

## *How the Mental Health Community Is Bracing for the Impact of Climate Change*

**‘Eco-anxiety’ and trauma from natural disasters will be on the rise along with sea levels**

Medium / [Rolling Stone](https://medium.com/rollingstone) May 16



*“Historians will say that groups of people have faced very difficult, tumultuous times,” says one psychiatrist. “But human beings have never faced this before.” Photo: Christoph Soeder/AFP/Getty Images*

By *Andrea Marks*

When San Francisco broke heat records in 2017, with 106-degree temperatures in September, psychiatrist Robin Cooper didn’t hear until after the fact that one of her patients had been feeling dizzy and feverish. One day, he’d fainted in his poorly ventilated workspace. Emergency room doctors had surmised he’d had a virus. But Cooper warned him it could actually be a drug she’d prescribed him interacting with the extreme heat. Certain antipsychotic

medications, often used in treating schizophrenia and bipolar disorder, can impair the body’s ability to cool itself. This is one reason hospitalization rates among schizophrenic patients can spike with the temperature. “I told him, you need to know these medications put you at risk during heat waves,” Cooper says. “He now is armed with that knowledge the next time around.”

With temperatures rising globally, there will be increasingly frequent “next times.” The potential

danger of heat-drug interactions is just one reason concern is growing about the impact of [climate change](#) on [mental health](#). The fourth federally mandated [National Climate Assessment](#), released in late 2018, lists mental health consequences and stress among the outcomes driven by increased temperatures, extreme weather and sea-level rise. “The last two years, the conversation has shifted toward climate change,” says Reggie Ferreira, editor of the journal *Traumatology* and director of Tulane University’s Disaster Resilience Leadership Academy. “We see disaster causing trauma, but climate change is intensifying the disaster. We need to focus on what’s intensifying these disasters and get people prepared.”

Mental health professionals have begun to mobilize against the threat. The American Psychiatric Association (APA) has a half-dozen climate change-related sessions planned for its 2019 annual meeting. The programming is thanks to the efforts of experts like Cooper, an assistant psychiatry professor at University of California, San Francisco, and her colleagues, who organized the Climate Psychiatry Alliance (CPA) in 2017. “We’re all from different areas of psychiatry, but we’re all focused on what can we do to address this,” says community psychiatrist David Pollack, a CPA founding member and professor emeritus for public policy at Oregon Health and Science University. “As we’re talking about planning for the future in mental health issues, we have to be thinking about climate change.”

The mental health impact of climate change is a one-two punch: There will be increasing anxiety about the future, as well as an increasing number of people undergoing the trauma of climate catastrophes like flooding and hurricanes. As predictions become more dire—in October, the UN’s [Intergovernmental Panel on Climate Change](#) set a 12-year deadline for us to avoid warming the planet a disastrous 1.5 degrees Celsius above pre-industrial levels, and just last week the UN reported [a million species](#) are now at risk of extinction—more and more people are facing existential distress. In his new book [The Uninhabitable Earth](#), David Wallace-Wells notes that climate anxiety has also been called “climate grief” and “climate depression.” “While it may seem intuitive that those contemplating the end of the world find themselves despairing, especially when their calls of alarm have gone almost entirely unheeded, it

is also a harrowing forecast of what is in store for the rest of the world, as the devastation of climate change slowly reveals itself,” he writes.

Climate anxiety is a relatively recent phenomenon, but the concern is spreading. A Yale survey in December found nearly 70 percent of Americans are “worried” about climate change, 29 percent are “very worried”—up eight percentage points from just six months earlier—and 51 percent said they felt “helpless.” “Historians will say that groups of people have faced very difficult, tumultuous times,” says CPA’s Janet Lewis, who has a private practice near Ithaca, New York. “But human beings have never faced this before.”

The Good Grief Network, a nonprofit for collective mourning, in 2016 launched a [10-step program](#) focused on eco-anxiety and climate grief. In March, a group of [“birthstrikers”](#) in the UK announced they wouldn’t have children out of concern for the livability of the planet where they’d be raising them. Cooper’s patients are fearing for the safety of children they’ve already had. “One person wanted to flee and go somewhere, but the reality is, there really is no place that’s a respite from what is happening,” she says.

Perhaps the most striking challenge about mitigating people’s climate anxiety is that the fear is real. “Most of the time when we’re treating anxiety, we’re treating people who have unrealistic levels of anxiety,” Lewis says. “We’re all in the same boat with this.” She and Cooper say it’s particularly important to validate their patients’ feelings in these cases, and, as psychotherapists, to come to terms with the reality of climate change themselves. “There’s a shared sense of ‘We’re in this together,’” Cooper says. “There’s a deep sadness.”

According to Lewis, helping people cope with climate anxiety will mean encouraging them to grieve for losses—of ecosystems, of missed chances for society to change course—and acknowledging with them that we’re entering a turbulent time. “We’re headed into something new, so we have to kind of parent ourselves in the process and be a bit generous with ourselves,” she says. “We don’t come to terms with difficult info all at once.”



*As many as 300,000 people lost their homes after Hurricane Maria in Puerto Rico. Puerto Ricans displaced by the storm and living in Florida after Maria were substantially more likely to exhibit PTSD symptoms than those who were able to stay on the island. Photo: Mario Tama/Getty Images*

Grieving is one thing, but giving up is another. “In order to productively *be* with this information, someone has to feel as though they can do something about it,” Lewis says. She’s concerned the deluge of media coverage on the climate has people focusing so much on impending doom that they may become paralyzed, in-denial or cynical. “It’s easy for someone to think that by giving up they’re being realistic, but that’s the opposite of what’s true,” she says. “Giving up is denying the reality of one’s own agency and one’s ability to affect change.” Instead, she wants patients to take action, and to do it with other people. “A group can hold that anxiety better,” she says. “It’s too big for an individual to hold on their own.”

This doesn’t mean climate activism is a cure-all for serious mental distress, though. Cooper has seen people get caught in an anxiety-action cycle by spending too much time immersed in the issue. Challenges to treating this emerging problem remain. “This is really a completely new situation that we’re in, and I think that has to be respected for what it is,” Lewis says.

At the APA’s meeting later this month, Lewis will co-lead a session that includes mock interviews with sufferers of eco-anxiety, so people can see the issue being talked about in a therapeutic setting. Another APA climate session, chaired by Pollack, is titled “Climate Change and Mental Health: Lessons Learned in Puerto Rico.” Foundation for Puerto Rico president Annie Mayol has already experienced that

impact. When Hurricane Maria struck the island in 2017, Mayol was one of the fortunate ones. Her home was safe, unlike 300,000 others. “We had good community and family support, and we got access to power generators,” Mayol says. She describes working long days at her community support nonprofit, taking her five-year-old son to work with her as schools remained closed for two months. She was able to take occasional days off, and she relied on early-morning five-mile runs to manage her stress. She worried about her staff, though, helping people affected by the storm. “I see my employees feeling it so deep down when they’re in the community helping others that they don’t know how to cope with it themselves,” she says.

Tulane trauma psychologist Charles Figley coined the phrase “compassion fatigue” to describe the secondary traumatic stress experienced by people helping survivors of a disaster. He sees a future where we’ll need programs in place to handle more weather events across more communities. “If a widespread disaster happens in your area, and you go to the hospital, the people working there have to leave their families to take care of you,” Figley says. “That works for awhile but not in the long run. We have to have units of people specifically trained to deal with long-term catastrophes—without electricity. We have no choice but to migrate toward attending to these kinds of larger and larger disasters.”

In the wakes of natural disasters, rates of PTSD, anxiety, depression, substance abuse and violence increase. Puerto Rico experienced a spike in domestic violence following Maria. Shelter populations doubled, with women and children sleeping in rooms filled with bunk beds, straining the staff’s capabilities. Rising temperatures have also correlated with increased rates of interpersonal violence and more ER visits for mental health concerns. [A recent study](#) suggested the strain on India’s agricultural sector caused by rising temperatures was responsible for 60,000 farmer suicides over the past three decades. A 2018 Stanford analysis predicted heat *alone* would contribute to an extra 14,000 suicides in the U.S. and Mexico by 2050.

Climate migration is a lesser-seen issue at this stage, but early research is not encouraging: [A Harvard study](#) showed elderly people displaced by Japan’s 2011 tsunami were more likely to show signs of

dementia than those who were able to remain in their homes; Puerto Ricans displaced by the storm and living in Florida after Maria were [substantially more likely to exhibit PTSD symptoms](#) than those who were able to stay on the island.

Experts say we aren't prepared for the growing crisis. "The mental health system in the U.S. is broken and in times of disaster it's even more on the back burner," says Ferreira, the traumatologist. "We're much more concerned about bringing back infrastructure than looking at mental health aid. The human element is often forgotten."

Deprioritizing mental health care when it's needed most further exacerbates the problem of access surrounding mental health services, especially among racial and ethnic minority populations, which are less likely than whites to receive mental health treatment. That's in part due to disparities in health insurance rates. In [2017](#), 19 percent of Hispanics and 11 percent of blacks were uninsured, compared to 7 percent of whites. A lack of diversity and cultural competence in the mental health care field may also be a barrier—as recently as 2015, 86 percent of U.S. psychologists were white. "Mental health has a stigma among minority communities, and the access to those services had been a difficulty on the island even before the natural disaster struck," Mayol says.

Ferreira would like to see medical doctors collaborating with social workers on pre-disaster plans for patients. "Just knowing where shelters are or who folks can go and see in terms of mental health providers would be beneficial," he says. But it's not enough. "We need leaders who are educated and can advocate for mental health in a natural disaster situation," he says. He predicts climate research could soon become synonymous with trauma research. Even the *way* researchers do their jobs will need to adapt and accelerate. "We have been working on research methodologies to get data, do an assessment and spit back what this community needs," Figley, the trauma psychologist, says. "In the past, every 10 years or so there'd be a traumatic event. Now we have them hitting all the time. As a researcher, I need to prepare for multiple events happening simultaneously."

Meanwhile, organizations like the Global Consortium on Climate and Health Education at Columbia University's Mailman School of Public Health are trying to get climate change in medical school

curricula. CPA's Pollack makes similar efforts at OHSU. "It's trying to help provide a coherent set of resources, because we can't get people to be effective healthcare providers if they don't know much about [climate change] and don't see it as an important issue."

Organizations like CPA are also focused on stopping the threat at the source. The group recently led the APA to divest completely from fossil fuels, and they'd like to see the rest of the country follow. "This is a health issue, and whether or not it's been politicized we have a responsibility to advocate for the health of our patients and the population, and certainly not collude with the denial of science," Lewis says, talking about her willingness to discuss global warming in her practice. She believes humanity's better traits will lead us, in the end. "We care about other people, we care about our surroundings, our future and our family's future," she says. "Everybody, except for the extreme minority of people who are actual psychopaths, cares."