To the Editor:
The Covid-19 pandemic has spurred a rapid shift to the use of more telepsychiatry behavioral health services by psychiatrists and other mental health practitioners. Individual, group, and academic settings expedited the delivery of telepsychiatry services in an effort to provide care safely while “flattening the curve.” While the pandemic is likely to subside in the coming months and years, the transformation of psychiatric care delivery by adoption of widespread telepsychiatry may turn out to be long-term and substantive. A recent Academic Psychiatry editorial initiated a call to action to develop initiatives to reduce the carbon footprint of psychiatric interventions [1]. One of the potential positive outcomes of this shift toward telepsychiatry—and perhaps a reason to advocate for its wider use—is an opportunity to positively impact climate change.

The news cycle of the last year has been rife with evidence of the increasing negative impact of climate change: from the devastating wildfire season in California to the most active Atlantic hurricane season on record to the more recent cold weather disaster in Texas. Environmental degradation is also thought to make future pandemics more likely. A recent article by Salas illustrated the challenges that climate change–related severe weather poses to the pandemic as healthcare providers struggle with climate change as they seek to implement effective, equitable treatments to improve healthcare [2]. As psychiatrists, we are well aware of the negative mental health impacts of disaster, particularly on vulnerable populations. The global health care industry is currently responsible for 4.4% of worldwide net emissions and “would be the world’s fifth-largest emitter of greenhouse gases,” if the sector was a country [3]. We should seek to limit our profession’s carbon footprint where possible, and telepsychiatry may offer that opportunity. Of course, we want to ensure that psychiatric care via telepsychiatry is of good quality, a reasonable alternative to in-person care.

Within psychiatry, we have not seen enough research on the potential impact of telepsychiatry on climate change. It is imperative that we analyze every potential step, however small, that may help slow an omnipresent environmental degradation. With a move to virtual encounters, providers and patients are greatly reducing their reliance on personal transportation which has direct impacts on greenhouse gas emissions. The Environmental Protection Agency tells us that greenhouse gas (GHG) emissions from transportation are the largest contributor to the US GHG emissions. Between 1990 and 2018, GHG emissions in the transportation sector increased more in absolute terms than any other sector [4]. Will the reduction of personal transportation and therefore GHG emission offset the increased demand of electricity required for telepsychiatry?

As vaccine distribution expands and healthcare emerges from its past, telepsychiatry provides intriguing possibilities for the future of our field. Issues related to structural racism and environmental injustices are priorities that need to be addressed by the field of psychiatry and medicine as a whole. It is already known that reduction of air quality is closely associated with the development of chronic respiratory and cardiovascular disease [5]. Telemedicine is one way that psychiatry has an opportunity to help address climate change and evaluate strategies that best contribute to improving overall human health in an equitable fashion. We look forward to seeing the momentum of the diversity, equity, and inclusion movement entail research that explores the potential environmental impact telemedicine will have on climate change and environmental justice.

**Declarations**

**Disclosures** On behalf of all authors, the corresponding author states that there is no conflict of interest.
References

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