



The Schizophrenia Society of Canada  
**ANNUAL REPORT**  
**2008 – 2009**



A REASON TO HOPE. THE MEANS TO COPE.  
SCHIZOPHRENIA SOCIETY OF CANADA

SOCIÉTÉ CANADIENNE DE LA SCHIZOPHRÉNIE  
UNE SOURCE D'ESPOIR, DE SOUTIEN ET D'ENTRAÏDE.

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Chris Summerville, D. Min; CPRP,  
*Chief Executive Officer*  
chris@schizophrenia.ca

Catherine Willinsky, *Manager,*  
*National Programs and Projects*  
willinskyc@schizophrenia.ca

## Contact Us

E-mail: [info@schizophrenia.ca](mailto:info@schizophrenia.ca)

4 Fort Street  
Winnipeg, MB R3C1C4

Tel: 1-204-786-1616  
Toll Free: 1-800-263-5545  
Fax: 204-783-4898

Web: [www.schizophrenia.ca](http://www.schizophrenia.ca)  
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# Mission

*To improve the quality of life for those affected by schizophrenia and psychosis through education, support programs, public policy and research.*

## Provincial Schizophrenia Societies

Using a federation model, the Schizophrenia Society of Canada works with provincial Schizophrenia Societies to improve the lives of individuals living with schizophrenia, as well as their families. This model enables the Schizophrenia Societies across the country to work together while also recognizing and acknowledging that all provincial societies and the national society are independently incorporated entities according to the laws of their respective jurisdictions.

### **British Columbia Schizophrenia Society**

#201, 6011 Westminster Highway  
Richmond, BC V7C 4V4  
Tel: (604) 270-7841  
Toll Free in BC: 1-888-888-0029  
Fax: (604) 270-9861  
E-mail: [bcss.prov@telus.net](mailto:bcss.prov@telus.net)

### **Manitoba Schizophrenia Society**

100 – 4 Fort Street  
Winnipeg, MB R3C 1C4  
Tel: (204) 786-1616  
Toll Free in Canada: 1-800-263-5545  
Fax: (204) 783-4898  
E-mail: [info@mss.mb.ca](mailto:info@mss.mb.ca)

### **Schizophrenia Society of Alberta**

309, 8989 Macleod Trail South East  
Calgary Alberta T2H 0M2  
Tel: (403)264-5161 ext 33  
Toll Free in AB: 1-800-661-4644  
Fax: 1-866-273-1780  
E-mail: [info@schizophrenia.ab.ca](mailto:info@schizophrenia.ab.ca)

### **Schizophrenia Society of New Brunswick**

PO Box 562, 231 Pleasant St.  
Miramichi, NB E1V 3T7  
Tel: (506) 622-1595  
Fax: (506) 622-8927  
E-mail: [ssnb@nb.aibn.com](mailto:ssnb@nb.aibn.com)

### **Schizophrenia Society of Newfoundland and Labrador**

205 – 206 West Block  
Waterford Hospital  
Waterford Bridge Road  
St. John's, NL A1E 4J8  
Tel: (709) 777-3335  
Fax: (709) 777-3524  
E-mail: [ssnl1@yahoo.ca](mailto:ssnl1@yahoo.ca)

### **Schizophrenia Society of Nova Scotia**

Room B23, E.C. Purdy Building  
300 Pleasant Street  
P.O. Box 1004 Station Main  
Dartmouth, NS B2Y 3Z9  
Tel: (902) 465-2601  
Toll Free in NS: 1-800-465-2601  
Fax: (902) 465-5479  
E-mail: [ssns@ns.sympatico.ca](mailto:ssns@ns.sympatico.ca)

### **Schizophrenia Society of Ontario**

130 Spadina Avenue, Suite 302  
Toronto, ON M5V 2L4  
Tel: (416) 449-6830  
Toll Free in ON: 1-800-449-6367  
Fax: (416) 449-8434  
E-mail: [sso@schizophrenia.on.ca](mailto:sso@schizophrenia.on.ca)

### **Schizophrenia Society of Prince Edward Island**

P.O. Box 25020  
Charlottetown, PE C1A 9N4  
Tel: (902) 368-5850  
Fax: (902) 368-5467  
E-mail: [schizophreniapei@pei.aibn.com](mailto:schizophreniapei@pei.aibn.com)

### **Schizophrenia Society of Saskatchewan**

P.O. Box 305, Station Main  
Regina, SK S4P 3A1  
Tel: (306) 584-2620  
Fax: (306) 584-0525  
E-mail: [sssprov@sasktel.net](mailto:sssprov@sasktel.net)

### **Société québécoise de la schizophrénie**

7401, rue Hochelaga  
Montréal, QC H1N 3M5  
Tel: (514) 251-4000 ext. 3400  
Toll Free in QC: 1-866-888-2323  
Fax: (514) 251-6347  
E-mail: [info@schizophrenie.qc.ca](mailto:info@schizophrenie.qc.ca)

# About Us

## The Schizophrenia Society of Canada

The Schizophrenia Society of Canada began in 1979 and is dedicated to improving the quality of life for those affected by schizophrenia and psychosis through education, support programs, public policy and research. The Society works with 10 provincial societies in a federation model to:

- raise awareness and educate the public in order to reduce stigma and discrimination;
- support families and individuals in their recovery process;
- advocate for legislative change; and,
- support research through the SSC Foundation and other independent efforts.

All the Societies are united through each organization's efforts and share a common goal to raise awareness and educate the public in order to reduce stigma and discrimination.

## The Illness of Schizophrenia

Mental illness can be a devastating illness for anyone. The symptoms of psychosis can confuse the mind, disorient perceptions, and unsettle important relationships with family and friends. But there is hope, schizophrenia and psychosis are treatable and recovery of quality of life is possible when people are able to find the right path to open up options for treatment, support and hope.

That is why the Schizophrenia Society of Canada advocates for, among other treatment options, full access to newer atypical antipsychotic medications. Provincial governments and provincial drug formulary bodies should not play the role of pharmacist. A doctor in consultation with their patient ought to be able to choose the most effective medication suitable to that patient.

Schizophrenia and psychosis are characterized by delusions, hallucinations, disturbances in thinking and withdrawal from social activity. Although they are serious mental illnesses, schizophrenia and psychosis are treatable and most

people do go on to live lives of recovery. Thus, we support the Mental Health Commission of Canada in creating a national recovery-oriented mental health system in our country.

While the exact causes of schizophrenia specifically are still a mystery, it is believed the illness is caused by a biochemical imbalance. Fortunately today there are various treatment options and community supports and services to assist those with the lived experience of schizophrenia and psychosis to move forward in recovery.

Mental illness like schizophrenia and psychosis can impact anyone. Schizophrenia specifically usually develops into a full-blown illness in late adolescence or early adulthood and affects an estimated 1 in 100 Canadians and their families. You can read more about the illness in our brochure, "What is Schizophrenia?", available at provincial offices and online on the SSC website.

We encourage you to visit our web site – [www.schizophrenia.ca](http://www.schizophrenia.ca) - which will be helpful to you as you journey forward in your understanding of schizophrenia and psychosis. We also invite you to visit the web sites of the provincial schizophrenia societies where you will find valuable resources, supports and services at regional and local levels.



# SSC Public Policy & Advocacy

"Advocacy" is defined as verbal support or argument for a cause or policy. Simply put, it is telling your story to a decision-maker, through various means, in order to compel that person to do something.

Most commonly, advocacy is directed towards government and decision makers. In the area of mental health, individuals and organizations advocate for a wide variety of reasons, including improved access to services and improved benefits and supports for people with mental illness.

A successful advocacy effort can take some time to produce results. But each time you speak on behalf of your chosen issue, you raise awareness and build support.



## *What does SSC advocate for?*

While the SSC addresses advocacy issues from a national perspective in influencing national public policy, the provincial schizophrenia societies address local and provincial issues. The Schizophrenia Societies are committed to shaping public policy as regards:

- Access to newer medications
- Creation of national and provincial mental health strategies
- Meaningful engagement of consumers and family members
- Ensuring that those with mental illness are not discriminated against
- Advocating for changes to the justice system in avoiding criminalization of those with mental illness
- Creation of diversion programs (mental health courts, etc.)
- Advocating for safe, affordable housing and elimination of homelessness
- Advocating for meaningful employment
- Supporting mental health promotion and mental illness prevention

# Schizophrenia Society of Canada Foundation

The Schizophrenia Society of Canada Foundation (SSCF) was created by the Schizophrenia Society of Canada (SSC) with the objectives of advancing research in schizophrenia and psychosis through fund development, funding relevant research projects, promoting research and supporting SSC.

The Board of SSCF was required by the by-laws to be comprised of only of SSC Board members. However, at the SSCF annual meeting on October 6, 2008, there was a motion passed that read, "The SSCF Board of Directors will be composed of 9 directors, of which 6 will be from the SSC Board of Directors and the remaining 3 from the SSC membership at large".

The rationale for this change was that it helped provide some "distance" from SSC while at the same time giving the SSC Board a majority and also allowing for people who were not on the Board, but had appropriate expertise, to strengthen the Board.

For this reporting period, the Board members and officers elected were: Jim Adamson, Florence Budden (secretary), Rick David (Treasurer), Pamela Forsythe, Mia Hill, John Gray (chair), Marie Knutson and Judith McKenzie,

Research funds come from the interest generated from donations, some of which are restricted in terms of the areas of research that can be funded. There are two streams, both of which must relate to schizophrenia and/or psychosis: the biomedical (e.g. molecular genetics, genetics, imaging and biochemistry) and the psychosocial stream. An example of recent awards in the biomedical stream is Dr. David Mamo, who is studying certain aspects of drug therapy for people with schizophrenia. An example of the psychosocial stream is the research work that SSC undertook on quality of life as defined by people living with schizophrenia and their families.

An objective of SSCF has always been to leverage research funds and to ensure a credible process for making decisions on which research fellows or projects to fund. Discussions with the Canadian Institutes for Health Research (CIHR) are

underway at the time of writing this report to double the funds available from SSCF for two projects. One would be to support a promising PhD candidate in the area of biomedical research for a three-year period, while the other is designed to provide a "top up" of the best project in an open competition that is relevant to psychosocial aspects of schizophrenia. CIHR has considerable expertise in peer review of research projects and this expertise will be used to advise SSCF on the final decisions.

It is important that SSCF keep up to date with methods of improving its performance. Tony Boeckh of the Tony Boeckh Foundation kindly invited John Gray to a meeting on schizophrenia research funding that examined ways in which funding bodies can address the effectiveness of making funding decisions that will advance research addressing the cause, cure and improvement in quality of life for those with schizophrenia and similar illnesses.

The challenges in the next year will clearly be financial as we are dependent on interest rates that are low. In addition, promoting research in this area will remain an important challenge.

I would like to thank the members of the Board and also Chris Summerville for the important work each person did this year in furthering the objectives of SSCF.

John E Gray, PhD  
*Chair*



# Message from the President

## Respect, Resilience and Recovery

Given that this is my last opportunity to address supporters of the Schizophrenia Society of Canada as national president, I want to convey my thanks for giving me the opportunity to meet so many amazing people – board members, staff and other dedicated volunteers from chapter, provincial and national organizations who share our common mission.

Before getting involved with SSC, I thought that I had a good understanding of the issues facing people with schizophrenia and their families from my years of work as a psychiatrist. As a volunteer with SSC my respect for the courage that people show as they manage lives impacted by illness has grown over the last few years. Some stories are tragic, but there are also some triumphs of perseverance and healing; common to all is the desire of people to create a better future for those confronted by mental illness – a future enlightened by research into causation and most effective treatments, a health care system that is supportive, respectful, responsive and accessible to people with schizophrenia and other psychoses and their families and a society which recognizes the unique attributes of all of us and our right to full citizenship.

That such relatively few people have done so much to push for these developments, frequently in the face of personal challenges, is very impressive. I don't think that most outside the schizophrenia movement appreciate that so much good work is being done by so few, with such modest financial support. We need to get our message out! Perhaps it is another example of what has been called "shared stigma" - when partners - care providers, volunteers and families – accept the marginalized position that mental illness in general and schizophrenia in particular has in Canadian society.

We have been making inroads – the Mental Health Commission of Canada has, in its early work on a national mental health strategy, recognized the need to combat stigma. In pushing for a more responsive holistic treatment system and endorsing a recovery focused orientation, the MHCC's efforts are in keeping with our vision. Although the SSC, like all other illness and service provider groups, has been excluded from formally sitting around the MHCC board table, the

concerns of our movement have been championed by Chris Summerville through his position as the non-governmental board member from Manitoba. But Chris is only one person and I know that there are many others who share his passion to see things improve.

In the last few years the SSC has been able to expand its educational products and services, collaborating with the Canadian Psychiatric Association on a lay version of clinical practice guidelines for treatment of schizophrenia, addressing "Schizophrenia and Substance Use", having "Strengthening Families Together" offered around the country in both official languages, launching "Your Recovery Journey" and sharing the results of our SSCF funded Quality of Life survey. Beyond the significant impact that these ventures have on the people who utilize them there is a more general but powerful message about our intention to be proactive, informed and progressive. This work has gained respect for SSC within the larger mental health community and should assist us in our advocacy efforts with government.

I hope that we can push forward together using all avenues available to us at local, provincial and national levels to achieve our shared dream. In my vision of the future a diagnosis of schizophrenia is made in a timely, accurate fashion. Effective treatments and supports are personalized to fit the unique needs of the person with the illness. Families and other concerned supporters are included as we work together to effectively address symptoms, minimize distress and disruption and restore functioning so that our child/sibling/friend can have well founded hope in being able to proceed with his/her life's goals despite having to manage a mental illness. Recovery and schizophrenia - not an impossible dream!



*Pamela Forsythe, MD, FRCPC  
President*

A handwritten signature in black ink that reads "Pamela Forsythe".

*Pamela Forsythe, MD, FRCPC  
President*

# Report from the CEO

## A Paradigm Shift

The philosopher, Thomas Kuhn was the first to use the “paradigm” for science. The word, like many scientific terms, comes from Greek, and means example. A paradigm is an overall concept accepted by most people in an intellectual community because of its effectiveness in explaining a complex process, idea, or set of data. Some view a paradigm as a philosophical and theoretical framework of a scientific school or discipline within which theories, laws, and generalizations and the experiments performed in support of them are formulated; broadly: a philosophical or theoretical framework of any kind.

When the Schizophrenia Society of Canada was established in 1979 by Bill Jefferies, the mental health paradigm of that day was primarily a biological one. It was not expected that a person could live beyond the limitations of mental illnesses like schizophrenia. Resuming one’s education, working, marrying or serving on a board were not seen as reasonable goals.

The mental health paradigm has shifted towards a bio-psycho-social-spiritual-recovery-empowerment perspective. This has taken place over the last 20 years. Today, with the advance of better medications and other treatment options, the introduction of psycho-education, psycho rehabilitation and enhanced community supports and services, and a focus on empowerment and recovery, we know that people with the lived experience of schizophrenia can live beyond the limitations of the illness. In fact, they can recover a quality of life.

Services are being dramatically reworked from those of a traditional medical and rehabilitative nature towards this new paradigm based on consumer participation and empowerment.

We are reminded that this paradigm shift is transforming services by redefining the power relationships between well intentioned service providers and consumers of their services. Engaging consumers and family members in every level of service management – collectively and individually – is based not on arguments of efficacy or efficiency, but on clearly articulated values of self-determination, choice, hope and empowerment. These are the values of recovery-oriented mental health services.

The primary goal of the Mental Health Commission of Canada is the creation of a national mental health strategy. Any national mental health strategy must be built upon this new paradigm. The Schizophrenia Society of Canada is playing a significant role in shaping the outcomes of the Mental Health Commission of Canada’s discussion on a national mental health strategy.

A recovery-oriented national mental health strategy will result in a better quality of life for those living with schizophrenia and other mental illnesses.

Below, the reader will find a summary of the major accomplishments of the SSC this past fiscal year.

## *Quality of Life Report*

Mental illness can be devastating for anyone; however, it is especially difficult for young adults as it often disrupts their education, career plans and the raising of a young family. The symptoms of psychosis can confuse the mind, disorient perceptions, and unsettle important relationships with family and friends. But there is hope, schizophrenia and psychosis are treatable and recovery of quality of life is possible when people are able to find the right path to open up options for treatment, support and hope.

The Schizophrenia Society of Canada, this past year, commissioned a Canada-wide survey to learn how it can support people living with schizophrenia and their families to recover the best quality of life possible. Through a qualitative and quantitative survey and cross Canada focus groups, 1,086 people who have experienced mental illness shared what quality of life means to them.



Chris Summerville, D.Min., CPRP  
CEO



### *Message from the CEO - continued*

The final report of the Quality of Life Survey Project was completed this past year and distributed to various stakeholders, including the Mental Health Commission of Canada and the 21 national members of the Canadian Alliance on Mental Health. The results revealed that people living with schizophrenia and their families share similar hopes and frustrations regarding their quality of life.

This extensive survey, the largest of its kind in North America, highlighted certain key areas in which quality of life can be improved for people living with a mental illness:

- *Hope, optimism and a belief in recovery are critical to improving the quality of life for people affected by schizophrenia and related mental health disorders.* While 96% of people living with mental illness believe recovery is possible, families sometimes lose optimism in the face of illness and don't always believe that professionals think recovery is possible.
- *Friendships and family support are foundational.* Symptoms of psychosis can unsettle important relationships with family and friends and contribute to isolation and loneliness. The support of friends and family is essential to recovery, employment and greatly improves quality of life.
- *Stigma and discrimination are real barriers to quality of life.* Approximately 90% of adults with serious mental illness are unemployed. Studies show that many of them want to work and many can work. However, the lack of rehabilitation programs and the prevalence of discrimination prevent them from finding meaningful employment. Poverty is the unfortunate outcome. Canadians living with mental illness also felt that treatment and support services are severely under funded.
- *Medications and services can foster recovery.* While medications are important, most people feel their family and professionals place far too much focus on medication adherence and not enough on what supports recovery and builds their quality of life.
- *Family/caregivers need to find balance too.* Families often carry a heavy burden, as a result the mental, emotions and physical health of the entire family can suffer. Having professional support, learning more about schizophrenia and understanding what supports recovery would help families cope.

Overall, the Schizophrenia Society of Canada's national survey recommends encouraging professionals to move beyond a narrow focus on managing symptoms to supporting and nurturing recovery from a body, mind and spirit perspective. Stigma and discrimination also need to be addressed through education, public policies and promotion of rights. As well, funding of safe, affordable housing.

The Quality of Life Report can be found at: [www.schizophrenia.ca/QualityLife.htm](http://www.schizophrenia.ca/QualityLife.htm)

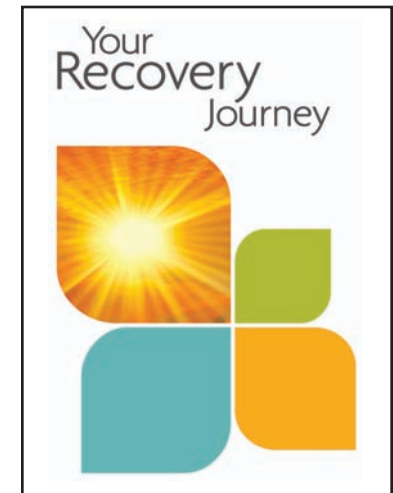
### *Your Recovery Journey*

Over the last two years the SSC has, with an unrestricted grant from Janssen –Ortho, developed “Your Recovery Journey.” It is a peer led, five module curriculum for use by those with mental illness addressing five topics:

- What is recovery?
- Quality of life
- Self-management
- Medication as a tool for recovery
- Moving forward: personal action planning

Your Recovery Journey can be used by self help groups, in and out patient groups, PACT teams, First Episode Clinic, etc.

The overall goal of the program is to increase participants' ability to meet their personal recovery goals by enhancing their self-determination and quality of life. This is accomplished by providing an opportunity for participants to explore the many aspects of recovery, exploring the role of personal goals in the recovery journey, and giving them the knowledge and tools they need to be active participants in managing their illness and recovery. The program is designed to be facilitated or co-facilitated by people who themselves have experience with mental illness and have also experienced recovery in their own lives.



"Your Recovery Journey" is important for several reasons. It builds on the now well-established literature and evidence base for recovery from mental illness, and contributes to the growing number of programs that focus on empowering people to manage their own treatment and recovery journey.

The program is based upon a peer-support model for a number of reasons: because peer support is an example of the kind of self-determination that occurs in recovery, and because peer support can transform lives. Hearing from others who have experienced similar struggles, and who understand, is an important factor in recovery.

For years it was thought that mental illnesses like schizophrenia were "kiss-of-death" diagnoses. Life was over. All hope evaporated. But we now have numerous long-term studies that indicate that up to two-thirds of people with mental illness can and do recover.

Recovery can have many different meanings. Some people will have one episode of psychosis or schizophrenia. Their recovery is much like that of a person recovering from a heart attack; though they are vulnerable, they may never have another episode again.

For others, the recovery or recovering process is much longer, perhaps even life-long. There may be intermittent relapses with mental illnesses like schizophrenia and bipolar disorder. Like people who live with asthma, people with schizophrenia can live a life of quality and purpose, but must pay special attention to self-care and to managing their illness.

Some people who have experienced unremitting mental illness seem to be beyond recovery. But we must still hope they can experience recovery.

Dr. Larry Davidson, professor of psychiatry at Yale University, says that recovery means learning how to live outside the mental illness rather than inside it. To live inside the mental illness is to be lost in its downward spiral. Living outside schizophrenia is about reclaiming your life. It is about self-determination, choice, hope, and empowerment.

Many who experience prolonged mental illness are not only recovering from the illness, but are also recovering from the losses associated with mental illness,

and from its stigma and discrimination: loss of friends, income, safe and affordable housing, vocational and recreational opportunities, health, and hope of recovery. We need to address the social injustices and lack of full citizenship opportunities experienced by people who live with mental illnesses.

Many people who have experienced mental illness demonstrate that recovery is possible. They say life can be lived beyond the illness. The motto of Home Depot is "You can do it. We can help". The job of the SSC, mental health service providers, family and friends is to create environments in which recovery can take place. "Your Recovery Journey" helps to create that environment.

Your Recovery Journey material can be downloaded at: [www.your-recovery-journey.ca](http://www.your-recovery-journey.ca)

### *Schizophrenia in Canada: A National Report*

The SSC was able to develop and release a new national report this past year calling for greater public awareness about schizophrenia. Sixty percent of Canadians assume that people living with schizophrenia are likely to act violently toward others. "Schizophrenia in Canada: A National Report" calls on Canadians, health care professionals and government to support a National Mental Health Strategy that addresses the disparities and inequities faced daily by those living with schizophrenia and their family members due to stigma and misperceptions.

The report describes different factors affecting those with schizophrenia, such as public perceptions and discrimination, quality of life, access to health care services, access to medications, wait times and government spending on mental health. These are key factors that illustrate the standard of schizophrenia care in Canada.

Misconceptions and social prejudice lead to negative stereotyping and stigma towards people living with schizophrenia. The report examines how stigma



### *Message from the CEO - continued*

negatively impacts the lives of people living with schizophrenia. Stigma causes gradual social isolation, making it harder for them to seek the help and treatment they need to manage their illness.

The report found that people with schizophrenia also experienced discrimination within the Canadian health care system. Schizophrenia in Canada calls highlights the findings of a 2008 report by the Fraser Institute on hospital waiting times, in which, physicians were asked to provide a reasonable wait time to receive various medical treatments. On average patients are waiting over six weeks longer for psychiatric treatment than is deemed reasonable.

The SSC believes it is unacceptable that people living with schizophrenia wait an average of 18.6 weeks from referral to receiving treatment for psychiatric care. Mental health must be considered a top priority in the national and provincial wait time strategies.

The research for Schizophrenia in Canada: A National Report was conducted by Léger Marketing and supported through an unrestricted educational grant from Pfizer Canada Inc.

The report can be found on our website at [www.schizophrenia.ca](http://www.schizophrenia.ca).

### *SSC'S Continued Advocacy for Access to Treatment Options*

Symptoms of psychosis can confuse the mind, disorient perceptions, and unsettle important relationships with family and friends. But there is hope, schizophrenia and psychosis are treatable and recovery of quality of life is possible when people are able to find the right path to open up options for treatment, support and hope.

That is why the Schizophrenia Society of Canada continues to advocate for, among other treatment options, full access to newer atypical antipsychotic medications. As new medications are approved by Health Canada, Provincial governments and provincial drug formulary bodies should not play the role of pharmacist. A doctor in consultation with their patient ought to be able to choose the most effective medication suitable to that patient.

While not the only solution, medications can foster recovery in mental illness. Medications are an important part of a person's recovery – among the most important components of a holistic program that helps give hope and builds quality of life.

Working with the provincial schizophrenia societies, the SSC continues to recommend and advocates for complete access to treatment and support for all Canadians with mental illness.

### *The Schizophrenia Society Submission to the Mental Health Commission of Canada*

The development of this submission to the Mental Health Commission of Canada (MHCC) was in response to the national mental health strategy framework document *Toward Recovery and Well-Being*. The report represents an important part of our effort to help shift public policy and thus improve the mental health system.

This phase of the process for the MHCC represented the development of "WHAT" a transformed mental health system should look like. In its submission the SSC provided comments accordingly. In the next phase, when the MHCC develops the roadmap for "HOW" the goals can be achieved, the SSC will submit more detailed recommendations.

Schizophrenia is a serious but treatable brain disorder that affects approximately one per cent of Canada's population according to the Public Health Agency of Canada. The symptoms include delusions, hallucinations, disturbances in thinking and communication, and withdrawal from social activity. Unfortunately, it is a disorder that often develops among people 15-25 years of age – a critical developmental period in a young adult's life.

The SSC supports the Mental Health Commission of Canada and the need for a mental health strategy that will guide the transformation of our current mental health system. We also support the eight goals and associated principles in the mental health strategy framework document *Toward Recovery and Well-Being*.



In summary, the MHCC's framework document argues that in a transformed mental health system:

- The hope of recovery is available to all;
- Action is taken to promote mental health and well-being and to prevent mental health problems and illnesses;
- The mental health system is culturally-safe, and responds to the diverse needs of Canadians;
- The importance of families in promoting recovery and well-being is recognized and their needs are supported;
- People of all ages have equitable access to a system of appropriate and effective programs, services and supports that are seamlessly integrated around their needs;
- Actions are based on appropriate evidence, outcomes are measured and research is advanced;
- Discrimination against people living with mental health problems and illnesses is eliminated, and stigma is not tolerated;
- A broadly-based social movement keeps mental health issues out of the shadows – forever.

However, the SSC believes that individuals with schizophrenia and psychosis have unique needs. In an effort to address these needs, the SSC submitted, among many, the following recommendations to the MHCC for its consideration and ongoing dialogue.

1. Include best and promising practices for those affected by schizophrenia and psychosis which include early intervention and diagnosis (First Episode Clinics), access to physical examination and appropriate testing and access to a full range of treatment options and community supports including:

- Medications – fully accessible and covered by provincial/territorial public drug plans

- Psychological support services such as Cognitive-Behavioral Therapy (CBT), talk therapy, etc.
  - Concurrent disorders services (combination of a mental health problem and a substance use disorder)
  - Psychosocial rehabilitation (social and life training skills)
  - Appropriate discharge planning with meaningful engagement of both patient and family
  - Enhanced community supports and services
  - Access to mental health worker, occupational therapist, proctor, PACT team, etc.
  - Crisis Intervention services (Stabilization Units, Mobile Units, brief therapy counselors, etc.)
  - Peer Support Services
  - Vocational rehabilitation leading to meaningful employment and/or volunteer work
  - Safe and affordable housing of choice (independent, supportive or supported)
  - A full range of services and supports such as housing, income and employment opportunities - Individuals diagnosed with a mental illness such as schizophrenia should not have their income support restricted immediately upon securing employment. Often this creates undo hardship, particularly when the employment is temporary and low-paying
  - Meaningful family engagement (family psycho-education, family planning, etc.)
  - Sufficient trained staff working in a coordinated manner to meet the needs of the population in a particular area
2. Adopt a recovery-oriented, patient and family-centred approach.
3. Implement mental health legislation across Canada that meets the needs of those with severe mental illness.

4. Introduce diversion programs across Canada to avoid criminalization of those with mental illness.
5. Help to reduce the social prejudice associated with mental illness.
6. Work collaboratively with Mental Health Partnerships of Canada.
7. Conduct meaningful engagement with all stakeholders including the SSC.

The SSC's submission can be found on our website at [www.schizophrenia.ca](http://www.schizophrenia.ca).

### *Understanding the Link Between Cannabis Use and Psychosis: A National Awareness Strategy for Youth at Risk*

Over the past few years, a greater awareness has emerged of the potential dangers of cannabis use for those with a predisposition to mental illness, fuelled by the results of new studies in scientific journals and reports in the mainstream media. Anecdotal evidence and increased numbers of calls received at Schizophrenia Society offices have shown that the link between cannabis use and psychosis is an increasingly important concern of members of the public, including youth, family members, service providers and educators.



Clinical research has found that substance use during psychosis increases negative outcomes, including treatment non-adherence, relapse, re-hospitalization, poorer social functioning and higher treatment costs. The complex issues involved in co-occurring substance use and psychosis can make detection, diagnosis and, ultimately, treatment and recovery particularly challenging. Given these risks, it makes sense that identifying and reducing substance use and abuse should be a key target for early psychosis intervention services.

SSC's new three-year project (funded by the Drug Strategy Community Initiatives Fund of Health Canada) will provide an opportunity to design a meaningful prevention effort to effectively reach youth at risk of developing psychosis by increasing our understanding of the reasons why young people with psychosis use cannabis. The project will build on research that has previously been conducted and on prevention initiatives already underway across the country in order to enhance our understanding of the issues.

The project will use participatory action research to investigate cannabis use among youth who have experienced psychosis. Youth researchers will be trained in qualitative methods and will gather information through focus groups and interviews with their peers. The research process will yield important information and increase our understanding of the experience of at-risk youth, forming the basis of a cannabis prevention strategy for this population, an important goal of the project.

The project will involve youth in all aspects of its development, delivery and evaluation, from the research through action process, including the creation and dissemination of educational material. We will work with 4 Early Intervention in Psychosis clinics across Canada to recruit and train the participating youth. The selected youth will be involved in helping to frame the project's goals and research questions within the context of their lives and their reality. They will be trained in research methodology and will conduct the data gathering through interviews and focus groups with their peers. The youth will also play a key role in analyzing the data and framing the results in a way that will result in effective prevention messaging for their peers.

The materials produced through the project will help guide prevention efforts that are more likely to be effective for the at-risk population the project is designed to address.

For more information about the project, please contact Catherine Willinsky, Project Manager [willinskyc@schizophrenia.ca](mailto:willinskyc@schizophrenia.ca) tel:(416) 405-9564 fax: (416) 405-9586.

## *The Tim MacLean and Vincent Li Tragedy*

The Tim MacLean tragedy – the man who was killed on the Greyhound Bus by Vincent Li - illustrates why a National Mental Health Strategy is critical to preventing future tragedies. The Schizophrenia Society of Canada remains concerned about the negative or limited information that exists regarding individuals with schizophrenia and psychosis. This has been evident in the case of Vincent Li.

Since 1 in 5 Canadians will experience a mental illness in their lifetime, and 1 in 100 people will be diagnosed with schizophrenia, it raises the issue for reflection on the nature of mental illnesses including what it is and what it is not with regard to symptoms, treatment and risks of violence. This is especially true when such an unfortunate event as the McLean/Li tragedy surfaces, and we see the social prejudice and stigma that is still prevalent in our society.

Social prejudice is one reason why many with mental health problems and mental illness do not seek out help and treatment. As well, immigrants from other cultures often struggle with pronounced feelings of stigma regarding mental illness.

This is a major reason why the SSC supports the Mental Health Commission of Canada's proposed creation of a **Ten-Year Anti-Stigma and Anti-Discrimination Campaign** to change the understanding and attitudes of those Canadian who promote stigma and discrimination towards those with mental illness. The likelihood of violence by people with mental illness is exceptionally low. In fact, people living with mental illness are more often the victims of violence, as opposed to being the aggressor. Fortunately, studies show that when people who were, or would have been dangerous, receive psychiatric treatment they are no more dangerous than people without a diagnosis.

Schizophrenia and psychosis are treatable! But early identification and intervention in treating mental illness are crucial as treatment options do work.

While we understand and empathize with Timothy's mother and the McLean family and support their concern for public safety, we do not believe that the proposed "Tim's Law", which would have individuals deemed Not Criminally Responsible (NCR) incarcerated for life, is the solution. Both Tim McLean and Vincent Li are victims of a complete psychotic episode, in which Vincent Li had no insight and awareness of his actions.

Respectfully submitted,



Chris Summerville, D.Min., CPRP  
*Chief Executive Officer*

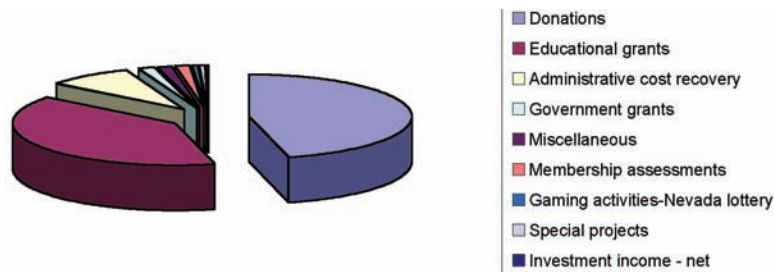
# Treasurer's Report and Financial Statements

I am pleased with the results that are reflected in Schizophrenia Society of Canada's financial statements for the year ending March 31, 2009. Audited financial statements are available upon request.

This year we were not in a deficit position as we had originally budgeted. Expenses were closely monitored and we tightened our belts by operating as a virtual office. We also participated in green initiatives that helped us reduce emissions in travel and paper use by communicating through the internet. All of these internal initiatives helped keep our overhead costs low and we are proud to say it has resulted in a surplus position during these poor economic times. Keeping our organization virtual and green by controlling costs will help build our reserves so that we remain sustainable and continue to serve.

Programs were reviewed and the ones that drained our resources such as Nevada Gaming were eliminated during this fiscal year. Although the Total Revenues dropped by slightly over 10% in the fiscal year, the expenses were reduced by 27% allowing Accumulated Surplus to double from 67,949 to 136,570.

Betty Penny, BA, MBA  
Penny & Associates Inc.



## Schizophrenia Society of Canada

Statement of Revenues, Expenditures and Accumulated Surplus. For the year ended March 31, 2009

Revenues	2009	2008
Donations	\$ 371,930	\$ 354,008
Gaming Activities – Nevada Lottery	5,620	71,350
Government Grants	14,865	132,778
Educational Grants	319,302	190,301
Membership Assessments	9,743	17,695
Special Projects	5,000	30,397
Administrative Cost Recovery	68,882	46,954
Investment Income – Net	1,415	–
Miscellaneous	10,833	45,348
	<b>807,590</b>	<b>888,831</b>
Expenditures		
Fundraising	105,690	185,177
Gaming Activities – Nevada Lottery	875	38,530
Public Awareness & Education	278,859	214,747
National Newsletter	13,355	11,101
Advocacy Initiatives	41,696	57,892
Event Expenses	6,215	58,536
Board/Committee Expenses	40,543	9,092
Office Expenses	35,640	55,053
Professional Services	8,629	8,902
Equipment/Furniture		
Owned	17,437	6,308
Rental	9,598	9,590
Travel	16,694	13,746
Human Resources	154,445	334,436
General & Administrative	9,965	10,499
	<b>739,641</b>	<b>1,013,609</b>
Excess (deficiency) of revenues over expenditures for the Year	67,949	(124,778)
Accumulated Surplus – Beginning of Year	68,621	193,399
Accumulated Surplus – End of Year	136,570	68,621

\*Audited financial statements are available upon request.

# The SSC 2008-2009 Awards

Our schizophrenia societies depend upon the perseverance, skill and devotion of dedicated volunteers, practitioners and staff members who help us to achieve our mission of promoting a quality of life for those affected by schizophrenia and psychosis. Without their dedicated efforts, we would be missing the leadership and direction essential for our organizations.

Each year, the Schizophrenia Society of Canada recognizes individuals and initiatives/programs within the schizophrenia community that are helping to fulfill our mission through the presentation of our Annual Awards. The recipients of the 2008 awards were:

## ***Bill Jeffries Family Award***

Oshoowa Doorn - Regina, Saskatchewan

## ***Flag of Hope Award***

Ian Pollett - St. John's, Newfoundland

Jesse Bigelow - Toronto, Ontario

## ***Outstanding Initiative/Program***

Reach Out Psychosis Tour – British Columbia  
Schizophrenia Society

## ***Outstanding Achievement Award***

Dr. Bill McEwan - Vancouver, British Columbia

## ***Michael Smith Award***

Florence Budden - St. John's, Newfoundland

## ***Outstanding Staff Award***

Jane Burpee – Manitoba Schizophrenia Society

Hazel Meredith – BCSS, Victoria Chapter

## ***Media Award***

The Globe & Mail - Montreal, Quebec

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