

Bridging the Gap: A Survey of Licensed Psychologists' Knowledge, Attitudes, Clinical Preparedness, and Training Needs Regarding Climate Change and Mental Health in Nigeria

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DOI: <https://doi.org/10.47772/IJRISS.2026.100800388>

Received: 24 August 2026; Accepted: 29 August 2026; Published: 06 September 2026

ABSTRACT

Climate change is increasingly recognized as a significant determinant of mental health, yet the preparedness of psychologists to identify and respond to climate-related psychological distress remains insufficiently understood in Nigeria. This study examined licensed psychologists' knowledge, attitudes, clinical experiences, preparedness, professional training, and perceived training needs regarding climate change and mental health. A cross-sectional online survey was administered to psychologists practicing in Nigeria. Forty-seven complete responses collected between January 20 and 24, 2026, were analyzed using descriptive statistics, with exploratory comparisons where appropriate. Most respondents recognized climate change as a public health threat (97.9%) and believed it could affect mental health indirectly (97.9%) and directly (93.6%). However, only 34.0% considered themselves knowledgeable about climate science, while 38.3% routinely assessed environmental or climate-related distress. Although 61.7% reported confidence in differentiating climate-related distress from other anxiety or trauma, only 29.8% considered their professional training adequate for addressing climate-related mental health concerns. Familiarity with climate-aware therapy (14.9%) and relevant clinical guidelines (12.8%) was limited. Importantly, all respondents expressed interest in additional training, and 95.7% considered addressing climate-related distress part of psychologists' professional responsibility. The findings indicate a substantial knowledge-to-practice and training-to-preparedness gap. Integrating climate-health literacy, disaster mental health, climate-informed assessment, and culturally responsive therapeutic approaches into psychology education and continuing professional development may strengthen the Nigerian psychological workforce's capacity to respond to climate-related mental health needs.

Keywords: climate change; mental health; psychologists; clinical preparedness; climate-health literacy; professional training; Nigeria; climate distress

INTRODUCTION

The climate crisis has been described as the most significant global health threat of the twenty-first century, with implications that extend far beyond the immediate physical devastation of extreme weather events to encompass profound and pervasive consequences for mental health (Corvalán et al., 2022). In Article 1 of The United Nations Framework Convention on Climate Change (UNFCCC), climate change is defined as "a change of climate which is attributed directly or indirectly to human activity that alters the composition of the global

atmosphere and which is in addition to natural climate variability observed over comparable time periods" (UNFCCC, 1992). While the physical health consequences of climate change, such as heat-related morbidity, vector-borne disease, food and water insecurity, and displacement following disasters, are well documented (Campbell-Lendrum et al., 2023; Watts et al., 2019), its mental health dimensions have received comparatively less clinical and policy attention, despite a rapidly growing evidence base (World Health Organization [WHO], 2022).

The World Health Organization recognizes climate change as a key determinant of mental health and psychosocial well-being, operating through multiple interconnected pathways. Direct pathways include trauma from acute disasters such as floods, storms, and wildfires. In contrast, indirect pathways encompass anxiety about an uncertain future, ecological grief for lost ecosystems and ways of life, and the cumulative psychological strain arising from food and water insecurity, displacement, and livelihood disruption (Doherty & Clayton, 2011; Cunsolo & Ellis, 2018). The Sixth Assessment Report of the Intergovernmental Panel on Climate Change (IPCC) similarly identifies climate-related hazards as increasingly significant threats to mental health, noting that the psychological consequences are heterogeneous, ranging from posttraumatic stress, anxiety, and depressive symptoms following acute events to persistent stress, climate anxiety, and loss of meaning in the face of chronic environmental deterioration (IPCC, 2022; Harper et al., 2022). A 2024 systematic review found robust evidence that slow-onset climate change is associated with adverse mental health outcomes across diverse populations (Burrows et al., 2024), while recent African evidence further indicates that flooding, drought, displacement, and livelihood disruption are associated with psychological distress, anxiety, depression, and posttraumatic stress (Ndifofo et al., 2026).

The clinical literature has converged on several overlapping but conceptually distinct constructs that capture these phenomena. Eco-anxiety, for example, describes a future-oriented, chronic apprehension about the planet's trajectory, sometimes adaptive and motivating, sometimes severe enough to impair functioning. Ecological grief captures mourning oriented toward ecosystems, landscapes, and ways of life already lost or anticipated to be lost to climate change. Solastalgia describes the distress arising from environmental change to a place one identifies with, even while remaining physically present in it (Albrecht et al., 2007).

However, none of these constructs currently maps cleanly onto existing diagnostic categories, which creates practical difficulty for clinicians attempting to formulate, document, and bill for climate-related presentations within conventional nosological systems. This diagnostic ambiguity is itself identified in the literature as a barrier to clinical engagement with climate-related distress, independent of clinicians' awareness that the phenomenon exists. Furthermore, the current editions of the DSM-5 and ICD-10 lack specific diagnostic codes to classify climate-related mental health disorders, further complicating the integration of these conditions into routine clinical practice (Cianconi et al., 2020).

Nevertheless, research suggests that the stressors inherent to the environmental crisis can theoretically catalyze a wide array of recognized psychiatric disorders, contingent upon an individual's specific biopsychosocial vulnerability (Thoma et al., 2021). Consequently, the absence of standardized terminology such as "psychoterratic syndromes" in clinical nomenclature necessitates ongoing academic efforts to achieve conceptual clarity and improve the diagnostic utility of these manifestations (Boluda-Verdú et al., 2022; Cianconi et al., 2022). Such academic refinement is essential for clinicians to effectively distinguish between adaptive concern and pathological distress, facilitating targeted therapeutic interventions that address the unique psychological impact of environmental instability (Cianconi et al., 2023; Cosh et al., 2024).

Despite this emerging burden, climate change has historically received limited attention within mainstream mental health training, creating a significant gap between population need and clinical preparedness. Psychologists, as frontline providers of mental health care, occupy a unique position to address climate-related distress through their professional competencies in assessment, psychotherapy, behavioral change, resilience enhancement, community intervention, disaster response, advocacy, and health promotion. The American Psychological Association has formalized climate change as a policy priority for the profession, explicitly recognizing psychologists' roles in climate-change research, education, clinical practice, communication,

adaptation, mitigation, and climate justice (American Psychological Association, Task Force on Climate Change, 2022).

However, recognizing climate change as a mental health concern does not necessarily translate into clinical preparedness. Evidence from Australia, where Stilita and Charlson (2024) surveyed 59 psychologists, found that most were not prepared to identify or manage climate-related presentations in their caseloads and were largely disengaged from climate mitigation activity at a professional level. Lack of knowledge of climate-health impacts, absence of clinical frameworks, and ethical uncertainty about the boundaries of the clinical role were identified as the principal barriers to engagement.

Similarly, a survey of mental health professionals in Minnesota found that although most respondents recognized climate change as relevant to mental health, only a minority felt adequately prepared to address it clinically (Hoppe et al., 2023). Research involving psychotherapists in Germany found frequent exposure to climate-related patient concerns alongside persistent informational gaps regarding how such concerns should be addressed therapeutically (Trost et al., 2024). These findings suggest a widespread knowledge-practice-training gap that transcends national boundaries. To bridge this divide, there are urgent calls to integrate specialized training into professional development programs, as current gaps in clinical efficacy can compound the distress experienced by patients seeking support (Pitt et al., 2024).

Yet the generalizability of these findings beyond high-income contexts remains uncertain. A recent scoping review of climate change and mental health research in Africa identified only sixteen eligible empirical studies across the continent published between 2015 and 2024, concentrated in a few countries, with the review's authors noting a near-total absence of research addressing resilience, adaptation, or health-system readiness (Ndifofo et al., 2026). This gap is particularly consequential in low- and middle-income countries, where the intersection of climate vulnerability, mental health system under-resourcing, and cultural complexity creates distinctive challenges that cannot be addressed through imported frameworks developed in different contexts. Furthermore, individuals in the global south face intensified climate-related risks due to systemic economic instability and greater exposure to extreme weather, which may exacerbate existing mental health crises while complicating the delivery of care (Clayton & Brown, 2024).

Nigeria, Africa's most populous nation, exemplifies these intersecting vulnerabilities. The country faces escalating climate impacts, including desertification in the north, flooding in the central regions, and coastal erosion in the south, with flooding and other environmental hazards having affected large populations with consequences extending beyond physical injury to displacement, loss of livelihoods, grief, anxiety, depression, and trauma (Oluka et al., 2022). The country's six geopolitical zones experience diverse climate stressors, from the increasing aridity of the Sahel to the intensifying rainfall and flooding in the Niger Delta, creating heterogeneous patterns of climate-related psychological distress. Severe workforce constraints compound this physical exposure.

In Nigeria, public health and climate change literature increasingly recognizes the multi-dimensional impacts of climate change on health systems, livelihoods, and community well-being. The Nigeria national climate and health vulnerability and adaptation assessments have explicitly identified mental and psychosocial health as climate-sensitive outcomes, projecting mental health conditions to rise due to the stress of climate change from 2.6 million in 2020 to more than 3.1 million by 2030, an increase of 19.23% in 10 years (Federal Ministry of Health [FMoH], 2024). These assessments note that extreme weather events such as flooding, heatwaves, and droughts pose challenges to mental health and health system resilience, while also highlighting limited professional awareness, inadequate training on climate-health linkages, and weak coordination between climate and health sectors (FMoH, 2024).

Three considerations motivate the present study. First, the single existing psychologist preparedness survey was conducted in a high-income country with a well-resourced mental health workforce and an emerging climate-aware training infrastructure (Stilita & Charlson, 2024); its findings cannot be assumed to generalize to a low-resource, high-exposure setting such as Nigeria. Second, workforce planning and continuing education development require baseline data that do not currently exist for this population; without knowing what

psychologists already know, encounter, and lack, professional bodies and training institutions have no empirical basis for designing targeted interventions. Third, the compounding vulnerability of the Nigerian context raises the stakes of any preparedness gap considerably higher than in comparator studies.

This study therefore aims to generate foundational, Nigeria-specific evidence on psychologists' knowledge, clinical exposure, training history, perceived barriers, and training demand regarding climate change and mental health, to inform the development of targeted continuing education, clinical guidelines, and workforce capacity-building within the profession.

Aim and Objectives

This study aims to assess the current state of awareness, experience, and preparedness among licensed psychologists concerning climate change and mental health in Nigeria. The specific objectives are to:

1. Measure psychologists' beliefs and knowledge about the climate change–mental health link.
2. Document the prevalence and nature of clinical presentations of climate-related distress in their practices.
3. Evaluate the extent of formal and informal training received on this topic.
4. Identify perceived barriers (e.g., lack of frameworks, diagnostic uncertainty) to addressing these concerns in therapy.
5. Assess the demand for and interest in specialized training and resources.

Findings are intended to provide foundational data to inform the development of targeted continuing education, refine clinical guidelines, and build systemic capacity within the mental health profession to meet the growing demand for climate-aware psychological services in Nigeria.

METHOD

Research Design

A descriptive cross-sectional survey design was employed to assess knowledge, attitudes, clinical preparedness, professional experiences, and training needs among licensed psychologists practicing in Nigeria.

Participants and Data Source

The dataset contained 47 complete responses to an online questionnaire. Responses were recorded between January 20 and January 24, 2026. Respondents were individuals who identified themselves as licensed psychologists practicing in Nigeria.

The sample consisted of 25 males (53.2%) and 22 females (46.8%). The largest age group was 35–44 years (57.4%). Twenty respondents (42.6%) had practiced for fewer than five years and 19 (40.4%) had practiced for 5–10 years.

Thirty-eight respondents (80.9%) held master's degrees and nine (19.1%) held doctoral qualifications. Forty-six respondents (97.9%) reported membership of the Nigerian Association of Clinical Psychologists.

Instrument

The survey questions consisted of demographic questions and structured items assessing:

1. climate-change knowledge and beliefs;

2. perceptions of climate change as a mental health issue;
3. clinical exposure to climate-related psychological problems;
4. clinical assessment practices;
5. confidence and preparedness;
6. exposure to formal and continuing education;
7. familiarity with climate-informed therapeutic frameworks and guidelines;
8. professional responsibility; and
9. interest in further training.

Most substantive items used categorical response options of *Yes*, *No*, and *Not Sure*.

Data Analysis And Results

Data Analysis

Data were analyzed using descriptive statistics, including frequencies and percentages. Because the sample was small and the survey instrument consisted predominantly of categorical items without established psychometric validation, inferential analyses were treated as exploratory rather than confirmatory.

No attempt was made to construct psychometrically validated composite scores from the individual categorical questions. This approach reduces the risk of attributing reliability or construct validity to an instrument that was primarily developed for exploratory needs assessment.

Sociodemographic Characteristics

The sample was relatively experienced and professionally diverse. Twenty-seven respondents (57.4%) were aged 35–44 years, while 14 (29.8%) were aged 45 years or older. Most respondents were located in the Middle Belt (53.2%), followed by the South-West (14.9%), North-West (12.8%), North-East (12.8%), and South-South (6.4%).

Regarding work setting, 14 (29.8%) worked in NGOs/community-based organizations, 11 (23.4%) in universities or teaching hospitals, nine (19.1%) in private practice, and six (12.8%) in general hospitals/public health facilities.

The predominant theoretical orientations were cognitive-behavioural (51.1%) and integrative/eclectic (38.3%).

Table 1 Selected Characteristics of Respondents (N = 47)

Characteristic	N	%
Male	25	53.2
Female	22	46.8
Age 35–44 years	27	57.4
<5 years professional practice	20	42.6
5–10 years professional practice	19	40.4
Master's degree	38	80.9
Doctoral degree	9	19.1
NACP members	46	97.9

Urban practice	28	59.6
Semi-urban practice	10	21.3
Rural practice	9	19.1

Knowledge and Perceptions

Knowledge-related responses demonstrated strong recognition of the broad relationship between climate change and health. Forty-six respondents (97.9%) believed climate change poses a threat to global public health. Forty-six (97.9%) believed climate change can indirectly affect mental health, while 44 (93.6%) believed it can directly affect mental health.

However, only 16 respondents (34.0%) considered themselves knowledgeable about the science of climate change. Eighteen (38.3%) explicitly reported that they were not knowledgeable, while 13 (27.7%) were unsure.

Similarly, although 42 respondents (89.4%) believed climate change could influence the presentation or severity of existing psychopathology, recognition of specific clinical constructs was considerably weaker. Only 11 respondents (23.4%) reported encountering presentations they would classify as eco-anxiety, and 13 (27.7%) reported encountering ecological grief.

These findings suggest high conceptual awareness but substantially lower specialized climate-health literacy.

Clinical Experience and Preparedness

Thirty respondents (63.8%) considered climate-related mental health relevant to their current clinical practice. However, only nine (19.1%) reported that a client had explicitly identified climate change as a primary reason for seeking therapy.

Twenty respondents (42.6%) had identified climate change as a significant contributing factor to client distress even when the client had not initially identified it. Twenty-six respondents (55.3%) reported noticing increased anxiety, depression, or stress following local climate-related events.

Eighteen respondents (38.3%) routinely included environmental or climate-related questions in initial assessments, compared with 23 (48.9%) who did not.

Twenty-nine respondents (61.7%) reported confidence in differentiating climate-related distress from other forms of anxiety or trauma, although 12 (25.5%) were unsure.

Table 2 Knowledge, Clinical Experience, and Preparedness Indicators

Indicator	Yes n (%)	No n (%)	Not Sure n (%)
Climate change is occurring	44 (93.6)	0 (0.0)	3 (6.4)
Climate change threatens public health	46 (97.9)	0 (0.0)	1 (2.1)
Climate change directly affects mental health	44 (93.6)	1 (2.1)	2 (4.3)
Climate change indirectly affects mental health	46 (97.9)	0 (0.0)	1 (2.1)
Climate change influences psychopathology	42 (89.4)	1 (2.1)	4 (8.5)
Personally knowledgeable about climate science	16 (34.0)	18 (38.3)	13 (27.7)
Climate-related mental health relevant to practice	30 (63.8)	6 (12.8)	11 (23.4)
Identified climate change as contributing to distress	20 (42.6)	16 (34.0)	11 (23.4)
Encountered eco-anxiety	11 (23.4)	25 (53.2)	11 (23.4)
Encountered ecological grief	13 (27.7)	26 (55.3)	8 (17.0)
Treated extreme-weather trauma	18 (38.3)	24 (51.1)	5 (10.6)
Routinely assess climate/environmental distress	18 (38.3)	23 (48.9)	6 (12.8)
Confident differentiating climate-related distress	29 (61.7)	6 (12.8)	12 (25.5)

Training and Professional Preparedness

The findings revealed substantial gaps in formal education and professional resources.

Twenty-eight respondents (59.6%) reported that their graduate or doctoral training included some content on environmental issues and mental health. Nevertheless, only 13 (27.7%) had attended a continuing education workshop, seminar, or conference specifically addressing climate change and mental health.

Sixteen respondents (34.0%) had received formal training in treating trauma associated with natural disasters or extreme weather. Only seven (14.9%) were familiar with climate-aware therapy or similar frameworks.

Knowledge of clinical guidelines was particularly limited: only six respondents (12.8%) knew of clinical guidelines or resources for climate-related mental health.

Only 14 respondents (29.8%) believed their professional training had adequately prepared them to address climate-related mental health concerns. Twenty respondents (42.6%) said their training was inadequate, while 13 (27.7%) were unsure.

Table 3 **Training, Resources, and Professional Preparedness**

Indicator	Yes n (%)	No n (%)	Not Sure n (%)
Graduate training included environmental mental health	28 (59.6)	15 (31.9)	4 (8.5)
Attended climate mental-health continuing education	13 (27.7)	27 (57.4)	7 (14.9)
Formal training in disaster/extreme-weather trauma	16 (34.0)	27 (57.4)	4 (8.5)
Familiar with climate-aware therapy	7 (14.9)	31 (66.0)	9 (19.1)
Know relevant clinical guidelines/resources	6 (12.8)	30 (63.8)	11 (23.4)
Sought information independently	21 (44.7)	20 (42.6)	6 (12.8)
Professional training considered adequate	14 (29.8)	20 (42.6)	13 (27.7)

Professional Attitudes and Training Need

Professional attitudes were strongly supportive. Forty-five respondents (95.7%) believed it was within psychologists' professional responsibility to address climate-related distress when presented by a client.

Thirty-three respondents (70.2%) perceived a lack of clear therapeutic frameworks as a major barrier to clinical practice.

Most strikingly, all 47 respondents (100%) expressed interest in receiving training to improve their capacity to identify and address climate-induced mental health distress.

An exploratory comparison suggested that psychologists who reported personal exposure to significant extreme weather were more likely to report adequate training (39.1%) than those who did not report such exposure or were unsure (20.8%). However, after collapsing responses into exposed versus not exposed/unsure, Fisher's exact test did not demonstrate a statistically significant association ($p = .212$). Given the small sample, these findings should be interpreted cautiously.

DISCUSSION OF FINDINGS

The central finding of this study is a pronounced discrepancy between recognition and readiness. Respondents overwhelmingly acknowledged that climate change is occurring and that it represents a public health and mental health concern. More than 90% recognized direct or indirect mental health effects. Nevertheless, only one-third considered themselves knowledgeable about climate science, fewer than four in ten routinely incorporated climate-related questions into assessment, and fewer than one-third considered their professional training

adequate. This gap highlights a critical necessity for specialized educational initiatives, as nearly half of practitioners currently report a lack of guidance on integrating these concerns into their therapeutic practice (Trost et al., 2024).

This pattern closely parallels international evidence. Australian psychologists have reported insufficient preparation for climate-related mental health presentations despite recognizing the importance of climate-health impacts (Stilita and Charlson, 2024). Similarly, Minnesota mental health professionals demonstrated substantial awareness of climate-related psychological consequences but limited preparedness and access to clinical resources (Hoppe et al., 2023). The convergence of these findings across different professional and geographical contexts suggests that the knowledge-to-practice gap may represent a broader feature of the emerging climate mental health field rather than an exclusively Nigerian problem.

The high level of conceptual recognition in the present sample is encouraging. Almost all respondents recognized climate change as a public health threat, and more than 90% recognized direct or indirect effects on mental health. This indicates that the principal problem is unlikely to be outright rejection of climate-health science. Instead, the more important problem is translation of general awareness into clinical competence.

The low familiarity with eco-anxiety and ecological grief is particularly important. Although these terms have entered professional and public discourse, their clinical interpretation remains contested. Their low recognition in this sample may reflect genuine low exposure, limited training, uncertainty about terminology, or the fact that climate distress may frequently be presented through conventional symptoms such as anxiety, depression, trauma, sleep disturbance, or adjustment difficulties. The finding that 42.6% of respondents had nevertheless identified climate change as a contributing factor to client distress suggests that climate-related concerns may already be clinically relevant even when specialized terminology is not used.

A particularly important finding was that fewer than 40% routinely assessed climate-related exposure or distress. This may create an important blind spot in clinical formulation. Climate-related stressors can function as precipitating, perpetuating, or contextual factors without becoming the presenting complaint. A patient may present with anxiety after displacement, depression following livelihood loss, or trauma after flooding without explicitly describing the experience as climate-related. Consequently, climate-informed assessment should not necessarily involve asking every patient whether they have “climate anxiety”; rather, it can involve routinely considering environmental exposure, disaster experience, displacement, heat stress, livelihood disruption, and ecological loss as contextual variables when clinically relevant.

The training findings provide perhaps the strongest argument for curriculum reform. Although 59.6% reported some climate-related content during graduate education, only 29.8% believed their training had adequately prepared them for clinical practice. This distinction is crucial: exposure to information is not equivalent to competency development. Effective training should move beyond awareness lectures toward applied competencies involving assessment, formulation, intervention, disaster response, communication, ethical practice, and interprofessional collaboration.

The finding that only 12.8% knew of relevant clinical guidelines is especially concerning. Professional preparedness depends not only on individual knowledge but also on access to standardized practice resources. The WHO has explicitly called for climate considerations to be integrated into mental health programmes and for mental health and psychosocial support to be incorporated into climate and disaster responses. Its 2025 guidance further emphasizes cross-sectoral action integrating mental health into environmental, conservation, and climate-protection policies.

The finding that 95.7% regarded climate-related distress as falling within psychologists’ professional responsibility provides an important foundation for professional development. The challenge is therefore not principally whether psychologists accept a professional role, but whether they possess the competencies and organizational resources required to perform that role.

The 100% interest in additional training is particularly notable. Although the result may partly reflect selection bias associated with voluntary participation in a climate-related survey, it nevertheless indicates a strong potential demand for continuing professional education. Such training should be locally contextualized rather than simply importing frameworks developed in high-income countries.

For Nigeria, climate-informed psychological training should include flooding, heat exposure, displacement, food and livelihood insecurity, environmental degradation, disaster-related trauma, climate-related migration, ecological grief, and the interaction between climate stress and existing mental disorders. Training should also incorporate cultural and community dimensions, given the central role of family, community networks, faith systems, traditional coping resources, and socioeconomic conditions in psychological adjustment.

The findings also support the development of a stepped competency model. Foundational competencies could include climate-health literacy and recognition of climate-related psychological effects. Intermediate competencies could involve climate-informed assessment, formulation, trauma intervention, grief work, and resilience-building. Advanced competencies could encompass community intervention, disaster preparedness, advocacy, climate-health research, supervision, and policy engagement. This approach is consistent with broader proposals for core climate-health competencies among health professionals (Sorensen et al., 2023).

CONCLUSION AND RECOMMENDATIONS

Conclusion

This exploratory survey demonstrates a substantial gap between Nigerian psychologists' recognition of climate change as a mental health concern and their preparedness to respond clinically. Respondents showed strong awareness of the public-health and psychological implications of climate change and overwhelmingly endorsed psychologists' professional responsibility to address climate-related distress. However, specialized climate-health knowledge, routine climate-informed assessment, familiarity with clinical resources, exposure to continuing education, and perceived training adequacy remained limited.

The findings therefore suggest that the principal challenge is not whether psychologists recognize climate change, but whether the psychological workforce is equipped to translate that recognition into competent clinical and community practice.

Recommendations

1. Integrate climate mental health into psychology curricula

Graduate psychology programmes should incorporate climate-health literacy into core training. Content should include climate-related psychopathology, disaster psychology, ecological grief, climate anxiety, environmental determinants of mental health, climate justice, and culturally responsive intervention.

2. Develop continuing professional development programmes

Professional associations, universities, hospitals, and relevant government agencies should develop CPD programmes specifically addressing climate change and mental health. Training should be competency-based and include practical case formulation and intervention exercises.

3. Develop Nigerian clinical guidance

There is a need for locally relevant clinical guidance on climate-related mental health. Such guidance should address assessment, differential formulation, trauma intervention, grief, community psychosocial support, referral, disaster response, and ethical considerations.

4. Incorporate climate-related questions into clinical assessment where appropriate

Routine psychological assessment protocols should include consideration of recent disaster exposure, displacement, environmental stressors, livelihood disruption, heat exposure, and climate-related losses where clinically relevant.

5. Establish multidisciplinary climate-health collaboration

Psychologists should collaborate with public health specialists, meteorologists, environmental scientists, social workers, disaster-management professionals, community organizations, and policymakers. Climate-related mental health is inherently interdisciplinary.

6. Strengthen disaster mental health preparedness

Because flooding and other extreme weather events are increasingly important in Nigeria, psychologists should be incorporated into disaster preparedness and response structures. Training should include Psychological First Aid, trauma-informed care, community-based psychosocial support, and longer-term recovery interventions. Furthermore, these professionals should actively engage in policy advocacy to ensure that mental health and psychosocial support remain integral components of national disaster risk reduction and climate-resilience strategies (Riaz et al., 2023).

7. Develop culturally responsive climate mental-health frameworks

Interventions should account for Nigerian sociocultural realities, including community structures, family systems, religious and spiritual coping, livelihood dependence on climate-sensitive sectors, displacement, poverty, and regional differences in climate exposure. Furthermore, fostering these locally grounded strategies may require the establishment of robust surveillance systems to track shifting mental health trends and the long-term outcomes of psychosocial interventions.

8. Expand empirical research

Future studies should recruit larger and more geographically representative samples across all geopolitical zones. Researchers should develop and validate standardized measures of climate-health literacy, clinical preparedness, climate-informed practice, and training needs among Nigerian mental health professionals. Additionally, these studies must transcend Western paradigms to incorporate diverse cultural variables, such as educational background and religious coping mechanisms, to ensure findings are tailored to specific demographic needs (Pitt et al., 2023).

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