

Annual Report 2009-2010



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

TABLE OF CONTENTS

Global Ends Policy/Mission Statement & Values	Page 3
President's Report	Page 4
Executive Director's Report	Page 4
Social Work Practicum Report	Page 5
PUBLIC POLICY DEVELOPMENT	
Consumer Advisory Committee Report	Page 6
Community Partnerships	Page 6
PUBLIC EDUCATION AND AWARENESS	
Friends for Life Program	Page 8
Problem Gambling Community Program	Page 9
INDIVIDUAL AND FAMILY SUPPORT	Page 10
DIRECT SERVICE	
Battlefords Branch	Page 11
Kindersley Branch	Page 12
Moose Jaw Branch	Page 13
Prince Albert Branch	Page 15
Regina Branch	Page 16
Saskatoon Branch	Page 17
Swift Current Branch	Page 19
Weyburn Branch	Page 20
Yorkton Branch	Page 20
ADMINISTRATION	
Resource Development	Page 21
FINANCIAL STATEMENTS	Page 24
2009-2010 Board of Directors	Page 30
Division Office Staff	Page 30

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 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 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 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.

much is being done with so little resources. As a consumer I have seen first-hand the value CMHA Saskatchewan Division has at both the Provincial and Branch level. I have benefitted greatly from the excellent service that CMHA provides.

In 2009-2010 excellent work has been done by CMHA in regard to the SAID program (Saskatchewan Assured Income for Disabilities), a separate program for people on Social Assistance with disabilities. CMHA has also taken a leadership role in the Mental Health Coalition and sent a strong delegation both in numbers and quality of input to the National CMHA strategy meeting in Ottawa in October 2009. I believe that was a valuable process and I believe Saskatchewan made an excellent contribution to the process. Personally, I feel that one of the core values is the health of the organization at all levels - nationally, provincially and locally. This is of major importance if we are to be most effective as an organization.

President's Report



submitted by Darrell Downton

I consider it a wonderful privilege to be President of such an excellent organization. I commend Dave Nelson for the excellent job he is doing as the Executive Director. I would like to thank him, all the staff at Division Office, the Branches and all the volunteers of CMHA Saskatchewan Division Inc. I would also like to thank the Provincial Board for their dedicated service. They are an excellent group to work with.

I think CMHA is doing an excellent job on a shoestring budget. It amazes me to think how

Executive Director's Report



submitted by Dave Nelson

The past year has been both busy and exciting, with several projects moving forward in various venues.

Saskatchewan Division has been a key player on the further development of the Sask. Assured Income for the Disabled (SAID), now a reality on a limited basis. The Executive Director of CMHA is on the Program Implementation Advisory Team for SAID, and is Co-Chair of the Assessment Development Committee. This has proven to be an educational experience for all involved, due to the complex nature of designing an assessment tool for all disabilities to determine the impact of disabilities for individuals.

As well, work continues on the Regina Qu'Appelle Regional Health Authority Mental Health and Addictions Strategy Steering Committee. CMHA Sask. Division is represented on this committee, with research into "best practice" and "evidence-based" models progressing through this year. It is hoped that this work will help trigger a much-needed provincial plan for mental health and addictions.

On a much lighter note, CMHA and other partners are supporting a new group called "Healing Through Humour". This is a consumer-led group, which will do stand-up comedy with the goal of building up self-esteem for members and stigma reduction in the community.

We look forward to a great annual conference entitled "At the Centre of the Circle", in partnership with the Schizophrenia Society of Sask. On June 11, 2010.

In all, this has been a satisfying year and we look forward to continuing on in the coming year to move mental health and related issues forward in our province.

Thanks to our staff, our Board and all the volunteers who make this possible.

Social Work Practicum 2010

submitted by Amanda Werner, Social Work Practicum Student

January 2010 marked the beginning of my Social Work practicum at CMHA (Saskatchewan Division). Working with Dave Nelson and the rest of the Division Team has been a privilege. Formal and informal lessons have introduced me into the mental health field in the community. The following is a summary of the exciting, challenging and informative experiences I have had at CMHA Division Office.

In the beginning I was hesitant in my ability to

complete the tasks the Division Office had for me but coaching from my colleagues elevated my comfort level. Consulting the team and other knowledgeable individuals in the community allowed me to accomplish many tasks at Division. Planning the joint Provincial Conference with the Schizophrenia Society of Saskatchewan was a suitable introduction to client-centered recovery. From this I was able to acquire knowledge that can - and should be - used in direct practice in mental health.

Another experience that has been instrumental to my learning process has been my involvement in the Disability Income Support Coalition (DISC). Though I have read about coalitions in various school texts, it was invaluable to be part of an inclusive coalition that successfully advocated for and helped to design a government program. I hope that my involvement with DISC, and other groups like it, will continue. Equal government and community partnerships can dramatically impact consumers in a positive way. CMHA's involvement in the Assessment Committee has provided me with exposure to well-researched assessments. The multi-disciplinary teams that design aspects of the SAID program have come up with valuable and informed work. Though developing a new program is a long and complex process, pooling resources has been effective from my perspective.

Other meetings - a presentation by the Ombudsman, CMHA National teleconferences and visiting community programs in Regina - have been fundamental to my learning. In addition, I was able to travel to Weyburn to get an inside look at how rural branches operate. I hope to be active in the mental health community and CMHA in the future. Though effective services exist, there are limited resources. Hopefully I can assist in increasing awareness of the need for improvement in mental health, as well as provide education to the general public about the need for services. After all, mental health affects us all.

PUBLIC POLICY DEVELOPMENT

Consumer Advisory Committee Report

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.

◆ Discussions on smoking cessation programs at various Regional Health Authorities.

◆ Updates and discussion regarding the Regina Qu'Appelle Steering Committee and the Mental Health and Addictions plan.

◆ Discussion regarding the CMHA National Consumer Advisory Committee activities.

These meetings provide valuable direct input from consumers from throughout the province, and help guide the direction of CMHA policies on a broad variety of issues.

Thank you to Doreen Bell and Darrell Downton, Co-Chairs, and the membership of the Committee.

The Consumer Advisory Committee met twice in the past year, October 24, 2009 and March 6, 2010.

*Respectfully submitted
David Nelson, Committee Recorder*

Issues discussed include the following:

Community Partnerships

DISC & PIND:

- ◆ Updates and discussion regarding the Provincial Interagency Network on Disability (PIND)
- ◆ Updates and discussion regarding the activities of the Mental Health Coalition.
- ◆ Updates and discussion on the Disability Income Support Coalition (DISC)
- ◆ Updates and discussion on the Saskatchewan Assured Income for Disability (SAID)
- ◆ Updates and discussion regarding the CMHA National Congress, which was held in Ottawa in October 2009.

Largely as a result of work done by the Disability Income Support Coalition (DISC) and the Provincial Interagency Network on Disabilities (PIND), a Disability Income Support Task Team was mandated by the Minister of Social Services and charged with developing a separate income support program for those with severe and persistent disabilities, including cognitive and psychiatric disabilities. Our Executive Director, Dave Nelson, has had the opportunity to be part of that Task Team.

On November 3, 2009 the Government of Saskatchewan announced the launch of the Saskatchewan Assured Income for Disability program (SAID). For the first time, Saskatchewan people with long-term disabilities have their own separate income program. The

new program has fewer reporting requirements and will be less intrusive than social assistance. It is significant that the SAID program was initiated through a truly collaborative approach, which has fostered a positive and effective relationship between the disability community and the Ministry of Social Services.

A Program Implementation Advisory Team, including members of the disability community has been established to provide advice on the implementation and development of this new program. This Team is also working with ministry officials to draft terms of reference for a staff training strategy and for an assessment process to be used in the future development of SAID.

While these changes are appreciated there is still an urgent need to address the issue of adequacy.

To this end a survey was completed in the CMHA (Saskatchewan Division) Inc. telefund office mid-December 2009. Approximately 6,000 calls were made. 1600 people were contacted and 720 surveys were completed. This survey covered a broad urban/rural component throughout the province. 97% of respondents indicated that there should be improvements made to the amount given to people with disabilities. 52% felt that they should get at least \$1600 per month (double what they get now). This survey provides a very strong public endorsement for improvement to the level of support.

It is important that we continue to encourage the government to ensure that there is an adequate level of support to make a meaningful difference in the lives of those needing this support.

Mental Health Coalition:

CMHA (Saskatchewan Division) Inc. Also continues to take a leadership role on the

Mental Health Coalition.

Most recently the Mental Health Coalition had the opportunity to meet with the Provincial Ombudsman. The Ombudsman requested this meeting as he is interested in developing links and is taking a more active interest in mental health due to the large number of concerns they have been receiving dealing with mental health/mental illness issues.

There is a great deal of crossover between the Mental Health Coalition, PIND and DISC, with a number of agencies sitting on all of these 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.

During the year CMHA (Saskatchewan Division) Inc. Has also had the opportunity to provide input into several areas such as:

- ◆ Participation in the Patient First Review
- ◆ Participation in the Regina Qu'Appelle Regional Health Authority Adjunctive Therapies Review.
- ◆ Participation on the Regina Qu'Appelle Regional Health Authority Steering Committee regarding a plan for mental health and addictions in Regina
- ◆ Mental Health Commission of Canada teleconferences on housing
- ◆ Meeting with consultant re work he is doing for the Mental Health Commission of Canada regarding training of police services around mental health issues.
- ◆ Involvement on the Psychiatric Nursing Program Advisory Committee

Friends for Life



*submitted by Donna Bowyer,
Director of Friends for Life and
Education*

Due to restructuring of Sask. Education, there was no longer funding available from that department for Friends for Life. At the end of March 2009 we had to see the program all but collapsed, in fact, if it were not for fundraising, we would not have had a Friends for Life Program. Dianne Boy Fernandez continued to work on developing proposals in hopes of attracting the funding needed to keep our provincial suicide prevention program alive, with little success. Presentations were still being done on a limited basis as needed and as resources allowed.

In January 2010 CMHA Saskatchewan Division was approached by the Cooperators and partial funding for the program for one year was negotiated. Thanks to this support we were able to once again have a stronger provincial presence. We were also able to hire Dave Moore to help with presentations for Friends for Life and to take over some of the duties at CMHA Moose Jaw Branch, freeing up my time for Friends for Life.

In spite of funding challenges, we still had a successful year. We were able to do 33 presentations to 1082 people. We went into schools, businesses and community organizations. We were invited to take part in provincial conferences and participated in radio and newspaper articles. We also set up displays in schools, conferences and in the community.

We did 3 ASISTS, 5 SafeTALKS, 1 Tune-up and several talks on suicide. This means that

there are 175 more people ready and able to help someone having thoughts of suicide.

I participated in two Mental Health Commission of Canada Referent Groups: the Sask. Referent Group on Housing and the Prairie Referent Group on Peer Support. I also took part on the CMHA National working group on workplace wellness. One of the most memorable activities this year was attendance at the Canadian Association on Suicide Prevention National Conference held in Brandon, Manitoba. It was good to hear about the amazing things happening around the country.

The support of the staff at Division Office makes it easy to do good things. We were able to design two new pamphlets; one for Friends for Life and one on Workplace Wellness. We were also able to develop a pocket card to accompany the Reaching Out suicide awareness program that Prairie School Division is offering to many of their grade 12 classes.

As a result of the funding received from the Cooperators, we were able to send out information packages, including the Mental Health Literacy Toolkit on CD, to 500 businesses, school divisions and other community organizations. We anticipate getting a number of educational opportunities out of these in the future.

I am looking forward to the next year with excitement, knowing that we are laying good groundwork for the 2010-2011 year.



*The Canadian Mental Health Association
(Saskatchewan Division) Inc. wishes to thank
the Cooperators for their support of our
Friends for Life Program. We couldn't do it
without the support of community-minded
businesses and groups!*

Problem Gambling Community Program

*submitted by Shauna Altrogge, Director
Problem Gambling Community Program*

The Problem Gambling Community Program exists, in part, to educate people on the potential risks associated with gambling. A 2009 Statistics Canada report revealed Saskatchewan people spend the most on gambling, topping the nation at \$825 per year, which is 1 ½ times the national average.

As we look to the future and consider whether gambling opportunities will surge as a result of the potential development of regulated internet gambling in our province, it raises important questions as to what impact this may have. Gambling expansion, accessibility and social acceptance all seem to underscore the need to provide residents with relevant information about gambling and problem gambling issues to help people make informed choices about gambling.

Presentations:

Our dedicated team of Problem Gambling Coordinators, David Jones, Rachel Clare and Elizabeth Deobald, successfully delivered 202 community-based presentations, directly reaching 5,181 people! Our sessions are interactive and engaging, often using props and games to artfully illustrate a point or to invite dialogue. We offer participants an opportunity to learn more about how games of chance really work, such as internet gambling and slot machines. Staff provides data on the prevalence of problem gambling, offer responsible gambling tips, discuss the warning signs of a gambling problem, and how to access services.

A considerable number of presentations were

delivered to youth in the classroom, however, this year saw the Program expand services beyond our regular audience. A number of groups that heard our message for the first time include Big Brothers, Big Sisters, Awasis Aboriginal educators, recreational therapists, correctional institutions, University of Regina Student Development Centre, and a number of presentations to SIAST students.

Display Opportunities:



Apart from delivering presentations, the Problem Gambling “Myth Busting” display was visible at over 31 key events across the province, with the potential to reach over 10,000 people. Teacher conferences, health fairs, faith community events, seniors tradeshows, Saskatchewan Addictions Awareness Week, and the Canadian Western Agribition were among some of the larger community events that serve to raise our profile in communities. These opportunities provide a venue to invite dialogue, promote our program, distribute resources, and potentially arrange for a presentation. New “myth busting” resource materials, developed by the Ministry of Health, served to compliment our work and were well received by tradeshow delegates.

Promotion:

INDIVIDUAL AND FAMILY SUPPORT

Advertising continues to be an ever important initiative to ensure residents and interested groups are aware of our unique program. To increase our access to Saskatchewan classrooms, advertising in the Saskatchewan Teachers Federation bulletin, as well as a mass mailout to all schools in the province has been completed. Reaching older adults was sought through radio PSAs and an ad placement in a special insert of the larger newspapers during Saskatchewan Seniors Week. CJTR Radio provided a platform to inform Saskatchewan people about the risks related to internet gambling.

Administrative:

On an administrative note, an on-line database has been created to assist us in tracking and collecting information related to contacts, resource distribution and outreach initiatives. Survey Monkey (an on-line evaluation tool) has shown promise. With only a few clicks of a mouse, the evaluation can be completed in mere minutes and has resulted in a 94% completion rate by teachers.



Staff is mindful of the ever-changing and evolving gaming industry, and our need to be responsive to the impacts and challenges this may bring. We look forward as the team enters the 16th year of delivering services and the development of new projects and initiatives to help meet the needs of Saskatchewan people.

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 Division Office frequently have the opportunity to assist individual consumers and their 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:

- ◆ Assistance to parents with children living with ADHD, experiencing suicide issues, suffering from depression, experiencing first episode psychosis, having violence issues, suffering from bipolar disorder, schizophrenia, and/or experiencing anxiety.
- ◆ Assistance to a family member whose mother has issues with hoarding.
- ◆ Assistance to spouses whose partners are suffering from depression, paranoia.
- ◆ Assistance to a Regina agency whose client is suffering from depression.
- ◆ Assistance to a person whose girlfriend required medical help with injection.
- ◆ Assistance to individuals seeking counseling for depression, post traumatic stress disorder.
- ◆ Assistance to a family member with a parent who required specialized residential services.
- ◆ Assistance to a woman whose friend is suffering from post-partum depression.

- ◆ Assistance to a Social Services Worker who was supporting a family who have a schizophrenic son. weekly programming for our social recreational programming. A total of 3,306 participants (an increase of 34%) took part in our evening and weekend programming and the demand for additional programming is still there.
- ◆ Assistance to a consumer who was having trouble getting services from the Regina Mental Health Clinic. TEP (Transitional Employment Program) --
- ◆ Assistance to a family member whose sibling passed away and who wished to lodge a formal complaint regarding the mental health care she received. Another productive year was experienced by our TEP clients who in 2009-2010 provided service to:

The above is just an overview of the type of requests for individual and family support received at Division Office. Division Office staff also provide both 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, etc. on an almost daily basis.

- ◆ 20 yard maintenance clients
- ◆ 35 flyer delivery contracts
- ◆ 15 snow removal contracts
- ◆ 23 other contracts including moving jobs, phone book delivery and sweeping, to name a few
- ◆ over 860 lunches served at our in-house lunch program
- ◆ over 180 days of cleaning the CMHA Battlefords Branch offices and operating our canteen.

DIRECT SERVICE

Battlefords Branch

submitted by Brenda Kirtzinger, Acting Executive Director

CMHA Battlefords Branch had another busy and prosperous year. Some of the highlights of our accomplishments are:

Social Recreation -

We appreciated the support of two summer students who assisted with many activities throughout the summer, including our annual one week summer tour program.

We were also thankful that the Prairie North Health Region provided one extra evening of

Fundraising -

Strong community support was evident at all of our fundraising efforts this past year, including

- ◆ barbequed hamburger sales
- ◆ Cash Calendar sales
- ◆ Steven Palmer benefit dinner and concert
- ◆ over 100 gifts generously donated by local businesses and community members for our annual client Christmas party and dance.

New Developments -

Other events that set the stage for our year of progress included:

- ◆ During Mental Health Week 2009, the first annual Walk for Awareness from Saskatchewan Hospital North Battleford

to the CMHA Battlefords Branch office was held.

- ◆ We concluded Mental Health Week by holding the first annual Spring Fling Outdoor Dance in conjunction with Portage Vocational Services.
- ◆ New Board members Brian de Montburn and Lori Gollan were welcomed in May 2009, and Kathy Gerbrandt was welcomed to the Board in January 2010.
- ◆ Board training was undertaken in February and March 2010, with a review and update to both Board of Directors policies and operational policies being initiated.
- ◆ A new program of Life Skills Development was established in March 2010 with a service start in the new fiscal year.

We wish to thank all of our supporters and look forward to another fulfilling and challenging year of growth!

Kindersley Branch

submitted by 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. We have been working in the Kindersley area for over 40 years to help address the needs of those with a mental illness, the prevention of mental illness, and the promotion of mental health.

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 or to connect those in need with many other informative sources. The Branch provides responsible referral to other agencies; education and related supports as requested and as they may be necessary. To the families in our communities we provide appropriate information and referrals regarding their family member's mental health needs and support in advocacy and coping skills as necessary.

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 community actions facilitated by CMHA Kindersley Branch is the Christmas Hamper Program. This is the longest running population health promotion program in the Health Region and unique to the area. Under this program, low income families can apply to receive a hamper for Christmas. Each family receives one month worth of groceries, a Christmas turkey and gifts from Santa for the kids. This program is done in collaboration with numerous community groups. This year 140 families throughout the Heartland Health Region were supplied with a hamper through this program.

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:

- ◆ Balance - Work/Life Stress
- ◆ Safe Communities (farm safety, car seat safety, bike safety, smoke-free communities)
- ◆ Let's Get Together
- ◆ How to Drug Proof Your Kids
- ◆ Depression
- ◆ Youth Suicide Prevention
- ◆ Suicide Prevention Guide for Schools

◆ Talk Suicide Program for Schools

The Branch also offers the following programs:

- ◆ In Motion Initiatives
- ◆ CMHA Roles & Responsibilities
- ◆ Population Health Promotion from a Mental Health Point of View
- ◆ Determinants of Health Affecting Mental Well Being
- ◆ “wholam” - 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 & Communications Strategy
- ◆ Schizophrenia Partnerships Awareness Presentations
- ◆ ASIST - Suicide Intervention Training

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.

Once again this year, our Branch participated in a variety of safe community initiatives with our bike safety and farm safety exhibits. 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 safe, mentally and physically healthy 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. About 200 kids went through our display on grain safety (grain suffocation), PTO safety and played our “Wheel of Misfortune”, which was a hit with all the kids from 6 to 15.

The Kindersley Branch Board is made up of several volunteers 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.

Our local Board Members and community volunteers are the heart of Kindersley Branch.

Moose Jaw Branch

submitted by Donna Bowyer, Program Director

It seems that every year presents new challenges, but we meet them, move forward and are excited about the upcoming year.

We have continued to work with the Five Hills Regional Health Authority, Mental Health and Addictions Services, and appreciate the support we receive under the service contract.

As a result of funding received from the Cooperators for our Friends for Life Program and the majority of my hours being dedicated to that program, we were able to hire Dave Moore to work with me in the Moose Jaw Branch. This has been a great opportunity for

the branch and he has brought his strengths to the position.

We did 34 presentations, 5 radio interviews, 7 displays, a number of newspaper articles and 22 Shaw presentations. We also mentored students from Peacock High School and had two rotations of Psychiatric Nursing students. ♦

Our website has been very successful this year with the addition of some new articles and links. We received acknowledgment from the Correctional System in New York that they are using some of the articles for their staff. Social Services staff have also told me that they have started using the information and sharing it with some of their clients.

Committee works takes time, but is very important in the development and strengthening of our community. Moose Jaw Branch participated on about 20 committees and partnerships. Our partnerships resulted in a number of CIF grants including: ♦

♦ Youth Survey - In partnership with a number of community organizations and the Regional Intersectoral Committee (RIC), a survey was done to audit what youth in our community want/needed. This was a part of the Drug Strategy. A combination of interviews and focus groups were held throughout the community.

♦ After School Program - This program was a pilot project with the South Hill Association, Mental Health and Addictions Services and RIC. It is an after school program for children between the ages of 6 and 12 who go to school on South Hill. The program provides healthy activities including homework tutoring, structured social activities and healthy snacks from after

school to 5:00 p.m. If this project is determined to be successful, there may be a possibility of this expanding to another area.

Multicultural Youth Transitions - This is a partnership with Prairie South School Division, the Multicultural Council and RIC to assist immigrant students that have been in high school for more than two years and who need to transition out of high school, either to other educational opportunities or to work opportunities. Some of these students will soon be too old to continue in high school and need to move on. We work with the school, the students and their families.

Asberger Youth - This was a small contract to assist with socialization skills for youth from 16 to 30 years of age to assist them to be more independent.

We have also been working with a number of organizations, but more specifically with Mental Health and Addiction Services, consumers and families within the Early Psychosis group to find an appropriate vocational project. The project that was decided on was a Re-Use-It Store for building material. We have spent several months working on this project and look forward to it coming to fruition in the upcoming year.

The Come Together self-help group continued to meet the first Thursday of each month. We have a fairly consistent group of 8-10 people with others coming when they are able to attend. I have seen the members become stronger in their ability to work together and make decisions by consensus. I have really enjoyed working with this group. We were also able to access funding through Mental Health

and Addictions Services through a small contract to cover their costs for this year. I was proud to sit with them on the Mental Health Commission of Canada Peer Support Referent Group.

I continued to work with Dr. Penny MacCourt on the Seniors Mental Health Lens. Moose Jaw was once again a pilot project. We were able to do a small contract with Dave Moore to work with Dr. MacCourt. Our project was to introduce the lens at a project level and introduce this to the formal and informal systems. Dave did a great job of this and we feel it was very successful. Unfortunately, Dr. MacCourt's attempt to access further funding was unsuccessful, so this project ended at the end of March. There are still things we would like to continue with in our region.

I would like to thank my Board and volunteers that have given of their time and energy to make this a successful year, and look forward to next year.

Prince Albert Branch

submitted by Doug Kinar, Executive Director

The Prince Albert Branch goals are to provide advocacy, education programs and services.

Advocacy:

We are continually advocating on behalf of people coping with mental illness through participation on a variety of committees in the Prince Albert community, including the Housing Advisory Committee and the Race Relations and Social Justice Committee.

Education:

We offer Mental Health First Aid Workshops and ASIST workshops in Prince Albert and area.

Since we started presenting ASIST workshops, we have trained over 300 people. It is our hope to train a minimum of 170 people in the Mental Health First Aid workshops. In addition, we also provide a Life Skills presentation delivered as requested to SIAST, First Nations University and other interested groups.

Programs:

Our programs are running as per expectations. We have 45 mental health clients participating in our vocational programming, which includes: lunch program, As Good As New Store, Independent Living Program and the Homestead Quilting Program.

2009 has seen a minimum of 90 distinct clients that make use of the Drop-In Center at least once per month. Over 9,100 meals were served, many quilts were designed and sewed and have made their way across Saskatchewan, and the As Good As New Store continues to serve the community providing quality used clothing.

Services:

After many years pursuing an apartment block specific to people coping with mental illnesses, our project is near completion and we expect to have the apartments filled August 1, 2010. Support services for the tenants will be provided through our Drop-In Center, in-house programming and a worker dedicated to providing independent living skills.

We have had the pleasure of working with the Katimavik Program for the past three years. Their rotation has moved to a new location, therefore concluding their stay in Prince Albert. We look forward to having them in the community again in the future. Their sister organization, Canada World Youth, is currently operating in Prince Albert. There are 9

Canadians and 9 Nicaraguans volunteering in our community. The first rotation was a success and we look forward to their next rotation in the fall.

Some unfortunate news...we had a substantial roof leak in February/March, which resulted in closure for three weeks and a temporary patch, which allowed us to reopen. We hope to have a new roof in the near future. The impact of the closure was greatest on the many clients attending our programs. The downstream effect was felt by the approved home operators, the community mental health nurses and the mental health wards, as they dealt with the temporary absence of programs for our clients.

Our dedicated staff, although few in number, continue to work together to make a positive impact in our community. On

*Working together
can and does
make a difference!*

behalf of the Prince Albert Branch Board of Directors and myself, I would like to express our continued gratitude and appreciation for their contribution to the success of our organization. We would also like to thank all of our supporters and funders for their contributions. This includes: Prince Albert and Area United Way, Prince Albert and Area Community Foundation, Community Initiatives Fund, Prince Albert Parkland Health Region, Saskatchewan Housing Corporation, the City of Prince Albert Homelessness Partnering Strategy and all the individuals who have made donations specific to our organization.

Working together can and does make a difference!

Regina Branch

submitted by Margaret Fern, Executive Director

My first day as Executive Director of CMHA Regina Branch was January 4, 2010, and it has been a very busy and never boring experience ever since. There were a number of systemic issues that needed to be speedily addressed such as communications lines, outstanding grievances, operational issues and safety/risk management issues. A new Collective Agreement had been negotiated prior to my start date but had not yet been ratified by either side.

Clear lines of communication were established internally and staff now understood the various responsibilities and to whom to address any concerns. As of writing this report, all grievances are off the table and a Labor/Management Committee is in effect. Operational issues were clarified with respect to building maintenance issues and direction to staff. Safety issues became an urgent priority after a very serious incident involving a member (client) and an employee. Panic buttons have been installed in the main members' area of the building and there are portable panic buttons that can be worn by any employee that wishes to use them.

It was clear that it was not safe for staff to be working alone in the building after hours when members are present and so we made some changes to our hours of operation to facilitate booking two staff on after hours as much as is feasible. Budget considerations have to come in to play in such decisions.

The Collective Agreement was recently ratified and is now in place. A staff committee is in place to review our "barring" procedures and to develop a more coherent and transparent

policy and process and, also, to change the name of “barring” to “membership suspension”. This will be reviewed by all of the staff.

Our Prevocational and Vocational programs are running well and the Vocational Program is now more focused on having a continuum of services from prevocational all the way to employment in the general workplace for those members that choose that route.

Our staff and members participated in the first Job Fair for People with Disabilities in Regina and all thoroughly enjoyed the experience. Some of our staff ran a booth at a recent health fair at a Regina high school and were very well received by students.

Our annual Easter Dinner was held on April 1st and was attended by over a hundred members who enjoyed the great turkey and ham feast and the individual ice cream sundaes that were served for dessert.

The Ehrlo Community side of Ranch Ehrlo and the Phoenix Society have acquired funding to develop a 40 bed residence in downtown Regina for persons living with mental illness, those living with a dual diagnosis and clients of Community Living. There will be a laundromat as part of the building design both for the use of the residents and the surrounding community. CMHA Regina Branch was approached and offered the opportunity to become involved in running the laundromat. This is a challenge we gladly accepted and planning has begun both internally and externally to develop a detailed plan of action so that we can be confident of success once the housing is completed and operational. We have decided that we will use the laundromat as a training vehicle for trainees under the supervision of staff. There is much detailed planning to be done and we are recruiting

external help to focus on the Business/Finance Plan that will be necessary.

Over the past twelve years I have worked as a Senior Health Administrator in Health Regions in three provinces. I made a personal decision last year to return to Regina for good. I was very pleased to obtain my current job and to be able to help continue the amazing work of this organization. The members are awe inspiring at times, the staff is very dedicated and committed and the Board is supportive and a pleasure to work with. I am delighted to be part of the CMHA family in Saskatchewan.

Saskatoon Branch

submitted by Carole Duhaime, Executive Director

OUR MISSION:
CMHA Saskatoon Branch exists to assist and support people with mental illness to maximize their potential and to achieve positive mental health in their lives as community members. The enhancement of mental health in the community is achieved through programs and services, public education and advocacy.

If you were unfamiliar with the Canadian Mental Health Association, Saskatoon Branch and you happened upon our mission statement, you may have had one of all of these thoughts:

“Wow, a lot to accomplish”

“How to they do it with only eight paid staff?”

“How much of a difference can they even make?”

The Saskatoon Branch staff of eight strives to deliver quality service to individuals living with mental illness. The following details provide you with a brief picture of our past year of success.

Public Awareness:

The past year has provided us with many opportunities to educate the community about mental illness, aiming to dispel myths relating to mental illness and provide information on how to support someone who may be experiencing problems with his/her mental health. Over the past twelve months, 34 presentations were delivered to the Saskatoon and area community, reaching 1092 individuals. Topics included the following:

- ◆ Mental Health Matters - Let's Talk About It.
- ◆ Stress Management
- ◆ Self-care for the Caregiver
- ◆ Mental Health Matters in the Workplace
- ◆ Schizophrenia Society Partnership presentations

Our goal is to encourage individuals to talk openly about mental health problems. The following comment has energized those efforts:

A thank you card received read:

"Thank you for your presentation on mental health to my Life Transition 30 class. I know the students were really interested in the information and your presentation style using personal stories is very effective. Since your presentation, I have had several students chat with me about personal, family or peer-related mental health issues that they previously would not have discussed."

Vocational Team: (Lifeskills Coach, Three Vocational Counsellors, Job Developer)

Two Life Skills programs were delivered in the past year. A total of 24 people enrolled in the programs and 19 participants completed them. The Life Skills program provides an opportunity for individuals to learn how to develop skills needed to cope with daily living situations, gain personal awareness and develop ways to attain realistic goals.

CMHA's existing vocational services include intake, assessment and support for an average of 120 clients per year who wish to be competitively employed or pursue higher education in order to improve vocational outcomes. This year it worked out to 418 monthly contacts with individuals to help individuals secure employment, return to school, maintain employment and develop vocational goals. Our Job Developer visited 127 new businesses, contacting prospective employers a total of 607 times. Support is not time-limited and is available for as long as the client requires. This approach enhances long-term success, but limits the number of new clients who are able to access service.

Social Recreation Program:

People's health choices and practices are strongly influenced by the conditions of society and the environment where they live, learn, work and play - homes, schools, workplaces and community settings. CMHA aims to provide a positive, safe and welcoming environment to our clients. Engaging in a variety of social recreation activities promotes many health benefits physically, mentally, socially, intellectually and spiritually. Over the past year individuals participated in activities 3220 times! A huge part of our success is due to the overwhelming number of volunteer's hours (891 to be exact); individuals dedicated to providing their time, talent and enthusiasm to assist with providing quality ongoing programming.

Swift Current Branch

Submitted by Ruth Smith, Executive Director, CMHA Swift Current Branch

We will start with the latest things that are happening here at CMHA in Swift Current. At the time of this writing we are planning the Mayor's Luncheon and annual walk-a-thon. This year for our Mayor's luncheon we have the author of "Mind Gone Astray", Wayne Kallio. This is very exciting for us. The luncheon will be held on May 4th with our own Vocational Program looking after the meal. This is more an awareness event than a fundraiser. Community support is strong and a small amount of money is raised for the branch at this event.

The Jimmy Richardson Walk for Wellness will take place on May 29th and will start out in Riverdene Park this year. We hope to surpass the amount we raised last year, which was about \$8,000. Helen is the staff liaison to this committee.

We have coordinated our efforts with Division Office during 2009 in delivering Cash Calendars in Swift Current. We plan to do this again in 2010 and it is our hope that we can learn how to do this more effectively and efficiently in the coming year.

Christmas season has just passed and Sarah was able to get 106 Christmas bags filled by our community for our clients as well as clients from the Rehab Team and Child and Youth Team at Mental Health. This is a very successful program every year. The Christmas bags were handed out at our Christmas party with everyone really enjoying what they received. This is a big job and Sarah starts a couple of months before Christmas getting together people's wish lists, finding people to fill the bags and then checking to make sure

that everything is appropriate and equitable.

This year several agencies in Swift Current got together and planned a Christmas party for the community. It was held at the Salvation Army and I served as the contact at CMHA. I found and coordinated volunteers for this event, which was held on December 25th. With a few minor glitches, everything went well. We have kept a record of this so we know what to do differently next year.

I have been involved with trying to bring some change to the transportation in the city. We have met with City Hall and are now keeping stats in order to add some validity to our cause. There are several agencies on this committee, all of them with clients who need the bus system for appointments, work and for general transportation. Most of our clients find that our transportation system does not work when they need to be somewhere at a predetermined time. Many of us are working together to see what can be done on their behalf.

We have also been working on getting our lot subdivided. There is a house on the lot that has been used in the past, but which is now vacant. We have spent time doing the legal work and cleaning out the house so we can put it up for sale. We should be ready to hang the "for sale" sign by the end of March.

During this winter's H1N1 scare, the Health District made room for the employees of CMHA to be vaccinated with the Health Region staff. We also developed policies on how the Centre would proceed if all the staff became ill at the same time.

I have been finding it harder and harder to find and keep bingo volunteers. As of April 1st we will be working two bingos a month and we hope to find something that will bring in extra revenue to add to our meal program. We have

gone from five bingos a month when I started to 2 bingos a month. The staff has volunteered their time for many of them. I would like to see the day when this form of fundraising is not necessary for Swift Current CMHA.

We have been fortunate enough to be part of the Katimavik Program, and our facility often has a perky Katimavik volunteer as an enhancement to our staff.

The big project that we are working on is finding another vocational job. We hope to be able to partner with another organization and would prefer to run it in the afternoon. We are letting go of our outdoor program entirely after this summer and are looking for something less physically demanding. At this time we are running the meal program at one of the seniors' homes. This is self-supporting. The clients receive a small wage per hour and the seniors receive a high quality meal. This program runs Monday to Friday, year round. The Vocational Program runs the Meal Program and the Janitorial Program here at the Centre.

Weyburn Branch

submitted by Gladys Perepeluk, Program Director

2010 has found Weyburn Branch to be in a relatively strong position, despite the Program Director's sudden sick leave. Consumers, community and Board Members stood strong to help continue to support operations in the Centre. Thanks to our President, Erskine Sandiford as well as Fred Stephens, Val Olmstead and Linda McDonald.

We welcome our new President, Fred Stephens, and thank him and the rest of the Board for many years of promoting and lobbying for our people, and for their knowledge, understanding and quick response when necessary. Their

strong voice and sound advocacy within the community has proven to be extremely successful. Our support within the community is well established and proven through monetary donations, respect shown for our people and utilization of the Centre.

This year, along with all the ongoing programs and services, we have again included the consumer therapeutic group utilizing the "Feeling Wheel". The "Writers' Group" has developed under the direction of Ted Dyck and the Weyburn Branch Program Director. In-house recreation/hobbies have been enhanced, designed and facilitated by our Program Assistant, Carmen Stephens.

Community awareness continues through presentations, media talks and the work our people do within the community.

Together we will continue to build as we move towards the Recovery Model.

Yorkton Branch

submitted by Dr. Donia Alvarado-Okraine, Program Director

Administration and Fund Development:

A proposal for an educational workshop "Well Being in the Workplace" was presented to Louis Dreyfus Canola Plant representatives in November 2009. Presentations are expected to be arranged and taking place some time in 2010.

Once again the Parkland Regional College has kindly provided a room at their facility to be used for meetings or interviews with our clients.

The Yorkton Branch participated in the Donor's Choice Residential Campaign in Melville in

cooperation with volunteers from Yorkton. The activity took place October 1-15, 2009 and targeted more than 70 Melville residences.

Public Awareness and Education:

The Multicultural Dinner took place June 2009 at St. Mary's Hall in Yorkton with approximately 60 in attendance. This event was designed to create awareness of the importance of involvement of Yorkton's citizens in the integration of the immigrant community in all aspects of life. A presentation "Speaking of Suicide" was also delivered at the event.

Several presentations on depression and suicide were delivered mainly in Yorkton and surrounding communities such as Canora, Esterhazy and Melville. These presentations also offered an opportunity to provide educational material.

Run for Mental Health - Terry Popowich, a Yorkton citizen, participated in the Sask. Central Queen City Marathon, Saskatchewan's premiere running & walking event. He ran 26 miles last September to provide awareness of our "Suicide Prevention Campaign". We congratulate Terry, who raised about \$400 for CMHA.

Programming and Advocacy:

The "Let's Talk" Program is working well and has welcomed and assisted more than 40 newcomers to Canada living in Yorkton and area. The program's goal is to facilitate the social integration of the newcomers in the community. It provides orientation in community resources, mental health services and settlement and family support services as well.

Mental Health & Addictions referrals: At least 20 individuals have self-referred to us looking

for support programs. We also get referrals from Victim Services, Parkland College and some other entities such as the Cancer Clinic and SaskAbilities. Following interviews, clients are referred to the appropriate service.

CMHA Yorkton Branch congratulates Leona Hudy on receiving the 2009 CMHA "Community Award" for her leadership in advocating for the mental health and wellbeing of many members of our community, especially the newcomer population.

ADMINISTRATION

Resource Development

submitted by Joan Kilbride, Director of Resource Development

As a non-profit, charitable organization, the Canadian Mental Health Association (Saskatchewan Division) Inc. Depends upon the support of our volunteers, sponsors and donors. Without this consistent support, we could not run successful programs and services at no cost to the people who need our assistance. We would like to thank all of these partners - those organizations, businesses, corporations and individuals who give generously. Through their support, the CMHA remains a major player in the promotion of mental health in Saskatchewan.

Public education goes hand-in-hand with all fundraising initiatives. Basically, people give to organizations they "know" or have heard about with which they have a connection. For this reason, public education and awareness is absolutely necessary for the success of our initiatives.

CMHA has worked hard to develop close ties to the media. Last year, the CMHA received over

\$25,000 in In-Kind support for the Teddy Bear Affair Dinner and Auction held in Saskatoon. The public awareness campaign associated with the annual Cash Calendar project has made a significant difference to the overall success of the calendar sales. This public exposure draws present, lapsed and potential supporters closer to the organization.

2009/10 Resource Development Activities:

2010 Teddy Bear Affair (Saskatoon):



This event is unique to our Association with the two-fold effect of raising money and creating public awareness in the community. This winter picnic and auction revolves around the central concept of “a bit of Summer in the midst of Winter” - a way to chase away those winter blues. The silent auction table features unique teddy bears, celebrity items and items that promote mental health and well being.

The success of the event is credited to the hard work and dedication of our Committee, Dan McDonald, Lori Adams, Pat Drews, Audrey Lipka, Rose Olson and Orest Chayka, as well as our auctioneers Ken McCullough and Richard Sawarsky, the SaskTel Pioneers (teddy bear dressers) and our many sponsors and supporters of the event.

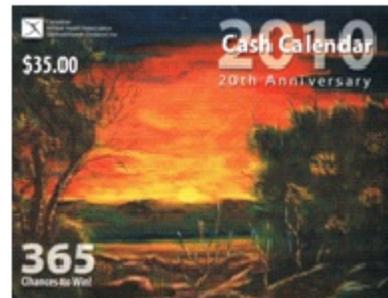
Cash Calendar 2010 - 20th Anniversary Edition:

This year the CMHA celebrated the 20th Anniversary of the Cash Calendar Lottery. Much of its success is attributed to the beautiful artwork and poetry submitted each year by the CMHA members who use the services of the Canadian Mental Health Association.

Gloria Verbeke’s (North Battleford Branch) artwork was prominently displayed on the cover of the first edition of the calendar. Over the years the work of many artists appeared on the cover. Some of the artists featured were Don Bird (Prince Albert Branch), Bruce Blom (Saskatoon Branch), Barry Styer and Gord Stairmand (Weyburn Branch), W.L. Daechert (Regina Branch), Jean McDougall, Gloria Jalbert and Marilyn Bernes (Saskatoon Branch) and Art Colwell (Moose Jaw Branch). (See page 33 for a collection of past calendars)

This year, in celebration of the 20th edition, the February 14th draw was increased to \$20,000. The 2010 calendar offered over \$71,000 in prizes.

The Cash Calendar project continues to support the Friends for Life Program, which provides public awareness and education on



mental health issues and suicide prevention through school and community presentations. Through these presentations, participants learn more about the promotion of mental health and the need for proactive measures when it comes to suicide prevention.

Bingo:

Although attendance at the Centennial Bingo Hall is down, CMHA continues to see a modest income each year.

Direct Mail Campaign:

The stigma attached to mental illness is high in many communities. Lack of information and education about mental health is part of the

reason. CMHA has developed an effective direct mail campaign, which continues to raise funds for the Association, as well as providing public education.

*CMHA Saskatchewan Division
wishes to thank all of our
volunteers and sponsors.
We couldn't do it without you!*

FINANCIAL STATEMENTS

Canadian Mental Health Association
(Saskatchewan Division) Inc.
Financial Statements
March 31, 2010

INDEX

Page	25	Auditor's Report
Page	26	Balance Sheet
Page	27	Statement of Operations and Net Assets
Page	28	Statement of Cash Flows
Pages	29	Notes to the Financial Statements

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, 2010 and the statements of operations and net assets 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 Canadian generally accepted auditing standards. 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, 2010 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.



Dudley & Company
Chartered Accountants LLP

Regina, Saskatchewan
April 15, 2010

DUDLEY & COMPANY LLP

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

Balance Sheet
As at March 31, 2010

ASSETS

CURRENT ASSETS	<u>2010</u>	<u>2009</u>
Cash and term deposits	\$423,002	\$333,656
Accounts receivable	31,778	92,622
Receivable from branches	22,857	15,839
Prepaid expenses	<u>9,158</u>	<u>5,750</u>
Total Current Assets	486,795	447,867
PROPERTY AND EQUIPMENT - note 5	<u>248,275</u>	<u>253,845</u>
Total Assets	<u>\$735,070</u>	<u>\$701,712</u>

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES		
Accounts payable and accrued liabilities	\$ 95,862	\$ 78,267
Deferred revenue - note 11	47,682	25,770
Payable to branches	96	1,756
Current portion of long term liabilities - note 6	<u>12,935</u>	<u>19,119</u>
Total Current Liabilities	156,575	124,912
LONG TERM LIABILITIES - note 6	<u>86,490</u>	<u>111,325</u>
Total Liabilities	<u>243,065</u>	<u>236,237</u>
NET ASSETS		
Invested in property and equipment	248,275	253,845
Appropriated - note 7	86,530	91,629
Unappropriated - page 3	<u>157,200</u>	<u>120,001</u>
Total Net Assets	<u>492,005</u>	<u>465,475</u>
Total Liabilities and Net Assets	<u>\$735,070</u>	<u>\$701,712</u>

SICK LEAVE BENEFITS - note 9

COMMITMENTS - note 10

Approved on behalf of the Board of Directors:

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, 2010

	<u>2010</u>	Restated <u>2009</u>
REVENUE		
Government grants:		
Saskatchewan Lotteries	\$ 60,950	\$ 57,500
Saskatchewan Health, gambling program	338,493	308,322
Saskatchewan Health, core funding	235,160	219,433
Saskatchewan Learning	0	57,400
Other grants - note 8	59,308	70,883
Fundraising projects	462,370	377,723
Rental	34,506	34,618
Community fund appeals	25,411	25,675
Other revenue and recoveries	12,501	38,461
Branch administration recoveries	15,645	14,603
Donations	12,359	9,183
Interest	<u>1,904</u>	<u>6,584</u>
Total Revenue	<u>1,258,607</u>	<u>1,220,385</u>
EXPENSES		
Salaries and benefits - note 12		
Executive and general	286,995	271,249
Gambling program	201,253	162,549
Resource development	151,755	128,404
Public education	15,823	59,899
Research	3,658	0
General and administrative	123,311	131,438
Fundraising projects	195,967	185,610
Public education	27,277	38,784
Occupancy	62,470	48,527
Gambling program	86,375	69,047
Contributions to branches	40,201	57,787
Research	6,249	475
Amortization	22,980	22,859
Interest on long term debt	7,713	9,106
Gifts to qualified donees	<u>50</u>	<u>0</u>
Total Expenses	<u>1,232,077</u>	<u>1,185,734</u>
EXCESS OF REVENUE	26,530	34,651
NET ASSETS, BEGINNING OF YEAR	<u>120,001</u>	<u>90,001</u>
	<u>146,531</u>	<u>124,652</u>
(INCREASE) DECREASE IN APPROPRIATION		
Investment in property and equipment	5,570	7,448
Building Fund	(7,000)	0
Program Fund	0	0
Mental Health Development Fund	0	0
Problem Gambling Fund	<u>12,099</u>	<u>(12,099)</u>
	<u>10,669</u>	<u>(4,651)</u>
NET ASSETS, END OF YEAR	<u>\$ 157,200</u>	<u>\$ 120,001</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, 2010

	<u>2010</u>	<u>2009</u>
CASH FLOWS FROM (FOR) OPERATING ACTIVITIES		
Cash receipts from grants	\$778,885	\$623,242
Cash receipts from self-generated revenues	356,723	368,638
Cash paid to suppliers	(354,940)	(376,328)
Cash paid to employees and equivalents	(637,949)	(618,718)
Interest received	2,769	13,210
Interest paid	(7,713)	(9,493)
Cash Flows From (For) Operating Activities	<u>137,775</u>	<u>551</u>
CASH FLOWS FROM (FOR) INVESTING ACTIVITIES		
Additions to property and equipment	(17,410)	(15,411)
CASH FLOWS FROM (FOR) FINANCING ACTIVITIES		
Increase (decrease) in long term debt	(31,019)	(18,094)
Net change in cash position	89,346	(32,954)
CASH POSITION - beginning of year	<u>333,656</u>	<u>366,610</u>
- end of year	<u>\$423,002</u>	<u>\$333,656</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, 2010

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. CHANGE IN ACCOUNTING POLICY

During the year the amortization method on equipment and vehicles was changed from straight line to declining balance as it more accurately reflects the useful lives of the assets. The change has been accounted for prospectively as it is impracticable to restate the prior year.

4. SIGNIFICANT ACCOUNTING POLICIES

a) Property and Equipment

Property and equipment are recorded at cost. Amortization is calculated at a rate of 5% on buildings and 20% on equipment and vehicles using the declining balance 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, 2010

5. PROPERTY AND EQUIPMENT	<u>2010</u>		<u>2009</u>	
	Cost	Accum. Amort.	Cost	Accum. Amort.
Land	\$ 13,635	\$ 0	\$ 13,635	\$ 0
Buildings	418,968	249,216	418,968	240,282
Equipment	116,300	67,497	97,649	56,232
Vehicle	<u>27,926</u>	<u>11,841</u>	<u>27,926</u>	<u>7,819</u>
	<u>\$576,829</u>	<u>\$328,554</u>	<u>\$558,178</u>	<u>\$304,333</u>
Net Book Value	<u>\$248,275</u>		<u>\$253,845</u>	

6. LONG TERM LIABILITIES	<u>2010</u>	<u>2009</u>
a) Royal Bank - fixed mortgage, bearing interest at 7%, payable in monthly installments of \$1,623 including interest, secured by property and maturing June 1, 2010.	\$ 99,425	\$118,543
b) GMAC - monthly payments of \$652 including interest at 4.9%, secured by 2008 Subaru. This loan was retired early during the year.	<u>0</u>	<u>11,901</u>
	99,425	130,444
Less current portion	<u>12,935</u>	<u>19,119</u>
	<u>\$ 86,490</u>	<u>\$111,325</u>

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

2011	\$ 12,935
2012	13,870
2013	14,873
2014	15,948
2015 and beyond	<u>41,799</u>
	<u>\$ 99,425</u>

7. APPROPRIATED NET ASSETS	Problem Gambling Fund	Building Fund	Program Fund	Mental Health Fund	Total
Balance, beginning of year	\$ 12,099	\$ 23,016	\$ 28,257	\$ 28,257	\$ 91,629
Increase (decrease)	(12,099)	7,000	0	0	(5,099)
Balance, end of year	<u>\$ 0</u>	<u>\$ 30,016</u>	<u>\$ 28,257</u>	<u>\$ 28,257</u>	<u>\$ 86,530</u>

**CANADIAN MENTAL HEALTH ASSOCIATION
(SASKATCHEWAN DIVISION) INC.**
Notes to the Financial Statements
March 31, 2010

8. OTHER GRANTS

Other grants are comprised of the following:

	<u>2010</u>	<u>2009</u>
Eli Lilly	\$ 4,250	\$ 7,818
Sask. Arts Board	7,000	0
Sask. Liquor and Gaming Authority	28,258	63,065
Sask. Parks and Recreation Assoc.	9,000	0
The Co-operators	7,500	0
Sask. Assoc. for Community Living	<u>3,300</u>	<u>0</u>
Total Other Grants	<u>\$ 59,308</u>	<u>\$ 70,883</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, 2010, management estimates that accumulated sick leave credits total \$207,214.

10. COMMITMENTS

The division has entered into operating leases for office equipment, the annual rental for which amounts to \$5,079 to 2014.

11. DEFERRED REVENUE

Deferred revenue consists of the following:

	<u>2010</u>	<u>2009</u>
Province of Saskatchewan - Annual Provincial Conference	\$ 0	\$ 0
Eli Lilly	17,066	21,316
The Co-operators	22,500	0
Other	<u>8,116</u>	<u>4,454</u>
Total Deferred Revenue	<u>\$ 47,682</u>	<u>\$ 25,770</u>

12. 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>2010</u>	<u>2009</u>
Total Contributions During the Year	<u>\$ 34,565</u>	<u>\$ 33,091</u>

13. COMPARATIVE FIGURES

Prior year's comparative figures have been restated on page 3 to conform to the current year's presentation.

14. CAPITAL MANAGEMENT

The entity considers its capital to be the balance maintained in its Unappropriated Net Assets. The primary objective of the entity is to invest its capital in a manner that will allow it to continue as a going concern and comply with its stated objectives. Capital is invested under the directions of the board of directors with the objective of providing a reasonable rate of return, minimizing risk and ensuring adequate liquid investments are on hand for current cash flow requirements. The entity is not subject to any externally imposed requirements of its capital.

**2009-2010
Provincial Board of Directors**

Darrell Downton, President
Susan Grohn, Past President
Grant Rathwell, Vice-President
Sharon Lyons, Treasurer
Krista Bakke, Member at Large
Doreen Bell, Member at Large
Noah Evanchuk, Member at Large
Bryan Leier, Member at Large
Kathleen Thompson, Member at Large
Lindy Thorsen, Member at Large
Mike Petty, Regional Delegate
Bill Pringle, Regional Delegate
Erskine Sandiford, Regional Delegate
Michael Seiferling, Regional Delegate

CMHA (Saskatchewan Division) Inc. Division Office Staff

David Nelson, RPN, RSW
Executive Director

Joan Kilbride, Director of Resource Development

Don Powers, Director of Finance

Donna Bowyer, Director of Friends for Life

Shauna Altrogge, Director, Problem Gambling Community Program

Rachel Clare, Community Development Coordinator, Problem Gambling Community Program
(Saskatoon)

David Jones, Community Development Coordinator, Problem Gambling Community Program
(Regina)

Elizabeth Deobald, Community Development Coordinator, Problem Gambling Community
Program (Prince Albert)

Phyllis O'Connor, Executive Secretary

Sharon Wilson, Payroll/Benefits Clerk

Lynn Hill, Receptionist/Editorial Secretary for Transition Magazine

A Celebration of Cash Calendars Past & Present



NOTES:

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
Sask. Lotteries for support.



A United Way Member Agency

Canadian Mental Health Association (Saskatchewan Division) Inc.

2702-12th Avenue
Regina, SK S4T 1J2

Phone (306) 525-5601 or 1-800-461-5483

Fax (306) 569-3788

contactus@cmhask.com

website: www.cmhask.com