

GREEN WALKING

in Mental Health Recovery: A Guide

 green
walking
in mental health recovery

Green Walking in mental health recovery: A Guide

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Centre for Sustainable Healthcare

The Centre for Sustainable Healthcare is a charity supporting transformation of the health service in line with best use of environmental and social resources. We have a track record of catalysing shifts in thinking and doing with strategic projects.

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Green Walking in Mental Health Recovery: A Guide

Green walking is about moving through a natural space. This simple act brings multiple benefits to physical, social and mental health. It can improve patients' progress during hospitalisation and their recovery and rehabilitation. It is also great for staff. These walks are easy to establish, safe and cheap.



“That’s the furthest I’ve walked since being ill.”

“I loved the wind at the top, the breeze.”

“It feels like freedom.”

This Guide supports people in mental health inpatient settings to start a walking group. The work is based on pilots in eight Green Beacon sites in the English NHS in 2019, funded by the Network for Social Change, but we hope will be of benefit to other UK nations and beyond.

Why set up a walk?

Green walks for adult mental health patients are nothing new. The value of time spent in natural spaces has long been recognised and championed particularly by occupational therapists. However, growing pressures on services have meant that wards are increasingly pushed to provide a minimum of care.



In their simplicity, walks in green space represent the effort to begin introducing more holistic ways of caring.

Moreover, as we recognise the importance of green space in supporting wellbeing, it is apparent that those of us admitted to hospital should be afforded this as a basic right.

Finally, in supporting the establishment of a new **green walk**, we allow ourselves to reflect on the sort of treatment we would want for ourselves, as much as for those for whom we care.

Foreword



The COVID-19 pandemic has thrown into sharp relief the experience of sustained periods indoors and, in turn, **highlighted the value of time spent in natural spaces**. Moreover, it has made it clear that access to such spaces is not equitably distributed.

This Guide supports teams to develop access to natural space for people in **mental health crisis** through walking outside in groups as part of their care. As with any good mental health intervention, this is important in both simple and complex ways. Quite simply, people need the act of walking/to get exercise in the fresh air, in green space, for their mental and physical health. On a deeper level, **preparing for and participating in**, a walking group enables shifts in personal and group development which are part of long-term healing and continued wellbeing.

The Guide is the product of a huge amount of thoughtful background work including desk research, interviews with national leaders, pilot studies and patient, carer and staff focus groups.

Case studies gathered from pilot sites over the past year have provided rich insight into how patients and staff can improve their ways of working together. The sites are impressive front runners in finding practical solutions to implementation challenges which ensure the Guide is grounded in reality.

This Guide provides an elegant solution that opens up a wider important consideration of the sort of care we should strive to provide. It helps in providing a gentle shift towards a culture of care that we should hope to achieve as a standard.

There is now a robust body of evidence which supports the physical and mental health benefits of being in green space. There is increased support for the importance of physical exercise and integrated mind-body care from national policy and regulatory bodies such as the Care Quality Commission, NHS England and NHS Improvement, and Public Health England.

There is a strong case for good examples of green walking being included in co-produced care plans, and consideration in good practice reviews by the national bodies, as they move to greater integration of mind and body care. It is also important to include **Green Walking** aims as part of the accreditation process developed by multi-disciplinary teams and agencies at the RCPsych College Centre for Quality Improvement (CCQI).

The walks clearly support the health of those for whom we are caring. The initiative can also help us to begin improving the deeply problematic application of the Mental Health Act (MHA), contributing to the ambition many of us have to improve rights-based, least restrictive care in practice.

With the goal of creating a more ethical MHA, integrating green walking is a fantastic first step. I would like to see it play a role in measuring how well a ward is able to provide care under the MHA. Green walks can support this effort by helping to inform the Section 17 leave policies which so often continue to have a focus on the forms, rather than the ethical and rehabilitation guiding principles set out in the Code of Practice. The Green Beacon pilot sites are impressive front runners in finding solutions to the practical implementation challenges.

The work in the Guide acknowledges the importance of the process of working as a whole team with patients and carers. This is the model that we need to use in designing integrated care plans written in patients' language with sensible use of community resources, including the family.

Everyone has so much to gain from this initiative. The question is not if green walking should be adopted, but rather how we can work together to best support its integration as a standard of care in a manner that is both humane and safe?

A handwritten signature in black ink that reads "G. Strathdee" with a stylized flourish at the end.

Dr. Geraldine Strathdee C.B.E. O.B.E. Hon. FRCPsych

Co-founder, Zero Suicide Alliance and Non-executive Director, South London and Maudsley NHS Foundation Trust

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1. About the Green Walking initiative

The **Green Walking initiative** began in 2018 with the mission to provide respite and healing to people receiving inpatient psychiatric care through walking together in nature. It has been funded by a grant from the Network for Social Change and delivered by the Centre for Sustainable Healthcare in partnership with the Royal College of Psychiatrists, and endorsed by the Royal College of Occupational Therapists.

The initiative builds on a significant existing body of evidence that establishes the health benefits of **greenspace** and of walking and recognises that many healthcare professionals are already hugely supportive of this type of activity and have been championing it for decades.

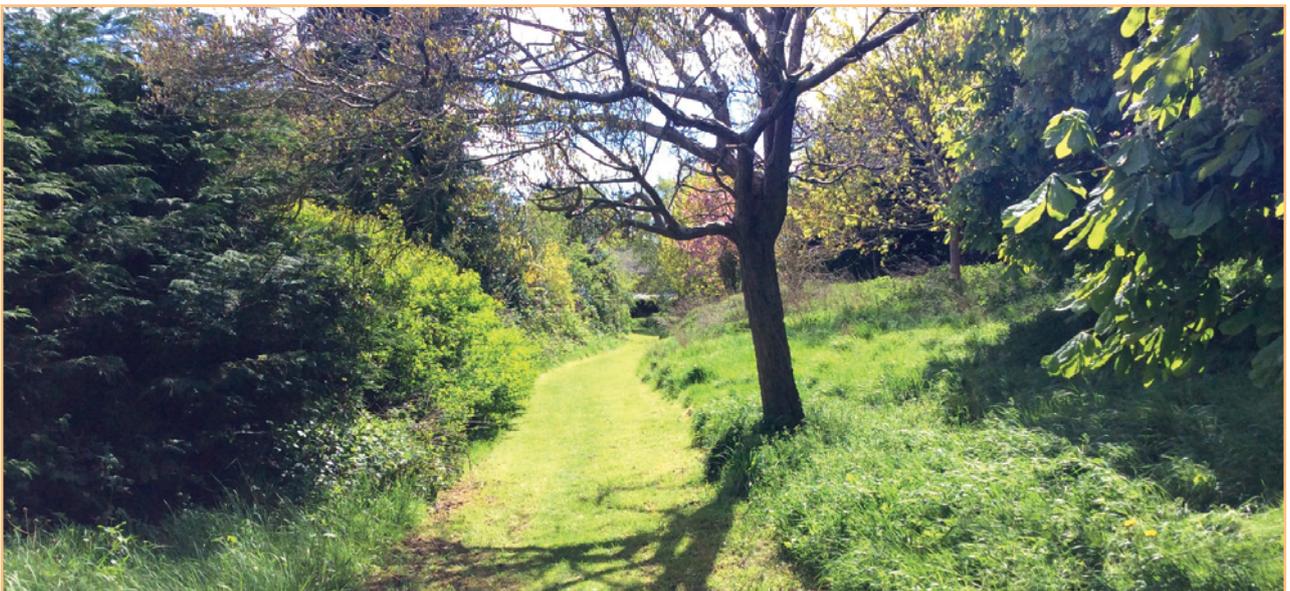
Telephone interviews with staff in eight Trusts asked about the practicalities of setting up and maintaining walks, barriers encountered and any benefits (or drawbacks) that they had noted. These interviews were also used to create the first **Green Walking Case Studies**.

To gain a better understanding of the experience of being admitted to inpatient mental health wards, as well as the attitudes and potential barriers to taking part in walks, a focus group discussion was held with patients and carers at the Royal College of Psychiatrists.

The next step was to recruit a group of committed *Green Beacon sites* who agreed to start new walking groups together in Spring 2019, while gathering insights on the process from participants and staff. Ten adult inpatient wards on eight NHS sites took part, resulting in 83 new walks (out of a possible 100) over three months, and a wealth of first-hand knowledge to help with the writing of this Guide.

The learning from the **Green Walking** initiative is that introducing walking groups is entirely doable and brings benefits that are both simple (people feel better for having been on a walk) and complex (relationships can shift, the ward can feel calmer).

The initiative will continue to promote and support walking in green spaces in the care of people with severe mental illness, to aid their recovery and rehabilitation. If your organisation would like to partner with us on this journey, we would love to hear from you. **Please get in touch!**



2. Why set up a walk? The evidence base



The wealth of information that follows may seem a lot, but it is important, as this is how decisions are influenced and best evidence-based practice is developed in current health care. If you are already in a position to start a new walking group, please feel free to skip ahead to:

Section 4, “How to set up a walk”.

“It’s good to get out into nature to have the change of scenery and quiet that you can’t get on the ward.”

“It helps me to feel freedom I don’t get from any other groups.”

Patients at Green Beacon sites



“Walking in green spaces as a new standard in mental health care responds to the need for a sustainable health service, and champions models of care which strive to be holistic and human while supporting our connection to the world around us.” - Dr. Adrian James, President-Elect, Royal College of Psychiatrists

“We owe it to those whom we care for to adapt to the challenges placed on us to provide the highest standard of mental health care. Elegant in its simplicity, Green Walking is an important initiative which urges us to consider how we can safely provide the sort of care we would wish for ourselves.”- Dr. Geraldine Strathdee, Co-founder, Zero Suicide Alliance & Non-executive Director, South London and Maudsley NHS Foundation Trust

“Leisure has the potential to fulfil so many needs, particularly in acute mental health settings where boredom gives space and energy to introspection and isolation. Learning how to justify and use leisure to benefit those we support is the most important skill that healthcare providers can develop. This guide goes a long way towards doing that for Green Walking.”

Dr. Tania Wiseman, Occupational Therapy Course Lead, University of Brighton

2. Why set up a walk?



“Scientific evidence strongly supports the common-sense notion that good access to green and natural space supports health in multiple, synergistic ways. The Green Walking Guide highlights that access to the natural world is a vital element in our wellbeing, perhaps particularly when we are at our most vulnerable.”

Professor Catharine Ward Thompson, University of Edinburgh

“It was the most rewarding group. It was an intervention that got consistently positive feedback” Clinical walk leader, Kent

“In ways the ward environment cannot access, the walking group creates a space in which conversation can flow and patient’s internal environment opens up...”

Clinical walk leader, Cornwall

Walking groups are an established intervention in inpatient mental health settings – but they are currently **under-used**. Walking outdoors should be viewed as part of routine care.



Firstly, hospitals have a responsibility to provide a therapeutic environment which promotes mental healing and recovery. This is even more important where people are detained against their will under the Mental Health Act. **Patients appreciate walks** and staff have reported that the whole ward can feel calmer after a group has returned from a walk.



Secondly, time spent in green spaces and physical activity can **contribute directly to people’s mental wellbeing and recovery**. For some, it provides a connection to a time before they became unwell; for others, this may be their first experience of connecting with nature, which may become a relationship that sustains them through their recovery.



Photo: Julie Norris

Thirdly, green walking can contribute to **improving physical health** in people living with severe mental illness, whose life expectancy is currently 10-20 years shorter than the rest of the population. At some of the Green Beacon sites, walkers with previously poor mobility have been seen to grow in confidence and balance as well as fitness.



Photo: Johanna Heath

Finally, as an intervention that consumes few resources and yet supports both recovery from a current crisis and resilience to future crises, green walking is a shining example of **sustainable healthcare**.

On reflection, the benefits of green walking can seem obvious, and it supports several national recommendations for mental health care. But not everyone is already on board. To help your case, we have compiled research and policy evidence that follows, and in the next section we share advice from wards that have successfully run their own **green walks**. There is a lot of evidence here, and more elsewhere! The great thing is that you can use it in your own resource or funding proposal for high impact.

2. Why set up a walk?



2a. Patient and carer perspectives

Studies of people's experiences of in-patient mental health services have identified the importance of **high-quality relationships with staff, reducing violence and the need for restraint, and providing meaningful activity** as part of holistic care. **Green Walking** can contribute to all of these.

“Patients identified the importance of a holistic care package encompassing medical, psychological and occupational care. However, the review revealed that medical approaches were often the dominant treatment method during their inpatient stay. Rose (2001) also highlighted the paucity of activities and talking therapies in the inpatient environment.” (Wood and Alsawy, 2016)



Photo: Stuart d'Arch Smith

“Patients suggested that inactivity slowed the in-patient care pathway, reduced self efficacy, exacerbated symptoms and was related to aggression and violence on the ward.”

(Staniszewska et al., 2019)

Observations and feedback from the **Green Beacon sites** corroborate published findings that patients enjoy walks and identify them as helpful in their recovery.



Photo: Tom Mehew

“Fantastic”

“I really enjoyed that”

“I like being out, I walk around my local park when at home”

“Enjoyed that, getting off the ward and getting fresh air”

Patients at Green Beacon Sites

2. Why set up a walk?



2a. Patient and carer perspectives

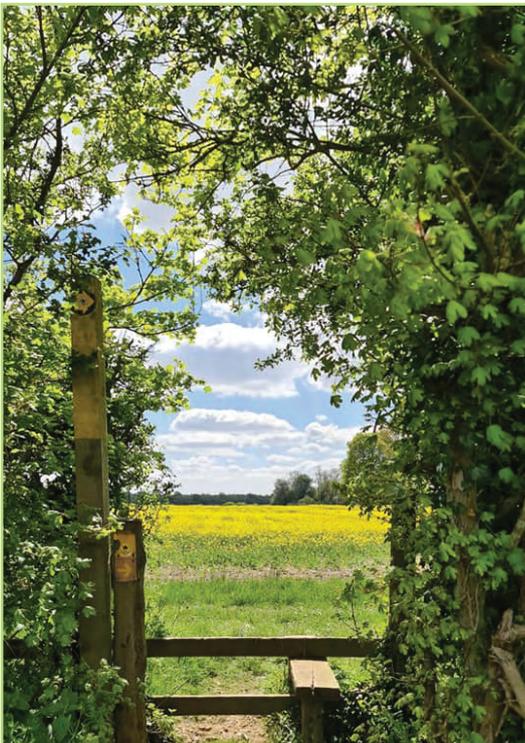
Walking together in nature offers a space for **relationships with staff to develop**. Both patients and staff at the Green Beacon sites found that during walks was a good time to talk, with less of the healthcare professional-patient divide. In several cases, it was while on a walk that patients opened up for the first time.

‘I really enjoy spending time with staff and peers away from the ward as it’s good to be able to talk about random things and not things to do with the ward or our illnesses.’ - Patient at Green Beacon Site

Green walking, through strengthened relationships with staff, together with the calming effects of physical activity and time spent in natural spaces, can help people to **feel supported, relieve anxiety and reduce the need for restraint**.

“One of the service users is quite chaotic on the ward and more challenging. They seemed to calm down quite a lot being off the ward and spoke of their garden at home. It also helped in building a therapeutic relationship with this individual.”

– Clinical walk leader, Norfolk.



In addition, whether simply walking, engaging in conversation, observing wildlife or sketching the view, green walking can be a **meaningful activity**, which connects people to their life before the crisis and even, possibly, to an imagined future.

“I loved it. Being in the green space and getting fresh air, being in nature is so grounding. I’m a very spiritual person and I need those connections.”

“It’s good to have something to do with my time, what other exercise can I do?”

“They’re my favourite trees, reminds me of a park I used to go to.”

Patients at Green Beacon site

2. Why set up a walk?



2b. Benefits to physical and mental health – Evidence Summary

There are now many reviews and summaries that provide overviews of research on specific aspects of the relationship between physical and mental health:

- The robust evidence base showing that exercise in the natural environment has many therapeutic benefits, for both mental and physical health, is summarised in the Natural England briefing, **Links between natural environment and mental health evidence briefing, (July 2016)**.
- **A review of nature-based interventions for mental health care, (Feb 2016)**, also by Natural England, shows that taking part in nature-based activities helps people who are suffering from mental ill-health and can contribute to a reduction in levels of anxiety, stress, and depression.
- A lot of the medical literature on the relationship between nature and wellbeing looks at psychological health in particular. Dan Bloomfield’s evidence report for NHS Forest, **A Dose of Nature: Addressing chronic health conditions by using the environment, (2014)** is a useful resource.

There is a wealth of published research, much of which is referenced in the above overviews. Hartig et al. (2003) have demonstrated that nature can have a **“restorative and therapeutic effect on the mind”**. Pretty et al (2005) found that taking part in green exercise led to improved self-esteem and a reduction in feelings such as depression and anger.

Reports in 2004 and 2007 by William Bird found that benefits from contact with the natural environment included reductions in obesity, heart disease, diabetes, cancer, stress, ADHD, aggression and criminal activities, among others.

In 2013, the Green Exercise Research Team at the University of Essex published a report evaluating the charity Mind’s ecotherapy programme (Bragg et al, 2013). It presents three mechanisms for how **green space** may confer healing effects: a possibly innate dependence on, and desire to connect with, nature”, the importance of nature in restoring attention; and the value of nature in reducing stress which by default brings other benefits to individuals. This report also discusses the importance of interacting with green space through physical exercise.



Photo: Tom Meheew

2. Why set up a walk?



2b. Benefits to physical and mental health

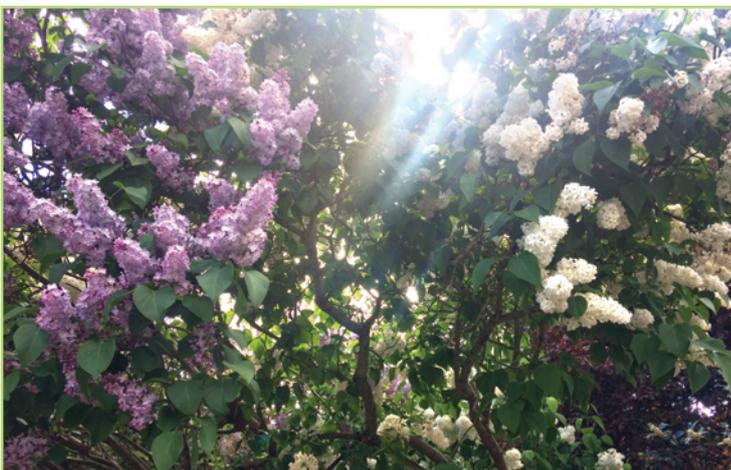


Green Exercise has been well researched and proven to be a great way in which to improve fitness and enhance mental health and confidence. Studies demonstrate numerous correlations between exposure to nature and different indices of health and wellbeing, and an overview by Hartig et al. (2014) shows that the evidence regarding these benefits is strong.

Good evidence for '**Green Prescriptions**', whereby a healthcare practitioner prescribes an activity in **greenspace**, comes from research done on a programme run by the New Zealand Ministry of Health. That study published in the *British Medical Journal*, found that a Green Prescription increases physical activity levels and improves quality of life over 12 months, without evidence of adverse effects. It also reported that for every ten Green Prescriptions written, one person achieved and sustained 150 minutes of moderate or vigorous leisure activity (using up an additional 1000 kcal) per week, and a 20–30 percent risk reduction in all-cause mortality (Elley et al. 2003). Such prescriptions were also shown, via a randomised control trial, to be cost effective at three different quality-adjusted life year thresholds, for adults who were previously inactive (Leung et al. 2012).

There is epidemiological evidence that is strong enough to support calls for nature-assisted therapies to be part of care. Significant improvements were found for varied outcomes in diverse diagnoses including schizophrenia (Maller et al. 2006). To be effective this means bringing together health and environmental management sectors (Annerstedt and Währborg 2011).

Greenspace also has proven therapeutic value within healthcare environments, facilitating good recovery and improved physical and mental health (for example Marcus 2005).



In 2005 some interesting research was carried out by the Mental Health Foundation (Halliwell) which tried to understand why GPs do not refer patients to exercise for treatment of mild to moderate depression. It found that 42% of GPs would try exercise as one of their top three strategies if they themselves became depressed, but only 5% prescribe exercise to their patients.

See Appendix – References for more evidence summary

2. Why set up a walk?



2c. National recommendations

Green Walking embodies and helps to take forward a number of national recommendations in mental health:

2011 NICE Clinical Guideline (CG136), *Service User Experience in adult mental health*

In acute mental health care, the guidelines call for a broad range of social, group and physical activities as essential elements of the service provided.

2011 DEFRA Natural Environment White Paper, *The Natural Choice: securing, the value of nature*

This report highlights that “**nature is sometimes taken for granted and undervalued**” and sets out the need to strengthen the connection between people and nature, to build “**prospering communities and personal well-being.**”

2014 NHS England Strategy Report, *Sustainable, Resilient, Healthy People & Places*

This report outlines a vision for developing a health and care system that is financially, socially and environmentally sustainable.

2014 NHS England, *The Five Year Forward View NHS England*

This planning document cites concern with the “**factory model of care and repair, with limited engagement with the wider community**” that is sometimes in evidence in the NHS, and strives for a “**radical upgrade in prevention and public health.**”

2016 Commission on Acute Adult Psychiatric Care, *Old problems, New Solutions*

The Commission advocates for a philosophy of care which is holistic, person-centered, facilitates recovery and which is underpinned by humanity, dignity and respect.

2016 NHS England, *The Five Year Forward View for Mental Health:*

The strategy calls on Commissioners to ‘emphasise early intervention, choice and personalisation and recovery’ and to consider physical health needs in tandem with mental health.

2018 Independent Review of the Mental Health Act, *Modernising the Mental Health Act – summary version*

The review recommended the Proposed introduction of **four new principles** to inform the Mental Health Act in future, which are: “choice and autonomy, least restriction, therapeutic benefit and the person as an individual.” The following recommendations are also particularly relevant:

- No. 82 notes that the CQC should develop new criteria for monitoring the social environment of wards.
- No. 84 highlights the need for improvement to inpatient wards.
- No. 154 states that NHS England should consider implications of the evidence linking staff morale and patient experience.

2018 RCOT, *Getting my life back: occupational therapy promoting mental health and wellbeing*

Recommendations include improving the physical health of people with serious mental health problems by incorporating and promoting healthy occupations.

2. Why set up a walk?



2c. National recommendations

2019 RCPsych, *Standards for Inpatient Mental Health Services 3rd Ed*

These core standards for inpatient mental health services are revised by the Royal College of Psychiatrists' College Centre for Quality Improvement (CCQ). The following standards are helpful to reference:

- **No. 6.1.6** state that every patient has a seven-day personalised therapeutic/recreational timetable of activities to promote social inclusion, which the team encourages them to engage with.
- **No. 6.1.11** insists patients have access to safe outdoor space every day.
- **No. 21.1** note that the ward/unit actively supports staff health and well-being.
 - Guidance: For example, providing access to support services, providing access to physical activity programmes, monitoring staff sickness and burnout, assessing and improving morale, monitoring turnover, reviewing feedback from exit reports and taking action where needed.

2019 RCPsych, *Standards for Acute Inpatient Services for Working Age Adults (AIMS-WA) 7th Ed*

Fulfilling the following standards will help your ward to reach accreditation through the AIMS scheme:

- **No. 46** identifies the importance for patients to have access to weekly activities which focus on accessing green spaces.
 - Guidance: The manner in which the green space is engaged can include a range of activities from a basic group walk but also include interests which can be supported by staff and reflect interests of patients such as **photography, drawing, mindfulness etc.**
- **No. 74** states that patients have access to safe outdoor space every day
- **No. 150** observes that Staff recognise the benefit of using natural settings or green spaces to enhance the therapeutic potential of the ward environment and make patients aware of those benefits.

2019 NHS England, *The NHS Long Term Plan*:

The planning document offers the observation in point 3.102 under the Inpatient Care section that **“for people admitted to an acute mental health unit, a therapeutic environment provides the best opportunity for recovery. Purposeful, patient-orientated and recovery-focused care is the goal from the outset.”**

This evidence is powerful, but it is equally important to see how it is working in practice. The next section focuses on the experiences of places that have successfully introduced Green Walks. This is also evidence, but of a different kind, taking us from theory into practice.



2. Why set up a walk?



2d. Sustainable healthcare



The current global ecological crisis threatens to irreversibly alter the conditions under which human civilisation has evolved. Within the decade, the whole world - including healthcare - must change to become sustainable.

We now need to reshape health services to provide the best health outcomes for patients and populations from the wisest use of environmental, social and financial resources. (Mortimer et al, 2018)

Principles of sustainable clinical practice

In mental healthcare, sustainable value may be achieved through:



Photo: Julie Norris

1. **Prioritising prevention, thereby reducing the need for health care in the future.**



Photo: Judy Webb

2. **Empowering individuals and communities, improving mental health resilience through self-management and independent living, social networks and employment.**



3. **Delivering the right intervention, at the right time, to the right person.**



Photo: Johanna Heath

4. **Considering the carbon impacts of interventions and models of care to enable design of carbon efficient services. (Joint Position Statement on Sustainability in Mental Healthcare, 2015)**

In the right circumstances, **Green Walking** embodies all of these principles: contributing to prevention of future ill health, offering a means of self-management, improving resilience and enhancing the inpatient pathway, - all at a minimal environmental cost.

2. Why set up a walk?



2d. Sustainable healthcare

Green Walking and the 'triple bottom line'

Green Walking scores well across the 'triple bottom line' of environmental, social and financial resource use:

$$\text{Value} = \frac{\text{Outcome for Patients and Poulations}}{\text{Environmental + Social + Financial Impacts (the 'triple bottom line')}}$$

Fig 3. Sustainable value in healthcare

Mortimer et al., 2018



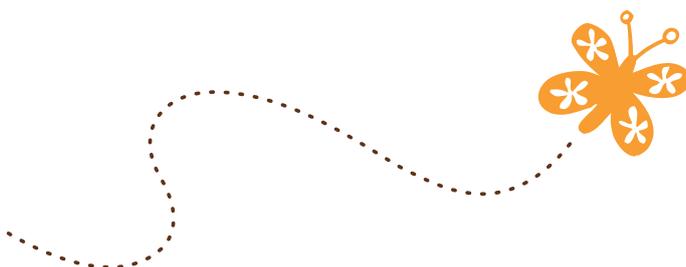
Green walking makes use of an abundant, low carbon, natural resource with potent therapeutic value: green spaces. By spending time in and noticing what is around us, we can actually benefit the environment by developing our connection with nature, learning to cherish and protect it.



Green walking strengthens social connections and restores social capital - including among staff, who not only benefit directly from the activity itself, but also take satisfaction from developing meaningful connections with patients and witnessing their steps to recovery.



Finally, green walking is inexpensive, relying primarily on the time of existing salaried staff, with few additional costs. Meanwhile, it contributes to patients' recovery and, potentially, their resilience to future (expensive) mental health crises.



3. Learning from Green Beacons



In the spring of 2019 Trusts across NHS England were encouraged to join the effort of starting a new walking group in a **green space**. Of those that applied, eight Mental Health Trusts were chosen as pilot sites which would participate in a three-month assessment period.

Trusts were chosen to represent a range of rural and urban locations. Committing to arrange one walk for adult inpatients per week, each site was allowed to organise its program independently. Regular assessments focused on understanding the various enablers and barriers to the establishment and maintenance of the new walking groups.

At the end of the assessment period many interesting themes emerged. Participating sites found walks to be safe, well received and requiring minimal resources. At some sites the walks raised interest within the host Trust leading to their uptake in other wards. Many of the sites continued the walks after the end of the assessment.

A significant barrier to the success of a walk was the observed tendency to minimise a walking group's importance. This reflected a sense that they were non-essential and a general perception that the work of occupational therapists was secondary compared to that of their nursing and medical colleagues. The lack of coordinated care across the multi-disciplinary team was reflected in difficulties arranging the leave necessary for those patients detained under the MHA.

A picture of wards coping with considerable demand was also reflected in frequent staff shortages which contributed to the cancellation of walks. Similarly, staff who were not directly involved often felt as though they did not have time to join the walking group. In spite of these pressures, sites felt that walks also afforded an incredible opportunity for wards to allow staff to practice a culture of care and recovery enabled by a shared effort to recognise them as fundamental and integral to good care.

Green Beacon sites 2019

1. **Birmingham and Solihull Mental Health NHS Foundation Trust**
2. **Bradford and District Care NHS Foundation Trust**
3. **Cornwall Partnership NHS Foundation Trust**
4. **Derbyshire Healthcare NHS Foundation Trust**
5. **Kent and Medway NHS and Social Care Partnership Trust**
6. **Norfolk and Suffolk NHS Foundation Trust**
7. **South London and Maudsley Foundation Trust**
8. **Tee, Esk and Wear Valleys NHS Foundation Trust**



4. How to set up a walk



Green walks are not about the distance or number of steps taken, but about the **simple process of moving together in natural spaces**, whether these be local city parks, small woodlands, the seaside or the countryside. Success is founded upon a cooperative and inclusive approach.



The costs associated with the walks are mainly staff time. There may be small additional costs for transport or equipment, such as a camera or art supplies.

It is not complicated – in fact, the power of green walks is their simplicity – but there are some things to think about, which we will address in this section.

a. Establish a new walking group

- i. Support from others
- ii. Staff
- iii. Safety
- iv. Resources

b. Prepare for a walk

- i. Identify patients
- ii. Engage walkers
- iii. Arrange leave
- iv. Choose your walk
- v. Transport
- vi. Clothing

c. Integrate into care

d. Register your walk/share with others



4. How to set up a walk



4a. Establish a new walking group

“The Green Walking project has benefited lots of patients and had a positive impact on the service. People are talking about getting service users involved in the group and we have always had service users attending the walks.”

Clinical walk leader, York (Tees, Esk and Wear)

Support from others

Common pressures, including staff shortages and waiting lists for beds, make it a challenge to maintain holistic care on acute psychiatric wards. So, you might not feel completely supported in starting a new walking group. However, this can be helped by representing the green walk as a necessary and valuable part of care. Importantly, it should be discussed at various levels of the Trust and across professions.

Make sure people know you’re starting it and that it matters!



The absolutely critical first step to starting a new walking group is a discussion of the proposal involving the entire multidisciplinary team, including nursing and medical colleagues. It must be made clear that this is everyone’s walk. Once the decision has been made collectively, the ward should seek to inform the higher levels of Trust management such as the lead Allied Health Professional and Medical Director (*you can find an example letter for this at: <https://sustainablehealthcare.org.uk/green-walking>*). Responsibility for organising the walk should be with a particular member of staff but should be felt to be shared by the entire ward. Encouraging staff to join in the walk has a lasting and transformational impact on the group.

Having said all of the above, if you are unable to gain the widespread support of colleagues at first, it is still worth going ahead and getting your walk started. Experience from Green Beacon sites shows that over time and with sustained communication, the group can become accepted and valued as a central part of the ward routine.



Wards can also support one another by presenting the walks at Trust functions, to promote the start of other walking groups.

Although no intervention can replace adequate overall resources, the minimal demands of a weekly walking group provide a platform to begin the effort of creating a more holistically mindful ward that strives to embody the expectations of patients and the standards recognised by the Accreditation for Inpatient Mental Health Services (AIMS) and the Care Quality Commission (CQC).

4. How to set up a walk



4a. Establish a new walking group

Support from others cont'd

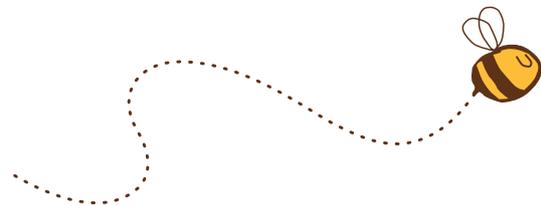
To get others on board with the group, it is worth thinking about these things before you approach someone:

1. The key points you want to communicate

- why you want to set up the walk
- how you will do this
- where it has been done before
- who already supports this

2. Also bear in mind

- who you are talking to
- what they are interested in/worried about
- how you can address those interests or concerns



Remember: Engage the emotions. Tell a story, if you have one, about a patient who would really benefit from **green walking** and how staff would also enjoy it.

Let your passion and enthusiasm shine through. Evidence shows that presenting in this way is one of the most powerful ways of influencing others.

If you are nervous, consider practicing 'speaking out' your key points and stories with enthusiasm, either to yourself in front of a mirror or to a trusted colleague and asking for feedback.



Photo: Kent and Medway NHS and Social Care Partnership Trust

If you meet apprehension or resistance at any step remember to consider the big question:

“This has already been successfully implemented in several places. What does it reflect about our offer of care if we do not have the resources or will to offer a walking group?”

4. How to set up a walk



4a. Establish a new walking group

Staff

Generally, each walk should have a minimum of two staff present. This is to help liaise with the ward in the unlikely event that an emergency, such as injury, were to happen. These groups can be led by any type of healthcare professional, including doctors of all grades, occupational therapists, nurses and activity coordinators. There is also the possibility of involving volunteers or staff from third sector organisations.



Staff may like to have additional training to enhance walks for example in **walk leader training, forest therapy, photography, bird-watching and tree recognition**. And of course, staff should be encouraged to incorporate their own interests and knowledge into walks.

Safety

Serious incidents are rare. The maintenance of a safe walking group begins with proper planning and communication. Responsible staff should be clear of the route and communicate this ahead of time both to prospective walkers and to staff members remaining on the ward.



The planning process involves discussion between the clinical staff and the walking team during regular meetings to ensure that the needs of patients hoping to join the walk are considered, for example, the need for one-to-one care, mobility, or sensitivity to different environments. These discussions have the additional benefit of helping to establish wider acceptance of the walk within the ward as well as fostering dialogue between staff.

During the Covid-19 pandemic, measures to reduce the spread of the virus may require walks to be adapted. There may need to be fewer walkers per group to meet physical distancing requirements, for instance. An assessment will also be needed as to whether patients are able to comply with relevant guidance before accompanying them to public spaces; where this is in doubt, a walk within hospital grounds or other secluded areas may still be possible. Ideally, time should be taken to discuss the walk in advance with those who have agreed to attend. This is an opportunity to discuss people's experience, expectations and how the group will respond if some find it difficult.



Resources

Few resources are needed beyond regular staff time and some spare outdoor clothing (which can often be donated). It may be helpful to have a small fund to spend on refreshments or transport; some teams have also invested in equipment such as a digital camera or art supplies, but this is by no means essential.

4. How to set up a walk



4b. Prepare for a walk

Identify patients

Aim to make the group accessible to as broad a range of people as possible, facilitating attendance by understanding and meeting individual needs. This relies upon support and recognition of the value of **Green Walking** from the whole team. People who appear the most agitated on the ward may be those who stand to gain the most from a change to a calmer and less restrictive environment.



“The walk today had a positive impact, facilitating two of the highest risk patients to get outdoors” Nurse at Green Beacon Site

Arrange leave

Allow plenty of time to arrange leave for patients, as it can be extremely discouraging for them if their participation is cancelled for administrative reasons. Keep communicating with colleagues so that they understand the role of walks in patient wellbeing and recovery. This will help them to factor it into decisions and, where leave is granted, to make sure that necessary paperwork is in place.

Engage walkers

The more that a walking group is seen as part of the ward’s culture of care, the more comfortable people are to participate. This begins by presenting the walk as a central activity in any introduction to the ward.



Raising awareness of the walk - through posters, route maps and photos - is also helpful in creating a buzz. Casual conversations between the staff and those cared for can include gentle reminders about the walks which can be further discussed in weekly ward rounds.

Apprehension about joining a walk should not always be interpreted as disinterest. People who initially declined to join can find themselves interested the following week.

A considered discussion from an interested staff member can help someone join the group and have a positive experience of the outdoors they would otherwise not have anticipated. In such instances, bear in mind that people may have little previous relationship with natural spaces or may have had a negative one. Others will be worried about being unable to keep up or might have experiences of stigma. Green walks can become an opportunity to help someone discover the outdoors in a positive way. On occasion, a one-to-one walk may be the best way to help someone enjoy a natural space.

Walkers should be invited to shape the experience by discussing the destination or length of a walk, or a particular focus, such as photography or collecting flowers.

4. How to set up a walk



4b. Prepare for a walk

Choose your walk

“When we walked down to Tong Park Dam we saw the swans had laid eggs and everyone was so excited about this.”

Patient at Green Beacon Site

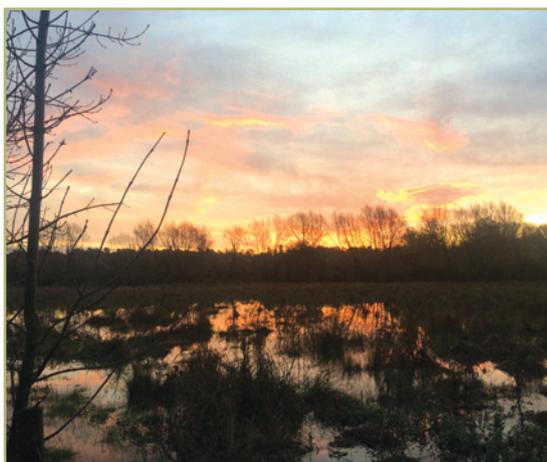


Within a group there will be varying levels of comfort and experience which may guide the choice of walk.

Changing the destination from week to week can help keep people’s interest. At the same time, people find that becoming familiar with a route or space is special in its own way. A trip away, perhaps with arranged transport, can be even more exciting when planned for. People often find that walks can lead to enriching their relationship with a locality they have known for years.

Weather has a big impact on the nature of a walk. Increasingly extreme weather in the forms of rain and heat mean it is important to have the right clothing, food and water. Use common sense when deciding on whether to go on a walk, but bear in mind that a day out in ‘interesting weather’ that is organised and prepared for can be a rich and wonderful experience.

Just walking together while enjoying the surroundings is the essence of **Green Walking**. However, depending on the interests of the people involved, there are many ways to bring new elements into walks:



- Food and drink – either bring a picnic or choose a destination café (who doesn’t love a snack?!)
- Photography – and display photos to promote the group on the ward
- Drawing
- Wildlife study
- Forest crafts
- Exploring different areas - walks through parks in your local town, or make field trips to local places of interest.
- Patient leadership – invite current or former inpatients to help guide or decide the route

Transport

If you have sufficient staff time and access to transport you may wish to vary your walk by travelling to green spaces further afield. Some wards may have access to a car or even a minibus, but other groups have successfully used public transport and some patients prefer this as they feel more normal. Such longer trips could be done less frequently, such as once per month.

4. How to set up a walk



4b. Prepare for a walk

Clothing

A few sets of wellies, coats and/or sun hats will make the activity accessible to a wider range of participants. Do not assume someone has the clothing needed. Lack of rain gear and clothing should never be allowed to be a barrier. Carers may be able to bring in patients' own coats and footwear. Seeking donations is an easy way to get some spares.



Be mindful of appearances: it is worth having a selection of different second-hand coats (in different sizes) to avoid looking like an obviously institutional outing. **And avoid high-vis vests!**

1c. Integrate into care

“I have seen service-users open up more, relax and engage more with me simply by being out of the ward environment and in a “normal” setting. This allows for more deep and meaningful discussions and promotes an environment that is more social and relaxed. The whole experience normalises things for them, changes their level of engagement with you as a staff member and fosters greater trust and rapport” - Clinical walk leader, South London and Maudsley

Walks will be most meaningful when integrated into a patient's care plan, becoming a valuable part of their recovery. This should be done by including walks in shared care plans and discussing someone's experience during clinical reviews. It is important that walks are supported by the entire ward to occur on time and regularly.

In the days before a walk, a range of staff (medical, nursing and allied) should explore with someone if it is the right time to join, leaving space for change depending on how they are feeling.

Many people reflect on how much they have enjoyed a walk, sometimes even for the first time. Arranging for someone to engage in walks close to their home through a local group or community team is an excellent way to maintain elements of care started on the ward once people leave.

Some people have returned to join walks with their former inpatient walking group following discharge.

For those who are receiving care under the MHA, joining a walk can be an important step in their care as it involves moving with a group away from the hospital site. A walk enjoyed can then be used in considering the need for further detention. It is also imperative for those who are detained that appropriate leave is arranged in advance.

4. How to set up a walk



1c. Integrate into care

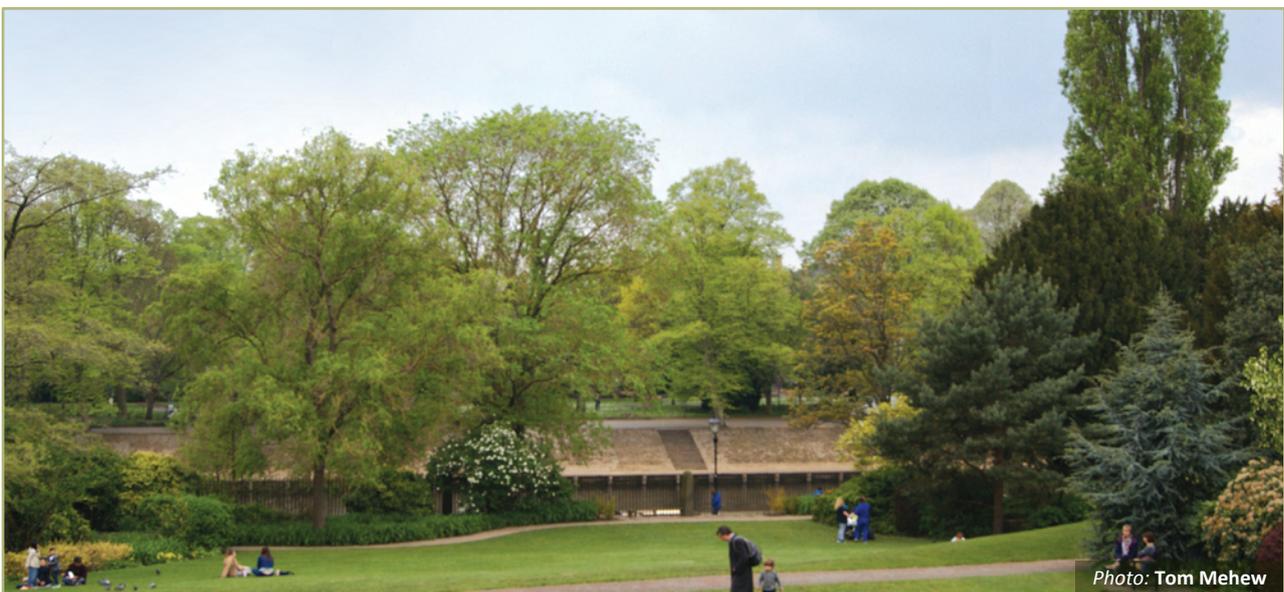
It is not acceptable for someone to miss a walk because of inefficiencies in arranging Section 17 leave. Such experiences degrade an individual's sense of agency as well as undermine their rapport with the clinical team. They should be treated seriously, documented and reflected upon. A clear explanation should be given to whoever was affected by the mistake.

Responsibility of having leave arranged in a timely, organised fashion is not primarily within the hands of the walk coordinators. In fact, it is shared across the ward and represents a key reason why the walks and their integrity are co-created by the entire multi-disciplinary team (MDT).

1d. Register your walk/share with others

Your walk will have great triumphs and may meet some difficult hurdles. Do share both the good and the bad with others. Those in your organisation, your communities and others trying similar walking groups further afield will all want to learn from your experiences.

- Spread the news to other wards
- Contact your Quality Improvement department
- Register your walk – visit <https://sustainablehealthcare.org.uk/green-walking>
- Join our clinical networks including:
Psych Susnet, <https://networks.sustainablehealthcare.org.uk/psych-susnet> or
Occupational Therapy Susnet, <https://networks.sustainablehealthcare.org.uk/network/occupational-therapy-susnet>
- Consider presenting to a regional meeting



5. Resources



- Green Walking website: <https://sustainablehealthcare.org.uk/green-walking>

This is where you will also find:

- Register of Green Walks
- Green Walking Case Studies
- Green Walking checklist
- Example letter inviting support for a new Green Walk

Further resources

- Walking organisations
Walking for Health: <https://www.walkingforhealth.org.uk>
Ramblers: <https://www.ramblers.org.uk>
- Walk leader training: <https://www.walkingforhealth.org.uk/running-health-walks/setting-health-walks/walk-leader-training-information>
- NHS Forest - a project to improve the health and wellbeing of staff, patients and communities through increasing access to green space on or near to NHS land: <https://nhsforest.org>
- Psych Susnet - brings together people from across mental health and social care to share ideas and resources for sustainability: <http://networks.sustainablehealthcare.org.uk/psych-susnet>
- Occupational Therapy Susnet - a network for occupational therapy practitioners, students and educators interested in exploring sustainable practice and looking for resources: <https://networks.sustainablehealthcare.org.uk/network/occupational-therapy-susnet>
- Green Walking on Twitter: https://twitter.com/green_walking



5. Resources



Green Walking checklist

Below you will find a set of check points to help with introducing a walking group on your ward as well as giving it the best chance of being successful.

- **Establishing your walking group:**
 - Have a look at your local area and see what green spaces are closest to your ward. Even if your local park is relatively small there will be a lot to be appreciated.
 - Propose your hope to establish a walking group at a regular ward meeting. It is important that all staff be present (nurses, doctors of all grades, allied health professionals).
 - Ask about presenting the plans for the walking group to the lead Allied Health Professional or Occupational Therapist at your Trust.
 - Prepare the standard documentation for establishing a new activity on a ward.
 - Consider how to spread word about the group, including asking new patients to be informed of the opportunity where it is appropriate.

- **Before leaving the ward for the walk:**
 - Ensure that patients have leave arranged in good time.
 - Inform the ward of your planned route and make sure that they have your mobile number.
 - Ensure you have two members of staff with you regardless of the number of service users, in case there is an emergency which must be attended to.
 - Check you have essential items including:
 - Charged phone
 - Weather-appropriate clothing for participants (jackets, shoes)
 - Drinks/snacks for longer walks
 - Additional items: photography equipment, arts supplies etc.
 - Arrange to meet with the walkers beforehand to discuss and agree on a route and perhaps explore if there should be a particular focus.
 - Be aware of the different needs of those attending and be prepared to make adjustments.

- **Once the walking group has been established:**
 - Discuss impressions of walks with staff at regular weekly meetings.
 - Encourage progress from walks to be discussed by staff and during clinical reviews.
 - Encourage staff to attend and leads walks, including nurses, doctors and others.
 - Record feedback from participants to support continuation.
 - Consider putting up photographs from the walks on the ward.
 - Please consider contacting your local Quality Improvement (QI) team and registering the walking group as a QI project.
 - If there is time, consider presenting the experience of your ward's walking group to the rest of your Trust or to regional meetings. Ask if you can share your experience to help others learn to establish new walking groups.



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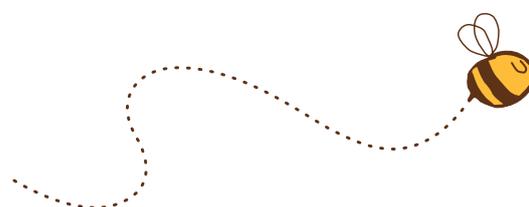
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“In ways the ward environment cannot access, the walking group creates a space in which conversation can flow and patients’ internal environment opens up... Memories, meanings, senses, are sparked into life and from there flows a range of ideas, notions, likes/dislikes hitherto concealed from therapy staff on the ward. Identity is vital for well-being and where patients have opportunity to express identity (this) can increase positive outcomes.”

John Galvin, Occupational Therapist, Cornwall.

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