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Youth Mental Health: Global Perspectives

Eliot SOREL MD

Youth mental health is now a high global public health priority that needs urgent attention across low-, middle-, and high-income economies, especially since it was a major concern prior to the COVID-19 pandemic and worsened during the past three years.

Protecting youth mental health is now a high priority in the office of the US Surgeon General whose two recent advisories focus on this subject with distinct clarity and a call to action, without precedent, https://hhs.gov/surgeongeneral/priorities/youth-mental-health/ well complemented by a call to action in response to the *"epidemic of loneliness"*, and the *healing effects of connection and community*.

These well focused alerts on youth mental health, remarkably resonate with the *United States Preventive Services Task Force (USPSTF)* which recommends anxiety screening as early as age eight and depression screening for all youth 12 to 18 years of age. These recent recommendations resonate well with the known epidemiologic data that 50% of mental disorders exist by age 14 and 75% by age 24.

We are grateful to our distinguished colleagues from across the world who have contributed brilliantly to this unique issue of our *Review*. In this issue dedicated to *youth mental health*, we are most pleased to also acknowledge two additional and unprecedented, intentional innovations that are significantly enhancing the scope of our publication and resonating superbly with the aforementioned thematic focus we have chosen.

We welcome the debut, as a first contributor, of a recent medical school graduate, Dr. Nneka Mary-Joy Nwosisi, and wish her much success as a young physician joining the family of medicine and as a scientific contributor to our *Review*, especially inspired by her most meaningful, recent journey to Africa. We also are delighted to launch the *Opinion Editorial* (op-ed) section of our *Review*. This inaugural op-ed edition, *Protecting Children and Women: An Immodest Proposal*, is co-authored by Doctors Vincenzo Di Nicola, Daphne Marussi, and Ms. Samra Zafar, a medical student. Warmest congratulations to you all...!

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GMHP REVIEW

The Global Mental Health and Psychiatry Review (GMHPR) is a multidisciplinary publication serving the Global Mental Health Community. It welcomes original scholarly contributions that focus on research, health systems and services, professional education and training, health policy, and advocacy with a catalytic focus on TOTAL Health"

GMHPR is officially registered at the United States Library of Congress, and published three times a year around January (Winter issue), May (Spring/Summer issue), and September (Autumn issue).

Colleagues interested in contributing to future issues should contact our Editor's Virtual Office at gmhpreview@gmail.com, presenting a manuscript proposal for feedback and approval. Submitted manuscripts should have not been published, accepted, or under review elsewhere.

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David M. Ndetei

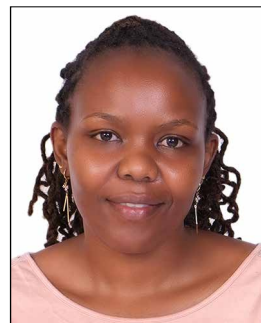**Victoria N. Mutiso**

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Drought is one of the climate change related events that affect livelihoods. Beyond the visible repercussions on physical health and livelihoods, drought like any other climate change related event affects the mental well-being of people, with youth being more vulnerable[1,2]. Kenya is well known for its diverse landscapes, vibrant culture, and rich heritage. However, it is no stranger to the devastating impact of drought. Over the past decade, Kenya has faced several severe drought episodes, leading to food shortages, water scarcity, and economic instability[3]. The prolonged exposure to drought-related stressors, such as food and water insecurity, displacement, and economic hardship, significantly affects the mental well-being of Kenyan youth.

The psychological impact of drought on Kenya's youth is far-reaching and profound. The harsh realities brought about by this environmental crisis have detrimental effects on their mental well-being, exacerbating various emotional and psychological challenges. These challenges include anxiety and stress, depression and hopelessness, emotional distress, and education disruptions. The first significant impact is the overwhelming anxiety and stress experienced by young people[4]. The uncertainty surrounding the availability of basic resources, such as food and water, coupled with witnessing the struggles faced by their families, creates a constant state of worry and fear in youth. Their concerns extend beyond their well-being to the welfare of their loved ones, intensifying their psychological burden. Moreover, the relentless hardships caused by drought, such as crop failures and water scarcity, contribute to a deep sense of hopelessness and despair among the youth. The inability to envision a better future due to the prevailing circumstances and the persistent exposure to poverty can lead to depressive symptoms and a loss of motivation. The young individuals, already burdened by their challenges, find it increasingly difficult to hold onto hope and maintain a positive outlook.

Drought-induced conditions often force families to abandon their homes and seek refuge elsewhere in search of stability and safety[5]. This movement and displacement result in the loss of livelihoods and property, further exacerbating the emotional distress experienced by the youth. They are left with feelings of hopelessness, helplessness, isolation, and homesickness, all of which are closely linked to mental illness. The upheaval in their lives and the sense of being displaced from their communities intensify their emotional turmoil. Additionally, droughts frequently lead to the closure of schools and limited access to quality education. The interruption in learning not only hampers the intellectual development of young individuals but also robs them of a sense of purpose and social connections. Education plays a vital role in shaping their identity and prospects, and the lack thereof further compounds the challenges they face, ultimately impacting their mental health.

To address these psychological impacts of drought on youth, it is pivotal to have community-based initiatives that can empower young people and equip them with coping strategies and life skills to navigate the psychological challenges induced by droughts. Such programs should focus on building resilience, fostering positive relationships, and promoting self-care practices. Additionally, mental health professionals should be trained to address the unique challenges faced by youth in drought-affected areas, offering counseling, therapy, and support networks. Addressing the root causes of drought through climate change mitigation and adaptation strategies is also paramount. Investment in sustainable agriculture, water conservation, and alternative livelihood opportunities can alleviate the socio-economic burden on youth, reducing mental health risks. Kenya's youths are the custodians of the nation's future. It is therefore imperative that concerted efforts are made to prioritize their psychological well-being so that Kenya can pave the way for a brighter and more resilient future.

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Addressing the Mental Health Issues in Adolescents Living with HIV in Southern Africa: Giant Strides towards Vision 2030

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Anthony A. Olashore   Bonginkosi Chiliza

Southern African countries, with one of the most severe HIV epidemics in the world, have demonstrated that an AIDS-free generation is possible, especially by eliminating mother-to-child HIV transmission and providing good perinatal care. For example, in 2013, some Southern African countries instituted a plan for treating all pregnant and breastfeeding mothers living with HIV with a highly active triple antiretroviral regimen as soon as they are diagnosed with the virus; this has greatly reduced transmission and the rate of new infections.[1] However, these achievements guise the fact that adolescents living with HIV (ALWHIV) lag in HIV treatment scale-up as they now contribute about one-third of new infections in this part of the world.[1]

Adolescence is a period of critical growth during which features such as self-identity, skills, resilience, and choices necessary to navigate future challenges and make lifelong decisions are achieved.[2] However, while children born with HIV now survive beyond adolescence to adulthood, they face enormous challenges ranging from the need for approval, peer pressure, stigma and discrimination, harmful social and gender norms, gender inequality, and unequal power dynamics. All these challenges affect their mental health, increase risk-taking behaviour, and ultimately constrain progress in reducing new infections. Nevertheless, Southern African researchers have recently risen to these challenges despite the limited resources available and the dwindling economy recently worsened by the COVID-19 pandemic. Research on the mental health of ALWHIV has focused on several key areas ranging from identifying common mental disorders and their influence on care retention and adherence and formulating simple, inexpensive solutions to addressing these challenges.

We have not only identified the common psychiatric disorders in the ALWHIV in Southern Africa but have also consistently associated these disorders with some features, such as mode of infection, which include vertical and horizontal means, thus suggesting a differing psychological need along these divides. For example, adolescents who acquire the infection, especially later in life, are more likely to present with stigma, adjustment issues, substance use, and internalising disorders like depression.[3,4] Whereas adolescents born with the infection were more likely to present with an externalising disorder like attention deficit disorder and cognitive impairment, which could be consequent to prolonged exposure to the virus or ARV regardless of the onset of treatment.[4]

Whilst these mental health issues, especially depression and substance use disorders, have been related to poor medication adherence and retention in care,[3] some simple innovations addressing these challenges were formulated and researched. Recently, Olashore et al.[5] adapted a problem-solving intervention and rehearsal and piloted it in depressed ALWHIV with adherence problems and reported a promising positive finding..[5] Nonetheless, a limitation exists stemming from the stigma of participating in a session not being steered by someone who can identify with the adolescents or fully understand what they are going through.

MacLean et al.[6] attempted to overcome this stigma-related barrier by adapting a peer counselling program from the well-

researched "friendship bench," in which case, ALWHIV were trained to use problem-solving skills and their own stories in helping others develop hope and improve their lives. This program, called 'Safe Haven Intervention,' was said to be effective in addressing the mental health issues in ALWHIV as the trained adolescents are expected to spread these interventions through snowballing to their peers, including those that cannot be easily reached in the communities and villages.

Lastly, the COVID pandemic, with its physical contact restriction, has spotlighted yet another innovation, digital medicine, which could break the barrier associated with stigma and may reach a wider variety of adolescents in this region. Moffett et al.[2] developed a Behavioural Activation Therapy designed to be delivered digitally to Address depression and facilitate social and economic transitions of South African adolescents. This has a great advantage in this region, where resources to cater to the mental health needs of our adolescents, such as mental health specialists, are scarce. Moreover, adolescents' internet use in Africa has increased since the pandemic as it has become a common mode of instruction; hence, this form of guided self-help may be more acceptable, cost-effective, and easy to access for ALWHIV in our region.

Whilst we still have more grounds to break in this part of the world, these innovations and many others at different stages indicate that southern Africa is not only on its way to achieving the 2030 sustainable development goal of "ending AIDS" but also its psychological and mental sequelae which are fast becoming a public health threat.

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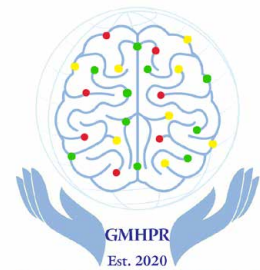
The Effects of Social Media on the Mental Health of Nigerian Youths: An Interview with Dr. Yewande O. Oshodi.

Interview conducted by
Dr Margaret Isioma Ojeahere, MBBS, FWACP [1]
Consultant Psychiatrist, Department of Psychiatry, Jos University Teaching Hospital, Plateau State, Nigeria, and General Secretary of the Early Career Psychiatrists section of the Association of Psychiatrists in Nigeria.

Yewande O. Oshodi   **Margaret Isioma Ojeahere**

Introduction:

Dr Yewande Oshodi is an Associate Professor of Psychiatry and Consultant Child and Adolescent Psychiatrist, at the Department of Psychiatry, College of *Medicine University of Lagos & Lagos University Teaching Hospital, Lagos. Nigeria*

She is the Current Secretary General of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) and Past President – Association for Child and Adolescent Psychiatry and Allied Professions in Nigeria (ACAPAN). Dr Oshodi also serves in hospital management as a current Deputy Chairman Medical Advisory Committees of the, Lagos University Teaching Hospital.

As a child and adolescent psychiatrist, what are your concerns about the effect of social media on youths?

Social media are technologies that we have become used to over the last couple of decades. While it has enormous benefits, there are lots of potential harmful features. As a child and adolescent psychiatrist, I have concerns about the effects of social media on youths, such as its capacity to be gratifying, engaging and potentially addictive. The dopamine driven feedback loop has been identified as a reward seeking circuit or process activated in some social media users whereby engagement with social media platforms such as Facebook, Snapchat, Instagram etc leads to increase in dopamine with positive feelings along the reward pathway and the users continue to seek such positive feelings repeatedly. This is particularly important in youths as their brains are still developing well into young adulthood; with the frontal cortex, where executive functions and decisions occur and are slowly maturing but the reward centres of their brains are more advanced in maturity. One can then understand why they can get easily addicted to the use of social media which may replace other healthy engagements. Some apps have been linked with promoting eating disorders as being fashionable or trendy under the guise of fitness videos and these can put youths at risk of harmful activities to restrict weight gain, and other un-

healthy eating practices or eating disorders. Another example is the regular viewing of armed conflict or violence particularly by younger populations, within video games or on other engaging apps, could result in learning through modelling and may lead to worrisome behaviours in children. A common feature that has been linked to youth mental ill health over social media use is the desire for glamorous lives of others and feelings of rejection when their posts are ignored or cyberbullied. It is not unusual for youths to desire individuation, which is particularly true among adolescents with a need for identity definition, they want to look like their peers, be accepted by their peers and all the other psychological processes that they need to navigate as part of their development. Poor self-image or a sense of rejection from real or perceived significant others can result in an identity crisis in the developing youth. Lastly, depending on their experiences and levels of supervision, children and adolescents can be susceptible to harmful effects of prolonged or excessive use of social media such as loneliness, anxiety, depression, and suicidality in some instances. Having mentioned these negatives, I must still reiterate that there are several benefits that have been linked to social media use among children, adolescents, and youths. So, it is important not to throw away the baby and the bathwater, for example, it generally promotes connections among the younger populations, it allows for ideas and content sharing, and it gives massive learning opportunities to mention a few. These positives must be harnessed and utilised with a balance to reducing the harmful effects.

Bringing it closer home, do you think social media has increased mental disorders or affected the pattern of presentation of mental health problems among Nigerian youths?

Yes, I think that social media use has had some effect on the mental health of Nigerian youths. There is increasing evidence of it worsening mental health affecting the patterns of presentation of youth mental disorders. Increased social media use among Nigerian youths is often to the neglect of important
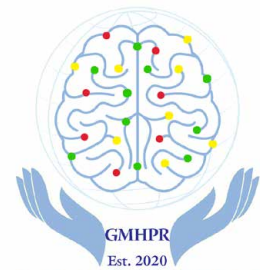
things such as social interaction, healthy face to face interactions, and quality family time, and these have been shown to adversely affect their mental health. The long hours spent on social media and internet, while sometimes sacrificing their sleep time, have been found to have long term consequences and higher onset of vulnerabilities for mental disorders. Before the advent of social media there were some levels of parental supervision and guidance that were easier to achieve compared to the era of globalisation from social media. It is harder to successfully supervise what youths are exposed to. An example is the viewing of sexually oriented content, just a website away for the curious unsupervised child. Several young people explore some of their sexuality through these platforms where they share private sexual images or other pornographic content which in the long term can have negative consequences and regret. These can put them at higher risk of mental ill-health such as depression and anxiety disorders particularly when they are unable to delete these items from the virtual platforms. Additionally, there has been an increase in the access to gambling platforms, and the risk of internet addiction in Nigerian youths and even globally with the long-term mental health effects of anxiety and depression as an effect of gambling. Noteworthy is the increasing incidence of online bullying which has come up as a result of access to social media and other technological devices. As mental health practitioners and specifically, child mental health experts we need to continue to create awareness amongst parents, and guardians on the potential challenges of unfettered social media use as a strategy, to limit its impact on our culture and wellbeing. Lastly, I want to highlight that certain conditions such as anorexia nervosa, which for many years has been viewed in this part of the world as a condition of the West, now with increased globalization, increased access to technology and the World Wide Web, adolescents and youths in this part of the world are exposed to seeing and learning about such eating disorders and imbibing these values, preoccupations about weight, desires for the perfect lean beauty and what she looks like. Due to all of these, the risk of eating disorders has also increased.

Are there any benefits to social media? Or are there apps that have been recognised to be more beneficial than harmful on the mental health of youths? If so, what are the plausible reasons?

Like I said earlier, there are many very useful applications that are beneficial for the mental health of youths, and they cover quite a wide range of things. There are apps that are useful for therapy, support for people's struggles, stress relief, and guided meditation apps such as headspace which provides some stress relief outlets for youth. Additionally, there are apps for suicide awareness, and apps that provide platforms where people can reach out and anonymously ask for support to help them to walk through their experiences and I could go on and on with more examples. There are loads of apps that can be downloaded and youths who are often online and at an age where they are curious and want to explore can be guided in the right directions to these. Therefore, learning how to manage their presence on social media is important. Safety is key, we can encourage creation of safe groups and what I will like to call safe peer-to-peer influences which can be utilized to reduce the negative effects of peer pressure. Plausible reasons for beneficial effects of these apps could be that they are often not endless in its use and by extension the effects on the brain but rather these helpful apps have interruptions, and feedback and these play a role in eliminating potential addictive loop or reducing the risk of addiction and their incidence. Another reason is the anonymity which can be beneficial for self-conscious youths. This anonymity is vital in Africa where conversations about mental health are only recently becoming more acceptable as a public health discourse. Priorly, everyone tried to shield their mental health experience, thereby missing out from early intervention and support from family members and caregivers could have sought for or offered.

Why do you think "TikTok" appears to be increasingly popular among youths? And What is your reaction to the arguments/ movement pushing for the regulation of social media and the outright ban for "TikTok" in some countries?

Well, my reaction to this borders on a call for moderation on all levels, because how much can we really legislate or ban?

As we may be aware TikTok, it is a video sharing app where individuals can record videos and share or be a viewer of videos. The apps selection is based on the previous interests of the individual and it essentially gives the person more of what they like or have liked in the past. It can be addiction producing, particularly in youths whose brains are still developing. The dopamine surge that comes from the pleasure experience, from consistently viewing what they like puts them at high risk of becoming dependent on such apps.

A ban of TikTok may help in the short term to limit the current worrisome effects we are observing but long term there may arise other problematic apps again. Protective policies and guidelines for the development of these platforms may be more sustainable. I will recommend we continue to raise awareness at all levels, and we advocate for moderation, encourage supervision, and equipping parents with skills on protection around the use some of these apps and social media platforms. In addition parents and mental health stakeholders must also be involved in playing active consultancy roles or participation in the creation of these devices and apps, and to assess the algorithms as they undergo development. All these roles, I propose may be what needs to be backed by policy and laws.

So it is important that in the creation of these apps, regulations and guidelines that protect mental health are considered.

Because if we shut down TikTok today, what stops another harmful app from coming up tomorrow? So, while, the clamour to recognize the harmful effects of apps like TikTok or some other social media platforms is good, as mental health professionals we need to continue to lend our voice in the conversation of creation of content and balancing the algorithms on these apps.

All this probably sounds like wishful thinking, but it is something that we have to consider in the future. I would go with the push for regulation of such apps and guided by youth mental health considerations. We need to be proactive by ensuring that we advocate for teams that regulate, supervise, and monitor not just TikTok, but everything that tends to create these levels of dependence and addiction amongst youths.

Can there be safer social media usage among children and adolescents? And do you think there should be more protections in place for users under 18 especially in the context of mental health?

Yes, there can be safer social media usage among children and adolescents, but this starts with awareness creation of the harmful effect and useful strategies. Globally, we need to develop more research that explores all these areas, and this will be helpful in providing relevant data to guide policies. I agree that there should be more supervision and protection in place and like I said with the earlier question that even the approvals and the licences of these apps and platforms may need to be reviewed with "mental health mindedness" for the developers of these platforms. Almost like a global guideline to ensure that these young people are protected.

It is important to educate children and adolescents both at home and in school about the benefits of online interactions and of social media. Some strategies for safer social media usage amongst children and adolescents adults will include things like; knowing how to how to block or report, know how to take out unwanted content, learning to pause and giving it a thought before they post anything on social media, ensuring that as much as possible they use personalised internet contacts and not the general internet access for personal activities to avoid being hacked and taken advantage of. In addition, they should not communicate with strangers, avoid sharing their content with unknown people on social media and by extension, also avoid sharing their location, which could be a very important strategy for young social media users. It is important to avoid sharing nude pictures or contents that would be regretted. A lot of youth and adolescents tend to use acronyms to communicate, and it behooves the parent or guardian to familiarize themselves with these terms so as to supervise and understand. For the younger children, parents could have them share their login details and intermittently check on them online. However, as they get older, I must warn that they are not going to like that and they may not adhere to it, but it is important that one has a feel of what is going on in their online life and you can only do that by inquiring, by looking in, by visiting their social media profiles. When you visit their profile as either the parent or caregiver, there's no need to comment or to like but just to check on them and continue to guide and have conversations with them around safety, around strategies and around the usefulness of learning how to be safe online. Social media is here to stay and as mental health professionals or as parents, we have to be very knowledgeable and intentional about how we can keep our children and adolescents safe.

What in your opinion is healthy social media engagement? and what does it mean for a Nigerian child or youth?

Healthy social media engagement is essentially when we can minimise the negatives and enhance the positives of social media use in the user. It is a very vital and an important piece that we must advocate for and ensure that recommendations are adhered to as much as possible. The challenges around social media use are very real and exist across communities. Striving for healthy social media engagement is everybody's responsibility. Mental health experts and stakeholders should be motivated and have a uniform approach to address this. Eliminating social media platforms is not a good enough solution to problems around its use; rather, there should be increasing awareness and enlightenment on the harmful use of social media without appropriate supervision and support. Inadequate education also puts youths at risk, so it is important to get them enlightened to understand the risks, needed adjustments and the reasons for such.

What does it mean for a Nigerian child or youth? I think healthy social media engagement will be a plus for the Nigerian child or youth because of the high levels of distractibility that social media brings into their life, or the academic progress of the affected adolescent /child which can only be imagined. We can achieve healthy social media engagement via awareness creation and educating the populace and this can probably look like school based mental health awareness programs that are deployed and maybe not by individuals, but rather by governmental organisations. We must also expand the fora where more people can be educated, we can also embed it in curriculum and educate the teachers, who interact with most of the children for over 8 hours daily. I think that while the knowledge of mental health is increasing amongst the population generally, the effects of prolonged social media engagement for the youth is deficient. I am not sure the reality and gravity of the problem has dawned on the general population yet and so we run the risk of social media misuse and its effect continuing to rise except we choose to halt the rising trend. In Nigeria I think it is important we continue to do a lot of advocacy, knowledge sharing and explanation about the effects of this on the mental health of our youths.

Is it all hands on deck? Or do you think that parents and caregivers are the ones to protect children/ youths from the onslaught of social media?

Oh, definitely, it is an all-hands-on deck approach literally that is required. All stakeholders, parents, guardians, teachers must be involved. It is important that we are intentional on how to protect and take care of children, youth, and their mental health. Although parents and caregivers are key in protecting this population, they are not the only ones that play an important role. Government bodies, social workers, medical doctors, school administrators, mental health practitioners all can play roles in the different fields of endeavour to ensure the protection we desire becomes reality. At the end of the day with concerted

effort, we would have direction and make needed impact following such interventions.

Any final words?

I would like to thank you for this very interesting conversation which I do not think is occurring enough in the general public space. There are a lot of complaints among parent groups but beyond the complaints we should promote healthy social media engagement and get more buy in for change. Also, there is a need for mental health experts to constructively be part of the solution as care providers, advocates and policy makers and move beyond reeling out all the possible problems around social media. As previously mentioned, mental experts can contribute immensely at different levels, such as in the creation, regulation, measuring the impact, and monitoring of these apps. Lastly, since our goal is to have mentally healthy children, adolescents and invariably youths in our community, we must keep conversations like this ongoing and the realisation that to achieve this goal requires the concerted efforts of everyone. Thank you.

Notes:
The interview was conducted in Nigeria (Lagos/Jos) using digital technologies on the 14th of April, 2023.
Dr. Mrs. Oshodi's views in this interview are her own and do not necessarily represent the positions of IACAPAP, Lagos University Teaching Hospital, nor any other organisation she may be affiliated with.

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Cyberspace, Social Media, and Mental Health. The Context for Adequate Regulations

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Fernando Lolas

One of the most striking features of the cyber age is the degree of addiction the new technologies can generate. Humans have become hybrid beings, inseparable from devices that collect, store, and process information. If *techniques* are forms of sparing effort, *technologies* are justifications for their use and engender new forms of life and, probably, new ways of developing nervous structures and connections.

Regulations on developments in technology depend on the cultural context in which they arise and their justifications. These may be economical, political, or ethical. They should consider what happened in the past, what happens in the present and what might happen in the future. The slippery slope argument does not deter developers and entrepreneurs from advancing their productions and improving their addictive qualities[1].

While it is true that every advancement in technology has always had a Janus face, positive and negative, and has been either greeted with enthusiasm or rejected with fear or nostalgia, what impresses nowadays is the rapid development of tools, services, and the creation of communities that reinforce particular identities. The paradoxical fact is that this happens at a time of globalizing tendencies and in the name of progress for all humans worldwide.

Of particular relevance is the impact of social networks and social media on youth development since it is well known that complete autonomy of decision-making processes is achieved late in life for humans. Media have been pushing impossible beauty ideals from movies to billboards to magazine covers for decades. But the recent rise of social media and cyberspace brings that exposure to new levels, particularly for young people. The time is ripe for distinguishing what is real innovation from what reiterates cultural inertia. This reflection is essential for a true understanding of what the future might hold of the promise and the design of truly appropriate regulations[2].

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Supporting Black-American Youth Mental Health in the Context of Systemic Inequality

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The prevalence of mental health challenges among youth has rapidly grown worse in the United States. This is particularly concerning for Black-American youth who have experienced alarming increases in depressive episodes and rates of suicide attempts compared to youth in other racial and ethnic groups.[1.] While overall prevalence rates of mental illness are similar across racial/ethnic groups in the United States, the burden of mental illness among Black-American individuals may result in persistent mental illness. This burden among Black-American youth may be explained by several structural factors that drive inequality in the United States including poverty, discrimination, institutional racism, and additional stressors associated with their disproportionate residence in socio-economically disadvantaged neighborhoods[2].

One particularly vulnerable group of Black-American youth that requires targeted attention are those involved in the juvenile justice system. Although Black-American youth aged 12 to 17 make up 14% of adolescents in the United States, they are involved in and alarming 35% of juvenile justice cases and represent over 40% of incarcerated youth in the United States.[3] While an estimated 40% - 60% of youth in the U.S. juvenile justice system contend with mental health challenges,[4] 63% of studies that examine the decision to provide mental health services to youth in the U.S. juvenile justice system revealed racial disparities in the decision to refer these youth to mental health services in six out of nine juvenile justice decision points.[5] Meaning, racial minority youth in the U.S. juvenile justice system only experience an equitable decision around mental health service referrals a third of the time.

Racial disparities found in the U.S. juvenile justice system are associated with disadvantaged neighborhood environments characterized by high rates of poverty.[6] These neighborhoods often hold a historical legacy of concentrated socioeconomic disadvantage, racial segregation, discrimination, over policing, and mistreatment that can intensify juvenile justice involvement and sentencing decisions for adjudicated delinquent Black-American youth.[7] Disadvantaged neighborhoods are often high in neighborhood physical and social disorder that can shape how individuals perceive their neighborhood environments and impact mental health symptoms. For example, living in disadvantaged neighborhoods can intensify neighborhood stressors through stressors like increased exposure to community violence (ECV), gang activity, drug use and other exposures associated with poverty like ethnic density, perceived neighborhood disorder (e.g., vandalism) and urbanicity among others.[2] These stressors are often concentrated within areas where Black-American children are disproportionately concentrated.

The stressors associated with disadvantaged neighborhoods are often accompanied by fewer available social resources which may influence youth's ability to build connectedness, resulting in greater mental health challenges across youth in these neighborhood environments.[8] Connectedness involves several relationships including those with family, friends, school, and community, and has been identified as having an important role in shaping mental health.[9] Individuals with low connectedness, however, may be more prone to mental health symptoms related to psychological distress, anxiety, depression, and may struggle with in successfully managing their needs and feelings.[10]

In a recent study, my colleagues and I used data from the Pathways to Desistance Project to examine the bi-directional and longitudinal relationship between mental health symptoms and connectedness among 561 system involved Black-American youth.[11] Our study found that higher mental health symptom scores at baseline increased connectedness scores one year later, indicating that perhaps, Black-American youth deeply depend on support from peers, family, and community during a time of high stress that comes with justice involvement.[11] Connectedness scores increased for two consecutive years until the transition to adulthood when participants were on average 19-20- years-old.[11] During such time, mental health symptom scores worsened, highlighting the transition to adulthood as a key timepoint in which connectedness with family, peers, and community may change. These findings suggest that the transition to adulthood may be a key time to administer supportive interventions addressing the mental health needs of Black-American youth who interact with the U.S. juvenile justice system.

Although the effects of systemic racism have been a driver of the disproportional contact Black-American youth make with the U.S. juvenile justice system, there is much to be done to support this population of young people downstream following such contact. Our recent study offers an invitation for researchers and practitioners to explore opportunities to facilitate interventions that leverage what has already worked in supporting the lives of vulnerable and minoritized youth. This invitation extends beyond the context of mental health treatment in the United States. While individual treatment is not enough to offset systemic challenges that drive the prevalence and burden of mental health challenges in marginalized communities, recognizing and leveraging the strength of families, peers, and communities in treatment may be important for reducing lifetime morbidity that comes with unaddressed mental health challenges.

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Global Mental Health in Benin: The Perspective of a Future Psychiatrist

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Several places in West Africa and around the world are known for their inhumane treatment of patients suffering from mental illness. For many years, the solution has been to take these individuals to traditional healers, religious settings, and outdated psychiatric hospitals or to simply ostracize them from their communities. These factors have caused mental health to become a silent epidemic and have immensely contributed to the mental health care disparities. Some of these structural and systemic barriers and challenges include lack of clear mental health policy, poor health infrastructure, lack of funding, insufficient number of trained specialists, poor legal protection, lack of equity, lack of evidence based and culturally aligned assessment and treatment, stigma, discrimination, and human right abuses[1]. How can we advocate for individuals with mental disorders and ensure that these human right standards are being followed in and outside these facilities?

In 2022, I attended the APA conference and a talk about a campaign called 'Treatment not Chains' caught my attention. I listened to Mr. Grégoire Ahongbonon speak about his own journey as a patient, and how his unfortunate experiences, and cruel things he witnessed led to the start of St Camille Association. His mission is to provide these individuals with food, shelter, a home, community, and the appropriate treatment. One of his most pivotal memories was seeing a man deemed as mentally ill abandoned and chained to a cross in the village. It took days for him to be unchained and weeks for him to become well again.

I grew up in Nigeria, so this type of mistreatment was not a foreign concept for me. I remember walking through the vibrant, busy streets of Lagos seeing a barefoot, half-clothed man running through the hectic streets while muttering to himself and shouting at the passing vehicles. Over the years, I witnessed several other instances like this, and would later learn that they were called "mad men." Adults often whispered about how these

"mad men" were formerly respectable but cursed for meddling with witchcraft, juju, thus deserving of their fate. Even as a child, I questioned their reasoning because it did not stem from a place of science or compassion. Mental health remains a foreign concept in the places I call home, my country of birth and many communities around the world.

During my time in Benin, I worked beside Dr. Nicole Ahongbonon and other health care workers at the treatment centers. I was in awe as I watched them treat patients like their own family. Their humility, passion, strength, patience, and empathy were extremely apparent with every patient encounter. While I was there, I had the opportunity to work with adults and children in the long term psychiatric in-patient unit and outpatient clinic and to see a vast range of psychopathologies being treated from TBIs, personality disorders, sleeping disorders, depression, anxiety, addiction, bipolar disorder, schizophrenia, and psychosis. I stayed in the dormitory with other staff members right above where patients lived. From 7 in the morning, patients who lived in the compound and patients who have traveled from all over, lined up in the halls with their loved ones hoping for an answer. Some patients just arrived while others had been there for many, many years.

In the morning, patients gathered for breakfast, were given medications, and were offered different activities and forms of therapies, such as art therapy, group therapy, physical therapy, music therapy, relaxation techniques, psychotherapy.

One Thursday morning, I went with Dr. Nicole and a group of other healthcare workers from France to visit children suffering from mental health disorders. I recall seeing an 11-year-old girl who was being verbally and physically bullied by her classmates due to her epilepsy condition. She was shunned by her community, abandoned by her parents, and placed in an orphanage at a young age due to their belief that her seizures and

medical condition was spiritual in nature. Her classmates, parents, and communities feared that she might be contagious or even possessed. My heart went out for her.

For many years, there has been a disconnect between science and religion. That disconnect is even more complex in parts of Africa. The Tokan Center had a church where services were held, and patients and staff had the option to attend. The intersectionality between religion and psychiatry was very apparent. Grégoire told me once, "When you have faith, you love everyone. You want to treat them, love them, and help them get better."

Current patients, and former patients who are now workers shared their own stories about how they were saved from the streets, naked, pregnant, homeless, hungry, and hopeless. Although their paths and diagnoses may be different, one thing they all had in common was their gratefulness to be given a home, a family, and a community. They say to love is to heal, so why do we continue to downplay its power?

Saint Camille is making a positive name for itself in West Africa and throughout the world. As a future psychiatrist with a strong interest in global health, I am grateful for the one-of-a-kind experience I had in Benin. My goal was to get a glimpse on how to address global mental health challenges but along the way, I might have found the secret. The most exceptional and inspiring thing about this organization is their ability to preserve their patient's dignity while they are being adequately cared for. Inhumane treatments in psychiatric settings and lack of social justice in our communities are sometimes common in Africa, and not at all uncommon in America and other parts of the world.

But how can we continue to protect and support their dignity? Can we do this by promoting a sense of connection and belonging to society? Or do they need to find a sense of purpose?

Grégoire has been able to encourage growth and an increase of self-worth within patients by protecting patients' human rights. He strongly believes that human dignity and the feeling of respect comes through work because through working, a patient can eventually rejoin society with a sense of purpose. Over 95% of the staff at St. Camille Association- Tokan Center, were former patients. Grégoire offers patients the opportunity to be trained as nurses and creates jobs to help patients reintegrate themselves into society. Some of these jobs include working at the treatment centers as the director, nursing assistants, cook, custodian, baker, tailor, farmer, batik cloth maker and more. The center is run by individuals who understand how to treat these patients because they themselves have been in similar shoes. Many of the staff that work here did not receive professional training but were trained on the job.

There are many factors that make reintegration after hospitalization or treatment challenging but research shows that a successful social reintegration of patients is a vital prognostic factor for the course of the disease[2]. It is no surprise that it is challenging for people suffering with mental illness to obtain and maintain jobs. However, research shows that mentally ill individuals who are supported early with finding a job and returning to work tend to succeed more often. Their quality of life increases while their hospital days reduce when they secure permanent employment[2]. We create interventions and put policies and laws in place that ensure these individuals are treated as a valued member of society. The Clubhouse model, which is a community-based recovery-oriented intervention that provides an integrated working community for individuals with severe mental health conditions has been implemented in 33 countries and has shown to promote dignity, social integration, reduce hospitalization and improve quality of life[3].

In over 30 years, the strong impact of St. Camille Association has increased access to mental health treatment, spread awareness, reduced stigma, encouraged tolerance for social interaction, decreased homelessness and so much more. So, what can we do? As we help Grégoire and his team continue to spread awareness, we can also contribute to their positive spread through Africa and globally by donating to financially support this nonprofit organization. Although they might not be fully equipped with equipment or resources, they have one thing we all need to help our patients - empathy.

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Social Media and Youth Mental Health in Developing Countries

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Majority of the global youth population lives in developing world. The rate of social media usage in the developing world is outpacing that of the developed world fueled by cheap internet devices and network availability. The COVID-19 pandemic has further accelerated this trend. Youth is more likely to employ social media to express identity and find connections. Studies also suggests that there is greater use of social media in regions of conflict and instability. Like the developed world, social media can have both positive and negative effects on youth mental health in developing countries. On the one hand, social media can provide a platform for young people to connect with others, build supportive relationships, and access information and resources related to mental health. Social media can also be used to promote awareness and reduce stigma surrounding mental health issues. However, there are also potential negative effects associated with social media use. For example, excessive use of social media can lead to social isolation, which can negatively impact mental health. Exposure to cyberbullying, online harassment, and harmful content on social media can also be detrimental to mental health. Multiple previous studies have demonstrated a linear relationship between social media usage and mental health problems among youngsters and teenagers[1].

There are unique social media challenges in the developing countries such as lack of legal oversight, inability or unwillingness of platforms to moderate potentially harmful content and gender dipartites. For example, several studies in Pakistan found that both traditional and social media contribute to developing irresponsible and unethical behavior among young users with perceived alienation among youth from national, cultural and Islamic values[2]. In addition, girls are more likely to be harassed on social media and find it harder to find support when they encounter negativity online. Youth violence is also linked to social media in developing countries. For example, in Nigeria, several studies found compelling evidence that young people's exposure to social media violence plays an important role in the etiology of violent behavior in the country[3].

In addition, youth in developing countries may face unique challenges in finding help for the negative consequences associated with social media use, given the limited access to mental health resources and a lack of understanding surrounding mental health issues.

However, the social media can also play a very role in youth mental health. Digital mental health interventions have been successfully employed in a variety of settings in the developing counties. For example, one study from Nigeria found that web-based delivery of support group for youth with HIV increased social support and HIV knowledge. Such digital health interventions may help fill critical gaps in services available for Youth living with HIV[4].

Overall, it is important for policymakers, healthcare providers, and educators in developing countries to consider the potential impact of social media on youth mental health and to develop strategies to promote positive social media use and provide support for those who may be struggling with mental health issues.

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Youth Mental Health in Asia Pacific
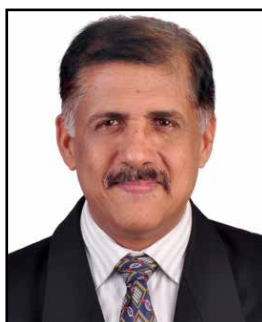
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World Federation of Mental Health Asia Pacific Seminar on Youth Mental Health was organised in association with the National Alliance for Mental Health- India at the Pushpagiri Institute of Medical Sciences, Thiruvalla, Kerala on 3rd May 2023.

Prof. Roy A Kallivayalil delivered the keynote address and highlighted that Youth Mental Health needs our priority attention. One out of seven adolescents in the age group of 10-19 years have mental health problems which leads to 13% of the Global Burden of Disease in this age group. Large number of adolescents have depression, anxiety and other behavioural disorders, the consequences of which may extend to adult life. The Asia Pacific region has a rich demographic dividend in the form of more young people among the population. For example, 1/5 of India's population is in the 10-19 age group and 1/3 in the 10-24 years age group. Our world is home to 1.9 billion young people of age 10-24 years contributing about one-fourth of the total world population. Nine out of 10 of them live in the less developed countries. India has the world's highest number of this age group with 400 million.

Dr Asha Maria Davis (PG Resident) presented a paper on "Information Technology and Youth Mental Health". She emphasised that long work hours, job deadlines, paucity of leisure and physical activities, and work- home imbalance make many young people severely stressed. These require special attention: Dr Joice Geo (Associate Professor), Dr Sr Liza Varghese, Dr Soumya P Thomas, Dr Derrick Johnson, Vijayalal Vijayan (Clinical Psychologist), Dr Nayana P Antony (intern), Ms Tinsa Maria Siby (MBBS student), Ms Mahima George (Rajagiri College Kochi), Riya Suresh Kumar (SH College Kochi), Dr Liyakath PA, and Dr Chinnu Mary Chacko. 90% of the participants were young people which led to lively discussion. The meeting decided to work collaboratively to promote youth mental health.

Roy A Kallivayalil delivered the keynote address at the WFMH Asia Pacific Seminar on Youth Mental Health at Thiruvalla, India on 3 May 2023. Dr Joice Geo, Dr Liza Varghese, Dr Soumya P Thomas, Dr Derrick Johnson, Vijayalal Vijayan, Tinsa Maria Siby and Asha Maria Davis are also seen in the picture.

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Future Generations: Psychological Consequences in a Temperate Climate. The Perspective of Polish Mental Health Professionals

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Climate change has several adverse health, social, psychological, and economic effects. The World Health Organization estimates that climate change will cause an additional 250,000 deaths worldwide per year between 2030 and 20501. According to estimates, 80% of the global population is affected by water and food insecurity due to climate change effects2.

The direct impact on mental health is related to the deterioration of well-being, sleep, and cognitive functions, leading to depressive, stress-related, and adjustment disorders. Further implications include increased rates of high-risk behavior (such as domestic violence, alcohol, and substance use). Long-term consequences are associated with food and water shortages, resource access conflicts, displacement, and climate-related migration. All of them can have mental health impacts through climate-related trauma. Simultaneously, people can experience emotional, moral, and ethical distress arising from awareness of climate change as a global environmental threat caused by human activity3.

The psychological problems related to climate change are undertaken more widely in worldwide research. Because Poland is in a temperate climate zone, the residents may not recognize any clear personal or mental health consequences of climate change. Nowadays, we still have not experienced typical extremes associated with climate change, which are visible, for example, in Australia or Pacific Asia.

As part of the Polish Psychiatric Association, the Climate Psychiatry Commission (established in 2020) designed the preliminary study aimed at an initial analysis of the occurrence of mental issues related to climate in the Polish inhabitant population. Mental health professionals (N=72) shared their clinical experience in diagnosing and treating patients reporting environment change-related mental symptoms4.

The results indicate that mental issues related to climate change and ecology appear in the contents reported by patients (an affirmative answer by 48.6% of respondents) and as a patient's hypothesis concerning the causes of symptoms (an affirmative response by 16.7% of the respondents). Few professionals (6.9%) reported the emergence of ecological issues as a theme within a family or couple therapy session. According to mental health professionals, most patients – with or without precise diagnosis (depressive, anxiety, or adjustment disorders) do not link their symptoms to ecological/climate change issues (61.1% and 69.4%, respectively).

Polish mental health professionals identified helpful psychological interventions for mental health problems related to climate change. The most useful were: psychoeducation (62.5%), psychological support (73.6%), short-term psychotherapy (45.8%), and self-help groups (40.3%). At the same time, 29.2% of respondents indicated methods based on working with the body (e.g., yoga, breathing), and 22.2% indicated nature-based interventions as practical non-psychological techniques.

The main conclusion is that even in temperate climates, there is a dire need to concern climate change adaptation and mitigation strategies. Future public mental health challenges in mild climates cover developing scientific knowledge regarding the adaptation process, pro-health coping, and resilience. In particular, psychotherapeutic treatment for temperate climate-related well-being deterioration demands elaboration.

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Climate-related Mental Health Concerns in Youth: An Overview

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Climate change is a silent, major crisis and the biggest threat of the 21st century.

Higher temperatures, extreme weather conditions and air pollution have a particular impact on prematurity, acute and chronic airway diseases, allergies and asthma. Furthermore, climate change causes a higher prevalence of the spreading of infectious and vector-borne diseases and a higher exposure to carcinogens and their consequences. In addition to the danger of climate change harming somatic health, it is also a threat to the mental well-being and aggravates social injustice, by which children and adolescents are particularly affected.

To avert the scenarios predicted by scientists, it is not only necessary for politicians to act quickly and thoroughly but also to rethink our self-understanding as those responsible for planetary health and to face this crisis with a fundamental rearrangement of priorities. As protagonists of the healthcare sector, we are responsible to act in favour of a healthy planet. These actions can and must take place on different levels, as doctors, scientists, in patient care and as medical societies to ensure a future worth living for all our generations and our youth. The climate crisis threatens mental health. In this context, new terms such as "eco-anxiety", "eco-paralysis" and "solastalgia" are already being used. Eco-anxiety describes the fear of directly experiencing climate change[1]. While this fear results in a change towards environmentally friendly behaviour in some young people, others fall into eco-paralysis. Knowledge about climate change can lead to paralysing fear and denial. Trauma from experiencing extreme weather events or forced relocation also trigger psychological distress in young people[2]. In addition to eco-anxiety, the term "solastalgia" is increasingly used to describe the existential pain caused by experiencing irreversible climate-related changes in the environment[3]. Surveys show that anxiety about the future has increased among adolescents and young adults in recent years[4].

All health care systems in the world together are the fifth largest climate emitter[5]. Despite all this, health care facilities still receive little attention in the public debate on resource savings. It is therefore time that we, as actors in the health sector, also act in a climate-conscious manner.

A recent survey in Germany showed, that 76 % of the Paediatricians (400 participated) do not yet carry out any corresponding preventive measures. The most common reason given was lack of time. The respondents also stated that they are most likely to inform themselves about the topic of climate change and health through trade journals[6]. The survey exemplifies the need to raise awareness of co-responsibility and the need for training and support for implementation.

Eventually, what contributions can and must we make as a community to ensure a livable future?

It has nothing to do with idealism that we need to address this crisis in a fundamental reordering of priorities. In order to avert these scenarios, it is not only necessary for politicians to act quickly and thoroughly. Our self-image as physicians must also be rethought and sharpened as communicators and ambassadors, and our own actions must be questioned. We need to advocate for a future on a healthy planet. Climate action is also mental health action.

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OPINION EDITORIAL

Protecting Children and Women:
An Immodest Proposal

Vincenzo Di Nicola, Daphne Marussi and Samra Zafar

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As a child and adolescent psychiatrist, I am sickened by the pervasive violence against children.

In 1729, Jonathan Swift published a biting satire proposing ways to "lighten the burden" of the poor children of Ireland on their parents and country. In a mock-serious argument sustained throughout to lampoon the rhetorical style and the social engineering popular in England at the time, Swift offered various ways in which Irish children can be offered as food for the wealthy British.

Let's turn Swift's satire on its head: *Is it immodest to ask for the protection of children today?*

Gun violence has become the leading cause of death of children in the United States (Choi, 2023). Intimate partner violence (IPV) is a serious and growing threat to women across all borders (Du Mont & Forte, 2014; Oram, et al., 2022; Zarling & Russell, 2022).

As a child and family psychiatrist, I have dedicated my career to the health of children and families. As President of the World Association of Social Psychiatry (WASP), I am dedicating my triennium (2022-25) to three vulnerable interconnected populations: *children, women and families.*

There are far too many vulnerable populations but in all of them those with the least power are even at greater risk and that means children and women, the sick and the elderly – all those who are dependent on the goodwill and protection of the family and the community.

That is why I invited two women to add their voices to this proposal. Samra Zafar is completing her undergraduate medical studies at McMaster University in Hamilton, Ontario. Samra is a human rights activist who came to Canada as a teen bride from Pakistan and told her story in an international bestseller, *A Good Wife: Escaping the Life I Never Chose.* Daphne Marussi is a psychiatrist from Brazil who did a postgraduate fellowship in eating disorders at McGill University in Montreal, Quebec, is a Past President of our District Branch of the American Psychiatric Association (APA), and is on the executive of the Ca-

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nadian Association of Social Psychiatry (CASP). Daphne works in Sherbrooke, Quebec where she runs a women's health clinic, specializing in IPV.

Violence against children and women can take many forms, from child marriage, to IPV and from workplace sexual harassment to sex trafficking. Children are exposed to child neglect and abuse in all its forms, including sexual exploitation and infanticide, and suffer violence on themselves directly or vicariously as witnesses to the violence against their family members, especially their mothers. The violence that children are exposed to while still in utero may change their genetics and increase their vulnerability to diseases through epigenetics. After birth, all the issues related to attachment and to the Adverse Experiences of Childhood (ACE) can also negatively alter their patterns of reaction throughout the lifecycle.

Gun Violence and Children: When it comes to gun violence, children – along with other innocent people – are being sacrificed to the expediency of the market, the ideological fetish over gun rights, and a growing indifference to their injuries, traumas and deaths when they are exposed to gun violence and IPV.

Child Marriage: Every year, 12 million girls become child brides globally. Over 650 million women living today were forced into child marriages. Child and teen marriage impacts not only the child or teen herself, but has long lasting effects on her children and community. Such precocious marriages almost always result in domestic violence as a result of the power imbalance between the child or teen and her spouse. Child marriage is always forced. A child does not have the capacity to make such a monumental decision. Furthermore, child marriage is not just limited to developing countries. It is legal in Canada and in the majority of US states. In Canada, for example, the legal marriageable age is 16.

Intimate Partner Violence (IPV) is one of the most prevalent forms of violence in the world, with a majority of victims being women and a majority of perpetrators being men. It is associated with increased risk of mental health disorders, including greatly increased risk of depression. Non-physical forms of violence such as financial, emotional, psychological, and mental abuse often go unrecognized. During the Covid-19 syndemic, IPV calls to helplines increased up to 400% in parts of Canada due to increased isolation and proximity to an abuser, without having the relief of going to work or meeting friends. Exposure to IPV can be very detrimental to children's mental health.

We are a medical student, a women's health specialist, and a child and family psychiatrist.

We call upon the Global Mental Health Movement to act now to prevent violence against women and children through teaching and research, clinical practice and policy-making. We urgently need to identify those at risk and to ensure access to care for those who are affected.

The GMH Movement adopted the slogan, "No health without mental health" (Prince, et al., 2007). As a social psychiatrist, I expanded this: "There is no mental health without healthy bodies in healthy communities" (Di Nicola, 2021). As activists for women and children, we assert their needs for protection to maintain women's and children's health:

Violence in any form can have no part in this lives of women and children around the world.

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RESOURCES

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2. *Impact on Children:*
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3.. *Violence against women in workplaces:*
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4. *Samra Zafar's TEDx talks:*
   https://www.youtube.com/watch?v=XPAG3I8P34k
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BOOK REVIEW

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Review: 'Preventing and Healing Climate Traumas'

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Rahn Kennedy Bailey

First, I would like to emphasize the importance of the subject matter in this book as well as the temporal urgency by which it is accompanied. As Dr. Doppelt points out, we are rapidly approaching the 2.7 degree tipping point at which climate and weather will likely take a significant turn for the worst. In his book, Dr. Doppelt clearly and expertly describes the need to prepare for the psycho-social-spiritual effects of such a shift.

As a psychiatrist, I found myself almost instinctively drawn to the idea of climate trauma. In psychiatry, we treat trauma frequently, so this is a subject with which I have a great deal of experience. However, what I found compelling (and frightening) is the notion that this trauma may be unlike that which is normally experienced after a disaster. Dr. Doppelt points out that for individuals impacted by a hurricane or earthquake, the event occurs and ends. People rebuild, and life goes on. However, with the looming climate shift, this will not be quite so easy. Disasters will become reoccurring rather than isolated. As Dr. Doppelt explains, the psychological response to this environment, while painful and disrupting, is not the result of psychiatric dysfunction. Rather it is the normal, expected response to the conditions of the individual's environment. This combined with the sheer magnitude of the catastrophe, will require an entirely new approach to dealing with the aftermath. Dr. Doppelt insightfully explains that the traditional methods of treating mental illness by trained professionals will not be enough.

This will be global. Climate change is not a first world problem, nor is it a third world problem. It is a whole world problem. Dr. Doppelt explains that different people will be affected differently. Socioeconomic status, geography, culture, age, all these will play a determining factor in how best to tackle the incoming crises. Dr. Doppelt emphasizes that natural disasters, and by extension climate change, often affects BIPOC individuals the most severely. Diverse,

equitable, culturally appropriate healing and resilience can be best developed within the communities.

Dr. Doppelt places the greatest emphasis on the importance of community-based healing approaches. This resonates with me personally. I live in New Orleans. As many of you may know, New Orleans is prone to hurricanes. Katrina in particular was devastating. The city is still recovering. As someone not originally from New Orleans, I found it very special how strong the sense of local culture and community is present in the area. Despite hurricanes, floods, and more, we still have Mardi Gras, we still have Jazz Fest, and many others (too many to count). Perhaps it is from this strong, local cultural identity that the resilience to soldier on comes.

Dr. Doppelt gives 5 points specifically on how to meet these challenges:

1. Build robust social connections across geographic, economic, and cultural boundaries in communities.

2. Ensure a "just transition" by creating healthy, safe, just and equitable climate-resilient local physical/built, economic, and ecological conditions

3. Cultivate universal literacy about mental wellness and resilience

4. Foster regular engagement in specific practices that support mental wellness and transformational resilience

5. Establish ongoing age, and culturally appropriate opportunities for residents to heal their trauma. With these points, Dr. Doppelt lays before us a clear and effective pathway to successfully negotiate the tribulations ahead. He has masterfully taken the principals of climate change, global mental health, and ongoing trauma and developed a solution which, if followed, may be exactly what it takes. This excellent book is a must read for anyone who expects to live safely over the upcoming decades.

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Book Title: Preventing and Healing Climate Traumas
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