

A unified religious stance on mental health and suicide at the G20: the Lombok Declaration



Religion has an important role in community perceptions of mental health and suicide, influencing stigma and help-seeking behaviours,^{1,2} government policy,³ and even the criminalisation of self-harm and suicide.^{4,5} Thus, religious leaders have the opportunity to address key barriers to improve individual and societal mental wellbeing. In 2022, representatives from more than 400 religions and belief systems practised in Indonesia convened to craft the world's first unified religious declaration on mental health and suicide for the Group of 20 (G20) leaders, called the Lombok Declaration. A religious approach to advocacy is not without precedent: in 1983, the Catholic Church revoked a long-standing ban on ecclesiastical funerals for individuals who died by suicide (canon 1184),⁶ responding to a deeper understanding of suicide. The Lombok Declaration was designed to be a global declaration, to be implemented first in Indonesia to capitalise on the country's G20 presidency in 2022. The English and Bahasa Indonesia versions of the declaration are available online.⁷ In this Comment, we briefly discuss the development and positive impact of the declaration.

The 2-day development process was held in Lombok, Indonesia, on June 3–4, 2022, and was attended by representatives from more than 400 religions and belief systems practised in Indonesia, representatives from the Indonesian Ministry of Health, and the investigators (SO, AS, MAS, BF, KT, and AV) as facilitators. People were selected on the basis of their authority to speak on behalf of their religions, a wide range of in-depth religious knowledge, mental health and suicide prevention expertise, and public health implementation expertise.

The process began with a presentation on the economic, social, and societal impact of mental ill health and suicide. This presentation was an important step to ensure the subsequent discussions focused on societal wellbeing rather than inter-religious differences, given that Indonesia had previously experienced inter-religious violence. Representatives of different religions then shared observations, opinions, and evidence about the resourcing, knowledge, and policy gaps in addressing mental ill health and

suicide. Common themes were the absence and poor accessibility to culturally sensitive and evidenced-based psychological care, widespread religious but not evidence-based treatments, and stigma, which often emerges as a result of misinterpretation or poor application of religious texts.

With these issues in mind, the religious leaders, Ministry of Health representatives, and facilitators began developing the declaration by first drawing on each religion's perspectives, including sacred texts (eg, al-Quran and Buddhist Tripitaka), theological summations, and historical precedent (eg, changes to the Catholic Code of Canon Law) to find shared views regarding mental ill health and suicide. From this process, the group collectively identified common goals for the declaration, which were to remove the shame of having a mental health condition; to encourage individuals with a mental health condition to take action in managing the issue; to foster a culture of help-seeking and community-based help provision; to condemn discrimination and human rights violations against individuals with mental ill health; and to foster a healthier society by outlining responsibilities of a wide range of stakeholders, rather than a specific group or government branch.

The representatives endorsed five statements, which form the main body of the Lombok Declaration: (1) mental health issues are not something to be hidden and ashamed of, but rather universal issues that must be addressed; (2) seeking social and professional support and help related to mental health is good and recommended; (3) neglecting and discriminating against people with mental health problems is not justified nor endorsed by religion; (4) helping people with mental health problems is a noble act; and (5) improving knowledge, awareness, and skills about mental health is a shared responsibility of all, including individuals, families, communities, religious and faith leaders, and government.

The declaration was signed on Oct 29, 2022, as part of the G20 civil societies, by representatives of Indonesia's leading religions, witnessed by a delegate from WHO, key national stakeholders, and more

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than 2000 attendees. The signing was followed by mental health education, for which we were awarded a Guinness World Record for most users in a mental health awareness video lesson—the first mental health world record to take place in a low-income or middle-income country.⁸

Appendices to the declaration were written by experts representing major religions in Indonesia (Islam, Christianity, Catholicism, Buddhism, and Hinduism), with more appendices from other religions to be added. These appendices provide in-depth theological justification for the five statements, including excerpts from religious texts and their predominant interpretations. Seven additional declarations were written specifically for the Indonesian Government to show how these declarations might be used in a practical, national context for policy briefs (eg, a call for universal health care to cover treatment costs after a suicide attempt).

Only 6 months after the signing, the Lombok Declaration had a crucial role in the explicit inclusion of suicide prevention in the forthcoming Indonesian health bill (*RUU Kesehatan*), which mandates that society as a whole take part in suicide prevention across the country (Edduar Idul Riyad, Directorate of Mental Health, Ministry of Health, Indonesia, personal communication).⁹ In April, 2023, the revised bill was resubmitted by the Ministry of Health to the House of Representatives for review. If passed, suicide prevention would be explicitly mandated in Indonesian law for the first time.

To our knowledge, the Lombok Declaration is the first declaration of this scale and kind; it represents

an important step in breaking down barriers towards a healthier world, by showing the positive impact of traditionally divided organisations coming together to improve mental health and reduce suicide.

SO, AS, MAS, BF, KT, and AV were the investigators who took part in the development process of the Lombok Declaration. SO, MAS, BF, and JFN were signatories on the Lombok Declaration as witnesses. JLF declares no competing interests.

**Sandersan Onie, Arshinta Soemarsono, Muhammad Aditya Setyawan, Bahrul Fuad, Kezia Taufik, Ashra Vina, Jessica Felisa Nilam, Jennifer L Hudson*
s.onie@blackdog.org.au

Black Dog Institute, University of New South Wales, Sydney, NSW 2031, Australia (SO, JLH); Pusat Rehabilitasi Yayasan Kristen untuk Kesehatan Umum, DI Yogyakarta, Indonesia (AS, MAS, BF); Emotional Health for All Foundation, Jakarta, Indonesia (KT, AV, JFN); Indonesian Association for Suicide Prevention, Surabaya, Indonesia (KT, JFN)

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