

More on climate change and mental health

Your recent editorial (“A toxic and fractured political system can breed angst and PTSD” *CURRENT PSYCHIATRY*, September 2023, p. 11-12, 28-28b, doi:10.12788/cp.0393) warned of a toxic and fractured political system and suggested a potential healing role for our psychiatric profession. However, I believe this critically important message was then summarily undermined in the article “Climate change and mental illness: What psychiatrists can do” (*CURRENT PSYCHIATRY*, September 2023, p. 32-39, doi:10.12788/cp.0389), which was published in the same issue. The latter article addressed the psychiatric concerns associated with climate change and suggested how psychiatrists can contribute to addressing these issues. While I appreciate the authors’ efforts to shed light on this critical topic, I believe it is essential to offer an alternative perspective that may foster a more balanced discussion.

The article suggested that psychiatrists are unequivocally tasked with managing the psychological aftermath of climate-related disasters. However, it is crucial to acknowledge that this is an assumption and lacks

empirical evidence. I concur with the authors’ recognition of the grave environmental concerns posed by pollution, but it is valid to question the extent to which these concerns are fueled by mass hysteria, exacerbated by articles such as this one. Climate change undoubtedly is a multifaceted issue at times exploited for political purposes. As a result, terms such as “climate change denialism” are warped expressions that polarize the public even further, hindering constructive dialogue. Rather than denying the issue at hand, I am advocating for environmentally friendly solutions that do not come at the cost of manipulating public sentiment for political gain.

Additionally, I would argue trauma often does not arise from climate change itself, but instead from the actions of misguided radical environmentalist policy that unwittingly can cause more harm than good. The devastating destruction in Maui is a case in point. The article focuses on climate change as a cause of nihilism in this country; however, there is serious need to explore broader sociological issues that underlie this sense of nihilism and lack of life meaning, especially in the young.

It is essential to engage in a balanced and evidence-based discussion regarding climate change and its potential mental health implications. While some concerns the authors raised are valid, it is equally important to avoid fomenting hysteria and consider alternative perspectives that may help bridge gaps in understanding and unite us in effectively addressing this global challenge.

Robert Barris, MD
Flushing, New York

Michael A. Kalm, MD
Salt Lake City, Utah



September 2023

I want to send my appreciation for publishing in the same issue your editorial “A toxic and fractured political system can breed angst and PTSD” and the article “Climate change and mental illness: What psychiatrists can do.” I believe the issues addressed are important and belong in the mainstream of current psychiatric discussion.

Regarding the differing views of optimists and pessimists, I agree that narrative is bound for destruction. Because of that, several months ago I decided to deliberately cultivate and maintain a sense of optimism while knowing the facts! I believe that stance is the only one that strategically can lead towards progress.

I also want to comment on the “religionification” of politics. While I believe secular religions exist, I also believe what we are currently seeing in the United States is not the rise of secular religions, but instead an attempt to insert extreme religious beliefs into politics while using language to create the illusion that the Constitution’s barrier against the merging of church and state is not being breached. I don’t think we are seeing secular religion, but God-based religion masking as secular religion.

continued on page 32

Keep in touch!

letters@currentpsychiatry.com

OR

Comments & Controversies

CURRENT PSYCHIATRY

283-299 Market Street

2 Gateway Building, 4th Floor

Newark, NJ 07102

All letters are subject to editing.

More on physician burnout

I am writing in reference to “Burnout among surgeons: Lessons for psychiatrists” (CURRENT PSYCHIATRY, August 2023, p. 23-27,34-35,35a-35c, doi:10.12788/cp.0383). I have spent the last 8 years caring primarily for medical students and residents from osteopathic and allopathic medical schools. While I have collected data on rates of depression, anxiety, attention-deficit/hyperactivity disorder, and stress, this article hit upon a more nuanced set of observations. I ask every new person at the time of intake about which specialty interests them. Most new patients I see are not interested in the surgical specialties. I recognize that this is anecdotal evidence, but it is pertinent. How and why is the

burnout rate so high among surgeons? We know physicians have high rates of depression, anxiety, and suicide. But I wonder if this is even more of a problem among surgeons (beginning when these individuals enter medical school). The path to seeking mental health care is unfortunately ridden with barriers, including stigma, cost, and confidentiality concerns. Are these barriers even more problematic in those who self-select into the surgical subspecialties? In other words: Do medical students interested in surgery struggle to attend to their mental health even more so than the average medical student? If so, why?

It would behoove institutions to teach methods to mitigate burnout starting with first-year medical students

instead of waiting until the increased stress, workload, and responsibility of their intern year. Knowing there is a potential negative downstream effect on patient care, in addition to the negative personal and professional impact on surgeons, is significant. By taking the time to engage all medical students in confidential, affordable, accessible mental health care, institutions would not only decrease burnout in this population of physicians but decrease the likelihood of negative outcomes in patient care.

Elina Maymind, MD
Mt. Laurel, New Jersey

Disclosures

The authors report no financial relationships with any companies whose products are mentioned in their letters, or with manufacturers of competing products.

doi: 10.12788/cp.0411