

# **Symposium**

## **Strengthening Mental Health Plans and Services in the Americas**

Scaling up care for mental and substance use disorders

---

### **Final Report**

#### **Organizers:**

- Centre for Mental Health and Addictions (CAMH), Canada
- Pan American Health Organization (PAHO)
- Department of Psychiatry, University of Toronto, Canada

**Toronto – Ontario – Canada**

**March 21<sup>st</sup> 2011**

Final Report: Symposium on Strengthening Mental Health Plans and Services in the Americas:  
Scaling up care for mental and substance use disorders.

---

Document prepared by Dr. Gustavo Mery, edited by Akwatu Khenti, Jaime Sapag and Sireesha Bobbili for the Office of International Health at the Centre for Addictions and Mental Health (CAMH), Toronto, Ontario, Canada.

April 2011.

List of participants:

*Wendel Abel*  
*Kaha Ahmed*  
*Victor Aparicio*  
*Julio Arboleda- Florez*  
*Wendy Austin,*  
*Shoshana Berenzon*  
*Sireesha Bobbili*  
*Yadira Boyd*  
*Carlos Campillo Serrano*  
*Claudina Cayetano*  
*Sonia Chehil*  
*Howard Chodos*  
*Hugo Cohen*  
*Lorena Contreras*  
*Eric Costen*  
*Jean-François Crépault*  
*Jeff D'Hondt*  
*Pablo Diaz*  
*Kate Dickson*  
*Manuel Escalante*  
*Rohan Ganguli*  
*Consuelo García-Andrade*  
*Paula Goering*  
*David S. Goldbloom*  
*Carol Hopkins*  
*Akwatu Khenti*  
*Stanley Kutcher*  
*Marc Laporta*  
*Janine Luce*  
*Tracy Luciani*

*Steve Lurie*  
*Enrique Macher*  
*Gustavo Mery*  
*José Mieses Michel*  
*Maia Miguelez*  
*Maristela Monteiro*  
*Hala Nassar*  
*Guillermina Natera*  
*Sam Noh*  
*Susan Paetkau*  
*Alfredo Pemjean*  
*Marcel Penna*  
*Leslie Ramsammy*  
*Arun Ravindran*  
*Jeff Reading*  
*Jürgen Rehm*  
*Rigoberto Rivera*  
*Jorge Rodriguez*  
*Ana Raquel Santiago de Lima*  
*Jaime Sapag*  
*Wayne Skinner*  
*Gabriel E. Sotelo*  
*Lori Spadorcia*  
*Heather Stuart*  
*Hebert Tenenbaum*  
*John Trainor*  
*Cara Vaccarino*  
*Paul Weitzmann*  
*Catherine Zahn*  
*María Soledad Zuzulich*

## Executive Summary

Partnering with the Pan American Health Organization (PAHO) and International Affairs from the Psychiatry Department at the University of Toronto, the Office of International Health (OIH) at CAMH, organized a symposium that brought together over fifty experts, practitioners, ministry of health officials and academics from eleven countries. The symposium explored ways in which to advance the mental health agenda by developing concrete next steps for the entire region.

The OIH with support from the policy unit at CAMH, organized the two-day **‘Symposium on Strengthening Mental Health Plans and Services in the Americas: Scaling up care for mental health and substance use disorders’** as a logical next step to further develop mental health and substance use strategies, especially among indigenous populations, as well as to increase capacity building initiatives among primary mental health care in the Americas.

This report begins with an overview of the symposium as well as key background events and strategies which led to the symposium. It also summarizes the various activities that took place during the symposium. More importantly, the key findings and main conclusions are presented. Conclusions from the breakout session are identified, where all delegates were divided into four working groups depending on their area of interest. Mental health capacity building in primary health care, substance use capacity building in primary health care, mental health protection in indigenous populations and mental health and substance use disorders in vulnerable populations were identified as key target areas and were the focus of the discussion.

Post-symposium events occurred on the second day, with a summary of the main conclusions from the symposium and a breakout session to discuss the implications and application of the findings. The afternoon program consisted of a meeting between PAHO, a representative of Health Canada and the PAHO/World Health Organization’s (WHO) Collaborating Centres in Mental Health from across Canada, one of which is CAMH. The purpose of this portion of the symposium was to identify and define concrete ways in which to strengthen collaboration among PAHO and the centres. Eight key recommendations resulting from the symposium are summarized in the call to action section. Additionally, Appendix 1 at the end of the report presents the key recommendations in a graphical manner.

One phenomenal result of the meeting was the consensus between PAHO and the PAHO/WHO Collaborating Centres to develop a joint grant proposal focused on mental health, alcohol & substance use disorders in primary health care in Latin America and the Caribbean as next steps. Since the symposium, the proposal has been a priority for the collaborative centres, and they plan to have a final draft by August 2011. The main impetus behind this endeavor is the idea of reciprocal benefits, especially for Canada. Emerging ideas and promising practices in Latin America and the Caribbean can provide insight for working with similar populations within the Canadian context.

## Introduction

On March 21st, 2011, the Centre for Addiction and Mental Health (CAMH) and the Pan American Health Organization (PAHO/WHO), in collaboration with the Department of Psychiatry at the University of Toronto, convened an international symposium aimed at strengthening mental health plans and services in the Americas. The participants represented CAMH and PAHO, PAHO/WHO Collaborating Centers in Mental Health within Canada, Health Canada, ministries of health, national centres for Mental Health / Psychiatry, university programs as well as clinical and academic expertise from 12 countries across the Americas. A range of representatives from Argentina, Belize, Canada, Chile, Dominican Republic, Guyana, Jamaica, Mexico, Panama, Peru as well as Uruguay participated in the **‘Symposium on Strengthening Mental Health Plans and Services in the Americas: Scaling up care for mental health and substance use disorders’**.

A theme that was highlighted throughout the symposium was reciprocity, especially in regards to benefits for both Latin American & Caribbean countries as well as Canada. The PAHO/WHO Canadian collaborating centres have the potential of gleaning a great deal from working in partnership with PAHO, Latin America and the Caribbean. Emerging ideas and promising practices in Latin America and the Caribbean can provide insight for working with similar populations within the Canadian context. In addition, this type of collaboration will provide a systematic approach for developing mental health strategies and offering services across the Americas. As a result, this was the vision with which the symposium was developed and the mindset of all individuals who participated in the event.

The specific purpose and objectives of the meeting were defined as follows:

**Purpose:**

To strengthen mental health and substance use plans and services in Latin America and the Caribbean, with special emphasis on the areas of primary mental health capacity building and mental health protection in indigenous populations.

**Objectives:**

1. To identify and discuss best practices and innovative experiences in the field of mental health and substance use.
2. To identify concrete opportunities of technical cooperation to support the Latin American and the Caribbean countries.
3. To foster collaboration between Canadian institutions, Latin American and Caribbean countries, and PAHO/WHO.

## Background

### 2009: Strategy and Plan of Action on Mental health

In September 2009, PAHO, during its 49<sup>th</sup> Directing Council, outlined its *Strategy and Plan of Action on Mental Health*. PAHO defined principles and values that serve to guide efforts to address mental disorders in the Americas. These included: the identification of *mental health as a key component of a comprehensive health care system, mental health considered within community historical and cultural frameworks, additional protection on mental health matters for vulnerable groups, use of the best available scientific evidence, and collaboration among countries*. This strategy and plan of action, defined for a 10-year period (2010-2019), covers five strategic areas:

1. Development and implementation of national mental health policies, plans, and laws.
2. Promotion of mental health and prevention of psychological disorders, emphasizing the psychosocial development of children.
3. Primary health care-centered mental health services delivery. Determination of priority conditions and implementation of interventions.
4. Human resources development.
5. Strengthen the capacity to produce, assess, and use information on mental health.

### 2010: Strategy on Substance Use and Public Health

In October 2010, the 50<sup>th</sup> Directing Council of PAHO developed a regional *Strategy on Substance Use and Public Health* in order to address the problems associated with the use of psychoactive substances. This document identified substance use as a public health priority and recommended the development and implementation of policies and plans to reduce treatment

gaps, strengthen human resources and partnerships between the public sector and other sectors, including nongovernmental organizations (NGOs), academic institutions, and key social actors. In addition, the Directing Council adopted Resolution CD 50.R2, endorsing the strategy and requesting the Director to prepare a 10-year plan of action for its implementation.

**2010: Workshop of the Mental Health Collaborating and Reference Centers / Canada: “Experience in technical cooperation in Latin America and the Caribbean”**

As part of the PAHO Regional Conference on Mental Health, “Comprehensive Development of Mental Health Programs” held in Panama in October 2010, a special workshop took place among five Canadian PAHO/WHO Collaborating Centres for Mental Health and PAHO in order to explore opportunities for offering continued support to PAHO-led initiatives in addressing the mental health needs of the region.

The objectives of this meeting were (1) to summarize the experiences of the Canadian PAHO/WHO Collaborating Centres for Mental Health while working in cooperation with PAHO, Latin America and the Caribbean and (2) to discuss future projections based on the PAHO Regional *Strategy and Plan of Action on Mental Health*. Each collaborating centre had the opportunity to exchange ideas regarding previous projects in Latin America and the Caribbean, future projections, ideas, proposals, potential projects and donors, as well as recommendations and suggestions to strengthen the role of Collaborating Centres in technical cooperation with Latin America and the Caribbean. In addition, mental health in regards to alcohol / substance use disorders in primary care, mental health and indigenous populations, as well as mental health among children and adolescents were a few of the key areas identified as priority areas for future collaboration in the Region.



## 2010: Panama Consensus

At the Regional Conference on Mental Health mentioned previously, Latin American and Caribbean representatives were brought together, such as mental health workers, national health authorities, human rights organizations, nongovernmental organizations, academic institutions, PAHO / WHO collaborating centres as well as users of mental health services and their family members. Based on the 2009 *Strategy and Plan of Action on Mental Health*, the *Panama Consensus* was developed as a call to action for governments and other national actors to:

1. Promote the implementation of the 2009 *Strategy and Plan of Action on Mental Health*
2. Strengthen the community health care model
3. Protect the human rights of mental health service users, especially the right to live independently and remain a part of the community
4. Identify current and emerging national challenges that require mental health services, especially psychosocial problems in children, adolescents and women, as well as vulnerable populations
5. Increase the allocation of resources to mental health programs and services and ensure the equitable distribution of these resources.

## **2011 Symposium on Strengthening Mental Health Plans and Services in the Americas: Scaling up care for mental and substance use disorders**

The Symposium was conceived as an effort to continue building on the advances enshrined in the previously identified PAHO plans. It particularly sought to consolidate efforts to strengthen primary health care as the main mechanism for addressing mental health and substance use disorders. The opportunity was useful as effective integration of these services has remained a challenge across the region as are the needs of vulnerable populations. This event was also considered an ideal opportunity for sharing visions and strategies on the mental health protection of indigenous populations. The inclusion of various countries in the discussion provided concrete opportunities for greater sharing and the exploration of further collaboration between countries and institutions.

The symposium began with representatives from PAHO -- **Jorge Rodriguez**, Senior Advisor for mental health, **Maristela Monteiro**, Senior Advisor for alcohol and other drugs, **Victor Aparicio**, Mental Health Sub-regional Advisor for Central America, Mexico and Spanish Caribbean and **Hugo Cohen**, Mental Health Sub-regional Advisor for South America -- outlining current strategies and plans of action for mental health, alcohol and substance use as well as capacity building in primary mental health in Latin America and the Caribbean.

**Dr. Catherine Zahn**, CAMH President and CEO, and **Dr. Rohan Ganguli**, CAMH Executive Vice-President, highlighted CAMH's involvement in the field of Canadian mental health as well as the importance of international collaboration in the region. In addition, **Howard Chodos**, Special Advisor for the Mental Health Commission of Canada and **Kate Dickson**,

Senior Policy Advisor for Health Canada, provided a Canadian perspective by summarizing mental health policy in Canada.

Two panel presentations brought together expertise from various countries outlining lessons learned from mental health and substance use capacity building in primary health care in Latin America and the Caribbean. Challenges and opportunities for protecting mental health among indigenous populations were also presented, highlighting the differences and similarities between Canada, Latin America and the Caribbean while identifying potential opportunities for collaboration. In addition, **Dr. Jurgen Rehm**, CAMH Director of the social and epidemiological research department, gave an expert presentation regarding mental health, alcohol and illegal drug policy as well as strengthening integrated care in the Americas.

A breakout session was organized for the afternoon of the first day, dividing all delegates into four working groups depending on their area of interest: (1) mental health capacity building in primary health care (2) substance use capacity building in primary health care (3) mental health and substance use disorders in vulnerable populations and (4) mental health protection in indigenous populations. A plenary session proceeded group work in order to provide time for sharing, questions and potential next steps.

On the day following the Symposium, complementary activities were developed with the purpose of maximizing the opportunities of translating the Symposium's conclusions into concrete initiatives of collaboration among the participant countries. The main objective was as follows: to identify implications and concrete opportunities of application of the symposium's conclusions and recommendations in the process of technical cooperation, particularly, with the

participation of Canadian Collaborating Centres and Institutes and Universities of Latin America and the Caribbean.

The activities on the second day began with a presentation of a summary of the main conclusions of the Symposium. This was followed by a presentation of a preliminary grant proposal idea for mental health and addiction capacity building in primary health care. The presentation was based on ideas originally developed by PAHO and the five Canadian Collaborating Centres during the 2010 PAHO Regional Conference on Mental Health held in Panama.

The attendees also participated in working groups on the second day, which discussed the implications and application of the Symposium's conclusions for the reality of countries in Latin America and the Caribbean. A special focus on opportunities for human resources capacity building in participant countries and feedback for the grant proposal idea were the main issues addressed. It was apparent and well communicated that the participants were concerned about the importance of addressing the priority areas identified in the preliminary proposal, and expressed interest in continuing collaborative efforts to further develop and refine this plan for funding a regional initiative as a concrete next step.

*Please see appendix 2 for full symposium agenda.*

## **2011 Symposium: Main Recommendations from Breakout Sessions**

The main recommendations to action in their corresponding areas of discussion are presented in the next sections. An appendix summarizing the conclusions of the four working groups in Primary Health Care is presented at the end of the document (Appendix 1).

## **1. Mental Health Capacity Building in Primary Health Care**

The discussion of this group focused on aspects related to PAHO's principles of understanding mental health as a component of a comprehensive health care system. Respect for the fundamental human rights of people with mental disorders and the strategic area of human resources development were also discussed. The working group emphasized the collaboration among health providers as an essential component of any practical effort to fulfill this strategic goal. It highlighted the need for well trained professionals in primary mental health. The third main point that emerged within this discussion was the need to enhance the status of working with mental health patients in primary care. This variable was seen to interact dynamically with the previous two elements. Reducing stigma and system integration were the additional crucial elements identified for capacity building in primary health care. The working group's call for action highlighted the following points:

### **Integration**

- Integrating primary health care for mental and physical disorders.
- Integrating with the secondary and tertiary level of care whilst still recognizing primary mental care as the centre of the continuity of care.

### **Effective interdisciplinary teams**

- Promoting the creation of interdisciplinary teams to adequately deliver and support primary mental health services. These interdisciplinary groups should be based on competencies, rather than on specific professional groups.
- Defining the required competencies that these interdisciplinary teams need, in order to effectively deliver quality primary mental health care. For this purpose, it is necessary to create a working group, such as the one promoting these recommendations.

- Increasing the attractiveness of the primary care sector to health professionals, specifically by strengthening career development opportunities.

### **Stigma**

- Establishing strategies and actions aimed at reducing stigma related to mental health disorders.

### **Supporting resources**

- Discussing and applying the recommendations contained in the mhGAP Intervention Guide<sup>1</sup>.

### **Outcome measurement**

- Evaluating programs based on objectives and outcomes, rather than relying exclusively on processes of care.
- Developing accountability mechanisms in mental health care practices.

---

<sup>1</sup> mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings: mental health Gap Action Programme (mhGAP). World Health Organization, 2010.

## 2. Substance Use Capacity Building in Primary Health Care

The discussion of this group focussed on aspects related to PAHO's recommendations for substance use strategies, such as *human resources development, strengthening services within the framework of primary health care-based systems and integrated service delivery networks, and promoting inter-sectoral initiatives to prevent the initiation of substance use*. In consideration of the need for an integrated approach, elements from the strategy on mental health were also part of the discussion. For instance, the group focussed on *strengthening capacity to produce, assess, and use information on mental health*. This working group agreed on the relevance of an integrated approach, adding to the importance of establishing continuity of care. The need to rely on well trained and highly motivated professionals in primary mental health was emphasized in this group's discussions as well. It called for development of instruments to support the work of primary health care teams and the urgent need to generate outcome measurement systems. The working group's call for action highlights the following points:

### **Integration**

- Integrating the management of mental health and substance use disorders so that they can be simultaneously addressed within primary care settings.
- Improving the continuity of care across the system: integrating prevention, screening, primary treatment, secondary treatment, and rehabilitation services.

### **Effective interdisciplinary teams**

- Including mental health and substance use issues (with a focus on primary health care) as priority sections in the curriculum of undergraduate and graduate health care programs in the region.



- Building capacity in primary care continuously so as to sustain the ongoing development of professionals capable of properly addressing the mental health and substance use issues in the population (given the high turnover in the field).
- Generating incentives for primary care teams in order to maximize the improvement in mental health outcomes.

### **Stigma**

- Establishing strategies and actions aimed at reducing stigma related to substance use disorders.

### **Supporting resources**

- Developing instruments and clinical protocols and guidelines, at different levels of care, evidence based, aimed at better addressing complexity in clinical practice.
- Collaborating across countries to disseminate innovative practices.

### **Outcome measurement**

- Developing adequate outcome measurement systems was defined as urgent, with appropriate indicators tailored to the different realities, and linked to performance objectives at the different levels of care.
- Evaluating and following up interventions in mental health and substance use issues, increasing accountability across the system.

### **3. Mental Health and Substance Use Disorders in Vulnerable Populations**

The Pan American strategy on mental health has defined as one of its core principles the *additional protection of mental health matters for vulnerable groups*. The discussion of this working group started with the identification of the most relevant vulnerable populations in the region of the Americas. Some of the groups explicitly identified were: elderly people, people living with disabilities, the prison population, children in poverty, homeless children, homeless adults, pregnant adolescent girls, people with substance use problems, institutionalized individuals, new immigrants (especially those with language limitations), and sex workers. The working group's call for action highlighted the following points:

#### **Integration**

- Designing global, inclusive, flexible models, which are able to provide answers and guide promising practices for the wide variety of vulnerable groups, but also in the diverse context of needs and availability of resources in the countries across the Americas.
- Promoting an integrated approach and the coordination of resources dedicated to managing mental health and substance use problems.
- Working with the families of patients and the general community, integrated to the efforts of the primary health care teams.

#### **Effective interdisciplinary teams**

- Developing the capacity of primary mental health units to deliver specialized mental health and substance use care, suitable to address the particular needs of vulnerable populations.
- Collaborating across countries in the Americas in the development of undergraduate and graduate curriculums in mental health and addictions, avoiding duplication.

**Stigma**

- Promoting initiatives aimed at reducing stigma among health care providers and the general population.
- Developing specific instruments to reduce stigma that target teachers, students and parents.

**Supporting resources**

- Developing instruments for Primary Care in Mental Health and Substance Use, prioritizing screening and self-management topics.
- Using information technologies extensively, to maximize knowledge translation in mental health and substance use management.

**Outcome measurement**

- Developing measurement systems to assess the impact of the currently available and future instruments and strategies.
- Dedicating resources to building capacity for outcome measurement systems in the region.

## 4. Mental Health Protection in Indigenous Populations

In light of the principles of *universality, inclusion, and equity in mental health* that PAHO declared in its strategy for mental health in the Americas, the working group on indigenous populations addressed the need to adapt mental health and substance use strategies to the cultural context of indigenous groups. Fundamental PAHO values highlighted in this discussion included the *respect for human rights, promotion of social participation, and the consideration of mental health within community historical and cultural frameworks*. The working group's call for action highlighted the following points:

- Including the following essential four elements in the concept of mental health in indigenous populations:
  - Spirituality
  - Body language for the expression of emotions
  - Communitarian values
  - Simultaneous interpretation indigenous-traditional of the concept of illness
- Understanding mental health as an integral bio-psychosocial concept, framed within the spirituality, and recognizing cultural competencies.
- Adopting a horizontal perspective, understood as the integration of the approaches of traditional health teams with those from indigenous health teams.
- Considering the following key elements for mental health protection in indigenous populations:
  - Generation of security and confidence.
  - Use of adequate communication and language.
  - Autonomy in addressing own problems, horizontal and collaborative work.

- Respect for human rights.
- Toleration and respect for the way indigenous populations live and understand life.
- Safeguarding existing resources in mental health, and promoting the rational use of them.
- Reducing stigma associated with indigenous people in society and among healthcare providers.
- Dedicating special attention to vulnerable groups within indigenous populations, including groups living in poverty and isolation.

## The 2011 Symposium's Call to Action

The Symposium ended with a call to action. Participants reiterated their support for the realization of the PAHO/WHO strategic plans on mental health and substance use and reflected on how to move this agenda forward. They urged the translation of strategic areas into concrete priorities that countries across the Americas should be encouraged to implement. The participants emphasized their support for a primary health care delivery model centered on mental health services; one that would lead to decentralization and be supported by social participation, as stipulated in PAHO's third strategic area<sup>2</sup>. It was also emphasized that mental health plans should be supported by necessary financial and human resources. As well, resources should be primarily directed to outpatient mental health services linked with the community and primary health care. The working groups also prioritized the development of adequate human resources. **The calls for action concluded with a focus on eight critical areas:**

1. ***System integration*** that promotes a patient-centred care model of addressing physical and mental problems simultaneously in the primary health care setting; with an understanding of substance use disorders as part of the mental health care. Developing a stronger continuity of care thus includes the integration of families and communities in supporting people with mental and/or substance use problems, as well as in promoting mental health and wellbeing.
2. ***Effective interdisciplinary teams***, harnessing the critical competencies of diverse professionals. Continuous education and training of new professionals must be based on these competencies. Ultimately, the status of primary care practice needed to be increased perhaps through improved incentives and collaboration among teams.

---

<sup>2</sup> Strategy and Plan of Action on Mental Health, PAHO, 2009.

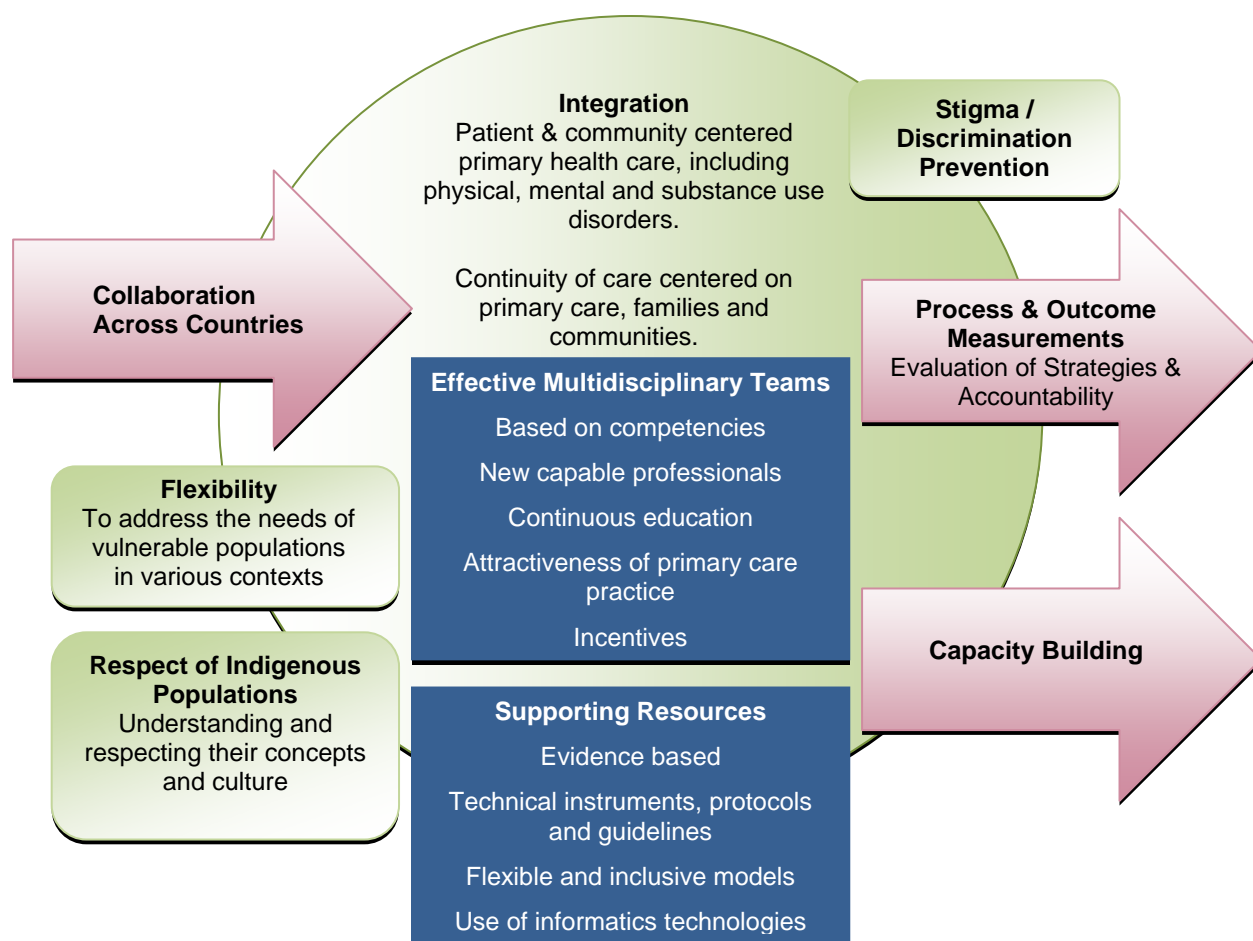
3. ***Supporting resources*** such as protocols and guidelines based on current evidence and supported by informatics technologies are vital. These resources must be flexible, in order to properly support the diverse needs of different cultural contexts, such as different countries, indigenous groups or distinct populations.
4. ***Collaboration across countries*** in the region is critical to improve the mental health situation in the Americas; especially given the limitation of very specific resources.
5. ***Stigma reduction*** should be defined as a priority in the mental health and substance use plans; in particular among indigenous populations and vulnerable groups.
6. ***Flexibility and inclusiveness*** must be assured within the various mental health strategies so as to properly address the diverse needs and cultural context of vulnerable groups.
7. ***Respect for indigenous populations*** regarding how they live and understand life. The way that mental health care and substance use services were defined and delivered needs to incorporate their concepts of mental health, and traditional vision and beliefs about health and health care, in order to be fully effective.
8. ***Outcome measurement*** systems must be developed so that the evaluation of plans and strategies could be carried out and quality improvements made in the services. Enhancing the effectiveness of available resources, and accountability across the different levels of service involved in the protection of mental health, are important for long term success across the Americas.

It should be noted, the preliminary proposal developed by PAHO and the five Canadian Collaborative Centres at the 2010 Regional Conference on Mental Health in Panama was

overwhelmingly supported as a concrete next step for action by Symposium participants. Mental health, alcohol & substance use disorders in primary health care in Latin America and the Caribbean were identified as the key priority areas to be included in the development of the proposal. Following the Symposium, there has been concerted efforts between the PAHO / WHO Canadian Collaborating Centres and PAHO to further refine the proposal for submission to funding agencies.



## Appendix 1: Summary of calls for action in primary care on mental health and substance use disorders



## **Appendix 2: Symposium Agenda**

# **Symposium on Strengthening Mental Health Plans and Services in the Americas**

Scaling up care for mental and substance use disorders

### **Organizers:**

Pan American Health Organization (PAHO)  
Centre for Addiction and Mental Health (CAMH)

**Date:** Monday March 21<sup>st</sup>, 2011

**Location:** TEACH Learning Centre  
Centre for Addiction and Mental Health  
175 College Street, 3rd Floor  
Toronto, Ontario M5T 1P7

### **Purpose:**

- To strengthen Mental Health and Substance Use Plans and Services in Latin America and the Caribbean, with special emphasis on the areas of Primary Mental Health Capacity Building and Mental Health Protection in Indigenous Populations.

### **Participants:**

- It is estimated an attendance of between 40 and 50 people from different countries in the Americas, including experts, practitioners, and representatives of health ministries.

### **Objectives:**

- To identify and discuss best practices and innovative experiences in the field of mental health and substance use.
- To identify concrete opportunities of technical cooperation to support the Latin American and the Caribbean countries.
- To foster collaboration between Canadian institutions, Latin American and Caribbean countries, and PAHO.

### **Final Product:**

- A final report will be generated containing the main conclusions extracted from the discussion groups.

## Symposium Activities:

Time	Activity	Speaker
7:50 – 8:30	Registration	
8:30 – 8:50 am	Welcome and Opening Remarks / Introductions	Rohan Ganguli (CAMH)
8:50 – 9:05 am	<b>PAHO presentation:</b> Mental Health in LA&C: Current situation and perspectives. Strategy and Plan of Action.	Jorge Rodríguez (PAHO)
9:05 – 9:20 am	<b>PAHO presentation:</b> Alcohol and Substance Use in LA&C: Current situation and perspectives. Strategy and Plan of Action.	Maristela Monteiro (PAHO)
9:20 – 9:40 am	<b>Expert presentation:</b> Mental Health Policy in Canada	Howard Chodos (Mental Health Commission of Canada)
9:40 – 11:00 am	<b>PANEL I</b> Primary Mental Health Capacity Building: lessons learned and innovative experiences in LA&C.	Chair: Victor Aparicio (PAHO) Participants: 1. Marcel Penna (Panamá) 2. Claudina Cayetano (Belize) 3. Alfredo Pemjeam (Chile) 4. Hebert Tenenbaum (Uruguay)
11:00 – 11:15 am	Break	
11:15 – 12:35 pm	<b>PANEL II</b> Mental Health Protection in Indigenous Populations: Challenges and Opportunities.	Chair: Jeff Reading (Centre for Aboriginal Health Research U.of Victoria) Participants: 1. Guillermina Natera (México) 2. Rigoberto Rivera (Guatemala) 3. Enrique Macher (Perú) 4. Eric Costen (Health Canada)
12:35 – 12:50 pm	Welcome from Dr. Catherine Zahn, President and CEO, CAMH	
12:50 – 1: 50 pm	Lunch	
1:50 – 2:00 pm	Official Picture & Opening of the Afternoon	Organizer Team (PAHO/CAMH)
2:00 – 2:15 pm	<b>Expert presentation:</b> Mental Health, Alcohol and Illegal Drug Policy: Strengthening Integrated Care in the Americas.	Jürgen Rehm (CAMH)
2:15– 3:35 pm	<b>Breakout Sessions:</b>	
Working group #1	Mental Health Capacity Building in Primary Health Care.	Chair: Hugo Cohen (PAHO) Reporter: Miguel Escalante (Argentina)
Working group #2	Substance Use Capacity Building in Primary Health Care.	Chair: Maristela Monteiro (PAHO) Reporter: Manuel Escalante (Perú)
Working group #3	Mental Health Protection in Indigenous Populations.	Chair: Carol Hopkins (Canada) Reporter: Yadira Boyd (Panamá)
Working group #4	Mental Health and Substance Use Disorders in Vulnerable Populations.	Chair: Paula Goering Reporter: Ana Raquel Santiago de Lima (Brazil)

3:35 – 3:50 pm	Break	
3:50 – 4:45 pm	<b>Plenary Session:</b> Roundtable conclusions.	Chair: David S. Goldbloom (CAMH) Roundtable reporters.
4:45 – 5:00 pm	Closing Remarks	Akwatu Khenti (CAMH)

**Panels:** Opens with a presentation by the chair (15 min), followed by participant presentations (40 min, 10 min each), and closing with discussion and Q&A (25 min).  
Total time: 1 hour and 20 min.

**Breakout Sessions:** Four simultaneous roundtables, each one with 10 to 14 participants, including 1 chair and 1 reporter previously designed. The reporter will be in charge of taking notes and presenting the conclusions to the audience in the plenary session after the roundtables.  
Total time: 1 hour and 45 min.

**Plenary Session:** 5 min chair introduction, followed by 5 min for each roundtable's conclusions, and closing with discussion and Q&A (30 min). Total time 55 min.

English-Spanish simultaneous interpretation will be available for panels and plenary sessions.  
Breakout sessions will have available consecutive interpretation.

## Post-Symposium Program

**Tuesday March 22<sup>nd</sup>, 2011.**

### Specific Objective:

To identify implications and concrete opportunities of application of the symposium's conclusions and recommendations in the process of technical cooperation, particularly, with the participation of Canadian Collaborating Centres, and Institutes and Universities of LA&C.

### Participants:

- It is estimated the participation of 30 people, including representatives from PAHO, governments and academic institutions from the Americas, and Canadian PAHO Collaborative Centres on mental health.

### Post - Symposium Activities:

March 22<sup>nd</sup>, morning activities

Time	Activity	Speaker
8:30 – 8:45 am	Welcome and Post-Symposium Remarks	Organizer Team (PAHO/CAMH)
8:45 – 9:00 am	Summary of the main conclusions of the symposium	Gustavo Mery (CAMH)
9:00 – 9:15 am	Presentation of the initiative of a grant proposal for mental health and addiction capacity building for primary health care in countries of Latin America and the Caribbean.	Jaime Sapag (CAMH)
9:15 – 10:45 am	<b>Breakout Sessions</b>	
	Implications and application of the symposium's conclusions for the reality of countries in LA&C. Special focus in opportunities for human resources capacity building in participant countries and feedback for the grant proposal idea.	<b>4 simultaneous roundtables</b> Co-chairs #1: Stan Kutcher (Canada) & Wendel Abel (Jamaica) Co-chairs #2: Julio Arboleda-Florez (Canada) & Shoshana Berenzon (México) Co-chairs #3: Marc Laporta (Canada) & Maria Soledad Zuzulich (Chile) Co-chairs #4: Wendy Austin (Canada) & Andres Herrera (Nicaragua)
10:45 – 11:00 am	Break	
11:00 – 11:45 pm	<b>Plenary Session:</b> Future perspectives and advances in collaboration between PAHO, Canadian Centres and countries in LA&C.	Chairs: Jorge Rodríguez (PAHO) & Maristela Monteiro (PAHO)
11:15 – 12:00 m	Final Conclusions and Closing Remarks	Akwatu Khenti (CAMH)

Activities will count with consecutive translation for roundtables. Plenary sessions will be delivered with slides translated to Spanish.

## **Other activities outside the general program**

Afternoon, Tuesday March 22, 2011.

### **Meeting among PAHO and Canadian Collaborative Centres on Mental Health**

This activity is a follow up activity of the previous meeting celebrated among PAHO and Canadian Collaborative Centres on Mental Health in October 2010 in Panama City.

#### **Specific Objectives:**

1. To define concrete alternatives to strengthen collaboration among PAHO and the Centres.
2. To work on the presentation of a joint grant proposal.

#### **Participants:**

- PAHO and Canadian Collaborative Centres on Mental Health representatives: McGill University, Quebec; University of Alberta, Alberta; Queen's University, Ontario; Dalhousie University, Nova Scotia, and CAMH, Ontario;

#### **Activities:**

**1:00 pm to 5:00 pm** - Schedule to be jointly defined in advance.