Mental Wellness and Resilience Policy

An Urgently Needed New Vision and Approach to Prevent and Heal Mental Health and Psychosocial Problems Generated by Human-Caused and Natural Disasters, Emergencies, and Cascading Social, Economic, and Ecological Disruptions

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An Urgently Needed New Vision and Approach to Prevent and Heal Mental Health and Psychosocial Problems Generated by Human-Caused and Natural Disasters, Emergencies, and Cascading Social, Economic, and Ecological Disruptions

Overview

Climate science indicates that global temperatures will, in the not too distant future, rise above the threshold that greatly accelerates destructive climate impacts. The more frequent and extreme disasters that result will be coupled with surprisingly abrupt collapses and continuous cascading disruptions to ecological, social, and economic systems people rely on for food, water, jobs, incomes, health, safety, and other basic needs. These adversities will produce numerous social and economic emergencies that generate individual and collective traumas on a scale modern society has never experienced.

The U.S. is unprepared for these emergencies. If we remain so, the harmful psychological, emotional, and behavioral reactions will threaten the health, safety, and wellbeing of individuals, families, and communities everywhere. They will also increase physical health problems, drive up demand for and the costs of health care, and undermine local businesses and the economy. And, the harmful human reactions will activate defensive reactions that hinder efforts to cut emissions and reduce the climate emergency to manageable levels. New thinking and approaches are urgently needed to 'future-proof' psychological, emotional, and behavioral wellbeing.

The ITRC policy calls for the establishment of multisystemic community-centered initiatives nationwide to build and sustain the capacity for mental wellness and resilience within the entire population for climate disasters and toxic stress pileups. In specific, the ITRC policy requires Congress to direct SAHMSA to distribute $6 billion in Block Grants to the states to support community-based population-level mental wellness and resilience building initiatives. The ITRC policy also calls for states and local communities to enact similar policies.

The information, skills, and methods involved with building population-level mental wellness and resilience were developed for non-climate related traumas. Implementation of the ITRC Mental Wellness and Resilience Policy will thus prevent and heal a wide range of mental health and psychosocial problems resulting from human-caused emergencies like community violence and non-climate related natural disasters such as earthquakes, tsunamis, and harmful reactions to the Covid-19 Pandemic.

Climate Change Mental Wellness and Resilience Policy

An Urgently Needed New Vision and Approach to Prevent and Heal Mental Health and Psychosocial Problems Generated by Human-Caused and Natural Disasters, Emergencies, and Cascading Social, Economic, and Ecological Disruptions

Executive Summary

Why the Need for a New Climate Change Mental Wellness and Resilience Policy?

Climate science indicates that global temperatures will, in the not too distant future, rise above the 2.7-degree temperature threshold that unleashes civilization-changing impacts. The COVID-19 Pandemic offers a tiny glimpse of the consequences. Like the pandemic, the climate emergency will cause abrupt surprising collapses and continuous cascading disruptions to the ecological, social, and economic systems people rely on for food, water, jobs, incomes, shelter, health, safety, and other basic needs. Unlike the pandemic, however, the climate emergency will also produce more frequent and extreme storms, wildfires, heatwaves, floods, droughts, storm surges, and other acute disasters. The acute traumas and persistent overwhelming--or toxic--stress pileups generated by these impacts will be severe. And while the pandemic will end, the adversities generated by the climate emergency will continue for decades or more, meaning there will be no resolution, fix, or closure to the adversities people experience that give them time to recover.

The U.S. public is unprepared for the psychological and emotional toll generated by accelerating disasters, emergencies, and pileups of toxic stresses. If we remain so, millions of people will experience severe anxiety, depression, PTSD, complicated grief, hopelessness, and other mental health problems that cause them to harm themselves with maladaptive coping behaviors such as social withdrawal, emotional numbing, alcohol or drug abuse, and more. Psychosocial problems will also skyrocket as people turn their distress outward and abuse their children or spouses, intensify racism, sexism, and other systemic oppressions, or become aggressive or violent toward others.

The accelerating individual and collective climate traumas will also aggravate existing physical health problems and generate new ones such as heart disease, diabetes, and more, which will increase demand for and the costs of health care. They will also harm businesses and the economy. Further, because traumatized people tend to retreat in a self-protective survival mode, left unaddressed, the harmful reactions will activate a vicious cycle where individual and collective traumas activate defensive reactions that block society's capacity to slash emissions and reduce the climate emergency--and many other problems--to manageable levels.

Individually-focused therapy, direct social service, and disaster mental health programs, while important, cannot help entire populations prepare for or prevent the coming tsunami of mental health and psychosocial problems. Nor can they heal the millions of people that will experience individual and collective traumas. New thinking and new approaches are urgently needed to 'future-proof' psychological, emotional, and behavioral wellbeing.

Multisystemic Community-Centered Population-Level Mental Wellness and Resilience Building Initiatives Are Urgently Needed

When major psychological and emotional distresses are caused by external factors such as climate disasters and toxic stress pileups, it is essential to look beyond treating individual symptoms and psychopathology to prioritize enhancing personal, family, group, organizational, and community resilience that works against those externally-generated stressors.[1] For example, maintaining personal connections and support are typically far more important than therapy in helping people remain healthy and resilient during significant distress, and these connections are typically made by family, friends, or other community members, not clinicians.

To prevent and heal climate-generated individual and collective traumas, prevention-focused, multisystemic community-centered initiatives are needed to foster and support these, and many other types of non-clinical mental wellness and resilience skills and methods within entire populations.

When such skills are sufficiently widely disseminated within a community, their impact is comparable to that of vaccines in establishing herd immunity from infections. In this case, they serve to increase personal and collective resilience that reduce the risks of rising mental health and psychosocial problems and help heal those that do occur. The number of people who experience the type of disorders that require clinical treatment will be dramatically reduced, as will the demand on and costs of mental and physical health care.

Elements of Community-Based Population-Level Mental Wellness and Resilience Initiatives

Numerous successful community-based mental wellness and resilience building initiatives exist in urban and rural communities in the U.S. and globally. The key elements of these initiatives were woven together to form the ITRC policy proposal.

Examination of the initiatives indicates that the enabling infrastructure of success is the formation of a Resilience Coordinating Council (RCC). RCCs should be formed in every community or region nationwide. The goal is to bring the entire system together--people representing every population and sector of the community-- to co-create, implement, and continually improve innovative age and culturally-appropriate actions to build and sustain mental wellness and resilience during the climate emergency. In their own locally-tailored ways, RCCs should focus on: teaching trauma-informed mental wellness and resilience information and skills to all adults and youth; repairing and building individual, family, and community strengths; establishing and connecting quality social support networks across economic and geographic boundaries; and constructing a local culture that enables residents to safely overcome climate and other adversities and find new meaning, purpose, and hope.

Community-Centered Mental Wellness and Resilience Initiatives Will Prevent and Heal Many Personal and Social Problems Beyond Climate Disruption

The tools and methods involved with building mental wellness and resilience were developed for non-climate change generated traumas and toxic stresses. The ITRC approach will therefore help prevent and heal a wide range of mental health and psychosocial problems resulting from human-caused disasters such as school shootings or community violence, as well as non-climate related emergencies like earthquakes, tsunamis, and adverse reactions to the Covid-19 Pandemic.

The ITRC Policy Calls for the Following Federal, State, and Local Legislative Actions

- *Congress Should Enact the Mental Wellness and Resilience Act* (MWRA) that calls for Resilience Coordinating Councils to be organized in communities or regions nationwide to foster and support population-level mental wellness and resilience. As part of the MWRA, Congress should allocate $6 Billion to SAMHSA to distribute as Block Grants to the states specifically to fund and support initiatives that meet the criteria.

- States and local governments should enact similar *Mental Wellness and Resilience Acts* and establish their own locally-tailored funding mechanisms.

- The MWRA will direct the U.S. Department of Health and Human Services (HHS) to establish an *Office of Community-based Population-Level Mental Wellness and Resilience* (OCMPWR).

- States, regions, and local government should establish their own *Office of Community-based Population-Level Mental Wellness and Resilience*.

- The HHS OCMWR should establish community-based population-level mental wellness and resilience '*Learning Labs'* to educate and train practitioners in how to facilitate RCCs.

- States and regions should establish their own '*Learning Labs'* and coordinate their activities with the federal learning labs.

- The HHS OCMWR should establish a network of community-based population-level mental wellness and resilience initiative *Coordinators* to oversee implementation of RCCs nationwide*.*

- States and regions should establish their own networks of mental wellness and resilience initative *Coordinators*.

- The HHS OCMWR should establish regional and national '*Knowledge Exchanges'* and '*Resource Libraries'* to enable community-based programs to share information, tools, and research, and continually learn from each other.

- States and regions should consider establishing their own '*Knowledge Exchanges'* and '*Resource Libraries.'*.

The ITRC believes the combination of these legislative actions will strengthen existing and help launch, support, and continually improve new community-centered population-level mental wellness and resilience building initiatives nationwide. The ITRC strongly encourages Congress and every state and local government to quickly enact this policy.

International Transformational Resilience Coalition
Building Human Resilience for Climate Change

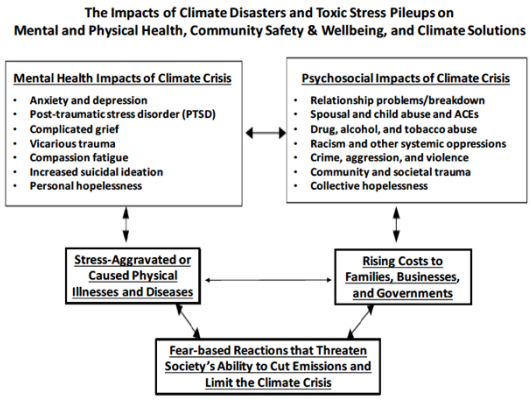
The ITRC Climate Change Mental Wellness and Resilience Policy

An Urgently Needed New Vision and Approach to Prevent and Heal Mental Health and Psychosocial Problems Generated by Climate Change--and Many Other--Cascading Ecological, Social, and Economic Traumas & Stresses

Detailed Description

Climate science indicates that global temperatures will, in the not too distant future, rise above the 2.7-degree F. temperature threshold that unleashes civilization-changing impacts. The COVID 19 Pandemic offers a tiny glimpse of the consequences. Like the pandemic, the climate emergency will cause surprisingly abrupt collapses and continuous cascading disruptions to the ecological, social, and economic systems people rely on for food, water, jobs, incomes, shelter, health, safety, and other basic needs. These disruptions will produce continuous pileups of persistent overwhelming--or toxic--stresses that affect everyone. Unlike the pandemic, however, the continual toxic stress pileups will be intermixed with more frequent and extreme storms, wildfires, heatwaves, floods, droughts, storm surges, and other disasters that can traumatize or severely stress 20-50% of the affected population.[2]

Americans are unprepared for the psychological and emotional toll generated by repetitive climate disasters and toxic stress pileups. If we remain so, millions will experience severe anxiety, depression, PTSD, hopelessness, and other mental health problems that cause them to harm themselves by adopting maladaptive coping mechanisms such as social withdrawal, alcohol or drug abuse, and more. Psychosocial problems will also skyrocket as many people turn their distress outward and abuse their children or spouses, intensify racism, sexism and other forms of systemic oppressions, or become aggressive or violent toward others.



The individual and collective traumas will also aggravate many existing physical health problems and generate new ones such as heart disease, diabetes, and more, which will increase demand for and the costs of health care. They will also undermine local businesses and the economy. Further, because traumatized people tend to retreat in a self-protective survival mode, left unaddressed, the harmful reactions will activate a vicious cycle where mental health and psychosocial problems hinder our nation's capacity to slash emissions and reduce the climate emergency to manageable levels, which will lead to more individual and collective traumas.

The Climate Emergency Requires Us to Redefine Mental Health and Psychosocial Problems

Climate disasters and toxic stress pileups will continue for decades or longer. This means personal, family, and community traumas will be ongoing and have no resolution, fix, or

closure. As the climate emergency worsens, millions of people will consequently show signs of anxiety, depression, grief, anger and more. However, these will be *normal* reactions to dysfunctional external conditions, not necessarily symptoms of psychological disorders. Rather than pathologizing people, it will be essential to realize that these are natural reactions. This will require a new outlook of what constitutes mental health and psychosocial problems.

The Climate Emergency Requires Us to Redefine How to Prevent and Heal Mental Health and Psychosocial Problems

Our behavioral health system was designed to assist people after single-event disasters that end and gave them time to recover. While important, single-person therapy and direct service programs only reach a small number of people and will not be able to assist the millions that are traumatized by continuous climate disasters and toxic stress pileups. In addition, many people won't engage in clinical therapy because they see it as only for the mentally impaired or weak, as a luxury for the rich, conflicting with religious or spiritual beliefs, or fear being stigmatized if they become involved. Equally important, these programs treat problems only after they appear rather than prevent them in the first place. Further, they cannot catalyze the changes in cultural norms and practices that are often needed to encourage people to adopt safe, healthy and just responses to adversities.[3] And, they do not build the group and community strengths required to prevent and heal individual and collective traumas. [4]

These factors underscore that our current approaches to mental and behavioral health were set up for different conditions and cannot prevent or heal the mass individual and collective traumas that lie ahead. New thinking and new approaches are urgently needed to 'future-proof' psychological, emotional, and behavioral wellness and resilience during the climate emergency.

A New Approach Is Urgently Needed to Foster and Sustain Mental Wellness and Resilience

When serious psychological and emotional distress is caused by external factors like climate disasters and toxic stress pileups, it is essential to look beyond treating symptoms of pathology and focus on enhancing resilience to push back against those externally-generated traumatic stressors. For example, personal connections and support are typically far more important than therapy in helping people remain healthy and resilient during significant distress, and these connections are typically made by family, friends, and neighbors, not clinicians.

Because *everyone* will be severely impacted by the long climate emergency, it is essential to help the entire population enhance their capacity for mental wellness and resilience, with a special emphasis on marginalized and at-risk individuals and groups. To build population-level resilience, community-centered initiatives are needed.[5]

What Does It Mean to Build and Sustain Mental Wellness and Resilience?

People defined mental health in different ways. For some, it is the absence of mental illness. This view connects it with an individual's need for clinical treatment when they are distressed. Others see positive meaning in the term 'health', but still associate it with mental illness.

The World Health Organization emphasizes that mental health is “more than just the absence of mental disorders or disabilities.” It defines it as "a state of wellbeing in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community." [6] Building on the WHO's definition, the ITRC policy uses the term 'Mental Wellness' to emphasize both 'feeling good' and 'functioning well.' [7]

What then do we mean by 'resilience'? Some psychologists define it as 'bouncing back' from "adversity, trauma, tragedy, threats, or significant sources of stress." [8] This definition assumes that conditions will be similar after climate disasters and toxic stress pileups to what they were beforehand. As the climate emergency worsens, however, this will not be the case. Bouncing back to previous conditions will not be possible. In addition, marginalized individuals and groups, people who experience ongoing racism, sexism, and other systemic oppressions, and others who are severely traumatized or severely stressed don't want to return to their previous conditions. They want to increase their sense of wellbeing substantially above prior levels. And, in many cases, our previous ways of living contributed to the climate emergency, so bouncing back to what was the status quo can make conditions worse.

Rather than bouncing back, resilience in the midst of the long climate emergency requires that people use adversities as transformational catalysts to change personal, social, community, and ecological conditions in ways that actually increase wellbeing substantially *above* previous levels. In psychology this is often called 'trauma-induced growth' or 'adversity-based growth.' [9]

The term 'resilience' in the ITRC policy therefore refers to 'Transformational Resilience.' By this we mean that constructive outcomes can emerge from the struggle with climate adversities. In specific, Transformational Resilience is "The ability to constructively cope with climate and other adversities and use them as catalysts to learn, grow, and increase personal, social, and ecological wellbeing substantially above pre-crisis levels." [10]

The Psychological, Emotional, and Behavioral Effects of Acute Traumas and Stress Pileups

Most humans have a natural capacity for resilience. When we sense a threat, our brain automatically releases the neurochemicals cortisol and adrenaline into our body to prepare us to fight back or flee the scene. If the rush of these "stress hormones" is overwhelming, we can freeze. These are built-in survival reactions that enable our resilience for adversities. You *should* feel stressed when facing threating situations because the "fear and alarm center" of your brain (the amygdala) has revved up your body and mind to enable you to defend yourself. Most people are able to release the hyperarousal generated by this survival response after the threat ends, they find ways to cope with it, or determine it was a false alarm. This enables resiliency.

However, climate-generated traumatic events and toxic stress pileups can cause people to get frozen in constant fight, flight, or freeze reactions. [11] This impedes their resilience by causing them to become stuck in what the Trauma Resource Institute calls a 'high zone' where they are

constantly wound up, manically worried about the past or future, edgy, or angry, or frozen in a 'low zone' where they are always sad, depressed, numb, or disconnected from reality.[12]

Being Stuck in a 'High' or 'Low' Zone Can Generate Mental Health and Psychosocial Problems

It is when we are perpetually stuck in a 'high' or 'low' zone that many mental health and psychosocial problems emerge. Research and experience shows that the individual mental health problems resulting from acute climate disasters and/or persistent toxic stress pileups can include severe anxiety, depression, post-traumatic stress disorder (PTSD), complicated grief, increased suicidal ideation, and other problems. An individual who experiences these problems can adversely affect other people. When this occurs the behaviors become 'psychosocial' problems. The psychosocial problems resulting from climate impacts can include alcohol and drug misuse, spousal and child abuse, increased aggression, crime, violence, and other behaviors that adversely affect the health, safety, and wellbeing of individuals, families, and entire communities. [13]

The Climate Emergency Will Generate Both Individual and Collective Traumas That Can Only Be Addressed Through Population-Level Prevention and Healing

Left unaddressed, the acute disasters and toxic stress pileups generated by climate disruption will cause millions of people to be perpetually frozen in a 'high' or 'low' zone. These reactions will produce widespread individual and collective traumas. Sociologist Kai Erickson defined individual trauma as "a blow to the psyche that breaks through one's defenses so suddenly and with such brutal force that one cannot react to it effectively... As so often happens in catastrophes...(people) withdraw into themselves, feeling numbed, afraid, vulnerable, and very alone." [14] Erickson defined collective trauma as "a blow to the basic tissue of social life that damages the bonds attaching people together and impairs their prevailing sense of community... (it is) a gradual realization that the community no longer exists as an effective source of support and that an important part of the self has disappeared." [15]

Collective traumas can lead to "increases in both structural and individual violence, the inability to react to patterns of threat and and opportunities, and cycles of social fragmentation." [16] As the current Covid-19 Pandemic has shown, large scale catastrophes can also expose and intensify problems like racism and other forms of discrimination, social and economic inequalities, and religious and political divides. These events can cause relationship breakdowns within families and between the social groups people interact with and their community. In short, collective traumas can disrupt relationships at all levels of human systems. [17]

Focusing only on treating individuals with symptoms of pathology during the climate emergency ignores the harmful impacts on family, group, organizational, and community relationships, which are often far more troubling and can lead to even more individual and collective traumas. Effective responses require collective prevention that mobilize the capacity for resilience within all all adults and youth in a community.[18] For this reason, just as almost everyone in the U.S. learns to read and write, *everyone* should now learn mental wellness and resilience skills. This requires building population-level mental wellness and resilience.

The Climate Crisis Will Also Generate Significant Hopelessness and Spiritual Distress

As seen in regions of the world hit earliest by severe climate disasters and toxic stress pileups, the resulting individual and collective traumas can lead people to feel they no longer have a safe place to retreat to within or outside themselves. Many also conclude that nothing they do can stop destructive climate change-generated impacts. These feelings shatter the deeply held assumptions people hold that the world is a safe, orderly, and manageable place. They can also lead to a crisis of faith--where they feel abandoned by their God--and/or a crisis of spirit, where they experience a prolonged state of meaninglessness and hopelessness.

Meaning and hope are interconnected: unless people find some hope in the midst of the climate emergency they will find no meaning in life, but without meaning they will not discover new hope. [19] The loss of either can be debilitating because the belief that nothing matters and there is no hope for a better future can cause people to harm themselves, others, or damage the natural environment, which circles back to produce more meaninglessness and hopelessness. Thus, the ITRC policy often uses the term 'psycho-social-spiritual' to describe the full range of harmful impacts generated by the climate emergency, and to emphasis the need to help individuals and groups strengthen, rebuild, and sustain their sense of meaning, spirit, and hope.

Individual and Collective Traumas Will Undermine Local Businesses and the Economy

The individual and collective traumas generated by the climate emergency will significantly affect local businesses and the economy as a whole. This will occur, for example, when employees miss work or are unable to perform their jobs adequately because they are traumatized by a disaster, are severely stressed due to the injured or loss of family members or close friends, must devote their time and energy to repairing existing or finding new living quarters, lose their sense of community, or face other traumatic stresses.

Climate disasters and toxic stress pileups will also interfere with supply chains and negatively affect customers and sales, which can add to employee stress due to concerns about the capacity of a business to operate and maintain employment. In addition, climate impacts can increase the costs of health care costs for private firms. For these and other reasons, private firms will benefit by actively engaging in community-based mental wellness and resilience building initiatives to benefit their employees, clients, customers, and stakeholders.

Enhancing Capacity for Mental Wellness and Resilience *Before* the Climate Emergency Worsens Is Essential

If people have enhanced their capacity for mental wellness and resilience before climate disruption worsens, they will have much greater capacity to safely overcome distressing experiences and find meaning, purpose, and hope during the long emergency. For example, if people know safe, healthy, and just ways to calm their body, mind, and emotions, they will be able to see conditions clearly, and make good decisions about how to respond in the midst of an emergency. If they have developed close ties with family and friends, and have connections

with other social support networks, they will be able to find emotional support and practical assistance, learn where to get needed food, water, or other essential resources, and obtain other forms of assistance during disasters. If they know the importance of using adversities as a transformational catalyst to increase personal, social, and ecological wellbeing far above previous levels, they are more likely to commit themselves to pro-social actions like helping other people, animals, or nature during climate disasters and toxic stress pileups.

Building Widespread Capacity for Mental Wellness and Resilience Will Prevent and Heal a Wide Range of Problems Beyond Climate Traumas

The information and methods that help people enhance their capacity for mental wellness and resilience were not developed specifically for climate disruption. They were created to assist people with many other types of traumatic stresses. Building population-level capacity for mental wellness and resilience will therefore help prevent and heal mental health and psycho-social-spiritual problems resulting from many types of human-caused disasters such as Adverse Childhood Experiences (ACEs), community violence, and drug and alcohol abuse, as well as non-climate related disasters such as earthquakes, tsunamis, and pandemics. Making mental wellness and resilience education and skills-training universal will thus help prevent and heal many individual and collective traumas generated by many types of adversities.

A Multisystemic Community-Centered Approach is Needed to Build and Sustain Population-Level Mental Wellness and Resilience

A multisystemic community-centered approach is needed to help the entire population build and sustain mental wellness and resilience during the long climate emergency. By multisystemic we mean that initiatives must simultaneously address numerous factors that influence individual and collective resilience such as: individual biological and psychological needs, responses, and beliefs systems; relationship issues among families, friends, neighbors, and community leaders; the availability of social and economic resources; individual and group social narratives, communication patterns, and problem-solving mechanisms; adult and youth educational opportunities; organizational practices and policies; and public policies.[20]

The enabling infrastructure of this approach is the formation of a 'Resilience Coordinating Council' (RCC). (Note: other titles can be used that resonate locally). Its purpose is to bring the entire system together--people representing every population and sector of the community--to co-create, implement, and continually improve innovative place-based actions to build and sustain mental wellness and resilience during the long climate emergency.

The Formation of RCCs Will Offer Communities Numerous Benefits Such As:

- Creating the critical mass of individuals, groups, and organizations needed to build population-level mental wellness and resilience within communities or regions.
- Simultaneously accomplishing a much broad range of goals than any single individual or organization can achieve working on their own.
- Building ongoing communications, collaboration, and trust among diverse organizations and

individuals that makes planning for and responding to acute disasters and toxic stress pileups more efficient and effective.

- Enabling early identification and advocacy with a unified voice to prevent inequalities and injustices, such as when marginalized populations or neighborhoods face food or water shortages, or the threat of power outages during disasters that do not affect other people.
- Reducing the prevalence of squandered resources that results from overlapping or siloed services, competition for funding, and tensions over ownership of models and programs.
- Enabling the community to plan for and respond in equitable and just ways to potential future climate-generated problems such as food, water, or power shortages, job and income losses, in-migration by climate refugees, neighborhoods left in ruins after a disaster, exodus of health professionals, and other issues.
- Preventing and healing mental health and psycho-social-spiritual problems resulting from human-caused emergencies such as high levels of Adverse Childhood Experiences (ACEs), community violence, and more, and non-climate related disasters such as pandemics, earthquakes, and tsunamis.
- Reducing the demand on mental health clinicians and direct service programs, which will enable them to focus their limited resources on people with severe disorders.
- Reducing the need for government support, including the cost of mental and physical health care, family support programs, and other social services.

Key Elements of Fostering and Sustaining Population-Level Mental Wellness and Resilience

The unique past and ongoing experiences of each individual, family, and community means there is no one-size-fits-all approach to building mental wellness and resilience. Individuals and groups respond to adversity in different ways, and they will resonate with different approaches for enhancing personal and collective resilience. However, research shows that three interlinked factors play significant roles in fostering mental wellness and resilience during disasters and other emergency situations:[21]

- Simple self-regulation skills
- Having a purpose that provides meaning and hope
- Having quality connections and social support networks

Developing Simple Self-Regulation Skills

Teaching people simple information and skills to regulate their nervous system and calm their body, mind, and emotions when stressed helps them get unstuck and move out of a 'high' or 'low' zone back to a place where they can feel and function well and make good decisions. This can be called 'Presencing'--or self-regulation--because it involves bringing the self back to the present moment (Note: Resilience Coordinating Councils should use a term for Presencing that resonates locally).

Presencing can be achieved by normalizing the feelings people experience by giving them basic information about how trauma and stress pileups can affect their body, mind, and emotions (often called becoming "trauma-informed"). It can also be achieved by teaching a range of

simple age, demographically, and culturally appropriate body-based, breath-based, or mindfulness skills, encouraging people to be physically active, or use singing, dancing, art, caring for animals or nature, spiritual devotion, altering thought patterns such as catastrophizing and blaming, and other methods to calm the body, mind, and emotions. A Resilience Coordinating Council can help build the capacity for Presencing among local residents through public education campaigns, training workshops, teaching the skills to neighborhood residents, and other means.

Engaging in a Purpose that Provides Meaning, Direction, and Hope

Presencing is essential, but insufficient, to build and sustain mental wellness and resilience during the climate emergency. That's because, as discussed, climate disasters and the continuous pileups of toxic stresses can cause people to lose meaning, spirit, and hope.

What can be called "Purposing" is a powerful way to help people overcome the loss of meaning, spirit, and hope (note: Resilience Coordinating Councils should use a term for Purposing that resonates locally). It can be achieved by teaching people simple age and culturally appropriate methods to turn toward and learn about the world and self during adversities, clarify the core values they want to live by, and deliberately engaging in activities that offer meaning, direction, and hope during climate adversities. [22]

Purposeful action is most rewarding when it focuses on pro-social activities and is not so overly challenging or complex that it produces immobility. Finding creative ways to help others, care for animals, and/or restore the natural environment in the midst of ongoing climate hardships are among the most powerful ways to achieve this. These types of pro-social activities enable people to reexamine their old assumptions about safety, responsibility, and manageability and develop new beliefs about the world and self that rebuild their inner world and establish new meaning in life. [23] Engaging in these types of pro-social behaviors is also important to help reduce the climate emergency--and many other social, economic, and ecological problems--to manageable levels. As with Presencing, a Resilience Coordinating Council can help local residents find a Purpose in life through public education campaigns, training workshops, role modeling, and other methods.

Building and Sustaining Quality Social Support Networks

Building and maintaining quality relationships with family and friends is integral to both Presencing and Purposing. Both the availability and perception of family and friends that can provide unconditional emotional support, practical assistance, and a sense of safety that help calm the body, mind, and emotions, which is essential to engage in activities that offer meaning, purpose, and hope in adversities. Connecting your personal social support network with other similar networks in the community is also important because the people you know are usually much more relevant than first responders in providing emotional support, practical assistance, and safety during acute disasters and recurring emergencies. A Resilience Coordinating Council can help residents build and connect social support networks by assisting neighborhood groups host block parties where residents meet, and many other ways.

The combination of self-regulation skills, finding a purpose, and maintaining quality social support networks forms a potent antidote to the constant distress and loss of meaning, spirit, and hope generated by the climate emergency.

Social Networks are also Key to Changing Unhealthy Cultural Norms and Building Strengths

The psychological and emotional wellbeing and resilience or individuals, families, and groups is heavily influenced by the cultural norms and practices of the groups they associate with. Resilience Coordinating Councils can educate and mobilize social networks in the community to identify and change cultural norms and practices that promote unhealthy, unsafe, and unjust responses to adversity. [24]

Culture encompasses what a particular group sees as important and valuable, the beliefs they use to interpret experience, and their shared expectations, standards, and rules of acceptable and expected behaviors. Most people are not cognizant of the culture in which they live. It is 'just the way things are around here.' But the culture can be seen in the local language, religion, food, music, art, social habits, social pressures, and explicit rules. [25]

In some families, groups, and communities, cultural norms promote unsafe, unhealthy, and unjust ways to respond to adversity. For example, people might believe drinking excessive amounts of alcohol or using drugs is a culturally acceptable way of handling stress. Parents might believe that culture norms endorse striking or threatening their child, or using excessive physical restraints when they fail to follow their directives. Or, cultural norms might support racism, sexism, and other forms of system oppression. These types of cultural norms undermine the capacity for mental wellness and resilience. The active involvement of the social networks of a community is essential to recognize harmful cultural norms and promote new ones that foster healthy, safe, and just responses to climate and other adversities.

Developing self-regulation skills, finding a purpose, and building quality social networks also requires acknowledging, or rediscovering and mobilizing, strengths that exist within individuals, families, groups, and the community. These can include their history of overcoming past adversities, the skills, knowledge, and wisdom of residents, the social support networks that exist, the positive influence of civic, voluntary, faith-based, and other organizations, aspects of the physical infrastructure that connect people and nature, and other resources. Resilience Coordinating Councils can help social networks learn how to identify and utilize these strengths, and develop and bolster new ones, to build and sustain mental wellness and resilience.

The Role of Single-Patient Clinical Therapy in Community-based Population-Level Initiatives

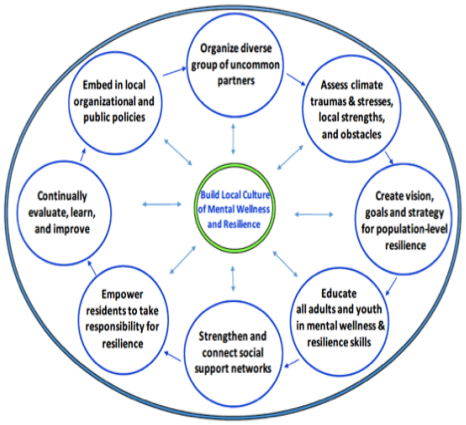
For decades single-person therapy has been the primary approach used to address mental health problems, and most of private and public funding goes to support this work. However, the first line of defense in climate disasters and toxic stress pileup emergencies must be to help people utilize simple self-regulation skills, find a purpose and hope, and connecting and strengthening social support networks that have been disrupted by a disaster. These actions

will help most people calm their body, minds, and emotions sufficiently to make wise and skillful decisions about how to respond. Individually-focused treatments should be reserved only for people who, after engaging in community-based mental wellness and resilience building activities, still cannot function or are at risk of harming themselves or others. The majority of mental health and psycho-social support funds allocated for emergencies should also be directed to support community-based population level work, not single-patient therapy.

The 'Wheel of Change' for Building Population-Level Mental Wellness and Resilience

The "Wheel of Change" below describes the interconnected elements involved with building a local culture of mental wellness and resilience for climate (and other) traumas and toxic stresses. The elements are described in detail in the pages that follow.

The 'Wheel of Change' for Building Community Mental Wellness and Resilience for the Climate Emergency



The Development of the ITRC Mental Wellness and Resilience Policy

The ITRC policy is the outcome of extensive research and interviews by the International Transformational Resilience Coalition (ITRC) into: a) Federal, state, and personal, family, and community mental wellness and resilience building and disaster response policies and initiatives in urban and rural communities across the U.S. [26] ; b) International family, community, and disaster resilience approaches and policies [27]; and c) The ITRC's work building individual and collective capacity for Transformational Resilience. [28]

The ITRC research identified *many* successful domestic and international community-based approaches to building mental wellness and resilience. However, almost none are focused on preparing for the more frequent and extreme disasters and accelerating pileups of toxic stresses generated by the climate emergency. We therefore took the key elements of the programs and policies we reviewed and wove them together to form the ITRC policy. Members of a 20-person team the ITRC organized composed of mental wellness and resilience professionals from the U.S., Canada, and the EU then offered recommendations, helped refine, and edit the policy.

Although the elements that follow have been implemented in various forms in communities worldwide, few localities have enacted the complete package, and as previously stated, almost none have applied the approach to prepare for the acute disasters and continuous toxic stresses generated by climate emergency. The ITRC policy therefore builds on existing community-based initiatives, while at the same time breaking new ground in the community resilience, mental health, disaster management, climate change, and related fields.

ITRC Climate Change Mental Wellness and Resilience Policy

WEREAS, BECAUSE:

- Average global temperatures will, in the not too distant future, rise above the 2.7 degree Fahrenheit temperature threshold that for decades or longer will generate more frequent and extreme storms, wildfires, sea level rise and storm surges, heat waves, droughts, and other disasters, as well as surprisingly abrupt and continuous disruptions to the ecological, social, and economic systems people rely on for food, water, jobs, income, health, safety, and other basic needs;
- Both the physical damage, injuries, deaths, and financial impacts of climate-generated disasters, and the persistent severe (toxic) stress pileups resulting from the ongoing cascading disruption to ecological, social, and economic systems can generate mental health problems within large portions of the population such as severe anxiety, depression, Post Traumatic Stress Disorder, complicated grief, increased suicidality, and more;
- Both climate disasters and continuous toxic stress pileups can aggravate existing and produce new psycho-social-spiritual problems including, but not limited to, helplessness, hopelessness, child neglect and abuse and Adverse Childhood Experiences (ACEs), interpersonal aggression, gender-based violence, violent crime, racism, sexism, and other systemic oppressions;
- The persistent pileups of toxic stresses resulting from the climate emergency will aggravate existing or directly produce new physical health problems and increase the costs of health care;
- Disaster mental health, trauma clinicians, and direct service programs are already overburdened by heavy demand, limited budgets, and staffing shortages, and as climate emergency worsens, the sheer number of people requiring mental health or psycho-social-spiritual supports will expand far beyond their capacity to assist all that need assistance;
- First-responders and disaster mental health providers are often impacted earliest and hardest by climate disasters and must cope with their own personal and family distresses;
- Low-resource populations, racial minorities, indigenous communities, immigrant groups, pregnant women, children, the elderly, people with disabilities, and individuals with chronic mental health problems are often severely impacted by climate impacts and have limited resources available to recover;
- Marginalized individuals and groups will often not engage in mental wellness or resilience building initiatives offered by people who are not actively connected with and knowledgeable about their community;
- Many people do not know about, have physical access to, the funds to pay for clinical therapy, believe it is only for the morally or mentally weak, wealthy people, conflicts with their religious or spiritual beliefs, or fear being stigmatized by others if they are known to have sought out or are engaged in mental health treatment programs;

- The mental health and psycho-social-spiritual problems resulting from climate disasters and toxic stresses can reduce worker productivity, increase employee absenteeism and turnover rates, and in other ways hinder local businesses and the broader economy;

- Traumatized and stressed people often withdraw into a self-protective survival mode that can affect their capacity to engage in or support actions or policies that reducing greenhouse gas emissions, restore ecological systems, and address other actions needed to reduce the climate emergency to manageable levels;
- Multisystemic initiatives that simultaneously address all factors that influence individual and collective resilience, including but not limited to personal, family, neighborhood, group, and organizational needs as well as public policies, are required to prepare Americans for the traumas and pileups of toxic stresses the climate emergency will generate;
- Extensive coordination and collaboration among diverse individuals, groups, and organizations in a community/region is required to co-create, implement, and continually improve locally-appropriate strategies to prevent and heal climate generated mental health and psycho-social-spiritual problems;
- Strengthening the capacity of communities to take ownership for preventing and healing climate-generated mental health and psycho-social-spiritual problems will reduce the need for government support and funding, including the costs of mental and physical health care, family support, and other social services;
- Making mental wellness and resilience education and skills building universal will help prevent and heal mental health and psycho-social-spiritual problems generated by many types of human-caused disasters such as school shootings and community violence, and non-climate generated natural disasters such as pandemics, tsunamis, and earthquakes.

The Following is Therefore Enacted:

I: *A Resilience Coordinating Council (RCC) Shall Be Established in Every Community or Region*

A Resilience Coordinating Council (RCC) shall be established in every community or region of the U.S. The goal is to bring together a diverse set of uncommon partners to co-create, implement, and continually improve innovative age and culturally-appropriate actions to foster and sustain mental wellness and resilience within all adults and youth in the community during climate disasters and toxic stress pileups.

Organization, Participation, Leadership, and Governance of a Resilience Coordinating Council

RCCs can be formed by expanding a behavioral health or social service network led by a clinical or direct service program provider. This approach will succeed, however, only if the network is committed to expanding beyond a clinical treatment and direct service program approach to organize and lead a true broad-based community-centered RCC. Due to their training and mandate this will often be difficult for behavioral health and social service organizations. A more effective approach will therefore often be for an existing local ACEs, Trauma-informed

Care, Disaster Management, or other civic or non-profit network to take the lead, if they are willing to expand their focus and partnerships. If that is not possible, civic or non-profit group unaffiliated with mental health and psychosocial issues should organize the RCC.

Example of Resilience Coordinating Council Board, Co-Chairs and Executive Committee, and Mental Wellness and Resilience (MW&R) Innovation Teams

No matter what entity(s) serves as the organizer, the RCC should use an "outside-in" approach to engage participants. Rather than solely engaging existing social service agencies, this involves seeking out and asking grass-roots leaders with intimate knowledge and connections with marginalized and at-risk individuals and groups to become actively engaged in shaping the activities of the RCC. In addition, neighborhood leaders, youth, civic, K-12 and higher education, faith, elder care, climate and environmental, disaster management, food/water/shelter/power/ sanitation providers, business, and other non-profit, private and public sector leaders should be asked to actively engage in the RCC. Behavioral health and direct service provider professionals should participate as equals, advisors, or coaches, not the lead.

Depending on local circumstances, an RCC can operate using a formal or informal approach. Whenever possible, however, a formal approach is best. This involves organizing a steering committee composed of 7-15 people representing diverse populations, regions, and sectors in the community. The steering committee should designate a 3 to 5-person executive committee that is authorized to make daily decisions for the board. The steering committee should also designate co-chairs. If one of the co-chairs is a mental health or resilience building professional, the other should be a local grass-roots, neighborhood, or civic leader. Procedures should also be established to facilitate regular transitions in steering and executive committee membership and co-chairs.

When possible, the RCC steering committee should establish a 'Ring Team' or similar structure to enhance coordination and collaboration among a wide range of individuals and organizations working to build and sustain mental wellness and resilience. This type of structure engages teams of individuals, groups, organizations, and networks with expertise and experience working with different populations in the creation of innovative ways to engage those groups in building and sustaining mental wellness and resilience during adversities. The innovation teams should continually share their strategies with the RCC steering committee, obtain feedback, coordinate with other innovation teams, and make sure that no individuals, groups, or regions of the community are being left out of the efforts.

In large municipalities, a single overarching RCC can be organized that supports a network of satellite resilience coordinating councils at the neighborhood and/or population levels. In rural regions without large metropolitan areas, a regional Resilience Coordinating Council can be established.

Guiding Principles

- *Servant and Distributive Leadership*: A Resilience Coordinating Council should be led by respected members of the community who prioritize serving others over their own interests. They should be able to communicate effectively with and serve as 'links' between both community leaders and grass roots community members. The community links should not be firmly committed to any specific approach to building mental wellness and resilience and thus be able to encourage RCC members to co-create innovative locally-tailored strategies. [29]

- *Social Equity, Justice, and Human Rights*: Unequal and unjust norms, practices, and policies create and aggravate mental health and psycho-social-spiritual problems. It is therefore essential for a RCC to explicitly adopt principles, practices, and protocols to ensure that social equity, justice, and human rights guide all of its activities.

- *Climate Science, Systems Dynamics, Neuroscience, and Transformational Resilience*: RCCs should use credible scientific assessments to understand the likely near and long-term, direct and indirect traumatic stressors the climate emergency will produce for the local community. To do so they should learn basic systems dynamics to understand how disruptions in one ecological function or structure can produce cascading disruptions in other ecological, economic, and social systems. They should also utilize the principles of neuroscience to understand how those stressors can affect local individuals and groups. And, a RCC will benefit by utilizing the principles of the Transformational Resilience framework because when many people have enhanced capacity for Presencing (self-regulation), Purposing (adversity-based growth), and develop quality social support networks a virtuous cycle can be activated that continually enhances personal and social wellbeing as well as ecological conditions.[30]

- *Continual Learning, Growth, and Improvement*: Changing unhealthy cultural and societal norms and building strengths to foster and sustain mental wellness and resilience requires the willingness to continually recognize and alter deeply-held assumptions. It also requires a willingness to use new information to alter beliefs and approaches that previously seemed unassailable. Like peeling an onion, new insights will continually emerge during the RCC's activities. A commitment to constantly learn, revise, and improve operations should therefore be central to the RCCs mission.

- *Locally Tailored Solutions*: The ability of an RCC to engage in activities that foster mental wellness and resilience will be influenced by the composition of the local population and resources at their disposal. Actions that work in one neighborhood or community might not be appropriate in another, or might be beyond the capacity of an RCC to provide. Activities should therefore always be designed and tailored to fit local needs and conditions.

- *External Partnerships*: To continually learn, adjust, and improve, the RCC should establish relationships with state, regional, and national mental wellness and resilience building

organizations and individual experts, and with external funders, evaluators, and other professionals that can offer guidance, training, resources, and other forms of assistance.

2: ***RCCs Shall Continually Assess Capacity for Building and Sustaining Mental Wellness and Resilience While Establishing Trust and Enhancing Conflict Resolution Skills***

One of the initial actions of the RCC should be to assess the capacity of different populations and the community as a whole to build and maintain mental wellness and resilience during adversities. As previously stated, these capacities are heavily influenced by family, cultural, community, and environmental factors, the presence or absence of social support networks, the social narratives people consistently hear about appropriate and inappropriate behaviors, the number and type of resources that exist in the community that foster or limit healthy, safe, and just thinking and actions, and other factors. The RCC needs to assess these factors to craft a viable strategy for building population-level mental wellness and resilience.

Using Asset-based Community Development, Community Health Assessments; Strength, Weakness, Opportunity, Threat (SWOT) Analysis; Transitional Genograms [31]; the WHO's National Community Survey; Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Humanitarian Settings; or other tools, or by developing partnership with academic institutions that can complete the research, the RCC should assess factors such as:

Strengths to Build On

- The perspectives of individuals with different cultural, economic, and geographic backgrounds about the programs, opportunities, organizations, people, and other resources in the community that help build and sustain mental wellness and resilience.
- The role, type and usage of age and culturally-appropriate Presencing and Purposing skills that foster mental wellness and resilience among different populations.
- The scale and scope of family and friend social support networks in different neighborhoods and populations--and when and where they cross cultural, economic, and geographic lines.
- The social narratives people hear on a regular basis that promote healthy, just, and safe responses to adversities, and the degree to which themes of such resilience are mobilized.
- Other strengths and resources.

Opportunities for Learning Mental Wellness and Resilience Information and Skills:[32]

- The number and type of resilience education programs that exist in the community.
- The type of mental wellness and resilience information and skills they focus on.
- Their geographic locations and populations they serve (e.g. youth, adults, ethnicities).
- Their accessibility (e.g. cost, days and times offered).
- Other information about existing educational opportunities.

Factors That Diminish Mental Wellness and Resilience

- The prevalence of mental health and psycho-social-spiritual problems including Adverse Childhood Experiences (ACEs), alcohol and drug misuse, vandalism, crime, violence etc. in the community and at the population and neighborhood levels.

- The historic and ongoing injustices and inequalities that exist and populations affected.
- The social narratives people hear on a regular basis that promote unhealthy, unjust, or unsafe responses to adversities.
- Individuals that are socially isolated, live close to or below the poverty line, cannot be physically active, lack connection with animals, nature, spiritual or religious guides, or lack other factors that help buffer them from adversity and foster mental wellness and resilience.
- Other factors that diminish mental wellness and resilience.

RCC Members Should Constantly Practice Good Communications and Conflict Resolution Skills

To increase the efficiency and effectiveness of the RCC, throughout the assessment process--and beyond--members should learn and continually practice good communications and conflict resolution skills. This is important because in stressful conditions the different perspectives and needs of individuals and organizations can easily escalate into conflict that diminish the effectiveness of the RCC. Making an explicit effort to learn how to communicate in ways that builds trust and constructively resolve conflicts will enhance the performance of the RCC. It will also offer a role model for the community of good communications and conflict resolution.

3: ***RCCs Shall Develop a Vision, Goals, and Strategy for Building and Sustaining Population-Level Mental Wellness and Resilience Before and During the Climate Emergency***

The information generated during the assessment should be used to create an ideal vision of what population-level mental wellness and resilience would look and function like in the community/region before and during the long climate emergency. [33]

The 'before disaster' vision might include elements such as ongoing communications, collaborations, and innovations among volunteer, non-profit, private and public sector organizations to assure that marginalized, at-risk, and hard-to-reach populations obtain information about mental wellness and resilience skills, continual interactions between social support networks located in different parts of the community, information sharing that reaches every resident by trained neighborhood, civic, and faith leaders about how to practice self-care, and many other foundational elements of building mental wellness and resilience.

The 'during disaster' vision might include actions like the use of electronic communications among RCC members, powered by back-up generators, that enables a coordinated response and the provision of vital information to neighborhood resilience hubs on how to obtain food, water, shelter, and other essential items. In addition, it might include residents trained in Psychological First Aid actively assisting others who are distressed,[34] neighborhood members helping people so severely traumatized that they cannot function or are at risk of harming themselves or others gain access to clinical treatment, social support networks providing their members and others with ongoing emotional sustenance and practical assistance, and collective advocacy to ensure that marginalized groups receive the same access to information and resources as others in the community.

The 'during disaster' vision might also include actions such as aggressive communications of social narratives by the RCC promoting healthy, safe, and just responses to the event and avoid coping mechanisms that harm the self, others, or natural environment. An ideal vision might also include concerted efforts to heal emotional suffering by hosting community dialogues, healing circles, vigils, and other events that allow people to grieve, share stories of resilience, give thanks to first responders and others who assisted others, reinforce constructive responses, and inspire hope.[35] In addition, the vision might describe how the community will use the event as a catalyst to make the transformational changes in local environmental, social, economic, and physical systems needed to increase personal and collective wellbeing and ecological conditions substantially above their status before the event.

After the visions are established, specific goals and strategies should be developed to achieve them, along with a detailed workplan with timelines, responsibilities, monitoring, evaluation, continual learning, and funding mechanisms. In addition, a special emphasis should be placed on using culturally appropriate methods and tools to build mental wellness and resilience. This information can often be obtained from people who work with different populations, with a special emphasis on marginalized and at-risk groups. In some cases, however, marginalized groups will not know what they need and have no memory of, or experience with, culturally-based approaches. When this occurs, it will be important for RCC members to work with grass roots individuals to help them 'remember what they have forgotten' or complete research to identify appropriate and effective culturally-based approaches to building resilience.

The use of 'ends-planning' (also called 'ends and means planning') is one of the most effective ways to develop a vision, goals, and strategy.

After a vision, goals, and strategy for building population-level mental wellness and resilience are established, they should be shared widely with community members. This can be done through social narratives and images that resonate with different populations in the community. In many cases, when resources exist, this might require partnering with marketing specialists to develop and test different messages and images. They can be communicated in numerous ways, including social media, newspapers, radio, social media, formal talks with different groups, informal discussions, signs, posters, and other mediums.

4: RCCs Shall Make Mental Wellness & Resilience Education Available to All Adults and Youth

In the U.S. everyone has the opportunity to learn to read and write. With more frequent and extreme climate disasters and toxic stress pileups now certain everywhere, every adult, young child, and adolescent should also have the opportunity to learn information and skills that help build and sustain their capacity for mental wellness and resilience.

Few members of marginalized or at-risk groups, however, have access to mental wellness or resilience education or skills-building. Lacking these resources, the job shortages, low-incomes, poverty, racism, sexism, and other toxic stresses these populations often experience on a regular basis cause some to attempt to dull their pain by adopting coping mechanisms that end

up harming themselves or other people. This is also the case with many members of the general public. Learning Presencing (self-regulation) and Purposing (adversity-based growth) skills, and developing quality social support networks, can prevent many of these adverse reactions, and help people find new direction, inspiration, and hope.

Similarly, few civic, non-profit, or private or public sector leaders have had mental wellness or resilience education or skills-training. This is also true for many providers such as social service workers, doctors, nurses, emergency response staff and volunteers, those who provide food/ water/shelter/power/sanitation and other essential services in disasters, police, and others. Many of these individuals are consequently often unclear about the causes of their mental health and psycho-social-spiritual problems, unsure about how to care for themselves in the middle of adversities, and unsure about how to help others who experience similar difficulties.

In addition, community leaders need to realize that every contact they have with residents can play an important role in enhancing or diminishing mental wellness and resilience. They can benefit from information on how to shape their interactions to foster positive qualities. They also need to understand the important role that social narratives--the dominant messages people hear on a regular basis from the media, politicians, and local leaders--play in shaping healthy and unhealthy reactions to adversity.

A 2018 ITRC inventory of U.S. West Coast resilience building programs found that, at best, 5 percent of the public has access to mental wellness education and resilience information and skill-building programs.[36] This is likely true in most of the U.S. However, the information and tools the existing initiatives provide can help adults and youth learn how to notice symptoms of distress within themselves and others, and utilize simple Presencing (self-regulation) information and skills to reset and calm their nervous system and make wise and skillful decisions. The initiatives can also help people learn simple Purposing (adversity-based growth) information and skills that enable them to find meaning, direction, and hope in the midst of climate adversities.

Some of the actions the RCC should consider to make mental wellness and resilience information and skills building available to all adults and youth in their community include:

- *Educate Community and Grassroots Leaders:* The RCC should offer education specifically designed for leaders of civic, non-profit, faith, neighborhood, private, and public organizations to explain the need, methods, and benefits of building and sustaining mental wellness and resilience during the long climate emergency. In addition, a special emphasis should be made to educate leaders of grass-roots marginalized and high-risk groups. Handbooks and other materials should be developed and distributed to local leaders that provide information and instruction on these issues. [37]

- *Educate the General Public*: The RCC should offer a constant stream of educational opportunities for the general public, with a special emphasis on marginalized and high-risk populations that rarely receive this type of information. Public education can include talks

to local groups, webinars, workshops and conferences presented by outside experts, TV and radio events, publications in local newspapers, community-cafes, social media postings, websites, fliers, promotion through social networks, and other mediums. Handbooks and other materials should be developed and made available to the public that provides information and instruction on these issues. [38]

- *Educate Emergency Responders and Health Care Professionals*: Emergency responders and health care professionals are at the front-line during disasters. They can benefit from learning mental wellness and resilience self-care information and skills that enable them to safely deal with and overcome distressing situations without harming themselves.

- *Offer Train-The-Trainer Workshops for Potential Leaders and Educators*: Workshops should also be offered to neighborhood and community leaders, teachers, and others that are in positions to teach mental wellness and resilience information and skills to others. The workshops should teach participants the skills, have them practice teaching them to others, obtain feedback, and refine their ability to share the information and tools with others. A number of local, regional, and national organizations offer these types of workshops.[39] Handbooks and other materials should be developed and made available to inform local educators about these issues. [40]

- *Support Existing Adult-Focused Mental Wellness and Resilience Education Programs, and Help Launch New Ones*: The RCC can help strengthen adult-focused mental wellness and resilience education and skills building programs that already exist within the community, and encourage the development of new ones, in venues such as: higher education, community colleges, community centers, YMCAs/YWCAs, faith and spirituality centers, work places, business associations, government agencies, adult services offered by humanitarian aid organizations, and other adult-oriented organizations and programs.

- *Support Existing Youth-Focused Mental Wellness and Resilience Education Programs, and Help Launch New Ones*: The RCC can help strengthen the youth-focused mental wellness and resilience education and skills building programs that exist within the community, and help develop new ones, in venues such as: Pre-school and K-12 schools, 4H, community centers, YMCAs/YWCAs, youth groups, youth-focused spirituality and faith programs, youth sports programs and camps, college preparatory and job apprenticeship programs, summer school and high school transition programs, services for youth offered by humanitarian aid organizations, and other youth-oriented organizations and programs youth-oriented

The RCC can support existing and help launch new mental wellness and resilience building initiatives by: identifying and training staff, securing funding, finding locations for the programs, assisting with promotion, helping to develop materials, volunteering at events, and more.

5: *RCCs Shall Strengthen and Connect Social Support Networks Across Community Boundaries*

Robust social support networks are one of the most important factors in maintaining mental wellness and resilience during climate adversities because they, not first responders, will typically provide the emotional support and practical assistance needed to survive. In addition, close family and friends, and connections with other social support networks, are essential to offer the emotional support, practical assistance, sense of security, and feeling of being 'all in it together' that helps people safely overcome and find meaning, direction, and hope in the midst of continuous disasters and toxic stress pileups. For these and other reasons, the RCC should work with local grass-roots, neighborhood, civic, and private sector groups to strengthen, support, and extend: [41]

- "Bonding" Social Networks: Connections with family and friends who provide unconditional emotional support and/or practical assistance before, during, and after adversities.
- "Bridging" Social Networks: Connections among different Bonding networks that provide each with access to new ideas, information, and resources across geographic, social, cultural, and economic lines.
- "Linking" Social Networks: Connections between Bonding and Bridging networks and organizations that can provide food, water, sanitation, power, shelter, and other vital resources during and after disasters as well as connections to political leaders that can marshal vital resources and enact policies that assist people.

The goal should be to empower these social support networks to inspire the entire community to connect before adversities, reconnect when disasters cause separation, and continually identify resources to prevent and heal mental health and psycho-social-spiritual problems. The RCC can accomplish this by helping different populations, neighborhood leaders, and other groups organize regular gatherings that allow local residents to meet. Community organizations, youth groups, faith-based groups, work places, and other networks can hold events that bring diverse groups of people together from different parts of the community. In addition, savings and loans groups, gender-based violence, youth, and many other types of support groups can bring people together to meet and develop relationships.

6: *RCCs Shall Empower Residents to Take Ownership for Building and Sustaining Mental Wellness and Resilience*

To help the community prevent and heal from climate-generated traumas and toxic stresses, local residents must be empowered to take ownership for building and sustaining mental wellness and resilience. In addition to the previous recommendations, to accomplish this the RCC can:

- *Continually Promote Social Narratives Fostering Safe, Healthy, and Just Responses to Adversity:* RCC members should teach neighborhood and community leaders how to craft and promote social narratives--the dominant messages people hear about appropriate and acceptable thinking and behaviors--that foster understanding of safe, healthy, equitable, and resilient responses to climate adversities. This can be achieved through talks with neighbors, public talks and events, email blasts, social media, websites, blogs, local TV and

radio interviews, printed materials, posters, and other methods. The social narratives should be regularly updated as the climate emergency unfolds.

- *Educate Grass-Roots and Neighborhood Leaders to Assist At-Risk Individuals and Solve Emerging Problems*: The RCC should educate grass-roots and neighborhood, faith, social justice, civic, and other on-the-ground leaders in Psychological First Aid, and how to use block walks, phone and email, social media, and other methods to scan their area to identify individuals that might be isolated, need essential services (e.g. food, medications), or might be at risk of mental health or psycho-social-spiritual problems. The local leaders should learn how to approach the individuals and offer help, notify neighbors or organizations that can offer assistance, or assist them to access behavioral health providers when necessary. In addition, local leaders should learn problem-solving skills to enable them to determine how local factors might be creating or aggravating unnecessary stresses for residents and work with them to resolve the issue.

- *Form Neighborhood Mutual Aid Resilience 'Hubs':* Groups of residents in a neighborhood or area of the community can be encouraged to form a Neighborhood Resilience 'Hub' or 'Pod' to serve as a mutual aid network. Anywhere from 3-30 people can come together to reach out to neighbors, check in and respond to those needs of at-risk individuals (e.g. food delivery, providing emotional support) and exchange information with the point people from other neighborhoods Hubs. A neighborhood website can be developed, and web-based networking programs like NextDoor or other mechanisms can be used to post information and enable communications among local residents. Hub leaders can also develop direct lines of communications with non-profit, private, and public organizations that offer vital sources of food/water/shelter/sanitation/power during emergencies.

- *Continually Highlight Stories of Resilience and Transformation and Celebrate Successes*: Community members will be inspired by hearing about individuals and groups that have safely responded to climate adversities and found new sources of purpose and hope. The RCC should publicize and hold regular public events to highlight positive stories of resilience and celebrate successes of all types.

7*: *RCCs Shall Continually Evaluate and Improve Mental Wellness and Resilience Initiatives, and Advocate for Needed Resources

It is important for RCC members to understand how their mental wellness and resilience building initiatives are progressing. Regular evaluation and data gathering is important to understand what works and does not work, how improvements can be made, successes that can be highlighted, and to secure continued funding. It is therefore important for the RCC to, on their own, or in partnership with local academic or other organizations, evaluate progress and use the data to innovate and implement actions that continually improve success.

It is also important for the RCC to use the assessments to determine what resources are needed to strengthen and expand their efforts to build population-level mental wellness and resilience.

With this information in hand, RCC members should join with others to advocate for needed resources to appropriate organizations, funders, and decision makers. The RCC should also advocate to local governments, utilities, and others to ensure that marginalized populations receive the same level and type of services and resources during a disaster as other groups.

8: *RCCs Shall Create a Local Culture of Mental Wellness and Resilience by Embedding the Principles and Practices in Local Organizational Practices and Public Policies*

To prevent and heal mental health and psycho-social-spiritual problems as the climate emergency worsens, mental wellness and resilience principles and protocols should be adopted by all local non-profit, private, civic, as well as government organizations. This can be accomplished by asking local organizations to sign a Memorandum or Understanding (MOU) describing their commitment to principles and methods to foster and sustain mental wellness and resilience among their employees, customers, clients, and stakeholders. [42]

The principles and practices should also be formally incorporated into local (state, provincial, regional, and national) policies. For example, public policies should be adopted that authorize and support the formation of Resilience Coordinating Councils, resilience education programs, Neighborhood Resilience Hubs, and more.

All local government agencies should enact a *Mental Health and Resilience in All Policies* (MHRiaP). This is an adaptation of the Health in all Policies (HiaP) policy concept promoted by the World Health Organization and other organizations. They describe it as "an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and equity." The *MHRiaP* policy expands this concept to emphasize that all policies and actions adopted by governments should examine their impact on mental health and psycho-social-spiritual resilience. It supports community-based population-level mental health and resilience building initiatives that are vital to help individuals and groups safely overcome climate adversities and find inspiration, purpose, and hope.

Specific Federal, State, and Local Policy Actions Needed to Authorize and Support Community-Centered Population-Level Mental Wellness and Resilience Initiatives Nationwide

- *Congress Shall Enact a Federal Mental Wellness and Resilience Act*.

The Mental Wellness and Resilience Act (MWRA) should require the formation of Resilience Coordinating Councils in each community or region nationwide. The MWRA should include criteria describing how a successful RCC should function and goals it must meet to receive and maintain federal funding (e.g. type and number of individuals and organizations involved, education and skills building initiatives offered etc.). It should then allocate $6 Billion and authorize SAMHSA to distribute the funds through Block Grants to the states specifically aimed at funding initiatives that meet the criteria. Each state would then issue a Call for Proposals and distribute funds to community applicants that meet the criteria.

In addition, each state and local community should enact their own Mental Wellness and Resilience Policies and establish their own funding streams using revenue, for example, from gas taxes or other sources generated from activities that impact the climate. Funding streams could also be developed by pooling funds from philanthropic organizations, corporations, and private donors. Note that not all RCCs will desire funding from public sources, and some might function best on a volunteer basis with no funding at all.

- *HHS Shall Establish an Office of Community-based Mental Wellness and Resilience*.

As part of the MWRA an office of Community-based Mental Wellness and Resilience (OCMWR) will be established with the mission of: a) establishing an advisory committee composed of mental wellness and resilience building experts that provides guidance and oversight to the office, and oversee the Learning Labs (see below); b) continually refining the criteria for successful community-based population-level mental wellness and resilience initiatives; c) overseeing state implementation of the program; and d) establishing and overseeing monitoring and evaluation protocols.

In addition, states and/or regions should establish their own offices to oversee community-centered population-level mental wellness and resilience initiatives in their area. These offices should coordinate with the federal OCMWR.

- *HHS Shall Establish Community-based Mental Wellness and Resilience 'Learning Labs.'*

As directed by the OCMWR advisory committee, in collaboration with national, regional, and local mental wellness and resilience building organizations and professionals and universities Learning Labs should be established to: a) inform mental health, social service, education, disaster management, faith, social justice, climate and many other professionals nationwide about the goals, methods, and expected outcomes of RCCs; b) offer train-the-trainer programs to local leaders that want to organize and/or facilitate community-based population-level mental wellness and resilience building initiatives; and c) offer a continual series of education and training programs to address issues that emerge as mental wellness and resilience building programs unfold.

In addition, states and/or regions should establish their own Learning Labs to help local leaders learn and continually improve culturally and locally appropriate mental wellness and

resilience methods. These Learning Labs should coordinate with the federally sponsored labs as much as possible.

- *HHS Shall Establish a Network of Community Mental Wellness and Resilience Coordinators*:

Vertical coordination among numerous local Resilience Coordinating Councils within a state or region will be just as important as horizontal coordination among local individuals and organizations in a community. Vertical coordination facilitates the sharing of information on effective methods for building population-level mental wellness and resilience, measurement tools, data collection and interpretation of outcomes, and other resources. In addition, if public funds are used by RCCs, an oversight mechanism is needed to ensure they are wisely used. To facilitate vertical coordination, the OCMWR should locate Mental Wellness and Resilience Coordinators in different regions of the nation to: a) monitor initiatives in the region to ensure they are meeting the federal criteria; b) help leaders of community initiatives organize local programs; c) help local leaders connect with others in their region; and d) oversee program monitoring and evaluation.

In addition, states and/or regions should establish their own Coordinators and ensure that they work closely with the HHS coordinators.

- *HHS Shall Established Regional and National Knowledge Exchanges and Libraries*.

The OCMWR should establish an online knowledge exchange that enables local community-based programs to: a) continually share information with different programs in their state, region, and at the national level; b) engage in joint problem solving; and c) continually learn from each other. The OCMWR would also establish a national Resource Library where community-based population-level programs can deposit tools and assessments and access information, documents etc.

In addition, states and regions should establish their own knowledge exchanges and libraries when appropriate.

Conclusion

The threat of climate disruption is planetary. Every individual and every community in every part of the world will be effected. Clinical treatment, direct service programs, and disaster mental health, while important, will not be able to prevent or help heal the tsunami of mental health and psycho-social-spiritual problems generated by the decades long climate emergency. New approaches must be swiftly implemented to help people everywhere learn mental wellness and resilience information and skills that can prevent psychological, emotional, and behavioral problems, and heal them when they occur.

Population-level mental wellness and resilience building initiatives, co-created and implemented by a diverse set of individuals and organizations involved with a local Resilience Coordinating Council, are urgently needed in every community or region nationwide to prepare all adults and youth for the challenges to come. The combination of the policy actions described above will successfully initiate, support, and continually improve these initiatives. The ITRC strongly encourages Congress and every state and local government to make them law.

Appendix

Some Examples of Community-Based Mental Wellness and Resilience Initiatives

Material is from the organization's website, slides, and/or personal communications with staff.
Note that almost none of these programs explicitly address climate disasters or toxic stresses

I. Urban Example: San Francisco Neighborhood Empowerment Network (NEN)
Website: https://www.empowersf.org/ecp-communities/

Elements of NEN embedded in ITRC policy framework:

Works at neighborhood level to build resilience "where it rightfully belongs"; Empowers local residents to take ownership for crafting locally-tailored resilience strategies; Focuses on peer-to-peer learning; Major emphasis on building social connections and support networks; Neighborhood focus helps vulnerable populations; Focuses on both adults and youth; Organizes neighborhood "hubs" to serve as sources of information and resources in a disaster; Has spiritual focus as well.

The NEN: The Neighborhood Empowerment (NEN) leverages a community development approach to advance a neighborhood's disaster resilience....We've created a program that empowers neighborhoods to craft and implement culturally competent strategies that strengthen the communities to negotiate times of stress and protect the health and well-being of all residents, especially the vulnerable...The NEN helps communities advance their self-identified resilience goals by fusing classic community development models with a collective impact approach. This method is now encapsulated in the Empowered Communities Program (ECP). As a result of creating the ECP, the NEN has been able to move ownership of community resilience down to the neighborhood level, where it rightfully belongs.

Specifically, the ECP offers communities a bottom-up planning and implementation process that puts community leadership in charge of creating their resilience strategy from the very beginning; as a result, it increases the likelihood of sustained participation by key local stakeholders at the neighborhood level....Since its initial 2009 deployment in San Francisco's Oceanview/Merced/Ingleside Terrace neighborhood, the ECP has been successfully implemented in the Outer Sunset, Bayview, Diamond Heights, Miraloma Park, Merced Extension Triangle, Brotherhood Way, and Cayuga neighborhoods.....

Local Leadership, Local Networks: Achieving true community resilience requires investing in the capacity of neighborhood-level leadership to create and nurture local networks rich in trust and reciprocity. Such networks will have the ability to collectively serve the needs of vulnerable residents before, during, and after times of stress.....

The Rationale: Why Focus on the Neighborhood Level?

- Neighborhood networks can be effective partners to crisis management and in meeting the needs of vulnerable populations and essential neighborhood institutions.
- Residents and organizations are more likely to adopt smart resilience behaviors if they are introduced via peer-to-peer engagement.
- Social networks, regardless of size and mission, offer the best platform for peer-to-peer engagement.
- Essential stakeholders will join and contribute to those networks which they trust and which they believe address their individual and organizational goals.
- Capacity building organizations can leverage community networks to engage key local stakeholder organizations as champions for resilience by providing them with streamlined access to training and resources that will increase their capacity to meet residents' needs during times of stress.

• Over time, local organizations' efforts to advance resilience will generate higher capacity at the individual, organizational, and community levels.

Key Elements of the NEN

The HUB: A cohort of cross sector agencies (i.e. libraries, supermarkets, schools, faith based orgs. & non-profits) that reside in close proximity to each other that works together every day on advancing their individual resilience, and have the capacity to come together and support the needs of their surrounding community during times of stress.

The Neighborfest: Social cohesion is an essential ingredient of any community's ability to meet its disaster goals. There is no better way to build social cohesion at the block level that by hosting a block party. The Neighborfest Host Toolkit provides residents with a step by step process that helps them assemble a high performing team of volunteers to craft and implement event plans that will bring their neighbors together and increase their individual and collective resilience.

The District 11 Leadership Academy: A group-learning experience for cohorts of up to 20 community leaders. Participants meet over four months on four full-day Saturdays and four evenings. Program facilitators from Coro provide guidance and create experiences equipping participants with stakeholder skills in advancing their community's resilience goals.

The Resilient Youth Leadership Academy: This immersive, experiential leadership development program empowers youth to become stakeholders in advancing their community's resilience goals in the face of stressors such as climate change and earthquakes.

II. Small City Examples

1. Peace4Tarpon, Tarpon Springs, Florida
Website: https://www.peace4tarpon.org/

Elements of P4T embedded in ITRC policy framework:

Steering committee composed of many community partners (not just mental health providers) leads program; Uses grass-roots bottom up approach that asks residents to identify what they can do to build resilience and then members pursue resilience activities of interest to them in coordinated manner; Continually uses different methods to educate public about trauma and resilience; Focuses on a variety of wellness and resilience skills; Uses MOUs to get local organizations to engage in trauma-informed resilience building.

Peace4Tarpon

Tarpon Springs has a population of 25,000. Peace4Tarpon, founded in 2010 by Robin Saenger, the then commissioner and vice-mayor of Tarpon Springs, is a grassroots network– the first of its kind in the nation -- focused on raising awareness about trauma, local resources, and resiliency strategies. Except for a 2-year period when it was funded by the MARC program, Peace4Tarpon, has been a volunteer run network.....

City government was an early supporter of the network; the police chief and city manager joined the initial Steering Committee. The network has grown through personal relationships and word of mouth and has continued to develop organically over the past years. As of November 2017, there were over 250 members representing various business and service sectors, such as library services, health and mental health organizations, pre-kindergarten and elementary education, as well as faith-based, recreation, and non-profit organizations. Members are encouraged to use the network to pursue activities in trauma and resiliency of interest to them and leverage their individual strengths to guide network activities.

Founder Robin Saenger describes the skills and methods Peace4Tarpon uses:

- A steering committee representing civic, volunteer, non-profit, public, and the private sector oversees the initiative.
- When new members join the network they are asked to sign a Memorandum of Understanding (MOU) that stipulates that the member is committed to embracing the mission of Peace4Tarpon to promote community-wide trauma awareness, sensitivity, and healing, will attend monthly meetings, will serve on at least one subcommittee, and will participate in projects and programs that address the network's mission. The city was the first signer of the MOU and to date, 91 MOUs have been signed.
- The network holds monthly meetings, called Forums, which are open to anyone who wishes to attend; attendance averages around 25-30 members.
- We have an "energy minute" at the beginning of our monthly Forum to show techniques to reduce and reduce cortisol and stress.
- We are now re-running a campaign we previously had on Facebook - 30 Days of Resiliency.
- We respond to inquiries about mental health services for folks and when needed refer people to appropriate service providers.
- We have an on-line resilience course we developed for the general community through St. Petersburg College on Trauma Awareness and Resiliency.
- We continually offer educational opportunities on how to deal with resiliency and build community connection and mental health. One year it was Heart Math, one year it was how to deal with bullying in a trauma-informed way etc. It's different each year.
- We respond to our residents at whatever level of healing they are currently at to support them in whatever their needs are and connect them to resources from art therapy, to gardening, to just being with them over coffee to chat.
- We created an image--a vision--of resilience we see throughout our community: one of our local trees, the Red Mangrove, became a symbol of resilience like no other.
- A few months ago, we took a small group of kids from an after school program to have dinner with Tibetan Buddhist monks who were creating a Healing Sand Mandala and discussed how these monks used meditation and art to help them with the trauma.

2. Community Resilience Initiative (CRI), Walla Walla, Washington
Website: https://criresilient.org/

Elements of the CRI embedded in ITRC policy framework:

Run by a diverse steering committee (includes but not led by mental health providers); Public education about trauma and resilience is major part of strategy; Focus is neighborhood level education and action; Major emphasis on on building social connections; Empowers residents to take ownership for resilience; Starts education with focus on neuroscience of trauma and stress; Focus on resilience from both individual and community perspective; Offer a wide range of age and culturally appropriate resilience building skills and tools; Uses MOU to get local organizations to commit to trauma-informed resilience building.

Walla Walla WA. Community Resilience Initiative

Walla Walla, with a population of almost 33,000, is nestled in the southeastern corner of Washington. The Community Resilience Initiative was started in February, 2010 and has two goals – to educate the community about ACEs and the science of brain development, and to build resilience within the community. Walla Walla has amazing resources, but it also has problems: One out of four children lives in poverty, 65% of residents have no more than a high school degree, and gangs and drugs are

common. CRI is an intensive, structured collaboration with over 30 partners, including schools, city government, health and social services, law enforcement, justice, the media, business leaders, volunteer leaders, and parents. The coalition works collectively to increase public awareness, and members work individually to reshape their own agencies and services. Priorities for the future include policy change, sustainability, continued measurement of progress, and increased outreach to the business and faith-based communities.....

Working at the neighborhood level is central strategy. To strengthen neighborhoods, CRI has partnered with a local grassroots organization called Commitment to Community (C2C). C2C works to build relationships, trust and ownership among residents and provides a "point of entry" for other service providers. Activities include neighborhood revitalization; social events and celebrations; development of community gardens, parks and recreational opportunities; and provision of basic supports.....

CRI Director Teri Barila described some of the specific skills and methods used by the initiative:

- We are led by a board of directors (steering committee) composed of people from different sectors and areas of the community.
- We start with the neurobiology as the basis for understanding subsequent behavior, touch on epigenetics, the ACE Study (and we now have a term for additional "ACE Studies to expand beyond the original ten of The ACE Study)
- We introduce Resilience both from the individual and the community aspect, as a thriving community per research suggests that the social domains play an important role for youth to develop as they "watch" adults engaged in mutual help and support (social cohesion and collective efficacy). The community aspect (contextual community) is our point of context.
- For individuals, we offer 42 resilience strategies (the deck of cards) and the short list of 4 factors (from Madsen and Abell): Mastery, Relationship, Optimism and Sense of Purpose (Spirituality or mindfulness, depending on what word you choose to use).
- We then move to understanding need for safety and/or connection to move beyond behavior (to recognize communication as the effort to seek attachment and connection)
- We use the brain prediction/construction model for this in layman's language, then we wrap it with ROLES (Recognize, Observe, Label, Elect [Positive Intent] Solve) to put into practice the neurobiology etc. in every day practice.
- We have additional course content that dives deeper into different topics: one of the most recent education program focuses on building the community of practice via community engagement/resilience.

<u>Walla Walla Highlights</u>

• Since 2012, the Resilience Trumps ACES website has had almost 21,000 users, over 29,000 sessions and 96,000 page views from 9 countries. Number of requests for the toolkit has doubled.

• The CRI Memorandum of Understanding has led to significant change in policy and practice in many community agencies, including the Children's Home Society and the Court Appointed Special Advocate program.

• Starting in 2013, the City Council designates each October as Children's Resilience Month. A community festival brings the message to a broad sector of citizens.

• Ten agencies are training teams of trainers to help ensure ecological sustainability. Using the collective impact process, participating agencies have agreed to a common agenda, goals, and tools to measure impact.

III. Rural Community Example: Resilience Network of the Gorge (RNG), OR/WA (lost funding)
Website: https://marc.healthfederation.org/columbia-river-gorge-region-or/update/2017-collaboration

Elements of the RNG embedded in ITRC policy framework:

Led by diverse steering committee (not just mental health providers); Public education on trauma, resilience, and healing a major focus; Uses non-hierarchical approach to engage residents and organizations; Focuses on changing cultural and values.

The Resilience Network of the Gorge

It was launched in 2008 in The Dalles, Oregon, a small rural town sitting alongside the Columbia River in north central Oregon..... Trudy Townsend, former coordinator of the consortium said, "What we're doing is creating community. Building relationships. Having stated goals and practicing emotional intelligence and building a network of support." The ritual is now repeated everywhere from high-level agency meetings to community gatherings in this area of north central Oregon—and it is also a sign of how thoroughly the region has embraced the concepts of trauma, resilience, and healing.

Agriculture and the timber industry used to power the local economy. But the decline of those enterprises, along with the 2008 recession, the closing of a major aluminum plant and the merging of two school districts with distinct identities all took a toll on the people who live in The Dalles and surrounding Wasco, Hood River and Sherman counties.

Starting in 2008, a cross-sector group of leaders—including Townsend, the chief of police, the superintendent of schools, the regional manager of the Department of Human Services, and the director of Juvenile Justice—began meeting to talk about everything that was wrong in their community and how to make it better. Together, these leaders learned about trauma, brain development, resilience and the Sanctuary Model, a non-hierarchical, trauma-informed, participatory operating system for organizations. The group expanded to a committee that includes representatives from nonprofits, the faith community, early childhood education, domestic violence prevention, drug and alcohol prevention and the business sector.

For Townsend, the ACE study confirmed her intuitive sense that "the body keeps a score—that what happens to us really shifts how our brains are formed, which shifts our concept of the world." What felt revelatory was understanding that this concept applied to organizations as well as to individuals. "We were able to make that shift from 'what's wrong' to 'what's happened' on behalf of our clients, but also on behalf of our systems and our community," Townsend said. What followed was a commitment to apply the Sanctuary Model, a three-year process of awareness, practice and certification, to The Dalles as a whole. To date, more than 20 organizations in The Dalles have committed to developing a trauma-informed system of services and the effort has expanded to include the entire Columbia Gorge Region.....

Townsend said she can feel changes in The Dalles. "We have shared knowledge. We have a shared values system that guides our professional conduct. And we have this amazing framework for how we look at the problems in front of us."... A growing number of residents have learned about trauma as well as resilience skills....The program's success contributed to Country Living Magazine in 2017 ranking The Dalles as the 3rd best small town in Oregon.

IV. Urban and Rural Community Examples:

1. *Self-Healing Communities (SHC), Developed in Washington State*
Website: https://www.rwjf.org/en/library/research/2016/06/self-healing-communities.html

Elements of the SHC embedded in ITRC policy framework:

Works at community and neighborhood level to build resilience; Emphasizes leadership by a diverse network of local people; Uses neuroscience and other frameworks to guide activities; Promotes continual learning and improvement; Public education about resilience is key focus; Emphasizes locally-developed solutions; Major emphasis on building self-efficacy and hope.

Self-Healing Communities

Developed in Washington State by the Family Policy Council, a state-community-family partnership with 10 sovereign Tribal Governments part of the partnership. The SHCM takes a trauma-informed public health approach to improving intergenerational health and safety by investing in the people most at risk and preventing a root cause of many problems. The model has demonstrated success improving the rates of many interrelated and intergenerational health and social problems.

The SHCM includes leadership from a local coalition that engages residents and professionals from many disciplines to build the capacity of communities to solve complex problems including intergenerational transmission of trauma and chronic adversity. Residents and professionals co-create practice-improvement cycles that produce stunning results. Investments in culture change processes are vital for this success; the local coalition facilitates the process, and monitors outcomes. Communities use a four phase process, adhere to a set of principles, and engage partners to align work to prevent developmental adversity and the cascade of challenges that have origins in that adversity.

From 1994 to 2012, Washington State supported use of the SHCM in 42 communities. Community capacity was assessed using an index containing indicators of effective use of the four process phases of the SHCM: leadership expansion, focus, learning and results. Communities using the SHCM for eight or more years reduced the rates of seven major social problems: child abuse and neglect, family violence, youth violence, youth substance abuse, dropping out of school, teen pregnancy and youth suicide. Communities with consistently high index scores improved five or more separate problem rates concurrently. Per-year avoided caseload costs in child welfare, juvenile justice and public medical costs associated with births to teen mothers were calculated to be over $601 million, an average of $120 million per year, for a public investment of $3.4 million per year (Scheuler et al., 2009).

Core Principles:

- Inclusive leadership
- Learning communities
- Emergent capabilities
- Engagement informed by neuroscience, epigenetics, adverse childhood experience and resilience research (NEAR)
  Right-fit solutions
- Hope and efficacy

2. Making Connections for Mental Health and Wellbeing Among Boys and Girls

For more information: https://www.preventioninstitute.org/projects/making-connections-mental-health-and-wellbeing-among-men-and-boys

Elements of the MCMHW program embedded in ITRC policy framework:

Focuses on community level to build resilience; Emphasizes building relationships and connections; Promotes continual learning and improvement; Public education about resilience skills is key focus; Emphasizes building self-efficacy and hope.

Making Connections

Making Connections for Mental Health and Wellbeing Among Men and Boys is a national initiative to transform community conditions that influence mental wellbeing. Together with the Movember Foundation, the Prevention Institute works with rural and urban 13 communities across the U.S. to shift policies, practices, and norms to create greater opportunities for health and resilience. Making Connections shows that community-based approaches to improving the mental health and wellbeing can make a difference that goes beyond individuals to affect entire communities.

Rural Example: Rural communities in Florence, South Carolina

Florence Making Connections addresses the mental health and emotional wellness of men and boys of color and male veterans by creating opportunities for social connection. For veterans, the program provides spaces where men can build relationships and challenge the stigma associated with mental distress. For boys of color, they provide recreational activities ranging from basketball to sessions in a music studio where coaches and mentors also work with the boys on mental wellbeing and emotional intelligence.

Urban Example: Albuquerque, NM

Making Connections International District (MC:ID) is a youth-led collaborative that brings together youth-serving organizations to channel the residents' many strengths and assets in Albuquerque's International District and Southeast Quadrant. Following the leadership of young people, MC:ID collectively identifies solutions to community trauma that contributes to anxiety, drug overdose, and the country's fourth highest suicide rate for young men. This program is engaging young men of color to be change agents in their community and also creating opportunities for young men of color to channel their natural leadership in spaces that foster healthy masculinity. It is also empowering them to advocate for policies that address the root causes of poor health and mental health.

Footnotes

[1] See, for example: Boss, P. (1999). *Ambiguous Loss: Learning to Live with Unresolved Grief*. Harvard University Press; and Saul J. *Collective Trauma Collective Healing.* (2014). Routledge Publishing.
[2] Doppelt B. (2016). *Transformational Resilience*. Greenleaf Publishing.
[3] Porter L. et al. (2017). *Culture Matters: Direct Service Programs Cannot Solve Widespread, Complex Intergenerational Social Problems. Culture Change Can*. American Pediatrics: https://www.academicpedsjnl.net/article/S1876-2859(16)30496-X/fulltext
[4] For more information on strength-based approaches see, for example: Stoerkel, E. (2020). *What is a Strength-Based Approach? (Incl. Activities and Examples)*, PositivePsychology.com; Saul J. (2014). *Collective Trauma Collective Healing.* Routledge Publishing; and the large body of research on Positive Psychology.
[5] Healthy, Resilient, and Sustainable Communities After Disasters: Strategies, Opportunities, and Planning for Recovery, (2015). *Institute of Medicine of the National Academy of Sciences*.
[6] World Health Organization. (2004). Promoting mental health: concepts, emerging evidence, practice (Summary Report) Geneva: World Health Organization: https://apps.who.int/iris/handle/10665/42940
[7] Mental Health Foundation, UK. (2013). *Building Resilient Communities*: https://www.mentalhealth.org.uk/publications/building-resilient-communities
[8] American Psychological Association (2020). *Building Your Resilience*: https://www.apa.org/topics/resilience
[9] Calhoun, L. G., & Tedeschi, R. G. (2001). *Posttraumatic growth: The positive lessons of loss.* In R. A. Neimeyer (Ed.), *Meaning reconstruction & the experience of loss* (p. 157–172). American Psychological Association.
[10] Doppelt B., *Transformational Resilience* (2016). Greenleaf Publishing.
[11] See for example, Boss, P. (2012). *Family Stress Management: A Contextual Approach*. Sage Books; and Mariotti, A. (2015). *The Effects of Chronic Stress on Health: New Insights Into the Molecular Mechanisms of Brain-Body Communications.* Future Science OA; and Hobfoll, S. E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist.*
[12] Trauma Resource Institute, Community Resilience Model: https://www.traumaresourceinstitute.com/home
[13] See for example: Obradovich, N. et. al. (2018). Empirical Evidence of Mental Health Risks Posed by Climate Change. *Proceedings of the National Academy of Sciences*; Clayton, S. et.al. (2017. *Mental Health and Our Changing Climate: Impacts, Implications, and Guidance*. American Psychological Association and ecoAmerica, Washington, D.C.: and other research on the mental health and psychosocial impacts of climate change in the ITRC Library: http://www.theresourceinnovationgroup.org/intl-tr-coalition
[14] Erikson, K. (1976). *Everything in its path: Destruction of community in the Buffalo Creek Flood.* New York, Simon and Schuster.
[15] Ibid
[16] Fullilove, M, (2002). *Together we heal: Community mobilization for trauma recovery*. Paper presented at a meeting at Columbia University School of Public Health, New York, as described in Saul J. *Collective Trauma Collective Healing.* (2014). Routledge Publishing
[17] Saul J. *Collective Trauma Collective Healing.* (2014). Routledge Publishing.
[18] Ibid
[19] Boss, P. (1999). *Ambiguous Loss: Learning to Live with Unresolved Grief*. Harvard University Press.
[20] See, for example: Landau, J., & Saul, J. (2004). *Facilitating Family and Community Resilience in Response to Major Disaster.* In F. Walsh & M. McGoldrick (Eds.), *Living beyond loss: Death in the family* (p. 285–309). W W Norton & Co.; Boss, P. (1999). *Ambiguous Loss: Learning to Live with Unresolved Grief*. Harvard University Press; and Saul J. *Collective Trauma Collective Healing.* (2014). Routledge Publishing.
[21] *Building Resilient Communities: Making Every Contact Count for Public Mental Health*, (2013) Mind for Better Mental Health and Mental Health Foundation, UK: https://www.mentalhealth.org.uk/publications/building-resilient-communities
[22] See for example: Park, C. (2010). Making sense of the meaning literature: An integrative review of meaning making and its effects on adjustment to stressful life events. *Psychological Bulletin, 136*(2), 257-301; and Doppelt B., *Transformational Resilience* (2016). Greenleaf Publishing.

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[24] Plastrik, P. et al, (2014). *Connecting to Change the Works: Harnessing the Power of Networks for Social Impact*, Island Press.

[25] *The Concept of Culture*. Sage Publications. Obtained at: https://www.sagepub.com/sites/default/files/upm-binaries/48150_ch_1.pdf

[26] These included FEMA's Whole Community Approach to Emergency Management; SF Neighborhood Empowerment Network; community-based ACEs, violence prevention, and interrelated and intergenerational health and social problem initiatives (some are led by ITRC members), and many other policies and programs.

[27] These included Israel's community resilience program led by the Israel Trauma Coalition, IASC Guidelines Guidelines on Mental Health and Psychosocial Support in Emergency Settings, the USAID Community Resilience Initiative, Community Resilience Building Initiatives in Kosovo, and and many others.

[28] Information about the International Transformational Resilience Coalition (ITRC) can be found at: http://www.theresourceinnovationgroup.org/transformational-resilience/

[29] Landau, J. (2007). Enhancing Resilience: Families and Communities as Agents for Change. *Family Process*, Vol. 46.

[30] Information about Transformational Resilience can be found on the ITRC website: http://www.theresourceinnovationgroup.org/transformational-resilience/; Also see: *Transformational Resilience: How Building Human Resilience to Climate Disruption Can Safeguard Society and Increase Wellbeing,* (2016) Doppelt--Greenleaf Publishing: https://www.amazon.com/Transformational-Resilience-Disruption-Safeguard-Wellbeing-ebook/dp/B075GZC55R

[31] Landau, J. (2007). Enhancing Resilience: Families and Communities as Agents for Change. *Family Process* obtained at Wiley Online Library.

[32] See, for example, *Preparing People on the West Coast for Climate Change: Recommendations for Making Psychological & Psycho-Social-Spiritual Resilience Education and Skills Training for Climate Adversities Universal in California and the Pacific Northwest,* (2019). International Transformational Resilience Coalition: http://www.theresourceinnovationgroup.org/preparing-cc-west-coast-report/

[33] *Healthy, Resilient, and Sustainable Communities After Disasters: Strategies, Opportunities, and Planning for Recovery*, (2015). Institute of Medicine of the National Academy of Sciences: https://www.nap.edu/catalog/18996/healthy-resilient-and-sustainable-communities-after-disasters-strategies-opportunities-and

[34] *About Psychological First Aid*, The National Child Traumatic Stress Network: https://www.nctsn.org/treatments-and-practices/psychological-first-aid-and-skills-for-psychological-recovery/about-pfa

[35] Pinderhughes H. et al. (2016). *Adverse Community Experiences and Resilience: A Framework for Addressing and Preventing Community Trauma*. Prevention Institute. Oakland, CA. P 28. https://www.preventioninstitute.org/sites/default/files/publications/Back%20to%20Our%20Roots-Catalyzing%20Community%20Action%20for%20Mental%20Health%20and%20Wellbeing.pdf

[36] See, for example, *Preparing People on the West Coast for Climate Change: Recommendations for Making Psychological & Psycho-Social-Spiritual Resilience Education and Skills Training for Climate Adversities Universal in California and the Pacific Northwest,* (2019). International Transformational Resilience Coalition: http://www.theresourceinnovationgroup.org/preparing-cc-west-coast-report/

[37] For examples, see the manuals that were developed for the Community Partners in Care project in Los Angeles: https://communitypartnersincare.org/resources-for-services/

[38] For examples, see the manuals that were developed for the Community Partners in Care project in Los Angeles: https://communitypartnersincare.org/resources-for-services/

[39] See, for example, examples of west coast resilience building programs found at: http://www.theresourceinnovationgroup.org/-west-coast-resilience-prog/

[40] For examples, see the manuals that were developed for the Community Partners in Care project in Los Angeles: https://communitypartnersincare.org/resources-for-services/

[41] For information on the following see: *Social Capital and Community Resilience*, (2014) Daniel Aldrich and Michelle Meyer: https://journals.sagepub.com/doi/abs/10.1177/0002764214550299

[42] See, for example, the MOUs used by Peace4Tarpon in Tarpon Springs, Florida (https://www.peace4tarpon.org/), and The Community Resilience Initiative in Walla Walla, Washington (https://criresilient.org/).

Additional Research, Publications, and Resources Utilized to Develop the ITRC Policy

- *From Me to We*. (2012). Doppelt, B. Greenleaf Publishing
- *Building Community Resilience: Coalition Building and Communications Guide*, (2017). Milken Institute School of Public Health and Sumner M. Redstone Global Center for Prevention and Wellness.
- *Building Community Resilience through Mental Health Infrastructure and Training in Post-Katrina New Orleans*, (2013). PMC Publications.
- *Building Resilient Communities: Making Every Contact Count for Public Mental Health*, (2013). Mind for Better Mental Health and Mental Health Foundation, UK.
- *Catalyzing Community Action for Mental Health and Wellbeing,* (2018). The Prevention Institute.
- *Healthy, Resilient, and Sustainable Communities After Disasters: Strategies, Opportunities, and Planning for Recovery*, (2015). Institute of Medicine of the National Academy of Sciences.
- Israel Trauma Coalition: Response, Preparedness and Resilience: http://israeltraumacoalition.org/
- The LINC Model: A Collaborative Strategy for Community Resilience. Landau, J.: https://www.academia.edu/32032624/The_LINC_Model_A_Collaborative_Strategy_for_Community_Resilienc
- *Family Resilience: Strengths Forged Through Adversity*, (2012). Walsh, F.
- *Predictors of individual, community and national resiliencies of Israeli Jews and Arabs,* (2019). Int. Journal of Psychology
- *Prevention of Mental Health Disorders: Effective Interventions and Policy Options Summary Report*, (2004). WHO.
- *Self-Healing Communities,* (2016). Robert Wood Johnson Foundation
- *Culture Matters: Direct Service Programs Cannot Solve Widespread, Complex, Intergenerational Social Problems, Culture Change Can*; Porter, L. et al. (2017). Academic Pediatrics
- *Health in All Policies: A Guide for State and Local Government*, (2013). Institute of Medicine Roundtable on Population Health Promotion

More research is available in the ITRC Library: http://www.theresourceinnovationgroup.org/intl-tr-coalition/