

Mental Health and Climate Change

Policy Position Statement

Key messages:

Climate change negatively impacts several environmental, social and economic determinants of mental health and psychosocial wellbeing, which is having stronger and longer-lasting impacts on people. This can directly and indirectly affect people's mental health and psychosocial wellbeing.

Research and policy need to be focused on a systems approach to mental health promotion and prevention that includes building psychosocial resilience to climate change.

The mental health system needs to be equipped for sustainable resilience to acute shock events (e.g., heat, fire, flood) and long-term climate change impacts.

Key policy positions:

1. State and territory health systems should explore community-based mental health prevention and promotion activities that build resilience and promote community and individual psychological resilience to global warming and climate disruption.
2. There should be avenues for vulnerable populations directly impacted by climate change to be active participants and leaders on important issues and public affairs responding to the climate crisis.
3. There should be avenues for Aboriginal and Torres Strait Islander people involvement as active participants and leaders on important issues and public affairs responding to the climate crisis, to ensure their views are considered when designing actions to be taken.
4. PHAA will advocate for evidence-based policy and multi-sectorial and community-based approaches to reduce vulnerabilities and address the mental health and psychosocial wellbeing impacts of climate change.

Audience:

Federal, State and Territory Governments, policymakers, program managers, PHAA members, media.

Responsibility:

PHAA Mental Health Special Interest Group
PHAA Ecology and Environment Special Interest Group

Date adopted:

September 2023

Contacts:

Dr Erica McIntyre, Erica.McIntyre@uts.edu.au, Co-Convenor PHAA Mental Health SIG

Citation:

Mental Health and Climate Change: Policy Position Statement [Internet].
Canberra: Public Health Association of Australia; 2020 [updated Sep 2023].
Available from: URL

Mental Health and Climate Change

Policy position statement

PHAA affirms the following principles:

1. Achieving the highest attainable standards of health, wellbeing, and equity involves taking a planetary health approach, which addresses the environmental, political, economic and social aspects of climate change impacts.⁽¹⁾
2. The risks to mental health from climate disruption are amplified by social, environmental, and political factors, placing our most vulnerable people at greatest risk.
3. An equitable, ecologically sustainable, and healthy world involves maximising mental health and psychosocial wellbeing and respect for human rights.
4. This policy will help Australia to achieve the Sustainable Development Goals, which recognise mitigation of and adaptation to climate change as essential to good health and wellbeing for all.

PHAA notes the following evidence:

5. There is strong evidence and global recognition that action against climate change is necessary to protect and promote the health and wellbeing of the population.⁽²⁾ As climate disruption is already impacting our environmental, economic and social systems and causing health impacts, prompt action is needed to safeguard population health and global health equity, including mental health and wellbeing.⁽²⁾
6. Climate change has *direct* and *indirect* impact pathways that interact with existing vulnerabilities to mental health. The World Health Organization categorises health risks from climate change as:⁽³⁾
 - Direct impacts from the heightened frequency and severity of climate change related hazards including stress-related conditions from natural disasters.
 - Direct impacts from climate change related global environmental threats including deforestation, land use change, loss of biodiversity, ocean pollution, and overfishing.
 - Environmental mediated impacts including: air pollution, insufficient water, quantity, quality, food insecurity, and ecological changes.
 - Socioeconomic mediated impacts, including: loss of livelihood, property loss or damage loss of autonomy and control, conflict, violence, inequalities, forced migration, and loss of personal important places
 - Indirect impacts from living in an era of climate change including: witnessing changes and damage to landscape and ecosystems, and awareness of climate change and extreme weather events and their impacts.
7. Direct mental health impacts from extreme weather events and disasters related to climate change include post-traumatic stress disorder, major depressive disorder, anxiety, grief, suicidal ideation,⁽⁴⁾ and solastalgia (defined as the distress produced by environmental change that impacts on people directly connected to their local environment).⁽⁵⁾

8. Indirect mental health impacts can include feelings of fear, dread, powerlessness, and worry about the future that can result from either currently experiencing, or the expectation of, changes in the climate and environment that will continue to occur over the long-term and impact people's lives.⁽³⁾ These climate change-related emotions have been referred to as ecological grief and ecoanxiety.⁽³⁾
9. Certain groups are at increased risk of mental health impacts from climate change depending on vulnerabilities and inequalities. These include:
 - Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander people have a holistic concept of health whereby land, spirituality and people are the three dimensions of healthy living. Aboriginal and Torres Strait Islander people have increased vulnerability to the mental health impacts of climate disruption, further exacerbating current health disparities between Indigenous and non-Indigenous people.⁽⁵⁾
 - Children and youth

The 2020 Lancet Commission report *A future for the world's children?* found that rising inequality and environmental crises are major threats to peace and stability.⁽⁶⁾ Climate change has societal effects, and marginalised children and families may be affected most. Children are at increased risk of the direct and indirect psychological impacts of climate change.⁽⁷⁾
 - Rural and remote populations

Rural and remote communities have increased vulnerability to the mental health impacts of climate change. These can include direct impacts from long-term droughts affecting soil productivity, agriculture, and livestock leading to food and water insecurity, subsequently increasing the economic stress of land-based workers and agricultural businesses.⁽⁴⁾ Climate change forecasts suggest increases in hot spells in desert regions and more extremes in rainfall in Northern Australia.⁽⁸⁾
10. Environmental degradation, extreme weather events and natural disasters from climate disruption are already having a direct effect on the way we live and work, making it clear that adaptation in the near term is necessary.^(9, 10)
11. The direct and indirect effects from climate disruption and ongoing environmental change, combined with the flow on social and economic impacts, increase the risk that people will experience social problems like violence, economic insecurity, disrupted education, social dislocation and substance misuse.⁽¹¹⁾
12. Climate change has societal effects, and marginalised children and families may be affected most. Children are at increased risk of the direct and indirect psychological impacts of climate change.⁽⁷⁾
13. Research shows psychological therapies are effective in the prevention of PTSD and reduction of symptoms in children and adolescents exposed to trauma (including natural disasters).⁽¹²⁾
14. Increasing community resilience is critical for mental health prevention and promotion, and central to helping people plan for and respond to climate related disasters.⁽¹³⁾ A combination of community resources, community energy and community capacities enhance the resilience of a community to disruptions such as climate change.⁽¹⁴⁾
15. First Nations knowledge of the Australian environment and processes for meaningful community engagement are critical for planning and implementing responses to climate change.

16. Many countries, particularly Pacific Island countries, are at a high risk of the catastrophic effects of climate disruption and require support to prepare.⁽¹⁵⁾
17. Implementing this policy would contribute towards the [UN Sustainable Development Goals](#).

PHAA seeks the following actions:

18. Research and policy need to focus on a systems approach to mental health promotion and prevention.⁽¹⁶⁾ This should involve strengthening community governance and response systems to build resilience and enable climate change mitigation and adaptation to climate-related events.
19. Development of a national vulnerability and adaption assessment to create appropriate climate information services and early warning systems (EWS) to reduce indirect mental health impacts.
20. The mental health system needs to be equipped to meet demand surges following disasters including:
 - Adequate resourcing and funding of mental health services in rural and remote areas.
 - Additional culturally appropriate mental health and social emotional wellbeing services for Aboriginal and Torres Strait Islander people, and CALD communities.
 - Support for the mental health and wellbeing of mental health professionals facing additional challenges and impacts of climate change.
 - Investment in expanding mental health services so they can better respond to surges in demand resulting from drought and extreme weather events.
21. State health systems should explore school-based mental health promotion activities that build resilience and promote psychological adaptation to climate disruption.
22. There should be increased participatory and deliberative avenues created for children and young people to have meaningful input to discussing, designing, and deciding policy on and programs for important public issues such as responding to global warming and climate change.
23. Voice to Parliament to create avenues for Aboriginal and Torres Strait Islander people to have a say on important issues and public affairs such as responding to climate change.
24. There should be increased participatory and deliberative avenues created for CALD communities including climate refugees to have meaningful input to discussing, designing, and deciding policy on and programs for important public issues such as responding to global warming and climate change.
25. PHAA will advocate for evidence-based solutions that prevent and address the impact of global warming and climate disruption on health and policy and programs that enable communities to respond and adapt to climate change, including those most vulnerable.

PHAA resolves to:

26. Advocate for the above steps to be taken based on the principles in this position statement.

**ADOPTED September 2023
(First adopted 2020)**

References

1. Whitmee S, Haines A, Beyrer C, Boltz F, Capon AG, Ferreira de Souza Dias B, et al. Safeguarding human health in the Anthropocene epoch: report of The Rockefeller Foundation–Lancet Commission on planetary health. *Lancet*. 2015;386(10007):1973-2028.
2. Pörtner HO, Roberts DC, Poloczanska ES, Mintenbeck K, Tignor M, Alegría A, et al. IPCC, 2022: Summary for Policymakers. UK and New York; 2022.
3. World Health Organisation. Mental health and climate change policy brief. Geneva: WHO; 2022.
4. Hayes K, Blashki G, Wiseman J, Burke S, Reifels L. Climate change and mental health: risks, impacts and priority actions. *Int J Ment Health Syst*. 2018;12:28.
5. Green D, Minchin L. Living on climate-changed country: indigenous health, well-being and climate change in remote Australian communities. *Ecohealth*. 2014;11(2):263-72.
6. Clark H, Coll-Seck AM, Banerjee A, Peterson S, Dalglish SL, Ameratunga S, et al. A future for the world's children? A WHO–UNICEF–Lancet Commission. *The Lancet*. 2020.
7. Burke SE, Sanson AV, Van Hoorn J. The Psychological Effects of Climate Change on Children. *Current Psychiatry Reports*. 2018(20):35.
8. Bureau of Meteorology and Commonwealth Scientific and Industrial Research Organisation. State of the Climate 2018. <https://www.csiro.au/en/Research/OandA/Areas/Assessing-our-climate/State-of-the-Climite-2018/Report-at-a-glance>: Commonwealth of Australia; 2018.
9. Borchers Arriagada N, Palmer AJ, Bowman DMJS, Morgan GG, Jalaludin BB, Johnston FH. Unprecedented smoke-related health burden associated with the 2019–20 bushfires in eastern Australia. *Medical Journal of Australia*. 2020.
10. Bureau of Meteorology. Special Climate Statement 73 - extreme heat and fire weather in December 2019 and January 2020. <http://www.bom.gov.au/climate/current/statements/scs73.pdf>: Australian Government; 2020.
11. World Health Organization. A framework for the quantification and economic valuation of health outcomes originating from health and non-health climate change mitigation and adaptation action. Geneva: WHO; 2023.
12. Gillies D, Maiocchi L, Bhandari AP, Taylor F, Gray C, O'Brien L. Psychological therapies for children and adolescents exposed to trauma. *The Cochrane database of systematic reviews*. 2016;10:CD012371.
13. Bergstrand K, Mayer B, Brumback B, Zhang Y. Assessing the Relationship Between Social Vulnerability and Community Resilience to Hazards. *Social indicators research*. 2015;122(2):391-409.
14. Kais SM, Islam MS. Community Capitals as Community Resilience to Climate Change: Conceptual Connections. *International journal of environmental research and public health*. 2016;13(12):1211.
15. McNamara, Karen Elizabeth, and Chris Gibson. “‘We Do Not Want to Leave Our Land’: Pacific Ambassadors at the United Nations Resist the Category of ‘Climate Refugees.’” *Geoforum* 40, no. 3 (2009): 475–83. doi:10.1016/J.GEOFORUM.2009.03.006.
16. Berry HL, Waite TD, Dear KBG, Capon AG, Murray V. The case for systems thinking about climate change and mental health. *Nature Climate Change*. 2018;8(4):282-90.