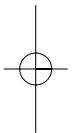
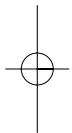
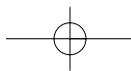


2005 ANNUAL REPORT



CANADIAN MENTAL
HEALTH ASSOCIATION

ASSOCIATION CANADIENNE
POUR LA SANTÉ MENTALE



President's Message

Dear Members:

In introducing this 2004 - 2005 annual report, I have to begin by saying this has been one of the most exciting years to have been working in mental health in Alberta. Working to bring to life the recommendations in the new Provincial Mental Health Plan that was adopted during the year has been a stimulating exercise that has fully engaged CMHA and its partner organizations, and while there is yet much work to be done, we have, in a newly-reconfigured mental health system, with renewed public interest in mental health issues, and under two supportive Ministers of Health and Wellness, made an important beginning towards enduring and necessary reforms. It's essential that we maintain our vigilance to ensure that this important work, well begun, is well continued and well ended, and that no momentum is lost.

It's been a year of change for us. At the end of 2004, Ron LaJeunesse, Executive Director for over 20 years, retired. I couldn't begin to list Ron's many accomplishments while at the helm of CMHA, or to find the words to express what a tremendously significant role he played in the shaping of mental health policy in Alberta and in Canada. His are very large shoes to fill, and while we miss him, we know that he and Wendy are enjoying a well-earned retirement in British Columbia. At the same time, we welcomed Peter Portlock as the Division's new Executive Director, and look forward to working with him. This year we had a provincial election, and geared up for that by preparing candidates' briefing packages, and then beginning, and now actively maintaining, a vigorous relationship with our new provincial Minister of Health and Wellness, Iris Evans.

We have been extremely active in government relations, participating in the AISH Review, and the review of the Health Information Act.

We have participated in a number of working groups created following the release of the new Provincial Mental Health Plan, to address various recommendations in the plan concerning advocacy, the need for a provincial suicide prevention strategy, and the need for more, and better, supportive housing options.

We have maintained the pressure on government to retain and expand criminal court diversion initiatives begun and demonstrated so successfully with the Calgary pilot project. We expect a significant announcement regarding the court diversion program in the fall of 2005.

We have provided ongoing input into the deliberations of the Senate Standing Committee on Social Affairs, Science and Technology led by Senator Michael Kirby, and made a presentation before the Committee in Edmonton on behalf of Alberta Division. We focused on the importance of sustained national leadership, if mental health is ever to emerge from the shadows and become – and remain – part of mainstream health care in this country. We talked about the need for improved advocacy to assist people in accessing the mental health system sooner and with greater effect. And we talked about ways to improve the national information data base on the incidence of mental illness, particularly among vulnerable and at-risk populations.

Alberta has been well represented at the National level by Bob Campbell, who is now Acting National President; and by Bill Gaudette, Dennis Anderson and Jodi Cohen.

We have been tireless in our efforts to move the process of reviewing Division assessments along, and were among the first to name a representative – John Stokdijk, from Calgary – to the Division Assessments Task Force. We are hopeful that a fair and timely resolution of the long-standing issue of the twelve Divisions' financial support of the national association will finally be achieved.

Division has not forgotten that we owe a duty to our Regions to make sure that they have the tools and the knowledge they need to become effective advocates to government at the regional level, and work proceeds to provide the "Advocacy 101" training material to Regions this year.

On behalf of our Board and staff I want to thank all of our Regions' Board members, volunteers and staff for your support, for your innovation and energy, for asking good questions, for keeping us accountable – in short, for all that you do to turn passion into action. I'd also like to acknowledge the superb commitment and hard work of the Division Board and staff during this extremely busy year.

On a personal note, since becoming Alberta Division President in October 2004, I have relocated to Vancouver Island and have decided to step back from my Board responsibilities, turning the stewardship of the Division over to Executive Vice-President Jodi Cohen. She will provide exemplary leadership as President and I wish her every success in that role. I would like to express my appreciation to all those I have worked with in my 36-year connection with CMHA, and to thank you for your support and friendship.

Aleck H. Trawick

About Us

Since its formation in Canada in 1918 and then in Alberta in 1955, the Canadian Mental Health Association, a nationwide charitable organization, has dedicated itself to a **vision** of *mentally healthy people in a healthy society*. With that vision of the ideal future, the Association has endorsed a **mission** to *promote the mental health of all and to support people experiencing a mental illness*.

Considering the impact that mental illnesses have on the individual, on their families, friends, employers and indeed on communities, most people are affected. It is not, in reality, one in five who suffer, nor is it “them” and “us.” Dealing with mental health problems is part of the life cycle for most Albertans.

Against this backdrop, the members, volunteers and staff of the Canadian Mental Health Association in Alberta utilize strategies of *social policy innovation*, *communications* and *direct service provision* in order to achieve their objectives. Effective services also require sound *organizational development* strategies designed to effectively and efficiently manage the organization. The scope and diversity of these activities and outcomes are summarized on the following pages.

Social Policy

Our work has significantly influenced the development of new mental health policy in Alberta. The activities have ranged from research, responses to government proposals, presentations to government committees, briefings to policy makers, coalition building and public information.

Results include:

- Providing an infrastructure to sustain a broad alliance of mental health stakeholders that includes most major provincial professional consumer and advocacy organizations in the province.
- Participating in the development and promotion of the provincial mental health plan in cooperation with the AAMIMH.

- Promoting “best practices” developed by the Federal/Provincial/Territorial Advisory Network on Mental Health.
- Supporting the Minister of Health and Wellness, following the integration of mental health services within Regional Health Authorities, while mandating a Provincial Mental Health Board to advocate, plan and ensure accountability and results – the only one of its kind in Canada.
- Advocating on behalf of consumers and family members to ensure access to, and to promote research on, the use of nutritional supplements in the treatment of depression.
- Providing leadership to criminal justice diversion initiatives at the provincial and national levels, facilitating pilot funding for Edmonton and pressing for new resources for Calgary, St. Paul and Lethbridge.
- Promoting strategies and government and private sector

resources in order to increase housing options for people with mental illnesses.

- Presentations to the Canadian Senate “Kirby Commission” on mental health.
- Providing leadership to the western portion of a consultation designed to produce National mental health policy recommendations.
- Promoting legislative provisions to ensure the privacy and confidentiality of personal information.
- Promoting primary care reform in order to better integrate family physicians into multidisciplinary service teams.
- Promoting policies to improve access to home care services by persons with mental illnesses.
- Working to influence the Alberta Government’s employment and disability (AISH) benefit policies and the initiation of new employment opportunities for disabled people.

Communications

Ensuring that our ideas and knowledge reach the widest possible audience is fundamental to our success. Through the Internet, publications, media, public relations and conferences we strive to inform, debate and stimulate change that will improve the quality of life for people with mental health problems.

Results include:

- Providing a wide range of publications on mental illness and mental health.
- Responding to media requests, including radio and television specials, call-in shows and newspaper guest columns.
- Promoting National Mental Health Week activity.
- Providing extensive web site information at www.cmha.ab.ca, including responding to public e-mail requests for information.
- Advocating for and informing public members who contact the Association for assistance.
- Promoting Mental Illness Awareness Week, Depression Screening Day and World Mental Health Day.

- Promoting mental health research at the University of Alberta on the effects of stigma, and at the University of Calgary on the use of nutrients in the treatment of depression and on the effect of disability benefits on recovery.
- Providing an administrative infrastructure for suicide prevention information, education and training, including an expanded emphasis on research and publications serving aboriginal peoples.
- Publishing *eFACTS*, a current-events bulletin detailing activity and information regarding mental health reform activities, innovations and insights.
- Participation in a Regional plan to hold the National CMHA conference in Edmonton in 2005, sponsored in recognition of Alberta's 100th anniversary and CMHA Alberta's 50th.



Organizational Development

A well-managed organization has a clearly defined vision, mission, values, goals and objectives. It must also have strong leadership, be served by dedicated and qualified people and get results. Managing is not a static activity and constant effort must be made to ensure organizational effectiveness.

Results include:

- Structuring a new "task group" to examine Provincial/Regional roles and responsibilities in light of decentralized government services.
- Supporting the National CMHA Corporate Fund-Raising Campaign.
- Influencing government to increase grants to the Provincial CMHA, Alberta Mental Health Self Help Network and the Schizophrenia Society of Alberta.
- Expanding gaming and foundation revenue.
- Providing provincial consolidated banking, payroll and benefits administration.
- Reviewing financial policies and monitoring fiscal performance.
- Facilitating a consolidated external financial audit.
- Maintaining Regional/Divisional contracts detailing mutual responsibilities, and influencing the development of a similar contract between Division's and National CMHA.

- Promoting Divisional Standards of Service based on "best practices."
- Managing personnel benefit plans.
- Coordinating and monitoring province-wide insurance policies and risk management practices.
- Responding to Regional requests for information, advice, support and assistance.
- Providing legal services.
- Promoting volunteer recognition through an awards system.
- Providing consultation on operations and organizational development, including leadership to Regional strategic planning.
- Providing advice and consultation to Provincial "Divisions" of the Association.
- Providing an administrative infrastructure and support to the Alberta Mental Health Self Help Network, the Alberta Alliance on Mental Illness and Mental Health (AAMIMH) and the Centre for Suicide Prevention (separate detailed reports are available for each of these initiatives).
- Initiating a succession plan for the Executive Director based on extensive membership consultation.

What We Do Locally

The Association's Regional offices assume responsibility for direct services to the public in communities across Alberta. Programs are varied and diverse and reflect local needs and priorities. Detailed Annual Reports are published in each Region and are available upon request. Services include:

Wood Buffalo Region (Fort McMurray)

- Educational programs, including workshops, presentations and print materials
- Skills training, including conflict resolution for youth
- Family support and parenting skills
- Community development and systems advocacy
- Public information, assessment, referral and personal advocacy
- Supported community housing
- Suicide prevention training.

Alberta North West Region (Grande Prairie)

- "Willow Place" - 58 bachelor suites for independent living with accessibility to community supports and services.
- Community housing - 2 units - 6 tenants.
- Referrals and advocacy through understanding.
- "Clubhouse" - psychological rehabilitation programming to enhance a sense of community and individual options.
- Ongoing collaborative community.

Edmonton Region

- Outreach services, including goal-directed case management and service co-ordination
- Day program for skill development, goal setting and enhancement of quality of life
- Housing for independent living
- Social/recreational programs, including camps serving children and adults

- Self-advocacy and leadership training
- Educational programs, including workshops, presentations and print materials
- Public information, assessment, referral and advocacy
- Community development and systems advocacy
- Training of post-secondary students
- Immigrant mental health services and employment preparation.

Alberta Central Region (Red Deer)

- Outreach services, related to housing and poverty
- Bereavement education and support
- Educational programs including workshops, presentations and print materials
- Self-help kits for guardianship
- Public information, assessment and referral
- Personal advocacy, with priority on housing and financial needs
- Community development and systems advocacy
- Thrift store.
- Coordination and support for individuals with acquired brain injury.

Alberta East Central Region (Camrose)

- Resource Centre, providing drop-in activities and support
- Independent living skills program
- Community support services, including training, personal support and work
- Educational programs, including presentations, print materials and a consumer-sponsored speakers' group
- Teaching of basic cooking skills and provision of community kitchen
- Community development and advocacy
- Public information, assessment and referral.
- Employment support service-provides supports to individuals who have a mental illness or a developmental disability and want to be employed.

What We Do Locally

Calgary Region

- Core programs for those with severe mental illness including Supported Housing, Independent Living Support, as well as leisure and recreational opportunities for CMHA clients and long term care facility residents.
- Specialized in supports like outreach to the mentally ill homeless and children affected by a parental mental illness, as well as family support and advocacy.
- Mental health innovations including peer support, community education, and corporate mental health services.
- Public information, presentations, consultation and referrals.
- Volunteer services to encourage community and client involvement.
- Communications to further mental health promotion and awareness.
- Fundraising to help change the face of mental illness.

Pincher Creek Branch of Alberta South Region

- Public information, assessment and referral
- Educational programs, including lending library
- Seniors' luncheon program
- Community development and systems advocacy
- Skills training, including conflict resolution for youth.



Alberta South East Region (Medicine Hat)

- Community development and systems advocacy
- Personal advocacy
- Educational programs, including presentations, workshops, print materials and lending library
- Public information, and referral
- Suicide prevention and training programs
- Supported employment opportunities for consumers
- The Post, thrift shop
- Information and support packs for those concerned about a suicidal individual, or who have lost a loved one to suicide. Hope and Healing Suicide Support Group.
- Peer Support Group
- Bursaries for consumers
- Mental health drop in centre

Alberta South Region (Lethbridge)

- Community support services, including housing, income, employment, recreation and business development
- Pre-employment trades training
- Community development and advocacy
- Crisis intervention and community mental health crisis beds
- Supported community housing
- Group support, including anger management and life skills
- Educational programs, including presentations, print materials, ASIST training and workshop coordination
- Public information, assessment, referral and advocacy.

Financials

Alberta Division Statement of Revenue and Expenses

The Canadian Mental Health Association Alberta Division Statement of Operations

Year Ended March 31	2005	2004
Revenues		
Public support	\$ 230,309	\$ 243,902
Government support	508,875	513,015
Other revenue	184,484	281,515
Productive enterprises	469,074	452,130
	<u>1,392,742</u>	<u>1,490,562</u>
Expenditures		
Amortization	14,311	15,130
Building occupancy	107,274	94,757
Financial expenditures	16,570	15,826
Information services	35,867	81,995
Minor office equipment	-	3,590
National membership	24,374	24,360
Office	78,411	78,157
Other program expenditures	27,700	2,700
Purchased services	325,704	364,182
Salaries	731,640	737,327
Staff recruitment and education	2,732	2,255
Travel and conferences	83,952	108,459
	<u>1,448,535</u>	<u>1,528,738</u>
Deficiency of revenues over expenditures	\$ (55,793)	\$ (38,176)

Alberta Division Balance Sheet

The Canadian Mental Health Association Alberta Division Balance Sheet

March 31	2005	2004
Assets		
Current		
Cash (Note 3)	\$ 423,928	\$ 407,552
Receivables	117,905	179,629
Prepays	10,399	7,674
Due from Alberta Regions (Note 4)	-	15,848
	<u>552,232</u>	<u>610,703</u>
Investment in partnership units (Note 5)	10,879	10,923
Capital assets (Note 6)	32,997	31,866
	<u>\$ 596,108</u>	<u>\$ 653,492</u>
Liabilities		
Current		
Payables and accruals	\$ 29,846	\$ 61,371
Due to Alberta Regions (Note 4)	13,835	-
Deferred revenue	17,890	-
Deferred contributions (Note 7)	322,749	324,540
	<u>384,320</u>	<u>385,911</u>
Net Assets		
Unrestricted	(18,829)	28,793
Invested in capital assets	32,997	31,866
Internally restricted - other (Note 8)	197,620	206,922
	<u>211,788</u>	<u>267,581</u>
	<u>\$ 596,108</u>	<u>\$ 653,492</u>

Auditors' Report on Summarized Financial Statements

The accompanying summarized balance sheet and statement of operations are derived from the complete financial statements of The Canadian Mental Health Association – Alberta Division as at March 31, 2005 and for the year ended on which we expressed an opinion without reservation in our report dated June 17, 2005. The fair summarization of the complete financial statements is the responsibility of management. Our responsibility, in accordance with the applicable Assurance Guideline of the Canadian Institute of Chartered Accountants, is to report on the summarized financial statements.

In our opinion, the accompanying financial statements fairly summarize, in all material respects, the related complete financial statements in accordance with the criteria described in the Guideline referred to above.

These summarized financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that these statements may not be appropriate for their purposes. For more information on the entity's financial position and results of operations reference should be made to the related complete financial statements. **"Grant Thornton LLP"**
Edmonton, Canada
June 17, 2005.

The Division also produces a combined schedule of revenue and expenses taken from the individually audited reports for all of the units of the Association in Alberta. Combined expenses for fiscal year 2004/2005 totaled over 11.6 million dollars.

Doug Baxter,
Vice-President, Finance

Leadership



The CMHA is led by elected volunteers who serve as Directors. They in turn employ personnel.

Executive Committee

Aleck Trawick	President and Chair
Jodi Cohen	Executive VP
Bob Campbell	Past President
Bonnie Thiessen	VP Communications
Doug Baxter	VP Finance
Suzanne Sirias	VP Social Policy
Dick Southworth	VP Organizational Effectiveness

Directors

Joan Brown	Abigail Parrish-Craig
Kathleen Frei	Susan Rich
Betty Friesen	John Stokdijk
Harold McBain	Jim Watson
Carol Nieman	

Division Personnel

Melanie Allard	Ron LaJeunesse*
David Allen	Peter Portlock
Jillian Dacyk	Eveline Royer
Sherryl Husereau*	

Project Directors

Austin Mardon	Bobbie Noden
Diane Yackel	

The Association's regional organizations are separately incorporated and too are governed by volunteers who employ an Executive Director and staff.

Alberta North West Region

Kathleen Frei, President
Helma Fletcher*, Executive Director
Dalvin Napen Executive Director

Wood Buffalo Region

Joan Brown, President
Timmi Shorr, Executive Director

Edmonton Region

Abigail Parrish-Craig, President
Joanne Kidd, Executive Director

Alberta Central Region

Beth Sykes President
Patricia Turnbull, Executive Director

Alberta East Central Region

Peter LeBlanc, President
Colleen Vennard, Executive Director

Calgary Region

Randy Findlay, President
Judy Martin, Executive Director

Alberta South Region

Greg Peterson, President
Deborah Chenery, Executive Director

Alberta South East Region

Carol Nieman, President
Lois Bourassa, Executive Director

* Retired during the year

Awards

Consumers, family members and volunteers are integral to the Association's work across Canada. Hundreds of Albertans contribute their time and talent each year and few are recognized for their extraordinary contribution.

Several of those extraordinary individuals were recognized in year 2005 by CMHA in Alberta.

Bettie Hewes Memorial Award
for Distinguished Volunteer Service

Professional Care Award

Nadine Stirling Memorial Award

Special Service Award

Workplace Wellness Award

National Distinguished Service Award

Marjorie Hiscott Keyes Award

Dick Southworth (Edmonton)

Rhonda Koenig and Trish Leonard (Medicine Hat)

Donald Reid (Medicine Hat)

Provident Energy Trust Ltd. (Calgary)

City of Calgary Fleet Services Dept.

Betty Friesen (Camrose)

Bluma Goldberg (Edmonton)



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