



SCHIZOPHRENIA
SOCIETY OF CANADA



SOCIÉTÉ CANADIENNE
DE LA SCHIZOPHÉNIE

The Schizophrenia
Society of Canada and
The Schizophrenia
Society of Canada
Foundation

2019
2020

ANNUAL REPORT



The Schizophrenia Society of Canada

2019-2020 SSC Executive Committee

Dr. Lori Triano-Antidormi – President
Florence Budden – Past President
Joan Baylis – Treasurer
Dr. Chris Summerville – Ex-Officio

SSC Team

Dr. Chris Summerville, Chief Executive Officer
Katrina Tinman, Administrative Assistant
Catherine Willinsky, Project Manager, Cannabis and Psychosis Project
Sarah Roht, Marketing Manager, Cannabis and Psychosis Project
Paola Matheson, Accountant
Lily Cheng, Accountant

2019-2020 SSC Board of Directors

The Schizophrenia Society of Canada's Board of Directors is comprised of representatives associated with provincial mental health organizations across Canada with an emphasis on early psychosis and schizophrenia, as well as five directors-at-large. Our board members for this past fiscal year were:

Sylvie Maréchal - Société
Québécoise de la Schizophrénie

Julia Hoepfner – Peer
Connections Manitoba

Laura Burke – Director-at-Large,
Nova Scotia

Florence Budden – Schizophrenia
Society of Newfoundland and
Labrador

Jeff James - Schizophrenia Society
of Saskatchewan

Elizabeth Anderson – Director-at-
Large, Alberta

Donna Methot – Schizophrenia
Society of Nova Scotia

Aamir Mian – The Institute for
Advancing Mental Health

Hazel Meredith - Director-at-
Large, Mental Health Partners for
Recovery, Victoria, BC

Colleen Crossley – British
Columbia Schizophrenia Society

Gail MacLean - Schizophrenia
Society of Prince Edward Island

Joan Baylis - Director-at-Large,
Ontario

Gregory Zed – Schizophrenia
Society of New Brunswick

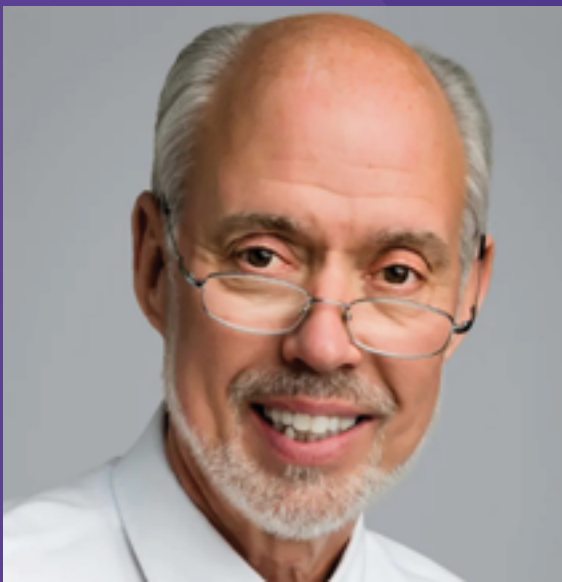
Dr. Lori Triano-Antidormi -
Director-at-Large, Ontario

A Message from the SSC President, Dr. Lori Triano-Antidormi and SSC CEO, Dr. Chris Summerville

If there is a mental-illness diagnosis as scary as the physical-illness diagnosis of cancer, schizophrenia may be it. To the general public, it's a monolith of a condition: the one where you hear voices in your head and talk to people who aren't there. That Beautiful Mind guy had it, and he invented Ed Harris completely, remember? But the words and stories of those who live with schizoaffective disorder offer proof that it's a spectrum illness, which manifests with great variety and defies stereotype. And though it's a serious diagnosis, many of those afflicted insist that they are not doomed.

— Katharine Coldiron, 2019

The above quote is the reason why you will often hear, "If you have met one person with schizophrenia, you have just met one person." An easily overlooked fact is that schizophrenia is not a monolithic entity and that people do experience it in quite different ways. Schizophrenia is not a death sentence. People can and do live well with it, and many do recover, says Dr. John Swinton BD, PhD (Aberdeen), RMN (Registered Mental Nurse), RNMD (Registered Nurse for People with Learning Disabilities). He states furthermore, "Schizophrenia is not like cancer or measles. It is a medical construct designed to make sense of a series of lived experiences that have become troublesome either to an individual or to those around her. However, it is a very broad and indistinct category."



Neuropsychologist Simon McCarthy-Jones believes the controversies that surround this diagnosis spell the end of schizophrenia as a meaningful concept. “Arguments that schizophrenia is a distinct disease have been ‘fatally undermined.’ Just as we now have the concept of autism spectrum disorder, psychosis...is also argued to exist along a continuum and in degrees.” Schizophrenia may be seen as the severe end of a spectrum or continuum of experiences. So, we now also hear the phrase, “psychosis spectrum disorder” to describe this “wandering diagnosis”

writes Philosopher Jonathon Glover. Schizophrenia is a highly stigmatized diagnosis, often portrayed as a “hopeless brain disease that is worse than cancer.” But what about those who live well with their illness and those who have positive outcomes? We both have often heard that a person who recovers and leads a meaningful life must not have had schizophrenia at all! As Dr. Swinton writes, “For schizophrenia to be a truly hopeless condition, recovery and hope must be removed from the criteria.” Recovery properly understood is in fact possible at a number of levels. The SSC is committed to bringing

insight and wisdom to families whose loved ones receive a diagnosis of early psychosis or schizophrenia. In addition to on-going initiatives and activities which focused on reducing stigma, increasing education, providing support to individuals and families, as well as engaging in systemic advocacy and research, the SSC continues to provide national leadership and presence for the “schizophrenia recovery movement” and supporting the “peer support movement” for families and people living with schizophrenia and psychosis.



Canadian Alliance on Mental Illness and Mental Health (CAMIMH).

Both as a member of the CAMIMH and on its own, SSC pursued opportunities to advocate for improved funding for and access to treatment and services by working with various federal departments, groups and organizations throughout the year. (Mental Health Commission of Canada, Canadian Consortium for Early Intervention in Psychosis, Canadian Institute for Health Research, Canadian Centre on Substance Use and Addiction, Canadian Research Network for Early Psychosis and Schizophrenia, Disability Tax Credit Fairness Campaign, etc.)

Florence Budden, our President is one of the Co-Chairs of CAMIMH, while our CEO, Chris Summerville works with the Advocacy Working Group of CAMIMH. As member of CAMIMH, SSC gave leadership to the CHAMPIONS of Mental Health initiative during Mental Health Day in May of 2019 and with the FACES of Mental Illness Campaign in October of 2019. During this May's Mental Health Week, CAMIMH members shared with Parliamentarians and the Government of Canada 3 key recommendations aimed at transforming the way in which we care and support people affected by poor mental health and mental illness.

3 Key Recommendations

Set national standards for access to mental health services so Canadians can get fast access to the support they need, when they need it.

1

Allocate an additional \$777.5 M annually to provinces and territories to ensure sustainable funding for appropriate access to high-quality mental health services through a dedicated Mental Health Transfer.

2

Implement National Pharmacare for people diagnosed with mental illness.

3

Recovery Colleges

SSC is partnering with Ontario Shores Centre for Mental Health Sciences in an opportunity to research the development of recovery colleges in Canada. A Recovery College is a place to learn about mental health, recovery and well-being. Recovery Colleges operate in a similar way to adult learning centres but with a focus on mental health and wellbeing. A grant has been obtained.

2020 Feb- 2021 Mar Our Recovery, Our Outcomes: Co-Producing an Evaluation of Recovery Colleges. PI(s): Soklaridis S, Harris H. Co-Investigators: Arbour S, Lin E, Gruszecki S, Islam F, Kalocsai C, Sockalingam S, Summerville C, Whitley R. Collaborators: Stergiopoulos V, Johnson A. Canadian Institutes of Health Research (CIHR), Catalyst Grant: Patient-Oriented Research. \$99,990 [CAD].

Revision of Strengthening Family Recovery Journey

New psychoeducational material to replace Strengthening Families Together has begun and will be completed in 2020. It will be entitled, "Family Recovery Journey."

Clinical Practice Guidelines for Treating Schizophrenia

A user-friendly guideline for individuals and families is underway and will be completed in 2020. The title will be: "Hope and Recovery: Your Guide to Living with and Beyond Schizophrenia."

SSC was represented at the following conferences:

- The Canadian Mental Health Association National Conference held in Toronto from September 23 to 25, 2019. Our CEO spoke on "Peer Support and the Family."
- Acromegaly Conference in Toronto on September 27-29 with our CEO speaking on depression from his lived experience.
- Canadian Federation of Mental Health Nurses in Winnipeg on October 9-11. Board members Julia Hoepfner, Florence Budden, and our CEO spoke on the topic of meaningful family engagement.
- 4th Annual Patient Health Summit: A Dose of Reality: Patients Redefining the Future of Health care in Canada in Toronto, November 12-13, 2019.
- Canadian Centre for Substance Use and Addiction Conference held in Toronto on November 25-27. Our CEO spoke on "Exploring the Link Between Cannabis and Psychosis."
- International Initiative on Mental Health Leadership Conference held in Washington, DC. September 9-13, had an emphasis on peer support as a positive and influential movement within the mental health community around the world. IIMHL is a unique international collaborative of eight countries (Australia, England, Canada, New Zealand, Republic of Ireland, Scotland, Sweden and USA) that focuses on improving mental health, addiction and disability services and aims to provide better services to consumers and families. **Peer support (PS) is the fastest growing occupation in the mental health field in England!** PS can be the lived experience of a family member or the lived experience of an individual who is/has experienced recovery.

To learn more about IIMHL go to:


<https://www.mhinnovation.net/organisations/international-initiative-mental-health-leadership-iimhl>

"We seek a future where everyone with a mental illness / mental health, addiction and/or disability issue and those who care for them will have access to effective treatment and support from communities and providers who have the knowledge and competence to offer services that promote recovery."

Mental Health Commission of Canada.

Through you CEO, SSC has had input to the following MHCC initiatives:

- **Guidelines for Recovery-Oriented Practice – Implementation Toolkit.** The development of an implementation toolkit for the Guidelines for Recovery-Oriented Practice. The project team is working to collect feedback from people with lived/living experience, service users, caregivers, service providers, and healthcare leaders, and administrators.
- **Structural Stigma.** Structural stigma, unlike interpersonal stigma, is the stigma that is embedded through policies, programs, etc. within these organizations.
- **Hallway Group.** Lived experience advisory to the MHCC.
- **Mental Health First Aid.** (MHFA) Our CEO is part of the working group on updating MHFA.
- **Family Caregiver Advisory Committee.** Mobilization Tool Kit: <https://www.mentalhealthcommission.ca/English/resources/toolkit>



In collaboration with partners and stakeholders across Canada, the Mental Health Commission of Canada (MHCC) has developed Taking the Caregiver Guidelines off the Shelf: Mobilization Toolkit (Mobilization Toolkit). The Mobilization Toolkit is intended to support individuals, groups, or organizations in their efforts to help others understand and implement the recommendations in the [National Guidelines for a Comprehensive Service System to Support Family Caregivers of Adults with Mental Health Problems and Illnesses](#). Published by the MHCC in 2013, the Guidelines provide concrete direction to system planners, policy makers, and mental health managers in planning, implementing and evaluating a family-friendly system of care.

1. **A FAMILY-FRIENDLY** system of mental health care is expected to optimally support caregivers so they can provide the best possible support to their loved ones while sustaining their own well-being.
2. The term family **CAREGIVER** refers to all those in the circle of care, including family members and other significant people who provide unpaid support to an individual living with a mental health problem or illness.
3. Knowledge **MOBILIZATION** is about using what we know works – research, evidence, experience – to help transform the mental health system.
4. More than 550,000 Canadians are caregivers to people living with mental health problems or illnesses.
5. **The Mobilization Toolkit** is designed to help promote the Guidelines with decision-makers who have the resources or authority to implement recommendations.

Scenario Training to Improve Interactions Between Police and Individuals in Mental Health Crisis: Impacts and Efficacy.

This is an on-going 5 year project which SSC is playing a key role.

The Society has also developed and maintains several educational websites. Our major project which is in its second year is, "Cannabis and Psychosis: Exploring the Link."

<https://cannabisandpsychosis.ca>.

Extensive reporting on this three year project can be found on page 20 of this report. The information and materials on these websites have benefited millions of Canadians over a number of years. More

than 360,000 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.

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 operate effectively and efficiently as a "virtual" organization.

We also express our deep appreciation to our members, donors, corporate sponsors and other partners for their contributions to us and their collaborations with us, all of which helped to make 2019-2020 a meaningful and productive year.





The Schizophrenia Society of Canada: Who We Are and What We Stand For

Our Mission Statement

Build a Canada where people living
with early psychosis and schizophrenia
achieve their potential.

A mission statement describes the core purpose and function of our organization and our unique contribution as we strive to achieve our vision. The mission is not exclusive to those who we serve but should be embraced by all Canadians. We are seeking to build a geography with less prejudice and stigma with the goal of reducing discrimination and increased social inclusion of those we represent.

The phrase in the mission statement “people living with early psychosis and schizophrenia” was clarified as composing two groups:

1) The person living with the mental illness.

2) The family members and friends living in association with schizophrenia.

Again, this statement **encompasses both individuals and families** by saying “people living with early psychosis and schizophrenia.”

And the focus is on helping them to be their best selves, whatever that might be, that’s why we went with “achieve their potential,” so that it

is open-ended and many people can see themselves there, and it is achievable, yet aspirational. This statement is deliberately flexible on the “how” so we have room to make it our own and move forward in a variety of ways. The goal of recovery is achieving one’s potential in spite of limitations associated with a mental illness and living a satisfying life with the support of family, friends, service providers, and the community at large.

Our Target Audience

The target audiences served as lenses for the design of the mission and brand tools. They are ways to think about for whom the mission and brand are defined. We concluded that our target audience includes:

Other National Mental Health Organizations	Such as CMHA, Mood Disorders Society Canada, Mental Health Commission of Canada, Canadian Centre on Substance Use and Addiction, Canadian Consortium for Early Intervention in Psychosis, PSR Canada, and members of the Canadian Alliance on Mental Illness and Mental Health.
People or Groups Who Can Influence Policy and/or funding	Such as MPs, Senators, and Deputy Ministers We should target politicians connected to mental health regardless of political affiliation, keeping in mind that Senators hold a longer term and Deputy Ministers handle the money.
Corporate/Employer Organizations	These could present opportunities for donations and increased awareness.
Younger Audiences	Younger audiences tend to be more receptive to diverse ways of understanding and discussing mental health. Younger audiences are the only real part of the general public that we see ourselves addressing. There is a need to bring the thoughts and influence of Millennials and Generation Z into the work of SSC.

Our Differentiating Brand Competency

Transforming how people think, with knowledge and youthful enthusiasm.

Differentiating Competency is something that you are really good at, or admired for, that other people lack. As a national organization we feel that our differentiating competency is:

Knowledge speaks to the content we offer that is person-centred, family engagement oriented, strengths based, and recovery focused.

Youthful enthusiasm speaks to our attitude. We desire to address the needs of early psychosis families and millennials who have parents living with schizophrenia.

We have come a long ways in our understanding of early psychosis and schizophrenia and its heterogeneity from one person to another, including treatment options, environmental and ethno-cultural influences.

The lived experience of the person, the lived experience of families are diverse. A knowledge of various demographics is important. For example, millennials who are becoming caregivers to their baby-boomer parents. SSC wants to be transformative and also be seen as transformative in how people think through our knowledge and youthful enthusiasm.

Our Brand Character

An inspirational visionary.

The brand character is a statement that describes the aspirational personality of the brand.

If SSC had a personality, what would it be? As a leading national organization we want to be known as an inspirational visionary. With schizophrenia been the most stigmatized mental illness, we want to communicate a vision of hope! Hope changes everything.



Our Brand Essence

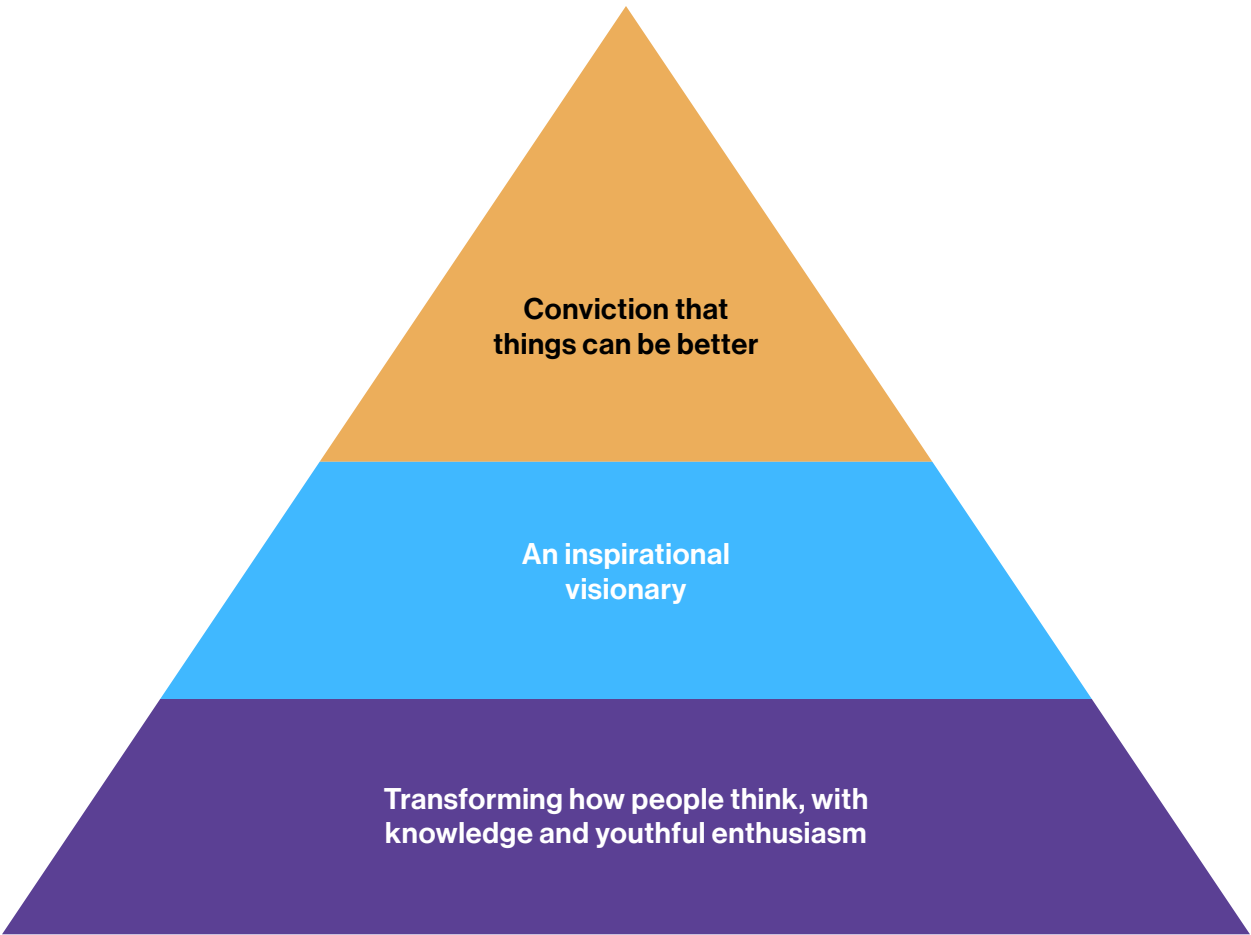
Conviction that things can be better.

Brand Essence is the heart and soul of the brand, or the brand's most fundamental nature or quality. It is the ingredient without which, all other aspects of the brand would fall apart. SSC lives by the conviction that a recovery-oriented and person-centred mental health system would serve individuals and families much

better as the emphasis would not just be on symptom reduction but helping the person to live a quality of life in the community.

This applies to people impacted by early psychosis and schizophrenia, but it is also a deeper idea than that. It is a world view, a philosophy. It is

the heartbeat of SSC as a national leader. It's the key message of our advocacy. When we create better mental health care in partnership with primary health care and social health care, then we can "Build a Canada where people living with early psychosis and schizophrenia achieve their potential."



SSC Core Values

The SSC values provide further clarity on what the Society stands for and what it sees as important we seek to “Build a Canada where people living with early psychosis and schizophrenia achieve their potential.”

- Early psychosis and schizophrenia are medical illnesses that, like other medical illnesses, have variable expressions and effects of symptoms, function and response to treatments.
- Early psychosis and schizophrenia are caused by a number of different factors, from multiple genetic and environmental factors.
- The SSC fully supports the important role of research in all areas related to early psychosis and schizophrenia and (biological, psychological, spiritual, and social determinants of health, etc.).
- Persons with early psychosis and schizophrenia are entitled to person-centred, recovery-focused, efficient multi-disciplinary and integrated evidence-informed treatments 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 early psychosis and 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 early psychosis and schizophrenia, and deserve respect and support.
- Persons with early psychosis and schizophrenia must be included in their treatment planning, care and recovery plans using a shared decision approach.
- Persons with early psychosis and schizophrenia and their families are not to be blamed for this illness.

The Schizophrenia Society of Canada

2019-2020 SSCF Board of Directors

Florence Budden (Chair), Nova Scotia

Joan Baylis (Treasurer), Saskatchewan

Dr. John Gray, British Columbia

Dr. Lori Triano-Antidormi, Ontario

Donna Methot, Nova Scotia

Marie Knutson, Saskatchewan

Dr. William Honer, British Columbia

Dr. Trina Montreuil, Quebec

Laura Burke, Nova Scotia



A Message from the SSCF Chair —Florence Budden

The Schizophrenia Society of Canada Foundation (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.

The Foundation has another research fund which is called the General Research Fund which can be utilized for psychosocial research.

Research to better understand the biologic basis, psychosocial determinants, as well as pharmacological and non-pharmacological treatment options for schizophrenia is absolutely vital. The SSC Foundation 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.



Cannabis Use and Early Psychosis in Adult Populations

This past fiscal year the federal government allocated \$10 million over five years in Budget 2018 for the Mental Health Commission of Canada (MHCC) to help assess the impact of cannabis use on the mental health of Canadians. MHCC began discussions with the Canadian Institutes of Health Research (CIHR) about the possibility of bringing in additional

funding from community partners to contribute to a more specific pool of funding within the mental health and cannabis pool. As part of CIHR's Integrated Cannabis Research Strategy, the SSC Foundation entered into a partnership with CIHR, the Mental Health Commission of Canada, and the Canadian Consortium for Early Intervention in Psychosis (CCEIP),

and Veterans Affairs Canada (VAC) to further address the knowledge gaps in cannabis and mental health. The SSC Foundation contributed \$50,000 to fund research on the relationship between cannabis use and early psychosis. <https://www.researchnet-recherchenet.ca/rnr16/viewOpportunityDetails.do?prog=3223&language=E>

The parties intend to commit a total of up to \$1,265,000 over one fiscal year to fund 11 catalyst grants at \$115,000 per grant, as illustrated below.

MHCC	\$975,000	\$975,000
CCEIP	\$10,000	\$10,000
SSCF	\$50,000	\$50,000
VAC	\$230,000	\$230,000
Total Grant Funding	\$1,265,000	\$1,265,000

This funding opportunity has been delayed as CIHR continues to put their efforts and resources to respond to the demand for COVID 19 specific research investments. The goal now is to get these projects out the door and funded before March 2021.

There is evidence that cannabis use may increase the risk of psychosis. Risk and vulnerability factors include age of first use, frequency and potency, and family history. However, the relationship between cannabis use and early psychosis is not well understood, including the potential harms and/or benefits of cannabis use for people living with psychosis. The funds by the Foundation would go towards research as follows:

Research into the relationship between cannabis use and early psychosis and schizophrenia in adult populations. Factors explored may include reasons for use, social determinants of health, impact of cannabis use on relapse of psychosis or schizophrenia, and mental health and wellbeing as related to the recovery process. Research should contribute to effective intervention, prevention and mental health promotion among adults living with psychosis and schizophrenia.



Canadian Network for Research in Psychosis and Schizophrenia

Tania Lecomte, Ph.D. (Professeure titulaire, Département de psychologie,) Université de Montréal) is a psychologist who is leading this initiative. SSC was invited to an inaugural meeting held in Montreal on January 24. About 50 clinical researchers, psychiatrist, and psychologists were invited. Your CEO was part of the executive planning for the day. Top research areas were identified based upon the following four questions:

What do you consider are important needs that are not being met for people living with psychosis or schizophrenia?

What do you consider are important needs that are not being met for family members?

What do you think researchers in Canada should be investigating that could improve the lives of people with psychosis or schizophrenia?

What do you think researchers in Canada should be investigating that could improve the lives of family members?

On behalf of the Foundation Board I would like to thank Chris Summerville for his attention to the numerous research project requests that have been submitted through the SSC and SSCF.



SSC and SSCF Treasurer's Report —Joan Baylis

I am pleased to report on the Schizophrenia Society of Canada financial statement for the year ending March 31, 2020. Our revenue for the year was \$999,432. Expenses were \$574,463. Net assets at the end of the year were \$1,175,388.

The financial position of the SSC Foundation as of March 31, 2020 is as follows:

Net assets for the Michael Smith Research Fund:	\$1,342,284
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Net assets for the General Research Fund:	\$182,780
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Total net assets:	\$1,572,877
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Working with ScotiaWealth Management, Edward Jones, and the Investment Policy Statement for SSC and SSCF, the two Boards continue to look for ways to diversify and expand our base of individual, corporate, and government funders.

SSC continues to support individuals and family members with an array of innovative programs and initiatives for those living with schizophrenia and other related mental illnesses. While SSC continues to be conservative in its 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.

On March 13, 2020, the World Health Organization declared COVID-19 a global pandemic. This has adverse impacts in Canada and on the global economy. As this continues, there could be further impact on the Society, its funders and community of service. Management is actively monitoring the effect on its financial condition, liquidity, operations, suppliers, industry and workforce. Given the daily evolution of the pandemic and the global responses to curb its spread, the Society is not able to estimate fully the effects at this time.

I wish to thank our 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 SSC and SSC Foundation audited Financial Statements for the year ending March 31, 2020 can be found at www.schizophrenia.ca.

For more information on the Schizophrenia Society of Canada and the Schizophrenia Society of Canada Foundation, please contact us at:

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