)	185,311	168,978
	311,764	324,345
NET ASSETS	1,054,448	998,092
	\$ 1,366,212	\$ 1,322,437

ON BEHALF OF THE BOARD

_____ Chair

_____ Director

See notes to financial statements

CANADIAN MENTAL HEALTH ASSOC. (SASK DIVISION) INC.
Statement of Operations
Year Ended March 31, 2018

	2018	2017
REVENUE		
Saskatchewan Health	\$ 249,630	\$ 255,631
Saskatchewan Lotteries	84,859	82,387
Saskatchewan Justice	360,690	367,352
Community Initiatives Fund - GAP	447,472	444,137
Other grants (Note 13)	224,136	164,160
Fundraising	449,451	462,279
Donations (Note 11)	124,967	52,232
Rental	40,545	40,235
Other revenue and recoveries (Note 11)	109,539	115,966
Community fund appeals	20,441	17,065
Branch administration recoveries	13,883	14,092
Interest	7,150	4,266
	<u>2,132,763</u>	<u>2,019,802</u>
EXPENSES		
Amortization of intangible assets (Note 6)	745	931
Amortization of tangible assets (Note 5)	24,524	27,352
Justice Community Program	67,687	56,702
Contributions to branches	69,531	89,938
Fundraising	224,499	219,731
Gambling Awareness Program	102,772	99,323
Gifts to qualified donees	-	2,000
General and administrative	191,268	161,321
Occupancy	97,835	60,326
Public education	108,488	122,053
Public service announcements	22,684	30,105
Research	-	10,000
Salaries and benefits (Schedule 1)	1,166,374	1,128,484
	<u>2,076,407</u>	<u>2,008,266</u>
EXCESS OF REVENUE OVER EXPENSES	<u>\$ 56,356</u>	<u>\$ 11,536</u>

See notes to financial statements

CANADIAN MENTAL HEALTH ASSOC. (SASK DIVISION) INC.
Statement of Changes in Net Assets
Year Ended March 31, 2018

	Unappropriated	Appropriated - see Note 7	Invested in Capital Assets	2018	2017
NET ASSETS - BEGINNING OF YEAR	\$ 200,000	\$ 519,499	\$ 278,593	\$ 998,092	\$ 986,556
Excess of revenue over expenses	(8,773)	65,129	-	56,356	11,536
Amortization of tangible capital assets	24,523	-	(24,523)	-	-
Amortization of intangible assets	744	-	(744)	-	-
Purchase of tangible capital assets	(19,994)	-	19,994	-	-
Transfers out	3,500	(3,500)	-	-	-
NET ASSETS - END OF YEAR	\$ 200,000	\$ 581,128	\$ 273,320	\$ 1,054,448	\$ 998,092

See notes to financial statements

CANADIAN MENTAL HEALTH ASSOC. (SASK DIVISION) INC.
Statement of Cash Flows
Year Ended March 31, 2018

	2018	2017
CASH FLOWS FROM (FOR) OPERATING ACTIVITIES		
Cash received from grants	\$ 1,377,428	\$ 1,235,064
Cash receipts from self-generated revenues	733,143	700,013
Cash paid to suppliers	(926,439)	(838,635)
Cash paid to employees	(1,164,131)	(1,136,563)
Interest received	6,725	4,630
	<u>26,726</u>	<u>(35,491)</u>
CASH FLOWS FROM (FOR) INVESTING ACTIVITIES		
Purchase of capital assets	(19,994)	(8,750)
Purchase of investments	-	(200,000)
	<u>(19,994)</u>	<u>(208,750)</u>
INCREASE (DECREASE) IN CASH	6,732	(244,241)
CASH - BEGINNING OF YEAR	<u>428,491</u>	<u>672,732</u>
CASH - END OF YEAR	<u>\$ 435,223</u>	<u>\$ 428,491</u>

See notes to financial statements

CANADIAN MENTAL HEALTH ASSOC. (SASK DIVISION) INC.
Notes to Financial Statements
Year Ended March 31, 2018

1. NATURE OF OPERATIONS

Canadian Mental Health Assoc. (Sask Division) Inc. is incorporated under *The Non-Profit Corporations Act* of Saskatchewan. It is a volunteer based organization that, together with its fifteen branches and rural committees, supports and promotes the rights of persons with mental illness to maximize their full potential through education, recreation opportunities, advocacy programs and services and promotes and enhances the mental health and well being of all members of the community.

The Saskatchewan Division is comprised of the division office in Regina and fifteen branches and rural committees. These financial statements account for the operations of the division office including the Gambling Awareness Program, Justice Community Support Program and administrative services for the branches. The financial statements also account for operations on a division-wide basis including public education, advocacy, research and public awareness.

The Canadian Mental Health Assoc. (Sask Division) Inc. is a charitable organization, as described in Section 149 of the *Income Tax Act*, and therefore is not subject to either federal or provincial income taxes.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Revenue recognition

- a) Grants - Revenues from grants and other sources that relate to specific projects are recognized as revenue when the related expenses are incurred.
- b) Other grants and donations - Revenue is recorded in the fiscal period to which they apply.
- c) Fundraising and other revenue - Revenue is recognized when received.
- d) Rental - Revenue is recorded in the month to which it pertains .
- e) Interest - Interest on fixed income investments is recognized over the terms of these investments using the effective interest method.

Fund accounting

Canadian Mental Health Assoc. (Sask Division) Inc. follows the deferral method of accounting for contributions. Revenue received in advance is deferred to the future operating period.

Unappropriated net assets reports the general operations of the organization.

Appropriated net assets consist of the Building Fund, Program Fund and Mental Health Fund. These funds are internally restricted and increases to or withdrawals from these funds require board approval.

(continues)

CANADIAN MENTAL HEALTH ASSOC. (SASK DIVISION) INC.
Notes to Financial Statements
Year Ended March 31, 2018

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(continued)*

Financial instruments

- a) Measurement of financial instruments - The organization initially measures its financial assets and financial liabilities at fair value. The organization subsequently measures all its financial assets and financial liabilities at amortized cost. Changes in fair value are recognized in the statements of operations in the period incurred. Financial assets measured at amortized cost include cash, accounts receivable and fixed income investments. Financial liabilities measured at amortized cost include accounts payable and debt.
- b) Impairment - At the end of each reporting period, the organization assesses whether there are any indications that a financial asset measured at amortized cost may be impaired. Objective evidence of impairment includes observable data that comes to the attention of the organization, including but not limited to the following events: significant financial difficulty of the issuer; delinquency in payments; or bankruptcy. When there is an indication of impairment, the organization determines whether a significant adverse change has occurred during the period in the expected timing or amount of future cash flows from the financial asset. If identified, the organization reduces the carrying amount of the asset to the present value of cash flows expected to be received. The carrying amount of the asset is reduced directly or through the use of an allowance account. The amount of the reduction is recognized as a bad debt in the statement of operations. When the extent of impairment of a previously written-down asset decreases and the decrease can be related to an event occurring after the impairment was recognized, the previously recognized impairment loss is reversed to the extent of the improvement, directly or by adjusting the allowance account. The amount of the reversal is recognized in the statement of operations in the period the reversal occurs.

(continues)

CANADIAN MENTAL HEALTH ASSOC. (SASK DIVISION) INC.
Notes to Financial Statements
Year Ended March 31, 2018

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(continued)*

Capital assets

The costs of capital assets are capitalized upon meeting the criteria for recognition as a capital asset, otherwise, costs are expensed as incurred. The cost of a capital asset comprises its purchase price and any directly attributable cost of preparing the asset for its intended use.

A capital asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. An impairment loss is recognized in the statement of operations when the carrying amount of the capital asset exceeds its fair value.

An impairment loss is not reversed if the fair value of the capital asset subsequently increases.

- a) Tangible capital assets - consist of property, furniture and equipment and are measured at cost less accumulated amortization. Amortization is provided for on a declining balance basis over their estimated useful lives.
- b) Intangible assets - consist of separately acquired computer application software and is measured at cost less accumulated amortization. Amortization is provided for on a declining balance basis over its estimated useful life.

Buildings	5%
Furniture and office equipment	20%
Vehicle	20%
Computer equipment	20%
Computer software	20%

One half of the amortization rate is used in the year of acquisition.

Net assets invested in capital assets

Net assets invested in capital assets comprises the net book value of capital assets.

Management estimates

The preparation of these financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the current period. Significant estimates include those used when accounting for amortization and the impairment of financial assets. All estimates are reviewed periodically and adjustments are made to the statement of operations as appropriate in the year they become known.

CANADIAN MENTAL HEALTH ASSOC. (SASK DIVISION) INC.
Notes to Financial Statements
Year Ended March 31, 2018

3. INVESTMENTS

	2018	2017
CURRENT TERM		
Guaranteed Investment Certificates	\$ 365,810	\$ 110,000

Investments maturing within twelve months from the year-end date are classified as current.

The fixed income securities have effective interest rates ranging from 0.25% to 0.50% with maturity dates within twelve months or less.

LONG TERM

	2018	2017
Guaranteed Investment Certificates	\$ 110,212	\$ 365,595

4. FINANCIAL INSTRUMENTS

The organization is exposed to various risks through its financial instruments and has a risk management framework to monitor, evaluate and manage these risks on an annual basis. The following analysis provides information about the organization's risk exposure and concentration as of March 31, 2018:

Credit risk

Credit risk arises from the possibility that parties may default on their financial obligations, or if there is a concentration of transactions carried out with the same party, or if there is a concentration of financial obligations which have similar economic characteristics that could be similarly affected by changes in economic conditions, such that the association could incur a financial loss. The organization is exposed to credit risk from its producers. An allowance for doubtful accounts is established based upon factors surrounding the credit risk of specific accounts, historical trends and other information. The organization has a significant number of producers which minimizes concentration of credit risk.

The maximum exposure of the organization to credit risk is represented by the balance as shown on the balance sheet for cash and accounts receivable.

Cash and investments: Credit risk associated with cash and fixed income investments is minimized substantially by ensuring that these assets are invested in major financial institutions.

Accounts receivable: Credit risk associated with trade accounts receivable is minimized by the organization's diverse customer base. The organization monitors the amount of credit extended when deemed necessary.

Liquidity risk

Liquidity risk is the risk that the organization will not be able to meet a demand for cash or fund its obligations as they come due. The organization is exposed to this risk on its accounts payable and accrued liabilities.

(continues)

CANADIAN MENTAL HEALTH ASSOC. (SASK DIVISION) INC.
Notes to Financial Statements
Year Ended March 31, 2018

4. FINANCIAL INSTRUMENTS *(continued)*

The organization meets its liquidity requirements by monitoring cash flows from operations and holding assets that can be readily converted into cash.

Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk is comprised of currency risk, interest rate risk and other price risk.

The organization is exposed to market risk on its cash and investments.

Currency risk

Currency risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate relative to the Canadian dollar due to changes in foreign exchange rates.

The organization does not transact in foreign currencies and therefore is not exposed to this risk.

Interest rate risk

Interest rate risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in market interest rates. In seeking to minimize the risks from interest rate fluctuations, the organization manages exposure through its normal operating and financing activities.

The exposure of the organization to interest rate risk arises from its interest bearing assets. Cash and cash equivalents includes amounts on deposit with financial institutions that earn interest at market rates.

The organization manages its exposure to the interest rate risk of its cash by maximizing the interest income earned on excess funds while maintaining the liquidity necessary to conduct operations on a day-to-day basis.

The primary objective of the organization with respect to its fixed income investments is to ensure the security of principal amounts invested, provide for a high degree of liquidity and achieve a satisfactory investment return.

Other

There have been no changes in the organization's risk exposures from the prior year.

CANADIAN MENTAL HEALTH ASSOC. (SASK DIVISION) INC.
Notes to Financial Statements
Year Ended March 31, 2018

5. TANGIBLE CAPITAL ASSETS

	Cost	Accumulated amortization	2018 Net book value
Land	\$ 13,635	\$ -	\$ 13,635
Buildings	526,522	328,281	198,241
Furniture and office equipment	32,648	25,324	7,324
Vehicle	71,248	38,416	32,832
Computer equipment	51,339	33,031	18,308
	<u>\$ 695,392</u>	<u>\$ 425,052</u>	<u>\$ 270,340</u>
	Cost	Accumulated amortization	2017 Net book value
Land	\$ 13,635	\$ -	\$ 13,635
Buildings	506,528	318,374	188,154
Furniture and office equipment	32,648	23,492	9,156
Vehicle	71,248	30,209	41,039
Computer equipment	51,339	28,455	22,884
	<u>\$ 675,398</u>	<u>\$ 400,530</u>	<u>\$ 274,868</u>

Tangible assets acquired during the year were \$19,994 (2017 - \$8,750). During the year, tangible capital assets were written off and a loss on disposal of assets was recorded for \$0 (2017 - \$0).

6. INTANGIBLE ASSETS

	2018	2017
Computer software	\$ 14,837	\$ 14,837
Accumulated amortization	<u>(11,857)</u>	<u>(11,112)</u>
	<u>\$ 2,980</u>	<u>\$ 3,725</u>

There were no intangible assets acquired during the year (2017 - \$0). During the year, no intangible capital assets were written off and no losses on disposal of assets were recorded (2017 - \$0).

CANADIAN MENTAL HEALTH ASSOC. (SASK DIVISION) INC.
Notes to Financial Statements
Year Ended March 31, 2018

7. APPROPRIATED NET ASSETS

	Building Fund	Program Fund	Mental Health Fund	2018	2017
Balance, beginning of year	\$ 173,719	\$ 172,890	\$ 172,890	\$ 519,499	\$ 488,429
Transfer from surplus	65,129	-	-	65,129	31,070
Transfer to surplus	(3,500)	-	-	(3,500)	-
	<u>\$ 235,348</u>	<u>\$ 172,890</u>	<u>\$ 172,890</u>	<u>\$ 581,128</u>	<u>\$ 519,499</u>

8. SICK LEAVE BENEFITS

The organization provides non-vesting sick leave benefits to its employees pursuant to union agreements and administrative policies. At March 31, 2018 management estimates that accumulated sick leave credits total \$269,359 (2017 - \$277,674).

9. PENSION CONTRIBUTIONS

Employees become eligible for pension after 1820 hours of service. The plan is a defined contribution registered pension plan. The employer pays 6% of gross salary into the plan on a monthly basis.

	2018	2017
Total contributions during the year	<u>\$ 66,648</u>	<u>\$ 62,754</u>

10. COMMITMENTS

As at March 31, 2018, the organization has an operating lease on its office equipment at \$5,027 per year.

11. DONATIONS AND OTHER REVENUE & RECOVERIES

During the current year, there were bequests received for a total of \$52,905 (2017 - \$15,062) which is included in donations. None of the bequests received had any restrictions placed on the use of the funds.

CANADIAN MENTAL HEALTH ASSOC. (SASK DIVISION) INC.
Notes to Financial Statements
Year Ended March 31, 2018

12. DEFERRED REVENUE

Deferred revenue consists of the following:

	2018	2017
CMHA Swift Current	\$ -	\$ 837
Canadian Labour Congress	3,418	2,933
Community Initiatives Fund - Weyburn	20,833	6,333
Heartland	2,556	2,556
Other	-	496
MHFA Assist	4,110	-
Calendar Sponsorships	600	-
Conference	17,263	-
South Saskatchewan Community	-	5,260
Sask Health - Dave Batters Golf Tournament	11,886	14,000
Wade Moffatt Gala - ticket sales	-	15,150
3D Petroleum	124,645	121,413
	\$ 185,311	\$ 168,978

13. OTHER GRANTS

Other grants are comprised of the following:

	2018	2017
Community Initiatives Fund - Weyburn	\$ 10,500	\$ 22,500
Other	500	100
Sask Association for Community Living	-	3,850
Sask Liquor and Gaming Authority	105,031	11,883
SaskTel	2,500	2,500
South Saskatchewan Community	8,837	4,740
3D Petroleum	96,768	118,587
	\$ 224,136	\$ 164,160

CANADIAN MENTAL HEALTH ASSOC. (SASK DIVISION) INC.

Salaries and Benefits

(Schedule 1)

Year Ended March 31, 2018

	2018	2017
Gambling Awareness Program	\$ 268,947	\$ 260,458
Executive and General	366,856	348,597
Justice Community Support	282,052	275,070
Public education	34,851	36,285
Resource development	156,239	153,669
OSI CAN	57,429	54,405
	\$ 1,166,374	\$ 1,128,484

See notes to financial statements

CMHA Saskatchewan Division Sponsors

The Canadian Mental Health Association (Saskatchewan Division) Inc. is a charitable organization dependent upon donations, memorial gifts and bequests, United Way, Donors' Choice and Saskatchewan Lotteries for support.

We want to express our sincere appreciation to our sponsors:

