

# Letters

**I WRITE IN RESPONSE** to the paper by Ivers and Astell-Burt published in the *Australian Journal of General Practice* in April 2023, titled 'Nature Rx: Nature prescribing in general practice'.<sup>1</sup> This article provides ideas for implementation of nature prescribing in general practice.

As a General Practitioner of almost 30 years, I have found nature prescribing to be well received by patients and encourage other primary care providers to incorporate it into their therapeutic toolkit. It is possible to use existing practice software and modify an exercise-prescription template to generate a prescription that prints onto script paper, although it is hoped software manufacturers get on board to provide a specific nature prescription template.

I suggest that for maximum psychological benefit, patients disconnect from technology by turning their phone off and removing ear buds (unlike in the accompanying photo of the Ivers and Astell-Burt paper).<sup>2</sup> This removes distraction, enables a richer, more mindful engagement with nature and incorporates an integrated use of all sensory faculties.<sup>3</sup> It therefore reduces some of the risks posed by not paying attention when outdoors.<sup>4</sup>

An additional modality, not mentioned by the authors, is nature play. Nature play is providing children with simple opportunities to play in nature in a child-led, child-focussed way – without a predetermined, adult-defined outcome as occurs in organised activities. Bush Kinders and playgroups incorporate this approach, but nature play is something all children can engage in if simply given free time outdoors. It has been found to increase physical activity, foster problem-solving and improve focus.<sup>5-8</sup>

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## Reply

We thank the correspondent for her comments. As for Lifescripts,<sup>1</sup> prescriptions for physical activity and nutritional intervention previously used in general practice, nature prescriptions can be hand-written or typed. The recommendation to be incorporated into

software could be considered. Advice recommending nature interventions is more likely to be effective when tailored to an individual's preferences, located close-by and when low cost.

Our paper did not focus on paediatric use of nature therapy, rather focussing on adults, although many of the potential interventions can be used by children and adolescents; for example, Parkrun.<sup>2</sup> Contact with nature should be considered as part of preventive medicine. Fyfe-Johnson et al, in a systematic literature review of 296 studies, documented a positive relationship between contact with nature and children's health; particularly for mental health and physical activity.<sup>3</sup>

Nature-based playgroups or preschool activities and 'bush school' for primary school children, preschool or school community gardens and physical activity in green and blue spaces are growing in popularity. There are also examples of nature therapy being used therapeutically with children and adolescents; for example, horticultural therapy for children with cerebral palsy,<sup>4</sup> and as for adults, it can be prescribed or incorporated into care plans or National Disability Insurance Scheme plans for children and adolescents. Evidence indicates increasing contact with quality natural environments in cities may be especially beneficial for the mental wellbeing of adolescents prone to chronic rumination or introversion.<sup>5</sup>

More research is needed to define how we can enable everyone to reap the rewards of nature contact, through nature prescriptions and other strategies. Our newly funded PANDA randomised trial (Physical Activity in Nature for people with cardiometabolic Diseases Aged 45yr+;

www.powerlab.site/research/panda-trial) will go some way in beginning to address this policy-relevant gap in knowledge for delivering sustainable preventive healthcare.

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