Document Title: WPA Medical Students Essay Competition 2026 Winning Essay
Author: Christine Kim, a third-year medical student at Harvard Medical School, Boston, USA

Date: June 2026

Partnerships for Sustainable Development Goals (SDGs) in implementation of scientific-based preventive methods to improve global mental health

Introduction

Mental health is the state of emotional, psychological, and social well-being that empowers individuals to be resilient in the face of life stressors and to think, feel, and contribute to their communities. It is central to overall health and well-being and is influenced by individual, interpersonal, organizational, and societal determinants. Mental health conditions are disturbances in cognition, emotional regulation, and behavior that cause functional impairment. Over one billion individuals worldwide, nearly one in seven people, live with mental health conditions, which are among the leading causes of disability and account for over US$1 trillion in annual productivity losses (1).

Despite their prevalence and significant societal burden, mental health conditions remain severely undertreated and under-resourced due to lack of allocation of health care funding to mental health, workforce shortages, and limited availability of pharmacologic interventions. While strengthening treatment systems is crucial to improving global mental health, an equally important strategy is to prioritize prevention and early intervention to reduce the global burden of mental illness. The United Nations (UN) Sustainable Development Goal (SDG) 17, Partnerships for the Goals, provides a framework for advancing prevention to improve mental health. SDG 17 emphasizes cooperation and collaboration across communities, industries, organizations, and governments to achieve a sustainable and equitable future for all people. This essay proposes a multidimensional approach to implementing science-based preventive strategies to promote global mental health through partnerships within mental health care, partnerships across health care more broadly, partnerships across non-health care sectors, and partnerships at national and global levels.

Partnerships Within Mental Health Care

While much of mental health care focuses on the diagnosis and treatment of mental illnesses, partnerships within the mental health care space can support secondary and tertiary prevention of mental health conditions. Care teams are often built upon existing partnerships between psychiatrists, psychologists, social workers, counselors/therapists, nurses, nurse practitioners, and peer support specialists. Strengthening these interdisciplinary collaborations through open, honest, and respectful communication amongst all members of the care team and encouraging interprofessional partnerships in the education of trainees can help facilitate earlier identification of symptoms and more timely initiation of treatment.

If appropriate and desired, engaging a patient's social network such as family members or close friends in joint meetings can help providers better tailor care and further enhance early detection of relapse indicators. Peer support specialists are mental health workers with lived experiences of

mental illness who are trained to support others. They play a meaningful role in helping individuals recognize prodromal symptoms, fostering a sense of belonging, and increasing trust with the treatment team.

A real-world example of multidisciplinary team approaches is Coordinated Specialty Care (CSC). CSCs are recovery-oriented treatment programs for people experiencing first episode psychosis and involve personalized medication management, resilience-focused psychotherapy, family education, and support education and employment. Established CSCs like NAVIGATE have been shown to have greater improvements to quality of life and psychopathology compared to typical community care where treatment is decided based on clinician choice and service availability (2). Although originally developed for psychosis, the care model of CSC may be adapted to other mental health conditions, highlighting the importance of partnerships within mental health care to improve quality of life, and ultimately prevent progression of illness.

Ethnic and racial minorities often experience a greater burden of untreated mental health conditions due to misdiagnosis, disparities in access and utilization of care, and cultural stigma about mental health care. Patients have reported a preference for healthcare providers with shared identities ethnically, linguistically, and culturally (3). Thus, recruiting a diverse workforce to increase representation can help break down barriers in reaching minority populations. Additionally, members of a diverse workforce can help address cultural stigma by partnering with their communities. Of course, patient and provider concordance is not always feasible. Partnering with medical schools and residency programs to provide education on cultural humility, a lifelong active process of self-reflection about one's own and others' cultural identities, for healthcare providers, is essential to addressing the inequities minority populations experience.

Embedding cultural support services structurally within mental health care can also prevent or relieve the burden of mental health conditions. In New Zealand, Māori health teams are made up of cultural advisers, clinicians, social workers, and spiritual leaders who work together to take care of Māori patients. Similarly, in the United States, Oregon Health and Science University's Intercultural Psychiatric Program partners with full-time ethnic counselors who can speak the patient's language and who understand their culture's explanatory models of mental illness. These cultural support teams, with their knowledge of their communities, help broaden workforce capacity. Forming collaborations within the mental health care space improves outcome, promotes secondary prevention, and addresses barriers to accessing care. Building on collaboration within mental health services, similar principles can be extended across health care more broadly to enhance early detection and prevention.

Partnerships Within Health Care

Partnering with other specialties in medicine to integrate screening and early detection of mental health conditions can strengthen prevention. The Collaborative Care Model (CoCM) framework is a health care delivery model that connects primary care providers, case managers, and mental health specialists to improve routine screening and diagnosis, proactive management, and patient engagement of mental health conditions. It has been shown to reduce disparities in access to treatment and provide clinically meaningful improvements in outcomes, especially for depressive disorders (4). Because primary care is more accessible and affordable, this model is scalable to screen and treat more patients and promotes continuity of care.

People with chronic or progressive diseases have a greater risk of developing mental health disorders, especially depression. Integration of psychosocial screening in specialties and clinics treating these high-risk groups can help with prevention and early detection of mental illnesses in these populations. Research has demonstrated feasibility of screening for depression at outpatient visits for diabetes mellitus, hypertension, rheumatoid arthritis, chronic obstructive pulmonary diseases, hypothyroidism, and cardiovascular diseases, showing a higher prevalence of depression than in the general population (5), and routine mental health screening is established in oncology and perinatal care. Maternal mental health screening in OB/GYN clinics can prevent the intergenerational transmission of psychopathology risk. Screening should be expanded to other specialties such as ophthalmology with glaucoma and macular degeneration and dermatology with eczema and psoriasis. Establishing referral pathways to mental health care from these specialties can help expedite treatment in vulnerable individuals.

Partnerships Outside of Health Care

Integrating mental health care across sectors such as education, employment, technology, and faith/religion can expand reach and address the social determinants of health that shape mental well-being. Almost half of mental illnesses start before age eighteen (1), demonstrating the importance of addressing mental health in childhood and adolescence. Because most children spend a significant amount of time in schools, partnering with schools to improve mental health of students is an effective way to enact change. This strategy aligns SDG 17 (partnerships for the goals) with SDG 4 (quality education) and SDG 3 (good health and well-being) and can be employed in low-resource settings globally.

Using a whole-school approach, modeled in the World Health Organization's Health-Promoting Schools Framework that incorporates curriculum, environment, and community into interventions, schools in Australia have implemented programs that teach students, teachers, and parents to practice gratitude, empathy, emotional literacy, and mindfulness; research has demonstrated improvements in students' mental health outcomes with these programs (6). Adopting social-emotional learning programs that teach self-awareness, self-management, social awareness, relationship skills, and responsible decision-making, implementing resilience training, and promoting mental health literacy in a whole-school approach supports healthy psychological development that builds the foundation for lifelong mental health. Bullying is an important modifiable risk factor for anxiety and major depressive disorder (1), so promoting anti-bullying campaigns within schools can reduce bullying and improve mental health outcomes. Additionally, training school staff to deliver cognitive behavioral therapy (CBT)-based interventions can help with prevention and early intervention of symptoms of mental illness.

Similarly, most adults spend a significant portion of their lives at their place of employment. Creating work conditions that support the mental health of employees has been shown to improve burnout and mental well-being through changes such as job and task modifications to increase professional competence, flexible work and scheduling changes, and modifying the physical work environment (7). Other ways to promote mental health in the workplace include: employee assistance programs (EAPs) that provide confidential assessments, short-term counseling, and referrals for problems both inside and outside the workplace; promoting diversity and inclusivity in the workplace to ensure employees feel safe and comfortable; paid parental leave for enhanced bonding, reduced financial stressors, and decreased rates of postpartum depression; mindfulness and relaxation training to build resilience; manager training to recognize signs of burnout in their teams; and physical wellness initiatives to promote overall health. Encouraging mental well-being

in the workplace is a way to reach many adults and to enhance protective factors, like healthy lifestyle habits, that help to prevent mental health problems. Additionally, vocational interventions that support individuals with mental health conditions to find and maintain employment helps improve mental health outcomes (8).

Innovative partnerships with technologies can be used to increase accessibility to mental health care. Telehealth usage in mental health care has expanded after the COVID-19 pandemic, allowing more people to obtain care without the barriers of time, cost, childcare, and transportation. Internet-based CBT (iCBT) provides patients with interactive and flexible approaches to CBT while other digital programs have been created to train non-specialist providers to provide psychosocial interventions for depression (9). Artificial intelligence (AI) tools can be used to promote medication adherence through medication reminders, to monitor treatment response and side effects, and to identify triggers or patterns in behavior, amongst other applications. Social media can be used to disseminate information about mental health, to destigmatize mental health, and to create community. Though the use of technology also introduces concerns over data privacy and security, lack of evidence or clinical validation for some digital tools, misinformation, and lack of oversight by a qualified clinician, the careful implementation of technology in mental health care and prevention can be beneficial in bringing mental health care to more people across the world.

Working with faith communities can help address gaps in mental health care. Belonging to a faith community has been shown to have medical and mental health benefits, with almost one in four adults in the United States seeking counsel from faith leaders. Interventions have been shown to build capacity among faith communities through spiritually based mental health programs, mental health screening and referral by faith communities, and training faith leaders in psychological first aid (10). For example, the Tapestry of Care Project in Texas is a pilot program working to build capacity amongst church congregations to deliver psychosocial interventions, establish bi-directional referral, and develop a framework to promote trust between faith communities and mental health providers. Partnering with faith communities means meeting people where they are to bring proven interventions to people who may not have otherwise utilized mental health care.

Partnerships Nationally and Globally

Creating a global environment that allows people to flourish is the most effective way to prevent and alleviate the worldwide burden of mental disorders. This requires partnerships nationally between governments and non-governmental organizations (NGOs) within a country and internationally between governments of all nations.

Socioeconomic disadvantage is a fundamental social determinant that shapes mental health outcomes. Poverty, food insecurity, inequalities in education, housing instability, and barriers to health care access are both risk factors and consequences of mental disorders. Early exposure to socioeconomic disadvantage increases the likelihood that children will experience mental health problems. Reducing poverty through cash transfer programs in low- or middle-income countries (LMICs) for families with children and adolescents has been shown to have long-lasting effects in mental health outcomes of youth (8). Creating more opportunities for employment and paying workers a living wage are also ways to address poverty. Programs such as universal preschool help mitigate financial stress on families and positively impact prosocial behaviors in children. Education attainment has been associated with improved mental health outcomes, so it is important to ensure that all children have access to high-quality education, regardless of economic background or gender. Investment in affordable housing and housing regeneration programs has been shown

to improve longitudinal mental health outcomes (8). Ensuring access to high-quality and affordable health care for all people by providing subsidized mental health interventions and community-based services is paramount to preventing the development and progression of mental illness. Mobile crisis intervention teams and street outreach teams, like the Boston Health Care for the Homeless Program, proactively provide care to the unhoused, meeting people where they are.

Loneliness and social isolation are associated with depression, were exacerbated during the COVID-19 pandemic, and are especially prevalent in older adults. Increasing social support for older adults and encouraging engagement in society through employment, education, faith groups, community groups, volunteering, and peer support groups can help reduce social isolation and its negative effects on mental health.

The physical environment, which includes the built environment, access to green and blue spaces, climate change, and pollution exposure, is a social determinant of mental health. Government policies that promote urban planning with safety in mind and quality housing are important to health and mental health. Increasing access to nature with green spaces and blue spaces in urban settings can help reduce stress and anxiety, improving mood. Pollution exposure and climate change knows no national borders and must be addressed through international partnerships for the common interest of health for all people.

Political instability and war drastically affect mental health, causing depression, anxiety, trauma, and psychosomatic symptoms. This can be prevented through global partnerships with the goal of ending conflict and violence. Additionally, providing psychological care for victims and witnesses of violence and addressing the mental health care needs of refugees, including the unique challenges of acculturative stress, is important in the prevention of long-term mental health conditions.

Discrimination on the basis of race, gender, sexuality, and disability must be addressed on the national level with anti-discrimination policies and training of health care providers. Minority stress theory describes how discrimination and experiences of these social stressors lead to worse mental health outcomes.

Globally, countries should partner in knowledge sharing to build capacity. Countries should strengthen data sharing to allow for cross-country adaptation and scaling of evidence-based interventions and to prevent duplication of ineffective programs. The World Health Organization's Mental Health Gap Action Programme (mhGAP) is an example of the effect of international information sharing, providing tools to scale up services of mental health care across over 100 countries. Initiatives like World Mental Health Day and World Meditation Day also promote awareness, combat stigma, and increase advocacy globally.

Conclusion

In conclusion, addressing the global burden of mental health conditions requires integrated, prevention-oriented strategies that utilize partnerships within mental health care, across health care more broadly, across non-health care sectors, and at national and global levels. In accordance with UN SDG 17, collaboration and partnership provides a scalable framework for implementing evidence-based preventive strategies. Strengthening multidisciplinary care models, integrating mental health screening into routine clinical practice in various specialties, and addressing social determinants of health such as poverty, education, housing, and social inclusion are critical components of a comprehensive prevention strategy. The implementation of technology and

community partnerships must be guided by equity, cultural humility, and ethical safeguards. Ultimately, sustainable improvements in global mental health will depend on coordinated and long-term partnerships that bridge the gap between disciplines, sectors, and nations to ensure that prevention is accessible to all, culturally responsive, and rooted in scientific evidence.

References

1. World mental health today: latest data. Geneva: World Health Organization; 2025.
2. Kane JM, Robinson DG, Schooler NR, Mueser KT, Penn DL, Rosenheck RA, et al. Comprehensive Versus Usual Community Care for First-Episode Psychosis: 2-Year Outcomes From the NIMH RAISE Early Treatment Program. Am J Psychiatry. 2016 Apr 1;173(4):362–72. doi:10.1176/appi.ajp.2015.15050632 PubMed PMID: 26481174; PubMed Central PMCID: PMC4981493.
3. Lauwers EDL, Vandecasteele R, McMahon M, De Maesschalck S, Willems S. The patient perspective on diversity-sensitive care: a systematic review. Int J Equity Health. 2024 Jun 5;23(1):117. doi:10.1186/s12939-024-02189-1
4. Thota AB, Sipe TA, Byard GJ, Zometa CS, Hahn RA, McKnight-Eily LR, et al. Collaborative care to improve the management of depressive disorders: a community guide systematic review and meta-analysis. Am J Prev Med. 2012 May;42(5):525–38. doi:10.1016/j.amepre.2012.01.019 PubMed PMID: 22516495.
5. Ingle VK, Pandey I, Singh AR, Pakhare A, Kumar S. Screening of Patients with Chronic Medical Disorders in the Outpatient Department for Depression Using Handheld Computers as Interface and Patient Health Questionnaire-9 as a Tool. Int J Appl Basic Med Res. 2017;7(2):129–33. doi:10.4103/2229-516X.205809 PubMed PMID: 28584746; PubMed Central PMCID: PMC5441262.
6. Balasooriya Lekamge R, Karim MN, Chen L, Ilic D. Evaluation of a nationwide whole-school approach to mental health and well-being in 40 149 Australian secondary school students: cluster quasi-experimental study. BJPsych Open. 2025 Mar 11;11(2):e47. doi:10.1192/bjo.2024.843 PubMed PMID: 40065554; PubMed Central PMCID: PMC12001954.
7. Aust B, Leduc C, Cresswell-Smith J, O'Brien C, Rugulies R, Leduc M, et al. The effects of different types of organisational workplace mental health interventions on mental health and wellbeing in healthcare workers: a systematic review. Int Arch Occup Environ Health. 2024 Jul 1;97(5):485–522. doi:10.1007/s00420-024-02065-z
8. Kirkbride JB, Anglin DM, Colman I, Dykxhoorn J, Jones PB, Patalay P, et al. The social determinants of mental health and disorder: evidence, prevention and recommendations. World Psychiatry. 2024 Feb;23(1):58–90. doi:10.1002/wps.21160 PubMed PMID: 38214615; PubMed Central PMCID: PMC10786006.
9. Naslund JA, Carmio N, Taha S, Amara M, Wood S, Patel A, et al. Development of a digital program for training non-specialist providers to deliver a psychosocial intervention for depression: a formative study to support scaling up task-shared depression care in the United States. Camb Prisms Glob Ment Health. 2025 Jan 20;12:e23. doi:10.1017/gmh.2025.5 PubMed PMID: 40028386; PubMed Central PMCID: PMC11867825.
10. Perez LG, Cardenas C, Blagg T, Wong EC. Partnerships Between Faith Communities and the Mental Health Sector: A Scoping Review. Psychiatr Serv Wash DC. 2025 Jan 1;76(1):61–81. doi:10.1176/appi.ps.20240077 PubMed PMID: 39354812; PubMed Central PMCID: PMC12334192.