Canadian Mental Health Association, Ontario

2013/2014 Annual Report

Canadian Mental Health Association
Ontario

Association canadien pour la santé mentale
Ontario
OUR MISSION
To make mental health possible for all.

OUR VISION
A society that believes mental health is key to well-being.

OUR VALUES
Self-Determination
We support an individual’s involvement in decisions that affect their life.

Diversity
We value diverse perspectives and the lived experience that all people bring.

Social Justice
We are committed to removing barriers and discrimination that impact quality of life, and supporting equitable access to resources, so that people can fully participate in society.

Creativity
We encourage innovative ideas and new ways of working that are responsive to the changing needs of Ontario.

Social Responsibility
We are committed to working in the public interest and for social good.

Integrity
We value honesty and ethical behaviour.
CMHA Ontario: Always Pushing Forward

I was browsing in a store recently and came across a sign that read “Life is Change. Growth is Optional. Choose Wisely.” The sign now hangs in my office. I thought it would be a great way to have a constant reminder that every day we can improve, grow as an organization and move our agenda forward, and that we should not miss any opportunity to do so. And while it’s a blunt message, if my time at CMHA Ontario is any indicator, it’s very true.

Change has been a constant, and it seems to be happening at every level of the organization, from our core day-to-day work, to our relationships with government, to how we’re engaging, supporting and interacting with branches. We are growing our communications capacity and our knowledge exchange work, and broadening our partnerships with both government and organizations in and out of our sector. Our expansive body of policy work in mental health includes areas that we have never before considered, allowing us to expand and grow. Next April, CMHA Ontario will hold a conference, open to all front-line staff in branches, executive directors and board members from across the province. Planning is underway and we’re excited about bringing the “family” together in 2015.

This past year has challenged us on many fronts to improve what we do and how we do it. The support shown to the Ontario Division staff by our board of directors and our branch colleagues has allowed us the opportunity to meet those challenges. I personally want to thank my colleagues, an exceptional group of people who are dedicated, caring and committed to what we do and those we serve. I am immensely proud of our team and I have no doubt that together we will both change and grow for the benefit of all those seeking mental health services in Ontario.

Camille Quenneville
Chief Executive Officer
Respecting the Past, Embracing the Future

This past year has been both productive and invigorating for the Ontario Division Board. We have been busy instilling new ways of thinking while simultaneously conducting traditional board business. A considerable amount of time has been spent revising all board bylaws and policies, which will put us on sound footing for years to come. In November of 2013, we held a board retreat and made revisions to our strategic plan, resulting in a forward-thinking document that will guide us until 2016.

In order to undertake new initiatives, we increased the frequency of board and committee meetings over the past year. Our new initiatives include the development of a “balanced scorecard” which will allow us to measure our work and to be more transparent with government and our branches. We’re also working on a diversity policy to express our commitment to diversity in the work that we do.

We are evolving in our membership, too. Joan Jones has been a thoughtful, committed and engaged member of our board for 12 years. She has also been the Ontario Division representative on the CMHA National Board. We’re sorry to see Joan leave us but are so grateful for her many years of service. We’re very pleased to welcome Tom Walters who has extensive experience in child and youth mental health to our table. Following a rigorous process of vetting many well-qualified candidates, we will be adding two additional board members following approval at our annual meeting.

I’d like to thank my fellow board members and the staff at CMHA Ontario Division for their commitment to both the cause and the organization. It is a pleasure serving with people who are engaged and truly dedicated to giving their very best.

Jamie Spence
Chair of the Board
Canadian Mental Health Association, Ontario
By the Numbers

- **31 branches**
- **970,835 total visits**
- **50,000 total number of individuals served: approx.**
- **10,780,368 total resident days**
Success Stories Across Ontario

CMHA Thunder Bay Photovoice project asks “what makes you come alive?”

Our strength and resilience is our greatest tool in overcoming life challenges. When we focus on these qualities, we begin to realize that anything is possible. However, in the face of adversity we sometimes forget these characteristics and, if ignored too long, our lives become unbalanced, our mental health challenged. It is in these times that we need a little push, an inspiration or a dream to remind us of our strengths.

In our latest Photovoice project, CMHA Thunder Bay asked individuals who are most challenged with sustaining their mental wellness, “What makes you come alive?”

Using cameras and storytelling, participants collaborated to create a multi-media video plus 22 images framed with insightful narratives offering new perspectives and inspiration on wellness and resiliency.

In March 2014, we celebrated the project with an exhibition and opening reception. To an audience of nearly 100 people, participants spoke about how the process of taking photos and reflecting on what makes them come alive encouraged them to focus on their hopes, dreams and desires.

“Glorious lake, shimmering reflections, singing songbirds, peaceful place, I am at home.” - Jen

“The falls have many colours. This is after the flood, so the water level is very high. It looks like there are diamonds on the water.” - Jamie

Every door is the right door for support in Niagara Region

Adults in the Niagara Region facing addictions and mental health concerns have a new and unique central access point, thanks to a collaboration led by CMHA Niagara.

The Mental Health and Addictions Access Line provides immediate telephone support 24 hours, 7 days per week through highly-trained staff and volunteers. What’s unique is that responders assess an individual’s current needs and then establish a link to the best suited services in the region, all the while maintaining an active connection with the caller until receiving confirmation that an appropriate health service provider has connected with the individual needing support.

The service, which tries to ensure that “every door is the right door” to seeking support, is the result of significant collaboration. Sixteen mental health and addictions services and the Hamilton-Niagara-Haldimand-Brant LHIN are participating in this project and were actively consulted in the development of the design and features of the Mental Health and Addictions Access Line.

Mental Health & Addictions
Access Line
1-866-550-5205
Confidential Help 24/7
Merger, unique programs and social enterprise highlights for CMHA Middlesex

A newly amalgamated CMHA Middlesex has brought together three community mental health organizations to enhance services to people in London, Middlesex, Strathroy, Exeter and Goderich. The new organization provides easy, one-stop access to mental health services in the region and supports more than 2,000 individuals through case management, community programs, transitional support, counseling, public education, crisis services and clinical services.

CMHA Middlesex also provides more than 200 supportive housing units across the region and offers unique homeless prevention programs like My Sisters’ Place and the London Coffee House. These programs address housing instability, mental illness and substance use in innovative ways.

Its social enterprise, Impact Junk Solutions, had another successful year and was featured prominently in the Ontario Government’s Social Enterprise Portal launched in the fall. Impact Junk also supported nearly 100 families by providing free used furniture from its warehouse. Incredibly, Impact Junk has yet to take a load to the landfill during the more than two years in business.

CMHA Middlesex is also actively engaged in social media and launched a new bilingual website: cmhamiddlesex.ca. As the newest branch, CMHA Middlesex is excited to be a part of the national, provincial and local CMHA families.

Stronger ties with Aboriginal partners at CMHA Simcoe County

CMHA Simcoe County was fortunate this past year to receive an additional $500,000 to increase services to youth. The money not only meant five more youth workers, it also led to enhanced collaboration with an important Aboriginal community partner, Enaahtig Healing Lodge Mental Health Team.

Acknowledging that Aboriginal youth, particularly with psychosis, weren’t accessing the branch’s Early Intervention Program, it was decided, through discussions with Enaahtig Healing Lodge, to hire someone that would be shared between the two agencies to support Aboriginal youth.

Both organizations were fortunate to hire John Rice, a highly respected Midewiwin Healer. His knowledge of traditional healing and the issues in the aboriginal community allows him to work directly with aboriginal youth who may have had difficulty connecting with mainstream services.

John’s presence is enhancing other areas of the branch as well. He’s able to act as a consultant and share his knowledge of the culture with program areas such as Assertive Community Treatment Teams in Barrie and North Simcoe. Furthermore, at a recent suicide conference, John introduced a powerful film about the Truth and Reconciliation Commission of Canada and the horrific history of Canadian residential schools.

CMHA Simcoe County is cognizant that it must try to fully understand the history that indigenous people experienced as a result of residential schools. John can help the branch integrate that knowledge into clinical practices and help the organization become a more inclusive agency.
CMHA Ottawa talks RDSPs with Senators

CMHA Ottawa had the opportunity this past year to raise a significant issue with key Parliament Hill decision makers when it presented to the Standing Senate Committee on Banking, Trade and Commerce about the Registered Disabilities Savings Plan (RDSP).

The RDSP can provide an important contribution to the financial security for people with disabilities, but can be difficult to access or understand for individuals with serious mental illness (SMI).

Board Chair Karen Nelson and Executive Director Tim Simboli told the committee about the circumstances of those with SMI and the realities of their lives and their finances. These realities coupled with barriers – such as the requirement for identification and an address to open a bank account, the need to file tax returns every year, and the collection of medical documentation and finding a doctor to complete the Disability Tax Credit form – has prevented the vast majority of branch clients with SMI from taking advantage of an RDSP in the six years since they were introduced by the federal government.

“The message we would like to bring is that whenever you’re providing services to individuals with disabilities, you really have to consider the disability itself and the limiting factors that it puts on any kind of process,” Simboli said, adding that getting access RDSPs would be a tremendous benefit to them and to their long-term health.

The senators were attentive and fully engaged in a dialogue on how best to adapt the processes to better serve individuals with SMI. Adaptations to the legislation and regulations will hopefully be formulated based on this feedback.

CMHA Toronto offers a holistic approach to recovery

For 60 years CMHA Toronto has been addressing the mental health needs of its service users. However, more recently the branch has increased its support for clients who also have unaddressed physical health needs that were affecting their overall health and wellbeing.

People living with mental health issues on average live 25 years less than the general population because of illnesses or conditions that are often related to their medications. Also, many of CMHA Toronto’s clients had not had a physical examination for several years.

To address this, the branch launched its Primary Health Care (PHC) initiative to educate staff and clients in areas such as weight management and diabetes management/prevention. In partnership with local health clinics, the branch now also offers the services of nurse practitioners and the results have been positive. Several clients with various health issues like high blood pressure and diabetes are now receiving treatment.

The holistic approach to recovery is also evident in the branch’s Concurrent Disorders Initiative (CDI). The CDI, through its Smoke Stoppers program, has focused on smoking cessation because evidence shows that individuals with mental health issues are two or three times more likely to smoke. By getting clients to reduce or quit smoking, medications work more effectively and individuals can manage and reduce the risk of developing chronic health conditions such as cancer and heart disease. Over the past year and a half, CMHA Toronto clients have made impressive progress: 44% of participants quit tobacco altogether; the other 56% lowered the amount they smoke.
Workplace Mental Health

More than 500,000 Canadians miss work each week because of mental health problems or illness, making it the number one cause for short-and long-term disability. This translates to an economic burden tied to mental health problems or illnesses in Canada which is approximately $51-billion per year.

Since 2001, CMHA Ontario’s Mental Health Works has helped Canadian workplaces effectively address issues related to a psychologically-healthy work environment through skills enhancement training, awareness education and stigma reduction efforts.

Mental Health Works continued to grow this year with exciting initiatives to promote workplace mental health. After the launch of the National Standard of Canada for Psychological Health and Safety in the Workplace (the Standard), CMHA’s Mental Health Works began to explore innovative new ways to offer mental health training to employers across Canada.

In partnership with ScholarLab, a leading innovator of online education in North America, CMHA developed Managing Mental Health in the Workplace, an interactive online course loaded with helpful, perspective-shifting modules on mental health. The digital platform can easily be adapted for individual employees, allowing users to pause and conduct discussions or backtrack to review major points and learning outcomes.

Also this past year, CMHA National appointed Sarika Gundu as National Director of Workplace Mental Health Program, with the goal to improve our capacity and delivery of workplace mental health programs and services to support the implementation of the Standard. Sarika will work closely with CMHA Ontario’s Mental Health Works to build on existing workplace initiatives and develop a comprehensive nationwide program for employers to implement the Standard and better protect their employees’ mental health.

For more information visit www.mentalhealthworks.ca
Centre for Innovation in Campus Mental Health

Post-secondary students experience a multitude of personal, academic, financial, social and athletic pressures. Increasing competition and demands for success lead many students to experience anxiety, depression and stress. However, with appropriate support, students can build resiliency and overcome the challenges that are inherent in pursuing higher education.

CMHA Ontario is pleased to partner with Colleges Ontario, the Council of Ontario Universities, the College Student Alliance and the Ontario Undergraduate Student Alliance in the development of the Centre for Innovation on Campus Mental Health (CICMH). The CICMH is one of the 21 projects funded by the Ministry of Training and College and Universities' Mental Health Innovation Fund.

Its mission is to enhance the capacity of Ontario colleges and universities to support student mental health and well-being. Stakeholders include Ontario's post-secondary mental health service providers and partners, specifically: student services, counseling, accessibility, health, faculty, administration, student leaders and community collaborators.

Within the past year, CICMH successfully launched a campus mental health community of practice, connecting a broad cross-section of post-secondary mental health service providers and partners in Ontario. Members share knowledge, experiences and best and promising practices. A complementary online platform was launched the end of April at http://connect.campusmentalhealth.ca.
Participants were also brought together in November 2013 for CICMH’s first summit meeting, Innovative Approaches in Campus Mental Health. More than 100 people attended the full day of knowledge exchange that cut across inter-professional and cross-institutional boundaries.

The CICMH also this past year unveiled its new website, www.campusmentalhealth.ca, designed to help campus mental health practitioners support the needs and promote the mental health of students. The website contains a resource database on a myriad of relevant topics, including accessibility, crisis prevention, mental health training, and peer support. The site also features an interactive map of promising mental health initiatives taking place on campuses across Ontario.

Moving forward, the CICMH is working with its stakeholders to co-develop a new monthly webinar series, addressing many of the “hot topics” in campus mental health. The first webinar in March 2014 focused on Autism on Campus, April’s webinar explained how ConnexOntario is supporting the work of campus mental health. Please visit www.campusmentalhealth for a list of upcoming learning opportunities and events throughout the year.
Collaborating with People with Lived Experience

This year, CMHA Ontario formalized its recognition of the inherent value of collaborating with people with lived experience (PWLE), family members and consumer/survivor initiatives (CSIs) in our work. A strategy for promoting that collaboration at all levels of the organization’s work is underway. Efforts have focused on the development of a checklist and guidelines to help inform and encourage staff to seek opportunities to work with PWLE, family members and CSIs.

The checklist and guidelines provide staff with insight into why and how to support collaboration, including provision of honoraria to recognize the participation of PWLE. Before being approved and put into motion, the documents were reviewed by CMHA Ontario staff, PWLE, representatives from CSIs and other mental health and addictions agencies, including local CMHA branches.

CMHA Ontario supports the inclusion of the voices of PWLE in the broader mental health and addictions system. Individuals with lived experience bring unique perspectives of mental health and addictions related issues, yet differ from one another in their experiences of the social determinants of health. All of these factors inform, impact and intersect on an individual’s lived experience and how they may contribute to CMHA Ontario’s work.

Together We Mobilize

Suicide is the leading cause of non-accidental death for young Canadians. Canada’s youth suicide rate is the third highest in the industrialized world. And suicide among Aboriginal youth is estimated to occur at rates five to six times higher than among non-Aboriginal youth.

To address this important issue, CMHA Ontario partnered with the Ministry of Children and Youth Services and the Ontario Centre of Excellence for Child and Youth Mental Health to organize five regional youth suicide prevention forums called, Together We Mobilize.

Held in Ottawa, Toronto, London, Sudbury and Thunder Bay, the forums were well-attended by more than 330 people. The events facilitated dialogue between professionals with diverse experience and expertise from across the child and youth, mental health and addictions sectors, as well as youth and parents with lived experience.

The participants discussed youth suicide prevention, risk management and postvention. They shared knowledge and resources in order to build upon previous work that has been done in this area.

The forums are part of the Government of Ontario’s three-year Youth Suicide Prevention Plan to strengthen community initiatives that support young people in crisis. The Youth Suicide Prevention Plan falls within Ontario’s Comprehensive Mental Health and Addictions Strategy.
Mood Walks

People living with serious mental illnesses are at high risk of developing chronic physical conditions associated with sedentary behaviour. Being physically active can help prevent and manage chronic diseases such as diabetes and cardiovascular disease. Emerging research shows that physical activity also promotes positive mental health and can help people recover from mental illnesses.

Mood Walks is an 18-month project to develop, implement and evaluate an educational walking program for adults over 50 who are living with mental health and addictions issues. The goal is to promote both physical and mental health by reducing barriers and creating new opportunities to be physically active, teaching physical literacy and safe hiking skills, and educating participants about the benefits of interacting with the natural environment.

CMHA Ontario, in partnership with Hike Ontario and Conservation Ontario, is providing support for up to 30 community mental health and addictions agencies across the province to launch new walking programs, connect with local hiking clubs, and improve access to parks, hiking trails, conservation areas, and other resources in the community.

Funding for Mood Walks is provided by the Ministry of Tourism, Culture and Sport through the Ontario Sport and Recreation Communities Fund.

For more information, visit www.moodwalks.ca.

Photo Credit: Conservation Ontario
Living Life to the Full: An Ontario Pilot Project

As Canada’s population continues to age, mental health and addictions services and supports for seniors are becoming a greater priority. While many seniors lead fulfilling lives, the physical and emotional challenges that come with ageing can be debilitating. Physical ailments can affect one’s ability to function, while other challenges such as retirement, widowhood, the loss of friendships through death, and new caregiving responsibilities can lead to social and emotional isolation.

Living Life to the Full is an effective method of enhancing behaviour-change skills and tackling problems such as distress, anxiety and depression. Designed by UK mental health expert Dr. Chris Williams, this fun and engaging eight-week course introduces the principles of cognitive behaviour therapy to older adults. Offered in a group format by trained CMHA facilitators, Living Life to the Full can help participants have more energy, feel happier, get fit, be more organized, and enjoy better relationships.

The Ontario pilot project, supported by the Ministry of Health and Long-Term Care through the Healthy Communities Fund, will see Living Life to the Full delivered to older adults in 15 communities, in partnership with the Older Adult Centres’ Association of Ontario. The Rotman Research Institute at Baycrest and the York Institute for Health Research at York University will work with community-based research assistants to evaluate outcomes and identify best practices.

For more information about Living Life to the Full, visit www.llttf.ca.

Understanding Equity and Mental Health in Ontario

Equity issues in mental health have a significant and often negative impact on the people, communities, and health system of Ontario. Consider that our lesbian, gay, bisexual and transgender youth are more than four times more likely to attempt suicide than their straight peers. Or that people with mental health issues face discrimination in employment, housing, access to health care and many other essential components of life.

The issues are wide-ranging, complex, touch diverse regions and populations across the province, and require action at the levels of health systems policy, planning and practice. Despite growing interest in health equity, there remains no clear understanding of what equity means in the mental health context.

This year, CMHA Ontario created Advancing Equity in Mental Health in Ontario: Understanding Key Concepts, a discussion paper to increase understanding of equity issues in the provincial mental health system. The paper marks a critical step in CMHA Ontario’s work to advance greater equity in mental health throughout the province and lays the foundation for the organization’s next step: an action plan to advance greater equity in mental health for all Ontarians.
Think Outside the Box: Mental Health Accessibility Project

It’s often assumed that people with disabilities are hyper visible. It’s also often assumed that disability accommodations or accessibility measures are hyper visible, too. For example, when people think about disability and accessibility, they often picture accessible bathrooms, elevators and parking spaces.

The reality is that many disabilities, including mental health disabilities, are not visible. The same is true for effective accommodations or accessibility practices. In fact, we need to think outside the box when it comes to mental health accessibility. It’s not about building ramps or widening doors – it’s about innovation and inclusion.

Think Outside the Box: Mental Health Accessibility Project is a CMHA Ontario initiative that promotes innovation in mental health accessibility. To do this, we are building a web-based resource to profile innovative or promising practices for mental health accessibility and accommodation. Project planning began in July 2013 and the resource is expected to launch in September 2014.

The Accessibility for Ontarians with Disabilities Act, 2005 and the Ontario Human Rights Code require public- and private-sector organizations in Ontario to increase accessibility and provide accommodations for people with disabilities, including mental health-related disabilities. It is our hope that the Think Outside the Box project will provide stakeholders with the needed tools to develop their own accessibility solutions and increase accessibility for people with mental health disabilities.

Concurrent Disorders

Individuals with concurrent disorders, co-occurring mental health and addiction issues, often face systemic, administrative and attitudinal barriers when accessing health services.

To address this, CMHA Ontario and Addictions and Mental Health Ontario (AMHO) conducted an environmental scan to profile priority issues in planning, delivering and monitoring services for people with concurrent disorders. An advisory committee was convened to inform the scan and a policy review of reports and recommendations as well as key informant interviews were conducted. Key themes were synthesized in order to identify significant issues in the delivery of concurrent disorder services. A survey distributed to 270 mental health and addictions agencies across Ontario validated and expanded on the issues. The resulting report, Concurrent Disorder Services in Ontario: An Environmental Scan, was released in July 2013.

CMHA Ontario and AMHO are currently developing a recommendations report as a follow-up document to the environmental scan. A new advisory committee has been convened to review the issues and corresponding recommendations. A series of focus groups with service providers and people with lived experience will occur and the final report will provide recommendations that support a comprehensive and coordinated approach to enhance services and supports for individuals with concurrent disorders.

10-20% of people experiencing homelessness have co-occurring mental health and substance use disorders. Some believe that the actual prevalence is much greater.
Mental Health Police Records

CMHA Ontario is a founding co-chair of the Police Records Check Coalition (PRCC) along with the Canadian Civil Liberties Association, the Ontario Association of Patient Councils, the Schizophrenia Society of Ontario and the John Howard Society of Ontario. The PRCC aims to end the discriminatory and stigmatizing practice of requesting, releasing and making decisions based on non-conviction information. Non-conviction information is recorded when individuals are apprehended under the Mental Health Act or if charges are withdrawn or stayed as a result of a mental health court diversion.

In the past year, CMHA Ontario and its partners have made strides in raising awareness and effecting change on this issue. In February 2014, the Ontario Association of Chiefs of Police passed a motion to revise the Law Enforcement and Records (Managers) Network (LEARN) Guidelines for Police Record Checks in order to prevent the release of non-conviction records on all levels of police checks with a narrow public safety exception.

CMHA Ontario also made important contributions to a report released by Ontario’s Information and Privacy Commissioner titled, Crossing the Line: The Indiscriminate Disclosure of Attempted Suicide Information to U.S. Border Officials via CPIC. This investigation outlines how suicide attempt information is collected and disclosed to varying degrees by police services across Ontario.

For more information about the PRCC, visit: www.mentalhealthpolicerecords.ca

Police and Emergency Department Use

When a person is experiencing a mental health crisis, a 9-1-1 call is often placed by the individual, a family member, or friend. Typically, police officers are first to arrive on the scene. In some cases, officers accompany individuals to the emergency department (ED) as a result of an apprehension made under the Mental Health Act. According to the Act, once the apprehension is made, the officer has a duty to remain with the individual in crisis until they are examined by a physician or admitted to hospital. This often results in increased wait-times in the ED for police-accompanied visits. In order to improve this process and decrease wait-times, protocols between police services and hospitals have been established in several regions across the province.

CMHA Ontario has been working in partnership with the Provincial Human Services and Justice Coordinating Committee (HSJCC) to address this important issue. Together, we developed the HSJCC Info Guide: Strategies for Implementing Effective Police-Emergency Department Protocols in Ontario, which was released in April 2013. The Info Guide provides an overview of key issues and outlines strategies for establishing effective police-emergency department protocols. These strategies include establishing clear lines of communication, keeping Ontarians who are experiencing a mental health crisis at the centre of care and ensuring their individual rights are protected.
CMHA Ontario, AMHO enhance M-SAA for the sector

CMHA Ontario, in collaboration with Addictions and Mental Health Ontario (AMHO), led a new initiative this past year that has meant positive changes to the Multi-Sectoral Accountability Agreement (M-SAA).

Under the Local Health System Integration Act, 2006, health service providers receiving funding from the Local Health Integration Networks (LHINs) must complete the M-SAA, a contractual obligation that defines accountabilities for funding and service performance expectations.

CMHA Ontario and AMHO convened mental health and addictions experts to promote ongoing dialogue and consultation amongst organizations obligated to the M-SAA. A Mental Health and Addictions M-SAA Working Group was brought together and included Executive Directors/Chief Executive Officers, Chief Financial Officers, clinical managers, and data experts from small- to large-scale organizations with representation in all LHINs.

Over the past year, the working group provided the LHIN M-SAA Advisory Committee with recommendations that addressed concerns from the mental health and addictions sector, specifically recommendations related to performance indicators, definitions and targets, and variability in administering M-SAAs across Ontario.

With the help of the input provided through the working group, the revised three-year M-SAA implemented on April 1, 2014 was more reflective of the experiences faced by community-based mental health and addictions organizations throughout Ontario. But the work is not over. The working group will continue evaluating and making recommendations to further enhance future M-SAAs.

Quality Improvement

The Excellent Care for All Act (ECFA), passed in 2010, is part of the Government of Ontario’s “transformation agenda” to make the health care system more accountable. The EFCA introduced legislative measures to improve the patient-care experience by enhancing accountability, transparency, engagement, and quality improvement.

CMHA Ontario took a significant step toward supporting the transformation agenda this past year with the development of a Quality Improvement. The development of the template actually began in the previous year, under the guidance of a Provincial Quality Improvement Task Group and Technical Advisory Committee comprising CMHA Ontario and local CMHA branches. We subsequently partnered with Addictions and Mental Health Ontario (AMHO) in this work.

With the goal of helping community-based mental health and addictions organizations enhance quality improvement measures, the template’s key quality indicators were drafted, vetted and approved.

CMHA Ontario and AMHO presented the template to Health Quality Ontario and the Ministry of Health and Long-Term Care’s Health Quality Branch and received positive feedback and encouragement to move forward. An action plan is currently being developed across the mental health and addictions sector.

In addition, CMHA, Ontario has developed an online Quality Improvement Community of Practice, including an interactive web-based central repository of information, tool kits and resources to support the mental health and addictions sector with their quality improvement initiatives.
Integration Resources

Ontario’s Local Health Integration Networks (LHINs) are key drivers that support the move toward integration and envision community-based services entirely coordinated within the full continuum of health care. From a client or patient perspective, this means a health system that provides access to community-based services that are coordinated within the continuum of care, and delivered seamlessly without apparent program boundaries.

CMHA Ontario has been pleased to advance integration efforts across the province through a partnership with Community Health Ontario (CHO), which is a strategic alliance between Addictions and Mental Health Ontario, the Association of Ontario Health Centres, and the Ontario Community Support Association.

Together, all the partners represent the majority of Ontario’s not-for-profit home, community support, mental health, addictions and community-governed primary health care providers in all LHIN areas.

In consultation with partners, CMHA Ontario created and is hosting a searchable online repository called Integration Resources. The website launched in Fall 2013 and includes case studies, research, relevant government directives, checklists, and other tools to help community health organizations survive and thrive in the world of integration pressures and opportunities.

To raise awareness and encourage submissions to the website, CMHA Ontario and CHO partner organizations hosted a webinar in early 2014 which attracted more than 140 participants. CMHA Ontario staff continue to monitor the website and update it regularly with new information.

For more information about Integration Resources visit www.integrationresources.ca
Long-Standing Employees and Volunteers

Susan Macartney is CMHA Ontario’s Fund Development Database Administrator and the Division’s longest-serving employee, having been with the organization for 28 years. Susan started her career in 1986 as an administrative assistant in the communications department fulfilling pamphlet orders and helping with advertising campaigns. Susan took on her current role in 1997 and handles direct mail fundraising, maintains donor contact information, and responds to donor inquiries.

“I believe in the cause that I work for because mental health impacts everyone and it’s very important,” she said. “And although I’ve seen support for mental health increase over the years it’s still unfortunate that stigma still exists.”

Janet Lewis is an accounting officer at CMHA Ontario who has been part of the organization for more than two decades, starting her career in 1993.

“I’m very attached to my work here and look forward coming here every day,” said Janet, who workers can attest has a big smile that always lights up a room. “It’s a fun place to work and it’s always been fun.”

In her role at CMHA Ontario, Janet is responsible for employees’ payrolls, pensions, bookkeeping and ensuring that all accounts are balanced. Janet has seen some big changes over the past two decades when it comes to public disclosure about mental health.

“When I first came here I didn’t know much about mental health and people didn’t talk about it much. Now a lot of people are talking about it and I’ve been able to watch and listen to progress being made and that’s an important change.”

George Labrakos has been a volunteer in CMHA Ontario’s communications department since August 2013. George reached out to CMHA Ontario intending to gain more experience in the communications field after completing a postgraduate certificate program in corporate communications and public relations.

“One of the reasons why I contacted CMHA Ontario specifically is because mental health has been a huge topic in the news and with a background in communications and public relations I thought it would be a good place to gain more hands-on experience,” explained George. “My instincts were right and I am so glad to be here and contribute to CMHA Ontario’s communication goals.”

In his role at CMHA Ontario, George has been responsible for creating the organization’s media list, which includes hundreds of print, radio and television outlets across the province. As a result, George has helped increase media coverage for the organization. George also researches and writes content for CMHA Ontario’s website, internal newsletter and social media sites.
Saying Thank You to Mental Health Champions

This past year, we wished a happy retirement to four executive directors who between them dedicated more than 110 years of cumulative service to enhancing mental health services in their communities.

Anita Webb spent 20 years dedicated to CMHA Kenora before retiring in April 2014. During that time she witnessed substantial growth at the branch, which for the last few years served more than 700 clients annually and provided resources, training and mental health information to many more. Webb says that supportive and caring boards of directors, dedicated staff members, and the courage and resilience of people with mental illnesses were the elements that sustained her tenure.

Maurice Fortin spent more than three decades at CMHA Thunder Bay, the majority as the branch’s first and only executive director. Fortin recognizes that much has changed in the field of mental health since he first started and says there’s a greater willingness for the public to speak out about the issue. He said more work is being accomplished every day to break down the stigma that exists, and that people in Thunder Bay have an excellent mental health resource in their community.

Sandy Milakovic has left a legacy of achievements over a 33-year career with CMHA Peel. Sandy has seen the branch change and grow substantially, but certain things remain the same: the courage and resilience of those experiencing mental illness and the families that support them; and, the dedication of staff at CMHA Peel branch. Sandy feels privileged to work in a field she loves and believes mental health and addictions are the next frontier for the healthcare system.

Peg Purvis began her work at CMHA Brant in 1986, a time of growth and optimism as it was during this period when the Ministry of Health and Long-Term Care was making new investments in community mental health. That funding made a difference as it gave people living with mental illness and their families more options for getting help than just the hospital. With committed volunteers and staff, CMHA Brant will continue to be a valued community resource in the years ahead.

CMHA Ontario extends its best wishes and heartfelt thanks to Anita, Maurice, Sandy and Peg for their devotion and passion in their work. Their leadership in the mental health system is very much admired and has impacted many.
## Statement of Revenue and Expenses

Year ended March 31, 2014

### REVENUE

<table>
<thead>
<tr>
<th>Revenue Source</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base funding - MOHLTC</td>
<td>$1,834,889</td>
<td>$1,821,204</td>
</tr>
<tr>
<td>Grants - Special projects</td>
<td>786,169</td>
<td>375,314</td>
</tr>
<tr>
<td>Fundraising</td>
<td>532,126</td>
<td>379,759</td>
</tr>
<tr>
<td>Programs and support</td>
<td>508,618</td>
<td>707,072</td>
</tr>
<tr>
<td>Investment income</td>
<td>106,493</td>
<td>91,310</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$3,768,295</td>
<td>$3,374,659</td>
</tr>
</tbody>
</table>

### EXPENSES

<table>
<thead>
<tr>
<th>Expense Category</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health system development</td>
<td>$1,404,882</td>
<td>$1,470,020</td>
</tr>
<tr>
<td>Public education and awareness</td>
<td>337,236</td>
<td>527,534</td>
</tr>
<tr>
<td>Special projects</td>
<td>786,169</td>
<td>375,314</td>
</tr>
<tr>
<td>Management, operations and support services</td>
<td>590,811</td>
<td>579,102</td>
</tr>
<tr>
<td>Programs and support services</td>
<td>245,914</td>
<td>366,654</td>
</tr>
<tr>
<td>Fundraising</td>
<td>179,545</td>
<td>166,494</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$3,544,557</td>
<td>$3,485,118</td>
</tr>
</tbody>
</table>

**EXCESS/(DEFICIENCY) OF REVENUE OVER EXPENSES**

<table>
<thead>
<tr>
<th>Excess/Deficiency</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Excess</strong></td>
<td>$223,738</td>
<td><strong>Deficiency</strong></td>
</tr>
</tbody>
</table>

*Audited financial statements available upon request.*
Revenue by Source
Fiscal 2013/14

- Base funding - MOHLTC
- Grants - Special projects
- Fundraising
- Programs and support
- Investment income

Expenditure by Program
Fiscal 2013/14

- Health System development
- Special projects
- Public education and awareness
- Programs and support services
- Management, operations and support services
- Fundraising
Expenditure by Program
Fiscal 2013/14

- Health System development
- Special projects
- Public education and awareness
- Programs and support services
- Management, operations and support services
- Fundraising
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