**Supplementary Table S1. Study settings, target populations, and participants (Therapeutic gardening/ horticulture)**

| **Author year** | **Setting** | **Target population** | **Participants** |
| --- | --- | --- | --- |
| **Therapeutic gardening/ horticulture** |
| **Adevi 2012** | Alnarp Rehabilitation Garden in Sweden | People with stress and exhaustionDisorders | 5 interviews and 1 focus group with caregivers, observations with 13 participants |
| **Adevi 2013** | Alnarp Rehabilitation Garden | People with stress and exhaustionDisorders | 5 participants3 female, 2 male |
| **Aslan 2016** | Outdoor environment | Recovery from substance abuse | Interviews, n=8 (3 female, 5 male)Observation (n=37) |
| **Austin 2006** | Senior centre in New York | Senior citizens | N=6 (3 female, 3 male)Age: 68.17 (SD=8.035) |
| **Barley 2012** | Sydenham Garden horticultural and participatory artsrehabilitation project in South London | People with severe mental andphysical health problems | N=16 (7 female, 9 male)Age: Between 38 and 91 |
| **Bay-Richter 2012** | Not reported | Patients with a mood- oran anxiety disorder | Not reported |
| **Cerwén 2016** | Rehabilitation garden in Alnarp, Sweden | Patients with stress-related mental disorders | N=59 (50 females, 9 males)Age: 25-62 |
| **Detweiler 2005** | Dementia wander garden | Stroke patients without dementia | N=1 (male)Age: 74 |
| **Edwards 2013** | Magnolia House Therapeutic Garden | Elderly care residents with dementia | N=10 (9 female, 1 male)Age: 79-90 |
| **Eriksson 2010** | Vocational rehabilitation clinic in Sweden | Clients with stress-related disorders | N=8 (Former clients, 7 female, 1 male)Age: 41 (32-50)N=7 (Team members, 6 female, 1 male)Age=44 (29-52) |
| **Eriksson 2011** | vocational rehabilitationclinic in Sweden | women with stress-related ill health who are on sick leave | N=5All femaleAge: 43 |
| **Galvin 2000** | Wholesale shrub nursery | People with mental health problems | N=27 (23 male, 4 female)Age: 40 (21-58) |
| **Gigliotti 2004** | adult dayservice (ADS) program | People with dementia | N=14Age: 83 (70-97) |
| **Gonzalez 2011a, b** | 4 urban green care farms | adults diagnosed with clinical depression | Study 1: N=18 (3 male, 15 female)Age: 49.7Study 2: N=28 (7 male, 21 female)Age: 44.1  |
| **Heath 2001** | Care facility for the elderly | Elderly residents and families | N=190 (110 male) |
| **Hewitt 2013** | 1 horticultural garden and 1 dementia hospital garden | people with young-onset dementia | N=9 |
| **Jagger 2016** | Community learning garden | students, faculty staff and wider community | N=3 |
| **Jonveaux 2013** | Healing garden in Nancy, France | Dementia patients, visitors and caregivers | SurveyN=63 (nursing homes)InterviewsN=123 |
| **Kim 2010** | Three hospitals in Seoul, Korea | Stroke patients with hemiplegia | N=40 (14 female)Age: 58 (treatment group only)Duration of hemiplegia from 6 months to >25 months |
| **Lee 2008** | Women’s shelter in Korea | Domestic violence survivors | N=24 women12 intervention; 12 controlAge: NR |
| **Lidén 2016** | Alnarp Rehabilitation Garden, Sweden | women on long-term sick leave | N=52 (all female)Age: 21-62 |
| **Luk 2011** | Nursing home | Nursing home residents with dementia | N=14 (13 female, 1 male)Age: 84.9 (SD=8.3) |
| **O'Brien 2011** | Meanwhile Wildlife Garden in London | Referred volunteers with mental health problems | N=77(Case study 1)Age: 16-76N=10 (Case study 2)Age: 22-60 |
| **Ottosson 2005** | Nursing home in Sweden | Residents in a nursing home | N=15 (13 female, 2 male)Age: 86 |
| **Pálsdóttir 2014** | rehabilitation garden in Alnarp, Sweden | People with stress-related mental illness | N=21 (19 female, 2 male)Age: 29-68 |
| **Parr 2007** | 2 urban garden schemes in the UK | people with mental-health problems, addiction or learning disabilities | Ecoworks: Not reportedCoach House Trust: 50-60 |
| **Perrins-Margalis 2000** | ClubhouseFacility | People with chronic mental illness | N=10Age: NA |
| **Rappe 2005** | Nursing home in Finland | Elderly people in institutional care | N=30Age: 84 (70-98) |
| **Rappe 2006** | Nursing home in Finland | Elderly people in institutional care | N=45 (all female)Age: 85 (64-98) |
| **Rappe 2008** | Gardening plot in Helsinki, Finland | mental health outpatients | N=12 (11 male, 1 female)Age: 53.3 (41-64) |
| **Raske 2010** | Nursing home | Nursing home residents | N=16 (6 male, 10 female)Age: 81.4 (65-99) |
| **Renzetti****2015** | Women’s shelter in Kentucky | Shelter administrators and staff | N=17 |
| **Richards 1999** | Patuxent Institution, maximum security prison in Maryland US | incarcerated offenders with substance abuse history | N=33 (8 female, 25 male)Age: 33.5 (17-54) |
| **Sahlin 2015** | Nature-based rehabilitation centre in Sweden | Employees with stress-related mental disorders who had been on sick leave | N=57 (RHB group, 53 women, 4 men)Age: 45 (26-63) |
| **Sarno 1997** | Garden facility at Rusk Institute in New York | Individuals with Acquired Aphasia | N=19 (11 male, 8 female)Age: 73.9 (49-90) |
| **Stein 1997** | Residential care facility | Residents with disabilities  | NA |
| **Verra 2012** | Rehabilitation clinic inBad Zurzach, Switzerland | patients with chronic musculoskeletalpain | N=37Age: 47.1 (20.4—66.9) |
| **Währborg 2014** | Designed rehabilitation garden in Alnarp, Sweden | Patients referred with stress-related illness or depression | N=103 (92 female, 11 male)Age: 45.9 (SD=9.7) |
| **Whatley 2015** | Community garden in Melbourne | Referred patients with mental health problems and staff  | N=13 (Observations)N=6 (interviews) |
| **Wichrowski 2005** | The Rusk Institute of Rehabilitation, New York | Cardiac rehabilitation inpatients | N=59 (34 male, 25 female) |
| **Zhu 2016** | Minhang District Mental Health Center | Inpatients with schizophrenia | N=55 (24 males, 31 females)Age: 46.5 (SD=9.0) |

\*: Mean (SD), unless otherwise stated

**Supplementary Table S2. Study settings, target populations, and participants (Animal-assisted therapy)**

| **Author year** | **Setting** | **Target population** | **Participants** |
| --- | --- | --- | --- |
| **Animal-assisted therapy** |
| **Barker 1998** | Inpatient psychiatry service of an urbanacademic medical center | Referred Hospitalized Psychiatric Patients | N=313 (174 female, 139 male)Age: 37 (SD=12) |
| **Barker 2003** | Electro-convulsive therapy suite in academic psychiatry medical centre | Psychiatric inpatients and outpatients awaiting ECT | N=35 (25 female, 10 male)Age: 54.2 (+18.6) |
| **Beck 1986** | Psychiatric hospital unit | Psychiatric inpatients | Intervention groupN=8 (2 female, 6 male)Age: 41.6 (SD=13.5)Comparison groupN=9 (3 female, 6 male)Age: 41.4 (SD=11.3) |
| **Buettner 2011** | Oncology waiting room in a Cancer Center | Cancer patients and family members | N=80 (23 male, 57 female)Age: 62.4 (18-87)  |
| **Chinner 1991** | 15-bed hospice in Adelaide, Australia | Terminally ill hospice residents | Time 1:N=8 (5 female)Age: 70.25 (range: 55 to 83)Time 2:N=6 (3 female)Age: 67.6 (range: 59 to 75)Time 3:N=4 (2 female)Age: 69.25 (range: 66 to 71) |
| **Chu 2009** | Psychiatric institution in Hualien County, Taiwan | Taiwanese inpatients with schizophrenia  | N=30 |
| **Coakley 2009** | 3 hospital inpatient units | Hospital patients | N=61 |
| **Colombo 2006** | Seven elderly rest homes in Veneto Region of Northern Italy | cognitively unimpaired institutionalizedelderly | N=144 (97 female, 47 male)Age: 78.7 (SD=9.4) |
| **Cushing 1995** | Correctional facility in New Mexico (US) | Inmates | InmatesN=8Age: 35.5Staff interviewsN=12Staff questionnairesN=25Age: 40 |
| **Fick 1993** | Veterans Administration Medical Center | Nursing home residents | N=36 (all male) |
| **Fournier 2007** | Minimum security men’s prison in Virginia, USA, housing 352 inmates | Prison inmates | N=48 men (24 control, 24 intervention)Age: 29 (range: 21 to 46)Mean education time 11.6 years (range: 9 to 15) |
| **Haughie 1992** | NHS psychiatric hospital | Elderly psychiatric patients | Ward 1N=18 (13 female, 5 male)Age: 65-86Ward 2N=19 (all female)Age: 70+ |
| **Hoffmann 2009** | Charite University Medicine Berlin. | Hospitalised patients meeting the DSM IV criteria for unipolar major depression.  | N=12 (6 male)Age: 40.5 +10 |
| **Jasperson 2010** | Utah State Prison | Women inmates with mental health difficulties | N=1 Age: 42Incarcerated for drug chargesDiagnosis of Schizo-affective disorder |
| **Johnson 2008** | Radiation oncology units of two hospitals | Cancer patients undergoing radiation therapy | N=30Dog intervention group N=10 (8 female, 2 male)Age: 61 (39-77) |
| **Katsinas 2000** | Nursing home | Nursing home patients with dementia | N=12 (9 female, 3 male)Age: 84 (69-98) |
| **Kovács 2004** | Social institute for psychiatric patients | middle-agedschizophrenic patients | N=7 (4 female, 3 male)Age: 43.6 |
| **Kumasaka 2012** | Palliative care unit | Nursing home patients | N=20 (9 male, 11 female)Age: 69.45 (SD=11.66) |
| **Le Roux 2009** | Nerina Place, an old age home in Bishop Lavis (Capetown, South Africa) | Elderly residents in a long-term care facility | N=16 (8 female, 8 male)Age: NA |
| **Lynch 2014** | Hospital setting at University of Arkansas  | Antepartum hospitalised women with high-risk pregnancies | N=82 (all female)Age: 26.9 (SD=5.7) |
| **Marr 2000** | state psychiatric facility | Psychiatric patients | N=69 (48 male, 21 female)Age: 41.5 (SD=1.7) |
| **Mercer 2015** | Animal centre in a UK prison unit | Offenders and staff involved with animal programme | N=8 (3 offenders, 5 staff) |
| **Neer 1987** | 1 nursing care facility1 mental health facility | Geriatric residents | N=66 |
| **Orlandi 2007** | Oncology centre in Italy | Oncology patients undergoing chemotherapy | N=89 (61 males, 28 females)Age: NA |
| **Perelle 1993** | Mixed care nursing home in Westchester, New York.  | Care home residents  | N=53 (18 male, 35 female)Age: 75.39 +11.72 |
| **Rossetti 2008** | Psychiatric hospital in Chicago | Behavioural health staff | N=10 |
| **Savishinsky 1992** | 3 nursing homes in upstate New York | Nursing home volunteers | N=52 (patients)N=45 (pet visitors)N=21 (volunteers) |
| **Sockalingam 2008** | Psychiatric hospital | Single case study of patient with bipolar-disorder | N=1 (male)Age: 43 |
| **Stasi 2004** | Nursing home for elderly patients | Nursing home residents with chronic age-related disabilities | N=28Age: 85 (SD=12.6) |
| **Turner 2007** | Medium security prison for adult men | Male inmates | 6 inmates arrested for a variety of offences |
| **Walsh 1994** | Women’s prison in South Australia (Northfield Prison Complex, Women’s Section) | Women prisoners | N=8 (All female)Age: 25.8 |
| **Winkler 1989** | Nursing home in Perth, Australia | Nursing home residents and staff | N=20 (patients, 19 female, 1 male) |
| **Zisselman 1996** | Wills Eye Hospital Geriatric Psychiatry Unit | Geriatric psychiatry inpatients with chronic age-related disabilities | N=33 (22 female, 11 male)Age: 76.7 (SD=8.1) |

**Supplementary Table S3. Study settings, target populations, and participants (Care farms)**

| **Author year** | **Setting** | **Target population** | **Participants** |
| --- | --- | --- | --- |
| **Care farms** |
| **Berget 2007** | Farms with animals | severely ill psychiatric patients | N=35 (26 female, 9 male)Age: 35.7 (SD=10.9) |
| **Elings 2008** | 8 Green care farm in the Netherlands | people with a psychiatric or addiction history | N=42 |
| **Ellingsen-Dalskau 2015** | 4 Care farms in Norway  | People with mental health problems | N= 10 (2 male, 8 female)Age: 20-42 |
| **Hassink 2010** | Care farms in the Netherlands | 3 client groups: severe mental health problems, youth care, frail elderly | psychiatry clientsN=16 (12 male and 4 female)Age: NAElderly careN=12 (9 male, 4 female)Age: NA |
| **Hine 2008** | UK care farms  | Care farm users for various psychosocial issues | N=72 (pilot) |
| **Iancu 2014** | 13 care farms in the Netherlands | Users of care farms with mental disorders | N=14 (9 male, 5 female)Age: 39.6 (SD=13.3)  |
| **Pedersen 2011** | 8 dairy farms in Norway | Persons with Clinical Depression | N=14 (3 male, 11 female)Age: 37.4 (23-54) |
| **Pedersen 2012** | Dairy farm in Norway | Persons with Clinical Depression | N=8 (1 male, 7 female)Age: 37.6 |

**Supplementary Table S4. Study settings, target populations, and participants (Virtual reality)**

| **Author year** | **Setting** | **Target population** | **Participants** |
| --- | --- | --- | --- |
| **Virtual reality** |
| **Alvarsson 2010** | Laboratory | Students | N=40 (24 female, 16 male)Age: 27  |
| **Annerstedt 2013** | Virtual reality laboratory of Lund University | Students and staff with good health and no hearing impairment | 30 males with a mean age of 27.7(SD = 6.7) |
| **de Kort 2006** | Virtual natural environment in a laboratory | Students | N=80 (29 female, 51 male)Age: 24 (SD=4.8) |

**Supplementary Table S5. Study design, methods, and intervention details (Garedening and horticulture-based therapies).**

| **Authors, year** | **Design** | **Methods** | **Intervention details** |
| --- | --- | --- | --- |
| **Garden and horticulture-based interventions** |
| **Adevi 2012** | Qualitative case study; grounded theory | In-depth interviews (n=5)Focus group (1\*5 participants)Participant observation (13 participants over 2 periods of 12 weeks) | Garden therapy in Alnarp rehabilitation centre, Sweden. Participants with stress/ exhaustion disorders referred by GPs for a rehabilitation programme over 12 weeks (4 half-days/ week). Activities include horticultural therapy, picture therapy, physical therapy and rehabilitation. |
| **Adevi 2013** | Grounded theory | Semi-structured interviews (n=5) on expectations and evaluation of the rehabilitation programme. Analysis via open coding and data saturation | Garden therapy in Alnarp rehabilitation centre, Sweden. Participants with stress/ exhaustion disorders referred by GPs for a rehabilitation programme over 12 weeks (4 half-days/ week). Activities include horticultural therapy, picture therapy, physical therapy and rehabilitation. |
| **Aslan 2016** | Applied thematic analysis | Semi-structured interviews (n=8); 4 observation days; 4 focus groups (n=37); themes developed through coding. | Recovery through nature programme (UK), where service users are taken to engage in conservation activities, in conjunction with conservation agencies in the UK (National Trust; John Muir Trust, Forestry Commission, local parks) |
| **Austin 2006** | Single group before-after pilot study | Functional health (Dartmouth COOP Functional Health Assessment Charts), depression (GDS), and physical fitness (6-minute walk test) were taken before the gardening intervention and after 8 weeks. | Senior Centre in Upstate New York. A garden was developed in which residents who wanted to garden were provided with space, containers filled with dirt, and plants for growing.  |
| **Barley 2012** | Qualitative study, thematic analysis | Semi-structured interviews with open-ended questions. Interview transcripts (n=16) analysed in Nvivo with several iterations of coding. | Sydenham Garden is managed as a nature reserve where clients may grow vegetables, herbs and flowers. Clients may then use these plants or sell them at local fairs. The programme also includes the opportunity to engage in arts activities. |
| **Bay-Richter 2012** | RCT | Blood samples were taken at baseline, 4 weeks, and 8 weeks and assessed for inflammatory factors. Psychopathology was measured with MADRS. Analysis with repeated measures ANOVA | 8-week garden rehabilitation or treatment as usual. |
| **Cerwén 2016** | Qualitative, IPA | Semi-structured interviews (n=59) focusing on participants’ experience of rehabilitation after 12 weeks of the intervention. The analysis focused on the experience of sounds by searching systematically through interview transcripts. References to sounds were then coded, categorised, and analysed for meaning.  | 12 weeks of nature-based rehabilitation therapy in Alnarp garden, Sweden. The garden is 2 hectares in size and includes a nature-like area and an area for cultivation. The garden is prescribed for people with stress-related illness and is designed to include relaxing features. |
| **Detweiler 2005** | Case study | Observational study, focusing on improvements in gait, walking distance, and independent toileting in the stroke patient during rehabilitation in the dementia wander garden | After initial indoor rehabilitation, the patient was rehabilitated in the dementia wander garden for increased durations of time (15 mins initially to 45 mins after 30 days). The patient was trained by rehabilitation professionals to navigate obstacles and lift his right foot while walking. |
| **Edwards 2013** | Mixed methods, before-after study | A new garden was built in a care home for people with dementia, and participants were assessed before the garden was opened, and 3 months after, for: cognition (MMSE); dementia-related quality of life (DEMQOL); depression (SCDD), and agitation (CMAI). Scores before and after were compared with t-tests. Semi-structured interviews for qualitative data. | A therapeutic, interactive, sensory wandering garden with adjoining atrium/ sunroom. The garden was designed after a review of the literature, and included components aimed at evoking pleasurable memories and experiences (eg. a viewing platform over the Australian bush, a finch aviary, a water feature and growing beds).  |
| **Eriksson 2010** | Qualitative, exploratory grounded theory study | Patients with stress-related illness were recruited from rehabilitation clinics with theoretical sampling. Data collection included field observations and an open-ended interview with each participant. Open and focused coding, and constant comparison were used to derive themes.  | Four rehabilitation programmes in a rehabilitation clinic in Sweden. Two of the programmes involved therapeutic gardening activities such as flower arranging and planting cuttings. These were performed in a garden designed to promote relaxation and healing.  |
| **Eriksson 2011** | Longitudinal, grounded theory study | Participants (n=5) in a therapeutic gardening rehabilitation programme were interviewed three times at weekly during the rehabilitation process, and once three months after the intervention. Data were analysed using grounded theory techniques (memo writing, constant comparison) | Vocational rehabilitation clinic in Sweden, including a therapeutic garden. The garden is in a 500-metre square greenhouse and the rehabilitation is supported by a multidisciplinary team (occupational therapist, physiotherapist, social worker, gardener). |
| **Galvin 2000** | Qualitative, thematic analysis | Focused conversational interviews used to explore: personal circumstances; health & social care; self-perception; and views of the sheltered work opportunity project. Data analysis with thematic content analysis. | Sheltered Work Opportunities Project – a non-profit shrub nursery based in Dorset, UK. All aspects of horticulture are undertaken by people from rehabilitation and hospital services, who are supported by paid staff. |
| **Gigliotti 2004** | Observational, quasi-experimental study | People with dementia were offered three types of HT: cooking, crafting, and planting. Observational data were collected during HT and traditional therapies using a dementia care mapping technique, and compared between groups using paired samples t-tests.  | 26 different types of HT offered by students: nine planting, nine cooking, and eight crafts. Activities took place both within the dementia care home and outside in planting beds. |
| **Gonzalez 2011a&b** | Single group before-after study | Two before-after studies examined existential issues and depression following a brief HT programme. Both studies used the BDI to measure depression. Existential issues were measured with the LRI-R in study 1 and the SOC in study 2. Repeated measures ANOVA used to compare scores at baseline, during the intervention, and 3-months after.  | 12-week HT programme for depression, including “active” components (sowing, germinating, pollinating) and “passive” components (walking, watching nature) |
| **Heath 2001** | Cross-sectional survey | 25-item survey based on the design goals of the garden was sent to residents, family members, and care staff. The survey included likert-type questions and yes/ no/ unsure items. Descriptive statistics were presented and compared between stakeholder groups with chi-square tests.  | Eight therapeutic gardens were built on The Lodge, a care home for residents with cognitive impairments. Residents were free to use the garden as they wished – there were no structured activities offered. |
| **Hewitt 2013** | Mixed method, before-after study | Participants were assessed for activities of daily living (BADL), cognition (MMSE), and wellbeing (Bradford Wellbeing Profile). Measures were taken at baseline, 6, and 12 months.  | 2 hours’ weekly structured gardening activities over 12 months. The sessions began with group socialising, followed by structured gardening activities, and a discussion of the day’s work. |
| **Jagger 2016** | Duoethnography; critical pedagogy of place | Ethnographic collection of field notes, observations and photographsInformal and formal conversations with faculty members and students | Creation of a learning gardening in urban education facility. University of Toronto students, staff and members of the community were invited to engage in garden-based learning programmes. Participants used the garden as a social space and grew food together. |
| **Jonveaux 2013** | Mixed-methods design | Survey of geriatric care centres (N=63)Structured interviews (N=123)Survey for postoccupancyEvaluation | Garden visits, active gardening activities and transgenerational workshops |
| **Kim 2010** | Nonrandomised pretest-posttest, between-group study | Patients were assigned to groups involving occupational therapy only, or horticulture-based occupational therapy (approach for group allocation unclear). Groups were evaluated before and after the intervention on visual-motor coordination skills (Grooved Pegboard Test); mood (GDS); and activities of daily living (FIM) | Horticultural occupational therapy was designed to support physiological and psychological improvements among stroke patients. The course was run over 4 weeks and included activities such as sowing sprout seeds, making flower baskets, making soup, and making calendars with tree leaves. |
| **Lee 2008** | Two-group, pretest-posttest study | Participants were assessed on self-esteem (RSE) and depression (ZDS) at baseline and after 12 weeks of horticultural therapy or no horticultural therapy. | The shelter was fitted with a kitchen garden, a farm in the field, and farming tools. 24 HT sessions were delivered over 12 weeks. Activities included flower pressing, flower arrangement, adopting herb cuttings, group planting, herbal hair rinse making, and outside walks. |
| **Lidén 2016** | Before-after single group study | Health-related quality of life (HRQoL) of the 123 female participants was assessed using SF-36 measures at baseline, after 14 weeks and at the end the programme.  | The four-leaf clover project combined established horticultural therapy at Alnarp garden with Supported Employment (SE) as job coaching for the rehabilitation of people with disabilities or stress-related illness. Participants engaged in gardening and handicraft activities, mindfulness exercises and spent time in a natural and relaxing environment.  |
| **Luk 2011** | RCT (Single-blinded pre- and post-test) | 14 nursing home residents with agitation were randomly assigned to a horticulture and a control group. Levels of agitation were measured pre- and post-intervention usingthe Chinese version of the Cohen-MansfieldAgitation Inventory (C-CMAI). | Participants engaged in weekly horticultural activities including seeding, planting and fertilising in an outdoor garden for a period of 6 weeks. The control group engaged in social indoor activities for stimulation including origami, doing puzzles, drawing, and making collages.  |
| **O'Brien 2011** | Ethnographic case studies | Participant observationInterviews (n=10)2 focus groups with practitioners Thematic analysis | In the therapeutic gardening programme (case study 2), participants with mental health problems were either referred or self-referred and volunteered in the garden 2 to 3 times a week for a full day. They engaged in outdoor conservation activities |
| **Ottosson 2005** | Crossover pre-post study | Measurement of systolic and diastolic blood pressureand heart rate, The Necker Cube Pattern Control Test (NCPC), Digit Span Forward (DSF), Digit Span Backward (DSB) and The SymbolDigit Modalities Test (SDMT)Structured staff interviews | Over a period of 6 months, participants spent 1h of recreational time in an outside garden (intervention) or indoors (control). Individual tests were conducted on 3 days pre and post recreational time at intervals of 14 days. In both settings participants were resting and not engaging in any physical activity. Seven participants began the study with the outdoor intervention, while 8 began in the indoor control group before crossover. Blood pressure and heart rate were recorded and staff were interviewed for background information. |
| **Pálsdóttir 2014** | Longitudinal mixed-methods design | Measures pre and post intervention and at 1 year follow-up: experiences of everyday occupations (Oval-pd), self-assessedoccupational competence (OSA-F), health status (EQ-VAS, SCI-93), and sense of coherence (SOC-13)Semi-structured interviews 12 weeks after intervention | The rehabilitation programme took place in a specially designed two-hectare health garden where participants could use the garden freely and according to their individual needs. The intervention programme ran for 12 weeks in which 4 weekly sessions of 3 to 3 and a half hours combined relaxing exercises with horticultural activities in between meetings with the physiotherapist or psychiatrist. At baseline, the following instrumentswere used: SCI-93, SOC, OSA-F, Oval-pd, and Eq-VAS. At follow-up 1 (12 weeks), the following instruments were used: SCI-93, SOC, and OSA-F. At follow-up 2 (36 weeks), the following instruments were used: Oval-pd,Eq-VAS, and semi-structured interviews. One year after the intervention ended, return to work rate was assessed (follow-up 3). |
| **Parr 2007** | 2 ethnographic case studies | Documentary analysisInterviewsObservations | Volunteers at the Ecoworks allotments project engage in a range of gardening activities, both individually and in groups. The focus is on landscaping and restoration rather than food production and participants do not work towards specific therapeutic goals.At the coach house trust, activities include recycling, composting and general gardening and furniture making. Organic food is grown for use by the project and local residents and participants also landscape private residential gardens on a contract basis in addition to receiving a £20 reimbursement for travel and food expenses.  |
| **Perrins-Margalis 2000** | Qualitative case study | Participant observationJournals completed by participantsSemi-structured interviews (N=10)Hermeneutic phenomenological analysis | Over a 6 week intervention period, participants in the rehabilitation clubhouse took part in 2 weekly structured horticultural activities and were asked to reflect on their experience in a journal after each session to explore QOL impacts. Activities varied each week and included planting seedlings, creating wreaths and flower beds and preparing soil.  |
| **Rappe 2005** | Survey design | Questionnaire including the Zung self-rating depression scale (ZFDS) and personal assessments of different aspects of the garden | Nursing home residents were given access to an activity garden and visit a balcony overlooking the garden.  |
| **Rappe 2006** | Survey design | QoL questionnaire including the Nottingham Health Profile (NHP) | The nursing home residents have access to a park within the institution along with walking paths and a pond, where outdoor visits were defined as either walking in the outdoor space or viewing it from the balcony.  |
| **Rappe 2008** | Mixed-methods case study | QuestionnairesDiaries completed by participantsParticipant observation | The group of mental health outpatients met weekly at a gardening plot to cultivate vegetables and grow flowers, herbs and berries. Other tasks included weeding, picking flowers and produce and watering the plot and compost heap. During the sessions participants engaged in group conversations and were given diaries and access to cameras to document their own experiences.  |
| **Raske 2010** | Qualitative case study | Semi-structured interviews | Residents were given access to an enabling garden in the courtyard of the nursing home. Activities included indoor seed planting, soil preparation, garden maintenance, harvesting, and eating the produce |
| **Renzetti 2015** | Qualitative evaluation | Semi-structured interviews (with staff)Grounded theory | The project offers shelter and support services to victims of domestic violence, including a working farm where participants voluntarily take part in farming activities such as preparing beds, planting, watering, weeding and harvesting for up to 9 hours per week. Other farm-related activities include cooking farm-to-table, flower arranging, making crafts and body products from harvested products.  |
| **Richards 1999** | Pretest-posttest design | Questionnaires including Symptom Checklist-90-Revised (SCL-90-R), Comprehensive Review of Addiction Variables and Effects (CRAVE), Frequency of Self-Reinforcement Questionnaire (FSRQ)and the Generalized Expectancy for Success Scale (GESS) | Over a 6 month period, offenders took part in class lectures, group therapy and weekly gardening work under supervision. The gardening programme is linked to environmental and anti-drug education where offenders are taught the values of hard work, respect for self and for all living things, and cooperative vocational skills. |
| **Sahlin 2015** | Before-after study | Questionnaires at baseline, 3 follow-ups and 6 and months after intervention: Shirom-Melamed BurnoutQuestionnaire (SMBQ), The Beck Depression Inventory (BDI-II), The Beck Anxiety Inventory (BAI), The Psychological General Well-Being Index (PGWB)Register data on health and rehabilitation | The rehabilitation included garden activities, weekly guided walks in the nearby nature reserve, therapeutic painting, group therapy and guided relaxation in nature and indoors. After 16 weeks of rehabilitation (3h per day for 4 times a week), participants gradually re-entered work over a period of 12 weeks. The activities took place in a small house with a conservatory, garden and a greenhouse bordering a 222-acre nature reserve.  |
| **Sarno 1997** | Qualitative pilot study | ObservationsInterviews | Patients, their families and staff had access to a restorative conservatory (1,700f2) and outdoor greenspace (12,000f2) where patients propagateseeds and cuttings, arrange flowers, make cactus gardens and terrariums,and also work on various horticultural craft projects. Patients in the Aphasia Community Groups met three different times over an eight-week period in hour-long horticulture sessions.  |
| **Stein 1997** | Qualitative case study | Participant observation | In weekly gardening sessions, residents (all in wheelchairs) take part in gardening activities and are supported by volunteers who also facilitate discussions and relationship building within the group.  |
| **Verra 2012** | Prospective, nonrandomized,controlled cohort study | Pre- and posttest group comparison between programme without horticultural therapy (control, n = 42) and with horticultural therapy (intervention, n = 37)using Medical Outcome Study Short Form-36 (SF-36), West Haven-Yale Multidimensional Pain Inventory (MPI), Hospital Anxiety and Depression Scale (HADS), the CopingStrategies Questionnaire (CSQ ), and two functional performanceTests | The horticultural therapy program consisted of seven sessions ofgroup therapy, each of 1-hour duration. Participants in the control group received a standard pain management programme, while the horticultural therapy programme consisted of 7 sessions of group therapy, each of 1-hour duration, held twice a week for 4 weeks. Under the guidance of a physiotherapist and horticulturalist, participants were engaged in walking through the garden and greenhouse, examining plants and seeds, potting and vegetable gardening, digging and making bouquets of flowers.  |
| **Währborg 2014** | Retrospective cohort study | Comparison of sick-leave status and healthcare consumption using national databases | The programme took place in a rehabilitation garden over a period of 12 weeks where participants engaged in gardening activities, relaxation exercises, psychotherapeutic activities and walking.  |
| **Whatley 2015** | Qualitative case study | Participant observationSemi-structured interviews | Participants took part in the gardening project 3 days per week where outdoor areas included a Japanese garden, communal garden beds for growing vegetables and herbs and a chicken coop. Gardening activities included planting seedlings, watering, harvesting, composting and writing plant labels. Other programmes for skill development included the running of a community kitchen, market and creative projects.  |
| **Wichrowski 2005** | Quasi experiment | Group comparison of heart rate, POMS total mood disturbance (TMD) score and HR pre- and postintervention | Participants in the horticulture group attended a single session, while those in the control group attended a patient education class (PEC). After an initial tour of the horticulture facility, participants immersed themselves in the sensory environment and engaged in a planting activity.  |
| **Zhu 2016** | RCT | Measured psychiatric changes using the Positive and Negative Syndrome Scale (PANSS) at baseline, the end of the 4th week session and the end of the 12th session | Participants in the intervention group (n=52) engaged in guided horticultural therapy for a period of 12 weeks for 3 times every week with each session lasting for 90 minutes. Activities included ridging, planting, watering, fertilising, collecting vegetables and cooking. The control group (n=52) only received the standard medication treatment.  |

. ANOVA, analysis of variance; BADL, Bristol Activities of Daily Living Scale; BSI, Brief Symptom Inventory; CSDD, Cornell Scale for Depression in Dementia; DEMQOL, Dementia Quality of Life Instrument; FIM, Functional Independence Measure; GDS, Geriatric Depression Scale; HT, horticultural therapy; IPA, interpretative phenomenological analysis; MMSE, Mini Mental State Exam; POMS, profile of mood survey; RSE, Rosenberg Self-esteem Scale; VAS, visual analogue scale; ZDS, Zung Depression Scale

**Supplementary Table S6. Study findings and conclusions (Gardening and horticulture-based therapies).**

| **Authors, year** | **Key findings** | **Conclusions** |
| --- | --- | --- |
| **Gardening/ horticulture-based therapies** |
| **Adevi 2012** | Three themes developed: (1) sensory impressions. Sensory stimulation and engagement in the gardening were reported to have therapeutic effects. (2) self-chosen places in the garden. People found places they identified with in the garden that gave them a sense of belonging; and (3) interactions between concrete and symbolic activities. Interacting in the garden in an autonomous way, and finding ways to symbolise difficult experiences had therapeutic effects | The role of the natural environment in developing a model for stress recovery was discussed. The garden therapy opened participants up for other modalities of therapy. |
| **Adevi 2013** | Two main themes developed: 1. “The garden and me – sensuous, moods and symbolism of nature” – participants described the therapeutic benefits of their “favourite places” in the garden, and the pleasure of doing the work. 2. “Together in a garden – the garden, the caregivers and the group” – participants described the benefits of sharing the experience of horticulture with people in similar situations. | Overall, the “calmness and the kindness” of the garden was contrasted with the harshness of other aspects of participants’ lives. The relaxing practice of gardening was proposed as a way to enhance self-regulation.  |
| **Aslan 2016** | Two overarching themes were found: “the process” and “experiencing change”. “the process” was made up of four sub-themes: “childhood and innocence; nature; community as method, and staff lead. “Change was made up of “the old versus the new” and “self-development”. | The features of recovery through nature – the activity, the relationships, and nature – facilitated a process of enlightenment and change. |
| **Austin 2006** | There was a trend toward improvement on most functional activities (physical fitness, feelings, change in health, overall health, social support, social activities, QoL), though only social activities was significant (p=.046). Total emotional score improved (p=.042). There was a trend to reduced depression levels, and participants walked further in the 6 minute walk test (significance for both measures, NR) | The study found some support for the possible benefit of therapeutic gardening among older people. Two measures showed significant improvements, and there was a general trend to improvement on all measures. The study was limited by a small sample size, and better powered studies are needed. |
| **Barley 2012** | Participants in the programme reported benefits of horticulture in terms of: providing purposeful activity; improving mood; escaping life’s pressures; being outdoors and social contact. | Horticultural and arts-based therapy are feasible for improving health in primary care patients with serious physical and mental health problems. Follow-up studies are required to understand longer-term impact.  |
| **Bay-Richter 2012** | The 8-week garden rehabilitation programme had no effect on depression scores; however, biomarkers of inflammation (interleukin 2 and interferon gamma) were reduced by the garden therapy. | Garden therapy did not appear to have an effect on depression scores, but may play a role in reducing inflammation. |
| **Cerwén 2016** | Three classes of sound were identified in the garden, which had different effects on therapeutic impact. “Natural sounds” were generally described as calming and “soft”, they also often spoke about silence. “Technological sounds” most often came from the motorway near one edge of the rehabilitation centre, and were described as annoying and unpleasant. Finally, “human sounds” (conversations, speech etc) elicited varied responses, with some types of talk being very relaxing, and others stressful. | “Quietness” and natural soundscapes can be useful in promoting therapeutic benefits in rehabilitation. |
| **Detweiler 2005** | After rehabilitation, the patient could complete most of his ADLs (eg moving from bed to chair, chair to standing, toileting, getting in and out of a car), and his aphasia and self-esteem increased. | Nature may support healing by reducing the negative physiological impact of stress. The need for voluntary attention in natural environments may support improved executive control function. |
| **Edwards 2013** | Participants’ mean QoL (DEMQOL) increased pre-posttest (91 +6.5 to 102.6 +11.0, p=.00068), while agitation (CMAI) and depression (SCDD) both decreased (46.7 +23.4 to 25.1 +15.0, p=0.0002; and 8.3 +6.8 to 7.2 +6.3, p=.01994, respectively). Comments from qualitative interviews showed a positive view of the garden.  | All 10 participants appeared to benefit from the garden. This was even the case where participants did not actively engage in the garden, but simply sat outside and enjoyed the views.  |
| **Eriksson 2010** | The following features of rehabilitation were identified as important: 1. Changing self image; 2. Receiving respect from others; 3. Being part of a group; 4. Taking control of everyday life; 5. Developing conscious strategies to manage stress; 6. Doing homework to integrate new practices into everyday life; 7. Re-evaluating occupations; 8. Discovering enjoyment in activities; and 9. Changing attitudes towards activities.  | Two routes to integrating rehabilitation into everyday life were identified: Changing ways of handling stressful situations was associated with the cognitive approach to rehabilitation, whereas clients who participated in the combined programmes including therapeutic horticulture changed their occupational repertoires. Different approaches to rehabilitation appear to lead to different changes in everyday life. |
| **Eriksson 2011** | Four “phases” were identified in the rehabilitation process in the therapeutic garden: 1. Being in the atmosphere of acceptance (ie. away from daily stresses); 2. Being absorbed in the present (taking pleasure in activities and discovering new competencies); 3. Worries about connecting experiences to everyday life (continued concerns and uncertainties about the future after leaving the care farm); and 4. Bridging rehabilitation to everyday life (finding ways to connect the rehabilitation experience with home life, eg. by bringing the plants they had nurtured home). | The study has elaborated some of the processes by which therapeutic gardens bestow benefits for participants. It is important for people with stress-related illness to have the opportunity to spend time in a quiet and calm environment. |
| **Galvin 2000** | Three themes were identified, each of which included several sub-categories: Users’ social worlds (isolation, friendships, loss, living with mental illness, friendships and relationships, and identity); Stigma and discrimination (accommodation, problems perceived by users, coping with stigma/ discrimination, lack of autonomy, intrusion, confidentiality, employment, unfair treatment, and fear); and Moving on (positive and negative coping, purpose and place, motivation/ self-esteem, value, independence, indicators of success, being in control, insight/ acceptance and denial, and life changes) | Horticultural therapy can play a part in rehabilitation. |
| **Gigliotti 2004** | Participants’ productive activity level was not significantly higher in horticultural activities when compared with traditional dementia care activities (*p =* .63, *t* =2.044, d.f. = 12). However, the mean time spent doing nothing was lower during horticultural activities compared with traditional dementia care activities (*p* = .002, *t* = 3.97, d.f. = 12). The average positive affect score was higher for horticultural activities compared with traditional activities (*p* < .01, *t* = -5.43, d.f. = 12). No significant differences in affect or engagement were found between three different modalities of horticultural therapy. | Horticultural therapy produced high levels of positive affect and engagement in the care home residents. The authors suggest these programmes should be expanded for dementia care. |
| **Gonzalez 2011, 2011a,**  | When enrolled in a horticultural therapy programme, participants’ (n=18) depression (BDI) scores reduced from 27.3 +6.8 at baseline to 17.6 +6.4 at 12 weeks follow-up, and 20.8 +9.0 at 3 months’ follow up (p<.01). However, no significant increase in life regard (LRI-R) was found (48.8+6.8 vs 50.2 +7.5, p=ns).In a second study (n=28), comparable results were found for the BDI. Existential issues, as measured by the SOC, again failed to reach statistical significance between baseline, 12 week, and 3-month follow-up 43*.*6 (6*.*6) vs 44*.*6 (7*.*5) vs 45*.*5 (7*.*0).Subsequent pooled analyses showed that participants’ perceived group cohesiveness increased slightly during the intervention, and no significant correlation was found between cohesiveness and mental health measures. | Horticultural therapy can provide benefits in terms of reducing depression levels. The authors suggest this may be due to psychological distance from everyday environments, involvement in interesting and pleasant activities, and cohesiveness of the group to which one belonged |
| **Heath 2001** | Of 110 volunteers, residents, and family members, 83.5% had visited at least one of the gardens in the care home. Compared with volunteers, a significantly higher number of residents and family members had done so (χ2(2, 110) = 12.02, p < .005). Among residents, the most common reasons to visit the garden were to sit (23.5%), visit (17.6%), walk, or reflect (both, 11.8%). There were mixed responses on whether the garden was worth the money (39.9% “definitely yes”; 34.4% “yes”; 14.2% “no”; 10.9% “definitely not”). Staff were more likely to say “no” than volunteers, families, and residents (χ2(3, 182) = 16.20, p < .001). | The majority of respondents judged the garden’s aims to have been well met. Staff were generally more critical in their evaluations of the garden than residents and families. |
| **Hewitt 2013** | Participants’ mean wellbeing scores increased over time, though the change from the baseline to endpoint did not reach significance (t(5) = 1.43, p = 0.21). Over 12 months, participants’ mean cognitive functioning (MMSE score) declined from 17 to 15.87 (paired t(5) = 3.88, p = 0.012). In qualitative interviews, carers identified benefits in terms of: 1. Enjoyment; 2. Independence; 3. feeling useful; 4. Feeling valued; 5. reduced anxiety.  | The findings suggest structured group gardening may help increase or maintain subjective wellbeing among people with dementia despite continued cognitive decline. A larger, controlled trial is needed to confirm these effects. |
| **Hine 2008** | The survey of UK care farms found 19 city farms, 16 independent farms and 41 farms linked to charities/ external organisations. These varied from 0.3 to 650 hectares. The focus was on developing work, social skills, or accredited education. After spending time on a care farm, participants’ self-esteem (RSE) increased by 1.82 points (p<.01), and significant improvements on 6 indicators of mood (anger, confusion, depression, fatigue, tension, vigor) were seen (all, p<.01).  | The care farm case study showed significant benefits. However, these need confirming in larger, more controlled studies. |
| **Jagger 2016** | In-depth exploration of 3 main themes within community learning garden:the aesthetic experience (importance of bright colours and smells to trigger aesthetic responses), the affective response (joy, peacefulness and relaxation) and the building of community (shared place for learning and socialising). | Users of the garden showed strong emotional responses and experiences the garden as place of pleasure and enjoyment. The concept of community can be extended to include plant life and build better connections with nature and each other. |
| **Jonveaux 2013** | All 63 institutions in the Nancy region had green spaces and organized outdoor activities. The post occupancy evaluation of a single garden (N=68) showed that all patients were satisfied with the existence of the garden space, unimpeded view of the garden from their rooms, and the possibility of taking a walk and appreciated the contact with nature, enjoying sunshine, open air, presence of trees (100%), size of the garden (100%), luminosity (90.9%), protected space (81.8%), size (66%), and width of the walkways (50%) as a welcome change from the hospital environment. Garden visits were reported to have a positive effect (100%), a tranquilizing effect (50%), a positive effect on mood (33%) and improve communication with others (41.6%) including the nursing staff. | Garden visits and activities were highly valued by patients and improved their communication with staff. Many older patients had concerns over safety and possible falls which should be addressed in the design of healing gardens.  |
| **Kim 2010** | Visual-spatial hand dexterity improved in both groups but only reached significance in the horticulture-based group (172.2 to 124 seconds, p<.001). GDS scores decreased by 11.5% in the occupational therapy group (p<.05), vs 48.3% in the horticulture-based group (p<.001). FIM scores also increased significantly in both the occupational therapy group (73.6 to 84.6, p<.01) and the horticulture-based group (78.9 to 95.5, p<.001)  | Horticulture-enhanced occupational therapy may be an effective way to improve the physical functioning of stroke patients with hemiplegia by increasing hand dexterity and independence. |
| **Lee 2008** | Self-esteem scores increased by +11.6 points (p=.0001) and +6.2 points (p=ns) in experimental and control groups, respectively. Depression scores reduced by 17.9 (p=.0019) and 5.2 points (p=ns) for experimental and control groups, respectively.  | HT was found to increase self-esteem and reduce depression among domestic violence survivors. Limitations include the nonrandomised nature of the study and the small nonprobability sample. |
| **Lidén 2016** | Of the 52 women who completed all 3 SF-36 measures, significant improvement inHRQoL were observed for mental and social aspects but there were no significant improvements to experienced pain or blood pressure. Social functioning was significantly improved towards the end of the programme.  | The precise benefits of combined horticulture and supported employment remain unclear due to confounding factors and limited sample size. However, there are indications that women benefited from the social aspects in a natural environment. The programme is recommended as viable option for improvising wellbeing and facilitating a return to work.  |
| **Luk 2011** | Following intervention, no significant differences in C-CMAI scores (p=0.116) or subscales were recorded compared to the control group or within groups (experimental group: p=0.115 and control group: p=0.249). A positive correlation (r=0.809, p=0.028) between Mini-MentalState Examination scores (CMMSE) and the pre- and post-test difference of the CCMAI score was found in the experimental group, while these were negatively correlated in the control group (r=0.975, p=0.005). | Overall, no significant reduction in agitation was recorded following intervention. The correlational results, although not quite statistically significant, indicated that horticultural activity decreased the frequency of agitated behaviors for subjects with relatively lower C-MMSE scores. However, results also indicated that horticultural activity increased agitation for those with a relatively higher C-MMSE score. Horticultural therapy may be suited for lowering agitation in people with severe cognitive impairment. |
| **O'Brien 2011** | In the therapeutic programme, 3 key themes were identified: 1) improving relations with others and nature (sense of mutual nurturing, improved resilience from contact with nature, value of team work and learning); (2) working alongside others (building social capital, environmental conservation linked to personal recovery); and (3) developing social and employable skills (Overcoming isolation, better social skills and new knowledge).  | Participants in the therapeutic programme reported a range of benefits to their mental wellbeing and improvements to social capital. It shows that hands-on nature-based work can help reintegrate marginalised groups into society and provide them with better skills relevant to their social environment and the job market.  |
| **Ottosson 2005** | Positive correlations were found between psycho-physiological balance and pulserate (R=0.79, p<0.001), diastolic blood pressure (R=0.52, p<0.002), pulse pressure (R=0.52, p<0.05) and rate pressure product (R=-0.46, p<0.02) indicating that these are influenced significantly by a period of rest in a garden. Rest outdoors seems tohave restored both pulse rate, diastolic blood pressure, pulse pressure and rate pressure product, whereas these values continued to rise during the period of rest indoors. | Time spent in the outdoors is important for individuals with low psycho-physiological balance and can support recovery from stress and fatigue.  |
| **Pálsdóttir 2014** | At follow-up 2 (36 weeks), the perceived general occupational value was significantly higher (p < 0.001) at 44 (SD 8) compared with baseline measurements 35 (SD 5), (n = 15). The Stress and Crisis Inventory (SCI-93) showed a significant reduction in general variable from 68.1 (SD=16.1) at baseline to follow-up 1 (12 weeks) of 53.6 (SD=29.6). Twice as many participants (N=12) scored below 51.0 (normal to slightly raised level of stress) on the SCI-93. 4 main themes were identified in the interviews: 1) “Slower pace in everyday life on one’s own terms” (Increased awareness and mindfulness in daily activities), 2) “Everyday occupations more often related to nature” (More free time spent in nature), 3) “Social interaction” (More social interaction and group activities in nature), 4) “Creative occupations” (Resumed or took up creative occupations). | Nature-based rehabilitation helped participants improve their functioning in daily life and improved their health. It made them re-engage with nature and creative occupations.  |
| **Parr 2007** | Documentary analysis of historical documents shows how garden-based interventions in mental health are based on discourses of the healing power of nature and disciplinary benefits of physical labour. Often used as cheap labour, predominantly male patients engaged in heavy physical labour in newly emerging regimes of outdoor recreational therapy as means of social control.Empirical ethnographic data from two contemporary gardening projects show that discourses of integration and normalisation are still informing horticultural allotment projects today, with new links to active citizenship and economic utility.At the Ecoworks project, there was limited socialisation at the remote garden site but despite its non-interventionist design participants still reported positive feelings of personal achievement and productivity and benefiting from the calming and restorative engagement with nature. In contrast, the Coach House Trust gardening project was more productivity- and output-oriented with volunteers locating therapeutic effects in the physical exhaustion, work ethic and psychological contentment. Here the presence of the project was made more socially acceptable by providing aesthetic and visual improvements to public places while symbolically integrating people with mental health problems as useful citizens into the community. Despite gaining confidence in social interactions, participants encountered several difficulties resulting partly from a lack of training and being under the effects of medication and conflicts arose between participants when having to perform hard work in bad weather conditions.  | Therapeutic gardening projects can transform passive and isolated patients with mental health problems into active and valued community-workers. Yet, discourses of participatory citizenship remain relevant and there are dangers of exploitation where other parties benefit more from the participants’ unpaid labour. Such community work should be financially rewarded more adequately and a range of community-based garden spaces should be made available, including restorative programmes without clinical or policy objectives.  |
| **Perrins-Margalis 2000** | 7 themes related to QOL emerged from the phenomenological analysis: 1) Group experience (Team work, helping others and feelings of accomplishment), 2) Sharing experience (Sharing end products with others, sharing of ideas and strategies during activities), 3) Learning experience (Novel experience and new skills), 4) Sensory experience (Hands-on work with soil, smelling and feeling plants), 5) Creative experience (Creative outlet and individual choice), 6) Emotional experience (Relaxation, fun and stress relief), 7) Reminiscent experience (Sharing memories of gardening, facilitated group discussions) | Group-based horticulture can have positive effects on QOL. It provides participants with a sense of accomplishment and facilitates social interaction and the learning of new skills. Occupational therapy may benefit from introducing purposeful horticultural activities. |
| **Rappe 2005** | While 16 of the 30 participants visited the garden daily, 21 experienced at least one or more hindrances in visiting, mostly due to lack of personal assistance, weather conditions or concerns over safety. Three out of four participants (73.1%) reported feelings of recovery following their visits, while 84.6% felt more cheerful. None of the participants reported using fewer medicines as a result of their visits but 50% reported a reduction in pain. A negative correlation was found between depression scores on the ZSDS scale (r=-0.132) and frequency of garden visits and 80% of depressed participants reported some hindrances compared to only 50% in the non-depressed group. Depressed participants were less likely to report feelings of recovery following a visit compared to non-depressed visitors (58.3% compared to 85.7%, p=0.190) and half of the depressed visitors described garden visits as a burden, compared to only 14.3% among the non-depressed (p=0.090). However, a greater proportion of depressed residents (91.7%) reported feeling more cheerful and alert after a visit, compared to 78.6% of non-depressed residents (p=0.598). | Garden visits and seeing green environment are associated with enhanced emotional wellbeing. Physical barriers, issues of access and personal safety need to be addressed when designing garden spaces. Residents with depression were more likely to perceive the visits as strenuous and less likely to feel recovered, meriting more research.  |
| **Rappe 2006** | Half of the participants reported visiting the garden only in the company of staff, while only 11% visited them alone. Lack of assistance and adverse weather conditions were the main barriers to accessing the garden. Frequency of outdoor visits had a strong positive effect on self-reported health (B=0.322, Adjusted R2=0.220, p=0.001). | Visiting outdoor gardens can enhance the self-rated health of older women living in institutional care.  |
| **Rappe 2008** | Participants were mainly motivated by the opportunity to spend time outdoors and getting fresh air and exercise. Sensory experiences were especially valued and participants derived feelings of usefulness and meaningful activity from the gardening. Group activities and interactions were also highly valued and all participants reported feeling calmer, more cheerful and invigorated after their visits.  | Group gardening may be a feasible way for NGOs to support the recovery process of individuals with mental disorders. Gardening activities can be designed with flexibility and a combination with group interaction and physical activity may be particularly beneficial.  |
| **Raske 2010** | 5 themes emerged from the interviews: 1) garden design and construction (Involvement in design), 2) resident quality of life (Value of comfort, security, enjoyment, meaningful relationships and improved autonomy and physical functioning), 3) staff and volunteer quality of life (Improved quality of life), 4) shared stories (Personal stories of garden experience), and 5) enabling garden as marketing tool (economic benefit to nursing home) | The garden had a positive impact on resident quality of life and improved their social relationships with staff and the wider community.  |
| **Renzetti 2015** | 3 major themes emerged from the interviews: 1) Staff Perceptions of Farm Program Benefits (mental health benefits and reduction in social isolation, feelings of fulfilment and accomplishment, improved links with community), 2) Staff Concerns about the Farm Program (Demands on staff, lack of gardening experience, financial sustainability), 3) Reconciling the Farm Program with the Shelter’s Mission and Goals (Shared therapeutic goals, positive mental health impact of farming) | The farming programme offered valuable support to shelter residents and had a positive impact on their physical and psychological wellbeing.  |
| **Richards 1999** | On the SCL 90-R scale, significant changes pre- and post-intervention were only found for Psychoticism (reduction in mean value from 56.75 (SD=10.79) to 54.00 (SD=8.89), t=1.727). On the CRAVE scales, means for all symptom scales were reduced post-test, while mean FSRQ (t=1.12) and GESS (t=1.04) scores increased but neither were statistically significant.  | Although horticultural therapy may quickly reduce reactive psychological symptoms related to substance abuse, it may be less effective at reducing resistance to addiction due to existing personality and cognitive deficits in the offender population. Prison programmes can benefit from making educational links between chemical-free gardening and drug-free living. |
| **Sahlin 2015** | Mean burnout scores decreased from 5.2 (SD 0.88) at start of NBR rehabilitation to 4.4 (SD 1.16) at the end of NBR, 4.26 (SD 1.28) at six months, and 4.12 (SD 1.26) at twelve-month follow-up. On the Beck Depression Inventory (BDI-II), mean scores were reduced from 23.2 (SD = 10.0) at baseline to 15.6 (SD = 8.7), 14.2 (SD = 8.0) and 13.0 (SD = 8.7) at each follow-up and the number of participants scoring “moderate” or “severe” depression decreased from 52% at the start to 21% 12 months after follow-up. Mean scores on the Beck Anxiety Inventory were also reduced from 17.2 (SD 11.8) at baseline to 12.8 (SD 10.1), 12.1 (SD 8.4) and 10.2 (SD 7.8) at each follow-up, while the number of participants scoring “moderate” or “severe” anxiety decreased from 47% at the start to only 19% at 12 months follow-up. Mean values for well-being on the PGWB gradually increased from 41.9 (SD = 8.1) at baseline to 46.7 (SD = 8.8), 47.8 (SD = 9.4) and 49.1 (SD = 10.7) at each follow-up.  | Participants in nature-based rehabilitation showed decreased scores of self-assessed burnout, depression, anxiety, and increased scores of well-being at all follow-ups compared to start of rehabilitation. Nature- and garden-based activities made up 42% of the weekly schedule and were likely to play a key role in improving participants’ mental well-being.   |
| **Sarno 1997** | Patients enjoyed participating in the programme and more than half of those who attended reported they began to care for plants which were acquired in the pilot project at home. Horticultural activities helped improve social interaction between patients with aphasia and their families.  | Due to the non-verbal nature of horticultural activities, they are particularly well suited for patients with aphasia and other communication disorders. Interaction with plants can provide a stimulating environment and improve verbal skills.  |
| **Stein 1997** | The gardening program was perceived as fun and productive because of the physical activity, the resultant beautiful plants and the companionable relationships between volunteers and residents. Choice and voluntary participation are a central aspect of the programme which also helps residents create new memories, as planting flower beds added a sense of normality to the institutional life. The gardening programme also allowed residents to give seedlings or harvested produce to others as a gift. While some participants appreciated being given meaningful work, there is a danger of exploiting participants’ efforts and creativity for the benefits of the institution.  | A sociocultural approach to horticultural therapy can challenge biomedical perspectives and individualist interpretations by shifting focus to the social and institutional environment.  |
| **Verra 2012** | On discharge, there were small to moderate outcome effects (effect size [ES] up to 0.71) within both groups. The study found significantly larger improvements for the horticultural therapy group vs the control group in SF-36 role physical (ES = 0.71 vs 0.22; P = .018); SF-36 mental health (ES = 0.46 vs 0.16; P = .027); HADS anxiety (ES = 0.26 vs 0.03; P = .043); and CSQ pain behavior (ES = 0.30 vs –0.05; P = .032). | The addition of horticultural therapy to traditional pain-management programmes may improve physical health, coping ability, and health-related QOL in people with prolonged, pain-relateddisability. |
| **Währborg 2014** | A significant reduction in healthcare consumption was noted among participants in the horticulture-based rehabilitation programme compared with the reference population. The main changes were a reduction in outpatient visits to primary healthcare and a reduction in inpatient psychiatric care. No significant difference in sick-leave status was found. | Horticultural rehabilitation programmes can decrease the demand for healthcare consumption. |
| **Whatley 2015** | 3 main themes emerged from the ethnography of the garden: 1) Creating community (Bringing people together, connections with wider community), 2) flexible environment that supports participation (Improved participation and cooperation), 3) Creating a learning environment (New approaches to coaching and learning) | Participants benefited from the horticulture project as it helped create community, a flexible environment that supports participation and opportunities for learning new skills. Community-based mental-health programmes using garden spaces can improve social inclusion, enable occupational participation and facilitate contact with the neighbourhood. |
| **Wichrowski 2005** | Following the horticulture intervention, total mood disturbance (TMD) was reduced from a score of 19.3 T 24.5 to 1.6 T 24.8 (mean ± SD, P < 0.001). Heart rate was also reduced by 5 bpm, from a preintervention level of 79.2 ± 14.7 to 74.1 ± 13.6 bpm (P <0.001). In the control group of educational classes, neither TMD nor heart rate changed significantly.  | Horticultural therapy can improve mood state and reduce stress and heart rate and its addition to cardiac rehabilitation programmes can bring significant psychosocial benefits to participants.  |
| **Zhu 2016** | There were significant differences in total Positive and Negative Syndrome Scale (PANSS) scores in between intervention and control group after 4 weeks (t=-3.97, p<0.01) and 12 weeks (t=-5.57, p<0.001). There was statistically significant difference before and after intervention in the intervention group (F=253.03, p<0.001) and in the control group (F=67.66, p<0.001). There were also statistically significant differences in the positive scale scores at the baseline,the end of the 4th week session and the end of the 12th session both among the intervention group (F=13.76, p<0.001) and the control group (F=5.12, p=0.02) as well as statistically significant difference in the negative scale score at the end of the 12th session among two groups (t=-2.76, p<0.001).  | Treatment effects and rehabilitation for schizophrenia patients can be improved when medication therapy is combined with horticultural therapy.  |

**-Mansfield Agitation Inventory, DEMQOL, Dementia Quality of Life Instrument; MMSE, mini mental state exam; ns, non-significant; NR, not reported; POMS, Profile Of Mood States survey; QoL, quality of life; SCDD, Scale for Depression in Dementia**

**Supplementary Table S7. Study design, methods, and intervention details (Animal-assisted therapies)**

| **Authors, year** | **Design** | **Methods** | **Intervention details** |
| --- | --- | --- | --- |
| **Animal-assisted therapies** |
| **Barker 1998** | Pretest-posttest crossover study | Changes in self-rated anxiety (State-Trait Anxiety Inventory) compared after two interventions: animal assisted therapy or therapeutic recreation. Mixed models, repeated measures analysis used to compare conditions. | The animal-assisted therapy session consisted of approximately 30 minutes of group interaction with a therapy dog and the dog’s owner. Therapeutic recreation sessions were held daily on the unit. They varied in content, including education about how to spend leisure time, presentations to increase awareness of leisure resources in the community, and music and art activities. |
| **Barker 2003** | Controlled crossover quasi-experiment | Patients were assigned to the dog condition or control condition on alternating ECT sessions. Participants were presented with a VAS for anxiety, depression, and fear before the intervention/ control, and after 15 minutes. Patients were briefly interviewed after the session. Nurses completed the same VAS scales to assess inter-rater reliability.Pearson correlations were conducted between patient and nurse VAS ratings. Mixed model, repeated measures ANCOVA and least squares analysis used to compare post-treatment scores for intervention vs control;  | 15 mins of interaction with a therapy dog and its handler. The handler was instructed to focus conversation on the therapy dog and the patient’s experience with pets. Although physical interaction with the therapy dog, such as petting and hugging, was permitted, it was not suggested, and patients were allowed to determine the level of interaction. The control intervention provided patients with news, entertainment, or outdoors magazines to read. |
| **Beck 1986** | RCT | Measurement of attendance and participation rates, Brief Psychiatric Rating scale, Nurses’ Observation for Inpatient Evaluation (NOSIE) | Participants were randomly assigned to a bird intervention group or nonbird group. Daily sessions were held over a period of 11 weeks in a room which contained a cage with 4 finches or a standard room.  |
| **Buettner 2011** | Cross-sectional survey | 14-item survey about interest in and attitude toward a therapy dog programme in the cancer centre in future. | Hypothetical dog therapy programme |
| **Chinner 1991** | Single group before-after pilot study | A structured interview was conducted with staff and patients to assess mood, frequency and quality of social interactions, degree of religious belief, and attitudes towards animals. Evaluation at 3 time points: baseline, when the miniature poodle was introduced, and after the intervention. The composition of the participant group changed at each time point due to high death rates at the hospice. | “Placement of a Trained Canine Companion in a Hospice” (PATCCH) programme. A miniature poodle was introduced as a resident in the study hospice. |
| **Chu 2009** | RCT | Patients with schizophrenia were randomised to receive AAT or treatment as usual (both, n=15). Assessments of self-esteem (GSE), self-determination, social support, and adverse psychiatric symptoms were taken one week before and one week after the intervention.  | Weekly 50-minute AAT with two dogs of “nonspecific breeds”, over two months. |
| **Coakley 2009** | Mixed method, pretest-posttest, quasi-experiment | Physiological measures (blood pressure, pulse, respiration), behavioural measures (self-reported pain and energy using a VAS), and self-reported mood (POMS) were taken before and after a visit from a dog. Scores were compared using one-tailed t-tests with Bonferroni correction. | One-off visit from a dog inside the hospital, lasting ~10 minutes with each participant. |
| **Colombo 2006** | RCT | Participants were randomised to receive a canary, a plant, or nothing. Before and after the intervention (3 months), participants were assessed for cognition (MMSE), QoL (LEIPAD II), and mood (BSI).  | Participants residing in care homes were given a canary (n=48), a plant (n=43) or nothing (n=53) for a period of three months. |
| **Cushing 1995** | Mixed methods design | Semi-structured interviews (staff and inmates)QuestionnaireCase file data | The Wild Mustang programme allowed inmates to train and care for wild endangered horses who had been adopted by the general public through donations. Inmates would look after the mustang, nurse it through sickness, trim its hooves, groom it and tame it.  |
| **Fournier 2007** | 2-group, pretest-posttest quasi experimental study | Treatment and control groups (nonrandomised) were compared before and after the intervention. Outcomes included institutional infarctions (obtained from inmate records); human-animal interactions, and the Social Skills Inventory (a 90-item measure of social and emotional skills). Between-group, repeated measures ANOVA.  | PenPals program. Dogs are selected from local shelters and trained by volunteer inmates in prison for 8 to 10 weeks. Dogs live with selected inmates who are educated in dog-training skills. The volunteer inmates provide for the dogs’ needs (i.e., food, shelter, grooming), and train them. After the training period, the dog is adopted by individuals in the community and the inmates begin the process again with a new shelter dog. |
| **Flick 1993** | Quasi-experimental study | Participant behaviours were assessed in the presence/ absence of a dog. Predetermined, observable behaviours were recorded on a chart (nonattentive behaviour, attentive listening, nonattentive listening, verbal interaction with other person, nonverbal interaction with other person, verbal/ nonverbal interaction with animal). Percentage of time performing behaviours was compared between groups, and ANOVA was used to determine the significance of differences. | A dog was brought in to a nursing home for participants to interact with. |
| **Haughie 1992** | Repeated measures design | Observational scale and Nurses Rating Scale | 3 types of conditions were compared: 1) baseline (normal interactions), 2) dog and visitor and 3) photos of dog and visitor.  |
| **Hoffmann 2009** | Controlled crossover study | Patients were provided with two sessions: a control interview or an animal-assisted interview. The order of the interventions was randomised for each patient. State anxiety was measured before and after both sessions with the STAI. | 30 mins interview with a research assistant, with or without the presence of a dog. In both sessions, patients were encouraged to talk about their hobbies, attitude towards dogs and other pets, and their previous experience with dogs. |
| **Jasperson 2010** | Clinical case study | N-of-1 study. The inmate’s history was recorded, and she was observed at therapy sessions, and asked about her views on the intervention at the conclusion. | 8 weekly or twice-weekly sessions with a dog aimed at facilitating social skills, coping skills, and self-awareness. The dog was used as a model to discuss issues such as boundaries (eg. where the dog’s boundaries were, how it would react to them being breached). Attachment theory was the theoretical basis for the intervention. |
| **Johnson 2008** | Pretest-posttest  | Participants were randomly assigned to 3 experimental groups of animal visits (N=10), human visits (N=10) or quiet reading (N=10). Participants completed a Profile of Mood States (POMS), self-perceived health questionnaire and Orientation to Life Questionnaire (OTLQ). | 10 adult patients undergoing nonpalliative radiation therapy were assigned to the dog visit group and engaged in 15-minute sessions three times per week for four weeks with one or two visitor dogs and their handlers. Participants’ mood, sense of coherence and self-perceived health were assessed before each intervention and at the end of the last session. During the sessions participants combed, petted,played and talked with the dog. |
| **Katsinas 2000** | Programme evaluation | Documentary data including staff notes and reports | Dementia patients were referred to the programme by healthcare professionals and participated and participated for approximately six hours, five days a week and received pre-program admission cognitive assessments. The dog was led and supervised by a staff member to greet and be petted by patients and accompanied groups during activities and garden walks.  |
| **Kovács 2004** | Pretest-posttest | Independent Living Skills Survey (ILSS)  | Therapy sessions of 50mins were held weekly for a period of 9 months in the garden or occupational room of the institution. Participants engaged in exercises with the dog and talked to staff about their feelings. Other activities included grooming and feeding the dog as well as physical activities.  |
| **Kumasaka 2012** | Pretest-posttest  | Mood changes in 20 hospital changes were assessed using Lorish’s face scale pre and post interaction with dogs.  | Once a month, 20 participating patients were allowed to interact with animals (dogs, rabbits and cats) for ca. 30 minutes. Changes in mood were evaluated using Lorish’s face scale which allowed participants to choose one of 20 drawn faces along a scale which best fit their mood. Mean scores, standard deviation, t-tests and independent t-tests were calculated in SPSS. |
| **Le Roux 2009** | RCT | Beck Depression Inventory and the Beck Anxiety Inventory (BAI) | Participants in the animal intervention group (N=8) met once a week for 6 weeks. Participants were visited by a dog handler for 30min sessions in which the dog was kept on a leash and residents were allowed talk to, groom and pat the dog.  |
| **Lynch 2014** | Pre-test, post-test pilot study | 82 antepartum hospitalised women with anxiety or depression completed the State-Trait Anxiety Inventory and the Beck Depression Inventory before and after pet therapy. Paired t-tests were calculated from the results.  | 82 pet therapy sessions were included in the study where participants engaged in unstructured indoor contact with the dog for a period of 15 to 20 minutes. |
| **Marr 2000** | RCT | Participants were assessed daily using a social behaviour scale and monitored for 4 weeks. A two-group by weeks repeated measure analysis of variance was conducted for eachoutcome measure | Participants were randomly assigned to the animal intervention and a control group with traditional rehabilitation therapy. Animal therapy consisted of daily 1h sessions where animal visits (dogs, rabbits, ferrets and guinea pigs) allowed the patients to interact with them.  |
| **Mercer 2015** | Exploratory qualitative case study | Semi-structured interviews with 3 prisoners and 5 staff members, followed by thematic analysis | Prisoners were able to visit, pet and feed animals in the animal centre which houses chickens, goats, ducks and miniature ponies in addition to two dogs who were free to wander through the complex and be cared for jointly by prisoners and staff.  |
| **Neer 1987** | Prospective observational study | Systolic blood pressure measurements pre- and post-activity for 3 periods (pre-intervention, initial intervention and intervention after crossover) | Nursing home residents in 2 separate facilities were randomly assigned to the dog therapy and control group (n=20) and activities in 45 minute sessions 3 times a week. In the intervention group, participants could pet, feed or play with the dog, while in the control group activities included games, music, exercise and arts and craft. Attendance at the sessions was recorded as well as participants’ blood pressure and other health data and Hamilton Depression Scale was used for psychological evaluation. Attendance rates were compared using a Z test, while other dependant variables were analysed using factoral tests of variance.  |
| **Orlandi 2007** | Quasi experiment  | An A.De.Ss.O (Anxiety, DEpression, Somatic Symptoms,hOstility) test was completed by participants in the experimental AAT (n=89) and control group (n=89) before and after undergoing chemotherapy. Arterial blood pressure, heart rate and arterialoxygen saturation were also recorded | Over a study period of 25 weeks chemotherapy patients were offered a choice between a treatment room where pet therapy took place (experimental area) or use a standard room (control). Pet therapy sessions took place once a week in a group of 8 patients in 3 phases of 20 minutes each. Patients would first observe the dog and join exercises with the trainer before playing with or feeding the dog.  |
| **Perelle 1993** | Before-after study  |  Scores on the Patient Social Behavior Scale (12-question likert scale assessing a range of social and self-care behaviours) were assessed before and after the intervention, and one month after the intervention. Results were analysed with ANOVA | Four cats, two small dogs, and a rabbit were taken each week for ten weeks at 2 hours a time. The therapy was provided by student volunteers. |
| **Rossetti 2008** | Qualitative case study | Semi-structured interviews with health staff (N=10) | The behavioural health hospital offers pet-assisted therapy to its residents where dog visits are facilitated by a dog handler and patients may also attend scheduled group therapy sessions.  |
| **Savishinsky 1992** | Multiple case study | EthnographyStructured interviewsSurveySemi-structured interviews | The format of pet visits varied between the 3 nursing homes: While group sessions were held in two homes were residents could interact with volunteers and pets in a common area, the other facility offered a more individual programme where residents were visited by volunteers and their animals. |
| **Sockalingam 2008** | Single clinical case study | Recorded patient history, patient self-report, evaluations by nursing staff and doctors | A patient with atypical depression and bipolar disorder was introduced to a pet therapy dog and spent several hours a day with it over a 3 week period. During this time, the patient cared for the dog and took it for walks.  |
| **Stasi 2004** | Quasi-experiment | Recorded patient history and demographics, questionnaires included the cumulative illness rating scale (CIRS), mini mental state examination (MMSE), geriatric depression scale (GDS), self assessmentscale –geriatric (SASG), activities of daily living (ADL), instrumental activities of dailyliving (IADL) | Participants in the experimental group (n=14) took part in 3 pet therapy sessions per week with a little cat over a period of 6 week. Those in the control group (n=14) participated in standard activities in the nursing home. |
| **Turner 2007** | Qualitative interview study | Data collected with a topic guide covering 3 areas (experience of the programme; perceived benefits; perceived impact). Transcriptions were analysed with content analysis | Nonprofit intervention involving six dogs and six trainers. The dogs are trained to complete a wide variety of tasks that can help to assist people with activities of daily living. When the dogs graduate from the program, they are placed with children who have physical disabilities. |
| **Walsh 1994** | Pretest-posttest | Coopersmith Self-Esteem Inventory, IPAT Depression Scale | Participating women prisoners initially built kennels and then became responsible for the care and training of 3 dogs each under expert supervision. Training sessions lasted between 4 and 12 weeks in which participants were also responsible for grooming, exercise and play with the animals.  |
| **Winkler 1989** | Longitudinal case study | Behavioural observations and mapping (6 weeks pre and 6 weeks and 22 weeks postintervention)Structured interviews | A dog was introduced as resident pet in the nursing home and kept on the ground floor and within the garden space where residents could interact with it.  |
| **Zisselman 1996** | RCT | Pre- and posttests using Multidimensional Observation Scale for Eldery Subjects (MOSES) | Patients in the pet therapy group received pet therapy sessions with a dog for 1 h a day for 5 consecutive days, while those in the control group engaged in physical exercise.  |

**Supplementary Table S8. Key findings and conclusions (Animal-assisted therapies)**

| **Authors, year** | **Key findings** | **Conclusions** |
| --- | --- | --- |
| **Animal-assisted therapies** |
| **Barker 1998** | Following the animal therapy sessions, significant pretest-posttest improvements in anxiety were seen in patients with mood disorders (F16.71, p<.01); psychotic disorders (F17.62, p<.006) and other disorders (F15.06, p<.026), though not substance abuse disorders (F12.66, p=ns). With the exception of mood disorders, these effect sizes were greater than for the ‘control’ intervention. | Animal therapy may provide benefits in anxiety, particularly among patients with psychotic disorders, by providing a nonthreatening, low-demand mode of therapy. |
| **Barker 2003** | Strong correlations between post-test nurse and patient VAS ratings were found (r values, all > 0.64), although pre-test correlations were inconsistent. ANCOVA findings showed a significant reduction in fear between intervention and control conditions (least squares mean = 4.27 vs 6.61, p<.0006), but not for anxiety (5.93 vs 7.13) or depression (6.36 vs 6.56), both, p>.05  | The intervention resulted in a reduction in fear, but not anxiety or depression. This may imply the animal-assisted therapy was particularly effective for helping mitigate fear related to a specific stimulus (ECT), rather than trait anxiety. |
| **Beck 1986** | Attendance was significantly higher for the bird intervention group (z=2.42, p<0.008) and individuals were more likely to contribute to conversation within the group (M = 2.55, SD=3.21; F1,14=4.38, p < 0.05). No significant difference in total score on the Brief Psychiatric Rating scale but scores the hostility subscales were significantly lower in the bird group (M=2.86, SD=0.69 compared to control M=3.78, SD=1.20; F1,13=7.97, p < 0.05). No significant differences between the two groups were found on the NOSIE scales.  | The presence of animals can increase participation rates, facilitate conversation in therapeutic group meetings and reduce feelings of hostility to create the sense of a safe environment.  |
| **Buettner 2011** | Of 80 participants, 78.7% indicated they would like to take part in an AAT programme. Perceived potential benefits were “keeping my mind active” (92.3%); pain reduction (81.25%); and feeling more comfortable in the cancer centre (83.8%). A significant difference between genders was found with respect to perceived anxiety reduction (p=.0165, direction of difference NR).  | The waiting room is a suitable site for providing AAT to cancer patients.  |
| **Chinner 1991** | There was a trend toward reduction of patient-patient interactions, and increased patient-staff interactions after the introduction of the dog, although the interactions may have improved qualitatively. Favourable attitudes towards the dog were correlated positively with tiredness (r=0.88, p<.05); and negatively with isolation (r=-0.93). No significant differences in mood were found between time 1 & time 3. | The introduction of a dog may temporarily provide happiness and comfort to hospice residents, but patients who already feel isolated were more likely to view the dog unfavourably.  |
| **Chu 2009** | There were significant improvements in the intervention group for self-esteem (9.68 vs 15.71, p=.025); self-determination (9.96 vs 15.83, p=.02); and reductions in positive symptoms (14.88 vs 8.46, p=.005); and emotional symptoms (15.37 vs 9.75, p=.048). Differences on social support and negative symptoms did not reach significance. There were no significant before-after differences on any measure in the control group. | A short course of animal assisted therapy can deliver short-term psychosocial benefits to patients with schizophrenia. |
| **Coakley 2009** | Pretest-posttest comparisons showed a reduction in respiration (t=-3.47, p<.0001) and pain (t=-3.30, p=.001), and an increase in energy (t=3.18, p=.001). There was also a significant reduction in mood disturbance (total POMS score, t=4.24, p<.0001, and all POMS subscales except vigor and confusion) | There are benefits of pet therapy for hospital patients in terms of improved mood and physiological indicators of distress. The authors suggest this may work by providing patients and nurses with different types of social interactions. |
| **Cushing 1995** | Providing care for the mustangs allowed inmates to experience a new role as carers providing affection and gentleness. It gave them a new sense of responsibility and autonomy and they enjoyed overcoming the dangers of working with wild horses. Staff also appreciated the meaningful labour they provided, while their presence also reduced the number of disciplinary incidents. 3 out of 4 staff members agreed that the programme raised inmate self-esteem (76%) and increased self-confidence (74%). However, effects on recidivism are inconclusive due to methodological limitations and the absence of a control group, although 14 of the 56 released participants who took part in the programme have since been reincarcerated (25%) at a rate below the state average (38%).  | Caring for the mild mustangs was perceived as a meaningful and rewarding experience by both staff and inmates. Participation was linked to a reduction in disciplinary reports, particularly in conjunction with substance abuse counselling which warrants further investigation.  |
| **Colombo 2006** | Participants given a canary to care for showed significantly greater improvements in several indicators of physical and mental health than those provided with a plant or no intervention. These included BSI subscales for somatisation, obsessive compulsion, depression, anxiety vs the control group. In terms of quality of life, as measured by LEIPAD II-SV, the cognitive functioning subscale improved relative to control. | Caring for an animal appears to have beneficial health effects for institutionalised older people. Studies with larger samples and longer follow-ups are required. |
| **Fourier 2007** | ANOVA for human-animal interactions: main effect for Group, (F (1, 46) = 24.1, p < .001, higher in intervention group), and Phase, F (1, 46) = 7.9, p < .01, reflecting an increase in HAI Scale scores from Pretest (M = 23.3) to Posttest (M = 27.9). The number of infarctions in pretest were 7 (treatment) vs 3 (control). Post-intervention, the numbers were 5 (treatment) vs 10 (control) X2 (1, n = 25) = 3.2, p < .10.MANOVA for social skills: Main effect for Phase, F (6, 40) = 2.5, p < .05, and a significant Group x Phase interaction, F (6, 40) = 3.0, p < .05. | The findings supported the hypothesis that a human-animal interaction programme would improve social skills and reduce criminal infarctions among inmates. |
| **Flick 1993** | Most of the observed behaviours in the care home residents were similar with or without the presence of a dog (nonattentive behaviour, attentive listening, nonattentive listening, nonverbal-person interaction, verbal-animal interaction). Two behaviours were significantly increased with the presence of the dog: verbal-person interactions (F=4.92; p=.03) and nonverbal-animal interactions (F=4.72, p=.033) | The presence of a dog can enhance group therapy sessions by encouraging some types of social interaction and storytelling between participants. |
| **Haughie 1992** | The use of independent t tests revealed that there was a significant differencebetween (i) the baseline and the dog intervention (t = —9.56, d.f. = 304.0, p <— .05, 2-tailed) and (ii) the baseline data and the photographs intervention, (t =-6.46, d.f. = 284.0, p < 0.05, 1-tailed). There was also significant difference inthe level of interaction between dog interaction and photographic intervention (t = 2.50, d.f. = 182.0, p < 0.05, 1-tailed) with the presence of the dog having a higher effect.  | The presence of a companion pet can increase social interaction among patients themselves and the patients and the staff. |
| **Hoffmann 2009** | Mean STAI score before the control session was 50.41 710 and after the control session it was 48.0 79. Mean STAI score was 47.0 711 before the animal-assisted session and 42.2 710 after the session with the dog. After the assisted animal condition, the STAI score was found to be significantly decreased ( Z = 2.402; p=0.016) while it remained statistically unchanged in the control session ( Z = 0.981; p=0.327) | A 30-minute interaction with a dog was found to significantly decrease anxiety in severely depressed patients. Further studies should examine long-term impacts and physiological and psychosocial processes of therapeutic benefit. |
| **Jasperson 2010** | ‘Tara’ had been disengaged with any group therapies before the intervention with the dog. During the intervention, she appeared to increase in her social interactions and comfort talking to other inmates and staff.  | Animal assisted therapy is helpful for mental health practitioners in prisons looking for ways to improve inmates’ mental health, and coping and social skills. |
| **Johnson 2008** | The study found no statistically significant differences within or between groups in mood, sense of coherence or self-perceived health. The dog visit group had numeric increases in their anger (2.30, p=0.60) and hostility scores, slight increases in the depression/dejection subscale (0.70, p=0.82), decreased fatigue scores (-0.20, p=0.74), decreased vigor (-0.12, p=1.0) scores, and increased confusion (0.44, p=0.67) scores post-test, compared with pretest scores, none of which were statistically significant. Only half of the participants (N=10) found the dog visiting sessions helpful but the majority (N=7) would recommend them to other patients.  | There is a need for replication with a larger sample size, longer intervention period and identification of actual benefits received by participants. Future studies should also assess the impact of disease progression on test scores during the intervention period.  |
| **Katsinas 2000** | Programme staff reported benefits of better group interaction and use of the dog for guidance by patients who would wander off from the group. The dog provided a sense of safety for some patients who required less supervision as a result. For withdrawn and disoriented patients, the dog offered helpful stimulation and reorientation to the environment by approaching and nudging patients for a response. The presence of the dog also helped patients with orientation to time as they related its presence to particular days of the week.  | The use of a canine was beneficial for both the animal and participants as they formed lasting bonds. The dog facilitated social interaction in the group and offered orientation to dementia patients.  |
| **Kovács 2004** | On the Independent Living Skills Survey, scores were significantly improved after the 9 month period for Health (Baseline=0.90 (0.77), 9 month= 0.33 (0.66), p = 0.02), Money management (Baseline= 0.81 (0.80), 9 month= 0.44 (0.86), p = 0.09) and domestic activities (Baseline=0.97 (0.93), 9 month= 0.37 (0.58), p = 0.01).  | Animal-assisted therapy had a positive impact on the living skills of patients with chronic schizophrenia, with significant changes in the activities related to domesticactivities and health. Strong human-animal bonds can increase participants’ motivation to participate in rehabilitation therapy. |
| **Kumasaka 2012** | Following intervention, lower Face Scale Evaluations (indicating increased pleasure) were recorded for all 20 participants with a mean score of 8.10 (SD=3.48) before the activities compared to 2.66 (SD=1.99) after (p < 0.01). Patients who had previously owned pets or expressed interest or like for animals in general responded particularly well to the activities. | The animal-assisted activity was shown to be beneficial to patients’ mood and the study shows the importance of matching animal interventions with participants’ characteristics and previous experience. |
| **Le Roux 2009** | No significant differences were found between the animal-assisted activity and the control group pre BDI and BAI mean scores. However, significant differences were found between pre and post BDI mean scores (Z = -2.385, P = 0.017) for the AAA group.  | The introduction of animal-assisted activities can improve depression levels of residents in long-term care facilities.  |
| **Lynch 2014** | Following intervention, mean scores for depressive symptoms significantly improved (from 10.1 ± 6.3 to 6.3 ± 5.9, p < 0.0001) while mean scores of state anxiety also improved (from 44.8 ± 11.7 to 34.5 ± 5.9, p<0.001).  | The study confirms existing research and concludes that pet therapy is a potentially viable treatment for reducing stress and anxiety in hospitalised high-risk antepartum women. It may also be particularly suited as nonpharmacological treatment for other high risk groups.  |
| **Marr, 2000** | Results showed that animal-assisted therapy patients interacted more with other patients than the control group patients (F(1,35)=5.7, p=0.022). They also showed signs of pleasure more often F(1,35)=5.5, p=0.025) and showed significant improvement over weeks on the measures for socialization (F(3,105)=2.75, p=0.05), helpfulness (F(3.105)=7.75, p< 0.001), and cooperativeness (F(3,105)=3.95, p=0.01). By the end of week 4, patients in the intervention group also were significantly more active [t(35)=2.09, p=0.04; Mean (Standard Deviation) for AAT=4.02 (1.03); Control=3.14 (1.48)], responsive to surroundings [t(35)=2.22, p=0.03; AAT=4.33 (0.68); Control=3.49 (1.45)], sociable with others [t(35)=2.0, p=0.05; AAT 4.08 (1.16); Control=3.18 (1.53)], helpful [t(35)=2.2, p=0.04; AAT 3.89 (1.07); Control=2.92 (1.59)], likely to interact with other patients [t(35)=2.8, p=0.008;AAT=4.16 (1.09); Control=2.95 (1.49)] and were more likely to be smiling and indicating pleasure [t(35)=3.26, p=0.003; AAT=4.15 (0.93); Control=3.01 (1.17)]. | Animal-assisted therapy can have significant benefits to prosocial behaviour in psychiatric patients. It can provide a pleasurable activity and increase social interaction between patients.  |
| **Mercer 2015** | Four themes were identified from the interviews: 1) Sense of responsibility (Giving structure to offender’s routine, better motivation for self-care), 2) Building trust (Calmness and trust as rewarding experience and basis for therapeutic relationships with staff), 3) Enhanced communication (Facilitated communication between prisoners and interactions with staff) and 4) Impact on mood and behaviour (Stress reduction, happiness and decrease in self-harm). | AAT provided a range of social and health benefits to prisoners and improved their relationship with staff. Findings further suggest great therapeutic potential for improvement of mood and reduction in aggressive and harmful behaviour.  |
| **Neer 1987** | In both facilities, attendance frequency for dog activities (was higher compared to other activities (Facility 1: 65% compared to 54%, p<0.01 and Facility 2: 89% compared to 81%, p=0.01). Mean systolic blood pressure was significantly lower (p<0.02) after dog activities in facility 2 compared to other activities and means for pre- and postactivity blood pressure were also significantly lower (p<0.04) for those who received the dog treatment first. Similar differences were found in facility 1 but these were not statistically significant. There were no statistical differences in recorded pre- and post-activity blood pressures for either group. At both facilities scores on the Hamilton Depression scale indicated reductions to depression but group differences did not reach statistical significance.  | The presence of the dog and ability to interact with it was welcomed by residence and resulted in higher attendance rates compared to other activities. The lack of statistical significance for recorded differences in blood pressure between groups warrants further research with increased sample size and longer periods of interaction with the dog. |
| **Orlandi 2007** | Patients in the pet therapy group showed a significant reduction in anxiety (mean 1.84 before, 0.48 after, p<0.001) and depression (mean 1.84 before, 0.48 after, p<0.001) after chemotherapy in the A.De.Ss.O test. In the control group, similar reduction of anxiety (mean 1.63 before, 0.65 after, p<0.001) was recorded but depression levels were unchanged. Levels of aggressiveness decreased in both groups following treatment, while those receiving AAT showed a significant increase of arterial oxygen saturation, while it decreased in the control group.  | The use of animal-assisted therapy can reduce depression in chemotherapy patients and increase arterial oxygen saturation.  |
| **Perelle 1993** | Scores on the Patient Social Behaviour Scale increased from pretest (mean 39.14 +1.623) to midpoint (48.77 +1.173, p<.001) and posttest (53.57 +1.165, p<.01), decreasing slightly at follow-up (47.37 +1.589, p<.01). ANOVAs showed a significant effect of the intervention among men (F=14.83, p<.0001) and women (F= 9.87, p<.0001) | The introduction of visiting animals in the nursing home improved participants’ self-care and social behaviours.  |
| **Rossetti 2008** | Interviews with the behavioural health staff revealed 5 main themes: 1) Self-Awareness (Increased self-awareness, relaxation and focus in staff and more holistic approach to treating patients), 2) Morale (Positive work environment), 3) Innovative therapeutic strategies (Improved social interaction between patients and staff, addition of innovative therapies), 4) Challenges (Required animal care and preparation, time commitments, unpredictable dog behaviour) | The use of dogs in the animal-assisted therapy had a positive impact on hospital staff and contributed to a positive work environment and morale.  |
| **Savishinsky 1992** | Volunteers were more likely to visit and spend more time with residents who were less mobile and required greater care. Through persistent pet visits, volunteers developed deep and intimate relationships with patients which they found gratifying but also burdensome at times. The presence of the pets offered a sense of security to new volunteers but around 30% of all volunteers left the programme after only a few weeks due to various difficulties, including emotional demands, burnout or repetitive nature of the sessions.  | Pet visits presented valued experiences for both volunteers and residents but many volunteers were not sufficiently trained and prepared for the emotional commitments and challenges in caring for the elderly.  |
| **Sockalingam 2008** | Following the dog therapy and while receiving antidepressants and mood stabiliser, the patient showed improved mood, outlook on life and spontaneous speech. Anxiety levels and psychomotor agitation were reduced and his quality of sleep and concentration levels had improved. He also benefited from the physical exercise walking the dog and reported improvements to social interaction, as the dog helped him engage with others. By taking responsibility for the dog, he derived higher confidence and motivation allowing to perform daily tasks more independently.  | The therapy dog became a valued companion and social facilitator and helped improve the patient’s functioning and well-being. Animal-assisted therapy can augment traditional treatments in clinical settings.  |
| **Stasi 2004** | No significant differences in CIRS, ADL, IADL, MMSE, nutritional status before or after treatment were found between or within both groups. Although depressive symptoms improved in the pet therapy group, these were not statistically significant. Mean systolic blood pressure in the pet therapy group was reduced following intervention (From 151.4, SD=23.6 to 121.4, SD=16.0, p<0.01).  | Introducing animals to care settings can improve patients’ depressive symptoms and significantly reduce their blood pressure.  |
| **Turner 2007** | Seven themes were identified: 1) Patience; 2) Parenting Skills; 3) Helping Others; 4) Increased Self-Esteem; 5) Social Skills; 6) Normalizing Effect; 7) Calming Effect on the Environment. | The findings suggested the animals had a beneficial effect on offender rehabilitation. Improvements in self-esteem and prosocial views were suggested by the authors to be the most important improvements. |
| **Walsh 1994** | Following intervention, a significant increase on the Coopersmith self-esteem inventory was found (t (7)=1.27, p=0.05) as well as a significant reduction on the IPAT depression scale (tD?(7)=2.93, p=0.02). All participants appreciated their involvement in the programme and reported that it provided them with a useful and physically engaging work task away from the main prison population.  | The training of animals by women prisoners can improve their self-esteem and reduce levels of depression.  |
| **Winkler 1989** | Although half of the residents had concerns about introducing a dog before the programme, when questioned again 22 weeks after its arrival, their concerns subsided. While just over half of the residents responded that they liked the dog, one third felt that the dog disliked them. Overall, 13 of the 20 residents saw the dog as beneficial to others. In contrast, 17 of the 18 staff members believed that the dog had made a difference to residents and 15 reported that they themselves had benefited from its presence. 6 weeks after the dog’s arrival, residents’ solitary behaviours decreased by 9% but returned to original levels after 22 weeks. Likewise, relative frequency of dyadic or group behaviours increased in the initial 6 weeks period (1.9% and 7,3% respectively) but had also dropped again towards the end of observation.  | The introduction of the dog to the nursing unit was viewed favourably by both residents and staff, although staff were more likely to report benefits. Despite being a catalyst to social interaction and increasing the frequency of group activities, behavioural changes were not permanent.  |
| **Zisselman 1996** | No significant changes in Multidimensional Observation Scale for Eldery Subjects (MOSES) subscale scores were found within or between the intervention and control group. However, those receiving the pet therapy were less likely to show irritable behaviour after the intervention (p < 0.07) but ANOVA tests found no relationship between experimental or control group membership and change in irritability score (F = 0.10, P < 0.76). | Although no significant treatment difference between pet therapy and exercise was found, improvement in irritable behaviour scores following dog therapy came close to statistical significance, warranting more research. |

**Supplementary Table S9. Study design, methods, and intervention details (Care farming)**

| **Authors, year** | **Design** | **Methods** | **Intervention details** |
| --- | --- | --- | --- |
| **Care farming** |
| **Berget 2007** | Observational study with before-after questionnaires | Video-recorded observations of behaviours with animals, classified as: Physical contact; communication; moving the animals; feeding; go/stand/run; cleaning; milking; receiving instructions; various; threatening behaviour from animals. Five psychiatric instruments were used: STAI; Beck Depression Inventory; General Self-Efficacy; Coping Strategies Scale of the Pressure Management Indicator; Quality of Life Scale (Norwegian). Differences in means were analysed by matched paired t-tests, and correlations between psychiatric instrument scores and behaviours were examined.  | Privately owned farms including dairy farms (n=10), meat production (n=2), sheep farms (n=2) or horses (n=1). Participants visited the farms for 3 hours, twice a week, over 12 weeks to assist with farming activities. |
| **Elings 2008** | Qualitative, thematic analysis | Eight focus groups on different care farms, involving a total of 42 participants. Topic guide used to structure discussions, thematic analysis. | Various types of care farms in the Netherlands. |
| **Ellingsen-Dalskau 2015** | Qualitative, hermeneutic phenomenology | Semi-structured interviews (N=10, 26 to 65 minutes) with people who were out of paid work, and had been working on care farms for >1 month. Self-determination theory was used in the analysis. Transcribed interviews were stored on Nvivo and analysed using Giorgi’s method of systematic text condensation. | ‘Green work’ pre-vocational training provided by the Norwegian Labour and Welfare Administration. Commercial farming activities designed to support mental health.  |
| **Hassink 2010** | Qualitative, thematic analysis | Semi-structured interviews with care farmers, other farm workers, and clients. Thematic analysis and comparison of themes between the above groups.  | Care farms supporting people with mental illness (n=12); youth (n=11) and frail elderly people (n=10). The farms offered a variety of day care or 24 hour programmes,  |
| **Hine 2008** | Survey of UK care farm facilities and before-after study of seven care farms | The survey was designed to elicit characteristics of care farms in the UK. A mixed-method, before-after study of care farm clients was also undertaken, comparing before-after scores on mood disturbance and self-esteem (RSE). Qualitative data was collected on what participants enjoyed the most about the care farms. | 7 care farms around the UK, with various farming activities for people recovering from drug use, ex-offenders, unemployed, homeless, or recovering from illness. |
| **Iancu 2014** | Qualitative, thematic analysis | Semi-structured interviews with care farm users recruited through purposive, maximum variation sampling. Interview guide covered reasons for attending, changes they hoped to achieve, and experiences with the services. Transcripts were entered in ATLAS.ti software and subject to open coding, axial coding, and selective coding. | 13 care farms in two provinces in the Netherlands. One was owned by a mental health organisation, the remaining 12 were privately owned. The main activities were agricultural production (n=9), training and preparation for the labour market (n=2), and daytime activities for supported housing residents (n=1). The comparator intervention was 6 day centres offering a range of work and creative projects. |
| **Pedersen 2012** | Qualitative case study | Semi-structured interviews (N=8)Thematic analysis | Over a 12 week period, participants engaged in a range of activities on the dairy farm twice a week in close contact with the farm animals, including grooming, mucking, feeding, taking care of the calves and milking. |
| **Pedersen 2011** | Pretest-posttest | Video recordingsQuestionnaires: Beck Depression Inventory (BDI-IA), State-Trait Anxiety Inventory-State Subscale (STAI-SS), GeneralizedSelf-Efficacy Scale (GSE) | Over a 12 week period, participants worked at dairy farms in close contact with the farm animals in sessions lasting between 1.5 and 3 hours twice a week. Activities included fetching feed, cleaning, milking, feeding and talking to animals and farmers.  |

**Supplementary Table S10. Key findings and conclusions (Care farming).**

| **Authors, year** | **Key findings** | **Conclusions** |
| --- | --- | --- |
| **Care farming** |
| **Berget 2007** | Analysis of video recordings of participants’ work intensity and exactness when working with animals both increased by the end of the intervention (both, p<.0001). Work intensity correlated with increased self-efficacy (r-0.82, p<.01) and decreased anxiety (r-0.7, p<.05)  | Occupational therapy with farm animals may be beneficial to some people with psychiatric disorders. |
| **Elings 2008** | Participants appreciated their stay on the farm in terms of social contact, freedom/ space, and the experience of useful activities. The daily routine of the care farm gave participants a ‘rhythm’, and helped them stay away from areas where they were tempted by drugs and alcohol. However, they still had difficulties formulating longer-term occupational plans. | Care farms are valued by people with psychiatric illness and drug and alcohol problems; however, they have limited effect in helping longer-term occupational change. |
| **Ellingsen-Dalskau 2015** | Five themes were derived: 1. Structure and flexibility; 2. Understanding and acknowledgment; 3. Guidance and positive feedback; 4. Nature and animals; and 5. Reflections on personal functioning and the future. | The daily routines of the care farm, and engagement with nature, can promote autonomy and support people’s transition back into work. |
| **Hassink 2010** | Participants across a range of care farm types valued: The sense of community on the farms; the attitude of the farmers (being treated as equals and as ‘normal’ people); being able to challenge their capabilities; the quietness; and the distance from everyday life.  | The components of the green farm leading to therapeutic benefits are reiterated. Care farms focus on the empowerment of clients.  |
| **Iancu 2014** | The transition from past to current lives, and the recovery process, was described by examining life before the care farm (occupational disruption, isolation, lack of activiites, preoccupation with disorder, disorganised lives), goals (occupational functioning, participation, interpersonal functioning, managing one’s symptoms, being in nature), and life after the care farm ( a nonlinear process of finding internal motivation, and undertaking social roles).  | Care farms are a viable way to help pepe with mental health difficulties to find meaning and become accepted in a community of peers. |
| **Pedersen 2012** | All participants described the farming experience as positive, and 3 even described it as turning point in their recovery. 4 major themes emerged in the interviews with several subthemes: 1) Ordinary life (Intervention provided sense of normal working life), 1.1) Ordinary work (Experience of work setting and routine), 1.2) Being appreciated (Feeling appreciated by animals and farmers), 1.3) Being a colleague (Feeling included and respected by co-workers), 2) Being sick (Recognition of needs and distraction), 2.1) Considerate relations (Close and open relationship with farmers), 2.2) Closeness, warmth and calmness (Physical contact with animals), 2.3) Forget my difficulties (Distraction from illness and pain), 2.4) Kept me going (Improved resilience and coping), 3) Flexibility (Adjustments of work according to needs), 4) Coping (Sense of accomplishment, independence and new skills),  | Flexibility around work activities and attention to individual needs were central to successful mental health rehabilitation at the care farm. Participants particularly appreciated contact with farm animals and working in a stress-free environment can give a sense of ordinary life and improve mental wellbeing.  |
| **Pedersen 2011** | Compared to the start of the intervention, participants spent more time working with the animals in the final 2 weeks (work total of 67.4%, SE=7.32 in early phase and 75.1%, SE=6.22 in late phase), while inactivity (15.5%, SE=4.88 in early phase and 11.9%, SE=3.72) and dialog with farmer (29.1%, SE=6.2 in early phase and 19.0%, SE=2.73 in late phase) decreased. Depression scores on the BDI-IA scale decreased from 25.9 (SE=2.8) at the start of intervention to 19.1 (SE=3.9) at the end, while anxiety levels also decreased by 5.7 points and generalized self-efficacy scores were improved from 22.3 (SE=1.6) to 25.6 (SE=2.1). There were significant negative correlations between anxiety and milking procedures (r = –0.62, p = 0.02) and moving animals ( r = –0.58, p = 0.03). Pure animal contact however was positively correlated with depression levels, although not quite statistically significant (r = 0.50, p = 0.07).  | Performing challenging and complex work tasks at the dairy farm can result in a decline in depression, and state-anxiety symptoms, whereas work-unrelated animal contact and beginners’ activities did not result in the same benefits. Close contact and dialogue with the farmers can also improve anxiety and depression and help participants develop new skills.  |

**BDI, Beck Depression Inventory; BSI, Brief Symptom Inventory; CMAI, Cohen-Mansfield Agitation Inventory**

**Supplementary Table S11. Study design, methods, and intervention details (Virtual reality-based)**

| **Authors, year** | **Design** | **Methods** | **Intervention details** |
| --- | --- | --- | --- |
| **Virtual reality-based** |
| **Alvarsson 2010** | Pretest-posttest | Skin conductance level (SCL) was used to index sympathetic activation, and high frequency heart rate variability (HF HRV) was used to index parasympathetic activation. | After an arithmetic stress test, participants were exposed to one of 4 noises: 1) Nature sound, 2) High noise, 3) Low noise, 4) Ambient noise |
| **Annerstedt 2013** | Experimental, lab-based study | Comparison of two VR-based natural environments (with or without natural sounds) and one control condition. Stress-related outcomes (cortisol, heart rate, T-wave amplitude, heart rate variability) compared with ANOVA | Virtual reality environment including trees in a forest surrounding a path leading to a stream of water, reminiscent of a natural setting in Scandinavia |
| **de Kort 2006** | Pretest-posttest | Measurement of self-reported affect and presence using the ITC-Sense of Presence Questionnaire and heart period and skin conductance level | Participants were seated in the lab room, completed the stress test (MPATest) and were then shown a nature-based film for 10mins on either a large 72” screen (high immersion) or small 31” screen (low immersion).  |

**Supplementary Table S12. Key findings and conclusions (Virtual reality-based).**

| **Authors, year** | **Key findings** | **Conclusions** |
| --- | --- | --- |
| **Care farming** |
| **Alvarsson 2010** | Participants perceived nature sounds as more pleasant than the noises and recovery of skin conductance level (SCL) was faster during exposure to the nature sound than to the three noise conditions. Pairwise comparisons (t-tests) showed that mean SCL was lower for Nature than High noise (p = 0.045); however, the differences between Nature and the other two noise conditions did not reach significance (p > 0.05). Average Heart rate variability (HRV) values were not higher for nature sound than for the other sounds, and HF HRV for the high noise was not substantially lower than for the other sounds. | Nature sounds may enable faster recovery of the sympathetic nervous system compared to less pleasant noise of lower, similar, or higher sound pressure level. |
| **Annerstedt 2013** | ANOVA results showed a main effect of condition (control, VR forest – sound; VR forest + sound) on stress as measured by cortisol (F(2.54) = 53.22, p<.001) | Stress recovery can be facilitated by the addition of sounds of nature to a virtual green environment in a lab setting |
| **de Kort 2006** | Both physiological measurements showed that immersion enhances restorative effects of a virtual natural environment. No significant differences in recovery of affect appeared between the two immersion conditions. An interaction was found between screen size and restorative phase on heart period and skin conductance level, indicating stronger restoration for the immersive screen condition over time. | Immersion enhances restorative potential of a mediated natural environment.  |

Appendix 1. Search history

|  |  |  |
| --- | --- | --- |
| Database | Keywords | Hits |
| CINAHL | Limiters: English Language, Academic journals( well?being or "quality of life" or mental health or anxiety or stress or depression or proms ) OR ( "social skills" or social development or social interaction or sociab\* ) OR ( "group activit\*" or employab\* or recidivism ) OR horticult\* OR "Therapeutic landscap\*" OR ecotherapy OR "natural environment" OR "green W3 environment" OR "Conservation\* activit\*" OR Litter OR Garden\* OR "Green care" OR Plant\* OR Forest\* OR "Green gym" OR Nature?assisted OR nature?based OR "green environment" OR "green space" OR parks OR outdoor OR biophilia OR Animal?assisted OR "pet therapy" OR "prison?based animal" OR pet?facilitated OR "care farm\*" OR Livestock OR Wildlife AND( well?being or "quality of life" or mental health or anxiety or stress or depression or proms ) OR ( "social skills" or social development or social interaction or sociab\* ) OR ( "group activit\*" or employab\* or recidivism )ANDPrison\* OR inmates OR incarcer\* OR offend\* OR ( correction\* or penal or detention\* or penitentiary or jail or parole ) OR ( "community service" or rehab\* or referral ) OR school\* OR ( university or college or campus ) OR ( pupils or students or children ) OR institution\* OR hospital OR patient | **377** |
| Medline (via CINAHL) | Limiters: English Language, Academic journals, Subject HeadingsNarrow by SubjectMajor: - occupational health servicesNarrow by SubjectMajor: - mental health servicesNarrow by SubjectMajor: - environmentNarrow by SubjectMajor: - dementiaNarrow by SubjectMajor: - cognition disordersNarrow by SubjectMajor: - community mental health servicesNarrow by SubjectMajor: - stress, physiologicalNarrow by SubjectMajor: - substance-related disordersNarrow by SubjectMajor: - employmentNarrow by SubjectMajor: - painNarrow by SubjectMajor: - stroke rehabilitationNarrow by SubjectMajor: - stress, psychologicalNarrow by SubjectMajor: - health promotionNarrow by SubjectMajor: - depressionNarrow by SubjectMajor: - phytotherapyNarrow by SubjectMajor: - disabled personsNarrow by SubjectMajor: - activities of daily livingNarrow by SubjectMajor: - conservation of natural resourcesNarrow by SubjectMajor: - walkingNarrow by SubjectMajor: - occupational diseasesNarrow by SubjectMajor: - mental disordersNarrow by SubjectMajor: - quality of life( well?being or "quality of life" or mental health or anxiety or stress or depression or proms ) OR ( "social skills" or social development or social interaction or sociab\* ) OR ( "group activit\*" or employab\* or recidivism ) OR horticult\* OR "Therapeutic landscap\*" OR ecotherapy OR "natural environment" OR "green W3 environment" OR "Conservation\* activit\*" OR Litter OR Garden\* OR "Green care" OR Plant\* OR Forest\* OR "Green gym" OR Nature?assisted OR nature?based OR "green environment" OR "green space" OR parks OR outdoor OR biophilia OR Animal?assisted OR "pet therapy" OR "prison?based animal" OR pet?facilitated OR "care farm\*" OR Livestock OR Wildlife AND( well?being or "quality of life" or mental health or anxiety or stress or depression or proms ) OR ( "social skills" or social development or social interaction or sociab\* ) OR ( "group activit\*" or employab\* or recidivism )ANDPrison\* OR inmates OR incarcer\* OR offend\* OR ( correction\* or penal or detention\* or penitentiary or jail or parole ) OR ( "community service" or rehab\* or referral ) OR school\* OR ( university or college or campus ) OR ( pupils or students or children ) OR institution\* OR hospital OR patient | **842** |
| Criminal Justice Abstracts | Limiters: English Language((Prison\* OR hospital OR institution\* OR inmates OR incarcer\* OR offend\* OR (correction\* OR penal OR detention\* OR penitentiary OR jail OR parole) OR ("community service" OR rehab\* OR referral)) AND ((horticult\* OR ("Therapeutic landscap\*" OR ecotherapy OR "natural environment" OR "green W3 environment" OR "Conservation\* activit\*" OR Litter) OR (Garden\* OR "Green care" OR Plant\* OR Forest\* OR "Green gym") OR (Nature?assisted OR nature?based OR "green environment" OR "green space" OR parks OR outdoor OR biophilia) OR (Animal?assisted OR "pet therapy" OR "prison?based animal" OR pet?facilitated OR "care farm\*" OR Livestock OR Wildlife)) AND (Prison\* OR hospital OR institution\* OR inmates OR incarcer\* OR offend\* OR (correction\* OR penal or detention\* or penitentiary or jail or parole ) OR ( “community service” or rehab\* or referral ) AND ( well?being or "quality of life" or mental health or anxiety or stress or depression or proms ) OR ( "social skills" or social development or social interaction or sociab\* ) OR ( "group activit\*" or employab\* or recidivism ) | **686** |
| PsycINFO | ((horticult\* OR "therapeutic landscap\*" OR ecotherapy OR "natural environment" OR "green care" OR garden\* OR "green gym" OR Nature?assisted OR nature?based OR "green environment" OR "green space" OR biophilia OR Animal?assisted OR "prison?based animal" OR "pet therapy" OR pet?facilitated OR wildlife OR livestock) AND peer(yes)) AND ((Prison\* OR institution\* OR inmates OR incarcer\* OR offend\* OR correction\* OR penal OR detention\* OR penitentiary OR jail OR parole OR "community service" OR rehab\* OR referral) AND peer(yes)) | **426** |
| SCOPUS | ( TITLE-ABS-KEY ( ( well?being OR "quality of life" OR mental AND health OR anxiety OR stress OR depression OR proms ) OR ( "social skills" OR social AND development OR social AND interaction OR sociab\* ) OR ( "group activit\*" OR employab\* OR recidivism ) ) ) AND ( ( TITLE-ABS-KEY ( prison\* OR hospital OR institution\* OR inmates OR incarcer\* OR offend\* OR ( correction\* OR penal OR detention\* OR penitentiary OR jail OR parole ) OR ( "community service" OR rehab\* OR referral ) ) ) AND ( ( TITLE-ABS-KEY ( horticult\* ) OR TITLE-ABS-KEY ( "Therapeutic landscap\*" OR ecotherapy OR "natural environment" OR "green environment" OR "Conservation\* activit\*" OR litter ) OR TITLE-ABS-KEY ( garden\* OR "Green care" OR plant\* OR forest\* OR "Green gym" ) OR TITLE-ABS-KEY ( nature?assisted OR nature?based OR "green environment" OR "green space" OR parks OR outdoor OR biophilia ) OR TITLE-ABS-KEY ( animal?assisted OR "pet therapy" OR "prison?based animal" OR pet?facilitated OR "care farm\*" OR livestock OR wildlife ) ) ) ) AND ( LIMIT-TO ( DOCTYPE , "ar" ) ) | **1043** |
| Social Care Online | AllFields:'horticult\* or "therapeutic landscap\*" or ecotherapy or "natural environment" or "green care" or garden\* or "green gym" or nature-assisted or nature-based or "green environment" or "green space" or biophilia or animal-assisted or "prison-based animal" or "pet therapy" or pet-facilitated or wildlife or livestock'  - AND AllFields:'prison\* or institution\* or inmates or incarcer\* or offend\* or correction\* or penal or detention\* or penitentiary or jail or parole or "community service" or rehab\* or referral' ] | **177** |
| Cochrane CENTRAL | 'horticult\* OR "therapeutic landscap\*" OR ecotherapy OR "natural environment" OR "green care" OR garden\* OR "green gym" OR Nature?assisted OR nature?based OR "green environment" OR "green space" OR biophilia OR Animal?assisted OR "prison?based animal" OR "pet therapy" OR pet?facilitated OR wildlife OR livestock in Title, Abstract, Keywords and Prison\* OR institution\* OR inmates OR incarcer\* OR offend\* OR correction\* or penal or detention\* or penitentiary or jail or parole OR "community service" or rehab\* or referral in Title, Abstract, Keywords and well?being or "quality of life" or mental health or anxiety or stress or depression or proms OR "social skills" or "social development" or "social interaction" or sociab\* OR "group activit\*" or employab\* or recidivism in Title, Abstract, Keywords in Trials' | **89** |
|  |  |  |
|  | **Total** | **3640** |
|  | **Duplicates removed (Endnote/Covidence)** | **304** |
|  | **Covidence import for screening at Title/Abstract** | **3336** |

Other reviews

|  |  |  |
| --- | --- | --- |
| Database | Keywords | Hits |
| Cochrane Library | 'horticult\* OR "therapeutic landscap\*" OR ecotherapy OR "natural environment" OR "green care" OR garden\* OR "green gym" OR Nature?assisted OR nature?based OR "green environment" OR "green space" OR biophilia OR Animal?assisted OR "prison?based animal" OR "pet therapy" OR pet?facilitated in Title, Abstract, Keywords | **507****Of which:****96 Cochrane reviews (2 relevant)****311 other reviews (9 relevant)** |
| Manual searches | Reference lists, internet searchers | **5** |

Manual searches

|  |  |
| --- | --- |
| Source | Hits |
| Reference lists (n=69) | **21** |

**References**

Adevi, A. A., & Lieberg, M. (2012). Stress rehabilitation through garden therapy. A caregiver perspective on factors considered most essential to the recovery process. *Urban Forestry and Urban Greening, 11*(1), 51–58. doi:10.1016/j.ufug.2011.09.007

Adevi, A. A., & Mårtensson, F. (2013). Stress rehabilitation through garden therapy: The garden as a place in the recovery from stress. *Urban Forestry and Urban Greening, 12*(2), 230–237. doi:10.1016/j.ufug.2013.01.007

Alvarsson, J. J., Wiens, S., & Nilsson, M. E. (2010). Stress recovery during exposure to nature sound and environmental noise. *International Journal Of Environmental Research And Public Health, 7*(3), 1036–1046.

Annerstedt, M., Jönsson, P., Wallergård, M., Johansson, G., Karlson, B., Grahn, P., . . . Währborg, P. (2013). Inducing physiological stress recovery with sounds of nature in a virtual reality forest—Results from a pilot study. *Physiology & Behavior, 118*, 240–250. doi:10.1016/j.physbeh.2013.05.023

Aslan, L. (2016). A Qualitative Evaluation of the Phoenix Futures Recovery Through Nature Program: A Therapeutic Intervention for Substance Misuse. *Journal of Groups in Addiction & Recovery, 11*(2), 93–108. doi:10.1080/1556035x.2015.1110741

Austin, E. N., Johnston, Y. A. M., & Morgan, L. L. (2006). Community gardening in a senior center: a therapeutic intervention to improve the health of older adults. *Therapeutic Recreation Journal, 40*(1), 48–57.

Barker, S. B., & Dawson, K. S. (1998). The effects of animal-assisted therapy on anxiety ratings of hospitalized psychiatric patients. *Psychiatric Services, 49*(6), 797–801.

Barker, S. B., Pandurangi, A. K., & Best, A. M. (2003). Effects of animal-assisted therapy on patients' anxiety, fear, and depression before ECT. *The journal of ECT, 19*(1), 38–44.

Barley, E. A., Robinson, S., & Sikorski, J. (2012). Primary-care based participatory rehabilitation: users' views of a horticultural and arts project. *The British Journal Of General Practice: The Journal Of The Royal College Of General Practitioners, 62*(595), e127-e134. doi:10.3399/bjgp12X625193

Bay-Richter, C., Traskman-Bendz, L., Grahn, P., & Brundin, L. (2012). Garden rehabilitation stabilises INF-gamma and IL-2 levels but does not relieve depressive-symptoms. *Neurology Psychiatry and Brain Research, 18*(2), 37. doi:10.1016/j.npbr.2012.02.002

Beck, A. M., Seraydarian, L., & Hunter, G. F. (1986). Use of animals in the rehabilitation of psychiatric inpatients. *Psychological Reports, 58*(1), 63–66.

Berget, B., Skarsaune, I., Ekeberg, O., & Braastad, B. O. (2007). Humans in mental disorders working with farm animals: a behavioral study. *Occupational Therapy in Mental Health, 23*(2), 101–117.

Buettner, L. L., Wang, Y., Stevens, K., Jessup, H., & Magrinat, G. C. (2011). Perceived benefits of animal-assisted therapy in the oncology waiting room. *American Journal of Recreation Therapy, 10*(4), 25–34. doi:10.5055/ajrt.2011.0008

Cerwén, G., Pedersen, E., & Pálsdóttir, A. M. (2016). The role of soundscape in nature-based rehabilitation: A patient perspective. *International Journal Of Environmental Research And Public Health, 13*(12). doi:10.3390/ijerph13121229

Chinner, T. L., & Dalziel, F. R. (1991). An exploratory study on the viability and efficacy of a pet-facilitated therapy project within a hospice. *Journal of palliative care*.

Chu, C. I., Liu, C. Y., Sun, C. T., & Lin, J. (2009). The effect of animal-assisted activity on inpatients with Schizophrenia. *Journal Of Psychosocial Nursing And Mental Health Services, 47*(12), 42–48. doi:10.3928/02793695-20091103-96

Coakley, A. B., & Mahoney, E. K. (2009). Creating a therapeutic and healing environment with a pet therapy program. *Complementary Therapies In Clinical Practice, 15*(3), 141–146. doi:10.1016/j.ctcp.2009.05.004

Colombo, G., Buono, M. D., Smania, K., Raviola, R., & Leo, D. d. (2006). Pet therapy and institutionalized elderly: a study on 144 cognitively unimpaired subjects. *Archives Of Gerontology And Geriatrics, 42*(2), 207–216.

Cushing, J. L., Williams, J. D., & Kronick, R. F. (1995). The wild mustang program: A case study in facilitated inmate therapy. *Journal of Offender Rehabilitation, 22*(3-4), 95–112.

Detweiler, M. B., & Warf, C. (2005). Dementia wander garden aids post cerebrovascular stroke restorative therapy: a case study. *Alternative Therapies in Health & Medicine, 11*(4), 54–58.

Edwards, C. A., McDonnell, C., & Merl, H. (2013). An evaluation of a therapeutic garden's influence on the quality of life of aged care residents with dementia. *Dementia (14713012), 12*(4), 494–510. doi:10.1177/1471301211435188

Elings, M., & Hassink, J. (2008). Green care farms, a safe community between illness or addiction and the wider society. *Therapeutic Communities: the International Journal of Therapeutic Communities, 29*(3), 310–322.

Ellingsen-Dalskau, L. H., Morken, M., Berget, B., & Pedersen, I. (2015). Autonomy support and need satisfaction in prevocational programs on care farms: The self-determination theory perspective. *Work (Reading, Mass.), 53*(1), 73–85. doi:10.3233/wor-152217

Eriksson, T., Karlström, E., Jonsson, H., & Tham, K. (2010). An exploratory study of the rehabilitation process of people with stress-related disorders. *Scandinavian Journal Of Occupational Therapy, 17*(1), 29–39. doi:10.1080/11038120902956878

Eriksson, T., Westerberg, Y., & Jonsson, H. (2011). Experiences of women with stress-related ill health in a therapeutic gardening program. *Canadian Journal of Occupational Therapy, 78*(5), 273–281. doi:10.2182/cjot.2011.78.5.2

Fick, K. M. (1993). The influence of an animal on social interactions of nursing home residents in a group setting. *American Journal of Occupational Therapy, 47*(6), 529–534.

Fournier, A. K., Geller, E. S., & Fortney, E. V. (2007). Human-animal interaction in a prison setting: Impact on criminal behavior, treatment progress, and social skills. *Behavior and social issues, 16*(1), 89.

Galvin, K., Sharples, A., Hume, S., & Dumbrell, A. (2000). Users' perspectives of work rehabilitation with horticultural therapy...symposium on rehabilitation in mental health. *British Journal of Therapy & Rehabilitation, 7*(6), 262–265.

Gigliotti, C. M., Jarrott, S. E., & Yorgason, J. (2004). Harvesting health: Effects of three types of horticultural therapy activities for persons with dementia. *Dementia: The International Journal of Social Research and Practice, 3*(2), 161–180. doi:10.1177/1471301204042335

Gonzalez, M. T., Hartig, T., Patil, G. G., Martinsen, E. W., & Kirkevold, M. (2011). A prospective study of existential issues in therapeutic horticulture for clinical depression. *Issues In Mental Health Nursing, 32*(1), 73–81. doi:10.3109/01612840.2010.528168

Gonzalez, M. T., Hartig, T., Patil, G. G., Martinsen, E. W., & Kirkevold, M. (2011). A prospective study of group cohesiveness in therapeutic horticulture for clinical depression. *International Journal of Mental Health Nursing, 20*(2), 119–129. doi:10.1111/j.1447-0349.2010.00689.x

Hassink, J., Elings, M., Zweekhorst, M., van den Nieuwenhuizen, N., & Smit, A. (2010). Care farms in the Netherlands: attractive empowerment-oriented and strengths-based practices in the community. *Health & Place, 16*(3), 423–430. doi:10.1016/j.healthplace.2009.10.016

Haughie, E., Milne, D., & Elliott, V. (1992). An evaluation of companion pets with elderly psychiatric patients. *Behavioural and Cognitive Psychotherapy, 20*(4), 367–372.

Heath, Y., & Gifford, R. (2001). Post-occupancy evaluation of therapeutic gardens in a multi-level care facility for the aged. *Activities, Adaptation & Aging, 25*(2), 21–43. doi:10.1300/J016v25n02\_02

Hewitt, P., Watts, C., Hussey, J., Power, K., & Williams, T. (2013). Does a structured gardening programme improve well-being in young-onset dementia? A preliminary study. *British Journal of Occupational Therapy, 76*(8), 355–361. doi:10.4276/030802213x13757040168270

Hine, R., Peacock, J., & Pretty, J. (2008). Care farming in the UK: contexts, benefits and links with therapeutic communities. *Therapeutic Communities: the International Journal of Therapeutic Communities, 29*(3), 245–260.

Hoffmann, A. O. M., Lee, A. H., Wertenauer, F., Ricken, R., Jansen, J. J., Gallinat, J., & Lang, U. E. (2009). Dog-assisted intervention significantly reduces anxiety in hospitalized patients with major depression. *European Journal of Integrative Medicine, 1*(3), 145–148.

Iancu, S. C., Zweekhorst, M. B. M., Veltman, D. J., van Balkom, A. J. L. M., & Bunders, J. F. G. (2014). Mental health recovery on care farms and day centres: a qualitative comparative study of users' perspectives. *Disability And Rehabilitation, 36*(7), 573–583. doi:10.3109/09638288.2013.804595

Jagger, S., Sperling, E., & Inwood, H. (2016). What’s growing on here? Garden-based pedagogy in a concrete jungle. *Environmental Education Research, 22*(2), 271–287. doi:10.1080/13504622.2014.997195

Jasperson, R. A. (2010). Animal-assisted therapy with female inmates with mental illness: A case example from a pilot program. *Journal of Offender Rehabilitation, 49*(6), 417–433.

Johnson, R. A., Meadows, R. L., Haubner, J. S., & Sevedge, K. (2008). Animal-assisted activity among patients with cancer: effects on mood, fatigue, self-perceived health, and sense of coherence. *Oncology Nursing Forum, 35*(2), 225–232. doi:10.1188/08.onf.225-232

Jonveaux, T. R., Batt, M., Fescharek, R., Benetos, A., Trognon, A., Bah Chuzeville, S., . . . Bouvel, B. (2013). Healing gardens and cognitive behavioral units in the management of Alzheimer's disease patients: The Nancy experience. *Journal of Alzheimer's Disease, 34*(1), 325–338. doi:10.3233/jad-121657

Katsinas, R. P. (2000). The use and implications of a canine companion in a therapeutic day program for nursing home residents with dementia. *Activities, Adaptation & Aging, 25*(1), 13–30.

Kim, M.-Y., Kim, G.-S., Mattson, N. S., & Kim, W.-S. (2010). Effects of horticultural occupational therapy on the physical and psychological rehabilitation of patients with hemiplegia after stroke. *Korean Journal of Horticultural Science and Technology, 28*(5), 884–890.

Kort, Y. A. W. d., Meijnders, A. L., Sponselee, A. A. G., & IJsselsteijn, W. A. (2006). What's wrong with virtual trees? Restoring from stress in a mediated environment. *Journal of environmental psychology, 26*(4), 309–320.

Kovács, Z., Kis, R., Rózsa, S., & Rózsa, L. (2004). Animal-assisted therapy for middle-aged schizophrenic patients living in a social institution. A pilot study. *Clinical Rehabilitation, 18*(5), 483–486.

Kumasaka, T., Masu, H., Kataoka, M., & Numao, A. (2012). Changes in Patient Mood through Animal-Assisted Activities in a Palliative Care Unit. *International Medical Journal, 19*(4), 373–377.

Le Roux, M. C., & Kemp, R. (2009). Effect of a companion dog on depression and anxiety levels of elderly residents in a long‐term care facility. *Psychogeriatrics, 9*(1), 23–26.

Lee, S. K. M. S., & Suh, J. K. (2004). *Effects of horticultural therapy of self-esteem and depression of battered women at a shelter in Korea.* Paper presented at the VIII International People-Plant Symposium on Exploring Therapeutic Powers of Flowers, Greenery and Nature 790.

Lidén, E., Alstersjö, K., Gurné, F. L., Fransson, S., & Bergbom, I. (2016). Combining garden therapy and supported employment - a method for preparing women on long-term sick leave for working life. *Scandinavian Journal of Caring Sciences, 30*(2), 411–418. doi:10.1111/scs.12263

Luk, K. Y., Lai, K. Y. C., Li, C. C., Cheung, W. H., Lam, S. M. R., Li, H. o. Y., . . . Wan, S. F. (2011). The effect of horticultural activities on agitation in nursing home residents with dementia. *International Journal Of Geriatric Psychiatry, 26*(4), 435–436. doi:10.1002/gps.2493

Lynch, C. E., Magann, E. F., Barringer, S. N., Ounpraseuth, S. T., Eastham, D. G., Lewis, S. D., & Stowe, Z. N. (2014). Pet therapy program for antepartum high-risk pregnancies: a pilot study. *Journal Of Perinatology: Official Journal Of The California Perinatal Association, 34*(11), 816–818. doi:10.1038/jp.2014.120

Marr, C. A., French, L., Thompson, D., Drum, L., Greening, G., Mormon, J., . . . Hughes, C. W. (2000). Animal-assisted therapy in psychiatric rehabilitation. *Anthrozoös, 13*(1), 43–47.

Mercer, J., Gibson, K., & Clayton, D. (2015). The therapeutic potential of a prison-based animal programme in the UK. *Journal of Forensic Practice, 17*(1), 43–54.

Neer, C. A., Dorn, C. R., & Grayson, I. (1987). Dog interaction with persons receiving institutional geriatric care. *Journal of the American Veterinary Medical Association, 191*(3), 300–304.

O'Brien, L., Burls, A., Townsend, M., & Ebden, M. (2011). Volunteering in nature as a way of enabling people to reintegrate into society. *Perspectives In Public Health, 131*(2), 71–81.

Orlandi, M., Trangeled, K., Mambrini, A., Tagliani, M., Ferrarini, A., Zanetti, L., . . . Cantore, M. (2007). Pet therapy effects on oncological day hospital patients undergoing chemotherapy treatment. *Anticancer Research, 27*(6 C), 4301–4303.

Ottosson, J., & Grahn, P. (2005). Measures of restoration in geriatric care residences: the influence of nature on elderly people's power of concentration, blood pressure and pulse rate. *Journal of Housing for the Elderly, 19*(3/4), 227–256.

Pálsdóttir, A. M., Grahn, P., & Persson, D. (2014). Changes in experienced value of everyday occupations after nature-based vocational rehabilitation. *Scandinavian Journal Of Occupational Therapy, 21*(1), 58–68. doi:10.3109/11038128.2013.832794

Parr, H. (2007). Mental Health, Nature Work, and Social Inclusion. *Environment and Planning D: Society and Space, 25*(3), 537–561. doi:10.1068/d67j

Pedersen, I., Ihlebæk, C., & Kirkevold, M. (2012). Important elements in farm animal-assisted interventions for persons with clinical depression: a qualitative interview study. *Disability & Rehabilitation, 34*(18), 1526–1534. doi:10.3109/09638288.2011.650309

Pedersen, I., Nordaunet, T., Martinsen, E. W., Berget, B., & Braastad, B. O. (2011). Farm Animal-Assisted Intervention: Relationship between Work and Contact with Farm Animals and Change in Depression, Anxiety, and Self-Efficacy Among Persons with Clinical Depression. *Issues In Mental Health Nursing, 32*(8), 493–500. doi:10.3109/01612840.2011.566982

Perelle, I. B., & Granville, D. A. (1993). Assessment of the effectiveness of a pet facilitated therapy program in a nursing home setting. *Society & Animals, 1*(1), 91–100.

Perrins-Margalis, N. M., Rugletic, J., Schepis, N. M., Stepanski, H. R., & Walsh, M. A. (2000). The immediate effects of a group-based horticulture experience on the quality of life of persons with chronic mental illness. *Occupational Therapy in Mental Health, 16*(1), 15–32.

Rappe, E., & Kivelä, S. L. (2005). Effects of garden visits on long-term care residents as related to depression. *HortTechnology, 15*(2), 298–303.

Rappe, E., Kivelä, S. L., & Rita, H. (2006). Visiting outdoor green environments positively impacts self-rated health among older people in long-term care. *HortTechnology, 16*(1), 55–59.

Rappe, E., Koivunen, T., & Korpela, E. (2008). Group gardening in mental outpatient care. *Therapeutic Communities, 29*(3), 273–284.

Raske, M. (2010). Nursing home quality of life: study of an enabling garden. *Journal Of Gerontological Social Work, 53*(4), 336–351. doi:10.1080/01634371003741482

Renzetti, C. M., & Follingstad, D. R. (2015). From blue to green: The development and implementation of a therapeutic horticulture program for residents of a battered women's shelter. *Violence and Victims, 30*(4), 676–690. doi:10.1891/0886-6708.vv-d-14-00091

Richards, H. J., & Kafami, D. M. (1999). Impact of Horticultural Therapy on Vulnerability and Resistance to Substance Abuse Among Incarcerated Offenders. *Journal of Offender Rehabilitation, 29*(3/4), 183–193.

Rossetti, J., DeFabiis, S., & Belpedio, C. (2008). Behavioral health staff's perceptions of pet-assisted therapy: an exploratory study. *Journal of Psychosocial Nursing & Mental Health Services, 46*(9), 28–33.

Sahlin, E., Ahlborg, G., Tenenbaum, A., & Grahn, P. (2015). Using nature-based rehabilitation to restart a stalled process of rehabilitation in individuals with stress-related mental illness. *International Journal Of Environmental Research And Public Health, 12*(2), 1928–1951. doi:10.3390/ijerph120201928

Sarno, M. T., & Chambers, N. (1997). A horticultural therapy program for individuals with acquired aphasia. *Activities, Adaptation & Aging, 22*(1/2), 81–91.

Savishinsky, J. S. (1992). Intimacy, domesticity and pet therapy with the elderly: Expectation and experience among nursing home volunteers. *Social Science & Medicine, 34*(12), 1325–1334. doi:10.1016/0277-9536(92)90141-c

Sockalingam, S., Li, M., Krishnadev, U., Hanson, K., Balaban, K., Pacione, L. R., & Bhalerao, S. (2008). Use of animal-assisted therapy in the rehabilitation of an assault victim with a concurrent mood disorder. *Issues In Mental Health Nursing, 29*(1), 73–84.

Stasi, M. F., Amati, D., Costa, C., Resta, D., Senepa, G., Scarafioiti, C., . . . Molaschi, M. (2004). Pet-therapy: a trial for institutionalized frail elderly patients. *Archives Of Gerontology And Geriatrics. Supplement*(9), 407–412.

Stein, L. K. (1997). Horticultural therapy in residential long-term care: Applications from research on health, aging, and institutional life. *Activities, Adaptation & Aging, 22*(1-2), 107–124. doi:10.1300/J016v22n01\_09

Turner, W. G. (2007). The experiences of offenders in a prison canine program. *Fed. Probation, 71*, 38.

Verra, M. L., Angst, F., Beck, T., Lehmann, S., Brioschi, R., Schneiter, R., & Aeschlimann, A. (2012). Horticultural therapy for patients with chronic musculoskeletal pain: results of a pilot study. *Alternative Therapies in Health and Medicine, 18*(2), 44–50.

Währborg, P., Petersson, I. F., & Grahn, P. (2014). Nature-assisted rehabilitation for reactions to severe stress and/or depression in a rehabilitation garden: long-term follow-up including comparisons with a matched population-based reference cohort. *Journal Of Rehabilitation Medicine, 46*(3), 271–276. doi:10.2340/16501977-1259

Walsh, P. G., & Mertin, P. G. (1994). The training of pets as therapy dogs in a women's prison: A pilot study. *Anthrozoös, 7*(2), 124–128.

Whatley, E., Fortune, T., & Williams, A. E. (2015). Enabling occupational participation and social inclusion for people recovering from mental ill-health through community gardening. *Australian Occupational Therapy Journal, 62*(6), 428–437. doi:10.1111/1440-1630.12240

Wichrowski, M., Whiteson, J., Haas, F., Mola, A., & Rey, M. J. (2005). Effects of horticultural therapy on mood and heart rate in patients participating in an inpatient cardiopulmonary rehabilitation program. *Journal Of Cardiopulmonary Rehabilitation, 25*(5), 270–274.

Winkler, A., Fairnie, H., Gericevich, F., & Long, M. (1989). The Impact of a Resident Dog on an Institution for the Elderly: Effects on Perceptions and Social Interactions. *Gerontologist, 29*(2), 216–223. doi:10.1093/geront/29.2.216

Zhu, S., Wan, H., Lu, Z., Wu, H., Zhang, Q., Qian, X., & Ye, C. (2016). Treatment effect of antipsychotics in combination with horticultural therapy on the inpatients with schizophrenia: a randomized, case-controlled study. *Shanghai Archives of Psychiatry, 28*(4), 195–203. doi:10.11919/j.issn.1002-0829.216034

Zisselman, M. H., Rovner, B. W., Shmuely, Y., & Ferrie, P. (1996). A Pet Therapy Intervention with Geriatric Psychiatry Inpatients. *American Journal of Occupational Therapy, 50*(1), 47–51.