State-of-the-Department (2020)

Economic factors Political factors PEST Analysis 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





• Safety (7)

As of **October 2020**, **70-75%** have been partially implemented or fully implemented.

2. Timely Access to Ambulatory Care

Clinical

• In 2017, access to outpatient psychiatric care at HDH was deemed sub-optimal

- <u>4-to-8-month wait for new referrals</u> 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

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) - <u>Four areas</u> 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;



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





Medical Education

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

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)



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

2. Healthcare workers' wellness and the COVID-19 pandemic

• **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....

To promote

- Engagement
- Effective communication
- Compassion, Civility
- Resilience
- Wellness

To attend unmet needs in

- Trauma
- PTSD
- Addictions
- Vulnerable populations
- Equity, Diversity, Inclusion

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