



CAMHS

Community Addiction and Mental Health
Services of Haldimand & Norfolk

ANNUAL REPORT

2014-15

The first part of the paper discusses the importance of understanding the cultural context of the research. It highlights the need for researchers to be sensitive to the values and beliefs of the communities they are studying. This is particularly important in the field of education, where cultural differences can significantly impact learning outcomes. The paper then moves on to discuss the challenges of conducting research in culturally diverse settings. It notes that researchers often face difficulties in establishing rapport with participants and in interpreting their responses. To address these challenges, the paper suggests several strategies, including the use of local informants and the development of culturally appropriate research instruments. The final part of the paper discusses the importance of ethical considerations in cross-cultural research. It emphasizes the need for researchers to obtain informed consent from participants and to ensure that their research does not cause harm or exploitation. The paper concludes by noting that while cross-cultural research is a complex and challenging endeavor, it is also a highly rewarding one that can lead to a deeper understanding of human behavior and culture.

Message from the Board Chair

This past year has been an exciting and challenging time for the Board of Community Addiction and Mental Health Services of Haldimand & Norfolk.

One of our first major undertakings was Strategic Planning. The entire Board spent a day with Jennifer Garland of the Cactus Group and we developed a strategic plan which will act as a road map for the organization for the next few years. With the new plan in place, we created a number of committees and each Board member received several assignments. The committees were responsible to create Terms of Reference and a work plan for that group. From there, they were responsible to ensure their tasks were completed and report to the Board on a regular basis. I'm pleased to say that for a first time, this process went very well.

Last September at our Annual General meeting, we said goodbye to two Board members, Robert Thompson and Jodi Younger. Dr. Bob, the outgoing chair, had served a six year term. In the case of Jodi Younger from St. Joseph's Hospital in Hamilton, her employer and this Board had mutually agreed that St. Joe's would no longer have a seat on the Board. Instead, both organizations signed a Management Services Agreement which will protect the interests of her organization as well as ours. To both Bob and Jodi, thank you for your contributions.

Recruiting new Board members was, and still is, a priority. One of the first steps we took in the 2014-15 fiscal year was to complete a Skills and Experience Inventory to determine what our needs were. From there, we attempted to attract new members to fill our vacancies. Although the positions were not filled by the end of the fiscal year, we have two quality candidates who will be at our annual meeting.

As a Board it is imperative that we always have an understanding of our financial position. I'm pleased to say that we continue to have a great working relationship with the accounting department of the Norfolk General Hospital and in particular I'd like to thank Rae Jerome and his team for their timely presentations to the Board.

During this year, our Executive Director completed her first year of service. As a Board, we are responsible for evaluating her performance. With the assistance of Mary Lisa Forsythe of NGH Human Resources, we developed a questionnaire and then conducted a 360 degree review which involved the Board, the Executive Director's subordinates, and members of the community. As expected, the feedback received by the Board regarding Nancy's performance was very positive.

This year, we started to formalize processes on how we best perform our governance role. We continue to move towards best practices and have adopted the Ontario Hospital Association's "Guide to Good Governance" manual as our bible. We have

planned a one-day workshop in 2015 to help us clarify our roles and responsibilities, and achieve our goals.

During our meetings this past year, the Board had the opportunity to hear from a number of employees who took the time to explain the programs they work in. It gave us a better understanding of what they do, and we came away with a greater appreciation for the important role they all play in our community. We also learned about several new and exciting initiatives that were about to be launched which will supplement the services we provide locally.

Mental Health and Addictions continues to be a very high profile topic in our community and barely a day goes by without some reference being made in the media. Our staff has been very diligent in raising awareness of the issues and attempting to reduce or eliminate the stigma related to mental health and addictions. It is evident not only to the Board but also to the public that our people are very passionate about the issues. We see it at events like the Suicide Prevention and Awareness day, the week-long booth at the Norfolk County Fair (which is manned by nearly all our staff), and also the Wellness Fair which is held each year in the Spring.

Good organizations require good management and I'd like to introduce our management team and publicly thank them for the great work they do. Nancy Candy-Harding is our Executive Director, Kate Van Bradt is our Clinical Services Manager, Susan Roach is the Manager of the Resource Centres in Simcoe and Dunnville, and last but not least, Debra Graham is our Office Manager. Thank you.

I'd also like to introduce and thank the members of our Board: Ross Gowan, Susan O'Dwyer, Irene Beyaert, Gerald Buhr, Laurie Giancola, Zvonko Horvat, and Barbara Sutcliffe. Very many hours of volunteer time go into making this Board work well and your dedication has been amazing. I'm proud to say I have been associated with this organization.

In closing, I'd like to say that it has been a privilege to chair this organization, and want to thank everyone named for making my life so much easier.

Kind regards,

Dave Stelpstra
CAMHS Board Chair

Message from the Executive Director

Hello and thank you for showing interest in Community Addiction and Mental Health Services of Haldimand & Norfolk (CAMHS). CAMHS is the clinical and peer support hub of mental health and addictions services for Haldimand and Norfolk Counties.

The fiscal year of 2014-2015 has been a very active one. It has been my first full fiscal year with CAMHS; one that has been critical in setting the stage for CAMHS to define and develop its place as a community agency providing clinical service excellence to our clients and their support persons. Both the Board of Directors and the staff have worked hard in their efforts to move the agency forward towards evidence-based best practice, and look forward to enhancing our clinical services.

At the beginning of the fiscal year, the Board and management met to review and develop a strategic plan for CAMHS. Our Mission (our reason for being) and Values (what we believe in and how we behave) guide us. Our Strategic Objectives help us reach our Strategic Goals, which help us to achieve our Vision (what we believe we should be). Our Purpose is a combination of Vision, Mission, and Values.

We particularly focused on the *Excellent Care for All Act (ECFA)* and the Mental Health Commission of Canada's strategic document '*Changing Directions, Changing Lives*' (see Strategic Plan overview). We re-visited and enhanced our Mission, Vision, Purpose and Values, which are also included in this document.

In this fiscal year, we have developed a formal Leadership Team, moved forward with our Centralized Intake initiative, and have integrated both a new database and a new phone system into the infrastructure.

CAMHS signed its Multi-Sector Accountability Agreement (M-SAA) with the LHIN, has developed a financial team, a human resources (HR) team, and an information technology (IT) team out of our partnership with Norfolk General Hospital (NGH), and has the audited financial statement in a positive position for the fiscal year of 2014-2015.

As per ECFA, we have continued to focus on Quality. Below, you will find a short review of some significant developments that have taken place over the last fiscal year. By no means is the list all inclusive.

Internal Activities:

- Development of a Balanced Scorecard methodology to be able to monitor activities in four areas (quadrants): client care, utilization, human resources and finance.
- Focus on accessibility issues: further developing our centralized intake and client flow algorithms; physical changes to office access.
- Focus on infrastructure to ensure safety and security for our clients, visitors and staff, including : developing a Client Rights and Responsibilities document, a Code of Conduct for staff and Board, and other policies/procedures; initiating mandatory training of all CAMHS staff in the Gentle Persuasive Approach (GPA); developing a Joint

Occupational Health and Safety Committee (JHSC), and initiating the process for our JHSC members to be certified.

- Confirmation with the LHIN of base funding for a new program: the Mobile Crisis Rapid Response Team (MCRRT) wherein a Mental Health and Addictions (MH&A) worker would be embedded in the Norfolk OPP to respond to 911 calls.
- Confirmation with the LHIN of base funding to enhance our CAST program.
- Development of our Signpost pamphlet series speaking to issues of mental health/illness in non-medical language.
- Susan Roach (Resource Centre Program Manager) completed training to teach Mental Health First Aid, and obtained the status of being able to teach the program independently.
- Relocation of our Dunnville Resource Centre.
- Development of our MH&A pamphlets – translation in Spanish and low German to assist the support of the Mennonite community and migrant farm worker populations.
- Post-Traumatic Stress Disorder (PTSD) workshop at the Public Library attended by 35 First Responders, with presentations from Tema Center Memorial Trust and CAMHS (Susan Roach, Barb Bell).

External Partnership Activities

- Continuing IDEAS (Improving and Driving Excellence Across Sectors) project more directly partnering with NGH and Brantford Community Health System (BCHS), addressing the transition for a person on a Form 1 from a non-Schedule 1 to a Schedule 1 facility.
- Dialectic Behavioural Therapy (DBT) continues as a solid partnership activity with CMHA.
- Further development of the Peer Support Worker role and partnership with CMHA and the Crisis Support Bed (CSB) Program.
- Participation in the Norfolk Community Mobilization Initiative led by the Norfolk OPP.
- Active involvement in the Norfolk Health Links Initiative led by NGH.
- Partnership with the Health Equity Community Committee has led to our pamphlets for migrant farm workers to be utilized across the province.
- Formalizing partnership with the Grand Erie School Board.
- The Norfolk County Public Library (Simcoe location) moved our MH&A literature collection to the first floor of the library to make it more available and accessible. These resources are available to all through inter-library access.
- Involvement in mandatory training of all Emergency Medical Services (EMS) paramedics of Haldimand and Norfolk, and the new Community Paramedicine Program.

There have been lots of challenges and changes over this last fiscal year.

I want to thank the members of the Resource Centres for their continued support and shared insights into the journey of recovery for individuals in the areas of Haldimand and Norfolk.

Likewise a thank you to those staff who have left our organization for other opportunities and who have taken the time to provide me with thoughts regarding clinical service in the Haldimand-Norfolk area; as well as a welcome our new staff who come with varied clinical and life experience.

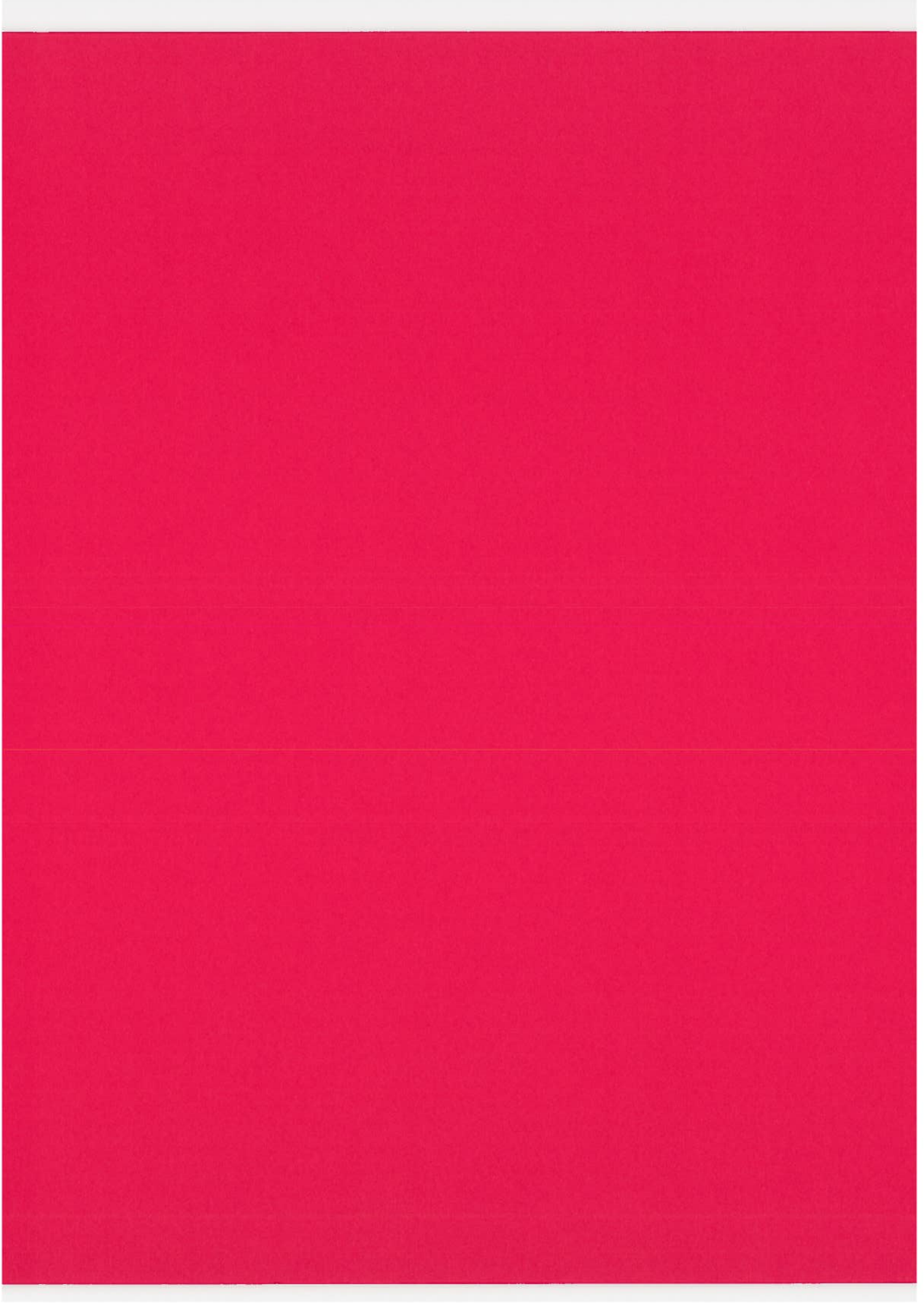
I want to say a special thank you to Dr. Charlene Taylor, who made the decision to close her practice. Dr. Taylor has been working tirelessly for nigh on 10 years. I know this was a difficult decision for her, but an important one. I personally will miss her sense of humour, and her health care system insights and counsel.

The Board of Directors and the LHIN have been very attentive to the activities of our agency. This has been extremely helpful in identifying and addressing the gaps in service and needs of the community. This fiscal year has left me with a great deal of hope for our agency's future involvement in providing clinical service excellence to our clients and the community at large, through direct service, educational opportunities, and community partnerships.

Respectfully submitted,

Nancy





OUR VISION, MISSION AND VALUES

Our Vision: <ul style="list-style-type: none">▪ A leader in community mental health and addiction services, supporting the wellness and recovery journey
Our Mission: <ul style="list-style-type: none">▪ Provides a continuum of community-based services, including assessment, treatment, education and support for persons with mental illness and/or addiction concerns within Haldimand and Norfolk
Our Values <ol style="list-style-type: none">1. Hope and optimism2. Innovation3. Integrity4. Respect5. Excellence
Purpose: Partnering for Mental Health and Addiction Wellness



CAMHS
Community Addiction and Mental Health
Services of Haldimand & Norfolk

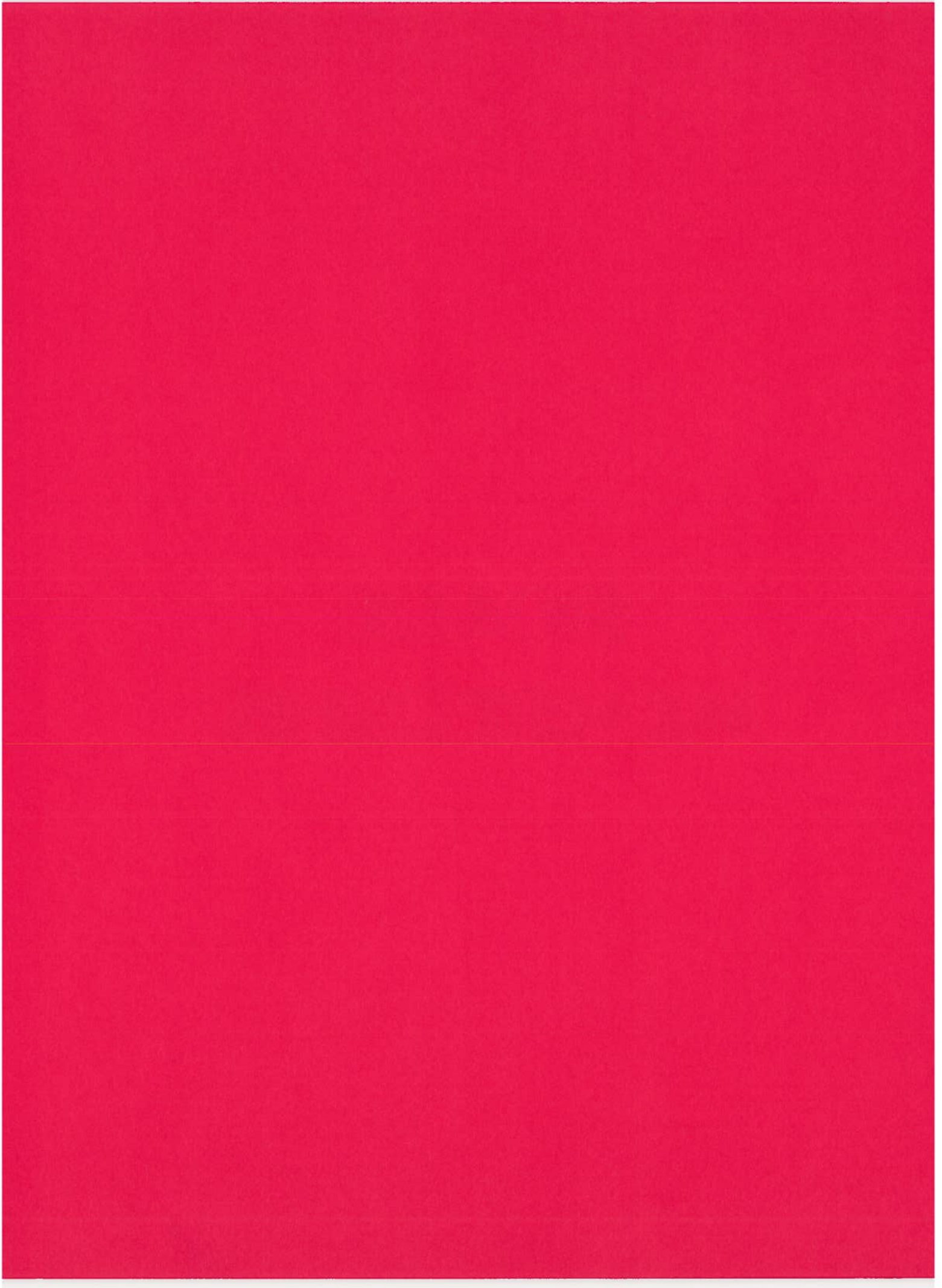
OUR STRATEGIC PRIORITIES AND SUPPORTING GOALS: 2014 - 2017

Promote Mental Health and Addiction Wellness	Foster Recovery and Well-being	Improve Access to Services	Respond to Diverse Populations	Leadership, Knowledge, Collaboration
<p>We will: Promote Mental Health and Addiction Wellness across the lifespan in homes, schools, work places and prevent mental illness and addiction, and suicide when possible.</p>	<p>We will: Foster recovery and well-being for people with mental illness and addiction challenges, while advocating and providing education and support</p>	<p>We will: Improve access to the right combination of service, treatments and supports, when and where people need them</p>	<p>We will: Reduce disparities in risk factors and access to mental health and addiction services, and strengthen the response to the needs of diverse communities. Work with First Nations and other defined groups to address their needs, acknowledging their distinct circumstances, rights and cultures</p>	<p>We will: Mobilize leadership, improve knowledge and foster collaboration at all levels</p>



CAMHS
Community Addiction and Mental Health
Services of Haldimand & Norfolk

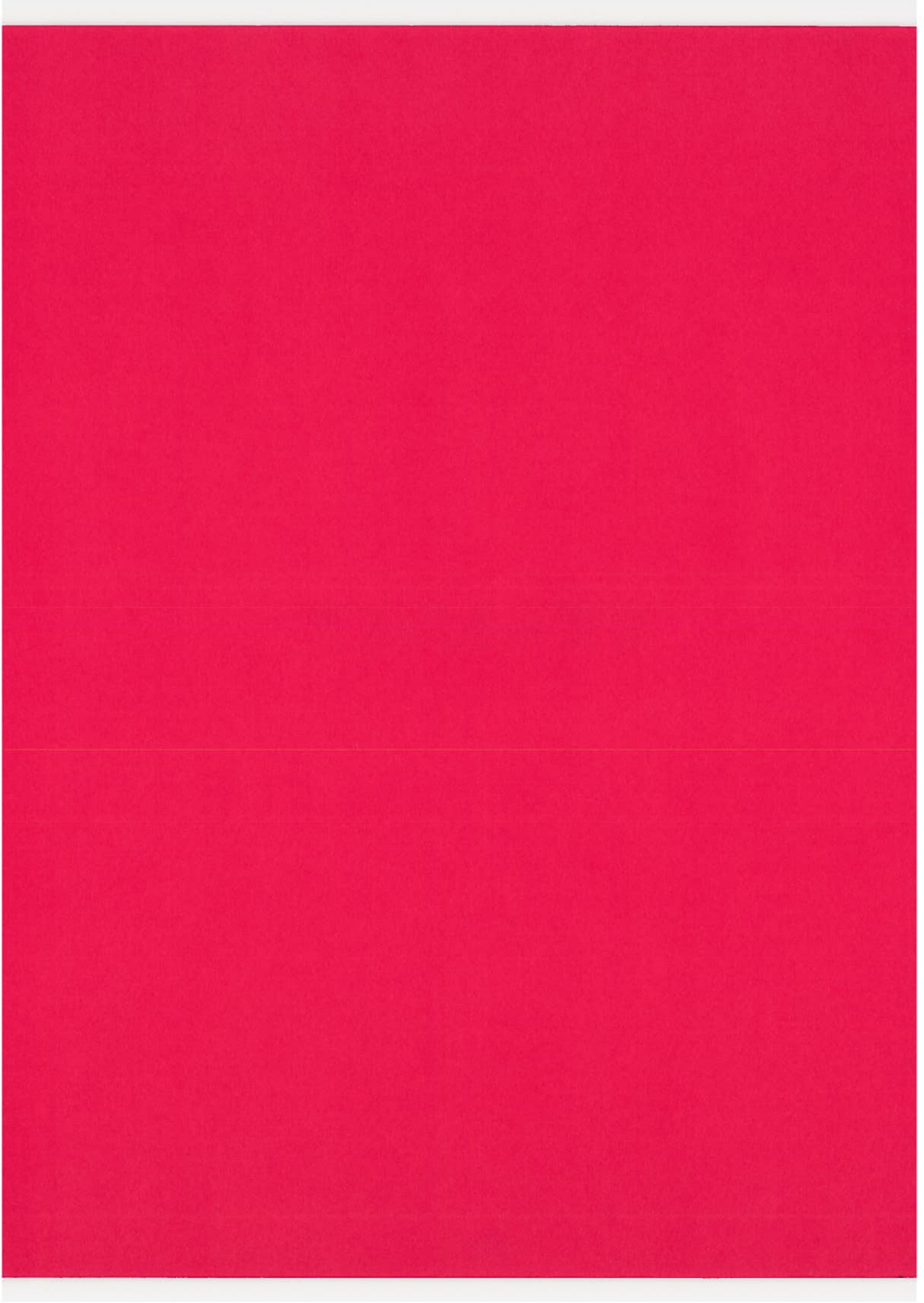
BOARD MEMBERSHIP



2014-15
Board of Directors Membership
Since AGM, September 2014

MEMBER	POSITION	
David Stelpstra	Chair	
Ross Gowan	Vice-Chair	
Sue O'Dwyer	Treasurer	
Irene Beyaert	Secretary	
Gerald Buhr	Director	
Nancy Candy-Harding	Executive Director	Ex-Officio
Laurie Giancola	Director	
Zvonko Horvat	Director	
Roddy Millea	Director	Joined April 2015
Barb Sutcliffe	Director	
Robert Thompson	Chair	Retired September 2014

FINANCE



Financial Statements of

**COMMUNITY ADDICTION
AND MENTAL HEALTH
SERVICES OF HALDIMAND &
NORFOLK**

Year ended March 31, 2015

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

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INDEPENDENT AUDITORS' REPORT

To the Directors of Community Addiction and Mental Health Services of Haldimand & Norfolk

We have audited the accompanying financial statements of Community Addiction and Mental Health Services of Haldimand & Norfolk which comprise the statement of financial position as at March 31, 2015, the statements of operations, changes in fund balances and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform an audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.



Basis for Qualified Opinion

In common with many not-for-profit organizations, the organization derives revenue from donations and fundraising activities, the completeness of which is not susceptible to satisfactory audit verification. Accordingly, verification of these revenues was limited to the amounts recorded in the records of Community Addiction and Mental Health Services of Haldimand & Norfolk. Therefore, we, and the predecessor auditors, were not able to determine, respectively, whether, as at and for the years ended March 31, 2015 and March 31, 2014 any adjustments might be necessary to revenues and excess of revenues over expenses reported in the statements of operations, excess of revenues and expenses reported in the statements of cash flows and current assets and unrestricted fund balances reported in the statement of financial position as at and for the year ended March 31, 2015.

Qualified Opinion

In our opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements present fairly, in all material respects, the position of Community Addiction and Mental Health Services of Haldimand & Norfolk as at March 31, 2015 and its statements of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Other Matter

The financial statements of Community Addiction and Mental Health Services of Haldimand & Norfolk as at and for the year ended March 31, 2014 were audited by another auditor who expressed a qualified opinion on those statements on May 26, 2014 due to the matter described in the Basis for Qualified Opinion paragraph.

Chartered Professional Accountants, Licensed Public Accountants

June 22, 2015

Hamilton, Canada

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

Statement of Financial Position

March 31, 2015, with comparative information for 2014

	Operating fund	Donation fund	2015	2014
Assets				
Current assets:				
Cash	\$ 616,786	\$ 78,431	\$ 695,217	\$ 628,860
Investments (note 2)	-	25,953	25,953	25,808
Accounts receivable	42,412	600	43,012	24,339
Harmonized sales tax recoverable	30,155	-	30,155	44,564
Prepaid expenses	14,211	-	14,211	22,382
Due from (to) own funds (note 3)	5,078	(5,078)	-	-
	708,642	99,906	808,548	745,953
Property and equipment (note 4)	91,103	-	91,103	63,173
	\$ 799,745	\$ 99,906	\$ 899,651	\$ 809,126

Liabilities and Fund Balances

Current liabilities:				
Accounts payable (note 5)	\$ 422,395	\$ -	\$ 422,395	\$ 322,179
Due to Ministry (note 6)	339,771	-	339,771	399,784
Employee future benefits (note 7)	8,000	-	8,000	12,000
	770,166	-	770,166	733,963
Deferred capital contributions (note 8)	18,667	-	18,667	31,112
Fund balances:				
Invested in property and equipment (note 9)	72,436	-	72,436	32,061
Unrestricted	(61,524)	-	(61,524)	(75,811)
Internally restricted	-	99,906	99,906	87,801
	10,912	99,906	110,818	44,051
	\$ 799,745	\$ 99,906	\$ 899,651	\$ 809,126

See accompanying notes to financial statements.

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

Statement of Operations

Year ended March 31, 2015, with comparative information for 2014

	Operating fund	Donation fund	2015	2014
Revenue:				
Ministry of Health and Long Term Care ("MOHLTC")	\$ 3,702,512	\$ -	\$ 3,702,512	\$ 3,640,425
St. Joseph's Healthcare Hamilton	62,382	-	62,382	91,458
Donations	-	22,877	22,877	25,942
Other	50,705	30,354	81,059	43,315
Amortization of deferred capital contributions (note 8)	12,445	-	12,445	12,445
	3,828,044	53,231	3,881,275	3,813,585
Expenses:				
Salaries and wages	2,201,556	-	2,201,556	1,991,153
Employee benefits	488,206	-	488,206	479,234
Purchased services	341,920	-	341,920	462,035
Rent	206,843	-	206,843	190,550
Amortization	35,471	-	35,471	21,693
Other expenses	344,494	41,126	385,620	431,800
	3,618,490	41,126	3,659,616	3,576,465
Excess of revenue over expenses before transfer payment repayable	209,554	12,105	221,659	237,120
Transfer payment repayable (note 6)	(154,892)	-	(154,892)	(198,078)
Excess of revenue over expenses	\$ 54,662	\$ 12,105	\$ 66,767	\$ 39,042

See accompanying notes to financial statements.

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

Statement of Changes in Fund Balances

Year ended March 31, 2015 with comparative information for 2014

March 31, 2015	Invested in property and equipment	Unrestricted	Internally restricted	Total
Balance, beginning of year	\$ 32,061	\$ (75,811)	\$ 87,801	\$ 44,051
(Deficiency) excess of revenues over expenses (note 9(b))	(15,667)	70,329	12,105	66,767
Net change in investment in property and equipment (note 9(b))	56,042	(56,042)	-	-
Balance, end of year	\$ 72,436	\$ (61,524)	\$ 99,906	\$ 110,818

March 31, 2014	Invested in property and equipment	Unrestricted	Internally restricted	Total
Balance, beginning of year	\$ 4,930	\$ (71,859)	\$ 71,938	\$ 5,009
(Deficiency) excess of revenues over expenses (note 9(b))	(9,248)	32,427	15,863	39,042
Net change in investment in property and equipment (note 9(b))	36,379	(36,379)	-	-
Balance, end of year	\$ 32,061	\$ (75,811)	\$ 87,801	\$ 44,051

See accompanying notes to financial statements.

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

Statement of Cash Flows

Year ended March 31, 2015 with comparative information for 2014

	2015	2014
Cash provided by (used in):		
Operations:		
Excess of revenues over expenses for the year	\$ 66,767	\$ 39,042
Items not involving cash:		
Deferred capital contributions	(12,445)	(12,445)
Amortization	35,471	21,693
Gain on disposal of property and equipment	(7,359)	-
Change in non-cash operating working capital balances:		
(Increase) decrease in accounts receivable	(18,673)	53,014
Decrease in harmonized sales tax recoverable	14,409	43,439
Decrease (increase) in prepaid expenses	8,171	(22,382)
Increase in accounts payable	100,216	44,753
(Decrease) increase in due to Ministry	(60,013)	199,784
Decrease in employee future benefits	(4,000)	(91,022)
	122,544	275,876
Financing:		
Change in investments	(145)	(266)
Investing:		
Purchase of property and equipment	(68,886)	(36,379)
Proceeds on disposal of property and equipment	12,844	-
	(56,042)	(36,379)
Increase in cash	66,357	239,231
Cash, beginning of year	628,860	389,629
Cash, end of year	\$ 695,217	\$ 628,860

See accompanying notes to financial statements.

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

Notes to Financial Statements

Year ended March 31, 2015

Community Addiction and Mental Health Services of Haldimand & Norfolk (the "Organization") provides assessment, treatment, advocacy and support services through a number of programs directed toward adults living in Haldimand County and Norfolk County who are faced with various mental health and addiction issues. The Organization is incorporated under the Ontario Corporations Act as a not-for-profit organization without share capital and is a registered charity, under the Income Tax Act. As such, the organization qualifies as a tax-exempt corporation under the Canadian income tax laws.

1. Significant accounting policies:

The financial statements have been prepared by management in accordance with Canadian accounting standards for not-for-profit organizations in Part III of the CPA Handbook.

Significant accounting policies are as follows:

(a) Fund accounting:

The Operating Fund accounts for revenue and expenses related to program delivery and administrative activities.

The Donation Fund accounts for revenue from donations and other amounts restricted either by the Board of Directors or by third parties, and related expenses.

(b) Revenue recognition:

The Organization follows the deferral method of accounting for contributions.

Unrestricted contributions are recognized as revenue in the appropriate fund when received or receivable to the extent that the amount to be received can be reasonably estimated and collection is reasonably assured.

Externally restricted funds are recognized when received in the fund corresponding to the purpose for which they were contributed. Contributions restricted for the purchase of property and equipment are deferred and amortized into revenue at a rate corresponding with the amortization rate for the related property and equipment.

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

Notes to Financial Statements (continued)

Year ended March 31, 2015

1. Significant accounting policies (continued):

(c) Financial instruments:

Financial instruments are recorded at fair value on initial recognition. All financial instruments are subsequently recorded at cost or amortized cost unless management has elected to carry the instruments at fair value. Management has not elected to record any financial instruments at fair value.

Transaction costs incurred on the acquisition of financial instruments measured subsequently at fair value are expensed as incurred. All other financial instruments are adjusted by transaction costs incurred on acquisition and financing costs, which are amortized using the straight-line method.

Financial assets are assessed for impairment on an annual basis at the end of the fiscal year if there are indicators of impairment. If there is an indicator of impairment, the Organization determines if there is a significant adverse change in the expected amount or timing of future cash flows from the financial asset. If there is a significant adverse change in the expected cash flows, the carrying value of the financial asset is reduced to the highest of the present value of the expected cash flows, the amount that could be realized from selling the financial asset or the amount the Organization expects to realize by exercising its right to any collateral. If events and circumstances reverse in a future period, an impairment loss will be reversed to the extent of the improvement, not exceeding the initial impairment charge.

The Standards require an organization to classify fair value measurements using a fair value hierarchy, which includes three levels of information that may be used to measure fair value:

- Level 1 – Unadjusted quoted market prices in active markets for identical assets or liabilities;
- Level 2 – Observable or corroborated inputs, other than level 1, such as quoted prices for similar assets or liabilities in inactive markets or market data for substantially the full term of the assets or liabilities; and
- Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets and liabilities.

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

Notes to Financial Statements (continued)

Year ended March 31, 2015

1. Significant accounting policies (continued):

(d) Property and equipment:

Purchased tangible capital assets are recorded at cost. Amortization is provided on a straight-line basis over the estimated useful lives of the assets as follows:

Asset	Years
Office furniture and equipment	5
Computer equipment	5
Computer software	5
Leasehold improvements	5
Vehicles	5

(e) Use of estimates:

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the period. Significant items subject to such estimates include the carrying amount of property and equipment, provision for impairment of investments and accounts receivable, estimation of accrued liabilities and valuation of employee future benefits. Actual results could differ from those estimates.

(f) Contributed services and materials:

Volunteers contribute numerous hours to assist the Organization in carrying out certain aspects of its service delivery activities. The fair value of these contributed services is not readily determinable and, as such, is not reflected in these financial statements. Contributed materials are also not recognized in these financial statements.

2. Investments:

Investments of \$25,953 (2014 - \$25,808) consist of a guaranteed investment certificate bearing interest at 0.8% per annum, maturing on December 14, 2015.

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

Notes to Financial Statements (continued)

Year ended March 31, 2015

3. Due from (to) own funds:

The Operating Fund will pay for certain costs related to the MOHLTC programs of the Donation Fund. As a result, balances are owing between the funds at the year end. Due to the timing of payments during the year, the Donation Fund owes the Operating Fund \$5,078 (2014 - receivable \$5,935) for disbursements made on behalf of the MOHLTC programs. The amount bears no interest and has no set repayment terms.

4. Property and equipment:

			2015	2014
	Cost	Accumulated amortization	Net book value	Net book value
Office furniture and equipment	\$ 139,894	\$ 98,777	\$ 41,117	\$ 2,959
Computer equipment	163,703	163,703	-	-
Computer software	36,379	14,552	21,827	29,104
Leasehold improvements	96,437	96,437	-	-
Vehicles	62,661	34,502	28,159	31,110
	\$ 499,074	\$ 407,971	\$ 91,103	\$ 63,173

5. Accounts payable:

Included in accounts payable are government remittances payable of \$6,051 (2014 - \$4,925), which includes amounts payable for payroll related taxes.

6. Due to the MOHLTC:

At the end of the fiscal year the Organization may owe the MOHLTC unspent funding as determined by the annual reconciliation report. The report is subject to MOHLTC approval or adjustments.

7. Employee future benefits:

Qualifying employees upon retirement may elect to participate in the Organization's extended health care and dental benefits until the age of 65. The employee would assume 30% of the premium cost for the benefits. The accrued benefit represents the present value of estimated premium costs for participants.

	2015	2014
Retirement health care benefits	8,000	12,000

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

Notes to Financial Statements (continued)

Year ended March 31, 2015

8. Deferred capital contributions:

Deferred capital contributions represent the unamortized or unspent amount of funds received for the purchase of property and equipment. The amortization of deferred capital contributions are recorded as revenue in the statement of operations. The change in the deferred capital contributions balances is as follows:

	2015	2014
Balance, beginning of year	\$ 31,112	\$ 43,557
Less: amortization of deferred capital contributions	(12,445)	(12,445)
Balance, end of year	\$ 18,667	\$ 31,112

9. Net assets invested in property and equipment:

(a) Net assets invested in property and equipment is calculated as follows:

	2015	2014
Property and equipment (note 4)	\$ 91,103	\$ 63,173
Amounts financed by deferred capital contributions (note 8)	(18,667)	(31,112)
	\$ 72,436	\$ 32,061

(b) Change in net assets invested in property and equipment is calculated as follows:

	2015	2014
Deficiency of revenues over expenses:		
Amortization of deferred capital contributions	\$ 12,445	\$ 12,445
Gain on disposal of property and equipment	7,359	-
Amortization of property and equipment	(35,471)	(21,693)
	\$ (15,667)	\$ (9,248)
Net change in investment in property and equipment:		
Purchase of property and equipment	\$ 68,886	\$ 36,379
Proceeds on disposal of property and equipment	(12,844)	-
	\$ 56,042	\$ 36,379

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

Notes to Financial Statements (continued)

Year ended March 31, 2015

10. Credit facility:

The Organization has an operating line of credit in the amount of \$200,000 which bears interest at a rate of prime plus 1.5%. The operating line of credit is secured by a general security agreement over all assets of the Organization. The operating line of credit was not drawn on at March 31, 2015.

11. Economic dependence:

The MOHLTC provides the majority of the required funds for the Organization, which is governed by the Local Health Integration Network, and is therefore dependent on continued funding from the Ministry for its ongoing existence.

12. Pension benefits:

Substantially all of the employees of the Organization are eligible to be members of the Healthcare of Ontario Pension Plan (H.O.O.P.P.) which is a multi-employer average pay contributory pension plan. Employer contributions made to the plan during the year amounted to \$151,964 (2014 - \$140,304). These amounts are included in employee benefits expense on the statement of operations.

There are no material past service costs. The most recent H.O.O.P.P. actuarial valuation of the Plan as of December 31, 2014 indicated the Plan has a 15% surplus in disclosed actuarial assets.

13. Commitments:

The Organization has lease commitments for office space within Haldimand and Norfolk. Annual payments for the next five years are as follows:

2016	\$ 185,860
2017	175,860
2018	89,877
2019	68,360
2020	58,080

COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF HALDIMAND & NORFOLK

Notes to Financial Statements (continued)

Year ended March 31, 2015

13. Commitments (continued):

The Organization entered into an agreement with Norfolk General Hospital to provide finance and human resource services for \$105,000 per year. This agreement is effective from April 1, 2013, and will be reviewed and renewed annually.

14. Financial instruments:

(a) Credit risk:

Credit risk is the risk of financial loss to the Organization if a counterparty to a financial instrument fails to meet its contractual obligations. Such risks arise principally from certain financial assets held by the Organization consisting of cash, investments and accounts receivable.

The maximum exposure to credit risk of the Organization at March 31, 2015 is the carrying value of these assets.

There have been no significant changes to the credit risk exposure from 2014.

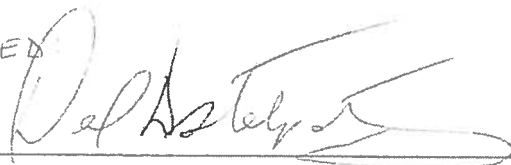
(b) Liquidity risk:

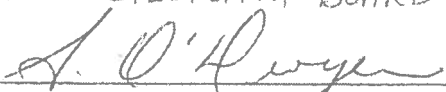
Liquidity risk is the risk that the Organization will be unable to fulfill its obligations on a timely basis or at a reasonable cost. The Organization manages its liquidity risk by monitoring its operating requirements. The Organization prepares budget and cash forecasts to ensure it has sufficient funds to fulfill its obligations.

There have been no significant changes to the liquidity risk exposure from 2014.

15. Comparative figures:

Certain comparative figures have been reclassified to conform to the current year's presentation.

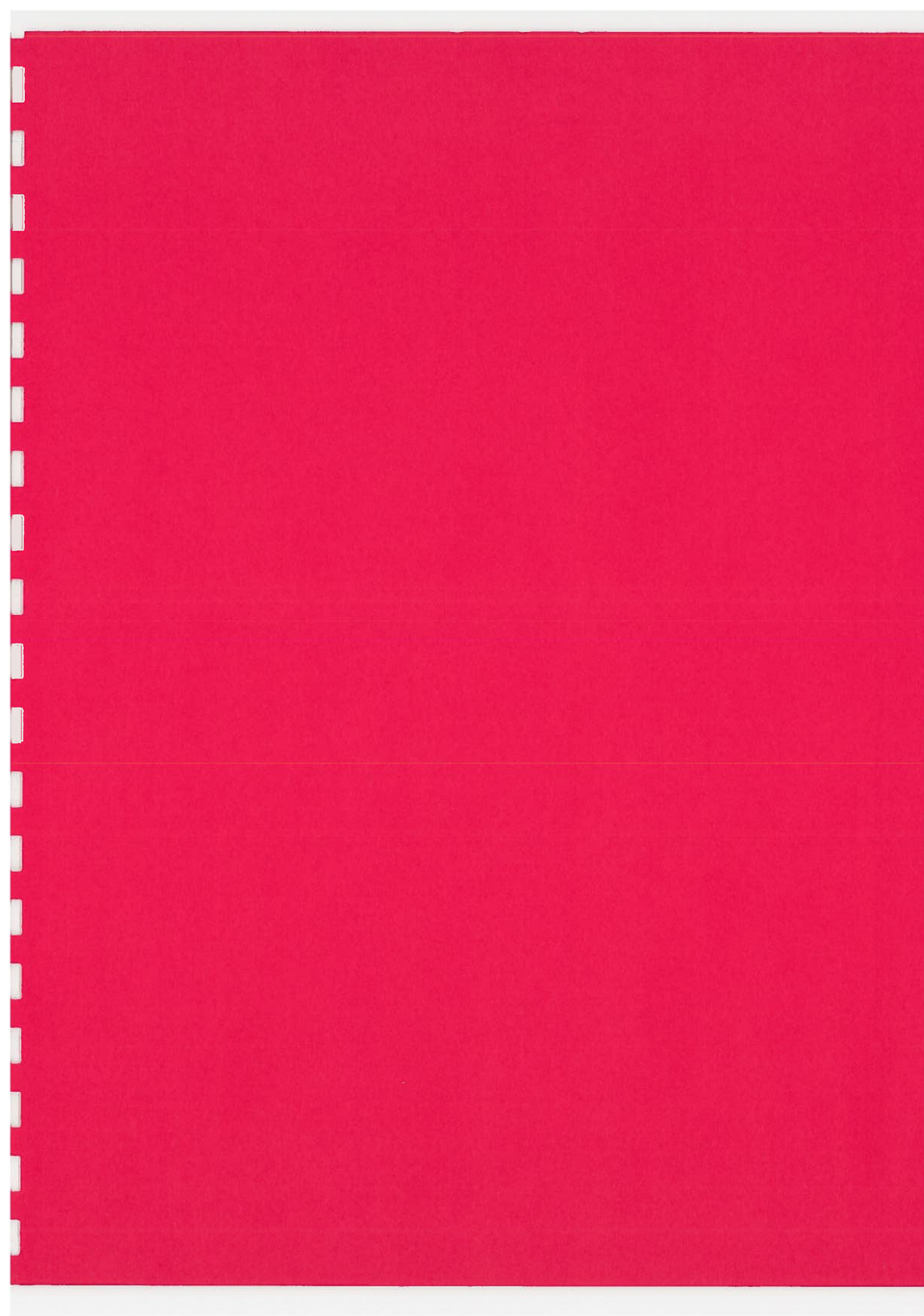
APPROVED: 

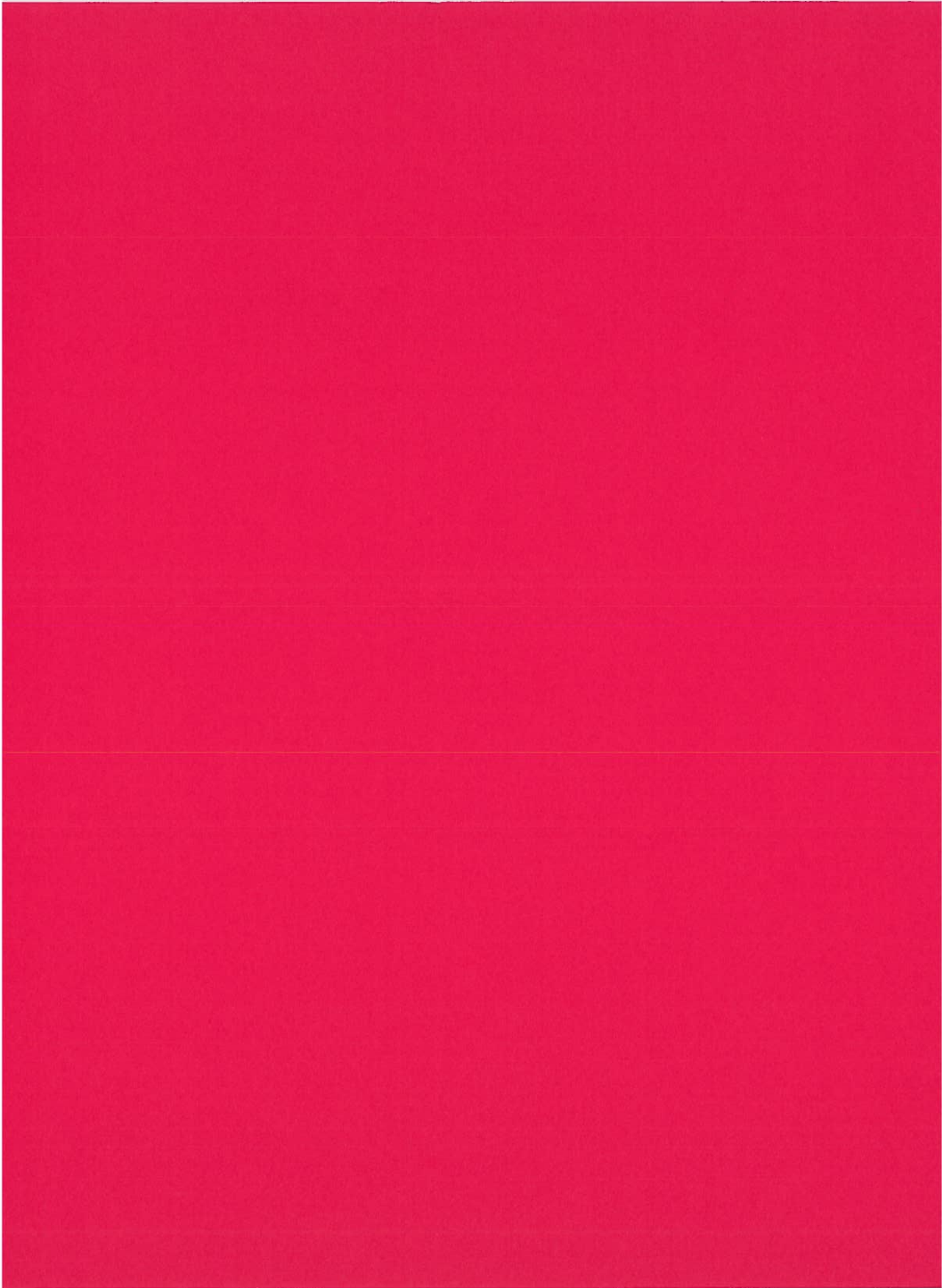
DAVID STELPSTRA, BOARD CHAIR


SUSAN O'DWYER, TREASURER

June 30, 2015

June 30, 2015



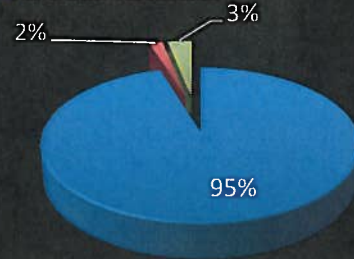


FINANCIAL BREAKDOWN, 2014/15

Breakdown of 2014/15 Revenues by Revenue Source:		
		Mar 31/15
		YTD Actual
Revenue Source	%	Revenue
MOHLTC/LHIN (Net of Recoveries)	95.2%	\$3,547,620
St. Joseph's Hospital (Sessional Fees)	1.7%	\$62,382
All Other Revenues	3.1%	\$116,381
	100.0%	\$3,726,383

2014/15 CAMHS Revenue Sources

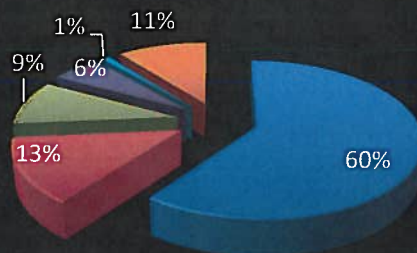
- MOHLTC/LHIN (Net of Recoveries)
- St. Joseph's Hospital (Sessional Fees)
- All Other Revenues



Breakdown of 2014/15 Expenses by Expenditure Type:		
		Mar 31/15
		YTD Actual
Expenditure Type	%	Expense
Salaries	60.2%	\$2,201,556
Benefits	13.3%	\$488,206
Purchased Services	9.3%	\$341,920
Rent	5.7%	\$206,843
Amortization	1.0%	\$35,471
Other Expenses	10.5%	\$385,620
	100.0%	\$3,659,616

2014/15 CAMHS Expenditure Type

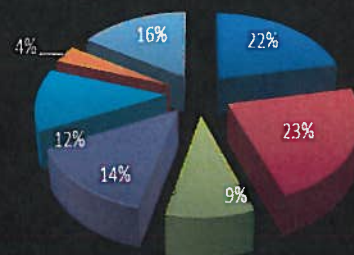
- Salaries
- Benefits
- Purchased Services
- Rent
- Amortization
- Other Expenses



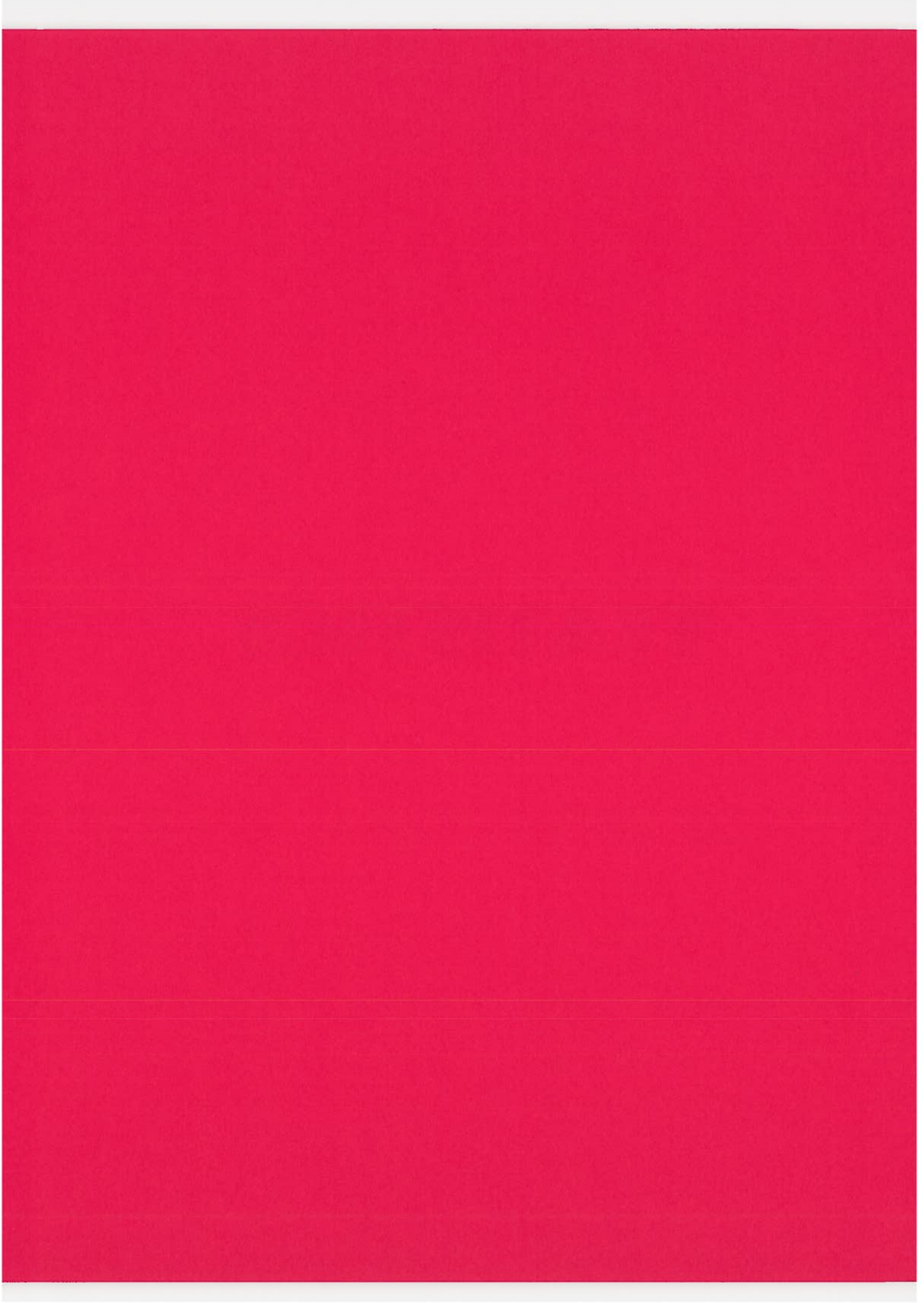
Breakdown of 2014/15 Salary & Benefits by Program:		
		Mar 31/15
		YTD Actual
Program Name	%	Salary/ Benefits
Adult	21.9%	\$587,871
Specialized Geriatrics	22.6%	\$607,195
Resource Centre	9.2%	\$248,684
Crisis Services and CTO	14.2%	\$382,549
Substance Abuse / Forensic	12.3%	\$330,935
Problem Gambling	3.6%	\$97,880
Administration	16.2%	\$434,649
	100.0%	\$2,689,762

2014/15 CAMHS Program Compensation

- Adult Program
- Geriatric Program
- Resource Centre Program
- Crisis Services and CTO Program
- Substance Abuse and Forensic Program
- Problem Gambling Program
- Administration



STATISTICS



**COMMUNITY ADDICTION AND MENTAL HEALTH SERVICES OF
HALDIMAND & NORFOLK**

STATISTICS – 2014-15

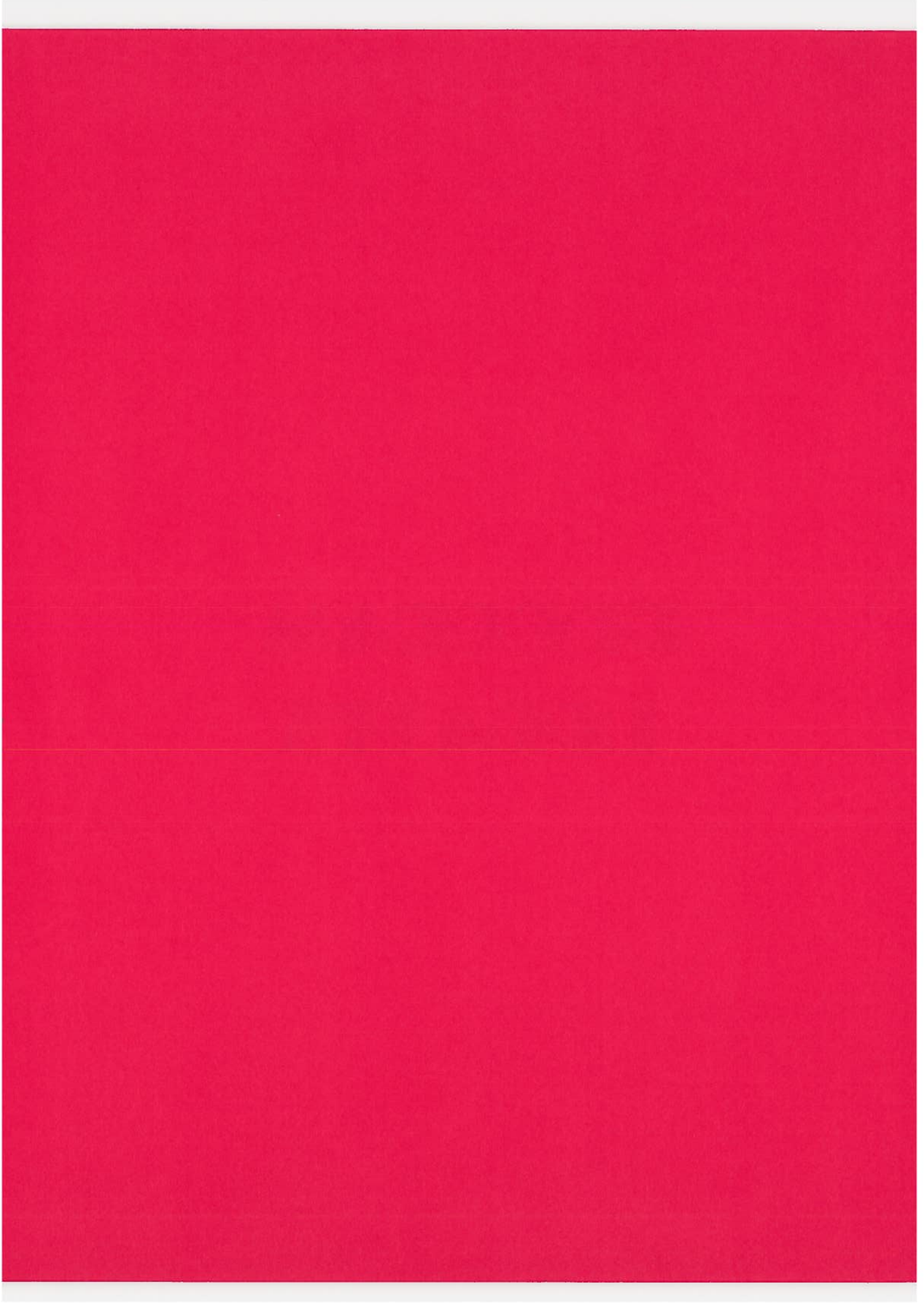
MENTAL HEALTH SERVICES	Visits		Individuals	
	Target	Actual	Target	Actual
Case Management Mental Health	40	10	3	1
Counselling and Treatment (including TMS)	5400	11682	2160	1448
Forensic	25	670	8	141
Psychogeriatric	4500	8135	765	754
Crisis Intervention	1400	2779	800	674
Resource Centre – Peer/Self Support			550	892

MENTAL HEALTH SERVICES	Group Participants		Group Sessions	
	Target	Actual	Target	Actual
Resource Centre – Peer/Self Support	732	1301	50	167
Resource Centre – Peer/Self Support (not uniquely identified Service Recipient Interactions)	8800	8508		

ADDICTION SERVICES – INDIVIDUALS	Visits		Individuals	
	Target	Actual	Target	Actual
Addictions – Substance Abuse	4000	2151	1350	389
Addictions – Problem Gambling	185	714	45	25

ADDICTION SERVICES – GROUPS	Group Participants		Group Sessions	
	Target	Actual	Target	Actual
Addictions – Substance Abuse	2240	2142	50	74
Addictions – Problem Gambling	500	668	10	31

PROGRAM UPDATES



CENTRALIZED INTAKE

Following an extensive review of our Centralized Intake process in July of 2014, a revised Centralized Intake protocol was launched. A Mental Health Clinician and an Administrative Assistant work as an Intake Team in triaging, screening and processing all Mental Health referrals to the Agency.

Centralized Intake has streamlined and enhanced the processing of referrals to the agency, ensuring that clients are connected to appropriate programs and services.

SPECIALIZED GERIATRIC SERVICES (SGS)

The SGS program provides non-emergency clinical assessment, consultation, treatment and education to older adults, their families and service providers who are, or know of, someone who is experiencing a mental health issue combined with age-related difficulties.

The SGS program has been very busy providing outreach and clinic services to seniors in Haldimand and Norfolk Counties. As our population ages, the need for our SGS services has increased. The SGS Team, in collaboration with our community partners, have played a key role in keeping seniors in their homes longer and in reducing the number of visits to the Emergency Department.

We have continued our partnership with the Alzheimer's Society by hosting their Behavior Support Ontario Community Outreach Team (BSO-COT) addressing the immediate needs of people with responsive behaviours and who are in crisis. We also triage and direct referrals for BSO Long-Term Care.

ADDICTIONS

The Addictions Program offers assessment and outpatient counselling for people of all ages experiencing issues with alcohol, drug use and gambling. The Addictions Team also provides assistance to family members and friends.

Our Addictions Program provided much needed addiction counselling and support services to our community, including all of the high schools in both of the counties we serve.

A variety of group counselling services were offered for clients and families in the community.

ADULT MENTAL HEALTH

The Adult Mental Health Program provides community-based, client-focused services to adults aged 16 and older with mental illness. Services include assessment, consultation, treatment, education, support and advocacy. Treatment included individual therapy, monitoring of psychotropic medication and consultation to physicians and other mental health agencies and professionals

Over the past year, the Adult Program initiated Dialectical Behavioural Therapy (DBT) in partnership with the Canadian Mental Health Association of Haldimand & Norfolk. DBT is an intense program that provides individual and group therapy to an identified group of mental health consumers. Due to some unforeseen changes in staffing, the DBT intervention had to be put temporarily on hold, pending future DBT therapy training.

CRISIS ASSESSMENT AND SUPPORT TEAM (CAST)

CAST is a 24/7 mental health crisis assessment and support service for people over the age of 16. The Team offers 24/7 telephone crisis support, short-term crisis counselling and face to face assessment. Individuals are linked to necessary community resources and support systems, including peer support, to prevent further crisis. Support is provided to caregivers, including family members in managing mental health crisis through educational and problem-solving approaches.

The CAST team continued to reach out into the community, in partnership with other community services, in an effort to manage crisis in the community and reduce the need for Emergency Department visits and inpatient hospitalization. Whenever possible, patients who presented to the three Haldimand & Norfolk community hospital Emergency Departments in mental health crisis were provided with assessment, support and follow-up services.

Recognizing the challenges faced by the CAST staff to address such issues across our geographical area, we received confirmation from the HNHB LHIN of base funding for CAST enhancement of another full-time position. This will allow CAST to be staffed by two staff on days Monday to Friday. In this fiscal year, recruitment was ongoing for this position.

Additionally, the challenge of phone access for clients, wherein there was a problem with multiple incoming crisis calls, was recognized and addressed and was significantly further improved through the telephone upgrade initiative.

TELEMEDICINE (TMS)

The Telemedicine Program uses video cameras and monitors to connect clients with specialists who are not located in our community. The service is a non-emergency service for adults 16 years of age and older who may be experiencing mental health and addiction problems, including older adults with complex needs.

As technology advances, Telemedicine services become more easily accessible. We were able to upgrade our equipment which allowed us to connect to video conferencing on personal computers, providing greater mobility and outreach into the community to clients who may not otherwise be able to access the specialists they need.

Peer Support Program – Resource Centre

While the Centre operates on a 'drop in' model with appointments not required in order to attend, we do not fit the stereotype often attributed to drop in programs. A place simply to hang out, kill time and drink coffee is **not** what the Resource Centre is all about. Life at the Centre is vibrant and active, and goal driven for members as they enhance overall wellness and move forward on their personal road to recovery. Together, members and staff build a calendar of monthly activities that, while fun, also challenge members to develop life skills, coping strategies, confidence, self-esteem, knowledge...and in the end, wellness and recovery.

Members at both the Dunnville and Simcoe Centres are actively engaged with their Centres and participate regularly, some daily, in programming. Members made 7,386 visits to the Centre during the year totalling 25,139 hours of participation. So, one needs to wonder what they could be doing for all those hours. Well, a snap shot of Resource Centre activities during 2014-15 reflects what could keep people busy for all those hours. We hosted 26 special events, provided 178 education presentations, ran 38 social and recreation activities, went on 53 outings and sat down together as a group 191 times for lunch and holiday meals.

It should be noted that while all that activity was going on inside the Centres, we were also actively engaging with our community through classroom presentations, guest speaking and special events. We outreached to the community on 68 occasions and recorded over 2,000 contacts during these efforts.

Also not to be forgotten is the transportation program provided through the Centre. During the year, 1,191 people were transported to medical appointments, school, work, volunteer responsibilities, social service appointments and to the Centre. Without this component of Centre programming, many members would not be able to move forward in their recovery journey.

So, staff comes to work every day at the Centre knowing that the day will be busy, possibly chaotic, but every day they come with passion, commitment and energy to deliver programming and to support members. Why? Staff was asked what drives and sustains their commitment and they explained:

Over the past 6 years, I have seen wonderfully positive changes in many of our members at the Resource Centre. I look forward to being at the Centre each day to provide support and hope to all who attend. I feel privileged to work in such a warm and welcoming atmosphere.

Deborah Strachan

Seeing individuals move from sitting silently in a corner when they first come to the Centre to becoming leaders amongst their peers provides motivation every day to come to work. Being part of someone's transformation, watching them discover themselves and their abilities and talents and knowing in at least some small way you are part of that is an honour.

Susan Roach

Being part of such a fantastic support for people gets me motivated to help, not only in their recovery but in my own. Over the past 2 years, I have seen tremendous growth

among the membership and I feel fortunate to come to work every day and offer encouragement and care to so many wonderful people.

Trisha Schotsch

Throughout my employment at the Centre, I have seen member's ability to grow as people. One of the Centre's greatest attributes is that we get to see members when they are in need of support and when they are doing well. This gives us a holistic view of the members and gives me a great sense of hope.

Patrisha VanGoethem

Peer Support Specialist (PSS) – Crisis Stabilization Bed Program (CSB)

The goal for Peer Support at the CSB is to help CSB guests realize that recovery from mental illness and addiction is possible as witnessed by how the Peer Support Specialist owns his/her experiences. The role is to help foster an understanding of what recovery can be and how important instilling hope is to facilitate that directional movement toward recovery.

The Peer Support Specialist has been able to develop peer relationships with multiple unique individuals. In partnership, the PSS and client have focused on the client's employment, financial, housing and educational supports as needed. Also recognized has been that having fun is an integral part of recovery and providing those social and recreational outlets have helped individuals to alleviate stress and improve overall mood.

We have been able to witness and assist several guests to move ahead towards their recovery. For example:

- a client with severe anxiety disorder was able to take part in a college information session at Fanshawe.
- I have accompanied clients with a fear of social interaction and public places to take walks (ie: through Port Dover).
- an individual who was home bound by depression was able to sell his home, find a new home in Simcoe, and orient to his new town.

These experiences have helped show the importance of Peer Support and how it can be an integral part of the recovery process.

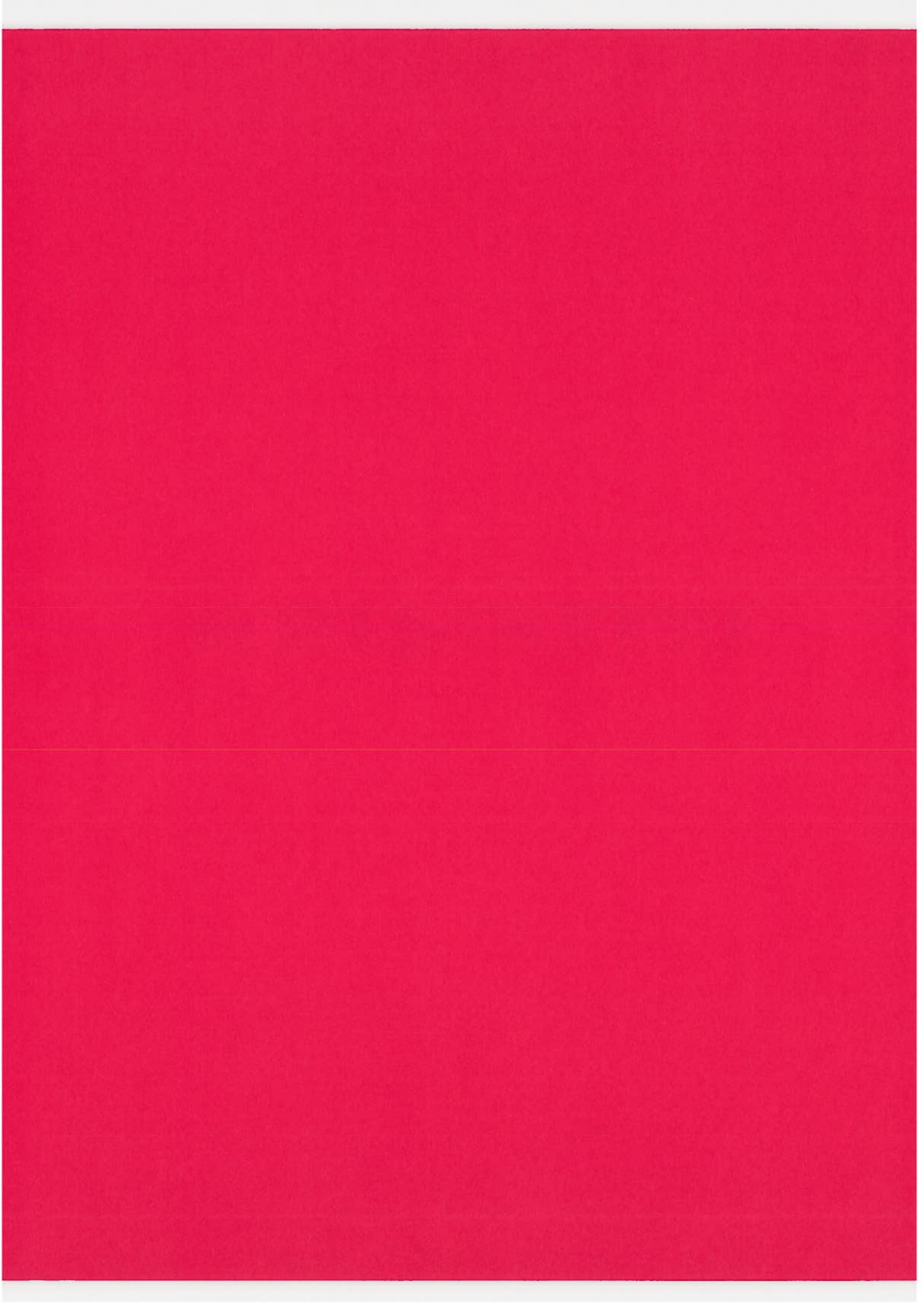
I would like to thank all of the staff at CAMHS and the Crisis Stabilization Bed Program for making me feel like an important part of the team. I have really appreciated the encouragement and support that all of you have given to me.

Matt Biggs
Peer Support Specialist

If you believe in a cause, you must be willing to put yourself on the line for that cause.

-Adam Clayton

RECOGNITION



Victory Over Illness by Consumer Empowerment (VOICE) Award

VOICE awards recognize efforts in three important areas:

- Contributions to the wellness, health and recovery of an individual living with a mental illness and/or addiction;
- Contributions which strive to improve or enhance the quality of supports available for all individuals living with mental illness and/or addiction;
- Contributions toward increasing awareness and understanding about mental health, mental illness and addiction and reducing stigma.

The 11th annual VOICE award reception was held on May 13, 2014. Since its inception, more than 450 individuals, businesses, programs and/or services who have demonstrated special effort, care, understanding and commitment regarding mental health, mental illness and addiction have been recognized. This year, more than 90 awards were presented.

Pictured right:
Gloria Mousseau
Addictions Counsellor



Pictured left (Resource Centre staff):
Trisha Schotsch, Program Assistant
Susan Roach, Program Manager
Deborah Strachan, Program Assistant

Victory Over Illness by Consumer Empowerment (VOICE) Award

The fundamental and inspiring outcome of care and understanding is HOPE. In the absence of hope, those living with a mental illness or an addiction struggle with, or do not believe, that their lives or situation can ever improve. They do not recognize that recovery is indeed possible. With hope, there is a light at the end of the dark tunnel. Hope inspires, hope opens doors, hope is the foundation for possibility and opportunity.



Pictured left:
Susan Roach, Program Manager

To all our ordinary angels and the many good people who touch our lives we say a profound thank you!

You give us hope and there is nothing we can't do ...

You give us hope and we can face another day ...

If you are beside us in this fight we know we can make it through

Hope
CHANGES EVERYTHING

Mind Body Spirit Wellness Fair

This year's Mind Body Spirit Wellness Fair, hosted by the Haldimand-Norfolk Resource Centre, was held at The Aud, Norfolk County Fairgrounds on March 27, 2015. The Wellness Fair is open to community agencies and services, local businesses and entrepreneurs in Haldimand and Norfolk Counties. This year's booths consisted of more than 80 wellness-related products and/or services – fitness, vitamins, safety, health services, healing, holistic and much more. Each year, the attendance at this free event has grown, and this year proves no different, with more than 850 visitors.



End of Summer Bash

The agency, through the Resource Centre, holds a barbecue every summer for members from both the Dunnville and Simcoe Resource Centres. It's called the "End of Summer Bash". This all-day fun event was held on August 26, 2014 at the Haldimand Conservation Authority. The theme for the day was "Disney". All along the lakeshore, a myriad of Disney characters milled about as they joined in the fun and games. The main event of the day was a "dunk tank" where members took aim in an effort to "dunk" Nancy Candy-Harding, Executive Director and Susan Roach, Program Manager. A number of other brave souls volunteered to sit in the "wet" seat to relieve Nancy and Susan. A contest for "Best Costume" was held and winners received prizes. A barbecue dinner was provided, and a DJ played music while members danced into the night.



SUICIDE WALK

2014 marked the 5th anniversary the agency has hosted an event to mark World Suicide Prevention Day (September 10th) and the third year for the Suicide Prevention and Awareness Walk and candle lighting. Heavy rain didn't damper the spirits of the more than 80 walkers as they left the Sobeys' parking lot on Norfolk Street headed for Wellington Park.

This year the event hosted Ashley Gilbert, from Ottawa, who in-line skated across Canada in 2012 to raise awareness of youth mental health and suicide issues. Dr. W. Sulis also spoke to the group about the significant issue of suicide and seniors.



NORFOLK COUNTY FAIR

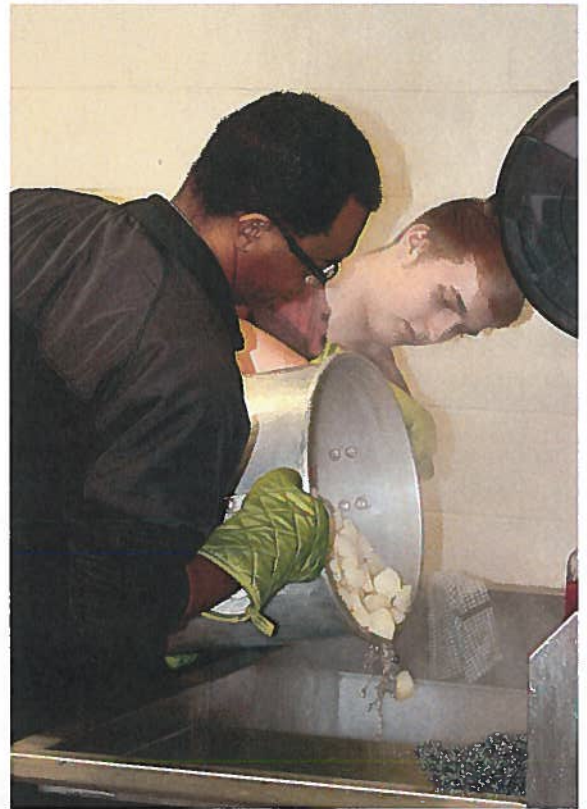
CAMHS is proud to host each year a mental health/mental illness/addiction information booth during the Norfolk County Fair. The booth provides an opportunity to interact with our community to increase both the understanding of the services we provide and the issues and challenges faced by those we provide service to.

In 2014, the theme for the booth was 'recovery' and the public were invited to add leaves to our wellness tree upon which they had written ideas and thoughts on what contributes to overall health and wellness. Throughout the week the tree came into full bloom with the many contributions of new leaves.



ANNUAL CHRISTMAS DINNER

Each year the Resource Centre hosts a Christmas dinner in both Simcoe and Dunnville for all CAMHS clients, their friends and family. Dinners are prepared and served to almost 200 people thanks to the combined efforts of CAMHS staff who organize and prepare food, the OPP who serve guests at their table and provide entertainment and community volunteers from other agencies and businesses who donate product and time to make the event a success.



AGENCY CHRISTMAS DINNER

We celebrated the holiday season with a Christmas dinner on December 11 at Fescue's Edge Golf Club. Staff, Board members and physicians came together to enjoy a wonderfully prepared turkey dinner and to hear our Executive Director, Nancy Candy-Harding, speak about the progress the agency has made since she joined in late 2013. She thanked everyone for their dedication and hard work over the past year and finished by handing out "Recovery Happens" t-shirts.



RESOURCE CENTRE CELEBRATES CHRISTMAS WITH MEMBERS

In keeping with the Centre's goal to provide a 'home like environment', staff organized and hosted a special Christmas party for members from Dunnville and Simcoe at Springview Golf and Country. Throughout the day members created a holiday craft project to take home as their memento of the day, enjoyed a catered dinner, were entertained by staff with their musical/dancing hat parade, enjoyed a visit from Santa and then danced the night away.



SALVATION ARMY TOY DRIVE

CAMHS staff was extremely generous in donating to the Salvation Army's toy drive for Christmas 2014.



Kate VanBradt, CAMHS Clinical Services Manager with Cherrie Ryerse, Salvation Army Family Services

FAREWELL

In 2014-15, we bid farewell to staff as they moved forward on their career journey – Nancy Allan, Norma-Jean Walker and Trish Logan.



We also said farewell to Dr. Charlene Taylor, psychiatrist in the Townsend office as she closed her practice after 10+ years of service to the agency. A number of current and past staff members honoured her on a dinner cruise on the Grand River.





CAMHS

Community Addiction and Mental Health
Services of Haldimand & Norfolk

Our Mission

CAMHS provides a continuum of community-based services, including assessment, treatment, education and support for persons with mental illness and/or addiction concerns within Haldimand and Norfolk Counties.

Our Vision

CAMHS is a leader in community mental health and addiction services, supporting the wellness and recovery journey.

Our Purpose

Partnering for Mental Health and Addiction Wellness

Our Values

Hope and Optimism: We will view the present, and look to the future, as opportunities for new learning and development.

Respect: We will treat everyone with dignity and courtesy.

Integrity: We will maintain ethical standards of practice and honesty in our interactions.

Excellence: We will apply evidence-based best practice striving for clinical service excellence.

Innovation: We will be creative and open to new ideas and opportunities.

The first part of the paper discusses the importance of understanding the cultural context of the research. It highlights the need for researchers to be sensitive to the values and beliefs of the communities they are studying. This is particularly important in the field of education, where cultural differences can significantly impact learning outcomes. The paper then moves on to discuss the challenges of conducting research in culturally diverse settings. It notes that researchers often face difficulties in establishing rapport with participants and in interpreting their responses. To address these challenges, the paper suggests several strategies, including the use of local researchers and the development of culturally appropriate research instruments. The final part of the paper discusses the importance of ethical considerations in cross-cultural research. It emphasizes the need for researchers to obtain informed consent from participants and to ensure that the research is conducted in a way that respects the dignity and rights of all individuals.