Geography and Mental Health Workshop

How can real or virtual spaces promote good mental health? Where are we now? Where are we going?

Discussions at British Academy and Wellcome health policy workshops on 17 and 27 May 2021

The British Academy | wellcome

Contents

Introduction and context

Background

This event formed part of a series of workshops, organised by the British Academy and Wellcome, which aimed to create a space to explore the importance of the humanities and social sciences to health policy and how to develop their full potential contribution. The intention was to develop, expand and consider possible challenges to the ways that existing health policy is framed, and to begin to set an agenda for health-related research and policy that would be more inclusive of knowledge from the humanities and social sciences.

Workshop format

The format of the workshops reported here (which were held virtually) comprised brief keynote talks by experts, which prompted small group and plenary discussion amongst all the participants. The participants (totalling about 40 people at each meeting) were invited by the BA to take part, and they represented a range of different viewpoints, including academic researchers, representatives from various governmental planning and policy agencies, non-governmental agencies and private enterprises. The 'Chatham House Rule' applied at these workshops, so that, while this report aims to represent the general messages emerging from the presentations and discussion, specific inputs to the debate are not attributed to individuals nor their organisations (except for brief summaries of keynote talks made by invited speakers). This summary provides a note of the discussion and where references to other work arose in the discussion they are given here, however a full list of references on the topics that were covered is not included.

Focus of the workshops

Over the course of the two half-day workshops, participants considered a large body of research in health geography and related disciplines, showing how places and spaces matter for mental health. This workshop programme focussed especially on examples drawn from research, policy and practice relating to two different and seemingly contrasting types of space:

In workshop 1: Natural ('green' and 'blue') spaces;

In workshop 2: Virtual (digital and social media) spaces.

These spaces are subject to lively debate in societies today for many reasons, including their significance for mental health. Research on these spaces does not represent the full scope of health geography, nor the whole agenda concerning place, space and mental health. However, a focus on natural and virtual spaces provided useful starting points for a discussion which extended to include several other aspects of health geographies, relating to built, as well as natural environments, social and cultural geographies, and also other disciplinary fields in the social sciences and humanities, as well as medical and environmental science perspectives.

Introductory keynote talks by leading experts from academic institutions, governmental and non-governmental organisations helped to prompt an exchange of information and ideas amongst all the participants, in small discussion groups and in plenary debates. Below we summarise the main points arising from each of the two workshops.

Workshop 1: How can real 'green and blue' spaces promote good mental health?

This workshop focussed mainly on how research on health and place can feed into implementation and development of policy, especially as it relates to design and management of physical 'green and blue' spaces and what makes these spaces beneficial for mental health. Current policy and practice were considered, with a focus on what works well, what more could be done in future to support and develop good practice.

Introductory talks

The discussion was prompted by introductory talks by invited speakers. The main points raised by speakers were as follows:

Jamie Pearce, Professor of Health Geography, University of Edinburgh, drew attention to the significance of experience of green space over the life course and the implications for healthy ageing (in terms of cognitive and mental health). He referred to evidence showing that green spaces can have equigenic benefits[1], offsetting disadvantages in more deprived areas, and may act as a buffer against environmental, economic, and societal shocks, promoting healthy resilience to such events.

Ronan Foley, Associate Professor in the Department of Geography Maynooth University, Ireland, summarised other research on how blue spaces relate to mental health and raised questions about how we might meaningfully value blue space in terms of mental health, manage access for all in broad social and cultural terms, and consider the place of disability alongside mental health in the ways that we interact with natural environments.

Kieron Stanley, Head of Science, Monitoring & Evaluation, DEFRA, suggested we might do more work on individual experiences. He also underlined that this is not a new agenda, and that to make progress in this field a multi-agency perspective is important. He highlighted the need to open up access, while tackling the problem of potential damage to the environment that may result.

Frances Simpson, Chief Executive, Support in Mind Scotland, drew particular attention to the determinants of mental health in the most isolated rural areas. Research on populations in rural Scotland found that green and blue spaces were seen as largely irrelevant – presumably because people were surrounded by such landscapes, so they were not an issue. People expressed frustration at the assumption that because they lived in a beautiful part of Scotland, they should be happy.

1 An 'equigenic' place is one which can play a role in reducing inequalities, in particular health inequalities.

She suggested that we need to acknowledge that in the widest possible sense, place matters for mental health due to a varying range of complex and inter-related factors. The common denominator is political will to address those fundamentals across the board, rather than pick on specific types of determinants as a way of 'solving' what is in fact a whole range of complex inequalities.

In breakout group discussions following these introductory talks, participants considered the following questions in particular:

- *What makes green and blue spaces beneficial to mental health? Are there further opportunities to enhance these benefits?*
- *How has your thinking about this changed during the COVID-19 pandemic?*
- *How might more use be made of research on relationships between green and blue spaces and mental health, in order to support policy and practice? What can stakeholders in different organisations do to facilitate this?*
- *What works well to connect researchers, policy makers and practitioners and where could more be done? What examples of good practice can you think of?*
- *What can stakeholders in different organisations do to facilitate this?*
- *Are there new questions about the links between green/blue spaces that might merit more research?*

The key points made during discussion of these questions are summarised below.

Main points arising in breakout group discussions

The discussion covered a range of issues relating to experience of green and blue space and how it relates to mental health, and the implications for current and future policy and research.

What are the elements of green and blue spaces?

There was discussion about **what we understand by 'green and blue spaces'**. Green spaces feature land cover with significant amounts of vegetation (including cultivated or natural greenery), while blue spaces have prominent water features, which may be seascapes, lakes or rivers. It was noted that, in addition to natural features, other landscape attributes that affect human experiences of green and blue spaces include infrastructure such as pathways and vehicular access, seating, shelters, viewpoints and other visitor facilities. Aspects such as artwork installations and architectural features of buildings within green and blue spaces can also contribute to the ways that these spaces are perceived.

How do green and blue spaces relate to mental health?

It was noted that there is **a large body of evidence suggesting a positive association between experience of green and blue spaces and better mental and physical health**. This includes findings from studies in social sciences and humanities, often based on individual or collective accounts of positive feelings and psychological wellbeing associated with being in this type of setting. Research in other research fields has also measured how exposure to green or blue space correlates with physical changes related to mental state such as reduced heart rate or blood pressure, or changes and variations in brain function measured in terms of alpha rhythms and perception of fractal patterns.

It was noted that green spaces do not only promote positive mental health and wellbeing, but also appear to have equity benefits. Research using pan European data indicates that mental health inequalities are lower in populations living in greener areas of Europe. The potential **'equigenic' health impacts** of greater access to green space, especially among more disadvantaged populations, is important to consider. Other research suggests that **green space acts as a buffer for human health against adverse events** including environmental, economic, or societal shocks, so that it promotes resilience to adversity.

However, while there is evidence that our mental state is associated with experience of green and blue spaces, **the causal pathways generating these associations are likely to be complex and are not completely understood**, which makes the implications for policy and practice harder to define. Evidence suggests, for example, that processes of 'attention restoration', 'mindfulness' or 'reduced rumination' can improve mental wellbeing. There is also debate over whether these processes are partly related to 'biophilia', which is defined as a genetically programmed attraction to natural spaces, ingrained in the human psyche because of our evolutionary origins. Green and blue spaces may be psychologically beneficial because they offer opportunities for exploration and novel visual, auditory or tactile experiences (which may be important for people in all age groups, and perhaps especially for young people). Green and blue spaces may also seem to offer reassurance because they reflect the recurrent life cycles fundamental to nature and the prospect of positive futures (for example, the uplifting feeling of natural signs of spring after the winter). Natural landscapes may also feel beneficial because they help to offset the impacts of environmental health risks experienced in more urban or industrial settings (eg by acting as barriers to air pollution or noise). Some natural green and blue landscapes may generate positive feelings because they represent social efforts to promote environmental sustainability and natural remediation of environmental hazards.

In spite of the theoretical and empirical evidence for these beneficial causal pathways by which green and blue spaces may promote better mental health, a recurrent contrary theme in discussion related to the **differences in the ways that different individuals and social groups experience these natural settings**. While many people find natural settings restorative and enjoyable, others find them inaccessible, uncomfortable or even 'scary'. These differing experiences are often associated with the *social* processes which are important for our experience of natural settings. It was noted that positive psychological experiences in green and blue spaces require social conditions that make these settings seem safe, inclusive and comprehensible for people from diverse groups defined in terms of characteristics such as socio-economic status, gender, ethnic or cultural background and mental and physical abilities. **A number of community projects, often initiated by third sector organisations, aim to enhance the benefits of green and blue spaces** in more inclusive ways, which may have spin off benefits in fostering a greater general sense of social inclusion and involvement for marginalised or disadvantaged groups.

A further argument was also put forward: that **one's use of green and blue spaces may be, at least in part, determined by one's state of mental or physical health**, rather than *vice-versa*. This would imply that, for those already in poor health (particularly people with chronic conditions), any benefit to be gained from visiting green or blue spaces would require help and encouragement to make use of natural environments that might aid their recovery or reduce the impact of their illness.

Another theme in the discussions related to the **perception of green and blue spaces among residents of rural areas**. Some studies suggest that for those in remote communities, any benefits for mental health of being surrounded by green and blue spaces may be outweighed by the disadvantages of social isolation and

lack of access to services and social venues. Place matters because of all the resources at people's disposal; to focus entirely on green and blue space would undermine a real policy deficit concerning rural poverty and inequality. It seems likely that **a 'healthy' balance between access to green and blue landscapes and to facilities, employment and social contacts** (generally more concentrated in urbanised settings) is needed to support mental health and wellbeing. This may account for the findings in some research that those living in small towns have a better sense of wellbeing than those in either large urban areas or very remote localities.

The significance of social and geographical processes for our experience of green and blue spaces, and their health benefits, may also depend on certain **conditions prevailing in society as a whole**, which can vary significantly over time. This has been highlighted, for example, during the **recent experience of the COVID-19 pandemic.** People have been more motivated to use their local green and blue spaces while travel restrictions apply, although not everyone has been able to do so.[2] Issues of unequal access to these landscapes within easy reach of one's home, and the privilege of ownership of, or entitlement to use private green space, have seemed to become more important. Also, people are using open space more often for recreation, making social contact and holding cultural events, so there has been more demand for infrastructure and equipment to protect them in cold or wet conditions and to support more intensive use while maintaining social distance. Anticipating the discussion of virtual landscapes in the second workshop of this programme, a growth in the use of technological and digital media to create a sense of access to green space was also noted.

Implications for policy, practice and research, now and in the future

These recent experiences (combined with debates brought to the fore by, for example, the United Nations 'Conference of the Parties on Climate Change' – COP26) have increased awareness of the **significance of strategies for protecting, maintaining and creating green and blue spaces**. Now, more than ever, these are seen as important for society generally, as well as for organisations responsible for managing, planning and designing green and blue spaces. Prioritisation and valorisation of accessibility and use of green and blue spaces, as well as their importance for environmental sustainability, is beginning to be promoted more strongly as part of wider planning strategies for whole cities and for rural areas, as well as for communities in specific local areas. A growth in use of green and blue space will create issues of limited sustainability, possible overuse and incompatibility of different types of use, as well as rights of access. There are cost implications, so that we will need to review how we collectively value green and blue spaces and our access to them. The health benefits they can offer may form part of our calculation of the **value of these natural assets**.

Several suggestions were put forward for ways to help **put research into practice**. It was suggested that, while relatively small working groups like the BA/Wellcome workshop reported here are valuable, further action is needed to 'upscale' the thinking involved, so that the messages are conveyed to regional, national and international organisations responsible for developing and implementing policy and practice. This can be a lengthy process and some of the issues of policy and practice considered in this workshop have been under consideration for a long time. It was noted, for example, that ten years ago the *Natural Environment White Paper*[3]

2 The British Academy's COVID Decade publications (2021) explored the long term societal impacts of COVID-19 https://www.thebritishacademy.ac.uk/publications/covid-decade-understanding-the-long-term-societal-impacts-of-covid-19/

3 The natural choice: securing the value of nature, Department for Environment, Food & Rural Affairs (2011) https://www.gov.uk/government/publications/the-natural-choice-securing-the-value-of-nature

issued by the UK Government called for a more joined up approach to environmental policy and health issues. A question therefore arises as to **how we can accelerate our approach to taking effective action on this agenda**.

One strategy may need to recognize that **continuing support (including funding) is needed** for ongoing schemes to sustain small scale projects and to promote communication and exchange of research findings more widely. Furthermore, given the complexity of the associations discussed above, **a range of different government agencies and NGOs have responsibility** for relevant policy and practice. The administrative separation between these various bodies creates challenges for coordination across these sectors, so that **initiatives to build cross sectoral partnerships** are to be encouraged. The participants noted the value of projects which involve stakeholders from a wide range of sectors. Perspectives constituted in **legal or ethical entitlements**, that span society as a whole, are valuable in this respect. For example the principle of 'the commons' (shared rights of access and use in some green and blue spaces) can help to generate the basis for shared interest and participation relating to these environments.

These arguments lead us to consider researchers in their roles as citizens, as well as professional experts. Participants felt more could also be done to **empower local communities** to act on the issues summarised here and to **create partnerships** with researchers, policy makers and those in other sectors, including industries. Also underlined was the **value of mixed methods in research and cross disciplinary perspectives** (for example partnerships spanning humanities and social sciences, medicine and environmental sciences).

In terms of the **forward-looking research agenda**, several key themes were identified as likely to be of value to develop research in ways likely to impact on policy and practice. These include studies of:

- the mental health implications of experiences of **inequalities** in access and use of green and blue spaces among groups of the population that may vary in terms of social position, ethnicity, gender, age, and geographical location (and what are the underlying causes of these inequalities);

- the **lifecourse of people and of places** and how, over time, changing exposures to green and blue spaces may accumulate to contribute to mental health benefits;

- **the interests of urban and rural places and residents** and how these may produce positive socio-geographical co-dependencies or conflicts associated with use of green and blue spaces;

- **assessment of 'what works'** in terms of interventions to promote cross-sectoral development of policy and practice relating to green and blue spaces and their potential mental health benefits;

- the links between **locally or regionally focussed development** (eg the 'levelling up' agenda) and potential to enhance mental health benefits of green and blue spaces for all.

Concluding comments

Closing comments in response to the debate summarised above were made by Professor **Sarah Atkinson**, a specialist in research on individual and community wellbeing and part of the management team at the Wellcome funded Institute of Medical Humanities at Durham University, and by **Clare Perkins**, Deputy Director, Priorities and Programmes Division, Health Improvement Directorate, Public Health England. Professor Atkinson argued that researchers need to consider from a 'relational' perspective the ways that individual and environmental factors combine to influence wellbeing and the importance of memories and experience over time. We should not exaggerate the wellbeing benefits of green and blue spaces. Both Sarah Atkinson and Clare Perkins commented on the need for separate social groups and agencies to 'come together' over the issues discussed. Clare Perkins also emphasised the importance for the economy of realising the health benefits of green and blue spaces.

Considering the discussion in more general terms, the participants also emphasised that mental wellbeing is protected and undermined by a range of **complex inter-related factors**. Another recurrent theme in much of the discussion was **the need for societal and political commitment** to address these factors 'across the board', rather than pick on one thing or another as a way of 'solving' what is in fact a whole range of complex inequalities.

The themes summarised above all offer 'food for thought' about ways that organisations such as Wellcome and the British Academy may decide to contribute in future to the growth of knowledge in this field, including work in the humanities and social sciences.

Workshop 2: Virtual spaces and their growing significance for mental health and health care

This workshop aimed to build on the previous discussion in Workshop 1 by considering how mental health, health care and policymaking is developing to include the growing opportunities and challenges presented by activities 'located' in virtual environments. Questions arise about the connections between virtual and physical spaces and how relationships between mental health and virtual space may be similar or different from the associations with 'real' green and blue spaces discussed above. These issues seem to have a new significance in the context of the COVID-19 pandemic, and we considered how this has informed or changed the role that virtual spaces play in relation to our mental health. Participants discussed how future policy relating to mental health and health care should reflect the growing significance of virtual environments in our daily lives and what might be the implications for future research.

Questions considered and general themes raised

Discussion in this meeting was prompted by introductory talks given by invited experts, and the opening points made were as follows.

Christine Milligan, Professor in the Faculty of Health and Medicine, Lancaster University and Honorary Professor University of Glasgow, drew attention to the potential to create virtual spaces of care to improve mental health and wellbeing. She highlighted the value of virtual meeting spaces for alleviating loneliness and social isolation and the growing significance for health and wellbeing of 'virtual spaces' that replicate physical reality.

Alex Smalley, a PhD student at the Wellcome Centre for Cultures and Environments of Health, University of Exeter, provided interesting examples of 'digital proxies' for natural settings and drew attention to the growing use of these, especially among younger people. He also highlighted broadcasts by the BBC of programmes which focus on replicating scenes and sounds from natural green and blue settings.

Nick Daniels, Co-Founder, Portal Labs, discussed how 'virtual experiences' can be therapeutic for those with psychiatric or sensory difficulties and commented on the extensive take up of virtual platforms in some societies. He argued that experience of virtual surroundings depends on personal attributes and experience and can change one's perspective on natural spaces, and drew attention to the potential for partnerships between agencies involved in management of real and virtual environments.

Kamaldeep Bhui, Professor of Psychiatry, Department of Psychiatry & Nuffield Department of Primary Care Health Sciences, University of Oxford, summarised a significant body of evidence of inequalities in mental health associated with ethnic and cultural differences. He pointed out how the physical and social architecture of local communities both shapes and reflects these differences, which contribute to experiences which accumulate across time during a person's lifecourse, including interactions with virtual spaces.

In light of these introductory talks, participants considered the following questions to guide the discussion:

- *What do you think are the most important ways that virtual spaces relate to mental health?*
- *Consider the main similarities or differences between the ways that 'natural' and 'virtual' spaces relate to mental health?*
- *How has the context of the COVID-19 pandemic informed or changed the role that virtual spaces play in relation to mental health?*
- *What do you think are the next steps needed to fully take account of the opportunities and challenges for mental health?*
- *How might policymakers, practitioners and researchers need to work differently to develop inclusive and effective strategies?*
- *Thinking of new research into virtual environments and how they relate to mental health, what do you think the priorities should be to help researchers, policymakers and others to develop and implement effective and inclusive policies?*

The following points arose in discussion of these questions.

Main points arising in breakout group discussions

The discussion raised a number of issues relating to the potential mental health benefits of experiencing virtual green and blue spaces, as well as more detrimental aspects of interaction with digital spaces. It also underlined some issues that are important for the development of policy and research on our growing participation in these spaces.

Ways that virtual representations of green and blue spaces may benefit mental health

The role of virtual spaces in improving access to 'experience' of green and blue spaces may benefit mental health in various ways. Some of the benefits derive from the potential of virtual representations to help **overcome lack of access to real green and blue spaces**. Virtual systems may be beneficial for individuals who may be distressed by lack of access to natural settings. They may include people with disabilities and health conditions that may make connecting with nature more difficult (including those in care homes or long stay hospital wards, as well as those living in places with limited access to green or blue space).

Especially during recent pandemic conditions that have restricted travel and access to real green and blue environments, virtual spaces have offered us the opportunity to experience a **sense of 'being away'.** This has probably helped support mental health and wellbeing for some people during lockdown.

Contemplating virtual environments, especially those which help us recall places that we may have experienced in childhood, may **offer scope to explore how past experience and memories relate to our contemporary response** to real/virtual spaces. The potential to 'storify' and psychologically 'take control of' previous life experiences in certain natural settings could be beneficial for mental health of some individuals. However, such reflections on past experience may not always benefit a person's mental health, and stories of the past may conflict or compete with efforts to recall and come to terms with the past in ways that help support mental wellbeing.

Participants also noted how research on individual responses to virtual green and blue landscapes can also **help us to understand how people interact with real nature,** which in turn could be used to assess the potential for virtual green and blue spaces to be used to treat mental health conditions. There may also be scope to better understand the different ways that people may use virtual technologies to support their wellbeing. There was discussion of 'serious' games and what we learn from the use people make of these. Virtual systems can algorithmically determine what environments are displayed to people in ways which might be best tailored to their own preferences and needs.

Other social (and environmental) benefits of virtual green and blue spaces

More generally, virtual environments may enhance access to natural spaces for people in society as a whole. This could help to **offset social and geographical inequalities in access**, and may **promote greater awareness of the value of green space**.

Experiencing a virtual nature walk can show people what to expect in real green and blue spaces and stimulate their interest in these environments. Thus, in addition to potential benefits for individuals' sense of wellbeing, the growing availability of online platforms may have social and environmental benefits by encouraging users to engage with nature and with settings in other parts of the world. Thus **virtual nature exposure may promote 'pro-environmental sustainability' attitudes**. Combined with a growing rate of migration to greener spaces during lockdown, and intensification of public debates over issues of environmental sustainability, this may help to foster greater sense of involvement in and responsibility for natural environments. The participants speculated about whether, when cities 'reopen' after the pandemic, urban residents will be more engaged with the need to protect natural environments, as well as questions of access to green and blue space. Such a change in attitude, which might be encouraged by virtual interactions with nature, would arguably benefit human wellbeing in a more general way.

Possible dis-benefits of using virtual systems to experience green and blue spaces

In contrast, a number of **potential difficulties arising from experience of virtual green and blue spaces** were also noted. These include **screen fatigue**, and problems linked to **inequalities in social media access** (eg for young people, those with visual impairment). The virtual world **may 'limit' experience**, and it was suggested that we should help people to break out into the 'real' world rather than 'narrowing' it? Therefore it is possible that, rather than developing access to virtual green and blue spaces, it would be better to focus on the need to better understand the obstacles to connecting with real nature and on making this more accessible to people.

Looking to the future: the agenda for research and action on virtual environments

The participants discussed the future agenda in terms of next steps needed to address the opportunities and challenges for mental health presented by virtual environments. It was suggested that there was scope to **explore further 'what works' in terms of mental health treatments using digital technologies**. For example, questions were raised over whether future research should **use more culturally appropriate metrics and assessment methods** to understand experiences of different social and ethnic groups in the population. We also need to **consider the use of virtual environments more broadly**, taking into account how they are used in unhealthy advertising and social media. Research should examine whether experience of virtual spaces generates over- or under- stimulation and what may be the mental health implications. We also need to consider how our response to digital representations of landscapes may change due to our **adaptation to virtual landscape experiences over the longer term**. Some technical challenges were also identified, including the need to update platforms and make them accessible to all users.

Concluding comments

To address the issues raised in the debate summarised above, participants concluded that, in future, more work was needed to generate **engagement and communication between a range of stakeholders** including researchers, users of software in general (and, more specifically, those receiving mental health care), software developers, and those responsible for planning, regulating and managing virtual or real landscapes.

It was emphasised that work on developing more beneficial virtual landscapes should not distract us from **important underlying structural and environmental issues** of socio-economic, ethnic and geographical processes that generate inequalities in access to natural landscape settings and in mental health outcomes. Also, researchers and policy-makers often make a working assumption that green/blue spaces (whether real or virtual) are good for our mental health. While this is true for many people, not everyone benefits to the same extent or in similar ways. Approaches to design of real and virtual green spaces that are person-centred and responsive to views from different communities, might help to make them better suited to individual needs/preferences, and enhance the mental health benefits for all. Virtual green and blue spaces should therefore be considered in the context of the need to continue to **develop and update our understanding of the wider determinants of health**, with a forward-looking perspective, seen through the lens of research in humanities and social sciences as well as other disciplines. By expanding the debate started in Workshop 1, this meeting further underlined an extensive multidisciplinary agenda relating to future work on mental health determinants in humanities and social sciences as well as other disciplines. It also highlighted **scope for organisations like the British Academy and Wellcome to support action** on the themes discussed.

List of participants

Name	Organisation and role
Jessica Adkins	Deputy Director Community Healthcare, Department of Health & Social Care
Professor Sarah Atkinson	Associate Director, Institute for Medical Humanities, Durham University
Dr Sarah Bell	Lecturer in Health Geography, University of Exeter
Nicola Berkley	Senior Policy Advisor, The British Academy
Professor Kameldeep Bhui	Professor of Psychiatry, University of Oxford
Dr Margaret Charleroy	Head of Health and Environment, Arts and Humanities Research Council
Dr Caroline Culshaw	Head of Research Environment and Health, Natural Environment Research Council
Professor Sarah Curtis FBA (workshop chair)	Professor Emeritus, Durham University; Honorary Professor, University of Edinburgh
Nick Daniels	Co-Founder, Portal App
Tim Daniels	Co-Founder, Portal App
Dr Jane Delany	Head of Dove Marine Laboratory, Newcastle University
Dr Anna Ehsan	Post-Doctoral Research Associate, Centre for Society and Mental Health, King's College London
Professor Des Fitzgerald	Associate Professor of Sociology, University of Exeter
Sandra Flanigan	Head of Organisational Development, Healthcare Improvement Scotland
Dr Ronan Foley	Associate Professor, Department of Geography, Maynooth University
Nicola Gitsham	Social Prescribing Lead, NHS Improvement England
Dr Victoria Goodyear	Senior Lecturer in Pedagogy (Sport, Physical Activity and Health), University of Birmingham

Dr Jo Hale	Lecturer, School of Geography and Sustainable Development, University of St Andrews
John Howie	Organisational Lead (Place & Wellbeing), Public Health Scotland
Genevieve Ileris	Head of Policy and Public Affairs, British Psychological Society
Charise Johnson	Policy Advisor, The British Academy
Dr Helen Jordan	Dual Anaesthetics and ICM Trainee, NHS Fife
Professor Lord Richard Layard	Programme Co-Director, Centre for Economic Performance, London School of Economics
Judy Ling Wong	Founder, Black Environment Network
Anna Lorentzon	Principal Social Scientist, Environment Agency
Matthew Lowther	Head of Place and Equity, Public Health Scotland
Wendy Matcham	Senior Research Portfolio Manager, Economic and Social Research Council
Dr Corrienne McCulloch	Lead Research Nurse, NHS Lothian
Sion McGeever	Deputy Director (Landscapes, Peatlands and Soil), Department for Environment, Food & Rural Affairs
Professor Christine Milligan	Professor of Health and Medicine, Lancaster University
Professor Richard Mitchell	Professor of Social and Public Health Sciences, University of Edinburgh
Dr Molly Morgan Jones	Director of Policy, The British Academy
Naomi Mwasambili	CEO and Founder, Chanua
Dr Erinma Ochu	Senior Lecturer in Digital Media and Communications, Manchester Metropolitan University
Dr Amy Orben	College Research Fellow, University of Cambridge
Safia Qureshi	Director of Evidence, Healthcare Improvement Scotland
Daisy Payne	Senior Social Research Officer, Department for Environment, Food & Rural Affairs
Alexandra Paz	Policy Assistant, The British Academy

Professor Jamie Pearce	Professor of Health Geography, University of Edinburgh
Clare Perkins	Deputy Director, Priorities and Programmes Division, Health Improvement Directorate, Public Health England
Bryony Pound	Programme Manager, Natural Environment Research Council
Dr Eleanor Ratcliffe	Lecturer in Environmental Psychology, University of Surrey
Dr Liz Rowse	Senior Programme Manager (Healthy Environment), Natural Environment Research Council
Marli Silva	Head of Social Prescribing & VSCE (Health and Wellbeing), Department of Health & Social Care
Frances Simpson	Chief Executive, Support in Mind Scotland
Alex Smalley	PhD Student, University of Exeter
Dr Kieron Stanley	Head of Science, Monitoring & Evaluation, Department for Environment, Food & Rural Affairs
Sarah Staunton-Lamb	Senior Engagement Manager, Earth Watch
Dr Anna Stenning	Wellcome Research Fellow in the Humanities and Social Sciences, University of Leeds
Dr Mariya Stoilova	Research Officer (Global Kids Online), London School of Economics
Sue Stuart-Smith	Psychiatrist, psychotherapist and author
Julia Thrift	Director (Healthier Place-Making), Town and Country Planning Association
Professor Catherine Ward Thompson	Professor of Landscape Architecture, Edinburgh College of Art
Liz Ware	Founder, Silent Space
Dr Matthew White	Senior Lecturer on Natural Environments, University of Exeter
Cheryl Willis	Principal Advisor (Connecting People with Nature Programme), Natural England

About the British Academy

The British Academy is the UK's national academy for the humanities and social sciences. We mobilise these disciplines to understand the world and shape a brighter future.

From artificial intelligence to climate change, from building prosperity to improving well-being – today's complex challenges can only be resolved by deepening our insight into people, cultures and societies.

We invest in researchers and projects across the UK and overseas, engage the public with fresh thinking and debates, and bring together scholars, government, business and civil society to influence policy for the benefit of everyone.

thebritishacademy.ac.uk

About Wellcome

Wellcome exists to improve health by helping great ideas to thrive. We support researchers, we take on big health challenges, we campaign for better science, and we help everyone get involved with science and health research.

Wellcome believes in the intrinsic value of open ended 'discovery research' that extends and improves knowledge, including knowledge about health in its social, cultural, and political contexts. We believe that the knowledge created by humanities and social science research can play an essential role in improving human health.

wellcome.ac.uk

The British Academy
10–11 Carlton House Terrace
London SW1Y 5AH

Registered charity no. 233176

Twitter: @BritishAcademy_
Facebook: TheBritishAcademy

Published November 2021

ISBN 978-0-85672-677-4

doi.org/10.5871 bawellcome/9780856726774.001

Citation: British Academy (2021); *Geography and Mental Health Workshop: How can real or virtual spaces promote good mental health? Where are we now? Where are we going?* The British Academy, London

Design by Only

The British Academy
Wellcome Health Policy Workshops