

THERAPEUTIC HORTICULTURE IN OCCUPATIONAL THERAPY AMONG PEOPLE WITH MENTAL ILLNESS

MS. G SUSHANTHIGHA¹, PROF. DEEPA SUNDARESWARAN²

¹UNDERGRADUATE STUDENT, MEENAKSHI COLLEGE OF OCCUPATIONAL THERAPY, MEENAKSHI ACADEMY OF HIGHER EDUCATION AND RESEARCH (MAHER), CHENNAI, INDIA.

² PRINCIPAL, MEENAKSHI COLLEGE OF OCCUPATIONAL THERAPY, MEENAKSHI ACADEMY OF HIGHER EDUCATION AND RESEARCH (MAHER), CHENNAI, INDIA.

ABSTRACT

Therapeutic horticulture as a healing power of nature has gained its recognition in promoting mental, emotional and physical wellbeing of n individual . This study aims to use horticulture as a treatment medium in occupational therapy interventions on persons with mental illness. And to assess the impact of horticulture in health, wellness and wellbeing of people with metal illness . The study was performed with a sample size of 30 on a population of persons with schizophrenia, mood disorders and anxiety disorders. The results were obtained from paired T tests, which provided results based on the tool COTE, Comprehensive Occupational Therapy Evaluation . which had significant differentiation In pre and post evaluations of task behavior in individuals throughout the experiment . Stating that the therapeutic horticulture has a beneficial effect on individuals with mental health conditions.

KEY WORDS: Occupational Therapy, Therapeutic Horticulture, Mental Illeness.

INTRODUCTION

Therapeutic horticulture, a branch of occupational therapy, has gained recognition as an effective intervention for individuals living with mental illness. It harnesses the healing power of nature and gardening activities to promote mental, emotional, and physical well-being. Occupational therapists play a crucial role in implementing therapeutic horticulture programs, providing individuals with a holistic approach to recovery and enhancing their overall quality of life. Horticulture is an art and science of growing plants, used as an occupation -based modality to improve physical, mental, and spiritual well-being ,often known as gardening and also known as horticultural therapy in re habilitation. [Naik, B. H. (2014-15)]

Horticulture therapy can be another alternative form of non - pharmacological treatment method provided by therapist. [Joyce, J., & Warren, A. (2016)]. The activities involve predesigned intervention which involve therapeutic goals and objectives that improve health and recovery. In horticulture therapy program, the patients participate in some easy agriculture activities under therapist supervision, implanting seedlings of vegetables, fruits, or flowers with therapeutic purpose that can improve their creativity, physical, social and emotional functions [Haller, R. L., & Capra, C. L. (2016)] [Simson, S., & Straus, M. (1998)]

In therapeutic horticulture, individuals with mental illness engage in gardening activities, such as planting, cultivating, and tending to plants and gardens. [York, M., & Wiseman, T. (2012)]. These activities provide a structured and purposeful occupation, allowing participants to develop a sense of accomplishment, responsibility, and mastery over their environment. Moreover, the sensory experience of touching soil, smelling flowers, and observing the growth of plants can evoke positive emotions, reduce stress, and improve mood. [Boroujeni, A. (2022)]. Occupational therapists utilize therapeutic horticulture as a means to address various therapeutic goals. For instance, the engagement in gardening tasks can enhance fine motor skills, coordination, and sensory integration. [Boroujeni, A. (2022)][Fjelstad, J., & Conklin, S. (2011)]. It also promotes social interaction and community integration as participants often collaborate on garden projects or participate in group gardening sessions, fostering a sense of belonging and support. The horticulture environment supports the healing process and the recovery from stress for the persons with mental illness. Initially, horticulture was used for occupational and recreational therapy as part of psychiatric rehabilitation. [Cipriani, J. 2018] [Kam, M. C. Y., & Siu, A. M. H. (2010)]. By providing goal orientated activities, participants of horticulture program can increase in selfconfidence



, self-esteem and hence improve the quality of life[PerrinsMargalis, N. M. (2000)][Fjelstad, J., & Conklin, S. (2011)]

Research studies have shown the positive impact of therapeutic horticulture on mental health outcomes. Participants have reported decreased symptoms of anxiety and depression, improved self-esteem, increased attention span, and enhanced overall well-being. These outcomes underline the potential of therapeutic horticulture as a valuable adjunct to traditional mental health interventions.

In conclusion, therapeutic horticulture within the field of occupational therapy provides a unique and effective approach for individuals living with mental illness. By engaging in gardening activities, individuals can experience the therapeutic benefits of nature, improve their functional abilities, and foster their recovery journey.[Hoseinpoor Najjar, A. 2018][Sempik, J., Aldridge, J., & Becker, S. (2003)] The integration of therapeutic horticulture into occupational the rapy practices offers a promising avenue for enhancing mental health care and promoting holistic well-being among those affected by mental illness.

METHODOLOGY

- Research Design- QUASI EXPERIMENTAL STUDY
- Population -This study involves persons with mental illnesses
- Sample size- 30 All the participants were included in the study.
- Sampling technique Convenient sampling technique was adopted.
- Duration of the study -Total duration of the study is 4 weeks and the duration of intervention period is 2 weeks

TOOL DESCRIPTION

COTE

- The Comprehensive Occupational Therapy Evaluation (COTE) is an instrument that assists therapists in evaluating some patient factors, performance skills, and patterns that impact engagement in occupation.
- It was originally designed as a means to delineate occupational therapy's role in a treatment milieu within an inpatient psychiatric setting and to provide a standard and objective means of reporting patient behaviors observed by occupational therapists
- Twenty-six behaviors are included in the COTE. These are divided into three areas: 1) general behaviors, 2) interpersonal behaviors, and 3) task behaviors.
- The eight behaviors included in part one of the scale provide information about the patient's overall performance patterns.
- The six behaviors listed in part two involve performance skills related to communication/interaction
- Part three of the COTE scale consists of 12 behaviors that relate to performance skills, an area central to occupational therapy. The COTE's emphasis on task behaviors emphasizes the importance of performance in occupation.

PROCEDURE

- Study on the process of horticulture program is studied.
- Samples from the mental health settings about to be chosen, According to the participant recruitment who have diagnosed mental illness and are interested in participating in therapeutic horticulture sessions, ensure that participants meet inclusion criteria
- They are introduced to the horticulture program and their interest in Participation are to be check listed. Obtaining their informed consent and explaining the purpose and procedures of the study, potential risks and benefits, and confidentiality.
- Consent forms to be signed.
- Early interview sessions and assessment with COTE scale are to be taken as a pre intervention program.
- Intervention program with certain horticulture and gardening activities are planned
- Post-test with COTE assessment and followed by interviews are to be held. Analyse the data collected using appropriate statistical methods, to assess the significance of changes in COTE scores Pre and post-test scorings where done by a volunteer occupational therapist, in order to avoid research bias.



• Analysis on the results, interpretation of the data collected and their clinical implications were discussed

THERAPY SESSIONS

WEEK 1

SESSION 1

Warm up Task session: self introduction; general introduction about the study, and the therapist. SESSION 2

Warm up Task session: fertilization techniques, watering techniques

SESSION 3

Warm up Task session: weeding, soil preparation

SESSION 4

Warm up Task session: seeding techniques

WEEK 2 SESSION 5

Warm up Task session: planting samples

SESSION 6

Warm up Task session: cactus gardening

SESSION 7

Warm up Task session: floral decorations

SESSION 8

Warm up Task session: overall maintenance, feedback session and responsibility allotments.

RESULT AND DISCUSSION

The aim of the study was to use horticulture as a treatment medium in occupational therapy interventions on persons with mental illness.

A total of 30 participants were selected based on the inclusion criteria. And to collect the data of the participants including the demographic data, present severity and cooperative condition. Comprehensive Occupational Therapy Evaluation -COTE is the outcome measurement scale.

The results show significance difference after intervention for two weeks Where the Table 1 and 2; figure 1 and 2 represent the frequency of age distribution and gender distribution among the participants , male participants contribute for about 90 percentage of participants and female in about 10 percentage . Under age distribution the frequency is high for 42,46 and 47 years .

This study has found support for the positive influence of gardening group participation on well-being as defined for individuals and communities has identified the role of task, setting, and ethos in the effect of such group participation. These findings all support occupational therapy's view of the environment as a key factor in therapy. Findings from the current study regarding the gradable and inclusive, and therefore engaging, nature of the tasks of gardening as an influence on well-being are in synchrony with the concept of flow and engagement through meaningful and purposeful occupation [Wilcock, A. A. (2006)] [Joyce, J., & Warren, A. (2016)]

Result of the study shows that therapeutic horticulture has a beneficial effect in people with mental illness and can be used as a productive medium of intervention in occupational therapy. It is clear that there are individual differences in Population that should be taken into account when providing therapeutic horticulture in occupational therapy among people with mental illness.

CONCLUSION

Therapeutic horticulture has proven to be a valuable intervention in the field of occupational therapy for individuals with mental illness. This nature-based approach combines gardening activities with therapeutic techniques to promote physical, psychological, and social well-being. Where this study was conducted with a thirty sample size, using COTE Comprehensive Occupational Therapy Evaluation as a measuring tool .From the pre and post tests evaluation there where significant positive correlations in all the behavioural areas .

After statistical analysis the data provided significant improvement in the areas of punctuality, following directions, activity neatness ,problem solving , complexity and organization of tasks, interest in activity , interest



in accomplishment, decision making skills and frustration and tolerance Participating in therapeutic horticulture provides individuals with mental illness a sense of purposeful occupation and accomplishment of a task.

Therapeutic horticulture aligns with the core principles of occupational therapy, which aim to enable individuals to engage in meaningful activities and occupations. Gardening provides a purposeful and satisfying occupation that promotes well-being and contributes to overall occupational balance.

LIMITATIONS

- Duration of the therapy was shorter.
- The present study was done with limited sample size.
- This study focuses only on persons with mental illness.

RECOMMENDATIONS

- A large sample size and longer duration of intervention could be considered.
- Study can be done on different age group.
- Study could have been an experimental study with experimental and control group participation which would provide much strong evidence in using therapeutic horticulture as an effective medium of intervention in occupational therapy.
- To date, Occupational therapy practitioners have conducted very few studies of Horticulture therapies's effectiveness. It is strongly recommended OCCUPATIONAL THERAPY IN MENTAL HEALTH, 21 researchers in Occupational Therapy explore this intervention via well-designed studies with adequate sample sizes. Occupational Therapy practitioners should consider Horticulture therapy as a viable intervention strategy for clients with mental health condition.
- Continued research and evaluation are crucial to expand the evidence base for therapeutic horticulture in occupational therapy. Studies assessing the long term effects, specific populations and optimal dosage of this intervention will contribute to its refinement and further establish its effectiveness.

REFERENCE

- 1. Ascencio, J. (2019). Horticultural Therapy as an Intervention for Schizophrenia: A Review. Mary Ann Liebert
- 2. Boroujeni, A. (2022). Horticultural Therapy in Improving Fine Motor, Social and Communication Skills: A Study from the Gharaunda Centre of Jankalyan Divyang Punarwasan Kendra in Latur, Maharashtra
- 3. Cipriani, J., Benz, A., Holmgren, A., & Kinter, D. (2017). A Systematic Review of the Effects of Horticultural Therapy on Persons with Mental Health Conditions. Occupational Therapy in Mental Health.
- 4. Cipriani, J., Georgia, J., McChesney, M., & Swanson, J. (2018). Uncovering the Value and Meaning of a Horticulture Therapy Program for Clients at a Long-Term Adult Inpatient Psychiatric Facility. Occupational Therapy in Mental Health.
- 5. Fjelstad, J., & Conklin, S. (2011). The Effectiveness of Horticulture Based Activities in Occupational Therapy Interventions.
- 6. Foruzandeh, N., & Parvin, N. (2012). Occupational therapy for inpatients with chronic schizophrenia: A pilot randomized controlled trial. Japan Journal of Nursing Science.
- 7. Gagliardi, C. (2018). A pilot programme evaluation of social farming horticultural and occupational activities for older people in Italy.
- 8. Haller, R. L., & Capra, C. L. (2016). Horticultural Therapy Methods: Connecting People and Plants in Health Care, Human Services, and Therapeutic Programs, Second Edition.
- 9. Harris, K., & Trauth, J. (2020). Horticulture Therapy Methods: Connecting People and Plants in Health Care, Human Services, and Therapeutic Programs, Second Edition.
- 10. Hoseinpoor Najjar, A., Foroozandeh, E., & Asadi Gharneh, H. A. (2018). Research Paper: Horticulture Therapy Effects on Memory and Psychological Symptoms of Depressed Male Outpatients.
- 11. Joyce, J., & Warren, A. (2016). A Case Study Exploring the Influence of a Gardening Therapy Group on Well-Being. Occupational Therapy in Mental Health
- 12.Kam, M. C. Y., & Siu, A. M. H. (2010). Evaluation of a horticulture activity programme for persons with psychiatric illness. Hong Kong Journal of Occupational Therapy (HKJOT).



13. Kothari, C. R. (2004). Research Methodology: Methods and Techniques. New Age International.

14. Masuya, J., Ota, K., & Mashida, Y. (2017). The Effect of a Horticultural Activities Program for the Community Elderly. International Journal of Nursing & Clinical Practices.

15.Mori, Y. (2021). Occupational Therapy and Therapeutic Horticulture for Women with Cancer and Chronic Pain: A Pilot Study. Open Journal of Occupational Therapy.

16. Naik, B. H. (2014-15). Fundamentals of Horticulture and Production Technology of Fruit Crops.

17.Oha, Y.-A., Parka, S.-A., & Ahnc, B.-E. (2018). Assessment of the psychopathological effects of a horticultural therapy program in patients with schizophrenia. Complementary Therapies in Medicine.

18.Perrins-Margalis, N. M. (2000). The Immediate Effects of a Group - Based Horticulture Experience on the Quality of Life of Persons with Chronic Mental Illness. Occupational Therapy in Mental Health.

19. Sempik, J., Aldridge, J., & Becker, S. (2003). Social and Therapeutic Horticulture: Evidence and Messages from Research.

20. Simson, S., & Straus, M. (1998). Horticulture as Therapy: Principles and Practice.

21. Stoneham, J. A., & Kendle, A. D. (1995). Horticulture therapy: Horticulture's contribution to the quality of life of disabled people. Acta Horticulturae.

22. Vujcic Trkulja, M. (2021). Development of Evidence -Based Rehabilitation Practice in Botanical Garden for People With Men tal Health Disorders. Health Environments Research & Design Journal.

23. Watson, D. P. Horticulture as a Therapy.

24. Wilcock, A. A. (2006). An Occupational Perspective of Health (2nd ed.). Thorofare, NJ: Slack, Inc.

25.Yao, Y.-F., & Chen, K.-M. (2016). Effects of horticulture therapy on nursing home older adults in southern Taiwan. Springer International Publishing Switzerland.

26.York, M., & Wiseman, T. (2012). Gardening as an occupation: A critical review. British Journal of Occupational Therapy