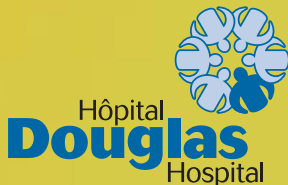




Together

we bring quality to *life*



This annual report is a production of the Douglas Hospital Communications and Public Affairs Department.



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Mission The Douglas Hospital is an institute for the advancement of knowledge and practice in mental health. Affiliated with McGill University and the World Health Organization, it is recognized, both at the national and international level, as an integrated psychiatric centre of excellence in specialized and ultraspecialized care, teaching and research.

Think quality

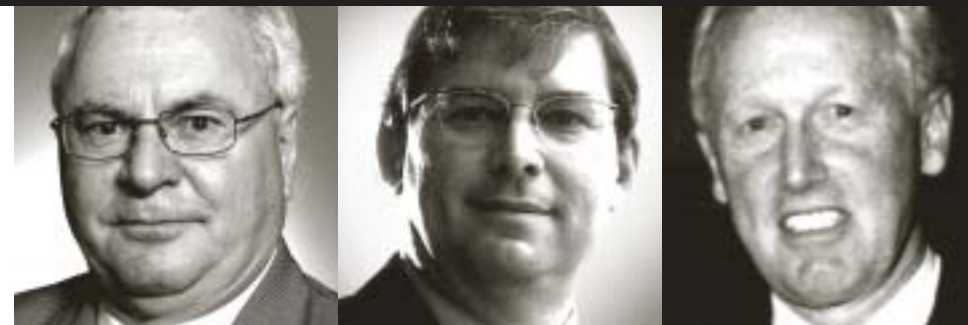
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Jacques Hendlisz, director general of the Douglas Hospital, Rémi Quirion, scientific director of the Research Centre, Michelle Mercier, president-executive director of the Foundation



The board presidents: Julien Béliveau of the Douglas Hospital, W. Brian Edwards of the Research Centre, and Michael R. McMaster of the Foundation



This year, we continued our quest for quality and excellence in all undertakings. We maintained our focus on the integration of care, research and teaching activities, improved existing programs, and created new programs to meet our patients' unique needs.

A major step towards achieving these ambitious goals was the recruitment of a world-recognized expert in first-episode psychosis, Ashok Malla, MD, Canada Research Chair in Early Psychosis, who established and became director of PEPP-Montréal — the Prevention and Early Intervention Program for Psychoses — and who was also appointed director of the Clinical Research Division of the Douglas Hospital Research Centre.

PEPP-Montréal is the only treatment, research and teaching program in Quebec specializing in the early assessment and treatment of psychotic disorders in young people aged 14-30. PEPP-Montréal research involves early identification of psychoses, reviews risk factors and indicators to track the progress of the disease, and involves brain imaging, and genetic, psychosocial and pharmacological studies.

We also opened our Program for Dementia with Psychiatric Comorbidity (PDPC), designed for people with dementia, and with memory, psychiatric and behavioral challenges. Among its many strengths, the program helps people live at home as long as possible, and provides strong support for families. PDPC specialists conduct biomedical and clinical research, evaluate patient services, and study factors affecting the health of an aging population. They also teach students from different disciplines, as well as professional caregivers from the community. As Quebec's baby boomers enter their senior years, the demand for PDPC-type services will only increase.

For both PEPP-Montréal and PDPC, and for myriad other programs — many of which are outlined in this report — the Douglas Hospital Research Centre plays a vital role. Its outstanding performance was acknowledged during this period by the Fonds de recherche en santé du Québec (FRSQ). Every four years, the Research Centre is visited and evaluated by a panel of experts from the FRSQ. The panel gave an excellent rating to the Centre, recognized the quality of its research, the quality and the leadership of its scientific director, and the support of the Douglas Hospital towards Research Centre activities.

Such success could not have been achieved without the tremendous financial contribution of the Douglas Hospital Foundation. A total of \$2.3 million was raised by the Foundation team, including trustees, various friends and volunteers, campaign chairs, and presidents and co-presidents of various events. Our thanks to all for their generous support of the Douglas Hospital and its Research Centre.

In closing, we wish to express our deep appreciation to our dedicated board members and community partners, and, above all, to our superb staff. The Douglas Hospital's success in "thinking quality" is a direct result of your caring and professionalism.

Jacques Hendlisz
Director General
Douglas Hospital

Rémi Quirion, PhD
Scientific Director
Douglas Hospital Research Centre

Michelle Mercier
President — Executive Director
Douglas Hospital Foundation

Julien Béliveau
President
Douglas Hospital Board of Directors

W. Brian Edwards
Chairman
Douglas Hospital Research Centre
Board of Directors

Michael R. McMaster
President
Douglas Hospital Foundation
Board of Trustees



Over the years, the Douglas Hospital has achieved significant advancements in continuous quality improvement in areas such as clinical care, technical support and administration. Yet the pursuit of quality is never-ending. Throughout the past year, a high level of awareness was raised concerning quality, to ensure it constitutes an integral part of all personnel's daily activities.

THE 4CS OF QUALITY: The term “quality” may mean different things to different people and may be defined according to their particular occupations or interests. To manage and communicate standards of quality, the Department of Quality Management and the Department of Organisational Development have created a model that is unique to the Douglas Hospital, entitled the 4Cs of Quality: Client, Competence, Collaboration and Climate. It is essential to incorporate each of these aspects in order to offer the best possible care and improve patients’ quality of life. The 4Cs provide a simple system applicable to every employee, in order that they may uphold the objectives of quality and continually improve their service.

QUALITY WEEK: To raise awareness among Hospital staff, a “Quality Week” was organised. A variety of presentations were made and members of the quality committee visited throughout the entire Hospital. Employees were encouraged to share their positive experiences by posting their accomplishments on the “Wall of Quality”, created specifically for that purpose. During that week, the Hospital unveiled its 4Cs model.

ACCREDITATION FOR THREE YEARS: In April 2002, the Canadian Council on Health Services Accreditation (CCHSA) visited the Hospital and granted a three-year accreditation with condition, requiring a progress report regarding certain issues to be submitted in June 2003. Requests for improvement primarily concerned interdisciplinarity and its implementation within intervention plans, developing indicators of improvement, and measuring results. Many healthcare and management teams contributed to an action plan, which was developed following these recommendations and enabled the necessary corrective measures to be instituted.

Quality Clinical Care

INTEGRATING CARE AND RESEARCH: The Centre for the Advancement of Clinical Research (CARC) was created to ensure that research is integrated into Hospital clinical activities. CARC is headed by Ashok Malla, MD, director of the Research Centre’s Clinical Research Division. CARC works closely with many specialized laboratories. Its multidisciplinary team focuses on numerous areas, including pharmacological and psychological testing, blood withdrawal, clinical assessment, and psychometric testing.

NEW APPROACH TO REHABILITATION: To create the new Community Transition Program (CTP), Douglas Hospital representatives travelled, on several occasions, to the Lincoln Regional Center in Nebraska — a psychiatric hospital affiliated with the University of Nebraska and recognised for its expertise in rehabilitation. These visits allowed them to acquire added knowledge and new clinical practices for optimising the rehabilitation of patients suffering from severe and persistent disorders. As a result, the new CTP has three units through which the patient passes according to his or her rehabilitation needs. This integration of services ensures better follow-up of the patient during recovery. Among these units is the Levinschi House, which was inaugurated this year.

WHEN THE LAW IS AN OBSTACLE TO RECOVERY: Individuals afflicted with severe mental disorders are among the most economically disadvantaged groups and generally receive social assistance. Representatives from the Douglas Hospital submitted a document to the National Assembly of Quebec, encouraging governmental authorities to modify Bill 112 entitled “Act to Combat Poverty and Social Exclusion”. According to the representatives, the Bill, as it is currently defined, does not support the integration of individuals with severe psychiatric disorders into the job market. The Bill stipulates that individuals receiving social assistance may not collect more than \$100 of revenue per month from work — the weekly equivalent of only three and a half hours of work at minimum wage. Any income earned, over and above the \$100 sum, is automatically deducted from social assistance. This only serves to decrease the incentive to work, because financial situations do not improve accordingly. The representatives requested an amendment to the Bill, allowing the individuals to retain 50% of the revenue earned over and above \$100.

RECREATION AND LEISURE SERVICES AD/HD RESEARCH REVIEW: William Harvey, department head of Douglas Hospital Recreation and Leisure Services, reviewed research into the movement skill performance and physical fitness of children diagnosed with Attention-Deficit/Hyperactivity Disorder (AD/HD). Covering the years 1949-2002, the research indicates that children with AD/HD are more likely to have movement skill performance difficulties and poor levels of physical fitness than children without AD/HD.

PILOT TEACHING METHOD INTRODUCED: Roberts Recreation Centre staff introduced a pilot teaching method to children, aged 9-12, from the Child and Adolescent Psychiatry Division’s Youth at Risk Program. Through physical play, the children were placed in situations that encouraged the development of empathy, respect, self-control, and responsibility. This pilot teaching method is a prime example of research-based practice.



Hospital volunteers with Stella Gaucher-Murovic, Quality of Life Coordinator (center)

RENOVATIONS BENEFIT PATIENTS AND STAFF: Major renovations to the Roberts Recreation Centre increased the quality and availability of fitness options for both patients and staff.

AD/HD CLINIC OPENS: Part of the Hospital's Child and Adolescent Psychiatry Division, the AD/HD Clinic opened its doors on February 6, 2003. As a non-sectorized consultation and brief intervention clinic, it addresses the growing number of requests for assessment of children with Attention-Deficit/Hyperactivity Disorder (AD/HD), through the integration of research, teaching and clinical excellence. The clinic's goal is to establish a diagnosis; examine the child's response to medication; offer family psychoeducation around medication and behavioural approaches; and provide social skills training for the child, in order to avoid long-term patterns of poor social skills, difficult peer relations and low self-esteem, often associated with AD/HD. Research conducted in the clinic includes pharmacogenetic studies, neuropsychological and clinical predictors of medication response, studies of interaction between perinatal and genetic risk factors in children with AD/HD, and studies in neuroimager.

ACTIVITY INDICATORS

	2002-2003	2001-2002
Number of beds	254	288
Short-term hospitalisation	620	613
Long-term hospitalisation	73	108
Out-patients	7 583	7 802
Visits to Emergency	4 375	4 527

OMBUDSMAN

Processed Requests	2002-2003	2001-2002
Complaints	67	62
Requests for information, assistance, etc.	381	419
Total	448	481

IPS team members joined by Liette Monat, consultant in strategic planning and friend of the Foundation (second from left)



ESTABLISHING CONNECTIONS WITHIN THE COMMUNITY: The Douglas Hospital's Individual Placement and Support Program (IPS) helps individuals struggling with mental health problems to reintegrate into the regular job market. Evaluative literature indicates that the majority of people afflicted with mental disorders wish to work. To maximise opportunities for patients' successful reintegration into the job market, the IPS team works in close collaboration with patients, clinical teams and representatives from the job market. It is also developing a vital network with the business community, as well as governmental services, including: Emploi-Québec and the Sécurité du revenu. The IPS began in January 2001, as a Douglas Hospital Research Centre project. Today, it is a crucial part of the Hospital's clinical activities. After two years in operation, IPS has 90 patients, 32% of whom are in the workforce. Since its inception, 41% of its registered patients have, at one time or another, worked. The research project is funded by the Canadian Institutes of Health Research, as well as by the mental health program of the Fonds de la recherche en Santé du Québec and the Ministère de la Santé et des Services sociaux.

AN EVER-CHANGING CLIENTELE — PSYCHIATRY AND THE LEGAL SYSTEM: Over the past few years, a change in the clientele of psychiatric hospitals has been observed. Problems arising from comorbidity are more frequent; and patients are more aggressive and, occasionally, exhibit violent behaviours towards themselves and others. More and more, organisations are dealing with a clientele from the legal system. In adapting to these significant changes, the Douglas Hospital and its partners — Institut Philippe-Pinel and the Montreal-Centre Regional Health and Social Services Board — initiated discussions concerning the possibility of developing a correctional psychiatric ward within the Hospital. This would require the expertise of the Institut Philippe-Pinel and would necessitate that the two institutions share knowledge.

AGREEMENT REACHED BETWEEN THE DOUGLAS HOSPITAL, THE MINISTRY AND THE REGIONAL BOARD:

Last year's annual report stated that the Douglas Hospital was unable to reach an agreement with the Ministry and the Regional Board, regarding the transfer of first-line and non-acute psychogeriatric beds to CLSC's and long-term residential facilities (the Douglas Hospital's mandate is to offer second-, third- and fourth-line clinical services). We can now report that, in the past year, an agreement was reached and 24 psychogeriatric beds were transferred to the Centre hospitalier de soins de longue durée (CHSLD) Yvon Brunet.

For Youth Suffering from a First Psychotic Episode

PEPP
MONTRÉAL



8

A NEW PROGRAM TO HELP YOUNG PEOPLE BETWEEN THE AGES OF 14 AND 30, WHO HAVE SUFFERED THEIR FIRST PSYCHOTIC EPISODE: Ashok Malla, MD, is recognised throughout the world for his expertise in the intervention and prevention of psychoses. In 1997, in London, Ontario, he created the PEPP (Prevention and Early Intervention for Psychoses Program) approach to help young adults and adolescents who have suffered their first psychotic episode — because symptoms typically appear during this period of life.

RAPID INTERVENTION, THE KEY TO RECOVERY: Psychotic disorders are among the most severe of mental illnesses, affecting 1% of the population, approximately 70,000 people in Quebec, with nearly 1,400 new cases in Quebec appearing each year. Ashok Malla’s research recently revealed that a treatment’s chance for success significantly increases according to the swiftness of intervention following the first psychotic episode. Therefore, the PEPP-Montréal team meets individuals and evaluates them within 72 hours after the first call.

PERSONALISED TREATMENT: Once a patient is admitted to PEPP-Montréal, the multidisciplinary team provides him or her with personalised and intensive treatment, which includes medication, psychotherapy, support and education for the family, skills training, cognitive behavioural therapy and group interventions. In most cases, representatives from the Douglas Hospital conduct follow-ups at the patient’s residence. In short, all means are employed to ensure the most suitable treatments are provided for the patient’s optimal recovery. Patients are followed for nearly two years, but this may be extended — depending on the patient’s condition.

CARE FUELLING RESEARCH AND VICE VERSA: In addition to clinical services, the PEPP-Montréal team conducts a variety of research projects in order to better understand what occurs within individuals suffering from psychoses. Ashok Malla and his colleagues are working on methods of early identification, risk factors, indicators to track the progress of the disease, brain imaging studies, as well as genetic, psychosocial and pharmacological studies.

Members of the Committee for a Substance-Abuse Free Environment

9



Alcohol, Drugs and Mental Health: A Risky Combination

A WIDESPREAD PROBLEM: Approximately 30% to 50% of patients treated in psychiatric institutions will, at one point in their lives, present with concurrent disorders of mental health and abuse, or of dependence on a psychoactive substance (e.g. drugs, alcohol). In response to this problem, Mimi Israël, MD, chief of the Hospital’s Department of Psychiatry, as well as Jacques Tremblay, MD, president of the Council of Physicians, Dentists and Pharmacists, created C-SAFE (Committee for a Substance-Abuse Free Environment). C-SAFE’s mandate is to foster a therapeutic environment for countering substance abuse, while working to promote integrated treatment for people who present with concurrent disorders.

NEW INTERVENTION METHODS: The C-SAFE committee has worked tirelessly to institute specific intervention methods within the organisation, enabling the screening, diagnosis and treatment of concurrent disorders. For instance, a training program was launched to encourage caregivers to consider substance abuse problems as primary disorders, on the same level as other mental health illnesses, and to provide them with screening tools.

A RESEARCH PROGRAM: In order to screen patients struggling with substance abuse problems, Thomas Brown, PhD, researcher at the Douglas Hospital Research Centre, instituted “Battery Quest,” a computerised screening tool. This program allows staff to detect the problem and offer appropriate treatments. By answering several questions on the computer, the user can obtain the results within just a few minutes. Other research projects are currently being prepared for next year.

AWARDS AND DISTINCTIONS

Jorge Armony, PhD, appointed Canadian Institutes of Health Research Chair in 2002;

Nicolas Cermakian, PhD, was awarded a Human Frontier Science Program Young Investigators' Grant;

Ellen Corin, PhD, was identified as a "high-performing researcher" by the Social Science and Humanities Research Council;

Serge Gauthier, MD, was named to the CIHR/RX&D Chair at McGill University. The award enabled him to pursue his work on strategies for effective symptomatic, stabilization and prevention therapy for Alzheimer Disease;

Sonia J. Lupien, PhD and **Judes Poirier**, PhD, received the Institute of Aging Investigator Awards from the Canadian Institutes of Health Research;

Ashok Malla, MD, was appointed Tier 1 Canada Chair from the Canadian Institutes of Health Research;

Michael Meaney, PhD, was awarded a prestigious Distinguished Investigator Award from the National Alliance for Research in Schizophrenia and Affective Disorders, a leading American society for mental health research;

Rémi Quirion, PhD, was elected Fellow of the Royal Society of Canada and was highly-cited in neurosciences and pharmacology (1st in medicine, McGill University), Institute of Scientific Information, Philadelphia, USA;

Gustavo Turecki, MD, PhD, received the 2003 Young Investigator Award from the Canadian College of Neuropsychopharmacology.

BRAIN IMAGING GROUP SEES TREMENDOUS GROWTH: The Brain Imaging Group (BIG), the first research team of its kind to study brain imaging in the field of psychiatry in the province of Quebec, experienced tremendous growth. Under the direction of researcher Martin Lepage, PhD, the team grew in size to include five grant-funded researchers, two postdoctoral fellows, five research assistants and nineteen students, all working on a wide variety of projects in psychiatric research. Partnership with the Montreal Neurological Institute (where Douglas Hospital patients and/or subjects are sent for brain scanning), and access to the latest technology, makes it possible for BIG researchers to almost instantly receive the brain images for analysis. Other collaborators in this groundbreaking work include the Jewish General Hospital, and McGill, Concordia and Laval universities.

MATERNAL CARE/GENE ACTIVITY: Researcher Michael Meaney, PhD, and his team, obtained a new five-year grant to examine how maternal care can permanently alter gene activity in the brain, and thus influence the development of individual differences in personality traits. The Meaney lab studied rats that had experienced maternal deprivation, and found that environmental enrichment experience during the later stages in development could reverse the effects of deprivation on regions of the brain that develop later in life.

The Research Centre continued to progress at a tremendous rate this year, thanks in large part to our researchers' consistent success in attracting substantial grants and salary awards. Highlights from our four research themes (Aging and Alzheimer Disease; Mood, Anxiety and Impulse-Related Disorders; Schizophrenia and Neurodevelopmental Disorders; Services, Policy and Population Health) include:

FRSQ EVALUATION, EXCELLENT RESULTS: The Research Centre's 2003-2007 Development Plan was submitted to the Fonds de recherche en santé du Québec, as requested every four years. As part of the approval process, the Centre was visited and evaluated by a panel of experts in the mental health research field. This panel gave an excellent overall rating to the Centre; recognized the quality of research; the quality and the leadership of its scientific director, Rémi Quirion, PhD; and the support of the Douglas Hospital towards Research Centre activities.

NEW FINDINGS, POST-TRAUMATIC STRESS DISORDER: Why do some people recover more easily than others from Post-Traumatic Stress Disorder (PTSD)? This question intrigued the research team led by Alain Brunet, PhD. They were the *first research team* to demonstrate: i) that people who recover from PTSD do not tend to have low levels of an important stress hormone called cortisol (whereas those who remain symptomatic tend to have low levels of cortisol)¹; ii) that people who develop PTSD tend to have lower than average levels of a specific acid (gamma amino-butyric or GABA), involved in the encoding of emotional memories²; and that a drug (propranolol) can prevent the development of PTSD. This was shown through the study of a small sample of motor vehicle accident victims. The team's goal is to aid in preventing the development of PTSD by psychological or pharmacological means.

¹⁻² This research was conducted in collaboration with the team of Guillaume Vaiva, MD.



Gustavo Turecki, director of the McGill Group for Suicide Studies and recipient of the 2003 Young Investigator Award from the Canadian College of Neuropsychopharmacology

BRIEF INTERVENTIONS FOR SUBSTANCE ABUSE DISORDERS: Thomas Brown, PhD, and Maurice Dongier, MD, have been investigating innovative treatment methods — in particular very brief psychosocial interventions, involving 2 hours of counseling, for substance use disorders. These interventions, combined with a computer-assisted clinical decision support technology, called Battery Quest, developed by these two researchers are helping clinicians provide efficient, fact-based substance abuse screening and brief intervention treatment within diverse areas of the health care system, including: mental health hospital settings (Douglas Hospital and Centre hospitalier Robert-Giffard); frontline medical care (19 CLSCs); third-line care settings (2 addiction rehabilitation settings, 3 women's shelters); and special high-risk groups, such as repeated drunk driving offenders, in collaboration with the Soci t  de l'Assurance Automobile du Qu bec.

EATING DISORDERS: GENETICS AND THE ENVIRONMENT: The Douglas Hospital Eating Disorders Program research team, led by clinical psychologist, researcher and program director Howard Steiger, PhD, published research findings that add to a body of evidence indicating that anorexia and bulimia represent an interaction between genetic vulnerabilities and environmental factors, such as social pressures towards thinness. During studies involving more than 75 women with eating disorders (and 25 women in a control group) researchers observed that one genetic variation involved in the regulation of serotonin (a neurotransmitter that plays a key role in appetite, mood, impulsivity and anxiety) was associated with increased impulsivity, mood instability, and abnormal serotonin activity. This finding implies that certain genetic tendencies could make some people especially susceptible to problems arising from intensive dieting.

FIRST EPISODE PSYCHOSIS EXPERTISE: The Research Centre was instrumental in the recruitment of Ashok Malla, MD, and his team, to the Douglas community, which brought internationally-recognized expertise in the treatment of youth experiencing a first episode of psychosis. For in-depth information, please refer to page 8.

NOVEL GENETIC RISK FACTOR FOR COMMON ALZHEIMER DISEASE: Judes Poirier, PhD, and his research team unveiled the presence of four novel genetic variations in a gene that is associated with the common form of Alzheimer Disease. He reported that these novel markers cannot only be used to estimate the level of risk of developing the disease, but more importantly, that they allow the effective use of existing drugs in the prevention of the disease in subjects who are at risk of developing the disease (carriers of the genetic anomaly), but who do not yet exhibit any symptoms. This important new finding will be featured with other related issues at the next International Conference on Alzheimer's Disease Therapy to be held in 2004 in Montreal. Serge Gauthier, MD, Judes Poirier, PhD, and R mi Quirion, PhD, were instrumental in organising this important international conference in Canada.

STUDENT AWARDS

Florence Chanut, MD, a research fellow working in the addiction research team of Thomas Brown, PhD, and Maurice Dongier MD, won the Maurice Dongier Training Award³;

Lana Depatie, a graduate student working in the research team of Samarthji Lal, MD, won the Nair Award⁴, 2nd Prize. She and a graduate student working in the research team of Samarthji Lal, MD, tied for 3rd Prize for an oral presentation on Neuroscience Research Day;

Cheryl Hawkes, a graduate student working in the research team of Satyabrata Kar, PhD, won the 1st Prize for an oral presentation on Neuroscience Research Day;

Adam Mar, a graduate student working in the research team of Joseph Rochford, PhD, tied for the Nair Award⁵, 3rd Prize;

Christelle Sachot, a graduate student working in the research team of Giamal Luheshi, PhD, tied for 3rd Prize for an oral presentation on Neuroscience Research Day;

Emma Spreekmeester, a graduate student working in the research teams of Michael Meaney, PhD, and Joseph Rochford, PhD, won 2nd Prize for an oral presentation on Neuroscience Research Day;

Caroline Petit-Turcotte, a graduate student working in the research team of Judes Poirier, PhD, won the Nair Award⁶, 1st Prize;

Ian Weaver, a graduate student working in the research team of Michael Meaney, PhD, tied for the Nair Award⁷, 3rd Prize.

³ The Maurice Dongier Training Award, worth \$10,000, is an internal award, named in honour of Maurice Dongier, MD, an accomplished Douglas clinician and researcher. It provides an opportunity for psychiatric residents to participate in research at the Research Centre.

⁴⁻⁷ The Nair Awards, named in honour of N.P.V Nair, MD, an accomplished Douglas clinician and researcher, are internal awards given in recognition of outstanding articles that a) are first-authored by Douglas Hospital Research Centre students or trainees and b) have clinical implications regarding either the cause or treatment of brain disorders.

Program for Dementia with Psychiatric Comorbidity



Vasavan Nair and Dolly Dastoor, PDPC co-directors, and Ayaz Poundja, engineer for the Moe Levin Centre renovation

TO MEET THE EVER-INCREASING NEED for services for people with dementia, the new Program for Dementia with Psychiatric Comorbidity (PDPC) offers state-of-the-art, multidisciplinary dementia-related clinical care, research, and teaching. It is designed for patients with mild-to-severe cognitive deficits, and psychiatric and behavioral challenges. The PDPC's creation was possible thanks to a generous donation from Mr. Moe Levin, through the Douglas Hospital Foundation, as well as to funding from the Montreal-Centre Regional Health and Social Services Board. In honor of Mr. Levin's extraordinary support, the facility housing the PDPC Program was named the Moe Levin Centre. Part of the original building was redesigned to meet the special needs of PDPC clientele, and to support a vigorous research and teaching environment.

CURRENT PDPC RESEARCH INCLUDES THE STUDY OF:

- the role of advanced biological markers in dementia;
- the risk factors for stress;
- the link between stress and depression;
- the role of light therapy in the regulation of the wake-sleep cycle;
- the effects of Snoezelen therapy (a multi-sensory stimulation approach, used in the treatment of disturbed behavior);
- the effects on the physical and mental health of caregivers for people suffering from dementia.

THE TEAM ALSO PARTICIPATES in evaluative research, medication trials, and development of research programs for the management of disturbed behavior for people suffering from dementia. PDPC research is closely aligned with that of the Aging and Alzheimer Disease Research Theme of the Douglas Hospital Research Centre. PDPC teaching activities, linked to aging, benefit a diverse clientele: students, trainees, residents and interns, families (including information sessions), research partners, Geriatric Psychiatric Division staff, and CHSLDs (consultation services).

By the year 2016, 17% of all Canadians will be aged 65 and over, and the number of cases of Alzheimer Disease will increase proportionately to the aging of the population.

Statistics Canada (2001). Canadian Centre for Justice, Statistics Profile Series. Catalogue No. 85F0033MIE



Mr. Moe Levin and Mrs. Essi Levin (center) at the opening of the Moe Levin Centre

PDPC CLINICAL SERVICES INCLUDE A MEMORY CLINIC, A DAY CENTRE, AND AN IN-PATIENT UNIT:

THE MEMORY CLINIC identifies cognitive deficits; evaluates the progression of the disease; informs the patients and their families of the results; proposes an individualized intervention plan; and assures follow-up;

THE DAY CENTRE is a therapeutic program that helps patients maximize their capabilities and offers support and respite for families, while allowing them to continue to care for the person at home, thus delaying placement in an institution;

THE UNIT has 18 single rooms, open living spaces, spacious corridors allowing people to walk with ease, and a therapeutic garden — all geared to improving the patients' quality of life. Light therapy and Snoezelen therapy (multi-sensory stimulation) are also part of the treatment modalities.

Together, PDPC staff provide an atmosphere of hope for people with dementia.



Trainees from Indonesia, and social workers responsible for this project

TEACHING AND TRAINING BUREAU: The official opening of the Teaching and Training Bureau (TTB) took place on July 22, 2002. Over the course of the year, more than 15 training sessions and symposiums concerning interdisciplinarity were organised, with over 816 people attending — including participants from community groups. The TTB welcomed 262 interns from various fields, such as: psychiatry, nutrition, occupational therapy, nursing, education, psychology and social work. The number of internship hours totalled 62,457.

DEVELOPMENT OF NURSING PRACTICES: The Nursing Education Department offered 4,372 hours of training to 1,068 participants in the areas of risk management (suicide, aggressiveness and other emergency situations), relationship skills, pharmacological aspects, as well as physical and psychiatric pathologies, among other subjects. The department also hosted 131 interns from nine different educational institutions.

LEARNING ONLINE: The Nursing Administration received funding, in the amount of \$35,000, from the Montreal-Centre Regional Health and Social Services Board and the pharmaceutical company Eli Lilly Inc., to create a pilot project for online learning, entitled “E-learning.” This new project means to optimise personnel training by using the Internet and the intranet. In a milieu where knowledge is quickly and constantly expanding and there is a lack of qualified resources, this project will prove to be extremely useful for transmitting information to the Hospital’s entire staff, who are spread out over 33 separate locations.

DEMAND FOR OUR EXPERTISE IN INDONESIA

Since September 2002, five students from Indonesia have been completing an internship in our Social Work Department. Referred to as the “Indonesia-Canada Social Justice Program,” it allows the interns to learn our processes and methods of social work in the field of psychiatry. Though these students are interns in Montreal, they are teachers in Indonesia; upon return to their country, they will be able to incorporate what they have learned to their individual fields. Their role will also be to sensitise the various levels and sectors of government to mental health issues, which are much less developed in Indonesia than they are in Canada. In April 2003, three more students joined the group at the Douglas Hospital and will be staying on until August 2004.



Artist Irene Wilhan created this work for an October 2002 conference on family and mental health.

EFFORT DEVOTED TO EDUCATION FOR PATIENTS AND FAMILIES: A conference entitled “Family and Mental Illness: The Challenge of Bridging Ethical, Clinical and Legal Issues” took place as part of the Douglas Hospital’s Ethics Committee activities. This conference was organised in partnership with the Centre hospitalier Robert-Giffard, Hôpital Louis-H. Lafontaine and the community organisations AML Québec, APABEMSO and the Batshaw Youth and Family Centres. It provided an opportunity for patients, families and health professionals to exchange insights and experiences concerning topics such as new approaches to care, confidentiality and the management of disabilities. Declared an outstanding success, this conference is just the first in a series, with all of the aforementioned partners having committed to participate again.

GIVING PATIENTS HOPE: Diagnosed as schizophrenic at the age of 17, Patricia Deegan, PhD, was invited to be the main speaker at the “Recovery and Hope” conference organised by the Residential Resources Department. The conference provided an opportunity to propose strategies and opinions to participants, with the intention of assisting people suffering from mental illnesses to become more involved in their own treatment, to take control of their lives and to regard themselves as active members of society. Patricia Deegan delivered a message of hope: recovery is possible, and even probable, for the majority of individuals diagnosed with a mental health problem.

Quality Donors



Ida Téoli, BCE Inc., a member of the Foundation's Board of Trustees, and Michelle Mercier, president-executive director of the Foundation

Thanks to generous donors and sponsors, the Douglas Hospital Foundation revenues reached \$2.3 million, making it possible to allocate \$1.7 million to the Douglas Hospital and its Research Centre. With this support, the Douglas Hospital was able to offer first-rate services and much-needed research, furthering invaluable work in areas such as: Alzheimer Disease, depression, anxiety, eating disorders, alcoholism, drug abuse, sleep disturbances, personality disorders, schizophrenia and neurological developmental disorders.

DONORS MAKE PROGRESS POSSIBLE: Funding provided by dedicated donors and sponsors made it possible, amongst other things, to help fund the Eating Disorders Program's in-patient unit and day hospital; fund the Quality of Life Program (details page 19), as well as research on aging and Alzheimer Disease; fund initiatives in the Child and Adolescent Psychiatry Division; establish a Planned Giving Program, for which we received bequests in the amount of \$590,790; and provide sums for clinical, neuroscience, psychosocial and evaluative research.

LEVINSCHI HOME OPENS ITS DOORS: During the 1990s, the Gustav Levinschi Foundation made generous donations to the Douglas Hospital Durost Residence and Ward-in-a-House. These programs fused, becoming the Community Transition Program. The Durost Residence, renamed the Levinschi Home, was renovated to meet the needs of the new unit, which provides patients residing at the Hospital with a bridge to community living through social skills and vocational training, and psychoeducational therapy.

Sonia J. Lupien, researcher and recipient of the Foundation's Heinz Lehmann Award



FINE WINES, A NEW AWARD: The Sixth Annual Wine Tasting Benefit Evening and Silent Auction was held on November 6, 2002, at the Queen Elizabeth Fairmont Hotel. Attended by close to 500 people, it raised over \$282,000 for the Douglas Hospital Research Centre. Thank you to honorary president Jean Pierre Ouellet and the event sponsors, including RBC Capital Markets, Hydro-Québec, Alcan, Pfizer, Lundbeck, SAQ, and Stikeman Elliott. During this event, researcher Sonia J. Lupien, PhD, was presented with the first Douglas Hospital Foundation Heinz Lehmann Award for her research into the effects of stress on pathological aging (e.g. Alzheimer Disease). The award, sponsored by Pfizer Canada, recognizes excellence in mental health, and honors an individual for accomplishments in the advancement of knowledge and practices in mental health. It is presented in honour of the memory of Dr. Heinz Lehmann, who dedicated himself to the well-being of Douglas Hospital patients for 61 years, and who received international recognition for introducing revolutionary psychiatric treatments to the North American psychiatric community.

DONATING TIME FOR PATIENTS' QUALITY OF LIFE: The Residential Resources Department instituted a new volunteer program. Made possible by donations from the Douglas Hospital Foundation, the Quality of Life Program's objective is to help patients reintegrate into the community. Volunteers are matched with a patient, or group of patients, and visit them in their homes, where the volunteers organise activities, outings and accompany them during their leisure time. The goal is for the patient to become increasingly autonomous and, after some time, to be able to perform activities alone. Thanks to the devotion of these extraordinary volunteers, the Douglas Hospital is able to establish these types of programs, which make a genuine difference in the patients' quality of life.

GOLFERS MAKE A DIFFERENCE: The Fifth Annual Douglas Hospital Foundation Golf Tournament welcomed 144 guests from the Montreal business community to the Cedarbrook Golf Club. The tournament resulted in revenues of \$96,126. Thank you to honorary presidents Éline C. Phénix and Jacques O. Nadeau.

A VARIETY OF INITIATIVES: Foundation activities also included a corporate campaign, the launching of a new web site, direct mailing and telemarketing promotions, employee campaigns, a Tribute Program, a Major Gift Program, and a Planned Giving Program, as well as diverse communications and public relations projects such as the *Contact* newsletter.



The team of the new employee recognition program

RECOGNISING THE QUALITY OF OUR EMPLOYEES: Over the course of the past year, a committee comprised of members from the Hospital’s various departments worked to develop a new employee recognition program. The program’s objective is to acknowledge the quality of our staff. Open to all employees, the selection criteria for the seven new awards is directly linked to the implementation of the 4Cs of quality: Client, Competence, Collaboration and Climate (see page 4). These awards recognise creative and innovative projects, as well as initiatives that produce positive results.

VALUING OUR HUMAN RESOURCES: CPC 2, an acute short-term care unit, was awarded a \$25,000 subsidy by the Montreal-Centre Regional Health and Social Services Board and the Ministère de la Santé et des Services sociaux du Québec for its project entitled “Integration Model Via a Participatory Work Organisation Method”. Developed by members of the unit, with assistance from advisors from the Department of Human Resources, this project is designed to optimise the quality of care that is offered and the length of stays within the unit, while recognising each member of the team’s potential and using it to its fullest. To this end, each member of the team is allotted several hours every week to reflect upon their roles and responsibilities, which, in turn, has enabled them to revise and improve current work processes and tools. The results of this exercise are compelling and have initiated the development of more effective tools; an increase in knowledge; improvement of clinical practices; and the introduction of a reflective and problem-solving atmosphere — all this, in addition to the energy and enthusiasm of the team members.

A SUCCESSFUL REORGANISATION OF HOUSEKEEPING: To successfully reorganise the Housekeeping Department, a change in management style, and the introduction of a quality control system in which employees are directly involved, was required. Since the patients are always at the forefront of the Hospital staff’s concerns, changes were effected within the care units first. To cause as few disruptions as possible, the teams learned how to organise their work according to patients’ and clinical staff’s schedules. By working in collaboration with employees and respecting their requirements, the department has made this reorganisation a resounding success.

The housekeeping team



DOUGLAS HOSPITAL AND RESEARCH CENTER PERSONNEL	
	2002-2003
Hospital staff	1 249
Research Centre staff	273
TOTAL	1 522
Physicians (other than psychiatrists)	23
Psychiatrists*	53
Researchers (principal and associate researchers)	60
Residents, interns, and students	514
Nursing personnel	314
Non-medical professionals	190
Other care personnel	277
Other employees	468

* including general practitioners
with privileges in psychiatry

A NEW IMAGE: Throughout the summer of 2002, the Douglas Hospital worked to rejuvenate, enliven and humanise its image. To that end, its new logo portrays a patient surrounded by a healthcare team and all of the Hospital’s partners. On another level, it also represents the concept of teamwork and is designed to resemble a stylised likeness of the brain. This new logo is in perfect harmony with the Douglas Hospital’s three-pronged mission to advance clinical care, teaching and research.



WINNER OF THE PRIX D’EXCELLENCE INFORMATIQUE-SANTÉ: Our intranet was launched in May 2002. Comprehensive and simple to use, it earned the Prix d’excellence informatique-santé 2002, awarded by the Association des hôpitaux du Québec. The intranet is a tool that improves internal communication by making information simultaneously available to every employee — spread out over 33 locations. Many employees already consider the intranet to be a first-rate reference tool. We firmly believe that within the next few years it will become indispensable for all employees.

INCREASED MEDIA PRESENCE: Over the past year, the Hospital greatly increased its presence in the media to engender a greater awareness of its expertise in mental health, as well as awareness of its Research Centre — the objective being to help demystify mental illness.

RULES RELATING TO
CONFLICTS OF INTEREST

A member of the Board of Directors of Douglas Hospital 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 Hospital;
- ▶ 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 Hospital, 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 Hospital;

- ▶ whenever a matter is brought before the Board which gives rise to a situation described in the paragraph above, abstain from participating in any deliberations or decision on such subject matter and leave the room for the duration of such deliberations;
- ▶ abstain from conducting any activity incompatible with the exercise of his or her position or duties as a Board member;
- ▶ refrain from accepting any benefit from a third person when the Board member knows or should know that such benefit is intended to influence a Board decision;
- ▶ refrain from using his or her position to obtain a personal benefit or a benefit for a third party when he or she knows or it is obvious that such benefit is against the public interest;
- ▶ refrain from making use of confidential information or documents with a view to obtaining, directly or indirectly, a personal benefit for anyone.

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

PRACTICES RELATING
TO REMUNERATION

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

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

SANCTIONS

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

DOUGLAS HOSPITAL

BALANCE SHEET

As at March 31, 2003

STATEMENT OF REVENUE AND EXPENSES

Year ended March 31, 2003

24	OPERATING FUND	2002-2003	2001-2002	PRINCIPAL ACTIVITIES	2002-2003	2001-2002	25
	Short-term assets			Revenue			
	Cash	\$ 142 098	\$ 809 527	Regional Board or MHSS	\$ 71 368 094	\$ 70 362 378	
	Short-term investments	5 636 855	2 601 675	Other establishments	5 101	2 594	
	Receivables	2 536 697	3 102 711	In-patients	1 629 229	1 453 054	
	Prepaid expenses	396 752	364 915	Services rendered	87 137	84 316	
	Inventories	195 368	190 977	Other	892 646	697 932	
	Accrued interest receivable	18 082	14 366				
	Total short-term assets	\$ 8 925 852	\$ 8 084 171	Total revenue	\$ 73 982 207	\$ 72 600 274	
	Other assets	676 975	769 012				
	Total Assets	\$ 9 602 827	\$ 8 853 183	Expenses			
	Short-term liabilities			Salaries	\$ 36 757 641	\$ 36 269 772	
	Other payables	\$ 6 917 547	\$ 6 235 898	Employee benefits and employer contributions	17 278 891	17 863 752	
	Interfund debts — other funds	2 064 549	2 970 775	Medication and medical supplies	1 177 870	1 055 259	
	Revenues received in advance	10 479	10 479	Food	923 840	852 663	
	Deferred revenues	248 623	96 755	Other	17 843 965	16 106 828	
	Total short-term liabilities	\$ 9 241 198	\$ 9 313 907	Total expenses	\$ 73 982 207	\$ 72 148 274	
	Other liabilities	181 861	142 817				
	Total liabilities	\$ 9 423 059	\$ 9 456 724	Excess of revenue over expenses	\$ 0	\$ 452 000	
	Fund balance	\$ 179 768	\$ (603 541)				
	Total liabilities and fund balance	\$ 9 602 827	\$ 8 853 183				

DOUGLAS HOSPITAL RESEARCH CENTRE

BALANCE SHEET As at March 31, 2003

26		2002-2003	2001-2002
Assets			
	Cash	\$ 236 473	\$ 1 649 582
	Temporary investments, at cost	2 756 510	1 036 644
	Receivables	2 934 225	2 492 570
		\$ 5 927 208	\$ 5 178 796
Liabilities			
	Accounts payable and accrued liabilities	\$ 871 258	\$ 757 711
	Revenues received in advance	5 055 950	4 421 085
		\$ 5 927 208	\$ 5 178 796
STATEMENT OF REVENUE AND EXPENSES			
Revenue			
	Fonds de la recherche en santé du Québec	\$ 762 500	\$ 912 500
	Research — other		
	Government grants	7 171 707	5 575 587
	Donation from the Douglas Hospital Foundation	965 605	1 254 070
	Grants from private corporations and others	1 913 901	1 749 939
	Investment revenue	56 091	59 147
		\$ 10 869 804	\$ 9 551 243
Expenses			
	Salaries and wages	\$ 5 938 914	\$ 4 917 550
	Employee benefits	417 643	351 644
	Research supplies and other expenses	4 513 247	4 282 049
		\$ 10 869 804	\$ 9 551 243
	Excess of revenue over expenses	—	—

DOUGLAS HOSPITAL FOUNDATION

BALANCE SHEET As at March 31, 2003

	2002-2003	2001-2002	27
Assets			
	Cash	\$ 186 712	\$ 230 670
	Investments, at cost	9 119 574	8 760 167
	Receivables and others	130 316	157 014
		\$ 9 436 602	\$ 9 147 851
Liabilities			
	Accounts payable and accrued liabilities	\$ 6 728	\$ 12 150
	Due to Douglas Hospital and Research Center	1 410 979	682 164
	Deferred contributions	223 006	753 519
		\$ 1 640 713	\$ 1 447 833
Fund balance			
		\$ 7 795 889	\$ 7 700 018
		\$ 9 436 602	\$ 9 147 851
STATEMENT OF REVENUE AND EXPENSES			
Revenue			
Donations and fundraising			
	Donations and contributions	\$ 1 248 273	\$ 2 528 100
	Bequests and estates	590 790	96 125
	Fundraising activity donations	382 620	322 398
	Others	97 773	129 297
	Investment revenue	5 586	(310 790)
		\$ 2 325 042	\$ 2 765 130
Expenses			
	Administrative expenses	\$ 306 219	\$ 265 873
	Fundraising activity	166 162	140 647
Allocations			
	Douglas Hospital	\$ 467 461	\$ 1 712 167
	Research Center	1 287 753	1 293 506
	Douglas Hospital Auxiliaries	1 576	—
		\$ 2 229 171	\$ 3 412 193
	Excess of revenue over expenses or (expenses over revenue)	\$ 95 871	\$ (647 063)

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\$100,000 AND MORE

Estate of the late Honourable Hartland de M. Molson

FROM \$25,000 TO \$99,999

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Rugby Club
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Dionne et Girard
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David Auerbach
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Sidney M. Kaushansky
Dennis Kearns
Donald Kellie
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Joël King
Barry Klar
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Spyridon Koutsouris
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Marvyn and Sheila Kussner
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Luc Lachapelle
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David H. Laidley
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Brenda Laow
Michel Lapalme
Josée Laperrière
Jeanne Larivière
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Tom Law
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Phase (II) Inc.
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Len Marcovitch
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Breen Marien
Elisabetta Marino
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Gwen McFadden
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Frédéric Minchaud
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Mod's Hair Paris**
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Morrison Air Conditioning
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Antony Patterson
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Ken Pepe
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Pharmaprix
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F.X. Ponton Ltée
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Michael Price
Jocelyn Proteau
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Wawanesa

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Donald F. Wolvin
Muir Wood
James G. Wright
Marsha Yelin
Arlene Young
Mary Zuill Gregory

Anonymous gifts (33)

FROM \$25
TO \$99

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John Adnum
Simone (Sum Wing So)
Ah-Lone
Rhuong Ahn To
Desanka Ahtik
Danielle Albert
Berta Algeri
Pauline Alphonso
Amaro Eau de source
naturelle**
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Yves Anglade
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Manuel G. Batshaw
Groupe BCP
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Nicole Beauchamp
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Annie Bélair
Fernand Bélanger
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Julienne Bélanger Gauthier
Jean-Claude Benitah
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Sydney D. Bercovitch
Gisèle Bernard
Monic Labelle Bérubé

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Biodôme, Insectarium,
Pierre Chenier
Hector Chiasson
Nicole Cholette
C. Churchill-Smith
Dominic Cianflone
Maria Ciocca
Fred Clark
Eleanor Clarke
Olga Clarke
Francine Clément
Jacqueline Clément
Club de golf Cowansville**
Margaret Coates
Margaret Cobbler
Edna Cobick
Yetta Cohen
Fernando Colantonio
Noel Colet
Antonio Coletta
Construction Joe Coletta
Inc.
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Gordon F. Collins
Communications Columbia
Cécile Cormier
Suzanne Cormier
Rita Corriveau
Denise Côté
Jocelyne Côté
Nicole Côté
Raymond Côté
Stéphanie Côté
Sylvia Cotellesse
Rhoda Cotten
Lucille Courcelles-Bessette
Hélène Couture
Marie-France Couture
N. Cristofaro
Elsie Crowley
Penelope Cumas
Joshua Cummings
Eugenia Cup
Mary Cyr
Suzanne Cyr
Anna Maria D'Avirro
Maria Jose Da Silva
Nadia Da Silva
Georges Daigle
Pascal Daoust
René Davidson
Liebel Davis
John Howard Dawson
Mary J. De Jong
Michael De Rosa
Carlos De Sousa
Pauline Decelle
René Decelles
Hélène DeCorwin
Diane Demers
François Deraiche
Lynda Derouin
Nicole Deschenes
Denise Descôteaux
Roger Desgroseilliers
André Désilets
Marcel Desjardins
Michel Desmarais
Gertrude Desroches
Athanase Diles
Irene Diorio
Domenico Divita
Rolland Dorais
Claudette Doré
Lorraine Doré
D. Dorsey
Ida Dougall
Cécile Douilliez
Noémie Douilliez

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Marjorie Chartier
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Maria Ciocca
Fred Clark
Eleanor Clarke
Olga Clarke
Francine Clément
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Hélène Couture
Marie-France Couture
N. Cristofaro
Elsie Crowley
Penelope Cumas
Joshua Cummings
Eugenia Cup
Mary Cyr
Suzanne Cyr
Anna Maria D'Avirro
Maria Jose Da Silva
Nadia Da Silva
Georges Daigle
Pascal Daoust
René Davidson
Liebel Davis
John Howard Dawson
Mary J. De Jong
Michael De Rosa
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Pauline Decelle
René Decelles
Hélène DeCorwin
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André Désilets
Marcel Desjardins
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Athanase Diles
Irene Diorio
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Gladys Jarka
Liliane Jobin
Judith Johnston
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Rita Juteau
Guy Jutras
Lise Jutras
Genia Kahan
Leo Karassik
Krikor and Lydia Kassarjian
S. Kazenel
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Patrick Kelly
Elena Kerbelis
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Anthony Kez
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Marcel et Madeleine Lahaie
Colette Lajoie
Andrée Lajoie Bean
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Gisèle Lanctôt
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Yolande Landry
Mario Langevin
Réjeanne Langis
Odette Langlais
Jeannine Langlois
Mary Lanni
Hélène Lanthier
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Louis Claude Laporte
Jocelyne Laramée
Armand Larin
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Pauline Latour
Thérèse Latour
Christiane Lauzé
Hélène Lauzon
Helen Lavigne
Daniel Lavigreur
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Denis Lebel
Jean Lebel
Aurore Leblanc
Denis Leblanc
Gérard Leblanc
Nicole Leblanc
Reynald Leboeuf
Suzie Lebrun
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Johanne Leduc
Placide Leduc
Jean Lee
Mary Lee
Ginette Lefebvre
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Roxanne Lemieux
Bruno Leong
Léo Lépine
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Louise Levac
Beatrice Levine

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Laurier Perreault
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Madeleine Perron
Sylvain Pharand
Frances Phillips
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