
Mood Walks: A socio-ecological prescription for health?

This casebook example explores the programs and activities that are helping to protect and/or enhance greenspaces as settings for public health and well-being. Taken from *Leveraging the Benefits of Greenspace for Environmental and Public Health Benefits: A Casebook of Ontario Initiatives (2017)*

Summary

The evidence supporting a positive relationship between exposure to natural environments and human health and well-being is growing exponentially. Programs like Mood Walks are taking advantage of the convergence between exercise, mood and exposure to nature to create programs targeting a variety of vulnerable populations. The programs are allowing mental health professionals to explore new avenues for intervention with a variety of vulnerable populations. It remains to be seen, however, how well the evidence behind this innovative program will be integrated into the wider health system.

Introduction/Background

People have been advocating for the salutogenic (e.g. health affirming) benefits of exposure to nature for millennia (Burford, 1969; Antonovsky, 1987). Recently these messages of enhanced health and well-being have been translated into specific program initiatives in Ontario. New partnerships between Conservation Authorities, Hikes Ontario and the Canadian Mental Health Association (CMHA) and other provincial and local agencies are leading to public

health interventions focused specifically on leveraging the ability of natural landscapes to enhance the physical, social and mental health of program participants. They formalize and expand on innovative local programs, such as partnerships between the Homewood Health Centre and the Guelph Hiking Trail Club, and the Waypoint Centre and the Ganaraska Hiking Trail Association (Friesen, 2016).

Due to the active and social nature of group nature walks, it can be difficult to separate out the benefits of being in the forest from those provided by the social interaction and the physical exercise; all are important to enhancing health and well-being (Wilson et al, 2010). A variety of studies have compared walking programs in natural settings to those in urban or indoor environments. Where effects are documented, the majority tend to favor natural (e.g. 'green' and 'blue' environments – forested and water landscapes, respectively) as having more beneficial effects (Berman et al., 2008; Hartig et al., 2003; Peacock et al, 2007; Coon et al., 2011). These studies support the contention that the natural surroundings are key to realizing the full benefits of guided walking programs.

In their evaluation of Irish 'Woodland for Health' mood walks program, Iwata et al., (2016:22) found that "the elements of quietness and fewer people are particularly important to people who are experiencing mental ill-health, because they are more self-conscious and sometimes not comfortable surrounded by other people. In the forest settings, the participants were more relaxed and willing to interact with each other". In addition, "the sense of escaping from everyday life, the beauty of nature, and having something interesting to look at in the forest environments were important elements for improving their mood, encouraging communication and motivating regular participation" (p. 16). These features – the quiet, un-crowded, beautiful and interesting forest; the walk as a different activity from everyday life; and the social support) have been highlighted by a variety of other researchers as well (Kaplan et al., 2012; Berman et al., 2012; Gonzales et al, 2010; Cruwys et al., 2014; Korpela et al, 2016).

Health and Well-being

Mood walks and other similar programs are, at their core, walking groups facilitated by trained professionals. The guided walks last anywhere from 30-120 minutes, and are usually held once a week, although they may also be more frequent. They target a wide variety of vulnerable groups, including the elderly, youth-at-risk and those with a range of mental health concerns, including depression, anxiety, substance disorders, bi-polar, schizophrenia and other psychotic disorders (Barton et al, 2012; Sahlin et al., 2015; Iwata et al., 2016). Nature walks have been shown to enhance attentional, emotional and physiological processes related to stress reduction, vitality, cognition and creativity. The 'route of exposure' in ever-changing landscapes can be visual, tactile, olfactory and auditory, making exposure to nature very difficult to quantify (Frumppkin and Jackson, 2014).

Many studies have explored the relevance of Attention Restoration Theory (Kaplan, 1995) to understanding the positive mental health and well-being effects we receive from nature (Jung, 2016; Lee et al., 2015). The theory centres on the restorative benefits of natural landscapes that allow us to recover from 'directed attention fatigue' and regain our ability to concentrate. Directed attention fatigue occurs during the performance of cognitive tasks that require long periods of directed attention (Bowler et al., 2010). According to Kaplan, the following four properties are needed for a natural environment to provide this restorative effect: i) extent (the scope to feel immersed in the environment); ii) being away (providing an escape from habitual activities); iii) soft fascination

(aspects of the environment that capture attention effortlessly – e.g. leaves in a forest; sunlight glinting off water); and iv) compatibility (individuals must want to be exposed to, and appreciate the environment). Fascination appears to play a critical role, with the other three properties enhancing and sustaining it (Kaplan, 1995). A recent systematic review of the theory provided some support for the theory, but noted that the diversity of study designs, sample size and types of evidence make it difficult to isolate the attributes that may be affected (Ohly et al., 2016). The concept of restorative environments is strongly grounded in Attention Restoration Theory (von Lindern et al., 2017; Collado et al., 2017).

Actions

In Ontario, the Mood Walks program is targeting a variety of vulnerable groups, including youth in transition (for youth at risk of, or experiencing, mental health issues), and older adults. Based on their experience to date, some best practices for mood walk programming in Ontario include: engaging mental health agency staff who already have an outdoor orientation; building in-house capacity to lead mood walk by training staff and clients to become Certified Hike Leaders and Safe Hiker Instructors; leveraging win-win partnerships with local hiking clubs and trail associations to cross-promote the programs; ensuring participants have access to appropriate clothing and footwear; designing 'loop' hikes to allow participants to opt out, as necessary and gradually increasing the time, length and speed of the hikes; and, pre-hiking the planned route in groups of three. Where possible,

organizers may choose to pre-hike with interested participants who are wary of structured group events (Friesen, 2016).

Preliminary results from the evaluation of the 2014 Mood Walks pilot program targeting seniors found that 22 new walking groups were created and 64% of these groups walked for at least 10 weeks. An average of 6.4 participants walked for, on average, 70 minutes. Safe Hiker training was provided to 257 people, and 21 new Safe Hiker Instructors and 51 Certified Hike Leaders received training. 92% of the participants described the new partnerships as 'successful' and 73% 'definitely' expected to continue the program. Participants particularly enjoyed connecting with nature, the social aspect of the walks and learning and gaining new skills. They demonstrated significant positive changes in happiness, anxiety and energy levels from pre- to post-walk and both organizers and participants increased their awareness of nature's influence on mental health (Mitchell, 2015).

In New Brunswick and British Columbia, a new program is promoting the use of prescription pads that doctors can use to 'prescribe' outdoor walking to their patients (Owens, 2014). Were it to be expanded to Ontario, this program could be further strengthened through referrals, by doctors, to specific, targeted and organized programs such as Mood Walks.

Discussion

Mood walks are creating new partnerships in Ontario that can be seen as part of a systemic change in how we collectively respond to the challenge of mental ill-health in our

communities. The engagement of non-traditional groups in designing and implementing programs for vulnerable populations suffering from mental illness helps de-stigmatize these issues.

Given that the Mood Walks program in Ontario is quite new, it is not clear how much potential it has to be integrated into the larger health system. A study of the national British program, Walking for Health, found that only 6% of participants had been referred to the program by their doctors. This suggests the potential for much greater outreach if physicians and nurses can be engaged in promoting this non-pharmalogical approach as part of a comprehensive treatment plan for a wide range of health conditions (Marselle et al., 2014). Some of the pieces of the puzzle are in place. For example, the Ontario College of Family Physicians (OCFP) has a continuing medical accreditation program

focused on advocating for lifestyle changes. Titled “Environmental Impacts on Health: Reducing Common Comorbid Conditions by Encouraging Lifestyle Changes”, the three-hour course promotes “a systems medicine, integrative approach to help ... patients make and maintain informed health-promoting lifestyle changes and enhance self-management” (OCFP, 2016, p.15). The course currently focuses on elderly patients (over 65), but it opens the door to additional training focused on other vulnerable populations and opportunities for action. The ‘prescriptions’ for exercise and exposure to nature being advocated by some Canadian public and medical health agencies is another encouraging step. Thus, there are a variety of opportunities to leverage existing programs across the medical, public and mental health communities to better support and promote participation in

programs that reap the benefits of natural settings. Changing physicians’ mindsets and practices to reflect our current knowledge of the benefits of green space and health is a significant challenge.

The image shows a form titled "Rx for Health pour la santé". It includes fields for Date, Name/Nom, and a section for "I recommend/Je recommande:" with checkboxes for "Walking/la marche" and "Other/Autre". There are also fields for "minutes a day/Minutes chaque jour" and "days per week/Jours par semaine". A note in French asks the patient to rate their confidence in achieving the activity goal on a scale of 1 to 10. At the bottom, there is a reference to Health Canada's guidelines and a line for the Physician signature/Signature du médecin.

Figure D-1. New Brunswick Medical Society's exercise prescription pad.

Discussion Questions

1. Compare and contrast the pathogenic (disease) model of health to the salutogenic model. Which is more relevant to ecohealth?
2. What other vulnerable populations do you think could benefit from Mood Walk programming in Ontario?
3. How is the Mood Walk program different than prescriptions for physical exercise?
4. Do you think clinicians in Ontario would welcome the opportunity to prescribe Mood Walks? Why or why not?
5. What are some of the barriers to people continuing walking in nature outside of the Mood Walks program, or after it is over?

For More Information about the Case, See:

Mood Walks. 2016. www.moodwalks.ca