



CANADIAN MENTAL  
HEALTH ASSOCIATION

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ASSOCIATION CANADIENNE  
POUR LA SANTÉ MENTALE

**Saskatchewan Division Inc.**



**2006-2007**  
**Annual Report**



*The Canadian Mental Health Association  
(Saskatchewan Division) Inc.  
Wishes to recognize the efforts of the countless  
volunteers who donate their time and talents to  
our important work.  
We couldn't do it without you!*



<b>Global Ends Policy/Mission Statement</b>	Page 2
<b>Values</b>	Page 3
<b>President's Report</b>	Page 4
<b>Executive Directors's Report</b>	Page 5
<b>Public Policy Development:</b>	Page 7
• Consumer Advisory Committee	Page 8
• Early Psychosis Initiative	Page 9
• Community Partnerships	
• Petition for a Canadian Mental Health Commission	Page 10
• Mental Health Coalition	Page 10
• Provincial Interagency Network on Disabilities (PIND)	Page 11
• Disability Income Support Coalition (DISC)	Page 11
<b>Public Education &amp; Awareness:</b>	Page 13
• Friends for Life	Page 14
• Problem Gambling Program	Page 15
<b>Individual and Family Support</b>	Page 17
<b>Research:</b>	
• Mental Health Sector Study – Phase II	Page 19
<b>Direct Service:</b>	Page 21
• Battlefords Branch Report	Page 22
• Kindersley Branch Report	Page 24
• Moose Jaw Branch Report	Page 26
• Prince Albert Branch Report	Page 28
• Regina Branch Report	Page 29
• Saskatoon Branch Report	Page 32
• Swift Current Branch Report	Page 34
• Weyburn Branch Report	Page 35
• Yorkton Branch Report	Page 37
<b>Administration:</b>	Page 39
• Resource Development	Page 40
• Financial Statements	Page 43
<b>2006-2007 Board of Directors</b>	Page 53
<b>Division Office Staff</b>	Page 53

# Global Ends Policy/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**

Mental health consumers, 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 upon our ability to change attitudes towards mental illness. The Association must communicate that there is a high incidence of psychiatric and emotional disorders in our communities, which strikes more people every year than all other health problems combined.

The Association is committed to promote 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 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.

# President's Report

## Submitted by Susan Grohn, President

This past term has been a steep learning curve for me. I greatly appreciate all the hard work that David and my predecessors have done. When you can reflect on the year and how well it flowed, with all the positives as well as the trials and tribulations, it gives you a great sense of pride in our organization.

We started the year with concern and excitement over one of our final affiliation agreements with the Yorkton Branch. It is with excitement that we welcome two new entities in Yorkton – the Yorkton Mental Health Drop-In Center Inc. and a newly formed CMHA Yorkton Branch, with Dr. Donia Alvarado-Okraimec as the Branch Director. We wish them every success in the upcoming years as they champion the right for mental health in their region.

Our Board has done a great deal of work this past year in reviewing Policy Governance with the assistance of Irene Seiferling. It is a very necessary process, as well as an encouraging one, to know that we are functioning well as a Board within these parameters. We took on the challenge, with Irene's assistance, of Strategic Planning for the Board and our Association. This, we have found, is going to be an ongoing, but gratifying process.

I wish to thank all the members of the Board, as well as David and his staff, for their hard work and dedication to CMHA this past year, and I look forward to working with everyone in the future.



Susan Grohn,  
President

# Executive Director's Report

## Submitted by Dave Nelson, Executive Director

I feel this has been a very exciting and productive year for our Association and the mental health system in general. While there is no question, as a recent report has shown, that mental health is a very neglected part of the health system, there are some significant lights at the end of the tunnel emerging.

These are:

### **1. The Mental Health Commission of Canada**

It is hoped that this will be a critical piece in the plan to actually raise the profile and to develop a strategy and plan to improve the mental health system in the country and the province.

Our Association, in partnership with the Schizophrenia Society of Saskatchewan and the Saskatchewan Psychiatric Association, sent a petition to the Prime Minister with over a thousand names asking for the formation of the Mental Health Commission. We thank all those who participated as we all played a small part in seeing this Commission be announced.

### **2. Early Psychosis Initiative**

Thanks to the work of our Association and community and Regional Health Authority partners, we will see the long-awaited EPI (Early Psychosis Initiative) up and running this September. This will provide much-needed early intervention for children and youth.

### **3. Income Security**

Income Security for those with disabilities needs to be revamped with a separate system outside of a heavily stigmatized welfare system which forces consumers with all types of disabilities, including psychiatric, to be caught up in a never-ending web of justifying their disability for woefully small amounts of income support.

We are working with our community partners to join in a coalition called the Disability Income Support Coalition (DISC) to advocate for these much-needed changes and improvements for our consumers.

**4. Knowledge Translation Advisory Committee (Sask. Health Research Foundation)**

Participation in Knowledge Transfer, or how you integrate all the theoretical knowledge available into practice by our Association, has resulted in a better understanding and appreciation of the “grassroots” research our, and other similar groups, do to enhance the knowledge base in mental health.

**5. Mental Health Sector Study II**

Sponsorship of the Mental Health Sector Study II, funded by Saskatchewan Learning and Saskatchewan Health, will result in a better understanding of the needs and areas of improvement required by the community-based organization (CBO) sector in mental health.

**6. CMHA (Saskatchewan Division) Inc. Programs**

Our regular Branch, Problem Gambling and Friends for Life programs have all been very active and provide much-needed direct programs and community development and education regarding mental health issues in our province.

Overall, I wish to thank our Board, staff and volunteers for their efforts to make 2006-2007 the successful year it has been for our Association.



Dave Nelson, RPN, RSW  
Executive Director  
Canadian Mental Health Association  
(Saskatchewan Division) Inc.





# **Public Policy Development**

**Consumer Advisory Committee**

**Early Psychosis Initiative**

**Community Partnerships:**

**Petition for Canadian Mental Health Commission  
Mental Health Coalition**

**Provincial Interagency Network on Disabilities (PIND)**

**Disability Income Support Coalition (DISC)**

# Consumer Advisory Committee Report

## Submitted by Doreen Bell, Chair

All too soon another year has gone by. I hope it has been a good year for everyone.

We are pleased that there is federal money for a Mental Health Commission in Canada. Now we need to make sure the Federal Government moves ahead with the Commission and includes consumers, CMHA and the Schizophrenia Society in their decisions.

An increase of \$15.00 per month for people on Social Assistance is a help, but it is not nearly enough to move people off Social Assistance or above the poverty line.

We need to keep the pressure on the nurses NEPS program to start training Psychiatric Nurses as soon as possible.

I would like to say thank you to the Provincial Board and staff for working so diligently to improve the lives of consumers.



*The Consumer Advisory Committee is a standing committee of the Provincial Board with a mandate to advise the Board on all matters related to consumer involvement in Association programs and policies which affect mentally ill persons. It does this by monitoring policies and programs of all mental health services, ensuring consumers' issues are addressed and reflected in Association activities, and advocating on behalf of consumers to allow for empowerment of mentally ill persons. The Consumer Advisory Committee also advises the Association on recreation program development and delivery issues.*

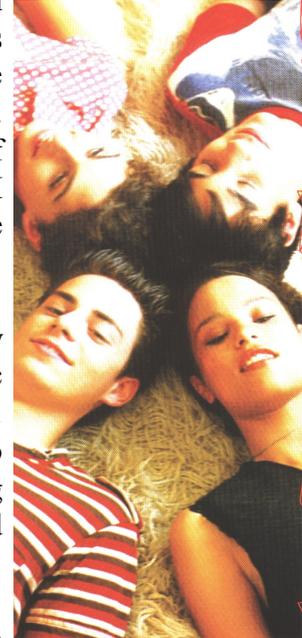
# Early Psychosis Initiative

Research has shown that early identification and intervention with young people who show symptoms of psychosis leads to better long-term clinical outcomes and better quality of life for those individuals. In the spring of 2005 the Canadian Mental Health Association (Saskatchewan Division) Inc. Recognized the need for Early Psychosis Intervention services in southern Saskatchewan and championed the creation of a broad-based Southern Saskatchewan EPI Steering Committee. A proposal was prepared which examined the need, as well as a review of literature and research. This proposal offered options for models of EPI services to citizens of southern Saskatchewan who experience the potentially debilitating symptoms of a psychotic illness.

Funding for two years (to December 2007) was received from the Lily Neuroscience Solutions for Wellness Education Fund to support public education and awareness regarding the EPI proposal and implementation. We were also successful in obtaining funding in the Provincial Budget to support implementation of an Early Psychosis Clinic. This is being established through the Regina Qu'Appelle Regional Health Authority and is projected to be up and running September 2007.

CMHA (Saskatchewan Division) Inc. would like to take this opportunity to thank the various stakeholders who were involved in the EPI Steering Committee, Eli Lilly Canada Inc., the Regina Qu'Appelle Regional Health Authority, Minister of Healthy Living Services, Graham Addley and various other Provincial Government Ministers who gave their support for this project.

CMHA (Saskatchewan Division) Inc. Continues to work for improved services and support for those most vulnerable members of our society.



# Community Partnerships

## Petition for a Canadian Mental Health Commission:

The Canadian Mental Health Association (Saskatchewan Division) Inc. partnered with the Schizophrenia Society and the Canadian Psychiatric Association in December 2006 to February 2007 in the development and circulation of a petition to help move the issue of a “Mental Health Commission” forward as recommended in the “Out of the Shadows at Last” document by Senator Kirby. This commission is a critical step to having a national plan for mental health and the extra resources for services that we hope the higher profile and standards in mental health would bring.

In February 2007 this petition containing close to 1,000 names was forwarded to Prime Minister Stephen Harper.

On March 20, 2007 the Federal Government announced the establishment of the Canadian Mental Health Commission with some \$10 million over the next two years and \$15 million a year starting in 2009-2010. Senator Michael Kirby was announced as the Chair of this new Commission.

We thank all those who participated in this survey, as we all played a small part in seeing the Canadian Mental Health Commission become a reality.

## Mental Health Coalition:

CMHA (Saskatchewan Division) Inc. Continues to take a leadership role on the Mental Health Coalition. Darrell Downton (CMHA Moose Jaw Branch) is the current Chair and Sharon Lyons (Past President, CMHA Provincial Board) is Chair of the Advocacy Committee.

In building on various initiatives, CMHA (Saskatchewan Division) utilizes the Mental Health Coalition as a sounding board. The Coalition has examined a number of issues such as:

- training within various disciplines within the mental health sector
- shortage of psychiatric nurses and the “new model” which will see LPNs filling in for RPNs
- income security
- “Step-Down” unit
- smoking policy on Regional Health Authority property
- northern mental health needs
- combining mental health and addictions on a psychiatric unit
- “Continuous Enhancement of Quality Measurement in Primary Mental Health Care” – report by John Conway
- Early Psychosis Initiative
- locked units and seclusion rooms

The Mental Health Coalition was also a sponsor of the Mental Health Sector Study – Phase II. The final report “*Mental Health Sector Study: Value of the Direct Voice – The Role of Community-Based Organizations in Delivering and Improving Mental Health Services in Saskatchewan*” is expected to be released later in 2007.

There is a great deal of crossover between the Mental Health Coalition and the Provincial Interagency Network on Disabilities (PIND) with a number of agencies sitting on both groups. The value of this is seen when groups are all talking with the same voice in a coordinated way. When Government sees this kind of consensus, they start to recognize the need to respond.

### **Provincial Interagency Network on Disabilities (PIND):**

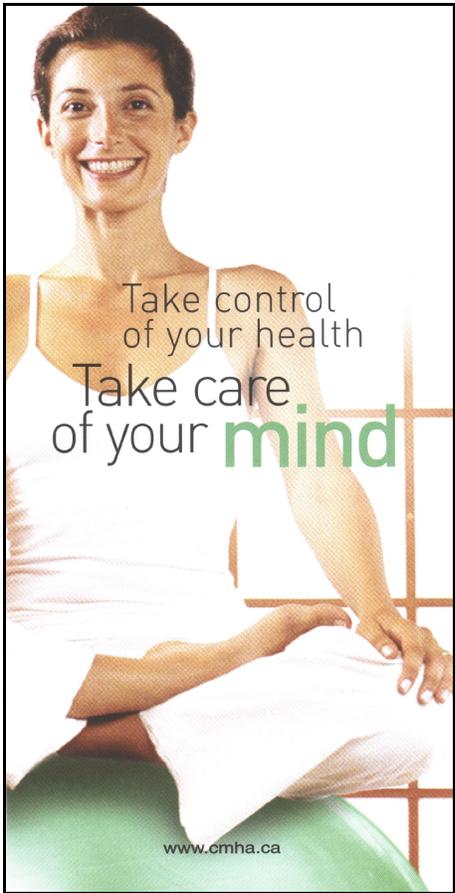
CMHA (Saskatchewan Division) Inc. also takes a leadership role with the Provincial Interagency Network on Disabilities. Some of the 2006-2007 initiatives with this group include:

- Recommendations on improvements to the Provincial Government’s disability strategy
- individualized funding
- housing/rental supplement
- income security
- respite

### **Disability Income Support Coalition (DISC):**

The Saskatchewan Disability Income Support Coalition (DISC) was formed by a large cross section of disability advocates, consumers and organizations across Saskatchewan who are committed to advocating for a respectful, dignified and adequate income support system. DISC is working towards a distinct (or separate) income system for people with disabilities that will be built on the vision of an adequate baseline income for people with disabilities and a user-friendly mechanism to address individual financial needs based on the impact of disability. DISC members believe that the only way to move forward is as one voice and in a collaborative, full partnership with the Government of Saskatchewan and the Department of Community Resources. DISC believes that a program designed without the collaboration of community experts will lack credibility and be unsatisfactory in meeting the income support needs of people with disabilities.

The Canadian Mental Health Association (Saskatchewan Division) Inc. is pleased to partner with other member organizations of DISC to move towards a respectful system that truly accommodates disability.





# **Public Education & Awareness**

**Friends for Life**

**Problem Gambling Community Program**



# Friends for Life Report

## Submitted by Linda Cairns, Director

During the course of last year, I made many contacts around the province, and it is heartening to know that the strategy worked well. The Friends for Life programs have been in great demand and we have been very, very busy.

Our major objective, once again, has been to build an awareness and understanding of mental health issues in our schools and communities through presentations, workshops, sharing of resources and some displays. To help share the load we have used Donna Bowyer, Program Director of our Moose Jaw Branch, on a part time basis. This seems to have worked well for all parties. To date we have completed over 88 presentations and workshops for 3253 persons. We also had the opportunity to talk to over 900 people at Agribition where our booth was a great success. Staff enjoyed the change in routine as well.

Marketing has been given high priority this year. To date we have commissioned and published two new posters: **Mental Health Matters** and **Should We Talk About Suicide**. The response to both has been good. Animated versions complete with explanations can also be found on our updated website, which we are proud of as well. The fresh look is very inviting and the site is very user friendly. Our resource centre is now automated and the resources can be accessed through the Internet; all that is needed is a code, which is easy to obtain as well. Response to our resources has increased and users are impressed. Take a look at [www.cmhask.com](http://www.cmhask.com).



It took teamwork to accomplish everything we have this last year. Much thanks to everyone involved. The administrative staff is to be commended for their professionalism and high energy levels. I could not have been out on the road so much without their continued support and encouragement.

Thanks to Saskatchewan Learning, the Royal Bank and SIGA for their ongoing support this past year. There is a definite need in our communities and the resources are being put to good use.



Continued support is needed for these valuable programs, which have assisted teachers, students and other community members as they learn more about promotion of mental health and the need for proactive measures when it comes to suicide prevention. We need to continue to have more opportunities to have open, serious, honest and respectful conversations that one-day will erase the stigma that hurts so many. Thank you for helping to make this possible.

# Problem Gambling Community Program Submitted by Bill Ursel, Director



## *The core of our work continues in Outreach, Resource Distribution and Partnership Development.*

**Outreach** includes the range of our public presentations to youth, older adults, First Nations communities and the general public.

**Resource Distribution** refers to our role in assisting with the distribution of a range of print resources and other materials developed by our program and by Saskatchewan Health.

**Partnership Development** occurs in our facilitating and supporting the work of the seven problem gambling committees and other stakeholders.

*Media contact:* Response to media inquiries are provided by staff, with key requests being met by the Director.

*Roster maintenance:* GA and Gam Anon group rosters are maintained. Saskatchewan Health is informed of any changes to the meeting schedule on a regular basis.

## **Key Events and Accomplishments**



□ **Meyers Norris Penny Evaluation:** An evaluation of our program provided the first full, independent review since 1994. The recommendations have been helpful in reviewing the development and the direction for the program.

□ **Staff Transition:** Bill Bray had been with the program since 1994. He left the program in 2006 to become the Senior Health Educator with the Prince Albert Health Region. Shauna Altrogge returned to our Saskatoon office following a brief general leave. Jenn Bauer and Elizabeth Deobald (Prince Albert) and Joan Germain (Saskatoon) shared their skills in brief periods with us as Community Development Coordinators.

□ **Awareness Weeks:** May 7-14, 2006 was the week of awareness that took place in Yorkton. A similar week occurred May 14-21, 2006 in Moose Jaw. Dave Morgan coordinates the efforts of volunteer members of the problem gambling committees in both communities. Events included media exposure, interviews and outreach events.

□ **Gambling Issues International:** The web based listserv provides a forum for clinicians, researchers and prevention professionals. I have been pleased to contribute to the listserv for several years. The 117th edition (most current at time of writing) of the On Line Review continues to receive favorable response. I develop the review of relevant information that I research on line.

- **Media Kit Released:** Our media kit was distributed to 93 community newspapers in June 2006. The kit includes six component parts ranging from a staff roster to “fast facts”, Saskatchewan Health resources and a focus on youth and older adult gambling. Lynn Hill, CMHA Editorial Secretary was instrumental in developing the format and producing the CD.
- **Lloydminster, Battlefords and Assiniboia Development:** Dave Morgan (Regina and South Service Area) made key contacts in Assiniboia. The area will continue to be a place for further development. Jenn Bauer and Elizabeth Deobald made in roads in the Lloydminster and Battlefords areas. We hope that all areas will provide outreach opportunities beyond our more traditional strongholds.
- **SIGA and Swift Current Contacts:** Shauna Altrogge was invited to participate in a SIGA responsible gaming round table. The purpose was to explore SIGA initiatives related to the Whitecap and Swift Current casinos now in development. Swift Current remains a challenging community. Shauna has made numerous contacts that she will build on. Outreach and community awareness are long-term goals for the region.

**Outreach Success:** The staff team of Dave Morgan, Shauna Altrogge and Elizabeth Deobald made 141 outreach presentations reaching 3,519 people. The impact of outreach extends well beyond the child or adult attending a session. The multiplier effect can impact families, employers and entire communities.

- **Youth Conference:** The March 19 and 26, 2007 youth conference was a great success. Leanne Fischer is a Program Consultant with Saskatchewan Health. She did a tremendous job on content, logistics and promotion for the event. The event is designed to enhance student knowledge and awareness of issues related to problem gambling. Approximately 200 youth grades 7 and 8 enjoyed the days. Our staff team provided leadership and support over the two-day event.



- **Teachers Conventions:** Staff attended and presented at a range of conventions. These events provide us tremendous exposure to hundreds of school teachers across the province. We were in attendance at the Living Sky, South West, Regina, Prairie Valley, South East Cornerstone and Prince Albert conventions.

*I wish to thank Steve Christensen and Leanne Fischer. The Saskatchewan Health staff offers support and advice to our efforts. The Board of Trustees for the Community Initiatives Fund continues to recognize the importance of our prevention and education work.*

*I extend special thanks to Dave Morgan, Assistant Director and Shauna Altrogge and Elizabeth Deobald, Community Development Coordinators. Outreach and partnership development continues as a result of their commitment and dedication. Lynn Hill, CMHA’s Editorial Secretary, continues to provide on line support and layout and design expertise to a variety of projects.*



# Individual & Family Support

While the main focus of the work of CMHA (Saskatchewan Division) Inc. office is education and public policy development on a provincial scale to assist those experiencing mental health issues, the staff at CMHA Division Office frequently have the opportunity to assist individual consumers and family members on a variety of issues. The following is a brief sampling of the type of assistance provided by Division Office throughout the past year:



- Assisted a family whose son had problems receiving RHA services when he presented with mental health and addictions issues
- Assisted parent with child with ADHD and possible bi-polar disorder
- Assisted family member whose brother has various mental health and addiction issues and who is moving to Saskatchewan
- Assisted mother whose daughter has ADHD
- Assisted consumer having issues with Welfare Rights re income
- Assisted parent whose son is receiving services in Ranch Ehrlo
- Assisted parent whose daughter is receiving services from Family Services
- Assisted consumer in psychiatric facility with appeal process
- Assisted consumer with problem of communicating with Psychiatrist
- Assisted parent with hyperactive son re possible financial and counseling help
- Assisted family member re brother with depression and alcoholism issues
- Assisted client with advocacy to reinstate or pay for alternative counseling

which was discontinued

- Assisted consumer with Post Traumatic Stress Disorder re problems with physician
- Assisted crisis management staff with a client with schizo-affective disorder having trouble with the Justice System
- Assisted consumer with counseling services provided by SGI after accident
- Assisted consumer with son diagnosed with schizophrenia to find alternate psychiatrist
- Assisted family member whose aunt was having trouble with OCD re referral path
- Assisted consumer with complaint re diagnosis, re psychiatrist, re letter to Chief Justice, Provincial Court
- Assisted consumer with complaint of sexual harassment by Psychiatrist
- Assisted client with problems with can recycling centre
- Assisted individual with problems with employer understanding job related stress
- Assisted consumer to get records regarding her involuntary committal
- Follow-up assistance for consumer to get treatment in Battlefords Hospital
- Assistance for mother whose daughter required treatment for fetal alcohol syndrome related depression
- Referral to appropriate counseling for consumer with anxiety attacks and related life issues
- Information for consumer from B.C. on how to get connected to the mental health system in Sask.
- Assisted family member whose wife was having trouble with depression and possible schizophrenia
- Assisted family member from B.C. whose mother is needing services in Saskatchewan
- Numerous referrals to Mental Health Help Line

This is just an overview of the type of requests for individual and family support which are received at CMHA Saskatchewan Division Office on an almost daily basis.



# Research

## Mental Health Sector Study – Phase II

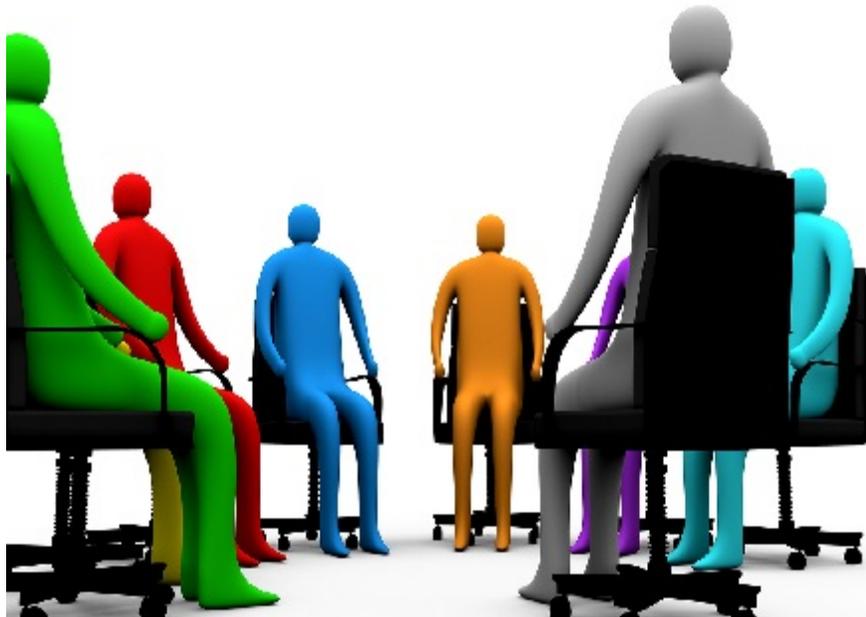
*Saskatchewan Mental Health Sector Study, Final Report, Mental Health Workforce in Saskatchewan, January 2003 (The Conway Report)* was completed in 2002 and updated in 2003. This focused primarily on developing an overview and profile of the mental health workforce in Saskatchewan. In addition, the report previewed, discussed and offered recommendations on the issues, needs and gaps in the mental health system. The report was not intended to provide details on the role of the voluntary sector (including community-based organizations) in delivering mental health services.

During 2006-2007 the Canadian Mental Health Association, in partnership with Saskatchewan Health and Saskatchewan Advanced Education and Employment undertook a study to specifically examine the role for community-based organizations (CBOs) in delivering mental health services in Saskatchewan. INNOVA Learning was contracted to conduct this research utilizing literature review of recent and relevant documents as well as best practices, a survey distributed to 149 CBOs who provide some level of mental health support services, and in-depth interviews with 31 key informants. The purpose of the study was to build on the work from the Conway Report. It examined the current and emerging roles for CBOs and the challenges to filling those roles. Related to this primary focus were issues pertaining to staffing, training and the status of collaboration between CBOs and the government and its agencies.

A final draft of the Mental Health Sector Study — Phase II report was completed in April 2007 and it is hoped the final report will be released later in 2007. Keep watching our web page at [www.cmhask.com](http://www.cmhask.com) for the final report *Mental Health Sector Study: Value of the Direct Voice — The Role of Community Based Organizations in Delivering & Improving Mental Health Services in Saskatchewan*.



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## Direct Service

**Battlefords Branch Report  
Kindersley Branch Report  
Moose Jaw Branch Report  
Prince Albert Branch Report  
Regina Branch Report  
Saskatoon Branch Report  
Swift Current Branch Report  
Weyburn Branch Report  
Yorkton Branch Report**

# **Battlefords Branch Report**

## **Submitted by Wendy Brundige, Executive Director**

### *Educating our Community*

At CMHA Battlefords Branch our Client/Staff objective for 2007 is to educate our community about the Battlefords Branch of the Canadian Mental Health Association. We want people to know who we are and how valuable we are for this community. We want them to see how important their support is to us. We work as a team and we want to educate the Battlefords on how they can be part of this golden team.

As part of our 2007 Art program we plan to produce an educational DVD. It will portray clients telling their stories and will have a bit of our CMHA history. It will introduce current staff and work crews and current programs offered through our local branch. It will invite community members to offer their personal gifts of time, talents or “toonies to thousands” to become team members.

Current CMHA Battlefords Branch works closely with other community-based agencies. We try not to duplicate services and work hard to enhance each other’s work with common clients and customers. They are invited to our events and they, in turn, invite us to theirs.

We are a United Way Member Agency. Each United Way Board Member is also a liaison/support person matched to one of the United Way Member Agencies. Our United Way liaison/support person happens to also be the President of the Labour Council. This year the Labour Council members sponsored us and came to cook burgers at our BBQ during Mental Health Week. The person power and dollar support were both greatly appreciated.

CMHA belongs to a Health Promotions Committee in our Regional Health Authority that works on various regional and community projects. When the Regional School District developed their new grade One to Six Health Curriculum, the Health Promotions Committee had direct input. We developed sections on self-esteem, life/school balance, the importance of laughter, bully beware, anger management, identifying and talking about feelings, and playing for exercise and fun, nutrition and mental wellness for their “Healthy Balance Kits”. In other examples of teamwork, a Nutritionist gave her input when deciding on the menu for Mental Health Week events, the Psychiatric Nurses Association donated prize money for our essay contest, a Psychologist offered to speak on life/work balance and the head Psychiatrist baked butter tarts for our Open House Tea. We all work together to share the load and every agency has information and participates. It is more cost and time effective when many hands share the tasks. Programs in the community are all encompassing when all sectors of the community have input into the construction of the programs that will affect them and their families. We work together and share the workload. Communication is better and we find the whole community benefits when everyone feels part of the team.

CMHA Battlefords Branch also belongs to another committee called Partners for a Violence Free Community where we share information and work to promote and educate about making our community a safer place to live for vulnerable people like our clients. One way is to teach others about mental illness. This committee has proven a great venue for educating the public and sharing resources.

Making our drop-in centre available for public meetings in the evening has also been a way to dispel the stigma about mental illness. People come to meetings and find themselves feeling very comfortable there.

As you can see, CMHA Battlefords is part of the community and we work hard to make the community part of our team. By doing this we all win!

*People fear that which they do not understand.  
Our objective is to inform those that fear so they can be blessed with the gift of understanding.  
We invite you to join us by educating your community in 2007!*

# Kindersley Branch Report

## Submitted by Pam Welter, Branch Coordinator

CMHA Kindersley Branch has been working in the Kindersley area for thirty-five years to provide people with the information they need to better understand their own mental health and that of others.

Kindersley Branch takes part in a variety of fundraising initiatives including Cash Calendars and bake sales as well as sending out letters requesting donations.

One of the special initiatives at CMHA Kindersley Branch is the Christmas Hamper. Under this program, low income families can apply to receive a hamper for Christmas. Each family receives groceries for about a month, a Christmas turkey, and gifts from Santa for the kids. This is a huge population health promotions program, which is done in collaboration with numerous community groups. This year 130 hampers were supplied to residents throughout the Heartland Health Region and other communities.

The Kindersley Branch has done numerous presentations to schools and groups in several communities throughout the Heartland Health Region. Some of the topics covered are:

- ASIST Training — Friends for Life
- CMHA Roles and Responsibilities
- Population Health Promotion from a Mental Health Point of View
- Determinants of Health Affecting Mental Well Being
- Depression
- Youth Suicide Prevention
- Schizophrenia (partnership program with the Schizophrenia Society)
- Suicide Prevention Guide for Schools
- “whoIam” — Case study profiles of mental health services in our rural communities
- CHEERS — Understanding the Relationship between Alcohol and Mental Health
- Smoke Free Schools — Community Development and Communications Strategy.

The Branch also offers the following programs:



- Let's Get Together
- How to Drug Proof Your Kids
- Safe Communities (farm safety, car seat safety, bike safety, smoke free communities)
- In Motion Initiatives
- Schizophrenia Partnerships Awareness Presentations
- ASIST — Suicide Intervention Training
- Talk Suicide Program for Schools.

The CMHA Kindersley Branch receives numerous invitations throughout the Heartland Health Region to attend various events with our information and pamphlet display. Through this service, CMHA Kindersley Branch is linked into the communities within the Health Region to do population health promotion, education, referrals and advocacy. CMHA Kindersley Branch provides referrals to appropriate agencies, community development, partnerships, schizophrenia support and crisis intervention (103 events in 2006/2007).



*The need for mental health to be demystified is urgent. For too long mental health has been mysterious and, in comparison to many areas of physical health, is seldom talked about. The fact still remains that one in four of us will experience a mental health problem at some time in our lives.*

The case study profiles presentation (whoIam) addresses the following concerns and conditions of communities and mental health services in our rural communities in the Health Region:

- Increase of substance abuse/use and violence
- Isolation — a huge social issue in rural communities
- Lack of emergency/mental health services
- Long waiting lists for mental health services
- Timely access to psychotherapy and treatment

The Kindersley Branch Board has several new volunteers (including youth volunteers) and Board Members as a result of the effective population health promotion through our community programs. The Kindersley Branch Board, volunteers and residents provide links between health care professionals, communities, individuals and resources. Our programs keep the branch linked to the communities in the Health Region and with community partners. Our programs are delivered within the Population Health Promotions model where key members in the communities are trained and provided with the resources to deliver and educate on mental health topics.

The need for mental health to be demystified is urgent. For too long mental health has been mysterious and, in comparison to many areas of physical health, is seldom talked about. The fact still remains that one in four of us will experience a mental health problem at some time in our lives.

The message is clear — mental health is everyone’s business, just like physical health. As a society we must get better at understanding mental health if we are to tackle some of the major health, economic and social burdens that face current and future generations.



# **Moose Jaw Branch Report**

## **submitted by Donna Bowyer, Program Director**

This has been a busy year. My hours have changed from part-time to full-time as a result of the additional work involved with the Friends for Life Program. This has given me an opportunity to work with Linda Cairns in bringing the Suicide Intervention program to many locations throughout Saskatchewan. I will not include the activities I took part in through this program in this report as they do not reflect activities done out of Moose Jaw Branch.

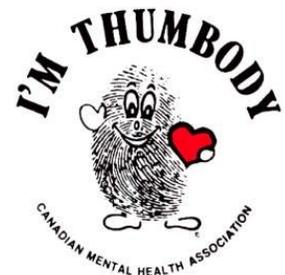
### **Community**

31 public presentations were made to a total of about 936 people. Also, 18 mental health presentations were broadcast through Shaw Cable for approximately one month, each showing at various times throughout the day to catch audiences through all programming hours. A number of these were also shown provincially through the Shaw network of stations. I was also involved in radio interviews throughout the year.

### **Schools**

The CAPSS (Communications and Problem Solving Skills) became a program that saw increasing demand. Three classes of grades 7 and 8 students participated. Eight presentations were made to each class, with an average of 20 students per class. A total of 480 student contacts were made in the program.

Three groups of an average of 19 grade three to four students participated in the “I’m Thumbody” presentations, making a total of 114 student contacts. Total student contacts were 594 plus a total of 11 teachers and assistants.



### **Special Events/Activities**

Some of the special events and activities involving Moose Jaw Branch this year were:

- the Annual Mayor's Luncheon
- the CMHA Provincial Conference and AGM
- facilitation of a mini practicum for a Social Work student
- the Northern Strategies Conference – Making the Partnership Work
- launch of the Transition Magazine
- development of a CMHA Moose Jaw Branch website ([www.cmhamj.com](http://www.cmhamj.com))
- setting up displays on information days

I also introduced the Moods Magazine and BP Canada to SIAST, which were placed in their library to become the most requested magazines.

## **Partnerships**

We partnered with the Southern Plains Metis Local for New Horizon's Grant application for their Elders. We put forward the only successful grant application in Saskatchewan.

International Women's Day was a great partnership with several agencies that provided valuable opportunity to allow 180 women get together for a lunch of fun and motivation.

We partnered with Five Hills Health Region, the Chamber of Commerce and South Central Community Futures to develop a survey and educational opportunities on Workplace Wellness for Moose Jaw, with distribution to over 1200 workplaces.

We partnered with many other committees including Problem Gambling, Child Action Community – Mental Health Sub Committee, Middle Years Sub Committee, Partnership Against Violence, and Mental Health and Seniors.

## **Consumer Activities**

This included sports activities such as hockey tickets, football, Grey Cup party, Court Whist Christmas Party, Laughter Club, trips to Regina for shopping, movies, the launch of Transition, etc. We also helped a consumer return to school and assisted another in starting a small business.

All in all it has been a good year with new opportunities emerging. We made direct contact with 1530 people over the year, in addition to thousands each month through radio, television, newspaper and special events.



# Prince Albert Branch Report

## Submitted by Doug Kinar, Executive Director

Once again this has been a busy year at the Prince Albert branch. We continually strive to meet our goals of **Advocacy, Education, Programs and Services.**

**Advocacy:** We have been able to bring exposure to our facility and programs by hosting ASIST Workshops and a variety of meetings within our facility. Our involvement with other CBO's continues within the community. We continue to participate in trade shows throughout the year. This provides an opportunity to display information regarding our programs, including quilts designed and sewn by our clients as well as clothing from the As Good As New store. Positive results from the trade show are visible by sales of our quilts and some new customers in our store.

**Education:** During Mental Health Week we will have our annual hotdog/hamburger sales in front of the store where we promote balance in our lives as well as positive mental health. We encourage people to take part in our stress tests and hand out pamphlets to those interested. We will also host our annual Appreciation Dinner and Teddy Bear Auction. We look forward to a successful Mental Health Week.

For our clients we have taken many field trips: Saskatoon-Monster Truck Show, Regina-Roughrider's Football game, Moose Jaw Tunnels and other activities around Prince Albert. We will continue to BBQ at the local parks with day trips to the many lakes around Prince Albert. We also have our annual weeklong camping trip that is always well attended.

**Fundraising:** This year we are hosting the Annual General Meeting with a twist. We will be opening up the banquet portion to the public because an evening of entertainment is planned: highly skilled piano accompaniment while dining, a comedian, a local recording artist as well as a silent auction and cash bar. We hope everyone enjoys the evening.

**Programming:** We continue to have our original 5 programs offered: Homestead Quilting, As Good As New Store, Nest Drop In, Nest Lunch Program and Independent Living. Participation in the programs has remained steady. The Art program that was introduced last year continues to be a popular choice so we are offering that again this year.

**Services:** With the ASIST, Safe Talk, Life Model Development and Crisis Response Training we have taken, we are in a stronger position to offer services to the general public. We will be promoting these services within Prince Albert community and area.

We look forward to another busy year in Prince Albert.

# Regina Branch Report

## Submitted by Louise Handford, Executive Director

### **Direct Service:**

**Clients** will experience improved mental health. We assist persons managing lives with mental health problems in their recovery process, moving individuals from withdrawal to engagement and active participation in life.

The Regina Branch provides opportunity for:

- 1) Rehab/Crisis Support and community integration
- 2) Assessment, Training, Education and Employment
- 3) Awareness and Administration

This is accomplished with the following staff:

Executive Director  
.75 Director of Finance  
2 Team Lead MHW II  
Life Skill Coach MHW I  
Vocational Counselor MHW I  
2.5 MHW I  
3 Program Assistants



### **Programs:**

Vocational Programs consist of:

Vocational Counselor, Life Skill Coach, Housekeeping Service, Clerical/Administration, Food Service, Janitorial Contracts & Work Crews.

This year the Vocational program was reviewed to improve our service delivery and trainee outcomes, with new tools and processes being developed. We are looking forward to their implementation.

- Reduced staff position by .5 in last quarter
- 95 persons participated in employment options.

Social Rehabilitation consists of:

Structured and non-structured activity and Drop in services.

The focus is on community integration, problem-solving support, group work and creative and alternate therapies.

Membership of 420  
Daily attendance of 120  
380 meals a week

28 Structured programs/month

### **Awareness:**

The Branch is a resource to educational institutes in providing leadership, training and professional development for Student practicum's. Involvement this year included students from Social Work (2), Nursing (2) and 1 Occupational Therapist.

We work in collaboration with the community in the promotions of mental health awareness and partner with a variety of groups. Examples include City of Regina Access Sub-Committee, Mental Health and Housing, Population Health Promotions, Approved Home Operators, Western Rehab Conference, Phoenix Residential Society, Schizophrenia Society, YWCA, Salvation Army and the City Police to name a few.

### **Organizational Development:**

**To ensure that the Branch's activity delivers value to its client members and customers.**

**Staffing:** To provide service delivery with motivated, skilled and trained staff in a positive working environment.

Human Resource management has been a priority as the Branch has experienced a 40 % change in staff. Staff training has been provided: ASIST, Mental Health Conferences, RQHR in-services, Eli Lilly's Wellness Model, FASD & Outcome measures.

**Policy and procedure** continue to be developed to ensure effective programming and instruction. Updates have been made to the following policies; Confidentiality, Computer usage, Harassment, Discipline Process & Code of Conduct. To develop stable work dynamics the staff participated in a Planning day held in December and a Staff Development day held in May.

**To communicate effectively** within the agency and to the community.

The Branch has collaborated with the community in the promotion of World Mental Health Day, Mental Illness Awareness Week and Day of Caring.

Internal processes focused on computer upgrades and replacement, networking, internet access for all staff and an agency back up system.

**Governance:** To achieve stable & effective Board leadership

This year realized a large growth in Board leadership. With the assistance of a Consultant, the Board is developing a framework of Governance, setting a Strategic direction, and adapting the Bylaws to reflect this direction.

The Audit and Finance Committee have implemented changes that modernize Financial Reporting.

**Resources/Assets:**

**A stable organization provides its client members an improved quality of life as a result of effective management.**

The Branch addressed building upgrades and renovations with a grant of over \$200,00.00 from the National Homelessness Initiative Program. This made it possible to install a new entrance with door buzzer, renovate three bathrooms, build a new kitchen with laundry facility, install new flooring on the main level and a new energy efficient heating and cooling system.

The Branch continues to work on building stable funding resources. We have contract with the Regina Qu'Appelle Health Region, United Way, EAPD Employment Assistance for Persons with Disabilities, Department of Community Resources and City of Regina.

Fundraising highlights included a golf tournament, and partnerships with the East View Rotarians and CLARICA.

Specific focus and strategy with our Membership Drive has demonstrated an increase in Branch memberships.

***The Branch is grateful to the many volunteers, donations and gifts in kind that make our service delivery possible.***



# Saskatoon Branch Report

## Submitted by Gayle Mast, Executive Director

Saskatoon Branch exists in the community so that:

**People have improved mental health with the primary focus on people in the Saskatoon and District community.**

**People in Saskatoon have an understanding that mental illness is a medical concern with no stigma attached.**

In order to achieve the above Saskatoon branch meets with the public to provide education about mental health and mental illness. In the past year, we provided 28 presentations reaching more than 500 people. In addition, we had 3 television appearances and 1 radio interview and participated in a documentary about depression. Topics included:

Anti-stigma presentations

presentations on a variety of mental disorders

workplace mental health and support for accommodations

training of peer support workers at the University of Saskatchewan

numerous consultations to workplaces to assist in providing support to those affected by mental health issues

information about the work of CMHA

Mental Health Week activities.



**The majority of resources will be devoted to advancing the mental health of people whose mental health is at risk. It is interpreted to include, but is not limited to:**

- **Quality mental health outcomes and care experiences**
- **Identifying individuals most at risk for decreased mental health**
- **Public Awareness of mental health issues/concerns**
- **Improved access to appropriate mental health services**

**CMHA, Saskatoon Branch is a competent, reliable resource to the public, to those individuals identified as being at risk, and to other agencies.**

CMHA, Saskatoon has provided direct service to 435 people directly affected by mental illness. Support has been provided to a number of community agencies who come in contact with people affected by mental illness, including educational institutions and formal mental health services. We are a resource to the University of Saskatchewan and SIAST by providing training and placements to a variety of students. In addition, all staff work with a variety of groups to identify those at risk and to coordinate and cooperate in service provision. The Board of Directors regularly meets with the community to enhance understanding of community mental health needs and to create linkages that will benefit CMHA, consumers, other groups and the entire community.

**People with mental illness will have a personally satisfying quality of life by having**

- **meaningful work**
- **adequate financial resources**
- **supportive relationships**
- **recreation and leisure opportunities**

**through maximum feasible community integration.**



CMHA, Saskatoon Branch worked with 130 individuals this past year to assist them in achieving meaningful work. Outcomes included:

- 42% or 55 people competitively employed
- 10% or 13 individuals supported in community volunteer work
- 12% or 15 people supported in upgrading their education.
- 20 people completed the Life Skills program, several of whom moved on to employment or volunteer work.

This achievement was made possible through 1700 contacts with employers. This enables the program to have current information about the job market and to find the most appropriate employment for each individual.



340 individuals had opportunity to participate in 15 different leisure programs. This provides an opportunity to develop relationships, meet new people, enhance skills and re-establish balance. These programs are made possible with the support of more than 60 volunteers who contributed 4000 hours in all aspects of program delivery, fund raising, leadership and general support of the agency.

Programs and services provided were made possible with the financial support of the Government of Saskatchewan – Departments of Learning and Community Resources and Employment, Government of Canada, City of Saskatoon, Saskatoon Health Region, Saskatoon United Way, the Saskatoon Foundation, donations and community support.

# Swift Current Branch Report

## Submitted by Jean-Claude Dumais, President

Once again the Swift Current Branch was very excited and pleased to have been chosen as Canada Safeway's charity partner. This was a very successful partnership for the Branch in 2005-2006 resulting in more food for the breakfast and lunch programs and excellent opportunities for fundraising and public education. We look forward to our partnership again this year.

The Branch once again held the Christmas party for our clients and a Community Christmas supper for our clients and others who have no one to spend the holiday with. Approximately 25 clients attended the Christmas party and had a great time. There were about 60 people in attendance at the Community Christmas supper. Nancy Peters' band provided the entertainment and there were gifts for everyone. This event was another great success.

In April the Branch had the opportunity to meet with our Mayor to declare the week of May 6th to 12th, 2007 Mental Health Week. A Mayor's lunch was planned, however, the walkathon originally planned for this week was moved to September due to the number of other fundraising events being held in the same time period.

2006-2007 was a busy year for our Program Director, Nancy Peters. There were several opportunities to provide advocacy for consumers and their families, as well as many opportunities for public education in the form of presentations, and community partnerships. Numerous funding requests and proposals were developed over the year. Nancy also had the opportunity to attend several conferences on topics such as charitable number laws and regulations, working with mandated and challenging clients, making our workplace healthy and the SAHO conference in Regina regarding interpretation of the collective agreement between SGEU and CMHA. These all proved very interesting and beneficial.



# Weyburn Branch Report

Submitted by Gladys Perepeluk, Program Director



The following information will give a clearer understanding of our chart and the focus Weyburn Branch took in the last fiscal year. Continual program evaluation, staff flexibility, reviewing and rearranging delivery of our programs has been rewarding and advantageous for consumers and the community.

**Community Visibility:** Creating well-built consumer programming and providing good quality service to the community has provided us with community interaction and accountability (i.e. gift wrap, gift store, etc.)

**Community Integration:** This approach has influenced the community of Weyburn to pull together and provide us with:

1. A 2002 four-wheel drive, half-ton truck with a new truck tool box.
2. One year of free gas

3. One year registration for the truck.
4. Vocational graphic designs placed on the truck
5. A professional, specially-made license plate
6. A large new storage shed
7. Schools and church organizations provided us with three truck loads of groceries
8. Smittys continues to provide us with all the money from their drink bottles and cans.

**Education/Advocacy:** Our visibility in the community has empowered community members to view CMHA as an approachable, supportive organization. This has led to many initial contacts that drew out discussions regarding mental illness where information has been forwarded. Monthly media releases regarding Weyburn Branch and mental illness has expanded the knowledge in the community. Our support also includes information pamphlets regarding mental illness, discussions of what mental illness is and a list of agency telephone numbers and help numbers for people who need to know where to go for help. Wherever we go, most people are comfortable addressing family issues or their own illness as soon as they realize we work in the mental health field. We have been able to provide information in respect to where to get treatment or support, or to make referrals to other social or health organizations. Lobbying for adequate housing for our consumers has also taken a lot of staff and Board Member time this year. We have engaged in strengthening several families to address and speak out about the concerns they have regarding their loved ones and drawing on their knowledge about how to improve the lives of those suffering from mental illness. The outcome has been very positive.

**Accessible Continuous Care:** Weyburn Branch has been in discussions with family members of people with mental illness on how to lobby for accessible continuous care for their loved ones. CMHA is committed to work towards reducing unnecessary burdens on consumers and family members. The Branch supports and advocates on behalf of family members for clarification regarding vague quantifiable care delivery and facilitates better communications among mental health services providers, including CMHA.

**Accountability:** Strong CMHA programs and services will help to complement inpatient client services.

**Unified Services:** CMHA Weyburn Branch is working to develop a plan to strengthen the collaboration with our mental health agencies to enhance the quality of life for people with mental illness. We also work towards moving the community forward to a less stigmatizing society.



# Yorkton Branch Report

## Submitted by Dr. Donia Alvarado-Okrainec, Program Director

The Yorkton Branch of the Canadian Mental Health Association has undergone many changes in the last year, which has resulted in operations at our drop-in centre being undertaken by the Mental Health Drop-In Centre Inc.

Effective April 1st the CMHA Yorkton Branch has moved to a new location and is operating on a part-time basis. The objective of this new Yorkton Branch is to conduct a public awareness campaign to ensure better understanding in the community of CMHA's advocacy and public education role. To achieve this goal the branch is working on recruiting individuals from the community to form a new Advisory Committee. These new committee members will provide input into the development of a mental health community strategy to best serve the interests of people living with mental illness, as well as planning and execution of fundraising activities.

While CMHA is no longer operating the Drop-In Centre, we will be sharing a percentage of the proceeds of our local fundraising activities to support recreational and educational activities for clients of the drop-in centre. In this way CMHA hopes to provide assistance with the drop-in centre's operational budget with regard to program development.

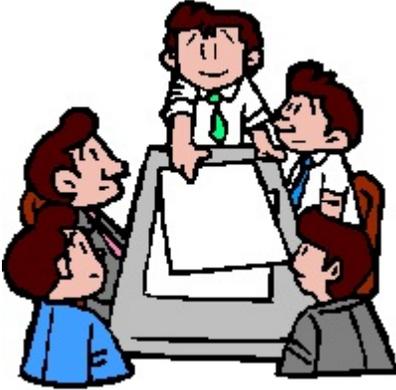
### **Fund Development:**

The private and public sectors have been identified as key entities for the fund development plan in the fiscal year 2007-2008. On April 20th CMHA Yorkton Branch did a presentation to the Yorkton Chamber of Commerce Annual General Meeting. They were provided with some of the history of CMHA and its roles of advocacy, mental health promotion and provision and/or support of recreational activities addressed at improving the quality of life of people living with mental illness. They were asked to work as partners in cooperation with us.



Several community agencies have been contacted and have indicated their willingness to be part of our ambitious project. Some of these agencies are: SIGN (Society for the Involvement of Good Neighbors), the City of Yorkton, Parkland Mall, Giant Tiger, the Gallagher Center, the Parkland Regional College and other small businesses.

The Gallagher Center has agreed to donate free passes for the pool to be used exclusively for clients at the Drop-In Centre this summer. Parkland Mall has agreed to allow us use of their facilities for fundraising activities such as hot dog sales, pancake breakfasts, draws, campaign kick off and poster distribution.



### Advocacy and Educational Programs:

Once an Advisory Committee has been formed, we will be developing a formal plan for consistent public awareness, advocacy, educational and fundraising activities for the fiscal year 2007-2008. By approaching the community, we hope to raise sufficient funds to continue working for the benefit of individuals facing mental health issues in order to minimize their difficulties with socialization, to facilitate adequate access to community services and to advocate with them, or on their behalf, for realistic actions plans to maximize their individual potential.

A meeting with Ed Sorsdahl, Manager of Mental Health and Addictions Services of the Sunrise Health Region is planned for the very near future. The purpose of this meeting will be the consolidation of an effective channel of communication between: the Sunrise Health Region as a mental health services provider, individuals requiring these services (consumers) and CMHA as a community-based organization promoting mental health.

***Finally, I would like to thank CMHA for this opportunity. I am proud to be back as a part of the Saskatchewan Division team. I am confident that together we can make the difference and I am always looking one step forward for the enhancement of our programs.***





# Administration

**Resource Development Report**

**Financial Statements**

# Resource Development Report

## Submitted by Joan Kilbride, Director

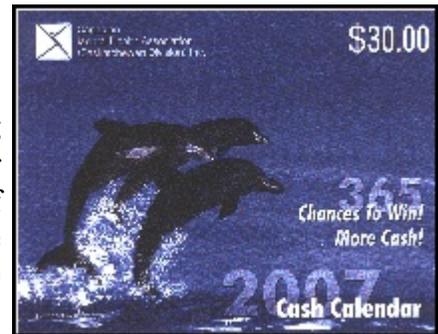
*This past year has seen significant gains in our fundraising efforts  
(both in funds and friends raised).*

Public education plays a major role in all fundraising efforts. People give to people, but only if they know there is a need. For this reason, a consistent and mutually beneficial relationship with the media and the community at large is important to the success of all our fundraising and public awareness campaigns.

### 2006 Resource Development Activities:

#### Cash Calendar:

This continues to be the Association's major fundraising project. This is the 17th year we have offered our popular calendar, featuring the artwork of people using the services of the Canadian Mental Health Association. The price of the calendar is just \$30 and offers 365 chances to win \$66,055.00 in prizes.



The hard work and dedication of the CMHA Telefund Operators, the loyal groups of delivery people, as well as the CMHA Branches that participated in the 2006 campaign resulted in 11982 calendars sold.

We continue to look for ways to improve the campaign. This year we introduced a new incentive program for our delivery partners, which encouraged them to get the calendars delivered and sent back to Division Office in a timely fashion.

The Cash Calendar supports Friends for Life and other CMHA Saskatchewan Division initiatives within the province, as well as many other community charities that partner with CMHA during the campaign.

#### Bingo:

Bingos continue to be a modest source of revenue for Saskatchewan Division and the Weyburn Branch. Currently we work two bingos each month, which are staffed by volunteers recruited by the Branch and Division. *These volunteers are greatly appreciated!*

### Direct Mail Campaign:

In Canada, three million people will suffer from clinical depression. More than half will go untreated. It will cost the economy more than \$12 billion annually, and will take the lives of more than 4,000 Canadians.

The bad news is that depression puts up its own barriers to prevent someone from seeking help. It cripples people's capacity to take action to fight back.

The good news is that depression is the most treatable of all mental illnesses. With medication and counseling, the vast majority of its victims can lead normal lives.

The Canadian Mental Health Association is on the front lines, not just with programs for the mentally ill, but to alert the public and the government to the toll these illnesses are taking on us, our friends, relatives and neighbours.

Each spring, through an effective direct mail campaign, the CMHA Saskatchewan Division asks the community to pull together — to pull some strings to fight an insidious enemy that is draining away our hopes, dreams and energy.



### Teddy Bear Affair:

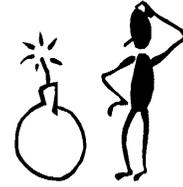


This winter picnic and auction, held in Saskatoon in February, revolves around the central concept of “a bit of summer in the midst of winter” — a way to chase away those winter blues. After a sumptuous picnic buffet, attendees are treated to the fun of a Live Auction. Live Auction packages have their own teddy bears, creatively dressed by the Sask-Tel Pioneers, to reflect the nature of the donated items. The silent auction table features unique teddy bears, celebrity items and items that promote mental health and well being. By suggesting personal, loving contact, the teddy bear is a symbol of hope for people isolated by their illness — a way of “embracing” mental health issues and those who are affected by them.

We are pleased to report that the event is growing every year. This year's event was a huge success, attended by over 200 people. Over the years the Teddy Bear Affair has raised over \$300,000 in support of our many programs.

As a non-profit organization, the Canadian Mental Health Association (Saskatchewan Division) Inc. depends on support from the corporate and business community, as well as the many volunteers who so generously give of their time to make this event a success.

## Ten Tips for Dealing with Stress and Tension



1. Recognize YOUR symptoms of stress.
2. Look at your lifestyle and decide what you can change - in your work situation, family situation or schedule.
3. Become acquainted with relaxation techniques - yoga, meditation, deep breathing, massage - and use those that work for you.
4. Exercise - Physical activity is one of the most effective stress remedies around!
5. Manage your time effectively - Break large tasks into manageable bits, do essential tasks in order of priority, and use a check list to give you a sense of satisfaction as you achieve each task.
6. Watch your diet - Alcohol, caffeine, sugar, fats and tobacco all put a strain on your body's ability to cope with stress.
7. Get enough rest and sleep.
8. Find strength in Numbers - talk to your family and friends, professional counselors and support groups about what is bothering you.
9. Avoid trying to be "perfect" - tackle one thing at a time and avoid trying to be everything to everybody.
10. Give yourself a Break - Have some Fun! Laugh and be with people you enjoy!

# Financial Statements

The following are the Canadian Mental Health Association (Saskatchewan Division) Inc.  
financial statements audited by  
Dudley and Company Chartered Accountants

Copies of the Auditor's Report and  
Financial Statements are available from  
CMHA (Saskatchewan Division) Inc. office  
2702-12th Avenue  
Regina, SK S4T 1J2  
(306) 525-5601  
[contactus@cmhask.com](mailto:contactus@cmhask.com)

A handwritten signature in black ink that reads "E. Sandiford". The signature is written in a cursive style with a long horizontal flourish underneath the name.

Erskine Sandiford, Treasurer  
Canadian Mental Health Association (Saskatchewan Division) Inc.  
Provincial Board of Directors

## AUDITORS' REPORT

To the Directors  
Canadian Mental Health Association (Saskatchewan Division) Inc.

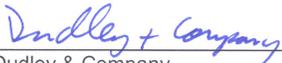
We have audited the balance sheet of **CANADIAN MENTAL HEALTH ASSOCIATION (SASKATCHEWAN DIVISION) INC.** as at March 31, 2007 and the statements of revenue and expenses and cash flows for the year then ended. The financial statements are the responsibility of the association's management. Our responsibility is to express an opinion on these financial statements based on our audit.

Except as explained in the following paragraph, we conducted our audit in accordance with generally accepted auditing standards in Canada. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In common with many charitable organizations, the association derives revenue from memberships, donations, and fundraising; the completeness of which is not susceptible of satisfactory audit verification. Accordingly, our verification of the revenue was limited to the amounts recorded in the records of the association and we were not able to determine whether any adjustments might be necessary to revenue, excess of revenue, current assets, and net assets.

In our opinion, except for the effect of the adjustments, if any, which we might have determined to be necessary had we been able to satisfy ourselves concerning the completeness of the revenue referred to in the preceding paragraph, these financial statements present fairly, in all material respects, the financial position of the association as at March 31, 2007 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Regina, Saskatchewan  
April 18, 2007

  
Dudley & Company  
Chartered Accountants LLP

**CANADIAN MENTAL HEALTH ASSOCIATION  
(SASKATCHEWAN DIVISION) INC.**

Balance Sheet  
As at March 31, 2007

**ASSETS**

	<u>2007</u>	<u>2006</u>
<b>CURRENT ASSETS</b>		
Cash and term deposits	\$ 582,810	\$ 424,922
Accounts receivable	18,324	13,649
Receivable from Branches	29,953	24,345
Prepaid expenses	<u>9,122</u>	<u>5,810</u>
Total Current Assets	640,209	468,726
<b>PROPERTY AND EQUIPMENT</b> - note 4	<u>253,024</u>	<u>254,047</u>
Total Assets	<u>\$ 893,233</u>	<u>\$ 722,773</u>

**LIABILITIES AND NET ASSETS**

<b>CURRENT LIABILITIES</b>		
Accounts payable and accrued liabilities	\$ 94,655	\$ 88,136
Deferred revenue - note 12	312,821	143,231
Payable to Branches	331	526
Current portion of mortgage payable	<u>10,491</u>	<u>9,059</u>
Total Current Liabilities	418,298	240,952
<b>MORTGAGE PAYABLE</b> - note 5	<u>123,192</u>	<u>133,793</u>
Total Liabilities	<u>541,490</u>	<u>374,745</u>
<b>NET ASSETS</b>		
Invested in property and equipment	253,024	254,048
Appropriated - note 6	34,959	36,000
Unappropriated - page 3	<u>63,760</u>	<u>57,980</u>
Total Net Assets	<u>351,743</u>	<u>348,028</u>
Total Liabilities and Net Assets	<u>\$ 893,233</u>	<u>\$ 722,773</u>

**SICK LEAVE BENEFITS** - note 9

**COMMITMENTS** - note 10

Approved on behalf of the Board of Directors:

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The accompanying notes form an integral part of these financial statements.

**CANADIAN MENTAL HEALTH ASSOCIATION  
(SASKATCHEWAN DIVISION) INC.**  
Statement of Operations and Net Assets  
For the year ended March 31, 2007

<b>REVENUE</b>	<u>2007</u>	<u>2006</u>
Government grants:		
Saskatchewan Lotteries	\$ 49,314	\$ 49,314
Saskatchewan Health, gambling program	303,089	328,964
Saskatchewan Health, core funding	202,710	193,038
Saskatchewan Learning	104,975	55,025
Health Canada	335	16,415
Other grants - note 7	62,280	35,000
Fundraising projects, net of \$146,496 (2006 - \$132,289) expenses	257,799	242,903
Rental	34,741	34,776
Community fund appeals	26,135	29,139
Other revenue and recoveries	23,033	18,652
Branch administration recoveries	13,988	13,911
Donations	9,633	14,363
Interest	16,787	6,439
Total Revenue	<u>1,104,819</u>	<u>1,037,939</u>
 <b>EXPENSES</b>		
Salaries and benefits - note 13		
Executive and general	253,200	215,841
Gambling program	185,298	190,841
Resource development	131,136	130,029
Public education	59,207	19,707
General and administrative - note 8	148,857	146,942
Public education	68,416	61,045
Occupancy	70,583	75,928
Gambling program	47,276	39,481
Contributions to branches	62,546	31,533
Research	42,489	32,163
Amortization	21,708	20,187
MH OASIS - Project	76	16,362
Interest on long term debt	10,310	10,281
Total Expenses	<u>1,101,102</u>	<u>990,340</u>
 <b>EXCESS OF REVENUE</b>	 3,717	 47,599
 <b>NET ASSETS, BEGINNING OF YEAR</b>	 <u>57,980</u>	 <u>45,331</u>
	<u>61,697</u>	<u>92,930</u>
 <b>(INCREASE) DECREASE IN APPROPRIATION</b>		
Investment in property and equipment	1,022	1,047
Building Fund	1,041	( 11,999)
Program Fund	0	( 11,999)
Mental Health Development Fund	0	( 11,999)
	<u>2,063</u>	<u>( 34,950)</u>
 <b>NET ASSETS, END OF YEAR</b>	 <u>\$ 63,760</u>	 <u>\$ 57,980</u>

The accompanying notes form an integral part of these financial statements.

**CANADIAN MENTAL HEALTH ASSOCIATION  
(SASKATCHEWAN DIVISION) INC.**  
Statement of Cash Flows  
For the year ended March 31, 2007

	<u>2007</u>	<u>2006</u>
<b>CASH FLOWS FROM (FOR) OPERATING ACTIVITIES</b>		
Cash receipts from grants	\$ 892,293	\$ 364,084
Cash receipts from self-generated revenues	366,827	593,261
Cash paid to suppliers	( 453,522)	( 511,131)
Cash paid to employees and equivalents	( 620,195)	( 560,032)
Interest received	12,649	6,439
Interest paid	( 9,533)	( 10,281)
Cash Flows From (For) Operating Activities	<u>188,519</u>	<u>( 117,660)</u>
<b>CASH FLOWS FROM (FOR) INVESTING ACTIVITIES</b>		
Additions to property and equipment	( 20,685)	( 19,141)
<b>CASH FLOWS FROM (FOR) FINANCING ACTIVITIES</b>		
Decrease in long term debt	( 9,946)	( 9,148)
Net change in cash position	157,888	( 145,949)
<b>CASH POSITION - beginning of year</b>	<u>424,922</u>	<u>570,871</u>
- end of year	<u>\$ 582,810</u>	<u>\$ 424,922</u>

The accompanying notes form an integral part of these financial statements.

**CANADIAN MENTAL HEALTH ASSOCIATION  
(SASKATCHEWAN DIVISION) INC.**

Notes to the Financial Statements  
March 31, 2007

**1. GENERAL**

The Association is incorporated under the Non-Profit Corporations Act of Saskatchewan. It is a volunteer based organization that, together with its 15 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.

As a non-profit organization, the association is exempt from income taxes under Paragraph 149(1)(L) of the Income Tax Act.

**2. BASIS OF PRESENTATION**

The Saskatchewan Division is comprised of the division office in Regina and 15 branches and rural committees. These financial statements account for the operations of the division office including the Problem Gambling Community Development 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.

**3. SIGNIFICANT ACCOUNTING POLICIES**

(a) Property and Equipment

Property and equipment are recorded at cost. Amortization is calculated at an annual rate of 5% on buildings using the diminishing balance method and on equipment at 20% using the straight line method.

(b) Fund Accounting

The Association follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Investment income is recognized as revenue when earned.

(c) Financial Instruments

It is management's opinion that the association is not exposed to significant interest, currency or credit risks arising from its financial instruments and that the fair value of the financial assets and liabilities approximates their carrying value due to their short term nature.

(d) Use of Estimates

The amounts recorded for the allowance for doubtful accounts and estimated useful life of capital assets are based on management's best estimate. These estimates are reviewed periodically and as adjustments become necessary they are reported in earnings in the period in which they become known. By their nature, estimates are subject to measurement uncertainty and the effect on the financial statements of any changes in estimates could be significant.

**CANADIAN MENTAL HEALTH ASSOCIATION  
(SASKATCHEWAN DIVISION) INC.**

Notes to the Financial Statements  
March 31, 2007

4. PROPERTY AND EQUIPMENT	<u>2007</u>		<u>2006</u>	
	<u>Cost</u>	Accum. <u>Amort.</u>	<u>Cost</u>	Accum. <u>Amort.</u>
Land	\$ 13,635	\$ 0	\$ 13,635	\$ 0
Buildings	418,968	220,978	418,968	210,557
Equipment	<u>82,019</u>	<u>40,620</u>	<u>61,334</u>	<u>29,333</u>
	<u>\$ 514,622</u>	<u>\$ 261,598</u>	<u>\$ 493,937</u>	<u>\$ 239,890</u>
Net Book Value	<u>\$ 253,024</u>		<u>\$ 254,047</u>	

5. MORTGAGE PAYABLE	<u>2007</u>	<u>2006</u>
	Fixed mortgage, bearing interest at 7%, payable in monthly installments of \$1,623 including interest, secured by property and maturing June 1, 2010.	\$ 133,683
Less principal included in current liabilities	<u>10,491</u>	<u>9,059</u>
	<u>\$ 123,192</u>	<u>\$ 133,793</u>

Principal payments due in each of the next five years based on the above terms are approximately as follows:

2008	\$ 10,491
2009	11,150
2010	12,063
2011	12,935
2012 and beyond	<u>87,044</u>
	<u>\$ 133,683</u>

6. APPROPRIATED NET ASSETS	Building	Program	Mental Health	Total
	<u>Fund</u>	<u>Fund</u>	<u>Fund</u>	<u>Total</u>
Balance, beginning of year	\$ 12,000	\$ 12,000	\$ 12,000	\$ 36,000
Increase (decrease)	( 1,041)	0	0	( 1,041)
Balance, end of year	<u>\$ 10,959</u>	<u>\$ 12,000</u>	<u>\$ 12,000</u>	<u>\$ 34,959</u>

7. OTHER GRANTS	<u>2007</u>	<u>2006</u>
	Other grants are comprised of the following:	
Eli Lilly	\$ 16,000	\$ 28,000
Lorne & Evelyn Johnson Foundation	4,280	2,000
RBC Foundation	5,000	5,000
SIGA	5,000	0
Job Start/Future Skills	<u>32,000</u>	<u>0</u>
	<u>\$ 62,280</u>	<u>\$ 35,000</u>

**CANADIAN MENTAL HEALTH ASSOCIATION  
(SASKATCHEWAN DIVISION) INC.**

Notes to the Financial Statements

March 31, 2007

**8. GENERAL AND ADMINISTRATIVE EXPENSES**

General and administration expenses are comprised of the following:

	<u>2007</u>	<u>2006</u>
Travel and vehicle expenses	\$ 15,003	\$ 24,224
Printing and photocopying	29,072	25,232
Professional fees	17,170	21,336
Committees and meetings	26,328	18,930
Postage and delivery	20,525	17,236
Office supplies	11,969	13,846
Memberships	16,397	16,501
Advertising	3,230	1,648
Computer maintenance	6,934	6,517
Training	1,107	683
Interest and bank charges	1,122	789
	<u>\$ 148,857</u>	<u>\$ 146,942</u>

**9. SICK LEAVE BENEFITS**

The Corporation provides non-vesting sick leave benefits to its employees pursuant to union agreements and administrative policies. At March 31, 2007 management estimates total accumulated sick leave credits in the amount of \$226,837.

**10. COMMITMENTS**

The Division has entered into operating leases for a vehicle and office equipment, the annual rental for which amounts to \$9,500 until 2010.

**11. COMPARATIVE FIGURES**

Certain comparative figures have been restated to conform to the financial statement presentation adopted in the current year. The comparative figures were reported on by another auditor.

**12. DEFERRED REVENUE**

Deferred revenue consists of the following:

	<u>2007</u>	<u>2006</u>
Community Initiatives Fund - Problem Gambling	\$ 234,090	\$ 8,156
Province of Saskatchewan - Job Start/Future Skills Program	13,000	25,000
Province of Saskatchewan - Annual Provincial Conference	1,500	1,500
Eli Lilly	60,000	76,000
LE Johnson Foundation	0	4,280
Sask Learning	0	24,975
Other	4,231	3,320
	<u>\$ 312,821</u>	<u>\$ 143,231</u>

**CANADIAN MENTAL HEALTH ASSOCIATION  
(SASKATCHEWAN DIVISION) INC.**  
Notes to the Financial Statements  
March 31, 2007

**13. 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.

	<u>2007</u>	<u>2006</u>
Total Contributions During the Year	<u>\$ 29,936</u>	<u>\$ 29,149</u>

# TIPS TO ACHIEVING WORK/LIFE BALANCE

Even without formally making changes to your working conditions, there are a number of ways you can improve your work/life balance



## At Work

- \* Schedule brief breaks for yourself throughout the day. Your productivity and effectiveness will increase if you take even a ten-minute break every two hours and overall, you will get more accomplished.

- \* At the end of each day, set your priorities for the following day. Be realistic about what you can achieve in the time you have available.

- \* Only respond to email once or twice a day. Then, shut off your email program to avoid being distracted as messages come in.

- \* Make a distinction between work and the rest of your life. Protect your private time by turning off electronic communications. Don't be available 24/7.

- \* Address concerns about deadlines and deliverables early. As soon as you see that a deadline is unrealistic, communicate your concern to your employer - don't wait until the deadline passes.

- \* Take all of your allotted vacation time. Taking vacation allows you to come back to work refreshed and more productive.

## At Home

- \* Create a buffer between work and home. After work, take a brief walk, do a crossword puzzle, or listen to some music before beginning the evening's routine.

- \* Decide what chores can be shared or let go. Determine which household chores are critical and which can be done by someone else. Let the rest go.

- \* Exercise. Even if it's only for 15 minutes at a time, you'll feel more energized and refreshed.

- \* Create and implement a household budget. Start by setting aside some money from each pay cheque for the future.

- \* Make healthy food choices. Healthy eating will give you and your family more energy.

- \* Pursue a hobby. Either with friends or family or for some quality time on your own.

## In Your Community

- \* Make choices. Social, community and volunteer obligations pull us in many directions. Choose the ones that are most fulfilling and learn to say 'no' to the rest.

- \* Manage expectations. Be clear at the outset about how much time or support you can contribute to community organizations or your children's school events.

## 2006-2007 Board of Directors

Susan Grohn, President  
Sharon Lyons, Past President  
Erskine Sandiford, Treasurer  
Audrey Reithmeier, Member at Large  
Fred Howard, Member at Large  
Marilyn McCrea, Member at Large  
Lindy Thorsen, Member at Large  
Doreen Bell, Member at Large  
Grant Rathwell, Regional Delegate  
Krista Bakke, Regional Delegate  
Christine Kelly, Regional Delegate  
Christopher Cave, Regional Delegate  
Carolyn Nikulak, Regional Delegate

## Division Office Staff

David Nelson, Executive Director  
Joan Kilbride, Director of Resource Development  
Linda Cairns, Director of Friends for Life & Training  
Bill Ursel, Director, Problem Gambling Community Program  
Dave Morgan, Assistant Director, Problem Gambling Community Program  
Shauna Altrogge, Community Development Coordinator (Saskatoon),  
Problem Gambling Community Program  
Elizabeth Deobold, Community Development Coordinator (Prince Albert),  
Problem Gambling Community Program  
Don Powers, Director of Finance  
Phyllis O'Connor, Executive Secretary  
Sharon Wilson, Payroll/Benefits Clerk  
Lynn Hill, Receptionist/Editorial Secretary for Transition Magazine



**Canadian Mental Health Association  
(Saskatchewan Division) Inc.**

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



**A United Way Member Agency**

*CMHA (Saskatchewan Division) Inc. Would also like to thank our major corporate sponsors for 2006-2007:*

*Eli Lilly Canada Inc.  
Royal Bank*

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