GOOD NEIGHBOUR COMMITTEE

# MINUTES

Meeting held Tuesday, December 3, 2013 (7 p.m.)

**Committee Members present:**

DOUGLAS INSTITUTE

* Lynne McVey, Executive Director
* Hélène Racine, Director of Nursing, Quality and Risk Management
* Ronald Sehn, Director, Technical Services
* Marie france Coutu, Advisor, Communications and Public Affairs, and Committee Chair

**MODERATOR and FACILITATOR**

* Pierre Tessier

**1. Welcome and presentation of the Committee’s mandate and objectives**

The moderator opened the meeting and welcomed all participants. He stated that the goal of the evening was to communicate and to listen. He said that Douglas management is paying attention to what is being said here. He explained the Committee's mandate and the meeting’s objectives. The Committee is a forum for dialogue with citizens and is designed to foster a better understanding of projects and their impact in the area. He explained that his role was to ensure the smooth running of the meeting and he encouraged all participants to be courteous and respectful during exchanges.

**2. Overview of meeting and presentation of interveners**

The moderator asked if everyone could understand French-language presentations, and it was agreed that summaries would be given in English and presentations would alternate, as much as possible, between French and English. Questions could be asked in either language.

He introduced the interveners for the evening: Lynne McVey, Hélène Racine and Marie france Coutu. He acknowledged the presence of two Board members: Ms. Martineu and Ms. Paiement.
He introduced the agenda and asked Marie france Coutu to address the participants.

**3. Presentation of Committee modalities**

Presentation by Marie france Coutu (Douglas Institute)

Ms. Coutu will be the Good Neighbour Committee resource person. You may contact her if you wish to become a Committee member, stay up-to-date on Committee activities, or receive other Committee-related information. The purpose of the Committee is to present, explain, listen to and answer questions. Committee members are informed of, and consulted on, details pertaining to meeting agendas, and they enjoy priority status during question periods.
Modalities: The Committee will hold two meetings per year. The next meeting is scheduled for May 2014. Meeting minutes will be prepared and posted on the Committee page on the Douglas website. On this page, you will also find the agendas, and documents pertaining to Committee activities. People who submitted their contact information will receive an email when the minutes are posted online, which occurs one week after the meeting.

**Discussion period**

**Mr. Tessier invited people to ask questions about what had been presented thus far.**

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| COMMENT/QUESTION | ANSWER |
| Why is the meeting filmed? | (P. Tessier) The meeting is filmed to make it possible to post the presentations online for people who cannot attend the meeting. (Mf Coutu) Only Douglas interveners will be in the video. No other participants will be filmed or recorded for broadcast. |
| What are the goals and purpose of the Committee? | It is a forum for discussion between citizens, business people and community organizations, where key Douglas projects and activities are presented and citizens' comments are heard. |
| A good neighbour committee is not a public consultation process. | It is a forum that allows people’s voices to be heard. Management takes requests and questions into consideration when preparing for upcoming meetings. From experience, I know that this type of participation results in about many projects. |
| (in English) The emergence of the invasive Giant Hogweed plant on the Douglas grounds seems to be a problem. What can you do about it? |  |

**Presentation of the Douglas vision**Presentation by Lynne McVey (Douglas Institute)

Ms. McVey thanked everyone for attending. She noted the presence of several people with whom we are partners. Ms. Martineu, a member of the Institute’s Board of Directors, also participates in a committee dedicated to the welfare of patients. Ms. Danielle Paiement, a member of the Board of Directors, is interested in the decision-making process at the Douglas Institute. Ms. Mary Anne Levasseur, a mother whose son is being treated by Douglas teams is very involved in organizing support for parents and for Verdun community organizations. She was recently presented with the Douglas Presidents' Award, in recognition of her commitment. Ms. McVey also made special note of the leadership shown by Alain Laroche, Local Development Commissioner for Verdun, in promoting the history of Verdun and of the Douglas.

She said that the Douglas and citizens share the desire to preserve the Douglas’ rich heritage and grounds. The Douglas wants to achieve this while fulfilling its responsibility to provide quality care. This is an evening for getting to know the neighbours, and, most importantly, establishing a relationship of trust. There will be a more formal public consultation involving our infrastructure projects, but, first and foremost, it is important to be good neighbours. She stressed that the Douglas wants to hear the participants’ concerns and suggestions, and their ideas on how to address them within the Douglas’ plans.

Ms. McVey wishes to develop a culture of transparency. Ms. McVey gave a brief overview of Douglas care and research activities. The Douglas is no longer an asylum. People are cared for and then they return to their lives. They need support to be able to do this. They have the right to feel included in, and to contribute to, society. Ms. McVey confirmed how important it is to have community input if the Douglas is to fulfill its promise: to help individuals to recover. There are many community organizations in Verdun, which were represented at the May 2013 Mental Health Forum. This forum is unique. Québec can learn a great deal about inclusion and social justice, as it is practised in Verdun. The Douglas feels privileged to be part of Verdun.

We will have ample time for discussion because the project will not move ahead quickly. By taking the time to listen well, we will understand each other better.

(In English) Ms. McVey summarized her message.

Ms. McVey spoke of the three Douglas mental health priorities: 1. Improve access to care, especially with regard to depression and suicide. The Douglas is the only institution in Québec that treats children, adolescents and adults. 2. Prevention and early intervention, prevent chronicity and remove barriers to access. 3. Promote a healing environment. We also have renovation projects: for example, in the Emergency Department. Our goal is to improve the patient experience. We also renovated the 4th floor of Perry Pavilion to make way for laboratories and enlarge the Brain Bank. Dr. Turecki, a Douglas researcher, just received a $7 million grant to conduct research on depression and suicide.

(In English) Researchers publish throughout the world. Each time this happens, the name Verdun is mentioned beside that of the Douglas Institute.

The Douglas is also proud of being recognized in the community. At the recent Tip of the hat event, Dr. Israël and Dr. Beaulieu were recognized for their contributions as CSSS responding psychiatrists.

**Discussion period**

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| COMMENT/QUESTION | ANSWER |
| L. McVey invites Ron to respond about the invasive weed.The Douglas dossier affects everyone in the Montreal community. Why limit the consultation to the neighbourhood? We must take the Institute’s history and rich heritage into consideration. Why not keep the current buildings? | (Ron Sehn) I will take your name and telephone number and we will talk in the spring.(Lynne McVey) The current layout is based on an outdated mode of thinking, which advocated that patients be kept separate from society so they would not infect others. We now know that the causes of mental illness are biological in nature and we need to modernize our interventions. If our facilities seem like an asylum, people will not come to seek help. We are conducting studies on the heritage buildings. |
| I do not think the current layout stigmatizes patients. | (Lynne McVey) We will ask a researcher to come and speak to you about it at the next Committee meeting if you wish. |
| My main concern is the preservation of heritage and green spaces. There must be a way to do something intelligent, without starting over, and preserve the landscape. |  |
| I would like clarification on the priorities of the Douglas. Did you say that you only deal with suicide? | (Lynne McVey) No. Suicide was an example because Québec has the highest rate in Canada. But the Douglas has a number of programs and our priority is to make them accessible. |
| (Douglas employee) During my 27 years of working at the Douglas, there have been several other Executive Directors and I can tell you that Ms. McVey keeps her promises, really listens to concerns, and takes action. This new openness at the Douglas is an opportunity to be seized. We are part of the community and invest in the community | (Lynne McVey) Thank you. |
| (Local historian, who explains how the relationship with Douglas neighbours evolved) For years, there were close and good relations. That trust was broken several years ago. He hopes things will change for the better by starting this dialogue because we are proud of the Douglas. | (Lynne McVey) On behalf of the Douglas Institute, I wish to apologize for having lost your confidence. Mistakes were made. We will do whatever it takes to re-establish trust. We share many interests and can build a future together. |
| A person who uses the daycare confirms that there has been a more open-minded approach since Ms. McVey has arrived. He would like to know if the Douglas could help the daycare improve the fence that surrounds the daycare grounds, as it is in very poor condition. | (Lynne McVey) We will take note of this and follow up. Thank you. |
| (Another participant) She offers to help the daycare. She proposes organizing a volunteer effort with people from the community. | (Lynne McVey) An excellent idea. I'm pleased to see that we have such good neighbours! |

**Presentation on new infrastructure project**Presentation by Hélène Racine (Douglas Institute)

Hélène Racine explains that this project is primarily a clinical project. It is designed to provide a healing environment, based on studies that explain how we must design and build places that will contribute to patient recovery. She notes that many patients with diseases such as psychosis, schizophrenia and depression experience relapses. The environment affects the speed by which patients recover.

The current environment is not conducive to recovery: small windows, four-person bedrooms, long corridors, noise. Some patients, who feel unwell, speak or cry out because they are in crisis, which causes other patients to feel more anxious.

Based on existing studies, we designed a project that would concentrate units in one area around an atrium, with gardens, to give patients access to greenery. The units would have single room with larger windows, to allow much more daylight to enter. This type of environment is not possible to create within the existing infrastructure. We have conducted studies on this. We would also like the new infrastructure project to be located on Champlain Boulevard. This could facilitate access by public transport or car.

With 33 pavilions on campus, it is not humane to ask patients to travel long distances through tunnels to get from one department to another, for tests or therapy.

In closing, Ms. Racine indicates that the Douglas has no intention of selling parcels of land for the construction of condos. There are no plans to build on the western parts of the grounds. We want to leave this as green space.

**Discussion period**

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| COMMENT/QUESTION | ANSWER |
| During the past 3-4 years, there have been major changes at the Institute, lots of activities. Traffic on Stephens Avenue has increased, and on Champlain too. There are parking problems, drugs on the streets. Have you thought about that? | (Hélène Racine) This is exactly why we are having this meeting. We want to know your concerns. There will also be meetings with the City. |
| Stop your development. I do not want you building close to where I live. I do not want a patient watching me from a window of the Institute. | (Lynne McVey) We recognize that the increased number of patients poses certain challenges. We want to work with neighbours to create green spaces between the new building and houses. Construction certainly would not improve the traffic situation, but we will consider patient and traffic movement as part of the plan. We share the same concerns and we want to work with you. |

**Presentation of government process**Presentation by Lynne McVey (Douglas Institute)

Lynne McVey explains the various stages of an infrastructure project, from presenting the plan to obtaining validation and approval from various government departments. This requires a long-term relationship with the government. She often says it is like 1500 tiny steps. Of those 1500 steps, we are currently at around step 50.

There are three main phases and each phase can easily take several years to complete. For example, the period between the initial business plan and the start of construction is at least four years. First there is the submission of the clinical and academic plan, then the initial business plan, followed by other plans and specifications and then, finally, shovels start to break the earth. We have several years of discussion before us!

For example, the Champlain location is not set in stone. It is under discussion. It really is at the preliminary stage. It's true, there are concerns.

We see, perhaps, 2021 as a possible start for the three phases.

**Discussion period**

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| COMMENT/QUESTION | ANSWER |
| Since 2005, the preservation review committee has asked the Douglas to consider existing buildings. You will have to convince us that they cannot be used for mental health services. | (Lynne McVey) The City is currently developing a heritage review committee.We have just proposed a clinical plan and are still waiting for the government to respond.We want to develop this project together with the community, taking its concerns into account. |
| Of the Douglas members who will be making the decisions, how many live in Verdun? | (Lynne McVey) None. How many community members would you like to have on the Committee? |
| I just want to be sure that the impact on residents is taken into account as part of the solution. We are the ones who will have to live with the decisions. We want to avoid ending up with a second CHSLD. | (Lynne McVey) Absolutely. Sustainable development is an integral part of the project. |
| I noticed the name of the presentation evolved from infrastructure renewal to new infrastructure. Does this mean that you have abandoned the renovation option? Because the cultural heritage will not survive if it is not of central importance to the Douglas. In addition to traffic problems, the new building will be completely separate from existing buildings. Can we give up this option? | (Lynne McVey) No decision has been taken. The concept of sustainable development is at the heart of our project. We have to ask ourselves how we can integrate existing buildings into our vision.The preliminary proposal is based on clinical research, conducted by architects. |
| No architects were involved the last time you presented the project to the Board. | (Lynne McVey) Architects start to become involved at this stage. The research is based on best practices from around the world. |
| Does it have to be the same everywhere for it to be good? | (Lynne McVey) The goal of the architectural concept is to provide a healing environment, which is difficult to achieve with the current buildings. |
| There are architects who specialize in the integration of new buildings within existing buildings. Why have you not approached them? | (Mf Coutu) Because current research indicates that the environment has an impact on patient recovery. |
| The Douglas is fortunate to have such lovely grounds and waterfront. The future location should minimize its impact on the environment and enhance its green potential. One aspect of heritage, related to the agricultural tradition in Verdun, is of special importance to me. It is a modest stone root cellar that is no longer used and in poor repair, abandoned. I would like to see its historic significance respected. |  |
| (Personal account about the Douglas. Wants to show the human side.) The Douglas has a great team and I am confident that we will find solutions together, a compromise between preserving green space and helping patients to recover. | (Lynne McVey) Thank you for sharing your story with us. |
| Through wanting to create a better environment for patients, you will destroy the environment in my neighbourhood. |  |
| Large infrastructures often suffer from cost overruns. How much will it cost? | (Lynne McVey) In 2009 dollars, the current project is valued at $400 million.  |
| I notice that a building is missing on the aerial map you presented. Is this building going to be destroyed? | (Lynne McVey) No. This building is leased to an organization, so it is not a Douglas facility. That is why it does not appear on the map. The lease is still in force and the building will not be destroyed. |

Pierre Tessier thanked all who participated in the meeting and invited those who wish to register as Committee members to do so. Members are informed more frequently about Committee activities and are notified prior to public announcements. They sit at the table and may ask questions first, before the rest of the public.

The meeting ended at 9:30 p.m.

Next meeting: May 2014, at a date to be announced.