

# Flourish: Nature recovery for people living with severe mental illness



Recovery Partners August 2024

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*"It allowed me to feel connected to something,  
and to see colours and breathe fresh air, making  
me feel lighter during a very difficult time."*

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# Foreword

Time outside in nature is one of life's simple pleasures; "...enjoy and connect with nature where we live, work and play – benefiting our health and wellbeing"<sup>1</sup>. When time outside was limited during the Covid-19 pandemic, it was a stark reminder of the importance of access to blue and green spaces - spaces like seas, rivers and lakes, forests, parks and gardens that are, quite simply, good for the soul.

For people living with severe mental illness (SMI), access to nature can be all the more important.

People with SMI are more likely to experience poverty, homelessness, contact with the criminal justice system, social isolation and unemployment. They are also more likely to live in less safe neighbourhoods, have less access to healthy foods and fewer opportunities to be involved in healthy activities. Facing adversity like this can make access to nature a challenge, when confidence, vulnerability, safety and exposure can be very real barriers.

Mental health services touch people's lives at the times when they are most vulnerable. This includes services provided by the Voluntary Community and Social Enterprise (VCSE) sector, local authorities and the NHS. For many people, creative recovery whilst using services - nature, sports, arts - can be as important as the clinical care they receive.

As an NHS trust and charity committed to providing the very best therapeutic environment, the new Combe Valley Hospital in East Sussex is a unique opportunity for us to do things differently. It is a hospital that has the voice of people with lived experience at its heart. Flourish extends that approach by exploring how nature is incorporated in the hospital. Working with Recovery Partners has ensured that the research is user-led, giving unique insight into how people with mental health problems experience nature, both in hospital and during recovery in the community.

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<sup>1</sup> Natural England, Nature Recovery Network strategic priorities

When we think about a mental health inpatient stay, it is often time we think of. The time taken for an admission, the time spent in hospital, and the time it takes for recovery. Throughout this research, people have told us how challenging time in hospital can be. The impact that a lack of access to outside spaces can have. The need for things to occupy their time. How much time they have to fill.

Flourish provides us with a template for how we could work with nature to support people through that time. People have told us that they would like access to nature to be a key part of an inpatient stay, that we should be bold and creative in how we work with nature and that, if we get it right, it will provide light and hope during incredibly difficult times. People would like to build habits in hospital that can sustain them when they leave, and partnerships with our local community will be key to supporting this.

In responding to the level of need within our local communities, we must ensure that we work hand in hand with our NHS charities to support the creative recovery in our services that is so needed. Being ambitious for the future means we need to think differently, creatively and boldly with our partners about what support we offer to the local communities we serve and how we provide it.

Our huge thanks to Recovery Partners, Natural England our funders for this research, and the many service users who gave their time, thoughts, and ideas enabling us to start this work.



**Dr Jane Padmore**  
**Chief Executive**  
Sussex Partnership NHS Foundation Trust



**Rachael Duke**  
**Charity Director**  
Heads On

## FLOURISH REPORT

### INTERVIEWS WITH INDIVIDUALS

The aim of this research is to enable people living with severe mental illness to directly inform how NHS mental health services incorporate natural recovery into their services, including the new Combe Valley Hospital in East Sussex planned to open in 2026

Group mindfulness/meditation sessions

Accessible in all weathers

To hear birdsong

And it was in a kind of rural setting so you could see squirrels, the odd rabbit, several cats used to visit as well. (former hospital patient)

Some people said it was good just being able to 'see plants growing and see the sky'

To be able to sit under trees for shade and for a greater sense of the 'wonder' of being in nature

Being able to see trees, daylight, sky and to see and hear birds, uplifts people

Many of those who had access to good outdoor spaces talked about the benefits of being outdoors for their mental and physical health

Wind chimes, artwork, murals, mosaics, sculptures

Bird watching  
and bird and insect  
identification

Relaxation, Tai chi classes

What really benefited me when I was in hospital was, we went on a wood walk every single day and that would literally be the most exciting thing of my day

# Introduction and acknowledgements

Recovery Partners is a small, user-led grassroots mental health charity working in East Sussex. Established in 2011 by a small group of people living with mental health challenges who were trained to become peer support specialists, it became a charity in 2019. As peer support specialists we offer support, understanding, insight and hope to others on their mental health recovery journey.

Our services include peer-led arts for mental health recovery projects, Expert by Experience involvement, training, and community development projects working to improve the inclusion of people living with severe mental illness (SMI).

In Autumn 2023 we were commissioned by Heads On, official NHS charity for Sussex Partnership NHS Foundation Trust (SPFT)\*, to undertake user-led research into nature recovery for people with SMI. The research was intended to directly inform how NHS mental health services incorporate natural recovery into their services, including the new Combe Valley Hospital in East Sussex.

**Flourish: Nature recovery for people living with severe mental illness** is the result of that commission and was funded by Natural England, Heads On and Recovery Partners. This report summarises the findings of the research undertaken by peer support specialists during the period December 2023-February 2024, with 51 people who have lived experience as mental health hospital inpatients in Sussex within the last 10 years.

Accompanying this report is a 'zine by a lived experience artist who took part in a 1-2-1 interview and focus groups, and who contributed the images for this report. The 'zine will be available by request or can be viewed via the Recovery Partners website [www.recovery-partners.org.uk](http://www.recovery-partners.org.uk) from July 2024.

*\*Sussex Partnership NHS Foundation Trust (SPFT) provides mental health, learning disability and neurodevelopmental services to people living in South East England. SPFT's services are for children, young people, adults of working age and older people. Across Sussex, SPFT have six adult inpatient units, three of which are in East Sussex. Each year 861 adults receive inpatient mental health care in East Sussex.*

## Acknowledgements

We would like to thank all the people who gave their time to take part in this research; we are grateful to all of you for sharing your experiences, your insights, your strengths and your humour with us. Like you we hope for ever-better opportunities for people living with mental health challenges to live well in recovery, with the support of communities around us, and as valuable members of those communities.

Thank you to Natural England for funding this work, and to our lead partner Heads On.

Team who worked on this project for Recovery Partners: Anthony Stevens, Joanne Rhodes, Chenielle Jefferies, Tracy Hind, Anna Stratford



Lived experience artist: Andrew Voyce

Images throughout the document are from focus groups 1 and 2 unless otherwise stated.

## Report summary

The aim of this user-led research is to enable people living with severe mental illness to directly inform how NHS mental health services incorporate natural recovery into their services. This includes the new Combe Valley Hospital in East Sussex planned to open in 2026, and how engagement with natural recovery could be supported to continue in the community on discharge.

The research involved 25 1-2-1 interviews with people who have had experience as inpatients in mental health hospitals (the majority in East Sussex), two focus groups, and online surveys completed by 26 people with inpatient experience in mental health hospitals in East Sussex, West Sussex and Brighton and Hove. Fifty-one people in total took part; this is a summary of the findings.



### Natural recovery in hospital: Key themes from interviews and surveys

Participants were familiar with the benefits of spending time in nature, and many regularly spend time outdoors including being by the coast, in parks and woodlands. Being 'hands on' in nature, getting enough sunshine and fresh air and being able to feel the elements, were all discussed as important aspects in maintaining recovery.

### Access to outdoor space

Access to outdoor space in previous hospital stays was very mixed; the majority of participants did not have good access to satisfactory outdoor spaces. Activities most commonly offered to people who had access included walking, sensory gardens,

gardening and outdoor exercise. For those who had better access to outdoor spaces this included woodlands, walks, outdoor courses, views of nature and gardens to spend time in.

### **Barriers to accessing outdoor space**

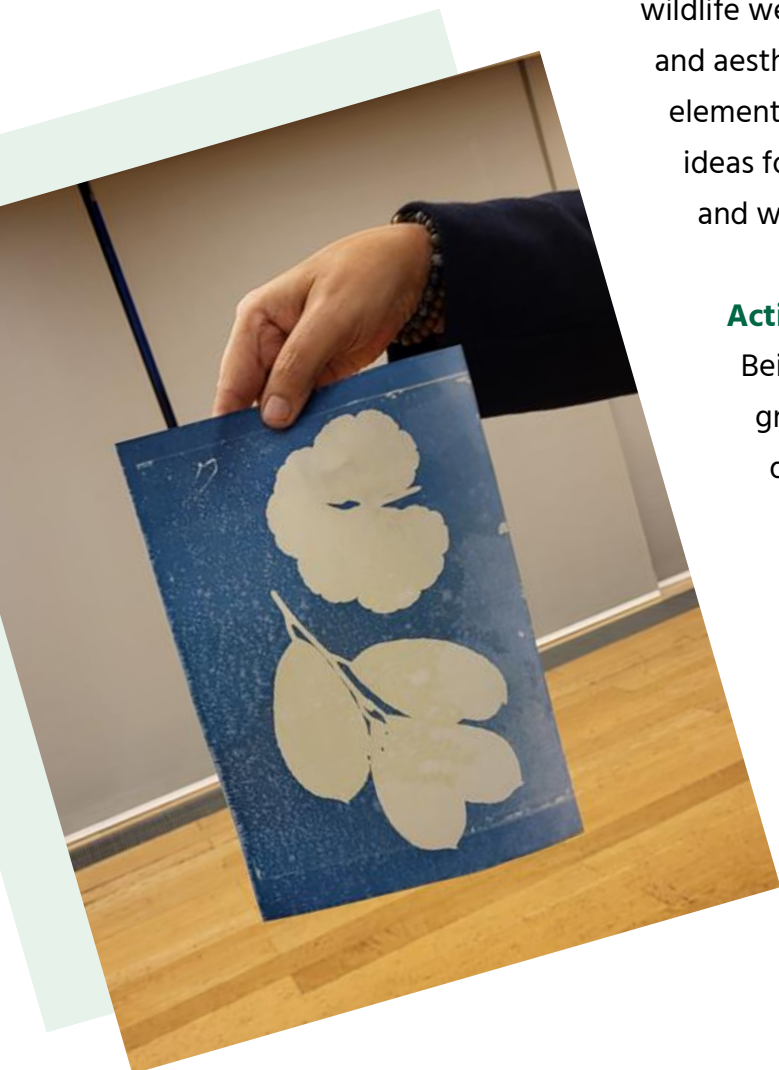
Insufficient staff, and lack of staff availability are the main barriers to patients being able to access outdoor space and activities. Other barriers include people not being permitted outdoors, locked doors, and not knowing when and how to gain access. Low mood or motivation could be a barrier as well as the distress or behaviour of some other patients.

### **Therapeutic and imaginative garden spaces**

Participants made many suggestions for how spaces could be designed. Inspiring planting, views of nature, varied seating and shelter options, well-maintained spaces, colour, texture, water and the sight and sound of wildlife were all important. Spaces would be varied and aesthetically pleasing, some with a 'magical' element to inspire imagination, and there are many ideas for how to design spaces to be used alone and with visitors.

### **Activities in nature**

Being able to take part in gardening and growing, creative arts, physical activity and quiet, contemplative activities are all mentioned. Varieties of classes and opportunities for different kinds of play could be provided. People want paths and trails for walking, meditation and running, and for observation and engagement with nature. Activities should be led by qualified, experienced people.



### **Gardening and growing**

Gardening is one of the most popular outdoor activities and there are a range of suggestions to encourage people to learn, use and share skills, including growing indoors as well as outdoors, and having choices, including to observe activities rather than take part. Having purpose - such as goals, and specific responsibilities - was also important. Skilled and enthusiastic teachers are needed, as well as all the equipment and resources being provided. Patients with practical skills could make and build things – feeling competent being an important factor in recovery.

### **Patient safety**

Patient safety is paramount and would of course influence the design of outdoor spaces. Other concerns include how to ensure enough space and safety for patients where another patient has erratic or confrontational behaviour, the potential for vandalism and theft, and the need for staff to be vigilant.

### **Natural recovery in community: Key themes from online surveys and focus group 2**

Participants are clear about the benefits to recovery of engagement with nature-based community groups, including socialising, being able to contribute to community, and to feel included. More availability of resources and access to information is important, as well as the opportunity to build relationships and maintain consistency. Participants feel natural recovery could potentially reduce time spent in hospital, but support is needed to engage with community groups until people feel more confident.

### **Support the development of relationships with community groups**

Participants have many ideas for activities which could be offered by community groups both in hospital and community and discussed the importance of matching inpatient programmes with what is available in the community, so that there could be continuity and sufficient support after discharge.

Personalised approaches and choices and consistency of staff/volunteers, all helped develop feelings of inclusion and belonging. Transition planning, signposting, buddying and peer support are all suggestions to help the success of continued community engagement.

### **Awareness of mental health challenges**

Community groups should have training and understanding about mental health challenges, understand nature-based approaches to recovery, and have knowledge and skills in outdoor activities. Smaller organisations with local knowledge and understanding of local issues may be better placed to do this work and, where possible, with the involvement of people with lived experience.

### **Accessing community groups**

Barriers include not understanding what is on offer, being concerned about having to achieve something, cost, not having anyone to go with, and not feeling confident. Offering choices to people, and a clear explanation of what is on offer are important. People should be able to relax in the space and just observe activities if wanted. Having a peer support worker also helped access projects.

### **Staffing and funding**

Throughout this report, participants have frequently cited staffing levels as a barrier to participation in nature recovery during inpatient stays, and we must acknowledge the ongoing pressures on the NHS. There is an important opportunity to test out the possibility of working with voluntary and community sector partners to deliver aspects of natural recovery at Combe Valley, and for considering funding for partners where this may be needed.

We hope the recommendations in this report will inform how to maximise the benefits of Combe Valley's natural setting for patients and help inform NHS inpatient services beyond Combe Valley; showing the importance of nature to patient recovery, and where improvements could be made to better enable this.

# Background

For this user-led research we worked in partnership with Heads On (Sussex Partnership NHS Foundation Trust's official NHS charity) which works to support people living with mental health challenges to feel more supported<sup>2</sup> and be more involved in their communities. This research was funded by Natural England, the government's advisory body for the natural environment, and is from Seed Corn funding for small scale projects within the Seaford to Eastbourne Nature Recovery Project. This covers 12,000 hectares of the South Downs, an area that the new Combe Valley Hospital will serve. The project aims to both increase habitat for species and increase people's access to nature.



Natural England's Nature Recovery Projects are areas for focused delivery of the Nature Recovery Network (NRN). The NRN aims to be a single, national network of wildlife-rich places, which will benefit people and wildlife by increasing, improving and joining the areas up across England. It will also enable people to enjoy and connect with nature where we live, work and play, benefiting health and wellbeing. This work was funded under Objective 6 - *Enable us to enjoy and connect with nature where we live, work and play – benefiting our health and wellbeing.*

## The impact of severe mental illness on health outcomes

The following information is provided by Heads On:

People living with severe mental illness (SMI) face significant health inequalities and live on average 15 to 20 years less than the general population. People with severe mental illness are more likely to have higher rates of:

- poverty
- homelessness
- contact with the criminal justice system
- social isolation
- unemployment

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<sup>2</sup> Image by 'Linda', from Pixabay. Source: <https://pixabay.com/>



People with SMI are also more likely to live in less safe neighbourhoods, have less access to healthy foods and fewer opportunities to be involved in healthy activities. At the same time, across multiple studies, researchers have evidenced the link between access to green space, such as fields, forests, parks and gardens, and a reduced risk of mental health problems, improved mood, and increased life satisfaction. Other benefits include reduced stress, increased physical activity, and better physical health<sup>3</sup>.

Researchers at the University of York found that people with SMI described a range of positive experiences and benefits to being outdoors and in nature, including opportunities for relaxation, time away from everyday stressful experiences and the chance to take part in purposeful activity. However, they also identified that one of the biggest barriers was concerns about the safety of green and blue public spaces and the importance of spaces being maintained properly, kept clean, well-lit and having wardens available.<sup>4</sup>

When a person is an inpatient in a mental health hospital, they are at their most vulnerable, and the challenge of taking part in new experiences can feel insurmountable. We want to use this research to help identify ways we can help support people through this; putting people with lived experience at the heart of what we develop and sensitively overcoming the challenges people might face whilst they are in hospital so that access to nature can become a habit that is supported in hospital and able to continue upon discharge in their communities.

### **The aim of this user-led research**

The aim of this research is to enable people living with severe mental illness to directly inform how NHS mental health services incorporate natural recovery into their services, including the new Combe Valley Hospital in East Sussex planned to open in 2026.

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<sup>3</sup> Mental Health Foundation and WWF-UK, Thriving with Nature, 2020

<https://www.mentalhealth.org.uk/sites/default/files/2022-06/Thriving-With-Nature.pdf>

<sup>4</sup> University of York, 2023 <https://www.york.ac.uk/news-and-events/news/2023/research/green-spaces-should-feel-for-mental-health/>

<sup>5</sup>In September 2023 Sussex Partnership NHS Foundation Trust (SPFT) began building a state-of-the-art mental health hospital for people from across East Sussex living with conditions such as psychosis, bipolar disorder, emotionally unstable personality disorder (EUPD) and clinical depression. Combe Valley Hospital will replace the inpatient unit at the Department of Psychiatry in Eastbourne on a new site in North-East Bexhill.



Modern, best practice mental health care emphasises a safe and therapeutic setting, natural light, and direct access to gardens. The hospital has been designed in a parkland-like setting. Access and views out to nature are one of the most important elements that will be provided in the physical environment for service users. The site will utilise and protect the existing trees on site and supplement them with new trees and other planting.

SPFT wants to ensure that the natural recovery opportunities that are provided, both within the hospital and to support people on discharge, are led by service users - who know best how to support their recovery through nature.

SPFT want to hear about the barriers people might face to accessing spaces in nature, what they can develop within the hospital site, and what support people might want and need to access nature in their community.

### **Current plans for the new site at Combe Valley include:**

- The new hospital being built is nestled into an undulating green field, set to the back of the site and is surrounded by mature trees.
- Each ward will have excellent lines of sight and direct level access to its own ward gardens and views out to the existing mature trees that surround the site.

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<sup>5</sup> Image by Keir Group PLC of the new Combe Valley Hospital. Source: [sussexpartnership.nhs.uk/about-us/how-our-trust-run/organisational-plans/new-mental-health-hospital-bexhill](https://sussexpartnership.nhs.uk/about-us/how-our-trust-run/organisational-plans/new-mental-health-hospital-bexhill)

- The ward gardens will include a variety of soft landscaping – including planting shrubs to courtyard gardens and wildflower meadows.
- There will be a therapy garden to enable outdoor therapy activities to take place on each ward.
- All bedrooms look out to landscaped gardens to give all clients views out to nature.
- All bedroom corridors have bedrooms on one side only – the other side of the corridors have windows out to garden spaces.
- Off ward, there is a communal garden ‘village green’ where visits or therapeutic activities can take place.
- There will be ‘rain gardens’ and ways to hold water in the landscape and increase biodiversity.
- Around the building is an extensive perimeter of nature to the west, providing walking and cycle tracks to provide access to nature in a more natural setting outside of the formal gardens.
- There will be inclusion of outdoor exercise spaces.
- There may be a ‘wander path’ that loops back to the ward gardens.

Recovery Partners asked what people with inpatient experience would like to see incorporated into the new hospital to support nature-based recovery, and how they would like that support to continue in the community on discharge. This research will inform how to maximise the benefits of Combe Valley’s natural setting for patients. We also wanted to know how to best connect with other projects in the local community as the aim is also to inform NHS inpatient services beyond Combe Valley; showing the importance of nature to patient recovery, and where improvements could be made.

### **Recovery-based approaches**

We hope that all decisions made about the design and provision of services are not only made in partnership with people who use those services, but that they are also made in relation to recovery-focused approaches. While everyone’s recovery journey is unique to them, the key principles of mental health recovery include:

- Hope
- Dignity
- Choice
- Personal responsibility
- Self-advocacy
- Support

This applies in all mental health services, and there is great opportunity to work with recovery-focused approaches in nature-based work.

Although more research is needed, some evidence does suggest using the 5 Ways to Well-being, particularly in the context of promoting patient choices, also appears to improve mental wellbeing and importantly, hope, among patients with SMI.

# Methodology

In partnership with Heads On we agreed that we would aim to conduct in-depth 1-2-1 interviews with up to 25 people with mental health hospital inpatient experience in East Sussex, within the last 10 years. 25 people took part of whom 24 had East Sussex in-patient experience. Some of the people we talked to have many experiences of being inpatients over the years, both in East Sussex and elsewhere, and while the majority have experience of NHS provision, some also have experience of private provision. Some have very recent experience, being discharged within the last 12 months. This means they bring particularly valid current experience.

We also wanted to include a wider range of voices so, with the support of Heads On, we circulated an online survey aimed at any adults with inpatient experience in the last 10 years in West Sussex, East Sussex and Brighton and Hove. We set the target at 30 questionnaires and extended the deadline twice to try to achieve this. We received 26 in total.

We conducted two focus groups which we ran as peer supported arts workshops with integrated focus group sessions. The first focus group took place in November 2023 at The Friends' Meeting House in Eastbourne and five people took part. Participants were shown the aims of the research, and the proposals for the Combe Valley hospital site. We discussed the role of nature in recovery, drawing on people's own experiences. Together they identified what they thought would be the most important questions we should ask people, in line with the aims of the research.

There were so many potential questions to ask that we decided to focus the 1-2-1 interviews mainly on inpatient experience and to discuss nature recovery in community (after hospital discharge) in the second focus group, with one specific question about this added to the online survey questionnaire. The second focus group took place in February 2024 at De La Warr Pavilion, Bexhill. Five people, who had already completed 1-2-1 interviews, took part.

The Recovery Partners team who conducted the focus groups and 1-2-1 interviews are highly trained and experienced Peer Support Specialists, with years between them of supporting individuals and groups living with mental health challenges, including people living with severe mental illness. Prior to interviews starting, the team took part

in trauma-informed interview practice training, and we developed specific protocols for aftercare or debrief if needed, both for interviewees and our team.

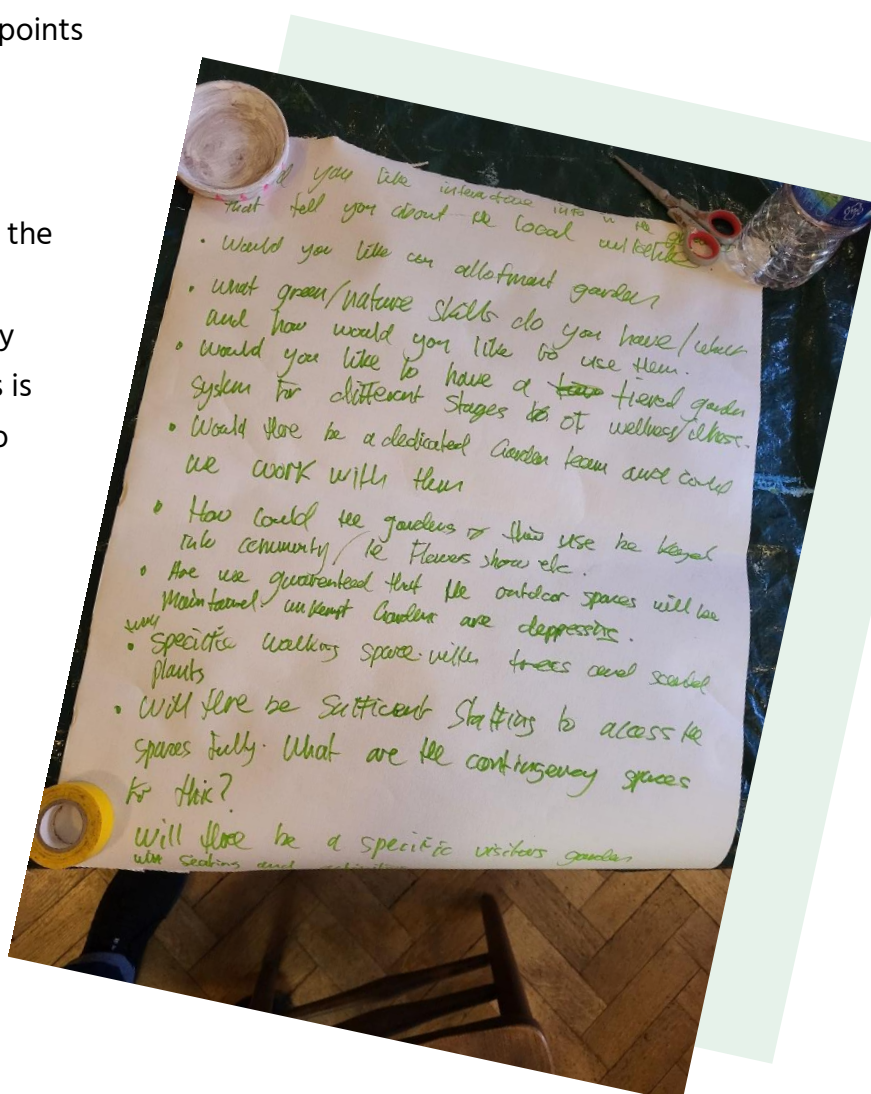
We designed all methodologies with the intention to avoid too much focus on anyone's personal history, but we acknowledge that recalling and talking about inpatient experience can be difficult.

All interviews are anonymous and where any individual or staff member is identified, we have redacted that information.

All 1-2-1 interviews were recorded and transcribed using Otter.ai, Inc. Information was analysed using an adapted form of Framework Analysis, a method developed specifically for analysing qualitative data at the National Centre for Social Research<sup>6</sup>. This involved creating a spreadsheet to tabulate the interview and survey responses and enable the team to identify emerging themes and patterns, as well as key points for inclusion.

### Please note

While participants are very aware of the potential risks of harm in outdoor spaces for some people who are very mentally unwell, and sometimes this is referred to, we did not ask people to specifically think about risk and we did not want them to limit themselves when imagining what natural spaces could be like. Risk assessment is of course the role of the hospital.



<sup>6</sup> Gale et al, 2013; Ritchie et al, 2014

# Natural recovery in hospital: Key findings from interviews and surveys

Aside from one question in the online survey about nature recovery in community (responses to which have been included with section 6), in this section we have summarised the key themes and noteworthy findings from all 25 1-2-1 interviews and all 26 online survey responses.

## A Respondents' previous access to outdoor spaces when in hospital

Access to outdoor space in previous hospital stays was very mixed, with fewer than a quarter of all respondents having good access to satisfactory outdoor spaces. Some had no access to outdoor spaces at all, others had access only 'rarely' or 'sometimes', and this was in some cases a small, concrete or paved over space, not generally well maintained, mostly used for smoking or vaping.

*'There was like a concrete outside bit with a few benches. And that's just where the people used to go and smoke. So, there was never any accessibility to anything natural or scenic, it was very much like a prison environment.'*

*'So the last time I was in hospital....they had a quote unquote, garden that was mostly paved, and had like a really tall wall with a mural on it, but it didn't have any like, plants or flowers or, you know, anything like that. It just had a little bit of grass and paving and a couple of benches, so it wasn't really restorative or nice to be in because it was basically just three brick walls. Green, painted, and some paving and a tiny bit of grass. Like it wasn't very sort of nice to be in it was just kind of there.'*

Some people said it was good just being able to 'see plants growing and see the sky' when in an outdoor space, as often the views from indoor spaces were not inspiring. Others said they were grateful for any bit of outdoor space:

*'There was a garden area and, whenever I could, I would spend as much time as possible there because being within a locked environment, you want to be in the kind of part which feels the least locked. The fence was wire so you could see through it. You know, and it was open to the sky, and it was in a kind of rural setting so you could see squirrels, the odd rabbit, several cats used to visit as well.'*

## **B Activities in nature that people were offered in hospital**

The following activities were those most offered to people who had access to the outdoors:

- Walking/woodland walks
- Sensory garden
- Gardening
- Leave to go into town and walk around, go to walk by the sea or in parks
- Barbecues in the garden
- Board games
- Outdoor exercise including yoga and tai chi

One former patient had experience of several different hospitals that included both NHS and private hospitals. He found that the two private hospitals offered more in the way of engagement with nature, which he felt made a difference to his recovery:

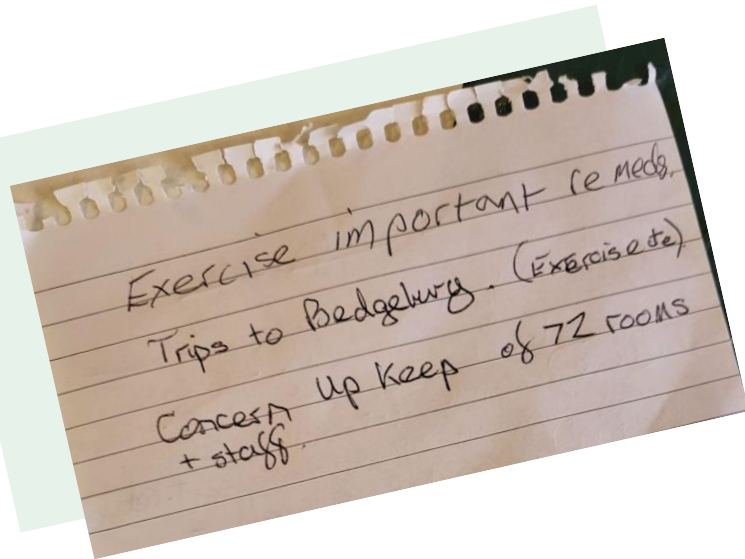
*'I've been in (names of private hospitals) and they have like a big forest and a really big outdoors. They have like a really big field, and they have a garden like a sensory garden and fruit trees and all that kind of stuff. But that was really nice because they had like gardening groups. They had guided walking groups like meditation in the forest. And I know obviously, NHS hospitals don't have as much room as private hospitals. I was in as an NHS patient but the difference was quite - like I don't feel like I recovered as well in the NHS hospitals for a number of reasons....you were just kind of stuck inside those surrounded by other ill people rather than being outside and having some time for yourself or having those kind of exercise or meditation or positive recovery things to do in nature.'*

## **C Participants' experience of outdoor space when they had access**

For those who had good access to outdoor spaces that they felt were beneficial to spend time in, this included places with woodlands, walks to go on, courses that were run outdoors, views of nature, gardens they spend time in, wandering, pottering or simply being able to be outside.

*'I found what really benefited me when I was in hospital was, we went on a wood walk every single day and that would literally be the most exciting thing of my day and I think you're not, until you're in those settings and stuck in a hospital that you like, you'll just be like, oh, why are they so excited to go for a walk but it literally it means so much and it's just the highlight of your day...It feels like you're locked up and you feel very distant and detached from the real world. I think it enables you to even just get a small*

*sense of, of normality and reality. So, it was a nice way to regulate as well. I yeah, I think once again, I think it's bringing back that sense of reality and making you not look at the same four walls for 24/7.*



Many of those who had access to good outdoor spaces talked about the benefits of being outdoors for their mental and physical health, that it improved their mood or helped them feel calm.

*'It allowed me to feel connected to something, and to see colours and breathe fresh air, making me feel lighter during a very difficult time.'*

People also found the following beneficial:

- Being able to admire nature/looking at and smelling plants and herbs
- Time to think
- A sense of freedom
- A sense of calm/giving perspective
- Hearing birds sing/watching wildlife
- Being able to smoke or vape
- Being in the sunlight
- Being able to exercise (particularly walking, running)
- Meditation
- Better mobile coverage
- Getting away from noise/people in busy environment

### **D Barriers to accessing outdoor spaces in previous hospital stays**

Many people mentioned the lack of staff as a key reason they could not access outdoors, as well as lack of staff time and availability to accompany people outdoors. One person said, 'the way it was managed with staff felt like dog-walking at times'. For several people, not being able to go outdoors was very difficult for them.

*'Although I was not sectioned, there were times I was not able to go out alone. I had to have a nurse with me. Sometimes I would have to wait until someone was available,*

*which means you couldn't go out when you most felt the need. I couldn't stand being inside sometimes.'*

*'I found it very difficult to access it because half the time they just wouldn't let me off the ward and then when they do let you off the ward it is with a member of staff and then the lack of members of staff would be you know, they wouldn't have the capacity to let you go out. So, we're pretty much locked in a lot of the time because of shortages of staff really, or the demands of certain patients.'*

Other barriers included people not being permitted outdoors, and locked doors preventing people going outside. A couple of people said they didn't know that going outdoors was a possibility as no-one told them about it, and that communication with staff about options had been limited.

Some mentioned having very limited outdoor time allocation. One person said they were not allowed outside for quite a long time, either accompanied or unaccompanied. Another said it 'felt like being punished' when you were not allowed outdoors, and that everyone should have the right to some time outdoors.

A few respondents said disability access was an issue, particularly lack of wheelchair access, and lack of staff to assist. One person couldn't go outside if there were no staff available to push their wheelchair.

Being 'checked on' by staff when outside was also not relaxing. Some outdoor space was locked during certain hours, when people would have liked to use the space before and after the opening and closing times.

### **E Barriers to using outdoor spaces in previous hospital stays**

For those who didn't smoke or vape they often avoided the outdoor spaces (which were sometimes the only outdoor spaces) and some of those who did use the space for this, also found it unpleasant.

*'The only outdoor space was basically a smoker's quad. The few plant pots at the front of the building were sad and overgrown.'*

A couple of people mentioned the main barrier being their own low mood or motivation where going outdoors did not feel possible, or they felt vulnerable if they did. Another person mentioned avoiding going outdoors out of choice, but that having choice was important:

*'I am quite an avoidant person so if someone told me something was going on outside, it would probably make me not want to go out and I feel a lot of people would feel the same. So, I don't know what it could be like for me to go out there but giving someone choice, I think, I don't know if this is different from the question but I think someone being able to just gradually get used to it is like the most important thing.'*

A few people mentioned that other patients' distress or uninhibited or challenging behaviour was a barrier, and that they would avoid being outdoors when other people were there in a state of agitation or when people were still very unwell. Ensuring there are enough different spaces for everyone to be in, or to have a booking system to use spaces, were some solutions to this.

Lack of suitable, inspiring and engaging outdoor space in mental health hospitals was also a big barrier. Spaces that are not well-maintained, visibly unkempt and unplanted, are also not only drab and uninspiring, but can affect how patients feel. People mentioned that they could see sometimes that 'there was not enough funding to maintain spaces.'

*'There was a 'wander loop' which would have been a good idea although in this case it looked like lots of plants were dying so it didn't feel great to me.'*

A few people talked about the need for welcoming spaces to be maintained, and the need for thinking about long-term funding; if planting trees, what was the space going to look like in 20-30 years? Would funding be sufficient to maintain this space? Would there be the staff to maintain the space?

## **F Activities in nature that would benefit patients**

Physical activity, exercise classes, relaxation and gardening were all beneficial for people. Participants said activities should be outdoors as much as possible, either led by staff, volunteers, peer support workers or patients themselves. Some activities could be self-directed, so no-one was needed to facilitate or supervise.

*'Relaxation, Tai Chi classes, having access to yoga mats. Also, regular exercise. Having structured exercise groups led by an instructor. Something for people that physically need to do something to get rid of all that energy that can lead to anger. Some people need other people around them and lots of activity and some people need quiet space, somewhere to be by themselves.'*

Being able to sit and do jigsaws outdoors as well as have gentle activities that promote social interaction were also mentioned.

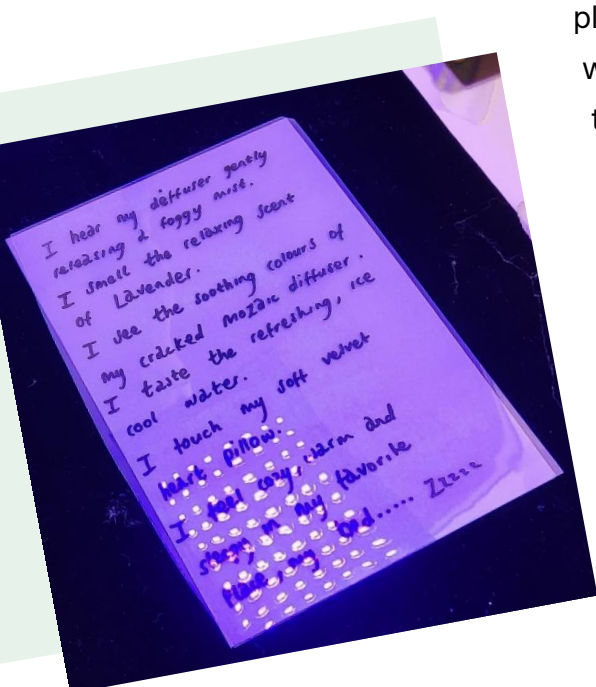
Observation and interaction with wildlife is popular, including bird watching, and bird and insect identification (including 'charts' to check off sightings against). Having wildlife organisations coming to do walks and talks was one idea.

Participants also suggested meditation/mindfulness outdoors including walking meditation, following paths and labyrinths. These could be facilitated sessions as well as paths/areas that were designed for people to do without assistance – especially if people are shown them as part of their introduction to the hospital or when they are well enough to engage.

*'When I was really unwell, I liked to pace a lot, so I feel like having pathways that loop around.'*

Participants felt that therapeutic sessions that usually take place indoors could be moved outdoors, especially if there were sheltered/covered areas. This includes occupational therapy (OT) sessions, talking therapies, massage and physical therapies. Other suggestions included introducing aromatherapy sessions and sound baths.

There are many suggestions for moving out of an arts and crafts room indoors and undertaking creative and artistic activities in nature, including weaving, flower arranging, drawing and painting natural settings and found objects, nature photography and writing or journaling.



*'Writing classes would be really cool because I think you can use all of your senses when you're in a garden. I think that's quite important in recovery. Actually, when you're kind of learning who you are again, like just going back to basics and what you can see and smell and how you describe that.'*

Bushcraft and 'camping activities' are also recommended by patients for bringing people together outdoors and promoting a sense of purpose, adventure and fun.

### **G Support and activities that could be offered to encourage people to learn, use and share growing and gardening skills**

Gardening and growing is very popular. Many people are keen on gardening groups being set up, where skills and knowledge can be built up, especially with introductory sessions where everything is 'very achievable'. Being able to see quick results, having the opportunity to care for plants and grow things in your own room are all important.

Asking people for their interests, what they want to do, and what they might want to learn is also key to engaging people:

*'Maybe asking them their ideas and what they want, what would like to achieve from it. So, if they're intermediate, and they've done some before, maybe there's something they want to learn specifically. If they're a beginner, maybe there's a certain area that they're interested in, that they want to engage in, other areas they're not so interested in, so you can find that information out.'*

Have growing space (veg beds, allotment areas, greenhouses) and being able to grow food is inspiring, particularly if you can prepare and eat it yourself or share it with others. It's good to focus on easy-to-grow and productive crops like runner beans, sunflowers, salad vegetables.

*'Gardening group. Vegetables and things like that. Things we can eat. I really liked the gardening group where you get to tend vegetables and flowers and watering the plants during the summer, basically that's nice enough to do for me.'*

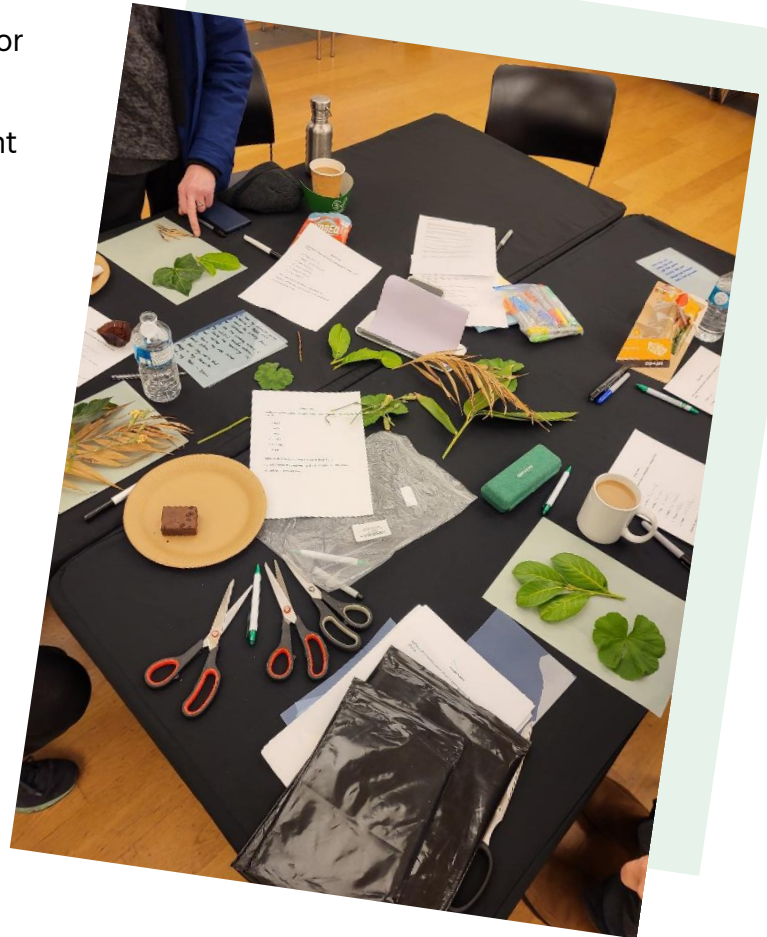
Having skilled and enthusiastic teachers is needed, as well all equipment being provided, and books and other resources so that people can 'take their interest where they want it to go' and do some of their own research and planning.

Some patients will have gardening knowledge and experience themselves, and it could be helpful to their own recovery if they were encouraged to take part and share what

they know with others. This also follows for patients with practical skills who could make and build things – feeling competent is an important factor in recovery.

For patients who are not able to go outside, having workshops for indoor planting (making their own terrarium, for example) and being able to grow herbs and flowers indoors could be really beneficial. They would be encouraged to care for the plants themselves but could also have help with this.

Offering choices, and staying patient and flexible really matters, as people often feel differently day to day:



*'So it's about, keep trying with people and on a different day, different times you could get a different response and also well, you could have for people who are a little bit unsure, you could have a member of staff, maybe just take them not to do the class, but just to watch the class and see what happens and maybe then they might take an interest.'*

A couple of people liked the idea of having set tasks to do, for the sense of purpose, and having a clear role:

*'Like if it was outside, like give us I would say give us gardening duties. Like, volunteers are like having a task, right? Each day for example, like today like my job is to trim the bush.'*

There are many recommendations relating to gardening and growing; see section 8.

## **H How outdoor space could be designed for patients wanting to be alone**

There are lots of suggestions for 'niches/nooks' that allow people not to be seen from all angles, and to have several private areas so that more than one person can be alone at a time. There are some really imaginative ideas including 'swing seats', 'egg-shaped seats with cushions on', 'nooks set into walls' and a variety of benches and 'beach huts'.

It is important to let others know when people want to be alone, so there could be signs informing others not to 'intrude'. The need to ensure safety was acknowledged; people mentioned that there might need to be security cameras, or staff nearby, for very vulnerable patients. Being 'alone but with a staff member' was also something that should be designed for – so a secluded space that could still have a staff member nearby and in sight, but where the patient also had the sense of solitude.

There are ideas for separating out spaces within the overall gardens, so that people have choices and can be alone in different parts of the outdoors. Benches, hedges, wooden trellises with climbing plants, hedging and trees and walls can be used to create private and quiet areas. There can be little sheltered areas that are in harmony with the natural setting:

*'Build a wicker shelter so it looks safe, and they bundle themselves in there with some blankets...tuck yourself away.'*

*'Create safe spaces that are a little bit secluded by trees... it would need to be surrounded by natural things. A small water feature would be nice. I like to be near water; it makes me feel peaceful. A nice seating area.'*

### **I Ideas for spaces to be outside with visitors**

Most people suggest having several 'visiting areas' so more than one group can be outside at a time. Ideas for these kinds of spaces include:

- Areas where you can play around and be sociable.

*'Fire pit, roast marshmallows, prolong the outdoor space to be used at night - gather round, singing, not feel like you have to go in because the sun has gone down, or it's got too cold.'*

- Colourful, abundantly planted areas make people feel uplifted on the visits:

*'I mean, colours are a big thing, you know? The brighter the colour, the happier it seems to make people you know...smell is very important... the smell of nice, fresh flowers is a great thing in the morning. So, I just think they've just got to be vibrant flowers. If you want it to look good buy the specific bulbs for that time of year and if you can't buy seasonal plants fill things with greenery that will last all year round so that you can put the plants in the middle of it.'*

- Curved tables and curved seating – playful, not just picnic benches and tables as they are ‘dreary’. Tables with things carved into them, interesting ‘points’
- Designs for talking points, giving people things to do and talk about ‘rather than make awkward chat.’

*‘It needs to have something that you can talk about, really beautiful flower beds, maybe some fish in a pond. Having something else to focus on rather than your mental health can be really useful. People feel awkward sometimes, they don’t know what to say. A beautiful environment can help distract from this, especially if you don’t get on with your family. It helps to make you feel more relaxed and distracted from your problems.’*

- Games to play like giant chess and checkers games, bowls, hopscotch, activities for groups to engage in, for all age groups so children are also kept engaged.
- Areas to walk together in, so wide enough paths, labyrinths to walk round, so you can ‘walk and talk’ rather than have to sit down.
- Round, sheltered areas so you can be outdoors in all weather.

*‘I think having sheltered space would be important.... Like you can have a colourful canopy.’*

- Natural surroundings, living willow, yurt and gazebo type spaces, where people can eat together.
- Trails and activities (like collecting things, outdoor quizzes, checklists) that you could do with guests, to have fun together rather than just talk about problems.

*‘We used to have bird food that we took out as a way to encourage them to come and like that was like a really exciting activity.’*

- Visitors’ areas should be designed to be ‘soothing’ and provide natural stimuli:

*‘Rocking chairs are soothing I mean they could even mirror it (the rocking motion) maybe with some of the planting around it kind of things like, I don’t know, like broom shrubs, that kind of just sway and different grasses that kind of move with you as you’re rocking as the wind goes through them, that just that kind of rippling feathery whispering effect that’s just soft and gentle.’*

## **J Patient safety**

Several people talked about patient safety, and how that would impact the design of the outdoor spaces. The need to avoid the potential for vulnerable patients to self-harm is paramount, and at the same time, some people felt more of a balance could perhaps



be achieved, through the use of individualised care planning and individualised responses:

*'Ultimately, because it is a high-risk environment thinking about making it safe is important, but I think there's a balance with that. Because people can be so risk averse. I suppose the priority is the wellbeing of patients but at the same time, if you take away any element of trust and I don't know, it's sort of if people feel they can't be trusted. I don't know how to explain it.'*

Other concerns included how to ensure enough space and safety for patients where someone has erratic or confrontational behaviour, the potential for vandalism and theft, and the need for staff to be vigilant.

### **K What else inspires hope and recovery?**

Some people talked about making things outdoors, using their hands – including making dream catchers and natural sculptures. One person spoke in detail about the benefits of being 'hands on' in nature:

*'All the touching...you know the planting, the feel of the soil you know, adding sand and things...The soil offers so many different kinds of textures, you've got the feel of the soil and then you suddenly you're going to come across a small stone or a snail shell or, you know, maybe even a worm, there's all different textures in one piece of soil. Just all these little things are things that we need to look for. But we don't need to go and spend so much money doing things.... If you're looking to do it outside, everything's there already.'*

Others spoke about the importance of 'getting enough Vitamin D' and that being able to breathe fresh air and feel the elements is 'invigorating'. A few people spoke about a deep relationship with the sea, and how more could be made of proximity to the sea to promote this aspect of nature recovery:

*'There's a deep connection between people and the sea. That's why people are so keen to move to and live somewhere near the sea, because there's a deep-seated connection there. I think if it was something that was offered - and it could have been offered during the time I was in hospital - a walk down the seafront something I definitely would have, would have, would have done 100%. Again, it wasn't made available and it's something that's right there on the doorstep, something that's so healing and therapeutic that's not even being accessed.'*

Many people also made statements along the lines of nature being enough to inspire hope and recovery, and that people should have sufficient access and opportunities to engage with nature.

*'For me, one of the most important things, I would think it is for most people. People should be encouraged. Nature can be relaxing and stimulating, it can give you what you need.'*

*'Nature has all the ingredients.'*

*'Nature helps to quiet the voices in my head.'*

*'Walking and engaging with nature, in its many forms, builds hope and feeds our spirits... see, smell, hear and touch the outside world.'*

## Focus groups notes.

Having green space to enter sit in, is so valuable - Able to breathe + relax + exercise.

Have large Green area.  
Let off steam through exercise + relax

Hastings, Green area small + out of action - when available, very relaxing, less <sup>locked in</sup> constricting.

Eastbourne, no green area.  
depression longer + anxiety

The Sanctuary Hastings - a very relaxed green area.

Smoking is very important many smoke. Issues No of staff. If too low then, these areas cant be managed.

Question & Create. What sort of area?  
Seating + (rain proof).

Would ~~maybe~~ staggering allowed time in green area. (easier to manage).

Trips perhaps twice per week too  
Park for instance.

# Natural recovery in community: Key findings from online surveys and focus group 2

In the online survey and in the second focus group, we asked how people can be supported to continue engaging with nature and natural recovery when they leave hospital and are back living in communities.

The following are summary points from the 26 online surveys.

## **Reflective group/reflective activity in order to plan continuation**

One suggestion is to work with people to see how being in nature has benefited them during their stay in hospital and make a plan to continue – an individual plan as part of their transition from hospital back into community. This could be a ‘before and after’ exercise to see how the person felt they benefited (or not, and if not, why not and what could be learned from this?).

## **Develop connections to community growing projects while in hospital**

Suggestions were to invite community projects into the hospital to meet people and to run some gentle introductory sessions, explaining how to become involved in various projects and what, if any, specific support is offered for people living with mental health challenges. There might not need to be any specialist support as long as people were warmly welcomed and included, and visits to build connection and trust would be part of this.

## **Signposting**

A few people felt it would be good to have a handbook/resource signposting people to projects and places to connect with in the community they live in. This includes finding out if there are local parks, community allotments, community growing projects and if there is any particular support for people who may need it – i.e., there may be therapeutic community gardens, and ‘buddy’ schemes. A couple of people suggested social prescribing would be useful, to help people to find volunteering opportunities that might benefit them.

### **Organise visits and trips when people are still patients, so they can be introduced to places and people**

Where people are able to leave the hospital for periods of time before discharge, it would be helpful if staff, peer support workers or others could accompany people to places where engagement with nature can happen – this includes visiting gardens, parks and projects but may also include accompanying people to talks or events to help them connect with things they are specifically interested in.

### **Have courses taught in hospital that people can continue with when discharged**

This includes gardening/horticulture, woodcraft, etc. It would be helpful to have a resource for adult education classes and online learning; identifying potential courses and learning opportunities could be part of transition planning.

### **Coming back as a garden volunteer to the hospital**

A few people mentioned this as a good opportunity for people to engage in their own recovery by helping others.

### **Peer support to connect in community**

There may be peer-supported gardening and growing spaces and peer support for people to access community resources and accompany people to things like Health Walks, until they can build their confidence to go independently.

### **Give people resources to continue gardening and growing**

This includes donations of equipment and funds to be able to buy people equipment they need to keep growing – tools, compost, seeds and plants etc. This could also include books and a list of good internet resources. People could go home with a house plant on discharge, or a plant(s) they have been looking after, as a symbol of hope.

### **Access to natural and outdoor spaces that are normally too expensive**

One idea was to ask places like the National Trust and private gardens to offer discounted access to patients, for example within 6 months of discharge.

### **Bringing the outdoors in**

Half a dozen people suggested patients could be growing plants, flowers and herbs indoors and on windowsills in their own rooms, and that this could encourage people to care for something as well as for themselves.

*'Planting things could be beneficial, also in pots that patients can take to their room to see something grow while they recover.'*

*'Frankly just having my own plant pot to water would have been something.'*

Several people suggested having terraria indoors, with people taking on responsibility for looking after them. Suggestions for workshops for making your own mini terrarium were also made, with people being able to take these home with them.

## Findings from focus group 2

An art workshop with integrated focus group was held at the De La Warr Pavilion in Bexhill in February 2024. There were five participants, all of whom had taken part in 1-2-1 interviews previously, and all of whom had East Sussex mental health hospital in-patient experience (some also had experience in other locations).

### Current or previous experience with community growing or gardening projects

All five people had previous experience as either participants or volunteers with growing or gardening projects, including green gyms, woodland activities or volunteering on retreats (as a garden volunteer). Two are currently still involved with projects.

They described the benefits of taking part as: good exercise, being out in the open, learning new skills, contributing or 'putting something back' - which they knew to be beneficial. Socialising, meeting new and like-minded people, and feeling included, were other benefits.

Currently three people have little or no involvement in growing or gardening. Two of the five said they lived in flats and had no outdoor space.



### **Current experience of involvement with nature-based groups and projects**

Two people talked about the groups they took part in. One person attended a group aimed at combatting isolation, that successfully includes people who are neurodivergent.

*'I think that there were no preconceived expectations, it was just come along and see how you get on, if you like it, you can come back next week. And people who were quite shy got to know each other. One of the guys who joined he was really shy and now he works for them. It just allows people to be, to go at their own pace...that makes them feel like they belong.'*

Another talked about going out for walks with a camera club, which is 'very informative and relaxed'.

Participants knew of several other groups for walking and creative arts outdoors in their local areas of East Sussex, and most were interested in being able to do something again and to 'get involved' at some point.

When asked what would make it more inviting or appealing to attend groups in natural settings, participants said more information, availability and accessible times of the week (particularly if they were at work) were important.

### **What participants thought about community projects running workshops in hospital**

Participants did not have very much experience of community groups coming in during their own hospital inpatient experiences, and they were very much in favour of this. Several people talked about how most activities are 'OT-led' and it would be good to have community groups, particularly if there were occupational therapists who did not have skills or interests in gardening or growing.

There was a discussion about how this could be mutually beneficial for patients and community groups; patients would learn skills and there would be benefits to the community group to gain 'insight into the experiences of mentally ill people', challenge their own perspectives and ultimately break down some of the stigma and lack of understanding that still exists.

Some participants also felt some caution around the idea:

*'If you have got people coming in, sometimes patients can be a little bit erratic. It could well be that you put a list together of people who would benefit and could cope with working with an outside group. But it could be challenging practically.'*

Being able to build relationships mattered, and consistency was important:

*'Having consistency with the people coming in. You might just get to know them, and they leave and someone else comes in. You can lose something there I think.'*

Participants felt it was important for any community group coming into hospital, to find out what patients were interested in and what they were also capable of, in terms of their own skills and experiences:

*'It's about taking the time to find out about people, isn't it...? Some people are really capable of doing some great work, you know like bricklaying, laying paths, weeding. It's surprising what people can do when given a chance. They can shine with the skills that they have got with them already.'*

When asked if anyone had enquired about their interests and skills when they were inpatients, no one could remember anyone asking them. Several people spoke about their experiences of being 'kept busy and over-fed':

*'The activities, it was just like cake baking, there wasn't anything there designed to make you get over your mental health problem, it was almost like it was a load of activities that were made up to just keep you busy. Just going through the motions. I mean how is making cakes when you are depressed helpful, you just eat them and put on weight and feel even worse about yourself. I put on two stones in hospital.'*

Participants discussed some of the approaches and activities that would benefit patients, including having minibus trips to take patients out 'at least a few times a week', and being able to go for walks off site. One participant said that at one stage during his hospital stay, a volunteer from a community group took patients out and 'had all the information about the places, so you were learning at the same time.' He thought

lack of funding had put a stop to it. Having the opportunity to be taken out offsite was really important:

*'It's good to have people coming in but it's also good to have people taking you out. You need to mix it up a little bit. Being in hospital all the time, it's just soul destroying and it drains your blood. A walking group that comes to actually take people out would be a great idea. There are loads of places around here that you can go on a walk.'*

The group agreed that 'your recovery will be quicker' for 'getting some help and stimulus to draw yourself out', and that the pattern of 'staring at four walls' and being 'fed stodgy food' is 'just holding you back from improving, therefore keeping you in hospital longer and costing everyone more money' - and so made both a very human and an economic argument for engaging patients with things they are interested in.

This included community groups not only coming in to teach and share gardening and growing skills, but also outdoor yoga and exercise classes. Some participants had experience of unskilled/untrained people leading activities.

*'It is so important to have access to the people who can actually do these things, who know what they are doing. The activities workers at (name of hospital), bless them, they were doing their best, but they didn't seem to have any real training in any specific area. It just seems that they were put in a job and told this is your role and they churn things out, but they were not experts in what they were teaching. So, if you are being offered activities, you actually need someone who is properly trained in that to facilitate that session, because it makes it less meaningful for the participants if it's just someone 'giving it a go'.*

One major concern, as it is throughout this report, was the lack of hospital staff to supervise. Participants felt that if community groups were dependent on hospital staff to supervise activities, then there was a real risk the activities would not be able to happen.

One participant spoke about the need to understand the main differences between secure and acute settings, and the impact on what activities can take place, both inside and outside of the hospital setting, and again, the importance of adequate staffing levels:

*‘From my experience, one of the main differences between secure and acute settings is in a secure environment, there is more of a set structure for people to follow. Acute wards can be very chaotic spaces, and this has a knock-on effect of how and what activities can be delivered both inside and out. People don’t really know what to do with themselves during the day. There is a high turnover of people all the time, this changes things quite quickly on the ward and can refocus staff time and resources. This makes structuring the day very difficult, so having supportive groups coming in and that you can go to, is very valuable, but it all comes back to staffing levels.’*

### **<sup>7</sup>What participants thought about visiting community nature-based projects from hospital**

All participants agreed that if they had been offered the chance to go out into a natural environment for gardening, walking, yoga, tai chi, photography or other creative arts, that they would definitely have taken that up.

People felt it was really positive to be encouraged to go out from hospital on visits when well enough, and to ‘start doing things for yourself again’. Having different community groups coming into the hospital to run activities would be important as patients ‘become part of it, get used to the activity and the people running it before they even leave the hospital. It’s easier to continue outside then.’ They suggested this could all be part of each individual’s discharge plan.

### **How people could be supported to engage with community nature-based projects after leaving hospital**

Being given information about what is available in the community and how to access it is key. This could be a leaflet or lists of contacts patients are given, as not everyone will



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<sup>7</sup> Image credit: Jurgen Polle from Pixabay.

know where to look on the internet to find things, or perhaps won't have access to the internet easily.

Having peer support workers to help people engage would be important too – including accompanying people, at least initially. One person suggested everyone could be offered a peer support worker for six weeks post-discharge:

*'Twice a week for the first 3 weeks and once a week for the last three. It really helped me to integrate back into the community.'*

The group talked about how important post-discharge support is, 'otherwise you are left on your own' and 'the chances are you will then fall back again' and they discussed the economic case for offering more peer support to help people avoid re-admittance to hospital, as well as the well-being case. Again, there was concern that cuts to funding mean there are not enough staff, and that more funding was needed to increase staffing and resources.

There was strong agreement that the training of more professional peer support workers in Trusts and in the voluntary sector was a really positive development in supporting patients both in hospital and the community.

### **The benefits of peer-supported and peer-led activities**

Participants agreed that when patients are discharged and 'it's left up to you' then many people do not engage; support is needed until people feel more confident, and people need to be 'eased out of hospital'. They discussed the idea of there being a transitional support model; for example, six weeks with a peer support worker, firstly working with the person 1-2-1 and then a further three weeks being in a supportive peer group or going to groups with the peer support worker.

When asked what the 1-2-1 support might look like, the group talked about the peer support worker taking a very personalised approach; starting support while the patient is in hospital, getting to know them and what they like, what their strengths are, and what they may be interested in doing.

*'Then you can be supported to find out what is out there, or signposted as they say nowadays. After that, the support can be of a lesser nature and amount of time, maybe review how you are getting on.'*

*'You could almost do it from when you are in hospital. Start meeting with them, they could go to inpatient groups with you, so they find out what you are interested in before leaving. It is such a shock going out into the world again. Because it is regimented in hospital, meals at this time, lunch at that time. It is hard afterwards.'*

### **What activities in nature community groups could offer**

Participants had lots of ideas for activities which could be offered by groups coming into hospital to run them, as well as offering them in the community. They are listed here:



- Gardening groups to learn how to grow fruit, vegetables and flowers in beds and pots, both indoors and outdoors, as not everyone has garden or outdoor space at their homes.
- Learning how to identify different species of animals, trees and plants. These are transferable skills and knowledge that would encourage going out and accessing nature when back in the community.
- Have open days at the hospital where patients can sell plants and raise money for gardening programmes and other activities and materials. This would give people purpose and help with confidence and interacting with the 'outside' world again.
- Learning to use plant waste for composting or making things (natural dyes, dream catchers, charcoal etc.)
- Relaxation. How to do this properly. Learning how to use it before things get too stressful. Different kinds of meditation (as 'not everyone is suited to mindful breathing'). Mindful walking might be better, or Tai Chi. Nothing too complex, so that it can be learned easily and used regularly.
- Not everything needs money, and many people won't have much. So, when in an outdoor area that has been created to help people with their recovery, start by identifying plants, recognising plants, learning about them, what insects they might attract and how they work in their environment: 'Things that you don't

really think about that make you start to think a bit deeper, about the cycle of things.'

- Food preparation, healthy eating and how food affects mood. The nutritional content of food. This could be as simple as growing things like cress 'for those that can't go out or want a quick result.'
- Growing something 'safe and green' to brighten own space. 'You can quickly get a sense of achievement from this.'
- Have access to a minibus for organised day trips to be able to go for longer walks and in different spaces/landscapes. This would also help with awareness of where people could go in their local areas.
- Have organised walks along the seafront. This would help people get into the habit of doing something accessible and free once they are out of hospital.
- Have access to a gym (indoor or outdoor) or activities like aerobics classes run by trained teachers.



<sup>8</sup>The group discussed the importance of matching inpatient programmes with what is available in the community, so that there could be continuity and sufficient support after discharge. This would help keep up the momentum for people and enable them to expand any interests they have developed and build on any skills they have learned and help with re-orientation back into community.

*'Being in hospital can be really bad for your physical health. Being able to see and access an activity programme and understanding who can help you attend is really important.'*

Participants also felt it was important to have the same activity leaders and peer support workers for both inpatient and outpatient involvement, ideally those who had also had hospital experience.

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<sup>8</sup> Image credit: Drawings created from the *Make Your Mark* pop up at the Heads On Walk for Wards event 2018

*‘Continuity of people is important for building confidence back up. This could be a good role for peer support workers who have had inpatient experience themselves and understand directly the challenges of leaving hospital.’*

### **How important is it that community activities in nature are run by mental health organisations?**

Four people felt it was quite important, and one person thought it was very important. There was general agreement it was important for people running activities/initiatives to have knowledge and understanding about mental health challenges, but ‘there has got to be some input from elsewhere from people who understand about nature-based work, for the whole thing to work.’

Most people felt that it should be smaller organisations with local knowledge and understanding of local issues who would be better placed to do this work.

*‘You need to consider local issues which might go out the window with a larger organisation. I wasn’t thinking of a large organisation, more like small groups....to work quite closely with the hospital. I think small, organised groups that are peer led, peer-designed, work well.’*

*‘I think things get diluted if they are run on a larger scale. And there is the danger of big organisations making cutbacks and not putting funding where it is most needed.’*

### **How important is it that staff and volunteers have mental awareness training?**

Four people felt that knowledge and training were very important, and one person thought it was quite important. Some thought that having experience of working in the mental health system was a bonus.

### **How important is it that staff and volunteers have their own lived experience?**

Four people felt it was very important that staff and volunteers in community projects had their own lived experience – this would be ‘fantastic’. One person felt it was quite important.

### **How important is it for a natural recovery project to be aimed at people living with SMI?**

Four people felt it was very important. One person felt it was quite important but that 'it's difficult to say. I have bipolar, but I don't consider myself to have a serious mental illness.' This sparked a discussion about whether people considered their illness to be severe. Two people did (one person living with severe bipolar illness and one person living with schizophrenia) and one person said 'when I am unwell, I would consider my symptoms to be severe. Certainly, in my younger years I was severely unwell.'

There was general agreement that when people are severely unwell, they 'kind of get drugged up or locked up' and that if they were brought into activities at their own pace in a supportive 1-2-1 peer relationship to start with, then into small supportive groups, 'they would fare a lot better'.

### **How important is it for a natural recovery project to be for anyone in the community, regardless of their mental health?**

Two people felt it was very important that projects were accessible to everyone. Three people felt it was quite important. One reason for supporting full access to everyone, was to prevent deterioration of someone's mental health, rather than only offering support to people who were already severely unwell.

*'If you say severe, it's a sort of spectrum of different levels of severity and therefore it should be about meeting what needs each individual has.'*

*'I think the severity of things as well, it's a personal thing. Someone may deem themselves to have a severe mental illness, but clinically it isn't considered so. It's about how it impacts your life. Not a tick box process.'*

### **What might give people a sense of inclusion and belonging?**

The group discussed the importance of personalised approaches, and going 'slow and steady', with small groups, making it easier for everyone to get to know each other, with consistency of staff and volunteers.

Staff and volunteers should actively include people based on their needs, offer encouragement and be interested in each individual. People should have time to think

about tasks, about how they might be able to achieve them (as this is different for each individual) and to try them out without any pressure *to have to* achieve them.

Participants discussed how hard it is to be interested in doing something if depressed or in a negative state of mind, and the importance of not pressurising people, about not giving up on them, about trying again another time, 'and thinking well of people'.

*'It's so important to have people who will keep trying with you, whether you are in or out of hospital. When you are really depressed, it's so easy to say nothing, if you get asked about what you like doing. But if people keep coming back and gently keep asking, it does get the cogs going again and you start thinking again about what you enjoy.'*

### **What would help people feel safe when vulnerable or experiencing symptoms of severe mental illness?**

Participants discussed how difficult this could be; sometimes people don't know themselves how vulnerable they might be. This is where knowledge, training and experience for staff and volunteers would be so valuable. The group felt it was important that community groups would be able to be flexible and offer choices.

*'I suppose it's about giving people options, so it's not a set regime, so it's personalised, say, you can just come for 10 minutes and see how you get on. So, you have a choice and opportunity to continue or not on any particular day. Just so it doesn't feel closed or regimented and like a school timetable.'*

Others said that just being able to exercise, to go for a walk with someone, making a plan with someone, or 'just being able to sit down', would be an important part of offering someone choices.

*'Just let them go to the group, don't force them to try it, just let them be there. You might find that this triggers something, oh, that looks interesting, or, yes, I had forgotten I like that.'*

### **What the barriers might be to accessing a community group**

Participants said one common barrier was not having clarity or really understanding what is on offer. One example given was of being referred to an 'art group' – which

didn't explain what areas of art are covered, what skill level was required, and if equipment was provided.

Another example was given about assuming natural recovery is always about focusing on gardening, when it can include so many other things like yoga, outdoor painting, tai chi etc.

Being concerned about 'having to achieve something' was a barrier, as opposed to just being able to be yourself in the space.

Other barriers including possible cost (including for any transport needed), not having anyone to go with, and not feeling confident.

### <sup>9</sup>**Overcoming barriers**

The group said that the most important aspect was about offering choices to people, and clear explanation of what is on offer. One participant has a friend who ran a green gym and 'incorporated all kinds of different exercises as part of it'. People need to be asked what they like to do, and groups could offer several different things – gardening, art in nature, exercise in nature. This needs to all be made clear.

There should also be the choice not to socialise, and to just be able to be alone, to relax in the space and also to just observe activities if preferred.

*'When I used to go to the green gym, I had a terrible depression, but I was able to get myself there and I was allowed to just find a corner and watch, because I didn't really want to socialise. But they understood that, and I was still part of it.'*

One participant said they were put off trying something (tai chi) because they thought it was 'something only women did' but when it was introduced to them, they tried it



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<sup>9</sup> Photo credit: Heads On, photograph of the Green Gym installed at Mill View Hospital.

out and liked doing it. One other person said they were allowed to come and observe an outdoor class until they felt ready to join in.

Knowing that outdoor time is also social (barbecues were mentioned) and can be about play as well as about doing activities is helpful. Fun activities like geo-caching were mentioned, also treasure hunts and hide-and-seek.

Finally, having a peer support worker was also key to feeling able to access resources, particularly when not feeling able to do it alone.

# Considerations and recommendations: Staffing and funding activities

Throughout this report, participants have frequently cited staffing levels as a barrier to participation in nature recovery during inpatient stays. We need to acknowledge that national pressures facing the NHS, including the ongoing challenge following the Covid-19 pandemic, mean that these pressures are likely to continue for the immediate future.

We also understand that mental health hospitals care for people at their most vulnerable and safety is of the utmost importance. This can make the delivery of activities or access to outdoor spaces and nature challenging to facilitate as staff will always need to prioritise patient safety over and above delivery of activities.

The new Combe Valley Hospital offers a unique opportunity to consider and test innovative ways of delivering nature recovery, within the parameters of existing staffing levels, with the potential for rolling out to other settings. For example, if nature recovery activities were delivered by trained voluntary sector partners this has the potential to reduce the burden on NHS staffing. Nature could be incorporated into existing activity programmes to broaden opportunities and offer patients choice of creative recovery. NHS Trusts' own volunteering programmes could play a key role in enabling nature recovery.

By considering and testing some of these things, in the context of continuing pressures on the NHS, Sussex Partnership may be able pilot responses to many of the recommendations in this report whilst maintaining safe staffing levels and being mindful of additional cost.

Key things to consider from the research in addressing the challenge of staffing for nature activities are:

1. Ensure activities are led by people who have experience and/or training.
2. Consider the role of peer supporters in the delivery of activities.
3. Some 'entry level' activities shouldn't require staffing - for example giving patients a small plant to grow and take care of in their bedrooms.

4. Nature recovery can be incorporated into existing activities - for example an online map of the natural features on a wander loop for people to spot.
5. People are keen for activities to be both brought into hospital and for people to be taken out of hospital on visits; partnerships with the voluntary sector will be key to achieving this, however this may have cost implications.

*"Research tells us that creative recovery, including nature recovery, plays an important role in people's journeys through mental health problems, bringing hope and optimism for the future and confidence in our abilities to be more than we feel in our hardest moments.*

*At the same time, building creative recovery within NHS services, especially in the current economic climate, can be an ongoing challenge with NHS budgets under sustained pressure and it is clear we need to think differently. As an NHS charity, Heads On has a strong track record of supporting innovation and change, both with funding and through working in partnership with our local communities. If we are to deliver on the recommendations of this report in Sussex, it is vital that we fully harness the potential of Heads On to pilot new ways of working that embed creative recovery within the DNA of high quality, effective mental health services, building the case for sustained investment into the future."* Rachael Duke, Charity Director, Heads On

# Conclusions and recommendations

## Conclusions

It's clear from what participants told us, that nature-based recovery plays a key part in people's recovery journeys, both as inpatients and in the community following discharge. Research shows that 'interventions which facilitate nature connections have the largest and most sustained positive impacts' for physical and mental health; see *Nature matters in mental health*<sup>10</sup> and also *Effect of nature prescriptions on cardiometabolic and mental health, and physical activity: a systematic review*.<sup>11</sup>

Respondents have a good understanding of the benefits of nature in recovery, and some people did mention good prior experiences in hospital.



<sup>12</sup>Respondents have many ideas for what they feel should be offered in therapeutic natural spaces, and some imaginative proposals. This includes being able to see and hear water, observe and engage with wildlife, have a variety of colour, texture and planting.

People want sensory gardens with herbs, pollinator-attracting plants and areas for attracting wildlife, different flowering plants

throughout the seasons, large shrubs and trees to create space and dimensions, and creation of spaces for privacy and reflection, as well as group gatherings.

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<sup>10</sup> Roberts, R and Fisher T (2024), *Nature Matters in Mental Health*. Available at: <https://www.rcpsych.ac.uk/news-and-features/blogs/detail/sustainability-blog/2024/03/06/nature-matters-in-mental-health#:~:text=Good%20for%20patients&text=A%202023%20systematic%20review%20of,as%20lowered%20blood%20pressure10> . (Accessed May 2024)

<sup>11</sup> Astell-Burt, T, Feng, X., Nguyen, P-Y., Rahimi-Ardabili, H. *Effect of nature prescriptions on cardiometabolic and mental health, and physical activity: a systematic review*. Available at: [https://research-management.mq.edu.au/ws/portalfiles/portal/228808323/Publisher\\_version\\_open\\_access\\_.pdf](https://research-management.mq.edu.au/ws/portalfiles/portal/228808323/Publisher_version_open_access_.pdf). (Accessed May 2024)

<sup>12</sup> Image credit: [Jason from Pixabay](#).

Outdoor furniture could be made of natural materials; there could be orchards and berry bushes, the ability to be outdoors in all weathers. Outdoor games and activities are popular and provide a focus for when being with visitors.

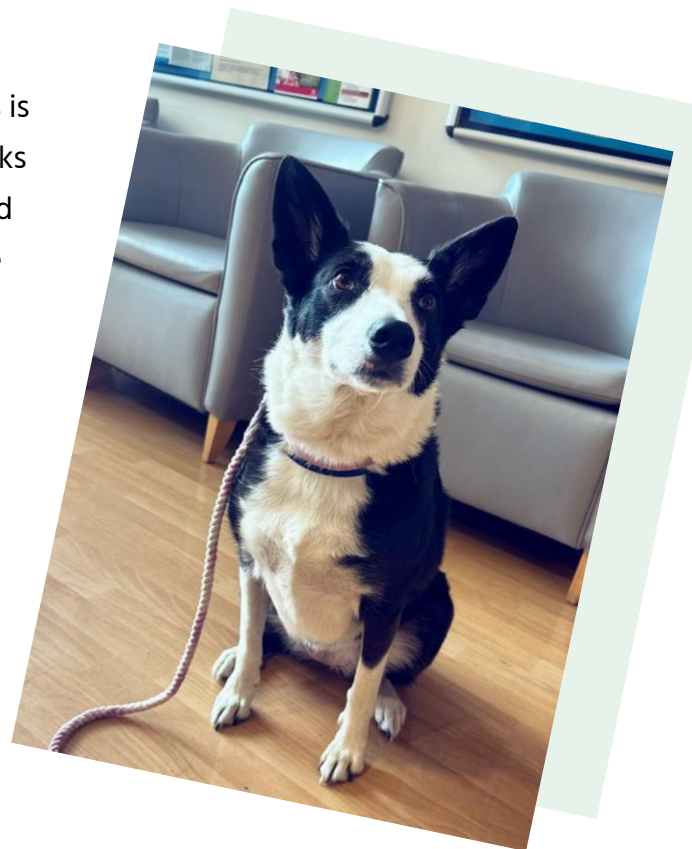
Gardening and growing food, through taught courses, groups and clubs could include patients who have growing experience being encouraged to share their skills. Beginners can be introduced to simple and achievable tasks, and quick-growing plants, so they can see results.

Having choices is very important; particularly for people who are very unwell and lack motivation.

Being able to interact with, be curious about and learn from the natural spaces was also important; particularly when people are more able to engage and take notice of their surroundings. Having checklists for spotting nature, being able to look up information or be provided with information through signs or info sheets, can provide both entertainment and purpose.

<sup>13</sup>Observing and interacting with animals of all kinds is therapeutic. This could include going for nature walks with someone who can point out what the flora and fauna are or having checklists or quizzes. Being able to create habitats for wildlife, and attracting wildlife, creates another way of being alongside nature. Interacting with therapy animals is beneficial, and there are suggestions for animals living on site including dogs, cats and chickens.

Respondents suggest a variety of resting and seating areas including swings and living willow spaces, for solitude and group spaces, and also to allow views of sky, trees, flowers, woodland areas. It is important to have space to



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<sup>13</sup> Image by Langley Green Hospital. 'Brandy' visiting therapy dog. Source - Twitter.

breathe, to reflect, to be quiet. Many people mentioned meditation and mindfulness outdoors.

People want spaces for play and for creative arts and crafts; this includes workshops to be held outdoors instead of indoors, but also specific outdoor activities including using natural materials, found objects, nature photography, writing. Play included giant outdoor games like chess, spaces for playing badminton and table tennis, and treasure hunts and geo-caching.

Bushcraft and outdoor activities associated with 'wilderness' or camping are also popular, including making fires and having singsongs, toasting marshmallows and other activities around a firepit.

In terms of physical activity, there should be spaces for both solo and group exercise including walking and running, gentle stretching, yoga and tai chi, and exercise classes outdoors. Activities should be led by people qualified or experienced in running them.

Respondents suggest that there should be a variety of spaces where people can be alone outdoors, including space that can be booked in advance, and that it should be somehow indicated when someone wants to be alone and has the space to themselves.

For those who wanted company, one idea is a 'buddy bench' area where conversation is invited. Groups should also have a variety of spaces away from quiet areas, whether this is for visitors or classes where noise/music is a part of it.

There should be space where people can smoke or vape away from others. Smoking/vaping is an important part of how some people with SMI cope, and there was concern that smoking/vaping would not be permitted on hospital premises – as this deprives people of their choice.

### **Gardening and growing**

There are many suggestions made about introducing patients to easy, gentle growing activities, including starting indoors with plants on windowsills and showing people how to care for them. Simple and quick to grow food like salad vegetables can be grown in polytunnels and raised beds, so that people can see (and eat) quick results which feels positive and encouraging. Being able to grow food that patients can eat

(and drink, with herbal teas) is very satisfying for people, and a good way to engage people with gardening.

Being given a space to care for, or particular plants to grow, is also attractive to people, while at the same time some patients will struggle with motivation or ability to achieve tasks while very unwell, so a range of choices is needed, including the choice to just sit and observe others gardening.

Some patients will have gardening and growing experience and should be encouraged to share their knowledge, supporting and even leading activities where they feel able to.

Being asked what you want to do, and what your interests are, is important for engagement – choices, again.

### **Connections to community garden and nature projects**

Connections to community resources should ideally be made while in hospital. This includes community projects coming into the hospital and running activities, so patients can become familiar with people and what is on offer. Building secure relationships and having consistency of people is important to build up confidence and trust.

Being able to go out of the hospital to visit projects is also recommended, for example going for organised walks by the sea and in woodland and visiting other natural settings.

It would be ideal if the staff/volunteers in these projects had lived experience themselves. It should be noted that many community projects are delivered by volunteers not paid staff, so consideration needs to be given to providing volunteers with the right training and support to work well with people living with SMI. Funding for community projects is another important consideration; participants did reference some good initiatives coming to an end because of lack of funding.

Peer support and peer-led nature-focused activities are important. Several suggestions were made about having individual peer support for several weeks or months while transitioning from hospital back into community, then possibly moving to group peer support. This would help people regain confidence and the peer(s) could support

someone to engage with their wider community, with the likelihood that some people will not only become active participants, but also become volunteers themselves. With support and training, others may also choose to become peer supporters. Having former patients as peer supporters (especially if coming back into the hospital they have been in themselves) models hope and recovery - two key values of peer support.

## Recommendations

Much has already been designed for the Combe Valley Hospital site, but we hope these recommendations will develop the plans further, from a lived experience perspective. These are also potential key considerations for all mental health hospital sites.

### 1 Design inspiring outdoor spaces that invite engagement with nature

Participants want outdoor spaces that are inviting, inspirational, imaginative and well-maintained so that patients have a sense of optimism and want to spend more time in nature. There are many varied and detailed suggestions for therapeutic outdoor spaces, and these are listed below:

- **Well-maintained sensory gardens**

People are keen to see, smell and touch plants, flowers and herbs. Many feel that gardens should be well-maintained, not allowed to overgrow or become unkempt. They should be designed to be low-maintenance and easy to maintain.

- **Colourful bright plants and flowers**

It is very important for participants to be in green spaces, but people also want to have the greenery interspersed with bright colour as 'it cheers people up' and adds interest and diversity and beauty, not just in summer but throughout the seasons.

- **Gardens with pollinators, native plants and edible plants**

People want plants that attract bees, butterflies and other pollinators. For a few people it is important that there are native plants, and others want fruit and other edible trees and bushes so that there can be some harvesting of leaves and berries; 'foraging' that would be both fun and engaging. A mini-orchard is one idea for low-maintenance growing.

- **Water**

Lots of respondents talked about water being an important feature. People want

to be around water and to hear water trickling, as this feels therapeutic – so little waterfalls and fountains, but also ponds, which in case of risk could be smaller shallow ponds, bird baths, and little ‘bog gardens’ that are safe and would still attract wildlife including frogs and toads.

- **Trees and larger plants**

Many people want to be around different types of trees, particularly to be able to sit under trees for shade and for a greater sense of the ‘wonder’ of being in nature. Being able to read or picnic under a tree is very relaxing, but also just being able to ‘sit and feel and observe’.

There is much available evidence of the mental health benefits of being close to trees:

<https://www.woodlandtrust.org.uk/trees-woods-and-wildlife/british-trees/health-and-wellbeing/#:~:text=Nature%20alleviates%20stress%2C%20stabilises%20blood,and%20accelerate%20recovery%20from%20surgery>

<https://www.treesforstreets.org/how-trees-support-our-mental-health/>

<https://nhsforest.org/blog/happy-to-be-outside-mental-health-and-nature/>

- **Walks and paths**

Many people want designated walking areas, with pathways, and to have ‘destinations’ for ‘pacing with purpose’, as well as the ability to wander and to explore. Having signs and maps are practical suggestions so that people can walk without supervision. For wheelchair users, flat and wide paths are essential, and others mentioned needing to ensure equal access for all physically disabled people, so that might include railings and lots of well-spaced-out seating/resting options.

- **Access to natural spaces as often as possible, at different times and in all weathers**

Offer as much safe, open access to natural spaces as is possible – including night-time access for stargazing. Ensure that as soon as feasible after admission, patients are introduced to the outdoor spaces, to what is available, and know when and how they can access it. This may be a written guide to the space and a guided induction/introduction to the outdoor spaces, which could also be

conducted by other patients. Provide sheltered spaces so people can be outdoors in all weather.

- **Creative arts spaces**

Respondents want spaces and equipment for people to be able to draw and paint, write and do their own creative projects, including using natural resources like plants, leaves, wood and stone to create things. Nature photography, murals, mosaic were all mentioned, as well as areas people could paint over (i.e., change the signage or messaging on community boards as and when, ideally with inspiring and comforting messages).

- **Variation of spaces**

Several people had various suggestions for the different character of each space, including different height and depth, places for light and places for shade, open space and sheltered space, still and running water, different colours, shapes and textures. Areas where people can smoke or vape away from others.

- **Aesthetically pleasing/magical spaces**

Suggestions include wind chimes, artwork, murals, mosaics, sculptures, use of natural materials as much as possible, living willow areas and designing for 'intrigue' and imagination. Ponds with water lilies. Crystals and stones around a garden/small pond. A few people suggested spaces for treasure hunts and outdoor storytelling, and the creation of small calming garden spaces or 'zen gardens'. Offer imaginative and 'magical' spaces with a range of heights, depths and textures; where possible create 'wilder' spaces, with living willow, high grasses and trees.

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## **2 Design spaces and opportunities for gardening and food growing**

Many respondents want to see areas for gardening and growing, including:

- **Different spaces for growing food and flowers**

This includes providing raised beds, polytunnels and allotment areas, spaces for gardening courses, groups and clubs, and for independent gardening or 'pottering'.



- <sup>14</sup>**Growing own food**

People like the idea of the growing of herbs and plants for food, which can also be picked and used in cooking/salads on site. Again, these should be well designed and maintained, as people find the growing of food 'hopeful' and 'grounding'.

- **Classes/clubs**

Offer a variety of gardening classes and clubs that enable choices for people to grow, learn and share skills, and also to simply observe activities. Offer simple, accessible activities that encourage plant care, and the growing and maintaining of plants indoors, in own rooms and communal spaces.

- **Engage people's interests, knowledge and skills**

Find out what interests, knowledge and skills patients may have and be willing to share. Offer patients the opportunity to support or co-lead activities in order to grow confidence and provide purpose.

There were many suggestions for the types of gardening and growing activities that could happen, including:

- Community growing plot
- Patient herb and vegetable garden
- A gardening club with beginner and introductory and taster sessions too
- Gentle sessions for tending gardens (alone or with others)
- Propagation of plants; growing plants and flowers for planting out
- Helping maintain the garden/choosing what plants to grow/helping design it
- Digging, weeding, sowing
- Education sessions, including those led by patients with growing experience.
- Learn about germination and growth
- Picking and harvesting and being able to use these (i.e., in cooking/food prep)
- Planting to help with grief or other issues, where flowering plants could be part of a care plan.

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<sup>14</sup> Image by Heads On. Allotment space at Amberstone Hospital. Source: Heads On

- Being taught about plant care, different types of plants, feeding and under or over-watering
- How to grow from seed
- Making your own compost
- How to plant and maintain
- Garden design skills
- General gardening skills - which tools do what
- OT and volunteer groups to come and help educate.
- Horticulture skills
- Mini allotment beds with fast growing plants, easy to tend
- Polytunnel to extend the growing season and run sessions in during bad weather
- Being part of a team with particular responsibilities, so you feel ownership
- Fruit growing/orchard
- Peer-led groups
- Planting something that grows quickly so you see quick results – i.e., grow a cress head
- Plants to grow and take with you when you go home
- Learn about the mental and physical health benefits of gardening
- How to make a birdbox/bird feeder
- How to make a bug hotel
- Learning how to make green roofs and living walls

### 3 Design places for rest, solitude and socialising

People want the choice to be able to be alone and with others (other patients, staff, visitors) and suggest different areas are created to enable people to use them at different times.

- **Benches/seating**

Having seating is very important, and to have a variety of seating areas. There were ideas for single chairs/resting spaces for people to be alone in the outdoors, as well as designated 'buddy benches' where you can go and sit when you want someone to come and chat.

Groups of benches are good for visitors and for courses or groups outside. Ideas were also offered for sheltered canopy areas, living willow areas and 'niches or nooks' where people could sit in slightly enclosed spaces for privacy.

Having seating made of natural materials was proposed, including 'curvy' and 'wavy' seating. Having cushions and softer seating for good weather was another idea for comfort and being able to access blankets for when it was chilly, so people could still be outdoors. One person said he would be happy with 'tree stumps' to perch on, as long as there was variety for people's different levels of comfort. Swing seats and seating carved into tree trunks were also suggested.

- **Quiet, safe spaces to be alone/areas for peaceful contemplation/reading spaces**

Also, very important to people is the ability to be away from others in quiet spaces; whether to simply 'be' and 'watch clouds' or to sit, to read, to write or do solo activities such as crafting or group mindfulness/meditation sessions. Several people suggested that quiet areas should be clearly designated and labelled/signed as such so that people wanting to talk or play music, knew not to go there. Quiet spaces could also potentially be 'bookable' in advance.

- **Places to chat/have discussion groups and workshops**

The outside 'offer' should also include places where people can gather, whether with visitors, staff, other patients, or as part of courses, classes or discussions. These need to be accessible in all weathers so being able to have shelter or put on a canopy (possible a removable one) for bad weather and for shade in hot weather are also important. These places need to be far away from the quiet space(s). Suggestions for a visitor booking system were also made so that people could access space when needed.

#### **4 Provide opportunities for observation of nature and interaction with wildlife**

It is important to many people to be able to observe nature; they want to hear birdsong, insect noises and other wildlife sounds.

- **Create wildlife habitats**

This includes having (or making) bird boxes and feeders, squirrel feeders, bat boxes, ponds, insect-attracting plants, bug hotels and areas that might provide shelter for animals passing through. Provide opportunities to observe and interact with wildlife, through nature walks, flora and fauna identification.

- **Views**

Several people said how dispiriting it is to have no view of nature when in

hospital. Being able to see trees, daylight, sky and to see and hear birds, uplifts people. Suggestions include being able to have various 'viewing' points with different perspectives – i.e., views of garden, of sky, of woodland, of flower beds, of large trees etc. These could also be highlighted or 'mapped' for people, so they know what is there (information about the flowers, or the woodlands – types of trees etc.). Patients could also be introduced to the idea of 'sit spots' which can really encourage observation and interaction with nature in a really calm way.

- **Interactive information**

Several people talked about finding information out about the onsite plants and creatures. One interviewee suggested creating an interactive map to be used on a tablet or phone so patients could read and hear about plants and wildlife and be encouraged to spot wildlife and learn about it.

- **Animals on site/therapy animals**

Provide opportunities for engagement with therapy animals both on and off site and consider the possibilities for having domestic/low-maintenance animals onsite.

## **5 Provide opportunities for outdoor physical activity, exercise classes and play**

Respondents are very knowledgeable about the benefits of exercise and movement on mental wellbeing, and want a variety of choice, with trained/experienced facilitators when classes or taught activities are on offer.

- **Movement**

This includes walking and running (solo, groups and classes), spaces for group 'keep-fit' and team games, as well as quiet spaces for people who want to practice yoga, tai chi, pilates, breathing and stretching and toning exercises. Suggestions also included creating a 'natural gym', having an outdoor gym as in many public parks, outdoor fitness classes, places to set up badminton and table tennis with low-maintenance and safe equipment.

Pétanque and other 'garden games' were also mentioned, as were walking sports (i.e. walking football), outdoor table tennis and badminton.

- **Spaces for play**

A few people talked about the importance of play, often forgotten for adults.

This might include small and large ('giant') games of chess, draughts, Connect 4, Jenga, etc. as well as large bouncy balls and large and small 'fidget toys', but also group games that don't need much equipment.

- **Bushcraft and 'wilderness' activities**

This includes woodcraft, foraging, building shelters and other outdoor activities that encourage communal gathering and collaboration.

## **6 Develop connections to community garden and nature projects**

See earlier sections 6 and 7 for discussion around the benefits and possibilities of working with community and voluntary sector partners to deliver natural recovery activities both in hospital and in the community. Further recommendations are:

- Explore the possibilities of working with voluntary and community sector partners, building relationships with local nature-based and gardening projects; community gardens, nature/well-being projects, walk-and-talk projects, wild swimming groups, community allotments etc.
- Identify where funding may be needed to enable community projects to work with the hospital both on and off site.
- Ensure staff and volunteers are provided with training and support to work for supporting people living with SMI.
- Provide opportunities for patients to go on offsite trips and visits to natural settings including parks, Natural Trust sites, coastal sites and woodlands.
- Work with peer support providers to develop the opportunities for people to engage with natural spaces and outdoor activities both on and offsite, and in the community longer-term.
- Involve patients (and former patients) in co-production of initiatives.

# Appendices

## A Interview schedule

(30-40 mins)

The interview you are kindly taking part in will enable people living with mental illness to directly inform how NHS mental health services incorporate natural recovery into their services, including the new Combe Valley Hospital in East Sussex planned to open in 2026.

The NHS want to ensure that the natural recovery opportunities they provide, both within the hospital and to support people on discharge, are led by service users, who know best how to support their recovery through nature.

Everything you tell us will be completely anonymous, and we remove all names and anything that could potentially identify someone. The audio recording will be transcribed, then the recording will be deleted. Key findings will be written up and inform the report that we write for our funders.

You are welcome to see a copy of our report summary and will be asked if you want this.

In this informal interview we will focus on your thoughts about how natural recovery can help people in hospital. If we go off track, we may need to gently steer the conversation back to the questions; this is not in any way to minimise your experiences.

You can stop the interview at any time, and you can change your mind about taking part up until the end of January, meaning you can ask to withdraw your interview up until that point.

Do you have any questions?

Are you happy to proceed? Are you happy for us to start recording?

### **Section A Own relationship with nature.**

**Guide: 5 minutes**

**First of all, I am going to ask you about your own relationship with nature and natural settings.** By nature, we mean parks, allotments, gardens, the sea, the coast,

woodlands, hills, downlands etc. – natural features of plants, animals, landscapes, water, etc as opposed to human creations like buildings and towns etc.

**1 How important is it for you to spend time in nature?**

**2 What do you like to do when you are in natural settings?**

**B The potential for natural recovery to support people while staying in psychiatric hospital**

**Guide: 20-30 minutes**

I'm now going to ask you to think about when you were in hospital, and your engagement with nature then. If you don't want to answer this or you don't remember that well, please say so, it's fine, and we will move on to different questions. *(Note to interviewer; if participant doesn't remember or doesn't want to talk about it, please move on to Q5)*

**3 When you were a patient in hospital, were you able to access the natural outdoor spaces, and if so, what did you like to do in those spaces?**

**4 Where there any barriers to you being able to use the natural outdoor spaces?**

Thank you. I'm now going to ask about your thoughts about the design of the natural setting for the new Combe Valley hospital. There is a proposed 'therapy garden' for clients in the new Combe Valley hospital.

**5 What features do you think a therapeutic garden space could have in a psychiatric hospital?**

**6 What kinds of activities do you think could happen in a therapeutic garden that would benefit people staying in hospital?**

**7 What kinds of interactive activities might encourage people to explore the natural setting, whether alone or with others? What might spark interest and engagement?**

**8 How could outdoor space be designed to benefit people wanting to be alone?**

**Prompts:** What could help people to feel safe? What could a space like this look like?  
How can we achieve both privacy and safety?

**9 What could an outdoor space look like for people who want to be outside with visitors?**

**Prompts:** What features does this have? Maybe think about seating/shelter/privacy.

**10 What kinds of support and activities could be offered to encourage people to learn, use and share growing and gardening skills?**

**11 What might be your main concerns about the outdoor spaces?**

**Prompts:** What might be barriers to using the outdoor space, and what might put people off?

**12 How might these concerns be addressed?**

**13 Is there anything more you can think of that could particularly inspire people staying in the hospital to engage with nature? (Please draw on your own experience)**

Thank you for all your ideas and your comments, this will really help. We are coming towards the end of the interview now and have just two more questions.

**14 Is there anything else you would like to say about nature and natural recovery in hospital settings?**

**15 And finally, when you think about what inspires hope and healing, what kind of natural space come to mind? Maybe take a moment to think about this.**

Thank you very much.

We are going to stop recording now.

**Inform the participant about when to expect voucher payments.**

**Ask them if they would like to see the report summary (it will most likely be on the RP website so we would send them a direct link)**

## B Online survey

### **Recovery Partners: Natural recovery in mental health hospitals**

Recovery Partners is a small, user-led mental health charity working in East Sussex. We are undertaking a consultation funded by Heads On. Heads On is the charitable arm of Sussex Partnership NHS Foundation Trust, which works to support people living with mental health challenges to feel more supported and be more involved in their communities.

### **Who are we asking to complete this survey?**

Anyone over 18 who has been an in-patient in an NHS mental health hospital in the last 10 years, in any of these locations:

- East Sussex
- West Sussex
- Brighton and Hove

### **What is this survey about?**

The survey will enable people living with mental illness to directly inform how NHS mental health services incorporate natural recovery into their services, including the new Combe Valley Hospital in East Sussex planned to open in 2026.

The NHS want to ensure that the natural recovery opportunities they provide, both within the hospital and to support people on discharge, are led by service users, who know best how to support their recovery through nature.

### **How long will it take to complete?**

We estimate 10-15 minutes, although it may take a little longer if you want to give us more detail in your answers.

### **What will we do with the information you give us?**

All of the information that you provide will be treated as confidential and will only be used for research purposes. Your comments will not be identified as belonging to you, instead they will be combined with those gathered from other survey participants and will be analysed as part of a group. We do not use any of the information you provide for direct marketing or other non-research activities.

If we ask you for personal information that enables you to be identified - e.g., your name, ID numbers, e-mail address, we will clearly state why we are asking for it and for

your permission to use it for that purpose. For example, it might be to inform the winner of a prize draw or to contact you about sharing our research findings with you.

Your participation is voluntary. You are entitled to ask that part, or all, of the record of your involvement in the survey be deleted or destroyed.

Key findings from all the surveys will be included in the report that we write for our funder Heads On, in March 2024. This will make recommendations based on what people with lived experience told us about natural recovery. You are welcome to see a copy of our report and will be asked if you want this.

### **Online survey privacy statement**

Recovery Partners takes your concerns about privacy seriously and we make every reasonable effort to respect this. We are committed to protecting your personal information, such as any details that might enable you to be identified, such as ID numbers, email address etc. We take all necessary steps to ensure that personal information you provide is processed fairly and lawfully.

Only authorised staff have access to personal information, and they are obliged to respect its confidentiality. We do not sell, rent or exchange any personal information supplied by you to any third party. Nor do we use any of the information you provide for direct marketing or other non-research activities.

We monitor our internal procedures regularly to ensure compliance with the relevant statutory requirements in all that we do, including the Data Protection Act 1998

### **Contacting us**

If you have any questions, please email Anna on [a.stratford@recovery-partners.org.uk](mailto:a.stratford@recovery-partners.org.uk)

### **Prize draw**

All survey respondents can choose to be entered into a draw to win one of two £25 Love2Shop vouchers at the end of February 2024.

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### **Section 1: Your in-patient experience**

#### **Q1 How long ago were you an in-patient in an NHS mental health hospital setting?**

- A Within the last two years
- B 2-5 years ago
- C 5-10 years ago

**Q2 Where was your last hospital admission as an in-patient?**

A East Sussex

B West Sussex

C Brighton and Hove

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**Section 2 Nature and mental health recovery**

**Q3 How important is it for your mental health recovery for you to spend time in natural settings?**

A Very important

B Important

C Quite important

D Not important

**Q4 What do you like to do when you are in natural settings? Can you say how you feel this helps you?**

***50-word limit***

**Q5 When you were last a patient in mental health hospital, were you able to access natural outdoor spaces?**

A Yes often

B Yes sometimes

C Yes but rarely

D No

**Q6 If yes, what did you find was beneficial for you?**

***50-word limit***

**Q7 Please describe any barriers to you being able to use natural outdoor spaces in hospital, and what you think could have helped overcome these.**

***50-word limit***

**Q8 What features do you think a therapeutic garden space in a mental health hospital should have?**

***50-word limit***

**Q9 What kind of activities do you think could happen in a therapeutic garden space that would benefit patients?**

***50-word limit***

**Q10 What kind of support and activities could be offered to encourage patients to learn growing and gardening skills?**

***50-word limit***

**Q11 When you think about what inspires hope and healing, what kind of natural space comes to mind?**

***50-word limit***

**Q12 How do you think people can be supported to continue engaging with nature and natural recovery when they leave hospital and are back in their communities?**

***50-word limit***

### **Section 3 Equality monitoring questions**

#### **1 How old are you?**

A 18-25

B 26-35

C 36-54

D 55-64

E 65+

#### **2 How do you define your gender?**

A Female

B Male

C Other (please say)

D Prefer not to say

#### **3 How do you define your ethnicity?**

***10-word limit***

#### **4 Are you physically disabled?**

A Yes

B No

C Not sure/don't know

D Prefer not to say

**5 How do you describe your sexual orientation?**

- A Lesbian or gay
- B Bisexual
- C Heterosexual
- D Other (please say)
- E Prefer not to say

**6 Do you have a diagnosis of living with a severe mental illness (SMI)?**

- A Yes
- B No
- C Not sure/don't know
- D Prefer not to say

**7 Are you currently engaged with any of these:**

- A Primary health care services (GP, Health in Mind, Well-Being service)
- B Secondary health care services (hospitals, psychological wellbeing services, crisis and home treatment teams)
- C Not sure/don't know
- D Prefer not to say

**Finally**

Are you happy to be entered into a draw to win one of two £25 Love2Shop vouchers?

**Yes/No**

If yes, please enter your email address below. *We do not share your email address with anyone else and will only use it for the purpose of contacting you if you win one of the vouchers.*

Do you want to be contacted to see the report when it is completed? (Spring 2024, the report may be hosted on our website) **Yes/No**

If yes, please enter your email address below. *We do not share your email address with anyone else and will only use it for the purpose of contacting you to share the report.*

Do you want to be added to our mailing list for occasional updates about our work?

If yes, please enter your email address below.

**Thank you very much for your time and your input.**

## C Demographics

Demographic information: 51 participants

1-2-1 interviews: 25 participants

Live in East Sussex

Yes	21
No	4
Total	25

Inpatient experience East Sussex

Yes	23
No	2
Total	25

How long ago were you an in-patient in an NHS mental health hospital setting?

Within the last two years	11
2-5 years ago	8
5-10 years ago	4
No answer	2
Total	25

Do you have a diagnosis of living with a severe mental illness (SMI)?

Yes	22
No	2
Variable	1
Total	25

Are you physically disabled?

Yes	5
No	19
At times	1
Total	25

How old are you?

18-25	3
26-35	2
36-54	13
55-64	2
65+	5
Total	25

How do you define your gender?

Female	14
Male	9
Other: Gender fluid	2
Total	25

How do you define your ethnicity?

White British	18
White other/Romanian	1
White other	1
British Asian	1
Black African/White British	1
Black British/African/Caribbean	1
Mixed race/European	1
Mixed race	1
Total	25

How do you describe your sexual orientation?

Heterosexual	20
Gay	1
Bisexual	2
Queer	2
Total	25

Online survey: 26 responses

How long ago were you an in-patient in an NHS mental health hospital setting?

Within the last two years	11
2-5 years ago	6
5-10 years ago	8

No answer	1
Total	26

Where was your last hospital admission as an in-patient?

East Sussex	11
West Sussex	11
Brighton and Hove	3
No answer	1
Total	26

Do you have a diagnosis of living with a severe mental illness (SMI)?

Yes	18
No	2
Not sure/don't know	6
Total	26

Current engagement with health care services

Currently engaged with primary health care services	15
Currently engaged with secondary health care services	14
Not sure/don't know	2
Prefer not to say	2

Are you physically disabled?

Yes	8
No	12
Not sure/don't know	2
Prefer not to say	3
Refuse to answer all EDI questions	1
Total	26

How old are you?

18-25	2
26-35	3
36-54	12
55-64	6
65+	3

Total	26
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How do you define your gender?

Female	17
Male	6
Other: Non-binary	1
Prefer not to say	1
Refuse to answer all EDI questions	1
Total	26

How do you define your ethnicity?

White British/White UK	10
British	3
White European	2
White	2
White Welsh	1
White British/Italian	1
Mixed ethnicity	2
No answer	4
Refuse to answer all EDI questions	1
Total	26

How do you describe your sexual orientation?

Heterosexual	18
Lesbian or gay	3
Prefer not to say	3
Asexual	1
Refuse to answer all EDI questions	1
Total	26

# Flourish: Nature recovery for people living with severe mental illness



Produced in partnership with:



**Sussex Partnership**  
NHS Foundation Trust

