Global Integration:
Charting Your Course in the Service of Humanity
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This interactive workshop takes us into the heart of major challenges/opportunities facing humanity. We explore ways to relevantly connect and contribute more globally as mental health professionals, emphasizing the overlapping domains of global mental health (GMH) and global member care (GMC). We identify new directions and practical applications for our integration work.

> *[Surprises and setbacks] should not deter us from responding as best we can, using our talents to improve this always mixed record of trying "to save generations from the scourge or war," "to reaffirm faith in fundamental human rights," and to promote "social progress and better standards of life in larger freedom." The original Preamble to the Charter of the United Nations had it right. The question is, can we do it?* Paul Kennedy, The Parliament of Man (2006, p. 279)

Is it time to further tweak our paradigms—and skill sets—for greater involvement in mental health and "international things"? Yes indeed! This interactive workshop explores the opportunities for mental health professionals (MHPs) to intentionally integrate their professional skills and activities more globally—global integration (GI). It will help MHPs to access new resources, shape some new mindsets, identify new skills, and consider how they can chart their course in GI.

GI is an emerging practice through which MHPs connect and contribute as "forces for good," on behalf of the challenges facing humanity. It involves "responding as best we can" and "using our talents" to cross cultures and countries, disciplines and sectors, time zones and comfort zones in order to stretch our thinking, practice, and impact on the world.

A major focus of the workshop will be to overview the overlapping domains of global mental health (GMH) and global member care (GMC). Both GMH and GMC are international, interdisciplinary, and multisectoral efforts that promote human wellbeing especially among vulnerable populations. GMH, founded upon clinical/behavioral science, public health, cross-cultural studies, and human rights, emphasizes health equity and quality health for all. GMC, founded on health sciences, human resource management, cross-cultural studies, and human rights, emphasizes supportive resources for humanitarian/mission workers. We will discuss conceptual foundations for these two domains and consider practical applications for our work (using personal examples, key publications, and short videos). Ten key areas common to GMH/GMC will be used as a framework, such as research, resolutions, clinical/public health resources, and training.

Learning Objectives
1. Principles: Define Global Integration, Global Mental Health, and Global Member Care and identify three foundational principles for each domain.

2. Resources: Identify three key resources from Global Mental Health and Global Member Care relevant for your integration work.

3. Strategies: Identify three specific strategies to help you further connect and contribute to Global Integration.

1. Crossing sectors. Sectors are large, amorphous yet recognizable entities that bring together people and resources for a broad purpose to benefit society. Three relevant sectors for the member care field:

- **Humanitarian Assistance Sector**: common commitment for supporting and managing international and local staff, in maintaining effective organizations, etc.
- **Human Health Sector:** common commitment to promote human wellness through research and resources, advocacy and policies at all levels of society, etc.
- **Human Resources Sector**: common commitment to fulfill organizational objectives by managing and developing human resource systems and by promoting staff/volunteer wellbeing, skills etc.

2. Global Integration—Mental Health (GI-MH). GI-MH is an emerging domain with roots in the integration of mental health and theology. It involves people with character, competence, and compassion who actively connect and contribute as "forces for good" in order to skillfully address serious challenges facing humanity. They cross cultures and countries, disciplines and sectors, time zones and comfort zones in order to stretch their thinking, practice, and impact on the world. From a Christian perspective, GI ultimately involves how we integrate our lives into global involvements for God's glory. (Global Integration, *CORE Member Care* weblog, 2011)

3. Global Member Care (GMC). GMC is an interdisciplinary, international, trans-cultural, and mult-sectoral field that focuses on supporting the diversity of mission/aid personnel and sending groups. It involves the provision and development of quality resources to promote wellbeing, resiliency, and effectiveness. Pre-field training/orientation, personnel departments, children's education, clinical/pastoral counseling, crisis management, coaching, skill training, and reentry preparation are all part of member care.

4. Global Mental Health (GMH). GMH is an international, interdisciplinary, and multi-sectoral domain which promotes human well-being, the right to health, and equity in health for all. It encourages healthy behaviours and lifestyles; is committed to preventing and treating mental, neurological, and substance use conditions; and seeks to improve policies and programs, professional practices and research, advocacy and awareness, and social and environmental factors that affect health and well-being. (GMH--Finding Your Niches and Networks, *Psychology International*, March 2012)

GI Framework and Directions
Certainty of death, small chance of success... What are we waiting for?
(Gimli, contemplating the journey to the Black Gates of Mordor, *Lord of the Rings*)

Our GI exploration has really just begun. It awaits development by other colleagues in the field of integration (ranging from senior to early career to students). These are colleagues who recognize the opportunity and duty to take integration far more globally. I believe that their moral courage and competencies will chart a strategic course for GI, right into the heart of the challenges facing humanity. Here is a list of the 10 areas that provide a framework and direction for our journey into GI (see the CORE Member Care weblog). http://coremembercare.blogspot.fr/search/label/global%20integration

1. Foundations and Directions
GI involves: growing deeply and going broadly; building on foundations; developing new competencies; breaking bubbles; crossing sectors; taking risks; and challenging the status quo. And doing all these things on behalf of humanity in need.

2. Windows and Agendas
Depending on the work-life expectancy for those involved in integration, there is a 10-40 year "window" of development. What will integration be like and where will it be during this time period—from now until say 2050? Should we intentionally shape it in different ways? If so, how?

3. Tran(s)pan in the GI Commons
We must go further and deeper if we are to truly develop GI, or better, a "GI Commons" in which a diversity of humans can meet on a level field for mutual exchanges and mutual support. Something new needs to emerge…I think it will involve in its core a shift in mentality and a shift in lifestyle.

4. Global Integration and Psychology International
As we stay in touch with global mental health resources and developments, including psychology international, we will be better equipped to provide member care in mission/aid and beyond.

5. Mapping GI
Based on Kelly's recent article on global mental health, six initial categories of resources and involvement are suggested for "mapping" GI. These include: organizations, publications, conferences, training, human rights, and humanitarian action.

6. Finding Our GI Voices
How can we practically connect and contribute, with some current examples involving global health and the United Nations.

7. GI Footprints
We explore where GI is making its mark and where it is not. Where does integration need to go globally?

8. Climbing or Confining: Three Commitments for GI
Reviews the need for staying current, reviewing resources, and being actively involved in GI.

9. Drafting Your GI Statement
Suggestions for writing a short personal statement about how your work, life, values, and aspirations connect/contribute to the global world.

10. Conclusion: Moral Courage and Global Duty
Humanity is waiting. What are we waiting for?

CHOPS Inventory—Supporting Mis/Aid Workers

Cross-cultural workers can have experiences that make them feel like "sheep in the midst of wolves." This exercise explores ten "wolves"—which we refer to as stressors—that workers frequently encounter. We use the acronym "CHOPS" as a way to help identify and deal with these stress-producing "wolves". Note that each stressor can be both a source of stress and/or a symptom of stress.

Directions

1. Using a separate piece of paper, write down some of the stressors that you have experienced over the past several months. Refer to the 10 stressors and some of the examples mentioned below. Put these under a column labelled **"Struggles."**

2. In a second column, **"Successes"**, list some of the helpful ways you have dealt with stress during the last several months.

3. Next, under a **"Strategies"** column, list ideas for better managing stress in the future.

4. You may also want to do the same with some important people in your life, such as individuals and groups found at the bottom of this page. Discuss your responses with a close friend.

Struggles _____ Successes _____ Strategies

Cultural (getting needs met in unfamiliar ways: language learning, culture shock, reentry) feeling rejected, overlooked, or undervalued by the dominant "international" mis/aid culture; gender bias, prejudice, lack of opportunity/freedom

Crises (potentially traumatic events: natural disasters, wars, accidents, political instability) protracted armed conflicts and physical threats, one's own community and country affected

Historical (unresolved past areas of personal and social struggle: family of origin issues, personal weaknesses) lack of educational, health, economic opportunities (i.e. social determinants of health)

Human (relationships: with family members, colleagues, nationals: raising children, couple conflict, struggles with team members, social opposition) caring for ageing parents, few school options, human rights violations, persecution, discrimination, stigma

Occupational (job-specific challenges and pressures: work load, travel schedule, exposure to people with problems, job satisfaction, more training, government "red tape") job insecurity, short-term contracts, mis/aid work not understood or respected

Organisational (governance and management: incongruence between one's background and the organisational ethos, policies, work style, expectations; incompetence, corruption, abusive leadership, dysfunction, disability practices) legal protection, training

Physical (overall health and factors that affect it: nutrition, climate, illness, ageing, environment) no medical resources/insurance and inadequate nutritional options, injuries/road traffic accidents

Psychological (overall emotional stability and self-esteem: loneliness, frustration, depression, unwanted habits, developmental issues/stage of life issues) cumulative impact of "adverse life events"

Support (resources to sustain one's work: finances, housing, clerical/technical help, donor contact) minimum pay and financial support, finances used for survival and not just for one's mis/aid work

Spiritual (God and/or transcendent values: meaning, evil, inner growth, practices/disciplines) lack of trust/respect for spiritual leaders

Answers apply to (circle): self, spouse, child, friend, department, team, company, other
(also available in Chinese, Korean, Arabic, Bahasa Indonesia, German, Spanish, and Portuguese)
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Global Mental Health Action Plan

Vision

A world in which mental health is valued, mental disorders are effectively prevented and in which persons affected and in which persons are able to access evidence-based health and social care and exercise the full range of human rights to attain the highest possible level of health and functioning free from stigma and discrimination.

Cross-cutting Principles

Universal access and equity	Human rights	Evidence-based practice	Life course approach	Multisectoral approach	Empowerment of persons with mental disorders
All persons with mental disorders should have equitable access to health care and opportunities to achieve or recover the highest attainable standard of health, regardless of age, gender, or social position.	Mental health strategies, actions, and interventions for treatment, prevention and promotion must be compliant with international human rights conventions and agreements.	Mental health strategies and interventions for treatment, prevention and promotion need to be based on scientific evidence and good practice.	Mental health policies, plans and services need to take account of health and social needs at all stages of the life course, including infants, children, adolescents, adults, and older adults.	A comprehensive and coordinated response of multiple sectors such as health, education, employment, housing, social and other relevant sectors should be utilized to achieve objectives for mental health.	Persons with mental disorders should be empowered and involved in mental health policy, planning, legislation, service provision, and evaluation.

Goal

To promote mental well-being, prevent mental disorders, and reduce the mortality and disability for persons with mental disorders

Objectives and Targets

1. To strengthen effective leadership and governance for mental health	2. To provide comprehensive, integrated and responsive mental health and social care services in community-based settings	3. To implement strategies for mental health promotion and protection including actions to prevent mental disorders and suicides	4. To strengthen information systems, evidence and research for mental health
T 1.1: 80% of countries will have updated their mental health policies and laws (within the last 10 years) by year 2016.	*T 2.1: The number of beds used for long-term stays in mental hospitals will decrease by 20% by year 2020, with a corresponding increase in the availability of places for community-based residential care and supported housing.*	*T 3.1: 80% of countries will have at least two national, multisectoral mental health promotion and protection programmes functioning by year 2016 (one universal, one targeted on vulnerable groups).*	*T 4.1: A global observatory for monitoring the mental health situation in the world will be established by year 2014.*
T 1.2: 80% of countries will be allocating at least 5% of government health expenditure to mental health by year 2020.	*T 2.2: The treatment gap for severe mental disorders will be reduced by 50% by year 2020.*	*T 3.2: Rates of suicide in countries will be reduced by year 2020.*	*T 4.2: 80% of countries will be collecting and reporting at least a core set of mental health indicators annually by year 2020.*

References

Note: Three of the main sources for the material to be presented:

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2. O'Donnell, K. (2011). *Global member care: The pearls and perils of good practice (volume 1)*. Pasadena, CA: William Carey Library. Three broad areas are addressed in this book: exploring member care (history, issues, future directions), promoting health in mission/aid (dysfunction, relationships, organizational management), developing guidelines for good practice (ethics and human rights principles). (https://sites.google.com/site/globalmca/

3. Global Mental Health: A Resource Primer for Exploring the Domain (*International Perspectives in Psychology: Research, Practice, Consultation*, July 2012). This is a major research article with an extensive listing of GMH resources, prioritizing those from the last 10 years. The resources are categorized into six areas: organizations, publications, conferences, training, human rights, and humanitarian. It is available on the GMH-Map website. https://sites.google.com/site/gmhmap/

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