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**An evaluation of Blue  
Prescribing at WWT London  
Wetland Centre**

Mental Health Foundation

**Final report**

**August 2023**



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# Project details and acknowledgements

<b>Title</b>	An evaluation of Blue Prescribing at WWT London Wetland Centre
<b>Client</b>	Mental Health Foundation working with the Wildfowl & Wetlands Trust (WWT)
<b>Project number</b>	21133
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This project has been delivered to ISO 9001:2015, 20252:2019 and 27001:2013 standards.



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# EVALUATION FINDINGS AT A GLANCE 2022 / 2023



The programme looked to support people experiencing mild to moderate poor mental health, with a focus on those who were less likely to have access to natural green and blue spaces. The programme looked to build on and combine MHF's self management approach with wetland health-promoting activities. Course content was co-produced by people with lived experiences of poor mental health and were delivered through a mix of indoor and outdoor sessions. Support was provided through a 6 week course, with people taking part every week for 3 hours.



**60** people took part in the programme

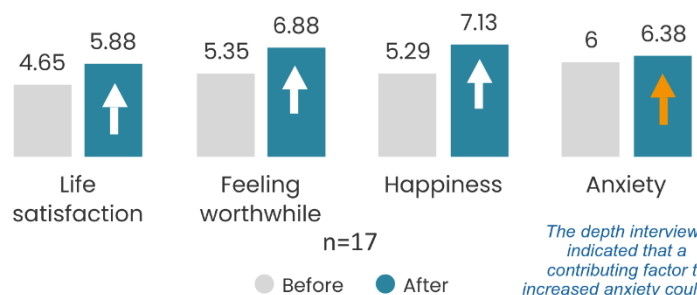
**65%** experienced a meaningful positive change in their mental wellbeing\* n=17



"My mental wellbeing is always improved dramatically after the Wetlands sessions and when I've been in nature."

## ONS-4 Personal Wellbeing means

Three out of the four personal wellbeing aspects saw a positive change, while levels of anxiety remained high.



*The depth interviews indicated that a contributing factor to increased anxiety could be due to the course ending*

"Here we actually felt the benefits of being outside. We've learned, enjoyed and experienced that together."

Nature based activities were an effective starting point in connecting people

Having experiences in common and sharing stories led to people feeling less isolated



## MOST VALUED

The context in which it was delivered, **in and with nature**, was by far the most beneficial aspect

The **lived experiences** of delivery staff – the level of empathy

The **social interaction** and **connection** with others

"I've become very aware that nature is a key component of my recovery and wellbeing. Doing this with others is very important."

"Their lived experience just makes so much difference, and they've just got an enthusiasm and a passion, which is just lovely to know that they're enjoying what they're doing, and I think we're all just helping each other as well."

## KEY OUTCOMES FOR THE PROGRAMME

**Beneficiaries have improved self-efficacy and self-care practices** through being enthused to manage their wellbeing outside of the programme.

Nature-based activities were an **effective starting point in connecting people with people** –socialising helped to break down barriers.

Beneficiaries have an **improved awareness of nature and the benefits** it can have on their wellbeing.

**The combination of indoor and outdoor activities worked well.** It offered a good mix of being able to sit and listen to others', whilst the outdoor activities further engaged conversations and connections.

The programme was **a key enabler to explore or try new things** outside the programme delivery relating to nature and the outdoors.

The programme **offered a different dynamic** for beneficiaries who had accessed wellbeing support previously.

"Everything I'm stressed about starts melting away, I'm suddenly able to smell the air and feels thicker with oxygen, I breathe it in deeply every time I cross the bridge – makes me feel alive."

# About the Blue Prescribing programme

## Background and purpose of the programme

### What is blue prescribing?

Social prescribing is a healthcare approach that aims to link people with activities, groups and support services within their local area to help improve mental wellbeing, rather than going down a more clinical route. Instead of a medical prescription, a 'social' prescription is offered. Referred via healthcare professionals, it is designed to free up GP time to focus on medical conditions and to provide non-medical services for people with a wide range of social, emotional or practical needs. It focuses on understanding what matters to people and their interests, enabling individuals to take greater control of their own health.

Social prescribing is broadly grouped under 4 pillars: advice and information, arts and heritage, nature and physical activity. Blue prescribing is a form of nature-based social prescribing that provides outdoor programmes in blue spaces (i.e. where there are bodies of water) to improve people's mental wellbeing. There is an increasing body of evidence showing the positive impact of exposure to green and blue spaces with improved sense of mental wellbeing, people feeling less isolated<sup>1</sup> and improved social connections<sup>2</sup>. This is especially important given that poor mental health has increased drastically in the UK (especially since the pandemic) and is a leading cause of disability in the UK.<sup>3</sup>

Alongside improved mental and physical wellbeing, overall life satisfaction is improved when people can access good quality green spaces which offer opportunities for meaningful social interaction<sup>4</sup>. Although there is a growing body of evidence around the positive impacts of natural spaces to health and wellbeing, more practice and research is needed to understand how nature-based health programmes (e.g. by social prescribing routes) can best leverage the positive linkages between nature and health, and how local policy and strategies can support communities and society to benefit from green and blue assets.

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<sup>1</sup> NDTi Programme (May 2020), The big themes and messages from Community Led Support

<sup>2</sup> F. Holland, (May 2021), 'Out of bounds: Equity in access to urban nature', Groundwork UK

<sup>3</sup> Dr Helen Seers, Dr Rabya Mughal and Professor Helen Chatterjee, (October 2022), 'Links between natural environments and mental health', Natural England Evidence Information Note EIN065, National Academy for Social Prescribing, UK

<sup>4</sup> S Dobson, J., Harris, C., Eadson, W., and Gore, T. (2019). 'Space to thrive: A rapid evidence review of the benefits of parks and green spaces for people and communities' The National Lottery Heritage Fund and The National Lottery Community Fund, London

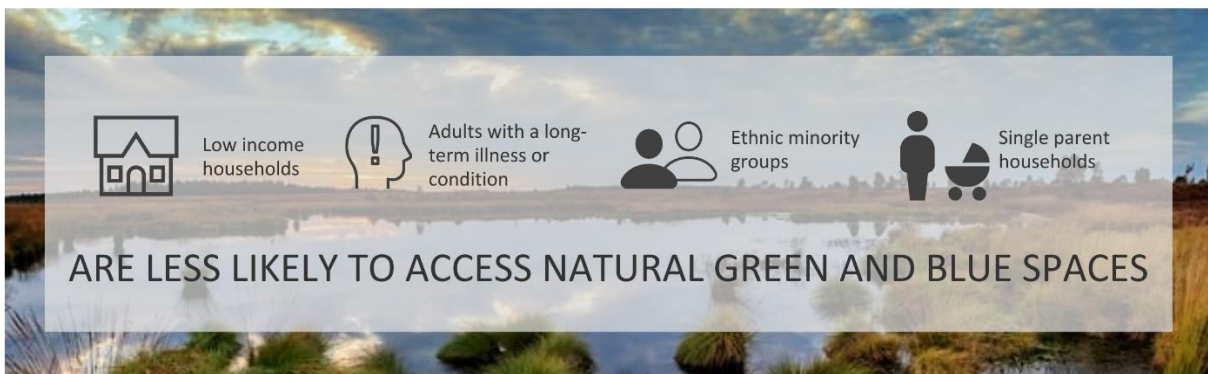
## About the Blue Prescribing programme

In 2021, the Mental Health Foundation (MHF), in partnership with the Wildfowl and Wetlands Trust (WWT) received a one-year grant from Simplyhealth (a private health insurance company) to deliver a nature-based self-management programme at the WWT London Wetland Centre in Barnes, West London.

Image 1: Aerial view of the Wetland Centre in Barnes, West London



The programme looked to support people experiencing mild to moderate poor mental health, with a focus on those who were less likely to have access to natural green and blue spaces<sup>5</sup>.



<sup>5</sup> <https://www.mentalhealth.org.uk/our-work/research/coronavirus-divergence-mental-health-experiences-during-pandemic>

The programme aimed to build upon and combine MHF's [self-management](#) approach with similar blue prescribing pilot programmes delivered by WWT at their sites at [Slimbridge](#) and [Stear Marshes](#). The aims of the Blue Prescribing programme at the WWT London Wetland Centre in Barnes were to:

- To improve mental health and wellbeing by **enabling more access to those that need natural blue and green spaces**.
- To **improve participants' self-confidence** and the **development of social connections**.
- To support people in **self-managing their own mental health and wellbeing** through the use of various tools and techniques.

## Programme delivery

Each Blue Prescribing course was delivered over a 6-week period. The group sizes ranged 3-10 and were facilitated by MHF and WWT project staff, thereby creating a peer support setting.

At its core, peer support is about the relationships that people build as they share their own experiences to help and support each other. Peer support can develop in any setting, as a structured activity, or more informally. The course content built upon the self-management approach delivered by MHF, using nature-based activities.

*Image 2: Group walking around the Wetland Centre in Barnes, West London*



Course content and materials were co-produced by people with lived experiences of poor mental health and were delivered through a mix of indoor and outdoor sessions. The course materials had been co-designed in April and May 2021 with a group of people from Somerset, as part of the [Stear Marshes delivery phase of Blue Prescribing](#). Co-design workshop participants had lived experience of



poor mental health and identified as using nature to self-manage this. Over six weeks the group built and wove together some of the self-management content previously delivered by MHF, with nature themes and suggestions for nature engagement, to produce the **Mental Health and Blue Spaces** course material delivered at London Wetland Centre. Beneficiaries attended one face to face session each week for about 3 hours at the London Wetland Centre in Barnes. The first hour of the session focused on material of the Mental Health and Blue Spaces course (mainly delivered indoors), while the second half involved outside wetland-based health promotion activities (see below). All beneficiaries who completed the 6-week course were provided with a complementary 1-year membership to the London Wetland Centre. Below presents the week-by-week structure of the programme, although the sessions were facilitated, participants were able to decide which activities were included/excluded, and suggest new activities.

## 6-week programme structure:



# Evaluation approach

## Evaluation purpose

To support MHF and WWT in assessing the implementation and impact of the Blue Prescribing programme at the London Wetland Centre, M·E·L Research were commissioned to carry out an independent evaluation. The evaluation looked to explore the following:

- What, if any, outcomes had been achieved for beneficiaries focusing on:
  - Increases in beneficiaries' **confidence and sense of empowerment** to manage their own mental health and wellbeing.
  - Increases in beneficiaries' **feelings of connectedness** with others and with nature.
- **To understand the environment's role in improving mental health**, looking at the space used, i.e. the blue and green spaces of the London Wetland Centre site itself.
- **The implementation of the programme**, including research/mapping of recruitment and referral pathways and comparisons with the sister project in Steart Marshes e.g. who joins, via which routes, why do people not join, participation and adherence levels.
- **Conduct research to determine whether there is a link between self-management, the programme and reduced GP visits / primary care appointments** and potentially secondary care mental / physical health services.

The programme was measured against the following set of outcome objectives for beneficiaries:

**OUTCOME 1:** Participants are more confident and empowered in managing their own mental wellbeing.

**OUTCOME 2:** Participants are more connected to others around them and with nature.

**OUTCOME 3:** The programme has helped participants have a better understanding of their own mental wellbeing.

**OUTCOME 4:** Participants are less likely to seek support via primary care routes due to the programme approach.

To address the outcomes, a set of research questions were developed for both the delivery and outcome evaluation. To understand how the programme intended to work, the desired outcomes and longer-term impacts, a programme theory was developed. These can both be viewed in Appendices A and B.

## Evaluation activities

### Introducing the evaluation to participants

All participants were provided with an information sheet setting out details of the evaluation, what it would involve, how they could provide feedback, the importance of the research and how data would be processed and managed. Participants that wished to provide feedback on their experiences were then asked to sign a consent form.

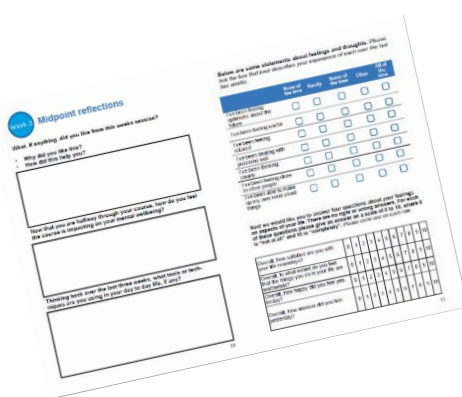


### Collecting data and stories

The evaluation used a mixed method approach, collecting both quantitative and qualitative data via weekly paper diaries followed by in-depth discussions with beneficiaries after the course.

### Diaries (collecting qualitative and Quantitative data) - Paper diaries were offered to every participant

at the start of the programme and included reflective qualitative questions that participants were



asked to complete each week after the session. Participants were also asked to complete the validated 7 item Short Warwick Edinburgh Mental Well-being Scale (SWEMWBS)<sup>6</sup> and ONS 4 personal wellbeing<sup>7</sup> quantitative questions. These were included in the diary at the start, mid-point and end of the 6 weeks. Participants were then asked to return the diaries using a Freepost envelope or hand back to delivery staff.

Engagement with the evaluation was low. Of the 60 people who completed the Blue Prescribing programme, only 17 (28%) returned their diary, limiting our inferences on e.g. generalising from the project data or in comparison to other programmes or national data sets. Delivery staff offered reminders to complete the diaries, but low engagement continued. Participants reported a preference for talking directly with someone rather than filling in something themselves. Therefore, the evaluation and its findings, focused on a more qualitative approach i.e. telephone chats and face to face group discussions.

<sup>6</sup> <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/about/wemwbsvsswemwbs/>

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<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/personalwellbeingsurvey/userguide>

**In depth interviews and group discussions** – one to one depth interviews were carried out with participants, external organisations such as referral partners, link workers etc. and delivery staff over the phone or via Teams/Zoom. All group discussions (with programme participants only), were held at the London Wetland Centre after the programme had been completed. All qualitative interviews and group discussions with consenting participants were recorded digitally, then entered into a transcript analysis grid for further exploration. Key themes and findings were then identified.

It should also be noted that the research on the impact of the programme was measured through self-reported behaviours alone. There were no independent validating observations so the evidence is intrinsically limited. The programme did not include a control group (gathering data from people that did not engage with the Blue Prescribing Programme) in order to provide counterfactual evidence with which to assess outcomes.

Table 1 presents a summary of the evaluation activities and the number of participants involved in each.

**Table 1: Evaluation data collection activities delivered**

Activities delivered	Count of participants
6-weekly diaries from beneficiaries	17
Remote one to one depth interviews with beneficiaries	16
Onsite group sessions with beneficiaries	30
Remote reflective one to one interviews with external organisations	7
Remote reflective one to one interviews with delivery staff	2



# Evaluation findings

This section presents the findings under each aim of the evaluation.

## Did beneficiaries' experience any changes in confidence and sense of empowerment in managing their own mental health and wellbeing?

**Beneficiaries have improved self-efficacy<sup>8</sup> and self-care practices:** Beneficiaries reported that they felt more enthused to manage their own wellbeing outside of the programme. In most cases, participants reported that the approaches they used were easily actioned into daily life, such as trying something new or going for a walk when feeling low *"In the absence of the wellbeing [wetland] centre, I have time out in the back garden, in sit quietly & just notice the birds and care, to notice the plants, some of last year's seeds etc."* When exploring this further, beneficiaries said that they were doing these activities because they have seen the benefit to their wellbeing through taking part in the programme. *"Here we actually felt the benefits of being outside. We've learned, enjoyed and experienced that together. I'm way more motivated to go out and do those things, because I actually understand why, and I have those positive associations rather than just being told to by a medical professional 'because that's what's good for you'."*

Doing and seeing this first-hand has been more helpful than a doctor simply advising them to do this, and this has been a common experience for many. Beneficiaries see the value of looking after themselves and the how important self-care is. *"What I have learnt is the real value of taking time out, the importance and positives of taking time out – even on a bad day."* The programme approach also helped give people the 'permission' to enjoy nature: *"It's given people the permission to look after themselves."* [Delivery Staff] and *"It was a reminder that I can go into nature."*

**Improvements to wellbeing:** Within the weekly diaries were two standardised mental and personal wellbeing scales, which aimed to track their wellbeing.<sup>9</sup>

Firstly, we used the ONS4 personal wellbeing scale which measures life satisfaction, feeling worthwhile, happiness and anxiety<sup>10</sup>. Beneficiaries were asked to respond to the questions on a scale from 0 to 10 where '0' is 'Not at all' and 10 is 'completely'. Table 2 presents the mean averages pre and post intervention and compared this to the nation average. The average for the Blue Prescribing

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<sup>8</sup> An individual's belief in their capacity to deal with or control their behaviour / actions

<sup>9</sup> When interpreting the quantitative data results please refer to [page 9](#)

<sup>10</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/personalwellbeingsurveyuserguide>

beneficiaries is lower than the national average (see Table 2) across all aspects, which is expected given the target audience for this programme. There were post-course positive changes for feeling worthwhile and happiness; with smaller increases to life satisfaction. Beneficiaries' levels of anxiety remained fairly high and consistent pre to post intervention. When we explored this further with beneficiaries, they felt this was because of the short-term nature of the programme and that they were only just starting to get 'into it' *"They've done all of this work to get people to open up and it's not easy just to come in and expose your vulnerabilities...then you finally get to a point where you can, and then the group ends, and then you have that little hole. I know that the WWT is still going to be here but this space isn't going to be, and I'm going to miss that, so I don't feel quite ready to give that up"*.

**Table 2: ONS-4 Personal Wellbeing pre and post intervention compared to the national average.**

ONS measure	Blue Prescribing beneficiaries (n=17)				National average <sup>11</sup>
	Before intervention	After intervention	Change pre to post intervention	P value <sup>12</sup>	
Satisfaction with life nowadays	4.65 (med)	5.88 (med)	1.23	.09	7.54
Feeling worthwhile	5.35 (med)	6.88 (high)	1.52*	.03*	7.77
Happiness	5.29 (med)	7.13 (high)	1.83*	.02*	7.45
Anxiety	6.00 (high)	6.38 (high)	-0.38	.98	3.12

\*The result is significant at  $p < .05$

We also asked beneficiaries to self-complete the validated 7 item Short Warwick Edinburgh Mental Well-being Scale (SWEMWBS)<sup>13</sup>. This asked how they had been feeling over the past two weeks. The higher the score, the higher positive mental wellbeing they are experiencing. The baseline mean score for beneficiaries was 18.6 which is categorised as a low level of mental wellbeing. Post programme, the mean score increased by 4 points, to 23– indicating a shift to moderate wellbeing and close to the national average. This is backed up by the qualitative findings with beneficiaries reporting that they

<sup>11</sup> Office for National Statistics Personal well-being in the UK: April 2021 to March 2022

<sup>12</sup> The p value stands for probability and measures how likely it is that any observed difference between groups is due to chance

<sup>13</sup> Stewart-Brown, S., Tennant, A., Tennant, R., Platt, S., Parkinson, J., Weich, S. (2009). Internal construct validity of the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS): A Rasch analysis using data from the Scottish Health Education Population Survey. Health and Quality of Life Outcomes

felt better within themselves *“I think I have improved my inner connection, and what’s more important I have learned and refresh ways to keep getting better.”* and *“It’s given me space and resources to reflect on my mental wellbeing and to help spot triggers and struggles. My mental wellbeing is always improved dramatically after the Wetlands sessions and when I’ve been in nature”.*

**Table 3: SWEMWBS pre and post intervention (% and mean)**

SWEMWBS	Blue Prescribing beneficiaries (n=17)			
	Before intervention	After intervention	Change pre to post intervention	P value
% scoring low wellbeing	88%	53%	-35%	
% scoring moderate wellbeing	12%	47%	35%	
Mean	18.6	23	4.08*	.0003*

\*The result is significant at  $p < .05$

## Did beneficiaries experience any changes in how connected they felt to others and with nature?

**Nature based activities were an effective starting point in connecting people:** The nature-based focus of the course and its content naturally provided topics of conversation among beneficiaries. *“If you’re stopping and asking ‘what flower is this?’ then chances are someone else is thinking that as well, and then you’re talking about that. It’s really lovely having something to talk about besides your mental health”.* Beneficiaries also found that the creative practices the programme used, to be beneficial, helping them to further connect with those spaces and the nature around them *“We were talking about our experiences, both of us were staring at the ducks, staring at a tranquil scene, not looking at each other, heightened by this space.”*



## Lisa's story

"It was very exciting that it was done in nature as well as meeting other people too. Those were the main things."

### Background

Lisa struggled to make connections and socialise with people which made her feel very isolated. She thought that the programme was delivered outside in nature helped ease her anxieties "It involved outdoor activities and this would break the ice with the other people, not just being in one room, talking." Lisa was referred into the programme by her Peer Support Worker.

### What has changed for Lisa?

Lisa feels this programme has helped her socialise with other people and has since joined a walking group "I started to go with a walking group so I will see new places and speak to other people." Lisa has also started to introduce self care practices into her daily life "The course has made me feel more compassionate with myself, not being so harsh on myself is a good step to take!"

### Lisa's experience

As the weeks went on, Lisa felt more comfortable "I felt more comfortable in the group, more relaxed." speaking with others in the group. Focusing on nature made a huge difference to Lisa. It helped her take part and reduce her anxieties "It made a lot of difference, absolutely, you feel more in connection with nature."



**Experiences in common and sharing stories:** Having that experience in common e.g. mental health concerns etc. and / or being able share stories has helped to make beneficiaries feel less isolated as it has allowed them to see that other people were going through similar struggles. Beneficiaries also mention how helpful it was to hear the lived experiences of the facilitators too *"Their lived experience just makes so much difference, and they've just got an enthusiasm and a passion, which is just lovely to know that they're enjoying what they're doing, and I think we're all just helping each other as well."* A key element of the delivery was peer to peer support, this shows how important embedding those lived experiences of mental health into delivery can be.





# Simon's story

"If we go into a situation with other people or experience something, right there you've changed your life or path, even with the smallest thing."

## Background

Simon has complex mental health issues and was struggling to find support. "I have found it extremely difficult to get any actual help, or find any programmes, or get into them. Either you're on a massive waiting list, or you don't get in." He liked how the programme approached using nature as a tool to support mental health "I think it was just something from it affirming the link between mental health and alternative things like looking at nature".

## What has changed for Simon?

Simon reflects back on his time and sees this as a good time period in his life "Just to be treated with respect." It also acted as a reminder to use nature as a tool to support his wellbeing "for myself, it was just a reminder, and the value of it, and if I can at all get into nature." Participating in the programme also gave Simon hope that mental health services are going to improve.

## Simon's experience

Simon felt the programme was delivered with respect and empathy "There was a lot of respect, which I find doesn't happen very much with people with mental health issues". He felt it wasn't rigid in its design and this made him feel welcomed, and more open to be himself "There was an ease to it that was quite lovely. It wasn't all very stringent."



**Being able to socialise with others:** The programme helped reduce the self-reported levels of social isolation amongst beneficiaries. Throughout the course, beneficiaries started to feel more encouraged to socialise and have 'proper conversations' due to the social nature of the activities that were delivered. You might not want to have a heavy conversation about the extent of your depression, for example, but everyone can chat about a new leaf they've seen on the course that day. In addition to this, doing something with your hands while talking helped beneficiaries relax and open up more *"being in nature...it enabled people to be 'socially freer'" [Delivery staff]*. The social space created provides people with a haven to escape to, away from their day to day concerns *"The fact that as soon as I walk into the grounds leading up to the reception desk, everything I'm stressed about starts melting away, I'm suddenly able to smell the air and feels thicker with oxygen, I breathe it in deeply every time I cross the bridge - makes me feel alive."* They described the wetlands as being a unique space for them, and that they were also starting to notice nature outside – in their day to day lives too.

**Improved awareness of nature and its benefits:** Beneficiaries reported that since taking part in the programme they were generally more aware of the nature that is around them, specifically in their day-to-day lives *"It helps me slow down a bit and stops me racing ahead of myself - to come back to*

*where I am*". As already discussed in the previous outcome, beneficiaries have realised the benefit of nature and the positive effect this has on their wellbeing, the need to bring nature into their daily life *"I try to go to the parks around my area more often, and once there be mindful."*

## What role did the environment play in improving mental health?

**Looking at the spaces used, wetlands, blue and green spaces and the London site itself.**

**The combination of indoor and outdoor activities incorporating nature worked well in its design and delivery:** Participants valued the combination of indoor and outdoor activities as they provided a good mix of ways to engage with the programme, such as being able to sit and listen to others' stories, whilst the outdoor activities focused more on their senses – feeling, hearing etc. This encouraged them to open up more *"I like in the first hour indoors, to have chance to listen to the others, it make me more compassionate about myself, and not to be so harsh. Also, the following activities outdoors specifically the one we had to feel by touch, the object in a bag & draw them."* As already mentioned in outcome 1, proactively encouraging beneficiaries to spend time outside – i.e., by having activities that had to be delivered outside rather than just advising people to spend time outdoors – this helped people work through doubts or anxieties they may have had. *"They're always saying about go out into nature and green spaces but with this programme, we were there. They're not just telling you, they're giving you that opportunity, so you don't have to find it for yourself"*.

**Being mindful and reflective in natural environments were tools that beneficiaries frequently recalled and used:** Generally, beneficiaries reported back that they were taking more time to notice things around them, especially when outside in natural environments, than they did before. The techniques such as mindfulness and being more reflective are seen as 'easy to do' activities that can use day to day e.g. when walking to work, or at the park *"The ability to slow down and really look at nature, so the mindfulness aspects of the course [have been really useful]. I've continued to use binoculars to observe nature as we were taught on the course."*

**Having to get up and go to the wetland centre created a purpose for beneficiaries in the short term:** Having something to 'go out for' has been key for many of the beneficiaries who provided feedback. It encouraged them to leave the house which is difficult to do independently when feeling low. This has helped their mental health *"When you're depressed, you want to stay home. Here, every week, you have something to do, and especially being with nature. Nature is the best remedy for us"*. Although this is a positive outcome, we can't be confident in the long-term impact of this due to the course only lasting 6 weeks and therefore it is reliant on the beneficiary continuing with these

behaviours. However, as discussed in the section above, beneficiaries have reported back that they were now more likely to continue getting out into nature as a tool to manage their wellbeing.

There were challenges for the beneficiaries due to the location of the site in which the programme was delivered (which is discussed further in this report). **It became apparent to delivery staff and those referring into the programme the levels of anxiety people experiencing when having to leave the house and travel somewhere new and / or use public transport etc.** *“I think that we really need to understand just how difficult it is for people who are living with poor mental health...To go on a train and attend a group that they have never been to before.” [Delivery staff]* This was a main barrier to people deciding to take part or not. This is also backed up as only a handful of beneficiaries coming back to the London Wetland Centre after the course finished i.e. using their free annual membership to the centre.

Image 3: Walkway entrance to the Wetland Centre in Barnes, West London



## How was the programme implemented?

### How were participants referred into the programme?

In most cases, beneficiaries found out about the programme through direct engagement with referral organisations, such as their link worker or mental health team: Referral organisations were key to engagement with the programme in the early stages. Most organisations e.g. link workers, mental health teams, etc. were made aware of the programme via MHF / WWT delivery staff getting in contact with them. Referral organisations fed back that that they thought the programme needs to link in more with other localised social prescribing schemes at community spaces and GPs *“I think*

*social prescribing is a clear one besides that I think just getting the name out there like other local community centres, libraries.” [Referral organisation].* There were comments around the challenges in engaging with GP services and that GP interest in non-clinical approaches varies from practice to practice. They therefore suggested that more resource is placed at promoting the programme in local community spaces e.g. placing posters up etc. Towards the end of the evaluation, a handful of beneficiaries noted that someone else e.g. a friend, family member had told them about the programme. The short delivery period needs to be taken in to account as ‘word of mouth’ takes time to build momentum.

## How did this programme compare to Steart Marshes?

Steart Marshes is a WWT Wetland Centre in Somerset. Since 2021, a Blue Prescribing course, called The Meads and Marshes programme has been delivered. The 8-week course is promoted as a health and wellbeing group, which uses gentle walking, tools and techniques incorporating nature to help improve wellbeing. A part of the evaluation for the programme at the London Wetland Centre was to also assess what the similarities and variations were to the Steart Marshes programme. Due to the challenges in collecting data from both programmes we can only provide an incomplete snapshot comparison between the two. When comparing these programme findings to that of the [Blue Prescribing programme at Steart Marshes](#) we found the following:

	London Wetland Centre in Barnes	Steart Marshes Wetland Centre in Somerset
<b>Similarities</b>	Both programmes offered <b>outdoor based activities</b> in groups involving <b>creative practices using nature</b> resulted in positive experiences for beneficiaries.	
	Both programmes <b>offered content that was easily adapted</b> to suit beneficiary needs.	
	It was found that both programmes <b>did not necessarily act as an effective tool for ongoing management of mental health conditions</b> or concerns in the longer term.	
	Both <b>encountered issues with access to / travel to the sites.</b>	
	Beneficiaries at both programmes <b>valued the opportunity to socialise with other people and the offer of person-centred delivery.</b>	
<b>Variations</b>	The use of <b>indoor space</b> to have discussions offered more opportunities to sit and listen to others’ stories	Positive outcomes included a <b>reduction in anxiety, improved physical health and coming off medication.</b>

## **What networks were developed, and which pathways were more effective in referring people to the programme?**

Delivery staff were successful in reaching out to varied potential referral organisations. Whilst delivery staff made some good progress in developing links with other organisations, **only a handful of seemed actively engaged in referring into the programme**. However, this finding should be considered in the context of the short term nature of the funding and the time needed for good relationship building. Organisations felt that clarity was needed on where a programme such as this sits in terms of participant suitability to the programme, and vice versa. More comprehensive information, more taster and introduction session need to be offered to both referral organisations and potential beneficiaries alike.

**Delivering staff used a lot of resource to try and develop relationships with other organisations, but it takes time for effective referral networks to become embedded:** Aspects of delivery such as the offer of introductory and launch/taster sessions were welcomed. Referral organisations saw these as beneficial and would like to have seen more of these offered *“We enjoyed and appreciated being at those initial talks about what the process would look like.” [Referral organisation]* It was mentioned by most that had attended them e.g. how these has helped them meet other organisations and / or colleagues in their field *“We had a good conversation meeting both of them [MHF and WWT delivery staff], to think about how we establish our own activities.” [Referral organisation]* Although we can't be sure if this led onto any meaningful change, one or two of the referrals organisations said that this further helped them reflect on their own internal process *“this project also inspired and motivated us to think about our own activity.” [Referral organisation]* Others said that they were now more aware of the Mental Health Foundation and the work they do.

**There was lack of clarity for referral organisations about who the programme was suited for:** Some organisations, link workers, mental health teams etc. that were aware of the programme felt that it was hard to understand the type of person they should be referring in *“At the beginning, to be honest, the words of ‘mental health’ was quite broad so I don't think anyone specified what sort of mental health could be suitable for the project.”* Also, some felt it challenging to identify at what point in clients' journey the programme was suitable *“It can be quite tricky to identify the right time in someone's journey to be able to attend the programme, you need to be relatively well enough that you can make your way there, get up in the morning, get there, prepare for that.”*

Delivery staff at MHF and WWT engaged with a wider range of organisations which ranged from primary care service providers, such as Social Prescribers to community voluntary organisations that directly supported people e.g. those with a disability, women and older people groups etc. The mind

map below presents the routes into the Blue Prescribing programme with the key referral partners highlighted in red.



## What aspects of the programme did or didn't work well?

**Using nature-based activities and connections was a key element for beneficiaries:** Exploring the three key elements of the Blue Prescribing programme – namely, **nature-based activities, self-management and the social setting used** – we're able to see what aspects of the programme were most valued. The below explores each of these elements separately:



The context in which the programme was delivered, **in and with nature**, was by far the most beneficial aspect for beneficiaries. It offered a different dynamic for beneficiaries, especially those who had sought support for their mental health before e.g. CBT, talking therapies, peer support groups etc. Being out in nature, using nature as a conversation tool and the nature activities themselves resonated well with all beneficiaries *"Nature is an important part of my wellbeing."* For some, it offered relief from the drain of urban or daily life, for others it gave them the opportunity to 'play' with nature and connect with it with little obvious focus on mental health conversations *"I've become very aware that nature is a key component of my recovery and wellbeing. Doing this with others is very important."*



**The self-management approach**, which built upon tools and techniques beneficiaries could use to manage their wellbeing, although valued, **were not always top of mind when discussing beneficiaries' experiences of the programme.** Recall of the approaches used weren't always clear, apart from beneficiaries stating that they were being more reflective and mindful day to day *"I am being more observant now when I'm outside. Instead of just using walking for exercise, I'm more likely now to look and listen, even stop sometimes."*



The spaces used at the wetland was highly appreciated, *"I think it's brilliant. I think it's ideal for the programme. it's great to have this big outdoor space where people can get away from the centre of busy-ness of life in London"* **but aspects such as using nature, alongside the rapport and connections to others it enabled, seemed more important to beneficiaries.** Although the location was admired by all the beneficiaries that fed back this wasn't a key component of the programme's success. Discussion with referrals networks, delivery staff and beneficiaries highlighted that in developing further programmes – using nature and the self-management approach, which was still facilitated – **could be replicated in other more local green settings.** Although it was noted that these areas would not have the facilities the wetland centre could provide, it could open up the programme to become more inclusive and help overcome some of the barriers faced by people accessing the centre.

**Programme delivery offered a stepping stone in accessing other more traditional support services:**

The success of programme delivery depended largely on beneficiaries personal circumstances, including their programme expectations, mental health needs and desires for the course. For example, some beneficiaries want more intense, longer-term support whilst others wanted a one-off session. *"It might take them a few sessions to get going, to get used to it, and then maybe it's only from the third or fourth session they start to enjoy it and they only have two more. I think some people would benefit from building up resilience, motivation, that side of thing."* [Referral organisation] Referral organisations also mentioned that although support services were generally good across their area, this programme was different and was something that they wanted to see more of *"We have a good range of support but of course it doesn't always completely fit the need, it's the intense long-term support that is really missing but I think we have things like this programme that really do help people."* [Referral organisation] Overall, both referral organisations and beneficiaries felt that this programme approach offered a stepping-stone for people to deal with their mental health issues, but people needed to be in the right head space or point in their journey to take part.

**Programme content was easily adapted to suit beneficiary need / structure:**

Delivery staff were able to easily adapt the structure of the course to suit beneficiary needs, which allowed for greater co-design and delivery for each group. Exploring this further, some beneficiaries appreciated an opportunity to not focus solely on mental health issues and valued doing activities and walking around *"It hasn't just been sitting around and talking, we've had activities and also being shown around the Wetland Centre."* In addition to this, they valued the light touch approach, and how the activities soften the way wellbeing was approached *"That was quite comforting because we did little exercises that were around mental health, but we never really got down. I think that was really clever. We were talking about it, but it didn't feel heavy. It was just easy conversation."*

**The lived experiences of delivery staff:**

As previous discussed, delivery staff having empathy through lived experiences of mental health issues was highly valued and it aided discussions *"[Delivery staff] their lived experience just makes so much difference, and they've just got an enthusiasm and a passion, which is just lovely to know that they're enjoying what they're doing, and I think we're all just helping each other as well."*

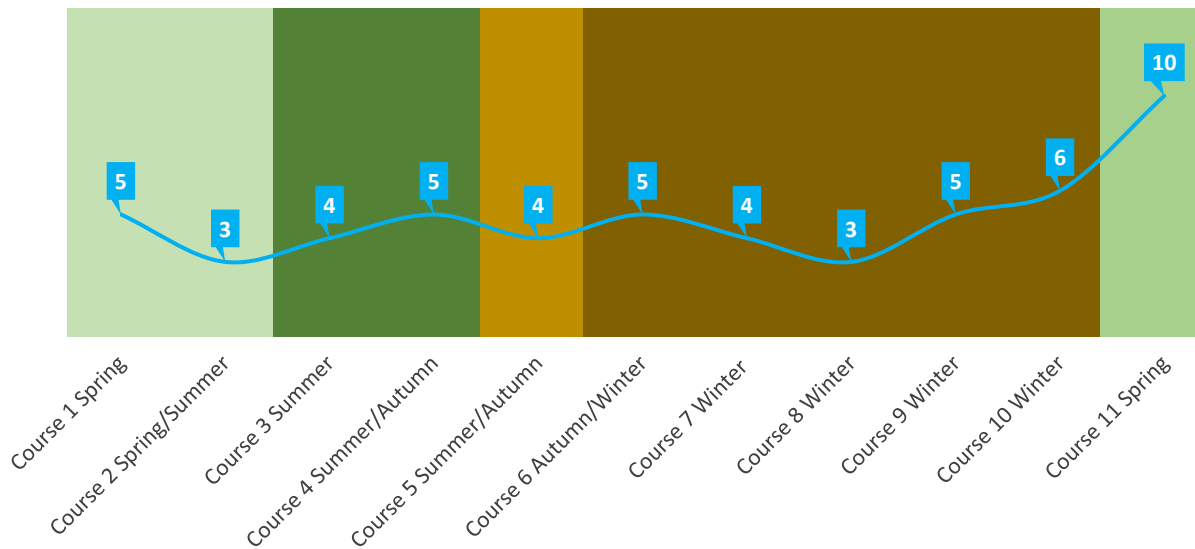
**Referrals and uptake in the programme were lower than anticipated:**

This may be due to the Blue Prescribing programme being new to the West London area, plus the funding period being relatively short. It takes time to develop and form relationships with organisations and for word of mouth to spread. Referrals being low meant that there were only a small number of people on each course – on average 5 people attended each session (see Chart 1). In some cases, beneficiaries preferred the



smaller groups, while others didn't. Exploring this further, the smaller groups meant at times there was a mismatch between mental health needs or the type of people taking part, which impacted upon how comfortable people felt within the programme. It also impacted on the peer-to-peer support element, for example, if someone couldn't attend a session e.g. sickness etc. making the group even smaller and further limited social connections.

**Chart 1: Number of beneficiaries competing the 6-week course over time**




### Who was the programme targeting and how successful was this?

The programme looked to support people experiencing mild to moderate poor mental health. As well as vulnerable single parents, those from diverse groups and people with a long-term health condition, including people recovering from long Covid. As previous discussed, all of the above groups of people are less likely to have access to natural green and blue spaces.

Overall, 108 people referred into the programme and **60 people took part**, completing the 6-week course.

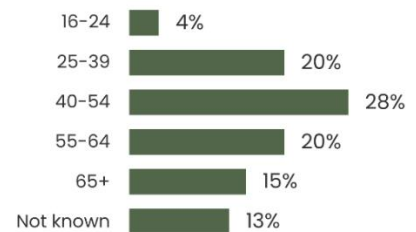
Assessing the type of people who took part (based on data collected from 54 participants), two thirds (63%) were women, almost half (48%) fell into the 40-64 age group, just over six in ten (63%) were unemployed, 30% were non-white (65% were white and 6% unknown) and 57% had a long-term health condition.

Exploring where people came from to attend the course, most were from local authority areas surrounding the Wetland site such as Richmond, Hammersmith and Fullman and Wandsworth for example.

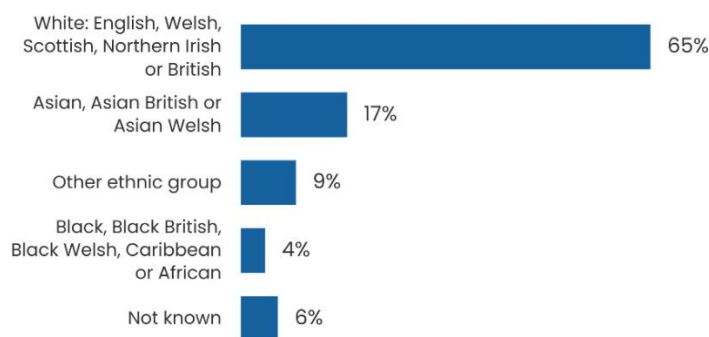
**108** people referred into the programme  and **60** people took part across **12** courses



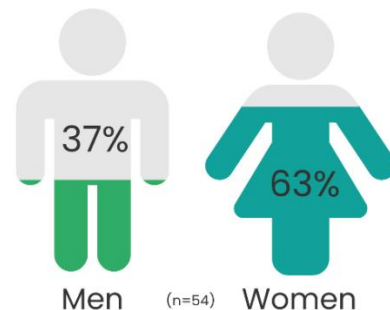
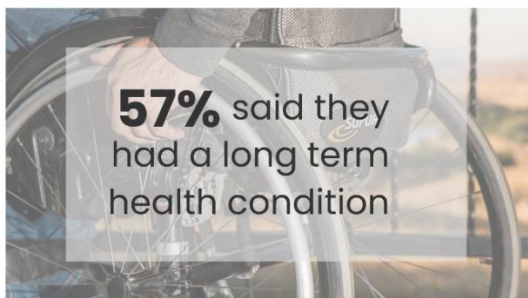
**Age group (n=54)**



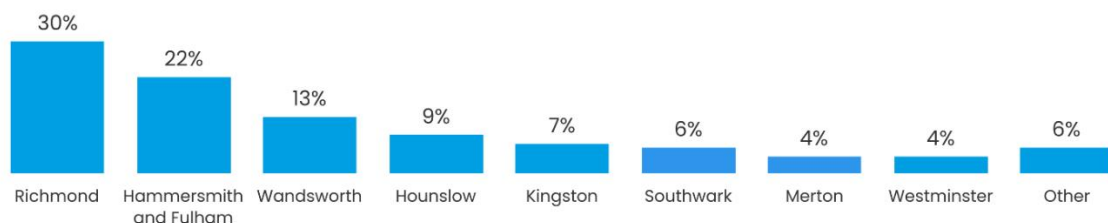
**Ethnicity (n=54)**



**63%** who took part (n=54) were unemployed



**London Borough (n=54)**



**There were barriers to participation in the Blue Prescribing programme:**

**Distance and proximity to the centre was a concern for some beneficiaries:** The programme was looking to engage with people with mental health concerns and those less likely to access natural spaces. This group of people are also more likely to live with other long-term health conditions such as mobility issues etc. Getting to and from the wetland centre was therefore a challenge for some,

with the nearest train station a 20-minute walk from the centre. Those without access to their own vehicle were therefore reliant on public transport. Although the programme did try mitigate this by paying for transport to and from the site, it was still seen as a logistical challenge for some beneficiaries. Another challenge outside of the programme's control, was the closure of the Hammersmith Bridge (since 2020) which caused significant travel issues across the region.

**Mental barriers such as anxiety were common:** The anxieties experienced by some people stopped them from taking part in the programme, or for those who did take part this was an ongoing concern for them. This was experienced in various ways, for example people struggling to leave the house and using public transport or people not wanting to attend the session alone due to social anxiety. *"Someone who might be very anxious on public transport and find that they can only go on the public transport for certain amount of time, and because it's quite far that can also be quite mentally difficult for some clients."* [Referral organisation] Some people want to go but want to be accompanied, specifically on the first session. Support workers etc. don't have the resources to help them with their complex issues e.g. taking them to the centre *"Clients who might be interested in the programme, but don't feel confident to go on their own every week and don't have a family member or friend who's able to go with them, I wouldn't be able to go with them, and that's also a barrier."* [Referral organisation]

## Is there a link between self-management, the programme and reduced GP visits / primary care appointments and potentially secondary care mental / physical health services?

There was limited evidence that the programme may act as an effective tool for ongoing management of mental health problems in the longer term. However, there was some evidence of a behavioural legacy of the programme. Some beneficiaries reported that aspects of the programme would be sustained beyond the lifetime of the programme, but these were light touch, such as:

**Socialising with others beyond the programme:** Beneficiaries felt more able to connect with others having been encouraged to socialise more with people who were on the course. Although this finding is based on limited evidence, due to only a handful of beneficiaries mentioning this

**To explore / try new things outside the programme delivery:** Several of the beneficiaries said that they were likely to continue doing nature-based activities such as bird watching, recognising cycles of emotions and mood *"I enjoyed the bird watching and I'd like to carry on learning about them and identifying some of them. It was peaceful, but it also brought me knowledge - it's sort of empowering*

*somehow. I downloaded the Merlin app where you can listen to birds and try to identify them by their call. In fact, on the way over here I was listening to the European Green Finch".* Most beneficiaries said that they were planning on being more aware of nature around them and take time for themselves *"Reflect and use nature to distress and unwind my mind of any negative though process."*

**The programme offered a different dynamic for beneficiaries that has accessed traditional forms of support:** Beneficiaries, especially those who had accessed more traditional routes before, felt this approach offered people a different dynamic, but some said that it was more like a stop gap during the waiting period in accessing other support services. Others said it helped them identify and act on the daily pressures, for example by easily walking out into nature, whether their garden or local green space. *"Since starting this course, there have been a few times where I've felt really low, and I've thought 'If I just go outside, even if I just walk around the block, I'm going to feel better"*. These beneficiaries said that they can now recognise how important nature is to wellbeing. The idea of slowing down, noticing nature more etc. came through strongly for most beneficiaries. However, a few beneficiaries who provided feedback also said they still need ongoing support for their mental wellbeing such as CBT (Cognitive Behavioural Therapy).

*Image 4: Wetland Centre in Barnes, West London*



# Summary

## Key findings

The programme was designed to offer a different way of supporting people's wellbeing in addition to more standard techniques such as CBT, talking therapies etc. **Using nature-based activities and enabling social connections was a key element to mental health improvements for beneficiaries.** While the **self-management approach**, which built upon tools and techniques beneficiaries could use to manage their wellbeing, was not always top of mind in discussion of beneficiaries' experiences of the programme. Most beneficiaries could not recall the self-management tools or activities learned during the course and are therefore unlikely to use these once the course has finished. It did though enable people to get outside and interact with nature, introducing them to the concept of using the blue and green spaces around them to support their wellbeing. **The space used** - the wetland centre - was highly appreciated, but aspects such as contact with nature, alongside the rapport and connections to others it enabled, seemed more important to beneficiaries indicating the positive effects could be replicated in other more local green and blue spaces.

The Blue Prescribing programme in London was new and therefore there were aspects of its implementation that worked and others that created challenges for beneficiaries. It was clear that being open to **self-care practices, understanding how the mind and nature are connected, being able to connect with others and having that experience in common** were valued by most who took part and was a **key success to its delivery.**

Positively, both delivery staff and beneficiaries felt that **the programme content and its structure was easily adapted to suit beneficiary needs.** Wider evidence<sup>14</sup> shows that incorporating lived experiences into delivery leads to better outcomes for people taking part in interventions as they are designed to suit their needs.



However, there were **barriers to participation** or uptake in the Blue Prescribing programme. These were mainly due to the **distance to the centre** for some beneficiaries. **High levels of anxiety** such as meeting new people, being in unfamiliar surroundings and having to use public transport were also commonly mentioned. Some referral organisations found it **unclear who or at what point in their**

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<sup>14</sup> CFE Research (September 2020), The role of lived experience in creating systems change, Community Fund, <https://www.bht.org.uk/wp-content/uploads/2021/03/The-role-of-lived-experience-in-creating-systems-change-2020-1.pdf>

clients' journey the programme was suited for. This resulted in low referrals altogether. Below presents the key findings under the outcomes for the Blue Prescribing programme:




## **OUTCOME 1: Participants are more confident and empowered in managing their own mental wellbeing.**

-  Beneficiaries have improved self-efficacy and self-care practices as they have been enthused to manage their wellbeing outside of the programme. They have seen the benefit of using nature to improve their wellbeing by being shown how to do this, rather than simply being told to do something. Though this was based on a light touch and simple approach that is easily incorporated into daily life rather than a structured self-management approach.
-  There have been self-reported improvements in wellbeing from low to moderate levels of wellbeing.

## **OUTCOME 2: Participants are more connected to others around them and with nature.**

-  Nature-based activities were an effective starting point in connecting people with people by offering something to focus on e.g. doing an activity. This helped people socialise with others, breaking down barriers and anxiety levels.
-  Having experiences in common and being able to share stories that resonate within the group was highly valued by participants.
-  Beneficiaries reported that they now feel more able to socialise with other people, as the programme offered that steppingstone.
-  Beneficiaries felt that they have an improved awareness of nature and the benefits it can have on their wellbeing.

## **OUTCOME 3 The programme has helped participants have a better understanding of their own mental wellbeing.**

-  There was an improvement in beneficiaries realising the benefits of nature and the impact this can have on personal wellbeing.
-  The combination of indoor and outdoor activities worked well in its design and delivery. It gave a good mix such of being able to sit and listen to others' stories, whilst the outdoor activities further engaged conversations and connections.
-  Being mindful and reflective were tools that beneficiaries frequently recalled and used.



The programme created a purpose for beneficiaries e.g. having to go somewhere, but this was only within the context of programme delivery, meaning that we can't evidence whether this will be sustained.

## OUTCOME 4: Participants are less likely to seek support via primary care routes due to the programme approach.

Based on the evidence collected, **this outcome has not been achieved**, although there have some positive changes, this hasn't resulted in beneficiaries using the tools and techniques as an approach to deal with mental health rather than accessing primary care support. We did find:



Beneficiaries felt the programme was a key enabler to explore or try new things outside the programme delivery relating to nature and the outdoors.



For those who had accessed mental health support previously, this programme offered a different dynamic for beneficiaries. However, some didn't see this as an effective tool to address their concerns in the longer term, rather offering a stop gap between support services.

## Recommendations for future delivery

If the programme was to be continued, then we'd recommend the following:

1	<b>This programme is better suited as a light touch intervention.</b> We'd recommend focusing delivery on the easy-to-use techniques such as mindfulness, being more reflective in day-to-day life and selfcare as these were more likely to be recalled and taken on by beneficiaries.
2	Expand on <b>offering taster sessions</b> for beneficiaries to ease anxieties either at the centre or at settings that are familiar to people such as local green and blue spaces and community hubs, groups etc.
3	<b>Explore how the programme could be replicated</b> in other local green and blue spaces to help overcome the mental and physical barriers at getting to the site.
4	Beneficiaries described the prospect of a <b>sustained role in the programme</b> as appealing. <b>Offer ongoing weekly drop in and out sessions</b> for beneficiaries that have completed the course.
5	<b>Look at how future programmes could further support beneficiaries with more complex needs.</b> For example, those who are too anxious to attend the first session on their own for example – could funding be allocated to support staff outside the project to accompany them?
6	<b>Continue maintaining and creating links</b> with social prescribers and mental health teams.

## **Appendix A: Programme theory**

## **Appendix B: Research questions**



# Appendix A: Programme theory

## Rationale:

- There are fewer natural blue and green access space for those living in urban areas experiencing mental distress.
- There is an evidence gap on the wellbeing outcomes of outdoor interventions.

## Objectives:

To improve mental health by enabling greater access to those that need natural blue and green spaces using a nature-based self-management programme in London.

## Inputs:

- Simply Health
- WWT & wetland centre staff, MHF staff
- Training
- London Wetlands centre
- Networks and referral pathways (link workers, GPs)
- c.180 participants
- Independent evaluator
- SROI at sister Steart Marshes site

## Activities:

- 6-week nature-based activity sessions (3 hours per week) x 20 sessions
- Ad hoc online self-management sessions
- Outreach events, Networking & developing referral pathways

## Outputs:

- 180 people taking part
- Clear map of referral routes
- Participants are more likely to:
  - ✓ Recognise triggers etc.
  - ✓ Revisit blue prescribing instead of statutory services
  - ✓ Use self management tools
- Improvements / increases in:
  - ✓ Awareness of own wellbeing
  - ✓ Confidence when managing wellbeing
  - ✓ Self efficacy
  - ✓ Social connections with others, social spaces & nature
  - ✓ Use of nature based self management into daily routine

## Outcomes:

- O1:** Participants are more confident and empowered in managing their own mental wellbeing.
- O2:** Participants are more connected to others (social bonding) around them and with nature.
- O3:** The programme has helped participants have a better understanding of their own mental wellbeing.
- O4:** Participants are less likely to seek support via primary care routes due to the programme approach.

## Impact:

- Nature-based self-management programme are sustainable/scalable delivery models
- There is a wider uptake with nature based self-management programmes as they offer a strong evidence base to funders and partners, as well as policymakers nationally and locally.

# Appendix B: Research questions

## 1. How did the programme approach improve the wellbeing of participants? (O1)

- *To what extent did the programme improve how confident and empowered people feel in managing their wellbeing?*
- *To what extent has the social spaces used for the programme helped improve the mental wellbeing of participants?*

## 2. What aspects of the programme led participants to feel more connected to others and to nature? (O2)

- *How are participants engaging with others (in and outside the programme)?*
- *How are participants engaging with nature (in and outside the programme)?*
- *How are participants engaging with the social spaces such as the London wetland site, other blue and green spaces?*
- *How do participants feel the programme has impacted on how they connect with others, nature and the environment?*

## 3. How did a nature based self-management tool lead to participants having a better understanding of their wellbeing? (O3)

- *What aspects of the nature based self-management approach was valued most by participants?*
- *What aspects of the programme did participants integrate into their day to day lives?*
- *How will these approaches be sustained beyond programme involvement / to what extent will these approaches be sustained?*

## 4. How did the programme lead to a reduction in GP visits/primary care appointments? (O4)

- *To what extent will nature-based activities and self-management tools be used instead of seeking primary care as first call?*
- *Do participants see nature-based activities and self-management approaches as an effective tool for dealing with their mental wellbeing?*

## 5. How was the programme implemented?

- *What aspect of the programme worked well or didn't?*
- *Who was the programme targeting and how successful was this?*
- *How might the programme be improved?*

## 6. How were participants referred into the programme?

- *What networks were developed?*
- *Which pathways were more effective in referring people to the programme?*
- *How did the programme change the way organisations work with each other?*
- *How did these networks and pathways compare to Steart Marshes?*

## 7. What were the positive or negative unintended outcomes of the programme?

- *Has the programme impacted on participants environmental attitudes and / or awareness of nature?*
- *Has the programme led to increased social and emotional attached to green spaces?*



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