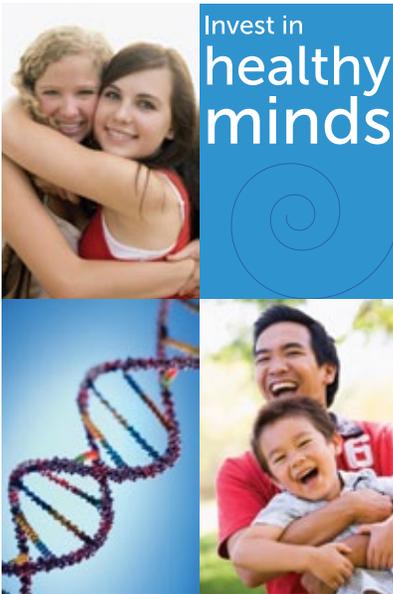


2010 / 2011

ANNUAL REPORT ON GIVING

Douglas
INSTITUT UNIVERSITAIRE EN
SANTÉ MENTALE
FONDATION

MENTAL HEALTH
UNIVERSITY
INSTITUTE
FOUNDATION



Thank you

for investing in Healthy Minds!

Thank you for supporting the Douglas Institute in its mission to treat mental illnesses, and advance understanding of them so that they may be prevented.

The Foundation is pleased to share with you, our donor, some highlights of our activities this past year.

We have chosen to focus this **Annual Report on Giving** on how research and patient care go together. Many of you have asked questions about the research that is done at the Douglas and how it benefits both current and future patients. We hope that you find the information useful and relevant.

To see a more complete list of projects we have funded, please visit a special page on our website:

<http://www.douglasfoundation.qc.ca/page/your-gift-in-action>

We want to know what you think!

Because we are always looking to improve the quality of our communication with our donors, we have included a survey card with this **Annual Report on Giving**. We invite you to take a minute to let us know what you think about the content you have read. We plan to use your feedback to structure future annual reports.

If you have any questions about this Report, or any of the patient programs and research projects at the Douglas, please do not hesitate to contact us:

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Volunteers

can't succeed without you!

THANK YOU TO THE EXECUTIVE COMMITTEE OF OUR BOARD:

Marie Giguère, Joseph Iannicelli, Michael Novak, Martin Beauchamp, Jane H. Lalonde.

THANK YOU TO OUR OTHER BOARD MEMBERS WHO SERVED ON DIFFERENT COMMITTEES:

Roger J. Beauchemin, Geneviève Bich, Bernard Bussièrès, Mary F.G. Campbell, Jocelyne Chevrier, Normand Coulombe, Peter Daniel, Maurice Forget, Jacques Hendlisz, Dr. Mimi Israël, Brian Lindy, Daniel Mercier, François C. Morin, François L. Morin, Rémi Quirion, Marc Sévigny, Meredith Webster.

THANK YOU TO OUR OTHER VOLUNTEERS WHO HELP US ACHIEVE OUR MISSION!



At the Douglas, research means care

As an institute in mental health, the Douglas integrates research into patient care such that the two are impossible to separate. Patients, their families, and health care professionals (psychiatrists, psychologists, social workers, etc.) participate together in this research, creating a community of mental health care that does not exist elsewhere in Québec.

We thank you for your generosity. Here are examples of how your charitable donations are invested into this “community of care.”

Helping youth have a brighter future

The Douglas is home to the renowned PEPP program (Prevention and Early Intervention Program for Psychoses). PEPP is directed by Dr. Ashok Malla, a psychiatrist treating patients and a researcher. PEPP attracts clinical and research staff from all over the world who study our methods in order to help people in their home countries.

The PEPP program helps youth suffering from a first episode of psychosis recover from the illness and get their lives (including school, work, and relationships) back on track.

Each young patient that is referred to PEPP is assigned a psychiatrist, a case manager, and a research staff member who work together with the patient to continually assess the effectiveness of the treatments given. Treatment is then altered, if necessary. Knowledge gained from this community of care is applied to other patients.

Reducing delay in recovery is critical for youth because longer untreated illness means missing out on achieving academic, professional, and personal goals. Different forms of family intervention are also integral to the care provided and help with quicker recovery.

The PEPP program will make use of the new MRI machines at the Douglas’ new Brain Imaging Centre.

By performing brain scans on patients, the clinician-researchers of this program have already discovered biomarkers for difficult-to-treat cases of psychosis. Based on these biomarkers, the PEPP staff can identify difficult-to-treat cases in new patients and apply interventions known to be effective for such cases. This significantly shortens the amount of treatment trial-and-error that it might otherwise take for the person to recover.

With such close attention given to each patient in a clinical-research setting, the amount of time it takes for youth treated at PEPP to get back on their feet is significantly reduced at a period in life when people are already fragile. If they fail during these years to build strong relationships and prepare for their life’s work, they might never recoup the loss.

A promising new approach to treating bipolar disorder

The Bipolar Disorders program currently offers Mindfulness-Based Cognitive Therapy (MBCT) to some of its patients. MBCT is a form of meditation in which the person is taught to be aware of their inner experiences (thoughts, feelings, physical sensations) in the present moment. It helps patients better understand what they are experiencing so that they do not act on emotional impulse, thereby hopefully preventing relapse.

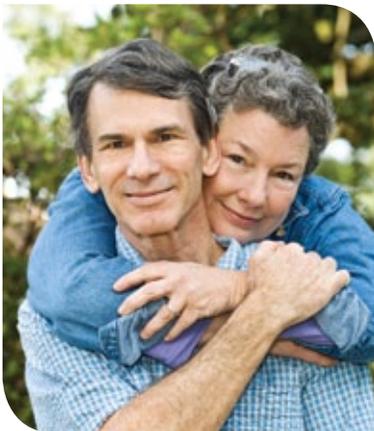
MBCT is currently being studied as an add-on therapy for bipolar disorder. Patients who qualify for the research

program are offered MBCT for eight weeks. However, they are followed for a total of a year and a half, during which time the program staff evaluate the patient’s mood, anxiety, quality of life, and sleep habits to see if there is an improvement. So far, a decrease in anxiety and depression, and an increase in sleep quality have been observed in most patients in as little as 8 weeks.

After patients graduate from the program, they are

offered ongoing Mindfulness Groups. They are also followed for a-16 months to see if there is a decrease in rate of relapse.

MBCT is currently being widely used in conjunction with other treatments for depression to prevent relapse. The Bipolar Disorders program has modified the traditional form of MBCT to involve more movements (stretching, walking) in order to help reduce anxiety levels in some of the patients. The Bipolar Disorders team hopes to soon prove that this is a safe and effective addition to treatment.



A race between research and treatment changes

Howard Steiger, PhD, both a psychologist treating patients and a researcher, is the Director of the Eating Disorders Program (EDP). He wants research to be so integrated into treatment at the EDP that there will always be a “race between new research findings and treatment changes.” Upon admission to the EDP, patients are asked whether they want to participate in research projects. There is almost unanimous consent because they feel good about helping future patients.

Only by testing different interventions and monitoring patients’ responses to them can we know what therapies are effective. This leads to changes in the way clinicians practice.

A really major change in thinking has been brought about by research findings showing that eating disorders depend a lot on heredity—on genes! Rather than seeing people who develop an eating disorder as having some kind of “psychological weakness,” or blaming families for their children’s eating problems, we understand that people develop eating disorders because they have genetic susceptibilities that place them at risk—especially to the effects of dieting in a culture that pressures us all to diet.

Not accidentally, another research project at the EDP examines the effectiveness of a Provincial program aimed at reducing

media pressures towards thinness—in which EDP staff have played a major role.

“It was amazing to see how everybody in this place works together to try to make things better for people with eating disorders. Knowing what it’s like to have one, I really felt good to take part in research projects.”

– Julie, treated at the Douglas’ Eating Disorders Program.



WHAT CAUSES EATING DISORDERS?

People treated at the Eating Disorders program take part in ongoing studies about the relationship between genes and environmental stressors in the development of eating disorders.

Using blood samples, and personal and family history from each patient, the program’s interdisciplinary team has identified genetic factors that put one at-risk for developing an eating disorder and affect one’s response to different treatments.

These genetic factors influence a person’s ability to tolerate developmental stress (e.g. school and family pressures), and this stress, when mixed with the added stress of dieting, can result in eating disorders.

At the same time, the causes of eating disorders are as various as the people who develop them—who can be just about anybody. For some, the cause is genetic mixed with environmental pressures. For others, a chemical change is triggered in the brain by calorie restriction in dieting.

By identifying the cause of the disorder for a specific person, the program can offer individualized care and increase the rate of recovery.

Thank you

for making a difference!

Your donations ensure that the Douglas continues to improve the care it delivers to people living with mental illness and offer hope and recovery to both them and their families. Your philanthropy has made a difference!

This past fiscal year, by choosing to support the Douglas and invest in healthy minds, you and 1,103 other donors made 1,681 gifts and donated \$870,955.

GRANTS GIVEN BY FOUNDATION

GRANTS TO RESEARCH CENTRE:	\$ 1,169,641
GRANTS TO INSTITUTE:	\$ 100,785
TOTAL:	\$ 1,270,426

