

*Welcome to*

Session 4:

# Valuing diverse knowledge paradigms – science, traditional knowledge and people-parks connections





# “Engaging with Parks, Enhancing Health”

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# Modern health issues

- Increasing rates of **mental illness** (VicHealth 2007; ABS 2008).
- Decreasing levels of **physical activity** (ABS 2013).
- Lower levels of **social capital** (Baur, Gómez & Tynon 2013).



<http://www.psychiatry.org/mental-health/more-topics/warning-signs-of-mental-illness>



<http://uwscience.wordpress.com/2012/07/18/global-physical-activity-levels-surveillance-progress-pitfalls/>



# How engaging with parks can enhance health

- Associated with **lower mental distress & higher wellbeing** (Stigsdotter et al. 2010).
- Supports **increased levels of physical activity** (Lee & Maheswaran, 2010) & enhances the quality of physical activity.
- Can **improve sense of community**, foster growth in social capital & enhance integration of minority groups (Coley et al., 1997; Kim & Kaplan, 2004; Ravenscroft & Markwell, 2000).



<http://www.theguardian.com/sustainable-business/blog/wellbeing-sustainability-economic-prosperity-connecting-dots>



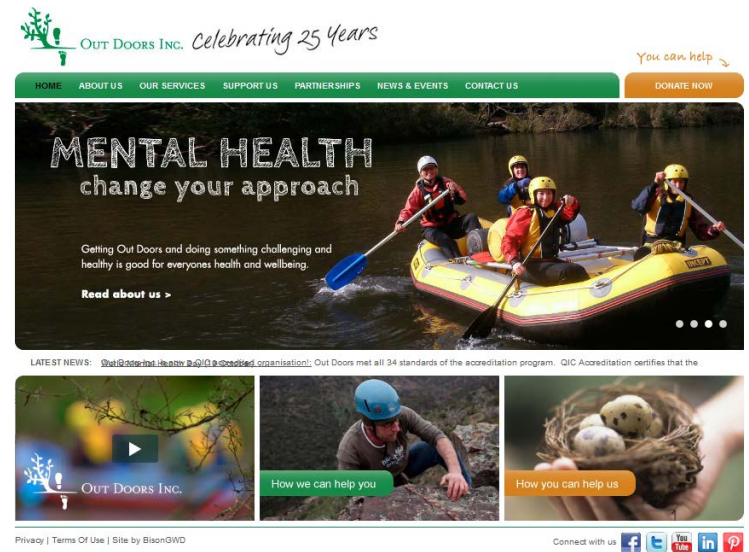
<http://theconversation.com/what-is-green-space-worth-4703>





# The research project

- Evaluation of *Out Doors Inc.* programs.
- *Out Doors Inc.* is a non-profit statewide (Vic.) community managed mental health organisation that uses the **outdoor environment** as the means of delivering a range of adventure, recreation and respite programs to people living with a **mental illness**.



# Methods

- **Quantitative** data collected on the effectiveness of *Out Doors Inc.* programs through end-of-activity questionnaires and the **heiQ™V.2 (health education impact questionnaire)**.
- Data collected at **three time points**:
  - Time point 1 was immediately prior to the participant's first program participation;
  - Time point 2 was 2 weeks later;
  - Time point 3 was another 4 weeks on from time point 2.



# Sub-scales of the health education impact questionnaire

- **PAEL = Positive and Active Engagement in Life:** Items in this construct aim to measure the individuals' activities to convert intention into positive outcomes, and imply a change of lifestyle and life activities.
- **SMI = Self-Monitoring and Insight:** An important component of this construct is the individuals' acknowledgment of realistic disease-related limitations, and the ability and confidence to adhere to these limits.
- **CAA = Constructive Attitudes and Approaches:** This construct is embodied by the statement "I am not going to let this disease control my life" and includes a shift in how individuals view the impact of their condition(s) on their life.
- **SIS = Social Integration and Support:** This construct aims to capture the positive impact of social engagement and support that evolves through interaction with others.

(Osborne, Elsworth & Whitfield, 2007)



# Preliminary Findings

- **To date we have collected data from:**
  - 90 participants at Time Point 1
  - 34 participants at Time Point 2
  - 15 participants at Time Point 3
- Today I am presenting preliminary findings for the **34 participants** who have been surveyed at **Time Points 1 and 2:**
  - **23 of them are male**, 11 are female
  - Their **average age is 45** years
  - **29 are single**, 4 have a family and 1 is in a couple relationship
  - **31 are Australian born**, 1 is from New Zealand and 3 from Europe





# Preliminary Findings

**Table 1: Mean heiQ scores for 34 participants at Time Points 1 (baseline) and 2 (follow-up)**

Dimension	Baseline Mean	Follow-up Mean	Mean Change
Positive and Active Engagement in Life	2.99	3.04	0.05
Self-monitoring and Insight	3.08	3.15	0.06
Constructive Attitudes and Approaches	2.85	2.89	0.04
Social Integration and Support	2.71	2.75	0.04



# Discussion

- Preliminary findings suggest that there have been changes in all four dimensions, particularly the **Positive and Active Engagement in Life** and **Self-monitoring and Insight** dimensions.
- These dimensions are designed to show changes in participants' **motivation, positive outcomes**, and acknowledgment of realistic disease-related **limitations**. They also imply a **change of lifestyle**.
- **Caution** needs to be taken when **interpreting** these preliminary findings.



# Conclusion

- **Engaging with parks is one way of enhancing the health of people with mental illness**
- Any program which provides opportunities to engage with parks is **worthy of support**



Image supplied by C. Henderson-Wilson



Image supplied by C. Henderson-Wilson



# References

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# Thanks!

- To *Out Doors Inc.* for funding this research project, please visit their website for more details: <http://outdoorsinc.org.au/>
- For more information on this project:  
email: [claireh@deakin.edu.au](mailto:claireh@deakin.edu.au)  
visit: <http://www.deakin.edu.au/health-social-development/health-nature-and-sustainability-research>

