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Essay topic – **Whakataukī: Naū te rou rou, Nāku te rou rou, Ka ora ai te iwi.**
With your food basket and my food basket the people will thrive.

With this whakataukī (proverb) in mind, discuss mental wellbeing within the current global climate change?

The Way Forward is Collaborative: Climate Change and Mental Wellbeing

By Ria George

Introduction

Climate change is an imminent threat to the mental wellbeing of our local and international communities. Whilst the impacts of climate change on physical health are well documented, mental health impacts are lesser studied and reported. This essay firstly explores the links between mental wellbeing and climate change. Secondly, it acknowledges the Psychiatrist's role in the face of the climate crisis. Finally, we briefly look to suggested approaches in the way forward to alleviate pressures on both the environment and institutions.

Impacts on mental health and wellbeing

Climate change is a global crisis that in recent years has been heading toward catastrophe. This has been seen recently in more natural disasters and extreme weather events (EWE) (Palinkas and Wong, 2020). These include but are not limited to floods, earthquakes, heat waves, wildfires, droughts and hurricanes. Palinkas and Wong (2020) describe three types of climate change including acute (involving EWE and natural disasters lasting for days), sub-acute (lasting for months to years) and long-term environmental changes (spanning generations) such as rising sea levels and temperatures that threaten habitability of the physical environment – each can have impacts on psychological wellbeing. These climate changes interact with health in a series of direct and indirect pathways.

Direct impacts are those that cause direct trauma and/or injury (Jones et al., 2014, Charlson et al., 2021). It includes exposure to EWE, injury and death as a result of acute events or feelings of helplessness, anxiety and loss of sense of place in response to longer-term environmental changes (Bourque and Willox, 2014; Palinkas and Wong, 2020). Indirect impacts are mediated via interactions with the social determinants of health (Crandon et al., 2022; Jones et al., 2014). These include loss of home and other infrastructures, disrupted access to healthcare, forced relocations in relation to acute climate events, loss of economic means and increased risk of conflict (Jones et al., 2014; Bourque and Willow, 2014; Charlson et al., 2021; Palinkas and Wong, 2020). One might argue that these indirect impacts, often abstract, have far more profound mental health implications as they are mediated via complex pathways across various sectors, affecting those most vulnerable.

Mental health implications from climate change anything from temporary distress in response to an acute EWE that resolves without intervention or a longer-lasting clinical disorder such as depression, anxiety, and/or post-traumatic stress disorder requiring psychiatric involvement (Bourque and Willox, 2014; Hayes et al., 2018). Following the severe and prolonged droughts in

the NSW, Hanigan et al (2012) found that rates of suicide had increased amongst rural male farmers over the time period spanning from 1970-2007. This was suggested to be due to increased financial stressors on farming communities and environmental degradation threatening livelihoods. Also witnessing animal suffering creates painful and grievous mental health experiences on a background of societal inaction.

Even the existential threat or anticipation of climate change has been shown to be correlated with increased mental distress, suicidal ideation, suicide, depression and anxiety disorders (Hayes et al., 2018; Palinkas and Wong, 2020). New terms have been coined to describe these responses to the very perception of threat from climate change including 'eco-depression' relating to feelings of hopelessness and sadness associated with climate change. Similarly, 'eco-anxiety' and 'solastalgia' refer to feelings of grief associated with perceived changes to one's environment (Crandon et al., 2022; Hayes et al., 2018, Doherty and Clayton, 2011). These terms recognise the natural mental and emotional responses to the threat of climate change and reinforce that mental health implications do not exist simply as clinical disorders.

Groups at risk

It is widely acknowledged that the impacts of climate change are not distributed equally. Groups at risk include those of lower socio-economic status, female gender, minority or ethnic status, in rural areas and of younger or older age (Palinkas and Wong, 2020; Bourque and Willox, 2014; Charlson et al., 2021; Doherty and Clayton, 2011). Of note, those with pre-existing mental health conditions are also at greater risk of worsening mental health owing to climate change (Palinkas and Wong, 2020). For instance, heat waves have been correlated with increased morbidity and mortality among those with existing schizophrenia, substance use disorders and dementia (Palinkas and Wong, 2020). This highlights the unequal burden of psychological distress among those at most vulnerable.

As with other indigenous populations worldwide, Māori are at increased risk of psychological harm from the climate crisis in Aotearoa (Jones et al., 2014). Māori are disproportionately affected by poorer health outcomes as a consequence of inequitable distribution and access to the social determinants of health via processes mediated through colonisation (Macinnis-Ng et al., 2023; Jones et al., 2014). This amplifies the ways through which climate change can cause mental health impacts for Māori populations. For instance, the majority of Māori economy is invested in primary industries which is likely to experience significant climate change related burdens (Jones et al., 2014; Crandon et al., 2022). Consequently, Māori are more likely to face economic instability, unemployment and reduced average income impacting upon access to resources for good health and well-being (Jones et al., 2014).

Furthermore, Māori like many other indigenous populations have strong powerful ties with the natural environment. For many this is linked with a sense of cultural empowerment, identity and kaitiakitanga (Jones et al., 2014). Injury to and displacement from these environments impacts upon mental wellbeing including a loss of sense of place, which when deeply entrenched in marginalisation and disempowerment, only exacerbate the mental health implications for Māori (Jones et al., Macinnis-Ng et al., 2023). Appreciating the psychological impacts of climate change entails appreciating the complexity of climate related events and positioning its impacts in the context of wider known determinants of health.

Psychiatry in a global climate crisis

The mental health impacts of climate change impose increased pressures on mental health services and health professionals (Crandon et al., 2022). Mental health professionals globally are called upon to respond to the climate crisis.

The Royal College of Psychiatrists (RCP) call upon mental health professionals to address the psychological impacts of climate change for those under their care (RCP, 2021). They propose several ways in which this can be facilitated including increasing coping mechanisms and equipping individuals and communities with support mechanisms to build resiliency against climate anxiety and eco-depression (RCP, 2021; RANZCP, 2021; Crandon et al., 2022). These resilience-building or adaptive interventions come in many forms including behavioural or community-based interventions, group and cognitive-based therapies and crisis counselling (Hayes et al., 2018).

Furthermore, Psychiatrists have important roles to play as educators and public health advocates. Education around the impacts of climate change on mental wellbeing should be embedded within everyday practice and mental health professionals should recognise climate change as a determinant of wellbeing within patient assessments (Hanigan et al., 2012). Additionally, educating health professionals and wider communities about 'climate-anxiety' and 'eco-depression' avoid pathologising what is in fact a normal response to climate change and facilitate healthy adaptive strategies instead (Crandon et al., 2022). Psychiatrists are also positioned to take upon leadership opportunities within the public health space and contribute to planning and design of mental health infrastructure and preventative strategies in the face of increasing mental health distress and suicide (RCP, 2021).

Moreover, further research is required into this lesser-studied area. Whilst the physical health impacts are well documented, the lack of research about the mental health implications of climate change suggest a disregard for this aspect of health (Hayes et al., 2018; Doherty and Clayton, 2011). Mental health professionals are well-placed within this space to disseminate findings that inform future solutions and planning to mitigate mental health crises in the face of climate change.

Approaches for the future

Naū te rou rou, Nāku te rou rou, Ka ora ai te iwi. The future is hopeful when solutions are collaborative and co-produced. Though the interactions between climate change and mental wellbeing are complex and under-studied, the complexity itself allows for a multitude of interventions at multiple levels. Siloed policies risk exacerbating already existing inequities. For instance, policies in Aotearoa that increases costs of fuel and energy without consideration for counter-balancing measures place increased financial burdens on those individuals and communities who are already impacted the most - this disproportionately affects Māori (Jones et al., 2014, Macinnis-Ng et al., 2023).

A special consideration must be given to indigenous knowledge and tikanga surrounding the natural environment and climate. Particularly in Aotearoa, kaupapa Māori research can inform practices and solutions to mitigate climate related harms upon mental health (Jones et al., 2014). Te Tiriti o Waitangi, amongst other well-recognised documents, ratifies Māori as the indigenous people and reaffirms their rights which includes participation in decision-making about health services. Mitigation measures against climate change should thus realise these rights for Māori such that any steps taken to mitigate climate change are done so with consideration of any negative impacts on Māori wellbeing (Jones et al., 2014). Approaches for the future require collaborative efforts which demands both strong policy frameworks and action by mental health professionals (Hayes et al., 2018).

Conclusion

Whilst isolated efforts from individuals may enable survival, mental wellbeing requires a concerted effort globally by systems and communities. The effects of climate change can be direct and indirect, perhaps most destructive, silent and entrenched through indirect pathways

(Jones et al., 2014). A concerted effort is required between public health, mental health professionals and communities including indigenous peoples to mitigate what is forecasted as a looming climate catastrophe. The Psychiatrist is implicated and well-poised to serve as an advocate, educator, researcher and leader within this space.

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