VisibleNetworkLabs

RECETAS

Survey on Improving Health and Well-Being Through Social Prescribing and Nature

Helsinki, Finland | RECETAS Project Site

Winter 2022

This report for the Survey on Improving Health and Well-Being Through Social Prescribing and Nature was produced by VISIBLE NETWORK LABS in collaboration with the RECETAS Project using PARTNER (Platform to Analyze, Record & Track Networks to Enhance Relationships).

VISIBLE NETWORK LABS is a data science company developing tools and technology to help people measure, understand and evolve the personal and professional networks that influence the communities where they live.

PARTNER is a social network analysis data tracking and learning tool designed to measure and monitor collaboration among people/organizations. It is a new, scientifically validated way to design data-driven network strategies that generate social impact.

PARTNER is a registered product of Visible Network Labs.

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About the RECETAS project

RECETAS is a five-year research project funded by the European Union's Horizon 2020 research and innovation program. RECETAS stands for "Re-imagining Environments for Connection and Engagement: Testing Actions for Social Prescribing in Natural Spaces." The goal of the social network analysis was to better understand how stakeholder organizations in Helsinki, Finland are currently working to address mental health and well-being, through social prescribing and nature-based activities. These organizations were sent a network survey using Visible Network Labs' PARTNER platform (www.partnertool.net).

PARTNER Survey

In October 2021, 22 organizations were invited to participate in a Social Network Analysis of their current organizational partnerships as part of the RECETAS research project. Fourteen organizations responded to the survey, for a 64% response rate. The RECETAS project will use this PARTNER data to better understand how stakeholders in Helsinki are working to address mental health, well-being, and loneliness through social prescribing and nature-based activities with the ultimate goal to systematically improve mental health and well-being, reduce loneliness, promote vibrant socially-connected communities, contribute to the sustainability of cities, and reduce health inequities by connecting diverse populations to nature in meaningful ways.

What is a Network?

A **network** is a formal partnership created between three or more organizations. Social Network Analysis (SNA) measures the number and quality of connections and increases the visibility of these connections. Using SNA to understand how a network functions can help leaders, members, funders and other stakeholders:

- ❖ Identify ways to improve ways of working to achieve common goals;
- ❖ Plan and implement relationship building and resource leveraging among network partners;
- ❖ Assess the quality, content, and outcomes of connections;
- ❖ Monitor change in networks over time;
- ❖ Develop strategies and action steps to fill gaps and leverage strengths in networks.

Network Structure
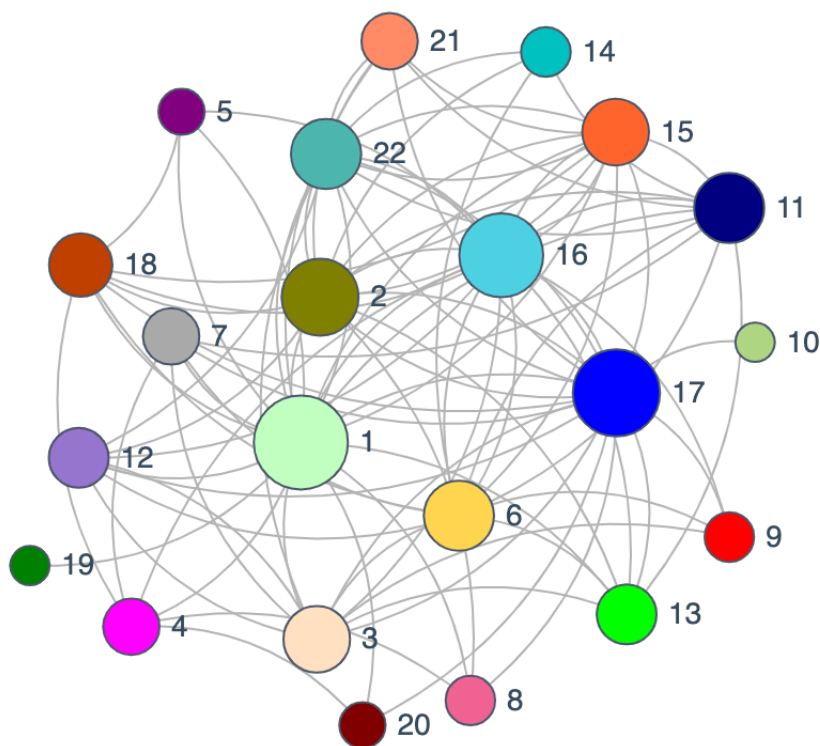
This is a network map of organizations in Helsinki, Finland that are currently working to address mental health, well-being, through social prescribing and nature-based activities.

❖ This map shows each organization represented as a circle (node). The lines among the nodes represent all relationships that were reported by respondents.

❖ The size of the node shows which organizations have the greatest number of connections (they are larger). The node labels, their corresponding organization names are listed in **Appendix A**.

Network Composition – Sector and Industry

Q1: Which of the following best describes the sector in which you work? (Choose only one)

n = 14 responses

For profit
0
0%

Government
/public
5
36%

Not-for-profit
9
64%

- -
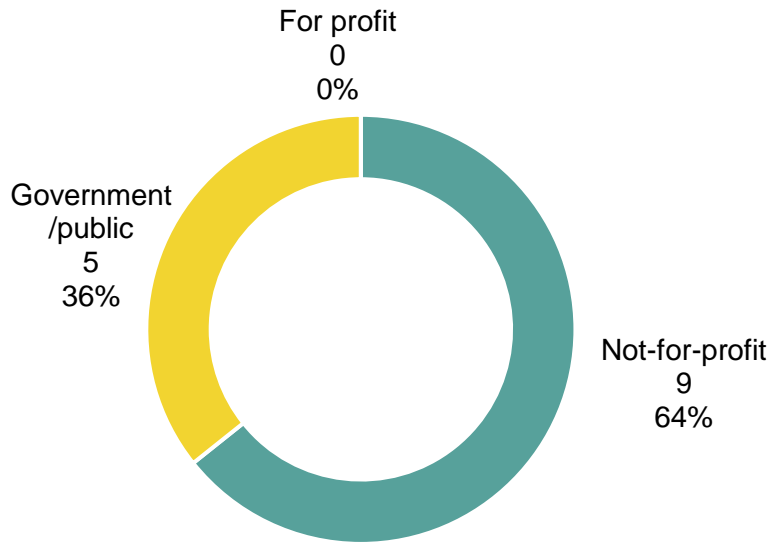
Q2: Which of the following best describes the industry or field in which you work? (Choose only one)

n = 13 responses

Industry/field	Percentage
Public health	23%
Social services	23%
Health care	23%
Outdoor sports and activities	8%
Community development	8%
Other, please specify	15%
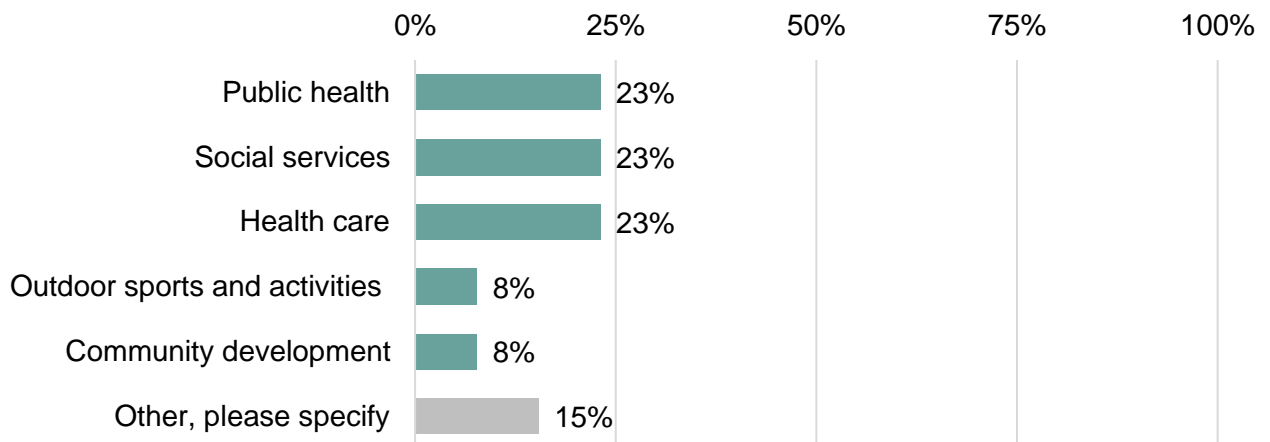
Other, please specify (2)

1. Mental health promotion
2. A material bank for group and enriching/stimulating/recreational activities that is open to all and free of charge; one of the 18 sectors is nature, but nature-related action ideas are also included in other areas

Network Composition – Populations Served

Q3: Which of the following best describes the geographic scope of the populations that your organization serves? (Choose only one)

n = 13 responses

Category	Percentage
National	69%
City	15%
Neighborhood	8%
Multiple cities	8%
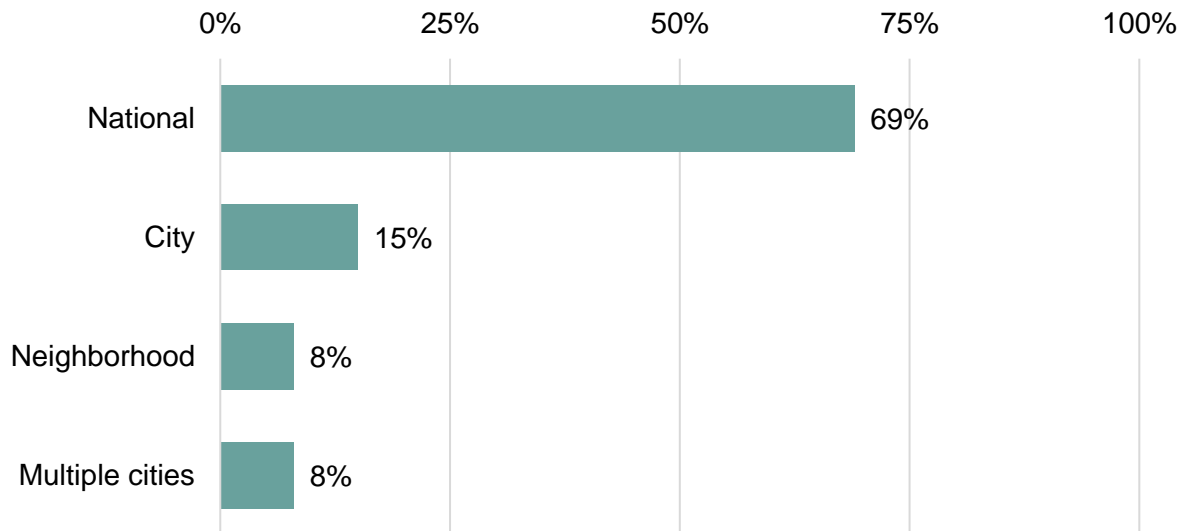
Q4: Which populations does your organization serve? (Choose all that apply)

n = 14 responses

Category	Percentage
General public/everyone	57%
Older Adults (60 year old and older)	57%
Caregivers of the sick or older adults	29%
Adults	14%
People with mental health conditions	14%
People with physical health conditions	14%
Poor/economically disadvantaged people	14%
Immigrants/refugees	14%
Children	7%
Teens	7%
Young adults	7%
LGBTQI+ people	7%
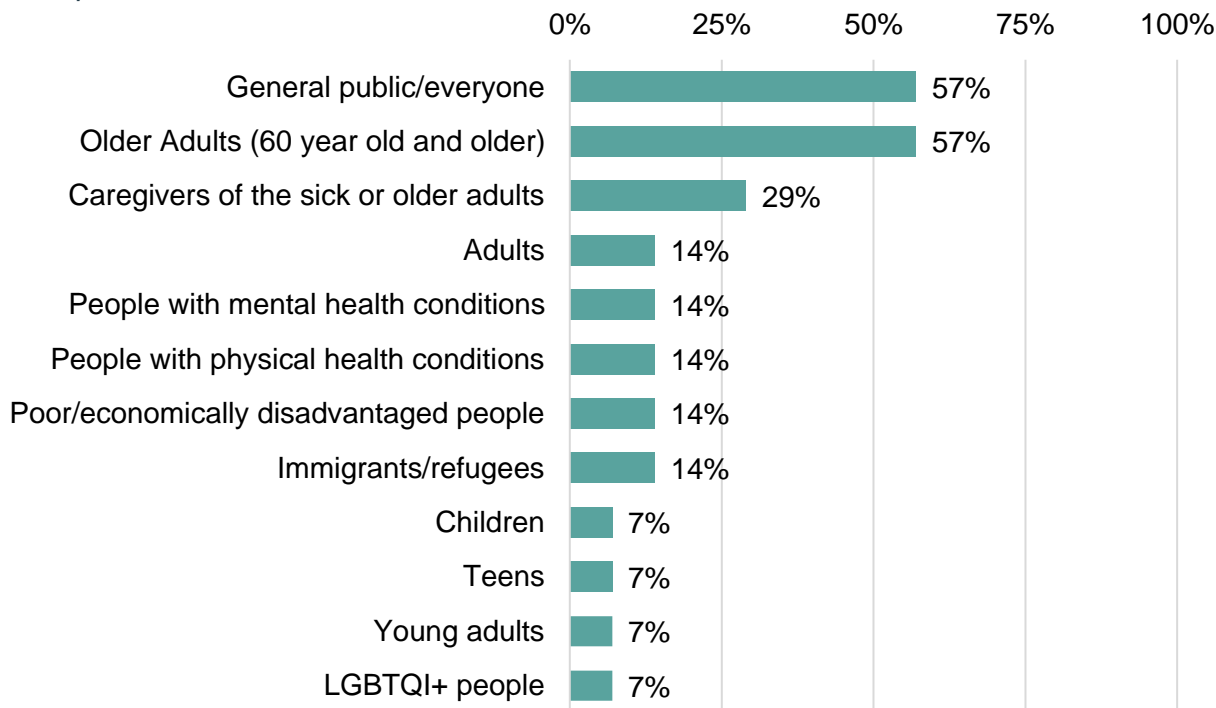
Programs and Services

The types of programs or services that the most organizations engage in include expertise, knowledge-sharing, or consulting (77%), education, training, or professional development (62%), public awareness or media campaigns (54%), and systems building or development of partnerships or coalitions (54%). See **Appendix B** for respondent descriptions of program work around mental health, well-being or loneliness.

Q5: Which of the following types of programs or services does your organization engage in to address mental health, well-being, or loneliness, if any? (Choose all that apply)

n = 13 responses

Category	Percentage
Expertise, knowledge-sharing, or consulting	77%
Education, training, or professional development	62%
Public awareness or media campaigns	54%
Systems building or development of partnerships or coalitions	54%
Advocacy or policy change	46%
Research or evaluation	46%
Direct social services or health care	23%
Funding of other programs, initiatives, or organizations	0%
Other, please specify	15%

Other, please specify (2)
1. RDI/research and development
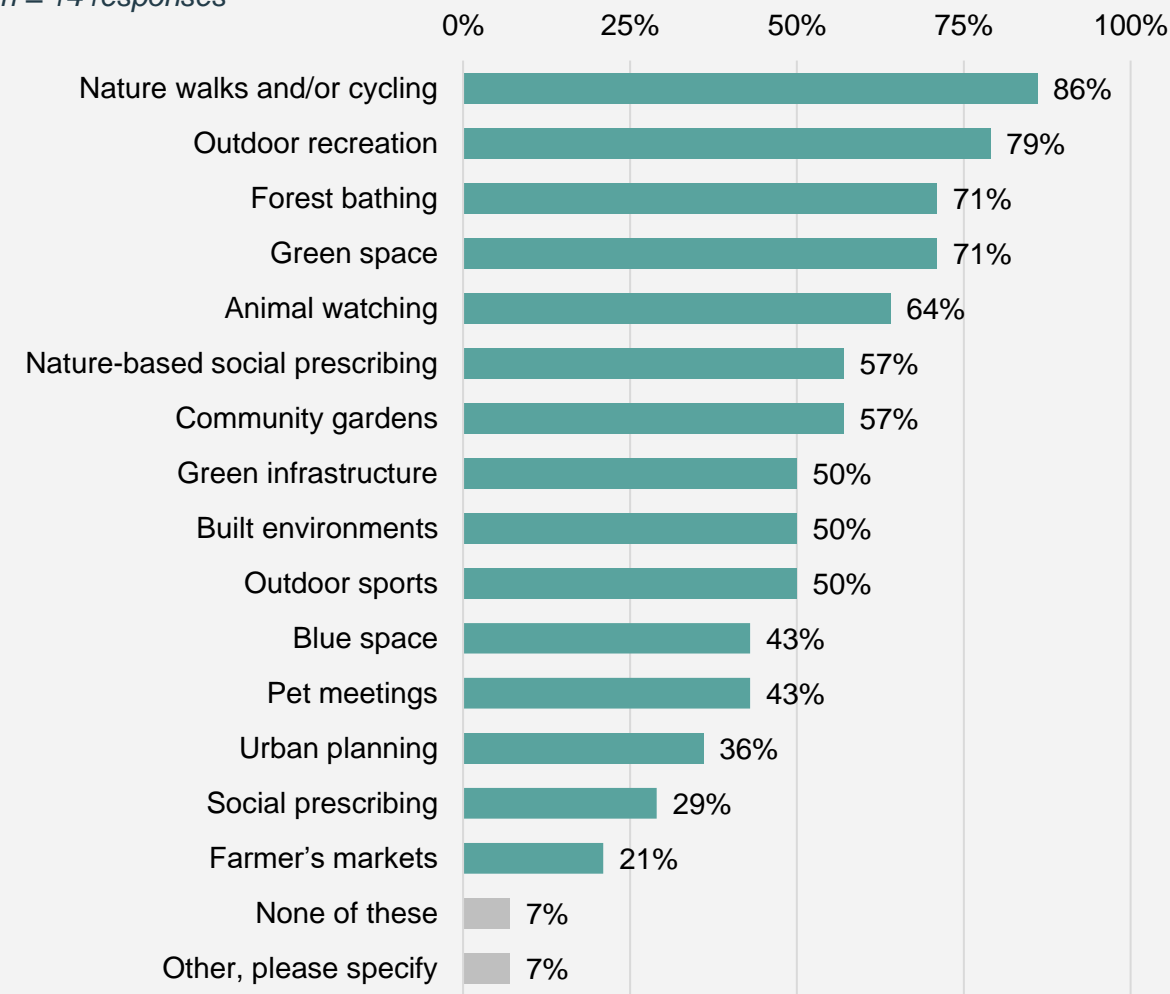2. Training for volunteers

Nature-based Solutions Used

The most used solutions by respondent organizations include nature walks and/or cycling (86%), outdoor recreation (79%), forest bathing (71%), and green space (71%),

Q7: Which of the following solutions in nature, natural spaces, or activities in natural space does your organization use to address mental health, well-being, and loneliness, if any? (Choose all that apply)

n = 14 responses

Solution	Percentage
Nature walks and/or cycling	86%
Outdoor recreation	79%
Forest bathing	71%
Green space	71%
Animal watching	64%
Nature-based social prescribing	57%
Community gardens	57%
Green infrastructure	50%
Built environments	50%
Outdoor sports	50%
Blue space	43%
Pet meetings	43%
Urban planning	36%
Social prescribing	29%
Farmer's markets	21%
None of these	7%
Other, please specify	7%

Other, please specify (1)

1. Psychoeducation about benefits of nature on mental health promotion, project about environment anxiety

Nature-based Social Prescribing and Solutions

64% of respondents indicate they are "somewhat aware" of the term "nature-based social prescribing." Also, 50% of respondents believe nature-based solutions to address mental health, well-being, or loneliness have been adopted in Helsinki only by "a small amount," followed by "a fair amount" 36%.

Q8: To what extent are you aware of the term "nature-based social prescribing"?

In contrast to medical prescriptions, "social prescriptions" are prescriptions to spend time with other people in order to improve health and well-being. "Nature-based social prescriptions" are prescriptions to spend time in nature with other people, in order to improve health and well-being.

n = 14 responses

Not at all aware	21%
Slightly aware	7%
Somewhat aware	64%
Very aware	7%
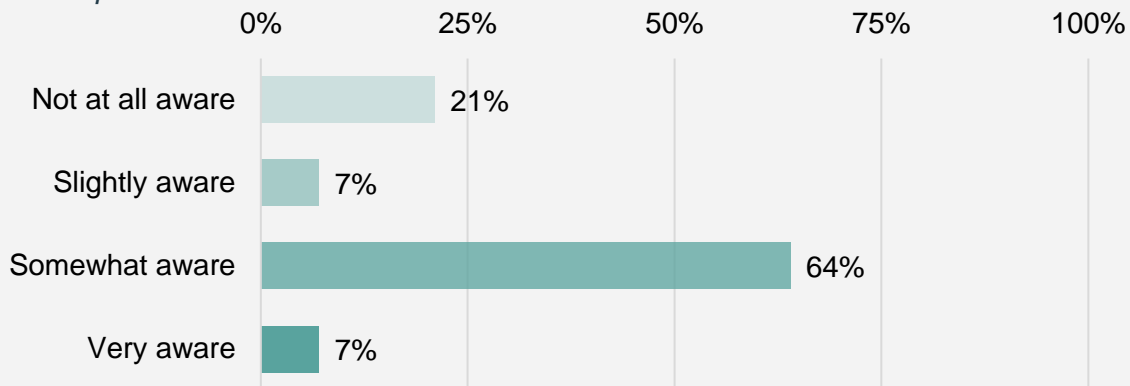
Q9: To what extent have nature-based solutions to address mental health, well-being, or loneliness been adopted by people in your city?

Solutions involving natural spaces and activities in natural spaces. For example, solutions such as building green infrastructure and engaging in social activities in nature (community gardens, group excursions in nature, forest bathing).

n = 14 responses

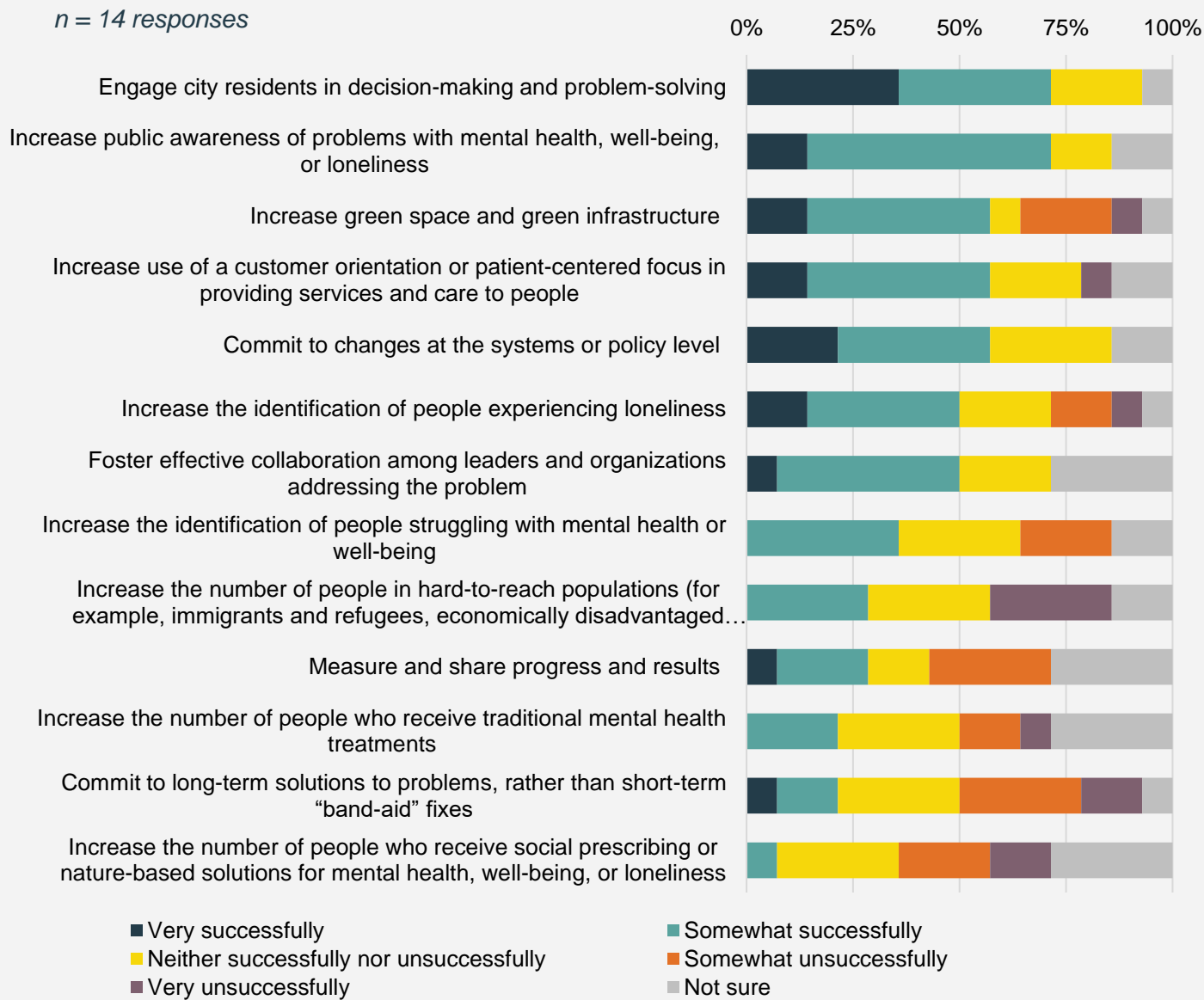|	
Not at all	0%
A small amount	50%
A fair amount	36%
A great deal	14%
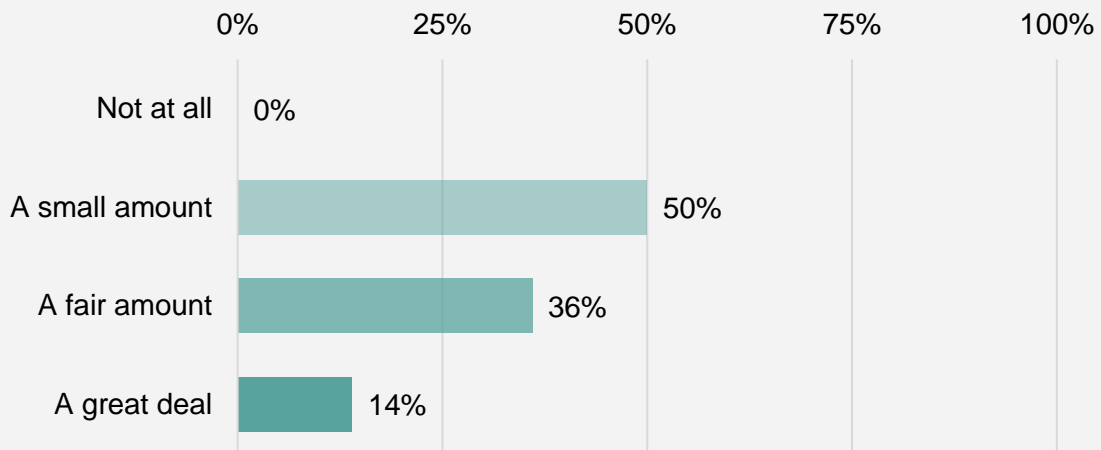
Success at Achieving Objectives

Respondents found that Helsinki is the most successful at engaging city residents in decision-making and problem solving and increasing public awareness of problems with mental health, well-being, or loneliness.

Q10: How successfully does your city achieve the following objectives with regard to addressing mental health, well-being, and loneliness? (Choose only one, and use the scroll bar if needed to view all options)

n = 14 responses

Legend:
- Very successfully
- Somewhat successfully
- Neither successfully nor unsuccessfully
- Somewhat unsuccessfully
- Very unsuccessfully
- Not sure

Barriers and Challenges

43% of respondents selected lack of awareness or understanding of the problem among barriers or challenges, followed by lack of financial resources (36%), lack of data or evidence (29%), and lack of long-term strategy (29%).

Q11: What are the greatest barriers or challenges currently hindering your city's progress in addressing mental health, well-being, and loneliness through nature-based solutions? (Choose up to 3)

Solutions involving natural spaces and activities in natural spaces. For example, solutions such as building green infrastructure and engaging in social activities in nature (community gardens, group excursions in nature, forest bathing).

n = 14 responses

| Barrier / Challenge	%
Lack of awareness or understanding of the…	43%
Lack of financial resources	36%
Lack of data or evidence	29%
Lack of long-term strategy	29%
Lack of the right partners	14%
Lack of understanding or information around…	14%
Competing initiatives, priorities, or resources	7%
Lack of authority to act	7%
Lack of alignment with partners on vision,…	7%
Lack of willingness to collaborate with…	7%
Lack of a customer orientation or patient-…	7%
Not sure	14%
Other, please specify	21%

Other, please specify (3)

1. Politicians make decisions and have no understanding from the perspective of people other than their own age.
2. The health system has been under so big pressure last 2 years, that many non urgent projects have been set aside. The city organized a new forest group during fall 2020, when pandemic was in a better phase. Access to care is our biggest hinder.
3. We don't use the term social prescribing which makes it difficult to answer the question, we work for well-being but don't address loneliness in particular

Impact of COVID-19

Most respondents believe that the COVID-19 pandemic increased public awareness of the problem of mental health, well-being, and loneliness. However, respondents are more split on how the pandemic affected funding, the number of people and organizations working to address the problem, and the number of people receiving services and treatment.

Q12: How has the COVID-19 pandemic affected your community's progress in addressing mental health, well-being, and loneliness? (Choose only one, and use the scroll bar if needed to view all options)
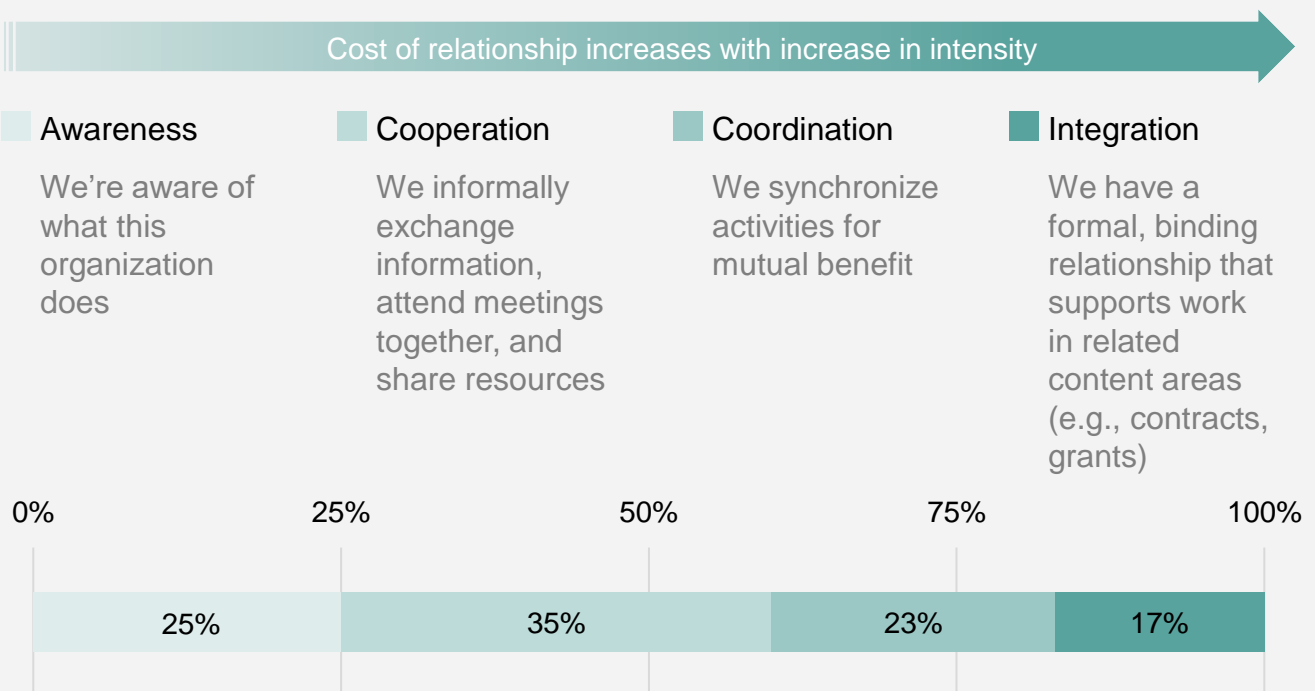
n = 14 responses
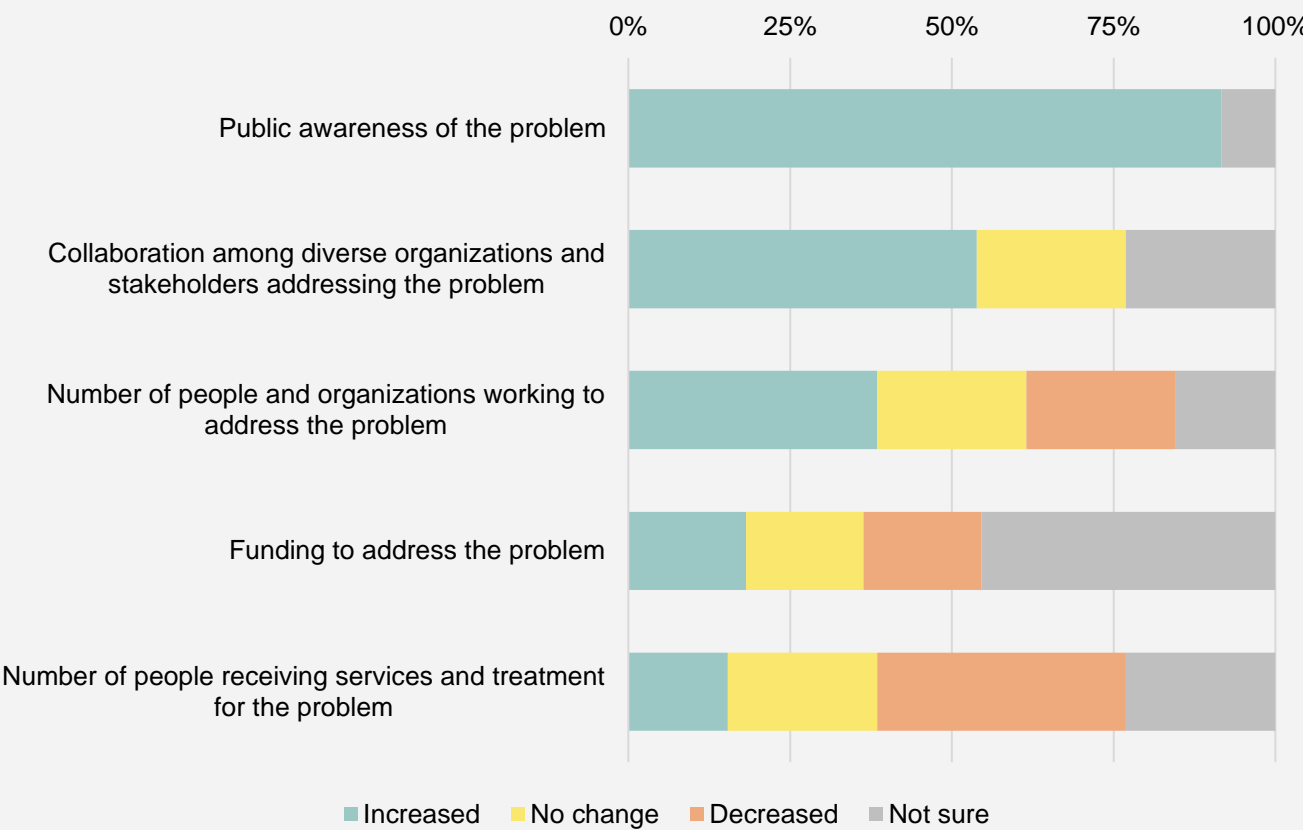
Intensity of Relationships

Network relationships were assessed according to their level of intensity. This is important, because more connections and greater intensity of connections do not necessarily result in a thriving and sustainable network. While the appeal to create a more diverse network is strong, organizations are equally challenged with the reality that they have limited relationship budgets – that is, limited resources to build and manage diverse networks. We know that networks have advantages, but there is a limit on how many relationships we can manage before we lose the collaborative advantage altogether. And while it is our intuition that more network connections should indicate a better functioning network, this approach can be endlessly resource intensive.

Q14: What is your organization's most common way of interacting with this organization? (Choose only one, and use the scroll bar if needed to view all options)

n = 92 relationships

Cost of relationship increases with increase in intensity

Awareness	Cooperation	Coordination	Integration
We're aware of what this organization does	We informally exchange information, attend meetings together, and share resources	We synchronize activities for mutual benefit	We have a formal, binding relationship that supports work in related content areas (e.g., contracts, grants)

0%	25%	50%	75%	100%

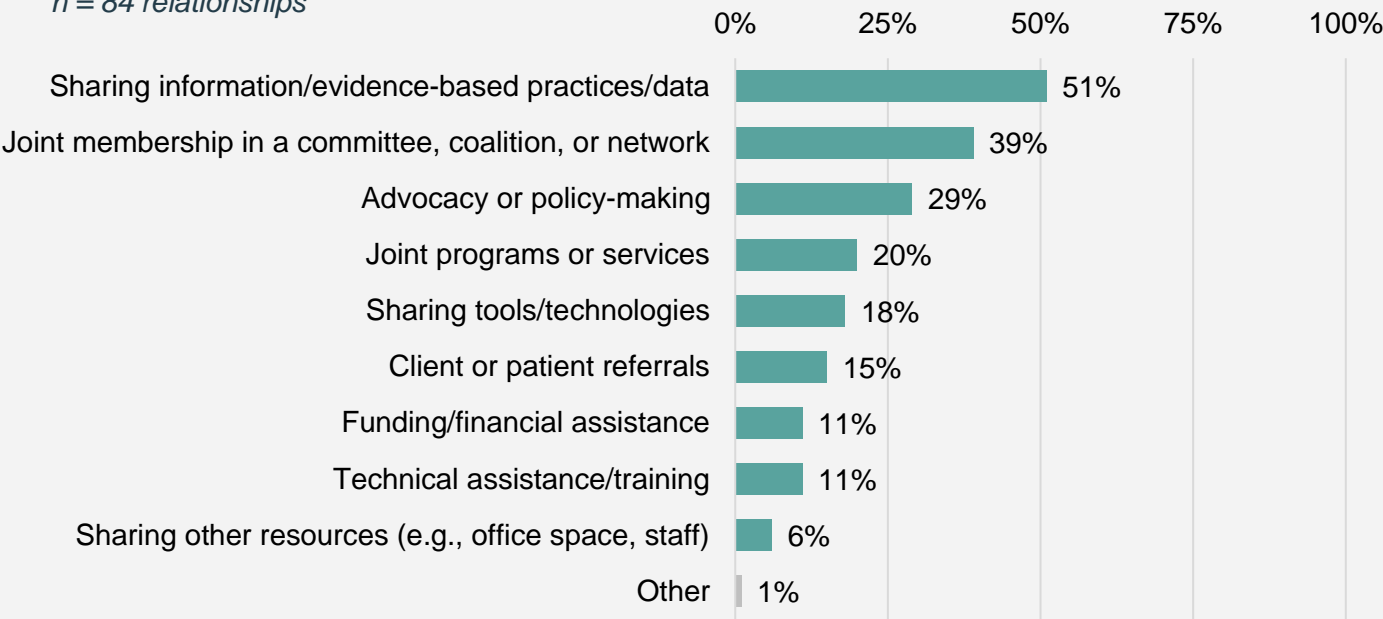| 25%	35%	23%	17%

It is a positive result that connections are somewhat distributed across the levels, with most relationships categorized as aware, cooperative or coordinated. If the majority of relationships involved awareness only, that would indicate that the network is not fully leveraging its collaborative advantage. Alternatively, if a majority of relationships were at the integrated level, which requires a greater number of resources to maintain, the network might not be sustainable over time.

Shared Activities

51% of relationships in the network share information/evidence-based practice/data with each other, while 39% have joint membership in a committee, coalition, or network, and 29% work on advocacy or policy-making together.

Q15: What activities does your relationship with this organization include? (Choose all that apply, and use the scroll bar if needed to view all options)

n = 84 relationships

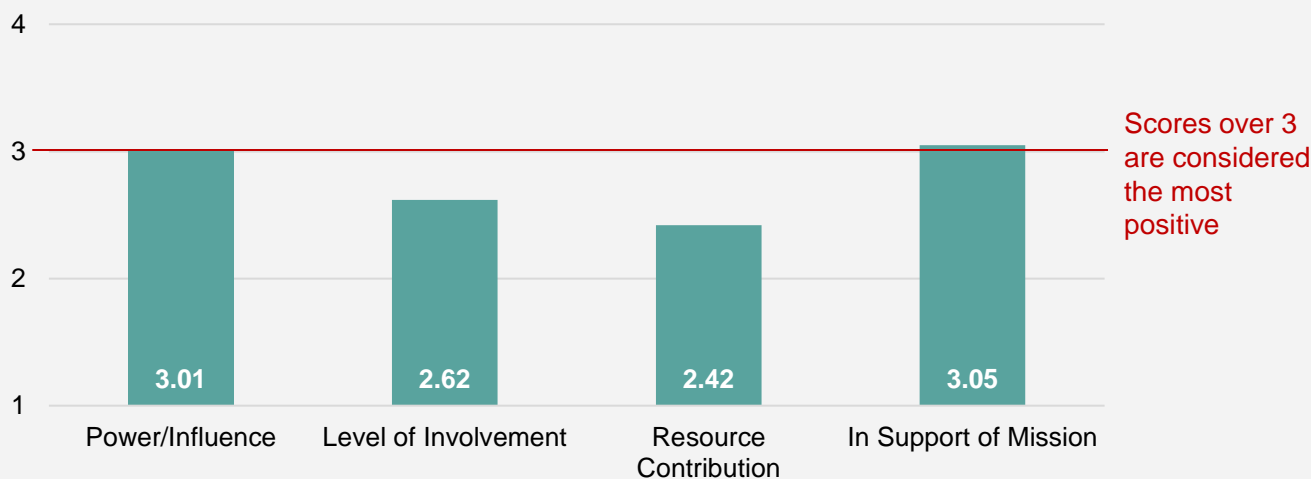| Activity	Percentage
Sharing information/evidence-based practices/data	51%
Joint membership in a committee, coalition, or network	39%
Advocacy or policy-making	29%
Joint programs or services	20%
Sharing tools/technologies	18%
Client or patient referrals	15%
Funding/financial assistance	11%
Technical assistance/training	11%
Sharing other resources (e.g., office space, staff)	6%
Other	1%

Relationship Scores

The survey assessed four validated dimensions — power and influence, level of involvement, resource contributions and support of mission (see definitions below). Survey participants assessed each of their reported relationships on these four dimensions according to a 4-point scale, with 1 = Not at all, 2 = A Small Amount, 3 = A Fair Amount, and 4 = A great deal. Scores over 3 are considered the most positive.

Understanding network relationships is important in leveraging the different ways in which members contribute to the network. The column chart below depicts the average relationship scores within the network.

	Power & Influence: The organization holds a prominent position in the community because of its financial resources or policy-making authority, and/or because it has displayed leadership and success as a change agent.
	Level of Involvement: The organization is strongly committed and active in this work, and gets things done.
	Resource Contribution: The organization brings resources to the work like funding, staff time, and information.
	In support of Mission: The organization shares a common vision of the end goal of what working together should accomplish.

Q16-19 Relationship Scores

Scores over 3 are considered the most positive

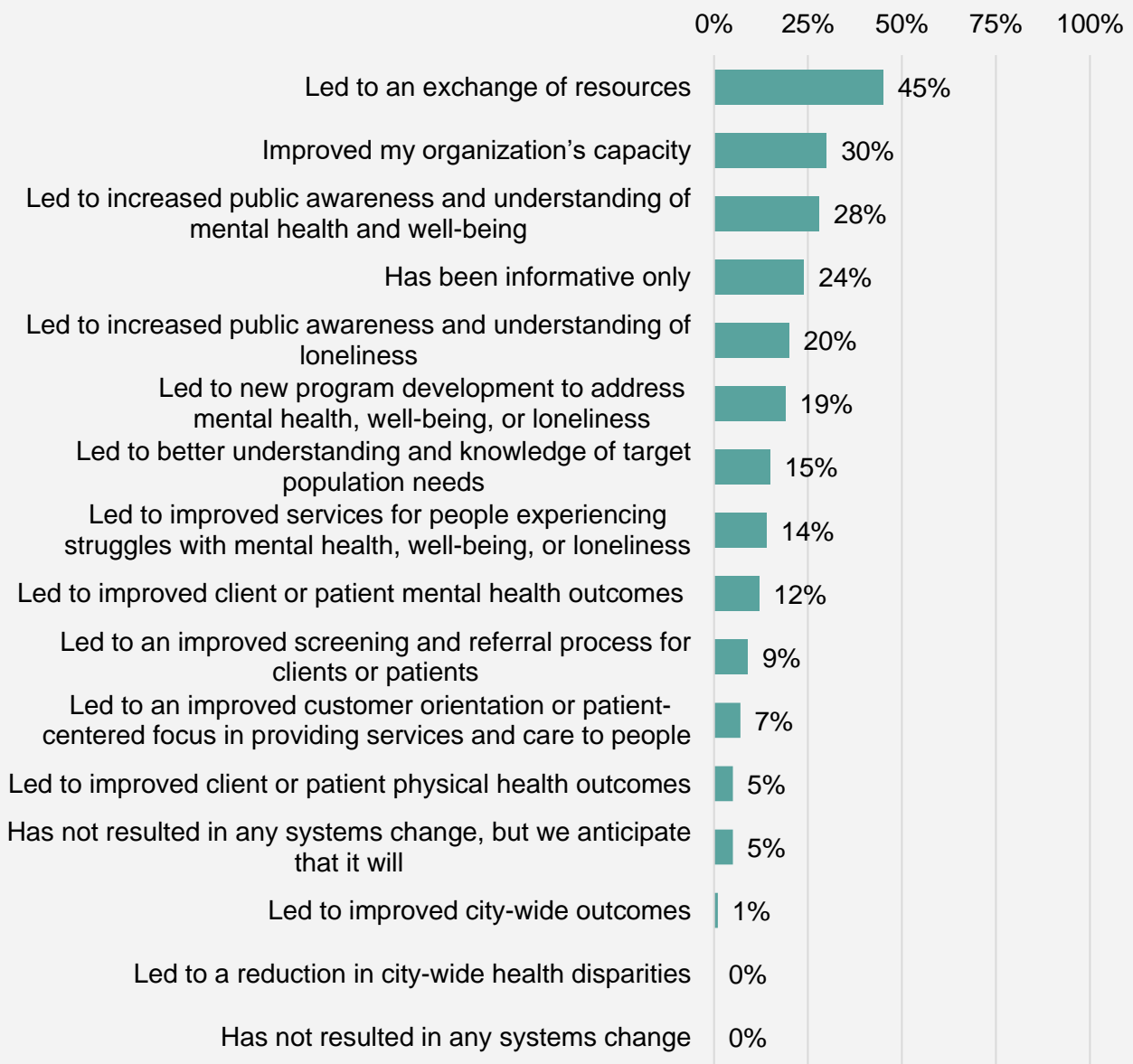| Power/Influence	Level of Involvement	Resource Contribution	In Support of Mission
3.01	2.62	2.42	3.05

Relationship Outcomes

Respondents reported that 45% of their network relationships led to an exchange of resources, 30% improved their capacity, and 28% led to increased public awareness and understanding of mental health and well-being.

Q20: Has this relationship resulted in any of the following outcomes? (Choose all that apply, and use the scroll bar if needed to view all options)

n = 86 relationships

Outcome	Percentage
Led to an exchange of resources	45%
Improved my organization's capacity	30%
Led to increased public awareness and understanding of mental health and well-being	28%
Has been informative only	24%
Led to increased public awareness and understanding of loneliness	20%
Led to new program development to address mental health, well-being, or loneliness	19%
Led to better understanding and knowledge of target population needs	15%
Led to improved services for people experiencing struggles with mental health, well-being, or loneliness	14%
Led to improved client or patient mental health outcomes	12%
Led to an improved screening and referral process for clients or patients	9%
Led to an improved customer orientation or patient-centered focus in providing services and care to people	7%
Led to improved client or patient physical health outcomes	5%
Has not resulted in any systems change, but we anticipate that it will	5%
Led to improved city-wide outcomes	1%
Led to a reduction in city-wide health disparities	0%
Has not resulted in any systems change	0%

Other Organizations and Partners

Q21: Think about the list of organizations displayed previously in this survey, that use solutions in social prescribing, nature, natural spaces, and activities in natural spaces to address mental health, well-being, or loneliness in your city. Are there any organizations that you have a relationship with, that were missing from this list? If yes, please provide their names below. If no, please advance to the next question.

n = 6 responses

1. Carers Finland and the local associations
2. Green care Finland ry and Metropolia University of Applied Sciences
3. Setlementtiliitto; Muistiliitto; Omaishoitajaliitto; Suomen Sotaveteraaniliitto; Suomen Sotainvalidit; Suomen Rintamaveteraaniliitto; Olvi-Säätiö (Olvi-foundation); Signe ja Ane Gyllenbergin säätiö (Signe and Ane Gyllenberg foundation); SGF Societas Gerontologica Fennica; Kasvun ja Vanhenemisen tutkijat ry; Jyväskylän yliopisto; Jyväskylän ammattikorkeakoulu; Metropolia ammattikorkeakoulu; Kuurojen liitto; Gery ry
4. Sydänliitto, Metsähallitus, Marttaliitto
5. UKK-instituutti + I cooperate with people who organize group and enriching activities in service houses and care homes. I collect, modify and disseminate good action ideas for national use to increase the well-being of older people both indoors and outdoors. One important area is nature
6. Green Care Finland Association, Socialpedagogic horseactivities association, social and health sectors of cities, Sote-Akatemia of University of Turku, Ministry of Agriculture and Food, EU-funds and Ely's: ESR-funds, Rural development funds

Q24: Do you have any additional questions or comments? Your feedback is valuable to us!

n = 3 responses

1. This project is extremely important!
2. The survey was too long!
3. I hope that you will develop and disseminate ideas that are easy to deploy and openly for everyone to use! I look forward to the Finnish manual.

❖ Discuss the characteristics of the overall network with network partners and make sense of the network map together.

  ➢ Consider how network members connect with each other and which ones are considered most valuable to partners.
  ➢ Think through which activities are best suited for different methods of communication and interaction.
  ➢ Are there sectors or types of organizations that are under- or over-represented in the network?
  ➢ Is the network overly dependent on just a few members?

❖ Consider whether changes in the nature of the network relationships would improve collaboration or increase impact.

  ➢ Are the resources contributed to the network by members being properly leveraged to achieve network goals? Consider whether there are ways the network could facilitate the further exchange of resources among members. Identify gaps and redundancies in resource contributions to devise member recruitment and engagement strategies.

❖ Use the process outcomes in this report to track, demonstrate, and celebrate progress toward long term goals.

  ➢ Develop intentional strategies for partner engagement and involvement in the network over time.
  ➢ Discuss what success means for the members of the network and develop strategies to achieve it.

Appendix A: Network Members

The table below lists the organizations in the network and their map labels.

Map Label	Organization
1	The Finnish Association for the Welfare of Older People (VTKL), Circle of Friends
2	The Finnish Association for the Welfare of Older People (VTKL)
3	Sipoo Health and Social Center
4	Myllypuron Seniorikeskus, Helsinki
5	Toimintaterapeuttiliitto
6	LUKE (Natural Resources Institute Finland)
7	University of Eastern Finland
8	Helsingin kaupungin ympäristöpalvelut
9	Ministry of Agriculture and Forestry TAPIO
10	Finnish Organization for Nature Conservation
11	The Outdoor association of Finland (Suomen Latu)
12	Finnish Institute for Health and Welfare
13	Ympäristöministeriö ja Suomen Ympäristökeskus
14	SITRA
15	The Finnish Association for the Welfare of Older People (VTKL), Vahvike
16	Age Institute (Ikäinstituutti)
17	Miina Sillanpää Foundation
18	Sininauhaliitto
19	Nappi Naapuri
20	The Evangelical Lutheran Church, Helsinki
21	Eläkeliitto
22	Mieli ry, Mental Health Finland

Appendix B: Programs and Services

Q6: Please briefly describe in your own words the work that your organization does to address mental health, well-being, or loneliness.

n = 10 responses

1. Age Institute (Foundation) studies, develops, trains, and publishes materials for the promotion of older people's quality of life and social inclusion. The institute collaborates with NGOs and municipalities, with special interest in health enhancing physical activity, social and mental well-being, and exercise and housing environments. The institute has 50 years of experience in developing evidence-based public health projects for old people. Research activities include evaluation of on-going projects, participation in research projects as a partner, compiling research results into recommendations as well as leading and coauthoring of scientific papers. Special interest and expertise of the institute is to translate research to practice and implement cost-effective actions.

2. As a primary care unit we are the first place people come to when facing health issues or sickness, depression or anxiety. The unit also takes care of health check-ups for children and families as well as maternity care, where all of the above are a common problem.

3. Broadly influencing better policies on older people and providing support and guidance to members, professionals and to the older people them selves.

4. It provides nurses, instructors, carers and seniors, as well as students and teachers in the health and social services sector, with easy-to-use and versatile material: interaction-stimulating card sets, printable instructions, literature and research data of to all recreational activities related nature, music, word arts, visual arts, games, physical activity, handicrafts, reminiscence...: medicine for boredom, apathy and self-centeredness. www.vahvike.fi

5. It studies, monitors, and develops measures to promote the well-being and health of the whole population in one country. As part of this work it addresses mental health issues.

6. Miina Sillanpää Foundation organizes, promotes, and supports rehabilitation services, residential and other services for older adults, and research and development that promote public health care.

7. The main mission is to promote mental health and prevent mental health issues. Organization defends the universal right to a good mental health. Means: crisis work, education of general public and professionals, promotion of mental health skills and meaningfull everyday life, active communication and influencing and meaningfull volunteer work in communities.

8. We are developing and studyingnature-based social and health services and business - mainly at rural areas

9. We have developed models to alleviate loneliness of older people. They are implemented and disseminated all over the country. We also have an educative / training programs for social and health care professionals & volunteers to increase knowledge of loneliness and its alleviation. We have co-operative programs with many different organizations to share knowledge of our expertise. Some of our work is addressing policy change: for example we review the laws before they are taking action in our society. Reviewing is about benefit for the older people and their better situation.

10. We promote a wide range of outdoor activities and inspire people to get outdoors so that they can benefit from the positive effects of the nature. The local clubs organize activities that are open to all and hence prevent loneliness. We promote Forest mind method in Finland and in Europe

Appendix C: Glossary and Resources

Nature-based social prescribing

In contrast to medical prescriptions, "social prescriptions" are prescriptions to spend time with other people in order to improve health and well-being. "Nature-based social prescriptions" are prescriptions to spend time in nature with other people, in order to improve health and well-being.

Nature-based solutions

Solutions involving natural spaces and activities in natural spaces. For example, solutions such as building green infrastructure and engaging in social activities in nature (community gardens, group excursions in nature, forest bathing).

Green infrastructure

Green infrastructure is a strategically planned network of natural and semi-natural areas with other environmental features designed and managed to deliver a wide range of ecosystem services such as water purification, air quality, space for recreation and climate mitigation and adaptation. This network of green (land) and blue (water) spaces can improve environmental conditions and therefore citizens' health and quality of life. Examples include parks, gardens and green roofs.

RECETAS Resources

For more information on RECETAS, please see the resources below:

RECETAS Website

RECETAS – What is Nature-based Social Prescribing?

RECETAS Infographic

The social network analysis was conducted using **PARTNER** by **Visible Network Labs**. For more information about Visible Network Labs and the tools and resources available, please visit www.visiblenetworklabs.com.

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