Taking Action: Building a More Resilient World

Changes in climate and extreme weather affect behavioral health in ways ranging from higher rates of climate anxiety, trauma, depression, and substance misuse to higher rates of acute health concerns and hospitalizations.

Research suggests ways many groups can help build community connections and foster resilience.



What can disaster behavioral health programs do?



 Offer climate-informed disaster behavioral health services in places that have gone through multiple disasters. Increase readiness to provide disaster behavioral health services, as the places where multiple disasters occur are likely to increase.



Train community members to deliver interventions that can be provided by non-behavioral health professionals (e.g., Psychological First Aid), with an emphasis on supporting climate resilience.



What can emergency managers do?



Become trauma-informed in the design of services and development of policies.



Include groups who may have unique needs in disasters, such as people with lived experience of mental illness and substance use, family and caregiver representatives, young adults, and youth, in planning activities before, during, and after disasters.



What can disaster behavioral health researchers and research funders do?



 Develop climate-informed behavioral health interventions to help people cope and thrive despite the behavioral health impacts of climate change.



Expand research that includes people and communities experiencing changes in climate where they live and those who are moving to new locations due to climate. Identify additional ways to promote multigenerational climate resilience.



Support bringing interventions to scale and tailoring them for different cultures and contexts.



What can healthcare professionals and organizations do?

 Recognize the whole person in primary care and
behavioral healthcare settings. Develop easy-to-access information on how people can stay healthy during extremely warm temperatures, especially if they use medications or substances.



 Name a disaster preparedness deputy for substance use treatment programs to maintain patients' contact information and lead other aspects of planning and communicating service changes during and after disaster.



- When possible, use tele-behavioral health to reduce the U.S. healthcare system's carbon footprint and meet public need.
- Teach healthcare professionals about the psychosocial impacts of disaster.



What can communities do?



 Increase access to community green spaces and ways people can engage with nature.



- Build structures to offer shade and cool areas where people can find relief from extreme heat.
- Start groups and activities residents can participate in aimed at creating or tending green space and natural areas or otherwise improving community health.



 Think about the cascading mental health benefits of helping people and communities adapt to differences in climate, and take actions to mitigate future effects of climate change.

Learn more about climate change, its impacts, and ways to build resilience in the Climate Change and Behavioral Health *Supplemental Research Bulletin*.

References

- Bessaha, M., Hayward, R. A., & Gatanas, K. (2022). A scoping review of youth and young adults' roles in natural disaster mitigation and response: Considerations for youth wellbeing during a global ecological crisis. *Child and Adolescent Mental Health, 27*(1),14–21. https://doi.org/10.1111/camh.12517
- Crandon, T. J., Dey, C., Scott, J. G., Thomas, H. J., Ali, S., & Charlson, F. J. (2022). The clinical implications of climate change for mental health. *Nature Human Behavior, 6*(11), 1474–1481. <u>https://doi.org/10.1038/s41562-022-01477-6</u>
- Gupta, V. K., Hansen, H., Mendoza, S., Chen, X. (Linda), & Swift, R. G. (2017). Merging outpatient addiction and opioid-maintenance programs during a disaster: Lessons from Hurricane Sandy. *Disaster Medicine and Public Health Preparedness*, *11*(5), 531–537. <u>https://doi.org/10.1017/dmp.2016.190</u>
- He, F. T., Lundy De La Cruz, N., Olson, D., Lim, S., Levanon Seligson, A., Hall, G., Jessup, J., & Gwynn, C. (2016). Temporal and spatial patterns in utilization of mental health services during and after Hurricane Sandy: Emergency department and inpatient hospitalizations in New York City. *Disaster Medicine and Public Health Preparedness*, *10*(3), 512–517. https://doi.org/10.1017/dmp.2016.89

- Lawrance, E. L., Thompson, R., Newberry Le Vay, J., Page, L., & Jennings, N. (2022). The impact of clim ate change on mental health and emotional wellbeing: A narrative review of current evidence, and its implications. *International Review of Psychiatry, 34*(5), 443–498. https://doi.org/10.1080/09540261.2022.2128725
- Leppold, C., Gibbs, L., Block, K., Reifels, L., & Quinn, P. (2022) Public health implications of multiple disaster exposures. *The Lancet Public Health, 7*(3), e274–e286. <u>https://doi.org/10.1016/</u> S2468-2667(21)00255-3
- Salamanca-Buentello, F., Cheng, D. K., Sabioni, P., Majid, U., Upshur, R., & Sud, A. (2022). Mal/adaptations: A qualitative evidence synthesis of opioid agonist therapy during major disruptions. *The International Journal of Drug Policy*, *101*, 103556. <u>https://doi.org/10.1016/j.</u> drugpo.2021.103556
- Yellowlees, P. (2022). Climate change impacts on mental health will lead to increased digitization of mental health care. *Current Psychiatry Reports, 24*(11), 723–730. <u>https://doi.org/10.1007/</u>s11920-022-01377-6