



**Australian Government  
Department of Social Services**

Webpage:  
[https://engage.dss.gov.au/ndis-supports-rule/your-experience-of-the-ndis-supports-rules-support-lists/#gf\\_277](https://engage.dss.gov.au/ndis-supports-rule/your-experience-of-the-ndis-supports-rules-support-lists/#gf_277)

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**Outdoor Health Australia**

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25th July 2025

Re: NDIS Supports consultation 2025

To whom it concerns,

Thank you for the opportunity to contribute to the Department of Social Services' (DSS) review of the National Disability Insurance Scheme (NDIS) Rules. We hope our feedback will help make decisions about changes to the NDIS Supports rules before the updated rules are agreed with state and territory governments.

Outdoor Health Australia (OHA) is the national body representing evidence-informed, nature-based health and wellbeing services. We are writing to express our deep concern regarding the classification and exclusion of *Wilderness Therapy* under the transitional NDIS Supports rules (Section 10), and to recommend urgent action to address significant issues arising from this decision.

Outdoor Health Australia has a high level understanding of the purpose and structure of the NDIS Support rules. OHA has consulted with NDIS service users and supporters, service providers, OHA members and the broader outdoor therapeutic services sector in preparation of this submission.

We have concerns about the clarity, consistency, and transparency of how decisions are made regarding specific supports, particularly the classification of *Wilderness Therapy* as "not an approved NDIS support" in October 2024. In their current form, the NDIS Support rules lack clear definitions and supporting documentation, making it difficult to fully understand the rationale behind exclusion of 'Wilderness Therapy'. This has resulted in significant confusion across the sector, particularly in relation to outdoor- and nature-based therapeutic services that are evidence-informed and aligned with the NDIS principles.

## Summary of Concerns

NDIS participants deserve continued access to effective, evidence-based therapeutic supports, including those delivered in outdoor and nature-based settings. The listing of *Wilderness Therapy* as an excluded support in October 2024 was made without transparency of the review process, a clear definition of the term ‘Wilderness Therapy’ within the Australian context, or appropriate consideration of the significant body of supporting evidence for a range of outdoor and nature-based services for people living with disabilities. As a result, many participants have either lost access to beneficial supports or are uncertain whether their outdoor based services will continue to be funded.

## Our Requests

OHA formally requests the following:

1. Acknowledgement and Transparency  
Public recognition from the NDIA and DSS that the listing of *Wilderness Therapy* as an excluded support in 2024 was made without appropriate consideration of the available evidence.
2. Clarity and Reassurance  
A published statement confirming that outdoor and nature-based therapeutic supports and services remain eligible for NDIS funding, provided they meet general requirements for approved supports within any new guidelines or rules.
3. Review and Justification  
That *Wilderness Therapy* either be removed from the “not funded” list or that a summary of the evidence used to justify its exclusion be published, including a clear, working definition of the term as used in an Australian context. This will help to avoid conflating *Wilderness Therapy* with other outdoor/nature-based, evidence-informed services.
4. Consultation and Collaboration  
That OHA be invited to contribute to the development of a formal definition of *Wilderness Therapy* (if needed) and to any future reviews of evidence related to outdoor therapeutic practices considered under NDIS.

## Evidence of Flawed Review Process

OHA has reviewed the May 2025 consultation summary published by DSS ([link](#)). We wish to highlight additional concerns not fully captured in that summary:

- *Wilderness Therapy* was excluded from funded supports in October 2024 under the claim from DSS and NDIA that it lacked an evidence base and was categorised as an alternative or complementary therapy, despite multiple sector submissions advocating for its inclusion in the 2024 public request for feedback on the “Draft lists” of NDIS supports.

- In response to a 2025 Freedom of Information (FOI) request (FOI 24/25-1230; DSS Ref ID: 2024/14696; NDIA Ref: 15629455), no documentation was found confirming that a comprehensive review of existing research or evidence regarding Wilderness Therapy had taken place.
- In June 2025, the Office of the Australian Information Commissioner (OAIC) confirmed that NDIA holds no documents related to any review, definitions, or evaluation of the evidence behind the listing of Wilderness Therapy.

Statements from professionals within both DSS and NDIA (obtained during email correspondence related to FOI) indicate that a review of definitions and international standards was *purportedly* conducted, yet no supporting documentation exists. This contradicts obligations under the NDIS Act 2013, which require the Agency to ensure funded supports are based on current good practice and effective outcomes for participants.

### **Impact on Participants and Services**

The decision to exclude *Wilderness Therapy* (without transparent reasoning) has had significant and harmful consequences:

- Confusion and anxiety among participants, families, providers, and plan managers
- Service cancellations, delays and disruptions
- Job losses and instability across a growing workforce
- Reduced access to beneficial outdoor therapeutic supports

Outdoor and nature-based services have been shown to support participants in living independently, improving health outcomes related to managing disabilities, and fostering community engagement. These supports are particularly valuable for participants in rural and remote areas where service availability is limited. For some, they are life-saving. As one long-term NDIS participant shared:

*“Bushwalking (supported by my NDIS service) keeps me sane and wanting to be around for my daughter.”*

## Why Clarity Is Essential

Placing *Wilderness Therapy* on the exclusion list (without definition or evidence) risks wrongly implying that all outdoor and nature-based supports are ineligible for NDIS funding. We believe this was not the intent of the support list but is a damaging and unintended outcome.

OHA urges DSS to provide clarity, revise the listing and/or classification and definition of *Wilderness Therapy*, and ensure that evidence-informed, participant-beneficial outdoor therapeutic supports continue to be funded under the NDIS.

OHA welcomes the opportunity to engage directly with DSS and NDIA to support an evidence-based, inclusive, and transparent review process moving forward.

Please advise when a meeting is possible.

Sincerely,

Bronwyn Paynter

Board Member

[bronwyn@outdoorhealth.org.au](mailto:bronwyn@outdoorhealth.org.au)

on behalf of Outdoor Health Australia

**Previous OHA submission to the review of Supports October 2024.**

To whom it concerns,

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

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

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

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

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

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

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

**How do we define outdoor health in the Australian context?** Outdoor Health includes the full suite of bio-psycho-socio-ecological practices that are evidence-informed and tailored to participant need. Across their diversity, outdoor health practices tend to combine 4 key mechanisms of

change: 1. physical experiential activity, 2. psychological safety and care, 3. safe effective social relationships, and 4. beneficial connection with nature/natural environments. A strong body of research supports the benefits of outdoor nature-based practices for a range of bio-psycho-social beneficial health, wellbeing and therapy outcomes for participants from all walks of life.

#### Notes on terminology:

- OHA does not support or endorse involuntary coercive or punitive forms of therapy of any kind, including some Wilderness boot camps, which are known to be abusive and unethical.
- We must all be careful to differentiate ethical models of 'Wilderness therapy' practice, research, and evidence (involving voluntary, co-designed and tailored practices), which in Australia tend to be called 'Bush Adventure Therapy', with unethical non evidence based 'Wilderness boot camps' being provided in some states in the USA (involving involuntary, forced, coercive practices).

#### Our concerns:

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

#### Risks of specifically excluding Wilderness Therapy:

- We understand the purpose of the review of NDIS Supports is to provide clarity, not to change the types of supports that have been appropriate to purchase with NDIS funding. We understand the test for appropriateness of supports is a) the participant's need for a support because of their disability, and b) whether the support is most appropriately funded by the NDIS. **Given the general lack of understanding within the NDIS service system about evidence-informed outdoor health practices, if 'wilderness therapy' is included in the list of *non-approved* treatments, there is a very real risk that NDIS planners and referrers will accidentally conflate terminology** and exclude NDIS participants from accessing the existing suite of evidence-informed, value-for money outdoor health, wellbeing and therapy practices.
- **Excluding 'wilderness therapy' may accidentally remove access to 30+ forms of evidence-informed outdoor practices that are currently being provided in Australia by wide ranging therapists and practitioners** (such as psychologists, occupational therapists, youth workers, outdoor therapy practitioners, bush adventure therapy practitioners, peer workers, etc.) to NDIS participants. Listing 'wilderness therapy' as ineffective may inadvertently also limit innovative trauma-informed supports, and effective wide-reaching outcomes for diverse peoples. **See below.**

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

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

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

Please let us know when a meeting is possible.

Sincerely,

Company Secretary

Outdoor Health Australia



## **Appendix1.** Recent robust evidence supporting the use of Outdoor- and Nature-based approaches (including Wilderness Therapy) for NDIS participants.

### **Outdoor Health and Wellbeing Evidence:**

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

Capaldi, C. A., Dopko, R. L., & Zelenski, J. M. (2014). The relationship between nature connectedness and happiness: A meta-analysis. *Frontiers in psychology*, 5, 92737.

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

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

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

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

Martin, L., White, M. P., Hunt, A., Richardson, M., Pahl, S., & Burt, J. (2020). Nature contact, nature connectedness and associations with health, wellbeing and pro-environmental behaviours. *Journal of environmental psychology*, 68, 101389

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

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



Pritchard, A., Richardson, M., Sheffield, D., & McEwan, K. (2020). The relationship between nature connectedness and eudaimonic well-being: A meta-analysis. *Journal of happiness studies*, 21, 1145-1167.

Richardson, M., Passmore, H. A., Lumber, R., Thomas, R., & Hunt, A. (2021). Moments, not minutes: The nature-wellbeing relationship. *International Journal of Wellbeing*, 11(1).

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

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

### **Outdoor Therapy Evidence:**

Beck, N., & Wong, J. S. (2022). A Meta-Analysis of the Effects of Wilderness Therapy on Delinquent Behaviors Among Youth. *Criminal Justice and Behavior*, 49(5), 700-729.  
<https://doi.org/10.1177/00938548221078002>

Bowen, D. J., & Neill, J. T. (2013). A meta-analysis of adventure therapy outcomes and moderators. *The Open Psychology Journal*, 6, Article 28-53.  
<https://doi.org/10.2174/1874350120130802001>

Bowen, D. J., & Neill, J. T. & Crisp, J.R. (2016). Wilderness adventure therapy effects on the mental health of youth participants. *Evaluation and Program Planning*. Volume 58, October 2016, Pages 49-59. <https://www.sciencedirect.com/science/article/pii/S0149718915300094>

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

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

Chan, Y.T., Lau, H.Y., Chan, W.Y. et al. Adventure therapy for child, adolescent, and young adult cancer patients: a systematic review. *Support Care Cancer* 29, 35–48 (2021).  
<https://doi.org/10.1007/s00520-020-05642-3>

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

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- Jeffery, H., & Wilson, L. (2017). New Zealand Occupational Therapists' Use of Adventure Therapy in Mental Health Practice. *New Zealand Journal of Occupational Therapy*, 64(1), 32–32.
- Harper, N.J., & Dobud, W.W. (2021). *Outdoor Therapies: An introduction to Practices, Possibilities, and Critical Perspectives*. New York, NY: Routledge 2021.
- Neil, A. L., Pryor, A., Kneebone, J., & Flies, E. J. (2023). Outdoor mental healthcare: What, who, why and where to? *Australasian Psychiatry*, 31(6), 798–805. <https://doi.org/10.1177/10398562231211110>
- Norton, C., Carpenter, C. & Pryor, A. (Eds). (2015). *Adventure Therapy around the Globe: International Perspectives and Diverse Approaches*. USA: Common Ground Publishing.
- Norton, C. L., Tucker, A., Farnham-Stratton, M., Borroel, F., & Pelletier, A. (2019). Family enrichment adventure therapy: A mixed methods study examining the impact of trauma-informed adventure therapy on children and families affected by abuse. *Journal of Child & Adolescent Trauma*, 12, 85-95.
- Norton, C. L., Tucker, A., Pelletier, A., VanKanegan, C., Bogs, K., & Foerster, E. (2020). Utilizing outdoor adventure therapy to increase hope and well-being among women at a homeless shelter. *Journal of Outdoor Recreation, Education, and Leadership*, 12(1).
- Norton, C. L., Tucker, A. R., Rupe, B., & Riley, M. (2023). Positive Youth Development and Adventure Therapy with Underserved Youth: An Evaluation of the Chicago Voyagers Program. *Journal of Outdoor Recreation, Education, and Leadership*, 15(4).
- Pryor, A., Gray, T., Oland Asen, G., Knowles, B., Dickmeyer, A., & Smith, A. JOEE Special Issue: Outdoor health and nature-based solutions: Research, Practice & Policy. *Journal of Outdoor and Environmental Education* 27, 1–6 (2024). <https://doi.org/10.1007/s42322-024-00170-8>
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Pryor, A., Conway, C., & Pryor, R. (2019). *Recre8 Program Evaluation Full Report*. July 2019. Adventure Works Australia, Hobart, Tasmania.

Pryor, A. Pryor, R. & Carpenter, C. (2018). *Outdoor Adventure Interventions – Young People and Adversity: A Literature Review*. Berry Street Victoria Inc.

Pryor, A. (2009). *Wild adventures in wellbeing: Foundations, features and wellbeing impacts of Australian outdoor adventure interventions (OAI)* [PhD Thesis, Deakin University]. Retrieved, Aug 2024, <https://hdl.handle.net/10536/DRO/DU:30027427>

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## Appendix 2: Information about Outdoor Health from OHA

### Outdoor Health

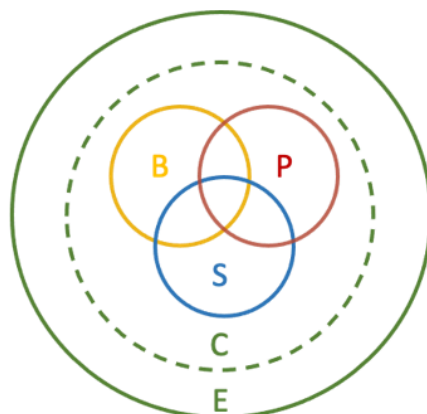
- *an emerging form of health care*
- *across the spectrum of need*
- *for individuals, families, groups and communities*
- *throughout the life-span*
- *with bio-psycho-socio-eco benefits*
- *for people from all walks of life*
- *a diverse field of practices in Australia and around the world.*



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

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

**S: SOCIO: Social relations**  
Interpersonal, relational etc.



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

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

**E: ECO: Ecological**

All beings, natural environmental, the planet etc.

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

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

## Emerging Outdoor Health Modalities

Aboriginal healing on country  
Adventure therapy  
Adventure based counselling  
Adventure based youth work  
Animal assisted therapy  
Bush adventure therapy  
Bush kinder  
Care farms  
Ecopsychology  
Ecotherapy  
Environmental psychology  
Equine therapy  
Experiential learning  
Family therapy outdoors  
Forest school  
Forest therapy

Green social work  
Horticultural therapy  
Indigenous healing practice  
Nature-based art therapy  
Nature-based counselling  
Nature-based dance movement therapy  
Nature-based family therapy  
Nature-based mindfulness  
Nature-based music therapy  
Nature-based play therapy  
Nature-based therapy  
Nature-based occupational therapy  
Outdoor acceptance and commitment therapy  
Outdoor brief therapy  
Outdoor cognitive behavioural therapy  
Outdoor counselling  
Outdoor couples therapy

Outdoor education  
Outdoor gestalt therapy  
Outdoor integrative therapy  
Outdoor narrative therapy  
Outdoor person-centred counselling  
Outdoor psycho education  
Outdoor psychotherapy  
Outdoor recreation  
Outdoor solution focused therapy  
Outdoor therapy  
Outdoor sensorimotor therapy  
Outdoor somatic psychotherapy  
Outdoor systemic therapy  
Surf therapy  
Therapeutic horticulture  
Transpersonal therapy outdoors  
Walk and talk therapy...

## Bodies of supportive research evidence

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