



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



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### MENTAL HEALTH

In 1998, mental disorders represented 11.5% of the burden of disease worldwide. In the Region of the Americas, mental health poses major challenges to public health—in 1990, it is estimated that 114 million people suffered from a mental disorder, whereas in 2010 figures may increase to 176 million. Mental disorders can alter the lives of children as well as adults, in developed and developing countries, causing enormous suffering and disability. Despite the contribution of mental disorders to the global burden of disease and their influence on the development and productivity of society, mental health continues to be a neglected area of health care.

This neglect is not the result of a lack of effective treatments—a wide range of highly effective interventions currently exists for most mental disorders—but rather stems from stigma, limited allocated resources, and centralization of mental health care in large, outdated and ineffective psychiatric hospitals. The Pan American Health Organization and its Member States ought to continue addressing the long-prevailing stigma and neglect with the goal of improving the quality of mental health care. Past efforts allowed important progress to be achieved. However, the resulting progress is far from sufficient and, at the beginning of the millennium, those efforts should be increased.

This document summarizes the situation in the Region, presents recent advances in the understanding and treatment of mental disorders, and defines the main challenges to mental health at the beginning of the millennium. It also discusses the new strategies and initiatives that are needed to face current and emerging challenges, taking advantage of the opportunities created by World Health Day and the *World Health Report 2001*, both highlighting the importance of mental health.

The Executive Committee adopted Resolution CE128.R12 for consideration by the Directing Council.

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## **MENTAL HEALTH IN THE AMERICAS: NEW CHALLENGES IN A NEW MILLENNIUM**

### **1. Introduction**

It is estimated that in 1990, 114 million people suffered from mental disorders in the Region of the Americas, a number that may increase to 176 million by 2010. Age, gender, and various social factors can influence the incidence of mental disorders; however, no group is immune. Mental disorders can alter the lives of children as well as adults, in developing and developed countries, causing enormous suffering and disability.

In 1998, mental disorders represented 11.5% of the global burden of disease. Mental disorders account for 28% of all years of life lived with disability and the rising of mortality levels—suicide is one of the three leading causes of death among people aged 15-35 years. Millions of children, who suffer from mental disorders severe enough to interfere with their development, do not receive any treatment and are not even diagnosed, under the mistaken notion that they are transient disorders with no adverse long-term consequences.

On the positive side, mental health is the core of a balanced development through life, playing an important role in interpersonal relationships, family life, and social integration. It is a key factor to social inclusion, and full community and economic participation. In fact, mental health is much more than the mere absence of mental illness, it is an indivisible part of health and the foundation for the well-being and effective functioning of individuals. It refers to the ability to adapt to change, cope with crisis, establish fulfilling relationships with other members of the community, and find a meaning to life.

Yet, despite the pressure of mental disorders on the global burden of disease and the influence of mental health on the development and productivity of society, mental health continues to be a neglected area of health. For many years, the public and policy-makers have ignored mental health issues. Mental health and mental illness have been separated from physical health and physical illness. In most countries, resources allocated to mental health care have been considerably low; too often, parity is lacking.

Fortunately, significant worldwide efforts have been made in the last 25 years to highlight the prevalence and negative impact of mental disorders. In the Region of the Americas, PAHO and its Member States are working to improve the quality of mental health services. The 1990 Caracas Declaration<sup>1</sup> marks a step forward in the process of

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<sup>1</sup> Adopted by the countries represented in the 1990 Conference, held in Caracas, Venezuela.

restructuring psychiatric services, developing mental health care in the community, and protecting the rights of mental patients. Another important accomplishment is the Initiative for the Restructuring of Psychiatric Services in Latin America, which was implemented in various countries during the 1990s. In 1997, as a result of Resolution CD40.R19, the ministers of health of the Americas unanimously adopted and committed to the principles set forth in the Caracas Declaration to promote mental health and treat the most prevalent mental disorders.

These and many other initiatives represent important milestones; however, challenges still prevail and need to be addressed. Too often, the real importance of mental health is not recognized. Millions of people suffer from depression, schizophrenia, epilepsy and other mental disorders with devastating consequences, yet have no access to the necessary treatments that have proven to be effective. At the start of the new millennium, mental health is recognized as a critical factor for the future development of our society.

In this context, new strategies and initiatives are urgently needed to face current and emerging challenges and take advantage of the opportunities currently available in the Region for the promotion of mental health. In 2001, the World Health Day celebration and the preparation of *World Health Report 2001*, both focusing on the subject of mental health, provide a significant opportunity for PAHO and its Member States to evaluate the progress made, mobilize political will, increase budget allocations to mental health, implement the necessary actions to complete the restructuring of mental health services, and promote mental health in the Region.

## **2. Current Situation in the Region of the Americas**

### **2.1 *Prevalence of Mental Disorders***

It is estimated that 25% of the adult population in the Region suffers from a mental disorder in their lifetime. The few available studies on children show that the approximate rate of prevalence of mental disorders in children ranges from 21% in the United States to 12%–29% in developing countries such as Colombia. It is estimated that more than 5 million people of all ages suffer from epilepsy in the Region, yet only 1.5 million of them are identified and properly treated. Developed and developing countries in the Region exhibit very high percentages of non-treated cases for most mental disorders. Social and demographic changes are likely to make the situation worse. It is estimated that, from 1990 to 2010, the number of people that suffer from depression will increase from 20 to 35 million in Latin America and the Caribbean, while those with schizophrenia will increase from 3.3 to 5.5 million. During the same period, it is estimated that patients suffering from schizophrenia will increase from 3 to 3.3 million in North America.

## **2.2 *Burden of Mental Disorders***

The development of the Disability Adjusted Life Year (DALY)<sup>2</sup> methodology had a profound effect on the field of mental health since it made it possible to show that mental disorders are responsible for a significant part of the global burden of disease—11.5% in 1998. Through the use of DALY it was also possible to demonstrate that, of the top 10 conditions (both physical and mental) causing disability, five are mental: depression, alcoholism, bipolar disorders, schizophrenia, and obsessive-compulsive disorders. Mental health conditions have a tendency to move upwards in the ranking, and it is expected that depression will rise from fourth place in 1990 to the second place in 2020, second only to heart disease.

In the Region, alcohol use accounts for almost 10% of the total disease and injury burden. Mental disorders are also responsible for other kinds of burden: the burden exerted on families; the burden that stems from stigma and violations of human rights; and the burden that results from the association between mental disorders and physical symptoms and disorders.

## **2.3 *Social Impact of Mental Disorders***

The association between mental disorders and conditions that impose high costs on society (e.g. unemployment, social exclusion, poverty, alcohol and drug abuse) is well known. On the other hand, mental health can be considered a positive resource, a key contributor to the quality of life and an essential element of social inclusion. For this reason, mental health programs can play an important role in decreasing the social burden, reducing the costs associated with mental disorders, and contributing to the growth of social capital<sup>3</sup>.

## **2.4 *Mental Health Care***

In the last decade, PAHO and its Member States have worked together in restructuring mental health services, in order to attain the goals defined in the Caracas Declaration and reinforced in resolution CD40.R19.

The main areas of technical cooperation during this period were: (a) development of mental health legislation, policies and plans; (b) control of mental disorders (particularly, depression, psychosis and epilepsy); (c) management of psychosocial

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<sup>2</sup> The DALY concept expresses the years of life lost due to premature death and years lost due to living in a disabled state, as a consequence of a disease.

<sup>3</sup> Refers to the public good that results from mutually supportive relationships between members of a given society.

aspects of specific populations (e.g. those affected by disasters, indigenous populations, children, women, and the elderly); and (d) ongoing technical assistance to countries.

Preliminary findings from a recent survey promoted by the World Health Organization identified some general trends in the Region. Seventy per cent of countries have a specific mental health policy and 80% have a national mental health plan; in more than 70% of the cases established after 1990. This proves that, regarding these important goals, the Initiative on the Restructuring of Psychiatric Services in Latin America was rather successful.

Before the Caracas Declaration, only 22% of countries had specific mental health legislation. After 1990, legislation in this area was established in 30% of the countries. This means that, despite the significant progress made in this area during the last decade, more than 40% of countries still do not have mental health legislation, and some others have outdated legislation.

The ability of countries to collect information about their mental health budgets is still limited; data collection for the preparation of the *World Health Report 2001* showed that 27% of countries could not provide any data on this issue and others were not able to collect the specific information required. Available responses show that the mental health budget varies considerably among different countries, from less than 1% to 11% of the national health budget. In most countries, however, figures are rather low: 30.8% of countries allocate to mental health less than 2% of the health budget; 46.2% allocate from 2 to 5%; only 23.1% allocate more than 5%.

Regarding mental health services, the data show that, despite the adoption of Resolution CD40.R19, in most countries psychiatric hospitals continue to be the basic structure of the mental health system. More than 70% of countries have less than 20% of psychiatric beds in general hospitals. Only three countries have more than 50% of the number of psychiatric beds in general hospitals and a significant number of beds in residential facilities in the community.

Community services were developed in many countries. However, 30% of countries do not have any community services, and, among those that have them, many cover only a small proportion of the population in need.

Regarding the availability of essential drugs, data show that phenytoin, amitriptylline and chlorpromazine, which can be considered indispensable drugs in the treatment of neuropsychiatric disorders, are not available at primary care in 30% of countries. PAHO technical cooperation assisted in the development of special programs in areas such as prevention and treatment of depression, recognition and treatment of epilepsy, intervention in disasters, treatment of psychosis, mental health in primary care, and mental health targeted toward indigenous populations. Information collected through these programs show that, in spite of the effectiveness of currently available treatments, the majority of people in need continue to lack access to these treatments.

In summary, these data highlight some important advances made in the last decade, after the Caracas Declaration. The Initiative for the Restructuring of Psychiatric Services in Latin America was particularly successful in the formulation of national mental health policies and plans. However, data also show that the implementation of policies and plans faced many obstacles and that a lot has to be done in order to meet regional population needs for mental health care.

A similar conclusion can be drawn from the data presented in the *Report of the United States Surgeon General on Mental Health*, which states that, even in developing countries, many adults and children who suffer from mental disorders still have no access to proper treatment and that there is a lack of services sensitive to the perspectives and needs of racial and ethnic minorities.

### **3. Mental Health Care: What Can Be Done**

In the last few years, significant advances took place both at the molecular and more integrative aspects of neuroscience. These scientific accomplishments, coupled with advances in psychosocial research and in health services research, have made possible a spectacular progress in the understanding of mental health problems and their burden, as well as in the development of new and more effective treatments.

#### **3.1 *New Evidence-Based Treatments and Interventions***

The advances mentioned above make possible a wide range of interventions that have proven to be very effective in the treatment and rehabilitation of most mental disorders. New psychopharmacological treatments and short-term psychotherapies have both demonstrated to be significantly effective in the treatment of depression and anxiety disorders. Psychotic disorders, leading in the past to long periods of hospital treatment and to high levels of disability, can now be managed in the community when psychosocial interventions are used in combination with pharmacological treatment. Psychosocial rehabilitation programs, including social skills and vocational training, family interventions and support to housing and employment, make possible the social integration of many patients suffering from severe mental illnesses.

Advances in the development of effective interventions to prevent mental disorders and promote mental health have occurred relatively more slowly. Nevertheless, there is already a significant array of available interventions in these areas (e.g. prevention of depression, suicide and violence).

#### **3.2 *New Evidence-Based Services***

Extensive efforts have been made over the past 25 years to develop community-based mental health services and restructure the old system centered around large

psychiatric hospitals. These psychiatric institutions are generally located far from the consumer's residence,, and have proven to be inadequate in ensuring the provision of necessary treatments and interventions currently considered basic, especially those that promote rehabilitation and social integration.

Additionally, these institutions reinforce negative stereotypes of psychiatric care and often face difficulties in efficiently ensuring that the patients' human rights are not violated, and in meeting the expectations of patients and families. New models of mental health care, designed to ensure comprehensive community-based care more responsive to the needs of the populations, have been developed and widely evaluated in many countries, such as Australia, Canada, Italy, United Kingdom and the United States of America. All studies comparing the newer services with the older, more traditional hospital care, demonstrate that community-based comprehensive mental services are more effective and commonly preferred by patients and their families and do not represent a larger financial burden for families.

Research and evaluation of various country mental health reforms point to the effectiveness of community care. However, this effectiveness is achieved and maintained only if the following principles form the basis of the programs: (a) accessibility, (b) ongoing availability, (c) comprehensiveness, (d) coordination, (e) autonomy and empowerment of patients, (f) effectiveness, (g) equity, and (h) accountability.

### **3.3 *Integration of Mental Health Care and Primary Care***

A global WHO study (including countries of the Americas) showed that, on average, approximately 24% of all consumers at the primary care level have some mental disorder and that most of these patients never receive specialized care. On the other hand, other studies show that mental health interventions at the primary care level can be more effective than at the specialized level. As a result, integrating mental health care and primary care has become a priority in all countries. In countries where resources are limited, this integration should be considered an essential element for the development of mental health care.

### **3.4 *Participation of Consumers, Families, and NGOs***

Many countries have witnessed the growing participation of consumers, families, and NGOs in mental health care and in the defense of human rights of people who suffer from mental health disorders. Valuable contributions are evident in the improvement of the quality of mental health care through the development of self-help groups, the establishment of a more participatory approach in the planning of mental health care and, in some cases, the creation of services and programs.

#### **4. Principal Mental Health Challenges in the Beginning of the Millennium**

After analyzing the current situation in the Region, and taking into account the existing challenges that hinder taking proper advantage of the available prevention and promotion treatment and interventions, the following mental health challenges have been identified for priority attention in the Region at the beginning of the millennium:

- Implementation of national mental health policies and plans ensuring:
  - (a) The restructuring of mental health services leading to the development of comprehensive community-based services, integrating all necessary facilities and programs to meet different population needs.
  - (b) The provision of essential mental health treatment for the most prevalent mental disorders.
  - (c) The development of preventive and promotion interventions.
- Creation/revision of mental health legislation integrating the key elements of mental health policy, and providing basic guidance to protect the rights of people with mental health problems, in accordance with recent international recommendations.
- Improving the dissemination of knowledge and fighting societal stigma against those with mental illness.
- Reducing inequity and addressing issues of parity to ensure:
  - (a) That children, women, the elderly, racial minorities, indigenous populations, refugees, and victims of disasters have access to services that are able to meet their specific needs.
  - (b) That parity of mental health services with other types of services is achieved.
- Ensuring adequate mental health training for professionals.
- Improving evaluation and monitoring of mental health plans.
- Ensuring participation of consumers and families in mental care.
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#### **5. Proposed Actions**

Priorities and strategies will be different in each country according to specific needs and resources. Nevertheless, the challenges highlighted in section 4 are common to all countries in the Region. For this reason, countries should consider each of these

challenges and seek to establish short- and long-term objectives in accordance with population needs and the level of service development.

The enhancement of the value of mental health is a critical issue in every country. The explicit inclusion of mental health among public health priorities is a good way of contributing to this objective. Other important actions include strengthening the mental health units in the ministries of health and the PAHO mental health program. At the same time, it is necessary to disseminate information challenging the myths on mental health.

In most countries, mental health policies and plans have not been fully implemented. Technical cooperation in this area should include dissemination of evidence-based guidelines for mental health policy reform and enhancement of country capacities to manage mental health plans. The mobilization of resources needed to promote mental health reform is a decisive issue. In most countries, allocation from public health budget for mental health will have to be gradually increased to reflect this area's growing importance. Also the advantages of integrating the restructuring of mental health services as part of the health reform process should be considered. Mental health policies and plans should include measures to facilitate the participation of families and communities in mental health care and promotion. Mental health policies and plans should also be coordinated with alcohol and drug policies, given the common association between mental disorders and substance dependence problems.

Despite all efforts made in the past, mental health services in most countries continue to emanate from large, centralized psychiatric hospitals. To change this situation, the dissemination of knowledge about cost-effective mental health care models is of utmost importance. Equally important is the implementation of demonstration projects of community-based services. Strategies for consideration would include the creation of residential facilities for long-term patients, support to the involvement of families in care, the development of rehabilitation programs, and the transference of in-patient units for acute patients from psychiatric hospitals into general hospitals. On the other hand, the integration of mental health with primary care is key to the proposed transformation.

The importance of human rights issues in mental health justifies the commitment of Member States to take the necessary actions to update mental health legislation. Other important measures in this area include encouraging the participation of users and their families in mental health care, and the humanization of psychiatric institutions.

The mental health problems of children and women have been widely neglected in the past. The Member States and the Secretariat must dedicate significant efforts in order to develop services and programs that are able to meet their specific needs. In order to reduce inequity, it is also indispensable to take into account the needs of other vulnerable

groups of people: e.g. the elderly, racial minorities, indigenous populations, refugees and victims of disasters.

The importance of prevention of mental disorders and promotion of mental health justifies a special effort in the implementation of specific programs in these areas and the development of studies to evaluate the effectiveness of new interventions.

Other actions should include the implementation of new models for mental health education and training and the development of information systems.

## **6. Key Proposals**

- *Enhancing the intrinsic value of mental health*

Member States should examine the actions that have been proven effective in enhancing the value of mental health and evaluate what might be the best venue(s) to gain momentum for the *World Health Report 2001* initiative and implement country actions in this regard. The development of concerted efforts to raise awareness, if done in conjunction with the already established 2001 initiatives, could have a significant impact on mental health. Member States are also urged to promote a broad forum highlighting principal mental health issues at the national level in order to stimulate the development of an informed consensus on mental health policies. This debate should include health professionals, consumers and families, in addition to participants from all other relevant sectors dedicated to the promotion of mental health, such as education, employment, social services, the private sector, NGOs and others. The creation of a national committee on mental health has been recognized as a vital tool in various countries.

- *Restructuring mental health services within the context of health sector reform*

The restructuring of mental health services is a complex process with inherent challenges. Member States are urged to explore the most effective ways of ensuring adequate planning and an efficient implementation of this process. The existence of a mental health unit within the ministry of health has facilitated the work of many countries in achieving a coordinated set of actions with operational and technical capacity. The transition to new models of community-based services will require some supplemental resources temporarily. Also, even while the cost of the new model is expected to be lower than the traditional one, the current level of unmet needs in the population is generally so high that financial adjustment and reallocations within the mental health budget will be inevitable during this process. Member States are also urged to consider the advantages of incorporating the restructuring of mental health services in the health reform process that is being undertaken in most countries. This incorporation would promote a closer integration of mental health in the general health system and maximum

opportunities to take advantage of the synergy that could be created between the two processes.

- *Partnering for the progress of mental health*

The establishment of networks and partnerships is a key element to the achievement of mental health progress in the Region. Member States should examine how they can promote intersectoral cooperation in their countries in order to improve mental health care and develop mental health promotion strategies. They should also consider how international partnerships might be developed. The development of inter-country cooperation can significantly enhance mental health services through the exchange of best practices in the transformation of services, collaborating in the pursuit of research projects or training programs, and in the development of a framework for the establishment of scholarships and internships. Member States are urged to examine the possibility of establishing initiatives that will ensure the creation of sound partnerships in the area of mental health.

## **7. Financial Implications**

In the long term, it is expected that promotion of mental health and improvement of mental care will provide savings to the public health sector and national budgets in general, given the current high costs of mental disorders on society and the cost-effectiveness of current treatments and interventions. However, current unmet needs are sufficiently high so as to require additional resources in the short-term, namely in the first periods of the restructuring of services. Each Member State should identify innovative ways to use existing resources in the process of improving mental health care, through the integration of mental health care and primary care and the reallocation of hospital-based resources to community care. The possibility of obtaining financial support from international agencies concerned with the issue of health reform should also be explored. The Secretariat should also consider increasing human and financial resources in order to meet the increasing demand for technical cooperation.

## **8. Actions by the Directing Council**

Delegates are asked to adopt the measures that are needed to:

- Capitalize the momentum created by the celebration of the *World Health Day 2001*, the discussion of mental health topics at the World Health Assembly, and the focus of the *World Health Report 2001* to highlight the importance of including mental health among public health priorities.
- Intensify activities to reduce stigma and discrimination against people with mental health problems.

- Consolidate national efforts to implement mental health policies and plans aiming at the development of community-based care and the strengthening of services and programs to meet the specific needs of the most vulnerable populations.
- Develop and update legal provisions protecting human rights of people with mental disabilities.
- Reinforce multi-sectoral approaches to mental health and promote community and family participation in mental health care and promotion.
- Strengthen regional technical cooperation in the area of mental health, especially in taking action against stigma and discrimination, enhancing the capacities of countries to manage mental health plans, and mobilize resources for mental health programs.

The Directing Council is invited to consider the annexes resolution recommended by the Executive Committee.

Annex



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Annex



## 128th SESSION OF THE EXECUTIVE COMMITTEE

*Washington, D.C., 25-29 June 2001*

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### ***RESOLUTION***

#### ***CE128.R12***

#### **MENTAL HEALTH**

#### ***THE 128th SESSION OF THE EXECUTIVE COMMITTEE***

Having considered the report on mental health (Document CE128/18),

#### ***RESOLVES:***

To recommend to the Directing Council the adoption of a resolution along the following lines:

#### ***THE 43rd DIRECTING COUNCIL,***

Acknowledging the increasing contribution of mental disorders to the global burden of disease and the social and economic costs associated with mental health problems in the Americas;

Taking into account that, despite all efforts made in the Region to highlight and reduce the negative impact of mental health problems, in many places mental health services continue to be poorly funded and organized and people who suffer from mental disorders still have no access to proper treatment;

Cognizant of the new alternatives available in mental health care as a result of the development of new procedures and interventions that have proven to be effective in the treatment and rehabilitation of most mental disorders; and

Considering the significant opportunity for the improvement of mental health care and the promotion of mental health in the Region provided by the awareness and enthusiasm generated by the celebration of World Health Day 2001,

***RESOLVES:***

1. To urge Member States to:
  - (a) capitalize on the momentum created by the celebration of World Health Day 2001, the discussion of mental health topics at the World Health Assembly, and the focus of the World Health Report 2001 to highlight the importance of including mental health among public health priorities;
  - (b) intensify actions to reduce stigma and discrimination against people with mental health problems by providing adequate information and education and addressing issues of parity;
  - (c) consolidate national efforts to implement mental health policies and plans within the framework of health sector reform by strengthening mental health units in the ministries of health and mobilizing needed resources;
  - (d) continue to develop strategies aimed at shifting mental health care from psychiatric hospitals to community-based care integrating mental health in primary care and transferring inpatient units for acute patients to general hospitals;
  - (e) actively promote and support the implementation of psychosocial rehabilitation programs, including areas such as housing, vocational training, and employment;
  - (f) make efforts to develop and update legal provisions protecting human rights of people with mental disabilities and promote the participation of consumers and families in mental health care;
  - (g) strengthen the development of services and programs to meet the specific needs of women, children, the elderly, refugees, victims of disasters, and indigenous populations;
  - (h) reinforce multisectoral approaches to mental health, thereby reinforcing collaboration with all other sectors involved in mental health care and promotion, such as education, social welfare, labor, nongovernmental organizations (NGOs), and the private sector;

- (i) promote community and family participation in the care of individuals suffering from mental disorders and actions to promote mental health.
2. To request the Director to:
- (a) strengthen regional technical cooperation capacities, especially in taking action against stigma and discrimination, enhancing the capacities of countries to manage mental health plans, and mobilizing resources for mental health programs;
  - (b) encourage Member States to collaborate in producing and disseminating information on cost-effective mental health interventions and in designing and evaluating demonstration projects;
  - (c) assist Member States to work toward the provision of essential treatment for the most prevalent mental disorders;
  - (d) continue supporting the inclusion of mental health in all health forums and activities and facilitating the establishment of partnerships with other institutions and agencies that can make a significant contribution to the promotion of mental health in the Americas;
  - (e) disseminate information about advances made in the Region in recent years.