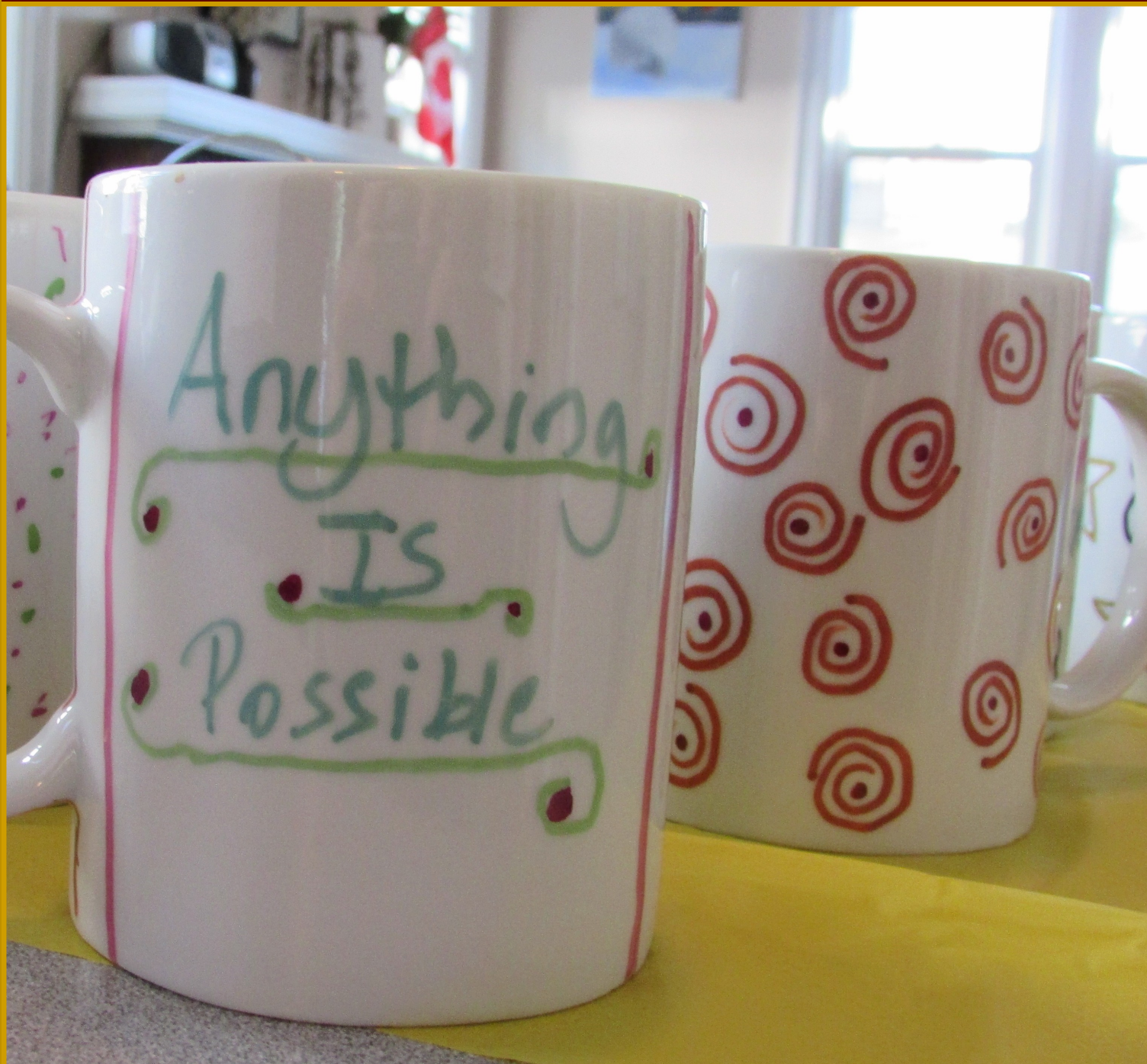


# Annual Report 2015-16

## Adapting and Growing with our Community



Durham Mental Health Services

*Providing Community Mental Health Support Services for Over 25 Years*



## CONTINUING TO MATCH OUR SERVICES TO COMMUNITY NEEDS

Since its inception in 1987, Durham Mental Health Services has developed its services in response to identified community needs.

In 1987, we opened a house in downtown Whitby because there were people with mental health challenges who needed clean, safe and supportive housing.

As the community's needs continued to grow, DMHS responded by developing and providing high quality and respectful supportive services in partnership with our clients and their families.

Our services are embedded throughout the community so that we, with other service providers and with the support of our funders, provide the right service at the right time in the right place.

## OUR VISION, MISSION AND VALUES

We envision a caring, supportive community able to respond to the needs of people living with mental health challenges.

Our mission is to provide community based mental health services to support people in achieving wellness. Our values are:

- Hope
- Integrity
- Excellence
- Safety
- Inclusion
- Individual Choice

## OUR SERVICES

Our services are available at no cost. Anyone living with a mental health challenge - either short term (situational) or longer term (chronic) - can access our services. No diagnosis or referral is required for most services. Services include:

- Crisis (phones, mobile teams, beds)
- Residential Support
- Justice Initiatives (including court support)
- Voices Against Stigma Everywhere (V.A.S.E.)
- Aboriginal Outreach
- Seniors Support
- Community Support (through case management)
- Community Capacity Building
- Peer and Family Support
- Dual Diagnosis Support

## Board of Directors

### President

- BILL SIMS

### Vice President

- BRAD DAVIS

### Treasurer

- CLYDE CATTON

### Secretary

- KIM GLOVER

### Directors

- BRENDA RIVIERA
- CHRIS OWENS
- LYNNE DENNIS
- ROB GARNETT
- JOHN MONTGOMERY
- MIKE ABRAMCZUK



## MESSAGE FROM THE BOARD PRESIDENT AND CHIEF EXECUTIVE OFFICER

As we approach our 30<sup>th</sup> anniversary of delivering community mental health services to Durham Region, our focus has been on adapting our services to meet community need. By working with our partners in the community, our new and expanded services continue to be built on the best that we bring to the planning table and on working together to continually improve.

The second recent theme, thanks to funding from the Central East Local Health Integration Network (CE LHIN), is a greater diversity of staff roles than ever before. This includes sessional psychiatric support, registered nurses, personal support workers, peer support specialists, an aboriginal outreach worker and regional housing coordinators. This diversity allows our long-standing programs such as Residential Services and Community Support to adapt, respond and plan for how to meet a wider range of clients' needs.

DMHS's two Regional Housing Coordinators are working to strengthen partnerships and connections with other housing agencies in order to better plan, implement and evaluate services and supports for a highly vulnerable population that includes homeless, precariously housed and marginalized people living in the Durham Region and Scarborough clusters of the LHIN.

Our Aboriginal Addiction and Mental Health Outreach Worker has added to the increasing number of services offered in Ontario's Central East Region specifically for indigenous people, which includes self-identified First Nation, Inuit and Métis youth and adults.

Our Hospital-to-Home program expanded this year to Scarborough, with new partnerships at Rouge Valley Health System's Centenary site and at The Scarborough Hospital. This funding also provided support for two DMHS Community Treatment Order case workers, to work the Scarborough cluster.

Our Senior Support Program expanded to Ajax with new staff and program sites in partnership with Ajax Municipal Housing Corporation; and we received new funding to expand our residential partnership with Ontario Shores Centre for Mental Health Sciences, offering intensive multidisciplinary support to complex care clients.

We also received funding to expand our Peer Support program. In a few short years, we have grown from two Peer Support Specialists to now ten full-time staff, working collaboratively in programs throughout the organization. They ensure that our services are provided in full partnership with clients, and that our key organizational decisions include client and family input.

We approach our 30<sup>th</sup> year better positioned to serve complex community needs than ever before. We invite you to share our excitement as you read our 2015-16 Annual Report.

**Rob Adams**  
Chief Executive Officer

**Bill Sims**  
President

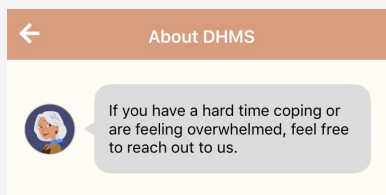


## OUR COMMUNITY PARTNERS

*We gratefully acknowledge these organizations for their commitment and support in providing collaborative and seamless services for people who need mental health support.*

- AJAX MUNICIPAL HOUSING CORPORATION
- CHIMO COMMUNITY SERVICES
- CMHA DURHAM
- CMHA TORONTO
- CMHA HALIBURTON, KAWARTHA & PINE RIDGE
- COMMUNITY CARE DURHAM (COPE Mental Health)
- COMMUNITY LIVING AJAX-PICKERING-UXBRIDGE
- DURHAM COLLEGE
- DURHAM REGION NON-PROFIT HOUSING CORPORATION
- DURHAM REGIONAL POLICE SERVICES
- FRONTENAC YOUTH SERVICES
- HERITAGE COMMUNITY HOUSING CORPORATION
- KINARK CHILD AND FAMILY SERVICES
- LAKERIDGE HEALTH OSHAWA (INCLUDING PINWOOD CENTRE ADDICTIONS SUPPORT SERVICES)
- MINISTRY OF THE ATTORNEY GENERAL – CROWN ATTORNEY'S OFFICE
- ONTARIO SHORES CENTRE FOR MENTAL HEALTH SCIENCES
- REALSTAR GROUP
- ROUGE VALLEY HEALTH SYSTEM
- THE SCARBOROUGH HOSPITAL
- SEAMLESS CARE PHARMACY

## INTRODUCING OUR EXPANDED SUICIDE PREVENTION AND INTERVENTION APP



People having thoughts of suicide can benefit from effective support.

Unfortunately, knowledge about how to respond effectively is not wide spread. The DMHS app empowers individuals who encounter people having thoughts of suicide. The purpose of the app is to guide users in what to ask and what to say, and to help them link the vulnerable person to immediate crisis support.

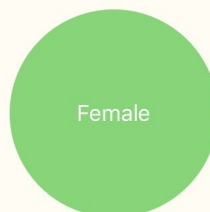
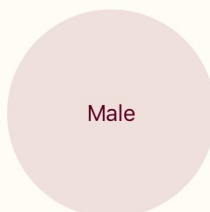


Happy to meet you, Ann. How old are you?

I'm under 24 years old.



Are you male or female?

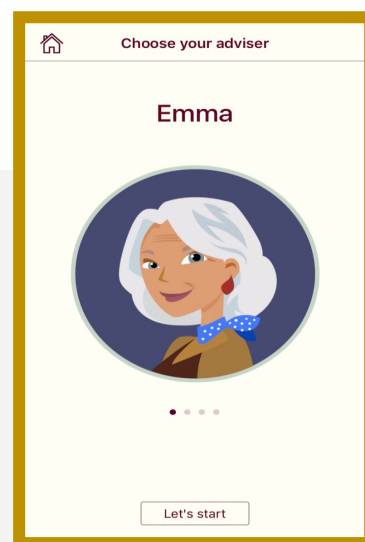


Submit



The new app is a free product that provides information about suicide intervention, suicide prevention and mental health resources. It also provides a direct link to 24-hour telephone support at DMHS' C.A.L.L. (Crisis Access Linkage Line), as well as an extensive list of other community resources.

To download the app, just go to either the Apple or Google Play store and search "DMHS crisis."



## ABORIGINAL ADDICTION and MENTAL HEALTH OUTREACH

Connie Spencer, a member of the Wahta Mohawk community, is the new Aboriginal Addictions and Mental Health Outreach worker at DMHS. She is collaborating with colleagues and community services to build capacity and promote respect, understanding, compassion and knowledge of FNIM cultural perspectives.

The Aboriginal Addiction and Mental Health Outreach Worker provides support and community service navigation to self-identified First Nation, Métis and Inuit (FNIM) members of the community who require assistance with mental health recovery.



*Connie Spencer (middle), with Terry Pariseau (left) and Brian Rapier (right), leading a smudging ceremony for staff at the DMHS Annual Staff Retreat in November 2015*

“I am excited that DMHS is an early adopter of culturally-competent services for Aboriginal clients, recognizing the immense value to consumers they provide.”

**Connie Spencer**  
**Aboriginal Mental Health and**  
**Addictions Outreach Worker**



## ONE STEP AT A TIME GOES A LONG WAY

### DIANE'S STORY

*I am disabled both physically and mentally. I have suffered physical and emotional traumas that changed the person I was to a different person now. During the course of the past eleven years, I have reached out to DMHS Crisis Services in the times I was truly lost and desperate. The crisis line was an anchor for me as they gave me support and encouragement.*

*My physical and mental health was in decline and I became more and more withdrawn even with the care of many doctors, psychiatrist and personal support workers. I became a 'hermit' and depended on others to even do my grocery shopping. I was unable to wait in a busy waiting room for many of my medical appointments, get on a bus, or attend any groups. I wanted to get my life back, yet I was too afraid, discouraged and downright paranoid.*

*Since I sent my self-referral to DMHS for case management so many things in my life have changed in a short time. With the support provided by my Community Mental Health Worker (CMHW) I have made amazing progress.*

*"One step at a time" advised my Peer Support Specialist, encouraging me to get out and onto a bus. I was able to share the traumatic events that brought me to serious anxiety even thinking of travelling on*

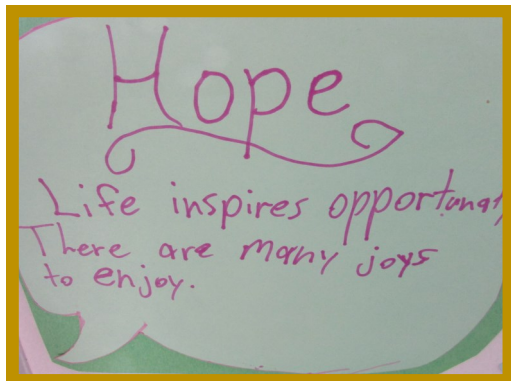
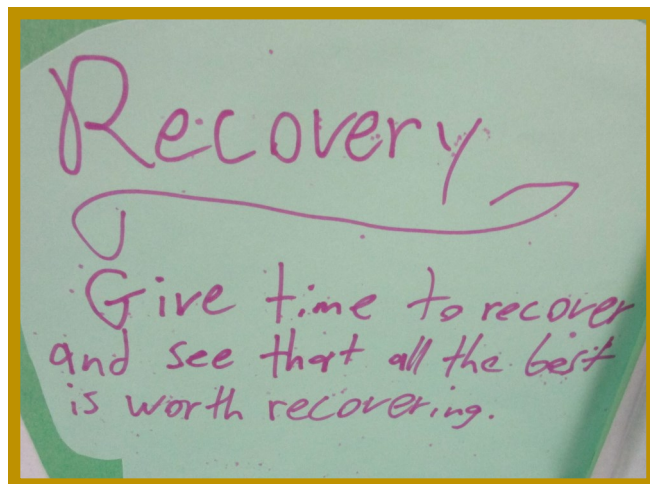
*a bus and my worker was able to give me some perspective. Since then, I have been on a bus many times. Recently I got a membership to Rossland Civic Centre where I go swimming three times a week, putting me in public situations. Wow, what a major hurdle. I have been able, for the first time, to travel to Walmart alone for my monthly shopping, something I haven't done in many years. I consider this to be miraculous. In a short time I have accomplished so much.*

*I began an online program, through the Centre for Clinical Interventions that was recommended by my CMHW. I com-*

*pleted the first section on Assertiveness and it had immediate effect on me and it is a big part of my success so far. I will be continuing with this program and the other goals that my worker and I have set.*

*I recently participated in a group through the Diabetic Clinic. On our last day we spoke of our goals and it wasn't until that day that I actually realized how far I have come. I feel energized and ready to face my phobias. I am learning to reach out to my family, especially my daughter, in a way they understand and they now give me the support and encouragement I need. I've been able to think, act and participate in high-stress events like I have never done before. My CMHW led me to resources and I am regaining my independence and social skills. Thank you DMHS.*

*Diane*



## SUE CATHCART PEER RECOGNITION AWARD

At the DMHS Annual General Meeting in November, Jai Mills (System Design and Integration Lead with the Central East LHIN) recognized Jewel Harrington as the recipient of the First Annual Sue Cathcart Peer Recognition Award, named in honour of a much loved DMHS Peer Support Specialist.

Jewel, a speaker with the DMHS-sponsored consumer empowerment group V.A.S.E. (Voices Against Stigma Everywhere) was chosen for this award by her peers to recognize the ways in which she exemplifies the five pillars of recovery—hope; personal responsibility; education; self-advocacy; and support.

*"I felt truly privileged when this award was granted to me. When Jai hugged me at the ceremony, it was encouraging, and I felt like Sue was also smiling down on me with pride."*

*Jewel*



## PEER SUPPORT AND PERSISTENCE

### BRIAN'S STORY

*I've been associated with DMHS for many years, starting with their residential program. I transitioned from the highest level of support to the lowest level as I learned valuable skills, connected to supports and developed healthy routines. During my years in the housing program, I never needed hospitalization.*

*Since moving out on my own, I've been supported by the Rouge Valley ACT Team and have benefitted on occasion from accessing DMHS Crisis Services. At Crisis, I feel that I'm at a safe place to get the help I need to get better. The staff are terrific and the short stays at their beds support have helped me stay out of the hospital.*

*One other DMHS connection I have is with their New Leaf Day Program. It's a great spot to go because there are people with the same problems, and mental health is a tough issue to talk about with people who haven't experienced it. We bond by sharing similar stories—I've made a lot of friends there.*

*Brian*

*"One of the things I often hear about the Peer Support Program is that it helps people to see that they are not alone. Our shared experiences connect us and provide a sense of belonging at a time when our mental illnesses have tried so hard to isolate us".*

*Lisa Scuse, Peer Support Specialist*

## VIOLENCE AGAINST WOMEN (VAW) SUPPORT

DMHS is now operating a one-year pilot program providing onsite services to users of three local VAW shelters and women's shelters. This initiative has two goals:

- ◆ To ensure that women residing in these shelters can access needed mental health and addiction support; and
- ◆ To reduce unnecessary visits to Lakeridge Health Oshawa's Emergency Department by providing needed, comprehensive care in the community.

## REGIONAL HOUSING COORDINATION

With DMHS recognized as a strong housing and homeless service provider, the new Regional Housing Coordinators are working to strengthen the partnerships and connections with other housing agencies to better plan, implement and evaluate housing services and supports in the Durham Region and Scarborough.

## FAMILY ENGAGEMENT

DMHS' Family Support Alumni Group had ongoing concerns that while they were receiving help, their loved ones with severe and chronic mental illness remained outside the helping system. They identified an opportunity for engaging reluctant but potential clients by using Peer Support Specialists to work with the family as a whole.

As a result of this family input, this is now an ongoing process used at DMHS to engage reluctant clients, building relationships on the basis of respect, trust and hope.

## TRANSITIONAL REHABILITATION HOUSING

### PHUONG'S STORY

*I spent eight years in total in psychiatric hospitals due to charges that resulted from bipolar disorder. At one point, I was discharged but brought back to hospital due to vandalism – I had been living at a group home at the time.*

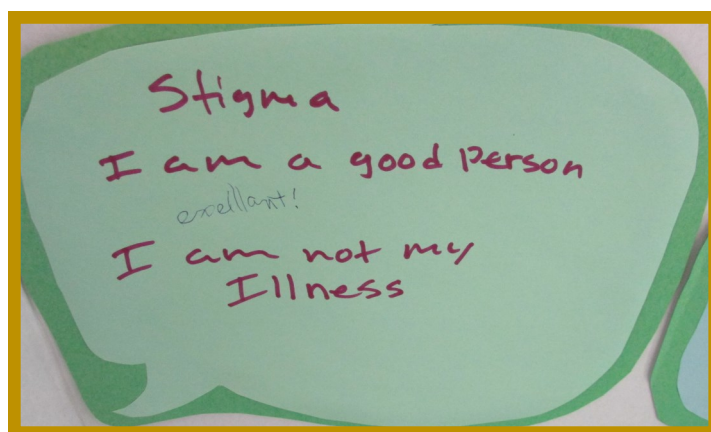
*In 2015, I learned about Durham Mental Health Services' Transitional Rehabilitation Housing Program while living at the Annex in Ajax. It seemed like a good fit for me. There were many fewer people and more of an opportunity for independence. I've learned how to cook on my own and to keep my room tidy. I do daily chores – I treat the home like it was my own apartment. I manage my own finances and make it last the whole month. I've learned how to pay the rent.*

*During the day, I go to Ontario Shores' Supported Education Program. I also keep regular psychiatrist appointments. I've been stable on my medication for three years now and have had no relapses. I look forward to staying out of the hospital. I've made good friends. Life is good but I would like to have a part-time job, finish my high school diploma, and get my own place.*

*I am proud of myself for not relapsing for three years straight and I love my freedom. I want to be a role model for others to show you can do it; you can get out of the hospital, get back to the community and get your freedom back.*

*DMHS staff have been very helpful. They make me laugh and smile every single day.*

*Phuong*





## SENIORS' SUPPORT PROGRAM

*"When the program came to the building, I was asked what supports I needed in my day to day life. The staff has helped me with tasks around the home and homemaking, things I struggle with due to my health. I am fussy, and they do their best to do things as I would. When I needed support to medical appointments, the Senior Support nurse came to specialist appointments with me. I would have been lost, in all the information, but the nurse listens and explains the information so I understand. When I come to the girls with an issue or concern, if it's within their expertise they provide the needed support. If not, they assist me in finding solutions within the community. Having support in the building has allowed me to stay in my home and stay independent. Money is tight when you're a senior. I wouldn't be able to afford to live and pay to have support come in."*

The multi-disciplinary, client-centred approach of DMHS's Seniors' Support Program helps seniors retain their independence and avert the need for early long-term care placement or hospitalization. It is at the forefront of service design that recognizes the interdependence of mental and physical health.

**Heather Frempong**  
**Seniors Support Program Coordinator**

*"Everything I have asked for has been done and more. You take such good care of us. It's made a huge difference. If I need anything or even have a question I just call the office. My medications were a mess and even that was sorted out for me. I don't know what I'd do without you."*

## SCARBOROUGH HOSPITAL-TO-HOME (H2H)

### JASON'S STORY

*Before, when I came back from the ER or was discharged from the hospital, I would feel lost. I would ask myself, what things should I do that would help my illness, help my recovery? I had no friends at this time.*

*My community mental health worker played an important role in referring me to a therapist and also in discussing my fears around meeting new people. With her encouragement, I found the confidence to become more socially active and have found new friends. The first few friends are very important – if you lack those, you feel very isolated.*

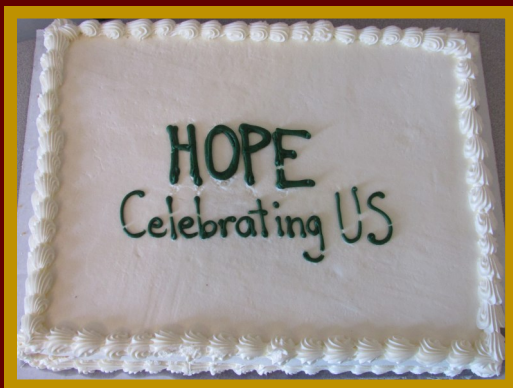
*I think the H2H program is very valuable.*

*Especially when hospital resources are in such high demand, they definitely need people like my community mental health worker and other community support specialists working in the hospital environment.*



Community Nurses Lawrence Nwaeneh and Efosa Osawe with Coordinator, Sophia Pottinger.

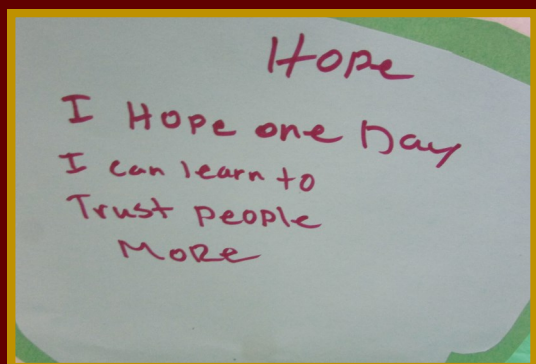
*Jason*



## DURHAM MENTAL HEALTH FOUNDATION 2015-16

Revenue	\$32,922
Expenses	\$2,569
Excess of Revenue over Expenditures	\$30,353

We wish to thank all of the many people and organizations who made donations, many of which were in memory of friends and loved ones. Your donations directly support the clients we serve.



## FINANCIAL REPORT 2015-16

REVENUE	2015-16	%
<b>Central East LHIN</b>	<b>9,042,009</b>	<b>85.59%</b>
Ministry of Health-Housing Branch	286,003	2.71
Durham Region Social Services	284,228	2.69
Youth Court Worker	81,328	0.77
Rent & Board	277,068	2.62
Miscellaneous	567,823	5.38
<b>Total Revenue</b>	<b>10,538,459</b>	<b>99.76%</b>
Surplus Transferred from Last Year	25,588	0.24
<b>TOTAL AVAILABLE FUNDS</b>	<b>10,564,047</b>	<b>100.00%</b>
EXPENSES		
<b>Compensation &amp; Staff Costs</b>	<b>8,760,330</b>	<b>83.44%</b>
Housing Costs—Group Houses & Crisis	320,258	3.05
Housing Costs—Administration	45,526	0.43
Administration Costs	171,410	1.63
Program Costs	887,437	8.45
Capital Purchase	-	0.00
Capital Reserve Fund	6,653	0.06
Rent Supplement	214,185	2.04
<b>One Time Funding</b>	<b>92,797</b>	<b>0.88</b>
<b>TOTAL EXPENSES</b>	<b>10,498,596</b>	<b>100.00%</b>
<b>TOTAL SURPLUS</b>	<b>65,451</b>	

## OUR PEOPLE ARE OUR GREATEST STRENGTH

### **LONG SERVICE RECOGNITION NOVEMBER 2015**

#### ***Celebrating 20 Years of Service***

*Paula Banting*

*Pam Mercier*

*Leanne Scarr*

#### ***Celebrating 15 Years of Service***

*Kimberly Blanchard*

#### ***Celebrating 10 Years of Service***

*Brandi Antoniak*

*Heather Jay*

*Lisa Locke*

*Benita Santiago*

*Christina Self*

*Alana Timmers*

#### ***Celebrating 5 Years of Service***

*Janurie Adams*

*Brad Arbour*

*John Bleasdale*

*Susan Brooks-Frank*

*Jenna Couvier*

*Deborah DeWit*

*Denise Gould*

*Dane Jeffrey*

*Susan E. Jung*

*Lucas Malloy*

*Kathleen Marchand*

*Edward Martin*

*Angela Mazurkiewich*

*Teresa McGarvey*

*Cheryl Perry-Guthro*

*Gerardo Ramos*

*Scott Sarginson*

*Betty Shen*

*Brenda Spurrell*

*Richard Syriac*

*Rita Trolley*

*Christa Van Der Burg*

**We would like to acknowledge our partners in educating future staff:**

Durham College

Sir Sanford Fleming College

George Brown College

Centennial College

Sir Wilfred Laurier University

**Thank you also to the many enthusiastic students who brought us fresh perspectives and contributed to the success of our programs in 2015-16.**



**"Many clients have faced barriers to community living due to complex health problems. DMHS nursing support allows us to offer an appropriate level of care that can help these clients thrive. Also, the health teaching we provide regarding medications, diagnosis, symptom management, healthy coping strategies, etc. helps them succeed in the community and lessens the strain on the health care system, reducing unneeded utilization of hospital-based resources."**

***Brent Caza, Registered Practical Nurse/  
Crisis Intervention Worker***

**THIS YEAR WE GOT EVEN STRONGER**





*Durham Mental Health Services gratefully acknowledges funding and support from:*

- ♦ *Central East Local Health Integration Network*
- ♦ *Ministry of Children and Youth Services*
- ♦ *Ministry of Health and Long-Term Care*
- ♦ *Regional Municipality of Durham*

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## DURHAM MENTAL HEALTH SERVICES



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*Hope is Essential*