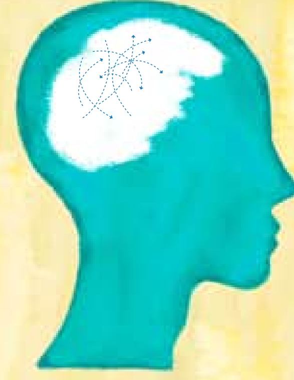
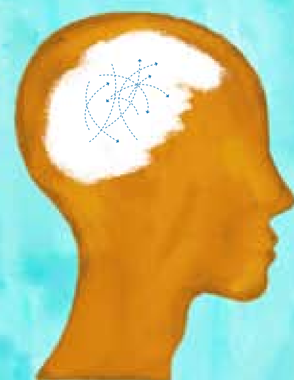


2005-2006 Annual Report

RECOVERY: FROM NEIGHBOURHOOD TO NEURON



TEACHING CARING DISCOVERING TEACHING CARING

Ouverts d'esprit. Depuis 125 ans.
Caring with Open Minds. For 125 Years.

Hôpital Douglas Hospital

www.douglas.qc.ca

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

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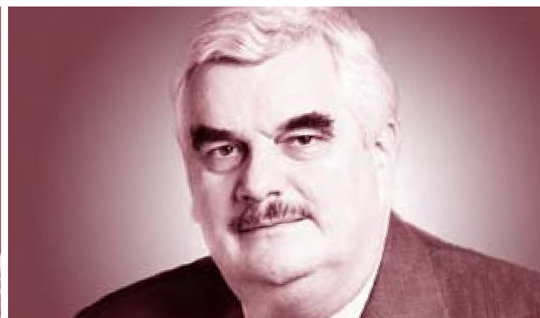

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Douglas Hospital Research Centre Board of Directors

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President,
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Reorganization, Reflection, Success and Celebration: Douglas Themes for 2005-2006

Reorganization: The Mental Health Action Plan

This year, special attention was paid to preparing for the implementation of the 2005-2010 Mental Health Action Plan (MHAP) from the Ministry of Health and Social Services (MHSS). In particular, we worked towards two primary MHAP objectives: a) to create a strong first line in the Centres de santé et de services sociaux (CSSSs) and b) to establish specialized second and third lines to support first line services.

To ensure a strong first line, we must transfer some of our clientele and part of our human and financial resources to this level of service. We began negotiating in this regard with the Agence de santé et de services sociaux de Montréal (Agency)—the organization responsible for implementing the MHAP in the Montréal area. Discussions are dealing primarily with identifying superspecialized (third line) care programs such as eating disorders, first-episode psychosis, and mood disorders, in which we have unrivalled expertise in Quebec—expertise we must continue to assume. As we finalize preparations for this annual report, no agreement has yet been reached between the Agency and the Douglas.

Over the last year, in view of the transfers, our clinical teams have evaluated and identified clients who should be served by the first line. In addition, numerous meetings were held with our CSSS partners to develop a model of mental health services for the first line.

We are concerned about our current lack of sufficient Douglas psychiatric staff to reach certain MHAP objectives. We hope to soon receive assurances from the Agency that this situation will be corrected.

We are pleased and proud to announce that, during the preparation of this annual report, the Ministry of Health and Social Services conferred upon the Douglas the status of University Institute in Mental Health. This designation is bestowed upon institutions that have achieved excellence in care, research, teaching, and technology evaluation. The University Institute in Mental Health status confirms Douglas leadership within McGill-RUIS (Réseau université intégré de santé de l'Université McGill) and the central role it is called upon to play in the implementation of the Ministry's Mental Health Action Plan.

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Reflection: New Strategic Plan

Titled "Recovery Through the Integration of Care, Teaching and Research—From Neighbourhood to Neuron", our new strategic plan is the result of lengthy internal and external consultations and is grounded in the values of excellence, innovation, involvement, collaboration and education. Three major strategic directions will guide us over the next four years: to require excellence and the integration of clinical, teaching and research activities; to improve knowledge and influence directions in mental health; and to consolidate a results-based culture. This ambitious plan reflects our determination to excel in all we do and confirms our leadership in mental health in Quebec, throughout Canada, and beyond.

Success: Douglas Researchers Among Top CIHR Competition Performers

It is also important to note the tremendous success achieved by our Research Centre researchers in competitions from various granting organizations. Douglas researchers ranked among the top performers in the September 2005 Canadian Institutes of Health Research competition, obtaining grants for 47 percent of their projects, compared to the national average of 24.5 percent. A total of nine research grants were awarded, totalling $8 million dollars in funding over five years.

Celebration: Caring with Open Minds. For 125 Years.

2006 was our 125th anniversary—an outstanding year for the Douglas. This was an opportunity to revisit our history, to bear witness to what we have already achieved, to reaffirm our commitment, and above all, to view the future with enthusiasm. This historic turning point was filled with educational and entertaining activities designed to increase recognition of the Douglas, to raise public awareness, and, we hope, to help destroy myths and stigma surrounding mental illness.

In closing, we wish to thank the Douglas Hospital Foundation for its tireless support. Over $1.5 million dollars have been assigned to improve patient services and care, brain research, and transfer of knowledge.

Deepest appreciation to all Douglas staff, board members, donors and countless volunteers, who work with energy and success to help people recover from mental illness. Thanks to exceptional people like you, we have achieved University Institute in Mental Health status and we will have the privilege of renewing our commitment to this status every day. Congratulations and thank you.

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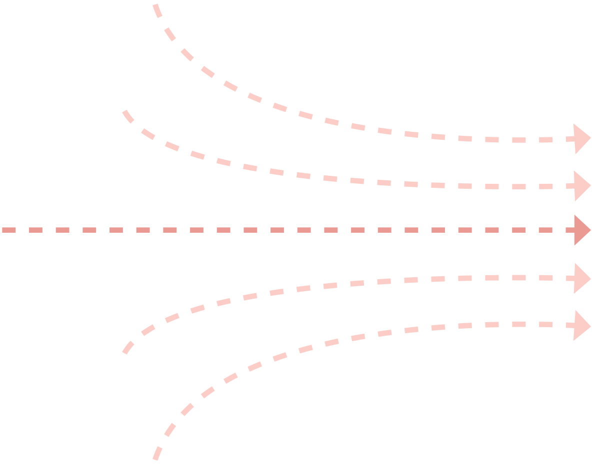

OUR MISSION

A University Institute in Mental Health, the Douglas is affiliated with McGill University and the World Health Organization. It is an international leader in care, research and teaching in mental health. A centre of excellence, it:

- provides specialized and superspecialized services within a continuum of care, together with1st line partners;
- contributes to destigmatizing mental illness, in keeping with prevention and recovery principles;
- contributes to the advancement of knowledge and best practices through state-of-the-art research and teaching.

It is renowned for innovation, multiculturalism and bilingualism. The Hospital reflects humanism and openness, and can count on solid philanthropic support. Founded by the Montréal community, it has a proud collaborative tradition with numerous partners.

OUR MANDATE

As a University Institute in Mental Health, the Douglas has a triple mandate—to **care**, **discover** and **teach** within a knowledge exchange environment.

OUR VALUES

The Douglas values excellence and innovation, based on commitment, collaboration and education.

Excellence: To apply best practices with rigor.

Innovation: To be a stimulating and dynamic environment, where new knowledge is developed to improve understanding and care.

Commitment: To be dedicated to achieving our mission.

Collaboration: To work within interdisciplinary teams, and with internal, community, university, and international partners.

Education: To be a learning organization that values its human resources and evolves through knowledge exchange and continued education.

OUR ORGANIZATIONAL CHART

- BOARD OF DIRECTORS — FOUNDATION
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    - PROFESSIONAL AND HOSPITAL SERVICES DIRECTORATE
    - TEACHING AND TRAINING DIRECTORATE
    - CLINICAL ACTIVITIES DIRECTORATE
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      - ADULT PSYCHIATRY DIVISION
        - SHARED CARE PROGRAM
        - ACUTE CARE PROGRAM
        - SUPERSPECIALIZED CARE PROGRAM
      - GERIATRIC PSYCHIATRY DIVISION
    - RESEARCH CENTRE DIRECTORATE
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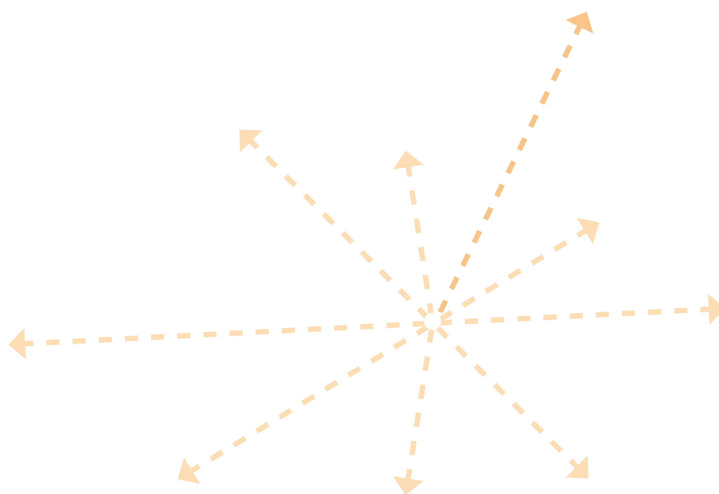
FROM NEIGHBOURHOOD TO NEURON



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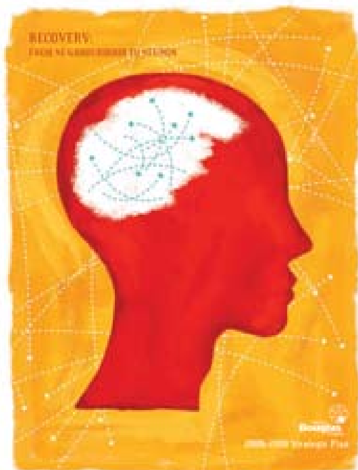
2006-2010 STRATEGIC PLAN



For the first time in its history, the Douglas Hospital has produced an integrated strategic plan, consolidating the strategic directions of its three entities, namely, the Hospital, the Research Centre and the Foundation. This plan, adopted in February 2006, will guide the Douglas over the next four years, which promise to be a period of great transition. Influenced by the vision of this new plan, **"Recovery Through the Integration of Care, Teaching and Research – From Neighbourhood to Neuron"**, its primary objective is recovery for people suffering from mental illness.

Recovery

The recovery approach first arose in the United States as part of the civil rights and consumer survivor movements. It was developed to help people with serious psychiatric problems manage their own illness, contribute to society, and have meaningful lives, despite ongoing disabilities or symptoms.

The approach places great emphasis on the rights of individuals to make meaningful choices and on encouraging society's support of their goals. It also stresses that, with today's improved medications and better treatment approaches, recovery is possible—a fact supported in the scientific literature.

Through increased emphasis on rights and responsibilities, recovery transforms the way affected people view themselves and how their mental health services are delivered. While "recovery" refers to what people do to set and reach their own goals, recovery-oriented services provide concrete, valuable opportunities and support to help individuals recover, assume new roles and improve their quality of life.

Essentially, recovery is everyone's business. It encompasses every aspect of our lives, from neighbourhood to neuron.

FROM NEIGHBOURHOOD TO NEURON

From Neighbourhood to Neuron means that:

community needs guide research initiatives;

research must lead to improved knowledge of factors influencing mental disorders, as well as to newer and more efficient diagnostic and treatment tools;

reorganization in healthcare delivery and research into best practices must serve to improve training programs;

to eliminate stigma and prejudice, these initiatives must serve to keep the population better informed; so that

people suffering from mental disorders will actively seek out help and be better accepted in their own environment;

together, these initiatives can increase the potential for recovery and reaching one's full potential.

Integration of Care, Teaching and Research

We believe that the best outcomes can only be achieved through the integration of care, teaching and research, as well as through partnerships with clinical, academic, scientific and community partners.

Three Major Strategic Directions

Three major strategic directions will guide our development, reorganization and resource allocation decisions over the next four years:

1. **Require excellence and the integration of clinical, teaching and research activities:** This integrative approach is in line with a learning organization, interdisciplinarity, and continuous improvement philosophy. It calls for renewed synergy.
2. **Improve knowledge and influence directions in mental health:** Destigmatization and partnerships with Quebec, Canadian, and international partners underlie this strategic direction, based on leadership from members within our organization.
3. **Consolidate a results-based culture:** This strategic direction calls for excellence and rigour to achieve identified goals within a context of resource rationalization.

ACTION PRIORITIES 2006-2007

- establish baseline measures for each strategic plan objective to assess the current situation and build frames of reference to allow for the eventual evaluation of results;
- reorganize mental health services within the McGill RUIS, in keeping with the Douglas' new University Institute in Mental Health status;
- continue the preparation and implementation of the Mental Health Action Plan;
- revise the organizational plan, and redefine the role and mandate of each department and their links with other areas within the organization;
- create a physical environment project that reflects our vision of a modern mental health institution that integrates care, teaching, and research.

To consult the Douglas Hospital's complete 2006-2010 Strategic Plan: "Recovery: From Neighbourhood to Neuron", go to www.douglas.qc.ca

MODERN INFRASTRUCTURE

Since the Hospital first opened, times have changed and our institution has evolved tremendously. Today, many of our buildings are in disrepair, and no longer meet the needs of our triple mission (care, research, and teaching), in keeping with modern psychiatric practices. Our physical environment must be dramatically transformed. To that end, we are assessing the future of our infrastructure. We believe that a modern institution should be reflected in its infrastructure. Several of our buildings harken back to the asylum era—a period that has long since passed, but remains in our collective consciousness. Today, we require a more convivial, welcoming institution that is open to the community, and enhances the rich heritage of our architecture and grounds. These are the principles that will guide our work in the coming year, as we pinpoint our needs and refine our development plan with respect to the community, and above all, with the patients' wellbeing as our prime consideration.

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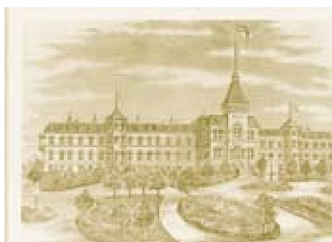
" The Douglas Hospital is not only a place, but an idea — the idea that men and women need not be condemned to live a life apart because of mental illness."

Robert Bell Douglas,
Past Douglas Hospital President, 1981

The year 2006 marks an important milestone in the history of the Douglas Hospital—its 125th anniversary. The occasion gave us an opportunity to rediscover our history and celebrate the pride we feel in this institution. Looking back over the past hundred and twenty five years, much has been accomplished. Douglas staff have cared for and treated hundreds of thousands of people. Our researchers have made key mental health discoveries. We have trained hundreds of healthcare professionals, who now share their talents around the world.

The 125th anniversary was an opportunity to reaffirm our mission.

THE DOUGLAS HOSPITAL: YESTERDAY TO TODAY



Founded in 1881 by Alfred Perry and a group of Protestant clergy and Montréal citizens, the Douglas Hospital was named the "Protestant Hospital for the Insane" and was intended to be the most progressive mental health institution in Quebec. Since its debut, the Hospital has had to continually depend on the community's support to secure its development. Because it was not administered by a religious organization, as was the case for most French hospitals, it had to depend even more on public generosity and on volunteers. This culture of openness and partnership with the community has allowed us to successfully implement various community reintegration initiatives.

In 1946, the Hospital became affiliated with McGill University. Its training programs are recognized and continue to welcome increasing numbers of students in all disciplines related to mental health: psychiatry, nursing, psychology, occupational therapy etc.

In the 1950s, a revolutionary breakthrough in mental health treatment and research was made by Douglas psychiatrist, Heinz Lehmann, MD, who introduced antipsychotic medications to North America. Thanks to these medications, many patients, until then considered incurable, were able to regain an active life in society. This development

Auxiliary volunteers: indispensable during our 125th Anniversary Grand Celebration.

Approximately 1,000 people visited our Grand Celebration mental health information kiosks.

Artist Philippe Legault, showing his self portrait at Expo-Art.

also gave rise to the creation of less restrictive approaches and triggered deinstitutionalization in the mid-1960s.

In 1965, the Hospital was named the Douglas Hospital in honour of James Douglas, MD, a major figure in psychiatry, and his family, who made generous donations to the Hospital during its fiscally-challenging early years.

In 1967, the Douglas Hospital became the first psychiatric institution in Canada to receive accreditation by the Canadian Council on Health Services Accreditation, in recognition of the quality of its services.

During that period, the Hospital became increasingly committed to understanding the brain's biological mechanisms, in order to explain the causes of major mental illnesses. A leader in the field of mental health research, the Douglas Hospital Research Centre was officially created in 1979 and now has an increasingly international reputation. It became a World Health Organization Collaborating Centre in 1982.

Today, the Douglas is a world-class University Institute in Mental Health, caring for people suffering from mental illnesses and offering them the hope of a cure. Its team of researchers and clinicians is continually increasing scientific knowledge, integrating findings into patient care, and sharing them with the greater community in order to reduce stigma.

A 125TH BRIMMING WITH SPECIAL ACTIVITIES

This pivotal year was filled with activities designed to increase awareness of the Douglas and destigmatize mental illness. Our patients and staff, and the general public, participated in:

Expo-Art: A Rich Display of Talent

For two days, over 80 Douglas patients, employees and friends came together to exhibit their art work to an appreciative public. Paintings, sewing, writing, poetry, and photography are some of the many ways they displayed their impressive creativity.

Movie Nights Demystify Mental Illness

The third annual "Frames of Mind" movie series was an outstanding success. The series aims to destigmatize mental illness by showing acclaimed films, followed by discussions with mental health experts. Over 1,200 spectators attended the Douglas series and learned more about Alzheimer Disease, suicide, bipolar disorder, schizophrenia and eating disorders. Attendance increased by 35 percent over the previous year.

Douglas Opens Its Doors to the Public

An open house, mental health educational activities, guided historic bus tours, inflatable games for children, performances by Luc de LaRochellière and the duo Marabu—these were just some of activities that delighted 1,000 visitors during the 125th Anniversary Grand Celebration. For the Douglas, this was an opportunity to show the general public a modern mental health institution, and to dispel myths and raise public awareness of problems affecting 25 percent of the population. Organized by 300 employees and volunteers, this Grand Celebration connected visitors with mental health experts, and was considered an unqualified success.

The OSM Visits the Douglas Grounds

The Douglas also had the honour of welcoming the Orchestre symphonique de Montréal (OSM) to its magnificent grounds for an open air concert. Hosted by Gregory Charles, this huge event was part of The OSM Concerts / Loto-Québec Concerts in the Parks and welcomed approximately 8,000 spectators.

Psych 101 for the General Public

This year, in keeping with a key goal of raising the general public's awareness of mental illness, the Douglas has created the Mini-Psych School—a six-week consecutive course on Wednesday evenings on the ABCs of psychology and psychiatry. Starting in October 2006, Douglas teacher-clinicians and/or researchers will teach Mini-Psych School students about brain functioning, child psychology, problems related to aging, the history of psychiatry and much more. The Mini-Psych School is pleased to have strong support from the Gustav Levinschi Foundation.

125th Anniversary Books

By the end of 2006, two books, currently in production, will be published: a history of the Douglas over the past 125 years and a collection of 125 stories and drawings by people associated with the Hospital.

www.douglas.qc.ca/125

As befits a modern institution, the Douglas celebrated its 125th by inviting Internet visitors to view a special mini-site. The site provides historic information and photos, personal accounts of people who fight daily against taboos associated with mental illness, and, as a crowning touch, offers a virtual tour of the Hospital.

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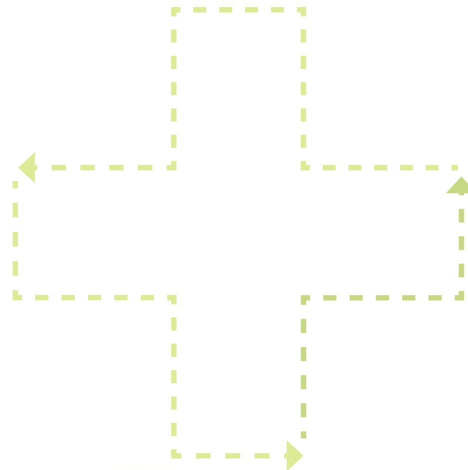

MENTAL HEALTH ACTION PLAN

Douglas Hospital activities in 2005-2006 were greatly influenced by the adoption of the Mental Health Action Plan (MHAP) in June 2005 by the Ministry of Health and Social Services. With MHAP, the government reaffirmed its intent to make mental health a national priority and is making major commitments in this area. The MHAP defines how mental health care and services must now be organized throughout the province. According to the MHAP, changes in the organization of services will provide an improved response to the needs of people of all ages who suffer from mental health problems.

The MHAP's goal is to create a strong 1st line, supported by specialized 2nd and 3rd lines. The plan calls for a transfer of some our clientele to 1st line services. Since this will increase the workload of 1st line staff, the MHAP anticipates that certain human and financial psychiatric hospital resources will have to be transferred to 1st line services.

What is the role of the Douglas in relation to the MHAP? How will the Douglas provide 1st line services with the support they need to fulfill their mandate? To answer these questions, our three clinical divisions embraced the plan and focused on making the transition as harmonious as possible.

Child and Adolescent Psychiatry Division

This year, the objective of the Child and Adolescent Psychiatry Division was to implement a shared care model with 1st line partners, including a liaison evaluation module[1]. A shared care steering committee, including CSSS representatives, was established. The committee is currently studying the organizational model and services to be offered in light of the transfer of clients and human resources to 1st line services. A management agreement has already been signed with the South-West—Verdun CSSS, terms of collaboration are currently being put in place with the Verdun Family Medical Unit and an outline of the clinical project is currently being created with the Dorval-Lachine-LaSalle CSSS.

1 Charged with receiving, evaluating, directing and completing requests for professional services from 1st line general practitioners and providing them with professional support.

Adult Psychiatry Division

This division created committees composed of Douglas staff in order to clarify what was being done in terms of shared care, and to advance care practices within our teams. Douglas staff then met with our two CSSSs, and participated in the development of their clinical projects. These meetings are ongoing.

During the same period, the division evaluated all of its clientele to determine what level of care (1st, 2nd or 3rd line) was required for each patient. For the first time in the history of the Adult Psychiatry Division, staff analyzed patient needs by using an evaluation tool called the "Colorado Client Assessment Record". In February 2006, two training days were given to more than 100 staff—to teach them how to use this tool—by a trainer from the Toronto-based Centre for Addiction and Mental Health (CAMH). A research protocol was also integrated into the process.

Geriatric Psychiatry Division

In order to meet MHAP goals, the Geriatric Psychiatry Division must significantly change its offerings of 2nd and 3rd line services. A steering committee was created to propose a reorganized structure for out-patient services that would provide:

1. targeted and streamlined 2nd and 3rd line resource allocation to support the 1st line in its response to the increasingly complex and diversified needs of an aging population;
2. job satisfaction for staff;
3. knowledge development and dissemination of expertise within the community.

A consensus was reached on an out-patient services integration model that would improve access to specialized evaluation services, treatment and follow-up. The next step will be concrete planning of the integration of out-patient services in the same building. The Geriatric Psychiatry Division will also use the "Colorado Assessment Client Record" to evaluate its geriatric clientele.

Reallocation of Resources

The Agence des services de santé et des services sociaux de Montréal (Agency) has made a commitment to the Ministry to implement the MHAP within its territory. Over the year, the Douglas Hospital has received various proposals regarding the reallocation of resources. As we finalize this report, these are the most recent scenarios:

Child and Adolescent Psychiatry Division: the Agency expects to transfer approximately 29 staff from the Child and Adolescent Psychiatry Division to the Dorval-Lachine-LaSalle, South-West Verdun, West Island and Cavendish CSSSs. It also requests approximately 16 staff and 12 beds from the Douglas' Child and Adolescent Psychiatry Division be reserved for our CSSS clients.

Adult Psychiatry Division and Geriatric Psychiatry Division: The Agency expects that approximately 66 Douglas staff will be transferred to the de la Montagne, South-West Verdun and Dorval-LaSalle-Lachine CSSSs. The Agency also requests that approximately 50 staff and 95 beds from the Douglas' Adult Psychiatry Division and Geriatric Psychiatry Division be reserved for our CSSS clients.

Note: To date, no agreements have been finalized.

VARIOUS SERVICES:

1ST LINE: universally accessible, it is mandated to promote health and prevent illness. It is the gateway to services, as well as a site for diagnosis, treatment and rehabilitation for the entire population. It responds to 70 percent of the demand for services. These services are provided by the CSSSs, community organizations, physicians and other caregivers in private clinics etc.

2ND LINE: supports 1st line services. Mainly accessible upon referral, 2nd line services are provided by CSSSs, certain community organizations and all hospital centres providing psychiatric services. 2nd line services offer specialized evaluation and treatment, hospitalization and intensive follow-up. They also include specialized support for children and youth. They serve to solve complex problems in response to 29 percent of the demand for services.

3RD LINE: supports 1st and 2nd line services. They are only accessible upon referral. They address very complex disorders that have a low prevalence rate and which are so complex that they require expertise not available in 2nd line. This represents approximately 1 percent of the demand for services. These services are identified by the RUISs, approved by the MHSS and are provided by university network affiliated hospital centres.

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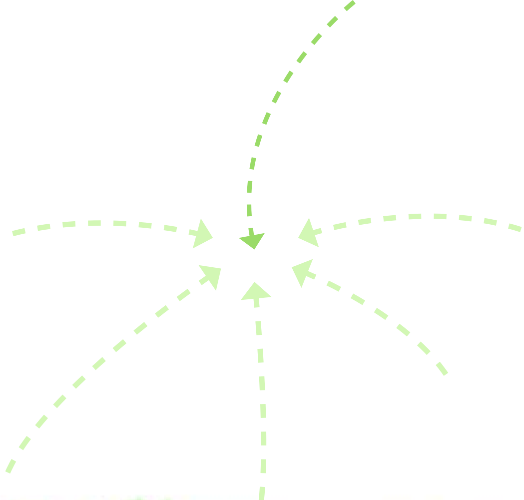
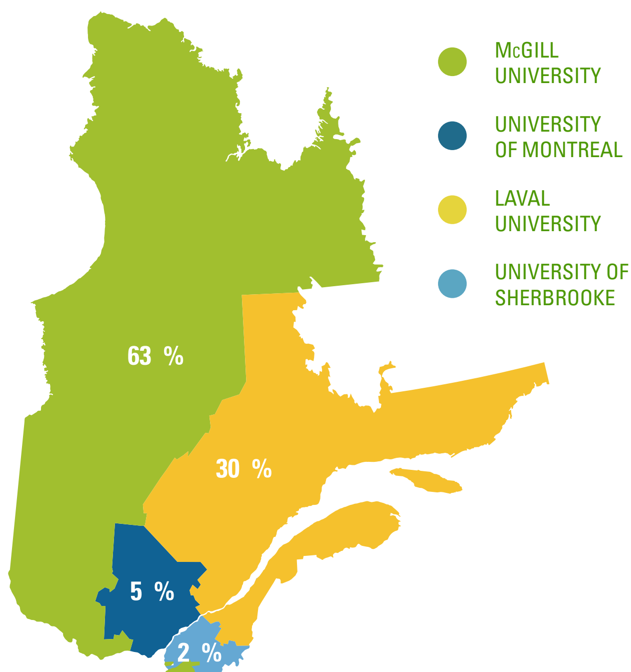


McGill-RUIS members at a training session in Nunavik: (From left): Charlie, the driver; Hélène Dion; Johanne Desrochers; Micheline Ste-Marie, MD; Normand Tremblay, MD; Jacques Hendlisz; Arthur T. Porter, MD; Barbara Young, MD; and James Gates (Absent: Johanne Emmanuelle)

OUR EXPERTISE IN QUEBEC'S FAR NORTH

As a member of McGill RUIS, the Douglas is responsible for mental health services offered to a specific population within Quebec (see green section of map). The Douglas Hospital and the Nunavik Regional Board of Health and Social Services have signed an agreement giving the Douglas Hospital the mandate to provide basic mental health training (introduction to mental health and behavior management) to Inuit workers in the regions of Inukjuak and Puvurnituk. The first session, held in February in Inukjuak, gave training to 12 staff working as resident guards and psychoeducators. A training session for Puvurnituk is scheduled for May and an additional training session will be held in both regions in Autumn 2006.



A COLLOQUIUM ON PSYCHOSIS

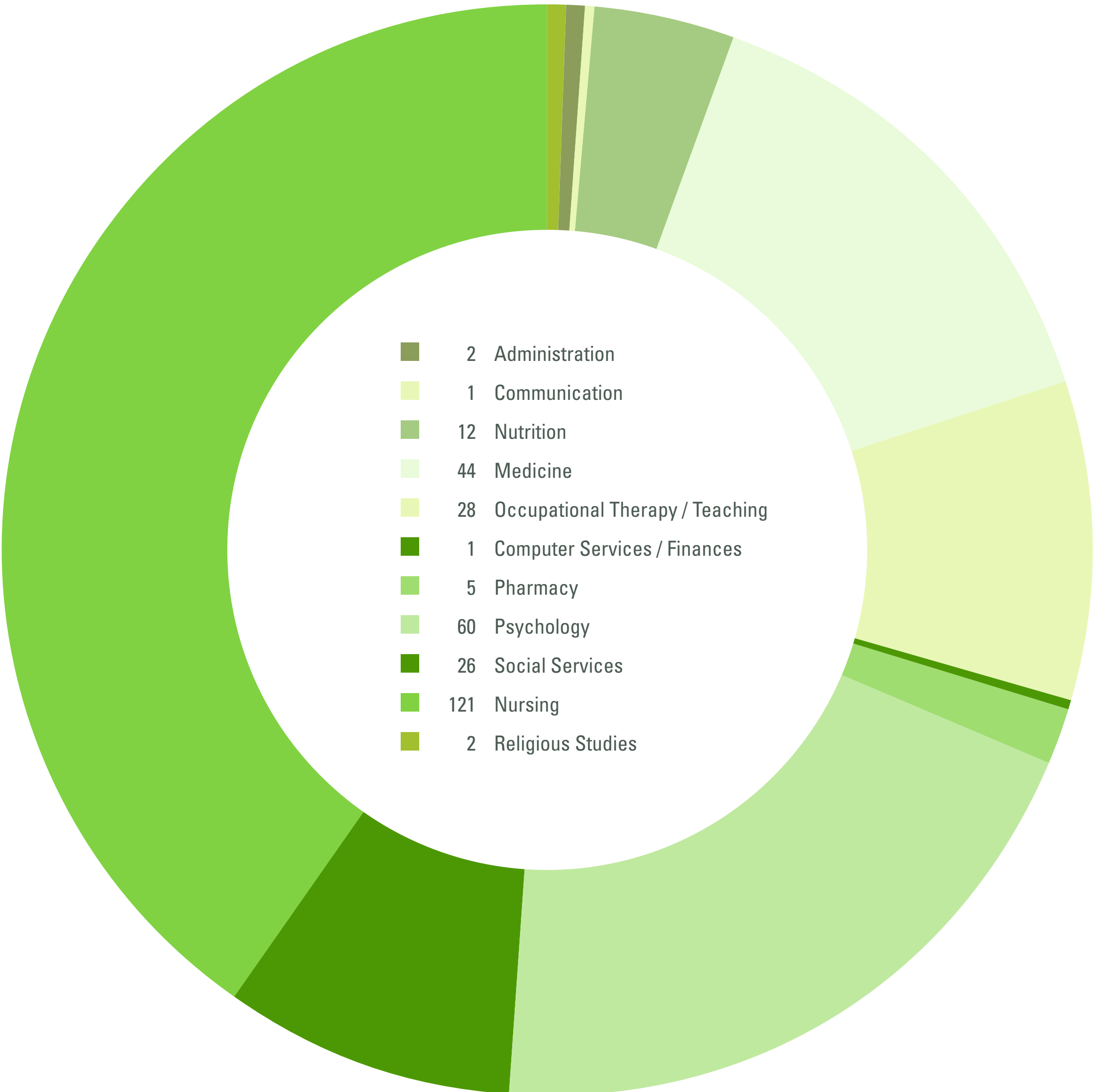
Again this year, the Continuing Medical Education Department, the Department of General Medicine and the Teaching and Training Coordination Bureau united their efforts to organize a colloquium titled "Losing Touch with Reality: How to Get Them Back?" This two-day event was intended to provide an environment that encouraged information exchange on best practices in psychiatry. The objective was to facilitate the integration of the latest information in research, experiences of clinician experts, and patient preferences into decisions concerning psychiatric care. Specialists from various fields of expertise came from our Hospital, the Québec City region, Toronto, and Nebraska to share their clinical knowledge and expertise in the diagnosis and management of psychotic disorders, mood disorders, substance abuse and dementia through presentations and clinical workshops. This colloquium welcomed 153 participants, 90 of whom belonged to community organizations.

EXCHANGE PROGRAM WITH COMMUNITY PARTNERS

The Hospital has continued its participation in training exchanges, intended to improve awareness of how the mental health and substance abuse services networks operate. This involves an exchange of personnel between the Hospital and community organizations from south-west Montréal. In total, 25 Hospital teams offered 56 training days, in which 50 staff members from partner organizations participated. Douglas researchers received a grant from the Canadian Institutes of Health Research to assess the program.

DIVERSIFIED, HIGH-CALIBRE TEACHING

In 2005-2006, the Douglas Hospital welcomed 302 trainees, who benefited from training in the following areas:



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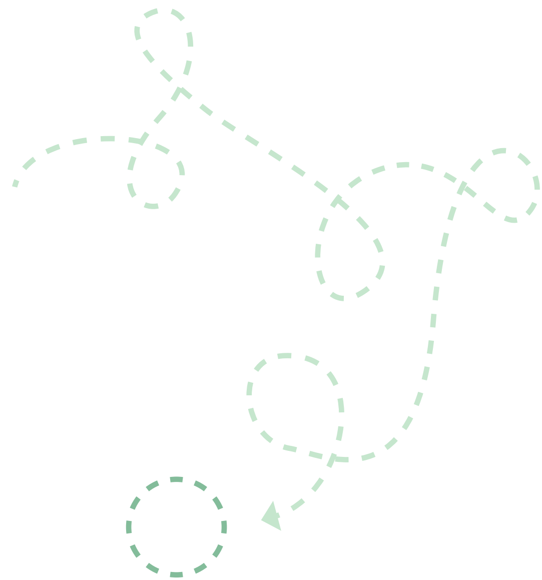


"Recent breakthroughs in genetics, exciting developments in brain imaging and the explosion of knowledge in neuroscience now make it possible to discover the causes of neurological, psychiatric and addictive disorders. This should lead to the development of truly effective treatments and of improved care for a variety of these conditions."

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

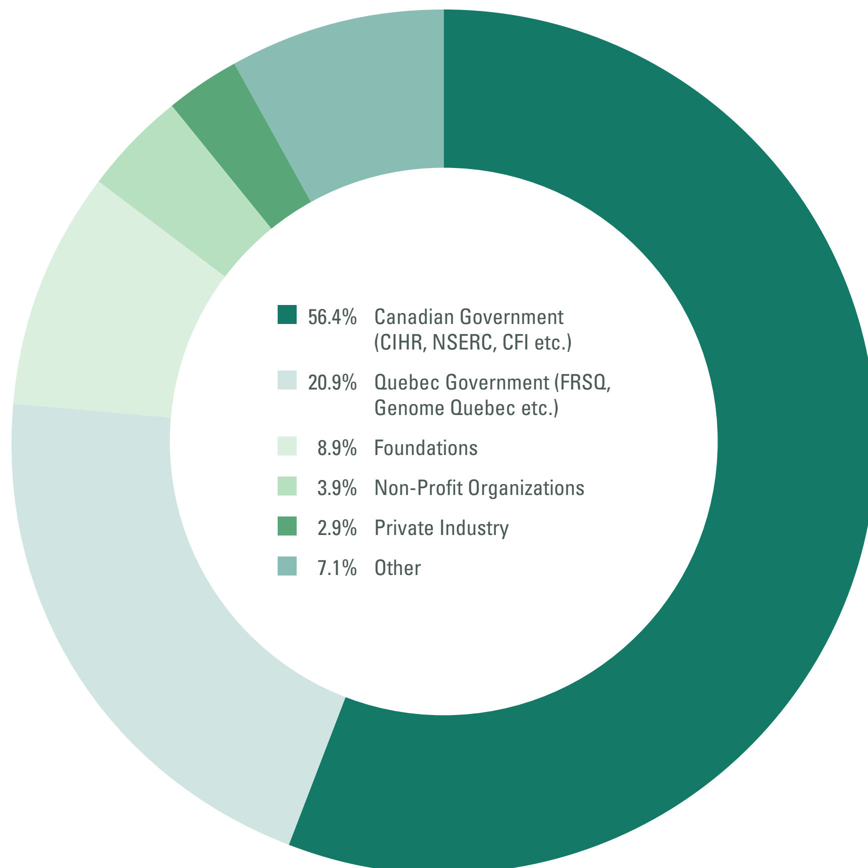
The Douglas Hospital Research Centre (DHRC) with 60 scientists and clinician-researchers, and 180 graduate students and post-doctoral fellows, is the largest mental health research centre in Quebec. Organized into four innovative research themes (Aging and Alzheimer Disease; Mood, Anxiety and Impulsivity-Related Disorders; Schizophrenia and Neurodevelopmental Disorders; Services, Policy and Population Health), Douglas investigators are expanding the knowledge of the causes of mental illness; new diagnostic tools and treatments; and the identification of preventive measures for these disorders.

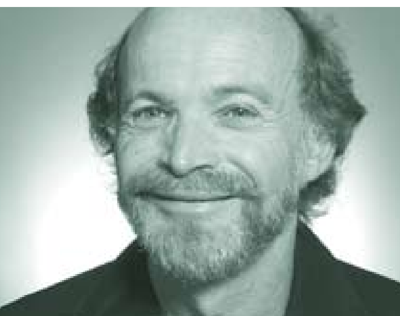
The 2005-2006 year was very successful for DHRC members both in furthering research advances and in obtaining competitive awards from national and international granting agencies. During this year alone, DHRC members published 235 innovative articles in peer-reviewed journals describing their scientific breakthroughs – from characterizing Alzheimer Disease genes to exploring better treatments for attention deficit hyperactivity disorder.

RESEARCH GRANTS AND AWARDS

This fiscal year, the DHRC obtained more than $14 million in research funding enabling these research successes. Granting agencies included the Canadian Institutes of Health Research (CIHR), the Natural Sciences and Engineering Research Council (NSERC), the Canadian Foundation for Innovation (CFI), le Fonds de la recherche en santé de Québec (FRSQ), and many non-profit organizations and foundations.

The September 2005 CIHR competition was particularly successful for the DHRC. Forty-seven percent of proposals submitted were accepted; this is relative to the national acceptance rate of 24.5 percent. A total of nine research grants were awarded totaling $8 million of funding over five years.




Jean Caron, PhD

Alain Gratton, PhD

Michael Meaney, PhD

Maria-Natasha Rajah, PhD

WINNING RESEARCH

Below are a few highlights of some of the research that will be accomplished by DHRC investigators thanks to funding from key organizations. They range from topics including suicide research to characterizing the role of environmental factors on mental health.

Suicide Studies

Attempted and completed suicides are major problems in our society. Understanding, preventing, and treating suicidal behaviors has been identified as a priority by the Quebec Government's Mental Health Action Plan. Gustavo Turecki, MD, PhD, director of the McGill Group for Suicide Studies at the Douglas Hospital Research Centre and a valued clinician scientist, is conducting studies to better comprehend the characteristics of these disorders. He received two grants totaling $1.3 million from the 2005 CIHR competition, one of which involves identifying genes that either alone, through interactions with other genes or environmental factors increase predisposition to suicidal behaviours. The other study will examine the biological systems that play a role in the predisposition to suicide.

Social and Psychiatric Epidemiology of Mental Disorders

Approximately one out of five Canadians is affected by psychological distress and 15 percent by mental illnesses, such as depression, anxiety and mood disorders. Jean Caron, PhD, researcher at the Douglas, with 12 other researchers, is evaluating the relative contribution of factors such as social relationships and social cohesion, poverty, physical environment, and access to health services in the development of these illnesses. With support from a $2 million CIHR grant, he hopes to define which role each of these factors play, and then to use this information to target the types of programs and social supports likely to prevent mental illness in these individuals, and to improve mental health services. The multi-year study, involving 2,400 residents from southwest Montréal, will provide important data on all factors that contribute to mental health, in order to facilitate the work of staff and improve patient health.

Early Environmental Effects on Gene Expression

The Human Science Frontier Program (HSFP) supports novel, innovative and interdisciplinary basic research focused on the complex mechanisms of living organisms. Michael Meaney, PhD, associate director of the DHRC, is the lead investigator of a $1.35 million HSFP Program Grant. Working with colleagues from the Netherlands, the United Kingdom and Canada, he will build upon

Reut Gruber, PhD

Norbert Schmitz, PhD

Gustavo Turecki, MD, PhD

Claire-Dominique Walker, PhD

innovative models developed in their labs to provide an entirely unique understanding of precisely how environmental events in early life program gene expression and function at the level of cellular and genomic mechanism. These findings will provide the identification of new targets for therapeutic development and a better understanding of the developmental origins of vulnerability for chronic disease.

NEW STATE-OF-THE-ART RESEARCH FACILITY

The last few years have seen huge progress in identifying the genetic basis of disease. However, for many mental disorders, there is an environmental aspect to the development of the disease as well as the genetic component. Thanks to this year's $5 million contribution from the Quebec Ministry of Economic Development, Innovation and Export Trade, and the $1 million from the Douglas Hospital Foundation, DHRC investigators will be able to directly study both aspects of disease progression in a new state-of-the-art animal and research facility. This facility, the Neurophenotyping Centre, will accommodate the needs of more than 60 internationally renowned researchers, and 180 graduate students and post-doctoral fellows, who will work collaboratively to better understand mental disorders and their treatment. This was made possible thanks to the work of researchers Claire-Dominique Walker, PhD, Alain Gratton, PhD, and Michael Meaney, PhD.

NEW RECRUITS, GREAT SUCCESS

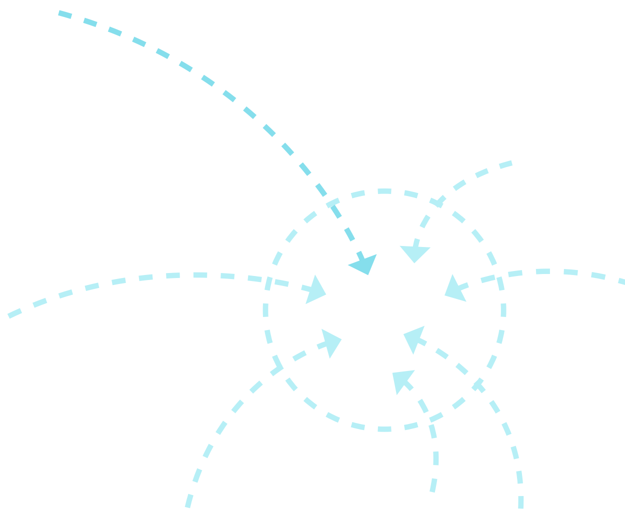
Recently, the DHRC has added many new qualified and knowledgeable recruits to its team. These members, including Reut Gruber, PhD, Maria-Natasha Rajah, PhD, and Norbert Schmitz, PhD, have performed exceptionally well this past year, obtaining awards from national institutions. Their work ranging from establishing a functional neuro-imaging laboratory for studying memory to examining the interplay between the regulation of sleep, neurobehavioural systems and genetic mechanisms in children with attention deficit hyperactivity disorder, is testimony to the high caliber research conducted at the DHRC.

Our deepest appreciation to the Douglas Hospital Foundation and its donors who support our researchers in the battle against mental illness. This year, the Foundation contributed $1.3 million towards research. We know that fundraising for mental illness holds special challenges, because mental disorders are surrounded by powerful stigmas. Congratulations to all donors for their generosity, vision and determination.

FROM MISSION TO ORGANIZATION
FROM NEIGHBOURHOOD TO NEURON
CARING WITH OPEN MINDS, FOR 125 YEARS
FROM CARE TO REHABILITATION
FROM TEACHING TO PRACTICE
FROM RESEARCH TO DISCOVERY

FROM GIVING TO HOPE

FROM EFFORT TO EXCELLENCE



This was a year of transition for the Foundation. Changes included the appointment of a new president and chief operating officer, new members on the board of trustees, and modifications in the type of fundraising activities undertaken by the Foundation. Some of these changes will continue into 2006-2007. The focus is moving away from event fundraising to a more comprehensive development program, with greater emphasis on individual giving. An annual leadership giving program and an investment in communications were two of the initiatives started in 2005-2006. These should bear fruit in the next few years. For 2005-2006, the Foundation donated $1,580,365 to the Douglas Hospital's priorities.

LEADERSHIP

A charity relies heavily on its volunteer leadership, starting with its board. The trustees of the Douglas Foundation continue to take an active role in all aspects of the Foundation's operations. The Foundation thanks four dedicated trustees who retired from the board for their work and support: Carole Briard, David Bush, Sylvie Godin, and Arnold Isaacson.

The Foundation also thanks André Marsan, Robert Chevrier and Jeanne Wojas for their exemplary leadership in promoting the Foundation's annual golf tournament.

DONOR RELATIONS

The Foundation is making use of the web. On-line giving is available now on the Foundation's website. The Leadership Memo to donors and volunteers has been introduced to share news about improvements in patient care and services, breakthroughs in our understanding of the brain, and education programs and outreach activities.

PHILANTHROPY AT WORK

The many unrestricted donations we receive are most precious. These enable the Foundation to respond quickly to the Douglas' greatest needs. Sometimes these needs are significant, running into the tens of thousands of dollars, while others are more modest. The Foundation would like to acknowledge the unrestricted support of leadership donors like Deirdre Stevenson, and André Charron, and organizations such as the Birks Family Foundation, Lavery de Billy, Power Corporation of Canada, Groupe Jean Coutu (PJC) Inc., Financière Sun Life, RBC Royal Bank and Scotiabank.

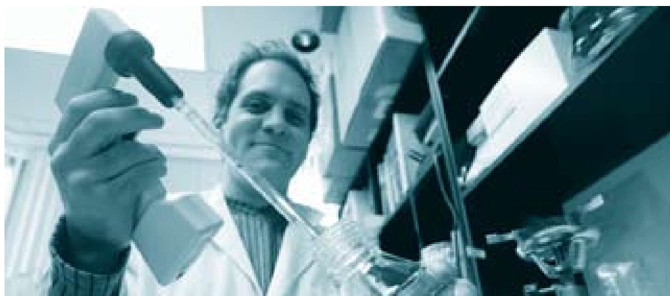
Improving Patient Services and Care

The Mental Health Action Plan from Quebec's Ministry of Health and Social Services has led to significant changes in patient services at the Douglas, with more to come. During this transition phase, the Foundation continues to provide funding for existing services such as the Emergency Medication Fund, and for new ones, such as the Peer-Mentoring Program, which helps patients during their recovery.

Supporting Brain Research

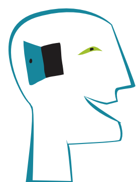
The Foundation's greatest priority this past year was to support the research teams of the Douglas Hospital Research Centre. This world-class research centre is only partly funded by public funding programs, despite being wildly successful this past year in its grant applications in peer-reviewed research project competitions. In addition, the researchers and clinicians continue to add expertise to their project teams and to delve into new areas of research that hold strong potential for finding cures for various mental illnesses. The Research Centre is vital to the future well-being of individuals who suffer from mental illness and for preventing problems, from stress and depression to severe brain disorders like schizophrenia. Leading partners in our research include: the J. Armand Bombardier Foundation, Imperial Tobacco Canada Ltd., the Hylcan Foundation, the Zhubin Foundation, the EJLB Foundation, Fondation Libermont, Great-West Lifeco Inc. and Janssen-Ortho Inc.

The Foundation wishes to also thank Pfizer Inc. for its support for the Heinz Lehmann Award. Nicolas Cermakian, PhD, was the recipient in 2005-2006. Nicolas conducts research in circadian rhythms and sleep.



Encouraging the Transfer of Knowledge

As a University Institute in Mental Health, the Douglas has a responsibility to transfer its knowledge to patients, to other health professionals, to university students interested in healthcare, and to those in the community who help patients and their families. This transfer takes many forms. The Foundation appreciates the support of the Gustav Levinschi Foundation for its donation to promote the forthcoming Mini-Psych School for the general public (www.douglas.qc.ca/mini-psych) – an initiative undertaken in this most special of years, the Douglas' 125th Anniversary.



FAMILY CAMPAIGN

We are proud of the philanthropic support from the Douglas' employees, professionals and members of the three Douglas boards in our fundraising activities. Jean-Bernard Trudeau, MD, led the Family Campaign in 2005-2006. Thanks to his efforts and his volunteers, the Douglas family donated over $43,000.

Trustees like Joseph Iannicelli, Michael Novak and Board President, Marie Giguère and staff like Rémi Quirion set the bar for giving. A special thank you goes to Transat A.T. Inc. and its VP, Bernard Bussières – a trustee of the Foundation – for its sponsorship of the Loto-Voyage program.

FUNDRAISING PROGRAMS AND FINANCIAL RESULTS

The Foundation's audited statements for 2005-2006 and fundraising program performance details are available on the web site.

www.fondationdouglas.qc.ca

To learn more about our programs, to make online donations, to read our Leadership Memos, the list of our board members or our financial statements, visit the Foundation web site.

FROM MISSION TO ORGANIZATION
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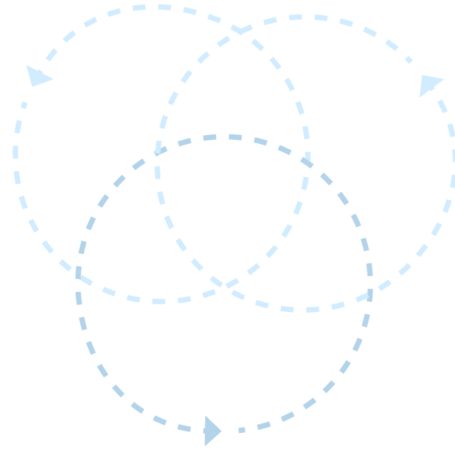

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2005 EXCELLENCE AWARDS

Congratulations to our award-winners, whose innovative spirit, determination, and talent have significantly contributed to a culture of excellence.

INNOVACTION AWARDS:

in recognition of exceptional ideas and actions that have resulted in significant improvements for our Hospital.

DIRECTOR GENERAL'S AWARD

Administrative Personnel Category
Ginette Dumont[1]
Assistant Department Head, Medical Records
Professional and Hospital Services Directorate

DIRECTOR GENERAL'S AWARD

Professional Personnel Category
Benoît Maréchal[2]
Baccalaureate Nurse, Pointe St-Charles Sector Clinic
Adult Psychiatry Division

DIRECTOR GENERAL'S AWARD

Technical Support Category
Ginette Lefebvre[3]
Leisure Technician, Roberts Recreation Centre
Professional and Hospital Services Directorate

PRESIDENT'S AWARD

Management Personnel
Nancy St-Sauveur[4]
Department Head, Medical Records
Professional and Hospital Services Directorate

DOUGLAS CUP

Team Performance
ACT Team (Assertive Community Treatment)[5]
Adult Psychiatry Division

NOVA AWARD:

in recognition of outstanding customer service, in accordance with our mission.

Stella Gaucher-Murovic[6]
Planning and Programming Agent
Volunteer Department
Nursing Directorate

ROBERTS AWARD:

in recognition of exceptional contributions to the quality of direct client care.

Angelina Gabriel[7]
Rehabilitation Assistant, Moe Levin Centre
Geriatric Psychiatry Division

5

6

7

OPEN MINDS PROFILE SERIES: PEOPLE CHANGING LIVES

Studies demonstrate that taboos associated with mental illness are one of the main obstacles to seeking professional help. Other studies indicate that individuals who wait before getting treatment run a greater risk of having their illness worsen. Stigma is a challenge that can be overcome. The solution comes through raising awareness and education. At the Douglas, we have exceptional people dedicated to these pursuits. The "Open Minds" profile series pays tribute to their achievements.

James Tremain [1] – A member of the Hospital's board of directors, Jim is one of the Douglas' most fervent promoters of mental health. Marshalling his numerous contacts in the business world, he promises to do everything in his power to promote the Douglas, and its upcoming major fundraising campaign. He believes that the time has come to destigmatize mental illness, in the same way that society has destigmatized problems such as conjugal violence, alcoholism, child abuse, cancer and AIDS.

Stella Gaucher-Murovic [2] – Stella, who has been at the Douglas since 2003, oversees the Moving Ahead Program, which teams volunteers with patients living in the community. Volunteers accompany residents on outings into the community, helping them gain self-confidence and speak more openly about their illness.

Mehereen Wadiwalla and Katarina Dedovic [3] – Mehereen and Katarina are two Research Centre students. This year, they led the 2006 Brain Awareness Week campaign, designed to give elementary and secondary students an opportunity to learn about the brain. Over 8,500 youth in 122 schools were visited. A lecture series for adults was also organized, attracting an audience of over 400 people, and providing a forum for educating the general public on the latest advances in mental health research.

Ann Hibard and Marielle Vaillancourt [4] – Ann and Marielle know the pain of having a mental illness, and both are determined to fight against stigma. They both go to the Wellington Centre Card Workshop, a rehabilitation centre of the Douglas Hospital, where they create splendid greeting cards. Over the past year, they exhibited their work at the Verdun and Nuns' Island libraries.

Camillo Zacchia, PhD [5] – Camillo, professional chief of psychology at the Douglas, writes a twice-monthly column on psychology and human nature for the *Métro* newspaper. He began this activity in October 2005. His articles are an effective way of educating the public and countering certain myths that surround mental illness. An outstanding communicator, he regularly answers journalists' questions and appears on radio and television programs. He is in high demand as a speaker for conferences and public information nights.

RESULTS – 2005-2006 MANAGEMENT AGREEMENT

The table below summarizes the results arising from a management agreement between the Douglas and the Montréal Agency. It presents objectives, expectations, targets and results, and includes explanatory comments.

MENTAL HEALTH

OBJECTIVES AND EXPECTATIONS	TARGETS, RESULTS AND COMMENTS
Establish agreements and liaison mechanisms between suicide and psychiatric crisis response services and community support services	**Targets:** Service Agreements and Liaison or Referral Mechanisms The Mental Health Action Plan gives this mandate to the CSSSs: "The CSSSs will establish agreements and liaison mechanisms between various crisis services, community support services and specialized psychiatric services". However, we have proceeded to reorganize certain functions filled by our sector teams and crisis team, and have created a Liaison Evaluation Team (MEL) , which has allowed us to improve access to services, ensure liaison with 1st line services (doctors and other staff) , manage crisis intervention, and better organize links between Emergency and community organizations. We have service agreements with the following partners: ▸ South-West Verdun CSSS – Child and Adolescent Psychiatry ▸ Pointe St. Charles Clinic ▸ Impact ▸ Neighbourhood Police Station 16 ▸ Centre jeunesse de Montréal ▸ Batshaw Youth and Family Centres ▸ Catholic Community Services
Assess achievements in relation to 2005-2010 Mental Health Action Plan targets	**Targets:** Structural ▸ We actively participate in various regional steering and planning committees to arrange the implementation of the Mental Health Action Plan and reallocate resources. ▸ We work with the two CSSSs in our immediate service area to plan the organization of services for the youth and adult sectors. An agreement for children and adolescents has already been signed with the South-West Verdun CSSS. ▸ We participate actively in McGill RUIS, which has created a mental health task force. ▸ We presently are planning a reorganization of our services in line with the Mental Health Action Plan. ▸ We maintain open, transparent and active communication with all staff in preparation for this period of change. Our staff is kept up-to-date on developments through our internal newsletter (*douglas.comm*) and a new bulletin *Transformations*. **Targets:** Youth and Adult Results ▸ **Respond within 14 days to the caregiver directing a patient to 2nd line services:** Presently, we cannot provide this information because our system does not allow us to calculate this period. More information is also needed to pinpoint the beginning and end of the waiting period etc. ▸ **Provide access to treatment within 60 days:** In calculating this information, we have not included all out-patient services. We restricted our data to 2nd line outpatient services, excluding the clinics, which we judged are 3rd line services, as well as clinics whose mandate is evaluation, not treatment. We also excluded transfers from one team to another, in order to exclusively assess initial 2nd line treatment information (see table for data).

RESULTS – 2005-2006 MANAGEMENT AGREEMENT (CONTINUED)

HUMAN RESOURCES

OBJECTIVES AND EXPECTATIONS	TARGETS, RESULTS AND COMMENTS
Conduct a work climate assessment by December 1, 2005	**Target:** Results Analysis Report We conducted an organizational climate survey in 2003 and our follow-up action plan was scheduled to take place over three years. We advised the Agency that we did not intend to redo the survey immediately. This was accepted by the Agency president director-general in his response dated November 29, 2005. The three-year action plan concludes in 2006. At the end of 2006, we will evaluate the plan's effectiveness. During 2007, we also intend to develop an internal tool for evaluating the organizational climate. This tool should allow us to assess the work climate on an ongoing basis.

SERVICE QUALITY

OBJECTIVES AND EXPECTATIONS	TARGETS, RESULTS AND COMMENTS
Increase patient satisfaction levels concerning the quality of food served to hospitalized people	**Target:** Higher satisfaction rate than 2004-2005 Our Food and Nutrition Services Department conducted a satisfaction survey with all Hospital clientele in November 2005. The overall satisfaction rate was 83.88 percent.
Maintain ratio of professionals required to prevent nosocomial infections	**Target:** 1 full-time employee / 250 beds for hospital centres We have a full-time infection prevention and control advisor. The Hospital currently has 239 beds. The current ratio is therefore, 1 full-time employee / 239 beds.

ACTIVITY INDICATORS 2005-2006

ACTIVITY INDICATORS

	2005-2006	2004-2005
Number of beds	239	254
Short-term hospitalizations	684	617
Long-term hospitalizations	92	85
Out-patients	9 291	8 912
Visits to Emergency	4 330	4 251
Incidents/Accidents	1 092	1 019
Control measures	10 101	8 414

DOUGLAS HOSPITAL AND RESEARCH CENTRE PERSONNEL

	2005-2006	2004-2005
Hospital staff	1 113	1 202
Research Centre staff	297	260
Total	1 410	1 462
Physicians (other than psychiatrists)	16	12
Psychiatrists *	61	63
Principal researchers	45	58
Associate researchers and clinicians	14	7
Residents, interns and students	476	507
Nursing personnel	331	297
Professionals	248	187
Other care personnel	171	261
Other employees	367	457

*Including general practitioners with privileges in psychiatry

COMPLAINTS AND CLIENT REQUESTS

Processed requests	2005-2006	2004-2005
Complaints*	47	37
Requests for information, assistance, intervention etc.	519	607**
Total	566	644

* Total complaints received by the examining doctor and the Ombudsman

** Estimate

EMERGENCY DEPARTMENT ACTIVITY LEVEL OVERVIEW

	2005-2006	2004-2005	Deviation	Trend
Occupancy rate at Emergency	99%	118%	-19%	▼
Percentage of stays over 48 hours on a stretcher	28.9%	37.8%	-8.9%	▼
Average length of stay (hours)	41.4	45	-3.6	▼
Number of annual visits	4 330	4 251	79	▲

INTERNAL SERVICES

1- Occupancy rate per bed

TYPE OF CARE	2005-2006	2004-2005	Deviation	Trend
Short-term	102.7%	98.3%	4.4%	▲
Long-term	105.9%	105.1%	0.8%	▲
Average	104.5%	102.2%	2.3%	▲

2- Average length of stay (days)

TYPE OF CARE	2005-2006	2004-2005	Deviation	Trend
Short-term	52	55	-3	▼
Long-term	322	301	21	▲
Average	111	114	-3	▼

3- Period before readmission

INTERVAL	2005-2006	2004-2005	2005-2006	2004-2005	Deviation	Trend
00-03 months	106	99	22.7%	23%	-0.3%	▼
03-06 months	57	53	12.2%	12.3%	-0.1%	▼
06-12 months	54	58	11.6%	13.5%	-1.9%	▼
12-24 months	65	59	13.9%	13.7%	0.2%	▲
24 months and +	185	161	39.6%	37.5%	2.1%	▲
Total	467	430	100%	100%		

EXTERNAL SERVICES

1- Average wait period in days for psychiatric evaluation

CLIENTELE	2005-2006	2004-2005	Deviation	Trend
Adults	69	61	8	▲
Geriatric Psychiatry	36	36	0	
Child and Adolescent Psychiatry	43	33	10	▲
Average	60	51	9	▲

2- Activities

	2005-2006	2004-2005	Deviation	Trend
Average duration of external follow-up (days)	413	488	-75	▼

3- Services in the Community

	2005-2006	2004-2005	Deviation	Trend
Intensive follow-up (average number of patients)	65	52	13	▲
Support of varying intensity (average number of patients)	70*	52	18	▲

* This reflects data from GESTRED. However two teams should not have been included; this reduces the average number to 50.

DOUGLAS HOSPITAL
AND DOUGLAS HOSPITAL RESEARCH CENTRE

BALANCE SHEET
AS AT MARCH 31, 2006

OPERATING FUNDS	2005-2006	2004-2005
SHORT-TERM ASSETS		
Cash	$ 943 919	$ 370 774
Short-term investments	8 200 000	10 600 000
Receivables	5 187 160	5 013 285
Prepaid expenses	431 345	368 847
Inventories	245 461	239 323
Interfund receivables	106 227	0
Accrued interest receivable	3 822	101 544
Total short-term assets	**15 117 934**	**16 693 773**
Other assets	502 426	711 030
Total assets	**15 620 360**	**17 404 803**
SHORT-TERM LIABILITIES		
Other payables	8 064 959	7 765 025
Interfund debts— other funds	0	1 902 008
Revenues received in advance	6 419 655	6 869 259
Deferred revenues	46 554	153 739
Total short-term liabilities	**14 531 168**	**16 690 031**
Other liabilities	21 621	58 661
Total liabilities	**14 552 789**	**16 748 692**
Fund balance	1 067 571	656 111
Total liabilities and fund balance	**15 620 360**	**17 404 803**

DOUGLAS HOSPITAL

STATEMENT OF REVENUE AND EXPENSES
AS AT MARCH 31, 2006

PRINCIPAL ACTIVITIES	2005-2006	2004-2005
REVENUE		
Agency and MHSS	$ 75 462 094	$ 74 399 209
Other institutions	0	0
Beneficiaries (In-patients' contribution)	3 947 832	1 497 572
Services rendered	112 684	97 127
Other	1 121 449	1 166 258
Total revenue	**80 644 059**	**77 160 166**
EXPENSES		
Salaries	38 418 607	37 912 507
Employee benefits and employer contributions	17 172 597	17 563 755
Non institutional resources	10 011 194	7 576 349
Medication and medical supplies	1 504 202	1 464 239
Food	873 801	888 350
Maintenance supplies, housekeeping and laundry	669 235	579 417
Facilities operations	2 880 050	2 648 690
Facilities maintenance and repair	2 333 735	2 238 593
Administrative costs	2 059 718	2 130 538
Other	4 608 935	4 027 077
Total expenses	**80 532 074**	**77 029 515**
EXCESS OF REVENUE OVER EXPENSES	**111 985**	**130 651**

DOUGLAS HOSPITAL RESEARCH CENTRE

STATEMENT OF REVENUE AND EXPENSES
AS AT MARCH 31, 2006

INCIDENTAL ACTIVITIES	2005-2006	2004-2005
REVENUE		
Fonds de la recherche en santé du Québec	$ 743 438	$ 762 500
Research - other		
Government grants	10 080 324	9 936 213
Donations from the Douglas Hospital Foundation	1 464 562	1 201 908
Grants from private corporations and others	2 263 638	2 255 652
Investment revenues	98 350	80 730
Total revenue	**14 650 312**	**14 237 003**
EXPENSES		
Salaries and wages	8 808 353	8 332 578
Employee benefits	584 144	564 736
Research supplies and other expenses	5 257 815	5 339 689
Total expenses	**14 650 312**	**14 237 003**
EXCESS OF REVENUE OVER EXPENSES	-	-

DOUGLAS HOSPITAL

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DOUGLAS HOSPITAL RESEARCH CENTRE

Board of Directors

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Mehereen Wadiwalla *(since November 2005)*

Management Committee

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Scientific Director

Michael Meaney, PhD
Associate Director, Research

Duncan Pedersen, PhD
Associate Director, International Affairs

Natalie Grizenko, MD
Medical Chief, Child and Adolescent Psychiatry Division

Ian Hellstrom *(since January 2006)*
Student Representative

Mimi Israel, MD
Head, Department of Psychiatry

Joseph Rochford, PhD
Coordinator, Teaching and Training Bureau

Martin Lepage, PhD
Director, Brain Imaging Group

Ashok Malla, MD
Director, Clinical Research Division

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

Howard Steiger, PhD
Director, Eating Disorders Program

Claire-Dominique Walker, PhD
Director, Mood, Anxiety and Impulsivity-Related Disorders Research Theme
Director, Neuroscience Research Division

Suzanne King, PhD
Director, Psychosocial Research Division

Samarthji Lal, MD
Co-Director, Schizophrenia and Neurodevelopmental Disorders Research Theme

Ridha Joober, MD, PhD
Co-Director, Schizophrenia and Neurodevelopmental Disorders Research Theme

Eric Latimer, PhD
Director, Services, Policy and Population Health Research Theme

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

Guest: **Jacques Hendlisz**

Recruitment and Promotion Committee

Management Committee members and

Joël Paris, MD
Chair, Psychiatry Department
McGill University

Health and Safety Committee

Giamal Luheshi, PhD
Chair
Researcher

Sylvain Williams, PhD
Researcher
Supervisor, Biohazard Subcommittee

Doris Dea
Research Assistant

Yvan Dumont
Radioprotection Agent

Isabelle Fougnies
Executive Secretary, Research Centre

Yves Gingras
Project Coordinator

Ridha Joober, MD, PhD
Researcher

Jocelyne Lahoud, MGP
Administrative Director

Rocco Montesano *(until December 2005)*
Department Head, Occupational Health and Safety and Central Replacement Services

Ronald Sehn
Technical Services Director

Dara Shahrock
Student Representative

Luc Moquin
Research Infrastructure Coordinator

World Health Organization Collaborating Centre for Reference and Training in Mental Health

Gaston Harnois, MD
Director

McGill Centre for Studies in Aging

Judes Poirier, PhD
Sonia J. Lupien, PhD
Co-Directeurs

McGill Centre for Research in Schizophrenia

Samarthji Lal, MD
Director

McGill Group for Suicide Studies

Gustavo Turecki, MD, PhD
Director

Centre for Studies on Human Stress

Sonia J. Lupien, PhD
Director

Brain Imaging Group

Martin Lepage, PhD
Director

Brain Bank

Danielle Cécyre
Coordinator

DOUGLAS HOSPITAL FOUNDATION

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CODE OF ETHICS FOR BOARD OF DIRECTORS (ARTICLES 4.2, 5, 6 AND 7)

4.2 Rules Related to Conflicts of Interest

A member of the Douglas Hospital Board of Directors 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 favouritism 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 or apprehended to prefer one interest over another or that his or her judgment and attitude towards the Board may be thereby affected.

5. Practices Related 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.

6. 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.

7. 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.

Infringements or Breaches

In 2005-2006, there were no infringements or breaches related to board member responsibilities or obligations. To consult the full version of the Code of Ethics, go to www.douglas.qc.ca

DECLARATION OF ACCURACY: CONTENTS OF ANNUAL REPORT

The information presented in this annual report is my responsibility. This includes the reliability of the data and related verification measures.

The results and information in the Douglas Hospital activity report dated March 31, 2006:

- accurately reflect the mission, mandates, values and strategic directions of the institution;
- present the indicators, targets, and results obtained;
- offer precise and reliable data.

I declare that the information contained in this annual report and related verification measures is reliable and corresponds to the situation as it existed on March 31, 2006.

Jacques Hendlisz, Director General

ANNEX

INFORMATION TO PROVIDE CONCERNING THE SAFE DELIVERY OF HEALTH AND SOCIAL SERVICES (2002, C.71) AND THE APPLICATION OF THE HEALTH AND SOCIAL SERVICES BILL (L.R.Q. C. S-4.2)

Period: 2005 - 2006

Institution Identification Number: 13727060
Institution Name: Douglas Hospital
Responder's Name and Title: Marc Pineault, Continuing Quality Improvement Coordinator

1. Quality and Risk Management Committee

1.1 Adoption by the board of directors of the bylaw that created the committee: **yes** / no

1.2 Date of committee's creation: 05/01/2004

1.3 Number of members: 13

1.4 Members' function: director general, 2 board of directors members, continous quality improvement coordinator, Hospital lawyer, local service quality commissioner, 2 patients or patients representatives, director of Nursing, director of Professional and Hospital Services, council of Physicians, Dentists and Pharmacists representative, 1 council of nurses representative, 1 multidisciplinary council representative

1.5 Number of meetings held by the committee during the current budgetary year: 4

1.6 Committee's top priorities for the coming year: Aggression control measures, analysis of medical errors and falls

1.7 Two risk management programs (implementation or evaluation) to be applied in the coming year: Aggression control measures and analysis of medical errors

2. Divulging all accidents

2.1 Adoption by the board of directors related on the following rules:
providing all necessary information following an accident: **yes** / no
support measures including appropriate care: **yes** / no
measures to prevent the recurrence of such an accident: **yes** / no

2.2 If yes, date rule was adopted: 06/2004

2.3 Rules regarding divulging information are respected: never / sometimes / most of the time / **difficult to know**

2.4 An analysis to evaluate the main causes is immediately conducted after a serious accident
never / sometimes / **most of the time** / difficult to know

2.5 Solutions to avoid recurrence are applied, following an intensive analysis:
never / sometimes / **most of the time** / difficult to know

2.6 Training on divulging information has been given to affected people in your organization during the current year: yes / **no**

ANNEX (CONTINUED)

3. Declaration of all incidents and accidents and compiling a local register

3.1 Number of incidents declared for the current budgetary year: 793

3.2 Number of declared incidents analyzed: 793
20% / 40% / 60% / 80% / **100%**

3.3 Number of declared incidents where measures have been taken to prevent their recurrence: 793
20% / 40% / 60% / 80% / **100%**

3.4 Number of accidents declared for the current budgetary year: 299

3.5 Number of declared accidents intensely analyzed: 39
20% / 40% / 60% / 80% / 100%

3.6 Number of declared accidents where measures have been taken to prevent their recurrence: 299
20% / 40% / 60% / 80% / **100%**

3.7 Number of accidents resulting in death: 0

3.8 Average number of additional days of hospitalization after the declared accidents:?

3.9 Implementation of a local incident and accident registry: **yes** / no

3.10 If yes, the date of implementation: 01/04/2002

3.11 Number of reports transmitted to the Agency on incidents or accidents declared for the current budgetary year: 0

4. Accreditation Services Provided

4.1 Requested accreditation from an institution: **yes** / no

4.2 If yes, name of the requested organization: Canadian Council on Health Services Accreditation

4.3 If no, the name of organization to be requested:-

4.4 Date when this organization will be requested: 01/04/2008

4.5 Consent obtained: **yes** / no

4.6 If yes, type of consent obtained: Accreditation in 2005 with report in 2006

4.7 Summary(ies) of report(s) sent:

to the Ministry: **yes** / no

to the Agency: **yes** / no

to professional orders concerned: **yes** / no