

# Building Healthier and Better Socially Connected Communities Through Nature

## Executive Summary

Loneliness is an urgent public health issue with significant consequences for health, quality of life, and use of health care services. Among both aged population and patients with chronic disease, care must consider the mental and social dimensions of health in addition to physical health. Evidence from Finland demonstrates that loneliness is highly prevalent among older adults and is closely linked to predictable life-course transitions such as bereavement, declining health, and moving to long-term care. These risks are identifiable and therefore preventable with timely, targeted policies. Supporting older adults' wellbeing and health requires stronger, more coordinated action.

Loneliness is fundamentally rooted in social and economic disparities, disproportionately affecting precarious populations. As acknowledged in the OECD Country Health Report from 2025, Finland faces substantial health disparities, with lower-income and less-educated groups experiencing poorer health, higher rates of chronic illness, and more barriers to accessing care (1). Loneliness further deepens these inequalities, contributing to higher levels of depression, anxiety, and increased service use, especially among older adults and unemployed. Addressing these gaps requires strengthening equitable access to services, improving mental health support, and tackling social isolation as a core determinant of health.

In addition to preventive action, health- and social care must strive to identify and alleviate loneliness, and when doing so, to apply evidence-based methods. The Circle of Friends (CoF) is a well-established, psychosocial group intervention, shown to alleviate and prevent loneliness among older adults (2).

Activities in and contact with nature have profound impact on human health and wellbeing. Accessible nature generates annual economic benefits worth hundreds of millions of euros in Finland, mainly through positive impact on chronic diseases (3). These effects can be amplified by integrating nature-based interventions in care. RECETAS (Re-imagining Environments for Connection and Engagement: Testing Actions for Social Prescribing in Natural Spaces) is a research project that experiments nature-based social prescribing (NBSP) as a tool to prevent loneliness. Results from the RECETAS Helsinki trial show that NBSP can effectively reduce loneliness, improve sleep and cognitive functioning, increase time spent outdoors, and strengthen social connectedness among older adults, including those with multimorbidity and mobility limitations (4-6). The findings highlight a clear need to integrate structured, evidence-based interventions into routine care. This policy paper provides guidelines to put findings from the research into action.

### To advance wellbeing of older adults, Finland's policies should:

- 1. Foster loneliness prevention:** Systematically identify and address predictable risk factors for loneliness. **Loneliness is a subjective experience;** to identify those suffering from loneliness, we need to ask about it. Further, we need to **ensure that people living with cognitive decline are actively included in decision-making** in their own lives.
- 2. Improve access to nature in long-term care settings:** By developing regional and local plans we can ensure access and availability of natural spaces for people across the lifespan and different abilities. To do so, we must **Scale up the use of evidence-based interventions:** from an experiment approach to a structured and long-term integration of NBSP in the Finnish healthcare system
- 3. Reinforce the governance** between public, private and third sector organization and **ensure sustainable fund to the third sector as a partner in alleviating loneliness** through evidence based practices.

Together, these actions create a sustainable policy pathway that promotes autonomy, inclusion, and improved wellbeing for older adults across Finland.

# I. Loneliness as a Public Health Problem: A Necessary Policy Focus

Loneliness and social isolation are major public health concerns. Across the European Union, approximately 13% of adults and 30% of older adults report frequent feelings of loneliness (7). These figures, amplified by the COVID-19 pandemic, indicate that loneliness has become a structural societal issue rather than a marginal phenomenon. Robust scientific evidence demonstrates that loneliness is associated with severe health outcomes. Large-scale meta-analyses show a 26-32% increase in the risk of premature mortality, comparable in magnitude to established risk factors such as smoking (8). Alleviating loneliness requires broad collaboration between different sectors in society (9).

Loneliness is highly prevalent in long-term care settings in Finland; it is experienced by 35–55% of the residents (10,11). In this setting, loneliness is associated with poor psychological well-being, increased disability, declining health, and increased mortality. In the aging society, alleviating loneliness improves wellbeing and reduces use of healthcare and thereby health expenses (11).

**Addressing loneliness must be recognized as a public health priority and a legitimate target for preventive policy action.** Taken together, this evidence establishes loneliness as a modifiable determinant of health, calling for **preventive, community-based, and cost-effective policy responses beyond traditional clinical care.**

Several interventions have been shown to alleviate loneliness. Group based interventions in which the participants can influence the contents have been shown to be most effective. Only one intervention - the Circle of Friends (CoF) developed in Finland - has proven effect on health, cognition, well-being, quality of life and mortality. **The CoF is a psychosocial group model, developed to alleviate loneliness among older adults.** Further, the intervention reduces the use of health and social services (12). For more than 20 years, the Finnish Association for the Welfare of Older Adults have developed and implemented the CoF model, thereby gaining broad experience. Its strong evidence base and long-term, wide-scale implementation and proven cost-effectiveness make CoF a strong, scalable policy option, that usefully complements existing policies on loneliness, mental health, and support for older adults. The model has now expanded worldwide: the international project RECETAS has developed and tested a group-based model named Friends in Nature (FiN), integrating nature-based interventions and CoF methodology.

## **The Circle of Friends group model is:**

- Included among the good practices for promoting mental health selected by the Finnish Institute for Health and Welfare (THL), as part of the implementation of the [National Mental Health Strategy's MUKANA action package](#).
- A national good practice for mental well-being in the Ministry of Social Affairs and Health's Quality Recommendation for Securing Active and Functional Ageing and Sustainable Services for 2024–2027.
- Selected among the [best practices for promoting mental health](#) In a [peer review conducted by the European Commission](#).

## **Supporting older adults' health and autonomy**

Physical activity is vital for older people's health. However, a report examining the opportunities for older adults to engage in outdoor activities, concluded a lack of outdoor activity options in home care as well as in long-term care. Further, the available opportunities for outdoor recreation are not fully utilised. The opportunities for outdoor recreation differ considerably between wellbeing services counties and between service housing units. The report issues practical recommendations for wellbeing services counties, municipalities, and organisations, all of which play key roles in improving access to outdoor recreation for older adults (14).

The Finnish Current Care Guidelines for Memory Disorders (15) emphasize that the care pathway should be based on the individual's needs. Care should aim to preserve the lifestyle chosen by the person, maintain dignity and social networks, and support autonomy for as long as possible. Individual needs and personal wishes must be considered when planning care, and services should be organized in a non-discriminatory manner regardless of age or health status, including dementia.

The right of individuals to make decisions concerning their own lives is a fundamental principle of care and is safeguarded by legislation. Patient Ombudspersons and Social Services Ombudspersons support the application of relevant laws and promote the realization and development of patients' rights (16). In addition, the Elderly Citizens Council in each Well-Being Services County works to ensure equal opportunities for older adults to participate in decision-making and to bring forward the perspectives of the older population (17). The Ombudsman for Older People further promotes the status, rights, and well-being of older persons, alongside the contributions of third-sector organizations (18).

## Why Current Policies on Loneliness Need to Be Strengthened through Social Prescribing

*The population is aging in Finland, thereby also the absolute number of older adults suffering from loneliness. Although evidence-based interventions to reduce loneliness among older adults exist, these practices need constant development to target those in need.*

In January 2023, Finland underwent the largest restructuring of health, social and rescue services in the country's history. The reform shifted responsibility for organising these services from municipalities to 21 wellbeing services counties and the City of Helsinki. The goal is to create a more equal, efficient, and sustainable system and also to strengthen prevention (19). Current legislation enables the well-being services counties to organise and steer the use of nature-based social prescribing (NBSP) as part of health promotion in the activities of well-being services counties. There is no separate statute for this, it is part of broader healthcare and social care services legislation. Therefore, it remains to be determined whether a statute which obliges the well-being services counties to provide NBSP in their services is a meaningful one, and if so, whether such a statute can be included in the Statute Book of Finland.

Today, the Circle of Friends methodology is recognized within the framework of Finnish policies; however, it should be more widely deployed to reach a broader population affected by loneliness and its negative effects on health. More generally, Finnish social and healthcare policies should rely much more on social prescribing as a powerful, cost-effective preventive tool.

## II. An international interest for Social Prescribing and a Finnish perspective

**Social prescribing** is a person-centred approach that connects individuals to non-clinical community activities and services such as arts, nature, volunteering, and peer support to improve their health and wellbeing (20). It addresses the wider determinants of health that clinical care alone cannot reach, reducing pressure on healthcare systems while empowering people to thrive. In Finland, the model known as *hyvinvointilähete*, is emerging through pilot projects (22-24).

**Nature based social prescribing** applies nature-based interventions to support wellbeing, especially mental wellbeing. It can be understood as a structured, non-clinical intervention that connects individuals to group-based activities in natural environments.

The health and social service reform in Finland enabled wellbeing counties to develop integrated multi-sector service models supported by new digital platforms. By 2025, nearly all counties were using either the national Tarmoa system or local platforms that provide service information, wellbeing events, and self-care tools, supported by professional training and multi-channel guidance.

These developments have significantly advanced the accessibility, consistency, and preventive orientation of wellbeing services across Finland (22).

- Municipalities, NGOs, and regional services play a central role in providing the activities, making social prescribing a collaborative tool within Finland's preventive health and wellbeing system.

The global perspective of social prescribing.

- The SP model originated in the **United Kingdom**, where it is established in primary care and funded through the national health services NHS (25).
- Many other countries are still in earlier phases of system-building—developing standards, professional training, digital infrastructures, and cross-sector pathways. Through international frameworks, capacity-building, and emerging digital and AI-enabled tools, social prescribing is increasingly recognised as a way to address social determinants of health by linking individuals to community-based activities that enhance wellbeing and reduce pressure on healthcare systems (22,27)

In Finland, the resources for the third sector have been cut down during the late years due to recession at nationwide level (28). It has to be emphasized in politics to use evidence-based and cost-effective methods to enhance health and wellbeing of older adults. Organizations and communities can create environments that support social rehabilitation. Collaboration between different actors can help to create spaces where healing encounters and meaningful relationships can take place, and where experiences fostering inclusion can flourish. Third sector and organizations can act as a bridge between research-based knowledge, social- and health care practices and citizens. The third sector has ways to reach up to people and to offer meaningful experiences for example between volunteers and older adults in assisted living facilities. Organizations are listening to the voices of people, and they have the flexibility to answer to their needs by creating new forms of support. The third sector is also raising awareness of loneliness, and the importance of nature. Collaboration between non-governmental organizations and the social and health care sector should be strengthened and encouraged. There is a need to create new kinds of pathways to preventing and alleviating loneliness and promoting nature based social activities and connections in assisted living facilities.

## **Nature-based solutions for health, safe and cost-efficient**

Regular contact with nature can significantly reduce the burden of chronic diseases, generating substantial economic savings for society. A national report summarizing the evidence of nature's impact on health, as well as calculating an estimate of the economic value of nature shows that accessible nature generates annual economic benefits worth hundreds of millions of euros in Finland, mainly through positive impact on major chronic diseases (3) Natural environments help prevent depression, type 2 diabetes, and asthma, reducing healthcare use and medication costs. The Finnish "Health from Nature" programme 2026-2035 is a national initiative aiming to increase well-being and reduce chronic diseases by strengthening exposure to nature in everyday life as well as integrating nature-based interventions in social and healthcare services (28). The programme will support scaling effective practices, such as the FiN intervention and ensure long-term impact.

## **The H2020 RECETAS Project: Tackling Loneliness Through Nature**

The RECETAS (Re-imagining Environments for Connection and Engagement: Testing Actions for Social Prescribing in Natural Spaces) project is an international research project funded by the European Commission under the Horizon 2020 programme (2021-2026), and part of the Urban Health Cluster (4). It addresses a major public health challenge: loneliness as a social determinant of health. RECETAS experiments nature-based social prescribing as a tool to prevent loneliness in 6 pilot cities (Barcelona, Cuenca, Helsinki, Marseille, Melbourne and Prague). The project objective is to produce policy-relevant evidence using a transdisciplinary approach that views loneliness as a system-level issue shaped by environments, infrastructures and policies.

The RECETAS project is underpinned by rigorous and innovative methodologies, including:

- Structured stakeholder mapping and modelling across health and social care, municipalities, civil society, and green infrastructure.

- Participatory co-creation to design locally adapted menus of nature-based activities. In Finland, participants were older adults permanently living in long-term care.
- Well-powered experimental studies evaluating intervention effectiveness on loneliness and health-related quality of life.
- Economic evaluations (cost-benefit and cost-effectiveness) to inform evidence-based public investment.

## Friends in Nature's Methodology

The core intervention, Friends in Nature, builds on the evidence-based Circle of Friends model, developed and implemented in Finland for over 20 years which has been shown to improve lonely older adults' health, wellbeing and cognition and to reduce their use of healthcare services and mortality.

RECETAS adapted this proven model by systematically integrating the health and social benefits of exposure to natural environments, leveraging a social prescribing framework to facilitate adoption and implementation, and expanding reach to include people over 18 years of age.

Friends in Nature follows a community-based, empowerment-oriented design, and person-centred model, combining a fixed number of weekly group sessions with nature based activities from a co-created local menu.

Groups are supported by trained facilitators whose role is to guide group dynamics while progressively transferring decision-making power to participants, fostering autonomy and the durability of social connections. Effectiveness was assessed through randomised controlled trials (RCTs) in Barcelona, Helsinki and Prague, complemented by observational studies in Cuenca, Melbourne and Marseille.

Outcomes were measured up to one year after the interventions, enabling assessment of the persistence of benefits over time.

### III. What have we learned from the RECETAS trial?

Evidence from the RECETAS Friends in Nature (FiN) trial demonstrates that structured, group-based nature interventions can meaningfully alleviate loneliness and improve key wellbeing outcomes, even among physically and cognitively frail older adults.

Although 96% of the interviewed older adults residing in assisted living facilities considered nature important, only half had as much contact with nature as they wished (10). When asking for preferred activities, clear and feasible wishes emerged and 83% expressed interest in participating in nature-based interventions. **Stronger perceived connection to nature was linked to better psychological well-being**— this association was accentuated among residents with poor mobility. Compared to the general population, older adults reported a greater importance of nature. Therefore, we should **guarantee older adults the right to outdoor recreation**, ensuring that public spaces and programs are designed to support their access and participation (14).

In our pragmatic, real-world implementation across 22 assisted living facilities in Helsinki, **FiN reduced participants' loneliness at three months and improved sleep over 12 months. Furthermore, participants' cognition and nature connectedness.** Taking part in the intervention doubled the time spent outdoors. The benefits which were strongest for those who attended more group sessions, spent more time outdoors, or had higher baseline self-efficacy and nature connectedness at baseline. The intervention was safe, feasible, and well-received, despite participant frailty, challenging weather conditions, and pandemic-related disruptions.

The trial shows that nature-based social prescribing can be effectively integrated into long-term care when facilitators are trained, group processes are well-structured, and nature access is supported. (5-6)

### III. Strengthening Finland's Policies on Loneliness and Nature-based social prescribing – Policy recommendations

**To better address loneliness, Finland should strengthen cross-sectoral public policies that integrate accessible nature environments, participatory planning and innovative service models such as nature-based social prescribing.** Cross-sector collaboration between health, social services, urban planning, and NGOs is essential to make this work. **Nature should be integrated into social, health and urban agendas as a core element of health and wellbeing, not an optional add-on. Professional training, as well as a structured governance and sustainable funding for the relevant public and third-sector organizations, are key factors to ensure the systematic implementation of nature-based social prescribing, including a broader deployment of the FiN methodology.**

Based on the findings from the Horizon 2020 RECETAS project, we propose the following recommendations. To advance wellbeing of older adults, Finland's policies should:

#### 1. Foster loneliness prevention

Systematically identify and address predictable risk factors for loneliness. **Loneliness is a subjective experience;** to identify those suffering from loneliness, we need to ask about it.

- Public authorities should require health, social, and long-term care services to screen for known life-course transitions—such as retirement, bereavement, declining health, and relocation—that increase the risk for loneliness. These predictable risk points should be integrated into preventive planning, allowing services to initiate timely support before loneliness deepens.

Stakeholders involved: Public and private healthcare (general practice and occupational care), services for unemployed and employers and volunteers working with older adults. Organisations (mainly NGOs).

- **People living with cognitive decline should be actively included in decision-making** in their lives. Policies should require dementia-friendly care practices that **recognize the rights, preferences, and individuality of people living with memory disorders.** This includes training professionals in person-centered communication and ensuring that care planning respects each person's values, needs, and wishes. To enable people with memory disorders to actively participate in their care, they should be encouraged and supported to express their wishes, which must be taken into account in care planning. Effective communication is essential and requires adequate training for healthcare professionals and close relatives in dementia care, as well as increased awareness of person-centered approaches and patients' rights.

Stakeholders involved: Patient organisations, NGOs, legislation and organisation of health care (Ministry of Social Affairs and Health).

#### 2. Improve access to nature in long-term care settings

By developing regional and local plans we can ensure access and availability of natural spaces for people across the lifespan and different abilities. To do so, we must **Scale up the use of evidence-based interventions:** from an experiment approach to a structured and long-term integration of NBSP in the Finnish healthcare system.

- Public policies should require wellbeing services counties and municipalities to implement structured, evidence-based loneliness interventions rather than ad-hoc activities. Proven models—such as CoF and FiN and other facilitated group programmes—should be adopted, resourced, and monitored to ensure quality and impact. To enable prevention and early action, Finland should strengthen cross-sectoral public policies that integrate accessible nature environments, participatory planning, innovative service models, and professional training into health, social, and wellbeing services to ensure access to nature-based solutions.

Stakeholders involved: Wellbeing services counties, Health promotive work at THL including the supporting evidence based health promoting operating models, such as NBSP.

- Municipalities and wellbeing services counties should guarantee safe, regular, and supported access to nearby nature for older adults, particularly those in assisted living facilities. Policies must address barriers such as mobility limitations, inadequate infrastructure, and rigid care routines that restrict time spent outdoors.

Stakeholders involved: Municipalities, city planning, Natural resource institute Finland (LUKE), NGOs.

### **3. Reinforce the governance**

Between public, private and third sector organization and ensure sustainable fund to the third sector as a partner in alleviating loneliness

- The government should provide stable, long-term funding and formal cooperation structures enabling NGOs and community organizations to deliver social-rehabilitative, nature-based, and relationship-building activities. Their role as connectors between residents, services, and communities should be embedded in national and regional wellbeing strategies.
- Interface work (Yhdyspintatyö) refers to collaboration points between different organisations involved in promoting health and wellbeing (21). This requires cooperation across sectors— Strengthening these interfaces improves client-oriented service pathways and supports coordinated wellbeing and health promotion across regions. Clients often move across these organisational boundaries through service chains or direct service guidance, making smooth collaboration essential. In assisted living facilities, interface work can help to recruit volunteers, and digital platforms can help find activities and resources.

Involved Stakeholders: Wellbeing services counties, municipalities, Ministry of Social Affairs and Health and Finnish Institute of Health and Welfare.

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