Minutes of the
Regional Conference on Mental Health

Background

25 years ago, during the Regional Conference of the Pan American Health Organization held in Caracas, the countries of the Americas started a reform of mental health care services on behalf of the dignity and rights of people. The document approved at this conference, better known as the Caracas Declaration, has become a technical and ethical reference that has guided plans and actions of the Region within the last years. Since then, many countries have been advancing. However, the majority still has not achieved the goals, due to ongoing social, political and economic changes that impact the context in which reform processes are developing in these countries of the Americas. During the last decade, new exigencies and obligations based on human rights of people with disabilities were developed and, in turn determined the mission of each state and their society. These new missions led to technical exigencies and new normative standards for the development of practices concordant with human rights that translate into their everyday lives.

Recently and in accordance with the States, both the World Health Organization and the Pan American Health Organization developed Mental Health Action Plans for the present decade. In our region these plans represent a continuation of the reform composed in Caracas. During the conference we assembled with the intent to review the achievements thus far, determine remaining steps, anticipate challenges and establish commitments that we as countries and as a Region will take on in order to accomplish objectives of the Mental Health Action Plan for the following decade.

Objectives of the conference

To share progress and challenges in implementing the objectives presented in the Caracas Declaration, based on experiences of countries in the Region.

To discuss and analyze experiences in implementing PAHO's Regional Plan of Action on Mental Health 2015-2020 and WHO's Comprehensive Mental Health Action Plan 2013-2020.

Organizers

Mental Health Department, Public Health Sub Secretary, Ministry of Health of Chile.

Mental Health Unit, Assistance networks Sub Secretary, Ministry of Health of Chile.

Mental Health and Substance Use Unit, Pan American Health Organization.

Agenda

The agenda of the conference can be found in Annex A.

Participants

The Regional Conference on Mental Health was hosted by the Government of Chile in collaboration with the Pan American Health Organization/World Health Organization (PAHO / WHO) and had the participation of over 200 people representing governments at the ministerial and technical levels; delegates of associations and organizations of users of mental health services; and representatives of the World Health Organization and the Pan American Health Organization. In total 29 countries participated in the conference. The participants included representatives from Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Lucia, St. Vincent, Suriname, Trinidad and Tobago, Uruguay and the United States of America. The complete list of country representatives and participants can be found in Annex B.

Day 1 – Session 1

Mental health: a global perspective,

Dr. Shekar Saxena, Director, Mental Health and Substance Abuse Department, WHO.

Dr. Shekhar Saxena recalled the Caracas Declaration and the importance of supporting the restructuring of psychiatric care in order to assure its successful development for the benefit of the populations in the Region. He highlighted the magnitude of the burden and impact of mental health and substance use disorders. The burden and impacts on individual, societal and economic levels are large and widespread. For example, based on GBD 2013 an increase in absolute burden of mental disorders and substance abuse, as well as neurological conditions can be observed. In terms of economic burden, cost of illness (health care + lost productivity), value of lost output (reduced economic growth) and value of statistical life (monetary cost of lost lives) are being predicted to increase enormously between 2010 and 2030. Further, Dr. Saxena highlighted the importance of human rights and introduced dignity, a term which refers to the inherent value and worth of all human beings irrespective of socioeconomic status, nationality, race and gender, physical or mental state, as the theme of World Mental Health Day (WMHD) 2015. Thereupon, visions, objectives and targets of the Mental Health Action Plan 2013-2020 were addressed and data of WHO's Mental Health ATLAS 2014 presented. For example, it was reported that, although two-thirds of the WHO Member States have a stand-alone policy on mental health, implementation is typically partial and in many cases does not conform to international human rights.

Challenges and improvements in global mental health were addressed and more specifically, the top five challenges were presented: 1) integrating screening and core service packages in primary health care, 2) reducing the cost and improving the supply of medications, 3) providing effective and affordable community based care, 4) improving children's access to care, and 5) strengthening the mental health component in training of health personnel. In addition, the mhGAP Intervention Guide, a guide for non-specialized staff in low resource settings that includes pharmacological and psychosocial interventions and is available in 20 languages, is now used in 90 countries. The presentation was closed with addressing the questions: “Is mental health a component of socio-economic development?” and “Will including mental health in sustainable development goals result in increased investment?”

Advances in mental health in the Region, 25 years after Caracas.

Dr. Dévora Kestel, Chief, Mental Health and Substance Use Unit, PAHO.

Dévora Kestel gave an overview of the current mental health situation in the Region of the Americas based on data that was collected within the Mental Health Atlas 2014, and using as a reference commitments taken in 1990, in the Caracas Declaration.

Although not all countries responded to all questions, 96% of our Regional population participated at least partially in the questionnaire. Just to mention some of the results: in terms of mental health system and governance 81% of the countries have a stand-alone policy or plan. Of all the countries that reported data, 52% have a stand-alone law for mental health but only 34% of all the countries have a stand-alone legislation that is also partially or fully implemented and has a satisfactory compliance with human rights standards. In terms of financial resources, the mental health annual spending was about US$ 6.96 per capita (Median) with a range that goes from $1 to $273. A large part of these funds go to inpatient care (75%), especially to mental hospitals (73% of the total funds). In our Region, the median number of mental health workers is 21 per 100,000 population and the median number of mental hospital beds is 6.5 per 100,000 population. In terms of promotion and prevention programmes, 37% of our countries have at least two functioning mental health promotion and prevention programmes. Out of almost 60 functional mental health promotion and prevention programmes that were reported, over the half (59%) were aimed at improving mental health literacy or combating stigma and discrimination.

In summary, available data indicates that the Region has advanced in many areas over this last 25 years. However, there are several relevant issues that require significant efforts from countries.

Advances in mental health in Chile, 25 years after Caracas.

Dr. Mauricio Gómez, Chief, Mental Health Department, Public Health Sub Secretary and Dr. Rafael Sepúlveda, Chief, Mental Health Unit; Assistance Networks Sub Secretary.

Dr. Mauricio Gómez and Dr. Rafael Sepúlveda gave an overview of the mental health situation in Chile. They reported advances occurring since 1990 when Chile reestablished its democracy and PAHO countries of the Region wrote and signed the Caracas Declaration. After two successive National Plans of Mental Health, there has been a decrease in psychiatric hospital services for long stay patients associated with the implementation of

about 200 group houses for more than 1700 persons with mental disabilities. There has been an increase of psychiatric wards for acute cases in general hospitals, which today outnumber beds of this kind in psychiatric hospitals. Further, ambulatory specialized mental health services in community mental health centers and general hospitals have increased along the country. Most important, there has been a widespread inclusion of mental health in primary health care services, which today resolves about 80% of the mental health demand in its level of complexity. They also discussed important gaps that need to be addressed in the near future, such as providing better support to the de-institutionalization process, reducing the gap in community services, improving financial and human resources in mental health and developing an intersectoral approach in promotional, preventive and inclusive topics in mental health. These needs merit the already begun actualization of the National Plan of Mental Health and the decision for implementing a Mental Health Law.

Roundtable: *Reflections on 25 years after Caracas: What has prevented us from advancing more? How do we move forward?*

The partnership between human rights movements and mental health care reform. Strategies to overcome human rights violations of commission and omission.

Dr. Itzhak Levav, Advisor, PAHO-WHO.

Dr. Itzhak Levav asserted that collaboration between mental health care reform and human rights is essential. He further stated that traditional psychiatric services hinder the goals outlined by the Caracas Declaration. Specifically these older mental health practices increase social isolation and infringe on the human and civil rights of persons with a psychiatric disorder. In contrast to the traditional model of care, the Declaration represented a push toward a new model of care that is decentralized, participatory, integrated, continuous and preventive. Moreover, those outdated services control the majority of financial and human resources of the mental health services required for community-based care, and provide an insufficiently linked education geared to serve the mental health needs of the populations at all levels of prevention, and mental health promotion. The role of legislations in the process of reform is essential. They should ensure respect for human and civil rights of the persons with mental disabilities and of their families and promote community-based mental health services. The presenter concluded that only a solid alliance of all involved stakeholders,

firmly committed to the promotion of humane and scientifically based care can achieve the reform that the population requires.

Mental health in Primary health care: Learning from our mistakes,

Dr. Alberto Minoletti, School of Public Health, University of Chile.

Dr. Minoletti presented advances in the integration of mental health into primary health care and concluded that 25 years after the Declaration of Caracas the level of integration remains low. There have been some advances: numerous technical papers and adoptions of good intentions were assembled by PAHO/WHO, most countries in the Region have national policies and plans that include enforcing the integration of mental health into primary care and growing evidence of the effectiveness, efficiency and user satisfaction of treatment of mental disorders in primary care.

Dr. Minoletti highlighted different barriers, assumed to be responsible for poor integration. For example, primary care teams often lack the resources needed to address mental health problems, such as training, simple or clear clinical guidelines and policies, and budget for integration. Teams may also lack sufficient human resources due to the burden of treating physical health conditions. Lastly, primary care workers may be resistant to serving people with mental disorders.

He summarized that we must recognize the complexity of integrating mental health into primary health care and considers broader investment in strategies that target primary care services, such as trainings, coordination, community participation, and governance.

Human rights of persons with mental disorders and the incorporation of users and family members.

Liliana Cabrera, Red FUV President, Argentina.

Liliana Cabrera presented the Argentinian Social Organization RED FUV. The organization's aims are to change the public attitude toward mental health and mental illness (reduce stigma and discrimination), to create human resources (users, relatives, health workers, community leaders, volunteers, community companions, etc.), to support families (involve family as a therapeutic resource from the beginning) and to influence the development of mental health public policy. It was summarized that the organization works in order to train health professionals in community based services, which promotes the active engagement of society and rebuilds networks and productive integration. Still, there is a need for exchange and

dialogue that are accompanied by concrete practices and higher participation. As an organization they conclude that increasing accessibility and integrating mental health into general hospitals is essential. It was stated the following services need improvements: admission, urgent care, treatment and rehabilitation, and home visits. Furthermore, participation of families and users and continuity of treatment needs to be incorporated into health services. In general, there is a demand for inclusion of mental health as part of overall health and for interdisciplinary participation across sectors.

Roundtable: *Confronting threats and obstacles. How do we protect our achievements?*

Dr. Alfredo Pemjean Gallardo, Medical School Diego Portales University, Chile.

Dr. Pemjean Gallardo gave an overview of the obstacles that emerge in the restructuring of mental health services. Obstacles can be divided in external and internal obstacles. External obstacles include insufficient resources, issues related to power and training, and social, political and cultural determinants, such as poverty, corruption and drain of professionals. Internal obstacles include inexperience or poor health skills, public management, economics or insufficient mutual understanding of experiences, dialogue and complementarity.
Both types of obstacles can be observed within the deinstitutionalization process in our Region.
Furthermore, the presenter pointed out that a few practices are still accepted in any country of our Region. These include, lack of integration of mental health into primary health care, failure to apply tools to protect the human rights of people with mental illnesses, and rehabilitation policies that do not include psychosocial components.

Dr. Victor Aparicio, Advisor, PAHO.

Dr. Victor Aparicio emphasized the relatively low priority that is given to mental health in the public health agenda. Consequently, mental health is facing a shortage of funding, a lack of health workers trained in mental health care and a lack of public health perspectives among many mental health experts. Moreover the complexity of deinstitutionalization and decentralization of mental health services often generates a resistance to these processes. In order to overcome these obstacles the presenter recommended the implementation of specific

actions, such as an analysis of the current situation (WHO AIMS), trainings (mhGAP Intervention Guide), management courses (for strengthening leadership) and the decentralization of resources.

Dr. Pedro Delgado, Federal University of Rio de Janeiro, Brazil.

Dr. Delgado presented advances and obstacles that are being observed in Brazil. To illustrate the advances thus far, he described the expansion of psychosocial care centers since 2002, as well as the success of family health teams in primary care and their progresses from 1998 until 2009. These advances have improved knowledge of mental health through the integration of mental health education in Medicine, Psychology and Nursing, as well as the involvement of users and families in the training and research processes.

Progress is being sustained by de-institutionalization and greater emphasis on community and primary health care services.

Still, challenges like intersectoral cooperation, joint working models of primary health care and community service and the context of violence have to be addressed in the future.

Day 2 – Session 2

Challenges from the Regional Plan on Mental Health 2015-2020,

Dr. Dévora Kestel, Chief, Mental Health and Substance Use Unit, PAHO.

Dr. Dévora Kestel concentrated on the Regional Mental Health Action Plan and the way forward. The presentation contained an overview of the plan along with its objectives and indicators. Data from the Mental Health Atlas illustrated the current state of our Region, highlighting advances and challenges toward achieving the targets set in the Action Plan. The data indicates clear progress toward some of the objectives and, on the other hand, a great need for improvement in the progress toward others. For example, the objective for legislation consistent with human rights demonstrates significant improvement. According to available data, the 2013 baseline was 8 countries having national mental health laws consistent with international human rights instruments. In 2015 this number increased to16 countries. Thus, the Region has almost achieved the target for 2020 (18 countries). In contrast, there was a decrease in outpatient facilities reported. According to the data, in 2013, there were 19 countries that reported having a rate of people seen in outpatient mental health

facilities above the regional average. By comparison, in 2015, only nine countries did so (the target to reach by 2020 is 30 countries). The main challenges ahead include restructuring existing services as expected; integrating mental health at primary care level; increasing outpatient services; and reducing the number of beds in mental institutions. In summary, there are still obstacles that have to be addressed in order to reach the targets by 2020.

Roundtable: *Challenges and issues related to mental health in the Region*

Epilepsy and mental health,

Dr. Jorge Rodriguez, Consultant, PAHO.

Dr. Jorge Rodriguez dedicated his presentation to the current situation and perspectives on epilepsy in Latin America and the Caribbean. Although several experiences have demonstrated the viability and success of numerous strategies and interventions, there are still major challenges facing the treatment of epilepsy in the field. For example, the treatment gap is between 50-70%. Thus, it is important to identify factors that can be addressed in order to effectively reduce the gap, such as improvement of early diagnosis and appropriate management of epilepsy cases, including ensuring basic drugs at the primary level. Prevention, including the improvement of perinatal care and the reduction of infections of the central nervous system, is an essential line of action.

Original populations and migration,

Irma Rojas, Ministry of Health, Chile.

Irma Rojas dedicated her presentation to the integration of intercultural aspects into health care. An intercultural approach to mental health care requires knowledge and consideration of multiple aspects of the patient, health condition, and cultural context. An understanding of the biological aspects of health conditions should be integrated into the historical, socioeconomic and cultural context. For example, it is important to understand how different populations conceptualize health and the disease process, as well as their traditional therapies. Mental health care should also take into account the knowledge and beliefs about health conditions on individual, familial and community levels. Furthermore, mental health care should acknowledge the personal and social meaning attributed to the disease process and an individual's expectations for health care. Since many indigenous groups do not have a conceptualization of mental health, an alternative, intercultural definition of mental health

was presented. This definition included important aspects such as the human being, community, environment and divinity. There is a need for implementing strategies that support the development of indigenous communities by strengthening their cultural identity, increasing their degree of internal social cohesion with the rest of their national community and preserving the ancestral wisdom of their way of life and traditional medicine.

Emergencies and disasters,

Dr. Claudina Cayetano, Regional Advisor, Mental Health and Substance Use Unit, PAHO.

Dr. Claudina Cayetano outlined the importance of mental health and psychosocial support within the context of humanitarian emergencies, stating that the increased frequency of disasters in our region presents serious challenges to public health and other sectors. Guidelines, Preparedness and Response Plans in mental health and psychosocial support must be part of every national disaster plan. Further, it is important that mental health services are ensured before, during and after a disaster in order reduce the risk of psychosocial health consequences. It is essential to ensure that community workers, volunteers and workers in (primary care) health services offer psychological first aid to seriously distressed people who have been exposed to extreme stress factors. Technical papers on the subject published by PAHO/WHO were included in the presentation.

Alcohol Use Disorders,

Dr. Maristela Monteiro, Senior Advisor in Alcohol and Substance Abuse, PAHO.

Maristela Monteiro gave on overview of the current situation on alcohol, health and policies in our Region. It was reported that alcohol consumption in the Americas is on average higher than in the rest of the world and causes extensive health, social and economic harms. For example, in the Americas in 2013, alcohol was the leading risk factor for years of healthy life lost (DALYS) among people aged between 15 and 49. Alcohol use disorders are the second most common mental health condition and the main reason for seeking treatment for any substance use disorder. The prevalence of alcohol use disorders among women in the Region are the highest in the world as well, while there are still significant treatment gaps and lack of services in primary health care. In terms of recommendation for national policies and actions, restriction on availability, marketing and increase in taxes are considered to be cost-effective and should be prioritized by countries in order to reduce the harms of alcohol. Examples for

problematic alcohol marketing in the Region were presented and virtual tools and technical documents published by PAHO/WHO were provided.

Drug use with a public health approach,

Dr. Luis Alfonzo, Advisor, PAHO.

Luis Alfonzo stressed that the use of drugs remains a problem and threat not only to public health, but also to the safety and welfare of humanity. It is essential to reduce the adverse consequences of psychoactive substances by integrating approaches and actors, focusing on the needs, communicating effectively, strengthening resources and evaluating them. In terms of public health strategies, national plans for control of substance abuse and regulations on availability and access are recommended. Interventions should be person-centered, rather than focused on the substance and should be integrated into a wide range of services. It is the responsibility of the public health sector to integrate substance abuse treatment into public health care services, including the strengthening of primary and community-based care, prioritized access for vulnerable populations and the use of evidence-based protocols. The public health sector also has legislative responsibilities, such as the development of a political, programmatic and law-giving framework and the protection of human rights.

Parallel Sessions: Roundtables *Mental health challenges in the Region*

Session 2A: *Legislation, human rights, and participation*

Javier Vasquez, Advisor, PAHO.

Javier Vasquez dedicated his presentation to human rights and mental health. Both, in the Caracas Declaration as well as in the Plan of Action a great importance was placed on phrasing and implementing mental health laws and legislations in accordance with international human rights. In terms of the realization of human rights, different lessons have been learned in the last years. Among these lessons learned were the importance of “always involving and listening to [mental health care] users” and the importance of ongoing dialogues with new actors such as judges, legislators, police, prison staff and the council of defense. Further recommendations include the implementation of mental health legislation for national parliaments and the reformation of restrictive laws that affect human rights in the following areas: mental health, sexual health, reproductive rights and legal capacity of

persons with disabilities. Additional approaches such as strengthening human rights defenders and providing technical training tools on human rights are also recommended. The human rights instruments of the United Nations and Inter-American Systems are useful for the progress of the Member States towards the achievement of the Millennium Development Goals (MDGs), especially those related to eradicating extreme poverty and hunger (MDG 1), reducing child mortality (MDG 4), improving maternal health (MDG 5) and combating HIV/AIDS, malaria and other diseases (MDG 6).

Cristian Treviño, National Council of Mental Health, Mexico.

Cristian Treviño presented a specific plan for mental health from Mexico. The plan contains strategies for ambulatory care, hospitalization, rehabilitation and social reintegration in mental health. One example of an ambulatory service is the concept of health centers which seeks to respond efficiently to the demographic and epidemiological needs for mental health in the community and improve the quality of life. This mainly includes three lines of action: promoting mental health, preventing mental disorders, early detection, treatment and/or control, reference and counter reference. The hospitalization strategy promotes psychiatric wards in general hospitals which provide short term medical care to people with mental disorders. This approach is preferred over psychiatric hospitals in which users have longer hospital stays and the architectural and organizational structure result in an asylum model of care and diminish the user's autonomy and independence. Psychosocial rehabilitation aims to provide care to people with difficulties associated with a severe mental disorder by using their skills in the best possible social context. Further, a social reintegration to the community through community based approaches is intended.

Raul Barroso, Association of users and family members of people with mental disorders, Panamá.

Raul Barroso informed that although there are laws in Panama on the rights of persons with disabilities, there is no specific law for mental disabilities. Since the Caracas Declaration human rights have been seen, heard, or accepted with good results in the professional community, but so far not in the civil society. Thus, participation and actions are important and necessary. ANFAPEEM Panama, as an association of users and families, together with the support of communities, focuses on achieving professional labor workshops for adults.

The rationale is that not yet recovered users would benefit from participation in the labor market through increased their self-esteem, economic independence and dignity.

Session 2B: *Primary health care and specialized ambulatory services.*

Dr. Rafael Sepúlveda, Chief, Mental Health Unit, Ministry of health of Chile.

Dr. Sepúlveda addressed the importance of restructuring mental health care by replacing the asylum model of psychiatric hospitals with a community mental health care model by developing new resources. These resources should be coherent in a regionalized network, thus providing comprehensive care. This alternative model also ensures continuity of care and promotes access to relevant services for persons with mental illness. Therefore a community mental health care model strives toward the objectives of maximizing autonomy and better development of one's life projects. This indicates a transition from collaboration (the act of working with another or others in a joint) to integration (the combination and coordination of parts into a unified whole). A recent study of the University of Chile was presented that aimed to examine the impact of psychiatric consultation in primary health care. Results suggested that around one third of primary health care community centers met the optimal consulting criteria and those communities had 30% lower rates of hospital admissions for psychiatric causes and all specific causes except for depression. Thus, the barrier of transforming empirical evidence into practices should be addressed and changed.

Dr. Elizabeth Lopez, Deputy Director of SAMHSA, Center of Mental Health and Substance Abuse Services, USA.

Dr. Lopez emphasized that mental health recovery must include physical health and wellness, as mental and physical health together represents overall health. Further, health depends on comprehensive, collaborative, and integrative care across the entire health care spectrum. Among people with mental disorders a higher rate of death from preventable or treatable illnesses (smoking, obesity, metabolic disorders) and unnatural death (suicide, injuries from violence) can be found. The presented primary and behavioral health care integration program aims to improve the physical health status of adults with serious mental illnesses by supporting communities in the coordination and integration of primary care services into community-based behavioral health settings. It is important to promote the development of integrated primary and mental health services to better address the needs of individuals with mental health and substance use conditions. This includes conducting

systematic assessments of needs, improving performance and continuing with quality improvement, investing in strategies that facilitate consumer access, providing ongoing education and training as well as building partnerships with community, state, and federal organizations.

Dr. Roberto Tykanori, Coordinator of the technical area of Mental Health, Alcohol and other Drugs.

Dr Roberto Tykanori presented on the mental health reform in Brazil.

Session 2C: *Hospital-based mental health services*

Dr. Angel Almanzar, General Director of Mental Health, Ministry of Public Health, Republica Dominicana.

Dr. Angel Almanzar presented the strategy for expanding mental health coverage in the Dominican Republic. The overall objective of the strategy is to reduce the treatment gap for people with mental illness by strengthening the primary level of health care and increasing coverage in general hospitals. Specific objectives involve: creating and remodeling Crisis Intervention Units (UIC), providing beds for mental health patients in general hospitals with psychiatric consultation, converting the psychiatric Mental Health Center Padre Billini into a residence for people with chronic disease who lack family support or have been abandoned, and creating and strengthening community based mental health centers. Keystones for this development include: providing human resource trainings with a focus on community mental health in order to provide services and guarantee human rights of the users, and developing a monitoring and evaluation system for producing and collecting data. The mental health service situation in June 2015 was as follows: one bed for every 100,000 habitants, concentrated in the Area of Greater Santo Domingo, 64 beds with an average stay of 6 to 8 days, 115 beds with an average stay of 30 months and 70% of the beds located in psychiatric hospital. The expected result for August 2016 are as follows: an increase of no less than 2.5% of the number of beds per 100,000 habitants, which results in no less than 250 beds distributed to the Crisis Intervention Units (134 beds) and the general and municipal hospitals (not less than 116 beds). In order to reduce the concentration of mental health patients at higher levels of health services, Angel Almanzar recommended improving the referral system between different levels of health care. A valuable resource in the implementation of this

strategy is the mhGAP, which is designed to train non-specialized primary health care workers in the detection and management of major mental disorders.

Dr. Ricardo Goti, Coordinator of the National Mental Health Program.

Dr. Goti presented on the topic of mental health services in general hospitals. The adoption of psychiatric wards in general hospitals, as opposed to psychiatric hospitals, decreases stigma and maintains a connection with the community. It also reduces the gap between mental health care and general health care and decentralizes services. Criteria, such as human rights and prevention of risk factors underpin the need for mental health units in general hospitals. Necessary resources include collaborative, interdisciplinary teams consisting of psychiatrists, nurses, psychologists, social workers and occupational therapists, as well as approved drugs for pharmacological treatment. The experience of a psychiatric ward in a general hospital in the West Panama region in the Republic of Panama was briefly presented.

Freddy Azanza Villacis, Analyst of the Disability Zone, Ministry of Public Health of Ecuador.

Freddy Azanza Villacis presented operational guidelines for mental health care units in general hospitals. The aim of the guidelines is to provide mental health care in hospitals for emergencies that require short stay hospitalization and specialized care in the Ministry of Public Health. The internal organization of hospital services include: ambulatory care, urgency and emergency care, hospitalization and monitoring link. Urgency and emergency care is necessary in order to reduce crisis and acute episodes and to evaluate the current need for hospitalization. A Hospitalization is usually short term (maximum 15 days) and aims to evaluate biological, psychological and social components. Ambulatory Care is a specific resource to avoid hospitalization and to refer patients to other health services, providing care at individual and group levels, such as interventions with the user's family and pharmacological treatment. On the Monitoring, specialized mental health professionals support and advise primary care professionals in order to facilitate the treatment of mental health disorders and to promote better coordination of comprehensive care within the mental health network.

Session 2D: *Child and adolescent mental health*

Lucia Murillo, Autism Speaks, USA.

Lucia Murillo dedicated her presentation to a Parent Skills Training (PST) program for parents and caregivers of children with developmental disorders in low-resource settings. Facing a high global treatment gap of about 90%, the program aims to support the development of children with developmental disorders or delays, by improving their participation in the home and community and supporting the well-being of families. Specifically, the program utilizes non-specialized personnel to provide training parents and family members on evidence-based, parent-mediated intervention strategies for responding to their child's needs. The PST program is being developed by the World Health Organization in collaboration with Autism Speaks and will soon begin field trials. Once finalized, it will be freely offered to the international community with the ability to adapt it for cultural appropriateness and feasibility in low-resource settings. It was concluded that, while there is always a need for highly trained specialists, interventions that can be administered by non-specialists are essential tools for reducing the treatment gap around the globe.

Dr. Maureen Irons Morgan, Ministry of health of Jamaica.

Dr. Irons Morgan presented achievements on Child and Adolescent Mental Health that were reached in Jamaica in the last years. In terms of governance and leadership, a draft of a National Policy and Strategic Plan for Mental Health and a Mental Health Law in accordance with international human rights instruments has been developed. Further, a Director position of Child and Adolescent Mental Health in the Ministry of Health was achieved. In terms of community based mental health services the number of Child Guidance Clinics was increased, programmes for "most vulnerable" groups were introduced (for example: SMILES Mobile Mental Health team), crisis interventions in order to decrease suicidal behaviour among youth in state care. Children and adolescents are not admitted to the mental hospital.

Promotion and prevention efforts strive to promote mental health and prevent mental illness, as well as suicide. Strategies included the launch of a Child and Adolescent Mental Health Day and ongoing collaborations with media and the Ministry of Education. Further, the information systems and research information systems are being strengthened through collaborations with PAHO. Data management is being improved through the use of mobile electronic devices. Nevertheless, certain challenges and treatment gaps still persist. For

example, poor infrastructure and inadequate staff result in issues such as long appointments. There is also a need for general hospitals to have designated mental health beds, with priority given to the "most vulnerable populations." In addition, more services targeting children and adolescent mental health are needed. These may include services for children and adolescents in crisis and school-based promotion and prevention initiatives.

Dr. Yuri Cutipé, Executive Director of the mental health Directory, Peru.

Dr. Cutipé gave an overview of children and adolescent mental health situation in Peru. For instance, in Peru, neuropsychiatric disorders are the second highest risk factor for years of healthy life lost. In addition, a program on health care of child and adolescent maltreatment (MAMIS) was presented. The program consists of six modules: 1) Integrated Care (both the victim and his family), 2) Multidisciplinary Care (medical care and social support), 3) Teamwork (to synergistically coordinate actions), 4) Training and ongoing training, 5) Intervention by levels of complexity and 6) An integrated network of complementary and intersectoral services.

Session 2E: *Suicide prevention*

Guillermina Natera Rey, Director of Epidemiological and Psychosocial Research, National Institute of Psychiatry Ramón de la Fuente Muñiz, Mexico.

Guillermina Natera Rey gave an overview of the current situation on suicide in Mexico. The presentation highlighted challenges such as stigmatization, treatment gaps and inequity in availability of mental health services, as well as risk factors such as substance use/dependency. Suicide rates should be addressed, not only through the reduction of risk factors, but also through the strengthening of protective factors. The presenter recommended guidelines for suicide prevention that include surveillance, identification of risk and protection factors, development and evaluation of interventions and implementation of policies and legislations. As suicide is a complex matter in which multiple factors (societal, community, relationships and individual) are involved, governments must assume a leadership role and start with multi-sectoral collaborations. It is important to address suicide through multiple levels of intervention, including training for health care workers, early

identification and treatment, reduction of means for carrying out suicide, integrated care and community-based monitoring and support.

Mosa Hutson, Ministry of Health, Guyana.

Mosa Hutson presented a program aimed at reducing suicide rates in Guyana. Specifically, the program is intended to reduce suicide mortality (by 50%), attempted suicide and morbidity or disability from attempted suicide, across the lifespan. Program strategies include reducing the availability, accessibility and attractiveness of the means to suicide (e.g. pesticides, firearms), developing effective, multidisciplinary interventions that aim to prevent suicidal behavior and implementing new initiatives to help those affected by suicide. Additional strategies such as, promoting healthy lifestyles, implementing culturally-sensitive approaches, promoting the use of mental health services and improving the quality of an integrated data collection system were also mentioned. Special attention is drawn to identified risk groups including: Indo-Guyanese males, people suffering from depression, specific occupational groups (farmers and agricultural workers), people who are especially vulnerable due to social and economic circumstances or the misuse of drugs or alcohol, children and the elderly, survivors of abuse or violence and people living with long-term physical illnesses.

Dr. Allan Rimola, Ministry of Health, Costa Rica.

Dr. Rimola presented a prevention and promotion program of protective factors for suicide that was implemented in 2013 in Costa Rica. The program aims to reduce the number of people engaging in suicidal behavior. One of its major goals is to generate and utilize an official database for the country. This strategy will enable the development of actions that strengthen protective factors and reduce risk factors for suicidal behavior. Additional program strategies include: information monitoring systems of suicide attempts and completed suicide and integral care and research. Costa Rica’s achievements during the past years were: the implementation of mandatory reporting of all suicides and suicide attempts and progress toward a national strategy for prevention of suicide and suicide attempts. Furthermore, by 2018, the country expects a 40% decrease from the 2013 baseline in suicide attempts. Thus far, there was a 16.36% decrease in suicides between 2013 and 2014.This is the first significant decline in the country since the implementation of the actions described above.

Session 2F: *Registry and research systems*

Dr. Robert Kohn, Department of Psychiatry and Human Behavior, Brown University, USA.

Dr. Kohn gave an overview of epidemiological research in our Region. Prevalence data for mental disorders by country was provided. He also discussed expanding research on special populations such as children, indigenous people, natural disasters, and suicide. Moreover, he presented the current estimated treatment gap in our Region. In the Americas, the median rate for mental disorders is 17% among adults and 19% among children and adolescents. Approximately one fourth of mental disorder cases are considered severe. The treatment gap remains high: over 56% for anxiety disorders, 66% for affective disorders, and 70% for substance use disorders. For schizophrenia the treatment gap is over 38% for high income countries in the Region whereas it is 65% for low and middle income countries. Across mental disorders, the highest treatment gaps are found among children and indigenous people from Latin America. Furthermore, an overview of the burden of disease in our Region indicated that neurological, mental health and behavioral disorders account for 16% of all disability-adjusted life years and 33% of all years lived with disability. Stigma remains a major barrier to care in the Americas.

Dr. Pedro Zitko, Advisor, Ministry of Health of Chile.

Dr. Zitko dedicated his presentation to strengthening information systems, scientific evidence, and research in our Region. Some countries have already established a set of prioritized knowledge gaps in order to align research with the needs of decision-making in public mental health. Due to the complexity of health systems and the specificity of each context, local priorities on research of each country should be preferred. Further, a minimum of a data set for information systems on routine reporting is recommended in order to encourage decision making in public health. It was also concluded, that the problem is not the generalizability of effects, but the transferability of knowledge that supports the community model in different contexts.

Ashvini Nath, Mental Health Information Officer.

Ashvini Nath presented the current research situation in Trinidad and Tobago. Currently, desktop type research and data is collected (not systematically) and analyzed from existing

sources. Further, there is an existing policy on data collection. The development of health information systems for all disciplines (including mental health) has been identified as one main goal. A newly developed model for electronic coding of diseases was presented. This model allows for patient registration, clinic scheduling, ward and bed management, pharmacy system management and coding of diagnoses/procedures for reporting of diseases. Although data is now available on a regional level, it is not being systematically collected at a national level. Another challenge mentioned was the paper based record keeping. In terms of future expectations and action, a goal mentioned is maintaining a registry of mental health practitioners and developing a broad set of core mental health indicators. Further, mental health data should be collected by the public health observatory and mental health research is being explored through partnerships with local universities.

Day 3 - Session 3

Roundtable: Lessons from the 2015 Regional Conference – Achievements and challenges: 25 years after the Declaration of Caracas

Samantha Bailey, Senior Nursing Officer, Saint Vincent and the Granadines.

Samantha Bailey gave a short overview of the mental health situation in St. Vincent and the Grenadines followed by presenting the strategic objectives of the country. Those objectives include transitioning from a psychiatric custodial model of care to a therapeutic and rehabilitative model and improving functions and quality life of persons with mental disorders. A couple strategies in pursuing these goals include increasing human and material resources and piloting a new system of management for the psychiatric hospital. A number of achievements were mentioned. For example, general capacity building among primary health care nurses demonstrates greater integration of mental health care into primary care. New and improved services, such as an upgraded and renovated Mental Health Centre and expanded psychosocial services (headed by clinical psychologist) were also presented. Additional public health achievements were a draft of a mental health policy and the launch of a public awareness programme this year. The current priorities are, among others, strengthening human resources and policy and legislative framework, mental health promotion and reorienting primary health care services. For example, the development of human resources

involves supporting capacity building of mental health staff through cooperation between countries in the region and supporting a plan for psychosocial care at community level. The following challenges were presented: stigma and discrimination, limited skill sets in mental health, poor family support for patients, reluctance to integrate mental health services, financial constraints and inadequate social and community resources, such as limited supply of medications were mentioned.

Dr. Elizabeth Lopez, Deputy Director of SAMHSA's Center of Mental Health and Substance Abuse Services, USA.

Dr. Lopez presented the vison of SAMHSA, which includes 1) behavioral health is essential for health, 2) prevention works, 3) treatment is effective, and, 4) people recover from mental and substance use disorders. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. The SAMHSA national strategic plan was presented briefly. A notable achievement was *Health Homes,* a service delivery model providing a cost-effective, longitudinal "home" to facilitate access to an inter-disciplinary array of medical care, behavioral health care, and community-based social services and supports for both children and adults with chronic conditions. The intent of the health home service delivery model is to lower rates of emergency room use, reduce hospital admissions and re-admissions, reduce health care costs, reduce reliance on long-term care facilities, and improve experience and quality of care outcomes for the individual. The main goals of health homes are: improving health outcomes, reducing healthcare costs and improving the experience of care.

Joanna Humphrey, Senior Nursing Officer, Granada.

Joanna Humphrey gave a short overview of the mental health services in Grenada followed by a presentation of the country's achievements. The presentation highlighted achievements, such as the revisions of the mental health legislation (2009) and the mental health policy and plan (2014), the adaption of the mhGAP Intervention Guide and the commenced training of district medical officers. In terms of, challenges: Inadequate human resources (presently no occupational therapist or psychologist on staff), inadequate material resources (medical supplies, overcrowding at the psychiatric hospital) and inadequate training opportunities for mental health professionals were presented. The focused areas are integration of mental health into primary care, community services, training (building capacity among

professionals and non-professionals), information system and leadership and governance. For example, for the areas of community services the target is to provide mental health facilities in communities in order to reduce cost, length of stay and number of hospital beds (Decentralization). Thus, better collaboration with non-governmental organizations and greater financial resources for programs for quality services are needed. In terms of information systems it is aimed to improve data collection and analysis to develop trends, sharing information across sectors, implementing backup systems and the introduction of tele psychiatry and psychology. The presentation was summed up by emphasizing that there is no health without mental health. The overall goals we should always focus on are: promoting mental well-being, preventing mental disorders, providing patient-centered care, enhancing recovery, promoting human rights and reducing the mortality, morbidity and disability for persons with mental and substance use disorders.

Fernando Ramirez Campos, Subdirectory of Noncommunicable diseases, Ministry of Health and Social Protection, Colombia.

Fernando Ramirez Campos provided a brief summary of necessary support and assistance in Colombia, based on discussions and recommendations agreed on during the conference.

Dr. Mirta Mendoza, Director of Mental Health, Ministry of Public Health, Paraguay.

Dr. Mendoza dedicated her presentation to the achievements and challenges in our Region. It was stated that while many advances and progresses have been ongoing in our Region since the Declaration of Caracas, there is still much work to do. A number of achievements were mentioned during the conference. For instance, health care services have been improved through the integration of mental health into primary care, the reduction of psychiatric beds in psychiatric hospitals, the creation of community-based mental health services and the additional of hospital beds in general hospitals. Other successful initiatives have been the empowerment of protected residences and the incorporation of friends and users in the planning, implementation and evaluation of programs and projects. Future work should address remaining issues. For instance, mental health laws and regulations do not contemplate international human rights standards. Moreover, the budget for mental health is not sufficient to address the magnitude of the problem. Deficit in rehabilitation services and shortage of specialized personnel are additional problems that need to be addressed. During the conference a series of questions were raised such as: *Are we where we want to be? What*

do we need in order to sustain the progress/ advance further? What are barriers or obstacles? Some of the answers were presented as recommendations on the last day of the conference. At the same time many challenges have already been addressed. These include making alliances with other health sectors within and outside health, taking into account the social determinants and objectives of sustainable development approved for post 2015 and implementing the Global Plan and the Regional Mental Health Plan, approved by the Assembly of the ONS and PAHO respectively. Different areas of concern such as new forms of institutionalization or new forms of confinement were also taken into account. Further, other questions were raised: *Which voices and perspectives are not included? Do we need militancy in order to move forward? And if so, what kind of militancy? How can we, as professionals, have the ability to not objectify people who need militancy?* Finally, it was stated, that the challenge of moving forward is not just a theoretical or technical challenge but also a political and ethical one.

Commitment and recommendations of the 2015 Regional Conference

During the second day of the Conference, in Session 2, parallel workshop sessions were held to discuss and analyze developments related to the Mental Health Action Plan, in order to identify and agree upon priorities and recommendations for its accomplishment. Each session included about 30 participants and was coordinated by one representative from Chile's Mental Health network and one representative from PAHO's team. Each session began with three presentations. In the second part of the session, the group discussed obstacles, challenges, and other main considerations needed, and prepared recommendations for the next 5 years. Annex B contains the "Guidelines for work in the parallel sessions and groups". The following recommendations are the result of these workshops.

Legislation, human rights and participation

- Ensure that countries update their legislation, policies and programs according to current Human Rights standards, integrating the human rights approach to all services and sectors.
- Mainstream human rights approach in all services and state sectors.
- Define indicators to measure the participation of mental health services users and relatives, as well as other community organizations in the formulation, implementation and evaluation of services, programs, policies and mental health laws.

- Create bodies to review the effective implementation of the standards of law, including the right to legal capacity, family and community life.

Primary health care and specialized ambulatory services

- Ensure the availability of community based mental health services on both, primary and specialty levels, out of mental institutions. Those services should have the community as the main actor, and should also provide pharmacological and non pharmacological resources for interventions.
- Promote the integration and joint work of the general health teams with the mental health teams
- Generate specific mechanisms to promote the integration and joint work of the general health teams with the mental health teams; ensuring continuity of care is important and necessary.
- Promote undergraduate and post-graduate education and training services of mental health topics in relevant contexts, while prioritizing the community context and general hospitals. Provide ongoing support and supervision, responding to the real needs of the population in mental health.
- Actively fight stigma against people with mental disorders through evidence-based strategies such as direct and daily contact.

Hospital-based mental health services

- Psychiatric care in general hospitals and in community based services should be guaranteed as a right.
- Develop guidelines to support countries in their deinstitutionalization processes.
- Ensure that the development of deinstitutionalization process is accompanied by necessary support strategies that aim to address the people's needs in the community.

Child and adolescent mental health

- Develop and strengthen mental health of children and adolescents incorporating goals and indicators in national mental health plans. The objectives must be based on the protection of their rights.

- Prioritize, within the framework of mental health promotion and prevention of mental disorders, the implementation of mechanisms for early detection and early approach of mental disorders in children and adolescents.
- Promote training on children and adolescent mental health.

Suicide prevention

- Work with other sectors of the government and community stakeholders in order to control and reduce the access of lethal means, and provide support in crisis situations..
- Decriminalize and advance towards destigmatization of suicidal behavior.
- Improve monitoring of suicidal behavior and qualitative understanding.

Registry and research systems

- Develop and strengthen routine information systems of quality, which incorporate a minimum of data, considering the needs of users and supporting the development of available technological tools.
- Aligning research to the health needs of each country, promoting the transfer of evidence-based knowledge to various recipients such as decision makers, clinicians and users.
- Support the establishment of a regional research collaborating network in mental health, sensible to cultural and socioeconomic diversity. Such a network should serve to the development and formulation of community-based policies and programs.

Annex A

PROGRAM OF THE CONFERENCE

SESSION 1: Tuesday, 13 October, 2015	
Schedule	**Topic / Activity**
08:30–09:00	Registration of participants
09:00–09:30	**INAUGURATION** ***Dr. Carmen Castillo Taucher,*** Minister of Health, Chile. ***Dr. Shekhar Saxena,*** Director, Mental Health and Substance Abuse Department, World Health Organization ***Dr. Anselm Hennis,*** Director, Noncommunicable Diseases and Mental Health Department, Pan American Health Organization ***Dr. Paloma Cuchi,*** Pan American Health Organization / World Health Organization Representative in Chile
09:30–09:45	**INTRODUCTION to the Conference** Chairperson: **Irma Rojas/Pablo Norambuena,** Mental Health Department, Ministry of Health of Chile
09:45–10:30	**PRESENTATION: *"Mental health: a global perspective"*** ***Dr. Shekhar Saxena,*** Director, Mental Health and Substance Abuse Department, World Health Organization
10:30-11:00	COFFEE
11:00-11:30	**PRESENTATION: *"Advances in mental health in the Region, 25 years after Caracas"*** ***Dr. Dévora Kestel,*** Chief, Mental Health and Substance Use Unit, Pan American Health Organization
11:30–12:30	**PRESENTATION: *"Advances in mental health in Chile, 25 years after Caracas"*** ***Dr. Mauricio Gómez,*** Chief, Mental Health Department, Public Health Sub Secretary, Ministry of Health of Chile ***Dr. Rafael Sepúlveda,*** Chief, Mental Health Unit, Assistance Networks Sub Secretary, Ministry of Health of Chile
12:30–13:00	**QUESTIONS, OBSERVATIONS** Chairperson: ***Irma Rojas/Pablo Norambuena,*** Mental Health Department, Ministry of Health of Chile
13:00–14:30	LUNCH
14:30–16:00	**ROUNDTABLE: *"Reflections on 25 years after Caracas: What has prevented us from advancing more? How do we move forward?"*** **Presentations:** ***Itzhak Levav.*** Consultant. Pan American Health Organization. "The partnership between human rights movements and mental health care reform: Strategies to overcome human rights violations of commission and omission" ***Alberto Minoletti.*** School of Public Health, University of Chile "Mental health in Primary health care: Learning from our mistakes"

SESSION 1: Tuesday, 13 October, 2015	
Schedule	**Topic / Activity**
	Liliana Cabrera. Representative of service users and family members, Argentina. "Human rights of persons with mental disorders and the incorporation of users and family members". **Comments:** ***Eleanor Bennett***, Belize ***Carmen Borrego Calzadilla***, Cuba.
16:00–16:30	Coffee
16:30–17:30	**ROUNDTABLE: "Advances in mental health in the countries of the Region, 25 years after Caracas"** Presentation of audiovisual material. **Comments:** ***María Edith Baca***, National Consultant, Pan American Health Organization, Peru ***Carlos Madariaga***, School of Public Health, Universidad de Chile.
17:30–18:30	**ROUNDTABLE: Confronting threats and obstacles. How do we protect our achievements?** ***Alfredo Pemjean.*** Medical School, Diego Portales University ***Victor Aparicio.*** Consultant. Pan American Health Organization. ***Pedro Delgado.*** Federal University of Rio de Janeiro Chairperson: ***Irma Rojas/Pablo Norambuena***, Mental Health Department, Ministry of Health of Chile

SESSION 2: Wednesday 14 October, 2015	
Schedule	**Topic / Activity**
09:00–09:10	**INTRODUCTION to Session 2** Chairperson: ***Roberto Del Aguila***, Advisor, Pan American Health Organization/ Chile
09:10–09:30	**PRESENTATION: "Challenges from the Regional Plan on Mental Health 2015-2020"** **Dévora Kestel**, Chief, Mental Health and Substance Use, Pan American Health Organization
09:30–11:00	**ROUNDTABLE: "*Challenges and issues related to mental health in the Region"*** ***Jorge Rodríguez***, Consultant, Pan American Health Organization. "Epilepsy and mental health." ***Irma Rojas***, Ministry of Health of Chile. "Original populations and migration" ***Claudina Cayetano***, Advisor, Pan American Health Organization. "Emergencies and disasters." ***Maristela Monteiro***, Advisor, Pan American Health Organization "Alcohol Use Disorders." ***Luis Alfonzo***, Advisor, Pan American Health Organization. "Drug use with a public health approach."

<table>
<tr><th colspan="3">SESSION 2: Wednesday 14 October, 2015</th></tr>
<tr><th>Schedule</th><th colspan="2">Topic / Activity</th></tr>
<tr><td>11:00–11:30</td><td colspan="2">COFFEE</td></tr>
<tr><td>11:30–13:00</td><td colspan="2">PARALLEL SESSIONS: ROUNDTABLES
"Mental health challenges in the Region"
<table>
<tr><td>Session 2A
"Legislation, human rights and participation (area 1)" [Session in Spanish]</td><td>Presentations
Javier Vasquez, Advisor, Pan American Health Organization.
Christian Treviño, México.
Raul Barroso, Panama.

Session Chairperson:
Francisco Cordeiro, Advisor, Pan American Health Organization/ Brazil.
Soledad Cisternas, Chairperson of UN Commission on the Rights of Persons with Disability, Chile.</td></tr>
<tr><td>Session 2B
"Primary health care and specialized ambulatory services (area 2)" [Session in Spanish- English]</td><td>Presentations:
Rafael Sepúlveda, Chief, Mental Health Unit, Ministry of Health of Chile.
Elizabeth Lopez, United States..
Roberto Tykanori, Brazil.

Session Chairperson:
Tomo Kanda, Advisor, Pan American Health Organization/Eastern Caribbean Countries/ECC.
Cecilia Vera, Chief, Psychiatry Service, San Luis de Buin Hospital, Chile.</td></tr>
<tr><td>Session 2C
"Hospital-based mental health services (area 2)" [Session in Spanish-English]</td><td>Presentations:
Angel Almanzar, Dominican Republic..
Ricardo Goti, Panama.
Freddy Azanza Villacis, Ecuador.

Session Chairperson:
Enrique Gil, Advisor. Pan American Health Organization/Mexico
Guillermo Vergara, Mental Health Unit Chief, El Pino Hospital, Chile.</td></tr>
<tr><td>Session 2D
"Child and adolescent mental health (area 3)" [Session in Spanish-English]</td><td>Presentations:
Lucia Murillo, Autism Speaks, United States.
Maureen Irons Morgan, Jamaica.
Yuri Cutipe, Peru.

Session Chairperson
Enrique Pérez, Advisor, Pan American Health Organization/ Costa Rica.
Juan Salinas, Psychiatric Service, Barros Luco Hospital, Chile.</td></tr>
<tr><td>Session 2E</td><td>Presentations</td></tr>
</table></td></tr>
</table>

SESSION 2: Wednesday 14 October, 2015		
Schedule	**Topic / Activity**	
	"Suicide prevention (area 3)" [Session in Spanish-English]	***Guillermina Natera,*** Director of Epidemiological and Psychosocial Research, National Institute of Psychiatry Ramón de la Fuente Muñiz, Mexico. ***Mosa Hutson***, Guyana. ***Allan Rimola,*** Costa Rica. **Session Chairperson** ***Vivian Perez***, Advisor, Pan American Health Organization/ Cuba. ***Alejandro Gómez.*** Psychiatric Department, Universidad de Chile.
	Session 2F "Registry and research systems (area 4)" [Session in Spanish-English]	**Presentations** ***Robert Kohn,*** Department of Psychiatry and Human Behavior, Brown University, United States. ***Pedro Zitko***, Advisor, Ministry of Health, Chile. ***Ashvini Nath***, Trinidad and Tobago. **Session Chairperson** ***Blake Smith,*** Specialist, Pan American Health Organization. ***Sandra Saldivia.*** Psychiatry and Mental Health Department, Medical School, Universidad of Concepción.
13:00–14:30	**Lunch**	
14:30–16:00	**PARALLEL SESSIONS: GROUP WORK, TOWARDS A 2015 CONFERENCE POSITION AND RECOMMENDATIONS** **"Mental health challenges in the Region"**	
	Session 2A "Legislation, human rights and participation (area 1)" [Session in Spanish]	**Session Chairperson:** ***Francisco Cordeiro,*** Advisor, Pan American Health Organization/Brazil. ***Soledad Cisternas.*** Chairperson of UN Commission on the Rights of Persons with Disability, Chile.
	Session 2B "Primary health care and specialized ambulatory services (area 2)" [Session in Spanish-English]	**Session Chairperson:** ***Tomo Kanda,*** Advisor, Pan American Health Organization/Eastern Caribbean Countries/ECC. ***Cecilia Vera,*** Chief, Psychiatry Service, San Luis de Buin Hospital, Chile.
	Session 2C "Hospital-based	***Enrique Gil,*** Advisor. Pan American Health Organization/Mexico

SESSION 2: Wednesday 14 October, 2015		
Schedule	**Topic / Activity**	
	mental health services (area 2)" [Session in Spanish]	***Guillermo Vergara.*** Mental Health Unit Chief, El Pino Hospital, Chile.
	Session 2D "Child and adolescent mental health (area 3)" [Session in Spanish-English]	**Session Chairperson** ***Enrique Pérez***, Advisor, Pan American Health Organization/ Costa Rica. ***Juan Salinas.*** Psychiatric Service, Barros Luco Hospital, Chile.
	Session 2E "Suicide prevention (area 3)" [Session in Spanish-English]	**Session Chairperson** ***Vivian Perez***, Advisor, Pan American Health Organization/Cuba. ***Alejandro Gómez.*** Psychiatric Department, University of Chile.
	Session 2F "Registry and research systems (area 4)" [Session in Spanish-English]	**Session 2F Chairperson** ***Blake Smith***, Specialist, Pan American Health Organization. ***Sandra Saldivia.*** Psychiatry and Mental Health Department, Medical School, University of Concepción.
16:00–16:30	**COFFEE**	
16:30–17:30	**Work group presentations.** **TBD: Session 2A Representative** **TBD: Session 2B Representative** **TBD: Session 2C Representative** **TBD: Session 2D Representative** **TBD: Session 2E Representative** **TBD: Session 2F Representative**	
17:30–18:30	**COMMENTS AND CONCLUSIONS.** ***Sonia de Fátima Rosa***, Representative of Service Users and Family members, Brazil. ***Hugo Cohen.*** Consultant. Pan American Health Organization. ***Carlos Fayard,*** Behavioral Health Institute, Loma Linda University, United States. Session Chairperson: ***Roberto Del Aguila***, Advisor, Pan American Health Organization/ Chile.	

SESSION 3: Thursday 15 October, 2015	
Schedule	**Topic / Activity**
09:00–9:45	**ROUNDTABLE: Tribute to mental health regional collaborators** **Dévora Kestel**, Chief, Mental Health and Substance Use, Pan American Health Organization

SESSION 3: Thursday 15 October, 2015	
Schedule	**Topic / Activity**
	Mauricio Gómez, Chief, Mental Health Department, Ministry of Health of Chile **Itzhak Levav.** Consultant. Pan American Health Organization.
09:45–11:00	**ROUNDTABLE: Lessons from the 2015 Regional Conference "Achievements and challenges: 25 years after the Declaration of Caracas"** ***Mauricio Gomez****. Chile.* ***Fernando Ramirez Campos.*** *Colombia.* ***Elizabeth Lopez,*** United States. ***Joanna Humphrey,*** Grenada. ***Mirta Mendoza.*** Paraguay. ***Karen Providence.*** *St Vincent and the Grenadines.*
11:00–12:00	COFFEE/CHECK-OUT
12:00–13:00	**ROUNDTABLE: Commitments and recommendations of the 2015 Regional Conference** **Dr. Dévora Kestel**, Chief, Mental Health and Substance Use Unit, Pan American Health Organization **Dr. Shekhar Saxena**, Director, Mental Health and Substance Abuse Department, World Health Organization ***Dr. Jaime Burrows Oyarzún***, Public Health Sub Secretary, Ministry of Health, Chile.

Annex B

GUIDELINES FOR WORK IN THE PARALLEL SESSIONS AND GROUPS

Wednesday 14 October

OBJECTIVE

- To identify and reach a consensus on priorities and recommendations for each subject assigned to the parallel sessions, identified as 'Mental health challenges in the Region.'

GENERAL METHODOLOGY

- On Wednesday the 14th work will be done in parallel sessions, between 11:30 and 16:00.
- Six parallel sessions will take place and each session is about a subject that reflects the lines of action of PAHO's Plan of Action on Mental Health 2015-2020.
    A. "Legislation, human rights and participation" "
    B. "Primary health care and specialized ambulatory services" "
    C. "Hospital-based mental health services"
    D. "Child and adolescent mental health
    E. "Suicide prevention"
    F. "Registry and research systems"
- At the beginning of the day, between **11:30 and 13:00 hrs**., each session will have **presentations by three guests** (a special guest, two countries' representatives). Each presentation will have 15 minutes duration and it will showcase what is the most significant of the subject in question, from the perspective of their own reality (country or regional experience.)

- It is expected that after the presentations, a round of questions and observations will take place, as well as a debate amongst the participants at the table, with the objective of defining the most relevant elements of the presentations.

- The role of the sessions' chairpersons at this moment is: to present the work, to introduce the speakers, to moderate the presentations as well as the debate afterwards.

- It is recommended that the chairpersons encourage the group to define, from this moment, who will represent them in the plenary session, during the 16:30 hrs module. This person, from then on, can take notes regarding the session's debate.

- In the second part of the session, between **14:30 and 16:00 hrs**., the work will continue in the same groups, when participants will be asked to reflect about the subjects addressed in the presentations and discussions of the first part of the session, considering also their own experiences with regard to the area of analysis, in order to prepare the **recommendations** that the group will define, concerning the "fulfillment/progress of the Regional Plan on the specific subject, indicating main considerations, challenges, and future projections."

- The results of the group discussion will be presented by each group, in the plenary session, between **16:30 and 17:30 hrs**, for which in each session, a representative will be chosen. Ten minutes per group will be assigned for this presentation.

- The role of the session chairpersons in this second part is: to coordinate, encourage, and direct the group discussion, by assigning times, synthesizing the information, and defining a group representative for the plenary.

- Each session will have:

    - Approximately 30 **participants**. All participants will be asked to register on the first day of the Conference in 1 preferred session y 2 alternative ones. The organizers will assemble the groups with this information.
    - Two **Chairpersons** (one from PAHO and one from Chile), responsible for generating and guiding the debate, and for participating in the preparation of the final report along with the rapporteur.
    - One **Rapporteur,** responsible for collecting the participant's contributions, and for participating in the preparation of the final report and to present it in the plenary session.
    - Each session will be organized in a small auditorium with a screen, projector and computer available.

- Technical aspects to be considered:
    - PAHO's Regional Plan of Action on Mental Health 2015-2020 and WHO's Comprehensive Mental Health Action Plan 2013-2020, as reference documents.

- The main approach corresponds to "challenges" and their recommendations, however, other aspects of the subject can be considered, such as achievements and new challenges.

- The report must contain the recommendations and should be agreed upon by the group prior to being presented in the plenary.

GUIDANCE FOR GROUP DISCUSSION

- We recommend using the following guideline questions to organize the group discussion and collect the information requested, and later on, to organize the "recommendation" presentation to the plenary, between 16:30 and 17:00.

    1) Regarding the implementation of the aspects mentioned in the PAHO's Plan of Action 2015-2020, for the specific area to be discussed in the session:
        a) What obstacles do you encounter and how to overcome them?
        b) What challenges derive from these aspects?
        c) How do you incorporate the cross-approaches (gender, equity, ethnicity and human rights) in the implementation of the aspects mentioned for this area?
        d) Are there important aspects for the implementation in the area that could be incorporated to the ones already mentioned in the Plan of Action 2015-2020?
    2) Finally and considering the aforementioned
        a) What recommendations can be generated to implement the aspects indicated in the Plan, for the area under discussion, for the next 5 years?
        b) What would we expect to showcase as progress in the area, at the Regional Conference in 2020?
- It is suggested to keep the discussion "grounded in reality" for each country or sub region, while also aiming to develop a synthesis or general conclusions for the Region.
- In each group, copies of the lines of the Plan of Action (2015-2020) that frame the area of each session will be available for the session chairperson.

Action Plan Strategic Line	**Work Area at the Parallel session**
To formulate and implement policies, plans, and laws in the field of mental health and mental health promotion in order to achieve appropriate and effective governance.	SESSION 2A: **Legislation, human rights and participation**
To improve the capacity of response of the mental	SESSION 2B: **Primary health care**

health systems and services and the attention to the problems related to the psychoactive substance use, in order to provide comprehensive and quality care in the community.	and specialized ambulatory services SESSION 2C: Hospital-based mental health services
To prepare and implement programs for promotion and prevention in the area of mental health systems and services, and the attention to the problems related to the use of alcohol and other substances, with particular focus on the life cycle.	SESSION 2D: Child and adolescent mental health SESSION 2E: Suicide prevention
To strengthen the information systems, the scientific evidence, and research.	SESSION 2F: Registry and research systems

GUIDANCE FOR THE FINAL RESULTS AND THE PRESENTATION IN THE PLENARY SESSION

- It is suggested to take notes of the group discussions, following the indicated questions. A guideline to be completed per each session will be delivered. This report will serve as a basis for a general document of "Recommendations for the implementation of the Plan of Action 2015-2020 - Conference of Santiago 2015", at the end of Wednesday the 14th.
- The presentation of the results will be at the plenary session, between 16:30 and 17:00. The representative chosen by each group will have 10 minutes to deliver a synthesis of the discussion, that is why we suggest focusing the presentation on this final question, **"What recommendations can be generated to implement the aspects indicated in the Plan for the area of discussion, for the next 5 years?**

Annex C

List of Participating Countries

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