The eco-crisis and mental health of children and young people: Do child psychiatrists have a role?

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**Introduction**

The eco-crisis is a term increasingly being used to describe the effects of climate change on the Earth; changing weather patterns, global warming, changing biodiversity and the resultant effects on human and non-human populations [1]. During the 21st century there has been increasing recognition by professional organisations [2-5] that the eco-crisis can, and is affecting the mental health of children and young people. The level of concern expressed by young people about climate change and environmental effects has been brought to the general public’s attention following the ‘Fridays for Future’ campaign spearheaded by Greta Thunberg.

However concern does not equate to mental illness, the diagnosis and treatment of which is the main role for child psychiatrists. The Royal College of Psychiatrists statement on mental health aspects of the eco-crisis [6], and associated podcast [7], suggests that for the majority of young people the worries expressed are normal experiences and not mental illness. Yet, by providing a statement and advice for young people and their parents/carers the implication is that psychiatrists do have a role to play.

**Roles of the Child Psychiatrist in Response to the Eco-crisis**

In order to understand what role(s) child psychiatrists can have it is important to understand the ways in which the eco-crisis and can affect children and young people. There is a burgeoning array of literature describing the effects on emotional wellbeing and mental health of the eco-crisis. The effects can be divided into three categories: direct effects, indirect effects and eco-distress [8,9]. The evidence also indicates that children and young people living in developing countries will be most affected [10]. This has implications for child psychiatrists, and mental health services in general. Service delivery will need to include not only local, regional and national planning but also global mental health initiatives. Child psychiatrists need to be involved in strategic planning of services.

The most recognised component of the eco-crisis is the direct effects: climate change and the environmental impacts that extreme weather events will produce e.g. flooding, extreme heat waves and forest fires. Such events are already recognised as being associated with Post Traumatic Stress Disorder (PTSD), depression, anxiety and sleep disorders [11]. The predicted increased frequency of such weather events is likely to increase the number of people experiencing the associated mental health problems. Heatwaves, and changes in body thermoregulation, can affect medication response resulting in illness relapse [12]. Exposure to repeated stressful events, including extreme weather conditions, in childhood can predispose to mental health problems in adulthood [10,13,14] and there is evidence that prenatal exposure to traumatic weather events increases the risk of the child developing disorders such as autism and schizophrenia [15]. The Royal College of Psychiatrist reports that 57% of child psychiatrists have seen patients who have expressed worry about climate change [6]. There are literature reports of these concerns worsening Obsessive Compulsive Disorder symptoms [16] and as a precipitant for delusional beliefs[17], furthering the psychiatric role of the child psychiatrist.

In all of these situations, child psychiatrists will have a role to play in diagnosis and treatment of mental health problems.

The indirect effects of climate change occur when there is damage or loss of the social and physical infrastructure e.g. displacement and migration, water or food shortage[8,9,18]. Hanigan et al report an increased risk of suicide in Australian farmers due to persistent drought, a consequence of climate change [19]. Parental loss, not only from suicide, is a recognised risk factor for development and attainment [20]. Child psychiatrists again have a role to play.

Migration is an inherent consequence of severe adverse weather events which have caused environmental and infrastructural damage. Migrants are often young adults and children. Risk of exploitation, financial stress, loss of identity and community, all associated with migration, increase the vulnerability to developing mental health problems. The United Nations University estimates there will be 200 million ‘climate change migrants’ by the year 2050 [21]. Child psychiatrists and mental health services, will have a role to play with migrants experiencing mental health conditions, as well as with migrant children who are brought into looked-after child settings. Child psychiatrists will be required to extend their knowledge of migration issues, increase their cultural awareness and sensitivity. Extended joint working practices with social services, interpretation services and legal/judicial services will be a necessity.

Climate change is predicted to affect marginalised communities leading to loss of culture, traditions and ways of life. Herscher, cited in Burke et al [10] reported increased depression and suicidal thinking in young people from indigenous Arctic communities due to polar ice loss and changing local habitats. Child psychiatry may be facing a significant rise in workload in order to manage children and young people at risk of completing suicide due to the adversities and concerns caused by the eco-crisis.

Local child psychiatry services will have knowledge of the local issues being influenced by the eco-crisis but may also be directly affected by them e.g. forest fires damaging community mental health facilities. Support needs to be available to psychiatric services that may be adversely affected, indicating the need for regional, national and global connections and planning amongst services [22].

The third category of mental health effects of the eco-crisis are what environmental philosopher Glenn Albrecht has termed ‘psychoterratic syndromes’ [23]. A number of new terms e.g. ecoanxiety, solastalgia and ecoparalysis have been coined to describe the concerns, anxiety and feelings of loss being experienced in response to climate change and concerns for future global effects of climate change[24-26]. Although these are in themselves not mental health disorders and can instead be considered as normal adaptive responses, there is a risk that a prolonged stress response will lead to anxiety and panic disorder, sleep disorder and health neuroticism[14,27]. Working with children and young people to use this normal adaptive response in a positive way offers opportunity for child psychiatrists to widen their remit. This will be further discussed later.

Research indicates that children and young people across developed and developing countries are worried by climate change[10]. In addition the indication is that children are more likely to accept the human contribution to climate change than adults, thus placing a burden of responsibility onto children[28]. The perceived lack of adult response was a component in the Fridays for Future campaign[29]. This then suggests there is a wider role for the child psychiatrist to become involved in, out-with their day-to-day ‘medical’ employment. There is the need to engage with young people to reach a shared narrative about the eco-crisis.

Described previously are examples of the impact that the eco-crisis is having on the mental health of children and young people, with examples of the role the psychiatrist plays. However, the wider role extends from professional duties to personal and social responsibilities.

Treatment options available to psychiatrists are not confined to medicines and talking therapies. There is evidence that nature-based activities are beneficial for everyone’s mental health[30,31]. Child psychiatrists have a responsibility to encourage ‘Green care’[32,33]. These activities have low environmental impact and are readily accessible to all. A walk in the local park has less impact on climate change than medication (manufacture, production and distribution of which all contribute to greenhouse gas emissions) and is cheaper than face to face therapies. Children and young people are by nature inquisitive and may benefit even more than adults from nature-based activities, particularly as such activities have a broad range of positive benefits including improved self confidence, self esteem and better communication[34,35]. By using and advocating for ‘green therapies’ the child psychiatrist has considered how their role may be contributing to the eco-crisis and what they in turn can do reduce ecological effects.

The child psychiatrist needs to have knowledge and understanding of the eco-crisis, the debates around climate change, global warming and environmental effects in order to have an open dialogue with patients and their carer, but also with their own family, friends and colleagues.

There is a responsibility to learn about the worries young people are experiencing and what problems are being brought not only to child psychiatry but other branches of medicine. Dialogue within families and social groups about the eco-crisis expands knowledge of the concerns being experienced within society. This knowledge can then be used in planning strategy for future service provision. Who and where will experience difficulties associated with the eco-crisis and which services should be prioritised. To further facilitate understanding, the child psychiatrist can become involved in research, perhaps on specific eco-crisis related mental health conditions or the eco-crisis as a public health concern[36-38]. Research in turn then offers opportunity for the child psychiatrist to influence and be involved in policy making. This could include decision making through local committees, the Royal College of Psychiatrists, General Medical Council or at government level.

For many young people the mental health effects of the eco-crisis are considered adaptive[7,27]. These young people may not come to the attention of mental health services, however as doctors, psychiatrists have a responsibility to ‘protect and promote the health of patients and the public’ and be honest with patients. The eco-crisis is a public health issue which doctors need to be involved with [11,22,36]. Working with young people can be used to take forward their ideas to meetings and committees which young people may not have access to. Young people can be encouraged, motivated and given opportunity to bring forward their views, opinions and ideas. Promoting positive action by young people potentially reduces the risk of an adaptive response becoming maladaptive or considered ill health. Promoting resiliency in young people is not just the role of the psychiatrist but also the psychiatrist’s role as an adult.

The UK Health Alliance on Climate Change [39] (of which the Royal College of Psychiatrists is a member) and the American Psychological Association [40]are example of medical associations which have produced guidance on the different ways mental health professionals can involve themselves in attempting to reduce the impacts of climate change, for example recycling in our own household, advocating for renewable resources in our workplace and engaging with the wider community to develop and support greener solutions through volunteering or lobbying. “A systems approach complemented by a new style of research thinking and leadership, can help align the needs of this emerging field with existing and research policy agendas” [41]. Child psychiatrists, who utilise systemic thinking in every day practice, would therefore seem to be in the ideal position to play a significant role in research and planning. Educating the future generation of child psychiatrists [42] by including ‘green psychiatry’ in training will ensure eco-crisis concerns and the need for action is at the forefront of psychiatric practice.

For the child psychiatrist becoming involved in such activities will be for the greater good of all. It brings the potential to benefit the mental health of all young people, not just those with mental health disorders.

**Conclusion**

There is acceptance that the eco-crisis is real and is having effects on the mental health of children and young people. Some effects can be deemed positive and the child psychiatrist can help the young person use this as a means of helping to reduce the effects of the eco-crisis. However there is the more worrying aspect of the detrimental effects of the eco-crisis on children and young people. As described the child psychiatrist has many roles to play; psychiatrist, adult, learner, teacher, parent, relative, global citizen, researcher, service planner, policy influencer, volunteer, recycler, advocate for reducing of our own carbon footprint. By involving themselves in all of these roles the child psychiatrist can potentially help reduce the number of young people who will experience serious mental health problems due to the eco-crisis and will also be helping to reduce their own impact on the eco-crisis.

In answer to the question ‘the eco-crisis and mental health of children and young people: Do child psychiatrists have a role?’ The answer is most definitely yes.

 *“To have done nothing is the ultimate child abuse.”*

 *Lise van Susteran*

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