



# The Climate Change and Mental Health Task Force: One Academic Psychiatry Department's Efforts to Heed the Call to Action

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To the Editor:

Climate change is a major public health emergency, with significant consequences for mental health [1]. Health inequities are exacerbated by climate change and brought into sharp focus in times of crisis. The past 2 years brought a convergence of weather-related disasters, COVID-19 pandemic, and civil unrest in the United States and globally. Mental health professionals have been sounding the alarm regarding the profound impacts of climate change at the individual, family, community, and societal level. Climate-related anxiety is on the rise, especially among children and adolescents [2]. Survivors of natural disasters experience anxiety, depression, posttraumatic stress symptoms, and sleep disturbances, along with exacerbation of underlying cognitive deficits and medical comorbidities [1, 3]. Vulnerable groups such as older adults and people with severe mental illness or major neurocognitive disorders are at increased risk of death due to heat waves and wildfire smoke [3]. Despite clarion calls to action by our profession [4], organized psychiatry has offered little actionable guidance to date. Academic psychiatrists have a moral obligation to learn how to best care for their patients with climate change-related mental health concerns, educate their learners, and support their communities. Here we describe the development and progress of a departmental task force dedicated to building and advancing knowledge on the mental health impact of climate change.

In June 2019, with support from department leadership, a small group (two faculty, one resident, and two staff members) at the University of California, San Francisco (UCSF) Department of Psychiatry and Behavioral Sciences founded the Climate Change and Mental Health Task Force [5]. This

interprofessional and interdisciplinary Task Force is organized into four work groups, based on the blueprint proposed by Coverdale et al.: Clinical, Advocacy, Research, and Education [4]. A kick-off event was held in October 2019 to formally launch the Task Force and solicit interest and broader participation. Over 100 faculty, staff, trainees, and outside guests attended, including UCSF School of Medicine leaders and medical student advocacy group representatives. The 2-hour event was structured in two parts: the first half featured brief presentations to inform and inspire the audience. In the second half, participants joined one of four small groups, each corresponding to a work group. Work group members were asked to outline goals and commit to specific deliverables to be accomplished by October 2020. The groups then reconvened, shared priorities, and received feedback from the other participants.

Work groups met with variable frequency and pursued their projects over the intervening 2 years. A follow-up event could not be held in 2020, as initially planned, due to the COVID-19 pandemic. Instead, a presentation took place at a Department Town Hall, where each work group shared their progress toward completion of Year 1 deliverables and outlined their Year 2 goals. Despite the great challenges faced by mental health providers throughout the pandemic, the Task Force has remained active and continued to grow in visibility and impact. Establishing a listserv with national and international members has catalyzed networking and advocacy efforts, such as attendance at events or signing letters.

Here we highlight examples of projects conducted to date. Almost all the work described has been unfunded; a small budget from the Department was used to sponsor conference registration for one member and a small grant from the UCSF Environmental Research and Translation for Health (EaRTH) Center supported the translation and dissemination of the brochure listed below.

Notable accomplishments for each work group include:

1. Clinical Care and Community Relations: expanded a previously developed patient education brochure on

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preparedness for extreme heat events and translated it into Spanish and Simple Chinese; began conversations with community health center-based providers to understand environmental justice challenges faced by local communities and their priorities for action.

2. **Education:** established annual departmental Grand Rounds on climate change and mental health; gave multiple local and national presentations, including at the 2021 Association for Academic Psychiatry, American Psychiatric Association, American Academy of Child and Adolescent Psychiatry, and Academy for Consult-Liaison Psychiatry Annual Meetings; inserted several lectures into the existing residency didactic footprint and launched a 4-hour curriculum for first-year psychiatry residents covering the effects of climate change across the lifespan as well as impact on communities and environmental justice; developed climate change and mental health content that was integrated into the medical school curriculum.
3. **Advocacy:** designed a participatory photography and digital storytelling project focused on gathering personal narratives to raise awareness of the climate crisis and its wider impact on psychological health and well-being. This project centers on the voices of socially excluded and marginalized groups who are disproportionately impacted by climate change and pollution (e.g., children and adolescents, low-income families, communities of color) and strives to create an archive of unique content for advocacy efforts and social awareness.
4. **Research and Evaluation:** designed surveys to explore interest in conducting scholarly work on climate change and health among UCSF health professions students and psychiatry residents and to assess mentoring needs for those interested; developed and will evaluate a psychoeducational class for health professionals on moving from climate distress to activation.

Lessons learned include the benefits of mutual support through regular meetings and frequent communication and the need for funding support or protected faculty time. Next steps include formally partnering with the University of California Center for Climate, Health and Equity housed at UCSF and expanding collaborations with advocacy, clinical, and environmental community organizations, which will amplify the Task Force's reach and impact and expand the focus on mental health.

In summary, we described one academic psychiatry department's efforts to understand and mitigate the mental health impacts of climate change. This occurred despite the pandemic and intense exposure to wildfires and smoke in our community, which will worsen over time. This work is urgent, and cannot be done in isolation. We hope that other institutions will follow suit and we can develop a network of support and resources across our academic institutions, so that together we can tackle this growing health crisis and move from calls to action to real action.

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## Declarations

**Disclosures** Andreea Seritan is a member of the Academic Psychiatry Editorial Board and Guest Editor for the special collection on climate change and mental health education. Robin Cooper is the president of the Climate Psychiatry Alliance, a non-profit organization. All the other authors declare no conflict of interest.

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