

Mitigating Mental Health Impacts of Climate-Related Migration: Incorporating psychological resilience building into disaster risk reduction policy frameworks

Campbell Dunsmore

As the changing climate continues to become an omnipresent element of life on earth, root causes of human migration will increasingly be attributable to climate-related disaster, climate-related land inhabitability, or climate-related conflict. This inevitability is accompanied by mental health consequences for affected individuals as a result of both forced migration and climate change.

Forced migration presents a number of stressors before, during, and after migration occurs, including but not limited to: exposure to violence or disastrous events, disruption of familial and social ties, uprooting one's relationship to home, life-threatening conditions throughout the travel process, acculturation risks, and barriers to accessing basic needs once migration has occurred. These stressors can increase the risk of developing mental health conditions, and can exacerbate pre-existing problems. The World Health Organization has found that common mental health disorders, such as generalized anxiety, major depression, psychosis, suicidality, and Post-Traumatic Stress Disorder (PTSD), as well as other symptoms of distress not necessarily diagnosable by Western psychological models, are more prevalent among forced migrants than host populations.ⁱ

Along with the above mental health implications of migration, individuals affected by climate-related migration have often experienced additional stressors linked to witnessing a major environmental disaster, and biological responses to extreme temperatures. While research on negative neurological or behavioral changes due to climate change is limited, early research indicates that extreme temperature variation does and will continue to effect human behavior and mental health. One study published in 2020, for example, found that rising temperatures can cause an increase in aggression, irritability, and self-injurious behavior.ⁱⁱ

Despite the severe mental health effects of experiencing climate-related forced migration, mental health implications as a result of climate migration and displacement were neither primary nor tertiary topics of conversation during the UN Climate Conference (COP26) in Scotland last November. And in terms of existing policy frameworks, the Sendai Framework for Disaster Risk Reduction (2015-2030) is the only major international compact, agreement, or framework for either climate change or migration that mentions mental health. Yet even the Sendai Framework fails to adequately recognize an important connection between the high-level preemptive resilience building for disaster risk reduction that the framework outlines, and lower-level preemptive psychological resilience building that can mitigate potentially disastrous mental health ramifications. I argue that integrating psychological resilience building into the Disaster Risk Reduction

framework of Sendai would not only address a gap in the framework itself, but also serve as a logical and fitting introduction of mental health into migration and climate change policies more broadly.

The Sendai Framework and Resilience Building

The Sendai Framework is the successor instrument to the Hyogo Framework for Action (2005-2015), which was created to support multiple global disaster prevention and reduction guidelines from the 1980s-1990s, including both man-made and natural disastrous events. The Hyogo Framework introduced to disaster mitigation policy the concept of building nations' and communities' resilience to disasters, which shifted focus away from exclusively post-disaster relief and toward preemptive mechanisms that reduce negative impacts of disaster. The Sendai Framework takes this further, emphasizing disaster risk management as opposed to disaster management, and reiterating goals to strengthen "economic, social, health, and cultural resilience in persons, communities, [and] countries"ⁱⁱⁱ to mitigate risk and impact, not just manage it. Resilience, on a global scale, is defined by the United Nations Office for Disaster Risk Reduction (UNISDR) as "the ability of a system, community, or society exposed to hazards to resist, absorb, accommodate to and recover from the effects of a hazard in a timely and efficient manner."^{iv}

Resilience Building as a Psychological Tool

While the Sendai Framework outlines policies for resilience building, it does not specify the importance of utilizing resilience building as a tool for mitigating psychological or mental distress. Resilience, as a psychological principle, is a person's ability to adapt positively in the face of adverse experiences, whether it is witnessing violence, or navigating a familial dispute. Research indicates that preempting the negative effects of psychological stressors by identifying expected and potential stress responses, and preparing a resilience plan with a range of coping mechanisms, can reduce immediate distress, as well as the likelihood of longer-term mental health issues^v. Resilience plans could conceivably take any form depending on personal preference and cultural context – from developing strategies to identify and cope with feelings as a community, to determining personal methods of coping with distress, such plans are not meant to be prescriptive or limiting.

The Case for More Adequate Inclusion of Mental Health in the Sendai Framework

The need for addressing mental health implications of disaster appears in the Sendai Framework only once, and in the context of "enhancing recovery schemes to provide psychosocial support and mental health services for all people in need."^{vi} This does not sufficiently capture the importance of mental health within disaster risk reduction, nor does it adequately integrate it into the framework itself. Additionally, it states that the place for mental health services, or attention, is in recovery, as opposed to throughout the preparedness and resilience building processes outlined in the framework to preempt a disaster. In consulting a technical

note from March of 2021 entitled Linking Disaster Risk Reduction (DRR) and Mental Health and Psychosocial Support (MHPSS)^{vii}, neither psychological nor psychosocial resilience preparedness were emphasized, and the main target population for MHPSS services in disaster relief contexts were individuals who had pre-existing mental health conditions. The Sendai Framework sets out policy mechanisms to reduce the risk of physical disease, governance, economies, technologies, supply chains and more as a result of disaster. Mental health as an afterthought is a failure of the international community to recognize widespread experiences of distress and negative mental health consequences as either intimately connected to global adversity, or a legitimate enough risk for a nation state or policy framework to address. However, it is undeniable that a disaster, be it an event of extreme weather or extreme conflict, that causes mass casualties, elimination of resources, and/or forced migration, would in turn produce mental distress for individuals who were affected by it, and in turn render a full communal or societal recovery nearly impossible. Mental health stability in a population rebuilding after a disaster is crucial for its capacity to ‘Build Back Better’, one of the Sendai Framework’s objectives. Consequences of unaddressed massive mental health issues have the potential to lead to significant instances of suicide, increased domestic and community violence, joblessness, substance abuse, gender-based violence, and interpersonal conflict, to name a few. A resilient nation is made up of resilient communities, which are made up of resilient people. It is warranted, therefore, for negative mental health implications to be included in the framework in the same capacity as the aforementioned risks.

Adequate inclusion of mental health in the Sendai framework could be achieved by drawing a line between the preemptive resilience building mechanisms meant for strengthening structures, which exist already in the framework, and resilience building mechanisms meant for strengthening mental health. These mechanisms are applicable both to the nation state, and to the people within it. Building psychological resilience among people prior to a disastrous event can only contribute to solidifying governance, economic, and technological structures as preparedness for risk reduction.

Addressing Mental Health in Climate Change and Migration Policies

Combining preemptive resilience building mechanisms is a logical integration of mental health into the Sendai Framework. Yet, policymakers must do more to incorporate mental health into international compacts, agreements, and policies more broadly. Mental health consequences are inevitabilities of climate change, migration, and climate-related migration. As such, identifying in policies the ways in which states must address these mental health consequences is integral in mitigating their effects.

ⁱ World Health Organization (2021) 'Mental Health and Forced Displacement', <https://www.who.int/news-room/fact-sheets/detail/mental-health-and-forced-displacement>.

ⁱⁱ Parks, R.M., Bennett, J.E., Tamura-Wicks, H. et al. (2020) 'Anomalously warm temperatures are associated with increased injury deaths', *Nat Med* 26, 65–70 <https://doi.org/10.1038/s41591-019-0721-y>

ⁱⁱⁱ *Sendai Framework for Disaster Risk Reduction 2015-2030* (2015) pp 11 [weblink](#)

^{iv} United Nations International Strategy for Disaster Reduction (2009) *UNISDR Terminology on Disaster Risk Reduction* pp 24 [weblink](#)

^v Albott, Cristina Sophia MD et al. (2020) 'Battle Buddies: Rapid Deployment of a Psychological Resilience Intervention for Health Care Workers During the COVID-19 Pandemic', *Anesthesia & Analgesia* Volume 131 - Issue 1 - pp 43-54 [weblink](#)

^{vi} *Sendai Framework for Disaster Risk Reduction 2015-2030* (2015) pp 22 [weblink](#)

^{vii} IASC (2021) *Linking Disaster Risk Reduction (DDR) and Mental Health and Psychosocial Support (MHPSS)*

[weblink](#)