

Crisis in the air: the mental health implications of the 2023 Canadian wildfires



Early June 2023 was marked by an unprecedented disaster: wildfire smoke emanating from Quebec (Canada) spread throughout the northeastern USA. Public health advisories recommended staying indoors and cancelling activities. Familiar landmarks—the Empire State Building and the White House—were obscured by smoke. These images were proliferated by the media, amplifying the global reach of the disaster in public awareness.

Direct and media-based exposure to the wildfire smoke is a metaphor for the sweeping impact of climate change. The effects of localised exposures, including acute weather events and chronic ecosystem change, cross international borders, contribute to mass migration, compromise supply chains, disrupt agriculture and access to clean water, and increase physical health morbidity and mortality.¹ Even people who were relatively unscathed by the direct impact of the wildfires face unrelenting reminders of climate change and its existential threat through the media.

This so-called crisis in the air threatens physical and mental health. Robust research links extreme weather events to psychiatric symptoms.² Crisis-related media exposure, particularly graphic images of human suffering, carries moderate, yet increasing, mental health risks.³ Increasing anxiety, particularly among young adults,⁴ has increased attention to non-clinical manifestations of distress, including climate anxiety, commonly reported among youth.⁵

The transnational effects of environmental change on mental health requires an urgent, co-ordinated global effort. Action is needed at the individual, family, community, and policy level. Contextual factors, including education, community norms, family engagement, and sociopolitical constraints, can facilitate or create barriers to ecoconscious behaviours and political action. Our research suggests acting within the community context buffers associations between climate change anxiety and depression,⁶ suggesting activism and resulting social relationships might prevent climate change concerns from evolving into hopelessness and despair, while sustaining much needed action. Direct and media-based exposure to climate-related

disasters can motivate engagement in protective and pro-environmental behaviour if anxiety and concern are channelled into action,⁷ rather than climate despair and defeatism.

Social determinants might hinder protective action, exacerbating stress: unhoused individuals or those in housing with poor ventilation or ineffective cooling systems are particularly susceptible, with few opportunities to engage in mitigation strategies. Thus, individuals with adequate resources and positions of power must channel concern about and exposure to crises into positive action. For example, during catastrophic wildfires, doctors treating smoke-related symptoms must delicately and compassionately emphasize to their patients that climate change exacerbates wildfire-related health impacts through broader geographical reach and increased frequency, severity, and toxicity of wildfires. Importantly, clinicians, public health professionals, and the media must convey crisis severity in a non-sensationalised, politically neutral, and accurate manner, inspiring action without exacerbating distress. The burden of climate-change mitigation should not be externalised to regions with disproportionately small contributions. Instead, we should recognize that high-income countries, with high consumption, have the means and responsibility to mitigate climate change. If strategically managed, this so-called crisis in the air can translate into positive action for change.

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