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Strengthening Climate Resilience Through Counselling Education and Community Partnerships: Pacific TAFE and USP's Potential Contribution to MHPSS

R K Prajapati*, Asishna Ansu and Jinesh Lal

Pacific TAFE, The University of the South Pacific, Suva, Fiji

***Corresponding author:** R K Prajapati, Programme Coordinator: Counselling, Pacific TAFE, The University of the South Pacific, Suva, Fiji

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ABSTRACT

Climate change affects mental health and psychosocial wellbeing through disasters, displacement, livelihood insecurity, social disruption and prolonged environmental loss. In Pacific Small Island Developing States, these pressures interact with geography, cultural obligations and unevenly resourced services. Higher education and technical and vocational education may strengthen resilience by preparing counsellors, community workers and organisational leaders. This paper examines the potential contribution of Pacific TAFE and the University of the South Pacific through counselling education, professional development and community partnerships. Using a narrative policy review and conceptual analysis, it draws on World Health Organization guidance, disaster risk reduction principles, Pacific regional policy and programme areas described in the conference abstract. It proposes a Climate-Responsive MHPSS Education and Partnership Framework linking culturally safe counselling competencies, community-led support, referral pathways, institutional preparedness, workforce wellbeing and partnership accountability. The abstract supplies no graduate outcomes, course evaluations, service-use data or partner interviews, so no programme effectiveness findings are claimed. The paper recommends climate-related scenarios in training, supervised practice, referral protocols, formal partnerships and community-defined evaluation. Counselling education should be treated as one component of climate adaptation and health equity while avoiding the medicalisation of normal distress and ensuring access to specialist care where needed [1].

Keywords: Climate Resilience; Counselling Education; Mental Health and Psychosocial Support; Pacific Tafe; University of The South Pacific; Community Partnerships; Disaster Preparedness; Cultural Safety; Workforce Development

Introduction

Climate change threatens health through heat, extreme weather, sea-level rise, food and water insecurity, displacement and disruption of livelihoods. These pathways can contribute to grief, anxiety, distress and other psychosocial consequences. The World Health Organization recommends integrating mental health into climate policy and climate considerations into mental health programmes, alongside community-based approaches and attention to funding gaps. [2] In Pacific communities, psychosocial wellbeing cannot be reduced to individual diagnosis. Climate impacts may disrupt place-based identity, cultural practices, education, livelihoods and family networks. Families, faith groups, traditional leaders, schools and community networks can provide support, while specialist services remain necessary for people with serious or persistent needs. The submitted abstract describes Pacific TAFE as offering counselling qualifications across USP's regional footprint and links professional management education to climate-responsive leadership. Programme titles, levels, campus availability and curriculum content must be checked against current official records. This paper does not claim that existing programmes have already produced measurable resilience outcomes.

Aim and Research Questions

The aim is to develop a practical framework for integrating climate-responsive mental health and psychosocial support (MHPSS) into counselling education, professional development and community partnerships. The questions are:

1) What climate-related psychosocial challenges should be considered in Pacific counselling education?

2) How can training support culturally safe, community-centred MHPSS without replacing health services or community leadership?

3) What partnership and evaluation arrangements are needed to assess preparedness, referral quality and psychosocial wellbeing?

Methodology

This paper uses a narrative policy review and conceptual synthesis. It considers WHO's policy brief on mental health and climate change; guidance on disaster risk reduction and MHPSS; Pacific regional policy, including the 2050 Strategy for the Blue Pacific Continent; and literature on community-based and culturally responsive support. Institutional programme descriptions are drawn from the authors' abstract and are not independently audited. [3] Sources were synthesised around psychosocial risk, community assets and cultural safety, workforce competencies, referral coordination, and monitoring. This is not a systematic review; no database search protocol or screening flow is claimed. No original interviews, focus groups, programme records, graduate data or service statistics were supplied. Findings are therefore analytical propositions and recommendations, not empirical evaluation results.

Climate Change and Psychosocial Wellbeing in The Pacific

Climate-related psychosocial impacts occur through acute disasters and slower cumulative change. Acute events may involve fear, bereavement, injury, loss of shelter and service disruption. Longer-term pressures include uncertainty over relocation, repeated losses, financial strain, livelihood erosion and concern for future generations. Effects vary with age, gender, disability, income, previous experiences, social support and access to services. Distress after a frightening event is not automatically a mental disorder. Responses should avoid pathologising understandable grief and fear. Practical assistance, social connection and psychological first aid may help many people, while severe, persistent or high-risk symptoms require timely referral to qualified professionals. [4] Pacific perspectives on wellbeing often emphasise relationships among people, family, community, spirituality, land and ocean. These perspectives must not be homogenised: languages, traditions and service expectations vary widely. Culturally responsive support requires local consultation, language access, humility and respect for community protocols. Traditional and faith-based support may be valuable when chosen by people and communities, but should not displace confidential, evidence-informed or specialist care. Structural constraints such as workforce shortages, outer-island transport, connectivity and service continuity must also be addressed.

The Role of Counselling Education and Professional Development

Counselling programmes can prepare trainees to recognise climate-related stressors, provide appropriate early support, understand disaster response, work within professional boundaries, identify risk, make referrals and support recovery. Competence should be demonstrated through supervised practice and scenario-based assessment rather than inferred from course completion alone. Professional management education adds a related organisational dimension. Climate-related psychosocial resilience depends partly on whether workplaces and public institutions have emergency plans, fair employment practices, staff-support systems, accessible communications and continuity arrangements. Management education can help leaders incorporate psychosocial considerations into risk management, procurement, business continuity and community engagement. Training alone does not create an operational service. Graduates need supervision, manageable caseloads, referral options, professional standards and continuing development. Programmes must clearly state what counsellors can and cannot do, particularly in emergencies, and must not promise trauma treatment where practitioners are not qualified or resourced to provide it.

Proposed Climate-Responsive MHPSS Education and Partnership Framework

Figure 1 presents five mutually reinforcing components: counselling education and supervision; community-led and culturally safe support; preparedness and referral pathways; institutional leadership and workforce wellbeing; and partnerships, funding and accountability. The framework should be adapted through local consultation rather than imposed as a uniform regional template. Education should include climate and disaster literacy, psychological first aid within role boundaries, cultural safety, safeguarding, referral skills and practitioner self-care. Community partners should help define priorities, review scenarios and identify trusted routes to support. Institutions should map services, agree referral thresholds, plan continuity and ensure that staff can access supervision and support after critical incidents. Partnerships should clarify responsibilities, confidentiality, safeguarding, data sharing, funding and review processes [4].

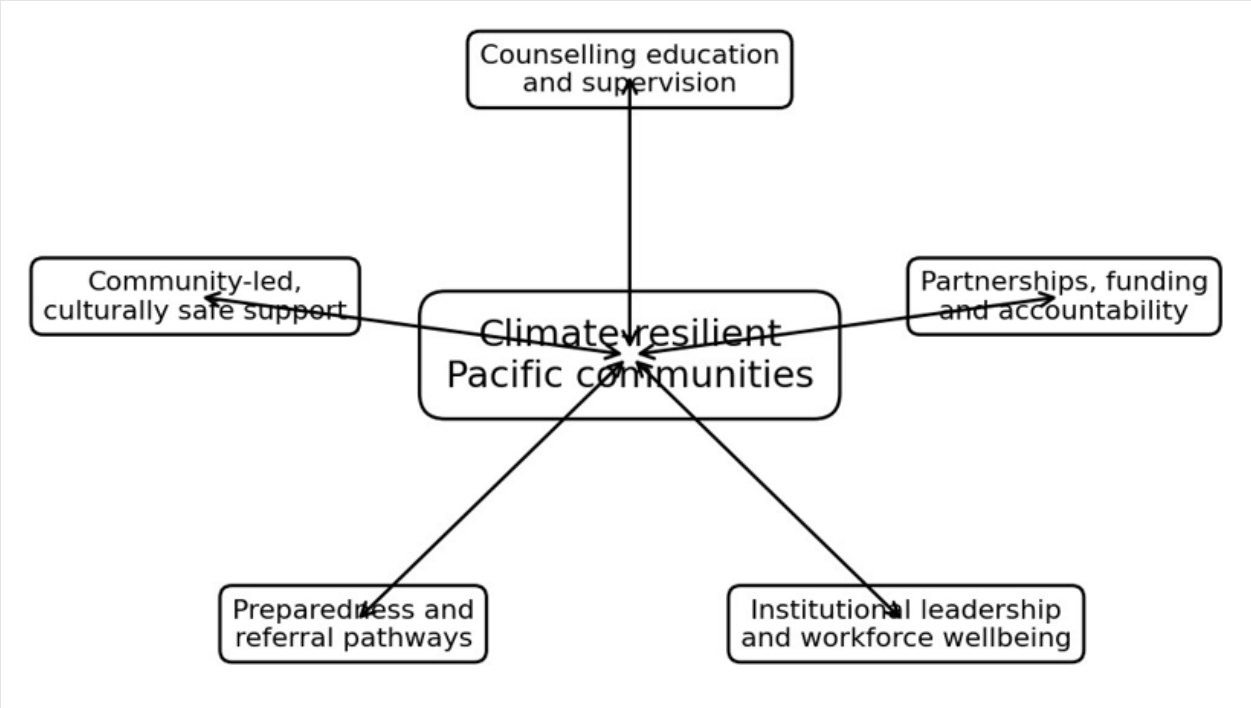


Figure 1: Climate-Responsive MHPSS Education and Partnership Framework (proposed).

Monitoring, Evaluation and Research Agenda

Evaluation should distinguish inputs, outputs, outcomes and longer-term impacts. Counting trainees or workshops may help programme management but cannot demonstrate improved wellbeing by itself. A practical evaluation could measure trainer and supervision capacity; completion of climate-responsive modules; demonstrated knowledge and referral decisions; availability of updated referral maps; community perceptions of cultural safety; and continuity of support after climate events. Mixed methods and community-defined indicators are appropriate where resources allow. Baseline information and follow-up should be used when feasible, with transparent sampling, consent and safeguarding. Research on mental health, trauma, children, displacement or disaster exposure requires particular attention to privacy, stigma, referral and limits of confidentiality. Evaluation protocols should not invite disclosure of distress without a safe response pathway.

Discussion

Three propositions follow. First, climate-responsive MHPSS should be part of adaptation and disaster preparedness rather than activated only after an event. Second, higher education institutions can support workforce development, but training quality depends on supervision, referral systems and the wider service environment. Third, partnerships are most credible when locally governed, adequately resourced and evaluated against outcomes communities consider meaningful. These propositions align with WHO's call to integrate mental health into climate programmes and climate risk into mental health systems. They also imply institutional responsibility: universities should not present education as a substitute for public investment in health services. A Pacific approach can share learning regionally while allowing country and community partners to define language, cultural protocols, referral arrangements and professional standards.

Limitations and Recommendations

This is a conceptual synthesis, not an evaluation of Pacific TAFE or USP counselling programmes. Programme descriptions and campus coverage in the abstract have not been independently verified. No data were supplied on student numbers, course completion, graduate employment, competencies, community reach, partner agreements, costs or psychosocial outcomes. Recommended next steps are to audit curricula against climate-related psychosocial competencies; co-design modules with health services, disaster agencies and communities; formalise referral and supervision arrangements; develop institutional continuity and staff-wellbeing plans; pilot modules and evaluate demonstrated competencies; use community-defined indicators; and verify programme titles, qualification levels, delivery locations and accreditation before submission.

Conclusion

Climate change creates psychosocial challenges intersecting with disaster exposure, livelihoods, culture, community relationships and service access. Counselling education and professional development can contribute to resilience when embedded in culturally safe practice, supervision, referral systems and community governance. Pacific TAFE and USP may be positioned to support this work through educational reach and partnerships, but the scale and effectiveness of that contribution must be demonstrated rather than assumed. The proposed framework offers a basis for curriculum review, partnership design and evaluation. Success should be judged by safe practice, equitable access, community trust and continuity of support—not training numbers alone (Tables 1 & 2).

Table 1: Climate-responsive counselling competency matrix.

Domain	Learning outcome	Assessment
Climate/disaster literacy	Explain climate-related psychosocial pathways	Local hazard case analysis
Psychological first aid	Offer practical, non-intrusive support within role boundaries	Observed simulation
Cultural safety	Respect local languages and community protocols	Community-reviewed scenario
Cultural safety	Recognise risk and appropriate escalation	Referral decision exercise
Referral coordination	Connect people to health and social services	Service mapping exercise
Supervision and self-care	Recognise limits and vicarious trauma	Reflective supervision plan

Table 2: Proposed monitoring framework.

Level	Illustrative indicator	Possible source
Inputs	Qualified trainers, supervision hours, referral agreements	Programme records
Outputs	Trainees completing climate-responsive modules	Course records
Short-term outcome	Knowledge and appropriate referral decisions	Pre/post assessment and simulation
Service readiness	Updated referral maps and continuity plans	Document audit and drills
Community outcome	Perceived access, cultural safety and trust	Community feedback
Long-term impact	Continuity of appropriate MHPSS after events	Longitudinal data interpreted cautiously

Evaluation Design and Research Priorities

Equity should be built into the evaluation plan. Indicators may need to examine differences by island location, disability, age, gender, language, income or displacement status, but disaggregation should occur only where sample size and privacy protections make it safe. Community members should help interpret findings to avoid deficit narratives that portray remote or Indigenous communities as inherently vulnerable. The focus should be on barriers, assets, institutional responsiveness and the distribution of support. Longer-term research could examine whether graduates remain in relevant roles, whether referral pathways are used appropriately, whether services continue during climate emergencies, and whether communities report better access and cultural safety. Any causal claim would require a design that accounts for other influences, such as staffing changes, disaster severity, funding and national policy. Where randomised evaluation is impractical or inappropriate, contribution analysis and realist evaluation may help explain what works, for whom, under what conditions and through which mechanisms. A staged evaluation would begin with a curriculum and service-readiness audit, followed by a small pilot, formative review and broader implementation only if the pilot demonstrates safe and useful practice. A mixed-methods design could combine structured knowledge assessments, scenario-based skill ratings, interviews with trainees and supervisors, service mapping and community feedback. Measures should be selected in advance and interpreted in context. A rise in confidence is not equivalent to competence, and a short-term change in knowledge does not demonstrate improved community mental health.

Partnership Principles and Data Governance

Data governance deserves particular attention because psychosocial information can be highly sensitive. Evaluation should collect only information needed for a defined purpose, restrict access, protect identity and set retention periods. Community participation in evaluation should be voluntary and informed; declining to participate must not affect access to services. Findings should be returned to participating communities in accessible forms, including where results are mixed or do not support programme assumptions. Where a service partner cannot respond to disclosures of severe distress, research protocols should avoid creating unrealistic expectations and specify referral arrangements in advance. Partnerships should begin with a shared problem definition and a clear account of who is responsible for which functions. A university may contribute curriculum, training and evaluation; a health ministry may set clinical and referral stan-

dards; disaster agencies may coordinate preparedness; NGOs and faith groups may provide trusted community links; and community leaders may guide local adaptation. These roles overlap but are not interchangeable. Formal agreements should define referral pathways, safeguarding, confidentiality, information sharing, complaints, supervision, funding and review. Agreements should be periodically tested through tabletop exercises or simulations rather than treated as evidence of operational readiness by themselves.

Translating Education into Service Readiness

Workforce wellbeing is also a service-quality issue. Counsellors and community workers may themselves experience the same hazards, losses and uncertainty as the communities they support. Institutions should provide supervision, manageable caseloads, peer support, leave and post-incident debriefing that is supportive rather than coercive. Self-care messaging must not be used to individualise systemic problems such as understaffing, unsafe workloads or lack of supervision. Organisational leadership and financing are necessary parts of ethical MHPSS. A programme can strengthen workforce readiness only if learning connects to real systems. A trainee may understand psychological first aid but be unable to refer a person if the service directory is outdated, transport is unavailable or the receiving service has no capacity. Curriculum development should therefore be paired with practical mapping of local services, agreed escalation pathways, supervision arrangements and continuity planning. In remote settings, protocols may need to address connectivity failure, interrupted travel, medication continuity, confidential tele-support and the safe transfer of information [4].

Climate Mobility, Loss and Culturally Grounded Care

Loss may include more than property or income. People may grieve ancestral land, burial places, customary fishing areas, language practices and familiar community networks. Such experiences can be described through collective, cultural or spiritual frameworks as well as individual clinical language. Training materials should be developed with local partners and reviewed in appropriate languages. Cultural safety is not achieved by adding a generic 'Pacific perspective' to a standard course; it requires ongoing reflection on power, local difference, consent and whose interpretation of wellbeing is privileged. Climate mobility can involve temporary evacuation, planned relocation, migration for work or education, and movement that is constrained by financial or legal barriers. Psychosocial consequences vary. Some people may experience grief, separation and uncertainty; others may find safety and opportunity through movement. A respectful approach should not assume that all mobility is traumatic or that staying in place is always possible or preferred. Counselling and community support should recognise agency, family decision-making, cultural obligations and the right to participate in decisions about relocation.

A Layered Model of Psychosocial Support

Psychological first aid is not psychotherapy and should not be presented as a treatment for all trauma-related distress. It emphasises humane, supportive and practical help, respect for dignity and culture, and attention to immediate needs and safety. Training programmes should include clear boundaries, consent, confidentiality, safeguarding and referral procedures. They should also prepare trainees to respond when a person discloses risk of harm, abuse or severe symptoms, including the limits of confidentiality and the importance of following local law and professional standards [4]. Climate-related stressors may be repeated rather than episodic. A community may experience successive cyclones, coastal erosion, saltwater intrusion, damaged infrastructure and uncertainty over relocation. In such settings, counselling that focuses only on individual coping can inadvertently shift responsibility from institutions to affected people. Ethical practice should connect emotional support with practical problem-solving, information, social protection, safe housing, livelihood support and advocacy for accessible services. Counsellors should be trained to recognise structural determinants and work collaboratively without exceeding their professional role.

MHPSS is best understood as a layered system rather than a single intervention. At community level, safety, shelter, information, family connection, culturally meaningful activities and practical assistance can reduce distress. At the next level, non-specialist support and psychological first aid may help people cope without forcing disclosure or labelling ordinary reactions as illness. More focused non-specialist care may be needed for people experiencing sustained difficulties, while specialist mental health services are required for severe or complex needs. The IASC guidance emphasises coordinated systems and multiple layers of support rather than relying only on clinical services [4-12].

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