

# Global Mental Health in the Anthropocene: Opening to a Planetary Health Paradigm Shift

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## Abstract

Facing the urgent, unchartered and tremendous challenge of the ongoing climate crisis, social and health sciences have a pivotal role to play. Starting from an analysis of the consequences of the climate crisis narrative for mental health and psychosocial support (MHPSS), we explore different roles that the MHPSS actors could play. We show how business-as-usual does not work in the Anthropocene epoch. We argue that an inclusive critical debate on the theoretical framework, the role and the practices of MHPSS is highly needed, integrating the emerging planetary health approach. An overview on the history of the client–helper relationship and ongoing changes in a warmer planet makes the case for a paradigm shift. We conclude by calling for a reframing of MHPSS using a planetary health perspective.

**Keywords:** aid relationship, climate change, global mental health, paradigm shift, planetary health

## The Consequences of the Climate Crisis Narrative: Flight, Fight or Freeze

Uncertainty seems to be the “zeitgeist” of our times. Despite our current epistemology not being able to fully embrace the complexity of intertwined systems, science has reached a reasonable level of confidence for raising the alarm about the impact we are going to suffer in terms of years lost due to illness, disability or early death because of ecosystems degradation. The climate crisis has become a health and mental health and psychosocial support (MHPSS) issue. In September 2021, The Guardian counted more than 200 calls from health journals for urgent action on the climate crisis (PA Media, 2021). However, once the debate about the unknown known shifted from science to politics and media, the mainstream narrative added to uncertainty a sense of urgency. Thus, an existential threat. Our opportunities therefore seem limited to “flight, fight, or frozen”, in the way that animals and humans usually respond to survival risks:

- The “flight” response is a sort of denial within a huge collective grief process about changing and threatening ecosystems. Denial could be accompanied by delusion as a defence mechanism. Bill Gates’ latest book (2021), with its radical beliefs in salvific technology, offers a good example of magical thinking. Perhaps, social sciences have a role to play in elaborating such societal mourning accepting the new normal.
- The “fight” response mobilises energy towards aggressive (but often nonviolent) reactions and, for

instance, calls to action that pop up in the streets. The discourse yelled by Greta Thunberg, dreaming of a needed utopia, rethinking the very neoliberal structures and lifestyles, is a good illustration. In this case also, social sciences have something to say about social movements and individual motivation.

- Alternatively, facing unexpected and potentially traumatic events, animals and humans may try to hide from the danger. This kind of “frozen” inaction is not due to indifference, but to anxiety and depressive feelings. The so-called eco-anxiety (Desbiolles, 2020) is a recent trend in the MHPSS community (American Psychological Association, 2021), offering a rationale for self-help and therapies.

This reflection aims to explore a fourth role that MHPSS may play in addition to these three responses. Our hypothesis is that if there are differences between providing MHPSS services so far and on a planet 1.5° warmer, we may need a paradigm shift.

MHPSS actors could contribute to reframing the very narrative of climate/health crisis and widening the possibilities of response at community and societal

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level. We set out firstly how business-as-usual is not an option; then, secondly we rethink the evolution of the aid relationship as an example of deep changes in the MHPSS practice; finally, we call for an inclusive debate towards a paradigm shift.

## Coping as “Business-as-Usual”: An Impossible Mandate

Preventing or mitigating the impact of climate change on mental health pushes for strengthening preparedness to support the affected population. This is a scary task when we compare the mobilisation of resources required in response to potential needs at the global level when multiple and massive climate-related disasters happen.

MHPSS actors have already faced similar challenges with many successful outcomes when trying to address the immense suffering of entire war-torn countries, a mass influx of migrants, or a natural crisis. In the last 20 years, global mental health has promoted an ambitious agenda and key strategies for scaling up MHPSS services are sound and relevant.

However, we cannot simply translate such lessons learned to responses to the climate crisis. Walking into the uncharted territory of a planetary crisis will probably need new solutions. Advocating for doing what we are doing in global mental health more and better may not match the scale of the climate crisis. The earth sciences include human activity as a geological force that pushes us into a new epoch: the Anthropocene (Myers & Frumkin, 2020). The deep human impact on vital systems have resulted in the infringement of planetary boundaries, putting our survival as a species at risk. Even if the world has already seemed to end many times, living in a new geological epoch seems more a tipping point in human history rather than “business as usual” or a linear progression of needs.

Our best guess is that the climate crisis is transforming societies and our epistemologies – our ways of knowing – and, consequently, our disciplines and professional practices too. In this regard, the emergent paradigm of planetary health recognises the challenges of the Anthropocene and it is driving the reorganisation of health sciences. Such a transdisciplinary endeavour has no clear operational output at this stage, but it is difficult to ignore the potential of that approach. In the following section, we explore how MHPSS practice is changing in the Anthropocene within a planetary health frame.

## The Aid Relationship: Changes at the Core of MHPSS Practice

If the changes in the Anthropocene are so pervasive and deep, we can presume that the very nature of MHPSS practice will be reshaped. Thus, if the core of mental health practice changes, the overall paradigm does too. To test our hypothesis (namely, MHPSS practice is so qualitatively different in a climate crisis context that it may require a critical review of its paradigm), we will focus on the aid relationship between helper and client. We use the aid

relationship as a sort of “synecdoche”, an example that represents the whole, to illustrate how the climate crisis is changing social processes (including aid, counselling and therapy).

Helper and client interaction has been differently reinterpreted along with the history of clinical psychology according to the frame of reference of each theory and group of scholars. We may see that the aid relationship (and the boundaries between what professional MHPSS is and what is not) has moved over time.

Beginning with classical psychodynamic psychotherapy, put simply, knowledge (under the form of doctors’ expertise and patients’ insight) drove the catharsis. This is perceived as a one-person enterprise (Kantrowitz, 2020). The relationship’s boundaries reflect the traditional medical model based on a specific power imbalance that, in turn, mirrors the socioeconomic distance between classes.

Later, within the large field of humanistic psychology (Rogers, 1951), emotions were the fuel of wellbeing promotion. The concept of empathy came into force in social sciences, but boundaries did not disappear. Boundaries are saying to clients that the psychologist intends to do no harm and to psychologists that self-care is essential. In addition, boundaries are also an indirect statement about the special relationship of counselling. Like any other sort of limit, they distinguish between the everyday caring in natural settings and the therapeutic space, somehow situated outside the rest of social life.

Establishing a genuine relationship was not enough to improve the quality of life of persons living an oppressed life. Empathy in action then became the basis for empowerment. In a radical interpretation of this, liberation psychology (Comas-Díaz & Torres Rivera, 2020) admitted sharing the struggle with survivors of political violence. Psychologists acknowledged their own social role and took part in social processes for transforming the very causes of suffering in the sociopolitical environment.

When advanced globalisation transformed the political landscape, this revolutionary approach could not function as a model anymore. The global mental health approach (Patel et al., 2014), the mainstream frame for MHPSS, reinterprets these previous discourses. This recent approach should be sound enough to prove its value under the neoliberal scrutiny on performance and to be effective to compete within a globalised health market. At the same time, it is human rights based and it accepts social change as pivotal for resilient communities. Here, the helper–client relationship finds a fine balance between being an evidence-based set of harmonised techniques and a supportive process integrating sociocultural elements.

The aid relationship (and MHPSS practice) evolution is not at its end: we are entering the Anthropocene, a new geological epoch named for the unprecedented effects of human activities on the planet’s biophysical systems (Zywert & Quilley, 2020). What has changed the most here is the distance between helper and client. This is virtually nullified because of the global impact of climate change

on every human being on the planet. We are not hiding how wealth, mainly built on the history of colonialism, recreates inequities. Helper and client are sharing the same risk, even if they are probably experiencing it from different positions (especially for expatriate professionals operating in humanitarian settings) that open to a different extent of positive coping options as well as to experiencing different barriers. It is like “being in the same storm, but not in the same boat”.

Helper and client may share feelings of hopelessness, acknowledging that individual actions may seem ineffective because of the complex chain of causes of the climate crisis. Beyond mere empathy, both are facing a global common problem. In such a relationship, there is little room for therapy, but far more opportunities for solidarity. The very concept of MHPSS is enriched by a shared commitment, collective agency and the common goal of societal transformation.

### The Aid Relationship in the Anthropocene: Different Content Enables New Functions

The most vulnerable persons living in impoverished communities are the first in experiencing the distress of climate crisis and environmental degradation. However, they may not be naming it as such, because of the pressure to solve urgent needs about housing, employment and even nutrition. Martin-Baró (2000) called for “de-ideologising” the medical interpretation of pain, denouncing the social and political causes of suffering. Applied today, his theories call for going beyond empathy for those suffering eco-anxiety or just psychoeducation about climate change, and rather for cobuilding a new meaning of the relationship humans have with nature. MHPSS actors play a new role in pointing out the link between environmental degradation, basic needs and wellbeing.

We are collecting more and more evidence on the increased frequency of climate-related disasters and we know that, in addition to increasing the number of individuals with criteria for a mental health diagnosis, they are also reshaping our deepest beliefs, changing identities based on the dynamic relationship with nature and challenging human social systems that rely on ecosystem services. The content of the aid relationship, the therapeutic material, goes beyond a description of emotional states and their clinical equivalent (from anxiety to grief). Networks of global mental health stakeholders should ask themselves how ready they are to creatively imagine new roles for their profession.

Helpers could, for example, move from the necessary promotion of positive coping to climate-related challenges towards strengthening their work for empowerment of groups and communities for grassroots and systemic action. Another relevant and innovative function for MHPSS may consist in reframing the relationship with nature that has, in turn, healing potential. Such a new additional function seems more similar to a storyteller than a medical doctor. Storytelling is understood here as a performative action on the inner and public discourse that

reshapes individual and collective agency. Acting on this discourse, psychologists would contribute in reframing perceptions, beliefs, meanings and interpretation of problems and solutions related to a changing environment. Strengthening its potential for storytelling, MHPSS practitioners may promote a new vision, able to highlight the benefits of supportive and sustainable environments and foster eco-healthy lifestyles. In this way, MHPSS becomes a storyteller of the Anthropocene.

Finally, in addition to supporting communities’ reinterpretation and action against socioenvironmental changes, helpers engaged in the field can also help the larger MHPSS community and scholars to better know the lived experiences of persons suffering the impact of the climate crisis, promoting action research and facilitating self-advocacy.

### A Different Aid Relationship: A Cornerstone for A New Paradigm

Readers may consider imagining how the climate crisis may reshape the aid relationship as just an anecdotal exercise. However, this example shows how MHPSS, like the aid relationship itself, is not aside from the social context. On the contrary, MHPSS theories and practices may deeply change in the Anthropocene. If, as per our hypothesis, the aid relationship and, by extension, MHPSS tools and practices have evolved over time and they are still doing so, MHPSS as usual translated in the global mental health agenda is not the only way to progress preparedness and response. This does not mean that a sort of “planetary mental health” and global mental health will become competitive paradigms. Scaling up quality and accessible MHPSS services requires all our efforts and long-term commitment by donors and health systems because of current needs. However, the treatment gap will increase once more because of the climate crisis. Health inequities too. Therefore, a wider scientific endeavour is required. Despite the importance of accelerating the current global mental health agenda, we would call for caution in endorsing this agenda based on climate change issues: Showing that climate change will cause more potentially traumatic events and so calling for more MHPSS programmes could turn out to be a wrong strategy. The momentum gained by the climate crisis as a health issue offers rather an opportunity for rechecking our assumptions on what wellbeing means, reframing our understanding of the person-centred approach, and designing strategies based on equity, commitment and solidarity.

### Calling for an Inclusive Radical Debate on MHPSS

This reflection indicates that we are witnessing a transformation of the MHPSS field, as exemplified by the evolution in the aid relationship. This may result in a paradigm review under the planetary health frame and a new agenda for global mental health.

As this change is still ongoing, it is difficult to make any prediction and it is impossible to state any conclusion. It is

too soon for a handbook with strategies and tools derived from such a new course for MHPSS. It is not yet time to teach those affected in how to cope with the consequences of the climate crisis. Moreover, capacity building - an implicit part of western-based psychology- is not meaningful, considering how the so-called Global North has contributed so far more to the climate problem than to the solution. Rather than that we argue that MHPSS, in embracing its new role of storytelling, requires an inclusive debate with meaningful participation of multiple voices and their different forms of knowledge. A critical open dialogue about the premises of MHPSS knowledge would target the human-nature relationship and the value of ecosystem services, nonwestern and indigenous worldviews, different forms of the aid relationship and the power imbalance embedded in them. An inclusive debate, nourished by lived experience, will focus on acceptance, adaptation and action; reinforcement of community-based interventions on the social determinants of mental health through a system thinking perspective and new tools and nature-based solutions. In a nutshell, a paradigm shift.

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