

Panama Consensus

The Pan American Health Organization/World Health Organization (PAHO/WHO),
with the Government of Panama as co-sponsor, convened
the Regional Conference on Mental Health
in Panama City from 7 to 8 October 2010.

The participants included mental health workers from the public sector of the Region of the Americas, national health authorities, and representatives of human rights organizations, nongovernmental organizations, academic institutions, and PAHO/WHO Collaborating Centers, as well as users of mental health services and family members.



The participants having noted:

That it has been 20 years since the Regional Conference for the Restructuring of Psychiatric Care was celebrated in Caracas, Venezuela, an event that marked a historical milestone in the development of all aspects of mental health care at the hemispheric and global level.

That in 1997 and 2001 the Directing Council of PAHO/WHO adopted resolutions requesting the Member States to prioritize mental health and submitted proposals for action.

That the participants of the Regional Conference on Mental Health Services Reform, held in Brazil in November 2005, adopted the Brasilia Principles, which take note of the new technical and cultural challenges facing mental health.

That in 2008 the World Health Organization formally launched the Mental Health Gap Action Programme: Scaling up care for mental, neurological, and substance use disorders (mhGAP).

Observing with concern:

That, on the one hand, mental disorders and disorders stemming from the use of psychoactive substances (particularly, the harmful use of alcoholic beverages) represent a heavy burden in terms of morbidity, mortality, and disability, and on the other, that there is a significant gap in care, which means that a large number of the people affected have no access to adequate diagnosis and treatment.

That while countries have made great strides in the past two decades, serious constraints persist with regard to the effective implementation of national mental health policies and plans, as well as legislation consistent with international human rights instruments.

That despite widespread hemispheric support for the Caracas Declaration and the many efforts made in the past two decades by different agencies in the countries, the action taken to reduce the overwhelming dominance of the psychiatric hospital in the model of care is still inadequate.

Favorably noting:

That in September 2009, the Directing Council of PAHO/WHO for the first time adopted a Strategy and plan of action on mental health (CD49/11), which offers clear and viable guidelines and criteria for addressing the issue of mental health.

That in May 2010, WHO for the first time approved a Global Strategy to Reduce the Harmful Use of Alcohol (WHA 63.13) and in September 2010, the Directing Council of PAHO, also for the first time, approved a Strategy on Substance Use and Public Health (CD50/18).

That the Strategy and plan of action on mental health and the Strategy on Substance Use and Public Health are consistent with the Mental Health Gap Action Programme ((mhGAP) and the Global Strategy to Reduce the Harmful Use of Alcohol, especially as they relate to application of the basic packages of interventions in health services based on primary care.

That in October 2010, the Directing Council of PAHO for the first time adopted a specific resolution on Health and Human Rights (CD50.R8) that issues recommendations for protecting human rights in the context of health systems.

That there have been many successful innovative local and national activities, and that both governments and society at large have gradually realized the importance of mental health problems in terms of health and their social and economic impact.

They call on governments and other national actors to:

Promote implementation of the Strategy and plan of action on mental health through a process consistent with the particular conditions of each country to guarantee an appropriate response to current and future mental health needs.

Strengthen the community mental health care model in every country in the Region to ensure eradication of the insane asylum system in the coming decade.

Recognize protection of the human rights of mental health services users as a basic objective, especially their right to live independently and be part of the community.

Identify current and emerging challenges in national situations that demand an appropriate response by the mental health services, especially psychosocial problems in children, adolescents, and women, as well as population groups in special and vulnerable situations.

Increase the allocation of resources to mental health programs and services and ensure appropriate, equitable distribution of these resources, so that they are adequate to the growing burden of mental and substance use disorders, in the understanding that investing in mental health means contributing to overall health and well-being, as well as to the social and economic development of countries.

The decade of the leap toward the community: for a Hemisphere with no insane asylums in 2020.

Done in Panama City, on the 8th day of October 2010.



**Pan American
Health
Organization**

Regional Office of the
World Health Organization



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



49th DIRECTING COUNCIL
61st SESSION OF THE REGIONAL COMMITTEE

RESOLUTION CD49.R17

STRATEGY AND PLAN OF ACTION ON MENTAL HEALTH

THE 49th DIRECTING COUNCIL,

Having studied the report of the Director *Strategy and Plan of Action on Mental Health* (Document CD49/11);

Recognizing the burden from mental and substance abuse disorders—morbidity, mortality, and disability—in the world and in the Region of the Americas in particular, as well as the existing gap in the number of sick people who do not receive any type of treatment;

Understanding that there is no physical health without mental health and that an approach to the health-disease process is necessary not only from the perspective of care for impairments, but also from the angle of protecting positive health attributes and promoting the wellbeing of the population, and, in addition, that from the public health perspective, there are psychosocial and human behavior factors that perform a crucial function;

Considering the context and framework for action offered by the Health Agenda for the Americas, the PAHO Strategic Plan 2008-2012, and the WHO Mental Health Gap Action Program: Scaling up care for mental, neurological, and substance abuse disorders (mhGAP), which reflect the importance of the issue and define strategic objectives for addressing mental health;

Observing that the Strategy and Plan of Action on Mental Health addresses the principal work areas and defines areas for technical cooperation to serve the different mental health needs of the countries,

RESOLVES:

1. To endorse the provisions of the Strategy and Plan of Action on Mental Health and its implementation within the framework of the special conditions of each country, in order to respond appropriately to current and future mental health needs.

2. To urge Member States to:

- (a) include mental health as a priority within national health policies, through the implementation of mental health plans that are consonant with the different problems and priorities of the countries, in order to maintain the achievements made and advance toward new goals, especially with regard to reducing existing treatment gaps;
- (b) promote universal, equitable access to mental health care for the entire population, through strengthening mental health services within the framework of primary health care-based systems and integrated delivery networks and continuing activities to eliminate the old psychiatric hospital-centered model;

- (c) continue working to strengthen the legal frameworks of the countries with a view to protecting the human rights of people with mental disorders and to achieve the effective application of the laws;
- (d) promote intersectoral initiatives to promote mental health, with particular attention to children and adolescents and on coping with the stigma and discrimination directed at people with mental disorders;
- (e) support the effective involvement of the community and of user and family member associations in activities designed to promote and protect the mental health of the population;
- (f) regard mental health human resources development as a key component in the improvement of plans and services, through the development and implementation of systematic training programs;
- (g) bridge the existing mental health information gap through improvements in the production, analysis, and use of information, as well as through research, with an intercultural and gender approach;
- (h) strengthen partnerships between the public sector and other sectors, as well as with nongovernmental organizations, academic institutions, and key social actors, emphasizing their involvement in the development of mental health plans.

3. To request the Director to:

- (a) support the Member States in the preparation and implementation of national mental health plans within the framework of their health policies, taking into account the Strategy and Plan of Action, endeavoring to correct inequities, and giving priority to care for vulnerable and special-needs groups, including indigenous peoples;
- (b) collaborate in the assessment of mental health services in the countries to ensure that appropriate corrective measures grounded on scientific evidence are taken;
- (c) facilitate the dissemination of information and the sharing of positive, innovative experiences, as well as the available resources in the Region, and promote technical cooperation among the Member States;
- (d) promote partnerships with governmental and nongovernmental organizations, as well as with international organizations and other regional actors in support of the multisectoral response that is required in the process of implementing this Strategy and Plan of Action.

(Ninth plenary, 2 October 2009)