Kumar said: "Human health is not distinct or separate from the ecosystems we are part of. We are dependent on our planet's life support systems which provide us with clean air, fresh water, the ability to grow food and a stable climate. Our living planet has a fever and if it gets much higher, just like the human body, its systems start to break down. Understanding that there is no human health without planetary health is the critical first step to a stable and healthy society."[2]

Our coalition handed a letter to UK Health Secretary Steve Barclay calling for action on so-called win-wins for health and the climate and ecological crises (eg, plant-predominant diets, active or shared transport, and better insulated homes), lobbying other departments to facilitate those changes, along with ending Government support for harmful new fossil-fuel projects.

The *Daily Mail* interviewed Kumar and Godlee after they spoke. Both explained that a public health campaign on the climate and ecological crises might look similar to the COVID-19 campaign. Predictably, the interview was never used. The *Daily Mail* instead ran a story on "total hypocrite" founder of Extinction Rebellion, Gail Bradbook, buying exotic fruit in her diesel car.[3]

We had spent some of our funds, out of our own wages, commissioning art pieces to help make our case visually: one, involving a doctor wearing a 2·5 m mosquito costume representing climate-induced increases in vector borne disease, attracted considerable public engagement. The *Daily Mail* used a photo, but obscured the doctor label on her chest and captioned it "A woman dressed in a mosquito costume joins Extinction Rebellion demonstrators."[4] Many press outlets appear more interested in polarising their readership than informing them. The consequences are confusion and hostility towards the bearers of uncomfortable news, which increases political inertia with disastrous consequences for our health. But how to change that? In his lecture *A Febrile Planet*, Hugh Montgomery said that "the way people change their behaviours is with a consistent and consistently applied message from a trusted vector with emotional buy-in".[5]

Rather tongue-in-cheek, Montgomery suggested children are the best vector to change adult behaviour because "they will nag you, and you will do it because you love them".[5] However, expecting children to protect their own future is unfair. Nurses and doctors are the most trusted professionals in the world. It's time for the profession to get more active. It's time for a climate public health campaign.

We declare no competing interests.

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Iraq's mental health crisis: a way forward?

For the past 20 years, mental health in Iraq has been a difficult issue to address as the country has faced wars, conflicts, and political instability.[1] Moreover, Iraq has faced huge hurdles that have substantially influenced the mental wellbeing of Iraqi people in terms of medical facilities, security, and the availability of necessities such as food and water. Over 20% of Iraqis have mental illnesses, and that percentage is steadily rising.[2]

Fear and trauma have been widespread as the war escalated the already high rates of violence in the country (eg, bombings, shootings, and kidnappings). Millions of Iraqi people have been displaced from their homes and neighbourhoods as a direct result of the war. Increased rates of depression, anxiety, and post-traumatic stress disorder have been observed in Iraqi people who have been uprooted from their homes and lost friends and relatives. According to a Baghdad-based study, most women (91·1%) in Baghdad have experienced war-related trauma in the past two decades.[3] Furthermore, about 44% of those who visit psychiatric clinics are women.[3]

Many factors have played a role in persisting mental illnesses in Iraq. The battle with the Islamic State of Iraq and Syria, the growth of sectarianism, and the persistence of political instability have all contributed to a tense and traumatising environment. Additionally, the COVID-19 pandemic aggravated existing mental health issues and generated new ones in the country—eg, social isolation, fear, and future anxiety.[4]

Due to the insufficient number of organisations in Iraq that assess, evaluate, or intervene with suicides, little is known about the epidemiology of suicides or the causes of mental illness.[5] However, data show that young women are more likely to attempt suicide and have suicidal thoughts than men in Iraq.[6] Notably, Iraq has had a

stand-alone policy for mental health since 2017; however, it does not have stand-alone or integrated strategies or policies for suicide prevention, child mental health, or adolescent mental health.[7] Iraq's first-ever national suicide prevention policy is being developed with assistance from the International Organization for Migration's (IOM) mental health and psychosocial support programme.[5] IOM held multiple talks with domestic and international partners before releasing the plan's first draft in June, 2021. IOM intends to keep helping the Iraqi Government adopt and carry out the country's suicide prevention programme after it has been established.

The mental health system in Iraq is not well developed. Iraq passed legislation governing mental health in 2005, but it has not been used to its full potential yet. There are only six specialised psychiatric hospitals in Iraq (two in Baghdad and four in the Kurdistan region), which do not even meet the bare minimum of the demand. Iraq has approximately 0·34 psychiatrists per 100 000 population.[8] Iraq urgently needs mental health services as there is a severe lack of skilled personnel and poor infrastructure, which severely restricts access to care. Several difficulties confronting mental health workers include inadequate training, restricted access to resources, and social stigma against working in mental health. Because there is no public health insurance system to cover the entire population, the Iraqi people rely on the central government-run public health-care system.

To address the population's mental health issues, the Iraqi Government should be urged to expand the number of hospitals, mental health professionals, and specialised psychiatric facilities in each region. In some regions, the Government has opened clinics specifically dedicated to mental health care, and international organisations have contributed financially to these efforts. There

has been a gradual reduction in the stigma associated with mental health issues, leading more people to seek treatment.[9]

However, the situation is far from ideal. There is a severe scarcity of mental health experts, and the Iraqi health-care system is still trying to keep up with population needs.[2] Furthermore, many people in Iraq still do not have access to mental health services because of a scarcity of funding for such programmes.

Implementing a comprehensive and culturally relevant mental health policy in Iraq necessitates a multi-faceted approach. Community-based mental health initiatives would enable local health-care providers and community leaders to detect and address mental health issues, whereas trauma-informed care procedures would ensure that those who have suffered trauma receive the proper support. Telehealth and e-mental health services would expand access to mental health care, while culturally sensitive therapies would integrate traditional healing techniques and involve religious leaders. Education and awareness efforts would minimise stigma, workplace mental health initiatives would encourage employee wellbeing, and resilience-building programmes would emphasise coping skills. Peer support networks and stakeholder collaboration would ensure coordinated service delivery. Evaluation and monitoring of these tactics regularly would be essential for determining their efficacy and implementing any necessary modifications for continual improvement. Collectively, these efforts would reduce mental health stigma, increase access to treatment, and improve mental health and wellbeing for the Iraqi population. Ultimately, this holistic strategy would meet the unique requirements of the Iraqi community, thereby improving mental health and wellbeing throughout the nation.

Now is the time for mental health care in Iraq to be a global priority. This

prioritisation needs to take the form of building plans and policies and providing funding. However, provision of national security and fighting corruption will be the first step.

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A plea for psychiatric and humanitarian support in northwest Syria

The Syrian conflict has taken a devastating toll on the mental