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About Us

The CDRIN is an initiative of highly collaborative, patient-focused, research and intervention centers that will lead to more effective patient care and a more complete understanding of the illness. The network will bring together the leading clinical and research minds and other stakeholders from all across Canada.

Vision

To be a pan-Canadian, internationally recognized catalyst enabling the engagement of the full spectrum of stakeholders to combat depression.

Goals

To stimulate measurably more efficient and meaningful knowledge creation, mobilization and wide-scale implementation of interventions to mitigate the enormous health, social and economic costs of depression.

CDRIN's Activities and Progress

We are writing to provide an update on CDRIN-related activities and progress in recent months.

You will recall that, due to the overwhelming evidence of the epidemic nature of depression and its impact on Canadian society, the idea of a national depression research network had been discussed for some time. Many of us believed that a national depression research network would magnify our research community's ability to deal more effectively with this problem rather than continuing to work in "silos".

In testing the concept of creating a network, Dr. Zul Merali received significant interest from the scientific and end-user communities across Canada. This led to a more formal meeting, on November 20, 2006, at The Royal in Ottawa, which included the participation of Drs. Glen Baker, Mark Bisby, Hymie Anisman, Tony Phillips, Remi Quirion, and Zul Merali. A unanimous agreement was reached and financial commitments made to fund the creation of a Canadian mental health research network. The University of Alberta, University of British Columbia, University of Ottawa, Dalhousie University and the Douglas Mental Health

University Institute provided initial financial assistance.

The patient/consumer/caregiver community, represented by the Mood Disorders Society of Canada (MDSC), also gave the network a strong endorsement. With time, additional organizations including the Centre for Addiction and Mental Health (CAMH), the Fernand-Seguin Research Centre, the Lawson Health Research Institute and the University of Manitoba, joined this initiative and made financial contributions.

The conceptual framework for the network was then presented and discussed across Canada and, upon confirmation of further expressions of interest, a national "town hall" meeting held at the Mental Health Commission of Canada offices in July 2011, in Calgary, supported in part by Great-West Life and the Canadian Institutes of Health Research (CIHR). The main discussion points were future directions and funding opportunities.

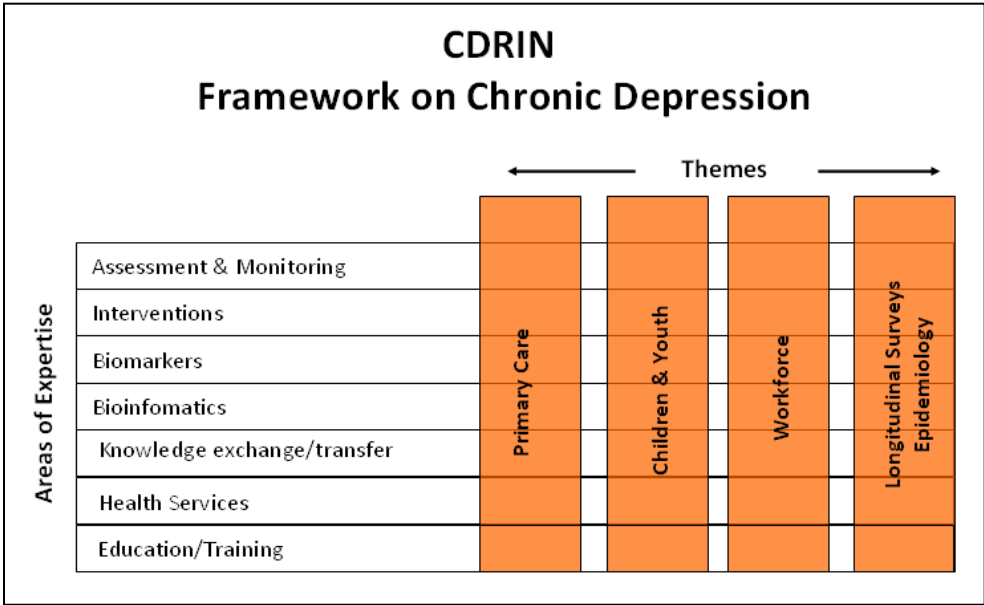
A much larger town hall meeting was held in Ottawa in February 2012, where it was decided that the network's main focus would be depression.

The delegates at the meeting, who represented scientific, academic, and patient interests in mental health across Canada, approved the establishment of the Canadian Depression Research and Intervention Network (CDRIN). At this same meeting, through consensus decision-making, the members established the priorities for the network, the result of which was establishing “Chronic Depression” as the overarching theme, with four pillars: Children and Youth, Workplace, Primary Care and Long-Term Cohort and Epidemiological Themes. These same themes would be supported by crosscutting “areas of expertise” including Research and Education, Knowledge Exchange, Biomarkers, Bioinformatics, etc.

We also identified tentative leads and working groups in anticipation of a Call for Proposals to create a network related to mental health through the Canadian Institutes of Health Research Strategy on Patient-Oriented Research (CIHR-SPOR) and to ensure full patient engagement and inclusion in the process.

An interim Executive Committee was formed comprising Dr. Zul Merali (nominated Founding Scientific Director), Phil Upshall, Dr. Ben Rusak, Dr. Glen Baker and Dr. Howard Chodos (for the Mental Health Commission of Canada, initially represented by Dr. Lisa Petermann).

Cognizant that the “end user communities” (patients/consumers and caregivers) should be fully engaged in all of CDRIN’s activities, Dr. Merali and Phil Upshall, National Executive Director of the Mood Disorders Society of Canada (MDSC), met and agreed upon shared goals.



At the time, MDSC was actively engaged with the federal government regarding action on suicide and PTSD. In light of our intrinsically-connected objectives to deal with issues surrounding depression, a joint pre-budget submission was made to the federal government in the fall of 2011 seeking CDRIN seed funding destined to address one of our nation’s critical needs.

Shortly after our town hall meeting, the 2012 federal budget was tabled and included an allocation of \$5,000,000 for developing the Pan Canadian CDRIN, and for work to deal with suicide and PTSD. An additional \$200,000 was also allocated for a Continuing Medical Education Program (CME) on PTSD by MDSC for physicians. Budget requirements stipulate that MHCC and MDSC be involved in the evolution of CDRIN and that the allocated funds flow through MDSC over the five-year period.

Parliament approved the budget in June 2012. Since that time, the Interim

Executive Committee has been diligently collaborating with Health Canada to satisfy all Treasury Board exigencies required for the advance of the funds. This was achieved principally through the creation of CDRIN’s very detailed draft Business Plan. We believe that we have satisfied all of Treasury Board’s requirements and that it will approve our draft Business Plan at its December 2012 meeting. Next steps include finalizing a Memorandum of Understanding with the MHCC and negotiating a funding agreement (“contribution agreement”) with Health Canada. We hope that the agreement will be executed before the end of December followed shortly thereafter by the release of the funds.

CDRIN's Future Planning Initiatives

Notwithstanding the above efforts, we continue our work on the development of a proposal for the new Patient-Oriented Network in Adolescent and Youth Mental Health which Tony Boeckh, Chair of the Graham Boeckh Foundation, and Dr. Alain Beaudet, President of the Canadian Institutes of Health Research (CIHR) recently announced. The detailed Call for Proposals, expected to be released in December 2012 or January 2013, may require that the focus of the themes (established at the meeting referred to above) be realigned. We will continue to seek alternate funding opportunities for the rest of our themes.

On this front, we have been working jointly with the Canadian Network for Mood and Anxiety Treatments (CANMAT) to establish how to best develop a proposal in response to the SPOR initiative. This joint approach is being conducted under the banner of the *Canadian Depression Alliance (CDA)*. We are attaching CDA's message as an update. Drs. Stan Kutcher and Ian Manion, together with a strong team they are forming, will co-lead the development of an initial scientific agenda to address the anticipated requirements of the Call for Proposals for the SPOR youth mental health initiative.

They welcome any ideas you may have for consideration and/or inclusion in the SPOR program. The scope and nature of this proposal and the need for other scientific committees will be finalized once the details of the Call for Proposals are known.

Future planning initiatives include organizing:

- a general meeting for all interested participants to be arranged soon after Health Canada advances the funds, to discuss CDRIN's governance structure (i.e., incorporation, By-laws, etc.), the draft Business Plan, international relationships, particularly with the U.S. based National Network of Depression Centers (NNDC) with whom a Memorandum of Understanding has been executed, and other associated matters;
- a general Canadian Depression Alliance meeting (probably in January 2013), soon after the CDRIN meeting described above, or immediately following the release of a detailed SPOR announcement, to discuss the SPOR initiative in detail,

including the Committee structures required to respond to the Call for Proposals, the content of the proposal, associated development of timelines, and financial considerations; and



- a meeting to discuss the PTSD and Suicide issues that the federal government has asked us to pursue. This will be done in partnership with some excellent groups that have related ongoing activities.

CDRIN Website



In the near future, we will launch a basic website for CDRIN to facilitate timely and detailed communications on CDRIN initiatives to all participants. As funding becomes available, additional functionality will be incorporated to make this website a knowledge translation vehicle.



Comments & Suggestions

We welcome your feedback and ideas through Ms. Sonia Cayer at sonia.cayer@theroyal.ca or by contacting any one of us directly through our email addresses below.

We also urge you to forward this newsletter to any colleagues who might be interested or who would like to participate in CDRIN activities or the development of this Network.

Best Wishes from your Interim Executive Committee

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