Script for UoS Final Conference 2022

[1 Title slide ]

* Hi I’m Marty Climenhaga, OT student, previous career in environmental engineering
* My supervisor has been Dr. James Gavin
* I’ve been researching the use of nature-based interventions in Occupational Therapy – by which I mean anything OTs do outdoors in nature with their patients. **And I want to say that it’s been truly inspiring.**

[2 NHS Forest]

So when I first met with James we were discussing OT projects linking sustainability and health –

I was looking around for something and I made contact with Ben Whittaker, who’d written an article in OT News about sustainability – he’s a mental health OT who also works for the Centre for Sustainable Healthcare, which is a UK organization that’s done fantastic work on sustainability in healthcare - one of its initiatives is the ‘NHS Forest’, which began with the idea that if we planted a tree for each of the NHS’s 1.3 million employees, we’d have a forest.

 Besides planting trees at healthcare sites, they support sites to enhance their green space in various ways - whether it’s **gardens, wildflower meadows, woodland, or orchards –** to increase biodiversity and maximise the health benefits of green space, as we’re learning more and more, how key nature is for well-being.

They’ve planted nearly 100,000 trees at hospitals, GP surgeries & other sites, and there’s now 325 sites in the network, which continues to grow and welcome new sites.

So Ben and his colleagues Carey Newson and Miriam Dobson provided co-supervision on the project, giving input on the aims & objectives, interview questions and helping to publicise my recruitment call on their social media channels.

I’d definitely encourage anyone to take a look at the websites – they have a free online conference each year, the video of this year’s is on their website & there’s some lovely inspirational stories.

[3 Benefits of Nature ]

So, to give some background, there’s quite a large and growing body of research on the benefits of spending time outdoors in nature – whether that’s gardening or walking, working out or making art or just hanging out in any kind of green space – parks, gardens, or woodlands, or blue space, meaning bodies of water - the seaside, rivers, lakes, ponds.

I’ve split the research findings into physical and mental [and a brief nod to social/societal]

[4 Physical Health]

* Firstly, nice natural spaces encourage physical activity and all its benefits – if you think about whether you’d prefer to go for a run or a walk through a park or a forest, or along a beach, versus along a busy road, or on a treadmill – not everyone would choose the park, some people prefer gyms, but researchers did find that people who took up exercise outdoors were more likely to keep it up than those who started exercising indoors.
* Secondly, time outdoors can help sleep – getting natural daylight helps your body’s circadian rhythms to align, fresh air, …
* More info at each of papers cited

[5 Mental Health] – more info at each of papers cited

[6 Social / Societal ] – more info at each of papers cited

[7 MSc Dissertation/Settings]

So, there’s all this evidence on nature being good for us, but looking in the literature there’s actually very few papers about whether or how OTs are using nature in therapy. We know loads of sites have gardens, but paucity of literature reporting on specific interventions. So I wanted to, firstly, find OTs that were doing therapy outdoors in nature, and then explore their clinical reasoning for why they were doing it & what benefits, or drawbacks, they had seen.

I put out a call for OTs to interview, anyone doing any therapy in the outdoors, and the NHS Forest helped publicise it. I had 20 intial responses and was able to recruit 6 volunteers for interview, **all doing really lovely work** – one was an OT Technician, and the rest were OTs working in diverse settings: 3 were in inpatient settings & 3 in outpatient or community settings.

* + One working in stroke/brain injury rehab services, and then a number in mental health: inpatient mental health recovery, forensic mental health both low and medium secure, an interesting joint NHS/Her Majesty’s Prison service community reintegration project, and a community mental health OT working in early intervention.

[8 Nature-based Interventions ]

Here’s some of the things they were doing:

* balcony gardening, on the hospital clinic’s balcony – it was a small balcony but they were able to create a raised bed and potting tables, to garden with patients individually or in groups; she later expanded to an allotment woodland project (the background photo of this slide is the hedge they built on the project)
* taking rehab unit residents on long rambles through the countryside – they got pedometers for all patients and staff, so they could count their steps – and this OT Tech started a ‘Walk Around the World’ program where they’d add up the distance they’d all walked over the course of the week and see what country that distance would take them to on a map. They also had an onsite vegetable garden - they cooked produce from the garden, using recipes from whatever country that they had ‘reached’ that week with their ‘Walk Around the World’ pedometers.
* A ‘Green Gym’ workshop garden where they’re re-using discarded wood to build raised beds, benches and other items, it’s very much patient-led in the activities.
* Besides a courtyard garden plot, one OT also was using children’s butterfly-growing kits with patients, and when they released the butterflies they had very poignant conversations about freedom and its meaning.
* This was a plot on a community allotment site, for this joint health & prison service project for former offenders reintegrating into the community - you’ll see photos of it on the next slide.
* Community appointments where rather than sitting in people’s homes for sessions, this OT takes clients for walks in parks, or the seaside, or in town – wherever they’d like to walk.

[9 Themes]

Here’s a photo of the allotment and the produce that the former inmates have grown there.

So in 15 minutes I can’t do justice to everything that OTs reported of their experiences with service users in green space, but some main themes were around

* + how much it improves the relationship between clinicians & service users when they’re walking or working side by side outside – how the power dynamic changes and they can have conversations that just don’t happen in the clinic environment;
	+ the sense of identity, it can improve the way people see themselves or how others see them - ‘I’m not just a patient – I’m a gardener, I’m a walker,’ it might bring them back to a time in their lives when illness didn’t dominate, feeling connected to something bigger and beyond their own condition,
	+ Patients being able to work together with each other and staff, and in many cases it’s the patients who set the direction as the OT supports
	+ Having that feeling of freedom when you’re out in nature, even in settings where you aren’t free – being able to relax some controls and give people more autonomy
	+ So they can develop new skills in a low-pressure setting where there’s space to experiment, and freedom to make mistakes; besides practical skills like horticulture there’s also interpersonal skills in something like an allotment group, where you need to negotiate with others who won’t just bend to your will
	+ And in doing this, that gives a sense of purpose and feeling as if you matter, a sense of agency that is so important, and often lacking for people with long-term mental or physical illnesses

[10 Recommendations]

Lastly, I’ve collected some recommendations from my interviewees and tried to distill them for other OTs thinking of getting into therapy in green space:

* Plan – Thorough risk assessment is always crucial, just as in any area of OT, and you want to prepare for contingencies, but you want to also allow for patients to lead as you go, and you don’t want to spend all your time planning and not doing
* Clear Rationale – giving clear clinical reasoning to WHY you’re doing what you’re doing, if you can explain that well, then people can see the value, rather than ‘oh you’re just planting some seeds, or you’re just going for a walk’ an attitude that OTs often run up against
* Build Relationships – getting buy-in from people is really helped by having good relationships with other members of your multi-disciplinary team and your managers
* Id Barriers – you want to work out all the reasons it won’t work, and then find ways around them, before your detractors do. Basically you want to make it as EASY as possible for people to say yes, and as DIFFICULT as possible to say no – by drawing on the good relationships you’ve made.
* Find a simple outcome measure, that’s easy to implement – OTs had different views – some didn’t assess at all if they were in a setting where their service users were subjected to assessments all the time, and more assessments would just turn them off the activity, while others did some baseline and post-intervention assessments for evaluation
* Document – you want to document your successes, separate from individual patient data, so you can evidence that work, but it needs to be in a format that’s easy to manage, and not so onerous that you drop off keeping track of it.
* Because I’ve definitely learned from these interviews that there’s so much therapeutic value in nature-based OT, and we should be shouting it from the rooftops!

[10 Thank You ]

Thanks very much for listening, sincere thanks to my supervisors at Southampton and CSH, **to my interview participants who gave their time and provided such wonderful data**. These are my student and personal emails (student one will expire in 2023), anyone who’d like to know more than what I could fit in here I’d be happy to share. All interviews were anonymized for the research but participants are keen to share knowledge and happy for follow-up questions if you’re interested in a particular intervention.