Therapy Through Nature: Rehabilitative Benefits of Social and Therapeutic Horticulture

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Social and Therapeutic Horticulture
Phyllis Tuckwell Hospice Care
St James’s Place Foundation Project

“Social and Therapeutic Horticulture (STH) Scheme Expansion”
Phyllis Tuckwell Hospice Care
October 2016 – March 2018
‘STH Scheme Expansion’
Drivers

Impact of Nature on QOL and Wellbeing (WHO n.d.) (Wagenfeld, 2016)
Occupational Therapy: ‘Power of Positive Occupation’ (Scott 2017)
Research and Evidence transferrable for End of Life Care
MDT comments about Patients ‘missing gardening’
Outdoor environment underutilised [c.f. Principles of Hospice Design (King’s Fund 2010)]

STH in Mental Health (Natural England 2016): Also Palliative Care?
Charitable Funding: Different funding streams potential
MDT relevance: Hospice Referrals: ‘Outdoors’ connections
Culture change: Joined-up approach
Social and Therapeutic Horticulture Definition

“Social and Therapeutic Horticulture involves the use of natural settings and plants by expert practitioners in order to meet clinically defined goals for groups or individuals. STH is particularly relevant for the promotion of independence, health and well-being among groups and communities of vulnerable people.” (Coventry University, 2018).
Background

Gardening, horticulture and access to nature have long been used for therapeutic purposes within health and social care settings.


- Despite this evidence, STH schemes and research applied to rehabilitative palliative care (Tiberini and Richardson 2015) were very rare.

- improved quality of life and wellbeing
- reduction of stress
- achievement of personal goals
- restoration of personhood and control
- adjustment to illness
- affirming life and preparing for death
STH for Palliative Care Model

‘A simple model of some of the activities and outcomes of social and therapeutic horticulture showing the interconnectedness of all elements’

- adapted with kind permission (Sempik, 2013)
SHT in Palliative Care
What Makes it Different?

Aim of the Project
“to support individuals with advanced and terminal illness to improve their quality of life and wellbeing through Social and Therapeutic Horticulture (SHT)”
Expand the Phyllis Tuckwell Hospice Care’s pioneering Social and Therapeutic Horticulture (STH) scheme by

1) increasing patient participation within PTHC establishing a recognised STH scheme

2) extending the STH model to other hospices and places of care by training others so similar schemes could be developed elsewhere
Getting Started…

• Research, Evidence Base and Model
• Pilot and Evaluation (HRA 2017)
• Stakeholders: e.g. Mentoring: Coventry University
• Funding: HCP Lead with Volunteer recruitment
• Programme Design: Progressive - Interdisciplinary
• Indoors: Inclusive: ‘Table Top’ style: Groups + 1:1
• Plant materials, Equipment, Environment, Storage
• Infection Prevention and Control
• Budget
• Data: Outcome Tools and Field Notes:
• Communication and Marketing
Service Delivery: Sessions

528 Attendances
- Patients and Carers
- Parents and Children
  - Day, Community, Inpatients

- 74 Group Sessions
- 33 Individual Sessions
- 1 Community Session

Facilitator
- Occupational Therapists
- Volunteers
- MDT

Environment
- ‘Outdoors In’

Seasonal Programme
- Table-top gardening, nature-based activities
- Take Home

Personalised Compassionate Care
- Infection prevention and control
- Positive Risk
- PPE

‘Sowing Seeds at Home’
(Cimprich 1993; Tiberini and Richardson 2015)
Evaluation Tools

• Wellbeing Distress Thermometer
• OACC
• Interviews conducted as part of the process
• Verbatim comments and field notes
Evaluation Approach

Wellbeing Distress Thermometer
- recorded on entry and after each session
- meaningful to service user
- communication opener
- information sharing with consent
- non invasive and easy to administer
- acceptable measurement LDOL
- QOL definition (Borasio, 2014, Canadian Hospice Palliative Care Association 2014)
## Impact and Outcomes

### Outcomes

<table>
<thead>
<tr>
<th></th>
<th>BEFORE</th>
<th>AFTER</th>
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<tbody>
<tr>
<td></td>
<td>5.4 ± 2.5</td>
<td>2.7 ± 2.0</td>
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Lisi has used the Wellbeing Distress Thermometer in her STH sessions with patients. This is the level of distress before the start of the session...

...and this is the level at the end of the session. The record shows the mean response of 188 patients.

\[ n = 188; \quad p < 0.001 \]

With thanks to Dr. Joe Sempik, Senior Research Fellow, Universities of Nottingham and Birmingham (retired)
<table>
<thead>
<tr>
<th>Score Before STH Session</th>
<th>Score After Session</th>
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<tr>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>9</td>
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"You've done it again. You've done it again. So beautiful. Wonderful. I feel completely different now."

"I forgot about my pain. I am never without pain. It is always there. My pain has gone. So cute, I love that. It is so cute."

"I want to do something but can't manage, but would never have attempted this on my own. I could never have done this without you. At the beginning I felt apprehensive, but I felt confident towards the end. I have never done anything like this before. It made me feel confident."
Outcomes

- Patients who had attended STH sessions earlier in their disease trajectory wished to continue to engage when approaching death - demonstrating the importance of STH to them. IPU patient referrals constant.
- Symptom management such as reduction of pain and nausea, improved sleep finding and restoration of energy.
- Parent and child sessions successfully gave a period of normalcy, leaving a lasting and living legacy for the child to have and nurture once the parent had died.
How Nature Affects People

Nature appreciation enabled people to “look out beyond themselves”. One lady said she had “never noticed in the same way before, the colours in the garden…the blue sky, the colourful orange leaves, the green grass.”

Recognition of the impact of Nature on Quality of Life and Wellbeing
Rehabilitative Palliative Care
Living Well, Care in the Community and IPU
“Therapies Through Nature”
In-Patient Unit

Rehabilitative Palliative Care
Advanced cancer - normalcy
“Therapies Through Nature”
Living Well

Rehabilitative Palliative Care in advanced respiratory and cardiovascular disease
“Therapies Through Nature”
Living Well

Rehabilitative Palliative Care for older people and people with dementia – reducing disability with few adverse side effects
“Therapies Through Nature”
Care in the Community

Rehabilitative Palliative Care
for advanced neurological conditions
I couldn’t believe I was standing without holding on… when I was doing the mixing thing… Why is it easier here?

Independence, choice and control demonstrated
Interdisciplinary

Hydration and Nutrition

Grow Your Own Vegetable Planter

Potting up Your English Tea Plant
Seasonal Family Event
“Miniature Sea Garden”

Mother and Son
IPU Sessions:
“Mummy’s White Garden”

Meaningful and Valuable Occupation
- the power of positive occupations (Scott, 2017)

Living Legacy

Dignity, Control, Tranquility and Peace
Acceptance, Adjustment and Bereavement
Celebration of Life

Affirming Life and Preparation for Death (Bye, 1998)

“Sowing Seeds at Home” (Cimprich, 1993)
Service Delivery: Training

Occupational Therapy
Internal, Local, Regional, National

STH4PC Interest Group

PTHC STH Training Days

Consultancy

Conferences and Education

Design and Resources Sharing
Outputs and Outcomes

Greater number of professionals aware and trained on this model and its benefits, resulting in similar groups starting across the UK and in this approach becoming nationally established.

This was achieved through joint working with STH4PC Interest Group members: networking with Hospice UK, Coventry University, Pershore College and Thrive; training and consultancy visits to other hospices; Training Days and attendance and presentations at Conferences.
"We can actually get our patients out in their beds now which is wonderful and my patients can go up and down in their wheelchairs with ease. It's made a huge difference...the garden is getting lots of use”

Rosy Shrubbs, OT Team
Lead, Rapid Assessment and Discharge Team
Eastbourne District Hospital
Dorothy House Hospice Care
‘Plot to Plate’ Allotment

Lucy Burley, Occupational Therapist: Project lead for the STH Allotment Project and recently led a project entry ‘Pop Up Garden’ Bath and West Show (May 2019)
Challenges

• Budget management and effective use of resources.
• Time needed to source plants and materials.
• Work base and storage.
• On occasions, patients and carers initial thoughts were that they ‘had never done gardening’ or could no longer “do gardening”.
• Careful prioritisation of many requests for support externally.
• Hospices accept the value of carefully landscaped outdoor spaces and gardens for restoration but need to understand the concept of STH in rehabilitative palliative care.
• Possible ongoing resistance to use of the garden for future STH developments.
Results - Impact

- Recognition that STH makes a difference to the patients.
- Positive cultural changes at PTHC
- Seven hospices nationally starting to provide STH.
- Other hospices considering provision, and some realising STH is really possible with patients and carers!
- Many other professionals aware of the benefits of STH for Palliative Care through conference presentations.
- The project has raised awareness nationally, in health care, horticulture and charitable sectors.
- Funding streams now open: EG HUK NGS bursary
- RCOT Merit award
- Consultancy and Training continues: Conferences,
- STH4PC Interest Group: Annual Study Day: OT News article
The Success of the STH Scheme Expansion

- Real and tangible impact on patients and carers
  - a significant reduction in distress levels
  - management of symptoms achieving goals
- STH for Palliative Care has also been seen, talked about and experienced by many palliative care professionals who are now planning to implement similar schemes in their own Hospices and care settings.
- STH has become fully integrated within our Living Well services, and on our In Patient Unit, and promoting a rehabilitative approach to palliative care and helping individuals to live their life as fully as possible.
- PTHC Senior leadership buy-in with HCP funding STH 1 day a week.
Key Impact of Project

Social and Therapeutic Horticulture has become an accepted intervention in Palliative Care
‘I’ve been meaning to drop you a line for a while to let you know what a huge difference your horticulture workshops made to my husband. Being able to have those memories of things we could do together makes a huge difference. It’s so important for someone who is terminally ill to have meaning in their life. It means you can remember what they could do and not what they can’t. We learnt that we could still have a meaningful life together. It might not be the life we would choose but it was still meaningful and helped us to make the most of his better times’.

Email received March 2018
• Adevi, A (2012) *Supportive Nature - and Stress Wellbeing in connection to our inner and outer landscape.* Doctoral Thesis. Alnarp: Swedish University of Agricultural Sciences
• Cimprich, B (1993) ‘Development of an intervention to restore attention in cancer patients’. Cancer Nursing 16(2) 83-92
• King’s Fund. Buck David, (2016) Gardens and Health Implications for Policy and Practice London: