

Transforming Our World

Mental Health Professionals and the Sustainable Development Goals

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Transformed: Emerging Trends in Training and Practice
CAPS Conference—Dallas, Texas USA, 21 March 2019

"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)

Summary

This presentation explores opportunities for mental health professionals (**MHPs**) to connect and contribute to human and planet wellbeing via the United Nations 17 Sustainable Development Goals (**SDGs**). It provides a Global Integration framework (**GI**) to guide MHP involvement and gives examples from the presenters' international and cross-sectoral work in Global Mental Health (**GMH**).

Learning Objectives

- 1: Review the United Nations Sustainable Development Goals and list three of the goals that are the most relevant for your work in mental health.
- 2: Overview Global Mental Health and identify three GMH resources that would be especially relevant to include for training mental health professionals.
- 3: Describe three specific ways that you can apply the Global Integration framework to support SDG Goal 3 (the health goal): "ensure healthy lives and promote wellbeing for all at all ages."

Abstract

This presentation explores how mental health professionals, 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 share examples of our international and cross-sectoral work, highlighting the relevance of the *UN 2030 Agenda*, the *WHO Mental Health Action Plan*, the emerging domain of Global Mental Health, and the Global Integration framework.

The world community, as spearheaded by the United Nations, has embarked on an ambitious agenda for sustainable development. Seventeen sustainable development goals and 169 targets have been identified in the *2030 Agenda for Sustainable Development* (2015), prioritizing the eradication of poverty in all of its forms (Goal 1). This Agenda reflects the growing collaborative efforts among governments, the private sector, and civil society including faith-based organizations, and provides important opportunities for mental health professionals--through training, consultation, advocacy, research, clinical work etc.--to positively impact our needy world. **For the handouts and power point:** membercareassociates.org

Some examples of MHP involvement that we will emphasize include:

- Participating in international mental health organizations and conferences
- Including global topics and applications in courses and training
- Working locally with underserved and immigrant populations
- Conducting treatment and implementation science research in low resource countries
- Advocating for improved mental health resources and policies in governments and across sectors
- Staying current with global developments and Global Mental Health

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Transforming Our World: MHPs and SDGs

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Transforming Our World: The 2030 Agenda for Sustainable Development

Adopted by the United Nations General Assembly, 25 September 2015

Preamble

This Agenda is a plan of action for people, planet and prosperity. It also seeks to strengthen universal peace in larger freedom. We recognise that eradicating poverty in all its forms and dimensions, including extreme poverty, is the greatest global challenge and an indispensable requirement for sustainable development. All countries and all stakeholders, acting in collaborative partnership, will implement this plan. 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. The 17 Sustainable Development Goals and 169 targets which we are announcing today demonstrate the scale and ambition of this new universal Agenda. They seek to build on the Millennium Development Goals and complete what these did not achieve. They seek to realize the human rights of all and to achieve gender equality and the empowerment of all women and girls. They are integrated and indivisible and balance the three dimensions of sustainable development: the economic, social and environmental.



The Goals and targets will stimulate action over the next fifteen years in areas of critical importance for humanity and the planet:

People. We are determined to end poverty and hunger, in all their forms and dimensions, and to ensure that all human beings can fulfil their potential in dignity and equality and in a healthy environment.

Prosperity. We are determined to ensure that all human beings can enjoy prosperous and fulfilling lives and that economic, social and technological progress occurs in harmony with nature.

Planet. We are determined to protect the planet from degradation, including through sustainable consumption and production, sustainably managing its natural resources and taking urgent action on climate change, so that it can support the needs of the present and future generations.

Peace. We are determined to foster peaceful, just and inclusive societies which are free from fear and violence. There can be no sustainable development without peace and no peace without sustainable development.

Partnership. We are determined to mobilize the means required to implement this Agenda through a revitalised Global Partnership for Sustainable Development, based on a spirit of strengthened global solidarity, focussed in particular on the needs of the poorest and most vulnerable and with the participation of all countries, all stakeholders and all people.

The interlinkages and integrated nature of the Sustainable Development Goals are of crucial importance in ensuring that the purpose of the new Agenda is realised. If we realize our ambitions across the full extent of the Agenda, the lives of all will be profoundly improved and our world will be transformed for the better.

Paragraph 52. "We the Peoples" are the celebrated opening words of the UN Charter. It is "We the Peoples" who are embarking today on the road to 2030. Our journey will involve Governments as well as Parliaments, the UN system and other international institutions, local authorities, indigenous peoples, civil society, business and the private sector, the scientific and academic community – and all people. Millions have already engaged with, and will own, this Agenda. It is an Agenda of the people, by the people, and for the people – and this, we believe, will ensure its success.



Sustainable Development Goals

- Goal 1. End poverty in all its forms everywhere
- Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture
- Goal 3. Ensure healthy lives and promote well-being for all at all ages
- Goal 4. Ensure inclusive/equitable quality education and promote lifelong learning opportunities for all
- Goal 5. Achieve gender equality and empower all women and girls
- Goal 6. Ensure availability and sustainable management of water and sanitation for all
- Goal 7. Ensure access to affordable, reliable, sustainable and modern energy for all
- Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
- Goal 9. Build resilient infrastructure, promote inclusive/sustainable industrialization and foster innovation
- Goal 10. Reduce inequality within and among countries
- Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable
- Goal 12. Ensure sustainable consumption and production patterns
- Goal 13. Take urgent action to combat climate change and its impacts
- Goal 14. Conserve/sustainably use the oceans, seas and marine resources for sustainable development
- Goal 15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
- Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
- Goal 17. Strengthen...implementation and revitalize the global partnership for sustainable development



The Lancet Commission on global mental health and sustainable development

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Executive summary

The Sustainable Development Goals (SDGs) represent an exponential advance from the Millennium Development Goals, with a substantially broader agenda affecting all nations and requiring coordinated global actions. The specific references to mental health and substance use as targets within the health SDG reflect this transformative vision. In 2007, a series of papers in *The Lancet* synthesised decades of interdisciplinary research and practice in diverse contexts and called the global community to action to scale up services for people affected by mental disorders (including substance use disorders, self-harm, and dementia), in particular in low-income and middle-income countries in which the attainment of human rights to care and dignity were most seriously compromised. 10 years on, this Commission reassesses the global mental health agenda in the context of the SDGs.

Despite substantial research advances showing what can be done to prevent and treat mental disorders and to promote mental health, translation into real-world effects has been painfully slow. The global burden of disease attributable to mental disorders has risen in all countries in the context of major demographic, environmental, and sociopolitical transitions. Human rights violations and abuses persist in many countries, with large numbers of people locked away in mental institutions or prisons, or living on the streets, often without legal protection. The quality of mental health services is routinely worse than the quality of those for physical health. Government investment and development assistance for mental health remain pitifully small. Collective failure to respond to this global health crisis results in monumental loss of human capabilities and avoidable suffering.

A historic opportunity exists to reframe the global mental health agenda in the context of the broad conceptualisation of mental health and disorder envisioned in the SDGs. This opportunity is supported by the passing of WHO's Comprehensive Mental Health Action Plan, the ratification of international conventions protecting the rights of people with psychosocial disabilities, the convergence of evidence from diverse scientific disciplines on the nature and causes of mental health problems, the ubiquitous availability of digital technology, and the growing consensus among diverse stakeholders about the need for action and what this action should look like. This Commission grasps the opportunity presented by the SDGs to broaden the global mental health agenda from a focus on reducing the treatment gap for people affected by mental disorders to

the improvement of mental health for whole populations and reducing the contribution of mental disorders to the global burden of disease. **The Commission grounds this reframed agenda on four foundational pillars.**

(1) First, mental health is a global public good and is relevant to sustainable development in all countries, regardless of their socioeconomic status, because all countries can be thought of as developing countries in the context of mental health. (2) Second, mental health problems exist along a continuum from mild, time-limited distress to chronic, progressive, and severely disabling conditions. The binary approach to diagnosing mental disorders, although useful for clinical practice, does not accurately reflect the diversity and complexity of mental health needs of individuals or populations. (3) Third, the mental health of each individual is the unique product of social and environmental influences, in particular during the early life course, interacting with genetic, neurodevelopmental, and psychological processes and affecting biological pathways in the brain. (4) Fourth, mental health is a fundamental human right for all people that requires a rights-based approach to protect the welfare of people with mental disorders and those at risk of poor mental health, and to enable an environment that promotes mental health for all.

Realising this reframed agenda will require six key actions. The Commission fully recognises the diversity of settings across countries and within countries and suggests that the starting point for staged implementation of its recommendations will differ according to particular settings and the availability of human and financial resources. First, mental health services should be scaled up as an essential component of universal health coverage and should be fully integrated into the global response to other health priorities, including non-communicable diseases, maternal and child health, and HIV/AIDS. Equally, the physical health of people with severe mental disorders should be emphasised in such integrated care. Second, barriers and threats to mental health need to be addressed; these include the lack of awareness of the value of mental health in social and economic development, the lack of attention to mental health promotion and protection across sectors, the severe demand-side constraints for mental health care caused by stigma and discrimination, and the increasing threats to mental health due to global challenges such as climate change and growing inequality. Third, mental health needs to be protected by public policies and developmental efforts; these intersectoral actions should

Lancet 2018; 392: 1553–98

Published Online
October 9, 2018
[http://dx.doi.org/10.1016/S0140-6736\(18\)31612-X](http://dx.doi.org/10.1016/S0140-6736(18)31612-X)

This online publication has been corrected. The corrected version first appeared at thelancet.com on October 25, 2018

See [Comment](#) pages 1493, 1495, 1497 and 1499

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Panel 1: UN Sustainable Development Goals specifically pertaining to mental health

SDG 3: Ensure healthy lives and wellbeing for all at all ages

- Target 3.4: countries should “reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and wellbeing” by 2030
 - Indicator 3.4.2: suicide mortality rate
- Target 3.5: countries should “strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol”
 - Indicator 3.5.1: coverage of treatment interventions for substance use disorders
 - Indicator 3.5.2: harmful use of alcohol (per capita consumption)
- Target 3.8: countries should “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”
 - Indicator 3.8.1: coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn, and child health, infectious diseases, non-communicable diseases, and service capacity and access, among the general and the most disadvantaged population)
 - Indicator 3.8.2: number of people covered by health insurance or a public health system per 1000 population

SDG=Sustainable Development Goal

School of Medicine and School of Public Health, Seattle, WA, USA (Prof P Y Collins MD); The Carter Center, Monrovia, Liberia (J L Cooper PhD); and Emory University, Atlanta, GA, USA (J L Cooper); CBM International, Bensheim, Germany (J Eaton MRCPsych); Centre for Global Mental Health, London School of Hygiene and Tropical Medicine, London, UK (J Eaton); Orygen, National Centre of Excellence in Youth Mental Health and Centre for Youth Mental Health, The University of Melbourne, Melbourne, VIC, Australia (Prof H Herrman MD); World Psychiatric Association (Prof H Herrman); WHO Collaborating Centre in Mental Health, Melbourne, VIC, Australia (Prof H Herrman); Palestinian Neuroscience Initiative, Al-Quds University, Jerusalem, Palestine (M M Herzallah PhD); Center for Molecular and Behavioral Neuroscience, Rutgers University, Newark, NJ, USA (M M Herzallah); National Clinical Research Centre for Mental Disorders (Peking University Sixth Hospital), Beijing, China (Prof Y Huang PhD); Institute of Psychiatry, Psychology, and Neuroscience, King's College London, London, UK (Prof M J D Jordans PhD);

be undertaken by each country's leaders to engage a wide range of stakeholders within and beyond health, including sectors in education, workplaces, social welfare, gender empowerment, child and youth services, criminal justice and development, and humanitarian assistance. These interventions should target social and environmental determinants that have a crucial influence on mental health at developmentally sensitive periods, particularly in childhood and adolescence, for the promotion of mental health and the prevention of mental disorders. **Fourth**, new opportunities should be embraced, including those offered by the innovative use of trained non-specialist individuals and digital technologies, to deliver a range of mental health interventions, and the mobilisation of the voices of people with lived experience of mental disorders. **Fifth**, substantial additional investments should be made urgently because of the strong economic and health case for increased investments in mental health. Although additional resources are essential, an immediate opportunity exists for efficient and effective use of existing resources—for example, through the redistribution of mental health budgets from large hospitals to district hospital and community-based local services, the introduction of early interventions for emerging mental disorders, and the re-allocation of budgets for other health priorities to promote integration of mental health care in established platforms of delivery. **Finally**, investments in research and innovation should grow and harness novel approaches from diverse disciplines such as genomics, neuroscience, health services research, clinical sciences, and social sciences, both for implementation research on scaling up mental health interventions and for discovery research to advance understanding of causes and mechanisms of

mental disorders and develop effective interventions to prevent and treat them.


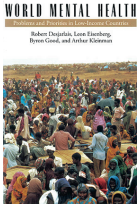
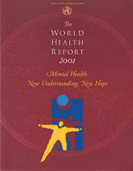
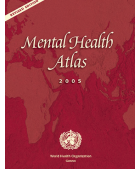




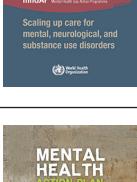


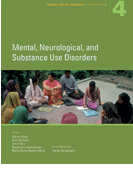


This Commission proposes a broad and integrated set of indicators to monitor progress for mental health in the SDG era, spanning the social determinants of mental health, the mental health status of populations, and the inputs into and outcomes of mental health services and systems. We call for the establishment of a partnership to transform mental health globally, whose goals would be the mobilisation and disbursement of funds, enabling the utilisation and monitoring of these funds, and evaluation of the effect of the actions proposed by the Commission. Such a partnership should include the UN and development agencies, academic institutions and non-governmental organisations, the private sector, organisations representing the voices of people with lived experiences and their family members, and policy makers from national and international agencies.

This Commission reframes mental health by bringing together knowledge from diverse scientific perspectives and real-world experiences to offer a fresh, ambitious, and unified vision for action. Our conceptualisation is aligned with, and will give further impetus to, the central SDG principle to leave no one behind and to the notions of human capabilities and capital. We believe in both the inherent right of every person to mental health and in the idea that mental health can facilitate sustainable socio-economic development, improved general health, and a more equitable world. Urgent action to fully implement our recommendations will not only hasten the attainment of the mental health targets of the SDGs, but indeed many of the other SDG targets as well.

The journey so far

In 2015, all nations united around a shared mission of achieving the Sustainable Development Goals (SDGs). The SDGs were an exponential advance from the Millennium Development Goals, both in their aspiration to encompass a substantially broader agenda and through their recognition that these were global concerns, affecting all nations and requiring global actions to address them. A notable example of this transformative vision was the recognition that health burdens went beyond the focus of the Millennium Development Goals on a selection of infectious diseases and maternal and child health (the leading causes of the burden of disease in low-income countries). As such, non-communicable diseases, mental health, and substance abuse received recognition, and targets and indicators related to these were specified (panel 1). With this, decades of science and advocacy for mental health to achieve its rightful place in the global development agenda had finally succeeded.

Figure 1: The evolution of global mental health
mhGAP=Mental Health Gap Action Programme.

 <p>1990</p> <p>The Caracas Declaration of Mental Health and Human Rights emphasised the need for developing psychiatric care in close links with primary care through community-based services and advocated the need to anchor, in a legal framework, the restructuring of the services and to assure proper safeguards for the human and civil rights of patients.</p>	 <p>1995</p> <p>The World Mental Health Report highlighted the large, and growing, burden of mental disorders in low-income countries, their strong association with social determinants (such as poverty, displacement, and violence), and the pervasive lack of care and abuse of human rights.</p>
 <p>2001</p> <p>WHO's World Health Report focused on mental health for the first time and presented a public health perspective on mental health along with providing practical guidance to policy makers.</p>	 <p>2001</p> <p>WHO's Mental Health Atlas provided, for the first time, comparable data from the majority of countries on some basic indicators on mental health services and systems. Further editions have been published in 2005, 2011, 2014, and 2018.</p>
 <p>2007</p> <p>The Lancet's first Global Mental Health series emphasised the large treatment gaps for mental disorders in low-income and middle-income countries, and called for services for mental disorders to be scaled up, guided by the evidence of cost-effective interventions and respect for human rights.</p>	 <p>2007</p> <p>The Movement for Global Mental Health, a virtual alliance of people affected by mental disorders and practitioners of global mental health was formed to collectively champion the attainment of the call to action.</p>
 <p>2007</p> <p>The Convention on the Rights of Persons with Disabilities was adopted, and quickly signed and ratified by most countries in the world, coming into force in 2008. The Convention promotes, protects, and ensures the full and equal enjoyment of all human rights and fundamental freedoms by all people with disabilities, and promotes respect for their inherent dignity.</p>	
 <p>2011</p> <p>The Grand Challenges in Global Mental Health, the most comprehensive priority setting exercise to guide research in global mental health, identified implementation questions as the leading priority, ushering in a wave of new funding for global mental health research.</p>	 <p>2008</p> <p>WHO's mhGAP initiative committed WHO to providing evidence-based guidance and assistance to countries for scaling up care for mental, neurological, and substance use disorders. Over the next 10 years, the initiative assisted more than 100 countries.</p>
 <p>2015</p> <p>The ratification of the Sustainable Development Goals recognised the promotion of mental health, prevention of mental and substance use disorders, and universal health coverage as targets of the health goal.</p>	 <p>2013</p> <p>WHO's Mental Health Action Plan was adopted with the highest level of political commitment from all 194 ministers of health in the World Health Assembly, and clear objectives, actions, indicators, and targets for 8 years.</p>
 <p>2016</p> <p>The Disease Control Priorities-3 published recommendations for cost-effective packages of care for the prevention, treatment, and care of mental disorders that are feasible for delivery through a range of platforms (from the community to specialist) and that can be prioritised as the mental health component of universal health coverage.</p>	 <p>2016</p> <p>The Out of the Shadows meeting and declaration of the World Bank and WHO recognised mental health not just as a global health priority, but as a global development priority.</p>
 <p>2018</p> <p>The Lancet Commission on global mental health and sustainable development proposes a reframing of mental health to concurrently address the prevention and quality gaps alongside the treatment gap (for both clinical and social care interventions) to reduce the global burden of mental disorders.</p>	

World Health Organization	Overview: Mental Health Action Plan 2013-2020				Extended to 2030--align with SDGs	
Vision						
A world in which mental health is valued, promoted, and protected, mental disorders are prevented and persons affected by these disorders are able to exercise the full range of human rights and to access high-quality, culturally appropriate health and social care in a timely way to promote recovery, all in order to attain the highest possible level of health and participate fully in society and at work free from stigmatization and discrimination.						
Cross-cutting Principles						
Universal health coverage	Human rights	Evidence-based practice	Life course approach	Multisectoral approach	Empowerment of persons with mental disorders and psychosocial disabilities	
Regardless of age, sex, socioeconomic status, race, ethnicity or sexual orientation, and following the principle of equity, persons with mental disorders should be able to access, without the risk of impoverishing themselves, essential health and social services that enable them to achieve recovery and the highest attainable standard of health.	Mental health strategies, actions and interventions for treatment, prevention and promotion must be compliant with the Convention on the Rights of Persons with Disabilities and other international and regional human rights instruments.	Mental health strategies and interventions for treatment, prevention and promotion need to be based on scientific evidence and/or best practice, taking cultural considerations into account.	Policies, plans, and services for mental health need to take account of health and social needs at all stages of the life course, including infancy, childhood, adolescence, adulthood and olden age.	A comprehensive and coordinated response for mental health requires partnership with multiple public sectors such as health, education, employment, judicial, housing, social and other relevant sectors as well as the private sector, as appropriate to the country situation.	Persons with mental disorders and psychosocial disabilities should be empowered and involved in mental health advocacy, policy, planning, legislation, service provision, monitoring, research and evaluation.	
Goal						
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						
Objectives and Targets						
1. To strengthen effective leadership and governance for mental health Global target 1.1: 80% of countries will have developed or updated their policy/plan for mental health in line with international and regional human rights instruments (by the year 2020). Global target 1.2: 50% of countries will have developed or updated their law for mental health in line with international and regional human rights instruments (by the year 2020).	2. To provide comprehensive, integrated and responsive mental health and social care services in community-based settings Global target 2: Service coverage for severe mental disorders will have increased by 20% (by the year 2020).	3. To implement strategies for promotion and prevention in mental health Global target 3.1: 80% of countries will have at least two functioning national, multisectoral mental health promotion and prevention programmes (by the year 2020). Global target 3.2: The rate of suicide in countries will be reduced by 10% (by the year 2020).	4. To strengthen information systems, evidence and research for mental health Global target 4: 80% of countries will be routinely collecting and reporting at least a core set of mental health indicators every two years through their national health and social information systems (by the year 2020).			



TEACHING AND LEARNING

COMMENTARY

Global Mental Health: sharing and synthesizing knowledge for sustainable development

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Global Mental Health (2016), 3, e27, page 1 of 18. doi:10.1017/gmh.2016.22

Global mental health (GMH) is a growing domain with an increasing capacity to positively impact the world community's efforts for sustainable development and wellbeing. Sharing and synthesizing GMH and multi-sectoral knowledge, the focus of this paper, is an important way to support these global efforts. This paper consolidates some of the most recent and relevant 'context resources' [global multi-sector (GMS) materials, emphasizing world reports on major issues] and 'core resources' (GMH materials, including newsletters, texts, conferences, training, etc.). In addition to offering a guided index of materials, it presents an orientation framework (global integration) to help make important information as accessible and useful as possible. Mental health colleagues are encouraged to stay current in GMH and global issues, to engage in the emerging agendas for sustainable development and wellbeing, and to intentionally connect and contribute across sectors. Colleagues in all sectors are encouraged to do likewise, and to take advantage of the wealth of shared and synthesized knowledge in the GMH domain, such as the materials featured in this paper.

Received 10 November 2015; Revised 26 June 2016; Accepted 21 July 2016

Key words: Crossing sectors, global integration, global mental health, knowledge synthesis, sustainable development, teaching and learning.

This is the seventh and most extensive paper to date in which we overview the expanding domain of global mental health (GMH) (O'Donnell, 2016). It is part of our efforts to map GMH developments and resources and then share them in concise and accessible ways (e.g. popularizing and translating science and scholarly research via training, publications, and our GMH-Map website, [see reference](#)).

A main part of our work has been to encourage colleagues to collaborate across sectors and to identify new ways to leverage their skills, knowledge, interests, and character strengths (e.g. O'Donnell & Lewis O'Donnell, 2013; Swiss Agency for Development and Cooperation, 2016). Multi-sectoral approaches are increasingly being emphasized in addressing global problems, with one important GMH example being the

'multi-sectoral approach' highlighted in the *Mental Health Action Plan 2013–2020* (World Health Organization, 2013b).

This paper features a *guided index* of recent materials that illustrate the relevance of GMH and multi-sectoral knowledge for promoting sustainable development and wellbeing. It is designed as an *orientation framework* to facilitate GMH understanding and involvement across sectors through its emphasis on sharing and synthesizing knowledge (O'Donnell & Lewis O'Donnell, 2015d). More specifically, we have compiled these materials in view of two crucial, global efforts: (a) The global agenda for sustainable development as embodied in *Transforming Our World: The 2030 Agenda for Sustainable Development* (United Nations, 2015a); and (b) the global efforts to strengthen humanitarian assistance as summarized in *One Humanity: Shared Responsibility* (United Nations, 2016). These materials are also compiled to practically support Objective 4 in the *Mental Health Action Plan 2013–2020*,

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'To strengthen information systems, evidence and research for mental health' and especially in low- and middle-income countries (Lora & Sharan, 2015; Ryan *et al.* 2015).

We have organized the paper in two main sections. The first section, Context Resources – Global Multi-Sector Materials (GMS), features seven representative reports on global issues. The second section, Core Resources – GMH Materials, includes seven representative lists of GMH materials. The paper, with its compilation of recent, relevant resources, is an example of a user-friendly tool, a blend of a guided index and an orientation framework, to help colleagues stay current and collaborate together. It is intended for GMH colleagues at all levels of experience, ranging from students to seasoned professionals, as well as colleagues at all levels of experience in different sectors (e.g. health, development, humanitarian, business, civil society, governments).

GMH and global integration

We define GMH broadly as an international, interdisciplinary, culturally sensitive, and multi-sectoral domain which promotes human wellbeing, 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 (MNS); and seeks to improve policies and programs, professional practices and research, advocacy and awareness, and social and environmental factors that affect health and wellbeing (O'Donnell, 2012a). This GMH definition, in both its breadth and its emphasis on health and wellbeing *for all*, points toward the many interactive areas that GMH colleagues can pursue themselves and with colleagues in other sectors.

We also view GMH through the broader framework of 'global integration' (GI) (O'Donnell & Lewis O'Donnell, 2015b, c, 2016). GI refers to how people are actively and skillfully integrating their lives with global issues. It involves connecting relationally and contributing relevantly on behalf of human wellbeing and the major issues facing humanity, in light of one's integrity and core values (e.g. ethical, humanitarian, faith-based). We have found this framework to be relevant for the increasing numbers of mental health professionals (MHPs) and colleagues across sectors who want to exchange knowledge and be meaningfully involved in our globalizing world. It also reflects the growing interests and involvements in the rise of citizen participation and global citizenship (United Nations Educational, Scientific, and Cultural Organization, 2014; United Nations, Department of Public Information, 2016).

This paper then, with its emphasis on the GMS context and the GMH core, further maps important resources and developments to inform colleagues' work in wellbeing and sustainable development. We have also organized the main material in the paper in terms of the GI framework, as summarized in Fig. 1.

Context resources – GMS materials

The seven world reports below, and the additional materials listed in their 'More resources' subsections, overview major issues and efforts for development and wellbeing. Colleagues can be both guided and goaded by these materials as they reflect the unfolding reality that 'the context is crucial for the core' – that is, understanding the global context is essential for working effectively in one's core emphasis, be it a discipline, organization, sector, country, specific issue, or domain like GMH. We note that both the reports and the materials listed in this section, many of which are available online in multiple languages, are just a sampling of course, among the hundreds of excellent items that are available.

We encourage you to read the overviews/summaries and more if possible as well as to identify the main newsletters-updates from each sector that interest you. We have gone over many of these multi-sectoral reports repeatedly, and often along with several colleagues, in order to consider their serious implications for our world, our work, and our personal lives. One example of how we interact with colleagues from different sectors is the Trio Gatherings ([see reference](#)) that we periodically convene in our home. These informal gatherings provide an alternative and relaxed place (outside of Geneva offices) to discuss global issues for mutual learning and mutual support. In GI terms, the gatherings are an additional way to connect relationally and to contribute relevantly with colleagues.

1. *Transforming Our World: The 2030 Agenda for Sustainable Development* (United Nations, 2015a). This *Agenda* was developed over the last few years with extensive input/debate from governments and civil society. It is a global plan of action that endeavors to be both aspirational and achievable as it focuses on the overlapping areas of People, Planet, Prosperity, Peace, and Partnerships.

More resources: (a) You can track progress on the SDGs via the UN Sustainable Development Knowledge Platform ([see reference](#)). Watch the 2-min inspirational video by the UN on the Sustainable Development Goals ([see reference](#)), the UN Year in Review video reports (10–15 min, [reference](#)), and the videos of the speeches ([see reference](#)) made by world leaders at the UN General Assembly following the adoption of the



Global Integration Framework <i>Linking skills, values, and integrity on behalf of global issues</i>	
Context Resources Global Multi-Sectoral (GMS) Examples:	Core Resources Global Mental Health (GMH) Examples:
1. Inter-Governmental Sector <i>2030 Agenda for Sustainable Development</i> (UN) 2. Humanitarian Sector <i>One Humanity</i> (UN); <i>World Disaster Reports</i> (IFRC) 3. Economic Sector <i>World Development Reports</i> (World Bank) 4. Development sector <i>Human Development Reports</i> (UNDP) 5. Peace-Security Sector <i>White Paper on Peacebuilding</i> (GPP) 6. Health Sector <i>World Health Reports</i> (WHO) 7. Other Sectors Academic-Education, Environment, Faith-Based, Human Rights, Labor, Media, Military, Public Services etc. Note that the sectors increasingly overlap in light of the collaborative efforts to address the many global, interrelated issues that know no sectoral or national borders. There are also regular newsletters by many organizations to help stay updated with sector issues and developments.	1. Newsletters and Updates APA, MHIN, WFMH 2. Edited Books and Journals <i>Lancet</i> 2011, <i>Transcultural Psychiatry</i> 2014 3. WHO Mental Health Publications <i>MH Action Plan 2013-2020</i> , <i>MH Atlas</i> 2014 4. Training Programs and Courses Goa, Kigali, London, Melbourne, NY, Toronto 5. Conferences and Events IUPsyS, MGMH, NIMH-GCC, WFMH, WHO 6. Critiques and Cultural Relevance Cultural/Critical Psychology/Psychiatry, Users 7. Additional Categories --Affiliations and Partnerships --Advocacy and Rights --Films and Videos --Gender Issues --Humanitarian Applications --Policy: International and National --Practice Guidelines and Services --Research and Training Centers/Programs --Specific MH Disorders, Populations, Settings
This is a sample template to highlight several sources of shared and synthesized knowledge. It is a tool to stay updated about important multi-sectoral and GMH issues and developments. Colleagues are encouraged to adjust it according to their different interests and involvements.	

Fig. 1. An organizing grid for the article and for GMS and GMH knowledge.

sustainable development agenda, on the UN WebTV website. Also helpful are the selected Online Resources related to SDGs from UN agencies (22 October 2015, United Nations Regional Information Centre, [reference](#)). See also (b) the resources on the website for the United Nations Environment Programme (2012), which includes the *Global Environment Outlook 5: Environment for the Future We Want* (2012) and information on *GEO6* to be published in 2017; as well as *Laudato Sí: On Care for our Common Home* (2015), the environmental encyclical by Pope Francis (2015) and the Paris Climate Change Conference and the *Paris Agreement* (United Nations Framework Convention on Climate Change, 2016); (c) the #FundamentalSDG website ([see reference](#)), a coalition of organizations working to include mental health more fully into the SDGs (currently focusing on the global indicators which are to be finalized in the first half of 2016); (d) United Nations Academic Impact ([see reference](#)), uniting academic institutions

in training, research, and action for the SDGs; and (e) the Gyeongju Action Plan: Education for Global Citizenship (United Nations, Department of Public Information/NGOs, 2016).

2. *One Humanity: Shared Responsibility* (United Nations, 2016). This document is the report of the UN Secretary-General for the World Humanitarian Summit (WHS). The report, via its *Agenda for Humanity*, calls upon the world community to rally around five core responsibilities on behalf of the millions of people affected by humanitarian crises in our world. '1. Political leadership to prevent and end conflicts....2. Uphold the norms that safeguard humanity....3. Leave no one behind....4. Change people's lives: from delivering aid to ending need...5. Invest in humanity. (pp. 48–60)

More resources: (a) You can track the WHS progress on the WPS website ([see reference](#)) as well as access key documents such as *Restoring Humanity: Global Voices*

Global Integration

1. Overview and Opportunities for MHPs, [Christian Psychology Around the World](#) (March 2016)

2. Staying Current and Relevant, [Member Care Associates](#) (March 2019)

Kelly O'Donnell, PsyD and Michèle Lewis-O'Donnell, PsyD--excerpts

Today we are also taking a decision of great historic significance. We resolve to build a better future for all people, including the millions who have been denied the chance to lead decent, dignified and rewarding lives and to achieve their full human potential. We can be the first generation to succeed in ending poverty; just as we may be the last to have a chance of saving the planet.

United Nations, Transforming our World (2015, excerpt from paragraph 50)



Global integration (GI) is a framework that we have been developing over the past eight years, as we consider, like so many others, how to help make our troubled world a better place. We have found this framework to be relevant for the increasing numbers of mental health professionals (MHPs) and colleagues across sectors (e.g., mission, health, humanitarian, development) who want to be meaningfully involved in our globalizing world. This brief paper overviews GI and encourages MHPs to take advantage of the many opportunities to improve the wellbeing of all people and the planet.

GI is a framework for actively and responsibly engaging with our world—locally to globally—for God’s glory. It focuses on connecting relationally and contributing relevantly on behalf of human wellbeing and the issues facing humanity, in light of our integrity, commitments, and core values (e.g., ethical, humanitarian, human rights, faith-based).

GI recognizes that our globalizing world community must prioritize wellbeing for all people, lasting peace, justice, prosperity, and the enduring protection of the planet. As Christians, our global involvement includes the central mandate (duty—desire—delight) to share the good news and our good works with all people and all people groups. Further, we see the foundation that underlies GI’s emphasis on “common ground for the common good” as being **the historical person of Jesus Christ**. We thus also acknowledge the *underlying reality of God* and His redemptive purposes in Jesus Christ in dealing with the *undermining reality of evil* and human sin (see [Faith-Based Foundations—Christian Worldview](#), 2015).

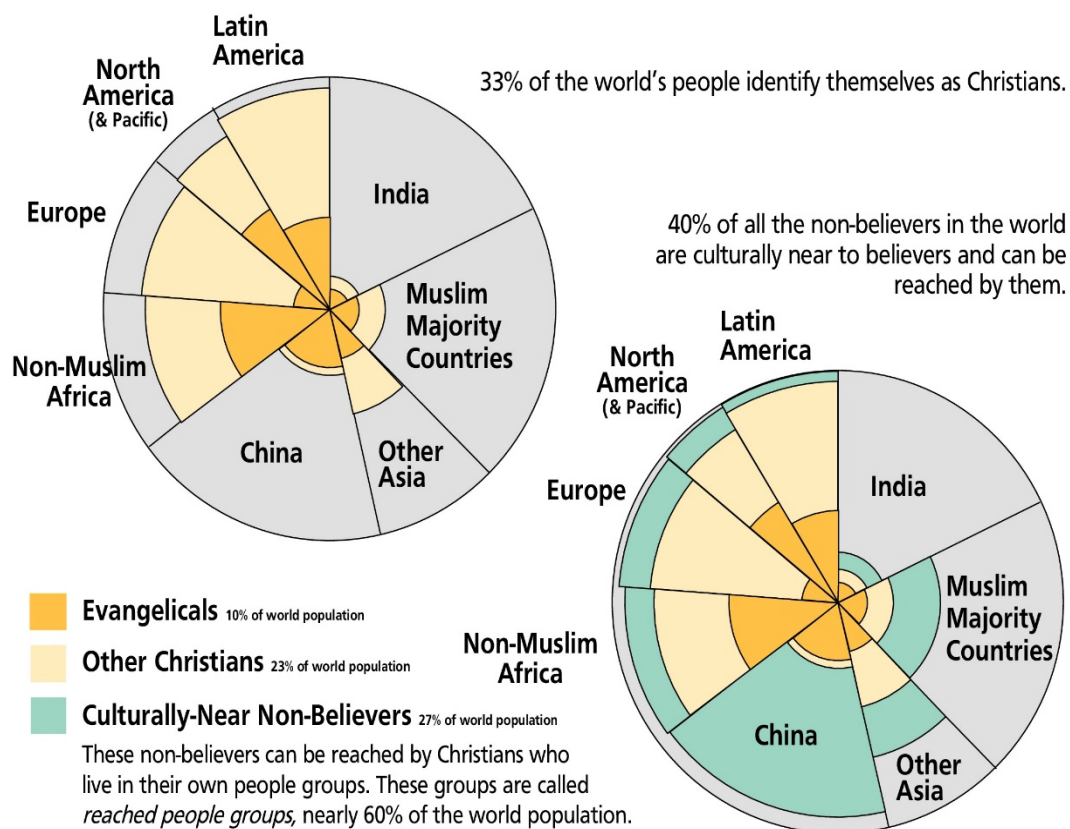
GI is not about instigating and imposing a system of global governance, neutralizing national sovereignty, and ushering in an authoritarian world order. Rather it is about fostering cooperation and good governance at all levels, from the local to the global. Nor is global integration about pushing for human homogeneity, cultural conformity, or ethical relativism. Rather it is about embracing our common humanity, prizing our rich variations, and engendering responsible lifestyles. Global integration is a framework to help us invest ourselves in fellow humans in every sphere of influence in which we live.

Our GI work as psychologists, for example, is based in Geneva and focuses on [global member care](#), [global mental health](#), and [promoting integrity/confronting corruption globally](#). It includes regular interactions with personnel/events in the United Nations, World Health Organization, international NGOs, faith-based organizations, and academic settings—and hence there are several materials, perspectives, and news items that we review to inform our work and regularly share with colleagues. In addition to the *Member Care Updates*, we regularly send [Global Integration Updates](#) to over 1600 colleagues.

Source: Lewis, R.W. (Nov-Dec 2018). Clarifying the remaining frontier mission task. *International Journal of Frontier Missiology* (<http://ijfm.org/>). **See also:** the animated video of these charts (<https://www.youtube.com/watch?v=SVmTU13rgo8&t=1s>); the Joshua Project website (www.joshuaproject.net/frontier); and the special issue in *Mission Frontiers* on the Frontier Peoples (Nov-Dec 2018) (<http://www.missionfrontiers.org/issue/archive/the-frontier-peoples-still-waiting-to-hear-about-jesus>).

Figure 2.

The Spread of the Gospel in the World

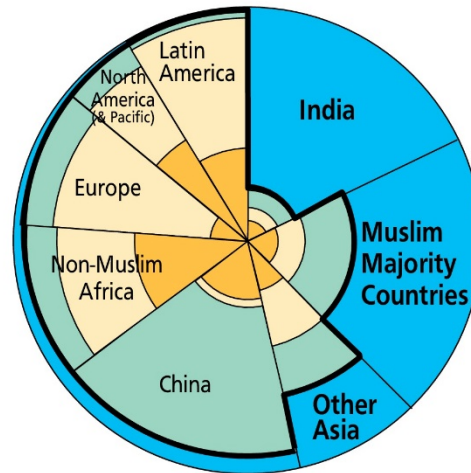
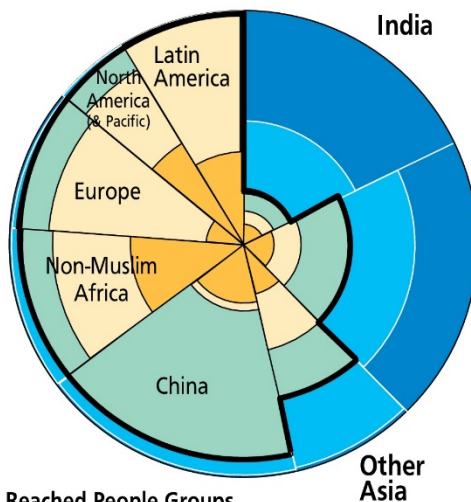


Frontier Mission Pie Chart Data (2018) ⁵						
Region (Countries listed in endnotes)	Population	Evangelicals (subset of Total Christians)	Total Christians	Culturally Near Non-Believers (not in UPGs) *	Culturally Distant Non-Believers (in UPGs) *	Non-Believers in FPGs **
India	1,336,000,000	10,200,000	27,600,000	35,300,000	1,273,000,000	961,000,000
Muslim Majority Countries	1,484,000,000	24,800,000	89,400,000	215,000,000	1,179,000,000	689,000,000
Other Asia	647,000,000	29,800,000	135,000,000	165,000,000	347,000,000	30,000,000
China	1,375,000,000	85,300,000	108,000,000	1,082,000,000	185,000,000	40,600,000
Non-Muslim Africa	850,000,000	198,000,000	562,000,000	177,000,000	111,000,000	17,400,000
Europe	736,000,000	18,400,000	509,000,000	191,000,000	36,500,000	11,100,000
N. America & Pacific	402,000,000	103,000,000	307,000,000	81,400,000	13,400,000	1,470,000
Latin America	646,000,000	102,000,000	587,000,000	57,600,000	809,000	89,800
World	7,475,000,000	572,000,000	2,326,000,000	2,004,000,000	3,145,000,000	1,750,000,000
These 3 columns add up to the total population.						
* UPGs = Unreached People Groups; ** FPGs = Frontier People Groups (subset of non-believers in UPGs)						
Data is derived from Operation World DVD (see operationworld.org) and Joshua Project website (joshuaproject.net).						

Understanding the Remaining Mission Task (2018)

Culturally-Distant Non-Believers

60% of all the non-believers in the world are culturally distant from believers. They live in *unreached people groups* (UPGs = <2% evangelicals and <5% Christian), which still need missionaries from other cultures.



The Frontier Mission Task

These non-believers have virtually no chance of hearing about Jesus from somebody in their own people group:

Culturally-Distant Non-Believers in Frontier People Groups

If there is no movement to Christ of indigenous faith in a people group, and it is <0.1% Christian, it is a *frontier people group* (FPG). FPGs total 25% of the world population.



The Mobilization Challenge:



For every 30 missionaries that go to the reached people groups of the world . . .



. . . roughly ONE missionary goes to the unreached people groups, including the frontier groups.



30 to 1

Evangelicals are Christians who emphasize and adhere to these four things:

1. The Lord Jesus Christ as the sole source of salvation through faith in Him.
2. Personal faith and conversion by the Holy Spirit.
3. Recognition of the Bible as the ultimate basis for faith and Christian living.
4. Commitment to biblical witness, evangelism, and mission.

Evangelicals are largely Protestant, Independent, or Anglican, but some are Catholic or Orthodox.

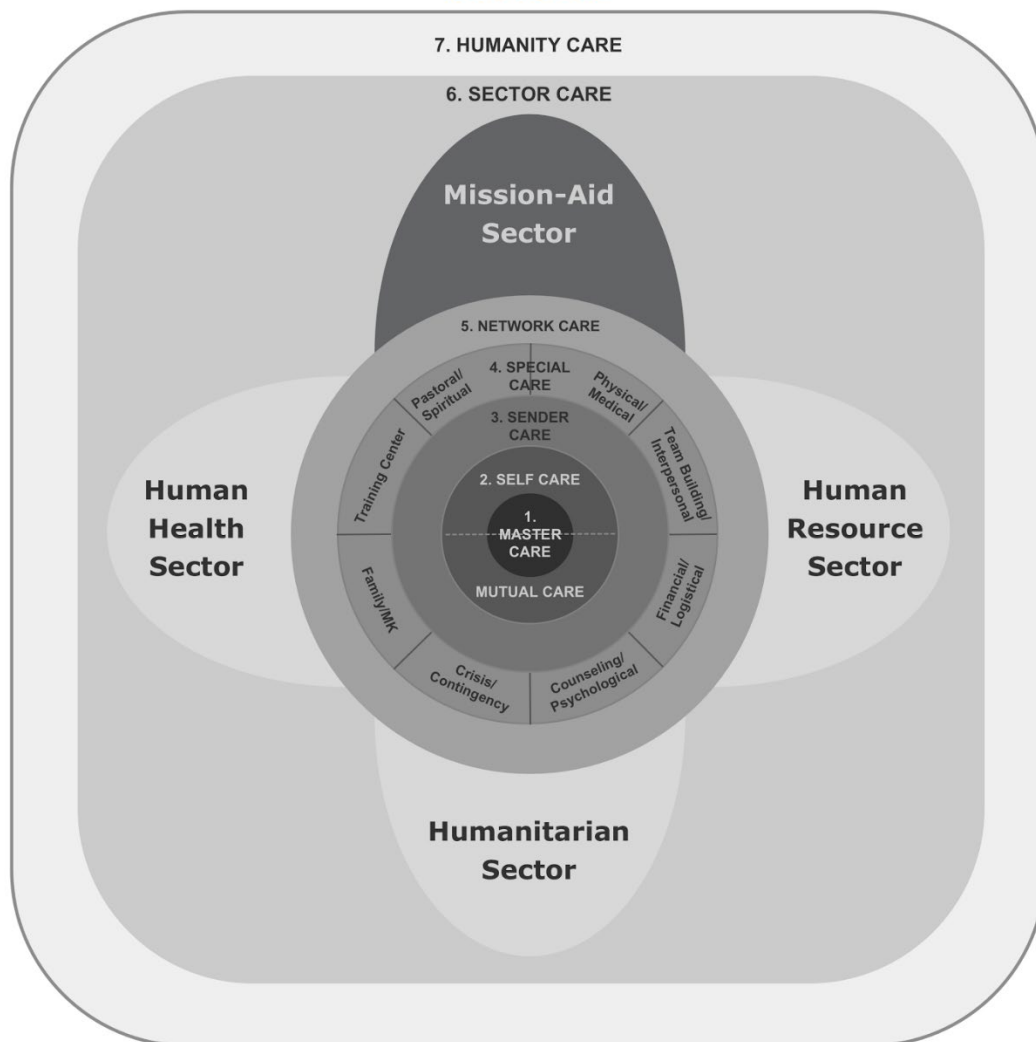
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Multi-Sectoral Member Care: Engaging Our World as Global Integrators

Journal of Psychology and Theology, 2016, 44(4) Kelly O'Donnell and Michèle Lewis O'Donnell
<http://membercareassociates.org/wp-content/uploads/2016/12/ODonnells-2016-JPT-article-published-pdf.pdf>

Abstract: How can we build on the substantial foundations of member care as we pursue new opportunities for impacting our needy world? We address this important question through the framework of Global Integration (GI) and multi-sectoral member care. GI is a framework for linking our integrity, skills, and values in order to address the major issues in our world. We present five strategic areas for connecting and contributing across sectors in member care as “global integrators.” These areas include engaging our world via: the member care field; international issues; the humanitarian, development, and other sectors; global mental health; and faith-based partnerships. We finish by describing seven indicators for involvement as global integrators and a sample GI template for multi-sectoral member care. We encourage colleagues to continue the emphasis on well-being and effectiveness for mission personnel while launching into new areas of challenge and service within the *missio Dei*.

Missio Dei



Missio Dei

Missio Dei Model--Global Member Care (7 Spheres), Member Care Update (February 2017)

<https://us4.campaign-archive.com/?u=f34fc856e7776d7b69dafd3b3&id=7155c94ed6>

Sphere 1. Master Care: *The Flow of Christ*. Our relationship with Christ is fundamental to our well-being and work effectiveness. Member care resources strengthen our relationship to the Lord and help us to encourage others in the Lord.

Sphere 2. Self and Mutual Care: *The Flow of Community*. Self care is basic to good health. Self-awareness, monitoring one's needs, a commitment to personal development, and seeking help when needed are signs of maturity. Likewise quality relationships with family and friends are necessary...with those in one's home and host cultures.

Sphere 3. Sender Care: *The Flow of Commitment*. An organization's staff is its most important resource. As such, sending groups—both churches and agencies—are committed to work together to support and develop their personnel throughout the worker life cycle. They demonstrate this commitment by the way they invest themselves...

Sphere 4. Special Care: *The Flow of Caregivers*. Special care is to be done by properly qualified people, usually in conjunction with sending groups. The goal is not just care, but empowerment—to help personnel develop the resiliency and capacities needed to sacrifice and minister to others.

Sphere 5. Network Care: *The Flow of Connections*. Member care providers are committed to relate and work together, stay updated on events and developments, and share consolidated learning from their member care practice. They are involved in not just providing their services, but in actively “knitting a net” to link resources with areas of need.

Sphere 6. Sector Care: *The Flow of Common Ground*. People with member care responsibility stay in touch with sectors that are relevant for their work. They are willing to cross into new areas to find common ground—emphases, projects, disciplines, and fields within related sectors—for mutual learning, exchanging resources, and developing skills. Crossing sectors includes a continuum of involvement which is carefully considered in view of one's primary focus in member care: being informed by, integrating with, and/or immersing in a given sector or part of a sector.

Sphere 7. Humanity Care: *The Flow of Common Good*. There is a tremendous need to address major problems affecting the wellbeing of people and the planet. Both member care and mission provide many opportunities for strategic involvement—at local to global levels—by Christian colleagues who can leverage their character, competencies, and compassion. Those with member care responsibility in particular are encouraged to connect and contribute in our globalizing world in new ways for the common good while maintaining the focus on supporting the health, resiliency, and effectiveness of the diversity of mission personnel and their sending groups.

The Global Member Care Model is a tool to promote the growth and development of mission workers in the context of sacrifice, demanding work, and often prudent risk. It extends the global reach of member care/mission and encourages colleagues to track with developments in our globalizing world. It is meant:

- To support mission/aid workers in their well-being and effectiveness (WE)
- To equip mission/aid workers with tools and opportunities for their work with others
- To equip member caregivers who directly work with vulnerable populations and others
- To support colleagues in other sectors via materials in the member care field
- To stay informed as global citizens about current and crucial issues facing humanity

Well-Being for All: Mental Health Professionals and the Sustainable Development Goals

Kelly O'Donnell and Michèle Lewis-O'Donnell

Member Care Associates

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.

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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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