

Strategic Research Plan

BUILDING ON OUR STRENGTHS AND PREPARING FOR NEW CHALLENGES



Department of Psychiatry
McGill University

2011

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Historical Background

McGill University has played an important role in the development of Canadian psychiatry, and our department has consistently been recognized as a national academic leader. Founded in 1943 by Dr. Donald Ewen Cameron, our department was the first department of psychiatry in Canada and functioned for years as a role model for the creation of other departments of psychiatry across Canada. From the outset, psychiatric research has been an integral part of our department. To this day, McGill attracts students, researchers, residents and professors from all over the world, and its graduates consistently have leading positions in psychiatry, both in North America and abroad.

Initially situated at the Allan Memorial Institute [AMI], which opened in 1944, the department quickly grew into the network of university hospitals that it is today. The AMI, initially affiliated with the Royal Victoria Hospital, gradually expanded its network to include the Montreal General Hospital, the Jewish General Hospital, St. Mary's Hospital, the Douglas Institute (originally the Verdun Protestant), the Montreal Children's Hospital, the Montreal Neurological Institute and the Montreal Chest Institute.

CHAIRS OF DEPARTMENT

Dr. Ewen Cameron [1943-1963]

Dr. Robert Cleghorn [1963-1971]

Dr. Heinz Lehmann [1971-1975]

Dr. Maurice Dongier [1975-1986]

Dr. Gilbert Pinard [1986-1996]

Dr. Joel Paris [1997-2007]

Dr. Mimi Israël [2007-present]

Dr. Robert Cleghorn became Department Chair in 1964, leading a transition from clinical tradition to empirical data. In 1971, a great researcher, inspiring teacher and the person who first introduced chlorpromazine in North America, Dr. Heinz Lehmann, took over the position of Chair and managed to stabilize the department during a time of crisis due to political changes in Quebec.

In addition to stability, Dr. Lehmann's work laid the ground for the development of an internationally recognized program on psychopharmacological research. The next Chair of the Department was Dr. Maurice Dongier, who was in charge from 1975 to 1986. During these years, although there was a reduction in number of residents, Dr. Dongier was able to expand research as well as McGill's international reputation in psychiatric research. Similarly, Dr. Gilbert Pinard, who succeeded Dr. Dongier, was instrumental in expanding psychiatric research despite chronic shortages

of funds during his time as Chair between 1986 and 1996. Through Dr. Joel Paris' years as Chair from 1996 to 2007, the Department was able to maintain its strong reputation in training psychiatrists and conducting research. During Dr. Paris' tenure as Chair, the department experienced major growth, with important recruitment of tenured faculty. Our current Chair, Dr. Mimi Israël, who is also Psychiatrist-in-Chief at the Douglas Institute, began her tenure in 2007 and continues the Department tradition of promoting excellence.

McGILL DEPARTMENT OF PSYCHIATRY AT A GLANCE

ACADEMIC STAFF

- 318 faculty members

STATUS

- 258 Non-Tenure Faculty
- 60 Tenure-Faculty

POSITION

- 59 Faculty Lecturers
- 17 Adjunct Professors
- 146 Assistant Professors
- 5 Associate Professors
- 31 Full Professors

RESEARCH CHAIRS

- 5 Canada Research Chairs - Tier 1
- 2 Canada Research Chairs - Tier 2
- 3 James McGill Professors
- 4 William Dawson Scholars

ENDOWED RESEARCH CHAIRS

- 1 Boekh Chair (Schizophrenia)

TRAINEES

- Over 250 graduate students & postdoctoral fellows
- 69 residents

ADMINISTRATIVE AND CLINICAL STRUCTURE

CHAIR OF DEPARTMENT
Dr. Mimi Israël

CHAIRS OF 5 TEACHING HOSPITALS

Douglas Mental Health University Institute
Dr. Mimi Israël

Jewish General Hospital
Dr. Michael Bond

St. Mary's Hospital
Dr. Suzanne Lamarre

Montreal General Hospital
Dr. Warren Steiner

Montreal Children's Hospital
Dr. Martin Gauthier

ASSOCIATE CHAIRS

Research
Dr. Gustavo Turecki

Education
Dr. Dara Charney

AFFILIATED RESEARCH CENTRES

McGill University Health
Centre

MUHC Director General
Dr. Arthur T. Porter

Director of Research
Dr. Vassilios Papadopoulos

Directors of Mental Health Axis
Dr. Kathryn Gill
Dr. Chawki Benkelfat

Jewish General
Hospital

JGH Executive Director
Dr. Hartley S. Stern

Director of Research Centre
Dr. Rod McInnes

Psychiatry Research
Dr. Phyllis Zelkowitz

Douglas Mental Health
University Institute

Director of Research Centre
Dr. Rémi Quirion

DMHUI Director General (interim)
Michel Dalton

Neuroscience Division:
Dr. Dominique Walker

Psychosocial Division:
Dr. Suzanne King

Clinical Division:
Dr. Ashok Mala

Research at McGill

“G13”, GROUP OF THIRTEEN: McGill University is one of the top thirteen research universities in Canada, a group known as “Group of Thirteen” or “G13”. During the 2008-2009 academic year, McGill University obtained \$153,570M in grants, career awards, and scholarships from three federal councils.

- 1) \$95,711M from Canadian Institutes of Health Research (CIHR)
- 2) \$44,825M from Natural Sciences and Engineering Research Council (NSERC)
- 3) \$13,034M from Social Sciences and Humanities Research Council (SSHRC)

“G5”: Over the past 5 years McGill has consistently been ranking 2nd or 3rd in Sponsored Research Income in the “G5” group, a group of the top 5 research universities in Canada.

The four remaining G5 Schools include

- 1) University of Toronto
- 2) University of Alberta
- 3) Université de Montréal
- 4) University of British Columbia

Psychiatry Research at the Centres

Today, the McGill Department of Psychiatry consists of three main research centres and one partner centre.

- 1) Douglas Institute Research Centre
- 2) Jewish General Hospital Research Division
- 3) McGill University Health Centre
- 4) Partner centre: Montreal Neurological Institute

At the MUHC, the psychiatry research division extends into three affiliated institutions:

- 1) Montreal Children’s Hospital
- 2) Montreal General Hospital
- 3) Research and Training Building

Together, these research centres and affiliated hospitals constitute a powerful network and contribute to the international reputation of excellence of Psychiatry Research at McGill University.

Douglas Institute Research Centre

Affiliated with McGill University since 1964, the Douglas Institute Research Centre (DIRC) is one of the leading national and international centres in mental health research, with some of the world's most frequently cited neuroscientists. Well-known around the world since the 1950's, when Dr. Heinz Lehmann's pioneer work with chlorpromazine was conducted, the Douglas Research Centre has made many key scientific contributions. In 1981, the Douglas Hospital Centre was recognized as a World Health Organization Collaborating Centre for Research and Training in Mental Health. In 2006, on the occasion of its 125th anniversary, the Douglas became a recognized University Institute in mental health, and changed its name to the Douglas Mental Health University Institute.

Director: Dr. Rémi Quirion

Annual budget: \$18.5M

Researchers:

- 58 full-time researchers
- 13 associate researchers
- 54 researchers recognized by FRSQ

Trainees:

- 72 masters students
- 84 PhD students
- 45 postdoctoral fellows

More than 250 scientific publications each year

Numerous grants from various funding agencies, particularly:

- Fonds de la recherche en santé du Québec (FRSQ)
- Canadian Institutes of Health Research (CIHR)
- Natural Sciences and Engineer Research Council (NSERC)
- Social Sciences and Humanities Research Council (SSHRC)
- National Institute of Health (NIH)

During the fiscal years of 2007-2008 and 2008-2009, the DIRC acquired an average of about 180 grants and \$14M per year from competitive grants.

Three divisions make up the DIRC:

1) CLINICAL RESEARCH DIVISION

Director: Dr. Ashok Malla

- 26 full-time researchers
 - Focus:
 - Brain imaging
 - Eating disorders
 - Suicide research and major depression
 - First episode psychosis and early intervention

2) NEUROSCIENCE RESEARCH DIVISION

Director: Dr. Claire-Dominique Walker

- 21 full-time researchers
- Main objective: "foster high quality innovative research on brain function in health and disease."
 - Focus:
 - Neurodevelopmental models of mental pathologies
 - Behavioral epigenetics
 - Gene x environment interactions
 - Adult phenotypes and addiction
 - Ageing
 - Circadian rhythms and sleep

3) PSYCHOSOCIAL RESEARCH DIVISION

Director: Dr. Suzanne King

- 11 full-time researchers
- Main objective: "to generate new knowledge in the psychological and social domains of mental health, in order to contribute to a better understanding of the origin, course and outcome of mental disorders, as well as developing mental health policies and services aimed at preventing, managing and coping with these conditions."
 - Focus:
 - Services and policy research in mental health
 - Epidemiology
 - Recovery from severe and persistent mental disorders
 - Stigma and mental illness
 - Developmental psychopathology
 - Schizophrenia
 - Trauma and Post-Traumatic Stress Disorder (PTSD)
 - Forensic mental health
 - Global mental health

Unique Ressources

QUEBEC BRAIN BANK

A brain-tissue archival resource which has more than 2000 human brain specimens from individuals who died by neurodegenerative diseases, suicide or accidental sudden death causes. Established in 1980, it is the oldest brain bank in Canada and the only one currently collecting postmortem material.



NEUROPHENOTYPING CENTRE

Opened in 2006, the Neurophenotyping Centre provides state-of-the-art facilities to conduct sensitive behavioural phenotyping. It includes a large housing facility with quarantine spaces and several behavioural suites fully equipped to test rodent models of mental pathologies. The Neurophenotyping platform housed within the Centre provides a unique behavioural, imaging and analysis service to researchers and private sector companies within the province of Quebec. It is the only such large Neurophenotyping Centre in the province with imaging capabilities.

BRAIN IMAGING CENTRE

The DIRC is one of only 2 psychiatric institutions in Canada to have its own imaging centre. The Brain Imaging Centre at the Douglas Institute comprises the following equipment:

- 3-tesla MRI scanner for humans
- 7-tesla MRI scanner for small animals

SERVICE PLATFORMS

- Biostatistics consultation and analysis services
- Knowledge Transfer Office

Lady Davis Institute for Medical Research

Director: Rod McInnis

- The Lady Davis Institute (LDI) was founded in 1969
- Has consistently received one of the highest rankings by the FRSQ of all research centres in Quebec
- Each year, its researchers are awarded about \$40M in research grants, making it one of the top institutions in funding per researcher in Quebec's hospital-affiliated research institutions

PSYCHIATRY RESEARCH DIVISION

Director: Dr. Phyllis Zelkowitz

- 14 full-time researchers
- 4 active clinician-researchers
- Strong international reputation
- Budget of over \$4M in annual research grants
- Over 150 peer-reviewed papers published in 2009-2010.
- In 2009-2010, the Division trained 80 students at the undergraduate, graduate and postgraduate levels

The Psychiatry Research Division at the Lady Davis Institute has three major groups:

CULTURAL PSYCHIATRY

This group is world-renowned for its work on cultural influences on symptom expression, help-seeking, cultural formulation, adherence to treatment, response to health communications and the mental health of immigrants, refugees and Aboriginal peoples.

PSYCHOSOCIAL FACTORS IN MEDICAL ILLNESS

The investigation of risk factors for psychological distress in medical patients and the development and evaluation of screening and treatment programs for such distress, summarize the interests of this research group.

ETIOLOGY AND TREATMENT OF MENTAL DISORDERS

This research group focuses on the investigation of biological and psychosocial risk factors in the development of psychiatric disorders in adults and children, as well as personality traits that predict prognosis and treatment outcome.

McGill University Health Centre

Six hospitals form the McGill University Health Centre (MUHC). These are the Montreal General Hospital, the Royal Victoria Hospital, the Montreal Children's Hospital, the Montreal Neurological Institute, the Lachine Hospital and the Montreal Chest Institute

RESEARCH INSTITUTE OF THE MUHC (RIMUHC)

- World-renowned biomedical and health-care hospital centre
- Director: Dr. Vassilios Papadopoulos

MENTAL ILLNESS AND ADDICTION AXIS

- Leaders: Dr. Kathryn Gill and Dr. Chawki Benkelfat
- 18 full-time researchers
- Annual budget: \$4.3M, of which \$2.2M in research grants
- More than 80 scientific publications each year
- Approximately 40 graduate and postgraduate research trainees
- Psychiatry research primarily takes place at three of the hospitals within the MUHC network

- 1) Montreal Children's Hospital
- 2) Montreal General Hospital
- 3) Research and Training Building (Associated with the Royal Victoria Hospital)

Current major areas of research at the RIMUHC include:

ADDICTION

The addiction program combines the strengths of a well-established hospital-based treatment unit and an emerging translational neuroscience program. The research program covers many important concerns ranging from behavioural neuroscience and neurophysiology, to pharmacology, the genetic risk for developing addiction, and hospital and community-based treatment programs in addiction.

ATTENTION-DEFICIT HYPERACTIVE DISORDER

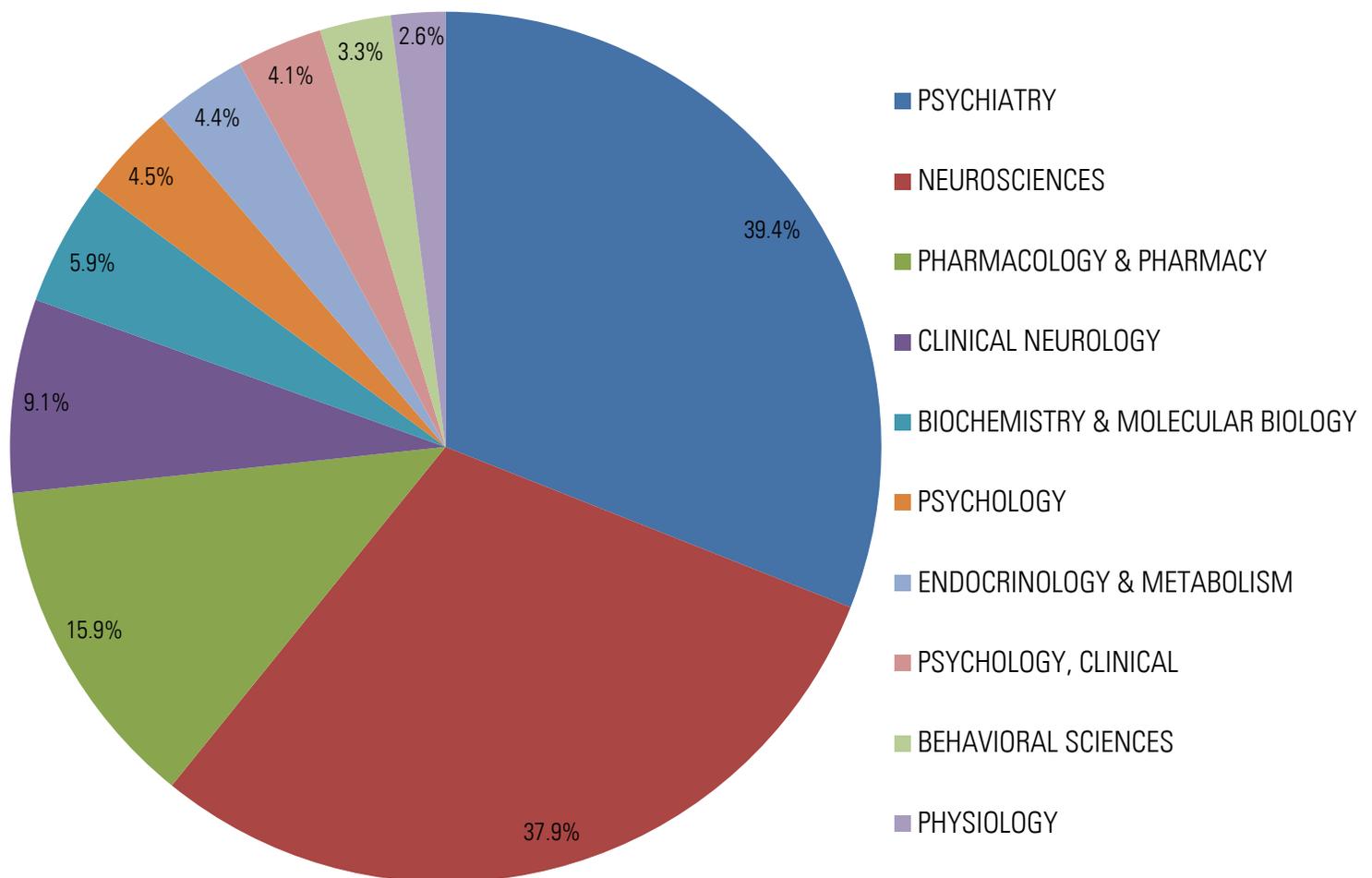
Research on Attention-Deficit Hyperactivity Disorder (ADHD) at the RIMUHC involves evaluating the efficacy of novel interventions combining psychopharmacology and psychotherapeutic techniques across age ranges.

AUTISM

Autism research at the RIMUHC is world renowned, and involves identification of environmental risk factors, secular trends in incidence, and efficacy of psychosocial and psychopharmacological interventions. The autism research program is supported by a strong clinical program recognized as a major tertiary and quaternary centre for the province of Quebec.

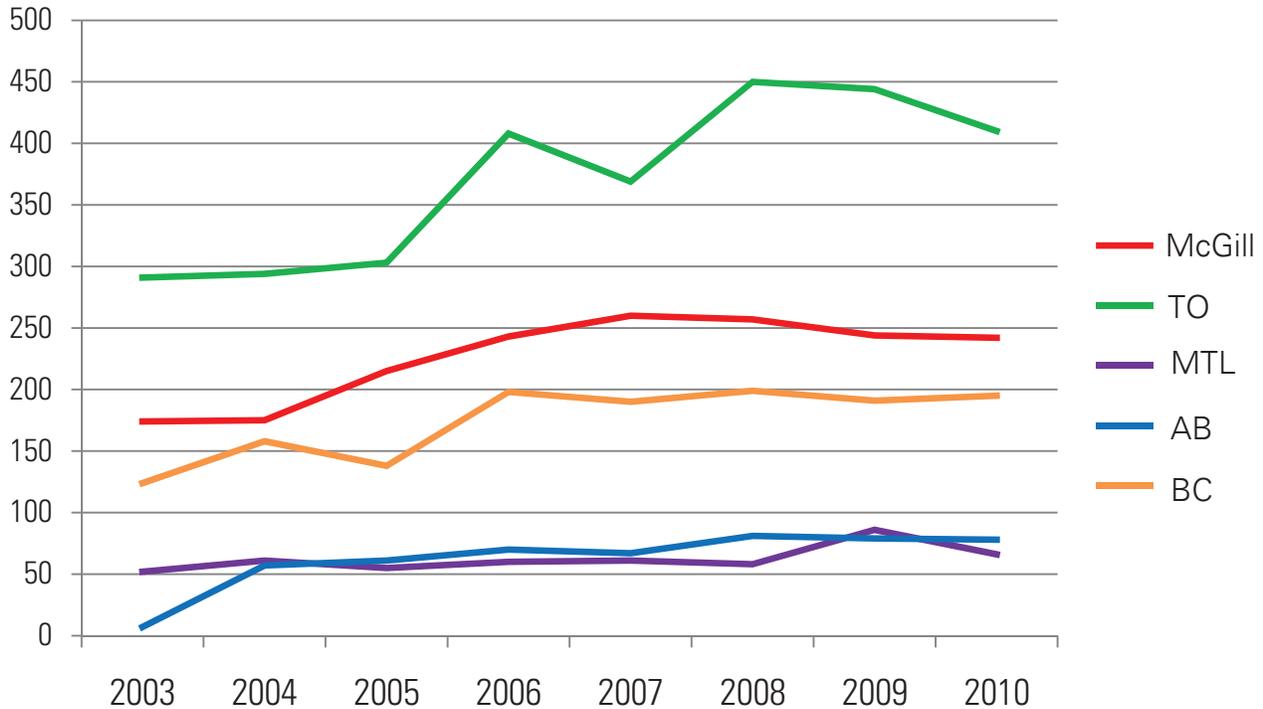
PRODUCTIVITY OF THE DEPARTMENT

Distribution of publications from the McGill Department of Psychiatry according to discipline



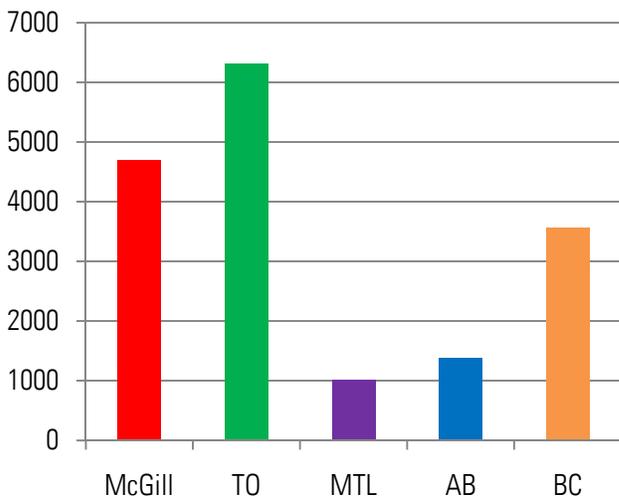
McGill Psychiatry's Productivity in Scientific Publications when compared to other G5 Universities

G5 Publications since 2003

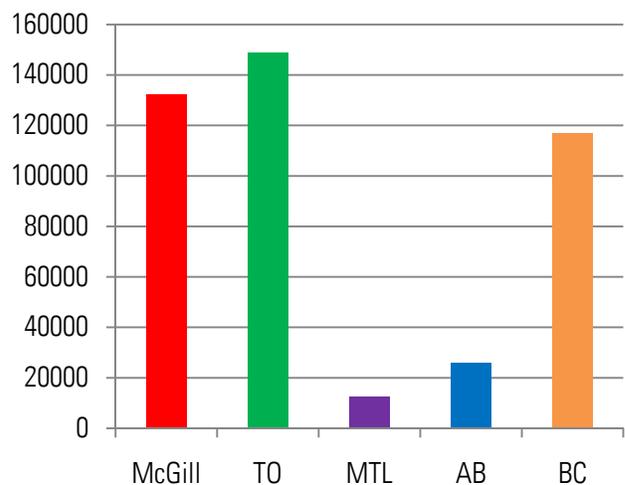


Over the years, McGill Psychiatry has consistently proven to be a strong competitor among other G5 Universities. The elevated numbers of publications that are highly cited contribute significantly to McGill Psychiatry's national and international reputation. (Web of Science: app.isiknowledge.com)

G5 Total Publications

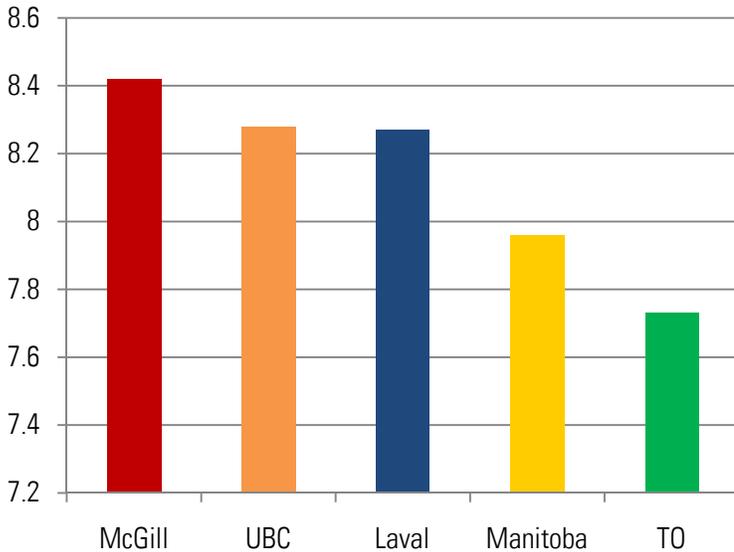


G5 Total Publication Citations



McGill Psychiatry's Impact (citations) compared to other Canadian Universities

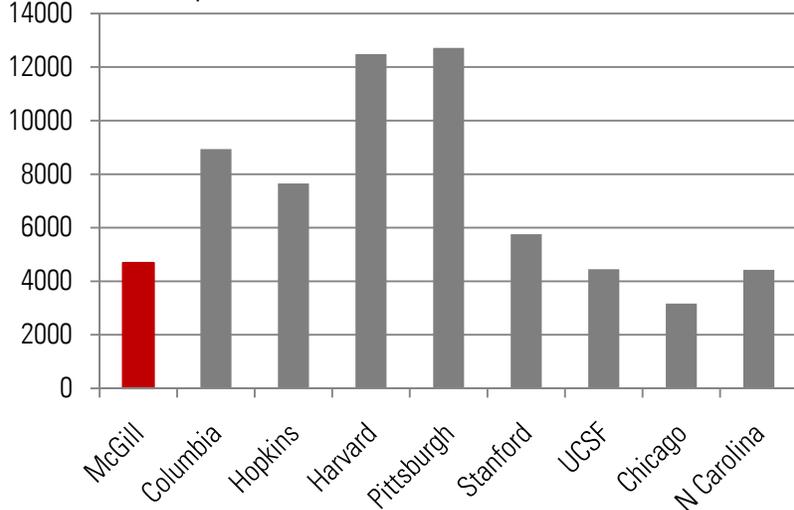
Citations per paper 2005-2009



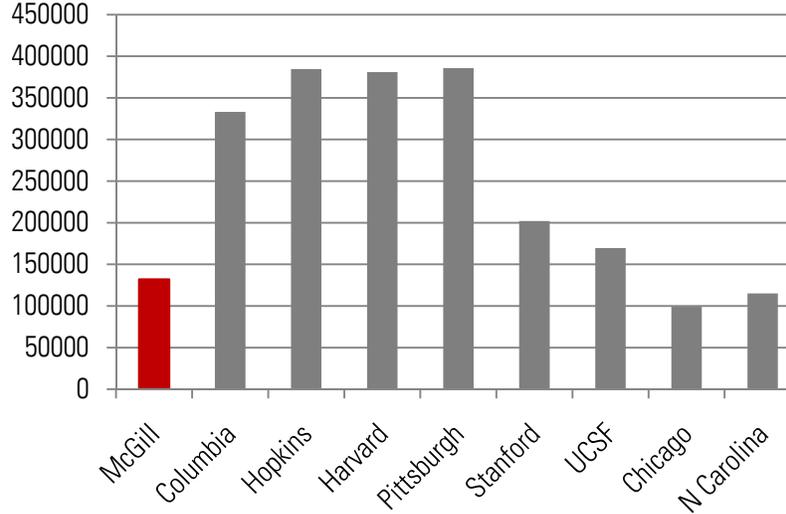
McGill Psychiatry is ranked highest in average citations per paper among Canadian institutions that published at least 50 papers in Thomson Reuters-indexed psychiatry journals between 2005 and 2009. (http://sciencewatch.com/dr/sci/11/may1-11_1/)

McGill Psychiatry's Productivity compared to leading American Universities

Total publications



Citations



McGill Psychiatry is relatively well positioned when compared to other leading North American Universities (Note: These numbers are absolute and not standardized by number of research faculty). Nevertheless, there is significant room for improvement. The proposed strategic research plan has, as its ultimate goal, to enhance McGill Psychiatry's international research leadership. (Web of Science: app.isiknowledge.com)

RESEARCH VISION AND MISSION OF THE DEPARTMENT OF PSYCHIATRY

RESEARCH VISION STATEMENT

- To advance scientific understanding of the causes, treatment and prevention of psychiatric disorders and promotion of mental health and well-being.

RESEARCH MISSION STATEMENT

To achieve this vision, we will

- Develop cutting-edge, innovative and broad research programs, from genes to society, that are characterized by multidisciplinary, multilevel, and integrated developmental approaches to the investigation of causes, treatments, and prevention of mental illness, as well as promotion of mental health and well being.

To implement this research mission and improve international research leadership, the Department of Psychiatry has developed a Strategic Research Plan (SRP) based on its current research and academic strengths, as well as the current outlook for research opportunities over the next 5 to 10 years.

STRATEGIC RESEARCH PLANNING PROCESS

A Strategic Research Planning Committee was appointed by the Chair of the Department, Dr. Mimi Israël, in late 2009. The SRP Committee was chaired by the Associate-Chair of Research, Dr. Gustavo Turecki and had representation from research leadership in the Department as indicated below. The mandate of the SRP committee was to produce a Strategic Research Plan to increase and better consolidate the Department of Psychiatry's research leadership based on current research strengths and anticipated research opportunities for growth over the next 5 to 10 years.

Expected areas of impact of the SRP

- Direct Impact
 - Recruitment
 - Resource allocations
 - Internal priorities
 - University negotiations
- Indirect Impact
 - Training
 - Services

SRP COMMITTEE COMPOSITION

Committee Chair: Dr. Gustavo Turecki
Associate Chair of Research
McGill Department of Psychiatry

Dr. Chawki Benkelfat
Director of Research
Research Institute of the McGill University Health Centre

Dr. Kathryn Gill
Director of Research
Research Institute of the McGill University Health Centre

Dr. Lily Hechtman
Director of Research, Division of Child Psychiatry
Montreal Children's Hospital

Dr. Suzanne King
Director of Psychosocial Research Division
Douglas Mental Health University Institute

Dr. Laurence Kirmayer
Director of the Division of Social and Transcultural Psychiatry
McGill Department of Psychiatry

Dr. Ashok Malla
Director of Clinical Research Division
Douglas Mental Health University Institute

Dr. Dominique Walker
Director of Neuroscience Division
Douglas Mental Health University Institute

Dr. Phyllis Zelkowitz
Director of Psychiatry Research Division
Jewish General Hospital

AIMS OF THE STRATEGIC RESEARCH PLAN

Each of these 5 aims is developed in more detail in the following pages:

1. Consolidation and expansion of specific research themes as areas that will be prioritized within the research agenda.
2. Increased promotion of research training among clinical faculty and residents.
3. Increased availability of resources at the Department level to facilitate promotion of the research agenda.
4. Better integration of research programs across different hospital sites and research centres.
5. Better channels for communication within the department.

1. RESEARCH THEMES

The 6 research themes and sub-themes discussed below represent areas of major strength of the McGill Department of Psychiatry, as measured by solid benchmarking evidence, such as commonly-used and well-accepted research metrics, including publications, citation impact, availability of funding and dissemination.

1. PREVENTION AND INTERVENTION RESEARCH
2. HEALTH SERVICES AND POLICY RESEARCH
3. BIOLOGICAL AND DEVELOPMENTAL DETERMINANTS
4. CULTURE AND MENTAL HEALTH
5. MENTAL HEALTH AND MEDICAL ILLNESS
6. DISEASES OF AGEING

These research themes were purposely kept broad in order to capture the research diversity of our Department, while highlighting research areas of strength, active growth and increased prominence. These themes will be used to guide future investment of research resources. Over the next 5 to 10 years, the Department will prioritize recruitment, allocation of funds and development of infrastructures to support growth and further development of research related to these themes.

1.1. PREVENTION AND INTERVENTION RESEARCH

This theme forms the cornerstone of clinical psychiatry and researchers from our Department who are attached to this theme have a proven track record of peer-reviewed funding and publications. Their achievements include:

- \$11.8M in grants that are currently held
- 605 peer-reviewed publications related to this research theme over the last 5 years

Main Areas of Research of our Department in Prevention and Intervention Research

1) PREVENTION

Studies under this group are designed to investigate the prevention of negative outcomes (depression, suicidality, psychosis and substance use) in high-risk or vulnerable populations.

2) COMMUNITY-BASED INTERVENTIONS

Studies under this group comprise a diverse array of interventions and programs developed in partnership with various community organizations and front line services.

3) CHILD PSYCHOPATHOLOGY

These studies comprise research investigating ADHD and Autism, two major strengths of the department.

4) INTERVENTIONS IN EARLY PSYCHOSIS

This group refers to studies of interventions designed to improve outcomes in the treatment of psychosis.

5) INTERVENTIONS IN MEDICAL AND PSYCHIATRIC COMORBIDITY

This group includes a diverse array of intervention studies designed to reduce psychiatric comorbidity and psychological distress in medical patients.

This theme also encompasses interventions in many disorders, but our department has track records primarily in the following:

- Mood disorders
- First episode psychosis
- Addiction
- Eating disorders
- Autism
- Attention-Deficit Hyperactivity Disorder

Research work under this theme involves investigation of the efficacy and effectiveness of a wide range of treatment approaches, which include but are not limited to the following:

- Psychotropic medication
- Cognitive behaviour therapy and other forms of psychotherapy
- Psychoeducation
- Multimodal treatments
- Innovative interventions such as computerized attentional training
- Neuromodulation
- Conducting controlled studies of various service models for specific disorders

STRATEGIC DEVELOPMENT OF PREVENTION AND INTERVENTION RESEARCH IN OUR DEPARTMENT

Future developments in Prevention and Intervention research over the next 5 to 10 year time frame will focus on translational research – both biological and psychosocial with the following priorities:

SCIENTIFIC NEEDS

A. Develop new areas of research based on high risk studies:

- Intervention studies for populations at risk
- Novel prevention studies with adequate follow up

To investigate the effects of interventions, these studies should monitor:

- Biological findings (e.g. neuroimaging findings)
- Psychological findings (e.g. early life experience, social context and stress)

NB. High risk studies of help-seeking patients (already coming to mental health or related services: Such patients are more proximal to the onset of the first illness episode. Hence, there is higher power when investigating this patient population. Collaboration and integration across sites will facilitate recruitment of such patients into studies. Our Department will support the development of investigations which explore not only factors that contribute to risk but also protective mechanisms and/or resilience. This will require active collaboration among our own sites, and between McGill and other centres within and outside of Canada.

B. Novel types of multimodal intervention studies to improve outcomes with systematic follow-up.

- Development of intervention studies taking comorbidities into consideration
- Mixed-methods approaches to evaluation including:
 - Biological measurement strategies
 - Psychological measurement strategies
 - Qualitative measurement strategies

INFRASTRUCTURE NEEDS

A. Improve and develop a Clinical Trial Network (including RCTs of psychosocial interventions, models of treatment and investigator-initiated trials funded by different sources, including industry).

This will require:

- Considerable input of resources
- Streamlining of the scientific, ethical and contract process
- A McGill-based “marketing” program
- An income sharing plan for industry-sponsored trials
- Health economics expertise
- Statistical consultation service
- Expertise in trial methodology

B. Patient-based Data Collection system for multisite studies.

This will involve:

- A computerized internet-based system harmonized across sites
- Staff for data entry, cleaning and maintenance of input (to ensure accuracy and completeness) for multisite studies
- Strong support and commitment from the leadership within the McGill Department of Psychiatry and the leadership within each affiliated hospital (requiring considerable shift in current culture and role definition)

1.2. HEALTH SERVICES AND POLICY

As many mental illnesses and behavioural disorders are persistent and affect several domains of life, an effective response requires mobilization of different professionals working in different settings. There is a need to better understand the nature of the services that are most cost-effective in helping people with such illnesses. Similarly, there is a need to orient policy-makers to make the most cost-effective and scientifically sound decisions. The McGill Department of Psychiatry has made important contributions in research in the theme of health services and policy.

Achievements of the researchers within this theme:

- Currently hold \$10.5M in grants
- 92 peer-reviewed publications related to this theme over the last 5 years
- Significant influence on local, provincial and national policy through involvement on consultative committees including the Mental Health Commission of Canada
- Providing training to hundreds of professionals and administrators at all levels every year

Through both qualitative and quantitative methods, research from this theme calls upon many disciplines:

- Anthropology
- Psychology
- Psychiatry
- Economics
- Ethics
- Organizational analysis
- Sociology

Even when research has defined cost-effective services, adoption of knowledge in the field is typically slow and haphazard, requiring additional studies focusing on:

- Knowledge transfer and implementation of cost-effective interventions
- The nature of effective government policies to stimulate adoption of these services

Health services and policy researchers are often change agents in the system of care and can facilitate knowledge translation

- Through direct involvement in program implementation and policy formulation
- By acting as:
 - Consultants
 - Policy advocates
 - Other roles

STRATEGIC DEVELOPMENT OF HEALTH SERVICES AND POLICY RESEARCH IN OUR DEPARTMENT

To promote developments in this research theme over the next 5 to 10 year time frame, the Department will have the following major goals:

SCIENTIFIC NEEDS

- Support research that examines aspects of the health care and political systems that influence the ability of people to access mental health services that are
 - Cost-effective
 - Appropriate to their psychological and sociocultural characteristics
- Increase knowledge of the pathways to high-quality mental health intervention through primary, secondary and tertiary systems of care in Canada, as well as knowledge of those factors that impede or facilitate access.
- Influence the development of services and policy in Québec, Canada and elsewhere, on the basis of research evidence, so that they become more clinically effective and cost-effective.
- Study the complex interactions between healthcare policy and psychiatric services and their effects on access to care, quality of care, treatment outcome, and cost.
- Improve the quality, accessibility, effectiveness and efficiency of mental health care.
- Initiate knowledge translation activities with health care providers and decision makers in order to promote and implement positive change in current systems of care.

RECRUITMENT NEEDS

- Increase recruitment of additional policy researchers
- Promote more qualitative research and recruit more qualitative researchers

INFRASTRUCTURE NEEDS

- Support an infrastructure for developing and maintaining partnerships between research and practice (including policy makers) and promoting KT activities.
- Develop the RAI (Resident Assessment Instrument), a common platform for psychiatric data across the RUIS.
- Develop a formal research and training program on Health Services and Policy Research at McGill University.

1.3. BIOLOGICAL AND DEVELOPMENTAL DETERMINANTS

This research theme focuses on the biological and developmental determinants of mental illness, representing the most productive area of work in our department and grouping the largest number of researchers. Collectively, researchers working in this area:

- Currently hold upward of \$18M in more than 40 grants
- Have published 561 peer-reviewed publications over the last 5 years

Areas of research in this theme include:

- Animal models of psychopathology
- Perinatal events and their influence on development of psychopathology
- Genetics, genomics, epigenetics and mechanisms of gene-environment interactions (see subtheme on neurodevelopmental models and mechanisms of gene-environment interactions)
- Human brain postmortem work
- Brain plasticity and psychiatric phenotypes
- Neuroimmune and neuroendocrine components of mental illness
- Neurochemistry of mental disorders
- Electrophysiology and optogenetics of neural circuits in mental disorders
- Circadian rhythms and their impact on mental illnesses
- Epidemiology

Most research conducted in the Department using biological and developmental approaches focuses on:

- Ageing, dementia and Alzheimer's disease
- Major depression and suicide
- Addiction: pathological and adaptive processes
- Schizophrenia and psychoses

STRATEGIC DEVELOPMENT OF BIOLOGICAL AND DEVELOPMENTAL RESEARCH IN OUR DEPARTMENT

To further strengthen this research priority theme, our Department will take the following actions over the next 5 to 10 years:

STRATEGIC DECISIONS

- Focus on specific areas of excellence. To do so, we will help consolidate leadership in research programs that represent areas of particular international strength from this theme.

These areas are:

- Neurodevelopmental trajectories
- The effects of early environment and genetic/epigenetic interplay in the vulnerability to and development of disease (see sub-theme) and on ageing processes
- Brain plasticity throughout the lifetime (morphological and functional)

INFRASTRUCTURE NEEDS

- Secure appropriate infrastructure to conduct research. In spite of the strength of research in this theme, the infrastructure currently available to our neuroscience faculty, particularly the neuroscience infrastructure from the Douglas Institute, is in urgent need of new equipment and renovation.
 - The Department will strongly support and prioritize infrastructure grant applications, such as those submitted to the Canadian Foundation for Innovation, that aim at upgrading current neuroscience infrastructure.
 - The Department will actively seek government (for instance, MDEIE), corporate and/or private funding/donations aimed at improving common wet research infrastructure.
- Develop better integration of neuroscience in clinical research of child and adolescence psychiatry. Such efforts will help provide better avenues for translation of basic neuroscience research findings into psychopathologies affecting development.

Developing stronger links between the different services of child psychiatry in the Department and the Douglas Institute division of neuroscience will be essential to achieve this goal.

ADMINISTRATIVE NEEDS

- Increase the currently limited administrative support for large grant writing efforts, such as those exceeding \$5M in funds requested. Such support will aim primarily at increasing capacity to respond to RFAs and other non-recurrent calls for proposals.
- Provide operational managerial support for platform services and potential links to industry. For instance, the Douglas Institute has a number of operations that generate revenue. Among these are the imaging centre, neurophenotyping facility and the brain bank.

SUB-THEME: NEURODEVELOPMENTAL MODELS AND MECHANISMS OF GENE-ENVIRONMENT INTERACTIONS

Research focusing on neurodevelopmental models and mechanisms of gene-environment interactions conducted in our Department needs to be highlighted given the current strength and international prominence of this work. The following benchmarks support this decision:

- Over \$10.6M currently held in grants supporting this research
- 216 peer-reviewed publications over the last 5 years
- Most highly-cited body of work currently produced in our department

Strengths in this Sub-Theme

- The description of basic mechanisms underlying gene-environment interactions in behavioural phenotypes, referred to as behavioural epigenetics
- The description of their translation to human psychopathology
- Methods of investigation
 - Animal models of early-life environment
 - Human work focusing on early-life adversity
 - Testing artificially induced and naturally occurring sources of environmental adversity

Infrastructures/programs and other resources related to this sub-theme available at McGill University

- Sackler program on behavioural epigenetics
- McGill Centre for Human Development (to be developed at the Research and Training Bldg)
- MAVAN (Maternal Adversity, Vulnerability and Neurodevelopment) project
- Quebec Suicide Brain Bank
- Brain to Society program
- Prenatal stress cohorts: Project Ice Storm, the Iowa Flood Study, and the QF2011 Australian Flood Study
- Neuroinformatics and genomics group
- Neuroimmune and early infection group
- Neurophenotyping services platform

Challenges

Neurodevelopmental research within the McGill Department of Psychiatry faces three major challenges. If successfully addressed, we can consolidate our position as one of the international leaders in behavioural epigenetics.

- 1) We need to maintain our current international leadership in behavioural epigenetics in an environment of reduced academic resources, limited health research funding and scarce prospects for new tenured positions.
- 2) Gene-environment research is, by its nature and scope, transdisciplinary. However, establishing efficient and productive dialogue between scientists from different disciplines is not facilitated by current division and group structures. In addition, transdisciplinary research demands that we develop novel approaches to computing, data processing, data analysis and informatics to integrate information across multiple levels of analysis (from genomic sequence to social organization).
- 3) We need to prepare the next generation of epigenetic scientists for research that cuts across disciplinary boundaries. We must build upon traditional, discipline-based university degree programs to create and deliver the breadth of expertise necessary to attract and train individuals skilled in new approaches to conducting gene-environment research.

STRATEGIC DEVELOPMENT OF THIS RESEARCH SUB-THEME

The McGill Department of Psychiatry will leverage its existing position of advantage and the investments it previously made to promote research focusing on neurodevelopmental models and mechanisms of gene-environment interaction to further strengthen its international leadership. It will make strategic decisions to address the challenges listed above and accommodate further growth and development in this field. The Department will facilitate and foster communication between basic researchers and clinical services to children and adolescents.

Key investments will include:

SCIENTIFIC NEEDS

- Continuous support for work focusing on rodent models of early-life environmental variation and facilitate access to nonhuman primate models of behavioural phenotypes
- Support to develop neurobehavioral phenotyping (equipment upgrades and operating costs)
- Support to develop neuroimaging capacity and use neurodevelopmental models in translational studies (human operational resources)

RECRUITMENT NEEDS

- Researchers with background in bioinformatics
- Researchers to associate and develop electrophysiology/optogenetic methods and animal imaging
- Researchers to exploit the resources available (brain bank, prenatal stress cohorts, animal models, behavioural neurophenotyping, animal imaging)
- Researchers focusing on epigenetics complementary to current strengths (chromatin remodelling for instance)
- Development of appropriate forums conducive to adequate exchange between researchers of different disciplines and research traditions

INFRASTRUCTURE NEEDS

- The Department will support initiatives seeking to increase infrastructure capacity for studies in this sub-theme. For instance, programs leading to an improvement in sequencing capacity, dedicated bioinformatics resources and funds to support and leverage the brain bank will be prioritized.

ADMINISTRATIVE NEEDS

- Increase readiness to apply for large grant competitions: A number of funding opportunities currently exist focusing on work of this sub-theme. In particular, there are a series of national and international initiatives, such as the Human Epigenome Project, the NIH Roadmap Epigenomics Program and the CIHR Neuroepigenomics Initiative, to which the Department should apply and capitalize on its leadership. To facilitate this process, the Department will provide necessary administrative and institutional support to applications submitted to these programs or other programs of similar magnitude.

1.4. SOCIETY, CULTURE AND MENTAL HEALTH

The diverse composition of Québec society, which includes Aboriginal peoples, immigrants, refugees, and ethnocultural communities, makes this research theme one of particular importance. McGill is widely recognized as one of the leading institutions in the world in the field of social and cultural psychiatry.

- Over \$10M in grants currently held to conduct work on this theme
- 126 peer-reviewed publications over the last 5 years

Social and Cultural Psychiatry at McGill

- Program began in 1956 (oldest program worldwide in this area)
 - Division of Social and Transcultural Psychiatry began as a collaboration between scholars in psychiatry and anthropology
 - A uniquely interdisciplinary program
 - More than 30 researchers and clinicians from across the McGill teaching hospitals and research institutes
 - Probably the largest concentration of scholars in the field of culture and mental health in the world
 - Strong international network and broad clinical reach
 - Offers an annual summer school program, now in its 17th year

Division of Social and Transcultural Psychiatry

- Research and training program
 - Addresses issues of
 - Culture and mental health
 - Equity and access to care
 - Community-based mental health promotion
 - Stigma reduction
 - Violence and mental health outcomes
 - Global mental health
 - Social determinants of mental health
 - Investigators associated with the Division
 - Currently hold over \$10M in grants
 - Have produced over 400 publications over the last 5 years, including over 150 peer reviewed papers
 - The first interdisciplinary research-based book on the mental health of Aboriginal peoples in Canada
 - A unique volume presenting an integrative approach to biological, clinical and cultural perspectives on psychological trauma

Transcultural Psychiatry, a peer-reviewed scientific journal developed from a newsletter and review which began in the Division in 1961.

- Oldest and most prestigious publication in the field
- Now the official journal of the World Psychiatric Association, Transcultural Section
- Continues to be edited at McGill

McGill research teams are conducting path-breaking work in four broad areas:

- The Mental Health of Aboriginal peoples (First Nations, Inuit and Métis):
 - Aboriginal peoples in Canada face increased rates of mental health problems, in part as a result of the legacy of residential schools and other related policies
 - McGill is the lead centre for the National Network for Aboriginal Mental Health Research funded by: CIHR Institute for Aboriginal Peoples Health
 - Aboriginal Mental Health Research at McGill includes epidemiological, ethnographic and health services

Areas of research:

- Social determinants of mental health
 - Indigenous sources of resilience and healing
 - Suicide prevention
 - Mental health promotion
- Migration and Mental Health:
 - Immigrants and refugees face specific challenges in obtaining appropriate health care
 - Researchers at McGill are leaders in the field of migration mental health particularly in clinical and epidemiological studies of the health of refugee children and adolescents
 - Innovative Cultural Consultation Service
 - Developed by McGill researchers based at the Jewish General Hospital
 - Funded by: Health Canada
 - A way to improve the delivery of mental health care to migrants
 - The same model is used for similar programs in France, Italy, Sweden, Switzerland, the U.K. and U.S. who have come together in an international consortium led by our group
 - An important site for developing strategies to address culture in everyday mental health care
 - Playing a key role in the development of the Cultural Formulation for DSM-5
- Global Mental Health:
 - There is increasing recognition that mental health is a major determinant of well-being and productivity and a fundamental domain of collective health and well-being within and across countries and communities worldwide.
 - McGill researchers are at the forefront of research on the social and cultural dimensions of global mental health issues
 - An annual course on global mental health research is offered as part of the Summer Program
 - Ongoing collaborative research, capacity building and knowledge transfer on political violence, trauma and mental health outcomes in partnership with research teams in Guatemala, India, Jamaica, Nepal, Palestine, Peru and Sri Lanka

- Cultural Studies of Psychiatry:
 - Critical neuroscience
 - A new field
 - Rose from close collaboration of transcultural psychiatrists with anthropologists and philosophers on the cultural analysis and critique of psychiatric theory and practice
 - Looks at the conceptual assumptions built into current models in biological psychiatry

STRATEGIC DEVELOPMENT OF RESEARCH FROM THIS THEME IN OUR DEPARTMENT

To further strengthen research focusing on culture and mental health, the following needs will be considered by our Department over the next 5 to 10 years:

SCIENTIFIC NEEDS

- Develop a program in Culture, Mind and Brain which would incorporate researchers in:
 - Social and cultural neuroscience
 - Critical neuroscience
 - Philosophy
 - Anthropology of psychiatry
- McGill has tremendous strength in the neurosciences and a CRC in philosophy of psychiatry
- Recruiting faculty who study social, ethical, and philosophical issues raised by neuroscientific research can make us a leader in research on the social implications of neuroscience in psychiatry

RECRUITMENT NEEDS

- Recruit new faculty with research programs focused on:
 - Cultural competence and cultural safety in mental health services
 - Issues of culture in mental health policy and prevention
- With relevant methodological expertise in:
 - Psychological and psychiatric anthropology
 - Cultural psychology
 - Social epidemiology
 - Health services research

INFRASTRUCTURE NEEDS

- Expand the Cultural Consultation Service as a clinical research setting for studies on intercultural work with:
 - Adults
 - Families
 - Children

The CCS requires infrastructure support:

- To conduct a greater number of consultations
- To provide the data for clinical research studies

- Develop a Centre for Multicultural Mental Health Research

This will emphasize research on:

- Culture and the social origins of mental health disparities
- The relationship between migratory policy and mental health
- The development of innovative culturally appropriate intervention and prevention programs
- Models for training and delivery of effective multicultural mental health services in
 - Collaborative primary care
 - Community mental health
 - Telepsychiatry

The Centre will provide infrastructure to support

- International networks
- Collaboration with local/national stockholders
- Dissemination of evaluated programs

1.5. MENTAL HEALTH AND MEDICAL ILLNESS

OVERVIEW

The theme of Mental Health and Medical Illness involves research on psychiatric disorders & psychological distress associated with medical conditions. Department leadership in this research theme is supported by the following indicators:

- \$6.5M currently available in research funds
- 235 peer-reviewed publications over the last 5 years

This theme involves the integrated investigation of:

- Psychological factors
- Sociocultural factors
- Biological factors

It examines how these factors relate to:

- Symptom expression
- Access to treatment
- Compliance with treatment
- Outcomes in medical patients

This informs the practice of consultation-liaison psychiatry, and is translational by forming the basis for interventions to promote:

- Treatment adherence
- Better health outcomes
- Shorter hospital stays
- Fewer readmissions

It is well established that psychiatric conditions and psychological distress are associated with increased morbidity and greater utilization of health care services in patients with medical illness, with concomitant increases in health care costs.

Major contributions of our Department in this domain:

- Investigation of risk factors for psychological distress among patients with medical illness
- Identification of cultural variations in modes of expressing distress
- Development and evaluation of methods of assessment and treatment for such distress
- Critical evaluation of research on screening of depression in medical patients

Patient populations studied include, but are not limited to, those with:

- Cardiovascular disease
- Cancer
- Arthritis
- Scleroderma
- Diabetes
- Chronic fatigue
- Sleep disorders
- Hepatitis
- Physical disabilities
- Infertility
- HIV/AIDS

Research in women's health is an important area of expertise, particularly in the areas of:

- Perinatal mental health
- Factors associated with the prevention and treatment of gynecological cancers

Our Department strengths in this research theme reside in the application of conceptual frameworks and methods from several disciplines to study the multiple determinants (cultural, social, psychological, and physiological) of:

- Clinical illness behaviour
- Coping and adaptation to chronic illness
- Response to health communications
- Treatment adherence
- Outcomes

This theme is very much in line with the priorities outlined in CIHR's Strategy for Patient-Oriented Research and Health Research Road Map:

- To improve health outcomes, it is necessary to address areas of greatest need, including behavioural and social determinants of health
- Reduce the burden of chronic disease
- Reduce health inequities among vulnerable populations
- Focus on prevention and health promotion

STRATEGIC DEVELOPMENT OF MENTAL HEALTH AND MEDICAL ILLNESS RESEARCH IN OUR DEPARTMENT

To further strengthen research focusing on mental health and medical illness, over the next 5 to 10 years, our Department will work with the affiliated research centres to address the following needs:

SCIENTIFIC NEEDS

- Design activities to bring together researchers from the various hospitals in joint educational activities (rounds, seminars, etc.) in order to:
- Promote greater integration of biological and social scientific approaches
- Develop new research initiatives

RECRUITMENT NEEDS

The Department will recruit new researchers in this area and support new collaborative projects

- Key development requirements include recruiting:
 - A psychiatric epidemiologist
 - A health economist
 - A trialist with expertise in psychosocial intervention research

INFRASTRUCTURE NEEDS

We will create the Centre for Research in Mental Health and Medical Illness. This Centre will:

- Build on the strong existing research programs
- Provide space and other infrastructure
 - Administrative and clerical support
 - Statistical support
 - A library of questionnaires and other research materials
 - Audiovisual equipment
 - Website and listserv development and maintenance
- Invite visiting scholars
- Train fellows
- Implement seminars and workshops for health professionals and other stakeholders
- Disseminate research results
- Provide added value by means of:
 - More intensive interaction across disciplines and departments not only within the McGill network, but across Quebec and Canada, where expertise can be shared, and collaborative projects developed
 - Active involvement of community partners in the work of the Centre
 - Intensive engagement in knowledge translation activities

1.6. DISEASES OF AGEING

ALZHEIMER'S DISEASE (AD)

- One of the great threats to global and Canadian society
- Alzheimer's Association estimates 100 million people will be affected worldwide by 2050
- In Canada alone, one in every three persons over the age of 85 suffers from AD and the incidence is constantly on the rise, as a consequence of the overall greying of the population
- Economic, societal and familial costs associated with the treatment of AD are staggering. Costs associated with treatment alone amounted to over \$1.5B in Fiscal Year 2001 in Canada

Strengths of the Department:

Over the past 25 years, McGill and affiliated hospitals and institutes have made major investments in the field of AD research

- Creation of the McGill Centre for Studies on Ageing in 1986
- Creation of the Bloomfield Centre for Research on Ageing at the Jewish General Hospital
- Development of an exceptionally strong research axis on ageing and dementia at the Douglas Institute
- Recruitment of Dr. John Breitner as Chair in Ageing and Dementia research at the Douglas Institute
- Significant space and infrastructure have been provided to the experts across the McGill network
 - At the Douglas Institute, more than 35% of the total research space (approx. 4,000 m²) is devoted to the ageing and AD research axis
- Major investments by McGill and the Douglas Institute have been made in the support of
 - Tenured faculty
 - Administrative support
 - Well-equipped laboratories
- The investment of the Douglas Institute amounts to more than \$ 2M per year in direct and indirect costs. Comparable figures apply to the Bloomfield Centre for Research in Ageing at the Jewish General Hospital, and the McGill Centre for Studies on Ageing.

Scientific Contributions:

Outstanding contributions made by our scientists over the past decade and solid international leadership.

- In the last 5 years, researchers from the McGill Department of Psychiatry working in ageing have published close to 200 articles.
- They have secured over \$6M in research grants from various funding agencies.

The impact of the research publications produced by McGill scientists in AD is exceptional

- Department researchers are among the most highly cited neuroscientists in the world (ISI Data, Philadelphia) on a total of 15 in Canada
- The discovery of the apolipoprotein E4 gene allele as a risk factor in sporadic AD was among the top ten most cited discoveries in Medicine in 1995 and 1996 and among the top fifteen most cited discoveries in the field of dementia in the 90s

STRATEGIC DEVELOPMENT OF RESEARCH ON AGEING IN OUR DEPARTMENT

Our main advantage vis-à-vis our competitors is two fold:

- 1) Access to a critical mass of complementary expertise ranging from very basic research on the genetic, pathophysiological and etiologic bases of AD, from pharmacology, endocrinology to neurochemistry, from neuropsychology, state-of-the-art cerebral imaging to clinical drug trials and epidemiological studies
- 2) The free access health care system, this being a major advantage over our American colleagues
 - Other advantages include access to:
 - A large and well established human brain bank (Douglas Institute)
 - A unique founder population (French descendants) whose genealogy has been mapped back to the 16th century
 - Some unique animal models (APP-TTR mice, Long Evans aged rats, transgenic APP rats)
 - Several cohorts of normal ageing and clinical populations
 - Availability of neuroimaging facilities for animal models of disease

Weaknesses:

- Inadequate access to infrastructure grants that are most helpful to support:
 - DNA & biological databanks
 - Large colonies of transgenic animals
 - Large longitudinal human cohorts
 - An exploratory pilot grants program
 - A strong public education program
 - A health care professional-centered education program about the disease management issues

To address these weaknesses, we will focus on the following needs over the next 5 to 10 years:

SCIENTIFIC NEEDS

- We will promote research in the area of prevention and early identification of AD with the use of genetic markers and other biomarkers.
- We will develop strong imaging research for the early identification of AD and also for the study of animal models of ageing and cognitive impairments.
- We will develop epidemiological research in AD and ageing, particularly focusing on early identification and intervention. To this end, our Department has recently recruited a Chair in Ageing and Dementia to lead these efforts and will continue supporting these initiatives.

INFRASTRUCTURE NEEDS

- The department will support initiatives aiming to increase resources dedicated to biological databanks and animal models of ageing

2. INCREASED PROMOTION OF RESEARCH TRAINING AMONG CLINICAL FACULTY AND RESIDENTS

Although, as discussed above, the McGill Department of Psychiatry has a strong tradition in research, not all members of the Department participate in this process. This is particularly true for the clinical faculty of the Department, who are either peripherally involved or not involved in research at all. While many clinical faculty have expressed a desire to take part in research, they may lack the appropriate training and support to do it.

The following measures will be put in place as part of this Strategic Research Plan to promote increased participation in research by clinical faculty of the Department.

2.1. CREATION OF A RESEARCH-TRACK DURING RESIDENCY

- Benefits of a Formal Research Track:
 - Promote academic psychiatry.
 - Strengthen clinician-scientist “identity”.
 - Increase visibility and help attract residents who are more competitive in research.
 - Improve integration between previous research training of residents and future career in psychiatric research.
 - Obtain dedicated funding and better support for research activities during residency.
 - Improve success obtaining early-career research support and improve performance securing chercheur-boursier funding to maximize access to Fédération des médecins spécialistes du Québec (FMSQ)/ Régie de l’assurance maladie du Québec (RAMQ) chercheur-clinicien funds.
 - Create a formal mentorship program mirrored in the graduate model.
- Implementation of the Research-Track residency program
 - The program will begin in 2011.
 - Available from PGY-2 to PGY-5.
 - Will be developed in collaboration with the Clinical-Investigator Program (CIP) from the Faculty of Medicine. This is a two-year program consisting of one year during residency and another year as “formation complémentaire”. Residents that are in the Research Track will be enrolled in the CIP and will have to attend the lectures of the CIP curriculum.
 - Residents in the Research Track will meet annually with the Vice Chair of Research and will have formal research mentors assigned to them, with whom they will meet on a regular basis.
 - A program of seminars will be developed by the VC Research office for residents in a Research track.
 - The Department will provide financial support to residents in the Research Track to attend international conferences and present their findings.

2.2. MENTORING OF YOUNG CLINICAL FACULTY (GFT-H)

- Mentoring program targeting young clinical faculty with no more than 5 years since initial appointment
- Provide orientation about mechanisms and sources of funding
- Provide support for grant writing efforts
- Help prepare for the FRSQ chercheur-boursier interview
- Assign a formal research mentor
- Help develop a promotion dossier
- Participation in yearly research meetings with the VC Research and Department Chair

2.3 MENTORING OF YOUNG RESEARCH FACULTY (NON-CLINICAL, NON-TENURED)

- This program would target young faculty with no more than 5 years since initial appointment
- Provide orientation about mechanisms and sources of funding
- Provide support for grant writing efforts
- Provide competitive pilot funding to obtain preliminary data for grant purposes
- Help develop a promotion dossier
- Financial support to attend international conferences in case there is no grant support available within the first 3 years of appointment

3. INCREASED AVAILABILITY OF RESOURCES AT THE DEPARTMENT LEVEL TO FACILITATE PROMOTION OF THE RESEARCH AGENDA

Although it is the responsibility of the affiliated research centres to provide clerical and administrative support for researchers, available resources to support researchers in grant writing efforts are limited. Upon development of a functional academic plan in the Department, we will provide faculty with the following services:

- Administrative support throughout the CIHR submission process. The VC Research Office will obtain all necessary signatures and handle all paperwork necessary to the proper submission of a CIHR application.
- Maintenance of a database of grant applications to help keep track of research activity in the Department and better help the Department leadership orient efforts to obtain support from the Faculty of Medicine and the University administration. This database will be maintained by the VC Research Office.
- Facilitate administrative support and readiness for large grant preparation and negotiate partnerships with the Faculty of Medicine/VP Research Office to cover costs with professional consultants.
- Keep track of members of the Department who sit on the various CIHR, NSERC, FRSQ, CFI and other committees so that faculty can consult with them about how to better orient their funding requests.

4. BETTER INTEGRATION OF RESEARCH PROGRAMS ACROSS DIFFERENT HOSPITAL SITES AND RESEARCH CENTRES

Academic progress and development of the different research programs in the Department has been primarily conditional on resources and opportunities available at the individual hospital sites and affiliated research centres. There has not been until now a common research vision across the sites. Thus, efforts have primarily gravitated around local needs and have lacked complementarity and integration. It is now time to consolidate these local efforts as part of a global Departmental research vision based on local strengths, and promoting better integration and avoiding duplications across the McGill network. To achieve this objective, the Department will promote the following measures over the next 5 to 10 years:

- Single specialized clinical programs across the network. These programs, which will have local hospital-based leadership, will also have a McGill-wide vision and clinical-research leadership under the guidance of a well-established clinician scientist. Existing, successful, hospital-based programs will be used as a model to create clinical-research opportunities across the network.
- Capitalize on the RUIS programs to promote better integration across the different sites.
- Recruitment of new clinical faculty on a program basis, rather than on a site basis. As such, new faculty will automatically have privileges to operate in the given program sites across the network.
- Define site-based research domains. Recruitment of new faculty whose expertise falls outside the research domain of that site will not be supported. Such practice will help avoid duplications.
- Facilitate interaction between faculty from different sites through clinical, scientific and social activities offered by the Department on a regular basis.

5. BETTER AVENUES OF DEPARTMENTAL COMMUNICATION

Availability of efficient channels of communication is essential to let faculty obtain information easily and facilitate research. Effective information is also critical to promote important achievements from faculty and to foster a sense of belonging to the Department. We will implement the following measures over the next 5 to 10 years:

- Compilation of a manual to help new research and clinical faculty obtain relevant information quickly. This manual will be particularly helpful for faculty coming from abroad or who trained at different institutions.
- Creation of an updated and user-friendly Department website.
- Establishment of a yearly Department Day where recent and future strategic decisions will be shared with faculty members.
- Promote Departmental communication/networking using social media.
- Distribution of regular Department memos circulating essential information.