



NATIONAL HEALTH AND CLIMATE STRATEGY

Detailed submission form

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Respondent details

What is your name?
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What is your organisation?
Australian Psychological Society
Have you read and agreed to the Privacy Statement ? (NB we will not be able to use your submission unless you tick this box)
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Environmental Health and Climate Change Branch
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Australian Government, Department of Health and Aged Care

Emailed to: Health.Climate.Consultation@health.gov.au

Dear Environmental Health and Climate Change Branch members,

APS Response to the National Health and Climate Strategy

The Australian Psychological Society (APS) is pleased to provide a response to the National Health and Climate Strategy consultation. The impacts of climate change are a particular interest of the APS, as detailed in our Position Statement: *Psychology and Climate Change*¹. Psychologists are experts in human behaviour and use evidence-based psychological interventions in many aspects relevant to the mitigation of and adaptation to the effects of climate change.

The APS has an established history of working collaboratively with the Australian, State and Territory governments and other agencies to help address major social, emotional and health issues for local communities and ensure healthcare is equitable and accessible to all. We would like to extend our collaboration with Government to assist in the implementation of the National Health and Climate Strategy to ensure that its implementation is as immediately impactful as possible.

As with all our work at the APS, we consider this in light of the Sustainable Development Goals (SDGs)². Undoubtedly, of particular relevance is SDG 13 which aims to “Take urgent action to combat climate change and its impacts”³ but this work also critically interacts with SDG 3 which aims to “ensure healthy lives and promote well-being for all at all ages”⁴.

In addition to the overall recommendations below, we have provided targeted responses to some of the questions in the long response survey. For brevity, we have omitted the questions which are outside the scope of the APS.

Upon consideration of the *National Health and Climate Strategy Consultation Paper (the Consultation Paper)*, the APS recommends:

- **Strengthening the urgency and individual responsibility of the strategy** – climate change has been identified as the biggest threat to global health in the 21st century⁵. As can be seen in the Intergovernmental Panel on Climate Change (IPCC) AR6 Climate Change 2023 Synthesis Report⁶, we are at a critical juncture where immediate action has the potential to prevent catastrophic impacts which will be felt for potentially thousands of years into the future. The IPCC identified a low sense of urgency as a key barrier to adaptation⁶ which has

been a strong point of advocacy for the APS¹. Throughout the *Consultation Paper*, the language to describe climate change and articulate its effects is often written in the future tense and with subjunctive mood – which reinforces the notion that it is something abstract and happening in time as opposed to an urgent need that is happening now. The necessity of immediate action must be clearly communicated.

- **Highlighting the strong, multi-faceted interactions between the effects of climate change and mental health and wellbeing:** it is well established that there are both direct and indirect impacts of climate change on mental health^{7,8}. The effects of climate change need to be elevated and prioritised in the Strategy as more evidence becomes available. They underpin many other aspects of health, wellbeing and an individual's capacity to contribute to the broader community.
- **Integrating the strategy with other sectors and initiatives:** As acknowledged in the Consultation Paper, the success of the strategy depends on a 'health in all policies approach'. Further to this, to prevent duplication of efforts and the Strategy operating in a 'silo', it is essential that the strategy and initiatives are integrated with the work from other sectors and organisations. As a member of the Climate and Health Alliance, the APS strongly advocates for the adoption of the *Healthy, Regenerative and Just' Framework* to underpin a holistic approach.⁹ This framework sets out actions and responsible stakeholders to support communities to mitigate and adapt to the effects of climate change. We support the IPCC in their statement that "Maladaptation can be avoided by flexible, multi-sectoral, inclusive, long-term planning and implementation of adaptation actions, with co-benefits to many sectors and systems^{6(p. 19)}".
- **Including psychological science to support initiatives to motivate and promote behaviour change:** climate change adaptation and mitigation can be facilitated by all levels of government working toward a common goal. At a national level, psychologically informed and evidence-based initiatives which support pro-environmental behaviour should be supported^{1,see 10}.
- **Supporting the psychologists and mental health professionals affected by climate change:** recent research shows that since 2019, 31% of psychologists have been personally affected by climate-related disasters¹¹. In these situations, psychologists often have a role to support the community while also having lived experience of the disaster themselves. Dual roles are particularly common in rural and remote areas. Psychologists need systemic and organisational support to engage in committed self-care and to be trained and professionally supervised to manage these roles in the community¹¹.
- **Growing the psychological workforce to sufficient meet demand and prepare for the future:** The APS is cognisant of the current workforce shortages across the entire mental health sector¹². Governments need to work together to implement policies and initiatives that grow the psychology workforce to ensure the chronic undersupply of psychologists does not continue. In previous submissions and correspondence^{eg 13}, the APS has called on governments to (1) appropriately fund advanced psychology university courses, (2) support paid psychology placements and their coordination, and (3) provide adequate provisions for supervisors (including training). The APS thanks the Government for initial support in some of these initiatives, but more is needed to ensure the workforce has the scale to support Australia in the challenging times ahead.
- **Equipping Australians to be more resilient to the effects of climate change:** the scale of the impacts of climate change require a public health, preventative approach to provide Australians with the psychological tools and resources to be resilient to climate change

impacts¹. Ideally, this should be facilitated at a community level to distribute the responsibility beyond health professionals.

- **Ensuring psychological expertise is incorporated into the Strategy's governance structures:** psychologists have an evidence-informed understanding of many aspects that are critical to the success of the Strategy.

The APS looks forward to working collaboratively with the Environmental Health and Climate Change Branch as the Strategy is implemented. If any further information is required from the APS I would be happy to be contacted through my office on (03) 8662 3300 or by email at z.burgess@psychology.org.au.

Yours sincerely

Dr Zena Burgess, FAPS FAICD
Chief Executive Officer

Questions for feedback from the Consultation Paper

Introduction

1. How could these objectives be improved to better support the vision of the Strategy?

Overall, the objectives are clear and direct, however, written in a high-level sector/systemic focus which may minimise the personal impact for any individual in the system. Ideally, it should include something aspirational that evokes hope and connection.

If the Strategy is to genuinely engage with mitigating and improving the health of Australians (specifically including mental health), it must be pitched in a way that is more ambitious, with specific objectives and timeframes for action. We acknowledge that details regarding initiatives may be developed later, however, it is important that the urgency and conceptualisation of the Strategy in terms of reaching particular targets is clear.

We also wish to draw attention to the following:

- **Measurement** – in addition to reporting on the health system emissions, health professionals' knowledge, confidence, and use of strategies to address the effects of climate change should also be measured. However, importantly we note the current high administration burden on psychologists¹¹. Importantly, any data that is collected is used to inform and refine the Strategy and related initiatives and is not considered an end 'objective' in itself.
- **Social determinants of health** – as psychologists, our members are keenly aware of the impact that housing, infrastructure, displacement, and workplace conditions can have on health by impacting mental health (page 3)¹⁴. Despite these factors being affected by climate change, addressing such social determinants of health is not directly in the scope of the Strategy.
- **Importance of integration** – At this stage, it is not clear how the objectives of the Strategy align with strategies and initiatives of other sectors, and other initiatives undertaken at a National level. It seems as though the Strategy has been conceptualised in isolation. Much more emphasis is needed to embed the Strategy in broader changing ecosystems to ensure that efforts are not duplicated and benefits are complementary and amplified by other sectors and work already underway.

2. How could these principles be improved to better inform the objectives of the Strategy?

Overall, the APS supports the principles in their current form, however, there is an opportunity to emphasise the impact that climate change has on mental health *and wellbeing*, in addition to physical health. Ideally this should be incorporated into Principle 3.

While we support Principle 6, partnership-based work needs to be genuinely co-produced, not designed by one party for another to enact¹⁵. Co-production gives ownership to all parties in all parts of the planning, design, delivery, and evaluation of the strategy. If done effectively, this provides the greatest opportunities for joint success.

As previously mentioned, greater emphasis must be placed on the necessity for urgent action and rapid adaptation to new information as it becomes available must be designed

to be incorporated into the Strategy⁶. Collaboration and strong working relationships will be essential to this ability to nimbly adapt.

4. What existing First Nations policies, initiatives, expertise, knowledge and practices should the Strategy align with or draw upon to address climate change and protect First Nations country, culture and wellbeing?

Being guided by our First Nations people, knowledges and wisdom is crucial. Non-Indigenous Australia can learn from First Nations people's knowledges about living in harmony with the land, seas, and sky.

Although we acknowledge that the *Consultation Paper* includes the importance of working with First Nations people, we believe that much greater attention is required. This could be through a distinct arm of the Strategy or, ideally, in a dedicated strategy which is co-produced utilising the expertise, leadership, and knowledges of First Nations people and communities. This should be part of a national conversation regarding their mental health and wellbeing.

The unique impact of colonisation means that First Nations people are not the same as other vulnerable groups. There must be deep recognition of the intergenerational trauma¹⁶ and ongoing disenfranchisement that they experience in Australian society.

We must acknowledge that many of the social determinants of health are not uniform across communities. Interaction with the criminal justice system,¹⁷ racism and discrimination,¹⁸ disconnection from country, service inequalities, educational outcomes, and health outcomes, are some of the many factors that may in-part explain part why our First Nations people are particularly vulnerable to the effects of climate change. These must be addressed appropriately in order to see tangible progress.

In addition to the plans listed in the Consultation Paper, we suggest the following sources be drawn upon:

- National Strategic Framework for First Nations people's Mental Health and Social and Emotional Wellbeing 2017-2023¹⁹
- Intergenerational trauma and mental health.¹⁶

5. What types of governance forums should be utilised to facilitate co-design of the Strategy with First Nations people to ensure First Nations voices, decision-making and leadership are embedded in the Strategy?

It is essential that the Strategy consultation hears and learns from First Nations people to develop appropriate governance forums. This is not for the APS to determine, however, as previously mentioned, the APS considers it essential to work with partners using a genuine co-production framework¹⁵.

Proposed Objective 3: Adaptation

18. What health impacts, risks and vulnerabilities should be prioritised for adaptation action through the Strategy? What process or methodology should be adopted to prioritise impacts, risks and vulnerabilities for adaptation action?

The health impacts, risks and vulnerabilities due to climate change are severe, broad, and current or imminent⁶. The Strategy focusses on healthcare systems which we know have been chronically under-supported long before the impacts of recent bushfires, floods, drought, and a global pandemic¹¹. If healthcare is already under pressure, then innovative, systemic, and comprehensive reform will be needed to adequately prepare for future needs due to the impacts of climate change.

The impacts of climate change on mental health and wellbeing are pervasive. As it is currently conceptualised, the Strategy does not appropriately acknowledge the underlying relationship mental health and wellbeing have with social determinants of health outcomes such as housing, connection to country, heat, food and water and energy security¹⁴. Acute and potentially chronic health impacts include climate and eco anxiety and/or solastalgia^{11,20,21}, as well as the trauma associated with surviving a disaster^{7,8,11}.

Although this is not a comprehensive list, we would identify the following groups as particularly vulnerable to negative mental health and wellbeing impacts as a result of climate change ^{see also 1}. Particular attention must be paid to people who experience intersectional disadvantage.

- **First Nations people:** as previously described, the unique impact of colonisation means that First Nations people are not the same as other vulnerable groups. There must be deep recognition of the intergenerational trauma¹⁶ and ongoing disenfranchisement that has been created in Australian society.
- **Rural and remote Australians:** rural and remote Australians are more likely to have experienced different forms of disasters²¹ and are more likely to rely on the land and climate for income. Together, this means that rural and remote Australians are particularly vulnerable which is further exacerbated by inequities in healthcare spending, access and support^{21,22}.
- **Children and young people:** Children and young people are more likely to develop climate change related mental ill-health than adults ^{see 23}. Stress associated with the effects of climate change¹ have the potential to affect sleep and concentration which can in turn affect academic performance and educational outcomes¹⁴.
- **Women and families:** women are disproportionately affected by impacts on housing and social networks post-disaster and this often leads to a decreased capacity for paid employment^{14,24} ^{see also 25}
- **People already experiencing poor mental and physical health⁷:**

19. Should the Australian government develop a National Health Vulnerability and Adaptation Assessment and National Health Adaptation Plan? If yes:

- a. What are the key considerations in developing a methodology?
- b. How should their development draw on work already undertaken, for example at the state and territory level, or internationally?
- c. What are the key areas where a national approach will support local/jurisdictional vulnerability assessment and adaptation planning?

The APS would support the development of a National Health Vulnerability and Adaptation Assessment and National Health Adaption Plan if it is targeted and complements other initiatives rather than adding additional administration burdens on the already stressed health sector.

As will be later described, the success of such a plan will require 'grass roots' initiatives and participation that engages Australians at the local and community level. Local adaption will be required to ensure that initiatives are suitable.

20. Would there be value in the Australian government promoting a nationally consistent approach to vulnerability assessment and adaptation planning for the health system specifically, for instance by issuing guidance and associated implementation support tools for states, territories and local health systems? If yes, what topics should be covered to promote a nationally consistent approach? What examples of existing guidance (either from states/territories or internationally) should be drawn from?

As a national organisation, the APS, in principle, supports national consistency to best support clear and simplified communication and operationalisation. However, we are also aware that the effects of climate change may necessitate differential approaches across jurisdictions so a 'one-size fits all' philosophy may be inappropriate. The best balance between consistency and local appropriateness will be most effectively informed by a well conceptualised and facilitated consultation process.

In the *APS Position Statement: Psychology and climate change*, we recommend that: "Governments and education providers should develop and implement national curricula on climate change, covering the science of climate change, its psychological and social dimensions, and solutions to it"^{1(p. 6)}. We also support the recent Deeble Issues Brief which recommended the establishment of national guidelines to counter misinformation regarding climate change on social media²³.

21. What immediate high-priority health system adaptation actions are required in the next 12 to 24 months?

Given the urgency needed for action, Australians must be prepared as much as possible for impending climate change impacts. This includes (a) providing every Australian with the psychological tools and resources to build resilience in preparation for future climate change impacts, (b) building the capacity of psychologists and other mental health professionals to be best equipped to support communities in the wake of disasters, and (c) ensuring we are not duplicating efforts with other initiatives.

(a) Building Australians' resilience using a preventative approach

The scale and broad impacts of climate change mean that the health system and health professionals in isolation will be unable to address the psychosocial impacts of climate change. Evidence suggests that proactive investment in 'cohesive communities' is helpful to buffer the effects of disasters²⁶. The Strategy must take a preventative and health promotion approach to mental health and wellbeing, that equips each community with networks of people with skills, such as psychological first aid and peer support¹. These initiatives focus on strengthening Australian community networks to be able to locally customise responses to efficiently prepare for and respond to the impacts of climate change. In this way, it is not just the role of the health professional to build health and wellbeing, it is the responsibility of whole communities.

(b) Supporting our psychologists:

As outlined in a recent report *Australian Psychologists in the Context of Disasters: Preliminary Report on Workforce Impacts and Needs*¹¹, there are ten key ways that we can enable psychologists to be best placed to support our communities:

Systems and policy

1. Increase the capacity of the psychology workforce by training more psychologists.
2. Increase the availability and accessibility of mental wellbeing support for psychologists.
3. Prepare psychologists to navigate future disasters by developing and providing training and practice guidelines specific to disasters, including managing personal impacts.
4. Reduce barriers of time and cost for psychologists to access supervision and professional development.
5. Support psychologists to be able to deliver adequate doses of treatment, aligned with best practice guidelines.

Organisations and workplaces

6. Formally recognise the importance of professional development, supervision, and peer support, and develop and promote clear processes to facilitate access.
7. Encourage a workplace culture that supports self-care, flexible work arrangements, and job autonomy for all psychologists.
8. Streamline systems to reduce administration requirements and prioritise specialist administrative support.

Self-employed practitioners

9. Develop guidance specifically for individual private practitioners regarding work structure, job design, and psychosocial hazard reduction and mitigation.

All psychologists

10. All psychologists should include selfcare as part of their continuing professional development.

(c) Ensure efforts are complementary:

To be most effective in a system that is already under stress, the Strategy should complement and not duplicate efforts already underway for example *Our Stories Beyond the Disaster - National Disaster Mental Health and Wellbeing Framework*¹⁴ and the *National suicide prevention strategy for Australia's health system: 2020–2023*²⁷.

Proposed Objective 4: Health in All Policies

22. What are the key areas in which a Health in All Policies approach might assist in addressing the health and wellbeing impacts of climate change and reducing emissions?

The APS endorses the 'Health in All Policies' approach as it acknowledges the interconnected impacts that policies can have on mental and physical health. However, as previously described, this necessitates an ambitious, integrated, and broad ranging strategy to maximise the multiplicative impact of climate change mitigating and adapting initiatives.

23. What are the most effective ways to facilitate collaboration and partnerships between stakeholders to maximise the synergies between climate policy and public health policy? What are some successful examples of collaboration in this area?

As previously described, we strongly advocate for genuine co-production to facilitate co-ownership of all components of the design, implementation, refinement and evaluation of an initiative¹⁵. We have an example of collaboration – the Disaster Response Network (DRN). The DRN is a network of APS psychologists who donate their time to support frontline workers and communities following disasters. During the last 14 months, we have completed 532 deployments providing wellbeing checks on frontline and emergency workers across the country. The success of the network has been dependent on successful collaboration between national co-ordination organisations and local, community-based partners, supporting each other to help affected Australians. We appreciate the support of the Government and its recent announcement to provide additional funding for this collaboration.

Enablers

24. How could these enablers be improved to better inform the objectives of the Strategy? Should any enablers be added or removed?

25. For each of these enablers:

- a. What is currently working well?
- b. What actions should the Strategy consider to support delivery?

The APS endorses the conceptualisation of the enablers and consider them all important in the success of the Strategy.

Enabler 1: Workforce, leadership and training – we welcome the opportunity to deliver additional continuing professional development offerings to psychologists to help prepare Australians to cope with the multiplicitous effects of climate change as well as overcome the trauma and devastation of disasters. This could be as a microcredential to complement and extend already existing formal qualifications in the context of lifelong learning. We have members with expertise in climate and health and we would be pleased to partner with the Government to operationalise this enabler.

Enabler 2: Research – as an evidence-informed profession, research is essential to our registration and practice. In addition, we have many members who are psychological scientists whose work underpins many professional contexts and applications. Evidence suggests that additional research is necessary to understand the full impacts of climate change on mental health^{7,8}. We are conscious that the outcome of the Universities Accord²⁸ should be considered to maximise the opportunities for research to have the best impact in this field.

Enabler 3: Communication and engagement – this is essential to ensure that the general public understands the urgency and importance of the strategy and the broader context in which it is conceptualised.

Enabler 4: Collaboration – as previously discussed, collaboration must be genuine co-production. This is particularly important when working with First Nations people's and different ways of being and doing must be respected and integrated in the Strategy to ensure that there is shared success.

Enabler 5: Monitoring and evaluation – ongoing monitoring and evaluation is essential to the success of the Strategy. However, simply collecting data regarding the performance of the initiatives of the Strategy is insufficient – data must be integrated and utilised. The Strategy should underpin a living and learning culture that adapts to the needs of Australians as new information is received. This is essential if the Strategy is going to be responsive to the necessary timeframes to make a significant impact.

Thank you for taking the time to complete this survey – your feedback is greatly appreciated!

Please submit this form in Word format to Health.Climate.Consultation@health.gov.au.

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