

Review of: "Are mental health dimensions included in disaster and climate change interventions in St. Lucia?"

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Potential competing interests: No potential competing interests to declare.

Mental health has only recently received serious attention as a critical component of human-environmental interaction and I join earlier reviewers in commending the authors for their efforts to contribute to our understanding of this issue. The authors reviewed a large volume of material and made efforts to obtain other relevant documents that were less accessible. The authors convincingly demonstrate that the government of St. Lucia does not prioritize mental health in the context of disaster planning *relative* to other considerations including natural resource management, energy, education, and infrastructure. They conclude that this deficiency is likely due in part to a lack of qualified personnel and suggest that outside experts could be brought in to bolster the country's efforts to fully prepare for future hazards. This is valuable information for the government of St. Lucia and likely provides a useful case study for the larger academic community.

On the other hand, I still wonder why the authors chose to study St. Lucia and how this connects to "the big picture". The reason given was that there was a gap in knowledge for that country—fair enough, this is an important issue in St. Lucia, but I think this research has more potential than that. Specifically, how do these findings from St. Lucia fit into the wider Caribbean and global contexts? Can these results be generalized? What does this tell us about the challenge similar countries may face in addressing mental health challenges in the context of climate change and its associated hazards?

While a detailed examination of multiple countries is understandably beyond the scope of the work, I think there are more modest steps the authors can take to address these larger questions. The first, would be to provide basic geographical information about St. Lucia either in the introduction or in an additional "Study Area" section. St. Lucia is among the world's physically smallest and least populous countries, with an annual GDP of less than two billion USD. Many readers may already be aware of this, but I think the specifics are critical, particularly where comparisons with other countries are included. Jamaica and the Bahamas, for example, are both Caribbean nations identified as producing more academic publications in the field of mental health than St. Lucia, but these countries have much larger populations and overall GDP's, which is arguably a more important factor. Similarly, the small number of specialists employed at the National Mental Wellness Center is used as an indicator of the (lack of) focus on mental health, but this is also strongly dependent on the country's overall population and economic resources. It's difficult for the reader to evaluate what the "appropriate" numbers might be for a country with a small budget and fewer than 200,000 people. I'd suggest that it would be easier to generalize these findings by placing St. Lucia more clearly within the framework of countries with similar human and economic resources.

St. Lucia's status as a physically small, tropical island nation where tourism accounts for a large part of the economy also

seems very relevant in a global context. Many island countries in the Caribbean, the South Pacific, and the Indian Ocean face similar challenges in adapting to climate change, including adjusting to sea level rise, ensuring a supply of fresh water, and managing heat stress. It seems likely that addressing mental health considerations in such locations would also present similar challenges. Drawing parallels to such countries in a global context would help to broaden the findings of this paper and provide focus for future studies.

Finally, when offering potential solutions, I think it would be helpful to highlight that various forms of political, economic, and intellectual cooperation already exist on global and regional scales. On a regional level, for example, St. Lucia is a member of the Caribbean Community (CARICOM) which fosters intergovernmental co-operation among 14 member nations. St. Lucia is also one of 17 countries that houses a campus of the University of the West Indies, which may offer potential for academic collaboration. Admittedly, it is generally beyond the capacity of academic researchers to guide supranational co-operation, but I think the authors could be more ambitious in their recommendations for addressing the lack of attention to mental health, not just in St. Lucia, but in a broader geographical context.

In short, this paper addresses an important topic and provides a useful and informative case study, but does not go far enough to place the findings in a broader geographical context.