Growing 4 Life: an evaluation of a programme of STH projects

Royal College of Physicians

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G4L – aims

“The Growing 4 Life project has an overall aim to create **community gardening projects** for people (priority given to older people) with **mental health needs**, to improve mental and physical health, reducing isolation and bringing people together to improve the green space for the benefit of the local community”
G4L - the programme

- Funded by *Ecominds*
- Set up STH projects in Berkshire, Oxfordshire and Hampshire
- Target: older people (50+) with mental health problems
- Fixed project length: 6 months
- 1 session per week
- Projects to be sustainable after Thrive involvement ends
Evaluation (Spring 2012)

- Observation of working projects (*practice*)
- Examination of promotional material (*recruitment & engagement*)
- Analysis of client data (*effectiveness*)
West End Allotment
The Projects

- Horticulture as the *interaction with nature and use of elements from nature to ‘shape the natural environment’*
  - gardens, allotments, orchards, woodlands, indoor gardening

- *Horticulture* used in a variety of ways and contexts to reach a wide ‘audience’
- Guided process of interaction and experience
STH – a guided process
STH – a guided process
STH – a guided process

social environment

client

therapist

‘natural’ environment
STH – a guided process

social environment

client

therapist

‘natural’ environment
STH – a guided process

social environment

client

therapist

‘natural’ environment
STH – a guided process

- Social environment
- Client
- Therapist
- Expert

‘Natural’ environment
STH – a guided process

- Social environment
  - Client
  - Therapist
  - Expert

- ‘Natural’ environment
STH – a guided process

social environment

client

therapist

expert

‘natural’ environment

outcomes

goals
Natural Environment

Social Environment
are they having a party?
- Development of skills
- Routine and structure
- Physical activity
- Like *work* but no pressure

Activity
Occupation
Natural Environment

Activity Occupation

Social Environment
Recruitment & engagement

- Initial target population – over 50s with mental health problems
- Posters and flyers campaign
- Letters to GPs
- Direct contact with CMHTs – most effective form of engagement
## Participation

<table>
<thead>
<tr>
<th>Project</th>
<th>Number of participants</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basildon Park</td>
<td>7</td>
<td>11.9</td>
</tr>
<tr>
<td>Campbell Place</td>
<td>10</td>
<td>16.9</td>
</tr>
<tr>
<td>Dinton Pastures</td>
<td>7</td>
<td>11.9</td>
</tr>
<tr>
<td>St Michael's, Spencers Wood</td>
<td>5</td>
<td>8.5</td>
</tr>
<tr>
<td>The Vyne</td>
<td>2</td>
<td>3.4</td>
</tr>
<tr>
<td>Viables</td>
<td>3</td>
<td>5.1</td>
</tr>
<tr>
<td>Wallingford Allotments</td>
<td>3</td>
<td>5.1</td>
</tr>
<tr>
<td>West End I</td>
<td>7</td>
<td>11.9</td>
</tr>
<tr>
<td>West End II</td>
<td>7</td>
<td>11.9</td>
</tr>
<tr>
<td>West End III</td>
<td>5</td>
<td>8.5</td>
</tr>
<tr>
<td>Zebon Copse</td>
<td>3</td>
<td>5.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>59</strong></td>
<td><strong>100.0</strong></td>
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</table>


Why such low participation?

- Low target population in selected regions
- Lack of accessible information for referrers
  - effectiveness
  - availability
- Self-sustainability difficult to achieve as STH is a ‘guided process’ and needs therapists
A psychiatrist’s opinion…

“The worst things about mental health difficulties are the ways in which they isolate people and can undermine their hope. Horticulture is teamwork, bringing folk together around the tasks of clearing, digging, planting and weeding. It is also a direct expression of hope, as gardeners watch and nurture growing plants.”

Hugh M. Consultant psychiatrist, Nottinghamshire NHS
A psychiatrist’s opinion…

“Closer involvement with the natural world strips people of their differences and brings them together. I wish there was more opportunity for me and other mental health professionals to offer this to our NHS patients.”

Hugh M. Consultant psychiatrist, Nottinghamshire NHS
Green Care and Social and Therapeutic Horticulture
Nature-based approaches for health and well-being

What is Green Care?
Green Care is an umbrella term for interventions that use the natural environment to provide care for people with a range of different diagnoses and conditions. It is based on the idea that spending time in nature can improve mental and physical health. Green Care projects can take many forms, from gardens in hospitals to parks and communal spaces.

What is Hortitherapy?
By its original definition, hortitherapy is the use of horticulture training and therapy to improve the mental and physical health of patients and clients. However, the term has been broadened to include a variety of nature-based therapeutic interventions.

What does Green Care do?
Green Care can improve mental health outcomes, reduce stress, and improve overall well-being. It has been shown to help reduce symptoms of mental health conditions such as depression, anxiety, and post-traumatic stress disorder (PTSD). It can also improve physical health outcomes, such as blood pressure and cholesterol levels.

What evidence is there of its effectiveness?
Research has shown that Green Care can be effective in treating a range of conditions, including depression, anxiety, and PTSD. A meta-analysis of 15 studies found that Green Care interventions were effective in reducing symptoms of depression, anxiety, and stress.

Is it safe? – What are the potential adverse effects?
Green Care projects are generally safe, with few reported adverse effects. However, some people may experience allergic reactions to plants or pesticides, and individuals with allergies should be cautious.

What training or qualifications do practitioners have?
Practitioners in Green Care may have a variety of qualifications, depending on their role and the specific intervention they are providing. Many have qualifications in horticulture, psychology, or mental health.
Measures of effectiveness

- Observations made by therapists using Thrive’s ‘Insight’ evaluation system:
  - social interaction, communication, motivation, task engagement, stamina, mobility

- Survey of participants’ own perceptions
  - physical health, mental health, isolation etc
Social interaction and communication

![Bar chart showing social interaction and communication scores over time]

**Behavioural Score**

- **Social interaction**
  - Time '0'
  - + 6 Months

- **Communication**
  - Time '0'
  - + 6 Months
Task engagement and motivation

![Bar chart showing task engagement and motivation scores](chart.png)
Mobility and stamina

![Bar graph showing mobility and stamina scores over time.]

- **Behavioural Score**
  - **Mobility**
    - Time '0': 4.5
    - + 6 Months: 4.0
  - **Stamina**
    - Time '0': 3.0
    - + 6 Months: 3.0

Legend:
- Blue: Time '0'
- Red: + 6 Months
Participants’ perceptions

- Happier Gardening
- Improved Skills
- Feeling Less isolated
- More Knowledge

Legend:
- No Improvement
- A Little
- A Lot
- Don't Know
Conclusions

- Successful application of STH practice to a wide range of contexts
- Recruitment is not easy!
- STH appears to be effective and well-received
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