

Climate-Induced Psychosocial Injury: Integrating MHPSS into Climate Adaptation

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Abstract

Climate change affects mental health through extreme weather, rising temperatures, displacement, livelihood disruption, ecological degradation, food and water insecurity, and the erosion of cultural and community systems. Current approaches frequently emphasize psychiatric symptoms and individual coping while giving insufficient attention to collective, cultural, ecological, institutional, and intergenerational harm. This conceptual article introduces Climate-Induced Psychosocial Injury (CIPI) as a population-health framework for understanding the cumulative damage that climate change can inflict on psychological well-being, social relationships, cultural identity, ecological belonging, livelihoods, institutional trust, personal agency, and confidence in the future. CIPI is not proposed as a psychiatric diagnosis. It is an integrative construct connecting clinical mental health care, community-based mental health and psychosocial support, public health, disaster-risk reduction, and climate-change adaptation. The framework comprises six interacting domains: emotional and psychological well-being, relational and social functioning, cultural identity and continuity, place and ecological connection, livelihood and meaningful roles, and agency and future orientation. A layered community-to-specialized-care approach is proposed for prevention, preparedness, response, recovery, and transformational adaptation. Climate adaptation should ultimately be evaluated not only by whether infrastructure survives, but also by whether people preserve dignity, belonging, cultural continuity, meaningful participation, and hope.

Keywords

Climate-Induced Psychosocial Injury, Climate Change, Mental Health and Psychosocial Support, Climate Adaptation, Community Resilience, Cultural Continuity, Ecological Disruption, Disaster Mental Health, Social Vulnerability, Psychosocial Well-Being

1. Introduction

Climate change is not solely an environmental, economic, or technological problem. It is also a psychological, social, cultural, public-health, and moral challenge. Heat waves, floods, hurricanes, droughts, wildfires, sea-level rise, ecosystem loss, and forced migration affect how people feel, relate to one another, sustain their livelihoods, understand their identities, and imagine their futures (Berry et al., 2010; Clayton et al., 2017).

Climate-related hazards may contribute to anxiety, depression, traumatic stress, grief, sleep disturbances, substance misuse, interpersonal conflict, and suicidal behavior (Hayes et al., 2018). Their consequences, however, extend beyond individual psychiatric symptoms. Climate change can disrupt families, weaken social networks, undermine cultural practices, damage sacred and ancestral places, interrupt education, reduce access to health services, and diminish public confidence in institutions. The World Health Organization (2022) consequently recommends integrating mental health into climate action and incorporating climate-related considerations into mental health policy and programming.

The Intergovernmental Panel on Climate Change (2022, 2023) similarly recognizes that climate change threatens mental health and psychosocial well-being through direct exposure to hazardous events and indirectly through poverty, displacement, food insecurity, livelihood loss, social conflict, and deteriorating environmental conditions. Recommended adaptation measures include strengthening mental health surveillance, expanding equitable access to care, developing community-based interventions, improving social protection, and building climate-resilient health systems.

Terminology concerning the psychosocial consequences of climate change remains fragmented. Psychiatric classifications can identify clinically significant conditions, but they do not adequately represent collective, relational, cultural, or ecological injury. Concepts such as eco-anxiety, ecological grief, and solastalgia illuminate important forms of climate-related distress, but each describes only part of a broader phenomenon (Albrecht et al., 2007; Cunsolo & Ellis, 2018; Pihkala, 2020). Climate-Induced Psychosocial Injury is proposed as a unifying framework for examining these interconnected harms across individuals, families, communities, institutions, cultures, and generations.

2. Conceptual Foundation

This article employs an integrative conceptual synthesis. The framework draws on international climate and health assessments, global mental health and psychosocial support guidance, disaster mental health literature, research on ecological grief and solastalgia, public-health models of social vulnerability, and community-based approaches to disaster response and recovery (Berry et al., 2010; Inter-Agency Standing Committee, 2007; World Health Organization, 2022).

The literature was considered in relation to the pathways through which climate change affects mental health and psychosocial well-being, the individual and col-

lective domains that may be disrupted, the conditions that increase or reduce vulnerability, and the interventions through which MHPSS can be incorporated into climate adaptation. The resulting framework is intended to organize research, guide policy development, and support future empirical testing. It is not presented as a validated diagnostic or measurement system. A multidisciplinary treatment of the climate-mental health relationship also informs this broader context (Prewitt Diaz, 2026).

3. Defining Climate-Induced Psychosocial Injury

Climate-Induced Psychosocial Injury refers to significant or cumulative harm to psychological well-being, social relationships, cultural identity, ecological belonging, livelihoods, meaningful roles, institutional trust, agency, or future orientation arising from climate-related hazards and the social conditions through which those hazards are experienced.

The word *injury* emphasizes that climate-related suffering is not necessarily evidence of personal weakness, inadequate coping, or mental disorder. Such injury may arise from identifiable environmental exposures and may be intensified by poverty, social inequality, political exclusion, forced displacement, historical marginalization, inadequate services, and institutional failure (Hayes et al., 2018; Intergovernmental Panel on Climate Change, 2022).

The term *psychosocial* recognizes the continuous interaction between psychological experience and the social environment. Emotional distress can affect relationships, participation, and decision-making. Social disruption can influence psychological well-being. Economic insecurity can alter family roles and personal identity. Ecosystem destruction can threaten belonging and meaning, while institutional neglect can intensify helplessness, anger, and mistrust.

CIPi may develop acutely following a hurricane, flood, wildfire, heat emergency, or sudden displacement. It may emerge cumulatively through repeated disasters or prolonged exposure to adverse environmental conditions. It may also develop through slow-onset processes such as drought, coastal erosion, sea-level rise, ecosystem decline, and the progressive deterioration of climate-sensitive livelihoods. Anticipatory injury may occur when individuals and communities face a credible expectation of future loss. Intergenerational injury may arise when displacement, environmental degradation, cultural disruption, and economic instability affect children and succeeding generations.

All six CIPi domains do not need to be present simultaneously. A person or community may experience severe harm within one domain or moderate interconnected harm across several domains. CIPi should therefore be understood as a multidimensional continuum rather than an all-or-none condition.

4. Antecedents, Attributes, and Consequences

CIPi develops through the interaction of climate hazards, exposure, social vulnerability, and insufficient protective resources. Relevant antecedents include ex-

treme weather, chronic environmental change, previous disaster exposure, poverty, unsafe housing, discrimination, political exclusion, weak infrastructure, limited health services, involuntary migration, and dependence on climate-sensitive livelihoods.

The psychosocial effects of climate change are not distributed equally. Indigenous Peoples, children, older adults, persons with disabilities, migrants, racialized populations, outdoor workers, economically marginalized communities, and people with pre-existing health conditions may face greater exposure or encounter more substantial barriers to assistance and recovery. Vulnerability does not reside solely within individuals or communities. It is also produced by public policy, resource distribution, environmental injustice, political power, and historical conditions ([Intergovernmental Panel on Climate Change, 2022, 2023](#)).

The defining characteristics of CIPI include a plausible relationship to climate-related exposure, harm that extends beyond momentary concern, interaction between psychological and social conditions, and disruption occurring at individual, family, community, cultural, institutional, or intergenerational levels. CIPI may be considered conceptually when climate-related experiences produce meaningful loss or impairment in one or more of its domains.

Possible consequences include persistent emotional distress, family conflict, weakened social cohesion, interruption of cultural traditions, displacement, unemployment, alteration of meaningful community roles, distrust of institutions, political disengagement, and reduced confidence in the future. These consequences are not inevitable. Social support, cultural continuity, trusted leadership, secure housing, livelihood protection, participatory governance, effective communication, and accessible health services can reduce injury and promote recovery.

5. Emotional and Psychological Well-Being

The emotional and psychological domain includes fear, grief, sadness, anger, guilt, anxiety, depressed mood, traumatic stress, sleep disturbances, cognitive overload, and feelings of helplessness. These responses may appear during an immediate emergency or emerge after repeated or prolonged climate-related exposures ([Clayton et al., 2017](#); [Hayes et al., 2018](#)).

Many climate-related emotional reactions are understandable responses to genuine danger and loss. They should not automatically be interpreted as mental disorders. Clinical assessment becomes important when distress is severe or persistent, interferes with daily functioning, or is associated with suicidal behavior, substance misuse, psychosis, or other significant risks. A CIPI-informed approach differentiates normal human suffering from psychiatric disorder while ensuring that individuals requiring specialized treatment are identified and supported.

6. Relational and Social Functioning

Climate emergencies may separate families, interrupt caregiving arrangements, increase household stress, weaken neighborhood networks, and generate conflict

over resources. Repeated displacement may disrupt the social relationships that provide emotional support, identity, protection, practical assistance, and collective meaning (Clayton et al., 2017; Inter-Agency Standing Committee, 2007).

Climate adversity can also stimulate solidarity and mutual assistance. Communities frequently organize shelters, food distribution, transportation, caregiving, and emotional support before formal assistance becomes available. Assessment should therefore examine both injury and protection. Attention should be given to people who have become isolated, relationships that have been disrupted, community groups that remain active, and networks capable of supporting long-term recovery.

7. Cultural Identity and Continuity

Cultural injury may occur when climate change restricts access to ancestral territories, sacred places, customary foods, traditional livelihoods, languages, ceremonies, and systems of intergenerational knowledge. These losses may be especially profound among Indigenous Peoples and other communities whose identities and ways of life are closely connected to particular landscapes and ecosystems (Cunsolo & Ellis, 2018; Intergovernmental Panel on Climate Change, 2022).

Culture should not be treated merely as a means of increasing community acceptance of externally designed interventions. Cultural traditions, collective memory, spirituality, customary governance, language, and local ecological knowledge may constitute essential foundations of mental health, social cohesion, and climate adaptation. Protecting cultural continuity is therefore a substantive psychosocial objective rather than an optional cultural accommodation.

8. Place and Ecological Connection

People develop emotional, cultural, historical, and spiritual relationships with places. Environmental destruction can consequently produce grief even when residents have not been physically displaced. Albrecht et al. (2007) introduced the concept of solastalgia to describe distress associated with the harmful transformation of a person's home environment while that individual remains in place. Cunsolo and Ellis (2018) described ecological grief as mourning associated with experienced or anticipated ecological losses.

Psychology CIPI incorporates these concepts but extends beyond them by examining how ecological and place-based losses interact with emotional health, cultural identity, relationships, livelihoods, institutional trust, and future orientation. The destruction of a forest, coastline, river, agricultural landscape, or neighborhood may simultaneously represent an environmental loss, a cultural rupture, an economic threat, and an injury to personal and collective identity.

9. Livelihood and Meaningful Roles

Climate change can eliminate employment, damage farms and fisheries, interrupt education, undermine caregiving responsibilities, and make traditional occupa-

tions unsustainable. These consequences are not exclusively economic. Employment, education, caregiving, and community responsibilities provide daily structure, identity, social recognition, purpose, competence, and dignity (Berry et al., 2010; Clayton et al., 2017).

Livelihood restoration should therefore be understood as a psychosocial as well as an economic intervention. Adaptation programs that provide income without considering dignity, cultural meaning, community participation, and continuity of valued roles may not adequately repair the injury. Effective programs should help people regain both material security and a meaningful place within family and community life.

10. Agency and Future Orientation

Agency refers to the perceived ability to make choices, influence decisions, obtain resources, solve problems, and act meaningfully. Climate-related losses can reduce confidence in personal action, community institutions, and governmental protection. Repeated warnings without credible adaptation measures may deepen fatalism, mistrust, and hopelessness.

Future orientation involves the capacity to make plans, sustain relationships, pursue education, invest in livelihoods, and imagine a safe and meaningful future. Restoring agency requires more than teaching individual coping techniques. It requires genuine participation, transparent communication, equitable access to resources, responsive institutions, and visible evidence that community decisions influence adaptation policies.

11. Interaction among the CIPI Domains

The six CIPI domains form an interconnected and dynamic system. Prolonged drought, for example, may reduce agricultural income and compromise food security. Livelihood loss can alter family roles, produce conflict, and increase emotional distress. If the drought also prevents ceremonial practices or damages ancestral land, cultural identity and ecological belonging may be weakened. An inadequate governmental response may then reduce institutional trust and confidence in the future.

Economic, cultural, ecological, and institutional disruptions can function as exposures when they directly generate psychosocial harm. They can function as mediators when they transmit the effects of environmental change, as moderators when they intensify or reduce other impacts, and as outcomes when they emerge from climate-related events. Injury within one domain may magnify injury within another, while recovery in one domain may create protective effects across several areas of life.

This reciprocal process differentiates CIPI from a simple model in which one environmental exposure produces one psychological outcome. The framework instead recognizes climate-related injury as a changing system of relationships among environmental conditions, human experience, social structures, institu-

tional responses, and cultural meaning.

12. Relationship to Existing Concepts

CIPi provides an organizing framework through which they can be connected.

Eco-anxiety generally refers to distress, concern, or apprehension related to ecological threats and climate change (Pihkala, 2020). Ecological grief emphasizes mourning for environmental losses, while solastalgia describes distress caused by the transformation of a valued home environment (Albrecht et al., 2007; Cunsolo & Ellis, 2018). CIPi encompasses these experiences while also addressing relational, cultural, economic, institutional, and agency-related consequences.

Social vulnerability describes the demographic, economic, political, historical, and institutional conditions that influence exposure and adaptive capacity. It primarily identifies the conditions that shape risk (Intergovernmental Panel on Climate Change, 2022). CIPi concerns the multidimensional injury that may result when climate risk becomes lived human experience.

Community resilience refers to the collective capacities through which communities prepare for, withstand, adapt to, and recover from adversity. Resilience can therefore function as a protective process or desired outcome, while CIPi describes harm that may require prevention, restoration, accommodation, or transformation.

Disaster recovery generally concerns the restoration or improvement of systems following a damaging event (Inter-Agency Standing Committee, 2007). CIPi can strengthen recovery planning by identifying what must be restored beyond infrastructure, economic activity, and public services. The social determinants of mental health provide a broader explanation of how living conditions influence mental health (Berry et al., 2010; Hayes et al., 2018). CIPi applies this understanding specifically to climate-related exposures, cumulative losses, and adaptation decisions. Psychology assistance intended to protect or promote psychosocial well-being and prevent or treat mental health conditions (Inter-Agency Standing Committee, 2007).

13. Integrating MHPSS into Climate Adaptation

MHPSS ranges from basic services and community support to focused psychosocial interventions and specialized clinical treatment. Its integration into climate adaptation requires coordinated action before, during, and after climate-related events.

The established MHPSS intervention pyramid offers a useful organizational structure (Inter-Agency Standing Committee, 2007). Its foundation consists of basic services and security, including safe shelter, food, water, health care, legal protection, family unity, accessible communication, and protection from violence. The next layer includes community and family supports, such as schools, mutual-aid networks, spiritual resources, cultural activities, family-strengthening programs, and community centers.

Focused, nonspecialized supports include psychological first aid, case manage-

ment, grief support, structured psychosocial interventions, and mental health care delivered through primary-care or community-based providers. Specialized services include evidence-informed assessment and treatment for people experiencing severe or persistent mental health conditions.

Climate adaptation should encompass all these layers. Specialized treatment alone cannot restore damaged livelihoods, cultural places, social relationships, ecological belonging, or institutional trust. Conversely, community interventions should not be used as substitutes for clinical services when individuals require specialized care.

14. Implementing a CIPI-Informed System

Implementation should begin with participatory governance. Governments and humanitarian organizations should establish multisectoral coordinating structures involving public health, mental health, emergency management, housing, education, social protection, environmental agencies, Indigenous authorities, community organizations, and people with lived experience. Participation must influence program priorities, resource allocation, and decision-making. Consultation without shared authority is insufficient.

Climate hazards should be mapped together with social vulnerabilities and protective resources. Assessments should include information on mental health services, informal support systems, livelihood dependence, housing conditions, displacement risks, cultural assets, ecological relationships, and barriers to assistance. Community mapping can identify trusted leaders, safe gathering locations, local knowledge, mutual-aid networks, and culturally appropriate forms of communication.

Baseline information should be collected before major events whenever possible. Assessment should examine psychological well-being, relationships, cultural continuity, place attachment, livelihoods, agency, and future orientation. Locally validated instruments should be combined with qualitative methods, participatory observation, and community narratives. These approaches may reveal injuries that conventional psychiatric symptom measures overlook.

MHPSS objectives should be incorporated into heat-action plans, evacuation systems, resilient-housing programs, livelihood diversification, coastal relocation, ecosystem restoration, food-security initiatives, and disaster preparedness ([World Health Organization, 2022](#)). Relevant psychosocial objectives may include preserving family unity, maintaining education, sustaining cultural practices, preventing isolation, restoring meaningful roles, strengthening trusted communication, and creating effective referral pathways.

Capacity development should extend beyond mental health professionals. Teachers, health workers, emergency personnel, traditional healers, faith leaders, agricultural workers, community organizers, and volunteers can be trained in supportive communication, psychological first aid, safeguarding, recognition of severe distress, and referral procedures. Training should be accompanied by su-

pervision, functioning services, clear referral mechanisms, and protection of responder well-being (*Inter-Agency Standing Committee, 2007*).

Programs should provide universal supports while directing additional resources toward populations facing greater exposure, social exclusion, or barriers to care. Clinical services should be coordinated with housing, livelihood, education, protection, cultural, environmental, and social-support programs. Long-term recovery should be monitored through indicators of psychological functioning, family connectedness, mutual assistance, cultural continuity, livelihood recovery, community participation, institutional trust, perceived efficacy, and confidence in the future.

15. Ethical and Equity Considerations

A CIPI-informed approach must avoid pathologizing communities experiencing environmental injustice. Distress may be an understandable response to displacement, ecosystem destruction, discrimination, livelihood loss, or institutional abandonment. Programs should not use the language of resilience to transfer responsibility from governments and institutions to people already bearing disproportionate burdens.

Cultural safety is essential. Indigenous and traditional knowledge should be respected as living systems of evidence, identity, spirituality, and governance. Such knowledge should not be extracted and presented as a symbolic addition to externally imposed interventions. Data ownership, informed consent, confidentiality, language access, community authority, and the protection of culturally sensitive knowledge should be addressed throughout the research and program cycle.

Climate justice is inseparable from psychosocial well-being. Populations that have contributed least to greenhouse-gas emissions frequently experience severe exposures while possessing fewer resources for adaptation. Equitable MHPSS must therefore address historical responsibility, political power, land rights, environmental racism, social exclusion, and access to adaptation financing (*Intergovernmental Panel on Climate Change, 2022, 2023*).

16. Research and Measurement Priorities

The CIPI framework requires empirical development before it can be used as a standardized assessment model. Research should refine operational definitions for each domain and develop culturally adaptable quantitative and qualitative indicators. Content validity should be established through collaboration with mental health professionals, climate scientists, community representatives, Indigenous knowledge holders, humanitarian practitioners, and people with lived experience.

Studies should examine reliability, dimensional structure, convergent validity, discriminant validity, predictive validity, and sensitivity to change. Longitudinal research is needed to distinguish immediate distress from cumulative and persistent injury. Research should also compare acute disasters, repeated events, anticipatory threats, and slow-onset environmental changes.

A single total score may conceal important differences. Two communities could receive similar overall scores while presenting substantially different patterns of injury. One may primarily experience emotional distress and social disruption, while another may face cultural loss, livelihood collapse, and diminished agency. A domain-based profile may therefore be more useful for planning interventions than a single numerical classification.

The framework should also be evaluated for its ability to improve practice. Research must determine whether CIPI-informed adaptation produces better outcomes than conventional approaches. Relevant outcomes include reduced distress, improved functioning, stronger social networks, restoration of meaningful roles, cultural continuity, increased trust, greater community participation, and renewed confidence in the future.

17. Policy Implications

A CIPI-informed policy agenda places psychosocial well-being at the center of climate adaptation. Governments should include psychosocial indicators in climate vulnerability assessments and allocate adaptation resources to community-based MHPSS. Health systems should develop plans for maintaining continuity of mental health care during climate emergencies, while disaster authorities should incorporate MHPSS into heat, wildfire, flood, drought, hurricane, and displacement protocols (Hayes et al., 2018; World Health Organization, 2022).

Policies should support culturally grounded and Indigenous-led adaptation. Psychosocial recovery should be linked with housing, education, livelihoods, ecosystem restoration, social protection, and community development. Surveillance systems should identify changing patterns of distress and functional impairment without transforming every understandable emotional response into a psychiatric disorder.

Institutional trust, human dignity, participation, cultural continuity, and hope should be treated as legitimate adaptation outcomes. Adaptation policies that protect infrastructure while fragmenting communities, eliminating traditional livelihoods, or excluding residents from decision-making may reduce physical exposure while producing additional psychosocial injury.

18. Discussion

Climate-related mental health interventions are frequently divided between clinical services directed toward individuals and resilience programs directed toward communities. This division does not adequately reflect human experience. Individuals live within families, cultures, economies, ecosystems, and political institutions. Psychological recovery remains difficult when people are displaced, socially isolated, deprived of meaningful work, excluded from decision-making, or separated from places central to their identities.

CIPI addresses this gap by conceptualizing climate-related harm as psychological and social, individual and collective, immediate and cumulative. It recognizes

psychiatric conditions without reducing all suffering to diagnosis. It acknowledges resilience without romanticizing adversity or neglecting structural responsibility. It incorporates ecological and cultural grief while connecting these experiences to economic conditions, community relationships, political power, and institutional accountability.

The framework also broadens the meaning of successful adaptation. An adaptation project may protect buildings or public infrastructure while producing psychosocial injury through involuntary relocation, cultural disruption, loss of community networks, or exclusion from decision-making. Programs that restore ecosystems, strengthen community leadership, protect cultural traditions, and create meaningful livelihoods may generate significant psychosocial benefits even when they are not formally classified as mental health interventions.

19. Conclusion

Climate change threatens more than physical safety. It can damage the relationships, identities, places, livelihoods, institutions, and expectations through which individuals and communities construct meaningful lives. Climate-Induced Psychosocial Injury provides a conceptual language for recognizing these interconnected forms of harm.

CIPi is not a psychiatric diagnosis and should not become a mechanism for labeling understandable human distress. It is a population-health and systems framework designed to connect clinical mental health care, community-based MHPSS, disaster-risk reduction, social protection, cultural continuity, environmental restoration, and climate adaptation.

Climate-resilient development must be evaluated not only by whether roads, buildings, health facilities, and public services withstand environmental hazards. It must also be judged by whether individuals, families, and communities retain dignity, belonging, cultural identity, meaningful roles, agency, social connection, and confidence in the future. Integrating mental health and psychosocial support into climate adaptation is therefore not an optional humanitarian addition. It is an essential component of equitable, culturally responsive, and sustainable climate action.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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