



NATIONAL HEALTH AND CLIMATE STRATEGY

Detailed submission form

This form allows you to provide responses to the full set of questions in the Consultation Paper available [here](#).

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Respondent details

What is your name?
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What is your email address?
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What is your organisation?
Psychology for a Safe Climate
Have you read and agreed to the Privacy Statement ? (NB we will not be able to use your submission unless you tick this box)
<input checked="" type="checkbox"/> I have read and agreed to the Privacy Statement
Do you identify as Aboriginal and/or Torres Strait Islander? (Yes/No/Prefer not to say)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Please select which applies to you: <input type="checkbox"/> Individual citizen <input type="checkbox"/> Health Service Provider <input type="checkbox"/> Industry and Life Sciences Organisation or Representative <input type="checkbox"/> Academic or Researcher <input checked="" type="checkbox"/> Primary and/or Allied Health Peak or Advocacy Organisation or Representative <input type="checkbox"/> Aged Care Service Provider <input type="checkbox"/> First Nations Health Service Provider <input type="checkbox"/> First Nations Community Group <input type="checkbox"/> First Nations Peak or Advocacy <input type="checkbox"/> Medical College or Peak professional body

Questions for feedback from the Consultation Paper

Introduction

1. How could these objectives be improved to better support the vision of the Strategy?

2. How could these principles be improved to better inform the objectives of the Strategy?

3. Which of the various types of greenhouse gas emissions discussed above should be in scope of the Strategy's emission reduction efforts?

4. What existing First Nations policies, initiatives, expertise, knowledge and practices should the Strategy align with or draw upon to address climate change and protect First Nations country, culture and wellbeing?
5. What types of governance forums should be utilised to facilitate co-design of the Strategy with First Nations people to ensure First Nations voices, decision-making and leadership are embedded in the Strategy?

Proposed Objective 1: Measurement

6. Beyond the schemes already noted above, is your organisation involved in any existing or planned initiatives to measure and report on health system emissions and/or energy use in Australia?

7. What additional data and information is required to support targeted emissions reduction efforts within health and aged care?

Proposed Objective 2: Mitigation

8. What do you think of these proposed focus areas for emissions reduction? Should anything else be included?
9. Which specific action areas should be considered relating to the built environment and facilities (including energy and water) , over and above any existing policies or initiatives in this area?
10. Which specific action areas should be considered relating to travel and transport , over and above any existing policies or initiatives in this area?
11. Which specific action areas should be considered relating to supply chain , over and above any existing policies or initiatives in this area?
12. Which specific action areas should be considered relating to medicines and gases , over and above any existing policies or initiatives in this area?
13. Which specific action areas should be considered relating to waste , over and above any existing policies or initiatives in this area?

14. Which specific action areas should be considered relating to **prevention and optimising models of care**, over and above any existing policies or initiatives in this area?

15. What can be done to involve private providers within the health system in the Strategy's emissions reduction efforts?

16. Where should the Strategy prioritise its emissions reduction efforts?

- a. How should the Strategy strike a balance between prioritising emissions reduction areas over which the health system has the most direct control and prioritising the areas where emissions are highest, even if it is harder to reduce emissions in these areas?
- b. Which of the six sources of emissions discussed above (on pages 13 to 18 of the Consultation Paper) are the highest priorities for action?

17. What 'quick wins' in relation to emissions reduction should be prioritised for delivery in the twelve months following publication of the Strategy?

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Proposed Objective 3: Adaptation

18. What health impacts, risks and vulnerabilities should be prioritised for adaptation action through the Strategy? What process or methodology should be adopted to prioritise impacts, risks and vulnerabilities for adaptation action?

Keywords:

Climate distress

Climate Aware Practitioner

Resilience

Transformational resilience

Part 1: The need for a new model of individual, community and organizational psychological adaptation and resilience

Part 2: Climate distress, particularly in young people

Part 1: The need for a new model of individual, community and organizational psychological adaptation and resilience

Background to the severity of the mental health and climate crisis

1.1 Cascading events

The climate crisis will rapidly worsen because of cascading events.

There will be disruptions to the ecological, social, and economic systems people rely on for food, water, shelter, jobs, incomes, health care, safety, security, and other basic needs.

People worldwide are already experiencing the impacts of rising temperatures. When temperatures overshoot the 1.5 Celsius extreme danger threshold, no one on earth will be immune from the persistent overwhelming stresses generated by the relentless disruptions to essential systems.

1.2 Mental health impacts

There will be a dramatic rise in mental health problems (1) (2) in Australia and worldwide, such as anxiety, depression, PTSD, complicated grief, increased suicidality, compassion fatigue, hopelessness, helplessness, and more.

Harmful coping behaviours will also multiply, such as alcohol and substance abuse and addiction, family violence and child abuse, other crime, aggression, violence, and extremism.

In addition to these problems there will be an increase in **climate distress**. **Climate distress (1.3)** refers to all the distressing emotional responses in relation to the real and perceived threat of the climate crisis and its effects on human beings intergenerationally and on the natural environment. This is a real and significant issue that affects an individual's mental health and wellbeing, and will increase dramatically as people can no longer turn a blind eye to or deny the implications of the climate crisis.

There are many expressions of climate distress, some of which have been named as eco/climate anxiety and ecological/climate grief. This is elaborated on in part 2.

1.3 Individual mental health support can't cope

The work of the International Transformational Resilience Coalition (ITRC) (4,5,6) highlights that although they will remain very important, individualized mental health and social services cannot address the scale or scope of today's mental health epidemic. They have no chance of preventing or healing future epidemics of mental health problems generated by accelerating climate change-generated traumatic stresses, disasters, and emergencies.

It is highlighted by ITRC that there will never be enough trained mental health or social service providers to assist all of the people who are traumatized. In addition, many of the people that need mental health services will not engage due to fear of being stigmatized if others find out, and other reasons.

"Most important is that mental health services are reactive: they assist individuals mostly one at-a-time only after they experience symptoms of pathology and do not proactively prevent the occurrence of widespread mental health conditions," they write.

1.4 There is a need for a community response to build resilience

A public health approach prioritizes preventing the occurrence of mental health conditions, not merely treating them after they appear, and integrates group and community-minded peer-led healing methods, such as healing circles, into the prevention strategies. Mental health services support the community approach and are not the primary or dominant focus.

A public health approach to mental wellness and resilience is most effective when implemented at the community level which is accomplished by actively engaging residents in strengthening existing local "protective factors"— social connections, trauma-informed and resilience-focused information and skills, local resources etc.—and forming additional assets, that buffer them from toxic stresses and acute shocks, help heal them when they are traumatized, and remain mentally well and resilient during adversities (4, 5, 6).

1.5 Work is needed to build climate resilient communities and psychologically strengthen our health services across Australia.

As the climate crisis deepens, psychology, medical and other health organisations and communities will need extensive support in coping physically and emotionally with disasters over the coming years. They will also need to adapt their services and develop the capability of their leaders and staff to cope with climate crisis events.

There will be a need to develop emotional resilience. It is important that those who are wanting to help others to build resilience are first of all aware of their own emotional vulnerability to climate change, and to have begun a journey of processing their own response to the climate reality so that they are more able and to be able to think about and support others with whom they work.

Psychology for a Safe Climate (PSC) engages with those working on climate change, the caring professions, those working on climate solutions and advocacy, and the broader climate concerned community to build and grow mental health and wellbeing, and to foster the need to build *resilience* for the unfolding climate crisis, in their work, organisations, and across the broader community.

We need to look beyond the next 10 years when adaptation is going to become a near impossibility. The model of Psychology for a Safe Climate is related to the work of ITRC which emphasises building resilience- a psychological adaptation in response to the climate disruption. Adaptation to a rapidly changing situation is not possible, in the way in which the term is often used. In using the term **resilience**, we mean helping people become more

effective in dealing with and alleviating climate induced disruption and adversity by learning how to care for themselves and find meaning, direction and hope in their lives while helping other people, and improving the condition of the natural world and climate.(4, 5, 6)

1.6 What needs to be offered

[Psychology for a Safe Climate](#) is aware of the need for community resilience based on our own experience and from the model we have created. It can be a model for primordial or primary prevention. PSC has more than one decade of expertise in program design and delivery to help build emotional and psychological resilience in communities. Our support model does this by:

- a. Being aware of the reality of the climate crisis, its social and political context and the psycho-social impact it will have on ourselves, our health service and communities' quality of life.
- b. Being aware of one's vulnerability and emotional response to the climate reality, by recognising the psychological distress, discomfort and uncertainty it causes, and learning how to acknowledge and manage one's emotional response
- c. Being able to witness and express emotional responses in the presence of others as climate awareness and events increase.
- d. Developing and fostering a sense of purpose and engagement, creating active hope - where one invests in what is needed without knowing the outcome.
- e. Practising self-care and compassion for oneself and others.
- f. Appreciating how building human resilience to climate disruption can safeguard and increase wellbeing.

PSC's Support Model



Part 1: PSC policy recommendations

PSC makes 5 key policy recommendations to deliver transformation of the health care sector to respond to the challenges of climate change:

1. Prioritise education and engagement of all health professionals, patients and health sector communities in climate distress and psychological resilience and wellbeing programs.
2. Establish a health sector capability framework on psychological resilience, prevention and psychological skills for health professionals in the health care sector.
3. Recognise that *climate distress* is a rational response to the climate crisis and in so doing avoid pathologising this term in the health care sector (2)
4. Establish adaptation guidelines for climate distress and psychological resilience that will form part of commonwealth and state occupational health and safety regulations. Such guidelines will align with recent legislative and regulatory changes related to psychological safety in workplaces.
5. Support a national and local network of Climate Aware Practitioners in climate distress management and psychological resilience.(7)
6. Fund communities and organisations so they can engage in education programs to learn and adapt to the psychological impact of climate change.
7. Informed by the work of Psychology for a Safe Climate and the International Transformational Resilience Coalition⁶ and successful community-based initiatives such as The Work That Reconnects,(8) create climate distress and resilience programs for the health sector and communities.

Part 2: Climate distress, particularly in young people

Mental health impacts, risks and vulnerabilities need to be prioritised. A special focus needs to be on young people and their understandable climate distress to. Young people are very vulnerable to mental health issues related to climate change and need to be prioritised as they carry a higher burden of existential risk.

Young people are acutely aware that they are heading into a highly challenging and unrecognisable future, and report feelings of hopelessness and powerlessness because they are not in a position to mitigate climate change impacts. The youth climate movement's call for urgent political action is a response to the failure of global climate action.

To become aware of the climate reality with all its accompanying emotional, social and political consequences can create climate anxiety. At PSC, we prefer the term climate distress because to feel anxious about the future and the impact of climate change is very rational and deserves to be legitimised as climate distress. To use the term anxiety can pathologise those who feel alarmed. The language of climate distress can help people respond and learn to manage their psychological and emotional response to climate crisis events, as they happen in their lifetime.

Climate distress is a real and significant issue that affects an individual's mental health and wellbeing.(3) Climate distress is a term used for all the distressing emotional responses in relation to the real and perceived threat of the climate crisis. It may lead to mental disorder, particularly if not helped by a climate aware practitioner (7).

There are many expressions of climate distress, some of which have been named as eco /climate anxiety and ecological/climate grief. A Lancet study (9) of young people, showed that common feelings are fear, anxiety, sadness, anger and powerlessness. The 2021 study of 10,000 young people (16-25 years) from 10 countries, found that:

- 56%of surveyed young people said “humanity was doomed” due to climate change (including 50% of Australian respondents)
- 75% said the “future is frightening” because of climate change (76% of Australians).
- 39% said they were “hesitant to have children” (43% of Australians)

This study also reports a correlation between feelings of climate anxiety and government inaction on climate change, with 58% of those surveyed saying that governments are betraying them. They note that climate distress is often grounded in relational factors with children often experiencing “an additional layer of confusion, betrayal, and abandonment because of adult inaction towards climate change”⁶

A recent paper in the Lancet Planetary Health (10)-considers ecological grief and anxiety to be a healthy response to climate change. The authors report emotional suffering can be reduced by:

1. Recognising that anxiety and grief due to ecological loss may be understood as emotions that may motivate positive towards climate solutions
2. Using proven group therapy strategies to reduce loneliness, shame and isolation while also offering the benefit of peer interactions and support.
3. Symptoms may be alleviated by prescribing activities that enhance and support the environment, while community based environmental activities enhance social connectedness, while offering mental health benefits .
4. A family oriented approach ‘acknowledging the challenge, encouraging parental insight into young peoples' responses, empathetic communication with children and youth, validating their feelings of fear and disillusionment, and jointly mobilising hope through meaningful goal-directed activities’.

These are all activities that PSC currently already engages in. PSC already works with young people in groups and also has run groups for parents and educators. We are planning further workshops in this area and we see it as a priority population in terms of risk and vulnerability. We believe that government should strongly support such work.

References:

1. Patrick, R. et al. Prevalence and determinants of mental health related to climate change in Australia. Australian and New Zealand Journal of Psychiatry July 2022

2. Crandon, T., Dey, C., et al. The Clinical Implications of climate change for mental health (2022), *Nature Human Behaviour*, 6: 1474-1481
3. Seth, A., Maxwell, J., Dey, C., Le Feuvre, C., Patrick, R. (2023), Understanding and managing psychological distress due to climate change. *Australian Journal of General Practice*, 52(5), 263-268
<https://www1.racgp.org.au/getattachment/f7d2b750-0387-4708-8112-e8a2ba920447/Understanding-and-managing-psychological-distress.aspx>¹⁹
4. The International Transformational Resilience Coalition
(<https://itrcoalition.org/current-events-and-news/>)
5. Doppelt, B (2023) *Preventing and Healing Climate Traumas- A guide to building resilience and hope in communities*, Routledge, New York
6. Doppelt, B (2016) *Transformational Resilience-how building human resilience to climate disruption can safeguard society and increase wellbeing*, Routledge, New York
7. Gillespie, S, Ride, C, Wilson, C. (2023) *Becoming a Climate-Aware Counsellor: Supporting ourselves, clients and communities*. Counselling Australia.
8. Macy, J, & Young Brown, M. (2014) *Coming Back to Life: The Updated Guide to the Work That Reconnects*, New Society
9. Hickman C. et al, 2021 Climate anxiety in children and young people and their beliefs about government responses to climate change: a global survey. *Lancet Planetary Health* 2021 Dec;5(12):e863-e873.
[https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(21\)00278-3/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(21)00278-3/fulltext)
10. Cunsolo, A et al. Ecological grief and anxiety: the start of a healthy response to climate change. (2020) *Lancet Planetary Health*:4(7)e261-263
[https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(20\)30144-3/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(20)30144-3/fulltext)

<p>1. Should the Australian government develop a National Health Vulnerability and Adaptation Assessment and National Health Adaptation Plan? If yes:</p> <ul style="list-style-type: none"> a. What are the key considerations in developing a methodology? b. How should their development draw on work already undertaken, for example at the state and territory level, or internationally? c. What are the key areas where a national approach will support local/jurisdictional vulnerability assessment and adaptation planning?
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<p>2. Would there be value in the Australian government promoting a nationally consistent approach to vulnerability assessment and adaptation planning for the health system specifically, for instance by issuing guidance and associated implementation support tools for states, territories and local health systems? If yes, what topics should be covered to promote a nationally consistent approach? What examples of existing guidance (either from states/territories or internationally) should be drawn from?</p>
<p>3. What immediate high-priority health system adaptation actions are required in the next 12 to 24 months?</p> <p>Mental Health professionals need preparation for working with clients impacted by climate change - either through direct experience of climate driven events, knowing someone who is impacted, or from witnessing the events from afar.</p> <p>Mental Health professionals need to be prepared by understanding the reality of the climate crisis, the actual or likely psychological and emotional impacts. They need support to express and process their own emotions, before engaging with those needing their help. They need to be offered the space to engage with other professionals in discussion, collaboration and peer support, preferably on an ongoing basis, in this new and developing field of psychology.</p> <p>The Climate Aware Practitioner series of Professional Development offered by Psychology for a Safe Climate is an example of this preparation (7). This will prepare them for leadership in communities and organizations.</p> <p>This is shown in policy 5 at Q.18 above. "Support a national and local network of Climate Aware Practitioners in climate distress management and psychological resilience." Q. 18 response gives more detail about PSC's approach.</p>

Proposed Objective 4: Health in All Policies

<p>4. What are the key areas in which a Health in All Policies approach might assist in addressing the health and wellbeing impacts of climate change and reducing emissions?</p>

As the climate crisis deepens, we need a more ambitious and supported public health approach in communities to build population-level mental wellness and resilience. A public health approach prioritises preventing the occurrence of mental health conditions, not merely treating them after they appear, and integrates group and community-minded peer-led healing methods into the prevention strategies.

We need to build resilience to respond to the crisis, by using the climate disruption as a catalyst to find meaning, purpose and fulfilment in a changed and challenging life. We need to develop and integrate group and community-minded peer-led activities that build caring communities and support for people and nature, into the prevention strategies.

Psychology for a Safe Climate has modelled the value of expressing the emotional impact of the climate reality, while building connection and support with others. This is offered to groups and organisations and communities, through climate cafes, workshops for creative expression and engagement with others, and interactive seminars, and these are valuable across all age groups from 18 y.o.

Although they will remain very important, individualised mental health and social services cannot address the scale or scope of the mental crises that will emerge.

We can help communities adopt transformational resilience and wellbeing strategies that can be deployed through local community groups, hospitals, local medical centres and community health centres. The leading work of the International Transformational Resilience Coalition based in the US provides an inspiring model. (4,5,6)

This is shown in policy 6 in Q.18 above:

“Fund communities and organisations so they can engage in education programs to learn and adapt to the psychological impact of climate change.”

Please see Q.18 for further details and references.

5. What are the most effective ways to facilitate collaboration and partnerships between stakeholders to maximise the synergies between climate policy and public health policy? What are some successful examples of collaboration in this area?

Enablers

6. 6. How could these enablers be improved to better inform the objectives of the Strategy? Should any enablers be added or removed?

Enabler 1: Workforce, leadership and training

1. Prioritise education and engagement of all health professionals, patients and health sector communities in climate distress (3) and psychological resilience and wellbeing programs.

Mental Health professionals need preparation for working with clients impacted by climate change - either through direct experience of climate driven events, knowing someone who is impacted, or from witnessing the events from afar.

Mental Health professionals need to be prepared by understanding the reality of the climate crisis, the actual or likely psychological and emotional impacts. They need support to express and process their own emotions, before engaging with those needing their help. They need to be offered the space to engage with other professionals in discussion, collaboration and peer support, preferably on an ongoing basis, in this new and developing field of psychology. The Climate Aware Practitioner series of Professional Development offered by Psychology for a Safe Climate (7) is an example of this preparation. This will prepare practitioners for leadership in their communities and health organization.

2. Establish a health sector capability framework on psychological resilience, prevention and psychological skills for health professionals in the health sector.

3. Recognise that **climate distress** is a rational response to the climate crisis and in so doing avoid pathologising this term in the health sector.

4. Establish adaptation guidelines for climate distress and psychological resilience that will form part of commonwealth and state occupational health and safety regulations. Such guidelines will align with recent legislative and regulatory changes related to psychological safety in workplaces.

Enabler 3: Communication and engagement

1. Establish a national and local network of accredited practitioners in climate distress management and psychological resilience.

2. Fund communities and organisations so they can engage in education programs to learn and adapt to the psychological impact of climate change.

Psychology for a Safe Climate has modelled the value of expressing the emotional impact of the climate reality, while building connection and support with others. This is offered to groups and organisations and communities, through climate cafes, workshops for creative expression and engagement with others, and interactive seminars, and these are valuable across all age groups from 18 y.o.

Help can be offered to communities to adopt *transformational resilience* and wellbeing strategies that can be deployed through local community groups, hospitals, local medical centres and community health centres. The leading work of the [International Transformational Resilience Coalition](#) based in the US provides an inspiring model (4,5,6)

For more details and references please see Q.18 response

7. For each of these enablers:

- a. What is currently working well?
- b. What actions should the Strategy consider to support delivery?

Thank you for taking the time to complete this survey – your feedback is greatly appreciated!

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