Introduction

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"Global Mental Health and the Role of the Church" was the title of a symposium held at a small Black Forest town Bad Liebenzell in June 2015. Participants from 19 different countries followed the invitation of the "Liebenzell International University", "Liebenzell Mission" and the "Lausanne Committee for Care and Counsel as Mission".

In the three day conference plus a one day post conference meetings, speakers from China, Kenya, Mexico, Switzerland, USA and Germany gathered to present Christian psychology approaches in the Global South. A fascinating variety of international mental health projects was also presented—ranging from trauma care in the civil-war-torn Ukraine to victims of terror in Kenya, initiatives from China to Mississippi and Mexico, from the Saddleback approach to "what every church can do to promote mental health" to working with Ebola survivors in Liberia—and more.

Surprisingly, this was the first scientific conference worldwide to the topic. The term "Global Mental Health" does not immediately ring a bell for most practitioners within the Christian psychotherapy field in the Western world. On the contrary, mental health is often seen as a concern for people who are economically prosperous and live in affluent societies. It is not immediately obvious, why psychology and mental health should be relevant for people who are economically poor, looking for food and shelter, in need of medical care, clean water and basic safety.

It only takes a quick look into the reality of the Global South to realize that this is far from true. For example, confidence and self-esteem are basic conditions for an empowered life—whether one lives on a garbage dump or in an upper-middle-class suburb. Dealing with trauma is vital to raising children in an emotionally stable way. Domestic violence destroys health and working power. Addiction ruins both, emotional and economic development. Sex education helps prevent HIV-infection and genital mutilation. A need for humane conditions for the care of mentally disordered people is not limited to the wealthy. Unfortunately, these crucial concerns have not been addressed properly in the training and practice of developmental helpers, mission workers, or in the development of strategies for helping the poor. "Mis-

sions involves a significant amount of mental health work done by people who are not well equipped to deal with psychological disorders."[1] The date of this quote is as revealing as its content: for over 30 years the concern has been voiced but hardly heeded. There seems to be a blind spot to the psychosocial needs of the global poor, as well as to the potential resources that could be generated through proper care. A first major serious effort to put "care and counsel" onto the missions map was made in the 2010 Lausanne Movement meeting in Cape Town (see article by Bradford Smith).

Many of the conference meetings were narrative, there were many intense discussions, and of course scholarly lectures. Some of these can be found in the following chapters. All of the authors are "global players" in the new field of "care and counsel as mission":

Bradford M. Smith has shown excellent leadership both in the global organization of meetings as well as research on the topic of global aspects in psychosocial care. His profound understanding of diverse international contexts of care and interdisciplinary competence make him the right author to be the first contributor. In a second contribution together with Kathryn A. Cummins he also documents the fact that knowledge about intercultural work among poor populations is not limited to the so called Third World but can also be applied within Western cultures.

Saúl Cruz-Valdivieso and his mother, Pilar Cruz are leading the Armonía organization. Only a few weeks after the sudden and tragic death of its founder, Saúl Cruz-Ramos, they presented ways that scientific research can pick up on the idea that the poor are not just passively being studied but can be empowered to actively contribute knowledge toward a better understanding of their situations. This is in line with the general idea of Armonía that empowerment must focus on the resources and potential of poor communities rather than provide help that ultimately may cause dependence and helplessness.

The Kenyian psychologist Gladys Mwiti has developed a trauma care program in Kenya, Oasis Africa, where large numbers of trauma care helpers are trained to different levels. They can react quickly in catastrophic situations and offer help from a qualified first response up to necessary trauma therapy. Gladys Mwiti has profound insights into the integration of Western science, African indigenous tradition and Christian faith.

Beate Jacob is a medical doctor who has shown exceptional leadership in health promotion in many regions of the world. Her conference presenta-

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[1] Hesselgrave, D. (1986). Culture-sensitive counseling and the Christian mission. *International Bulletin of Missionary Research, 10*, 109–116.

tion of a project among Ebola survivors was encouraging to many, as it became clear that much help and emotional relief is possible even in difficult circumstances. She also documents in an impressive way that rich countries helping poor regions is not a one way road: implementing a community project on depression, largely modeled from African experiences, in a German congregation works well. In fact, we do learn from one another.

Samuel Pfeifer is a key player in the global development of psychiatric care. The Suisse psychiatrist not only holds a medical degree but also degrees in psychology and theology. The former medical director of a psychiatric clinic near Basel is editor of a journal of psychiatry and pastoral care, his books have been translated into ten different languages, and he is now professor of psychiatry and psychotherapy. Among his contributions to the conference was the fundamental summary on "equipping the church as a caring community" which can be found below.

Simon Herrman is presenting an important lesson in intercultural health care. It becomes evident that our culturally different paradigms of understanding health—of course, including mental health—must be understood. Even the most basic terms carry very different meanings and are associated with entirely different reality constructions. He challenges us not only to understand the spiritual underpinnings given to everyday phenomena, but to question our own rationalistic world views and develop a more holistic approach.

My own contribution to the conference, as conference director, was to coordinate the many different contributions and to connect ideas and people. Of course, there were many who contributed behind the scenes and without whom the conference would not have been possible. As it is impossible to present a complete list, I want to select only one other key player: my colleague Jürgen Schuster, head of the Research Center at Liebenzell International University, edited this compendium and was a driving force in the organization and implementation of the entire conference from the first beginnings to the final collection of papers.

At the end of the conference, there was agreement, that this must not be a project which is now finished, but must be part of an ongoing process. Cultural and economic development, the struggle against poverty and misery in this world, must include psychosocial care. Good relationships, positive self-esteem and mental health are basic to improvements of the entire situation in poor and wealthy regions alike.

Some of the conference presenters and hosts (from left to right):
Simon Herrmann, Brad Smith, Judy and Patrick Bailey, Saúl Cruz-Valdivieso,
Henning Freund, Pilar Cruz, Dietmar Roller, Samuel Pfeifer, Gladys Mwiti,
Ulrich Giesekus, Beate Jakob, Thomas Eisinger, Volker Gäckle, Martin Auch.

More than 60 participants from 17 countries
gathered for the consultation.

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