DALHOUSIE UNIVERSITY | CENTRE FOR GLOBAL MENTAL HEALTH

Dalhousie Centre for Global Mental Health

Mental Health Responses in a Changing World 2026:

Innovative Responses to Humanitarian Emergencies

Location: Online
Date: Friday, July 10, 2026
Time: 9 a.m. - 4 p.m. (Atlantic Standard Time)

Welcome to the Inaugural Conference for the Centre for Global Mental Health, Mental Health Responses in a Changing World.

Inspired by the World Health Organization's 2025 World Mental Health Day theme, our conference responds to the urgent global need for effective, evidence-informed, and community-based mental health and psychosocial supports in humanitarian emergencies. The WHO has emphasized the importance of interventions that address immediate mental health needs, foster long-term recovery, and empower individuals and communities to rebuild and thrive.
This inaugural conference will bring together practitioners, researchers, policy makers, students, and community members to enhance communication across the practice, policy, and research sectors. Through keynote presentations, panel discussions, posters, and interactive breakouts, participants will explore innovative mental health responses and technological supports that strengthen community resilience across changing global contexts.

Who is this conference for?

- **Professionals**
    - Practitioners and Researchers in the field of mental health (including but not limited to psychiatry, psychology, social work, computer science, environmental studies, and international development studies)
    - Policy makers across diverse sectors
    - Service providers and community-based organizations working in and around the field of supporting people living with mental health challenges and/or mental illness.
- **Students** interested in individual, relational and contextual factors related to mental health and/or mental illness.
- **Community members** with lived experience, those impacted by community members living with mental health challenges, and advocates.

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Conference Learning Objectives

Included below are the "Conference Learning Objectives", which are intended to guide our event, and the CanMEDS roles we believe each objective will support.

After this event, participants will:

- Be able to more clearly articulate and identify the mental health and psychosocial needs of people affected by diverse humanitarian emergencies occurring globally [Medical expert; Communicator; Leader; Health advocate]
- Be able to better identify the cross-sector and multi-disciplinary responses that are possible and that draw on existing and or innovative community-based responses and technological advances [Medical expert; Communicator; Collaborator; Leader; Health advocate; Professional]
- Be able to better identify the cross-sector and multi-disciplinary mental health promotion and mental illness prevention interventions that are possible for humanitarian settings that draw on existing and or innovative community-based responses and technological advances [Medical expert; Communicator; Collaborator; Leader; Health advocate; Professional]
- Be able to implement some of these responses across multiple sectors and diverse contexts [Medical expert; Communicator; Collaborator; Leader; Health advocate; Professional]
- Be able to identify gaps in existing knowledge of mental health and psychosocial needs of people affected by diverse humanitarian emergencies occurring globally, for future research and intervention efforts. [Collaborator; Scholar]

Program-at-a-Glance

Time	Activity
8 - 8:45 a.m.	**Registrants can join online**
9:00 - 9:05 a.m.	**Indigenous Prayer led by Raymond Sewell,** Assistant Professor, English Department, Saint Mary's University
9:05 - 9:20 a.m.	**Opening and welcome**
9:20 – 10:10 a.m.	**Keynote presentation: Prof Pamela Collins,** Chair, Department of Mental Health, Johns Hopkins Bloomberg School of Public Health
10:10 – 11:10 a.m.	**Panel discussion responding to Prof Collin's keynote presentation.** Panelist (s): Mx. Kendall Paul, Dr. Ejemai Eboreime, and Senator Wanda Thomas Bernard.
11:10 - 11:20 a.m.	**Break**
11:20 - 12:20 p.m.	**Tabletop discussion sessions:** Share your burning question or bright idea with colleagues for five minutes and then have a rich, engaging conversation! **Community Spotlight Sessions:** An opportunity for underrepresented voices to be heard. Join the discussion and learn about mental health initiatives at the community level.
12:20 - 1:20 p.m.	**Break**
1:20 – 2:50 p.m.	**Breakout sessions:** Join us for robust and collegial discussions that explore innovative mental health responses and technological supports that strengthen community resilience across changing global contexts.
2:50 - 3:00 p.m.	**Break**
3:00 - 3:40 p.m.	**Reflections and call to action**
3:40 – 4:00 p.m.	**Closing**

Keynote Presentation

HIV, mental health, and humanitarian emergencies: understanding integrated responses

Keynote Speaker: Dr. Pamela Y. Collins

Learning Objectives:

At the end of this session, participants will be able to:

- Identify contextual factors that drive HIV risk and transmission in humanitarian settings.
- Describe the bi-directional relationship between HIV and mental health.
- Describe a conceptual framework that illustrates the intersection of HIV, mental health conditions, and health system disruptions in conflict zones
- Describe one model of integrated HIV and mental health care that responds to the needs of people living with HIV

The presentation will provide examples that relate to the following CanMEDS roles

- Collaborator role competencies, especially 1.2: Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care.
- Health advocate role competencies, especially 2: Respond to the needs of communities or populations they serve by advocating with them for system-level change in a socially accountable manner.

Panel Discussion

Authors: Dr. Pamela Y. Collins, The Honourable Wanda Thomas Bernard, Dr. Ejemai Eboreime, and Kendall Paul

Learning Objectives:

Following the panel discussion, participants will be able to:

- Discuss how research, policy, practice, and lived experience perspectives can inform effective mental health responses to humanitarian emergencies and changing global conditions. [Professional]
- Identify innovative, equitable, and community-informed approaches to mental health promotion, prevention, and care. [Collaborator; Professional]
- Examine opportunities for cross-sector collaboration to strengthen mental health systems and reduce disparities. [Collaborator]
- Apply lessons from global and local contexts to advance resilient, person-centred, and culturally responsive mental health services. [Collaborator; Health Advocate; Leader]
- Identify priorities for future research, policy, and practice that support mental health equity and community wellbeing. [Scholar; Professional]

Tabletop Presentations

These sessions are focused on related topics and themes. Presenters share something intended to facilitate discussion (including questions) about their work for 5 minutes, and the remaining 25 minutes of the session are spent discussing them. They are an excellent knowledge-sharing and expanding activity.

Note: Included below in the "Learning Objectives" are the CanMEDS roles each objective will support.

First round (11:20am-11:50am)

Queer Youth in Halifax, Canada: Exploring the Connections Between Dress, Agency and Self-perception.

Authors: Gopakumar, B.
Learning Objectives:

- At the conclusion of this activity, participants will be able to recognize the gravity that dress codes have on queer youth and their identity as well as how to begin dismantling it. The study shows how heteronormative structures require marginalized youth to stifle their self-expression and conform to the gender binary and this process of conforming has shown to cause negative emotion for youth, and this is why there needs to be steps taken to dismantle these structures. [Collaborator; Health Advocate; Communicator]
- Participants will be able to implement activities to help the youth that they work with to introspect about how dress affects the way that they view themselves and how they can strengthen their self-concept through dress, especially as a queer youth or queer youth of color. Another important takeaway would be for researchers and community workers to implement a dress code through an intersectional lens that takes into consideration the different factors of race/sexuality/cultures of different people. [Collaborator; Communicator]
- Finally, participants will be able to create a plan to establish grassroots initiatives (with the support of other community members) to create small safe spaces within their community (such as makeup + dress up nights or book/art clubs for queer youth) to increase their self-expression and improve their overall well-being and self-perception. [Collaborator; Health Advocate]

Second round (11:50am-12:20pm)

Providers' Views on Equitable Mental Health Access for Black Nova Scotians

Authors: Henry, S., Onietan, D., Agyapong, B., Liebenberg, L., Harri, B., Adu, M., & Eboreime, E.
Learning Objectives:

- At the conclusion of this activity, participants will be able to explain how supply-side features of mental health systems shape access equity for Black Nova Scotians. In addition, they will distinguish system-level barriers from barriers often attributed to individual help-seeking. [Collaborator; Health Advocate]
- They will also identify specific strategies to improve access, including simplified referral pathways, community-based outreach, flexible culturally responsive care, transportation and medication supports, workforce diversification, anti-racist training and supervision, and sustained partnerships with Black communities. [Collaborator; Health Advocate; Professional; Leader]

Community Spotlights

An opportunity for underrepresented voices to be heard. Join the discussion and learn about mental health initiatives at the community level. Presenters share a brief presentation about their work for 20 minutes, and the remaining 40 minutes of the session are spent discussing them.

Note: Included below in the "Learning Objectives" are the CanMEDS roles we believe each objective will support.

Sessions (11:20am- 12:20pm)

Families as Partners: Advancing Mental Health Through Advocacy

Presenters: Laura Way, Nancy Saunders, and Cyndi Corbett
Learning Objectives:
Following this session, participants will be able to:

- Examine how family advocacy contributes to mental health system accountability and improvement. [Collaborator]
- Explore the role of lived experience in shaping policies and services that better meet the needs of children, youth, and families. [Professional; Collaborator]
- Identify barriers and facilitators to meaningful family engagement in mental health care and decision-making. [Professional; Collaborator]
- Consider strategies for co-designing mental health supports with families to promote equity, accessibility, and better outcomes. [Professional; Collaborator]

Developing Connections for Support

Presenters: Morris Green
Learning Objectives:
Following this session, participants will be able to:

- Examine how connection, purpose, and community participation contribute to mental health and resilience. [Medical Expert; Professional]
- Explore diverse approaches to fostering belonging through peer support, creative expression, and facilitated dialogue. [Collaborator]

- Identify common mechanisms through which community initiatives strengthen individual and collective well-being. [Scholar]
- Consider how communities can respond to emerging mental health challenges by creating spaces for connection, understanding, and mutual support. [Collaborator]

Housing insecurity and community-based care responses

Presenters: Becky Marval, and Martha Steeper

Learning Objectives:

Following this session, participants will be able to:

- Critically examine housing insecurity as a structural determinant of mental health and health inequities. [Medical Expert; Scholar]
- Explore how community-led and health-system-based innovations can contribute to housing stability and improved mental health outcomes. [Scholar]
- Identify strategies for fostering cross-sector collaboration to address the interconnected challenges of housing, poverty, health, and social exclusion. [Collaborator]
- Reflect on the role of healthcare systems, communities, and policymakers in advancing housing as a foundation for health and well-being [Collaborator; Professional]

Breakout Sessions

A robust and collegial discussion that explores innovative mental health responses and technological supports that strengthen community resilience across changing global contexts. Presenters will present on their topic for 15-20 minutes and 10-15 minutes will be held for questions.

Note: Included below in the "Learning Objectives" are the CanMEDS roles we believe each objective will support.

First round (1:20pm-1:50pm)

Assessing Implementation Outcomes for Mental Health Interventions in Humanitarian Emergencies: Evidence from Internally Displaced Persons in Nigeria

Authors: Anjorin, O., Ale, O. A. J., Duke, A. E. E., Harri, B. I., Iyamu, I., Obi-Jeff, C., Dahiru, A. M. C., Ojo, T. M., Musami, U. B., Said, J. M., Onietan, D., Henry, S. R., Fasoro, O., Ezeanozie, N., Baba-Ari, F., Agyapong, V. I. O., Sapara, A., Orji, R., & Eboreime, E.

Learning Objectives:

- At the conclusion of this activity, participants will be able to assess the reliability and construct validity of implementation outcome measures in humanitarian mental health settings, interpret limitations related to discriminant validity and ceiling

effects, and apply these insights to refine measurement approaches for evaluating psychosocial interventions in displacement contexts. [Scholar; Professional]

Mental Health Outreach in Rural Tanzania: Learning from the Ground

Authors: Cohen, J.N.

Learning Objectives:

At the conclusion of this activity, participants will be able to do the following:

- Describe the mental health burden and social determinants of psychological distress for women in rural, low-resource settings in sub-Saharan Africa. [Health Advocate; Communicator]
- Identify foundational psychoeducational interventions that are feasible and impactful in low-resource, cross-cultural mental health settings. [Collaborator; Medical Expert]
- Critique assumptions about the directionality of knowledge transfer in global mental health work, recognizing ethically structured volunteerism as a vehicle for bidirectional learning. [Communicator; Leader]

Growing Spaces & Places for Youth Well-being: Upstream mental health supports for urban newcomer youth in Halifax

Authors: Simmonds, T., Al Taher, M., Aweys, M., Okudo Omod, B., & Liebenberg, L.

Learning Objectives:

- At the conclusion of this activity, participants will be able to describe what urban, newcomer youth mental health looks like, and what community-situated resources that promote this mental health look like. [Communicator; Collaborator]

MAiD, Suicidality, and Safeguards: Risk, capacity, and vulnerability in mental-disorder-only regimes

Authors: Matias Gay

Learning Objectives:

- At the conclusion of this activity, participants will be able to describe the legal and policy developments shaping medical assistance in dying where a mental disorder is the sole underlying medical condition; [Medical Expert; Communicator]
- identify key clinical and ethical challenges in distinguishing acute suicidality, chronic suicidal suffering, and decisional capacity within MAiD assessments; [Medical Expert; Professional]
- and apply a safeguard-oriented framework that integrates multidimensional suicide risk assessment, social context, access-to-care considerations, and policy protections for vulnerable populations. [Medical Expert; Professional]

WhatsApp as Digital Community Care After Hurricane Melissa in Jamaica

Authors: Cunningham, R

Learning Objectives:

- At the conclusion of this activity, participants will be able to explain how WhatsApp can function as a psychosocial support tool following humanitarian crises. [Scholar]

- At the conclusion of this activity, participants will be able to describe how transnational family and diaspora networks foster collective care and empathetic witnessing after disasters. [Medical Expert; Professional]
- At the conclusion of this activity, participants will be able to summarise how historical and structural inequities shaped communication access during Hurricane Melissa. [Professional]

Not just a Band-Aid: Flourishing as preparedness

Authors: Brushett, S., Casey, A., Bedell, J., Khoury, L., & Steeves, D.
Learning Objectives:
At the conclusion of this activity, participants will be able to:

- explain mental wellness as a preventative approach to reducing mental health harms in emergencies. [Medical Expert; Scholar]
- Strengthen meaningful engagement by incorporating listening, motivational conversations, and community-guided action. [Collaborator; Communicator]
- Apply a flourishing lens to support community wellness through the social and physical environment. [Collaborator]

Second round (1:50pm-2:20pm)

Adapting Child and Caregiver Mental Health Interventions in Active Conflict and Disaster: Lessons from three countries

Authors: Bala, A., Akal, H., Thwin, N., Stewart, G., & Harrison, A.
Learning Objectives:
At the conclusion of this activity, participants will be able to:

- Describe the compounding mental health impacts of protracted conflict and acute disaster on children and caregivers in Burma, including the strain placed on existing health systems and displaced populations. [Medical Expert; Scholar]
- Identify key principles for sustaining child and adolescent psychiatry training and supervision in low-resource, active conflict settings through international partnership models. [Medical Expert; Collaborator]
- Explain the process of adapting an evidence-informed, narrative caregiver-child intervention across humanitarian contexts, including the role of local expertise and community trust in successful adaptation. [Communicator; Health Advocate; Leader]

Perspectives of Experts and Students on the Mental Health Landscape Amongst Youth and Young Adults in Bhutan

Authors: Ling, M. C., Khaira, N., Ha, B., Hirji, R., Li, J., Huang, F., O'Callaghan, B., Siu, C., Namgyel, S., Dorji, N., Kapoor, V.
Learning Objectives:
At the conclusion of this activity, participants will:

- will be able to discuss the unique mental health landscape in Bhutan, with a focus on youth and young adults. They will gain perspective on how family, peers and culture can influence a youth's experience of mental health challenges and strengths, as

well as barriers and facilitators to seeking mental healthcare in a country like Bhutan. [Scholar]
- see how typical barriers to resources including lack of awareness and lack of access in rural areas manifest in Bhutan. [Scholar]
- be able to bring this newfound knowledge to their local mental health practices, and this new perspective can contribute to the ever-evolving art of providing culturally safe care. [Collaborator; Professional]

Hope for Queer Youth: Structural Competent Action to Reduce 2SLGBTQ+ Youth Mental Health Disparities in Nova Scotia

Authors: Schultz Santos, R.

Learning Objectives:

At the conclusion of this activity, participants will be able to:

- Describe how structural factors shape mental health inequities experienced by 2SLGBTQ+ youth in Nova Scotia. [Collaborator]
- Apply structural competency to analyze gaps in health promotion, workforce training, and mental health policy. [Medical Expert; Scholar]
- Identify upstream, system-level strategies to improve equity-oriented mental health responses for 2SLGBTQ+ youth. [Collaborator; Professional]

Leveraging AI and Playful Thinking for Mental Health Literacy

Authors: Anvari, S. S., & Wehbe, R. R.

Learning Objectives:

At the conclusion of this activity, participants will be able to:

- Explain how serious games and playful thinking can be used as scalable tools to improve mental health literacy and reduce stigma in crisis-affected communities. [Professional]
- Evaluate the benefits and ethical risks of using Large Language Models (LLMs) and relational AI agents to provide psychosocial support. [Medical Expert; Scholar]
- Identify the primary socio-technical challenges developers face when creating AI-driven mental health applications. [Collaborator; Professional]
- Apply human-computer interaction (HCI) principles to design digital interventions that prioritize user safety and human agency in humanitarian contexts. [Professional]

Evaluation of the psychological and epigenetic consequences of exposure to the 1994 Rwandan Genocide against the Tutsi, within and between generations

Authors: Uddin M, Wildman DE, Musanabaganwa C, Oh H, Charles R, Obeng A, Fatumo S, Jansen S, Rutembesa E, Mutesa L

Learning Objectives:

- At the conclusion of this activity, participants will be able to summarise the psychological consequences of direct and prenatal exposure to the 1994 Rwandan Genocide against the Tutsi. [Medical Expert; Scholar]
- They will also be able to describe the epigenetic-based biological effects of genocide exposure within and between generations. [Medical Expert; Scholar]
- Participants will be able to discuss the lasting consequences of the 1994 Genocide against the Tutsi. [Scholar]

Equity in mental health services and support use among Canadian adults

Authors: Hasan, E., Kaoser, R., & Lavergne, M. R.

Learning Objectives:

At the conclusion of this activity, participants will be able to:

- discuss the patterns of mental health services (delivered by family physicians, psychiatrists, psychologists, nurse practitioners, social workers, and in-hospital) and support (from family and friends) use among Canadian adults across income quintiles. [Scholar]
- identify who used more (or less) mental health services and support amongst those who had the same levels of needs. [Scholar]
- consider how findings can inform equity-oriented mental health services and support policies. [Scholar; Professional]

Third round (2:20pm-2:50pm)

Sudan: mental health care for sexual and gender-based violence and malnutrition.

Authors: Navidzadeh, N.

Learning Objectives:

At the conclusion of this activity, participants will be able to:

- name the main mental health and psychosocial support activities provided in humanitarian settings for malnutrition and sexual and gender-based violence. [Medical Expert]
- describe the importance of mental health interventions in malnutrition programs. [Scholar]
- recognise of the importance of integration of community mental health interventions in an emergency. [Collaborator]

Digital Access and Mental Health Equity Infrastructure

Authors: Anjorin, O., Ale, O. A. J., Duke, A. E. E., Harri, B. I., Iyamu, I., Obi-Jeff, C., Dahiru, A. M. C., Ojo, T. M., Musami, U. B., Said, J. M., Onietan, D., Henry, S. R., Fasoro, O., Ezeanozie, N., Baba-Ari, F., Agyapong, V. I. O., Sapara, A., Orji, R., & Eboreime, E.

Learning Objectives:

At the conclusion of this activity, participants will be able to:

- Describe how internet access shapes mobile phone engagement in displacement settings. [Scholar]
- Explain how connectivity influences the reach and effectiveness of mobile-based MHPSS interventions. [Scholar]
- Apply connectivity considerations to the design and evaluation of digital health and MHPSS programs in humanitarian contexts. [Scholar]

Lessons from a Telehealth and Task-Sharing Feasibility Trial: Telehealth-delivered written exposure therapy, by

paraprofessional coaches, for teenagers with post-traumatic stress disorder: A case-series feasibility trial

Authors: Gazit, T., Vakili, N., Bagnell, A., Rudnick, R., Stewart, S., & McGrath, P.,
Learning Objectives:

- At the conclusion of this activity, participants will be able to describe the structure, implementation, and telehealth delivery of Written Exposure Therapy (WET) for adolescents with PTSD; interpret preliminary evidence related to feasibility, clinical outcomes, and scalable intervention delivery; and examine perspectives on improving access to trauma-focused care in underserved or resource-limited settings. [Medical Expert; Scholar]
- Participants will be able to describe brief exposure-based interventions, skills in interpreting pilot trial outcomes and clinically meaningful change, and perspectives on paraprofessional models of care. [Scholar; Professional]
- As a result of participating in this session, attendees will be able to evaluate the potential application of telehealth- and paraprofessional-delivered trauma-focused interventions within clinical, community, and youth mental health settings. [Medical Expert; Scholar]

Impact of the Rapid Access Addiction Medicine (Raam) Clinic on Emergency Department (ED) Utilization Trends among Patients with Substance Use Disorders (SUD)in Sault Ste. Marie

Authors: Odega, A., Morin, K., and Bal K.
Learning Objectives:
At the conclusion of this activity, participants will be able to:

- Reflect on the data of the study highlighting predicting factors and pattern of hospital utilizations among patients with substance use disorders in the index community of the study. [Scholar]
- Identify the clinical implication of the study findings with clear understanding of the future direction of RAAM clinic model utilization in rural and suburban communities in Canada. [Collaborator; Scholar]

Art-Science Collaborations as a Mental Health Response in Times of Crisis

Authors: Rivest-Beauregard, M., de la Sablonnière, R., L'Espérance, A., Lessard, L., & Ferrari, M.
Learning Objectives:

- At the conclusion of this activity, participants will be able to describe the rationale and value of art–science collaborations as a knowledge mobilization strategy in the context of large-scale crises, particularly for enhancing public engagement with mental health research. [Collaborator]
- At the conclusion of this activity, participants will be able to identify key components involved in designing and implementing an interactive art–science exhibition aimed at fostering reflection, dialogue, and collective meaning-making around mental health. [Scholar]
- At the conclusion of this activity, participants will be able to interpret findings from a mixed descriptive evaluation assessing engagement, relevance, and acceptability of an art-based knowledge mobilization initiative. [Scholar]

- At the conclusion of this activity, participants will be able to extract practical lessons learned and formulate evidence-informed recommendations to support the adaptation of similar initiatives in diverse crisis-affected contexts. [Professional]

Reframing Violent Extremism Prevention as Mental Health and Psychosocial Support: Gender, community, and points of soft entrée

Authors: Cousineau, L.S.
Learning Objectives:

- At the conclusion of this presentation, participants will be better able to explain how community-based violent extremism and radicalization prevention initiatives can be conceptualized as forms of mental health and psychosocial support, identify key psychosocial and gender-related factors that shape pathways into extremist involvement (particularly in young men), and recognize the role of non-clinical, community-focused approaches in addressing distress and harm, especially in addressing points of soft entree into radicalizing communities. [Collaborator; Scholar; Professional]
- Participants will also be able to consider how this reframing relates to their own practice, research, or policy contexts and identify potential points of relevance or alignment with existing work. [Leader; Collaborator]

Poster Presentations

View more vital Global Mental Health research at your convenience by visiting our website and browsing our virtual Posters.

Note: Included below in the "Learning Objectives" are the CanMEDS roles we believe each objective will support.

PTSD, depression and counselling access among female IDPs in Nigeria

Authors: Fasoro, O. S. , Eboreime, E., Anjorin, O., Duke, A. E. E., Harri, B. I., Onietan, D., & Henry, S. R.
Learning Objectives:
At the conclusion of this activity, participants will be able to:

- describe the prevalence and clinical profile of post-traumatic stress disorder (PTSD) among women in protracted internal displacement in Nigeria, including its co-occurrence with moderate-to-severe depression and anxiety; [Medical Expert; Scholar]
- recognise the magnitude of the psychological counselling access gap, particularly among the women most affected by trauma-related symptoms; and apply this evidence to their own practice, research, or policy work by advocating for integrated multi-disorder mental health screening using validated tools (PCL-5, PHQ-9, GAD-7) rather than single-disorder screening, and by designing or prioritising culturally adapted, gender-responsive psychological counselling services for displaced women

in humanitarian settings in Nigeria and comparable contexts. [Medical Expert; Collaborator; Health Advocate; Professional]

Lived Experiences of Internally Displaced Persons (IDPs) in North Central Nigeria: A Phenomenological Study within an Ecological Systems Framework

Authors: Harri, B. I., Duke, A. E. E., Anjorin, O. J., Onietan, D., Henry, S. R., Obi-Jeff, C., Musami, U. B., Said, J. M., Ojo, T. M., Liebenberg, L., Orji, R., McGrath, P., Agyapong, V. I. O., & Eboreime, E.

Learning Objectives:

- At the conclusion of this activity, participants will be able to identify the key psychosocial impacts of displacement among IDPs in North-Central Nigeria. [Scholar]

Strengthening Family-Centred MHPSS to Reduce Loneliness in Emergencies

Authors: Rugira, J

Learning Objectives:

- Recognize loneliness as a relational and systemic risk factor in humanitarian emergencies, rather than solely an individual experience. [Scholar]
- Explain the protective role of family systems in buffering psychological distress and supporting resilience during and after crises. [Professional]
- Identify family-centred Mental Health and Psychosocial Support (MHPSS) strategies that can be integrated into preparedness, response, and recovery phases of humanitarian operations. [Collaborator; Professional]
- Apply a relational lens to existing MHPSS frameworks to strengthen sustainable, culturally responsive mental-health responses. [Collaborator; Professional]

Khat Use, Anxiety & Seasonal Measurement in Rural Ethiopia

Authors: Hugh Atkinson, Dr. Kristina Adorjan, Dr. Sam Stewart, Dr. Mark Asbridge, Dr. Manuel Mattheisen.

Learning Objectives:

At the conclusion of this activity, participants will be able to:

- Identify the key measurement challenges associated with assessing khat use in resource-limited and humanitarian settings, including the impact of seasonal variation on detection accuracy. [Scholar]
- Describe the comparative diagnostic accuracy of field-feasible khat detection methods, urine-based amphetamine immunoassay and assisted self-report, relative to laboratory confirmation, and evaluate their applicability for epidemiological surveillance in low-resource contexts. [Medical Expert: Scholar]
- Apply evidence on the association between biochemically confirmed khat use and anxiety symptoms to inform the design of targeted, community-based mental health interventions for high-risk populations in East African humanitarian settings. [Medical Expert: Scholar]

Reflections and Call to Action

Authors: Linda Liebenberg

Learning Objectives:

At the conclusion of this session, participants will be able to:

- Integrate key learnings from the conference's keynote, panel, community spotlight, and research presentations. [Scholar]
- Reflect on the contributions of research, practice, community leadership, and lived experience to advancing mental health and well-being. [Professional]
- Identify shared priorities and opportunities for collaboration across sectors and disciplines. [Collaborator]
- Apply conference insights to future research, policy, practice, and community action. [Leader; Health Advocate]
- Articulate key directions for strengthening equitable and responsive mental health systems in a changing world. [Health Advocate; Communicator]

Keynote Presenter & Panelists Biographies

Keynote Speaker

Pamela Y. Collins, MD, MPH (she, her, hers)

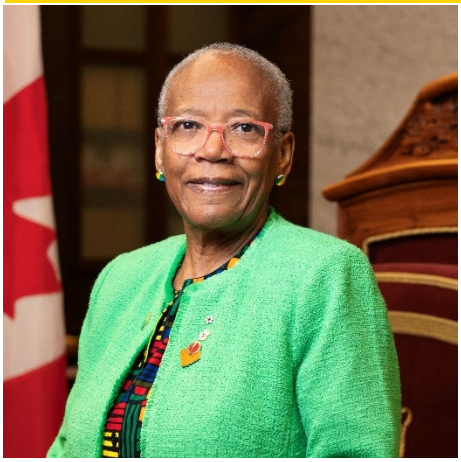
Pamela Collins, MD, MPH, is a Bloomberg Centennial Professor, chair of the Department of Mental Health and director of the Center for Global Mental Health at the Johns Hopkins Bloomberg School of Public Health. She is a psychiatrist who works at the intersections of global mental health, HIV care, and urban mental health for adolescents and adults. Her current projects integrate psychosocial interventions into routine HIV care for adolescents living with HIV and into community-based care with faith-based providers in sub-Saharan Africa.

During her leadership role at the U.S. National Institute of Mental Health, she spearheaded major research initiatives that strengthened the global evidence base for integrating mental health services into HIV programs, primary care, maternal health, and chronic disease care in low- and middle-income countries and stimulated research to reduce mental health disparities in the US. Prior to her current position, while professor of Psychiatry and Global Health at the University of Washington, she oversaw the implementation of HIV and mental health integration activities in Ukraine, sub-Saharan Africa, India, and the Caribbean as executive director of I-TECH.

Dr. Collins is a scientific advisor to PEPFAR, the U.S. President's Emergency Plan for AIDS Relief program, has served as a commissioner for the second Lancet Commission on adolescent health and wellbeing and the Lancet Commission on global mental health and sustainable development, and on the National Advisory

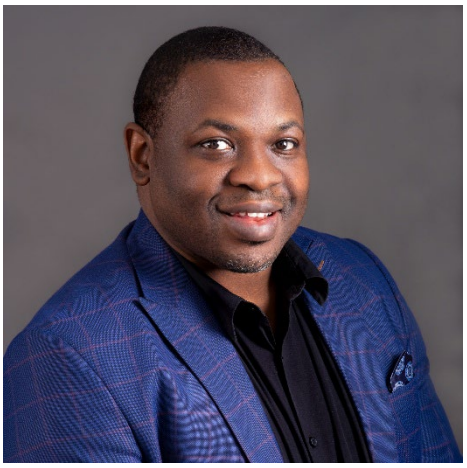
Mental Health Council. Dr. Collins is a co-director of the Johns Hopkins-Emory University Center for HIV and Mental Health Stigma Elimination Strategies (CHIMES). She is a member of the National Academy of Medicine.
Collins completed her residency in Psychiatry at Columbia University/New York State Psychiatric Institute. She earned her MD from Weill Cornell Medical College, an MPH from Columbia University Mailman School of Public Health, and a BA from Purdue University. She was a postdoctoral fellow in the Harvard Medical School Department of Social Medicine and the Columbia University Department of Psychiatry, where she subsequently joined the faculty.

Panelists



The Honourable Wanda Thomas Bernard, PhD, C.M., O.N.S., Senator – Nova Scotia (East Preston)

Senator Wanda Thomas Bernard is the first African Nova Scotian woman to be appointed to the Senate of Canada, representing the province of Nova Scotia. Senator Bernard is a proud resident of East Preston, where she lives with her daughter Candace, son-in-law David and grandsons Damon and Gavin. Senator Bernard champions issues impacting African Canadians and people living with disabilities. She is particularly invested in human rights, employment equity, and mental health. Through her involvement in community projects, her social work career, her time with Dalhousie School of Social Work, and now her work in the Senate, Senator Bernard has maintained a deep dedication to social justice and racial justice. Senator Bernard advocates for reparations for the historical and continued anti-Black racism impacting the lives of African Canadians.



Dr. Ejemai Eboreime, MD, PhD

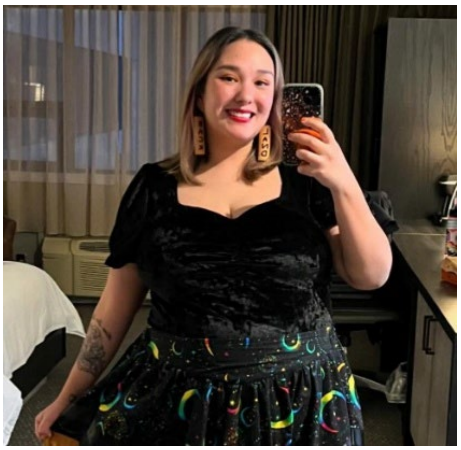
Dr. Ejemai Eboreime is an award-winning researcher and implementation scientist whose work sits at the intersection of climate change, conflict, and mental health in vulnerable populations. With over 15 years of frontline global health experience and a PhD in implementation science — among the first awarded in this field in Africa — he brings a rare ability to bridge the divide between evidence and practice across diverse health systems.

Dr. Eboreime is an Assistant Professor in the Department of Psychiatry at Dalhousie University, where he serves as Program Director for the Masters in Clinical Psychiatry and Global Mental Health. His research is anchored in health equity and spans two continents. He leads the EMBRACE research program, which examines and addresses barriers to mental healthcare access among African Nova Scotian communities and newcomers in Canada, while his RESETTLE-IDPs program tests innovative mental health interventions for internally displaced persons in Nigeria. Central to both lines of inquiry is his focus on how climate disasters — from Nova Scotia's wildfires to drought across the Sahel — disproportionately affect the mental health of marginalized communities.

Dr. Eboreime has broad expertise in digital mental health, having contributed to the evaluation of low-cost, scalable interventions designed to expand mental health access where traditional services remain limited or absent. His research portfolio, supported by over C$15 million in funding from organizations including CIHR, Grand Challenges Canada, Research Nova Scotia and the Bill & Melinda Gates Foundation, reflects his commitment to developing and testing accessible solutions for underserved populations.

Having served as a physician, Senior Medical Officer with Nigeria's National Primary Health Care Development Agency, and now as an academic researcher in Canada, Dr. Eboreime offers a

distinctive North–South perspective on health systems strengthening — one that is essential to advancing the global mental health agenda.



Kendall Paul

Kendall Paul (They/Them/Nekm) is a Two-Spirit, non-binary Mi'kmaw person who is a proud member of Membertou First Nation in Una'maki (Cape Breton). They currently work as one of the Mental Health Counsellors with the Indigenous Mental Health & Wellness Team, or Wije'winen Mawi-apoqnmatultinej (Come with us, we'll help each other, together) at the Mi'kmaw Native Friendship Centre in Kjipuktuk (Halifax). Prior to being in this position, Kendall held the role of Housing Intensive Case Manager, working with high-acuity urban Indigenous people who were actively unhoused or facing housing insecurity. Kendall draws on both their lived experience as an Indigenous person, a Two-Spirit, non-binary person, a bisexual person, a person living with a disability, a social worker, and an intergenerational survivor of colonial violence, as well as their formal education to guide and inform their practice to be inclusive, culturally safe and trauma-informed.

Moderator

Linda Liebenberg PhD., Program Coordinator at the Centre for Global Mental Health, Dalhousie University

Linda Liebenberg researches youth mental health. Her work explores promoting youth mental health in especially challenging contexts through formal service provision, informal community supports, and community development. Her work includes a reflection on the best ways to conduct research and evaluations with youth and their communities. These approaches include

participatory elicitation-based methods, longitudinal quantitative designs, and the design of measurement instruments. Linda is also invested in impactful knowledge mobilization and in effective ways to share research findings with diverse knowledge users. Linda has worked with many international organizations, including the World Bank, the World Health Organization, Save the Children, and the Institute for International Criminal Investigations. In addition to her extensive publications, she has presented on all five continents on culturally and contextually meaningful approaches to promoting the mental health of youth and best ways to research this.

Evaluation

Please take a moment to complete the evaluations for this event:

https://surveys.dal.ca/opinio/s?s=84276

DEADLINE TO SUBMIT: July 31st, 2026, at 11:59 p.m.

Certification/Accreditation

Educationally approved by Dalhousie University Continuing Professional Development and Medical Education

Credit Hour Statement

This activity is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, and approved by Dalhousie University Continuing Professional Development and Medical Education. You may claim a maximum of 5.0 hours (credits are automatically calculated).

Approval Statement:

Educationally approved by Dalhousie University Continuing Professional Development and Medical Education.

Thank you!

We would like to acknowledge our sincere appreciation for the hard work and efforts of the Scientific Planning Committee who have been instrumental in the planning and execution of this event.

Vincent Agyapong (Chair)
Linda Liebenberg
Ejemai Eboreime
Belinda Agyapong
Nancy Saunders
Tyler Simmonds
Rachel Boehm
Bala Harri
Penney Miller
Huanhong Xie
Chelsea Mantin (Admin)