

## The International Consortium to Promote the Formation of Local Resilience Networks Worldwide to Address the Health Impacts of the Global Climate Crisis

### Overview

Humanity is in the midst of a rapidly accelerating atmospheric climate crisis that is interlinked with a global ecosystem and biodiversity crisis. The climate-ecosystem-biodiversity (C-E-B) crisis is generating many types of known, and numerous other new and surprising chronic severe stresses and emergencies, and more frequent, prolonged, and extreme acute weather disasters.

The impacts include rising injuries and loss of life, food and water shortages, damage and loss of housing and other critical physical and social infrastructure, loss of livelihoods and financial struggles, involuntary migration, new illnesses and diseases, and more. These adversities are producing emotional distress, increasing social isolation, disrupting social connections, reducing social trust, decreasing prosocial behaviors, and amplifying social and political conflicts worldwide.

One outcome is a global epidemic of adverse social, psychological, emotional, behavioral, spiritual and related physical health problems. Coupled with this is the reduced ability to adapt to the impacts of the C-E-B crisis, and take meaningful action to reduce it to manageable levels.

As it accelerates, in different times, ways, and magnitudes the C-E-B crisis will affect the entire global population. In response we must think and act through a population lens, not a siloed individual or isolated group-by-group approach. This is one reason why professional mental health, human services, and disaster mental health programs alone have no chance of preventing or healing the pervasive mental health, psychosocial, and associated physical health issues generated by the C-E-B crisis.

Instead, people must be actively engaged in activities where they live, work, and recreate that help buffer them from, and enable them to push back against the impacts of the C-E-B crisis, and build healthy, safe, just and equitable, climate-resilient, zero-emission, regenerative communities.

Poor social connections and lack of trust and community cohesion increase vulnerability to the impacts of the C-E-B crisis. However, building strong social connections, engaging residents in mutual aid, teaching them simple emotional self-regulation and adversity-based growth resilience skills, and involving them in prosocial activities have been found to enhance civic cooperation and trust, promote equitable resource sharing, and in other ways foster resilience that can prevent and heal the mental health, psychosocial, and many related physical health impacts of the C-E-B crisis.

Forming Community-led Resilience Networks (CRNs) in all urban neighborhoods, mid- and small communities, and rural areas worldwide is the most effective way to achieve these ends. CRNs are wide and diverse multi-sectoral groups that use locally-tailored versions of a public health approach to engage their entire population in activities that strengthen their capacity for wellness and resilience for all types of adversities, and mobilize support for climate mitigation & adaptation.

The International Consortium of over 100 organizations from numerous countries was formed to promote the establishment of CRNs worldwide. This document explains its goals and methods.

## **I. Purpose of the International Consortium**

The International Consortium is composed of organizations from numerous countries. It has been formed to promote the establishment of Community-led Resilience Networks (CRNs) in all urban neighborhoods, mid- and small-size communities, and rural areas worldwide. The mission of CRNs is to engage their entire population in age, demographically, and culturally-appropriate activities that strengthen their capacity for wellness and resilience for all types of chronic severe stresses and acute traumatic events. Building individual and collective wellness and resilience helps prevent and heal the social, psychological, emotional, behavioral, spiritual, and related physical health impacts of the climate-ecosystem-biodiversity (C-E-B) crisis. CRNs can also mobilize residents to support and/or engage in climate mitigation and adaptation. In doing so residents often find powerful new sources of meaning, purpose, and hope in their lives.

## **II. The Urgency of Forming Community-led Resilience Networks Worldwide**

Global average surface temperatures have now risen by 1.5 degrees Celsius (2.7F) above pre-industrial levels for three consecutive years. In 2025 the World Meteorological Organization projected that temperatures will rise close to or reach 2C within just 5 years in many parts of the world, at least temporarily. That same year a team led by noted climate scientist Dr. James Hansen projected that temperatures will hit 2C permanently worldwide not too many years after that.

Rising temperatures can aggravate, and in turn be accelerated by, growing deforestation, habitat loss, air, water, and soil pollution and other forms of ecological degradation, as well as the loss of biodiversity worldwide. This is why humanity faces far more than an atmospheric climate crisis. We are in the midst of a mounting global climate-ecosystem-biodiversity (C-E-B) crisis that is destabilizing the core conditions that made the earth habitable for society as we know it.

The human impacts of the interconnected crises include rising injuries and loss of life, food and water shortages, damage and loss of housing and other critical physical infrastructure (e.g. water, energy, and transportation systems) and social infrastructure (e.g. libraries, community centers, social service systems), loss of livelihoods and financial struggles, involuntary migration, new illnesses and diseases, and more. Together these impacts are increasing vulnerability to all types of adversities and diminishing human health worldwide.

These effects are increasingly interacting with existing social, educational, economic, political, and other inequalities, as well as climate misinformation and denial, to reduce social trust, increase social isolation, decrease prosocial behaviors, amplify economic, cultural, and political conflicts, and in other ways fracture communities and entire societies.

One outcome is a global epidemic of adverse social, psychological, emotional, behavioral, and spiritual issues. Coupled with this is the reduced ability to eliminate carbon emissions, restore ecological systems, and adapt effectively to the impacts of the C-E-B crisis.

As temperatures rise toward 2C, in different times, ways, and magnitudes these adversities

will severely stress or traumatize everyone. In response we must think and act through a population lens, not an siloed individual or isolated one group at a time approach.

Professional mental health, human services, and disaster mental health programs will remain very important. However, even with systems improvements and more funding, they cannot prevent or heal the pervasive social, psychological, emotional, behavioral, spiritual, and related physical health issues generated by the C-E-B crisis.

Instead, people need to be actively engaged where they live, work, and recreate in activities that help buffer them from, and enable them to push back against the impacts of the C-E-B crisis, and build healthy, safe, just and equitable, climate-resilient regenerative communities. This is the mission of Community-led Resilience Networks.

## **II. Description of Community-led Resilience Networks (CRNs)**

As seen by the many CRNs that already exist worldwide, each is unique and there is no one-size-fits-all approach to how they are formed or operate. Most are multi-sectoral groups composed of a wide and diverse array of individual "community champions", and leaders of grassroots and civic groups, and non-profit, private, and public sector organizations. Each CRN uses a name that resonates locally and develops strategies that can be embraced by their residents.

Although each is different, most CRNs use a locally-tailored version of a public health approach to build mental wellness and resilience by embracing three central principles:

- They focus on the *entire population*, including but not limited to people with existing symptoms or who seem more at risk. They seek to *leave no one behind*.
- The top priority is *prevention* of social, psychological, emotional, behavioral, spiritual, and related physical health issues, and methods to *heal* people who experience issues are integrated into the prevention strategies. They realize that *prevention is the cure*.
- These principles are addressed by engaging residents in strengthening *existing protective factors*, and forming *additional ones*, that build resilience for traumatic stresses, and give them positive new sources of meaning, purpose, and hope. They focus on *strengthening social connections, individual and collective resilience skills, and other local resources and assets*.

Some of the methods CRNs commonly utilize to implement these principles include:

- Fostering robust *social connections* throughout the community, with an emphasis on "bonding" different family and social groups together with other similar groups, and "linking" them with people and groups with important resources, and with social, economic, or political power;
- Engaging residents in *mutual aid* to provide practical assistance, address basic needs, offer psychological and emotional support, and address physical health issues;

- Building *mental wellness literacy* by helping everyone become "trauma and resilience-informed" and learn individual and group emotional self-regulation and adversity-based growth skills;
- Promoting engagement in *activities* that build and sustain wellness and resilience such as eating healthy food, getting sufficient exercise, laughing often, practicing forgiveness, and more;
- Establishing a variety of ongoing methods for residents to *heal their distresses and traumas* such as healing circles, somatic, nature-based, spiritual, and other healing methods.

Local residents lead these CRN activities, many of whom do so by becoming trained as peer leaders. When and where they exist, professional mental health, human service, and physical health programs support them, and are not the primary or sole focus. This is important because there will never be enough providers to assist everyone who is impacted by the C-E-B crisis. In addition, in many locations worldwide there are few or no professional providers. Further, even when they exist up to 50% of the public will not engage in mental health services due to fears of being stigmatized by others, conflicts with religious beliefs, difficulties in gaining access, and other factors.

CRNs can engage residents in building social connections and the other wellness and resilience building activities described above by involving them in:

- Cutting locally-generated carbon emissions as well as air, water, and soil pollution;
- Taking control of their energy supply by shifting to solar or other forms of low-cost clean renewable energy;
- Restoring local forests, waterways, and other ecological systems and biodiversity;
- Building external physical resilience for the impacts of the C-E-B crisis;
- Supporting ecologically sound businesses that provide meaningful living-wage jobs;

When residents personally engage in any of these activities they often find important new sources of meaning, purpose, and hope in their lives.

It is important to distinguish the difference between "community-led" and "community-based" resilience building initiatives. By community-based we mean an NGO, private, or government organization might originate resilience activities or secure funds to support them and invite local residents to participate. However, if the organization that started the initiative or raised the funds believes is responsible for achieving the deliverables, it remains the ultimate decision-maker about what occurs and how funds are used. Local residents often participate to obtain resources from the entity that has funds. However, they are not the actual decision-makers. If the lead organization stops its work or its funding ends, this type of initiative also usually ends because local residents do not feel ownership of it.

In contrast, in community-led resilience networks decisions about what activities occur and how funds are used are made by the participants themselves. A single organization might secure funds to organize a steering committee (governing or oversight board) and launch resilience building activities. However, they make it clear that they are not the ultimate decision-makers. The CRN steering committee will make decisions on what occurs and how funds are used. If funding dries up, the resilience network and its activities continue because the participants lead and own it.

Resilience networks often start as community-based entities. But most are sustained and succeed over the long-term only when they become community-led.

### **III. Goal of the International Consortium**

The ultimate goal of the consortium is to form CRNs in every urban neighborhood, mid- and small-size community, and rural area worldwide within 5 years.

We acknowledge that this is an extremely ambitious goal. However, with global temperatures set to rise close to or by 2C within 5 years in many parts of the world, we believe this goal is warranted, and the consortium should do everything possible to achieve it.

### **IV. Five Year Action Plan and Timeline**

(Note: This is a draft. The final action plan will be developed by consortium members, and it will be refined and improved each year). The consortium's draft action plan is to:

#### *Year One:*

- Agree on a global strategy, as well as subsets of the strategy for different geographic regions and subregions of the world, to inform international, national, provincial, and local leaders about the urgent need, methods, and many benefits of forming CRNs in every urban neighborhood, mid- and small-size community, and rural area worldwide.
- Connected with the strategy, highlight the CRNs that exist in different geographic regions, subregions, and nations of the world and illustrate how they were formed, how they operate, and the many benefits they can provide.
- Establish an online platform through the Global Mental Health Action Network to allow consortium members to communicate, problem solve, share tools and methods, and in other ways continually learn from each other and improve their operations.
- Invite community leaders from nations worldwide to participate in a Community of Practice to learn how to form and operate a CRN.
- Through all the above continue to expand membership in the international consortium.

#### *Year Two:*

- Through social media, podcasts, videos, conference presentations, workshops and webinars, OPEDs, meetings with NGO, private sector, and public officials, and other means the consortium will begin to implement the strategies at the global, regional, and subregion levels to raise awareness of the need, methods, and multiple benefits of forming community-led resilience networks worldwide.

- We will seek to establish personnel (volunteer or paid) in different geographic regions and/or subregions of the world to coordinate the initiative.
- Existing community-led resilience networks will be highlighted, and local community leaders will be engaged in forming new CRNs in different geographic regions and subregions of the world to demonstrate to what they are, how they can operate, and their many benefits.
- Continue to train a cadre of local community leaders in how to run a Community of Practice in their region or nation the help local residents learn how to form and operate a community-led resilience network.
- Seek to raise funds and establish programs in selected regions and subregions of the world to provide small start-up grants to enable local CRNs to get organized.
- Begin to promote the need and many benefits of enacting policies at the international, national, provincial, and local levels to support and fund community-led resilience networks, possibly modeled after the *Community Mental Wellness and Resilience Act* that has been introduced in the U.S. Congress, or the *National Climate Health Policy* that has been introduced in the National Congress in Brazil.

#### *Year Three:*

- Using a variety of methods, continue to refine and implement strategies to build widespread public awareness of and support for forming CRNs worldwide.
- Continue to train a cadre of local community leaders in how to run a Community of Practice in their region or nation to help residents learn how to form and operate a community-led resilience network.
- Establish programs in additional selected regions and subregions of the world to provide small start-up grants that enable local CRNs to get organized, and train leaders in how to raise their own funds after the 2-years of funding ends.
- Continue to support ongoing communications among CRNs globally and in different regions and subregions of the world to problem solve, share information and tools, and in other ways learn and improve their operations.
- Highlight more existing and/or work with local leaders to establish 25-50 new community-led resilience networks in different geographic regions, subregions, and nations worldwide to demonstrate what a local resilience network is, how it can operate, and the multiple benefits it can produce.
- Seek public endorsement and promotion of community-led resilience networks by a diverse set of well-known respected international, regional, national, and local leaders.
- Work closely with key international, national, provincial, and/or local government officials to enact policies that support and fund community-led resilience networks-- and highlight successful enactment.

#### *Year Four:*

- Continue to promote and refine the strategies to inform the public and key leaders on every continent and nation about the need, methods, and multiple benefits of forming community-led resilience networks in urban neighborhoods, mid- and small communities, and rural areas worldwide.

- Continue to support ongoing communications among leaders of CRNs globally and in different regions and subregions of the world to problem solve, share tools and methods, and in other ways learn from each other and improve their operations.
- Highlight existing and/or work with local leaders to establish new CRNs in different geographic regions, subregions, and nations worldwide.
- Continue to seek the public endorsement and promotion of CRNs by a diverse set of well-known and respected international, regional, national, and local leaders.
- Work closely with more international, national, provincial, and/or local government officials to enact policies to support and fund CRNs and highlight successful enactment.

*Year Five:*

- Continue to highlight the importance of forming and operating CRNs at the international, regional, subregion, and national levels.
- Continue to support for operation of culturally-appropriate Community of Practices' in different regions and nations to help people learn how to form and operate CRNs.
- Continue to seek the public endorsement and promotion of CRNs by a respected international, regional, subregional, and national leaders.
- Work closely with additional international, nation, provincial, and/or local government officials to enact policies to support and fund CRNs in every region worldwide.
- Hold a high-profile global event celebrating the formation of CRNs worldwide that people of all ages and from all walks of life can participate in.

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