

Richards, Kaye, Hardie, Andy and Anderson, Neal (2023) Outdoor mental health interventions & outdoor therapy; a statement of good practice (version 2). Institute for Outdoor Learning, Carlisle, UK.

Downloaded from: <https://insight.cumbria.ac.uk/id/eprint/8398/>

Usage of any items from the University of Cumbria's institutional repository 'Insight' must conform to the following fair usage guidelines.

Any item and its associated metadata held in the University of Cumbria's institutional repository Insight (unless stated otherwise on the metadata record) may be copied, displayed or performed, and stored in line with the JISC fair dealing guidelines (available [here](#)) for educational and not-for-profit activities

provided that

- the authors, title and full bibliographic details of the item are cited clearly when any part of the work is referred to verbally or in the written form
- a hyperlink/URL to the original Insight record of that item is included in any citations of the work
- the content is not changed in any way
- all files required for usage of the item are kept together with the main item file.

You may not

- sell any part of an item
- refer to any part of an item without citation
- amend any item or contextualise it in a way that will impugn the creator's reputation
- remove or alter the copyright statement on an item.

The full policy can be found [here](#).

Alternatively contact the University of Cumbria Repository Editor by emailing insight@cumbria.ac.uk.

VERSION 2

Outdoor Mental Health Interventions & **Outdoor Therapy**

A Statement of Good Practice

Co-Authors: Kaye Richards, Andy Hardie,
& Neal Anderson



Institute for **Outdoor Learning**

Statement supported by the
British Society of Lifestyle
Medicine



Outdoor Mental Health Interventions & Outdoor Therapy

Health, well-being and self-development has been a cornerstone of the impact and value of outdoor learning practices for many decades. Over recent years, we have seen an exponential growth in therapeutic outdoor initiatives and programmes being developed and utilised for mental health and well-being benefits.

Traditional terms such as adventure therapy, wilderness therapy, nature therapy and outdoor counselling, have more recently been joined with a plethora of wider terms, such as eco-therapy, forest bathing, and a Natural Health Service, to name a few. All of these terms are taking claim to some kind of health benefit (physical or psychological) for getting outdoors.

This Institute for Outdoor Learning (IOL) statement purposefully sets out a view on competence when combining mental health and well-being interventions with outdoor learning:

- The primary goal was to develop **a model that could support organisations and individuals** who provide and utilise services for mental health and well-being in an outdoor setting. The statement has been strongly informed by mapping current practice in the UK.
- It has been created to ensure that **those engaging outdoor learning services** to improve mental health and well-being **can do so with confidence and trust** in what they are offered.

STATEMENT RATIONALE

Outdoor learning traditions have a long-standing recognition that purposeful experiences in the outdoors can enhance health and well-being, and facilitate personal, social and self-development. Wide-ranging psychological benefits have been a cornerstone of the impact and value of diverse outdoor learning practices for many decades. Here it is recognised that going outdoors and undertaking different types of outdoor activities, enables meaningful psychological change, beyond that of the feeling of ‘wellness’ from being ‘outdoors’.

Understanding how to best achieve the associated benefits from outdoor learning has led to more psychologically framed and robust practice evolved under the guises of adventure therapy, wilderness therapy, nature therapy, outdoor counselling, to name a few. We see the use of the word ‘therapy’ being attached to the notion of going outdoors, and

outdoor practices being utilised for those experiencing mental distress, mental health problems and mental illness. The foundations of these approaches have been developed and delivered over many years by a range of outdoor and psychological professionals, nationally and internationally. So, the notion that the outdoors can be ‘good for us’ is not a new phenomenon.

Parallel to these outdoor learning developments, the recognition of the role and value of the natural environment for societal benefit has fostered broader examination of health and psychological well-being benefits from ‘going’ and ‘being’ outdoors. Over recent years, we have seen an exponential growth in types of outdoor initiatives and programmes being developed and utilised for mental health and psychological well-

being benefits. Given this movement, we see wider outdoor related organisations in the UK extending their client groups to a population with mental health problems, alongside embedding and asserting more mental health outcomes into their aims, and thus, a whole range of new terms have become evident as an attempt to try and capture these associated benefits. The term 'outdoors' is now commonly referred to as 'green space', sometimes 'blue space', albeit all outdoors. We see the promotion of a practice labelled as eco-therapy, blue care, and promotion of a 'Natural Health Service' with 'Green Prescription', whereby different types of activities outdoors are being advocated within the current social prescribing movement.

This current climate of improving access to the outdoors for all, and for health and well-being benefits, on the one hand, sees the value of the long-standing traditions of outdoor practices being more widely recognised and capitalised upon. On the other hand, it brings with it the risk that all types of practices are claiming all types of benefits, and for all types of clients. Without clarity of what these

approaches may or may not consist of, it becomes hard to distinguish those types of practice that are ethical and effective, from those that over claim their benefit and put potential service-users at risk of potential harm.

This is something that as a sector we must respond to.

As two areas of professionalism related to the outdoors and mental health are integrated into practice, providers must ensure their approach values the individuality and diversity of participants, as well as being clear about the ethical framework and related codes of practice being upheld.

The complexities afforded by this purposeful integration are represented in the **Outdoor Mental Health Interventions Model (OHMI)**, whereby a framework for the range of outdoor mental interventions can be considered more clearly. And in doing so, the factors influencing different types of practice can be analysed carefully, avoiding an oversimplification of a mental health matters agenda.

The statement is written with underpinning 'frames of reference' (see page 4) to complement and build upon existing literature, evidence and practice.

"Spending time in the natural environment – as a resident or a visitor – improves our mental health and feelings of well-being. It can reduce stress, fatigue, anxiety and depression. It can help boost immune systems, encourage physical activity and may reduce the risk of chronic diseases such as asthma"

'A Green Future: Our 25 Year Plan to Improve the Environment' (HM Government, 2018)

Support for the statement

"First we change the environment, thereafter the environment changes us."
(Winston Churchill)

BSLM believes that introducing the 'greens and blues' of outdoor environment can be life-changing. We interact with our microlevel environments or settings including schools, workplaces, homes and neighbourhoods. That interaction shapes our behaviour – sometimes adversely affecting aspects of our mental health. Creating healthy outdoor environments and interacting with them will lead to positive changes in our mental health.

Together with IOL we encourage this development by influencing not only the individual but also educational and health systems, the food industry and society's attitudes. Outdoor Health as an intervention is at least as powerful as any other – and fun to boot!

Dr Rob Lawson, Chairman British Society of Lifestyle Medicine

<https://bslm.org.uk>





Frames of Reference for Outdoor Mental Health Interventions

This IOL statement of good practice recognises that:

- 1 Both preventative and restorative lifestyle and health benefits can be gained from both being in the natural world and engaging in a wide range of outdoor activities.
- 2 There is great potential for therapeutic benefit from planned and purposeful engagement in the outdoors.
- 3 Outdoor mental health and well-being approaches and interventions need to be underpinned by a research informed approach that integrates the best available research with professional psychotherapeutic and outdoor learning expertise.
- 4 The effective support and provision of mental illness, and mental health and well-being services have a diverse set of stakeholders, including NHS tiered services (e.g., GP's, CAMH specialists, psychologists, and psychiatrists), Education Services, Public Health Services, and Social Services.
- 5 Effective outdoor mental health interventions draw upon the established knowledge, skills, and traditions of two broad fields, 'Outdoor Learning' and 'Psychological Therapy' (e.g., counselling, psychotherapy, psychology, psychiatry).
- 6 Organisations and professionals providing outdoor learning and/or psychological therapies in an outdoor setting contribute to the mental health and well-being of individuals in society.
- 7 Purposeful integration of practice between the two fields of 'Outdoor Learning' and 'Psychological Therapy' can enhance opportunities for improved mental health and well-being, and offer a best-fit intervention for individual clients.
- 8 Transparency about any outdoor mental health interventions offered or provided is essential for commissioners and those accessing outdoor mental health and well-being services.
- 9 Inappropriate or ill-defined practice has the potential to lead to ineffectiveness, inefficiency, and/or harm.
- 10 Clarity in the nature and scope of differing outdoor mental health interventions can help ensure terms such as adventure therapy, therapeutic outdoor learning, outdoor counselling, eco-therapy and outdoor therapy are used appropriately.
- 11 Providers of mental health and well-being interventions using the outdoors may utilise a team approach or competent individuals holding a broad set of skills.
- 12 The communication of confidence, trust and opportunity in a range of outdoor mental health interventions can be enhanced when professionals and stakeholders use a consistent approach.
- 13 Providers of outdoor mental health interventions are accountable to legal and ethical frameworks that operate across very different professional landscapes.
- 14 Further research and action to build a valuable, relevant and accessible evidence base is required to support the field moving forward and to develop best practice.
- 15 All providers have a responsibility to ensure that positive and inclusive mental health frameworks are applied across all areas of the sector, to both help tackle stigma and adequately support the mental health of the workforce, alongside the beneficiaries of practice.

Prepared by:



Reviewed and supported by:





The Outdoor Mental Health Interventions Model

The Outdoor Mental Health Interventions Model co-created by Richards, Hardie and Anderson (2019) offers a way of thinking about the **combination of competence, professional responsibility and leadership** in a particular intervention **from outdoor learning and psychotherapeutic perspectives**.

Three core zones of practice reflect the types of work both outdoor professionals and psychological professionals may operate within whilst working outdoors (see Figure One).

Therapeutic Outdoor Engagement	In Zone 1 individual or group experiences are enriched by the addition of an outdoor or psychotherapeutic dimension. A psychologist offers a walk and talk session in a local park; an outdoor centre provides canoeing sessions for social support for people experiencing depression.
Therapeutic Outdoor Enhancement	In Zone 2 outdoor activities and psychological approaches are jointly used and complement each other to enhance the benefits for participants. During a forest walk, a counsellor guides their client through a situation drawing on metaphors from the landscape; a climbing instructor uses a cognitive-behavioural technique to assist participants to practice emotional regulation.
Integrated Outdoor Therapy	In Zone 3 unique and dynamic integrated experiences fully utilise professional competence in both outdoor learning and psychological therapy. A progressive sequence of climbing and bushcraft activities is developed to address flashback triggers and heal displacement trauma for refugees.

Diverse types of practice can be mapped onto the model, and all these, irrelevant of the Zone, have a role and value in offering support, engagement and interventions across a mental health continuum (see Figure Two).

The model distinguishes between both psychological and outdoor competence (see Figure Three) and acknowledges that different competencies and knowledge frameworks are part of a progression towards an Integrated Outdoor Therapy approach. Thus, whilst specific competences might be attributed to a practitioner as they move towards intentional integration, in order to alleviate or effectively respond to people's mental distress, mental health problems or mental illness in an outdoor setting, it requires ethically robust frameworks, and ones that are integrated carefully and effectively.

Simply going outdoors isn't a quick fix for complex mental health and psychological needs, however it can be a valuable part of the treatment of mental distress, mental health problems and mental illness when part of an integrated approach.

Whilst the model acknowledges that there are many shared values, principles and approaches between the fields of Psychological Therapies and Outdoor Learning, it also acknowledges that as you move towards 'Integrated Outdoor Therapy' (Zone 3), the more independent the practitioner needs to be in dealing with whatever confronts them; in one plane, environmentally; in the other, psychologically. There comes a point where the level of work is such that it should be a combined professional membership and qualifications approach and way of working.

INTEGRATED OUTDOOR THERAPY

The pathway towards Integrated Outdoor Therapy might be different for each practitioner or organisation. It will be demonstrated with integration of professional skills and ethical practice in different ways. It may be that the Outdoor Therapist is skilled in both broad areas (albeit this is rarer given the different professional career frameworks), or it could be that a multi-disciplinary team approach across these areas is adopted and professionals work collaboratively in the delivery of an integrated approach.

The key feature of note on both axes is that practitioners remain within their own professional competence (See Figure Three). It is up to the individual practitioner or organisation to accurately represent themselves and their practice using terms that can be justified and evidenced by professional training and qualifications. In all segments if there is any uncertainty, advice should be sought rather than presuming competence.

CELEBRATING DIVERSE PRACTICE

Outdoor mental health interventions can be multiple and varied in delivery. The model offers a way to examine, describe and communicate how the therapeutic and outdoor elements of an intervention are resourced and delivered. In each zone of practice the mental health and well-being outcomes pursued can vary dependent upon the approach developed, the context of practice, type of presenting mental health concern, problem or illness, and the competencies of those delivering the service (Richards et al., 2023).

The model is designed to include and encourage all types of practice, and also to ensure that practices are clear and transparent in the communication of their capacity and intent.

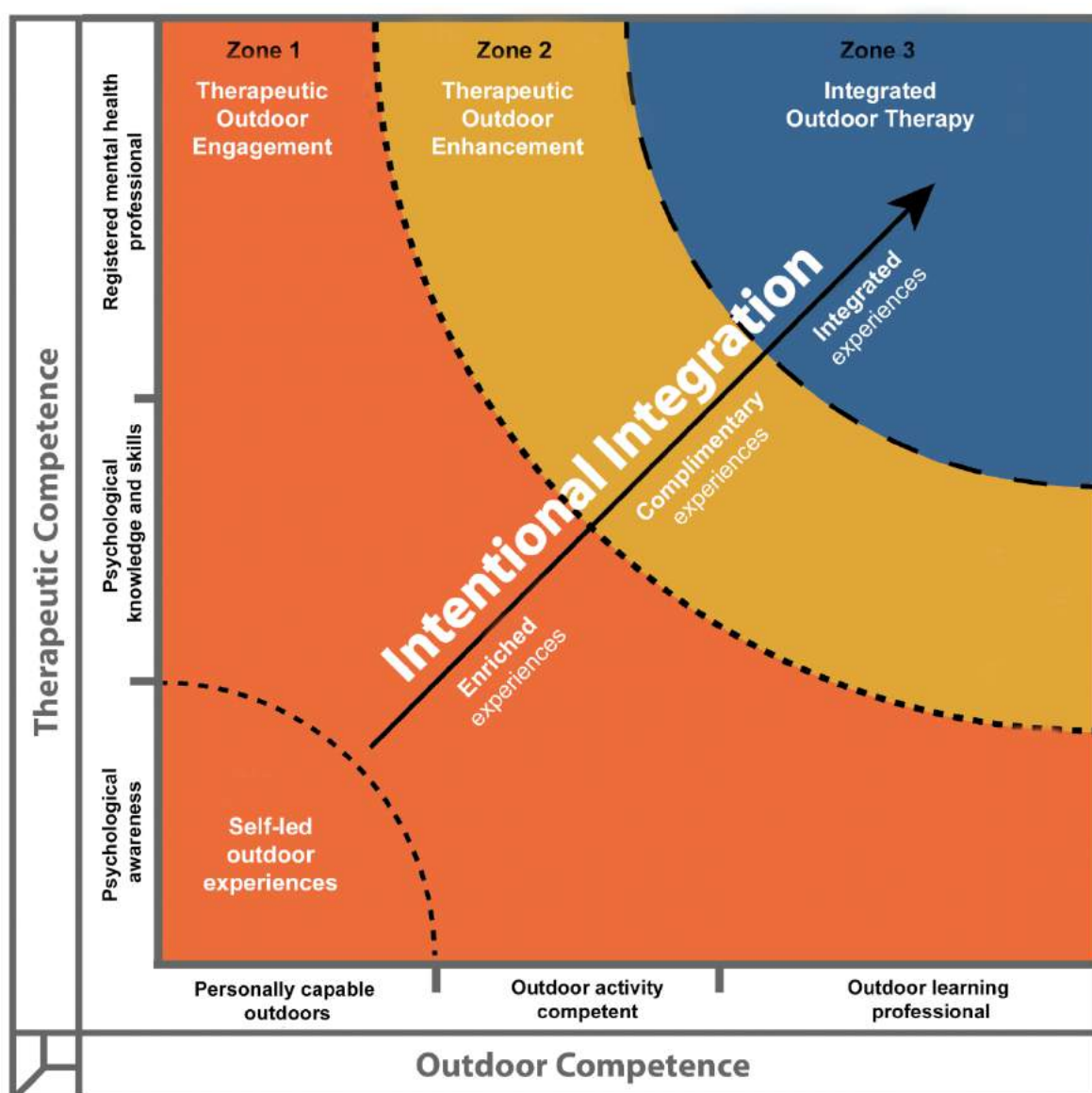
Irrelevant of the approach adopted it is, therefore, the expectation of IOL that its members will provide honest and transparent information about how both psychotherapeutic and outdoor elements of practice are resourced and delivered. They would need to demonstrate and publish public information on the type of approach, and related qualifications and competencies as appropriate to communicate this. This is not designed to discourage practices across the different zones of the model, but what it does mean is participants are accurately informed of the type of practice on offer and can make informed decisions in terms of participation and manage expectations accordingly.



Figure 1 – Zones of Practice: Range of Outdoor Mental Health Interventions

Zone 1		Zone 2	Zone 3
Therapeutic Outdoor Engagement		Therapeutic Outdoor Enhancement	Integrated Outdoor Therapy
Choosing to engage in activities and experiences in the outdoors to sustain or improve own health & well-being.	Individual or group experiences are enriched by the addition of an outdoor or psychological dimension.	Outdoor activities and psychological approaches are jointly used and complement each other to enhance the benefits for participants.	Unique and dynamic integrated experiences fully utilise professional competence in both outdoor learning and psychological therapy.

Figure 2 – The Outdoor Mental Health Interventions Model



© 2023 Co-authors Kaye Richards, Andy Hardie, Neal Anderson

Planning and Providing Outdoor Therapy

VENUE, ACTIVITY & ROUTE CHOICE

The natural world provides a creative space in which activities, experiences, movement, and metaphors can be embodied. Whatever format the outdoor therapy takes, the location and activities chosen should be suitable for the clients with consideration given to capability, terrain, conditions, access to help, outdoor competence of the leader, etc. An inclusive approach and careful planning is especially relevant for clients with energy, cognitive, sensory or mobility issues.

RISK-BENEFIT ASSESSMENTS

One of the key foundations of the Outdoor Learning approach is the intentional acceptance of both the benefits of undertaking activities in the outdoors and the potential risks of doing so. Those

providing Mental Health Interventions and Therapy Outdoors should identify hazards and take a reasonable and proportionate approach to managing safety outdoors that balances both risks and benefits. Follow guidance from the Institute for Outdoor Learning, Ogilvie (2005) and Gill (2010).

INTEGRATED APPROACH

There is no one way to provide outdoor therapy. Each psychotherapeutic modality or approach will have a collection of theories, models, tools, and techniques that can be deployed in the outdoor setting. The focus must be on the appropriate integration of outdoor and psychotherapeutic experiences for the clients benefit, and the appropriate level of outdoor and therapeutic competence of the individual providing the intervention or service.

INDICATORS OF OUTDOOR COMPETENCE

Personally Capable Outdoors	Outdoor Activity Competent	Outdoor Learning Professional
Knows the outdoor setting and plans activity, location, and timings within capability of self and participant(s).	Leads and instructs activities and experiences safely in the outdoors drawing on specialist training and experience.	Develops and delivers progressive outdoor activities drawing on professional values, experience, and judgement.

INDICATORS OF THERAPEUTIC COMPETENCE

Psychological Awareness	Psychological Knowledge & Skills	Registered Professional
Able to use concepts, models or behaviours that can help the mental health and wellbeing of self and others.	Purposefully engages in a helping relationship to share techniques that support a specific mental health need.	Actively enables learning and change to address psychological difficulties, disorders, meaning & growth.

CONTRAINDICATIONS

When underpinned by a solid therapeutic alliance and a clear theory of change the outdoors offers many distinctive opportunities for realising valuable therapeutic benefits (Cooley, 2020). However, it is critical to recognise that therapy and therapeutic experiences outdoors may not be appropriate for all. Providers should consider the needs and value of the planned outdoor activity

and experience, particularly for those who:

- Don't feel confident and safe being outdoors.
- May find distractions and changing conditions unhelpful.
- May be re-traumatised by being in a specific outdoor space or taking part in a specific activity.
- Are scared or fearful of the planned activity or experience.
- May put themselves or others at risk.

INDICATORS OF COMPETENCE

Competence to provide a specific intervention can be demonstrated through one or a combination of qualifications, in-house accreditation, or competence through experience (HSE, 2007). Whichever way is used, providers should demonstrate they have the knowledge, skills and experience to provide the service offered, meet individual needs, and keep participants physically and psychologically safe.

Figure 3 – Competency Framework for Providing Outdoor Mental Health Interventions

Indicators of Outdoor Competence	
These are not presented as exhaustive lists but as indicators that providers and practitioners can use to benchmark outdoor competence. Refer to the Occupational Standards held by the Institute for Outdoor Learning and guidance from a relevant National Awarding or Governing Body when assessing competence to lead an outdoor or adventure activity.	
Personally Capable Outdoors	1. Identifies suitable locations considering accessibility, area boundaries, terrain, ascent/descent, time of year, public transport, car parking, unsuitable weather alternatives, refreshments, toilets, etc.
	2. Recognises and operates within limits of competence and experience in the activities and environments used.
	3. Considers risks prior to and during an experience and responds to changing needs and conditions. E.g., follows 'AdventureSmart' approach with equipment, weather, abilities.
	4. Has appropriate support systems in place for first aid, emergencies, or late return.
	5. Promotes and models the value of the outdoors for health and wellbeing.
Outdoor Activity Competent	6. Organises and leads activity sessions and experiences maintaining safety and demonstrating a clear structure with on-going instruction and support.
	7. Evidence of competence that meets or exceeds the Level 3 Outdoor Activity Instructor occupational standard such as holding a further education/professional body/awarding body/NGB award.
	8. Undertakes dynamic (in the moment) risk-benefit assessments and adapts activities to meet the needs of clients; responds to problems and changes in the environment.
	9. Actively respects the environment and encourages behaviours in others to preserve it.
	10. Keeps up to date with good practice and developments in the field.
Outdoor Learning Professional	11. Establishes expectations with participants and designs and plans a sequence of progressive learning underpinned by a theory of change.
	12. Evidence of competence that meets or exceeds the Level 5 Outdoor Learning Specialist occupational standard such as holding a higher education/professional body/awarding body/NGB award.
	13. Leads programmes applying professional judgement and decision making in the outdoors, takes responsibility for safety, assesses and solves problems as they arise.
	14. Uses relevant approaches such as instruction, teaching, coaching, and mentoring combined with theories of human and social development; psychological models; and neuroscience to support participants to achieve the intended benefit and outcomes.
	15. Is accountable to a relevant code of conduct such as one held by the Institute for Outdoor Learning, CIMSPA, Mountain Training Association, UK Coaching, etc.

Indicators of Therapeutic Competence

These are not presented as exhaustive lists but as indicators that providers and practitioners can use to benchmark therapeutic competence. Refer to guidance from relevant governing and regulating bodies for associated psychological and mental health professionals (e.g., HCPC standards of proficiency (various), SCoPEd Framework, 2022), when assessing limits of competence and experience for working with adults in the psychology, counselling and psychotherapy professions.

Psychological Awareness	1. Remains mindful of the health and wellbeing needs of people they encounter in both personal and professional contexts.
	2. Can articulate the value and importance of aspects of relationships, physical activity, learning, kindness, and gratitude for mental health.
	3. Undertakes opportunities for regular self-directed development, growth and learning in areas relevant to their work.
	4. Has the skills to listen without judgement and give reassurance and information when necessary. E.g., applies a mental health first aid approach appropriately.
	5. Signposts to relevant specialist services when required or appropriate.
Psychological Knowledge and Skills	6. Applies basic models of psychological change and human development when working with people in a professional / therapeutic context.
	7. Utilises counselling or coaching skills to enhance an empathic, non-judgemental professional relationship that promotes acceptance and understanding of all clients' diverse experience with particular attention to dynamics around diversity, power, and authority.
	8. Seeks knowledge and understanding of best practice when working with particular client group presentations (e.g., inactivity, social isolation, neglect, etc.) or specific mental health conditions (e.g., anxiety, trauma, eating disorders, etc.)
	9. Accesses regular specialist support, advice, or consultation (supervision) to enhance reflective capacity and promote safeguarding around mental health related work.
	10. Keeps up to date with good practice and developments in the field.
Registered Mental Health Professional	11. Applies a framework for conceptualising psychological distress, taking account of risk, and working within known limits of competence.
	12. Able to reflectively formulate around psychological and emotional difficulty using a range of in-depth theoretical concepts relating to clinical practice, providing rationale for appropriate interventions related to specific mental health presentations.
	13. Skilled at working within a relational dynamic, including managing difficulties and ruptures, setting appropriate professional and ethical boundaries informed by a code of ethical conduct.
	14. Uses reflexivity and attends regular supervision to reflect on, learn from and enhance the therapeutic process and relationship.
	15. Holds and maintains Registered Practitioner status within a professional body holding a Professional Standards Authority or Health Care Professions Council accredited register (e.g., BPS, UKCP, BACP, COSCA, BABCP, BPC, BAAT etc. or equivalent medical register such as Nursing & Midwifery Council, Royal College of Psychiatrists, etc.).

Utilising the OMHI Model

By carefully considering which zone of practice matches the competence available within yourself or a team, the type of service and expected benefits can be more easily considered and evaluated.

Outdoor learning and health professionals can use the Outdoor Mental Health Interventions model to articulate either their practice, or a proposed service. Each specific project or intervention will correspond to a zone of practice, as per the model (see Figures One & Two). The zone of operation may fluctuate or change completely at different times, depending on the individual needs of the client (or group), the piece of work required/commissioned, and/or the environment. Individuals and organisations may have the capacity to operate across all zones, and the zone of operation at any given time may not infer the peak capabilities of an individual or a team.

Equally, when looking at the needs of the potential beneficiaries of a service, mapping an intervention onto the model can assist with designing and resourcing the most appropriate service possible, as well as assessing how the approach can be best combined with wider health care provision and service delivery perspectives. This can be supported

further with consideration of associated sustainability indicators identified for supporting long term benefit when utilising nature for mental health (see Richards, Fullam & Anderson, 2023).

Throughout this statement a number of indicators of good practice have been highlighted. Providers and commissioning organisations are encouraged to critically examine interventions against the twelve 'Indicators of Good Practice' summarised in Figure Four. We believe that safe, ethical practice in providing outdoor mental health interventions is greatly increased when individuals and organisations meet the indicators described (see Richards, Hardie, & Anderson, 2023).

When considering the application of the model to practice, alongside the general indicators of good practice, some short examples of practices are provided (see pages 12-14). These are not exhaustive, and simply offer illustrative examples of practices across the different zones, to help assess the model in action.

It is important that we support those struggling with mental health or well-being, to remain in and thrive at work or in their community.

It is essential that in the application of this model, mental health agendas are not simply seen from a beneficiary perspective. Mental health and well-being relate to all aspects of life, including work. We have a duty of care to ensure and enhance the quality and safety of the physical environments we work in, which clearly encompasses a psychological dimension of our workforces.

The model can offer ways in which the mental health and well-being of the workforce can be supported using the benefits of the outdoors; perhaps through self-care outdoor activities, or by engaging a professional therapeutic service. It also serves to remind us that as an outdoor workforce we are not exempt from the everyday stigma and challenges of mental health.

We need to approach and address our attitudes across all aspects of the sector with the same care, concern, and respect we aim to offer our clients. Psychological therapies have a longstanding commitment and requirement for reflective supervision of their practice with clients. This is personally supportive and protects the client by upholding high standards of effective, safe and ethical working.

It also has wider benefits for professionals, for example the prevention of burnout. Engaging in regular supervision of practice with someone suitably experienced and competent is good practice for all roles and the benefits are a cornerstone to developing best practices in the application of the model.

Figure 4 – Indicators of Good Practice

These twelve areas form a set of guidelines that can underpin safe, ethical practice in the provision of Outdoor Mental Health Interventions and Outdoor Therapy.

**Supporting the
client/group**

1. IDENTIFIED THEORY OF CHANGE

Providers articulate how the theory of change that underpins their work applies to the individuals or client groups they are working with.

2. CO-CREATED WITH CLIENTS

Providers actively involve beneficiaries in the shaping of their outdoor therapy experience with consideration given to venues, activities, inclusion, power.

3. ACCESS TO SPECIALIST ADVICE

Expert consultation is sought when a client presentation is outside the experience or ability of the provider to safely manage.

4. INFORMATION SHARING

Information collected regarding a clients' health or well-being prior to, or during engagement, will be managed in-line with professional codes of ethics and data protection.

**Individual
practice**

5. THERAPEUTIC COMPETENCE APPROPRIATE TO EACH SESSION

Individuals have sufficient therapeutic knowledge, skills and experience to provide the service offered, and meet the needs of their client(s).

6. OUTDOOR COMPETENCE APPROPRIATE TO EACH SESSION

Individuals are competent to lead activities that are safe and appropriate to their client(s) in the outdoor environment in which they offer their service.

7. SUPERVISION OF PRACTICE

Individuals engage in regular supervision of practice with someone suitably experienced and competent to be able to protect the interests of the client, sustain good practice, and support effective, safe and ethical working.

8. CONTINUING PROFESSIONAL DEVELOPMENT

Individuals keep current with good practice and research in the field by engaging in continuing professional development (CPD).

**Organisational
practice**

9. COLLABORATION AND ADVOCACY

Organisations collaborate with external agencies sensitively and represent the wider community of outdoor mental health services as a professional, trustworthy, viable service.

10. SUITABLE AND ADEQUATE INSURANCE

Organisations and individuals hold suitable and adequate liability cover for all elements of their therapeutic and outdoor work.

11. COMPLIANCE WITH LEGISLATION AND GOOD PRACTICE

Organisations and individuals comply with legal requirements and associated accepted good practice (for example, duty of care, safeguarding, activity instruction and risk-benefit management).

12. APPROPRIATE EVALUATION FRAMEWORK

Organisations use an appropriate and ethical evaluation framework for each intervention or service offered.

Applying the OMHI Model

This statement of good practice and the OMHI model can be of value to practitioners, managers, commissioners and participants, alike. The following are suggested starting points for consideration:

Participants seeking good practice should feel able to:

- 1 Spend time exploring the different types of interventions and what would be a best fit for them
- 2 Find out the outdoor and therapeutic competence of the people working with them
- 3 Ask about what they can expect to get out of an intervention and how this will benefit them
- 4 Ask about how outdoor and therapeutic activities will be integrated and work together
- 5 Ask how they will be involved in shaping the experiences that they will be a part of

As a Practitioner of Outdoor Mental Health Interventions:

- 1 Use this statement to describe your practice using appropriate terminology
- 2 Know how you meet the indicators of good practice and provide safe, ethical interventions
- 3 Plan how you will integrate outdoor and therapeutic activities to best fit participant needs
- 4 Know the boundaries of your competence for the zone of practice you are operating in
- 5 Use the indicators of competence to plan your ongoing training and professional development

As a Manager of Outdoor Mental Health Interventions:

- 1 Use this statement to enhance conversations with stakeholders and funders
- 2 Ensure the services developed best fit participant needs according to the statement
- 3 Use the indicators of good practice to help ensure safe, effective and ethical practice
- 4 Support your workforce to be competent in the zone of practice they are operating in
- 5 Utilise a framework of continuous evaluation and improvement

As a Commissioner of Outdoor Mental Health Interventions:

- 1 Use the model to discuss which zone of practice might offer the outcomes you seek
- 2 Use the indicators of good practice and competence to question a provider about their practices
- 3 Challenge the provider on their ability to ensure a best fit to the needs of participants
- 4 Work with the provider to identify evaluation strategies to monitor value and impact
- 5 Support providers to develop new ways of working in partnership with multiple agencies

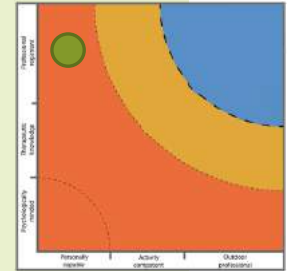
Examples of Practice

Zone 1 – Outdoor Engagement

Psychotherapy in a Greenspace

Setting – A psychotherapist working with residents of a hospice sometimes works in a sensory garden in the grounds. It has seating, covered spaces, an open lawn, trees and a stream. The practitioner offers individual and small group therapy sessions in these outdoor spaces for patients and family members.

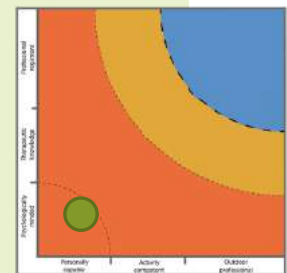
Competencies – They have undertaken a four-year, postgraduate psychotherapy training, and are a registered member of UKCP. They have an ongoing contractual engagement with a clinical supervisor who they see monthly to reflect on their client case-material.



Outdoor Self-Care

Setting – An outdoor residential centre encourages staff to spend Friday afternoons after a group departs, attending to their own mental and emotional wellbeing. Some choose to go for a solo walk, others go in a small group to a woodland fire-pit, others go to swim and play in the local lake. Staff can choose where they go, and whether they invite others. The small groups that form sometimes discuss the challenges of their groupwork from the week, or broader working life. Managers have an 'open-door' during this time for individual conversations.

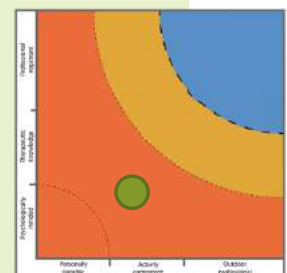
Competencies – Each individual is capable within the activity and environment they choose to go to. In the groups, responses are supportive and understanding. Managers are trained in motivational interviewing and seek to sensitively, but actively engage staff if they are concerned.



National Park / Nature Reserve

Setting – A National Park visitor's area is attended weekly by a local community mental health support group. Whilst in the park, the group undertake conservation and path restoration work, and go for nature walks and bike rides. Volunteers and a volunteer co-ordinator support participants to engage in these projects, supported by the National Park Rangers.

Competencies – Volunteers have all attended a mental health first aid course and other specific training on the safe use of relevant tools and safety equipment. They are recruited from the local community for their compassionate and empathic nature. The Volunteer Coordinator supports with planning relevant activities and contingencies, as well as liaising with the Park Rangers for appropriate projects. They also liaise with workers from the support group to find out about any specific participant needs each week and offer relevant mental health signposting information as needed.



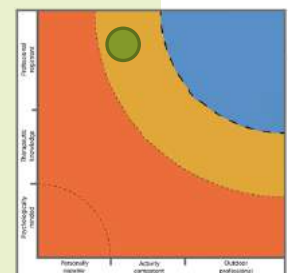


Zone 2 – Therapeutic Enhancement

Counselling Outdoors

Setting - A professionally registered Counsellor works with people in a wooded hillside area with good footpaths throughout the area. They walk the trails whilst talking and exploring the therapeutic work with clients as they go. The practitioner sometimes invites short experiential tasks using the woodland surroundings.

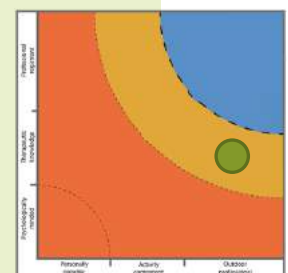
Competencies - They are professionally trained and an accredited member of BACP. They have an ongoing contractual engagement with a clinical supervisor who they see monthly to reflect on their client case-material. They have been walking these woods for many years and have developed an awareness of other ways to utilise nature in the therapeutic milieu. They have undertaken an outdoor first aid certificate and written “lone working” and “late back” procedures which they implement with a colleague and family.



Wilderness Personal Development Programme

Setting – A team of five practitioners run seven-day residential programmes aimed at improving the resilience and employability of up to twelve adults who are currently unemployed and experiencing barriers to employment (including mental health diagnoses). The aim is to help participants develop a clearer sense of their own aspirations and how to work towards them. After each expedition the staff team take part in a reflective supervision process, facilitated by an independent psychotherapist.

Competencies – The programme utilises staff who are trained in Motivational Interviewing, Choice Theory/Reality Therapy and Transactional Analysis. They apply these theories, alongside cognitive behavioural models of motivation and mind-set, experiential learning techniques, individual coaching and goal setting. The team members are all Outdoor Professionals and have mountain leadership and canoe coaching qualifications. They are all committed to reflective and client-centred practice and have completed or are working towards Accredited Member status with IOL.

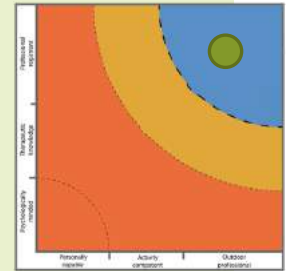


Zone 3 – Integrated Outdoor Therapy

Adventure Therapy Practice

Setting: A team of three practitioners run a daily service providing adventure activities for young people unable to attend mainstream education due to underlying mental health problems. Activities are designed and implemented with a range of learning outcomes linked to personal and therapeutic goals, developed with the participant. The sessions are attended by a psychotherapist who also sees each of the young people weekly for an individual session. The activity team undertake a daily closing review with the psychotherapist focussing on their relationships and interactions with participants.

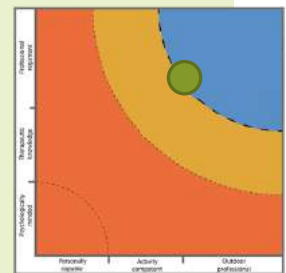
Competencies – The two outdoor professionals have a range of outdoor activity qualifications and competencies (including accreditation with IOL) and have undertaken several short courses in a variety of therapeutic models. The third team member is a registered psychotherapist having undertaken a four-year training, leading to registration with UKCP. Each has a separate, ongoing arrangement for supervision.



Integrated Outdoor Counselling

Setting: A Counselling Psychologist offers therapy in and around a familiar local area of low moorland, with pockets of forest and more enclosed, rocky valleys. The paths are mostly easily identifiable and extensive. The area has few other users, so the likelihood of meeting others is low. The therapist invites clients to consider outdoor therapy if, through ongoing assessment, it seems appropriate to augment their therapeutic process.

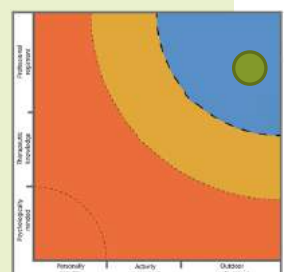
Competencies: They have undertaken a BPS accredited postgraduate training course, are a HCPC registered practitioner psychologist, and have a regular supervision arrangement in place. They use their therapeutic modality to make meaning of the way the client moves, relates to or makes use of the natural elements they encounter. They consider natural elements as active participants in the therapeutic transaction. They have developed awareness and consideration of their integrated approach from published theoretical perspectives and literature on the subject, as well as attending training events. They are aware of and work within their level of activity competence and have procedures to support this, which were developed with advice from an Outdoor Professional.



Wilderness Therapy Programme

Setting: A team of practitioners work with a small group of young people with a variety of mental illness diagnoses and emotional challenges. The programme is three weeks duration including pre-programme assessment and aftercare sessions on return home. It blends outdoor and adventure activities, including expedition phases (on foot or by canoe) with a programme of individual and group therapy. The whole team engage in supervision pre, mid and post programme with an independent psychotherapist with experience working with adolescents and groups, and who has extensive personal experience of outdoor recreation.

Competencies – The team of practitioners are IOL accredited Outdoor Professionals and BACP/UKCP registered psychotherapists working in tandem. The therapeutic modality of the therapists is utilised, as well as an overarching theoretical stance to frame thinking about the interactions and relationships within the group and their relation to the work.





Future Developments

This work is ongoing and aims to support a broad and developing community of practice. It is important, therefore, that the mapping of all types of practice continues. If we are to mobilise the potential afforded by access to different outdoor experiences and develop practices that are robust and fit for purpose and need, then the following calls to action are advocated for outdoor learning and health professionals looking to implement Outdoor Mental Health Interventions.

Calls to action

1	To use the model to better communicate different types of practice and positively advocate for the full range of outdoor mental health opportunities available.
2	To critically review delivery using the indicators of good practice , and consider aims, effectiveness, benefits, and ethics.
3	To use the model to enhance communication between themselves and stakeholders , such as NHS tiered services (e.g., GP's, CAMH specialists, psychologists, psychiatrists and mental health practitioners), Education Services, Public Health Services, and Social Services.
4	To work together with stakeholders to improve pathways for people to access the benefits of the outdoors and develop commissionable and sustainable outdoor mental health and well-being interventions.
5	To champion wider adoption and development of a research informed approach that integrates the best available research with professional psychotherapeutic and outdoor learning expertise.
6	To contribute to the practical application and development of relevant resources, education, and training aligned with the Outdoor Mental Health Interventions Model.
7	To challenge behaviour and attitudes to create an accepting, inclusive and positive culture for mental health and wellbeing in our communities and workplaces.

Future versions and associated publications of this statement of good practice will be published. This will include further resources and case illustrations across different types of outdoor mental health interventions to help support developments in good practice. If you have a case study of good practice that you would like to share, or if you wish to contribute to the ongoing dialogue in developing this work, please forward any wider comments and views to the authors.

Research & reports

Journal of Adventure Education and Outdoor Learning

The Journal of Adventure Education & Outdoor Learning is a peer-reviewed journal and is an official publication of the Institute for Outdoor Learning.

The journal aims to promote dialogue, research, thinking, teaching and practice from critical perspectives in the fields of adventure education and outdoor learning. **This includes ongoing publications related to outdoor mental health interventions, and examples of this include:**



- Ferne, C. R., Gabrielsen, L. E., Andersen, A. J. W., & Mesel, T. (2020). Emerging stories of self: long-term outcomes of wilderness therapy in Norway. *Journal of Adventure Education and Outdoor Learning* (pp 1-15). Published online 17 February, 2020.
- Reese, R. F., Hadeed, S., Craig, H., Beyer, A., & Gosling, M. (2019). EcoWellness: integrating the natural world into wilderness therapy settings with intentionality. *Journal of Adventure Education and Outdoor Learning*, 19(3), 202-215.
- Eckstein, F., & Ulrich, R. (2015). Adventure-based experiential therapy with inpatients in child and adolescent psychiatry: an approach to practicability and evaluation. *Journal of Adventure Education and Outdoor Learning*, 15(1): 53-63.
- Gustafsson, P. E., Szczepanski, A., Nelson N., & Gustafsson, P. A. (2012). Effects of an outdoor education intervention on the mental health of schoolchildren. *Journal of Adventure Education and Outdoor Learning*, 12(1): 63-79.
- Richards, K., Harper, N., & Carpenter, C. (Eds) (2011). Special Issue: Outdoor and Adventure Therapy. *Journal of Adventure Education and Outdoor Learning*, 11(2): 83-189.
- Harper, N. J. (2009). The relationship of therapeutic alliance to outcome in wilderness treatment. *The Journal of Adventure Education & Outdoor Learning*, 9(1), 45-59.

Key reports

- Defra (2017). *A Green Future: Our 25-Year Plan to Improve the Environment*. London: Defra.
- Natural England (2017). *Good Practice In Social Prescribing For Mental Health: the role of nature-based-interventions*. London: Natural England.
- Natural England (2016). *A Review of Nature-Based Interventions For Mental Health Care*. London: Natural England.
- Scottish Natural Heritage (2017). Scotland's outdoors; Our natural health service. Accessed 30/09/2019: <https://www.nature.scot/professional-advice/contributing-healthier-scotland/our-natural-health-service>.
- Stevenson, D., & Farmer S. (2017). Thriving at work: the Stevenson/Farmer/Farmer review of mental health and employers; Accessed 08/10/2019: www.gov.uk/government/publications/thriving-at-work-a-review-of-mental-health-and-employers.

References

- Annerstedt, M., & Wahrborg, P. (2011). Nature-based therapy: Systematic review of controlled and observational studies. *Scandinavian Journal of Public Health*, 39(4), 371-388.
- Bowen, J., and Neill, J. T. (2013). A Meta-Analysis of Adventure Therapy Outcomes and Moderators. *The Open Psychology Journal*, 6: 28-53
- Bowler, D., Buyung-Ali, M., Knight, T., & Pullin, A. (2010). A systematic review of evidence for the added benefits to health of exposure to natural environments. *BMC Public Health*, 10, 456.
- Bendoroff, S., & Newes, S. (Eds.). (2005). *Coming of age: The Evolving Field of Adventure Therapy. Proceedings of the third international adventure therapy conference, Vancouver Island, Canada*. Boulder, CO: Association for Experiential Education.
- Burls, A. (2007). People and green spaces: promoting public health and mental well-being through ecotherapy. *Journal of Public Mental Health*, 6(3): 24-39.
- Bird, W. (2007). *Natural Thinking – investigating the links between the natural environment, biodiversity and mental health. A report for the RSPB*. Royal Society for the Protection of Birds.

- Cooley, S., Jones, C., Kurtz, A., Robertson, N. (2020). 'Into the Wild': A meta-synthesis of talking therapy in natural outdoor spaces. *Clinical Psychology Review*, Volume 77, 2020, 101841, ISSN 0272-7358,
- Foley, R., & Kisteman, T. (2015). Blue space geographies: enabling health in place. *Health and Place*, 35: 157-165.
- Gass, M., Gillis, L. M., & Russell, K.C. (2012). *Adventure Therapy: Theory, research, and practice*. New York: Routledge.
- Gill, T. (2012). Nothing Ventured... Balancing risks and benefits in the outdoors, *English Outdoor Council*
- Gelkopf, M., Hasson-Ohayon, I., Bikman, M., & Kravetz, S. (2013). Nature adventure rehabilitation for combat-related posttraumatic chronic stress disorder: A randomized control trial. *Psychiatry Research*, 209 (3): 485–493.
- Hansen, M. M., Jones, R., & Tocchini, K. (2017). Shinrin-Yoku (Forest Bathing) and Nature Therapy: A state-of-the-art review. *International Journal of Environmental Research and Public Health*, 14(8): 851.
- Husk, K., Blockley, K., Lovell, R., Bethel, A., Bloomfield, D., Warber, S., Pearson, M., Loag, I., Byng, R., & Garside, R. (2016). *What Approaches to Social Prescribing Work, For Whom, and In What Circumstances? A protocol for a realist review*. Biomed Central, London.
- Itin, C., (Ed.), *Exploring the Boundaries of Adventure Therapy: International Perspectives. Proceedings of the 1st international adventure therapy conference*. Boulder, CO: Association of Experiential Education.
- Jordan, M. (2014). *Nature and Therapy: Understanding counselling and psychotherapy in outdoor spaces*. Routledge; Oxon.
- Kraft, M., & Cornelius-White, J. (2019) Adolescent Experiences in Wilderness Therapy: A Systematic Review of Qualitative Studies, *Journal of Creativity in Mental Health* (pp1-10). Published online 28 November, 2019.
- Lahart, I., Darcy, P., Gidlow, C., & Calaguir, G. (2019). The Effects of Green Exercise on Physical and Mental Wellbeing: A Systematic Review. *International journal of environmental research and public health*, 16, 1352, 1-26.
- Lovell, R (2017). *Evidence Statement on the Links Between Natural Environments and Human Health*. Defra: University of Exeter.
- Mitten, D., & Itin, C. (2009). *Connecting with the Essence: Proceedings of the fourth international adventure therapy conference, New Zealand*. Boulder, CO: Association for Experiential Education.
- Ogilvie, K. (2005). Leading and Managing Groups in the Outdoors. *Institute for Outdoor Learning*, Carlisle, UK
- Ogilvie, K. (2012). Roots and Wings: A history of outdoor education and outdoor learning in the UK. *Institute for Outdoor Learning*, Carlisle, UK
- Pryor, A., Carpenter, C., Norton, C., & Kirchner, J. (Eds) (2012). *International Adventure Therapy: Emerging insights. Proceedings of the fifth international adventure therapy conference Edinburgh*. Czech Republic: European Science and Art Publishing.
- Mitchell, R., & Popham, F. (2008). Effect of exposure to natural environment on health inequalities: an observational population study. *The Lancet*, 372: 1655-60.
- Revell, S., & McLeod, J. (2017) 'Therapists' experience of walk and talk therapy: A descriptive phenomenological study. *European Journal of Psychotherapy & Counselling*, 19(3): 267-289.
- Richards, K., & Smith, B. (Eds). (2003), *Therapy within adventure. Proceedings of the second international adventure therapy conference*. Germany: Zeil.
- Richards, K. (2016). Developing therapeutic outdoor practice: Adventure Therapy. In B. Humberstone., H. Prince, & K., Henderson. (Eds.), *The Routledge International Handbook of Outdoor Studies* (pp. 251-259). London: Routledge.
- Richards, K., Hardie, A., & Anderson, N. (2023) The Outdoor Mental Health Interventions Model: A UK statement of good practice in outdoor and adventure therapy. *journal | adventure therapy*, Year 4/2023 (9IATC/3GATE Proceedings - Special Edition), online.
- Richards, K., Fullam, J., & Anderson, N. (2023). Sustainability Indicators when utilising Nature for Mental Health (Version 1). *Liverpool John Moores University and University of Exeter*. DOI 10.5281/zenodo.8091976
- Wheeler, S., & Richards, K. (2007). *The Impact of Clinical Supervision on Counsellors And Therapists, Their Practice And Their Clients: A systematic review of the literature*. Lutterworth: British Association for Counselling & Psychotherapist.
- World Health Organisation (2016). *Urban Green Spaces and Health*. World Health Organisation Regional Office for Europe: Copenhagen.

Glossary

AdventureSmartUK	Campaign developed by leading safety and sporting organisations providing information for people to get outdoors, be safe and enjoy a great day.	BPS	The British Psychological Society
BACP	British Association for Counselling and Psychotherapy	CAMHS	Child and Adolescent Mental Health Services
BPC	British Psychoanalytic Council	COSCA	Counselling and Psychotherapy in Scotland
		CPD	Continuing Professional Development
		HCPC	Health and Care Professions Council
		UKCP	United Kingdom Council for Psychotherapy

Co-authors

Neal Anderson MSc QTLS UKCPReg POL is a UKCP Registered Psychotherapist and Supervisor in private practice and chair of a Psychotherapy and Counselling Association. He has been working in the outdoors with young people and adults since 1993 and has specialised in youth development, leadership training and promoting the value of the outdoors for individual and community health and wellbeing. He is an Associate Lecturer with the University of Cumbria and was the former Professional Standards Manager for the Institute of Outdoor Learning. Neal currently leads an international charity committed to ending all forms of inter-personal violence, abuse and harassment in sports environments globally.

Dr Kaye Richards (CPsychol) is a Chartered Psychologist of the British Psychological Society, qualified outdoor professional, experienced researcher, and Senior Lecturer in Psychology at Liverpool John Moores University. She is leading a new MA in Counselling & Outdoor Therapy, and previously led a BSc (Hons) in Outdoor Education. She has diverse experience of developing adventure and outdoor therapy, training outdoor professionals, and has worked at the British Association for Counselling and Psychotherapy facilitating national research activity in psychological therapies. She is the convenor of the academic Journal of Adventure Education & Outdoor Learning, and has published across associated interdisciplinary areas.

Andy Hardie PGDip, FPsych, MBACP(Accred), LPIOL is a Forensic Psychotherapist and Supervisor registered with the BPC and accredited with the BACP. He has worked as a Therapist in the private, public and third sectors with groups, adults and young people. He has worked extensively with a focus on personal development with youth and marginalised groups in the outdoors. Since 2015 he has been developing wilderness and outdoor therapy approaches in Scotland. He has developed and delivered undergraduate and postgraduate courses in Adventure Therapy and an MSc in Counselling and is now Clinical Director of a charity delivering mental health services across Scotland.

Acknowledgements

We would like to thank the following individuals and organisations for their recent dialogue, contribution, and support to some of the thinking and development underpinning aspects of this statement:

- Dr Neil Bindemann & Dr Rob Lawson, British Society of Lifestyle Medicine
- Lesley Dougan, Dr Lisa Newson & Professor Zoe Knowles, Liverpool John Moores University
- Chris Frampton, South Lakeland Mind Outdoor Counselling Service, Kendal Therapy
- Dr Alison Greenwood, Dose of Nature, London
- Mark de Bernhardt Lane, Aquafolium
- Hayley Marshall, The Centre for Natural Reflection, Derbyshire
- Dr Stephan Natynczuk, Spare Crab Adventure
- Outdoor Therapy workshop participants at the 2018 UK Outdoor Learning Sector Conference
- Participants at the Outdoor Mental Health Interventions launch - 2019 Sector Strategic Forum
- Dr Stephanie Revell, Otago Polytechnic, New Zealand
- Dr Barbara Smith, CAMHS Alder Hey Children's Hospital, Liverpool
- Mike Strang, Venture Trust, Scotland

Version 2 - November 2023

© Co-authors Kaye Richards, Andy Hardie, & Neal Anderson

Richards, K., Hardie, A., & Anderson, N. (2023). *Outdoor Mental Health Interventions and Outdoor Therapy: A Statement of Good Practice. (Version 2)*. Carlisle: Institute for Outdoor Learning.

