

# Climate change and mental health: A critical intersection

Climate change is an “unappreciated mental health emergency” with inequitable impacts.<sup>1,2</sup> Climate-related disasters like wildfires, hurricanes, and heat waves disrupt lives, communities, and access to the land.<sup>2,3</sup> Slow-moving disasters like rising sea levels and drought lead to displacement, migration, and the loss of landscapes and biodiversity; the anticipation of future climate impacts further harms mental health.<sup>2,3</sup>

As the primary driver of the climate crisis, poor air quality from fossil fuel combustion is associated with increased risk of depressive, anxiety, and neurodegenerative disorders, as well as relapse of psychotic illness.<sup>3</sup> Extreme heat is linked to heightened aggression and violence, higher suicide rates, and elevated risk of morbidity and mortality for those with mental disorders.<sup>3</sup> Globally, mental illness attributed to climate-related threats, air pollution, and poor green space access is predicted to cost US\$47 billion per year by 2030.<sup>4</sup> Populations impacted by changes to the land, such as Indigenous populations; agricultural and outdoor workers; and youth, refugees, immigrants, and those with lower socioeconomic status are at greater risk.<sup>3</sup>

Eco-distress—distress from changes to the environment—is a normal reaction to threatened and actual loss of individuals, communities, and ecosystems. Clinicians should validate patients’ concerns about the impacts of climate change and offer climate-aware mental health suggestions, including the following:

- Learning to recognize and name climate-related emotions, including anger, sadness, and fear, as well as positive emotions, like gratitude.<sup>3,5</sup> Patients may appear apathetic or indifferent when emotionally overwhelmed, which may represent a skill deficit in managing emotions. These patients may benefit from working with a climate-aware therapist or participating in programs like Mind Space (<https://mind-space.ca>) to cultivate skills for managing emotions in the face of adversity.

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- Preparing for disasters, both individually and at the community level, to help reduce anxiety and improve social connectedness and resilience.
- Reducing excessive exposure to media about climate disasters and seeking out positive climate-related stories.
- Making positive personal choices that have co-benefits for the planet and the individual, such as biking or walking instead of driving<sup>3</sup> and eating more plant-based foods.
- Participating in collective action focused on solutions to the climate crisis, adaptation, and systems change, which can promote agency, meaning, and purpose.<sup>3</sup>
- Increasing social connection and exposure to nature through green and social prescribing. These have multiple mental and physical health benefits, and

engaging in nature-based solutions such as restoration can empower patients and increase community resilience to climate change.<sup>6</sup> For example, PaRx, Canada’s national nature prescription program, includes subsidized transportation and outdoor venue access.<sup>7</sup>

When someone is unable to regulate their emotions, has impairments in functioning, engages in risky behaviors, or has thoughts of suicide, this goes beyond eco-distress. Clinicians should treat new or worsening symptoms of mood, anxiety, substance use, or other mental disorders as they typically would, in addition to offering the climate-specific interventions above.

Education and training for health professionals to integrate climate-aware mental health care into practice should be a priority.<sup>3</sup> Additionally, meaningful systems-level action on climate change by governments and corporations is urgently needed to address the climate mental health emergency. ■

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## Early workplace integration

CRRTW program providers initiate employer contact during the earliest stages of the program. This dovetails with the legislative landscape, which favors early and continuous employer involvement. Notably, British Columbia's Bill 41 sets out the duty of an employer and an injured worker to cooperate in early and safe return to work. The CRRTW program was designed with this in mind.

## Real-world impact and future potential

Early reports suggest that the new model is helping close gaps seen in previous occupational rehabilitation programs by enabling more timely interventions and improving communication among all parties. The clinical community's involvement in redesigning the program has supported a more individualized approach to care while emphasizing early workplace integration, which holds promise for more durable

### BOX. How patients enter the Customized Recovery and Return-to-Work (CRRTW) program.

- WorkSafeBC may refer patients to the CRRTW program if they are likely to benefit from an interdisciplinary active rehabilitation program focused on return to work.
- As a primary care physician or nurse practitioner, you do not need to fill out any forms or refer your patient. You can let us know if you think your patient might benefit from the program by indicating this on a Form 8/11 (Physician's Report) or Form 8NP/11NP (Nurse Practitioner's Report).
- If you would also like to speak with a physician at WorkSafeBC, check the box on the form to speak with a medical advisor. Alternatively, you can reach a medical advisor via the RACE app ([www.raceconnect.ca/get-raceapp](http://www.raceconnect.ca/get-raceapp)) to discuss the program or any questions about your patient's recovery and return to work.

recovery and return-to-work outcomes.

Learn more at [www.worksafebc.com/en/health-care-providers/rehabilitation/customized-recovery-rtw-program](http://www.worksafebc.com/en/health-care-providers/rehabilitation/customized-recovery-rtw-program). ■

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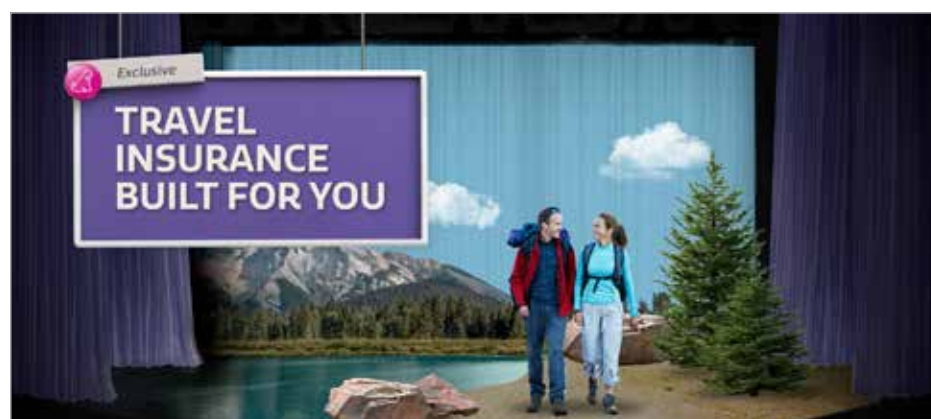
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