



## Our Mission

As a community based, non-profit service organization which is both consumer-driven and volunteer directed, the Canadian Mental Health Association, Thunder Bay Branch is dedicated to promoting, maintaining and enhancing the mental wellness of individuals, families and the community, through the provision or coordination of public education, peer support and individual advocacy, and access to community-based adult mental health care programs and other supportive services.



**Canadian Mental Health Association,  
Thunder Bay Branch**

200 Van Norman Street  
Thunder Bay, ON  
P7B 1G4

Phone: (807) 345-5564

Fax: (807) 345-4458

E-mail: [cmhatb@cmha-tb.on.ca](mailto:cmhatb@cmha-tb.on.ca)

## Canadian Mental Health Association 2005 - 2006 Annual Report

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# Message from the President and the Executive Director

**L**ed by the current government's transformation agenda, the health system is in the midst of unprecedented change. The impetus comes from a long recognized need for easier and timely access to care across the entire system.

Assuming a role of "Steward of the System" the Ministry of Health and Long-Term Care will be responsible for establishing strategic directions and priorities, standards and regulations and policies that support their vision of a transformed health system. Responsibility for planning, funding, performance and service integration falls to the newly formed Local Health Integration Networks.

What does this mean for us? As a community mental health service provider, we are now accountable to a regional body, the *North West Local Health Integration Network (LHINs)*, for the quality and performance of our services.

In the past year, we continued to strengthen our ability to gather and report key information about the performance of our programs. As a result of the efforts of program and administrative staff, we complied with the Ministry's new requirements for the reporting of client and related financial information. Relative to the goal of improved access to service, we continue to expand the array of services available to persons seeking service.

As a result of additional funding, we are developing community crisis beds and expanding the clinical hub of the Regional Early Intervention Program. Added to our mix of social supports, employment, case management, supportive housing, crisis, court and outreach services, we are able to provide access to a range of rehabilitation and clinical options to meet people's complex needs.

We have expanded our education and training services to include the following support groups: **Family Support Network** - supports for family and friends of individuals with a mental illness, **SAFE** - for persons who self-harm, **Suicide Bereavement Support Group** -for families affected by suicide and **Mental Health Works** - creating healthy and supportive workplaces.

We are particularly pleased with the development of services for families who have often felt abandoned.

We continue to work with our partners within mental health, health and across other systems to remove barriers to service. Vehicles such as the Mental Health and Criminal Justice Project, Thunder Bay District Mental Health Directors Network and the Human Justice Coordinating Committee are critical forums to meeting that goal.

As part of our commitment to improving the quality of our services, through staff development, we renewed our efforts to understand our role in the process of recovery. We were provided with an opportunity to learn from some of the best minds on that topic as a partner in the provincial Recovery Conference, May 2005.

Also, in September, we were pleased to have staff spend two days with Dr. Daniel Fisher, Executive Director of the National Center for Empowerment. As a psychiatrist and someone who lives with mental illness, Dr. Fisher challenged our ideas about how we engage and form meaningful relationships with clients as we support their efforts in moving toward recovery.

This fall we restarted our strategic planning process. We need to ensure that we have a strategic plan that is current and in tune with the needs of our community.

The planning process has been a rich opportunity to hear from staff, program participants, and partners about the quality of our current work and their suggestions for our future direction. We will examine closely how those needs fit with our vision for this organization. We anticipate being able to share that plan this June.

Our priorities over the next year will reflect a strong emphasis on completing implementation of programs under development. We will develop a work plan and move forward with the key directions in our strategic plan.

## Message from the President & Executive Director

In closing, we wish to thank all those who make such a vital contribution to this organization. We have over one hundred volunteers who help to govern, plan, fundraise and provide support to persons living with mental illness. Please know that your contributions are appreciated and, most importantly, make a difference.

To the staff at all levels of the organization, we thank you for your dedication and commitment to your vocation.

**Marlene Fortin**

President, Board of Directors

**Maurice Fortin**

Executive Director

## Early Intervention for Psychosis: Northwestern Ontario

**E**ducation, Training and Consultation: Over the past year, there have been several presentations to raise awareness of psychosis and the early intervention philosophy. Presentations and discussion sessions with directors of children and adult mental health services across the region have continued. An education and consultation session with 12 mental health clinicians servicing Aboriginal communities took place. In addition, a community presentation entitled "Saving Minds" was developed. Content areas include recognizing the early signs and symptoms of psychosis, understanding psychosis and how to access help and support someone in the early stages of psychosis. The presentation was held at a Thunder Bay community agency and drew 23 people from the general public. There have been subsequent requests for the presentation and it will be offered again during the first week of May (Mental Health Awareness / Youth Week).

The EIP initiative retains close ties to the Ontario Working Group (OWG) on Early Psychosis. The Program Coordinator has lead the OWG training sub-committee for the past several months. The committee is examining the training needs of new EIP staff across the province and making recommendations to the OWG regarding training supports/processes. The sub-committee also assisted in the planning of the annual OWG provincial conference (March 1, 2 & 3, 2006). Skill-based training workshops for new EIP clinicians and managers were incorporated into the conference. Fourteen clinicians/managers from the Northwest region positioned to work with EIP clients were financially supported to attend the conference to receive the training.

A "Starter Kit" was developed to provide introductory level EIP training to generalist clinicians across the northwest region. The Kit contains pamphlets, articles, video and "how to" information regarding screening, referral and supportive intervention for young people with psychosis and their families. The Kit will be distributed to agencies across the northwest likely to come into contact with youth/family experiencing a first episode of psychosis.

Clinical Services: The Ministry of Health and Long-Term Care has approved annualized funding to establish a clinical EIP program that will service the city and district of Thunder Bay and Kenora/Rainy River. Following consultations with stakeholder groups, the region has adopted a "hub and spoke" model of clinical service delivery. Thunder Bay has the critical mass to support a small, specialist clinical resource centre ("hub") that will offer comprehensive EIP assessment and treatment services to the city of Thunder Bay and outreach services to the region. Partner organizations in Kenora/Rainy River and the District of Thunder Bay will house the "spoke" clinical positions. Over time this will allow for services to be accessed 'close to home' with well coordinated links to more specialized resources as needed.

The hiring process is underway. To date, the program manager position has been filled and a part-time psychiatrist experienced in EIP work has been secured. An administrative assistant and a part-time family care co-ordinator ("hub") has been hired. Three additional positions are currently being pursued: a nurse care-coordinator, a recovery care-coordinator and a regional outreach clinician. The regional outreach clinician will provide education, training and consultation services specifically to Kenora/Rainy River and the District of Thunder Bay. A partnership between Dilico Ojibway Child and Family Services and North of Superior Mental Health Services has also been initiated to support the implementation of a .5 EIP care coordinator position ("spoke") that will service the Aboriginal and non-Aboriginal communities of the Northshore. Discussions continue with the Kenora-Rainy River District to discuss the timing and placement of position(s) for the area ["spoke(s)"].

# Crisis Response Service

With the assistance and guidance from the Crisis Response Advisory Committee, we like to report that 2005-2006 has been a significant year. Through the Advisory Committee's guidance in the development and submission of the proposal "Acute Crisis Residence," we are pleased to report that Canadian Mental Health Association received funding from the Ministry of Health and Long Term Care to initiate the planning and development for a crisis support bed. We have renovated a one bed room apartment in a residential building operated by CMHA. The crisis support bed will assist individuals that can be safely diverted from inpatient hospital admission.

Although the funding was limited to provide a fully operational 24-hour crisis support bed, it allowed us the resources to renovate the apartment and to develop service structures and functions. We anticipate additional funding in the next fiscal year for the implementation phase. However, we were able to provide crisis supports to several individuals either in their own homes or in a motel. These cases allowed us to identify and refine operational procedures and practices for the crisis support bed.

The Crisis Response Service (CRS) received more than sixteen thousand phone calls, serving 895 individuals. On an average day, CRS received approximately thirty telephone calls and went on three mobile response visits. The team went out on mobile response 635 times and assisted 155 individuals to the Emergency Department. Out of the 155 individuals, seventy-eight were admitted for psychiatric care and treatment.

During late summer, we randomly contacted 40 individuals who had received crisis support and 24 agencies for their feedback. The results from the telephone surveys and written questionnaires were positive. The degree of customer satisfaction averaged between the satisfied and extremely satisfied range. The general impression garnered from the surveys can be summed up from these statements, "Great work and necessary component in our community" (Service Agency) and "I was worried that no one would come to the house to help" (crisis caller).

The CRS team initiated a process of staff education and the development for a best practice and evidence-based crisis service model. An ad-hoc committee was organized to gather and review literature on best practices and practice protocols. There is a paucity of written information on best practices for crisis response. However, we are integrating ideas and concepts from other clinical sources to assist our endeavor. Our goal for next year is the development of a model that will provide exemplary practice guidance and protocols to the Crisis Response Team.

We provided service presentations to nursing staff at Workplace Safety & Insurance Board and Victim-Witness Assistance Program and also conducted suicide prevention and intervention workshops for the public. As part of continuing education, staff members attended training sessions on Recovery, psychotropic medications and Early Intervention in Psychosis.

Crisis Response Service, a partner of the Local Service System Management Table and the Ministry of Children and Youth Service participated in the development of the "Northern Framework for Ministry-funded Children and Youth Services-Operational Guide. The guide sets out service functions for children service providers. In addition we need to streamline our client service data reporting for children with the new Client Information Management System of MCYS. Therefore, CRS staff will need training to be proficient with the new reporting requirements of CIMS.

This past fiscal year has brought new challenges regarding staff safety in anticipation of the crisis support bed. The second challenge is to screen and assess callers presenting with mental health and addiction issues. The CRS team will be reviewing effective strategies to assist individuals presenting with addiction issues. We will need to develop practice protocols to screen callers for appropriate level/intensity of withdrawal management services. Therefore staff training in addiction issues and new safety protocols are planned for the new year.

We look forward to another exciting year as we initiate the implementation of the crisis support bed, best practice protocols, withdrawal and staff safety procedures. The priority, however, is the integration of the crisis support bed service with the 24-hour crisis telephone and mobile response. Our goal is the delivery of exemplary crisis response service to families and individuals and to actively participate and collaborate with our community partners.

**Shuan Boo**  
Director

# New Foundations

## New Foundations Clubhouse

Participation during the 2005–2006 year was remarkably high with 369 active members. Each unit was busy with 110 members working in the Café unit, 137 members in the Clerical unit and 122 in the Employment and education Unit.

The Clubhouse secured two new positions for temporary employment placements: a cleaning position at Amethyst House and a clerical position at PACE. Twenty-five members held temporary employment placements this year.

The Steps to Employment program had a successful third year with 27 individuals participating in an active job search. Twenty-two individuals completed the group sessions and eleven participants went on job placements and/or secured employment.

Participation in events was also high. In December, 91 members attended the Christmas dinner. In the summer of 2005, 74 members attended the Clubhouse barbecue. In August 43 members spent the week at Camp Aurora and an additional 24 members attended a one-day barbecue.

Members continued to make a difference in their community by participating in the Adopt a Road campaign and by working as volunteers at the Sixth Annual Dragon Boat Race Festival. Members and staff had the opportunity to attend exciting conferences and events this year including the Building a Recovery-Based Community: What's My Part conference May 11 – 13.

In June 2005, the Clubhouse held their second annual "Reach for the Stars" celebration, recognizing members for their achievements and contributions. Seventy-seven members participated in the event.

After many meetings and lengthy discussions, the Clubhouse has decided to apply for re-certification from the International Center for Clubhouse Development.

## Housing Registry

The 2005 – 2006 year was busy for Housing Registry staff who registered 1118 new individuals into the program. A record number of 776 individuals found placements or were in the process of finding homes.

The computers were accessed 2389 times and the resource centre, telephones and newspapers were used 3513 times as individuals worked to secure employment and housing.

The Housing Registry participated in the Share the Warmth program and processed 43 applications.

## HIP II

The Homeless Initiative Program Phase II (HIP II) was busy with a record 25 clients. CMHA was happy to welcome Cynthia O'Toole who joined Marsha Reader as a Community Mental Health Worker for the HIP II program. Funding for the program was increased allowing for two full-time staff instead of 1.5, allowing us to increase the number of clients from 15 to 20. Over the last year, six new clients were admitted to the program.

## Mental Health Court Outreach Program

This program contains two components: Case Management and Court Support Services. Through our continued partnerships with organizations such as the Thunder Bay District Jail and the Correctional Center and the Courts, we continue to provide a range of case management services to individuals who have come into contact with the law and have a mental illness. The Mental Health Court Worker will divert clients with a serious mental illness from institutions to appropriate supports, treatment and services. This is done by meeting clients at the Thunder Bay District Jail and attending bail hearings at the Court House to assist individuals through that process.

In 2005 – 2006 the Case Management component had 20 clients and Court Support Services had 74 clients.

## Homelessness Outreach/Discharge Planning Services (HOPS)

This program provides outreach and discharge planning as part of the Supporting Communities Partnership Initiative (SCPI). The program is funded by Service Canada SCPI Fund and supported by the Canadian Mental Health Association.

The homelessness outreach component has 177 clients and the discharge planning component has 100. In total, over 90 people have been supported in finding appropriate permanent housing. CMHA is applying for an extension in funding for this program until September 1, 2006.

## Central Intake

Central Intake provides program information, outlines eligibility criteria and offers streamlined access to CMHA programs for individuals diagnosed with a mental illness, their families and the community. Central Intake also offers information about, and referrals to, other community services for the general public.

From April 2005 to March 2006, Central Intake completed 116 intakes into CMHA programs; 99 to the Clubhouse, 28 to RAP and 11 to both programs. There were 738 inquiries received and approximately 170 referrals were made to other resources in the community.

Central Intake responded to 326 requests for information and resources on mental illness. Also the Central Intake Worker delivered 26 presentations on CMHA services to various groups including college and university students, Alpha Court and Crossroads staff and other local service agencies.

## Rehabilitation Action Program

Participation in the Rehabilitation Action Program (RAP) was high during the 2005-2006 year with 98 individuals taking part in RAP activities, support groups and events. The program also registered more individuals than usual, welcoming 24 people into the RAP Program.

Two successful support groups were held during the year. The Between Friends Peer Support Group had twelve participants who met weekly to focus on building healthy relationships and social skills.

RAP continued its work with the Self Abuse Finally Ends Program (S.A.F.E.). Two-ten week sessions were held for a total of sixteen participants. During the 10 weeks individuals learned about the cycle of self abuse and how to develop healthier coping strategies.

The S.A.F.E. Program also attracted interest from the community as organizations requested presentations to train their staff to better work with individuals who self injure. Presentations were made to students of the Child and Youth Worker program at Confederation College; staff at Children's Aid Thunder Bay; foster parents; and group home workers.

Several psycho-social educational opportunities were available for R.A.P. members and volunteers as part of the Living Well Series. Topics included self esteem, assertiveness, surviving Christmas and Spring Cleaning.

There were sixteen RAP members involved in one-to-one matches with volunteers in 2005-2006. More than 100 social recreation activities were held over the year as members participated in activities such as potluck dinners, movies, dinner and games, concerts, coffee houses, hikes, breakfast club and more.

The success of the RAP program is dependent, in a large part, on our volunteers. This special group of 24 individuals host 100% of the social recreation events and many are also involved in one-to-one matches. I would like to give special thanks to all of our Connection Host and Community Support Volunteers for all the time, energy and support that you generously give to the RAP Program.

**Linda Gluck**  
Coordinator

## Resource Development

The Seventh Annual Antique Show and Sale marked a successful start to the 2005 – 2006 year, raising \$2900 for CMHA. Over 600 people attended the weekend long event which featured the first ever CMHA Antique Auction. Participating dealers donated all auction items as well as a portion of their auction sales. Thank you to auctioneer Alex Szczomak for donating your time and to the Travelodge Airline for your sponsorship. Special thanks to all dealers and volunteers.

The Thunder Bay Dragon Boat Race Festival continues to be CMHA's most lucrative fundraising event, raising \$34,000 for each of the three partnering charities. Eighty-four teams competed and over 200 volunteers participated making the event another success. The CMHA team, Champions for Mental Health did a great job both on and off the water, collecting over \$2300 in pledges and improving their ranking from the bottom to the top half of the teams. Preparations for the Eighth Annual Festival are in full swing, with a goal of 100 teams, the dates July 21, 22, 2006.

In the Spring of 2005 CMHA participated in the 13<sup>th</sup> Annual United Way Billboard Rescue raising \$3900 in pledges. Thank you to our team captain Mike Siska and team members Marlene Fortin, Tiffany Stubbings and Maurice Fortin who braved heights on the lift on May 19. Thank you also to our behind the scene members Brian Brescia, Michael Lewkin, Nancy Arthur, Ken Jacobson, and Gus Foresto who collected pledges.

Many organizations have made designated contributions to CMHA projects and/or activities in the past year: **Leo Council 1130 - Camp Aurora, John Andrews Foundation - Education and Training Family Support, Thunder Bay Community Foundation—Education and Training Suicide Bereavement Support Group.** CMHA also received a \$1500 donation from Clarica/ Sunlife. This donation was made on behalf of the volunteer efforts of Clarica/ Sunlife employees Michael Lewkin, John Ramage and Mary Ann Menic. Thank you to Clarica/ Sunlife and also to Michael, John and Mary Ann for the countless hours you have volunteered for CMHA.

CMHA Volunteers continue to forfeit their Saturday nights in order to work our weekly bingo events at Diamond Bingo Hall. Each event requires five volunteers, 52 weeks of the year. A special thank you to this special group of individuals who continue to donate their time, week after week. Unfortunately, due in part to the no smoking by law, attendance at bingo events continues to decline. Simpson Variety continues to be the Nevada site for CMHA. Thank you to Hamish and Linda Stewart, owners of Simpson Variety for helping CMHA with our fundraising efforts.

In closing, there are many people to thank. Thank you to all donors for being part of a community that cares about mental health. My thanks to all of our volunteers who so readily give up their time and energy to be part of CMHA's events and activities. Thank you to all donors and individuals that supported CMHA with donations for the Annual General Meeting Silent Auction. And, last but not least, special thanks to the Resource Development Committee for their support and guidance throughout the year.



From left: Mary Ann Menic, Michael Lewkin and John Ramage, Clarica Employees/CMHA volunteers

# Education and Training

## **Training Sessions for Professionals and Volunteers**

This year, 278 professionals and volunteers participated in workshops and training sessions on suicide awareness, listening skills, suicide bereavement and family support groups.

**Applied Suicide Intervention Skills Training** continues to be in demand. More than sixty people attended our session this year. The program would like to thank staff trainers Brenda Atwood and Laurie Koval for their good work.

**Mental Health Works Program** - George Goldie worked very hard this year approaching 40 businesses with our promotional presentation, Making the Case. As a result, he sold and delivered 17 training sessions on Mental Health in The Workplace to managers in both business and non-profit sectors. CMHA, Ontario Division recognized George as one of its most successful trainers.

**Mental Health Week May 1-7, 2005** – CMHA, partnering with several agencies and local businesses, offered twenty-eight workshops on mind and body health to the community. Workshops included everything from Tai Chi, yoga and meditation to Feng Shui, theatre improve and creative journaling. Over one thousand people participated in these events.

**Recovery of Hope, September 12 -13, 2005** – We brought Dr. Daniel Fisher, Psychiatrist and Consumer Survivor Advocate to Thunder Bay. Dr. Fisher trained 90 professionals and spoke to 300 consumer survivors and family members about his vision of mental health and recovery.

**Mental Illness Week, October 4-10, 2005** - CMHA partnered with several community agencies organizing workshops and displays. Approximately 125 people attended.

**The Vision and Light Film Festival** - is a partnership of the Canadian Mental Health Association, AIDS Thunder Bay and the Centre for Addiction and Mental Health, Celebrating its 4th year, the festival drew over 1200 patrons. Eleven International and Canadian films were screened focusing on issues relevant to each agency. The festival is designed to raise awareness of mental illness, addictions and HIV/AIDS.

**Families in Mental Health Recovery** - a new support program providing families with opportunities to develop skills to help their loved ones in the recovery process. The first session proved to be successful as participants reported increased levels of confidence helping their family members, a better understanding of mental illness and, most importantly, the hope for recovery.

**Family Support Network** - an eight week series, designed to bring families together to share their experiences in the context of mutual support, continued for the third year. Alumni participants meet monthly. Twenty-five family members participated.

**Suicide Bereavement Support Program** is a new addition offering a six week program for those who are grieving a loss. The group offers a safe environment for participants to explore their grief and move forward to a place where they can better cope with their loss. This year we ran sessions in the spring and fall. Both groups were full. We are grateful to Wendy Holmquist, Sue McLean and Dawn LoCelso for volunteering to facilitate the sessions.

**Joanne Books,**  
Education and Training Coordinator

## 2005 - 2006 Board of Directors

### President

Marlene Fortin

### Vice-President

Brian Brescia

### Secretary

Sandra Rejall

### Treasurer

Geoff Reynolds

### Member at Large

Linda Stewardson

### Past President

Michael Lewkin

### Honourary Chairperson

Shirley King

### Directors

Nancy Arthur

Gilbert Labine

John Ramage

Jeanne Kahara

Susan Ivany

Collin Parkinson

Ivan Isenor

Leigh A. Robson

Sherry King

## CMHA Staff

### Administrative Staff

**Maurice Fortin**, Executive Director

**Janice Kirychuk**, C.H.R.P., Manager of Human Resources and Administrative Services

**Bernice McArdle**, Receptionist-Secretary

**Joyelle Stephens**, Bookkeeper

**Kristy Trevisanutto**, Administrative Assistant

**Chris Cannon**, Network Technician

**David Derynck**, Caretaker

### Rehabilitation Action Program

**Linda Gluck**, Program Coordinator

**Shelley Nummikowski**, Community Mental Health Worker

**Phil Jamieson**, Central Intake Worker

### Crisis Response Program

**Shuan Boo**, Program Director

**Moni Joyce**, CRW

**Ashley Kallos**, CRW

**Shawna-Lee Kenney**, CRW

**Laurie Koval**, CRW

**Laura Marshall-Chamut**, CRW

**Carol Maxwell**, CRW

**Audra McEwen**, CRW

**Candace Moores**, CRW

**Kala Nair**, CRW

**Dana Obljubek**, CRW

**Joanne Poulin**, CRW

**Linda Purcell**, CRW

**Rosi Schreiber D'Uva**, CRW

**Kim Scobak**, CRW

**Amilynn Sharpe**, CRW

**Darlene Squissato**, Crisis Response Worker (CRW)

### Early Psychosis Intervention

**Mirella Fata**, Early Intervention Coordinator

**Melanie Morrow**, Care Coordinator

**Susan Melanson**, Administrative Assistant

### New Foundations Clubhouse

**Lauri Moffatt-Zawacki**, Program Director

**Brenda Atwood**, Coordinator of Clubhouse Services

**Roslyn Bergman**, Community Mental Health Worker

**Patrick Reader**, CMHW

**Joan Robinson**, CMHW

**Michael Siska**, CMHW

**Robert Sitch**, CMHW

**Tiffany Stubbings**, CMHW

**Chantal Vandermale**, CMHW

**Brant Warwick**, CMHW

**Ed Zapior**, CMHW

Homelessness Initiative Program II (HIP II), Housing Registry and Outreach Program,

Mental Health Court Diversion

& Homelessness Outreach/Discharge

Planning Services (HOPS)

**Marsha Reader**, CMHW, HIP II

**Cynthia O'Toole**, CMHW, HIP II

**Beth Scutt**, Outreach Worker, Housing Registry

**Colleen Bradley**, Outreach Worker, Housing Registry

**George Drazenovich**, Case Management (Court Diversion)

**Melanie Benham**, Court Diversion Worker

**Rena Patton**, CMHW, HOPS

**Susan Tocheri**, CMHW, HOPS

### Resource Development

**Adriana Foresto**, Manager

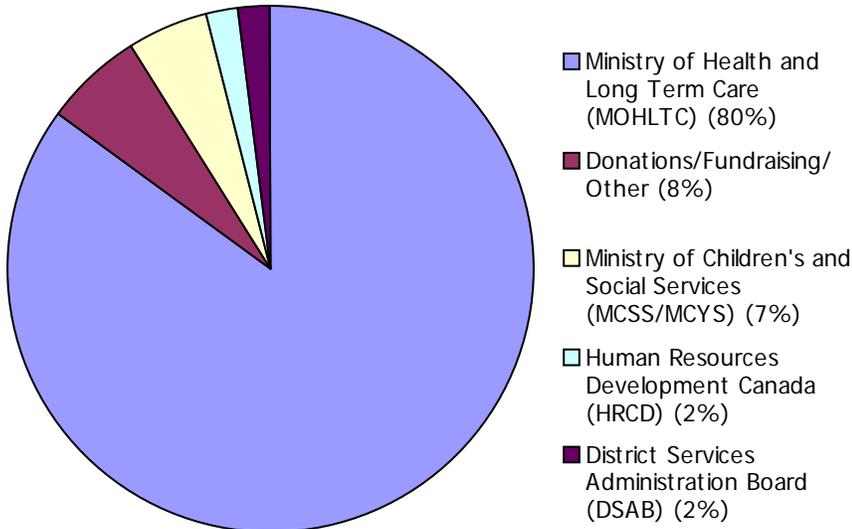
### Education and Training

**Joanne Books**, Coordinator

**George Goldie**, Mental Health Works Trainer

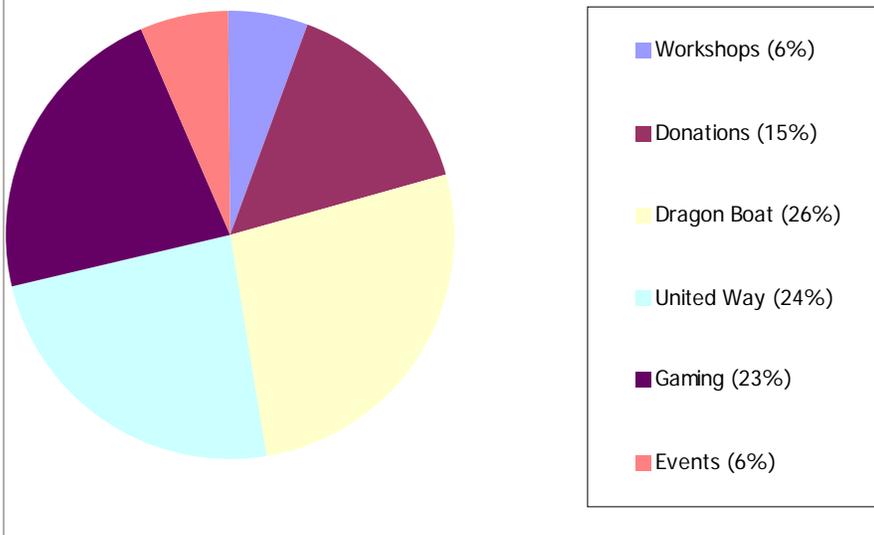
# A Look at our Finances

## Revenue by Source (\$\$\$\$\$\*)



\* (amortization/ Visions & Light not included)

## FUNDRAISING



\* (net of expenses)

## Statement of Revenue & Expenditures

**April 1, 2005 to  
March 31, 2006**

***Full Audited statements  
are available upon re-  
quest.***

In 2005/2006, no employees of the Canadian Mental Health Association, Thunder Bay Branch were paid a salary of \$100,000 or more, as defined in the Public Sector Salary Disclosures Act 1996.

# CMHA Volunteers ...

## Make Mental Health Matter

From the Bingo Hall to the Board Room CMHA Volunteers

### Make a Difference

CMHA is proud to recognize and appreciate over 200 volunteers who serve on our Board of Directors, program advisory committees, work with the RAP Program, work at weekly Bingo events, the Antique Show, Dragon Boat Race Festival and much more!

**The President's Salute** is a volunteer appreciation event planned by staff and the Board President to thank all CMHA volunteers for their time, energy and commitment.

This year's event was held on April 25th. The theme was Spring Time in Paris.



*The Canadian Mental Health Association, Thunder Bay Branch would like to extend a heartfelt thank-you to all of our volunteers and donors.*

*Your support is vital to our work.*