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Developing a nature-based treatment manual for use within CAMHS community services

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Background

Children’s mental health services often rely on an evidence base created for a mainly adult population. Cornwall’s Child and Adolescent Mental Health Services (CAMHS) utilise a broadly clinic-based approach to treatment. Evidence suggests that increased exposure and engagement with the environment through interventions incorporating nature-based approaches bring significant mental and physical health benefits (Mellor et al., 2021).

Review of the evidence

A literature review examined of full-text journal articles from the CHINAL database over the last 10 years were reviewed, focusing on the following topics:

- Health benefits from engaging in nature
- Outdoor exposure and child development
- Nature-based treatments for mental Illness
- Manual-based health treatments

Over 30 articles were reviewed. The literature recognised that exposure to the outdoors and to the natural environment has health benefits across all demographics. Evidence suggests that the value is greater for children, playing a key role in child development including neurological and emotional growth (Strife and Downey, 2009). There is also a growing body of evidence which highlights the significant positive impact that increasing exposure and connection to the outdoors and natural world in treating mental illness. This area of research has grown in the last two-years following the exploration of the impacts of the ‘lockdowns’ throughout the pandemic on the mental health of children and the disparity between different socio-economic backgrounds (Friedman et al., 2022). Although there has been an increase in delivering ‘ecotherapy’ to adults with mental health difficulties, both within public and private sectors (Wilson et al., 2010), there is empirical data relating
to the public sector delivery or in the treatment of children with mental illness. Conversely, and often controversially, CAMHS services are seen to be choosing to follow a more pharmacological pathway in the treatment of mental illness and are prescribing increasing amounts of medications to children within specialist mental health services (Sivaprasad, 2005).

Project plan

The project utilises the JBI Evidence Implementation Model (Porritt et al., 2020) to understand opportunities for nature-based therapy within CAMHS, whilst simultaneously producing evidence informed nature-based treatment manual to inform practitioners. Using a service evolution survey, a local CAMHS will report the context of current practice with regard to nature-based therapy and identify opportunities for their introduction. This will be evaluated with a stakeholder group who will also oversee the development of an evidence-based manual, outlining nature-based therapy opportunities will be developed through a peer review process involving CAMHS practitioners. Strategies for adoption will be tested and evaluated.

References


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