



Mental Health for All



Canadian Mental
Health Association
Calgary





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Our mandate:

Create awareness, provide promotion and education, and support and advocate for individuals and families living with mental illness and addictions.

What we do:

Provide caring, community-based support to people with mental health issues.

How we help:

CMHA – Calgary delivers programming to over 23,000 individuals every year, from 24/7 support within a supportive living setting to education programming in 90% of Calgary junior and senior high schools and many programs in between.

We invite you to read through our report to gain an understanding of our impact.

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A Message from the President and Executive Director



Canadian Mental Health Association – Calgary Region has been providing community based support for Calgarians with mental health issues since 1955. While our programs and services have adapted to the society we serve, what has not changed is our dedication to ensuring the people we serve have access to the highest-quality community based support for mental health.

As Calgary grows and changes, we have seen an increased need for mental health services, resulting in an increased demand for our community based programs. We also see a need to explore increased collaboration with other community partners to provide more services and supports in partnership.

Mental health affects us all

According to Health Canada, at least one in five of us will experience a mental disorder in our lifetime, and many struggle with mental health every day. Increasingly we are looking for new solutions to manage mental health and CMHA - Calgary is part of the solution.

Client is at the centre

Our 12 core programs with many sub-programs have continued to be the focus of our agency. From providing street outreach and stabilization, to supportive living, to counselling for

families dealing with mental health issues, our programs serve a broad client base, and provide an integral part of the client's support network, whatever their mental health needs are.

With the addition of Roberts House, more Calgarians leaving hospital will have an easier transition into the community. With the launch of our Workplace Mental Health program, employers and employees will receive more support dealing with mental health issues in the workplace.

Our Continuing Connections program has expanded and is now available at four long-term care facilities in the city.

We know we make an impact – we see it every day with the clients we work with, the staff who have immense passion for their work, and tireless volunteers who offer their time to our agency. This year we were able to launch a new database to ensure we are keeping track and monitoring our impact constantly. We also launched our inaugural public opinion survey to understand Calgarians' attitudes

toward their mental health, and we made the decision to pursue accreditation for our programs.

Collaboration is key

Canadian Mental Health Association has been a leader in delivering community based mental health services for 58 years. We continue to focus on community partnerships and collaborations to deliver the most relevant, most effective services to our clients. In 2012-2013 we partnered with nearly 70 agencies to provide wrap-around care to our clients.

Thank you to our staff, volunteers, board of directors, investors, community partners and clients for a year of making a difference and helping to provide excellence in service for mental health.

*Barbara Tate, President &
Laureen MacNeil, Executive Director*

A picture of the CMHA client

Gender



Female:	50.6%
Male:	49.2%
Transgender:	0.2%

Age



3.2% are 16-20
26% are 21-35
31% are 36-50
36.5% are 51-65
2.6% are 66 and over

Where our clients reside

Homeless	7.1%
NE	13%
NW	21.1%
SE	24.8%
SW	29.2%
Other	2.5%

Types of primary mental illness diagnoses in clients



26.2%	diagnosed with mood disorder such as depression or bipolar disorder
20.5%	diagnosed with a psychotic disorder such as schizophrenia
17.3%	diagnosed with an anxiety disorder
4.8%	diagnosed with a personality disorder
31.2%	diagnosed with another disorder

23%

suffer from a significant physical concern as well as their mental health concern

Cultural Background (Top 3)

Canadian	70.5% (832)
Aboriginal	4% (48)
Chinese	2% (25)
Other	3% (33)

What happens when a client is discharged from a CMHA housing program?

Top services provided after CMHA client is discharged from a housing program:

AHS Mental Health and Addictions Outpatient Service	26.3%
Appropriate community agency	12.3%
AHS professional support	12.3%
Suitable CMHA program	7%
Other	57.9%



After housing discharge, what are our clients' living situations?

26.1%	Private house/apartment market rent
17.4%	Family home
13%	Shelter
10.9%	Approved home
8.7%	Subsidized housing

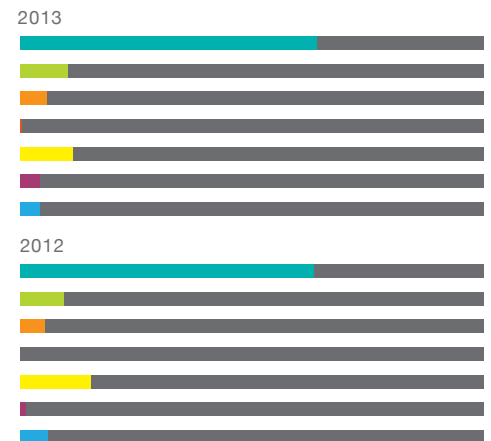
Please note: The above data is sampled from Q4, January-March 2013 as we recently implemented a new database system and cannot yet retrieve full-year comparative results. Active, signed up clients in programs totaled 1,170 during this time. In this timeframe, 46 patients were discharged from housing.

Source of data: CMHA - Calgary Region ETO database

Financials

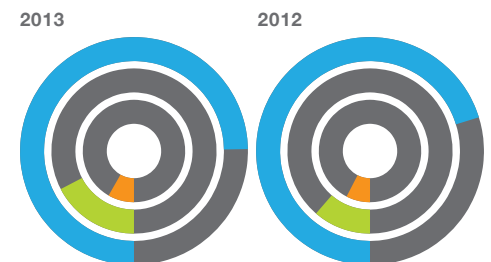
Revenue

	2013	%	2012	%
Alberta Health Services	\$3,630,580	63.16%	\$3,265,292	63.94%
United Way	533,720	9.28%	519,302	10.17%
City Of Calgary	304,487	5.30%	296,611	5.81%
Government Support		0.00%	19,211	0.38%
Fund Development	873,963	15.20%	574,904	11.26%
Public Support	68,182	1.19%	211,643	4.14%
Other Revenue	337,272	5.87%	220,124	4.31%
	\$5,748,204	100.00%	\$5,107,087	100.00%



Expenses

	2013	2012
Salaries and benefits	\$4,244,715	\$3,988,595
Building occupancy	468,640	429,965
Operating Expenses	966,678	644,650
	\$5,680,033	\$5,063,210



	2013	2012
Excess (deficiency) of revenue over expenses before amortization	\$68,171	\$43,877
Amortization	4,859	47,653
Excess (deficiency) of revenue over expenses	\$63,312	(\$3,776)

Street Outreach to Stabilization



Trent Harper, known best by his peers as Irish, has been homeless for over four years. Eight months ago, Street Outreach and Stabilization (SOS) Coordinator Michele Harshenin met him in front of the Uptown Bottle Depot – a primary outreach area for connecting with people who live on the street and may not access programs or services.

Irish, 47, was one of those individuals. He had been bottle picking for the last year-and-a-half, and chose to rough sleep (sleep outside) almost year-round.

Irish grew up as the eldest of three siblings, had a love for music and played bass guitar and drums in a band. As a young child, he recalls his concave chest bringing on much ridicule and teasing from other kids.

Although a tad rough on the outside and a bit of a fighter when he needs to be, those who know him know his heart is soft. And it shows as he reflects

on his relationship with his late grandmother.

“I miss her,” he says, as tears well in his eyes.

Before becoming homeless, Irish was a commercial painter. He admits openly that an alcohol addiction and former drug-related habits, along with a diagnosis of Chronic Obstructive Pulmonary Disease (COPD) left him unable to hold a job, and eventually, he lost everything.

It wasn't until he met Michele, that he decided to open himself up to support.

“She asked me if it'd be OK to have a

conversation, and I said, ‘OK, I can do that,’” Irish explains. “The first time she talked to me, she was really good with me, and it helped me get some release – stress release and emotional release, so I was grateful for that...It just progressed from there.”

Irish began meeting Michele on a regular basis, and they built what they can both attest to as a mutually beneficial friendship.

Larry Fedun, Manager of the SOS program, says it's building a truly trusting relationship with individuals that is the most important step in working

with people who are homeless and may be dealing with mental health issues and addictions.

“I believe a big part of what we do in the engagement piece is building a rapport and trust,” Larry says. “Individuals who have been living in shelters or living on the streets for a period of time can become very jaded. They may ask, ‘Why should I trust you? Why do you want to help me? I don’t get it; I don’t understand it.’ And so, building that rapport is essential and that takes a long time; it doesn’t happen overnight.”

The SOS program practices a harm reduction approach to support, which means the focus is on the whole person and where they are at right now.

It’s about what the individual wants to work on, whether that is their mental health, a job search, housing, income or their addictions.

SOS coordinators focus on an individual’s strengths, their voice and values. However, stabilization is the key. As Larry says, the person must see value in their own goals and navigate toward obtaining them. If the individual does not believe in their own goals, this process will not work. They must also be ready.

Since connecting with CMHA, Irish has obtained housing through a partner organization. After spending a number of years living on the street, the transition hasn’t been easy and can be quite overwhelming at times, but to him, it’s worth it.

“I needed to do it; I needed my own security,” Irish says. “I guess that’s basically all I wanted was to get back to being half normal. I mean, I’m good on the street because people know me and respect me and all that kind of jazz, but it just got tiresome. I just wanted my own shelter, so to speak.”

Despite the challenges that can often come with obtaining housing, Irish dreams of eventually going back to school to study in the human services field.

He hopes to one day give back to the community he came from.

Street Outreach and Stabilization

Up to 70% of homeless individuals have a mental health concern which often leads to a deteriorated quality of life.

The Street Outreach and Stabilization (SOS) program has been working to link hard to reach homeless individuals who are experiencing mental health concerns to essential services within the community.

The SOS Team supports individuals and provides resources needed to help turn their lives around. The SOS team offers specialized, cultural inclusive support to Aboriginal people who have mental health concerns and experience homelessness.

Linkage to psychiatric and medical treatments, income support, housing referrals and daily living skills enables homeless individuals to get back on their feet so they can live in safety and comfort.

This year a needle exchange program was added to the Harm Reduction initiative, of which SOS team staff are a part of.

The SOS team works constantly to improve outreach with clients, and this year have begun to add basic necessities such as boots, coats, etc. as additional means to connect with clients.

In 2012-2013:


3,370 individuals on the streets and in shelters benefited from SOS coordinators’ outreach services

1,759 referrals were provided to community agencies and services

318 signed up clients received services

110 more than last year

52% of outreach services time was dedicated to the aboriginal population



Roberts House Opens to Serve Clients Transitioning from Hospital

The opening of Roberts House on September 4, 2012, was an exciting addition to the Supportive Living program's transitional housing.

Much like its sister housing, Hamilton House, the nine-bedroom house provides live-in support services to those who have experienced difficulty living independently because of a mental disorder, more specifically, schizophrenia and other mood disorders.

Noelle West, Program Manager for the house, says it is a welcomed alternative to the hospital for many, where clients are referred from through Alberta Health Services.

"We also know, and studies show, people thrive more in the community than in hospital," Noelle explains. "If

someone's staying in hospital and they don't really need the medical care, they're not getting a chance to learn independent living skills."

So far, 15 clients have been accepted into the Roberts House program since its opening. Although many came from living with family members, some individuals were homeless prior to their hospitalization and would have had nowhere else to go after their hospital release.

"We could use five more transitional houses like these, for sure," Noelle explains. "I mean, with the amount of

referrals we get – almost every week – with only nine beds... not many people can access the program. There's a need for it, absolutely."

Clients who stay at the house have their own room but share a common area, kitchen and several bathrooms throughout the house.

Daily routine, a sleep schedule, chores, cooking and weekly activities both in and outside of the home are some of the ways Roberts House clients are supported in building their independence. Staff is on site 24-7.

Noelle says she and her staff has

Post Discharge Transition Program (Roberts House and Hamilton House)

The Post Discharge Transition Program provides individuals who have a severe and persistent mental illness and who are transitioning from the hospital to the community with an alternative level of supported housing. Often they have not been able to meet the criteria for living in other supported housing.

While the transition goal is six months, accommodations can be made for up to one year, particularly in Roberts House. Individuals are able to have a period of stabilization of their symptoms and illness in a community integrated setting, which prevents their re-hospitalization.

The program allows clients to demonstrate a period of successful community living, while at the same time establishing linkages to community supports and resources and developing their skills. Through the partnership with Alberta Health Services (access to nurse and psychiatrist) and referrals to other supports, clients are provided seamless access to services from hospital through to stable community living.

Roberts House opened up for service in September 2012.

In 2012-2013:

ROBERTS HOUSE	HAMILTON HOUSE
15 individuals were admitted	25 individuals were admitted
54 community referrals were made	99 community referrals were made
3 groups organized	4 groups
45 group sessions	129 sessions were held

71% of clients transitioned to a suitable housing situation, including their own apartment, an approved home, CMHA Supportive Living, etc.

also seen clients build supportive friendships. Although success is often seen in baby steps, she has seen great improvement in clients. One of the greatest successes was seeing two clients move into more independent housing.

“If they can improve independent living skills – cooking, cleaning, hygiene, learn transit routes, maybe looking for employment, getting financial assistance – then they can live on their own,” Noelle says.

“That’s the ultimate goal: that people can live independently after this.”

Settling Down: One Man's Story of Challenges, Support and Acceptance

Michael Hobin started to see specialists when he was a small child. In fact, he remembers sitting in an office, playing with blocks, waiting to see a doctor. At the time, he didn't know anything was wrong. In fact, at that time, 35 years ago, Schizophrenia, which he would eventually be diagnosed with, wasn't even well known to psychiatry, let alone accepted in society.

When Michael's parents divorced around the time he was eight years old and Michael was put into the foster care system, he doesn't remember getting very much help with mental health. Until he was 16, he lived between foster care and group homes, citing only that the time was "difficult."

When he turned 16 he was still living in his home province of Nova Scotia, and he was able to access an apartment as well as go to post-secondary school after high school.

But it was difficult to make the situation work, and by the time Michael was 19, he was cut off from funding and was "100 per cent" on his own.

"I decided at that time that I would just enjoy life," he says, "and live in shelters like the Salvation Army and whatnot, across the country. I thought this was a normal,

accepted way to live, and besides, I didn't know much more than looking out for me."

Michael tried to go back to school again, but it was incredibly hard being homeless and attending college.

His lifestyle as a somewhat nomadic homeless man led him south to Ottawa, where he was living at a shelter in the capital. After being there approximately one year, he was approached by a social worker.

"I told her that I had what I wanted in life for now and that I thought it was perfectly normal and acceptable. She asked me to see a psychiatrist, and I was told that my view on life was not the view of our general society and that I was suffering from schizophrenia. I was 21 years old," Michael recalls.

After his diagnosis and beginning to receive treatment, Michael began to work

steadily and live in supportive housing, and then on his own, back in Halifax.

"Then one day, I got a call," he recalls.

Michael was found by his biological cousin who was searching for him on behalf of Michael's father. After a short period of time, Michael's father called and asked him to move to Calgary to live with him. He was 28 years old at the time.

Michael lived with his father for 10 years, but he felt something was missing – his independence.

After consulting with his therapist, he was referred to CMHA - Calgary and Horizon Housing Society, which work together to provide housing and supportive living services for people with a mental health condition living in Calgary. He was quickly approved for the program and was supplied his own apartment and access to a Supportive Living coordinator.

Supportive Living

Supportive Living coordinators operate out of a continuum of group living and apartment buildings in 11 locations around the city of Calgary.

The emphasis of each Supportive Living Program is to offer support while focusing on the strengths of the individual client. Clients are encouraged to use personal, family and community-based resources to maintain their optimal level of mental health, and to maintain their community living status.

Above all, CMHA's Supportive Living Program is client-centered, empowering, flexible and normalizing. Programming is designed to maintain the individual's sense of identity, dignity and self esteem as they are encouraged to move towards optimal independence.

Coordinators work with clients to increase their level of independence through individualized support and goal setting. Areas of assistance may include development of daily living skills, accessing community resources, emotional support and more.

In the Group Living setting, clients receive coaching for development of independent living skills, social skills and coping skills. Clients are encouraged to engage in community programs as their skills and abilities allow. Group Living allows for intensive assessment of client needs and functioning on a regular basis.

In the Apartment setting, clients receive support for development of activities of daily living, such as nutrition and meal preparation, household maintenance, laundry and budgeting.

Additional supports include connection to community resources and assistance with the development of coping and problem solving skills.

In 2012-2013:

161 clients were enrolled

160 community referrals were made

CMHA CLIENT:

“Life to me is a matter of using what I have gained from every area to transit to the next step. That next step would not have been possible if I had not been in CMHA.”

71% of clients increased or maintained their scores on the Goal Attainment Scale

80% of clients surveyed reported since joining the program their independent living skills have increased

92% report their quality of life has improved

“While I was excited to be living independently, I remember when I moved in, and I was a wreck,” Michael says. “I felt I had abandoned my best friend – my father – and had trouble figuring out what was next or even who I was.”

Michael has now lived in one of our Supportive Living apartments for two years, and he has an assigned coordinator from CMHA, whom he meets with regularly, a community, and most importantly, his independence. He says he was able to overcome the feelings of leaving his father and still has a relationship with him.

“Now I am no longer that ‘sick kid’ at home. I visit (Dad) most weekends and help out with the house...having been in the (CMHA) program for two years, my independence and my family life has really changed.”

Independent Living Support

Staff in the Independent Living Support (ILS) program deliver supportive, skill building services to people who have been diagnosed with a mental disorder that affects their ability to live independently.

With the support and guidance of coordinators, clients establish individualized goals related to skill development (personal care, cooking, shopping, budgeting, etc.) and work toward attaining these goals.

Through workshops such as Skills for Life, Pro-Active You and Money Matters, ILS coordinators assist clients in developing skills to enhance daily living, social and occupational needs and provide guidance as they set and meet goals, which help them move toward a more independent life.

An ILS sports group for young adults launched last spring promotes social interaction and was met with great success.

CMHA CLIENT:

“The ILS program has completely changed my life. I learned how to manage my anxiety, depression better. My ILS workers were always very helpful and helped me to achieve my goals throughout my time there. I learned about many programs and services that I wouldn't have learned about and use them to greatly improve my life.”

In 2012-2013:

84 workshops and group sessions were held

422 clients received care (an increase of 40 from last year)

100%

of clients surveyed reported they had made progress in some areas of their life because of the program

92%

reported their ability to function independently had increased

72%

of clients increased or maintained their scores on the Goal Attainment Scale

Peer Options

The Peer Options Program provides a safe place to share with other adults who have a lived experience with a mental disorder and are now wellness and recovery focused.

Together participants learn the value and skills of building healthy friendships, the ability to develop peer support networks and transition to the community.

Clients start with the 9-week Art of Friendship and transition into the Circle of Friends drop-in group.

Peer Options Program staff conduct transition investment sessions with participants to discuss commitment and personal learning goals. Staff also assist participants to transition to the Circle of Friends, an ongoing peer support group for additional skill

enhancement, or to set goals to transition to other community programs and identify ways to achieve these goals.

Many graduates of the program give back to the mental health community.

As peer support volunteers, they offer inspiration, understanding and mentorship.

In 2012-2013:

246 adults participated in workshops, peer support groups, mentorship and weekly socialization activities

117 new clients signed up

84% of participants surveyed said their involvement in Circle of Friends helped decrease their isolation

82.5% of participants surveyed said the Art of Friendship helped them discover different ways to develop healthy friendships

Leisure and Recreation

The Leisure Recreation program contributes to client wellness and community integration by providing the means for adults with mental disorders to participate and learn interpersonal skills within the structure of social/recreational activities.

Benefits of the Leisure Recreation program include: increased opportunities for socialization and building community networks, physical and mental health enhancement, increased

recreational skills and activity interests, promotion and involvement in leadership opportunities and the opportunity to travel outside of Calgary.

Participating in activities with others boosts self esteem, builds confidence, promotes recovery and above all, provides a safe, empowering venue for clients to have fun.

The Leisure Recreation program provides a graduated activity approach to meet and further promote client

safety, ability and comfort. Levels for various activities include starter, mid-range and experienced, and all activities are facilitated in a group format. Movement between these groups is fluid and is based on goals set by the individuals as well as the evaluation of the Leisure Recreation Coordinators.

In 2012-2013:

170 clients participated in the program

149 activities/group sessions took place

87% of clients surveyed reported improvements in their wellness since they began the program

87% reported they feel more connected to the community

84% reported their social/relationship skills have increased through participation in the program

Continuing Connections

Volunteer Profile:

Whitney Alpaugh

Whitney Alpaugh started volunteering for CMHA – Calgary Region’s Continuing Connections program two-and-a-half years ago after moving to Calgary to study at the University of Calgary. The PhD student is presently studying reproductive and regenerative medicine; however, her interest in the medical field first began in mental health.

“I think I always was interested in mental health,” Whitney says. “In the fourth grade, we had a project to dress up as the person we wanted to be and made presentations, and I chose Sigmund Freud. I have no idea of how I even knew who that was. That’s kind of where it started – I was always interested in it.”

Although she eventually chose to not pursue psychology as her career, Whitney says volunteering in mental health and mental health awareness is still very important to her.

“I go to school full time, so I can’t do something all the time, every day, but I still think it’s important to do what you can,” she says.

After being placed as a volunteer in the Continuing Connections program, Whitney was paired with a woman who is a resident in long term care.

Whitney spends about an hour with the woman each week doing activities such as reading, painting her nails or going walks outside in the summer.

Whitney says her role is very humbling and provides a lot of perspective

about what she can sometimes take for granted.

“It’s very alarming to me that there are people who have nobody coming to visit them – I don’t think that’s right.”

Despite realising the difficult reality of people living in extended care, Whitney describes her role as very rewarding. It’s clear visits have made a difference for the woman, who would otherwise have no visitors.

“I remember I had gone away for Christmas, and I walked in after three or four weeks after being away. She said,





Continuing Connections

The Continuing Connections Program assists individuals between 18 and 65 years of age who are residing in a long-term care centre and who have complex care needs since they are dealing with both long-term physical health issues and mental health issues.

The objectives of the program are to increase the clients' confidence and to facilitate healthy living while restoring hope. These individuals may be experiencing hopelessness, isolation or boredom. Individuals participate in therapeutic recreation activities and outings offered by the program, are linked and accompanied to programs in the community and receive regular social visits from volunteers.

A partnership program with Alberta Health Services, Continuing Connections is available at Bethany Care Centre, Carewest Dr. Vernon Fanning Centre, Glamorgan Care Centre, and new this year, at Garrison Centre.

CMHA CLIENT:

“The group experience, sharing with others, and supporting each other were valuable. I learned about boundaries, communication, to help yourself and your loved one.”

‘Oh, you’re the light of my life. I’m so glad you’re back,’” Whitney says.

The woman has since graduated from the Continuing Connections program after turning 66 (the program works with adults age 18-65), but Whitney continues to visit her. Whitney has also been paired with a new client in Continuing Connections.

“I definitely think it’s been a very positive experience at least for myself, and I definitely hope so for the people I’m visiting as well.”

In 2012-2013:

59 individuals benefited from the program, an increase of 13 from last year

95%

of clients reported improvements in their wellness due to the program

86%

of clients reported the program helped decrease their isolation

Mental Health Education

Each year, our knowledgeable staff and volunteers present to over 20,000 individuals in Calgary junior high and high school classrooms, post-secondary institutions, community organizations, corporations and groups.

Education provided is current, evidence-based information regarding suicide awareness, stress and mental illness and stigma.

The Mental Illness and Stigma presentation focuses on the importance of early intervention, the difficulties associated with public misconceptions about mental illness while promoting awareness of mental illness and encouraging help-seeking by reducing stigma and providing

information of appropriate resources.

The Stress Management presentation promotes self-awareness, early recognition of stress and teaches healthy coping strategies to manage stress.

The Suicide Awareness presentation helps individuals gain an understanding of the complex issues surrounding suicide by increasing their knowledge of warning signs of suicide, age appropriate ways to offer support to someone at risk for suicide and how and where to access help.

In 2012-2013:

23,696

individuals participated in presentations (an increase of 1,619 from last year)

53 junior and senior high schools received presentations

15 community agencies, corporations and post-secondary institutions received presentations

771 presentations were delivered, an increase of 36 from last year

100%

100%

reported they are more aware of resources available

of survey respondents who attended the mental illness and stigma presentation reported they have a better understanding of mental illness

Family Support

The Family Support Program provides counselling, drop-in peer support group, Capable Carers psycho-educational group and telephone/e-mail support and referrals to family members of those with a mental disorder.

This variety in approach and service delivery allows us to reach the largest audience, matching the programming to various comfort levels and needs for those seeking support.

In 2012-2013:

24 sessions of Capable Carers held

397 total participants in drop-in peer support groups

251 calls, emails or drop-in individuals received support, information or referrals

94 clients received one-on-one, couple or family counseling and information

82% of survey respondents reported that the services they received helped them to deal more effectively with their issues/concerns

Suicide Bereavement

The Suicide Bereavement program provides specialized assistance to individuals who have experienced a loss by suicide. Grief from a suicide of someone close is often complicated, so the support offered addresses these unique situations.

The program offers counselling for individuals and families, psycho-educational support groups and individual and group peer support that assist

clients in their grief journey. Educational presentations and debriefings are also available to professionals and community groups.

Survivors of Suicide Day is an annual event hosted by CMHA – Calgary Region and provides support, healing, information and empowerment to the community of survivors of suicide in Calgary and surrounding area and raises awareness of suicide.

In 2012-2013:

62 clients received one-on-one counselling

14 individuals participated in the bereavement support group

26 individuals attended the monthly drop-in peer support groups

97% of drop-in group participants surveyed reported they felt supported by the group

Workplace Mental Health Increasingly Important

It's been less than a year since CMHA – Calgary got serious about relaunching a Workplace Mental Health program, but it's already proving its place in Calgary and even across Alberta.

Last May, Morgan Craig-Broadwith was brought on board from CMHA's Grand River Branch in June 2012 as Workplace Mental Health Manager. The goal was to re-develop and re-launch an initial workplace mental health program that had been rolled in the early 2000s, but became less of a focus in 2009.

"We saw the opportunity and the need in 2012, and realized it was time to revitalize what had already been developed a number of years ago," Morgan says. "We wanted to not only resurrect it, but improve it. And that's exactly what we did."

Under the business direction of Matthew Hanrahan and support of the senior leadership team, Morgan led the

official launch of the Workplace Mental Health program with the first annual Bottom Line Conference – Calgary Perspective in February 2012.

The sold-out conference saw 200 business professionals gather at the Metropolitan Conference Centre in Calgary to learn about the huge significance of workplace mental health and the positive effects of a psychologically safe and healthy environment on their employees and bottom line. The inaugural event ran as a satellite conference to the tenth annual national event held in Vancouver.

"There is more than just a curiosity now; there is an understanding that employers and senior leaders need to

look at this as an important issue and implement quality standards and procedure before the crisis point," Morgan says.

The Workplace Mental Health program includes workplace presentations for all levels of staff, quarterly learning events, e-learning tools and award-winning and internationally recognized Mental Health Works™ product tools.

Morgan is the first CMHA – Calgary employee to become an official Mental Health Works™ trainer. She says our program complements what is already available for workplaces and is strengthened through partnerships with other organizations.



Workplace Mental Health

No one is immune to mental health problems — we are all at risk. Workplaces are heavily impacted by mental health issues.

When mental health issues are not addressed and treated properly, there can be considerable personal and financial costs to individuals and organizations. Fortunately, with prevention and early treatment and support, many of these costs can be significantly reduced or eliminated.

CMHA – Calgary Region understands that talking about mental health issues is tough, especially at work. This year, the Workplace Mental Health program was launched to address that need.

The program offers: Workshops; presentations; an e-learning module for stress management; and the annual Bottom Line Conference available for managers, supervisors, human resource, benefits and union providers as well as employees.

In 2012-2013:

THE
PROGRAM WAS
LAUNCHED

200

Calgarians attended the Bottom Line Conference on February 27, 2012



94%

of Bottom Line Conference attendees reported they have a better understanding of mental health in the workplace

90%

of attendees said they had a better understanding of resources available in Calgary

“It’s really exciting to be help lead a transformation in the way society looks at mental health,” she explains. “We are on the precipice of a monumental shift – a shift that is beginning to see mental illness in a new and positive light and includes understanding and acceptance.”

Advocacy



Social change, politics and advocacy have always been a personal interest for Callum Ross, CMHA – Calgary’s Advocacy Coordinator. After graduating with a degree in sociology and politics, Ross worked with a crisis response centre in the United Kingdom. He moved to Canada in 2011 before joining CMHA in May 2012.

“I really like social action, I have always been drawn to advocacy, and I just know how much better life can be for people,” Callum says. “I’m really passionate about poverty reduction and mental illness can be a big part of poverty.”

Callum says he supports people in the mental health community who have no other connection to the mental health world. Advocacy is the only mental health community program that has no requirements or forms to fill out to access.

“Sometimes people need a voice, and that’s what advocacy does – we help give people a voice,” Callum explains. “We also try to reduce their worry of trying to manoeuvre the mental health system.”

Advocacy

Through one-on-one support via phone, email or face-to-face, Callum helps clients navigate the mental health system by informing them of their legal rights under the Mental Health Act and through proper referral to the right organization or service. Last year, Callum spoke with to 1,748 people requesting Advocacy support.

Advocacy also revived the Self-Advocacy Skills workshop, where Callum speaks to groups of people in the community about their rights and how to self-negotiate.

“People should know what their rights are and most don’t. People should know how they can get treatment and many don’t know that either,” he says. “It’s even more important to know your rights if you’ve got a mental health condition because you’re a lot more vulnerable.”

Perhaps the greatest achievement for Callum was Advocacy’s leading role alongside Mental Health Patient Advocate Office and Alberta Human Rights Commission in developing provincial-wide guidelines around the release of a person’s mental health status in their police background check.

The effort was built upon previous work done by Advocacy in 2010 that had achieved official procedures for Calgary. And because of the work, out of 156,000 police checks requested in Calgary last year, only eight people’s mental health status was released.

Calgary police have also invited the Advocacy program to participate in the appeals process when someone’s status does appear on their background check.

Navigating through the mental health system can be a daunting experience. The Advocacy program assists any person with a mental health service need. Support may include assistance in navigating complicated systems, assisting people in overcoming challenges and identifying opportunities while ensuring the protection of human rights.

The program assists with such issues as health care, finances, completing paperwork, filing complaints, residential tenancy issues and more. Advocacy also maintains close working relationships with community and provincial organizations and systems to move big picture systemic and policy issues forward for improved service delivery.

People receive support to obtain information on available community resources, and for assistance with developing actions or steps to address their issues and improve their situation, promoting their skills for advocating for themselves.

In 2012-2013:

1,748 individuals with mental health concerns receive support from Advocacy (an increase of 508 from last year)

8 self-advocacy workshops were offered (an increase of 5 from last year)



10% required support for family

37% required assistance for mental health issues and access to care

35% required assistance for legal, financial, housing or social support issues

97% reported they now know what steps they will take to address their issue

Volunteer Services

Volunteers are an essential part of providing support to those affected by mental illness. At CMHA, we rely on our dedicated volunteers to support our programs, services and activities.

The Volunteer Services Program at CMHA - Calgary Region provides strategic and administrative supports to other CMHA programs in order to assist CMHA in addressing community needs. It promotes volunteerism as a needed support for CMHA clients.

The Volunteer Services Program is responsible for supporting staff who supervise agency volunteers in their

specific programs to ensure volunteers remain engaged and have meaningful opportunities to help the community.

Areas of focus in this Program include: training of volunteers and volunteer supervisors, recruitment (promotion, screening, interviewing, etc.), recognition, communication and standards.

Volunteers support CMHA - Calgary Region to provide an expanded range of supports by volunteering as ongoing peer matches, volunteering at peer support groups or volunteering to deliver mental health presentations at schools.

Without the current dedicated base of exceptional volunteers, CMHA - Calgary Region would not be able to provide the breadth and depth of services to clients in need.

From the volunteer expertise that is given at the board level to the volunteers who socialize with clients and model interpersonal, social, and problem-solving skills and to the volunteers who facilitate groups, CMHA - Calgary is greatly supported by knowledgeable, committed community members who want to make a difference – and they do.

CMHA VOLUNTEER:

“By sharing my experiences, it helps others feel less alone and more helpful. Almost every session, a participant from the group says ‘thank you, it helped.’”

In 2012-2013

197 volunteers contributed to CMHA programs

89% found their experience volunteering with CMHA was meaningful

86% said they have developed new skills or talents as a result of their experience

CMHA Awards

Every year CMHA – Calgary awards deserving individuals and organizations with our annual awards. Congratulations!

2012-2013 Award Winners:

Outstanding Community Service Award:
Calgary Police Service, Police Information Check Unit

Tim Grest Memorial Award (Volunteer of the Year):
Jane Mackinnon

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Thank you to all of our sponsors, donors and supporters who further our mission through their generous contributions:

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Calgary Herald Christmas Fund Results in over \$120,000 for CMHA - Calgary

The Canadian Mental Health Association – Calgary Region was thrilled at the November announcement that we would be a recipient of the 2012 annual Calgary Herald Christmas Fund.

As one of 12 not-for-profit organizations chosen, CMHA – Calgary Region received a total of \$126,282.66, which was used to support two high demand programs.

The first, Street Outreach and Stabilization, addresses the needs of homeless individuals living with mental illness and/or addiction. The second, Supportive Living, provides support services to those experiencing difficulties in living independently due to a mental disorder.

Due to funding gaps in both programs, the donation was a welcomed contribution to providing much needed supports and potentially life-saving services for CMHA – Calgary Region clients.

“The generosity of Calgarians was very humbling and was very impactful for us,” says Matthew Hanrahan, Director, Business Development for CMHA – Calgary Region. “Through their generosity and contributions to the Christmas Fund, we’re able to support over 500 clients of those two programs.”

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Annual Report to the Community 2012-2013

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