

Navigating Climate Trauma: An Overview of Climate Change and Mental Health Risks, Impacts, and Adaptation Opportunities

Climate Crisis and Mental Health Clinicians as Advocates

Jim Recht, MD

jrecht@hms.harvard.edu

Staff Psychiatrist, Cambridge Health Alliance
Clinical Consultant, Massachusetts General Hospital
Clinical Assistant Professor, Harvard Medical School

I'll begin with my clinical experience as a psychiatrist who's had the good fortune to work with patients in their homes, as part of a specialized program designed to help individuals with severe mental illness -- schizophrenia and forms of manic depression -- live independently in the community. My focus won't be on the details of this program -- known as Assertive Community Treatment -- tho I'm a passionate fan of it. I'll focus instead on what my home visits permitted me to observe and learn about the climate crisis and extreme weather events; about the consequences of wealth, class and race disparities; and about opportunities for addressing those injustices through organized political action.



Continuing Medical Education Commercial Disclosure

Amedco, our CME provider, asks all individuals involved in the development and presentation of Continuing Medical Education (CME) activities to disclose all relationships with commercial interests. This information is disclosed to CME activity participants. Amedco has procedures to resolve apparent conflicts of interest. In addition, presenters are asked to disclose when any discussion of unapproved use of pharmaceuticals and devices is being discussed.

**I, Jim Recht,
have no commercial relationships to disclose.**

Climate Crisis and Mental Health Clinicians as Advocates

- Case Formulation:
 - Clinical History, Symptoms
 - Social Determinants
 - Political Action

I'm going to present a case, and provide a biopsychosocial formulation of it, not to determine the best clinical intervention, but to suggest how political action may be relevant. Then I will talk about one particular example of political action: divestment from the fossil fuel industry.

Climate Crisis and Mental Health Clinicians as Advocates

Program for Assertive Community Treatment

- Serious Mental Illness living in community
- Age 18-78
- ~ 80% poor African-American

(Demographic characteristics of PACT in urban setting...)

Climate Crisis and Mental Health Clinicians as Advocates

Alana: 29-year-old w/Schizophrenia +

- Comorbid asthma +
- Limited support network
- Financial stressors

This past summer, a few days into another record-breaking heat wave, I visit Alana, a 29-year-old African American woman with schizophrenia, diabetes and chronic asthma, in her small subsidized apartment in one of the poorer communities of Boston. She invites me in and we talk in her kitchen. She appears more fatigued and more disheveled than usual, and tells me she has slept poorly for the past several nights since this latest heat wave began. The temperature in her apartment is somewhere around 90 degrees; the air quality is poor and there is little air circulation. She has a window air conditioner in her bedroom; but she stopped using it a few weeks ago after receiving a threatening-looking bill from the electric utility in a bright orange envelope labeled "URGENT." Her budget barely covers her monthly rent and utilities even in normal weather, and last month she was unable to pay the balance on her utility bill because of the increased charges resulting from her use of AC during the previous heat wave.

The next day, I learn from my team that she presented to the emergency room during the night with an exacerbation of chronic asthma: cough, wheezing and shortness of breath. Her respiratory symptoms eventually responded to nebulizer treatment and her she was medically cleared though she remained in obvious emotional distress.

She was discharged home with inhaler refills and instructions to follow up with her PCP; but her persecutory delusions and auditory hallucinations had already begun to increase, and over the next few days she became increasingly agitated and reclusive and eventually returned to the ED from where she was admitted to the inpatient psychiatric unit.

Climate Crisis and Mental Health Clinicians as Advocates

Poor/underserved communities:

- Degraded housing and utilities
- Air pollution, environmental waste
- Heat islands, flood risks

So I think the biological and psychological components of our formulation are straightforward: a vulnerable patient with serious mental illness suffers an acute exacerbation due to a prolonged period of disruption of basic neurovegetative function -- sleep deprivation and agitation related to severe respiratory distress. What are some of the social determinants? She has no air conditioning, and no money to pay for it. In fact she is now feeling threatened by bills in bright orange envelopes. That stress is real: our patients are at significant risk of being evicted, for even small or temporary issues like late utility payments.

Looking at social determinants on this slide, we note how our Fossil fuel driven climate crisis is contributing directly to many of them. We also see how they disproportionately harm people like Alana compared with people who are not poor, of color, or lucky enough to live in a wealthier zip code. An individual like me, living less than five miles away, will simply turn up the A/C as needed, or go to a local park for some shade and fresh air. Of course one obvious irony here is that my use of energy-intensive air conditioning is a significant contributor to man-made climate disruption due to fossil fuels. And in regard to outdoor air, if Alana were to venture out on the worst of these very hot days, she would suffer even more severe asthma symptoms,

because of heat islands, which magnify heat intensity and the concentration of respiratory toxins, and are much more widespread in her community as they are generally in poor communities. Our current energy infrastructure, based on extractive technologies (drilling/fracking/mining) concentrates wealth and power among a small, very privileged sector. Conversely, it concentrates pollution of water, air and soil in the poorest and most politically invisible communities -- communities that, due to their disrepair, offer poor protection from these toxins or from extreme weather events.

Climate Crisis and Mental Health Clinicians as Advocates

Avoiding Catastrophe (IPCC report):

- Rapid Phase Out of Fossil Fuels
- Promote socially just forms of energy, agriculture and building

Of course these inequities are not new. But the climate crisis, involving increasing forms of extreme weather, brings urgency to these chronic social and political problems. To respond adequately to climate change threats, the scientific community has informed us that radical changes in our energy and housing infrastructure are needed immediately. For example: The Intergovernmental Panel on Climate Change -
- that is, the world's authority on the climate crisis -- has concluded that to avoid catastrophe, we need to be essentially fossil-free within 10 to 15 years.

Climate Crisis and Mental Health Clinicians as Advocates

Fossil fuel industry:

- Millions in lobbying for billions in subsidies
- Fake science/pseudoscience

But the fossil fuel industry continues to increase exploration, extraction and sales of fossil fuels. How is this possible? Through a combination of political lobbying and public misinformation. The fossil fuel industry's lobbying efforts cost hundreds of millions of dollars annually, in exchange for subsidies in the billions of dollars. The industry's miseducation campaigns create public confusion and doubt about well-founded climate science.

Climate Crisis and Mental Health Clinicians as Advocates

Fossil fuel divestment:

- Stop the Immoral Bet
- End the industry's political dominance
- Reinvest sustainably

The fossil fuel divestment movement is one response to these injustices. Here is a brief lesson in why and how it works. First, why? Financial investments in this industry constitute what economists and ethicists describe as an immoral bet. The industry's profits are based on the extraction and sale of its known reserves of oil, gas and coal. If I or my institution owns shares of stock in these corporations, it means we are betting that these businesses will be profitable. But they can only be profitable if more fossil fuels are burned, and if more are burned, as we have just seen, there is international scientific consensus that the result will be irreversible, catastrophic climate change. So, how does divestment work? It works by changing public perception. Health professionals recognize parallels here to the tobacco industry and its decades-long program of disinformation, deceptive marketing and political corruption. Divestment played a key role in finally dismantling the "social license" and the political and economic "capture" that industry enjoyed for far too long. Divestment is a powerful and effective method for revoking social license. It is a tool that we can use now, as one component of a political agenda facilitating the rapid transition away from toxic fuels to sustainable clean energy infrastructure at the pace required.

(Presentation ends here! Next slide is optional) .

Climate Crisis and Mental Health Clinicians as Advocates

The Green New Deal For Public Housing Act

"...transition the entire U.S. public housing stock...into zero-carbon, highly energy-efficient developments that produce on-site renewable energy, expand workforce capacity and family self-sufficiency programs and focus on community development."

(optional!) The Green New Deal for Public Housing Act
Sen. Bernie Sanders (I-Vt.) and Rep. Alexandria Ocasio-Cortez (D-NY)

The nation is currently facing a climate emergency *and* an affordable housing crisis. We have an opportunity to address both of these issues at once by weatherizing, electrifying and modernizing our public housing so that it may serve as a model of efficiency, sustainability and resiliency for the rest of the nation. The Green New Deal for Public Housing would transition the entire public housing stock of the United States, as swiftly and seamlessly as possible, into zero-carbon, highly energy-efficient developments that produce on-site renewable energy, expand workforce capacity and family self-sufficiency programs and focus on community development. It address the substantial public housing capital backlog by ensuring all public housing is brought up to safe and sanitary condition. No matter the circumstances you were born into, this bill ensures that everyone has a shot at economic and social empowerment.