

POLICY BRIEF

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Climate change and mental health series: Co-creating a resilient future

Policy Brief 1: Multiple and disaggregated impacts

Sanae Okamoto, UNU-MERIT; Nidhi Nagabhatla, UNU-CRIS; Kariuki Weru, UNU-EHS; and Robert Oakes, UNU-EHS

Highlights

1. Climate change poses a significant and increasing threat to mental health and well-being.
2. Economic, social and cultural factors have led to a severe lack of sufficient mental health support services.
3. Examples of effective policy responses are limited and challenged by different cultural sensitivities, varying definitions and terminologies, as well as a lack of data and research.
4. Interventions must address the specific needs of diverse populations, prioritise actions informed by research, and integrate mental healthcare within existing health systems.
5. Entry points for mental health within UNFCCC workstreams should be recognised and incorporated.

This Policy Brief is the first in a series of three from the [United Nations University - Climate Resilience Initiative](#) (hosted by UNU institutes in Belgium, Germany and the Netherlands) proposing recommendations on the impact of climate change on mental health and well-being. This first policy brief outlines the current, global state of affairs; the second assesses the risks that intensify the impact on mental health; and the third identifies policy opportunities and solutions.

Background

The growing impact of climate change on mental health and well-being remains a comparatively overlooked aspect of the climate crisis (Okamoto and Nagabhatla, 2022), despite over a decade of warnings from psychologists and healthcare professionals that climate change will have a deep psychological impact on populations (Doherty and Clayton, 2011).

It is only in recent years that the interlinkages between the impact of climate change on mental health and well-being have become more apparent and received recognition by the World Health Organisation (WHO, 2022). This impact can be intensified by pre-existing vulnerabilities and inequalities relating to age, gender, ethnicity, disability, economic disparities and displacement. As a result, poor mental health can lead to impaired cognitive abilities, strained familial and social relationships, substance addiction and even suicide.

Mental health support globally is fraught with challenges even without considering climate change. One billion people worldwide are currently living with a mental health disorder, with only 13 mental health workers for every 100,000 people globally (Global Health Data Exchange, 2021). Governments spend an average of just over 2% of health budgets on mental health (WHO, 2021) and the situation is even more severe in societies where mental health issues are considered culturally taboo (Government of the Netherlands, 2019).

Accordingly, new terms have emerged to describe mental health outcomes. Climate change anxiety (Clayton and Karazsia, 2020) is associated with the symptoms of generalised anxiety disorder (Schwartz et al., 2022) and is experienced by people, often young, overwhelmed with anxiety and the feeling that they have no control over the planet's future. Eco-grief (Cunsolo and Ellis, 2018) is triggered by witnessing environmental degradation, viewing media depictions or indirectly experiencing the climate crisis. Solastalgia (Albrecht et al., 2007) is used to describe feelings of people whose native lands or familiar environments are changing fast and have experienced a loss of sense of place (Oakes, 2019).

The UNU Climate Resilience Initiative has made significant contributions to understanding these issues and emphasises the pressing need for policy and governance frameworks to include building psychological resilience within affected communities.

The three pieces of this Policy Brief series aim to trigger a collective “call to action” toward integrated solutions to address the complex dimensions of the impact of climate change on mental health and well-being by addressing the multiple contexts in which they occur.

Research methods and data, information and knowledge gaps

One of the primary data collection methods for research on climate change and mental health has been surveys focused on self-reported mental health effects of climate events. Other approaches use hospital admissions records for mental health conditions, the effects of environmental temperature to assess the causal relationship between temperature and suicide rates, public health data to examine changes in morbidity, and mortality data in large sample sizes, or social media data, to evaluate emotions and sentiments associated with climate events (Hwong et al., 2022).

Due to the heterogeneity of research methods as well as varying definitions and descriptions of mental health conditions, there are difficulties in attributing climate events as a principal cause of mental illness. This is further complicated by the need for consistent and robust approaches that are sensitive to gender, cultural taboos and the geographical units of analysis.

Thus, to incorporate cultural sensitivities in understanding the climate change–mental health nexus, investing in research is crucial for effective response planning and contextualising place-based factors to identify key entry points for policy action.

Geographic insights: Incomplete and fragmented

The Intergovernmental Panel on Climate Change (IPCC) reports a varied picture of the global and regional impacts on ecosystems and human systems attributed to climate change (IPCC, 2022). Observed impacts of climate change on human systems in Europe, North America and Asia indicate high or very high confidence in acknowledging the connection between climate change and its effects on mental health and well-being. Africa, Central and South America, and Small Islands still lack evidence on causation – meaning there is limited data on the issue, and, where it exists, it is incomplete and fragmented due to lack of capacity and fundings.

Attitudes about mental health and well-being also vary significantly among different populations. In societies where cultural norms of shame and stigma surround people with mental health issues, those affected are less likely to seek formal care. Others might seek help from family and friends who can introduce them to more informal, community-based support. Although further evidence is needed, there are examples of where community and society intervention work better compared to the individual and institutionalised methods that are prevalent in Western societies (Ito et al., 2012).

Community-based mental healthcare can be observed in different forms across countries in the Global South with its huge diversity of cultures, ethnicities and religions. Some societies are less likely to differentiate between physical and mental disorders, and disaster survivors may seek Indigenous and folk healers for both behavioural and physical complaints that appear to have no medical causes (Hechanova et al., 2020).

There are examples of effective community-based policies already implemented. Kenya's Mental Health Policy, launched in 2015, promotes psychosocial health by

training community health volunteers and recognising and supporting people with psychosocial illnesses. In Burundi, NGOs alongside the national government are pursuing the expansion of mental health services by boosting the training currently offered to health professionals. This includes civic education on preventative measures that safeguard psychosocial health (Irakunda et al., 2017).

Key points and recommendations

We recommend four principles for public health interventions that could inform national policymakers and United Nations Framework Convention on Climate Change (UNFCCC) workstreams on mitigation, adaptation, and loss and damage.

1. Tailor interventions to the specific needs of diverse populations

Perceptions among populations about mental health vary geographically and significantly, so it is vital to tailor interventions to address the specific needs and cultural sensitivities of diverse populations.

2. Prioritise policies informed by research and data

Policies informed by research that fill data gaps and promote standardised, robust measures should be developed and prioritised. This could help ensure a consistent standard of practice in assessing mental health outcomes of specific climate events and disasters.

3. Integrate mental healthcare within existing health systems

To effectively address the mental health impacts of climate change, policymakers must support the integration of mental health considerations into existing health systems as well as climate adaptation and resilience planning.

4. Recognise entry points for mental healthcare within UNFCCC workstreams

Negative impacts on mental health due to climate change can be reduced through a more prominent focus on measures through mitigation, adaptation and loss and damage. Alongside minimising climate change emissions, adapting to its impacts wherever possible will remain imperative. Where this is not possible, it is vital to better understand the losses and damages climate can bring to mental health.

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