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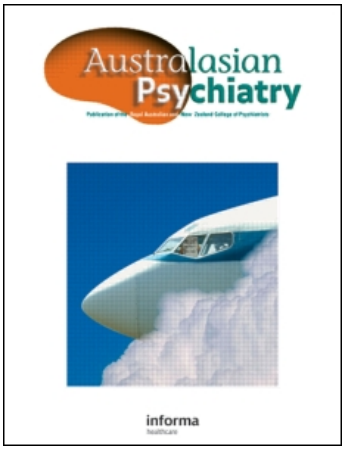

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CLIMATE CHANGE

Pearl in the oyster: climate change as a mental health opportunity

Helen Berry

Objective: *Our world faces potentially catastrophic climate change and we have limited capacity to adapt to rapid or extreme climatic changes. As a result, we can expect significant adverse impacts on health. This includes mental health, a major and growing global concern. It is essential to understand how to respond quickly, effectively and within a manageable budget. The aim of this paper is to propose that the adverse consequences of climate change might offer a subtle but important mental health promotion opportunity which meets these criteria.*

Conclusions: *Climate change will affect mental health directly through increasing exposure to trauma, and indirectly through harming physical health and damaging the physical environment on which economic opportunity depends. Disadvantaged people and communities, especially in rural and remote Australia, will be hardest hit. Seminal work by Alexander Leighton demonstrated how profound disadvantage and associated elevated psychiatric morbidity could be addressed by building community capacity. His methods might be adapted, using the need to address adverse climate change as an opportunity to build social capital. Social capital is associated with a wide range of socioeconomic and health advantages, particularly decreased psychiatric morbidity.*

Key words: *climate change, disadvantage, mental health, social capital.*

There are few, now, who would argue that the world faces anything other than potentially catastrophic climate change.[1] Human beings have limited capacity to adapt to rapid or extreme climatic changes[2] and, as a result, we can expect significant adverse impacts on physical health.[3] Some preliminary consideration has been given to how adverse climate change may affect mental health,[4–7] and the outlook appears bleak. As mental health is a major and growing global concern,[8] likely to constitute the second greatest burden of non-fatal disease by 2030,[9] it will be essential to understand how best to respond. The aim of this paper is to propose that the adverse consequences of climate change might offer a subtle but important mental health promotion opportunity.

PATHWAYS LINKING CLIMATE CHANGE AND MENTAL HEALTH

Berry and colleagues[7] have proposed three pathways – one direct and two indirect – through which climate change may threaten mental health. First, direct impacts may arise through more frequent exposure to trauma resulting from increased severity and incidence of natural disasters. Second, and related to the first, climate change may affect mental health because

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it will affect physical health, which is causally and reciprocally related to mental health[8,10,11] – where the prevalence of physical health problems increases as a result of climate change, so, too, will the prevalence of mental health problems. Third, climate change may undermine social wellbeing by eroding the physical environment on which economic and community wellbeing depend. Impacts are likely to be particularly severe in rural Australia, much of which relies directly on primary production. Here, adverse climate change may reduce agricultural productivity and the viability of agricultural support industries, eroding employment opportunities.[4] These losses are already apparent,[12] driving increasing socioeconomic hardship, whose relationship with poor mental health and functioning is well understood.[13–15]

Importantly, economic pressures undermine social capital (a combination of community participation and social cohesion) which is related, possibly causally, to health and wellbeing.[16–18] Social capital is particularly strongly related to mental health[19,20] and sensitive to disadvantage, which accrues systematically in vulnerable people and places. Marginalized Australians, for example, typically report low levels of social capital and commensurately poor mental health.[21,22]

COMMUNITIES AS A FOCUS OF CLIMATE CHANGE ADAPTATION

Given the increasing likelihood of catastrophic climate change and of severe adverse effects on human health, there is an urgent and apparent need for rapid, effective action within an acceptable political and budgetary framework. A leadership role has been proposed for the health sector, and may be particularly effective in primary healthcare settings, which are often the first point of contact with the health system for those experiencing mental health problems.[5] But the health sector does not have the resources to address mental health problems case by case.[23] Instead, the burden of care will fall increasingly on households and communities.

Individuals and communities characterized by disadvantage will likely experience the greatest adverse impact of climate change and also be the least able to cope.[4] Withstanding long-term adversity requires 'competent selves', people who respect themselves, are goal-directed and engage actively with their problems[24] – the very characteristics that are least supported in profoundly disadvantaged communities where hopelessness and despair thrive.[25] As community capacity may be a key mediator of the relationship between climate change and mental health,[7] strengthening communities, particularly disadvantaged communities, may be an important focus for adaptation activities.

COMPETENT SELVES IN COMPETENT COMMUNITIES

Alexander Leighton's[25] seminal studies of the transformation of a small rural slum in Canada, 'The Road', into a prosperous, happy and productive community suggest a way in which addressing climate change may simultaneously strengthen communities, particularly the most disadvantaged. The Road's descent into poverty and degradation appears to have originated from erosion of language and culture and loss of economic opportunity. Prominent among the debilitating features of residents' circumstances were hostile mistrust of each other, especially of strangers, lack of cooperative problem-solving and ways of behaving and dressing that stigmatized them in the surrounding region. Leighton found "broken homes, few and weak associations, inadequate leadership, few recreational activities, hostility and inadequate communication, as well as poverty, secularization and cultural confusion".[26, p.1021]

The people of The Road did not initiate their own recovery.[25] Local government officials, prompted by Leighton, offered tangible and cultural resources – but not cash – based on three strategies: facilitating the development of leadership skills to encourage 'social organization' and social values; education; and economic opportunities. Initially, residents were invited to cooperate to achieve a single goal determined by the community, and apparently unrelated to mental health (to raise enough money to show movies in the schoolroom). This goal was achieved, with difficulty, becoming the template for the next, until the community became practiced at solving problems and cooperating to reach shared goals. Over time, future-oriented and public-spirited values emerged, until The Road was eventually able to integrate itself into its region, relinquishing the stigma and disadvantage characteristic of its former marginalization. At no point were mental health problems a focus of the intervention, yet initially extremely elevated psychiatric morbidity returned to levels normal for the surrounding communities – without direct psychiatric intervention.

Although few communities could be described in the terms in which Leighton described The Road, there is much to learn from his studies. The key messages are: (i) not to focus interventions and services *directly* on mental health problems, but (ii) to facilitate a process whereby communities can cooperate towards a concrete public good, (iii) as specified by communities themselves. The role (if not the ultimate goal) of Leighton's intervention was to facilitate a process whereby residents could learn to cooperate. Although it was not described, or perhaps understood, in these terms, this was the first intervention to address psychiatric morbidity by building social capital.

CLIMATE CHANGE AS A MENTAL HEALTH PROMOTION OPPORTUNITY

Recent Australian research suggests that community and family, rather than individually based, interventions, are more effective in improving mental health practices in rural communities confronting drought.[27,28] Leighton's indirect approach could be adapted to engage government, researchers and service providers in partnerships aimed at facilitating community cooperation to address climate change-related imperatives; communities would select their own priorities, with facilitation provided to support projects from concept to delivery, until the community could cooperate to undertake projects competently itself.

Such an approach would have the significant co-benefit of mobilizing substantial resources for climate change adaptation and mitigation activities. This raises an important caveat. Community-level action for climate change adaptation must not be exploited as a means for governments to under-resource their own climate change responses, to offload responsibilities from one level of government (or one sector) to another, or for individuals to relinquish their personal responsibility to act. Instead, appropriate policy and resource support from each level of government and incentives for communities are required. Resourcing for community climate change projects would require, but not be limited to, the medium- to long-term provision of suitably qualified practitioners competent in group process facilitation, planning, conflict resolution, financial management and communication. In terms of mental health, normal services would continue to be provided, noting that inadequate approaches to resourcing community climate change activities may aggravate rather than mitigate mental health risks. In addition, disadvantage accrues systematically between communities, with the most disadvantaged the least likely to be motivated or able to engage in climate change-proofing activities. These communities would require more intensive engagement and resourcing, with an elevated risk of project failure.

Such concerns may be minimal for social capital-rich communities where levels of community participation are high and social cohesion is strong. Indeed, the high levels of social cohesion already present in many rural communities are a source of resilience against extreme hardship[27–29] and will assist these fortunate communities manage the consequences of adverse climate change. But where communities are struggling with profound disadvantage and there is little cohesion, the evident need for climate change-proofing may prove a powerful, if unexpected, motivation for learning to cooperate for the common good. In doing so, these communities stand to acquire the social organization and norms that will, indirectly, also address their co-occurring mental health and other disadvantage.

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