

Climate emergency, young people and mental health: time for justice and health professional action

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ABSTRACT

Climate change is driving a public mental health crisis that disproportionately, and unjustly, affects the world's young people. Despite the growing evidence for harm to the next generation, the medical community has largely been hesitant to take the next step and act on the evidence. We propose that the medical community has a responsibility to do more.

Drawing from our interdisciplinary experience in paediatrics and psychiatry, we call for our profession to take the 'leap' beyond the walls of our clinics and laboratories, and take a courageous stance on the topic of climate change. We argue that the medical profession must adopt a broader conception of health and its determinants—or a 'social lens'—if it is to move beyond rhetoric to action.

Viewing climate change as a clear determinant of mental health opens up potential avenues of action, both as individual clinicians and as a profession as a whole. We offer the beginnings of a framework for action in the context of climate change and youth mental health, before calling for our profession to re-examine its role - and its very purpose - to better address the climate crisis.

Climate change is driving a public mental health crisis and young people are among the most at risk groups.¹ Faced with an uncertain future on a warming planet, youth must bear the emotional burden for choices they had no part in making. The link between climate change and mental distress is the subject of a growing body of research and has been acknowledged by numerous medical professional bodies.²⁻⁴ Despite this, the medical community has largely been hesitant to take the next step and act on the evidence.

Instead, the task of dealing with planetary breakdown has largely been left to politicians and policymakers. In a context where our young patients are suffering and services are overburdened, this hands-off approach is simply not sustainable.

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1. Climate change is driving a public mental health crisis, which disproportionately and unjustly affects the world's young people.
2. Given the evidence for harm to the next generation, the medical community has a responsibility to do more, both in terms of treating their patients and in terms of addressing the root causes.

What this study adds

1. We argue that the medical profession must adopt a broader conception of health and its determinants, or a 'social lens', if it is to move beyond rhetoric to action.
2. Viewing climate change as a clear determinant of mental health opens up potential avenues of action, both as individual clinicians and as a profession as a whole.
3. We offer the beginnings of a framework for action in the context of climate change and youth mental health, before calling for our profession to re-examine its role, and its very purpose, to better address the climate crisis.

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CLIMATE CHANGE DISPROPORTIONATELY AFFECTS YOUNG PEOPLE'S MENTAL HEALTH

Climate change is a public health emergency with now well-recognised physical health sequelae.⁵ Increasingly, it has been further acknowledged that the climate



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crisis impacts population mental health in profound ways.⁶ The complexity of emotional responses—beyond sadness, anger, grief, fear and helplessness—have necessitated an entirely new vocabulary. Ecoanxiety or climate anxiety refers to the feelings associated with the awareness of looming environmental threats, while solastalgia describes the psychological pain from not being able to derive solace from one's home environment in the face of mounting crisis.^{7,8}

At the core of the climate justice movement is the idea that some populations are more likely to bear the burden of climate-related effects than others. Children and youth have been identified as one of the most vulnerable population groups amidst the climate crisis, and are being disproportionately impacted in regards to their mental health in particular ways.^{1,6,9}

First, childhood and adolescence are critical life stages for brain development and psychological growth that necessitates stability and a sense of predictability regarding the future.¹ Young people today, however, are presented with an unprecedented planetary threat. In a 2020 Royal College of Psychiatrists survey of child and adolescent psychiatrists in the UK's National Health Service (NHS), almost 60% of the respondents had seen a patient who was 'distressed about environmental and ecological issues' in the past year.¹⁰ This prevailing climate distress likely contributes to and compounds with the prevalence of mental health conditions among young people worldwide. As youth mental health forms the foundation of future overall well-being, young people have been denied the guarantee of a safe environment crucial for a healthy start in life.

Second, it can be argued that those least responsible for the climate crisis are the most severely impacted by it.^{3,11} The vast majority (approximately 85%) of the world's young people reside in the Global South.¹² These lower-income regions have contributed the least to greenhouse gas emissions, yet have been the most affected by climate change-related displacement and food and water insecurity. Further, they are home to the very same populations that have the least access to mental health and healthcare services as a result of systemic social disenfranchisement. The current climate crisis exacerbates existing global inequalities, and marginalised youth arguably bear one of the greatest burdens.

Finally, young people have little influence over a warming planet, depending instead on adults in positions of authority to take corrective measures. As such, youth are faced with a clear existential threat while being denied the agency to manage it. 'Not voiceless, but unheard' is a frequent reprise among the over one million youth activists who have rallied in support of Greta Thunberg's 'Fridays for Future' movement (also as known as the school climate strike movement), revealing a sentiment of dismissal and inability to participate in making decisions that affect their lives.¹³ The largest and most international survey of climate anxiety in young people to date shows a majority feels betrayed and abandoned by

governments, which are perceived as failing to respond to the climate crisis adequately.¹⁴ In the words of clinical psychologist Thomas Doherty, many young people feel they are being kept 'climate hostage'.¹⁵

WHAT DOES THIS MEAN FOR HEALTH PROFESSIONALS? A CALL FOR ACTION

While we wait for our political leaders to take necessary action, how should doctors and other health professionals respond to the climate crisis and the growing impact it is having on the mental health of children and young people?

Numerous recent articles have proposed therapeutic approaches to support patients presenting with climate anxiety.¹⁶⁻¹⁸ However, in addition to approaching our patients' distress from a clinically individual perspective, we argue that the medical community has a responsibility to do more. Specifically, from our respective positions of medical student, resident and consultant—and drawing from our interdisciplinary experience in paediatrics and psychiatry—we call for our profession to take the 'leap' beyond the walls of our clinics and laboratories, and take a courageous stance on the topic of climate change.

Medicine as a discipline traditionally prides itself in scientific objectivity, which carries with it implications of being ideology-free. However, the science of medicine cannot be separated from the sociocultural contexts within which it is researched and practised. Ignoring this social dimension has resulted in medicine historically overlooking the connection between illness and broader economic and political systems.

Given the scale of climate injustice exemplified by young people's experiences, such a neutral position is no longer tenable; the stakes are simply too high. In this sense, the climate crisis could be a turning point for our profession in truly acknowledging some of the macro-level 'causes of the causes' of ill health.

THE 'SOCIAL LENS'

Such a turn would compel us to adopt a wider 'social lens'—a perspective which recognises that individual patients are social beings engaged with and affected by complex systems. These wider social, economic and political systems exist above the traditionally defined 'social determinants of health' (eg, inequity, poverty), which we are taught to consider during our professional training. However, these macroscale systems are often so immersive that they appear normalised and are therefore difficult to reflect on. A social lens helps to reframe our roles and responsibilities as individual clinicians, and opens avenues for socially conscious professionalism and collective action.

In an exciting first step, organisations such as the British Medical Association, American Psychiatric Association have now recognised the important role doctors have in tackling climate change and promoting the public health

Table 1 Physician action on mental health impacts of climate change on young people at different levels

Level of intervention	Examples of intervention
In the clinic	<p>Take sensitive histories</p> <p>Obtain a more comprehensive social history and be attuned to a young person's immediate environment and larger social forces that shape it. Find time to read trusted sources of information on climate change and its wide-ranging impacts. Provide opportunities to discuss these issues that may be worrying young people. Be prepared to ask hard questions and hear hard answers. Invite young people to share their narratives—rather than solely focusing on symptom checklists—and allow them to feel heard, validated and understood.</p> <p>Reconsider the diagnosis</p> <p>Formulate the young person's presenting difficulties in their situated social context. Reflect critically on what defines a 'disorder', and what are the implications of providing a psychiatric diagnosis. Question whether an unexamined practice would reinforce the medicalisation of a justifiable response, or risk turning societal issues into personal ones. Keep count of the ecoanxiety-related clinical encounters to help make change at the next level (see local services).</p> <p>Referrals and social prescribing</p> <p>Adopt the practice of social prescription, or facilitation of non-clinical activities that improve individuals' holistic well-being. For example, spending time in nature as a family is one of the actions suggested by the RCPsych to manage ecoanxiety for young people. Explore your local resources and develop social prescribing packages that consciously encourage nature-oriented activities. Consider the cobenefit of climate action for both mental health and the environment. Given that much of the climate distress is rooted in helplessness, consider referrals to both activist groups and mental health supports.</p>
Local services	<p>Refocus local service provision</p> <p>Health services are constantly undergoing transformation, and opportunities exist to help mitigate the effects of climate change through this evolving process. Work with others—including stakeholders outside of the health sector—to think about solutions at a community level. Examples include:</p> <ul style="list-style-type: none"> ▶ Share social prescribing pathways mentioned above. There also needs to be agreement and collaboration among organisations ▶ Collect on-the-ground data and put a 'price tag' on how climate change consequences cost the local health system. Discuss the impacts of climate change on young people's mental health and psychosocial well-being with local commissioners and authorities. ▶ 'Green' your local health service. Advocate for the reprioritisation of the local health system's budget to divest from fossil fuels, change to renewable energy sources, recycle medical waste, etc. <p>Research activities</p> <p>At your local educational and granting institutions, advocate for research priorities that focus on the needs of young people and the wider determinants of health. Consider conducting a research project to strengthen the evidence base on the impact of climate change on youth mental health, and to address the many outstanding questions in this area, such as scalable mitigation strategies. Collaborate with colleagues in the Global South and individuals with lived experiences to ensure the voices of the most vulnerable are included.</p> <p>Support school action</p> <p>A large part of the problem of ecoanxiety is feeling helpless at a time of global calamity. This helplessness can be ameliorated by taking action, but this can be difficult if others, especially those in governing or authority positions, are not similarly motivated. For young people, it would be critical for their schools to recognise and support climate action.</p> <ul style="list-style-type: none"> ▶ Connect with your local school or school boards and work together on ecosolutions (eg, establishing climate action groups, promoting active travel to school, supporting climate strikes, involving young people in nature-related community projects)
Larger community and social milieu	<p>Leverage your social capital as a doctor</p> <p>Exert pressure within the medical profession:</p> <ul style="list-style-type: none"> ▶ Urge medical organisations to take a stance on the climate crisis and lead by example (see position statements by Royal College of Paediatrics and Child Health, RCPsych and American Psychiatric Association) ▶ Talk to your medical peers about climate change, find your support networks and take collective action. ▶ Write articles, opinion pieces and letters to mainstream print media and the editors of journals urging immediate climate action and protect young people of today and tomorrow. <p>Exert pressure on systemic agents:</p> <ul style="list-style-type: none"> ▶ Vote in your elections and support climate action platforms. ▶ 'Vote with your wallet' to withdraw support from organisations whose pursuits directly or indirectly hasten climate breakdown. ▶ Write or call your representatives, or run for office to initiate the change. ▶ Publicly stand shoulder to shoulder with young people in protests and school strikes against injustice. Join organisations such as MedAct (https://www.medact.org), XR Doctors (https://www.doctorsforxr.com/), Climate Psychiatry Alliance (https://www.climatepsychiatry.org).

RCPsych, Royal College of Psychiatrists.

benefits of lowered carbon emissions.^{19 20} But while there is general agreement about the need for high-level policy change to prevent unmanageable climate change, it is much less clear what individual clinicians can do to contribute to this process. Adapting the author's work in the area of poverty and deprivation,²¹ we propose a framework to fill this vacuum and to promote climate activism within the medical community (see [table 1](#)).

By no means intended to be exhaustive or prescriptive, [table 1](#) is very much seen as a starting point; a place from which others are encouraged to develop tools that will allow clinicians around the world to respond tangibly and meaningfully to the climate emergency.

A MORAL COMMUNITY FOR THE 21ST CENTURY

The UK General Medical Council publishes a guiding document called the Duties of a Doctor, widely taken as the gold standard on good clinical care.²² It states that 'patients must be able to trust doctors with their lives and health' and that we must 'take prompt action if you think that patient safety, dignity or comfort is being compromised'. How do we reconcile these duties with the scientific consensus that our climate is rapidly approaching a threshold beyond which there will be major and irreversible changes, some of which are already playing out as catastrophic health outcomes globally?

What emerges from applying a social lens to the climate crisis is the understanding that this is a question of medical justice. Much as climate justice aims to reveal the unequal spread of the climate crisis across populations, medical justice acknowledges the complicated world beyond the walls of our clinics. A social lens teaches us that health cannot be separated from wider social, economic and political factors. If our social and economic system is harming our patients, we have a responsibility to diagnose and treat that problem too.

Imbalances in power, rapacious resource extraction, and a global economy that privileges commodity production and consumption have led to a system that is making our planet and our patients sick—and climate anxiety is an understandable response. Failing to take the courageous social stance would be a failure to take action in the interest of patient health and well-being.

Action on climate change is a prescription for improved health and equity. But this is not a job to leave to politicians and leaders. Health professionals have a role too. The history of social change and activism tells us just this: it is the cumulative power of the often small but brave acts of a large number of ordinary people that has made all the difference. But as our patients' illnesses only too well remind us, we have no time to lose. The time to act is now.

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