



2012-13

annual report

{together}
{ensemble}

Douglas

INSTITUT
UNIVERSITAIRE EN
SANTÉ MENTALE

MENTAL HEALTH
UNIVERSITY
INSTITUTE

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

mandate

Care, Teach, Evaluate, Discover, Share

Table of Contents

Message from the Executive Director	1
The Douglas by the numbers	3
Hope through prevention and early treatment	4
Hope through intensive rehabilitation	8
Income statement	11
Highlights of 2012-13	12
Douglas Institute boards	14



MESSAGE from the Executive Director



At the Douglas Institute, our mission is to identify the strengths in each individual and provide concrete ways to help each person achieve his full potential and live a rewarding life.

Full recovery is the ultimate goal for all our patients. In addition, early prevention and intervention are at the heart of our care, treatment, research and teaching activities.

Thanks to the work of our teams, and their worldwide collaborations, we believe that over the next five years we will witness remarkable breakthroughs in the prevention and treatment of mental illness.

In 2012-2013 we celebrated the 10th anniversary of PEPP-Montréal, our screening, prevention and treatment program for psychosis in adolescence, and the 25th anniversary of our eating disorders program. We also opened our new Brain

Imaging Centre, introduced a new assertive community treatment team, conducted ground-breaking research and trained hundreds of students.

The following pages describe the different types of work we have carried out. We invite you to learn more about the hope provided by the PEPP-Montréal team for its patients with this innovative prevention and early intervention program.

You will also find out about our promise of recovery to those suffering from serious chronic mental health problems. The teams in our Assertive Community Treatment (ACT) program offer intensive follow-up and monitoring for our most vulnerable patients and help them lead full lives within the community of their choice.

The only real way to offer our patients hope for recovery and of leading fulfilling lives is to work with them, their friends and loved ones, their community... and stakeholders such as yourselves.

Together we can keep our promise to these patients.

Thank you for your support.

A handwritten signature in black ink that reads "Lynne McVey". The signature is fluid and cursive.

Lynne McVey



{together}
{ensemble}

The Douglas by the numbers

The Douglas has unconditional accreditation until 2014 from Accreditation Canada, making it one of the best institutions in the country. Other certifications include Milieu novateur, Healthy Enterprise and Level 2 BOMA BEST.

The Douglas is a proud member of the Réseau universitaire intégré de santé McGill (RUIS McGill) and is a World Health Organization (WHO) and Pan American Health Organization (PAHO) Collaborating Centre.

241

beds

±1 600

employees

5 101

emergency room visits

2 003

hospitalizations

8 464

outpatients

1

research centre rated as a model facility by the Fonds de recherche du Québec – Santé (FRQ-S)

200

students

+ 60

researchers: 54 principals, including 2 of the most widely cited worldwide

1

brain bank with 3000 specimens: the only resource of its kind in Canada

1

brain imaging centre, the only BIC in Quebec devoted entirely to mental health research

1

neurophenotyping centre

8

clinical care programs: from pediatric to geriatric psychiatry



{together}
ensemble }

HOPE

through prevention and early treatment

What's it like to be in the dark?

Mary Anne Levasseur knew what it felt like all too well, as she watched the growing signs of her young son's first psychotic episode.

That was before they came to the Douglas. Before Mary Anne and her son Tyler met the team in the Prevention and Early Intervention Program for Psychosis (PEPP-Montréal). Before she had any hope of a possible recovery for Tyler.

PEPP-Montréal is a world renowned, integrated clinical research program with the goal of providing assessment and treatment services for young people between the ages of 14 and 35, who are experiencing the first stages of psychotic disorder.

The Douglas program was established in 2003 by Dr. Ashok Malla, a pioneer of the early intervention movement in Canada



and professor in the Department of Psychiatry at McGill University, where he holds the Canada Research Chair in Early Psychosis.

Under his direction, in collaboration with Dr. Ridha Joobar, the PEPP-Montréal team actively promotes this innovative approach, which combines the techniques of psychiatry, genetics, epidemiology and cerebral imaging.

Every effort is made to provide fast and easy access to the program for patients and their families, and to deliver the best treatment available today. This accessibility is one of the keys to the program's success. Every patient who comes to the program is assessed promptly—within 72 hours at most.

It is important to realize that in 75% of all cases the first psychotic episodes occur in adolescence or early adulthood. The faster the patient's episode is detected, the greater his or her chances of recovery will be.

"I was never left in the dark with PEPP."

Mary Anne Levasseur

PEPP-Montréal's goal is to spur hope for full recovery in adolescents and young people suffering from psychosis.

cont.

As soon as the young patient is admitted to PEPP, he or she is assigned a psychiatrist, a case manager and a team member, who evaluate the patient's symptoms. Members of the patient's family are also an integral part of the process and are brought in right at the beginning.

"Bringing family members on board is crucial," says Mary Anne, who now works on a PEPP family member committee. "People need to feel they're connected to something, and involving us as team members with our own part to play encourages us to be there and support our loved ones. You feel less alone and less helpless than you do when you have no tools to cope. Most of all, it helps us take part in the recovery our loved ones are going to achieve when they're in PEPP."

Research is an integral part of PEPP, on the same footing as clinical activities and teaching. Researchers share input on each other's work to deliver the most advanced diagnosis and treatment for patients in the early stages of psychosis, and for their families. In 2005, the Clinic for Assessment of Youth at Risk (CAYR) was created as a sub-program of PEPP-Montréal. Its work is to identify and monitor young patients 14 to 35 years old who have never experienced a psychotic episode but show signs of increased risk.

This psychiatric detective work is performed in cooperation with hospitals, community health clinics, high schools and CEGEPs. Various tools, including a series of videos, have been created to help detect young people at risk

who have not already experienced a psychotic episode.

The facts and figures, as of May 2013, show that 530 young people suffering from psychosis received services from PEPP-Montréal, while 130 have been monitored by CAYR.

In addition, PEPP-Montréal has made major contributions (in more than 160 publications and 200 conferences) to knowledge based on research in the field of early-stage psychosis—work that has led to more advanced knowledge and ongoing developments in the work of treatment and prevention.

"For my son," says Mary Anne, "the process of recovery has already begun. Hope is a powerful driver. As soon as Tyler felt like he could regain hope, his motivation came back, and that's when his recovery began!"

"Thank you to everyone on the PEPP-Montréal team and at the Douglas Institute, for my son and the other patients who've come to the program. It's opened a big door for them all, one they can hope to go through to a happier life."

"Thanks to PEPP and its work, I can see that it will be possible someday, on a very large scale, to spot young people at risk, even before their first signs of psychosis appear."

Mary Anne Levasseur





{together}
{ensemble}



{together}
ensemble }

HOPE

through intensive rehabilitation

It's 9:15 on a Monday morning. The daily meeting for one of the two ACT teams at the Douglas Institute has just begun.

The acronym ACT stands for Assertive Community Treatment. This intervention method was developed in the US in the late 1960s and was first introduced into Quebec in 1997 by the Douglas Institute.

The Douglas ACT teams serve adults in its territory, who suffer from severe mental illness with a substantial loss of functional autonomy. The goal is to support these individuals and integrate them into the community of their choice, where they can play a valuable social role that works for them and those close to them.

To meet the needs of our community, and because improved access to services is one of the three major priorities of the Institute's



strategic plan, a second ACT team was established in 2012–2013 to provide services to a larger group of patients.

This morning as usual, Mark, the team's social worker, opens the folder containing files of all patients being served by his team. These files will be systematically reviewed with his teammates and the tasks for that day will be assigned to each member, based on the member's availability and relationship with the patient.

It is decided, among other things, that the psychoeducator, Isabelle, will visit three patients with whom she follows up regularly. They live in a supervised apartment. She will then finish her day with a series of "med drops"—in other words, she will deliver medication to patients being seen by the team and ensure that the medication is properly taken.

These morning meetings are one of the conditions crucial to the success of the ACT model. Another factor is team composition. The members must have complementary professional disciplines to allow for greater flexibility. At the Douglas, the teams are led by psychiatrists and consist of human relations agents, psychologists, nurses, social workers, and psychoeducators.

Another important aspect is the ability of members to adapt to changing situations. "We never know how the day is going to go, despite our plans," says Karl, the coordinator for one of the teams. And this is just what Isabelle will face when she visits her first patient, Robert.



cont.

When she arrives at Robert's place, she discovers that he has fallen and sprained his ankle. Her first job is to talk to him and see if he has received appropriate treatment—which, in fact, he has. She then decides to help Robert figure out what can be done to make his place safer. They both agree to install a bath mat and rails on the wall of his bathroom. "What colour mat, Robert?" she asks. "Violet!" he answers, with a big smile.

Robert is a talented painter, but extremely vulnerable, due to serious mental health problems. For eight years, he has lived in a supervised apartment at Nazareth House. The ACT team has been seeing him for a long time. What does their intervention give him? "The ability to live here and continue to create," says Robert. "Isabelle helps and supports me when she visits. We figure out solutions that make it possible for me to stay on my own in this apartment, which is what I want to do."

"We want to provide our patients with the services they need in order to remain in the community with the best possible quality of life, in keeping with their abilities," says Isabelle. "One of our most important tasks is to have realistic expectations concerning them. We have to strike a balance between their desires and their real abilities, which isn't always easy. This may be a very fine line."

Having realistic expectations concerning Robert, for example, means helping him manage his budget, which is a major source of stress and disorganization for him. For some other patients, it may mean getting them to take a shower every day, or making sure that they work at their own pace on integrating into a group, so they don't become isolated.

A typical patient followed by the ACT team is one who is frequently hospitalized or makes repeated visits to

psychiatric emergency departments, and who is unresponsive to regular treatment or does not take medication as prescribed. This patient experiences significant functional difficulties that affect his or her ability to live independently. Sometimes, the patient also struggles with addiction or difficulties with the legal system.

ACT is now a proven method of intervention. Just a few years after the first team was introduced, the number of days in hospital and number of emergency visits by patients in its care had greatly decreased. Patients seen by the team, while living on their own, experience improvement in their quality of life and have fewer symptoms, reduced rates of homelessness, substance abuse and legal trouble, and a higher rate of return to regular employment.

"With support and adequate services, the majority of people suffering from serious mental health problems can live successfully in the community," says Michel Laverdure, Chief of the Psychotic Disorders Program at the Institute. "The daily work performed by Douglas ACT team members is living proof of that."

"With support and adequate services, the majority of people suffering from serious mental health problems can live successfully in the community."

INCOME Statement*

year ended March 31, 2013

REVENUES (in dollars)	\$
Grants from Agency and MHSS	100 093 838
Grants from Government of Canada	5 247 867
Beneficiaries (in-patients' contributions)	7 676 021
Sales of services and collection	1 160 375
Donations	234 733
Investment income	83 044
Commercial revenues	408 871
Revenues - Other sources	17 461 409
Total Revenues	132 366 158

EXPENSES	
Salaries, social benefits and payroll taxes	82 894 127
Medication	1 250 636
Medical and surgical supplies	358 842
Non institutional resources compensation	21 416 694
Other expenses	23 999 451
Total Expenses	129 919 750

Surplus (Deficit) for the year	2 446 408
---------------------------------------	------------------

*Primary and ancillary activities only

Complete financial statements audited by Raymond Chabot Grant Thornton S.E.N.C.R.L. are available at www.douglas.qc.ca or upon request



Highlights of 2012-2013

Here are some notable events and achievements that took place at the Douglas Institute in 2012-2013.

25

YEARS. The Eating Disorders Program (EDP) at the Douglas Institute celebrated its 25th anniversary in 2012. This program is a cornerstone of the care and treatment available province-wide to persons suffering from anorexia nervosa or bulimia. The EDP serves as a centre of expertise, provides treatment and conducts clinical research to develop new cures and forms of preventive care. It also trains university and health network professionals. Congratulations!

13

PROJECTS. Lean Six Sigma continuous improvement projects were underway at the Douglas during 2012-2013. The largest of these was the renovation of our Emergency Department. The Douglas is one of the few hospitals in Quebec to have an internal process optimization and analysis team as part of its organizational structure.

1.1

MILLION. That was the amount raised for mental health in March 2012 at the first edition of the Bal des lumières benefit organized jointly by the Douglas Foundation, the Fondation de l'Institut universitaire en santé mentale de Montréal and the Mental Illness Foundation. Part of the money will go to the Douglas to fund the Institute's ongoing research program on mood disorders.

11

VOLUNTEERS founded a new group called The Young Ambassadors of the Douglas Institute Foundation, whose members, 25 to 45 years of age, are active in their professional communities. Their goals are to raise money for the Foundation and stimulate awareness in the community about mental health problems.

2nd

EDITION. This year, the Douglas Institute and the City of Montreal Police Department (SPVM) organized a second annual Meet & Greet the Police event to combat the stigma of mental illness. It was a great opportunity for patients and police officers to get to know one another, exchange contacts, build more friendly relationships and fight the problem of stigmatization. A great success all around!

70

ARTWORKS were sold at the second annual Parlez-moi d'amour exhibit and auction organized by Les Impatients. The money raised during the exhibit will provide funding for the Wellington Centre and help Les Impatients carry on their activities, promoting expression through art and providing a special creative and meeting space for people with mental health problems.

WHO

THE MONTREAL WHO/PAHO Collaborating Centre at the Douglas Institute hosted in 2012 a medical intern from Haiti, Dr. Fred Donatien Ulysse. The need for more mental health education and training in Haiti is substantial, and knowledge transfers via training provided to doctors, nurses and caregivers working in the country's community organizations is likely to be of major help in their professional daily practice.

1st

HEALTHY ENTERPRISE. The Douglas became the first mental health institution to be granted Healthy Enterprise certification by the Bureau de normalisation du Québec (BNQ). This certification by the province's bureau of standards is a key recognition of our Institute's commitment to the overall health of our employees. The Healthy Enterprise Standard helps organizations maintain and sustain improvement in individual health. It also indicates workplace activities and measures to encourage employees to adopt a healthy lifestyle.

3

PROJECTS at the Douglas were singled out for praise by members of the Conseil québécois d'agrément (CQA) during the process of obtaining Milieu novateur (innovative environment) certification for our Institute in October 2012. The projects that attracted the CQA's attention were (1) development of a culture of clinical ethics, (2) mindfulness-based therapy for bipolar disorders and (3) training for family caregivers at the Memory Clinic in our Geriatric Psychiatry Program. The CQA agreed that these projects were having a positive impact on employees, patients and families.

Numerous

SCIENTIFIC PUBLICATIONS INCLUDING ...

... a study by Douglas Institute researcher Carl Ernst, published in the December 2012 issue of the *American Journal of Human Genetics*, which has led to the discovery of a new genetic process that may someday provide an innovative research target for the treatment of intellectual impairment, autism and other neurodevelopmental disorders.

... a study by Dr. Diane Boivin and her team, which has found evidence that the rate of secretion of the hormone melatonin may be altered in women suffering from insomnia associated with premenstrual dysphoric disorder (PMDD). These findings may help to explain, in part, the disruptions of sleep experienced by women with PMDD. Dr. Boivin has also published a book for the general public on sleep and sleep disorders. This work, titled *Le sommeil et vous: mieux dormir, mieux vivre* (You and your sleep: better sleeping for better living), will be useful as a clinical resource for treating patients with sleep disorders.

... a study on the existence of a possible link between tobacco use and attention-deficit hyperactivity disorder (ADHD), conducted by Dr. Ridha Joober and his Research Centre colleagues, and published in the journal *Archives of Disease in Childhood*.

Douglas Institute **BOARDS**

DOUGLAS INSTITUTE BOARD OF DIRECTORS AS OF MARCH 31, 2013

Officers

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

Administrators

Samuel Benaroya
Jancy Bolté
Mario M. Caron
Ginette Cloutier
Carlos Dias
Brigitte Friedman
Brahm Gelfand
Jacques Hurtubise
Pascale Martineu
Deborah Nasheim
Danielle T. Paiement
Matthew Pearce
Suzane Renaud, MD
Lorna Tardif
Luc Turcotte

DOUGLAS INSTITUTE RESEARCH CENTRE BOARD OF DIRECTORS AS OF MARCH 31, 2013

Officers

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

Administrators

Ian Boeckh,
coopted member
(as of November 6, 2012)
Michel Dalton, CGA
Abraham Fuks, MD
(until November 2012)
Alain Gendron, PhD
Alain Gratton, PhD
Jacques Hendlisz,
coopted member
Sonia Jego, student
representative
(as of March 19, 2013)
Ridha Joober, MD, PhD
Jane H. Lalonde
Marc Laporta, MD
Lynne McVey, RN, MSc
Mariana Newkirk, PhD
Patrice Roy, PhD
Geeta Thakur,
student representative
(until March 2013)

DOUGLAS INSTITUTE FOUNDATION BOARD OF TRUSTEES AS OF MARCH 31, 2013

Officers

Marie Giguère, President
Joseph Iannicelli,
Vice-President
Michael Novak,
Vice-President
Normand Coulombe,
CA, CFA, Treasurer
Jane H. Lalonde, Secretary

Trustees

Roger J. Beauchemin
Bernard Bussières
Jocelyne Chevrier
Peter Daniel
Sophie Fortin
Marisa Giannetti
Frédéric Laurin
Brian Lindy
Daniel Mercier
François C. Morin
François L. Morin
Olivier Sefler
Meredith Webster

Ex-officio Members

Mary Campbell
Alain Gratton, PhD
Mimi Israël, MD
Lynne McVey, RN, MSc

Douglas Mental Health University Institute

6875 LaSalle Blvd.
Montreal, QC
H4H 1R3

Telephone
514 761-6131

Fax
514 762-3043

comm@douglas.mcgill.ca

douglas.qc.ca

facebook.com/
institutdouglas

twitter.com/
institutdouglas

Design
alibi acapella

Photographs
Pierre Manning,
ShootStudio

Legal deposit

Bibliothèque et Archives
nationales du Québec

Library and Archives
Canada

ISSN 0708-8647



Affiliated with McGill University



Montreal WHO Collaborating Centre
for Research and Training in Mental Health