CONTINUOUSLY IMPROVING

QUESTIONING

MEASURING

ANNUAL REPORT 2008 2009

Douglas

INSTITUT UNIVERSITAIRE EN SANTÉ MENTALE

MENTAL HEALTH UNIVERSITY INSTITUTE

This annual report is a production of
the Douglas Institute Communications
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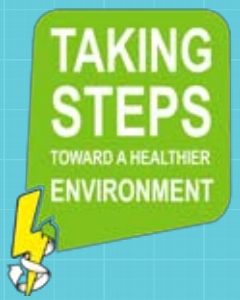
The Douglas Institute is taking steps for the environment. This is the fourth consecutive year that the Institute has published its annual report in an interactive version as a paper-saving measure.



[TAKING STEP]

00

01

MEASURING.
QUESTIONING.
CONTINOUSLY
IMPROVING.

02

{ MEASURING. QUESTIONING. CONTINUOUSLY IMPROVING.

These three statements represent the Institute's leitmotif for 2008-2009.

With a strong tradition of research, a culture of excellence and ambitious goals set out in our 2006-2010 strategic plan, the Douglas Institute is constantly striving to set measurable objectives, evaluate our practices, and continuously improve. This annual report is a testament to the effort of our employees to improve both individually and collectively and to provide the best care possible to those suffering from mental illnesses. Indeed, the quality of their work was recognized and celebrated in February, when Accreditation Canada granted us unconditional accreditation thanks to results that were far above the Canadian average.

[Continuously improving... care

Once again this year, great effort was dedicated to implementing the new mental health reforms despite the major challenges posed by this work reorganization. Supported by the research of our scientists in primary care, we still believe that an improved distribution of caseloads according to patient conditions will better meet the needs of those suffering from mental illnesses and will ensure they have better chances for recovery.

We will continue to work on this project with the same dedication in the year to come. We take satisfaction in the fact that much progress has been made. One of the priorities of the Institute's administration during the fiscal year was to improve access to services. Clinicians and managers came together to examine how services are accessed, and these discussions led to a major decrease in wait times of more than 60 days.

[Continuously improving... research

The brain is the most complex organ of the human body; the primary mission of our researchers is therefore to explore this intricate machine and provide new pieces to the puzzle. The Douglas has succeeded at unravelling the mysteries of the brain for 30 years now, and the creation of the Neurophenotyping Centre in October is an example of this success. These new facilities will allow the scientific community at the Douglas, and across Canada, to use animal models to better explore human diseases such as Alzheimer's and to identify some of the environmental factors that trigger the onset of this disease.

[Continuously improving... teaching

We share our knowledge with:

- Primary care professionals, so that they can quickly help those in need.
- Health professionals from the Cree community, in accordance with its traditions.
- More than 500 students from many disciplines.
- The general public, who can view our Mini-Psych School courses on YouTube and Canal Savoir.
- The scientific community, through our publications, lectures given by our researchers and clinicians, and our world-class symposiums and seminars that involve important stakeholders from the mental health sector.

[MINI PSYCH SCHOOL]

[Fulfilling all three components of our mission

Care. Research. Teaching. We have fulfilled our mandate as a mental health university institute from the very first day this status was granted by the Minister of Health in June 2006. Two years later, we submitted a progress report to the Ministère de la Santé et des Services sociaux (MSSS) so that our status could be reconfirmed. As we await this confirmation, we are following the path we began in order reach our full potential.

We are also carrying out our three-pronged mission despite a situation that becomes increasingly difficult to deal with: the obsolescence of our facilities. We therefore conducted a study over the past year to determine the feasibility of a new infrastructure project. After consultations with more than 300 people and a review of how similar institutions here and elsewhere in the world are evolving, the study concluded that the Douglas Institute must be completely rebuilt. We are now at the first of many steps required to complete this project, but we are highly motivated and energized by the hope of building a welcoming environment that promotes healing and that is worthy of the highest standards of modern psychiatry.

Continuously improving is our promise.

[Honouring those who believe in us

This annual report is possible thanks to all Douglas Institute employees—clinicians, researchers, physicians, technical and administrative staff, and managers. We are extremely grateful for not only their contributions but also their ability to question their practices and strive for improvement.

We also thank all members of the community who acknowledge the value of the Douglas Institute and who support it through their donations. Their acts of generosity are a testament to the quality of our work and the importance they place on mental health. This vote of confidence also encourages us to make even greater advances so that we can one day find a cure for mental illness.

Finally, to all those who suffer from mental health problems, we reiterate that your well-being is at the centre of our mission. We thank you for putting your trust in us and for encouraging us to do more and to do better. We know that this collaboration between patients, care teams, and researchers is the best possible combination for discovering more effective treatments and for ensuring faster recovery.

Continuously improving is our promise.

Claudette Allard 1

President,
Board of Directors, Douglas Institute

Marie Giguère 2

President, Board of Trustees,
Douglas Institute Foundation

Jacques Hendlisz 3

Director General,
Douglas Institute

Jocelyne Lahoud, M.G.P. 4

Administrative Director,
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Jane H. Lalonde 5

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François Morin 6

President, Board of Directors,
Douglas Institute Research Centre

Rémi Quirion, OC, PhD, CQ, MSRC 7

Scientific Director,
Douglas Institute Research Centre

01

02

ABOUT THE DOUGLAS INSTITUTE.

03

{ OUR VISION

Recovery through the integration of care, teaching and research — from neighbourhood to neuron.

{ OUR MISSION

As a mental health university institute affiliated with McGill University and the World Health Organization, the Douglas is an international leader in mental health care, research, and teaching.

As such, the Douglas:

- Provides specialized and superspecialized services within a continuum of care, in cooperation with first-line partners.
- Helps destigmatize mental illness within the scope of prevention and recovery principles.
- Contributes to the advancement of knowledge and best practices through state-of-the-art research and teaching.

The Douglas is renowned for innovation, multiculturalism and bilingualism. It also reflects humanism and openness, while benefiting from solid philanthropic support. Founded by the Montreal community, the Douglas enjoys a proud tradition of collaboration with numerous partners.

{ OUR MANDATE

As a mental health university institute, the Douglas Institute's mandate is to care, discover, and teach as it shares its expertise with the world at large.

Our values: The Douglas Institute values excellence and innovation based on commitment, collaboration and education.

Excellence: To ensure a strict application of best practices.

Innovation: To provide a stimulating and dynamic environment, where new knowledge is developed to improve understanding and care.

Commitment: To remain dedicated to our mission.

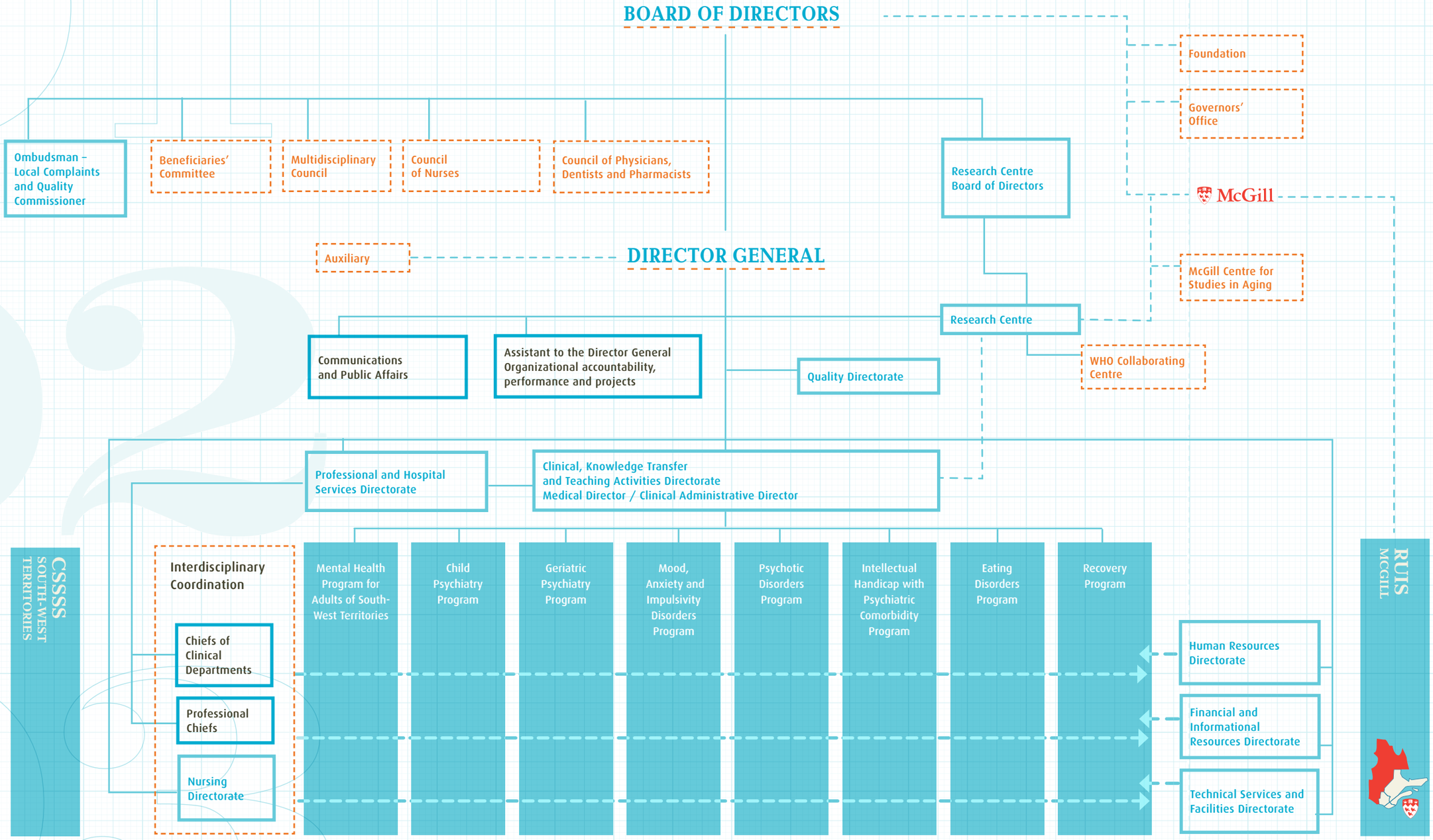
Collaboration: To work within interdisciplinary teams and with internal, community, university, and international partners.

Education: To act as a learning organization that values its human resources and evolves through knowledge exchange and continued education.

The content of the Douglas Web site is certified by the HONcode organization.

[HONcode]

MANAGEMENT ORGANIZATIONAL CHART



02

03

MEASURING ANNUAL MILESTONES.

04

{ UNCONDITIONAL ACCREDITATION

Undoubtedly one of the most notable events last year was the unconditional accreditation we received in February 2009. **Our results from Accreditation Canada's April 2008 visit were well above the Canadian average in the seven categories of evaluated standards.** In fact, Accreditation Canada granted the Douglas a score of 100% in the categories of "Governance," "Proactive and Attentive Organization," "Infection Prevention and Management," and "Emergency Department Standards." The final report also declared that no follow-up was required for the 25 required organizational practices that were evaluated.

In addition to confirming our designation as a mental health university institute, this certification highlights the ability and desire of all Douglas employees to question their ways of doing things, to find solutions, and to increase the safety of practices to provide patients with the best care possible.

That being said, there is always room for improvement. For example, the evaluators from Accreditation Canada indicated that staff should ideally be receiving information and continuing education on medication-related errors. We are therefore already hard at work preparing for the next visit in 2011, and we are aiming for nothing less than the highest grade possible. Moreover, we are very proud of the agreement we reached with Accreditation Canada to become a training centre for its evaluators.

ACCREDITATION CANADA
AGRÉMENT CANADA

[Canadian Patient Safety Week

As part of Canadian Patient Safety Week, which took place at the end of September, the Quality Directorate organized many activities for the first time to recognize the initiatives of each clinical program to ensure patient safety and to encourage knowledge sharing among Institute staff. Awards were given to the best presentations, such as the initiative of the Program for the Intellectually Handicapped with Psychiatric Problems, which presented case studies using an applied multi-model approach — a model that incorporates all aspects of patients' lives to ensure they receive care and services adapted to their needs and achieve the best outcomes possible. The Recovery Program also received an award for its work to implement safe practices in the nearly 150 residential resources that accommodate patients suffering from a mental illness who are followed by the Douglas. The Psychotic Disorders Program also made a mark with an excellent video on safety that involved patients, staff and managers. The week was so successful that it will be organized again next year.

{ RENEWING OUR INSTITUTE DESIGNATION

The confirmation of our status as a mental health university institute by Minister Couillard in 2006 came with a number of conditions that must be met if we are to maintain this status in the future. In May 2008, we submitted a progress report to the anaylsis committee for designating mental health university institutes so that the MSSS could reaffirm our designation. At the time this annual report went into production, we were still waiting for a response. Below is an overview of the key elements from the progress report.

[Improving accessibility to all program services to meet community needs within acceptable timeframes, as defined in the MHAP

A number of measures were implemented to improve accessibility to our services. The first involved sending a clear signal to all employees and partners by making access an objective of the Office of the Director General, which was done for the past two years.

Accessibility is our main concern in our work with CSSS partners (Verdun-Sud-Ouest and Dorval-Lachine-LaSalle) to implement the Mental Health Action Plan (MHAP). Although there are still major issues to work out, such as obtaining a full commitment from general practitioners and psychiatrists, recent progress in all aspects of the MHAP deployment have led us to believe that the patients we care for will be better served in the long run.

Particular attention was also paid to the Module d'Évaluation-Liaison so that the necessary staff could be allocated to this area. The Emergency Department also underwent a reorganization, and a brief intervention unit was created to speed up the intake of patients needing acute, short-term treatment. These measures and others bore fruit, as for 2008-2009:

- The average length of stay in the Emergency Department was reduced by

61%, from 31 hours to 12 hours compared with the same period the previous year.

- There are no more wait times of over 48 hours in the Emergency Department.
- The waiting list of over 60 days for adult and youth services decreased respectively by 29% (from 210 to 149 adults) and 60% (from 165 to 66 youth) compared with the beginning of the year.

Reference: Half-yearly scoreboard of the Board of Directors 2008-2009, periods 1-13

[Establishing a partnership with other institutions in the McGill RUIS both in terms of care and university practices

The Douglas fully assumed its leadership role by proposing and coordinating the implementation of a mental health sub-committee of the McGill RUIS even before we were designated as a mental health university institute. This sub-committee, whose mandate is to coordinate RUIS activities in mental health, reports to the executive committee of the McGill RUIS and is overseen by the Chair of the Department of Psychiatry at McGill, who is also the Psychiatrist-in-Chief at the Douglas. A sub-committee for teaching and training in the McGill RUIS was also created at this time. Together with those responsible for telehealth, this sub-committee must, among other things, produce content and coordinate teaching and training across the RUIS.

The leadership of the Douglas Institute within the McGill RUIS gave rise to a number of initiatives, such as a shared vision of child psychiatry services and the organization of half-day of study called "Réflexion sur l'organisation des services en santé mentale au Québec." Organized by the mental health sub-committee of the McGill RUIS, this symposium received nearly one hundred participants, including psychiatrists and other health professionals and representatives from the MSSS, the Montreal Agency, CSSSs and community organizations. The goal was to stimulate discussion about strategies for improving the mental health care system, particularly in terms of accessibility and quality.

The RUIS mental health sub-committee also analyzed the needs of the various RUIS regions not covered by a university teaching hospital and established an effective liaison structure with these regions by designating a representative for each one. This work resulted in the following activities:

- Visits to the different RUIS regions (Nunavik, Abitibi, Outaouais, etc.).
- Creation of a McGill RUIS coordination office that receives all calls from remote regions. The Psychiatrist-in-Chief at the Douglas is responsible for allocating service requests from these regions.
- Telehealth services began, and 16 CSSSs became linked together through this service.

[Working with our RUIS partners to define tertiary services

The RUIS mental health sub-committee began identifying and organizing 3rd-line services and created a development plan for tertiary programs based on a framework developed jointly by RUIS members. The RUIS executive management team visited each region in order to discover their needs, to establish relationships, to better adapt the service offer to each region, and to create any necessary training programs.

[Recruiting new medical staff

As some of the conditions related to our Institute designation are dependent on hiring new staff, the Douglas has made this area a priority. Thanks to support from McGill University and the Montreal Agency, the Douglas developed an action plan and, despite ministerial recruitment constraints, succeeded in hiring new physicians, including a no-quota position through an agreement with the Terres-Cries-de-la-Baie-James health region. Despite this progress, much remains to be done, and we hope to gain some leeway in the rules in force so that we can indeed reach our goals.

{ A NEW NEUROPHENOTYPING CENTRE — TO IMPROVE OUR UNDERSTANDING OF MENTAL ILLNESS

The Neurophenotyping Centre was inaugurated in October 2008. The animal care facilities of this centre, which can house up to 3,000 rats and mice, now take up an area of more than 15,000 square feet. Our researchers now have access to specialized equipment, such as semi-natural environments for the animals, behaviour analysis laboratories, tissue analysis rooms, and gene therapy rooms. These facilities will enable researchers to better explore animal models of human disease, such as Alzheimer's, and perform additional testing in order to identify the environmental factors that trigger the onset of this disease.

The Neurophenotyping Centre was created thanks to $6.8 million in funding from the Ministère du Développement économique, de l'Innovation et de l'Exportation du Québec; the Douglas Institute Foundation; the Faculty of Medicine of McGill University; and the Agence de la santé et des services sociaux de Montréal.

[NEUROPHENOTYPING CENTRE]

{ THE PATIENT RECORD MAKES A TECHNOLOGICAL LEAP

A small technological revolution is happening at the Douglas and in the overall health sector. Patient records as we know them — or the traditional folders

Neurophenotyping Centre 1

Electronic Patient Record team 2

with coloured tabs that are filed in huge drawers — will soon be a thing of the past. Since they are indeed subject to error, hard-copy patient records will be replaced throughout the Douglas with electronic patient records (EPR) by 2012. These records will be updated 24/7, 365 days a year.

[The Douglas: Pioneering the mental health component of Quebec's electronic patient record

The EPR, which features the Oacis platform from TELUS Health Solutions, is in the process of being implemented in a number of Montreal health care institutions. The Douglas Institute has signed a partnership agreement with TELUS to design and develop the mental health component — one of several components being drafted simultaneously for the Oacis system. Douglas clinicians, together with technical and administrative teams, have been working for the past two years to perfect this component, which will be integrated into the Oacis patient record.

[Advantages of the EPR

With its user-friendly interface, the EPR will improve the efficiency of clinical staff, who will be able to:

- Quickly access patient data
- Obtain faster test results
- Learn specifics on predispositions (metabolic, etc.)
- Find details on prescriptions
- Get information on drug-drug interactions, etc.

The work performed last year was the first of four management phases for the EPR project. Here are some of the milestones achieved over the past twelve months:

- Creation of the EPR project team.
- Selection of the pilot site: The teams from the Psychotic Disorders Program were selected as pilot sites for the EPR. Their interest in this project and their ability to adapt are essential to the success of the EPR project. These teams deserve our full recognition.
- Analysis of the interfaces for the in-house systems (Progress technology).

- The Douglas was also involved in developing the Montreal Agency's FrameWork tool.
- The Douglas Institute organized a first meeting of representatives from other mental health institutions and hospital centres with a department of psychiatry to coordinate development work on the EPR mental health component.
- The Douglas Institute's regional role in the development of the Oacis mental health component was defined.

[The EPR champions

Piloted by the Project Coordination Office (PCO) of the Financial and Informational Resources Directorate, and at an estimated cost of $3.5 million, this is undoubtedly the biggest technological project that the Douglas Institute has ever undertaken. A multidisciplinary team has been working relentlessly for nearly 2 years on the implementation of the EPR at the Douglas. The team is made up of some fifteen professionals — a number that will surely swell — from the Clinical Knowledge Transfer and Teaching Activities Directorate, the Medical Records Department, the Prevention and Early Intervention Program for Psychoses, the Info-Centre, the IT Department as well as advisors from other Institute sectors.

{ SUPPORTING THE CREE TERRITORY

As an institute within the McGill RUIS, the Douglas has the mandate of fulfilling needs in psychiatry, training and teaching in remote regions, such as the Cree territory in northern Quebec. In 2007, **an agreement was reached between the Douglas and the Cree Board of Health and Social Services of James Bay (CBHSSJB)** for the Douglas to provide psychiatry services on the Cree territory for twelve weeks a year in addition to providing 24/7 mental health support.

Since the time this agreement was signed, a psychiatrist and a telehealth coordinator from the Douglas have visited the nine communities of the Cree territory. These visits helped them understand the complexity of providing mental health care to a marginalized and stigmatized clientele in a context of limited resources and remote locations.

To ensure this agreement is a success, the Douglas and the CBHSSJB are developing an action plan to offer patients the choice of combining traditional Cree methods with Western methods of care.

Cree territory 1 2 3

[Visits and support

Since August 2008, the Douglas has been responsible for sending a psychiatrist to the Cree territory for twelve weeks a year in addition to providing project coordination services. Each twelve-week visit includes a meeting with the team in the field and with staff working in clinical and social services. Outside of the twelve-week period, these communities can obtain support from the Douglas at any time through a phone line directed to our Emergency Department. For complex cases, patients can be admitted to the Douglas or the Hôpital de Chibougamau, with which we are currently developing an agreement.

[Telehealth

Considering the distance and limited resources involved, technological solutions had to be found so that the CBHSSJB could equip the nine communities with telehealth equipment in order to receive practical support from the Douglas. We are also hoping to get the necessary equipment very soon in order to give remote training. Finally, with the agreement of the MSSS, teleconsultations will soon be possible as well.

[Financial model review

Aside from psychiatrists' fees, which are covered by the RAMQ, all expenditures for the planning, preparation and coordination of this agreement will come entirely from the Douglas Institute's budget. To ensure the viability and longevity of this agreement, we must establish a model that distributes costs between the MSSS, the Douglas Institute and the CBHSSJB.

{ A PREFEASIBILITY STUDY: AN ARGUMENT FOR REBUILDING

The year 2008 was a period of intense activity in terms of **the Institute's infrastructure renewal project.** Consultations were held with different groups of more than 300 patients, employees, community mental health partners and representatives of local and provincial governments, and the project received unanimous support across the board. After the project consultations and information meetings, an external consultation firm was hired in May 2008 to conduct a prefeasibility study — the first official step towards the goal of obtaining support from the provincial government.

An advisory committee and working groups of more than 70 clinicians, researchers, educators and administrative employees were created to develop the clinical foundations for the project. In addition to the clinical argument for rebuilding, the firm concluded that our current buildings could not be reused for clinical purposes without major renovations (due to wooden structures, the presence of asbestos, etc.). The renovation work would be very expensive — even more expensive than constructing new buildings — and would involve moving hundreds of patients and employees for a long period of time.

What's more, these renovations would still not solve the initial problem of dispersed facilities and a lack of integration.

At the time this annual report went into production, the Board of Directors had received the final pre-feasibility report, which concluded that brand new facilities would best support the mandate of the Douglas as a university institute. The report and budget estimate was approved by the Board of Directors and then submitted in June 2009 to the MSSS and the Montreal Agency.

[THE NEW INSTITUTE PROJECT]

Example of private room 1
Salmon Creek, Washington

Advantages of nature and natural light 2
Örebro University Hospital, Sweden

03

04

MEASURING TO IMPROVE PATIENT CARE.

05

{ ACTION PRIORITIES: BEST PRACTICES AND ACCESS TO CARE

The year 2008-2009 was a critical year for the Clinical Activities, Knowledge Transfer and Teaching Directorate (CAKTTD), which began many major projects to forge greater cohesion and new momentum.

An important step in the **Mental Health Action Plan (MHAP)** began this year. In fact, **our negotiations with the Montreal Agency allowed us to reduce the number of transfers by about 55% based on our mandate as a mental health university institute and our role within the McGill Ruis.** This confirmation of the number of transfers allowed the CAKTTD to begin the project and proceed with the first wave of staff and patient transfers to the first line as part of Phase 1 of the MHAP implementation in Montreal. Work by staff, the CAKTTD, the Office of the Director General, the Human Resources Directorate, the Financial and Informational Resources Directorate, unions and our other partners paved the way to one of the smoothest transitions possible under the circumstances, which is a testament to everyone's commitment to make the MHAP a success.

[MENTAL HEALTH ACTION PLAN (MHAP)]

Thanks to these confirmations from the Montreal Agency, the CAKTTD was able to conduct informed planning and proceed with a number of projects.

The CAKTTD began developing the framework to consolidate, develop and evaluate clinical programs. The goal of this framework is to guide programs on the path towards integrating best practices and the Institute's four mandates. The organization of services in eight clinical programs, the Mental Health Action Plan, and the pursuit of excellence in care, teaching and research are just some of the challenges facing all programs. The framework provides a structured process to integrate the needs of patients and partners along with a diagnosis of the current situation, the level of knowledge in the field, and the degree to which services are meeting needs. The program evaluation is closely tied to this process, in the sense that it establishes a way to meet objectives in order to bridge the gap between current and ideal practices.

This framework is an essential component of the 2005-2010 Strategic Plan. The CAKTTD indeed believes that these objectives can be met through the continued strengthening of clinical programs and

Committee in charge of developing the framework 1
Seated: Liette Desjardins, Anissa Mounib, Amparo Garcia. Standing: Anne-Marie Charlebois (guest), Martine Habra, Daniel Rabouin, Nancy Grenier, Nathalie Desormeaux, Anne Wittevrongel.

Mental Health Action Plan (MHAP) 2
Information session

through a firm commitment to a culture of best practices. Above all, the strength of any strategic plan resides in how well its objectives can be adapted to the organizational context; it must be a source of motivational and educational tools that can adapt to a new context as well as to the strengths and limitations of this context.

Integrating research into clinical activities and implementing best practices are the lynchpin of the strategic plan. The ACT (Assertive Community Treatment) team at the Douglas, which provides intensive follow-up in the community, has become a teaching environment for the National Centre of Excellence in Mental Health (NCEMH) so that this approach can be deployed across Quebec. Researchers have supported these programs throughout the year through clinically focused studies. For example, there was coaching and support during the implementation of the START project to manage risk behaviour as well as research on service organization and adequacy to better understand how patient needs are fulfilled by current services in order to improve recovery and community integration. Other programs also carried out various projects: for example, the Eating Disorders Program studied the outcomes of a prevention program to reduce social pressures related to extreme thinness; Geriatric Clinical Services evaluated insulin resistance as a biomarker of cognitive changes in patients suffering from dementia and in healthy older people; and the Psychosocial Recovery and Specialized Housing Program was hard at work on its future Centre of Excellence for Recovery.

Access to care and services was also an important goal for the CAKTTD, which pursued its efforts to harmonize this process, which included a discussion surrounding the second-line service offer, a review of access procedures, and the development of clinical and administrative guidelines. Their work in 2008-2009 resulted in a major decrease in the over-60-day waiting list. In fact, as the data show (see page 24), the waiting list for youth decreased by 60% while that for adults decreased by 29%.

Access to the Emergency Department was also improved, particularly following the creation of the Brief Intervention Unit (BIU), which now plays a vital role in determining who needs to be admitted to the hospital. In addition to helping us meet our targets, the BIU, in conjunction with the Emergency Department, also questioned its practices and needs for hospitalization.

1

Assertive Community Treatment (ACT) team 1

{ THERAPEUTIC NURSING PLAN: A POWERFUL TOOL FOR PRACTICE

Since the adoption of Bill 90, nurses' involvement in clinical assessments has been redefined with the introduction of what is known as the Therapeutic Nursing Plan (TNP). The TNP is a document that makes it easy to access nurses' evaluation-based clinical decisions, which are essential in patient follow-up.

Before, nurses' decisions were not always documented in patient records, or they were difficult to find. Care plans were sometimes written in pencil and were therefore "erasable." The TNP ensures that all decisions are documented in patient records. The safety and quality of nursing care have therefore been greatly improved.

Within five months, 251 nurses (99% of nursing staff) received on-line training followed by a practical workshop on the therapeutic nursing plan.

Quebec health institutions had until April 1, 2009 to implement the TNP. The Nursing Directorate at the Douglas, with the support of the Teaching and Training Coordination Bureau, quickly got to work. Within five months, 251 nurses (99% of nursing staff) received on-line training followed by a practical workshop on the therapeutic nursing plan.

However, in keeping with best clinical practices, simply implementing the TNP is not enough: it must also be measured. The Nursing Directorate is therefore conducting a quality audit of the TNPs. The results of this evaluation will be issued next year.

{ A NEW THERAPEUTIC APPROACH PUT TO THE TEST

In August 2008, the Depressive Disorders Program at the Douglas Institute introduced a new treatment for people suffering from treatment-resistant major depression: transcranial magnetic stimulation. An alternative to pharmacological treatments, this non-invasive therapy has been administered to 18 patients so far. Overall, patients have undergone 650 sessions with this new therapy.

Preliminary results show a promising outlook for the future. As demonstrated in an article published by psychiatrists from this program in the Annals of Medicine, patients treated with transcranial stimulation techniques saw significant improvement. By offering this innovative treatment, the Depressive Disorders Program at the Douglas is demonstrating its leadership in the clinical application of research advances on depression and suicide.

{ MANAGEMENT AGREEMENT AND INDICATORS

The 2008-2009 management agreement emphasizes access, intensive follow-up and variable support, labour management, the Mental Health Action Plan, the influenza pandemic plan, and information asset management.

[Access

Continuous access to care remains an organizational priority, and efforts have been invested at all levels to reinforce improvements. As the section on indicators shows, the measures implemented to improve service access have yielded great results. In fact, **waiting lists of over 60 days decreased by 29% for adults and 60% for youth.** Furthermore, there were no stays of over 48 hours in the Emergency Department over the year, and the average length of stay was 12 hours, in accordance with the Ministry target. The target for access to services in English is being met, while wait times related to access for ethnocultural communities are currently being worked on.

[The Mental Health Action Plan (MHAP)

The MHAP implementation began with the first waves of transfers. The Douglas and its partners are working to establish links between the 1st, 2nd and 3rd lines and to develop a collaborative model. The Institute is also working together with the CSSS partners in our territory to create service liaison mechanisms based on the Marco Gabrielle protocol for people experiencing a suicidal crisis.

The target for intensive follow-up has been met, while the target for variable support is being met. It should be noted that the calculation of this target is under review so that we can comply even further with ministerial requirements, as the current calculation method underestimates the number of people receiving variable support. The MHAP implementation plan in Montreal foresees that 1st-line partners and community organizations will eventually offer this type of service in the future.

[Fighting the influenza pandemic

The Pandemic Influenza Plan was implemented, and initiatives to increase vaccination coverage were a success. A number of training sessions were given to staff in collaboration with the Infection Control and Prevention Advisor. Four vaccination days covering each work shift along with mobile vaccination clinics were organized over the course of a month to cover as many employees as possible.

The 2008-2009 management agreement emphasizes access, intensive follow-up and variable support, labour management, the MHAP, the influenza pandemic plan, and information asset management.

PANDÉMIE INFLUENZA

[Information asset management

The triennial plan was carried out in accordance with the Montreal Agency's requirements, and an asset inventory was also conducted.

[Labour management

The Douglas put forth great effort to stabilize its work force and to ensure best possible coverage. Labour management targets were therefore met in terms of employment insurance, overtime and independent workers. The action plan to counter labour availability problems is being finalized, while the provisional staffing plan has already been developed.

[Tripartite agreement

Once again this year, the management agreement is bipartite and not tripartite, despite the stipulation of section 182.1 of the *Act respecting health services and social services,* which sets out that the Minister must be a party to the agreement of a university institute. The Ministry nevertheless conducted consultative tours to improve the management agreements, and we are looking forward to this exercise, which should give rise to negotiated agreements.

Infocentre team 1
responsible for scoreboard compilation and process analysis.

CAKTTD Management 1

Risk Management Unit of Intensive Rehabilitation Program 2

Recovery Program 3

Eating Disorders Program 4

Psychosis Hospitalization Admitting Unit 5

Intensive Community Rehabilitation team 6

Intensive Care Unit 7

Emergency and Brief Intervention Unit team 8

These few photos represent only a small cross-section of the numerous teams — from day, evening and night shifts — who work within the Douglas' eight programs:

- Mental Health Program for Adults of South-West Territories
- Child Psychiatry Program
- Geriatric Psychiatry Program
- Mood, Anxiety and Impulsivity Disorders Program
- Psychotic Disorders Program
- Intellectual Handicap with Psychiatric Comorbidity Program
- Eating Disorders Program
- Recovery Program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1. Child Psychiatry Program
2. Psychotic Disorders Out-Patient Clinic team
3. Program for Adults Short-Term Admitting Unit
4. Geriatric Psychiatry Program Psychosocial Rehabilitation Unit
5. Mood, Anxiety and Impulsivity Disorders Program
6. Assertive Community Treatment team
7. Maison Levinschi team
8. Intellectual Handicap with Psychiatric Comorbidity Program

{ ACTIVITY INDICATORS

	[2008-2009]	[2007-2008]
Number of beds	241	239
Short-term hospitalizations	1,504	1,076
Long-term hospitalizations	78	64
Out-patients (OP)	10,794	9,888
Emergency Department visits	4,106	4,123
Incidents/accidents	1,971	1,721
Control measures	7,811	12,100

{ DOUGLAS INSTITUTE STAFF

	[2008-2009]	[2007-2008]
Hospital staff	1,173	1,153
Research Centre staff	230	246
Total	**1,403**	**1,399**
Physicians (other than psychiatrists)	10	18
Psychiatrists *	51	47
Principal researchers	52	49
Associate researchers and clinicians	15	16
Residents, interns and students	260	461
Nursing staff	331	331
Other professionals	236	240
Other care staff	134	131
Other employees	472	451

*Including general practitioners with privileges in psychiatry

{ COMPLAINTS AND CLIENT REQUESTS

PROCESSED REQUESTS	[2008-2009]	[2007-2008]
Complaints*	38	57
Requests for information, assistance, intervention, etc.	473	505
Total	**511**	**562**

* Total complaints reviewed by the examining doctor and the Ombudsman

{ EMERGENCY DEPARTMENT

OVERVIEW OF EMERGENCY DEPARTMENT ACTIVITY LEVELS	[2008-2009]	[2007-2008]	[DEVIATION]	[VARIATION]
Occupancy rate at Emergency	5%	53%	-48%	▼
Percentage of stays exceeding 48 hours on a stretcher	0.0%	20.2%	-20.2%	▼
Average length of stay (hours) on a stretcher	12	31	-19	▼
Number of visits	4,106	4,123	-17	▼

{ INTERNAL SERVICES

1. OCCUPANCY RATE

	[2008-2009]	[2007-2008]	[DEVIATION]	[VARIATION]
Short-term	108.9%	103.3%	5.5%	▲
Long-term	111.2%	108.9%	2.3%	▲
Average	**110.1%**	**106.3%**	**3.7%**	▲

2. AVERAGE LENGTH OF STAY

	[2008-2009]	[2007-2008]	[DEVIATION]	[VARIATION]
Short-term	24.76	32.70	-7.94	▼
Long-term	366.82	397.91	-31.09	▼
Average	**75.94**	**93.30**	**-17.96**	▼

3. PERIOD BEFORE READMISSION

INTERVAL	[2008-2009]	[2008-2009]	[2007-2008]	[2007-2008]	[DEVIATION]	[VARIATION]
00-03 months	339	37%	188	29%	8%	▲
03-06 months	113	12%	76	12%	1%	▲
06-12 months	123	13%	97	15%	-2%	▼
12-24 months	87	10%	101	16%	-6%	▼
24 months and +	252	28%	179	28%	0%	–
Total	**914**	**100%**	**641**	**100%**		

{ EXTERNAL SERVICES

1. AVERAGE NUMBER OF PATIENTS WAITING FOR ACCESS TO TREATMENT FOR MORE THAN 60 DAYS ON THE LAST DAY OF EACH PERIOD

	[2008-2009]	[2007-2008]	[DEVIATION]	[VARIATION]
0 to 18 years *	75	158	-83	▼
18 years and + **	155	270	-115	▼
Total	**230**	**428**	**-197**	▼

* The number of PDD patients is an average of 42 patients in 2008-2009 compared to 48 patients in 2007-2008.
** The number of Eating Disorders patients is an average of 124 patients in 2008-2009 compared to 179 in 2007-2008.

2. AVERAGE WAIT TIME IN DAYS FOR ACCESS TO TREATMENT

	[2008-2009]	[2007-2008]	[DEVIATION]	[VARIATION]
0 to 18 years *	76	101	-25	▼
18 years and + **	55	74	-19	▼
Average	**61**	**82**	**-20**	▼

* The average wait time for PDD patients is 150 days in 2008-2009 compared to 137 days in 2007-2008.
** The average wait time for Eating Disorders patients is 226 days in 2008-2009 compared to 231 days in 2007-2008.

3. ACTIVITIES

	[2008-2009]	[2007-2008]	[DEVIATION]	[VARIATION]
Average length of external follow-up (days)	462	349	112	▲

4. SERVICES IN THE COMMUNITY

	[2008-2009]	[2007-2008]	[DEVIATION]	[VARIATION]
Intensive follow-up (average number of patients)	74	74	0,0	–
Support of varying intensity (average number of patients)	55	59	-4.5	▼

{ SECURITY OF CARE AND SERVICES

{ INFORMATION TO PROVIDE CONCERNING THE SAFE DELIVERY OF HEALTH AND SOCIAL SERVICES (2002, c.71) AND THE APPLICATION OF THE HEALTH AND SOCIAL SERVICES BILL (L.R.Q. c. S-4.2) 2008-2009

Institution Identification Number: 13727060
Institution Name: Douglas Mental Health University Institute
Responder's Name and Title: Pedro Villagran,
Continuous Quality Improvement and Risks Management Coordinator

1. Quality and Risk Management Committee

1.1. Quality and Risk Management Committee:

☑ yes ☐ no

1.2. Date of committee's creation: 11/12/2006

1.3. Number of members: 15

1.4. Members' function:

- Director General
- Coordinator ACQ/GR
- Director of Technical Services and Facilities Directorate
- 2 patients or patients' representatives
- Director of Nursing
- Director of Professional and Hospital Services
- 1 Council of Physicians, Dentists and Pharmacists representative (CMDP)
- 1 Council of Nurses representative (CIII)
- 1 Multidisciplinary Council representative (CM)
- Lawyer of the Institute
- Quality Intern
- Deputy Director General
- Head of Clinical Program
- CAKTTD Director

1.5. Number of meetings held by the Committee: 4

1.6. Committee's top priorities for the coming year:

- Smoke-free hospital
- Patient safety
- Substance abuse
- Security

1.7. Two risk management programs (implementation or evaluation) to be applied in the coming year:

- Risk management sub-committees
- Implementation of medication comparison status report

2. Divulging all accidents

2.1. Adoption by the Board of Directors on the following rules:

- providing all necessary information following an accident:
  ☑ yes ☐ no
- support measures including appropriate care:
  ☑ yes ☐ no
- measures to prevent the recurrence of such an accident:
  ☑ yes ☐ no

2.2. If yes, date rule was adopted: 28/07/2004

2.3. Rules regarding divulging information are respected:

☐ never
☐ sometimes
☑ most of the time
☐ difficult to know

2.4. An analysis to evaluate the main causes is immediately conducted after a serious accident:

☐ never
☐ sometimes
☑ most of the time
☐ difficult to know

2.5. Solutions to avoid recurrence are applied, following an intensive analysis:

☐ never
☐ sometimes
☑ most of the time
☐ difficult to know

2.6. **Training on divulging information has been given to affected people in your organization during the current year:**

☑ yes ☐ no

3. Declaration of all incidents and accidents and compiling a local register

3.1. **Number of incidents declared for the current budgetary year: 509**

3.2. **Number of declared incidents analyzed: 80**

20%	40%	60%	80%	100%
20 %				

3.3. **Number of declared incidents where measures have been taken to prevent their recurrence: 80**

20%	40%	60%	80%	100%
20 %				

3.4. **Number of accidents declared for the current budgetary year: 1,408**

3.5. **Number of declared accidents intensely analyzed: 429**

30%	40%	60%	80%	100%
30 %				

3.6. **Number of declared accidents where measures have been taken to prevent their recurrence: 429**

30%	40%	60%	80%	100%
30 %				

3.7. **Number of accidents resulting in death: 6**

3.8. **Average number of additional days of hospitalization after the declared accidents: 0**

3.9. **Implementation of a local incident and accident registry:**

☑ yes ☐ no

3.10. **If yes, the date of implementation: 01/04/2002**

3.11. **Number of reports transmitted to the Agency on incidents or accidents declared for the current budgetary year: 0**

4. Accreditation Services Provided

4.1. **Requested accreditation from an institution:**

☑ yes ☐ no

4.2. **If yes, name of the requested organization:**

- Canadian Council on Health Services Accreditation.

4.3. **If no, the name of organization to be requested:**

_____

4.4. **Date when this organization will be requested: 06/04/2008**

4.5. **Consent obtained:**

☑ yes ☐ no

4.6. **If yes, type of consent obtained:**

- Final accreditation without recommendations

4.7. **Summary(ies) of report(s) sent:**

- to the Ministry:
  ☑ yes ☐ no
- to the Agency:
  ☑ yes ☐ no
- to professional orders concerned:
  ☑ yes ☐ no

{ COMPLAINT REVIEW AND PROMOTING USER RIGHTS

The Ombudsman — Local Complaints and Service Quality Commissioner — reports to the Board of Directors of the Douglas for everything relating to the respect of user rights and the diligent processing of their complaints.

In this regard, last year was marked by the reinforcement of the new accountability mechanism for the Board of Directors with a tool and process developed through the Vigilance and Quality Committee (VQC) to ensure that the measures and commitments identified by the Commissioner are implemented. Overall, 44 measures were implemented by the Commissioner in 2008-2009.

[Notable achievements in 2008-2009

{ Promotion campaign on the Commissioner's role

The last year, the Ombudsman used MSSS-provided tools to conduct a promotion campaign regarding user rights and the role of the Local Complaints and Service Quality

Commissioner at all Douglas clinical centres and facilities. The owners and patients of non-institutional resources (NIR), family-type resources (FTR) and intermediate resources (IR) were also targeted to better inform them about their rights and means of recourse.

{ Update of the Code of Ethics

The Douglas Code of Ethics, which was updated to comply with modifications resulting from the adoption of Bill 83, was distributed to patients, to managers and their teams, to members of the Council of Physicians, Dentists and Pharmacists, as well as to trainees.

{ Web site improvements

The Ombudsman made changes to the www.douglas.qc.ca/ombudsman Web page in order to better inform the general public and users in particular about complaint reviews and the promotion of rights. Web traffic statistics showed that the site received 1649 visitors, who consulted 2040 pages this year.

[WWW.DOUGLAS.QC.CA/OMBUDSMAN]

{ NUMBER OF COMPLAINTS AND REQUESTS REVIEWED

[NUMBER OF REQUESTS REVIEWED BY THE OMBUDSMAN/LOCAL COMMISSIONER]	[2008-2009]
Complaints	29
Other requests	469
Total	**498**

*Total = intervention + help + consultation

{ AVERAGE REVIEW TIME FOR COMPLAINTS AND REQUESTS

[AVERAGE REVIEW TIME (IN DAYS)]	[2008-2009]
Complaints*	27 days
Requests for intervention	29 days
Requests for assistance	2 days

* The legally required timeframe for a complaint review is 45 days; timeframes for other kinds of requests are not specified.

Cover of the Code of Ethics guide 1

04

05

MEASURING.
DISCOVERING.
CONTINUOUSLY
IMPROVING.

06

For thirty years, research at the Douglas has continued to make a mark. Today, the Research Centre counts on the expertise of 67 scientists, researchers and clinicians as well as the work of 184 trainees. **It is the largest mental health research centre in Quebec and the second largest in Canada.** In 2008-2009, Research Centre members published 215 scientific articles, chapters and books on scientific breakthroughs and therapeutic advances.

Douglas scientists are developing knowledge on the causes of mental illnesses, creating new treatments and diagnostic tools, and identifying ways to prevent mental illness.

{ THE NEUROPHENOTYPING CENTRE

The Neurophenotyping Centre was inaugurated in October 2008. The animal care facilities of this centre, which can house up to 3,000 rats and mice, now take up an area of more than 15,000 square feet. Our researchers have access to specialized equipment, such as semi-natural environments for the animals, behaviour analysis laboratories, tissue analysis rooms, and gene therapy rooms. These facilities will enable researchers to better explore animal models of human disease, such as Alzheimer's, and perform additional testing in order to identify the environmental factors that trigger onset. "It is important to remember that there is an environmental and genetic aspect to the development of mental illness, and it is the interaction between the two that will determine the onset or resilience of the disease. The new Centre will allow us to study both aspects of disease progression," explained **Claire-Dominique Walker**, PhD, Director of the Neuroscience Research Division. Claire-Dominique Walker and **Alain Gratton**, PhD, helped make this ambitious project a reality from design to construction. **Joseph Rochford**, PhD, is currently the Centre's director.

[Partners of the Neurophenotyping Centre

The Neurophenotyping Centre was created thanks to $6.8 million in funding from the Ministère du Développement économique, de l'Innovation et de l'Exportation du Québec; the Douglas Institute Foundation; the Faculty of Medicine of McGill University; and the Agence de la santé et des services sociaux de Montréal.

{ A NEW DIRECTOR FOR THE MCGILL CENTRE FOR STUDIES IN AGING

Recruited in 1989 by McGill University and the Douglas Research Centre, **Judes Poirier**, PhD, directed the McGill Centre for Studies in Aging from 1997 to 2008. During his tenure, he gained an international reputation for his contributions to our understanding of two major diseases that afflict the elderly: Alzheimer's and Parkinson's. He was recently named Director of the Molecular Neurobiology Unit. **Jens Pruessner**, PhD, has taken over as director of the Centre until 2013. He is also Director of the Aging and Alzheimer's Disease Research Theme, and his studies focus on the effects of intense and chronic stressors on neurodegeneration.

Inaugural banner for the new Neurophenotyping Centre (1)

NEW BOARD MEMBERS

The **Board of Directors of the Douglas Research Centre** added seven new members to its ranks. François Morin, who is still at the helm of the Board of Directors, is now assisted by Vice-President Jocelyne Monty, a philanthropist and former Chair of the Board of Directors of the Mental Illness Foundation. Donald Prinsky, President of Donald Prinsky Consulting Services, is now serving as Treasurer and Chair of the Finance and Auditing Committee of the Research Centre.

Other new members also include Alain Gendron, PhD, medical advisor at AstraZeneca Canada; Patrice Roy, PhD, Director of Scientific Affairs at Pfizer Canada; Abraham Fuks, MD, Professor in the Department of Biomedical Ethics at McGill University and Former Dean of the Faculty of Medicine of McGill University; Ridha Joober, MD, PhD, Director of the Schizophrenia and Neurodevelopmental Disorders Research Theme; and Mariana Newkirk, PhD, Associate Dean of Research, Faculty of Medicine of McGill University.

The Douglas would like to thank Robert Roy for giving so generously of his services and invaluable council over the years as a member and Treasurer of the Boards of Directors of the Research Centre and the Douglas Institute.

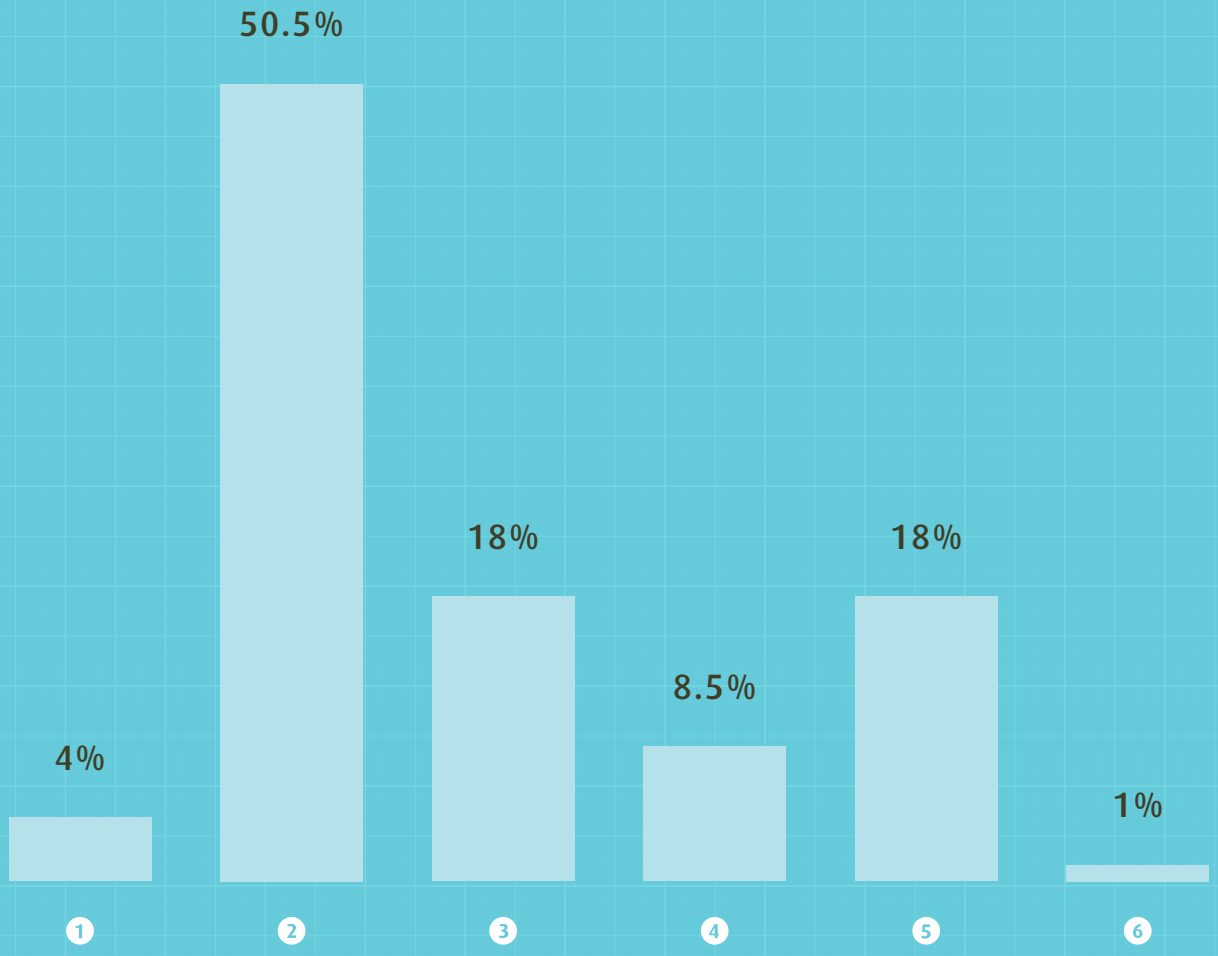
We would also like to thank other members of our Board of Directors who finished their term of office: Janet Henderson, PhD; Paul Marcotte, LLP; and Judes Poirier, PhD.

Board of Directors of the Douglas Research Centre 1

Jens Pruessner, PhD 2
New Director of the McGill Centre for Studies in Aging

{ GRANTS

The Research Centre received a little over $18.5 million in research funding. Among the funding organizations that awarded grants are the Canadian Institutes of Health Research (CIHR), the Natural Sciences and Engineering Research Council of Canada (NSERCC), the Canadian Foundation for Innovation (CFI), the Fonds de la recherche en santé du Québec (FRSQ), along with other non-profit organizations and foundations.



FUNDING 2008-2009

	[ORGANIZATION]	TOTAL $18,649,230	PERCENTAGE OF TOTAL
1	Fonds de la recherche en santé du Québec (FRSQ)	$743,437	4%
2	Government grants – Federal	$9,422,637	50.5%
3	Government grants – Provincial	$3,333,964	18%
4	Donations from the Douglas Institute Foundation	$1,598,647	8.5%
5	Grants from private corporations and others	$3,432,009	18%
6	Other	$118,536	1%

{ RESEARCH AND KNOWLEDGE TRANSFER

The following is a brief overview of ongoing research made possible thanks to the support of funding agencies along with a list of national and international events that Douglas researchers hosted and organized.

[Transthyretin and memory disorders

Rémi Quirion and **Jonathan Brouillette** identified a gene related to Alzheimer's disease. Their study, which was published in the journal *Neurobiology of Aging*, is the first one of its kind to point to the role of transthyretin (TTR), a gene that is involved in aging-related memory disorders. Their tests on animals showed that those with lower TTR activity had greater chances of having memory deficits compared to those with higher activity levels. Reduced activity levels of this gene are thought to disrupt brain cell connections, which could be at the root of memory disorders. This discovery could one day lead to the earlier detection and treatment of Alzheimer's disease.

[The ice storm, ten years later: Researchers continue to study the impact

For Project Ice Storm, a project that began in 1998, **Suzanne King**, Principal Researcher, and **David P. Laplante**, Associate Researcher, published a study in the Journal of the *American Academy for Child and Adolescent Psychiatry*. This study assessed the impact of stress experienced by pregnant women during the ice storm on the development of their children. After assessing children at the age of two, they conducted more in-depth evaluations on the development of the same group of children at five and a half years. Their findings show that children whose mothers experienced a lot of stress had IQs that were 10 points lower along with poorer language performance than those whose mothers experienced lower stress levels. These values were nevertheless in the normal range for these tests. The researchers were especially surprised to find that it was the objective hardship during the ice storm (number of days without electricity, temporary relocation, etc.), instead of the subjective

Project Ice Storm 1

Rémi Quirion, PhD, O.C., CQ, FRSC 2
Scientific Director of the Research Centre of the Douglas Institute and Professor in the Department of Psychiatry at McGill University

Suzanne King, PhD 3
Researcher and Director of the Psychosocial Research Division at the Douglas Institute and Associate Professor in the Department of Psychiatry of McGill University

David Laplante, PhD 4
Associate Researcher at the Douglas Institute

stress felt by the mother, that was attributable to this effect. These results could help public health officials create strategies to help future moms during natural catastrophes.

[International conference on climate change, pregnancy and mental health

From January 28 to 30, 2009, the Prenatal Maternal Stress Research Group, directed by **Suzanne King**, organized an international conference that looked at the effects of natural catastrophes on pregnant women and unborn children. The goal of this lecture, which brought together experts from the United States, Europe and Canada, was to determine the best way to direct research on pregnant women during natural catastrophes on an international scale. Organized in collaboration with McGill University, this event was made possible thanks to financial support from the Canadian Institutes of Health Research (CIHR).

[PODCAST OF SUZANNE KING]

[Comparing the treatment of first-episode psychosis in India and Canada

Out of Canada and India, which is better at treating people with schizophrenia? You might be surprised that the answer is India. To understand how this is possible in a country with living conditions that are not as favourable as those in a Western country, **Ashok Malla** developed a study project with Rangaswamy Thara, MD, PhD, Director of the Schizophrenia Research Foundation (SCRAF) in Chennai, India. The project consists in treating about 110 people in India and Canada who are suffering from their first episode of psychosis. The researchers will look at particular factors — such as family and culture — that are most likely the source of India's better results. Other researchers involved in the study are **Ridha Joober** and **Srividya Iyer,** Postdoctoral Fellow. The results of this collaboration will help improve care and treatment techniques and will be used to review case management guidelines.

International symposium on psychotic disorders 1

International conference on climate change, pregnancy and mental health
Douglas Institute,
January 28 to 30, 2009 2

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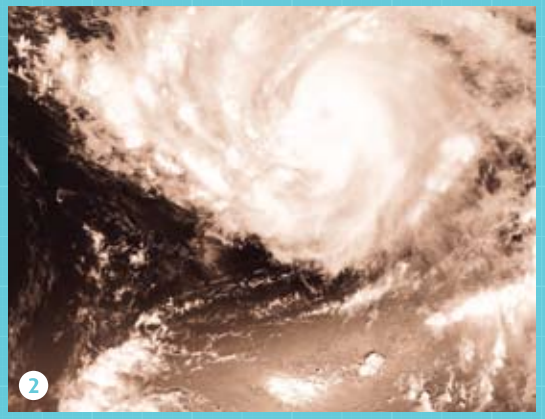
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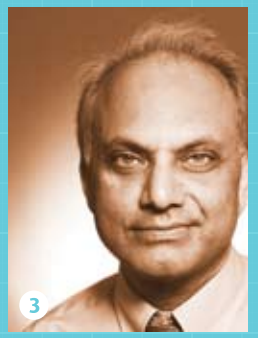
Ashok Malla, MD 3
Researcher, Director of the Prevention and Early Intervention Program for Psychoses (PEPP-Montréal), Director of the Clinical Research Division at the Douglas Institute, and Professor in the Department of Psychiatry at McGill University

Ridha Joober, MD, PhD 4
Researcher, Director of the Schizophrenia and Neurodevelopmental Disorders Research Theme at the Douglas Institute and Associate Professor in the Department of Psychiatry at McGill University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[Psychotic disorders through the life cycle — An international symposium

On September 19, 2008, experts from the United States, Europe and Canada came to the Douglas to assess current knowledge about the risk factors for the development of psychotic disorders (such as schizophrenia) at various life stages. Researchers and clinicians also addressed treatment challenges by looking particularly at potentially ineffective treatments, the management of non-compliance, cognitive remediation, and quality of life. Under the direction of Ashok Malla, this symposium was made possible through a grant from Janssen-Ortho.

[International conference: "Integrating Mental Health into Primary Care: A Global Perspective"

In November, the WHO/PAHO Collaborating Centre for Research and Training in Mental Health at the Douglas, directed by **Gaston P. Harnois**, held a conference on the various factors that need to be addressed to develop effective primary mental health services. The participants shared different national experiences from a variety of geographical and cultural contexts, such as that of Quebec. The lecture was also an opportunity to launch the WHO Report on "Integrating Mental Health into Primary Health Care."

[Primary health care put under the microscope

Marie Josée Fleury coordinated a special edition on primary mental health care in the magazine *Santé mentale au Québec*. The articles in this issue addressed the current mental health reform, the organization of services, the role and effectiveness of general practitioners in detecting and diagnosing mental health disorders, as well as good practices. Marie Josée Fleury is also examining the role and skills of general practitioners in treating patients who come to them with mental health problems.

[The effect of sleep on attention deficit hyperactivity disorder

Reut Gruber was the first author of a study published in the journal SLEEP, in which she observed an intrinsic sleep problem in children with an attention deficit hyperactivity disorder (ADHD). She supports the idea that children with ADHD might suffer from a lack of sleep and have abnormal REM sleep as well. This daily sleep loss can lead to sleep deprivation, which can result in somnolence and neurobehavioural impairment. This can have an impact on attention span and learning ability and can cause symptoms related to those of ADHD. If subsequent studies confirm these findings, it would be possible to develop therapeutic approaches to optimize sleep in children with ADHD.

[Childhood trauma can alter DNA

Michael Meaney and **Gustavo Turecki** continued their world-renowned work in epigenetics to advance our knowledge of how parental mistreatment influences DNA in the brains of men who commit suicide. The results of this ground-breaking study, which they authored in collaboration with McGill University colleagues Moshe Szyf and Patrick Gowan, postdoctoral researcher, were published in the journal *Nature Neuroscience*. This research confirms that the effects of childhood trauma can alter DNA and influence how genes function. While clinical experiments have shown that a difficult childhood can have consequences later in life, the work of these researchers will allow us to better understand the biological impact of mistreatment. Interactions between the environment and DNA play a critical role in an ability to resist stress, hence the increased risk of suicide.

Gaston P. Harnois, MD 1
Director of the WHO/PAHO Collaborating Centre for Research and Training in Mental Health at the Douglas Institute

Marie Josée Fleury, PhD 2
Researcher at the Douglas Institute and Associate Professor in the Department of Psychiatry at McGill University

Reut Gruber, PhD 3
Researcher at the Douglas Institute and Assistant Professor in the Department of Psychiatry at McGill University

Michael Meaney, PhD, CQ, FRSC 4
Associate Director of the Douglas Institute Research Centre, Director of the Program for the Study of Behaviour, Genes and Environment at McGill University, and James McGill Professor in the Departments of Psychiatry and Neurology and Neurosurgery at McGill University

Gustavo Turecki, MD, PhD 5
Director of the McGill Group for Suicide Studies, Chief of the Depressive Disorders Program at the Douglas Institute, and Associate Professor in the Departments of Psychiatry, Human Genetics, and Neurology and Neurosurgery at McGill University

The Ministère de la Culture comes to the Douglas for expertise in eating disorders

Howard Steiger was invited by Christine St-Pierre, Minister of Culture, Communications and the Status of Women, to co-chair a working committee to develop a voluntary charter for the fashion, advertising and media industries in order to fight extreme thinness and promote healthy body images. Howard Steiger will work with co-chair Esther Bégin, a well-known media personality, to develop this charter together with close to thirty influential stakeholders from the different sectors involved. The co-chairs will also be responsible for presenting the recommendations to the Minister. This appointment indeed represents further recognition of Howard Steiger's expertise as a researcher and clinician. The publication of this charter is planned for autumn 2009.

NEW RESEARCHERS

Florian Storch came to the Douglas Institute after finishing his postdoctoral studies at Harvard Medical School, where he explored the biological role of circadian clocks. His research could provide a new understanding of the impact of internal circadian clocks on the nervous system.

Aurélie Labbe is a biostatistician who specializes in statistical genetics and genetic epidemiology. Through her research, she is seeking to identify susceptibility genes for major psychiatric illnesses such as schizophrenia, bipolar disorders, depression, or attention deficit hyperactivity disorder.

Esther Bégin, TV news anchorwoman; 1
Howard Steiger, PhD, Researcher, Chief of the Eating Disorders Program at the Douglas Institute and Full Professor in the Department of Psychiatry at McGill University;
Christine St-Pierre, Minister of Culture, Communications and the Status of Women

Florian Storch, PhD 2
Researcher at the Douglas Institute and Assistant Professor in the Department of Psychiatry at McGill University

Aurélie Labbe, PhD 3
Researcher at the Douglas Institute and Assistant Professor in the Department of Epidemiology and Biostatistics and the Department of Psychiatry at McGill University

05

06

07

TEACHING.
MEASURING.
IMPROVING.

Throughout the year, the **Teaching and Training Coordination Bureau (TTCB)** was responsible for coordinating various kinds of training for employees, partners, and college- and university-level trainees from all disciplines.

{ TRANSFERRING KNOWLEDGE TO OUR PARTNERS

As a mental health university institute, the Douglas helps advance knowledge and practices through teaching. The mandate of the Teaching and Training Coordination Bureau (TTCB) is to develop knowledge transfer activities, and, as part of the Mental Health Action Plan (MHAP), to organize training activities for our two major local partners — the CSSS Dorval-Lachine-LaSalle and the CSSS Verdun — as well as for our partners throughout the entire McGill RUIS territory.

While adhering to best practices in training, we use various methods to develop the skills of our partners, who can choose from a wide range of traditional, distance (e-Learning and visiotraining), or customized training activities.

Our most common method to reach regional partners is visiotraining. Eleven visiotraining sessions led by nurses, psychiatrists, psychologists and nutritionists were given from September 2008 to May 2009, including eight on mood disorders and three on eating disorders.

{ DOUGLAS TRAINEES

In 2008-2009, we welcomed 336 trainees — an increase of more than 28% over the previous year.

NUMBER OF TRAINEES PER PROFESSIONAL DISCIPLINE

[PROFESSIONAL DISCIPLINES]	[NUMBER OF TRAINEES]
Nursing	141
Art therapy	7
Special education	8
Occupational therapy	28
Nutrition	16
Psychology	27
Social work	19
Interns	48
Residents	19
Fellows	8
Pharmacy	9
Speech therapy	1
Recreational engineering	3
Business administration	2

A FOCUS ON TEACHING AND TRAINING

As a teaching institution, we have a responsibility to ensure that the health professionals who work within our walls are trained and equipped as well as possible to do their jobs. This year, we paid particular attention to the training needs of Douglas professional and technical staff, who include psychologists, social workers, occupational therapists, nutritionists, librarians, medical records staff, physical therapists, specialized educators, pharmacists, and more.

Because of low representation in each of these disciplines, all health care organizations have traditionally faced a challenge in training these professionals, who are turning more and more to professional orders or external organizations for training activities. Moreover, it has become very difficult to assess the relevance of employee-chosen activities and to orient employee development towards specific goals. This is why the **Teaching and Training Coordination Bureau (TTCB)** — in collaboration with the Nursing Directorate as well as an expert in organizational development, and the professional chiefs and program chiefs at the Douglas — developed skills profiles for the professionals in each clinical program. In the future, this will allow us to set up program- and discipline-specific training plans and to further develop specialized skills for second- and third-line care. In the year to come, two training activities will be given to develop generic skills among all professionals at the Douglas Institute. The first will address work in interdisciplinary teams while the other will deal with integrating ethical and legal aspects related to mental health. This initiative was launched in collaboration with the APTS labour union, which represents these employees.

The TTCB developed skills profiles for the professionals in each clinical program.

Teaching and Training Coordination Bureau team 1

[TEACHING AND TRAINING]

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MEASURING OUR TALENT.

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In the context of a labour shortage, or a lack of staff for specific positions, attracting and retaining staff are daily challenges for the Douglas.

To attract new employees, the Human Resources Directorate created a dynamic plan that includes a new-hire referral program, Web strategies, participation in job fairs, and an open-house day, which was attended by more than 350 visitors on April 25.

WHEN RECRUITMENT IS OVER... RETENTION BEGINS

Recruitment is not the only way to maintain a work force: major work also must be put towards retaining staff. The organizational development team met several targets in the 2006-2010 strategic plan, including a review of the performance evaluation process and tools.

With the goal of developing our work force and managing continuing education, skills profiles were developed for a number of positions in order to harmonize these skills with the evaluation and allocation process.

Finally, in accordance with Montreal Agency guidelines, the Douglas is following up on work attendance and met the target that the Agency set. To meet this target, the Human Resources Directorate implemented a work attendance program to reward deserving employees, as their consistent presence at work improves the quality of patient care and services.

A NEW HUMAN RESOURCES DEVELOPMENT PLAN

The Human Resources Directorate created its development plan for 2009-2012. To accomplish this task, it consulted employees through a survey and a unit tour to understand perceptions and priorities concerning hiring; motivation and recognition; skills maintenance and development; and the evaluation of new employees' contributions, development and career paths.

EMPLOYEE WELL-BEING COMES FIRST

Employee health and well-being is the primary focus of the Human Resources Directorate. A health promotion policy that includes the creation of a Health and Well-Being Committee was therefore created this year. Health promotion activities offered at the Douglas, which covered 95% of the expenses for these programs, helped improve our ability to attract and retain staff. Some of these activities included: chair massage; the Bike-to-Work Challenge; services from a conflict management coach, personal trainer, and nutritionist; an employee assistance program; fitness centre rebates; all kinds of art lessons; and more.

Finally, the Douglas, in collaboration with Léger Marketing, conducted a survey on the perceptions of Douglas employees towards their health and safety and the quality of their work environment. This survey showed that 87% of employees are satisfied with their jobs and that 84% enjoy their jobs. The survey results will allow the Douglas to review and enrich its activity program to more adequately meet the priority needs and expectations of our employees.

Good reasons to have Douglas in mind: 1
fulfilling work in a stimulating environment
The Open House day team 2

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{ AWARDS OF EXCELLENCE AND DISTINCTIONS

Congratulations to our employee award-winners, whose innovative spirit, determination and talent have significantly contributed to a culture of excellence within the Institute.

Congratulations to our employee award-winners, whose innovative spirit, determination and talent have significantly contributed to a culture of excellence within the Institute.

[Roberts Award

This award pays tribute to exceptional contributions in the area of quality client care.

[Nova Award

This award recognizes the remarkable quality of service provided to Douglas staff, in accordance with the Institute's mission.

[2009 Heinz Lehmann Award

For a seventh consecutive year, Pfizer Canada funded the Pfizer-Heinz Lehmann Award. This year's award was bestowed on **Anne Crocker,** a renowned and sought-after expert in the field of forensic psychiatry. Her work focuses on the interface between mental health, the law, and violence. Anne Crocker donated her prize to the Douglas Institute Foundation.

Christiane Jolicoeur 1
Occupational Therapist, Eating Disorders Program

Vincent Olivier St-Gelais 2
Computer Technician, Computer Services

Anne Crocker, PhD 3
Researcher and Director, Services, Policy and Population Health Research Theme at the Douglas Institute and Associate Professor in the Department of Psychiatry at McGill University

[Innovaction Award

This award recognizes the remarkable quality of service provided to clients, in accordance with the Institute's mission.

[Innovaction Research Award

[Administrative Support]
Richelle Pigeon 1
Administrative Technician, General Administration

[Technical Support]
Fanny Debonnet 2
Horticulturist,
Technical Services and Facilities Directorate

[Professional Support]
Camillo Zacchia, PhD 3
Professional Chief of Psychology

[Management]
Michel Laverdure 4
Program Chief, Psychotic Disorders Program

[Team Performance]
Intellectual Handicap with Psychiatric Comorbidity Program 5

[Organizational and Administrative Research Support]
Chantal Beaulieu 6
Administrative Technician

[Scientific and Technical Contribution to Research]
Danielle Cécyre 7
Brain Bank Coordinator


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[2009 Teaching-Clinician Award given by the Quebec Medical Association

This award recognizes the exceptional contribution of a physician who also teaches at a faculty of medicine. **Serge Beaulieu** is a co-founder and board member of the Canadian Bipolar Consortium. He has chaired the Translational Neurobiology Group since 2007. He is also the author of nearly fifty publications and has also participated in more than 70 communications for specialized medical media.

Serge Beaulieu, MD, PhD, FRCPC 1
Medical Chief of the Bipolar Disorders Program as well as the Mood, Anxiety and Impulsivity Disorders Program at the Douglas Institute and Associate Professor in the Department of Psychiatry at McGill University

[Top ten discoveries of the year 2008, Québec Science magazine

Alain Brunet made the prestigious annual honour role of *Québec Science* magazine. Alain Brunet studies the effects of psychological trauma in people over the age of 15, with particular attention on risk factors and the development of effective treatments for post-traumatic stress disorder (PTSD). He discovered a new use for a beta blocker called propranolol by observing its effect on the recovery of patients suffering from PTSD.

Alain Brunet, PhD 2
Psychologist and Researcher at the Douglas Institute and Associate Professor in the Department of Psychiatry at McGill University

***Québec Science* magazine** 3

In front, **Alain Brunet, PhD**, surrounded by 4
Sébastien Huberdeau,
Actor (from the film *Polytechnique*);
Jane H. Lalonde, Douglas Foundation;
and **Karine Vanasse**,
actor and producer (*Polytechnique*).

INFO-TRAUMA

[Nair Award

The Nair Award rewards students who published an article in a high-quality scientific journal and who have shown discipline and innovation in their research. AstraZeneca funds this award every year.

Erin Dickie, for her article published in *Neuropsychologia*
An fMRI investigation of memory encoding in PTSD: influence of symptom severity. Neuropsychologia, 2008, 46(5), 1522-1531

Jodie Richardson, for her article published in the *Journal of Clinical Psychiatry*
Relevance of the 5HTTLPR polymorphism and childhood abuse to increased psychiatric co-morbidity in women with bulimia-spectrum disorders. Journal of Clinical Psychiatry, 2008, 69(6), 981-990

Carey Huh, for his article published in The Journal of Neuroscience
Chronic exposure to nerve growth factor increases acetylcholine and glutamate release from cholinergic neurons of the rat medial septum and diagonal bland of Broca via mechanisms mediated by p75NTR. The Journal of Neuroscience, 2008, 28(6), 1404-140

{ OPEN MINDS PROFILES: CELEBRATING STIGMA-FIGHTERS

Open Minds profiles share the stories of outstanding Douglas staff, patients, students, volunteers and other friends who battle stigma associated with mental illness with passion and determination. The following individuals are the most recent profile subjects:

[Improving the legal system for people suffering from mental illness

Forensic mental health researcher **Anne Crocker** is tackling some of today's most challenging mental health policy questions. Not only is she breaking new ground in the fight for gender and cultural equality in Canada's mental health and legal systems, she's improving our overall quality of mental health care. Anne has been at the Douglas since 2002 and is Co-Director of the Services, Policy and Population Health Research Theme. As a forensic mental health researcher, she deals with the branch of psychiatry that involves legal issues related to mental disorders. In July 2008, she was appointed head researcher for Canada's National Trajectory Study on Criminal Responsibility. Her goal is to improve the process for deciding whether people imprisoned for a crime — and found not criminally responsible due to a mental disorder — are still a threat to themselves or others. "There is no room for assumptions, based on a person's sex, culture, medical history, or other factors. Every person is different and deserves an impartial assessment, based on the latest data."

[Mental illness as an organizational cause

Thanks to an initiative by **Canada Post**, you can now support mental health every time you mail a letter. How? In a marvellous bid to reduce the impact of mental illness and stigma, Canada Post has adopted mental illness as its "Cause of Choice" and commissioned a commemorative stamp to mark the occasion. The stamp is called "Moving Out of the Shadows" and is inspired by the Kirby Commission Report of the same name. The stamp depicts a person broadcasting the plight of people with mental illness. The message is clear according to Janie L. Randolph, Director Cause of Choice at Canada Post: "Mental illness can't hide in the shadows any longer. We reject the stigma that keeps it hidden. It's time for compassion and effective treatment to be the norm." The Canada Post Foundation for Mental Health has already raised more than $1 million since October 2008. It began awarding grants in the spring, with a focus on projects that deliver front-line services.

Canada Post's "Moving Out of the Shadows" stamp 1

Anne Crocker, PhD 2
Researcher and Director, Services, Policy and Population Health Research Theme at the Douglas Institute and Associate Professor in the Department of Psychiatry at McGill University

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GIVING TO THE FOUNDATION. MEASURING OUR SOCIAL IMPACT.

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{ PHILANTHROPY: THE ENGINE OF SOCIAL CHANGE

Matthew is 6 years old. He is an intelligent child who likes to have fun just like all children his age. However, Matthew has attention deficit hyperactivity disorder (ADHD), which makes the life of this small child quite special. The first grade not even over, Matthew had to tell his parents that he was expelled from primary school because of his abnormal and agitated behaviour. Although Matthew tries hard to control his symptoms, his life is already paved with failures and obstacles that impact his self-esteem. Slowly but surely, Matthew's life takes shape, and it will be anything but easy.

Matthew's story is not an isolated case. Many children suffer from mental illness and are waiting for the "miracle" that will allow them to play freely just like their friends. This year, **the Douglas Institute Foundation dedicated its "Open Minds" benefit evening to children's mental health** to educate guests about the challenges facing many young people in future generations. Charles Tisseyre, host of the TV show "Découverte," and director Marièle Choquette were warmly thanked by the Foundation and the event participants for their excellent report on attention deficit disorders, which was broadcast a few months earlier on Radio-Canada. Their work helped not only to inform a broad audience but also to answer many questions from the general public about this disorder.

For many years now, researchers at the Douglas Institute have been working to pinpoint clues to help us better understand mental illness and develop new treatments.

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Matthew's self-portrait 1
Drawn before his treatment at the Douglas

Matthew's self-portrait 2
Drawn a few weeks following his stay at the Douglas

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Marièle Choquette 3
Director of the TV show "Découverte";
Charles Tisseyre
Host of "Découverte"

Imagine if we lived in a world where research was not considered a priority — not only would we still be prisoners of the past, but those suffering from mental illness might still be languishing in asylums. These individuals and children would still be marginalized, judged and stripped of any hope of leading happy and healthy lives. Certainly, Matthew would have lost all hope to thrive as a person.

This is why the Douglas Institute Foundation has invested heavily in basic research that might one day turn into new care methods and treatments to help everyone who suffers from mental illness. This year, the total

contribution from the Foundation included $1,960,007 in funds raised and $464,000 in investment income, for a total of $2,424,007. These funds were invested in care, education and research at the Douglas Institute. It is also important to note that healthy and remarkable management methods, coupled with a new investment policy established three years ago by the Foundation, helped us minimize the impact of the economic crisis. The Foundation only suffered a minor loss of 20% in its portfolio, which allowed us to grant $281,505 to the construction of the Neurophenotyping Centre. This is the only centre of its kind in Quebec, and it will help Douglas researchers make unique breakthroughs on the causes of mental illness so that we can better understand the factors that put certain people, such as Matthew, at risk.

The Douglas Institute Foundation turns the charitable gestures of its donors into concrete actions. This philanthropy is the true engine of social change. Matthew, who represents the voices of a thousand people living with mental illness, thanks you for your help, your time and your donations.

Many thanks to all volunteers and donors. Your generosity is changing lives!

For more information about the Foundation's activities, donations received and donation management, we invite you to consult the Foundation's Annual Report on Giving 2008-2009. This publication along with our financial statements are available at: www.fondationdouglas.qc.ca

[VISIT THE FOUNDDATION'S WEB SITE]

Many thanks to all volunteers and donors. Your generosity is changing lives!

Yves Bolduc 1
Minister of Health and Social Services

Open Minds benefit evening program 2

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COUNCIL AND COMMITTEE REPORTS

COUNCIL OF PHYSICIANS, DENTISTS AND PHARMACISTS

In 2008-2009, the Council of Physicians, Dentists and Pharmacists (CPDP) addressed a number of topics, as outlined below.

Department of General Medicine

The members approved the prescription regarding naxolone hydrochloride, as well as protocols on treating diabetes-related hypoglycemia, monitoring head trauma, performing ear irrigation, and treating pain.

The members also approved three policies related to the prevention and control of the seasonal flu, the prevention and control of viral gastroenteritis (norovirus), as well as the pneumococcal vaccine.

Professional and Hospital Services Directorate

The members approved policies on physical, sexual or psychological abuse and on consent to care.

Three by-laws were also approved: 1) the selection of diagnostic tests upon user admission, in accordance with the standard adopted by the Collège des médecins du Québec; 2) the selection of admission and discharge criteria in the user transfer policies to be submitted for approval to the regional council indicated under section 24; 3) and the annual review of bed distribution based on user needs, the intensity of care or the seriousness of illnesses, the resources of the institution, its licence and its teaching needs.

Finally, the members approved the procedure on inter-institutional transfers and the policy for accessing the second and third line of the CAPAS.

Directorate

The members approved an amendment to point 7 of By-Law 22 of the Board of Directors concerning the amount of time granted to treating physicians or dentists, or to clinical staff members, to fill out a patient record after providing services for the last time.

Medical, Dental and Pharmaceutical Practices Assessment Committee

This committee looked at the creation of a new procedure and a new form for patients who are under court-ordered care and accommodation; the review of notices of compliance; the guidelines for assessing and treating patients in the Emergency Room; and objective criteria for monitoring the metabolic effects of atypical antipsychotics.

Pharmacology Committee

This committee focused on the restructuring of the Department of Pharmacy; the protocols for Clozapine and the treatment of diabetes-related hypoglycemia; the policy on sample management; the pharmacology bulletin; and the comparative overview for accreditation purposes. At the request of the Pharmacology Committee, a database was designed to transmit any medication alerts to all members of the CPDP within 24 hours.

MULTIDISCIPLINARY COUNCIL

Over the year, the Multidisciplinary Council (MC) targeted the following objectives:

- reinforce interdisciplinary work in all activity centres of the Douglas Institute;
- guarantee information from and communication with the professionals of the Multidisciplinary Council;
- provide informed opinions regarding planned changes in service quality and distribution.

Interdisciplinarity: The best way to improve access

The MC discussed how interdisciplinarity could improve access to health care services. We therefore began a preliminary analysis, in collaboration with research members and the committees of the three councils, on access to second- and third-line services. Our proposal to improve access to services is currently being assessed by the Professional and Hospital Services Directorate at the Douglas.

Traditional communication goes Web

In addition to producing two issues of the *L'Interdisciplinaire* newsletter to inform our members of ongoing activities, we also began developing a Web forum to provide a platform for professionals to share best practices in care, teaching, management, and other vital skills.

Advisory role

The MC issued opinions to the Board of Directors on two occasions regarding confidentiality and the format of clinical notes.

[ACMQ Prix Reconnaissance

The Prix Reconnaissance of the Association des conseils multidisciplinaires du Québec (ACMQ) is awarded yearly to a professional or a group of professionals belonging to a Multidisciplinary Council. This year the MC submitted an application for Camillo Zacchia, PhD, Professional Chief, Psychology, in the category of "Rayonnement" (Outreach). This award recognizes members who help build the reputation of their profession outside their institution and who show creativity and initiative in their field.

{ COUNCIL OF NURSES

In 2008-2009, the Council of Nurses (CN) ensured that the duties of its members were in keeping with the Douglas Institute's objectives in terms of:

- integration of clinical activities, teaching and research;
- improvement and knowledge transfer;
- reinforcement of the results-based culture.

[Integration of clinical activities, teaching and research

The CN helped integrate best practices in nursing by sitting on the Nursing Quality Council, the Research Ethics Committee as well as the Medical-Pharmacy-Nursing Committee.

It also helped implement the Therapeutic Nursing Plan (TNP) and evaluated nursing-related projects, such as nursing methods, the nursing skills chart, integration guidelines, and the nursing care process.

[Improvement and knowledge transfer

The CN helped implement the Therapeutic Nursing Plan (TNP), a mandatory requirement that resulted from changes to Bill 90. The TNP was put in place at the Douglas before April 1, 2009, as required by the Ordre des infirmières et infirmiers du Québec (OII). The OIIQ recognized the quality of the TNP implementation program developed by the Nursing Directorate, and this program has been used by other institutions.

[Reinforcement of the results-based culture

The CN conducted an audit in collaboration with the Council of Nursing Assistants and the Nursing Directorate to assess the organization of care according to the method of integrated care. Results were submitted to the clinico-adminstrative chiefs, who made any necessary corrections.

Finally, the CN participated in the implementation projects for the Electronic Patient Record and the automatization of the medication distribution process.

{ VIGILANCE AND QUALITY COMMITTEE

The Vigilance and Quality Committee (VQC) meets four times per year and ensures that the Board of Directors efficiently fulfils its responsibilities in terms of service quality. For this purpose, it must in particular follow up on the recommendations of the Ombudsman, or the Public Protector (Health and Social Services Ombudsman), for any complaint lodged or for any intervention performed in accordance with the *Act respecting health services and social services.*

In 2008-2009, the Ombudsman handled 23 requests, one of which was still pending at the end of the financial year.

[Follow-up on the recommendations of the Ombudsman

Last year, modifications and additions to the follow-up table meant that the members of the VQC were informed right away of the various complaints, any suggested recommendations, and the implementation of these recommendations. Commitments aiming to improve services are the focus of the VQC's activities.

Moreover, a register of measures identified by the medical examiner and his substitutes are now systematically monitored by the VQC — in keeping with the measures identified by the commissioner — and in accordance with the guidelines of the Quality Directorate of the Ministère de la Santé et des Services sociaux and out of respect for user rights and a concern for improving services. The VQC also examines the activities of the Complaint Review Committee and the Risk Management Committee.

In 2008-2009, the VQC's work resulted in the creation of the following documents:

- policy related to client satisfaction surveys;
- policy related to the presence of domestic animals at the Institute;
- procedure related to the handling of coroner reports.

{ BENEFICIARIES' COMMITTEE

Established in 1955, the Beneficiaries' Committee at the Douglas was the first of its kind in Canada. Its mandate is to support patients (or users), to inform them of their rights and responsibilities, and to ensure their concerns are heard by the right people.

In accordance with section 212 of the *Act respecting health services and social services*, the Beneficiaries' Committee fulfilled the following duties in 2008-2009:

[DUTIES]	[NUMBER OF ACTIONS TAKEN]
Inform users of their rights and responsibilities.	25
Foster the improvement of users' living conditions.	31
Assess the satisfaction level of users about the services they receive from the institution.	9
Defend the collective rights and interests of users.	31
Upon request, defend user rights and interests before the institution or any other competent authority.	8
Upon request, accompany a user in any action undertaken, including filing a complaint before the Ombudsman of the Douglas or the Public Protector (Health and Social Services Ombudsman).	12
Upon request, assist a user in any action undertaken, including filing a complaint before the Ombudsman of the Douglas or the Public Protector (Health and Social Services Ombudsman).	292

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BALANCE SHEET

AS OF MARCH 31, 2009

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{ BALANCE SHEET

OPERATING FUNDS

	[2008-2009]	[2007-2008]
SHORT-TERM ASSETS		
Cash	$4,621,992	$3,722,093,
Short-term investments	$10,000,000	$11,579,233
Receivables	$8,026,719	$8,891,649
Prepaid expenses	$948,706	$387,385
Inventories	$307,544	$248,049
Interfund receivables	$549,604	$115,025
Accrued interest receivable	$195,293	$265,352
Total short-term assets	**$24,649,858**	**$25,208,786**
Subsidy receivable - Accounting reform	$9,138,114	$0
Other assets	$588,870	$550,402
Total assets	**$34,376,842**	**$25,759,188**

	[2008-2009]	[2007-2008]
SHORT-TERM LIABILITIES		
Other payables	$22,640,250	$14,158,045
Interfund debts – Other funds	$0	$0
Revenues received in advance	$10,417	$10,417
Deferred revenues	$8,248,026	$8,298,926
Total - Short-term liabilities	**$30,898,693**	**$22,467,388**
Other liabilities	$62,879	$108,087
Total liabilities	**$30,961,572**	**$22,575,475**
Fund balance	$3,415,270	$3,183,713
Total - Liabilities and fund balance	**$34,376,842***	**$25,759,188**

*The balance sheet includes the operations of the Douglas Hospital and the Douglas Research Centre.

{ STATEMENT OF REVENUE AND EXPENSES FOR THE DOUGLAS INSTITUTE

PRINCIPAL ACTIVITIES	[2008-2009]	[2007-2008]
REVENUE		
Agency and MHSS	$84,602,482	$82,642,370
Beneficiaries (In-patients' contribution)	$6,135,765	$6,732,535
Services rendered	$138,316	$116,224
Other	$1,313,451	$3,286,784
Total revenue	**$92,190,014**	**$92,777,913**

	[2008-2009]	[2007-2008]
EXPENSES		
Salaries	$43,931,958	$41,044,778
Employee benefits and employer contributions	$17,748,498	$18,210,924
Non-institutional resources	$14,252,434	$13,777,322
Medication and medical supplies	$1,474,061	$1,576,324
Food	$931,143	$876,436
Maintenance supplies, housekeeping and laundry	$759,982	$739,434
Facilities operations	$3,429,132	$3,075,924
Facilities maintenance and repair	$3,643,021	$4,735,397
Administrative costs	$2,370,503	$2,916,452
Other	$2,817,453	$5,074,131
Total expenses	**$91,358,185**	**$92,027,122**
EXCESS OF REVENUE OVER EXPENSES	**$831,829**	**$750,791**

{ FOR INFORMATION ONLY

	[2008-2009]	[2007-2008]
CONTRIBUTIONS FROM OR ATTRIBUTED TO OTHER FUNDS		
From the equity and other funds	$1,119,094	
Attributed to capital asset fund - self-financed projects	($572,514)	
Attributed to capital asset fund - others	($1,146,852)	
EXCESS OF REVENUE OVER EXPENSES INCLUDING CONTRIBUTIONS FROM OR ATTRIBUTED TO OTHER FUNDS	**$231,557**	

A comparative statement for the year 2009 and the year 2008 cannot be established since changes over accounting principles applied in the year 2009.

{ STATEMENT OF REVENUE AND EXPENSES FOR THE RESEARCH CENTRE

PRINCIPAL ACTIVITIES	[2008-2009]	[2007-2008]
REVENUE		
Fonds de la recherche en santé du Québec	$743,437	$743,437
Research - Other		
Government grants	$12,756,601	$11,494,597
Donations from the Douglas Institute Foundation	$1,598,647	$1,025,471
Grants from private corporations and others	$3,432,009	$2,544,832
Investment revenues	$118,536	$130,431
Total revenue	**$18,649,230**	**$15,938,768**

	[2008-2009]	[2007-2008]
EXPENSES		
Salaries and wages	$10,164,494	$9,474,967
Employee benefits	$668,573	$627,665
Research supplies and other expenses	$7,816,163	$5,836,136
Total expenses	**$18,649,230**	**$15,938,768**
EXCESS OF REVENUE OVER EXPENSES	**-**	**-**

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OFFICERS AND ADMINISTRATORS

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BOARD OF DIRECTORS OF THE DOUGLAS INSTITUTE AS OF MARCH 31, 2009

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geneviève bich
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Medical Director, Clinical Activities, Knowledge Transfer, and Teaching Directorate

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Assistant to the Director General

Jane H. Lalonde (observer)
President and Chief Operating Officer
Douglas Institute Foundation

Stéphanie Lassonde (observer)
Head, Communications and Public Affairs

Multidisciplinary Council

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President

Council of Nurses

Gérard Lebel,
President

Council of Physicians, Dentists and Pharmacists

Jacques Tremblay, MD,
President

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President
Administrative Director, Research Centre

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Director, Services, Policy and Population Health Research Theme

Amparo Garcia
Clinical-Administrative Director, Clinical Activities, Knowledge Transfer and Teaching Directorate

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Medical Chief, Child and Adolescent Psychiatry

Mimi Israël, MD
Psychiatrist-in-Chief

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Director, Schizophrenia and Neurodevelopment Disorders Research Theme

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Clinical Research Division

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Naguib Mechawar, PhD
Director, Mood, Anxiety and Impulsivity-Related Theme

NP Vasavan Nair, MD
Medical Chief, Dementia with Psychiatric Comorbidity Program

Duncan Pedersen, PhD
Associate Director
International Programs

Jens Pruessner, PhD
Director, Aging and Alzheimer Disease Research Theme

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Scientific Director

Joseph Rochford, PhD
Director, Academic Affairs

Howard Steiger, PhD
Chief, Eating Disorders Program

Gustavo Turecki, MD, PhD
Director, McGill Group for Suicide Studies

Claire-Dominique Walker, PhD
Director, Neuroscience Research Division

Ian Hellstrom
Student Representative

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Director General

Stéphanie Lassonde (observer)
Head, Communications
and Public Affairs

[Brain Bank

Naguib Mechawar, PhD,
Director

Danielle Cécyre,
Coordinator

[Montreal WHO/PAHO Collaborating Centre for Research and Training in Mental Health

Gaston Harnois, MD,
Director

Marc Laporta, MD,
Assistant Director

[McGill Group for Suicide Studies

Gustavo Turecki, MD, PhD,
Director

[McGill University Centre for Studies in Aging

Jens Pruessner, PhD,
Director

[Brain Imaging Group

Martin Lepage, PhD,
Director

[Health and Safety Committee

Giamal Luheshi, PhD,
Chair

Christian Caldji,
Research Associate

Doris Dea,
Research Assistant

Yvan Dumont,
Radioprotection Agent

Jocelyne Lahoud, MGP
Administrative Director

George Schwartz,
Research Associate

Ronald Sehn, Eng.,
Director, Technical
Services and Facilities

Dara Shahrokh,
Student Representative

Aude Villemain,
Research Assistant

{ DOUGLAS INSTITUTE FOUNDATION BOARD OF TRUSTEES - AS OF MARCH 31, 2009

[Officers

Marie Giguère,
President

Joseph Iannicelli,
Vice-President

Michael Novak,
Vice-President

Martin Beauchamp,
Treasurer

Jane H. Lalonde,
Secretary

[Trustees

Maxime Barakatt
Roger Beauchemin Jr
geneviève bich
Bernard Bussières
Jocelyne Chevrier
Normand Coulombe, C.A., C.F.A.
Peter Daniel
Maurice Forget, C.M.
Brian Lindy
Daniel Mercier
François Morin
Erik Ryan
Marc Sévigny
Meredith Webster
Jane H. Lalonde,
President and Chief Operating Officer

[Members Ex-officio

Mary Campbell
Jacques Hendlisz
Mimi Israël, MD
Rémi Quirion, PhD

[BRAIN BANK]
[MONTREAL WHO/PAHO COLLABORATING CENTRE FOR RESEARCH AND TRAINING IN MENTAL HEALTH]
[MCGILL GROUP FOR SUICIDE STUDIES]
[BRAIN IMAGING GROUP]

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CODE OF ETHICS FOR THE BOARD OF DIRECTORS

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46 Members of the Board of Directors of the Douglas shall:

- Become familiar with the Mission Statement of the Douglas and the purposes, constitution, by-laws and policies of the Hospital, in order to fulfill the tasks associated with their positions with a maximum awareness of the priorities of the Douglas as established by its Board;
- Constantly promote respect for human life and the rights of the population to receive quality health care;
- Actively participate in the work of the Board and its committees, in a spirit of cooperation, in order to plan and implement the general orientations and operations of the Douglas;
- Attend meetings;
- Vote on resolutions when required;
- Act courteously and in good faith in order to maintain the trust and confidence which their position requires;
- Act with diligence, integrity, honour, dignity, honesty and impartiality in the interests of the Douglas and of the population served;
- Act vigorously, prudently and independently, with integrity as well as objectivity and moderation;
- Be loyal and frank towards all other Board members and at no time act in bad faith or dishonestly;
- Maintain confidentiality with respect to debates, exchanges and discussions which take place *in camera*.

[SPECIFIC DUTIES

A member of the Board of Directors of the Douglas shall at all times:

- Act within the limits of the powers conferred upon directors by law;
- Carry out his or her activities as a director independently from the promotion and conduct of any professional or business activities;
- When representing the Douglas, faithfully reflect the general plans and objectives of the Hospital and avoid any comment or behaviour likely to discredit or disparage the Hospital or its Board

[RULES RELATED TO CONFLICTS OF INTEREST

A member of the Board of Directors of the Douglas shall at all times:

- Avoid any situation likely to compromise his or her capacity to carry out his or her functions as a director in an objective, vigorous and independent manner and in particular avoid any situation where his or her personal advantage, direct or indirect, present or future, may conflict with the need for independence and the requirement of acting in the best interests of the Douglas;
- Immediately advise the Board, once upon becoming a director and then, specifically in each case of possible conflict, of his or her direct or indirect interest in any enterprise which is likely to give rise to a conflict between his or her personal interests and those of the Board or of the Douglas or whenever personal, family, social, professional or business relationships or the public expression of an idea or an opinion or any outward showing of hostility or favoritism by the Board member may influence his or her objectivity, judgment or independence; such notice shall be addressed to the Board in writing and delivered to the chairperson or the Director General; an "interest" may include, but without restriction, an interest in any corporation, partnership or business engaged in, or likely to enter into, agreements with the Hospital or to provide professional services to the Douglas;
- Whenever a matter is brought before the Board which gives rise to a situation described in the paragraph above, abstain from participating in any deliberations or decision on such subject matter and leave the room for the duration of such deliberations;
- Abstain from conducting any activity incompatible with the exercise of his or her position or duties as a Board member;
- Refrain from accepting any benefit from a third person when the Board member knows or should know that such benefit is intended to influence a Board decision;
- Refrain from using his or her position to obtain a personal benefit or a benefit for a third party when he or she knows or it is obvious that such benefit is against the public interest;
- Refrain from making use of confidential information or documents with a view to obtaining, directly or indirectly, a personal benefit for anyone.

For the purpose of the foregoing rules, a conflict of interest will occur whenever the private or personal interests of a Board member are such that, as a result of such private or personal interest, he or she may reasonably be expected or apprehended to prefer one interest over another or that his or her judgment and attitude towards the Board may be thereby affected.

[PRACTICES RELATED TO REMUNERATION

A member of the Douglas Hospital Board of Directors shall at all times:

- Refrain from soliciting or accepting or requiring from any person for his or her own benefit, a gift, legacy, recompense, favour, commission, discount, loan or loan discharge or reduction, or other advantage or consideration of a nature to compromise the Board members impartiality, judgment or loyalty;
- Refrain from paying, offering to pay or undertaking to offer to any person a gift, legacy, recompense, favour, commission, reduction, discount, loan or loan discharge or reduction, or other advantage or consideration of a nature to compromise the impartiality of such person in the carrying out of his or her duties;
- In the case of the Director General, be prohibited from receiving, in addition to his or her official remuneration, any amount of money or direct or indirect benefit from anyone, except in the cases provided for by law;
- Account to the Douglas for any benefit or advantage contrary to this Code, to the full extent of the advantage or benefit received.

[BEHAVIOUR AFTER LEAVING THE BOARD

After the expiry or termination of his or her mandate, a former Board member shall at all times:

- Maintain the confidentiality of any information, debate, exchange or discussion of any nature whatsoever of which he or she became aware in the exercise of his or her capacity as a Board member;
- Respect and extend courtesy to the Douglas and its Board.

[Sanctions

- A Board member who is found, upon due inquiry and after having been afforded the opportunity of being heard, to have committed a substantial breach of this Code may be sanctioned by the Board and such sanction may consist of a reprimand, suspension, revocation or removal or any other sanction deemed appropriate, depending on the nature and severity of the breach.
- The procedure to be followed shall be the procedure contained in the Board's By-Law on Governance or, failing which, a procedure adopted by resolution of the Board.

[INFRINGEMENTS OR BREACHES

In 2008-2009, there were no infringements or breaches related to board member responsibilities or obligations.

[PUBLICATION AND USE OF CODE

- The Douglas shall deliver a copy of this Code of Ethics to each director upon election and shall also provide a copy to any other person requesting such copy.
- Each member of the Douglas' Board shall acknowledge in writing having received a copy of this Code, having read it and undertaking to comply with its terms. The signed originals of such acknowledgments shall be kept with the records of the Board.
- The Douglas shall publish the text of its Code of Ethics applicable to Directors in its Annual Report.
- The Annual Report of the Douglas shall include a statement on the number and nature of issues considered as the result of this Code, the number of matters ultimately dealt with and their follow-up as well as their outcome, including any decisions taken, including the number and nature of any sanctions imposed as well as the names of the Board members whose appointments have been suspended or revoked or who have been removed.

[REVISION MODALITIES

The present by-law must be revised every three (3) years by the Board of Directors.

[ENACTMENT

This By-Law was enacted by the Board of Directors of the Douglas at its meeting of November 21, 2007 and it came into force on November 21, 2007.

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DECLARATION OF ACCURACY: CONTENTS OF ANNUAL REPORT

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The information presented in this annual report is my responsibility. This includes the reliability of the data and related verification measures.

The results and information in the Douglas Institute activity report dated March 31, 2009:

- Accurately reflect the mission, mandates, values and strategic directions of the institution;
- Present the indicators, targets, and results obtained;
- Offer precise and reliable data.

I declare that the information contained in this annual report and related verification measures is reliable and corresponds to the situation as it existed on March 31, 2009.

Jacques Hendlisz
Director General