



Tropentag, September 9-11, 2020, virtual conference

“Food and nutrition security and its resilience
to global crises”

Agro-therapeutic Learner-centred Social Prescribing and Clinical Leadership in Integrated Pathway Beyond Geographical Boundaries

SUZANNE MBI ENOH-ARTHUR¹, PATRICK VAN DAMME², PETER KWAME ARTHUR³, ANDY RAJKUMAR⁴

¹*East London Nhs Foundation Trust, Bedford Psychiatric Liaison Service, United Kingdom*

²*Ghent University, Dept. of Plant Production - Lab. for Tropical Agronomy, Belgium*

³*Akafro Green Care Nature-Based Interventions and Moringa oleifera Research, Christ the King Catholic Church, United Kingdom*

⁴*East London NHS Foundation Trust, Luton and Bedfordshire Wellbeing Service, United Kingdom*

Abstract

An integrated crisis pathway using learner-centred, peer supported specialist clinician leadership promotes social prescribing for green-care nature-based intervention using economy of communion. A needed change in perception for population health services to resolve global crisis beyond boundaries. Facilitating holistic assessments with restorative agro-therapy based on Attention and Restoration Therapy (ART) are also supporting food and nutrition security and rehabilitation of degraded lands with production of value-added organic fertiliser. Research Question: Could peer-supported learner-centred agro-therapy resolve shared global crisis that impact mental health recovery? Research Aim: This study on clinical leadership, effective management and continuous quality improvement, promotes population health and global crisis resolution beyond geographical boundaries. Method: Cross-sectional studies of peer-supported learner-centred education, servant leadership and economy of communion in action. Life-long agro-therapy and community participation access to socio-cultural food and nutrition security for global crisis resolution. Result and Outcomes: Universal Personalised Care (UPC) in place to deliver new relationship between people, professional and the healthcare system with evidence of 50 participants enrolled for ‘care farming and organic food growing’ course with a Recovery College in the UK. Peer supported leadership and management of clinical interventions in non-clinical environments using 2.0 square kilometres of land (5 allotment plots), 20 kg of *M. oleifera* dried leaf from Africa and *Symphytum officinale* a common perennial herb for value added liquid organic fertiliser used in diluted solutions for routine watering. Evidence of 40 % increased production was shared with similar experience from farm workers in Africa for commonly grown household vegetables like amaranth leaf, broad bean, chard, garlic, onion, parsley, potato, spinach and tomato. Miscellaneous resource-only annual budget of £5,000 generated from UK National Health Service, charitable institutional grants and individual donations, are significantly low, costed at approximately £2.50 per patient per week in comparison with other healthcare services with similar clinical impact. Conclusion: A specialist clinical social prescribing is formalised for introducing supported learner-centred green-care nature-based interventions using farming practices in communion with local

communities beyond boundaries for accessible food and nutrition security and global crisis resolution in action. Hence mental health normalisation is recommended for empowering connectedness, ownership and functional recovery.

Keywords: Crisis, Food, Health, Mental, Normalisation and Recovery, Nutrition