

**Design Implement and Evaluate a Diversional  
Therapy Program**

**Charles O'Neill Hostels' Community Teacup  
Gardens**

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## **Background**

Charles O'Neill Hostel (CON) is a 40-bed aged care facility that has specialised in providing hostel accommodation to older people who have experienced long term mental health issues or homelessness. In 2017, CON became a partner in the Mental Health Aged Care Partnership Initiative (MHACPI) Program. This project enables older people who have spent up to decades in the mental health hospital wards, given the opportunity to transition into mainstream aged care.

CON provides a 10 bed transition unit to residents that require high levels of behavior support. The unit offers a home like environment and it is supported by Hunter New England Health's multidisciplinary team that comprises of an OT, psychiatrist, social worker and psychologist, who visit throughout the week to assist the CON clinical team. Residents come from mixed backgrounds. Their hospital stays have either been very long term for persistent psychiatric illness or they have spent time in the hospital due to behavioral and persistent symptoms of dementia.

The unit opened in March 2017 and I joined the program in July. It was very new and I was not able to find much literature about similar units and what a lifestyle program might look like under this model of care. I have had to use trial and error when implementing programs. As the MHACPI Unit is a transition unit, my first thoughts were that residents should be encouraged to be part of the wider, hostel environment and not kept separate. I wanted all hostel programs to be accessible to those residents in the unit who could attend, while providing leisure opportunities within or for the unit, when this was not possible.

## **Design**

The MHACPI Unit was a blank canvas. While it was home-like in regards to being small and detached from the rest of the hostel, it provided nothing unusual for residents to look at and it was short on providing residents with the opportunity to engage with their space.

I have been following the concept of the farming movement where people turn unused outdoor spaces into green spaces or spaces for people to grow food. People have utilised council strips, front gardens, and blank brick walls to grow greenery or food.

I wanted the MHACPI residents at CON to have a garden to interact with. Our unit is very restricted. It is locked and there are extra safety precautions to consider when we implement anything new. There is a sunny courtyard in the unit which has modern furniture and shade but the trees are deciduous and the grass is artificial. CON is fortunate to have walls made of glass. We get so much sun inside the facility, even in winter.

The project was related back to the Aged Care Accreditation Standards and addressed the following compliances;

**3.5 - Promote independence** - Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service. The project assisted residents to develop a sense of community where everyone, including isolated residents, staff, visitors and families had the opportunity to contribute to the space.

**3.7 Leisure interests and activities** - Care recipients are encouraged and supported to participate in a wide range of interests and activities. The program invited all residents, to participate in the project, in their own way.

I wanted the program to engage the entire hostel and I thought about ways to farm on our indoor window sills which are accessible to all residents in the hostel. The MHACPI Unit could be supported to access the gardens easily.

In recent times, there has been much research conducted on the positive effects that nature has on our spiritual, psychological and emotional health. Being able to interact with nature produces a calming effect, especially when our lives are busy. Overstimulation cause anxiety. Frumkin (2001) & Wilson (2001). (As cited in Arts Health & Creativity, (AH&C) Inspired by Nature: Outdoor Therapeutic Environments, Key Theories and concepts, 2018)

The gardens have provided a place for residents to visit when they need some quiet time away from the unit. When the unit is busy and noisy, residents can be encouraged to tend to the plants.

While CON still has a long way to go in terms of providing a natural environment that has maximum therapeutic outcomes, the initial stage of starting a garden to be used as a therapeutic space was based on the following concepts.

**Biophilia** - This concept is underpinned by a person's innate need to seek out experiences with nature and forms of life that are different from their own. Wilson, (1984) (As cited in AH&C, Inspired by Nature: Outdoor Therapeutic Environments,

Key Theories and concepts. 2018) The gardens provide residents all residents, including those with mobility issues with an opportunity to seek out these experiences.

### **Attention Restoration Therapy (ART)**

ART is a concept that theorizes that concentration and mental fatigue can be alleviated by spending time in natural environments. (Kaplan & Kaplan, 1989) Further to this, it has been researched that when our brains are engaging with nature, they do not have to work hard and there is just the right amount of stimulation to keep our mind busy. Watching and engaging in nature refreshes our brain after periods of mental exertion and allows it to reset. Olmstead, (1865) (As cited in AH&C, Inspired by Nature: Outdoor Therapeutic Environments, Key Theories and concepts. 2018)

Residents benefit from visiting the gardens after traumatic experiences such as doctor's visits and blood tests. The gardens allow residents the opportunity to experience nature within their home.

**Stress Reduction Therapy (SRT)** implies that by being part of or immersed in nature can provide stress relief. SRT focuses on the psychological and emotional elements of stress and demonstrates how stress can be reduced when a person engages with nature. Ulrich et al, (1981) (As cited in AH&C, Inspired by Nature: Outdoor Therapeutic Environments, Key Theories and concepts. 2018) The CTCG is important as residents now have a place to go to to relax and care for plants. The plants are also a great diversion for residents who are experiencing feelings of

anxiety or stress. (This is common in our unit due to residents having multiple mental health diagnosis.)

For the most part, the concept of **Ecotherapy** has influenced my project the most. Research shows that people can experience real therapeutic outcomes from being able to grow and care for plants (horticulture) and from being part of a life force found in nature. The concept rationalises that people and communities can become disconnected from nature. By providing people with opportunities to reconnect with nature, there is a restored sense of integration and equilibrium in communities or individuals. Further to this, it is thought that humans are a part of the cycles of life and death and that by looking after nature in a restorative way, allows healing to occur. (AH&C, Inspired by Nature: Outdoor Therapeutic Environments, Key Theories and concepts. 2018)

Our community has certainly been influenced by the CTCG. We have some residents who make the plots for the other people to take back their rooms to care for. We also have residents who come into the common areas to care for the library, which encourages residents to talk to other people who maybe sitting at the clinic or reception. The gardens can be a social place for residents in MHACPI and the gardens are the heart of the hostel.

The idea of making relocatable garden plots was a high priority. I wanted residents to completely interact with the space. I wanted them to pick up the plots and move them where they wanted. I liked the idea of a plant library, where people could take a plant home to care for or to swap their plant, for a different one, should they ever want to.

Developing a plant library served many purposes. It brightened up blank walls, it gave MHACPI residents (and anyone else who was interested) the opportunity to create mini gardens and it gave residents an interactive space to engage in at their leisure.

It was important to provide a way of delivering programs to people who did not want to engage in group programs. I felt that by only offering a quality experience in a group context, we were not catering for individual client needs. With a large proportion of our residents having a severe and debilitating mental health condition, it was important that I offered them the same opportunities to engage in therapeutic activities as everyone else. When people are isolated due to their conditions, they still need to have access to leisure activities.

A lot of residents were not attending group programs and I wanted those people to still have access to leisure activities. I thought we should find a better way to deliver programs to those who are isolated. In a lot of cases there was no therapeutic interventions delivered as 1:1 interactions at all. I felt that for CON to move forward, we really needed to rethink the delivery of our lifestyle programs. The implementation of the Community Teacup Gardens was the first of many changes to accommodate this change.

The tea cups and other vessels used to make garden plots are small. The plots can be made literally anywhere. This means that residents who do not leave their bedrooms or who choose not to engage in group programs have also had the opportunity to develop a plot. Gardens can be developed in the MHACPI Unit, in the

dining room, in bedrooms, in the chapel and even from a resident's bed. Residents who take a plot home have a small piece of nature to care for in their own space.

Staff can use 1:1 visits to engage residents in caring for their plots.

## **Implement**

To start up the project, we used funds from our monthly activity budget. I sought about purchasing some “plots” that were interesting and budget friendly and small enough to move about. We also asked staff and visitors for vessel donations. The idea was to create a community garden, where people could come and go and take a plot back to their area to care for too. The garden gave families, staff and other visitors the opportunity to contribute to the garden. As the donations that we received turned out to be predominantly tea cups, our garden has now become The Community Teacup Gardens, (CTCG) although we have planted succulents in just about anything, including an old lantern.

The MHACPI Unit made the initial plots. We call the plot developing days “working bees.” While we started off with around 70 empty vessels, the windows comfortably accommodate about 30 plots at any given time. The plots had a start up cost of around \$60. We purchased a large quantity of potting mix and about 30 vessels. The other vessels were donated. We are very lucky to have a huge, ongoing supply of around 5 different succulents species. We are located next door to a church with overgrown gardens and we have some of our own supplies. The church does not mind us taking cutting from their gardens. This has saved us a lot of money. I take residents as part of their 1:1 interactions to the gardens in the church to take cuttings. Residents normally like to be involved in this process.



The first working bee really showcased the collective skills of the MHACPI residents. They used plastic spoons as spades to dig out dirt to put into their plots and they were responsible for assisting in the clean up after a hard morning's work. I have noticed a change in the resident's use of the spoons. Most enjoy the sensory experience of placing their fingers into the cold soil. Skills maintenance has been an important part of planning any program at CON. We have a high proportion of younger people in aged care at our facility. They have a long time to keep themselves active and moving to ensure that they keep aging healthily.

The gardens have to be cared for daily in the community area. Regular tasks in looking after it include watering, sweeping and cleaning the windowsills. The last hour of my day on the floor, usually involves taking a resident out to water the CTCG.

The gardens feature prominently when residents access reception or the treatment room. The plots also line the entrance ways leading into the MHACPI Unit. This means that residents will notice new plots when they have developed or have the opportunity to engage with the project during idle times (Such as waiting for the GP outside the clinic.) There are water sprayers located conveniently on the windowsills.

**Evaluate:**

In the initial stages of the project, I evaluated it informally. I rated its popularity for hostel residents based upon the amount of plots that needed to be produced to maintain a community garden of around 30 plots. The popularity of the plots was

measured on how many I had to replace when people “borrowed” them to take into their room or to put on their table space in the dining room.

I found we had to re-evaluate how we came up with the funds to make the plots. I wanted the garden to run like a library, with residents swapping the plants when they wanted to. Although this seems like a great concept, most residents take a plot and look after it but are reluctant to give it back when a new one is produced that they also like! Although this aspect was not what I had initially planned, the hostel, has successfully kept up making the plots. As we have used 1:1 interactions with isolated residents to produce plots also, this popularity has had a positive effect on resident engagement. We now had a program that could work in many ways. It encourages daily engagement for garden care, group program working bees and a solid program that is mobile for 1:1 leisure programs.

In terms of documentation, this means that our 6 weekly progress notes are easier to write. (We actually had something to offer our isolated residents and therefore, something to write about them.)

The downside to needing to keep producing borrowed plots is that it was becoming unsustainable financially and it was difficult to put time into sourcing unusual vessels. As the program is still is popular, I needed to think about how to keep it running. We started selling plots to visitors and staff or swapping finished plots for donations of other vessels or soil.

We also started salvaging seeds and making seed packets out of recycled newspapers. This project in itself has been a very good engagement tool for the

MHACPI Unit residents. They use skills such as cutting and pasting to create an envelope. They count salvaged seeds into the envelopes and then assist with designing a label for the packets on the ipads. The seeds are sold at reception and cost us nothing other than printer ink to produce. I like that we incorporate the use of technology into existing programs, rather than having to deliver a program that strictly focuses on computer literacy. Developing the posters and labels for our programs using tablets has become an added interest for some residents. We have also produced other plants for sale.

The concept of ‘work’ as a diversional activity is not new in aged care. Running a micro garden business is a very constructive use of time for the residents in the MHACPI Unit. Recent developments have seen us purchase a large, walk-in greenhouse with our profits. Having a greenhouse that is accessible to residents means that we can develop our garden business ventures in other ways.

The residents like working on The CTCG and for the garden business. They enjoy taking produce down to the ‘shop’ which is a gallery display in reception. There is a sense of pride derived when people buy their products or see their garden. The gardens started in November and I estimate that since that time we have developed over 100 plots. The CTCG was definitely a good, first therapeutic space for residents and its popularity will certainly influence future programs and interactive, public spaces.

## References

Arts Health & Creativity, University of Tasmania. Retrieved from <https://arts-and-health.thinkific.com/courses/take/arts-and-health/texts/3171110-welcome>, 15/7/018.