Strengthening mental health in a changing climate

Insights from interventions across the WHO European Region



World Health Organization
European Region

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Abstract

Climate change is increasingly recognized as a profound public health challenge with important implications for mental health and well-being. Climate-related hazards such as heatwaves, floods and wildfires can contribute to anxiety, depression and post-traumatic stress disorder, particularly in vulnerable populations. Beyond these emergencies, slow-onset changes like sea level rise and witnessing a rapidly changing climate can contribute to chronic stress, guilt or anxiety. This report examines interventions addressing the mental health impacts of climate change in the WHO European Region, drawing on a call for case studies launched in December 2024. Out of 20 eligible interventions, six interventions responded to acute climate hazards, mainly floods, through emergency mental health care, psychosocial support and community resilience activities. Fourteen interventions focused on strengthening mental health, resilience and agency in relation to different climate-related exposures. The report highlights two examples: Slovenia's psychosocial response to the 2023 floods and a youth-focused initiative on climate anxiety led by the Estonian Green Movement. The review identifies the need for clearer frameworks to provide low-threshold support and stepped care with clear safeguards and referral pathways, alongside the greater integration of mental health into climate policy and climate considerations into mental health systems.

Key words

CLIMATE CHANGE; EMERGENCIES; MENTAL HEALTH; CLIMATE DISTRESS; HEALTH PROMOTION; MENTAL HEALTH SERVICES; EVIDENCE SYNTHESIS

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Abbreviations

Calm-Ey	Coping with Climate Anxiety: Learning Methods for Mental Health for European Youth (project)
EPW2	second WHO European Programme of Work (2026–2030)
EU	European Union
ID	identification number
MHPSS	mental health and psychosocial support
NGOs	nongovernmental organizations
NIJZ	Nacionalni inštitut za javno zdravje [National Institute of Public Health] (Slovenia)
PTSD	post-traumatic stress disorder

Executive summary

Climate change is a profound public health crisis with significant implications for physical and mental health and well-being. The WHO European Region is experiencing unprecedented climate events such as heatwaves, floods and wildfires that can directly contribute to anxiety, depression and post-traumatic stress disorder (PTSD). Beyond acute events, slow-onset changes like sea level rise and witnessing a rapidly changing climate can contribute to chronic stress, guilt or anxiety. Vulnerable populations – including children, older adults and those with pre-existing mental health conditions – are disproportionately impacted. Mental health underpins individuals' capacity to cope, thrive and participate in climate resilience and mitigation efforts, making integrated mental health interventions essential in climate action frameworks.

Climate change and mental health have gained significant attention at WHO, both as standalone issues – such as highlighted in the Budapest Declaration on Environment and Health and the second European Programme of Work (2026–2030) – and as interconnected topics, as outlined in the *Mental health and climate change: policy brief*, published by WHO in 2022.

Against this backdrop, the WHO European Centre for Environment, Climate Change and Health launched a call for case studies in December 2024 to identify interventions addressing climate change impacts on well-being and mental health across the WHO European Region. The call targeted different types of interventions related to diverse mental health outcomes from mild to severe symptoms across different populations. The call received 51 submissions by February 2025, of which 20 met eligibility criteria, spanning 15 countries.

Six interventions responded directly to acute climate hazards – primarily floods – providing emergency mental health care, psychosocial support and community resilience activities. These mostly government-led initiatives addressed mild, moderate and severe mental health outcomes including PTSD and depression. Fourteen interventions focused on strengthening well-being and mental health across different and cumulating climate-related exposures. Led mainly by nongovernmental organizations, health professionals and academic institutions, they aimed to strengthen mental well-being, resilience and agency through approaches such as climate support groups, capacity-building for professional groups, and action research and policy engagement.

Two of these interventions were selected as good practice examples, based on eligibility and qualifying criteria, adapted from the European Environment Agency's selection criteria for Climate-ADAPT case studies. Slovenia's coordinated multistakeholder psychosocial response to the 2023 floods deployed mobile mental health teams,

offered telephone hotlines, and organized community activities and practical aid over 12 months, reaching thousands of affected households. It demonstrated the value of community-based approaches, strong coordination across government, health, humanitarian and civil society actors, and sustained support beyond the immediate emergency, with specific attention to vulnerable groups. The project Coping with Climate Anxiety: Learning Methods for Mental Health for European Youth, an Erasmus+ funded initiative for 2023–2025, led by the Estonian Green Movement across four countries, addressed youth climate anxiety through co-developed training for youth workers, peer-support guidance, self-help workbooks and workshops. It aimed to strengthen coping skills and enable constructive engagement among young people aged 16–25 years.

The following lessons learned were drawn from this call: while work on climate change and mental health is advancing, conceptual and methodological gaps still constrain the design and evaluation of interventions, particularly where climate distress affects mental well-being. A key lesson is the need to clarify intervention scope along the dual continuum from reduced well-being to mental health conditions: without shared terminology and operational guidance, there is a dual risk of pathologizing normal emotional responses while also missing people who need timely clinical assessment and evidence-based care. Clearer referral and stepped care, alongside stronger low-threshold, non-clinical support, can help bridge this.

This type of support is also crucial to build community resilience in a world facing multiple, overlapping crises. Child and youth settings – particularly schools – are valuable entry points to strengthen resilience and literacy among children and adolescents. Nature-based interventions, increasingly used for climate adaptation and mitigation, can also support emotional regulation, reduce stress and anxiety, and strengthen social connection. Building capacity on mental health and climate change across professional groups working with communities is critical to enable context-sensitive responses and support a broader public discourse.

While mental health and psychosocial support (MHPSS) is increasingly integrated into emergency preparedness and response, interventions highlight the importance of implementing multilevel and multistakeholder community-based MHPSS during the acute phase of an emergency, which also sustains support during recovery and prioritizes vulnerable groups throughout all phases. Finally, governments need to step up efforts to integrate mental health into national climate plans – and vice versa – to scale coherent, multisectoral responses and maximize co-benefits.



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1. The impacts of climate change on mental health and well-being

1.1 Introduction

Climate change is a pressing public health crisis with profound consequences for well-being and livelihoods worldwide. In the summer of 2025, the WHO European Region experienced heatwaves and forest fires of unprecedented scales, after the summer of 2024 had already broken various climate records *(1)*. Extreme weather events are going to increase in frequency and magnitude, posing significant risks to our physical and mental health. Together with slow-onset changes like rising sea levels and the increasing probability of approaching key climate tipping points such as a weakening Atlantic circulation *(2)*, climate change creates a pervasive sense of uncertainty about the future, leaving many people anxious for their own well-being and the livelihoods of future generations.

Due to profound and escalating impacts of climate change on both physical and mental health, climate–health action has been designated as one of the five strategic priorities in the second WHO European Programme of Work (2026–2030) (EPW2) *(3)*. EPW2 also places a strong emphasis on enabling individuals to live and age in good physical and mental health, defined as another strategic priority with the aim to promote mental well-being across all stages of life. The growing link between climate change and mental health demands urgent, coordinated responses. This is especially pressing given that nearly 17% of the population in the WHO European Region face mental health conditions today *(4)*.

The increasing concern of Member States on the impacts of climate change on mental health was reflected in the Budapest Declaration of the Seventh Ministerial Conference on Environment and Health, which acknowledges "the increasing threat to mental health and well-being, including eco-anxiety among young people, brought by the converging climate and environmental crisis (...)" *(5)*. In the Roadmap supporting the implementation of the Declaration, Member States committed to enhance their efforts to tackle the health and well-being impacts of climate change.

One key mechanism to accelerate the implementation of the Budapest Declaration is the exchange of experiences. In this context, Hungary organized – during its presidency of the Council of the European Union (EU) – a high-level policy dialogue in collaboration with the WHO Regional Office for Europe, entitled "Mental health and the triple planetary crisis: a call to action" in October 2024 *(6)*. In May 2025, the WHO Regional Office for Europe and the Pan-American Health Organization co-organized the Transatlantic Dialogue on Climate Change

and Mental Health to facilitate the sharing of good practice examples and the fostering of collaboration among countries on both sides of the Atlantic (Annex 1) *(7)*.

These events gave a glimpse into the increasing number of interventions across Europe and beyond, ranging from national strategies integrating mental health and psychosocial support (MHPSS) into disaster risk management systems to local climate cafés organized by civil society organizations. Interventions span clinical, psychosocial, emergency context, educational, community, environmental and policy dimensions. The diversity in formats, approaches, target populations and delivery settings – combined with the fact that some initiatives are locally developed or informally implemented in community settings – makes it challenging to obtain a comprehensive overview or to systematically compare the effectiveness of interventions at the intersection of climate change and mental health *(8)*.

Although the mental health consequences of climate change are increasingly acknowledged, strategies to address the emerging crisis remain limited and fragmented. Against this background, this technical brief examines the confluence of two central public health threats, mental health and climate change, emphasizing their combined impact on human well-being and the urgent need for integrated responses.

Following a brief overview of the climate-related impacts on mental health and basic conceptual considerations, this brief provides key insights of interventions on climate change and mental health identified through a call for case studies. It shares key observations and lessons learned to guide future action in this evolving field.

1.2 Mental health, well-being and climate-related stressors

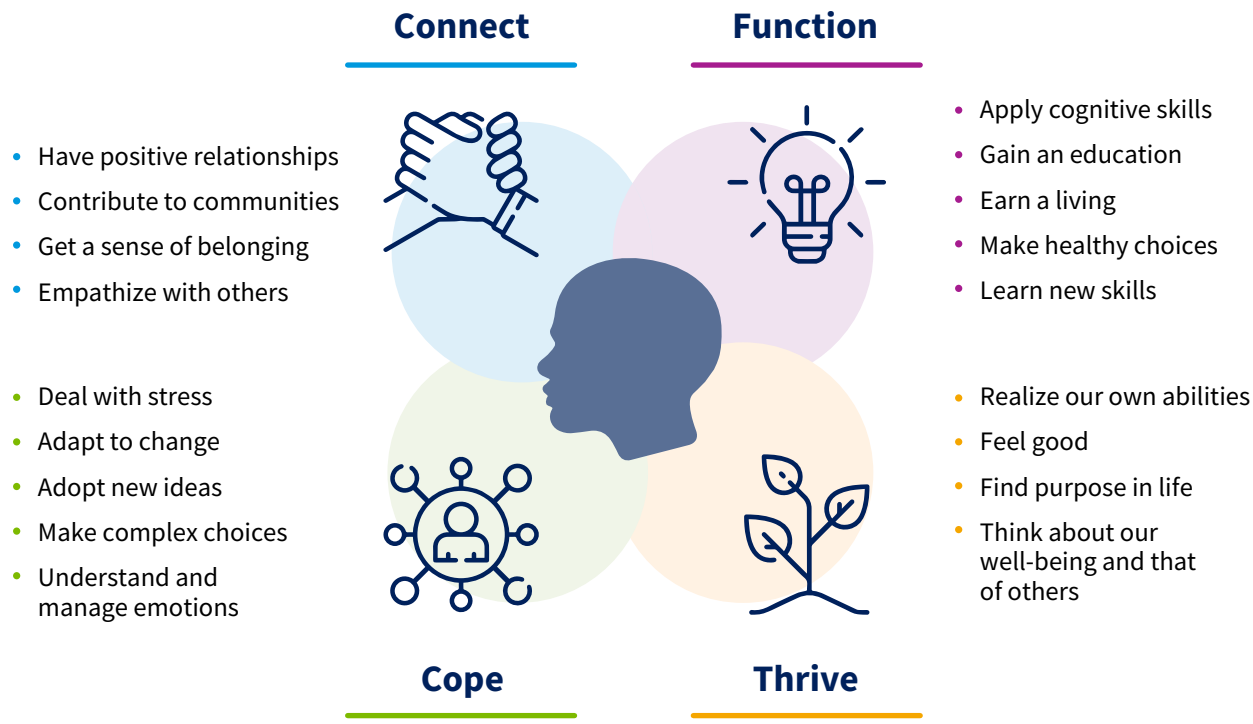
Mental health is a fundamental aspect of overall well-being that empowers individuals to manage life's challenges, realize their potential, engage in productive learning and work, and contribute meaningfully to their communities. It is a critical component of health that supports our capacity to make informed decisions, foster relationships and shape the environments in which we live. In short, mental health helps us to connect, function, thrive and cope (Fig. 1) *(9)*. Recognized as a basic human right, mental health is essential not only for personal fulfilment but also for community resilience and socioeconomic progress. These resources become invaluable in a rapidly changing climate.

Key definitions and concepts related to mental health that are relevant in the context of this report are summarized in Table 1.

Climate change is increasingly recognized as a significant driver of mental health issues, affecting individuals and communities in various ways *(10–14)*. Extreme weather events, such as floods and wildfires, can contribute to psychological trauma, anxiety and stress due to fear of death or the sudden loss of homes, livelihoods and loved ones. The aftermath often involves prolonged periods of uncertainty and displacement, further exacerbating mental health problems. Heat waves can reduce well-being and aggravate existing mental health conditions. Gradual changes in climate, such as altered precipitation patterns, can disrupt agricultural productivity and water supply, leading to food insecurity and economic instability. These indirect stressors can contribute to anxiety and depression, particularly in vulnerable

populations. People can also experience anticipatory distress in response to perceived climate change impacts and may feel worry or guilt when witnessing the impacts on others.

Fig. 1. The intrinsic and instrumental value of mental health



Source: (9).

Table 1. Key definitions and concepts related to mental health and well-being

Term	Definition
Mental health	"A state of mental well-being that enables people to cope with the stresses of life, to realize their abilities, to learn well and work well, and to contribute to their communities. Mental health is an integral component of health and well-being and is more than the absence of mental disorder" *(9)*.
Well-being	"A positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic and environmental conditions" *(15)*.
Mental health condition	"A broad term covering mental disorders and psychosocial disabilities. It also covers other mental health states associated with significant distress, impairment in functioning, or risk of self-harm" *(9)*.
Mental disorder	"A clinically significant disturbance in an individual's cognition, emotional regulation or behaviour. It is usually associated with distress or impairment in important areas of functioning" *(16)*.

Table 1. contd

Term	Definition
Psychological intervention	"An evidence-based, structured set of therapeutic actions aimed at improving an individual's mental health and emotional functioning. These interventions typically focus on cognitive, emotional and behavioural processes, using evidence-based techniques such as cognitive behavioural therapy, to reduce distress, enhance coping and promote recovery. They are typically delivered by a trained mental health professional or by trained and supervised non-specialists" *(17)*.
Psychosocial intervention	Broader term than psychological intervention, including "Structured, non-pharmacological approaches that aim to improve mental health and well-being by addressing the interaction between psychological factors (such as emotions, thoughts, and behaviours) and social or environmental influences (such as relationships, community context, or life circumstances). These interventions may include a range of strategies, such as psychoeducation, behavioural activation, peer support, or community-based support, and can include clinical components such as psychological therapies (for example, CBT [cognitive behavioural therapy]). They are typically delivered by trained providers, including mental health professionals, social workers, or trained lay or peer facilitators, in clinical or non-clinical settings" *(18)*.
MHPSS	"Any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental health condition" *(19)*. MHPSS addresses humanitarian and emergency needs by providing coordinated, multisectoral actions that protect psychosocial well-being, prevent and treat mental health conditions, and support recovery and resilience among populations affected by conflicts, disasters, displacement and public health emergencies (based on *(19)*).

Compared to the climate change impacts on physical health (e.g. injury, heat stroke, vector-borne diseases), mental health impacts can be subtle and more difficult to detect as they can cover a wide range of mild to severe symptoms. Mild symptoms such as low mood or sleep difficulties can affect mental health and well-being but may not be severe or persistent enough to meet diagnostic criteria for a mental disorder (e.g. depressive disorders); these are sometimes described as subclinical symptoms.

Fig. 2 provides an overview of the risk components – hazard, vulnerability and exposure – and adaptive responses to manage the risk, which together determine the risk to mental health and well-being. These same components are also used to assess climate impacts on physical health. While physical and mental health impacts are both linked to direct and indirect exposure, mental health can also be affected by vicarious exposure. Vicarious exposure refers to the psychological impacts of learning about or witnessing climate-related events through media, scientific reports, peer groups or other people's experiences, rather than experiencing them firsthand. The added dimension of vicarious exposure increases the likelihood that individuals

experience overlapping and cumulating climate-related mental health hazards, with impacts that vary in intensity and occur over different timeframes.

Climate-related stressors are uniquely experienced by each individual and may involve varying levels of difficulty and distress with diverse social and clinical implications, depending on factors such as the nature and intensity of exposure, individual and community vulnerability, and the availability of coping mechanisms and support systems. These mental health impacts can be grouped into:

- mental illnesses, such as a major depressive disorders or post-traumatic stress disorder (PTSD);
- diminished well-being as a subjective experience (e.g. feeling anxious about climate change), which may impact functioning through sleep disturbances or difficulty concentrating, and influence behaviours like social withdrawal, disengagement from news or decisions about family planning *(20)*; and
- at the community level, diminished social relations reflected in weakening community cohesion and resilience, reducing emotional support and limiting the collective capacity of communities to address the climate crisis *(21)*.

Vulnerable groups: children and young people, older adults, Indigenous communities, low-income populations, people with pre-existing mental health conditions or physical disabilities and other vulnerable populations can be more susceptible to climate-related mental health impacts due to reduced adaptive capacity, structural inequalities and limited access to social services. Certain occupational groups such as outdoor and frontline workers are also more susceptible due to their increased occupational exposure to climate hazards. The mental health of health care and emergency service providers can take an additional toll when providing care for population groups whose mental and physical health is impacted by climate change *(22)*.

Exposure to climate-related stressors can be particularly harmful during childhood and adolescence, when lifelong mental health foundations are formed. At this stage, limited coping skills and ongoing physiological, cognitive and emotional development make this group more vulnerable to poor mental health following events such as losing a home or a loved one. Such distressing events can alter brain structure and functioning, impairing learning, memory and overall well-being. Children experiencing PTSD symptoms often face concentration difficulties, which can negatively affect academic performance and developmental domains such as emotional regulation *(23)*. Early onset of mental health problems increases vulnerability to a range of mental health conditions later in life, including depression, substance use and behavioural disorders *(24)*.

The mental health of children and young people is deteriorating due to multiple factors and is increasingly recognized as a critical public health concern *(25)*. While climate change is becoming a major concern among young people, studies highlight a range of other stressors – including social and family relationships, economic instability, military conflicts and unregulated digital environments as well as the role of education and cultural beliefs – that shape young people's emotional responses to climate change and influence their resilience *(24,26)*.

Fig. 2. Climate change impacts on mental health and adaptation response



Note: PTSD: post-traumatic stress disorder.

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1.3 Definition of key terms

The literature uses various terms, such as climate anxiety or eco-worry, to describe psychosocial responses to climate change *(27)*. Because climate change, biodiversity loss and pollution are interconnected, the terms "eco-" and "climate" are sometimes used interchangeably. However, "eco-" generally refers to broader environmental concerns, while "climate" refers specifically to climate change. An overview of relevant key terms, developed by the European Federation of Psychologists' Association's expert group on psychology and climate change *(28)*, is provided in Table 2.

Table 2. Definition of key terms describing climate-related mental health impacts

Term	Definition
Emotions related to climate change and environmental degradation	
Eco-emotions	"Refers to the affective reactions that are significantly related to the eco-social crisis. There are different factors that can influence people's emotions at a given time: their general life situation, their own character and values, daily events, social dynamics, and the specific (acute) impacts of eco-social crisis."
Eco-anxiety	"A family of distinct, but related, eco-emotions that relate to the generalized sense that the ecological foundations of existence are in the process of collapse. It should not be seen fundamentally as an anxiety disorder, but instead as a wider phenomenon. More specifically, it refers to a chronic fear or non-specific worry of environmental doom which is closely related to fear and worry, but it is even more characterized by uncertainty, unpredictability, and uncontrollability and it can be remarkably diverse in terms of intensity (...)."
Eco-anger	"While eco-anxiety and eco-depression are less adaptive, relating to lower well-being, eco-anger may be protective of mental health as well as predict greater engagement in pro-climate activism (...)."
Eco-grief	"Refers to an emotional response to climate-related loss and mourning, that emerges from experienced or anticipated ecological losses, including the loss of species, ecosystems, and meaningful landscapes due to acute or chronic environmental change (...)."
Eco-guilt	"Refers to the feeling of guilt that arises when beliefs about acceptable conduct toward the environment are violated, i.e., when people acknowledge they have not met personal or societal standards for environmental behaviour, failing to do their part to protect the environment or thinking about their environmentally harmful behaviour (...)."
Solastalgia	"(...) a form of homesickness one gets when one is still at home, but the environment has been altered and feels unfamiliar."

Table 2. contd

Term	Definition
Transforming climate emotions into adaptive responses	
Coping	"Refers to the use of cognitive and behavioural strategies to manage the demands of a situation when these are appraised as taxing or exceeding one's resources or to reduce the negative emotions and conflict caused by stress. In the context of climate crisis, at least three forms of coping can be distinguished, each one implying specific psychological or emotional challenges: (a) problem-focused coping, when people actively address the problem (e.g., environmental activism, avoidance of flying, conscious eating and consumption); (b) emotion-focused coping, when people resort to cognitive strategies to get rid of their negative feelings (e.g., trivialization, repression, denial, reinterpretation, reframing); and (c) meaning-focused coping, which is the recognition of the stressor while emphasizing previous successes in coping with the problem; goes hand in hand with trust in the effectiveness of other actors, knowledge of one's own possibilities for action and trust in one's own effectiveness."
Resilience	"Refers to the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioural flexibility and adjustment to external and internal demands. As a process, it refers to a variety of dynamic interaction processes between an individual, organization, or community and the environment (...)."
Pro-environmental behaviour	"(...) it refers to all possible actions aimed at avoiding harm to and/or safeguarding the environment, either performed in public (e.g., participation in environmental movements) or private domains (e.g., recycling). It includes, also, adaptive responses to the impact of climate crisis such as purchasing sustainable products (e.g., local food, green cleaning products), conserving water or energy, or changing travel modes (e.g., from driving to walking or cycling) to buying an electric vehicle or building an off-grid home."

Note: these definitions are provided for reference purposes and do not represent official definitions of WHO.

Source: (28).

The lack of shared terminology and concepts can hamper dialogue across disciplines and between research and practice. It can make it more challenging to design constructive responses and risks insensitivity toward certain groups, such as people with lived experience or Indigenous groups with different conceptual understanding of the relationship between people and nature *(29,30)*.

For instance, the term climate anxiety may pathologize responses when legitimate concerns about climate change are framed primarily as symptoms of a mental health problem. Conversely, such framing may also undermine the validity of people's emotional responses by implying that their feelings are excessive, misplaced or irrational *(31)*. This can weaken agency, hinder constructive engagement in climate action and contribute to isolation or further emotional distress *(32)*. At the same time, this and other terms may lead to overgeneralization, as people can experience a wide range of psychosocial responses to climate change and environmental degradation, including

grief, anger, guilt, helplessness and hope *(33)*. While these responses may be associated with a wide range of mental health outcomes, a recent systematic review suggests that eco-anxiety is more commonly associated with mild, subclinical symptoms *(34)*.

In this report, climate distress refers to "various types of distress that are significantly shaped by the climate crisis" *(31)*. Emotional responses such as anxiety and worry are commonly associated with climate distress. However, climate distress can also include other emotional, cognitive, behavioural, physical and social responses, such as guilt, anger, rumination, catastrophic thinking, withdrawal, sleep disruption or loss of trust. Climate distress does not, in itself, imply a mental health condition. Many responses to climate change are understandable reactions to real and perceived threats. They may also be adaptive when they support coping, social connection, preparedness, problem-solving or meaningful climate action. However, when distress is intense, persistent or unsupported, it may affect daily functioning and contribute to adverse outcomes for mental health and well-being.

This report uses climate-related mental health impacts as a broader umbrella term for the consequences of climate-related stressors, exposures and associated responses for functioning, well-being and mental health. These impacts are understood as occurring along a continuum, ranging from maintained well-being and adaptive coping to reduced well-being, impaired functioning and mental health conditions requiring clinical assessment and care.

This continuum is not linear or deterministic. The same climate-related stressor may lead to different responses and outcomes depending on the intensity and duration of exposure, previous experiences, existing mental and physical health, social support, structural vulnerabilities, access to services, coping resources and opportunities for meaningful action. Conversely, the same person may move along the continuum over time, as circumstances and support needs change.

Distinguishing between different types and levels of mental health impacts is important as they require different interventions. Low-threshold psychosocial support, such as climate cafés, can help people recognize and process climate-related distress, strengthen coping skills, build social connection, maintain daily functioning and identify when additional support may be needed. Specialized mental health care is needed when symptoms are severe, persistent, impairing or associated with risk, and may include clinical assessment, referral and evidence-based psychological or psychiatric care.

The literature and interventions reviewed in this report use different terms to describe climate-related distress and mental health outcomes, such as climate emotions or eco-anxiety. These terms are retained where they are used in cited literature, project titles and intervention descriptions.

The report uses climate distress as the preferred term for negative emotional and psychological responses to climate-related stressors and exposures, and climate-related mental health impacts as the broader umbrella term for outcomes ranging from maintained well-being and adaptive coping to reduced well-being, impaired functioning and mental health conditions.

While common terminology and concepts are crucial for professional and public discussions about climate-related mental health impacts, organizations, groups and people should have

the right to choose terms they consider most suitable for their circumstances, language and cultural contexts *(27,31)*.

1.4 Conceptualizing climate-related impacts

To assess climate-related impacts on mental health, a dual-continuum framework *(35)* has been proposed (Fig. 3) that builds on the framework presented in Fig. 2 and WHO's understanding of mental health as a non-binary state. At a minimum, the dual-continuum framework requires a clear distinction between mental health conditions and mental well-being.

- Mental health conditions are typically investigated through a pathogenic lens, which focuses on symptoms, diagnosis, impairment and treatment. Depending on the condition and its severity, care may involve different levels of psychological therapy, psychosocial support and/or pharmacological treatment.
- Mental well-being is typically examined through a salutogenic lens, which emphasizes factors that support health, coping, resilience and functioning. Well-being exists on a continuum from low to high and may be strengthened through supportive relationships, meaningful activities, emotional regulation, social connection, nature-based activities and other protective factors.

The dual-continuum model states that mental health conditions and well-being are influenced by related yet distinct factors, with both states existing in various combinations, as illustrated in Fig. 3 and exemplified by the following two scenarios. First, a person living with schizophrenia who is clinically well-managed can experience high well-being (group c in Fig. 3); however, exposure to extreme heat or a wildfire may disrupt their mental stability (group d). Second, an adolescent without a pre-existing mental health condition may experience strong emotional responses to climate change, such as grief or anxiety. This may reduce subjective well-being (group b), or it may not affect well-being due to their resilience, coping skills and other factors (group a). In both upper quadrants, climate change engagement may provide positive mental health benefits. This distinction is helpful for planning effective interventions for the different groups identified, acknowledging that people may move between quadrants over time as mental health fluctuates and changes across the life course.

1.5 Impacts in the WHO European Region

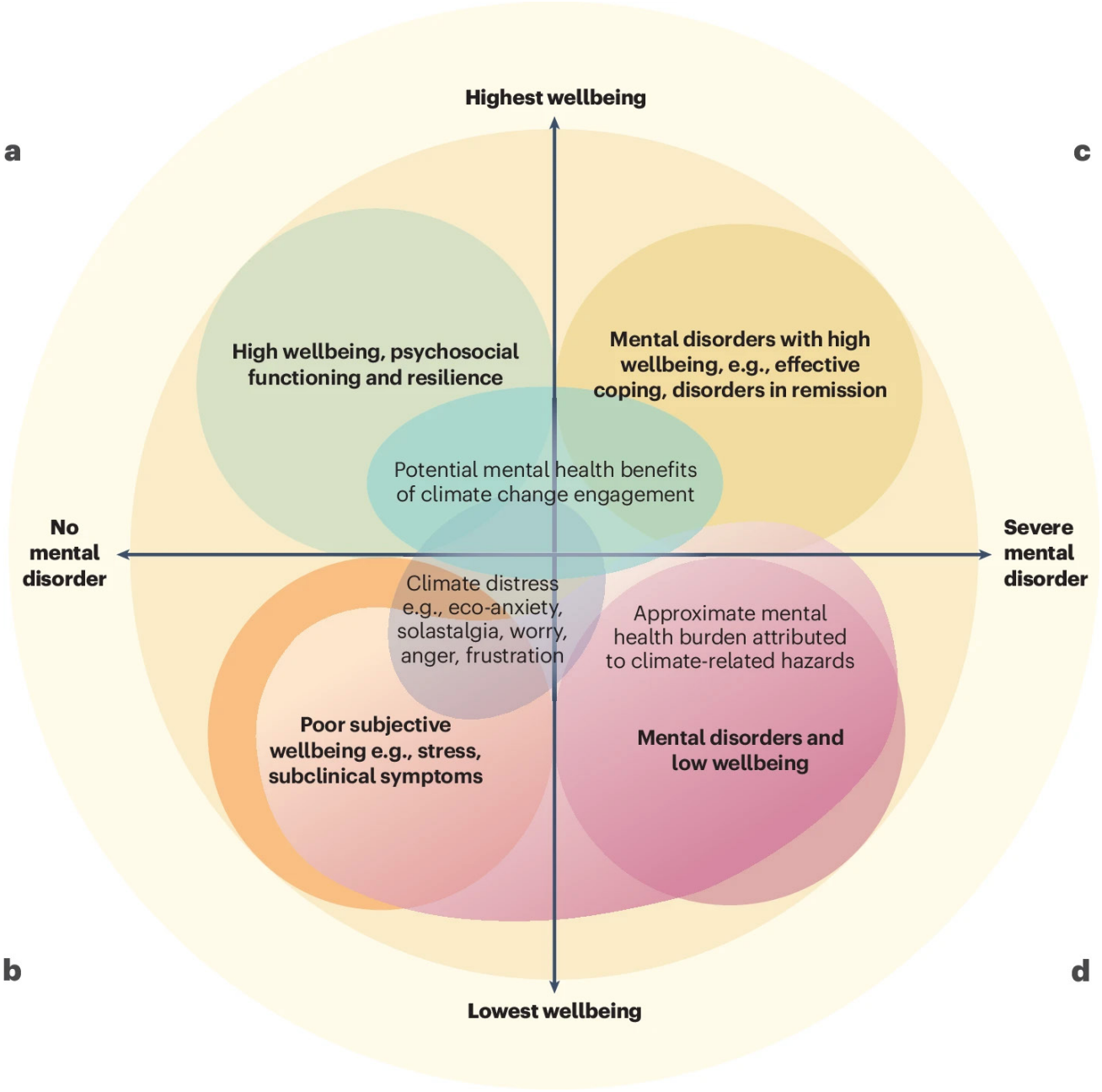
The increasing impacts of climate change in the WHO European Region are affecting mental health and well-being across various subregions and demographics *(13,36)*. The following sections provide a short overview on some key issues and trends.

1.5.1 Floods

Around 12% of the population in Europe (27 EU countries) are currently living in areas that are at risk of river floods *(23)*. In 2024, 12% of the European river network exceeded the "severe" flood threshold, affecting over 400 000 people and causing estimated damage of €18 billion *(1)*. Evidence confirms that flooding can contribute to reduced well-being and increased rates of PTSD, anxiety and depression. In a survey among 112 individuals affected by the floods in Saxony, Germany, in 2022, 23% screened positive for PTSD, 13% for depression and 11% for anxiety disorder, which were associated with the perceived danger to one's life and the

assumption of a destroyed future *(37)*. A study assessing mental health impacts following floods in 2013–2014 in the United Kingdom of Great Britain and Northern Ireland found high rates of probable PTSD (36%), depression (29%) and anxiety (28%) among those whose homes had been flooded *(38)*.

Fig. 3. A dual-continuum model showing the approximate burden of climate change-related risks for mental health conditions and lowered well-being



Source: (35). Reproduced with permission from Springer Nature.

Existing studies indicate that around 20–30% of people who live through a flood or a hurricane may develop depression and/or PTSD in the first few months after the event *(10)* and that the majority recover within 1–2 years *(35)*. A study in Belgium, which assessed the medium-term psychosocial impacts of severe floods in 2021 on 114 adults, found that over 50% reported a slight or strong deterioration in their psychosocial well-being, mostly linked to financial difficulties. In a qualitative part of the study, participants reported that fear of extreme rain and flooding, a feeling of being traumatized by the floods and impacts felt on physical, psychosocial and financial health remained after the flood event *(39)*.

1.5.2 Wildfires and air pollution

While wildfires in Europe are mostly caused by human activity, climate change contributes to an increased wildfire potential and risk of larger fires, in addition to an extended fire season, affecting particularly the Mediterranean zone *(1)*. In 2022, almost 22 million people lived within a 5-km radius of wildfires within the EU, which was the highest number observed so far. By 2041 to 2070, southern Türkiye and the Iberian Peninsula, for example, may face 4 months of fire danger each year *(40)*.

Wildfires are likely to reduce well-being and can increase the risk or aggravate mental health conditions such as anxiety, depression or PTSD, caused by displacement, loss of homes and livelihoods, and prolonged uncertainty about safety and recovery *(41)*. In addition, the exposure to wildfire smoke over extended periods can affect well-being and mental health in various ways, such as through isolation due to reduced activity levels or concerns about respiratory health, particularly among those affected by or caring for people with chronic respiratory conditions *(42)*.

There is also increasing evidence that exposure to fine particulate matter (particulate matter with a diameter of 2.5 micrometres or less) from wildfire smoke itself may be associated with increased hospital admissions for mental health disorders, including anxiety, depression, suicide and psychotic episodes *(43)*. This finding aligns with other studies investigating the impacts of air pollution, in particular particulate matter and nitrogen dioxide, on mental health outcomes such as depression *(44).*

1.5.3 Heat

Under the medium and high-emission scenarios, the number of hot days is projected to double or almost quadruple, respectively, during the 21st century in the Region *(45)*, affecting the physical and mental health of populations in various ways. Exposure to extreme heat can contribute to emotional and behavioural changes such as mood disturbances, irritability, aggression and an elevated risk of suicide. Heat exposure can also reduce overall functioning by disrupting sleep, impairing concentration, lowering productivity, decreasing physical activity and increasing social isolation *(13,46–48)*.

Heat can also exacerbate dementia and other pre-existing neurocognitive disorders and worsen symptoms in people living with mental health conditions. For example, a study based on French hospital data of mental health related emergency department visits (from 2015 to 2022) showed a significant increase in visits related to dementia and psychosis during periods of increased temperatures *(49)*. People living with severe mental health conditions, including psychotic disorders, may be at higher risk during heat events because of social factors (e.g. social isolation, less adaptive capacity, insecure housing) and possibly biomedical factors (e.g. increased risk for impaired thermoregulation linked to

psychotropic drugs, disrupted sleep), leading to worse morbidity and mortality outcomes compared to populations without mental health conditions *(50–52)*.

1.5.4 Droughts and other chronic hazards

Slow-onset events such as droughts can reduce well-being, particularly when these climate-related changes negatively impact livelihoods, as in the case of farmers *(53)*. However, evidence is sparse due to the complex pathways between slow-onset events and mental health, which may include identity loss, environmental degradation, migration, altered social structures, food accessibility, violence, anxiety and others *(54,55)*. In southern Europe, 30% of the population are currently living in areas with permanent water stress *(23)*.

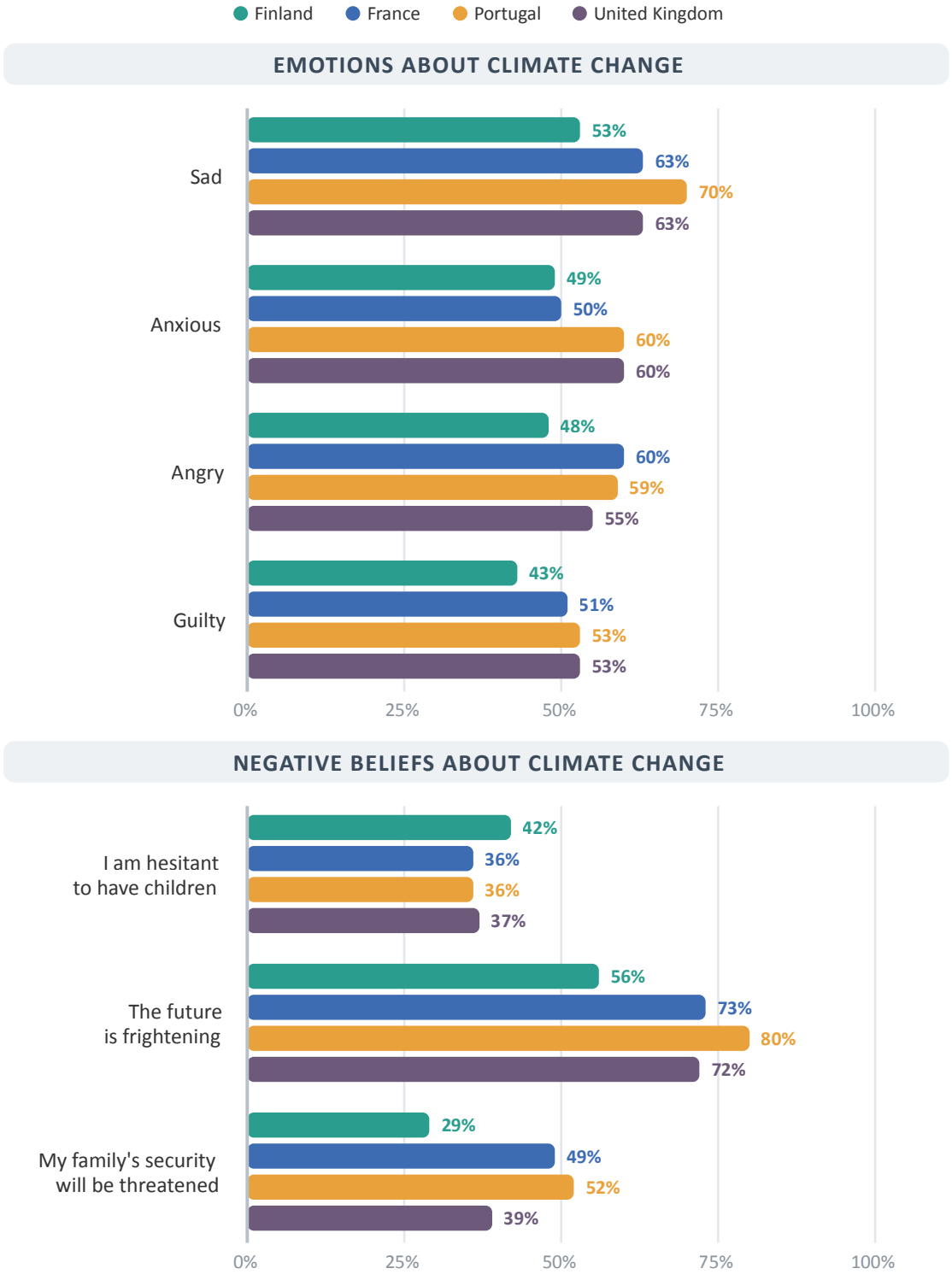
Current evidence indicates that people experiencing exposure to chronic or slow-onset hazards are more likely to fall in the domain of lowered well-being; however, people with pre-existing mental health conditions or overlapping climate hazard exposure may be at higher risk of mental health impacts *(34)*.

1.5.5 Climate distress among young people

Climate change impacts on mental health and well-being through cumulative and indirect pathways – including vicarious exposure via media and social networks – particularly affects younger generations. A comprehensive study among 10 000 young people (16–25 years) in 10 countries showed a high level of worry about climate change, ranging from 44% in Finland to 65% in Portugal. Between 28% (United Kingdom) and 37% (Portugal) of respondents also reported a negative impact on functioning. Participants also experienced negative emotions such as sadness or anxiety and negative beliefs about how climate change will impact humanity and their lives (Fig. 4) *(56)*.

Climate distress is more pronounced among younger generations due to their stake in the future, but all age groups can be affected, including parents and grandparents. The *Estonian Human Development Report 2023: Mental Health and Well-Being (32)* found that, although climate distress in Estonia is lower than in many European countries, it is rising across all generations. The report summarizes youth-voiced fears as follows: “A lost future or uncertain future is a pervasive fear. Preparing for the end of the world, so to speak, is strangely alienating and frightening amid an indifferent, complacent society that sticks to its old way of life” *(32)*.

Fig. 4. Climate anxiety among young people in four European countries



Note: n = 1000 per country.

Source: author's graphic based on data from: *(56)*, with permission from Elsevier.

2. From evidence to action: mapping interventions in the WHO European Region

In response to the growing public health importance of climate-related mental health impacts, rising interest among Member States and the lack of a comprehensive overview of interventions taking place, the WHO European Centre for Environment, Climate Change and Health launched a call for case studies in December 2024.

The aim of the call was to seek examples of interventions that are being implemented in the WHO European Region to protect and promote mental health and well-being in the face of climate change. More specifically, the call aimed to map existing interventions related to different mental health outcomes, different manifestations of climate change ranging from direct to vicarious exposure, undertaken at national to local levels, and targeting different population groups. Box 1 provides information on data collection, the assessment of case studies and study limitations.

Box 1. Data collection, data processing and limitations of the call for case studies

Data collection

The online questionnaire in English and Russian, developed and hosted on the WHO platform DataForm V6, consisted of four sections with a total of 28 questions, capturing background data; focus areas of the interventions (e.g. beneficiaries, climate hazards, mental health outcomes in focus); design and goals of the intervention; and contact details for further information gathering.

The questionnaire was developed based on a template used by the European Climate and Health Observatory for the selection and development of case studies. A pretest for intelligibility of questions and comprehensiveness of predefined answer categories was conducted. The questionnaire was open to submissions between 6 December 2024 and 7 February 2025.

Box 1. contd

The call for case studies was widely disseminated through various channels, including the European Environment and Health Task Force and its Working Group on Health in Climate Change, the European Environment and Health Process Partnership for Health Sector Climate Action, the European Climate and Health Observatory, United for Global Mental Health, the Global Mental Health Action Network and other networks. Governmental and nongovernmental stakeholders within the WHO European Region were invited to submit information on their intervention through the standardized online questionnaire.

Assessment for eligibility

The following eligibility criteria were applied: i) region and scale: must be located in the WHO European Region, at any level (subregional, national, subnational or local level); ii) sector and organization: may come from any sector or organization (e.g. governmental/public organizations, nongovernmental organizations (NGOs), professional organizations, organizations representing patients, youth, other civil society groups), and they are NOT restricted to the health sector; iii) objective: must have a specific goal on climate change-related mental health outcomes in the planning and implementation phase; iv) interventions: may include, but are not limited to, activities related to clinical support, community support, policy development, advocacy, communication, or awareness raising.

Of the 51 submissions received, 20 submissions met the eligibility criteria whereas 31 submissions were excluded as they provided incomplete information (n = 11), were outside of the regional (n = 1) or thematic scope (n = 5), had a research focus with no significant application orientation (n = 5) or comprised similar activities within the same project or organization that were merged to one entry (n = 9).

Selection of good practice examples

While all interventions provide interesting lessons learned, two interventions were selected as good practice examples, based on eligibility and qualifying criteria, adapted from the European Environment Agency selection criteria for Climate-ADAPT case studies *(57)*. In order to be eligible, case studies must have clear relevance, an implementation focus, good accessibility of information, some form of assessment or evaluation component, and avoid maladaptation. Qualifying criteria include, in short, supporting the implementation of or implementing measures at local and subnational scales, multisector approaches, quality of content and recent information. All eligible case studies were screened for suitability based on the information provided through the online questionnaire. Shortlisted organizations were contacted to collect additional information through online meetings and the submission of written information to consolidate information and validate findings.

Box 1. contd

The good practice examples in this report illustrate specific elements of effective practice within broader interventions. They should not be interpreted as endorsements of the entire intervention, nor assumed to be fully transferable or replicable in other settings. Their purpose is to showcase approaches that offer useful insights, while acknowledging that successful implementation always requires adaptation to local contexts and system needs.

Limitations of this call

The interventions presented in this technical brief are not meant to be representative of the full range or types of interventions taking place in the WHO European Region, including in terms of geographical coverage, climate-related risks addressed, implementing organizations, target groups or other factors. Gaps were observed in the coverage of subregions, hazards and vulnerable groups. For instance, no submissions were received from the Caucasus, central Asia or Western Balkans, and none addressed the mental health impacts of wildfires or heatwaves. Representation of several vulnerable groups was also limited, including older adults, socioeconomically disadvantaged populations, high-risk occupational groups and individuals with pre-existing physical or mental health conditions.

The data and findings presented are based on information collected through this call, including the review of online documents provided through the submissions and additional data received through follow-ups. The information provided should be interpreted with caution and in the context of the specific circumstances and limitations of this call. The case studies are also at different stages – ranging from planning to completion, with some ongoing and with no defined end date – making direct comparison challenging. Lastly, the classification of a case study as eligible does not imply a qualitative assessment or endorsement by WHO.

All interventions have taken place since 2020, covering 15 countries across the WHO European Region. Seven case studies covered several countries, four of them going beyond the WHO European Region. From 20 eligible submissions, six interventions focused on responses to acute hazardous events, emphasizing psychosocial support, emergency mental health and community resilience (Chapter 3). A total of 14 interventions focused on strengthening well-being and mental health across climate-related exposures, especially among young people and professionals, emphasizing education, resilience, agency and long-term mental health strategies (Chapter 4). The two good practice examples describing the response to an acute flood event and to climate distress are described in Sections 3.3 and 4.3.

Fig. 5 provides an overview of all eligible interventions, grouped according to

the climate hazard in focus and leading organization. Further details on the interventions can be found in Annex 2, which includes concise summaries of each intervention and a list of key stakeholders, along with links for further information.

Fig. 5. Overview of all eligible case studies, grouped by type of intervention and leading stakeholder group



Note: ID: identification number; NGO: nongovernmental organization. Country abbreviations are: AUT: Austria; DNK: Denmark; DEU: Germany; ESP: Spain; EST: Estonia; FIN: Finland; GBR: United Kingdom; GRC: Greece; IRE: Ireland; ITA: Italy; MLT: Malta; SVN: Slovenia; SWE: Sweden; TUR: Türkiye. Numbers in square brackets correspond to the case study ID numbers listed in Tables 3 and 4.

3. Interventions addressing the direct exposure to acute hazardous events

The six interventions in this category focused on floods while one also partially covered drought events (Table 3). Three interventions described the MHPSS support provided during and after severe flood events in Greece, Slovenia (Section 3.3) and Türkiye. One intervention from Spain pilots multidisciplinary emergency mental health units to inform a permanent, rapid-response model for future emergencies, following the devastating floods in Valencia in 2024. An intervention from the United Kingdom presented guidance for frontline responders to prepare for and assess mental health impacts of populations affected by floods. Finally, one intervention with a smaller in-depth scope documented two tailored psychological interventions of a flood-affected person in Italy and a drought-affected farmer in Spain; results were disseminated through a journalistic project to raise awareness.

The focus of interventions on floods reflects their high societal and health impacts, requiring both emergency response and long-term support. However, the absence of interventions on heat captured through this call is worth mentioning, given the extensive population exposure and that heat is the major cause of climate-related deaths in Europe *(58)*.


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Table 3. List of eligible case studies dealing with climate-related hazardous events

ID	Country	Leading organization	Activity and duration
Government-led MHPSS response to floods			
1	Slovenia	National Institute of Public Health	Coordinated multistakeholder psychosocial support including multidisciplinary mobile teams following the country-wide floods (August 2023–September 2024)
2	Greece	Regional Health Authority of Thessaly and Central Greece	Coordinated multistakeholder psychosocial support after flood events in Thessaly (September 2023–December 2024)
3	Türkiye	Ministry of Family and Social Services	Emergency psychological support for families of flood victims in Kastamonu Province (August 2021)
4	Spain	Ministry of Health	Planning of Emergency Mental Health Units for future climate events in Valencia (October 2024–May 2026)
5	United Kingdom	UK Health Security Agency	Guidance on flooding and health for frontline responders to prepare for and respond to emergencies (December 2023) *(59)*
Therapy and advocacy			
6	Italy	Italian Association of Climate Change Anxiety	Resilience in the era of climate change: project exploring the psychological effects of floods and droughts, combining clinical therapy with advocacy/journalism (November 2023–December 2024) *(60)*

Note: ID: identification number. See Annex 2 for a detailed overview of the interventions.

3.1 Mental health outcomes across affected populations

The target population of the interventions was primarily defined through the geographical scope of the hazardous event, affecting populations with different characteristics. Interventions from Greece, Slovenia and Spain mentioned a specific focus on vulnerable populations, including people with pre-existing mental health conditions, older people and children. Two interventions [identification number (ID) 4,5 in Table 3][1] also emphasized the need to address mental health impacts on frontline workers such as emergency responders, health care professionals, social workers and volunteers. In Valencia, this was one lesson learned from the severe floods in 2024 and was incorporated into the pilot project.

The interventions reported a range of mental health outcomes among directly exposed populations, including vulnerable groups.

[1] The IDs of the discussed interventions are presented in square brackets and preceded with "ID" so as not to be confused with referencing.

These included mental health disorders such as psychotic disorders [ID2,4,5], depression [ID1–6], anxiety [ID1–6] and PTSD [ID1,3–6]. They also described distress linked to the loss of homes, livelihoods, resources and cultural identity [ID1–6], eco-anxiety [ID4–6] and grief following the loss of loved ones [ID3]. Additional impacts were reported on cognition [ID1–5], behaviours (including substance use and aggression) [ID1–5] and functioning, such as reduced sleep quality or physical activity [ID1–6]. Effects on child development were also noted [ID4,5]. The description of mental health outcomes recorded in individuals in one intervention (Box 2) exemplifies the complexity of climate-related distress and how it can change over time.

Box 2. Example of the complex mental health outcomes described in two individuals in one case study

The intervention from Italy and Spain [ID6] provided a more detailed description of the mental health outcomes of two individuals affected by a flood and a drought and how it changed over time. It reported that Elena, a young Italian biologist, experienced acute distress after flooding affected her home, placing her and her loved ones at risk and destroying many of her belongings. The submission indicated that her treatment initially focused on acute stress disorder, which later progressed to PTSD, with symptoms including intrusive memories, hypervigilance and avoidance behaviours. It further noted that, over time, Elena experienced eco-anxiety and chronic solastalgia, alongside environmental melancholia and pervasive feelings of climate-related guilt and shame. For Juan, a Catalan farmer affected by long-term changes to his land linked to prolonged drought and land-use change, the intervention stated that these chronic environmental stressors were associated with a complex emotional response, including eco-anxiety, solastalgia, eco-anger, ecological grief, environmental melancholia, and pronounced feelings of climate-related guilt and shame.

3.2 Key stakeholders and types of activities

Interventions involved multiple actors, including national and local governments [ID1-5]; emergency services [ID1,2,4,5]; health care facilities, public health institutions and/or social care institutions [ID1–6]; humanitarian organizations such as the Red Cross and Caritas [ID1-4]; and community-led organizations [ID1–6]. Given the breadth of mental health outcomes from reduced well-being to mental health conditions, interventions highlighted the need to offer a wide range of support during the different response phases adjusted to the changing needs. Activities broadly fell into mobile outreach, telephone support, community-based interventions, practical support and therapeutic approaches. Several of these activities are described in more detail in the good practice example in Section 3.3.

Mobile teams: the deployment of mobile mental health units was described in four interventions [ID1–4]. Following acute hazardous events such as floods, mobile teams comprising mental health

professionals, emergency responders, social workers and other groups are rapidly deployed to affected areas. These multidisciplinary teams provide psychological first aid *(61)* to individuals experiencing distress, helping to stabilize emotional responses and fostering a sense of safety and support. In addition to immediate support, the teams play a critical role in identifying individuals with more severe or persistent psychological symptoms who may require referral to specialized mental health services, ensuring timely interventions.

Helplines: telephone hotlines available 24 hours per day for psychosocial support, carried out within the scope of two interventions [ID1,2], offer immediate access to psychological first aid even if transportation is disrupted, helping individuals manage acute distress and emotional reactions in the aftermath of a crisis. Trained responders provide empathetic listening, practical coping strategies and, when needed, facilitate referrals to professional mental health networks for further care. Hotlines ensure continuity of support, especially for those unable to access in-person services.

Community support: strengthening community resilience is a vital component of mental health recovery following emergencies, described by five interventions [ID1–5]. Activities that foster social connection and collective healing – such as support groups and community meetings – can help individuals process their experiences, rebuild trust and regain a sense of control. These initiatives not only promote emotional well-being but also empower communities to support one another, enhancing their capacity to cope with and act when challenges arise.

Practical support and psychosocial support often overlap in the response and recovery phase of an emergency, as highlighted by three interventions [ID1,2,5]. Information and activities such as planned evacuations, emergency accommodations, financial aid and basic needs provision not only address immediate physical safety but also contribute to emotional stability. These efforts require the involvement of mental health professionals, who can assess psychological needs, offer psychological first aid and ensure that individuals receive appropriate referrals and follow-up care. Integrating psychosocial and practical support helps restore a sense of normalcy and dignity for affected populations.

Treatment options: the therapeutic approaches applied were detailed by two interventions [ID3,6] and included:

- Eye Movement Desensitization and Reprocessing to address acute distress and reduce PTSD symptoms;
- Cognitive Behavioural Therapy to manage heightened anxiety, reframe catastrophic thinking and build adaptive coping mechanisms;
- Acceptance and Commitment Therapy to address persistent grief and loss, foster psychological flexibility and encourage values-driven actions;
- nature-based interventions, such as guided forest therapy, reforestation projects and community gardening, to reconnect patients with the environment, support emotional recovery and reinforce a sense of agency and belonging;
- scalable psychological interventions, including Problem Management Plus *(62)* for adults impaired by distress and Self-Help Plus *(63)* catering to large groups; and
- interactive group-based therapies to increase social activities and strengthen social support.

This list is not exhaustive, but it illustrates the range of therapeutic interventions that can be used to address acute stress reactions, PTSD, depression, anxiety and negative emotions such as anger, grief and shame. The WHO mental health gap action programme guidelines provide a comprehensive list of recommended therapeutic approaches, including the adequate use of Eye Movement Desensitization and Reprocessing and Cognitive Behavioural Therapy *(64)*.

As these activities were carried out by different stakeholders, the interventions required careful coordination, good communication structures and a continuous assessment of evolving needs in affected communities. The interplay of stakeholders is particularly critical to identify and reach vulnerable populations.

3.3 Good practice example: psychosocial support after flood events in Slovenia

In August 2023, Slovenia experienced its worst natural disaster on record, when torrential rainfall – far beyond what is expected even once in 250 years – triggered devastating river floods and over 5000 landslides, affecting over 85% of its municipalities. The floods directly impacted up to 15 000 households, led to the evacuation of more than 8000 people, caused six fatalities and severely damaged homes, road networks and essential services such as drinking water, electricity and gas. The total direct damage was estimated at nearly €10 billion, equivalent to about 16% of the national gross domestic product *(65–67)*.

The floods posed serious physical health risks, including injuries and waterborne diseases. Mental health was also significantly impacted, with many experiencing distress, anxiety and fatigue during, immediately after and even months after the floods due to various psychosocial stressors. People experienced financial hardship due to the loss of homes and possessions, disrupted livelihoods, food and water insecurity, and loss of cultural places. Children, older people and those with pre-existing physical and mental health conditions were especially vulnerable to these impacts. For a portion of the population, the flood event was traumatic and caused acute mental distress, resulting in conditions including depression, anxiety and PTSD. Increases in behavioural problems among children, incidents of domestic violence and a deterioration in pre-existing mental health conditions were also reported.

3.3.1 Coordination structures and key stakeholders

The floods created an unprecedented challenge that required a comprehensive and coordinated psychosocial response at the national, community and individual levels, serving a diverse and geographically widespread population. The goal of the time-limited intervention was to mitigate the mental health effects of the catastrophic floods in the short and mid-term by providing coordinated MHPSS services to affected populations in collaboration with multiple organizations.

After Slovenia declared an emergency, the Administration for Civil Protection and Disaster Relief took over coordination of the response and issued a decree on 16 August 2023 to strengthen mental health support for flood affected populations, integrating MHPSS into the disaster response alongside physical aid. The Slovenian government, through the Ministry of Health, tasked the *Nacionalni inštitut za javno zdravje* (NIJZ) [National Institute of Public Health] with leading the coordination of a comprehensive psychosocial support response. The mental

health centre within the NIJZ established a special coordination committee on the same day, bringing together a wide range of organizations to address the crisis, including:

- Government: Ministry of Health, 114 Call Centre;
- health institutions: NIJZ, Community Mental Health Centres for Adults and the Centre for Psychological Counselling "Posvet";
- other public institutions: social work centres and the National Education Institute Slovenia;
- humanitarian organizations: Slovenian Red Cross and Slovenian Caritas; and
- professional associations: the Slovenian Psychologists' Association.

The coordination committee, chaired by NIJZ, played a vital role in ensuring effective collaboration among those organizations; it met 21 times from August 2023 to September 2024 to assess evolving needs based on information gathered from various sources, first weekly and later every 2 weeks. Each meeting followed the same agenda, opening with field reports from various organizations and closing with updates from coordinating institutions. Mental health coordinators at regional NIJZ units were on standby to ensure continuous monitoring. This adaptive approach facilitated flexible resource allocation to priority areas. The response extended up to 12 months after the floods to address long-term impacts and avoid deepening inequalities.

3.3.2 Key activities carried out during the intervention

Different levels of support were provided across three phases. The acute phase, which lasted up to 2 weeks, focused on non-obtrusive outreach and "screening" households for psychosocial needs. The subacute phase provided targeted specialist support to vulnerable individuals, established clear communication channels with affected municipalities and initiated non-specialist activities. The recovery phase focused on non-specialist support for communities and follow-up activities to detect individuals with delayed effects of the floods. Across those phases, activities covered – with increasing level of specialization according to the MHPSS intervention pyramid *(68)* – basic services for everyone, community and family support to strengthen community resilience, non-specialized support provided by trained workers to individuals to cope with distress and specialized support provided by mental health professionals to assess and treat people with severe or complex mental health conditions.

Multidisciplinary mobile teams *(69)* played a central role in identifying people experiencing mental distress, providing initial psychosocial support and, in severe cases, referring them to specialized mental health care. The Community Mental Health Centres for Adults, which provide specialized mental health services within primary health care settings, had already started to work with mobile teams before the flood to offer community-based services and reach out to underserved populations. During the emergency, seven mobile teams were deployed in the flood-affected areas. The teams consisted of a psychologist or a specialist in clinical psychology, a social worker, a registered nurse, a representative of the Red Cross, Caritas or local NGOs and, if necessary, a representative of the fire brigade, the Slovenian Armed Forces or the police.

Three organizations provided targeted specialist and non-specialist support via

telephone services due to the difficulties in reaching some of the affected populations with mobile teams. The Community Mental Health Centres for Adults provided specialized mental health services particularly for individuals with severe mental health needs. The Centre for Psychological Counselling "Posvet" offered counselling via a hotline and in-person through 18 counselling offices for adults and eight for adolescents aged 14–18 years; it experienced very high demand and offered multiple consultations for people in need. The Slovenian Psychologists' Association operated a free telephone line for one-time psychological support, which had already proved to be efficient during the pandemic.

Furthermore, non-specialized support was provided by workers trained in basic psychological and social support to individuals or small groups in need. For example, the Slovenian Red Cross trained emergency responders and volunteers in psychological first aid, which offers immediate support to people in acute distress, and in psychosocial support, which addresses emotional and social needs *(67)*. The Slovenian Caritas complemented these efforts by deploying psychotherapists in the field to provide individual and group counselling for emerging mental health concerns.

Challenges in accessing basic services during an emergency can significantly exacerbate psychological stress, underscoring how closely mental health is linked to access to essential goods and reliable information. Demand for practical aid was higher than expected. Social work centres, the Red Cross, Caritas and other organizations distributed emergency supplies, such as water, food, hygiene articles and vouchers. Social work centres also provided support in accessing financial aid, arranged accommodation for evacuees and offered access to psychosocial support. Their presence and trust within communities enabled frontline responders to identify people in distress and alert mobile teams or make direct referrals. Hence, the practical support on the ground played a crucial role in opening doors for mental health professionals. This close collaboration also supported the well-being of frontline responders, who felt reassured knowing that distressed individuals and households they encountered would receive follow-up mental health support.

The government also established the 114 Call Centre *(70)*, which provided information on flood impacts, evacuation plans, compensation for damaged homes and access to aid, including shelter, food, water and emergency care. Staffed by personnel from multiple ministries, the police and other institutions, the 114 Call Centre offered an innovative way to provide centralized support during the crisis.

While the affected populations reportedly showed remarkable resilience and community spirit during the floods, community support activities helped them to deal with the long-term effects after the cameras had turned away. Community resilience was strengthened through a bottom-up approach, with local residents and local organizations proposing activities tailored to their specific needs and contexts. Interventions included mental health first aid sessions addressing increased alcohol use reported 2–3 months after the floods, and art exhibitions showcasing children's work to help them focus on positive experiences during difficult times. Caritas also organized regular "tea party relief talks" in affected villages, offering group discussions with psychologists and psychotherapists about worries and uncertainties related to flood-related livelihood impacts.

Some initiatives promoted social cohesion while others raised awareness of the mental health impacts of floods through workshops and information materials. NIJZ, for instance, shared guidance on coping with stress and grief, while the National Education Institute Slovenia developed resources and training for schools. NIJZ followed up with schools to ensure support for children showing signs of distress, though the reporting of cases remained low.

3.3.3 Monitoring and evaluation

The NIJZ coordination team continuously analysed information from organizations on the ground to ensure that activities were aligned with shifting and diverse mental health needs. They monitored how many individuals and communities sought or received support by collecting key data points. For instance, mobile teams provided data through online forms on the number of visits per community, the type of services provided and the number of referrals. Between 16 August and 27 October 2023, they carried out 148 interventions and supported 233 people. Most cases involved supportive debriefing or counselling, while 19 individuals were referred for clinical treatment at mental health centres. The Centre for Psychological Counselling "Posvet" conducted 2279 counselling sessions in affected communities between September 2023 and March 2024.

NIJZ also relied on qualitative feedback from the field, including reports from frontline workers, anecdotal evidence and feedback received through helplines, to understand perceived needs of the population, the effectiveness of interventions and any challenges encountered.

To assess the effectiveness of coordination and collaboration mechanisms, NIJZ evaluated the regularity and quality of coordination meetings, gathered qualitative feedback from partners on information flow and cooperation, and tracked the establishment and functioning of referral pathways between services. However, the evaluation did not assess the effectiveness of activities, such as the extent to which they improved mental well-being and reduced distress during the course of the intervention.

3.3.4 Lessons learned

Coordination: Effective coordination and collaboration across a wide range of stakeholders – from the national to the local level – that built on pre-existing collaboration mechanisms was a key strength. NIJZ had already coordinated the mental health response to the coronavirus disease pandemic, allowing it to draw on established institutional arrangements and lessons learned. The implemented stepped-care model involving a wide range of organizations successfully provided varying levels of support, from practical assistance to specialized mental health care. The close collaboration with organizations and frontline workers on the ground was particularly helpful for building the necessary trust for individuals and communities to accept psychosocial support.

Community-based care: Slovenia's ongoing mental health reform with a shift towards community-based mental health care proved valuable during the flood response as it enabled faster and more accessible support. Each of Slovenia's 19 Community Mental Health Centres for Adults now hosts a mobile mental health team. Public mental health functions have also expanded, as all nine NIJZ regional units employ mental health coordinators working closely with NGOs, communities and municipalities to

identify people in need. This community-based model is essential for overcoming stigma and reaching at-risk groups, including those who may remain unseen. For instance, individuals facing social or family difficulties were particularly vulnerable during and after the floods.

Continuing support: Stress surfaced in some affected populations weeks after the floods, once immediate support and attention had diminished. NIJZ recognized the need for sustained follow-up, particularly for vulnerable groups facing disproportionate long-term impacts and heightened risk of widening inequalities. However, monitoring longer-term mental health outcomes after the flood, for instance in collaboration with schools, proved difficult as it requires the capacity to identify individuals in need, underscoring the need for systematic approaches to track the mental health impacts of climate-related events over time in close collaboration with other sectors.

Data: By continuously collecting and assessing qualitative and quantitative data points from multiple sources and levels, the coordination committee was able to adapt to evolving local needs, shifting from immediate crisis intervention to longer-term support. However, timely data remained a challenge, underscoring the need to establish routine monitoring systems and reporting lines during the preparedness phase.

NIJZ intends to apply these lessons to strengthen future preparedness by developing clearer psychosocial support protocols, enhancing training for staff and volunteers, and improving communication and coordination mechanisms; it is also considering the expanded role and sustained engagement of multidisciplinary mobile teams to bolster community-based interventions during emergencies.

3.4 Chapter conclusions

The six interventions illustrate how MHPSS services are increasingly embedded in emergency preparedness and response structures across Europe. They highlight the need for dedicated mental health coordination within broader emergency governance and for close collaboration among governments, emergency responders, health and social services, humanitarian actors, community organizations and schools. While the submitted interventions primarily focused on floods, the approaches and lessons are relevant for developing scalable models to address mental health impacts of multiple climate-related hazards, including heatwaves and wildfires. For instance, one of the key stakeholders in the intervention from Greece [ID2], the Association for Regional Development and Mental Health *(71)*, is also providing MHPSS services during wildfires through mobile teams, telephone hotlines and other interventions, highlighting that similar approaches can be used for multiple climate hazards, as also underlined by the intervention in Spain [ID4].

The interventions further demonstrate the central role of community-based mental health services, which provide the essential infrastructure for rapid scale-up activities during emergencies and whose established presence and trust within communities help overcome persistent stigma surrounding mental health. The interventions further emphasize the importance of continuous data collection to monitor evolving needs and adjust support accordingly, which also include the longer term, non-specialized psychosocial support that strengthens community resilience in the aftermath of an event. Particular attention is needed to track delayed mental health impacts among vulnerable

groups, including school-aged children, who may experience distress weeks or months after an event.

The interventions also highlight the variability of mental health outcomes across individuals, shaped by differing mental health baselines and coping capacities, delayed reactions, overlapping climate stressors and additional pressures such as socioeconomic hardship or limited social support. As a result, a broad range of services is required; from strengthening community resilience and improving well-being to targeted, specialized mental health support for those experiencing more severe or persistent distress. Experiences from Greece, Italy, Slovenia, Spain and Türkiye show that interventions must therefore remain flexible and tailored across this continuum of needs.

Overall, investing in early psychosocial support after climate-related emergencies is crucial to reduce immediate distress and contribute to lowering the risk of longer-term mental health conditions, including post-traumatic stress. Effective emergency MHPSS depends on robust networks, sustained infrastructure and the routine integration of mental health into emergency preparedness and response mechanisms, with psychological aspects explicitly incorporated into climate adaptation strategies to anticipate, reduce and manage climate-related mental health risks.

4. Interventions strengthening well-being and mental health across climate-related exposures

Most interventions received through this call did not respond to specific climate-related exposures, such as a flood event, but addressed climate-related distress more generally. The interventions can be grouped into four categories: NGO-led initiatives creating safe spaces and tools for youth and other groups to process emotions and build resilience; health workforce-led initiatives, including activism and capacity-building; academia-led action research; and academia-led engagement on climate distress (Table 4). Most interventions relied on collaboration across multiple stakeholder groups, including NGOs, academic institutions, the health workforce, humanitarian organizations and public-sector partners.



Table 4. List of eligible case studies aiming to strengthen well-being and mental health across climate-related exposures

ID	Country/region	Leading organization	Activity and duration
NGO-led safe spaces for youth and other groups			
7	Denmark **Estonia** Germany Malta	Estonian Green Movement	Coping with Climate Anxiety: Learning Methods for Mental Health for European Youth (known as Calm-Ey): cross-country project developing training materials on mental health and climate competences (September 2023–August 2025) *(72)*
8	Europe/**Germany** North America	One Resilient Earth *(73)*	Climate Circles for youth, climate professionals and activists to share and process climate emotions (since July 2020) *(74)*
9	Europe/**United Kingdom** East Africa	The Resilience Project *(75)*	Training programme and hosting of resilience circles for young people to advance resilience and climate action leadership (since 2020)
10	**United Kingdom** Global	Reasons to be Hopeful *(76)*	Digital platform aiming to foster eco-literacy, optimism and resilience among children and teenagers (since August 2024)
Health-workforce led interventions			
11	United Kingdom	Health for Extinction Rebellion *(77)*	Volunteer network led by health care professionals to facilitate exchange on climate distress among peers and mobilize for health climate action (since 2019)
12	Austria	Psychologists for Future Austria *(78)*	Volunteer network led by mental health professionals to advance climate mental health literacy in the wider public and to support climate activists (since 2021)
13	Sweden	Central Child Health Service Units in the regions of Scania and Västerbotten	Health workforce intervention that led to the establishment of a National Development Group on Climate Change within Child Health Service Units in 2023 to strengthen staff capacity for building family resilience (since 2023)
Academic-led action research			
14	Italy	University of Florence	CAMBIO CLIMA: project to evaluate eco-anxiety and pro-environmental behaviours among students (November 2023–October 2025)
15	Finland Ireland Italy **United Kingdom**	University of the West of England, Bristol, United Kingdom	Challenging the Climate Crisis: Children's Agency to Tackle Policy Underpinned by Learning for Transformation (known as CCC-CATAPULT): explored climate education with young people through participatory research and educational activities (2021–2024) *(79)*

Table 4. contd

ID	Country/region	Leading organization	Activity and duration
16	Global Regional hubs	Climate Cares Centre, Imperial College London, United Kingdom	Connecting Climate Minds: project to develop a global and regional research and action agenda on climate change and mental health (January 2023–June 2024) *(80)*
17	United Kingdom	Climate Cares Centre, Imperial College London	The Compass Project: project exploring how education can facilitate mental health and climate action among young people (September 2024–November 2025) *(81)*
Academia-led engagement			
18	United Kingdom	Climate Cares Centre, Imperial College London Common Vision	Two interventions guiding young people to explore their climate emotions through a journal (Our Changing World *(82)*) and an online platform (Hold This Space *(83)*) (since 2020)
19	United Kingdom	University of the West of England, Bristol	This Is Why We Read: book club exploring how literature can foster awareness and critical thinking (since January 2022) *(84)*
20	United Kingdom	University of the West of England, Bristol	Climate, Conversations and Cake: staff- and student-led project to explore emotional and intellectual challenges related to the climate crisis (since September 2022)

Notes: Countries in bold font host the leading organization. Duration of activities provided to the level of detail provided by the submitting organization. See Annex 2 for a detailed overview of the interventions.

4.1 Target populations and reported mental health outcomes

Compared to the interventions described in Chapter 3, these case studies mostly did not define their target populations by climate-affected geography. Instead, they focused on population groups and individuals who experience climate distress through different and overlapping exposures, including vicarious, direct and indirect exposure; some interventions also partially focused on professionals working with affected populations. A few interventions [ID8,15,16; see Table 4] explicitly noted that some of their beneficiaries come from communities exposed to extreme weather events.

Most case studies targeted children [ID10,13,15] and young people up to age 30 years [ID7–10,14,15,17–20]. Fewer focused on the general population [ID11,12,16], occupational groups such as health professionals and frontline workers [ID8,10–13,16], or activists [ID8,11,12]. Given the emphasis on children and young people, many interventions inherently engaged vulnerable groups. Several also reported working with individuals with pre-existing mental health conditions [ID10,15,16]. For example, Connecting Climate Minds [ID16] involved people with lived experience of mental health conditions in its research processes.

Interventions addressed a spectrum of climate distress, including anxiety, grief, apathy and

anger. Some also reported clinical conditions among beneficiaries, most commonly depression [ID7,8,11,12,16,20] and PTSD [ID8,12,16]. Comparing reported outcomes across interventions remains challenging because most target groups experienced reduced well-being rather than clinical conditions and because of the lack of common terminology on climate distress (Section 1.3).

Most interventions positioned their work primarily as preventive, aiming to strengthen well-being and provide early support when distress was already affecting daily functioning. Consistent with the mental health continuum described in Section 1.1, most organizations reported referring individuals with suspected clinical symptoms to mental health professionals, as they do not provide specialized clinical care.

4.2 Key activities

The activities carried out across the case studies can be grouped into six overlapping categories: self-help tools; safe group spaces; climate literacy and agency; capacity-building for professional groups; co-designed action research; and policy engagement and advocacy.

4.2.1 Self-help tools for processing climate distress

Two interventions developed self-help tools to support young people in processing and expressing their climate-related concerns and emotions: the Coping with Climate Anxiety: Learning Methods for Mental Health for European Youth (Calm-Ey) workbook *Rooted in change* [ID7], the journal *Our changing climate* [ID18] and the online platform Hold this space [ID18]. The workbook provides guided exercises, reflections and practical techniques to navigate emotions and build resilience (Section 4.3), while the journal combines a scientific overview of climate change with prompts for personal reflection. The online platform offers interactive modules and storytelling elements to foster emotional reflection, future visioning and action planning. All three resources were co-designed by interdisciplinary experts, including climate scientists, mental health professionals, youth educators and young people themselves.

4.2.2 Providing a safe space

Several interventions created safe spaces where young people, affected occupational groups, climate activists and others can share and process emotions related to climate change. These spaces aim to acknowledge and validate climate distress, helping participants name, express and manage emotions more constructively *(34)*. Three formats were identified: climate cafes, talking circles and climate support groups, each with varying levels of structured engagement.

Climate cafés provide informal, casual and judgment free settings for people to express feelings about climate change while connecting with others. Health for Extinction Rebellion, for example, organized climate cafés for health care workers to discuss climate-related health impacts and the distress associated with insufficient institutional action [ID11].

Talking circles are more structured, with participants speaking in turns to promote deep listening and emotional safety for processing emotions such as grief or burnout. Talking circles are offered as periodic or irregular meetings offline and online [ID8,9]. The Resilience Project [ID8] conducted talking circles as part of an 8–10-week programme designed to empower youth to become climate catalysts of change.

Climate support groups are typically more therapy-oriented, offering sustained emotional support, coping strategies and resilience-building for those affected by climate distress. Calm-Ey [ID7] piloted such groups across four countries (Section 4.3). Psychologists for Future Austria [ID12] offered support to climate organizations in developing regenerative strategies to prevent burnout among climate activists; they also offered free consultations for individuals experiencing psychosocial distress.

Several organizations also provided resources in form of tools [ID7,15] and training programmes for group facilitators [ID7–9] (Section 4.3). Many safe space initiatives also integrated climate and mental health literacy components into their programmes, as detailed in the next section.

4.2.3 Building mental health literacy and climate agency

Increased climate and mental health literacy can enhance a person's sense of agency – that is, their perceived control over a situation and the ability to act on it. To build such literacy and agency, organizations offered book clubs [ID19], public talks [ID11,12] and school workshops [ID12], as well as educational self-help materials for youth [ID7] and parents [ID13].

Book clubs facilitate reoccurring peer-learning and encourage participants to critically reflect on climate change, foster social connection and support pro environmental behaviours. They can also serve as emotionally supportive spaces, particularly when literature is used to encourage the expression and processing of climate related emotions. The project This Is Why We Read [ID19], which organized book clubs in schools and communities, identified four key benefits in a pilot evaluation: i) personal reflections; ii) knowledge acquisition, skill development and behavioural changes; iii) connections to others; and iv) enthusiasm, inclusion and support.

4.2.4 Building the capacity of professional groups

Four interventions supported the capacity-building of health care professionals, social workers and teachers as key change agents in this field.

The CAMBIO CLIMA project [ID14] developed a continued medical education course, offered in 2025 to medical professionals, psychologists, educators and social workers in Italy *(85)*. The online course consisted of six modules covering physical and mental health impacts of climate change, the role of environmental education in mitigating eco-anxiety and promoting sustainable behaviours, the promotion of well-being through nature and the CAMBIO CLIMA project as a concrete example for a climate crisis education path aimed at Italian high school students.

The Central Child Health Service Unit in Västerbotten, Sweden, held a training day in 2024 for frontline professionals in close collaboration with the region-led child health-promotion programme "Salut", the NGO Our Children's Climate and academic experts. The purpose was to create awareness and discuss strategies of how to integrate climate health impacts in their everyday work, in particular child health, maternal health, social care and preschool education at family centres [ID13].

Two interventions addressed how climate change is taught in schools in the United Kingdom. Reasons to be Hopeful [ID10] worked with Teach the Future, a youth-led campaign that advocates for the integration of climate change, climate distress and mental health into the national education system.

The Compass Project [ID17] researched and co-designed integrated approaches to climate education and mental health support in schools, colleges and universities. It explored how education can equip young people with the skills, knowledge and tools to build and sustain good mental health, take climate action and work in climate careers. Achieving this also required examining the role of educators, who may not be adequately prepared to discuss emotions and mental well-being with students. One partner of the Compass Project, the mental health charity Anna Freud, collects information, advice and practical resources for United Kingdom-based schools and further education settings to better understand and promote pupils' mental health and well-being on its website Mentally Healthy Schools *(86)*. The resource hub has a rigorous quality assurance process for the classroom activities, lessons plans, toolkits, trainings and other resources listed online. While it does not focus on climate change, there is an increasing number of organizations providing resources for teachers online, though with different quality assurance processes.[2]

4.2.5 Co-designed action research to drive successful interventions

Four interventions conducted application-oriented research to shape the direction of future interventions in the field of mental health and climate change, including the Compass Project described above [ID17]. CAMBIO CLIMA [ID14] conducted research on measuring the levels of eco-anxiety and the effectiveness of classroom interventions. Challenging the Climate Crisis [ID15] explored how young people experience and respond to the climate crisis, and how changes in education and policy can increase children's agency to close the gap between climate awareness and action. Connecting Climate Minds [ID16] – a project of the Climate Cares Centre at Imperial College London, United Kingdom – brought together global experts, communities and individuals to align research and action at the intersection of climate change and mental health. Through regional and global dialogues, a digital hub and a shared research agenda, the project fostered interdisciplinary collaboration and amplified the voices of those with lived experience to drive meaningful change in this emerging field.

4.2.6 Advocacy and policy engagement

Several of the activities described above also aimed to advocate for and generate policy support on climate change and mental health, especially activities related to public awareness and education, strategic communication, partnership building or evidence generation by translating research into actionable recommendations.

A strong example of a policy-focused intervention is the National Development Group on Climate Change within the Swedish Child Health Service Units [ID13], which aims to integrate climate–health issues into routine

[2] The Climate Majority Project offers a list of curated resources intended to help address taboos connected to climate emotions and create a more holistic climate education within its campaign Climate Courage Schools *(87)*. Other organizations, such as the Climate Mental Health Network and the United States of America-based National Environment Education Foundation, list resources for teachers on the website SubjectToClimate *(88)*.

[3] Since 1937, Sweden's Child Health Services have been a statutory, universally accessible and free service for all children up to 6 years, offering comprehensive health monitoring and parental support through a network of child health centres across the country. Guided by national guidelines and delivered by trusted child health nurses, the Child Health Services reach nearly 20% of Sweden's population annually, aiming to promote child development, prevent ill health and empower parents during a highly receptive phase of life.

childcare, targeting also parents' climate distress to support healthy parenting.[3] It began as an informal working group initiated by a paediatric consultant and, after 1.5 years of nationwide collaboration, gained formal status in 2023. The National Development Group brings together specialist nurses, paediatricians, psychologists and nutritionists to work towards evidence-based guidance on climate-related health impacts for Child Health Service professionals. This may, among others, include the provision of tools and strategies to support parents in implementing sustainable parenting practices that are adapted to climate risks while also supporting parents in handling climate distress caused by fear for their children and their future.

4.3 Good practice example: coping with climate anxiety (Calm-Ey)

4.3.1 Goal and organizational structure of the project

The project Calm-Ey is a European initiative launched in response to the growing psychological impact of the climate crisis on young people. The project idea was born out of a smaller project of the Estonian Green Movement, when NGO staff were trained by the international NGO Climate Psychology Alliance on climate distress due to the increasing relevance of this topic in their organization. As climate distress becomes increasingly prevalent among youth, Calm-Ey aimed to transform these feelings into resilience, empowerment and constructive engagement. More specifically, the project had the goal to develop and pilot replicable and scalable tools and methods to:

- **capacitate youth workers:** develop the competences of professionals working with youth (e.g. educators, health care professionals) to recognize climate distress in young people and help them manage and alleviate their emotions;
- **improve competencies of young people:** equip young people affected by climate distress with knowledge and competences to improve their mental health and well-being, while instilling a sense of belonging and a feeling of being heard; and
- **raise citizens' awareness:** create awareness among the general population about climate related mental health impacts.

The project was funded by the Erasmus+ programme *(89)* from September 2023 to August 2025. It was led by the Estonian Green Movement and implemented by a consortium of five NGOs. Together with other partners, their complementary expertise formed the basis for interdisciplinary co development.

Peaasjad, an Estonian NGO, contributed its specialized focus on youth mental health, prevention, early intervention and stigma reduction through counselling, awareness campaigns and training. The Estonian Green Movement, Friends of the Earth Malta and NOAH – Friends of the Earth Denmark, added strong foundations in climate and environmental justice, climate advocacy, sustainable development and, in the case of the Estonian Green Movement and NOAH, emerging work on climate distress. Jugend- & Kulturprojekt e.V. expanded the consortium's skill set with its experience in arts-based and intercultural non-formal education that fosters social inclusion, active citizenship and creative learning.

These NGO perspectives were complemented through partnerships with youth educators (e.g. teachers, councillors and youth workers), mental health professionals and academic experts from social and environmental

anthropology, human geography, psychology and environmental activism. Their inputs informed the design of project activities and the development of content. The process also included extensive mapping, categorization and selection of tools and strategies that have already been proven to be effective support in coping with emotions.

4.3.2 Key project resources

Calm-Ey co-developed and piloted training materials and self-help tools for professionals working with youth, as well as young people aged 16–25 years, to increase knowledge and awareness on how climate change impacts mental health, and to introduce tools and strategies on emotional resilience. Key project tools developed include a curriculum for a training programme, a handbook for youth workers, guidelines for peer support groups and a self-help workbook for youth.

The training programme, *How to support young people with climate anxiety (90)*, targets professionals working with young people aged 16–25 years in various environments such as schools, youth centres or mental health care facilities. Supported by a step-by-step curriculum, the programme consists of four 1.5-hour in-person sessions on climate change and mental health, emotional regulation and practical methods for young people to manage anxiety. It is designed to be adapted by facilitators to each group's needs and builds their skills to identify when referral to professional support is needed. The following supplementary materials can be used alongside the training or as standalone resources.

The handbook, *Growing Through the Crisis (91)*, provides key concepts, resources and practical strategies to understand and identify climate anxiety in young people and support them in managing its impacts. It explains relevant terminology, associated emotions and physical responses, and offers exercises to help young people move from anxiety toward coping, action and joy. The resource can be used by trainers or by youth-facing professionals for self-study and is written in accessible language for any interested reader.

The participant handout, *Anxiety Relief Methods for Youth (92)*, introduces 18 methods, based on Cognitive Behavioural Therapy, that can be carried out with young people to shift their body state from anxious to calm and process climate-related emotions. Exercises include, for example, analysing thoughts, identifying values and goals, exercises on breathing and progressive muscle relaxation, or strategies to take meaningful action.

The guidebook, *Easing Climate Change-Related Emotions (93)*, supports youth workers in facilitating peer-support group meetings for young people aged 16–30 years experiencing climate distress. It introduces key frameworks to structure group discussions, prepares facilitators for their role and outlines step-by-step instructions for organizing and running support groups, both on-site and online. The guidebook also offers adaptable approaches to meet different group needs and highlights additional tools – such as the self-help workbook (below) – that can be integrated into the sessions.

The self-help workbook, *Rooted in Hope: Navigating Climate Emotions & Cultivating Resilience (94)* offers practical techniques for youth to better understand and process their emotions. Exercises guide the reader to connect with their emotions, their body, nature and people, and on how to build long-term resilience. The workbook can be used for self-study or as part of a support group.

All resources are available for free on Calm-Ey's website in Danish, English, Estonian and German. The adaptable and scalable approach taken will allow modifications and adjustments in the use of these resources to enhance impact across different geographies and in the long term.

4.3.3 Quality assurance of learning materials

The quality, adaptability and scalability of the training materials were ensured through two complementary strategies: co-design and pilot testing with qualitative assessments.

All materials were developed through a co-creation process involving project partners from multiple academic disciplines, practitioners working with youth, partner NGOs and young people with lived experience across four countries. This ensured that the content reflected diverse cultural contexts as well as practical and theoretical expertise. Materials for the training programme and peer-support groups were piloted in all partner countries, and resources intended for self study were integrated into these pilots. Qualitative feedback collected during the pilots from facilitators and participants was systematically collected and used to refine the tools.

The guidebook for peer-support groups, for example, was shaped by theoretical inputs, consultations with practitioners conducting similar work, internal feedback from the project team and insights gained during the pilots. Approximately 30 pilot support groups were carried out by partner NGOs, mostly in person. Facilitation methods varied slightly across countries, reflecting differences in cultural context and the needs of specific groups. Some pilots maintained a more traditional peer-support structure, while others relied more heavily on structured input drawn from the training materials. This need for adaptability is reflected in the final guidebook. The pilots also served to test several exercises from the self-help workbook, which was co-designed by affected youth, youth workers and mental health professionals to reflect lived experiences and expert insights.

A qualitative evaluation approach was chosen by the organization for three reasons. First, the materials are designed to be adaptable, so methods are intended to evolve in response to local and changing needs. Second, a lighter evaluation approach was deemed appropriate because the resources are designed to support mental well-being rather than address mental health conditions; accordingly, the materials emphasize referral to qualified mental health professionals when needed. Third, financial constraints also limited more in-depth evaluations. For instance, the project did not assess changes in well-being among the participants of its pilot activities.

4.3.4 Lessons learned

Calm-Ey used an interdisciplinary and cross-cultural approach across science, practice and youth to produce materials that are comprehensive, evidence-informed and usable for a wide audience. By offering free resources that are explicitly framed to support mental well-being, the project strengthened clarity on scope of its interventions and appropriate referral. Quality, adaptability and scalability were reinforced through two complementary strategies – co-design and pilot testing with qualitative assessment – enabling the materials to be modified for different geographies and to remain relevant over time.

The project revealed several barriers and facilitators for bringing the mental health–climate change discourse into the public

sphere. Persistent stigma around mental health remained the main obstacle, alongside gaps in public awareness and the absence of a shared language to describe climate distress. Cultural differences across countries shaped how easily these topics could be discussed and in how far the use of tools, such as mindfulness, were feasible, underlining the necessity to bring a cultural lens into the design of interventions.

This barrier also affected the recruitment for the youth support group pilots via open social media calls, which drew limited interest and some hostile reactions, underscoring the need to frame activities in ways that normalize climate distress and reduce stigma. While Calm-Ey focused on young people aged 16–30 years, some activities were intergenerational (up to age 84 years), which generally enriched discussions but required adapted facilitation, clear framing and safe spaces for all participants. Overall, the experience points to the continued need for advocacy and awareness-building.

4.4 Chapter conclusions

The 14 interventions presented in this chapter show a diverse and evolving field responding to climate distress through prevention-oriented, psychosocial approaches, referring individuals with more complex mental health needs to qualified professionals. A clear emphasis emerged on children and young people, while fewer interventions focused on the general population, climate activists or occupational groups such as health and frontline workers. Interventions, led by NGOs, health workers and academia, in collaboration with public-sector and community partners, carried out multiple activities spanning from self-help tools and support groups to advocacy and policy engagement.

Assessing whether interventions achieved their intended goals is challenging. Some are still ongoing while others were not subject to systematic effectiveness evaluations. Furthermore, changes in mental well-being can be difficult to attribute to a low-threshold intervention – especially when trying to separate climate-related stressors from broader contextual and structural influences. For these reasons, the outcome areas below reflect intended objectives across interventions rather than verified, attributable impacts for each individual case study.

Overall, interventions aimed to contribute to four connected outcome areas: i) advocacy, research and policy engagement, including improved public recognition of climate distress, reduced stigma and stronger integration of mental health considerations into climate-related decision-making; ii) psychosocial well-being, such as reduced distress, improved emotional regulation and better day-to-day functioning; iii) resilience at individual and community levels, including the ability to sustain meaning, connection and constructive engagement under ongoing climate-related stress; and iv) agency, including empowerment, self-efficacy and the ability to translate concern into intentional action and pro-environmental behaviours.

Taken together, the case studies suggest a common intervention logic: supporting people to name, discuss and process climate emotions in safe, informed and socially connected ways can strengthen mental well-being. When combined with climate literacy, community connection and meaningful avenues for participation, such support may also strengthen resilience, agency and climate action as meaning- and problem-focused coping mechanisms over time.

5. Reflections on lessons learned

This chapter distils lessons from the 20 interventions portrayed in this report on intervention design and evaluation, approaches to increase community resilience, ways to strengthen MHPSS in climate-related emergencies and the need to support integrated national climate-mental health planning, drawing also on WHO's policy brief *(16)* and relevant WHO guidance.

5.1 Conceptual frameworks and tools for intervention design and evaluation

While the evidence base on the current and projected mental health impacts of climate change in the WHO European Region is growing, it remains insufficient, particularly in relation to vulnerable populations, resilience factors and the effectiveness of different types of interventions *(30,37,95)*. This section focuses on the need to advance conceptual and methodological guidance to design and evaluate interventions, in particular those targeting mental well-being.

5.1.1 Intervention scope

Interventions must clearly distinguish whether they address mental well-being or mental health conditions. Both levels require evidence-based approaches and assessments, but mental health conditions necessitate more rigorous methodologies proportionate to their risks and objectives.

For instance, well-being and resilience-building initiatives, such as climate cafés, are typically designed as preventive or early support measures for individuals experiencing climate distress possibly diminishing well-being. In contrast, interventions focused on mental health conditions require clinical assessment and evidence-based treatment within mental health systems, particularly for vulnerable populations.

In practice, distinguishing between subclinical climate-related distress and clinical conditions is not always straightforward, and the field still lacks consistent terminology and operational guidance to support this differentiation. This limited clarity can blur boundaries, increasing the risk that "normal" climate emotions are pathologized, while also risking missed identification of people who require timely clinical assessment and care.

To effectively address climate-related mental health impacts, clearer frameworks, a shared language and referral guidance with clear indicators, such as persistent distress or significant impairment in daily functioning, are needed to determine the appropriate level of intervention and strengthen coordination between preventive initiatives and mental health services. Strengthening low-threshold, non-clinical support delivered by a wider range of stakeholders can also provide access to early help and may reduce unnecessary pressure on specialist services, keeping clinical care accessible for those who need it most.

5.1.2 Intervention effectiveness

While there are rigorous frameworks to measure the effectiveness of therapies for moderate-to-severe mental health conditions, less is known about which interventions are effective in addressing the impact of climate distress on mental well-being as many of these interventions are more practice-oriented and supported primarily by theory and qualitative experience *(96)*. The limited consensus on how to assess the effectiveness of interventions makes it difficult to determine which approaches are most suitable, scalable, cost effective and contextually relevant amid diverse and overlapping climate-related stressors and mental health outcomes. There is a need for shared conceptual models and more standardized evaluation approaches to better understand what works, for whom and under which conditions to design targeted, evidence-informed and equitable interventions *(8,97)*. This includes the rigorous design, monitoring and evaluation of interventions, based on a theory of change and mixed-methods approaches in proportion to their aims, risks, costs and claims.

A foundational step for evaluation is the access to robust tools to measure climate-related distress in specific groups and over time. One of the most widely used instruments is the Climate Change Anxiety Scale, a multidimensional psychometric tool, which has been translated and assessed in multiple settings *(98)*. Some studies have proposed preliminary thresholds to distinguish higher from lower levels of climate-related anxiety *(99)*. Additional research instruments include the Hogg Climate Anxiety Scale *(100)*, the Eco-Guilt Questionnaire, the Ecological Grief Questionnaire and the Eco-Anxiety Questionnaire *(101)*.

Despite important advances, consensus on measurement frameworks related to climate-related impacts on mental well-being is lacking, impeded by conceptual ambiguity *(102)*. Existing instruments are further limited by the fact that they cannot be translated across cultures without rigorous transcultural validation, as cultural context shapes how climate-related distress is expressed *(103)*. Outcome measurement at the subclinical scale also remains challenging because individuals differ widely in their psychological baseline and subjective response to interventions, making it difficult to determine what constitutes meaningful change. Finally, current tools were largely developed for research and population-level assessment, not as diagnostic instruments, and should therefore not be used as stand-alone tools for clinical triage, referral or service allocation. Hence, tools are required that better inform appropriate levels of care.

These methodological challenges are compounded by limited funding and institutional capacity for evaluation activities, particularly among NGOs. Addressing these gaps requires dedicated funding, partnerships with research institutions, and the development of adaptable, culturally sensitive evaluation frameworks that can be used across diverse settings.

5.2 Building resilient communities: integrating mental well-being and climate action for systemic change

Growing awareness of the escalating climate crisis and increased exposure to its risks, compounded by other stressors such as economic insecurity or social isolation, are worsening mental health, especially among children and young people *(104,105)*. In a world facing multiple, overlapping crises, strengthening individual and community

resilience is increasingly essential to complement equitable climate adaptation and mitigation efforts across sectors *(106)*. Transformational resilience extends this further, emphasizing the capacity not only to cope, but also to grow through adversity and remain actively engaged in constructive responses to the climate crisis *(107)*. This mindset can be supportive for some groups to envision and work towards a climate-resilient society that shifts from incremental to transformative adaptation and mitigation, which considers not only technological advancements but also the crucial social and economic factors at play *(108,109)*.

Key enablers for building community resilience include, among others, strong social networks and supportive relationships, safe spaces for reflection and dialogue, and psychological resources that help people understand and regulate difficult emotions. Participation in community groups or professional networks can strengthen belonging and collective efficacy, helping translate concern into agency and climate action; from community initiatives, such as community gardens, to shifts toward healthier, more sustainable lifestyles. The same resources can also strengthen preparedness and adaptive capacity for climate-related hazards. Climate change and mental health literacy support this process by helping people make sense of stress responses, reducing stigma and clarifying pathways to coping and support. Interventions that validate emotions and incorporate lived experience can further normalize help-seeking and strengthen problem- and meaning-focused coping *(96,110)*.

Addressing these needs requires multisectoral collaboration across science, policy and practice *(111)*, linking mental health services with climate actors, educators, frontline responders and community builders. The next sections highlight three practical entry points: child- and youth-focused settings, nature-based prescribing and capacity-building for key professions.

5.2.1 Child and youth settings

School settings *(25)* are an important platform for strengthening climate and mental health literacy by helping students recognize, name and make sense of their emotional responses to climate change. When age-appropriate learning integrates information on climate-related impacts with guided emotional reflection and solution-focused activities in climate education or school-based mental health programmes, it can support well-being, reduce stigma, and build resilience and agency. This equips young people to manage difficult emotions constructively and to potentially engage in age-appropriate, locally relevant actions; at school, at home and in their communities *(112)*.

To enable this work, teachers need practical support and clear boundaries. Their role involves facilitating sensitive conversations in safe, informed and inclusive spaces, responding appropriately to distress, encouraging help-seeking, and activating established safeguarding and referral pathways when concerns exceed the boundaries of educational support. This requires platforms with evidence-based and quality-assured content and guidance on facilitation, providing options to align these with national curricula and local needs.

Beyond the classroom, structured and moderated spaces – such as youth climate cafés or book clubs – can offer additional opportunities for shared reflection, social connection and collective efficacy. To be safe and effective, these formats require trained facilitation, inclusion and safeguarding measures, and links to support services when

concerns exceed what peer-based approaches can address.

Quality-assured digital tools and platforms can provide additional resources for children and young people *(113)*. There is space for government-supported, youth-co-created digital platforms that explicitly link climate change and mental health, similar to Ireland's youth information and support platform SpunOut *(114)*, supported by the Ministry of Health.

5.2.2 Nature-based interventions

Nature-based solutions *(115)* play a key role in climate adaptation and mitigation, and could be more actively used to protect and promote mental well-being and mental health, where feasible and accessible *(116)*. Access to green and blue spaces varies significantly based on factors such as income, mobility, safety, urban design, culture, season and geography; highlighting the need for equity considerations to be integrated into interventions that promote these vital resources for all communities.

Nature-based interventions to support mental and physical health, also referred to as green social prescribing or eco-therapy, refer to structured activities facilitated through health care, social services or community organizations to support mental and physical well-being. Examples include community gardening, guided nature walks, conservation volunteering and "green gym" activities. These approaches can strengthen emotional regulation, reduce stress and anxiety, and improve social connection and overall well-being, as shown for nature-based walking interventions *(117)*.

Nature-based interventions may also be considered as potentially beneficial complements in care pathways of people with diagnosed mental health conditions. Emerging practice guidance, for instance from the United Kingdom's Green Social Prescribing Programme *(118,119)*, illustrates how health and community partners can integrate nature-based interventions into personalized support, with attention to equity and access by easing pressure on health and social care systems.

By (re)integrating nature interaction into daily life, these approaches can normalize nature's role in well-being. In the context of climate distress, benefits may increase when people also have agency to protect and restore the environments they care about and that are under threat. Taking meaningful conservation and climate action can reduce helplessness, build efficacy and social connection, and in turn support resilience and mental well-being. This underlines a need for interventions with dual climate and health benefits, which requires effective cross-sector collaboration and basic climate and mental health literacy across key stakeholders.

5.2.3 Workforce capacity for community support

Building capacity on mental health and climate change across professional groups working with communities is essential to enable effective, context-sensitive responses and to support a broader public discourse. Competency needs vary by intervention type and by role – ranging from clinical care to non-specialist community support. Emerging evidence shows that individuals with mental health conditions can also benefit from structured and manualized interventions delivered by trained, supervised non-specialists *(17)*. Hence, capacity-building should be accompanied by supervision, peer support and burnout prevention, especially for frontline staff.

Mental health professionals require a deeper understanding of the pathways linking climate change to psychosocial stress to inform tailored assessments and clinical responses, as well as competencies to integrate community adaptation and resilience as therapeutic goals *(120,121)*. Other community-facing professionals, such as general practitioners, nurses and social workers, also play a key role in community resilience as well as early identification and support *(122,123)*. They should be equipped to hold climate-aware supportive conversations, promote well-being and agency through practical guidance, and recognize when referral to mental health specialists is indicated, improving continuity of care and access.

The case studies highlighted a range of capacity-building approaches: accredited continuing professional development; institutional training days, co-organized with academia of various disciplines and civil society to strengthen interdisciplinary learning and local collaboration; peer exchange platforms and professional networks to share experiences, tools and lessons; and participatory training programmes and handbooks for self-learning for educators, youth workers and climate advocates to build literacy and facilitation skills. Together, these approaches strengthen role-specific competencies and system readiness to address the mental health dimensions of climate change.

5.3 MHPSS in climate-related emergencies

MHPSS is increasingly integrated into climate-related emergency management, supported by extensive guidance on MHPSS *(19,124–126)*. These approaches promote layered, multisectoral support across preparedness, response and recovery, including community-based care and the integration of mental health into primary health care and humanitarian systems. MHPSS extends beyond individual psychological support to include community interventions that provide social, emotional and practical assistance through a range of professionals and local stakeholders.

As climate-related emergencies grow in frequency and intensity, mental health needs are likely to increase and become more complex. Four considerations emerged from this call for strengthening MHPSS in climate-related emergencies.

1. **Strengthening psychologically informed preparedness:** preparedness information often focuses on what to do, but uptake depends on whether messages are perceived as credible, relevant and feasible. A psychologically informed approach, tailored to specific groups, supports communities to acknowledge risk without becoming overwhelmed, to manage stress reactions and to translate information into protective action. This includes anticipating common psychological barriers (e.g. denial, fatalism), providing clear and actionable steps, and explicitly promoting coping resources such as social support, self-care and emotional regulation *(95)*.
2. **Upscaling community-based MHPSS during the acute phase:** WHO advocates for person-centred, rights-based mental health services integrated into primary care *(123,127)*. In emergencies, these can be complemented by flexible community-based approaches such as mobile outreach teams, peer support networks and other low-threshold support options. Such modalities can provide psychosocial first aid, identify people who require urgent clinical attention and connect affected individuals with practical assistance (e.g.

shelter, food, information, access to prescribed medicines), which often helps to reduce distress and opens doors for psychosocial support. Where transport and infrastructure are disrupted, mobile and locally delivered support can also help reach affected populations and reduce barriers related to stigma.

3. **Sustaining support in recovery:** beyond immediate distress, a proportion of affected people will experience persistent mental health symptoms or experience a later onset, especially when exposed to other direct, indirect and vicarious climate change impacts; compounding hazards including recurring events (e.g. heavy rain) can also complicate recovery. To mitigate these risks and identify individuals at high risk (e.g. children, people with a pre-existing mental health condition), sustained support is required in the recovery phase with culturally appropriate outreach, in collaboration with schools, community-based organizations and local services.

4. **Prioritizing vulnerable groups:** MHPSS services should provide targeted support to groups at increased risk because of disproportionate exposure to climate hazards and heightened socioeconomic and physical vulnerabilities to protect mental health and to promote equity and resilience.

Local climate adaptation efforts must work in tandem with MHPSS to effectively support communities, recognizing that overlapping yet distinct stakeholders drive both domains. This collaboration is particularly essential for ensuring that vulnerable groups receive comprehensive support in physical adaptation measures, such as home insulation against heat, which can alleviate stress and enhance well-being.

5.4 Integrated national planning on climate change and mental health

The interventions discussed in this report, ranging from the community level to national programmes, highlight practical entry points for national policy development. Increasing evidence and policy attention point to the need for coherent national planning that links climate change and mental health. This includes embedding climate-related risks and considerations within mental health programmes, and integrating mental health considerations into climate change and health assessments *(128)*, strategies and plans. Such integration can help protect mental health and well-being, strengthen community resilience, and support effective adaptation and mitigation action.

While the climate effects on mental health are increasingly recognized by countries in the WHO European Region, there is a lack of consideration in key national climate plans *(129)*. These include National Adaptation Plans, Health National Adaptation Plans *(130)*, Nationally Determined Contributions *(131,132)* and Heat Health Action Plans. For instance, a global review of 83 National Heat Health Adaptation Plans from 24 countries found that while mental health was mentioned in the majority of plans (76%), only 22% included targeted interventions *(133)*.

Integrated national planning is essential to ensure that the increasing impacts of climate change on mental health are addressed, particularly for vulnerable groups, and that mental health co-benefits of adaptation and mitigation measures are maximized now and in the future. For instance, many adaptive measures to heat, such as ensuring cool sleeping environments or fostering social connection and support through buddy systems, can also support mental

well-being. The updated *WHO guidance on heat–health action plans for the WHO European Region* discusses preventative mental health measures, including helplines to provide psychosocial support during heatwaves, ensuring cooling centres are accessible and appropriate for people with mental health conditions, and incorporating the mental health co-benefits of green and blue spaces into urban planning *(134)*. A recent policy brief on mental health and extreme heat makes specific recommendations to protect people living with mental health conditions through recognition of the issue at the policy level, the monitoring of impacts, and tailored and evidence-informed actions *(135)*.

Strengthening collaboration between the climate and mental health communities is essential to ensure that mental health is systematically addressed in national policies for all climate hazards, while maximizing the resilience and well-being benefits of adaptation and mitigation actions.



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Annex 1. Summary of the Transatlantic Dialogue on Climate Change and Mental Health

The Transatlantic Dialogue series was jointly organized by the WHO Regional Office for Europe and the Pan-American Health Organization in 2024 and 2025 to facilitate the sharing of knowledge and experiences and the fostering of collaboration among countries on both sides of the Atlantic to tackle the complex health threats posed by climate change. The third of four Transatlantic Dialogues focused on climate change and mental health.

The event was opened by Robb Butler, then Director of the Division for Communicable Diseases and Environment, WHO Regional Office for Europe, who highlighted the need to act urgently as climate change is exacerbating the already increasing global burden of anxiety disorders, particularly among young people. Dorota Jarosińska, Programme Manager at the WHO European Centre for Environment, Climate Change and Health, emphasized the increasing interest in this topic and outlined the objectives of this dialogue: i) encourage the sharing of knowledge on the mental health burden caused by climate change and its pathways, while acknowledging common and region-specific challenges; ii) facilitate an exchange of experiences on effective interventions encompassing various scopes, target groups and approaches; and iii) stimulate further collaboration towards actionable policy recommendations and strategies.

Alessandro Massazza, Policy and Advocacy Advisor at United for Global Mental Health, delivered a keynote presentation outlining the pathways through which climate change impacts mental health. He introduced a framework that helps to understand these linkages and the range of mental health outcomes, which also served to contextualize the subsequent interventions discussed in this broad and evolving field.

From each region, three presenters shared different national experiences in tackling the impacts of climate change on health. This part of the dialogue was chaired by Daniel Buss, Head of the Climate Change and Environmental Determinants of Health Unit at the Pan-American Health Organization.

In the Americas, Arthur Phillips, Deputy Chief Medical Officer at the Ministry of Health of Barbados, acknowledged the increasing threats to mental health caused by climate change, including through impacts on livelihoods, food systems and access to recreational spaces. He highlighted different actions taken so far at the national level, such as the integration of psychological first aid

into the national disaster response system and the assessment of mental health facilities for their infrastructure resilience.

Alejandro Riquelme Bórquez, from Chile's Department of Mental Health, shared insights into the country's progress in integrating MHPSS within national disaster risk management systems, particularly in response to the growing threat of wildfires. He presented an overview of integrated strategies and tools, including Chile's comprehensive national Mental Health Protection Model for Disaster Risk Management *(1)*, training programmes, intersectoral technical committees, information management platforms and public awareness campaigns. These efforts aim to promote evidence-based, community-centred responses to emergencies.

Carolyn Tateishi, Director at the Climate Change and Health Office at Health Canada presented findings from the report *Health of Canadians in a Changing Climate (2)*, highlighting growing mental health risks and worsening inequities. She discussed the 2021 Pacific Northwest Heat Dome's impact on individuals with pre-existing mental health conditions, especially those with schizophrenia *(3)*, underscoring the complex challenges in supporting vulnerable groups during extreme weather events. Carolyn also introduced the HealthADAPT programme *(4)*, which helps communities prepare for and respond to climate-related physical and mental health impacts.

In the WHO European Region, Emma Gillingham, Principal Climate Change Scientist at the Centre for Climate and Health Security at the UK Health Security Agency shared key observations from a call for case studies on climate change and mental health in the United Kingdom. The call revealed a wide scope of interventions, ranging from group-based interventions (e.g. Climate cafés and parental circles) to education-based interventions (e.g. resources for educators and therapists) and individual resources (e.g. journal interventions for young people) *(5)*.

Matej Vinko, Head of the Mental Health Centre at the National Institute of Public Health in Slovenia reported on the multi-organizational coordinated psychosocial response to floods, including community-based approaches. Karola Kivilo, Project Manager at the nongovernmental organization Estonian Green Movement introduced the European Union-funded project Coping with Climate Anxiety Learning Methods for the Mental Health of the European Youth (known as Calm-Ey) on eco-anxiety among youth. The interventions from Estonia and Slovenia were identified as good practice examples during the call for case studies in the WHO European Region and are described in detail in this technical report (in Section 3.3 and Section 4.4).

In the final session, chaired by Renato Oliveira E Souza, Chief of the Mental Health and Substance Use Unit at the Pan-American Health Organization, Jura Augustinavicius, Assistant Professor at McGill University, Canada, and member of the WHO Collaborating Centre for Research and Training in Mental Health, synthesized key observations from the six national interventions. She emphasized the need to strengthen regional collaboration on climate change and mental health, and called for more research not only on impacts but also on effective interventions and policies; highlighting promising examples shared during the webinar.

The event was closed by Francesca Racioppi, Head of the WHO European Centre for Environment, Climate Change and Health. This Transatlantic Dialogue brought valuable perspectives beyond the WHO European Region and contributed to building the evidence for the observations and lessons learned in this technical brief (Section 5).

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Annex 2. Overview table on all eligible interventions

Table A2 provides a more detailed overview of the 20 case studies portrayed in this report, including a short summary of the intervention, a complete list of stakeholders involved and links for further information, if available.

Table A2. Eligible interventions

ID	Country key words	Project title/topic and duration **Key stakeholders** (lead organization highlighted in bold)	Summary
Climate-related hazardous events			
	Government-led mental health and psychosocial support (MHPSS) response to floods		
1	• Slovenia • Flood affected populations • Government-led emergency response • Mental distress and community resilience	Coordinated multistakeholder psychosocial support following the country-wide floods in August 2023 (August 2023–September 2024) • **Nacionalni inštitut za javno zdravje (NIJZ) [National Institute of Public Health]**, National Programme on Mental Health *(1)* • Ministry of Health • Community Mental Health Centres for Adults • National Education Institute Slovenia • Social work centres • Slovenian Red Cross, Slovenian Caritas • Centre for Psychological Counselling "Posvet" • 114 Call Centre • Slovenian Psychologists' Association	During the devastating floods in 2023, the Ministry of Health tasked the NIJZ to lead the coordination of a comprehensive psychosocial support. The Mental Health Centre within the NIJZ established a special coordination committee, bringing together governmental organizations, health care providers and community-based organizations to coordinate various activities in the acute, subacute and long-term phases over a period of 12 months. Key activities included targeted specialist support for people suffering from acute mental distress through mobile teams and telephone services, targeted non-specialist support through emergency responders and volunteers trained in psychological first aid, and community support activities such as workshop, tea parties or arts exhibitions to increase community resilience. Practical support was also offered to alleviate acute stress and help identify mental health needs.

Table A2. contd

ID	Country key words	Project title/topic and duration **Key stakeholders** (lead organization highlighted in bold)	Summary
2	• Greece • Flood affected populations • Government-led emergency response • Mental distress and community resilience	Coordinated multistakeholder psychosocial support after flood events in Thessaly in September 2023 (September 2023–December 2024) • **Regional Health Authority of Thessaly and Central Greece** • Ministry of Health • Public mental health services • Federation of Mental Health Entities • National Centre for Social Solidarity • Local Red Cross • Municipal social services • Local and national mental health entities	The Ministry of Health coordinated a multi-phase response to the floods in 2023, appointing a Regional Health Authority as the coordination authority for mental health matters. During the first acute phase, a comprehensive action plan was developed in collaboration with various stakeholders to provide psychosocial support services, distribute essential supplies and support the operation of accommodation centres for flood victims. In the second phase, six mobile psychosocial support groups were created and financed for 6 months to assist those affected by the floods, reinforcing existing mental health structures. Specialized psychological support was also provided to all affected persons through a psychosocial support telephone line provided free of charge and anonymously 24 hours per day. Nongovernmental organizations (NGOs) extended their operations into a third phase, lasting 8.5 months, to provide ongoing psychosocial support.
3	• Türkiye • Flood affected populations • Government-led emergency response • Coping with bereavement	Emergency psychological support for families of flood victims in Kastamonu province (August 2021) • **Ministry of Family and Social Services** • Provincial Directorate of Health • Turkish Red Crescent • Ministry of Health Mental Health Department Services	Following the devastating flood in Bozkurt district of Kastamonu province, psychosocial support teams were deployed to critical locations to assist survivors and those who lost loved ones in the floods. These interventions focused on supporting individuals experiencing traumatic grief, physical and cognitive distress, anxiety, guilt and other psychosocial symptoms. In the acute period, psychological first aid was offered, and individuals were referred for further support. MHPSS approaches provided included Cognitive Behavioural Therapy, Eye Movement Desensitization and Reprocessing, solution-focused therapy, Problem management plus and Self-help plus, as well as individual and interactive group therapies. For those who had lost loved ones, grief counselling and resilience-building strategies were key components, enabling individuals and families to recover more quickly from the distressing event and regain control over their lives. Group activities in the recovery period also aimed at increasing community cohesion and resilience through social activities.

Table A2. contd

ID	Country key words	Project title/topic and duration **Key stakeholders** (lead organization highlighted in bold)	Summary
4	• Spain • Flood affected populations • Government-led emergency response • Mental distress and community resilience	Planning of Emergency Mental Health Units for future climate events in Valencia (October 2024–May 2026) • **Ministry of Health** • Childhood and Social Welfare • Affected Autonomous Communities • State Foundation for Health, Childhood and Social Welfare • Working and advisory group: Local Community Networks, Save the Children, Red Cross, Local and National Emergencies, United Nations Children's Fund, WHO	Following the severe floods in Valencia in 2024, the Ministry of Health is planning the establishment of Emergency Mental Health Units to provide psychosocial support through rapid and coordinated deployment during future climate events, with a focus on prevention, community support and long-term recovery. The intervention model comprehends four tiers: immediate emergency response, community and family support, non-specialized targeted support and specialized services. The units will consist of multidisciplinary teams, including psychologists, health personnel and non-health personnel with training in community intervention and emergencies, depending on the need of the intervention. A total of 13 teams consisting of four professionals are being deployed in affected areas between July 2025 and July 2026 *(2)*. The psychosocial intervention aims to prevent severe disorders, such as post-traumatic stress disorder; protect vulnerable populations; promote healthy coping strategies; and strengthen community support networks. It also aims at protecting the mental health of volunteers who may experience emotional exhaustion. The outcome of the intervention is planned to be evaluated through passive surveillance and an epidemiological study, which will collect extensive epidemiological data. The ultimate goal of the intervention is to develop a permanent intervention model serving multiple types of emergencies, ensuring a rapid and coordinated response from the acute phase to long-term support.

Table A2. contd

ID	Country key words	Project title/topic and duration **Key stakeholders** (lead organization highlighted in bold)	Summary
5	• United Kingdom • Flood-affected populations • Guidance for prevention and emergency response • Mental distress and community resilience	Guidance: *Flooding and health: advice for frontline responders (3)* (published December 2023) • **UK Health Security Agency** • National Institute of Health Research	The UK Health Security Agency published guidance for frontline responders on how to assess and manage the risks of floods, including mental health. The guidance, which was developed in collaboration with the National Institute of Health Research and in consultation with key stakeholders, is intended for the National Health Service, local authorities, public agencies, professionals working with people at risk from flood impacts and community-based groups. It was published as part of the *Adverse Weather and Health Plan (4)* under the United Kingdom's National Adaptation Programme. The guidance aims to improve awareness of flood alerts and preparedness measures; mental and physical health impacts associated with flooding; flood recovery and the associated clean-up processes; and good sanitation practice, and to provide evidence-based recommendations on preventive measures to reduce mental health effects of flooding, including a four-tier response model.
	Therapy and advocacy		
6	• Italy • Spain • Flood and drought affected individuals • Therapy and advocacy/journalism • Mental distress	Resilience in the era of climate change *(5)*: a cross-border investigation examining the psychological impacts of extreme weather events impacts in two individuals (November 2023–December 2024) • **Italian Association of Climate Change Anxiety** • Journalismfund Europe • Università Cattolica del Sacro Cuore • Erasmus School of Health Policy and Management, Erasmus University Rotterdam, Netherlands (Kingdom of the)	This project, funded by Journalismfund, aimed to evaluate the role of individualized therapies and community-centred initiatives; and increase awareness on the mental health effects of acute and chronic climate-related changes though journalistic articles. As part of the psychological intervention, the Italian Association of Climate Change Anxiety developed two tailored psychological interventions for two young people experiencing climate-related distress: i) for a woman who experienced acute and post-traumatic stress, eco-anxiety, solastalgia and environmental melancholia after a flood event in Italy – the therapy included Eye Movement Desensitization and Reprocessing therapy, Cognitive Behavioural Therapy, Acceptance and Commitment Therapy and nature-based interventions; and ii) for a male farmer with chronic drought exposure who experienced a complex emotional response including eco-anxiety, solastalgia, eco-grief, eco-guilt – the therapy included Acceptance and Commitment Therapy, Cognitive Behavioural Therapy and nature-based interventions.

Table A2. contd

ID	Country key words	Project title/topic and duration **Key stakeholders** (lead organization highlighted in bold)	Summary
			As part of the journalistic intervention, two articles were published on the impacts of climate change on mental health, using the two clinical case studies as illustrative examples.
Interventions strengthening well-being and mental health across climate-related exposures			
	NGO-led safe spaces for youth and other groups		
7	• Denmark • **Estonia** • Germany • Malta • Climate distress of young people • NGO-led training programme and support groups • Learning, resilience and awareness	Coping with Climate Anxiety – Learning Methods for Mental Health for European Youth (Calm-Ey) *(6)* (September 2023–August 2025) • **The Estonian Green Movement** • NGO Peaasjad, Estonia • Friends of the Earth, Malta • NOAH Friends of the Earth, Denmark • Jugend- & Kulturprojekt e.V., Germany	The EU-funded project Calm-Ey is carried out by environmental and mental health NGOs across four countries. It addresses the growing concern of climate and eco-anxiety among young people across Europe. Through a multidisciplinary approach, the project develops, pilot tests and disseminates practical tools, educational resources and guidance for peer support groups that empower youth to manage emotional responses to the climate crisis. For youth workers, mental health specialists and educators, activities include training and supporting materials to strengthen their mental health literacy, and deepen their understanding of climate anxiety and other climate-related emotions. The project also helps them integrate mindfulness, resilience-building and emotional coping strategies into youth programmes. By fostering emotional resilience and community support, the project aims to transform anxiety into constructive engagement, equipping young Europeans with the psychological tools to face environmental challenges with confidence and hope.

Table A2. contd

ID	Country key words	Project title/topic and duration **Key stakeholders** (lead organization highlighted in bold)	Summary
8	• Europe/**Germany** • North America • Climate distress of youth, climate professionals and activists • NGO-led virtual and in-person open-sharing and deep-listening circles • Resilience and community building	Climate Circles *(7)* (since July 2020) Transformative Climate Resilience Education for Children and Youth project (October 2023–March 2026) • **One Resilient Earth** *(8)* • Circles have been co-hosted by academia, foundations, NGOs, private companies and cultural organizations	One Resilient Earth is a Germany-based NGO with a global reach, dedicated to fostering resilience in the face of climate change by providing safe spaces to communicate freely, learn and co-create. The NGO equips young adults and change-makers with the emotional, cognitive and creative resources they need to thrive and support others in tackling climate change impacts through transformation and regeneration. Key initiatives include Climate Workers Circles and Youth Climate Circles, inspired by support groups and community care traditions, which offer safe, peer-supported spaces for emotional expression and mutual support in processing climate distress, such as grief, anxiety and eco-distress, and are hosted weekly and mostly online. A training programme also equips young leaders and sustainability professionals to host their own Climate Circles, expanding the reach of emotional support networks globally, having trained and certified around 90 new hosts so far. The NGO also collaborates with academia and NGOs on complementary initiatives: the Transformative Climate Resilience Education for Children and Youth project, co-funded by Erasmus+, enhances educators' capacity to address climate anxiety in children and youth by integrating emotional, creative and ecological approaches into teaching.
9	• Europe/**United Kingdom** • East Africa • Climate distress of young people • NGO/youth-led programme on talking circles • Resilience, leadership and climate action	Training programme and hosting of resilience circles (in-person since 2020 and online since 2024) • **The Resilience Project** *(9)* • The Board of Youth (youth advisors) • Collaboration with the Climate Cares Centre; Imperial College London, United Kingdom; and Community-minded Interventions for Resilience, Climate Leadership and Emotional well-being, Stanford University, United States of America for research-driven evaluation (since July 2024)	The overall objective of the Resilience Project is to foster emotional strength, agency, leadership and collective action among youth to become catalysts for change within their communities and beyond. The project trains 20 changemakers (aged 18–28 years) per year through 5-day Resilience Residential Trainings to foster sustainable action while prioritizing mental health. The new co-hosts, certified as Mental Health First Aiders and Climate Café facilitators, establish and host a new resilience circle in their community, either in person or virtually. In these circles, young people are engaged in an 8–10-week programme to talk about the climate crisis and burnout from climate action; they learn about resilience strategies and how to build community.

Table A2. contd

ID	Country key words	Project title/topic and duration **Key stakeholders** (lead organization highlighted in bold)	Summary
			The Climate Cares Centre, Community-minded Interventions for Resilience, Climate Leadership and Emotional well-being and Board of Youth support the project with its evaluation process, which includes assessing participant and facilitator mental and social health outcomes through qualitative exploration and different scales before and after their participation.
10	• **United Kingdom** • Global • Climate distress of children • NGO-led digital platform • Advocacy, agency and climate literacy	Addressing children's eco-anxiety and increasing their eco-literacy through solution-driven climate initiatives (since August 2024) • **Reasons to be Hopeful** *(10)* • Collaboration with the Climate Cares Centre at Imperial College London, United Kingdom; Teach the Future; and the School of International Futures	Reasons to be Hopeful is a digital platform with the objective to foster eco-literacy optimism and resilience among young children and teenagers by highlighting positive climate solutions and giving youth a voice. The project provides a space for young participants to discover real-life climate solutions shared through upbeat videos, youth-led interviews and engaging stories. All content is trauma-informed, grounded in behavioural psychology and shaped by discovery research conducted with 7–24-year-olds. Youth-led interviews provide young participants opportunities to co-create climate narratives, build communication skills, engage in intergenerational conversations and gain real-world insights into organizations driving change. In 2024, Reasons to be Hopeful and Teach the Future launched Young Voices for Fair Futures initiatives, which asked young people what they would do to create better climate futures; youth perspectives were amplified in policy discussions, including the United Nations Summit of the Future in 2024 and the United Kingdom Government curriculum review. By focusing on constructive narratives and amplifying youth voices, the initiative aims to counteract feelings of despair and disempowerment, promoting a sense of agency and sparking creative solutions for climate action.

Table A2. contd

ID	Country key words	Project title/topic and duration **Key stakeholders** (lead organization highlighted in bold)	Summary
	Health-workforce led interventions		
11	• United Kingdom • Climate distress of health professionals • Volunteer network led by health care workers • Agency, advocacy, climate literacy and action	Exchange among health professionals and mobilization for health climate action (since 2019) • Health for Extinction Rebellion *(11)*	Health for Extinction Rebellion is a collective of United Kingdom-based health professionals – including doctors, nurses and allied workers – mobilizing to address the health impacts of the climate and ecological crisis. Health for Extinction Rebellion provides a platform for regional groups across the United Kingdom to facilitate exchange among peers on the impacts of climate change on health and the distress caused by the lack of institutional action on the ecological crisis; aiming to increase health worker resilience and leverage their agency through activism. The group engages in nonviolent direct action, public education and advocacy to highlight the urgent links between planetary and public health. Activities include organizing climate–health talks, participating in peaceful protests, delivering talks, lobbying for policy change and social meetings, which include a book group, a grief group and ad-hoc climate cafes. Their work emphasizes that climate inaction is a health emergency, demanding immediate, science-based responses from governments and institutions. Health for Extinction Rebellion also has a subgroup led by psychologists.
12	• Austria • Volunteer network led by mental health care workers • Awareness, climate literacy and activist support	Mental health professionals advancing climate health literacy and well-being of climate activists and the wider public (since 2021) • **Psychologists for Future Austria** *(12)* • Psychologists for Future • Global Climate Psychology for a Just Future	Psychologists for Future Austria, led by psychologists and psychotherapists as well as students of psychology and psychotherapy in Austria, aims to increase public knowledge on the mental health impacts of climate change and support climate activists. The association offers public lectures, workshops and school workshops, where participants can learn how to identify climate distress and develop coping strategies, e.g. by connecting with nature and community. It also supports climate organizations in developing regenerative strategies to prevent burnout by creating safe spaces for emotion sharing. For example, it offers a free consultation for individual climate activists who are experiencing mental distress. The goal is to support climate action by creating awareness and providing tools to cope with climate distress.

Table A2. contd

ID	Country key words	Project title/topic and duration **Key stakeholders** (lead organization highlighted in bold)	Summary
			Psychologists for Future originated in Germany in 2019 and is expanding in Europe and globally through the initiative Global Climate Psychology for a Just Future, encouraging psychologists and psychotherapists globally to join networks.
13	• Sweden • Climate change in routine childcare • Health-sector led initiative • Training for health care staff, awareness for parents and policy development	Strengthening climate and child health in Swedish Child Health Services at the national and regional level (since 2023) • National Development Group on Climate Change, Swedish Child Health Services • Central Child Health Services Units in the Regions of Västerbotten and Scania • NGO *Våra barns klimat* [Our children's climate]	The Swedish Child Health Services is a publicly funded system offering free universal, targeted and specialized health care to all children under 6 years of age. It operates through a multi-tiered system that integrates national guidance and polices, regional cooperation and local services. Services include regular health check-ups, developmental screening and health education for parents. In 2023, a National Development Group on Climate and Child Health was established with the aim to assess workforce capacity needs, facilitate regional collaboration and advocate for national guidance to support parents protect their children from climate-related health risks, build family resilience in the face of increasing climate anxiety and encourage pro-environmental behaviours. At subnational level, regional centres have also initiated programmes. For example, the Central Child Health Services Unit in Västerbotten held a training day in 2024 to build staff capacity and promote innovative solutions. The unit also collaborates with academia and the NGO *Våra barns klimat* [Our children's climate], using its tool Climate Compass to support parents in sustainability transitions.
	Academic-led action research		
14	• Italy • Climate distress of students • Academia-led research • Resilience and climate action	CAMBIO CLIMA: Evaluating eco-anxiety and pro-environmental behaviours among students (November 2023 – October 2025) • **University of Florence** • Università Cattolica del Sacro Cuore, Rome	CAMBIO CLIMA is a project funded by the European Union (NextGenerationEU) under the Italian Research Projects of Significant National Interest 2022 grant. It aims to evaluate the levels of eco-anxiety and pro-environmental behaviours in a sample of Italian middle and high school students (ages 11–18 years, approx. 1372 students) before and after a tailored intervention on the climate crisis.

Table A2. contd

ID	Country key words	Project title/topic and duration **Key stakeholders** (lead organization highlighted in bold)	Summary
			The project is divided into four tasks: i) a survey administered to a sample of Italian middle and high school students to assess their level of eco-anxiety and pro-environmental behaviours; ii) a 2-hour online workshop on climate change for the same sample of 1372 students conducted by a mental health professional; iii) the re-administration of the survey post intervention; and iv) the development of tools and activities for knowledge dissemination, including lectures, scientific papers and Continued Medical Education-accredited courses, aimed at promoting the project's findings among health professionals and school teachers, and fostering a dialogue on the intersection of climate change and mental health. Tasks i to iii were completed as of July 2025. Under task iv, a Continued Medical Education course *(13)* on the climate crisis and mental health for physicians, psychologists and teachers has been developed.
15	• Finland • Ireland • Italy • **United Kingdom** • Climate education and agency of youth • Academia-led climate research • Climate education, action and policy	Challenging the Climate Crisis: Children's Agency to Tackle Policy Underpinned by Learning for Transformation (CCC-CATAPULT) (2021–2024) • **University of the West of England, Bristol, United Kingdom** • Tampere University, Finland • University of Galway, Ireland • University of Genoa, Italy	The CCC-CATAPULT project worked co-productively with young people to explore climate education, linked to the value action gap. It focused on experiences and views of climate change and environmental education through participatory research and educational activities, organized by universities in four cities. Objectives included investigating children's understanding of climate issues, amplifying their voices in policy discussions and promoting sustainable practices. Activities involved case studies in the cities of Bristol, Galway, Genoa and Tampere, where youth collaborated with researchers from various disciplines to develop research-based climate plans and recommendations to influence educational and policy frameworks. A research-informed toolkit with eight freely accessible resources for young people, researchers, policy-makers and teachers was produced. These include a guide for developing climate cafés with young people and conversation cards that facilitate engagement and discussion about the research findings. By prioritizing children's agency and learning through an interdisciplinary and intercultural lens, CCC-CATAPULT aimed to create a more inclusive and effective approach to tackling the climate crisis.

Table A2. contd

ID	Country key words	Project title/topic and duration **Key stakeholders** (lead organization highlighted in bold)	Summary
16	• **United Kingdom** • Regional hub Europe and North America • Global • Climate distress and mental health impacts/lived experience • Academia-led consultation • Research and action agenda	Connecting Climate Minds *(14)* (January 2023–June 2024) • **Climate Cares Centre, Imperial College London** *(15)* • Dialogue experts: Red Cross Red Crescent Climate Centre • Lived experience working group: Force of Nature, Sustyvibes, Climate Mental Health Network • Regional Community Working group: Claretian University, Nigeria; St Luke's Medical Center, Philippines; The University of the West Indies	Connecting Climate Minds is a Wellcome-funded initiative that aims to cultivate a collaborative, transdisciplinary climate change and mental health field with a clear and aligned vision to advance evidence-based policy development, grounded in the needs of those with lived experience of mental health challenges in the context of climate change. Over 1 year, the project convened over 1180 experts from 126 countries across disciplines and sectors to develop regional and global research and action agendas. These agendas set out: i) research priorities to understand and address the needs of people experiencing the mental health burden of the climate crisis; and ii) priorities to enable this research and translate evidence into action in policy and practice. A project report *(16)* from the Regional Community of Practice for Europe and North America identified 47 priority research themes and six key action areas. A global online hub *(14)* showcases the project outputs, including lived experience videos, case studies, toolkits and collaborative space for sharing. As such, the intervention provides a platform to bridge ideas, people, initiatives and knowledge systems across cultures and disciplines, and provides a clear roadmap for research and action in climate change and mental health.
17	• United Kingdom • Climate distress of young people • Academic-led co-designed research • Climate education, resilience and agency	The Compass Project: guiding minds and inspiring action in climate change education *(17)* (September 2024–November 2025) • **Climate Cares Centre, Imperial College London** • Anna Freud • Force of Natur Expert working group (20 organizations), youth advisory group, educator advisory group	The Compass Project aims to embed mental health and well-being into how climate change is taught in schools, colleges and universities in order to prepare children and young people (aged 16–29 years) to thrive in a rapidly changing future and take emotionally sustainable climate action. Strengthening young people's ability to process and express challenging emotions, and develop agency and resilience, can also help mental health more broadly and pave the way to normalizing wider mental health discussions.

Table A2. contd

ID	Country key words	Project title/topic and duration **Key stakeholders** (lead organization highlighted in bold)	Summary
			The project is building understanding of the experiences and perspectives of young people and educators through research, co-designing recommendations for action, convening expertise to share existing knowledge and better connecting educators with relevant existing resources. While focusing on education in United Kingdom (England), the project is advised by a global network of collaborators, ensuring it can learn from knowledge and experiences held across contexts.
	Academia-led engagement		
18	• United Kingdom • Climate distress of young people • Academic and NGO-led journal intervention and online platform • Climate literacy, resilience and agency	Our Changing World (journal) *(18)* (since 2020) • **Climate Cares Centre, Imperial College London** • Young Person's Advisory Group • Royal College of Psychiatrists Hold This Space (online platform) *(19)* (since 2020) • **Common Vision** • Climate Cares Centre, Imperial College London • Force of Nature	This intervention consists of two guided activities – offline and online – for young people to process climate distress: • Our Changing World is a self-guided journal intervention to encourage young people (aged 16–24 years) to explore feelings and process climate-related emotions, developed in collaboration with young people and mental health professionals. It guides users through four areas of self-discovery in the context of a changing world: "Understanding how you feel"; "Taking care of yourself"; "Envisioning a better world"; and "Claiming your calling". The journal has been used by various organizations also outside of the United Kingdom, including in Argentina, Australia and Trinidad and Tobago. • Based on the journal, the self-guided website Hold this Space was developed in collaboration with young people and climate and environmental scientists in the United Kingdom. It follows similar areas as the journal for users to reflect on their emotional response to climate change ("feel" pathway), imagine a better future ("imagine" pathway) and understand the actions they can take to address the climate crisis ("connect" pathway). The website was co-developed with climate and environmental scientists, who co-created seven avenues for more hopeful futures based on relevant research developments.

Table A2. contd

ID	Country key words	Project title/topic and duration **Key stakeholders** (lead organization highlighted in bold)	Summary
19	• United Kingdom • Climate distress of young people • Academia-led book club • Awareness and resilience	This Is Why We Read (since January 2022) • University of the West of England, Bristol	This Is Why We Read explores how literature can foster awareness and critical thinking on climate change and other critical topics. The project adopts a multidisciplinary approach, combining literature, education and environmental psychology to integrate climate-themed narratives into educational settings. Activities include school and community book clubs, reading challenges, teacher workshops and the development of classroom resources. The project also provides reading recommendations for adults, young adults and children on its website. In 2022, the project ran a 3-month book club for participants aged 18–29 years with facilitated group discussions, after which a qualitative analysis *(20)* through semi-structured narrative focus groups identified four themes to evaluate the effectiveness of the book club: i) Personal reflections; ii) Knowledge acquisition, skill development and behavioural changes; iii) Connections to others; and iv) Enthusiasm, inclusion and support. The intervention revealed that structured, facilitated discussions around climate literature can serve as a powerful tool for young people to reflect on the climate crisis, explore their climate-related emotions and develop pro-environmental behaviours.

Table A2. contd

ID	Country key words	Project title/topic and duration **Key stakeholders** (lead organization highlighted in bold)	Summary
20	• United Kingdom • Climate distress of university students • Student-led gatherings • Resilience, dialogue and community building	Climate, Conversations and Cake (since September 2022) • University of the West of England (UWE), Bristol • UWE Student Union • UWE Sustainability Team	The Climate, Conversations and Cake project is a staff–student partnership initiative at UWE that creates a safe, informal space for students to explore the emotional and intellectual challenges of the climate crisis. Through monthly gatherings of students with academic staff, peer-led discussions and shared meals, it fosters emotional resilience, interdisciplinary dialogue and community. The project emphasizes compassion, co-creation and sustainability, empowering students to reflect, connect and act. It has acted as a catalyst for further action and communities of practice to develop, and has been recognized as a model for integrating climate awareness and well-being into higher education. The project developed a framework *(21)*, outlining roles and competencies of those involved, that can be used by other institutions to develop their own initiatives. In its evaluation it was stated that the project provided a platform for emotional expression by fostering a safe and supportive environment and encouraged students to reflect, share, apply and deepen their learning experiences in an informal setting characterized by compassion and empathy.

Notes: ID: identification number; MHPSS: mental health and psychosocial support; NGO: nongovernmental organization; NIJZ: Nacionalni inštitut za javno zdravje [National Institute of Public Health]; UWE: University of the West of England. Countries in bold font host the leading organization. Duration of activities provided to the level of detail provided by the submitting organization.

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