

# SOCIAL PRESCRIBING JANUARY 2018

A world-leading study into how green spaces improve our well-being

28/01/2019 Amy Mizen

Researcher at Swansea University Medical School

As a researcher I am interested in the how our surroundings can affect our health.

Mental health and well-being problems are a growing public concern

One in four of us living in the UK will experience a mental health condition such as anxiety or depression during our lifetime.

With mental health conditions costing the UK economy over £100 billion a year, promoting how people can take care of their mental health is of growing importance.



Previous research has suggested that spending time outdoors in natural environments, such as parks and beaches, can help support and promote good mental health and well-being. The theory is that getting outside and spending time in the natural environment helps to improve our mental health through a number of different methods – for example, by increasing our physical activity, providing us with a place to relax, giving us opportunities to spend time with friends, family and other social interactions such as chatting with passers-by.

Opportunities to make improvements to the urban environment

The United Nations projects that by 2030, urban areas will house 60 per cent of the world's population with one in three people living in a town or city. With an increase in the number of people living in this environment there are great opportunities to make improvements to surroundings that can help large numbers of people live healthier lifestyles.

This is where the news study come in

The aim of the Green-Blue Spaces Study is to investigate whether a change in access to the natural environment, has an impact on people's mental health. This change may be for example because a new park may open or a new housing estate may be built.

Our team, which includes experts in health, geography, data linkage, statistics, and psychology from Swansea, Liverpool, Exeter and Cardiff universities and the Barcelona Institute for Global Health are working together on this world leading, three year study.

We will look at health and environmental data for 1.7 million people in Wales to explore how people change their use of health services (such GP visits) as their local environment changes.

Because the influence of green and blue spaces take time to change health, the team will use historical data from the past 11 years (2008-2018).

The aim is to determine whether a positive change in access to green-blue spaces such as parks, woods, rivers and beaches lowers the risk of anxiety and depression.

### Providing robust evidence to help change policy and practice

Our urban environment is managed by town planners, architects, policy makers, engineers, etc. –and moving forward with the project it is important for us to consult and consider how to translate our research findings into useful tools for those who manage these areas, with an overall aim of improving both the environment and public health.

For more information on this project please download [the video on YouTube](#).

Dr Amy Mizen is a researcher at Swansea University Medical School. Her research interests include the role of the environment on obesity and mental health.

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# SOCIAL PRESCRIBING JANUARY 2018

## A day in the life of a well-being coordinator

18/01/2019 Rhian Huws  
Wellbeing 4U

It's quite hard to describe what we do. There's no typical day or client stereotype. We may be sat in the same GP surgery room but the person who walks through the door and the set of challenges they face are always unique.

My task here, though, is to guide the uninitiated through the kind of social prescribing we at [Wellbeing 4U](#) practise on a daily basis. It might help to imagine a rather surreal game show or contest, where the prize can be very small or literally life changing.

The path to success is different for every player; their strengths and weaknesses singular. The host of the show is a (mostly) cheerful, knowledgeable, encouraging matchmaker (aiming to facilitate the perfect fit of services, activities or information).

Team members listen, support and connect people and when it's too hard for their client to know where to begin they become coaches spending time encouraging and supporting until that person is ready to take the first steps in moving forward towards their end goal, their prize.

The stakes can often be high, as clients referred to us might be very anxious or depressed, have long-term health conditions and need to lose weight; they may struggle financially or have housing concerns, be battling harmful behaviours or experience social isolation and loneliness.

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They might be carers, be in an abusive relationship or be refugees who have survived trauma and harrowing experiences. They all have their own set of circumstances and barriers. Our role is to listen and offer the right support and guidance.

What drives the well-being coordinator is a desire to help and have the people we see feel better, battle through and have their victories, whatever that may look like for them. We're often out of our comfort zones, going above and beyond the job description: delivering courses, workshops, health walks, participating in community events, helping people get to places that would otherwise be inaccessible, jogging alongside mobility scooters and even wearing turkey hats at a charity event!

We've done it all in the name of supporting our clients. This game of life we all play is full of pitfalls and traps, trick questions and defeats but with the right kind of encouragement it's possible to win a few prizes along the way.

[More about Wellbeing 4Us here](#)

# SOCIAL PRESCRIBING

## JANUARY 2019

### 'How art has helped me feel again'

31/01/2019 Meha Devis Kalaparambuth

The arts have always been a part of my life. When I was a child, I would write down pages and pages of ideas for novels. I would spend hours creating characters and writing excerpts inspired by them. It got to the stage where for many years, notebooks were the only gifts given to me for my birthday. I would also draw the things that made me happy – beautiful animals and costumes for 'older Meha' to wear. It was a lot of fun.

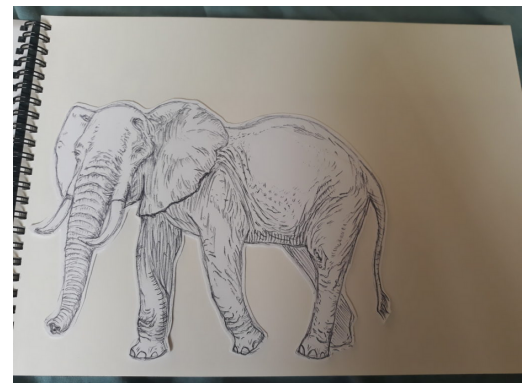
My sister praised my dedication to drawing and writing, and my parents entered me into competitions, some of which I won. As I got older, although my parents were proud of my passion, they encouraged me to focus on academic subjects like the sciences and maths. With both my parents having stable careers based in healthcare, they wanted me and my sister to have the same security in the future. I listened to them and started to see healthcare as my future. Soon, writing and drawing were confined to the times when I was feeling blue and wanted to be comforted by an old friend.

As time went on, my sister achieved admission into medical school, and we were all ecstatic! I looked up to my sister and seeing how happy she was, I wanted to follow in her steps. I achieved the same good GCSEs as her but as I progressed onto college, I started feeling differently. Teenage years are a difficult time for almost everyone, and I was no exception. Just in my case, I started getting quite ill.

I didn't know at the time, but my mental health was slowly deteriorating – I started to find myself becoming a lot slower at doing basic tasks – like brushing my teeth and showering, until, I sometimes went days without doing either. I spent as much time as possible sleeping. I just didn't want to wake up – the days were too long and draining, and sleep was my only escape. I didn't really understand what was happening – I just thought that I was lazy and often chided myself.

I struggled to find the motivation to do anything – it was difficult to function, and I would just sit for hours staring into space. My parents could see the change in me as I rarely smiled or laughed anymore. They took me to the doctors, where, after many tests, the doctors diagnosed me with depression and anxiety, and I started taking medication.

My family took time to adjust – they had **never experienced** someone close to them having mental health illnesses. My family did everything they could do to help; they went shopping with me to buy nice smelling soaps to motivate me to shower. They spent hours playing board games with me just because it made me smile once or twice. They did everything they could to stop me from feeling numb – they reminded me of my childhood passions: literature and drawing.

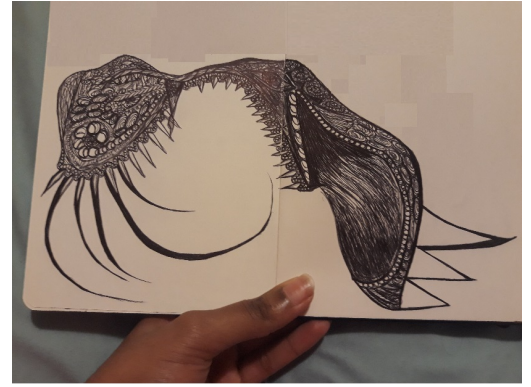


An elephant drawn in 2011. I have always loved animals, and this shows in my artwork.

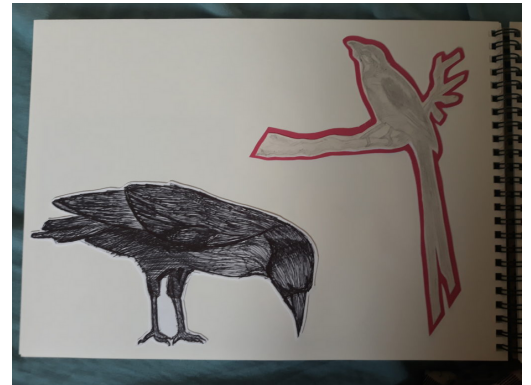
It was difficult for me concentrate long enough to read or write but I was able to occasionally draw. Drawing helped me to communicate when I didn't have the words. Once, I drew a monster to show my sister why I was struggling and afterwards, I felt a sense of peace that I was able to compress everything I was fighting into a drawing. Drawing also gave me hope – I drew outfits I wanted to sew, and it led to me learning some embroidery stitches.

My family recognised that art was helping me to come back to them. They started looking for art courses based locally and encouraged me to apply. I didn't have any artistic qualifications to present and so, for the interview, I created a portfolio of small pieces of art I had created many years ago. We were all ecstatic when I was accepted onto Level 3 Art and Design.

After starting the course in September 2018, I have learnt a lot about myself and [even progressed onto the second term](#) with the help of my family, friends, teachers and counsellors. The medical assistance I have received has been a lifesaver and without it, I would not be where I am today. But art has helped me in a way that medical professionals could not; art has allowed me to feel again.



The monster I drew. There was a time when I couldn't look at this drawing without feeling sad, but I'm happier now knowing that, now, it is a lot smaller and manageable.



# SOCIAL PRESCRIBING JANUARY 2018

## The interconnections of people and planet: our health depends on nature

30/01/2019 Ruth Allen

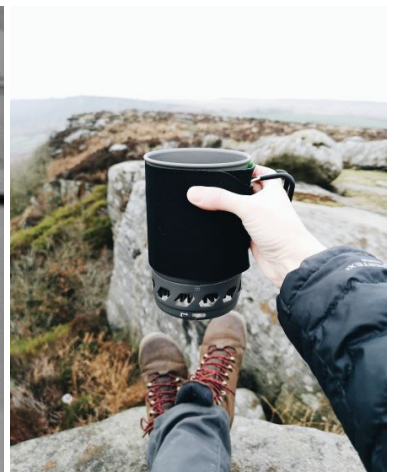
I've moved all over the country and currently live and work in the Peak District, but my attachment to the Welsh hills is enduring and deliberate: these are honest, gritty mountains situated in expansive, but humble surroundings.

When I go outside, I am with the world, I am breathing fresh air, my body is in movement and I have time to think creatively about my life. Time outside is good for my mind, my body and my soul, and builds to my overall picture of good health.

I've been enjoying Wales for years, but recently I've been exploring the National Parks with clients who are also eager to attend to their health and wellbeing outdoors. As a therapist and organisational trainer specialising in outdoor work, my priority is helping individuals (and communities of individuals) connect with nature as a way of reconnecting with themselves and others.

I work to empower people to take ownership of their mental and emotional well-being in the hope that this promotes a reciprocal and spontaneous relationship with the environment, resulting in greater care and stewardship over time. After all, we care for the things we value – whether that's local green spaces or our own health.

The rise in social prescribing projects across the country, indicates that working in this situated way is becoming increasingly important, as we recognise the importance of people being supported in the context of their community and environment. Startlingly, when it comes to considering mortality risk factors, those with stronger social relationships and connectedness have 50% [1] increased likelihood of survival than those with weaker social bonds.



In my practice, working outdoors sets the example that we're all part of a context, an ecosystem, and that this network of community matters to our individual, collective and environmental health. It is a subtle shift in perspective, inherent in the method of working in and around other people supported by the healing properties of fresh air, vast landscapes and the ageless wisdom of trees.

To work with a person's problems shut away in a room sends a message that the individual is the problem and reinforces a message of 'shameful' pathology and illness. Working and promoting time outdoors is one step towards putting individuals back in their natural context and helping them see that they are part of a living and breathing world; constantly striving for health and life. It also erodes the false dichotomy that physical and mental health exist in different spheres. When our bodies are engaged, so too are our minds, engaging in a virtuous circle of healing and well-being maintenance.

Well-being is far from an individual pursuit. Holistic and integrated solutions need to be explored by all of our society. Put bluntly, anyone who is alive has a stake in what it means to be well.

Individuals need to exercise their autonomy and take responsibility for what 'complete physical, mental and social well-being' (WHO definition of 'health') means to them, but communities, organisations, businesses, government also need to lead on the reappraisal of what it is to be healthy.

It is for all of us to regularly consider our 'health status' and come to terms with the idea that health is subjective. What is right for you, won't be right for everyone, and systems, communities and organisations need to be aware of the implications of this multifaceted subjectivity too. No singular intervention is a panacea, but yes, forest bathing, cycle lanes and healthy workplace policies will all contribute to a positive 'ecology' of well-being.

In the short term, this complexity will invariably lead to more questions than answers, the need for more honest conversations, and more head-scratching, but this shouldn't scare us. Any therapist knows that you must first pass through the storm, before emerging with new awareness and a way forward.

At present, around half of the Welsh government budget is spend on (ill-)health. Nationally, only 5% of the NHS budget is spent on prevention. Led by our most revered public institution, we have got too comfortable with a reactive model of health that treats sick individuals.

It is well established that that the main determinants of health are housing, living and working conditions, education, food and social networks, and that these account for 90% of health outcomes [2]. First up then, we need to collectively reclaim the notion of health away from ill-health, and honour it as a byword for living or life. What are we doing today that honours life tomorrow? How do we move away from viewing our symptoms as a sign of illness, rather than a wake-up call to live better?

This, for me, is what's exciting about [The Well-being of Future Generations Act](#). The seven Goals and five Ways of Working offer a way forward for a whole country on the rapid approach to a needed paradigm shift in the field of health. It makes health everybody's business.

We cannot wait for permission. We cannot keep waiting for appointments, medication and surgeries as the definitive pathway to health. Likewise, we cannot argue over whether it's the individual's responsibility or the governments; waiting for success or failure in one domain to catalyse action in another.

We all need to take a fearless approach now, together and simultaneously, recognising that all of us are in a dynamic interplay of life and have responsibility to each other to redefine what health really looks like. In the final analysis, this is the ultimate lesson of being on a complex, multi-layered, connected, living planet.

Ruth Allen is a counselling psychotherapist, organisational trainer and coach, and writer based in the Peak District, UK. She specialises in outdoor therapies, and is a keen mountain adventurer in her spare time.

You can find out more about Ruth's work at [www.whitepeakwellbeing.com](http://www.whitepeakwellbeing.com) or follow her adventures and everyday philosophy on Instagram @whitepeak\_ruth

[1] Allen, L. N., Barry, E., Gilbert, C., Honney, R. and Turner-Moss, E. (2019) How to move from managing sick individuals to creating healthy communities, Br J Gen Pract., 69, 8-9.

[2] McGovern, L., Miller, G., Hughes-Cromwick, P. (2014) Health Policy Brief. The relative contribution of multiple determinants to health outcomes. Health Affairs.

