

HOTTER SUMMERS, HIDDEN HARMS

CLIMATE CHANGE AND THE MENTAL HEALTH STRATEGY FOR ENGLAND



SUMMARY

- ⦿ The physical health risks relating to extreme heat are well known but the risks to mental health, and particularly to people with severe mental illness, are much less recognised
- ⦿ People with severe mental illness are at increased risk during heatwaves as a result of medication, physical health problems, poor housing and isolation
- ⦿ Mental health service buildings tend to be older than other parts of the NHS estate and are not well adapted to heat. Inpatients often cannot open windows or leave the ward to cool down
- ⦿ There is almost no evidence on what works to protect people with severe mental illness during heatwaves
- ⦿ The mental health strategy for England should: set out what mental health services need to do at each Heat-Health Alert level; include heat and flood risk as part of the annual physical health check for people with severe mental illness; fund adaptation of existing settings before summer 2027 and build climate resilience into new neighbourhood centres; evaluate the costs and benefits of climate adaptations.



INTRODUCTION

Global heating is now a reality and it is affecting all of us. Summer 2026 was the UK's hottest on record (Met Office, 2026), beating a record set only the year before, and brought a succession of heatwaves that posed a severe risk to health.

The physical health risks relating to extreme heat are well known but the risks to mental health, and particularly to people with severe mental illness, are much less recognised. Action is needed now to prepare people, communities, and mental health services for future heatwaves and other climate hazards such as flooding and wildfires.

This briefing paper from Centre for Mental Health, Manchester Metropolitan University, and the University of York draws on research we have carried out together through WARM, a research collaboration funded by the National Institute for Health and Care Research (NIHR). It summarises what we know about these risks and sets out options for policymakers in England to prepare for and respond to them.

HIDDEN HARMS FROM HEAT

People living with severe mental illness are among those most at risk when temperatures rise. During the 2021 heat dome in British Columbia, people living with schizophrenia faced a threefold increase in their risk of death (Lee *et al.*, 2023). Each 1°C rise in temperature is linked to an almost 1% increase in hospital admissions and emergency visits for mental health conditions, including schizophrenia, and a 2.2% increase in deaths related to mental health (Liu *et al.*, 2021). Heat disrupts sleep (Chevance *et al.*, 2024), and mental health emergencies and suicides appear to follow night time temperatures more closely than daytime ones (Mullins and White, 2019).

Several factors combine to create this risk. Some psychiatric medications, including antipsychotics and lithium, affect the body's ability to regulate temperature or raise the risk of dehydration and toxicity in hot weather (Martin-Latry *et al.*, 2007; Gitlin, 2016). During the 2003 European heatwave, older people taking any psychotropic medication had a 30% higher risk of death (Nordon *et al.*, 2009). People with severe mental illness already die 15 to 20 years earlier than the general population, often from heart and lung conditions that heat makes worse. They are also more likely to live in poverty, in poor quality housing, and in neighbourhoods that trap heat, and to be isolated, with fewer people checking on them when it is hot (Chakraborty *et al.*, 2019; Dumont and Mathis, 2023).

Statistics on deaths and hospital admissions tell only part of the story. Extreme weather also adds to the daily work of staying well, for people with severe mental illness and for those who care for them.

As Isaac Samuels OBE, Lived Experience Advisor for Equally Well UK told us:



"As a disabled person living with long-term mental and physical health conditions, managing heat is already difficult for me. My concern is that climate responses can overlook people living with severe mental illness, particularly those also facing racism, poverty or inaccessible support. Keeping safe should not depend on being able to afford cooling, travel somewhere cooler or navigate complicated advice. We need accessible information, practical support and safe spaces, shaped with us from the outset. Climate justice means taking our needs seriously and giving us a real say in the decisions that affect our lives."

One carer involved in our work put it:



“For people already managing mental illness alongside physical health conditions, medication, sensory needs, fatigue or mobility difficulties, very hot weather or disruption to transport and services can make everyday tasks, appointments and self-care much harder. [...] There is also an additional layer of responsibility in trying to anticipate risk, maintain routines and make sure someone remains safe when services or usual supports are disrupted.”

The places where care is delivered add to the risk. The mental health services estate in the NHS is outdated and often unfit for purpose. Mental health service buildings are more likely than any other part of the NHS to pre-date its establishment in 1948. Both inpatient wards and community services are disproportionately in dilapidated buildings, with long repairs backlogs. Many inpatient services have little or no outdoor space, and what exists is of poor quality.

Mental health inpatient environments are unique in the NHS. People tend to stay much longer than in other hospitals: the average stay on an adult acute ward is 48 days, and stays are much longer in some specialised settings. Detention under the Mental Health Act restricts people’s ability to leave hospital, and in some cases to move around within wards. For safety reasons, windows often cannot be opened, which makes it harder to ventilate wards or keep them cool.

Poor environments also affect staff, who work in over-heated environments at risk to their own health while trying to offer therapeutic care in unsuitable spaces.

Policy has not yet caught up. The UK Government’s forthcoming mental health strategy for England has an opportunity to signal the importance of climate adaptation in mental health services, and to address the climate-related risks faced by people with a severe mental illness. It can prompt action and adaptation to moderate and mitigate the risks, and develop a longer-term approach to people’s safety and wellbeing.

POLICY AND PRACTICE SOLUTIONS

Tackling the effects of the climate crisis in mental health services requires systemwide action, and much of it can start before next summer. But our research found almost no evaluated UK examples of what protects people with mental health problems from heat or flooding, none designed for people with severe mental illness, and no economic evidence. Action and evidence therefore need to move together: some of the measures below need national action, others can begin locally now, and each should be introduced in a way that shows whether it works, for whom, and at what cost.

WHAT THE MENTAL HEALTH STRATEGY SHOULD COMMIT TO

Some of the most important changes can only be made nationally. The mental health strategy for England should commit to the following.

- 1. Make mental health visible in adverse weather planning:** the UKHSA Adverse Weather and Health Plan, Heat-Health Alert action cards, NHS emergency preparedness standards and local resilience forum plans should set out what mental health services and primary care teams are expected to do for people with severe mental illness at each alert level. Currently, adaptation falls between emergency planning, estates and clinical teams, so nobody owns it.

2. **Fund adaptation of the existing mental health estate:** adapting wards and community buildings will need investment, and the long repair backlogs in the mental health estate mean this cannot simply be absorbed locally. The strategy should set out dedicated funding for climate adaptation in mental health settings, so that trusts and integrated care boards can act on the local actions outlined below.
3. **Create new mental health settings that are climate resilient from the start:** the 100 new neighbourhood mental health centres, announced in July 2026, have a unique opportunity to embed climate resilience from their original design onwards, and to be coproduced with communities and service users to be safe and cool in summer. In line with their role as centres for local communities, they can become 'cool spaces' for all who need them during these times.
4. **Build the evidence alongside the action:** the strategy should commit to evaluating mental health adaptations as they are introduced, involving people with lived experience in deciding what success looks like. Without this, money spent on adaptation over the next decade will not tell us what works, for whom, or whether it reduces pressure on crisis and inpatient services.

WHAT LOCAL SYSTEMS CAN DO BEFORE NEXT SUMMER

Integrated care boards, NHS trusts, primary care, local authorities and voluntary sector partners do not need to wait for the strategy. They can begin these actions before next summer, and each should be introduced in a way that shows whether it works.

1. **Support people to adapt their homes:** even small changes at home can enable people with a severe mental illness to cope better with extreme heat. Local authorities and housing providers could ensure people's homes are adapted where possible, or provide additional support where necessary.
2. **Build climate literacy within mental health services:** provide information to both service users and their families and staff working in mental health services about how to cope with extreme heat, including while taking medication that makes this more difficult. This should cover keeping cool and sleeping on hot nights, and storing medicines safely. Recovery Colleges would be a suitable setting for learning to be coproduced and cascaded effectively. Heat and flood planning should also become a routine part of care plans and crisis plans, starting in Early Intervention in Psychosis services.
3. **Ensure people with severe mental illness can access community 'cool spaces':** provide information and access to existing 'cool spaces', and enable their staff or volunteers to offer a friendly welcome to a trauma-informed environment for people with a severe mental illness. Provision is currently patchy, poorly publicised, and has no clear owner. Linking mental health support to existing spaces such as libraries, community hubs and crisis cafés is likely to be quicker and cheaper than building new ones. Many people cannot or will not leave home in the heat, so cool spaces need to work alongside proactive contact with those most at risk.
4. **Adapt mental health inpatient and community environments:** existing settings need to be adapted now. There's no one-size-fits-all solution, but providers will need dedicated funding over the coming months to prepare for summer 2027. This should include temperatures on wards at night, which affect sleep and recovery, and the conditions in which staff work. This is essential work for all NHS-funded mental health service providers, and for integrated care boards.

OUR RESEARCH AND NEXT STEPS

We have collaborated on early research and learning about the impacts of climate change in mental health services. We intend to continue this work and test out novel approaches and solutions. We will coproduce this work with people who use and work in mental health services. We welcome opportunities to build more learning and share practical ideas that can make a difference.

REFERENCES

- Chakraborty, T., Hsu, A., Manya, D. and Sheriff, G. (2019) Disproportionately higher exposure to urban heat in lower-income neighbourhoods: a multi-city perspective. *Environmental Research Letters*, 14(10), 105003. doi: <https://doi.org/10.1088/1748-9326/ab3b99>
- Chevance, G., Minor, K., Vielma, C., et al. (2024) A systematic review of ambient heat and sleep in a warming climate. *Sleep Medicine Reviews*, 75, 101915. doi: <https://doi.org/10.1016/j.smr.2024.101915>
- Dumont, C. R. and Mathis, W. S. (2023) Mapping heat vulnerability of a community mental health center population. *Community Mental Health Journal*, 59, 1330–1340. doi: <https://doi.org/10.1007/s10597-023-01119-9>
- Gitlin, M. (2016) Lithium side effects and toxicity: prevalence and management strategies. *International Journal of Bipolar Disorders*, 4, 27. doi: <https://doi.org/10.1186/s40345-016-0068-y>
- Lee, M. J., McLean, K. E., Kuo, M., Richardson, G. R. A. and Henderson, S. B. (2023) Chronic diseases associated with mortality in British Columbia, Canada during the 2021 Western North America extreme heat event. *GeoHealth*, 7(3), e2022GH000729. doi: <https://doi.org/10.1029/2022GH000729>
- Liu, J., Varghese, B. M., Hansen, A., Xiang, J., Zhang, Y., Dear, K., Gourley, M., Driscoll, T., Morgan, G., Capon, A. and Bi, P. (2021) Is there an association between hot weather and poor mental health outcomes? A systematic review and meta-analysis. *Environment International*, 153, 106533. doi: <https://doi.org/10.1016/j.envint.2021.106533>
- Martin-Latry, K., Goumy, M. P., Latry, P., Gabinski, C., Bégaud, B., Faure, I. and Verdoux, H. (2007) Psychotropic drugs use and risk of heat-related hospitalisation. *European Psychiatry*, 22(6), 335–338. doi: <https://doi.org/10.1016/j.eurpsy.2007.03.007>
- Met Office (2026). *Summer 2026 provisionally hottest on record for the UK*. Available from: <https://www.metoffice.gov.uk/about-us/news-and-media/media-centre/weather-and-climate-news/2026/summer-2026-provisionally-hottest-on-record-for-the-uk> [Accessed: 5 October 2026]
- Mullins, J. T. and White, C. (2019) Temperature and mental health: evidence from the spectrum of mental health outcomes. *Journal of Health Economics*, 68, 102240. doi: <https://doi.org/10.1016/j.jhealeco.2019.102240>
- Nordon, C., Martin-Latry, K., de Roquefeuil, L., Latry, P., Bégaud, B., Falissard, B., Rouillon, F. and Verdoux, H. (2009) Risk of death related to psychotropic drug use in older people during the European 2003 heatwave: a population-based case-control study. *American Journal of Geriatric Psychiatry*, 17(12), 1059–1067. doi: <https://doi.org/10.1097/JGP.0b013e3181b7ef6e>



BRIEFING 72: HOTTER SUMMERS, HIDDEN HARMS

CLIMATE CHANGE AND THE MENTAL HEALTH STRATEGY FOR ENGLAND

By Andy Bell, Peter Coventry and Tim Doran

Published October 2026

This briefing draws on independent research funded by the National Institute for Health and Care Research (NIHR) through the WARM Development Award (NIHR506614). The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

Image: istockphoto.com/portfolio/VictorHuang

Centre for Mental Health is an independent charity and relies on donations to carry out further life-changing research.

Support our work here:

www.centreformentalhealth.org.uk/donate

© Centre for Mental Health, 2026

Recipients (journals excepted) are free to copy or use the material from this paper, provided that the source is appropriately acknowledged.

Charity registration no. 1091156. A company limited by guarantee registered in England and Wales no. 4373019