

## 2009-2010 ANNUAL REPORT













We  
are a  
**reference** in  
mental health





# We are a reference in mental health

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## About the Douglas Institute

### Our vision

Recovery through the integration of care, teaching, and research.

### 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 a Center of Excellence, the Douglas:

- Provides specialized and superspecialized services within a continuum of care, in cooperation with first-line partners.
- Helps destigmatize mental illness with its efforts at prevention and recovery.
- 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.

The Douglas:  
From  
neighbourhood  
to neuron.

### Our mandate

As a mental health university institute, the Douglas' mandate is to **care, discover, teach** and **evaluate** practices as it shares its knowledge with the world.

### Our values

**Excellence:** To ensure a strict application of best practices.

**Innovation:** To provide a stimulating and dynamic environment, in which 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.

We are innovative We are multicultural We are bilingual We are philanthropists We are humane We are open We are montrealers We are international We are generous We are passionate We are curious We are caregivers We are researchers We are teachers We are open-minded We are helpers We are meticulous We are active We are green We are responsible We are collaborators We are managers We are Web 2.0 We are dynamic We are innovative We are donors We are determined We are creative We are instigators We are developers We are respectful We are committed We are volunteers We are protectors We are inclusive We are trainers We are inspired We are motivators We are visionaries We are a reference in mental health \_\_\_\_\_

## Mental health affects us all

According to the World Health Organization (WHO), mental health disorders are one of the leading causes of disability in the world.

Given the magnitude of mental health problems and the related human costs, it is reassuring to rely on experts. The care they provide serves as vital support along the road to recovery. Through their scientific research, they forge new paths toward better treatments. Exploring and sharing expertise pushes the frontiers of knowledge, and the Douglas Institute is at the forefront when it comes to advancing knowledge in mental health.

Thanks to the quality of our care, research, and teaching, the Douglas Institute is recognized as **a reference in mental health**.

## We are a reference in care

This year, we took another step in the **Mental Health Action Plan** (MHAP). A large cohort of patients and staff were transferred to our first-line partners in Montreal West. We therefore helped reinforce the mental health teams at the CSSS Dorval-Lachine-LaSalle and the CSSS Sud-Ouest-Verdun. We also began work to improve access to services and the liaison mechanisms of the Evaluation-Liaison Module (MEL).

The year 2009-2010 was also marked by the Douglas Institute's designation as one of two **managers of residential resources in mental health** by the Agence de la santé et des services sociaux de Montréal.

Also in the area of housing, Montreal was one of five cities selected by the Mental Health Commission of Canada in 2009 for the implementation of a highly innovative national research project. The **At Home/Chez Soi project**, which aims primarily to provide accommodation to homeless people struggling with mental health problems and give them the services and support they need, is the largest initiative of its kind in the country. This project will position Canada as a leader in the delivery of improved services to the homeless who are mentally ill. Sonia Côté, Chief of the Psychosocial Rehabilitation and Specialized Housing Program, serves as the Montreal Coordinator, Project assessment at the

national level is being conducted by Douglas researcher Eric Latimer, PhD.

### **We are a reference in research**

In the fall of 2009, the Douglas received more than \$20 million for the construction of a new **Brain Imaging Centre**. This amount was awarded through the Knowledge Infrastructure Program, an initiative of the federal and provincial governments. The construction of this imaging centre will allow Quebec to fully enter into a new era of mental health research and contribute to efforts in early detection while improving diagnoses and treatments. Not only will the 1500 square-metre building be the second largest in the country, but it will make the Douglas the only psychiatric institute in Quebec to have its own brain imaging centre.

Also in 2009, two Douglas researchers were named **Scientists of the Year** by Radio-Canada. Psychiatrist Gustavo Turecki, MD, PhD, and researcher Michael Meaney, PhD, C.Q., FRSC, were rewarded for their work on the effects of child abuse on the human brain. *Québec Science* magazine also included the work of these two scholars and their McGill University colleague, Moshe Szyf, PhD, in its top ten discoveries of the year.

In October 2009, the **Charter for a Healthy and Realistic Body Image** was unveiled by Christine St-Pierre, Minister of Culture, Communications, and the Status of Women, at the closing ceremony of Montreal Fashion Week. The task force that worked on this charter was co-chaired by Howard Steiger, PhD, Chief of the Eating Disorders Program at the Douglas. The Charter aims to reduce the social pressures that encourage body dissatisfaction. The involvement of key people from the worlds of fashion, media, health, education, and government in this unique project has opened the door for major social change.

### **We are a reference in teaching and knowledge transfer**

As a university mental health institute, the Douglas helps advance knowledge and practices through our many educational activities. In 2009-2010, we received 347 trainees — an increase of more than 3 % over the previous year.

New Brain  
Imaging Centre  
planned for  
2011.

To better share our knowledge with other mental health professionals, we operate a **cross-training program** in the Sud-Ouest borough of Montreal, which involves staff exchanges and joint training activities between resources working in mental health, addiction and, prevention, as well as with police in the sector. The goal of the 2009-2012 program, which was implemented by researcher Michel Perreault, PhD, is to support staff working with clients 15 to 30 years old who are at risk of or afflicted with comorbid disorders in mental health and substance abuse.

In accordance with the strategic plan, the Douglas launched its **innovative Website** at the end of the year. With the goal of educating the public, the new site presents general information on mental health that is produced in close collaboration with Douglas clinical and research teams. This "intelligent" site adapts to the profile of users and proposes content based on their interests. The Douglas has gained enviable expertise in social media and is now recognized as a Quebec leader in applying the web to health care.

### **We are a reference in practice assessment**

The research team on service organization and adequacy, led by Marie-Josée Fleury, PhD, aims to develop optimum service models to improve the quality of the health and social services system while allowing it to more efficiently meet the diverse needs of people who suffer from mental health disorders. Headed jointly by Ms. Fleury and Jacques Tremblay, MD, President of the Council of Physicians, Dentists, and Pharmacists at the Douglas, the longitudinal study on the **relationship between needs and services in recovery** will be used to assess the impact of the MHAP. The study aims in particular to better understand of the relationship between users' needs and the help they receive to enhance their recovery and integration within the community. Several factors that affect the relationship between needs and help will be examined, including socio-demographic, economic, clinical, psychological, and environmental factors.

Two Douglas researchers named "Scientists of the Year" by Radio-Canada.

### **We are open to the world**

Like many health care institutions, the Douglas quickly mobilized in the aftermath of the earthquake in Haiti. In February, 2010, Marc Laporta, MD, of the **Montreal WHO/PAHO Collaborating Centre** at the Douglas Institute, left for Haiti to participate in a mental health reconnaissance mission for the World Health Organization. The WHO Collaborating Centre's mandate was to take stock of immediate and long-term mental health needs and establish an action plan to address them. Dr. Laporta is also succeeding Gaston P. Harnois, MD, as Director of the Collaborating Centre. We would like to take this opportunity to pay tribute to Dr. Harnois, who retired this year after a successful career spanning nearly 30 years both at the helm of the Douglas and as an instigator of change in the field of mental health in Quebec. A great mind, leader, and humanitarian, Dr. Harnois contributed to the advancement of knowledge in mental health around the world.

Like many health institutions, the Douglas was confronted with the **H1N1 flu pandemic**. We conducted a solid and concerted effort that led to the vaccination of patients and nearly 80% of staff. We are proud of the work accomplished by Douglas staff and its CSSS partners, who demonstrated their ability to act together against a threat to individual and collective health.

### **We are looking to the future**

The Quebec mental health sector is getting ready for extensive changes with the adoption of **Bill 21 to amend the Professional Code** in the field of mental health and human relations. Jean-Bernard Trudeau, MD, Director of Professional and Hospital Services at the Douglas, chaired the Expert Committee that wrote the report *Partageons nos compétences* [Sharing our expertise] on modernizing professional practices, which led to the adoption of Bill 21 on June 19. By revisiting the Professional Code, reserving the most complex practices for members of certain professional orders, and regulating psychotherapy, Bill 21 will indeed benefit society as a whole.

Eventually, the **electronic patient record** (EPR) will also be beneficial for patients and clinicians alike. The Douglas has remained at the cutting-edge of technology through its pioneering role in the Oacis EPR. Indeed, conventional paper records will be archived for good one day and replaced by electronic ones. Several components of the Oacis record have been developed simultaneously over the past three years in Quebec, and the Douglas was chosen to design and develop the mental health component of this new patient record.

In June 2009, the Douglas submitted a proposal for an **infrastructure renewal project** to the Agence de la santé et des services sociaux de Montréal. Based on several years of consultation and study, the project presents an argument to completely rebuild our facilities. The Douglas Institute has more than 30 buildings, most of which were constructed between 1889 and 1940, dispersed across a 165-acre campus. This layout poses a serious obstacle to the improvement of living conditions for patients and to the integration of care, research, and teaching — an essential condition for a 21st-century university institute.

### **We are grateful**

We are indebted to our first-line partners, without whom we could not achieve our mission of providing specialized and ultraspecialized services in mental health. This collaboration is a testament to everyone's commitment to ensuring the success of the MHAP.

We would also like to thank all donors, whose generosity reflects the quality of our work and the importance they place on mental health.

This annual report is the result of the work of all Douglas employees — clinicians, researchers, physicians, managers, and technical and administrative staff. We are deeply grateful for their dedication to the Institute's mission.

It is because of all staff members that people who suffer from mental illnesses can turn to the Douglas to find a path to recovery.

**Claudette Allard**, President of the Board of Directors of the Douglas Institute

**Marie Giguère**, President of the Douglas Institute Foundation Board of Directors

**Jacques Hendlisz**, Director General of the Douglas Institute

**Jocelyne Lahoud**, Administrative Director of the Research Centre of the Douglas Institute

**Jane H. Lalonde**, President and Chief Operating Officer of the Douglas Institute Foundation

**François Morin**, President of the Douglas Institute Research Centre Board of Directors

**Rémi Quirion**, O.C. PhD, C.Q. FRSC,  
Scientific Director of the Research Centre of the Douglas Institute

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We would like to thank all of our first-line partners, donors, and Douglas employees.



## We are a reference in care

The Douglas Institute offers a broad range of specialized and ultraspecialized internal (inpatient) and external (outpatient) services.

### Highlights by Program

#### Mental Health Program for Adults of the South-West borough

Three action plans for clients at risk of suicide were developed and implemented in 2009-2010. The first aimed to revise emergency practices based on the coroner's recommendations. The second plan consisted of training for staff on managing suicide risk and establishing a clinical-administrative committee. The third plan, which was implemented later in the year and is currently being completed, involves the development and implementation of safety nets in the care pathway of suicidal clients along with the development of clinical and liaison tools with the program's external and internal partners.

The implementation of the Mental Health Action Plan (MHAP) was a particularly important project that required extensive work with the program's internal teams and external first-line partners. The MHAP also led to a project to consolidate the liaison component of the Evaluation-Liaison Module (MEL). A liaison roundtable was established to more clearly define this component and the services provided through the liaison module within the program in order to integrate services.

8000 visits were made by adults residing in territories of the South-West borough.

## Child Psychiatry Program

Between 2008 and 2010, a total of 17 staff members were identified to be transferred to the CSSS Dorval-Lachine-LaSalle, the CSSS Sud-Ouest-Verdun, and the CSSS Ouest-de-l'Île. Transfers to two CSSSs were completed during the year — the remaining team members (7 positions) are still waiting to be transferred to the CSSS Sud-Ouest-Verdun.

Two new Clinical-Administrative Directors, Maria Mastroianni and Dorothy Nicolaou, have now taken up their positions in the program. Their key objectives are to:

- Continue the review process regarding access to services in relation to the Mental Health Action Plan.
- Improve the average wait time for first-time access to services.
- Review the average length of stay in different departments.

To improve access to services, weekly meetings between liaison officers are held to triage, evaluate, and direct patients and their family members to the right service of the program from the outset.

The total number of patients in the outpatient clinics was reduced 1284 patients — a decrease of 5.3% (73 patients) over the previous year. The patient breakdown was as follows: 50% from the Douglas Institute sector, 21% from Montreal, and 26% from the Greater Montreal area. This confirms that there has been a slow but steady increase of patients from our sector and the metropolitan area.

Since the Intensive Adolescent Inpatient Unit is the only intensive intervention unit in the program, bed availability has long been problematic. A new process for treatment access led to significant improvement this year: wait times decreased from 16 days to 13 days for an improvement of nearly 20%.

The training program set out in the ministerial policy "Towards a change in practice to reduce the use of restraints and isolation" led us to develop procedures for applying crisis management measures. We developed a procedure framework for the Day Hospital of the Severe Disruptive Disorders Program, which will be

A new access-to-treatment process reduced wait times from 16 to 13 days.

submitted for approval to the Standing Committee on Risk Management.

### Geriatric Psychiatry Program

Admissions to this program decreased slightly this year, but we noticed that our client numbers continue to grow due to the aging of the population and the many physical problems that are not being adequately treated in the community setting. Admission numbers decreased from 301 to 290, and the average length of stay increased in all three care units. In terms of medical beds, we noted that patients remain in acute care twice as long, an increase from 17 to 36 days.

However, there was a decrease in the number of patients waiting for discharge, from 83% at the beginning of 2008-2009 to 35% at the end of 2009-2010. The average wait time for discharge rose from 933 to 1583 days, indicating that transferred patients had to wait a long time to be placed in a community housing resource.

The goal of the ministerial visit in April 2009 was to obtain an organizational diagnosis of the *Milieu de Vie* approach in departments whose clients had been staying for more than three months. Ministerial recommendations were made, and a plan was developed for three care units at the Douglas with the goal of providing services that are better tailored to clients who are waiting for placement.

The Geriatric Psychiatry Program has continued its efforts to implement the Mental Health Action Plan. Staff and patient transfers took place from August 30, 2009 to February 14, 2010. Eight professional positions were transferred and one hundred patients were sent back to their family doctors either with or without a transfer to a first-line CSSS team.

The program is continuing its commitment to transfer knowledge to the community. This year, more than 49 lectures were given to various partners. Moreover, two sessions of five to six workshops were offered to families, and a one-day bilingual seminar was organized for the benefit of over one hundred professionals from community institutions.

The Memory Clinic developed a Cognitive Remediation Program.

The Memory Clinic developed a 21-week Cognitive Remediation Program for clients suffering from mild cognitive impairments. The goal of this program is to delay the progression of the disease and improve skills for daily activities. The program includes three components: relaxation, mnemotechnic strategies, and computer stimulation. This year, the program was offered to 21 patients, while 12 patients participated in the control group.

The year 2009-2010 began with the creation of the Consolidation, Development, and Evaluation Committee, whose task is to consolidate current practices, identify best practices for each of the program's specific clientele, and set up a systematic evaluation process to ensure our methods are constantly updated. The committee met several times this year to document current practices in each of the clinical departments. Their task is 75% completed and should be finalized in the coming months with the participation of all clinical team members.

### **Mood, Anxiety, and Impulsivity-Related Disorders Program**

The Mood, Anxiety, and Impulsivity-Related Disorders Program as a whole has continued to implement the Douglas Institute's threefold mission (clinical care, research, and teaching) in its various departments. With this in mind, and with the support of the Teaching and Training Coordination Bureau (TTCB), a number of knowledge transfer activities were conducted for our partners, primarily by ultraspecialized clinics. The number of hours devoted to training activities increased from 585 in 2008-2009 to 1043 in 2009-2010.

The process of consolidating and integrating the different services of the program continued. For example, having the liaison nurse from Le Tremplin Day Hospital attend the interdisciplinary meetings of the Short-Term Care Unit has led to improved follow-up for patients referred to the Day Hospital and therefore to easier planning of short-term discharges of a determined duration.

An important step in the implementation and consolidation of the Mental Health Action Plan was the transfer of the last cohort of patients and staff to the CSSS Sud-Ouest-Verdun in June 2009.

During the process to restructure the program's second-line service, it was decided that patients with a profile of psychosis would be transferred to the Psychotic Disorders Program. As a result, two nurses were transferred to the Psychotic Disorders Program along with 205 patients with a profile of psychosis.

The case-loads of staff and doctors in the Outpatient Clinic were reviewed so that any client able to receive first-line services could be transferred to this line. Today, the team is more tightly integrated, and there is greater collaboration between professional and medical staff. This has improved the structure and delivery of services provided to clients.

A very positive indicator from the Short-Term Care Unit was that control measures were used only twice in 2009-2010. Omega interventions by staff, empathetic listening, the promotion of a violence-free and respectful environment, and the use of the reflection room and PRN orders are alternative measures that have proven to be effective.

### Psychotic Disorders Program

Thanks to a \$30,000 donation from the Douglas Institute Auxiliary, a psychotic disorders unit was equipped with a brand new therapeutic kitchen. This kitchen is used to assess patients recently admitted to the unit. How patients act in the kitchen reveals a lot about their degree of independence and their organizational skills. Doctors use these behaviours as a basis for deciding whether the person can return to the community. The kitchen will also be used to teach patients new skills that will be useful later on: creating menus, following recipes, and using healthy but affordable ingredients.

Following a ministerial visit to evaluate the living environment of patients, improvements were made to the Intensive Rehabilitation Unit to help create a warmer and friendlier atmosphere that promotes relaxation.

This year, the Mood, Anxiety and Impulsivity-Related Disorders Program provides 1043 hours of training to our partners.

This ministerial visit also prompted the clinical team to modify the process of creating/revising its Individualized Intervention Plan (IIP) to include the participation of patients and their families. At each weekly clinical meeting, two or three patients and their families are routinely invited to participate in writing and revising the IIP.

A contingency readmission procedure for patients with behavioural decompensation was established in the At-Risk Behaviour Unit; it is a measure that targets patients followed by the outpatient teams from the Psychotic Disorders Program. This approach allows patients with psychotic decompensation to bypass the Emergency Department and ensures that they are referred to the unit. This policy has helped prevent 14 Emergency Department visits/hospitalizations.

### Intellectual Handicap with Psychiatric Comorbidity Program

During the past year, 15 employees received basic training on the multimodal approach offered by the Service québécois d'expertise en troubles graves du comportement (SQETGC). A psychoeducator was hired to assist in psychological evaluations and the implementation of the multimodal approach.

The outpatient team performed follow-up in fourteen adult foster homes: six of these are meant exclusively for our program (three family-type resources and three intermediate-type resources), while four are shared with our CROM partner and four others with the Douglas Institute's residential team. Overall, there are 35 outpatients.

The number of readmissions is on the rise. The increase in readmissions over the previous two years is directly related to the aging of the patients living in our housing resources.

The use of control measures was reduced by about 20%. The use of isolation rooms or physical constraints against aggressive behaviour was reduced by 90%. Staff achieved these decreases by using alternative methods before patients became aggressive.

A donation from the Volunteer Auxiliary went towards a therapeutic kitchen to promote patient autonomy.

Staff from the three services of the program actively participated in the accreditation committees to standardize a number of processes and protocols. Always striving for patient safety, these committees will continue their work over the coming months to implement their plans, prepare the team for the April 2011 audit, and complete the reference document.

### Eating Disorders Program

The Eating Disorders Program (EDP) is a centre of expertise that reflects the threefold mission of the Douglas. It provides cutting-edge care, conducts clinical research projects to guide future treatment and prevention efforts, and offers training to health professionals from various disciplines of our healthcare and university networks.

The program interacts with many clinical services (and many patients) from beyond the borders of the McGill RUIS territory. In this role, the program provides support to all services that help people in Quebec who suffer from eating disorders.

In 2009-2010, clinical performance indicators showed an increase in new assessments (approximately 21%), in the number of new patients treated (approximately 15%), and in the level of activity throughout the program. After a significant reduction in wait times last year, we succeeded again this year in cutting down on our waiting list through a number of joint efforts: increasing the number of patients treated in EDP clinics, conducting a more thorough triage process, and providing more support services in the community. We also kept a comprehensive registry of knowledge transfer activities focused on community needs.

Indicators also show solid results in relation to treatment plans, patient satisfaction, and activity levels in the outpatient clinic, the day program, and the care unit. We would also like to point out that day program patients made significant improvements that were a direct result of a new clinical protocol implemented earlier this year.

The Charter for a Healthy and Realistic Body Image was published this year.

In terms of research, a grant from the Klarman Foundation will support a new project that combines brain stimulation techniques with brain imaging in the treatment of anorexia and bulimia nervosa. The CIHR-funded project on gene-environment interactions in bulimic syndromes also continued for a third year. The results of a study exploring motivational factors and the therapeutic partnership were also used to predict treatment outcomes.

Nationally and internationally, the Charter for a Healthy and Realistic Body Image was published this year by the Quebec Ministry of Culture, Communications, and the Status of Women. Howard Steiger, PhD, Chief of the Eating Disorders Program, acted as Co-Chair of this initiative. Beyond the seven articles that it sets out, the Charter's main strength is without a doubt its underlying commitment to action. The involvement of key people from fashion, media, health, education, and government represents a consensus never before seen in the world that brings the hope that society will one day accept normal variations in body shape. This could lead to fewer and fewer people suffering from anorexia and bulimia nervosa. This year, Howard Steiger also served as Associate Editor-in-Chief of the *International Journal of Eating Disorders*.

### **Psychosocial Rehabilitation and Specialized Housing Program**

Improving quality in housing resources remains a constant concern. Again this year, the Executive Quality Advisor, together with resource practitioners and the occupational therapist, made every effort to improve quality in our network. Ensuring that living environments are adequate for the needs of residents requires special attention due to:

- The aging of our residents
- The complex profiles of referred clients
- Resident safety
- The obsolescence of housing facilities
- Residents who require more flexible environments in terms of rules

The Residential Follow-up Team is made up of 8 professionals who follow 306 people living mainly in family-type and intermediate resources. As part of the implementation of first-line mental health teams at the CSSSs, five team members will be transferred to the CSSS Dorval-Lachine and the CSSS Sud-Ouest-Verdun. Three other professionals will also be integrated into the second-line teams of the Douglas Institute.

With the participation of its users, the Wellington Centre began an important reflection process on the mission and goals of its organization to ensure they more closely matched those of the Douglas Institute. A Change/Leadership Committee was therefore created in the Fall of 2009.

The creation of the Resource Centre under the coordination of Frances Skerit was an important milestone. The purpose of this centre is to inform Wellington Centre members about various community services. It also meets people's real need for closer ties with the community.

## Partnerships and collaborations

### [Launch of a national research project to help homeless people affected by mental illness](#)

Montreal was one of five cities selected by the Mental Health Commission of Canada (MHCC) for the implementation of a truly innovative national research project whose goal is to identify the best ways to provide housing and services to homeless people living with a mental illness. Sonia Côté, Chief of the Psychosocial Rehabilitation and Specialized Housing Program, serves as the Montreal Coordinator for the At Home/Chez Soi project, while project assessment at the national level is being conducted by Douglas researcher Eric Latimer, PhD.

[Read more](#)



### [Michael Kirby, Chair of the Mental Health Commission of Canada, visits the Douglas](#)

The Honourable Michael Kirby gave a talk to Douglas Institute staff in January. The Chair of the Mental Health Commission of Canada

gave the audience an overview of the Commission's ongoing work and officially announced that financial support would be awarded to two researchers from the Douglas Institute.

[Read more](#) 

### [The Douglas Institute and Les Impatients unveil special workshop space and boutique](#)

In September, Les Impatients and the Douglas Mental Health University Institute opened a new workshop space and boutique on Wellington Street in Verdun. The Wellington Centre of the Douglas Institute has therefore opened its doors to a wider community in order to promote artistic expression.

[Read more](#) 

## Other highlights

### [Audit of the Therapeutic Nursing Plan](#)

Healthcare facilities in Quebec had until April 1, 2009 to implement their Therapeutic Nursing Plan (TNP). This plan will provide easier access to nurses' evaluation-based clinical decisions, which are essential in patient follow-up. At the Douglas, training on the TNP started in November 2008, and 251 nurses were trained in 5 months. Since June 1, the Nursing Directorate, in collaboration with the Quality Directorate, has been conducting an audit to evaluate the quality of the TNP and the TNP training process.

[Read more](#) 

### Service corridor with the CH Verdun

During the year, team members from the Professional and Hospital Services Directorate and the Emergency Department established ties with the medical chief and head nurse of the Emergency Room at the CH Verdun. Several meetings led to the drafting of a flow chart that reflects the service corridor between the emergency departments of both institutions.

### Participation in pandemic (H1N1) management

At the request of the Agence de la santé et des services sociaux, and in the spirit of tripartite medical collaborations established at the CSSSs, the Douglas Institute enlisted the help of four senior managers to spearhead its pandemic management activities. These managers include the Director of Professional and Hospital Services, the Chair of the CPDP, the Chief of General Medicine, and the Psychiatrist-in-Chief. The Pharmacy Department also actively participated in pandemic management activities, as did all members of the CPDP.

### Consolidating the Legal Psychiatry and Clinical Ethics Department

The Legal Psychiatry Department, which is made up of a lawyer and two clinical coordinators in legal psychiatry, expanded with the addition of criminologist Anne-Renée Courtemanche. Her primary responsibility will be to ensure that the proceedings of the Commission d'examen des troubles mentaux are effectively carried out at the Institute.

## New Managers

### **Suzanne Boulerice**

Since August 2009, Suzanne Boulerice has been serving as Clinical-Administrative Director of the Psychosocial Rehabilitation and Specialized Housing Program.

### **Anne-Marie Charlebois**

Anne-Marie Charlebois was named Acting Clinical-Administrative Director of the Emergency Department, the Brief Intervention Unit (IBU), the Intensive Care Unit, and code whites.

### **Sonia Côté**

Sonia Côté was named Chief of the Psychosocial Rehabilitation and Specialized Housing Program. Ms. Côté also serves as a coordinator for the At Home/Chez Soi research demonstration project on homelessness and mental health supported by the Mental Health Commission of Canada.

### **Lynn Hewitt**

Since January 11, 2010, Lynn Hewitt has served as Clinical-Administrative Director of the Levinschi / ACT / RIM Community Transition Services.

### **Emmanuelle Khoury**

Emmanuelle Khoury was appointed as Clinical-Administrative Director of the following services: Crossroads Day Hospital, MEL-MIR, the Lachine Outpatient Clinic, and the Pointe Saint-Charles Outpatient Clinic. She began her duties on October 21, 2009.

### **Maria Mastroianni**

In November 2009, Maria Mastroianni was appointed as Clinical-Administrative Director of the Short-Term Intensive Adolescent Inpatient Unit and the Intensive Intervention Adolescents Day Hospital.

### **Achla Virmani**

Achla Virmani, MD, who joined the Department of General Medicine at the Douglas Institute in 1997, was appointed Director of this department on July 1, 2009.

## Awards and distinctions

### [Distinguished honours for senior managers Jean-Bernard Trudeau, MD, and Amparo Garcia](#)

Dr. Jean-Bernard Trudeau received the Physicians of Heart and Action Award from the Association des médecins de langue française du Canada (AMLFC). For her part, Amparo Garcia received the Hector-L.-Bertrand Award of Excellence from the Association des cadres supérieurs de la santé et des services sociaux (ACSSSS), Hope Category.

[Read more](#) 

### [Francine Lévesque awarded prize from the Association des art-thérapeutes du Québec](#)

At the annual meeting of the Association des art-thérapeutes du Québec, Francine Lévesque, DPA, MA, ATPQ, and Art Therapist at the Douglas Institute, was awarded a prize for her outstanding contribution to the profession.

[Read more](#) 

### [Serge Gauthier, MD, receives Award of Excellence from the Royal College of Physicians and Surgeons of Canada](#)

During the 14th Congress of the International Psychogeriatric Association, Serge Gauthier, MD, was awarded the 2009 *Prix d'excellence* from the Royal College of Physicians and Surgeons of Canada. This award recognizes the exceptional contribution and longstanding commitment of the recipient to the health and well-being of patients and society.

[Read more](#) 

### [Major changes for mental health in the Professional Code](#)

The adoption of Bill 21 to amend the Professional Code and other legislation related to mental health and human relations was made possible thanks to Jean-Bernard Trudeau, MD, and the valuable contribution of experts and representatives from the various sectors governed by this legislation. A wide range of professionals were

consulted so that the changes would account for the specific realities of the field while promoting the sharing of skills.

[Read more](#) 

### The Douglas at the AMPQ Congress

Serge Beaulieu, MD, PhD, FRCPC, Director of the Mood, Anxiety and Impulsivity-Related Disorders Program at the Douglas Institute, chaired the 43rd annual conference of the Association des médecins psychiatres du Québec (AMPQ), which brought together nearly 400 specialists to the Charlevoix region. Other researchers from the Douglas also gave presentations of note.

[Read more](#) 

### Douglas Institute awards

Roberts Award, Personal Excellence, Direct Patient Care

- Terry Williams, Rehabilitation Assistant, Psychotic Disorders Program, CPC 3

InnovAction Award

- Administrative Support – Lyse Bourgon, Administrative Technician, Legal Affairs
- Technical Support – Carole Barsalo, Housekeeping Attendant, Hygiene and Cleanliness Services
- Professional Support – Nancy Poirier, Psychologist, Bipolar Disorders Program
- Managers Personnel – Amine Saadi, Clinical-Administrative Chief, Intensive Rehabilitation Unit, CPC3
- Team Performance – Project "Drug Awareness Group," Psychosis Hospitalization Unit, Burgess

Nova Award, Personal Excellence, Customer Service

- Patricia Adam, Housekeeping Attendant, Hygiene and Cleanliness Services

[Read more](#) 

## Publications

*Hébergement et rétablissement*, by Myra Piat, PhD, and Sonia Côté

The book *Hébergement, logement et rétablissement en santé mentale* [Housing, accommodation and recovery in mental health], published by Presses de l'Université du Québec, evaluates the various kinds of housing or accommodation support offered to people with severe mental disorders.

[Read more](#)



*Le suicide : le comprendre pour le prévenir* [Suicide: Knowing more to prevent it] by Monique Séguin, PhD

As part the new "Sharing Knowledge" series issued by Les Éditions au Carré, this book by Monique Séguin and her colleagues, all members of the McGill Group for Suicide Studies at the Douglas Institute, presents findings from many years of scientific research on suicide.

[Read more](#)



*Psychology in Historical Perspective* by Zbigniew Pleszewski, PhD

Douglas clinical psychologist Zbigniew Pleszewski adapted his course notes into book form. In this work, he examines the philosophical, anthropological, and scientific roots of psychology since the Mesopotamian era.

## Anniversaries

### [The Douglas Greenhouse: 25 years of horticultural therapy](#)

The wide variety of activities of the horticultural therapy program offered by SPECTRUM (Psychosocial, Rehabilitation, and Community Support Services) supports patient recovery by helping patients live a normal and significant life in the community guided by personal choices.

[Read more](#)



### [Douglas Auxiliary: 50 years of success and struggle](#)

The Douglas Institute Auxiliary was created 50 years ago, and auxiliary volunteers have befriended thousands of patients from the Institute over the past half century. Their mandate — so simple and noble — is to improve our patients' quality of life.

[Read more](#)



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# We are a reference in research

## Major projects and events

### [The Douglas welcomes researchers on post-traumatic stress from around the world](#)

The team of researcher Duncan Pedersen, MD, MPH, hosted the members of the Trauma and Global Health Program during its three-day annual meeting. The participants included researchers from Guatemala, Nepal, Peru, and Sri Lanka.

[Read more](#)



### [International, and web-active, mental health experts meet in Montreal](#)

The team of psychologist and researcher Alain Brunet, PhD, organized an international conference on the role of the Internet in mental health care. This three-day conference brought together sociologists, philosophers, clinicians, and researchers working in the field of health and information technology from a dozen countries, including Australia, Sweden, the United Kingdom, Canada, and the United States.

[Read more](#)



### [The Douglas launches Info-TRAUMA, a tool for trauma victims and healthcare professionals](#)

The Douglas Mental Health University Institute launched Info-TRAUMA ([www.info-trauma.org](http://www.info-trauma.org)), a unique reference and diagnostic tool for victims of traumatic events, their loved ones, and healthcare professionals. Excerpts from Denis Villeneuve's film Polytechnique were presented at the launch. Actress and producer Karine Vanasse and actor Sébastien Huberdeau, both of

whom portray victims in the film, also attended the screening.

[Read more](#)



### [First-line mental health care in Quebec](#)

Marie-Josée Fleury, PhD, coordinated the special issue of the magazine *Santé mentale au Québec* dedicated to first-line mental health, for which she also wrote the editorial. This issue contains a range of articles from researchers, clinicians, and decision-makers regarding ongoing reform, service organization, and best practices. The articles delve into the major components of the reform while addressing issues surrounding the organization of first-line services.

[Read more](#)



### [The Research Centre celebrates 30 years](#)

Thirty years ago, N.P. Vasavan Nair, MD, Medical Chief of the Program for Dementia with Psychiatric Comorbidity, established the Douglas Research Centre with the late Samarthji Lal, MD, former Director of the McGill Centre for Research on Schizophrenia. Over the years, it has become the largest centre for mental health research in Quebec and the second largest in Canada and is widely recognized as a model research centre.

[Read more](#)



### [McGill-Oxford Partnership in neuroscience: The excellence of Douglas Institute researchers called upon](#)

The Douglas Mental Health University Institute embarked upon an important partnership to broaden understanding of the human brain. Through an international agreement, researchers, students and professors working at the Douglas Institute will join their counterparts at the Montreal Neurological Institute (MNI), McGill University, and the University of Oxford to combine their expertise in neuroscience. Joint research and grant applications and ongoing student and faculty exchanges are some of the key elements of this exceptional partnership.

[Read more](#)



### Samarthji Lal passes away

Samarthji Lal, MD, Staff Psychiatrist at the Douglas, Senior Psychiatrist at the Montreal General Hospital, Professor of Psychiatry at McGill University, and former Director of the McGill Centre for Research on Schizophrenia, passed away on Sunday, November 1, 2009. Samarthji Lal co-founded the Douglas Institute Research Centre and a year later, in 1980, was responsible for establishing the Institute's Brain Bank.

[Read more](#)



### Michael Meaney, Moshe Szyf, and Gustavo Turecki honoured for their work in epigenetics

Douglas researchers Michael Meaney, PhD, C.Q., FRSC, Gustavo Turecki, MD, PhD, and Moshe Szyf, PhD, Professor at McGill University, received the "Scientist of the Year 2009" title from Radio-Canada and were included among the Top Ten Discoveries of 2009 by *Québec Science* magazine for their discovery of the epigenetic effects of child abuse on the human brain. Published in *Nature Neuroscience*, their discovery was chosen along with that of nine other Quebec teams from a pool of 75 applications.

[Read more](#)



### Launch of construction work on Brain Imaging Centre

Construction on the Brain Imaging Centre of the Douglas Mental Health University Institute was launched by the Government of Canada and the Government of Quebec. Thanks to this project, researchers at the Douglas Institute will have access to cutting-edge infrastructure, which will support the development of already impressive expertise. Quebec will therefore be able to position itself as a leader in basic and applied research in psychiatry and mental health.

[Read more](#)



To honour the memory of Samarthji Lal, MD, the Brain Bank that he established at the Douglas now bears his name.

### Justice and mental health: Societal issues

Anne Crocker, PhD, Director of Services, Policy and Population Health Research, edited a special issue on justice and mental health in the journal *Santé mentale au Québec*. With the help of the Communications Department at the Douglas Institute, Anne Crocker and her team developed an in-depth web resource for the general public to help them learn more about the various challenges and issues related to mental health and the legal system.

[Read more](#) 

## Highlights By Research Theme

The following is a collection of projects and findings from the research themes at the Douglas Institute Research Centre. Although not exhaustive, this list of highlights reflects the multitude of research activities conducted at the Douglas Institute.

### Mood, Anxiety, and Impulsivity-Related Disorders Research Theme

[Prevalence of anxiety disorders in gay and lesbian youth could help prevent suicide according to a Douglas study](#)

**Researchers:** Johanne Renaud, MD, MSc; Marcelo Berlim, MD, MSc; Melissa Begolli, MD; Alexander McGirr, MSc; Gustavo Turecki, MD, PhD

In an exploratory study, these researchers found that young gay and lesbian victims of suicide were twelve times more likely to have suffered from an anxiety disorder and were more likely to have consulted a mental health professional than heterosexual youth. The authors emphasize that, within the month preceding their deaths, these youth were more likely to have consulted a health professional or a psychiatrist and to have been hospitalized. Mental health professionals could see this situation as a risk factor for suicide and, consequently, have the opportunity to act in prevention.

[Read more](#) 

## Aging and Alzheimer's Disease Research Theme

### Slowing the onset of Alzheimer's symptoms: A therapy developed at the Douglas provides hope

**Researchers:** Natasha Rajah, PhD; David Fontaine; Céline Brunelle; Vasavan Nair, MD; Dolly Dastoor, PhD; Johanne Dubé; Luc Valiquette

These researchers will assess the effectiveness of cognitive remediation in slowing the onset of Alzheimer's Disease for people with mild cognitive impairment. Developed by teams at the Douglas, the cognitive remediation program was launched in January 2009. The researchers will be able to measure the effectiveness of this program and, if the results are positive, add this therapy to their range of tools to treat people with predementia syndrome. The research project will last two years.

[Read more](#)



### Researchers at the Douglas redefine the role of a region of the brain associated with organizing memory

**Researcher:** Sylvain Williams, PhD

The team of neuroscience researcher Sylvain Williams, PhD, has discovered that the hippocampus, a part of the brain that is essential to organizing spatial and episodic memory, has been hiding its own clock. The results of their study, published in the journal *Nature Neuroscience*, could have a major impact on the way the production of some memories is studied.

[Read more](#)



## Schizophrenia and Neurodevelopmental Disorders Research Theme

### The India connection: The Douglas teams up to improve treatment for first-episode psychosis

**Researchers:** Ashok Malla, MD; Ridha Joober, MD, PhD

Although this may surprise a lot of people, India has better results than Canada when it comes to treating people with schizophrenia. To better understand the gap between the two countries, Ashok Malla, MD, Director of the Prevention and Early Intervention Program for Psychoses (PEPP-Montréal), is collaborating on a research project with Rangaswamy Thara, MD, PhD, Director of the Schizophrenia Research Foundation (SCARF) in Chennai, India.

Ashok Malla is being assisted in this project by Ridha Joober, MD, PhD, and Srividya Iyer.

[Read more](#)



### Sleep: The new wonder drug for higher academic performance

**Researcher:** Reut Gruber, PhD

For two years, Reut Gruber has been working on uncovering the crucial role of sleep in young people. After a successful pilot project, Reut Gruber's team received a grant from the Canadian Institutes of Health Research (CIHR) to expand the project and integrate it into the health curriculum of all primary schools in Quebec and potentially across Canada.

[Read more](#)



## Services, Policies, and Population Health Research Theme

### At Home/Chez Soi project: National research project to help homeless people with mental health issues

**Researchers:** Myra Pita, PhD; Eric Latimer, PhD; Marie-Josée Fleury, PhD

The At Home/Chez Soi project is the largest of its kind in the country, with five sites participating in Canada from coast to coast. In Montreal, the project will focus on the different mental health services offered to homeless people and will include helping homeless people living with mental illness eventually return to the workplace. The Douglas is lending its expertise at both the national and provincial levels. Myra Piat, PhD, is part of the national research team while Eric Latimer, Principal Investigator, and Marie-Josée Fleury, Co-Principal Investigator, will evaluate the project in Montreal. Their work is supported by a team of community partners and collaborators.

[Read more](#) 

### The Internet and research on anxiety: An excellent combination

**Researcher:** Michel Perreault, PhD

Michel Perreault, PhD, and his team presented the results from a study of online consultations with people suffering from social anxiety disorder (SAD) and panic disorder with or without agoraphobia (PD and PDA). The goal of the study was to understand the obstacles encountered by people with anxiety disorders when they are looking to access care. The consultations conducted in 2008 indeed bore fruit: the high response rate to the online questionnaire shows that the web represents an effective avenue for engaging a population that is considered difficult to reach. To conduct this study, Michel Perreault's team collaborated with many partners, including the organizations Revivre and Phobies-Zéro.

[Read more](#) 

## New researcher

**Antoine Bechara, PhD**, joined the Douglas Research Centre in September 2009. He is a Professor in the Department of Psychiatry and the Desautels Faculty of Management at McGill University. Antoine Bechara specializes in "decision neuroscience," or how the brain makes decisions. This field of knowledge, which integrates the study of brain physiology and behaviour, has enhanced our understanding of a range of human decision-making activities, including the development of economic theories as well as political and legal decisions.

[Read more](#)



## Student trainees

The Douglas Research Centre welcomed **188** student trainees this year including **31** postdoctoral students.

## Awards and scholarships

[To see the chronological list](#)



Radio-Canada Scientists of the Year and *Québec Science* Top Ten Discoveries:

**Michael Meaney**, Moshe Szyf, and **Gustavo Turecki** honoured for their work on epigenetics.

[Read more](#)



Heinz E. Lehmann Prize for Excellence in Psychiatry:

**N.P.Vasavan Nair, MD, FRCPC**

This annual prize is given by the Association des médecins psychiatres du Québec to a psychiatrist whose career has contributed to the advancement of his profession.

New researcher  
Antoine  
Bechara, PhD, is  
seeking to  
understand  
human  
decision-  
making  
processes.

## 2009 Heinz E. Lehmann Award from the Douglas Institute Foundation:

### **Martin Lepage, PhD**

This award recognizes the excellence of Canadian researchers in neuropsychopharmacology.

## The new Bombardier Fellowship

Thanks to a generous gift from the Bombardier family, the Research Centre has been able to establish a new fellowship program to support two doctoral students pursuing research in the area of services, policy, and population mental health. The two recipients are:

**Geneviève Gariépy**, under the supervision of Norbert Schmitz, PhD. Her research project focuses on the characteristics of residential neighbourhoods and symptoms of depression, with or without chronic disorders.

**Erika Braithwaite**, under the supervision of Eric Latimer, PhD. Her research project examines the use of services by forensic psychiatry patients in Canada.

[Read more](#) 

## Animal Welfare Award presented by the Animal Compliance Team of McGill VP Research

**Ève-Marie Charbonneau**, Supervisor of the Douglas Neurophenotyping Centre (animal care facility) and Coordinator of the Neurophenotyping Platform, was the winner of this first competition. She was awarded this distinction in recognition of her many initiatives, including the implementation of an excellent health program in the animal facility at the Douglas, the establishment of an environmental enrichment program, her influence throughout the opening of the new animal facility, as well as her work to refine and design neurophenotyping behavioural tests for animals with special needs.

## Vanier Scholarships – Social Sciences and Humanities Research Council (SSHRC)

**Two Douglas doctoral students receive Vanier Scholarships.** Anna Polotskaia and Lisa A. Buchy each received a Vanier Scholarship awarded by the Canadian government. This year, 166 Canadian and foreign doctoral students from all scientific disciplines received \$50,000 to pursue their studies at a Canadian university.

**Anna Polotskaia** completed a Master's in Psychiatry in the Attention Deficit, with or without Hyperactivity, Disorders (ADHD) Clinic and is working on her PhD under the supervision of Natalie Grizenko, MD, Medical Chief of the Child Psychiatry Program at the Douglas Institute.

**Lisa A. Buchy**, who is also a doctoral candidate, works in the laboratory of Martin Lepage, PhD, Researcher and Director of the Brain Imaging Group at the Douglas Institute. Her research focuses on the functional neuroimaging of cognitive insight in first-episode psychosis.

[Read more](#) 

## Canada Graduate Scholarships Michael Smith Foreign Study Supplements

### **A doctoral student in neuroscience at the Douglas receives grant to study in France**

**Leora Yetnikoff**, a doctoral student at the Douglas, will use this grant to continue her research project in Paris in collaboration with Bruno Giros, PhD, at INSERM and the Université Pierre et Marie Curie (UPMC). She is part of the team of Cecilia Flores, PhD, a Douglas researcher who is particularly interested in the dysfunction of the dopaminergic system in relation to schizophrenia and drug addiction.

[Read more](#) 

## Douglas Institute awards

### InnovAction Research Award

This award was given to researcher **Jean-Guy Chabot**, Neurosciences Division, for his scientific and technical contribution to research.

[Read more](#)



## Appointments

### Life Fellow of the American Psychiatric Association:

**N.P. Vasavan Nair, MD, FRCPC**

### Montpellier University *Honoris Causa*

#### Award given to Judes Poirier, PhD, C.Q.

The Faculty of Medicine at Montpellier University in France is the oldest in the world. Its *Honoris Causa* Degree is a prestigious award that rewards the work of a pioneer in the etiology and treatment of Alzheimer's Disease.

### New Executive Director of the International Collaborative Research Strategy for Alzheimer's Disease

**Rémi Quirion, PhD**

[Read more](#)



### The Quebec suicide research network: The Douglas plays a leading role yet again

Directed by **Gustavo Turecki, MD, PhD**, the Réseau québécois de recherche sur le suicide (RQRS) was created in May 2009 through a grant from the Fonds de la recherche en santé du Québec (FRSQ) and the Fonds de recherche sur la société et la culture (FQRSC). The RQRS draws upon the many years of expertise developed at the Douglas. In addition to Gustavo Turecki, other researchers at the Douglas Institute are directly involved in the network.

[Read more](#)



### Promotions for six specialists of the Douglas Institute

The Faculty of Medicine at McGill University welcomed Maria Natasha Rajah, PhD, as Associate Professor. Researchers Véronique Bohbot, PhD, Nicolas Cermakian, PhD, Anne Crocker, PhD, Marie-Josée Fleury, PhD, and Jens Pruessner, PhD, were also promoted to the title of Associate Professor with Tenure.

[Read more](#)



### Publications

Overall, members of the Research Centre published 190 articles in various scientific magazines and journals along with six books and book chapters during the year.

[Read more](#)



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# We are a reference in teaching and knowledge transfer

## Trainees

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.

In 2009-2010, we welcomed 347 trainees-an increase of more than 3% over the previous year.

| Professional disciplines | Number of trainees |
|--------------------------|--------------------|
| Nursing                  | 179                |
| Special education        | 9                  |
| Nutrition                | 13                 |
| Psychology               | 36                 |
| Social work              | 11                 |
| Interns                  | 43                 |
| Residents                | 22                 |
| Fellows                  | 3                  |
| Pharmacy                 | 9                  |
| Business administration  | 5                  |
| <b>Total</b>             | <b>347</b>         |

## Knowledge transfer

### Launch of new website

The new Douglas Institute website went live at the end of the year. In addition to having a more modern and attractive look than its predecessor, it also offers new features. Much more accessible, it contains a wealth of information about the Institute, its research, and its experts. It also presents information on mental health for the general public that is created in close collaboration with Douglas clinical and research teams. This new site is a resource to help us better communicate and share knowledge with other stakeholders in the field of mental health.

[Link to new site](#) 

### Grant for visiotraining

In February 2010, the Douglas acquired three new visiotraining systems that, in keeping with an agreement with the MSSS, will contribute to knowledge transfer in telepsychiatry targeted by the CVSSS (Virtual Health and Social Services Centre) . In 2009-2010, a total of ten visiotraining courses were given on different multidisciplinary themes, while a total of fifteen healthcare facilities in the McGill RUIS benefited from these knowledge transfer activities.

[Read more](#) 

### Cross-training

Cross-training is an approach that is becoming more widely used to improve how network services function. The goal of this program is to have participants gain a better understanding of the role of each partner to ensure optimum service continuity. Initiated by the Committee of Mental Health Partners of the South-West (called COPASM for Comité des partenaires en santé mentale du Sud-Ouest), the cross-training program involves personnel exchanges and training activities for staff from various resources in mental

Knowledge transfer to 15 healthcare facilities through 10 visio-training sessions.

health, substance abuse treatment, and prevention in the south-west sector of Montreal. The program also involves the participation of neighbourhood police.

[Read more](#)



[Link to the brochure](#)



### E-learning program

In 2009-2010, the e-learning program built upon the momentum gained in 2008-2009. Following negotiations with the MSSS, we hosted an official course on the influenza pandemic on our Éduzone platform. This course provided computerized tracking of training activities required by the Agency, thereby reducing the amount of data to be collected by the Human Resources Department and Unit Heads. Overall, 377 hours of e-learning were given internally during 2009-2010.

[Read more](#)



### Training in motivational interviewing

Psychologists Rachel Green and Ann Wittevrongel continued to provide training on motivational interviewing over the year for both our internal and external partners. Internally, 68 employees received 35 hours of training and 42 hours of supervision while 229 external staff benefited from a total of 68 hours of training and 42 hours of supervision. These nine external training activities were given at St. Mary's Hospital (111 staff), the CSSS du Lac-des-Deux-Montagnes (18 staff), and the CSSS de Cavendish (27 staff).

## Public Education Program

### Mini-Psych School 2009

For a fourth consecutive year, experts from the Douglas Institute provided the general public with courses that examined the myths and realities surrounding mental health.

[Read more](#)



The public is invited to the Mini-Psych School and the Frames of Mind film series.

### *Frames of Mind 2009*

Again this year, *Frames of Mind* drew a crowd curious to know more about the different aspects of mental illness. This event, which involved discussions with both clinicians and film cast members, helped dispel misconceptions about mental illness.

[Read more](#) 

### The Douglas Institute endorses media guidelines for reporting suicide

The Institute believes that, although it is important to discuss suicide, reporting must be done with caution in order to avoid added distress and increased risk of imitation. It is a responsibility shared by the media, health professionals, and the public in general.

[Read more](#) 

## Blogosphere

### New bloggers

The Douglas Institute blogosphere welcomed **Liette Desjardins**, who has worked as a nurse clinician at the Institute for many years. She uses her blog to share her reflections and thoughts informed by her professional experience.

[Go to the blog](#) 

The blogosphere also welcomed **Ian Mahar**, a graduate student in the McGill Group for Suicide Studies who is supervised by Naguib Mechawar, PhD, Researcher and Director of the Mood, Anxiety and Impulsivity-Related Disorders Program.

[Go to the blog](#) 

A third blogger also started posting during the year: **Ian Hellstrom**. A doctoral student at McGill University, he discusses the molecules that make up our minds. Under the supervision of Michael Meaney, PhD, he studies the mechanisms by which maternal care can affect genes and development, such as that of the brain and mental health.

[Go to the blog](#) 

## In the community

### [Members of the Douglas Institute community took a walk for mental health](#)

Turnout exceeded organizers' expectations, as close to six hundred people participated in the first edition of Montreal Walks for Mental Health.

[Read more](#) 

## Awards and distinctions

### [Coup de Coeur - Special Jury Award](#)

The Association québécoise d'établissements de santé et services sociaux (AQESSS) awarded its *Coup de Coeur* - Special Jury Award to the Douglas Communications Team for its public education program.

[Read more](#) 

## Publications

### [Columns by Camillo Zacchia](#)

Camillo Zacchia, PhD, Professional Chief of Psychology at the Douglas, wrote his 100th column for *Metro* newspaper. He continues to share original ideas on psychology, human nature, and daily life with his readers.

[Read more](#) 

### [Parts of Lives by Camillo Zacchia](#)

This book is a collection of Camillo Zacchia's writings since 2005. In column after column, Dr. Z. prompts us to question our thoughts, beliefs, and attitudes towards mental health problems.

[Read more](#) 

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## We are a reference in practice assessment

The Douglas research team on service organization and adequacy aims to develop optimum service models to improve the quality of the health and social services system while more efficiently meeting the diverse needs of people who suffer from mental health disorders.

The team integrates two main research axes:

- **Organizationnel axis.** As part of ongoing reforms, the organizational axis is mainly concerned with the organization of services in local networks along with the structure, dynamics, and practices of these networks. This axis aims to better understand the most efficient practices and modes of integration with the goal of improving the quality of the health and social services system, particularly in the area of mental health.
- **Client axis.** The client axis (for people who suffer from mental health disorders) focuses on the interaction between the sociodemographic and clinical characteristics of users as well as on an evaluation of their needs, the help they receive, the services they use, and their satisfaction level. This axis also aims to better understand service trajectories and their impact on users' community integration and recovery.

The team is currently working on the following studies:

### [Determinants of adequacy of help with regard to the needs of users with severe mental health problems](#)

This study aims to bring about a better understanding of the relationship between users' needs and the help they receive as part of an effort to enhance their chances for recovery and integration within the community. Several factors that affect this relationship between needs and help will be examined, including socio-demographic, economic, clinical, psychological, and environmental factors.

The study will answer the following questions:

- What are the conditions that allow users to attain, maintain, or restore an acceptable level of social independence and quality of life?
- What are the key factors at play in users' recovery?

Principal investigators **Marie-Josée Fleury, PhD**, and **Jacques Tremblay, MD**, are primarily focused on the perspectives of users, whose point of view has too often been neglected in assessments of the help and services they need. However, their participation in the needs-evaluation process is viewed as a key enabling factor in their recovery.

[Read more](#) 

### [Roles of general practitioners \(GPs\) in mental health and coordination in the context of shared care](#)

The current transformation of mental health services aims to consolidate primary care, to better integrate the provision of care, and to allow patients with mental health disorders to regain a place in the community.

In order to better support the decision-making process, this research project aims to improve our understanding of the clinical and interprofessional practices of general practitioners (GPs) in the sector of mental health in Quebec as well as GPs' perception of

The involvement of users in the planning of their care is a key component of their recovery.

the quality of services and the strategies that should be implemented to improve the organization of the health and social services system.

The project is made up of a quantitative and qualitative component and is being carried out in five regions of Quebec that are representative of different environments (e.g., urban/rural, university/peripheral/intermediary, etc.).

In the first component, 398 GPs were interviewed about their role in mental health. RAMQ data for the years 2002 and 2006 were also used to obtain a picture of how first-line medical services in mental health are provided. In the second project component, the team will survey a sub-sample of GPs already surveyed in the first component in addition to a sample of psychiatrists with the goal of better understanding professional practices and dynamics.

### [Knowledge transfer](#)

To date, a number of knowledge transfer activities related to the project have been carried out, such as symposia, presentations, media coverage, reports, articles (in preparation), and a special issue on primary care in the journal *Santé Mentale au Québec* in Spring 2009.

[Go to the magazine](#) 

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## We are looking to the **future**

### Renewing infrastructure to provide an environment that is conducive to healing

Sixty per cent of the buildings at the Douglas were constructed between 1889 and 1940, when the Institute served as an asylum. The configuration from this time no longer corresponds to the needs of modern psychiatric care or the Institute's new mandate. A solution must be found to maintain excellence in care, research, and teaching, and to provide better working conditions for our employees.

In June 2009, the Douglas submitted an infrastructure renewal project to the Agence de la santé et des services sociaux de Montréal. Based on several years of consultation and study, the project presents an argument for completely rebuilding our facilities. The Douglas Institute has more than 30 buildings, most of which were constructed between 1889 and 1940, dispersed across a 165-acre campus. This layout poses a serious obstacle to the improvement of living conditions for patients and to the integration of care, research, and teaching — an essential condition for a 21st-century university institute.

[Read more](#) 

### Major changes for mental health in the Professional Code

The Quebec mental health sector is getting ready for extensive changes with the adoption of Bill 21 to amend the Professional Code and other legislation related to mental health and human

relations. **Jean-Bernard Trudeau, MD**, Director of Professional and Hospital Services at the Douglas, chaired the Experts Committee that wrote the report *Partageons nos compétences* [Sharing our expertise] on modernizing professional practices in mental health and human relations. This thinking process led to the adoption of the bill on June 19.

By revisiting the Professional Code, reserving the most complex practices for members of certain professional orders, and regulating psychotherapy, Bill 21 will indeed benefit society as a whole. Recognizing qualifications in mental health will help improve the quality and accessibility of care, a concept that the Experts Committee has referred to as *accessibilité compétente* (access to skilled services at the right place and the right time). Regulating psychotherapy will also help standardize a sector that to this day remains overly litigious.

This bill was made possible thanks to Jean-Bernard Trudeau, MD, and the valuable contribution of experts and representatives from the various sectors affected by this legislation. Social workers, nurses, psychologists, doctors, psychiatrists, marriage and family therapists, vocational guidance counsellors, occupational therapists, psychoeducators, and many other kinds of professionals were consulted and involved in the process in order to modernize these regulations in the context of the specific realities of the field while promoting the sharing of skills.

Staff and managers working in mental health in different healthcare settings are already preparing for the changes. The Douglas Institute is also getting ready to put these legal amendments into practice while ensuring that we respect both the past and everyone's inherent rights. In the years to come, we will do everything in our power to transform practices and continue improving the quality of patient care.

The Douglas Institute is proud to be associated with the promoter of Bill 21, and we are delighted to see our leadership in mental health reflected in this project.

Recognizing qualifications in mental health will help improve the quality and accessibility of care.

## **The Douglas: Pioneering the mental health component of the Electronic Patient Record**

The Agence de la santé et des services sociaux de Montréal and TELUS Health Solutions organized an information day on “Implementing the OACIS electronic patient record (EPR) platform in Montreal”. The Agence recently signed an agreement with TELUS to implement the OACIS EPR platform in all Montreal-region health centres.

The Douglas attended this meeting to present the mental health component of the EPR. As you may recall, the Douglas Institute has a partnership agreement with TELUS to design and develop this mental health component, which will be used in all psychiatric hospital centres as well as in hospital centres with a psychiatry department and other healthcare institutions.

With the OACIS interface, clinicians can view a wealth of information from several source systems or from scanned paper documents for each of their patients. All relevant patient information, such as lab results, medical imaging data, or medication history, will be available to multiple clinicians, which will considerably reduce the risk of error and avoid unnecessary duplications.

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## We are green and responsible

### New environmental policy at the Douglas

The Douglas Institute has adopted a new environmental protection, management, and development policy to reduce its environmental footprint and move in a decidedly green direction.

[Read more](#) →

### Obtaining BOMA BEST

In October, the Douglas was awarded a level 2 BOMA BEST accreditation for its efforts towards the implementation of the Go Green project. After two years of work, this accreditation serves as recognition of the Institute's commitment to developing responsible environmental practices in all sectors.

[Read more](#) →

### Construction of Brain Imaging Centre approved

Funded entirely by the MDEIE and the federal government, this major construction project will be completed within a short timeframe. The project meets best environmental practices and should obtain LEED silver certification.

[Read a report about this subject](#) →

### Organic waste collection

In November, the Institute began work to start collecting organic waste. Brown paper towels are now being picked up from bathrooms as is the green waste produced by the kitchen. The goal is to collect **at least 25 tons** of organic waste per year.

[Read more](#) →

The Douglas obtained BOMA BEST level 2 accreditation.

### [New biodegradable disposable products in the cafeteria](#)

Since January 6, 2010, the cafeteria has been using new biodegradable disposable products. In keeping with the Douglas Environmental Policy, all polystyrene products have been replaced with biodegradable or recyclable ones. Food and Nutrition Services has also introduced a number of reusable items.

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The Douglas is committed to reducing, reusing, and recycling the materials it uses.



# About the Montreal WHO/PAHO collaborating Centre

## Retirement of Gaston Harnois: Psychiatrist, leader, expert

Gaston Harnois, MD, spent nearly 40 years at the Douglas. This eminent psychiatrist was Director General of our institution for 17 years. His many accomplishments include establishing the WHO/PAHO Collaborating Centre for Research and Training in Mental Health and helping lay the foundation for what would become the Research Centre.

[Read more](#) →

## Reconnaissance mission in Haiti

Marc Laporta, MD, was asked by the World Health Organization (WHO) to conduct a reconnaissance mission in mental health in Haiti. He drafted a list of the most urgent mental health care initiatives that need to be implemented as well as those that are most easily attainable both now and over the long term.

[Read more](#) →

## Support for psychiatric nurses in Belize

The Collaborating Centre and McGill University participated in a project to provide Belizean nurse practitioners and primary care teams with the tools necessary to ensure early detection of depression and anxiety disorders. The goal was also to assist these healthcare workers in destigmatizing mental health problems and fighting discrimination.

[Read more](#) →

The WHO/PAHO Collaborating Centre conducted a mental health reconnaissance mission in Haiti.

### [Improving mental health care in Dominica](#)

The Collaborating Centre took part in a one-week fact-finding mission in Dominica. The team met with government officials and conducted focus groups with cross-sections of Dominica society, including mental health patients, "at risk" individuals, caregivers, health practitioners, and community organizers.

[Read more](#) 

### [The challenges of employee mental health](#)

Gaston Harnois, MD, was one of the keynote speakers at the 8th Annual Conference of the Employee Assistance European Forum, which was held this year in Lisbon. He delivered a talk on the theme of "The Challenge of Mental Health and its Impact on the Employee and the Workplace: Reality and Perspective for 2015."

[Read more](#) 

## Awards and distinctions

### [Prix rayonnement international 2009](#)

The Collaborating Centre, together with the Centre de réadaptation Lisette-Dupras and the West Montreal Readaptation Centre, was awarded the *Prix rayonnement international* 2009 for the Atlas-ID project, which maps the resources and services available for people with intellectual disabilities in 147 countries.

[Read more](#) 

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# About the Douglas Institute Foundation

## Montreal business community supports research on brain aging and preventing Alzheimer's Disease

The Douglas Institute Foundation launched the 13th edition of its *Open Minds* Benefit on March 2, 2010 at the Hilton Montréal Bonaventure. With nearly 400 people from the Montreal business community, this is the Foundation's largest event. More than \$260,000 was raised.

[Read more](#) 

## Research support

The Foundation granted \$965,000 to the Institute for its research endeavours, an amount that created a domino effect: the Institute went on to raise a total of \$18,649,230 in donations from various organizations, making the Douglas the largest mental health research centre in Quebec and the second largest in Canada. These funds were distributed across four research themes.

[Read more](#) 

## Construction of a youth information centre

An information resource centre equipped with books, Internet access, and a host of educational materials has contributed greatly to the recovery of young patients suffering from mental illness. What's more, funding received from the Zhubin Foundation was used to hire and train new employees to provide specialized intervention for families of youth who have received treatment through the PEPP-Montréal Program.

[Read more](#) 

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

### New therapeutic kitchen at the Douglas Institute

Thanks to a \$30,000 donation from the Douglas Institute Auxiliary, a care unit (Burgess-1) is now equipped with a brand new therapeutic kitchen. This kitchen will be used to assess patients who are recently admitted to the unit. How patients act in the kitchen reveals a lot about their degree of independence and their organizational skills. Doctors use these behaviours as a basis for deciding whether the person can return to the community.

[Read more](#) 

### Construction of the Stearns Gazebo thanks to the Levinschi Foundation

The Foundation officially opened the Stearns pavilion gazebo for children and adolescents treated at the Douglas. This project was made possible thanks to the generous donation of the Gustav Levinschi Foundation. This peaceful space will allow children to relax and enjoy the outdoors.

[Read more](#) 

### 75 volunteers get on their bikes for mental health

On June 7, the Foundation's *Pedal for Mental Health* Team participated for the first time in the *Tour de l'île de Montréal* to raise funds for care and research in children's mental health. The 75 volunteer cyclists collected nearly \$18,000

[Read more](#) 

### Street hockey for kids

On April 18, 2010, former Canadiens player Réjean Houle played a game of street hockey with Douglas Institute Foundation supporters and their families at O'Reilly Park in Verdun. The proceeds from the game went to children's services and research at the Douglas Institute and the Montreal Canadiens Children's Foundation.

[Read more](#) 

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Visit the Foundation website:

[www.douglasfoundation.qc.ca](http://www.douglasfoundation.qc.ca)



# About our **councils** and **committees**

## Council of Physicians, Dentists, and Pharmacists

President: **Jacques Tremblay, MD**

In 2009-2010, the Council of Physicians, Dentists, and Pharmacists (CPDP) addressed a number of topics, as outlined below:

### [Approval – Policies, procedures, and regulations](#)

The Executive approved three procedures submitted by the Department of Nursing: Procedure on Hand Hygiene, Procedure for Influenza Prevention and Control, and Procedure against the Transmission of Vancomycin-Resistant Enterococci.

The Executive also approved the Policy and Procedure on Confinement in an Institution as well as the Resolution on Medical Governance during a Pandemic, submitted by the Professional and Hospital Services Directorate (PHSD). The Executive also unanimously approved the Collective Tamiflu Prescription, also submitted by the PHSD.

Finally, the Executive provisionally approved the revision of the Regulations of the Department of General Medicine and the Procedure Relating to Collective Prescriptions submitted by the Department Head. These documents were approved at the General Meeting on April 22, 2009.

### Strategic retreat

The strategic retreat held on May 25, 2009 brought together 44 members grouped into 6 sub-advisory committees. These committees used the recommendations of the Collège des médecins du Québec to formulate explicit assessment criteria to document the status of a situation before and after the implementation of required corrective measures.

### Follow-up medical report - Treatment orders

To meet the requirements of the Court, a procedure was established to make it easier to identify treating physicians. Close follow-up has greatly improved the situation.

### Day in honour of Dr. Charles Cahn

A training day in honour of the memory of Dr. Charles Cahn was held on May 8, 2009. The event was a great success, as 112 people attended Dr. David Roy's lecture on ethics.

### Training given by the Association des Conseils des médecins, dentistes, pharmaciens (ACMDP).

During 2009-2010, seven members attended training in May 2009 on "The systematic approach to risk and quality management" and "Dealing with a complaint about a member of the CMDP."

In October 2009, two members attended training on "The optimization of pharmacotherapy and the Pharmacology Committee" and on "The jurisdiction of the CPDP and clinical departments."

In March 2010, four members participated in training on "Practice assessment and quality."

### Continuing Medical Education Committee

This committee held 28 Thursday sessions and a symposium entitled "Update on the treatment of psychotic disorders."

### Medical, Dental, and Pharmaceutical Practices Assessment Committee

This MDPPAC committee examined a number of issues, such as: the composition and permanent reactivation of the Pharmaceutical Practices Assessment Subcommittee; the study of 57 follow-up medical reports following a care order; a survey project on guidelines for evaluating and treating patients in the Emergency Department; the creation of a strategic plan to meet the requirements of the Collège des médecins; a review of the work of the advisory subcommittees for the next strategic retreat; and the development of a best practices guide composed of all existing forms and procedures at the Institute.

The Executive approved the resolution of the MDPPAC to merge the Subcommittee on Natural Deaths and the Subcommittee on Suicides and Unusual Deaths. The goal of merging these committees and permanently reactivating the Pharmaceutical Practices Assessment Subcommittee is to reduce the number of MDPPAC subcommittees as a way to comply with the recommendations issued in the last inspection report of the Collège des médecins. Dr. Gouda was named Chair of the new subcommittee, which is now called the Subcommittee on Suicides and Natural and Unusual Deaths.

### Pharmacology Committee

This committee reviewed the restructuring of the Department of Pharmacy, the dosage guide for products in the code cart, the monitoring of alerts from the FDA and other organizations, the list of abbreviations to be avoided, and the list of medications on the Institute's formulary. It also conducted a drug use review on the descriptive analysis of the consumption of PRN antipsychotics and analyzed the conformity of prescriptions of these products at the Institute. Additional activities included a study on lithium and the clozapine protocol as well as the development of a guide for the parenteral administration of formulary drugs.

### Multidisciplinary Council

President: **James McDonald**

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

- Improve the visibility of the Multidisciplinary Council and develop an improved communications plan to better explain our mandate to members
- Work on member initiative and commitment to promote greater involvement and self-directed planning of peer group projects to improve the quality of client services
- Provide recommendations to improve ITPs (Individual Treatment Plans)
- Determine how to implement Bill 21 when it comes into effect by obtaining feedback from committee members

#### Increased use of recorded files

If services could be provided even before the psychiatric evaluation process begins, access to services could be improved. No conclusive decision has been taken by the MC. Logistical issues remain about the availability of resources to meet increased demand resulting from the greater use of services without prior psychiatric screening.

#### Implementation of Bill 21

The MC held an initial meeting in October with Dr. Jean-Bernard Trudeau and then with professional chiefs in November to discuss the implementation of Bill 21. Additional meetings with the Institute's administration will be necessary.

#### Communications plan

A brochure and a presentation for new professionals recruited at the Douglas Institute were developed. Presentations will take place every four months for new professionals and should enhance the visibility of the MC. In addition, new members of the MC will be encouraged to get involved to make positive changes to programs

at the Institute. A new electronic newsletter was also developed.

### Annual ACMQ meeting

Four members of the Executive attended the annual meeting of the Association des conseils multidisciplinaires du Québec (ACMQ) in Lévis on November 5 and 6. Camillo Zacchia, PhD, was nominated for the *Prix Rayonnement*.

## Council of Nurses

President: **Rachid Dahmani**

In 2009-2010, the Council of Nurses (CN) ensured that the duties of its members were in keeping with the Douglas Institute's objectives in terms of:

- Requiring the excellence and integration of clinical, teaching, and research activities
- Improving knowledge and influencing orientations in mental health
- Reinforcing the results-based culture

### Integrating best practices in nursing

The CN helped integrate best practices in nursing by sitting on the Quality of Care Council, the Research Ethics Committee, and the Medication Errors Committee.

The CN also worked on integrating research into nursing care, particularly by encouraging participation in scientific presentations.

### Integrating Bill 90

The CN continued its reflection on the expanded role of nurses as set out in Bill 90 and evaluated how this expanded role would be integrated at the Douglas Institute. The Council also examined the number of nurses trained and evaluated their training in relation to best practices.

### Reinforcement of the results-based culture

The CN conducted an audit on the organization of care and made recommendations to improve the delivery of care from the standpoint of nursing. Finally, the CN participated in implementation projects for the Electronic Patient Record (EPR) and the automation of the medication distribution process.

## Vigilance and Quality Committee

President: **Michel Lamontagne**

The Vigilance and Quality Committee (VQC) meets four times per year and ensures that the Board of Directors effectively fulfils its responsibilities in terms of service quality. To achieve this goal, the Committee must in particular follow up on the recommendations of the Local Service Quality and Complaints Commissioner (Ombudsman) for any complaint lodged or for any services provided in accordance with the Act respecting health services and social services.

In 2009-2010, 24 requests for intervention were reviewed by the Local Service Quality and Complaints Commissioner (Ombudsman).

### Follow-up on the recommendations of the Local Service Quality and Complaints Commissioner (Ombudsman)

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

Moreover, a registry of measures identified by the Medical Examiner and the Medical Examiner's substitutes are now systematically monitored by the VQC of the Board of Directors — in keeping with the measures identified by the Commissioner, 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 reviews the activities of the Complaint Review Committee and the Risk Management Committee.

In 2009-2010, the VQC also developed a new follow-up registry. This tool greatly facilitates the review of top-line items.

In 2009-2010, the VQC's work led to the creation of the following documents:

1. Review of the procedure for handling of coroner's reports
2. Registry of sentinel events.

In conclusion, the VQC made significant achievements in 2009-2010. In fact, 19 files were systematically reviewed in terms of both recommendations and corrective measures.

### Beneficiaries' Committee (Users' Committee)

Co-Presidents **Pierre Arcand and Jérémie Dubuc**

Established in 1955, the Beneficiaries' Committee at the Douglas Institute is the oldest patient committee in Canada. Its mandate is to advise Douglas users of their rights and responsibilities, make suggestions to improve their quality of life, and bring their concerns to the attention of the right people, both internally and externally.

In accordance with section 212 of the Act Respecting Health Services and Social Services, the Beneficiaries' Committee fulfilled the following duties in 2009-2010:

| Duties   | Number of actions taken |
|--|-------------------------|
| Inform users of their rights and responsibilities.                                 | 21                      |
| Promote improvement of users' living conditions.                                   | 68                      |
| Assess users' satisfaction level regarding services received from the institution. | 7                       |
| Defend the collective rights and interests of users.                               | 44                      |

| Duties   | Number of actions taken |
|--|-------------------------|
| Upon request, defend user rights and interests before the institution or any other competent authority.  | 10                      |
| Upon request, accompany a user in any action undertaken, including filing a complaint with the Ombudsman of the Douglas or the Health and Social Services Ombudsman. | 4                       |
| Upon request, assist a user in any action undertaken, including filing a complaint with the Ombudsman of the Douglas or the Health and Social Services Ombudsman.    | 466                     |

## Risk Management-Infection Control Committee

President: **Hélène Racine**

As stipulated by the Act Respecting Health Services and Social Services, this committee is required to give the Board of Directors a quarterly report on the main points discussed. Below you will find the main topics reviewed at the meetings of the Risk Management Committee:

### Sentinel events

In 2009-2010, eleven serious or sentinel events were the focus of discussions and recommendations, and these were sent to the managers of the departments involved. Action plans were developed or are being developed to prevent the recurrence of similar events.

An analysis of all sentinel events has allowed us to draw certain conclusions. In this regard, two recommendations will be made a priority over the next year:

- Develop a standardized protocol and adequate training so that clinical professionals leave notes in patients' charts according to best practices.

- Develop training so that our clinical professionals (especially nurses) are able to perform physical assessments and metabolic monitoring (medication) of our patients.

### Institute security

The Technical Services and Facilities Directorate has hired a supervisor for Security Services. A consulting firm recommended using an external firm instead of internal resources. A new security company has therefore been in place at the Douglas since November 1, 2009.

### Confinement in an institution

The Risk Management Committee noted a lack of consistency in the time required to assess patients in the context of institutional confinements, a situation that could detract from patient well-being. Following this observation, information and training were provided to key unit staff, which helped rectify the situation.

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## We measure our year

### Management agreement

The 2009-2010 management agreement emphasizes community services and access to care, intensive follow-up, variable support, labour management, and hygiene and cleanliness.

#### 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 access have yielded great results.

For young patients, there was an increase in the number waiting for more than 60 days. This increase is mainly caused by patients having Pervasive Developmental Disorders (PDD); the increase in patients with PDD on wait lists was 49%. For adult patients, there was an improvement of 18%.

In addition, 9% of visits to the Emergency were over 48 hours in length, with the average length of stay being 27 hours. The increase in the number of hours patients spent in Emergency was caused by a significant increase in the number of visits to the Emergency.

The target for access to services in English is being met. The wait times for ethnocultural communities are currently being worked on.

#### Intensive follow-up

The target for the number of patients treated each period was increased from 63 to 94. Resources for access to patients were put into place at the end of the year, which will allow the Douglas to progressively reach its goal.

Access to care continues to be one of our priorities.

### Variable support

The target has decreased compared to 2008-2009. Despite this, the objective of 53 was not reached. The current calculation method underestimates the number of people benefiting from variable support. The MHAP implementation plan in Montreal foresees that first-line partners and community organizations will eventually offer this type of service.

### Labour management

The Direction gestion des réseaux of the Agence de la santé de Montréal was given the mandate to create an action plan to attract and retain staff, decrease absenteeism, and increase staff availability.

In the realm of public health, the ratio of nurses (FTE) assigned to the Nosocomial Infection Prevention Program was reached.

### Hygiene and cleanliness

In order to determine a plan of action for ensuring the cleanliness of spaces in relation to the degree of risk attributed to them, a list of surfaces (furniture, tables, floors, etc.) has been made. Their categorization is in progress.

## Activity indicators 2009-2010

[Go to the Tables](#) 

## Security of care and services

[Go to the report](#) 

## Complaint review and promotion of user rights

The Local Service Quality and Complaints Commissioner (Ombudsman) reports to the Board of Directors of the Douglas for everything related to the respect of users' rights and the diligent processing of their complaints.

Through its Vigilance and Quality Committee (VQC), the Board of Directors' accountability mechanism is based on a tool and process to ensure that the measures and commitments identified by the Commissioner are implemented. Overall, **43 measures** were implemented by the Commissioner in 2009-2010.

### Notable achievements in 2009-2010

#### Ministerial visit

A ministerial visit in April 2009 revealed that users and their families are familiar with the Local Service Quality and Complaints Commissioner (Ombudsman) and with her role at the Douglas Institute. These users also stated that they had been informed of their rights and responsibilities and were aware of the existence of the Douglas Institute Code of Ethics. This positive response stems particularly from work to promote the Complaint Examination Procedure through posters and brochures distributed by the Ministry.

#### Update of the Code of Ethics

The Douglas Code of Ethics, which underpins the Institute's mission, vision, and values, was distributed to 178 new employees. Moreover, the Commissioner took part in general orientation sessions for new employees to educate them about the Code of Ethics in relation to user rights, the practices and conduct expected from staff, and the values that the Institute promotes to uphold its mission.

## User transfers

To once again continue with and reinforce the assistance mechanism set out by the Agence de la santé et des services sociaux de Montréal as part of the Mental Health Action Plan (MHAP), the Douglas sought out partnerships with the local commissioners of the Centres de santé et de services sociaux (CSSS) in its neighbouring sectors in order to conduct the second wave of transfers. The contact information of these local commissioners was therefore added to the back of the MSSS brochure to remind users of where to turn should they experience difficulties during their transition. The kit handed out to patients transferred from the geriatric psychiatry and child psychiatry programs to the first-line routinely includes this brochure.

## Website update

A useful update to [www.douglas.gc.ca/ombudsman](http://www.douglas.gc.ca/ombudsman) included the addition of the PowerPoint presentation "Report on the Application of the Complaint Examination Procedure on User Satisfaction and the Enforcement of User Rights, 2008-2009," which was presented in both languages at the annual information session held in October 2009. The goal of making this annual report available is to better inform the public in general and users in particular about the complaint examination procedure and the promotion of rights. Web traffic statistics showed that the site received 1627 visitors, who consulted 20,290 pages this year.

| Number of user complaints and requests                          |            |            |
|---|------------|------------|
| Number of requests reviewed by the Ombudsman/Local Commissioner | 2009-2010  | 2008-2009  |
| Complaints*   | 64         | 38         |
| Requests for information, intervention, help, etc.              | 477        | 473        |
| <b>Total</b>  | <b>541</b> | <b>511</b> |

\* Total complaints reviewed by the Medical Examiner and the Commissioner

| Average review time (in days) | 2009-2010 | 2008-2009 |
|-------------------------------|-----------|-----------|
| Complaints **                 | 22 days   | 27 days   |
| Requests for intervention     | 28 days   | 29 days   |
| Requests for assistance       | 3 days    | 2 days    |

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

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## Douglas Hospital Auditor's Report As of March 31, 2010

To the Members of the Board of Directors of the Douglas Hospital:

We have audited the financial statements, complementary information, data and appendices listed in the table of contents of the annual financial report of the Douglas Hospital for the year ended March 31, 2010, which is presented in the format prescribed by the *Ministère de la Santé et des Services sociaux du Québec*, in accordance with Section 295 of the *Act respecting health services and social services*. This annual financial report is the responsibility of the establishment's management. Our responsibility is to express an opinion on this annual financial report and the items described in Appendix 1 of the *Règlement sur la gestion financière des établissements et des conseils régionaux* based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the annual financial report and the items described in Appendix 1 of the *Règlement sur la gestion financière des établissements et des conseils régionaux* are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the annual financial report. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall annual financial report presentation.

In our opinion:

The establishment has complied with the above-mentioned act and the relevant regulations to the extent they apply to its revenues or expenses or its volume of services or activities;

The establishment has complied with the explanations and definitions relating to the preparation of the annual financial report;

The establishment's accounting practices are consistent with the standards and definitions of the *Manuel de gestion financière* published by the *Ministère de la Santé et des Services sociaux du Québec*;

The units of measure used by the establishment are consistent with the definitions in the *Manuel de gestion financière* published by the *Ministère de la Santé et des Services sociaux du Québec*;

The methods for recording and controlling quantitative data followed by the establishment on which we rely in designing our audit procedures for the annual financial report are valid;

The establishment's internal control procedures relating to financial data on which we rely in designing our audit procedures for the annual financial report are valid;

The establishment has complied with the administrative instructions issued by the *Ministère de la Santé et des Services sociaux du Québec* and by the *Agence de la santé et des services sociaux*;

The annual financial report presents fairly, in all material respects, the financial position of the establishment as at March 31, 2010, and its revenues and expenses, the changes in its financial position and financial and quantitative data of its activity centres for the year then ended in accordance with the accounting principles described in Note 3.

The annual financial report, which has not been, and is not intended to be, prepared in accordance with Canadian generally accepted accounting principles is solely for the information and use of the establishment's directors, and the *Ministère de la Santé et des Services sociaux du Québec* and the *Agence de la santé et des services sociaux* for complying with Section 295 of the *Act respecting health services and social services*.

This annual financial report is not intended to be and should not be used by anyone other than the specified users or for any other purpose.<sup>1</sup>

|                 |   |
|-----------------|---|
| Name of auditor | Pierre Vallerand, CA  |
| Auditors        | Raymond Chabot Grant Thornton S.E.N.C.R.L.  |
| Address         | Tour de la Banque Nationale<br>600 de la Gauchetière St. West, Suite 1900<br>Montreal, Quebec H3B 4L8 |
| Telephone       | 514 878-2691  |
| Fax             | 514 878-2127  |

  
Le vérificateur

Date: May 31, 2010

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<sup>1</sup> Chartered accountant auditor permit No. 14557

## Douglas Hospital – Financial Statements As at March 31, 2010

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## *Our leaders and administrators*

### Management organizational chart As at March 31, 2010

[Go to the organizational chart](#)



### Officers and Administrators

#### Board of Directors of the Douglas Institute as at March 31, 2010

##### Officers

Claudette Allard, President  
Michel Lamontagne, Vice-President  
Donald Prinsky, Treasurer  
Jacques Hendlisz, Secretary

##### Administrators

Pierre Arcand (From November 18, 2009)  
Shari R. Baum  
Samuel Benaroya  
geneviève bich  
Martha Bishop  
François Bourque  
Ginette Cloutier (From March 17, 2010)  
Alain Dagher  
France Desjardins  
Marie Giguère  
André Giroux  
Jacques Hurtubise  
Martine Lalinéc (Until October 21, 2009)  
Sylvain Lamontagne (Until November 18, 2009)  
Danièle Larivière-Marcoux (Until September 16, 2009)  
Howard Martin (Until September 16, 2009)  
Pascale Martineu  
Deborah Nasheim  
François Neveu  
Danielle T. Paiement

**Johanne Roy** (Until March 17, 2010)

**Willine Rozefort** (From October 21, 2009)

### Management Committee

**Jacques Hendlisz**, President

Director General

**Michel Dalton**

Director of Financial and Informational Resources

**Amparo Garcia**

Clinical-Administrative Director of Clinical, Knowledge Transfer and Teaching Activities

**Michelle Gilbert**

Director of Human Resources

**Mimi Israël, MD, FRCPC**

Psychiatrist-in-Chief

**Jocelyne Lahoud, MGP**

Administrative Director of Research Centre

**Hélène Racine**, MSc, MAP

Director of Nursing and Quality, and Risk Management

**Ronald Sehn, Eng.**

Director of Technical Services and Facilities

**Jean-Bernard Trudeau, MD**

Director of Professional and Hospital Services

Medical Director of Clinical, Knowledge Transfer, and Teaching Activities

**Nicole Germain (observer)**

Assistant to the Director General

**Jane H. Lalonde (observer)**

President and Chief Operating Officer of the Douglas Institute Foundation

**Lyna Morin (observer)**

Acting Department Head, Communications and Public Affairs Department

### Multidisciplinary Council

**James McDonald**

President

### Council of Nurses

**Rachid Dahmani**

President

### Council of Physicians, Dentists, and Pharmacists

**Jacques Tremblay, MD**  
President

### Douglas Institute Research Centre Board of Directors As at March 31, 2010

#### Officers

**François Morin**  
President

**Donald Prinsky**  
Treasurer

**Jocelyne Lahoud, MGP**  
Secretary

#### Administrators

**Michel Dalton**  
**Abraham Fuks, MD**  
**Alain Gendron, PhD**  
**Jacques Hendlisz**  
**Ridha Joober, MD, PhD**  
**Jane Lalonde**  
**Marc Laporta, MD**  
**Jocelyne Monty**  
**Marianna Newkirk, PhD**  
**Rémi Quirion, PhD**  
**Patrice Roy, PhD**  
**Vincent Corbo**, Student representative

#### Management Committee

**Jocelyne Lahoud, MGP**  
President  
Administrative Director of the Research Centre

**Anne Crocker, PhD**  
Director of Services, Policy, and Population Health Research Theme

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

**Natalie Grizenko, MD**  
Medical Chief, Child and Adolescent Psychiatry

**Bruno Giros, PhD**  
Researcher

**Mimi Israël, MD**

Psychiatrist-in-Chief

**Suzanne King, PhD**

Director of Psychosocial Research Division

**Martin Lepage, PhD**

Director of Brain Imaging Group

**Ashok Malla, MD**

Director of Clinical Research Division

**Michael Meaney, PhD**

Associate scientific Director of Research Centre

**Naguib Mechawar, PhD**

Researcher and Director of the Mood, Anxiety and Impulsivity-Related Disorders Research Theme

**Lindsay Naef**

Student Representative

**N.P. Vasavan Nair, MD**

Medical Chief of Dementia with Psychiatric Comorbidity Program

**Duncan Pedersen, PhD**

Associate Scientific Director for International Programs

**Jens Pruessner, PhD**

Director of the Aging and Alzheimer Disease Research Theme

**Rémi Quirion, PhD, FRSC**

Scientific Director of the Research Centre

**Joseph Rochford, PhD**

Coordinator, Teaching and Training Bureau

**Howard Steiger, PhD**

Chief of the Eating Disorders Program

**Gustavo Turecki, MD, PhD**

Director of the McGill Group for Suicide Studies

**Claire-Dominique Walker, PhD**

Director of the Neuroscience Research Division

**Jacques Hendlisz (observer)**

Director General

**Lyna Morin (observer)**

Acting Department Head, Communications and Public Affairs  
Department

### Brain Bank

Sam Lal Douglas Institute Brain Bank

**Naguib Mechawar, PhD**, Director

**Danielle Cécyre**, Coordinator

Quebec Suicide Brain Bank

**Naguib Mechawar, PhD**, Director

**Gustavo Turecki, MD, PhD**, Co-Director

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

**Marc Laporta, MD**, 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

**Donald Collins**, Assistant to the Director of Technical Services and Facilities Directorate

**Marie-Ève Desaulniers**, Animal Health Technician

**Doris Dea**, Research Assistant

**Yvan-André Dumont**, Biochemist

**Jocelyne Lahoud**, Administrative Director of the Research Centre

**Dara Shahrokh**, Student Representative

**Aude Villemain**, Research Assistant

**Douglas Institute Foundation  
Board of Trustees  
As at March 31, 2010**

**Officers**

**Marie Giguère**, President  
**Joseph Iannicelli**, Vice-President  
**Michael Novak**, Vice-President  
**Martin Beauchamp**, Treasurer  
**Jane H. Lalonde**, Secretary

**Trustees**

**Maxime Barakat**  
**Roger Beauchemin Jr.**  
**geneviève bich**  
**Bernard Bussièrès**  
**Jocelyne Chevrier**  
**Normand Coulombe, CA, CFA**  
**Peter Daniel**  
**Maurice Forget, CM**  
**Brian Lindy**  
**Daniel Mercier**  
**François Morin**  
**Erik Ryan**  
**Marc Sévigny**  
**Meredith Webster**

**Members *Ex-officio***

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

### Code of Ethics for the Board of Directors

#### General Duties and obligations of members of the Board of Directors

In carrying out their mandate as Directors of the Douglas, the Board of Directors of the Douglas must:

- 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 the population it serves;
- 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 dishonesty;
- 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 to:

- 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 deliberation 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 in order to obtain, 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 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, loan discharge or reduction, or other advantage or consideration of a nature that could compromise the Board members

impartiality, judgment, or loyalty;

- Refrain from paying, offering to pay, or undertaking to offer any person a gift, legacy, recompense, favour, commission, reduction, discount, loan or loan discharge or reduction, or other advantage or consideration of a nature that could 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; such sanction may consist of a reprimand, suspension, revocation, 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.

### Infringement or Breaches

In **2009-2010**, 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 one.
- 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, 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 on November 21, 2007, and it has been in effect since that date.

## Declaration of Accuracy: Contents of Annual Report

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, 2010:

- 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, 2010.



**Jacques Hendlisz**  
Director General

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This annual report is a production of the Douglas Mental Health University Institute  
Communications and Public Affairs Department.

6875 LaSalle Blvd.  
Montreal, Quebec H4H 1R3 CANADA  
Phone: (514) 761-6131  
Fax: (514) 762-3043  
comm@douglas.mcgill.ca  
[www.douglas.qc.ca](http://www.douglas.qc.ca)

**Conceptualization, writing, and revision**

Marie France Coutu  
Olivier Lagueux  
Lyna Morin  
Danielle Thisdale

**Translation**

Amy Butcher

**Conceptualization and template design**

Bivouac Studio

**Auditors**

Raymond Chabot Grant Thornton, S.E.N.C.R.L.

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