

Evaluation of the Preventing and Tackling Mental Ill Health through Green Social Prescribing Project

Data and Insights 2021/22-2023/24



Alexis Foster and Chris Dayson | December 2024

1. Introduction

NHS South Yorkshire was one of seven Integrated Care Boards (ICBS) selected in 2021 to become a 'test and learn' site for the 'Tackling and Preventing Mental Ill-Health Through Green Social Prescribing Project (GSP Project) between 2021/22 and 2022/23. This report provides key insights from the quantitative monitoring data collected throughout the project. It covers the two-year period for which national funding was provided (2021/22 – 2022/23) and the subsequent year (2023/24) during which investment was provided by the ICB. Data was collected by locally based voluntary, community and social enterprise (VCSE) organisations in receipt of grant funding via the programme. For full information about the methodology and associated challenges associated with data collection please see the National Evaluation report.¹ The key findings for South Yorkshire are as follows.

2. How many people were supported to access GSP in South Yorkshire?

1,788 cases of support were provided throughout the programme – 883 people were supported in 2021/22 and 905 in 2023/24. This is based on the number of cases that VCSEs recorded data on, but we know that some VCSEs were not able to capture data for everyone they supported. The other caveat is we do not know if 1,788 different individuals were supported. This is because funded VCSEs restarted their monitoring in 2023 when the programme was extended, so some people may have been supported more than once during the GSP programme.

3. Who benefited from GSP in South Yorkshire?

The GSP project was effective at supporting people experiencing health inequalities: over half of people accessing the project lived in the twenty percent most socio-economically deprived neighbourhoods (55.4 per cent) and 80.7 per cent were experiencing mental health issues. The GSP project also supported diverse populations including people from across the age spectrum, people from different ethnic minorities and people who had been shielding during COVID-19.

¹ Haywood, A., Dayson, C., Garside, R., Foster, A., Lovell, B., Husk, K., ... Wilson, I. (2024). [National evaluation of the preventing and tackling mental ill health through green social prescribing project: Final report - March 2021 to June 2023](#). London: Department for Environment, Food and Rural Affairs.

4. How did people access GSP in South Yorkshire?

The three most common referral routes were self-referral, referral from a social prescribing link worker and referral from within the nature-based providers themselves. There were very few referrals from mental health services, indicating that people access GSP from more informal routes.

5. What types of support were accessed through GSP in South Yorkshire?

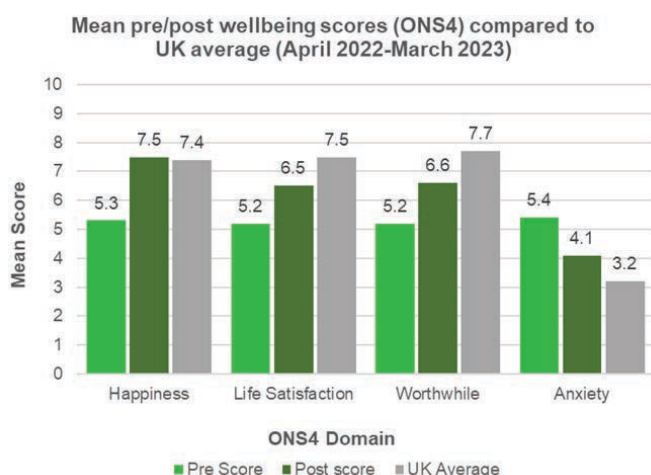
A range of different types of nature-based activities were delivered including community allotments, walks in the local parks and trips to the Peak District. GSP is a relatively short-term intervention with over two-thirds of people attending less than ten sessions. Importantly, almost half of people continued to attend nature-based activity after their initial referral period and almost a third of people were either supported to access further activities with the same organisation or referred into another organisation. This highlights that nature-based providers were able to help people who needed further services to continue receiving support.

There were only small numbers of people who stopped attending activities prematurely. Key reasons were due to mental health issues, ill health or there were logistical barriers such as transport. Whilst the numbers are relatively small, further consideration may be useful about how to manage some barriers to engagement.

6. What was the impact of GSP in South Yorkshire?

The programme had a positive impact on people's wellbeing:

- **Life satisfaction** increased from an average (mean) of 5.2 to 6.5 points out of ten. The average UK score is 7.5, highlighting that whilst the GSP population have a lower wellbeing score than the UK average, following the intervention the population was nearer the national average.
- **Feeling life was worthwhile** increased from 5.2 to 6.6. The UK average is 7.7, highlighting that whilst the GSP population have a lower wellbeing score than the UK average, following the intervention the population was nearer the national average.
- **Happiness** increased from 5.0 to 6.8 points. The UK average is 7.4, highlighting how GSP supports people to increase their wellbeing to a similar level to the UK average.
- **Anxiety** reduced from 5.4 to 4.1 (i.e. an overall improvement). The UK average is 3.2, indicating that the population being supported do have a higher level of anxiety than the UK average. However, this is understandable given the focus of GSP on people with mental health issues and the reduction should be viewed positively.



Appendix: Summary statistics for the South Yorkshire Tacking and Preventing Mental Health Through Green Social Prescribing Project 2021/22-2023/24

Service user Characteristics

Table 1: Characteristics of service users accessing GSP

Characteristic	N	Percentage
Age (Years) (n= 1668)		
< 18	188	11.3
18 – 24	181	10.9
25 – 29	106	6.4
30 – 34	146	8.8
35 – 39	133	8
40 – 44	149	8.9
45 – 49	127	7.6
50 – 54	119	7.1
55 – 59	120	7.2
60 – 64	138	8.3
65 – 69	93	5.6
70 – 74	65	3.9
75 – 79	66	4
80 – 84	27	1.6
≥ 85	10	0.6
Sex (n=1747)		
Female	1059	60.6
Male	657	37.6
Other	31	1.8
Ethnicity (n=1653)		
Asian or Asian British	318	19.2
Black, Black British, Caribbean or African	75	4.5
Mixed or Multiple Ethnic Groups	28	1.7
Other Ethnic Group	62	3.8
White	1170	70.8

- SY based nature-based providers are supporting people across the life course including younger people, people of working age and older people. This is a strength of the project as traditionally SP has tended to support older people.
- 60.5 per cent of people supported were female (n=1059/1747). This is reflective of social prescribing generally, which has typically supported more females than males. Going forward, there could be a focus on how to support more men.
- SY GSP is supporting people from a variety of ethnic groups. Whilst the majority of people supported were White British, providers also supported a significant number of people from different ethnic groups including people of Asian/British Pakistani ethnicities. This indicates that GSP is engaging people from different ethnicities through working with specific community groups such as the partnership between Heeley Trust and Roshni and the initiative by Darnall Wellbeing to support people to go for walks in the Peak District. This is a strength of the GSP programme as nature-based programmes have sometimes been unsuccessful at engaging people from non-White British ethnicities.

- We did not collect information on Refugee/Asylum Seekers or whether English was someone's second language. We know from some providers that they did support people from these groups and future data monitoring will seek to capture this information.

Table 2: Caring status

Destination following support (n=1164)	N	Percentage
Has a carer	217	18.6
Is a carer	73	6.3
Does not have a carer / Is not a carer	874	75

- 6.3 per cent (n=73/1164) of people identified as being a carer, this is lower than the national average which is estimated to be at least nine per cent (Key facts and figures | Carers UK). However, we know that typically caring status is under reported as people may provide care but do not consider themselves a carer.
- 18.6 per cent of people reported having a carer (n=217/1164). This is relatively high and indicates that GSP is supporting people who have mental and physical health needs.

Table 3: Clinically Vulnerable to COVID-19

Clinically Vulnerable to COVID-19 (n=1010)	N	Percentage
Yes	350	34.6%
No	660	65.3%

- A third of people considered themselves as clinically vulnerable to COVID-19 (34.6 per cent n=350/1010). This indicates that GSP has reached people who had been shielding during COVID-19 and have health issues.

Table 4: Socio-economic deprivation

IMD decile (n=1225)	N	Percentage
1 (Most Deprived)	443	36.2
2	235	19.2
3	147	12
4	58	4.7
5	77	6.3
6	86	7
7	55	4.5
8	58	4.7
9	44	3.4
10 (Least Deprived)	22	1.8

- GSP is supporting people living in the most socio-economically deprived neighbourhoods. Over two-thirds of people lived in neighbourhoods that are categorised as being in the 20 per cent most socio-economically deprived neighbourhoods.(55.4 per cent, n=678/1225) with over a third of service users living in the most deprived neighbours (36.2 per cent, n=443/1225). This is a strength of the programme that GSP is reaching people who are experiencing health inequalities.

Mental Health Needs

Table 5: Mental Health Issues

User has mental health needs which infringe on daily life (n=1496)	N	Percentage
No mental health needs	289	19.3
Early/pre-determinants of mental health needs	479	32
Moderate mental health needs	478	32
Severe mental health needs	208	13.9
Mental health needs- Severity not specified	42	2.8
Mental Health Needs (n=1496)		
Yes	1207	80.7
No	289	19.3

- GSP is reaching people experiencing mental health issues. Over three quarters of people accessing nature-based activities were categorised as experiencing mental health issues (n=1207/1496, 80.7 per cent). This included diagnosed conditions such as depression but also included people experiencing pre-determinant risks to mental health difficulties including loneliness and stress.
- Almost half of people accessing support were recorded as having moderate/severe mental health issues (n=806/1496, 45.9 per cent). This is considerably higher than the national average, where one in six people are experiencing mental health issues at any time. It indicates that GSP is successfully reaching people experiencing mental health issues and supporting them to access nature-based activities.

Referrals

Table 6: Source of referral

Source of referral (n=1593)	N	Percentage
Self-Referral	369	23.2
Referral from another part of the organisation	298	18.7
Voluntary/community/Social Enterprise based Link Worker/Social Prescriber	283	17.8
Voluntary, Community or Social Enterprise Organisation	191	12.0
Primacy Care based Link Worker/Social Prescriber	119	7.5
Private Sector Referral	99	6.2
Friends or Family	60	3.8
Local Authority	54	3.4
Other Primary Care Professional	52	3.3
Other NHS Service	34	2.1
Community Mental Health Team	17	1.1
GP	14	0.9
Improving Access to Psychological Therapies	3	0.2

- People accessed nature-based providers through a variety of referral routes. Referral from another part of the organisation, self-referral and Link Workers were the most common source of referral.
- A quarter of referrals were from Link Workers (n=402/1593, 25.2 per cent).

- Almost a fifth of referrals coming from within VCSEs highlights how a number of grant recipients were organisations that were funded to deliver nature-based activities with client groups they already had a trusting relationship with. This may be positive way of supporting people to engage in nature because there is already trust and engagement rather than expecting people to attend a different organisation.
- Almost a quarter of people were from self-referrals, highlighting the importance of facilitating both formal referral routes e.g. from Link Workers and informal routes through self-referrals. This is important because not everyone will access a Link Worker and Link Workers are facing increased case load demands so having alternative referral routes are important. It would be useful to explore further how people found out about activities to inform future GSP recruitment.
- There were minimal referrals from mental health services. This indicates that GSP could develop further links with mental health services.

Number of Sessions Attended

Table 7: Number of sessions attended

Number of sessions (n=1166)	N	Percentage
1	395	33.9
2 – 5	342	29.3
6 – 10	219	18.8
11 – 15	81	6.9
16 – 20	41	3.5
Over 20	88	7.5

- We analysed the data on number of sessions only for people who were not recorded as still attending the activity.
- The data indicated that GSP is a relatively short-term intervention with over two-thirds of people attending less than ten sessions.
- A third of people attended one session (n=395/1166, 33.9 per cent). This will be a mixture of services delivering one off sessions and people that attended one session but did not attend again.
- 7.5 per cent (n=88/1166) of people attended more than 20 sessions highlighting that for some users, GSP may be an ongoing intervention.
- Given the relatively short nature of the funded nature-based activities, it will be important to be realistic about what difference they can make to longer-term outcomes such as mental health service use. It also highlights that it will be important that nature-based activities support people to access other nature-based activities or help them to connect with nature independently to help sustain nature-based engagement and improvements in wellbeing when the initial activity finishes.

Finishing Support

Table 8: Destination following support

Destination (n=993)	N	Percentage
Continuing to attend the activity	435	43.8
Accessed further activities within organisation	216	21.8
Finished in the organisation with no onward referral	184	18.5
Finished in the organisation and referred to other organisations	82	8.3
Dropped-out of the activity before completing planned support	69	6.9
Employment	7	0.7

- Almost half of people were continuing to attend the nature-based activity (43.8 per cent n=435/991). There will be a need to consider how to support people as the programme finishes and also to support people to engage more independently with nature.
- Almost a third of people were either supported to access further activities with the same organisation or referred into another organisation. This highlights that organisations were able to help people who needed further support to access other services.

Table 9: Reason not completed activity

Reason Not Completed activity (n=518)	N	Percentage
Did not start attending activity	75	14.5
Not able to make activity e.g. transport, not the right time	16	3.1
Stopped attending because of issues outside of the activity e.g. family commitments	15	2.9
Stopped attending because of physical health issues/ill health	15	2.9
Stopped attending because of mental health issues	14	2.7
Other	12	2.3
Moved into employment/education	9	1.7
Moved out of the area	5	1
Accessed alternative provision	2	0.4
Not finding the intervention helpful	2	0.4

- 15 per cent of people were recorded as not starting to attend an activity. This number is likely to be an underestimate as organisations may not have recorded data for non attendees. Organisations may want to consider how to help people to engage in activities who may struggle, for example through the use of nature buddies.
- There were only small numbers of people who stopped attending activities prematurely. Key reasons were due to mental health issues, ill health or there were issues such as travel issues. Whilst the numbers are relatively small, further consideration may be useful about how to manage barriers to engagement.

Type of Nature-based Activity

Table 10: Type of nature-based activity

Type of activity (n=2581)	N	Percentage
Nature Connection	620	24.0
Horticultural	394	15.3
Alternative Therapies	362	14
Exercise	354	13.7
Craft	316	12.2
Wilderness Focused	86	3.3
Nature Based Arts and Crafts	82	3.2
Conservation Focused	74	2.9
Sport	49	1.9
Other	46	1.8
Wellness walks/photos	43	1.7
Photo Walk	39	1.5
Community gardening and horticulture programme	38	1.5
Talking Therapies	32	1.2
Care Farming	23	0.9
Nature-based arts and crafts activities	20	0.8
Nature-based physical health activities	3	0.1

Footnote: People may be attending more than one type of activity hence the numbers are larger than the total number of people accessing GSP.

Please note there are more activities than people because activities may involve a number of components.

- There was a diverse range of nature-based activities delivered through GSP including nature-connection activities, craft-based activities and alternative therapies. The wider evidence base does not indicate that some types of activities are more 'effective' than others but rather many will share similar components irrespective of the specific activity. Given this, GSP's approach of funding a range of nature-based activities which have been designed on a local basis to meet the target population group is key.

Improvement in wellbeing

- In the additional 23/24 SY programme data there was an optional yes/no report variable for organisations to report whether they felt someone had experienced an improvement in wellbeing following accessing the nature-based activity. Whilst this was not a validated approach and was poorly completed, it indicated that providers felt that over 90 per cent of service users were considered to have experienced some improvement in their mental wellbeing when accessing nature-based activities (n=344/373, 92.3 per cent). Interestingly, there was also some service users who providers did not feel had experienced an improvement. Whilst not everyone will experience an improvement in wellbeing, understanding who these people are and why would be helpful in terms of shaping future provision.
- There was a statistically significant improvement in all 4 domains of the ONS-4, indicating that people accessing GSP experience an improvement in their mental wellbeing.
 - Life satisfaction increased from an average (mean) of 5.2 to 6.5 points out of 10. The average UK score is 7.5, highlighting that whilst the GSP population have a lower wellbeing score than the UK

average, following the intervention the population was nearer the national average.

- Feeling life was worthwhile increased from 5.2 to 6.6. The UK average is 7.7, highlighting that whilst the GSP population have a lower wellbeing score than the UK average, following the intervention the population was nearer the national average.
- Happiness increased from 5.0 to 6.8 points. The UK average is 7.4, highlighting how GSP supports people to increase their wellbeing to a similar level to the UK average.
- Anxiety reduced from 5.4 to 4.1 (i.e. an overall improvement). The UK average is 3.2, indicating that the population being supported do have a higher level of anxiety than the UK average. However, this is understandable given the focus of GSP on people with mental health issues and the reduction should be viewed positively.

Table 11: Change in wellbeing

	N	Pre		Post		Mean Change	95% CI	P-Value
		Mean	SD	Mean	SD			
Life Satisfaction	243	5.2	2.4	6.5	2.2	1.3	1.1 to 1.5	<0.001
Worthwhile	243	5.2	2.3	6.6	2.2	1.4	1.1 to 1.6	<0.001
Happiness	243	5.0	2.3	6.8	2.2	1.8	1.5 to 2.1	<0.001
Anxiety	262	5.4	2.5	4.1	2.5	-1.3	-1.6 to -0.9	<0.001

Figure 1: Change in ONS-4 Score

