



## Mental Health and the Climate Crisis: A Call to Action for Canadian Psychiatrists

Daniel Rosenbaum, MD, FRCPC<sup>1</sup>; Sarah Levitt, MSc, MD, FRCPC<sup>2</sup>

A position statement developed by the Canadian Psychiatric Association's Public Policy Committee and approved by the CPA Board of Directors on January 13, 2023.

### Background

This position statement is an urgent appeal for greater involvement of the Canadian psychiatric community in combating and adapting to the climate crisis. The World Health Organization has identified climate change as the biggest threat to global health in the 21st century,<sup>1</sup> while the 2021 report of the *Lancet* Countdown refers to climate change as “code red for a healthy future.”<sup>2</sup> There are many possible relationships between climate change and mental health, including *direct* impacts (i.e., via extreme heat or weather events such as flooding, wildfires, and hurricanes); *indirect* impacts (i.e., due to exacerbation of structural determinants of mental illness such as resource loss, food insecurity, and displacement); and *overarching* impacts (i.e., pervasive distress, anxiety or grief related to the awareness of the crisis as a major threat to planetary health).<sup>3,4</sup> Moreover, the climate crisis worsens existing inequalities and disproportionately impacts those with pre-existing mental illness and other structural vulnerabilities.<sup>5</sup> Children and youth worldwide are particularly vulnerable to climate-related mental distress, which includes feelings of betrayal and other negative

emotions associated with inadequate governmental response to the crisis.<sup>6</sup>

In its 2020 *Healthy Recovery Plan*, the Canadian Association of Physicians for the Environment outlines the health impacts of the climate crisis within different regions of Canada. Stress and deterioration of mental well-being were identified as significant threats to population nationwide.<sup>7</sup> Though the literature remains limited, several Canadian studies have shown increased rates of stress-related symptoms, anxiety disorders, depression, substance use, and sexual assaults following short- and long-term climate hazards.<sup>8,9</sup>

Trained to recognize the impacts of social, political, and ecological factors at the individual level, it is incumbent on Canadian psychiatrists to clearly name the climate crisis as an “upstream” determinant of mental health. Facing the extreme and immediate threats posed by the climate crisis also demands more from psychiatrists; we must use our privilege, power, and trusted collective voice<sup>10</sup> to advocate for policy changes that will improve the structural and ecological determinants of mental health for all.

---

<sup>1</sup> Clinical Lecturer, Department of Psychiatry, Temerty Faculty of Medicine, University of Toronto, Toronto, Ontario, Canada; Psychiatrist, Centre for Mental Health, University Health Network, Toronto, Ontario, Canada

<sup>2</sup> Assistant Professor, Department of Psychiatry, Temerty Faculty of Medicine, University of Toronto, Toronto, Ontario, Canada; Psychiatrist, Centre for Mental Health, University Health Network, Toronto, Ontario, Canada

© Canadian Psychiatric Association, 2023. All rights reserved. This document may not be reproduced in whole or in part without written permission of the CPA. Members' comments are welcome and will be referred to the appropriate CPA council or committee. Please address all correspondence and requests to: President, Canadian Psychiatric Association, 141 Laurier Avenue West, Suite 701, Ottawa, ON, K1P 5J3; Tel: 613-234-2815; e-mail: president@cpa-apc.org. Reference 2023-41s.

Note: It is the policy of the Canadian Psychiatric Association to review each position paper, policy statement, and clinical practice guideline every five years after publication or last review. Any such document that has been published more than five years ago and does not explicitly state it has been reviewed and retained as an official document of the CPA, either with revisions or as originally published, should be considered as a historical reference document only.

## Recommendations

We outline here several recommendations for Canadian psychiatrists in response to the climate crisis. These recommendations are in keeping with established frameworks for effectively engaging with societal challenges as physicians.<sup>5,11</sup> Psychiatrists and our organizations should work towards ensuring that:

1. The community of Canadian mental health professionals achieves “climate literacy.” This term refers to developing an understanding of the climate crisis, its drivers, and its downstream effects on human health, especially mental health. An emphasis should be placed on distinguishing mental illness from normative distress in the face of environmental change and climate threats. Educational programming at all stages of clinical training and practice should be developed to provide up-to-date information on the unfolding crisis and to communicate relevant advances in clinical practice.
2. Psychiatrists develop a framework to identify patients who are especially vulnerable to climate-related health deterioration and to mitigate these vulnerabilities wherever possible. Examples include prescribing psychotropic medications in the context of increasing temperatures (e.g., effects of heat on hydration status and consequently on lithium levels, or among people with severe and persistent mental illness (SPMI) or substance use disorders who may have impaired thermoregulation) and engaging in safety planning with individuals whose suicidality might be exacerbated by a climate-related disaster or heat wave. As psychiatrists develop climate literacy, they will be better prepared to discuss with their patients how the changing environment affects mental health. Special populations also warrant greater attention in this context, including refugees and other climate migrants, youth, students and professionals in climate-related fields, those whose livelihoods depend directly on land-based activities (e.g., farmers and fishers), and First Nations, Inuit and Metis.
3. Attention is paid to the disproportionate impacts of the climate crisis on the health of Indigenous Peoples. The climate crisis impacts every facet of life, from shelter to food security to the ability to participate in land-based practices. Psychiatrists and their organizations must be open to collaborating with and supporting Indigenous communities in determining the most helpful responses to climate-related mental distress.
4. The experiences of children and youth in the face of climate change and inadequate government responses to the climate crisis<sup>5</sup> are taken seriously, normalized and validated. Further research into the mental health burden borne by Canadian children and youth in different regions should be undertaken. For young people experiencing more severe forms of distress, care pathways featuring climate-literate therapists and other forms of support should be developed, including at community levels. Most importantly, to meaningfully address the concerns of young people, psychiatrists and our organizations must work at systems levels to advocate for government responses to the climate crisis with respect to mitigation and adaptation efforts that are commensurate with the serious and widespread threats facing us as a population (see also recommendation seven below).
5. Psychiatrists and our organizations assess our practices for sustainability and make ongoing adjustments towards achieving that goal. The rise in virtual care and conferences in the context of the COVID-19 pandemic offers a helpful model for how mental health practitioners can quickly adjust their practices to reduce carbon-intensive travel. Further considerations might include a thoughtful analysis of the emissions associated with virtual care models and working to reduce the environmental impact of different care models. As a community, psychiatrists can serve as leaders in engaging with other health-care professionals to call upon the health-care facilities where we work, the academic institutions we affiliate with, or the pharmaceutical companies that produce the medications we prescribe, to engage in more environmentally sustainable practices.
6. Our community contributes to ongoing research into the effects of the climate crisis on mental health. There is a growing but still limited literature regarding the impacts on individuals with pre-existing mental illness or other structural vulnerabilities such as people experiencing homelessness, or with respect to the prevalence of mental disorders after climate-related disasters. There is also little evidence to guide clinical practice with respect to discussing the climate crisis with patients, including addressing climate-related distress with psychotherapeutic approaches and developing safe-prescribing guidelines in a changing natural environment. Research programs should be established across Canada to determine the impacts of the climate crisis in different regions, which may then inform meaningful clinical programming.

7. Heeding the call of Richard Horton, former editor-in-chief of *The Lancet*, to “[inject] moral force into the political debate about climate actions” psychiatrists are encouraged to participate in climate-related advocacy or activism at institutional and systems levels. Ongoing delays to decarbonize (“mitigation”) and to meaningfully prepare for the coming changes we cannot avoid (“adaptation”) represent policy choices that harm the mental health of Canadians. Individuals can join or create health providers, social services or other community-based organizations to develop campaigns, become involved in policymaking, advise or collaborate with media or otherwise act as sources of trusted expertise on the (mental) health impacts of the climate crisis. Such activities may occur at neighbourhood, municipal, provincial or national levels. We must possess a keen awareness of the intersecting vulnerabilities faced by marginalized populations and maintain a commitment to *justice*—that is, addressing *all* upstream determinants of mental health, including poverty, homelessness, systemic racism, and other forms of identity-based oppression.
8. Finally, following the lead of numerous medical organizations around the world,<sup>12</sup> CPA members are encouraged to join or initiate efforts at their local hospitals, universities and communities to immediately divest from all fossil-fuel companies.

## References

1. Chan M. WHO calls on countries to protect health from climate change. World Health Organization. 2015 [cited 2022 Feb 7].

Available from: <http://www.who.int/news/item/17-11-2015-who-calls-on-countries-to-protect-health-from-climate-change>.

2. Romanello M, McGushin A, Di Napoli C, et al. The 2021 report of the Lancet countdown on health and climate change: code red for a healthy future. *Lancet*. 2021;398(10311):1619-1662.
3. Hayes K, Blashiki G, Wiseman J, et al. Climate change and mental health: risks, impacts and priority actions. *Int J Ment Health Syst*. 2018;12:28.
4. Hayes, K, Cunsolo, A, & Augustinavicius, J, et al. Mental health and well-being. In: Berry, P, & Schnitter, R, editors. *Health of Canadians in a changing climate: advancing our knowledge for action*. Ottawa, ON: Government of Canada; 2022:226-285.
5. Coverdale J, Balon R, Beresin EV, et al. Climate change: a call to action for the psychiatric profession. *Acad Psychiatr*. 2018;42(3):317-323.
6. Hickman C, Marks E, Pihkala P, et al. Climate anxiety in children and young people and their beliefs about government responses to climate change: a global survey. *Lancet Planet Health*. 2021;5(12):e863-e873.
7. Edger R, Howard C, Lem M, et al. *Healthy recovery plan: for a safe and sustainable future*. Toronto, ON: Canadian Association of Physicians for the Environment; 2020.
8. Brown M, Agyapong V, Greenshaw J, et al. Significant PTSD and other mental health effects present 18 months after the Fort McMurray wildfire: findings from 3070 grades 7–12 students. *Front Psychiatry*. 2019;10:623.
9. Sahni V, Scott AN, Beliveau M, et al. Public health surveillance response following the southern Alberta floods, 2013. *Can J Public Health*. 2016;107(2):e142-e147.
10. Doctors are the most trusted profession in Canada and across the world. Ipsos. 12 October 2021 [cited 2022 Feb 7]. <https://www.ipsos.com/en-ca/news-polls/doctors-most-trusted-profession-in-canada>.
11. Buchman S, Woollard R, Meili R, et al. Practising social accountability: from theory to action. *Can Fam Physician*. 2016;62(1):15-18.
12. The BMJ. Commitment to divest from fossil fuels. *BMJ*. nd [cited 2022 June 8]. <https://www.bmj.com/commitment-divest-fossil-fuels>.