State-of-the-Department (2020)
PEST Analysis

- Political factors
- Economic factors
- Social factors
- Technological factors
Political (2020)

- The Department expanded its Faculty members to 61.
- New experts/areas of expertise (e.g., ‘interventional psychiatry’, anxiety, bipolar disorders, ‘nutritional psychiatry’, student’s mental health).
- The Department Head co-leads the System Advisory Committee (SAC), a forum of leaders and stakeholders from hospitals and community agencies. The SAC promotes better integration of services, communication and collaboration across system partners – crucial role in the OHT submission.
- Renewed partnership with Street Health, FHTs, AMHS-KFLA.
Economic (2020)

- Expanded our revenue streams, new MOUs with Correctional Service of Canada (CSC) and AMHS-KFLA
- The average income of practice plan members remained relatively stable
- A review of the Department’s overall Accountability Framework and Individual’s roles and expectations was set to take place in the Spring of 2020….. but was delayed due to the COVID-19 pandemic and its restrictions
Social (2020)

• The Department has successfully managed academic competitors
• The Department expanded social engagement, philanthropy and advocacy – it joined the United Way to support local initiatives in youth mental health; ~2 million in philanthropy /legacy funds for research on dementia, mood disorders and student wellness, among others
• Role in the Association of Chairs of Psychiatry of Canada (ACPC), engagement in advocacy for mental health needs in the context of the COVID-19 pandemic
Technological (2020)

- The Department has expanded its collaboration with Queen’s Centre for Neurosciences Studies, increased # of research projects and graduate students.
- The Department is engaged in two Ontario Brain Institute (OBI) programs, namely the Canadian Biomarker Integration Network in Depression (CAN-BIND) and the Providence of Ontario Neurodevelopmental Network (POND).
- The COVID-19 pandemic has accelerated our uptake on virtual care.
- Research on mobile health technology (M-Health) and online psychotherapy (i-CBT) has received funds from Queen’s, SEAMO and CIHR.
The State-of-the-Department
Core areas of the Strategic Framework

Clinical

Research

Medical Education

Advocacy, Social Responsibility
1. Acute Care Services

- **CAMH external review (Spring 2018)** provided 58 recommendations for Inpatient Unit, ER, C/L Psychiatry
- Leadership and Culture (11)
- Teamwork: Staffing and Collaboration between Physicians, Nurses, Allied Health (11)
- Model of Care (13)
- Physical Facilities (16)
- Safety (7)

As of **October 2020, 70-75%** have been partially implemented or fully implemented.
2. Timely Access to Ambulatory Care

- In 2017, access to outpatient psychiatric care at HDH was deemed sub-optimal.
- 4-to-8-month wait for new referrals to be seen, limited access to specialized clinics/services (e.g., Eating Disorders, Early Intervention Psychosis), redundancies in the administrative process for new referrals/re-assessments.
- There was frustration expressed by referring sources, both from within the hospital and from the community.

(2020) Successful Implementation of CTU; Single Centralized Intake Coordinator to ensure a speedy referral processing. A newly established Urgent Adult Mental Health Stream and the EmPATH team will ensure rapid access to consultation for adults in crisis.
Defining foci for competitive research

- In 2017, it was thought that the Department should better delineate key areas for competitive research based on existing and emerging expertise, aligning with Queen’s and hospital-driven priorities and resources.
- Queen’s School of Medicine was experiencing a decline in research productivity (U15 ranking).

(2020) Four areas were identified for targeted initiatives:
- Established: I) Mood Disorders; II) Student Mental Health and Wellness
- Emerging: III) Digital Mental Health, Mobile Health Technologies (M-Health); IV) Neurobiology of Aging, Translational Models for Neuropsychiatric disorders;
The State-of-the Department
Core areas of the Strategic Framework

Research

Funding (since 2017)

> $2.5 million in funding, including (among others)

- 3 CIHR grants
- 2 NIH grants (site PIs)
- Ontario Brain Institute (OBI) grants (site PIs)
- SEAMO innovation Grant
- Brain and Behavioural Foundation Award
- Canadian Menopause Society Award
- Queen’s Principal Funds
- The Mach-Gaensslen Foundation of Canada

(2020) – high productivity, high impact

- h-index, # of high-impact publications, SEAMO Departmental Activity Profile (DAP, 2018/2019) indicated the highest contribution in research (17.6%) for the DOP
CBME Implementation

- Full implementation of competency-based medical education (CBME) for all residents in Psychiatry at Queen’s
- The Department pioneered the development of CBME activities for Psychiatry in Canada, under the leadership of Dr. Eric Prost (CBME lead and current Residency Program Director)
- The Department engaged Faculty in training activities, understanding and adoption of EPAs. Many are now serving as Academic Advisors
Medical education leadership at Queen’s and FHS

- Vice Dean, Education (Dr. Flynn)
- Assistant Dean, Distributed Medical Education (Dr. Jokic)
- Assistant Dean, Student Affairs for Undergraduate Medical Education (Dr. Fitzpatrick)
- Assistant Dean, Academic Affairs and Programmatic Quality Assurance, UGME (Dr. Jones-Hiscock)
- Director, Resident wellness (Dr. Andrew)

Dr. Eric Prost - 2020 ACPC Award for Excellence in Education
(Association of Chairs of Psychiatry of Canada)
Advocacy, Social Responsibility

1. Marginalized Youth
   • Greater participation in advocacy, social responsibility, philanthropy and community engagement
   • *Mental health among marginalized youth* as our first cause - partnership with United Way and One Roof Kingston Youth Hub

   • *The COVID-19 Wellness and Psychiatry Response Team* in collaboration with the Wellness Advisory Committee (led by Dr. Flynn). A roster of professionals (11 psychiatrists and 2 psychologists) from our Department to provide rapid assessments and short-term care for physicians, trainees in our healthcare system

Next steps: The development of an Expedited Access to Mental Health Care beyond the pandemic to serve our colleagues in need
During COVID-19 times, working together….

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<th>To promote</th>
<th>To attend unmet needs in</th>
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<tr>
<td>• Engagement</td>
<td>• Trauma</td>
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<td>• Effective communication</td>
<td>• PTSD</td>
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<td>• Compassion, Civility</td>
<td>• Addictions</td>
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<td>• Resilience</td>
<td>• Vulnerable populations</td>
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<td>• Wellness</td>
<td>• Equity, Diversity, Inclusion</td>
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To achieve a new accountability and incentive framework that is fair, competitive, transparent

Ultimately, and despite all the challenges, to build a place where people want to come, stay & grow