

THE
NATURAL
HEALTH
SERVICE

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Contents

INTRODUCTION	Madness and Orchidelirium
CHAPTER ONE	Why We Need Nature
CHAPTER TWO	Sowing the Seeds of Sanity
CHAPTER THREE	Obsessing About Nature
CHAPTER FOUR	Walking the Black Dog
CHAPTER FIVE	Racing Out of the Darkness
CHAPTER SIX	Cold Water That Warms the Soul
CHAPTER SEVEN	All Creatures Great and Sane
CHAPTER EIGHT	Does It Really Work?
CHAPTER NINE	The Natural Health Service: A Manifesto
	References
	Acknowledgements
	Index

INTRODUCTION

Madness and Orchidelirium



It was only when I was lost for words that I realised how ill I was. I wasn't just going through a bad few months, in need of another week off here and a half day there. I was really, really sick, needing emergency treatment, sedation and years of recovery. Words were how I made a living: thousands of them every day on what British politicians were up to now. I was garrulous: long car journeys across the country could be taken up with all the words I had to offer, on any subject, pausing only when friends managed to interject. Fellow journalists had special words to describe my work ethic, such as 'Stakhanovite'. Every day I was bursting with more words. But one evening in September 2016, the words just stopped

coming. I found myself staring at a blank computer screen with half a sentence of what was supposed to be another 500 words or so on British politics. I couldn't string the rest of it together.

Maybe it was that my head was so noisy that the words couldn't find their way out. I had been diagnosed with anxiety and depression three months before and, despite being prescribed what newspapers would call 'a cocktail of drugs', I wasn't getting any better. I had been finding it increasingly hard to focus on just one thing: I couldn't follow what people were saying at work or even during the sort of trashy TV programmes we all watch at the end of a long day because they're so easy to understand. Instead, my mind was constantly on a washing machine spin cycle of bad thoughts: paranoia about what the people around me were going to do; endless rumination over things that had happened in my past that I had no way of changing; and, increasingly, a desire to hurt myself or turn myself off entirely.

Looking back, it isn't at all surprising that I ended up so ill. I'd experienced a serious trauma in my past. The temptation now is just to write more about that, but I'm not sure I'll ever be well enough to publicly relive what happened, and this isn't intended to be one of those miserable books. But it was bad enough to make the jaws of healthcare professionals sag a little in shock whenever I told them. It made one of my burliest friends cry when I told him. I still notice the fists of family members clench with horror whenever the subject comes up.

My approach to recovering from this trauma at the time was totally stupid yet also alarmingly common. I decided that the best way to deal with what had happened was just to try to get on with things, despite my employer offering me compassionate leave. After one of the worst nights of my life, I actually cycled to work early so I could cover the Budget, and pretended to my colleagues that absolutely nothing had happened. I then tried to soldier through covering the EU referendum, the brutal murder of an MP, endless party leadership contests (the UK Independence Party (UKIP) became completely addicted to the things), and the seemingly eternal madness unleashed upon British politics ever since. My healthy colleagues struggled to sleep or see their

children. I ended up having a mental breakdown.

My mind, something that up to this point had got me into a series of fulfilling and demanding jobs in journalism, felt as though it was wandering off in all sorts of directions, ignoring my pleas for it to return to whatever I was trying to concentrate on. All of us have strange, intrusive thoughts that fly into our heads from time to time. But a well person can send them on their way with a cerebral shrug. Instead, my obsessive, frightening thoughts settled like a parliament of rooks, noisily distracting me from anything and everything.

I started taking antidepressants on my doctor's advice, and waited for them to work. Nothing seemed to be helping. Even a holiday in Nice didn't improve things: I had just started seeing my partner John and we decided to get away for a weekend for a rest. Instead, we found ourselves surrounded by screaming crowds as people ran for their lives from the Bastille Day attack on the Promenade des Anglais. When we returned to the site two days later, we found the bulk of floral tributes marking the spots where people had fallen. They were lying in the very place where we had, just five or ten minutes earlier, been watching fireworks and enjoying the happy chatter of those around us. Near misses make you appreciate what you could have so easily and quickly lost. But they also stop you relaxing.

I was still trying to work on the day of my breakdown.

I was at the Conservative Party conference in Birmingham, which is one of the biggest events for a journalist like me. At the previous week's Labour conference in Liverpool, panic attacks were coming so thick and fast that I could barely leave my bedroom. I was trying to give my colleagues the impression that I was as reliable as ever, but, looking back, it must have been a terribly unconvincing performance.

One evening as I tried to write the political briefing that I'd sent every day for the past four years of working at the *Spectator*, I realised that my mind had just stopped working. I couldn't string a sentence together, even though this email, read by everyone from the Prime Minister down, usually only took me about thirty minutes to put together. After an hour, I had managed just a few

words and was beginning to understand the meaning of ‘gibbering wreck’. I was supposed to be speaking at a dinner after this, then appearing on TV, but all I could do was call John and mutter terrified phrases down the phone.

I ended up being sedated that night, and shuffled my way home the next morning to start two months of sick leave. Over the coming years I swung between sick leave and trying to settle back down at my desk to get some work done. Slowly, the words came back, timidly at first, and then roosting neatly in a line so that I could write sentences again. In time, I wrote a book. And then a second one (this one, in fact). I tend not to think too much about whether I’m ‘better’ yet, not least because I don’t really know what that word means. Everyone – from me to my employer to my partner and my family – has had to accept that I’m not going to go back to who I once was. But mostly I can work, write books, cover politics for British publications and broadcasters, and, most gloriously, string a sentence together.

I wouldn’t have got to this stage of ‘better’ without the NHS – just not the one you imagine I’m talking about. The English National Health Service did do a great deal to help me recover from the most acute phases of what turned out to be post-traumatic stress disorder (PTSD). It prescribed me medication (though it took months to find the right pill), kept an eye on how I was managing and tried its best to direct me to therapy. I wouldn’t be here without the GP who kept booking double appointments so she could really find out what I was up to and whether the latest prescription was working or making things worse, or indeed without the Accident and Emergency doctors who kept me safe and helped me get more support in the community. But there was another health service which intervened in my recovery with even more dramatic results: the Natural Health Service – a great outdoors which made me want to keep living, and made living much more bearable.

I came across this almost by accident. One of the things no one tells you about being mentally ill is how dreadfully boring it is. You can’t do the normal things that drive your life along: you’re not working and you can’t imagine seeing friends and trying to keep

up with their conversation, like the child at the back of a school cross-country race. It's even worse if you're an inpatient in a hospital as you don't always have Internet access or a TV to watch. And so you end up trying to find things to keep you busy. About a year after first falling ill, I was back on long-term sick leave once again, floating miserably around our home in Barrow-in-Furness, Cumbria. John was the local MP and fighting an election we hadn't expected would be called. He assumed he would lose, but was out on doorsteps or at campaign events and hustings all day long. I wasn't well enough to cover this snap election – all my words had flown off again – and so I had to find something to do with the very long, lonely days.

I'd been reading about a Victorian craze called 'Orchidelirium': literally orchid madness. Many people are still a little loopy about orchids: they form the largest and most bizarre plant families on earth, ranging from those showy moth orchids that so many of us end up killing on our windowsills to tiny little green flowers that prefer to hang out in bogs.

But while they might be popular today, previous generations were utterly bonkers about these plants, to the extent that they drove some of them to extinction. The most famous British victim of Orchidelirium was the lady's-slipper orchid. This doesn't look like it should belong in Europe, let alone the rugged Yorkshire Dales, where the last surviving wild specimen still grows under twenty-four-hour surveillance to protect it from the clutches of collectors. Its parts barely look as though they belong together: a fat, acid-yellow, slipper-like lip (more of a clog) surrounded by regal claret-coloured petals and corkscrew-twisting sepals. It even has a beautifully exotic perfume, and yet it has long been native to the British Isles. Plant collectors loved the lady's-slipper orchid to death: they dug it up until it had disappeared totally from the wild. In 1917, it was declared extinct.

But then in 1930, one turned up in the Yorkshire Dales, and since then the plant world has gone a little mad once again trying to protect it. There's a warden, a secret committee, trip wires and high fences all to prevent one plant from slipping away from existence. In the meantime, scientists worked out a way of

propagating the lady's-slipper and reintroduced it at other wild sites. One of them, I discovered, was just down the road from me. Which was how I ended up trying out Orchidelirium.

I needed to find something that had nothing to do with work to distract myself from the torture chamber in my mind, and so I decided to explore the countryside that surrounded our home in Barrow. Cumbria is one of the best counties in England for wild orchids, competing only with Kent for species. And just over the border in Lancashire was one of the only publicly accessible sites for lady's-slipper orchids. I had nothing else to do: I might as well go orchid-hunting.

The first time I saw those orchids at the Gait Barrows National Nature Reserve in Silverdale, I forgot how bad I was feeling for about twenty minutes; I was so excited to have seen something so strange, with such an extraordinary story of survival and madness behind it. I wanted to find more orchids and learn about the strange wild flowers growing all around me. Plants are the basis of all life on earth and are often so simple that we overlook them. Yet these simple things had made me realise, for the first time in weeks, that there was still something to be appreciated in life. And my desire to see more of it gave me a retort to the suicidal thoughts that kept trying to wrap themselves around me.

I'd already learned that being active outdoors was important. I knew very well that missing a dose of my antidepressant sertraline would have an effect, but so would failing to get outside. I was lucky to have a GP who insisted on probing me about what else I was getting up to. In the days after my breakdown in 2016, she asked me to tell her what I really enjoyed doing in my spare time. I'd grown up a country girl who rode horses in every spare minute, and had started to enjoy running in my late twenties. The doctor listened, and told me that I should arrange riding lessons and running sessions that it would be hard to duck out of. She was worried that, without a booking, I'd just stay indoors, festering mentally.

Even in my foggy sick state back in 2016, I was angered by how much money was seemingly required to get better. It was fine for me, as I could just about afford it, but who has savings these days?

After a few months of trying to recover and missing work, I didn't, either. The final chapter of this book will look at ways of preventing the great outdoors from ever being something that only the well-off can use to manage their mental health problems. Likewise, every single chapter will focus on low-cost or free activities as mental illness does not respect class or the size of your savings account. But, once again, it is an example of how poorly we treat mental illness. When we do hit on something that might work, we don't then realise that this activity might be prohibitively expensive to someone whose mental illness means they cannot work, for instance.

My GP was right, though, that I needed help getting out of the door. Without a cheery woman called Vanda appearing at my front door twice a week and talking to me as I puffed my drugged-up way through the streets of south-west London, and without Rhea, a lovely sensible pony in Wimbledon who even sorted me out on a day when I'd been considering how I might kill myself, I wouldn't have had a chance to return to work as a political journalist so I could write about the injustices I had seen first-hand in our health system. The doctor hadn't just handed out prescriptions of pills in my case: she'd also prescribed some time in the great outdoors.

By the following year, I was relying on the Natural Health Service so much that I began to wonder whether there might be something in it for other people, too.

CHAPTER ONE

Why We Need Nature



Across the world, there is a growing movement towards using the outdoors in the treatment of a range of mental illnesses, whether it be government-backed forest-bathing centres in Japan, horses conducting therapy sessions in Australia or doctors handing out ‘outdoor prescriptions’ in Britain. This book is going to explore not just the evidence for obsessing about orchids, or cold-water swimming, or walking in a forest, but also what our policymakers can do to make the Natural Health Service as obvious an intervention in mental healthcare as the pills and the therapy. The great outdoors could be our greatest untapped lifeline.

We will meet many people with mental health problems, and

many of the professionals who treat them. They have generously spoken to me, some on the condition of anonymity, in order to help others with their illnesses. Hopefully it will be clear from the case studies that there is no one cause of mental ill health, and that sometimes it's not particularly clear whether there was one discrete 'cause' at all. I have outlined a little of the background to my illness, but like many of the others featured in this book, I don't want to tell the full story, nor do I think it would help the reader particularly to know it. Similarly, I have avoided going into too much detail on my symptoms, partly because there are some things I would rather not relive. This has been the case for many of those I spoke to, and while this may mean there are still questions about what feels like an incomplete example, this is just how it has to be when sharing mental health problems with such a wide audience. There is a difficult boundary between showing honesty to help others (and, often, ourselves) and the need for privacy to protect ourselves too. Each person sets that boundary in a slightly different place, but the purpose of this book is not to educate you in my individual misery, but to show how powerful the great outdoors can be.

Of course, the idea that nature and outdoor exercise can be good for your soul is hardly new. Plato was apparently rather keen on the way exercise helped the mind, and a quote attributed to the philosopher says: 'In order for man to succeed in life, God provided him with two means, education and physical activity. Not separately, one for the soul and the other for the body, but for the two together. With these means, man can attain perfection.'¹ Not a snappy enough quote to find its way on to Instagram, but you get the point.

More recently, the catchily titled *British Manly Exercises*, written by Donald Walker and published in 1834, agreed.² This manual insisted that exercise could not only improve physical health, but also make people happier. Walker wrote that outdoor exercise was good for 'the mental faculties'.

Walker wasn't alone in this belief when he was writing. In the long line of paintings hanging in the National Portrait Gallery in London, one stands out. It's not just that the subject is a woman,

which is rare enough in itself – it’s the fierce, far-sighted look in her eyes, the proud bearing of someone who has lived a life far more noble than some of those she sits alongside. Yet given the impact her work and ideas had on modern Britain, Octavia Hill is astonishingly little-known. She was a pioneer of social housing, getting deeply involved in her tenants’ lives as she tried to reform them. She was one of the founders of modern social work and also believed passionately in the great outdoors.

Hill’s love of open spaces stemmed from her time spent in places that were the very opposite: dark, dingy, dangerous slum housing which she felt made it even more difficult for the people she cared for to have decent, happy lives. In a newspaper article titled ‘Space For The People’, she wrote rather forcefully about the difference outdoor space could make to the people she worked with:

Sometimes on such a hot summer evening in such a court when I am trying to calm excited women shouting their execrable language at one another, I have looked up suddenly and seen one of those bright gleams of light the summer sun sends out just before he sets, catching the top of a red chimney-pot, and beautiful there, though too directly above their heads for the crowd below to notice it much. But to me it brings sad thought of the fair and quiet places far away, where it is falling softly on tree, and hill, and cloud, and I feel as if that quiet, that beauty, that space, would be more powerful to calm the wild excess about me than all my frantic striving with it.³

She called for ‘places to sit in, places to play in, places to stroll in, and places to spend a day in’, and said that even costly land for housing in London had greater value as outdoor space: ‘To my mind they are even now worth very much; but they will be more and more valuable every year – valuable in the deepest sense of the word; health-giving, joy-inspiring, peace-bringing.’

Hill wasn’t a particularly fluffy character. You wouldn’t find her tweeting life-affirming memes involving pictures of sunsets, even though she clearly believed that those sunsets could do a great deal of good in life. She was a true force of nature and, in

being so, was a force for nature too. Some of the greatest green spaces in London are still open and safe today thanks to her campaigning. Hampstead Heath and Parliament Hill Fields, both of which feature later in this book as places where many men and women still restore their minds, were saved from development by her and others. So were areas around London which Hill called the 'Green Belt', a term we still use and debate regularly today. A campaign with John Ruskin to save the fells above Buttermere in Cumbria from development led to the pair hatching a plan for a trust that would conserve beautiful open spaces and historic buildings. Hill wanted to call it the 'Commons and Gardens Trust', but her legal adviser Sir Robert Hunter put forward the name 'National Trust'. And that's what it became.

More recently, though, proper research has come along to back up our centuries-old hunches about the great outdoors. Researchers in the 1970s and 1980s carried out a small study involving forty-six patients recovering from gall bladder surgery in a Pennsylvania hospital.⁴ Half of those patients had rooms whose windows faced a 'natural scene', while the other half could only see a brick wall. The study found that those who could see the natural landscape took fewer powerful painkillers, stayed in hospital for a shorter amount of time after the operation and did better when being assessed by the nurses. Similarly, prisoners whose cells had a natural view were less stressed and were less likely to need medical attention.⁵

But it's not just physical illness that benefits from nature. Over the past few decades, researchers have found that contact with nature, whether through windows or as someone's immediate surroundings, can:

- reduce anxiety and stress⁶
- improve mood⁷
- raise self-esteem
- improve psychological well-being⁸

Some of the work in recent years has been exciting, and hopeful: it suggests that we can use the great outdoors to help our minds in a way that can, at times, be even more powerful than the pills we take.

Why the outdoors in particular? There are many indoor activities that people with mental illnesses swear by: art therapy, music, reading and dancing to name a few. But some researchers believe that being outdoors supercharges therapeutic activities to the extent that we heal better and notice the pain a little less as we go. Therapists who we will meet throughout this book agree with that point about the value of the outside in getting someone to open their mouth for the first time and explain what's going on inside. Some projects even make the natural world a central part of their treatment: when we visit Operation Centaur in Chapter Seven, we will see how horses help people who find it very hard to talk about the problems causing their addictions. Horses can't talk, and yet without one rambling around in front of the patient, the therapist can't get started.

There are plenty of theories about why nature has a particular power over the mind. Many of them run along the lines that we as humans are part of nature and have evolved alongside it, and therefore our natural state is *in* nature. American biologist Edward O. Wilson argues that the profound effect of the great outdoors on humans is as a result of our innate connection to the natural world. This hypothesis argues that humans have an 'innate tendency to focus on life and lifelike processes' because they have evolved alongside or even as part of nature. Wilson points to the unconscious ways people gravitate towards nature by visiting zoos, spending more money on homes above water and surrounded by parkland, and by 'dreaming of snakes for reasons they cannot explain'.⁹ So we are most ourselves in nature because nature has been an essential part of human existence. There's even a term for it – 'biophilia' – coined by social psychologist Erich Fromm, which Wilson then took up to explain why it is that we respond to nature in a certain way. There are other names for it, too: if you want to sound like the sort of trendy person who watches Scandi films and furnishes their home according to hygge principles, then try the

Nordic 'friluftsliv', which refers to the healing power of nature and humans' need to be in the great outdoors. Biophilia helps us understand why we feel calmer when we look through the window at the trees outside, and even why that phrase 'get back to nature' is so compelling, even for city dwellers. It sounds like a posh word for what is common sense, but if we do think that humans have an innate connection to nature because we have evolved alongside and as part of it, we're not doing a very good job of living out that conviction. We do not design our homes or towns with this deep emotional need in mind, and we certainly don't structure our working lives around it. Most workplaces that aren't dicing with employment law accept that workers need to go to the toilet and eat lunch. But there are few that see a connection to nature as being even vaguely important to their staff, save perhaps the odd garden centre or slightly annoying social media giant.

But understanding that nature isn't merely incidental to our lives helps explain why there is so much power behind so many of the interventions in this book. If the biophilia hypothesis is correct, then why should it be a surprise that so many people find doing therapy outdoors much less daunting than between the four walls of a counselling room? It also has profound implications for the way we live that go far beyond the treatment of clinical problems and into what we consider to be good mental hygiene for every person.

This innate connection to the natural world could even mean that our minds heal when in the outdoors. Environmental psychologists Stephen and Rachel Kaplan have developed a theory called 'Attention Restoration Theory' (ART).¹⁰ ART states that time spent in nature can renew our attention spans when they are flagging after a hard day's work – or an extended period staring at a screen. Their theory includes four stages of attention restoration in nature, which starts with our minds clearing of the things we've been focusing on and worrying about. Then the mental fatigue that we are suffering from as a result of the hard focus on work or a phone begins to lift. After that, we experience soft fascination, which involves paying attention without any real effort to the things around us, such as the sound of the bird, the view in front of

us, water moving through a stream. Finally, we find ourselves relaxing to the point that our attention is restored and we are then able to think about our lives in a more constructive manner. Research suggests that we find it easier to resolve minor life problems when spending time in natural settings.¹¹

Similarly, it shouldn't really come as a surprise that running helps your mind and your body, unless you've ended up assuming that the two are completely separate and can never influence one another. If you have, you're in good company. It is only recently that society, and even the medical establishment, has started to acknowledge that our physical health and our mental health aren't as separate as we assumed. Some medics now believe that the Cartesian divide between the two has limited our ability to understand the causes of illnesses such as depression, believing that they must be 'all in the mind', rather than perhaps related to the immune system or other physical processes. Breaking down that divide could have profound consequences for medical research, but on a more basic level, it also now means that we commonly accept that running, for instance, isn't just good for your physical fitness but also your mental state. So much of this book is about doing things, rather than thinking things. One benefits the other.

Social Prescribing

My GP wasn't the only doctor telling their depressed patients that they needed to get out more. Social prescribing is becoming more and more popular in primary care as doctors try to make medicine about the lives that their patients lead and not just about the pills they pop. It involves a doctor referring someone on to a local activity that they feel will benefit their health, and not just their mental health. GPs write social prescriptions for people who suffer from rheumatoid arthritis, for instance, which disproves the observation that being prescribed a good run just shows there isn't

that much wrong with you after all.

In 2018, NHS Shetland shot to attention when it ordered its GPs to give ‘nature prescriptions’ to several patients with debilitating physical and mental health problems. Doctors handed out lists of bird walks and outdoor activities to work alongside their prescriptions for pills. January’s prescriptions included: ‘really look at a lichen’, ‘walk the core path at Lunga Water – look out for mountain hares’ and ‘step outside – be still for three minutes and listen’. In August, patients were told to learn about seaweeds, ‘turn o’er a rock and see what you see’ and ‘try “charming” a worm from the ground without digging or adding liquids... rhythm is the answer’.

The Shetland doctors reckoned they were the first to be handing out such formal nature-based prescriptions, but a less specific form of social prescribing has been going on for a lot longer. Helen Stokes-Lampard was Chair of the Royal College of General Practitioners, between 2016 and 2019, and made social prescribing one of her priorities. She argues that ‘social prescribing is just a fancy way of saying what GPs have been doing all the time’ in that doctors often end up helping people with problems that can’t always be treated with medicine itself: ‘It is not my job as a GP to be someone’s friend, their counsellor and so on. It is my job to identify what those patients need, and have places to refer people on to.’

The most famous social prescribing practice is the Bromley by Bow Centre in south-east London. The centre takes referrals from GPs of people who have problems that medicine can’t tackle, and helps those patients with money, housing or employment problems, as well as prescribing them walking, running, drama, yoga and so on. The doctors who use the service are stridently positive about it, with 95 per cent saying that social prescribing brought well-being to their patients, and 98 per cent feeling it brought well-being to them in their profession, too, presumably because the underlying problems that kept sending their patients back into their surgery were actually being addressed.¹²

The Royal College of Psychiatrists believes that social prescribing can potentially help anyone with any kind of mental

illness, including those with severe and enduring conditions which mean they spend a lot of time as inpatients. Dr Katherine Kennet is a sustainability scholar for the College and is insistent that as government ministers become more interested in social prescribing, they must not start to see it as something that can replace more costly talking therapies and medication. She says:

Social prescribing is not an alternative. If you have a severe and enduring illness, there is a lot of evidence that medication and therapy really have a role. And social prescribing isn't about a doctor saying 'take more walks'. It's sending that patient to their link worker, who then sits down for an hour or so with them and works out their interests and what might work for them from the available local resources/groups. The link worker might go to the project with the patient if their illness means it's hard for them to feel as though they can turn up for the first time.

But for some patients with less severe illnesses, social prescribing can actually be more effective than antidepressants. As Professor of Primary Medical Care at the University of Liverpool, Chris Dowrick is worried about the overprescription of antidepressants for mild to moderate depression. He describes a phenomenon called 'diagnosis creep' whereby people's perfectly normal reactions to serious events, such as bereavement, are then medicalised and medicated. He argues:

I can write a prescription for six weeks of gym membership as quickly as I can write a prescription for Prozac. In my own practice [instead of talking about antidepressants], I've spent a lot of time discussing approaches that the patient might have found helpful in the past, such as mindfulness, running, tai chi, or whatever.

Like many GPs, he names parkrun, which is a network of free, timed five-kilometre runs in local parks, as a prescription that 'does everything: it's very strenuous if you want it to be, it's regular exercise and it's social'.

Dowrick and other doctors aren't just thinking about how

active a social prescription might make someone. There's a clue in the name: often social prescribing involves getting someone plugged in to a community and many nature- or sports-based activities do that without the need for an awkward set of introductions. There is plenty of evidence that social isolation leads to worse mental health, and conversely that feeling part of a supportive community can help people recover or alleviate their symptoms.

Once again, though, we come up against the question of money. Most doctors can generally find an activity which doesn't involve membership fees, such as parkrun, gardening or walking groups. But some sports and activities are better when you have at least a little bit of the right kit. Running, for instance, can damage your feet if you don't have the right trainers. Cold-water swimmers tend to don neoprene gloves and booties when the winter temperatures fall into single figures. My riding lessons weren't cheap. Even going for a walk in the winter requires a decent coat. Stokes-Lampard wants there to be a standard database so that GPs across the country can match their patients' circumstances with a prescription that works for them. In some cases this might require funding, in other cases the doctor can find something that is low-cost or free so that their patient needn't worry about being able to afford it.

Claire Murdoch is the National Mental Health Director of NHS England. She is also a registered mental health nurse and believes very strongly that 'drugs and therapy alone cannot bring about healing', and to that end NHS England now has a network of social prescribers who can direct people with a range of conditions, not just mental, to activities they think will help them. This can include NHS-funded gym memberships, or personal budgets which can be spent on sports kit, or even on an assistance dog if the patient agrees with their link worker that this is what they will benefit from. There is an understandable anxiety on the part of many healthcare professionals that this spending will be written up as a ridiculously indulgent waste of money, but this underlines our overemphasis on a biomedical model when we still lack evidence that, in every single case, drugs are definitely the right

course of treatment, or that the specific drugs being used are the right ones. It is hard to say what the 'right' level of antidepressant prescription should be, for instance, but anecdotal evidence from GPs suggests that these pills are often prescribed because there isn't anything else available, rather than because they are necessarily the best course of treatment.

Beyond the money that the NHS can provide, it's worth remembering how much of the great outdoors is free, and how disconnected we have chosen to be from it, regardless of how much money we have. When I presented two Radio 4 programmes on how nature and gardening can help people with serious mental health problems, I was surprised by how many people branded the act of sitting in a Bristol woodland or joining a community garden as 'middle class'. Yes, nature might be able to help, they said, but what about the people who couldn't afford to visit it? This was odd: not only are most nature reserves and woodlands entirely free to enter, they're often in city centres, or at least a short cycle or bus ride away. But nature reserves themselves can also mislead people into thinking that you have to actually travel somewhere to see nature. Even a short walk through a city centre will yield wild flowers growing in pavement cracks and on buildings. You'll also find moths, bees, butterflies and birds – not just the ubiquitous pigeon. We don't see nature around us because we have decided not to look for it, but it is always there.

Since I have started keeping my eye out for interesting flora and fauna as I go about my days, I have realised how rich life is: even inner cities have their own natural tapestry. Take Glasgow. It's not the first place in Scotland that you'd think of for hunting rare wild flowers. Yet one of my most exciting botanical finds was in a car park by the Clyde. I was walking past a messy patch of birch trees planted next to the parking spaces and, as I always do now, I glanced under the trees to see if anything interesting was growing there. It was: I could make out a series of spires with purple bells hanging down from them.

The broad-leaved helleborine, *Epipactis helleborine*, is an orchid native to the United Kingdom. It is a beautiful plant, sending up long spikes of flowers that, when you crouch down and really look

at them, do bear more than a passing resemblance to the orchids we grow on our windowsills. Their petals can range from pale green to a wine-rich purple. I had spent four hours clambering over the magnificent limestone pavement at Hutton Roof in Cumbria a week before in search of these plants – but then I found them in a Glasgow car park. One of the best things about this orchid is that it doesn't just hang out at nature reserves. It is what botanists call 'gregarious'; a lovely term that suggests a sociable, outgoing plant, and which technically means a species with the tendency to grow in large groups. Being an orchid with good taste and social skills, the broad-leaved helleborine was quite understandably drawn to the weighty beauty and blunt warmth of the city of Glasgow, where it grows in vast numbers on waste ground, pavements and in car parks. It is an exquisite orchid, growing right under people's noses as they walk to work.

As I crept about between the trees, marvelling at the variety in colours in just this one population of around 100 broad-leaved helleborines, something caught my eye. Right next to a reasonably normal-looking orchid was a bright violet one. Not merely a plant with bright violet flowers, but a plant that was, from leaf to tip, completely purple. It almost glowed. I'd heard of these plants before: they have a mouthful of a name – *Epipactis helleborine* var. *monotropoides* – and they produce no chlorophyll at all. Instead, they get their food from a secret underground relationship with fungi.

I found that orchid while I was on a phased return to work. It was an anxious time: I endlessly feared that after a year in which I had been either on sick leave or very sick at work, I had lost my edge and reputation as a writer, that my colleagues resented or looked down on me for my inability to pull myself together, and that I would inevitably be sacked. I needed constant reassurance when I was on duty, but I also needed constant distraction from my anxious thoughts when I wasn't working. Hunting for wild flowers provided that: it was something that I enjoyed enough to become totally absorbed in. It made me excited about nature and how diverse even the flora of the United Kingdom can be. I doubt that anyone who'd seen that bright violet broad-leaved helleborine

glowing away in a Glasgow car park would have left concluding that our world is dull and has already given them all the knowledge and experiences that it can. At the very least, nature can make a life made grey by mental illness seem rich again.

Self-Care: The Bad, the Ugly and the Necessary

It wasn't just rare orchids that helped me recover. Hunting for wild flowers of all sorts became an important discipline for me. I had been a keen gardener all my life, and had also spent many a childhood hour poring over wild-flower books, learning the names for coltsfoot, stitchwort and lady's smock. I already knew more about native wild flowers than any of my friends, but when I fell ill, I decided to make wild flowers an obsession to counter the painfully obsessive paranoia that was preventing me from living properly. On very dark days when the ruminations were so bad that I felt like a fly caught in a spider's web, I would still force myself out of my home in Barrow to go for a walk along the promenade opposite. It's nearly a mile long, and has dozens of wild flowers, many of them coastal specialists. I would stop at every flower, photograph it, write down its name and count how many plants there were. To the drivers of the cars whizzing by, I must have looked even madder than I actually felt, and I can't say that the perennial sow thistles and sea campions that I found cured my madness. But they stopped me feeling worse.

These sorts of daily activities are part of what is known in the mental health world as 'self-care'. This was one of the most terrifying parts of mental illness for me, as it sounded awful, like the sort of thing that people who go to spas and sit in the Jacuzzi with a glass of champagne looking pleased with themselves might do. Self-indulgent, pointless and easily ridiculed. How did this have any relevance to an illness which was keeping me away from work and making everything, from close relationships to supermarket shopping, feel like an impossible task? What would 'self-care'

involve for me? Having a manicure? Buying a posh dressing gown and holding a 'girly evening' with pink Prosecco and chocolate? If this was to be part of coping with a mental illness, then mental illness was so much worse than I'd even imagined.

One mental health charity even tweeted to its followers that self-care could be laughing with friends or sitting on a swing. This really borders on the 'dance like nobody's watching' territory of memes involving sunsets and wisdom about life which generally entails being as selfish as possible.

A mental wellness industry has sprung up in recent years, too. On first glance, this could be a really welcome sign that the stigma has lifted sufficiently for it to be acceptable to buy magazines called *Happiful* or to tweet about your #selfcare regime in the same way as a beauty blogger might discuss their approach to exfoliating. That may be true, but behind some of this new culture is a dangerous misconception that mental illnesses can be cured by the simple things in life or by trying a bit harder to tick all the boxes in a regime.

At the heart of this misconception is a confusion over the difference between 'mental health' and 'mental illness'. The first is something that we all have and all need to pay attention to, just as we do with our physical health. I have no physical problems at all, save the odd self-inflicted running injury, but I still think a great deal about my physical health, making sure that I am fit, eating a balanced diet and getting enough sleep. I do have a diagnosed mental illness, but I would say that, generally, my approach to mental health is pretty good, much better than many people I know who have no mental issues at all. Our mental health can deteriorate if we are working too many hours, not sleeping enough, drinking too much, being bullied, dealing with bereavement or coming out of a miserable relationship. None of those things constitute mental illness, even though it is alarmingly common now for doctors to prescribe antidepressants to someone who is simply going through the normal emotional turmoil of grief after the death of a loved one. Grief is natural, paranoid delusions are not. That people often lump the two things together contributes to the impression that 'self-care' can solve serious

illness, as well as help you keep your head while all around you are losing theirs.

It is true that some illnesses come and then go, and also that many people do find that their journey out of the acute stages of illness is made far more pleasant by cold-water swimming or their horse. But the mental wellness narrative suggests that a happy, mental-illnessfree ending is always out there. For many of us, it isn't, or at least it's less round the corner and more decades away.

To suggest that running will mean you will be able to avoid relapse, or that birdwatching will stop all those suicidal thoughts that wrap themselves around you until you can't really see properly, is to lie horribly and dangerously. Because if someone does get ill again, the implication of #selfcare is that you didn't try hard enough, when all too often mental illness is as controllable as the tides.

The mental wellness industry has also contributed to the impression that the great outdoors is something for the middle class, not a free resource for anyone looking to help their mind. Hotels near my home in Cumbria now offer 'forest-bathing' minibreaks aimed at restoring your mental health – if you've got £600 spare, that is. Mindfulness retreats, 'self-care' subscription packages (all of which seem to involve an alarming amount of herbal tea) and a thousand diets suggesting that if you just read this book that tells you about the threat milk poses to your sanity, then you'll be okay: all of these things aren't just the market responding to demand as the stigma lifts. They're also a current – a rip tide, even – that risks making us drift away from what little decent understanding of mental health we currently have. Where there is uncertainty, quackery thrives, and there are few fields more uncertain than mental health.

There is also a tendency for popular mental health culture to focus on the illnesses that are more possible to fix or significantly ameliorate, such as depression, anxiety and PTSD. Even those of us with these disorders can find this frustrating, but for someone with an illness at the more severe end of the spectrum, the ignorance of what they are suffering can be, well, maddening. The *Guardian* journalist Hannah Jane Parkinson has suffered from

bipolar disorder since she was thirteen, and in June 2018 she wrote a furious piece about how this new culture made her feel:

In recent years the discussion around mental health has hit the mainstream. I call it the Conversation. The Conversation is dominated by positivity and the memeification of a battle won. It isn't a bad thing that we are all talking more about mental health; it would be silly to argue otherwise. But this does not mean it is not infuriating to come home from a secure hospital, suicidal, to a bunch of celebrity awareness-raising selfies and thousands of people saying that all you need to do is ask for help – when you've been asking for help and not getting it. There is a poster in my local pharmacy that exclaims, 'Mental health can be complex – getting help doesn't have to be!' Each time I see it, I want to scream.¹³

Parkinson is rightly frustrated by the way in which mental illness can be cast as a battle to be won and then tweeted about. I have struggled with this tension myself over the past few years. I think I am right to be proud of the way I have tried to wrestle with my illness, to try to stop it robbing me of more things that are dear to me. However, that fight has become strangely easier since I accepted that I might not actually win it. In the first two years of suffering from PTSD, I was endlessly demoralised that I wasn't better yet and that I still couldn't just cope with whatever life threw at me.

For all its twee connotations, self-care *can* be an important part of walking around the black hole of mental illness. It is part of a package of treatment – and also a sign that the overall package is working well. At its most basic, self-care involves personal hygiene, decent amounts of sleep, getting dressed in the morning, eating, clearing up after yourself and so on. When well, I do these things without thinking. When I'm struggling, I have to force myself. Often when I've spiralled into a very dark place, I will look back and realise I have spent all week walking over piles of clothes, eating only cereal and not brushing my hair. These are not mad actions in and of themselves, but they're a sign that I'm leaving the physical realm because something in my mind is starting to take

hold again.

Beyond those basic, essential actions is a set of activities which can alleviate symptoms to some extent. Because of the way 'self-care' has been overly commercialised by the bubble bath brigade, I'll call this 'physio for the mind' from now on. When you are recovering from an injured back, you are not just prescribed painkillers but also physiotherapy exercises. When your mind is injured, you are prescribed antidepressants, antipsychotics, lithium and so on. Those drugs are so important, but like the painkillers for the leg, they're best when they're part of a package of treatment, not the sole remedy. This book looks at how the great outdoors can form an essential part of that physio for the mind, whether it is swimming in cold water, hunting for wild flowers or walking a black dog.

But before we start jumping into those cold lakes, a word about language. You will have noticed already that I have referred to myself as 'mad', which is a pejorative term often used to stigmatise those with mental illnesses. I would never use this to describe anyone else, but it has helped me enormously to separate out what is a symptom of my illness from that which is an intrinsic part of my personality. To be able to say that something was 'mad' is a huge comfort to me, because I then do not end up sinking deep into the mud of guilt that follows particularly bad bouts of illness. I still apologise to my friends and family for certain incidents, just as I might had I vomited all over them. But I know that my madness is no more my fault than a stomach bug would be. So, to me, the word 'madness' has become a kindness. This book, I hope, will at least give anyone with any mental illness some more ideas about how they could offer the same kindness to themselves.

CHAPTER TWO

Sowing the Seeds of Sanity



There aren't many reasons to celebrate the era of lunatic asylums. People were chained up, away from their families, experimented upon and used as entertainment. The Bethlem Royal Hospital in London became famous under the nickname of 'Bedlam', a place where rich, fortunate types would turn up to watch the patients. Hogarth depicted these events as being like a freak show, a sightseeing spectacle, rather than a compassionate visit designed to enliven the inmates' lives and raise money for the hospital. Beer and nuts were sold to visitors as they enjoyed the suffering of those being treated in front of them. But among the misery and mocking were some glimmers of good sense: many institutions for the mentally ill also had gardens designed to help the patients.

Thomas Prichard was the superintendent at Abington Abbey in the 1860s. He wrote that 'the care of the gardens being, in many instance entrusted to patients, serves as a double purpose – of affording wholesome occupation, and of promoting a tranquil and cheerful tone of thought'.¹ Gardening was part of a patient's daily routine: the Middlesex Asylum allotments were tended by the patients and the produce from those plots was taken from an 'asylum dock' to market for sale. Asylum gardens themselves were beautiful and some of the country's best-known designers such as William Goldring were behind their creation.

Inpatient treatment has changed dramatically in this country, but the gardens remain at many of the hospitals. Even those that have moved site still try to set up new gardening plots for their patients because they recognise the benefits that horticulture can bring, even to those who may spend the majority of their lives in a hospital.

The Bethlem Royal Hospital, now part of the South London and Maudsley NHS Foundation Trust, has extraordinarily beautiful grounds. Its 270 acres of green space include orchards, meadows and bluebell woods. It also has a walled kitchen garden run by its occupational health team.

When I visit, on a sharp April morning, the orchards and wall-trained fruit trees are heavy with blossom and everyone I meet is keen to emphasise how very sick you have to be to end up a Bethlem inpatient. This is not somewhere that people with manageable mental health problems spend time. Many of the units house 'forensic patients' – the health service term for someone who has been through the criminal justice system – and are locked, with towering fences around the outdoor exercise areas. The site itself is beautiful, but it has a sad quietness to it, as you'd expect from a hospital trying to look after so many people with serious mental health problems.

Peter O'Hare, the head of Bethlem's Occupational Therapy team, explains that many patients are so very ill when they first arrive on the wards that any kind of strenuous activity is out of the question. Some have severe anxiety disorders which may mean that just leaving their ward is something they'll spend many weeks

working up to. Others have phobias involving germs, which means the garden is both a terrifying prospect and an important part of their treatment as they prepare for the outside world. The hospital also treats people with eating disorders, who normally have the opposite problem: they are desperate to get outside and exercise, but can only do so once they are gaining weight and engaging with their therapy.

As a measure of quite how unwell the people deemed well enough to enter the garden still are, all the tools are locked in metal cages and counted in and out at the start of each session. A wooden pergola, made by patients in the hospital's therapeutic woodwork classes, has been specially designed to collapse if someone tries to hang themselves on it. String is used sparingly for the same reason.

All of these precautions are subtle, though. The garden feels like any other. It has a beautiful greenhouse with a voluptuous grapefruit tree at one end, and rows and rows of seed trays with pumpkins, tomatoes and flowers popping up. Pear trees and soft fruit like the Japanese wineberry and loganberry are trained neatly against the red brick wall. Raised beds – all made by patients – have young lettuce plants popping up. Primroses throng around the wildlife pond and two huge rosemary bushes are in full bloom by the locked gate. O'Hare says that many patients respond particularly well to the sensory aspects of gardening, and that the rosemary bushes are part of a series of beds deliberately planted with this in mind. There are long rows of lavender, herbs and plants with particularly tactile leaves, like lamb's tongue, which has silver-green woolly leaves just asking to be stroked.

Why do touch, smell and taste help a psychiatric inpatient, I wonder. O'Hare says it's a way of grounding someone, of taking them away from whatever is raging in their mind and forcing them to notice something that's actually happening at that very moment. For that reason, mindfulness classes often start in the sensory garden, as they help patients refocus for the session ahead.

Many of Bethlem's inpatients are on site for a good long time. Some of them are moving from the high-security prison