THE POWER TO RECOVER

ANNUAL REPORT 2010 2011

Douglas
INSTITUT UNIVERSITAIRE EN SANTÉ MENTALE
MENTAL HEALTH UNIVERSITY INSTITUTE

The individuals appearing in this annual report are Douglas Institute employees.

The Douglas Institute 2010-2011 annual report is published by the Communications and Public Affairs Directorate.

Douglas Institute Mental Health University Institute
6875 LaSalle Blvd
Montréal, Quebec H4H 1R3

Telephone: 514 761-6131
Fax: 514 762-3043
comm@douglas.mcgill.ca

www.douglas.qc.ca

facebook www.facebook.com/institutdouglas

twitter www.twitter.com/institutdouglas

Auditors

Raymond Chabot Grant Thornton, S.E.N.C.R.L.

Design and photos

Bivouac Studio

Legal deposit

Bibliothèque et Archives nationales du Québec
Bibliothèque et Archives Canada
ISSN 0708-8647

The Douglas is acting to protect the environment. For environmental concerns, this annual report is published in electronic format.

MESSAGE FROM MANAGEMENT AND BOARD PRESIDENTS

MESSAGE FROM MANAGEMENT AND BOARD PRESIDENTS

Consolidation, planning and development are the themes that marked 2010-2011 at the Douglas.

Consolidation: Building on a solid foundation

The mental health network has undergone major changes in recent years in the wake of the health system reform and the Mental Health Action Plan (entitled "La force des liens"). Now that these major projects have come to an end and the Douglas has positioned itself as a university mental health institute in its latest strategic plan, the time has come to consolidate our work. Consolidation is important in terms of our partnerships arising from this new network configuration, from our client-program structure, and from the development of the Research Centre, as it allows us to create a solid foundation upon which we can build towards our vision: "*The Power to Recover.*"

Planning: New 2011-2014 strategic plan

For the second time in its history, the Douglas has developed an integrated strategic plan that consolidates the strategic directions of its three entities: the Hospital, the Research Centre and the Foundation. This plan will guide the Douglas for the next three years in what promises to be a continuation of the previous plan on the one hand and a period of significant transition on the other.

The new plan focuses on the vision of "*The Power to Recover*," with the ultimate goal being recovery for people living with a mental health problem.

"The Power to Recover"

With a focus on rights and responsibilities, recovery transforms both the way people see themselves and the way mental health services are delivered. Recovery encompasses how people set personal goals and achieve them; recovery-oriented services therefore give people opportunities for and useful forms of concrete support to help them not only recover but also take on new roles and improve their quality of life.

Including people in their own care by giving them an active role in the healing process: that is the power to recover.

Strategic directions

Adopted in March 2011 following an exhaustive internal and external consultation process, the new strategic plan sets out six major strategic directions that will guide us over the next three years:

1. Facilitate recovery, promote self-determination and improve the quality of life of people living with mental health problems.
2. Establish a preventive approach to mental health.
3. Develop a healing physical environment that is conducive to best practices, innovation and recovery.
4. Improve knowledge and influence policy in the field of mental health.
5. Develop and enhance human resources and promote operational excellence.
6. Promote philanthropy for the benefit of mental health.

Though ambitious, this plan reflects our desire to excel in everything we do and confirms our leadership in mental health in Quebec, in Canada and around the world.

Evolution: Making way for the next generation

Over the past year, two pillars of the Douglas Institute prepared for their departure. After 17 years as Director General, Jacques Hendlisz announced that he would be retiring in April 2011. Jean-Bernard Trudeau, MD, also said that he would make way for the next generation after eight years as Director of Professional and Hospital Services and four years as Medical Director of the Clinical Activities, Knowledge Transfer and Teaching Directorate.

Under their leadership, the Hospital became a university institute in 2006 and adopted a person-centred approach to its activities. Bill 21 to amend the professional code in mental health and human relations came into force as well.

Over the past two decades, clinical care and research staff have also adopted a common vision. Meanwhile, the Douglas Institute Research Centre has become a model of excellence in mental health research. This has helped the Douglas transform from an asylum to a reference centre in mental health, with a common vision of integrating care, research, teaching and knowledge sharing in a way that ultimately benefits people living with mental health problems.

Thanks to this vast experience, the Douglas is ready to welcome the next generation to lead it to new heights.

A closing "thanks"

A simple word, but one that expresses the deep gratitude we feel toward our employees, partners, donors, employees and volunteers, who work with devotion and energy to improving the lives of people with mental illness and to breaking down taboos. Above all, thanks to patients and families for allowing us to accompany them along the road to recovery.

Claudette Allard
President of the Board of Directors of the Douglas Institute

Marie Giguère
President of the Douglas Institute Foundation Board of Directors

Jacques Hendlisz
Director General of the Douglas Institute

Jocelyne Lahoud, M.G.P.
Administrative Director of the Douglas Institute Research Centre

Jane H. Lalonde
President and Chief Operating Officer of the Douglas Institute Foundation

François L. Morin
President of the Douglas Institute Research Centre Board of Directors

Rémi Quirion, O.C., PhD, C.Q., FRSC
Scientific Director of the Douglas Institute Research Centre

DECLARATION OF ACCURACY

DECLARATION OF ACCURACY

The results and the information contained in this annual report are my responsibility. As such, I must ensure the accuracy, integrity and reliability of the data, information and details contained herein.

This statement is based on reliable information systems and monitoring mechanisms that were in place throughout the course of the current financial year.

In addition, I have made sure that measures were been taken in order to provide reasonable assurance of the accuracy of the results, in particular with regard to the management agreement.

To the best of my knowledge, the information reported in the Douglas Institute 2010-2011 Annual Report is reliable, as are the related control mechanisms, and presents the position of the Institute as at March 31, 2011.

Director General,

Jacques Hendlisz

PRESENTATION OF THE DOUGLAS INSTITUTE

MISSION

In collaboration with people living with mental health problems, their families, and the community, the mission of the Douglas Mental Health University Institute is to:

- Offer cutting-edge care and services
- Advance and share knowledge in mental health

VISION

The Power to Recover

What is recovery?

Recovery is a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness.

W. Anthony, 1993

MANDATE

The Douglas is a mental health university institute under the terms of *An Act respecting health services and social services*. As such, the Douglas must, in addition to carrying out the activities inherent to its mission, offer specialized and ultra-specialized services (**Care**), participate in education (**Teach**), evaluate health technologies (**Evaluate**) and manage an accredited research centre (**Discover and Share**).

Care

Our interdisciplinary teams provide services to all age groups. The catchment population for the second-line services offered by the Douglas is close to 300,000 people and covers two territories in South-West Montreal: CSSS Sud-Ouest–Verdun and CSSS Dorval-Lachine-LaSalle. As a mental health university institute and in collaboration with the institutions of RUIS McGill, the third-line mandate of the Douglas covers 23% of the Quebec population, including close to 50% of the Montreal population (1.7 million people in total) and approximately 63% of the Quebec territory. Furthermore, in accordance with *An Act respecting health services and social services*, the Douglas is designated as an institution that must provide all of its services in English to the English-speaking population.

Teach

Affiliated with McGill University and in partnership with other teaching institutions, the Douglas trains new recruits and provides a state-of-the-art mental health curriculum for all professional disciplines involved. We also help advance best practices by consolidating training programs with our partners.

Evaluate

Within a context of continued improvement in practices, our clinicians and researchers assess health technologies and methods of intervention to improve clinical benefits and the efficiency of the overall network.

Michel Perreault
Researcher

Discover

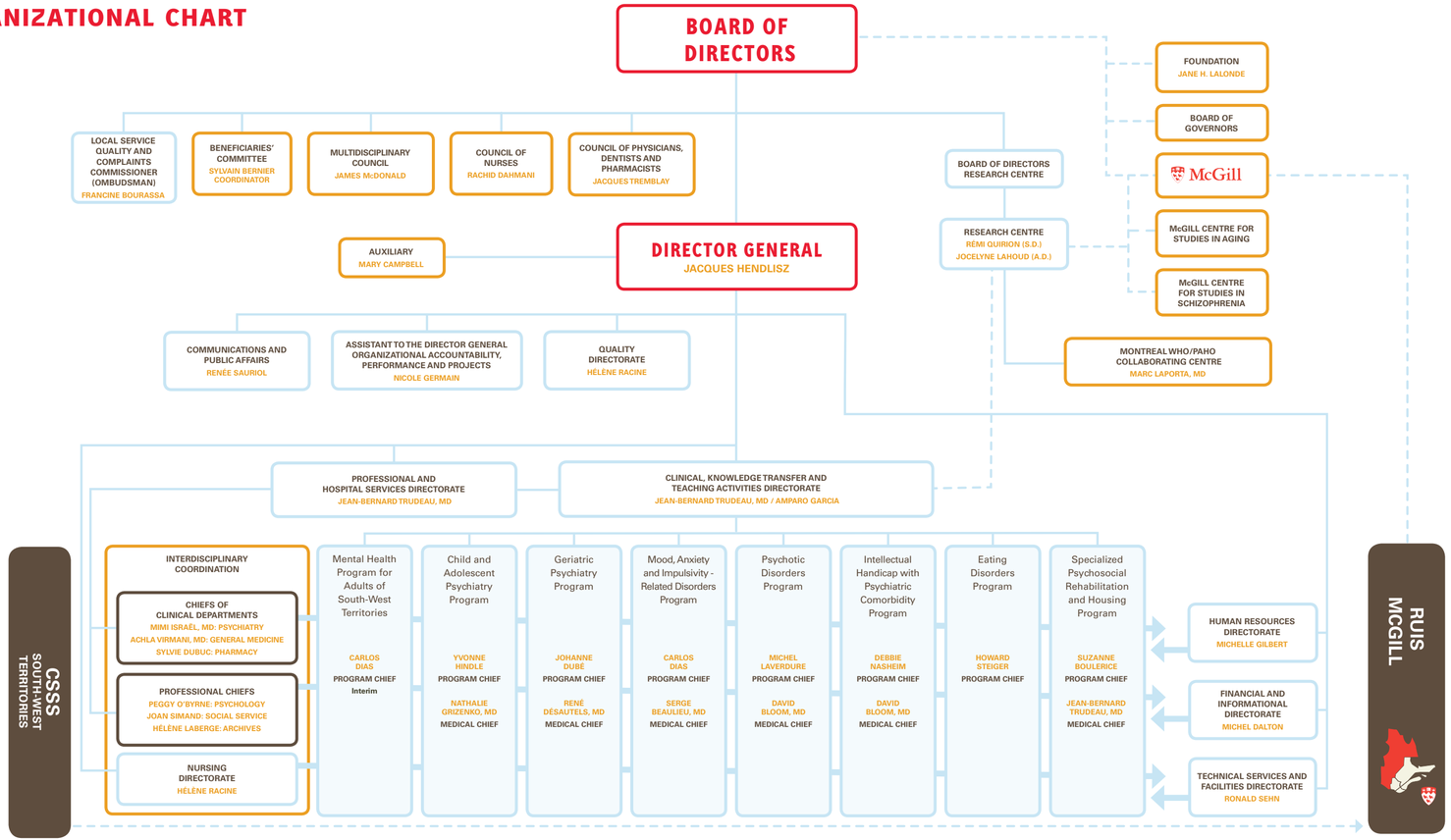
Our researchers and clinicians are dedicated to the study of both mental illness and mental health, through the development of knowledge in neuroscience, clinical practices and service optimization.

Share knowledge

Our researchers and clinicians advance practices by integrating scientific discoveries into clinical practices and service organization. We train professionals and, together with our partners, disseminate new knowledge and best practices in order to improve the network of mental health services. We develop tools to support clinical practices and decision-making based on the best available knowledge. We also help destigmatize mental illness through awareness programs offered to the general public.

TO LEARN **MORE**

ORGANIZATIONAL CHART



HIGHLIGHTS OF THE YEAR

NEW 2011-2014 STRATEGIC PLAN

The Douglas Institute's new strategic plan consolidates the strategic directions of its three entities: the Hospital, Research Centre and Foundation. The result of extensive consultation with patients and their families, with our partners, and with various care providers, researchers, employees and managers at the Douglas, this plan will guide the actions of the Douglas over the next three years.

A continuation of previous planning and major transitions that the Douglas has undergone during this period, the strategic plan is one of activity consolidation in terms of both clinical and research activities and our organizational structure. The 2011-2014 Strategic Plan is also innovative, with flexibility being a key feature throughout. Indeed, the last strategic plan taught us that having a long-term vision also means being able to adapt quickly to changes in our environment. It was therefore agreed that an annual review of the strategic plan would be conducted so that objectives or targets could be adapted to changing realities.

Recovery and partnership form the backdrop of this new plan, which is based on the vision of "The Power to Recover," the ultimate goal being recovery for individuals living with a mental health problem.

The result is a plan in which everyone can participate and that creates a sense of ownership and accountability.

"The Power to Recover"

This vision emphasizes the strengths of people with mental health problems, along with their aspirations and their hopes. It is based on the respect of rights and responsibilities and the control of each person over his or her own life. It also focuses on patients and the quality of services they receive thanks to the integration and excellence of care and services, research, and teaching.

Taking an active role in the care and decisions that affect us and acting as the architects of our recovery: this is the power to recover.

THE POWER TO RECOVER… THROUGH CARE

Mental Health Action Plan (MHAP)

This year, we took another step in the Mental Health Action Plan (MHAP). A large cohort of patients and staff from the Child and Adolescent Psychiatry Program – 17 healthcare professionals – were transferred to our first-line partners in Montreal West. We therefore helped reinforce the mental health teams at the CSSS Dorval-Lachine-LaSalle and the CSSS Sud-Ouest-Verdun.

TO LEARN **MORE**

Creation of a Private Housing Resource Vigilance Committee

Close to one hundred patients who are followed at Douglas Institute outpatient clinics, mainly in the Psychotic Disorders Program, reside in different private residential resources (for-profit homes that are not regulated in the same way as residences in the public network), with which the Douglas has no contractual relationship. However, according to the Douglas Code of Ethics (sections 2.1.7 and 2.1.2), clinical care teams are responsible for ensuring the safety and well-being of their clients and to protect them at all times, no matter where they live.

A Private Housing Resource Vigilance Committee was established in November 2011 to help staff in the outpatient clinics monitor and improve the quality of services provided to patients residing in private resources.

This initiative allowed us to effectively structure the private housing resource service to reduce risks for patients, and consequently increase service quality and safety in each resource, in order to uphold their dignity.

TO LEARN **MORE**

Implementation of the Quebec Charter for a healthy and diverse body image

Last year's unveiling of the Quebec Charter for a healthy and diverse body image led to a thorough analysis of the fashion industry's different practices in Quebec, Canada and the rest of the world. As a result, an action plan was created to implement the Charter that will span over three years.

This action plan will primarily target young girls aged 14 to 17, who are most vulnerable to the negative effects brought on by images of extreme thinness.

Howard Steiger, PhD, Director of the Eating Disorders Program at the Douglas Institute is co-president of the Charter working committee.

TO LEARN **MORE**

THE POWER TO RECOVER… THROUGH RESEARCH

New Brain Imaging Centre under construction

In the fall of 2009, the Douglas received more than $20 million for the construction of a new Brain Imaging Centre. This amount was awarded through the Knowledge Infrastructure Program, an initiative of the federal and provincial governments. The construction of this imaging centre will allow Quebec to fully enter into a new era of mental health research and contribute to efforts in early detection while improving diagnoses and treatments.

Not only will the 1500 square-metre building be the second largest in the country, but it will make the Douglas the only psychiatric institute in Quebec to have its own brain imaging centre.

The opening of the Brain Imaging Centre is scheduled for October 2011.

TO LEARN **MORE**

Research Centre deemed exemplary by the FRSQ

Following the tabling of the 2011-2015 Development Plan of the Douglas Institute Research Centre, an assessment visit was made in February 2011 by a group of researchers and representatives of the Fonds de la recherche en santé du Québec (FRSQ).

The FRSQ evaluation report states that "the Centre has continued to stand out through the quality and quantity of its intramural research, funding for its operations, its external collaborations, and the recognition bestowed on some of its members."

Overall, the FRSQ described the performance of the Research Centre as "**exemplary.**"

Two research themes were rated as "**excellent**": the Schizophrenia and Neurodevelopmental Disorders research theme and the Mood, Anxiety and Impulsivity Disorders research theme.

The other two themes—the Services, Policies and Population Health theme and the Aging and Alzheimer Disease theme—were described as "**exceptional**."

TO LEARN **MORE**

Creation of a professorship for the prevention of dementia and Alzheimer's-related diseases

New ground is about to be broken in helping prevent the devastating onset of dementia, as McGill University, in partnership with Pfizer Canada, announced in December the creation of a professorship for the prevention of dementia and Alzheimer's-related diseases.

The goal of this professorship, which will be held first by renowned epidemiologist and psychiatrist Dr. John Breitner, is to identify the risk factors associated with dementia and to delay its onset before the first symptoms appear. The research will also explore therapies to improve the prognosis for patients already living with Alzheimer's and other forms of dementia.

Director of the Centre for Studies on the Prevention of Alzheimer's at the Douglas Mental Health University Institute and professor in the Department of Psychiatry and Behavioural Sciences at McGill University, Dr. Breitner holds two patents in methods to help delay the onset and progression of Alzheimer's and related disorders, has authored more than 200 papers, reviews and book chapters, and is known as a gifted teacher and mentor.

TO LEARN **MORE**

THE POWER TO RECOVER… THROUGH KNOWLEDGE SHARING

Knowledge transfer on eating disorders for 1st and 2nd line partners

Over the past three years, the Eating Disorders Program (EDP) has developed a formal knowledge transfer (KT) program that includes dedicated staff whose role is to help stimulate shared care arrangements with community partners.

This training program, also offered to interested CSSSs across Quebec, includes:

- a day-long workshop on eating disorder management offered to clinicians;
- two-three intensive, half-day workshops offered to selected staff looking to develop their expertise in this area;
- the opportunity for selected staff to observe the various components that make up the EDP program;
- ongoing face-to-face or telephone case supervision and consultation.

Cross-training program

To better share our knowledge with mental health partners, we operate a cross-training program in the Sud-Ouest borough of Montreal, which involves staff exchanges and joint training activities between resources working in mental health, addiction and prevention, as well as with police in the sector. The goal of the 2009-2012 program, which was implemented by researcher Michel Perreault, PhD, is to support staff working with clients 15 to 30 years old who are at risk of or afflicted with comorbid disorders in mental health and substance abuse.

TO LEARN **MORE**

THE POWER TO RECOVER… THROUGH MAJOR PROJECTS

Infrastructure renewal project: another step taken!

The prefeasibility study related to the Douglas Institute infrastructure renewal project was approved by the Board of Directors of the Agence de la santé et des services sociaux de Montréal on November 2, 2010. The study will be submitted by the Agence to the Ministère de la Santé et des Services sociaux du Québec, in accordance with the required procedure.

This marks a new step in the Douglas Institute's commitment to translate a vision into improved living conditions for patients while integrating care, research and teaching according to best practices in healing environments and architecture. This project will be an essential achievement for the Douglas as it becomes a 21st- century institute.

Of note is that the Douglas Institute has more than 30 buildings, most of which were constructed between 1889 and 1940, dispersed across a 165-acre campus.

TO LEARN **MORE**

Electronic Patient Record: the future of e-mental health e-merges at the Douglas

For more than two years now, the Douglas has been hard at work building the mental health component of the electronic patient record (EPR). Behind this daunting initiative with its many

challenges lies one simple goal: create a clinical tool that will improve patient management.

Ask any architect: constructing an imposing, useful, long-lasting building takes time, resources, and, above all, know-how. Since these are all qualities inherent to the Douglas teams, the Agence de la santé et des services sociaux de Montréal appointed our institute to develop the mental health component of the electronic patient record (EPR); this component will be integrated in the Oacis platform from TELUS Health Solutions, chosen for the entire Montréal region. This is an enormous task on which our teams have been working since April 2009.

Until June 2011, the Douglas will be working with clinicians to define the specific needs of the mental health component. Once this crucial step has been completed, TELUS will assess and carry out the necessary technological developments. Then the Douglas will gradually implement the system using pilot sites.

Beyond the Douglas, the entire Montréal region will eventually benefit from this tool, since it will be used by psychiatric departments in all general hospitals in the region.

The Douglas strives for "Healthy Enterprise" certification

In 2008, the Bureau de Normalisation du Quebec (BNQ) issued a new standard on prevention, promotion and the organizational practices conducive to health in the workplace entitled "*Healthy Enterprise*." This standard concerns the maintenance and sustainable improvement of the health of individuals through the mobilization of all levels of an organization.

Healthy Enterprise certification is granted by the BNQ to organizations who show great concern for their employees' health and well-being. These organizations are recognized as employers of choice, or those that invest in programs to encourage healthy lifestyles for employees and sound management practices for the company.

In 2010, the Douglas began a process aiming to obtain *Healthy Enterprise* certification by November 2011. One of the first steps was the creation of a Health and Wellness Committee composed of representatives from all staff categories. Next came a survey among employees to assess their health in the workplace. After the results were collected and analyzed, a decision was made to target lifestyle (diet and physical activity) and management practices (organizational communication).

In 2010, the Ministère de la Santé and des Services sociaux agreed to assist us in implementing the standard.

THE POWER TO RECOVER… THROUGH COLLABORATION

Redesignation of the Douglas as a World Health Organization Collaborating Centre

In September 2010, the World Health Organization, and its regional office, the Pan-American Health Organization, re-designated the Douglas Mental Health University Institute as a "WHO/PAHO Collaborating Centre for Research and Training in Mental Health."

The Douglas-based Centre was first given the designation in 1982 and was the first of its kind in Canada. The WHO requires its Centres to go through a re-designation process on a regular basis, and our Centre, considered as a strong player in global and international mental health activities, successfully maintained its title.

The expertise of the "Montreal CC" (as we sometimes call it) is visible in many areas, including policy, workplace mental health, intellectual disability, psychosocial research, primary care training, disaster-related interventions, and others. Our Montreal CC is currently present in Haiti, the Caribbean (Barbados, Belize and Dominica), as well as Catalonia.

This redesignation is a reflection of the outstanding experts, mainly from the Douglas but also from McGill University and other Quebec institutions. who have contributed in one way or another to the work of the Montreal CC.

TO LEARN **MORE**

ACTI-MENU: Collaborating with the Douglas Institute to promote wellness

The Douglas Institute is collaborating with ACTI-MENU to contribute to the mental health component of its 5/30 Health and Wellness Challenge Program.

Every year since 2005, the Health Challenge has been inviting people to take action to improve or maintain their health. Over a 6-week period, participants pledge to eat better (at least 5 portions of fruit and vegetables a day) and to move more (at least 30 minutes of physical activity a day). This year, a Wellness component was added to the "5/30" to promote a better balance in life.

As a partner in ACTI-MENU, the Douglas validated the content of eight brochures on mental health published for the general public. Some 300,000 copies of the brochures will be distributed to general practitioners' offices and medical clinics across Quebec

The agreement also included the participation of Camillo Zacchia, PhD, in the production of eight video clips in which he offered advice on the following topics: "Making time for oneself"; "Prioritizing priorities"; - "Sleeping well"; "Maintaining balance in the home."

TO LEARN **MORE**

THE POWER TO RECOVER… THROUGH PHILANTHROPY

Open minds… and hearts!

On March 22, the Douglas Institute Foundation raised $220,215 at its 14th annual *Open Minds* benefit , which offered guests "an opportunity to understand the nature of mood." The funds raised will be used by specialists and researchers to advance scientific knowledge and integrate it into patient care.

The menu, décor, and lighting were chosen in collaboration with researchers at the Institute to positively affect the way people felt throughout the night.

Mimi Israël, MD, Psychiatrist-in-Chief at the Douglas Institute, spoke about the stigma faced by people who live with mental illness. Rémi Quirion, OC, PhD, Scientific Director of the Research Centre at the Douglas Institute, reinforced the importance of the Institute's brain imaging centre, which will soon open and become the first brain imaging centre in Quebec entirely dedicated to mental health treatment and research.

TO LEARN **MORE**

Danielle Cécyre
Coordinator, Brain Bank

THE POWER TO RECOVER… THROUGH EXCELLENCE

Honorary doctorate from INRS

Rémi Quirion, O.C., PhD, C.Q., FRSC,
Scientific Director, Research Centre

At its 2010 graduation ceremonies, the INRS (Institut national de la recherche scientifique) awarded an honorary doctorate to Rémi Quirion for his work in the fields of neuroscience and mental health, including research into Alzheimer's Disease, pain, schizophrenia, and the role of various neuropeptides in anxiety and depression.

Genesis Award, Biotechnology of Tomorrow category

Judes Poirier, PhD, C.Q., Director,
Neurobiology Unit

GénomeQuébec bestowed the award to Judes Poirier in recognition of his significant impact on the potential use of genomics in the healthcare system and for his vision and leadership in genomics research.

Health and Wellness Prize, Ordre des psychologues du Québec

Jean-Bernard Trudeau, MD, Director,
Professional and Hospital Services

This prize is awarded to engaged and inspiring professionals. From 2004 to 2006, Jean-Bernard Trudeau chaired the Experts Committee that wrote the report on modernizing professional practices in mental health and human relations, which led to the adoption of Bill 21 in June 2009.

Academy for Eating Disorders Leadership Award

Howard Steiger, PhD, Chief,
Eating Disorders Program

This leadership award is given by the Academy for Eating Disorders for Clinical, Educational and Administrative Service.

Heinz E. Lehmann Prize for Excellence in Psychiatry

N. P. Vasavan Nair, MD, Medical Chief,
Program for Dementia with Psychiatric Co-morbidity

This annual prize is given by the Association des médecins psychiatres du Québec to a psychiatrist whose career has contributed to the advancement of his profession.

NARSAD Young Investigator Award

Romain Goutagny

The Young Investigator Award helps the most promising scientists who are now entering research to generate pilot data necessary for larger grants.

Canada Foundation for Innovation (CFI) Award

Antoine Adamantidis, PhD, Researcher

The CFI award goes to supporting the launch and development of new research projects at McGill.

Synapse Mentorship Award from CIHR

Students of the organizing committee of "Brain Awareness Week"

This award is given out by the Canadian Institutes of Health Research (CIHR) to emphasize the importance of mentors in developing Canada's next generation of health researchers.

"Tip of the Hat" from Forum économique de Verdun

Gustavo Turecki, MD, PhD, and
Michael Meaney, PhD

Both researchers were awarded the prize at the 10th edition of the annual gala evening recognizing individual and group achievements within the Verdun borough.

DOUGLAS INSTITUTE AWARDS

Apex Award – Exceptional contribution to research

Maurice Dongier, MD, FRCPC

Roberts Award – Personal excellence, direct patient care

Julie Barette, Educator, Risk Management Unit

InnovAction Awards

- Administrative staff
  Randolph Warren, Storekeeper, Purchasing Department
- Technical staff
  Michel Veilleux, Stationary engineer, Facilities Operation and Maintenance Services
- Professionals
  Susy Landreville, Lawyer, Professional and Hospital Services Directorate
- Managers
  Donald Collins, Assistant to the Technical Services Director
- Team
  Memory Clinic and Day Centre, Dementia with Psychiatric Co-morbidity Program

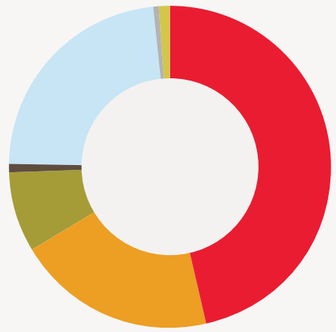
Nova Award – Personal excellence, customer service

- **Romualdo Barillaro**, Audio-visual technician, Teaching and Training Coordination Office

MAIN POPULATION CHARACTERISTICS

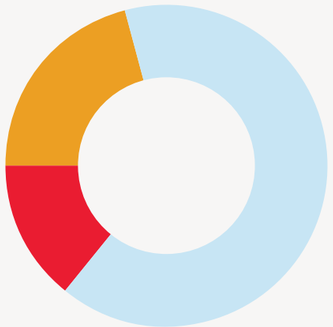
The Douglas Institute provides services to the entire population covered by the RUIS McGill (Réseau universitaire intégré de santé de l'Université McGill).

BREAKDOWN OF POPULATION OF RUIS McGILL BY REGION (IN 2010)



46.66%	MONTRÉAL
19.94%	OUTAOUAIS
7.99%	ABITIBI-TÉMISCAMINGUE
0.79%	NORD DU QUÉBEC
23.13%	MONTÉRÉGIE
0.64%	NUNAVIK
0.86%	TERRES-CRIES-DE-LA-BAIE-JAMES

BREAKDOWN OF POPULATION OF RUIS McGILL BY AGE GROUP (IN 2010)



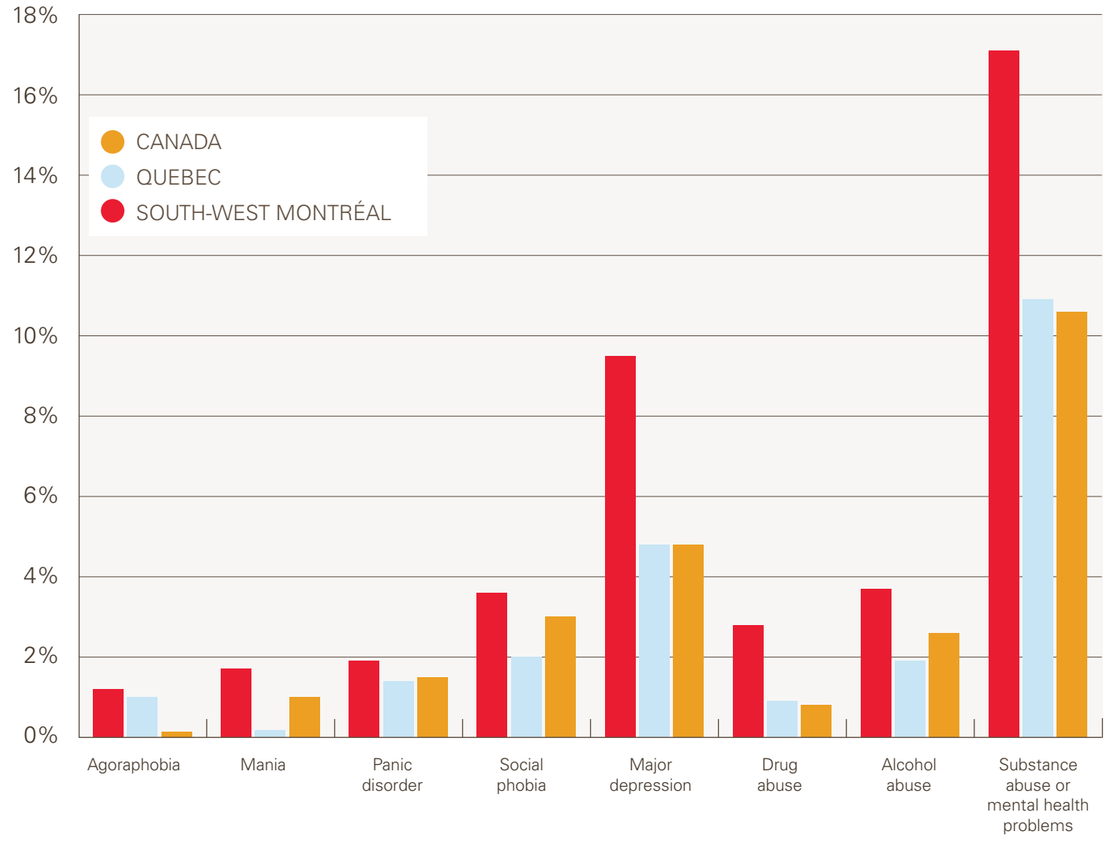
21%	375,508	UNDER 18
65%	1,188,453	18 TO 64
14%	252,602	65 AND OVER

TOTAL NUMBER OF POPULATION BY RUIS McGILL TERRITORY (IN 2010)

REGION/LSN (LOCAL SERVICE NETWORK)	
PIERREFONDS – LAC SAINT-LOUIS	**218,600**
DORVAL – LACHINE – LASALLE	**138,771**
VERDUN – CÔTE ST-PAUL – ST-HENRI – POINTE-ST-CHARLES	**146,948**
CÔTE-DES-NEIGES – MÉTRO – PARC-EXTENSION	**219,867**
CÔTE-SAINT-LUC – NDG – MONTRÉAL-OUEST	**123,351**
GRANDE-RIVIÈRE – HULL – GATINEAU	**233,862**
PONTIAC	**20,636**
COLLINES-DE-L'OUTAOUAIS	**34,024**
VALLÉE-DE-LA-GATINEAU	**20,859**
VALLÉE-DE-LA-LIÈVRE ET DE LA PETITE-NATION	**52,757**
TÉMISCAMINGUE	**3,211**
VILLE-MARIE	**13,363**
ROUYN-NORANDA	**40,654**
ABITIBI-OUEST	**20,535**
ABITIBI	**24,510**
VALLÉE-DE-L'OR	**42,785**
NORD DU QUÉBEC	**14,373**
HAUT-SAINT-LAURENT	**24,951**
SUROÎT	**56,257**
JARDINS-ROUSSILLON	**202,092**
VAUDREUIL-SOULANGES	**136,820**
NUNAVIK	**11,708**
TERRES-CRIES-DE-LA-BAIE-JAMES	**15,629**
TOTAL	**1,816,563**

MAIN HEALTH DATA

The following graph shows the prevalence of mental health problems in South-West Montréal*, in Quebec and in Canada.



Sources:
Canadian Community Health Survey (2002), Cycle 1.2, Mental Health and Well-being
Caron *et al.*, 2009, Mental Health of the Population living in Epidemiologic Catchment Area in Montreal, Canada. *World Psychiatry, 8*, supp1, 284.

* Verdun, Côte-Saint-Paul, Ville-Émard, Ville LaSalle, Vieux-Lachine, Dorval, Pointe-Saint-Charles/Saint-Henri.

DOUGLAS INSTITUTE ACTIVITIES

SERVICES PROVIDED

A university institute in mental health, the Douglas is an international leader in **care**, **research** and **teaching**.

CARE AT THE DOUGLAS

Interdisciplinary teams at the Douglas Institute provide clinical services to all age groups in both French and English. The different services provided correspond to different areas of expertise in mental health, such as:

- Anxiety
- Depression
- Alzheimer's disease and other forms of dementia
- Schizophrenia and other forms of psychosis
- Eating disorders
- Bipolar disorders
- Behaviour disorders

The Douglas Institute offers a broad range of specialized and superspecialized, internal (inpatient), or external (outpatient) services, which are offered through different programs.

TO LEARN **MORE**

Child Psychiatry Program

The Child Psychiatry Program at the Douglas Institute offers a range of bilingual services to youth aged 0 to 17 years and their families.

The different services provided are in line with the Douglas Institute's areas of expertise in mental health, such as:

- Anxiety
- Psychosis
- Eating disorders
- Attention deficit, with or without hyperactivity, disorders (ADHD)
- Depressive disorders
- Pervasive developmental disorders (PDD)
- Severe behaviour disorders

Services provided

Severe Disruptive Disorders Program, for youth aged 6 to 12:

- Day Hospital
- Attention Deficit, with or without Hyperactivity, Disorder (ADHD) Outpatient Clinic
- Outpatient Clinic

Intensive Intervention Program, for youth aged 13 to 17:

- Short-term Intensive Adolescent Inpatient Unit
- Intensive Intervention Adolescents Day Hospital
- Outpatient Clinic (transition program)

Child Psychiatry Outpatient Clinic, for youth aged 0 to 17 years:

- Pervasive Developmental Disorders (PDD) Diagnostic Clinic
- Depressive Disorders Clinic
- Outpatient Clinic

Services may include therapeutic activities such as music therapy, art therapy, speech therapy, pet therapy, greenhouse workshops (horticultural therapy), sports activities and other recreational activities.

Geriatric Psychiatry Program

The Geriatric Psychiatry Program at the Douglas Institute provides services to clients aged 65 and older and to adults younger than 65 with a geriatric profile.

The program covers psychiatric diagnoses such as:

- mood disorders
- anxiety disorders
- impulsivity disorders
- psychotic disorders
- cognitive disorders including dementia

Services provided

The program offers (2nd-line) general geriatric psychiatry services:

- Outpatient services: Evaluation-liaison team, Outpatient clinic and Transitional centre
- Inpatient services: Admission and Medical Unit and the Psychosocial Rehabilitation Unit

The program also provides a specialized 3rd-line geriatric psychiatry service: the Program for Dementia with Psychiatric Comorbidity.

Mood, Anxiety and Impulsivity Disorders Program

The Mood, Anxiety and Impulsivity Disorders Program at the Douglas Institute provides care to people aged 18 to 65 years with a mood disorder such as:

- Bipolar disorders
- Depressive and suicide disorders
- General anxiety disorders
- Panic disorders with or without agoraphobia
- Phobia problems
- Obsessive-compulsive disorder
- Post-traumatic stress disorder
- Borderline personality disorders

This program also targets children and adolescents aged 6 to 18 years who suffer from a depressive or suicide disorder.

Services provided

Bipolar Disorders Program. Services for people suffering from refractory bipolar disorder.

Depressive and Suicide Disorders Program. Services for people suffering from refractory and/or recurrent major depressive disorder.

Anxiety Disorders Clinic. Services for people who have been diagnosed with one or multiple anxiety disorders.

Personality Disorders Clinic. Services for people with personality disorders.

Out-Patient Clinic. Short- or medium-length second-line services of variable intensity to stabilize patients and improve their quality of life while encouraging their independence.

Le Tremplin Day Hospital. Assistance for people suffering from a mental health disorder to develop their own functioning strategies, improve their social skills, and learn anger management techniques, ideally without hospitalization.

Short-Term Care Unit (CPC2). Helps people in the acute phase of a severe mental disorder. The goal is to stabilize patients so that they can return as soon as possible to the community.

Psychotic Disorders Program

The Psychotic Disorders Program at the Douglas Institute provides services to adults aged 18 to 65 with schizophrenia or other forms of psychoses, with the exception of the Prevention and Early Intervention Program for Psychoses (PEPP-Montréal), which is designed for people aged 14 to 30.

Services provided

Psychosis Hospitalization Unit (Burgess 1). A 30-bed unit for people with psychotic disorders who require short-term hospitalization.

Intensive Rehabilitation Program. Hospitalization and transition services for people suffering from prolonged, complex and treatment-resistant psychotic disorders.

Out-Patient Services. Composed of the Out-Patient Clinic (OPD), the Intensive Community Rehabilitation team, and the ACT team.

Prevention and Early Intervention Program for Psychoses (PEPP-Montréal). Treatment for youth dealing with an untreated first psychotic episode.

Intellectual Handicap with Psychiatric Comorbidity Program

The Intellectual Handicap with Psychiatric Comorbidity Program is designed for people aged 18 to 65 who have a moderate to severe intellectual handicap accompanied by a psychiatric disorder.

Services provided

Care unit (Burgess 2). The goal of this 15-bed unit is to stabilize the health condition of patients before sending them back into the community.

Phoenix Learning Centre. This day centre can receive up to thirty people, who are divided into three groups based on different assessment tools.

Out-Patient Service. Thirty-five patients staying with fourteen different host families are currently being followed by the program's Out-Patient Service.

Eating Disorders Program

Since its creation in 1986, the Eating Disorders Program (EDP) has offered specialized clinical services for people 18 years and older who suffer from anorexia nervosa or bulimia nervosa. Children and adolescents can consult the services for children and adolescents of the Douglas Institute or the child psychiatry program of the Montreal Children's Hospital or the CHU Sainte-Justine.

Services provided

An **Out-Patient Clinic** that offers a comprehensive range of services that can be adjusted to meet individual needs:

- Individual, family/couple, and group therapy
- Pharmacological therapy
- Nutritional therapy

A **Day Program** that offers highly-structured, group-based treatment. The program addresses the needs of individuals requiring intensive care, provides a more structured environment than the Out-Patient Clinic, and addresses eating problems and related psychological and behavioural issues. The program runs for eight weeks.

The only one of its kind in Quebec, the **Day Hospital** is designed for people with severe eating disorders who are still able to manage adequately without overnight supervision.

The **In-Patient Unit** is for people with severe medical and psychological complications or those for whom out-patient treatment is insufficient to resolve eating disorder symptoms.

Psychosocial Rehabilitation and Specialized Housing Program

The Psychosocial Rehabilitation and Specialized Housing Program helps adults of any age with a severe mental disorder return to and stay in the community.

Services provided

Specialized Housing Service: Provides a community living environment that promotes recovery, rehabilitation and community and social reintegration.

Wellington Centre: A rehabilitation and community support centre (SPECTRUM) that promotes the well-being and social reintegration of people suffering from severe and persistent mental disorders through training, activities and customized support.

Crossroads Day Hospital

The multidisciplinary team of the Crossroads Day Hospital helps people aged 18 to 64 with a mental health problem:

- Develop their own coping strategies
- Improve their social skills
- Learn anger management techniques

Its goal is to give people a sense of responsibility over their mental health problem and help them better manage everyday life.

The Day Hospital provides an intensive therapy program for groups and individuals along with diverse community activities.

These programs and activities are offered on a daily basis, six hours a day, five days a week, for an eight-week period.

Emergency Department

Individuals who have a mental health problem may go to the emergency room of the nearest hospital, to the Douglas Institute Emergency Department or to a community crisis centre.

The Emergency Department at the Douglas Institute provides care and services to anyone with a mental health problem and whose condition requires urgent care. Emergency is open 24 hours a day, 7 days a week.

RESEARCH AT THE DOUGLAS

The Douglas Institute's Research Centre is the oldest centre of its kind in Quebec. With an **annual budget of $18.5 million**, it brings together over **300 distinguished researchers** and **post-doctoral fellows** from all over the world, whose breakthroughs produce some **215 scientific publications** every year.

Recognized as a flagship centre by the Fonds de la recherche en santé du Québec (FRSQ), the provincial health research fund, the Research Centre, overseen by a board of directors, is financed in part by the Douglas Institute Foundation and in part by Canada's most prestigious research grants, including the Canadian Institutes of Health Research (CIHR) and FRSQ, to name just two.

The Research Centre also sets itself apart with innovative research projects in the neurosciences, clinical and psychosocial divisions. In addition, the World Health Organization (WHO) Collaborating Centre in Montreal chose the Institute to establish its Centre for Research and Training in Mental Health.

TO LEARN **MORE**

Research themes

The Douglas Institute uses a multidisciplinary approach to research that combines the **neurosciences**, **clinical experience**, and **psychosocial factors** and is based on four major themes:

- Schizophrenia and Neurodevelopmental Disorders
- Services, Policy and Population Health
- Mood, Anxiety, and Impulsivity-related Disorders
- Aging and Alzheimer Disease

Exploring these four themes is a team of **67 researchers**, some of whom are world-renowned; their work has contributed to a better understanding of the mechanisms involved in certain mental illnesses.

Each research theme includes research groups and laboratories that bring together researchers and their teams to study specific research topics.

Schizophrenia and Neurodevelopmental Disorders

The researchers exploring the Schizophrenia and Neurodevelopmental Disorders theme focus on the causes, course, treatment and prevention of illness.

In Canada, one in a hundred people will be diagnosed with schizophrenia, while 3 to 5% of children have an attention deficit hyperactivity disorder (ADHD). Effective treatment for individuals with neurodevelopmental disorders depends on finding ways to control the symptoms with the appropriate medication, psychotherapeutic and educational interventions, along with a healthy lifestyle.

Research under this theme is oriented towards:

- Early intervention, which increases the effectiveness of treatment for schizophrenia and other psychotic disorders.
- Identifying the genes linked to schizophrenia, autism and attention deficit hyperactivity disorder (ADHD).
- Identifying the predisposing factors, such as genetic and environmental alterations, that occur in early brain development.
- The interaction of genes and environmental factors.
- The link between maternal infection during pregnancy and babies' brain development.
- The link between prenatal stress and babies' brain development (Suzanne King, PhD).
- The link between sleep and attention deficit hyperactivity disorder (ADHD).
- Anatomic and functional changes to the brain detected by means of a scanner or an electroencephalogram.

- The etiology of schizophrenia, such as the mechanisms of genetic transmission, structural and functional brain abnormalities and the changes this disease causes in brain chemistry.

Services, Policy and Population Health

The researchers working on the Services, Policy and Population Health theme come from a wide variety of disciplinary backgrounds: psychiatry, epidemiology, law, anthropology, economy, psychology, social work, and administration.

Their goal is to inspire and influence developments in mental health policy so that people living with a mental illness can obtain the care and services to which they are entitled. To accomplish this, the researchers:

- Study the organization of mental health services, as well as the social, cultural and economic factors that contribute to mental and substance use disorders.
- Sit on decision-making committees, alongside healthcare professionals and decision-makers, to assist in formulating concrete policies that integrate new scientific knowledge.
- Sit on the Quebec Primary Care Committee and act as a consultant for the Health and Welfare Commissioner.
- Are members of the Mental Health Commission of Canada and the Table de concertation psychiatrie-justice de Montréal (Montreal table for psychiatry and justice).
- Are members of the Provincial Advisory Committee on the Allocation of Mental Health Resources and also sit on the Institute of Health Services and Policy Research Advisory Board of the Canadian Institutes of Health Research (CIHR).

Mood, Anxiety, and Impulsivity-related Disorders

Researchers examining the Mood, Anxiety, and Impulsivity-related Disorders theme are aiming to identify the genetic, psychological, neurobiological and environmental causes of most mood disorders and testing the most effective treatments. Their main focus is on:

- Depression
- Bipolar disorder
- Personality disorders
- Post-traumatic stress disorder
- Eating disorders
- Substance dependence, e.g. drug or alcohol
- Suicide

Our researchers focus on the following:

- Genetic marker: Researchers are attempting to identify genetic risk factors for eating disorders, personality disorders, suicide, alcoholism and substance abuse.
- Neurobiological marker: Researchers try to identify the neurobiological mechanisms behind depression and anxiety.
- Psychological marker: People react differently to stress and trauma. For this reason, researchers are currently conducting clinical studies to identify psychological markers, such as personality traits linked to anxiety disorders, particularly post-traumatic stress disorder.
- Treatments: Researchers are assessing the effects of specialized interventions in the treatment of different pathologies.

Aging and Alzheimer Disease

We all know that, as a population, we are getting older:

- By 2016, 17% of Canadians will be at least 65 years old and, as the population ages, the number of Alzheimer's cases will rise accordingly (Statistics Canada)
- The risk of depression among caregivers of Alzheimer's sufferers is twice as high as for informal caregivers of individuals with no dementia

The needs of our aging population will be a heavy load to bear if we do not find more effective means to treat and prevent Alzheimer's disease and other forms of dementia.

- Douglas Institute researchers are particularly interested in the identification and prevention of dementia in the elderly. They are exploring the following topics:
- The identification of new cognitive markers preceding Alzheimer's disease in the elderly.
- Stress as a risk factor for dementia in older persons.
- The physical and mental health of informal caregivers.
- The link between Alzheimer's disease and genotype (hereditary genetic constitution of an individual).
- The link between Alzheimer's disease and phenotype (non-hereditary observable characteristics of an individual resulting from the interaction of its genotype with the environment).
- The link between dementia and depression in older persons.
- Estrogens as a protective factor against cognitive impairment in older women.

TEACHING AND TRAINING AT THE DOUGLAS

The Douglas Institute helps advance knowledge and practices in mental health through cutting-edge research and educational programs. As an educational organization, the Douglas shares its knowledge with students, staff members, researchers, mental health professionals and workers as well as with the general public.

Medical students or residents who would like to deepen their knowledge of psychiatry may choose from one of the following forms of medical training:

- Clerkship
- Residency
- Fellowship
- Continuing medical education

Students interested in an internship may choose among the following disciplines:

- Nursing
- Psychology
- Occupational Therapy / Specialized Education
- Nutrition
- Social services

Students in a bachelor's, master's, doctoral or post-doctoral program can expand their expertise by participating in research projects.

Mental health professionals or workers, Douglas Institute staff members, or employees from any other institution may choose among the following training:

- Traditional training
- E-learning
- Visiotraining
- Cross-training

TO LEARN **MORE**

Interns

In 2010-2011, the Douglas Institute welcomed 408 interns.

PROFESSIONAL DISCIPLINES	NUMBER OF INTERNS
NURSING	**196**
PSYCHOLOGY	**47**
SOCIAL WORK	**28**
OCCUPATIONAL THERAPY	**13**
SPECIALIZED EDUCATION	**4**
NUTRITION	**11**
PHARMACY	**27**
ADMINISTRATIVE SUPPORT	**9**
INTERNS	**44**
RESIDENTS	**25**
FELLOWS	**4**

Mental Health Education Office

The prejudices and stigmatization surrounding mental illness prevent many people from speaking out and getting help. This is why a few years ago, the Douglas Institute created a public education program that aims at dispelling the myths related to mental illness and fighting prejudices. Since 2011, these activities have been organized by the Douglas Institute Mental Health Education Office (MHEO).

The more the public is informed, the more people will understand that it is possible to lead a satisfying and productive life with a mental illness that is correctly diagnosed, accepted and controlled.

The Institute's MHEO organizes two main initiatives:

- **Frames of Mind™:** A series of films that deal with mental health problems. The screening is followed by a discussion between a Douglas expert, the film director/ actors, and the audience.
- **Mini-Psych School:** A series of courses on different mental illnesses given by Douglas mental health researchers and professionals. Mini-Psych school courses are taped and broadcast on YouTube, McGill University's iTunes U and the Canal Savoir television station.

TO LEARN **MORE**

Amine Saadi
Clinical administrator

STRATEGIC DIRECTIONS AND PRIORITIES

Focused on patients and on the quality of services they receive, the current strategic plan was founded on the Douglas' impressive record of achievements and the integration and excellence of patient care and services, research, and teaching.

Following are the strategic directions and priorities of the Douglas:

Strategic direction 1:

Facilitate recovery, promote empowerment, and improve the quality of life of people living with mental health problems.

Priorities:

1. Complete the implementation of the framework for the consolidation of interdisciplinary clinical programs, which includes:
   a. *Needs assessment;*
   b. *Implementation of recognized best practices;*
   c. *Integration of research and teaching;*
   d. *Program and clinical outcome assessment.*
2. Optimize the quality of services and patient safety.
3. Invest in programs and services to optimize access, continuity and flow between services: the right service to the right person at the right place and at the right time.
4. Fully integrate patients and their families into the clinical care process.

Strategic direction 2:

Initiate a preventive approach in mental health.

Priorities:

1. Develop an approach with our partners that puts the emphasis on the early detection, diagnosis, and treatment of mental illnesses.
2. Introduce a strategy to promote the prevention of mental illnesses.
3. Provide our partners and the community with up-to-date, valid, and pertinent information on mental health.

Strategic direction 3:

Develop a healing environment that promotes best practices, innovation and recovery.

Priorities:

1. Promote a safe environment that is conducive to recovery despite the current physical constraints.
2. Implement the new institute project based on the concepts of evidence-based design and a healing environment.

Strategic direction 4:

Improve knowledge and influence direction in mental health.

Priorities:

1. Innovate, develop, apply, and share knowledge to:
   a. *Improve the quality of services and clinical outcomes;*
   b. *Influence the development of research projects;*
   c. *Promote translational research;*
   d. *Influence directions and policies in mental health;*
   e. *Optimize the organization of services with our partners to improve access and flow between services.*
2. Lead actions so that the community fully integrates people living with mental health problems as full citizens.

Strategic direction 5:

Develop and build on the potential of human resources and promote operational excellence.

Priorities:

1. Provide an environment where human potential and collaboration are a valued part of operational excellence.
2. Support professional and management practices with improvement and feedback tools including:
   a. *Training programs;*
   b. *Updated clinical information systems;*
   c. *Improved processes;*
   d. *Reliable, precise, and useful tools for analysis and decision-making purposes;*
   e. *Sustainable development practices.*
3. Implement a process to ensure progress in the strategic plan.

Strategic direction 6:

Promote philanthropy to benefit mental health.

Priorities:

1. Conduct a major fundraising campaign to support the development of cutting-edge programs, research and organizational priorities.

EVALUATION OF USER SATISFACTION

At the Douglas Institute, the degree of user satisfaction is an important indicator that helps us improve the quality of care and services. The opinions expressed by users therefore guide clinical teams in developing concrete improvement measures.

This practice meets the expectations of the Ministère de la Santé et des Services sociaux, the Agence de la santé et des services sociaux de Montréal, Accreditation Canada, and the Douglas Board of Directors, who wanted satisfaction levels to be regularly and thoroughly evaluated.

In 2009, the Quality Directorate, in collaboration with the eight program chiefs, the Local Service Quality and Complaints Commissioner, the Research Centre, and a representative of the Beneficiaries' Committee, developed a procedure to standardize the user satisfaction evaluation process at the Douglas. This new procedure is now being used as a tool for all clinical programs, although it had already been implemented in some of them. The goal of the new standardized procedure for evaluating user satisfaction is to allow each unit and clinic to perform this exercise at least once every three years. For example, a program with three units and three services has thirty-six months to hand out surveys to users in each of its six groups.

The clinical programs have two options: they can either use the questionnaire developed by the Quality Directorate (which includes five predefined questions plus five questions chosen by the team) or develop their own questionnaire, provided the question content has been tested as part of a research project (so far only one program has chosen this option). For the first option, the team must select the five additional questions based on a single theme from the following: "*Physical Environment*", "*Clinicians*", "*Intervention,*" "*Clinical Organization*" and "*Perceived Improvement.*" Once the specific questions are established, the questionnaires are handed out to users in the unit or clinic for a period of four to eight weeks. The questionnaires are then submitted to the Quality Directorate, which compiles the results and presents them to managers and members of the program quality team. Using the results and comments expressed by users via the customer satisfaction questionnaires, these staff members must identify measures to improve the quality of care and services.

Great headway was made in 2010-2011 with the new standardized user satisfaction evaluation procedure, as the Quality Directorate was able to produce the first user satisfaction analysis reports. During the year, the Quality Directorate completed ten analysis reports concerning patients from 13 units and services in the following programs:

- Mood, Anxiety and Impulsivity Disorders Program
- Psychotic Disorders Program
- Eating Disorders Program
- Geriatric Clinical Services
- General Psychiatry Division for adults residing in the territories of the Sud-Ouest borough
- Child Psychiatry Division
- Intellectual Handicap with Psychiatric Comorbidity Program

The Quality Directorate presented four of the completed analysis reports to the Douglas Board of Directors.

What emerges in particular from the questionnaires is the high level of satisfaction with the friendliness of staff along with their empathy and ability to listen. So far, the lowest scores have been attributed to the physical environment, especially in areas where patients share a room. This is one more argument in favour of renewing the Douglas infrastructure.

In addition to continuing this exercise with new units and clinics, the Douglas Institute's 2011-2012 goal in terms of user satisfaction will be to use the results and user comments from 2010-2011 to implement measures to improve care and services to meet their expectations. This last step will be performed by the teams involved in collaboration with the Quality Directorate.

PERFORMANCE INDICATORS

ACTIVITY INDICATORS

	2010-2011	2009-2010
NUMBER OF BEDS	241	241
SHORT-TERM HOSPITALIZATIONS	1,646	1,561
LONG-TERM HOSPITALIZATIONS	273	253
OUT-PATIENTS (OP)	8,955	10,005
EMERGENCY DEPARTMENT VISITS	4,547	4,444
INCIDENTS/ACCIDENTS	2,007	1,954
CONTROL MEASURES	9,231	8,622

DOUGLAS INSTITUTE STAFF

	2010-2011	2009-2010
HOSPITAL STAFF	1,134	1,148
RESEARCH CENTRE STAFF	284	277
TOTAL	**1,418**	**1,425**
PHYSICIANS (OTHER THAN PSYCHIATRISTS)	10	10
PSYCHIATRISTS*	51	49
PRINCIPAL RESEARCHERS	57	54
ASSOCIATE RESEARCHERS AND CLINICIANS	15	16
RESIDENTS, INTERNS AND STUDENTS	252	256
NURSING STAFF	321	325
PROFESSIONALS	223	230
OTHER CARE STAFF	125	128
OTHER EMPLOYEES	465	465

* Including general practitioners with privileges in psychiatry

EMERGENCY DEPARTMENT

OVERVIEW OF EMERGENCY DEPARTMENT ACTIVITY LEVELS	2010-2011	2009-2010	DEVIATION	VARIATION
OCCUPANCY RATE AT EMERGENCY AND BTU	132%	126%	6%	▲
PERCENTAGE OF STAYS EXCEEDING 48 HOURS ON A STRETCHER	3%	9%	-6%	▼
AVERAGE LENGTH OF STAY (HOURS) ON A STRETCHER	20	27	-7	▼
NUMBER OF VISITS	4,546	4,444	102	▲

INTERNAL SERVICES

1 - OCCUPANCY RATE

	2010-2011	2009-2010	DEVIATION	VARIATION
SHORT TERM	114%	117%	-3%	▼
LONG TERM	114%	113%	1%	▲
ALL INSTITUTE	**114%**	**115%**	**-1%**	▼

2 - AVERAGE LENGTH OF STAY

	2010-2011	2009-2010	DEVIATION	VARIATION
SHORT TERM	29.74	30.56	-0.82	▼
LONG TERM	239.66	246.93	-1.27	▼
ALL INSTITUTE	**59.07**	**59.63**	**-0.56**	▼

3 - PERIOD BEFORE READMISSION

INTERVAL	2010-2011	2010-2011	2009-2010	2009-2010	DEVIATION	VARIATION
00-03 MONTHS	408	41%	342	35%	5%	▲
03-06 MONTHS	129	13%	130	13%	-1%	▼
06-12 MONTHS	149	15%	141	15%	0%	▲
12-24 MONTHS	131	13%	124	13%	0%	▲
24 MONTHS AND +	189	19%	228	24%	-5%	▼
TOTAL	**1,006**	**100%**	**965**	**100%**		

EXTERNAL SERVICES

1- AVERAGE NUMBER OF PATIENTS WAITING FOR ACCESS TO TREATMENT FOR MORE THAN 60 DAYS ON THE LAST DAY OF EACH PERIOD

	2010-2011	2009-2010	DEVIATION	VARIATION
0 TO 18 YEARS*	196	172	24	▲
18 YEARS AND +**	74	103	-29	▼
TOTAL	**270**	**275**	**-5**	▼

* The number of PDD patients is an average of 159 patients in 2010-2011 compared to 64 patients in 2009-2010.

** The number of Eating Disorders patients is an average of 71 patients in 2010-2011 compared to 108 in 2009-2010.

2- AVERAGE WAIT TIME IN DAYS FOR ACCESS TO TREATMENT

	2010-2011	2009-2010	DEVIATION	VARIATION
0 TO 18 YEARS*	106	76	29	▲
18 YEARS AND +**	36	55	-19	▼
TOTAL	**54**	**59**	**-5**	▼

* The average wait time for PDD patients is 200 days in 2010-2011 compared to 123 days in 2009-2010.

** The average wait time for Eating Disorders patients is 115 days in 2010-2011 compared to 166 days in 2009-2010.

3- ACTIVITIES

	2010-2011	2009-2010	DEVIATION	VARIATION
AVERAGE LENGTH OF EXTERNAL FOLLOW-UP (DAYS)	481	486	-5	▼

4- SERVICES IN THE COMMUNITY

	2010-2011	2009-2010	DEVIATION	VARIATION
INTENSIVE FOLLOW-UP (AVERAGE NUMBER OF PATIENTS)	81	74	7	▲
SUPPORT OF VARYING INTENSITY (AVERAGE NUMBER OF PATIENTS)	43	43	0	-

Pierre Nadeau
Head of C.A.D.R.E.

FOLLOW-UP ON RECOMMENDATIONS STEMMING FROM THE PREVIOUS ACCREDITATION REPORT

Following the visit of Accreditation Canada in April 2008, the Douglas received a final approval without conditions in January 2009.

The year 2010-2011 was marked by preparations for the accreditation visit planned for April 2011. As a result, the Quality Directorate continued its work to structure the Douglas Institute's 14 quality teams by holding close to 70 meetings. Meetings held to prepare for the visit helped the quality teams follow up on Required Organizational Practices (ROPs), evaluate the effectiveness of care tools and processes, and implement projects to improve quality, including:

- Action plans in response to red flags from the self-assessment in September 2009
- ROP audits
- User satisfaction evaluations
- A simulation of the accreditation visit
- Activities organized as part of Patient Safety Week

The quality team meetings also led to the standardization of clinical tools throughout the Douglas, such as the:

- Medication reconciliation process upon admission
- Protocol for preventing falls, which was presented to the Douglas Board of Directors
- User identification protocol
- IIP signed by the patient
- List of dangerous medical abbreviations

SECURITY OF CARE AND SERVICES

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

YEAR: 2010-2011

Institution Identification:
13727060

Institution Name:
Douglas Mental Health University Institute

Responder's Name and Title:
Steve Castonguay, Emergency measures and quality consultant

1. QUALITY AND RISK MANAGEMENT COMMITTEE

1.1. Adoption by the Board of Directors:

☑ **yes** ☐ no

1.2. Date of committee's creation: 2006-12-11

1.3. Number of members: 14

1.4. Members' functions:

- Director of Nursing and Quality, Committee President
- Director General
- Director of Professional and Hospital Services
- Director of Clinical Activities, Knowledge Transfer and Teaching
- Director of Technical Services and Facilities
- Assistant to the Director General
- Lawyer of the Institute
- Emergency measures and quality consultant
- 1 Clinical Program Chief
- 1 Council of Physicians, Dentists and Pharmacists (CPDP) representative
- 1 Council of Nurses (CN) representative
- 1 Multidisciplinary Council (CM) representative
- 2 patient representatives

1.5. Number of meetings held by the committee: 5

1.6. Committee's top priorities for the coming year:

- Risks of patient falling
- Risks of medication errors
- Physical assaults
- Inappropriate sexual behaviour
- Medical emergencies
- Patients who have run away or gone missing

1.7. Two risk management programs (implementation or evaluation) that will be applied in the coming year:

- Continued training of health care teams on reporting, disclosing and managing sentinel events as well as increased reporting and disclosure of incidents and accidents
- Risk management dashboard and communication of risks to health care teams

2. DISCLOSURE OF ANY ACCIDENT

2.1. Adoption by the Board of Directors of the following rules:

- providing all necessary information after 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 regulation came into force: 2004-07-28

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

3. DECLARATION OF ALL INCIDENTS AND ACCIDENTS AND COMPILING A LOCAL REGISTER

3.1. Number of incidents declared for the current budgetary year: 156

3.2. Number of declared incidents analyzed: 48

20%	40%	60%	80%	100%
31%				

3.3. Number of declared incidents where measures have been taken to prevent their recurrence: 126

20%	40%	60%	80%	100%
			81%	

3.4. Number of accidents declared for the current budgetary year: 1838

3.5. Number of declared accidents intensely analyzed: 1480

20%	40%	60%	80%	100%
			81%	

3.6. Number of declared accidents where measures have been taken to prevent their recurrence: 1573

20%	40%	60%	80%	100%
			86%	

3.7. Number of accidents resulting in death: 17

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

3.9. Implementation of a local incident and accident registry:

☑ **yes** ☐ no

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

3.11. Number of reports transmitted to the Agency on incidents or accidents declared for the current budgetary year: 4

4. ACCREDITATION SERVICES PROVIDED

4.1. Requested accreditation from an institution:

☑ **yes** ☐ no

4.2. If yes, name of the requested organization:

- Accreditation Canada

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

_____

4.4. Date when this organization will be requested: April 2014

4.5. Acquired accreditation: Accreditation obtained in 2011

☑ **yes** ☐ no

4.6. If yes, type of consent obtained:

- Approval with conditions

4.7 Summary(ies) of report(s) sent (Accreditation was obtained in 2011, the next accreditation visit is scheduled for April 2014)

- to the ministry:

☑ **yes** ☐ no

- to the Agency:

☑ **yes** ☐ no

- to the professional orders concerned:

☑ **yes** ☐ no

5. CORRECTIVE MEASURES IMPLEMENTED TO APPLY A CORONER'S RECOMMENDATIONS

5.1 Of the 15 investigation reports sent by the coroner during the budgetary year, none outlined specific recommendations for the Douglas.

PROCEDURE TO EXAMINE COMPLAINTS, USER SATISFACTION AND RESPECT OF RIGHTS

In accordance with *An Act respecting health services and social services, the Report on the application of the complaint examination procedure on user satisfaction and on the enforcement of user rights* was presented in its abridged form at the meeting of June 16, 2010 of the Board of Directors as well as at the annual public information session held on October 21, 2010.

The abridged version of the *2009-2010 Annual Report on the application of the user complaint examination procedure* was put on-line as a PowerPoint presentation to make it accessible to the public. The *By-Law on the Patient complaint examination procedure* was revised in both languages, in accordance with the expectations of the Management Committee and the Human Resources Directorate. It was posted on the Douglas Web site and Intranet to ensure that it was promoted among and available to the entire hospital community.

TO LEARN **MORE**

Finally, the R*eport on the application of the complaint examination procedure on user satisfaction and on the enforcement of user rights* was sent to senior managers, clinical program chiefs and medical chiefs as well as professional consultants to inform them of the complaints and requests received about all clinical programs and directorates.

NUMBER OF USER COMPLAINTS AND REQUESTS

NUMBER OF REQUESTS REVIEWED BY THE OMBUDSMAN/LOCAL COMMISSIONER	2010-2011	2009-2010
COMPLAINTS*	62	64
REQUESTS FOR ASSISTANCE, INTERVENTION, CONSULTATION AND REACTIVATED FILES	410	477
TOTAL	**472**	**541**

* Total complaints reviewed by the Medical Examiner and the Ombudsman/Local Commissioner.

AVERAGE REVIEW TIME (IN DAYS	2010-2011	2009-2010
COMPLAINTS**	31 DAYS	22 DAYS
REQUESTS FOR INTERVENTION	29 DAYS	28 DAYS
REQUESTS FOR ASSISTANCE	3 DAYS	3 DAYS

** The legally required timeframe for a complaint review is 45 days.

Timeframes for other kinds of requests are not specified.

DOUGLAS INSTITUTE BOARDS AND COMMITTEES

OFFICERS AND ADMINISTRATORS

DOUGLAS INSTITUTE BOARD OF DIRECTORS AS AT MARCH 31, 2011

Officers

Claudette Allard, President

Michel Lamontagne, Vice-President

Donald Prinsky, Treasurer

Jacques Hendlisz, Secretary

Administrators

Pierre Arcand

Shari R. Baum (until May 19, 2010)

Samuel Benaroya

geneviève bich

Martha Bishop (until November 17, 2010)

François Bourque (until September 15, 2010)

Ginette Cloutier

Alain Dagher (until May 19, 2010)

France Desjardins

Simon Ducharme (from October 20, 2010)

Marie Giguère

André Giroux

Jacques Hurtubise

Pascale Martineu

Deborah Nasheim

François Neveu

Karine Ravenelle (from January 19, 2011)

Willine Rozefort, MD

Douglas Institute Management Committee

Jacques Hendlisz, President
Director General

Michel Dalton
Director, Financial and Informational Resources

Amparo Garcia
Clinical-administrative Director, Clinical, Knowledge Transfer and Teaching Activities

Michelle Gilbert
Director, Human Resources

Mimi Israël, MD
Psychiatrist-in-Chief

Jocelyne Lahoud, MGP
Administrative Director, Research Centre

Hélène Racine
Director, Nursing and Quality and Risk Management

Ronald Sehn, Eng.
Director, Technical Services and Facilities

Jean-Bernard Trudeau, MD
Director, Professional and Hospital Services
Medical Director, Clinical, Knowledge Transfer and Teaching Activities

Nicole Germain
Assistant to the Director General

Jane H. Lalonde (observer)
President and Chief Operating Officer, Douglas Institute Foundation

Lyna Morin (observer)
Acting Department Head, Communications and Public Affairs (until September 16, 2010)

Renée Sauriol
Director, Communications and Public Affairs (from September 16, 2010)

Multidisciplinary Council

Bartholomew Crago, Acting President

Council of Nurses

Rachid Dahmani, President

Council of Physicians, Dentists and Pharmacists

Jacques Tremblay, MD, President

DOUGLAS INSTITUTE RESEARCH CENTRE BOARD OF DIRECTORS AS AT MARCH 31, 2011

Officers

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

Administrators

Michel Dalton
Abraham Fuks, MD
Alain Gendron, PhD
Jacques Hendlisz
Ridha Joober, MD, PhD
Jane H. Lalonde
Marc Laporta, MD
Jocelyne Monty
Marianna Newkirk, PhD
Rémi Quirion, PhD
Patrice Roy, PhD
Geeta Thakur, student representative

Research Centre Management Committee

Jocelyne Lahoud, MGP, President
Administrative Director of the Research Centre

Anne Crocker, PhD
Director, Services, Policy and Population Health Research Theme

Amparo Garcia
Clinical-Administrative, Director, Clinical, Knowledge Transfer and Teaching Activities

Natalie Grizenko, MD
Medical Chief, Child and Adolescent Psychiatry

Bruno Giros, PhD
Researcher

Mimi Israël, MD
Psychiatrist-in-Chief

Suzanne King, PhD
Director, Psychosocial Research Division

Martin Lepage, PhD
Director, Brain Imaging Group

Ashok Malla, MD
Director, Clinical Research Division

Michael Meaney, PhD
Associate Scientific Director

Naguib Mechawar, PhD
Director, Mood, Anxiety and Impulsivity-related Disorders Research Theme

Lindsay Naef
Student representative

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

Duncan Pedersen, PhD
Associate Scientific Director, International Programs

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

Rémi Quirion, O.C., PhD, C.Q., FRSC
Scientific Director, Research Centre

Joseph Rochford, PhD
Director, Academic Affairs

Howard Steiger, PhD
Chief, Eating Disorders Program

Gustavo Turecki, MD, PhD
Director, McGill Group for Suicide Studies

Claire-Dominique Walker, PhD
Director, Neuroscience Research Division

Jacques Hendlisz (observer)
Director General

Renée Sauriol (observer)
Director, Communications and Public Affairs

Health and Safety Committee

Giamal Luheshi, PhD, President

Christian Caldji
Research Associate

Donald Collins
Assistant to the Director of Technical Services

Marie-Ève Desaulniers
Animal Health Technician

Doris Dea
Research Assistant

Yvan-André Dumont
Biochemist

Jocelyne Lahoud
Administrative Director, Research Centre

Aude Villemain
Research Assistant

Brain Bank

Sam Lal Douglas Institute Brain Bank

Naguib Mechawar, PhD, Director
Danielle Cécyre, Coordinator

Québec Suicide Brain Bank

Naguib Mechawar, PhD, Director
Gustavo Turecki, MD, PhD, Co-Director
Danielle Cécyre, Coordinator

Montreal WHO/PAHO Collaborating Centre for Research and Training in Mental Health

Marc Laporta, MD, Director

McGill Group for Suicide Studies

Gustavo Turecki, MD, PhD, Director

McGill University Centre for Studies in Aging

Jens Pruessner, PhD, Director

Brain Imaging Group

Martin Lepage, PhD, Director

DOUGLAS INSTITUTE FOUNDATION BOARD OF TRUSTEES AS AT MARCH 31, 2011

Officers

Marie Giguère, President
Joseph Iannicelli, Vice-President
Michael Novak, Vice-President
Martin Beauchamp, Treasurer
Jane H. Lalonde, Secretary

Trustees

Roger Beauchemin Jr.
geneviève bich
Bernard Bussières
Jocelyne Chevrier
Normand Coulombe, CA, CFA
Peter Daniel
Brian Lindy
Daniel Mercier
François C. Morin
François L. Morin
Meredith Webster

Members Ex-officio

Mary Campbell
Jacques Hendlisz
Mimi Israël, MD
Rémi Quirion, PhD

Lyse Bourgon
Administrative technician

COUNCIL OF NURSES

President: Rachid Dahmani

In 2010-2011, the Council of Nurses (CN) ensured that the duties of its members were in keeping with the Douglas Institute's objectives in terms of:

- pursuing excellence and integrating clinical, teaching and research activities
- improving knowledge and influencing policy in the field of mental health
- reinforcing the results-based culture

Integration of best practices in nursing

The CN helped integrate best practices in nursing by sitting on the Nursing Quality Council and the Research Ethics Committee.

Implementing Bill 90

The CPR trainer project was successfully implemented. The related training project on BLS (Basic Life Support) will be offered to care providers in March 2011.

Organization of nursing

The CN evaluated the development of the youth committee, the SIR60 project, and the training project in mental and physical assessments.

Electronic patient record

Nurses continue to participate in the implementation of the Electronic Patient Record (EPR). The CN is in favour of letting Douglas Institute employees use social networks for clinical and educational purposes.

Nurse retention

The CN supported the creation of the Youth Committee, which met several times and provided OIIQ exam preparation to nursing candidates.

MULTIDISCIPLINARY COUNCIL

Vice-President and Acting President: Barry Crago

For 2010-2011, the Multidisciplinary Council (MC) targeted the following objectives:

Improve the visibility of the MC and promote its role

The MC attended each orientation day for newly hired professionals at the Douglas to improve the Council's visibility and explain its mandate and activities.

A year ago, the MC created a communication tool, the "L'interdisciplinaire" e-newsletter. Two issues were published.

Improving professional practices

A meeting was held in November with Douglas professional chiefs to discuss the importance of integrating peer review into the professional culture. The MC is committed to encouraging members to serve on a peer review committee and to promote existing committees.

Philosophy of recovery

This year, the MCs of the Douglas Institute and Robert-Giffard Institute met for a panel discussion on the theme of recovery. As this theme now underpins the vision of the Douglas Institute's new strategic plan, the MC will continue to address the evolution of mental health practices in the context of recovery.

COUNCIL OF PHYSICIANS, DENTISTS AND PHARMACISTS

President: Jacques Tremblay, MD

In 2010-2011, the Council of Physicians, Dentists and Pharmacists (CPDP) addressed a number of topics, as outlined below.

Approval – Policies, procedures and regulations

At the request of the Department of General Medicine:

- Protocol on victims of sexual assault.
- Medical order No. 14 (oropharyngeal airway).
- Medical order No. 15 (semi-automatic defibrillator monitor).
- Laboratory analysis sheet.
- Regulation 16 "Admission and hospitalization conditions for people with contagious or infectious diseases."
- Emergency department assessment protocol.

At the request of the Pharmacology Committee:

- Study on lithium, with a view to having the Nursing Directorate implement the prescription in outpatient clinics.
- Procedure for the on-call service in the Department of Pharmacy.
- Pharmacology Bulletin, Vol. 16, No. 1 and No. 2.
- Monitoring form for patients receiving parenteral opioids.
- Procedure manual of the Department of Pharmacy.
- Amendments to the Bio-K Protocol.
- Withdrawal of the Tamiflu prescription.

At the request of the Professional and Hospital Services Directorate:

- Policy on access to services for ethnocultural communities and allophone or English-speaking individuals.
- Statutory report on the application of the complaint examination procedure on user satisfaction and on the enforcement of user rights.

At the request of the Office of the Director General:

- Evaluation of the Douglas Institute strategic plan.

Medical follow-up reports – Orders for treatment

A procedure was set up to help identify treating physicians and ensure effective follow up. This initiative has greatly improved medical follow-up reports for orders for treatment.

Strategic retreat

On two occasions in 2010, close to forty members attended study days to discuss the recommendations of the Collège des médecins du Québec. The goal was to formulate explicit evaluation criteria to document conditions before and after the implementation of corrective measures. The results of these study days were presented in April 2011.

Medical, Dental and Pharmaceutical Evaluation Committee

This year, the Committee looked at the following studies:

- Recommendation of two disciplinary committees on record keeping and the expectations of parents from the Child Psychiatry Program
- 51 medical follow-up reports following an order for treatment
- Quality of internal notes.

In the company of the President and Secretary of the Subcommittee on Suicides and Unusual Deaths and a representative of the CPDP, the President of the MDPEC met the Director of Quality, who is also the representative of the Vigilance and Quality Committee, to improve communication between the Vigilance and Quality Committee and the Subcommittee on Suicides and Unusual Deaths. Following this meeting, a procedure and quality assessment table were developed to help the committee make more precise recommendations and determine the exact number of cases to study.

Pharmacology Committee

This year, the Pharmacology Committee reviewed the use of medications, including the collective prescription for lithium and the descriptive analysis and study of extrapyramidal side effects caused by aripiprazole.

The Committee also changed the duration of automatic treatment with nebulizer medications and approved domperidone (Motilium) as an automatic substitution by pharmacists for metoclopramide (Maxeran), which is contraindicated for the elderly and psychiatric patients (extrapyramidal side effects). In addition, the committee developed a template for requests to add or withdraw medications from the Institute formulary.

VIGILANCE AND QUALITY COMMITTEE

President: Michel Lamontagne

The Vigilance and Quality Committee is composed of five members, including the Director General, the Local Complaints and Service Quality Commissioner (Ombudsman), and two other members chosen by the Board from members who do not work for the Douglas or who do not practice their profession in the institution, including one member designated by the Beneficiaries' Committee. Finally, the Committee routinely invites the Director of Quality and the Director of Professional and Hospital Services to attend meetings. Committee members cannot be replaced during their term of office. As necessary, the committee may enlist the ad hoc participation of other resource people to help it carry out its mandate. Except for the Director General, no other members of this committee may sit on the Risk Management Committee.

The Vigilance and Quality Committee meets four times per year and ensures that the Board of Directors efficiently fulfils its responsibilities in terms of service quality. For this purpose, the Vigilance and Quality Committee:

- Follows up on the recommendations of the Ombudsman, or the public protector in relation to health and social services, for any complaint lodged or for any services that were provided in accordance with *An Act respecting health services and social services* (ARHSSS).
- Coordinates all activities of other bodies established within the institution to fulfill the responsibilities relating to any of the items mentioned below (section 181.0.3 of the ARHSSS) and follows up on their recommendations:

1° Receive and analyze reports and recommendations sent to the Board regarding the relevance, quality, safety or effectiveness of services provided, the enforcement of patient rights, or the processing of their complaints;

2° Establish systematic links between these reports and recommendations and draw the necessary conclusions to make recommendations as set out under paragraph 3;

3° Make recommendations to the Board regarding any follow up that must be performed as a result of these reports or recommendations with the aim of improving the quality of patient services;

4° Ensure that the Board applies any recommendations that it has made pursuant to paragraph 3;

5° Promote collaboration and cooperation among the stakeholders mentioned in paragraph 1;

6° Ensure that the Ombudsman has the human, material and financial resources necessary to carry out his or her responsibilities effectively and efficiently;

7° Perform any other function as deemed appropriate by the Board in view of the Committee's mandate.

Impact of the Committee's operations on its mandate

Committee members are very aware of their roles of vigilance and monitoring and have adopted a procedure to keep track of relevant events in real time between meetings to ensure follow-up by the appropriate bodies and to keep the Board of Directors well informed.

A representative of the Beneficiaries' Committee is a member of the committee, and the President of the Risk Management Committee as well as the Director of Professional and Hospital Services are routinely invited to Committee meetings, which makes it easy to perform follow-up in a timely and appropriate manner.

The meeting agenda consistently includes recurring items related to the Committee's entire mandate along with new business that is not recurrent.

Ten days before the meetings, committee members are invited to contribute to the agenda and submit any relevant documents, which members receive seven days before the Committee meetings and which they must read before the meeting. Seven days before Board meetings, these same members are invited to inform the Committee President of any relevant development that should be presented at the next Board meeting.

The Beneficiaries' Committee and the Risk Management Committee report periodically and directly to the Board about the nature of their mandate; however, their presence on the Vigilance and Quality Committee is necessary to ensure effective coordination so that nothing is overlooked.

Follow-up on the Ombudsman's recommendations

Fifty files were reviewed by the Local Service Quality and Complaints Commissioner in 2010-2011.

Modifications and additions to the follow-up table meant that the members of the VQC were informed right away of the different complaints, of any suggested recommendations, and of the implementation of these recommendations. Commitments aiming to improve services are the focus of the VQC's activities.

Moreover, a register of measures identified by the medical examiner and the examiner's substitutes are routinely monitored by the Board of Director's VQC—in keeping with the measures identified by the commissioner—in accordance with the guidelines of the Direction de la qualité of the Ministère de la Santé et des Services sociaux to respect user rights and improve services. The VQC also follows up on the recommendations of the Complaint Review Committee and the Risk Management Committee.

In 2010-2011, the VQC also modified its follow-up registry. This tool greatly facilitates the review of key events.

During the past year, the VQC's work led to a flow chart on sentinel event management.

Overall, the VQC worked highly effectively in 2010-2011, as it was able to systematically monitor seventeen files in terms of recommendations and corrective measures.

BENEFICIARIES' COMMITTEE

Co-Presidents: Pierre Arcand and Jancy Bolté

Established in 1955, the Beneficiaries' Committee at the Douglas Institute is the oldest patient committee in Canada. Its mandate is to advise Douglas users of their rights and responsibilities, make suggestions to improve their quality of life, and bring their concerns to the attention of the right people, both internally and externally.

In accordance with section 212 of *An Act respecting health services and social services*, the Beneficiaries' Committee fulfilled the following duties in 2010-2011:

DUTIES	NUMBER OF ACTIONS
INFORM USERS OF THEIR RIGHTS AND RESPONSIBILITIES.	36
PROMOTE IMPROVEMENT OF USERS' LIVING CONDITIONS.	30
ASSESS USERS' SATISFACTION LEVEL REGARDING SERVICES RECEIVED FROM THE INSTITUTION.	11
DEFEND THE COLLECTIVE RIGHTS AND INTERESTS OF USERS.	27
UPON REQUEST, DEFEND USER RIGHTS AND INTERESTS BEFORE THE INSTITUTION OR ANY OTHER COMPETENT AUTHORITY.	3
UPON REQUEST, ACCOMPANY A USER IN ANY ACTION UNDERTAKEN, INCLUDING FILING A COMPLAINT WITH THE OMBUDSMAN OF THE DOUGLAS OR THE HEALTH AND SOCIAL SERVICES OMBUDSMAN.	6
UPON REQUEST, ASSIST A USER IN ANY ACTION UNDERTAKEN, INCLUDING FILING A COMPLAINT WITH THE OMBUDSMAN OF THE DOUGLAS OR THE HEALTH AND SOCIAL SERVICES OMBUDSMAN.	244

TO LEARN **MORE**

RISK MANAGEMENT/ INFECTION CONTROL COMMITTEE

President: Hélène Racine

In 2010-2011, the Risk Management/Infection Control Committee addressed the following topics:

Patient use of cell phones and other electronic devices

The welcome guide for patients and their families published in March 2011 and launched throughout the Institute in early April described the appropriate use of cell phones and other devices. In 2011, a tour to promote the guide will be offered to all clinical programs.

Dashboard

A draft of the quality and risk management dashboard was presented to the members of the Risk Management Committee in March 2010. This work continued in 2010-2011. A new dashboard with new indicators could be developed in 2011.

Sentinel events

All sentinel events during the year were studied and compiled in a report analyzing the root causes. In 2010-2011, 16 serious or sentinel events were discussed, and recommendations were issued for each. These recommendations were sent to the managers of the departments concerned, and action plans were developed or are being developed to reduce the recurrence of similar types of events.

Patient sexuality

This topic was brought to the attention of the Risk Management Committee in December 2009. Moreover, the quality assessment visit of the MSSS gave rise to the following recommendation: "*develop the site to allow residents to express feelings or affection for another person and to express their sexuality.*" In 2010, a Risk Management Committee created a sub-committee to provide care teams with organizational, structural and professional strategies regarding how Douglas Institute patients can express their sexuality. In 2011, the Committee on Sexuality will develop a policy based on the concept of "Healthy Sexuality," which seeks a balance between protecting users and recognizing their basic needs, including the expression of their sexuality.

Extreme heat

During the summer of 2010, five patients followed in our foster homes died from heat-related causes despite the regional heat plan that had been deployed. All care providers who visited these residences invited patients to follow the instructions set out in the plan. In 2011, the plan will be revised so that everyone is ready when the heat strikes again.

Emergency Codes Committee

The Emergency Codes Committee is a sub-committee of the Risk Management Committee and is responsible for reporting to us on the major events related to code whites, blues, reds and yellows. The role of the Emergency Codes Committee is to monitor the impact of emergency codes, analyze the resulting actions taken,

Michel Veilleux
Stationary engineer

and recommend improvements to response procedures at the Douglas, all while ensuring patients' best interests. The Emergency Codes Committee produces a report on the decisions taken and tables it at each meeting of the Risk Management Committee.

Infection Control Committee

The mandate of the Infection Control Committee stems from the Douglas Institute's duty to collect epidemiological information. We must be informed of problems and ensure that standards are met. As a result, we need to adhere to recognized medical and paraclinical practices that are based on the scientific literature. Like the Emergency Codes Committee, this committee reports to us on its main work. In addition, the committee submits its dashboard to us on the number of infections in our organization.

Addiction Committee (*ad hoc*)

A committee was formed to analyze all problems related to substance abuse. During 2009-2010, the committee was responsible for developing a policy and procedure on drug abuse to guide clinical staff in their work. The policy and procedure were approved by the Management Committee in 2010 and are available on the Intranet. In 2011, tours to promote these documents will be held for outpatient services.

Closure of foster homes

Throughout the year, the Risk Management Committee informed its members about the status of foster homes and family-type resources (closed, pending litigation, inspection report, etc.).

Inter-hospital transfers

On October 1, 2009, a transfer process with the Verdun Hospital Centre was tabled with the Risk Management Committee. Since then, the Douglas Institute has created a vigilance committee to allow all clinical staff to report any problems with patient transfers to the Director of Professional Services (DPS). In 2010, an agreement was reached with the Centre hospitalier de LaSalle. Discussions will continue in 2011.

DOUGLAS INSTITUTE HUMAN RESOURCES

OUR VALUES

Committed to the recovery of people living with mental health problems, the Douglas values excellence, innovation, and human potential based on commitment and collaboration.

Excellence

Have the courage to apply best practices with rigour, to question and assess ourselves, to integrate research into all of our activities, and to be a learning organization. Strive to achieve an optimal level of organizational efficiency.

Innovation

Provide a stimulating and dynamic environment, where new knowledge is developed in order to better understand, share, care, and give hope.

Human potential

Value potential and believe in people's ability to reach new heights. Build on existing knowledge through initiatives supported by sharing and partnering.

Commitment

Carry out our mission to improve the quality of life of people living with mental health problems.

Collaboration

Ensure that patients play an active role in the decisions pertaining to their care, and work with the interdisciplinary team towards their recovery. Develop and strengthen internal, community, academic, scientific, and international partnerships to make our vision a reality.

Terry Williams
Rehabilitation assistant

DOUGLAS HOSPITAL HUMAN RESOURCES

In accordance with requirements of the Ministère de la Santé et des Services sociaux, the following table provides data on resources employed by the Douglas Hospital.

DOUGLAS HOSPITAL STAFF

	CURRENT YEAR	PREVIOUS YEAR
		The system cannot go back in time for certain data.
MANAGERS AS OF MARCH 31, 2011		
FULL TIME (excluding those with job stability)	80	74
PART TIME NUMBER OF PEOPLE: FULL-TIME EQUIVALENTS **(A)** (excluding those with job stability)	2	1
NUMBER OF MANAGERS WITH JOB STABILITY	NONE	NONE
REGULAR EMPLOYEES AS OF MARCH 31, 2011		
FULL TIME (excluding those with job stability)	657	664
PART TIME NUMBER OF PEOPLE: FULL-TIME EQUIVALENTS **(A)** (excluding those with job stability)	108	115
NUMBER OF MANAGERS WITH JOB STABILITY	1	1
CASUAL EMPLOYEES		
NUMBER OF HOURS COMPENSATED DURING THE YEAR	352,250	303,075
FULL-TIME EQUIVALENTS (**B**)	191	166

(A) The full-time equivalent for managers and regular employees is calculated as follows:
Number of working hours under the contract divided by Number of working hours of a full-time employee from the same job category.

(B) The full-time equivalent for casual employees is calculated as follows:
Number of paid hours divided by 1826 hours

TO LEARN **MORE**

FINANCIAL STATEMENTS AND ANALYSIS OF OPERATING RESULTS

FINANCIAL STATEMENTS AND ANALYSIS OF OPERATING RESULTS

TO THE MEMBERS OF THE BOARD OF DIRECTORS OF THE DOUGLAS HOSPITAL

Report on Financial Statements

We have audited the Douglas Hospital's financial statements included in the audited section of the annual financial statement, which comprises the balance sheets for operating funds, the capital asset fund, special purpose funds, allocated funds and the parking fund as at March 31, 2011, as well as the income statements and balance sheets of the same funds for the year ending on that date. The audited financial statements also include the balance sheets of the trust fund and the combined balance sheet as at March 31, 2011, as well as the combined income statements, balance sheets, and cash flows for that year. These statements also include a summary of the main accounting methods used and other explanatory information about the audited section. This financial statements report does not include measuring units or the hours worked and paid that are presented on pages 330, 352, 650 and 660, as these are the subject of a separate audit report.

Responsibility of management in relation to financial statements

Management is responsible for preparing and faithfully representing these financial statements in accordance with Canadian accounting standards for the public sector as well as for the internal control mechanisms it deems necessary to ensure that the financial statements are free of material misstatement, whether caused by fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on the financial statements based on our audit. We conducted our audit in accordance with auditing standards generally recognized in Canada. These standards require us to comply with ethical requirements and to plan and perform the audit to obtain reasonable assurance that the financial statements are free of material misstatement.

An audit involves performing procedures to collect corroborating evidence for the amounts and information provided in the financial statements. The procedures are selected based on the auditor's judgement, particularly his or her assessment of the risks that the financial statements contain material misstatement, whether caused by fraud or error. While assessing these risks, the auditor considers the entity's internal control mechanisms in relation to the preparation and faithful representation of its financial statements before creating audit procedures that are appropriate for the circumstances. The auditor's goal is not to express an opinion on the effectiveness of the entity's internal control mechanisms. An audit also includes an evaluation of the appropriateness of the accounting policies used, the reasonableness of the accounting estimates made by management, as well as an evaluation of the overall presentation of the financial statements.

We believe that the corroborating evidence we obtained is sufficient and appropriate to form a qualified audit opinion.

Basis of qualified audit opinion

As mentioned in Note 3, liabilities arising from obligations to employees who are on parental leave and who receive disability insurance and from severance pay to eligible senior executives at the end of their term of office are not included in the operating fund balance sheet, which is a departure from Canadian accounting standards for the public sector.

Qualified opinion

In our opinion, except for the impact of the problems described under "Basis for qualified opinion" above, the financial statements represent, in all significant respects, a faithful portrait of the financial position of the Douglas Hospital as at March 31, 2011, as well as of its operating results, change in net debt, and cash flows for the year ending on this date, in accordance with Canadian accounting standards for the public sector.

Other points

Without modifying our opinion, we would like to draw attention to Note 3 of the financial statements, which indicates that the Douglas Hospital has adopted Canadian accounting standards for the public sector as of April 1, 2010. Our mandate was not to report on the comparative information of March 31, 2010, meaning that this information has not been audited.

Report on other legal or legislative obligations

In accordance with section 293 of Quebec's Act respecting health services and social services, with Schedule 1 of the Institutions and Regional Councils (Financial Management) Regulation, and on the basis of corroborating evidence obtained during our audit of the financial statements, it is our opinion that the institution is compliant in all material respects with:

- The provisions of the aforementioned Act and its related regulations, as pertaining to the institution's income or expenses;
- The explanations and definitions relating to the preparation of the annual financial report;
- The definitions contained in the Manuel de gestion financière published by the Ministère de la Santé and des Services sociaux in its accounting practices.

Name of auditor:
Pierre Vallerand, CA
Chartered Accountant, Auditor No. 14557

Name of independent audit firm:
Raymond Chabot Grant Thornton S.E.N.C.R.L.

Address:
National Bank Tower
600 De la Gauchetière West
Suite 1900
Montreal, Quebec H3B 4L8

Phone: 514-878-2691
Fax: 514-878-2127

Independent audit firm

Date: June 15, 2011

DOUGLAS HOSPITAL – BALANCE SHEET AS AT MARCH 31, 2011

	OPERATING FUNDS [1]		SPECIAL PURPOSE FUNDS	
	2010-2011	2009-2010	2010-2011	2009-2010
ASSETS				
SHORT-TERM ASSETS				
CASH	$8,781,156	$3,774,603	$163,347	$35,319
SHORT-TERM INVESTMENTS	$3,000,000	$12,000,000	$475,000	$475,000
RECEIVABLES - AGENCY & MSSS	$4,568,826	$0	$0	$0
OTHER RECEIVABLES	$7,655,527	$7,885,456	$9,714	$32,386
PREPAID EXPENSES	$495,711	$427,946	$0	$0
INVENTORIES	$255,707	$293,002	$0	$0
INTERFUNDS RECEIVABLES	$2,447,403	$3,464,734	$0	$0
OTHER ITEMS	$20,494	$36,880	$3,855	$1,348
TOTAL - SHORT-TERM ASSETS	**$27,224,824**	**$27,882,621**	**$651,916**	**$544,053**
SUBSIDY RECEIVABLE - ACCOUNTING REFORM	$8,499,252	$8,460,625	$0	$0
OTHER ASSETS	$389,087	$526,782	$0	$0
TOTAL ASSETS	**$36,113,163**	**$36,870,028**	**$651,916**	**$544,053**
LIABILITIES				
SHORT-TERM LIABILITIES				
PAYABLES - AGENCY & MSSS	$-	$3,313,244 [2]	$-	$-
OTHER PAYABLES	$23,115,755	$23,836,685	$0	$0
INTERFUNDS DEBTS	$0	$0	$7,347	$3,166
DEFERRED REVENUES	$12,418,703	$9,222,524	$0	$0
OTHER ITEMS	$10,417	$10,417	$0	$0
TOTAL - SHORT-TERM LIABILITIES	**$35,544,875**	**$36,382,870**	**$7,347**	**$3,166**
LONG-TERM LIABILITIES				
DEFERRED REVENUES	$0	$0	$644,569	$540,887
OTHER LIABILITIES	$70,197	$18,309	$0	$0
TOTAL LIABILITIES	**$35,615,072**	**$36,401,179**	**$651,916**	**$544,053**
FUND BALANCE	$498,091	$468,849	$0	$0
TOTAL - LIABILITIES AND FUND BALANCE	**$36,113,163**	**$36,870,028**	**$651,916**	**$544,053**

[1] The balance sheet includes the operations of the Douglas Hospital and the Douglas Hospital Research Centre.

[2] The Agence de la santé et des services sociaux de Montréal notified the Douglas Hospital that it will recuperate $3,500,000 from cumulated surpluses.

DOUGLAS HOSPITAL – INCOME STATEMENT FOR YEAR ENDING MARCH 31, 2011

CURRENT ACTIVITIES

	2010-2011	2009-2010
REVENUES		
AGENCY AND MHSS	$85,723,098	$84,134,762
BENEFICIARIES (IN-PATIENTS' CONTRIBUTION)	$6,027,335	$6,213,494
SERVICES RENDERED	$155,647	$140,963
OTHER REVENUE SOURCES	$1,316,643	$1,025,716
TOTAL REVENUES	**$93,222,723**	**$91,514,935**
EXPENSES		
SALARIES	$44,055,511	$44,131,146
EMPLOYEE BENEFITS AND EMPLOYER CONTRIBUTIONS	$18,338,914	$18,654,321
NON-INSTITUTIONAL RESOURCES	$14,461,086	$14,321,169
MEDICATION AND MEDICAL SUPPLIES	$1,370,950	$1,574,389
FOOD	$952,206	$967,795
MAINTENANCE SUPPLIES, HOUSEKEEPING AND LAUNDRY	$905,035	$796,899
FACILITIES OPERATIONS	$1,835,113	$2,887,768
FACILITIES MAINTENANCE AND REPAIR	$3,108,097	$1,371,786
ADMINISTRATIVE COSTS	$2,170,049	$2,265,557
OTHER EXPENSES	$5,226,779	$3,971,589
TOTAL EXPENSES	**$92,423,740**	**$90,942,419**
SURPLUS OF REVENUES OVER EXPENSES	**$798,983**	**$572,516**
FOR INFORMATION ONLY:		
CONTRIBUTIONS FROM OR ATTRIBUTED TO OTHER FUNDS:		
FROM THE EQUITY AND OTHER FUNDS	$-	$-
ATTRIBUTED TO THE CAPITAL ASSET FUND - SELF-FINANCED PROJECTS	-$572,517	-$572,516
ATTRIBUTED TO THE CAPITAL ASSET FUND - OTHERS	-$197,224	$0
SURPLUS OF REVENUES OVER EXPENSES INCLUDING CONTRIBUTIONS FROM OR ATTRIBUTED TO OTHER FUND	**$29,242**	**$-**

DOUGLAS HOSPITAL – INCOME STATEMENT FOR YEAR ENDING MARCH 31, 2011

INCIDENTAL ACTIVITIES

	2010-2011	2009-2010
REVENUES		
PUBLIC & PARAGOVERNMENTAL REVENUE SOURCES		
AGENCY AND MHSS	$4,640	$183,675
FONDS DE RECHERCHE EN SANTÉ DU QUÉBEC	$1,527,683	$1,437,331
FEDERAL GOVERNMENT	$12,130,041	$10,076,655
OTHERS	$260,759	$1,821,201
COMMERCIAL REVENUES	$404,794	$372,669
OTHER REVENUE SOURCES	$6,033,98	$4,823,635
TOTAL REVENUES	**$20,361,898**	**$18,715,166**
EXPENSES		
SALARIES	$11,846,358	$10,449,610
EMPLOYEE BENEFITS AND EMPLOYER CONTRIBUTIONS	$1,869,576	$1,522,450
OTHER EXPENSES	$6,394,965	$6,135,928
TOTAL EXPENSES	**$20,110,899**	**$18,107,988**
SURPLUS OF REVENUES OVER EXPENSES	**$250,999**	**$607,178**
FOR INFORMATION ONLY:		
CONTRIBUTIONS FROM OR ATTRIBUTED TO OTHER FUNDS:		
FROM THE EQUITY AND OTHER FUNDS	$-	$-
ATTRIBUTED TO THE PARKING FUND	-$130,647	-$130,730
ATTRIBUTED TO THE CAPITAL ASSET FUND	-$120,352	-$476,448
SURPLUS OF REVENUES OVER EXPENSES INCLUDING CONTRIBUTIONS FROM OR ATTRIBUTED TO OTHER FUNDS	**$-**	**$-**

DOUGLAS HOSPITAL – DONATIONS FROM A FOUNDATION AS AT MARCH 31, 2011

DOUGLAS HOSPITAL (SPECIAL PURPOSE FUND)

DONATIONS FROM THE DOUGLAS MENTAL HEALTH UNIVERSITY INSTITUTE FOUNDATION	**$52,911**
DONATIONS ARE DESIGNATED TO THE FOLLOWING PROGRAMS:	
MEMORY CLINIC - COGNITIVE RETRAINING	$12,800
CHILDREN RELATED ACTIVITIES	$11,207
VARIOUS FUNDS FOR SPECIAL PURPOSES	$28,904
TOTAL	**$52,911**

DOUGLAS HOSPITAL RESEARCH CENTRE

DONATIONS FROM THE DOUGLAS MENTAL HEALTH UNIVERSITY INSTITUTE FOUNDATION	**$1,168,383**
DONATIONS ARE DESIGNATED TO THE FOLLOWING PROGRAMS:	
RESEARCH ACTIVITIES	$1,000,000
WORLD HEALTH ORGANIZATION	$56,000
VARIOUS FUNDS FOR SPECIAL PURPOSES	$112,383
TOTAL	**$1,168,383**

RETURN TO A BALANCED BUDGET

In relation to the implementation of Bill 100, *An Act to implement certain provisions of the Budget Speech of March 30, 2010, reduce the debt and return to a balanced budget in 2013-2014*, the Douglas is proud to have achieved its overall goal, which it even surpassed.

The overall expense reduction goal of $552,105 was exceeded, with a reduction in spending of $631,465. We therefore managed to reduce costs by 14% more than expected.

	GOAL	RESULT	
	$88,338	$37,887	STAFF
	$463,767	$593,578	TRAINING, TRAVEL, ADVERTISING
TOTAL	**$552,105**	**$631,465**	
HOURS	1,974	4,273	REDUCTION OF WORKING HOURS

The goal to reduce management and administrative positions exceeded the target in terms of hours worked by 116%. However, certain factors limited the goal met in dollars to 43%.

With regard to measures to reduce training, travel and advertising expenses, the goal was exceeded by 28%.

DIRECTORS' CODE OF ETHICS

INFRINGEMENTS OR BREACHES

In 2010-2011, there were no infringements or breaches related to Board member responsibilities or obligations.

General duties and obligations of members of the Board of Directors

In carrying out their mandate as Directors of the Douglas, the Board of Directors of the Douglas must:

- Become familiar with the Mission Statement of the Douglas and the purposes, constitution, by-laws, and policies of the Hospital in order to fulfill the tasks associated with their positions with a maximum awareness of the priorities of the Douglas as established by its Board;
- Constantly promote respect for human life and the rights of the population to receive quality health care;
- Actively participate in the work of the Board and its committees, in a spirit of cooperation, in order to plan and implement the general orientations and operations of the Douglas;
- Attend meetings;
- Vote on resolutions when required;
- Act courteously and in good faith in order to maintain the trust and confidence which their position requires;
- Act with diligence, integrity, honour, dignity, honesty, and impartiality in the interests of the Douglas and the population it serves;
- Act vigorously, prudently, and independently, with integrity as well as objectivity and moderation;
- Be loyal and frank towards all other Board members and at no time act in bad faith or dishonesty;
- Maintain confidentiality with respect to debates, exchanges, and discussions which take place in camera.

Specific duties

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

- Act within the limits of the powers conferred upon Directors by law;
- Carry out his or her activities as a Director independently from the promotion and conduct of any professional or business activities;
- When representing the Douglas, faithfully reflect the general plans and objectives of the Hospital and avoid any comment or behaviour likely to discredit or disparage the Hospital or its Board.

Rules related to conflicts of interest

A member of the Board of Directors of the Douglas 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 Douglas;

- 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 Douglas or whenever personal, family, social, professional, or business relationships or the public expression of an idea or an opinion or any outward showing of hostility or favoritism by the Board member may influence his or her objectivity, judgment, or independence; such notice shall be addressed to the Board in writing and delivered to the chairperson or the Director General; an "interest" may include, but without restriction, an interest in any corporation, partnership, or business engaged in, or likely to enter into, agreements with the Hospital or to provide professional services to the Douglas;
- Whenever a matter is brought before the Board which gives rise to a situation described in the paragraph above, abstain from participating in any deliberation 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 in order to obtain, 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 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.

Pratices related to remuneration

A member of the Douglas Hospital Board of Directors 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, loan discharge or reduction, or other advantage or consideration of a nature that could compromise the Board members impartiality, judgment, or loyalty;
- Refrain from paying, offering to pay, or undertaking to offer any person a gift, legacy, recompense, favour, commission, reduction, discount, loan or loan discharge or reduction, or other advantage or consideration of a nature that could 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 Douglas for any benefit or advantage contrary to this Code, to the full extent of the advantage or benefit received.

Behaviour after leaving the Board

After the expiry or termination of his or her mandate, a former Board member shall at all times:

- Maintain the confidentiality of any information, debate, exchange, or discussion of any nature whatsoever of which he or she became aware in the exercise of his or her capacity as a Board member;
- Respect and extend courtesy to the Douglas and its Board.

Sanctions

A Board member who is found, upon due inquiry and after having been afforded the opportunity of being heard, to have committed a substantial breach of this Code may be sanctioned by the Board; such sanction may consist of a reprimand, suspension, revocation, 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.

Publication and use of the Code

- The Douglas shall deliver a copy of this Code of Ethics to each Director upon election and shall also provide a copy to any other person requesting one.
- Each member of the Douglas' Board shall acknowledge in writing having received a copy of this Code, having read it, and undertaking to comply with its terms. The signed originals of such acknowledgments shall be kept with the records of the Board.
- The Douglas shall publish the text of its Code of Ethics applicable to Directors in its Annual Report.
- The Annual Report of the Douglas shall include a statement on the number and nature of issues considered as the result of this Code, the number of matters ultimately dealt with, and their follow-up as well as their outcome, including any decisions taken, the number and nature of any sanctions imposed, as well as the names of the Board members whose appointments have been suspended or revoked or who have been removed.

Revision modalities

The present By-Law must be revised every three (3) years by the Board of Directors.

Enactment

This By-Law was enacted by the Board of Directors of the Douglas at its meeting on November 21, 2007, and it has been in effect since that date.


Douglas
INSTITUT UNIVERSITAIRE EN SANTÉ MENTALE
MENTAL HEALTH UNIVERSITY INSTITUTE