



**WORLD  
HEALTH  
ORGANIZATION**

**The Montreal WHO/PAHO Collaborating Centre  
for Research and Training  
in Mental Health  
at the Douglas University Institute**

---

**THE MONTREAL WHO/PAHO COLLABORATING CENTRE  
FOR RESEARCH AND TRAINING IN MENTAL HEALTH**

Douglas Mental Health University Institute  
6875, LaSalle Boulevard  
Montreal QC H4H 1R3 CANADA

Telephone : 514-762-3006  
Fax : 514-762-3040

[www.douglasrecherche.qc.ca](http://www.douglasrecherche.qc.ca)

[cocom-mtl-whocc@douglas.mcgill.ca](mailto:cocom-mtl-whocc@douglas.mcgill.ca)

---

## CONTENT

INTRODUCTION .....	4
UNITED NATIONS .....	5
WORLD HEALTH ORGANIZATION - GENEVA HEADQUARTERS .....	5
<i>Mental Health in the Workplace</i> .....	5
<i>Intellectual Disability</i> .....	6
<i>Primary Care</i> .....	7
<i>New Axis of Development: Mental Health Systems</i> .....	7
REGIONAL OFFICES OF WHO .....	8
REGIONAL OFFICE FOR THE AMERICAS - PAN AMERICA HEALTH ORGANIZATION (PAHO) .....	8
<i>Guatemala</i> .....	8
<i>Dominica</i> .....	9
<i>Central American Countries</i> .....	10
<i>Brazil</i> .....	11
REGIONAL OFFICE FOR EUROPE - (EURO) .....	11
<i>Meeting with the Director general of the WHO-EURO</i> .....	11
<i>Meeting with the Regional Mental Health Advisor - EURO</i> .....	11
<i>Psychosocial Rehabilitation Meeting, Belgium</i> .....	12
<i>Quebec/Catalogne Project</i> .....	12
<i>The WHO Collaborating Centre for France</i> .....	13
SOUTH EAST ASIA REGIONAL OFFICE (SEARO).....	13
MCGILL UNIVERSITY .....	14
<i>Global Health Program</i> .....	14
<i>McGill Indonesia Social Equity Project</i> .....	14
<i>International Masters in Health Leadership</i> .....	14
THE DOUGLAS MENTAL HEALTH UNIVERSITY INSTITUTE.....	15
<i>The Douglas Research Centre</i> .....	15
<i>Creation of a new Department</i> .....	15
<i>Foundation</i> .....	15
CONCLUSION .....	16

---

## INTRODUCTION

*This report of activities covers the period from August 2006 until September 2008.*

*In our opinion, the highlights of this period have been the operationalisation of the Douglas's designation as University Institute in Mental Health as well as the agreement of the Ministry of Health and Social Services to give us a matching grant more or less equal to that awarded by the Douglas Institute Foundation.*

*It is with great pleasure that we welcome Dr. Marc Laporta as Assistant Director of our WHOCC; on top of his interests for all the international issues of importance to us, he will pay particular attention to the matter of training and to our links with McGill University.*

*It is worth noting that McGill has just redesignated all of its international health efforts under the name "Global Health Programs" thus highlighting the fact that there are no health frontiers, as well as recognizing that in making links and exporting our technical know-how to others countries, we systematically improve the policies and mental health programs of our own country.*

*Once again we would like to thank Ms. Jane Lalonde, Director of the Douglas Foundation, and its President Mrs. Marie Giguère for there unfailing financial support as well as Mr. Jacques Hendlisz, Director General of the Douglas Institute and M. Francois Morin, President of the Board of Directors of the Douglas Institute Research Centre for their vision and their support.*

*Gaston P. Harnois, M.D.  
Director*

## **United Nations**

We belong to the Congo Committee of the United Nations which brings together the most important NGO's in affiliated status with the UN. Our intervention has focused on the necessity to give a more specific place to Mental Health within the Millennium Goals; this is not currently the case. We also undertook to ensure that when special requests are presented to the Committee, the International NGO's represented should be able to answer as many of these requests as possible; we were therefore able to find a "volunteer" professional to undertake several training sessions for nurses in Syria.

### **WORLD HEALTH ORGANIZATION**

#### **Geneva Headquarters**

We continued to maintain very close links with the Mental Health Division of WHO in Geneva, more particularly with Dr. Benedetto Saraceno, Director, who also acts temporarily as Director of non communicable diseases; our other main contacts at the Division are Dr. Michelle Funk and Dr. Shekar Saxena.

We have just learned of the retirement of Dr. José Bertolote with whom we have worked on numerous occasions since the creation of our WHOCC; we would like to thank him for his cooperation and wish him the very best in his future endeavours.

#### ***Mental Health in the Workplace***

After writing, in collaboration with Dr. Marguerite Grigg and Dr. Michelle Funk, the WHO Module on "Mental Health Policies and Programmes in the Workplace", we have been asked to attempt to monitor international experiences on the gathering of data from Developing Countries, mainly on the impact of globalization, on changes in the work practices and employment, on unemployment, as well as on the role of unions where they exist.

This lead us to believe that Mental Health problems in the workplace are often the same in developing countries; moreover, one notices the ever present stigmatization as well as the necessity to develop a language "which makes sense" to employers who are usually quite reluctant to use the language of Mental Health professionals.

At WHO's request, we keep links with Dr David Gold, Director the Division of the International Labours Office (ILO) dealing with disabilities in the workplace; we attempt to evaluate the extent to which the ILO's approach called SCORE( Stress, Tobacco, Alcohol and Drugs, HIV/AIDS, Violence) appears receivable in different types of working environments.

In Canada, we have actively participated in two meetings jointly organized by Dr. Remy Quirion, Scientific Director of the Douglas Institute and of the Canadian Institute on Neurosciences, Mental Health and Addictions and by Mr. Bill Wilkerson, Director of the Global Business Roundtable. These meetings took place respectively at the Canadian Embassy in Washington under the direction of the Honourable Michael Wilson, Canadian Ambassador and in Ottawa under the direction of the Honourable Robert D. McCallum, Jr., American Ambassador to Canada.

Representatives from both countries have agreed to unite their efforts in the pursuit of several joint projects; the two meetings confirmed that in many businesses, mental health is already the first cause of absenteeism, a prediction which WHO had only expected to see materialize in the year 2015.

### ***Intellectual Disability***

With the cooperation of our two affiliated centres, the Centre for Rehabilitation in Intellectual Disability and *Troubles envahissants du développement (Major Development Disturbances)*, Lisette Dupras and Montreal West, we agreed to fulfill the mandate entrusted to us by the WHO for writing the WHO Atlas on “*Global resources for persons with Intellectual Disabilities*”. The main actors of this gigantic undertaking were Dr. Céline Messier, Director of Research at the above two mentioned Centres and Mr. Jocelyn Lecompte, Attorney and Counsellor.

We worked in close collaboration with the WHO on the project, namely with Dr. Shekar Saxena; we are particularly grateful towards the Canadian Minister of Health, the Honourable T. Clemens, and his counterpart in Quebec City, the Honourable Philippe Couillard, who each contributed the sum of \$200,000 towards the completion of this project.

The final document was published by the WHO in 2007; it contains information from 147 countries representing 95% of the world population. Among the topics covered in the document are: Financing, Services Offered, Human Resources required, the Role of NGO’s in Training and Research. Training, Research and information systems are also mentioned. Given the lack of consensus on the issue, the Atlas proposes an extensive glossary of terms utilized in intellectual disability together with a definition of basic concepts.

WHO having requested that the launch of the Atlas take place in Asia, we have organized, from November 6-8, 2007, in Bangkok, Thailand, the Second International Conference on Intellectual Disability with the assistance of our local partners, the Rajanukul Institute of Bangkok, headed by Professor Panpimol Lotrakul.

Besides the launching on the WHO Atlas, the Second Conference allowed to estimate the level of compliance of countries to the United Nations Convention on the Rights of Persons with Handicaps as well as the Declaration of Montreal on Intellectual Disability. More and more the expression Intellectual Disability has replaced Mental Retardation.

As need be, we will continue to assist the WHO as well as the two above mentioned Centres in the Intellectual Disability area.

At the request of Professor Luis Salvador, who is President of the World Psychiatric Association Committee on Intellectual Disability, Dr. Gaston Harnois has accepted to sit on the Committee.

## ***Primary Care***

WHO has chosen “Primary Care” as the theme of this year’s 2008 World Health Report. Many reports, including one written by us in 2005, have underlined the lack of integration of Mental Health Services within Primary Care, for instance in Mexico; this has led the Mental Health Division of the WHO to concern itself with the issue and to undertake, in cooperation with the World Association of Family Physicians (WONCA), the writing of a document which will be called: “*Integrating Mental Health into Primary Care: A Global Perspective*”.

In May 2008, Dr. Marc Laporta represented our Centre to the International Meeting which was organised on this theme in Granada, Spain, by the World Psychiatric Association. This conference underlined the fact that, in many countries, the concept of Primary Care includes nursing, social workers, psychologists and several community workers such as, priests, hairdresser, etc. The concept of “*Intersectorial Primary Care*” also includes families, the patients themselves, as well as other community agents.

Further to these developments, we are organizing at our WHO CC an International Conference on this issue in November 2008, which will also give us an opportunity to launch the WHO Document within the Region of the Americas; the meeting will also attempt to describe a certain number of integration models of Mental Health in Primary Care, including the model being promoted in Quebec.

## ***New Axis of Development: Mental Health Systems***

After discussion with our colleagues at the WHO Headquarter in Geneva, we agreed to develop an axis which will be called “Mental Health Systems”.

We will, inasmuch as possible, attempt to integrate, at the level of every country we are working with, epidemiological data, mental health policies, organization of services, evaluation and, where relevant, we will use WHO’s instruments of measure. Dr. Laporta will take on the responsibility of collecting all existing elements within this axis.

Along the same lines, Dr. Laporta attended the September 2007 meeting organized by the Institute of Psychiatry in London, to launch a series of articles on global mental health in the prestigious publication “The Lancet”. These articles highlight the magnitude of mental health needs in all countries, specifically developing countries, as well as the heavy burden of disease related to mental illness and the low priority given to mental health issues in most countries - although several evidence-based interventions are now in place to address many issues.

## REGIONAL OFFICES OF WHO

### **REGIONAL OFFICE FOR THE AMERICAS**

#### **PAN AMERICA HEALTH ORGANIZATION (PAHO)**

We have very close links with our Regional Office, more specifically with Dr. Jorge Rodriguez, M.D., Ph.D. Unit Chief, Mental Health, Substance Abuse, and Rehabilitation, Technology and Health Services Delivery, Washington, D.C.

The following activities are underway:

#### ***Guatemala***

We remain involved in the Quiche Region of Guatemala which has a very large Mayan majority; in particular, we work with the group called “Medicos Descalzos” headed by Dr. Cristina Chavez. We have systematically supported the effort of this important NGO towards developing assistance programs, mostly mental health related, for the indigenous population of the city of Chinique and its surroundings.

Our principal consultant is Dr. David Barbeau, Mrs. Karen Hetherington, who was working in this dossier for many years, having chosen to cease activities with the WHO CC.

We remain keenly interested in the understanding of the Mayan approach to what we call “mental health”, namely the concepts that are utilized, the summary descriptions of different conditions, the quality of personal exchanges, the work of traditional healers, the group approaches, the use of medicinal plants, and the holding of Mayan ceremonies.

During the last year, we intervened on a number of occasions following attempts by the Catholic Bishop of Chinique to evict traditional healers of Medicos Descalzos from premises which they have occupied for the last 15 years, alleging that these premises belong to the diocese.

We know this to be untrue since funds to build these premises came from France 15 years ago, as part of a fundraising campaign solely dedicated to further the Mayan culture of Guatemala. The only reason the building was incorporated with the Diocese of Chinique was to protect its legal status, since at that time, civil war was raging throughout the country. It is obvious that the loss of this space would be a severe blow to the mental health programs of Medicos Descalzos.

We will continue to follow this issue which is now in the hands of the Justice Department; we recognise the obstacles faced by a small NGO in trying to challenge the authority of the Catholic Church in a country like Guatemala.

## ***Dominica***

We have been interested in the mental health program of this small country for the last 10 years. During a meeting in Dominica in March 2007, where Dr. Harnois was present with Mrs. Hélène Racine, Director of Nursing at the Douglas Institute, we had the opportunity to meet principally with Mr. David Letang, Permanent Secretary at the Ministry of Health, as well as with Dr. Griffin Benjamin, Psychiatric Consultant and Director of Community Health Services for the country.

We came back with the following impressions:

- **Out-patient mental health care at the level of the nine health districts:** we saw substantial improvements in the capacities of the health staff to agree to look after patients with severe mental illnesses. The chief physician and nurse are more open to this type of work and wish to further their knowledge of mental health. Few people are specialized; for instance, at the St-Joseph clinic, only an auxiliary nurse had a mental health certification. The usual treatment remains depo-neuroleptics; the high number of cases makes it impossible to have what might be called a therapeutic relationship with a patient and his or her family, despite a strong interest for this approach. We have recommended improvement in the mental health training of the health personnel as well as the development of a mental health community support program which would be adapted to this clientele.
- **Inpatient psychiatric unit at the Roseau General Hospital:** the three units that exist are not acceptable by current standards; two of them house chronic patients which should be transferred to the community with appropriate support programs; the remaining unit was in a sad physical state and offers few treatment possibilities; these units are very different than the other units of the hospital for physical treatment. We were told that several improvements to this situation will take place when a new hospital is built with the help of the Chinese government; we have not been able to consult the planning documents and to assess the role that mental health/psychiatry will play in the future hospital.
- **Mental Health Plan:** all concerned actors recognize the necessity and the importance of updating the mental plan of the country; this is a key document and we have offered our full cooperation to help bring it up to date.

A meeting with Mrs. Denise Edwards of the Faculty of Health Sciences of Dominica confirmed the increasing training needs in mental health for the nursing staff; we feel that funds will have to be found to adequately remunerate the staff who would obtain a specialized certificate in mental health; this appears to be quite difficult at this point in time. We have offered input into the rewriting of the curriculum and also the possibility that exchange programs with the Douglas Institute could be considered.

For us, Dominica represents a very interesting model of intervention in mental health in a developing country: the government has a stated interest, the country is redrafting its Mental Health Policy; primary care is rather well developed at the level of the nine health clinics; the functioning of the hospital's psychiatric clinic has to be rethought; there is also an interest in finding the best way to ensure the follow-up of serious cases in the community as well as to offer support to families.

Dr. Laporta will follow-up of this question with Dominica and with PAHO including its Sub-regional office in Barbados.

### ***Central American Countries***

For many years both WHO and PAHO have stressed the necessity for developing countries to acquire the capacity to do research in such essential areas as epidemiology, the organization and functioning of services as well as the impact of interventions. This is even truer in mental health.

In this context, the Toronto WHO CC headed by Professor Luis Glicksman, and Dr. Gaston Harnois of the Montreal WHOCC, organized in May 2006 a meeting in Guatemala Ciudad, attended by the regional advisors from PAHO, (Dr. Jorge Rodriguez, Dr. Joachin Molina, Dr. Fernando Amado, Dr. Rodrigo Rodriguez Fernandez), and representatives from three **Central American** countries namely, **Guatemala**, (Dr. Alexandra Flores, Dr. Vilma Duque, Dr. Jose Antonio Flores, Dr. Sonia Maria Ankermann Sam), **Nicaragua** (Dr. Jose Caldera) and **El Salvador** (Dr. Nelson Miranda).

The purpose of the meeting was to consider the possibility of establishing a research training program revolving around an issue which would be judged important and relevant for each of the three countries.

Representatives of the three countries unanimously chose **alcoholism** since this problem targets youth, is an important cause of motor vehicle collisions and is also very costly to the health system. They further identified the impact of alcoholism on their respective indigenous population, as well as the necessity to define the role of mental health services and the types of potential evidence-based interventions available.

Since this meeting, the Toronto WHOCC has undertaken to develop a detailed proposal to be submitted to the Canadian Institute in Health Research. Regretfully, all partners were not able to fulfill the administrative requirements in time for a submission in March 2008. It is our hope that everything will be ready for March 2009.

We were sorry to learn that El Salvador has decided not to participate in the project. At the level of the Montreal WHOCC, Dr. Thomas Brown, Senior Researcher at the Douglas Institute Research Centre will act as the principal investigator and spokesman.

## ***Brazil***

Our senior consultant, Dr Michel Perreault remains very involved in several projects in Brazil.

One priority area has been to offer methodological background to a “crossed-training” project for persons with either a mental health or addiction problem in Ilha Governador, in the State of Rio. A formal protocol has been signed and we share our expertise with Colleagues from the Escola Politecnica de Saude Joaquim Venâncio-EPSJV/Fiocruz and from the Instituto de Psiquiatria of the Federal University of Rio de Janeiro.

A second project has allowed to validate in the Portuguese Brazilian language the questionnaire that we had developed and validated in French, in Montreal, on “perceived improvements”.

Finally, Dr. Perreault offered several courses on program evaluation on the occasion of the Conference of the Psychiatric Association of Nordeste, in Salvador (Bahia).

---

## ***REGIONAL OFFICE FOR EUROPE – (EURO)***

### ***Meeting with the Director general of the WHO-EURO***

At the request of the Quebec Minister of Health, we have welcomed in May 2008, Dr. Luc Danzon, Director General of the European Office of the WHO (Euro) in Copenhagen, Denmark; Discussions covered mostly mental health policies, the organization of services, primary care as well as the possibility of joint projects between Euro and our WHOCC.

### ***Meeting with the Regional Mental Health Advisor - EURO***

On the occasion of a subsequent meeting between Dr. Harnois and Dr. Matthis Muijen, Regional Mental Health Advisor for Euro as well as Dr. Estelle Baumann, Senior Mental Health Consultant, two issues of common interest were identified.

- The first is **Mental Health and Work**, more specifically social organizations which offer paid work for people with severe mental health problems as well as the emerging issue of mental health in the workplace.
- The second issue had to do with our work in producing the **WHO Atlas on Intellectual Disability**: Euro would like to know more about the programs which are used for clients who live in the community as well as the safety standards for the buildings or houses where they reside; Euro would like to pay particular attention to the situation that prevails in Eastern Europe. We have agreed to prepare a dossier in this topic.

## ***Psychosocial Rehabilitation Meeting, Belgium***

During the International Psychosocial Rehabilitation Meeting held in May 2008 at the University of Liege, Belgium, we were impressed with the many types of employment options offered by the social organizations run by Mr. Bernard Jacob, Network Administrator of UTE - AIGS in Vottem and his President Marc Garcet. While “supported employment programs” (which were very ably described by professor Mariane Farkas of Boston University) play a key role, there remain a large number of individuals who prefer to hold paid jobs in specialized social organizations rather than to attempt to integrate the regular labour market.

We were again very impressed with the social organizations in Germany, which currently offer work to more than 24 000 people at a competitive salary. The cornerstone of the German Program is a law adopted in 2002, which creates an obligation for companies employing more than 20 people to ensure that 5 % of their personnel is comprised of individuals who have a handicap. Those who fail to conform must pay substantial monthly fees to the national program, fees that are used to finance new social organizations.

As an example of German initiative, Mr. Klaus Hertrampf, who heads a management company called Lebenswelten in Berlin, came to realize the many advantages offered by the hotel sector to persons with a mental health handicap. He has therefore proposed to the above mentioned program the building of a 200 room hotel in Berlin that would be run as a social organization and offer employment possibilities to many hundreds of people.

## ***Quebec/Catalogne Project***

As part as the agreement between the European Office at the Ministry of International Relations of Quebec and the Secretariat of External Relations of the Generalitat of Catalogne, we have been invited by Professor Luis Salvador of the University of Barcelona to submit together a two-year project in the area of mental health in the workplace.

Since WHO forecasts that depression will become the first cause of absenteeism in 2015, we propose to evaluate and compare how mental health problems are dealt with in a Catalan business and in a Quebec business with more than 1,000 employees.

More specifically, the project will highlight the scope of mental health problems in each business, the cost of presenteeism, the elements which justify the development of a mental health policy for each business, focussing mostly on cost, productivity, and employee satisfaction, as well as factors which may lead to improvements in terms of prevention of mental illness and promotion of wellbeing at work.

The Quebec partners will be Dr. Harnois and Mrs. Michelle Gilbert, Director of Human Resources at the Douglas Institute.

We were delighted that project was accepted in March 2008 by the Minister of International Relations, Mrs. Monique Gagnon-Tremblay.

### ***The WHO Collaborating Centre for France***

Located in Lille, France, the Centre is headed by Dr. Jean-Luc Roelland. The French Collaborating Centre, together with the Moroccan Centre and our WHO Centre in Montreal, has accepted to review the French translation of each WHO Module part of its “*Mental Health Policy and Service Guidance Package*”.

In June 2007, we were glad to attend the Third International Encounter of the CCOMS-Lille on the theme “*To Overcome Discrimination in Mental Health*”. We heard quality interventions and once again, were impressed by the key role played by representatives of the community, namely mayors of small and large European cities.

This was also an opportunity to present the results of the international study undertaken by the Lille Center on stigmatisation and the social representation of “madness”.

Given the usefulness of the study, we have agreed to support its replication in the Province of Quebec, and if at all possible in Dominica, in cooperation with a group of colleagues in the French Department of Guadeloupe.

Our consultant, Dr. Marie-Josée Fleury, is a member of the Scientific Council and a teacher for the program on “*Management and Organizational Innovation in Mental Health*” at the Faculty of Medicine, Université de Paris V René Descartes; she also is actively involved in the joint submissions of research projects with our Institute, further to the French Government funding offer to investigate the integration of persons with handicaps in the workforce. Finally, she contributes to the development and the evaluation of integrated mental health services in France, as part of the mental health network called PEPSY in Paris.

### ***SOUTH EAST ASIA REGIONAL OFFICE (SEARO)***

The holding of the Second International Conference on **Intellectual Disabilities** in Bangkok, Thailand in the fall of 2007, allowed us to establish close links with Dr. Vijay Chandrav, Regional Mental Health Officer at the SEARO in Delhi.

We have agreed to remain in contact with the SEARO office as well as with the Rajanukul Institute in Bangkok, and with Professor T. Murali, who is responsible for the organization of a major meeting on **Psycho-social Rehabilitation** in November 2009, Bangalore, India.

### ***Global Health Program***

We have asked Dr. Laporta to enhance our links with McGill University with respect to international training programs in mental health.

To this effect, we met with Dean Levin of the Faculty of Medicine and Professor Tim Brewer, Director of the **Global Health Program**. The new designation of this program reflects the fact that today, health issues and undoubtedly mental health problems, have no borders: the best way to address them is to create links and joint programs, in order that the expertise and technical know-how used abroad may also improve our knowledge and our management of the same issues in our own country.

### ***McGill Indonesia Social Equity Project***

The idea to create 29 community centers in Aceh Province of Indonesia as part of the community reconstruction project, further to the 2004 tsunami that killed 160,000 people, was first discussed in 2005 by the McGill Social Equity Project and by BRR-the Aceh and Nias Reconstruction Board. The plan was to entrust management of the centers to the Dakwah or Community Development Faculty of the Islamic University-IAIN Ar-Raniry.

Our main representative for this project, Joan Simand, Professional Chief of Social Services at the Douglas Institute, reports that three Centers have been built in Aceh; during her stay in the city she witnessed how the local context uses a collective definition of suffering which emphasizes the society and the group rather than the individual as a “self contained autonomous entity”.

As we have done before, we welcomed at the Douglas Institute in March 2008, 20 participants from Indonesia who are involved in moving the project forward. They visited several community agencies and, as Mrs. Simand reports, much of their time was spent “on constructing a safe and trusting healing environment where painful memories and stories are narrated” and drawn upon for further development and growth.

### ***International Masters in Health Leadership***

It is with great pleasure that we participated in addressing the candidates involved in this internationally renowned program developed by Professors Henry Mintzberg and Shlom of the Faculty of Management, McGill University, on August 1, 2008.

We were able to share some of our international experience, notably with Mrs Amparo Garcia, Clinical-Administrator, Director Clinical Activities, Knowledge Transfer and Teaching at the Douglas Institute and with Dr Sonia Chehil of the Dalhousie WHO CC who are both candidates in the Masters Program.

## ***THE DOUGLAS MENTAL HEALTH UNIVERSITY INSTITUTE***

In June 2006, the Douglas was given the status of University Institute in Mental Health as a recognition of its specialized expertise in clinical care, in research, in training and in the evaluation of mental health technologies including the fact that it has for a long time been designated as WHO Collaborating Centre.

### ***The Douglas Research Centre***

Researchers at the Institute continue to be awarded grants which place them at the forefront of Canadian centres. The grants for the year 2006-2007 totalled 15 million dollars.

The Institute has signed research agreements both with the Institut de Neurobiologie de la Méditerranée (INMED) in France and the Howard Florey Institute (HFI) in Australia. The Institute has also signed a protocol of cooperation with the Program for Recovery and Community Health (USA) at Yale University: this agreement will deal with research, teaching and training aspects of the recovery process for persons with severe mental illness and drug addiction.

We mention here the work of Institute researchers which have a significant international impact:

- Dr. Rémi Quirion, on the Characterisation of Pain in Persons suffering from Hyperalgesia;
- Dr. Alain Brunet ; on the Post Traumatic Syndrome;
- Dr. Ellen Corin on the “Mouvement de l’être”;
- Dr. Ashok Malla on the Program of Evaluation, of Interventions and Prevention of Psychosis (PEPP);
- Dr. Michael Meany on Maternal Care and Neurocognitive Development;
- Finally, further to obtaining a 1.6 million-dollar grant, Dr. Duncan Pedersen has undertaken a vast international study aiming at reducing the mental health burden of civilian populations exposed to political violence and episodic natural disasters; fostering the process of healing, psychosocial rehabilitation and recovery; and generating improved mental health policies and services in participating countries.

### ***Creation of a new Department***

We also note the creation of the **Clinical Activities, Knowledge Transfer and Teaching Department** which will bring together the activities of 8 programs. This department is headed by Mrs. Amparo Garcia.

### ***Foundation***

Also of note for the year 2007, the Douglas Institute Foundation has undertaken a vast awareness campaign against the stigma linked to mental illness.

## CONCLUSION

*The topics mentioned in this report, including the new orientations of McGill University in Global Health, lead us to believe that the requests to intervene at the international level, in mental health will continue to increase in the coming years.*

*After noting that the “UN Millennium Goals” do not specifically mention mental health, notwithstanding the fact that it is responsible for one of the highest global burden of disease, we asked the Director General of WHO to insure that mental health be specifically mentioned in all future Health Declarations by World Health Organization.*

*We have an excellent reputation at WHO’s Mental Health Division in Geneva and, likewise at our Regional Office in Washington, D.C.*

*We must insure that in the future our WHO CC will have the needed Professional and financial resources to fulfill its mandate.*

