

Green Walking Case Study

Cornwall Partnership NHS Foundation Trust

Project Description

Background

From April to July 2019, staff from the Carbis and Perran wards at Longreach House in Cornwall began a weekly walk with patients as a Green Beacon site in the Green Walking project. The purpose of this project was to assess the various barriers and enablers to organising an activity which provides supported access to a green space on an adult inpatient psychiatric ward.

Ward setting

Carbis and Perran wards each have 12-15 inpatients on average. Staffing includes three occupational therapists across the two wards. The unit is surrounded by beautiful countryside, including the Carn Brea common.

Approach

The process of applying to become a Green Beacon pilot site included obtaining support from Trust management (Nurse Manager, the Lead Allied Health Professional, and the Medical Director). The walk was organised weekly every Thursday between 14:00 and 16:00. It took about 1 hour and 30 minutes to complete including a 10-minute break in the middle. It would involve an occupational therapist (OT) accompanying the group of patients as they walked around the outskirts of the hospital. The walk was advertised by posters put up on the wards and staff coming around to ask patients if they would like to attend. Patients that had leave or were informal could attend the walking group.

Risk assessment was carried on each prospective patient to assess their current presentation and highlight any safety concerns with regard to walking outdoors in the community. The risk assessment used a strengths-based approach, where patients expressing an interest to engage in walking was considered a protective factor.

Bottles of water were provided to patients where a break was scheduled for halfway during walk. The walks were graded according to patients' mobility. For example, for patients who could not walk uphill the group was graded to walk to the foot of Carn Brae hill, while others were able to complete a longer walking group to Carn Brae common.

Benefits

Patient outcomes: A good example of a benefit to patient wellbeing came from one patient who prior to the walk reported apprehension mobilising. During the walk this person was observed to be generally less fearful of falling and more aware of her immediate surroundings while in the green space. On returning from the walk the patient walked up the stairs without fear. It was considered a significant transformation.



Poster used on the wards

This anecdote suggests that the walking group can support patient mood, confidence and wellbeing. In a similar vein, another patient commented that the walk had been ‘the furthest they had walked since being ill’.

More generally, patients reported enjoying the walks and finding the exposure to natural spaces relaxing and refreshing.

Environmental/Financial: Patients highlighted the importance of connecting with nature. Feedback from patients after attending walking group noted that they loved being outdoors or that they hadn’t realised how beautiful the Carn Brea area was. On one particular walk, a patient was motivated to share his depth of knowledge of plant life and nature. The patient’s enthusiasm appeared to inspire the rest of the participants in the group to spot plants and flowers during the walk, raising the group’s awareness about the ecosystem along the walking route. A common theme expressed by many patients was the idea of ‘peace’ when in the outdoors.



The program drew on the time of regular salaried staff but had no additional costs.

Social: During walks patients and staff would socialise. For example, one patient in the walking group opened up, expressing difficulty engaging following the death of a loved one. During the walk the patient was given the opportunity to talk to therapy staff to discuss options to reengage in activity which led to signing up for a community-based activity. The walk was felt to provide a therapeutic space for the patient.

Dis-benefits

Some patients expressed that the walk was ‘too far’ which meant they declined to take part. One patient that did take part with back pain did have to leave the walk early as they were unable to walk the entire distance with the group. However, she later said she had enjoyed the walk and hoped to join the group again in future. To support this, a mini-walking group was created for those with mobility challenges that allowed them to access the green space within the grounds of Longreach House.

Barriers

Of the 12 walks, 2 were cancelled which were in part due to patients who wanted to come not having leave and others preferring activities scheduled at the same time which were ward based. It was noted that when there was a staff member with whom the patient had rapport patients were more likely to attend the walk. When walks were attended, there would be around 1-3 patients per walk.

Staff tended to not attend walks feeling that they could not leave the ward and needed to focus on treating those at highest risk. It took time for senior staff (clinician/nurse in charge) to recognise the potential of the walking group as an intervention tool to enhance patient well being. Notwithstanding this,

by the end of the second month, senior staff were actively referring patients to attend the walking group as part of treatment for getting well.

For both of the above, the longer the walking group was in place, the more credibility it earned therefore there was an increase in patient and staff knowledge of the group as it became part of the ward routine. There has been more support from senior staff and clinical leads. Consultants have begun to give patients walking group leave so that they can access the walking group. In addition, the nurse in charge now updates occupational therapy in advance of walking group to let them know which patients are eligible to attend.

What the team had to say:

'It's amazing, it helps patients who most have need to get outdoors and off the ward.'" - Nurse in charge

"Allows for discussion of what more we can do beyond 'containment'." – Nurse in charge

There has been “overwhelming positive patient feedback received after each walking group” – Ward Manager

'I think it's a great idea and I will do anything I can to support it. I will try and ensure all patients have leave to allow [them to attend].' – Consultant Psychiatrist

Key Aspects of the Project

The project supports the idea that the NHS needs to be sustainable by moving away from the point of crisis model to a meaningful preventive model complete with paradigm shift and alternative discourse where there is both prevention and crisis treatment. Treating patient ill-health and addressing patient well-being at the same time.

There is support across the board for the walking group. A concern is that staff feel they cannot participate in the group where demands on the ward require remaining on ward; as one nurse in charge has noted, the group is 'something I'd love to join in with, staffing permitting'. Staff have been instrumental in getting patients to participate. Staff who have rapport can revisit patient interest and consent to join who may initially decline to attend.

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