

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

Royal College of
Physicians

18 November 2013

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
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Evaluation (Spring 2012)

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



Wallingford
Allotment



Campbell
Place



Campbell
Place



Zebon
Conso



Zebon
Conso



Basildon Park

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
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STH – a guided process



STH – a guided process



STH – a guided process

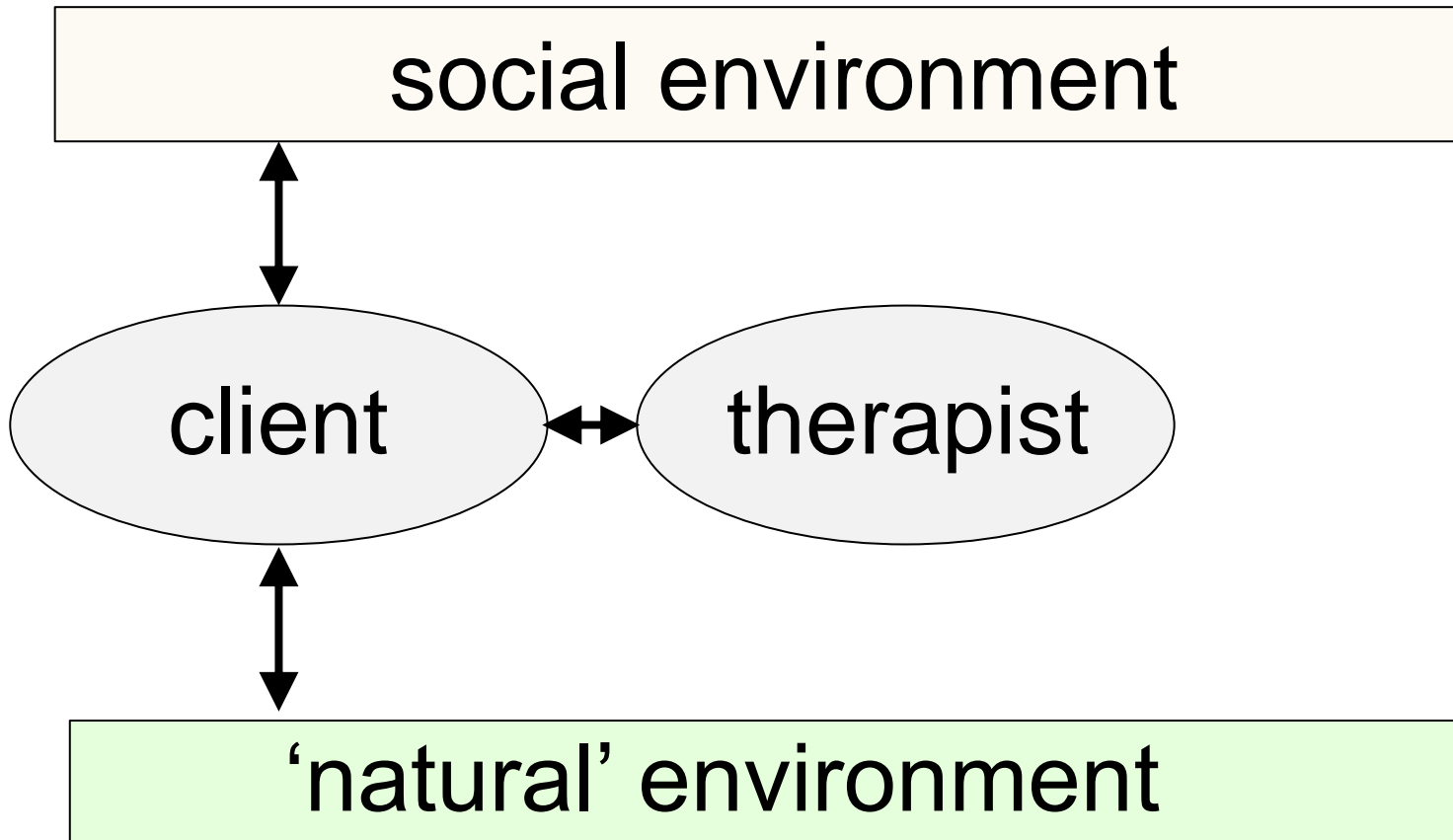
social environment

client

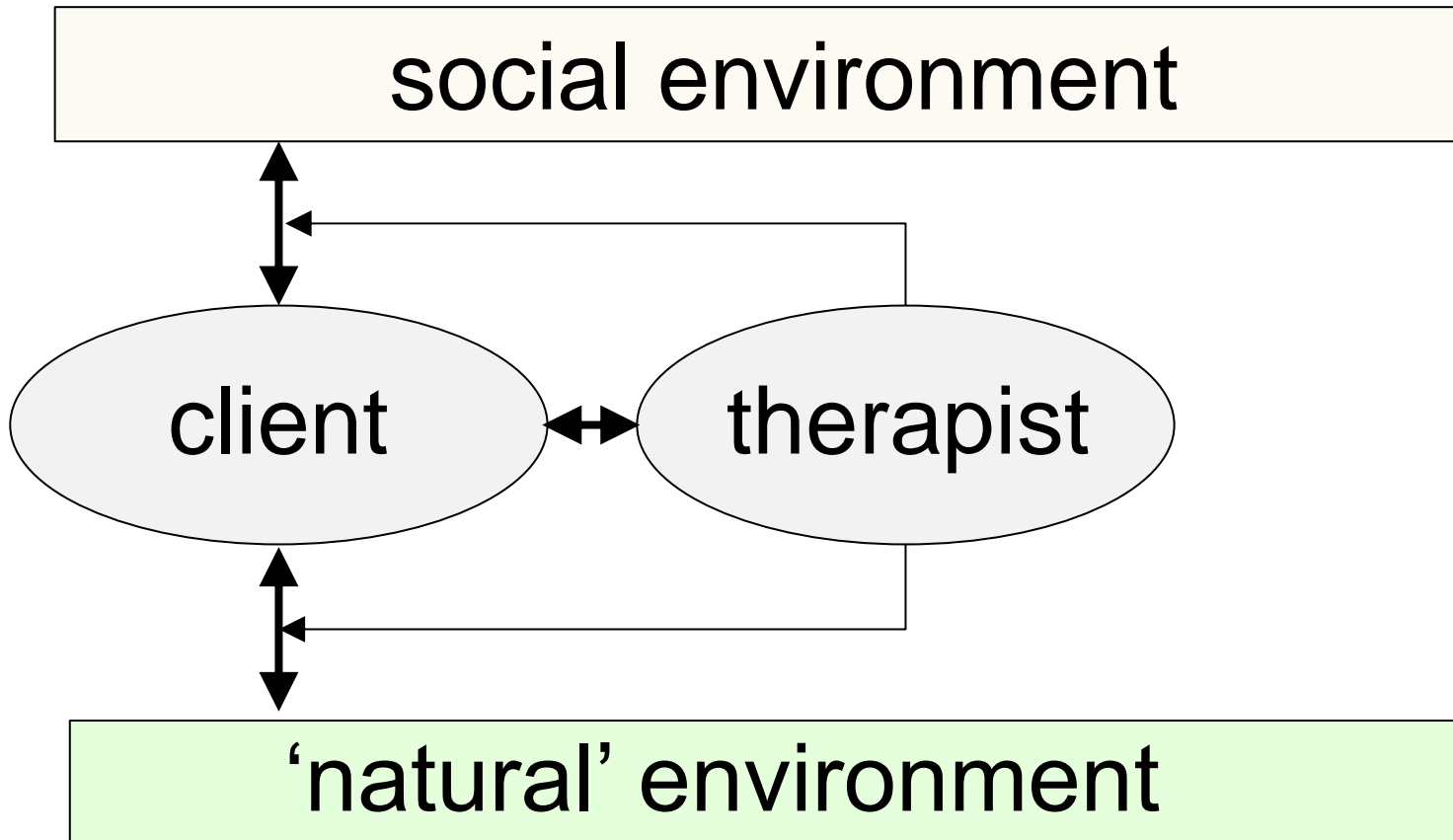
therapist

‘natural’ environment

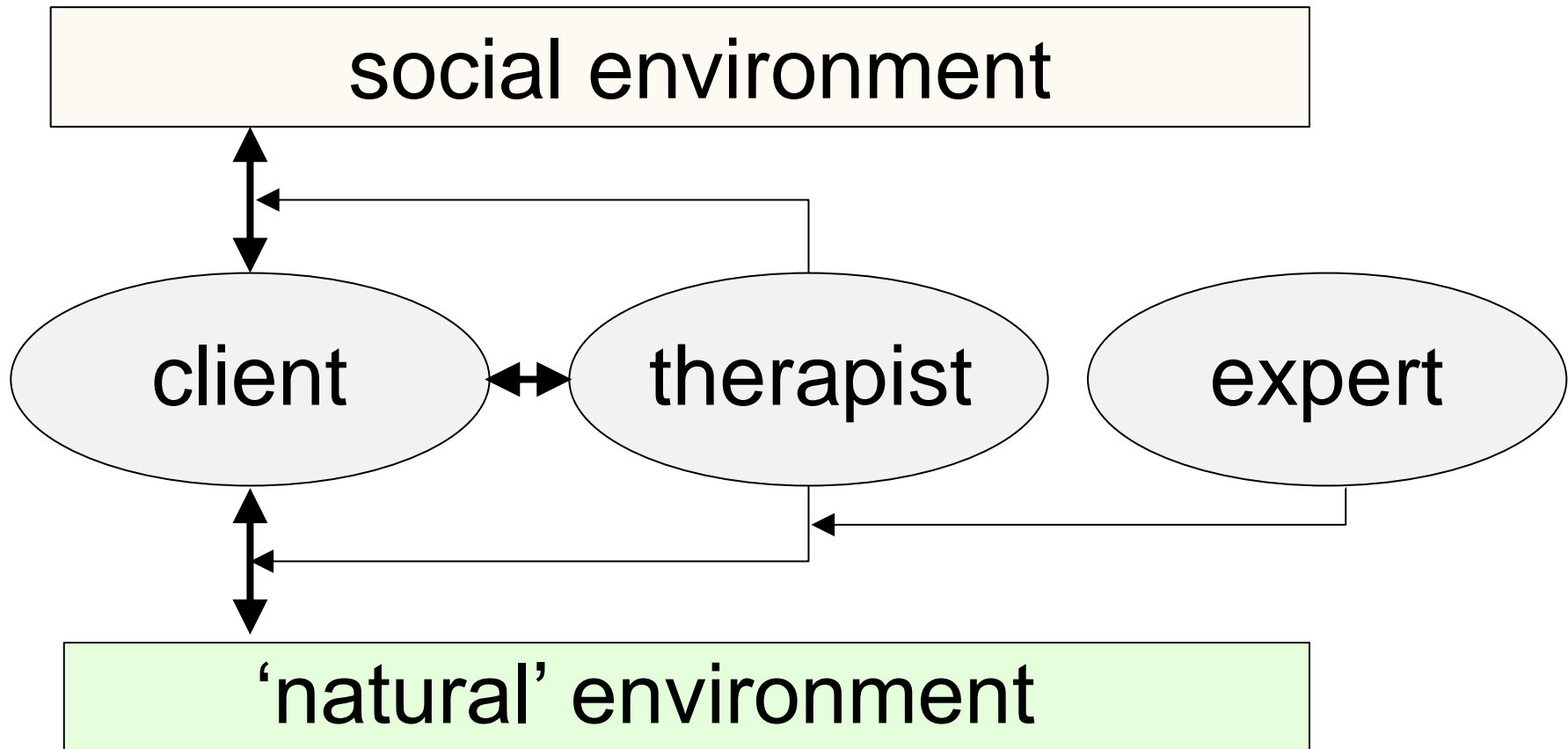
STH – a guided process



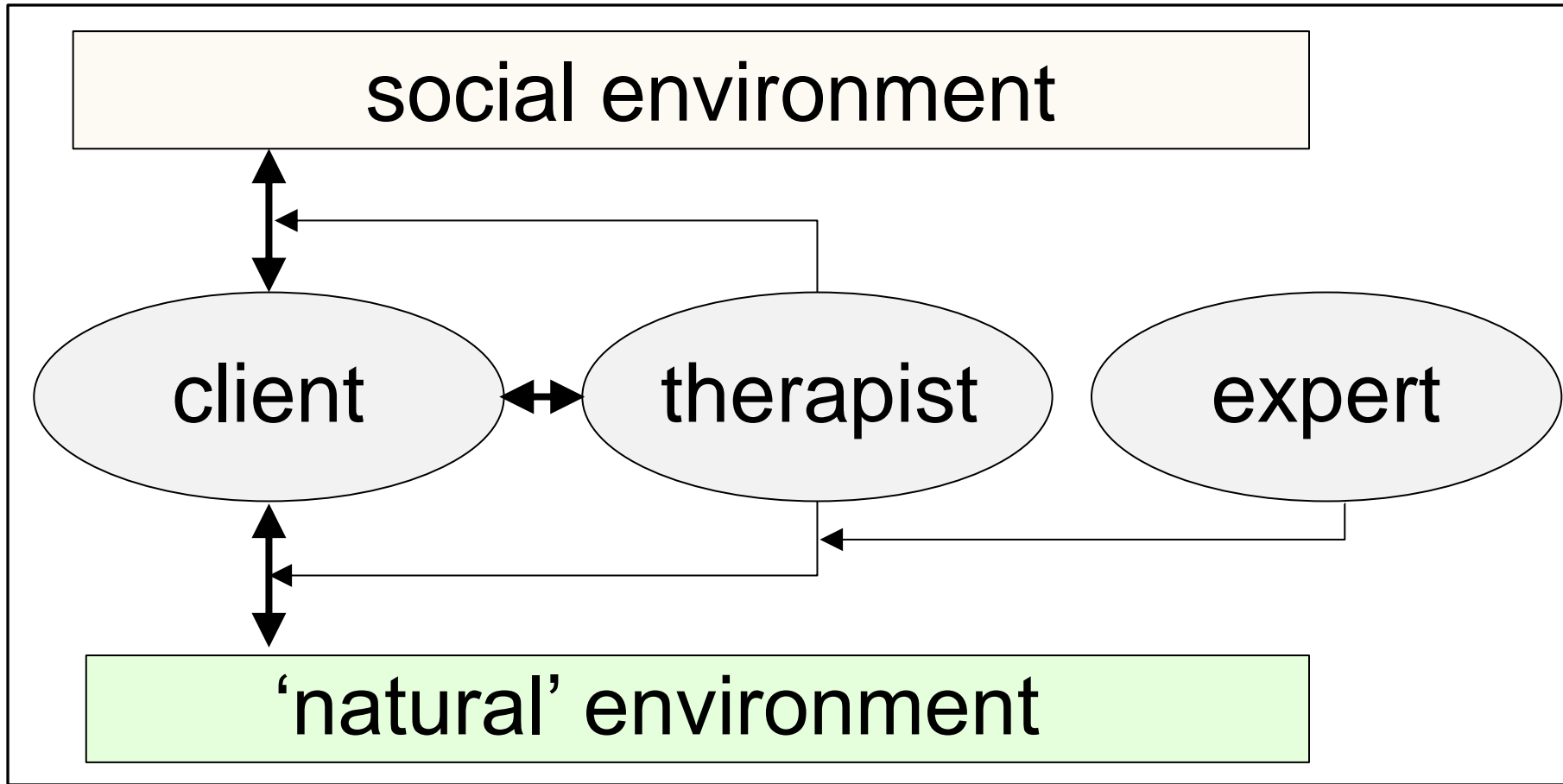
STH – a guided process



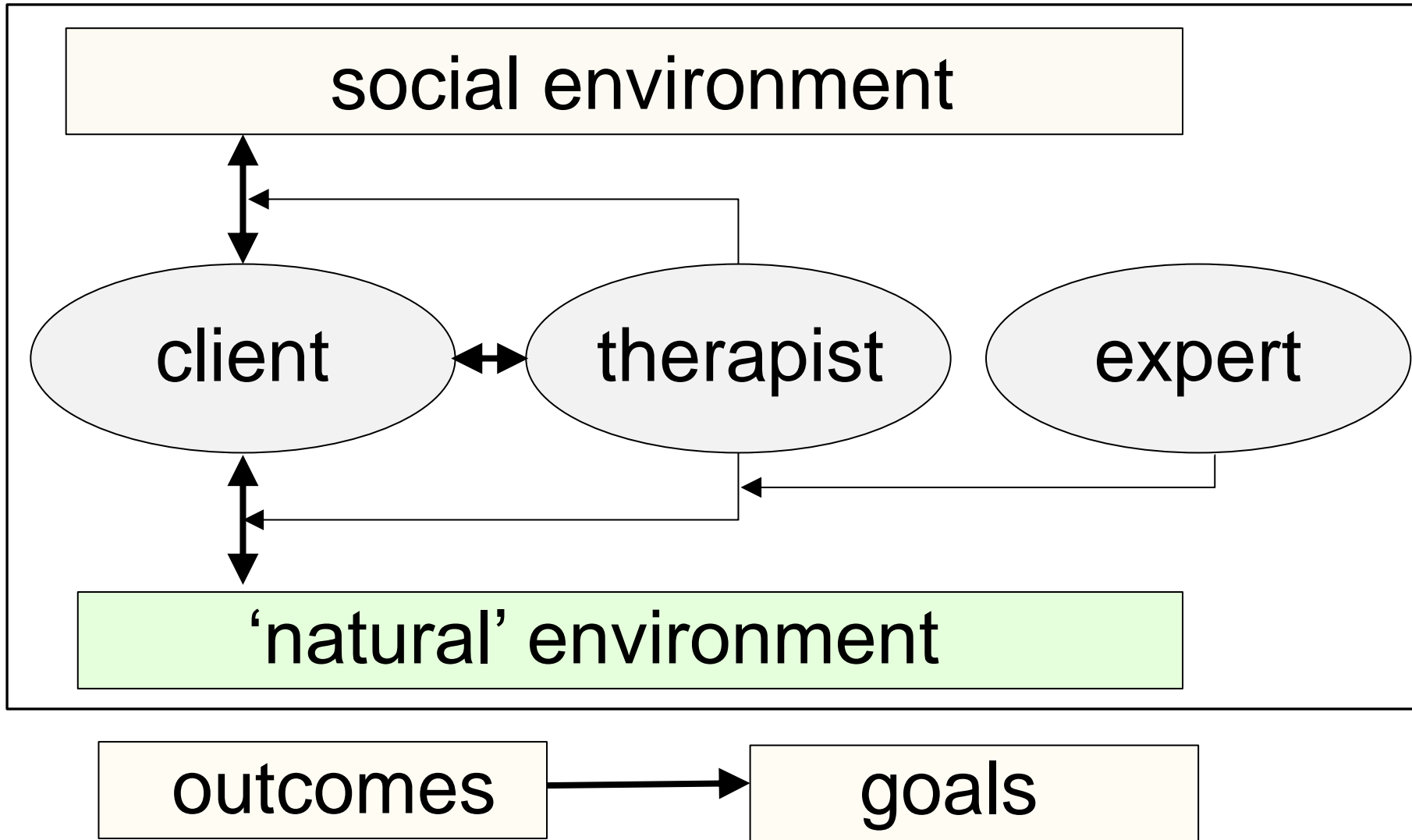
STH – a guided process

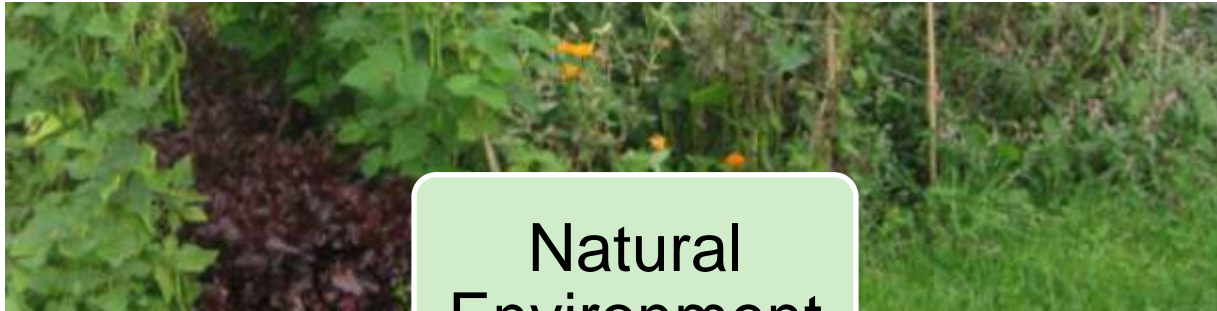


STH – a guided process



STH – a guided process





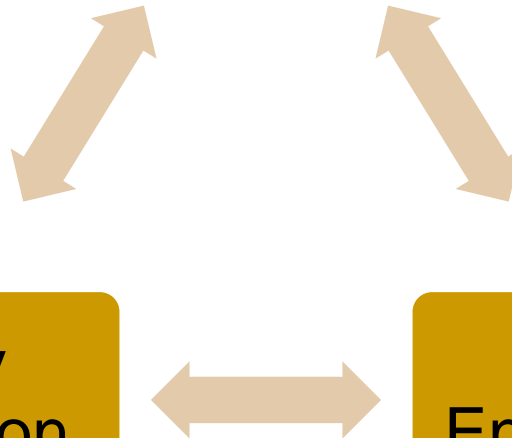
Natural
Environment



Activity
Occupation



Social
Environment





Social
Environment



Social
Environment



Social
Environment



are they having
a party?

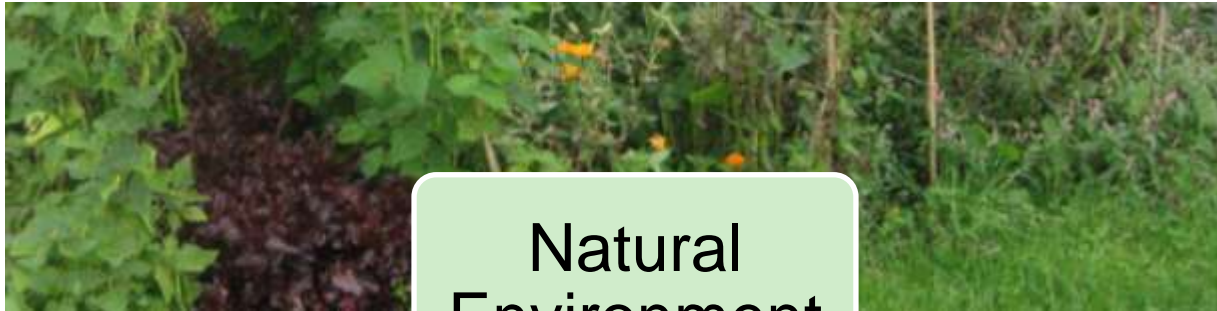


Social
Environment



Activity
Occupation

- Development of skills
- Routine and structure
- Physical activity
- Like **work** but no pressure



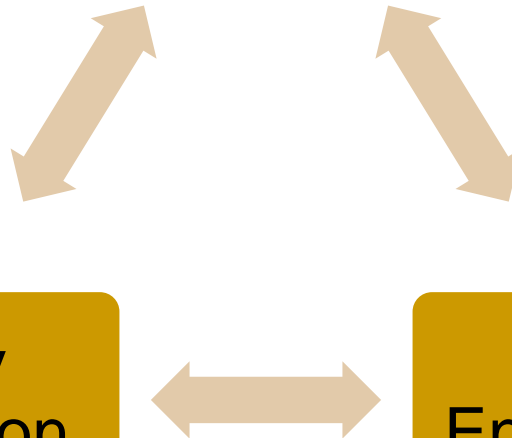
Natural
Environment



Activity
Occupation



Social
Environment





C. H. Christiansen, C. M. Baum, and J. Bass-Haugen (Eds.). (2005). Occupational therapy: Performance, participation, and well-being (3rd ed.). Thorofare, NJ: SLACK Incorporated.

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
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Participation

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

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
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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

A response...



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 illnesses and conditions. Social and Therapeutic Horticulture, Care Farming, Green Exercise and Wilderness Therapy are all types of Green Care. The activities are structured and organised and participants attend on a regular basis, from half a day per week to sometimes three or four times weekly, depending on the project. Green Care projects are usually provided by the voluntary sector but many are also associated with hospitals and institutions, frequently with occupational therapy departments.

What is 'Ecotherapy'?

By its original definition, ecotherapy is the use of nature to promote mutual benefit to the environment and to the participant. It is not a specific intervention but the underlying philosophy used by some Green Care practitioners. However, the term has been used in a general way by some organisations (for example, Mind) to mean the same as 'Green Care'.

What does Green Care do?

There is ample evidence from research in psychology that suggest exposure to the natural environment can reduce stress and promote wellbeing. Green Care also gives participants the opportunity to engage in interesting and meaningful activities (such as conservation, gardening and farming); be part of a social group and enjoy its company; and to take part in physical activity or exercise. People with mental health problems and learning difficulties are often excluded from leisure and sport, and research shows that their risk of developing cardiovascular disease is considerably greater than that of the general population.

For which conditions or patients is it used?

Green Care has been used for virtually every vulnerable group. In the UK, people with mental health problems (including psychotic illness, depression and anxiety) and those with learning difficulties make up the majority of participants. Each of these groups accounts for around 40% of the total client population. It is also used for people recovering from stroke and head injury. Growing groups at present include those with post-traumatic stress disorder (PTSD), particularly ex-service personnel, and people with dementia.

Green Care projects may be selective according to the condition of the clients, for example, they may specialise only in services for people with PTSD; they accept mixed client groups; or they may hold specific sessions for particular client groups. This varies according to the project and it is made clear to any referring agency or individual.

What evidence is there of its effectiveness?

In the last ten years, there has been much research into various forms of Green Care. Because they are complex interventions, and often include heterogeneous client groups, there has been a great deal of qualitative research that captures participants' experiences and perceptions. This has shown that Green Care promotes social interaction, self-esteem, self-confidence and helps clients to develop a sense of identity beyond that of being a patient. It also promotes their social inclusion¹.

There have also been quantitative studies, including small randomised trials that have shown improvements in self-efficacy, self-esteem, mood and depression scores, among a variety of other outcomes. A recent systematic review concluded that:

"a rather small but reliable evidence base supports the effectiveness and appropriateness of NAT (Nature-assisted Therapies) as a relevant resource for public health. Significant improvements were found for varied outcomes in diverse diagnoses, spanning from obesity to schizophrenia".

Is it safe – what are the potential adverse effects?

There are no reports of any adverse effects specifically associated with the therapeutic aspects of Green Care. But accidents do happen in the countryside and in gardens. The most common injuries associated with gardens are due to falls and slips on grass and paths. Injuries caused by tools and sharp objects account for only 2% of the total, the same as for insect bites and stings. Many older people and those with disabilities manage to enjoy gardens and the countryside with no problems.

What training or qualifications do practitioners have?

Green Care is a diverse field and the qualification of practitioners depends on the specific intervention they are using. For example, horticultural therapists will be skilled in horticulture and may have Royal Horticultural Society qualifications or a degree in horticulture. They will also have a qualification in a form of social care, nursing or teaching and many are qualified occupational therapists. Additionally, many now hold a Diploma in Social and Therapeutic Horticulture which has been taught by the Department of Occupational Therapy at Coventry University, Thrive and the land-based college – now Pershore College, for the past 17 years. Whilst there is no statutory requirement for qualifications for practitioners in any of the Green Care interventions, recent research has shown that most have appropriate qualifications. For example, a survey

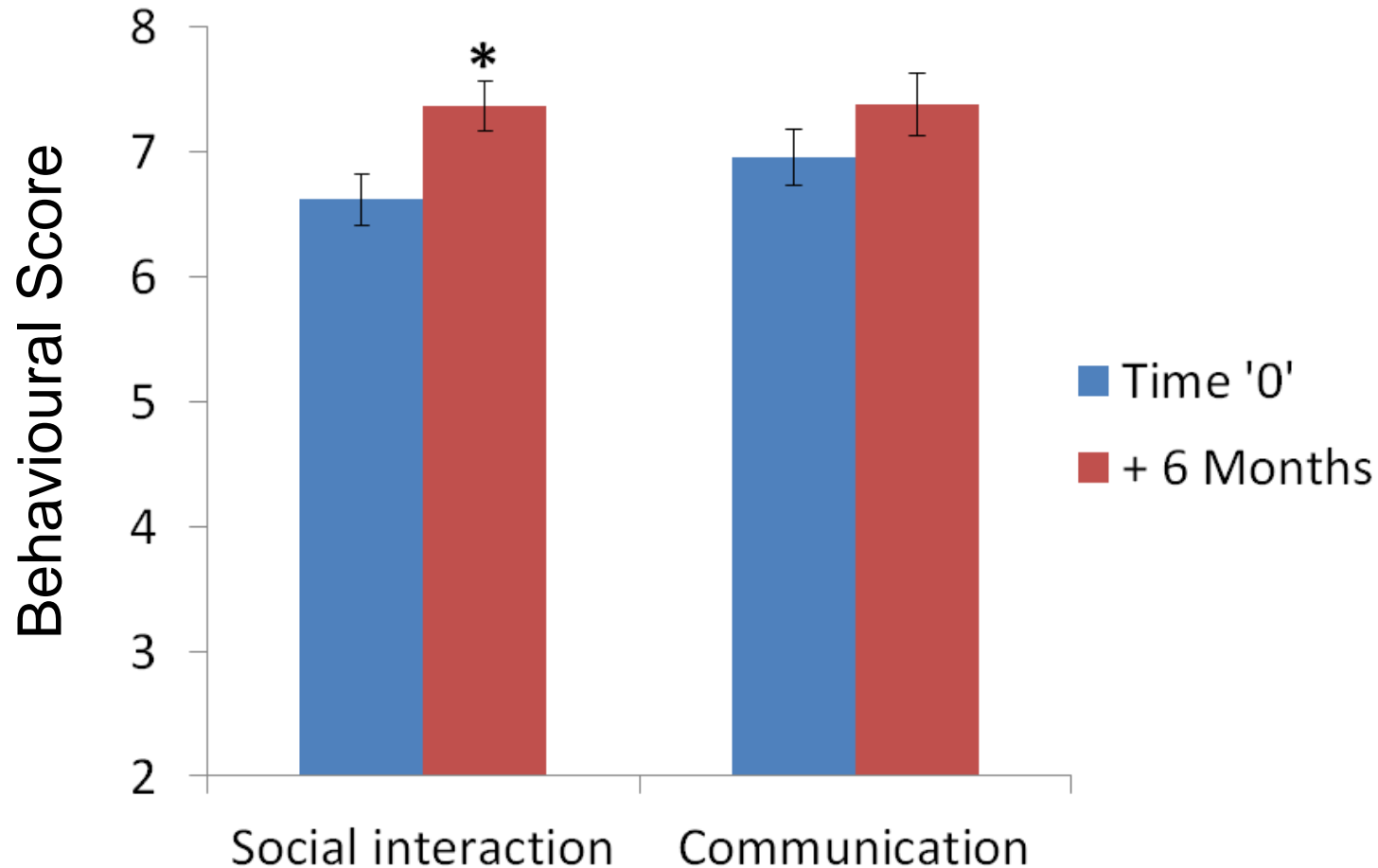
¹Sampl, J., Ashridge, J. and Barker, S. (2005) *Growing Together – A Practice Guide to Promoting Social Inclusion through Gardening and Horticulture*. Bristol: The Policy Press.

²Minister, M. and Wahlberg, K. (2011) *Nature-based therapy: Systematic review of controlled and observational studies*. *Scandinavian Journal of Public Health*, 39, 371–376.

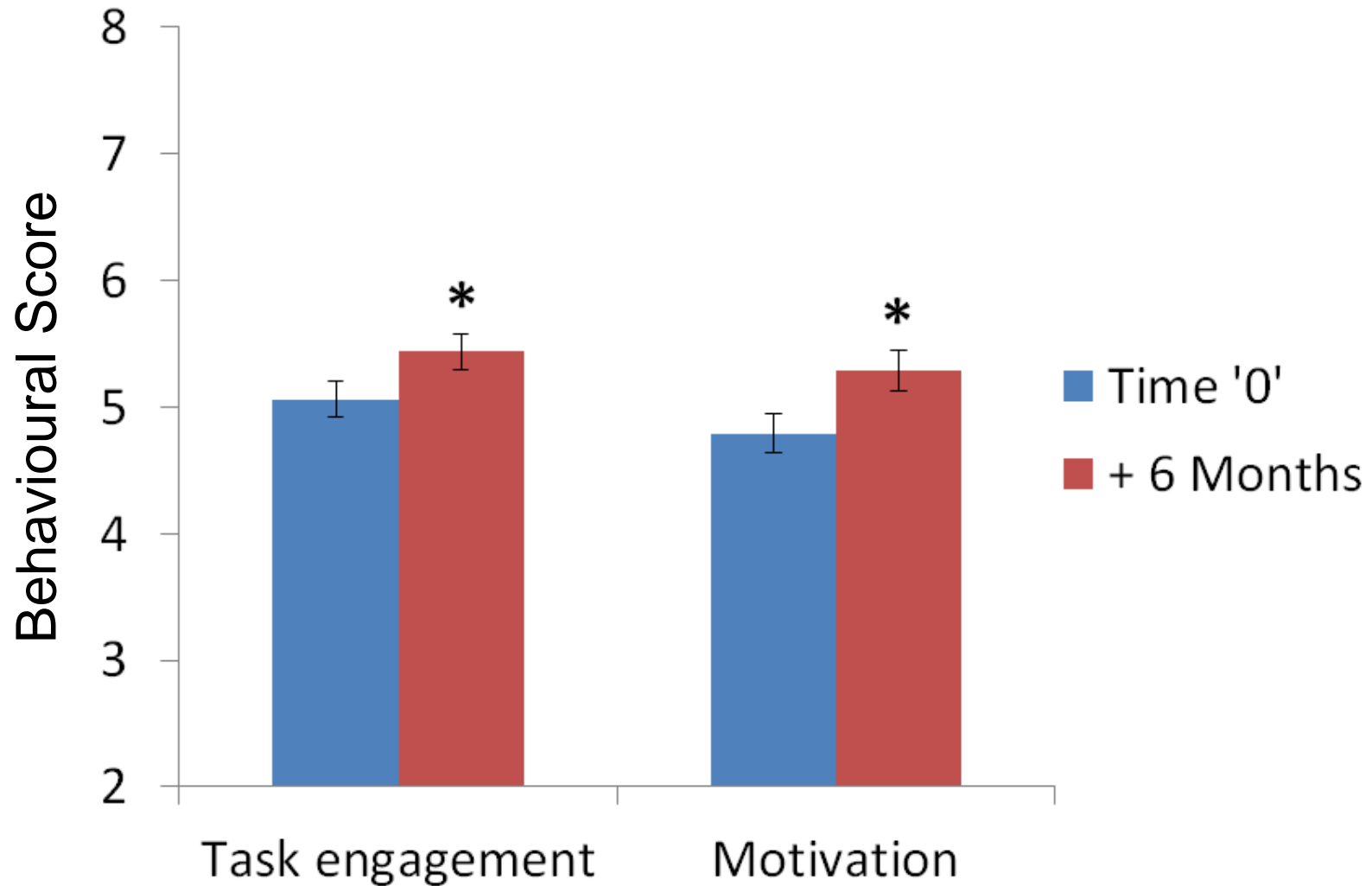
Measures of effectiveness

- 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
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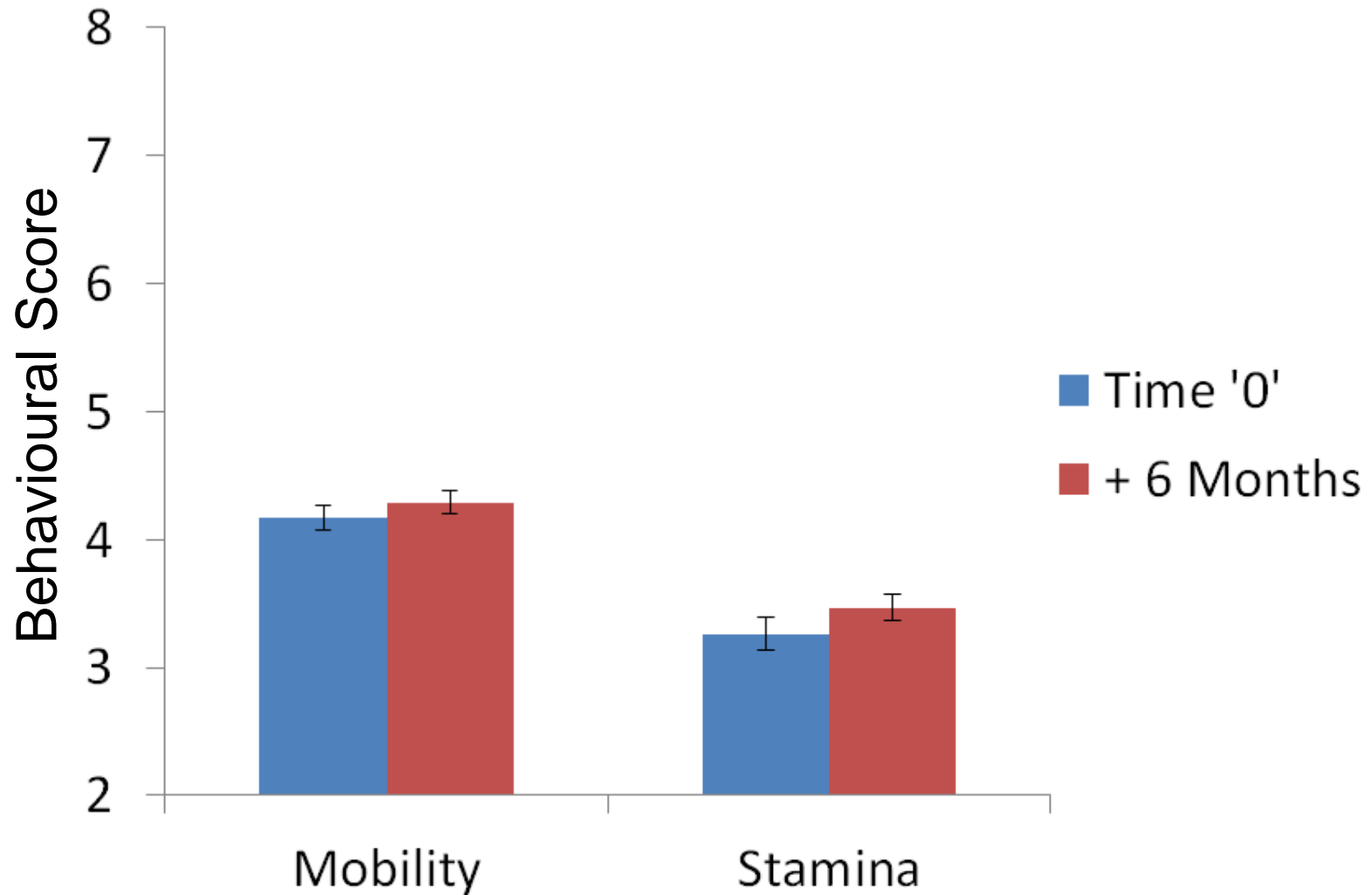
Social interaction and communication



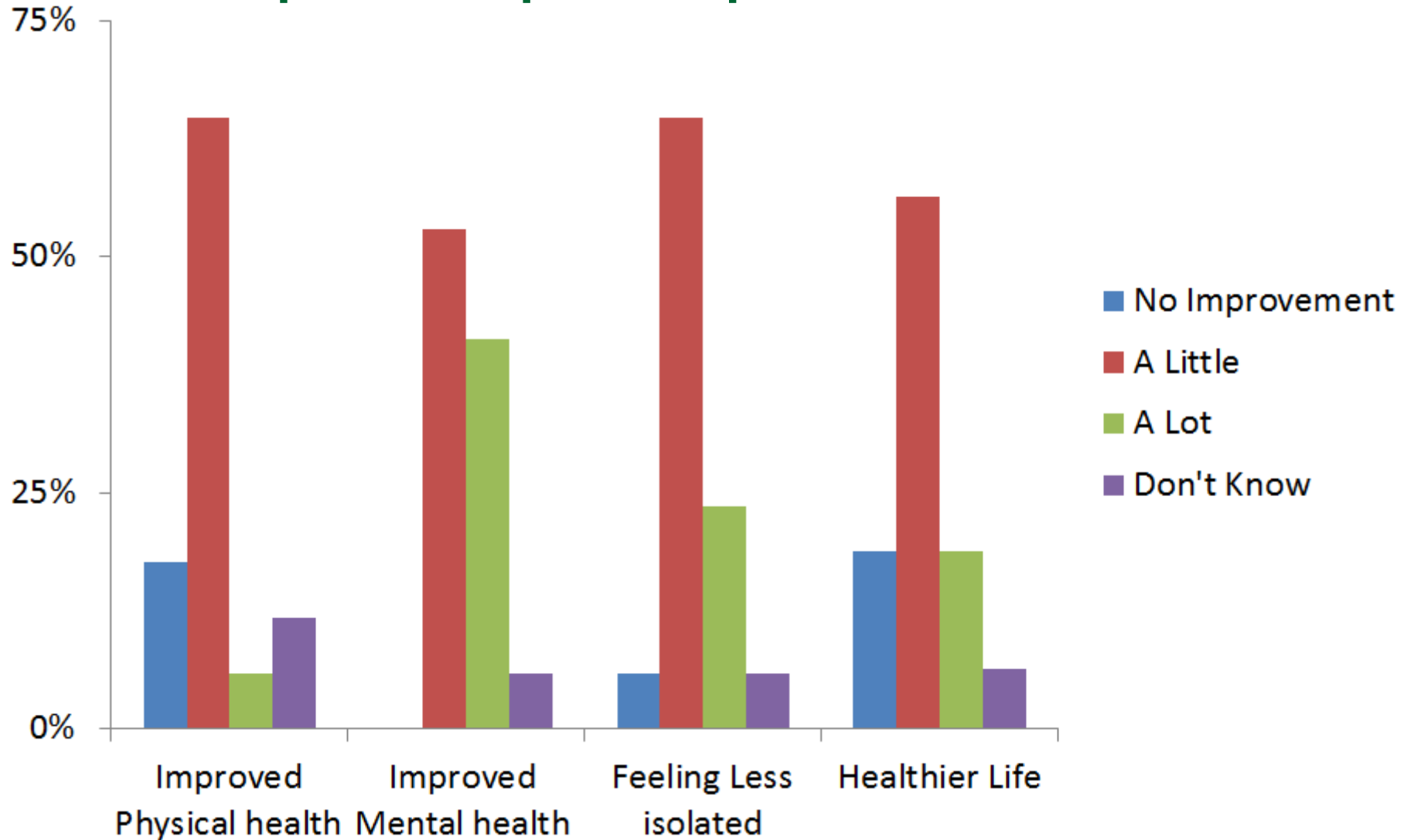
Task engagement and motivation



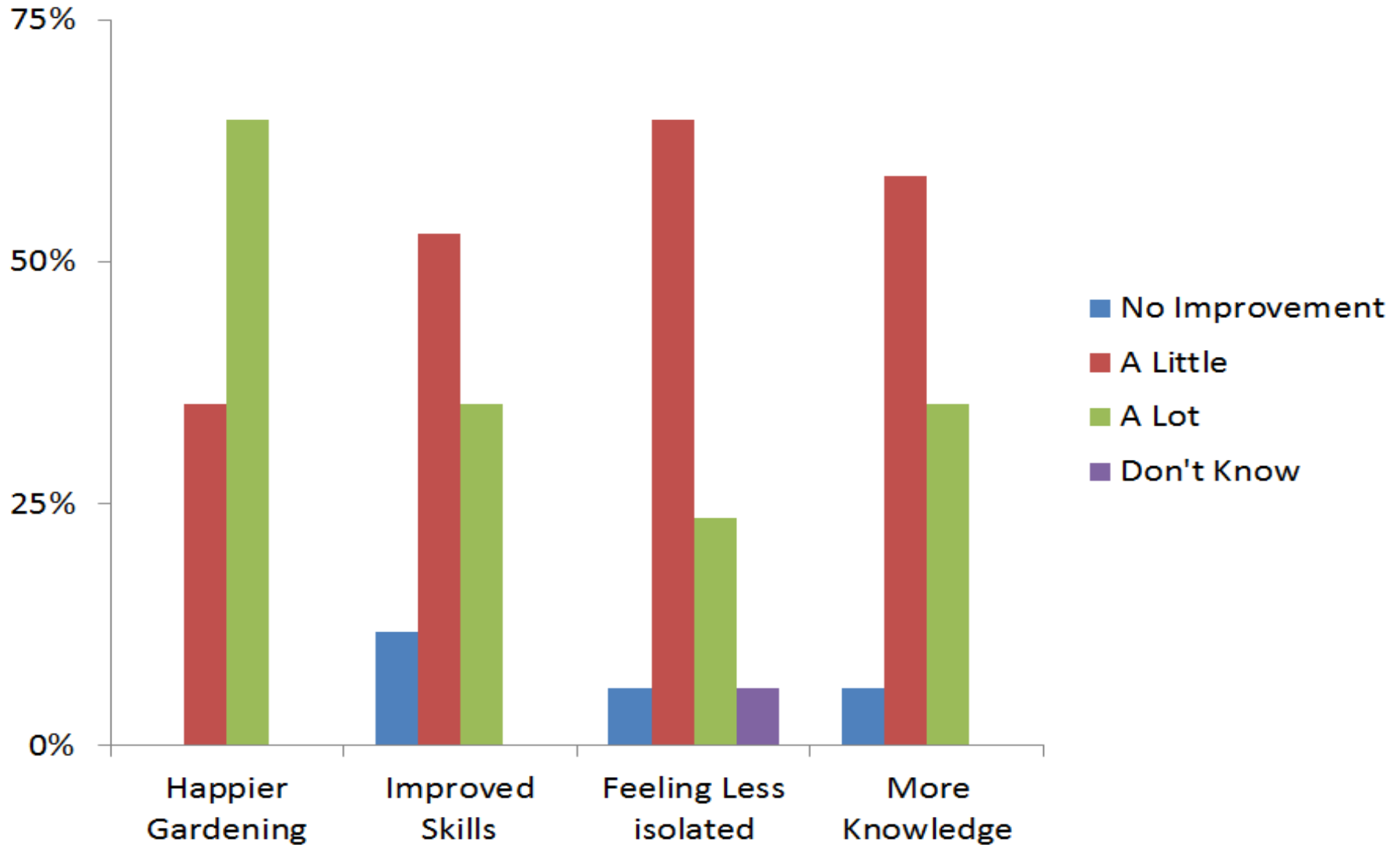
Mobility and stamina



Participants' perceptions



Participants' perceptions



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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