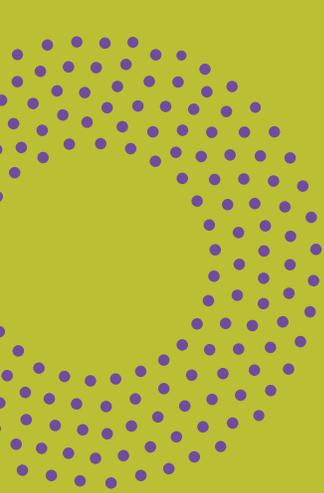


hope support care

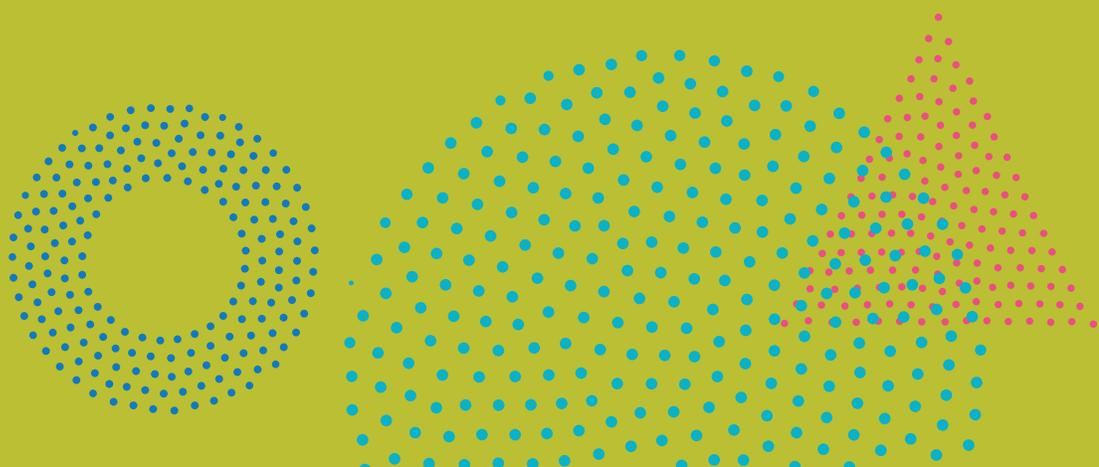
Annual Report 2016–2017



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'ENTRAIDE.



**Our mission and goals are at the
♥ of everything we do. Through
our programs and activities, we
strive to: reduce stigma through
education and awareness; support
individuals and families; advocate
for improved services and
treatments; and support research.**



Who we are

2016-2017 SSC Executive Committee

Florence Budden
President

Joan Baylis
Treasurer

Donna Methot
Member-at-Large

Chris Summerville
Ex-Officio

2016-2017 SSC Board of Directors

The Schizophrenia Society of Canada's Board of Directors is comprised of representatives of ten provincial schizophrenia societies across Canada, as well as five directors-at-large.

Sylvie Maréchal
Société Québécoise de la Schizophrénie

Florence Budden
Schizophrenia Society of Newfoundland and Labrador

Doug Race
Schizophrenia Society of Alberta

Donna Methot
Schizophrenia society of Nova Scotia

Michelle Seibel
British Columbia Schizophrenia Society

Julia Gajewski-Noel
Schizophrenia society of New Brunswick

Doug Tiltman
Manitoba Schizophrenia Society

Joan Baylis
Schizophrenia Society of Saskatchewan

Aamir Mian
Schizophrenia Society of Ontario

Gail MacLean
Schizophrenia society of Prince Edward Island

Dr. Lori Triano-Antidormi
Director-at-Large, Ontario

David Newman
Director-at-large, Manitoba

Dr. Phillip Tibbo
Director-at-large, Nova Scotia

Jeffery Costain
Director-at-large, Ontario

Chris Watkins
Director-at-Large, Alberta

Staff

Dr. Chris Summerville
Chief Executive Officer

Katrina Tinman
Administrative Assistant



Schizophrenia societies across Canada

The Schizophrenia Society of Canada (SSC), as part of its purpose and delivering on its mission, is pleased to work in partnership with 10 provincial schizophrenia societies across Canada. We work together to increase awareness and understanding, support families and individuals, encourage legislation that benefits individuals and families, and promote research.

We sincerely appreciate the support of the following provincial schizophrenia societies and look forward to continued collaboration:

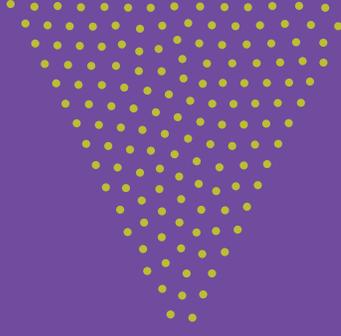
British Columbia Schizophrenia Society
Manitoba Schizophrenia Society
Schizophrenia Society of Alberta
Schizophrenia Society of New Brunswick
Schizophrenia Society of Newfoundland and Labrador
Schizophrenia Society of Nova Scotia
Schizophrenia Society of Ontario
Schizophrenia Society of Prince Edward Island
Schizophrenia Society of Quebec
Schizophrenia Society of Saskatchewan
Schizophrenia Society of Canada

Schizophrenia Society of Canada

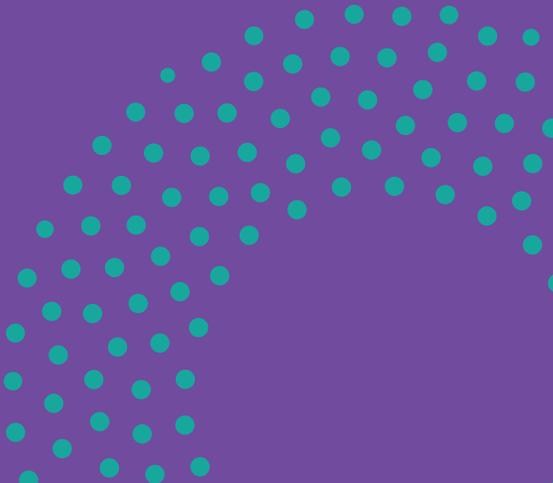
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Toll Free: 1.800.263.5545
Fax: 204.783.4898

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🌐 www.schizophrenia.ca
🐦 twitter.com/SchizophreniaCa
📘 facebook.com/SchizophreniaSocietyCanada





**Recovery from
mental illness is
possible but it takes
the support of a
caring community!**



Our Purpose:

The Schizophrenia Society of Canada (SSC) is a national registered charity with a mission to improve the quality of life for those affected by schizophrenia and psychosis through education, support programs, public policy and research. Founded in 1979, we are proud to celebrate more than 39 years of hope, change and innovation.

We work with 10 provincial societies and their regional workers and volunteers to help individuals with psychosis and schizophrenia and their families have a better quality of life while we support the search for a cure. We are committed to:

- Raising awareness and educating the public to help reduce stigma and discrimination,
- Supporting families and individuals,
- Advocating for legislative change and improved treatment and services, and
- Supporting research through the SSC Foundation and other independent efforts.

SSC Core Values:

The SSC values provide further clarity on what the Society stands for and what it sees as important for improving the quality of life for individuals with schizophrenia and their families. The values complement the Society's corporate objects (purpose) and its mission. To be a member of SSC, persons need to indicate their agreement with the Society's objects, mission and values.

The SSC's core values are as follows:

- Schizophrenia and psychosis are medical illnesses that, like other medical illnesses, have variable expression/effects on symptoms, function and response to treatments.
- Schizophrenia and psychosis are caused by a number of different factors; from multiple genetic or environmental factors or from a combination of both.
- The SSC fully supports the important role of research in all areas related to schizophrenia and psychosis (biological, psychological, spiritual, and social determinants of health)
- Persons with schizophrenia and psychosis are entitled to efficient multi-disciplinary and integrated evidence-informed treatment and community support services.
- Persons at the early phases of their illness are entitled to real secondary prevention (early intervention and treatment) through specialized first episode psychosis clinics and their collaborators.
- Persons with schizophrenia and psychosis are to be included as full citizens in accessing education, employment, housing, medical services, recreation and social supports.
- Whenever possible families are essential partners in the care and the treatment and recovery plans of persons with schizophrenia and psychosis, and deserve respect and support
- Persons with schizophrenia and psychosis must be included in their treatment planning, care and recovery plans.
- Persons with schizophrenia and psychosis and their families are not to be blamed for this illness.
- The SSC values collaboration at all levels to ensure that caring, compassion, hope, and recovery remain at the heart of our movement.

Schizophrenia and Psychosis are Treatable:

Schizophrenia is a long-term mental health problem. People with schizophrenia can have a range of symptoms including periods when they cannot tell the difference between what is real and what is imagined. Schizophrenia can seriously disturb the way people think, feel and relate to others.

About one person in 100 develops schizophrenia. Men and women are affected equally; however, men tend to have their first episode of schizophrenia in their late teens or early 20s. For women, the onset is usually a few years later. In most cases, the symptoms develop gradually. In some cases the onset is rapid.

The illness is characterized by delusions, hallucinations, disturbances in thinking and withdrawal from social activity.

Psychosis affects 3% of the population at any given time. While psychosis can be a symptom of a number of illnesses and conditions, it is the main feature of schizophrenia. Schizophrenia can impact anyone. It usually develops into a full-blown illness in late adolescence or early adulthood and affects an estimated 1 in 100 Canadians and their families.

Schizophrenia is one of the most widely misunderstood and feared illnesses in society. The lingering stigma associated with this illness often results in discrimination and, consequently, a reluctance to seek appropriate help.

Schizophrenia is treatable and recovery possible. But, it takes a supportive, caring community.

For more information on our programs and initiatives, please call (toll-free in Canada): 1.800.263.5545 or visit our web site at www.schizophrenia.ca

hope

The image features a central graphic of two hands, one from the left and one from the right, holding each other to form a heart shape. The hands are rendered in a vibrant pink color. The background is a solid light green. The word "care" is written in a bold, white, sans-serif font, centered within the heart shape.

care

Message from the President and Chief Executive Officer

SSC's vision Canada is a society absent of not only schizophrenia, but also a one free of stigma, social prejudice and discrimination towards people living with schizophrenia and psychosis, along with their families. Furthermore, through the Schizophrenia Society of Canada Foundation we envision a day when there is a cure for schizophrenia and psychosis.

But the burden and impact of mental illness is overwhelming in our country:

- That no matter what illness a person may have, he/she is treated as a person first.
- 1 in 5 Canadians suffer from a mental illness each year. This represents more than 6.7 million people.
- 70% of young adults living with mental health problems report their symptoms started in childhood.
- 28% of people aged 20-29 experience a mental illness. By age 40, 50% will have or have had a mental illness.
- 500,000 Canadians, in any given week, are unable to work due to mental illness.
- Mental illnesses like schizophrenia can cut 10 to 20 years from a person's life expectancy.
- People living in low-income neighborhoods are more at risk of developing mental illness than people living in high-income neighborhoods.
- Between 23% and 67% of homeless people report having a mental illness.
- Mental health issues account for more than \$6 billion in lost productivity due to absenteeism and presenteeism.
- The economic cost of mental health problems is \$51 billion of which \$20 billion stems from the workplace.
- Mental disorders account for more of the global burden of disease than all cancers combined.
- 33% of hospital stays in Canada are due to mental disorders.
- 25% of all emergency room visits are mental illness related.
- 27% of Canadians think mental health conditions should be given a higher rather than lower funding priority than physical health conditions.
- Only one-third of those with a mental health problem will seek and receive care because of stigma and because care is not sufficiently accessible.



The SSC mission is to improve the quality of life for individuals living with schizophrenia and psychosis, their families and others in their circle of support through education, support programs, public policy, and research. Quality of life can be defined in many ways. The following criteria are among those that SSC sees as important to defining “quality of life” for those individuals, their families and carers.

- That no matter what illness a person may have, he/she is treated as a person first.
- That one experiences love and fellowship in the continuity of their life.
- That one is respected and treated with dignity.
- That one has equal access to opportunities and information that enable decision making and the exercise of applicable rights.
- That one has opportunities to learn the skills needed to participate in society.
- That one has an acceptable place to live.
- That one has meaningful employment and contributes to the community.
- That one has education opportunities throughout life.
- That one has an adequate income to provide for basic needs, plus some extras.
- That one receives access to total medical care and appropriate community support services that promote recovery.
- That one is free from the effects of stigma and discrimination.

In addition to on-going programs and activities which focus on reducing stigma, education, providing support to individuals and families, advocacy and research, here are just some of SSC’s activities and accomplishments in 2016-2017:

- Both as a member of the Canadian Alliance on Mental Illness and Mental Health (CAMIMH) and on its own, pursued opportunities to advocate for improved access to treatment and services, including with various federal departments, groups and organizations during FACES of Mental Illness in May, 2016 and Mental Illness Awareness Week in October, 2017.
- Engaged with the Canadian Alliance on Mental Illness and Mental Health in the development of Health Accord advocacy document, “Mental Health NOW.”
- Continued to contribute as a working member to “Canadian Clinical Practise Guideline for the Treatment of Schizophrenia” with the goal of making a user-friendly version in 2018.
- Partnered with the Schizophrenia Society of Nova Scotia in our national conference held October 27-28, 2016 in Halifax, Nova Scotia. The theme was: “PSYCHOSIS: New Perspectives and Bright Horizons.”
- SSC received a grant from Janssen toward conducting an environmental scan. This scan will involve the provincial schizophrenia societies and members of the Canadian Alliance on Mental Illness and Mental Health, as well as other stakeholders. Neasa Martin has been engaged as a consultant to guide us through the process and to develop a report. The SSC Environmental Scan Report will be completed in August, 2017.
- Our CEO was pleased to provide an article on recovery for “Psynopsis,” a publication of the Canadian Psychological Association. Found at: <http://www.cpa.ca/docs/File/Psynopsis/spring2016/index.html>.
- Participated in webinar by Janssen on Invega Trinza (paliperidone palmitate).
- Expected to be approved by Health Canada this fall, this will be the first and only schizophrenia treatment that is administered 4 times a year—providing the longest dosing interval available.
- SSC participated in a webinar hosted by Innovative Medicines Canada for patient organizations, health charities and patient advocates on the Patented Medicine Prices Review Board’s (PMPRB) Guidelines Modernization consultation process currently underway.

- With the assistance of Otsuka Canada Pharmaceutical, Inc. SSC was able to participate in the “Say Yes 2 Me Scholarship Program” and the “Imagine Caregiver Program” developed for the schizophrenia societies across Canada for use with small groups of service providers, caregivers, and others who wish for a short presentation on schizophrenia and psychosis.
- CADTH’s Common Drug Review (CDR) called for patient input in January of 2017. Otsuka and SSC worked together to develop a patient survey to seek input from “patients” concerning their desires and concerns around and for new medications.
- Participated in a number of conferences, both as attendees and speakers. Among them were the: Peer Support Accreditation and Credentialing Canada Conference, Pan Canadian Project on Mental Health Indicators, Canadian Mental Health Association National Conference, PSR Canada National Conference, HealthVoices National Conference for patient advocates, and CADITH’s National Conference. SSC collaborated with the Mental Health Commission of Canada on several on-going projects: Advancing the Mental Health Strategy for Canada: A Framework for Action, the E-Mental Health Project, and the Mental Health Indicators Project.

The Society has also developed and maintains several educational web sites. The information and materials on these websites have benefited millions of Canadians over a number of years. More than 350,000 Canadians have some form of schizophrenia and three percent of the population will experience psychosis at some time in their lives. All these people have family members, significant others and friends who are also affected by their illness.

Concurrent Disorders: www.schizophrenia.ca/concurrent_disorders.php

Quality of Life Report: www.schizophrenia.ca/quality_life.php

Respite Survey: www.schizophrenia.ca/respites.php

Schizophrenia and Substance Use: www.schizophreniaandsubstanceuse.ca/

Cannabis and Psychosis Project: www.cannabisandpsychosis.ca/

Rays of Hope: www.schizophrenia.ca/docs/Rays_of_Hope_4th_edition.pdf

Advocacy Toolkit: www.schizophrenia.ca/docs/Advocacy_Toolkit.pdf

SSC is also developing a strong relationship with the Canadian Consortium on Early Intervention for Psychosis: <http://epicanada.org/>. We assisted in the development of the IHOPE Tool Kit found at, <http://epicanada.org/news/ihope-tool/>. There are a number of projects we will partner on in 2017-2018.

We extend a heartfelt thanks to the SSC’s Board of Directors, its board committee chairs and other volunteer committee members for their dedication over the past year. Thanks to Katrina Tinman for the administrative support she provides to Chris in helping SSC run effectively and efficiently as a “virtual” organization.

We also express our deep thanks to our 10 partner provincial schizophrenia societies, and our members, donors, corporate sponsors and other partners for their contributions to us and their collaborations with us, all of which helped to make 2016-2017 a meaningful and productive year.

Florence Budden

President

Chris Summerville

CEO

Treasurer's Report

● Joan Baylis

I am pleased to report to on the Schizophrenia Society of Canada financial statement for the year ending March31, 2017.

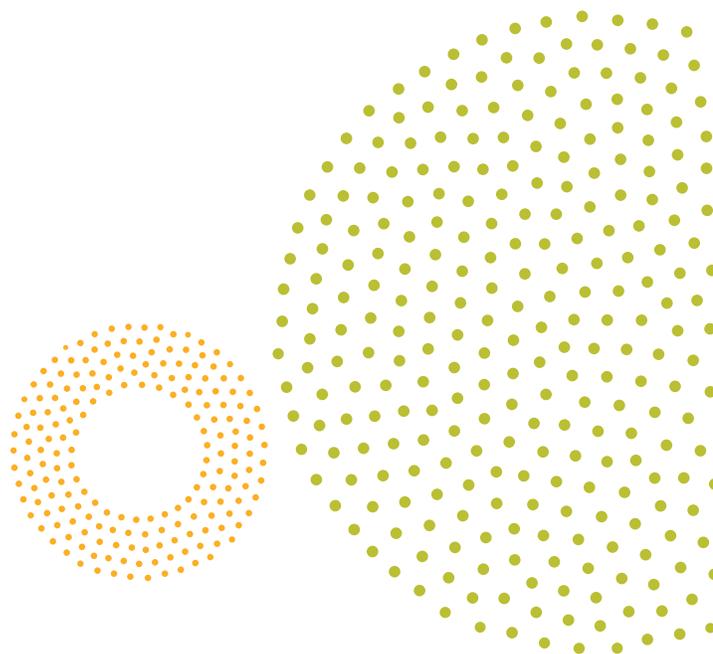
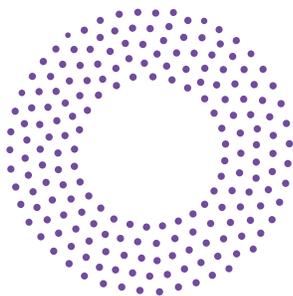
The largest portion of the revenue was reflected in donations which were over \$180,000. Our operational budget for the year was \$261,423. Net assets at the end of the year were \$328,409.

Working with Sarah Jones and Gord Love with ScotiaWealth Management a new Investment Policy Statement for SSC and SSCF was adopted. The Board continue to look for ways to diversity and expand our base of individual, corporate, and government funders. SSC continue to support individuals and family members with array of innovative programs and initiatives for those living with schizophrenia and other related mental illness. While SSC continues to be conservative in their spending, the CEO and board continue to look for ways to increase the revenue in our society to allow improvement in the cash flow thus allowing the society to have continued growth and fulfill its Mission Statement.

This year the board held a Fund Development Workshop with RBR Development Associates in creating a Fund Development Plan. This plan will be implemented in 2017-2018.

I wish to thank the CEO, staff and Board Members for the opportunity to serve on the Board and I continue to look forward to working with each of you in the future.

A copy of the audited Financial Statements for the year ended March 31, 2017 can be found at www.schizophrenia.ca.



Advocacy Committee Report

● Florence Budden

Advocating for a better Canadian mental health system is an important part of the SSC's work. In 2016-2017, the SSC continued to provide leadership on mental health issues at the federal level through a variety of advocacy initiatives. Our efforts, both independent and collaborative, were aimed at improving treatment and services through the legislative and policy changes.

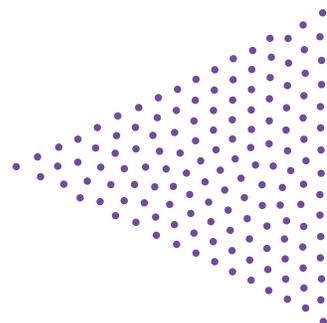
SSC developed a Health Accord Advocacy Plan with the assistance of Ryan Clarke of Advocacy Solutions. SSC engaged the office staff of the Honourable Jane Philpott, Minister of Health concerning the need for the federal government to immediately negotiate a lump sum transfer to the provinces/territories earmarked for the expansion of early intervention services across Canada. SSC also made it clear that targeted mental health funding, tied to measureable outcomes, must be part of the new Health Accord. In a letter, we communicated: "We know how to improve outcomes, both social and economic. We must invest in prevention, access to early intervention, psychotherapies, collaborative community mental health and e-mental health. Without an infusion of new dollars, help for mental illness will remain a privilege, well outside the grasp of some of the most vulnerable populations."

Our CEO also had the opportunity to address the Liberal Caucus on Mental Health.

As a proud founding member of the Canadian Alliance on Mental Illness and Mental Health (CAMIMH), the SSC was pleased to help create a document entitled: Mental Health NOW (www.camimh.ca/wp-content/uploads/2016/09/CAMIMH_MHN_EN_Final_small.pdf) which was used in CAMIMH's joint advocacy efforts around the Health Accord Talks.

SSC continues to participate in CAMIMH's efforts and initiatives, including Mental Illness Awareness Week which honours FACES of mental illness and Mental Health Week which recognizes CHAMPIONS of mental health. CAMIMH partners – a balance of family, consumer and professional groups – provide a strong, effective and unified voice to address mental illness and mental health issues at the federal level. CAMIMH is mandated to develop and maintain a government relations and public affairs plan specific to advancing federal policy, programs, legislation and regulations related to mental illness and mental health. CAMIMH' continued to foster positive relationships with politicians, political staff and the various national media organizations.

Florence Budden, our President served this past year as Chair of the Policy Action Committee of the Canadian Alliance on Mental Illness and Mental Health. Our CEO, Chris Summerville began his second year as Co-Chair of CAMIMH. We extend our congratulations to Dr. Phil Tibbo who was a recipient of this year's Champions of Mental Health Awards by CAMIMH.



Research: Schizophrenia Society of Canada Foundation (SSCF) 2016–2017 Annual Report

● Dr. Phil Tibbo

The SSCF was established in 1994 when the late Dr. Michael Smith made a generous donation of half of his Nobel Prize Laureate monies to the SSC. The donation helped form an endowment fund to which others could contribute and support research, now the SSCF. We are forever grateful for Dr. Smith's generosity. His legacy is an inspiration to others to invest in research initiatives.

Research to better understand the biologic basis, psychosocial determinants, as well as pharmacological and non-pharmacological treatment options for schizophrenia is absolutely vital. The SSCF is committed to fostering and supporting research in all areas related to schizophrenia (e.g. biological, psychological, and social) to ensure that recovery is possible.

SSCF activities in the 2016/2017 year include, but are not limited to, the following endeavors.

- SSCF Chair maintains email contact with the SSCF Board and the SSC CEO on a regular basis on issues that arise.
- Following the dissolving of the SHOPP/CIHR program, the Chair has been exploring other partners to leverage research funds to continue to support psychosis research in Canada (the SSCF mandate). The Chair has been contacting and meeting with various organizations/foundations to pursue this further, and in fact this has been the main focus of the Chair's activities over the last 2 years.
- The Chair is pleased to report that in September 2016, the Canadian College of Neuropsychopharmacology (CCNP) became an active partner. During the year a significant amount of activity revolved on the development of a studentship application and guidelines, the formation of a review committee that consisted of members from both SSCF and CCEIP, application review template development and review process, the call for applications, review and ranking of applications and then announcement of the supported studentships (MSc, PhD).

The following announcement was made by both organizations:

SSCF/CCNP 2017 Graduate Studentship for Biomedical Research in Schizophrenia and Psychosis

The Schizophrenia Society of Canada Foundation (SSCF) and the Canadian College of Neuropsychopharmacology (CCNP) formed a partnership in 2017 to offer research support in the form of a stipend and travel award (to present research results at a future CCNP annual meeting) to a doctoral (PhD) and Masters (MSc) student pursuing biomedical research related to the cause of, and interventions for, schizophrenia and related psychosis.

All applicants were evaluated on a standardized grid including assessing academic dossier and background, research project, significance to objectives of this award, research environment and letters of support. Three reviewers reviewed each file and conflicts were identified to allow a transparent and non-biased evaluation.

We wish to thank the review committee who donated their time to review the applications. The review committee consisted of:

Dr Ridha Joober (CCNP President)
Dr Philip Tibbo (SSCF Chair)
Dr Patricia Boksa
Dr Bill Honer
Dr Tina Montreuil
Dr Lena Palaniyappan

We are very pleased to announce the following graduate students who were successful in this award:

PhD (4 years support):

Franz Veru, McGill University, Montreal

“Adipose Tissue Dysregulation through Psychosocial Risk Factors in First-Episode Psychosis”

Supervisor(s): Dr. Ashok Malla and Dr. Srividya Iyer, McGill University

MSc (2 years support):

T-Jay Anderson, Mount Saint Vincent University, Halifax

“Non-invasive brain stimulation as treatment for auditory hallucinations in schizophrenia:

Transcranial magnetic stimulation vs transcranial direct current stimulation”

Supervisor: Dr. Derek Fisher, Dalhousie University

Tara Delorme, McGill University, Montreal

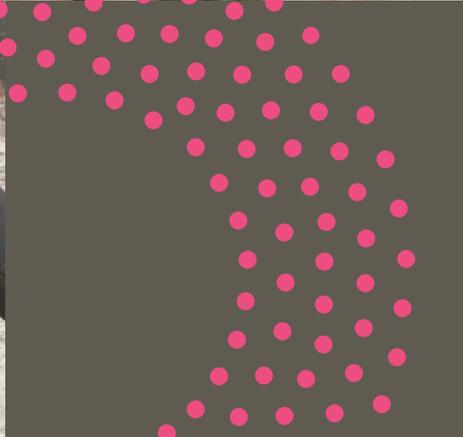
“The Interaction Between Circadian Disruption and Genetic Risk Factors for Schizophrenia”

Supervisor: Dr. Nicolas Cermakian, McGill University

- Joan Baylis (Treasurer) has been working hard to ensure the financial integrity of the SSCF investments. To this end, she has been working in collaboration with Scotia Wealth Management to develop a strong Investment Policy Statement (IPS).
- The Chair wishes to thank the tireless work of Chris Summerville in his support of not only the SSC but as well, the SSCF.



support



Social Media and Google Ad Grants report



Social Media and Google Ad Grants help SSC advance its mission. By offering quality information on social media, SSC increases public awareness about schizophrenia and psychosis, and the work of the Society. This helps SSC to become popular in social media through shares, likes, links and comments, gain fans and followers, thus growing a thriving community of people living with schizophrenia, their caregivers, family and friends and mental health advocates.

Using social media to promote findings from current scientific research and educational resources on schizophrenia and psychosis, and Google Grants to help Canadians looking for information about schizophrenia to find SSC's website, we can more effectively disseminate information they need to increase the quality of life of those with schizophrenia and psychosis.

Establishing discussions about mental health and mental illness related issues on Facebook and Twitter also helps to raise awareness and decrease stigma.



Overall Results (last 12 months)



36,446

Site visits to schizophrenia.ca, representing **31%** of total traffic:

31,654 Visits via Google Ad Grants* | **792** Visits from social media

Over **8,638** users following SSC on Facebook and Twitter

2,396 Average interactions/month on social media
(totaling to over **28,750** interactions)



Total likes/followers **4,050** Facebook **4,588** Twitter

Average monthly reach / impressions **~52,962** Facebook **~44,915** Twitter

New likes/followers per month **50** Facebook **50** Twitter

Average monthly interactions **1,926** Facebook **470** Twitter



Average click/month to schizophrenia.ca **2,363**

Average clicks/month to cannabisandpsychosis.ca* **3,780**

Average clicks / month to your-recovery-journey.ca** **30**

Total clicks **40,502** | Total budget spent **(\$)** **43,663**

*Campaign launched on January 2nd 2017 **Campaign launched on February 13th 2017

*Google Grants is a program through which Google gives the SSC a monthly budget of \$10,000 for advertising on google.ca.

Schizophrenia Society of Canada
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