

Das gute Leben für Dich und den Planeten

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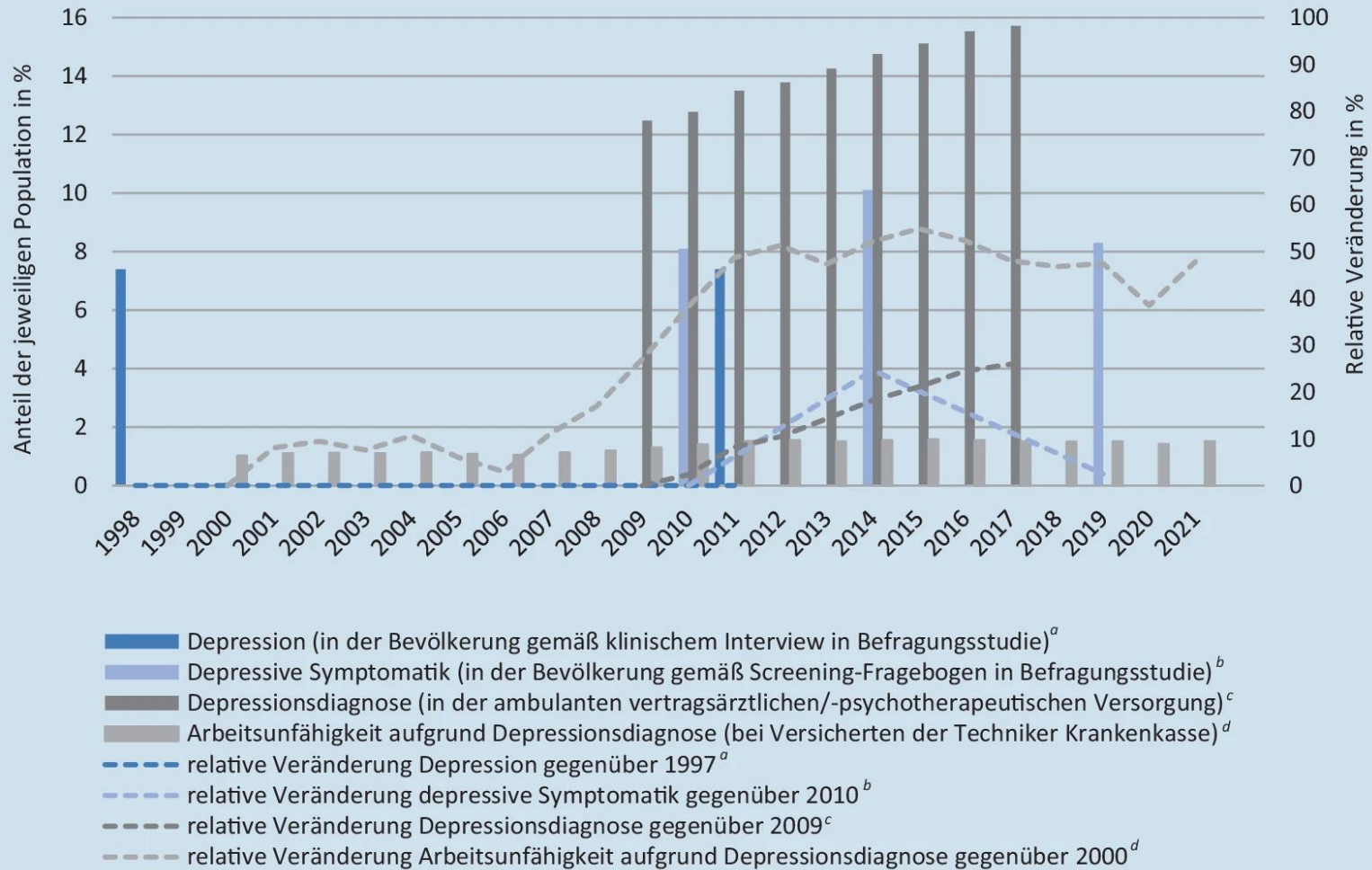
Fortuna vitae tuae ex tuarum cogitationium natura pendet.

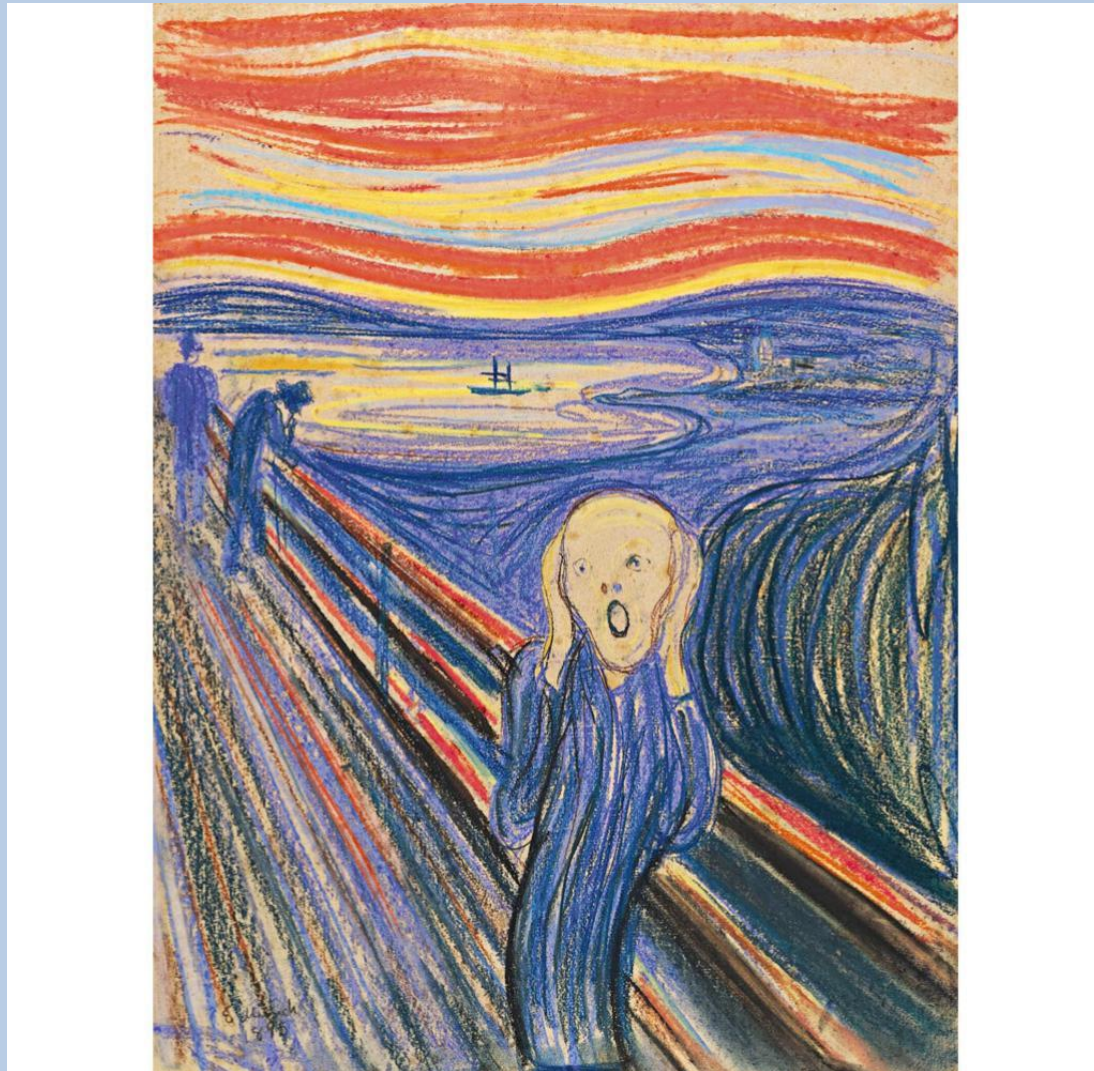
Marcus Aurelius, 121-180.

Pero levántate, tú, levántate, (...) contra la organización de la miseria.

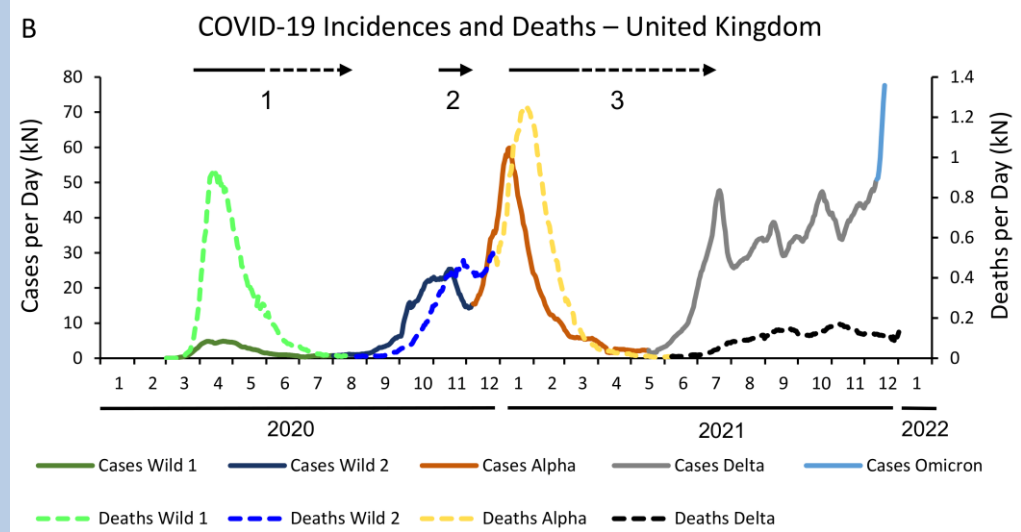
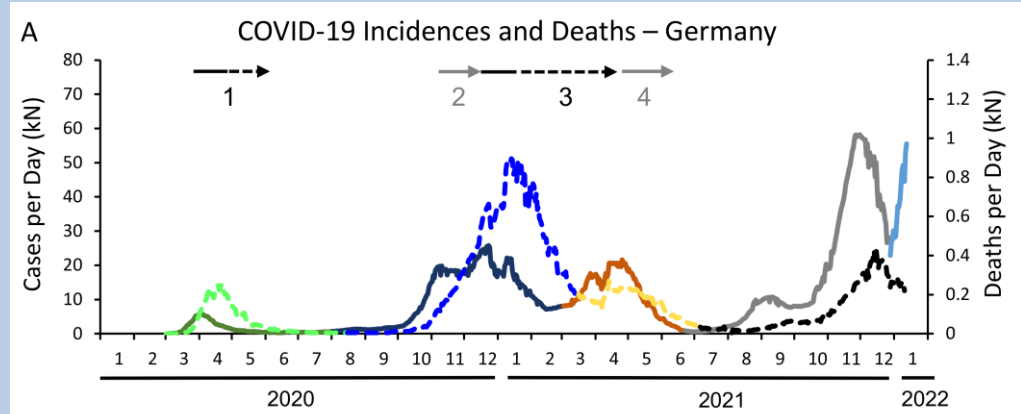
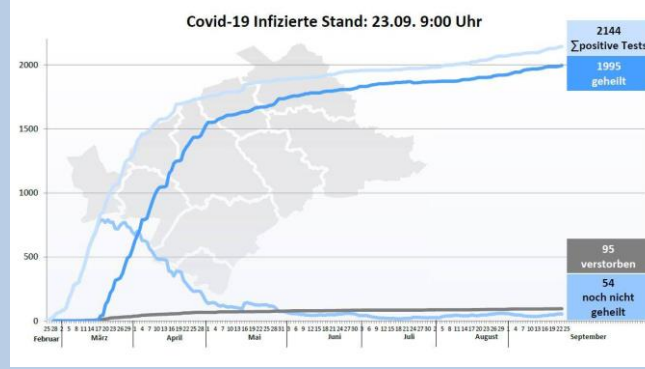
Pablo Neruda, 1904-1973.

Mentale Gesundheit in der Bevölkerung bis 2020





Triggerwarnung: Mentale Gesundheit und Krisen



Altenzentrum

STOP Besuchs- und Betretungsverbot

gemäß der Allgemeinverfügung der Stadt Wertheim vom 28.3.2020 und der Verordnung der Landesregierung über infektionsschutzrechtliche Maßnahmen gegen die Ausbreitung des Virus SARS-CoV-2 (Corona-Verordnung - CoronaVO vom 28.3.2020)

Für unsere Pflegestationen gilt ab sofort ein generelles Besuchsverbot!

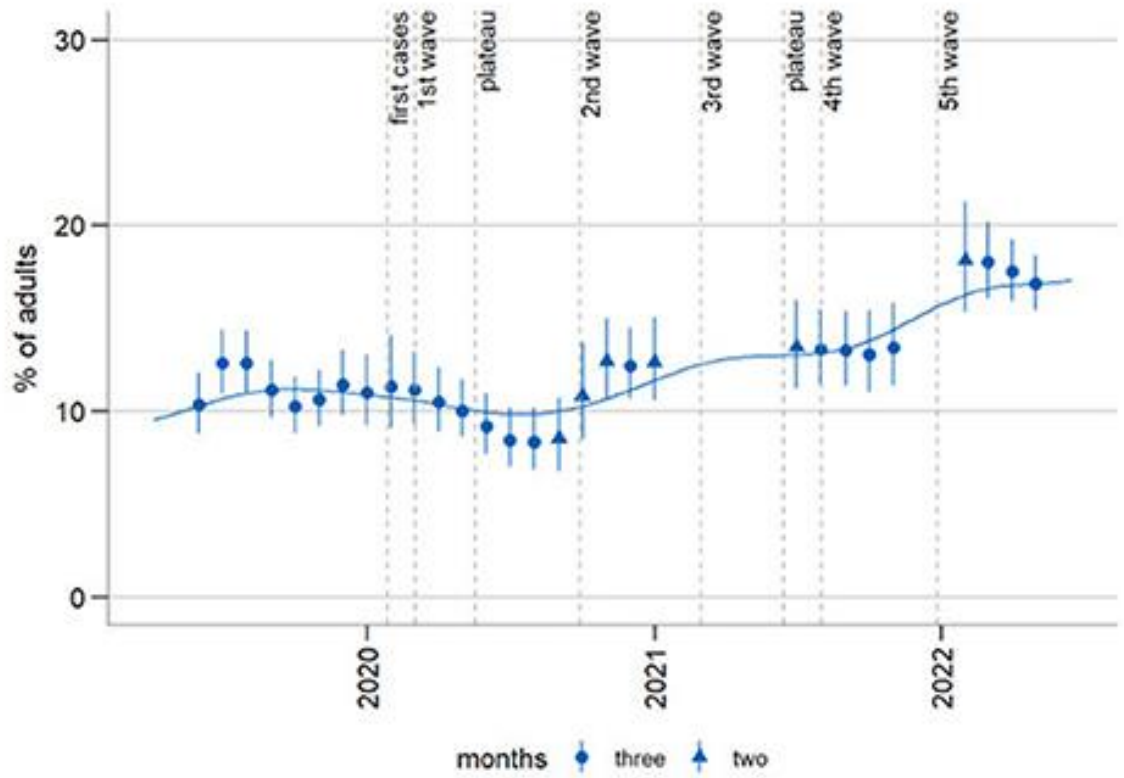
Ausnahmen bedürfen in jedem Einzelfall der Genehmigung der Einrichtungsleitung.

Außerdem gilt: Personen, die sich innerhalb der letzten 14 Tage in einem Risikogebiet entsprechend der jeweils aktuellen Festlegung durch das Robert Koch-Institut (RKI) aufgehalten haben, dürfen für einen Zeitraum von 14 Tagen seit Rückkehr unsere Pflegestationen nicht betreten! (ausgenommen MitarbeiterInnen)

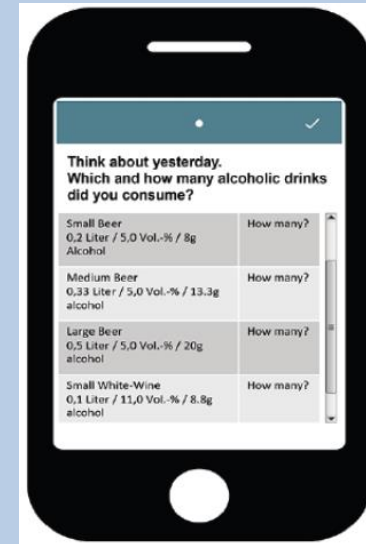
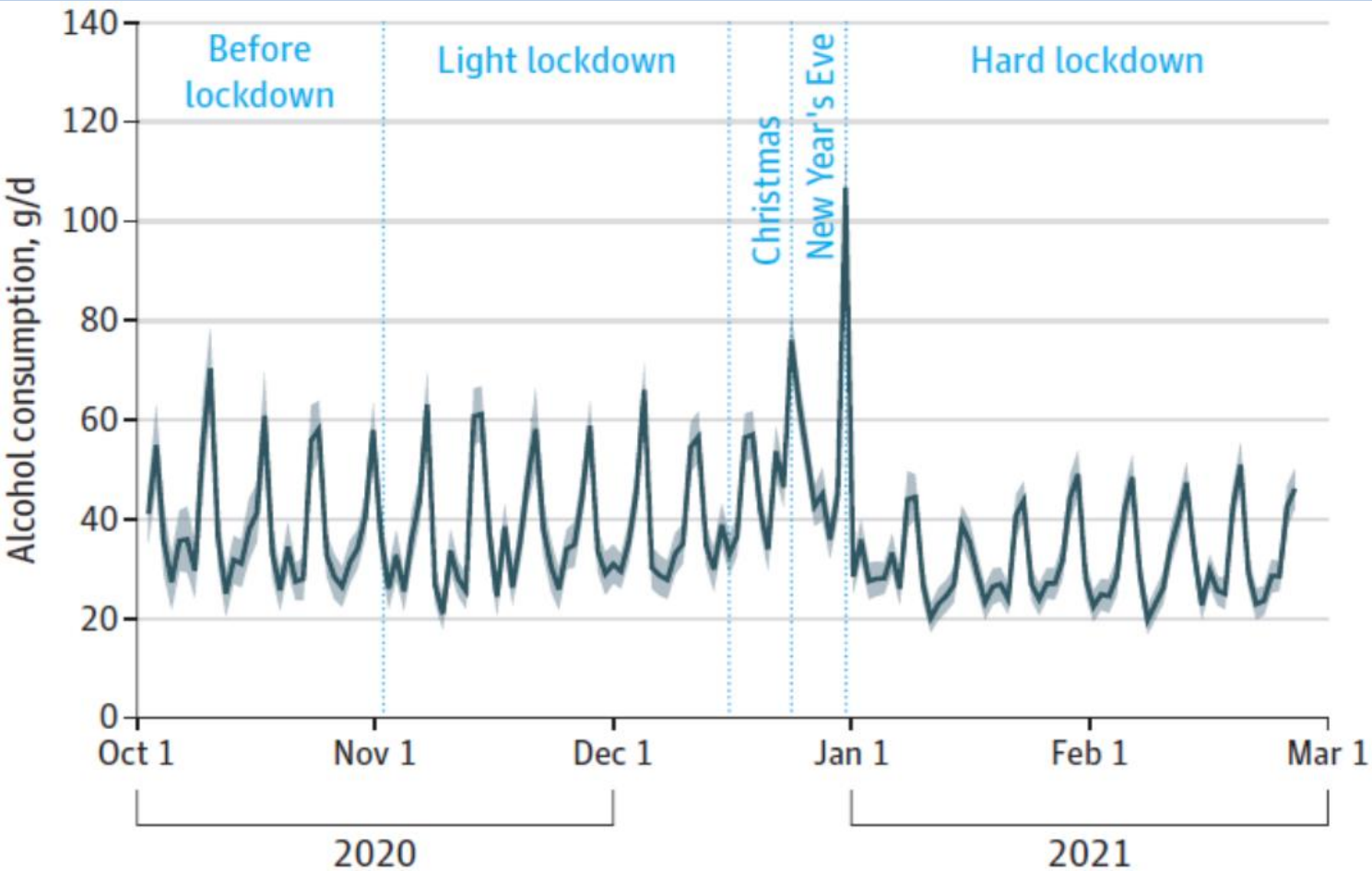
Mentale Gesundheit in der Bevölkerung 2020 - 2022



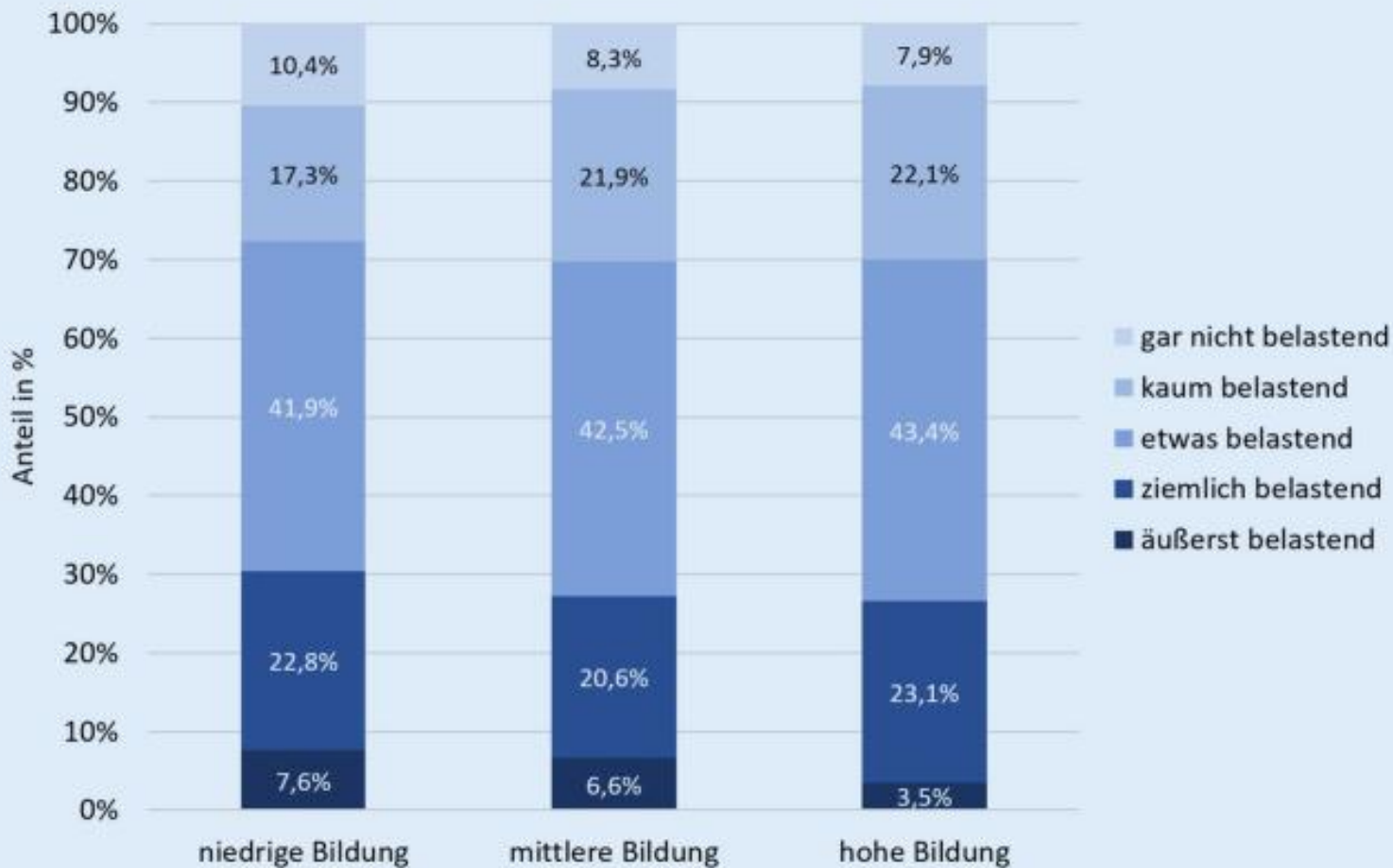
Proportion screening positive for possible depressive disorder



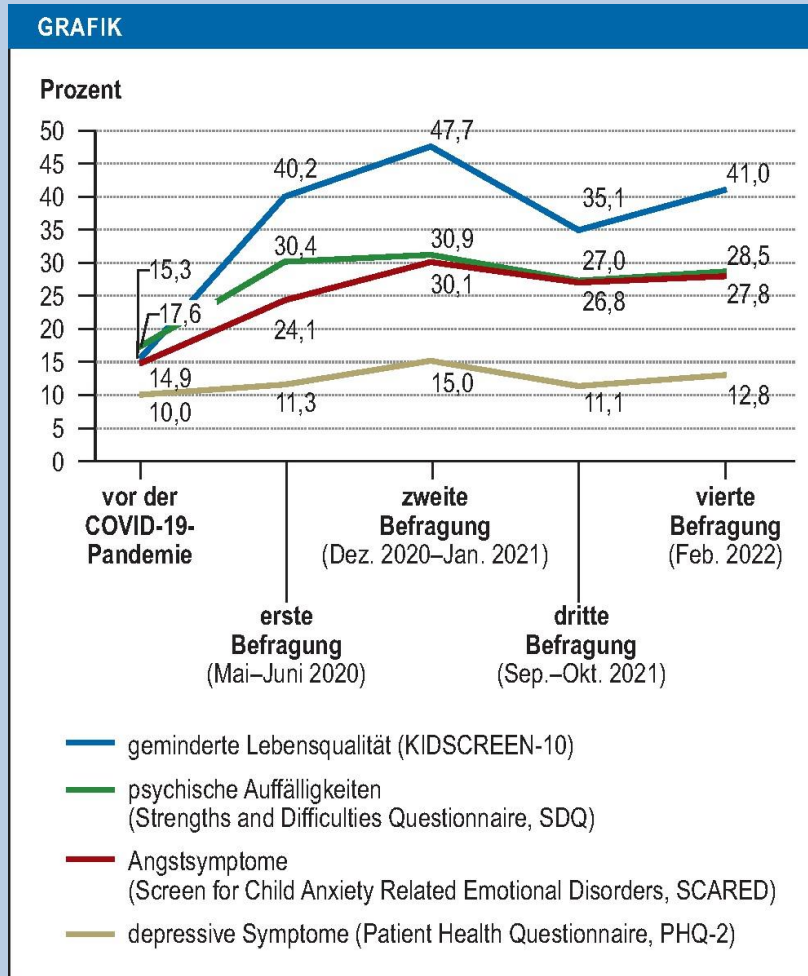
Trinkverhalten bei Menschen mit riskantem Alkoholkonsum während des Lockdowns



Erlebte Belastung von Kindern und Jugendlichen während der Pandemie



Psychische Belastung von Kindern und Jugendlichen durch die Pandemie



Lebensqualität (somatische, psychische und soziale Lebensqualität im KIDSCREEN-10) und psychische Auffälligkeiten (emotionale, Verhaltens-, Hyperaktivitäts- und Peer-Probleme im SDQ; generalisierte Ängstlichkeit im SCARED, depressive Symptome im PHQ-2) von Kindern und Jugendlichen vor und während der COVID-19-Pandemie insgesamt

Einsamkeit schadet, körperliche Aktivität begünstigt seelische Gesundheit besonders in der Pandemie

Loneliness, physical activity, and mental health during COVID-19 511

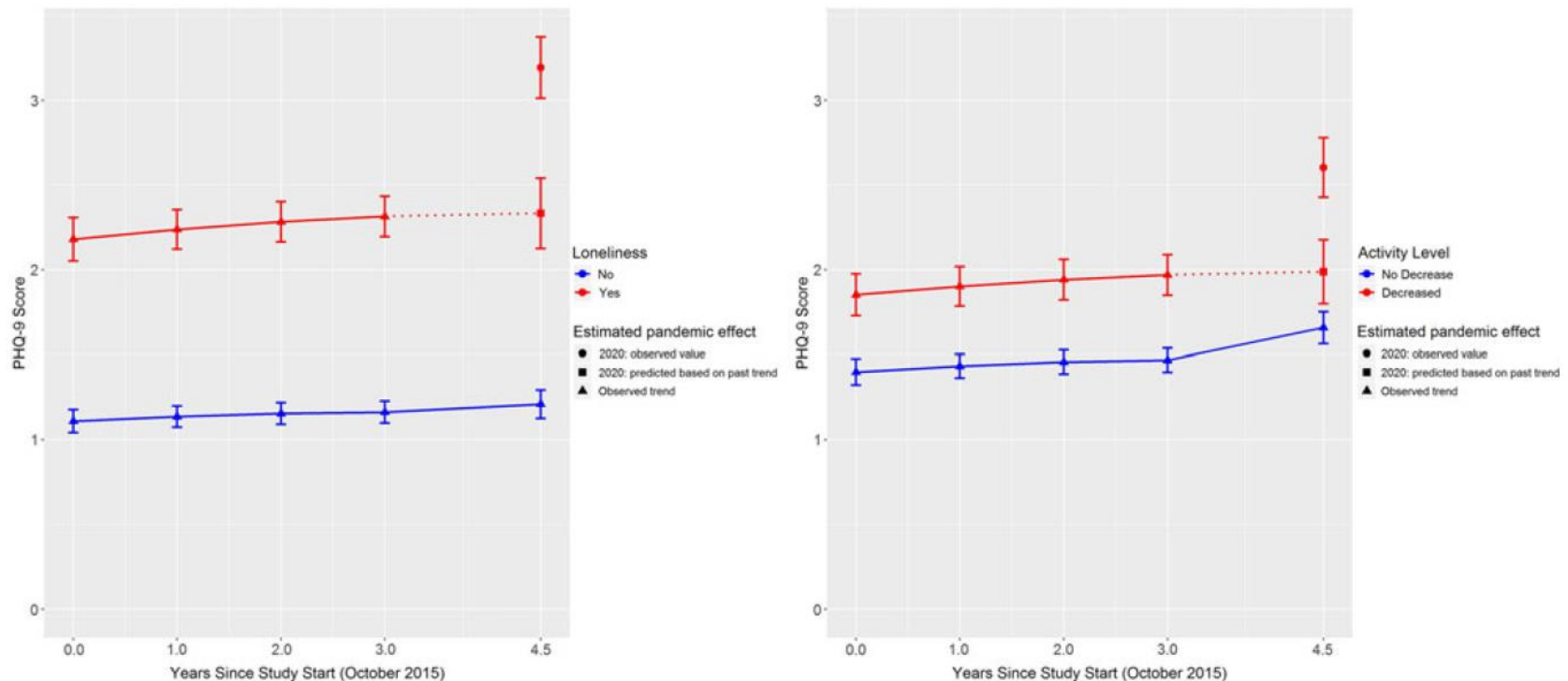
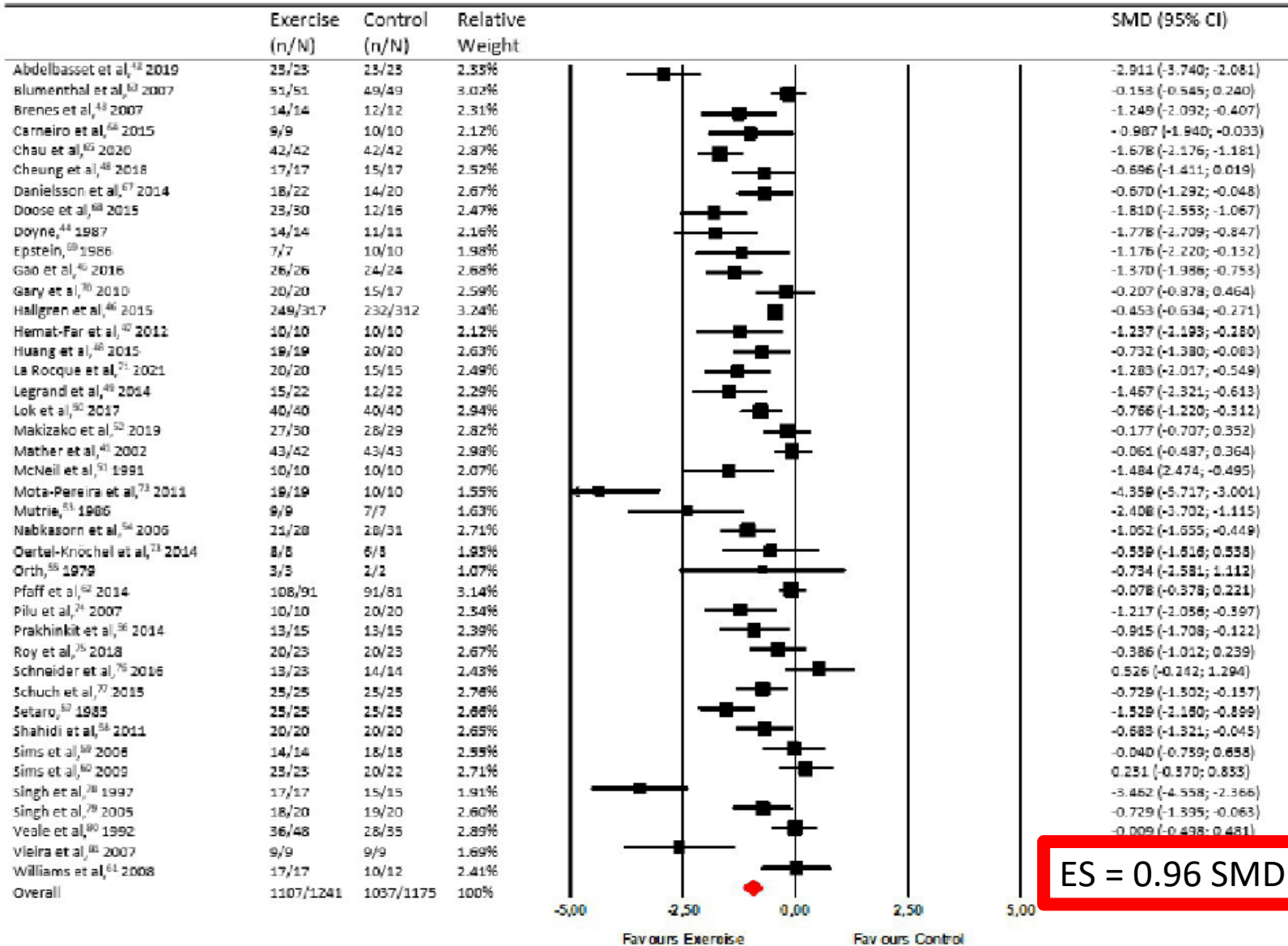
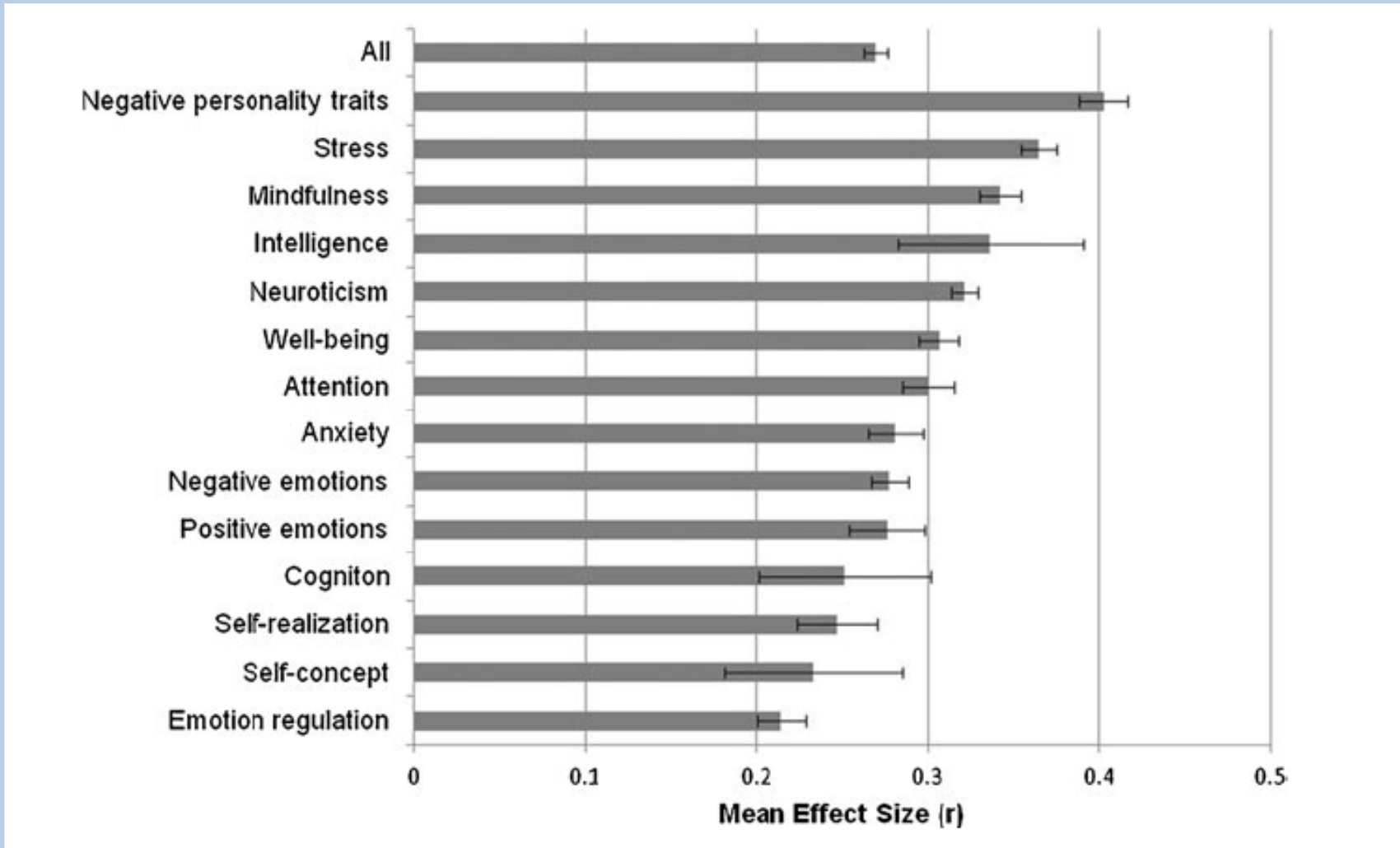


Figure 2. Trajectories of predicted PHQ-9 scores from zero-inflated negative binomial regression models for loneliness and physical activity. Error bars are 95% confidence intervals.

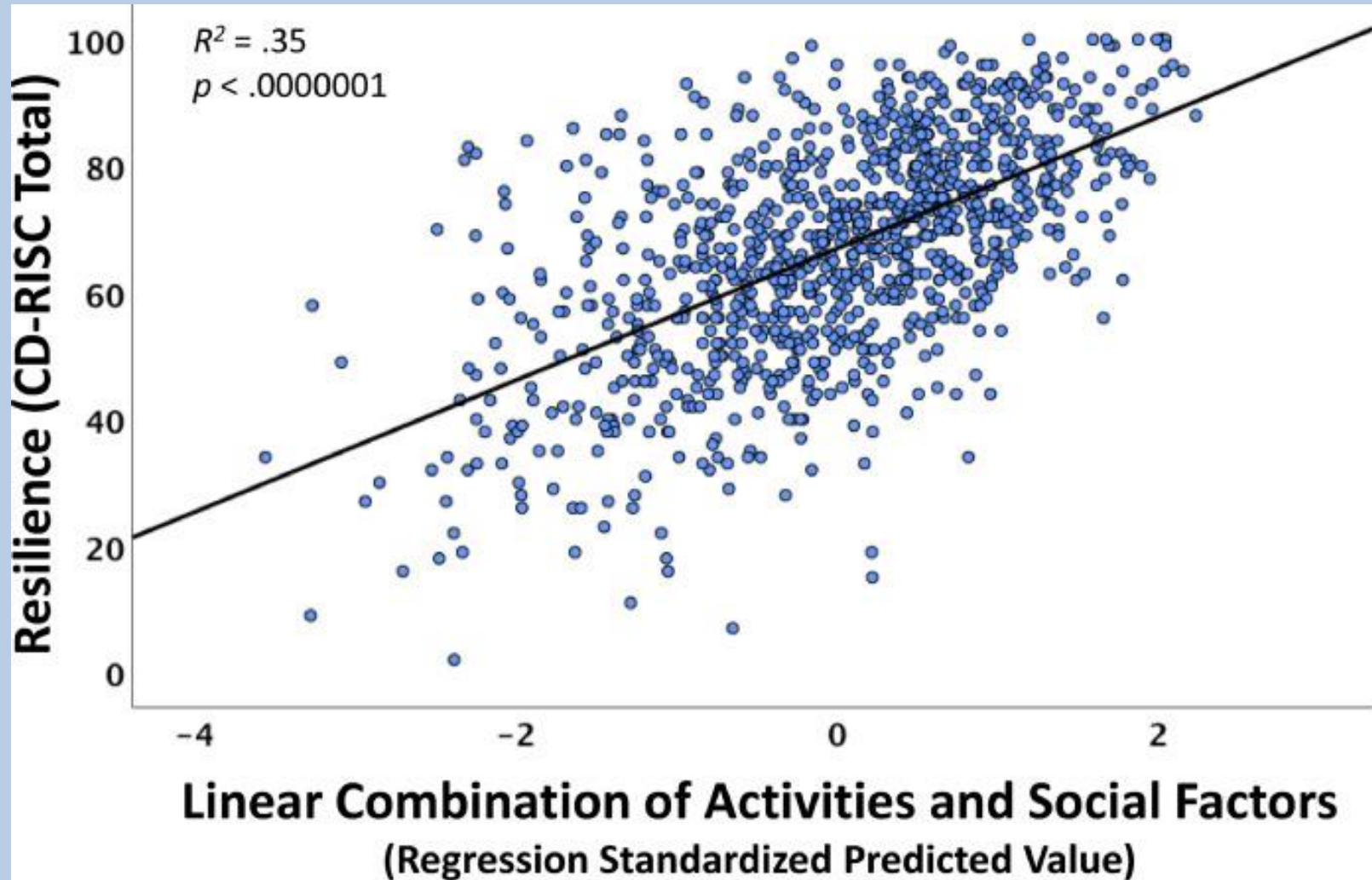
Körperliche Aktivität zur Behandlung depressiver Episoden: Metaanalytische Evidenz

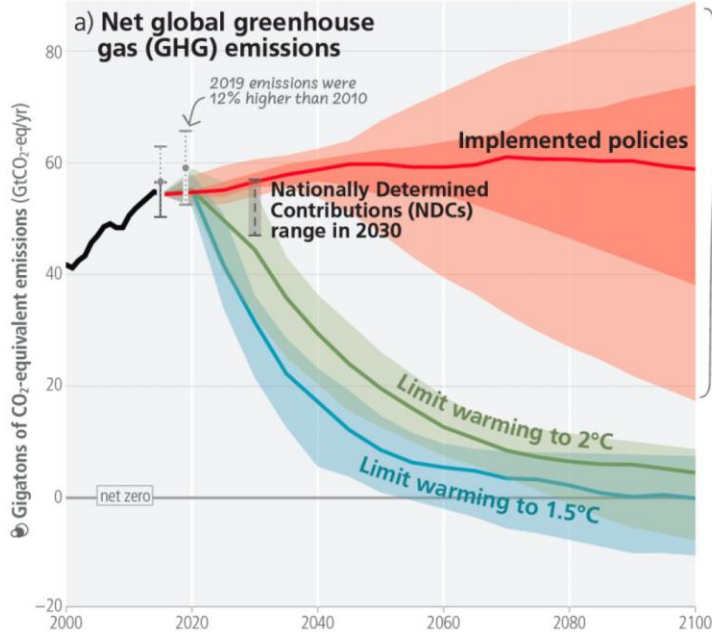


Meditation zur Verbesserung der seelischen Gesundheit: Metaanalytische Evidenz

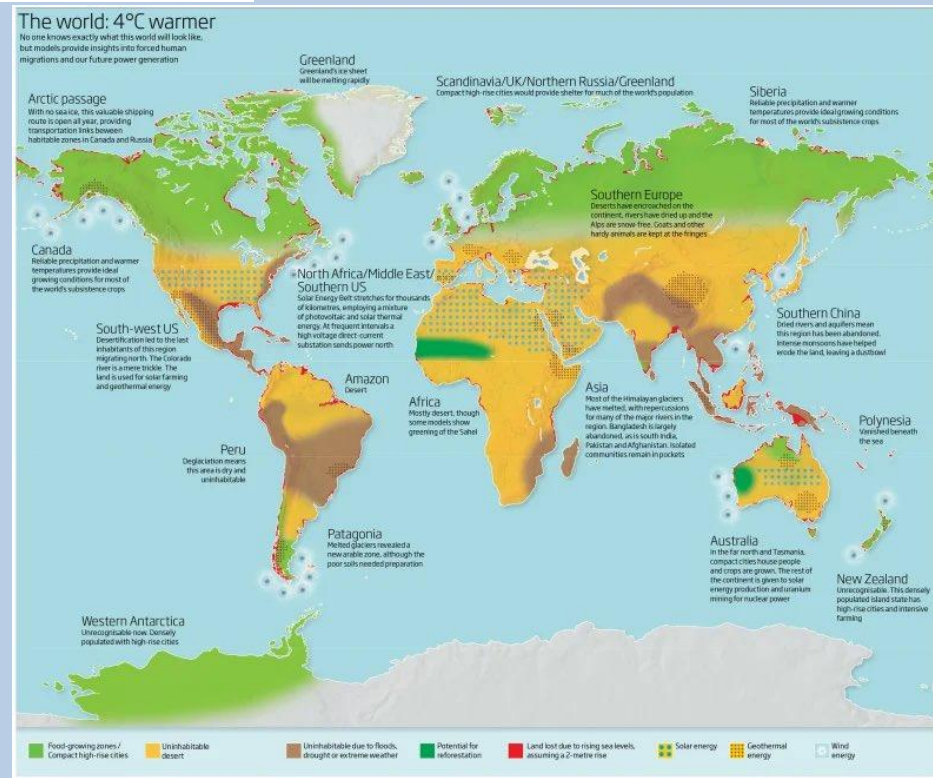
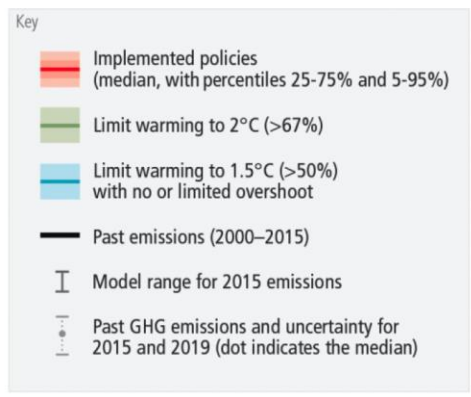


Resilienz in der Pandemie

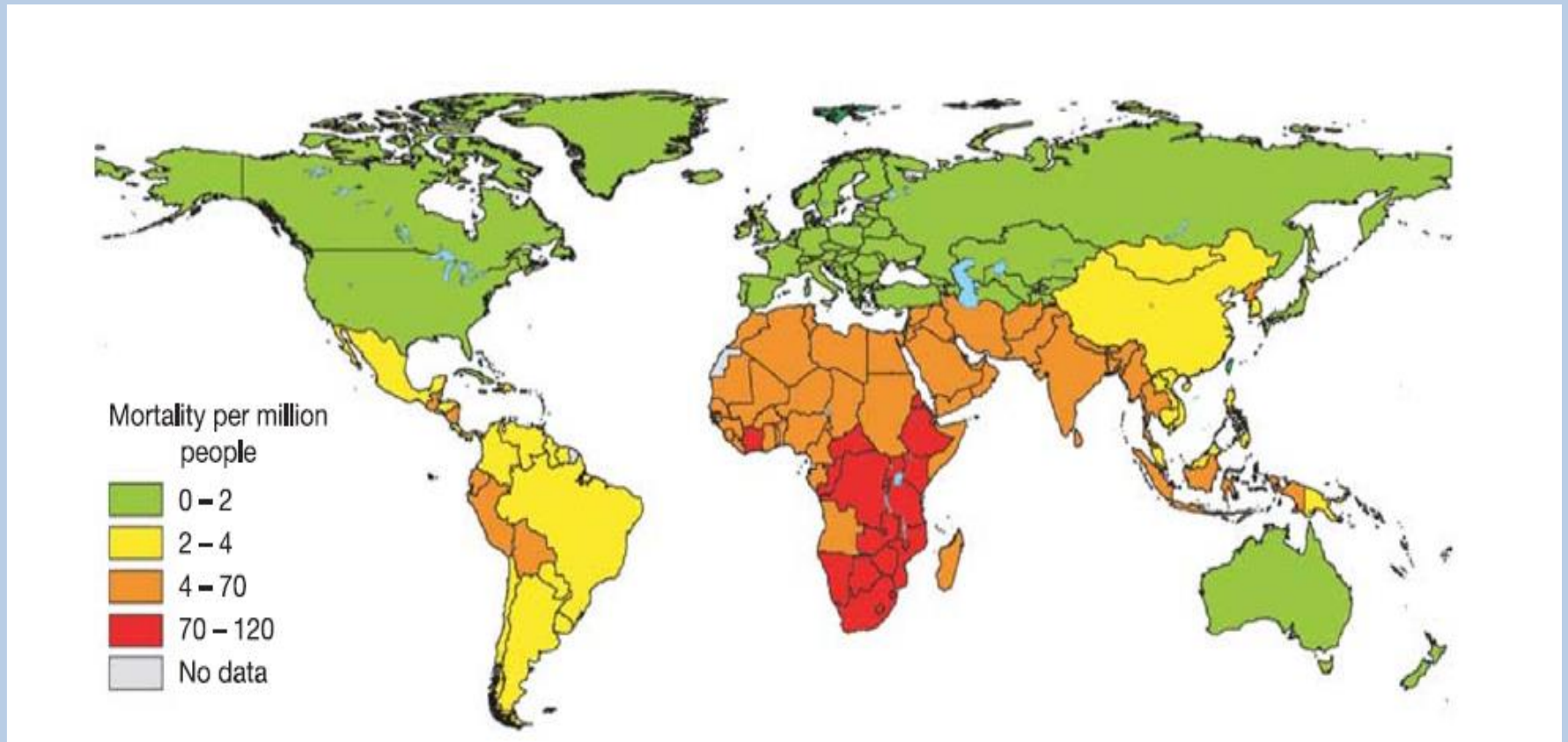




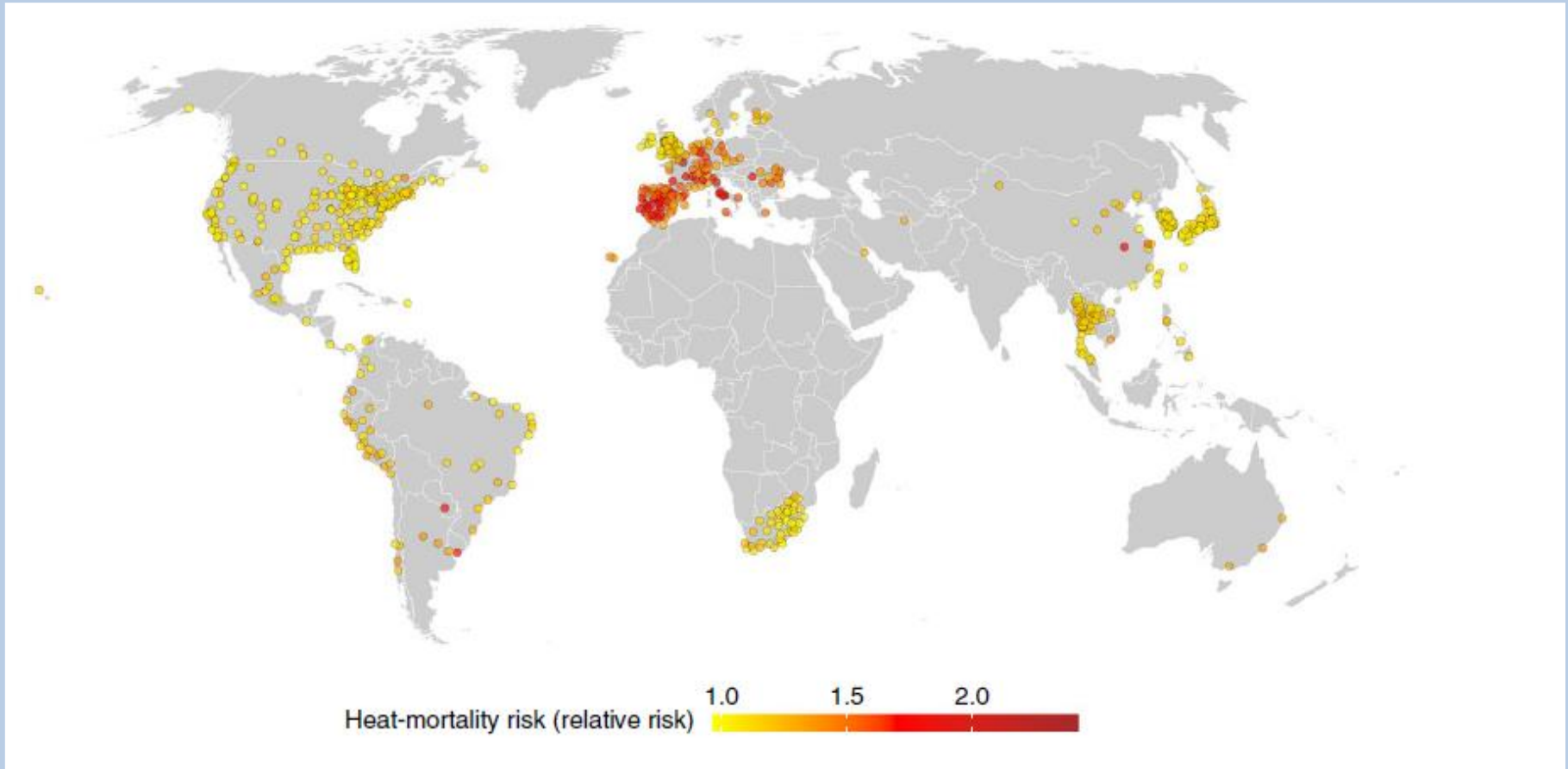
Implemented policies result in projected emissions that lead to warming of 3.2°C, with a range of 2.2°C to 3.5°C (medium confidence)



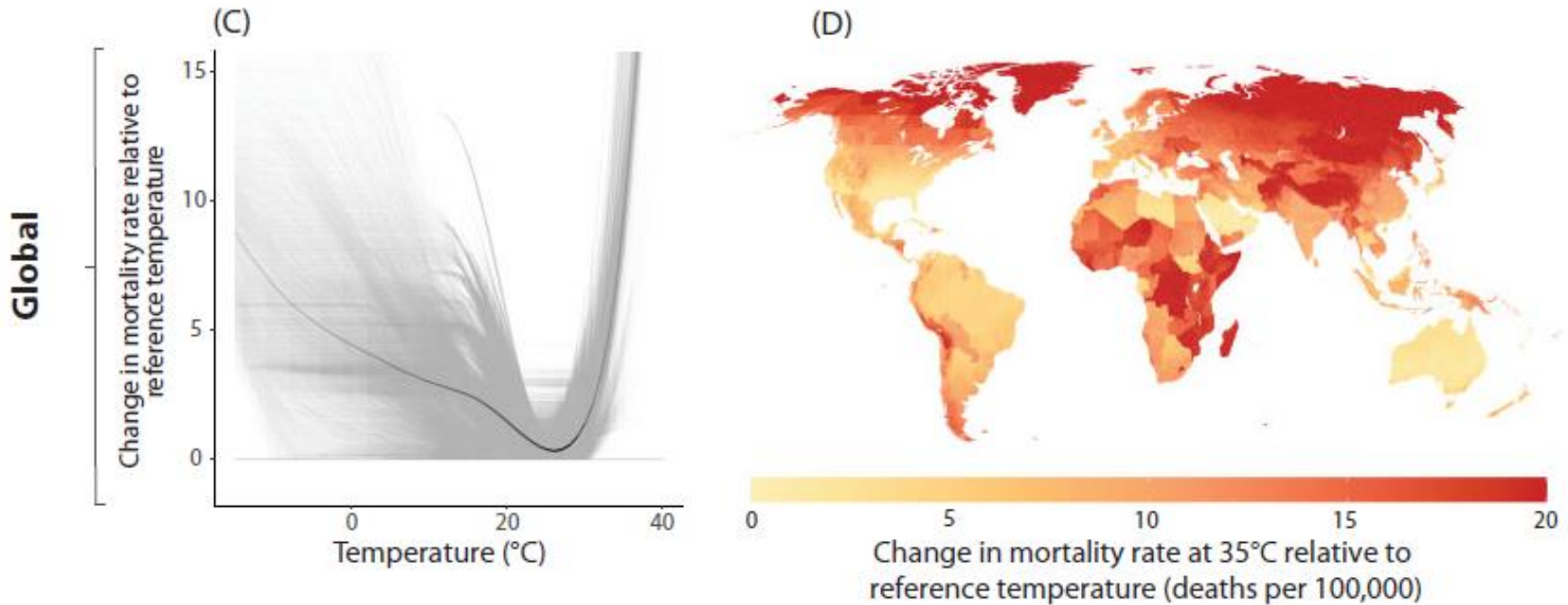
Sterblichkeit aufgrund des Klimawandels bis zum Jahr 2000



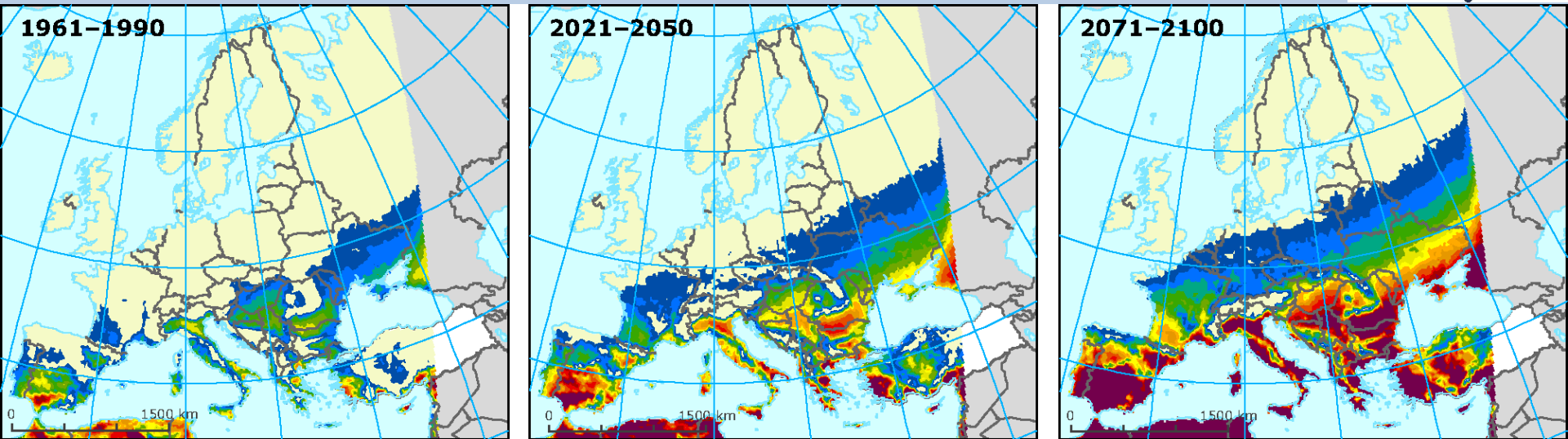
Zukünftiges Risiko für Hitzetode aufgrund des Klimawandels



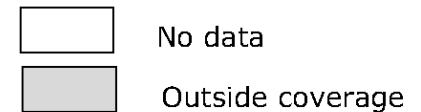
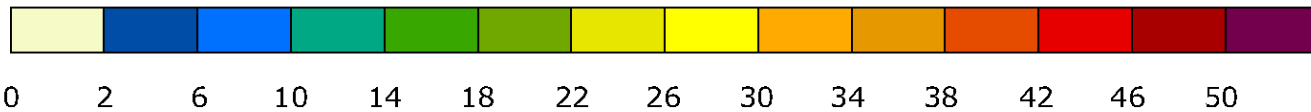
Zukünftiges Risiko für Hitzetode aufgrund des Klimawandels bei über 64jährigen



Tage mit tropischen Nächten oder Tageshöchstwerten über 35° in Europa



Number of combined tropical nights (> 20 °C) and hot days (> 35 °C)



Hitzetode aufgrund des Klimawandels in Europa: 2022



The screenshot shows the WHO website interface. At the top, there are navigation menus for 'Global', 'Regions', and 'Countries', along with a search bar and a language selection dropdown. Below this is the WHO logo and the 'Europe' region selector. A secondary navigation bar includes 'Health topics', 'Our work', 'Newsroom', 'Data', 'Emergencies', and 'About us'. The main content area features a large image of a sunset over the ocean with a person in a small boat. Below the image is the article title: 'Statement – Climate change is already killing us, but strong action now can prevent more deaths'. The author is identified as 'Statement by WHO Regional Director for Europe Dr Hans Henri P. Kluge'. The article is dated '7 November 2022' and has a reading time of '4 min (1042 words)'. A 'Related' section is visible on the right side of the page.

“Based on country data submitted so far, it is estimated that at least 15 000 people died specifically due to the heat in 2022. Among those, nearly 4000 deaths in Spain, more than 1000 in Portugal, more than 3200 in the United Kingdom, and around 4500 deaths in Germany were reported by health authorities during the 3 months of summer.” WHO, 2022

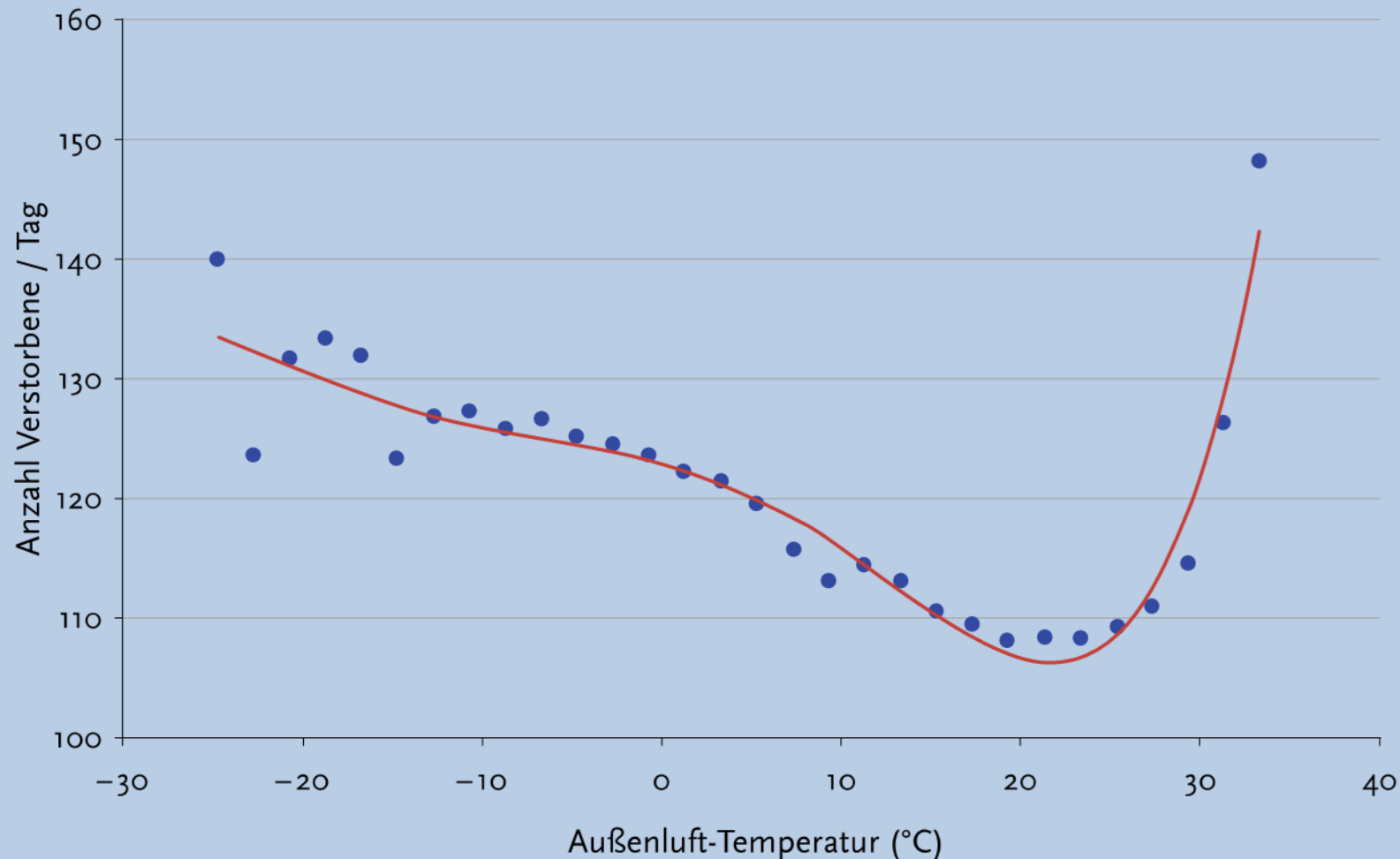
Zusammenhang zwischen Außentemperatur und Mortalität



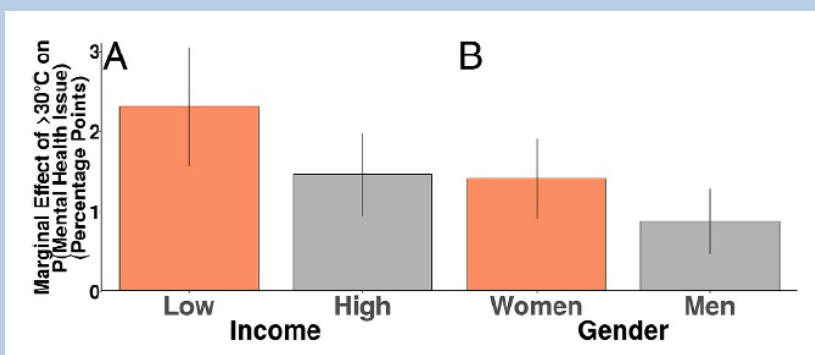
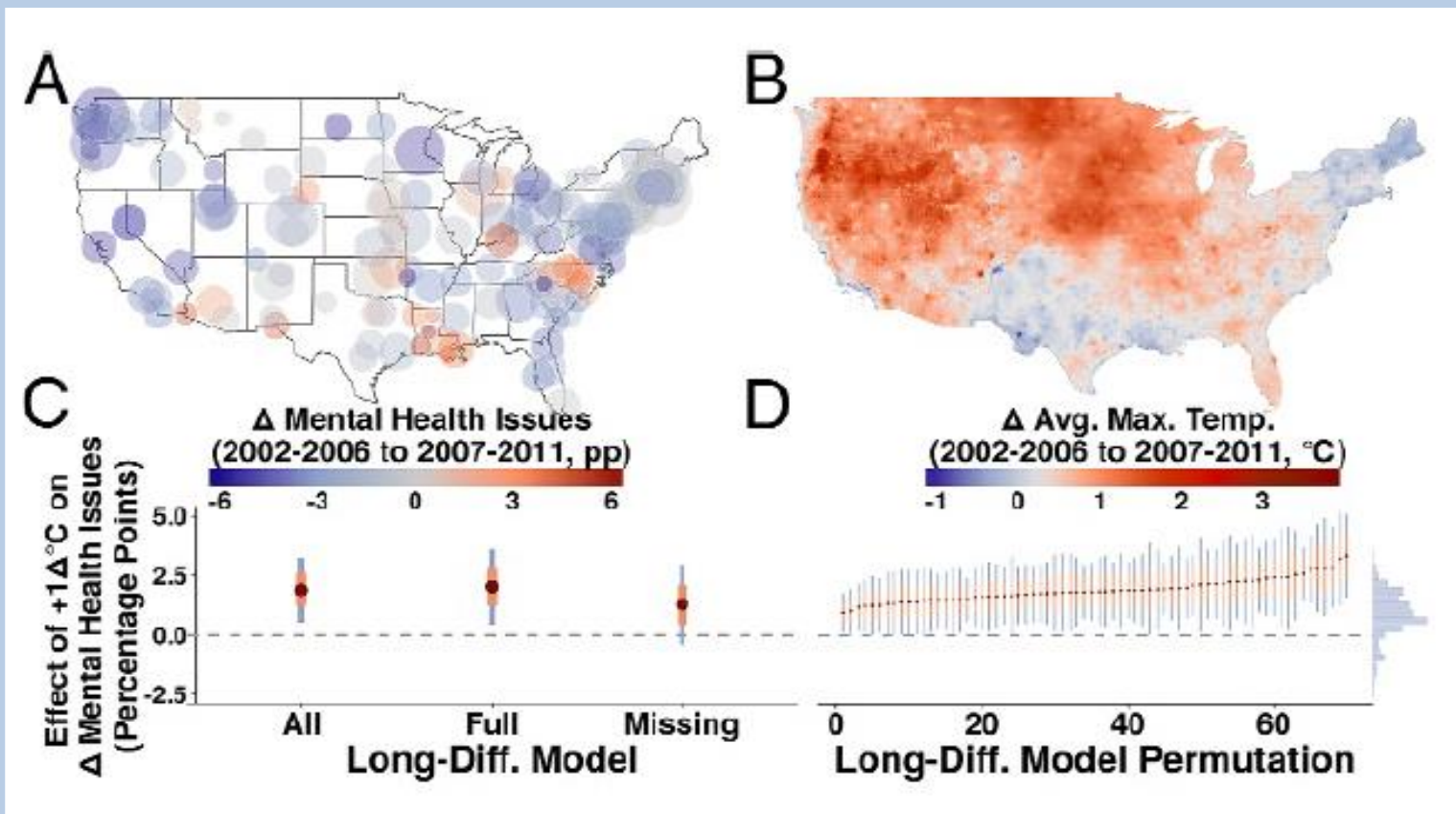
Abbildung 4.4

Zusammenhang zwischen durchschnittlicher täglicher Mortalität und Außenlufttemperatur (2 °C-Intervalle) für Chicago (Untersuchungszeitraum 01.01.1987 bis 31.12.2000).

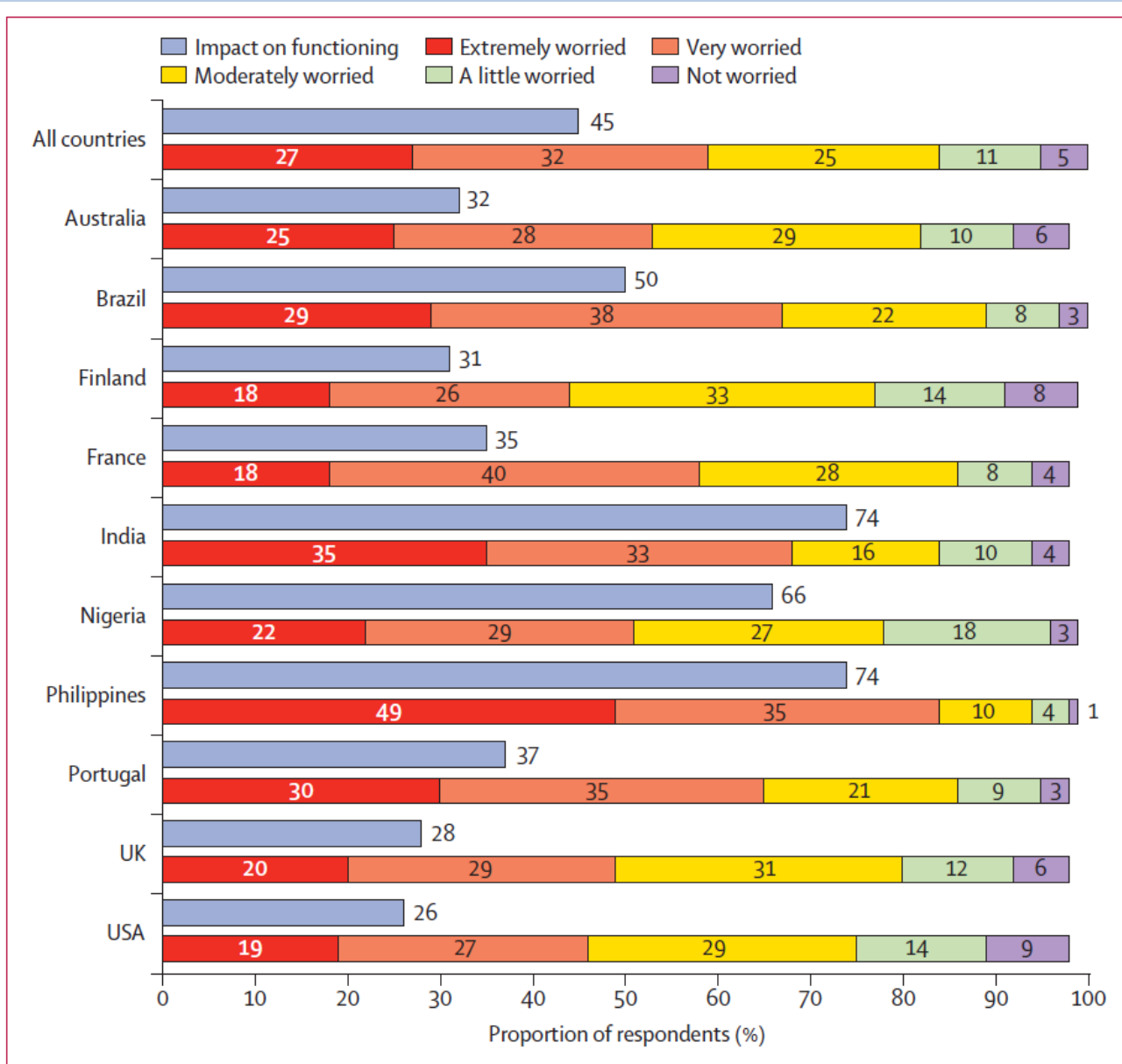
Datenquelle: Peng und Welty 2004[235].



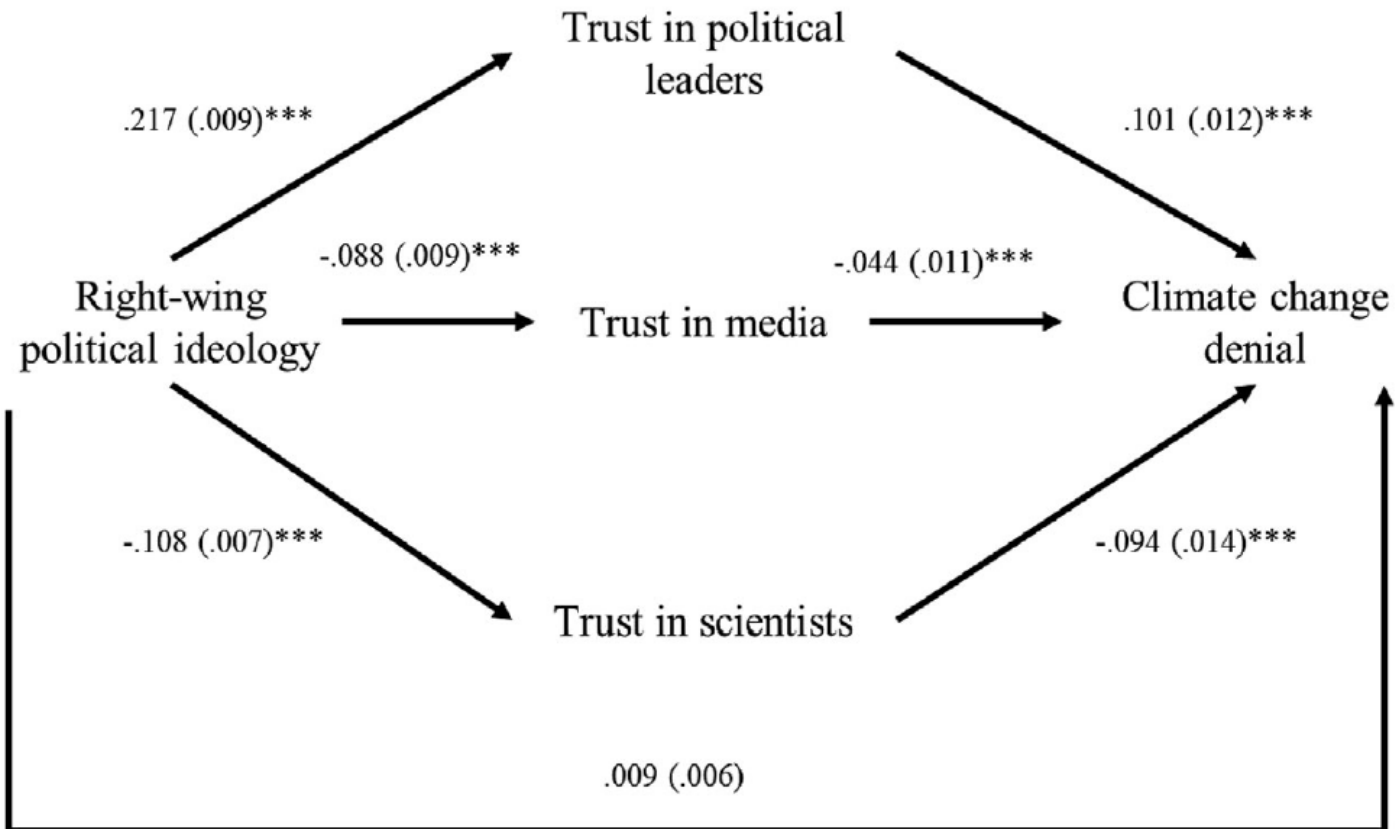
Klimawandel und psychische Gesundheit



Klimaangst bei Kindern und Jugendlichen



Klimaleugnung: Ursachen in den USA



Models control for age, gender, education, and household income (see Appendix D)

*** $p \leq .001$ ** $p \leq .01$ * $p \leq .05$

Klimaleugnung: Ursachen in den USA

3. Conclusions

This survey outlines promising directions for fostering engagement with climate change among diverse audiences, including those who may be skeptical of the science and proposed solutions. Drawing on psychological theories offers insight into dynamics that underlie denial, and suggests ways to address these, including system-sanctioned change, identity-based engagement, social norms, and self-affirmation. These approaches have broad applicability, in the United States and elsewhere, and can be drawn on by scientists and practitioners interested in engaging audiences with climate change. They create windows of opportunity wherein climate change knowledge can become actionable so that people can take steps to avoid, as well as adapt to, climate change impacts.

Acknowledgements

This work was supported by the National Socio-Environmental Synthesis Center with funding from the U.S. National Science Foundation (Grant #s DBI-1052875 and DBI-1639145). The authors would like to thank the Science of Actionable Knowledge group, particularly Katharine Mach and K. Dana Sjostrom, for their comments and suggestions on the manuscript.

PACE Modell

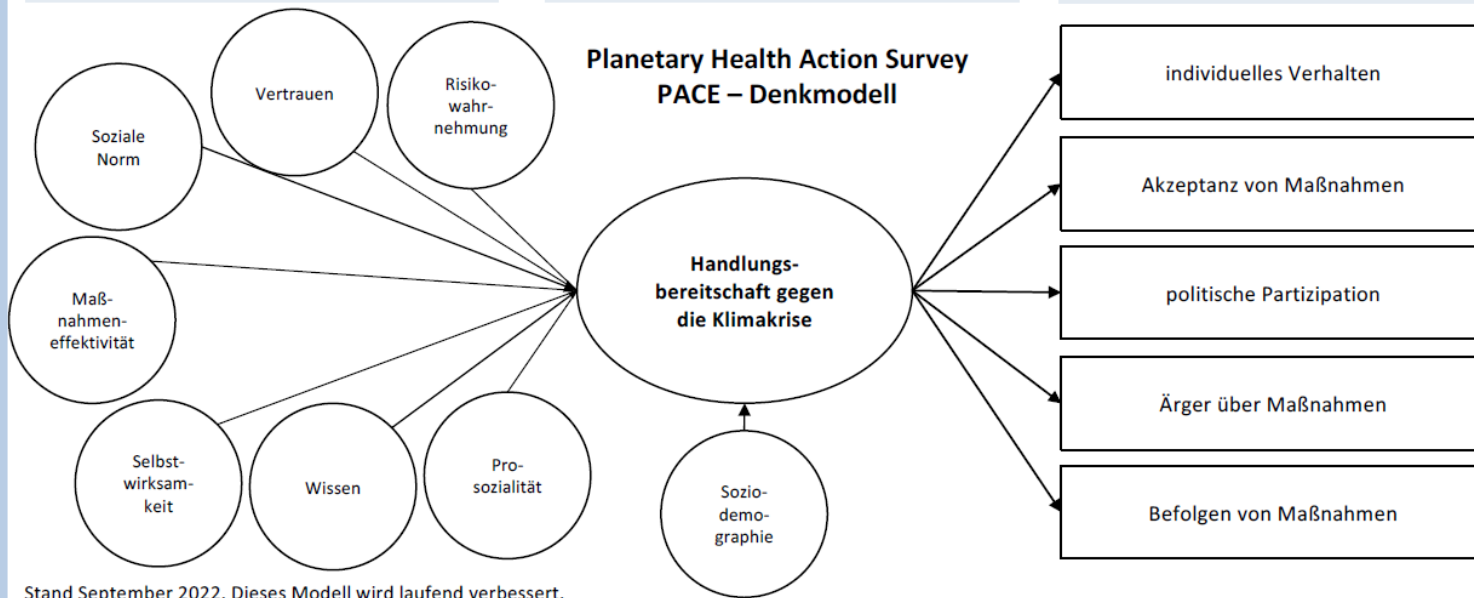
Menschen unterscheiden sich darin, wie sie Gesundheitsrisiken durch den Klimawandel wahrnehmen, der Regierung vertrauen, in welchem sozialen Umfeld sie sind, usw.

Eine Veränderung dieser Aspekte – also z.B. durch Kampagnen – kann zu einer Veränderung der Handlungsbereitschaft führen.

Diese Aspekte beeinflussen ihre Handlungsbereitschaft, also wie stark sie sich für Klimaschutz und gegen die Klimakrise einsetzen.

Für Kampagnen etc. lässt sich untersuchen, welche sozio-demographischen Gruppen eine niedrige Handlungsbereitschaft haben.

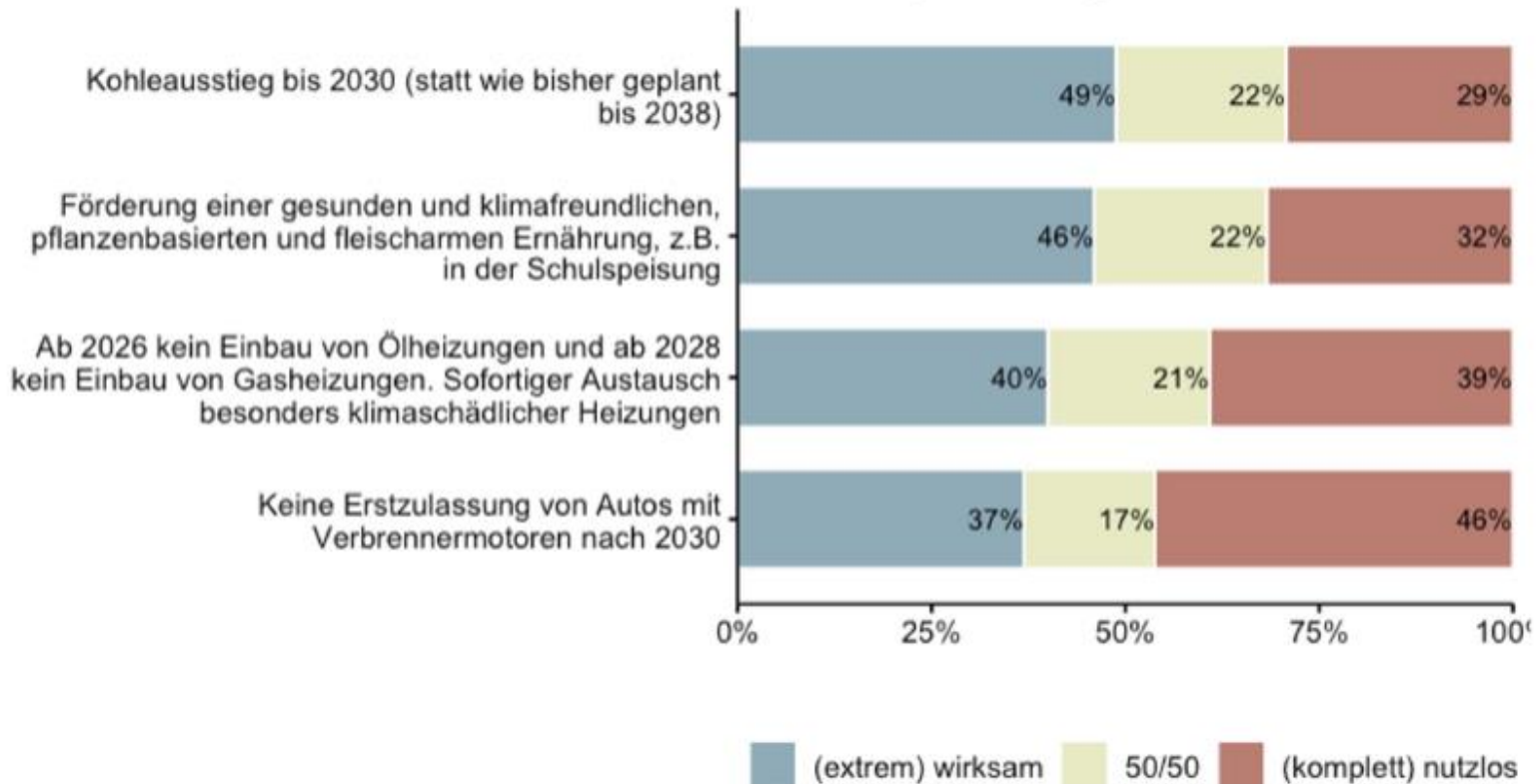
Eine hohe Handlungsbereitschaft bedeutet, dass Personen sich klimafreundlich verhalten, sich politisch für Klimaschutz engagieren und politische Maßnahmen zum Klimaschutz unterstützen, befolgen und emotional positiv bewerten.



Klimaschutzmaßnahmen: Einschätzung in Deutschland

Wie wirksam sind Ihrer Meinung nach die folgenden Klimaschutzmaßnahmen?

Anteile Befragter, Erhebung vom 14.03.23



Addressing socioenvironmental effects for mental health











Individuelle und kollektive Resilienz: Klimaaktivismus



VIEWPOINT

Climate change, activism, and supporting the mental health of children and young people: Perspectives from Western Australia

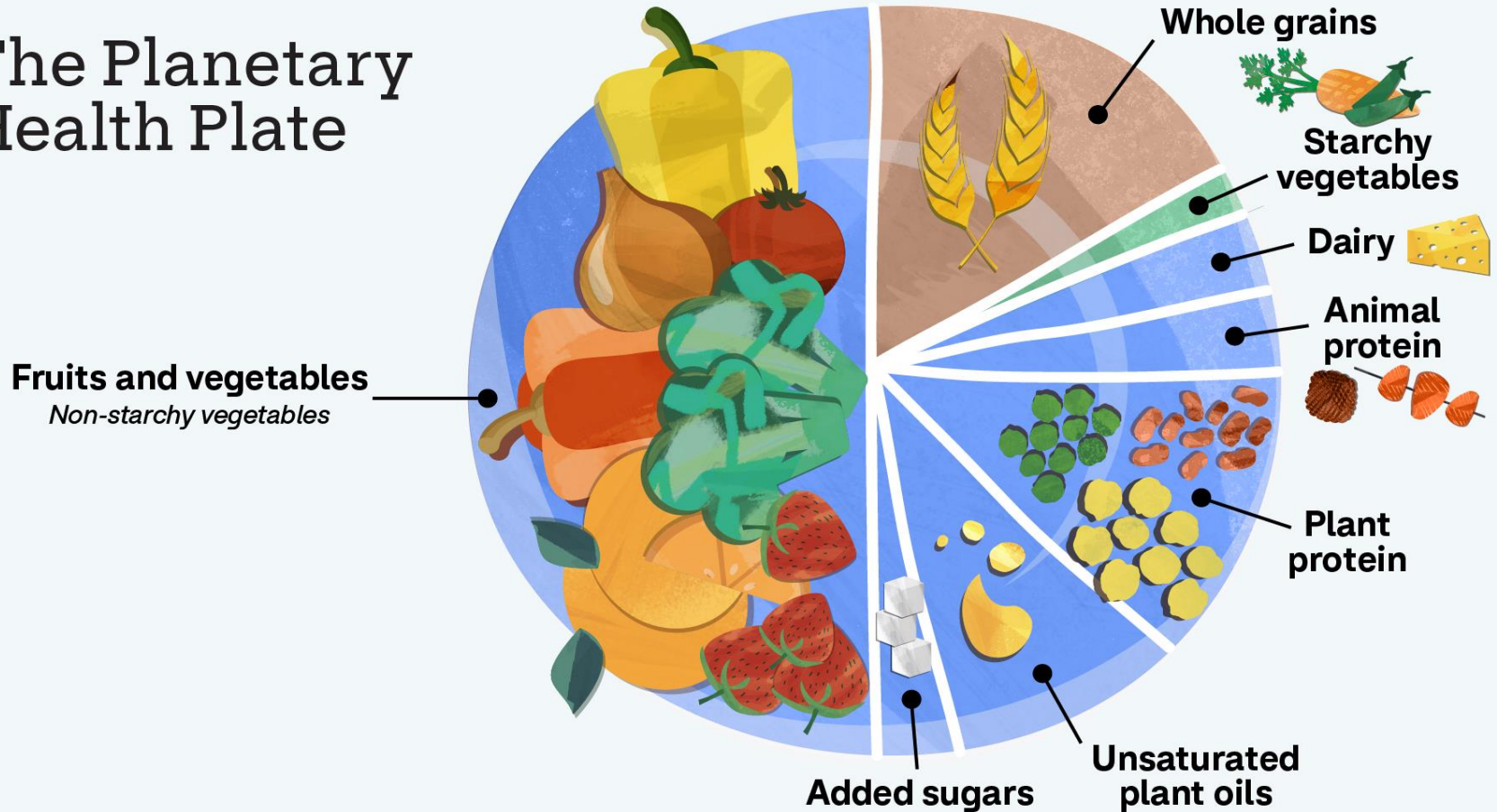
Naomi J Godden ^{1,2} Brad M Farrant ³ Jaime Yallup Farrant ⁴ Emma Heyink,⁵ Eva Carot Collins,⁶ Bella Burgemeister,⁷ Mena Tabeshfar,⁸ Jason Barrow,⁹ Mara West,³ Jasmine Kieft,⁴ Mason Rothwell ¹⁰ Zoe Leviston ¹¹ Susan Bailey ¹² Mindy Blaise ¹³ and Trudi Cooper ¹⁴

¹Centre for People, Place and Planet, Edith Cowan University, ²WA Youth Climate Activist, ¹²School of Arts and Humanities, Edith Cowan University, Bunbury, ³Telethon Kids Institute, The University of Western Australia, ⁴Climate Justice Union, ⁸School Strike for Climate Activist, ⁹Ngalak Katitjin, ¹⁰Youth Affairs Council of Western Australia, ¹³Centre for People, Place and Planet, Edith Cowan University, ¹⁴School of Arts and Humanities, Edith Cowan University, Perth, ⁵WA Youth Climate Activist, Margaret River, ⁶WA Youth Climate Activist, , Western Australia, ²Department of Social Work, Monash University, Caulfield East, Victoria and ¹¹Research School of Psychology, Australian National University, Canberra, Australian Capital Territory, Australia

The climate crisis has detrimental impacts on the mental health and wellbeing of children and young people. Psychological effects include feelings of fear, overwhelm, worry, distress, hopelessness and anger; PTSD; depression; anxiety; phobias; panic disorder; sleep disturbances; attachment disorders; learning difficulties; substance abuse; shock and trauma symptoms; adjustment problems; behavioural problems; and, suicidal thinking. First Nations' children and young people are particularly at risk due to loss of place, identity, culture, land and customs informed by kinship relationships with the Earth; while sustainable land use practices and connection to Country and community can enhance climate resilience. In Western Australia (WA), some young people engage in climate activism – including striking from school – to demand government action to address the causes of climate change, including colonisation and capitalism. Climate activism can promote resilience, particularly when children and young people can emotionally engage in the climate crisis; when mental health is systemically supported; when climate communication is transparent and comprehensive; and, when activism is informed by the knowledges and wisdoms of First Nations peoples and grounded on Country. This article is co-authored by WA young people, Aboriginal and non-Aboriginal academics, activists and practitioners engaged in youth, mental health and climate justice spaces. We argue for structural change to address the causes of the climate crisis, alongside enhanced evidence and approaches to appropriately support the mental health of children and young people. Furthermore, we support the call of Aboriginal peoples to ensure culturally appropriate, place-based responses based in caring for Country.

Individuelle und kollektive Resilienz: Planetary Health Diet

The Planetary Health Plate



Wirksamkeit der Planetary Health Diet für seelische Gesundheit

Table 4. Regression coefficients and 95 % CI of the association of the Mediterranean diet score with self-reported mental (SF-12 Health Survey mental component score (SF12 MCS)) and physical (SF-12 Health Survey physical component score (SF12 PCS)) health in men and women

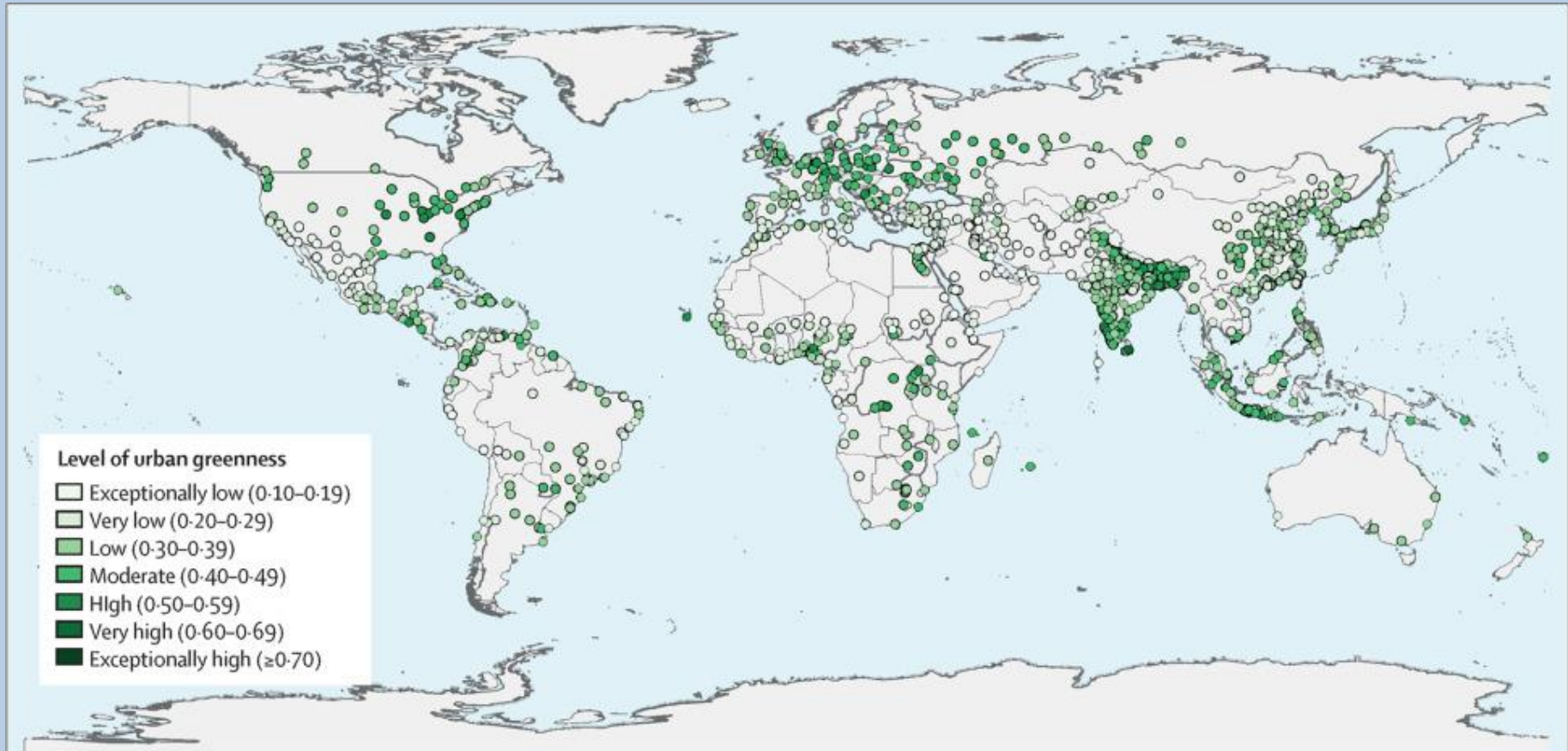
	SF12 MCS			SF12 PCS		
	Regression coefficient	95 % CI	<i>P</i>	Regression coefficient	95 % CI	<i>P</i>
Men						
Mediterranean diet score (1 unit)						
Model 1*	0.149	0.047, 0.257	0.008	0.171	0.087, 0.256	< 0.001
Model 2†	0.148	0.035, 0.261	0.010	0.160	0.076, 0.246	< 0.001
Women						
Mediterranean diet score (1 unit)						
Model 1	0.266	0.146, 0.387	< 0.001	0.220	0.123, 0.318	< 0.001
Model 2‡	0.230	0.105, 0.356	< 0.001	0.068	- 0.030, 0.165	0.176

* Model 1 adjusted for age.

† Model 2 adjusted for age, leisure-time physical activity, BMI, educational level, smoking, alcohol consumption (excluded alcohol proceeding from red wine), and drug treatment and/or medical history of hypertension, diabetes and dyslipidaemia.

‡ Model 2 was additionally adjusted for menopause in women.

Infrastrukturelle Resilienz: Urban green space (und andere!)



Strukturelle Resilienz: Debt and Health

The Health Burden of Debt

The association between poor mental health and poverty is well-known, but its mechanism is not fully understood. Jenkins et al. (2008) tested the hypothesis that the association between low income and mental disorder is mediated by debt and its attendant financial hardship. Their study is a cross-sectional nationally representative survey of private households in England, Scotland, and Wales, which assessed 8580 participants aged 16–74 years living in general households. Their results showed that those with low income were more likely to have a mental disorder, but this relationship was attenuated after adjustment for debt and vanished when other sociodemographic variables were also controlled. Of those with a mental disorder, 23% were in debt (compared with 8% of those without disease), and 10% had had a utility disconnected (compared with 3%). The more debts people had, the more likely they were to have some form of mental disorder, even after adjustment for income and other

to reduce depression and psychological distress among mothers of young children.

Nettleton and Burrows (1998) explore the consequences of mortgage arrears for both the health of indebted home owners and their use of primary health-care services. It demonstrates that the experience of mortgage indebtedness has an independent effect on the subjective well-being of men and women and that it increases the likelihood that men will visit their general practitioners. The paper draws upon the sociological notions of “ontological security” and “individualization” to make sense of these empirical findings. It suggests that policies that have encouraged the growth of home ownership are premised on the idea of individual responsibility, a notion which underpins other spheres of contemporary welfare policies. Within this context, the consequences of mortgage indebtedness are likely to have profound psychosocial implications for those who have direct experience of it. The specter of mortgage debt may also contribute to the insecurity which has come to form a feature of our contemporary social and cultural life.

Debt and Sustainable Development

Alberto do Amaral Júnior¹ and
Mária Paula Bertran²

¹University of São Paulo Law School,
São Paulo, Brazil

²Ribeirão Preto Law School, University of São
Paulo, Ribeirão Preto, Brazil

Strukturelle Resilienz: Shifting Priorities in Degrowth Research: Universal needs

Basic needs	Universal intermediate needs	Culturally, socially and locally specific satisfiers
Physical and mental health	<ul style="list-style-type: none"> Adequate nutritional food and water Adequate protective housing Non-hazardous work environment Non-hazardous physical environment Appropriate health care 	Identified through best available scientific knowledge <i>and</i> comparative anthropological knowledge in numerous cultures, sub-cultures, states and political systems
Critical autonomy (ability to make informed choices)	<ul style="list-style-type: none"> Security in childhood Significant primary relationships Physical security Economic security Safe birth control and child-bearing Basic education 	

Gough, 2015
Koch et al., 2017

Strukturelle Resilienz: Degrowth and happiness

8 Climate change, happiness and income from a degrowth perspective

*Filka Sekulova, Giorgos Kallis and
François Schneider*

I don't understand why when we destroy something created by man we call it vandalism, but when we destroy something created by nature we call it progress.
(Ed Begley Jr)

Handbook on growth and sustainability (pp. 160-180). Edward Elgar Publishing, 2017

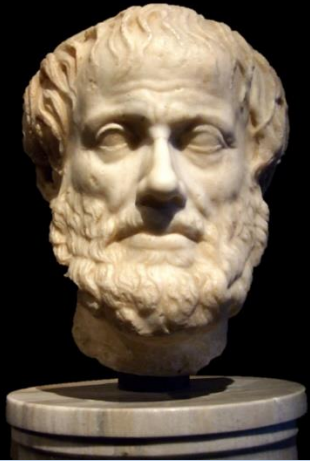
'A powerfully disruptive book for disrupted times'
Kate Raworth, author of *Doughnut Economics*

LESS IS MORE

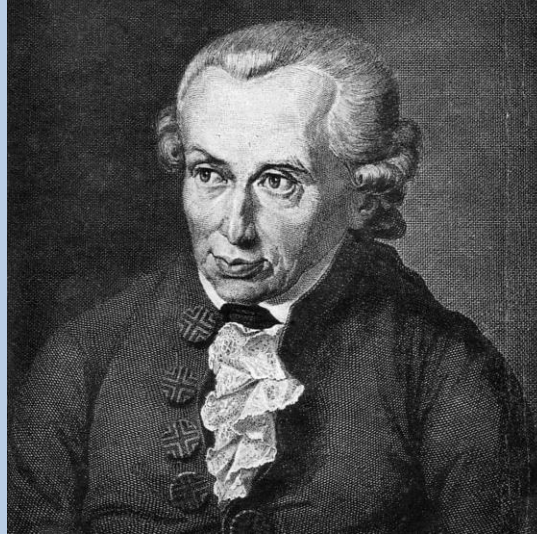
HOW DEGROWTH
WILL SAVE
THE WORLD

Jason Hickel

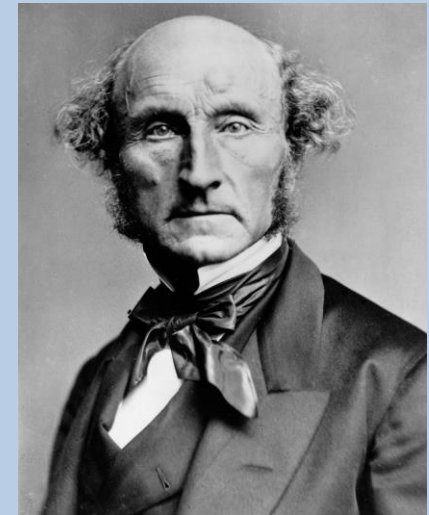
Preface by Kofi Klu and Rupert Read of
EXTINCTION REBELLION



Aristoteles



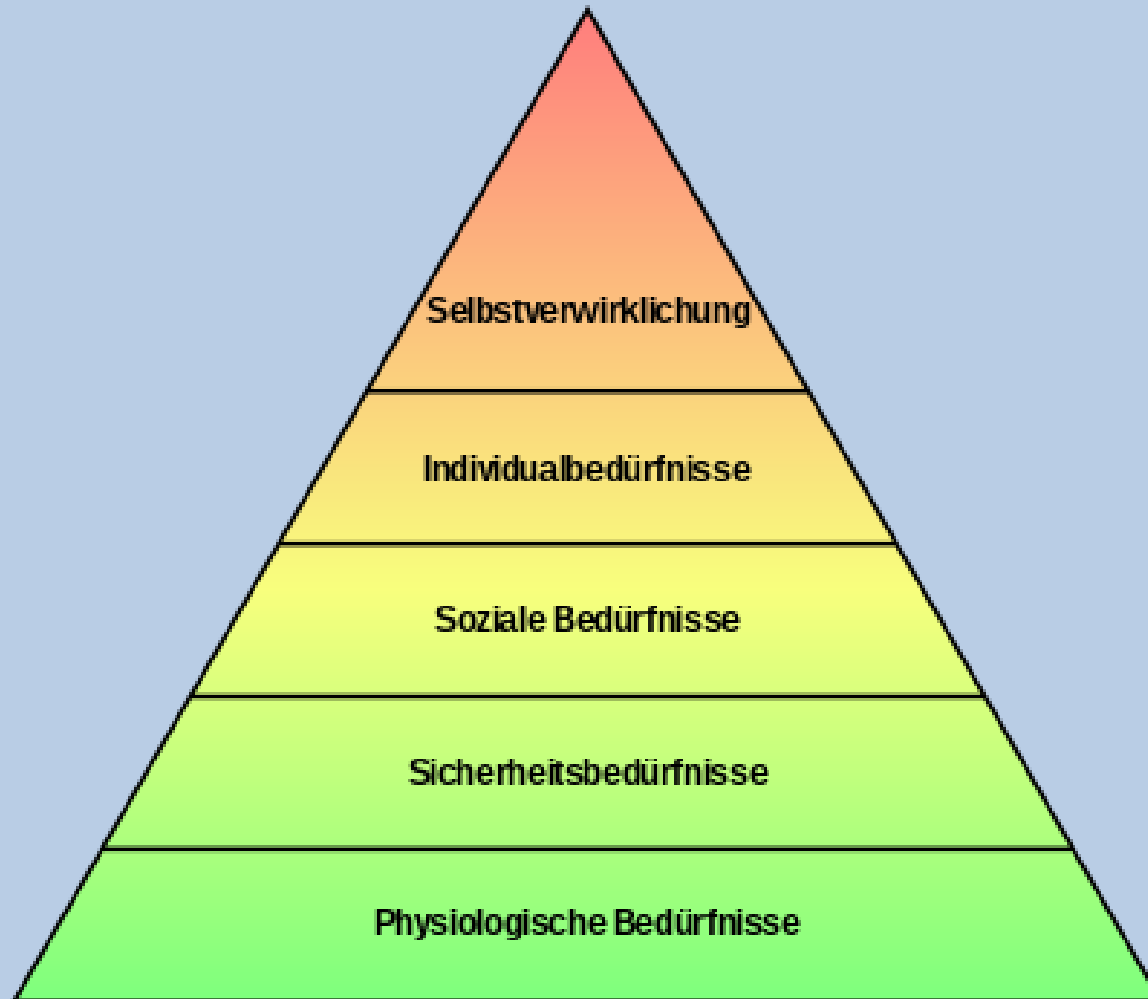
Kant



John Stuart Mill

„Die Auffassung, für die die Nützlichkeit oder das Prinzip des größten Glücks die Grundlage der Moral ist, besagt, dass Handlungen insoweit und in dem Maße moralisch richtig sind, als sie die Tendenz haben, Glück zu befördern, und insoweit moralisch falsch, als sie die Tendenz haben das Gegenteil von Glück zu bewirken.“

Bedürfnispyramide nach Maslow





Yuga	Begins	Ends	Duration
Descending Satya Yuga (Golden Age)	12676 BCE	9976 BCE	2700 years
Transitional Period	9976 BCE	9676 BCE	300 years
Descending Treta Yuga (Silver Age)	9676 BCE	6976 BCE	2700 years
Transitional Period	6976 BCE	6676 BCE	300 years
Descending Dwapara Yuga (Bronze Age)	6676 BCE	3976 BCE	2700 years
Transitional Period	3976 BCE	3676 BCE	300 years
Descending Kali Yuga (Iron Age)	3676 BCE	976 BCE	2700 years
Transitional Period	976 BCE	676 BCE	300 years
Ascending Kali Yuga (Iron Age)	676 BCE	2025 CE	2700 years
Transitional Period	2025 CE	2325 CE	300 years
Ascending Dwapara Yuga (Bronze Age)	2325 CE	5025 CE	2700 years
Transitional Period	5025 CE	5325 CE	300 years
Ascending Treta Yuga (Silver Age)	5325 CE	8025 CE	2700 years
Transitional Period	8025 CE	8325 CE	300 years
Ascending Satya Yuga (Golden Age)	8325 CE	11025 CE	2700 years
Transitional Period	11025 CE	11325 CE	300 years



Erkenntnis

Gesinnung

Handeln

Rede

Lebensführung

Bemühen

Achtsamkeit

Sammlung

Vom Sinn,
dem gelingenden Leben
und unserem Umgang
mit Natur

GRENZ- BESCHREITUNGEN

Martin Kolmar





All powers in the universe are already ours.
It is we who have put our hands before our eyes and cry that it is dark.

Swami Vivekananda

Menschen haben Krisen. Berlin hat einen Krisendienst.

Ein Leben ohne Krisen gibt es nicht, sie gehören zu Entwicklung und Wachstum dazu. Doch eine Krise kann so belastend werden, dass sie nicht mehr allein, mit Hilfe der Familie oder im Freundeskreis zu bewältigen ist.

Der Berliner Krisendienst hilft schnell und qualifiziert bei psychosozialen Krisen bis hin zu akuten seelischen und psychiatrischen Notsituationen. Kostenlos. 24 Stunden am Tag. An 9 Berliner Standorten auch in Ihrer Nähe. Auf Wunsch anonym. Telefonisch, persönlich und in zugespitzten Situationen vor Ort.

Wir helfen Betroffenen, Angehörigen und anderen Beteiligten, die mit Menschen in Krisen zu tun haben.

Der Berliner Krisendienst ist jetzt zusätzlich zu seinem bewährten Beratungsangebot in einer Erprobungsphase ONLINE erreichbar. Diese Pilotprojekte gibt es für die Standorte Marzahn-Hellersdorf/ Lichtenberg, Neukölln und Treptow-Köpenick und des Weiteren für die Standorte Pankow und Reinickendorf. In akuten Krisen bitten wir Sie, sich telefonisch bei uns zu melden.

Telefon 030 39063 – ...



Was ist der Berliner Krisendienst? [Video anschauen](#)

Es ist einen Anruf wert.

Nightline Potsdam
0331 977 1834