

Roseland Walks for Wellbeing Project Report

Introduction

The Roseland Walks for Wellbeing project offered a programme of regular walks on the Roseland Peninsula in Cornwall, UK. They were led by therapists who specialise in working outdoors and were designed to improve mental and physical health and wellbeing.

Walks were offered for every week for ten weeks in the Spring of 2015. Walks took place in a closed group of seven people.

Clients joined the programme by referral from their Roseland General Practitioner. Clients were referred for a variety of issues including anxiety, mild to moderate depression, the effects of social isolation, cardiovascular disease, early risk signs of Type Two diabetes, obesity and post-operative recovery.

Background

The Roseland Walks for Wellbeing Project was derived by Ecotherapy Kernow who offer programmes of therapeutic outdoor experiences to people looking for psychological support.

Their approach is based on many years of research, experience and professional practice. It combines the natural restorative power of nature with group sharing, personal reflection, creative processes and opportunities for one-to-one discussions.

Ecotherapy Kernow is led by psychotherapist Robbie Breadon and outdoor leader and ecopsychologist David Key.

Dan Bloomfield and the Dose of Nature Project from the University of Exeter commissioned Ecotherapy Kernow to deliver a pilot programme based on therapeutic outdoor experiences.

Outcomes

For clients the programme aimed to:

- increase confidence and skills for recreating outdoors;
- increase self-confidence and independence;
- bring physical activity to everyday life;
- increase feelings of mental and physical wellbeing;
- improve social interaction;
- learn to identify symptoms of stress & anxiety;

- develop techniques for alleviating stress & anxiety;
- feel motivated to take care of themselves;
- meet people;
- appreciate the natural world and Cornwall's unique and beautiful environment;
- maintain health independently.

For the Dose of Nature Project the programme aimed to:

- Provide 'before' and 'after' quantitative and qualitative data.

Programme Outline

Each session was two-and-a-half hours long, from 10.30am to 1.00pm on a Wednesday morning. The format varied over the course of the ten-weeks. The first session was very gentle and introduced the group to each other along with some of the basic skills for being outdoors.

Gentle activities were offered along the way. For example, group discussions, interpretation of the environment and reflective practices. As the programme developed, sessions were more physically and emotionally challenging. Clients were able to select their own level of engagement and challenge at all times.

During the first walk clients covered a total distance of approximately 1.5 Kilometres. By the seventh week, clients were walking for approximately 1 hour and 45 minutes and covering a distance of over 5 Kilometres. Some weeks, shorter distances were covered but over more challenging terrain. This was designed to increase confidence and broaden the clients range of physical movement.

None-walking activities included reflection time alone; working in pairs with metaphor; guided visualisation and; meditative techniques based on the breath and the senses. Time to share experiences and feelings within the group was a fundamental part of the process. Early on in the programme an activity was offered to help clients develop listening and communication skills to support group sharing.

The sessions were led by two therapists working together. The therapy technique was very gentle and supportive with a very low level of prescriptive content or structure. The main focus was on physical and psychological safety, and working with whatever arose within the group.

Some techniques were taught during the sessions that clients could apply to their everyday lives. For example, coping with panic attacks or how to approach physical challenges. One-to-one time between a therapist and client was offered throughout the programme at the client's discretion.

The programme adhered to strict and clear therapeutic boundaries of confidentiality.

Clients

Clients were selected for the programme on the basis that they:

- wanted to be more physically active;

- had symptoms which would be relieved through regular exercise;
- suffered from stress or anxiety and would like to learn new healthy ways of coping;
- would like to spend more time with other people;
- would like to build self-confidence in walking and being outdoors;
- enjoy nature;
- are an adult able to walk on paths and tracks for up to 20 minutes at a time and;
- were able to commit to eight or more of the session at the outset.

Specifically, the following client profiles attended:

- a 52 year-old woman recovering from major back surgery;
- a 61 year old man identified as at risk of Type Two Diabetes;
- a 64 year old man recently diagnosed with cardiovascular disease;
- a 77 year-old man with a history of cardiovascular disease also suffering from social isolation;
- a 65 year old woman suffering from stress, anxiety, mild-depression and social isolation;
- a 61 year old woman suffering from stress, anxiety and mild to moderate depression;
- a 69 year old woman suffering from social isolation, stress and anxiety.

Referrals

Clients were referred through their Roseland General Practitioner. GP's were given leaflets and posters to communicate about the programme. The decision to enter the programme was by agreement between the GP and their client.

Clients were referred through an online system administered by Ecotherapy Kernow. In some cases, referrals were taken by the therapists over the phone with GP's before being entered onto the administration system. Once referred, a therapists would phone the client within 24 hours to have an initial assessment chat and then, if appropriate, to arrange an assessment interview.

The assessment interview consisted of a 20 minute appointment with a therapist at the client's local GP practice. This was to make sure that the programme was appropriate for the client and to give them an opportunity to ask any questions.

Eighteen people were referred. Seven were excluded at the phone call assessment stage and four more at the interview stage on the basis that they didn't meet the selection criteria. Seven people entered the programme and one person dropped out after two sessions due to social anxiety.

Research

The programme was researched using both quantitative and qualitative methods. Each client completed a questionnaire at the beginning of their first session and again at the end of their last session. A sample of clients were interviewed in a variety of formats after the programme.

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was used to collect quantitative data.

Two clients were chosen at random and interviewed using a semi-structured format by Dr. Dan Bloomfield, the Dose of Nature Project leader several weeks after the end of the programme.

The therapists also held two review sessions with the clients: one during the last group session and another four months later with four of the clients.

GP's received feedback about the programme from clients during conventional practice appointments.

Results

Warwick-Edinburgh Mental Well-being Scale

WEMWBS is a 14 item scale of mental well-being covering subjective well-being and psychological functioning, in which all items are worded positively and address aspects of positive mental health. The scale is scored by summing responses to each item answered on a 1 to 5 Likert scale. The minimum scale score is 14 and the maximum is 70. WEMWBS has been validated for use in the UK with those aged 16 and above. Validation involved both student and general population samples, and focus groups.

The provisional population mean score is **51.6** (England).

The initial questionnaire showed an mean group (n=6) score of **34.5**, 17.1 points **below** the population mean.

After the ten week programme, the score had increased to **55.5**, 3.9 points **above** the population mean.

This represents a shift of **plus 21** points over the course of the programme.

Project Leader Interviews

Data from these is presented elsewhere and combined with results from other similar programmes in the wider project.

Therapist Review Sessions

From the outset, there was clear anecdotal qualitative evidence of benefits to clients. These were often cited around the opportunity to spend time outdoors in a relaxed and supportive format and the chance to talk to other people in the group. As the group developed, the benefits became more pronounced. More extrovert clients were very positive about their experience and the way it had impacted their everyday lives. Those who took longer to find their voice in the group started to gain confidence and trust until by the end of the programme everyone felt able to make equal contributions to the group process.

Some salient points that came from review sessions included:

- one client lost several kilograms of weight helping him on the path to avoiding Type Two Diabetes;
- at least four clients increased their physical activity from none to, in one case, daily sessions of up to 1.5 hours. All the clients increased their physical activity in general terms;
- two clients learned techniques for coping with panic attacks and extreme social anxiety;
- one client engaged with and started to resolve a lifetime pattern of low self-esteem;
- one client experienced a dramatic increase in post-operative recovery through learning some practical physical skills and techniques;
- all clients reported increased confidence in their physical abilities which led them to feel more confident about exercising;
- all clients commented on the value and effectiveness of time in nature to improve their mental and physical health
- to date five clients have committed to continuing some kind of ongoing facilitated sessions with the therapists;
- five clients felt comfortable paying for future sessions themselves;
- all clients reported increased confidence in recreating outdoors;
- all clients expressed a love for nature and for Cornwall's natural environment.

GP Feedback

Although some feedback was received from referring GP's about the efficacy of the programme, a formal review with GP's is yet to be undertaken.

Staff

David Key

BA (hons), MSc (dist), FCHE.

UKTM Summer and Winter Mountain Leader, NZOIA Alpine and Rock Instructor.

Dave has 20 years international experience working with groups and individuals outdoors. He has worked as a senior instructor at the National Outdoor Training centres of both New Zealand and Scotland.

He is a teaching fellow of the Centre for Human Ecology and teaches Ecopsychology and Ecotherapy at Schumacher College in Devon. He co-led the postgraduate course in Ecopsychology at the University of Strathclyde / Centre for Human Ecology for seven years.

Dave has published numerous articles and papers on working therapeutically outdoors and has given keynote and plenary sessions to international audiences since 1997. In addition to teaching

and professional practice as a therapist, Dave is also a Director of Natural Change Limited, a social enterprise which develops leadership for sustainability through outdoor experiences.

Robbie Breadon

PhD, Psychotherapist – AHPP(Accred), UKCP(registered)

Robbie has a deeply engaged relationship with both the outdoors and nature since childhood. He grew up on a farm in N. Ireland and spent most of his time by the river, in the woods and fields. Family holidays on the west coast of Ireland seeded a lifelong passion for the ocean.

Robbie's interest in biology and going out into nature sustained him through the difficult teenage years. At Queens University Belfast he studied microbiology and went on to do a PhD in molecular microbiology. His curiosity and confidence in the outdoors has been expressed through hillwalking, scuba diving and snorkelling to explore many places in these islands.

Robbie has been in private practice since 1988 when he left science to study Chinese Medicine in which he learnt the complexity of the integration of body, psyche and environment in every sense. His bodywork included emphasis on the importance of the therapeutic relationship and this led him to take a training in humanistic psychotherapy.

Robbie has been working as a psychotherapist since 1996, taking his practice into private, corporate and NHS settings. This additional modality has deepened his understanding that human beings exist in multiple contexts simultaneously – family, community, culture, body-mind-spirit.

Ecotherapy is a natural progression of Robbie's personal and professional life journey.

Risk, Safety & Liability

Each walk location was formally risk assessed by staff trained in outdoor leadership to UK National Governing Body specifications.

All clients were asked to sign a Personal Disclaimer form designed to help them understand the intrinsic risks inherent in any outdoor activity. These forms also made clear what was expected of clients to ensure that the group, and the therapists', safety could be ensured.

Between them the two therapists hold public, product and professional liability insurance for both leading others outdoors and for providing therapeutic services.

Conclusions

The programme achieved its aims and resulted in a demonstrable improvement in clients health and wellbeing.

The appetite among the client group for further sessions and programmes is testament to its benefits and efficacy. The fact that clients are willing to pay for these privately represents a commitment to independent self-care.

Recommendations

Referrals / GP's

GP's should be provided with more detailed and specific information and perhaps training to enable them to identify appropriate clients more effectively. This would reduce assessment times and create efficiencies for the GP's, the therapists and the clients.

Feedback should be sought from referring GP's about the efficacy of the the project and their experience of referring into it.

Therapist training & CPD

There is very limited capacity to deliver programmes due to the small numbers of appropriately qualified and insured outdoor therapists. A therapist training programme should be developed to increase capacity to deliver programmes.

Partnerships

Partnerships with land owners (e.g. The National Trust, the Cornwall Wildlife Trust and private land-owners) should be sought to find suitable locations for programmes. Ideally these would provide mutual benefits offering groups privacy in outdoor spaces and opportunities for land-owners to achieve their strategic goals (e.g. increasing access, education and recreational objectives).

Research

Further programmes should be commissioned to provide a greater quantity and diversity of data to support the development of nature prescription.

Client Access

Support structures should be developed to provide transportation to/from session locations.

Different session times should be offered to increase the convenience of access - for example, evenings and weekends.

Equipment

Resources should be made available to allow providers to buy outdoor equipment to ensure the comfort and safety of clients. For example, waterproof and insulated clothing.

Further Information

For further information contact:

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And visit: www.ecotherapy-kernow.org

This report was written for Dr. Dan Bloomfield, University of Exeter Dose of Nature Project, by David Key on 25th November, 2015.