

EXTENDING OUR REACH

MEETING THE CHALLENGES OF EXCELLENCE, OUTREACH AND EQUITY



STRATEGIC PLAN FOR THE DEPARTMENT OF PSYCHIATRY
UNIVERSITY OF TORONTO (2001-2005)

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SUMMARY OF ACRONYMS

ACT	Assertive Community Treatment
CAMH	Centre for Addiction and Mental Health
CBASP	Cognitive Behavioral Analysis System Psychotherapy
CCHS	Culture, Community Health Studies
CERIS	Centre of Excellence for Research on Immigration and Settlement
CFI	Canada Foundation for Innovation
CHSRF	Canadian Health Services Research Foundation
CIHR	Canadian Institute for Health Research
CMHE	Continuing Mental Health Education
CPSO	College of Physicians and Surgeons of Ontario
CSP	Clinician Scientist Program
CRE	Centre for Research in Education
DOCH	Determinants of Community Health
eCHN	Electronic Child Health Network
ICPE	International Consortium of Psychiatric Epidemiology
IDDG	Interdepartmental Division of Geriatrics
IT	Information Technology
MET	Ministry of Education and Training
METFORS	Metropolitan Forensic Services
NGO	Non Government Organization
NIH	National Institutes of Health
OIT	Ontario Innovation Trust
PGY	Post-Graduate Year
SSHRC	Social Sciences and Humanities Research Council
T&R	Teaching and Research
UHN	University Health Network
WHO	World Health Organization

EXECUTIVE SUMMARY

The Department of Psychiatry at the University of Toronto has a solid foundation upon which to build. Its strengths are based on the merits and achievements of 13 strong, academic programs, a large accomplished faculty, the leading psychiatric residency program in the country, and a growing and impressive track record in attracting external grant funding to support a broad range of research initiatives.

In January 2001, the Department commenced a strategic planning process. The purpose of the process was to build on the directions articulated in the Faculty of Medicine's *Strategic Directions and Academic Plan 2000-2004* (June 2000), and to identify specific priorities and implementation goals to be addressed by the Department over the next five years (2001-2005).

The vision, mission and core values articulated by the Faculty of Medicine in its strategic planning process, and the development of a set of *Planning Principles* were the key guideposts used by the Department in commencing its strategic planning process. In particular, the *Planning Principles* set the context for deliberations by defining, in broad terms, what had been accomplished, what should be maintained, and what should be developed and enhanced within the Department over the coming years.

The process included:

- an assessment of the internal and external environments conducted through a review of key background documents,
- a series of interviews conducted with Program Heads in February 2001,

- a Departmental Strategic Planning Retreat held in March 2001, and
- a series of meetings with members of the Executive Committee throughout the process.

The process was led by the Chair of the Department, Dr. Donald Wasylenki and the Vice-Chair of Programs and Planning, Dr. Paula Goering. The Department's Executive and Senior Advisory committees provided extensive input throughout the process.

STRATEGIC PRIORITY I: BUILDING OUR FACULTY

- 1.1 The Department comprises leading scholars from Canada and around the world. New recruits are supported with competitive compensation and a superior work environment. Leading scholars are retained through ongoing support for academic endeavors.
- 1.2 The Department includes faculty with diverse experience in teaching and clinical service in areas of unmet need.
- 1.3 The composition of faculty and senior leadership reflects the diversity of society.
- 1.4 Comprehensive faculty development programs are available, utilized and targeted to Department goals.
- 1.5 The Department achieves international leadership in educational research. Faculty are supported in pursuing research in education.
- 1.6 The Department promotes an environment wherein faculty can achieve professional and personal balance during varying stages of academic career development.
- 1.7 The Department will continue to seek endowments to support faculty appointments in priority areas (e.g., continue development of chairs, professorships, fellowships).

STRATEGIC PRIORITY 2: ENRICHING THE STUDENT EXPERIENCE

- 2.1 The Department recruits the most promising students and trainees to its programs. The diversity of the student body is reflective of society.
- 2.2 Students and trainees are provided with a range of opportunities to learn in different environments.
- 2.3 The Department establishes a clinician-scientist training program. Appropriate infrastructure is in place to provide adequate funding for the program.
- 2.4 The Department collaborates with the Faculty in developing instructional technology that improves quality of instruction, improves access for students and meets expectations of students.

STRATEGIC PRIORITY 3: STRENGTHENING OUR ACADEMIC PROGRAMS

- 3.1 Priority programs achieve international excellence. New program configurations are developed in relation to changes in psychiatry and to leverage opportunities for the Department to play a leadership role.
- 3.2 Training programs emphasize the preparation of academic leaders.
- 3.3 The Department actively promotes and supports multi-, inter- and trans-disciplinary education and research.
- 3.4 Faculty members are supported in efforts to attract research funding and produce significant research.
- 3.5 The Department leads in the development of new service delivery models and in the organization of clinical services across the Toronto region.

STRATEGIC PRIORITY 4: ENHANCING OUR RELATIONSHIPS AND EXTENDING OUR REACH

- 4.1 The Department exists on numerous sites. Academic activities of various institutions and university departments are harmonized for maximum synergy and complementarity.
- 4.2 A population health framework for mental health is developed and integrated with the Department's biological and psychosocial expertise.
- 4.3 The Department has relationships with a number of organizations locally, provincially, nationally and internationally – public and private – to advance its missions in education and research and to influence system change.
- 4.4 The Department strengthens and expands its provincial outreach role.
- 4.5 The Department has established a prominent role in health education, research and service delivery on a global basis.

STRATEGIC PRIORITY 5: STRENGTHENING OUR INFRASTRUCTURE AND RESOURCE BASE

- 5.1 The Department promotes equitable rewards across sites for faculty, fellows, trainees and students.
- 5.2 The Department develops specific funding strategies for education, research and clinical care.
- 5.3 Sufficient and appropriate space is available for faculty and administrative staff.
- 5.4 The Department influences the redevelopment and relocation of mental health services at various sites, including the redevelopment of CAMH.
- 5.5 The Department has sufficient and appropriate administrative personnel and infrastructure support to implement the strategic plan as it evolves.
- 5.6 The Department develops optimal information technology for effective communication, collaboration, and performance of academic activities.

In addition to capitalizing on its strengths, the Department was interested in redefining its priorities in relation to envisioned changes which would influence the field of mental health and the practice of psychiatry. In particular, there is recognition that consideration must be given to the changing nature of psychiatry being shaped by new research and greater understanding of the broad range of factors and conditions that contribute to mental illness and mental health, and to the design of effective interventions.

Strategic Plan

Strategic Priorities and Implementation Goals

The Department confirmed the relevance and applicability of the following five strategic priorities contained in the Faculty of Medicine's strategic plan:

1. Building our faculty
2. Enriching the student experience
3. Strengthening our academic programs
4. Enhancing our relationships and extending our reach
5. Strengthening our infrastructure and resource base

Specific implementation goals were developed for each of these priorities. The activities of the Department over the next five years will be focused on achieving these goals.

Program Plans

Following confirmation of these goals, detailed program plans were developed by the 13 program areas in the context of the Department's vision – *international leadership in mental health research, education and service* – and in consideration of the Planning Principles established at the outset of the strategic planning process. Each Program Plan articulated: overall priorities with respect to education, research and clinical services within their program areas; specific directions with respect to each of the [five] strategic priority areas; and a description of how the Program could contribute to achieving the goal of greater international leadership in mental health. In addition to individual Program plans, specific reports were developed with respect to the Department's education and research activities. The research plan supports the current programmatic structure within the Department and emphasizes the importance of maintaining the Department's broad focus of scholarship. The breadth of the research agenda is fundamental to ensuring that the Department fulfills its responsibilities to train clinicians as well as researchers, and to care for the mentally ill and their families.

The education plan focuses on moving beyond a service-provision model to a coherent program in psychiatric education with the goal of making the Department an international leader in psychiatric education. Establishing education as a formal

program within the Department will be pivotal to meeting this challenge.

A number of common themes and challenges emerged from the individual program plans. These themes correspond to specific priorities to be undertaken by the Department during the first year of implementation of the strategic plan.

Towards Implementation: Next Steps

The framework that has been established through the strategic planning process will be used as a guide for the Department over the next five years and beyond.

A number of initiatives, task forces and committees currently under way at either the Department or Faculty level will help advance the Department of Psychiatry's strategic priorities and implementation goals. In particular, there is a strong role to be played by the Department's Executive Committee and its Senior Advisory Committee in facilitating actions around specific activities to be addressed during the first year of implementation. Similarly, Program Heads will play a key role in developing action plans to implement their Program plans. The Program Heads Committee will be used as a forum for reporting on and communicating progress toward achievement of goals articulated in the plan. The program leadership can play an integral role in the implementation process, moving forward on objectives which have been established for their individual programs and working collectively to advance the Department's broader goals.

There are a number of priority actions for the Department to undertake during the first year of this new planning cycle (Figure 7). These are seen as first steps to achieving the broader goals outlined in the plan.

By building on past successes and collaborating with other departments and faculties, the Department of Psychiatry is well-positioned to achieve the goals identified in its strategic planning process and to move the Department closer to realizing its vision – international leadership in mental health education, research and service.

Figure 7: Towards Implementation – First Steps (Year 1)

Building our faculty

- Initiate strategies to address issues related to faculty recruitment, retention and promotion
- Initiate actions to promote greater diversity in composition of faculty and senior leadership
- Implement recommendations arising from faculty development retreat

Enriching the student experience

- Establish planning task force for clinician scientist training program and explore linkages to MD/PhD program

Strengthening our academic programs

- Proceed with development of Education Program as a new priority program within the Department
- Design and operationalize plans related to development of new service delivery models including initiatives that address issues related to cultural competence
- Establish stronger networks/linkages among clinical services across Toronto

Enhancing our relationships and extending our reach

- Agree on preferred approach, develop and integrate a population health framework within the Department
- Explore feasibility of advancing program initiatives in international mental health education, research and service delivery

Strengthening our infrastructure and resource base

- Develop specific funding strategies for infrastructure support.
- Develop information and communication technology (ICT) strategies to promote effective communication, collaboration and performance of academic activities
- Address short-term and long-term space requirements
- Enhance intra-faculty communications and public profile, including web-site development/ expansion

INTRODUCTION

SECTION I

Background

The field of mental health is undergoing change. These changes are integral to determining directions and priorities to guide the future work of the Department of Psychiatry at the University of Toronto. The key drivers of change include:

- The rapid pace and productivity of scientific research on the brain and behavior;
- The availability of effective treatments for most mental disorders;
- Changes in care delivery triggered by implementation of the provincial mental health reform agenda; and
- The growing emergence of powerful consumer and family movements launching high-profile advocacy agendas.

Collectively, these drivers are interacting to change public attitudes and perceptions about mental health and to produce a mental health system that is expected to be:

- more accountable to those who seek and use mental health services

- more aware of and responsive to needs
- more innovative in how it supports mental health
- more inclusive in how it defines mental health¹
- more concerned with providing adequate education for mental health professionals balancing clinical treatment with mental health promotion
- more oriented toward improving the mental health of the entire population
- more reliant on evidence-based outcomes, and
- more fully integrated with other parts of the health and community care system.

The future directions of the Department of Psychiatry also are shaped by the environment at the University of Toronto as well as the broader academic environment. Key factors that have an important impact on the work of the Department and, therefore, have been considered in the strategic planning process include:

- The three central themes articulated by the newly-appointed President of the University – excellence, equity and outreach.
- The Provost’s strategic plan – *Raising our Sights* – that presents a vision for the University of Toronto as an internationally significant public university with a focus on three priorities: Building our Faculty; Enriching the Student Experience; and Strengthening Our Academic Programs.
- The strategic plan developed by the Faculty of Medicine – *International Leadership in Health Research and Education - Strategic Directions and Academic Plan: 2000-2004* – which set out a five-year plan for the Faculty. The plan added Enhancing Our Relationships and Extending Our Reach and

DEPARTMENT OF PSYCHIATRY PRIORITY PROGRAMS

Addiction Psychiatry	Mental Health Systems Research & Development
Child & Adolescent Psychiatry	Mood & Anxiety Disorders
Culture, Community and Health Studies	Neuroscience
General Psychiatry	Psychiatry, Health & Disease
Geriatric Psychiatry	Psychotherapy
Law & Mental Health	Schizophrenia
	Women’s Mental Health

Strengthening Our Infrastructure and Resource Base as two additional strategic priorities.

- The opportunities and challenges presented by hospital restructuring to the Toronto academic health sciences complex, and, in particular, the newly-formed Centre for Addiction and Mental Health (CAMH).

The Department of Psychiatry has a solid foundation upon which to build. Its strengths are based on the merits and achievements of 13 strong, academic programs, a large, accomplished and enthusiastic faculty, the leading psychiatric residency program in Canada, a growing and impressive track record in research and success in attracting external funding.

There are exciting opportunities to build on past successes and collaborate with other Departments and Faculties to –

- Implement changes in the Department’s education and research priorities
- Leverage new and expanding sources of research funding
- Provide leadership in the development of a Neurosciences Network
- Expand the success of continuing education and outreach programs
- Introduce new service delivery models
- Train clinician scientists for the mental health field
- Generate new knowledge about the brain and behavior and translate that knowledge to the education and service delivery systems, and
- Play a leadership role in international mental health, population health and educational scholarship.

The strategic plan that follows has been developed in consideration of these issues and the key strengths of the Department’s education, research, and priority program areas. The plan provides a renewed foundation upon which to confirm and advance the Department of Psychiatry’s leadership position within the Faculty and to help it take its place among the best in the world.

Strategic Planning Process

Dr. Donald Wasylenki was appointed Chair of the Department of Psychiatry effective September 1, 2000. In addition to a change in leadership, this appointment marked an important change for the Department. The new Chair would be responsible for leading the academic Department of Psychiatry and would not serve a dual role as the Chief Executive Officer of the CAMH. This provided the opportunity to launch a planning process focused exclusively on establishing a new vision, strategic directions and priorities for the entire Department for the next five years.

The planning process was initiated in January 2001. The process was led by the Department Chair

FIGURE 1: PLANNING PRINCIPLES (JANUARY 2001)

1. The Department will take advantage of its considerable size by developing breadth and depth in its academic activities. Academic programs will be established and may change depending upon departmental priorities. Programs will ensure participation from various sites, the inclusion of site-specific goals and objectives and cross-site collaborations.
2. The scholarly activities of the Department will span a continuum from basic science through clinical applications, health services and prevention. In all areas, faculty and students will aspire towards contributions of highest quality and the achievement of international leadership. Where indicated, the newest technologies will be utilized and core concepts of neuroscience, in particular, will be incorporated into all relevant levels of teaching and research.
3. The Department’s educational mission will be expressed through its undergraduate, graduate, postgraduate and continuing mental health education activities. Teaching is an essential academic function and faculty members are encouraged to develop educational scholarship. The Department will seek to expand educational activities and to assume a leadership role in the direction of education in the Faculty of Medicine, the University and in other educational venues such as national and international organizations.
4. The Department will be committed to leading the development of large scale, high quality, high impact research initiatives. International reputation will be a key measure of success. It is expected that support from granting agencies, foundations, government contracts and industry will increase over time and that faculty members will occupy key positions in various research funding bodies so as to influence the establishment of scientific priorities.
5. In order to expand its scientific contributions, the Department will be open and proactive with regard to new research opportunities. This will involve the recruitment of scientists into departmental programs and their rigorous training as part of the educational mission. Initiatives such as CIHR, Canada Research Chairs, the Canadian Foundation for Innovation, and the Canadian Health Services Research Foundation as well as international initiatives will be seen as key sources for support. The Department will continue to pursue endowments to establish Chairs, Professorships and Fellowships in various programs.
6. Evidence-based clinical services will be developed in relation to the academic mission of programs, site priorities and assessed need. Coordination will be emphasized to achieve efficiencies in service delivery and the Department will strive to assume a leadership role

and the Vice Chair of Programs and Planning, Dr. Paula Goering. The Executive Committee and the Senior Advisory Committee provided extensive input into the process (see Appendix A for membership of committees). The process began with development of a set of Planning Principles (Figure 1) which set the context for deliberations. The principles defined, in broad terms, what had been accomplished, what should be maintained, and what should be developed and enhanced over the coming years.

The strategic planning process was organized into five stages (Figure 2). Early in the process, there was agreement that the vision articulated by The University of Toronto Faculty of Medicine in its strategic planning process should be modified to reflect the Department’s commitment to mental

FIGURE 1: PLANNING PRINCIPLES (JANUARY 2001) (continued)

in the organization of clinical services across the Toronto region. As well, the Department will support the enhancement of capacity for underserved populations, using vehicles such as Telehealth and Telemedicine in its various programs, including the Outreach Program.

7. Departmental programs will contribute to world health by seeking opportunities to improve the organization and delivery of mental health services in underdeveloped countries, by establishing exchange programs for faculty members, by teaching about international mental health issues and by arranging for student placements and exchanges. Relationships will be developed with international health programs within the University of Toronto and partnerships will be established with international agencies such as the World Health Organization. The Department will play a leadership role in selected areas of international mental health.

8. Within its broad academic mission, the Department will recognize that the reduction of health inequalities is an important health objective. To reduce inequalities, the Department will develop, in collaboration with other disciplines and departments of the University, a population health framework for mental health to complement its biological and psychosocial expertise. This framework will empha-

size the identification and targeting of vulnerable groups, the importance of broad health determinants, the development of strategies to increase access to mental health services and support for public policy that addresses the relationship between social factors and mental illnesses.

9. It is important that the faculty of the Department reflect the composition of society so as to ensure an array of educational and scientific perspectives and opportunities. With regard to gender and ethno-cultural diversity, the faculty will seek to become more representative. Steps will be taken to correct imbalances through mechanisms such as recruitment, promotion, appointments and retention.

10. The Department will pay considerable attention to the redevelopment and relocation of mental health services at various sites. In many cases, redevelopment and relocation initiatives may have an impact upon important university program elements in the educational and/or research arenas. In particular, as the proposed innovative and ambitious redevelopment plan for the CAMH includes a significant portion of university program resource, it will be important for the Department to be involved actively in the planning process so as to understand and inform developments in relation to departmental priorities.

health services as well as strong, international leadership and innovation in health research and education. The Department's planning principles, and revised vision, as well as the mission and core values articulated by the Faculty of Medicine (Figure 3) were used as guideposts to develop a framework for the Department's strategic plan. The key themes that were emphasized in the Faculty plan – the integration of research with academic training, promotion of diversity and leadership in multiple domains – were consistent with those that were important to the Department.

The Department also undertook to:

- Identify *strategic priorities* building on those outlined in the Faculty of Medicine's strategic plan;
- Develop *implementation* goals along with proposed actions and expected outcomes and measures; and
- Develop *program plans* for each of its 13 program areas in addition to individual plans for its Faculty-wide education and research activities.

Environmental Planning Context

External Environment

As the Department considers its directions for the next five years, it is sensitive to a number of critical influences in the external environment that present both opportunities and challenges.

The Department will need to redefine its priorities in relation to envisioned changes that are expected to have an impact on the field of mental health and the practice of psychiatry. Consideration must be given to the changing nature of psychiatry being shaped by new research and greater understanding of the broad range of factors and conditions that contribute to mental illness and mental health, and to the design of appropriate interventions. This will add pressure to enlarge the scientific bases of current education programs to include more basic, clinical, population and health management sciences to ensure an evidence-based approach to clinical work.

Linked to the concept of population health is a heightened awareness about the importance of human development² and, in particular, a recognition of the benefits of adopting a life-span approach in responding to research, educational and clinical priorities. Some of the implications for the Department in advancing awareness of a life-span approach will require strengthening of key Program areas (Child, General and Geriatrics), and a heightened awareness of the need to consider child and geriatric factors in the study of psychiatric disorders.

Finally, consideration must be given to opportunities presented by scientific advancements in mental health as well as the implementation of mental health reform across Ontario. Changes resulting from these activities are contributing to integrating

FIGURE 2: STRATEGIC PLANNING PROCESS³ (JANUARY TO JULY 2001)

Stage	Activity	Timeline
1	Confirm vision, mission and values Develop planning principles	January 1- 25
2	Conduct internal and external environmental scan	January 25 – March 8
3	Develop and test strategic directions and implementation goals	March 8 – April 5
4	Develop individual program plans	April 5 – May 31
5	Prepare and finalize strategic plan	May 31 – July 31

mental health into the mainstream of health. These factors also are creating a number of new realities to be considered by the Department in its planning. Key considerations include:

- Greater integration and continuity among separate and isolated systems of primary, secondary and tertiary mental health care;
- Increased emphasis on primary care in ambulatory and community settings as well as growth in other support services required from a variety of agencies and government services outside of the formal health care system (e.g., hostels, shelters);
- Increased attention to the importance of prevention and health promotion.
- Increased demand and competition for academic psychiatrists in a global economy and shortages in the supply of psychiatrists not only in northern and rural areas of the province, but urban areas as well;
- Fundamental change and alteration in the ways in which research grants will be applied for given the need for greater collaboration across disciplines/ specialties to address health from a broad population health perspective and to respond to the scope of the mandate set out by the CIHR Institute of Neurosciences, Mental Health and Addiction.⁴

Key issues impacting on the broader health system include:

Shifting Population Demographics

The baby boom generation which is beginning to enter the “health care high use” age range with unprecedented “consumer” expectations of speed, quality and appropriateness. In addition, more people are living longer, with the 85+ age cohort increasing at the fastest rate, but often with less informal support than in the past due to changing family structures and unavailability of informal caregivers.

Changing Expectations And Perspectives

On Health / Health Care Delivery

Growing public expectations with respect to service and care options. Growing acceptance by governments and the Canadian public of collective and individual responsibility for health as well as health care and the importance of physical and social environments in contributing to individual health.

Continued Changes In Health Care Delivery

Changing approaches to hospital care including increased ambulatory procedures and earlier discharge. Physicians expected and required to practice in more integrated systems in close collaboration with other health care providers.

FIGURE 3: VISION, MISSION, CORE VALUES

Department of Psychiatry – Vision

International leadership in mental health research, education and service.⁵

Faculty of Medicine – Mission

We prepare future health leaders, contribute to our communities and improve the health of individuals and populations, through the discovery, application and communication of knowledge.

Core Values

- Integrity in all of our endeavors.
- Commitment to innovation and excellence.
- Life-long learning and critical inquiry.
- Diversity and social justice.
- Partnership with our academic health science centres.
- Multi-professional, interdisciplinary, and community collaboration.
- A supportive and collegial environment.
- Accountability to our community of scholars and to the public.
- Responsiveness to our local, national, and international communities.

Continuing Fiscal Pressures And Increasing Demand For Public Accountability

Health care expenditures now account for 44 per cent of the Ontario provincial budget. There will be an increasing requirement for health care institutions and providers to ‘creatively’ manage health care resources and seek efficiencies resulting in health services restructuring to contain further escalation of costs.

Increasing ethno-cultural diversity in the population

Today’s society is rooted in more diverse cultural, religious, linguistic and ethnic backgrounds than in the past. Diversity enriches our society; it also creates the need for greater understanding of different attitudes to teaching and clinical practice. The increasing ethno-cultural diversity of the population requires a greater understanding and appreciation of the contributions made by different cultures to society and a greater level of cultural competence.⁶ These factors, in turn, have an impact on clinical teaching, research and education.

Greater societal recognition of the need to address social justice issues

There is a need to incorporate greater sensitivity in clinical thinking with respect to issues of sexism, racism, ageism, heterosexism, and other social justice issues. Those experiencing inequity and discrimination because of race, gender, age or disability are challenging society to remove barriers to equal access and full participation.

Technological Advances

The rapid expansion of technology including telehealth applications, Internet health websites and intercom services, electronic support groups for caregivers, tracking devices for wanderers, specialized technology for individuals with disabilities (i.e., computerized controls in the home).

Impact of income disparities

As income disparities increase, key determinants of mental health including financial security, housing, nutrition and public safety will require significant attention.

Faculty of Medicine

As noted earlier, the Faculty of Medicine's strategic plan (June 2000) provided a useful framework for development of the Department's strategic plan. The major themes articulated in the plan will influence the focus and priorities of the Department. In the past year, a number of additional issues have emerged at the Faculty level to be considered in departmental planning. These issues relate specifically to:

- Clinical teaching, particularly at the undergraduate level;
- The need for clarification concerning the nature, conditions and benefits of terms of appointments for all faculty, including clinical and scientific faculty;
- Future funding of academic medicine, including further exploration and evaluation of Alternate Funding Plans to address increasing pressures being placed on clinical practice plans to support a growing and more demanding academic enterprise;
- Strengthening partnerships between teaching hospitals and the Faculty to ensure that the academic and clinical missions are achieved with excellence;

Together, these critical issues create both opportunities and challenges for the Department and underscore the need to:

- Strengthen the Department's partnerships within the Faculty of Medicine at the University of Toronto and other Faculties of Medicine across the country.

- Develop partnerships and alliances that may not have been a part of education in the past: partnerships with computer and software companies to develop information and communication systems; partnerships with pharmaceutical and bio-technology companies to support research; partnerships with government to determine the best way to meet the mental health needs of the public; and partnerships with international organizations to expand the reach of the Department's work.

- Build its position as a world leader in education and research.

- Continue to incorporate issues related to culture and diversity into the curriculum, recruitment processes, and as part of the research agenda. This will require a commitment that students trained represent the rich ethnic diversity of our society and that cultural sensitivity is part of the educational and clinical experience of every student and faculty member.

- Enhance its role in promoting the use of new knowledge to contribute to the development of new approaches to clinical and health services interventions

*Internal Environment**Department of Psychiatry*

An assessment of the internal environment was completed through a review of the following documents:

- *Fulfilling our Public Trust* (1992)
- *Strengthening the Future: 1996 Department of Psychiatry Planning Report*.
- Departmental External Review (1999)
- *Annual Report 1999/2000, Department of Psychiatry, University of Toronto*
- Departmental Plan to Faculty of Medicine (2000)

Strategic issues and priorities also were identified through a series of interviews conducted with Program Heads in February 2001 and meetings with the Executive Committee in early March. The findings of the interviews and review of internal documents were compiled to form a *Synthesis of Strategic Issues and Opportunities* (see Appendix C).

Overall, the assessment of the internal environment revealed significant strengths across the Department, as well as a number of areas that would benefit from focused attention:

- *The Department is situated in one of the leading North American Faculties of Medicine* attracting high-calibre students nationally and internationally. In student numbers and budget, the Faculty is the second largest division of the University of Toronto, following Arts and Science.

DEPARTMENT OF PSYCHIATRY FAST FACTS – 2000-2001**Faculty**

577 faculty members (165 GFT/FFT)

Total Administrative Staff: 6**Student and Trainees**

176 Medical Students

13 International Medical Graduates

45 Electives

125 Residents

39 Fellows

Research

\$24.2 million, 1999-2000

total research funding

430 awards (1999-2000)

Endowed Chairs/Professorships

1 Professorship

6 Endowed University Chairs

2 Endowed Hospital Chairs

- *The Department's large, accomplished faculty is committed to and enthusiastic about tapping into opportunities for growth and change.* Specific areas requiring attention include:
 - Recruitment of faculty with knowledge, skills and experience reflective of the changing nature of psychiatry;
 - Strategies to address faculty shortfalls resulting from retirement(s) in key program areas and to meet the need for greater gender and ethno-cultural diversity within the faculty; and

- Recognition of the need to balance recruitment and training of academics with education of a broad base of well-trained practitioners who can serve the community.
- *High-levels of student and resident success and satisfaction within the Department.* The Department has a well-established, broad and diverse program base with strong undergraduate, postgraduate, fellowship and continuing medical education programs.
- *Research funding within the Department has more than tripled over the past 10 years.* Plans are required to build on research capacities in successful programs

FIGURE 4: SWOT ANALYSIS

Strengths

- Broad & diverse program base (13 strong priority programs)
- Large, accomplished faculty; leading scholars from around the world with excellent reputation, drive, enthusiasm and strong commitment
- Strong well-established undergraduate, postgraduate, fellowship and continuing medical education programs
- Largest psychiatric postgraduate training program in North America
- High levels of student and resident success and satisfaction
- Situated in leading North American Faculty of Medicine
- Strong relationships with teaching hospitals
- Well differentiated general hospital teaching sites
- CAMH designated as WHO Centre of Excellence
- Tripled research funding to \$25M in past 10 years
- Increased number of research endowments
- Success of provincial outreach program

Weaknesses

- Breadth of programming strain on resources
- Lack of formal clinician scientist training program
- Variable productivity in research component of priority programs
- Limited diversity in faculty and senior leadership
- Minimal use of electronic instructional media
- Salaries non-competitive for recruitment and retention
- Insufficient incentives for teaching, particularly undergraduate
- Insufficient administrative and infrastructure support for educational programs
- Untapped role in international mental health
- Lack of cohesion within a broad network.

Opportunities

- New sources of research funding; scope of programming makes department competitive particularly with CIHR
- Leadership role in Neurosciences Network.
- Multidisciplinary partnerships and collaboration with private sector, developers, other clinical, basic science, public health and social sciences
- Mapping the brain, follows mapping the Human Genome- genetics in mental health
- Leadership in new service delivery models
- Leverage evidence-based research to advocate with government for policy changes
- Adapt experience from addictions sector in dissemination of research findings
- Expand continuing education offerings
- Expand telehealth offerings and IT in broad range of academic and clinical venues
- Redevelopment of CAMH provides unique teaching & research opportunities
- Leverage current restructuring agenda to develop greater systems coordination and academic presence across teaching sites
- Untapped potential for research in education
- Better integration between field of mental health and addictions.

Challenges

- Sustaining 13 priority programs
- Redefining role and reach of department: balancing opportunities in molecular genetics, neurosciences and psychosocial, population health
- Establishing identity distinct from CAMH
- Meet the needs and recognize the benefits of an increasingly diverse population.
- Reducing stigma and active systemic discrimination.
- Ensuring that department' academic priorities become integrated with priorities of teaching hospitals sites
- Balancing social responsibility for training general psychiatrists and developing academic scholars
- Infrastructure to support clinician scientist & fellowship programs
- Recruitment and retention of best faculty for department, and securing supporting infrastructure
- Balancing local needs with provincial, federal and international outreach.
- Balancing increasing clinical demands with rising academic expectations
- Balancing demand for program and policy 'relevant' research with scientific excellence.
- Continuing to attract endowment funds.

FIGURE 4: SWOT ANALYSIS

The Swot analysis also revealed a number of “tensions” that are important for the Department to consider in managing and balancing its priorities. These include:

Balanced with	
Retaining and enhancing breadth of programs	Narrowing the scope of programs to concentrate on depth
Embracing opportunities in molecular genetics and neurosciences	Embracing opportunities in psychosocial and population health.
Keeping a strong focus on the field of psychiatry	Developing stronger collaborations and greater integration with other specialties and disciplines (e.g., neurosciences, genetics, psycho-pharmacology)
Training more academic scholars	Training more general psychiatrists
Training more general psychiatrists	Training more sub-specialists
Addressing important issues and gaps on the national mental health agenda.	Expanding the international reach of the department to address ‘global’ mental health issues
Recruitment of Faculty from external candidates	Recruitment/expansion of Faculty through internal promotion and satisfaction

DEPARTMENT OF PSYCHIATRY FAST FACTS – 2000-2001

Principal Teaching Sites	St. Michael’s Hospital
Centre for Addiction & Mental Health – (ARF, Donwood, Clarke & Queen Street sites)	Sunnybrook Women’s College Health Science Centre (Sunnybrook and Women’s College sites)
Baycrest Centre for Geriatric Care	Surrey Place Centre
George Hull Centre	University Health Network
Hincks-Dellcrest Centre	(Princess Margaret Hospital, Toronto General Hospital, and Western Hospital sites)
Hospital for Sick Children	
Mount Sinai Hospital	
North Bay Psychiatric Hospital	University Health Services

and develop resources for other programs to achieve potential. Exploring opportunities to increase inter-departmental faculty and inter-faculty collaboration is also critical to address the full spectrum of health research, maximize investment in resources and infrastructure, and to compete successfully for external funding. Other challenges to be addressed include: better dissemination strategies for new knowledge; more application of research to practice; and, enhancement of internal capacity to take advantage of a growing number of research opportunities.

- *The Department has strong relationships with its clinical teaching sites. It can, however, play a more visible and active role in these institutions by promoting the academic agenda, coordinating recruitment of top students and faculty, leveraging relationships and resources and advocating for greater integration of psychiatry within hospital priorities.*
- *The Department has opportunities to expand its international reach by supporting faculty and student efforts to make an impact on an international level, identifying sources of support for international health initiatives, and inviting students and Faculty from abroad to share and participate in the academic activities of the Department.* The Centre of Excellence for Research on Immigration and Settlement (CERIS) is located in and administered by the Department. It is one of a number of centres located in Canada, the United States, Holland, Israel, Denmark, Sweden, the United Kingdom, France, Italy and Australia that are united and operate under the rubric of “Metropolis”. All of the Centres conduct research in immigration and settlement aimed specifically at informing public policy. The Toronto centre has assumed a position of national and international leadership with respect to issues relating to immigrant and refugee health.
- *A Departmental strategy is required to address space requirements, support/administrative requirements, and information technology required to support future faculty recruitment, research, and teaching endeavors.* The impacts of hospital restructuring and, in particular, the redevelopment of the Queen Street site provide both opportunities and challenges to resolve space and infrastructure issues while maintaining appropriate presence and linkages to the main campus.

Strengths, Weaknesses, Opportunities and Challenges

The review of the external environment and internal assessment provided a clearer perspective of the strengths, weaknesses, opportunities and challenges faced by the Department. This is summarized in the “SWOT” analysis (Figure 4).

With these insights, and a better understanding of both its internal and external environment, the Department articulated a set of strategic goals to guide its activities over the next five years. These are outlined in the following section.

Footnotes

¹ *The meaning of the term mental health, as used throughout this paper, includes the field of addiction*

² *This relates to the growing understanding that human development evolves in phases. For example, good physical health, the ability to make effective social connections with others, good coping skills, healthy levels of reactivity to stress, control over one’s life choices, a sense of psychological well-being and good self-esteem are developmental outcomes that have their roots*

in early experiences. Each continues to be important throughout life, and each influences the quality of an individual's life and the quality of the contribution they are able to make to the effective functioning of society.

³*Timelines were changed to accommodate broader consultation amongst program leaders and their faculty in developing individual program plans.*

⁴*The CIHR Institute of Neurosciences, Mental Health and Addiction will support research to enhance mental health, neurological health, vision, hearing and cognitive functioning and to reduce the burden of related disorders through prevention strategies, screening, diagnosis, treatment, support systems and palliation.*

Associated research will advance our understanding of human thought, emotion, behaviour, sensation (sight, hearing, touch, taste, smell), perception, learning and memory.

⁵*Vision adapted from Faculty of Medicine – “International leadership in health education and research.”*

⁶*The term cultural competence refers to an amalgam of skills (e.g., overcoming linguistic barriers), knowledge (e.g., information about cultural, immigration and settlement issues), and constructive attitudes (e.g., awareness of discrimination and its effects).*

STRATEGIC PRIORITIES AND GOALS

SECTION 2

Strategic Priorities

The synthesis of key issues and opportunities arising from the review of background documents and information gathered during the interview phase confirmed the relevance and applicability of the following five strategic priorities:

- Building our faculty
- Enriching the student experience
- Strengthening our academic programs
- Enhancing our relationships and extending our reach
- Strengthening our infrastructure and resource base

The first three strategic priorities match directly to the key priorities of the University as articulated in *Raising our Sights*. The remaining two priorities were added by the Faculty of Medicine in developing its (June 2000) strategic plan. The Department developed specific implementation goals for each of the five strategic priorities. These were refined following extensive discussion at the Department Planning Retreat held on March 22, 2001. Detailed implementation issues and opportunities are included in Appendix C.

Program Plans

Twelve of the Department's 13 programs were asked to develop a plan focused on how they can best respond to the strategic priorities and implementation goals confirmed at the Department's strategic planning retreat. The General Psychiatry program plan was deferred until the review and appointment of new leadership was completed.

The plans were to be developed in the context

of the Department's vision – *"International leadership in mental health research, education and service"* – and in consideration of the Planning Principles established at the outset of the strategic planning process. Programs were asked to identify specific plans for development of their programs in each of the five priority areas and were also asked to consider how their programs might advance the Department's goal of achieving greater international leadership in mental health.

In addition to individual program plans, specific reports were developed for the Department's Education and Research activities. Issues related to undergraduate, postgraduate, fellowship and continuing mental health education (CMHE) programs were addressed as part of the Education report.

A number of common themes and challenges emerged from the individual program plans. The themes emerging from the Program Plans do not, however, reflect the full breadth of the strategic goals established at the departmental level.

Therefore, the two challenges for the Department will be to ensure that:

- the activities of the Programs align more closely with the strategic goals over time, and
- implementation of the departmental strategic plan addresses all of the strategic goals not just those identified in the individual Program plans.

Priority Themes Emerging from Program Plans

The common themes and challenges arising from the Program Plans can be summarized under each of the priority themes as follows:

STRATEGIC PRIORITIES

Over the next five years, the Department's activities will be focused on achieving the following goals.

<p>Strategic Priority Building our faculty</p>	<p>Implementation Goals</p> <p>I.1 * The Department comprises leading scholars from Canada and around the world. New recruits are supported with competitive compensation and a superior work environment. Leading scholars are retained through ongoing support for academic endeavors.</p> <p>I.2 The Department includes faculty with diverse experience in teaching and clinical service in areas of unmet need.</p> <p>I.3 * The composition of faculty and senior leadership reflects the diversity of society.</p> <p>I.4 * Comprehensive faculty development programs are available, utilized and targeted to Department goals.</p> <p>I.5 The Department achieves international leadership in educational research. Faculty are supported in pursuing research in education.</p> <p>I.6 The Department promotes an environment wherein faculty can achieve professional and personal balance during varying stages of academic career development.</p> <p>I.7 The Department will continue to seek endowments to support faculty appointments in priority areas (e.g., continue development of chairs, professorships, fellowships).</p>
<p>Enriching the student experience</p>	<p>2.1 * The Department recruits the most promising students and trainees to its programs. The diversity of the student body is reflective of society.</p> <p>2.2 Students and trainees are provided with a range of opportunities to learn in different environments.</p> <p>2.3 The Department establishes a clinician-scientist training program. Appropriate infrastructure is in place to provide adequate funding for the program.</p> <p>2.4 * The Department collaborates with the Faculty in developing instructional technology that improves quality of instruction, improves access for students and meets expectations of students.</p>
<p>Strengthening our academic programs</p>	<p>3.1 Priority programs achieve international excellence. New program configurations are developed in relation to changes in psychiatry and to leverage opportunities for the Department to play a leadership role.</p> <p>3.2 * Training programs emphasize the preparation of academic leaders.</p> <p>3.3 * The Department actively promotes and supports multi-, inter- and trans-disciplinary education and research.⁷</p> <p>3.4 * Faculty are supported in efforts to attract research funding and produce significant research.</p> <p>3.5 The Department leads in the development of new service delivery models and in the organization of clinical services across the Toronto region.</p>
<p>Enhancing our relationships and extending our reach</p>	<p>4.1 * The Department exists on numerous sites. Academic activities of various institutions and university departments are harmonized for maximum synergy and complementarity.</p> <p>4.2 A population health framework for mental health is developed and integrated with the Department's biological and psychosocial expertise.</p> <p>4.3 * The Department has relationships with a number of organizations locally, provincially, nationally and internationally – public and private – to advance its missions in education and research and to influence system change.</p> <p>4.4 The Department strengthens and expands its provincial outreach role.</p> <p>4.5 * The Department has established a prominent role in health education, research and service delivery on a global basis.</p>
<p>Strengthening our infrastructure and resource base</p>	<p>5.1 The Department promotes equitable rewards across sites for faculty, fellows, trainees and students.</p> <p>5.2 * The Department develops specific funding strategies for education, research and clinical care.</p> <p>5.3 * Sufficient and appropriate space is available for faculty and administrative staff.</p> <p>5.4 The Department influences the redevelopment and relocation of mental health services at various sites, including the redevelopment of CAMH.</p> <p>5.5 The Department has sufficient and appropriate administrative personnel and infrastructure support to implement the strategic plan as it evolves.</p> <p>5.6 The Department develops optimal information technology for effective communication, collaboration, and performance of academic activities.</p>

The Department's programmatic structure symbolizes the value it places on scholarship. The programs help define what it is that the Department does best, as well as its vision of some of the important challenges in mental health, neuro-sciences and addictions. The programs also supply a pragmatic underpinning. Each of them is an intellectual home-base in which researchers, teachers and clinicians can come together to pose the big questions in their area of expertise, and to create investigative teams to address them.

– Research Plan, Department of Psychiatry

Building our faculty

- Strategies to recruit and retain faculty with a particular focus on recruiting leaders to replace departure of senior staff and/or recruitment of staff in key program areas to improve critical mass
- Develop and promote [Departmental] plan to increase career satisfaction and retention among faculty with a strong emphasis on career development.
- Continue to establish Chairs.
- Appoint Chairs in specific program areas, namely:
 - *Richard Lewar Chair in Geriatric Psychiatry*
 - *Morgan Firestone Chair in Psychotherapy Research*
 - *Shirley Brown Chair in Women's Mental Health*
 - *Loretta Ann Rogers Chair in Eating Disorders*
 - *Royal Investment Services Chair in Child Development and Psychopathology*
 - *Chair in Addiction Psychiatry*
 - *Upgrading of David Crombie Professorship into an endowed Chair in Cultural Pluralism and Health*
- Utilize recruitment to build a critical mass of scientific expertise and pursue research (through investment in faculty and research infrastructure) in identified areas: neuroimaging, molecular genetics, psychopharmacology, neurocognition, population health, rehabilitation.

Enriching the student experience

- Provide students with a greater range of opportunities to learn in different environments.
- Develop a greater level of cultural competence among students and faculty.
- Develop mentorship programs to allow students and residents to be exposed to faculty with academic focus.
- Develop CSP within the post-graduate education stream.
- Build appropriate infrastructure to allow for development/expansion of the fellowship program.

Strengthening our academic programs

- Attract trainees and heighten the interest and involvement of students (at all levels) in specific program areas
- Achieve an appropriate balance of different perspectives in research and teaching activities.
- Explore opportunities to expand teaching in identified areas: evidence-based treatments;

telepsychiatry; teaching; neuroimaging; psychopharmacology; behavioural genetics.

- Emphasize collaborative opportunities in research in key areas including neuro-imaging, population health.

Enhancing our relationships and extending our reach

- Develop a plan to integrate a population health perspective into the Department's planning, research and teaching activities.
- Explore opportunities to expand telepsychiatry programs, nationally and internationally.
- Pursue development of international exchange programs for students, residents, fellows and faculty.
- Expand international outreach by facilitating follow-through on specific projects and by supporting increased involvement of Faculty in national and international organizations.
- Establish stronger linkages with the addictions field.

Strengthening our infrastructure and resource base

- Openly address issues related to funding and resource base within the Department including:
 - allocation of funding across program areas,
 - funding to support fellowships in specific program areas,
 - increased funds to support new initiatives (i.e., development of CSP, Education Program).
- Utilize CFI, OIT and other infrastructure external opportunities to build infrastructure.
- Support/enhance educational opportunities through adoption of, and experimentation with, information technology.
- Build upon Chairs to create additional fundraising opportunities
- Invest in information and communication technology to support large scale studies (Schizophrenia), make databases common property available to all investigators (Mood & Anxiety), integrate specific initiatives within the Faculty of Medicine (Neurosciences).

There are also a number of areas wherein programs plan to develop new initiatives focused on **innovation and partnerships** that will strengthen the academic, clinical and research activities within the Department of Psychiatry. Key areas of innovation include:

- Plans by the **Schizophrenia Program** to develop a schizophrenia services Toronto-wide network to assure that all individuals affected by schizophrenia have access to excellent services tailored to their stage of illness and needs. This initiative will require collaboration and integration across clinical sites and will include the introduction of new programs in neurogenetics, psychopharmacology, cognition and early intervention.

- A proposed plan from the **Mood & Anxiety Disorders Program** to commit at least 5 per cent of its resources as venture capital to support new and innovative initiatives including the training of staff to take on new roles.
- Greater integration between the **Neurosciences Program** and the existing University of Toronto neurosciences initiative to develop a coordinated approach to neurosciences graduate training and research projects at the University of Toronto.
- Academic, research and clinical activities emerging from the merger of addictions and mental health with a particular focus on concurrent disorder best practices (**Mental Health Systems Research & Development program**).

Strengthening the Department's capacity in **population health** is another priority that will cut across programmatic areas. While there is strong support for incorporating population health into the work of the Department, there is no clear understanding of how this can best be facilitated. There appears, however, to be support for recruiting an academic leader with expertise in this field who can help infuse a population health approach throughout the Department as a whole by looking for opportunities to develop research with a population health orientation within existing program streams. The ultimate goal is to strengthen the Department's capacity in population health research and to increase sensitivity to the fact that all types of research, whether basic or applied, should take population health issues into consideration.

There are a range of activities currently under way that have great potential to help extend the **international reach** of the Department. In particular, there is strong support for the Department to build and nurture existing relationships (i.e., CIHR, NIH and ICPE) as well as the designation of CAMH as a WHO Centre of Excellence to further the development of international links and leadership.

In addition, there are a number of new ideas to achieve greater international leadership, exchange and collaboration across specific program areas (see Figure 6).

Footnotes

* *These goals have been taken directly from the Faculty of Medicine Strategic Directions and Academic Plan June 2000.*

⁷ *Rosenfeld, PL; Multidisciplinary: Researchers work in parallel or sequentially from disciplinary-specific base to address common problems. Interdisciplinary: Researchers work jointly but still from disciplinary-specific basis to address common problem.*

Transdisciplinary: researchers work jointly using shared conceptual framework drawing together disciplinary-specific theories, concepts and approaches to address common problems.

FIGURE 6: INTERNATIONAL OUTREACH PROJECTS – CURRENT OR PLANNED

Program Culture, Community & Health Studies	International Reach Maintain and extend the program’s international collaborative research network (e.g., with colleagues in England, India, Nigeria, Pakistan, USA). The establishment of a Centre for Stress and Health under the aegis of the University of Toronto, CAMH and the University of Port Harcourt and local NGO organizations in Nigeria. The Centre addresses research, service delivery, community development, training and advocacy. Establish stronger linkages with the CERIS, a local resource for research and training in immigrant and cultural issues. Given that CERIS is part of an amalgamation of countries (the international collective is known as METROPOLIS) involved in international research on the impact of immigration on cities, it is also a valuable resource for international development.
Geriatric Psychiatry	Develop a plan for academic outreach to Latin America (in collaboration with the IDDG and/or The International Psychogeriatric Association). The plan will include providing visiting professors, electives and specialty training for medical students, residents and fellows, and an academic program consultation service that would help interested countries develop training programs for medical students and/or psychiatry residents in Geriatric Psychiatry
Law & Mental Health	First-third world “twinning” with a secure forensic facility on the outskirts of Capetown, South Africa. The European Union has sequestered funds to support the twinning arrangements to promote transfer of knowledge to the third world. CAMH’s role as a Centre of Excellence in addictions and mental health with the WHO may provide a structure and context within which to develop this program of international outreach
Mental Health Systems Research & Development	Support and expand established links to Baltic region, France, Brazil and the United States.
Psychotherapy	Build upon national and multinational/international collaborative multi-site trials through partnerships underway with Germany, United Kingdom, and Australia. Investigate potential for Japan
Schizophrenia	Pursue International Health opportunities in Baltic region.
Women’s Mental Health	Engaged in cross-cultural research investigating the construct of self-silencing (i.e., the silencing of one’s thoughts and feelings in the context of close relationships) and its relation to diminished well-being. This research involves collaboration with colleagues at the Chinese University of Hong King and colleagues at the University of the West Indies.

PROGRAM PLANS

SECTION 3

EDUCATION PLAN AND PRIORITIES

Program Head: *Dr. Brian Hodges,
Vice Chair Education*

Education Directors: *Dr. Jodi Lofchy,
Director of Undergraduate Education
Dr. Allan Kaplan, Director of Postgraduate Education
Dr. Anthony Levitt, Director of Fellowships
Dr. Ivan Silver, Director of Continuing Mental Health
Education*

Summary Highlights

Priorities Overall

- Establish Education as a formal Program.
- Secure departmental support for recruitment, promotion and retention of educational scholars.
- Enhance administrative support for all educational activities and programs.

- Emphasize greater international collaboration among education directors, scholars and committees.
- Encourage greater internal collaboration between educational divisions, CRE and new University-wide Faculty Development program

Priorities by Education Division

Undergraduate Program

- Establish formalized process for identifying, assigning and remunerating teaching responsibilities driven from the highest level of the Departmental Executive and overseen by the Education Council.
- Further expand the recruitment activities and electives programs to attract excellent students to psychiatry.
- Create centralized databank of teaching evaluations and responsibilities.
- Re-examine medical school curriculum in light of the recent increases in enrollment.

Postgraduate Program

- Develop a clinician scientist training program
- Further expand community training & Northern Outreach rotations, particularly resident core training in rural and remote areas of the province.

Fellowship Program

- Support visibility of fellowship program
- Reposition fellowship program in relation to clinician scientist training program
- Establish stable funded fellowships
- Increase attraction of international fellows to Program both national and international

PROGRAM PROFILE: FACULTY

Dr. Richard Tiberius is a full-time PhD educator cross-appointed to the Centre for Research in Education.

Dr. Glen Regehr, PhD is also cross-appointed in our Department. Several members of the clinical faculty identified their primary scholarly activity as education. A much larger group conducts educational research as a component of their academic work. Education is offered at all sites in the Department. The scholarly component of education is largely focused at the Centre for Research and Education at the UHN. There are also strong educational scholarly activities at Sunnybrook Women's College Health Sciences Centre and the CAMH. There are substantial grants, publications and research dollars in the department for scholarship and education.

Continuing Mental Health Program

- Emphasis on knowledge translation into practice, particularly objective patient outcomes
- Enhance use of information technology for delivery of CE including tele-health and webcasting
- Increase role in international health, including developing CE programs in other medical schools
- Build a program of faculty development

Educational Scholarship Across Divisions

- Develop a formal program in psychiatric education
- Establish stronger linkages and a more prominent presence in the Centre for Research and Education
- Recruit faculty with primary scholarly interest in medical education

Key Challenges

- The main challenge facing educators in the Department is to move beyond a service-delivery model to a coherent program in psychiatric education. The specific goal is to make the Department of Psychiatry the international leader in psychiatric education by the year 2010.

Opportunities for International Leadership

- Strong national presence on the Royal College of Physicians and Surgeons of Canada, the Medical Council of Canada and the Canadian Psychiatric Association. Internationally, presence in American Board of Psychiatry and Neurology, the Association of Academic Psychiatry and the Professional Association of Organizational Developers.
- Increase our presence at national and international education conferences.
- International opportunities in educational scholarship such as exchange programs, visiting professorships and collaborative educational development and research with Israel, the Philippines, the United States, etc.

While education is not one of the 13 core programs in the Department of Psychiatry it shares many features with the academic programs. It currently is well positioned to integrate scholarly activity in education throughout the Department.

There is strong interest among the Directors of Education and educational scholars in the Department to create a formal Education Program. Education is offered at all sites in the Department. The scholarly component of education is largely focused at the Centre for Research and Education at the University Health Network (UHN). There are also educational scholarly activities at Sunnybrook Women's Health Sciences Centre and CAMH. There are substantial grants, publications and research dollars in the Department for scholarship and education.

Thus, the main challenge facing educators in the Department is to move beyond a service-provision model to a coherent program in psychiatric education with a goal of making the Department of Psychiatry the international leader in psychiatric education by the year 2010.

Another key challenge relates to development of the CSP. This represents a major commitment for the Department in terms of time and resources. However, establishment of the program is a priority supported by all program areas. There is agreement that the program would benefit from a clear identity and should be developed as a collaborative initiative between Research and Education. There is also consensus that establishment of a CSP offers a unique opportunity to further define the Fellowship Program and to consolidate advanced academic teaching in the Department across residency and post-residency.

Undergraduate Education Program

At the current time University of Toronto's medical school class has 171 students registered. All these students receive teaching from the department of Psychiatry- years 1 and 2 (the pre-clinical years) -PBL groups and lectures and in year 3 students spend 6-week blocks at the various teaching sites in the clinical clerkship year. There are 5 teaching hospitals presently teaching 6-8 students for 36 weeks of the year on site [CAMH, UHN, SMH, SWCHSC, SBH, and MSH] with approximately 42 students doing psychiatry rotations across the city at any given time. Child Psychiatry is incorporated into the 6 wk clerkship block and HSC and CAMH are the main teaching sites for 6 half days. Electives in psychiatry may occur formally and informally over the course of the 4 yrs of medical school. Psychiatry faculty supervises students in the DOCH [Determinants of Community Health] program in year 2 and in the ACE [Ambulatory Care Elective] in year 4. As well we are currently training 12 International Medical Graduates [IMG's] in the Toronto clerkship program.

There are a number of specific changes that our department will face with respect to undergraduate education in the next number of years. The size of the medical school class will be increasing steadily- the predicted increase for September 2001 will be 198 in the entering class (recent announcement Dean Naylor 28-5-01). There is a request to increase our total number of IMG students trained in Toronto, with an additional 2-3 for 2001-2002. Toronto is seen as a city rich in medical resources ie teaching hospitals, and other medical schools are suggesting their students do electives here that would serve as core training equivalencies.

Our department will face a number of challenges in providing good training in psychiatry at the undergraduate level. It is necessary to look closely

PROGRAM PLANS FOR ACHIEVING DEPARTMENT'S STRATEGIC PRIORITIES AND IMPLEMENTATION GOALS

Strategic Priority Building the Faculty	Proposed Actions <ul style="list-style-type: none"> • All faculty should be classified in terms of their contribution to education. The educational program should be strongly linked with the Center for Research in Education, where there should be specific faculty from the Department of Psychiatry, in addition to Dr. Richard Tiberius • By 2002, a larger number of Faculty should have cross appointments to the Center for Research in Education and the Ontario Institute For Studies in Education. • In the next five years, we should increase the number of faculty members with masters degrees in education, formal fellowships in education and hopefully one or two with a PhD in education • Within the next several academic years, one to three new GFT's should be recruited with a major support for scholarship in education
Enriching the student experience	<ul style="list-style-type: none"> • Raise \$500,000-\$1,000,000 for funded educational fellowship by 2005 • Advertise and attract one international fellow in education annually • Create a clinician/scientist program for a large number of residents
Strengthening Academic Programs	<ul style="list-style-type: none"> • Continue to increase the number of joint educational activities integrating the undergraduate, postgraduate, continuing education and fellowship programs • Increasing our relationship with Centre for Research in Education and other major departments • Strengthen our ties with the Ontario Institute for Studies in Education
Enhancing relationships & extending our reach	<ul style="list-style-type: none"> • One annual international visiting professor, beginning immediately (rotating between the portfolios of undergrad, postgrad, continuing education and fellowship) • Annual attendance at major international education conferences • Actively support the Association for Academic Psychiatry meeting in Toronto in 2002 • Explore further opportunities for major international meetings in education in Toronto
Strengthening infrastructure and resource base	<ul style="list-style-type: none"> • Additional space and support at the Centre for Research in Education for psychiatric educators • Enhanced and stable funding for the Fellowship Program • Enhanced and stable funding for Clinical Scientist Program • More clear targeting of resources in education with teaching responsibilities • Increased administrative support for all education portfolios

at the recruitment of teachers for undergraduate teaching. This is a most difficult task as the current situation has a wide range of recruitment approaches and remunerative structures in place across the city, depending on the teaching site. The Whiteside/Urowitz report: Task Force on Recruitment of Clinical Teachers in Medicine is currently in a draft form (5-23-01) but will soon be distributed in its final version. This report addresses the difficulty many departments have in recruiting undergraduate teachers and offers suggestions as to a standardized approach across the system. This would involve the participation of the Chair of the Department working together with the Hospital Chiefs in the Affiliated Teaching Hospitals.

The Chair of our department would be in an optimal position to determine how the teaching load should be distributed across the sites. Presently there are certain sites and individuals carrying a proportionally heavier load than other sites that perhaps have greater numbers of university appointed staff. The expectations for teaching in the undergraduate program need to be clarified and enforced with a certain number of hours (?40 hrs/yr) expected from

each faculty member per year. The differences in expectations from the GFT's, FFT's and part time staff as well need to be quite clear.

The other aspect of recruitment of undergraduate teachers that needs to be addressed (and is discussed in the Whiteside/Urowitz report) is the aspect of remuneration. Unlike teaching at the post-graduate level, supervisors cannot bill OHIP for teaching medical students. Various sites support their teachers in various ways around the city from sessional fees, to a stipend, to encouragement to apply to the local Academic Trust Fund for an award. GFT's are told that undergraduate teaching is an expectation as part of their university appointment, but again there is wide variation as to how this is enforced and the amount and type of teaching expected [giving 1 lecture/yr to a large group vs PBL tutor 40 hrs over 8 wks]. Again, before we can have a uniform approach to teaching remuneration across the city, it would be important to know what is currently taking place. The Chiefs of the hospital sites together with the site coordinators would be the resources from whom to collect this information. We need to communicate that teaching is valued in our depart-

ment and we do this through various awards [there could be more locally] but funding speaks even louder than accolades.

As the numbers of our students increase, the administrative support to the Undergraduate program becomes even more stretched. All site coordinators should have administrative support to help coordinate the programs locally and liaise with the Assistant to the Director of Undergraduate Education. There is a need to have a centralization of the teaching evaluations for all faculty and a data bank of exactly who the teachers are. The administrative assistant to the program currently divides her time between 3 portfolios- UG, Recruitment and the Vice-Chair of Education. A broadened and more developed infrastructure for the running of the program would be essential to meet the challenges that lie ahead with increased student numbers and a greater need to track our teachers in the department.

Finally, we have an ongoing commitment to attracting the best and the brightest to the field of psychiatry. The literature tells us repeatedly that one of the single best determinants of career choice is the quality of the undergraduate clinical training. In addition to maintaining our high teaching standards at the pre-clinical and clinical years, we need to make sure our Elective program is offering a wide selection of experiences from the vast array of local expertise. There needs to be a better coordination between the Elective program and the Recruitment committee as both groups may share similar goals.

*Jodi Lofchy, MD, FRCPC
Director, Undergraduate Education*

Postgraduate Education Program

The Current State

As demonstrated and confirmed by several recent rigorous external reviews of the Residency Training Program, the Program is in excellent shape. The residency program in Psychiatry at the University of Toronto is the largest of its kind in North America. The Program trains close to one third of the psychiatrists in the country. The Program has experienced over the past several years an unprecedented increase in applicants for training and completely filled all of its PGY-1 spots this year; the previous year the Program had PGY-1 residents from every English speaking medical school across the country. In 2001 the Program underwent a rigorous review by the Royal College and received full approval for the next six years. There were many strengths noted in the program, including its size (125 residents and close to 600 faculty), the diversity of its teaching program (13 priority programs spread across 15 teaching sites), availability of research training (15 residents are engaged full or part time research) excellent subspecialty training

including in many areas addiction and emergency psychiatry, and the increasing availability of rural and underserved training opportunities with the approval of North Bay as a training site for residents. The Program was commended for its collaborative relationship with its residents and for involving residents at all levels of the Department's decision making. The strength of the central office was noted.

Future Priorities

The priorities for the Postgraduate Training Program include the expansion of the underserved training opportunities into other sites and for establishing a more formal research training path within the residency. With regards to the former priority, Sioux Saint Marie is currently being examined as a possible additional Northern training site with other sites also being considered. With the expansion of training to distant sites, new technology for distant learning will increasingly become important in residency training. With regards to the latter priority, the Postgraduate Education Committee will be examining the feasibility of facilitating residents doing research training at any point in the 5 year program, not just at the end of the three and a half years of core clinical training as it currently the case for most residents. Currently, a minimum of three and a half years of clinical training is required in order to fulfill the Royal College requirements. This leaves an additional eighteen months available through the funded residency for research training. The establishment of a formal Clinician Scientist Program within the residency program in which residents would be able to complete a Master's degree or a Ph.D. in collaboration with the Institute of Medical Science and the School of Graduate Studies would require additional funds to support research training beyond the 18 months now allotted through the residency program.

Other priorities include the establishment of a formal rotation in addiction psychiatry to be integrated into the PGY-1 year, the full integration of the CANMEDS roles into residency training, the re-evaluation of emergency psychiatry training, and dealing with the weaknesses identified at the Royal College review. These include the need for PGY-1 rotation specific objectives; the need for more central coordination with regards to ECT training and site specific seminars; examining general psychiatry training at CAMH, Clarke site, and core six month training in child psychiatry at HSC to assure exposure to all diagnostic and age groups; and to assure adequate central office administrative support.

*Allan Kaplan, MD, FRCPC
Director, Postgraduate Education*

Fellowship Program

Current status

At present there are 39 Fellows in the Department of Psychiatry Fellowship Program. The following tables outline the nature and location of these Fellows:

SITE	MD'S	PHD'S
CAMH	9	2
SWCHSC	5	
UHN	4	3
St Michael's	1	2
Baycrest	1	
HSC	2	
Surrey Place		1
Hincks	1	
Whitby	2	

FUNDING SOURCE	NUMBERS
Fee for service only	6
Institutional support	15
Peer-reviewed funding	5
Other	6

For the coming academic year there will be 11 new Fellows joining the Program (10 MD's and 1 PhD; 5 funded from peer-reviewed sources, 3 from fee for service, and 3 from institutional or other support). The central Fellowship Program offers several services for the Fellows. The Office receives all applications, reviews them and sends them to the appropriate University and/or Licensing body. We produce a continuously updated booklet that summarizes all potential Fellowship experiences available in the Department and these are passed on to the Canadian Psychiatric Association to be placed on their website. We obtain 6 monthly evaluations of supervisors and yearly evaluations of the performance of the Fellows. In addition, we co-ordinate several social and educational events throughout the year. Fellows are required to review their educational goals with the supervisor each year, and to meet with the Fellowship Director annually. The Program is staffed by a part-time secretary (0.1 FTE) and is administered by the Fellowship Director who receives a stipend from the local institution for this work. The Director answers to the Vice-Chair of Education, sits on the Educational Council, is a member of the SAC, and is guided by a Fellowship Executive Committee consisting of 6 members of the Department with a keen interest in the

Fellowship Program, and two Fellow representatives (one PhD and one MD).

Fellows are expected to attend the educational events and to present their clinical or research plans to their peers at least once a year at the bi-annual Fellowship presentation half day. In addition, each Fellow is expected to submit at least one piece of scholarly work in order to graduate.

Future plans: The Program would like to expand the educational offering to include seminars on such issues as grant writing, learning how to teach, learning how to present scientific data, career planning. It is important that supervision of Fellows is included in the process of promotions, and the Director should sit on the promotions committee. We need accurate and continuous updating of the database regarding Fellow evaluations of supervisor and supervisor evaluation of Fellows. Furthermore, there needs to be incentives developed so that Department members will be encouraged to update their availability to take Fellows and to inform the central office of all funded Fellowship positions available in the Department. There also needs to be standardization of the practical and academic requirements for Supervisors, as well as the relationship between Fellows and practice plans across the city.

In the last 2 years the Department has contributed more than \$200,000 to a competition to fund deserving research oriented Fellows who do not receive peer-reviewed funding. This has been a very successful program (10 Fellows have been supported over the two years), and this support needs to be continued. This may involve creative re-directing of funds from each site or Program, such that small amounts of money are not provided to a large number of Fellows, but instead larger amount are competitively distributed to outstand local, national or international candidates.

Challenges and Opportunities

The Clinician Scientist Program (CSP) offers a unique opportunity to further define the Fellowship Program and to consolidate advanced academic teaching in the Department across residency and post-residency. The CSP would benefit from a clear identity and should ideally be collaboration between Research and Education.

Beyond the CSP, the greatest challenges are:

1. Establishing sufficient administrative support for the Program
2. Improving contact and the feeling of collegiality between Fellows
3. Ensuring the Department continues to fund a Department wide, competitive award.
4. Encouraging the Department as a whole to be more energetic with regards to their relationship

with the Fellowship Program (e.g. providing and updating information, attending Fellowship presentation half-day)

*Dr. Anthony Levitt, MD, FRCPC
Director, Fellowship Program*

Continuing Mental Health Education

Knowledge Translation

Our committee would like to stimulate growth in outcome research in CE in our department. We will try and identify key mental health care needs in our communities through appropriate needs assessments (both objective and subjective), design appropriate education programmes to meet these needs (not necessarily through traditional conferences and courses) and attempt to measure the impact on health practitioner behavior and patient outcome. The committee may identify one or two key mental health care educational needs in the community and develop a multi-focused education programme involving multiple hospitals and programmes. This work would compliment the Knowledge Translation programme in the Faculty of Medicine that has funding for research mentors.

Information Technology

We will explore and develop the use of various new technologies to enhance our delivery of CE to our target audiences. This will include the Departments already well developed use of video technology for teaching. Web-casting and palm-pilot technology will also be explored. These technologies will compliment our emphasis on knowledge translation.

International Health

We will explore the need for CE in psychiatry for underdeveloped countries. This might ideally include helping medical schools design their own continuing education programmes in psychiatry and helping them set up continuing education units in their Departments. This could also include offering teachers for specific needs identified by the host country/medical school. Again, IT may help us with these tasks.

Faculty Development

We would organize and coordinate Faculty Development activities that would add to the current Career Development programme that you and the Council have organized. This could include updates on specific content areas in psychiatry, a teaching skills programme, and helping faculty participate in the Knowledge Translation into Practice research programme.

*Dr. Ivan Silver, MD, MEd, FRCPC
Director, CMHE Program*

RESEARCH PLAN AND PRIORITIES

Head: Dr. Morton Beiser, Vice Chair Research

Summary Highlights

Priorities

- To continue to maintain the breadth of research agendas across the Department.
- To build on current strengths and take advantage of opportunities presented by the growth of funding available through CIHR and SSHRC.
- To continue the Research Chairs Program with a focus on raising money to support the attachment of fellowships to Chairs which have already been created, as well as for new chairs.
- To search for new and innovative ways to conduct research, and to engage in knowledge transfer.
- To strengthen the department's capacity in population health research.
- To continue record of strong research funding growth.

Key Challenges

- Development of information technology to support research agenda.
- Dissemination and knowledge transfer.
- Continuing and equitable support for all the priority areas of scholarship identified through the Department's programmatic structure.
- To increase resources in some research programs to support continued program growth and development.
- Alignment of departmental vision with the broader scholarly community. (i.e., choices to be made between breadth and concentration, and models for each).

Opportunities for International Leadership

- Opportunities for strong leadership in all priority program areas.
- Establishment of a steering committee to work in collaboration with the new Centre for International Health in the Faculty of Medicine to:
 - document current international research activities as well as faculty interest in international research
 - explore resources for funding and facilitating international collaborations with such organizations as the Canadian International Development Agency, The International Research Development Corporation, WHO, and the Rockefeller, Ford and MacArthur Foundations
 - consider creation of a Chair in International Mental Health.

Report from the Research Executive Committee, Chaired by Morton Beiser, Vice-Chair Research

Current State of the Program

Indicators of Success

The Department has articulated a goal of taking its place among the "best" in the world. Research growth within the past decade attests to rapidly evolving excellence, and it seems that the goal of "best" is well within reach. In 1990, the Department was attracting approximately \$8,000,000 in research funding from external sources. For the academic year 1999-2000, that total was \$24,265,077.00. It is important to note that this explosive growth took place during difficult times, a decade during which federal and provincial granting bodies were being bled of their resources. Nevertheless, almost half the Department's external research funding came in the form of peer-reviewed Operating Grants awarded by federal and provincial granting bodies. Another 5.5 million dollars came from US funding agencies that are not only highly competitive but also resistant to the idea of funding "off-shore" research.

Contracts, which are also often peer-reviewed, but in which research topics have usually been defined by granting agencies rather than investigators accounted for almost \$6,000,000 of the total external funding total of \$16,856,001 during 1996-97, and Personnel Awards given to research scientists at various career levels on a competitive basis, usually by federal or provincial research agencies, accounted for more than \$1 million of the total.

Results from the first competition for operating grants under the CIHR demonstrate the Department's readiness to respond to new opportunities. As a result of the fall, 2000 competition, the Department of Psychiatry was awarded funding for 12 research projects, for an average annual total of more than \$1.8 million. This figure accounted for 49 percent of all funding awarded for Mental Health, Addiction and Neurosciences research during this competition, and 4.9 percent of the total amount awarded for operating grants across the entire CIHR (\$36.8 million)

Aside from dollars, the number of project and personnel awards also increased steadily during the decade. For example, in 1996-97, the grand total of all awards from external sources was 344; during the academic year 1999-2000, it was 427.

Structural Underpinnings to Ensure Continuing Success

The Department's programmatic structure symbolizes the value it places on scholarship. The programs help define what it is that the Department does best, as well as its vision of some of the important challenges in mental health, neurosciences and addictions. The programs also supply a pragmatic under-

pinning. Each of them is an intellectual home-base in which researchers, teachers and clinicians can come together to pose the big questions in their area of expertise, and to create investigative teams to address them.

The programs have attracted external resources making possible the creation of the Baxter and Alma Ricard Chair in Inner City Health, the Tapscott Chair in Schizophrenia Studies, the Sandra A Rotman Chair in Neuropsychiatry, the Arthur Somer Rotenberg Chair in Suicide Studies, the Morgan Firestone Chair in Psychotherapy, the Loretta Rogers Chair in Eating Disorders, the Chair in Health Systems Research jointly funded by the CIHR and the CHSRF, the Royal Investment Services Chair in Childhood Development and Psychopathology, the Addiction Psychiatry Chair, the Chair in Applied General Psychiatry, the Lewar Chair in Geriatric Psychiatry, and the David Crombie Professorship in Cultural Pluralism and Health.

These chairs and professorships ensure long-term nurturing in the respective fields of scholarship. Members of the Department have also received shorter-term support through personnel awards from the Medical Research Council (MRC), the National Health Research Directorate Program (NHRDP), the Ontario Mental Health Foundation (OMHF), the National Alliance for Research on Schizophrenia and Affective Disorders (NARSAD); the St. Michael's Council; Eli Lilly Canada; the University of Toronto; the Ontario Ministry of Education and Training; Heritage Canada; the Canadian Diabetes Foundation; the Canadian Psychiatric Research Foundation (CPRF); and National Science and Engineering Research Council (NSERC).

The infusion of new resources has made possible the recruitment of new faculty and students who provide an important internal prod for intellectual achievement. The need to try to address ever-changing professional and social needs has been an important external product. Together, they have helped to keep the scholarly brew at high boil. New members of the Department are frequently impressed by two aspects of the research culture they find here: breadth of vision and mutual respect.

The Department's research encompasses investigations of the basis of thought and emotion at the molecular level now made possible by stunning new technologies, "basic" research at its most pure. Other Departmental research addresses pressing societal concerns including homelessness, the revolving door in mental health care, the mental health of groups such as women, immigrants and refugees, and children whose needs have too often been overlooked, and the assessment of both the efficacy and effectiveness of treatment in mental health. A shared appreciation for excellence, regardless of the focus of inquiry, is another important part of local culture. Individual tastes

and private biases are balanced by the humbling recognition that the alleviation of disorders suffered by our patients and endured by their families is a task unlikely to yield to simple paradigms.

The Department contains one Centre, the Centre of Excellence for Research on Immigration and Settlement (CERIS), supported by funding from the Social Sciences and Humanities Research Council (SSHRC), as well as three founding universities, Ryerson Polytechnic University, the University of Toronto and York University. A source of funding for research projects dealing with immigration and settlement, the Centre is also a liaison resource for influencing policy at federal, provincial, and municipal levels, as well as for dissemination of research results through community agencies and the media.

Alignment of Departmental Vision with the Broader Scholarly Community

By virtue of its breadth of vision, structural and cultural support of scholarship in diverse fields and multidisciplinary, collective research expertise, the Department is well-positioned to meet the challenges and opportunities articulated in the CIHR statement of four pillars of research: biomedical, clinical science, health systems and services, and the social, cultural and other factors that affect the health of populations.

According to the Faculty of Medicine's description of its research vision, the five platforms, "which include molecular health and applied genomics, models and mechanisms of human disease, improvement of health and function, health information technology and knowledge transfer, and a comprehensive program in imaging," not only encompass all four CIHR themes, but promote integration across the themes while highlighting the technologies that may play a shaping role in the health research enterprise." (p.21). Although the CIHR pillars and the Faculty platforms undoubtedly overlap, there are tensions between the two, as well as areas of non-overlap, consideration of which will help shape the Department's own unique vision. The Faculty vision is, to a considerable extent, driven by emerging technologies.

Although committed to research in molecular genetics, the neurochemistry of disorders and the use of imaging, the Department's research vision encompasses a broad range of determinants of human health and illness, the study of which relies on a variety of disciplinary approaches. In its focus on the integration of knowledge from diverse areas of inquiry in the service of individual patients, their families and the broader community, the Department's vision seems somewhat broader than that encompassed by the Faculty's five platforms, while appearing to fit comfortably within the CIHR's four pillars.

There are choices to be made between breadth and concentration, and models for each. For example, by concentrating resources in the technological fields of inquiry, several US universities have been able to capitalize upon current funding resources which target these areas, and have, as a result, achieved considerable renown by attracting substantial external research funding. However, the Research Executive Committee feels that the breadth of our Department's field of inquiry is part of what makes us a unique Department in Canada, and probably in North America.

Furthermore, since the mysteries of the mental disorders and their care are unlikely to yield to reductionistic approaches, maintaining a broad focus of scholarship and scientific inquiry is essential if we are to fulfill our national and local responsibilities to train clinicians as well as researchers, and to care for the mentally ill and their families. The Research Executive Committee recommends continuing and equitable support for all the priority areas of scholarship identified through the Department's programmatic structure.

The Faculty of Medicine's emphasis on developing information technology and knowledge transfer is a most important principle which must be taken into account in the Department's vision for the future. The increasing demands for public accountability regarding the results of research expenditures make it important to develop methods for transmitting this information in innovative ways, such as through the internet, and to find ways to reward this enterprise just as publications in scientific journals are now rewarded.

The Future

The Department's vision as well as its structure have served the research enterprise well. In the future, the Department will continue to develop its research program by building on the strengths it has in various areas, as well as by taking advantage of opportunities presented by the growth of funding available through CIHR and SSHRC. The research chairs program should be continued, with particular effort made to raise money to support the attachment of fellowships to chairs which have already been created, as well as for new chairs.

One of the Department's research goals is to be among the internationally recognized leaders in each of the four pillars identified by the CIHR. Although the Department has considerable strength in three of these four pillars – biomedical, clinical and health systems – it is relatively weak in the area of population health. The Research Executive Committee recommends that the Department strengthen its capacity in Population Health by recruiting an academic leader in the area. We do not, however, recommend the establishment of a new program. Instead, the

academic leader should be situated within one of the existing programs, and be mandated to infuse a population health approach throughout the Department as a whole, as well as to look for opportunities to develop research with a population health orientation within the existing programs. To implement this vision, the Committee recommends that a task force be immediately struck to develop a blueprint for the population health academic leader position and to arrive at a plan for implementing the goal of strengthening the Department's capacity in population health research, as well as increasing its sensitivity to the fact that all types of research, whether basic or applied, should take population health issues into consideration.

Resource-rich Departments have a moral obligation to help correct current imbalances in service around the world. Although the need to address problems such as HIV/AIDS in Africa, and tuberculosis in parts of Asia receive the lion's share of media attention, developing countries themselves frequently report a huge toll of mental disorders and associated psychosocial impairments. Over the next ten years, the Department will commit itself to developing international research with a population health focus, for example investigating determinants of health and illness on a population basis, and investigating models of service delivery which do not require people to attend formal mental health care settings (for example, the Addictions program has experience in developing intervention models for compulsive gambling in non-treatment settings). In order to develop its international research, the Department should create a steering committee charged with documenting current international research activities as well as faculty interest in this topic, and with working with the new Centre for International Health in the Faculty of Medicine. The steering committee would explore resources for funding and facilitating international collaborations with such organizations as the Canadian International Development Agency, The International Research Development Corporation, WHO, and the Rockefeller, Ford and MacArthur Foundations. In time, the Department should consider the creation of a chair in international mental health. All these activities will be driven by the recognition that the benefits of cross-country collaborations flow in both directions.

The Department will search for new and innovative ways to conduct research, and to engage in knowledge transfer. Knowledge transfer implies a commitment not only to inform, but to share information and skills. The Department's vision for the future will include the development of methods by means of which it can fulfill its local obligations, while at the same time honoring a moral imperative to share its considerable advantages both nationally and internationally.

ADDICTION PSYCHIATRY

Program Head: Dr. Patrick Smith

Summary Highlights

Priorities

Education

- Ensure that all psychiatric residents have a high level of expertise in screening, identifying and treating people with addiction issues.
- Support generalist training in addiction psychiatry by implementing PGY1 rotation for all residents.
- Continue to recruit residents for selective specialty rotations in addiction psychiatry.
- Work with other programs to develop and encourage opportunities for blended selective rotations.

- Broaden exposure of residents and students to the full continuum of addiction services emphasizing a community care model.
- Establish new site coordinator for the St. Michael's site to ensure more formal involvement for training.
- Continued recruitment of two addiction psychiatry fellows per year.

Research

- Ensure that research in addictions is reflective of the complex interplay of biological, psychological, and social factors that affect drug and alcohol use and abuse.
- Recruit an internationally renowned endowed chair in Addiction Psychiatry.
- Foster linkages between junior faculty researchers in Addiction Psychiatry and more senior mentors in other programs.

FACULTY PROFILE

Number of	
Faculty	24
Professors	1
Associate Professors	3
Assistant Professors	10
Lecturers	10

PROGRAM PLANS FOR ACHIEVING DEPARTMENT'S STRATEGIC PRIORITIES AND IMPLEMENTATION GOALS

Strategic Priority	Proposed Actions
Building the Faculty	<ul style="list-style-type: none"> • Recruit outstanding senior level clinician scientist for endowed chair • Recruit other mid-career and junior clinician scientists to support endowed chair and capacity development in concurrent disorders • Recruit leader of Substance Abuse and Mental Illness (SAMI) at St. Michael's Hospital • Provide current junior faculty with academic mentorship • Establish sabbatical opportunities for faculty
Enriching the student experience	<ul style="list-style-type: none"> • Continue to develop PGY 1 year for all residents to provide broad-based exposure to clients with problems of addiction and concurrent disorders • Provide focused senior selective training opportunities that emphasize particular aspects of addictions (e.g., Dialectical Behaviour Therapy (DBT) for concurrent borderline personality disorder and addiction; methadone maintenance in treatment of opiate dependence) • Develop community-based training opportunities for residents as part of continuum of training • Incorporate prevention and health promotion into education and training for residents at all levels in the program • Broaden students' and residents' exposure to range of research opportunities in addictions
Strengthening Academic Programs	<ul style="list-style-type: none"> • Continue to integrate interdisciplinary research into clinical work in addictions • Collaborate with other programs to strengthen research focus on concurrent disorders • Recruitment of academic leadership of program through endowed chair in addictions • Leverage opportunities to work with endowed chair in addiction policy
Enhancing relationships & extending our reach	<ul style="list-style-type: none"> • Utilize CAMH's education and training department's provincial reach in playing leadership in addictions training in Ontario. Opportunity to increase faculty involvement in training. • Work with Mental Health Systems Research and Development Program to further leadership role in concurrent disorders best practices. • Work with other three WHO Centres of Excellence in Addictions and Mental Health to facilitate international faculty and student exchange opportunities • Opportunity to play a leadership role in local Ontario Substance Abuse Bureau (OSAB) initiatives • Continued focus of faculty on policy development and advocacy (e.g., mandatory drug testing and treatment for welfare recipients; decriminalization of marijuana and other drugs; harm reduction approach) • Opportunity to influence development of National Drug Strategy
Strengthening infrastructure and resource base	<ul style="list-style-type: none"> • Work with CAMH regarding current and future space needs for addiction programs of the Centre • Facilitate involvement of faculty in the Centre's functional and site planning • Provide research infrastructure support for faculty • Opportunity to build appropriate research infrastructure support through recruitment of endowed chair

Clinical Services

- Further develop continuum of clinical addiction services at the CAMH site (primary site for Addiction Psychiatry) with emphasis being placed on integration of addictions services among other clinical programs for people with Concurrent Disorders.
- Further development of services at St. Michael's site (secondary site for Addiction Psychiatry) with an emphasis on services for people with severe and persistent mental illness and addiction.

Key Challenges

- To increase the senior leadership in the program.⁸
- To play a leadership role in facilitating better integration of the fields of addictions and mental health.
- To attract a greater percentage of all psychiatrists to work in the field of addiction psychiatry.
- To prepare for broader recruitment following successful recruitment of the endowed Chair.

Opportunities for International Leadership

- Leading edge treatment outcome studies and evaluation of mixed stepped-care/matching approach involving the full continuum of care in addictions
- Leadership in the treatment of people with concurrent addiction and mental health problems
- Strong history of health promotion and prevention in field of addictions enables the Program to play a key leadership role in promoting public health perspective and approach to health and illness
- Leadership in the proactive approach to knowledge transfer and dissemination of best practices in addictions and concurrent disorders.

Approach to achieving Department's vision for "international leadership in mental health research, education and clinical services"

The Addiction Psychiatry Program (APP) has the opportunity to play a significant leadership role in the areas of research, education and clinical services in addictions. The primary crucial goal for the program over the next two years will be the successful recruitment of an internationally recognized clinician scientist in the area of addictions to fill the role of endowed chair in Addiction Psychiatry.

There are already areas where the APP has an international reputation and it will be important to further support the successful early and mid-career clinician scientists to continue to extend their reach. The integration of addictions and mental health has provided an opportunity to play a leadership role internationally in concurrent disorders. The strength and focus of the program on knowledge transfer and capacity building will provide the faculty the opportunity to do so on an international scale. Examples of where our faculty are playing international leadership roles are in the areas of: integration of addictions and mental health in the broader health context; Dialectical Behaviour Therapy in concurrent addictions and borderline personality disorder, addictions and eating disorders, and addictions and anger; problem gambling; and treatment of opiate dependence.

The Addiction Research Foundation, one of the founding partners of the CAMH, has a long history of international leadership in addictions. The merger provided an opportunity to focus on addictions and mental health together and the Centre was recognized as one of four Centres of Excellence in Addictions and Mental Health by the World Health Organization (WHO). The head of the APP has served as the official WHO Fellowship supervisor for the Director of Drugs and Alcohol Institute of Iran and has facilitated a supervised study visit for the Director of Education in Addiction Psychiatry in Cuba. Dr. Smith also serves on the advisory group for Cuba's National Strategy for Prevention of Illicit Drug Use. Working with the other three centres of excellence will provide opportunities for further international collaboration.

Footnotes

⁸ *The only full professor and one of the three associate professors are located outside Toronto. The Program has been extremely successful in recruiting new junior faculty at the lecturer and assistant professor level. A key challenge, however, is to recruit senior level leadership, especially in the area of research.*

CHILD & ADOLESCENT PSYCHIATRY

Program Head: Dr. Joseph Beitchman

Summary Highlights

Priorities

Education

- Recruit the best students
- Implement a mentoring program.
- Improve program offerings in the following areas: evidence based treatments (e.g. psychotherapies); behavioural genetics; psychopharmacology; neuroimaging; teaching community consultation; telepsychiatry (focus on distance education and underserved areas)
- Development of e-based teaching (Web CT, e-CHN)
- Develop international exchange programs for residents and fellows

Research

- Develop unique strengths of Divisional sites re: training and fellowships
- Establish program priority fellowships
- Provide special research placements for students and trainees
- Promote and support clinician scientist training program
- Conduct search and appoint RBC Chair

Clinical Services

- Support coordinated approach to new Child & Adolescent Psychiatry Beds (30) and linkage with Child & Adolescent Mental Health Network
- Multiply impact of Child & Adolescent Psychiatrists by: telepsychiatry, community consultation; continuing education programs for medical and non-medical colleagues

FACULTY PROFILE

Number of	
Faculty	21
Full time	
Part time	76
Professors	4
Associate Professors	7
Assistant Professors	8
Lecturers	2

PROGRAM PLANS FOR ACHIEVING DEPARTMENT'S STRATEGIC PRIORITIES AND IMPLEMENTATION GOALS

Strategic Priority	Proposed Actions
Building the Faculty	<ul style="list-style-type: none"> • Fill RBC Chair with top ranked candidate • Implement a mentoring program • Support and fund faculty development initiatives • Promote and recruit faculty eligible for Canada Research Chairs • Marketing program – (quality of life and University, critical mass of distinguished faculty, absence of managed care)
Enriching the student experience	<ul style="list-style-type: none"> • Recruit best students – move child psychiatry earlier in residency (e.g., PGY 1 or 2) • Specific research placements • Clinician scientist program • Pedagogy – offer training in • Web CT, Telepsychiatry • Ability on-line
Strengthening Academic Programs	<ul style="list-style-type: none"> • Expand opportunities in the following areas: <ul style="list-style-type: none"> – Behavioural Genetics, – Evidence based treatments, – Telepsychiatry (community consultation, underserved areas). – Teaching – Psychopharmacology – Neuroimaging
Enhancing relationships & extending our reach	<ul style="list-style-type: none"> • Develop and promote unique contribution of each teaching site. – Divisional Executive • Telepsychiatry (National and International) – enhance leadership role • WebCT • Ability on-line • Inter and Intra university collaborations • Training medical and non-medical colleagues in Child Psychiatry • International Exchange programs for Residents and Fellows
Strengthening infrastructure and resource base	<ul style="list-style-type: none"> • Increase funding for university faculty – in concert with Department Chair • Canada Research Chairs, CIHR funded investigators • Create resource pool for Faculty (i.e., funds for consultations, IT support, statistical consultation, grantsmanship) • Departmental funds for required Divisional activities

- Increase resource of Child & Adolescent Psychiatrists in areas of acute need (e.g., eating disorders, child and adolescent inpatient psychiatry)

Key Challenges

- Protecting time for faculty for academic and scholarly activities.
- Stimulating students interest in Child Psychiatry at various levels from high school, to college to medical school; stimulating interest in Child Psychiatry earlier in residency.
- Developing expertise and/or recruiting faculty with expertise in identified areas of need.
- Achieving balance between clinical and research emphasis.
- Developing leaders for the future.
- Fostering intra-departmental/extra-departmental collaborations, including community partnerships as well as stronger collaboration with Child & Adolescent Mental Health Network.
- Strengthen linkages with hospital medical and surgical program through the ongoing development of the child and adolescent medical psychiatry program

Opportunities for International Leadership

- Attention Deficit Disorder
- Language and Learning Disorders
- Child and Adolescent Gender Identity Disorder
- Aggressive Behavior Disorders
- Child and Adolescent Mood/Anxiety
- Teaching/Training Child Psychiatry
- Expand telepsychiatry offerings to extend reach nationally and internationally
- Child and Adolescent Medical Psychiatry

Approach to achieving Department's vision for "international leadership in mental health research, education and clinical services"

Our approach is to strive for excellence in all areas by capitalizing on the excellence that exists within our faculty. We will also seek to train and/or recruit faculty to achieve excellence and/or develop collaborative relationships with others to achieve excellence in additional areas.⁹

To increase recruitment we will strive to introduce Child Psychiatry earlier in the postgraduate curriculum and at various stages in the educational process – from high school through to college and medical school. This long-term goal will need to be supported by adequate resources.

Our education program will be enhanced by developing program offerings in specific areas including: behavioural genetics, evidence-based treatments, psychopharmacology, community consultation, neuroimaging and others based on the development of a critical mass of faculty with expertise in these areas. In addition, a mentoring program for junior faculty and Fellows will be implemented.

We will utilize Telepsychiatry to enhance our clinical reach and to provide opportunities to educate and train medical and non-medical colleagues in rural and remote areas. There is strong potential to expand this program both nationally and internationally.

We propose to develop the unique strengths of Divisional Sites for Training and Fellowships. Together with our Divisional Executive and representatives from each of the sites we will move towards clarifying and defining unique training opportunities for career residents in Child Psychiatry. We will also seek to establish funding for priority program fellowships, and work closely with the Department to establish a clinician scientist training program in Child Psychiatry.

With respect to clinical services, we will work closely with hospitals funded for the 30 new Child and Adolescent Psychiatry beds currently being opened in the GTA.

We will multiply the impact of our current cadre of child and adolescent psychiatrists through the use of community consultations, Telepsychiatry and continuing education programs for medical and non-medical colleagues.

We will focus increased training opportunities for child and adolescent psychiatry in areas of acute need (e.g., child and adolescent inpatient psychiatry with respect to eating disorders and medical psychiatry).

We will work with the Department to increase funding support for key departmental activities and infrastructure support.

Footnotes

⁹ *Collaborative linkages with the addictions program at the Centre for Addiction and Mental Health (CAMH), or the Brain and Behavior Program at the Hospital for Sick Children (HSC) are two examples of collaborative links.*

CULTURE, COMMUNITY & HEALTH STUDIES

Program Head: Dr. Morton Beiser

Summary Highlights

Priorities

Education

- Educational priorities for CCHS for the 2001-05 term include: clinical and research supervision for residents, graduate students and post-doctoral fellows; emphasis on continuing education for practicing psychiatrists and family practitioners.
- Clinically oriented educational priorities include: increasing awareness of fundamental and newly emerging knowledge in Cultural Psychiatry; enhancement of “cultural competence” in interacting with patients and in delivering care.
- Research-oriented educational objectives involve: increasing the numbers of graduate students and trainees, providing supervision to University of Toronto undergraduate medical students (e.g., through the summer research scholarship and DOCH course programs); increased collegial support for University faculty (in Psychiatry and more extensively throughout the Faculty of Medicine); and continuation of the highly successful collaboration with diverse cultural communities in identifying and addressing newly emerging knowledge gaps.
- A key educational goal will be mentorship of junior academics with potential to be integrated into CCHS-affiliated university faculty positions.

Research

- In the 2001-2005 term, research objectives will include: continuing ongoing research programs; developing new studies; continuing collaboration with cultural community partners to identify and address emerging issues and needs; and upgrading of the David Crombie Professorship into an endowed chair that can maintain in perpetuity the program’s scholarly, educational, and service activities.
- Research priorities for the 2001-2005 term will include: increasing research by local and foreign students and visiting scholars; maintaining and extending the program’s international collaborative research network (e.g., with colleagues in England, India, Nigeria, Pakistan, USA).

Clinical Services

- To increase clinically relevant service activities during 2001-2005 term.
- Priority activities include: development of a resident seminar to cultivate “cultural competence” (we will also develop continuing education resources with a similar focus for community physicians); coordination of foreign-trained mental health practitioners to provide cultural consultations to U of T trainees

and local service providers; enhancement of existing working relationships with community partners.

- To develop new sites for supervised clinical experience in the delivery of culturally competent psychiatric care in cooperation of community partners.

Key Challenges

- Increased funds will be necessary to implement a number of new initiatives proposed for the 2001-2005 term (e.g., upgrading the Crombie Professorship, new fellowships, new faculty, new staff to disseminate findings).
- Explore creative options for engaging foreign-trained mental health professionals who are not licensed to practice in Canada (including exploration of links to CPSO initiative).
- Renewal of program leadership (re: succession program for M. Beiser)
- Assisting department in addressing diversity issues (e.g., composition of Faculty, composition of patient flow)

Opportunities for International Leadership

- CCHS is recognized internationally for its research in migration stress, stress and health, resettlement studies, Cultural Psychiatry, and quality of life in chronic disease. Proposed initiatives to increase international collaboration and new graduate programs will enhance our reputation and the recognition of our scholarship throughout the world.
- The establishment of a Centre for Stress and Health under the aegis of the University of Toronto, CAMH and the University of Port Harcourt and local NGO organizations in Nigeria. The Centre addresses research, service delivery, community development, training and advocacy.
- CERIS – The Centre of Excellence for Research on Immigration and Settlement is one of a number of centres in Canada, the United States, Holland, Israel, Denmark, Sweden, the United Kingdom, France, Italy and Australia that are united and operate under the rubric of “Metropolis”. All of the Centres conduct research in immigration and settlement aimed specifically at informing public policy. The Toronto Centre has assumed a position of national and international leadership with respect to issues relating to immigrant and refugee health.

Approach to achieving Department’s vision for “international leadership in mental health research, education and clinical services”

CCHS will endeavor to achieve the Department’s and Faculty vision through research, education, and the development of clinical resources. CCHS investigators are committed to excellence in academic research and have achieved international recognition. During the 2001-2005 term, CCHS investigators

FACULTY PROFILE

Number of Faculty	8
Professors	2
Associate Professors	1
Assistant Professors	4
Lecturers	1

will continue their efforts and will develop new projects. Many of these are grounded in a population-health perspective, consistent with the directions that the Department of Psychiatry hopes to take during the 2001-2005 term. We view the upgrading of the David Crombie Professorship to an endowed chair as the centerpiece of this initiative. By ensuring the longevity of this position, CCHS will be able to enhance its scholarship in Cultural Psychiatry. The addition of a post-doctoral fellowship to the Professorship will allow CCHS to support the development of new scholars who, we hope, will become integrated into the Department of Psychiatry and into CCHS as university-appointed faculty. The Chair will enhance CCHS's international reputation and collaborative networks, increasing the program's ability to attract world-class scholars. It will enhance our ability to attract

excellent students to graduate and post-graduate programs. Wherever possible, residents will be encouraged to enhance their expertise and academic credentials through the Clinician Scientist program. Some of these young scholars will remain in Canada while others will return to their home countries and, we hope, maintain close collaborative ties with the U of T. This is crucial inasmuch as experts in Cultural Psychiatry are few and highly sought after by academic institutions. The ability to attract the world's brightest and best to the University of Toronto will strengthen CCHS's potential to recruit some of these people to faculty positions. These plans are also consistent with CAMH's status as a World Health Organization Center of Excellence.

CCHS hopes to increase the numbers of university-appointed staff during the 2001-2005 term. In part, this can be supported by career awards

PROGRAM PLANS FOR ACHIEVING DEPARTMENT'S STRATEGIC PRIORITIES AND IMPLEMENTATION GOALS

PROGRAM PLANS FOR ACHIEVING DEPARTMENT'S STRATEGIC PRIORITIES AND IMPLEMENTATION GOALS	
<p>Strategic Priority Building the Faculty</p>	<p>Proposed Actions</p> <ul style="list-style-type: none"> • Upgrade the Crombie Professorship to a chair in Cultural Pluralism and Health. Include funding for a post-doctoral fellowship to be associated with this chair. This professorship represents a centerpiece from which many other desired outcomes will follow (e.g., international networking and collaborations, excellence and international recognition, students, programs). This will provide funding in perpetuity to ensure the continuing existence of cross-cultural psychiatry at U of T. It fits with the CAMH status as a WHO center of excellence. • Increase the numbers of CCHS members with university appointments (e.g., current Fellows and graduate students). Much of our work relates directly to newly emerging foci in other disciplines or other areas of medicine. Thus, new CCHS faculty members can collaborate on research with others throughout the Faculty. • Supervise residents and fellows in the Department of Psychiatry to increase pool of junior academics in Cultural Psychiatry addressing newly emerging fields. This will require additional funding. • Increase the number of CCHS staff and faculty holding personnel awards (e.g., CIHR) to increase time devoted to research.
<p>Enriching the student experience</p>	<ul style="list-style-type: none"> • Develop "Cultural Competence" seminar for residents in Psychiatry. 10 residents at different stages in their training have requested this. CCHS faculty and students are presently organizing this program and hope to initiate it in the Fall, 2001. • CCHS faculty will continue to support the U of T Faculty of Medicine through research supervision of undergraduate medical students (e.g., summer research scholarships, DOCH course).
<p>Strengthening Academic Programs</p>	<ul style="list-style-type: none"> • Collaborate with the Department of Psychiatry's continuing education program to educate and train psychiatrists and family practitioners regarding "cultural competence." This will be achieved by coordinating a network of experts in Cultural Psychiatry and foreign-trained mental health professionals to provide care and consultation.
<p>Enhancing relationships & extending our reach</p>	<ul style="list-style-type: none"> • CCHS members have a wealth of experience about doing research in international settings and contexts. We would be delighted to share this with our colleagues in the Department of Psychiatry as the Department endeavors to expand its international research programs and recognition. Examples include practical guidance in engaging with foreign collaborators, agencies and protocols for securing funding for international work. This will also support U of T Psychiatry faculty in their scholarly efforts (i.e., faculty development). • Maintain cultural community partnerships. CCHS will continue its highly successful monthly meeting series which allows us to (a) disseminate new research findings, (b) foster continuing research collaboration with cultural community partners, (c) identify and address new needs within the communities, and (d) involve students (e.g., community partners help us to develop service delivery sites where students can acquire needed clinical experience with culturally diverse patient populations). Community partnerships will also enable us to increase the numbers of mental health professionals working with specific cultural communities, to provide supervision, and expand the breadth of coverage. This initiative will require the creation of a new position to coordinate community relations and supervision of students. <p style="text-align: right;"><i>Continued on page 36</i></p>

PROGRAM PLANS FOR ACHIEVING DEPARTMENT'S STRATEGIC PRIORITIES AND IMPLEMENTATION GOALS

Continued from page 35

Enhancing relationships & extending our reach

- CCHS will bring scholars from other culture groups to the University of Toronto (e.g., as Visiting Scholars) to increase awareness of Cultural Psychiatry within the Department and the Faculty.
- Develop a foreign-student graduate program or residency to provide graduate education and links with scholars in other countries. CCHS's expertise and international reputation in Cultural Psychiatry will enable productive collaborations with psychiatrists at universities and hospitals in other countries. We are presently developing such a collaborative program with colleagues in Nigeria. An added benefit of this program is the fact that foreign-trained psychiatrists can operate as cultural consultants to local psychiatrists. This initiative will require new funding.
- Increased research and educational initiatives will require that CCHS acquire a new staff member whose principal responsibilities will involve disseminating research findings and publicizing educational programs. A major component of this effort will involve preparing articles for dissemination via the world-wide web and lay publications. This will require new funds.
- Continue and increase dissemination of research findings to national and international audiences. CCHS faculty will offer symposia to leading international conferences; disseminate findings through scholarly products (peer-reviewed articles and books) as well as through the public media; develop policy-relevant publications (e.g., in collaboration with CERIS) to educate government agencies and employees. Such efforts will help to inform: (a) public debate (public forums, mass media); (b) policy development; (c) academic knowledge; and (d) clinical service providers.
- Organize annual public forums, targeting important issues and findings by CCHS investigators (e.g., "healthy immigrant" effect).
- Much of the CCHS research program involves multi-wave population-health projects. During the 2001-2005 term, we will continue to operate these studies, to publish new findings as they emerge, and to develop new research proposals.
- Increase the University Department of Psychiatry's profile under the rubric of Population Health through CCHS research efforts. One objective for the international fellowship program (proposed earlier) will be an attempt to define population differences and investigate their relations with mental and physical health.
- Contribute cross-cultural expertise to bioethical evaluation of proposed research and other programs.

from independent agencies (e.g., CIHR) and we are currently endeavoring to achieve this goal (at present, two of CCHS's eight faculty are supported by CIHR career awards). Additional funds will also be necessary, however. In part, it may be possible to generate support in collaboration with our cultural community partners through the development of new clinical resources. It may also be possible to expand our faculty in cooperation with other academic units within the University of Toronto inasmuch as CCHS research foci cross traditional disciplinary boundaries (e.g., migration stress and tuberculosis, cross-cultural differences in coping with chronic disease). In the process of such collaborations, it will be possible for CCHS to contribute to the development of U of T faculty in other departments through collaboration and collegial interaction. CCHS investigators have acquired a wealth of experience, for example, in relation to international research collaboration. We would be delighted to share what we have learned with colleagues in the Faculty.

New initiatives will also develop educational, clinical, and collegially supportive resources to advance the Department's and the Faculty's vision. Educational and clinical objectives will be achieved through the development of new pro-

grams to enhance "cultural competence" among residents, trainees, and practicing clinicians. These will include an ongoing seminar series led by CCHS faculty for residents in the Department of Psychiatry. CCHS will coordinate a panel of experts and foreign-trained mental health experts who will provide insight and support as consultants to trainees and practicing clinicians in Psychiatry and Family Medicine.

The network of cultural community partners developed and maintained by CCHS will continue to provide a valuable clinical and educational resource by facilitating psychiatric care for people from diverse ethnic and cultural backgrounds. This network will also provide educational programming for members of Canada's cultural communities (e.g., through public forums and other educational events). The network will enable CCHS faculty to develop new training sites for residents in Psychiatry in collaboration with existing mental health professionals and others (e.g., foreign-trained professionals) who provide clinical services to these communities.

CCHS faculty has been active in supporting the Faculty of Medicine's initiative to enhance early research experiences among students. CCHS faculty will continue to supervise undergraduate and graduate students in Medicine, an effort that we hope

will also assist us in increasing the future pool of academics in Cultural Psychiatry. We will contribute to the Department and Faculty vision by continuing to bring to Toronto internationally respected researchers in Cultural Psychiatry as Visiting Scholars. In the past, such visitors have contributed valuably through university and public presentations, consultations to U of T research teams and to service providers in the community. Visiting scholars lead seminars for trainees, graduate students, and faculty. During the 2001-2005 term, the program will endeavor to develop graduate and residency programs for foreign students interested in Cultural Psychiatry. Current efforts to develop such a program in collaboration with colleagues in Nigeria can serve as a model. International graduate and professional training can expand CCHS's collaborative networks and add to the University's international reputation. Maintaining and expanding such relationships are also, of course, effective methods to expand the program's visibility and international reputation.

CCHS will continue and increase dissemination of research findings through a variety of methods. We will organize symposia at major academic meetings (e.g., American and Canadian Psychiatric Associations) to highlight findings from our projects. Efforts will be increased to disseminate relevant new

knowledge more widely to inform public debate. This can be achieved through public forums, contributions to the mass media, internet materials (e.g., via the Department of Psychiatry's page on the world-wide web), educational events for practicing clinicians, and through documents prepared for policy makers. We will require new funds to achieve these objectives. Principally, we will require new staff with expertise in the preparation of materials for distribution to non-academic audiences.

The 2001-2005 term represents a period in which CCHS hopes to maintain and extend its programs, contributing to the Department of Psychiatry and Faculty of Medicine's visions of excellence in scholarship, enhanced faculty development, enriching the student experience, and extending our international reputation. This will be achieved through new and continued population-health research in Cultural Psychiatry, new programs to support student and continuing education, contributing to informed public debate, and the development of new educational clinical resources that can serve both the university by providing new forums in which to expand residents' cultural competence and to increase the availability of culturally appropriate mental health care.

GERIATRIC PSYCHIATRY

Program Head: Dr. Nathan Herrmann

Summary Highlights

Priorities

Education

- Redesign centralized seminar series for psychiatry residents
- Develop PGY1 contact program
- Promote and facilitate mentorship of residents interested in Geriatric Psychiatry
- Encourage more Fellowship training jointly with other programs, especially Psychosomatics, Schizophrenia, Health Systems, and Culture and Community

Research

- Recruit new clinician scientists to strengthen academic programs at various sites

- Appoint the Richard Lewar Chair in Geriatric Psychiatry
- Establish funding for a yearly Divisional Research Fellowship
- Emphasize collaborative activities

Clinical Services

- Strengthen program at CAMH
- Develop a Division-wide IT plan for use in distance education, clinical service consultation and academic program consultation

Key Challenges

- Dramatic increases in clinical service demands
- Lack of interest and recruitment in geriatric psychiatry
- Lack of readily available funds for Fellowship training
- Establishment of more linkages and collaborations between geriatric psychiatry and other program areas (e.g., long term care)

FACULTY PROFILE

Number of	
Faculty	27
Professors	1
Associate Professors	7
Assistant Professors	8
Lecturers	11

PROGRAM PLANS FOR ACHIEVING DEPARTMENT'S STRATEGIC PRIORITIES AND IMPLEMENTATION GOALS

Strategic Priority	Proposed Actions
Building the Faculty	<ul style="list-style-type: none"> • Establish the Richard Lewar Chair in Geriatric Psychiatry • Implement recruitment strategies devised at recent Division Retreat • Recruit clinician-scientists for Sunnybrook & Women's College Health Sciences Centre (Geriatric Neuropsychiatry and/or Psychopharmacology) • Recruit clinician-scientist for TTH (Geriatric Mood Disorders) • Support newly appointed clinician-scientist at Baycrest Hospital and ensure collaborative linkages
Strengthening Academic Programs	<ul style="list-style-type: none"> • Strengthen academic program at CAMH with recruitment of clinician educators and possibly a clinician-scientist with interest in Late Life Schizophrenia • Strengthen academic program at Mount Sinai Hospital with recruitment of clinician educators with cultural competence and Chinese language capacity • Strengthen academic program at St. Michael's with recruitment of one clinical educator • Emphasize collaborative opportunities in research incorporating neuroimaging
Enriching the student to experience	<ul style="list-style-type: none"> • Reorganize central resident seminar series to emphasize skills training and exposure to "critical academic staff" for recruitment purposes • Optimize opportunities to engage residents in national and international Geriatric Psychiatry Programs through CAGP and AAGP • Develop/implement program to identify PGY1s with interest in Geriatrics, link to academic staff, provide special educational programs and electives • Target one individual every 2-3 years to participate in the Clinician Scientist Training Program, when developed • Plan for addition of geriatric experiences for medical students • Support the development of Geriatric Outreach experiences such as the North Bay initiative
Enhancing relationships & extending our reach	<ul style="list-style-type: none"> • Increased involvement in National and International Geriatric Psychiatry organizations (CAGP, AAGP, IPA) • In collaboration with the IDDG and/or The International Psychogeriatric Association, develop a plan for academic outreach to Latin America • Increase involvement in regional and provincial health services planning, through DHC and programs such as Ontario's Alzheimer Disease Initiative • Facilitate and encourage training experiences for students in other Canadian Residency Programs
Strengthening infrastructure and resource base	<ul style="list-style-type: none"> • Ensure appropriate Geriatric Services are maintained/enhanced with CAMH redevelopment

Opportunities for International Leadership

- Develop a plan in collaboration with IDDG and/or the International Psychogeriatric Association for Academic Outreach to Latin America
- Research in Geriatric Neuropsychiatry, Psychopharmacology and Mood Disorders

Approach to achieving Department's vision for "international leadership in mental health research, education and clinical services"

Recruiting two to three clinician investigators and establishing the Lewar Chair in Geriatric Psychiatry must be the priorities for the Division of Geriatric Psychiatry within the next 5 years. Attainment of these goals will ensure that we can meet the objectives of international leadership in Geriatric Psychiatry research as well as strengthen our educational programs (which will ultimately lead to improvements in the delivery of clinical services). The Division has already embarked on these tasks. The appointment of a clinician-scientist with neuroimaging expertise at Baycrest Hospital will impact dramatically on productivity and allow for numerous intra- and interprogram collaborations.

The Division has also recently held a retreat focused on developing recruitment strategies aimed at medical students, PGY1s and junior residents including measures such as redesigning the centralized seminar series, ensuring adequate exposure to key academic members, use of evening journal clubs, special PGY1 initiatives and electives, and ensuring we take advantage of Resident/Fellow Awards through national and international Psychogeriatric organizations. It is recognized that Fellowship training may ideally occur in collaboration with other programs. The example of a Fellow currently training in Psychosomatics (Neuropsychiatry) and Geriatric Psychiatry could be duplicated in collaboration with other programs (e.g. Neuroscience, Schizophrenia, Health Systems, Culture & Community).

International leadership will also be demonstrated by increasing participation in national and international organizations such as the Canadian Academy of Geriatric Psychiatry, the American Association of Geriatric Psychiatry and the International Psychogeriatric Association.

Academic outreach will be achieved by developing plans collaboratively with members of the University of Toronto's Interdepartment Division of Geriatrics and/or The International Psychogeriatric Association. Focusing on Latin American, we can conceive of programs which would include providing visiting professors, electives and specialty training for medical students, residents and Fellows, and an academic program consultation service that would help interested countries develop training programs for medical students and/or psychiatry residents in Geriatric Psychiatry. We will also continue to help develop the Geriatric Psychiatry Outreach Program for training University of Toronto Residents in North Bay.

Attention must also be paid to clinical and teaching demands within our Division. A priority will be recruitment of a new academic leader for the Geriatric Psychiatry Program at CAMH, more clinician-educators, and possibly a clinician-scientist with a focus on late-life psychotic disorders or substance abuse in the elderly. Recruitment at Mount Sinai Hospital would ideally be staff with Chinese language capability and the delivery of culturally sensitive services. Another clinician-educator at St. Michael's is also a pressing need.

The 'demographic imperative' caused by our aging society will ensure that the University and individual hospitals will support the efforts outlined above. The major challenge which faces the Division is the fact that universally Geriatrics is not a popular field for specialization, and the vast majority of medical students and psychiatry residents lack an "innate interest" in psychogeriatrics. With exciting research discoveries, dramatic therapeutic advancements, and the redoubled efforts of an enthusiastic membership, the Division of Geriatric Psychiatry will ensure we accomplish all our goals.

LAW & MENTAL HEALTH

Program Head: Dr. Howard Barbaree

Summary Highlights

Priorities

Education

- To establish a Masters degree program in Law and Mental Health
- To establish two funded fellowships
- To continue to train career-track psychiatric residents
- To establish a program of visiting professorships

Research

- To establish an endowed chair in Law and Mental Health
- To maintain total external funding for research
- To increase the number of peer-reviewed publications
- To provide special support to our strongest area of scholarship “Forensic Sexology”
- To increase research activity of psychiatrists in the program, particularly in forensic sexology, anger management, and the appraisal of risk for future violence.

Clinical Services

- To establish new inpatient units at the minimum and medium secure level
- To establish outpatient forensic services including partnerships with forensic ACT teams
- To develop and support our involvement in the Mental Health Court
- To complete renovations to Unit #3 including total renovation of METFORS and the new Medium Secure facility.

Key Challenges

- A lack of academic forensic psychiatrists engaged in publication and research
- An increase in demand for forensic mental health services that exceeds clinical resources available
- The program has embarked on two research projects to assist in understanding the increased demand for forensic mental health services. The first is a review of the literature and currently available data bases (supported by the Ontario Mental Health Foundation). The second is a study of the “common clientele” of health, correctional and human services supported by the Ontario Ministry of Correctional Services.

Opportunities for International Leadership

- The international prominence of the Forensic Sexology group
- First-third world “twinning” with a secure forensic facility on the outskirts of Capetown, South Africa. The European Union has sequestered funds to support the twinning arrangements to promote transfer of knowledge to the third world. CAMH’s role as a Centre of Excellence in addictions and mental health with the WHO may provide a structure and context within which to develop this program of international outreach.

Approach to achieving Department’s vision for “international leadership in mental health research, education and clinical services”

We will focus on two main thrusts in our approach to achieving “international leadership in mental health research, education and clinical services”, namely (1) continued support and encouragement of our currently internationally recognized research and scholarship in “Forensic Sexology”, and (2) the development of a program of first-third world “twinning” of our Law and Mental Health Program with similar programs in the third world.

With respect to the first of these thrusts, we will be requesting that CAMH recognize our Forensic Sexology formally as a Clinical Research Section. We will continue to attract and/or seek graduate students and post-doctoral fellows in the area, and we will use CAMH program resources to ensure retention of the current members of the Forensic Sexology team. With respect to the second of these thrusts, we have been asked to establish a twin partnership with a secure forensic mental health facility on the outskirts of Capetown, South Africa. We have been given to understand that the European Union has sequestered funds to support such twinning arrangements to promote transfer of knowledge to the third world. In addition, CAMH’s role as a Centre-of-Excellence in addictions and mental health with the World Health Organization may provide a structure and context within which to develop this program of international outreach.

FACULTY PROFILE

Number of	
Faculty	51
Professors	2
Associate Professors	7
Assistant Professors	13
Lecturers	28

PROGRAM PLANS FOR ACHIEVING DEPARTMENT'S STRATEGIC PRIORITIES AND IMPLEMENTATION GOALS

<p>Strategic Priority Building the Faculty</p>	<p>Proposed Actions</p> <ul style="list-style-type: none"> • To establish an endowed chair in Law and Mental Health. • From the Five-Year Program Review (July 12, 1999) – <ul style="list-style-type: none"> – To recruit a mid-career research scientist with a proven track record of first-rate grantsmanship scholarship, research, and teaching expertise in the area of “Psychobiology of criminal behavior”, or “Risk assessment”. – To establish a program of visiting professorships, to attract leaders in the field of forensic psychiatry, law and mental health, and the psychobiology of aggression and violence to spend time actively involved in teaching, research and scholarship in the program sites. – To encourage intense and prolonged interaction between visiting international leaders and program faculty, and program trainees. – To encourage the recruitment of women and ethnic and racial minorities to train as forensic psychiatrists and allied mental health professionals within the Law and Mental Health Program. – To continue to support academic promotion through the ranks for deserving faculty. – To support joint appointments of program faculty in other faculties and departments in the university, including: The Institute of Medical Science, the Institute of Criminology and the Faculty of Law. – To establish a recruitment committee within the Law and Mental Health Program.
<p>Enriching the student experience</p>	<p>From the Five-Year Program Review (July 12, 1999) –</p> <ul style="list-style-type: none"> • To establish two funded fellowships from internal program funds, one to be awarded annually to the most deserving psychiatric candidate, and one to the most deserving post-doctoral candidate. Selection will be done in concert with CAMH fellowship awards committee • To establish a Masters degree program in Law and Mental Health, in partnership with the U of T's Institute of Criminology and Faculty of Law. Such a program would benefit fellows in forensic psychiatry who do not wish to complete a research degree and post-doctoral students in other disciplines whose previous training has not included the basis of forensic training. • To maintain our productivity in the training of psychiatric residents at the rate of two per year. • To enhance the selective rotation experience, and to encourage the completion of the research rotation. • To maintain current teaching activity at current or increased levels by maintaining the Forensic Lecture Series, the Forensic Seminar Series. • To maintain our teaching collaborations with the Institute of Criminology, the Faculty of Law and the Faculty of Social Work. • To establish a three-day intensive training course in the basics of forensic mental health care, including the mental health provisions of the Criminal Code of Canada, risk assessment and management, writing reports for the courts and review boards, and giving oral testimony. Such a course would be geared to the non-forensic professional to encourage their more effective care of forensic patients, in non-forensic inpatient settings and in non-forensic outpatient settings, including ACT teams. • To promote and encourage residents and fellows to organize joint rotations and fellowships in Law and Mental Health with other U of T programs, particularly: Addictions, Psychotherapy and Schizophrenia. • To continue to provide an enriched student experience in the undergraduate medical and postgraduate psychiatric electives. This mechanism has been a critical recruiting mechanism for us in the past.
<p>Strengthening Academic Programs</p>	<p>From the Five-Year Program Review (July 12, 1999)</p> <ul style="list-style-type: none"> • To consolidate and maintain total external funding for research above \$750,000 per year • To increase and maintain the proportion of total funding derived from peer-reviewed competitions for projects in the areas defined as “core” forensic to 40% • To increase the number of peer-reviewed publications per annum to 50 • Our strongest area of scholarship is “Forensic Sexology”. Drs. Barbaree, Blanchard, Harris, Lalumiere, Langevin, Seto, and Rice are prominent internationally known figures in this area. Over 40% of the program scholarship is in this area, numerous articles in first-rate scientific journals are published on a yearly basis. The program's international prominence is dependent on the continuing strength of this academic group, thus the program is committed to supporting this group in its critically important activities. • To request that the Centre for Addiction and Mental Health establish “Forensic Sexology” as a Clinical Research Section. • To continue to award the Kurt Freund Memorial Research Prize on an annual basis. • To continue to hold the annual Law and Mental Health Program Research Day each spring at Discovery Harbor, Penetanguishene, in collaboration with McMaster University and the Centre for the Study of Aggression and Violence.

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PROGRAM PLANS FOR ACHIEVING DEPARTMENT'S STRATEGIC PRIORITIES AND IMPLEMENTATION GOALS

Continued on page 41

Enhancing relationships & extending our reach

- The Program is engaged in harmonizing activities across various program sites through a number of mechanisms. Program faculty is actively involved in clinical and academic activity in forensic mental health programs at three separate hospitals, including the Centre for Addiction and Mental Health in Toronto (the Program's Centre of Excellence), the Oak Ridge Division of the Mental Health Centre Penetanguishene, and the Whitby Mental Health Centre. The forensic mental health programs meet jointly from time to time for retreats and an annual research day. In addition, the program is linked to other important aspects of the forensic system (police, courts, provincial and federal correctional facilities) through formal and informal partnerships, service contracts, membership on committees, and other less formal networks.
- The Program has established a prominent role in health education and research and clinical services in the area of Forensic Sexology. In other forensic mental health areas, (risk assessment and management, management of institutional violence) the program will establish a prominent role in health education and research and clinical services on a global basis through a partnership it has begun to develop with a secure forensic facility in Capetown, South Africa. This partnership will be formalized through funding from the European Union for First World-Third World partnerships established to transfer specialized knowledge to the third world.

Strengthening infrastructure and resource base

- The establishment of CAMH has brought together the forensic services at the former Clarke Institute of Psychiatry (CIP) and Queen Street Mental Health Centre (QSMHC) to form a new Program. In the fall of 1998, the Law and Mental Health Program Plan Steering Committee was established with a mandate to plan the early development of the Program. The plan was divided into four phases.
- Phase I focused on the internal organization of the program, including: (1) integration of the Clarke Institute and Queen Street Mental Health forensic services, (2) reorganizing of the existing program elements, and (3) implementation of the newly funded program components. The changes to the program planned in Phase I will be fully implemented by December 31, 2001.
 - Phase II of the program plan will focus on development and improvement of collaborative relationships between the program and other CAMH programs and services. The main purpose of Phase II will be to establish the protocols by which forensic patients will be integrated into CAMH programs and services according to their clinical needs. A written planning report on Phase II will be completed by June 30, 2002.
 - Phase III of the program plan will focus on the leadership role to be played by Law and Mental Health Program at CAMH in the coordination of Regional Forensic Mental Health Services. According to the program plan, we will integrate, reorganize, and enhance internal program elements as follows: Expand CAMH's role and activities at the Mental Health Court, to continue provision of fitness assessments to the court, but to expand services to include treatment, follow-up, referral, and diversion; Establish a Forensic Assessment and Triage Service to admit all CAMH in-patients referred by the courts, to assess risk and clinical needs and to triage patients to services within CAMH and outside, to best meet the needs of the forensic patient; Develop a spectrum of outpatient services specially designed to meet the needs of the forensic patient. These services will include outpatient clinical treatment, but will also include case management providing support and assistance in providing appropriate housing, financial advice and resources, employment and vocational counselling, and assistance with family living; Expand the availability of inpatient forensic beds through the inauguration of the new Minimum Secure Inpatient Unit and the new Medium Secure Unit; Collaborate in the establishment of a secure care facility for female forensic patients; Reorganize and enhance Forensic Specialty Services to provide service in both inpatient and outpatient settings and to develop specialized services in the area of substance abuse and women's mental health, and completing the planned renovations to METFORS.

MENTAL HEALTH SYSTEMS RESEARCH AND DEVELOPMENT

Program Head: Dr. Paula Goering

FACULTY PROFILE

Number of Faculty	25
Professors	3
Associate Professors	7
Assistant Professors	11
Lecturers	4

Summary Highlights

Priorities

Education

- Increased training of interdisciplinary health services researchers through CHSRF/CHIR Chairs program, funded post-doctoral fellowship, new graduate course, and CIHR training proposals.
- Pursue concept of reintegrating health services content into residency training.
- Encourage faculty involvement in undergraduate education through various university departments.
- Enhance continuing education activities with formalized needs assessment and evaluation components.

Research

- Use researcher's training program, research policy forums, and innovative placements to promote knowledge exchange.
- Continue collaborative research that evaluates program and system performance.
- Generate and disseminate best practices regarding concurrent disorders, disability in the workplace, needle exchange, etc.

Clinical Services

- Use consultation and system planning and evaluation projects to transfer knowledge and shape service delivery.
- Promote and evaluate innovative service delivery models (ACT, crisis, self-help, first episode, psychogeriatric and dual disorder outreach, and shared care)
- Strengthen relationship with clinical services committee.

Key Challenges

- Developing adequate infrastructure within Program and Centre of Excellence to support expanded scope and size.
- Expanding international outreach and public health perspective.

Opportunities for International Leadership

- Merger of addictions and mental health and focus upon concurrent disorder best practices.
- Use of research and consultation to improve service delivery and shape policy.
- Training interdisciplinary health services researchers and consultants.
- Support and expand established links to Estonia, France, Brazil and the US.
- Take advantage of WHO World 2000 and ICPE collaborations.

Approach to achieving Department's vision for "international leadership in mental health research, education and clinical services"

The mission of the Mental Health Systems Research and Development Program (MHSRDP) is to facilitate the utilization of scientific information to improve the delivery of mental health and addiction services. The target population consists of individuals in greatest need of care because of the long-term, serious and multiple nature of their problems. The Health Systems Research and Consulting Unit (HSRCU) at the Centre for Addiction and Mental Health (CAMH) is a central component of the MHSRDP. This is a strong centre of excellence that –

- conducts service delivery research
- has had a major impact on provincial and local mental health reform initiatives
- has expanded to include addictions as well as mental health services and policy
- includes a consulting practice through which faculty have influenced the delivery of mental health and addiction services in several regions and provinces
- has strong ties with several other external research groups including ICES and the Institute for Work and Health.

The recent award of a prestigious CHSRF/CIHR Health Services Chair to the Director, Paula Goering, provides the resources to expand training, knowledge exchange and research activities.

The MHSRDP has been successful in developing a cohesive network of sites. Primary sites include the CAMH, Sunnybrook and Women's College Health Science Centre, and St. Michael's Hospital. Monthly meetings of a core committee serve as the vehicle for planning and implementing program activities.

Multiple research and consulting projects include cross-site and cross program collaborations. The program is relatively small in terms of the number of faculty with faculty frequently having cross-appointments to other programs. The composition of faculty is distinctly interdisciplinary in keeping with the broad health services and systems mandate. Faculty are involved in a range of activities in several other university Departments and faculties, including nursing, health administration, clinical epidemiology and public health sciences.

The program is not focused on a particular disease or age group, rather is concerned with issues related to systems planning and service delivery that cross the boundaries of traditional psychiatric and addictions practice. The strong emphasis on knowledge transfer and dissemination of best practices promotes an external orientation that includes building relationships with policy makers and

PROGRAM PLANS FOR ACHIEVING DEPARTMENT'S STRATEGIC PRIORITIES AND IMPLEMENTATION GOALS

<p>Strategic Priority Building the Faculty</p>	<p>Proposed Actions</p> <ul style="list-style-type: none"> • Search for and appoint a psychiatrist as co-leader of the Program. • Pursue cross-appointments of all faculty to university disciplinary departments. • Train and recruit new medical faculty interested in joint appointments with clinical programs. • Train and support more individuals to address unmet need within dual diagnosis. • Support the inter-university initiative advocating on behalf of dual diagnosis faculty and resources. • Formalize needs assessment and evaluation of our continuing education program colloquium.
<p>Enriching the student experience</p>	<ul style="list-style-type: none"> • Create special research placements in policy environments. • Generate new student funding and training opportunities through recently funded fellowship position and national training network proposal to CIHR. • Reinsert health services content/approaches into core curriculum and appoint program representative to post-graduate committee. • Identify and support clinicians interested in health services research training through the use of research electives and funded fellowships
<p>Strengthening Academic Programs</p>	<ul style="list-style-type: none"> • Contribute our interest and expertise to discussions regarding expanded public health perspective. • Increase number of students who complete graduate degrees through affiliations with existing departments and the design and implementation of new training programs (e.g., Ontario Regional Training Center for Nursing and Health Services and new PhD program in clinical epidemiology). • Promote interdisciplinary learning through summer studentships and graduate teaching and supervision in various university departments. • Use HSRCU publications plan to support increased productivity. • Play a leadership role in shaping research agenda through Statistics Canada, CIHI, CHSRF, and CIHR committees and boards. • Implement, evaluate and consult about new service delivery models. • Incorporate more qualitative and mixed methods designs into evaluations.
<p>Enhancing relationships & extending our reach</p>	<ul style="list-style-type: none"> • Develop joint proposals/projects with Addictions (concurrent disorders), Schizophrenia (first episode) and Forensics (court diversion evaluation). • Continue to use community surveys and administrative database research to document uneven access to services and the influence of social factors. • Implement, evaluate and disseminate newly funded program to train researchers in knowledge transfer. • Demonstrate use of knowledge manager position and ongoing relationships with policy decision-maker partners as formal strategies for research dissemination.
<p>Strengthening infrastructure and resource base</p>	<ul style="list-style-type: none"> • Work with CAMH concerning urgent current and future space needs for HSRCU. • Facilitate involvement of faculty in functional and site planning for CAMH. • Share knowledge and interest that exists within program faculty with regard to the use of IT for education and for national network building.

providers at the provincial and national level. Education, research and consulting activities routinely involve the larger community outside the university, including various levels of government as well as NGO organizations. Planning, evaluating and promoting model programs is the primary means by which clinical services are influenced. Advanced training has been concentrated on a select number of students interested in an academic career in health services research.

Key factors that will be necessary to implement the various actions that are planned include:

- Continued commitment of a small but growing group of dedicated interdisciplinary faculty who are being asked to expand their teaching roles and add academic depth to their consultation activities.

- Development of an appropriate program and HSRCU infrastructure (including leadership and space) to adequately manage the expanded size and scope of the program.
- Success of training proposals under development for submission to federal research funders.
- Ability to maintain collegial, healthy working and learning environments during times of growth and change.
- Continued support of the Department of Psychiatry and Faculty of Medicine for a model of applied research that does not always fit the traditional mode of academic scholarship.

MOOD & ANXIETY DISORDERS*Program Head: Dr. Sidney Kennedy***FACULTY PROFILE**

Number of Faculty	37
Professors	5
Associate Professors	6
Assistant Professors	11
Lecturers	15

Summary Highlights**Priorities***Education*

- Continue to have a continuum of courses reflecting all mood and anxiety disorders, diagnosis, pharmacotherapy, and psychotherapy.
- Add more sophisticated outcome evaluation and formal mentoring.
- Emphasis on and development of research and clinical fellowships (suitable for both MD and non-MD trainees), with detailed training objectives and adequate base funding. Success in this endeavor would solidify leadership nationally and internationally through the impact of graduated fellows and by attracting quality international candidates. This requires the commitment of several faculty to serve as supervisors and mentors

- Identify specific champions – undergraduate coordinator, resident coordinator, etc., for each relevant student group.
- Some key priorities missing (i.e., work related to outstanding continuing education activities as well as work in primary care area.)

Research

- Coordinate etiological research (both genetic and biochemical psychiatry) so that more research is done along dimensions of traits, not just diagnoses.
- Integrate additional efforts to explain stress and other psychological risk factors in terms of biological measures, i.e. link to PET, signal transduction and gene expression, and possibly neuroendocrine tests, as well as genetic vulnerability markers. Complement efficacy research with more naturalistic studies involving all major disorders—integrate with treatment algorithms that still give the patient/clinician choice, but amongst fewer alternatives. These naturalistic studies must extend beyond the strict confines of the current natural practice lab.

PROGRAM PLANS FOR ACHIEVING DEPARTMENT'S STRATEGIC PRIORITIES AND IMPLEMENTATION GOALS**Strategic Priority
Building the Faculty****Proposed Actions**

- Continue the process already begun of trying to link with the 3 other WHO centres of excellence, in order to attract first rate fellows (MD and Ph.D.).
- Develop exchange programs for 1-2 week visits from our program to these WHO centres, and vice versa, for both junior and senior faculty. Actively post potential job opportunities, both at the fellowship and faculty level, on international and national websites, to complement other recruiting.
- Formally devise, and fund, mini-sabbaticals for current faculty to go somewhere up to 6 months, either to complete research writing or developing specific new protocols or to acquire specific skills.
- Recruit faculty to reflect ethnic diversity and facilitate international linkages
- Emphasize cross appointments to Research Institutes and other organizations in hiring new staff, with both groups providing financial support
- Establish University "Point Person" who plays a lead role in coordinating linkages, financial packages etc. Greater use of web resources for posting fellowship and faculty opportunities Work towards developing current faculty or recruiting new faculty who will hold at least two more nationally funded research chairs in the Division, at either the senior or junior level
- Funding and other strategies to promote and retain opinion leaders amongst our staff

Enriching the student experience

- Identify ways to have contact with residents earlier in psychiatry residency.
- Include formal programs for family practice and neurology residents (brief, outpatient care oriented).
- Identify specific champions "Undergraduate coordinator", "resident coordinator", (etc) for each relevant student group.
- Identify ways to integrate non-medical students, especially psychology interns, into contact with psychiatric researchers and clinicians
- Explore web site class room concept
- Develop, expected levels of knowledge goals for undergraduate, PGY 1 – 5 , Fellows as core material for supervisors and students Support greater international focus on fellowship program by defining 3 – 4 key training areas and coordinate advertising, recruitment and funding
- Support standards for supervisors of fellows and concept of clinical scientist program that relates both postgraduate education and research offices.
- Create more summer research opportunities for non-MD students from relevant disciplines (epidemiology, neuroscience, psychology, health services research) at the undergraduate and early graduate level. Incorporate options for flexible part-time work during the academic year.
- Devise website classrooms to enhance training experience.

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PROGRAM PLANS FOR ACHIEVING DEPARTMENT'S STRATEGIC PRIORITIES AND IMPLEMENTATION GOALS

<p>Strengthening Academic Programs</p>	<ul style="list-style-type: none"> • Identify, support, and develop more non-MD staff that demonstrate a commitment to research • Convene disease or thematically based groups “ e.g. Depression and Society” with the explicit aim of inviting individuals from related departments (public health, social work, epidemiology, health promotion, sociology, anthropology, etc) to explore the possibility of creating an array of research proposals by this group • Explicitly cultivate links with one or two other disease coalitions groups, e.g. the Cancer Society, AIDs group, Diabetes group, to see how they have coordinated their efforts amongst multiple players and types of interventions. • Reward young researchers who are becoming leaders in their field
<p>Enhancing relationships & extending our reach</p>	<ul style="list-style-type: none"> • Identify a limited number of potential partners and projects, and provide impetus and at least some kind of resources to achieve this outreach. • Depression and society group collaboration with different hospitals and academic depts. • Identify one local underserved group (minority group) for active collaboration within Toronto. • Establish links with one other international group (perhaps in collaboration with another WHO centre of excellence). • The U of T Family Medicine Dept has multiple projects underway in South America. A current project for a joint CME / Patient education intervention funded by the Pan American Health Organization is already in existence and a fellow from Brazil will join the program in July 2001
<p>Strengthening infrastructure and resource base</p>	<ul style="list-style-type: none"> • All databases that are the “common property” of a group of investigators within the Division should be immediately accessible to each investigator on their PC. This access would encourage greater harvesting of available data, and is easy to implement within the current CAMH networked environment. • Encourage more collaborative projects as these have the opportunity to apply for funding from multiple outside agencies and may also be more attractive for private foundation or donor gifts. • Explore what the CAMH Centred on Excellence Program (especially new development and functional planning for Queen Street Site) can provide for University Program. • Special data collection and analysis systems should be available when appropriate Program coordination for research, education and training projects • Special research projects and “one-of-a-kind equipment/resources should be based at Queen St so as attract top researchers from the city and beyond.

- Take the lead in establishing a provincial or potentially an interprovincial database on depression and anxiety treatment and outcomes, using a naturalistic/observational study approach. Once established, the opportunities for research that integrates basic and clinical investigations (including psychosocial interventions) are numerous. Opportunities for substantial CIHR funding to establish such networks are currently available! The program should also commit to research priorities that do not necessarily depend on Industry sponsors – including studies of subclinical disorders, treatment-resistant populations, evidence-based psychological interventions, and long-term outcomes.

Clinical Services

- These should be targeted towards supporting research initiatives and testing and evaluating innovative clinical service models for depressive and anxiety disorders.
- Integrate other services into the existing framework by:
 - Having nurse clinicians monitor patients seen in consultation (by our regular psychiatrists) and ensure recommendations get implemented and compliance facilitated.

- Having a formal shared care clinical program, integrated with education, for family physicians
- By providing routine ‘add-ons’ to pharmacotherapy, with the referral process much like sending a patient with an ankle injury for physiotherapy.

Key Challenges

- Identifying ways to achieve these ends without thwarting the specific aims of researchers. This could be achieved by ensuring that academic staff only have to devote a small percentage of their time to such new ventures (unless they want to lead it), and that additional staff will be hired to take the program in these new directions. Current clinical staff should be offered the opportunity to lead such ventures—and practice should be guided by program initiative away from traditional or psychodynamic initiatives towards more evidence-based or health services research based interventions.

Opportunities for International Leadership

- Greater opportunities for international impact will follow from research and educational initiatives that have greater external validity (i.e., are applicable to populations outside of the typical urban tertiary care populations.) CAMH and Department of Psychiatry could also more aggressively advertise and pursue opportunities for international consulting, through the WHO and other international agencies. Successful demonstration of effective blending of research approaches, a wide variety of educational ventures, and a blending of clinical interventions will demonstrate unique collaborative strengths that will attract international attention.

Approach to achieving Department's vision for "international leadership in mental health research, education and clinical services"

- Identify specific champions for each initiative, and make it a significant part of that person's mandate, not as an 'add-on' to multiple existing mandates. For instance, the CBT clinic should provide guidance in extension of CBT services, but would not be expected to run or staff new CBT groups, etc.
- Make projects explicit, small, and achievable.
- Commit at least 5% of program budget as 'venture capital' to support new and innovative initiatives.
- Support the training of existing staff to take on new roles.

NEUROSCIENCE

Program Head: Dr. Franco Vaccarino

Summary Highlights

Priorities

Education

- Integrate neuroscience educational initiatives in psychiatry with broader University of Toronto [neuroscience] initiatives.
- Increase focus on basic clinical integration (e.g., imaging).
- Increase number of neuroscientists to develop critical mass.
- Develop a coordinated approach to neuroscience graduate training program with University of Toronto programs.
- Focus on development of PhD programs or combined PhD/MD to address the need for more clinician scientists.
- Increase psychiatry fellows in the neurosciences stream.

Research

- Ensure the Department of Psychiatry neuroscience initiatives are represented at CIHR

Clinical Services

- Increase capacity in molecular neuroscience, neurogenetics and translational research (i.e., basic-clinical, clinical-population).

Key Challenges

- Play a lead role in coordinating the efforts of the University of Toronto Neuroscience Network.
- Improve infrastructure and neuroscience laboratory conditions.
- Collaborate with other programs (i.e., Psychiatry, Health & Disease, Schizophrenia and Neurology) to determine the optimal development of neuro-psychiatry program.

FACULTY PROFILE

Number of	
Faculty	31
Professors	9
Associate Professors	11
Assistant Professors	11
Lecturers	

PROGRAM PLANS FOR ACHIEVING DEPARTMENT'S STRATEGIC PRIORITIES AND IMPLEMENTATION GOALS

Strategic Priority	Proposed Actions
Building the Faculty	<ul style="list-style-type: none"> • Support current Departmental plans for increasing career satisfaction and retention among faculty. • Increase emphasis on career development. • Build on growing faculty support programs from CIHR.
Enriching the student experience for more clinician scientists.	<ul style="list-style-type: none"> • Develop a coordinated approach to neuroscience graduate training with University of Toronto wide programs. • Focus on development of Ph.D. programs, or combined Ph.D./MD, to address the need • Increase psychiatry fellows in neuroscience stream.
Strengthening Academic Programs	<ul style="list-style-type: none"> • Calibre of neuroscience faculty is outstanding. Future priorities will: • increase focus on basic-clinical integration (e.g., imaging) • increase critical mass of neuroscientists • ensure that Department's neuroscience initiatives are represented at CIHR • improve infrastructure and neuroscience laboratory conditions • integrate with existing University of Toronto Neuroscience initiatives
Enhancing relationships & extending our reach	<ul style="list-style-type: none"> • Improved web page for the Department would help promote many of the goals and objectives of the Department by being a showcase for our talents and inviting opportunities for collaborations and applications. This is one of our best marketing tools on a local, national and international basis, and resources should be allocated to keeping the site current and fresh. This could also provide a forum within the Department to increase awareness of opportunities for collaboration, mentorship, etc. Since one challenge is integration of the Department with teaching hospitals, and since the faculty of the Department are dispersed across several locations, this would provide an area of cohesion. • Build on WHO Centre of Excellence opportunities to increase international links in clinical neuroscience.
Strengthening infrastructure and resource base	<ul style="list-style-type: none"> • Develop a revenue generating plan in order to meet increasing cost pressures largely related to salary and technology pressures. • Utilize CFI, OIT and other infrastructure external opportunities to build infrastructure. • Increased quantity and improved quality of wetlab space a major priority. • Consider site redevelopment opportunities. • Develop IT plan for integrating neuroscience groups.

Opportunities for International Leadership

- Build on WHO Centre of Excellence to increase international links in clinical neuroscience.
- Build and nurture existing relationships with NIH programs and the CIHR.

Approach to achieving Department's vision for “international leadership in mental health research, education and clinical services”

The overall approach would focus on achievement of the following goals:

- To ensure excellence in curiosity driven research
- To ensure achievement of critical mass in molecular neuroscience and neurogenetics research (given that these are critical areas for discovery-aimed as well as basic-clinical integration).
- To build and nurture existing relationships (i.e. WHO, CIHR and NIH) to further development of international links and leadership.

PSYCHIATRY, HEALTH & DISEASE

Program Head: Dr. Gary Rodin

Summary Highlights

Priorities

Education

- Develop neuropsychiatry program for all psychiatry trainees in PGY1 and for specialized career track residents and fellows
- Strengthen core training in Consultation-Liaison psychiatry
- Identify academic mentors in each priority area for support, recognition and early exposure to psychiatry trainees
- Specialized residency and fellowship training in major program areas
- Participate in clinician scientist program

Research

- Neuropsychiatry, Eating Disorders, Psychosocial Oncology, Behavioral Cardiology, HIV Psychiatry
- Recruit Chair in Eating Disorders

Clinical Services

- Define research and academic focus of activities at each clinical site and concentrate recruitment
- Adult Consultation-Liaison Psychiatry at 4 sites
- Pediatric Consultation-Liaison Psychiatry at HSC
- Psychosocial Oncology Program at PMH and MSH
- Neuropsychiatry at TWH, SWCHSC and the Rotman Institute
- Sleep Laboratories at TWH
- Outpatient Psych-Med Clinics at 4 hospital sites
- Participate in e-health initiative at UHN

FACULTY PROFILE

Number of	
Faculty	45
Professors	6
Associate Professors	6
Assistant Professors	19
Lecturers	14

PROGRAM PLANS FOR ACHIEVING DEPARTMENT'S STRATEGIC PRIORITIES AND IMPLEMENTATION GOALS

PROGRAM PLANS FOR ACHIEVING DEPARTMENT'S STRATEGIC PRIORITIES AND IMPLEMENTATION GOALS	
Strategic Priority Building the Faculty	<p>Proposed Actions</p> <ul style="list-style-type: none"> • Increased protected time for research and other academic activities through endowed or funded chairs and other funding mechanisms. • Increased emphasis on trainees in clinical scientist program. • Support and recognition of academic leaders at each site. • Early exposure to academic opportunities in residency training • Formalized training program in neuropsychiatry developed with neurology and with an interdisciplinary approach. • Funded fellowships in neuropsychiatry, eating disorders, HIV psychiatry, behavioral cardiology and C-L psychiatry (as already exists in psychosocial oncology)
Enriching the student experience	<ul style="list-style-type: none"> • Review of core training objectives and breadth of clinical exposure • Early exposure to psychiatry residents to facilitate recruitment to clinical investigator program. • Development of neuropsychiatry training program • Enhancement of training for international students and support for external training positions.
Strengthening Academic Programs	<ul style="list-style-type: none"> • Clarification and focus of academic activities at each of the identified sites. • Development of specialized career track and fellowship training programs in each of the areas of emphasis. • Development of more collaborative interdepartmental and international research programs. • Recruitment of undergraduate and postgraduate trainees in each of the specialized areas.
Enhancing relationships & extending our reach	<ul style="list-style-type: none"> • Population health perspective incorporated into each of the programs • Increased linkage with community health organizations, locally and internationally • Support for international collaborative research • Closer linkage with IMS • e-health initiative at UHN • Linkages with other programs, particularly neurosciences, community, culture and health, and psychotherapy
Strengthening infrastructure and resource base	<ul style="list-style-type: none"> • Eating Disorders – integration of day hospital, ambulatory and inpatient unit at UHN sites. Consideration of collaboration between UHN and HSC eating disorder programs. • Neuropsychiatry – integration with neurosciences at UHN site. New Tourette's clinic at TWH. Linkage of SWCHSC with Rotman Institute. • Psychosocial Oncology – Development of palliative care unit at PMH • HIV Psychiatry – New physical resources at St. Michael's site. Consideration of educational activities and consultative via telemedicine

Key Challenges

- Recruitment of Staff in areas of priority
- Development of training programs in key areas
- Building base of research funding
- Integrating program across 4 sites
- Linkages with other programs, e.g., neurosciences, community culture and health, psychotherapy and schizophrenia

Opportunities for International Leadership

- Clinical programs, research and education for specialization should be models for the field in all 5 priority programs
- Develop more collaborative multinational, multicultural research

Approach to achieving Department's vision for "international leadership in mental health research, education and clinical services"

The focus of the Psychosomatic Medicine Program is the relationship among psychological, biological, and social factors in the expression of symptoms and disease. The program has a mandate to develop and promote research in these areas, to train undergraduate and postgraduate students in the psychiatric care of patients with medical, psychosomatic and medically unexplained conditions, to establish and communicate standards of care for these populations, and to provide and support continuing education in these areas.

The program also has the responsibility to draw the attention of the medical and general community to the significant psychiatric morbidity and psychosocial distress in medical populations, which is often undetected and untreated, and to enhance the services and treatment available for such problems.

The program is based at:

- Four general hospital sites, with psychiatric consultation-liaison clinical and teaching services and specialized clinical and research programs at each site:
 - The University Health Network (UHN), which has specialized psychiatric programs in eating disorders, neuropsychiatry and sleep disorders, psychosocial oncology and cardiac and transplantation psychiatry
 - Mount Sinai Hospital, which has specialized programs in psychosocial oncology, HIV psychiatry, pain, and the psychiatric aspects of gastrointestinal disease.
 - St. Michael's Hospital, which has a specialized program in HIV psychiatry
 - Sunnybrook and Women's College Health Science Centre (SWCHSC), which has specialized programs in neuropsychiatry and trauma
- A pediatric hospital, the Hospital for Sick Children (HSC), which has psychiatric consultation-liaison clinical and teaching service and specialized programs in eating disorders and neuropsychiatry
- A specialized center for geriatric patients, the Baycrest Center, which is a focus for research in neuropsychiatry

Specific plans to develop international leadership in mental health research, education and clinical services include:

- Establishment of funded chairs and fellowships in all or the priority areas – Search currently under way to fill new Chair in Eating Disorders.
- Development of formal neuropsychiatry program for all psychiatry trainees beginning in PGY 1 and for specialized career track residents and fellows.
- Identification of academic mentors in each of the priority areas for support, recognition and early exposure to psychiatry trainees
- Development of international research and education programs in all areas.

More clearly define focus of research and academic activities at each of the clinical sites and concentrate new recruitment.

PSYCHOTHERAPY

Program Head: Dr. Molyn Leszcz

Summary Highlights

Priorities

Education

- Undergraduate: doctor/patient communication; therapeutic communication; empathy skills; clinical intervention.
- Postgraduate: continue to provide comprehensive training in the evidence-based psychotherapies for a postgraduate group that represents a third of trainees in Canadian Psychiatry.
- Fellowship: specific training to promote academic leadership in contemporary psychotherapies with a particular emphasis on CBT; IPT; group psychotherapies; and, the dynamic psychotherapies.
- Continuing Education: innovative delivery of continuing professional development experiences using longitudinal courses, intensive workshops and telemedicine approaches.
- Public education: inform consumers to reduce stigma; increase access; address public accountability with respect to effective and efficient treatment.
- Develop resources to enhance psychotherapy skills lab/supervision evaluation.

Research

- Recruit Morgan Firestone Psychotherapy Chair
- Population health-based interventions aimed at: development of psychotherapy prophylactic interventions; relapse prevention; improved compliance with (and coping with) medical illness and treatment; early intervention at level of the parent/child interaction; the precursors of later life psychological disturbance.
- Convergence of mind-brain and mind-body research with evaluation of the neural substrates of change in response to psychotherapy; and, evaluation of physiological parameters, in particular psychoneuroimmunological mechanisms that may underlie beneficial psychological effects of psychosocial interventions with the medically ill.

Clinical Services

- Psychotherapeutic interventions are integrated with the entirety of psychiatry and are an essential component of comprehensive psychiatric and biopsychosocial care.
- Responsive psychotherapy services addressing public accountability with regard to the establishment and maintenance of clinical practice guidelines; application of demonstrably effective interventions; maximizing fit and patient/treatment/therapist matching, attuned to cultural and gender factors.

Key Challenges

- Ensuring that psychosocial intervention research is well represented at national level research panels including CIHR and other funding agencies.
- Meaningful partnership with neuroscientists.
- Develop funded fellowships and clinician-scientists.
- Open to new, emerging specific models of psychotherapy (i.e. CBASP) and other integrative models, while continuing to explore and advance traditional models of psycho-dynamic psychotherapy that are broadly practiced.
- Cultural attunement and responsiveness to ethno-cultural diversity.
- Support and develop part-time faculty, who provide a significant clinical teaching and potential research resource.

Opportunities for International Leadership

- Training opportunities emerging from specific psychotherapy interventions in which we have expertise: development, manualization, testing, standardization, adherence/competence evaluation, effectiveness evaluation and transfer of learning.
- Mind/brain research and neuro-imaging; Mind/body interface research with regard to psychosocial interventions and potential physiological mediators.
- Build upon national and multinational/international collaborative multi-site trials; partnership underway with Germany, UK & Australia; potential for Japan

Approach to achieving Department's vision for "international leadership in mental health research, education and clinical services"

The Psychotherapy Program is well positioned to advance the Department's vision of "international leadership in mental health research, educational and clinical services" given the unique breadth and depth of the psychotherapy expertise within the Program. This is further strengthened by the continued support evident for the valuing of psychotherapy within our university department. Beneficial collaborations already exist between psychiatry, psychology, nursing and medicine.

These are exciting times within psychotherapy in light of the advances in neuro-imaging and biotechnology, addressing the convergence of mind and brain, and mind and body. Evidence of the centrality of this is the recent awarding of the Nobel Prize to Dr. Eric Kandel for his work looking at the interface of neuroscience and psychoanalysis. Technological advances with regard to molecular biology; genetics; neuro-imaging; psychoneuroimmunology; and the cognitive neurosciences now make possible research that would have been viewed as unrealizable ten or 15 years ago. At

FACULTY PROFILE

Number of	
Faculty	54
Professors	4
Associate Professors	8
Assistant Professors	21
Lecturers	21

the heart of much of these developments is our understanding of the centrality of the experience of relationships as psychobiological mediators and the importance of attachment. We have also begun to understand that early life adversity impacts the individual not only psychologically but with regard to neural substrates and stress response patterns for life, hence the importance of early identification and intervention is underscored.

We have identified expertise in many areas that is well recognized nationally and internationally and at the local level we have outstanding teachers who have been repeated winners of awards for teaching. In addition, the Psychotherapy Program contains in it two Career Scientist Awards – National Cancer Institute of Canada Career Scientist Award (Esplen) and the NARSAD Young Investigator Award (Zaretsky).

A particular area for further development relates to training in the psychotherapies. It is uncommon that university departments such as ours offer intensive training programs and are certificate granting. This is an important focus that should be developed within our department. Coupled with the use

of modern technology and models of telehealth, it is possible to have an outstanding, unparalleled training program in the psychotherapies for practitioners around North America and beyond. The use of televideo and telehealth modalities also makes possible ongoing supervision and consultation to achieve a durable, mutative effect in practice. Particular areas for development in this regard include cognitive-behaviour therapy; interpersonal therapy; group psychotherapies; dialectic behaviour therapy; and, brief and long-term psychodynamic psychotherapy.

Additionally, our expertise in conducting multi-site randomized control trials in the psychotherapies are examples of leading edge psychotherapy research, for which this department is known and should continue to be highly regarded. Lessons learned from multi-site randomized control trials with regard to standardization and training can also be employed in non-protocol fashion. The new CIHR Strategic Initiatives for New Domains may provide a vehicle for funding for these educational and training programs for multi-disciplinary partners.

An Educational Coordinator would be a valu-

PROGRAM PLANS FOR ACHIEVING DEPARTMENT'S STRATEGIC PRIORITIES AND IMPLEMENTATION GOALS

Strategic Priority Building the Facility

Proposed Actions

- Morgan Firestone Psychotherapy Chair
- Identify promising residents and medical students through early exposure to Summer Institutes; summer electives and elective training, both locally and nationally.
- Foster a research/modality focus with a view to residents gaining sub-specialty expertise to provide leadership in areas that require further development.
- Continue expectation of career scientist awards, building upon current ongoing awards (NCIC; NARSAD)
- Fund external traineeships – two-week visits to other expert centres to foster both expertise and opportunities for collaboration.
- Partner with other programs in joint fellowships, advanced training and recruitment as has happened with IPT.
- Priorize psychotherapy teachers who represent ethno-cultural diversity and foster their development with ongoing mentorship.
- Research grants should include requests for funding for fellows and post-docs.

Enriching the student experience

- Continued provision of innovative undergraduate medical programs in psychotherapy including: crisis; therapeutic communication; the Summer Institute; elaboration of doctor/patient relationship; maintaining a high profile in undergrad.
- Clear articulation of training objectives at the postgraduate level with continued clarity regarding seminar teaching; clinical expectations; intensive workshop opportunities and exposure to international leaders in the psychotherapies.
- Syllabus and reading lists to be available on line.
- Engaging new models of contemporary psychotherapy as the research arena demonstrates their utility.
- Use Psychotherapy Chair resources for the support of fellowship training in the psychotherapies; develop a model of clinician-scientists.
- Ensure capacity for E-training and supervision for distant supervision of our trainees who are engaged in outreach activities.
- Intensive process analysis of supervision/learning, using electronic technology.
- Increase student exposure to demonstration of psychotherapy by expert practitioners.
- Build upon the three psychotherapy fellows entering the department in the coming academic year (The Hospital for Sick Children; CAMH; Mount Sinai/Sunnybrook).

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PROGRAM PLANS FOR ACHIEVING DEPARTMENT'S STRATEGIC PRIORITIES AND IMPLEMENTATION GOALS

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Strengthening Academic Programs

Two Key Foci should be prioritized:

1. Population health foci utilizing psychotherapy as a prophylactic intervention across the life span to increase wellness; reduce risk of illness; and, increase access. This will include early intervention with parent-child interaction; parent training in the model of Webster-Stratton groups; the identification of high-risk children and families, recognizing the cumulative effect of early adverse life events on later psychological and physical wellbeing.
 - Relapse prevention with regard to depression and substance abuse, employing innovative, manualized interventions.
 - Coping with illness and improving medical outcomes, including medical treatment adherence, employing cognitive-behaviour therapy/psychoeducation/mindfulness-based stress reduction/group therapy and narrative-based strategies.
 - Continue to develop unique treatment models aimed at addressing psychological trauma; chronic depression, employing contemporary integrative models with relational foci in psychotherapy.
 - Reduce the emergence of disturbance through early interventions, aimed at individuals with genetic predisposition, dealing with the impact of life-altering information newly emerging from contemporary biotechnology.
 - Implementation of patient/treatment/therapist matching and staging, employing a broad base of interventions ranging from psychoeducation to self-management to skill building to expressive psychotherapy.
2. Mind/brain and mind/body interfaces capitalizing on advances in neuro-imaging, neuroscience and the cognitive neurosciences with regard to mind/brain interface, and with our understanding of psychoneuroimmunology with regard to mind/body interface.
 - Key partnerships with medical and surgical colleagues will be of relevance with regard to mind/body research with representation at the Samuel Lunenfeld Research Institute and provincial policy bodies (Ontario Cancer Genetics).
 - Foster inter-programmatic and cross-programmatic collaboration with a central psychotherapy research seminar.
 - Build upon national and international collaborative, multi-site trials in our priority areas as ways of enriching our academic program and increasing our reach, including visiting professorships.

Enhancing relationships & extending our reach

- Advertise broadly our unique training programs and continuing professional development opportunities.
- Partner with leading organizations involved in training and continuing professional development at a national and international level, and provide leadership at Psychotherapy Associations (e.g. SPR; AGPA; CGPA).
- Representation at national research organizations such as NIH, NIMH and CIHR.
- Employ public forums to teach, destigmatize and reduce barriers to access of psychotherapy by enhancing the public's knowledge of the efficiency and effectiveness of psychotherapy.
- Translate findings into accessible, demystified information that is also culturally responsive. A component of this will be to facilitate psychoeducational resources, including bibliotherapy.
- Build upon our recognized expertise as invited experts in North America and internationally with regard to cancer genetics; group interventions with psycho-oncology; IPT (USA); CBT (UK); psychodynamic psychotherapy (Cuba and Japan).
- Employ innovative continuing education techniques such as Tele-Health involving the combination of instruction; supervision of ongoing cases; evaluation of impact on practice.
- Foster interprogrammatic collaboration with all programs within the department, linking psychotherapy expertise with the patient-specific nature of the other programs.
- Evaluate standards of practice for non-psychiatric physicians recognizing the large volume of psychotherapy provided by non-mental health-trained professionals.
- Develop comprehensive models for agency consultation to front line workers to enhance the multiplier effect of our expertise.
- Teach and inform allied care providers adding depth understanding to curriculum development for allied professionals

Strengthening infrastructure and resource base

- Build upon the new Morgan Firestone Chair in Psychotherapy to create additional fundraising opportunities.
- Engage opportunities at Mount Sinai with the development of physical space to advance Mount Sinai as the Centre for Excellence in Psychotherapy and the site of the Psychotherapy Chair, including the development of a psychotherapy skills laboratory; increased support for the Cancer Genetics Psychosocial/Psychotherapy Research Program; and, for the medically ill.
- Additional hard funds to provide focal traineeships and micro-sabbaticals.
- Capitalize on funded acquisition of state of the art technology regarding videotaping and monitoring of psychotherapy sessions and supervision for further use in other studies

able resource to facilitate, beyond the curriculum content itself, course development; marketing; and, accreditation.

Indeed, the model for the future of the program in psychotherapy should emphasize the processes of: i) development of psychotherapeutic interventions for specific patient populations; ii) manualization of the treatment; iii) testing of the intervention regarding applicability and acceptability; iv) standardization with emphases on adherence and competent administration of interventions; v) comprehensive evaluation of the effectiveness of the intervention; vi) and, transfer of the expertise of specific interventions to partners nationally and internationally. Partnerships are currently underway with colleagues in Germany; the United Kingdom; Australia, and educational collaboration is underway in Cuba, with potential developments in Japan.

In order to achieve this scope of aspiration, the inadequacy of the resource base for the Psychotherapy Program must be addressed. The Morgan Firestone Chair in Psychotherapy will help in some regard with this and should certainly serve as a focus for further fundraising. The funding of fellows is an important part of the life-blood of the academic enterprise and growth, and the Chair should be able to promote funding for at least one fellow. Fellowship and junior faculty positions must be made competitive with the income potential generated by clinical practice, in order to protect against excellent people choosing part-time rather than full-time academic careers.

Further hard fund support is required to fund mini training or micro-sabbaticals of two to three weeks of intensive collaboration with experts nationally and internationally. The small investment of money pays large dividends with regard to the establishment of national and international collaborations and deepening of our own expertise. Partnerships, such as the one that has contributed to the development of the Interpersonal Therapy Program, linking both resource support and mentorship from the Programs in General Psychiatry; Mood Disorders; and, Psychotherapy is an example of a meaningful and effective collaboration and the efficient use of limited resource.

Further physical space will be required for future development and it should be particularly targeted at the Mount Sinai Hospital, seizing upon the potential expansion of the hospital base with the purchase of new office capacity in a building adjacent to Mount Sinai. This could house a psychotherapy skills training lab and also cluster psychotherapy researchers in specific domains.

SCHIZOPHRENIA

Program Head: Dr. Robert Zipursky

Summary Highlights

Priorities

Education

- To ensure all graduating residents possess a high level of expertise in working with the seriously mentally ill across the lifespan from early childhood through to the elderly.
- To ensure that the study and care of the seriously mentally is a central focus of the psychiatric curriculum for medical students.
- To organize resident and student training so that community based care becomes the main teaching model.
- To intensify academic demands on all resident trainees so that residency training becomes much stronger academically.

Research

- To advance understanding of the pathophysiology of schizophrenia and to developing therapeutic strategies to facilitate the fullest degree of symptomatic and functional recovery.
- To aggressively pursue priority areas of research through investment in faculty and research infrastructure in the following areas: Neuroimaging, Molecular Genetics, Psychopharmacology, Neurocognition.
- To support new initiatives in the areas of Rehabilitation, Psychotherapy, Health Systems Evaluation and Epidemiology.

Clinical Services

- To take the lead in developing a Toronto-wide network to assure that all individuals affected by schizophrenia have access to excellent services tailored to their stage of illness and personal level of need. The Network should become an international model for excellent community-based care that is inextricably linked with outstanding research and teaching programs. This will require collaboration and integration across clinical sites. Services need to range from genetic counseling, assessment of individuals at high risk for developing schizophrenia, early intervention services for first episode psychosis, continuing care and shared care programs, ACTT services, crisis intervention and home treatment services as well as hospital-based services for the acutely ill.

Key Challenges

- To become the leading international academic program in the field.
- To train all residents to be expert in caring for individuals with schizophrenia.
- To attract a much higher percentage of residents into careers involving care to patients with schizophrenia.
- To develop a comprehensive community-based system of care for individuals with schizophrenia in our community.

Opportunities for International Leadership

- Development of new pharmacologic approaches to schizophrenia through in vivo brain imaging.
- Investigation of pathogenesis of cognitive dysfunction in schizophrenia and its sensitivity to pharmacologic intervention.
- Investigation of the genetic basis of schizophrenia and integration of genetic research with other realms of clinical research.
- Development of innovative training programs for medical students and residents to enhance their commitment to the field.
- Development of a comprehensive systems of care for patients with schizophrenia across the lifespan that is fully integrated with the research and teaching programs of the University of Toronto.
- Pursue International Health opportunities in Baltic region.

Approach to achieving Department's vision for "international leadership in mental health research, education and clinical services"

The Schizophrenia Program is committed to developing outstanding programs in research, education and clinical care. The central pillar on which the program is built is excellent research on the pathobiology of schizophrenia, mechanisms underlying recovery and the elucidation of new treatment modalities. Excellence in research provides the foundation for excellence in clinical care which together provide the necessary milieu for excellence in education.

The Schizophrenia Program has developed young programs in the key areas of neuroimaging, neurogenetics, psychopharmacology, cognition and early intervention. Each of these programs requires investment to nurture their growth and insure their development into major internationally competitive scientific programs. As it is now known that schizophrenia affects individuals across the lifespan, it is important that research also focus on the interactions of aging and development on the neurobiology, clinical manifestations and treatment of schizophrenia.

FACULTY PROFILE

Number of	
Faculty	59
Professors	4
Associate Professors	11
Assistant Professors	29
Lecturers	15

PROGRAM PLANS FOR ACHIEVING DEPARTMENT'S STRATEGIC PRIORITIES AND IMPLEMENTATION GOALS

<p>Strategic Priority Building the Faculty</p>	<p>Proposed Actions</p> <ul style="list-style-type: none"> • Faculty recruitment is a top priority and needs to create a critical mass of academics working in the key research areas outlined above. Recruitment needs to take place across the continuum of research roles from full-time basic scientists and clinician scientists to clinical investigators and clinician specialists committed to facilitating research. • The focus of our recruitment will be on junior and mid-career appointments. Resources will need to be in place to support their incomes at levels that will facilitate their conducting internationally competitive research. Start-up funding at internationally competitive levels will also need to be created. • CIHR chairs will be sought for the recruitment and retention of outstanding mid-career investigators. • The research fellowship program will be developed to serve as a source of outstanding academic talent that can later be recruited into faculty research positions. Mentorship will be a key value in the development of our fellowship training program. • Outstanding clinician-educators need to be recruited to develop innovative teaching programs for students, residents as well as for professional education programs. • Develop mechanisms to facilitate faculty sabbaticals at international sites to enhance faculty creativity and productivity.
<p>Enriching the student experience</p>	<ul style="list-style-type: none"> • Consider extending training of residents in the care of the seriously mentally ill to 12 months. • Organize resident and student training so that community-based care (linked to the hospital) becomes the main teaching model. • Reevaluate resident selection process with a view to improving our success at training psychiatrists who will choose careers focused on the study and care of the seriously mentally ill. • Structure mentorship so that students and residents have the opportunity to be supervised by faculty with academic focus. • Develop curriculum for residents which embraces self-directed learning as a priority.
<p>Strengthening Academic Programs</p>	<ul style="list-style-type: none"> • Utilize recruitment to build a critical mass of scientific expertise and resources in key research areas: Neuroimaging, Molecular Genetics, Psychopharmacology, Neurocognition, Rehabilitation, Psychotherapy and Epidemiology. • Facilitate multi, inter- and transdisciplinary initiatives through weekly research seminars and annual research retreats. • Use reorganization of resources at CAMH (Queen St. site and Clarke site) to catalyze formation of new service delivery system for patients with schizophrenia that is inextricably linked to academic activities of the Schizophrenia Program. • Intensify academic demands on all resident trainees so that residency training becomes much stronger academically. This will enhance resident and faculty morale.
<p>Enhancing relationships & extending our reach</p>	<ul style="list-style-type: none"> • Development of academic collaborations nationally and internationally • Development of provincial and national consortium for collaborative multicentre initiatives and trans-disciplinary program grants • Development of a network of schizophrenia services across Toronto including University Hospitals that work with special populations (e.g. children and the elderly) such as Hospital for Sick Children, Sunnybrook/Women's College, Baycrest. • Development of research collaborations across University Departments and Hospitals (Developmental Biology, Molecular Genetics, Psychology, Medical Imaging, Health Systems, Pediatrics, Neurology, Endocrinology, Occupational Therapy, Nursing and Social Work). • Development of international training programs for developing countries. • Development of collaborative initiatives with the Schizophrenia Society of Canada and its provincial and local bodies.
<p>Strengthening infrastructure and resource base</p>	<ul style="list-style-type: none"> • Investment in the research infrastructure required to continue to conduct leading edge research in human/animal imaging, neurogenetics, neurocognition, pharmacology and electrophysiology. • Investment in new areas of intervention research including vocational rehabilitation, family care and psychotherapy. • Investment in information technology infrastructure for large-scale studies of long-term outcome, treatment effectiveness and cost effectiveness.

The next phase of our academic development needs to be in the areas of intervention research and outcomes research. Outstanding academic leaders in the areas of psychosocial and vocational rehabilitation, psychotherapy research and family care will need to be recruited to our faculty to develop dynamic clinical research programs in these areas. We have an excellent opportunity to invest in the area of women's health as the needs of women with schizophrenia have been poorly understood and poorly served. A specialized clinical research program will be developed to meet the needs of women with schizophrenia who have children or are planning a family. This work will dovetail with our major initiative in the area of early intervention as it will be important to provide ongoing evaluation and support to the children of mothers with schizophrenia as they are at high risk for developing clinical problems in the schizophrenia spectrum. Our programs in genetics, imaging, and cognition should have the opportunity to come together to develop and test algorithms for the prediction of schizophrenia that may be of value in the prevention of schizophrenia. Expertise in biostatistics and epidemiology needs to be developed within the program.

The Schizophrenia Program is committed to facilitating the development of a comprehensive system of care for people with schizophrenia in our community. The network of psychiatric services affiliated with the Department of Psychiatry at the University of Toronto has the potential to organize itself so that the needs of all individuals with schizophrenia in our community can be met. These services should range from specialized programs for children/adolescents with schizophrenia or at high risk, early intervention services, women's services, outpatients

clinics, continuing care teams, assertive community treatment teams, crisis intervention teams, home treatment teams and inpatient services for the acute ill. The provision of a range of services to individuals who reflect the full clinical spectrum of the illness is also critical for fulfilling our educational and research mandates. The reorganization of services within the university-affiliated hospitals should reflect the priority of providing services in the community rather than within hospital settings.

The Schizophrenia Program has a major responsibility for training a large percentage of Canada's psychiatrists in the care of the seriously mentally ill. The central importance of this area to the training of new psychiatrists needs to be reflected in the strategic plan for the Department of Psychiatry. Steps need to be taken to improve the training in this area and to assure that a much larger percentage of graduating residents develop careers in this area of psychiatry. Key steps that need to be taken to realize these goals include: 1) reevaluating resident selection procedures, 2) extending rotations in this area from 6 months to 12 months, 3) mentoring residents with academic supervisors, 4) developing more community-based clinical rotations where care is provided to acutely ill and chronically ill patients, 5) increasing expectation of residents in the areas of clinical responsibilities and academic expertise, 6) emphasizing self-directed learning in more case-based teaching formats, and 7) facilitating resident involvement in research activities at the earliest stages of training.

WOMEN'S MENTAL HEALTH

Program Head: Dr. Brenda Toner

FACULTY PROFILE

Number of Faculty	31
Professors	4
Associate Professors	1
Assistant Professors	15
Lecturers	11

Summary Highlights

Priorities

Education

- To ensure that undergraduate, graduate and post-graduate students, trainees and staff in all disciplines demonstrate a high level of knowledge and skill in working in partnership with a diversity of women experiencing mental health problems from a feminist informed perspective.
- To work with health/mental health professionals, students, policy makers and the community at local and international levels to increase awareness of how socio-cultural, political, economic, legal, infra-structural and environmental factors as well as biological and psychological factors affect women's mental health.

Research

- To investigate social, psychological and biological factors that will further our understanding of the origin, expression, prevention and treatment of mental health problems in women.
- To empirically investigate social determinants of health that have often been overlooked in the understanding and treatment of mental health problems in women (e.g. violence, poverty, gender role, discrimination).

Clinical Services

- To continue to work in partnership with the community to develop and evaluate a comprehensive continuum of specialized mental health services for women that is informed by feminist principles and feminist research methodologies

Key Challenges

- To increase recruitment, promotion, and advancement of women academics
- To integrate feminist informed research into clinical and educational initiatives
- To invest in faculty and research infrastructure in all hospital sites connected with the Program
- To become the leading international academic program in Women's Mental Health

Opportunities for International Leadership

- Investigation of the continuum of violence in women's lives
- Develop and evaluate feminist informed measures and interventions.
- Investigation of gender issues in functional gastrointestinal disorders.
- Interface between women's mental health and obstetrics and gynecology
- Exploring the well-being of diverse populations of women

Approach to achieving Department's vision for "international leadership in mental health research, education and clinical services"

The Program has achieved international excellence in presenting and publishing work on various forms of violence in the lives of women. A sampling of highlights include: emotional abuse, community response to violence, violence in pregnancy and the postpartum period, domestic violence, professional sexual misconduct, sexual harassment, post-traumatic stress disorders and working with women with a history of abuse. We are committed to further developing and refining our work in this area to inform possible interventions at individual and systemic levels.

We are beginning to establish an international reputation for developing and evaluating feminist informed measures and interventions. For example, our program has played a leadership role in an American Psychological Association Psychology of Women Task Force to further develop assessment, process and outcome measures to test the efficacy of feminist approaches to women's mental health problems. Our Program is actively involved in the development and validation of a number of feminist informed measures and interventions in such areas as gender role socialization, emotional abuse and gastrointestinal disorders. Our Program is well positioned internationally to expand this work and continue to broaden our international recognition in this area. This represents a timely opportunity for our Program since there is little work devoted to empirically testing the effectiveness or efficacy of feminist informed approaches to women's mental health problems.

PROGRAM PLANS FOR ACHIEVING DEPARTMENT'S STRATEGIC PRIORITIES AND IMPLEMENTATION GOALS

<p>Strategic Priority Building the Faculty</p>	<p>Proposed Actions</p> <ul style="list-style-type: none"> • A main focus is to recruit and promote women faculty representing diverse backgrounds. We need to recruit clinician scientists and research scientists at all academic levels from talented junior faculty to senior faculty with international reputations who will help mentor and network. • We will take an active role on the Gender Issues Committee in the Faculty and Department to identify strategies to increase opportunities for recruitment, retention, support, promotion and advancement of women academics. • We plan to continue and expand our commitment to seek out opportunities to offer flexible fellowships and start-up funds for women who are interested in entering or re-entering academia and various points in their careers. • Additional Chairs in Women's mental Health Research will be sought from national, provincial and private fund raising sources. • Provide support for faculty to obtain knowledge, skills and experience in feminist informed therapy and research methodologies through a variety of mechanisms locally and internationally such as sabbaticals, scholar exchanges, workshops, international meetings, visiting professorship etc
<p>Enriching the student experience</p>	<ul style="list-style-type: none"> • Exploring further strategies to expose students, residents and trainees to clinical, educational and research opportunities in the Program at an earlier point in their training and provide a welcoming and supportive environment with appropriate mentors and role models throughout their training. • Provide students and trainees with a broad range of learning environments including opportunities for exposure to feminist informed evidence based service delivery models in diverse settings including community hospitals, community services and supports etc.
<p>Strengthening Academic Programs</p>	<ul style="list-style-type: none"> • Develop strategies to support faculty to attract funding and produce meaningful research by providing protected time, mentoring, rewards, space, start-up funds, travel and educational funds, support staff etc • Develop feminist informed evidence based clinical services in partnership with community hospitals that can be replicated nationally and internationally. • Utilize recruitment to continue to strengthen our existing international presence in priority areas including: investigating various forms and consequence of violence in the lives of women; developing feminist informed measures and interventions, gender issues in the understanding and treatment of functional gastrointestinal disorders; examining issues at the interface between psychiatry, obstetrics and gynecology; and exploring the well-being of diverse populations of women.
<p>Enhancing relationships & extending our reach</p>	<ul style="list-style-type: none"> • A population health framework fits easily into our Program's focus on the social determinants of health within a feminist approach to women's mental health. We are particularly interested in encouraging research into mechanisms of how health determinants influence outcomes. • We are interested in continuing to develop strategies for dissemination of research findings to educate various stakeholders and influence system change at local, national and international levels. • The program promotes the identity and unique contribution of all clinical teaching hospital sites within the Program and promotes partnerships with other Programs within the Department as well as with community hospitals, community services, university departments, institutes, and centres that are interested in women's health/mental health issues
<p>Strengthening infrastructure and resource base</p>	<ul style="list-style-type: none"> • Work with teaching hospitals and the Department to develop short term and long term physical, financial and human resource needs to ensure that the new and current students and staff are provided with a welcoming and user friendly environment that will enhance career, interpersonal and personal satisfaction. • The Program plays an active role in the planning process in the redevelopment and relocation of women's mental health services of various sites including the redevelopment of CAMH. • The Program works with private and public funding agencies, hospitals, faculty, university departments and institutes to advance development opportunities and funding opportunities for students, trainees, Fellows, Chairs, infrastructure, and personal and operating funds for faculty.

Our Program is one of the few centres internationally that is systematically integrating an understanding of the social context into the conceptualization and treatment of Functional Gastrointestinal Disorders in women. In particular, irritable bowel syndrome is a good model to use in discussing how women's health/mental health issues have often been decontextualized. We will continue to expand our program of research and education in this area including for example neuroimaging techniques to further our biopsychosocial understanding of this chronic condition.

Faculty in our Program has established an international reputation in research and educational initiatives that have focused in the interface between Psychiatry and Obstetrics and Gynecology. Topics that have received international exposure include post partum disorders, menopause, psychotropic drugs in pregnancy, pregnancy loss, infertility, ovarian cancer and chronic pelvic pain. There is an opportunity to further develop this underresearched area that focuses on psychological and social issues for women experiencing issues in these two related areas in medicine.

We have been very active in exploring mental health and well-being in diverse populations of women both locally and internationally. Initiatives in this area include an ongoing research project exploring physical and mental health issues among young women of colour in the Greater Toronto area, and planned research on the development of innovative approaches to intervention for women of colour with concurrent disorders. We are also currently engaged in cross-cultural research investigating the construct of self-silencing (i.e. the silencing of one's thoughts and feelings in the context of close relationships) and its relation to diminished well-being; this line of research involves collaboration with colleagues at the Chinese University of Hong Kong and colleagues at the University of the West Indies.

TOWARDS IMPLEMENTATION: NEXT STEPS

SECTION 4

The framework that has been established through the strategic planning process will be used as a guide for the Department over the next five years and beyond.

A number of initiatives, task forces and committees currently under way at either the Department or Faculty level will help advance the Department of Psychiatry's strategic priorities and implementation goals. In particular, there is a strong role to be played by the Department's Executive Committee and its Senior Advisory Committee in facilitating actions around specific activities to be addressed during the first year of implementation. Similarly, Program Heads will play a key role in developing action plans to implement their Program plans. The Program Heads Committee can be used as a forum for reporting on and communicating progress toward achievement of goals articulated in the plan. The program leadership can play an integral role in the implementation process, moving forward on objectives which have been established for their individual programs and working collectively to advance the Department's broader goals.

There are a number of priority actions for the Department to undertake during the first year of this new planning cycle (Figure 7). These are seen as first steps to achieving the broader goals outlined in the plan.

Figure 7: Towards Implementation – First Steps (Year 1)

Building our faculty

- Initiate strategies to address issues related to faculty recruitment, retention and promotion
- Initiate actions to promote greater diversity in composition of faculty and senior leadership
- Implement recommendations arising from faculty development retreat

Enriching the student experience

- Establish planning task force for clinician scientist training program and explore linkages to MD/PhD program

Strengthening our academic programs

- Proceed with development of Education Program as a new priority program within the Department¹⁰
- Design and operationalize plans related to development of new service delivery models including initiatives that address issues related to cultural competence
- Establish stronger networks/linkages among clinical services across Toronto

Enhancing our relationships and extending our reach

- Agree on preferred approach, develop and integrate a population health framework within the Department
- Explore feasibility of advancing program initiatives in international mental health education, research and service delivery

***Strengthening our infrastructure
and resource base***

- Develop specific funding strategies for infrastructure support.
- Develop information and communication technology (ICT) strategies to promote effective communication, collaboration and performance of academic activities
- Address short-term and long-term space requirements
- Enhance intra-faculty communications and public profile, including web-site development/expansion

By building on past successes and collaborating with other departments and faculties, the Department of Psychiatry is well-positioned to achieve the goals identified in its strategic planning process and to move the Department closer to realizing its vision – *international leadership in mental health education, research and service.*

Footnotes

¹⁰ *Education is recognized as an important part of all programs; however, the focus here will be on developing a departmental Program in educational scholarship.*

APPENDIX A

Department of Psychiatry: Membership of Executive Committee and Senior Advisory Committee

Executive Committee

Donald Wasylenki, *Chair*
Morton Beiser, *Vice Chair Research*
Paula Goering, *Vice Chair Programs and Planning*
David Goldbloom, *Physician-in-Chief, CAMH*
Brian Hodges, *Vice Chair Education*
Allan Kaplan, *Director Postgraduate Education*
Ken Shulman, *Vice Chair, Clinical Services.*

Senior Advisory Committee

Howard Barbaree, *Head, Law and
Mental Health Program*
Morton Beiser, *Vice Chair Research*
Joseph Beitchman, *Head, Child Psychiatry Program*
Ernie Boffa, *PRAT representative*
Elsbeth Bradley, *Psychiatrist in Chief, Surrey Place*
David Conn, *Psychiatrist in Chief, Baycrest*
Jasmine Gandhi, *PRAT representative*
Paula Goering, *Head, Mental Health Systems Research
and Development Program*
David Goldbloom, *Physician in Chief, CAMH*
Nathan Herrmann, *Head, Geriatric Psychiatry Program*

Brian Hodges, *Vice-Chair Education*
Allan Kaplan, *Director, Postgraduate Education*
Sid Kennedy, *Head, Mood and
Anxiety Disorders Program*
Anson Koo, *PRAT representative*
Marshall Korenblum, *Psychiatrist in Chief,
Hinks-Dellcrest*
Molyn Leszcz, *Head, Psychotherapy Program*
Anthony Levitt, *Director, Fellowship Program*
Victor Likwornik, *Psychiatrist in Chief,
University Health Services*
Jodi Lofchy, *Director, Undergraduate Education*
Gary Rodin, *Head, Psychiatry,
Health & Disease Program*
Joel Sadavoy, *Head, General Psychiatry Program*
Kenneth Shulman, *Vice Chair Clinical Services*
Ian Silver, *Director, Continuing Education*
Patrick Smith, *Head, Addiction Psychiatry Program*
Brenda Toner, *Head, Women's Mental Health
Program*
Franco Vaccarino, *Head, Neuroscience Program*
Adam Waese, *PRAT representative*
Donald Wasylenki, *Professor and Chair,
Department of Psychiatry*
Eva Wong, *Business Officer, Department of Psychiatry*
Robert Zipursky, *Head, Schizophrenia Program*

APPENDIX B

Department of Psychiatry: Participants at March 2001 Planning Retreat

1	Abbey	Susan, E.	ASSOCPROF	PSYCHIATRY, HEALTH & DISEASE	UHN-Toronto General
2	Ali	Alisha	ASSISTPROF	WOMEN'S MENTAL HEALTH	CAMH-Clarke Site
3	Beiser	Morton	FULLPROF	CULTURE, COMMUNITY & HEALTH	CAMH-Clarke Site
4	Beitchman	Joseph H.	FULLPROF	CHILD & ADOLESCENT	Hospital for Sick Children
5	Boydell	Katherine Mary	ASSISTPROF	SCHIZOPHRENIA	Hospital For Sick Children
6	Bradley	Elspeth A.	ASSOCPROF	MENTAL HEALTH SYSTEMS	Surrey Place Centre
7	Cohen	Carole	ASSOCPROF	GERIATRIC PSYCHIATRY	SWCHSC-Sunnybrook Site
8	Colton	Pat	Resident	RESIDENT	CAMH-Clarke Site
9	Conn	David Keith	ASSISTPROF	GERIATRIC PSYCHIATRY	Baycrest Centre for Geriatric Care
10	Daskalakis	Jeff	FELLOW	SCHIZOPHRENIA	CAMH-Clarke Site
11	DeGroot	Janet M.	ASSISTPROF	PSYCHIATRY, HEALTH & DISEASE	UHN-Toronto General
12	Dewa	Carolyn S.	ASSISTPROF	MENTAL HEALTH SYSTEMS	CAMH-Clarke Site
13	Esplen	Mary Jane	ASSISTPROF	PSYCHOTHERAPY	Mount Sinai Hospital
14	Feinstein	Anthony	ASSOCPROF	GENERAL PSYCHIATRY	SWCHSC-Sunnybrook Site
15	Gnam	William	LECTURER	ANXIETY & MOOD DISORDERS	CAMH-Clarke Site
16	Goering	Paula N.	FULLPROF	MENTAL HEALTH SYSTEMS	CAMH-Clarke Site
17	Goldbloom	David S.	FULLPROF	GENERAL PSYCHIATRY	CAMH-Clarke Site
18	Halman	Mark H.	ASSISTPROF	PSYCHIATRY, HEALTH & DISEASE	St Michael-Wellesley Site
19	Herrmann	Nathan	ASSOCPROF	GERIATRIC PSYCHIATRY	SWCHSC-Sunnybrook Site
20	Hodges	Brian D.	ASSISTPROF	GENERAL PSYCHIATRY	UHN-Toronto General
21	Kaplan	Allan	FULLPROF	PSYCHIATRY, HEALTH & DISEASE	UHN-Toronto General

Department of Psychiatry: Participants at March 2001 Planning Retreat

22	Kennedy	Sidney H.	FULLPROF	ANXIETY & MOOD DISORDERS	CAMH-Clarke Site
23	Klassen	Philip E.	LECTURER	LAW & MENTAL HEALTH	CAMH-Clarke Site
24	Leszcz	Molyn	ASSOCPROF	PSYCHOTHERAPY	Mount Sinai Hospital
25	Levitt	Anthony J.	ASSOCPROF	ANXIETY & MOOD DISORDERS	SWCHSC-Sunnybrook Site
26	Lieff	Susan, E.	ASSISTPROF	GERIATRIC PSYCHIATRY	Baycrest Centre for Geriatric Care
27	Links	Paul S.	FULLPROF	GENERAL PSYCHIATRY	St Michael-Wellesley Site
28	Mayberg	Helen	FULLPROF	NEUROSCIENCE	Baycrest Centre for Geriatric Care
29	Moss	Jay H.	ASSISTPROF	GENERAL PSYCHIATRY	SWCHSC-Sunnybrook Site
30	Noh	Samuel	ASSOCPROF	CULTURE, COMMUNITY & HEALTH	CAMH-Clarke Site
31	Parikh	Sagar V.	ASSOCPROF	ANXIETY & MOOD DISORDERS	CAMH-Clarke Site
32	Robinson	Gail E.	FULLPROF	WOMEN'S MENTAL HEALTH	UHN-Toronto General
33	Rodin	Gary M.	FULLPROF	PSYCHIATRY, HEALTH & DISEASE	UHN-Toronto General
34	Rourke	Sean B.	ASSISTPROF	ADDICTION PSYCHIATRY	St Michael-Wellesley Site
35	Sadavoy	Joel	ASSOCPROF	GENERAL PSYCHIATRY	Mount Sinai Hospital
36	Segal	Zindel V.	FULLPROF	PSYCHOTHERAPY	CAMH-Clarke Site
37	Shulman	Kenneth I.	FULLPROF	GERIATRIC PSYCHIATRY	SWCHSC-Sunnybrook Site
38	Silver	Ivan L.	ASSOCPROF	GERIATRIC PSYCHIATRY	SWCHSC-Sunnybrook Site
39	Slonim	Rodney O.N.	ASSISTPROF	GENERAL PSYCHIATRY	Mount Sinai Hospital
40	Trainor	John N.	ASSISTPROF	SCHIZOPHRENIA	CAMH-Queen Street Site
41	Vaccarino	Franco J.	FULLPROF	NEUROSCIENCE	CAMH-Clarke Site
42	Waese	Adam	Resident	RESIDENT	UHN-Toronto General
43	Wasylenki	Donald A.	FULLPROF	MENTAL HEALTH SYSTEMS	CAMH-Clarke Site
44	Zipursky	Robert B.	ASSOCPROF	SCHIZOPHRENIA	CAMH-Clarke Site
45	Axler	Helena	STRATEGIC PLANNING CONSULTANT		
46	Nickoloff	Beverley	STRATEGIC PLANNING CONSULTANT		
47	Glazier	Rick	SPEAKER	Population Health Epidemiologist Topic: Enhancing our relationships and extending our reach: population health	
48	Zakus	David	SPEAKER	Director, Centre for International Health, Faculty of Medicine Topic: International Health	
49	Whiteside	Catherine	SPEAKER	Associate Dean, InterFaculty and Graduate Affairs Topic: Enriching our Educational Experience and Building our Faculty: Developing a First Class Clinician Scientist Program	
50	Quirion	Remi	SPEAKER	Scientific Director, Institute of Neurosciences, Mental Health and Addiction Topic: Strengthening our Academic Programs: CIHR Research Opportunities	

APPENDIX C

Department of Psychiatry: Synthesis of Strategic Issues and Opportunities

STRATEGIC PRIORITY: BUILDING OUR FACULTY

Seen as the most critical goal for sustaining current strength(s) of department and enhancing opportunities for future development

Strategic Issues and Opportunities

Recruitment and Retention

- Build on current reputation and strengths of faculty and use as leverage for future recruitment
- Key challenges are to:
 - Recruit faculty with knowledge, skills and experience reflective of the changing nature of psychiatry
 - Address known shortfalls resulting from retirement(s) in key program areas
 - Recruit faculty where existing demand is great
 - Meet need for greater gender and ethno-cultural diversity
 - Recognize two dimensions of diversity: (i.) strategies to increase diversity of Faculty (ii.) strategies to respond to needs of an increasingly diverse population
 - Balance need to recruit and train 'elite' group of academics at the same time educate a broad-base of well-trained practitioners who can serve the broader community.
 - Enlist a broader range of faculty in teaching (e.g., individuals with appointments from community hospitals and under-serviced areas)
- Strategies (incentives and support) needed to address key barriers impacting on recruitment and retention including issues related to:
 - Competitive salaries
 - Infrastructure support (e.g., space, administrative and research supports)
 - Protected time for research
 - Restrictions posed by immigration laws & professional regulations
 - Requirements for academic GFT positions early in residency training (i.e., clarification)
 - Redirect incentives for recruiting FFTs (clinical and teaching faculty) towards strength of programs and academic environment (versus competitive remuneration rates of hospitals)

Proposed "Activities"

Tie recruitment & retention strategies to specific strategic priority and/or program areas.

Address issues related to licensing to attract presence of international faculty

Rethink distribution of resources and current salary structure (current situation makes recruitment difficult and non-competitive).

Establish Appointments Committee to review appointments of fellows to junior faculty

STRATEGIC PRIORITY: BUILDING OUR FACULTY *(continued)*

Faculty Development

- Recent success in recruiting faculty provides leverage to further enhance faculty requirements.
- Resources required to support ongoing faculty development to:
 - Sustain/enhance quality and international leadership talents of the faculty.
 - Provide opportunities for mid-career faculty
- Build database on faculty performance, tracking contributions to teaching
- Respond to areas where department not currently meeting societal needs (i.e., geriatrics, forensics, child/adolescent).
- Rethink how department attracts and funds faculty (i.e., address need for appropriate funding for academic role).
- Encourage educational scholarship. Department should have greater presence in Centre for Research in Education

Pursue opportunities related to visiting scholars, sabbaticals, scholarship exchanges.

Realignment of compensation packages; protection of time.

Promote research in education as focus for residents and fellows

Gender & Diversity

- Recruitment and promotion processes need to be more sensitive to gender and diversity issues to align with university goals and to more closely reflect the characteristics of the population served by the faculty.
- Need annual tracking of how talents of individuals from diverse backgrounds contribute to enriching academic capacity
- Clarify principles and objectives around diversity as well as key barriers (formal and informal) to achieving it.
- Develop a strategy to remove barriers and address issue of diversity.

Develop annual tracking reports related to attainment of this goal (e.g., track recruitment in psychiatry and compare against recruitment of medical school class)

Acknowledge that issues attracting and retaining female faculty differ from issues related to ethno-cultural recruitment.

Establish a Departmental Gender Committee

Explore opportunities to develop an Institute for Immigrant Health (similar to Institute for Aboriginal Health).

STRATEGIC PRIORITY: ENRICHING THE STUDENT EXPERIENCE

Different challenges at different levels (i.e., challenge at undergraduate to expose students to psychiatry; at resident level to introduce clinical science research earlier)

Strategic Issues and Opportunities

Instructional Expansion and Innovation

- Require more timely application of adoption of new knowledge and technologies into curriculum base.
- Provide students with greater range of opportunities to learn in different environments by:
 - Developing special research placements for students.
 - Exploring creative ways to build mentoring into the program for incoming residents.
 - Exploring different models of service delivery to ‘expand’ training and research horizons.
 - Ensuring education & service delivery models keep pace with new technologies (e.g., televideo, telehealth).
 - Encourage trainees to explore training in instructional media to enhance electronic educational offerings for department
- Reintroduce greater rigor and formal expectations into education component of residency program (i.e., infuse apprenticeship model with greater academic rigor)
- Encourage more graduate and postgraduate training of physicians both for research and education.
- Build infrastructure to allow for development/expansion of fellowship program in key areas.

Proposed “Activities”

Expand success of Summer Institute for Psychiatry program.

Develop model clinical program in a [specific] community as a satellite program offering a full spectrum of care; build this model off-site and expand learning venue for students in the community.

Recruitment often happens through fellowship programs so important to build infrastructure support here.

STRATEGIC PRIORITY: ENRICHING THE STUDENT EXPERIENCE *(continued)*

Student Recruitment Strategies

- Targeted recruitment, flowing from priorities.
- Recruitment should address gender and diversity balance.
- Clarify what students are being trained to do (i.e., what will the role of psychiatrists be in the future)
- Provide finances and time to nurture academic experience
- Introduce merits of academic and clinician scientist careers early in residency experience
- Target re-entry trainees and those from under-served areas.

Maintain and/or build additional protected time into the structure to advance academic careers/pursue Masters degree.

Establish endowment funds to support fellowship positions

Clinical Scientist Training Program

- Development of a clinical scientist/investigator program (within the post-graduate stream) is one of the most important things the department can do. Program must have rigorous expectations and appropriate oversight.
- Improve recruitment of individuals with potential to pursue a clinical science career by capturing and nurturing interest earlier in academic training.

Critical success factors:

- Commitment of the Chair
- Appropriate resources to support trainees
- Buy-in from Executive, clinical dept. heads at teaching sites
- Success of Chair in facilitating 'required' partnerships
- Success of Chair in securing endowments
- University 'top-up' external funding salary base
- An identified leader to develop the program

Introduction of a 5-year (versus current 6-year) combined residency and clinical scientist program.

Develop programs of mentorship and guidance.

Formalize clinician scientist program earlier in residency (i.e., look at model of clinical scientist training program in surgery).

STRATEGIC PRIORITY: STRENGTHENING OUR ACADEMIC PROGRAMS

Strategic Issues and Opportunities

Identity & Direction

- Opportunity (with new Chair) to create a strong(er) departmental identity and shared purpose.
- Clarity needed around training goals to direct trainees in terms of their ultimate destinations.
- Create balance between educating general psychiatrists and academic psychiatrists.

Proposed "Activities"

Current Programs

- Decision required concerning current breadth of programming (i.e., address expectations related to retaining/expanding current breadth of programs versus narrowing/ restricting program focus
- Investigate opportunities to strengthen linkages and/or amalgamate programs.
- Assess current programs and academic mandate in relation to advances in fields of molecular genetics, molecular diagnostics, neuro-imaging, etc. and consider implications for changing program mix.
- Assess potential to better incorporate Health Systems Program into the fabric of the department.

Consider local, provincial, and national needs in prioritizing programs. Where are our real strengths? What are the most promising areas for scientific advancement? Where are our weak spots? What is our national obligation to continue to develop all existing program areas?

STRATEGIC PRIORITY: STRENGTHENING OUR ACADEMIC PROGRAMS *(continued)*

New Program Development and Expansion of Existing Programs

- Acknowledge and balance competing priorities of attracting students into academic medicine versus encouraging (and fulfilling) broader social responsibility of educating more community psychiatrists.
- Position Department to anticipate and capitalize on opportunities to advance development in emerging areas (e.g., genetics, molecular biology, neuro-imaging).
- Integrate cutting-edge programs in curriculum as they become more practical; take a more focused approach to mental health in genetics – pull resources together at departmental (versus individual program area)
- Call for greater emphasis on new program development (with accompanying leadership) in key areas:
 - Prevention and early intervention
 - Neuro-sciences/neuro-imaging
 - Population health (to promote underlying factors contributing to good [mental] health and reduction of health inequalities)
- New program development strongly linked to faculty recruitment.
- Develop service delivery models for ethnocultural and ethnoracial communities that can be replicated nationally and internationally.
- Population health not well (or consistently) understood across the Department, including the implications of embracing this framework for modifying education/ training, research and clinical practices.

Population health conundrum: infiltrate existing programs with population health perspective

Build a population health program and then collaborate with others

Identify a locus of responsibility to build and infiltrate a population health agenda.

Call on individual programs to incorporate CIHR themes into their work and/or to determine how to influence future agenda of CIHR and other national organizations.

Recruit a lead/expert in population health to develop greater reach/ distinction in this area including a strong academic program.

Continuing Education

- Enormous potential exists for an increased presence and role in continuing medical education.
- Opportunity to expand continuing education programs to fill void/meet need (i.e., recent guidelines set by Royal College)
- CMHE programs should be linked strongly with Department’s research activities.

Research

- Need for greater emphasis on developing a strategy for disseminating new knowledge.
- An abundance of opportunities exist in biomedical, population health and health services research.
- Incorporate cross-cutting themes and opportunities of CIHR, CFI, CIHI, and other key national organizations.
- More application of research to practice needed with a focus on injecting more of what is known about best practices, knowledge transfer, and evidence based practice into setting new research priorities.
- Build capacity to allow Department to take advantage of growing number of opportunities in the research field and to remain competitive in the research market place.
- Balance demand for program and policy ‘relevant’ research with scientific excellence.
- Develop guidelines as part of an overall strategy for pursuing external partnerships including relationship with industry.
- Research institutes need to be in sync with university priorities and visa versa.

Adapt learnings from addictions sector (particularly success of ARF) in fulfilling this mandate.

Strong, clear leadership required to coordinate department’s abilities and capabilities to tap into an increasing number of new and emerging research opportunities (e.g., CIHR).

STRATEGIC PRIORITY: ENHANCING OUR RELATIONSHIPS

Strategic Issues and Opportunities

Government Policy Direction & Development

- Play a stronger, more proactive role in influencing the broader public agenda and acting as an advocate to shape (and inform) system change.
- Profile the strengths and knowledge base of the Department to leverage opportunities to shape policy and program development at the provincial and federal level (e.g., Health Canada, HRDC, Immigration).

Proposed “Activities”

Ensure research work remains ‘policy relevant’.

Position role of dept/university as an advocate through leveraging on knowledge-based re: evidence -based approaches.

Faculty development to determine how to have an impact at policy level.

Increase efforts to help government solve problems related to current fragmentation of mental health system.

Enhancing Collaboration with Clinical Teaching Sites

- Chair and Vice-Chairs to play a more visible and active role with CEOs to
 - Promote the academic agenda
 - Coordinate planning for recruitment of top students and faculty
 - Leverage relationship and resources (human, capital and infrastructure)
 - Ensure greater interface with teaching hospital agenda
 - Advocate for need for integration of psychiatry within hospital priorities
 - Establish research priorities
- Take advantage of current restructuring agenda to develop greater systems coordination and academic presence across teaching sites (with respect to the academic agenda).

Use outcome of strategic planning process to enhance dialogue with heads of teaching hospitals to better position the department to impact on decisions at teaching sites.

Heighten responsibility of Clinical Services Committee and Hospital Chiefs to fulfill this role (i.e., act as a radar screen).

Chair to develop stronger relationships and active interaction with CEOs and Chiefs of Psychiatry e.g., annual reviews) OR, Appoint a Vice Chair of Hospital Relations.

Enhancing Leadership Role of Department

- Greater clarity of Departmental chair’s role.
- Chair to assume a stronger, more active role with teaching hospital sites to ensure that departmental priorities are well understood and ‘supported’ by teaching hospitals.
- Leverage strengths and skills within Department to play a stronger leadership role in key agency bodies (e.g., CIHR, CHSRF, Research Institutes and other agencies where opportunities exist).

Leadership of Department and Faculty of Medicine to initiate meeting with CEOs.

Use ‘unique’ strengths within Department (e.g., PET Centre) to form a locus for teaching and research within the university and beyond.

Collaboration and Partnerships

- Initiate greater collaboration and integration between –
 - Program areas within the Department (i.e., cross-program collaboration)
 - Department and other Departments within the Faculty (e.g., geriatrics, neurology, public health, health administration)
 - Department and teaching hospital sites (i.e., cross-site collaboration)
- Explore potential to define and build industry partnerships in strategic areas (e.g., development of measurement/evaluation tools) [university not presently structured to support his opportunity].
- Bring research, education and clinical services together more at clinical sites.

Redevelopment of Queen Street sites provides opportunities here.

Assessing Other Relationships

- Position academic and research mandate to have a stronger impact in field of community health.
- Need to be clear on goals, targets and mutual expectations

STRATEGIC PRIORITY: EXTENDING OUR REACH

Strategic Issues and Opportunities

International Reach

- Clarify objectives in this area and develop a clear plan of action to move this agenda forward. Support Faculty and student efforts to make an impact on an international level.
- Leverage opportunities to expand international reach potential (e.g., enhance contacts with WHO, CIDA, universities in other countries, training programs, visiting scholars). Identify sources of support for international health initiatives.
- Encourage/enhance opportunities for international students to train in department.
- Take advantage of CAMHs designation as one of WHO's four (4) leading Centres of Excellence in mental health as vehicle to leverage/reinforce international reputation of the Department/ University.
- Push for more large scale research collaborations (e.g., NIH collaboration)
- Consider alignment with University International Programs Goals: increased student and faculty mobility, increased student recruitment and increased international resources

Proposed "Activities"

What should we be doing? Is goal to establish an international presence in the academic community or to deliver education and mental health consultation in other countries?

Designate a lead to explore opportunities (including benefits for Faculty and students) in international arena.

Work with Faculty Centre for International Health & University International Programs Development to develop action plan for Department

Make Department more responsive to local, national needs leverages opportunities to grow in the international field/ recognition.

Select two or three program areas that are 'ripe' for extending international reach to focus 'international outreach' agenda

Senior academic leaders to establish international connections (e.g., represented on Boards of key international organizations/ committees).

STRATEGIC PRIORITY: STRENGTHENING OUR INFRASTRUCTURE AND RESOURCE BASE

Strategic Issues and Opportunities

Space

- Space an indirect issue to be addressed by Department given that space is largely responsibility of teaching hospitals.
- Space and infrastructure support are barriers to expansion (i.e., faculty, recruitment, research, teaching).
- Maintain and look after infrastructure to enrich the student educational experience
- Develop a departmental strategy to address space issues.
- Distinct physical entity required for Department Education Centre, with offices, administrative support, "bulletin board".

Proposed "Activities"

Opportunities for university re: Queen Street redevelopment

Information Technology

- Need focused IT strategy for Department, including:
 - development of a broad approach for incorporating application of technology into work of department
 - development of Faculty to advance electronic media in educational instruction and service delivery.

Develop IT strategy for Department. Leverage initiatives underway in Faculty and teaching hospitals.

Work with Faculty, UHN Director of E-Health and Health Administration in developing IT plans

STRATEGIC PRIORITY: STRENGTHENING OUR INFRASTRUCTURE AND RESOURCE BASE *(continued)*

Funding Strategies

- Department needs to take on more prominent role in securing appropriate resources for faculty, academics and researchers, in teaching hospitals
- Equalize financial rewards across hospital sites to support greater involvement in academic activities.
- Establish endowments for clinician scientist training program and criteria to support selection
- Establish endowment for fellowship program and criteria to support selection
- Strengthen connectedness of department to alumni.

Administrative Support

- Educational programs require additional administrative support

STRATEGIC PRIORITY: REDEFINING PSYCHIATRY & ITS 'POSITIONING' WITHIN FACULTY

Psychiatry exploding in terms of new research and understanding about underlying mechanisms of illness and appropriate interventions Cutting-edge research has potential to position department as a leader nationally and internationally.

Strategic Issues and Opportunities

Defining the Future Scope of the Practice of Psychiatry

- Reconcile the positioning of neuro-sciences in the future of the department
- Redefine the role and reach of the Department in relation to envisioned changes (i.e., consider the way in which psychiatry will develop in the future (i.e., role of molecular genetics, integration of addiction)
- Consider psychiatry's relationship to the Faculty and to the field of medicine and other health disciplines.

Proposed "Activities"

Challenge to rethink psychiatry as a discipline: what is psychiatry as a discipline and how does it distinguish itself from other disciplines

Define how department relates to other health professional faculties.

Relationship of Department within Faculty

- Department needs to be better integrated within Faculty of Medicine.
- Take advantage of Academic Priority Fund within Faculty of Medicine.

Faculty members should strive to hold leadership positions within Faculty.

Expand efforts to develop collaborative research with other departments.

Enhance access to Academic Priority Fund



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