

Research Note

Will Including Health at COP28 Mean Transformation of Global Mental Health Action? And will Mental Health Professionals transform to help achieve it?

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Abstract

Introduction: For the first time COP28 have included Public Health in their climate change discussions. Given progress on climate change has many hurdles, from domestic, economic and corporate pressures, it is pertinent to explore what impact this inclusion might have and what specific challenges there might be in relation to global mental health.

Purpose: This positioning paper considers whether the implication of the inclusion of Health at COP28 might bring about transformation in the way Global Mental Health is addressed. It also considers how it might transform how mental health professionals, but also all others involved in working with people with mental health issues, transform mental health. The paper considers challenges to be faced going forward and potential solutions. The author acknowledges they are sharing their position on this subject, but in doing so, hopes to generate wider discussion.

Methodology: As this is a positioning paper, data has been derived from the argument and counter argument within the paper. Therefore, there is a possibility of the risk of bias.

Results: Plans to improve mental health globally have focused on replicating a Western, Global North model. Despite over 10 years of the WHO Mental Health Action Plan, there continues to be a growing mental health pandemic, worsened by Covid-19. Mental ill-health is caused by multiple factors, many are national, regional and even localized. The Western Global North model does not factor this in sufficiently to bring about improvement.

Conclusion: This paper evaluated whether by including 'Health' at the recent COP28, it would help transform Global Mental Health. What became clear, after reviewing previous policies and action plans, was that significant change and improvement had not occurred. Policy makers and professionals approach needs to focus on preventing mental ill-health rather than treating after the event. Additionally, decolonisation of policies and professionals education is required to co-create sustainable resilience with people/communities and reduce mental ill-health.

Keywords

Mental Health, Climate Change, Global Health, Mental Health Prevention, Decolonize

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Introduction

In December 2023, what has been suggested as a 'momentous declaration', at the 28th conference of parties of the United Nations Framework Convention in Dubai, perhaps better known as COP28, occurred. Momentous because public health was included in climate change discussions, astonishingly, for the first time. The declaration, was signed by over 120 countries, and emphasized links between climate change and the effect on health.

Additionally, a large funding support, around US \$1 billion, was discussed for 'mitigation and implementation' of programs intended for environmental determinants of health, emphasizing the transformation of health systems, and ultimately protecting those at risk. The aims of these are to prepare healthcare systems, to be able to manage climate change impact on health and acknowledged government's role in protecting the health of its people.

While the above is welcome and encouraging, it is important to reflect. The Paris Agreement, signed in 2015 at COP21, had nations promise to decrease their carbon footprint, with the aim to limit global temperature rise to 1.5C against pre-industrial levels. However, the UN reported, that in 2023 alone, this was broken on 86 days.

Extreme weather events are increasing in frequency and the 2023 Lancet's Countdown Health and Climate Change report (Romanello et al 2023), stated fatal infectious diseases are increasing, resulting from climate change. They did not emphasize mental ill-health was also increasing. Questions remain unanswered, namely:

- Will including health result in reducing mental ill-health, given limits on global temperature rises has not?
- Are mental health workers prepared for this?

There is mounting evidence climate change has a direct impact on human health. In particular, climate change impacts on mental health globally. Climate and global mental health, are probably two of the most substantial and demanding global challenges currently faced.

By including health in the action agenda for climate change, there is now an increased focus to inform and educate globally, everyone about the means of reducing the risks that climate change poses to human health. But those working in the area of mental health must champion it and ensure that mental health is

central to this. The WHO Comprehensive Mental Health Action Plan (WHO 2021) was first published in 2013. We need to question whether global mental health has significantly improved since the first version? If not why? Is the model used the right one, for what is a multifactorial issue?

Due to the multifaceted nature of mental ill-health, it is essential that the full range of people, professions, groups etc. are included in any preparation and future development which aims to protect the mental health of people. However, for the purpose of this paper, the focus will mainly be of mental health professionals. What role mental health professionals play in this should be debated and resultant actions implemented. Mental health professionals are, for the most part educated to treat/care for people once they have become mentally ill. Whereas Public (Mental) Health is about promoting and protecting mental health as well as emotional well-being. It does this by working with society, across all populations to co-ordinate actions.

The multifaceted nature of mental health can be evidenced by the following example. It has been predicted that climate change will lead to job losses for example, and a decrease in agricultural productivity is already happening. As a consequence, fewer people will be needed, or available, to harvest crops, a role many families globally rely on for income. Without income it will lead to people not having sufficient food to eat, money to pay for necessities and ultimately, families can become homeless and this will in turn lead to greater poverty, neglect and possibly abuse.

As more people become exposed to prolonged heat, drought, fires, rising ocean levels, etc., it will inevitably result in more mental ill-health. Climate change already results in a wide range of symptoms which has led, in recent years, to a growth in interest around areas which have been labelled, eco-anxiety, eco-distress, climate-anxiety, and solastalgia. The latter being a label that put simply means - depression or distress resulting from environmental change. Research into the associated effect of climate change on mental health has begun in these areas for constructive responses on how to care and support people with these conditions. We should be questioning whether that is the only approach!

The WHO (2022) reported "...1 in every 8 people, or 970 million people..." worldwide lived with a mental illness. They added, that due to the COVIC-19 pandemic, estimates of 26-28% increases in anxiety and depressive disorders had occurred. Conceivably, more worryingly, they recognized, "...effective prevention and treatment options exist," but most people "...do

not have access to effective care”, and that “many people also experience stigma, discrimination and violations of human rights”. Patel et al (2018) foretold these would increase; adding, comparatively little money was paid globally on mental health and requested a growth in spend to help reduce this escalating burden of ill health. But is the money spent in a way that truly benefits communities in need of it, in a way they need it?

There is already rising unmet mental health needs globally. There has always been an unmet need for mental health care. That unmet need is growing. It has been known for some time that around 75% of mental illnesses start before the age of 24 (Kessler et al 2005). Yet child and adolescent mental health care has been, and continues to be, poorly resourced. Given the growing number of children and young people reporting mental health problems, especially since the Covid-19 pandemic, it must raise further alarm. We are unable to meet the mental health needs now, what will happen in 5, 10, 15 or 20 years from now?

Reductions in global emissions and global mental ill-health will be reliant, not just on a global commitment to manage carbon footprints. Every effort must be made to prevent the negative impact of the climate on people’s mental health, rather than waiting until they are suffering and then offering interventions/care. We should all hold centrally the adage ‘prevention is better than cure’.

Global Climate Mental Health

Current education, for most mental health professionals is predominantly illness/ill-health focused. It is also chiefly based on the individual. The WHO stated that everyone should ‘have access to the full range of quality health services they need, when and where they need them, without financial hardship’ (WHO 2023), this appears to imply that an illness model is the ‘quality health service’. Yet globally, this, what the WHO might define as a quality health service is not always available. Should there be one single model, the western health service model that is championed, available globally? Or are alternative approaches as good as, or perhaps more relevant? There is growing evidence that alternative approaches can work. Two examples are; (Fernando et al 2021) Friendship Bench; and (Raghaven et al 2021) Community Theatre.

It is vital mental health professionals remember people with mental health problems/illnesses are not a homogenous group. And that, varied disciplines, not just those in the health and social care arena, but environmental

groups, communities and communities etc., need to be actively engaged in the solutions. Note the emphasis on plural.

Health workers need to remember, many communities and even some governments, stigmatize mental illness. Many communities do not have terms to describe their mental state, that would be understood in other parts of the world, mainly western societies. There are still a number of countries where suicide is illegal! Perhaps, also, as Kleinman (1977) noted, over 40 years ago, some cultures have a tendency towards physical symptoms, as portrayed in Chinese traditional literature, physical metaphors are often seen as the norm, consequently physical, being perceived more appropriately than psychological symptoms. Additionally, research by Parker et al (2001) compared Australian and Malaysian Chinese, concluding the latter tended to site physical, not psychological complaints.

Other societies somatise mental illness also, but that might be for different reasons. Illingworth (2021 p3) described their own experience, when nursing a male in the UK, who was originally born in South Asia, and used the term, ‘my heart is falling’. It wasn’t until the man’s daughter visited and explained, that from where they were from, there was no word for depression and he meant he was depressed. But this could also be a way of the community/society, he had originated from, minimising or avoiding stigma. People may feel more comfortable saying they have a heart problem than a mental illness.

Is waiting until people are suffering mental ill-health before helping, what should be done? Climate Changes impact on mental health is multifactorial, affecting the social and environmental determinants of mental health. Preventing people from suffering (some) mental health problems is not and should not be just to role of mental health professional. The World Health Organisations (WHO) Mental Health Action Plan stated, “Mental health preparedness and response for the Covid-19 pandemic,” (WHO, 2021) recommended “... a whole-of-society approach to promote, protect and care for mental health”. Mental health professionals need to be familiar with the wider issues and work with agencies/organisations who would not be directly seen as key to helping to ensure peoples mental wellbeing.

Anyone, anywhere globally, from whatever culture or gender-, high-, middle- or low-income countries, in urban or rural areas, are at risk of developing mental ill-health. However, they are clearly not a homogenous group. Consequently, utilising one model, will not work. Years of perpetuating the western model has not

shown significant improvement in global mental health. So why do the WHO/UN and Governments keep pledging money to continue the same? As Mascayano et al (2015) reported, over 80% of people in Low- and Middle-Income Countries (LMICs), needing mental health care, do not get the effective treatment they need. This is, in part, due to insufficient qualified mental health professionals' and social inequalities, but also the stigma accompanying mental illness.

Meskeel (2005 p82) although discussing archaeological impact on communities, suggested, that whether in a High-Middle Impact Country (HMIC) or LMIC, localised communities,

"... are not passive constituencies there for our intellectual mining, nor are they there awaiting our theoretical insights into their situations or histories. They are directly enmeshed in their own critical reformulations, political negotiations, and constitutions of theory and interpretation".

Conclusion

This paper evaluated whether, by including 'Health' at the recent COP28, it would help transform Global Mental Health. What became clear, after reviewing previous International, National, Regional and Local policies, and action plans, was that significant change and improvement had not occurred globally over several years. The West, including; the UN, WHO, Governments and Professional bodies, perpetuate the same or similar policies/plans founded on Western models. No attempts appear to have been made to decolonize the plans or professionals' education, to help LMICs. By just including 'Health' at COP28 it is unlikely any real and meaningful transformation will result.

Instead of establishing action policies and plans based on Western models, there must be a focus on discourse and co-creation with grassroots organisations, local communities, non-governmental organizations (NGOs) and institutions. Environmentalists, architects, community groups, charities, indigenous groups, amongst others, must all play a significant and positive role in helping to co-create individual, families, communities and societies resilience to the impact of climate change and other major events/disasters on everyone's mental health.

This paper contributes to the wider discussion on decolonising health care and improving global mental health. There is very little research undertaken by health professionals into grass root thinking of how, their education can better prepare them for preventing individuals, communities and societies from being negatively impacted by disasters.

Recommendations:

- Change how Policy makers and professionals' approach mental ill-health resulting from disasters from treating after the event to resilience building.
- Prepare practitioners differently for working on the front line of Global public/mental health.
- Decolonise approaches to Global Mental Health.
- Transform how people adapt to climate change, in a sustainable way and reduce mental ill-health.
- Undertake research to develop the ideas proposed in this article.

Conflict of interest

The author declares that he has not conflicts of interest.

References

- Fernando S, Brown T, Datta K, Chidhanguro D, Tavengwa NV, Chandna J, Munetsi E, Dzapasi L, Nyachowe C, Mutasa B, Chasekwa B, Ntozini R, Chibanda D, Prendergast AJ. (2021) The Friendship Bench as a brief psychological intervention with peer support in rural Zimbabwean women: a mixed methods pilot evaluation. *Global Mental Health* (Camb). Aug 26; 8:e31. <https://doi.org/10.1017/gmh.2021.32>.
- Illingworth, P. (2021) How do we engage global communities in the de-stigmatisation of mental illness? *British Journal of Nursing*. Vol 30 (3) pp2-5. <https://pubmed.ncbi.nlm.nih.gov/33565928/>
- Kleinman, A. (1977). Depression, somatization and the "new cross-cultural psychiatry". *Social Science and Medicine*. 11(1), 3-9. <https://www.sciencedirect.com/science/article/abs/pii/003778567790138X>
- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), pp593–602. <https://doi.org/10.1001/archpsyc.62.6.593>

- Mascayano F, Armijo JE, Yang LH. (2015) Addressing stigma relating to mental illness in low- and middle-income countries. *Frontiers in Psychiatry*. Mar 11; 6:38. <https://doi.org/10.3389/fpsyf.2015.00038> PMID: 25814959; PMCID: PMC4355984.
- Meskel, L (2005) Archaeological Ethnography: Conversations around Kriger National Park. *Archaeologies* 1(1): pp81-100 <https://link.springer.com/article/10.1007/s11759-005-0010-x>
- Parker, G., Cheah, Y. C., & Roy, K. (2001a). Do the Chinese somatize depression? A cross-cultural study. *Social Psychiatry and Psychiatric Epidemiology*. 36(6), 287-293. <https://pubmed.ncbi.nlm.nih.gov/11583458/>
- Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., Chisholm, D., Collins, P. Y., Cooper, J. L., Eaton, J., Herrman, H., Herzallah, M. M., Huang, Y., Jordans, M. J. D., Kleinman, A., Medina-Mora, M. E., Morgan, E., Niaz, U., Omigbodun, O., Prince, M., Unützer, J. (2018). The Lancet Commission on global mental health and sustainable development. *Lancet* 392 (10157), pp1553–1598. [https://doi.org/10.1016/S0140-6736\(18\)31612-X](https://doi.org/10.1016/S0140-6736(18)31612-X)
- Raghavan, R., Brown, B & Svirydzenka N. (2023) Chapter 73 Mental health literacy in low- and middle-income countries. In: Bhugra, D., Moussaoui, D and Craig TJ (eds), *Oxford Textbook of Social Psychiatry, Oxford Textbooks in Psychiatry* (Oxford, 2022; online edn, Oxford Academic, 1 Aug. 2022). <https://doi.org/10.1093/med/9780198861478.003.0073>
- Romanello, M., Napoli, C. D., Green, C., Kennard, H., Lampard, P., Scamman, D., Walawender, M., Ali, Z., Ameli, N., Ayeb-Karlsson, S., Beggs, P. J., Belesova, K., Berrang Ford, L., Bowen, K., Cai, W., Callaghan, M., Campbell-Lendrum, D., Chambers, J., Cross, T. J., van Daalen, K. R., ... Costello, A. (2023). The 2023 report of the Lancet Countdown on health and climate change: the imperative for a health-centred response in a world facing irreversible harms. *Lancet* 402(10419), pp2346–2394. [https://doi.org/10.1016/S0140-6736\(23\)01859-7](https://doi.org/10.1016/S0140-6736(23)01859-7)
- WHO (2021) *Comprehensive Mental Health Action Plan 2013-2030*. ISBN: 9789240031029 <https://www.who.int/publications/i/item/9789240031029>
- WHO (2022) [https://www.who.int/news-room/fact-sheets/detail/mental-disorders#:~:text=In%202019%2C%201%20in%20every,the%20most%20common%20\(1\)](https://www.who.int/news-room/fact-sheets/detail/mental-disorders#:~:text=In%202019%2C%201%20in%20every,the%20most%20common%20(1))
- WHO (2023) [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))