



Mental Health
Community Coalition ACT

Inquiry into Climate change and a just transition

JANUARY 2024

Acknowledgements

Acknowledgement of country

Mental Health Community Coalition ACT is located on Ngunnawal Country. We acknowledge the Traditional Custodians of the land. We pay our respects to their Elders, past and present. We further acknowledge all Aboriginal and Torres Strait Islander Traditional Custodians and Country and recognise their continuing connection to land, sea, culture and community.

Acknowledgement of mental health lived experience

We also acknowledge the individual and collective expertise of those with a living or lived experience of mental health. We recognise their vital contribution at all levels and value the courage of those who share this unique perspective for the purpose of learning and growing together to achieve better outcomes for all.



About the MHCC

Mental Health Community Coalition ACT is our Territory's peak body for community-based mental health.

Our 52 members make up two-thirds of Canberra's mental health system and comprise Canberra's soup kitchens, childcare centres, domestic violence shelters, health services for marginalised groups, and more.

We advocate for a mental health system that offers people support and belonging within their community. This involves strengthening the mental health community sector, as well as working towards overall social, economic, and cultural conditions that provide fertile ground for thriving and resiliency. Everyone has a role to play in improving mental health, including individuals, families, community groups, schools, businesses, and government.

Recommendations

A summary of our recommendations are as follows:

1. Strengthen our right to a healthy environment.
 - a. Penalise breaches of the recognised right to a healthy environment in the ACT.
 - b. Pursue healthier environments in urban planning efforts, for example, minimise heat island effects.
2. Enact equitable climate change mitigation strategies.
 - a. Consider less regressive policy strategies than electric vehicle and solar panel subsidies, such as improvements to public and social housing, and supports to renters and low-income households.
 - b. Investigate the prevalence of insurance stress in the ACT, working on structural ways of reducing insurance premiums.
 - c. Increase services and coverage of bus services in the ACT.
3. Centre mental health, vulnerable people, and connected communities in climate change strategies.
 - a. Measure the mental health impacts of disasters.
 - b. Ensure mental health and community connection is included in future climate change strategies.
 - c. Plan inclusive disaster responses.
 - d. Undertake efforts to increase community connection.
4. Invest in the capacity of the community mental health sector to survive disaster events and provide necessary supports to the community pertaining to climate.
 - a. Ensure that community organisations can survive disaster events.
 - b. Build the capacity of the community sector to mobilise and provide much-needed help before/during/after disaster events.
5. Clarify the compensatory rights of volunteer and non-traditional first responders.
 - a. Follow the lead of other Australian jurisdictions by providing presumptive compensation in respect of PTSD for volunteer first responders.
 - b. Plan for the potential psychological needs of non-traditional first responders in disaster situations.
6. Invest in innovations to strengthen connections to nature.
 - a. Scope, pilot, and fund programs that allow people to connect with their local environment.
 - b. Provide means for funding for mental health programs through Environment and Climate portfolios.

Further articulation of the reasoning behind each of the recommendations is provided in this submission.

Introduction

Since the Industrial Revolution, our planet has warmed by 1.5 degrees Celsius, constituting the largest threat to global health of the modern era. The stark impacts of this overall trend are and will be unevenly felt on a global scale, including here in the ACT. We see that existing climate change strategies leave behind our most vulnerable people, compounding cost-of-living stress and abandoning the principles of community wellbeing and inclusion. Efforts to address climate change must consider equity in both mitigation (reducing emissions) and adaptation (coping with the impacts).

Mental health and climate change

Our members have noted that considerable distress is experienced in the community both in anticipation of the impacts of climate change (“climate anxiety” or “eco anxiety”(1)) as well as in the immediate and long-term aftermath of disasters such as the 2019-20 bushfire season. The literature on climate change reveals the following mental health impacts:

- More frequent and intense extreme weather events and natural disasters can lead to stress and anxiety. Disasters constitute traumatic events with the potential to cause distress, exacerbate existing mental health symptoms, and lead to long term impacts such as Post-Traumatic Stress Disorder (PTSD).(2)
- People with existing mental ill-health are vulnerable to the effects of climate change. For example, heat waves can trigger symptoms of mania for people with bipolar disorder and hostile weather conditions can generally exacerbate mood and anxiety conditions. Heat waves are also associated with higher suicide risk.(3)
- There is a high prevalence of climate anxiety among the general population, particularly young people.(1)
- Climate change may lead to significant cultural loss, as demonstrated by rising sea levels threatening the longstanding connection to Country maintained of Torres Strait islanders on Masig.(4) Loss of deep, enduring connections to land and cultural heritage could lead to widespread, transgenerational trauma.
- There is a sense of grief associated with living in a time of large levels of animal and plant extinction, loss of biodiversity, and being among ecosystems that are out of balance.(5)

Equity and climate change

The impacts – including the mental health impacts – of climate change are not experienced equally. Rising temperatures, prolonged heatwaves, and altered precipitation patterns disproportionately affect marginalised populations, particularly those with limited resources and access to essential services.(6) Lower-income neighbourhoods often face a higher risk of heat-related illnesses and lack the infrastructure to cope with extreme weather events.(6) Additionally, communities reliant on agriculture may experience adverse effects on their livelihoods due to shifts in climate patterns.(7) The divide in vulnerability is also evident in the unequal distribution of green spaces and tree canopy, with affluent areas benefitting more from climate-resilient infrastructure.(8) People with mental health conditions are both directly among the most vulnerable, and are likely to be overrepresented among other vulnerable groups.

Some areas of immediate concern include risks of heatwave death and inequity in disaster planning. Both these issues make the ever-present spectre of environmental disaster an existential threat to our most vulnerable people.

Heatwave deaths

Heatwaves are an example of a disaster experienced regularly in Australia with dramatically inequitable ramifications. Heat waves constitute a “silent killer” in Australia. They lead to a higher death toll than all other natural disasters combined, and yet, they do not wreak much visible damage to the landscape.(9) Colonial records give only a limited analysis of the incidence and underlying causal factors surrounding injury and death resulting from heatwaves. While official records reveal almost 300 deaths and 7000 hospitalisations resulting from heatwaves over a decade in Australia, these numbers are likely to be under-estimations because death records do not list all contributing factors. Other research estimates that heatwaves contribute to 36,000 deaths within a 10-year timeframe – around 2% of deaths in Australia.(10)

Analysis of the patterns of heat wave deaths in Australia reveal a considerable inequity. More than 60% of these deaths occur in underprivileged communities, with those most at risk including older people and people with pre-existing medical conditions. At least 89% of those who died in heatwaves experienced disability, with heart issues and asthma being among the most common.(9) Of those who died in heatwaves, 33% had at least one mental health condition, the most common being psychoses, depression, schizophrenia, and obsessive-compulsive disorder.(9) People with mental ill-health are overrepresented among those dying in heatwaves compared to baseline population rates of these conditions. Where the place of death was known, the majority occurred in houses that were built before 2006, pointing to insufficient building modifications for managing the impact of heat as a potential underlying risk factor.(9)

Disaster planning

As climate change results in a greater number of environmental disasters, disaster planning is an important aspect of adaptation. People with disability have voiced considerable concern over inequities during periods of disaster.(11) Evacuation procedures, for example, often do not cater to the needs of wheelchair users and those with an array of access needs. There are famous images of people with disabilities stuck at the top of buildings during Hurricane Katrina in the US as evacuation efforts accommodating them were late. Closer to home, the Disability Royal Commission uncovered a range of systemic shortfalls in accommodating people with disabilities in evacuation procedures.(12)

Post-evacuation, temporary accommodations may also be inappropriate for people with disabilities, for instance, if doors lack the necessary clearance for wheelchairs to get through; or if spaces are overstimulating for neurodivergent people already experiencing distress. Those who rely on particular medications or medical equipment may have trouble accessing them in periods of disaster or power outages. The Disability Royal Commission has heard reports that people with disability experienced displacement from their homes for an average length of time of six months longer than non-disabled peers during the 2017 flooding of the Northern Rivers region of NSW.(12) Research has further identified that people with disabilities are at high risk of experiencing violence and abuse in the aftermath of disaster.(12)

We are pleased to see that the ACT Climate Change Strategy 2019–2025 does make some mention of people with disabilities, however, further planning – through consultation with people with many kinds of disabilities – would be required to build confidence in our disaster responses.

Considering equity and mental health related to climate change, MHCC ACT makes six recommendations to the Standing Committee on Environment, Climate Change and Biodiversity.

We would be delighted to discuss these issues further at the scheduled hearing, and would welcome questions and discussions with the Committee.

1. Strengthen our right to a healthy environment.

Many of the inequities that emerge from climate change are health inequities – they contribute to risk of death, illness, distress, and injury in uneven ways. It follows that a healthy environment is one where proper climate change mitigation and adaptation strategies have been enacted. Big emitters in the ACT who contribute to climate change should face penalties in our pursuit of protecting our right to a healthy environment. As it stands, emitters do not pay a price for the health risks they are producing, and so **the population at large subsidises carbon emissions with their bodies and lives.**

Currently, as breaches of our right to a healthy environment cannot be penalised, and given the legal principle of no rights without remedy, it is difficult to see how this right can be strongly enforced. Ten of fourteen submissions to the Inquiry into the Human Rights (Healthy Environment) Amendment Bill 2023 mentioned lack of justiciability as an ongoing issue,⁽¹³⁾ and MHCC ACT shares this concern.

The articulation of this right should also be a cause of reflection for urban planning in the ACT to better embody the principle of healthy environments. One mode of promoting a healthy environment is through redressing urban “heat island” effects. Heat islands occur where constructed, often dark, surfaces such as concrete and asphalt attract, retain, and amplify heat. Many newer suburbs of Canberra, where the cost of housing tends to be lower, suffer from heat island effects as a result of lack of tree canopy.⁽⁸⁾ In such places, individuals need to rely on air conditioning to maintain homes at a liveable temperature, which is both costly and isolating where the outside world becomes too hostile for socialisation.⁽⁸⁾ Efforts to increase shade covering across the ACT and ban dark roof coverings would equitably lower demand on electricity use – a mode of combatting climate change – while also working towards a more hospitable, resilient, cost-efficient environment for all.

2. Enact equitable climate change mitigation strategies.

Existing policies aimed at addressing both climate change and the cost of living often overlook renters and average workers. Subsidies for solar panels and electric vehicles primarily benefit homeowners and those with the financial capacity for new vehicle purchases. These policy initiatives, while well-intended, lead to regressive effects, essentially bringing down utility bills and luxury car costs for already wealthy people.

Lower income earners should have opportunities for government support in their transition away from fossil fuel use *at least* on par with wealthier Canberrans.

For people on low incomes, there are significant cost barriers to transitioning away from fossil fuels which are heightened by our ongoing cost-of-living crisis. The ACT Council of Social Service

(ACTCOSS) has reported that half of Canberrans find that cost is a barrier to transition.(14) Government support is critical. Some policy responses, as discussed by ACTCOSS, could include:

- Improve public and social housing draughtproofing, insulation, and electrification.
- Expand the Sustainable Households Scheme and the Home Energy Support Program to renters.
- Enact regulations to improve minimum standards of rentals.
- Provide and expand targeted financial support to assist low-income households to improve energy efficiency and transition from gas to electricity.

Equity in climate change mitigation strategies will be important to improve the mental health of lower income Canberrans. The financial burden associated with increased energy prices – one of many inflationary pressures facing households – is leading to detrimental mental health impacts. Poorer households are more likely to experience distress resulting from inflation because a higher proportion of their income goes towards immediate expenses.(15) Locally, in 2023 Lifeline reported a rise in significant increase in people seeking support for financial stress, which puts people at risk of depression, anxiety, and even suicide.(16) Our members, who comprise two-thirds of Canberra’s mental health system, further report additional demand for their services resulting from cost-of-living concerns.

These cost-of-living concerns may be further compounded by the emerging issue of insurance premium stress. The Actuaries Institute has found that home insurance premium affordability is affected by the risk of extreme weather and further driven by socioeconomic disadvantage.(17) The ACT has not been identified as an area of particularly high insurance stress in the context of national data, but further examination of how insurance premiums are impacting most vulnerable households should be undertaken. Systemic solutions to lower insurance premiums involve examining land use, minimising heat island effects, and raising building standards, but in the short-term, some insurance cost relief may be warranted.

Further, improvements to the frequency and coverage of public transportation such as via bus network extensions in lower socio-economic areas would serve to reduce car dependency, leading to both reductions in transport expenses as well as lower emissions.

Efforts to mitigate cost-of-living pressures through policies supporting a transition away from fossil fuels will be widely beneficial for those most vulnerable in the ACT.

3. Centre mental health, vulnerable people, and connected communities in climate change strategies.

The ACT Climate Change Strategy 2019-2025 makes no mention of mental health. Yet, both local and international evidence reveal that the policy silos that have emerged disconnecting mental health and climate are at odds with the lived realities of both issues.

Understand the mental health impacts of disaster

While the physical health impacts of environmental disasters (e.g. respiratory and heart impacts) are routinely measured, no effort has been made to systematise measurement of mental health impacts.

Joint work is currently being undertaken by the Victorian Environment Protection Authority and the University of Adelaide to better form an accurate picture of population distress relating to disaster,(18) which the ACT should consider also implementing. Such measurement would form a means of estimating service needs of Canberrans and ensure that upholding mental health in relation to climate is incentivised at a policy level.

Strengthen our mental health system

To coincide with COP28, the World Health Organization – together with the global health community – has emphasised the vital link between health and climate change. WHO Director-General, Dr Tedros Adhanom says that “Prioritising health is not just a choice; it is the foundation of resilient societies.”(19) The WHO notes that nine countries have taken the initiative of including mental health in their national climate change plans, which follow best-practice recommendations, including the following approaches, as provided by the WHO:(20)

- integrate climate considerations with mental health programmes
- integrate mental health support with climate action
- develop community-based approaches to reduce vulnerabilities
- close the large funding gap that exists for mental health and psychosocial support

It is encouraging to see that the Australian federal government has recently released a National Health and Climate Strategy that includes guidance around mental health challenges and actions, particularly among disadvantaged groups and emergency workers. In terms of mental health, the Strategy recommends:(21)

- increasing social community connectedness
- greater workforce awareness, education, and capacity-building around mental health issues related to climate change

Future ACT Climate Change strategies should include planning around managing mental health risks related to climate change, which are more likely to be faced by vulnerable members of our communities – including those with existing mental health conditions. Among matters of consideration, climate change planning should include planning around heat waves, which, as discussed above, leads to inequitable patterns of ill-health, mental health distress, and loss of life. As it stands, there are no national or ACT-specific strategy to deal with these commonplace disasters.(9)

Climate change strategies also need to highlight existing vulnerabilities in the community and plan for inclusive disaster efforts where nobody is left behind. This will involve bolstering mental health supports offered in the community, as per both the WHO’s and the federal government’s recommendations.

Strengthen our communities

Wider ACT government policies should also, as a matter of priority, work to build community cohesion, which will improve resilience to climate change as well as result in a range of further health benefits. As ACT’s Commissioner for Sustainability and the Environment, Dr Sophie Lewis said at our Mental Health Month Awards Night in November 2023, **connected communities are adaptable communities**. They have the resilience to look after one another in times of crisis and cooperate on adaptive ways forward.

Our collective resilience, however, is difficult to tap into. As we will note in our submission to the Inquiry into Loneliness and Social Isolation, we find ourselves in an epidemic of disconnection. Andrew Leigh and Nick Terrell point out a significant shift in how Australians interact with each other, marked by reduced participation in community organisations, political parties, unions, churches, and sporting clubs. Volunteering rates have also declined in recent decades, and individuals report having fewer close friends compared to previous decades.(22) Meanwhile, 38% of us don't know our neighbours' names.(23)

It is difficult to see how we are able to look after one another in the event of a climate-related disaster when we barely know each other. Efforts to improve connectivity, and thus, disaster preparedness, are discussed at length in our aforementioned submission, but may include:

- Efforts to redress social marginalisation through grassroots, community initiatives and affordable access to skill-building, resources, peer support, social sports, hobby and interest groups, volunteering, and adult education programs.
- Improvements in industrial relations allowing people to capitalise on greater leisure time through community participation.
- Urban planning and design efforts to improve the accessibility and liveability of our neighbourhoods, better facilitating community activities and familiarity with neighbours. Such efforts would also benefit from reductions in aforementioned heat island effects.
- Alternatives to screen time for young people, including accessible participation in sport and other community-based programs.

Related to climate change specifically, befriending projects to look out for older or otherwise vulnerable neighbours during times of high heat help in preventing ill-health and deaths resulting from heat waves while enhancing community connection. Such projects should aim to facilitate authentic relationships – the genuine pleasure we can garner from spending time with people we like – to provide care that truly addresses vulnerability.(24)

Despite room for improvement, research based in Canberra during the 2019-2020 bushfire season – in which smoke blanketed the city – found evidence of strength and adaptability in the region. While our lives were disrupted by the smoke, and people experienced mental and physical distress, there was also resourcefulness, people “checking in” on neighbours, and people providing social support to each other even if they could not meet in person.(25) Amidst disastrous and anxiety-provoking events – and a continued validation of the concern that those most vulnerable less likely to receive necessary social support – **there is cause for optimism that our community can do its part in responding to disaster, if we are adequately resourced to do so.**

4. Invest in the capacity of the community mental health sector to survive disaster events and provide necessary supports to the community pertaining to climate.

Community-based mental health support is well-positioned as a significant part of equitable climate adaptation strategies. The strength of this sector is that it can provide vital services to those at risk of trauma, financial stress, and anxiety related to disasters and climate change. Unlike more expensive clinical services, community-managed mental health care connects people to their physical places and communities, offering creative and agile solutions at requisite scales. The sector can, for example, respond to community needs for debriefing after a traumatic event, help individuals and families find accommodation if they were to lose their home in a disaster, support access to food banks and other vital needs if they incur hardship (such as increased energy costs), and more.

However, to build the sector's ability to manage the collective risks we face resulting from climate change, strong investment is required to address existential risk and improve capacity for periods of high demand.

As the Australian Council of Social Service (ACOSS) found in 2021, smaller organisations, including most of our members, are more likely to suffer from losses as a result of extreme weather events and are less likely to be able to recover from them. **Around half of small and medium sized community services organisations that suffer serious losses from an extreme weather event or disaster will never recover.**(26) Climate change is positioned to increase the frequency of such events, which leads to existential risk that the ACT, as a community, cannot afford. The community-managed mental health sector serves the most vulnerable Canberrans, thereby reducing demand on acute, expensive public health services as well as offering vital supports that cannot be delivered elsewhere. Moreover, our client base will be the most at-risk and in-need in climate-related emergencies. The loss of services would result in unsustainable levels of distress in the community, and even loss of life.

As a matter of urgency, the ACT government needs to plan for both the mobilisation of our sector to respond to mental health needs pertaining to climate change, as well as keeping these services open in the event of loss.

5. Clarify the compensatory rights of volunteer and non-traditional first responders.

A vital area for consideration of mental health needs pertaining to climate change is supporting our first responder workforce. Approximately 10% of first responders report having PTSD.(27)

Concerningly, data from the US suggests that rates of PTSD among the volunteer first responder workforce as well as non-traditional first responders (such as those on the scene of an emergency who do not generally work in a first responder capacity, like first-aid providers) are even higher.(28)

In the ACT, there is a lack of clarity as to compensatory frameworks for PTSD among volunteer first responders. While volunteers, such as volunteer firefighters, are able to make a claim for worker's compensation if they are injured while performing their duties, they must undergo hurdles in having injury claims accepted by insurers. It is unknown how many of these claims are successful. In other jurisdictions, such as Tasmania, Queensland, and the Northern Territory, volunteers are eligible for presumptive compensation in respect of PTSD – if they acquire PTSD, it is assumed to result from their volunteer work. This means the onus is then placed on insurers to prove otherwise. **A re-framing of compensation rights will go towards better protecting the mental wellbeing of heroes who risk their lives tackling the hazards of climate change.**

We must also consider ways to compensate or otherwise support non-traditional first responders who find themselves at the face of disaster. The people who make unexpected sacrifices in response to direct human need should also be protected in proportion to the work they have undertaken.

6. Invest in innovations to strengthen connections to nature.

We believe that a stronger integration between mental health and climate change policies and plans would lead the way for innovation in our sector. We already see organisations making these connections with their work. For example, Landcare Australia reports that those who participate in a local group to care for our land and waterways receive a range of mental health benefits. Participants report improvements in their mental resilience, with 90% finding that they have a stronger connection to their community. These programs improve the sustainability and resiliency of our ecosystems while also building individual and collective resiliency.

Engaging in environmental activities, such as citizen science initiatives, environmental clean-up events, and community garden projects, can be beneficial for mental health while also providing an opportunity to make a tangible difference to our local environment.⁽²⁹⁾ Engagement in climate mitigation and environmental activities has also been found to alleviate climate anxiety.⁽¹⁾ Further, exposure to sunlight, green space, and opportunities to explore and be active in the world can contribute to greater wellbeing.⁽⁸⁾ Programming that enhances opportunities for vulnerable people to connect with nature, will lead to improvements in wellbeing. **Engagement within the environment can itself constitute an equitable climate change mitigation and adaptation effort.**

Public health scholarship emphasises the role that all government policies play in building health, including mental health.⁽³⁰⁾ We believe that funding and ideas that drive the work of the community-managed mental health sector could come from a range of government portfolios – including the Climate and Environment ministries – working to drive cross-pollination and innovation that could equitably deliver better mental health outcomes for all Canberrans.

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