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School of Health Sciences

Sustainability Special Interest Group

Sustainability in wellness and health symposium

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Taking therapy outside – psychotherapy, sustainability and distress

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This paper will discuss the findings of PhD research which explored therapist's experiences of taking their therapeutic work into outdoor natural spaces. Semi structured interviews were undertaken with 15 qualified counsellors, therapists, practising psychologists and arts therapists. In exploring the rationale and experience of respondents in taking their work into natural environments some dominant themes emerged from the analysis of the data. These centred on a critique of counselling and psychotherapy practice in relation to engaging with the current ecological crisis. Therapists discussed the importance of psychotherapy in addressing the emotional impacts of climate change, species extinction and other current ecological concerns. This paper will explore these findings in relation to the role of psychotherapy in promoting 'sustainable, ecological selves' and the context of psychotherapy practice in outdoor natural locations. This paper will conclude by arguing we need to move beyond our current conceptions of mental health to include the natural world as playing a central role in our wellbeing.

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Urban air quality and health

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The quality of the air that we breathe is a principal challenge for many cities and demands continued action. The world health organisation states outdoor air pollution caused 3.7 million premature deaths worldwide in 2012¹. Public Health England has estimated air pollution in Brighton & Hove contributes to around 6% of annual mortality² i.e. more than 1,000 deaths over the past decade.

Invisible twenty-first century airborne pollution has been compared with smoking as it shares strong influence on respiratory health, heart disease, wellbeing and life expectancy³. In some cases the influence of smoking and airborne pollution on health can cause cumulative effects that can be hard to distinguish. Evidence of how airborne pollution influences health has become increasingly robust⁴. As funding of public health services becomes more challenging prevention is preferable to cure. Active travel and air quality in an urban environment where so many live and work takes on renewed importance. Tackling airborne pollution is a task that involves local authorities, central government, motor manufactures, bus, taxi and haulage firms. Local people play a key part through the consumer choices and actions they take.

As an example Brighton & Hove is a dynamic and vibrant city with strong population growth and is the main part of the Sussex coastal conurbation that also includes Worthing and Littlehampton.

Under part IV of Environment Act 1995⁵ the city council has declared an Air Quality Management Area for non compliance with the nitrogen dioxide legal limit⁶. This

¹ World Health Organisation 2014, *Ambient Outdoor Air Quality and Health: Key Facts*. Found At: <http://www.who.int/mediacentre/factsheets/fs313/en/> [2 February 2015]

² Public Health England 2014, *Estimates of Mortality in Local Authority Areas Associated with Air Pollution*. Found At: <https://www.gov.uk/government/news/estimates-of-mortality-in-local-authority-areas-associated-with-air-pollution> [2 February 2015]

³ The Environmental Research Group 2015, *Air Quality Research Analysing the Impacts of Air Pollution on Health in the Modern World*. Available from: <http://www.kcl.ac.uk/lsm/research/divisions/aes/research/ERG/index.aspx> [2 February 2015]

⁴ Committee on the Medical Effects of Air Pollutants 2010, *The Mortality Effects of Long Term Particulate Air Pollution in the UK*. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/304641/COMEAP_mortality_effects_of_long_term_exposure.pdf [2 February 2015]

⁵ Part IV of the Environment Act 1995, Available from: <http://www.legislation.gov.uk/ukpga/1995/25/contents> [2 February 2015]

triggers a statutory requirement for the local authority to produce an air quality action plan that sets out a series of measures that aim to improve local air quality. Since its earliest inception the air quality action plan has been closely aligned with the Local Transport Plan⁷.

The parliamentary audit committee on air quality⁸ has requested more action at a local level across the UK. In February 2015 Brighton & Hove's air quality action plan urgently requires new impetus and a set of vigorous measures that are determined to deliver improvement.

The council has mapped in detail which vehicle types contribute to unlawful exceedence of nitrogen dioxide. Such evidence has helped the city win competitive grant funds from the Department for Transport for bus and taxi retrofits. Best available technologies are being incentivised in order to avoid exposure to harmful pollutants especially nitrogen dioxide and fine particles. Primary focus is to eliminate nitrogen dioxide concentrations above limit values where people live.

⁶ Brighton and Hove City Council 2013 *Declaration of Air Quality Management Areas* Available from: <http://www.brighton-hove.gov.uk/content/environment/air-quality-and-pollution/air-quality-management-city> [2 February 2015]

⁷ Brighton and Hove City 2015 Council Local Transport Plan 4, 2015 Available from: <http://www.brighton-hove.gov.uk/content/parking-and-travel/travel-transport-and-road-safety/local-transport-plan> [2 February 2015 pending]

⁸ Parliamentary Commons Select Committee, Air Quality Inquiry last update 2014 Available from: <http://www.parliament.uk/eac-air-quality-2014> [2 February 2015]

Realities and myths in protein nutrition

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It is rather surprising to find many textbooks on nutrition and biochemistry still using phrases to describe vegetarian and vegan diets as lacking in 'essential' or 'complete amino acids'. As far back as 1994, Young published a paper detailing the myths and realities of the role of plant proteins in human nutrition. He explained how most dietary combinations of plants are complete, although certain food proteins may be low in specific amino acids. He also showed that protein quality depends not only on the source, but also on the dietary mixture of plant proteins which can be as high in quality as animal proteins. Another entrenched idea is that non-animal food proteins had to be eaten at the same meal, so that essential amino acids lacking in one food were compensated by their presence in another. This should now be regarded as inaccurate, but it still features in textbooks.

The 2009 American Dietetic Association's Position Paper on Vegetarian Diets says: "Plant protein can meet requirements when a variety of plant foods is consumed and energy needs are met. Research indicates that an assortment of plant foods eaten over the course of a day can provide all essential amino acids and ensure adequate nitrogen retention and use in healthy adults, thus complementary proteins do not need to be consumed at the same meal."

According to many sites including the USDA Database Standard Reference 27, it is possible to look up the analysis of any one whole plant food, where it is evident that all essential amino acids exist within it. It's not like this is a secret; this data has been publicly available from the USDA for decades and now the USDA's database is even online.

Despite these revelations and such data bases, the majority of nutrition sites or textbooks still use the word 'incomplete' to describe proteins from vegetable sources and refer to the need for complementing proteins. This may be appropriate in some cases where dietary sources of protein are limited, but it is not so in most developed Western countries. Furthermore it might also be worth considering that, to the best of my knowledge, none of the current recommendations for protein intake allows for,

or considers, the environmental impact of meat consumption. This aspect will be discussed during the presentation.

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J Am Diet Assoc. 2009 Jul; 109(7):1266-82. PMID: 19562864

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Service user involvement in sustainability in chronic kidney disease

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We are patient members of the National Kidney Foundation, All Party Parliamentary Group, Green Nephrology as well as the hospital and renal Patient Forum.

We are also involved with the Public Patient Initiative in the Bristol Health Partners Chronic Kidney Disease Health Integration Team.

We have a number of projects that we have prepared and are in various stages of being funded and implemented.

We have identified two areas that will benefit patients and help Trusts make better use of resources: remote consultation and transport and appointments co-ordination.

Sustainable eye care toolkit

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The NHS, Public Health and Social Care System ‘Sustainable Development Strategy’ was launched in January 2014 and defines a sustainable health and care system as one which “works within the available environmental and social resources protecting and improving health now and for future generations”. It states that economic, social and environmental sustainability are key components of a health sector that works in the interests of patients.

This Ophthalmology-specific Sustainability Checklist has been developed by reviewing abstracts submitted to the Royal College of Ophthalmology Congress 2008-2013 and other published literature relating to examples of sustainable healthcare. The aim is to use this checklist to survey how frequently these practical examples have been adopted within the eye department reviewed.

This toolkit was trialled at several Ophthalmology Departments in the UK and the results were then used as a basis for discussion of a focus group with the participants.

Six main areas were identified and used as a basis for the checklist: disease prevention and health promotion, patient education and empowerment, professional education and skill development, lean service delivery, low carbon alternatives and cost reduction, savings and quality improvement; detailed questions relating to each of these categories were included in the survey to enable users to ascertain what methods for sustainable working are already in place in their department.

The focus group included discussion around the questions used in the toolkit, ease of use, perceived relevance of the survey and any areas that were highlighted for improvement. The toolkit was then updated with the outcomes from the focus group.

This pilot study will provide the basis for a National Survey of Sustainability Practice within Ophthalmology departments in the future.

Sustainability in wellness and health

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Introduction

The year 2015 represents a global policy opportunity for convergence and integration across three policy agendas: the post-2015 Framework for Disaster Risk Reduction (03/2015), the Sustainable Development Goals (09/2015) and the climate change agreements (12/2015). There is an urgent need to align these major global policy instruments and integrate conceptual frameworks of understanding from other disciplines and policy areas into health. As members of a group of experts advising the United Nations Open Working Group on the Sustainable Development Goals (SDGs) proposed as of November 2014, we undertook a review of Goal 3 (Ensure healthy lives and promote well-being for all at all ages) against other policy agendas to examine whether there was sufficient integration of the climate change and disaster risk reduction agendas with this goal.

Methods

A non-systematic literature review of high-level policy documents informing the post-2015 agenda, the grey literature on disaster risk reduction, as well as IPCC AR5 was undertaken and each of the 13 targets under Sustainable Development Goal 3 was reviewed in relation to this literature and in relation to the other 16 SDGs. Particular attention was devoted to synergies that may have been missed between health and major social determinants of health including diet and transport.

Results

The review found that SDG3 (the health goal) is wide-ranging and includes non-communicable diseases, mental health, disease prevention, tobacco control, disaster risk reduction and intellectual property. However, missing elements were identified including acknowledgement of the role of the global food system and the built urban environment which are crucial to addressing climate change, as well as socioeconomic factors such as education and working conditions/occupational health which are all determinants of the global disease burden. This could be addressed through stronger links with Goals 4, 8, 10, 11, 12 and 16. There is also an opportunity to make the link with the targets and indicators proposed in the post-2015 Disaster Risk Reduction Framework.

Conclusion

Health is related to every other aspect of development either as an input or as a consequence of activity in other goals and policy agendas. Highlighting synergies

with the other landmark UN agreements on climate change and disaster risk reduction and a greater recognition of the role of rapid unplanned urbanization, disasters and climate change impacts within the health goal of the SDGs could help to ensure integration of health and sustainability concerns during the implementation phase of the SDGs.

Acknowledgements

This work was done as a contribution to the International Council for Science's review of the Sustainable Development Goals.

Sustainable travel and health: What are people saying, how do they respond to offers of help, and what should we do?

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How we travel directly affects our health and is an important component of wider sustainability. Our 150 minutes of physical activity a week could simply be a 15 minute brisk walk to work, and the same back home. If 10% of our journey time was spent cycling, we could reduce heart disease, type 2 diabetes and stroke and save the NHS £17 billion over 20 years (Jarrett et al, Lancet 2012; 379, 2198-205); meanwhile, we complain about car parking charges at hospitals. Travel is also an important dimension of other aspects of sustainability, not least it is responsible for 21% of UK greenhouse gas emissions, with only a 3% reduction since 1990 (DECC 2014, 2012 UK Greenhouse Gas Emissions Final). Nationally, public concern about pollution from transport is decreasing as we learn more about how harmful it is.

Since 2006, Brighton and Hove City Council has been listening on the doorstep to what people are saying about travel and offering help to walk, cycle and go by public transport a bit more and to drive a bit less or more economically. In 2012 and 2013, we knocked on more than 20,000 doors in the Lewes Road area as part of major changes to the road network and public transport. What did people say, what did they want and how did they respond to specific offers of support, for example free bus travel, cycle maintenance or fuel-saving driver training?

In 2014, the focus for action on air pollution sharpened when Public Health England published estimates of the number of lives lost as a result of man-made fine particles - here in Brighton and Hove, around 115 a year (Public Health England 2014, Estimating Local Mortality Burdens associated with Particulate Air Pollution). Nationally around one-fifth of this pollutant comes from road transport. The House of Commons responded that "Local Health and Wellbeing Boards and clinicians should be taking a lead in promoting public awareness and active travel." (House of Commons Environmental Audit Committee 2014, "Action on Air Quality", HC212). With the health threat of air pollution, the health opportunities from active travel, and the public response to assistance, what should we do next?

Resilience research and practice: a social justice approach with a whole system perspective

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This presentation offers an overview of work being undertaken within the Resilience Group in the Centre for Health Research at the University of Brighton in partnership with Boingboing and other community groups and introduces a novel perspective of researching and practicing resilience. Resilience is a widely-used concept in health and developmental literature that helps explain differences in how well people deal with adversity. While much is known about the nature and circumstances that promote resilience, empirical and practical efforts to build it, especially in disadvantaged populations, are scarce. Bringing resilience research and practice together for disadvantaged/marginalized populations and supporting individuals/organisations working with them is at the core of our practice. Theoretical advances we are working on include the development of resilience theory which takes a social justice approach and whole-system perspective. Resilience assumes adversity. There is consistent evidence that health-related and developmental adversity conditions are closely linked to inequalities issues. Uniting resilience research/practice with a social justice approach aims to tackle the causes of the causes and improve sustainability of programs for individuals and communities experiencing health, wellbeing and developmental problems. One example of our work is the UK Research Councils' funded *Imagine* Programme, an international, multidisciplinary project working across five European countries involving twelve projects. All target the resilience of children/adults with multiple disadvantages using a Communities of Practice approach which assumes that a collaborative approach to knowledge generation will bring shared motivation for implementing new knowledge in practice. Shared learning is more likely to be internalized and sustainable beyond the life time of the projects. Moreover, our work takes an ecological systems approach. Understanding the wider context of the individual and/or community is crucial to our approach as we emphasise both a community development aspect and active involvement of the individual within his/her community. Our work suggests sustainable changes in health and development of individuals can be reached through system-level changes, such as at the institutional level, such as schools, or at the local community level. How to help people improve their health and quality of life through sustainable change is a key focus of our work. We emphasise developing a strategic set of mechanisms which help cope with adversity as well as deal with systemic challenges. Our work has strong potential to contribute to health and developmental outcomes of children/youth by addressing the needs of disadvantaged/marginalised populations and developing efforts to build their resilience capital.