



The Royal
Australian &
New Zealand
College of
Psychiatrists



Department of Health and Aged Care
National Health and Climate Strategy
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Connected and contemporary College for community and member benefit

About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is responsible for training, educating and representing psychiatrists in Australia and New Zealand. The RANZCP has more than 7900 members, including around 5600 fully qualified psychiatrists.

Introduction

The RANZCP welcomes the opportunity to contribute to the Department of Health and Aged Care's (DoHAC) consultation on the development of a [National Health and Climate Strategy](#) (the Strategy). The recommendations contained within this submission are based on extensive consultation with the RANZCP Committees, including the Climate and Sustainability Steering Group, the Aboriginal and Torres Strait Islander Mental Health Committee and the Committee for Evidence Based Practice, which are made up of community members and psychiatrists with direct and lived experience. As such, the RANZCP is well positioned to provide advice about this issue due to the breadth of expertise it represents.

As the peak body representing psychiatrists in Australia and New Zealand, the RANZCP is in a unique position to comment on the Strategy from the perspective of mental health service providers and consumers. The RANZCP represents members practicing in both the public and private health systems, as well as those in clinical and academic research.

The RANZCP has taken a strong position on the issue of the climate emergency and has established a Climate and Sustainability Steering Group chaired by the President – Dr Elizabeth Moore – to spearhead efforts in this area. The RANZCP is also divested from companies exposed to fossil fuels, as noted in the [2022 Financial Report](#). The RANZCP also has published resources highlighting the effects and interactions of climate change on mental health and the psychiatry profession, including [PS35: Addressing the mental health impacts of natural disasters and climate change-related weather events](#) and [PS106: The mental health impacts of climate change](#). These resources, along with the consultation with our members and the [RANZCP Strategic Plan](#) have guided the details of this submission.

Summary

The RANZCP acknowledges that the Strategy is a critical requirement for dealing with the climate crisis and supports the efforts of the DoHAC. Developing the Strategy is a complex undertaking requiring evaluating countless variables and managing competing stakeholder preferences and requirements. The RANZCP is encouraged by the care and diligence with which the DoHAC is conducting the development process.

The RANZCP does however, have several concerns about the method, priorities, and scope by which the Strategy is being developed. It is the opinion of the RANZCP that the current focus of the Strategy is too narrow to achieve the objectives of the plan, and that some key areas are overlooked. Addressing climate change from a health perspective cannot be solely measured and driven by an emissions-only target and focus. There are connected issues that need to be adequately understood and dealt with for the Strategy to have a truly holistic approach.

Objectives

The current objectives of the Strategy are too narrowly focussed on the reduction of emissions. Although the Strategy does mention the risks to health created by climate change, there is no clear detail as to how the Strategy will work to reduce and remove these health risks. Any strategy that is targeting health

systems must have, as its main goal, the reduction of health risks caused by climate change. The RANZCP highlights that current research shows that climate change has both direct and indirect impacts to mental health.[1,2] Impacts to mental health and healthcare needs occur through multiple pathways, and people living with mental illness are among those at substantially increased risk of climate-change health harms including death. Climate change impacts mental health directly, such as through heatwaves, bushfires and floods, indirectly through unemployment and lack of social cohesion with land degradation and reduced crop yields, through physical health impacts (such as bidirectional relationships between asthma and mental health) and through awareness of climate change.

In order to provide a more detailed and health-oriented strategy, there should be clearly stated goals or visions, which should include preventing mental health harms of climate change and equitable access to excellent mental healthcare. The current objectives are more akin to processes and procedures (enablers) designed to achieve an overall, yet unstated, outcome. It is the opinion of the RANZCP that the Strategy needs a clear purpose of intent regarding protecting human health and quality healthcare in addition to healthcare sector emissions reduction.

Measurement

The RANZCP believes this objective is too narrow for a National Health and Climate Strategy. To measure and track success solely by the reduction of emissions within the health sector is inadequate and leaves room for unwarranted belief in success due to net health sector emissions reductions, without improving or protecting health. Measurement of climate change impacted health outcomes is necessary for healthcare system adaptation to provide quality healthcare, as well as to ensure that healthcare and related health costs are included in an objective way in health in all policies across government.

The RANZCP asserts that a significant data is needed to support the Strategy. The mental health of Australians is already deeply impacted by the climate crisis, creating increased mental health care needs, a reduced workforce, and mental health related deaths.[3,4,5] These are ongoing and increasing problems that consistently affect the health system. More acute effects on mental health are seen after climate disasters, such as bushfires and heatwaves.[3,5] Heatwaves are increasing in frequency in Australia,[6] and are Australia's deadliest 'natural' disaster.[7] These have a profound impact on mental health. Days of excessive heat have an increased rate of mental health presentation to Emergency Departments of up to 12%.[8] In Perth alone the costs of healthcare due to heatwaves was \$79.5 million over 6 years, with mental health presentations accounting for the largest portion of projections.[9]

The RANZCP asserts that the mental health care costs of climate change in Australia are substantial and increasing. This holistic data needs to be collected across the health system at a Federal level. Cost savings and emission reductions due to preventative action must be collected in order to obtain an accurate picture of the requirements and effectiveness of the Strategy. Without a broader objective to collect a wider pool of data that is relevant and pertinent to climate change and health systems, the RANZCP believes the Strategy is an incomplete plan. This data collection would also be a crucial tool for researchers and as a guide for evidence-informed policy and process creation.

Mitigation

The RANZCP highlights that the Strategy's objective of mitigation has the same weakness as that of Measurement – it is too narrowly focussed. The goal of a Health and Climate Strategy cannot solely concentrate on the reduction of emissions by the healthcare sector. As greenhouse gas emissions (GHGs) from all sectors impact on mental health, protecting and reducing mental health risk from climate change

requires health (including mental health) impacts to be considered across all government policies, particularly those with substantial impacts on GHGs (and therefore climate change), such as fossil fuel exports and land clearing

Improving access to high value mental healthcare, and to evidence-based public mental health measures could substantially reduce the demand on carbon-intensive mental health care while improving mental health outcomes. Currently there is a dire workforce shortage in mental health, which leads to consumers relying on more intensive or emergency interventions in many cases where preventative or primary mental health services are either unavailable, inadequately resourced or financially unattainable. As noted in the RANZCP 2023-2024 Pre-Budget Submission both the Productivity Commission and the [National Skills Priority List](#) have identified that there is a shortage of psychiatrists, and mental health care workers in general.[10,11]. Preventing the use of last-resort services, such as Emergency Departments will work to reduce emissions in the health system, as community-based preventative supports have a lower carbon footprint than acute or emergency interventions due the reduced travel requirements and use of consumable goods such as Personal Protective Equipment (PPE) which make up a substantial portion of health sector emissions.[12] Providing easily accessible preventative care by funding workforce expansion is an investment that the RANZCP strongly recommends.

The Consultation Paper outlines 6 priority areas for focus, including travel and transport and waste. The RANZCP asserts that the best way to lower carbon emissions, by actions such as travel, is to provide affordable and equitable access to mental health care, Australia wide. Local community services with a well-funded and supported mental health care service with an adequate workforce well integrated with primary care including General Practice and Aboriginal Medical services, in conjunction with an evidence-informed approach to telehealth services, reduce or remove the need to travel. This is especially true for rural, regional and remote communities and consumers and could easily be monitored and translated to cost benefits analyses.

The RANZCP supports the focus of the 'Prevention and Optimising Models of Care' actions. However, a greater understanding of the particular challenges and nuances of mental health care is needed. Actions 2.6.1, 2.6.3 and 2.6.4 should all be assessed regarding these particulars as they are currently designed for physical rather than mental health care needs in mind. The RANZCP urges DoHAC that any actions regarding models of care should be designed with a consumer and lived experience perspective at the forefront to ensure that standards and equity of services are not compromised.

Adaptation

The RANZCP acknowledges and supports the efforts of DoHAC to ensure that communities are adequately prepared for adverse climate events and that efforts to build resilience occurs prior to any such event. The RANZCP acknowledges the inclusion of these policies that were recommended in our previous submission to the National Health and Climate Strategy Discussion Paper. The RANZCP also supports the inclusion of preparedness and resilience for both extreme events and gradual changes, based on the best available evidence.

As noted in the Consultation Paper, the first principle of health services, supports, and clinicians must be to do no harm. The RANZCP is concerned that the goal of reducing emissions as the sole focus fails to understand and account for the areas where current mitigation to deal with the effects of the climate crisis are desperately needed. As previously noted, evidence shows that the climate crisis is having a profound health effect which, in turn, has significant financial implications. By acting to mitigate the effects of climate change on health systems and outcomes, and evaluating and monitoring these, the corresponding cost and emission savings could be used to guide both practical and policy decisions.

Some groups and communities in society are more vulnerable to, or have special needs in the event of, adverse climate events. Aboriginal and Torres Strait Islander people, children, people from culturally and linguistically diverse backgrounds, people in rural, regional or remote areas, elderly people and those with existing mental or physical health conditions are more likely to experience greater negative effects from climate change.[13,14,15] The RANZCP acknowledges that the Consultation Paper does refer to particularly vulnerable groups. There is a need for a greater detail and practical adaptation regarding these communities in the proposed actions. There must be a concrete understanding and plan for how vulnerable groups will be affected and require specialised support beyond just 'mapping'.

Within action 3.3 there should also be a greater emphasis on long term supports for recovery from disasters and extreme weather events, based on the research evidence which is of increased occurring for years after such events, and that communities experiencing multiple such events can be expected to have greater complexity and severity of presentations. Communities, especially rural, regional and remote communities, often suffer greater harm or re-traumatisation after the removal of acute and emergency supports.[16] Person-centred care with an emphasis on the ongoing wellbeing of affected communities must be built into the adaptation actions. This can be accomplished by increasing the number and funding of services in these communities to ensure that ongoing care can be provided by a trusted local workforce once emergency response services are removed.

Health in all Policies

The RANZCP strongly supports a Health in all Policies approach. As climate change effects all aspects of human health, there must be concerted and collaborative approach to addressing climate change through the lens of health from all sectors and government departments. The maintenance of health for the community and a focus on reducing the risks of anthropogenic climate change to population health must be at the forefront of the Health in all Policies approach. The RANZCP is a member of the Climate and Health Alliance (CAHA) and, as such, endorses the recommendations outlined in the [Healthy, Regenerative and Just](#) framework.

As previously mentioned, data is the key component in maintaining a Health in all Policies approach. It is crucial that there is an evaluation and tracking of the health, economic and social costs of climate change both now and in the future. Savings associated with the reduction of the climate health burden should be tracked and publicised, along with the productivity and health co-benefits of climate mitigation such as associated with reduced air pollution with reduced fossil fuel use or increased physical activity with active transport. All policy decisions should be evidence-informed and wellbeing focussed, with emissions savings being achieved as outlined in the Healthy, Regenerative and Just framework, and not coming at the cost of service provision or equity of access.

A further benefit in a greater focus of data collection and publishing across the health system is the ability to assess the Strategy in terms of the 'moral injury' of climate policy in Australia..[17] The negative mental health impacts of climate change related incidents are even more pronounced in vulnerable communities such as youth, rural, regional and remote and Aboriginal and Torres Strait Islander people.[17,18] A Health in All Policies approach supported by corroborating data collection practices can help to mitigate the mental health effects of moral injury and climate distress.

An Australian Centre for Disease Control (Australian CDC) would be ideally placed to undertake the sourcing, management and collation of data, and would likely be a powerful tool in facilitating any Health in all Policies approach, providing that mental health outcomes were included with resourcing and coordination and linking with academics with the relevant expertise and with appropriate, transparent management of conflicts of interest. The RANZCP encourages the government in scoping the Australian

CDC with the National Health and Climate Strategy in mind, as the functions of pandemic preparedness, preventing communicable diseases and climate change health effects require many of the same considerations and resources.

Key findings

- Mental health needs to be at the forefront of any health and climate strategy
- Objectives of the National Health and Climate Strategy need to be widened
- Effects and impacts of climate change on the health system need to be addressed as being current and significant, including those which are cumulative effects beyond initial incidents.[18]
- Increased data collection is crucial to the strategy being implemented effectively
- Monitoring and measuring effects and outcomes needs to be a key priority
- Resources should be provided specifically for training and implementation regarding anticipatory, preventative and mitigation strategies
- Health workforce funding and training must be increased to deal with the impacts of climate change and the implementation of all policies and procedures.
- Particularly vulnerable communities such as Aboriginal and Torres Strait Islander people, Culturally and linguistically diverse groups, rural, regional and remote communities and people with existing mental health conditions must be a priority in resourcing.
- Aboriginal & Torres Strait Islander, other traditional cultural communities and those with rural/remote and communal mobilisation expertise should be involved in designing and implementing all strategies.
- An Australian Centre for Disease Control would be a powerful tool in implementing the National Health and Climate Strategy

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