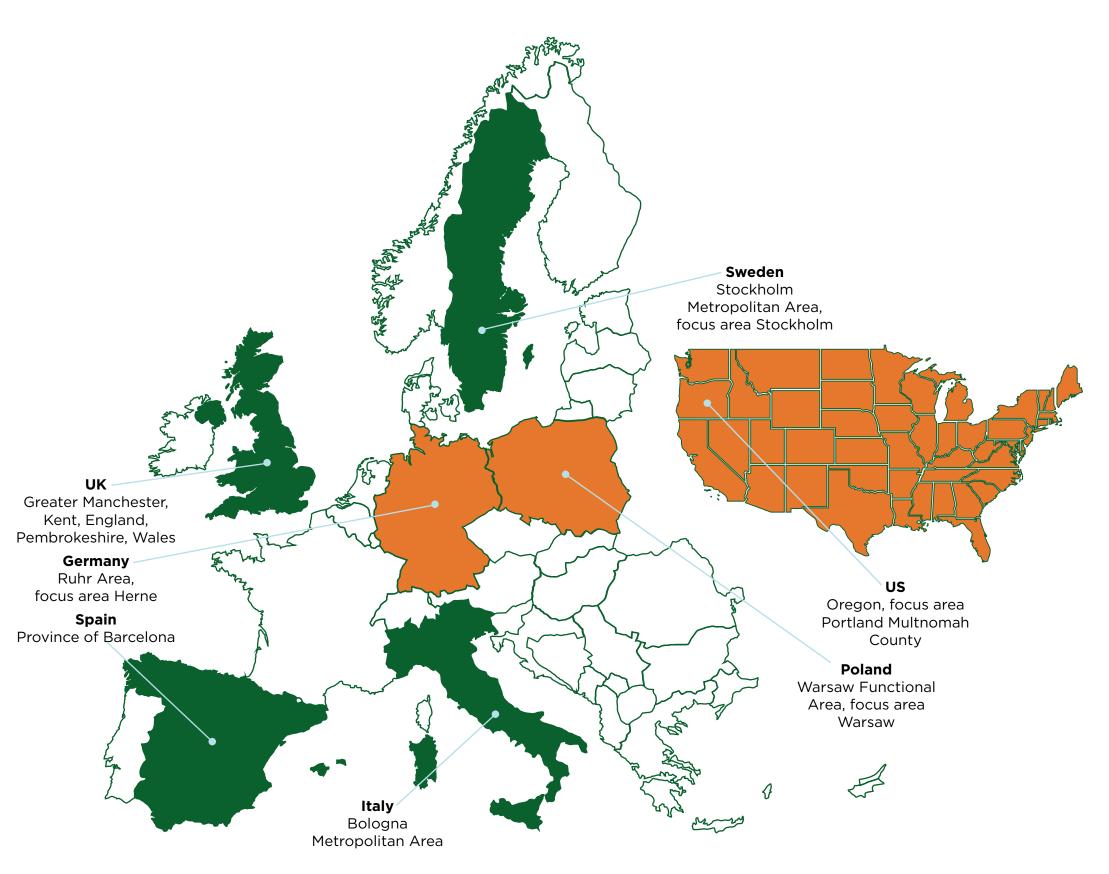
Green care for mental health: equity & its main players

Analysis of stakeholders & insights from the GreenME project

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GreenME is a Horizon Europe project seeking to advance the nature-based therapies and broader greencare to improve mental health equity fostering sustainable and healthy communities. The project understands greencare as a threescale continuum: from Nature-in-Everyday-Life (NEL), consisting of accessible green and blue infrastructure, (e.g., for viewing and walks) to **Nature-based Health Promotion** (NHP), the promotion of active interaction with nature (e.g.

gardening and conservation) to **Nature-based Therapy (NbT)**, the provision of structured treatment for individual patients. GreenME focuses on **7 study countries**, 4 of these are frontrunners (Italy, Spain, Sweden, the UK) where naturebased therapy is at least partially integrated in the healthcare system and 3 are **followers** (Germany, Poland, the USA) which have less robust green care initiatives.



Frontrunner country Follower country

Who are the Green Care key players?

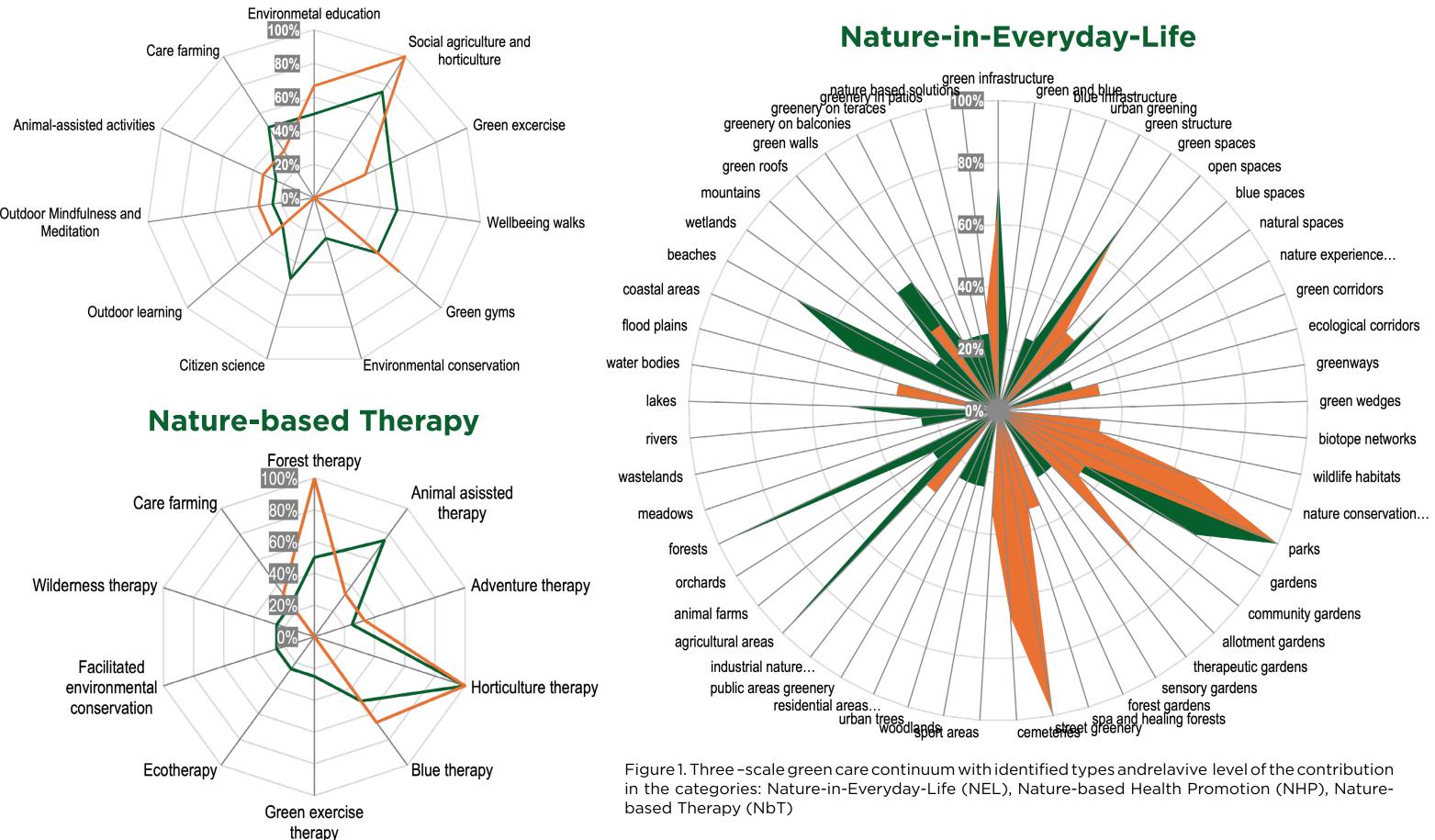
Key Players (high influence & expertise)

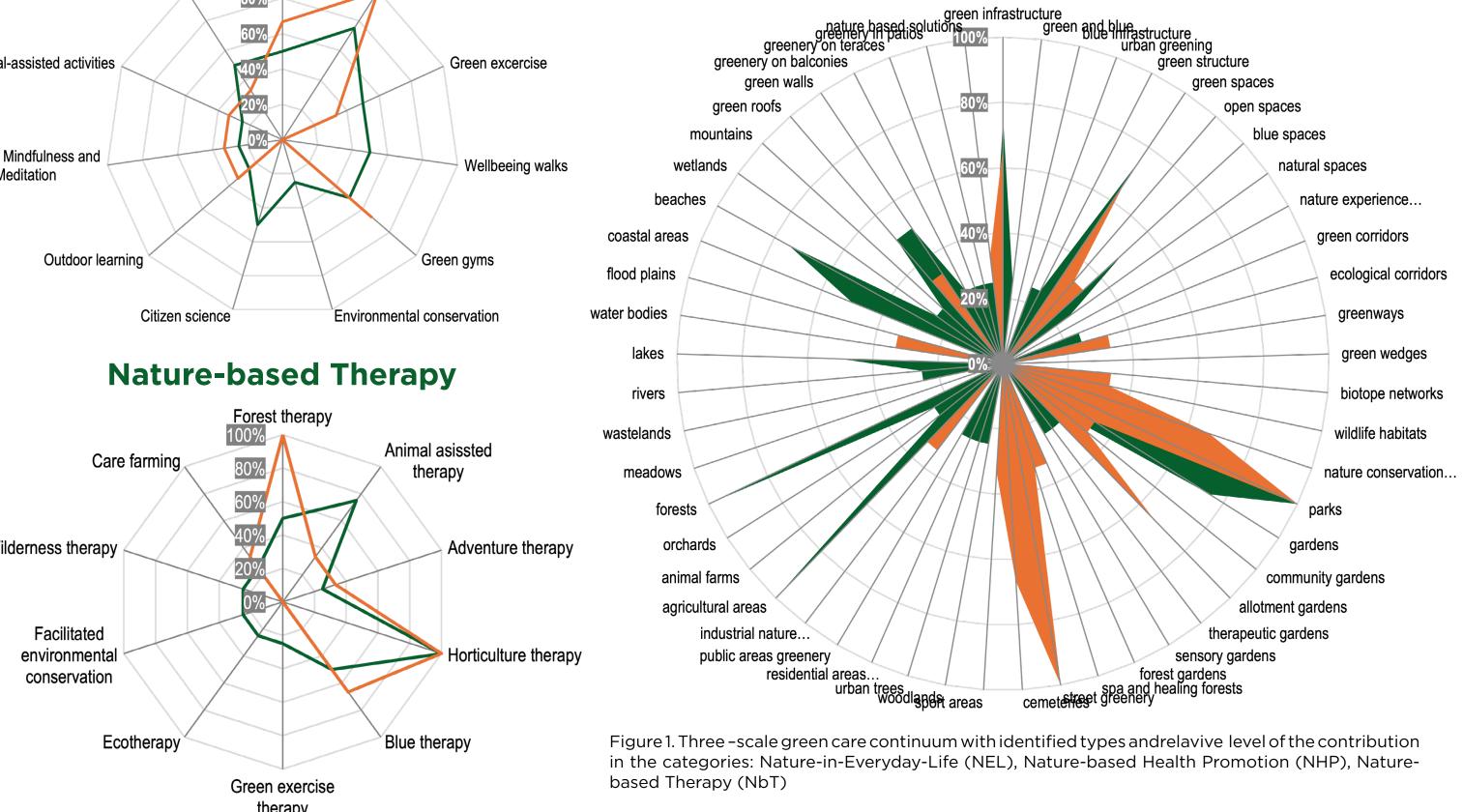
Hospitals and Health Centers: key actors across nearly 90% of surveyed cases. This highlights their involvement in providing nature-based therapies and promoting health through green care practices.

Non-Key Players (low expertise and/or influence)

Universities and Research Institutes: identified as key actors in **56%** of cases. Despite high expertise in nature-based research, these entities demonstrate low influence in directly shaping policy or practice, particularly in the "nature in everyday life" scale, showing a potential disconnect between research and practical application in green care initiatives.

Nature-based Health Promotion





Local self-governments: key actors in 78% of cases. Their roles likely include planning, legislation, and resource allocation to support green care initiatives at the local level.

Green-blue Space Owners and Managers: with **78%** key actor identification, these stakeholders are essential for providing and maintaining the green spaces vital for various green care activities.

Non-profit organizations: they play a crucial role in both frontrunner and follower countries (circa **62%**), highlighting the importance of grassroots movements in advancing green care.

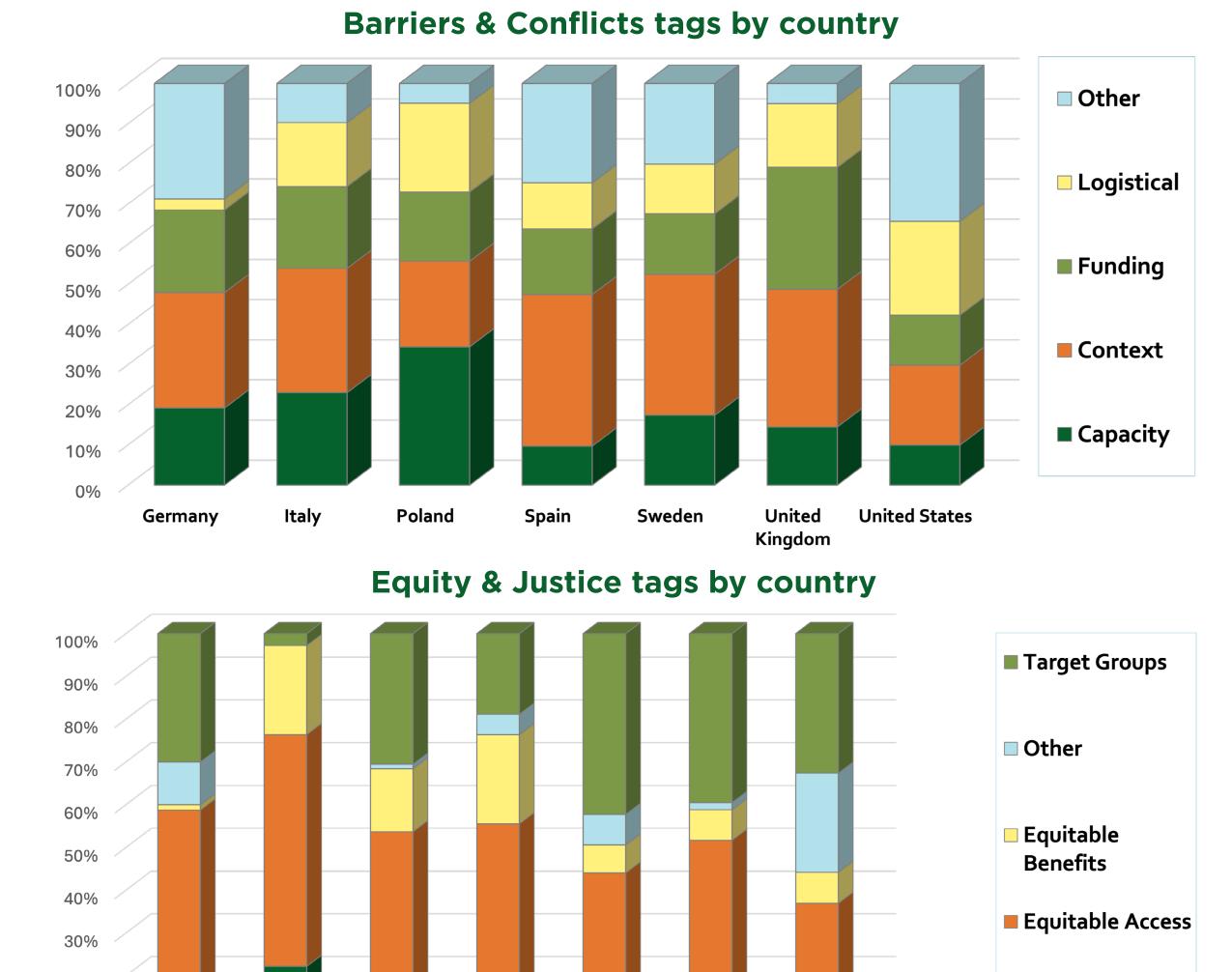
Green Care Providers Associations: with 56% key actor identification, these actors often play a primarily <u>supportive role</u>, with limited influence on policy or large-scale implementation, suggesting a need for these associations to strengthen their advocacy efforts and collaborate more closely with influential actors to amplify their impact.

Mechanisms of low impact

Limited Funding \rightarrow difficulty to scale up Lack of public awareness \rightarrow low demand \rightarrow low growth Fragmented hindered widespread adoption

Heathcare System

Semi-structured interviews with 117 key stakeholders produced data for qualitative analysis coded in CATMA through 45 tags in 9 comprehensive and complementary categories, producing a total of 9,404 entries



What are the barriers in advancing Green Care equity?

What's behind the tags?

- 1. Funding: B&C Funding
- •Short-term funding: short-term and often unsustainable funding prioritizes new initiatives , making it difficult to maintain programs and employ staff long-term.
- **Competitive funding:** Limited funding leads to competition between organizations, hindering collaboration • Complex and application processes: Applying for funding is time-consuming, disadvantaging smaller organizations. • Prescriptive funding: Funding is often restricted in how it can be used, making it difficult to address all needs.
- 2. Lack of Awareness & Understanding: <u>B&C_Other</u> <u>EQJ_Equitable_Benefits</u>

• General lack of awareness of green care: The concept is not well-known or misrepresented, limiting public support

and uptake.

- Lack of awareness among healthcare professionals: Low familiarity with green care and its benefits results in fewer referrals.
- Stigma associated with mental health: People may avoid activities promoted for mental health due to stigma.
- **3.** Access & Logistical Issues: EQJ_Equitable_Access EQJ_Equitable_Benefits
 - Unequal distribution of green spaces: Access to green spaces is not equitable, particularly impacting marginalized communities
 - Transportation barriers: Lack of affordable or reliable transportation prevents people from reaching green spaces.
 - Accessibility within green spaces: Uneven terrain, lack of facilities, and safety concerns can limit having accessibility for all.
 - •Overcrowding: Popular green spaces can become overcrowded, impacting their therapeutic value.
- 4. Lack of Standards, Recognition, and Integration: B&C_Capacity EQJ_Policies_Interventions
- Lack of standardized guidelines and protocols: This creates inconsistencies in green care provision and hinders evaluating its effectiveness.
- Lack of professional recognition and certification: The skills and qualifications required for green care practitioners are not formally recognized, leading to confusion and potentially lower quality services.
- Lack of integration with healthcare systems: Green care is not well-integrated with mainstream healthcare, limiting referrals and funding opportunities
- 5. Social & Cultural Barriers: EQJ_Other EQJ_Target_Group EQJ_Equitable_Access
 - **Disconnection from nature:** Many people lack a connection to nature, feeling it is not for them or that they do not belong there.
 - Safety concerns: Perceptions of safety can be a barrier, particularly for vulnerable and marginalized groups.
- Unequal Participation in Decision-Making: Marginalized communities rarely have a voice in shaping green care interventions.

Issues highlighted here were present throughout the interviews database (across all tags) and have been grouped thematically for clarity.

How can we advance Green Care equity?

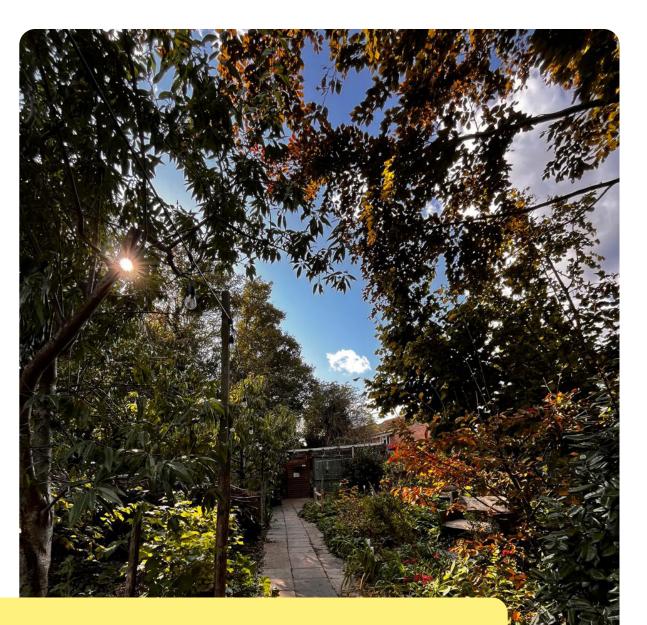
and Other), and 5 Equity tags (Target groups, Equitable benefits, Equitable access, Policies & Interventions and Other), per country.

Figure 2. Results of the qualitative analysis of semi-structured interviews relating to 5 Barrier tags (Logistical, Funding, Context, Capacity

States

Kinadom

"First we have to train the professionals, come what may. Raising their awareness - that's the first level. And then comes the implementation with support and guidance to do it right, to make



Policies

Interventions

Future Direction Based on Best Practice

- 1. Strengthen Connections with Healthcare Systems e.g. follow best practice of "green social prescribing" established in the UK, incorporate more NBS into public healthcare (see Fig.3)
- 2. Enhance Policy Support and Funding, e.g. the National Academy for Social Prescribing (UK) provides

it as therapeutic as possible." - implementer of **Nature-based Health Promotion (Spain)**

"Green and blue spaces should be elevated to the level of it's 'a must have, not a nice to have'. Just like parks have been historically, gosh, it'd be nice if we had more parks. No. We have to have more parks." - supporter of Nature-based Therapy (USA)

"It's about having support that is equitable across the whole community and accessible, having progression routes, and having that funding so that these sectors are not spending so much time ferreting away for funding and can focus more on the core activities." - policy & decision maker in Nature-in-Everyday-Life (UK)

Figure 3. Abbey Physic Community Garden, Faversham, England, UK

resources and guidance, while national surveys like the People and Nature Survey (UK) collect data on nature engagement and well-being. Data on performance supports stable funding.

- 3. Foster Collaboration and Knowledge Exchange e.g. outdoor association working with researchers & healthcare professionals in project "Come out with us" (Sweden), ready-made green prescription blocks for doctors in Poland.
- 4. Raise Public Awareness and Demand
 - **A.** Public health campaigns: Highlighting the positive impacts of nature-in-everyday-life and naturebased interventions.
 - **B. Media engagement:** Sharing success stories and promoting green care initiatives, debunking misconceptions.
 - **C. Community outreach:** Organizing events and workshops to engage the public and demonstrate the value of green care, e.g. educational programs as part of "Revierparks 2020" project in Germany's Ruhr Area.

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UAB Universitat Autònoma de Barcelona





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