

2003-2004
Annual Report

Partner
in Mental Health



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

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Affiliated with



World Health Organization



Mission

The **Douglas Hospital** is an Institute for the advancement of knowledge and practices 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 centre of excellence in specialized and ultra-specialized care, teaching and research.





Jacques Hendlisz
Director General
Douglas Hospital



Rémi Quirion, PhD, FRSC, CQ
Scientific Director
Douglas Hospital Research Centre



Michelle Mercier
President-Executive Director
Douglas Hospital Foundation



Jocelyne Lahoud
Administrative Director
Douglas Hospital Research Centre

Partner in Mental Health

A mental health partner with community, industry and government.

This is the role we are increasingly called upon to play.

Today's Douglas Hospital staff works more and more in the community, providing expert support for CLSCs, long-term care centres, medical clinics, family doctors, community groups — transferring specialized knowledge, providing ongoing consultative services, offering skills training and support as patients make the transition to community living — always with an eye to bringing about positive and lasting change.

A hospital such as ours, with a tripartite mission of care, research and teaching, carries with it a tremendous depth of knowledge and expertise, and should profoundly impact the society it serves. In keeping with our substantial role, and in accordance with our strategic plan, we are proud to announce that we have submitted our candidacy to be officially recognized as an institute to the Quebec Ministry of Health and Social Services.

A key feature of an institute is an excellent research centre—which we have achieved and which is being celebrated to the fullest this year during its 25th anniversary. From decidedly humble beginnings, the Douglas Hospital Research Centre has emerged as the most important mental health research centre in the province of Quebec — home to a roster of amazingly gifted and prolific researchers, a long list of groundbreaking discoveries, training for the next generation of scientists, and exciting partnerships with industry, the community, and government.

As the scope of our research effort has grown, so has our need for space. This year, thanks to support from the Canadian Foundation for Innovation, the Quebec Ministry of Health and Social Services and the Douglas Hospital Foundation, we have significantly expanded and upgraded our research facilities.

We are proud to report that we have been financially prudent. We will continue to be so. Our budget has been balanced for the past four years, and this has freed us to take on new initiatives, many of which are penned within this report.

The Douglas Hospital Foundation has once again provided invaluable support to the Research Centre and the Hospital by raising 2.3 million dollars. Thank you donors, one and all. You believe in the work of the Douglas Hospital, and have the foresight to stand in support of our mental health projects. Although one in five Canadians will be affected by mental illness at some time during their lives, support for mental health initiatives is often less than that for other major health issues—something we are working to change.

Finally, our deepest thanks to our outstanding staff, board members and volunteers. Your knowledge, energy, and commitment to mental health and to our hospital is exemplary. These qualities — combined with your growing talent for identifying and developing better ways to offer healthcare in the face of constant change — propel us towards a bright future.

Jacques Hendlisz
Director General
Douglas Hospital

Rémi Quirion, PhD, FRSC, CQ
Scientific Director
Douglas Hospital Research Centre

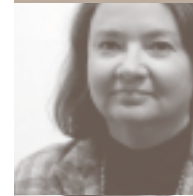
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W. Brian Edwards
Chairman
Douglas Hospital Research Centre Board of Directors

Marie Giguère
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Marie Giguère
President
Douglas Hospital Foundation Board of Trustees





*From the Child and Adolescent Psychiatry Division:
(Back) Colette Boucher, PhD, psychologist; Parvin Jinah,
(Front) Joyce Loomer and Danielle Gauthier, social workers;
and Christiane Cornez, behaviour modification agent*

Partners in Care

TEAM APPROACH BENEFITS TEENS ▶ To provide teens living in the Verdun CLSC territory with a comprehensive and well-coordinated mental health network, a psychiatrist and a social worker from the Child and Adolescent Psychiatry Division are meeting monthly with the Borough of Verdun's CLSC, schools, police, and community organizations. The team's mandate is to serve adolescents with a wide range of mental illnesses, such as anxiety and depression, and related problems such as substance abuse and suicide.

By sharing information and resources, this eclectic team is improving the flow of mental health services, increasing continuity in care, and assuming a joint sense of responsibility for the teens they serve. Specific benefits to the Hospital include an increased understanding of when other organizations should, and should not, send adolescents to the Hospital's Emergency Department.

Given the effectiveness of this approach, the team may soon expand its mandate — this time to include cases involving younger children. Plans are also underway to extend this approach to the Borough of LaSalle.

INCREDIBLE PROGRAM FOR INCREDIBLE YEARS ▶ This past year, the Child and Adolescent Psychiatry Division adopted the Incredible Years Training Program — an acclaimed set of curricula designed by Carolyn Webster-Stratton, a nurse/clinical psychologist, and the director of the Parenting Clinic at the University of Washington. Its child training course helps children aged 2 to 8, who are aggressive and have related conduct problems, to gain confidence and self-esteem as they learn essential social competencies such as anger management and problem-solving techniques.

The parent training course focuses on strengthening parenting skills (monitoring, positive discipline, confidence) and involving parents in their child's school experience, in order to promote academic and social competencies and reduce conduct problems. A training course for teachers is also available.

Six staff members took an Incredible Years parent training course in Seattle, Washington. Upon their return, they offered the parent training course, which was well received. Given the program's enormous potential, the Child and Adolescent Psychiatry Division, in collaboration with the Montreal Children's Hospital, is planning to offer Incredible Years child and parent training courses over the next year.

PEPP-MONTRÉAL DEVELOPS STRONG TIES WITHIN MCGILL NETWORK ▶ Quebec Minister of Health and Social Services Philippe Couillard attended the launch of the Prevention and Early Intervention for Psychoses Program (PEPP-Montréal) on October 2, 2003. Recognizing the importance of PEPP-Montréal's mission — to treat young people aged 14-30 as quickly as possible after a first onset of psychosis — Minister Couillard expressed great enthusiasm for the program and confirmed mental health as being one of his national priorities.

During the 2003-4 period, the PEPP-Montréal team began intensive collaboration with all McGill University Integrated Health Network hospitals, including the Montreal Children's Hospital, in order to establish a McGill First Episode Psychosis Clinical/Academic Program. To acquaint the medical and general community with PEPP-Montréal, the PEPP team made



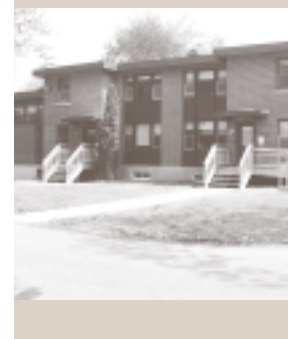
Celebrating the launch of the PEPP-Montréal Program : Ridha Joober, MD, PhD, assistant director, PEPP-Montréal Program; Liza Frulla, MP for the district of Côte-St-Paul-St-Henri-Verdun-Pointe-St-Charles; Ashok Malla, MD, director, PEPP-Montréal Program; Philippe Couillard, Quebec Minister of Health and Social Services; Henri-François Gautrin, MP for Verdun; Jacques Hendlisz, director general, Douglas Hospital; and Julien Béliveau, past president, Douglas Hospital Board of Directors

numerous presentations at various hospitals, in the community, and with AMI-Québec.

Deeming PEPP-Montréal to be an invaluable program, hospitals, community organizations, and health and social service agencies now regularly call upon its services if young adolescents and adult patients show signs of psychosis. As soon as the PEPP-Montréal team receives the call, a team visits the patient in order to initiate PEPP treatment and close follow-up. This efficient strategy reflects PEPP-Montréal's success in fostering partnerships with the healthcare community.

Concurrent with this clinical activity, Douglas researchers are examining a variety of factors (genetic, environmental, social, cognitive, and neurobiological) for their role in the development and outcome of psychotic disorders. The program is also engaged in extensive research to reduce delays in receiving treatment and to improve short- and long-term outcome.

EATING DISORDERS DAY HOSPITAL OPENS ITS DOORS ▶ To meet the unique needs of adults 18 years of age and over who have severe eating disorders, but who can manage independently overnight, the Eating Disorders Program opened the Eating Disorders Day Hospital. With its creation, the Eating Disorders Program offers a full range of treatment options: a day hospital, a day program, an out-patient clinic and an admission unit (for people requiring an hospitalization).



The new Eating Disorders Program Day Hospital offers a warm and welcoming environment

Goals for the day hospital include: 1- speedier recovery for patients who can benefit from intensive day hospital treatment; 2- a reduction in the length of hospitalization, as some patients will be able to move to day hospital treatment after shorter hospitalizations; and 3- a reduction in the length of the waiting list for people wishing to have intensive treatment for eating disorders, because extra spaces have been created to accommodate day hospital patients.

To create the day hospital, the Eating Disorders Program worked in tandem with the Hospital's Technical Services Directorate, transforming an existing pavilion into an environment that is home-like, welcoming, secure, and conducive to rehabilitation. This work was made possible through the generous support of Douglas Hospital Foundation donors (see page 16 for details).



Residence Supervisors Maylene Sears, Annie Frame and Carla Jusic meet regularly with Social Worker Trudy Crook

RESIDENTIAL RESOURCES PROGRAM RESTRUCTURING

► The Residential Resources Services team had a challenging but productive year. After closing a residence that housed 15 patients — an action taken to ensure that the patients received the care they need and deserve — the Hospital proceeded to review residential resources services for all of its 150 residences. Initiatives, some of which were already underway, included: 1- reviewing and updating its contracts with its residences; 2- introducing norms concerning nutrition, finances, hygiene, and the possibility of unannounced visits; 3- changing the administrative structure of Residential Resources Services to better integrate the work of the various people providing services, such as caregivers, social workers, occupational therapists, and psychologists; 4- taking steps to ensure that the role of the Hospital ombudsman is well understood by all; and 5- creating a quality committee to establish norms, deal with complaints, and evaluate and manage challenging situations when they arise.

Although this situation attracted much attention, the team remained united and focused on its mission to provide a therapeutic living environment that promotes recovery, rehabilitation and reintegration into the community for our most vulnerable clients.

As part of our efforts to better meet the needs of those who require supervised housing, Douglas Hospital researchers and clinicians are conducting studies, funded by the Canadian Institutes of Health Research and the Fonds de recherche en santé du Québec, on client satisfaction in foster homes, as well as on the needs and preferences of residents living in all types of housing. The results will assist us in

planning resource development and with continuous quality improvement.

TAKING A LEADERSHIP ROLE IN RESIDENTIAL RESOURCES PILOT PROJECT

► Some psychiatric patients respond better to reintegration if they can make a gradual transition from hospitalization to community life. As of Fall 2003, the Douglas Hospital, the Agency* and the Salvation Army began a pilot project to provide patients from various Montréal hospitals with just this option. The residence involved in the project, MIR-Dorchester (Maison Insertion Réadaptation) is located in Montréal and staffed by a Douglas Hospital social worker and occupational therapist, and 10 additional personnel. It comfortably houses up to 12 residents, who may remain for a maximum of 6 months, as they gain autonomy and finalize long-term plans for moving into the community, reentering the workforce, or returning to school.

Admission to the MIR-Dorchester residence is determined by a committee comprised of professionals from the above-mentioned organizations. Any hospital within the Montréal area may apply. For Montréal hospitals, this is a cost-effective solution that provides a welcome opportunity to free up beds.

GRANT TO MAXIMIZE EFFICIENT USE OF EMERGENCY RESOURCES

► In 2004, a Douglas Hospital clinical research team was awarded a \$10,000 grant from the Fondation de recherche en sciences infirmières du Québec (FRESIQ) to test and fine-tune the Priority Code Scale, which the team members had developed in 2003. This tool rates the urgency of psychiatric patient needs on a scale of 1 to 5

(with category 1 representing the most urgent cases) and describes key characteristics for each category—to help staff quickly assign patients to a position on the scale. It also defines the actions that should be taken for each category, and the maximum time by which a patient in each category should be served.

The team's goal is to ensure that this scale is efficient, easy-to-use, and flexible, thereby making it a viable option for emergency departments in all hospitals serving psychiatric patients. The results will be presented at the 2004 Annual Meeting of the Ordre des infirmières et infirmiers du Québec.

* Agence de développement des réseaux locaux de services de santé et de services sociaux de Montréal

EMERGENCY DEPARTMENT RENOVATIONS, AN IMPRESSIVE COLLABORATION ▶

The Emergency Department and the Technical Services Directorate teams joined forces to undertake major renovations, making it possible for the Emergency Department to divide its services between two distinct areas: 1- a reception and evaluation area for newly-arrived patients; and 2- a patient observation area. Other improvements included moving the Admissions area closer to the waiting room (which gives it more space and closer contact with patients during the admitting process), the development of an overflow section with four additional beds, improvements to treatment and interview rooms, and the creation of an intensive observation room. Thanks to this great team effort, the Emergency Department enjoys improved continuity of care and overall security, plus an enhanced quality of life for both patients and staff.

PARTNERING WITH LOCAL POLICE ▶

Although police officers and Hospital staff both interact with people suffering from mental illness, their roles and approaches differ dramatically. To ensure that the two groups work together as effectively as possible for the benefit of the patient, the clinical-administrative chief of the Adult General Psychiatry Division and the chief of Police Station 16 organized an information sharing day in Fall 2003. Led by Douglas Hospital Director General Jacques Hendlisz and Montréal Police Department Chief Michel Sarrazin, it was attended by over 80 participants from the Hospital and community organizations.

The participants and police representatives shared information, explained their roles, and made valuable contacts. Police officers explained the rewards, challenges, and stresses of their work and reviewed key features that guide their actions, including 1- laws, regulations, and the judicial system; 2- police professional ethics and code of discipline; and 3- how and when police use force. Additional information sharing days are being planned to sustain this high level of cooperation.

PRIMARY NURSING: AN ENHANCED PROFESSIONAL ROLE ▶

A primary nursing pilot project was initiated in two areas within the Geriatric Psychiatry Division in 2003, bringing with it momentous changes. Learning from the gains accrued in other provinces and the US, primary nursing has become increasingly popular within the Quebec healthcare community in recent years. The model calls for a nurse (referred to as a primary nurse) to assume a leadership and coordinative role for the overall planning and delivery of care for a group of patients for the entire length of the episode of care. This involves becoming intimately familiar with patients and their needs, working closely with other members of the interdisciplinary team and community partners, maintaining contact with families, and when not on duty, delegating responsibility to other team members. In contrast, the traditional nursing role is more task-oriented and, therefore, less global in its approach.



Supporting organizational partnerships: Michel Sarrazin, chief, Montréal Police Department; Jacques Hendlisz, director general, Douglas Hospital; Manon Desjardins, clinical-administrative chief, Adult General Psychiatry Division; Jean-Bernard Trudeau, MD, director, Professional and Hospital Services Directorate; and Josée Blais, commanding officer, Station 16



Ronald Sehn, Technical Services director; Mario Fortier, Emergency acting clinical-administrative chief; Jacques Hendlisz, director general; Hani Iskandar, MD, Emergency clinical chief; and Marc-Paul Lasnier, clinical-administrative coordinator

Spearheading the Primary Nursing Pilot Project: Michel Laverdure, clinical-administrative chief; Louise Beauvais, clinical nurse specialist; Johanne Dubé, clinical-administrative chief, Geriatric Psychiatry Division; and Dolly Dastoor, PhD, clinical-administrative chief (absent)



Thanks to this exciting new initiative, each primary nurse is responsible for a small group of patients and coordinates their care from admission to discharge, 24 hours a day. The benefits reported thus far are enormous. Patients and families, as well as other team members, feel reassured by the greater continuity and comprehensiveness of care afforded by this model. Primary nurses find the added responsibility stimulating; they enjoy taking this enhanced role and continue to search for innovative ways to improve service delivery. Also, a marked rise in attendance and morale has been evident in both areas where primary nursing has been introduced. In the near future, this approach will likely be employed throughout the division.

Recognition of the project is coming from outside sources as well. In Spring 2004, the Association des hôpitaux du Québec (AHQ) mandated the Fondation de recherche en sciences infirmières du Québec (FRESIQ) to evaluate if the project qualifies as one of the “best practices” mental health projects for 2004 in Quebec. Results will be forthcoming in Fall 2004. Also, word of this project’s success has spread, thanks in large part to an article written by three members of the pilot project team, which was published in the April 2004 issue of the Association québécoise des infirmières et infirmiers en santé mentale (AQIISM) journal. As a result, the project team has been asked to share its results with staff both within our hospital and at other hospitals.



Kampraseuth Prainsixiengmay, cafeteria attendant and Bonita Parsons, cashier, remind us that we must eat well, for a healthy mind and body!

GERIATRIC PSYCHIATRY DIVISION: CLOSER TIES WITH HEALTHCARE PARTNERS ▶

In order to continuously improve the quality of its services, the Geriatric Psychiatry Division is increasingly committing itself to its community partners (hospitals, CHSLDs, CLSCs, family doctors, medical clinics etc.) in the form of ongoing follow-up, continuing education activities and training for healthcare professionals in the community.

For example, in 2003, the Geriatric Psychiatry Division arranged for four of its geriatric psychiatrists to act as consultants at eight long-term care centres (CHLSDs) in order to meet their special needs.

As well, all of our community partners received access to our triage-liaison team, either by phone or by having a team member visit their premises. The triage-liaison team is composed of a nurse and a social worker, who deal with questions pertaining to clinical management and behavioural treatments. When needed, the team also arranges for patients to be seen in our Emergency Department or to be admitted to our other services.

In addition, our in-patient clinical personnel is working more closely with CHSLD staff. When a patient is transferred to a CHSLD, a nurse or a social worker from the unit now accompanies the patient during the transfer, in order to facilitate an exchange of information regarding the behaviour and medication plan, overall approach to care, and the patient’s medical history.

These measures have helped tremendously — facilitating communication with our partners, reducing the number of admissions in our services, and optimizing the treatment of patients in the community, thus creating a winning environment for patients, staff and community partners.

NUTRITION: A GROWING ROLE IN MENTAL HEALTH AND RECOVERY

► In response to the essential role that nutrition plays in enhancing patients' health and well-being, the Hospital upgraded its standards and practice of nutrition, and increased its focus on in-patient and out-patient nutritional requirements. New, more flexible nutrition programs were developed and adapted to the varied needs of patients — respecting the reality that patients preparing to reintegrate into the community, for example, would have different needs than those of people with Alzheimer Disease or eating disorders. The position of professional chief-clinical nutrition was created to lead this effort. With this direction, clinical nutritionists are improving patients' mental and physical health by promoting prevention, recovery and rehabilitation with scientifically sound food and nutrition information.

CLINICAL EXPERTISE ► In June 2003, Jean-Bernard Trudeau, MD, joined the Hospital as its new director of hospital and professional services and a member of the Clinical Activities Directorate, leaving the post of director of professional services at Centre hospitalier Pierre-Janet in Gatineau, Quebec.

Externally, Jean-Bernard Trudeau has been appointed chair of the Comité d'experts en santé mentale et relations humaines at the Office des professions du

Québec and a member of the Comité d'experts sur l'organisation des services en santé mentale at the Ministère de la Santé et des Services sociaux du Québec. The scope of this external involvement reflects his determination to improve mental health care services in Quebec and is indicative of the caliber and dedication of Hospital staff.

Serge Beaulieu, MD, PhD, received a best supervisor award from the McGill University Department of Psychiatry, based on input from their residents. He is director of academic affairs, director of the Affective Disorders Clinic and a researcher at the Douglas Hospital, as well as an associate professor in the Department of Psychiatry at McGill University.

Louise Beauvais, clinical nurse specialist; Dolly Dastoor, PhD, clinical-administrative chief of the Program for Dementia with Psychiatric Comorbidity; Johanne Dubé, clinical-administrative chief of the Geriatric Psychiatry Division; and Michel Laverdure, clinical-administrative chief of the Porteous 1A psychosocial rehabilitation unit, introduced a primary nursing pilot project within the Douglas Hospital's Geriatric Psychiatry Division.

Charles Cahn, MD, retired after 50 years of service as a psychiatrist at the Douglas Hospital. He was the Douglas Hospital's medical superintendent from 1967-72 and director of professional services from 1972-84. In honour of his numerous contributions, the Hospital named its library the Charles Cahn Library in 2003.

Maurice Dongier, MD, was honoured for his contribution to teaching by the Canadian Psychoanalytic

Society. He is a researcher at the Douglas Hospital Research Centre and professor in the Department of Psychiatry at McGill University.

Peter Roper, MD, a Douglas Hospital psychiatrist, was honoured for 50 years of medical service by the Quebec Medical Association.



*N.P. Vasavan Nair, MD, and Samarthji Lal, MD,
the founding fathers of the Research Centre*

Partners in Research

The Douglas Hospital Research Centre: 25 Years of Innovation in Mental Health

2004 MARKS THE DOUGLAS HOSPITAL RESEARCH CENTRE'S 25TH ANNIVERSARY ▶ Having evolved dramatically over the past quarter century from humble beginnings, the Douglas Hospital Research Centre now stands as Quebec's largest centre, and one of Canada's most distinguished centres, in the fields of neuroscience, psychiatry and mental health. It is also the head office of the Institute of Neurosciences, Mental Health and Addiction, one of the Canadian Institutes of Health Research. In honour of this auspicious occasion, we present a brief history of the Research Centre's journey to date.

Heinz Lehmann, MD, Introduces Revolutionary Treatments to North America

The Douglas Hospital (then named the "Protestant Hospital for the Insane") was founded in 1881. However, it was not until the late 1930s that a research initiative got underway. It began with the arrival of the German psychiatrist Heinz Lehmann, MD, who would go on to introduce revolutionary European drugs to the North American psychiatric community for the treatment of mental illness.

In the 1950s, Heinz Lehmann read a study by two French psychiatrists who had received promising preliminary results with the drug chlorpromazine. After testing the drug on volunteer nurses and patients at the Hospital, he got outstanding results, and within the first year 230 patients had been treated with the drug. He published the first rigorous study on the clinical potential of chlorpromazine in a 1954 paper in the Archives of Neurology and Psychiatry.

Heinz Lehmann made medical history a second time at the Hospital, after reading a German paper about the anti-depressive effects of a drug called imipramine. About two-thirds of the patients he treated with this drug either experienced improved symptoms or total recovery.

Heinz Lehmann's studies helped set the stage for a flourishing research community at the Douglas Hospital. They also encouraged the medical staff to give Hospital patients more freedom and responsibility. Many individuals under treatment were gradually granted ground privileges, city privileges, and finally "on-trial" discharge. The goal of integrating patients back into the community would later drive the nature of research performed at the future Research Centre.

Over his career, Heinz Lehmann received many awards and distinctions, including the Albert Lasker Award for Clinical Research in 1957, the presidency of the Collegium Internationale Neuro-Psychopharmacologicum from 1969-70, and induction into the Canadian Medical Hall of Fame in 1998.

The Founding Fathers of the Douglas Hospital Research Centre

When Heinz Lehmann retired, he passed the torch to the future founders of the Research Centre, psychiatrists N.P. Vasavan Nair, MD, and Samarthji Lal, MD.

N.P. Vasavan Nair took over the directorship in 1979, and in 1980 he and Samarthji Lal created the beginnings of a framework for a competitive research program, which consisted of three research divisions, with an appointed director for each.

The Hospital's budget for the Research Centre was a mere \$200,000. Recounts Samarthji Lal, "We met often with Gaston Harnois, MD, (the then director general of the Hospital), and he held many fundraisers for us. A lot of people made a huge effort to get the money to keep us going."

Adds N.P. Vasavan Nair, "Money and equipment were in short supply — and so were subjects for clinical studies. Heinz Lehmann had been a great experimenter on himself, so in those days we followed his example and tried the drugs on ourselves before giving them to our patients."

The Brain Bank

In 1980, Samarthji Lal established the Brain Bank — the first of its kind in Canada. A repository of brain tissue from both healthy donors and the sufferers of neurological illnesses, it thrives today as part of the Neuroscience Research Division and enjoys an international reputation. The Brain Bank now contains brains mostly used for the study of Alzheimer Disease, but it was originally created to facilitate studies in schizophrenia.

Recognition by the World Health Organization

In 1981, a great honour was bestowed upon the Research Centre. The World Health Organization (WHO) nominated the Research Centre as a collaborating centre for research and training in mental health. It was the fruit of much labour, especially by Gaston Harnois. The centre is now referred to as the Montreal World Health Organization/Pan American Health Organization Collaborating Centre for Reference and Research in Mental Health. The Research Centre was the first of only two such Canadian collaborating centres in the WHO network.



The human brain: our most complex organ



A New Scientific Director

Rémi Quirion, PhD, created the Neuroscience Research Division in 1983, “We had a staff of five people then, and it was an opportunity for me to help increase the research capacity of a research centre, as well as do my own experiments.” He was appointed scientific director of the Research Centre in 1995.

His vision was to build a first-class research centre based on the excellence of its staff, scientists and clinicians. He exercised excellent judgment in recruiting top-quality researchers interested in the neurobiology of mental illness, and chose people willing and able to collaborate with the clinicians and across themes, such as schizophrenia and alcohol dependency.

Today, the Research Centre has an annual budget of \$15 million. Its four main areas of research are aging and Alzheimer Disease; mood, anxiety and impulse-related disorders; schizophrenia and neurodevelopmental disorders; and services, policy and population health.

The Next Twenty-Five Years

What does the future hold?

Among other things, Rémi Quirion hopes that future research will bring scientists closer to the discovery of the genes involved in the creation of mental illness, in the knowledge that society and culture are also contributing factors.

With today’s thriving Research Centre now home to approximately 60 researchers and clinician-researchers, 140 students (masters, PhD, and post-doctoral), and training programs that attract students from all over

the world, the next quarter century promises to be even more exciting than the first.

THRIVING RESEARCH CENTRE RECEIVES NEW FACILITIES

Research at the hospital is growing non-stop and with that growth comes the need for additional space, specifically designed for the requirements of the Douglas Hospital Research Centre. In response, the east wings of the second, third and fourth floors of Perry Pavilion were fully renovated, thanks to the combined contribution of the Canadian Foundation for Innovation, the Ministry of Health and Social Services, and the Douglas Hospital Foundation. This resulted in 20,000 square feet of new space for the Research Centre’s neuroscience division, psychosocial division, and brain bank, and allowed for a more functional grouping of individuals and teams. These renovations are part of a master plan that began in 1999, which calls for Perry Pavilion to progressively house more research facilities.





Research Center Awards and Distinctions



Patricia Boksa, PhD, was named the first woman president of the Canadian College of Neuropsychopharmacology (CCNP). She is a researcher at the Douglas Hospital Research Centre and professor in the departments of psychiatry, and neurology and neurosurgery at McGill University.



Ashok Malla, MD, was presented with The John M. Cleghorn Award for Excellence and Leadership in Clinical Research by the Canadian Psychiatric Association. He is director of the Douglas Hospital Prevention and Early Intervention Program for Psychoses (PEPP-Montréal), director of the Douglas Hospital Research Centre Clinical Research Division, and professor in the Department of Psychiatry at McGill University.



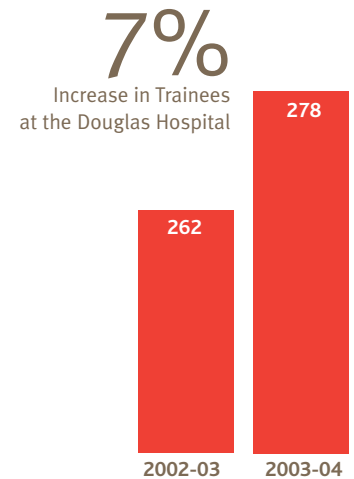
Michael J. Meaney, PhD, received the Canadian Institutes of Health Research Senior Investigator Award. He is associate director of research and a researcher at the Douglas Hospital Research Centre, a James McGill Professor in the departments of psychiatry, and neurology and neurosurgery at McGill University, and director of the Program for the Study of Behaviour, Genes and Environment at McGill University.



Rémi Quirion, PhD, FRSC, CQ, was named a member of the Ordre national du Québec, and 2003 National Champion in Mental Health by the Canadian Alliance on Mental Illness and Mental Health. In addition, he received the médaille de l'Assemblée nationale du Québec. Rémi Quirion is the scientific director of the Douglas Hospital Research Centre and of the Institute of Neurosciences, Mental Health and Addiction (INMHA) of the Canadian Institutes of Health Research (CIHR), and professor in the Department of Psychiatry at McGill University.



Partners in Teaching and Training



EXPANDING TRAINING OPPORTUNITIES ▶ The depth and scope of training is continuing to develop at a steady rate. In the past year, the Hospital provided 278 students, interns and residents with training — an increase of 7% over the previous year, involving a total of 71,475 hours of training.

MAJOR GAINS THROUGH TRAINING EXCHANGES ▶ When community resources work together, everyone wins. To ensure that mental health services are delivered as effectively as possible, training exchanges were jointly organized by the Hospital's General Adult Psychiatry Division, CLSC Verdun, and the L'Autre Maison Crisis Centre — a community organization located in Verdun. Thanks to this collaboration, twenty-four staff members from CLSCs, community organizations, and the Douglas Hospital participated in exchanges in order to become more familiar with the staff of other resources, through watching them at work, and participating in meetings. The post-exchange evaluation indicated that these exchanges created better understanding and closer ties between organizations, and stemmed the duplication of services. In fact, the initiative was so well received that 39 new one-day training exchanges were organized for Winter 2004 — an increase of 61.5% relative to 2003. Training exchanges were also organized within the Hospital between closely collaborating areas, such as the general acute short-term care units and the Emergency Department, which made for a better understanding of roles and responsibilities and increased efficiency.

Hospital researchers have since received a Canadian Health Services Research Foundation grant in order to thoroughly assess the benefits of both the external and in-hospital training exchanges.

NURSES LEARN ON-LINE ▶ In 2004, twenty Douglas Hospital nurses participated in an innovative e-learning pilot project organized by the Nursing Directorate, in order to assess the potential for e-learning at the Hospital and to gauge the interest of personnel in this learning approach, which can be applied to both clinical and non-clinical personnel.

The nurses took an on-line course (comprised of a series of 20-30 minute modules) on the topic of anti-psychotic medication. The post-course evaluation showed a dramatic increase in the nurses' knowledge in this area, and indicated that they greatly appreciated the flexibility of the e-learning medium, which allowed them to study either at work or at home. Having the option of studying in their clinical practice environment proved to be a major advantage for certain nurses, who had found it difficult in the past to participate in in-house training.

The evaluation also indicated that e-learning helps stretch teaching and training dollars. Since tests are written and graded directly on computer, fewer instructors tend to be required. In addition, because staff members do not have to leave their posts, they do not need to be replaced when studying or taking exams. The resulting savings make way for more training. In response to these overwhelmingly positive results, the staff has requested more e-learning courses, and the Hospital has agreed to invest funds to expand their number.

As a result, four new e-learning courses on the following subjects are scheduled for Fall 2004, and will be open to all interested hospital staff, and, subsequently, to our community partners: indications

and usage of antipsychotic medication, secondary effects of antipsychotic medication, monitoring of antipsychotic medication, and promoting patients' adherence to the pharmacological regimen.

NEW TRAINING DEVELOPED FOR SOCIAL WORK SUPERVISORS ▶ In Fall 2003, eight Douglas Hospital senior social workers received an opportunity to hone their supervisory skills, thanks to the new Intermediate/Advanced Supervision Workshop Course — developed by the professional chief of social services, in collaboration with McGill University's Department of Social Work. The goal of the course is to help senior social workers maximize their effectiveness with social work students who participate as interns at the Douglas Hospital. In preparation for the course, each supervisor videotaped sessions with his or her student(s). The tapes were then analyzed and discussed in class. Participants gave this initiative an overall rating of 4.5 out of 5 in the post-course evaluation and unanimously expressed a desire to participate in phase 2 of the course, slated to begin in Fall 2004.



Leading the on-line learning project: Yves Proulx, nurse clinician teacher; Robyne Kershaw-Bellemare, director, Nursing Directorate; Suzie Grégoire, clinical nurse specialist; and Stéphane Doyon, nurse

7% Increase in Trainees at the Douglas Hospital



Dolly Dastoor, PhD, clinical-administrative chief of the Program for Dementia with Psychiatric Comorbidity together with generous donor Mr. Moe Levin

Partners in Fundraising

Thank you to the many donors, including foundations, governors, board members, companies and private individuals, who showed outstanding commitment to the work of the Douglas Hospital. Their contributions resulted in \$2.3 million being raised for mental health clinical care and research.

THE MOE LEVIN CENTRE OFFICIAL OPENING ▶ On September 25, 2003, the Foundation welcomed 150 guests to the official opening of The Moe Levin Centre, which provides clinical care, teaching, and research for a clientele with mild to severe cognitive loss, combined with psychiatric and behavioral problems. A generous donation from Mr. Moe Levin enabled the completion of this specialized clinical care centre.

FAMILY INITIATIVE HELPS FUND NEW DAY HOSPITAL ▶ Thanks in part to a golf tournament organized by a family who strongly supports the Eating Disorders Program, a day hospital is now available for people requiring intensive treatment for eating disorders (see page 5 for details). Other invaluable contributors to the success of this project include The George Hogg Family Foundation and The Gustav Levinschi Foundation.

MOLSON FOUNDATION SUPPORTS AGING AND ALZHEIMER DISEASE RESEARCH ▶ The Molson Foundation Endowment Fund joined the Research Partners' Program and provided major funding for an endowment fund dedicated to aging and Alzheimer Disease research. Close to one million dollars was raised in major gifts this year, thanks to generous contributions from various donors.

EXCELLENCE IN POST-TRAUMATIC STRESS DISORDER RESEARCH ▶ Douglas Hospital Research Centre researcher Alain Brunet, PhD, was awarded the Douglas Hospital Foundation Heinz Lehmann Award for his research into post-traumatic stress disorder. In 2001, Alain Brunet developed a Peritraumatic Distress Inventory (PDI), the first instrument to assess the level of distress experienced during a potentially traumatic event; the PDI is now used by more than 30 research teams throughout the world and has been translated into five languages.

“VINTAGE BOUQUET” PARTICIPANTS

RAISE \$275,745 ▶ The Douglas Hospital Foundation’s “Vintage Bouquet” Wine-Tasting Event and Auction welcomed 500 Foundation supporters and raised \$275,745 for the Douglas Hospital Research Centre. Invaluable support came from official sponsor Alcan Inc., major sponsor Hydro-Québec, principal sponsor Pfizer Canada Inc., associate sponsors BCE Emergis, Ernst & Young, Hewlett-Packard (Canada) Co., Lundbeck Canada Inc., Microserv Dorval, Molson Inc., RBC Capital Markets, and Société financière Desjardins, and numerous corporate sponsors.

FOUNDATION GOLFERS RAISE \$187,550 ▶

At the Douglas Hospital Foundation Envolée 2003 Golf Tournament, golfers raised \$187,550 — double the sum collected last year — in support of Douglas Hospital Research Centre mental health initiatives. This could not have been achieved without the exceptional work of honorary co-chairmen Jeanne Wojas and Robert Chevrier. Hearty thanks to official sponsor the Fondation Mise sur toi, major sponsors The National Bank of Canada, Cossette Communication Group, Transcontinental Inc. and Hydro-Québec, as well as all other corporate partners and participants.

LOTO-VOYAGE: A POPULAR OPTION

WITH DONORS ▶ A new fundraising campaign called Loto-Voyage was launched, giving ticket holders ten chances to win a \$2,000 gift certificate for Air Transat products, and raising \$15,510 for Foundation coffers.



Researcher Alain Brunet (center) with Jacques Hendlisz, director general, Douglas Hospital, and Patrice Roy, PhD, director, Scientific Affairs, Pfizer Canada Inc.



“Vintage Bouquet”; a resounding success! Daniel Mercier, vice-president, Eastern Region, Hewlett-Packard (Canada) Co. and honorary chairman of the “Vintage Bouquet”, Michelle Mercier, president-executive director, Douglas Hospital Foundation; Marie Giguère, senior vice-president, chief legal officer and secretary, Molson Inc. and president, Douglas Hospital Foundation Board of Trustees; Michel Jacques, senior vice-president, Alcan Inc. and president and chief executive officer of Alcan Engineered Products; and Gaston L’Heureux, master of ceremonies

Winners of the 2003 Celebration of Excellence Awards



Partners at Work

InnovAction Awards, for individuals or work teams that have made exceptional contributions to the sharing of innovative ideas, the development of creative approaches and/or the implementation of a related project (or action) in line with the Hospital's strategic plan :



President's Award

Management Category

Danièle Choinière, clinical-administrative chief, General Acute Short-Term Care Unit/CPC 2, Adult General Psychiatry Division



Director General's Award

Administrative Support Category

Nicole Valcourt, secretary, Residential Teams, Adult Continued and Specialized Care Division



Director General's Award

Professional Support Category

Nicole Lahaie, planning and programming agent, Wellington Centre coordinator, Adult Continued and Specialized Care Division



Director General's Award

Technical Support Category

Lise Contant-Ashby, medical technologist, Clinical Laboratory, Professional and Hospital Services Directorate



Douglas Cup

Team Category

General Acute Short-Term Care Unit/CPC 2, Adult General Psychiatry Division



Nova Award, in recognition of a positive and collaborative spirit, a strong work ethic, and a positive approach to client services in accordance with Douglas Hospital values. **Romualdo Barillaro**, audio-visual technician, Audio-Visual Department, Nursing Directorate



Roberts Award, for exceptional contributions to the quality of direct patient care. **Esther Jordan**, beneficiary attendant, Geriatric Psychiatry Division

ORGANIZATIONAL CLIMATE SURVEY:

TAKING THE PULSE ▶ In Spring 2003, a hospital-wide survey was conducted to assess the organizational climate and identify actions to improve quality in the work environment. The results confirmed that employees felt pride and satisfaction in working for the Hospital and that a pleasant work atmosphere existed in the units. As well, employees felt that individuals were respected, that their immediate supervisors were sensitive to requests and expectations related to their work, and that they received all information necessary to work well. However, improvements were called for in four main areas, namely: communication and partnership between management and employees, workplace safety, workload and stress related to work, and harassment and discrimination.

A strong drive was evident at all levels within the Hospital to improve the organizational climate. After in-depth consultation with staff from throughout the Hospital, a three-year action plan was unveiled in February 2004, giving detailed strategies for improvements in the four above-mentioned areas. To date, over thirty specific actions have been taken to ameliorate these areas, with additional actions planned for the coming year.

WORKPLACE ATTENDANCE ON THE RISE ▶

A concerted effort was made by the Occupational Health and Safety Department and many internal partners to decrease workplace absenteeism. Early in 2004, managers received training on how to increase workplace attendance using a coaching-based approach, and administrative tools were adopted to help managers and their staff achieve attendance goals.

Gains were significant. During the 2003-4 period, over 20,000 fewer hours were paid in salary insurance compared to 2002-3. Improvements in other areas were also recorded, including 1,500 fewer days being paid in workplace compensation by the Commission de la santé et de la sécurité du travail (CSST), when compared to the previous year. We are pleased to report that these positive trends appear to be continuing, and look forward to further improvements in the coming year.

STANDARDIZED INDICATORS, SUPERIOR TOOLS FOR MEASURING PROGRESS ▶

To treat patients as effectively and efficiently as possible and ensure that our services run at peak performance, the Douglas Hospital uses over 200 indicators for assessment and planning purposes. This year, the Hospital focussed on standardizing its indicators — to confirm that information received from diverse areas is measured and recorded according to identical criteria. To meet this goal, staff from throughout the Hospital attended information and training sessions.

With standardization achieved, the Hospital will move forward to the next phase in the process — developing performance indicators to provide data on the quality of our services, thus aiding the Hospital in achieving and sustaining excellence in all areas (see page 20).



VISIT WWW.DOUGLAS.QC.CA

A three-part, comprehensive web site was created to showcase essential elements of the Douglas Hospital, its Research Centre, and Foundation. Designed to provide key information to the general public, healthcare professionals, researchers, and the media, it covers areas such as our clinical, research and teaching programs, mental health resources, upcoming events, profiles, and recruitment and donation opportunities.

Activity Indicators 2003-2004

Activity Indicators

	2003-2004	2002-2003
Number of beds	254	254
Short-term hospitalisation	650	620
Long-term hospitalisation	123	73
Out-patients	7,553	7,583
Visits to Emergency	4,385	4,375
Incidents, accidents	875	720
Control measures	3,964	N/A

Complaints and Requests from Patients

	2003-2004	2002-2003
Processed requests		
Complaints*	42	67
Requests for information, assistance, intervention etc.	381	381
Total	423	448

* Total complaints received by the examining doctor and the ombudsman

Douglas Hospital and Research Centre Personnel

	2003-2004	2002-2003
Hospital staff	1,232	1,249
Research Centre staff	223	273
Total	1,455	1,522

Physicians (other than psychiatrists)	22	23
Psychiatrists *	51	53
Researchers (principal and associate researchers)	65	60
Residents, interns, and students	463	514
Nursing personnel	299	314
Non-medical professionals	194	190
Other care personnel	265	277
Other employees	474	468

* Including general practitioners with privileges in psychiatry

Emergency Department Activity Level Overview

	2003-2004 P1 to P13	2002-2003 P1 to P13	Deviation	Trend
Occupancy rate	118.12%	123.74%	-6%	▼
Number of stays over 48 hours	377	387	-10	▼
Average length of stay (hours)	43.67	42.75	0.92	▲
Average wait, including consultation (hours)	4.33	3.51	0.82	▲
Number of annual visits	4,385	4,375	10	▲

Internal Services

1. Occupancy Rate per Bed Type

Type of Care	2003-2004	2002-2003	Deviation	Trend
Short-term	97%	84%	13%	▲
Long-term	101%	86%	15%	▲
Average	99%	85%	14%	▲

2. Average Length of Stay (Days)

Type of Care	2003-2004	2002-2003	Deviation	Trend
Short-term	50.4	77.8	-27.4	▼
Long-term	466.3	2,198.7	-1,732.4	▼
Average	153.4	470.4	-317	▼

3. Period Before Readmission

Interval	2003-2004	2002-2003	2003-2004	2002-2003	Deviation	Trend
0-03 months	98	85	21%	21%	0%	▼
03-06 months	58	42	12%	10%	2%	▲
06-12 months	84	59	18%	14%	4%	▲
12-24 months	63	63	13%	15%	-2%	▼
24 months and +	174	162	36%	40%	-4%	▼
Total	477	411	100%	100%		

External Services

1. Average Waiting Period (Days)

Clientele	2003-2004	2002-2003	Deviation	Trend
Adults	60.9	56.1	4.8	▲
Geriatric Psychiatry	48.8	38.9	9.9	▲
Child and Adolescent Psychiatry	34.0	55.9	-21.9	▼
Average	55.4	54.5	0.9	▲

2. Activities

	2003-2004	2002-2003	Deviation	Trend
Average duration of external follow-up (days)	512	549	-37	▼

Douglas Hospital and Douglas Hospital Research Centre

Balance Sheet

As at March 31, 2004

Operating Funds	2003-2004	2002-2003
Short-term assets		
Cash	\$ 2,596,462	\$ 142,098
Short-term investments	9,693,365	5,636,855
Receivables	4,546,445	2,536,697
Prepaid expenses	354,697	396,752
Inventories	208,383	195,968
Accrued interest receivable	180,135	18,082
Total short-term assets	17,579,487	8,925,852
Other assets	648,893	676,975
Total assets	18,228,380	9,602,827
Short-term liabilities		
Other payables	8,326,826	6,917,547
Interfund debts - other funds	3,631,857	2,064,549
Revenues received in advance	5,542,983	10,479
Deferred revenues	120,203	248,623
Total short-term liabilities	17,621,869	9,241,198
Other liabilities	161,251	181,861
Total liabilities	17,783,120	9,423,059
Fund balance	445,260	179,768
Total liabilities and fund balance	18,228,380	9,602,827

Douglas Hospital

Statement of Revenue and Expenses

As at March 31, 2004

Principal Activities	2003-2004	2002-2003
Revenue		
Regional Board or MHSS	\$ 74,146,330	\$ 71,368,094
Other institutions	0	5,101
In-patients	1,495,575	1,629,229
Services rendered	92,301	87,137
Other	823,590	892,646
Total revenue	76,557,796	73,982,207
Expenses		
Salaries	37,949,626	36,757,641
Employee benefits and employer contributions	17,264,246	17,278,891
Medication and medical supplies	1,321,065	1,177,870
Food	893,550	923,840
Other	19,066,511	17,843,965
Total expenses	76,494,998	73,982,207
Excess of revenue over expenses	62,798	0

Douglas Hospital Research Centre

Statement of Revenue and Expenses

As at March 31, 2004

	2003-2004	2002-2003
Revenue		
Fonds de la recherche en santé du Québec	\$ 762,500	\$ 762,500
Research – other		
Government grants	9,939,351	7,171,707
Donations from the Douglas Hospital Foundation	1,518,159	965,605
Grants from private corporations and others	1,843,968	1,913,901
Investment revenue	95,914	56,091
Total revenue	14,159,892	10,869,804
Expenses		
Salaries and wages	7,086,696	5,938,914
Employee benefits	483,178	417,643
Research supplies and other expenses	6,590,018	4,513,247
Total expenses	14,159,892	10,869,804
Excess of revenue over expenses	-	-

Douglas Hospital Foundation

Balance Sheet

As at March 31, 2004

	2003-2004	2002-2003
Short-term assets		
Cash	\$ 298,437	\$ 186,712
Temporary investments, at cost	8,805,116	9,119,574
Receivables and others	153,722	130,316
Total short-term assets	9,257,275	9,436,602
Short-term liabilities		
Accounts payable and accrued liabilities	4,997	6,728
Due to Douglas Hospital and Douglas Hospital Research Centre	1,193,227	1,410,979
Deferred contributions	55,282	223,006
Total short-term liabilities	1,253,506	1,640,713
Fund balance	8,003,769	7,795,889
Total liabilities	9,257,275	9,436,602

Statement of Revenue and Expenses

As at March 31, 2004

	2003-2004	2002-2003
Revenue		
Donations and fundraising		
Donations and contributions	\$ 1,172,819	\$ 1,248,273
Bequests and estates	51,800	590,790
Fundraising activity	596,203	382,620
Others	49,871	97,773
Investment revenue	414,144	5,586
Total revenue	2,284,837	2,325,042
Expenses		
Administrative expenses	352,250	306,219
Fundraising activity	269,787	166,162
Allocations		
Douglas Hospital	297,019	467,461
Douglas Hospital Research Centre	1,155,338	1,287,753
Other organizations	200	1,576
Total expenses	2,074,594	2,229,171
Excess of revenue over expenses	210,243	95,871

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Code of Ethics of the Board of Directors

During its January 20, 1999 board meeting, the Douglas Hospital Board of Directors adopted a code of ethics to determine the responsibilities and obligations of its members. In 2003-4, there were no exemptions or breaches related to board member responsibilities or obligations.

Please note: This document is available, upon request, from the Director General's Office and is now posted on the Hospital web site: www.douglas.qc.ca

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Henry B. Yates

The Moe Amsel Family Foundation
The Birks Foundation
The Maxwell Cummings Family
Foundation
Succession J.A. de Sève
The Fast Foundation
The Hay Foundation
The George Hogg Foundation
The Howick Foundation
The Hylcan Foundation
The Moe Levin Family Foundation
The Gustav Levinschi Foundation
The J.W. McConnell Family
Foundation
The Molson Foundation
The Richter Charitable Foundation
Estate of Morris Steinberg

Anonymous gifts (28)

I – FOUNDERS FROM \$25,000 TO \$99,999

Alcan Inc.
Succession Alphonse Barkanovas
Le Groupe CGI Inc. *
Imperial Tobacco Canada Ltd. *
Fondation Mise sur toi
The R. Howard Webster Foundation *
Anonymous gift (1)

II – BENEFACTORS FROM \$10,000 TO \$24,999

AMD Group *
Banque Nationale
Bélanger Branding and Design **
Bell Canada *
BMO Banque de Montréal *
Fondation J. Armand Bombardier *
Groupe Cossette Communication **
Groupe Jean Coutu (PJC) Inc. *
Fédération des caisses Desjardins
Hydro Québec
La Fondation Libermont *
Opération Enfant Soleil
Pfizer Canada Inc. *
The Roasters Foundation *

III – PARTNERS FROM \$5,000 TO \$9,999

AstraZeneca
Banque Royale du Canada *
Banque Scotia
BCE Emergis inc.
BCE Inc.
BMO Fontaine d'espoir
BMO Groupe financiers **
Foundation of the Canadian
Psychiatric Association
Club de Hockey Canadien **
Desjardins Société Financière
Ernst and Young
Estate Late Violet Cassidy
Fasken Martineau DuMoulin, s.r.l.
Forum Films (Loyalty) Inc.
Gravel-Saturn-Saab-Isuzu
Paul-André Guillotte
Boutique Henriette Lamarre **
Hewlett Packard Canada Co.
KPMG, s.r.l.
J. David Laing
Lundbeck Canada Inc.

McCarthy Tétrault
Microserv Dorval
Le Fonds de Bienfaisance Molson
Molson Inc.
Montreal Ultimate Association
Nexinnovations inc.
Quebecor World
Graphique Couleur **
RBC Marchés des capitaux
Sky Service Airlines Inc. **
Compagnie d'assurance
Standard Life
Deirdre Stevenson
Transat A.T. Inc. **
Groupe Transcontinental
GTC Ltée **
VRSI Inc.

IV – PROMOTERS FROM \$1,000 TO \$4,999

Abracen Family Foundation
Addenda Capital
Le Groupe Alexis Nihon
Collection Andrade **
Centre Aqua Mer **
Argo Construction Inc.
Fondation Jacques et Michel Auger
Banque de développement
du Canada
Fondation Gilberte et Germain
Benoit
Germain Benoit
Le Bifithèque **
Biotonix Inc.
Linda H. Birks
Harvey Blatt
Blumont Capital Corporation
Boeckh Capital Co. Ltd.
Diane Boivin
Bombardier Aéronautique Inc.
Borden Ladner Gervais
Gilbert Boucher
Bovet **
Carole Briard
Festival Bromont Inc.
Ghislain Brossard
Alain Brunet
Réal Brunet
The Canada Life Assurance
Company
Canjet Airlines **
Capimont Inc.
Janet Casey **
Cirque du soleil **
Nancy Cleman **
Club Optimiste Verdun inc.
Groupe Cossette Communication
Computer Services Corp **
Denis D'Ambroise
Philippe Dandurand and
Marie-Josée Stroméi
J. Bruno Debruille
Pierre Desjarlais
Maurice Dongier
W. Brian Edwards
Eli Lilly Canada Inc.
The Leonard Ellen Family
Foundation *
Enveloppe Concept **
Estate of Lottie Forbes
Estate of Martha Jones

Flag House **
Hélène Gagné
Gaz Métropolitain
Société de Gestion Roche Inc.
Marie Giguère
Marie Giguère **
GlaxoSmithKline Inc.
Serge Gouin and Denyse Chicoyne
Gouvernement du Québec
Daniel Granger
Groupe conseil OSI
Heenan Blaikie
Stephen Hurlburt
Janssen-Ortho Inc.
Bruce Kent
Groupe financier La Capitale inc.
La Presse
Bruce Lancey
Martin Le Bel **
René Lépine and Josée Lacoste
Loto-Québec
Demetrius Manolakos
McLean Budden
Terence R.J. McNamara
Merck Frost Canada Ltée
Métro inc.
Fernand Miljour
Gary Miller
François Morin
Arthur Nancekivell
Le cabinet de relations publiques
National Inc.
Nestor Securities Inc.
Neurochem inc.
Nexxlink Technologies inc.
Technologies Nter
L'Orchestre symphonique de
Montréal **
Jean-Pierre Ouellet
Jean Pagé
Jean Pagé **
Fondation Pathonic
Peoplesoft Canada Co.
Phénix Capital inc.
Power Corporation Canada
Les montres Raymond Weil **
Quincaillerie Richelieu Limitée
Rémi Quirion
RBC Dominion Securities Inc.
Cyril and Dorothy, Joel and Jill
Reitman Family Foundation
Reitmans (Canada) Ltd.
Le Réseau des sports RDS

Fonds d'assurance responsabilité
prof. du barreau du Québec
Rexel North America Inc.
Celia Rossy
S.P.I. Sécurité inc.
Gilles Salvas
Schroders Ventures Canada Inc.
Sigma Alpha Capital inc.
Standard Life Investments Inc.
Guthrie J. Stewart
Supremex inc.
Télémedia Inc.
Thomas and Betts Ltd
James Thomson
Groupe Transcontinental GTC Ltée
John Trolé
Uni-Sélect Inc.
Vesey's Seeds Ltd.
Via Rail Canada Inc. **
Sylvie Voghel
Woods Productions (Canada) Inc.
Wyeth Inc.
Wyeth Pharmaceutiques
Zeller Family Foundation

Anonymous gifts (5)

V – BUILDERS FROM \$500 TO \$999

AGTI Services conseil inc.
John D. Andrew
The Aziz Tabah Foundation
Albert Barbusci
Cynthia Baxter
BDO Dunwoody s.r.l.
Roger J. Beauchemin
Denis Boivin
Borden Ladner Gervais **
Patricia J. Bernier Bougie
Bowater Produits Forestiers Canada
Jean Brassard
Elizabeth Brierley
Michael G. Bronstetter
Brouillette, Charpentier, Fortin
Browns Shoe Shops Inc. **
Bernard Bussières
Charles H. Cahn
Canderel Management Inc.
Cargair Ltée
Linda Cleman **
Simon Cobrin
Conférence de Montréal
Robert Côté
David M. Culver
Les Aliments Dainty Foods
Marc Décarie
Decor Inc. **
Décor Marie Paule Inc. **
De Vienne Traiteur **
Frank Di Tomaso
Fondation Céline Dion
The Mitzi and Mel Dobrin Family
Foundation
Domaine de ski Mont St-Bruno **
Maurice Dongier **
Suzanne Dongier-Montagnac
Glenn and Eleanor Ellis
Enveloppe Concept
Financière Banque Nationale**
FAF Design – Fonderie d'art **
Sylvain Falardeau
Maurice Forget **
Le Groupe Forzani Inc. **
Fay Freiman
Galerie Bernard Séguin Poirier **
André Gauthier Holding Inc.
Judith Gibb **
William J. Giblin
Norman A. Grundy
Marc Guindon **

Agnes Hak **
Hewlett Packard Canada Co. **
Hotel du Lac Carling **
Arnold H. Isaacson
Mimi Israël
Christiane Jodoin
Kadora Investments Ltd.
A. Ryder Kinsman
Kraft Canada Inc. **
Samarthji Lal
Martine Lalinec-Michaud
Robert Legault
Architectes Lemay et Associés
Imprimerie Lisbro Inc.
Peter R.D. Mackell
James G. MacLaren
Daniel Maher
Paul Marcotte
Pierre Marcouiller
Marriott Château Champlain **
Johanne Martial
McCarthy Tétrault **
Mirabaud Canada Inc. **
Montreal Wanderers Rugby Club
Les Papiers M.P.C. Inc.
Jacques Payette
Plaza Chevrolet Oldsmobile **
Groupe S.M. Pelletier inc. **
C.B. Powell Foundation
Production Feeling **
Le Fairmont Reine Elizabeth **
Robco Inc.
Sabex Inc.
Philippe Sureau
Club de Tennis de l'Île des soeurs **
Hostellerie Les Trois Tilleuls **
Gustavo Turecki
Vestra Capital
Dennis Wood
James G. Wright

Anonymous gifts (3)

VI – PIONEERS FROM \$100 TO \$499

Académie culinaire **
Ace Mortgage
Claudette Allard
Normand Allard
Draperies Commerciales A.N. Inc.
Robert C. Anderson
Jean-Claude Armand
L'Association des banquiers
Canadiens
L'Association des banquiers
Canadiens **
David Auerbach
Theresa August
Denis Bachand
Monique Bachand
Charles Balinsky
Financière Banque Nationale
Morton Barmish
BCE Inc. **
Groupe BCP
Jacques Beaudry
Stéphane Bégin
Paul Béland
Marie Benoit
Richard Benzakein
Frederik Beran
Luc Bertrand
Bimcor inc.
Ian Boeckh
J. Anthony Boeckh **
Véronique Bohbot
Marie A. Bolduc
Georges Bossé
Harry Botner
Jacques Boucher
André J. Bourque
Breton and Frères Inc.
Richard Brière
La Cie Électrique Britton
David H. Brown
Susan Brown **
Alain Brunet
Pierre Brunet
André Cairns
George D. Campbell
Le Groupe Canam Manac Inc.
Canon Canada Inc.
Canpro Investments
Cansew Inc.
Jean Caouette
John Caporuscio

Carol Carsley
Margaret K. Carsley
Sol Cartman
Nicolas Cermakian
Rachael Chapman
René Chartier
Charton Hobbs Inc. **
Fernand Chartrand,
Nathalie Chatelle
Chenier Auto Service
Cloriano Inc.
Jean Cobetto
Eric and Susan Cohen
Rhoda Cohen
Paul J. Coliton
Concept Sécurité Pro-Inc.
Fondation de la Corporation des
Concessionnaires d'automobiles
de Montréal
The Howard Cooper Family
Foundation
Corenov Constructeurs inc.
Ellen Corin
Architectes Corriveau, Dionne
et Girard
Gérard Côté
Coty Canada **
Gianna Coverini
Glen and Mary Cranker
Gestion d'arbitrage Cristallin Inc.
Anne Crocker
Croisières AML **
Georgette Cuillerier
Pauline Cusson
Françoise Viau Danik
E.R. Danowski
Anita David
Howard Davidson
Thomas R.M. Davis
Décor Marie Paule Inc. **
Délicates Tentations
Diane Demers
Andrée Denonville
René Desautels
France Desjardins
Devencore Investments Inc.
John and Cynthia Dinsmore
Alma Dolderer
Nicole Doré
John W. Douglas, Jr.
Lewis W. Douglas, Jr.
Johanne Dubé
Julie Dubrofsky
Dubuc Mode Vie **

Compagnie Jean Duceppe inc. **
Laurent Dugas
D.G. Durr
Gordon Echenberg
W. Brian Edwards **
Martin Eiding
Samuel Eiding
Irving Eklove
Excelfur and Cuir **
Sherry Ellen
Martin Fenton
Kenneth R. Ferguson
Enterprises Michael Ferrara
Fiducie State Street
Oeuvres Caritatives Les Filles de Jésus
Avram Fishman
Maurice Forget
Franciscaïnes Missionnaires
Immaculée-Conception
Patrick Fréchette
Adalia Gameiro
Gaumond Robert Alexis Traiteur **
André Gauthier
Gazoduc TQM
Thomas S. Gillespie
Etienne Gingras
George Gombocz
Roland Goulet
Robert Graham
Les Grands Ballets Canadiens **
Brian Grant
Le Groupe Gravel
Wilfrid Gravel
Pinnie Green
Harry Grigsby
Herta Hacker
Nick Hamilton **
Yvan Handfield
Christine Harper
Richard M. Hart
Ian Hay
Pierre Hébert
Marion Henthorn
André Jean Héon
Christine Higgingbottom
Betsy Holland
Marie-Claire P. Holland
Hostellerie Rive Gauche **
Jean-Louis Houde
Donald R. Huggett
A. Stuart Hyndman
IBM Employees' Charitable Fund
Immeubles Huron Inc.
Informa-Plus

Investissements Novacap inc.
 David Janigan
 Maurice Jaques
 Frances Johnson Collins
 Ridha Joober
 Charles Jouan
 Kaba Ilco
 Frank A. Kay
 Dennis Kearns
 Gestion Kenmont Management Inc.
 Joël King
 Denison Kitchel
 Joyce and Barry Klar
 S. Kornbluth
 Paul Kost
 Carol Kouri
 Spyridon Koutsouris
 Kraft Canada Inc. **
 Kraysol Investments Inc.
 Susan Kudzman and R. Blais
 Marvyn and Sheila Kussner
 La Capitale Lutex Location
 Distribution La Préférence
 David H. Laidley
 Brenda Laow
 Denise Laurin
 Liane Lavallée
 Tom Law
 Gordon Lax
 Jeannette T. Lazure
 Ian Beitel and Susan Le Pan
 Jean-Marc Leboeuf
 Gordon Lenko **
 Gatean Leong Son
 Pierre H. Lessard
 Loews Hotel Vogue **
 Logistec Corporation
 L'Opéra de Montréal **
 Guy Lord
 Lou Batten Inc.
 Stella Luczak
 The Ludmer Family Foundation
 Giamal Luheshi
 Pierre Lussier
 Reford MacDougall
 Macroy Investments Limited
 Irving Maklan
 Thelma Malchelosse
 Ashok Malla
 Manoir INC.
 Le Marchand de vin **
 Len Marcovitch
 Breen Marier
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David Martz
 Justice Herbert Marx
 Louise Matta
 Antonio Maturo
 Solly Mayoff
 McCarthy Tétrault **
 Mark L. McCloskey
 Jocelyn McCurdy
 Len McDougall
 McGill Capital
 Wilson B. McLean
 J.C. McLelland
 Duncan McNeill
 James and Elissa Meadow
 Michael J. Meaney
 Meloche Monnex assurance
 et services financiers
 Mario F. Ménard
 Mercantile Property Corporation
 Michelle Mercier **
 Alfred N. Miller
 Andrew T. Molson
 Geoffrey E. Molson
 Jane Molson
 M. Justin Molson
 Dominic Monaco
 Brian Monté
 Placements Monrusco Bolton Inc.
 Lawrence H. Moquette
 John and Norma Morgan
 Herbert F. Müller
 Frederick Murphy
 A.R. Deane Nesbitt
 Larry O'Connell
 Gerry Ouwendyk
 Osler, Hoskin and Harcourt **
 Elizabeth Ann Paine
 Charles Parent
 Nathalie Patenaude
 John J. Peacock
 Sam Pেকেles
 Groupe S.M. Pelletier Inc.
 Ken Pepe
 Helen Perity
 Hélène Pigeon
 André Plante
 Jeffrey Plotnick
 Rollande Poirier
 Sheldon Poon
 F. Russell Portwine
 PPG Canada Inc.
 Elizabeth V. Price
 W. Michael Price
 Colette M. Proulx

Jens Prussner
 QIP Equipment Ltd.
 Quebecor World **
 Norman Raschkowan
 Shelby Ray
 Pierre A. Raymond
 Restaurant Guy and Dodo **
 Gilles Richard
 John Ridden
 I. Riff
 Gary Robertson
 Peter Roper
 G.J. Rosengarten
 Louise Rossy
 Eileen Rothstein
 Mario Roy
 Willine Rozefort
 Edward Ruthberg
 Fouad Salib
 Sarstedt Inc.
 Guy Savard
 John Scally
 Bernard Schachter
 Benny Schwam
 Scientifique Instrumentation Inc.
 Anne M. Scott
 Groupe Scout 218* Radisson
 de LaSalle
 Sears Canada inc
 – Succ. Carrefour Angrignon **
 Ronald Sehn
 Marc Sévigny
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 Kenneth Simon
 Kirsten Simon
 Kathleen E. Simpson
 Bhinderjit Singh
 Daniel Sirois
 Morton Skoll
 George S. Smith
 Ronald M. Smith
 Simon Chang Concepts Inc. **
 Ski Bromont **
 Walter J. Smith
 Soeurs de Sainte-Anne
 Robert Spickler
 Lalit K. Srivastava
 Hélène St-Jacques
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 Shirley M. Stikeman
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Pauline Tabah
 Techni-contact Canada ltée
 Technorm Inc.
 Tennis Canada **
 Ida Teoli
 Francine Therrien
 Walter L. Tooke
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 Sonia Towner
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 Transat A.T. Inc.
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 Pierre Vallée
 Ian Van C. McLachlin
 The Herschel Victor Foundation
 Theda Vineberg
 Allan and Sylvie Vosko
 VRSI Inc. **
 Claire-Dominique Walker
 Anne M. Watt
 La Cie Mutuelle d'assurance
 Wawanesa
 Philip L. Webster
 Lola Wellington
 George Whelan
 Ross Whitehead Inc.
 Lorimer E. Whitworth
 Mabel Wilmut
 Michael Wilson
 Edward Wiltzer
 Mark Wiltzer
 Benjamin J. Winter
 Jack Wolinsky
 Marsha Yelin
 Arlene Young
 Mary V. Zwick

Anonymous gifts (35)

* Pledge over more than one year

** Gifts-in-kind

Our most sincere thanks to
 the many people who made
 donations of \$99 or less.