



Mutual Support For All

A Global Call To Action

To Engage Communities in Addressing the Mental Health Impacts of the Climate-Ecosystem-Biodiversity Crisis

The International Transformational Resilience Coalition (ITRC)

The ITRC is a member of the UN High Level Climate Champion Race to Resilience Campaign.

Our focus is on preparing people for and preventing and healing the mental health and psychosocial issues generated by the global climate-ecosystem-biodiversity (C-E-B) crisis.

Websites: <https://itrcoalition.org/> and <https://www.ctipp.org/presson/trcn>.

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A Global Call to Action To Engage Communities in Addressing the Mental Health Impacts of the Climate-Ecosystem-Biodiversity Crisis

Executive Summary

This Global Call to Action implores civic, private sector, and government leaders worldwide to form community-led initiatives that provide *Mutual Support For All*. This is needed to prepare people for the stresses and disasters generated by the climate-ecosystem-biodiversity (C-E-B) crisis, and prevent and heal the resulting mental health and psychosocial issues.

Global average surface temperatures have already risen by 1.5 degrees Celsius (2.7 Fahrenheit) above pre-industrial levels, and in a few short years are projected to reach 2C (3.6F). Hotter temperatures are escalating extreme weather disasters and crippling the ecological, social, and economic systems people rely on for food, water, shelter, jobs, health, safety, and other basic survival needs. These impacts are already, and as temperatures climb to 2C (3.6F) will increasingly generate individual and collective mental health and psychosocial issues that are far greater in type, magnitude, and effect than contemporary society has ever experienced.

As disturbing as the symptoms of mental health and psychosocial issues can be for those who experience them, the effects often reach far beyond them. Without effective means to prevent and heal them, the issues will also affect families, organizations, and entire communities and societies. Due to comorbidity, they will also increase many physical health problems. These factors will combine to create enormous costs for both local and global economies. Further, the crisis of meaning and hope that results will constrain society's ability to do what is needed to reduce the C-E-B crisis to manageable levels, which can activate a vicious cycle that aggravates all of the issues.

These dynamics constitute a *global public health emergency* that requires thinking and acting through a holistic and integrated *population-lens*, not an individual or siloed small group-by-group approach.

Although they will remain important, for many reasons, few mental health or human service systems, or the assistance they provide, can help people prepare for, or prevent or heal the mental health and psychosocial issues activated by the C-E-B crisis. Humanity has entered a new era that urgently requires a different and expanded approach.

This Global Call to Action declares that if communities and rural areas worldwide provide *Mutual Support For All*, the mental health and psychosocial issues generated by the C-E-B crisis can be prevented, when symptoms appear they can be healed, and people can find positive new sources of meaning, purpose, and healthy hope in life, and thrive.

These outcomes can be achieved by forming multisectoral Transformational Resilience Coordinating Networks (TRCNs) in urban neighborhoods, mid- and small-size towns, and rural areas worldwide. The TRCNs use a community-led, culturally-grounded, holistic and

integrated public health approach to implement strategies that strengthen vital protective factors, and minimize risk factors, to help all residents remain safe, healthy, and resilient during the long C-E-B crisis. The strategies can also enable residents to use adversities as powerful catalysts to transform their lives and their community in positive ways.

A centerpiece of *Mutual Support for All* strategies is to engage residents in safeguarding each other by providing practical assistance, emotional support, food, water, shelter, and other basic needs before, during, and after toxic stresses and disasters. Engagement in these activities can build social connections that overcome the social isolation and loneliness that have become toxic today and can be deadly during disasters. It also enhances emotional self-regulation and co-regulation. And, participation promotes shared responsibility for helping everyone feel safe, which can build the collective trust and efficacy needed to respond constructively to persistent adversities. This focus of *Mutual Support For All* is by far the most important protective factor needed to address the impacts of C-E-B crisis.

This work should be integrated with other vital protective factors including actively engaging residents in: a) promoting carbon-free and climate-resilient local built conditions, supporting ecologically sound local businesses, and restoring local ecological systems and biodiversity; b) building universal literacy about mental wellness and transformational resilience; c) fostering participation in practices known to sustain wellness and resilience; and d) establishing ongoing group and community-minded methods to help people heal when traumatized in safe and supportive environments.

By engaging in these protective factors residents learn that their health, safety, and resilience are inexplicably linked with the social, built, and ecological conditions in which they live. Rather than withdrawing and experiencing mental health or psychosocial issues, they will often be inspired to assist others and regenerate local conditions. In doing so, they will help protect themselves and others from the harm caused by the C-E-B crisis, form relationships with others, and find positive new sources of meaning, purpose, and healthy hope in life, and thrive.

This Global Call to Action offers the following recommendations for organizing TRCNs worldwide that engage their residents in providing *Mutual Support For All*:

Grassroots, NGO, and Other Civic Leaders Worldwide Should:

- Become informed about the interacting causes and impacts of the C-E-B crisis, how they can affect mental health and psychosocial wellbeing, and how those issues can affect the health, safety, and security of individuals, families, organizations, and entire communities.
- Learn what a community-led, culturally-grounded holistic and integrated public health approach to providing *Mutual Support For All* involves and the core principles and methods entailed with implementing this approach.
- Become trained as peer-leaders of community-led Transformational Resilience Coordinating Networks (TRCNs) that provide *Mutual Support For All* and help form, operate, and continually improve TRCNs in their neighborhood or community.

II. Private Sector Leaders Worldwide Should:

- Become informed about the interacting causes and impacts of the C-E-B crisis, and how they can affect the mental health and psychosocial conditions of their employees, customers, partners, people involved with their business value-chain, and thus their entire operations.
- Learn what a community-led, culturally-grounded, holistic and integrated public health approach to providing *Mutual Support For All* involves and how their enterprise can help support and fund it.
- Urge their employees and customers to participate in the community-led Transformational Resilience Coordinating Networks that provide *Mutual Support For All*.

III. International, National, Territorial, Provincial/State, and Local Authorities Should:

- Enact policies to authorize and support community-led Transformational Resilience Coordinating Networks worldwide that provide *Mutual Support For All*.
- Ensure effective and responsive leadership of community-led Transformational Resilience Coordinating Networks worldwide that provide *Mutual Support For All* by establishing and supporting programs to educate and train local peer leaders in how to form, operate, evaluate, and continually improve them.
- Use a variety of mechanisms to provide both start-up and ongoing funding and technical assistance to support community-led Transformational Resilience Coordinating Networks (TRCNs) that use a public health approach to provide *Mutual Support For All*.

The Global Call to Action recognizes that, at least in the near term, the C-E-B crisis will disproportionately affect marginalized populations. These groups have typically contributed the least to the crisis, yet often bear the greatest burdens, and possess the fewest resources to protect themselves beforehand and recover afterwards. Transformational Resilience Coordinating Networks (TRCNs) must therefore prioritize equity and justice, and ensure that those with the greatest needs receive proportionate support and resources.

The Call to Action concludes by declaring that civic, private, and public sector leaders need to swiftly grasp the profoundly serious nature of the C-E-B crisis and quickly form TRCNs in all urban neighborhoods, mid- and small communities, and rural areas worldwide to provide *Mutual Support For All*.

Doing so will help prepare people for the harm speeding their way, and enhance everyone's capacity for mental wellness and transformational resilience during relentless adversities. It will also help unlock new thinking and groundbreaking new ways to address today's interconnected social, economic, and ecological challenges that are generating widespread mental health, psychosocial, and physical health issues worldwide.

Mutual Support For All

A Global Call to Action To Engage Communities in Addressing the Mental Health Impacts of the Climate-Ecosystem-Biodiversity Crisis

Overview

This Global Call to Action implores civic, private sector, and government leaders to authorize, fund, and organize community-led resilience-building initiatives worldwide that provide *Mutual Support For All*. These local networks are urgently needed to prepare people for, and help prevent and heal the individual and collective mental health and psychosocial issues generated by the impacts of the global climate, ecological system, and biodiversity (C-E-B) crisis.

The rapidly accelerating impacts of the C-E-B crisis have put humanity in a new era that requires an expanded paradigm to address mental health and psychosocial issues. The new paradigm must prioritize helping people find positive new sources of meaning, purpose, and healthy hope in life, and thrive, during persistent adversities. Instituting the new and expanded approach must become a top priority of urban neighborhoods and all other communities and rural areas worldwide.

This Global Call to Action offers recommendations for achieving this goal.

Part I describes the myriad ways in which the C-E-B crisis will physically impact the planet and human society, how those forces will affect individual and collective mental health and psychosocial wellbeing, why few mental health systems and the services they provide can address these issues, and why a new paradigm and expanded approach is urgently needed.

Part II describes the urgent need to form community-led Transformational Resilience Coordinating Networks (TRCNs) in urban neighborhoods, mid-and small communities, and rural areas that use a culturally-grounded, holistic, and integrated public health approach to provide *Mutual Support For All* to build population-level mental wellness and transformational resilience for the C-E-B crisis.

Part III offers a vision, goals, principles, and specific recommendations for forming Transformational Resilience Coordinating Networks (TRCNs) worldwide that use a public health approach to provide *Mutual Support For All* to prevent and heal the mental health and psychosocial issues generated by C-E-B crisis.

Part I

The Interacting Impacts of the Climate-Ecosystem-Biodiversity (C-E-B) Crisis

Introduction

For decades scientists have documented how human-generated greenhouse gas emissions and the degradation to ecological systems and loss of biodiversity are interacting to increase average global surface and marine temperatures. For much of this time warming increased in a mostly linear fashion matching the rise in global carbon emissions. But research now shows warming is happening much faster, potentially at double the previous rate.

The Climate-Ecosystem-Biodiversity (C-E-B) Crisis refers to the rapidly accelerating interconnected impairment to our planet's atmospheric climate system, ecological systems, and biodiversity that threatens all of human society.

For nearly 6,000 years before the Industrial Revolution began in the mid-1700s, carbon dioxide (CO₂) levels remained relatively stable at around 280 parts per million (ppm). This steadiness allowed agriculture and other foundational aspects of civilization to develop. However, in May of 2025 global average CO₂ concentration levels reached a record high of approximately 429 ppm. The added CO₂, methane, and other greenhouse gasses are acting like a blanket surrounding the planet capturing more heat from the sun and warming the earth.

This is why, in 2024, for the first time in recorded history, global temperatures rose by more than 1.5 degrees Celsius (2.7 Fahrenheit) above pre-industrial levels for the entire year.

Then, in 2025, the World Meteorological Organization released a study stating that temperatures would likely rise by almost 2C (3.6F), at least temporarily, within the next five years in many locations around the world. Another report issued in 2025 by a research team led by renown climate scientist Dr. James Hansen declared it is no longer possible to prevent global temperatures from rising by 2C (3.6 F) above pre-industrial levels, and that temperatures will likely become that hot permanently within just twenty years—by 2045.

This is very important information because every small increase in temperatures activates more harmful disabling impacts. A 2C (3.6F) rise will significantly increase the risk of surpassing key "tipping points" that permanently alter the earth's interlinked atmospheric climate, terrestrial and marine ecological systems, and biodiversity in ways that harm people in every part of the world, of all ages, in all cultures, and all economic strata.

Some people claim hearing this information will create a sense of doom that leads people to continue business-as-usual because nothing can be done to change directions. However, it is not possible to solve problems that are denied or ignored. They must be faced, recognized, and accepted for what they are. Honest recognition is essential to enable people to respond thoughtfully and innovatively to address the causes. Further, contrary to what many believe, rather than creating apathy, understanding the serious nature of the C-E-B crisis will motivate many--especially young people--to actively engage in solutions.

This is why everyone on the planet needs to understand what is happening so they can prepare for and withstand the impacts that will occur, strengthen their capacity for mental wellness and transformational resilience during persistent adversities, and help their community and society shift to safe, healthy, just and equitable, zero-carbon, climate-resilient regenerative systems.

This section of the Global Call to Action provides an overview of the projected physical and societal impacts of a 2C (3.6F) rise in global temperatures. The information was obtained from comprehensive assessments by the [Intergovernmental Panel on Climate Change \(IPCC\)](#) and [CarbonBrief](#), and from the research found in the links that are provided.

1. The Physical Impacts of a 2C (3.6F) Rise in Global Average Temperatures

As seen worldwide, one of the most noticeable impacts of the current 1.5C (2.7F) rise in global temperature is more extreme weather disasters. They include extreme heat waves, wind, rain, and snow storms, river and coastal flooding, droughts, wildfires, and more. When temperatures rise by 2C (3.6F), extreme weather disasters are [projected](#) to be even more frequent, prolonged, intense, and surprising than they are today.

- In 2024, with a global temperature rise of 1.5 C (2.7 F), new national heat [records](#) were set in 104 countries including Brazil, Canada, China, Greece, the U.S. and others. Record warmth occurred on land and in most ocean basins worldwide as well.
- When temperatures rise by 2C (3.6F) the probability of destructive heatwaves like the one that affected [Europe in 2003](#), causing over 30,000 deaths, are projected to increase from once every 100 years to once every 4 years.
- When the planet heats up by 2C (3.6F) the Middle East, Southern Africa, Southeast Asia, South America and other regions already prone to high temperatures will likely experience “[super heatwaves](#)” with temperatures sometimes exceeding 50 degrees Celsius (122F).
- When temperatures approach 2C (3.6F) [hurricanes](#), cyclones, tornadoes, and other windstorms are [projected](#) to be even more frequent and powerful than they are with today’s 1.5C (2.7F) temperature. This will result from warmer ocean temperatures that provide more energy for storms, as well as changes in the jet stream, and more stalling and meandering of storms.
- Due to a supercharged water cycle, a 2C (3.6F) rise in temperatures will cause heavier [precipitation](#) events. The deluges are projected to increase the global population affected by river flooding by 170% compared to the number of people affected by today’s 1.5 C (2.7F) increase.

With a global temperature rise of 1.5C
new national heat records were set in 104 countries including Brazil, Canada, China, Greece, the U.S. and others. Record warmth occurred on land and in most ocean basins worldwide as well.

- Even though warmer temperatures mean shorter, milder winters overall, because a warming atmosphere holds more moisture, when temperatures do become cold enough for snow the likelihood of severe snowstorms and blizzards will significantly increase.
- Droughts will also become more frequent, severe, and prolonged in many locations. A temperature rise of 2C (3.6F) is projected to increase the land area affected globally by drought disasters by 50% compared to today's 1.5C (2.7F) increase.
- Wildfires will significantly increase in frequency and intensity in many parts of the world when temperatures reach 2C (3.6F) due to hotter temperatures that dry out soils and vegetation, and altered weather patterns including stronger winds, with the number of the most extreme wildfires potentially rising by up to 50% over time.
- Dangerous sea level rise and more damaging storm surges will be another major impact of a 2C (3.6 F) temperature increase. More coastal flooding and erosion will occur affecting low-lying coastal communities and small island nations. Saltwater will increasingly intrude into coastal aquifers, affect freshwater resources, and engulf low-elevation seaside residential and agricultural areas.
- Increasing amounts of carbon dioxide absorbed from the atmosphere will also increase ocean acidification and deoxygenation, leading to more "dead zones" where most aquatic life cannot survive. Rising temperatures are also significantly impacting ocean circulation patterns, with potential consequences for weather, marine ecosystems, and sea levels.

The Accumulating Impacts on Ecological Systems and Biodiversity

- Terrestrial, freshwater, and marine ecosystems provide essential services for humans including producing the oxygen we breath, sequestering carbon, providing and purifying air and water, generating and cleansing soil, and providing materials such as wood and minerals people use. The impacts described above resulting from a 2C (3.6F) rise in temperatures will add to the damage already caused by global deforestation, industrial agriculture, air and water pollution, urbanization, and other human activities to alter the structure and functioning of ecological systems worldwide.
- The ecological impacts will, in turn, escalate the global loss of biodiversity, which is already falling fast. One study found that the abundance of 32,000 monitored populations of 5,230 animal species across the globe declined by 69% from 1970 to 2018. A diverse range of biodiversity is vital to human wellbeing because they support healthy ecosystems, pollinate crops, decompose waste, play a crucial role in the regulation of disease, and help regulate the climate. As temperatures rise toward 2C (3.6F) even more loss of biodiversity can be expected.

The increasing degradation to ecological systems and loss of biodiversity worldwide means humanity is actually in the midst of a global climate-ecosystem-biodiversity crisis, not just an atmospheric climate emergency.

2. The Societal Impacts of a 2C (3.6F) Rise in Global Temperature

One of the most substantial impacts to human societies of the C-E-B crisis is the damage, injuries, and deaths caused by extreme weather disasters.

- In 2024 the 1.5C (2.7F) rise in temperatures caused over 50 billion-dollar (US) extreme [weather disasters](#) around the world, with the total global economic losses estimated to be as high as \$402 billion. Estimated cost of the damage from major storms in the U.S. alone in 2024 were US \$8 billion, which is nearly 10 times the average annual costs during the 1980s.
- Over 16,000 deaths were reported** worldwide from extreme weather disasters in 2024 and approximately 167 million people were affected.
- Extreme heat was [estimated](#) to kill 2,300 people across 12 major cities as temperatures soared across Europe late June and July of 2025, with 1,500 of them attributed to the C-E-B crisis that made the worst extremes even hotter. This builds on the [assessment](#) that globally approximately 489,000 heat-related occurred deaths annually between 2000 and 2019, with 36 per cent occurring in Europe and 45 per cent in Asia. This is likely a low estimate as the diagnosis and reporting of heat-related illness, injuries and deaths due to extreme heat are known to be under-reported.
 - In 2024 severe drought impacted over 25 million people in Africa, and devastating hurricanes in southeast U.S. caused at least 282 deaths, and injured hundreds more.
 - The extreme weather disasters that occurred in 2024 also stressed or destroyed the built environment and [infrastructure](#) in many parts of the world including water, energy, transportation, communications, and other systems that are vital for cooling and heating and the production and distribution of goods and services.
 - When temperatures rise by 2C (3.6F) the injuries, deaths, and other economic and physical impacts of extreme weather disasters will considerably [increase](#) worldwide.

Equally alarming is that the C-E-B crisis is already, and as temperatures rise will increasingly activate what are called "[compounding breakdowns](#)" to the ecological, social, and economic systems humans rely on for food, water, shelter, jobs, incomes, health, safety, and other basic survival needs.

- The current 1.5C (2.7F) rise in temperatures is already impacting food systems globally, including disruptions to crop yields, increased food prices, and threats to food security and nutrition, particularly for vulnerable populations. One [report](#), for instance, found 16 examples of food price becoming markedly more expensive between 2022-2024, following extreme heat, drought, or rainfall events, ranging from potatoes in the UK, cabbage in South Korea, and cocoa in West Africa.

- As temperatures rise to 2C (3.6F) food productivity is projected to significantly decrease due to heat stress, droughts, changing precipitation patterns, and increased outbreaks of pests and diseases. These impacts are projected to cause malnutrition in some regions and starvation in others, and heightened food insecurity and increase food prices in still other locations.
- While location specific impacts are difficult to assess, in 2024 water availability was significantly affected in different parts of the world due to longer droughts, increased evaporation, and altered precipitation patterns. These impacts are projected to significantly worsen as temperatures approach 2C (3.6F) above pre-industrial levels.
- Many homes and other forms of shelter are being damaged or destroyed due the more intensified windstorms, floods, wildfires and other disasters caused by the current 1.5C (2.7F) rise in temperatures. When temperatures increase by 2C (3.6F) significantly more damage will occur.
- The current 1.5C (2.7F) temperature increase is also causing numerous physical health problems for humans. Heat domes, for instance, have intensified air pollution from vehicles and industry, fine particles from wildfire smoke, and dust storms that sicken people with eye and respiratory tract irritation. They also cause more serious health effects including asthma, heart failure, and premature deaths. Hotter temperatures will accelerate vulnerability to non-communicable diseases in low and middle-income nations such as cancer and hypertension.
- Rising temperatures are also expanding vector-borne and water-borne diseases into new regions. More respiratory illnesses are occurring because of higher levels of ground-level ozone, longer pollen seasons, and other factors. Increased wildfire generated fine particulates have been found to produce brain inflammation that can increase the risk of developing Alzheimer's, dementia, and Parkinson's disease. Research in Africa has also found that rising temperatures are spurring Phytosis, which means changes in environmental conditions and human immune suppression are enabling parasitic infections from plants to infect humans and other animals, and vice versa.
- When temperatures reach 2C (3.6F) these and other human health problems will become even more prevalent, especially among populations that lack resources to stay cool, obtain adequate healthy food and clean water, and in other ways protect themselves.
- In addition, people in every part of the world are needing to make difficult and often costly adaptations to deal with today's 1.5 C (2.7 F) temperature increase. The adaptations can be especially challenging for people reliant on natural resources for their livelihoods, such as agriculture, fishing, and tourism and populations that have been marginalized. The adaptations needed to stay safe and healthy when temperatures approach 2C (3.6F) will be appreciably more substantial, challenging, and costly.

Rising temperatures
are expanding vector-borne and water-borne diseases into new regions, causing more respiratory illnesses are increasing asthma, heart disease and premature deaths.

- Many people, however, cannot adapt in place and are being forced to migrate to new locations. In 2024, extreme weather disasters [displaced](#) over 824,000 people. Approximately 1,700 people died as a result of being displaced, while 1.1 million people were reportedly injured. When temperatures rise to 2C (3.6F) [reports](#) project that a third or more of the human population will be forced to relocate to new locations.

These impacts underscore that the consequences of the C-E-B crisis will intersect with many other crisis to produce numerous and often surprising compounding impacts.

The Economic Costs of the Impacts

The [economic costs](#) of the extreme weather disasters and compounding disruptions to the systems people rely on for basic needs are already significant. These costs are expected to massively increase when temperatures rise by 2C (3.6F) and affect individuals, families, and organizations, as well as the revenue communities and governments worldwide rely on to provide services.

One study projected that damage to agriculture, infrastructure, productivity and health will cost the global economy an estimated \$38 trillion annually by 2050, which is roughly a 19% reduction in GDP.

- Although it is too early to calculate the total economic impacts of the 1.5C (2.7F) temperature increase, one [study](#) estimated that global GDP would be 3.2% lower at 1.5°C of warming compared to a scenario with no further climate change.
- Another [study](#) projected that damage to agriculture, infrastructure, productivity, and health resulting from the C-E-B crisis will cost the global economy an estimated \$38 trillion every year by 2050. This represents a roughly 19% reduction in global per capita GDP. Middle and lower-income nations are initially expected to experience the highest costs, but the entire global economy will experience gigantic costs.
- It is important to note that many economists say this projection is likely conservative because it does not include the costs generated by difficult-to-quantify feedbacks that are accelerating the C-E-B crisis.

3. The Mental Health and Psychosocial Issues Generated By The Physical and Societal Impacts

Studies have [documented](#) that an increasing number of people worldwide are anxious and depressed. [Research](#) has also found that many of the social, psychological, emotional, and behavioral struggles people are experiencing are directly or indirectly related to the impacts of the C-E-B crisis.

For example, if they cause significant loss or social supports are absent, [research](#) suggests that between 20% to over 50% of adults, and up to 45% of children who are directly impacted by an extreme weather disaster can experience mental health issues. Disasters have been [found](#) to affect people with no history of mental health issues, as well as those known to be at risk. In

addition, although symptoms can appear immediately, many disaster-generated mental health and psychosocial issues often appear months or longer after the event ends. The number of people who experience mental health issues is likely to increase if they are exposed to multiple disasters, which the C-E-B crisis will increasingly do.

In addition, widespread toxic stresses, which means intense or prolonged activation of the human stress response that is far beyond what normal stress creates, can occur from the compounding breakdowns to the ecological, social, and economic systems people rely on for food, water, shelter, jobs, health, safety and other survival needs. People who experience toxic stresses can have difficulty managing their emotions which create irritability, mood swings, and anger. Toxic stresses can also impair cognitive functions such as memory, attention, and the ability to learn and make sound decisions, which can impair the use of healthy coping mechanisms. All of these reactions can significantly increase the risks of mental health and psychosocial issues.

It is important to know that not everyone will experience mental health issues as temperatures rise by 2C (3.6F). However, the combination of the traumas caused by extreme weather disasters and the toxic stresses resulting from the breakdown in systems rely on for basic needs will, in different times, ways, and magnitudes, increasingly affect a *vast number* of the people on *every* continent, in *every* culture, and in *every* nation, region, and community.

The C-E-B crisis is a *Global Public Mental Health Emergency*. Effective responses require thinking systemically and responding holistically through a *population-lens*, not an individual or siloed small group-by-group approach.

A Framework for Understanding C-E-B Crisis-Activated Mental Health Issues

The mental health and psychosocial impacts of the C-E-B crisis will take different forms, and operate through multiple pathways, based on the type, timing, location, magnitude, and duration of the stresses and traumas people experience, by their past and

A helpful way to understand the mental health issues activated by the C-E-B crisis are as:

- Individual Distresses
- Individual Traumas
- Community Traumas
- Societal Traumas

current experiences, and by the resources available to them. In addition, people process adversities differently, and not everyone has the same reaction to the same event. However, a helpful way to understand the mental health issues activated by the C-E-B crisis is as different forms of individual and collective distresses and traumas:

- Individual distresses are constant worry, angst, sadness, or pain due to current or projected future stresses or situations that are perceived to be severe and/or prolonged. Examples include: climate grief—also called solastalgia--which is profound sadness over ecological losses and changes; eco-anxiety, which is fear about future disasters and losses and is sometimes called “pre-traumatic stress disorder”; and climate apathy, which is indifference to the C-E-B crisis due to skepticism that the problem exists, or that it seems too distant, or too complex, or unrelated to an individual’s daily life.

Young people in [particular](#) have been found to often experience one or more of these distresses due to feeling betrayed by older generations or worrying about what the future holds for them. For example, one [study](#) completed in 2021 of over 10,000 youth in over 10 nations found significant levels of psychological distress associated with the C-E-B crisis. About three-quarters of young people felt the “future is frightening,” about half said they experienced climate anxiety to a degree that affected their daily lives, and about a quarter feared having children due to the crisis. A 2025 [survey](#) of nearly 3,000 young people in the U.S. age 16-24 found that roughly 20% were afraid to have children because of concerns about what the future would mean for them.

These distresses can disrupt daily life, affect cognitive functions like memory and the ability to focus, and lead to toxic social isolation and loneliness and relationship problems. These factors can generate various types of mental health issues including anxiety, depression, panic disorders, and more.

- [Individual traumas](#) are a psychological and emotional response to an event or series of events that are shocking and overwhelm a person’s ability to digest and cope with what occurred. The events shatter the individual’s sense of safety and security in the world and creates worries that catastrophe can result at any time. Individual traumas can be: [acute](#), which is a psychological and emotional response to a single, sudden, and intense event; [complex](#), which involves the psychological and emotional impacts of prolonged or repeated traumatic experiences; or [secondary](#) (or vicarious) which describes emotional distresses and negative changes in worldview experienced by individuals who repeatedly hear or witness the traumatic experiences of others.

Individual traumas can occur, for example, when a windstorm, wildfire, or other type of weather disasters causes injuries or death to loved ones or destroys valued resources, or when extreme temperatures activate interpersonal violence. More than a year after a wildfire destroyed their home in Lahaina Hawaii in 2023 one traumatized survivor [said](#), “The emotional weight of this loss often feels unbearable. I often feel removed, distracted, and distant when around my loved ones. I worry about the effects my experience and suffering will have on my children.”

As this person described, individual traumas can manifest themselves in different ways including intrusive thoughts, emotional dysregulation, and a diminished sense of self. The effects can include Post-Traumatic Stress Disorder (PTSD), anxiety, depression, panic disorders, eating disorders, bi-polar disorders, complicated grief, phobias, relationship difficulties, increased suicidality, and other [mental health](#) issues. Psychological and emotional trauma can also [diminish](#) the ability of individuals to see things clearly, regulate their emotions and control their behaviors, make sound decisions, and adapt effectively to changing conditions.

Community traumas are collective traumas that produce effects similar to individual traumas but impact a majority of people living in a defined geographic area, not just a few individuals or small groups. They can also occur within large groups with similar cultural identities.

Sociologist Kai Erikson characterized the collective trauma caused by 1972 tragic Buffalo Creek flood in West Virginia as “a blow to the basic tissues of social life that damages bonds...and leads to a general realization that the community no longer exists as an effective source of support.”

Community trauma can occur when an entire town is seriously damaged or destroyed by an extreme weather disaster, when violence like mass shootings are experienced, or when a majority of people experience systemic issues like poverty, racism, or hunger. These events can breakdown the social fabric of the area, produce widespread distrust in local institutions, and in other ways diminish individual and collective well-being.

A wildfire destroyed the entire community of Paradise California in 2018 and killed 85 people. At the time it was the deadliest and costliest in the state's history. Researchers who interviewed survivors said that, due to the loss of neighbors, friends, homes, pets, and other valued resources, the only other time they had ever seen such widespread trauma was in the combat veterans and civilians who survived wars.

Community traumas can activate mental health issues that are similar to those generated by individual traumas, but the effects are experienced within large segments of the population. They can include depression, anxiety, PTSD, grief, survivors guilt and low self-esteem, and more. Furthermore, community trauma can create a sense of fear and insecurity, which can cause social isolation and loneliness that can be toxic and lead to individual and collective mental health and psychosocial conditions.

- Societal traumas are also collective traumas that go beyond a specific geographical area or groups to affect people in entire regions, cultures, nations, or worldwide. It occurs when a catastrophic event or series of events disrupt an entire populations sense of safety, trust, and meaning in life. Societal traumas can result from wars and other forms of large-scale violence that injure or kill multitudes of people and cause others to flee to safer locations. They can also result from extreme weather disasters such as hurricanes or cyclones, or health epidemics or pandemics that impact people throughout large regions.

The COVID-19 pandemic was a societal trauma. It caused millions of illness and deaths, forced people to separate themselves from others, and in other ways affected the social, psychological, and emotional condition of people worldwide. In October 2021, due to a pandemic-caused surge in depression, anxiety, loneliness, and suicidality among young people, the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children's Hospital Association declared a U.S. national state of emergency in child and adolescent mental health. The social, cultural, economic, and political troubles activated by the pandemic are still being felt today in many locations globally.

The COVID-19 pandemic was a societal trauma and due to a surge in depression, anxiety, loneliness, suicidality and other mental health issues among young people led to a U.S. national state of emergency being declared in child and adolescent mental health.

As with community traumas, societal traumas can activate mental health issues that are similar to those generated by individual traumas. But the conditions are experienced by far larger populations. Societal traumas can also aggravate existing mental health issues. In addition, they can generate deep seated mistrust of many types of institutions, and create social and political divisions when people demonize others.

It is important to understand that, without effective prevention and healing methods, when temperatures rise by 2C (3.6F) the C-E-B crisis will become the greatest societal trauma contemporary society has ever experienced.

The Psychosocial Effects of the C-E-B Crisis

Many people think mental health issues only effect the individual who experiences them. This is inaccurate. Psychosocial issues can also occur that can have far-reaching effects on families, organizations, and entire communities and societies. This term refers to the dynamic relationship between personal, family, social, cultural, and environmental factors that affect an individual's mental health, and how those personal issues affect other people.

- Psychosocial issues can result from extreme heat events, inadequate food, water, shelter, and income, damages and losses resulting from extreme weather disasters, and other traumatic stressors. These events can lead to alcohol, drug, and other forms of substance abuse, spousal and child abuse, family dysfunction and separation, and the deterioration of social and cultural supports. They can also lead to interpersonal aggression, crime, and violence. Extreme heat events, for example, can activate biochemical changes in the human brain that cause people to exhibit increased anger, harm their significant other or children, attack others, or engage in other harmful behaviors.
- Psychosocial issues can also activate negative feedbacks that produce even more social, psychological, emotional, and behavioral issues that impair families, undermine social cohesion, and deteriorate overall health and wellbeing.
- Although they usually result from a complex interplay between many factors, psychosocial issues are most likely to emerge when people have experienced childhood abuse or neglect, face significant stressors such as violence, forced migration, shortages of food, water, and shelter, income struggles, family and relationship issues, or the loss of loved ones. They can also occur when community supports disappear, or when in other ways a person's life is turned upside down by events that creates profound loss and grief.

Psychosocial issues refers to the dynamic relationship between personal, family, social, cultural, and environmental factors that affect an individual's mental health, and how those factors personal issues affect other people.

It is important to always remember that people who experience these issues are not the problem. It is the social-ecological forces that create these reactions that are problematic.

The C-E-B Crisis Will Interact With Historic and Intergenerational Traumas

- In addition to the effects described above, the impacts of the C-E-B crisis will often intersect with [historical](#) and [intergenerational traumas](#), including racism, colonialization, forced displacement, and cause trauma across generations, impacting not only those who experienced the event but also their descendants. The outcomes can appear as social, psychological, emotional, or behavioral issues in future generations, even if they were not directly exposed to the original traumatic events. Intergenerational trauma can occur through various means, including genetic changes, environmental factors, and learned behaviors.

The impacts of the C-E-B crisis can intersect with historical and intergenerational traumas including racism, colonialization, and forced displacement, and affect future generations.

Populations Initially More Vulnerable

At least in the near term, the C-E-B crisis will disproportionately impact certain populations globally, with millions facing increased risks. These populations often lack the resources or capacity to prepare for, adapt to, or recover from C-E-B crisis-related toxic stresses and extreme weather disasters that can lead to mental health and psychosocial issues. Some of those at greatest risk include:

- Lower-income populations living in urban and rural areas worldwide can face higher risks of C-E-B crisis-generated mental health and psychosocial effects. This can result from the stresses generated by poorly maintained or aging homes, utilities, transportation, and other infrastructure that cannot withstand damaging weather events. Limited financial resources, cultural, language, and other barriers can also constrict their access to healthcare, healthy food, and other important resources during prolonged periods of toxic stresses or after extreme weather events.
- Indigenous communities, whose relationships with the land often span millennia, face [particular forms](#) of C-E-B crisis-related distresses and traumas as sacred sites, traditional practices, and ecological knowledge systems are threatened or destroyed.
- Communities of color can also [experience](#) disproportionate exposure to C-E-B crisis-generated impacts that increase the risk of mental health and psychosocial issues due to historical patterns of racism, housing discrimination, insufficient or deteriorated infrastructure, and other factors.
- Young children and adolescents can be [particularly vulnerable](#) to C-E-B crisis-related mental health and psychosocial issues, because their developing brains are more susceptible to toxic stresses and traumas, and they possess fewer psychological and emotional resources to deal with threats. Young people also face the prospect of living their lives in harsh conditions they did not create, which can lead to anxiety, grief, anger and despair. Young children may struggle to verbalize their distress, and adolescents can often internalize anxiety and distress in ways that affect their future identity.

- Many older adults can face unique C-E-B crisis-related mental health and psychosocial [challenges](#) that intersect with the physical vulnerabilities of aging. They can experience disproportionate mortality during extreme heat events and other disasters. Chronic conditions common in older age can also be exacerbated by C-E-B crisis-related toxic stresses, while mobility limitations may prevent access to transportation and community services during disasters. In addition, cognitive impairments may complicate risk perception. Further, some older adults can experience profound grief as landscapes and seasonal patterns that have anchored their lives are degraded, or experience guilt and shame about the environmental legacy their generation is leaving behind.
- Persons with existing medical conditions, such as physical disabilities, are often likely to experience compounded [vulnerabilities](#) during C-E-B crisis-generated toxic stresses and disasters, ranging from accessibility barriers during evacuations to disruptions in essential support services.
- Gender significantly influences vulnerability to C-E-B crisis-activated toxic stresses and disasters and the social, psychological, emotional, and behavioral issues they can generate. [Women](#) often bear disproportionate caregiving responsibilities during disasters while facing increased risks of gender-based violence. [2SLGBTQI+](#) individuals may lose access to healthcare and community supports during C-E-B crisis-generated toxic stresses and disasters, and face discrimination in emergency and other situations.
- It is very important to recognize these disproportionate impacts. At the same time, it will also be important to frame them carefully to avoid the impression that the C-E-B crisis will primarily affect vulnerable populations. This frame will allow some people to believe that others will be impacted, not them, so they can continue business-as-usual, including the massive material consumption and use of fossil fuels that contribute to the C-E-B crisis. The reality is that everyone, in every nation and every location worldwide, will be seriously impacted by the C-E-B crisis. This requires a population-level response. A key element of this response must be to provide proportionate support and resources to those who have insufficient resources or capacity to proactively protect themselves from, and recover after they experience adversities. However, it should always be emphasized that everyone on the planet will be seriously impacted by the C-E-B crisis.

The disproportionate impacts of the C-E-B crisis on certain populations must be recognized and addressed without giving the impression that only "vulnerable" people are at risk.

Loneliness Is Contributing to C-E-B Crisis-Generated Mental Health and Psychosocial Issues

About one in six people worldwide today, including a quarter of all adults, are affected by [loneliness](#). This term refers to a state of mind--mental isolation--that causes people to feel abandoned with no meaningful connections with others. This differs from physical solitude, which when imposed on someone can be problematic, but when approached well can prevent stimulus overload and help people become more grounded.

A continuous mental state of loneliness can cause the body-mind system to continually

scan for possible threats. Increased risk of depression, anxiety, and other [mental health issues](#) are one serious outcome. Extended loneliness can also lead to social withdrawal that hinders relationship building. In addition, psychological loneliness can make people [angry and resentful](#), cause them to close their minds, and produce rigidity that diminishes their capacity to question their beliefs or adjust their thinking and behaviors. These traits can make mentally lonely people more likely to engage in [extremism and violence](#).

Numerous [factors](#) contributed to today's widespread loneliness. One of the most important is the pervasive use of digital technologies, especially social media. [Research](#) has found that the more time people spend on social media the more lonely they are likely to feel. This contradicts the claim by high-tech executives that their technologies connect people. In many ways they produce the [exact opposite](#): they hinder meaningful social relationships.

Loneliness can contribute to the C-E-B crisis by thwarting the collective action needed to address it. Extreme weather disasters can also increase loneliness, and social isolation can worsen both the psychological and physical health impacts, creating a vicious cycle.

Widespread Hopelessness Often Results From These Issues

As the C-E-B crisis worsens, the issues described in this section will cause millions of people worldwide to believe they no longer have a safe place to retreat to within or outside themselves, and there is nothing they can do to stop the destructive impacts. These feelings of vulnerability will shatter the deeply held assumptions they hold that the world is a relatively safe, secure, and manageable place. For many, this will lead to a crisis of faith, where they feel abandoned by their God or Creator. Many others will experience a crisis of spirit, where they feel disconnected from the spiritual powers of nature, their ancestors, or other forces that leave them in a deep-seated state of meaninglessness and hopelessness. The result will be the destruction of telos, or the end goal, meaning, and purpose of their lives. Their conception of what happiness and wellbeing involves, and how to live a good life will no longer make sense. With this loss, their sense of what constitutes proper thinking and behavior and the significance of one's acts will be lost.

Meaning and hope are interconnected: unless people find some healthy hope during the C-E-B crisis they will find no meaning or purpose in life, but without meaning they cannot discover healthy hope. The loss of either can be debilitating. The belief that nothing matters and there is no hope for a better future will often activate mental health and psychosocial issues. The lack of healthy hope can fuel anger and frustration and lead to short-term [risky behaviors](#) that cause self-harm, become aggressive or violent toward others, damage the natural environment, and in other ways become indifferent to the consequences of their actions. Hopeless can also create profound mental loneliness, which as previously discussed, can cut people off from meaningful connections with others, limit their ability to see reality clearly, and lead them to embrace [tyrannical](#) ideologies and violence.

[Empowering](#) people to connect with others and find positive new sources of meaning, purpose, and healthy hope in life will be vital to address these issues.

4. Comorbidity Will Often Accelerate Physical Health Problems

Another effect of the rising mental health and psychosocial issues generated by the C-E-B crisis will be more physical health issues that result from [comorbidity](#). This is a form of mutual reinforcement which means that mental health and physical health conditions can influence each other, with one increasing the risk of developing the other, and visa versa.

- People with mental health issues such as depression and anxiety can increase their risk of experiencing different types of [cancer](#) and [heart disease](#) because they can be more likely to engage in unhealthy behaviors like smoking, excessive drinking, or poor diets which are known risk factors for various cancers and heart problems. They may also be less likely to undergo regular screenings or seek timely medical attention, which can delay diagnoses and lead to poor outcomes.
- Mental health issues like depression, anxiety, and conditions have also been found to increase the risk of developing type 2 [diabetes](#). Conversely, living with diabetes can negatively impact mental health and produce increased rates of depression, anxiety, and other conditions.
- People with viruses, bacteria, parasites, or other [infectious diseases](#) often experience significant mental health challenges, including severe stress, panic, and depression. Evidence also suggest that people with severe mental disorders are at much greater risk of dying from infectious disease compared to the general public.

As temperatures rise toward 2C (3.6F) a growing number of people will experience multiple interconnected mental and physical health conditions. In addition to the personal impacts, the scale of these issues will place greater stress on the world's healthcare systems, and likely increase the costs and availability of healthcare.

5. C-E-B Crisis Mental Health and Psychosocial Issues Will Have Huge Economic Costs

The mental health and psychosocial issues described in this session will combine to generate significant costs, and as temperatures rise toward 2C (3.6F) those costs are certain to skyrocket.

Poor mental health was estimated to cost the global economy approximately \$2.5 trillion (US) per year in 2010. Those cost were projected to reach \$16 trillion annually by 2030.

- For example, poor mental health was [estimated](#) to cost the global economy approximately \$2.5 trillion per year in 2010. Those cost were [projected](#) to reach \$16 trillion annually by 2030. Depression alone produces annual global economic losses of around \$1 trillion, which underscores the huge costs of mental health issues.
- A 2024 [study](#) found that mental health issues cost the U.S. economy more than \$280 billion annually. This is a financial burden comparable to an economic recession every year. The costs result from a range of factors including lost productivity due to missed workdays, lost wages, job terminations, reduced ability attend school and job training programs, homelessness, healthcare and social service expenses, and other factors

- Another 2024 [assessment](#) determined that premature deaths related to mental health inequities in the U.S. resulted in \$278 billion in costs between 2016 and 2020. The study projected that unaddressed mental health inequities could produce about \$14 trillion in excess costs between 2024 and 2040. Similar huge costs have been found worldwide.
- The costs of C-E-B crisis-related mental health and psychosocial issues are contributing to and significantly increasing these totals. For instance, a 2003 [study](#) found that mental health problems generated by climate impacts, pollution, and other environmental-related issues could cost the global economy \$47 billion (U.S.) annually by 2030 and are projected to grow to \$537 billion (U.S.) by 2050.

6. Mental Health and Psychosocial Issues Can Also Hinder Solutions to the C-E-B Crisis

When psychological or emotional stresses or traumas are continuous or overwhelming the human mind can become frozen in a state of hyper-inflated fear. These events can activate instinctive “[fight, flight, freeze, or fawn](#)”

A case study completed after the 2018 Camp Fire in California found that fire-exposed individuals had a 20% reduction in cognitive ability to process distracting information compared to unimpacted people.

reactions that cause people to withdraw into a [self-protective survival mode](#). This reaction can activate habitual responses that reduce an individual's capacity to see things clearly, make good decisions, and adapt constructively to the changing conditions. These problems will grow as temperatures climb toward 2C (3.6F).

- Numerous studies have found harmful effects on neuro-cognitive capacity due to extreme [heat](#), including impacts on attention, memory, decision-making, and overall executive functioning. These effects can lead people to ignore or oppose actions needed to reduce the C-E-B crisis to manageable levels.
- For example, a [case study](#) completed after the 2018 Camp Fire in California in the U.S. found that wildfire-exposed individuals had a 20% reduction in cognitive ability to process distracting information compared to residents that were not impacted. The report said these findings matched the lived experiences of impacted residents who reported not being able to pay attention to goal oriented information while constantly distracted by real or imagined environmental stressors or threats. [Studies](#) have also found that the direct experience with wildfires have a [negative effect](#) on long-term decision making.
- While the impacts of extreme weather disaster and other effects of the C-E-B crisis can end in a few days or weeks, the changes to cognitive capacity can be long-lasting. This is very important because effective responses to the C-E-B crisis will require people to clearly see what is happening and develop innovative approaches to mitigate the causes, help them adapt to changing condition, and build both external physical and human social, psychological, emotional, and behavioral resilience for the impacts.

Without effective means to prevent widespread C-E-B crisis-generated mental health and psychosocial issues from emerging, and help people heal when they experience symptoms,

society's ability to do what is needed to reduce the crisis to manageable levels is likely to be seriously constrained by the very factors that need to be addressed.

7. The C-E-B Crisis Will Often Require Redefining Mental Health and Psychosocial Issues

The scale, scope, and magnitude of the C-E-B crisis-related distresses and traumas will often require redefining mental health and psychosocial issues. That's because what can appear to be a psychological disorder will in many cases be coping mechanisms—self-protective survival reactions--that end up producing harmful effects.

- As previously stated, relentless stresses or severe traumas can cause “fight, flight, freeze, or fawn” reactions in humans. If these reactions are overwhelming or persist, they can lead people to adopt coping mechanisms that initially seemed to make sense, but over time end up harming them, or their family, the organizations they belong to, their community, and even the natural environment (e.g. through needless consumption).
- However, rather than always pathologizing people who exhibit symptoms of anxiety, depression, and other mental health issues by using the DSM (Diagnostic and Statistical Manual of Mental Disorders), it will be very important to realize that what many people do will be normal emotional and behavioral reactions to dysfunctional and threatening external conditions. Their behaviors will thus not be psychological disorders at all. Instead, they will often be attempts to protect themselves from harm that produced unhealthy outcomes. These conditions indicate social problems, not biomedical ones, that require social-ecological responses, not medicalized therapeutic treatments.
- Further, not every culture embraces the western scientific emphasis on detailed measurement, diagnostic categories, and experimentally-tested approaches. One reason is that this emphasis often leads to increasingly detailed assessment of methods and outcomes that meet bio-medical definitions of individual pathology and recovery, yet fail to acknowledge that the results occurred within a particular set of interrelated social and environmental conditions that, when altered, can reduce or eliminate their effectiveness. The search for certainty and effectiveness of specific individualized interventions is thus often an illusion because people exist in relationship with others and their cultural, economic, political, and natural environments, which often change.
- This does not mean the C-E-B crisis will not create severe psychological disorders (i.e. mental illnesses), or that evidence-based practices should not be used to help individuals. When serious disorders emerge, if trained clinicians are available, and the western medicalized approach to mental health is personally and culturally supported, individuals should be offered evidence-based treatments.
- However, the vast majority of the social, psychological, emotional, and behavioral issues that emerge as the C-E-B crisis accelerates will undoubtedly be coping mechanisms

Not every culture embraces the western scientific emphasis on detailed measurement, diagnostic categories, and experimentally-tested evidence-based approaches.

adopted to deal with real or perceived frightening conditions gone bad. This requires a very different approach than individualized clinical treatments.

8. Few Mental Health and Human Service Systems Can Address These Challenges

Due to their goals, methods, funding, and the way they are structured, few mental health or human service systems found around the world can address today's mental health and psychosocial challenges. They also have no possibility of preventing or healing the social, psychological, emotional, and behavioral effects of the C-E-B crisis.

Few Mental Health Systems Worldwide can address today's mental health and psychosocial issues, and have no possibility of preventing or healing the widespread issues activated by the C-E-B crisis.

- The [World Health Organization](#) and [other](#) organizations have found that most mental health systems have fragmented service delivery models with separate siloed lines of delivery for different issues, have unevenly developed infrastructure that leads to major gaps in access and quality, and are underfunded. In addition, few have developed methods to effectively address stigma and disparities resulting from social, cultural, or economic conditions. Further, in many regions of the world there are few or no certified mental health providers.
- This is why in most nations over 50% of the people with serious mental health issues currently do not receive [adequate treatment](#). In middle and lower income nations this figure can increase to over 80%. In the U.S., and likely in many other nations as well, due to the fears of being stigmatized if they engage, concerns about inequities embedded in the systems, conflicts with religious or spiritual beliefs, high costs, and other issues, [about half](#) of those who could benefit from mental health services will not engage.
- In addition, although their name includes "community", most community health centers that offer mental health services assist individuals one-at-a-time and do not work at the population-level. They also mostly treat symptoms after they appear and do not focus on prevention.
- In fact, almost all mental health systems focus on "downstream" interventions that treat individuals with mental health issues after symptoms appear. Very few focus on the "upstream" actions required to prevent pervasive mental health and psychosocial issues, or try to integrate downstream and upstream interventions into a holistic and integrated system.
- This underscores that, mental health and human service services will remain very important. However, even with improved delivery systems and more funding, few will be capable of preventing or healing the pervasive mental health and psychosocial issues activated by a 2C (3.6F) rise in global temperatures.

The Impacts of the C-E-B Crisis Require a Change In Paradigms to Very Different And Expanded Approach.

Part II

The Urgency and Multiple Benefits of Engaging Neighborhoods and Communities Worldwide in Using a Public Health Approach to Provide *Mutual Support for All*

The mental health, psychosocial, and physical health issues generated by the C-E-B crisis described in the previous section will occur only if we *allow* them to happen. A distinctly different and positive future *is* possible if we consciously *choose* a different path.

This path involves empowering urban neighborhoods, communities, and rural areas worldwide to take responsibility for using a culturally-grounded, holistic and integrated public health approach to provide *Mutual Support for All*. This is urgently needed now to prepare everyone for the toxic stresses and disasters they are already, and will increasingly experience, as temperatures rise by 2C (3.6F) and remain healthy and resilient.

For decades a public health approach has been used to address numerous physical health issues. A public health approach to mental health has for years also been advocated by numerous organizations, including the [World Health Organization](#). However, it is yet to be widely embraced. The type, magnitude, and significance of the mental health and psychosocial issues generated by the C-E-B crisis necessitates that it now become a top global priority.

1. The Core Principles of a Public Health Approach to *Mutual Support for All*

Like any public health approach, a public health approach to provide *Mutual Support for All* to strengthen and sustain mental wellness and transformational resilience:

- Focuses on the [entire population](#)—all adults, adolescents, and young children--not just individuals with symptoms of pathology or who are deemed vulnerable, although they are fully integrated in the initiative. No one should be left behind.
- Prioritizes [preventing](#) mental health and psychosocial problems before they occur, and integrates *healing* methods into the overall prevention strategies. Prevention is the cure.
- Achieves these goals by strengthening existing, and forming additional [protective factors](#)—social connections and supports, individual and collective resilience skills, norms, habits, practices, resources, and policies--that enhance the capacity for mental wellness and transformational resilience, and minimizing risk factors that increase the probability of harmful outcomes. Building social connections, personal and collective resilience skills and strengths, and other local assets and resources is key.

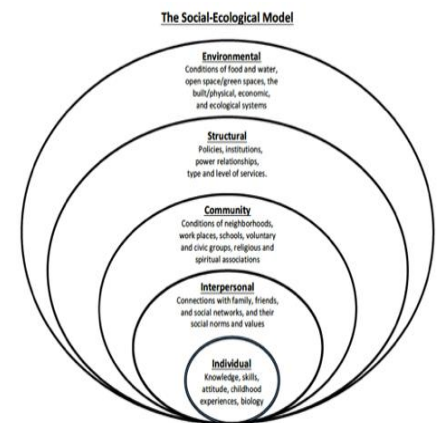
A Public Health Approach to Mental Wellness and Transformational Resilience:

- Focuses on the entire population
- Prioritizes prevention and integrates healing methods into the prevention strategies
- Accomplishes these outcomes by strengthening existing and forming additional protective factors, and minimizing risk factors.

2. A Culturally-Grounded Holistic and Integrated Public Health Approach to *Mutual Support For All* Must Address Multiple Interconnected Sources of Distresses and Traumas

The multiple causes and growing impacts of the C-E-B crisis emphasize that preventing and healing the mental health and psychosocial issues requires thinking systemically and responding holistically. The "social-ecological" model offers a way to do this.

- It starts by recognizing that an individual's genetic makeup, and the experiences they have in early childhood, can play an important role in shaping their attitudes, beliefs, and behaviors. However, these are by no means the only factors that influences mental health and psychosocial conditions.
- The connections people have with family and friends, the social networks they belong to, and the norms and values that dominate those groups significantly influence the psychological and emotional wellness and resilience of people from a young age all the way through adulthood.
- These dynamics are, in turn, greatly influenced by the community in which people live, including the condition of their neighborhoods, the way schools, businesses, faith-based, government, and other groups perceive and treat them, and other aspects of how their community functions.
- These interpersonal and community influences are molded by structural factors including the way wealth and power are distributed, and the practices and policies this leads to that determine the availability of food, water, shelter, incomes, healthcare, and other key resources.
- All of these factors are influenced by the built environment in which people live, work, and recreate, including housing, transportation, and open spaces, and by the natural environment including the type and condition of ecological systems and biodiversity, air and water quality, weather patterns, and more.



The old Native American saying that we are shaped by "All Our Relations" describes the social-ecological model. So does the South African Nguni Bantu term "Ubuntu" which means "I am because we are--since we are, therefore I am." Both expressions embody the notion that all things are interconnected. Only rarely do mental health or psychosocial issues emerge solely from an individual's internal genetic or family dynamics. The social-ecological context in which people exist fashions how they see and respond to the world and shapes their health and resilience.

Mutual Support for All initiatives must fully embrace this understanding. They need to emphasize community, mutual respect, and shared responsibility to address the many interconnected factors that produce social, psychological, emotional, and behavioral issues. When people engage in this approach many will discover that everyone has something to contribute, and that by working together they can transform their own lives and their community in positive ways.

3. Pervasive Hopelessness Requires Engaging Residents in Transformational Resilience

In addition to focusing on the interconnections among people and their environment, the pervasive hopelessness generated by the C-E-B crisis requires that *Mutual Support For All* initiatives engage people in [Transformational Resilience](#). This is the ability to learn from adversities, and use them as catalysts to adopt new ways of perceiving and acting in the world that offer positive new sources of meaning, purpose, and hope in life and thrive.

In psychology this is often called adversity-based growth or post-traumatic growth. These terms describe a process that occurs *after* someone experiences a traumatic event that ends. However, C-E-B crisis-activated adversities will often be multiple, cumulative, and continuous, not single events that end. This will require individuals and groups to continually learn from adversities and use them as catalysts to transform how they perceive and act in the world and find positive new sources of meaning, direction, and hope in life. This is the essence of Transformation Resilience.

Transformational Resilience
means learning from adversities and using them as powerful catalysts to adopt new ways of thinking and acting that offer positive new sources of meaning, purpose, and hope in life.

The Three Phases of the Transformational Resilience Cycle

- Transformational Resilience typically occurs in three phases. It begins when an event or series of events damages or destroys what an individual or group values. The trauma shatters their deeply-held and often unrecognized assumptions and beliefs about the way the world works, other people, and how they should think and act in it.
- Most people will spend considerable time and energy doing everything they can to deny what happened or psychologically disconnect from it in order to return to and maintain their existing thinking and practices. Even with extreme weather disasters accelerating worldwide, to justify and maintain their current mindset and behaviors, many people are doing this now by denying that the C-E-B crisis is real, or claiming it is natural or insignificant.
- When this fails—as it eventually will as the C-E-B crisis worsens--people enter a period of *disarray*. This is a time of great disorientation and distress because the way the individual or group defined their identity, purpose, and meaning of life are in chaos.
- It often takes time, but when they realize it is no longer possible to return to their previous ways of thinking and action, and their former sense of who they are has died, the individual or group make the choice to seek new ways of seeing and acting in the world. This decision opens the door for a *transformation* to a new sense of self.
- When individuals and groups open themselves to new perspectives they often begin to see reality more clearly. They also begin to explore and test out new ways of thinking and different behaviors and practices that lead to substantially healthier and more beneficial outcomes.

- The outcomes of the transformational process often include awareness of previously unknown strengths and skills, greater emotional stability, deeper appreciation of life, new and better relationships with others, and a more positive and hopeful attitude.
- These changes can lead to better mental health, physical health, and extended life-expectancy. They can also create greater capacity to deal with future adversities, all of which give people positive new sources of meaning, purpose, and hope in life, and thrive even in the midst of adversities.



The C-E-B crisis-generated extreme weather disasters and compounding breakdowns to the systems people rely on for basic survival needs will increasingly shatter the deeply held beliefs and assumptions held by billions of individuals and groups worldwide and create profound hopelessness. This is why engaging people in the Transformational Resilience processes will be very important.

4. Mutual Support For All is Most Effective Applied in Neighborhoods and Communities

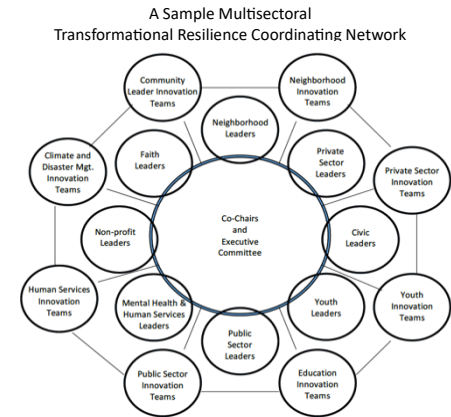
A public health approach to *Mutual Support for All* to build population-level mental wellness and transformational resilience is most effective when applied in neighborhoods and communities. That's because it is where:

- Most people spend the majority of their time
- People interact most directly with their friends and neighbors
- The impacts of the C-E-B crisis are felt most directly
- Social networks can be most easily expanded to include new people
- Local prevention and healing actions have the most visible effects
- The influence of special interests have the greatest chance of being minimized

Mutual Support For All initiatives should form the "horizontal social infrastructure" in communities needed to guide their efforts. This can be called a Transformational Resilience Coordinating Network (TRCN). However, each community should choose a name for their network that local residents embrace.

- A TRCN is a multisectoral network composed of grassroots and neighborhood leaders, as well as people who work with or represent youth, working age, and older adults, education, faith and spirituality, climate mitigation and adaptation, environmental and social justice, mental health, social work, physical health, disaster response, business, government, and other local civic, NGO, private, and public sector leaders. The members work together to develop, implement, and continually evaluate and improve strategies that actively engage all residents in *Mutual Support For All*.

- Many [Community Resilience Coalitions](#) found in the U.S. are TRCNs. The [New Hanover County Resilience Task Force](#) in North Carolina, for instance, is a diverse multisectoral network that works together to prevent and respond to all types of adverse experiences, trauma, and toxic stresses, including those generated by the C-E-B crisis, through connection, education and training, and action. The [Community Resilience Initiative](#) in Walla Walla, Washington is another leading program that seeks to prevent and heal trauma of all kinds. Examples of other past and current U.S. community resilience initiatives can be found [here](#).



- TRCNs are also similar to community-led [Mental Health and Psychosocial Support Groups](#) (MHPSS) found in numerous mid-and lower-income nations. Many MHPSS groups focus on humanitarian issues. For example, [Spilno Hubs](#), which translates as "together and jointly" in Ukrainian, provide comprehensive and longer-term support for integration, mental health, legal assistance, protection, education, social activities, and safe places to connect for the most vulnerable refugee children and families impacted by Russia's war on Ukraine. Another example is the [Migrant Peer Support Group](#) in Gambia that helps returning migrants meet and discuss their mental health and psychosocial support needs, and provides peer-to-peer support to each other.
- The primary differences between MHPSS initiatives and a TRCN is that the multisector networks should be organized *now* even if the community has not yet experienced a major disaster or humanitarian crisis, they must be ongoing and not disband after an adversity ends, and they need to directly address the existing and likely future mental health, psychosocial, and physical health impacts of the C-E-B crisis.
- TRCNs focused on the C-E-B crisis should start by engaging residents--with a special emphasis on people who are typically marginalized or lack social confidence--in low threshold, low commitment activities, that allow them to decide if they want to do more without investing much time or energy. Cooking or having meals together are often excellent ways to start. The connections that form often motivate people to engage in other activities, that spawn interest even more happenings people can engage in that aid them, their community, local economy, and natural environment. The [benefits](#) of engaging in these types of community participatory projects on mental wellness and resilience can be profound. In psychology this is often called "[social prescribing](#)."
- It is important to know that there is no one-size-fits-all approach to forming and operating community-led *Mutual Support For All* initiatives. The multisector TRCNs that oversees the initiative, the issues they focus on, and type of strategies they developed, must be tailored to the demographic, cultural, and contextual makeup of the community. This means each TRCN is unique.

5. Key Protective Factors Community-Led TRCNs Should Emphasize

To continually engage residents in providing *Mutual Support For All* TRCNs should prioritize the following foundational protective factors:

- *Build Social Connections Throughout the Community to Provide Mutual Aid*

The most important protective factor TRCNs should focus on for the C-E-B crisis is to build robust social connections across geographic, cultural, religious/spiritual, and economic boundaries in their community. Forming social connections is essential to protect people from harm during emergencies and disasters, and assist them to heal when they are impacted. Building social connections also helps overcome the loneliness that is so prevalent today, is producing numerous mental health and psychosocial issues, and can lead to death during and after emergencies and disasters. Connecting residents can also create the collective efficacy needed to put their community on a safe, healthy, just and equitable, zero-carbon, climate-resilient, ecologically regenerative path.

TRCNs can build social connections by organizing events such as potlucks where residents share meals with people they do not know, and inviting them to participate in a variety of other types of community gatherings.

However, the accelerating extreme weather disasters and toxic stresses activated by the C-E-B crisis underscored that the most important way TRCNs can build social connections is to actively engage residents in providing mutual aid to other community members before, during, and after adversities.

Mutual aid by local residents typically occurs organically during what is called the "Community Cohesion" or Honeymoon" phase of a disaster. In this phase residents voluntarily offer practical assistance, as well as emotional support, food, water, shelter, power, communications, medical care, and other services to people they don't know. The many impacts of the C-E-B crisis require TRCNs to establish the social infrastructure in their neighborhood or community to form and sustain this process into perpetuity.

That's because local residents are often the only source of assistance available during the first 2-5 days--or longer--of many emergencies and disasters. It usually takes time for emergency responders to appear during a disaster, especially if other disasters are occurring nearby. In addition, due to increased resource limitations, inadequate infrastructure including communication systems, the scale and number of disasters generated by the C-E-B crisis, and that up to 30% of first responders themselves can experience mental health issues during disasters, their availability is likely to decrease as the crisis accelerates. Further, in some locations around the world there are few or no trained emergency responders.

This underscores the importance of TRCNs training and engaging residents in how to provide mutual aid to each other.

Residents who are assisted by other community members often feel tremendous gratitude for the care and support they received. Those who voluntarily offered help experience immense meaning and purpose. The community as a whole often experiences a huge [surge](#) in social connection and mutual support. When TRCNs establish the social infrastructure that maintains these feelings, people can be motivated to work together to address other important issues.

Building social connections by providing mutual aid will by far be the *most important protective factor* TRCNs should focus on to prevent and heal mental health and psychosocial issues, and many physical health issues as well, during the long C-E-B crisis. More information about providing mutual aid can be found [here](#) and [here](#).

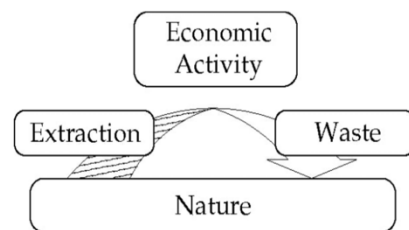
- *Engage Residents in Regenerating Local Built, Economic, and Ecological Conditions*

As residents build social connections and provide mutual aid to each other, it will also be important for TRCNs to engage them in other activities that can give them positive meaning, purpose, and healthy hope in life. Three priorities include regenerating: a) built conditions, including but not limited to climate-resilient and carbon-free local housing, transportation, food, and power systems; b) economic conditions, including supporting ecologically-sound local businesses that provide living-wage jobs; and c) ecological conditions, including improving local air and water quality, and conserving and restoring forests, waterways, and biodiversity.

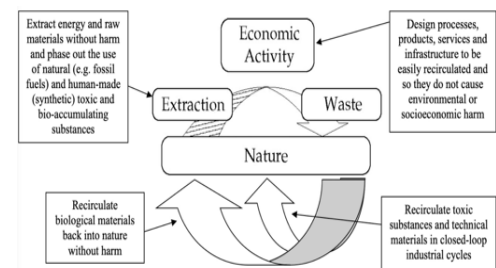
The goal of these efforts should be to transform the local economy from the atmospherically and ecologically damaging extractive [linear take-make-waste](#) system that dominates today, into a regenerative [circular borrow-use-return](#) system that is key to reducing the C-E-B crisis to manageable levels and ensuring human wellbeing.

When engaging residents in these activities it can be helpful for TRCNs to inform them about how burning fossil fuels, degrading ecological systems, and eliminating biodiversity have created the C-E-B crisis. It will also be important to explain how the crisis is activating extreme weather disasters and breaking down the ecological, social, and economic systems they rely on for basic needs. This information will help residents realize the importance of building safe, healthy, carbon-free, climate-resilient circular borrow-use-return local systems.

If discussing these issues is politically difficult, TRCNs should avoid using terms like human-caused climate change and instead focus on the everyday issues people are concerned about and the practical challenges they face. Over time, if and when it makes sense, residents can be helped to connect these issues with the C-E-B crisis.



The damaging linear take-make-waste economic system



The regenerative borrow-use-return economic system

Few mental health or human service professions help people engage in these activities. This is often because they focus solely on the individual in front of them, not the full range of social-ecological factors, including how people are connected with the built, economic, and natural environments, that significantly influence mental health and psychosocial conditions. However, when residents engage in these activities they often form new relationships and feel they are contributing to the health and wellbeing of their community. In addition, when they see even small signs of progress they realize change is possible, which can create healthy [hope](#) for the future. Further, local efforts to transform built, economic, and ecological conditions always precede government action. This makes engaging in these activities a very important protective factor for the C-E-B crisis.

- *Build Universal Literacy About Mental Wellness and Transformational Resilience*

Another foundational protective factor TRCNs should focus on is to use age and culturally-grounded methods to help all adults and youth understand how the persistent stresses and traumas generated by the C-E-B crisis can affect their nervous system and activate natural fight, flight, freeze, or fawn reactions. It will also be important to help them understand that if these reactions continue for days or weeks, they can harm their emotional and physical health if they try to dull their pain by using alcohol or drugs, overeating, or hyperactivity. Harm can also occur if they turn their distress outward and injure their family, friends, or others in their community, and even the natural environment.

Public awareness campaigns, media initiatives, school programs, public service announcements, social media, and other methods can be used to build universal literacy. When people develop even a basic understanding of how toxic stresses and traumas can affect them, most will realize there is nothing wrong with them and that the distress they are experiencing is perfectly natural. This can open them to learning age and culturally-grounded “Presencing”, or emotional self-regulation and co-regulation resilience skills, they can use to calm their body, mind, and emotions when they are distressed, and help others do the same. Residents can also learn “Purposing”, or adversity-based growth resilience skills, that enable them to use difficulties to learn anew about the world and themselves, and adjust their thinking and behaviors in ways that lead to positive sources of new meaning, direction, and healthy hope in life. Learning how to manage one's thoughts, emotions, and behaviors is central to Transformational Resilience and vital to thriving in the midst of adversities.

- *Encourage Residents to Continually Engage in Practices that Enhance and Sustain Mental Wellness and Transformational Resilience*

Another vital protective factor TRCNs should emphasize is to urge residents to continually engage in certain practices that have been found to strengthen and sustain mental wellness and transformational resilience. Some of the most important include learning how to be [grateful](#) for what one has, practicing [forgiveness](#) for the self and others, engaging in religious or [spiritual practices](#), finding [humor](#) in difficult times, reflective journaling and other methods that help people clarify the [values and life goals](#) they want to live by during adversities, eating a [healthy diet](#), and getting sufficient [exercise](#).

Although these practices seem different, they share a powerful capacity to nurture mental wellness and transformational resilience during adversities. For instance, engagement can lead to new social connections, reduce stress, enhance emotional self-regulation, boost the immune system and enhance physical health, help expand how people see things, and improve their capacity for problem-solving. TRCNs should use practices that resonate with the local culture and establish ongoing opportunities for residents to engage in them.

- *Establish Ongoing Opportunities for Residents to Heal Their Distresses and Traumas*

When residents engage in the protective factors described above many will be able to prevent personal social, psychological, emotional, or behavioral issues from arising, and self-heal if they do experience symptoms. However, as the C-E-B crisis worsens, some people will undoubtedly still experience serious symptoms of distress or trauma. Another important protective factor will therefore be for TRCNs to establish ongoing age and culturally-grounded opportunities to enable residents to heal their issues.

The methods can include group and community-minded healing methods, facilitated mostly by trained peer-leaders, such as [healing circles](#) and [collective rituals](#), religious and [spiritual](#), [somatic](#), [nature-based](#), [mindfulness-based](#), and other approaches that help people heal in safe and supportive environments.

Involvement in these healing methods helps people heal by sharing personal experiences, developing a sense of belonging that helps reframe their traumatic experiences, and enhancing emotional self-regulation and co-regulation. The lasting effects can include new perspectives, new relationships, and a new understanding of themselves and their role in the world. These changes can enhance mental wellness and transformational resilience.

Individualized mental health treatments can also be offered to people who experience mental health disorders if they are supported by the local culture, and certified professionals are available to deliver them.

Social, Economic, and Environmental Equity and Justice Must Be A Top Priority

The C-E-B crisis is unfolding against a backdrop of historical and ongoing social, economic, and environmental inequities, and injustices. It will therefore be important for TRCNs to place equity and justice at the center of their work, recognizing that the social, psychological, emotional, and behavioral burdens of the C-E-B crisis will often not be distributed evenly across their community or region.

When doing so it will be important to recognize that, even though they would much prefer not to have been forced to develop these capacities, many people that have faced ongoing discrimination and marginalization have developed a remarkable capacity to remain resilient and adjust to adversities that is often far greater than that of people who have not experienced relentless adversities. TRCNs should therefore actively involve people with lived-experience in dealing with prejudice and unfair treatment in their planning and decision-making because they will offer important insights and recommendations.

PART III

Recommendations For Forming Community-Led TRCNs Worldwide That Actively Engage Residents in Providing *Mutual Support For All*

1. Vision of the Global Call To Action: A world in which it is a top priority of all civic, private sector, and government leaders worldwide to support, promote, and help form community-led resilience initiatives that provide *Mutual Support For All* for the C-E-B crisis. This will be achieved by forming Transformational Resilience Coordinating Networks (TRCNs) that use a culturally-grounded holistic and integrated public health approach to build population-level mental wellness and transformational resilience for all types of adversities. The initiatives will actively engage marginalized groups and prioritize equity and justice for all. They will also ensure that persons with severe mental health disorders attain the highest possible level of services and fully participate free from stigmatization and discrimination.

2. Goals: To goals of this Global Call To Action are to implore leaders in urban neighborhoods, mid-and small size communities, and rural areas worldwide to:

- Build widespread understanding of how C-E-B crisis-related toxic stresses and traumas can affect individual and collective mental health and psychosocial conditions, and how those impacts can affect the health, safety, and wellbeing of individuals, families, organizations, and entire communities and societies.
- Expand existing and form new multisectoral community-led Transformational Resilience Coordinating Networks worldwide that use a culturally-grounded, holistic, and integrated public health approach to provide *Mutual Support For All* to build population-level mental wellness and transformational resilience for C-E-B crisis-generated adversities.
- Educate and train local peer-leaders to organize, participate in, and lead TRCNs that engage residents in providing *Mutual Support For All*.
- Establish culturally-grounded, holistic, integrated, and responsive technical assistance and start up and ongoing funding mechanisms to support community-led Transformational Resilience Coordinating Networks.
- Integrate *Mutual Support For All* into climate mitigation and adaptation, healthcare, youth and adult education, disaster response, business operations, and other key civic, NGO, private sector, and government services and programs that affect human wellbeing.
- Support and strengthen community-based research regarding the use of a public health approach in communities to engage residents in providing *Mutual Support For All*.
- Promote human rights, equity, and justice.
- Reduce stigmatization of people with mental health and psychosocial issues.

3. Core Principles

- *Establish Permanent Multisectoral “Transformational Resilience Coordinating Networks” in Communities and Rural Areas Worldwide to Provide Mutual Support for All*

To enable residents to prepare for, prevent, and heal the mental health and psychosocial generated by the C-E-B crisis permanent multisectoral “Transformational Resilience Coordinating Networks” (TRCNs) will be established in all communities and rural areas worldwide. The TRCNs should be composed of a diverse set of grassroots, neighborhood, civic, religious and spiritual, youth, K-12 and adult education, disaster response, mental and physical health, social work and other human service, climate mitigation and adaptation, environmental, business and workforce, and other civic, NGO, private, and public sector leaders, as appropriate to the local culture and context.

When appropriate, the TRCN will form a small diverse steering committee (executive committee or leadership council) to make decisions on a daily basis for the overall network. When possible, the TRCN should also form “Resilience Innovation Teams” composed of individuals and organizations respected by and with expertise in working with different populations (e.g. youth, working age people, older adults) and sectors (e.g. education, private business, climate adaptation) that design and implement strategies to engage those groups in *Mutual Support For All*. The Resilience Innovation Teams will continually share their strategies and activities with the larger TRCN steering committee and other Resilience Innovation Teams to gather feedback, identify gaps in populations and sectors being served, coordinate fundraising activities, and in other ways constantly improve their work and ensure that everyone in the area is engaged in high quality *Mutual Support For All* prevention, healing, and transformational resilience.

- *Ensure TRCNs Are Community-Led*

The multisectoral Transformational Resilience Coordinating Networks (TRCNs) should be "community-led," meaning [local residents](#) involved with the TRCN should be responsible for making decisions about how it operates, the type of activities it engages in, and how financial support is secured and allocated. Government, NGO, and private entities will provide technical assistance and funding for the initiatives, but will not operate the initiative or be the final decision-makers. Instead, they will serve as fiscal sponsors, advisors to, and/or equal participants in TRCNs.

This is different from "community-based" programs that occur when a single organization obtains funds to run a program, might seek feedback from local residents about how it should operate, but remains the final decision-maker about what it will engage in and how the funds will be used. All too often community-based initiatives terminate when the organization's funding ends because local residents do not feel ownership in it. In contrast, community-led initiatives typically continue, sometimes without any funding at all, because it is owned by local residents. TRCNs can start as community-based initiatives, but should quickly shift to become community-led by giving residents decision-making responsibility.

To operate community-led TRCNs local residents will be educated and trained in how to become peer leaders to organize, lead, evaluate, and continually improve strategies to engage residents in providing *Mutual Support For All*. The training will be frequently updated to help local peer leaders learn how to respond to new challenges that arise.

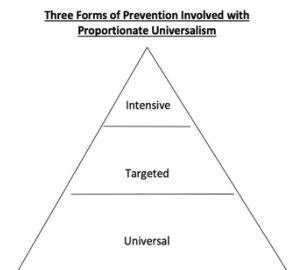
- *TRCNs Should Use a Culturally-Grounded, Holistic and Integrated Public Health Approach to Engage their Entire Population*

The strategies used by TRCNs to engage residents in *Mutual Support For All* will be guided by the principles of a [public health approach](#) to mental wellness and Transformational Resilience. The strategies will be culturally-grounded, holistic and integrated, and explicitly seek to overcome the siloed and fragmented approaches often found in mental health and psychosocial support programs. They will also use best available evidence, promising interventions, or culture and context-grounded approaches to strengthen the entire population's capacity for mental wellness and transformational resilience.

In cultures that do not embrace them, the strategies will not emphasize Western biomedical psychiatric and psychological theories and practices. Instead, indigenous or faith/spirituality knowledge and methods will be used. This means all strategies will be locally-informed, locally-developed, and contextually and culturally-focused to emphasize what will be most effective for the local population.

- *The Public Health Strategies Should be Multi-Tiered*

[Multi-tiered](#) strategies will be used to engage the community in providing *Mutual Support For All*. To accomplish this strategies will use "[proportionate universalism](#)," which means they will integrate: a) universal interventions that reach the entire population; with b) equally robust targeted interventions for vulnerable populations and people at high risk of mental health issues; and c) intensive interventions for those already experiencing significant mental health challenges. These strategies will be integrated with a "[life-course approach](#)", which means they will be tailored to different stages of life, including childhood, adolescence, working age adults, and older adults.



Where they exist, professional mental health services will play a very important role by supporting this work, but not be the primary approach, by assisting people with severe disorders that cannot be addressed by community-led initiatives. Trained mental health providers should also help educate and train local peer leaders in how to support distressed and traumatized people.



- *TRCN Strategies Must Address the Linguistic and Cultural Dimensions of the Community*

Linguistic and cultural accessibility must be fundamental to the work of TRCNs in providing *Mutual Support For All*. Communication styles, materials, and resources provided only in the language of one dominant population, or reflecting a particular cultural framework will often fail to reach many of people who are most effected. Translation services, culturally specific imagery and metaphors, and collaboration with cultural knowledge keepers will be essential to ensure effective strategies.

- *Provide Ample Ongoing Resources to Support Community-led TRCNs*

International organizations such as the World Bank and United Nations, regional agencies such as regional development banks, as well as nation states, provinces/states, municipalities, philanthropic organizations, and private donors should provide direct financial support and technical assistance to community-led initiatives that use a public health approach provide *Mutual Support For All*. They will also provide indirect support such as offering use of facilities for meetings and assisting with program communications and promotion.

- *Establish International, National, and Regional Learning Collaboration and Information Clearing Houses*

Mechanisms should be established at the international, national, regional, and provincial/state levels to enable ongoing communications, knowledge sharing, and problem solving among community-led TRCNs. Information clearing houses should also be established to gather and make available important data, documents, and approaches. These systems will be easily accessible, trustworthy, and regularly updated.

- *Emphasize Community-Based Research With a Focus on Evaluation and Improvement Tools*

Academic and other researchers will prioritize research that assists community-led TRCNs that provide *Mutual Support For All* to understand and increase their effectiveness, address specific challenges, and achieve their goals. The research will involve community members in the research process and not divert their time or attention away from accomplishing their goals. A special focus should be placed on developing effective program evaluation, metrics, and improvement tools to help TRCNs understand what is effective and what is not and continually enhance their activities.

- *Fully Integrate Mutual Support For All Into All Climate Adaptation Plans, Humanitarian Aid Programs, and Many Other Sectors*

Mutual Support for All to address the toxic stresses and disasters generated by the C-E-B crisis should be fully integrated into climate mitigation and adaptation, humanitarian aid, and many other initiatives.

[Research](#) by Climate Cares in London found that only 42% of countries mention mental health in their climate adaptation policies, and only 17% of nations included actions to address climate-related mental health issues in their policies. In addition, although many humanitarian aid programs are focusing on extreme weather disasters, few focus on establishing the social infrastructure needed to build and sustain *Mutual Support for All* into perpetuity. Further, very few physical healthcare, education, K-12 or higher education, disaster response, faith and spirituality, and social and environmental justice and other sectors engage their staff, partners, or members in building population-level mental wellness and transformational resilience for the C-E-B crisis.

This is a major mistake. All of these initiatives will find significant benefits by integrating the principles and methods of *Mutual Support for All* into their work.

This is important because the knowledge offered by local residents will be essential to ensure that the initiatives are realistic and will be embraced by the community. Engaging in *Mutual Support For All* will also be important for the staff and volunteers involved with the programs. Further, if proactively building population-level mental wellness and transformational resilience is not included, many of these initiatives will often revert to reactive downstream emergency interventions when toxic stresses or disaster occur, and fail to address the social-ecological factors required to prevent and heal widespread mental health and psychosocial issues.

To integrate *Mutual Support for All* into these initiatives programs leaders should become informed about the core principles and methods, and then actively help organize and/or participate in local TRCNs. Memorandums of Understanding (MOUs), joint task forces, and other methods can be used to formalize efforts to integrate the focuses.

- *Use Online Technologies---With Strong Safeguards*

Mutual Support For All can be assisted by the use of online technologies including modern cellphones, smartphones, and computers. These internet-enabled devices allow users to communicate with others, access information, and utilize online services through various networks. They can also provide early-warning systems for C-E-B crisis-related disasters and provide peer-to-peer mental health assistance.

However, many digital platforms and content on social media are designed to exploit psychological vulnerabilities to maximize user engagement. As previously discussed, excessive use has consequently been [found](#) to cause mental health issues including anxiety, depression, loneliness, and a distorted sense of reality. It also leads people to believe falsehoods and conspiracy theories that can activate polarization and violence. It will therefore be very important for TRCNs to establish clear and strong methods to protect residents from the misuse of online technologies. This will require a combination of practices. Among other actions this should include establishing strong passwords for TRCN sites, encouraging people to be very cautious with suspicious emails and texts, ensuring social media privacy, avoiding the sharing of personal information, being cautious about connecting with strangers, only posting information that is factual and relevant, and urging people to significantly limit the amount of time they spend on digital platforms.

In addition, online technologies, especially AI, require huge amounts of energy, most of which is currently generated by burning fossil fuels that intensifies the C-E-B crisis. As previously discussed, TRCNs should therefore work to establish clean renewable forms of energy in their community. They should also encourage residents to be very judicious in how much time they spend online when their devices and platforms are powered by fossil fuels.

- Enact Regional, National, Provincial/State, and Local Policies to Support TRCNs

Policies will be enacted at every level of government worldwide to authorize, provide technical assistance to, and fund community-led TRCNs that engage their residents in providing *Mutual Support For All*.

- Ensure Human Rights, Equity, Social and Environmental Justice

All TRCNs, as well as policies, strategies, and actions to engage local residents in providing *Mutual Support for All*, will ensure social, economic, and environmental equity and justice for all people, and be compliant with the Convention on the Rights of Persons with Disabilities and other international and regional human rights instruments.

4. Specific Recommendations

I. Grassroots, Civic, NGO, and Other Community Leaders Worldwide Should:

- Become informed about the interacting causes and impacts of the C-E-B crisis, how they can affect mental health and psychosocial wellbeing, and how those issues can affect the health, safety, and security of individuals, families, organizations, and entire communities and societies.
- Learn what a community-led, culturally-grounded, holistic and integrated public health approach to *Mutual Support For All* involves and the core principles and methods involved with implementing this approach.
- Become trained as peer-leaders of community-led Transformational Resilience Coordinating Networks (TRCNs) that provide *Mutual Support For All* and help form, operate, and continually improve strategies in their neighborhood or community.

II. Private Sector Leaders Worldwide Should:

- Become informed about the interacting causes and impacts of the C-E-B crisis, and how they can affect the mental health and psychosocial wellbeing of their employees, customers, partners, people involved with their business value-chain, and thus their entire operations.
- Learn what a community-led, culturally-grounded, holistic, and integrated public health approach to *Mutual Support For All* involves and how their organization can support and fund it.

- Actively encourage their employees and customers to participate in community-led Transformational Resilience Coordinating Networks that provide *Mutual Support For All*.

III. International, National, Territorial, Provincial/State, and Local Authorities Should:

- Enact policies to authorize and support community-led Transformational Resilience Coordinating Networks (TRCNs) that engage their residents in providing *Mutual Support For All* for the C-E-B crisis.

The key goals, principles, and methods should also be mainstreamed into policies addressing many other relevant sectors including all levels and types of education, youth after-school and summer activities, climate mitigation and adaptation, environmental conservation, job training and employment, business finance and operations, poverty reduction, all aspects of healthcare, public safety, and the judicial system, human rights protection, and other spheres.

All policies shall comply with the obligations under the Convention of the Rights of Persons with Disabilities and other international, national, and regional human rights conventions.

- Ensure effective and responsive leadership of community-led Transformational Resilience Coordinating Networks (TRCNs) that use culturally-grounded, holistic and integrated public health approach to provide *Mutual Support For All*.

Mental health, social work, healthcare workers, disaster response, youth and senior adult care, education, business, and other civic, NGO, private sector, and all levels of government should support the education and training of local peer-leaders to form, operate, and continually improve operate TRCNs that provide *Mutual Support For All* for the C-E-B crisis.

The education and training of local peer leaders of TRCNs should also include how to form and operate knowledge exchanges and information clearing house between networks in their province/state, nation, and region to enable ongoing information sharing, learning, and problem solving. In addition, education and training should emphasize integrated knowledge translation (iKT), meaning co-creating knowledge between researchers, practitioners, and community members, ensuring real-time application of research findings, bridging the gap between evidence and practice, and engaging users throughout the research and implementation process

- Provide ongoing funding and technical assistance to support community-led Transformational Resilience Coordinating Networks (TRCNs) that provide *Mutual Support For All* for the C-E-B crisis.

International institutions including the World Bank and United Nations, regional agencies such as regional development banks, and national, territorial, state/provincial,

and local governments, and private donors and foundation should establish and coordinate start-up, short-term, and ongoing operational funding streams among and between counties in the Global South and North to support community-led TRCNs that use a public health approach to provide *Mutual Support For All*.

The funds can be generated through a variety of mechanisms such as: direct government appropriations; blended finance, meaning combining public, private, and philanthropic funds to reduce mental health investment risks; catalytic capital, which are flexible risk-tolerant investments to scale community-led mental health and transformational resilience programs; performance-based and outcomes-linked financing, which include development bonds and pay-for-success models that link funding to measurable mental health outcomes; climate and resilience funding streams which include loss and damage funds and disaster and risk reduction finance; microinsurance to support TRCNs in climate-vulnerable communities; venture philanthropy and program-related investments; low-interest loans or equity investments in TRCNs to ensure that capital is recycled; and earned income models that encourage mental health and transformational resilience building social enterprises to develop self-sustaining revenue streams through training programs, digital health solutions, and peer support services.

All funding should be distributed equitably and not be influenced by the wealth or political power of any particular population, sector, or community.

5. Consistency of This Global Call To Action with Other Mental Health Plans

This Global Call To Action to provide *Mutual Support For All* directly addresses each of the four objectives of the World Health Organization's [Mental Health Action Plan 2013-2030](#): Develop more effective leadership and governance for mental health; provide comprehensive integrated mental health and social care services in community-based settings; implement strategies for promotion and prevention; and strengthen information systems, evidence and research.

This Global Call to Action is also consistent with the WHO's 2023 [World Mental Health Report, Transforming Mental Health For All](#) which says community-based networks of mental health services should empower people to thrive, not just survive, reduce stigma, enhance access, and provide better support for recovery and inclusion across all levels of need.

In addition, this Call to Action is congruent with the [Lancet Commission on Global Mental Health](#) that calls for expanding mental health from a focus on reducing the treatment gap to improving the mental health of whole populations and reducing the global burden of mental disorders by

addressing gaps in prevention and quality of care. In addition, it directly addresses the actions called for in section SDG3 on Good Health and Wellbeing, and section SDG13 on Climate Action, of the [UN Sustainable Development Goals](#).

The primary differences between this *Global Call to Action to Provide Mutual Support for All* and the other mental health plans are: a) it directly addresses what is urgently needed now given

that global temperatures have risen by 1.5C (2.7F) and, within a few short years, will increase by 2C (3.6F) and; b) it consequently does not seek to reform existing mental health systems, and instead focuses on an expanded paradigm of actively engaging neighborhoods and communities in prevention and healing by providing mutual aid, building social connections, and promoting other protective factors that help regenerate local conditions and the natural environment.

6. Potential Obstacles and Solutions

The C-E-B crisis will increasingly generate challenges that contemporary society has never experienced before. The will make implementing *Mutual Support For All* difficult. There are too many potential obstacles to list them all here. However, three of the most significant will likely be: a) How to help mental health and human service professionals expand beyond the biomedical model of health and the individually-focused delivery systems they use to support a public health approach in communities to build population-level mental wellness and resilience; b) How to rapidly authorize, fund, and organize Transformational Resilience Coordinating Networks (TRCNs) when people are simultaneously struggling to deal with the impacts of the C-E-B crisis and other adversities, and; c) How to bring people together in neighborhoods and communities to engage in *Mutual Support For All* for when they are dealing with serious social, economic, and political polarization and other forms of chaos.

Answers to some of these issues have already been discussed in this Global Call to Action. However, even more important than specific recommendations, the key to addressing these challenges will be to use of the same approaches discussed in the document involved with building mental wellness and transformational resilience: use an holistic and integrated approach that starts with the willingness to turn toward and learn from today's adversities about how existing perspectives, practices, and policies have contributed to the problems, and how by altering them new possibilities can appear. The willingness to examine and adjust long held and often unconscious mental models will often lead to innovative new ways to overcome obstacles and organize TRCNs that could not previously been imagined.

In sum, continually engaging in the transformational resilience process will be key to addressing the many barriers that lie ahead.

7. Global Timelines

The timelines offered below are established to encourage for formation of community-led Transformational Resilience Coordinating Networks (TRCNs) that provide *Mutual Support For All* in a majority of nations worldwide no later than 2030. This date was chosen because it is when average global surface temperatures are projected to be 2C (3.6F) hotter than pre-industrial levels, at least temporarily, in many parts of the world.

- By the close of 2026, 80% of international, national, territorial, provincial/state, and local government authorities worldwide, as well as civic, NGO, and private organizations focused on mental health, psychosocial wellbeing, physical health, education, climate mitigation and adaptation, disaster response, and other groups and organizations focused on human

wellbeing, will have reviewed and approved this Global Call to Action and initiated actions to implement it.

- By the close of 2027, 80% of high-income nations, and 50% of mid- and lower-income nations, will have enacted policies to authorize, support, and fund community-led TRCNs.
- By the close of 2028, TRCNs will be formed in 50% of the communities and rural areas in the high-income nations, and in 25% of mid-and lower-income nations that have enacted policies to authorize, support, and fund them.
- By the close of 2029, TRCNs will be formed in 75% of the communities and rural areas in the high-income nations, and in 50% of mid-and lower-income nations that have enacted policies to authorize, support, and fund them.
- By the close of 2030 at TRCNs will be formed in 90% of the communities and rural areas in the high-income nations, and in 75% of mid-and lower-income nations that have enacted policies to authorize, support, and fund them.

8. Conclusion

The accelerating impacts of the C-E-B crisis will increasingly alter every aspect of human societies. Wide-ranging individual distresses and traumas, as well as community-level and societal traumas, will be some of the most harmful effects. If Transformational Resilience Coordinating Networks are formed worldwide that provide *Mutual Support For All*, a vibrant participatory culture can be created that prevents these issues from occurring, enables people who experience symptoms to heal, and empowers everyone to find positive new sources of meaning, purpose, and healthy hope as the C-E-B crisis unfolds.

This Global Call to Action implores civic, private sector, and government leaders worldwide to rapidly implement this very important and beneficial approach.

Glossary of Terms Used In This Document

A public health approach to mental wellness and transformational resilience means strategies that focus on the entire population, prioritize preventing mental health and psychosocial issues from occurring and integrates healing methods into the prevention strategies, and achieves these ends by strengthening protective factors and minimizing risk factors.

A Transformational Resilience Coordinating Network (TRCN) means a community-led multisector coalition that uses a public health approach to design, implement, and continually improve strategies to build population-level mental wellness and resilience for all types of adversities.

Community-led means a network of community members are responsible for making decisions about what and how services are provided and funds are used, while *community-based* means an organization secures funds to operate a program, might ask residents for feedback, but makes decisions about what it will do and how the funds will be used.

Equity means fairness by acknowledging that people have different needs shaped by their circumstances that require resources and opportunities tailored to those needs.

Healing means becoming healthy and resilient again and having positive meaning, purpose, and hope in life. It does not mean the absence of symptoms and differs from recovery, which often refers to bouncing back or returning to a previous condition.

Healthy Hope means being an active participant in bringing about change, not naively hoping for the best, believing that things will somehow magically improve, or that other people or institutions will make the needed changes.

Justice means fair and impartial treatment of everyone regardless of their age, culture, ethnicity, religious or spiritual affiliation, geographic, or economic circumstances.

Mental health issues mean factors that negatively affect various aspects of a person's life, including their psychological, and emotional well-being, behaviors, physical health, relationships with others, and overall functioning. They often result from attempts to cope with distress that go wrong.

Mental health disorders are more debilitating than mental health issues and are often called mental illnesses. These conditions may be temporary or lifelong.

Mental wellness means the ability to constructively deal with adversities, realizing one's potential, work productively, contribute to the community, and thrive in life.

Psychosocial issues mean the interplay between how social, economic, cultural, and other environmental factors affect an individual's psychological, emotional, and behavioral conditions, and how an individual's mental health issues can affect other people.

Prevention means protective factors that buffer people from and enable them to push back against traumatic stresses and stop mental health and psychosocial issues from occurring.

Society means a large group of people who live together in an organized way, making decisions about how to do things and sharing the work that needs to be done.

The *climate-ecosystem-biodiversity (C-E-B) crisis* means the rapidly accelerating interacting damage to the atmospheric climate, ecological systems, and organisms that support life on earth.

Toxic stress means a prolonged and intense activation of the body's stress response system that can cause psychological, emotional or physical impacts and differs from the normal brief stress response that can help people deal with situations.

Transformational resilience means the ability to learn from adversities and use them as catalysts to find new ways of seeing and acting in the world that lead to positive new sources of meaning, purpose, and hope and enables individuals and groups to thrive.

Thriving means a positive state where people continually learn, grow, and have meaning, direction, sense of well-being.

Unhealthy means influences, behaviors, or practices that physically, psychologically or emotionally harm individuals, groups, or the natural environment.

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