Welcome to Session I

Community of Practice on Using a Public Health Approach In Communities to Build Pop-Level Mental Wellness and Resilience For the C-E-B Catastrophe

February 13, 2024

Many Thanks to Our Co-Sponsors!
Today’s Agenda

• CoP Logistics

• Brief introductions in breakout rooms

• Share a simple **resilience** skill to plant seeds about how you can build and sustain **your own** resilience and help **others** do so.

• Overview of CoP Focus: The need for **community-led initiatives** that use a **public health** approach--and **core principles**.
CoP Logistics

- Staff introductions

- **Please stay on MUTE at all times** so there is no background noise.

- **CoP Flow:**
  - The first 3 sessions will focus on organizing and facilitating a community-led resilience initiative;
  - The next 5 will focus on a different core focal area
  - The last two will focus on problem solving, learning, and growth.

- **Session Documents:** You will receive documents prior to each sessions, and they will also be posted on the CoP Climate Forum.

- **Breaks:** No formal breaks—take one as needed—but **not** during breakout rooms; please stay and participate in the breakout rooms.
CoP Logistics (Con’t)

• **Please Set Up Account on Climate CoP Forum (on CTIPP website):** All session recordings, slides, and materials will be posted there—and it will be where ongoing discussions occur.

• **SNAFU with APHA CE Credits:** APHA had problems with their CE credit approval process and can’t offer credits for the first 3 CoP sessions. We were told CE credits are “likely for all sessions in March and beyond” which will still mean 10 CE credits. When they are available, if you want CE credits you will need to complete the evaluation sent to you by APHA.

• **ITRC CoP Session Evaluations:** After some CoP sessions we will post a short evaluation in Chat and on the CoP Climate Forum to obtain feedback. Please complete them so we can learn how to improve sessions.

• **Weekly Homework Assignments:** We will give a homework assignment after each session. Please be prepared to report back on the outcomes, questions you have, struggles you experienced, and what you still want to know.
Key Message

“Community is Medicine”

Throughout human history our ability to band together has always been key to responding creatively, adapting to, and solving complex problems!

By working at the community level we can do this again now!
So Always Remember

If trauma can be passed down through generations, then so can healing and transformational resilience!

This is Our Mission!

Adapted from Judith Landau 2021
Resilience Pause

Take a moment to use the “skylight method” to notice what are you experiencing right now in your body, your mind, and your emotions.

Then take a moment to just breathe:
When inhaling you might say “soft” and when exhaling might say “breath.”
There is no right or wrong way to do it, and no expectations.
Breakout Rooms (10 min.)

- Briefly introduce yourself, where you live, and organization you work with and/or type of work you do.

- Your favorite dessert

- The name and location of the neighborhood or community in which you will apply what you learn in the CoP

- If you interviewed people from your community as suggested in the CoP acceptance email, how did it go and what did you learn?
We All Know That Toxic Stresses Are Epidemic Today

Intergenerational and Ongoing Racism and Other Systemic Oppressions

Fear of Violence and Crime

Food or Water Shortages

Insufficient Wages, Rising Costs, High Poverty

Toxic Social Isolation, Loneliness and Disconnection

Political Polarization

Vast Economic and Social Inequalities

Many Other Individual, Family, Community, and Societal Toxic Stresses
Every small *increase* in global temperatures creates *more harm*.  

Last week it was announced that global temperatures *have now breached* the 2.7 F/1.5 C threshold for an entire year, pushing us closer to possibly *irreversible impacts!*  

Under current emission path abrupt *“collapses of ecosystems”* and *“catastrophic biodiversity loss”* begin *before 2030* in tropical oceans and then *spread northward*. (Nature, April 2020, many other studies)
We must grasp that we are in the initial stages of a rapidly accelerating Climate-Ecosystem-Biodiversity “Catastrophe” that is *Already* and will *Increasingly* alter *Every Aspect of Society*!

Left unaddressed this catastrophe will create an *Epidemic* of *Traumas*

We must *Proactively* build population “*Transformational Resilience*” not just *treat* individuals *after* they are traumatized, *react* to the next disaster, or *hope* that enhancing external physical resilience is *sufficient*. 
Six Ways the C-E-B Catastrophe Affects Mental Health and Wellbeing
(From: 5 Reasons Why Climate Change May See More of us Turn to Alcohol and Other Drugs, Dr. Helen Berry, The Conversation 2023; and Economic Research by Ernie Niemi, Nat. Resource Economics 2024)

• **Direct effects** on mental health caused by **punishing weather events** such as extreme heat and other disasters that have been linked to **increased distress across the entire population**

• **Indirect effects** on mental health produced by **mounting worrying, anxiety, guilt, fear, anger, and helplessness** about what the future will bring (i.e. ecoanxiety and climate grief)

• The psychological distress caused by **physical injuries** such as inhaling wildfire-generated smoke, and **long-term illnesses, disabilities**, and other **chronic health problems** that can produce depression and hopelessness
The emotional and physical stresses caused by **both subtle and overt changes in daily life**, such as disrupted sleep patterns caused by hotter weather, people being forced to leave their homes or communities due climate impacts, and much more.

The widespread hardships generate by **destabilized ecological, social, built, economic, and geopolitical systems** people depend on for food, water, jobs, income, shelter, safety, security, and other basic survival needs.

The anguish and distress caused by **climate pollution-related deaths** that is estimated to be 4 million since 2000 and by World Economic Forum projected to be **45 million by 2050**—all totals are acknowledged to be **vast underestimates**.
Everyone Will Be Impacted: This is a Population-Level Problem

But in **Near Term** in Different Times, Ways, and Magnitudes Those at **Greatest** Risk Are

- BIPOC residents
- Low-income populations
- Migrants
- Ethnic minorities
- Single women
- Young children
- People living alone
- The elderly
- People with insecure housing
- Those living in high-risk zones
- People with pre-existing conditions
- First Responders

Climate impacts are **aggravating existing inequalities** and **injustices** and **adding new ones** that create even **greater impacts for many of these groups**.

But **beware** that only focusing on the “**vulnerable**” can allow wealthier people to think their resources make them **immune**—hence **no need to cut emissions**, And to further **isolate** these groups them from others.
Without Major Changes the Result Will be a Global *Epidemic* of Individual, Community, and Societal Distresses and Traumas

**Psychological, Emotional, and Spiritual “Distress”**

An understandable and normal response associated with stressors and demands that are difficult to cope with, or that result from witnessing others in harmful situations, or that result from fantasizing about future impacts.

**“Individual Trauma“**

"a blow to the psyche that breaks through one's defenses with such brutal force that one cannot react to it effectively... As so often happens in catastrophes...(people) withdraw into themselves, feeling numbed, afraid, vulnerable, and very alone." (Kai Erickson)
Community and Societal Trauma are *Not* Well Understood

“Community Trauma”
An event or series of events that create ...
"a blow to the basic tissue of social life that damages the bonds attaching people together and impairs their prevailing sense of community... (it is) a gradual realization that the community no longer exists as an effective source of support and that an important part of the self has disappeared." (Kai Erickson)

“Societal Trauma”
Goes beyond a specific geographical area or group with a shared identity to affect *entire* cultures, nations, or all of humanity: e.g. the COVID-19 Pandemic.

Left unaddressed, the C-E-B catastrophe will be the *greatest societal trauma* modern society has *ever* experienced!
Pervasive Traumas Can Go Far Beyond the Individual to Activate Unhealthy and Harmful Group Behaviors

• Moderate stresses can activate pro-social behaviors -- “tend-and-befriend”—that creates the “community cohesion” phase of disasters.

• But when severe toxic stresses or acute traumas affect groups, they can activate everyone’s “Fear and Alarm Center,” sideline their “Executive Center,” and create protective reactions that feed off each other leading to:

  - Reduced assistance to others, decreased group cooperation, and increased interpersonal aggression and violence.
  - And/or being easily influenced by “us-vs-them” narratives, conspiracy theories, or following demagogues.
Co-Morbidity Between Mental and Physical Health Issues is Very Common

Adverse social, psychological, emotional, and behavioral conditions often aggravate existing or directly produce new physical health problems.

and

physical health problems can generate mental health issues.

Left unaddressed, pervasive traumas will greatly accelerate physical health problems and associated costs.
The fight-or-flight **protective reactions** resulting from continual activation of the “emotional brain” (limbic system) are also **Blocking Climate Solutions!**

Just when solutions to the C-E-B catastrophe require constant **learning, growth, adaptation, and innovation**!
Resilience Pause

Take a moment to use the “skylight method” to notice what are you experiencing right now in your body, your mind, and your emotions.

Then take a moment to just breath:
When inhaling you might say “soft” and when exhaling might say “breath.”
There is no right or wrong way to do it, and no expectations.
In Most Industrialized Nations Mental Health Issues Have Been 
“Privatized”

- The dominant paradigm is that the **individual** alone is responsible for their psychological, emotional, and behavioral struggles.

- And the correct approach is to **treat** individuals mostly one-at-a-time only **after** they experience symptoms.

- But if makes sense, how is it possible that mental health and psychosocial struggles have **grown** to levels that are now **epidemic**?

The existing individualized paradigm, and systems that support it, **often restrict** the discourse to **only what fits within it**.
One Consequence Is Today’s “Whack-a-Mole” Systems

Our mental health and human service systems mostly react to the next crisis and disaster by treating individuals with symptoms one-at-a-time.

....and then soon need to react to the next new crises.

Our Current Systems Cannot Address the Scope or Scale of Today’s Mental Health and Psychosocial Problems...

And Have ZERO Chance of Preventing or Healing the Widespread Traumas Speeding Our Way
Why?

- Even if there were more trained providers, there will never be anywhere close to enough to assist all of the traumatized individuals.

- Up to 50% of public won't engage in MH services because of fears of being stigmatized, high costs/no insurance, religious concerns, and other reasons.

- Many black and indigenous people of color (BIPOC) stay away due to injustices embedded in the system &/or the inadequacies of the western medical model.

Even More Important

- They mostly assist individuals only after they show symptoms and do not prevent the occurrence of widespread mental health issues.

Individualized mental health services will remain Very Important

But just doing more of the same is Not the solution!
The Reality is that Climate Generated & Most Other Traumas Result From Interacting Individual, Family, Social, Economic, Built & Ecological Factors

The Social-Ecological Model

**Environmental**
Conditions of food and water, open space/green spaces, the built/physical, economic, and ecological systems

**Structural**
Policies, institutions, power relationships, type and level of services.

**Community**
Conditions of neighborhoods, workplaces, schools, voluntary and civic groups, religious and spiritual associations

**Interpersonal**
Connections with family, friends, and social networks, and their social norms and values

**Individual**
Knowledge, skills, attitude, childhood experiences, biology

Old Lakota Nation Saying:
Our health and wellbeing is a complex consequence of

“All Our Relations”
To Address “All Our Relations”
we must get out of our professional and organizational silos and
**think systemically** and **respond holistically**!

If we take this path the C-E-B catastrophe can activate
**Deep-Seated Transformational Changes!**
We Must Proactively Strengthen Population-Level Capacity For “Transformational Resilience”

When suffering is caused by previously unseen external forces that have no end point, resolution, or simple cure, the priority must be to help everyone develop the capacity to...

• buffer themselves from and push back against the stressors and...

• Use adversities as catalysts to keep learning and adapting and find constructive new sources of meaning, purpose, courage and hope.
“Transformational Resilience”

Help **everyone** strengthen their capacity for:

**Presencing** (or self-regulation) to calm their body, mind, emotions, and behaviors in the midst of adversities...

*and*

**Purposing** (or adversity-based growth) to keep learning and adapting to find new sources of meaning, purpose, courage, and hope in life.

**The combination can rebuild faith in the future!**
The Capacity for Transformational Resilience Requires Addressing Interacting Individual, Family, Social, Economic, Physical/Built and Ecological Factors

Addressing “All Our Relations”—these multisystemic factors—requires thinking and working at the population level by actively engaging neighborhoods and communities!
Why Work at the Neighborhood and Community Levels?

They are the **most common interface** between the **multisystemic factors** that influence mental health and transformational resilience.

Neighborhoods and communities significantly influence:

- Social values and norms
- Personal and family behaviors, habits, and practices
- Safety and security
- Housing, transportation, open space and other key aspects of the built/physical environment
- Educational opportunities
- Jobs, incomes, and economic opportunities
- Healthy and just ecological conditions

**All influence the ability to come together, learn, and adapt!**
Working at the population level was reaffirmed by the comment from The Noted Pioneer Clinical Psychologist Dr. George Albee Who Said:

“No epidemic has ever been resolved by paying attention to the treatment of the affected individual."

This underscores the urgent need to expand our approach to a prioritize a Public Health Approach to Mental Wellness and Transformational Resilience.
A Public Health Approach to Mental Wellness & Resilience

• Takes a population-level approach --- not one that merely focuses on individuals with symptoms of pathology or high-risk groups--though they are included by using “proportionate universalism” and “life-course” approaches:

Our mantra must be “Leave No One Behind.”

• Prioritizes preventing problems before they emerge --- not merely reacting to or treating them after they appear---and integrates group and community-minded healing methods into the prevention strategies:

We must always remember that “Prevention is the Cure!”

• Does so by strengthening “protective factors” –social supports, resilience skills, habits, local resources etc. that build and sustain healthy thinking and behaviors -- not just fixing deficits or treating individuals with symptoms of pathology:

We must “Build Strengths, Social Connections, and Resources”
• Research shows that mental wellness and transformational resilience can be enhanced.

• The most effective way to do so is to:
  o establish the “horizontal social infrastructure” in neighborhoods and communities—that can be called a Resilience Coordinating Network (RCN)—
  o that engages a broad and diverse array of local grassroots, neighborhood, & voluntary leaders, civic groups, non-profit, private, and public organizations
  o in jointly planning and implementing multisystemic strategies that strengthen as many drivers of individual and collective wellness & resilience as possible.
A Sample “Ideal” Resilience Coordinating Network (RCN): ‘Well-Coordinated Decentralization’ using a ‘Ring Team’ or ‘Hub & Spoke’ approach

We must collaborate in new & expanded ways to respond to the C-E-B catastrophe!
Why the Need for Long-Lasting “Resilience Coordinating Networks”? 

Six Common Phases of Disasters

Because the C-E-B catastrophe will:

- Continue for **decades**
- Most mental health & psychosocial problems surface **months or longer after** direct impacts occur...
- So we need to build the **horizontal social infrastructure** in neighborhoods, cities, and towns needed to sustain the "**community cohesion**" phase over the long-term.
By Far the Most Important:

Build “Strong” and “Weak” Social Connections Across Cultural, Economic, Racial, and Geographic Boundaries in the Community

Building social connections are vital to address the toxic isolation and loneliness that is generating profound mental health problems today.

And family, friends, and neighbors are far more important than first responders during the first 3-5 days—and often much longer—of many disasters.

Social connections are especially important in times of crisis because they provide the emotional safety and practical support needed for health & resilience.

And doing so helps some people find meaning and purpose in their lives by assisting others.
The Five Foundational Areas Required to Build Population Capacity for Transformational Resilience for the C-E-B Catastrophe

Ensure a “Just Transition” by Engaging Residents in Creating Zero-Emissions Climate-Resilient Physical/Built, Economic, and Ecological Conditions

Unhealthy local conditions create mental health and psychosocial problems.

Active engagement in creating healthier & just local conditions from the bottom-up builds hope that enhances resilience & adaptability.

While integrating external physical resilience with human social-psycho-emotional resilience.

And reducing local emissions, strengthening physical adaptation, and often creating social and political pressure for change.
There is No Community Resilience
Without Human Social, Psychological, and Emotional Resilience!

- Actions to reduce emissions, regenerate ecosystems, and strengthen external physical resilience will have **limited effects** unless they are **fully integrated** into efforts to build pop.-level mental wellness and transformational resilience.

- Disaster preparedness and response, disaster mental health, and other human services will also be much **more effective** when **integrated** into community-led resilience building initiatives.
Foster Universal “Literacy” About M. Wellness & Transformational Resilience by Helping Everyone Become “Trauma and Resilience-Informed”

Helps people understand what is happening within them and around them,

Which can normalize their struggles, reduce their fear of stigmatization, and eliminate their stigmatization of others

While building the knowledge and skills needed to prevent and heal their own psychosocial and spiritual struggles...

And motivating some to find meaning and purpose by helping others do the same.
Help Residents Regularly Engage in Specific Practices that Enhance Mental Wellness and Transformational Resilience

Active engagement can release trauma from the nervous system which helps prevent and heal traumas.

While building social connections through pro-social activities.

Offering experiences that can create emotional states that provide meaning in life during adversities.

And motivating some to find new meaning and purpose by helping others engage.
The Five Foundational Areas Required to Build Population Capacity for Transformational Resilience for the C-E-B Catastrophe

**Establish Ongoing Mostly Peer-Led Group and Community-Minded Opportunities to Heal Trauma**

These healing methods **normalize struggles** and help eliminate **fears of stigmatization**...

While allowing people to hear how others view their struggles **& approach healing** in a **non-judgmental setting**.

And build the **emotional safety net** that helps people **release** their trauma, begin to **heal**, and remain **resilient & adaptable**

While motivating some to find **new meaning and purpose** in their lives by being trained as **peer facilitators**.
The Five Foundational Areas Are Interactive

- Build Social Connections Across Boundaries in Communities
- Ensure a Just Transition by Creating Healthy Physical/Built, Economic, and Ecological Conditions
- Establish Ongoing Opportunities to Heal Suffering and Trauma
- Develop Mental Wellness and Resilience Literacy
- Foster Engagement in Practices that Promote Mental Wellness & Resilience
A Few Examples of US “Resilience Coordination Networks”

- North Carolina SmartStart Healthy and Resilient Communities Initiative: Has 50 focused on “4 ACEs”: Adverse Child, Community, Climate, and Cultural Experiences.

- Virginia’s Trauma-Informed Community Networks has 32 “building resilience and preventing and mitigating the impacts of trauma in their communities.”

- Peace4Tarpon in Tarpon Springs, Florida


- San Francisco Neighborhood Empowerment Network (the NEN—now in limbo)

- Rhode Island Health Equity Zones

- Over 200 associated with MARC: Mobilizing Action for Resilient Communities, (mostly focused on ACEs).
Many Examples of International Initiatives

- Abundant Community Edmonton, Alberta Canada
  (https://www.edmonton.ca/programs_services/for_communities/keep-neighbouring)

- Community-based Approaches to MHPSS

“A Community-Based MHPSS approach puts individuals, communities and social systems at the centre of the intervention, in all phases of the response.”

Inter-Agency Standing Committee
(Mental Health and Psychosocial Support Network: https://MHPSS.net)
• Only a few of these initiatives describe their work as a public health approach.

• Each is unique—there is no one-size-fits-all approach.

• None address all five of the core foundational areas.

• Only a few are explicitly focused yet on the climate catastrophe.
But they show how

**Community is Medicine**

If those not focused on the climate catastrophe *expand* to address it, and *thousands* of *new* community initiatives are *launched*,

we *CAN* build universal capacity for transformational resilience!
Resilience Pause

Take a moment to use the “Skylight Method” to notice what are you experiencing now in your body, your mind, and your emotions.

Then practice “Present Moment” breathing

- No matter where you are or what you are doing, focus your attention on the sounds and sensations of your breath.
- Feel the expansion and contraction of your rib cage, or follow the sensations of the air going through your nose, down your throat, into your lungs and out again.
- If your mind wanders, bring it back to your breath in the here and now.
Breakout Rooms (10 min)

• Introduce yourself

• Then discuss **how you can share** what you just heard with:

  People **already involved** with a local resilience network you want to **inform**
  
  or

  People **not involved** with a resilience network you would like to **get involved**
Q & A

Post in chat
Summary of Today’s Key Points

• The C-E-B catastrophe is a civilization-altering event that will stress or traumatize everyone: solutions demand transformational changes in many aspects of society.

• One essential change is to expand how we prevent and heal mental health and psychosocial struggles to embrace using a public health approach in communities.

• This requires establishing the horizontal social infrastructure that actively engages residents and orgs. in multisystemic activities that build and sustain population “Presencing” and “Purposing” resilience from the bottom up.

If we do this we can build population-level Transformational Resilience!
Please complete your account on the CTIPP *Climate CoP Forum* to obtain a video of this session and short written summary, and to meet and communicate with other CoP members.
**Homework**

- **Take a Resilience Pause daily**, practice a breath-based resilience skill, and teach it to a family member, friend, or colleague.

- **Prepare an “elevator speech” for discussing how you can help expand an existing RNC to address the C-E-B catastrophe, or form a new RCN:**
  - Develop a short “elevator speech” describing what you learned today.
  - Share the elevator speech with 1-2 people, get feedback, and improve it.
  - Post your final elevator speech on the CoP Climate Forum for others to see.
  - Be prepared to share your talking points during next week’s CoP.

- **Next Tuesday’s Feb 20 CoP**: How to organize, facilitate, staff, and fund neighborhood and community-based RCNs, with two presenters.
Key Message

“Community is Medicine”

Throughout human history our ability to band together has always been key to responding creatively, adapting to, and solving complex problems!

By working at the community level we can do this again now!
So Always Remember
If trauma can be passed
down through generations,
then so can healing
and transformational resilience!

This is Our Mission!

Adapted from Judith Landau 2021