



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

Annual Report 2012-2013



A REASON TO HOPE. THE MEANS TO COPE.  
SCHIZOPHRENIA SOCIETY OF CANADA  
SOCIÉTÉ CANADIENNE DE LA SCHIZOPHÉNIE  
UNE SOURCE D'ESPOIR, DE SOUTIEN ET D'ENTRAIDE.

Our mission and goals are at the heart 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.

#### 2012-2013 Executive Committee

**Florence Budden**, President  
**Jim Adamson**, Past President  
**Phil Rogers**, Treasurer  
**Paul King-Fisher**, Director at Large  
**Chris Summerville**, Ex-Officio

#### 2012-2013 Board of Directors

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**Florence Budden**, Newfoundland and Labrador  
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**Dr. Phillip Tibbo**, Member-at-large, Nova Scotia  
**Paul King-Fisher**, Member-at-large, Ontario  
**Jeffery Costain**, Member-at-large, Ontario

#### Staff

**Chris Summerville**, Chief Executive Officer  
**Catherine Willinsky**, Project Manager  
**Sandra McWilliams**, Administrative Assistant

#### Provincial Schizophrenia Societies

The Schizophrenia Society of Canada (SSC) is pleased to work in partnership with 10 provincial schizophrenia societies. We work together to increase awareness and understanding; support families and individuals; encourage legislation that benefits individuals and families; and promote research.

We continue to lead the way, establishing programmes and initiatives to benefit individuals living with schizophrenia and their family members across Canada. 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

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



## Purpose

## Schizophrenia Society of Canada

## Values

## Treatable

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](http://www.schizophrenia.ca)

### 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 33 years of hope, change and innovation.

We work with 10 provincial societies and their branches and regions to help individuals with 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.

### Our Core Values:

The Schizophrenia Society of Canada's (SSC) mission, goals and objectives are informed by the following core values:

- 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 is Treatable:

Schizophrenia is a serious but treatable brain disorder. Although the exact causes are still a mystery, a biochemical imbalance is believed to contribute to the cause of the illness.

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

# Message from President and Chief Executive Officer

It has been a year of strengthening communication and relationships with our stakeholders of the Schizophrenia Society of Canada (SSC). We've continued with offering our existing services and programs through our virtual office in Winnipeg and through our redeveloped website, as well as through social media.

Our mission, values and goals are at the heart 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.

We wish to thank our Board of Directors and other volunteers, provincial society partners, members, donors, corporate sponsors, staff and partner organizations for their important contributions to making our mission a reality.

The Schizophrenia Society of Canada (SSC) established a strategic plan in 2012 to guide our programs, services, activities and organizational operations over the next several years. With our mission—to improve the quality of life for those affected by schizophrenia and psychosis through education, support programs, public policy and research—as our guiding principle, the SSC established the following strategic priorities for 2012-2013:

- Work towards finding the cure for schizophrenia, aiding recovery and improving the quality of life for people with schizophrenia and their loved ones.
- Enhance overall organizational effectiveness and efficiencies in raising revenues and deploying resources.
- Cultivate, with our provincial, national and international partners, an organizational culture of trust, mutual respect, cooperation and accountability.
- Measure our performance, as judged by those whom we serve: individuals, family members and all Canadians living with schizophrenia; all provincial societies; donors; medical and allied professionals; and the Canadian public.

In 2012-2013, The SSC:

- Pursued advocacy opportunities, including a federal advocacy campaign and presentations to federal groups and organizations during Mental Illness Awareness Week as a member of the Canadian Alliance on Mental Illness and Mental Health.
- Responded to Bill C-54.
- Participated in the Anti-Stigma Conference held by the Mental Health Commission of Canada.
- Provided input through our CEO to the Mental Health Commission of Canada's Peer Support Project, the Family Caregivers Guidelines for Service Providers, and Recovery Guidelines.
- Participated in the Public Policy Forum's project, **The Social and Economic Burdens of Schizophrenia and in the McMaster Health Forum on Preventing Suicide in Canada.**
- Continued to build our fund development efforts through sponsorship and direct mail.
- Updated and published the fourth edition of Rays of Hope in the French language.
- Hosted the Provincial Schizophrenia Society Executive Directors Network to pursue further opportunities for collaboration and partnership.
- Created the Presidents' Network, chaired by the President of the SSC.

These are just a few highlights from 2012-2013. Additional information is listed through this report.

We wish to thank Sandra McWilliams for the administrative support she provides to our virtual organization and to our CEO.

We encourage you to join us for a new year of challenges, goals and accomplishments. Working together, we can continue to make a difference for people affected by schizophrenia and psychosis. Our key message: Schizophrenia is treatable and recovery of a quality of life is possible, but it takes the support of a caring community.

**Florence Budden**  
President

**Chris Summerville**  
CEO



## Treasurer's Report

A review of the accompanying Consolidated Statement of Operations and Changes in Net Assets reveals dramatic, but not unexpected, changes from last year.

The significant bequest received in 2012 was unexpected and likely will not be repeated. The increase in government grants, on the other hand, is as a result of our conscience and successful efforts to secure funding for specific projects. Likewise, the public awareness and education expenses are increased, in part, as a result of our success in receiving increased government grants.

Further, the Board took the decision during the year to use some of our Net Asset reserves in order to respond to proposed government legislation which would be detrimental to the lives of those living with schizophrenia.

The receivables shown on the Non-Consolidated Statement of Financial Position have subsequently been collected and excess cash reserves invested.

Overall, the Society has controlled its spending carefully, has only undertaken initiatives it can afford and continues to plan its finances prudently.

I want to thank Chris Summerville and his limited staff for their continued diligence in these difficult times. I look forward to being able to continue my personally rewarding experience with all the volunteers and staff.

Respectfully submitted,

**Philip Rogers**  
Volunteer Treasurer

## Non Consolidated Statement of Financial Position

	March 31 2013	March 31 2012	April 01 2011
<b>Assets</b>			
<b>Current Assets</b>			
Cash and bank	\$ 308,957	\$ 426,370	\$ 74,691
Grants and accounts receivable	102,415	16,695	128,750
Due from related party	51,843	57,174	38,558
Prepaid expenses	1,207	4,304	3,553
	<b>464,422</b>	504,543	245,552
<b>Investments</b>	<b>24,733</b>	24,605	20,658
<b>Capital assets</b>	<b>5,672</b>	5,764	7,011
	<b>\$ 494,827</b>	\$ 534,912	\$ 273,221
<b>Liabilities and Net Assets</b>			
<b>Current Liabilities</b>			
Accounts payable and accrued liabilities	\$ 90,051	\$ 22,574	\$ 67,209
<b>Deferred contributions</b>	<b>2,786</b>	4,745	4,745
	<b>92,837</b>	27,319	71,954
<b>Commitment</b>			
<b>Net Assets</b>	<b>401,990</b>	507,593	201,267
	<b>\$ 494,827</b>	\$ 534,912	\$ 273,221

Approved on behalf of the Board of Directors:

Director **Phil Rogers**

Director **Florence Budden**

## Non Consolidated Statement of Operations and Changes in Net Assets

For the year ended March 31	2013	2012
<b>Revenue</b>		
Administrative cost recovery	\$ —	\$ 5,407
Bequests	—	298,458
Donations	191,016	198,805
Educational grants	37,225	50,000
Government grants	230,170	136,528
Membership assessments	—	5,225
Miscellaneous	16,660	2,916
Unrealized gain on investments	—	97
	<b>\$ 475,071</b>	\$ 697,436
<b>Expenses</b>		
Administration	34,881	35,699
Fundraising	49,908	47,202
Public awareness and education	448,663	284,898
Special projects	47,222	23,311
	<b>\$ 580,674</b>	\$ 391,110
<b>(Deficiency) excess of revenue over expenses for the year</b>	<b>\$ (105,603)</b>	\$ 306,326
<b>Net Assets, beginning of year</b>	<b>\$ 507,593</b>	\$ 201,267
<b>Net Assets, end of year</b>	<b>\$ 401,990</b>	\$ 507,593



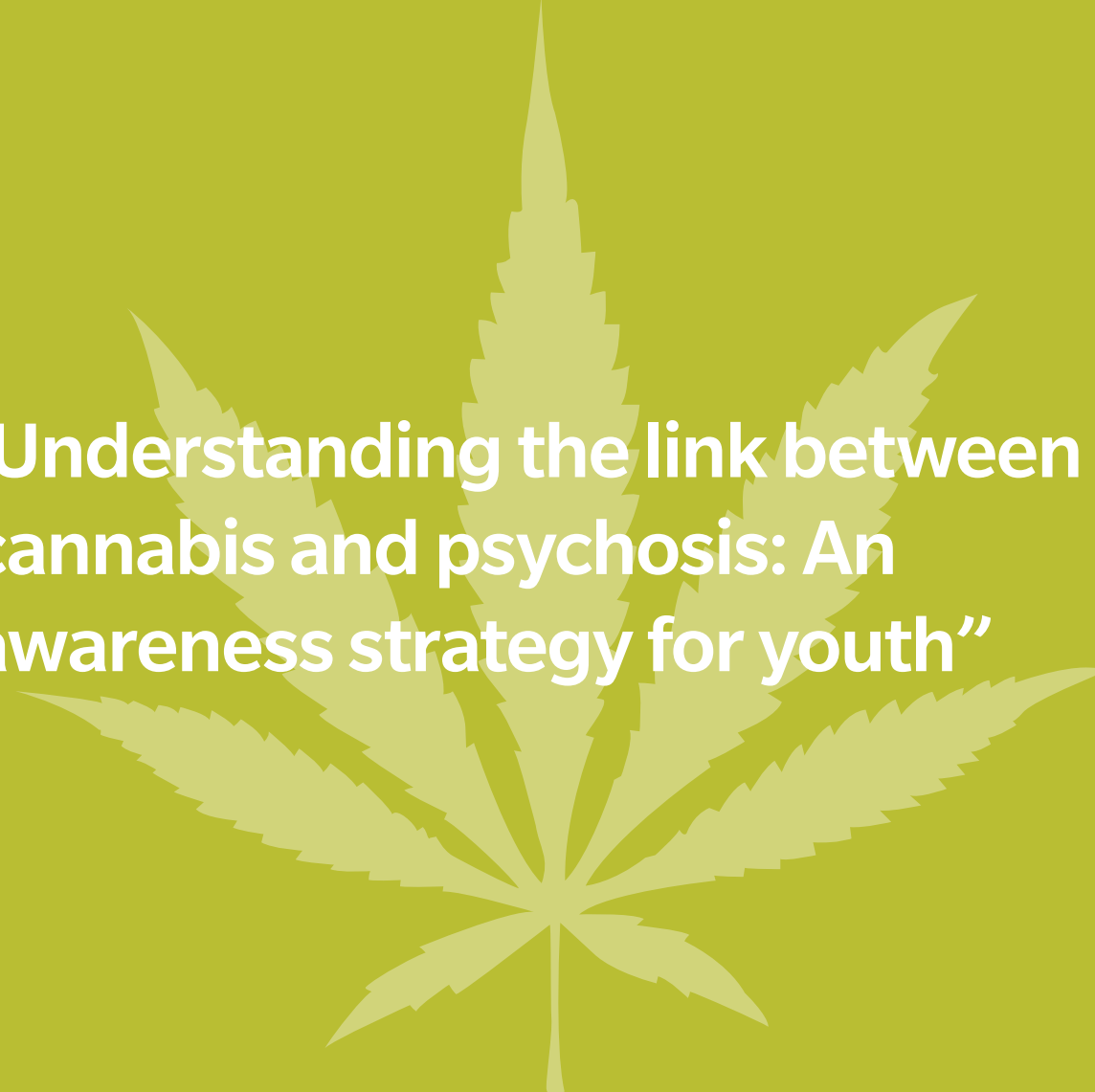
## Fund Development

The Schizophrenia Society of Canada (SSC) Fund Development Program supports the programs and initiatives that we offer individuals, family members and the general public. The growth of our fundraising efforts and in turn, our education and support programs, can be attributed to the generosity of our donors and sponsors.

We extend a special thank you to the following sponsors for their commitment to SSC's educational programs and projects:

- **Health Canada** – Cannabis Psychosis Project
- **Pfizer** – Re-editing and printing of French edition of Rays of Hope
- **10 Provincial Schizophrenia Societies** – Advocacy Regarding Bill C-54
- **SSO and Sunovion** – Schizophrenia and Psychosis Awareness Day





## “Understanding the link between cannabis and psychosis: An awareness strategy for youth”

### Cannabis/Psychosis Project

#### “Understanding the link between cannabis and psychosis: An awareness strategy for youth”

The Cannabis and Psychosis project is a national initiative of the Schizophrenia Society of Canada. Its aim was to increase awareness and understanding of the relationship between cannabis use and psychosis from the perspective of youth. The project was recognized by the Mental Health Commission of Canada by receiving the MHCC 5th Anniversary Award in research. The project was conducted between 2009 and 2013. We involved a variety of internal and external partners in our evaluation:

- **Internal:** Catherine Willinsky, MHS, Project Manager.
- **External:** Katherine Boydell, MHS, PhD, Senior Scientist, Scientific Director of Qualitative Inquiry Child Health Evaluative Sciences, The Hospital for Sick Children, Associate Professor, Departments of Psychiatry and Dalla Lana School of Public Health.
- **Thirdparty:** Ference Weicker and Company (Vancouver).

As a national project of the Schizophrenia Society of Canada, the aim was to increase awareness and understanding of the relationship between cannabis use and psychosis from the perspective of youth. Launched in 2009, the project incorporated innovative participatory research methods, and involving youth in first episode psychosis clinics across Canada, to gain insight into their experiences of cannabis use and its potential link with psychosis.

The overall objectives of the project were to: 1) Engage young people in a participatory fashion in project design, implementation and evaluation, 2) Enhance understanding of the reasons young people with psychosis use cannabis, and obtain their perspectives on the link between cannabis use and psychosis, and 3) Share the project results with young people and other key stakeholders across the country.

Twenty-eight youth who had experienced psychosis were trained as research assistants in qualitative methods in three sites across Canada (Halifax, London and Vancouver). Approval was obtained by the relevant Research Ethics Boards in each of the project settings. These youth worked together with support staff from the first episode clinic to recruit other youth for individual interviews or focus groups. Youth were asked to explore and share their positive and/or negative experiences of cannabis use (or non use) and to describe their thoughts regarding its relationship to psychosis. The youth researchers conducted one-on-one interviews and focus groups (with facilitation) with other youth in the clinics' programs. Specific topics covered in the questions and discussion included:

- What is your experience with marijuana?
- Why do you use marijuana?
- How has marijuana impacted your illness?
- What are your thoughts on drug “use” versus “abuse”?
- What are your ideas for sharing information from this study?



Youth researchers spoke to over 50 of their peers through both individual interviews and focus group discussions. A total of 36 in-depth qualitative interviews were held as well as focus group discussions. Data was recorded and then transcribed verbatim by an experienced transcriptionist. Key themes from the transcriptions were coded, summarized, and presented back to the youth researchers to discuss and decide on strategies for communicating the research findings to other youth, families, educators and service providers. Youth researchers worked with project advisors and artists to explore ways to use the arts to communicate their experiences with mental health problems. Working with experts in poetry, digital storytelling, photography and visual art, the youth told their own stories and learned to creatively communicate the project's findings to stake holders.

A Project Advisory Panel, comprised of a group of volunteers helped to guide all aspects of the project. The Advisory Panel is comprised of representatives from different regions of Canada and different types of expertise, the panel members include:

- Chair in Adolescent Mental Health, Dalhousie University
- Chair in Psychotic Disorders, Dalhousie University
- Youth Liaison Worker, Atlantic Early Intervention in Psychosis Clinic, Halifax
- Health Systems Research Scientist, Community Health Systems Resource Group, Hospital for Sick Children, Toronto
- Research Director, Dept. of Psychiatry, University of Western Ontario
- Research Coordinator, London PEPP Program
- Clinical Psychologist, Fraser North Early Psychosis Program
- CEO, Schizophrenia Society of Canada
- Representative from the Centre for Excellence in Youth Engagement
- Clinical Research Specialist, St. Michael's Hospital, Toronto

Other specialists and stakeholders contributed to different aspects of the project design and implementation including a professional facilitator and spoken word poetry artist in the knowledge exchange workshop, research specialists and clinicians at the project sites, and the youth researchers themselves. The youth researchers were paid an honorarium for their involvement in the project. The action-based research conducted in the project ensured that the data gathered was relevant to and will benefit at-risk youth. The data gathered through the participatory action research directly informed the prevention messaging and materials produced by the project. In addition to the directly participating youth, the project also benefitted the family members, friends and natural supports for those youth. The information generated by the project has been shared broadly with a number of key stake holders including all early intervention in psychosis and youth-oriented addiction facilities across Canada, educators, and the network of community-based mental health agencies across Canada, including the Schizophrenia Society's provincial and local organizations. The work and results of the project may be found at [www.cannabisandpsychosis.ca](http://www.cannabisandpsychosis.ca)

## Advocacy

Advocating for a better Canadian mental health system is an important part of the SSC's work. In 2012-2013, 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.

The President and CEO met with Howard Sapers, the Correctional Investigator of Canada regarding enhanced mental health services in correctional centres and the decriminalization of those living with a mental illness.

A proud founding member of the Canadian Alliance on Mental Illness and Mental Health (CAMIMH), the SSC was pleased to participate in CAMIMH's efforts and initiatives, including Mental Illness Awareness Week. 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.

Working with members of CAMIMH, the SSC advocated for and saw the passage of Bill C-300 (Suicide Prevention) and supported the Bill C-400, a **Housing First** approach regarding those homeless living with a mental illness. We encouraged the federal recognition of the need for a more robust disability management system addressing mental health, as well as the need to protect our most vulnerable so that people are treated for their health concerns in appropriately resourced settings and not in 'corrective' institutions where security takes precedent over all other concerns. The SSC was pleased to see the release of the country's first-ever national voluntary workplace standard: **The National Standard of Canada – Psychological Health and Safety in the Workplace – Prevention, promotion and guidance to staged implementation**. The SSC advocates for Canadian employers to adopt its principles to help improve workplace mental health in Canada.

Our main advocacy initiative this past year was around Bill C-54. On February 8th 2013, the Canadian Justice Minister introduced legislation that proposed changes to the Not Criminally Responsible on account of Mental Disorder (NCRMD) provisions of the Criminal Code. The bill was introduced to address concerns brought forward by victims of crimes committed by individuals deemed NCRMD. While the Schizophrenia Society of Canada has full compassion for families affected by crimes of both the victim and offender, Bill C-54 is not based on accurate information about mental illness, the Review Board Process and recidivism rates.

Mental illness will never be appropriately addressed in Canada if new policies and legislation are not supported by evidence. In fact, it will increase stigma. Many aspects of Bill C-54 are based on myth vs. fact. As part of our role as mental health advocates, the Schizophrenia Society of Canada has been working with its provincial counterparts and several other mental health organizations to ensure this new bill will not negatively impact people with a mental illness, as it is currently written and communicated. The bill, affecting people with a mental illness, was created without the input of the mental health community.

The SSC created a coalition that worked persistently with the federal government to have the voice of the mental health community heard. Members of the coalition are: Canadian Psychiatric Association, Canadian Psychological Association, Canadian Mental Health Association, National Network for Mental Health, Canadian Association for Suicide Prevention, Canadian Association of Social Workers, Mood Disorders Association of Canada, Centre for Addictions and Mental Health, and the Schizophrenia Society of Canada representing the ten provincial schizophrenia societies. We had meetings with MPs from all political stripes, Ministers, Senators and staff. We have also been working with media and sharing our message which has opened up the debate in areas where the tough issues need to be discussed.

The Bill passed the House of Commons and is now in the hands of the Senate. But as the Senate has risen for the summer, it will resume its work on the bill in the fall. SSC will continue its advocacy efforts to rid the bill of its "flaws." For more information about Bill C-54 go to: [www.schizophrenia.ca/news\\_details.php?id=2](http://www.schizophrenia.ca/news_details.php?id=2)

## Research

### Schizophrenia Society of Canada Foundation (SSCF)

Research to better understand the biologic basis and impact of schizophrenia on individuals and their families is absolutely vital. Importantly, the findings of such research subsequently guide further studies in optimizing treatment strategies. 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.

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.

Since the Foundation's establishment in 1994, the SSCF has focused on supporting researchers in their early phases of their research careers in schizophrenia. We were pleased to continue funding support, in collaboration with CIHR in 2012-2013. The SSCF supported:

- 1 Catherine Briand in her study of "Implementation and integration issues of rehabilitation best practices in Quebec for people with serious mental illness"
- 2 Tina Montreuil for "A longitudinal study of neurocognitive and neuroimaging markers of remission in first-episode psychosis". In the last year Dr. Montreuil successfully completed her PhD and continues in psychosis research with PEPP (Montreal) as well as a clinical psychologist in mental health.

In 2012-2013 the Chair of the SSCF changed from Dr. John Gray to Dr. Philip Tibbo. The boards of both SSC and SSCF thank Dr. Gray for his dedication and work with the SSCF and welcome Dr. Tibbo to this role.

Research continues to be a key priority for the SSC and our research program will be increasingly promoted and developed over the coming years. We look forward to fostering our existing research partnerships and establishing new opportunities to advance research into causes, functioning and cures for schizophrenia.

## Industry Canada and SSC By-Laws

The Canada Not-For-Profit Corporations Act ("CNPCA") was proclaimed in force on October 17, 2011. The Act modernizes how nearly 19,000 federally incorporated not-for-profit organizations are governed and the procedures for how they carry out their work. To comply with the requirements of the Act, the SSC is required to, among other things, enact new by-laws. The SSC's By-Law Review Committee continues its work to review the organization's letters patent and draft new by-laws. Although SSC has until October, 2014 to have new by-laws in place, it is working toward presenting a new by-law to the membership for its endorsement at the 2014 Annual General Meeting. Upon completion, these documents will be filed with Industry Canada.





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