



CANADIAN MENTAL HEALTH ASSOCIATION - CALGARY REGION  
Report to the Community 2013 – 2014



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# Canadian Mental Health Association Calgary

Our mandate is to advocate, create awareness, provide promotion, education, and support for individuals and families living with mental illness and addiction. To learn more about mental health and mental illness, visit us online at [cmha.calgary.ab.ca](http://cmha.calgary.ab.ca)

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# Financials

## Revenue

	<b>2014</b>	<b>%</b>	<b>2013</b>	<b>%</b>
Alberta Health Services	\$3,898,005	60.91%	\$3,630,580	63.16%
United Way	546,393	8.54%	533,720	9.28%
City Of Calgary	300,911	4.70%	304,487	5.30%
Government Support		0.00%		0.00%
Fund Development	1,286,940	20.11%	873,963	15.20%
Public Support	18,750	0.29%	68,182	1.19%
Other Revenue	348,491	5.45%	337,272	5.87%
	<b>\$6,399,490</b>	<b>100.00%</b>	<b>\$5,748,204</b>	<b>100.00%</b>

## Expenses

	<b>2014</b>	<b>2013</b>
Salaries and benefits	\$4,761,302	\$4,244,715
Building occupancy	597,699	468,640
Operating expenses	1,119,622	966,678
	<b>\$6,478,623</b>	<b>\$5,680,033</b>

	<b>2014</b>	<b>2013</b>
Excess (deficiency) of revenue over expenses before amortization	(\$79,133)	\$68,171
Amortization	(1,839)	4,859
Excess (deficiency) of revenue over expenses	(\$80,972)	\$63,312

# A MESSAGE

## from the President and Executive Director

Laureen MacNeil & Barbara Tate



The past year was a remarkable one in many ways for Calgary. In reflecting on the year past at CMHA - Calgary, our successes, some unique achievements, and of course the challenges that faced not only this organization, but our entire city, there is a compelling story that emerges. This story is one of people; those Calgarians who have faced both challenge and triumph, and more importantly how those within our networks have supported each other through those periods of transition and upheaval.

The face of a CMHA - Calgary client is that of an individual whose life has been affected by mental illness or addiction. The approximately 25,000 individuals who seek our services annually are representative of our diverse community. They may require anything ranging from services to help them become more informed, resilient and improve their mental health, to integration into the community. The work we undertake is focused on recovery for those individuals and their families. This is what we mean by "Mental health for all."

At CMHA - Calgary we view our work through the lens of our community. There is a statistic you will often hear – one out of five individuals will be

affected by mental illness at some point in their life. Twenty percent of the population is a significant number. But, in our calculations, we like to include the other 80 per cent as well; the four out of five who know and love someone who is experiencing a mental illness or addiction.

We ask, "What is the best way we can provide services that will support the short-term needs and long-term mental health goals?" With the individual at the centre, we are proud to say that the 12 core programs we offer are changing lives. We see it in the faces of the individuals we support every day, and opportunities like this to review our overall annual contribution to community allow us to see the results in a broader scope. In this 2013-2014 Report to Community, the numbers tell a significant story and we are pleased to share them with you. We profile the faces of recovery to further tell that story. From the people who live a mental health journey to those committed to ensuring the individuals and families we serve do receive the best support we can provide, each is an example of courage, dedication and strength.

We will also showcase our achievements, recognition within community for our

staff and their efforts. And, we will look at the Flood of 2013, a landmark event that affected every aspect of our work: from our physical location, to the impact on our clients and growth in our outreach services. While the flood itself was devastating, it also served to remind us of the immensity of the human spirit and the strength of this community.

It is on this foundation that we are building our 2014-2015 vision – that of a community working together toward mental health for all. We have increased our presence in community, broadened our relationships and are forming strategic partnerships. We are confident this will be the baseline for greater efficiency in services across the mental health and addiction spectrum in our city. This means better results and more clients served.

Thank you to our staff, volunteers, board of directors, donors and investors, partners in our community, and our clients for your invaluable commitments which resulted in a year of growth, foundational strength and passion for the future and what lies ahead as we continue to build and grow.

Barbara Tate, President &  
Laureen MacNeil, Executive Director

# UNITED WAY 2014 SPIRITS OF GOLD

George Blondeau Aboriginal Support  
and Awareness Builder Award



2013 SOS Team Members

“Working closely with the community to develop and deliver the program, CMHA provides support that demonstrates a deep understanding, knowledge and experience of Aboriginal cultures and practices.”

CMHA - Calgary's Street Outreach and Stabilization (SOS) team was honoured at United Way of Calgary and Area's Spirits of Gold Awards ceremony for their work in linking hard-to-reach homeless individuals who are experiencing mental health concerns to essential services within the community.

United Way's Spirits of Gold Awards recognize and celebrate the spirit and generosity of the people, agencies and workplaces that displayed outstanding leadership and dedication during their Annual Campaign. The George Blondeau Award recognizes agencies and their employees whom demonstrate a real commitment to support the Aboriginal community and build awareness to both the Aboriginal and non-Aboriginal community through their services. Criteria for the award was that the program must demonstrate an internal policy to actively include Aboriginal peoples; implement inclusion and consultation practices of Aboriginal peoples in service design, cultural practices, and governance; and include knowledge and awareness of the topic of intergenerational trauma.

For many homeless men and women in Calgary the SOS program is the first step towards healing and support. SOS connects directly with these homeless individuals in the community, addressing their most basic needs and supporting the development of daily life skills.

Statistics Canada show that only two per cent of Calgarians are Aboriginal, yet they represent about 15 per cent of homeless men and women. Because of that, a specialized program was set up to respond to the unique needs of the Aboriginal homeless population. To encourage trust and establish a forum for peer support, each Aboriginal SOS coordinator is also a member of the Aboriginal community.

Together, with other CMHA - Calgary programs, the SOS team's commitment to the Aboriginal community continues to build a stronger Calgary that supports mental health for all.

# BHAYANA AWARD

Leadership

Callum Ross, Advocacy



Callum Ross



The Bhayana Family Foundation Awards recognize the dedicated contributions of front-line agency staff at United Way funded agencies. There are three award categories that celebrate the creativity, leadership and collaboration within the non-profit sector. Callum Ross, Lead for Advocacy and Policy Development at CMHA - Calgary was awarded the Leadership Award in a special ceremony for his superior team-based results.

Stigma continues to be one of the most common and tangible barriers for anyone experiencing a mental health issue attempting to socialize and integrate into the wider community. This can prevent or hinder individuals from accessing suitable resources, receiving appropriate care, and ultimately, from recovering from their illness.

One program integral to advancing CMHA - Calgary's mission is Advocacy, supporting those who have no other connection to the mental health system, Advocacy empowers some of Calgary's most vulnerable community members

by helping them overcome challenges, identify opportunities and maintain their human rights. Advocacy is the only mental health community program of its kind: Intentionally structured to be accessible, Advocacy has no requirements or forms to fill out.

Under his passionate leadership, the program has gained both momentum and recognition. In addition to leading several projects, Ross personally supported over a thousand individuals with a mental health service need over the past year. He did this through one-on-one support via phone, email or in face-to-face meetings, assisting with issues such as residential tenancy complaints, health care and finances. Ross helps Calgarians navigate the often daunting mental health system and facilitates access to resources and community supports.

Ross has also actively fostered new partnerships with many Calgary agencies, including the Calgary Police Service and Alberta Health Services.

He is the CMHA - Calgary team lead for the SORCe and SIMBY (Safe in My Back Yard) initiatives, collaborative projects that reduce stigma and provide support to vulnerable community members. He also worked with the Mental Health Patient Advocate Office and Alberta Human Rights Commission to cultivate provincial guidelines around the release of a person's mental health status in their police background check.

Because of the collective effort, only eight of 156,000 requested police checks released mental health status in 2012.

His most recent project, the Forward Action in Mental Health (FAMH) peer advocacy group, is the first peer social action group in Alberta led by individuals with a history of mental illness. The group meets regularly to address issues such as stigma and removing barriers to recovery.

# FLOOD of 2013



Bowness, June 2013

The summer of 2013 was far from easy for Calgarians: when the waters of Calgary's rivers breached their banks in late June, the city and surrounding areas were thrown into an unprecedented chaos. Thirty two communities were either fully or partially evacuated, with more than 100,000 people forced out of their homes. Evacuation centres were set up, roads and bridges closed, and the city was placed under a state of local emergency for 14 days. The people of Calgary, in their response to the flood and its aftermath, lived up to their reputation as resilient, generous, community-minded individuals. Whether volunteering in the clean-up and recovery or contributing financially, Calgarians responded in time, talent and spirit.

As the days following the crisis turned into weeks, the first wave of human need receded, but the second wave brought with it long-term implications. It became evident one of the primary aftereffects of the crisis would be the impact on the mental health of Calgarians. Some had lost their homes, others, their jobs. For many the stresses

of having lived through a natural disaster would present long-term struggles with wellness. Supported by United Way of Calgary and Area and the Calgary Foundation, CMHA - Calgary was quick to recognize and address community needs and responded in several ways.

With an investment from the Government of Alberta, we were able to add and expand programs to support those impacted by the flood.

Our Seniors Recovery Program supports seniors in Calgary and surrounding communities most impacted by the flood. This outreach service links with existing programs and services with a goal of re-creating normalcy using a variety of supports and activities to reduce social isolation and increase education and independent living skills. This service is focused on the recovery model of mental health and supports capacity building with other non-profit social services in our community.

As well, CMHA - Calgary broadened work we were already doing in the community

by expanding and creating programs. The Community Helpers initiative was expanded to schools in Calgary and area and also to seniors in High River. The Bowness Wellness Group Drop-In meetings were developed to provide a safe environment for anyone who would like a space to share their experiences and stories.

As part of our flood response, CMHA - Calgary's Workplace Mental Health, Education and Advocacy programs were revised to offer a workshop to help individuals and communities better manage change following a major life event. The workshop provides information on how to support one's self, their loved ones, and community members who may be showing signs of prolonged mental distress or mental health issues. Included is information on what to look for, how to establish boundaries, the tools to start the conversation with someone who may need support, and information on community resources for continued support.

# BOTTOM LINE CONFERENCE

Workplace mental health. It's personal



Honourable Donald S. Ethell with CMHA - Calgary Executive Director Laureen MacNeil



Darryl Hass, VP Health, Safety and Environment Operations for ConocoPhillips Canada

**84%** of delegates agree they have a better understanding of mental illness and addiction in the workplace after attending the Calgary conference.

The 2014 Bottom Line Conference (BLC) offered a three-day opportunity for more than 300 people to come together and listen, learn, network and meet experts in the addiction and mental health fields.

The conference kicked off with the Leader Luncheon. Here, His Honour, Col. (Ret'd) the Honourable Donald S. Ethell, OC OMM AOE MSC CD LLD, Lieutenant Governor of Alberta; Darryl Hass, VP, Health, Safety and Environment Operations for ConocoPhillips Canada; Lorne Rubis, Chief People Officer with ATB Financial; and Michael Bryant, former Attorney General of Ontario provided a full day of insight into the impact these two diseases have on society and how workplace mental health is synonymous with overall well-being.

The second day, a plenary day, included an informative and well-received presentation on addiction by Dr. Raju Hajela. This was followed by a live webcast from Vancouver's BLC

where Jan Wong shared her personal experience of workplace depression. The personal and professional experience of mental illness and mental health support brought engaging questions and conversation with the *It's Personal* panel. CMHA - Calgary Region's Morgan Craig-Broadwith led the audience in a workshop on making their workplaces psychologically safe. CTV National correspondent Seamus O'Regan finished off the day with journalistic insight into post-traumatic stress disorder (PTSD) and the high level of stigmatization that still exists in the military and throughout Canada. He shared his own experience with panic attacks and depression for the first time publicly.

The final day consisted of full and half-day workshops where delegates engaged in learning practical tools to take back to their workplace. These included: *Fitness for Work* training, *Bullying and Harassment*, *Practical Tools to Implement the National Standard*, and others.



CMHA Board Member Bill Bone with local lawyer John Gulak

**82%** of delegates agree they have a better understanding of programs and services available in Calgary related to mental illness and addiction in the workplace.



Mayor Naheed Nenshi



Seamus O'Regan

“People who seek treatment are so stigmatized that it is often seen as a warning to others not to.”  
Seamus O'Regan, CTV National Correspondent.

# LIVING WITH BIPOLAR DISORDER

Why family support is essential in coping  
with mental illness



Candace Watson

She wears many hats – wife, mother, daughter – among many others out in community such as registered nurse and board member of Canadian Mental Health Association - Calgary Region. Candace Watson also lives with Bipolar Disorder.

In discussing her journey with the disease for almost 20 years, Watson identifies one of the most significant factors in successfully navigating the often turbulent path of living with a mental disorder continues to be the close personal relationships. This is where she finds a lot of her strength. Watson says. “Knowing people who love and support me is one of the most important parts.”

Watson says those loving and supportive relationships are how she manages through the complexities caused by the long-running battle she has experienced since her first manic episode and official diagnosis of Bipolar Disorder in 1995.

At the time of her first manic episode, Watson was in her third year of nursing school. Her family was as confused as

she was about what was happening and how to handle it.

In fact, Watson says it was getting close to tearing the family apart. “It was kind of walking on eggshells – nobody knew what to say and it was never the right thing. We had to get back to a place where we were all acting normally around each other again.”

The Diagnostic and Statistical Manual of Mental Disorders (DSM-V) characterizes Bipolar I Disorder as the occurrence of one or more manic episodes. While symptoms of mania may include extreme optimism, euphoria and feelings of grandeur; rapid, racing thoughts and hyperactivity; a decreased need for sleep; increased irritability; impulsiveness and possibly reckless behaviour for Watson, a manic episode often includes all of these as well as paranoia. “When I get so sick that I don’t have that foot in reality anymore, where I can’t respond normally and not act on my delusions, that’s when I get hospitalized.”

Having a family equipped and willing to support her makes all the difference

according to Watson. “If we ever need anything, that’s how my mom, my dad, my in-laws, kind of kick in and help, such as driving the kids or being with me because I can’t be alone when I’m in a manic episode.” She also credits her husband Collin and the unique role he plays in that he is with her daily, talking to her, supporting her through the “difficulties of my thoughts and what’s going on in my head.”

Watson has built strong networks of support – immediate family, her husband, friends and extended family have all become part of the management of the illness. “We (husband Collin and herself) made decisions along the way that were based on accepting that I needed help and support. And knowing where we would most likely get that, ultimately, we made the choice we needed to be where our greatest support systems are.”

Watson says that accepting that she would require help was difficult, as she has always been an independent person. In accepting that though, she acknowledges there is a freedom that comes with it, making the decision to

build up support systems where you need them.

Support from family and friends has meant a decrease in hospital stays, something Watson attributes to the ability to have “home hospitalizations.” She believes that preventing hospital stays as much as possible, and having individuals be able to stay in their homes during periods of crisis is far better for them.

Acknowledging that while there are times when patients need to be in the care of doctors, nurses and intensive care, to build up support systems so that it isn't always required is an important way of treating those in mental health crisis. “To be at home with people who love me unconditionally is huge, knowing you don't have to go through the whole process of being somewhere where, although you are being cared for in a clinical sense, you might not have that sense of being with people that love and care for you. We have to build up support systems so people can do that.”

Watson also credits her involvement with CMHA - Calgary as an important part of the process. Her mother developed an early relationship with the organization, while Watson became involved later. “Family members need support to provide the support,” she maintains, so that they can know how to be helpful, and to identify what is not helpful. More importantly, Watson says, family members need that support so that they themselves don't become ill in the process of looking after a loved one with a mental disorder.

Watson works as a nurse and says the work relationship is also a critical piece of the success profile, although it was difficult to have those initial conversations for fear of how it would affect her employment. Having that supportive work environment means that she knows her options and feels able to give herself time to recover should she need it during a crisis, a grace period she has given herself to allow her body and mind time to heal.

She especially credits continued support from her family as being what

she needs to move forward. As a member of CMHA - Calgary Region's Board of Directors, Watson is an advocate and inspiration for others on the journey. She shares her story openly and finds meaning in working with others in not only education and advocacy work around mental illness, but also in opportunities to address the stigma. She continues to focus on living in recovery; being a loving wife; supportive mother, daughter, role model and outdoor enthusiast.

“I was such a fighter as a kid. That fight in me also keeps me going. But I also have a strong spiritual faith in God which is another key to my strength and resilience. Without my faith I feel I would be so lost and not have the courage to be as outspoken as I am about my journey. So it's several things, I think: it's my personality, my faith, my work environment, involvement with CMHA, and, of course, the family that I have ... Life goes on and I have to go on. I have to pick myself up. I have a family that loves me and who I love.”





## FAMILY SUPPORT PROGRAM



Candace Watson and Mona Cooley

It was almost 20 years ago when her daughter was officially diagnosed with Bipolar 1 Disorder. For Mona Cooley, as she started on this new, complex and unpredictable journey, she became acutely aware that there was little available in terms of support programs specifically for families of those with mental illness. And as she quickly realized, reaching out for immediate family support was a life-saving necessity.

“When she was diagnosed, we didn’t understand mental illness,” Cooley says. “I didn’t know what mental illness was – we didn’t know the symptoms, we didn’t know the problems, until we read about it. And at that time we were back and forth with our conflicts.”

Those conflicts were taking a toll on their relationship, and Cooley says she felt lost and uncertain. What she was able to see was the importance of self-care and looking introspectively, rather than just focusing on her daughter’s diagnosis as the problem.

It didn’t take long for Cooley to take the need she identified, necessity for family supports, to CMHA. By the spring following her daughter’s diagnosis, Cooley had determined there was a critical need to have something for families. She went to CMHA - Calgary to discuss what this aspect of

mental illness would look like. In initiating the idea of a Family Support program she found an immediate uptake, showing a critical need in the community.

The program developed along the way. They started with drop-in sessions, which quickly moved to the six-week psycho-education program, as it was called at that time. Today, that program is now the eight-week Capable Carers program, which ensures caregivers are cared for themselves.

“We learned a lot through trial and error,” Cooley says, adding this was a necessity as there wasn’t a model to work from.

The now integral part of CMHA’s program grouping, the Family Support program provides assistance, education and information to help individuals learn how to support a family member or friend who is living with a mental disorder, filling a much-needed gap. Through it, clients learn communications and self-care techniques, receive counselling and education about mental health and the resources that can assist them. Support can be found in one-on-one and family counseling, telephone support, weekly peer support drop-in groups and the eight-week support program. Family Support group facilitators are individuals with lived experience, and Cooley continues to facilitate groups for CMHA - Calgary Region.

“The one message I want to get out and believe so strongly, is that we need to have family involved when we are supporting a loved one.”

“That’s what families connect with – somebody who has walked through it and been there and understands it,” she says.

Cooley speaks often about the impact of having a family member with a mental disorder and the need for honest conversations. “It affects everyone in the family, and everyone responds differently, but having that support is critical,” she says, adding that the important piece is that everyone comes together as a family.

Using her daughter’s experience as an example, Cooley explains that the strong support system helps her daughter move forward with her illness. “She knows that things aren’t going to collapse underneath her when things do not go well. That foundation is so solid and it gives her the confidence knowing that she’s not fighting this by herself. She has a family who knows what skills to use and when to use them, how to step in and what works best. We just do it automatically, and that to me is huge.”

In terms of the Family Support program, Cooley encourages families to reach out and realize the benefits that come from being part of it. “The one message I want to get out and believe so strongly, is that we need to have family involved when we are supporting a loved one. Not just the family member with the illness has needs that need to be met, but the extended family does as well. With support from others with lived experience they can begin to feel less isolated. It’s a relief to know you’re not alone – that somebody gets it. Somebody gets it.”

## CARING FOR THE CAREGIVERS

The Family Support program hosted its first Family Support Appreciation Night in late October 2013, offering clients an opportunity to have an evening where they could be pampered. Staff wanted to offer a wellness event to recognize the important contributions that caregivers in the program make in the community, and gave them some time to take care of themselves. Self-care is vitally important when supporting someone with a mental disorder; if a caregiver is not taking good care of him or herself, then they will not be as equipped to support their loved one.

The night had a variety of activities offered through people and groups from the community. Circle of Rhythm volunteered their talent to open up the evening and offer guests the opportunity to experience the healing effect of being part of a drum circle. They were also treated to a tai chi demonstration from Tai Chi for Health. They then had a choice to either get a massage from the massage students at Mount Royal University, a manicure from the students at Evelyn Charles, to do some art therapy with local art therapist Cynthia Jones, or to do meditation or aerobics. Twenty-six clients were supported by 20 individuals from community in the inaugural wellness event.

# LIFE AFTER LOSS BY SUICIDE

## Learning to live without my sister



Becky Noblet

**O**n October 27, 2007, Becky Noblet's life was forever changed. That was the day her older sister Jodi died by suicide.

The years up to her passing had been characterised by the instability that is a common pattern in Borderline Personality Disorder, the disease Jodi had been diagnosed with three years earlier. Despite the chaos that had preceded her passing, there was no way to prepare Noblet, her family or her friends for the loss of her sister, an experience which she explains as the most painful thing she has ever gone through.

Noblet would enter the complex world of grief that this type of death brings. The grief that comes from losing someone to suicide is often complicated, and as individual as the person experiencing it. "The first feeling I felt when Jodi died – and I

was so mad at myself for feeling this – was shame... And then I almost had this feeling of relief for her, that she's okay now, she's no longer in pain. And then, I almost felt kind of happy for her, and then felt guilty about that. And then I felt angry, and I started to blame people in my life. And it was so many emotions that I didn't understand and I couldn't control it."

"I just need to talk about what happened to her," Noblet explains.

"I don't know why, but I needed to tell people, 'She jumped off a bridge, and she jumped off this bridge that my family used to walk under, and this bridge is really high, and I wonder what she was thinking when she jumped off of it.' But I would never say that to anyone because it was something I didn't think anyone could hear."

Three weeks after her sister's death she heard about Survivors of Suicide Day, an international event for those who lose someone to suicide. Noblet attended the event held in Calgary, which became the beginning of a very long road to healing. "As soon as I had found there was community and there were other people who had gone through it, it was amazing," she says breathing a sigh of relief. "I could talk about it. I could breathe."

Through the event Noblet connected with the CMHA - Calgary Region and began to learn about the process of grief through the support of a peer match and other programs provided by the Suicide Bereavement Support program. She attributes the work she did there in helping her to realize the things she was going through were normal.

Being able to find support in the sharing of her story with others who understood it was immeasurably helpful to her. "There is nothing worse than going through something so painful and difficult and feeling alone," she says. "Having something available where people are ready and willing and wanting to help is the biggest thing."

The chance to share, to connect with people who understand, helped Noblet in her grief journey. "I find the more you hold it in, it builds and turns into things much harder than they need to be. There are people there who are able to listen, there isn't anything too heavy or too dark for them to hear. Having that outlet – that support – is amazing."

She also says that the programs at CMHA were critical in helping her navigate through the process and she is immensely grateful for what they were able to provide. Noblet says it was helpful to have everything laid out in front of her so she could look at what was available and find the support she needed. "There is a point where you have to give in and accept the help that is there."

Today, seven years after the loss, Noblet talks about her sister and shares the story of her life and the loss as part of her healing. "There is no replacing her. There is always going to be a hole in my heart, but, knowing I'm able to help others is part of how I am able to take and turn this into some sort of good."

"Good can come out of anything, and at the time you can't imagine that, it's the last thing you would think at the time, but that is a choice you can make, to find a way to make something good come out of it."

Noblet shared her sister's story at the 2013 Survivors of Suicide Day. "My sister was the ultimate example of what a kind, generous and loving human being would be. Everyone comes with their own problems and their own issues, and

how they die doesn't make them who they are. And it doesn't make it a situation where they aren't allowed to be talked about anymore. I want to talk about her, I tell my kids about who she is, and she's important."

At the event a woman came up with a story in hand that had been written about Becky and her sister Jodi and published in CMHA's e-magazine Balance, and said Noblet's sharing had been incredibly beneficial to her during her own recent loss. To Noblet, it was an important reminder that sharing this story, helping others, continues to help her.

## GIVING BACK

Steve (not his real name) came to CMHA in the middle of an emotional storm following the death of his brother by suicide a few years ago. He became a client of the program and attended the eight week suicide bereavement group. While there Steve remembered experiencing feelings of grief such as sadness, blame and anger. As he grieved his brother, Steve went through a difficult time, trying to piece together how he could possibly have saved him from his fatal decision. He remembers his brother as a young man preoccupied with his ideas, and an artist who spent much of his time writing journals and painting. Steve also remembered that despite his brother's struggles with mental illness, he had tried his best to understand and connect with him and they have many special memories together.

Steve moved on from a participant to attend the program once again, but this time as a volunteer in an attempt to continue his relationship with his brother; he wants to share his personal experience to help other survivors of suicide. Steve's kindness and wisdom offer an invaluable support for those who, like him, go through a storm of grief. He offers hope and empathy to CMHA's clients in diverse ways and is now getting trained to facilitate the group himself.

Like many other volunteers, Steve gives back to the community and gives our program the unique strength it offers to support those who survive a loss by suicide. This is an amazing and extraordinary example of how our clients build resilience and gain support in the program.

# THE POWER of Peer Support



Debbie Wiebe

**S**ocial isolation for people who struggle with mental health challenges can be common to the experience, which in turn has a substantial impact on wellbeing, recovery and community participation.

Recognizing this, both in herself and others she worked with as an Independent Living Support worker with CMHA - Calgary Region, put Debbie Wiebe at the forefront of the peer support model advocacy movement more than 15 years ago.

“What I discovered through my one-on-one relationships with people in the community, was that socializing and being around people was important to wellness. People tend to isolate when they are not doing well,” Wiebe says.

To facilitate connectivity with those she worked with, Wiebe became what she calls a “friendship match-maker,” connecting individuals to each other based on their personal interests. The idea behind this novel way of approaching support for people with mental health issues was to not focus on the diagnosis or the illness, but rather to help people connect in their wellness. Wiebe describes it as focusing on what comes out of the struggle, not talking about the struggle.

The early work of Wiebe quickly moved from a five person informal support network to eventually become a hallmark program of the CMHA - Calgary community support work. The Peer Options program now connects approximately 100

people a week, and in doing so provides opportunity for individuals experiencing mental illness to connect and learn from one another.

As the program has grown here in Calgary, so too has the concept across the country with many different players in the mental health recovery community recognizing the value of peer-based support.

This growing acceptance was accentuated with the 2013 release of the Mental Health Commission of Canada’s (MHCC) Guidelines for the Practice and Training of Peer Support. Wiebe sat on the Peer Leadership Group that provided input, direction and guidance to the development of the MHCC Peer Support Guidelines.

“What we wanted to do was to bring credibility to peer support,” Wiebe explains.

Wiebe says the guidelines and the optional peer support accreditation process helped to recognize the contribution of peer support as a truly viable option for individuals at all phases of their recovery.

“On the recovery journey, people often reach a point where they want to give back. The peer support model is a means for them to do that again.”

# Advocacy

Navigating through the mental health system can be a daunting experience. The Advocacy program assists any person with a mental health service need. Through the program, people receive information on community resources and assistance with developing actions or steps to address their issues and improve their situation, while promoting their skills for advocating for themselves. Individual support may include: helping to navigate the mental health system, assisting people in overcoming complex challenges, identifying opportunities while ensuring the protection of human rights. The Advocacy program was a key supporter of SORCe, the Safe Communities Opportunity and Resource Centre, where people can access programs and services in housing, mental health and addiction, and training and employment.

## BY THE NUMBERS:

- 1,125** individuals served
- 38%** mental health issues
- 12.5%** financial
- 7%** housing
- 19%** social supports
- 4** self-advocacy workshops were offered to **51** individuals: **96%** of participants reported they will be able to apply the information they learned in their everyday life

## HIGHLIGHTS:

In September of 2013, the Advocacy program facilitated a forum for people with a history of mental illness twice monthly to form a shared voice to advocate against stigma and on system issues. The goal of the 18-member mental health peer advocacy group, Forward Action in Mental Health, is to eventually be a part of the decision-making process for mental health processes, services and supports in their own community.

The CMHA Advocates delivered a presentation on resources and approaches for individuals with a mental health issue to the staff of the Human Rights Commission, creating an alliance that will enable us to work together in the future.

“Participating in the Continuing Connections program has made me less isolated. It gives me hope.”

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## Continuing Connections

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The Continuing Connections program assists individuals between 18 and 65 years of age who reside in a long-term care centre and who have complex care needs, often managing both long-term physical health and mental health issues. The program is designed to increase clients’ confidence and facilitate healthy living while restoring hope by having individuals participate in therapeutic recreation activities and outings. A partnership program with Alberta Health Services, Continuing Connections is available at Bethany Care Centre, Carewest , Dr. Vernon Fanning Centre, Garrison Green and Glamorgan Care Centre.

### BY THE NUMBERS:

**68** ..... individuals served

**99** ..... group sessions offered

**89.5** ..... volunteer hours

**83%** reported that attending the Continuing Connections groups helps decrease their isolation

### HIGHLIGHTS:

CMHA staff has started to facilitate peer support groups at care facilities.



“I learned the actual facts about suicide rather than stereotypes and stigmas.”

## Education

Each year mental health educators deliver high quality sessions to junior and senior high schools, post-secondary institutions, community organizations and corporations in Calgary and surrounding area. Education sessions are developed using evidence-based knowledge and best practices in teaching principals to ensure accurate information is delivered appropriately to all participants. Three components of the program include:

- **Suicide Awareness:** Participants gain a better understanding of suicide prevention by exploring warning signs, risk factors, protective factors, appropriate ways to support someone at risk, and how to access additional help.
- **Stress Management:** Participants explore what stress is, how to recognize the signs of stress within themselves and others, and examine healthy coping strategies as well as learning stress reduction techniques.
- **Mental Illness and Stigma:** Participants learn about the stigma associated with mental illness, the importance of early intervention, cause, and where to seek help. Sessions include information around the various types of mental illness and can be tailored to each group’s specific needs.

## BY THE NUMBERS:

**712** presentations

**21,955** participants

**88%** of individuals who attended the mental illness and stigma presentations reported they are more likely now to get help for their mental health

**98%** of individuals who attended the suicide awareness presentations reported they feel better prepared to help someone who is suicidal

## HIGHLIGHTS:

The Mental Health Education program has expanded to introduce the Community Helpers initiative, which will provide the mechanisms to identify, support and train existing natural “helpers” within the school community. A “helper” may be a peer, teacher, coach or counsellor, who once identified, will be invited to take part in the training modules and will be provided the opportunity to learn more about mental health issues.

The Youth Education program was assessed by the Mental Health Commission of Canada as part of a comprehensive assessment of national contact-based mental illness awareness and stigma reduction programs. It was ranked high in regards to positively impacting attitudes about individuals with a mental illness and in reducing stigma.

“I have been given strategies to try in dealing with conflict issues that have arisen because my loved one has mental health issues.”

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## Family Support

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When a family member is experiencing mental illness, it can be an overwhelming and complex experience. The Family Support program provides services to family members of those living with mental illness, including: one-on-one and family counselling, drop-in peer support, Capable Carers psycho-educational group as well as telephone and e-mail support and referrals. The Family Support program provides assistance, education and information to help individuals learn how to support a family member or friend living with a mental illness. Participants also learn communication and self-care techniques and can receive counselling and education about mental disorders and the resources available.

### BY THE NUMBERS:

**77** family members received 388 hours of one-on-one, couple or family counseling and indirect service

**100%** of survey respondents reported that the Family Support program has had a positive impact on their life

### HIGHLIGHTS:

A full complement of staff has been hired in the Family Support program. To strengthen the clinical ability of the counsellors, a blended team approach has been implemented between the Family Support and Suicide Bereavement programs.

Volunteer training was streamlined, with expectations and requirements of volunteers better defined, and increased training facilitated to support skills required.

“What I have found most valuable has been the cooperation and support of the program with the person, also the resources such as living support, leisure, and goals.”

## Independent Living Support

The Independent Living Support (ILS) program delivers a range of support to individuals diagnosed with a mental health issue. The program is designed to support clients to establish and work on self-determined goals that will promote mental health awareness and wellness, enhance quality and life, connect to community and help manage their lives independently. Through workshops such as Skills for Life, Pro-Active You and Money Matters, ILS coordinators assist individuals as they set and meet goals. Supports may include home, money, coping and stress management, identifying volunteer and work pursuits, leisure and recreation opportunities, education programs and support groups, providing housing information and connections to community resources.

### BY THE NUMBERS:

**432** individuals served

**707** referrals to community agencies, government and health services

**7,415** hours of support

**96%** reported that the Independent Living Support program has had a positive impact on their life.

### HIGHLIGHTS:

The creation and launch of a cooking group pilot project for 2014, in partnership with Community Kitchen, Moving Forward Program and the Carnat Centre.

The Spring Fling, an agency fair to pull all programs together that work within the mental health community, was organized to get people together and in touch with what CMHA - Calgary Region is doing.

“It has given me a chance to go to places I would normally have been unable to afford. Best of all, it set the stage for me to get out of my comfort zone and join groups in the community.”

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## Leisure and Recreation

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The Leisure Recreation program is available to clients already enrolled in other CMHA - Calgary programs and focuses on enhancing self-esteem, building confidence and promoting recovery in a safe, empowering environment through participation in social and recreational activities. The activities are client-focused and wellness-based, ranging from drumming circles, to outings and day trips, expressive arts and special events that promote socialization and the building of communication, interpersonal and social skills, to exercise such as badminton, bowling, swimming and yoga. The program assists clients with socialization, building community network, physical and mental health enrichment, increased recreational skills and interest for community transition, while providing leadership opportunities.

### BY THE NUMBERS:

**115** individuals served

**102** leisure recreation activities

**96%** of participants reported that participating in the Leisure and Recreation program has helped them feel connected to the community

“This has been an experience that encourages personal growth. I feel that personal growth is never ending and it is exciting.”

## Peer Options

The Peer Options program provides individuals a safe place to share with others who are experiencing a mental illness and are now focused on wellness and recovery. Participants learn the value and skills of building healthy friendships, as well as strive to develop peer support networks and transition to the community. Clients start with the nine week Art of Friendship and transition into the Circle of Friends peer support group located in central Calgary where they further their coping and wellness techniques. Many graduates of the program give back to the mental health community through peer support by offering inspiration, understanding and mentorship as volunteers.

### BY THE NUMBERS:

**182** ..... individuals served

**41** ..... volunteers

**2,568** ..... hours of support

### HIGHLIGHTS:

**Working with Others and Interpersonal Skills:** Participants identified the goals of building healthy relationships and friendships, becoming less anxious and more comfortable around people, others how to establish boundaries and deal with conflict or disagreements.

**Oral Communication:** Participants identified the goals of learning how to listen well and more, others to become more assertive, more open and communicate better.

With support from the Government of Alberta, more peer training is available

# Street Outreach and Stabilization

The Street Outreach and Stabilization (SOS) program works to link hard-to-reach homeless individuals experiencing mental health concerns to essential community services. The SOS team supports individuals with resources needed to help turn their lives around. SOS coordinators offer specialized, culturally inclusive support to Aboriginal people who have mental health concerns and experience homelessness. Up to 70 per cent of homeless individuals may be experiencing a mental illness, which often leads to a deteriorated quality of life. 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.

## BY THE NUMBERS:

**4,065** individuals served

**803** referrals to community agencies, mental health and health services and government services

**95.5%** of individuals contacted through outreach reported they have received the support necessary to meet their basic needs

Direct Provisions	Individuals Served
Bus Tickets	115
Information	353
Food	1,917
Food Hampers	1,533
Clothing	657

## HIGHLIGHTS:

The Street Outreach and Stabilization Program entered into a partnership agreement with The Mustard Seed: SOS Program staff will facilitate the applications and intake for housing for five permanent supportive housing suites and will provide support to the individuals while Mustard Seed staff will provide overall case management.

The Street Outreach and Stabilization Program extended its outreach activities to women at the Elizabeth Fry Society, while continuing its outreach at Alpha House Society, Inn From the Cold and The Alex.

“I feel relieved, comforted that others are feeling how I feel and I’m not alone.”

## Suicide Bereavement

The Suicide Bereavement program reaches out to individuals who have experienced a loss by suicide and need support with their grief. The program offers counselling, support groups and peer support that assist clients in their journey. CMHA hosts the Survivors of Suicide Day, an annual event where people who have faced a loss by suicide can come together and support one another while remembering the ones they have lost.

### BY THE NUMBERS:

**68** individuals served

**511** hours of one-on-one counselling and indirect service

**143** individuals gathered at the 2013 Survivors of Suicide Day with **86.5%** reporting they found the day’s activities beneficial to their grief process.

**97%** of drop-in group participants reported they felt supported by the facilitators and group members

### HIGHLIGHTS:

Five new Suicide Bereavement Services volunteers have been recruited and trained. New volunteers shadow senior volunteers as a form of offering more training to new volunteers and giving senior volunteers the opportunity to be more involved in the program’s development.

The Peer Match program has been revitalized to offer another way to support new mourners. The program matches a volunteer peer with a new client.

“To have another person, with the resources, caring for me, is inestimable.”

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## Supportive Living

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The Supportive Living program operates out of nine locations in Calgary and is available for individuals living with a mental illness who are unable to live on their own in the community. Clients live in one of several Horizon Housing Society-managed apartment buildings or group homes and work regularly with CMHA coordinators. Clients have access to both group and individual apartment settings depending on their needs. Clients increase their level of independence through individual support and goal setting in a variety of areas including daily living skills, accessing community resources and emotional support. Group living allows for intensive assessment of client needs and functioning on a regular basis.

### BY THE NUMBERS:

**149** individuals living with severe and/or persistent mental illness were provided with housing, and a comprehensive range of support services

**168** house and community meetings, leisure/recreation and activity groups and peer groups for clients were facilitated

**178** referrals were made to various community agencies, government and health services

**17** clients have transitioned successfully to placement in a suitable housing situation in the community

**93%** of the survey respondents reported they feel the Supportive Living program has had a positive impact on their life



“The program helped me feel like I mattered.”

## Post Discharge Transition

The Post Discharge Transition program provides individuals with mental illness who are transitioning from the hospital with an alternative level of supported housing when they have not been able to meet the criteria for living in other supported housing. The program aims to transition clients within six months to a suitable housing accommodation within the community while assisting them to gain the highest possible level of independent living skills. This offers individuals a period of stabilization of their symptoms and illness in a community integrated setting, which prevents their re-hospitalization. Referrals from staff and through partnership with Alberta Health Services (access to nurse and psychiatrist), helps ensure clients are provided seamless access from hospital through to stable community living.

### ROBERTS HOUSE

**26** individuals received services from the Program

**5,692** staff hours were spent supporting and assisting clients

**76.5%** of clients have transitioned from the program to placement in a suitable housing situation in community

Name Of Group	Number Of Sessions
Cognitive Behavioural Social Skills Training Group (CBSST)	15
Recovery Group	17
Wellness Group	24
Activity and Leisure Group	44
House Meetings	44
Social / Communication Group (prep for CBSST)	8

### HAMILTON HOUSE

**31** individuals received services from the Program

**4,693** staff hours were spent supporting and assisting clients

**78%** of clients have transitioned from the program to placement in a suitable housing situation in community

Name Of Group	Number Of Sessions
Cognitive Behavioural Social Skills Training Group (CBSST)	10
Recovery Group	22
Wellness Group	19
Activity and Leisure Group	28
House Meetings	23
Social / Communication Group (prep for CBSST)	3

“The work is always meaningful when the people you work with tell you that it has made a difference in their lives.”

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## Volunteer Services

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The Volunteer Services Program provides strategic and administrative supports to other CMHA program to assist in addressing community needs and promote volunteerism as a needed support for our clients. The program is responsible for supporting staff who supervise agency volunteers to ensure volunteers remain engaged and have meaningful opportunities to help the community. Areas of focus include training of volunteers and volunteer supervisors, recruitment, recognition, communication and standards. Volunteers provide a range of supports, by volunteering as ongoing peer matches, at peer support groups, delivering mental health presentations at school, event support, and providing important services to clients in need.

### BY THE NUMBERS:

**119** ..... volunteers

**3333.5** ..... hours

**6** ..... programs supported

**87%** of volunteers reported they have developed new skills or talents as a result of their volunteer experience at CMHA

“What I valued most were the strategies to deal with co-workers that may have a mental illness... as well as awareness and how to identify symptoms.”

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## Workplace Mental Health

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, early treatment and support, many of these costs can be significantly reduced or eliminated. The Workplace Mental Health program works with employers, managers and front-line employees to better manage mental health and work toward creating a psychologically safe and healthy workplace. The program offers workshops, presentations, an e-learning module for stress management and the Bottom Line Conference available to managers, supervisors, human resource, benefits and union providers as well as employees.

## BY THE NUMBERS:

**912** people reached through workshops, conference and symposiums

**98%** reported they feel better prepared and able to effectively deal with mental health issues in the workplace

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**Annual Report to the  
Community 2013-2014**