

IMAGINARIUM FOR NATURE PRESCRIPTIONS FOR YOUTH WELL-BEING IN LONDON, ONTARIO



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Dr. David S.H. Chu International Student Centre
International and Graduate Affairs Building
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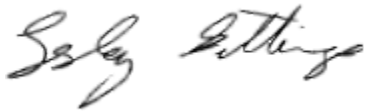
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Background

The *'Imaginarium on Nature Prescriptions for Youth Well-being in London'* was a collaborative event that brought together clinical, community and academic stakeholders, and people with lived experience, to reflect on the importance of nature for youth well-being and explore the potential of nature prescriptions to support youth health and wellness in London, Ontario. To catalyse connections amongst participants, and with the content, respectively, an individualized, immersive nature connection was facilitated. Next, connections amongst each other were explored and mapped across the various disciplines, organizations and nations represented by the members present. New connections were sparked through collaboration and ideation regarding local actions to support youth well-being through nature.

What is an Imaginarium?

An 'Imaginarium' refers to a space devoted to imagination, where community can come together and harness a collective capacity to deeply listen, connect, and begin to establish a strong foundation for collaboration and innovation. Through interactive and participatory dialoguing approaches, interwoven with mindful practices, participants can explore key questions and ideas and unpack a specific challenge or topic. An Imaginarium serves as a catalyst to solidify new relational and action-based capacities that can carry forward local, national and even global initiatives for individual and collective wellbeing. The Imaginarium concept is built on the principles of mindful social innovation, which was conceived by The Global MINDS Collective. It is an approach that works towards self- and system-transformation for mental health and wellbeing.

What was the Nature Prescriptions Imaginarium?

This *Imaginarium on Nature Prescriptions for Youth Well-being in London, Ontario* was co-hosted on November 3, 2023. The convening applied the principles of [mindful social innovation](#) to explore the complex relationship between nature and youth mental health amongst a diverse group of clinicians, researchers, students and community members in the London area. The event was imagined, designed and planned through the collaborative efforts of the project team, including colleagues of the Children's Environmental Health Clinic Ontario (ChHEC ON), Children's Hospital – London Health Sciences Center (LHSC), and Western University (Faculty of Health Sciences and the Department of Paediatrics, Schulich School of Medicine and Dentistry). This event was facilitated by the Global MINDS Collective and [MINDS of London-Middlesex](#), Canada's first social innovation lab incorporating the mindful social innovation approach to tackle mental health and addiction system challenges experienced by young and emerging adults (between the ages of 16 and 35) in London-Middlesex.

Purpose & Objectives

The purpose of the Imaginarium was to ascertain the amount of collective interest that participants from different institutions, expertise and nations have to promote the health and well-being of youth through land-based healing practices and nature prescriptions. This half-day event brought together attendees, including key clinical, community and academic stakeholders, with the following objectives:

1. Build authentic, intentional collaborations amongst individuals, groups and organizations to support youth environmental health in London, Ontario;

2. Engage diverse experts and stakeholders in a systems and design thinking process to explore opportunities for the meaningful use of nature prescriptions for youth health and well-being;
3. Create an inclusive, empowering space for networking and innovation in support of youth and environmental health.

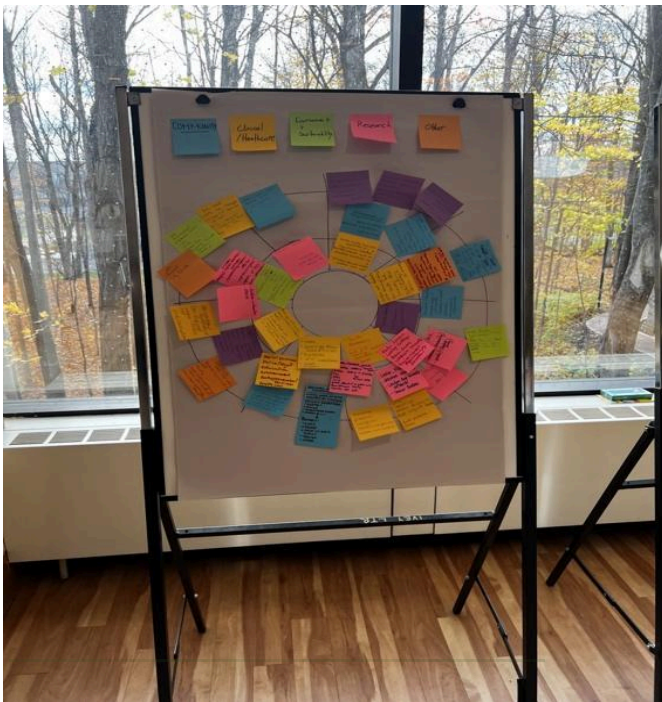
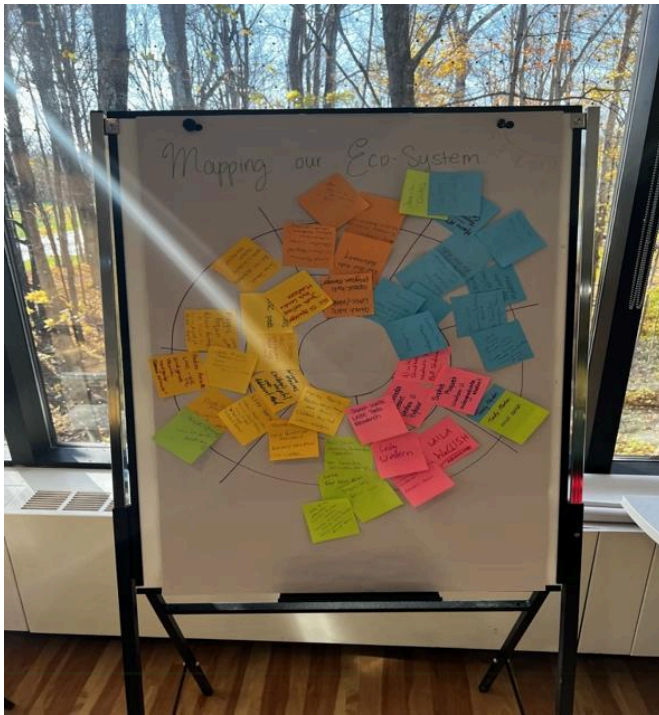
Imaginarium Activities

The Imaginarium was opened by Indigenous Facilitator & Advisor, Ro'nikonkatste (Standing Strong Spirit), Bill Hill. Following this, the Imaginarium format was introduced, and Nature Prescriptions were defined and discussed. All participants experienced a nature prescription through a facilitated, individualized, outdoor nature connection experience, and given time and prompts to reflect on the meaning of this experience, and nature-connection, to them as an individual. Participants re-convened, carrying their personal experience with them, to brainstorm and identify individual and collective strengths and resources that could be engaged to support nature prescriptions within the London context, facilitated through a network mapping activity. Through a combination of small and large group discussions, they explored how nature prescriptions could fit into their work, as well as how nature prescriptions for youth health and wellbeing might support and/or enable other aspects of their lives and work (e.g., strengthening programming; making care more holistic; supporting advocacy). These discussions also highlighted the types of evidence that would be helpful to collect on nature prescriptions and the methods that would be well-placed to collect such information. These conversations sparked ideas and dialogue, created a foundation of relationship amongst participants and their organizations, as well as a grounding to establish future connections, knowledge-sharing initiatives, and partnerships, in London and the region, that prioritized clinical-researcher-community collaboration. A full description of activities can be found at Attachment 1.

**In addition to key discussions,
attendees were led through a
mindfulness exercise that immersed
them within nature!**



Network Mapping Activity Summary



The goals of the Network Mapping activity were to discover: (1) who was in the room; (2) which sectors were represented; (3) which parts of nature prescriptions the attendees have access to (e.g., relationships/networks, connections, resources); (4) the communities and organizations that they are connected to and/or serving through work; and (5) to map collective strengths and possibilities for further collaboration. This activity was facilitated prior to formal discussions to explore connections, possibilities, and strengths this collective has to support nature prescriptions. Participants were asked to put post-it notes on the two charts (shown below) that include their name, work affiliations and the communities they are connected to. There were four sectors that participants worked in: healthcare, community, environment and other for those with multiple disciplines, denoted by different post it note colours. A key learning was that many participants felt their occupation spanned multiple sectors, reflecting the interdisciplinary nature of the child environmental health sector. A total of 43 post-it notes were placed on the map to reflect the attendees' occupational roles and associated workplaces/sectors, with some people using more than one post-it.

Clinical practice participants included those who specialize in paediatric care, patient partnership, youth wellness, antenatal care, mental health, social work, and Indigenous health. The community-based participants included case workers, program managers, and coordinators from a variety of community interests, such as homelessness response, wellness, green initiatives. The individuals affiliated with

research, academia, and educational institutions included researchers, professors, and students. The participants who worked with environmental and sustainability organizations focused on conservation, advocacy, sustainable practices and addressing climate change. The 'other' category reflects the sectors that were not represented, including participants involved in advocacy and traditional healing practices. Further details for this activity can be found in Attachment 2.

Key Findings from the 'Network Mapping' Activity

Cross-sectoral Dynamics: After the initial mapping, participants used a similar mapping exercise to describe which other groups or organizations they work with, including connections amongst participants. After this was complete, a facilitated group reflection explored patterns from the mapping activity. Collated discussion points by theme are presented below.

1. Collaboration. Participants across sectors noted they want to work together more collaboratively, but there were some limitations of how to do this effectively, including knowledge and disciplinary silos. Participants noted a separation between the



Figure 3: Love of our Elders by Elder Annette Sullivan

community and health sectors, describing how although LHSC has a mandate for community engagement, community providers suggested this could be done more effectively, and described experiencing limited success in the past. Participants emphasized that communities often know their needs best, and there should be increased investment in individuals who can connect with communities and community organizations to better support local programs in a meaningful way. This suggestion was particularly strong for Indigenous Community involvement. Participants suggested a partnership approach that respects the autonomy and knowledge of community providers, including investment in relationships and financial support from the large institutions.

2. Representation. While there was some diversity amongst participant organizations, participants noted a lack of sectoral representation from advocacy, education and public service sectors.

3. Connectedness. It was suggested that the network map should look like an interconnected web with a child in the centre to emphasise that this work should be focused on child wellbeing and the relational/sectoral connections that are required to fully support them. Participants referenced the above image 'Love of Our Elders', an artwork submission to Children's Hospital by Métis Elder Annette Sullivan; see Figure 3),

It was suggested that further connection and collaboration could be facilitated by certain well-connected 'nodes' of individuals and sectors to bridge links between clinical, research, and community organisations. This presents an opportunity for knowledge dissemination and building a stronger, interconnected network. These insights highlighted the need for cross-sectoral representation and collaboration for nature prescription work. The figure below highlights the groups and communities that attendees are connected to and/or serving, and the areas of work they specialize in (see figure 4).

Small Group Discussions Summary

Small group discussions were held around four different sets of questions in relation to the design, implementation and evaluation of nature prescriptions for youth well-being in London, Ontario. Each participant self-selected into one of the four groups: (1) Nature Prescriptions in my work: fit, barriers and facilitators; (2) Secondary benefits of Nature Prescriptions for youth well-being; (3) Measurement and methods for Nature Prescriptions; (4) 'Other', including considerations for implementation. Each section described further below, with attention to participant responses.

Group 1: Nature Prescriptions in my work: fit, barriers and facilitators

Group 1 discussed how nature prescriptions might fit into their work and what they are currently doing and/or would like to do in relation to supporting youth health through nature prescriptions. Conversations also touched upon what prescriptions should look like, the elements that should be included, and barriers and facilitators of nature prescribing. The below section summarizes this conversation.

The Need for Tailored Prescriptions

Prescribers can and should tailor prescriptions to their clients, which will require them to have knowledge of accessible spaces and services that their patients can access. Further, prescribers require awareness of mental health and community initiatives. The group suggested that a 'pool of options' be created for prescribers. One suggestion included leveraging existing resource hubs and community links that detail relevant organizations and networks in the surrounding areas. For example, the community navigator's hotline hosted by Middlesex London Health Unit, was suggested as a potential way to learn about community resources and assets. Another idea was to facilitate knowledge transfer between clinicians and community members since clinicians, who typically prescribe, need formal community connections and access to resources. Unfortunately, there is often a lack of connection with community partners and prescribers. It would be strategic to address this need for clinician-community engagement in professional and community education streams and have it as a requirement within clinical practice and staff training.

Connecting with 'green agencies' can provide clinicians and organizations with access to information and resources related to environmental initiatives. This can include information on sustainable practices, green spaces, and nature programs. The website healthchat.ca serves as an online platform for a group of healthcare professionals in Canada to connect and collaborate with each other. It also provides a forum for people to address their concerns and needs, such as requesting Alzheimer's care, and allows others in the community to respond and support.

There is also a potential for this work to co-design and co-create novel nature prescription approaches and initiatives that can address unmet needs. To do this, understanding the needs and capacities of children is crucial in designing effective interventions. In some cases, prescribing small steps, like 10 minutes of outdoor time per day, rather than a whole nature program, may be necessary for young people. By considering factors such as age, development, and individual differences, tailored approaches can be developed to meet their specific needs.

Community Knowledge and Engagement

In the same way that clinicians need to know different options for nature prescriptions, children, families, and their support networks must also be aware of the nature programs, initiatives and spaces. The London Health Science Centre Paediatric Family Resource Centre is an example of how families and children can be informed about resources and avenues of support. It may also be worthwhile to consider cross-pollination programs, such as those between seniors and family centres, which can foster intergenerational connections and promote the exchange of knowledge and experiences. This is particularly important to implement with children and youth and can result in mutual learning and support between different age groups.

When there is community buy-in to truly engage with nature, local actors will be able to collaborate on co-creating local initiatives and addressing barriers that arise. One potential barrier is limited access to conservation spaces, such as the Fanshawe conservation area existing on the outskirts of London. This is something that can be addressed by the community.

Other Ideas for Increased Nature Access and Explore

Group one participants described how it is important to offer a variety of nature initiatives and programs to cater to the diverse needs of individuals. The following ideas were proposed during this discussion:

1. Office/clinic spaces are most often utilized for taking appointments and providing services; however, there is also potential to move outside and offer interventions in natural environments. Moving beyond the clinic walls into natural spaces can potentially increase feelings of ease, relaxation, groundedness and comfort between the prescribers and patients. This decision, however, should be left to the patients. This patient-led approach empowers youth to take control of their own health and well-being.
2. Bringing nature 'inside' is a topic that is frequently discussed in child and youth advisory councils. It involves finding ways to incorporate natural elements, such as plants or natural light, into indoor spaces to create a more nurturing and calming environment. Additionally, incorporating real pictures of nature in hospital aesthetics, as opposed to cartoons, was highlighted as a way to help inpatients feel connected to the 'outside' physical environment.
3. Including seeds and/or plants in care packages can introduce an element of nature into people's lives. This can promote a sense of connection to the natural world and encourage individuals to engage in gardening or other nature-related activities.
4. Opportunities for community gardening can provide a space for individuals to come together and take shared responsibility for the environment. It can foster a sense of community, promote sustainable practices, and provide access to fresh produce. Moreover, community gardening provides an opportunity for individuals to recognize our shared responsibility to care for the physical environment and address the need for quality food.
5. Legacy plants in hospital rooms allow for the passing on of plant care from one patient to the next. This initiative can teach children and youth how to handle the responsibility of taking care of plants and the environment.
6. An app that incentivizes 'bite-sized' exposures to nature through gamification can encourage children to engage with the natural world. By incorporating elements of play and rewards, it can make learning about nature fun and accessible.

7. Increasing the use of biking paths promotes physical activity and reduces carbon emissions.
8. Virtual reality hikes and augmented reality videos can provide an immersive experience of nature if one is restricted in mobility and/or is unable to venture outside.

Group 2: Secondary Benefits of Nature Prescriptions

Group 2's discussion focused on how nature prescriptions for youth health and wellbeing can support or enable their work and life, including areas such as strengthening programming, advocating for green spaces, making care more holistic, opening up different conversations, shifting relationships between health providers and patients and community, supporting wellbeing, and whether it is empowering.

Group two's discussions revolved around the secondary benefits of nature prescriptions for patients and various organizations. Specific considerations were given to how nature prescriptions for youth health and wellbeing could support and/or enable areas of work and life.

Group two discussed how the primary benefit for the person who receives nature prescriptions is that their mental health and wellbeing can be supported through land-based healing endeavours. They further described how the concept of nature prescriptions is not something new; it has existed in Indigenous communities for centuries. Bringing back traditional Indigenous ways of being can help unlock different types of understanding (e.g., understanding of self, others and the environment). Additionally, when we spend time in nature, nature in turn feeds the spirit and empowers individuals.

Families and Child & Youth Well-being

The role of family in a child's life was emphasized throughout this discussion, specifically related to how a child generally is affected by their primary caregiver's mental health. Therefore, integrating the caregiver(s) and family in a nature setting can also offer additional social, relational and healing benefits (e.g., parenting skills).

Group Two emphasized connection with others, self, and family as a potential benefit of nature prescriptions. For example, when a child or youth carries out their nature prescription, their immediate relations, such as family and friends, can be tied into the process, thus facilitating more connections with nature and in some cases, fostering deeper roots to their culture. Integrating parents to be more engaged with children, specifically in outpatient initiatives, was also mentioned. These endeavours can also inform all participants about our responsibility as stewards of the earth and our collective impact on the environment, which may lead to increased protection of natural spaces. Finally, increased funding for programs that are working towards integrating nature are much needed in supporting this work, as well as developing deeper connections between sectors and community members, especially families. It was suggested that perhaps healthcare providers can facilitate these connections between the community, nature spaces and families.

Considerations of Nature Prescriptions in Healthcare

Group two discussed how in outpatient settings, bringing children together, especially younger children, and engaging in outdoor and organized activities was important. They described how kids enjoy being outside seasonally, and that there may be barriers for healthcare providers to support nature

prescriptions due to government recommendations. For example, an hour of outdoor time may not be accessible. Participants described that this could be adjusted and how any amount of time outside can be beneficial.

Another suggestion was to bring the environment into the institution, so that patients who are not able to go outside can still benefit from nature. Group two outlined how this would not only benefit the patients, but also provide a healthier space for workers and staff. For these ideas to come to fruition, advocacy efforts are required for those who are not able to voice their concerns and needs.

Last, participants in group two discussed the often-intimate nature of patient consultations, and how it can be difficult to truly connect with patients given rules and norms around not being 'overly personal'. Participants suggested that nature can build that bridge to support safe and meaningful patient-provider engagements, and that engaging with nature may lead to a more trusting relationship between practitioner and family/patient. Unfortunately, the 'human' aspects of consulting patients have a tendency to be overlooked in professional education and medical students are often 'trained like robots'. Participants suggested that they must learn how to build relationships, as they are interacting with real humans. Addressing our shared humanity within nature can be a catalyst for cultural change and shifts.



Small group discussions allowed attendees to use their experiences to delve deeper into key topics related to nature prescriptions for youth well-being in London, Ontario



Group 3: Measurement and Methods

Group 3's discussion focused on measurement and methods for researching nature prescriptions, including the types of evidence that would be helpful to participants and their organisations. Ideas were generated on what could be measured to support nature prescriptions for youth, how the effects of nature prescriptions could be measured, and what type of evidence would be helpful to the group and their organization in relation to nature prescriptions and the environment.

In this discussion, the need for co-designed inclusive of end-users was stressed. The following section reports on this discussion in further detail.

Participants suggested that it is important to measure how nature prescriptions are implemented, specifically the outcomes, the application of nature prescriptions and the barriers/facilitators. They suggested that different outcomes may be experienced by different prescribers and end-users. As an example, Indigenous participants suggested that reconnecting with nature in stressful environments may be beneficial for Indigenous peoples, as nature is integral to their identity. Because this connection between Indigenous people and their land is sacred, this necessitates a distinct measurement of success. Participants suggested that examining the differences between the experiences of Indigenous and non-Indigenous persons when prescribed nature is thus crucial. They further suggested that data collection be approached through having genuine conversations with knowledge holders and designing programs in collaboration with them. The value of having an Indigenous person in a hospital setting was emphasized, given their lived experiences. The need to address the connection piece for Indigenous peoples can be addressed by incorporating methods that involve 'Two-Eyed Seeing', visual arts, play, mindfulness, and place-based approaches. Participants suggested that this requires compassion, time, effort and funding.

Conventional metrics should be meaningful and might include length of stay, blood pressure, staff breaks/times and places to do this and use of nature spaces. The importance of qualitative data and 'deep research', as opposed to only quantitative data was also highlighted in this discussion. For example, participant cues such as a smile on their face count as qualitative data, even though it is not often integrated in normal practice. While western practice stresses the importance of measuring feelings (e.g., happy, depressed) in psych wards, measurement of wellness can and should also be approached from an Indigenous perspective. Indigenous healers typically go in and connect with patients – a simple yet profound way to measure wellness. Building this human-human connection is a trauma-informed lens approach to healing. A concept in Cree signifying 'no self' was highlighted in the discussion; it touched upon knowing one's roots and identifying what is currently impacting one's life. All in all, encouraging identity through a connection with Mother Earth is seen as essential. In addition, creating supportive spaces for story-telling and healing, committing to the healing process, evaluating the methodologies for current data collection practices and having young people or people with lived experience to co-lead research are key components of a trauma-informed lens to care.

Lastly, more focus should be given to observing and spending time in emergency settings, with youth and older adults as target populations facing both mental and physical health challenges. It is important to ask individuals what works for them, and prescribe interventions based on their needs rather than

dictating solutions. Overall, a multi-faceted approach to measuring and evaluating connectedness, patient needs and nature prescriptions is acknowledged.

Collaboration with Schools

Further, a potential study idea was pitched to determine the relations between air quality, food equity, and schools. This could be initiated by meeting with the principals of 10 lower schools and engaging in the “Take Me Outside” initiatives. Take Me Outside is a Canadian not-for-profit organization that works collaboratively with other organizations, school boards and individuals to encourage children and youth to spend more time outside. To ensure that every kindergarten student receives at least 30 minutes of outdoor time, it is necessary to request evidence from each school regarding their compliance. This evidence can be in the form of qualitative feedback from teachers, the community, and families. While many schools have the advantage of being located near green spaces, there are still numerous barriers that need to be addressed.

Collaboration with London Neighbourhoods and Indigenous Communities

The study that was mentioned prior can also be helpful for various neighbourhoods and understanding the nuanced differences throughout London. It was mentioned that London is one of the best places in Canada for air quality; however, some neighbourhoods are 8.4 and others 4.4, demonstrating place-based environmental inequities. To deeply engage with the environment, understanding the risk to land in London and its surrounding areas, particularly the Green Belt, is a priority. The role of the Canadian Association of Physicians for the Environment (CAPE) in overturning Green Belt decisions was highlighted, suggesting the possibility of treating London as a national park to preserve the surrounding land. Identifying at-risk land and working collectively to preserve it is vital. This is necessary for nature prescription work as one cannot prescribe nature if there are no accessible natural spaces.

Group 4: Other Topics Related to the Implementation of Nature Prescriptions

Group four focused on discussing topics related to nature prescriptions that may not have been discussed in other aspects of the Imaginarium. By creating their own questions, Group four discussed how nature prescriptions can be used for change within system design, how we can improve pathways to nature prescriptions for vulnerable and marginalized populations, and how we can consider the diversity in nature prescriptions when designing effective programming.

Advocacy and Awareness for Tailored Nature Prescriptions

Participants discussed how technology can be leveraged to ensure that nature prescriptions are delivered to individuals who are unable to go outside such as through the use of virtual reality systems. This is an opportunity for future research to explore the impact of virtual nature prescriptions on the health and well-being of young people. Further, this group discussed how they might create pathways to nature prescriptions for groups and individuals who are marginalized, (i.e., people who are unhoused) citing the importance of building awareness and advocacy in this process. Group four suggested that while nature prescriptions can be promoted broadly, connecting people to nature prescriptions that are relevant to their circumstances will be more powerful and effective.

Additionally, participants emphasized the potential diversity in nature prescriptions. In addition to being exposed to nature through forests, some may find solace in mountains, rivers, water, plains, land,

animals, passive or active nature interactions. One participant gave an example of patients whose connection with their pet is what gives them hope to stay alive. Participants discussed how nature prescriptions may lead to some patients' very first experience with nature. Though this doesn't discount the potential positive impacts of nature prescriptions, it shows that practitioners should be very careful in the types of nature prescriptions they prescribe based on each individual's lived experience. Another example of this was a marginalized youth nature retreat attended by one of the participants where youth spent one week at a camp in the bush. During this time, there was a shift in the way that these youth connected with themselves and with other people. This shows that sometimes a nature prescription can simply be an introduction to nature, especially for those who may not have experience with formal nature programming. Ultimately, recognition of the diversity of people and their needs is paramount in prescribing nature in a way that is non-prescriptive and unique to the individual.

Learning from Indigenous Knowledge Systems

Participants discussed how humans and trees are in total balance – we would not be alive without trees and the trees would not be alive without us, yet we are often physically disconnected from one another. Rather than building and imposing artificial green spaces, we should leverage and recognize the natural green spaces that we have been given by the earth. For instance, having green spaces which are free from harmful chemicals and that enable ecosystems to exist naturally also enables us as people to experience and value the fullness of nature. Another example of disconnection is the way Indigenous people introduce themselves and their personhood as their lineage and their connection to the land compared to the settler/colonial way of introducing themselves as one's job title. Further, there exist numerous consistencies and similarities in Indigenous knowledge systems and values between Indigenous people, globally. This demonstrates how one's history and lineage can facilitate authentic connections with real nature spaces rather than artificial green spaces. This connection could potentially be measured by asking people where they feel most aligned. It is also important to recognize that alignment means different things to different people and diverse types of nature prescriptions play a vital role as discussed above.

Nature Prescriptions for System Change

If nature prescriptions are to be prescribed to patients and the public, they must first be incorporated into the system itself. For instance, we need to build a way for botanists, engineers, health care, community leaders to connect within the system because there are so many models and levels of understanding.

Large Group Discussion Summary

A large group discussion followed the small group discussions, in which participants from each group presented main points from their small group discussions. Following this, all Imaginarium participants had a chance to add and discuss. Main points included:

1. Participants emphasized the gaps that might exist between those who write nature prescriptions and the amazing resources within the community, further suggesting that a

community hub may support in maximizing existing resources and connections by raising awareness.

2. Some patients, and their families may not be comfortable with an organized nature prescriptions program. With this, it was suggested that providers ensure the accessibility of nature prescriptions by starting with smaller more manageable prescriptions such as going and sitting outside for 10 minutes. Using this strategy may allow providers to meet families and patients “where they’re at” and ultimately gain buy-in.
3. To prescribe tailored nature prescriptions, providers need adequate access to knowledge of available resources and effective pathways/connections to connect with different green agencies in the community.
4. Another strategy discussed by the group to support nature prescription uptake was a suggestion by the Child and Youth Advisory Council of an application to incentivize exposure to nature through gamification.
5. Leveraging technology may be beneficial through the use of virtual reality hikes and augmented reality for patients who may not be able to physically go outside. Furthermore, participants explore ‘what does it mean to experience nature in the metaverse?’
6. It was highlighted that nature prescriptions need to be on a spectrum and must have a tailored approach.
7. Participants highlighted how nature prescriptions should not begin with the prescriptions itself, but instead should be extended into clinical spaces to provide patients with exposure to nature inside. For instance, they suggested sending patients home with resources to grow their own plants and the continuation of one plant being passed from one patient to another, this was described as a “legacy” nature project.
8. Nature prescriptions can cultivate environmental stewards by getting people out onto the land and help with future sustainability.
9. Nature prescriptions may help in strengthening relationships and encouraging trust between clients and staff. Institutionally, bringing nature into organizations is important because it helps staff’s mental state which in turn may better support patients.
10. Nature prescriptions measurement systems should include qualitative feedback from teachers, parents, and patients.
11. We must compare benefits of nature prescriptions for both Indigenous and non-indigenous peoples with lived experience in the hospital system, voices of Elders, and knowledge keepers to inform prescriptions.
12. We can measure nature prescriptions by asking the following questions: What lands are at risk? Where should we preserve accessibility? How do you feel and connecting with patient versus making those connections with the patient with a trauma informed lens? How can relationships be established through connecting through the land? Where does a person (patient) feel aligned? What kinds of nature exposure resonate with them and how do you prescribe that? (Alignment may be able to be measured using a positive psychology framework.)
13. Nature prescriptions can be researched using art-based methods, oral methods, and play-based methods. Further, they could be measured through measuring changes in blood pressure over time, and through using nature prescriptions as staff breaks.
14. Thunderbird partnership foundation is an example of a training organization for healing centers across Ontario that uses a wellness wheel to demonstrate the interconnectedness of “purpose”.

Thunderbird also has a great demonstration of community-led data collection that participants suggested we look into as a form of strengths-based measurement informed by Indigenous ways of knowing.

15. Nature prescribing and safety: How can pathways be created for nature prescriptions for marginalized groups and individuals? For some it may be their first time connecting with nature and this must be considered when designing programming. For example, different racialized communities may have safety concerns around being outside, and these must be considered when prescribing nature. Safety concerns were also discussed in the context of mental health challenges with one of the participants sharing an anecdote about a mental health hospital beside a lake. This anecdote highlighted the importance of individualizing nature prescriptions because for some patients the lake was a place of solace, for others it was a safety hazard.
16. How can we draw on functional ecosystems in nature to teach us, and where do we fit into that system? For instance, everything we do impacts nature and nature impacts everything about our lives – so how do we align within the ecosystem as people?
17. It is important that we also focus on how we can promote nature prescriptions, improve awareness and get people excited about nature prescriptions. It is important to consider how people want to be involved, and to build transparency so that everybody feels they can be a part of it.

The need for improved pathways of connection between stakeholders was a common theme throughout various portions of the Imaginarium!



Attachment 1: Participant List

First and Last Name	Title/Position (where available)	Affiliation (Organization, Institution, etc)
Shara Thomas	Programs & Innovation Officer	The Global MINDS Collective
Arlene McDougall	Associate Professor; Director of Research; Director; Director of Research & Innovation for Mental Health Care	Western University & LHSC (SJHC)
Anna Gunz	Paediatric Intensivist, Associate Professor	LHSC, Western University
Judith Fisher		London Greening Health Collaborative & Climate Action London
Shaquille Sealy	Operations Manager	ReForest London
Sarah Wells	Research Coordinator	Children's hospital, Victoria Campus
Jessica Cordes	Engagement Coordinator	Western Sustainability
Laila Rahman	Post-doctoral Associate	Centre for Climate Change, Health, and Sustainability
Maggie Perquin	Patient Partner	LHSC
Mariano Macias	Physician & Assistant Professor	Childrens LHSC, Western University
Marina Ybarra	Pediatric Endocrinologist and Assistant Professor	Western University
Vala Gylfadottir	Senior Project Manager, Middlesex Middlesex London OHT London Ontario Health Team	
Martin McIntosh	Executive Director	Regional HIV/AIDS Connection.ca
Lisa Murray	Housing First Outreach Worker	London Cares
Nadine Reeves	Program & Development Manager	Childreach Centre
Tandy Morton		Childreach/Wild Child
Sherry Coulson	Clinical Research Associate	Western, Department of Paediatrics and CHRI
Grace Sherwin	Registered Nurse	LHSC, UWO
Lella Blumer	Organizer	For Our Kids
Anna Gunz	Associate Professor & Medical Director	Western University, LHSC, & Children's Environmental Health Clinic
Nicole Struthers	PhD Student	Western University
Levv Shatil	Youth Resource Facilitator	Children's Hospital LHSC
Tamara Van Hooren	Paediatrician	LHSC, Children's Hospital, Western University
Lesley Gittings	Assistant Professor	School of Health Studies, Western University
Aleksandra Zecevic	Associate Professor	Western University

Nicole Yawney	Youth Indigenous Wellness Consultant	Children's Hospital
Dan Catunto	Manager, Life Stabilization	City of London
Nokuzola (Zola) Ncube	MSc Student	Western University
Carol Fortnum	Educational Liaison	Children's Hospital @LHSC
Andrea Racette	Indigenous Health Navigator	LHSC Emergency services
Jana Madigan	Frontline Support Worker	City of London
Lisa MacPherson	Caseworker	City of London - Life Stabilization
Dylan White	Indigenous Cultural Competency Training	Schulich School of Science and Medicine
Jill Glasgow	Psychologist & Faculty	LHSC, Children's
Sophie Paquet	Student	Western University
April Scholz	Community Partnerships Specialist	Upper Thames River Conservation Authority
Barbra Egelton	Caseworker	Ontario Works London Ontario
Gogo MaPhiri (Precious Phiri)	Traditional Healer & Indigenous Knowledge Keeper	Zimbabwe Traditional Healers Association

Attachment 2: Facilitators Guide

Imaginarium on Nature Prescriptions for Youth Wellbeing in London, Ontario

November 3rd, 2023

9:00am - 1:00pm

**Dr. David S.H. Chu International Student Centre
International and Graduate Affairs Building
Western University**

Key Objectives for Imaginarium:

1. Explore how nature prescriptions might fit into the work of Imaginarium participants: What are they currently doing, and/or would they like to do to support youth health through nature prescriptions?
2. Explore and document individual & group strengths and resources that could be engaged to support nature prescriptions for youth health and wellbeing in London
3. Explore how nature prescriptions for youth health and wellbeing might support and/or enable other areas of participant's lives and work (e.g., strengthening programming; making care more holistic; supporting advocacy ...)
4. Explore what types of evidence would be helpful to collect on nature prescriptions for youth health, and what methods would be well-placed to collect such information.

Small Group Discussion Questions

1. How might nature prescriptions fit into my work? What am I doing/would I like to do in relation to supporting youth health through nature prescriptions? What should nature prescriptions look like/what elements should be included?
2. As a group, what strengths do we have to support nature prescriptions for youth health and wellbeing? (Strength 'groupings': Relationships/networks; expertise; connections; resources; other?)
3. How might nature prescriptions for youth health and wellbeing support and/or enable areas of my work and life? (E.g., strengthening programming, advocating for green spaces, opening up different conversations; making care more holistic? Shifting relationships with health providers and patients? Patient and community? Supporting family well-being? Is it empowering?)
4. Measurement: What type of evidence would be helpful to you/your organisation in relation to nature prescriptions and the environment? What could we measure to support nature prescriptions for youth in your own work? How could we measure the effects of nature prescriptions? (E.g., biomedical indicators, scales, qualitative work with youth, recruitment, quant pre-post)?

ACTIVITY ONE: Being With Nature (Open Mind)

Purpose: Mindful social innovation invites us to recognize the value in slowing down, observing what exists within and around, and learning from the elements that surround us. This is how we open our minds to weave together new perspectives and insights in order to create meaningful and impactful change.

Practice:

1. Arrive.
 1. Find a space outside, which your energy connects with. Stand in this place, look around, and comment to yourself on what you notice around you. Do this until you feel you have a deeper awareness of where you are.
 2. Notice your body. Notice how you are standing. Notice what sensations you feel.
 3. Pick up a stone, a leaf, or another element on the ground beside your feet. Slowly move it around; as you do, trace the feelings of movement throughout your muscles, tendons, and bones. What do you feel? Place the element back where you found it once you have reflected on this.
 4. Tune in to your senses. Take 5 minutes to stand in one place and tune in to them. It may help to close your eyes. First notice the sensations on your skin. Allow enough time for awareness to develop so you notice sensations that were not at first apparent. Then turn your attention to hearing. Try to hear the quietest sound nearby, and the farthest away bird sound. Next, open your mouth and breath just loudly enough to blend the sound of your breathing with the sound of the forest. Let this combined sound be a way of reducing any sense of separation you may feel between you and the forest. As you continue to breathe through your mouth, notice the tastes and textures of the air. Next breathe through your nose and discover as many scents as you can distinguish. Finally, slowly open your eyes, letting the forest show you something you have not seen before.
2. Walk Slowly. For 5 minutes, walk slowly while silently noticing what is in motion around you.
 1. Observe: Look up at the sky and pay attention to the light coming through. Look down and notice the plants carpeting the floor. Stop and examine the patterns on leaves, tree bark, and stones. Watch for animals and birds.
 2. Use Your Nose and Mouth: What scents do you detect? Stop and explore the different smells and tastes of the forest. What does a twig smell and feel like? Can you smell the soil, scents on the breeze, the different flowers in bloom?
 3. Listen: Notice the varied sounds birds make. Listen to the ebbs and flows of sound made by leaves as the wind rustles them.
 4. Touch: Stop to touch the grass, the different tree barks and leaves around you, and/or as you continue to walk. Find another place to sit and take off your shoes if you like. Feel the earth under your feet. What do you feel?
3. Sit. Find a spot to sit for 5 minutes and observe. Let the elements reveal themselves to you when they choose. Be still and let yourself experience this connection to nature.
4. Give Thanks.

1. Notice what elements exist around you. Either silently or quietly speaking (preferred), acknowledge the element and describe what you have received from it (and its type): for example, “Here is a tree, which has shared shade with me. Thank you.”
2. Offer the element something in return as gratitude. This could be a gesture, a song, or a deep sense of thanks. Allow time for an inspiration to appear.
 - 1.

Practice from:

<https://hollyhock.ca/8stepsforesttherapy/>

<https://learn.eartheasy.com/articles/how-to-take-a-forest-bath/>

ACTIVITY TWO: Mapping the 'Eco-system'

Time: 30 minutes

Materials:

1. Chart paper (separate sheets or one large sheet) 6’x6’
2. Tape
3. Crayons and markers (Colourful)
4. 40 Pens
5. Post-it notes (in different colours)
6. Stickers: for different parts of nature prescriptions framework (colour-coded or by shape)
- 7.

Key for Post-it note colours:

1. Community: Blue
2. Housing: Pink
3. Environment & Sustainability: Green
1. Clinical/Healthcare: Yellow
2. Research: Purple
3. Other: Orange

Set-up:

Set up a table in front of mural with materials.

Tape chart paper up on the wall. Draw the diagram below on the paper, make it into a spider web with enough room in the middle to draw connecting lines. At the top, write “Eco-system Map”. Add trees, clouds, sun to the mural.

Instructions:

1. As participants enter the room, ask each of them to select a Post-it note of the appropriate colour based on their grouping. Have them write their name, organization/work role, and any additional identity declarations (e.g., "I'm an artist" or "I'm an activist") on the Post-it note.
2. Ask: which parts of a nature prescription do you have access to? (e.g., blue - prescribing, red - patient, yellow - connection to nature, green - physical location).

Centre of mural
3. Form smaller groups and ask them to approach the mural one group at a time. The first person from each group should place their Post-it note on the chart paper in the middle of the mural, based on their grouping.

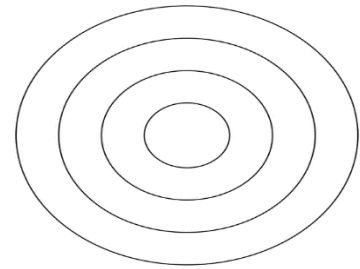
4. When the next person from the same group comes up, they should position themselves on the mural close to the first person if they know each other, or further away if they don't know each other. Encourage participants to introduce themselves to others they don't know by sharing information about their organization and/or network.

*****Outside the Centre*****

5. Participants should also add Post-it notes for individuals they work closely with around the outside of the mural. If others have worked with those individuals, they should add lines connecting them.
6. Participants should identify the people they are serving and the communities they are connected to (e.g., Youth, children, newcomers, Indigenous communities) and draw lines between their name and any other person's networks they are also connected to.
7. Ask participants to add Post-it notes representing groups, organizations, or individuals they would like to be connected to but currently aren't, especially those who could support work around nature prescriptions. Encourage participants to check if any others in the group have connections to those desired connections.

*****Periphery*****

8. Invite participants to draw pictures or write names to represent the eco-spaces around them that help with mental health and well-being. This is their eco-system, so they should feel free to draw what connects them to nature, such as flowers or the sun.



Discussion Questions:

1. What do you notice about this network? Is it well-connected? Are there people/groups/organizations who should be connected but aren't?
2. As an eco-system, what connections, possibilities, and strengths do we have to support nature prescriptions for youth health and well-being?

Observation and Discussion:

Allow groups to observe the 'eco-system' and voice observations, questions, and comments with the larger group.

Encourage participants to connect with someone they would like to talk to or collaborate with.

Note for reporting* Take pictures of the map & note down observations and key insights.

Small Group Discussion Format

Part 1 (20 minutes)

1. Ask people to self-select into groups, based on the 4 questions (these will be introduced earlier, posted around the room on chart paper, and also shared on powerpoint screen)
2. In groups, ask participants to discuss and take notes in response to their chosen question

Part 2 (1 hr)

1. Each group provides a brief 'report back' presentation to the whole group (notes: audio record, chart paper and sticky tack) (10 minutes per group - 5 for presentation, 10 for questions/responses)
2. Take notes as you go on sticky notes, feel free to share them verbally or post them at the end (can be anything - barriers, facilitators, additional thoughts/ideas)
3. Groups can leave their chart papers at the front of the room. While we transition to lunch, people can respond in writing on sticky notes to the paper if they wish.

Attachment 3: Agenda

Agenda

Imaginarium on Nature Prescriptions for Youth Wellbeing in London, Ontario

Phase	What?
<p>Setting the stage: 9-9:40</p>	<ol style="list-style-type: none"> 1. Land acknowledgement & welcome (Lesley) (10 minutes: Land acknowledgement, introducing the team & housekeeping) 2. Opening with a Knowledge Keeper (Bill) (15 minutes) 3. What is an Imaginarium? Agenda & Objectives from this event (Arlene) (5 minutes) 4. Icebreaker (Shara) (5 minutes) 3-minute icebreaker for groups at tables: Name, work affiliation, what picture/thought comes to mind when you think of nature and wellbeing?
<p>Introduction to Nature Prescriptions: Panel talk 9:40-10:10</p>	<ol style="list-style-type: none"> 1. Acknowledging and centring Indigenous Knowledges, including holistic perspectives on care and ‘patients’ (Nicole) (10 minutes) 2. Introduction to NatureRx (Anna) (15 minutes) 3. Considerations for implementation (5-10 Lesley)
<p>Mindfulness for Positive Wellbeing 10:10-10:50</p>	<ol style="list-style-type: none"> 1. What is mindfulness? How does it help and relate to Nature Rx? 5 min 2. Breathing exercise (TUZA) - references to nature 3 min; Trunk & roots 3. Group check-in: Use one word to describe how you’re feeling at this moment. 4. Explanation of Being mindful in nature 5. Western Sustainability description of location
<p>Network Mapping Activity <i>Phase 1: Co-sensing the “eco”system</i> 10:50-11:20</p>	<ol style="list-style-type: none"> 1. Who is here? 2. As a group, create our ‘eco-system’ on chart paper 3. Group Reflection on ‘Presencing’ (the ability to sense and bring into the present one's highest future potential—as an individual and as a group) - Recognizing individual and collective strengths, leadership and potential to create change

	<p>As a group, what connections, possibilities and strengths do we have to support nature prescriptions for youth health and wellbeing? (Strength 'groupings': Relationships/networks; expertise; connections; resources; other?)</p>
<p><i>Phase 2: Co-initiating the future of nature prescribing</i></p>	<p>Small and Large Group Discussion</p> <ol style="list-style-type: none"> 1. Secondary benefits: (for patient, your organisation) How might nature prescriptions for youth health and wellbeing support and/or enable areas of my work and life? 2. How might nature prescriptions fit into my work? What am I doing/would I like to do in relation to supporting youth health through nature prescriptions? What should nature prescriptions look like/what elements should be included? What might be the barriers and facilitators? 3. Measurement: What type of evidence would be helpful to you/your organization in relation to nature prescriptions and the environment? What could we measure to support nature prescriptions for youth in your own work? How could we measure the effects of nature prescriptions? 4. Other discussion group for those not interested in the above with different ideas? <p>Wrap Up + Determining Next Steps</p> <p>As individuals, reflect on the intentions/commitments that you will prioritize for your personal life, your work with Nature Rx, your environment, etc. Write 3 of them down on the picture that you started with.</p> <p>Summarize what was achieved through the activities and 3 takeaways from the Imaginarium. Express gratitude for everyone's engagement and for being able to meet and connect. Invite sticky note responses at end on chart paper.</p>
<p>45-minute Lunch Break ~ Mindful Eating</p>	

Attachment 4: Opening Panel Presentation Slides




Nature Prescriptions
Imaginarium
Welcome!
8:30 am - 1:00 pm

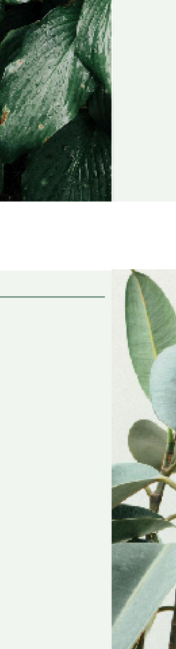


Today's
Agenda

- 9:00am-9:40am - Setting the Stage
- 9:40am-10:10am - Introduction: Panel on Nature Prescriptions
- 10:10 am - 10:50 am - Mindfulness, Outdoor Activity
- 10:50 am-11:20am - Network Mapping Activity
- 11:20am - 12:30pm - Small and Large Group Discussions
- 12:30 pm-12:45 pm -Wrap Up – Next Steps
- 12:45 pm - Lunch



Land
acknowledgement



Opening



Setting the
Stage



- Land Acknowledgement
- Opening
- What is an Imaginarium?
- Icebreaker
- Agenda



What is an Imaginarium?
What are Today's Objectives?

- Explore how nature prescriptions might fit into the work of Imaginarium participants
- Explore and document individual & group strengths and resources that could be engaged to support nature prescriptions for youth health and wellbeing in London
- Explore how nature prescriptions for youth health and wellbeing might support and/or enable other areas of participant's lives and work
- Explore what types of evidence would be helpful to collect on nature prescriptions for youth health, and what methods would be well-placed to collect such information



ICEBREAKER

Today's Agenda

9:00am-9:40am - Setting the Stage

9:40am-10:10am - Introduction: Panel on Nature Prescriptions

10:10 am - 10:50 am - Mindfulness, Outdoor Activity

10:50 am-11:20am - Network Mapping Activity

11:20am - 12:30pm - Small and Large Group Discussions

12:30 pm-12:45 pm -Wrap Up – Next Steps

12:45 pm - Lunch

- Name
- Work affiliation
- What picture or thought comes to mind when you think of nature & wellbeing?



Nature Prescriptions Panel Discussion

Acknowledging and centring Indigenous Knowledges

Nicole Yawney MSW RSW
Youth Indigenous Wellbeing Consultant
Children's Hospital

Anna Gunz MD FRCPC
Associate Professor, Paediatrics
Medical Director, Children's Environmental Health Clinic
Western University

Lesley Gittings PhD
Assistant Professor
School of Health Studies, Western University
HRA, University of Cape Town



Nicole Yawney MSW RSW
Youth Indigenous Wellbeing Consultant
Children's Hospital



Grounding in Indigenous Knowledge

Who is and how are they?
 Sacred teachings and stories
 * Learning to see relationally
 Kupert lines



Love of our Elders

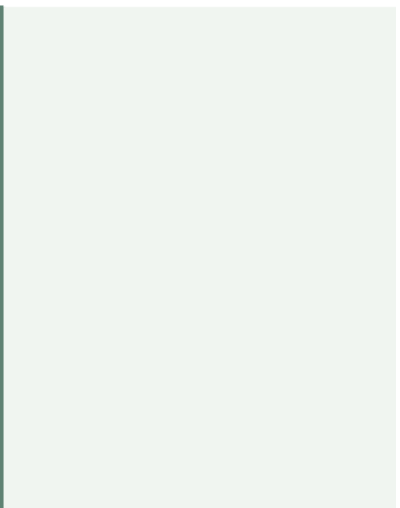
Artwork submission to:
 Children's Hospital by
 Métis Elder Annette Sullivan



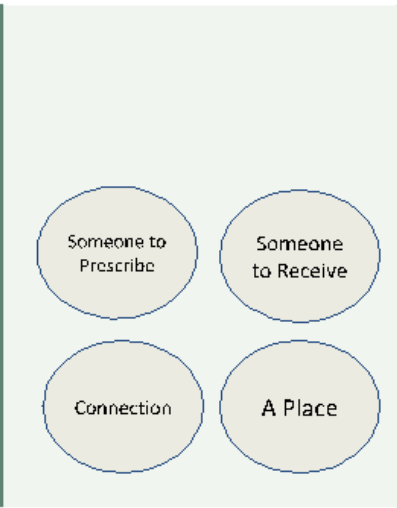
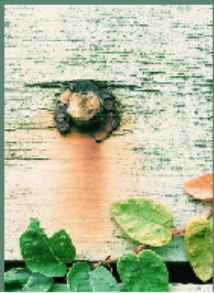
Introduction to Nature Prescriptions (NatureRx)

Anna Gunz MD FRCP
 Associate Professor, Paediatrics
 Medical Director, Children's Environmental Health Clinic ON
 Western University

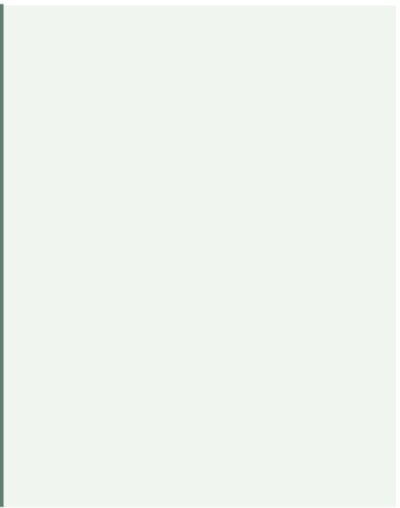
Benefits of contact with nature



Elements of a nature prescription



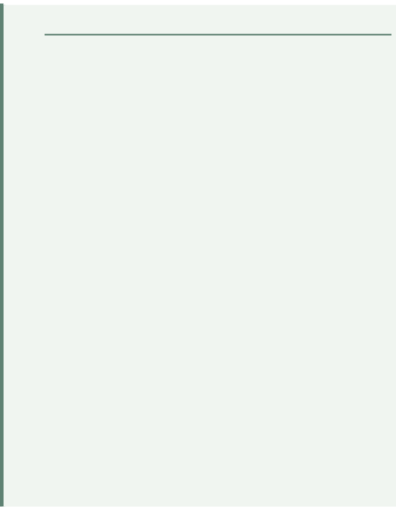
Example of a Nature Prescription



What is happening now?
 Roll out of Nature Rx in the hospital system



Moving forward, would clinicians implement this?
 Questions?

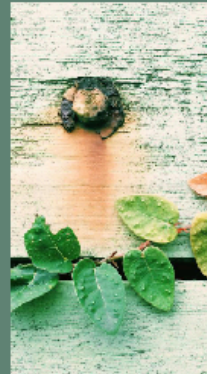




Considerations for Implementation

Lesley Gittings PhD
Assistant Professor
School of Health Studies, Western University
HRA, University of Cape Town

Project Background



Collaboration between Children's Environmental Health Clinic (Gunz), and Western School of Health Sciences

-Builds upon the nascent work on nature prescriptions (PI Gunz), Children's Health Foundation

-'Planning Grant' (WeLL, Western University) to explore environment-related health experiences, challenges and needs of youth in London, Ontario

-Focus: Nature Prescriptions for Youth with Complex Health Needs in London

-Imaginarium Model with MINDS London

-Service-Community-Research-Student Learning Collaboration

Planning Team

Dr. Anna Gunz, MD, FRCPC, Associate Professor, Faculty of Medical Dentistry, Children's Environmental Health Clinic Chair

Dr. Anushka Atzullahjan, Assistant Professor, School of Health Sciences, Faculty of Health Sciences

Dr. Arlene Manchung, MD, MSc, FRCPC, Associate Professor, Dept. of Psychiatry and Epilepsy & Seizures, Director of Research, Dept. of Psychiatry, Schulich School of Medicine & Dentistry, Western University, London, Ontario, Canada, Toronto, Ontario, Canada, Health Care, St. Joseph's Health Care, London

Brandon Samuels, Department of Biology, Western University, City of London, Ontario, Canada, St. Joseph's Health Care, London

Nicole Anne Struthers, PhD Student, School of Health Sciences, Western University

Nicole Yawney, Youth Indigenous Wellness Consultant, Children's Hospital

Nokuzola Ncube, Masters Student, School of Health Studies, Western University

Dr. Shanna Burke, Associate Professor, School of Health Studies, Faculty of Health Sciences, Children's Environmental Health Clinic

Shara Thomas, Program & Outreach Officer, MINDS of London, Western University, London, Ontario, Canada, Health Research Institute

Dr. Tamara Van Haren, Clinical & Associate Professor, Schulich School of Medicine & Dentistry, Child Procession Team, London Children's Hospital

Student Volunteers: Sophie Paquet
Funding Acknowledgments: Western University, WeLL, Health Sciences Collaborative with S-EAKI Ltd.

Community - Youth - Academic -Hospital Partnerships: Who is here?



- Health Care
 - London Children's Hospital
 - Children's Hospital Research Institute
 - Department of Paediatrics
 - London Health Sciences Centre
 - Paediatric Nurses
 - Youth Advisors (volunteer)
 - Indigenous Youth Wellness Program
 - Adolescent Clinic
 - Children's Environmental Health Clinic
 - Obesity Clinic
 - Madison, London, Ontario Health Team
- Western
 - Western Sustainability
 - Undergraduate, Master's, PhD students, Health Sciences
 - Faculty, Health Sciences, Schulich, Geography
- Community / City
 - Indigenous Knowledge Keepers
 - Children's Aid in London
 - Relevant London
 - Regional HIV/AIDS Connection
 - Childreach Centre, Wild Child
 - For Our Kids
 - Minds London
 - Upper Thames Corporation

Update from Youth Consultations

Consultation with Youth Advisory Board, London Children's Hospital (Rep: Levy)

-Strong support of, and desire for connection with nature to support youth well-being

"And they would find it helpful and positive. Also, you know, very beneficial. Because nature is a really big thing. So no matter what, like you, just feel positive around nature."

"I was talking to my mom about, you know how nature can be included in our lives and events such a positive thing. I realized often that hospital settings are very depressing. Like, they're all yellow, they're all that... and being in that condition where you know, you're not feeling well, you're sick, it adds us to that..."

"So I think plants and having more green things, can really help stimulate positivity, especially in a hospital setting where, you know, you need a lot of positivity."

Youth Consultations



Youth Consultations: Barriers



- **Seasonality:** "In Canada it isn't the easiest"
- **Times:** "There's lack of time to do something that has a positive impact later?"
- **Lack of interest:** "Some people, just don't like, really care for plants, or they can't really see the point of it, and they would just not want to talk about it."
- **Lack of belief:** "Some people just don't believe in holistic health or healing and all that. They just want medication."
- **Focus on biomedicine:** "There could be a lack of support of family... it is just medication, medication, medication."
- **Accessibility & Support:** "Overridden patients might not have access to a wheelchair to go outside... not all patients have, like consistent adults to like, take them."

Youth Consultations: Motivators



- **Sense of control & consistency:** "You don't have a lot of things that you can control in the hospital... it's like a sense of consistency, the plant is not running away. It's there every day. And like you have a routine, if you want that, because you probably do."
- **Sense of pride and ownership:** "A sense of pride and ownership... it's your own thing"
- **Information:** "For outpatients, knowing why going outside is helpful. Yes, we haven't actually (got) information..."
- "It is something to do..."
- **Responsibility:** "I'm taking care of something. I have a responsibility, I like, there's something consistent and something to do during your day'...."

Youth Consultations: Motivators



- **Habit building app or activities:** "You could have an app where you see 1, day 2 a habit building app. Like 'go for a 10 minute walk...' or something that you check off... or fill out like a cute little journal. It can be like, what's a nice thing that you saw on your walk, like if there was a prompt that's fun, or make it interactive..."
- **Accountability:** "I think like the accountability of having a follow-up appointment, like knowing that your prescriber is going to ask about it. Then you can give your report on how you're doing."
- **Offering outdoor activities:** "Like in class, we went outside... to live sensors."
- **Campus spaces:** "Campuses are so beautiful. Like, Western campus is amazing. If the hospital can put like pamphlets at university or wherever... if you suggested like, 'there's a beautiful place on campus at Western...'"
- **Tailoring to age and audience:** "Say it in a way we make them feel interested in the idea, to each person in a specific way... try to get to know the person... not the same pitch every time."

Discussion Question #1: Designing and Implementing Nature Rx



How can we design and implement Nature Prescriptions?

- How might nature prescriptions fit into my work?
- What am I doing/would I like to do to support youth wellness through nature?
- What should nature prescriptions look like/what elements should be included?
- What are the barriers and facilitators for me (or my organization) in prescribing nature and/or supporting nature prescriptions?

Discussion Question #2: Secondary Benefits



Secondary Benefits of Nature Prescribing: (for patient, prescribers, nature, organisations)

What are the secondary benefits of prescribing nature?

How might nature prescriptions support and/or enable my (or my organisations') work and life?

(E.g., Strengthening programming, Advocating for green spaces? Opening up different conversations? Making care more holistic? Shifting relationships with health providers and patients? Patient and community linkages? Supporting family well-being? Other?)

Discussion Question #3: Measurement & Methods



Measurement & Methods:

What types of evidence would be helpful to you/your organization in relation to nature prescriptions and the environment?

What could we measure to support nature prescriptions for youth?

How could we measure the effects of nature prescriptions? (E.g., biomedical indicators, scales, qualitative work with youth)?

Discussion Question

#4: Other



What else would you like to discuss in relation to nature prescriptions for youth with complex health needs?

There are no right or wrong answers!

Discussion Questions: Recap



1. **Designing and Implementing Nature Rx**

1. **Secondary Benefits of Nature Rx**

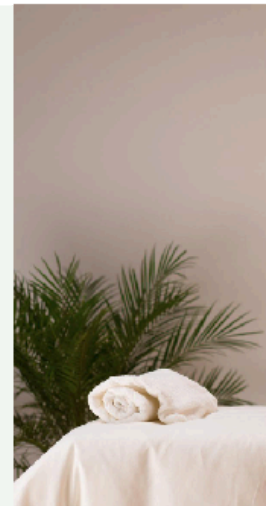
1. **Measurement & Methods**

1. **Other**

Honouring an
Indigenous lens

Introduction to
Mindfulness

TUZA | check-in



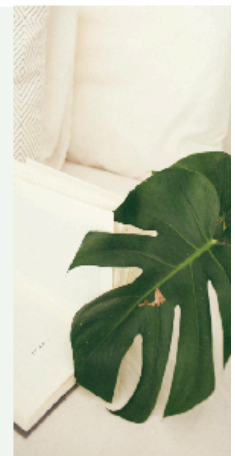
Being in Nature with an Open Mind

~ An outdoor mindfulness activity ~

Mapping the 'Eco'-system

Sector Groupings

- Community: Blue
- Environment & Sustainability: Green
- Clinical/Healthcare: Yellow
- Research: Pink
- Other: Orange



Mapping the 'Eco'-system

Post-it Prompt #1

- Name
- Work affiliation
- Any additional identity declarations (e.g., "I'm an artist" or "I'm an activist")



Mapping the 'Eco'-system

Connecting the Web

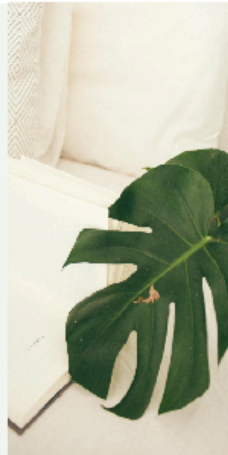
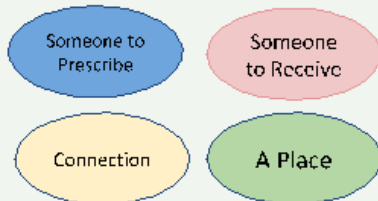
- Thick lines if you've worked on a project together.
—————
- Thin lines if you just know the person.
—————
- Dotted lines if you've heard of them.
- - - - -



Mapping the 'Eco'-system

Post-it Prompt #2

Which parts of a nature prescription do you have access to?

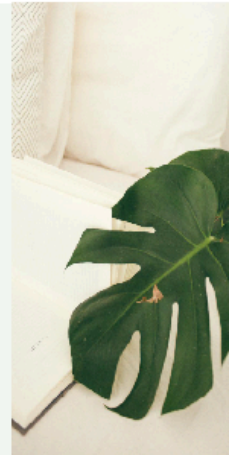


Mapping the 'Eco'-system

Post-it Prompt #3

Individuals/organizations you work closely with and/or are serving.

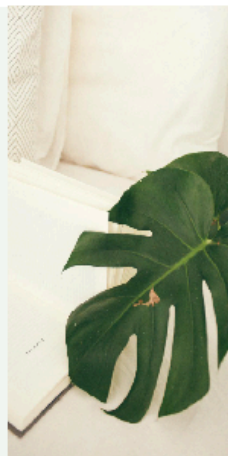
The communities you are connected to (e.g., youth, children, newcomers, Indigenous communities).



Mapping the 'Eco'-system

Post-it Prompt #4

Groups, organizations, or individuals you would like to be connected to but currently aren't, especially those who could support work around nature prescriptions.

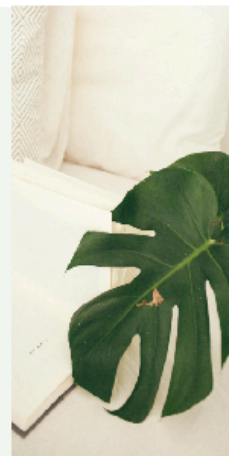


Mapping the 'Eco'-system

Map Prompt

Draw pictures or write names to represent the eco-spaces around you that help with well-being.

What connects you to nature in London?





Mapping the 'Eco'-system

- 1. What do you notice about this network? Is it well-connected? Are there people/groups/organizations who should be connected but aren't?
- 2. As an eco-system, what connections, possibilities, and strengths do we have to support nature prescriptions for youth health and well-being?

Group discussions

- 1. Designing and Implementing Nature Rx
- 1. Secondary Benefits of Nature Rx
- 1. Measurement & Methods
- 1. Other



Wrap up & Next steps

Questions and Feedback?



Attachment 5: Photos



