THE POWER TO RECOVER

2011-2012 Annual Report

Douglas

INSTITUT UNIVERSITAIRE EN SANTÉ MENTALE

MENTAL HEALTH UNIVERSITY INSTITUTE

The individuals appearing in this annual report are Douglas Institute employees.

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McGill

Centre collaborateur OMS de Montréal pour la recherche et la formation en santé mentale
Montreal WHO Collaborating Centre for Research and Training in Mental Health

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MESSAGE FROM BOARD PRESIDENTS

Similar to the health care sector as a whole, this year the Douglas Institute has experienced many transformations, including a change in leadership. Throughout this period of transition, the Douglas has stayed its course thanks to a solid team and a well-developed Strategic Plan for 2011-2015.

The Douglas Institute Strategic Plan targets and outlines solutions for the major issues in mental health. As reflected by the vision "The Power to Recover", the plan addresses the essential conditions that will give people living with mental health problems hope and resources to live a more satisfying and engaged life.

Many people contributed to the Strategic Plan, including Jacques Hendlisz, Jean-Bernard Trudeau, MD, and Rémi Quirion, PhD. All three left the Douglas in 2011. After 17 years at the helm of the Douglas, Jacques Hendlisz retired from his position as Executive Director. Under his stewardship, the hospital gained status as a university institute, created a shared vision for care and research, and adopted a patient-centred approach. Jean-Bernard Trudeau acted as Director of Professional and Hospital Services and Medical Director of Clinical Activities, Knowledge Transfer and Teaching for the Douglas. A deeply humane individual and great unifier of people, he inspired the constant improvement of patient care. Rémi Quirion worked for more than 28 years at the Douglas Institute Research Centre, including 16 years as its Scientific Director. He leaves a significant legacy, as it was under his direction that the Research Centre became a leading facility in neurosciences and mental health in Canada. We acknowledge their vision and leadership, which led the Douglas toward new endeavors and accomplishments.

We would like to take this opportunity to sincerely thank Michel Dalton, who took over as interim Executive Director. Mr. Dalton continues to contribute to the Douglas as Assistant Executive Director.

Lynne McVey: our new Executive Director

We are extremely pleased with the appointment of Lynne McVey as the Douglas Institute's Executive Director, effective November 2011. In her previous position as Director of Nursing and Clinical Operations at the Jewish General Hospital and as Co-Director of the Segal Cancer Centre, Ms. McVey gained a vast knowledge of the issues and challenges in health, research and education. She is also an Associate Professor at McGill University's School of Nursing in addition to being a principle lecturer for the Health Administration Program in the Faculty of Medicine at Université de Montréal. A Fellow in Health Management for Nurse Executives at the Wharton School of Business of the University of Pennsylvania from 2009-2010, Lynne McVey now sits on the Board of Directors of this institution.

Through her passion and perseverance, Lynne McVey will be a great ally for the Douglas Institute. We know that her visionary leadership will inspire Douglas employees and partners to embark on projects that will contribute greatly to the future of mental health.

Outstanding projects

In the meantime, the Douglas, its partners and its generous donors can celebrate the many large-scale projects they achieved in the past year. These include the construction of the Brain Imaging Centre, the creation of the Standard Life Centre for Breakthroughs in Teen Depression and Suicide Prevention, Bell Canada's historic gift to the Brain Bank, and a major donation for research from La Famille Jocelyne and Jean C. Monty.

Brain Imaging Centre

This year, the Douglas finished construction of the Brain Imaging Centre (BIC), a cutting-edge facility for preclinical and clinical brain imaging research. This unique platform has two brain imaging scanners. The first will be used to significantly increase the range of clinical populations that can be examined safely (such as children). It will also be of great help in the longitudinal follow-up research of these groups. The second scanner for animal studies will be used to create animal models of brain pathologies, such as Alzheimer's disease, schizophrenia, depressive disorders and autism. Thanks to the BIC, researchers can ramp up their efforts to improve diagnosis, better predict the progression of disease, and provide better patient follow-up.

Standard Life Centre

This year, the Douglas Institute announced the creation of the Standard Life Centre for Breakthroughs in Teen Depression and Suicide

Prevention. Standard Life will invest one million dollars so that the centre, directed by child psychiatrist Johanne Renaud, MD, may carry out an important mission: to improve access to services and evaluate the effectiveness of treatments and approaches in the prevention of depression and suicide among Canadian teens. This is a major investment that will be fully devoted to preventing depression and suicide in Canada.

Douglas-Bell Canada Brain Bank

The Douglas Institute Brain Bank received an unprecedented donation of two million dollars from Bell Canada for the expansion and renovation of its facilities and the development of its recruitment and research activities. A component of Bell's mental health initiative *Bell Let's Talk Day*, this is also one of the largest corporate donations ever given in Quebec to a mental health university institute. Unique in Canada and one of the few of its kind in the world, the Brain Bank will now be called the Douglas-Bell Canada Brain Bank.

A Road Travelled Together

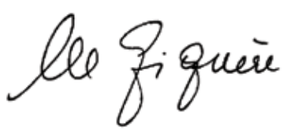
We are proud of the great strides we have made this year. These successes were made possible thanks to the support of the absolutely remarkable Douglas staff members, partners, volunteers and donors. We thank each and every one of you for your boundless energy and contribution to everything we accomplished in 2011-2012.

Claudette Allard

President, Board of Directors
Douglas Institute

François L. Morin

President, Board of Directors
Douglas Institute Research Centre



Marie Giguère

President, Board of Directors
Douglas Institute Foundation

MESSAGE FROM THE EXECUTIVE DIRECTOR

In January 2012, I embarked on a new path in my professional career, and it was with great pride and joy that I accepted the position of Executive Director of the Douglas Institute. At the Douglas, I have discovered an environment where my personal and professional values can develop and thrive. These values are echoed in the dedication of our staff to people who live with mental health problems as well as in our Institute's excellence in care, research and teaching.

After working for 25 years in the field of physical health, I am very enthusiastic about the idea of contributing to continued improvement in mental health access and care. I am particularly aware of the stigma associated with mental illness and the importance of receiving care with dignity.

As a health care professional and administrator, my practice is interdisciplinary and highly patient-centred. Each day, I witness the great compassion of Douglas doctors and the empathy of our care teams. Their partnership reflects each member's commitment to patient care. I am also thoroughly impressed by the high quality of work carried out at the Research Centre. I know that this solid network of varied expertise along with the integration of research and clinical care will cement the Douglas Institute's reputation as a world leader in mental health. More importantly, this mental health approach based on sharing, will improve the mental health of people in Quebec and Canada.

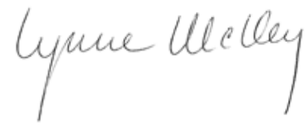
With the continued goal of better serving the public, and in accordance with the 2011-2015 Strategic Plan, our aim is to improve access and seamlessly deliver mental health services. This will be achieved through increased collaboration between the Douglas and our 1st-, 2nd- and 3rd-line mental health partners, as well as between the Douglas Institute, Research Centre and Foundation. Solid partnerships will improve services, clinical outcomes, and quality of life for people living with mental health problems.

Better quality of life will be achieved through a trove of progressive projects, including a healing physical environment based on best architectural practices in mental health. We aspire to build a new Institute that is modern, safe and conducive to recovery. Built between 1889 and 1940, our facilities that are past their useful lives constantly remind us of the Institute's asylum heritage and the segregation and stigmatization of mental health patients. This is a history we want to leave squarely in the past as we look to a future of recovery and hope. The new facilities will benefit patient recovery and staff well-being.

More than 1,500 people work at the Douglas Institute, which makes it the 2nd largest employer in the Borough of Verdun. We hope that Verdun residents take pride in this employer of choice that actively participates in community life and that they make the Douglas Institute *their* institute. As both a local actor and world citizen, the Douglas plays a leading role on a global scale. Thanks to the scientific research conducted at our new Brain Imaging Centre, the Douglas Institute's Research Centre has solidified its reputation as an international research hub.

Our collaboration with McGill University and the World Health Organization Collaborating Centre also attests to the importance of international partnerships that the Douglas Mental Health University Institute promotes. Our affiliation with these prestigious organizations promotes the work of Douglas experts both locally and around the world and advances knowledge in mental health.

I am enthusiastic and very excited about joining the Douglas team. It gives me great pleasure every day to see our health care professionals and researchers passionately work for the cause of mental health and commit to the fight against stigmatization. Together, we hope to make a true difference in the lives of patients and their families.



Lynne McVey

Executive Director

MESSAGE FROM THE RESEARCH CENTRE AND FOUNDATION EXECUTIVES

PUSHING THE BOUNDARIES OF KNOWLEDGE IN MENTAL HEALTH

The leadership role that the Research Centre has built over the years is reflected in the events that marked the year 2011-2012. Rémi Quirion, OC, PhD, CQ, FRSC, left as Scientific Director of the Research Centre to become Quebec Chief Scientist and Chairman of the Board of Directors of the Fonds de recherche du Québec in July 2011. We commend the invaluable legacy of Rémi Quirion, who spent 28 years at the Douglas Institute Research Centre, including 16 years as Scientific Director. It was under the reign of this great visionary researcher that the Research Centre's world reputation gained ground. His limitless passion for science and his skills as a leader, administrator and mentor attracted many eminent researchers. The Research Centre has thus become a leading institution nationally and internationally in the field of neuroscience and mental health. Rémi Quirion's vision of excellence and the innovative research projects he endorsed continue to inspire us and have allowed us to remain steadfast on the path he has established.

As one of our greatest sources of pride, the construction of the Brain Imaging Centre is a good example of one of these innovative projects. Its state-of-the-art equipment and laboratories will now allow researchers to collect information about the brain never before thought possible. We are hoping for major scientific advances from these new facilities, which will enhance the Research Centre's international reputation. We are convinced that the BIC can become a tremendous attraction for renowned researchers both in Canada and abroad.

However, cutting-edge equipment alone is not a guarantee of international leadership status for a Research Centre such as ours. The skill and dedication of its research teams are integral and essential parts of this reputation. This is why we would like to acknowledge the Fonds de la recherche en santé du Québec (FRSQ) for recognizing these qualities in so many of our FRSQ Research Scholars again this year. What's more, the Centre itself has been recognized by this funding agency as a "flagship centre" among health research organizations.

The international influence of our Research Centre, our goal to achieve excellence, and the scientific breakthroughs from our projects over these past years have all earned the Douglas unprecedented philanthropic support this year. This recognition from both the scientific and philanthropic worlds will certainly give us more ways to fulfill our primary mission, which is to advance and transfer knowledge in mental health.

The advancement of knowledge is essential to the development of better diagnostic tools, more effective preventive measures, and better treatments. With its sights set on the future, the Research Centre and its renowned research teams will continue to open new fields of study and push the boundaries of knowledge in mental health.

Alain Gratton, Ph.D.

Interim Scientific Director
Douglas Institute Research Centre

Jocelyne Lahoud, M.B.A.

Administrative Director
Douglas Institute Research Centre

AT THE DOUGLAS INSTITUTE, RESEARCH GOES HAND IN HAND WITH CARE… AND PHILANTHROPY

At the Douglas Mental Health University Institute, research and care are inseparable. Health professionals, patients and their families actively collaborate with researchers, which creates a strong mental health community. Philanthropy leads to constant improvement in this care community, which greatly benefits people living with mental illness.

This year, thanks to the generosity of our donors, the Douglas Institute Foundation funded a number of projects, including some that offered:

- A unique experience to 15 adolescents in the Intensive Intervention Program. Last summer, the group spent 9 days on a canoe camping trip with their case workers. The trip let these teenagers develop self-esteem and confidence, which is an essential step in recovery.
- Hope for people who suffer from recurring or chronic depression. Vagus nerve stimulation, a unique therapy in Quebec, offered only at the Douglas, has been made possible thanks to the Foundation's purchase of cutting-edge equipment.
- Stability and peace of mind for approximately 65 patients who, without donations, would not have the financial means to obtain medication.

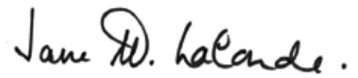
The Douglas Institute inaugurated its new Brain Imaging Centre, the first in Quebec dedicated exclusively to mental health. The donations received by the Foundation helped fund this unique centre. The imaging capabilities of the two scanners will allow all researchers at the Centre to improve diagnoses and offer personalized treatment.

With new funding for the Douglas-Bell Canada Brain Bank, we will continue to see major advances in mental health. I am grateful to Bell Canada for its exceptional donation of two million dollars over the next few years. Thanks to the company's outstanding support and the brain donations Quebecers are making, the Douglas Institute has gained unparalleled knowledge about the causes of mental illness and can give hope to people who suffer from them.

Finally, the Foundation is thrilled with the creation of the Standard Life Centre for Breakthroughs in Teen Depression and Suicide Prevention. Standard Life will invest one million dollars to help the centre carry out an important mission: to improve access to services and evaluate the effectiveness of treatment and approaches in the prevention of depression and suicide among Canadian teens. Depression affects approximately 17% of adolescents, and suicide is the second leading cause of death among Canadian teens after car accidents. On behalf of the Foundation, I would like to express my gratitude to Standard Life for choosing to invest in the mental health of Canadian teenagers.

The successes mentioned above would not have been possible without the great generosity of our donors and volunteers. Thank you for supporting the Douglas Institute in its mission to treat mental illness and hasten our understanding of these diseases so that, ultimately, we can prevent their development.

Thank you for making a difference!



Jane H. Lalonde

President
Douglas Institute Foundation

PRESENTATION OF THE DOUGLAS INSTITUTE

DECLARATION OF ACCURACY

As Executive Director, I am responsible for ensuring the reliability of the data contained in this annual activity report and any related controls.

The results and data of the activity report for the 2011-2012 fiscal year of the Douglas Mental Health University Institute:

- faithfully represent the mission, mandate, responsibilities, activities and strategic orientations of the institution;
- present its objectives, indicators, benchmarks and results;
- present accurate and reliable data.

I declare that the data contained in this annual activity report and any related controls are reliable and present an accurate view of the institution's position as at March 31, 2012.

Lynne McVey
Executive Director

MISSION

In collaboration with people living with mental health problems, their families, and the community, the mission of the Douglas Mental Health University Institute is to:

- Offer cutting-edge care and services
- Advance and share knowledge in mental health

VISION

The Power to Recover

What is recovery?
Recovery is a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness.

W. Anthony, 1993

MANDATE

The Douglas is a mental health university institute under the terms of *An Act respecting health services and social services*. As such, the Douglas must, in addition to carrying out the activities inherent to its mission, offer specialized and ultra-specialized services (Care), participate in education (Teach), evaluate health technologies (Evaluate) and manage an accredited research centre (Discover and Share).

Care

Our interdisciplinary teams provide services to all age groups. The catchment population for the second-line services offered by the Douglas is close to 300,000 people and covers two territories in South-West Montreal: CSSS Sud-Ouest–Verdun and CSSS Dorval-Lachine-LaSalle. As a mental health university institute and in collaboration with the institutions of RUIS McGill, the third-line mandate of the Douglas covers 23% of the Quebec population, including close to 50% of the Montreal population (1.7 million people in total) and approximately 63% of the Quebec territory. Furthermore, in accordance with *An Act respecting health services and social services*, the Douglas is designated as an institution that must provide all of its services in English to the English-speaking population.

Teach

Affiliated with McGill University and in partnership with other teaching institutions, the Douglas trains new recruits and provides a state-of-the-art mental health curriculum for all professional disciplines involved. We also help advance best practices by consolidating training programs with our partners.

Evaluate

Within a context of continued improvement in practices, our clinicians and researchers assess health technologies and methods of intervention to improve clinical benefits and the efficiency of the overall network.

Discover

Our researchers and clinicians are dedicated to the study of both mental illness and mental health, through the development of knowledge in neuroscience, clinical practices and service optimization.

Share knowledge

Our researchers and clinicians advance practices by integrating scientific discoveries into clinical practices and service organization. We train professionals and, together with our partners, disseminate new knowledge and best practices in order to improve the network of mental health services. We develop tools to support clinical practices and decision-making based on the best available knowledge. We also help destigmatize mental illness through awareness programs offered to the general public.

FIND OUT **MORE**

HIGHLIGHTS OF THE YEAR

Last year, the Douglas Institute broke new ground with its 2011-2015 Strategic Plan by including an annual review of its objectives. The goal is to provide greater flexibility toward change without losing sight of the Institute's long-term vision. Thus the broad guidelines focused on recovery and partnership have inspired innovative initiatives in research and clinical services.

The highlights for 2011-2012 speak volumes about our ability to innovate. In fact, a variety of initiatives testify to the dedication of Douglas Institute staff to making recovery a priority and to working every day to improve practices for patient well-being. Whether in research or clinical services, the year 2011-2012 at the Douglas Institute was marked by major milestones. Some projects affected the daily experience of patients and staff in the organization, while others helped the Douglas build its reputation nationally and internationally. One thing for sure, each of these accomplishments was guided by the same desire: to give people living with a mental health problem "The Power to Recover."

THE POWER TO RECOVER... THROUGH CARE

Implementation of the MFGT Program

We know that the involvement of the patient and his or her family members in care decisions is key to promoting recovery. To encourage this participation, the Clinical Activities, Knowledge Transfer and Teaching Directorate (CAKTTD) established a family psychoeducation program called Multiple Family Group Therapy (MFGT).

MFGT is based on the sharing of knowledge about the disease, symptom management, crisis intervention, emotional support and problem solving. The MFGT brings patients together with family members, loved ones and friends. Patients choose the people who will accompany them on their path to recovery. The MFGT program has been in place since fall 2011 in the Psychotic Disorders Program, the Child Psychiatry Program, and the Mood, Anxiety and Impulsivity Disorders Program.

FIND OUT **MORE**

User panel implemented in clinical programs

In collaboration with Michel Perreault, PhD, Douglas Institute researcher, the CAKTTD is working to create a user panel in each clinical program. This initiative is based on the user panel already in place in the Mood, Anxiety and Impulsivity Disorders Program. This is just one action that has been taken to give patients accountability in their recovery process.

FIND OUT **MORE**

Peer helpers and family caregivers in the Emergency Unit

The integration of peer helpers and family caregivers in clinical services began with the "family caregiver" project in the Emergency Unit. In partnership with the non-profit *organization Action on Mental Illness* (AMI), the CAKTTD also began a "peer helper service" in the Emergency Unit. These two initiatives are in addition to the various projects implemented to promote patient recovery.

FIND OUT **MORE**

Douglas Minds the Body

The *Douglas Minds the Body* initiative encourages patients to take control of their physical health by making physical activity a part of their lifestyles. People with mental disorders run a greater risk than the rest of the population of developing physical problems, such as issues with weight or cardiovascular disease. However, impaired physical health can seriously compromise the recovery from mental illness. In view of this troubling finding, two researchers from the Douglas Institute proposed incentives to give patients and staff the motivation to get moving. The minds behind this project are Ridha Joober, MD, PhD, psychiatrist and director of the schizophrenia research program, and William (Bill) Harvey, PhD, research associate and specialist in kinesiology.

To motivate budding athletes, the researchers decided to encourage participation in the Oasis Montréal Marathon in September 2011. The

Roberts Centre at the Douglas provided training assistance to patients who wanted to prepare for the event. According to Ridha Joober, getting exercise in the community helps people overcome isolation and a lack of socialization, which affects many people with a mental illness.

FIND OUT **MORE**

"Douglas Minds the Body" participants at the Montreal Oasis Marathon.

THE POWER TO RECOVER... THROUGH RESEARCH

Construction of the Brain Imaging Centre, Complete

The first Brain Imaging Centre fully devoted to psychiatry and mental health in Quebec opened its doors in fall 2011 at the Douglas Institute. The team at the Brain Imaging Centre (BIC), directed by Natasha Rajah, PhD, did not wait for the official inauguration to get to work. The BIC's activities began as soon as the facilities and equipment were up and running.

With the BIC, the Douglas Institute now has a world-class and state-of-the-art research platform. Two Magnetic Resonance Imaging scanners will be used for the non-invasive study of human and animal brains. The BIC also houses clinical research laboratories in experimental neuroscience. Thanks to these new high-tech facilities, Douglas researchers can now conduct the entire research cycle, from bench to bedside, at a single site. This achievement is further confirmation of the Douglas Institute's leadership in mental health.

FIND OUT **MORE**

The Douglas Institute Brain Imaging Centre.

PREVENT-Alzheimer: an innovative program

Launched in January, the PREVENT-Alzheimer program consists of a series of studies that target different preventive strategies that may delay the onset of Alzheimer's disease symptoms. The participant recruitment phase is going well. The team aims to have a cohort of 500 healthy participants above the age of 60, half of whom are at risk of developing Alzheimer's. To the knowledge of John Breitner, MD, MPH, principal investigator of the program and Director of the StoP-AD Centre, this study is the first of its kind worldwide.

PREVENT-Alzheimer researchers will use brain imaging at the BIC and cerebrospinal fluid analysis to track their subjects' biomarkers over a number of years. This will help them determine the preventive agents that are most likely to stop the development of the disease before the onset of symptoms.

FIND OUT **MORE**

John Breitner, MD, MPH, principal investigator of the PREVENT-Alzheimer program and Director of the StoP-AD Centre.

THE POWER TO RECOVER... THROUGH KNOWLEDGE SHARING

Cross-training

Cross-training is gaining ground when it comes to improving how network services operate. The goal is for partners to better understand their respective roles as a way to provide optimum service continuity. A number of cross-training sessions took place at the Douglas Institute this year, which demonstrates staff members' openness to innovative practices based on collaboration and interdisciplinary practice. These sessions covered anxiety and substance use in youth aged 15 to 30; concomitant mental health and drug addiction disorders; and the legal trajectories of people with mental health problems.

FIND OUT **MORE**

Preventive approach for youth: awareness and information

This year, the CAKTTD began a consultation, awareness, and knowledge sharing process to devise a preventive approach for youth and provide them with better services. The target approach emphasizes the early screening, diagnosis and treatment of mental illness. As part of this reflection process, a lecture was held on June 21, 2011 about the fight against the stigmatization of patients with a mental illness as well as the obstacles and potential solutions. Another lecture was held on November 30 on *Mental health and youth: global perspectives*. This event hosted invited speakers from England, Australia and

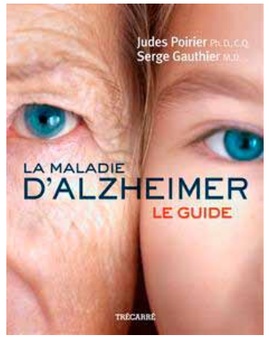
Canada, who talked about their experiences in organizations that provide services to youth while sharing their thoughts on the role of youth in society.

The Entretiens Jacques-Cartier at the Douglas Institute

For the 24th edition of the Entretiens Jacques-Cartier in October, the Douglas Institute hosted the symposium "Alzheimer's Disease: Government Strategies and Research." This international meeting brought together sixteen eminent European and Canadian researchers who analyze government strategies and scientific research on Alzheimer's disease. For two days, they shared their expertise on Quebec, Canadian, French and European government strategies for dealing with Alzheimer's disease. They also gave an overview of recent breakthroughs in basic and clinical research. The goal of the symposium was to reinforce prevention and to support public research efforts, as well as determine the orientations of future national programs as a way to offer better care at all stages of the disease.

FIND OUT **MORE**

Alzheimer's disease: a complete guide



Two world-renowned researchers from the Douglas Institute published a complete guide on Alzheimer's disease in fall 2011. This non-specialized reference book by Judes Poirier, PhD, and Serge Gauthier, MD, is meant for the loved ones of people with Alzheimer's disease and anyone else with an interest in the subject. The book addresses all aspects of the disease: risk factors, stages of its progression, past and present research, and an exploration of future research directions. The patient's journey is also described from the first doctor's visit to the clinical assessment and medication options. Thanks to this exceptional guide with rich content and clear prose, these two Douglas researchers have provided the public with an outstanding guide to Alzheimer's. Judes Poirier is the Director of the Molecular Neurobiology Unit at the Douglas, and Serge Gauthier is the Director of the Alzheimer's Disease Research Unit at the McGill Centre for Studies in Aging.

FIND OUT **MORE**

THE POWER TO RECOVER... THROUGH COLLABORATION

Douglas Institute: WHO Collaborating Centre

Two Collaborating Centre projects came to an end in 2011.

The WHO report on integrating mental health into primary care in Bélize and Dominica was written and published in the fall by Marc Laporta, MD, FRCPC, Director of the Collaborating Centre and a psychiatrist at the Douglas Institute.

FIND OUT **MORE**

The Quebec-Catalonia comparative study on work and mental health was published at the end of August. Three representatives of the Douglas Institute participated in this report: Michelle Gilbert, Caroline Dubé and Gaston P. Harnois, MD. Michelle Gilbert and Caroline Dubé are the former and new Director of Human Resources at the Douglas, respectively. Gaston P. Harnois is a psychiatrist at the Institute who is interested in the planning, development and evaluation of mental health services.

FIND OUT **MORE**

The Douglas Institute joins group of international experts on dementia

John Breitner, MD, MPH, researcher at the Douglas Institute and Director of the Centre for Studies on Prevention of Alzheimer's Disease (StoP-AD), is the only representative from Canada who will join an expert group to produce a WHO report on the impact of dementia around the world. The report will make recommendations to various governments about the key measures they need to adopt, notably when it comes to managing the major increase in the number of Alzheimer's cases.

Our researchers at the Mental Health Commission of Canada

In the spring, two Douglas Institute researchers collaborated with the Mental Health Commission of Canada (MHCC) in its work to create Canada's first mental health strategy. Anne Crocker, PhD, sat on the Advisory Committee for Mental Health and the Law. This committee studied how society considers the rights of people with a mental illness. It examined in particular how the legal system impacts the human rights of those with mental health problems.

Eric Latimer, PhD, was named lead investigator of the At Home project, a research demonstration project on mental health and homelessness. This project was inspired by Housing First, an initiative started in the United States 25 years ago. This approach makes housing a priority when addressing homelessness. The concept is that living in safe housing lets individuals focus on other problems. The study funded by the

MHCC lasted four years, but the Montreal At Home project is still ongoing and continues to be directed by Eric Latimer.

FIND OUT **MORE**

A new committee working on the continuum of care

The committee on the integration of mental health services and its partners will head up four gateway committees in the clinical service programs. These programs include child psychiatry, geriatric psychiatry, psychotic disorders, and mood, anxiety and impulsivity disorders. This new administrative structure will allow the committee to look into any problems more intently with each partner concerned. The committee on the integration of mental health services and its partners includes representatives from the following organizations: CSSS Dorval-Lachine-LaSalle, CSSS Sud-Ouest-Verdun, Agence de la santé et des services sociaux de Montréal (the Montreal Agency), Clinique communautaire de Pointe-Saint-Charles, Projet Suivi Communautaire, L'Autre Maison crisis centre, and the Douglas Mental Health University Institute.

THE POWER TO RECOVER... THROUGH PHILANTHROPY

Bell Canada's historic gift to the Brain Bank

On February 2, 2012, Bell Canada gave two million dollars to the Douglas Institute. This gift, which is dedicated to the Brain Bank, is one of the largest corporate donations ever given in Quebec to a mental health university institute. The funds will be used for the expansion and renovation of its facilities and the development of recruitment and research activities of the Douglas-Bell Canada Brain Bank.

Brain Bank Director Naguib Mechawar, PhD, took this opportunity to acknowledge how important brain donations are for research. He pointed out that the Brain Bank is unique in Canada and one of the few of its kind in the world. It has already led to tremendous scientific advances by our researchers, notably in relation to Alzheimer's disease and the epigenetic effects of early childhood abuse.

FIND OUT **MORE**

Lynne McVey, Executive Director, Douglas Institute; George Cope, CEO, Bell and BCE; Naguib Meshawar, Director, Douglas-Bell Canada Brain Bank; Martine Turcotte, Executive Vice Chair, Québec, Bell; Jane Lalonde, President, Douglas Foundation.

Standard Life hopes to prevent youth suicide

On October 5, 2011, an exceptional gift of one million dollars from Standard Life led to the creation of the Standard Life Centre for Breakthroughs in Teen Depression and Suicide Prevention. The Standard Life Centre is directed by a child psychiatrist at the Institute, Joanne Renaud, PhD. The centre's mission has two components: identify effective strategies and share knowledge. The first step will involve using a scientific approach to assess and implement the interventions, therapies or treatments that are effective in the prevention of depression and suicide among teens. Once these approaches have been identified, the next step will involve determining how to best share this information with other networks. The work carried out at the Standard Life Centre will not only help young patients at the Douglas but also many teens across Canada.

These unprecedented gifts from Standard Life and Bell Canada exemplify their solid trust in the Douglas Institute as a key leader in mental health research. The Douglas Institute Foundation thanks its donors for recognizing the value of research to the recovery of mental health.

FIND OUT **MORE**

Jane Lalonde, President, Douglas Institute Foundation; Joseph Iannicelli, President and Chief Executive Officer, Standard Life; Johanne Renaud, MD, Medical Chief, Youth section, Depressive Disorders Program, Douglas Institute and Director of Standard Life Center; Sophie Fortin, Senior Vice-President, People and Communications, Standard Life; and Michel Dalton, Interim Executive Director, Douglas Institute.

THE POWER TO RECOVER... THROUGH MAJOR PROJECTS

Clinibase at the Douglas Institute

A major page was turned in terms of clinical services at the Institute in 2011-2012, as its existing clinical administrative applications were replaced with the Clinibase solution. This product is a suite of user-friendly and integrated clinical management modules that provide simplified data entry and bed status management capabilities. A single system will now be used to manage patient movement from admission to discharge. Clinibase has led to a modernization of clinical management tools, access to a bilingual interface, and harmonization with the projects of the Montreal Agency and the MSSS.

For the nearly 500 people involved, this transition has involved new processes and adjustments to daily work routines that were not always easy to adopt. The implementation management team ensured that the transition was as smooth as possible. This meant providing targeted training, giving technical support, distributing the necessary documentation, and conducting effective and constant follow-up throughout the different steps.

Clinibase deployment in all clinical units took place over several months. This process required continuous commitment from the interdisciplinary team, who orchestrated the Clinibase implementation and approached this change with exemplary professionalism.

Microsoft Office/Outlook Shift

The fall was a time of another major change in computer tools, as the entire Douglas Institute shifted to the Microsoft Office 2010 suite and saw its Lotus Notes e-mail systems replaced with Outlook 2010.

Computer Services conducted these major changes in small steps. At first, pilot projects were held for two groups, followed by a gradual transition for other groups over a few months. In each activity sector or pavilion, trained users were the ones who first experimented with the new tools. Qualified and designated as "superusers," they provided quick and effective support throughout the Douglas. Other forms of assistance were offered, such as interactive training and on-line checklists. The Douglas definitely rose to the challenge of this major change, and the implementation by Computer Services was a true demonstration of efficiency.

Launch of the *Healthy Douglas Club*

The Douglas Institute still has its sights set on obtaining certification as a "Healthy Enterprise" in fall 2012. The Institute's firm commitment to creating conditions that will let employees take responsibility over their own health gave rise to many original and stimulating initiatives, such as the launch of the *Healthy Douglas Club* in May 2011.

Staff members who are part of the club can participate in a variety of activities, courses and exercise programs and therefore benefit from taking responsibility for their health. For example, the club offers Cardio Plein Air, Hatha Yoga, Power Yoga and Zumba classes. In winter, snowshoes are made available to club members. Lab tests such as BMI (body mass index), weight, blood pressure and blood sugar levels are routinely offered to members as well. On June 12, 2011, the *Défi ici ça marche!* was launched for employees. Members who registered for the challenge received a pedometer and a walking journal so that they could record their walked distances from June 12 to September 3. These are just a few examples of what the Health and Wellbeing Committee and the Healthy Douglas Club are doing to encourage staff to actively adopt a better lifestyle.

FIND OUT **MORE**

THE POWER TO RECOVER... THROUGH EXCELLENCE

Accreditation Canada awards "exemplary standing" to two Institute programs

This status is given to organizations whose high-quality leadership and service delivery contribute to health care as a whole and that strive for excellence in their specific field.

École Mini Psy/Mini-Psych School

Given by Douglas mental health professionals and researchers, these courses are filmed and broadcast on Canal Savoir, on the Web and in social media.

Knowledge transfer on eating disorders

The knowledge transfer program on eating disorders has specialized staff who work to share care practices with partners in the community.

Centraide Coup de cœur Award – Employee Campaign Category – Public Sector

This award was given to the Douglas in recognition of the motivation, commitment and originality of its Centraide campaign. It also acknowledges the remarkable increase in visibility, participation and donations collected.

The team behind the 2011 Centraide Coup de cœur award.

Research Scholar Junior 2 – FRSQ

Naguib Mechawar, PhD

This FRSQ program is designed to promote continuity in health care research in Quebec and to ensure that high-calibre scientists are available to meet the needs of universities, hospitals and industries.

The Order of Canada

Michael Meaney, CM, PhD, CQ, FRSC

The title of Member of the Order of Canada recognizes the lifetime achievement and outstanding merit of individuals who have made an important contribution to Canada and the good of humanity.

AFSP Young Investigator Award

Carl Ernst, PhD, Researcher, Douglas Institute; Assistant Professor, Department of Psychiatry, McGill University

This award bestowed by the American Foundation for Suicide Prevention aims to encourage young, promising researchers who work in suicide prevention.

Research Scholar Junior 1 – FRSQ

Rob Whitley, PhD

This FRSQ program is designed to promote continuity in health care research in Quebec and to ensure that high-calibre scientists are available to meet the needs of universities, hospitals and industries.

CIHR New Investigator Award

Rob Whitley, PhD

This grant is given to promising researchers at the start of their careers to support their research projects.

Annual Award for Lifetime Achievements in Geriatric Psychiatry – CAGP

N.P. Vasavan Nair, MD, FRCPC

Given by the Canadian Academy of Geriatric Psychiatry (CAGP), this award recognizes the exceptional contribution of a geriatric psychiatrist to the development of this field in Canada in education, research and services.

DOUGLAS INSTITUTE AWARDS

Roberts Award – Personal excellence, direct patient care

Lisa O'Reilly, Recreational Therapist, Moe Levin Centre, Geriatric Psychiatry Program

InnovAction Awards

- ADMINISTRATIVE STAFF
  Annie Beaulac, Administrative Technician, Workplace Health and Safety Department
- TECHNICAL STAFF
  Jean-François Rivard, Data Processing Technician, Computer Department
- PROFESSIONALS
  Gilbert Tremblay, Psychologist, Act Team, Psychotic Disorders Program
- RESEARCH
  Eve-Marie Charbonneau, Animal Facility Supervisor and Coordinator, Neurophenotyping Platform
- MANAGERS
  Hélène Laberge, Professional Chief, Occupational Therapy, Department Head, Medical Records
- TEAM
  Quality & Risk Management Team, Patient Safety Week

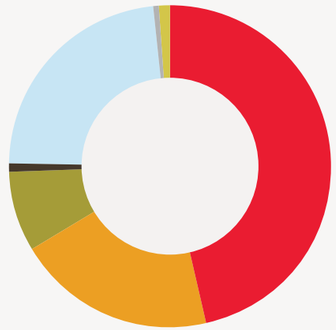
Nova Award – Personal excellence, Customer service

- **Vitalis Ashby,** Beneficiary Attendant, Psychoses Hospitalization Unit, Burgess, Psychotic Disorders Program

MAIN POPULATION CHARACTERISTICS

The Douglas Institute provides services to the entire population covered by the RUIS McGill (Réseau universitaire intégré de santé de l'Université McGill).

BREAKDOWN OF POPULATION OF RUIS MCGILL BY REGION (IN 2011)



46.53%	MONTRÉAL
20%	OUTAOUAIS
7.91%	ABITIBI-TÉMISCAMINGUE
0.77%	NORTH OF QUÉBEC
23.26%	MONTÉRÉGIE
0.65%	NUNAVIK
0.87%	TERRES-CRIES-DE-LA-BAIE-JAMES

BREAKDOWN OF POPULATION OF RUIS MCGILL BY AGE GROUP (IN 2011)

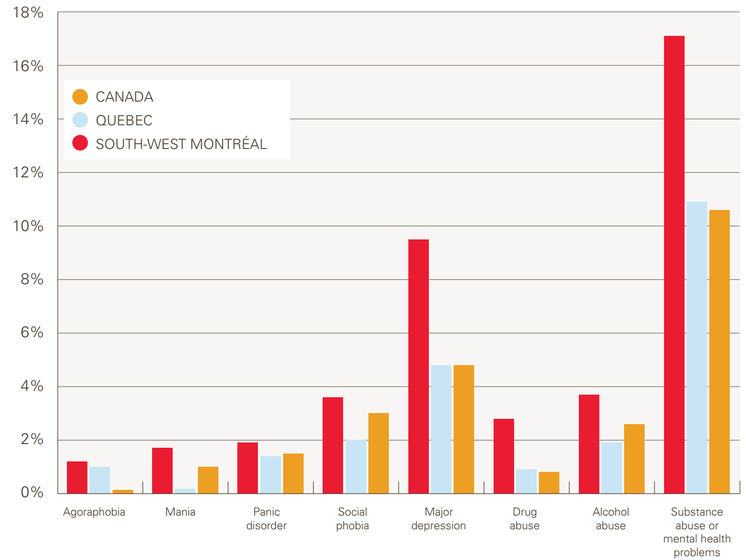
21%	375,488	UNDER 18
65%	1,196,725	18 TO 64
14%	260,784	65 AND OVER

TOTAL NUMBER OF POPULATION BY RUIS MCGILL TERRITORY (IN 2011)

REGION/LSN (LOCAL SERVICE NETWORK)	
PIERREFONDS – LAC SAINT-LOUIS	**220,054**
DORVAL – LACHINE – LASALLE	**139,561**
VERDUN – CÔTE ST-PAUL – ST-HENRI – POINTE-ST-CHARLES	**148,302**
CÔTE-DES-NEIGES – MÉTRO – PARC-EXTENSION	**220,878**
CÔTE-SAINT-LUC – NDG – MONTRÉAL-OUEST	**124,085**
GRANDE-RIVIÈRE – HULL – GATINEAU	**237,009**
PONTIAC	**20,817**
COLLINES-DE-L'OUTAOUAIS	**34,625**
VALLÉE-DE-LA-GATINEAU	**20,907**
VALLÉE-DE-LA-LIÈVRE ET DE LA PETITE-NATION	**53,389**
TÉMISCAMINGUE	**3,156**
VILLE-MARIE	**13,368**
ROUYN-NORANDA	**40,708**
ABITIBI-OUEST	**20,430**
ABITIBI	**24,502**
VALLÉE-DE-L'OR	**42,875**
NORD DU QUÉBEC	**14,186**
HAUT-SAINT-LAURENT	**24,502**
SUROÎT	**56,494**
JARDINS-ROUSSILLON	**204,582**
VAUDREUIL-SOULANGES	**140,288**
NUNAVIK	**11,860**
TERRES-CRIES-DE-LA-BAIE-JAMES	**15,922**
TOTAL	**1,836,997**

MAIN HEALTH DATA

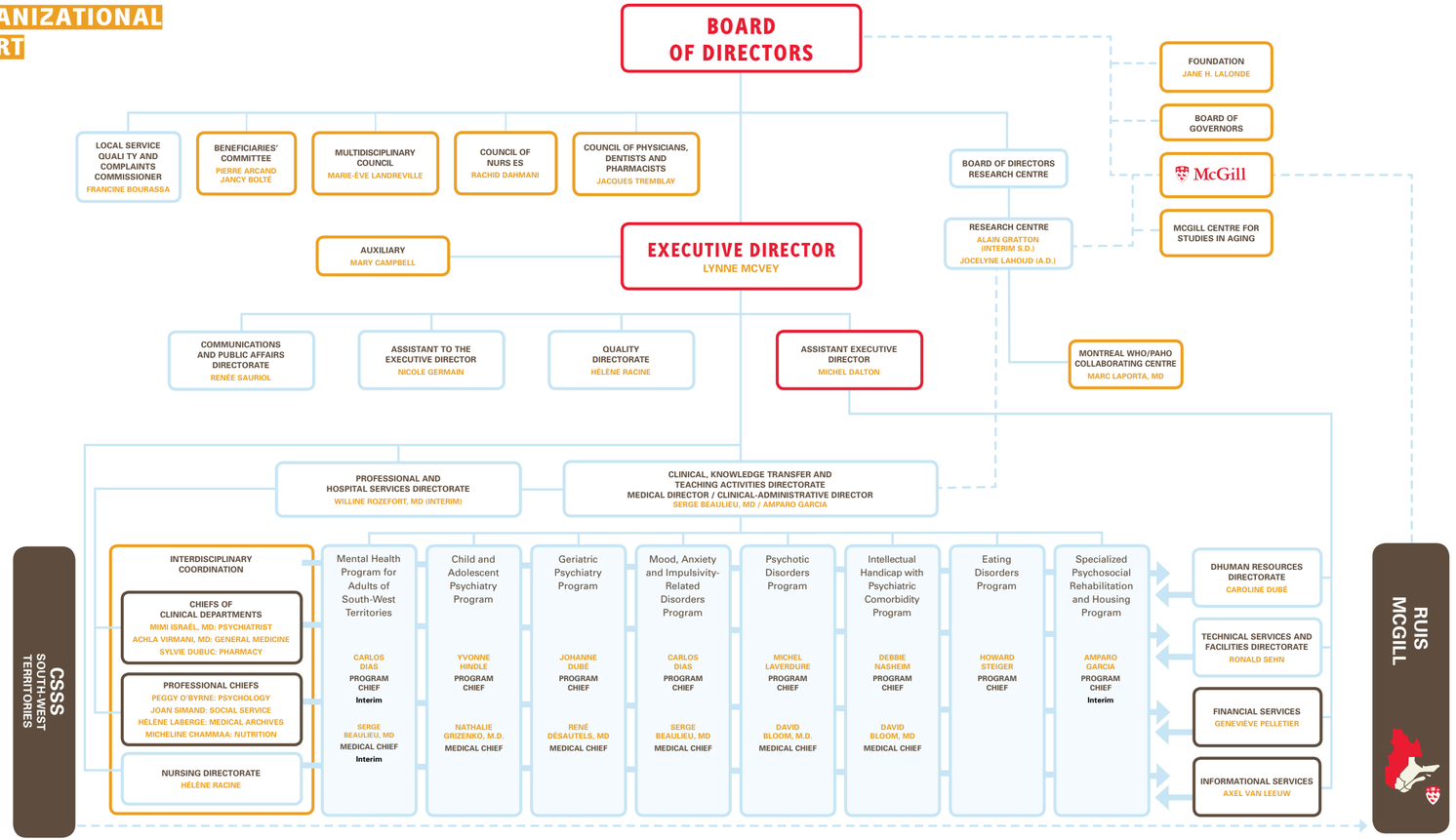
The following graph shows the prevalence of mental health problems in South-West Montréal,* in Quebec and in Canada.



Source:
Canadian Community Health Survey, Mental Health and Well-being, Statistics Canada, 2011.

* Verdun, Côte-Saint-Paul, Ville-Émard, Ville LaSalle, Vieux-Lachine, Dorval, Pointe-Saint-Charles/Saint-Henri.

ORGANIZATIONAL CHART



2 DOUGLAS INSTITUTE ACTIVITIES

STRATEGIC DIRECTIONS AND PRIORITIES

Focused on patients and on the quality of services they receive, the current strategic plan was founded on the Douglas' impressive record of achievements and the integration and excellence of patient care and services, research, and teaching.

Following are the strategic directions and priorities of the Douglas:

Strategic direction 1:

Facilitate recovery, promote empowerment, and improve the quality of life of people living with mental health problems.

Priorities:

1. Complete the implementation of the framework for the consolidation of interdisciplinary clinical programs, which includes:
   a. *Needs assessment;*
   b. *Implementation of recognized best practices;*
   c. *Integration of research and teaching;*
   d. *Program and clinical outcome assessment.*
2. Optimize the quality of services and patient safety.
3. Invest in programs and services to optimize access, continuity and flow between services: the right service to the right person at the right place and at the right time.
4. Fully integrate patients and their families into the clinical care process.

Strategic direction 2:

Initiate a preventive approach in mental health.

Priorities:

1. Develop an approach with our partners that puts the emphasis on the early detection, diagnosis, and treatment of mental illnesses.
2. Introduce a strategy to promote the prevention of mental illnesses.
3. Provide our partners and the community with up-to-date, valid, and pertinent information on mental health.

Strategic direction 3:

Develop a healing environment that promotes best practices, innovation and recovery.

Priorities:

1. Promote a safe environment that is conducive to recovery despite the current physical constraints.
2. Implement the new institute project based on the concepts of evidence-based design and a healing environment.

Strategic direction 4:

Improve knowledge and influence direction in mental health.

Priorities:

1. Innovate, develop, apply, and share knowledge to:
   a. *Improve the quality of services and clinical outcomes;*
   b. *Influence the development of research projects;*
   c. *Promote translational research;*
   d. *Influence directions and policies in mental health;*
   e. *Optimize the organization of services with our partners to improve access and flow between services.*
2. Lead actions so that the community fully integrates people living with mental health problems as full citizens.

Strategic direction 5:

Develop and build on the potential of human resources and promote operational excellence.

Priorities:

1. Provide an environment where human potential and collaboration are a valued part of operational excellence.
2. Support professional and management practices with improvement and feedback tools including:
   a. *Training programs;*
   b. *Updated clinical information systems;*
   c. *Improved processes;*
   d. *Reliable, precise, and useful tools for analysis and decision-making purposes;*
   e. *Sustainable development practices.*
3. Implement a process to ensure progress in the strategic plan.

Strategic direction 6:

Promote philanthropy to benefit mental health.

Priority:

1. Conduct a major fundraising campaign to support the development of cutting-edge programs, research and organizational priorities.

SERVICES PROVIDED

A university institute in mental health, the Douglas is an international leader in care, research and teaching.

CARE AT THE DOUGLAS

Interdisciplinary teams at the Douglas Institute provide clinical services to all age groups in both French and English. The different services provided correspond to different areas of expertise in mental health, such as:

- Anxiety
- Depression
- Alzheimer's disease and other forms of dementia
- Schizophrenia and other forms of psychosis
- Eating disorders
- Bipolar disorders
- Behaviour disorders

The Douglas Institute offers a broad range of specialized and superspecialized, internal (inpatient), or external (outpatient) services, which are offered through different programs.

FIND OUT **MORE**

Child Psychiatry Program

The Child Psychiatry Program at the Douglas Institute offers a range of bilingual services to youth aged 0 to 17 years and their families.

The different services provided are in line with the Douglas Institute's areas of expertise in mental health, such as:

- Anxiety
- Psychosis
- Eating disorders
- Attention deficit, with or without hyperactivity, disorders (ADHD)
- Depressive disorders
- Pervasive developmental disorders (PDD)
- Severe behaviour disorders

Services provided

Severe Disruptive Disorders Program, for youth aged 6 to 12:

- Day Hospital
- Attention Deficit, with or without Hyperactivity, Disorder (ADHD) Outpatient Clinic
- Outpatient Clinic

Intensive Intervention Program, for youth aged 13 to 17:

- Short-term Intensive Adolescent Inpatient Unit
- Intensive Intervention Adolescents Day Hospital
- Outpatient Clinic (transition program)

Child Psychiatry Outpatient Clinic, for youth aged 0 to 17 years:

- Pervasive Developmental Disorders (PDD) Diagnostic Clinic
- Depressive Disorders Clinic
- Outpatient Clinic

Services may include therapeutic activities such as music therapy, art therapy, speech therapy, pet therapy, greenhouse workshops (horticultural therapy), sports activities and other recreational activities.

Geriatric Psychiatry Program

The Geriatric Psychiatry Program at the Douglas Institute provides services to clients aged 65 and older and to adults younger than 65 with a geriatric profile.

The program covers psychiatric diagnoses such as:

- mood disorders
- anxiety disorders
- impulsivity disorders
- psychotic disorders
- cognitive disorders including dementia

Services provided

The program offers (2nd-line) general geriatric psychiatry services:

- Outpatient services: Evaluation-liaison team, Outpatient clinic and Transitional centre
- Inpatient services: Admission and Medical Unit and the Psychosocial Rehabilitation Unit

The program also provides a specialized 3rd-line geriatric psychiatry service: the Program for Dementia with Psychiatric Comorbidity.

Mood, Anxiety and Impulsivity Disorders Program

The Mood, Anxiety and Impulsivity Disorders Program at the Douglas Institute provides care to people aged 18 to 65 years with a mood disorder such as:

- Bipolar disorders
- Depressive and suicide disorders
- General anxiety disorders
- Panic disorders with or without agoraphobia
- Phobia problems
- Obsessive-compulsive disorder
- Post-traumatic stress disorder
- Borderline personality disorders

This program also targets children and adolescents aged 6 to 18 years who suffer from a depressive or suicide disorder.

Services provided

Bipolar Disorders Program. Services for people suffering from refractory bipolar disorder.

Depressive and Suicide Disorders Program. Services for people suffering from refractory and/or recurrent major depressive disorder.

Anxiety Disorders Clinic. Services for people who have been diagnosed with one or multiple anxiety disorders.

Personality Disorders Clinic. Services for people with personality disorders.

Out-Patient Clinic. Short- or medium-length second-line services of variable intensity to stabilize patients and improve their quality of life while encouraging their independence.

Le Tremplin Day Hospital. Assistance for people suffering from a mental health disorder to develop their own functioning strategies, improve their social skills, and learn anger management techniques, ideally without hospitalization.

Short-Term Care Unit (CPC2). Helps people in the acute phase of a severe mental disorder. The goal is to stabilize patients so that they can return as soon as possible to the community.

Psychotic Disorders Program

The Psychotic Disorders Program at the Douglas Institute provides services to adults aged 18 to 65 with schizophrenia or other forms of psychoses, with the exception of the Prevention and Early Intervention Program for Psychoses (PEPP-Montréal), which is designed for people aged 14 to 30.

Services provided

Psychosis Hospitalization Unit (Burgess 1). A 30-bed unit for people with psychotic disorders who require short-term hospitalization.

Intensive Rehabilitation Program. Hospitalization and transition services for people suffering from prolonged, complex and treatment-resistant psychotic disorders.

Out-Patient Services. Composed of the Out-Patient Clinic (OPD), the Intensive Community Rehabilitation team, and the ACT team.

Prevention and Early Intervention Program for Psychoses (PEPP-Montréal). Treatment for youth dealing with an untreated first psychotic episode.

Intellectual Handicap with Psychiatric Comorbidity Program

The Intellectual Handicap with Psychiatric Comorbidity Program is designed for people **aged 18 to 65** who have a moderate to severe **intellectual handicap** accompanied by a **psychiatric disorder**.

Services provided

Care unit (Burgess 2). The goal of this 15-bed unit is to stabilize the health condition of patients before sending them back into the community.

Phoenix Learning Centre. This day centre can receive up to thirty people, who are divided into three groups based on different assessment tools.

Out-Patient Service. Thirty-five patients staying with fourteen different host families are currently being followed by the program's Out-Patient Service.

Eating Disorders Program

Since its creation in 1986, the Eating Disorders Program (EDP) has offered specialized clinical services for people 18 years and older who suffer from anorexia nervosa or bulimia nervosa. Children and adolescents can consult the services for children and adolescents of the Douglas Institute or the child psychiatry program of the Montreal Children's Hospital or the CHU Sainte-Justine.

Services provided

An Out-Patient Clinic that offers a comprehensive range of services that can be adjusted to meet individual needs:

- Individual, family/couple, and group therapy
- Pharmacological therapy
- Nutritional therapy

A **Day Program** that offers highly-structured, group-based treatment. The program addresses the needs of individuals requiring intensive care, provides a more structured environment than the Out-Patient Clinic, and addresses eating problems and related psychological and behavioural issues. The program runs for eight weeks.

The only one of its kind in Quebec, the **Day Hospital** is designed for people with severe eating disorders who are still able to manage adequately without overnight supervision.

The **In-Patient Unit** is for people with severe medical and psychological complications or those for whom out-patient treatment is insufficient to resolve eating disorder symptoms.

Psychosocial Rehabilitation and Specialized Housing Program

The Psychosocial Rehabilitation and Specialized Housing Program helps adults of any age with a severe mental disorder return to and stay in the community.

Services provided

Specialized Housing Service: Provides a community living environment that promotes recovery, rehabilitation and community and social reintegration.

Wellington Centre: A rehabilitation and community support centre (SPECTRUM) that promotes the well-being and social reintegration of people suffering from severe and persistent mental disorders through training, activities and customized support.

Crossroads Day Hospital

The multidisciplinary team of the Crossroads Day Hospital helps people aged 18 to 64 with a mental health problem:

- Develop their own coping strategies
- Improve their social skills
- Learn anger management techniques

Its goal is to give people a sense of responsibility over their mental health problem and help them better manage everyday life.

The Day Hospital provides an intensive therapy program for groups and individuals along with diverse community activities.

These programs and activities are offered on a daily basis, six hours a day, five days a week, for an eight-week period.

Emergency Department

Individuals who have a mental health problem may go to the emergency room of the nearest hospital, to the Douglas Institute Emergency Department or to a community crisis centre.

The Emergency Department at the Douglas Institute provides care and services to anyone with a mental health problem and whose condition requires urgent care. Emergency is open 24 hours a day, 7 days a week.

RESEARCH AT THE DOUGLAS

The Douglas Institute's Research Centre is the oldest centre of its kind in Quebec. With an annual budget of **$18.5 million**, it brings together over **300** distinguished **researchers** and **post-doctoral fellows** from all over the world, whose breakthroughs produce some **215 scientific publications** every year.

Recognized as a flagship centre by the Fonds de la recherche en santé du Québec (FRSQ), the provincial health research fund, the Research Centre, overseen by a board of directors, is financed in part by the Douglas Institute Foundation and in part by Canada's most prestigious research grants, including the Canadian Institutes of Health Research (CIHR) and FRSQ, to name just two.

The Research Centre also sets itself apart with innovative research projects in the neurosciences, clinical and psychosocial divisions. In addition, the World Health Organization (WHO) Collaborating Centre in Montreal chose the Institute to establish its Centre for Research and Training in Mental Health.

FIND OUT **MORE**

Research themes

The Douglas Institute uses a multidisciplinary approach to research that combines the neurosciences, clinical experience, and psychosocial factors and is based on four major themes:

- Schizophrenia and Neurodevelopmental Disorders
- Services, Policy and Population Health
- Mood, Anxiety, and Impulsivity-related Disorders
- Aging and Alzheimer Disease

Exploring these four themes is a team of 67 researchers, some of whom are world-renowned; their work has contributed to a better understanding of the mechanisms involved in certain mental illnesses.

Each research theme includes research groups and laboratories that bring together researchers and their teams to study specific research topics.

Schizophrenia and Neurodevelopmental Disorders

The researchers exploring the Schizophrenia and Neurodevelopmental Disorders theme focus on the causes, course, treatment and prevention of illness.

In Canada, one in a hundred people will be diagnosed with schizophrenia, while 3 to 5% of children have an attention deficit hyperactivity disorder (ADHD). Effective treatment for individuals with neurodevelopmental disorders depends on finding ways to control the symptoms with the appropriate medication, psychotherapeutic and educational interventions, along with a healthy lifestyle.

Research under this theme is oriented towards:

- Early intervention, which increases the effectiveness of treatment for schizophrenia and other psychotic disorders.
- Identifying the genes linked to schizophrenia, autism and attention deficit hyperactivity disorder (ADHD).
- Identifying the predisposing factors, such as genetic and environmental alterations, that occur in early brain development.
- The interaction of genes and environmental factors.
- The link between maternal infection during pregnancy and babies' brain development.
- The link between prenatal stress and babies' brain development (Suzanne King, PhD).
- The link between sleep and attention deficit hyperactivity disorder (ADHD).
- Anatomic and functional changes to the brain detected by means of a scanner or an electroencephalogram.
- The etiology of schizophrenia, such as the mechanisms of genetic transmission, structural and functional brain abnormalities and the changes this disease causes in brain chemistry.

Services, Policy and Population Health

The researchers working on the Services, Policy and Population Health theme come from a wide variety of disciplinary backgrounds: psychiatry, epidemiology, law, anthropology, economy, psychology, social work, and administration.

Their goal is to inspire and influence developments in mental health policy so that people living with a mental illness can obtain the care and services to which they are entitled. To accomplish this, the researchers:

- Study the organization of mental health services, as well as the social, cultural and economic factors that contribute to mental and substance use disorders.
- Sit on decision-making committees, alongside healthcare professionals and decision-makers, to assist in formulating concrete policies that integrate new scientific knowledge.
- Sit on the Quebec Primary Care Committee and act as a consultant for the Health and Welfare Commissioner.
- Are members of the Mental Health Commission of Canada and the Table de concertation psychiatrie-justice de Montréal (Montreal table for psychiatry and justice).
- Are members of the Provincial Advisory Committee on the Allocation of Mental Health Resources and also sit on the Institute of Health Services and Policy Research Advisory Board of the Canadian Institutes of Health Research (CIHR).

Mood, Anxiety, and Impulsivity-related Disorders

Researchers examining the Mood, Anxiety, and Impulsivity-related Disorders theme are aiming to identify the genetic, psychological, neurobiological and environmental causes of most mood disorders and testing the most effective treatments. Their main focus is on:

- Depression
- Bipolar disorder
- Personality disorders
- Post-traumatic stress disorder
- Eating disorders
- Substance dependence, e.g. drug or alcohol
- Suicide

Our researchers focus on the following:

- **Genetic marker:** Researchers are attempting to identify genetic risk factors for eating disorders, personality disorders, suicide, alcoholism and substance abuse.
- **Neurobiological marker:** Researchers try to identify the neurobiological mechanisms behind depression and anxiety.
- **Psychological marker:** People react differently to stress and trauma. For this reason, researchers are currently conducting clinical studies to identify psychological markers, such as personality traits linked to anxiety disorders, particularly post-traumatic stress disorder.
- **Treatments:** Researchers are assessing the effects of specialized interventions in the treatment of different pathologies.

Aging and Alzheimer Disease

We all know that, as a population, we are getting older:

- By 2016, 17% of Canadians will be at least 65 years old and, as the population ages, the number of Alzheimer's cases will rise accordingly (Statistics Canada)
- The risk of depression among caregivers of Alzheimer's sufferers is twice as high as for informal caregivers of individuals with no dementia

The needs of our aging population will be a heavy load to bear if we do not find more effective means to treat and prevent Alzheimer's disease and other forms of dementia.

Douglas Institute researchers are particularly interested in the identification and prevention of dementia in the elderly. They are exploring the following topics:

- The identification of new cognitive markers preceding Alzheimer's disease in the elderly.
- Stress as a risk factor for dementia in older persons.
- The physical and mental health of informal caregivers.
- The link between Alzheimer's disease and genotype (hereditary genetic constitution of an individual).
- The link between Alzheimer's disease and phenotype (non-hereditary observable characteristics of an individual resulting from the interaction of its genotype with the environment).
- The link between dementia and depression in older persons.
- Estrogens as a protective factor against cognitive impairment in older women.

TEACHING AND TRAINING AT THE DOUGLAS

The Douglas Institute helps advance knowledge and practices in mental health through cutting-edge research and educational programs. As an educational organization, the Douglas shares its knowledge with students, staff members, researchers, mental health professionals and workers as well as with the general public.

Medical students or residents who would like to deepen their knowledge of psychiatry may choose from one of the following forms of medical training:

- Clerkship
- Residency
- Fellowship
- Continuing medical education

Students interested in an internship may choose among the following disciplines:

- Nursing
- Psychology
- Occupational Therapy / Specialized Education
- Nutrition
- Social services

Students in a bachelor's, master's, doctoral or post-doctoral program can expand their expertise by participating in research projects.

Mental health professionals or workers, Douglas Institute staff members, or employees from any other institution may choose among the following training:

- Traditional training
- E-learning
- Visiotraining
- Cross-training

FIND OUT **MORE**

Mental Health Education Office

The prejudices and stigmatization surrounding mental illness prevent many people from speaking out and getting help. This is why a few years ago, the Douglas Institute created a public education program that aims at dispelling the myths related

to mental illness and fighting prejudices. Since 2011, these activities have been organized by the Douglas Institute Mental Health Education Office (MHEO).

The more the public is informed, the more people will understand that it is possible to lead a satisfying and productive life with a mental illness that is correctly diagnosed, accepted and controlled.

The Institute's MHEO organizes two main initiatives:

- **Frames of Mind™:** A series of films that deal with mental health problems. The screening is followed by a discussion between a Douglas expert, the film director/ actors, and the audience.
- **Mini-Psych School:** A series of courses on different mental illnesses given by Douglas mental health researchers and professionals. Mini-Psych school courses are taped and broadcast on YouTube, McGill University's iTunes U and the Canal Savoir television station.

FIND OUT **MORE**

PERFORMANCE INDICATORS

ACTIVITY INDICATORS

	2011-2012	2010-2011
NUMBER OF BEDS	241	241
SHORT-TERM HOSPITALIZATIONS	1,772	1,646
LONG-TERM HOSPITALIZATIONS	311	273
OUT-PATIENTS (OP)	8,581	8,955
EMERGENCY DEPARTMENT VISITS	4,908	4,547
INCIDENTS/ACCIDENTS	2,525	2,007
CONTROL MEASURES	7,740	9,231

DOUGLAS INSTITUTE STAFF

	2011-2012	2010-2011
HOSPITAL STAFF	1,060	1,134
RESEARCH CENTRE STAFF	488	284
TOTAL	**1,548**	**1,418**
PHYSICIANS (OTHER THAN PSYCHIATRISTS)	18	10
PSYCHIATRISTS *	47	51
PRINCIPAL RESEARCHERS	63	57
ASSOCIATE RESEARCHERS AND CLINICIANS	19	15
NURSING STAFF	283	321
PROFESSIONALS	199	223
OTHER CARE STAFF	107	125
OTHER EMPLOYEES	442	465

*Including general practitioners with privileges in psychiatry

EMERGENCY DEPARTMENT

OVERVIEW OF EMERGENCY DEPARTMENT ACTIVITY LEVELS	2011-2012	2010-2011	DEVIATION	VARIATION
OCCUPANCY RATE AT EMERGENCY AND BTU	127%	132%	-5%	▼
PERCENTAGE OF STAYS EXCEEDING 48 HOURS ON A STRETCHER	0%	3%	-3%	▼
AVERAGE LENGTH OF STAY (HOURS) ON A STRETCHER	8	20	-12	▼
NUMBER OF VISITS	4,909	4,546	362	▲

INTERNAL SERVICES

1 – OCCUPANCY RATE

	2011-2012	2010-2011	DEVIATION	VARIATION
SHORT TERM	119%	114%	5%	▲
LONG TERM	118%	114%	4%	▲
ALL INSTITUTE	**118%**	**114%**	**4%**	▲

2 – AVERAGE LENGTH OF STAY

	2011-2012	2010-2011	DEVIATION	VARIATION
SHORT TERM	26.03	29.74	-3.71	▼
LONG TERM	178.56	239.66	-6.10	▼
ALL INSTITUTE	**48.47**	**59.07**	**-10.60**	▼

3 – PERIOD BEFORE READMISSION

INTERVAL	2011-2012	2011-2012	2010-2011	2010-2011	DEVIATION	VARIATION
00-03 MONTHS	441	42%	408	41%	-1%	▼
03-06 MONTHS	126	12%	129	13%	-2%	▼
06-12 MONTHS	94	9%	149	15%	0%	▼
12-24 MONTHS	146	14%	131	13%	0%	▲
24 MONTHS AND +	247	23%	189	19%	3%	▲
TOTAL	**1,054**	**100%**	**1,006**	**100%**		

EXTERNAL SERVICES

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

	2011-2012	2010-2011	DEVIATION	VARIATION
0 TO 18 YEARS *	139	196	-57	▼
18 YEARS AND + **	77	74	3	▲
TOTAL	**216**	**270**	**-54**	▼

* The number of PDD patients is an average of 162 patients in 2011-2012 compared to 159 patients in 2010-2011.

** The number of Eating Disorders patients is an average of 42 patients in 2011-2012 compared to 71 in 2010-2011.

2 – AVERAGE WAIT TIME IN DAYS FOR ACCESS TO TREATMENT

	2011-2012	2010-2011	DEVIATION	VARIATION
0 TO18 YEARS	135	106	29	▲
18 YEARS AND + **	30	36	6	▼
TOTAL	**56**	**54**	**2**	▲

* The average wait time for PDD patients is 368 days in 2011-2012 compared to 200 days in 2010-2011.

** The average wait time for Eating Disorders patients is 70 days in 2011-2012 compared to 115 days in 2010-2011.

3 – ACTIVITIES

	2011-2012	2010-2011	DEVIATION	VARIATION
AVERAGE LENGTH OF EXTERNAL FOLLOW-UP (DAYS)	573	481	92	▲

4 – SERVICES IN THE COMMUNITY

	2011-2012	2010-2011	DEVIATION	VARIATION
INTENSIVE FOLLOW-UP (AVERAGE NUMBER OF PATIENTS)	86	81	5	▲
SUPPORT OF VARYING INTENSITY (AVERAGE NUMBER OF PATIENTS)	56	43	13	▲

UNCONDITIONAL ACCREDITATION

Following the visit of Accreditation Canada in April 2011, the Douglas Institute received final unconditional accreditation in March 2012.

The year 2011-2012 was marked by measures implemented in response to recommendations from the April 2011 accreditation report. The Quality Directorate continued to coordinate work to structure the Douglas Institute's 14 quality teams and held approximately 20 meetings. In view of the April 2014 accreditation visit, these meetings allowed the quality teams to follow up on Required Organizational Practices (ROPs), evaluate the effectiveness of care tools and processes, and implement quality improvement projects, including:

- the declaration of incidents and accidents
- the analysis of risk situations related to medical equipment
- an audit of use of the control measures form
- the evaluation of client satisfaction
- information about the activities of the Clinical Ethics Committee
- activities organized as part of Patient Safety Week
- the publication of a new welcome guide for clients

SECURITY OF CARE AND SERVICES

In 2011-2012, the Douglas Institute achieved the following results in terms of security of care and services.

Promotion of the declaration of incidents and accidents

- Increase of 23% (2,525 AH223 in 2011-2012 compared to 2,049 AH223 in 2010-2011) in the number of declared incidents and accidents. There was also a significant increase in the number of AH223 per 1000 patient days, which rose from 20.81 (2010-2011) to 24.65 (2011-2012).
- The Douglas Institute's Quality Directorate developed a LEAN project to improve efficiency in the system for declaring risk situations. One of the great successes of the LEAN project is the new 2323 telephone line, which allows staff to declare risk situations by phone instead of with a paper form.
- Training on declaring incidents and accidents given in winter-spring 2012 for staff in all units and clinics for the majority of work shifts, as planned by the Quality Directorate.
- Staff educated about declaring incidents and accidents during Quality Committee meetings and the orientation day for new employees.

Main observations from the annual evaluation of restraint use

- Decrease of 16% in the use of restraints throughout the Douglas from 2010-2011 to 2011-2012. Decrease of 21.6 cases of restraint use per 1000 patient days from 2010-2011 to 2011-2012.
- The participation rate of nursing staff and Douglas professionals in the "Towards a change in practice, reducing the use of restraints and isolation" training session rose from 55% (November 2011) to 75% (April 2012).
- A December 2011 audit of adherence with the restraint use protocol showed a compliance rate of 96% for the validated components.

Corrective measures stemming from the corner's recommendations

- No recommendations were issued to the Douglas Institute for 2011-2012.

PROCEDURE TO EXAMINE COMPLAINTS, USER SATISFACTION AND RESPECT OF RIGHTS

In accordance with *An Act respecting* health services and social services, the *Report on the application of the complaint examination procedure on user satisfaction and on the enforcement of user rights* was presented in its abridged form at the meeting of June 15, 2011 of the Board of Directors as well as at the annual public information session held on October 19, 2011.

The abridged version of the *2010-2011 Annual Report on the application of the user complaint examination procedure* was put on-line as a PowerPoint presentation to make it accessible to the public. The *By-Law on the Patient complaint examination procedure* was revised in both languages, in accordance with the expectations of the Management Committee and the Human Resources Directorate. It was posted on the Douglas Web site and Intranet to ensure that it was promoted among and available to the entire hospital community.

FIND OUT **MORE**

Finally, the *Report on the application of the complaint examination procedure on user satisfaction and on the enforcement of user rights* was sent to senior managers, clinical program chiefs and medical chiefs as well as professional consultants to inform them of the complaints and requests received about all clinical programs and directorates.

NUMBER OF USER COMPLAINTS AND REQUESTS

NUMBER OF REQUESTS REVIEWED BY THE OMBUDSMAN/ LOCAL COMMISSIONER	2011-2012	2010-2011
COMPLAINTS*	63	62
REQUESTS FOR ASSISTANCE, INTERVENTION, CONSULTATION AND REACTIVATED FILES	415	410
TOTAL	**478**	**472**

* Total complaints reviewed by the Medical Examiner and the Ombudsman/Local Commissioner.

AVERAGE REVIEW TIME (IN DAYS)	2011-2012	2010-2011
COMPLAINTS**	28 DAYS	31 DAYS
REQUESTS FOR INTERVENTION	25 DAYS	29 DAYS
REQUESTS FOR ASSISTANCE	2 DAYS	3 DAYS

** The legally required timeframe for a complaint review is 45 days.

Timeframes for other kinds of requests are not specified.

3 DOUGLAS INSTITUTE BOARDS AND COMMITTEES

OFFICERS AND ADMINISTRATORS

DOUGLAS INSTITUTE BOARD OF DIRECTORS AS AT MARCH 31, 2012

Officers

Claudette Allard, President
France Desjardins, Vice-President
Donald Prinsky, Treasurer
Lynne McVey, Secretary

Administrators

Pierre Arcand
Samuel Benaroya
Mario M. Caron
Ginette Cloutier
Carlos Dias
Brahm Gelfand
Jacques Hurtubise
André Ibghy
Pascale Martineu
Deborah Nasheim
François Neveu
Danielle T. Paiement
Karine Ravenelle
Suzanne Renaud, MD
Lorna Tardif
Luc Turcotte

Douglas Institute Management Committee

Lynne McVey, President
Executive Director

Serge Beaulieu, MD
Medical Director, Clinical, Knowledge Transfer and Teaching Activities

Michel Dalton
Assistant Executive Director

Caroline Dubé
Director, Human Resources

Amparo Garcia
Clinical-administrative Director, Clinical, Knowledge Transfer and Teaching Activities

Nicole Germain
Assistant to the Executive Director

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

Mimi Israël, MD
Psychiatrist-in-Chief

Jocelyne Lahoud, MBA
Administrative Director, Research Centre

Hélène Racine
Director, Nursing and Quality

Willine Rozefort, MD
Director, Professional and Hospital Services (interim)

Renée Sauriol
Director, Communications and Public Affairs

Ronald Sehn, Eng.
Director, Technical Services and Facilities

Multidisciplinary Council

Marie-Ève Landreville, 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, 2012

Officers

François L. Morin, President
Donald Prinsky, Treasurer
Jocelyne Lahoud, MBA, Secretary

Administrators

Michel Dalton
Abraham Fuks, MD
Alain Gendron, PhD
Jacques Hendlisz (observer)
Alain Gratton, PhD
Ridha Joober, MD, PhD
Jane H. Lalonde
Marc Laporta, MD
Lynne McVey
Marianna Newkirk, PhD
Patrice Roy, PhD
Geeta Thakur, student representative

Research Centre Management Committee

Jocelyne Lahoud, MBA, President
Administrative Director of the Research Centre

Alain Brunet, PhD
Director, Psychosocial Research Division

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

Pierre Étienne, MD
Director, Clinical Research Division

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

Bruno Giros, PhD
Researcher

Alain Gratton, PhD
Scientific Director (interim)

Natalie Grizenko, MD
Medical Chief, Child and Adolescent Psychiatry

Jacques Hendlisz (observer)

Mimi Israël, MD
Psychiatrist-in-Chief

Lynne McVey (observer)
Executive Director, Douglas Institute

Michael Meaney, PhD
Associate Scientific Director

Naguib Mechawar, PhD
Director, Mood, Anxiety and Impulsivity-related Disorders Research Theme

Lindsay Naef
Student representative

N.P. Vasavan Nair, MD
Medical Chief, Dementia with Psychiatric Comorbidity Program

Duncan Pedersen, PhD
Associate Scientific Director, International Programs

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

Natasha Rajah, PhD
Director, Brain Imaging Centre

Joseph Rochford, PhD
Director, Academic Affairs

Renée Sauriol (observer)
Director, Communications and Public Affairs, Douglas Institute

Howard Steiger, PhD
Chief, Eating Disorders Program

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

Claire-Dominique Walker, PhD
Director, Neuroscience Research Division

Health and Safety Committee

Giamal Luheshi, PhD, President

Christian Caldji
Research Associate

Doris Dea
Research Assistant

Yvan-André Dumont
Biochemist

Jocelyne Lahoud, MBA
Administrative Director, Research Centre

Pascal Martin
Captain of Security Services

Michael Morin
Animal Health Technician

Aude Villemain
Research Assistant

Brain Bank

Douglas-Bell Canada Brain Bank

Naguib Mechawar, PhD, Director

Danielle Cécyre, Coordinator

Québec Suicide Brain Bank

Naguib Mechawar, PhD, Director

Gustavo Turecki, MD, PhD, Co-Director

Danielle Cécyre, Coordinator

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 Centre

Natasha Rajah, PhD, Director

DOUGLAS INSTITUTE FOUNDATION BOARD OF TRUSTEES AS AT MARCH 31, 2012

Officers

Marie Giguère, President

Joseph Iannicelli, Vice-President

Michael Novak, Vice-President

Normand Coulombe, CA, CFA, Treasurer

Jane H. Lalonde, Secretary

Trustees

Roger Beauchemin Jr.

Bernard Bussières

Jocelyne Chevrier

Peter Daniel

Sophie Fortin

Frédéric Laurin

Brian Lindy

Daniel Mercier

François C. Morin

François L. Morin

Meredith Webster

Members *Ex-officio*

Mary Campbell

Alain Gratton, PhD

Mimi Israël, MD

Lynne McVey

COUNCIL OF NURSES

President: Rachid Dahmani

In 2011-2012, the Council of Nurses (CN) ensured that the duties of its members facilitated recovery and improved quality of life for individuals suffering from a mental illness and that these duties were in keeping with the following objectives in terms of:

- Pursuing excellence and integrating clinical, teaching and research activities
- Improving knowledge and influencing policy in the field of mental health
- Promoting excellence in nursing practice

Integration of best practices in nursing

The CN helped integrate best practices in nursing by sitting on the Clinical Ethics Committee and the Research Ethics Committee.

Knowledge improvement

The CN helped incorporate a broader role for nurses as set out in Bill 90 and upheld the quality and relevance of training for all nursing staff.

Promotion of nursing excellence

The CN participated in organizing nursing care and practice-related roles and tasks. It also supported the integration of nursing technologies and improvement in staff retention.

MULTIDISCIPLINARY COUNCIL

President: Marie-Ève Landreville

For 2011-2012, the Multidisciplinary Council (MC) targeted the following objectives:

Continuous improvement of professional practices

The Council actively worked to promote a culture of professional development. Meetings with professional chiefs and collaboration with the Director of Professional and Hospital Services oriented work to develop a reference framework for the peer review committees of each professional discipline.

Ensure the Council's continuity and strength

The Council created a bilingual brochure to clarify its role, its members' potential involvement and the role of its peer committees. Council members also attended each specific orientation day to present the Council to new members. The Council's internal bylaws were also updated.

The Multidisciplinary Council noted renewed enthusiasm on the part of its members. By encouraging member participation, the Council can truly fulfill its role as a pole of influence and a communication channel for stakeholders at each level of the Institute.

COUNCIL OF PHYSICIANS, DENTISTS AND PHARMACISTS

President: Jacques Tremblay, MD

In 2011-2012, the Council of Physicians, Dentists and Pharmacists (CPDP) addressed a number of topics, as outlined below.

Approval – Policies, procedures and regulations

At the request of the Department of General Medicine:

- Procedure on the prevention and control of vancomycin-resistant enterococci (VRE).
- Medical order No. 8 (diabetes-related hypoglycemia).

At the request of the Pharmacology Committee:

- Protocol on Invega Sustenna (a long-acting injectable form of paliperidone palmitate).
- Request to substitute acetylsalicylic acid 80 mg with acetylsalicylic acid 81 mg.
- Pharmacology Bulletin, Vol. 17, No. 1 and Vol. 18, No. 1.
- Implementation of the collective prescription for lithium in outpatient clinics.
- Withdrawal of the collective prescription for dimenhydrinate (Gravol).

At the request of the Professional and Hospital Services Directorate:

- Methods for administering patient allowances.
- Establishment of the definitive admission and discharge criteria and user transfer policies to be submitted for approval by the designated regional Council in accordance with section 24.
- Procedure for granting temporary discharges to patients.
- Reopening of inactive records by treating physicians.
- Modification of the formulary regarding authorization to communicate information to a third party.

Strategic retreat

The members discussed on-call procedures and, following ACMDP recommendations, measures to promote interdisciplinarity when implementing and monitoring collective prescriptions in outpatient clinics.

VIGILANCE AND QUALITY COMMITTEE

President: Michel Lamontagne

The Vigilance and Quality Committee is composed of five members, including the Director General, the Local Complaints and Service Quality Commissioner (Ombudsman), and two other members chosen by the Board from members who do not work for the Douglas or who do not practice their profession in the institution, including one member designated by the Beneficiaries' Committee. Finally, the Committee routinely invites the Director of Quality and the Director of Professional and Hospital Services to attend meetings. Committee members cannot be replaced during their term of office. As necessary, the committee may enlist the ad hoc participation of other resource people to help it carry out its mandate. Except for the Director General, no other

members of this committee may sit on the Risk Management Committee.

The Vigilance and Quality Committee meets four times per year and ensures that the Board of Directors efficiently fulfils its responsibilities in terms of service quality. For this purpose, the Vigilance and Quality Committee:

- Follows up on the recommendations of the Ombudsman, or the public protector in relation to health and social services, for any complaint lodged or for any services that were provided in accordance with An Act respecting health services and social services (ARHSSS).
- Coordinates all activities of other bodies established within the institution to fulfill the responsibilities relating to any of the items mentioned below (section 181.0.3 of the ARHSSS) and follows up on their recommendations:

1. Receive and analyze reports and recommendations sent to the Board regarding the relevance, quality, safety or effectiveness of services provided, the enforcement of patient rights, or the processing of their complaints;
2. Establish systematic links between these reports and recommendations and draw the necessary conclusions to make recommendations as set out under paragraph 3;
3. Make recommendations to the Board regarding any follow up that must be performed as a result of these reports or recommendations with the aim of improving the quality of patient services;
4. Ensure that the Board applies any recommendations that it has made pursuant to paragraph 3;
5. Promote collaboration and cooperation among the stakeholders mentioned in paragraph 1;
6. Ensure that the Ombudsman has the human, material and financial resources necessary to carry out his or her responsibilities effectively and efficiently;
7. Perform any other function as deemed appropriate by the Board in view of the Committee's mandate.

BENEFICIARIES' COMMITTEE

Co-Presidents: Pierre Arcand and Jancy Bolté

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 *An Act respecting health services and social services*, the Beneficiaries' Committee fulfilled the following duties in 2011-2012:

DUTIES	NUMBER OF ACTIONS
INFORM USERS OF THEIR RIGHTS AND RESPONSIBILITIES.	26
PROMOTE IMPROVEMENT OF USERS' LIVING CONDITIONS.	14
ASSESS USERS' SATISFACTION LEVEL REGARDING SERVICES RECEIVED FROM THE INSTITUTION.	3
DEFEND THE COLLECTIVE RIGHTS AND INTERESTS OF USERS.	20
UPON REQUEST, DEFEND USER RIGHTS AND INTERESTS BEFORE THE INSTITUTION OR ANY OTHER COMPETENT AUTHORITY.	1
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.	5
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.	155

* The numbers above represent the number of actions taken from April to September 2011. Subsequent actions have not yet been compiled.

FIND OUT **MORE**

RISK MANAGEMENT/ INFECTION CONTROL COMMITTEE

President: Hélène Racine

In 2011-2012, the Risk Management/Infection Control Committee addressed the following topics:

Dashboard

A quality and risk management dashboard was presented to the members of the Risk Management Committee in January 2011. A risk management dashboard of new indicators is currently being developed and should be presented in 2012-2013.

Sentinel events

All sentinel events during the year were studied and compiled in a report analyzing the root causes. In 2011-2012, 16 serious or sentinel events were discussed, and recommendations were issued for each. These recommendations were sent to the managers of the departments concerned, and action plans were developed or are being developed to reduce the recurrence of similar types of events.

The analysis of all serious and sentinel events highlighted the institution's needs in terms of continuous improvement of patient safety. In this regard, a number of recommendations were prioritized for 2011-2012:

- Complete training for nurses on the assessment of the physical and mental state of patients.
- Review mechanisms for access to care and services.
- Continue work on the creation of notes in patient records based on best practices.
- Stress the importance for Institute staff to report risk situations.
- Review the Institute's regulations, procedures and policies related to financial management.

Patient sexuality

In 2011-2012, the sub-committee on patient sexuality developed a policy that aimed at creating a balance between protecting users and recognizing their basic needs, including the expression of their sexuality.

Extreme heat

The action plan for extreme heat was reviewed, and patient-focused tools were developed. Institute staff visited residential resources that are affiliated with the Douglas and invited patients to follow the established directives in the extreme heat prevention plan.

No patient died during the 2011-2012 period due to extreme heat.

Emergency Codes Committee

The Emergency Codes Committee is a sub-committee of the Risk Management Committee and is responsible for reporting to us on the major events related to code whites, blues, reds and yellows. The role of the Emergency Codes Committee is to monitor the impact of emergency codes, analyze the resulting actions taken, and recommend improvements to response procedures at the Douglas Institute, all while ensuring patients' best interests. The Emergency Codes Committee produces a report on the decisions taken and tables it at each meeting of the Risk Management Committee.

Infection Control Committee

The mandate of the Infection Control Committee stems from the Douglas Institute's duty to collect epidemiological information. We must be informed of problems and ensure that established standards are met. As a result, we need to adhere to recognized medical and paraclinical practices that are based on the scientific literature. Like the Emergency Codes Committee, this committee reports to us on its main work. In addition, the committee submits its dashboard to us on the number of infections in our organization.

Risks related to water, air and the physical environment

The Committee followed up on risks regarding the quality of water, air and the physical environment, particularly in cases of power failures.

Closure of foster homes

Throughout the year, the Risk Management Committee informed its members about the status of residential resources regarding closures, pending litigation, the development of new projects and administrative inquiry reports.

Inter-hospital transfers

The inter-hospital transfer monitoring committee produces a report for the Risk Management Committee at each of its meetings. The mandate of this committee is to report any problems regarding patient transfers to the Director of Professional Services (DPS).

DOUGLAS INSTITUTE HUMAN RESOURCES

OUR VALUES

Committed to the recovery of people living with mental health problems, the Douglas values excellence, innovation, and human potential based on commitment and collaboration.

Excellence

Have the courage to apply best practices with rigour, to question and assess ourselves, to integrate research into all of our activities, and to be a learning organization. Strive to achieve an optimal level of organizational efficiency.

Innovation

Provide a stimulating and dynamic environment, where new knowledge is developed in order to better understand, share, care, and give hope.

Human potential

Value potential and believe in people's ability to reach new heights. Build on existing knowledge through initiatives supported by sharing and partnering.

Commitment

Carry out our mission to improve the quality of life of people living with mental health problems.

Collaboration

Ensure that patients play an active role in the decisions pertaining to their care, and work with the interdisciplinary team towards their recovery. Develop and strengthen internal, community, academic, scientific, and international partnerships to make our vision a reality.

DOUGLAS HOSPITAL HUMAN RESOURCES

In accordance with requirements of the Ministère de la Santé et des Services sociaux, the following table provides data on resources employed by the Douglas Hospital.

DOUGLAS HOSPITAL STAFF

	CURRENT YEAR	PREVIOUS YEAR
		The system cannot go back in time for certain data.
MANAGERS AS OF MARCH 31, 2012		
FULL TIME (excluding those with job stability)	80	80
PART TIME NUMBER OF PEOPLE: FULL-TIME EQUIVALENTS **(A)** (excluding those with job stability)	1	2
NUMBER OF MANAGERS WITH JOB STABILITY	NONE	NONE
REGULAR EMPLOYEES AS OF MARCH 31, 2012		
FULL TIME (excluding those with job stability)	634	657
PART TIME NUMBER OF PEOPLE: FULL-TIME EQUIVALENTS **(A)** (excluding those with job stability)	100	108
NUMBER OF MANAGERS WITH JOB STABILITY	1	1
CASUAL EMPLOYEES		
NUMBER OF HOURS COMPENSATED DURING THE YEAR	424,260	352,250
FULL-TIME EQUIVALENTS **(B)**	231	191

(A) The full-time equivalent for managers and regular employees is calculated as follows:
Number of working hours under the contract divided by
Number of working hours of a full-time employee from the same job category.

(B) The full-time equivalent for casual employees is calculated as follows:
Number of paid hours divided by 1826 hours.

5 FINANCIAL STATEMENTS AND ANALYSIS OF OPERATING RESULTS

FINANCIAL STATEMENTS AND ANALYSIS OF OPERATING RESULTS

REPORT FROM THE ADMINISTRATION

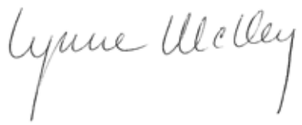
The financial statements of the Douglas Institute were completed by the administration, which is responsible for preparing and faithfully representing this information, which includes important judgements and estimates. This responsibility also involves selecting appropriate accounting practices that meet Canadian accounting standards for the public sector and comply with the specifics outlined in the financial management manual published as per section 477 of the Act respecting health services and social services. The financial information contained in the rest of the annual management report is consistent with the information provided in the financial statements.

To fulfill its responsibilities, the administration maintains a system of internal controls that it deems necessary. This system provides reasonable assurance that assets are protected and that transactions are properly recorded in a timely manner, that they are duly approved, and that they can be used to produce reliable financial statements.

The administration of the Douglas Institute recognizes that it is responsible for managing its affairs in accordance with the laws and regulations that govern the institution.

The board of directors monitors how the administration fulfills its responsibilities regarding financial information and approves the financial statements. It is assisted in these responsibilities by the audit committee. This committee meets with the administration and the auditor, reviews the financial statements, and recommends whether these statements should be approved by the board of directors.

The financial statements were audited by Raymond Chabot Grant Thornton S.E.N.C.R.L., which was duly authorized to do so, in accordance with generally accepted auditing standards in Canada. This firm's report indicates the nature and scope of the audit and expresses an opinion. Raymond Chabot Grant Thornton S.E.N.C.R.L. can, without restriction, meet with the audit committee to discuss any item that is relevant to its audit.



Lynne McVey
Executive Director

Michel Dalton
Assistant Executive Director

MESSAGE TO THE MEMBERS OF THE BOARD OF DIRECTORS OF THE DOUGLAS INSTITUTE

REPORT ON FINANCIAL STATEMENTS

We have audited the financial statements of the Douglas Mental Health University Institute included in the audited section of the annual financial statement, which comprises the statement of financial position as of March 31, 2012, the income statements, accumulated surpluses, change in net assets and cash flow for the fiscal year ending on this date, as well as a summary of the main accounting methods and other explanatory information from the audited section. This financial statements report does not include measuring units or the hours worked and paid that are presented on pages 330, 352, 650 and 660, as these are the subject of a separate audit report.

RESPONSIBILITY OF MANAGEMENT IN RELATION TO FINANCIAL STATEMENTS

Management is responsible for preparing and faithfully representing these financial statements in accordance with Canadian accounting standards for the public sector as well as for the internal control mechanisms it deems necessary to ensure that the financial statements are free of material misstatement, whether caused by fraud or error.

AUDITOR'S RESPONSIBILITY

Our responsibility is to express an opinion on the financial statements based on our audit. We conducted our audit in accordance with auditing standards generally recognized in Canada. These standards require us to comply with ethical requirements and to plan and perform the audit to obtain reasonable assurance that the financial statements are free of material misstatement.

An audit involves performing procedures to collect corroborating evidence for the amounts and information provided in the financial statements. The procedures are selected based on the auditor's judgement, particularly his or her assessment of the risks that the financial statements contain material misstatement, whether caused by fraud or error. While assessing these risks, the auditor considers the entity's internal control mechanisms in relation to the preparation and faithful representation of its financial statements before creating audit procedures that are appropriate for the circumstances. The auditor's goal is not to express an opinion on the effectiveness of the entity's internal control mechanisms. An audit also includes an evaluation of the appropriateness of the accounting policies used, the reasonableness of the accounting estimates made by management, as well as an evaluation of the overall presentation of the financial statements.

We believe that the corroborating evidence we obtained is sufficient and appropriate to form a qualified audit opinion.

BASIS OF QUALIFIED AUDIT OPINION

As required by the Ministère de la Santé et des Services sociaux du Québec, liabilities stemming from obligations to employees who are on parental leave and who receive disability insurance are not included in the statement of financial position, which is a departure from Canadian accounting standards for the public sector. This situation means that we cannot give a modified audit opinion on the financial statements of the current fiscal year, as we did for the financial statements of the previous fiscal year. The impact of this departure from Canadian accounting standards for the public sector on the financial statements for March 31, 2012 and 2011 could not be determined, as this information is not available from the Douglas Mental Health University Institute.

QUALIFIED OPINION

In our opinion, except for the impact of the problems described under "Basis for qualified opinion" above, the financial statements represent, in all significant respects, a faithful portrait of the financial position of the Douglas Hospital as at March 31, 2012, as well as of its operating results, change in net debt, and cash flows for the year ending on this date, in accordance with Canadian accounting standards for the public sector.

REPORT ON OTHER LEGAL OR LEGISLATIVE OBLIGATIONS

In accordance with section 293 of Quebec's *Act respecting health services and social services*, with Schedule 1 of the *Institutions and Regional Councils (Financial Management) Regulation*, and on the basis of corroborating evidence obtained during our audit of the financial statements, it is our opinion that the institution is compliant in all material respects with:

- The provisions of the aforementioned Act and its related regulations, as pertaining to the institution's income or expenses;
- The explanations and definitions relating to the preparation of the annual financial report;
- The definitions contained in the *Manuel de gestion financière* published by the Ministère de la Santé and des Services sociaux in its accounting practices.

Name of auditor:
Pierre Vallerand, CA, Auditor

Name of independent audit firm:
Raymond Chabot Grant Thornton S.E.N.C.R.L.

Address: National Bank Tower
600 De la Gauchetière West
Suite 1900
Montreal, Quebec H3B 4L8

Phone: 514-878-2691
Fax: 514-878-2127

Independent audit firm

Date: June 20, 2012

DOUGLAS MENTAL HEALTH UNIVERSITY INSTITUTE
STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2012

	OPERATING FUND [1]		CAPITAL FUND	
	2011-2012	2010-2011	2011-2012	2010-2011
FINANCIAL ASSETS				
CASH	$7,707,995	$9,421,564	-	-
SHORT-TERM INVESTMENTS	$6,500,000	$4,775,000	-	-
RECEIVABLES - AGENCY & MSSS	$4,383,377	$5,732,956	$49,880,052	$43,546,530
OTHER RECEIVABLES	$7,109,313	$7,668,614	-	$7,212
INTERFUNDS RECEIVABLES	$1,750,036	$3,256,161	($1,750,036)	($3,256,161)
SUBSIDY RECEIVABLE - ACCOUNTING REFORM	$8,499,252	$8,499,252	($22,670,171)	($24,451,594)
LONG-TERM INVESTMENTS	-	-	-	-
DEFERRED CHARGES RELATED TO DEBT	-	-	$69,611	$54,821
OTHER ITEMS	$319,889	$424,361	-	-
TOTAL FINANCIAL ASSETS	**$36,269,862**	**$39,777,908**	**$25,529,456**	**$15,900,808**
LIABILITIES				
TEMPORARY LOANS	-	-	$15,228,702	$11,095,020
OTHER PAYABLES	$18,355,620	$23,115,755	$2,013	$292,104
CASH ADVANCE FROM THE AGENCY	-	-	$2,075,302	$2,453,720
ACCRUED INTEREST PAYABLE	-	-	$326,727	$333,996
DEFERRED REVENUES	$17,366,833	$16,426,629	$5,170,585	$2,751,147
LONG-TERM DEBT	-	-	$30,072,116	$27,211,771
ENVIRONMENTAL LIABILITIES	-	-	$49,500,000	$43,546,530
OTHER ITEMS	$75,528	$80,614	$179,172	-
TOTAL LIABILITIES	**$35,797,981**	**$39,622,998**	**$102,554,617**	**$87,684,288**
NET FINANCIAL ASSETS (NET DEBT)	**$471,881**	**$154,910**	**($77,025,161)**	**($71,783,480)**
NON-FINANCIAL ASSETS				
PROPERTY AND EQUIPMENT	-	-	$78,581,301	$72,056,991
INVENTORIES	$270,091	$255,707	-	-
PREPAID EXPENSES	$501,854	$495,711	-	-
TOTAL NON-FINANCIAL ASSETS	**$771,945**	**$751,418**	**$78,581,301**	**$72,056,991**
ACCUMULATED SURPLUS (DEFICIT)	**$1,243,826**	**$906,328**	**$1,556,140**	**$273,511**

[1] The operating funds include the principal and ancillary activities of the Douglas Institute, in particular Research Centre activities and parking.

DOUGLAS MENTAL HEALTH UNIVERSITY INSTITUTE
INCOME STATEMENT
AS AT MARCH 31, 2012

	OPERATING FUND		CAPITAL FUND	
	2011-2012	2010-2011	2011-2012	2010-2011
REVENUES				
SUBSIDIES FROM AGENCY AND MHSS	$90,569,240	$85,727,738	$10,869,732	$1,072,040
SUBSIDIES FROM GOVERNMENT OF CANADA	$8,966,740	$12,130,041	$103,704	$21,839
BENEFICIARIES (IN-PATIENTS' CONTRIBUTION)	$6,412,184	$6,027,335	-	-
SERVICES RENDERED	$1,372,527	$1,193,845	-	-
DONATIONS	$333,474	$80,340	$5,354	$305,726
INVESTMENT INCOME	$90,836	-	-	-
COMMERCIAL REVENUES	$410,161	$404,794	-	-
GAIN ON DISPOSAL	-	-	-	-
OTHER REVENUE SOURCES	$12,981,655	$8,020,528	$384,257	$2,709,198
TOTAL REVENUES	**$121,136,817**	**$113,584,621**	**$11,363,047**	**$4,108,803**
EXPENSES				
SALARIES, SOCIAL BENEFITS & PAYROLL TAXES	$82,838,317	$76,110,359	-	-
MEDICATION	$1,230,457	$1,090,104	-	-
BLOOD SUPPLIES	-	-	-	-
MEDICAL & SURGICAL SUPPLIES	$225,419	$280,846	-	-
FOOD	$1,002,638	$952,206	-	-
NON-INSTITUTIONAL RESOURCES	$14,706,374	$14,461,086	-	-
FINANCIAL EXPENSES	-	-	$1,121,581	$1,062,483
MAINTENANCE AND REPAIR	$1,474,704	$3,108,097	$1,551,158	$955,912
DOUBTFUL DEBTS	($6,712)	$6,833	-	-
CAPITAL COSTS	-	-	$3,425,781	$2,980,498
LOSS ON ASSET DISPOSAL	-	-	-	-
OTHER EXPENSES	$17,328,618	$16,525,108	$5,981,416	-
TOTAL EXPENSES	**$118,799,815**	**$112,534,639**	**$12,079,936**	**$4,998,893**
SURPLUS (DEFICIT) FOR THE YEAR[1]	**$2,337,002**	**$1,049,982**	**($716,889)**	**($890,090)**

[1] For the first time, as per the request of Quebec's ministerial authorities, the Douglas Institute's financial statements for 2011-2012 are presented in accordance with the new Canadian accounting standards for the public sector. Appendix A provides details about the fiscal year surplus.

DOUGLAS MENTAL HEALTH UNIVERSITY INSTITUTE
ADDITIONAL INFORMATION ON SURPLUS FOR THE YEAR 2011-2012

SCHEDULE A

	OPERATING FUND	
	2011-2012	2010-2011
SURPLUS (DEFICIT) FOR THE YEAR	**$2,337,002**	**$1,049,982**
CONTRIBUTIONS FROM OR ATTRIBUTED TO OTHER FUNDS:		
CURRENT ACTIVITIES:		
ATTRIBUTED TO THE CAPITAL ASSET FUND - BRAIN IMAGERY CENTRE	($791,241)	
ATTRIBUTED TO THE CAPITAL ASSET FUND - SELF-FINANCED PROJECTS	($572,514)	($572,514)
ATTRIBUTED TO THE CAPITAL ASSET FUND - EQUITY	($500,000)	
ATTRIBUTED TO THE CAPITAL ASSET FUND - OTHERS	($15,413)	($197,224)
INCIDENTAL ACTIVITIES:		
ATTRIBUTED TO THE CAPITAL ASSET FUND - OR ATTRIBUTED TO OTHER FUNDS	($120,352)	($120,352)
SURPLUS (DEFICIT) INCLUDING CONTRIBUTIONS FROM OR ATTRIBUTED TO OTHER FUNDS	**$337,482**	**$159,892**

DOUGLAS MENTAL HEALTH UNIVERSITY INSTITUTE
DONATIONS FROM A FOUNDATION
AS AT MARCH 31, 2012

DOUGLAS HOSPITAL (SPECIAL PURPOSE FUND)

DONATIONS FROM THE DOUGLAS MENTAL HEALTH UNIVERSITY INSTITUTE FOUNDATION	$142,805
DONATIONS ARE DESIGNATED TO THE FOLLOWING PROGRAMS:	
E-LEARNING MODULE - NURSING	$36,000
TERRY MCLEAN MEMORIAL BURSARY	$23,740
CHILDREN RELATED ACTIVITIES	$20,074
SUMMER CAMPS FOR CHILDREN - ADHD	$18,920
VARIOUS FUNDS FOR SPECIAL PURPOSES	$44,071
	$142,805

DOUGLAS HOSPITAL RESEARCH CENTRE

DONATIONS FROM THE DOUGLAS MENTAL HEALTH UNIVERSITY INSTITUTE FOUNDATION	$1,434,830
DONATIONS ARE DESIGNATED TO THE FOLLOWING PROGRAMS:	
RESEARCH ACTIVITIES	$1,200,000
WORLD HEALTH ORGANIZATION	$61,000
VARIOUS FUNDS FOR SPECIAL PURPOSES	$173,830
	$1,434,830

RETURN TO A BALANCED BUDGET

In relation to Bill 100, *An Act to implement certain provisions of the Budget Speech of 30 March 2010, reduce the debt and return to a balanced budget in 2013-2014*, the Douglas Institute is proud to have achieved, and even surpassed, its overall goal.

The overall expense reduction goal of $734,667 was exceeded with a reduction in spending of $1,561,382. We therefore managed to reduce costs by 113% more than expected.

	GOAL	RESULT	
	$260,691	$1,104,675	STAFF
	$473,976	$453,707	TRAINING, TRAVEL, ADVERTISING
TOTAL	**$734,667**	**$1,561,382**	
HOURS	5,756	29,609	REDUCTION OF WORKING HOURS

DIRECTORS' CODE OF ETHICS

DIRECTORS' CODE OF ETHICS

INFRINGEMENTS OR BREACHES

In 2011-2012, there were no infringements or breaches related to Board member responsibilities or obligations.

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:

- 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

Pratices 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.

Publication and use of the 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.

Douglas

INSTITUT UNIVERSITAIRE EN SANTÉ MENTALE

MENTAL HEALTH UNIVERSITY INSTITUTE