Well-Being for All:
Mental Health Professionals and the Sustainable Development Goals
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We are resolved to free the human race from the tyranny of poverty and want and to heal and secure our planet. We are determined to take the bold and transformative steps which are urgently needed to shift the world onto a sustainable and resilient path. As we embark on this collective journey, we pledge that no one will be left behind. United Nations, *Transforming Our World: The 2030 Agenda for Sustainable Development* (2015, Preamble)

Fifteen years from now, when the current and the next generations together assess the implementation of the 2030 Agenda, a key measure of success will be the extent to which it has allowed every single person to thrive, regardless of gender, race, age, religion, place of residence, or any other factor. United Nations, *Global Sustainable Development Report* (2016a, p. 4)

This article explores how mental health professionals (MHPs), especially Christians whose faith-based values help shape and support their professional work, can connect and contribute to the growing efforts to promote wellbeing for all people and the planet. We highlight three current and unprecedented global efforts, foremost being the United Nations *2030 Agenda for Sustainable Development* (2015), followed by the World Health Organization's *Mental Health Action Plan* (2013) and the United Nations *One Humanity: Shared Responsibility* (2016b). "Global integration" and "global mental health" are also presented as frameworks to help guide MHPs' global involvement. We finish with some convictions and commitments for Christian MHPs to consider.

Sustainable development is a growing global effort and a uniting watchword to safeguard humanity's future. It is a sobering acknowledgment of the crippling course and causes of poverty along with the violation of the planet and a serious attempt to confront these and other entrenched social, economic, and environmental problems. Sustainable development recognizes that our globalizing world community must prioritize ongoing progress for all people, lasting peace, and the enduring protection of the planet. For Christians, this global effort reflects the mandate (duty and desire) to seek the well-being for all people, including justice and prosperity, and to steward God's creation responsibly in our fallen world.

Three Agendas: Opportunities for MHPs

Agenda 1

The world community, as spearheaded by the United Nations, has embarked on an ambitious agenda for sustainable development. Seventeen sustainable development goals (SDGs) and 169 targets have been identified in the *2030 Agenda,* prioritizing the eradication of poverty in all of its forms (Goal 1). The *2030 Agenda* is a voluntary agreement and not a legally binding treaty, and was unanimously approved by all 193 UN member states in September 2015. It reflects the growing collaborative efforts among governments, the private sector, and civil society including faith-based organizations (e.g., Partnership for Religion and Development) and provides important opportunities for mental health professionals (MHPs) to impact our needy world. You can track progress and review core documents on the SDGs via the United Nations Sustainable Development Knowledge Platform (United Nations, 2016c).

Mental health is explicitly included in Goal 3 as part of the overall commitment "to ensure healthy lives and promote well-being for all at all ages." In addition, three of the Targets under Goal 3 with important mental health implications are: "By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being;" "Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol;" and "Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all." For a discussion on the process and challenges of getting mental health, these targets, and quantitative measures (indicators) included in the *2030 Agenda*, see Vortruba and Thornicroft (2016).

Agenda 2

A second important document to help inform and guide MHPs is the World Health Organization's *Mental Health Action Plan 2013-2020* (WHO, 2013). This widely endorsed *Action Plan* is a foundational document for the global and national development of mental health. Mental health is extremely important for sustainable development as it affects and is affected by many crucial issues including poverty, food security, trauma, conflict, interpersonal violence, terrorism, gender equality, education, human security, natural disasters, and climate change. There are an estimated 450 million people, for example, experiencing a mental, neurological, or substance use condition—the vast majority who receive little or no effective care, especially those in low- and middle-income countries (WHO, 2013).

The *Action Plan's* overall goal is to "promote mental well-being, prevent mental disorders, provide care, enhance recovery, promote human rights and reduce the mortality, morbidity and disability for persons with mental disorders" (p. 9). Its four main objectives are to: "strengthen effective leadership and governance for mental health; provide comprehensive, integrated mental health and social care services in community-based settings; implement strategies for promotion and prevention in mental health; and strengthen information systems, evidence and research for mental health" (p. 10). More ideas for relating the *Action Plan* to the work of MHPs and vice versa are in the *mhGAP Newsletters* (WHO, 2016).

Agenda 3

The global efforts to strengthen and revamp humanitarian assistance is summarized in *One Humanity: Shared Responsibility* (United Nations, 2016). This document, with its "Agenda for Humanity," calls upon the world community to rally around five core responsibilities on behalf of the estimated over 125 million people affected by humanitarian crises in our world.

> 1. Political leadership to prevent and end conflicts. An end to human suffering requires political solutions, unity of purpose and sustained leadership and investment in peaceful and inclusive societies… 2. Uphold the norms that safeguard humanity. Even wars have limits: minimizing human suffering and protecting civilians require strengthened compliance with international law… 3. Leave no one behind. Honouring our commitment to leave no one behind requires reaching everyone in situations of conflict, disaster, vulnerability and risk… 4. Change people's lives: from delivering aid to ending need. Ending need requires the reinforcement of local systems and the anticipation and transcendence of the humanitarian-development divide… 5. Invest in humanity. Accepting and acting upon our shared responsibilities for humanity requires political, institutional and financing investment. (pp. 48-60).

Of particular relevance for mental health colleagues are the advocacy efforts and opportunities to further include mental health and psychosocial support (MHPSS) in humanitarian assistance (e.g.,

see the Mental Health and Psychosocial Support Network's website). "[MHPSS] should be integrated into all humanitarian responses. All people affected by disasters, conflict and chronic adversities should have access to appropriate [MHPSS] to restore day-to-day functioning and recovery" (Inter-agency Standing Committee, Reference Group on MHPSS, 2015, p. 1). Another area of interest is providing, developing, and evaluating MHPSS services to international and local humanitarian staff (e.g., Suzik et al, 2016).

Implications for MHPs

Taken together, these three agendas reflect the immense and overlapping developmental, mental health, and humanitarian needs worldwide. In light of these needs, we believe it is imperative for the mental health profession to review and leverage its training emphases, strategic roles, organizational priorities, and ethical responsibilities. The same is true for individual MHPs themselves and mental health-related organizations. We thus encourage colleagues to consider current and new opportunities in *global* mental health, such as

- Participating in international mental health organizations and conferences (e.g., American Psychological Association's Office of International Affairs, Division 52 International Psychology, and Division 48 Peace Psychology; International Union of Psychological Science; World Federation for Mental Health); working locally with underserved and immigrant populations (e.g., Harvard Refugee Trauma Program);
- Including global topics in courses and training (e.g., United Nations Academic Impact); conducting treatment and implementation science research in low resource countries (e.g., organizations such as Basic Needs and Sangath);
- Advocating for improved mental health resources and policies in governments and across sectors (e.g., Movement for Global Mental Health);
- Developing psychosocial support services among displaced persons (e.g., United Nations High Commissioner for Refugees, Save the Children);
- Staying in touch with well-being measures and progress (Organization for Economic Cooperation and Development, 2015);
- And through it all, staying current with global developments and GMH (UN WebTV; O'Donnell and Lewis O'Donnell, 2015b).

For some examples of global involvement, see the special issue of the *Journal of Psychology and Christianity* (2014) on Psychology in the Global Context as well as the Mental Health Innovation Network website.

Two Frameworks: Global Integration and Global Mental Health

Framework 1

Global integration (GI) is a framework that we have been developing over the past six years, as we consider, like so many others, how to help make our troubled world a better place. We define GI as **actively integrating our lives with global realities by connecting relationally and contributing relevantly on behalf of human wellbeing and the issues facing humanity, in light of our integrity and core values (e.g., ethical, humanitarian, faith-based) for God's glory.** Our foundational thinking for **GI** includes applications for mental health (i.e. mental health *as* mission) and member care (i.e. the wellbeing of mission/aid personnel) (O'Donnell and Lewis O'Donnell, 2016a). Crossing sectors for mutual learning and support is a key process of GI (O'Donnell and Lewis O'Donnell, 2013). We are also exploring the characteristics and challenges of "**global integrators"--**colleagues of integrity who link their skills, values, and relationships on behalf of major issues in our world. For an overview see "Seven Indicators for Global Integrators" (O'Donnell 2015b, O'Donnell and Lewis O'Donnell 2016e).

Our work as psychologists in GI is based in Geneva. It includes regular interactions with personnel/events in the United Nations, World Health Organization, and international NGOs—and hence access to materials, perspectives, and resources that we review and share with colleagues. We regularly send out *Global Integration Updates* to over 1900 colleagues as part of our commitment to foster "common ground for the common good" and "personal transformation for social transformation." The *Updates* are archived on our main website (Member Care Associates, 2016a). The December 2015 Update, "Staying Current-Navigating the News," is especially relevant (O'Donnell and Lewis O'Donnell, 2015b). It features: a) newsletters/updates from major humanitarian-development organizations; b) world reports on special topics; c) links to news/media sources; d) recent resources from the United Nations, humanitarian, and the global health/mental health sectors; and e) reflections on the importance of informed, skilled, and critical partnering for sustainable development.

Framework 2

Since 2010 we have immersed ourselves in the emerging domain of GMH and initiated the GMH-Map project (Member Care Associates, 2016b). Through this project we contribute GMH overview articles, speak at graduate schools and conferences, and moderate a website to orient colleagues further to GMH. We have developed a concise GMH framework and definition which fits well within the broader GI framework (e.g., O'Donnell and Lewis O'Donnell, 2016d) and which is in keeping with some of the scholarly critiques of GMH (e.g., Kirmayer and Pedersen, 2014). We define GMH as *an international, interdisciplinary, culturally-sensitive, 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 especially for vulnerable populations (e.g., in settings of poverty, conflict, calamity, and trauma and in low- and middle income countries); 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.*

As our primary work is in the mission and humanitarian aid sector, we have been particularly interested in applications of GMH for mission/aid personnel and their organizations. For some examples from our work, see "Field Consultations" which describes some of the multi-sectoral resources for assessment and personal growth that we use (O'Donnell and Lewis O'Donnell, 2015a). See also the perspectives and resources in "Global Mental Health as Mission" (O'Donnell and Lewis O'Donnell, 2016c).

Our vision for GI and GMH is influenced by our Christian worldview and continues to intertwine with the development of the integration of psychology and theology (O'Donnell 2015a). We have appreciated, for example, Moriarty's call for future integration to emphasize "integration systems" that are more diverse, global, and with more in-roads into non-religious settings (Moriarty, 2012). We believe we have a time limited opportunity to help shape the course of integration and sustainable development. We can reprioritize, retool, connect much more broadly, and go forward with relevance or we can quickly fade into insignificance and obscurity.

So where do we want to be with integration—the *global* integration of psychology and theology—in 2030, when the SDGs come to term? Or in 2050? We believe Christian MHPs can be increasingly informed by and involved with world issues. Some ideas for taking this conviction further include organizing informal GI roundtables/consultations (online and in vivo) as well as including GI and GMH-related topics—including practical, local and cultural relevant applications—as part of conferences, academic courses, articles, and webinars. Ultimately, one of the greatest opportunities could be organizing a new coalition(s) of colleagues who are committed to GI and GMH. Serving all the above components could be a core steering group, a growing network of global integrators, new

partnerships and joint projects, a special GI website, and endowments/grants to help make it all happen.

Going Global:
Convictions and Commitments as Christian MHPs

Some Convictions

We frankly do not have too much patience for armchair criticisms that trivialize or denigrate the work of the humanitarian, development, and health sectors, and the United Nations. We affirm the combined efforts of these entities and their dedicated personnel who take risks and make sacrifices often at great personal cost. However we also appreciate informed critiques—such as aid-development being an industry, bureaucratic inefficiencies, private/corporate and geopolitical special interests, entrenched systemic and power inequalities, national sovereignty compromises, etc.—and know that there is much room for improvement in organizations, sectors, and the global community's efforts. The *2030 Agenda*, *Mental Health Action Plan, and One Humanity*, in our view, are crucial rallying and guidance points to truly make a difference regarding the horrific conditions affecting so many fellow humans.

Yet as Christians in mental health, we also acknowledge the undermining reality of evil and human sin as well as the underlying reality of God and His redemptive purposes in Jesus Christ. We support human efforts to do good — whether it be alleviating poverty among the one billion urban slum dwellers or protecting the 1.5 billion people living in settings exposed to violence and conflict, for example. We see these efforts as the *imago Dei* at work within the *missio Dei*, regardless of whether one believes in these things or not. Humans do good. However we think humans do better when they include and honor God in the process. And more specifically we think we can do much better at "transforming our world" if God is included and honored in our efforts and if we start with transformation in our own hearts. The world will not be a better, transformed place unless better, transformed people make it so (O'Donnell and Lewis O'Donnell, 2015b).

Seven Commitments

We conclude with seven commitments that reflect many of the values and directions that we believe are critical for positively impacting our world (O'Donnell 2015c). They are especially relevant for the work of Christian MHPs who seek to align with the sustainable development, mental health, and humanitarian agendas featured in this article.

> **Commitment 1.** We commit to diligently pursue our own journeys of personal and professional growth—to grow deeply as we go broadly.
> **Commitment 2.** We commit to integrate the inseparable areas of our character (resilient virtue) and competency (relevant skills) with compassion (resonant love).
> **Commitment 3.** We commit to go into new areas of learning and work: crossing sectors, cultures, disciplines, and comfort zones.
> **Commitment 4.** We commit to embrace our duty to work in difficult settings, including those permeated by conflict, calamity, corruption, and poverty as those in great need are often in places of great risk.
> **Commitment 5.** We commit to have clear ethical commitments and standards that guide our work, respecting the dignity and worth of all people.
> **Commitment 6.** We commit to working with others to promote wellbeing and sustainable development, building the future we want and being the people we need.
> **Commitment 7.** We commit to base our work on the practice of fervently loving other people—*agape*. This type of love is the foundational motive and the ultimate measure of our GI and GMH work.

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