

“A symbolic barrier can make places inaccessible, even though they are open to all”

Interview with Lucie Cattaneo,
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KEY POINTS

▶ **Hiking along the coast in the Calanques National Park, taking a boat trip to explore the Frioul islands, compiling a herbarium and visiting the natural history museum are some of the small group activities offered to people in financial hardship as part of a study carried out in Marseilles. They meet once a week for ten weeks, accompanied by two group leaders. The RECETAS project, which was launched in the summer of 2023, aims to assess the effectiveness of nature-based social prescriptions to counter social isolation in urban areas. The project is running simultaneously in several cities, including Barcelona (Spain), Helsinki (Finland) and Melbourne (Australia).**

La Santé en action: What is the RECETAS project?

Lucie Cattaneo: Launched in 2021 and supported by the Barcelona Institute for Global Health (ISGlobal), the RECETAS project aims to study the effects of nature-based social-emotional interventions on certain populations at particular risk due to loneliness. Funded by the European Union as part of the Horizon 2020 programme's innovation component to the tune of €5 million over five years, it brings together twelve multidisciplinary international research teams. Six of them are running field studies in different sites around the world: at Marseilles Public Hospitals (AP-HM) in France, Barcelona (Spain), Prague (Czech Republic), Helsinki (Finland), Melbourne (Australia) and Cuenca

(Ecuador). In these cities, the aim is to test group activities that include access to nature with different target populations experiencing social isolation. In Marseilles, the individuals involved are impacted by multiple types of vulnerability: financial, social, health-related, etc.; in Melbourne, the project is aimed at refugees and LGBTQI+ people; in Helsinki and Prague, the elderly, and so on.

These initiatives are based on a group facilitation methodology that has been used in Finland for ten years, known as the Circle of Friends. Isolated elderly people are invited to take part in activities together, supervised by group leaders trained in understanding and dealing with social isolation, on a weekly basis for ten to twelve weeks. This initiative, which 16,000 people in Finland have already taken part in, has produced good results in terms of reducing psychological suffering and loneliness, as well as cutting healthcare costs.

S.A.: What are nature-based social prescriptions?

L.C.: Social prescriptions are commonly used in Canada and Northern Europe, but are still little known in France. It involves professionals in the medical and social work sector – doctors, nurses, educators, youth workers or psychologists – being able to “prescribe” group cultural and sporting activities. The aim of RECETAS is to assess if this approach can be applied to nature activities to effectively counteract loneliness within urban areas among the most exposed populations, and to improve their quality of life. In fact, there have been no

previous scientific assessments of nature-based social prescribing, so there is currently no conclusive data on its effectiveness. Nevertheless, the project is based on hypotheses from numerous studies and previous action research projects that have demonstrated the beneficial effects of nature on overall well-being, as well as on building social connections.

In Marseilles, we have co-developed a wide range of “nature” activities with local partners involved in urban nature and environmental awareness projects. These include outings to the town's Parc Pastré, picking herbs and plants to make a herbarium during semi-urban walks or in places where picking is permitted, visiting an educational farm or the natural history museum, hiking along the coast in the Calanques National Park, taking a boat trip to the Frioul Islands, gardening or greening the outdoor spaces where participants live, writing and painting workshops using natural inks, and more. The protocol involves offering between six and ten sessions of nature-related activities, held once a week in small groups.

S.A.: How do you recruit the people who benefit from these activities?

L.C.: We have approached a number of organisations, including community centres, homelessness shelters, emergency accommodation and social reintegration centres, reception centres for asylum seekers and various other associations. We began by presenting the project to the professionals to discuss how relevant it would be to the users of their facility and we also discussed the possibility of



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organisations that support these people. Many associations already offer this type of social activity in natural spaces so it's important to build on what already exists.

S.A.: *How is the study being evaluated and do you have any initial data?*

L.C.: To determine the effect of nature-based social prescriptions, we interview participants before they enter the study and again at the end of the ten sessions. The plan is to see people again one year after the end of the intervention to assess their longer-term benefits. The questionnaires cover quality of life, loneliness, reconnecting with nature, physical activity and mental well-being. The six pilot teams in the different cities are implementing this intervention simultaneously. In time, we should be able to collect data from between 1,300 and 1,500 participants to assess the programme's impact on feelings of loneliness and quality of life. The consortium plans to organise an event in Marseilles in 2026 to present the results of the RECETAS project. Local public bodies (such as departmental or regional administrations, regional health agencies) will be invited to attend, with the aim of encouraging the introduction of nature-based social prescriptions in care and social-emotional support pathways. In Marseilles, we have not yet analysed the initial data from the questionnaires. However, the initial feedback is pretty encouraging and positive. People say how good it feels to be in a group and in nature. Firstly, they feel part of a community and can talk about their problems. In addition, activities linked to nature have a calming and anxiety-reducing effect, allowing them to escape from the struggles of everyday life. In a way, the objective has already been achieved, although we'll know more as we analyse the data. We also hope to be able to take more concrete action, in partnership with local organisations, addressing the social determinants of health that are hampering the well-being of these people. ■

Interview by Joëlle Maraschin, journalist.

creating a group. Secondly, we meet the potential study participants and talk to them at length, meeting a number of times, to build a relationship of trust that will make the volunteers feel safe. This process can take time, and it's not easy to build up a community of people who are prepared to make a commitment over several months. What's more, we are only a small part-time team working on this project: the head of the AP-HM medical assessment department, two psychologists and a group leader who is a former eco warden and facilitator at the Calanques National Park. The experiment began in spring 2023, with three groups of around ten people in each. Two others have been set up for winter 2024.

S.A.: *Have you encountered any difficulties putting this project into action?*

L.C.: We are faced with a number of obstacles when it comes to recruiting participants and getting them involved. The people targeted in the Marseilles study are living in complex circumstances, in precarious employment or looking for work, often

with young children. These men and women are generally from a migrant background and they are dealing with physical and mental health problems, especially anxiety and depressive disorders. We have to proceed slowly to build a bond of trust, gradually helping them to leave their homes. These people are stigmatised and discriminated against at every level and it remains very complicated for them to access their rights. They feel like they aren't allowed to go out and explore other areas, go to the beach, to a park or to a museum, so they don't go. A symbolic barrier can make these places inaccessible, even though they are open to all. Some people have been in Marseilles for years, or even their whole lives, and have never seen the Calanques.

We can't just drop them after ten sessions – that wouldn't make any sense. We continue to offer them outings and events, while keeping the group alive outside the study. In Marseilles, we're looking to establish the project over the long term. We are trying to keep up momentum locally to create long-term partnerships with the professionals and