



Australian Government
Department of Social Services
Webpage: <https://engage.dss.gov.au/consultation-on-draft-lists-of-ndis-supports/#contact>
Email: NDISConsultations@dss.gov.au

Outdoor Health Australia
Website: <https://outdoorhealth.org.au/>
Email: info@outdoorhealth.org.au

24th August 2024

Re: Request for feedback on “draft lists” of NDIS supports

To whom it concerns,

Thank you for this opportunity to contribute to the call for feedback on the “Draft lists” of NDIS supports to assist the Department of Social Services to understand the changes required.

Outdoor Health Australia is the national body promoting evidence-informed nature-based health, wellbeing and therapy services. **Our national organisation opposes the NDIS plan to exclude ‘wilderness therapy’ from eligible supports.** We have consulted NDIS participants, parents/carers, referrers and outdoor health providers, and their views are reflected in this letter.

We understand that the intent of the review of NDIS Supports is to increase clarity about what is, and is not, appropriately funded under the NDIS in order to provide greater clarity to participants and to support the new budget-setting framework for use of NDIS funding. We also understand that NDIS Supports are intended to support the needs of NDIS participants that specifically relate solely and directly to their disability, including directly addressing functional impacts and participation in daily life for people with a disability resulting from permanent impairment.

This email proposes the following, backed by stakeholder input and research evidence:

1. That **evidence-informed and value-for-money outdoor health, wellbeing and therapy practices be explicitly included in the NDIS list of eligible supports to directly address the bio–psycho-social health, social connection, recreational, community participation and daily living needs of a person living with a chronic lifelong disability.**
2. We request that ‘Wilderness therapy’ be removed from the “excluded” list **and that the full range of evidence-informed effective outdoor health, wellbeing and therapy services continue to be provided to participants** who will appropriately benefit from the supports. These supports are currently provided under a range of Core and Capacity Building categories by a broad range of practitioners to a diverse range of NDIS participants.

Notes on terminology:

- **OHA does not support involuntary coercive forms of therapy of any kind. We do not endorse unethical non-evidence-based involuntary ‘Wilderness boot camps’ that are designed to be coercive, and as a result harm participants and staff.**
- We must all be careful to differentiate ethical models of ‘Wilderness therapy’ practice, which in Australia tend to be called ‘Bush Adventure Therapy’ - from unethical non-evidence based involuntary and coercive forms of ‘Wilderness boot camps’ being provided in some states in the USA.

Who are we? **Outdoor Health Australia** supports evidence-informed outdoor health and wellbeing practices across every state and territory of Australia through active promotion of five key areas: 1. Practice & quality, 2. Research & evidence, 3. Policy & advocacy, 4. Community & engagement, and 5. Business & finance.

Outdoor health Australia members include practitioners from wide-ranging disciplines and professions, including: Aboriginal/Indigenous healing practitioners; Adventure/ experiential-based therapy practitioners; Animal assisted/ facilitated therapy practitioners; Outdoor/nature-based therapy practitioners; Outdoor/nature-based counselling & psychotherapy practitioners; Outdoor/nature-based psychology practitioners; Outdoor/nature-based social work practitioners; Outdoor/nature-based allied health practitioners (occupational therapy, speech pathology, psychology, etc); and Therapeutic horticulture/garden/farm practitioners. Further information on Outdoor Health is provided at the end of this letter (Appendix 2).

How do we define outdoor health in the Australian context? Outdoor Health includes the full suite of bio-psycho-socio-ecological practices that are evidence-informed and tailored to participant need. Across their diversity, outdoor health practices tend to combine 4 key mechanisms of change: 1. physical experiential activity, 2. psychological safety and care, 3. safe effective social relationships, and 4. beneficial connection with nature/natural environments.

A strong body of research supports the benefits of outdoor nature-based practices for a range of bio-psycho-social health, wellbeing and therapy outcomes for participants from all walks of life.

Our concerns:

- We note that 'Wilderness therapy' has been listed by the NDIS as 'not value for money/not effective or beneficial', with no further detail available about what informs this opinion. This ignores the strong and growing body of evidence that demonstrates the health benefits and cost effectiveness of outdoor-based therapies in general, including ethical voluntary forms of Wilderness Therapy (see below and Appendix 1).
- We also note that **if the NDIA is not aware of the substantial bodies of evidence supportive of outdoor health, wellbeing and therapy services**, there is a risk that in the future, the NDIA may deem such supports as not related solely and directly to peoples' disability, and therefore not beneficial for the specific functional impacts and daily living needs associated with their permanent disability.

Risks of specifically excluding Wilderness Therapy:

- We understand the purpose of the review of NDIS Supports is to provide clarity, not to change the types of supports that have been appropriate to purchase with NDIS funding. We understand the test for appropriateness of supports is a) the participant's need for a support because of their disability, and b) whether the support is most appropriately funded by the NDIS. **Given the general lack of understanding within the NDIS service system about evidence-informed outdoor health practices, if 'wilderness therapy' is included in the list of *non-approved* treatments, there is a very real risk that NDIS planners and referrers will accidentally conflate terminology** and exclude NDIS participants from accessing the existing suite of evidence-informed, value-for money outdoor health, wellbeing and therapy practices.

- **Excluding ‘wilderness therapy’ may accidentally remove access to 30+ forms of evidence-informed outdoor practices that are currently being provided in Australia by wide ranging therapists and practitioners** (such as psychologists, occupational therapists, youth workers, outdoor therapy practitioners, bush adventure therapy practitioners, peer workers, etc.) to NDIS participants. Listing ‘wilderness therapy’ as ineffective may inadvertently also limit innovative trauma-informed supports, and effective wide-reaching outcomes for diverse peoples. **See below.**

The evidence for continuing to include evidence-informed outdoor health, wellbeing and therapy practices (and ethical forms of Wilderness Therapy) as a NDIS supported option is as follows:

1. **The multifaceted benefits** from facilitated outdoor experiences include bio-psycho-social, cognitive and ecological elements, including improved cardiovascular, respiratory, and immune health; greater mobility and movement, and balance; improved rest and sleep, greater mood and emotional regulation; reduction in stress response, improved attention, concentration, problem solving and decision-making abilities; greater social connection; and skill development for vocational pathways.
2. Professionally facilitated evidence-informed outdoor therapies **enable a range of groups and people with diverse needs** to experience health and wellbeing benefits, including cohorts **that have difficulty engaging and participating in indoor or clinical settings** (for example, young people, males, and neurodiverse populations).
3. **Accessible support for overall health and wellbeing:** Outdoor-based health and wellbeing services and therapies support persons with disability with optimal independence and **participation in everyday life**. This is particularly important, given that persons with disability frequently experience a higher incidence of physical and mental health challenges than the general population.
4. **Improving health and social equity:** Outdoor-based health and wellbeing services and therapies facilitate equity and mitigate the power differential between participants and practitioners. These practices tend to be co-designed and tailored for participants’ unique identified needs and goals. This benefits self-esteem, confidence, self-worth and empowerment.
5. A **richer range of choice and control** for participants with diverse needs **and delivered by a range of practitioners of diverse disciplines** and backgrounds, including Aboriginal cultural mentors and peer workers.
6. **Offers a ‘least restrictive’ and most empowering approach**, these practices provide a pathway for independent self-regulation, and increased independence in daily activities. They also provide access to the evidence-based benefits of nature contact and connection with nature for overall health and wellbeing outcomes.
7. Offers a promising approach to supporting optimum everyday living for NDIS participants and **reducing further deterioration of quality of life and disability-related health, and the ongoing impacts of living with disability**, thereby helping to reduce future NDIS financial expenditure.

Thank you for reading through our submission, which within the short 'given timeframe' has been informed by NDIS participants, parents/carers, referrers and outdoor health providers from some 25 outdoor health modalities.

We would greatly appreciate the opportunity to meet with representatives of the NDIS to progress a legitimate role for evidence-informed nature-based health, wellbeing and therapy practices within the NDIS suite of supports and work together to define scope and eligibility.

Please let us know when a meeting is possible.

See also Appendix 1. for a list of recent research evidence supporting the use of Outdoor- and Nature-based approaches (including Wilderness Therapy) for NDIS participants.
And see Appendix 2 for Information about Outdoor Health from OHA.

Sincerely,



Company Secretary
Outdoor Health Australia

Email: kate@abat.org.au

Phone: 0490109987

Appendix 1. Recent evidence supporting the use of Outdoor- and Nature-based approaches (including Wilderness Therapy) for NDIS participants.

Health and wellbeing evidence:

Briggs, R., Morris, P. G., & Rees, K. (2023). The effectiveness of group-based gardening interventions for improving wellbeing and reducing symptoms of mental ill-health in adults: a systematic review and meta-analysis. *Journal of mental health (Abingdon, England)*, 32(4), 787–804. <https://doi.org/10.1080/09638237.2022.2118687>

Catissi, G., Gouveia, G., Savieto, R. M., Silva, C. P. R., de Almeida, R. S., Borba, G. B., Rosario, K. A., & Leão, E. R. (2024). Nature-Based Interventions Targeting Elderly People's Health and Well-Being: An Evidence Map. *International journal of environmental research and public health*, 21(1), 112. <https://doi.org/10.3390/ijerph21010112>

Coventry, P. A., Brown, J. E., Pervin, J., Brabyn, S., Pateman, R., Breedvelt, J., Gilbody, S., Stancliffe, R., McEachan, R., & White, P. L. (2021). Nature-based outdoor activities for mental and physical health: Systematic review and meta-analysis. *SSM - population health*, 16, 100934. <https://doi.org/10.1016/j.ssmph.2021.100934>

Harrison, H., Burns, M., Darko, N., & Jones, C. (2023). Exploring the benefits of nature-based interventions in socio-economically deprived communities: a narrative review of the evidence to date. *Perspectives in public health*, 143(3), 156–172. <https://doi.org/10.1177/17579139231170768>

Lin, Y., Lin, R., Liu, W., & Wu, W. (2022). Effectiveness of horticultural therapy on physical functioning and psychological health outcomes for older adults: A systematic review and meta-analysis. *Journal of clinical nursing*, 31(15-16), 2087–2099. <https://doi.org/10.1111/jocn.16095>

Masterton, W., Carver, H., Parkes, T., & Park, K. (2020). Greenspace interventions for mental health in clinical and non-clinical populations: What works, for whom, and in what circumstances?. *Health & place*, 64, 102338. <https://doi.org/10.1016/j.healthplace.2020.102338>

Mygind L, Kjeldsted E, Hartmeyer RD, Mygind E, Bølling M, Bentsen P. Immersive Nature-Experiences as Health Promotion Interventions for Healthy, Vulnerable, and Sick Populations? A Systematic Review and Appraisal of Controlled Studies. *Front Psychol*. 2019 May 3;10:943. doi: 10.3389/fpsyg.2019.00943. PMID: 31130890; PMCID: PMC6509207.

Ritchie, S. D., Wabano, M. J., Russell, K., Enosse, L., & Young, N. L. (2014). Promoting resilience and wellbeing through an outdoor intervention designed for Aboriginal adolescents. *Rural and Remote Health*, 14, 2523. Scopus

Zhang G, Poulsen DV, Lygum VL, Corazon SS, Gramkow MC, Stigsdotter UK. Health-Promoting Nature Access for People with Mobility Impairments: A Systematic Review. *Int J Environ Res Public Health*. 2017 Jun 29;14(7):703. doi: 10.3390/ijerph14070703. PMID: 28661433; PMCID: PMC5551141.

Wilderness Therapy Evidence:

Beck, N., & Wong, J. S. (2022). A Meta-Analysis of the Effects of Wilderness Therapy on Delinquent Behaviors Among Youth. *Criminal Justice and Behavior*, 49(5), 700-729.

<https://doi.org/10.1177/00938548221078002>

Bowen, D. J., & Neill, J. T. (2013). A meta-analysis of adventure therapy outcomes and moderators. *The Open Psychology Journal*, 6, Article 28-53.

<https://doi.org/10.2174/1874350120130802001>

Buckley, R. C., & Brough, P. (2017). Nature, Eco, and Adventure Therapies for Mental Health and Chronic Disease. *Frontiers in Public Health*, 5, 220. <https://doi.org/10.3389/fpubh.2017.00220>

Carpenter, C., & Pryor, A. (2004). A confluence of cultures: Wilderness adventure therapy practice in Australia and New Zealand. In S. Bandoroff & S. Newes (Eds.), *Coming of age: The evolving field of adventure therapy* (pp. 224–239). Association for Experiential Education.

Chan, Y.T., Lau, H.Y., Chan, W.Y. et al. Adventure therapy for child, adolescent, and young adult cancer patients: a systematic review. *Support Care Cancer* 29, 35–48 (2021).

<https://doi.org/10.1007/s00520-020-05642-3>

Cooley, S. J., Jones, C. R., Kurtz, A., & Robertson, N. (2020). 'Into the Wild': A meta-synthesis of talking therapy in natural outdoor spaces. *Clinical Psychology Review*, 77, 101841. <https://doi.org/10.1016/j.cpr.2020.101841>

Ferneer, C. R., Mesel, T., Andersen, A. J. W., & Gabrielsen, L. E. (2019). Therapy the Natural Way: A Realist Exploration of the Wilderness Therapy Treatment Process in Adolescent Mental Health Care in Norway. *Qualitative Health Research*, 29(9), 1358–1377.

<https://doi.org/10.1177/1049732318816301>

Jeffery, H., & Wilson, L. (2017). New Zealand Occupational Therapists' Use of Adventure Therapy in Mental Health Practice. *New Zealand Journal of Occupational Therapy*, 64(1), 32–32.

Tucker, A. R., DeMille, S., Newman, T. J., Polachi Atanasova, C., Bryan, P., Keefe, M., & Smitherman, L. (2023). How adolescents view the role of the wilderness in wilderness therapy: "I am in the middle of nowhere and that is okay." *Children and Youth Services Review*, 153, 107045.

<https://doi.org/10.1016/j.childyouth.2023.107045>

Neil, A. L., Pryor, A., Kneebone, J., & Flies, E. J. (2023). Outdoor mental healthcare: What, who, why and where to? *Australasian Psychiatry*, 31(6), 798–805.

<https://doi.org/10.1177/10398562231211110>

Pryor, A. (2009). *Wild adventures in wellbeing: Foundations, features and wellbeing impacts of Australian outdoor adventure interventions (OAI)* [PhD Thesis, Deakin University]. Retrieved, October 2023, <https://hdl.handle.net/10536/DRO/DU:30027427>

Appendix 2: Information about Outdoor Health from OHA

Outdoor Health

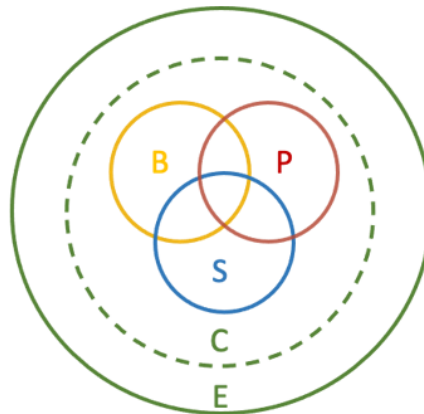
- *an emerging form of health care*
- *across the spectrum of need*
- *for individuals, families, groups and communities*
- *throughout the life-span*
- *with bio-psycho-socio-eco benefits*
- *for people from all walks of life*
- *a diverse field of practices in Australia and around the world.*



A bio-psycho-socio-eco approach to human health and wellbeing

B: BIO: Biological
Physical, kinaesthetic, somatic, physiological, neural pathways etc.

S: SOCIO: Social relations
Interpersonal, relational etc.



P: PSYCHO: Psychological
Mental, emotional, cognitive, mindfulness, behavioural etc.

C: CULTURAL: Cultural
Communities, societies, geopolitics etc.

E: ECO: Ecological

All beings, natural environmental, the planet etc.

>>> Increasing levels of support needed & provided >>>

Level 1 Self-management	Level 2 Low intensity services	Level 3 Moderate intensity services	Level 4 High intensity services	Level 5 Specialist and acute services
Zone 1a: Self-guided Health Promotion Experiences	Zone 1b: Facilitated Health Promotion Experiences	Zone 2: Facilitated Therapeutic Experiences	Zone 3: Integrative Health Interventions	Zone 4: Clinical Health Treatments
Outdoor Health Promotion			Individualised Outdoor Healthcare	
Outdoor Health Australia				



Emerging Outdoor Health Modalities

<ul style="list-style-type: none"> Aboriginal healing on country Adventure therapy Adventure based counselling Adventure based youth work Animal assisted therapy Bush adventure therapy Bush kinder Care farms Ecopsychology Ecotherapy Environmental psychology Equine therapy Experiential learning Family therapy outdoors Forest school Forest therapy 	<ul style="list-style-type: none"> Green social work Horticultural therapy Indigenous healing practice Nature-based art therapy Nature-based counselling Nature-based dance movement therapy Nature-based family therapy Nature-based mindfulness Nature-based music therapy Nature-based play therapy Nature-based therapy Nature-based occupational therapy Outdoor acceptance and commitment therapy Outdoor brief therapy Outdoor cognitive behavioural therapy Outdoor counselling Outdoor couples therapy 	<ul style="list-style-type: none"> Outdoor education Outdoor gestalt therapy Outdoor integrative therapy Outdoor narrative therapy Outdoor person-centred counselling Outdoor psycho education Outdoor psychotherapy Outdoor recreation Outdoor solution focused therapy Outdoor therapy Outdoor sensorimotor therapy Outdoor somatic psychotherapy Outdoor systemic therapy Surf therapy Therapeutic horticulture Transpersonal therapy outdoors Walk and talk therapy...
---	--	---



Bodies of supportive research evidence

Benefits of experiential adventure - BIO	Benefits of a therapeutic framework - PSYCHO	Benefits of social connection and support – SOCIOCULTURAL	Benefits of contact with nature - ECO
<ul style="list-style-type: none"> • Greater self esteem, confidence • Increased assertiveness, independence • Heightened self-awareness, understanding • Increased internal control, motivation • Enhanced physical wellbeing 	<ul style="list-style-type: none"> • Therapeutic alliance • Potential development of safe, secure attachments • Holistic safety-net • Improved outcomes when added to conventional therapies • Stand alone treatment 	<ul style="list-style-type: none"> • Reduced stress, anxiety, depression • Improved recovery, rehabilitation • Promotion of feelings of value and worth • Increased mental health and wellbeing 	<ul style="list-style-type: none"> • Improved physiological functioning • Decreased visits to doctors or hospitals • Better coping and recovery from illness and injury • Improved attention, concentration, cognitive functioning, productivity • Improved outcomes when added to conventional therapies

