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# Urban public spaces as a mobile, democratic and dynamic clinic to support recovery from early psychosis

Aled Singleton <sup>a</sup> and Mark Batterham <sup>b</sup>

<sup>a</sup>Cardiff Business School, Cardiff University, Cardiff, UK; <sup>b</sup>Avon and Wiltshire Mental Health Partnership NHS Trust, Bath, UK

## ABSTRACT

This paper studies urban public space as part of NHS mental health interventions supporting individuals to recover from early psychosis. Whilst the published literature notes the benefits of group walking to address difficulties such as social isolation, there is limited research focused on the specific qualities of city spaces themselves. This writing explores this issue through a three-year interdisciplinary collaboration that brings intuitive, innovative and evolving practice to the surface. The project involves a human geographer working as a Researcher in Residence alongside an established mental health nurse within the context and scope of quality improvement rather than clinical research. This paper builds on six evaluation interviews to analyse and reflect on two group walks in different cities. These interventions question if and how Kevin Lynch's five elements of imageability help design therapeutic walks through urban space and, in turn, reveal settings that support mental health recovery. We offer and discuss three main findings. First, mobile perspectives render vistas rather than pinpointing specific landmarks. Second, feathered edges offer gentle surprises and enhance opportunities for interaction. Finally, nodes in cities can complicate the efforts of guiding but also offer opportunities for individuals to compose their own future walks.

## ARTICLE HISTORY

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## KEYWORDS

Walking group; public space; psychosis; mental health; Kevin Lynch; image of the city

## Introduction

In this paper, we draw from a three-year interdisciplinary project to evaluate and develop walking practices to support mental health recovery (Batterham and Singleton 2023), with a focus on psychosis. In keeping with the spirit of furthering walkability and social justice, we reflect on the under-researched possibility of walkable urban environments to promote and restore positive mental health (Weber and Trojan 2018). Our work is situated within the context of health practitioners using the quality improvement framework (Stiegler and Tung 2017, Wells *et al.* 2018, Dixon-Woods 2019). This paper derives from a service evaluation which assesses the benefits of using space through organised group walks. The main question is to explore how Lynch's *Image of the City* typology (1960) of making urban space legible helps to reevaluate the qualities of urban space for walks with people recovering from psychosis. Although Lynch's work has been cited nearly 3,000 times across multiple disciplines (Mondschein and Moga 2018) there is little evidence of its application to psychosis: a gap in research pursued in this paper.

Psychosis is a mental health condition that can have long-term implications, including for social, educational and occupational functioning (Lally *et al.* 2017). Individuals with and recovering from psychosis commonly experience difficulties interacting with others and the world around them (Moernaut and Vanheule 2021); a problem intensified in urban settings (Freeman *et al.* 2015, Baumann *et al.* 2020, Winz *et al.* 2022). Symptomatic difficulties can lead service users to avoid urban space (Conus *et al.* 2019) despite its apparent restorative potential for mental health (Roe and Aspinall 2011). Given that most mental health service users with psychosis now live in urban areas (Public Health England 2016) and are treated in the community, there is a clear need for place-based research and, subsequently, innovative interventions (Baumann *et al.* 2020).

This paper aims to explore how *place value* stems 'from the qualities of place, and feeds into a virtuous loop' (Carmona 2019, p. 36); in this case, encompassing health benefits as well as financial returns for

**CONTACT** Aled Singleton  [singletona1@cardiff.ac.uk](mailto:singletona1@cardiff.ac.uk)  Cardiff Business School, Cardiff University, Aberconway Building, Colum Road, Cardiff, Wales CF10 3EU, UK

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developers. By walking through the city with people recovering from psychosis, we locate spaces that facilitate a shift in perceived and experienced exclusion from urban public space. Walking has ‘potential to unpack public and private politics, engaging with place and local knowledge and terrain’ (Mason *et al.* 2023, p. 2). Moreover, walking or wheeling is a universal cultural activity that engages our bodies and minds with the world (Solnit 2001). The case studies develop extensive prior work by the second author, a mental health nurse who set up a walking group with colleagues for individuals under the care of NHS early intervention in psychosis service. The work was inspired by the everyday and what was available close by, what we call *intuitive* practice, where mental health workers and service users walk together during the course of psychosis treatment. Briefly, the practices evaluated incorporate one-to-one practitioner-service user neighbourhood walks and organised group walks in a broad range of urban and rural settings (Table 1). The wider scope and involvement are introduced in the methodology section of this paper.

Reflexivity is an important dimension of the work as two authors with very different backgrounds came together. The second author initiated and oversaw the NHS service evaluation discussed in this paper. The first author is a human geographer who worked on the project as a Researcher in Residence (Marshall *et al.* 2014, Chua *et al.* 2023). The methods were shaped and evolved by the arrangements which permitted our work. The project benefited from the efforts of front-line mental health services and, significantly, a former service user who joined us on, and at sometimes led, group walks.

This paper starts by exploring briefly how treatment in public spaces became possible, the opportunity for walking approaches and Lynch’s model which provides a foundation for the remainder of the study to be explored. The discussion centres around this paper’s three main findings of public space in supporting recovery from early psychosis: how walking gradually renders vistas and does not focus on landmarks; that paths can have feathered edges; and that nodes in the city present challenges and opportunities both for guided walks and for individuals pursuing their own recovery goals. These conclusions reflect both the

limitations and potential for future research to build on this evaluation.

## Literature review

### *Leaving the institution and walking together in the city*

Since the UK’s accelerated shift to care in the community in the 1980s, many mental health workers have taken it upon themselves to disrupt the geographies of separation (Parr 2011) by meeting service users in, and moving together through, public space. Independent of such operational practices, individuals experiencing mental health difficulties have challenged marginalisation and stigma by forming walking clubs with the specific aim of reducing isolation—for example, see Mental Health Mates (2024).

Clinical guidance for the treatment of early psychosis promotes interventions incorporating exercise (NICE 2014) alongside social activity (Baird *et al.* 2012). Ziebart *et al.* (2022) review the effectiveness and safety of exercise and physical activity on symptoms of psychosis compared to other forms of care and medication. Critically, however, their study is limited to interventions that are focused on the hospital. Moreover, the walks concerned in these 24 trials are often limited to 5 min in duration.

Beyond attending to physical health and social confidence, people walk together in urban space for a multiplicity of reasons. Walking eschews the risk-centred mental health settings that stifle the therapeutic alliance. The modern-day psychiatric outpatient clinic can seem a fragmented, dispersed descendant of the asylum where access is tightly controlled: alarms and keys pervade. These *environments of control* devalue and stigmatise by reproducing the subjectivity of service use (McGrath and Reavey 2013). Roles are fixed, the relational imbalance of power between staff and service users is reinforced, and interactions can seem heavily scripted. By walking alongside each other in a neutral public space, we resist embedded and automatic ways of doing. Instead, we strive to reorientate the therapeutic relationship in a more democratic direction.

Walking helps individuals to escape from everyday stresses (Priest 2007) and engage with the therapeutic

**Table 1.** Group walks by setting and attendance, 2019–2023.

Setting	Number of walks	Walks attended by 5 or more service users
Urban	26	4
Rural	38	6
Urban – rural combination	10	0
<b>Totals</b>	<b>74</b>	<b>10</b>

possibilities of place (Bell *et al.* 2018, Wright *et al.* 2024). It has been noted that individuals diagnosed with psychosis can employ protective ‘bubbles of isolation’ when moving through public space (Söderström *et al.* 2017). Walking together outside encourages a critical shift in focus for people with conditions such as psychosis from the internal to the external.

Turning towards the qualities of place, walkability is significant for perceived and experienced safety in the city (Cooley *et al.* 2021). Protection is added by being in a group. This helps to de-individualise mental health care, reduces feelings of isolation (Muir and McGrath 2018) and is reflective of recovery being both a social and an individual process (Leamy *et al.* 2011). Finally, being mobile expands service users’ range of potential walks by guiding them along new routes through the city (Muir and McGrath 2018). Guided group walks in the city invite and enable service users to encounter, and perhaps in some small way erode their fear and discomfort around strangers. Many public spaces do not offer two important qualities thought to facilitate social inclusion for people with disabling mental health problems, namely clearly built-in social boundaries and a shared activity or purpose for being there (Bredewold *et al.* 2020). Walking in a group appears to aid this process due to the feeling of safety it can provide. There is promise therefore for walking groups to be developed as one way to support individuals diagnosed with psychosis to tackle urban stress (Baumann *et al.* 2020).

There are well-developed data collection methods that allow the researcher to study group walks. For example, using technologies such as the EEG monitor to record brain stimulation (Aspinall *et al.* 2015), or audio-recorded conversations whilst walking alongside (Carpiano 2009). Other studies with outpatients have used post-walk diaries where individuals reflect (Cooley *et al.* 2021). However, there is relatively little experience of working specifically alongside groups of individuals diagnosed with psychosis.

### **The opportunity for evaluation and quality improvement**

The paucity of research on walking practices and interventions to support recovery from psychosis may be due to the prevailing view that such approaches are peripheral to core treatment. Furthermore, frontline mental health practitioners who routinely co-ordinate walking interventions may lack the necessary research training and confidence. As a starting point for a programme of intervention

development, this paper advocates and develops approaches to quality improvement (QI) initiatives. Such projects are managed by a different regulatory system to clinical research. They give an opportunity to use case studies, single-site evaluations, and qualitative studies (Wells *et al.* 2018). Moreover, they are relatively mature after 30 years of use in the UK and the USA (Dixon-Woods 2019). In particular, evaluations offer accessible, affordable and adaptable insights into the efficacy, efficiency and acceptability of services for users and staff. Importantly for the kind of exploratory work we pursue, QI projects are often led by practitioners within the health service, such as the second author – a clinical nurse. For purposes of intuitive practice, they ‘give the people closest to the issues affecting care quality the time, permission, skills and resources they need to solve them’ (Jones *et al.* 2021, p. 3). This proximity to practice means that ‘identification of meaningful effects may occur more quickly, allowing protocols to be corrected or refined’ (Stiegler and Tung 2017, p. 343). To date, there are relatively few examples of Researcher in Residence involvement in QI exercises outside of clinical spaces. An exception is from south-west England, which considers social prescribing to advance health and well-being outcomes by connecting people to activities, groups, and services in the community (Westlake *et al.* 2022). Of note, this latter example only involved talking to staff and was based more in rural areas rather than the city. Critical to the second author, this evaluation was managed by a health organisation with established ethical processes and oversight structures to ensure confidentiality and informed participant consent (Hunt *et al.* 2021).

### **Potential uses for the image of the city model**

First published in the 1960s, *The Image of City* (Lynch 1960) introduces important concepts to make urban space legible. The work is based on studying three American cities and their development, including individuals making drawings of these places and going on one-to-one walking tours with Lynch. This work has been cited in the fields of urban design, environmental psychology, geography, and transportation planning (Mondschein and Moga 2018) and its tools used by sociologists and others to understand urban space (Hospers 2010). This section presents the five dimensions to Lynch’s model and briefly discusses some authors who apply it to facets of mental health and walking the city. In turn, this section leads to the methodology and uses Lynch’s model to reflect on



walks through two urban sites visited during the evaluation period.

Lynch describes *paths* as the ‘channels along which the observer customarily, occasionally, or potentially moves’ (1960, p. 47). Though paths can also be routes followed by cars or boats, our evaluation concerns footpaths, pavement and tracks as the position from which people observe the city while moving through it. Paths have *edges*, which are ‘the boundaries between distinct areas: examples in the city landscape may include roads, parks, shopping districts and residential areas; or natural barriers such as water and green spaces’ (1960, p. 47). The barriers define *districts* as ‘quarters, neighbourhoods and other sections of the city with a distinctive character . . .’ (Hospers 2010, p. 2075). In turn, *nodes* are ‘points, the strategic spots in a city into which an observer can enter, and which are the intensive foci to and from which he is traveling’ (Lynch 1960, p. 48). Supplementing all other forms, *landmarks* are larger points of reference in the built environment and not entered by the observer. Lynch states that ‘their use involves the singling out of one element from a host of possibilities’ (1960, p. 48).

Though cognitive-environmental research is more concerned about the mental health of the individual, rather than the group experience that our project pursues, Lynch’s book has been cited widely and inspired a plethora of new research (Mondschein and Moga 2018). A useful development in the 21st-century has been a focus on the degree to which cities accommodate the needs of different people. For example, Šakaja (2020) writes about visually impaired individuals in Zagreb, Serbia, who walk the city using a white cane. Whilst the cane helps to sense the immediacy of *paths* and *edges*, *landmarks* remain relevant as the ‘city is conceived, even without sight, through the same types of elements as those defined by Kevin Lynch in his analysis of sighted persons’ city representations’ (ibid, p. 870). Such symbolic pre-conceptions are also important to people whose mental health condition may make them anxious to enter urban space (Freeman *et al.* 2015, Cooley *et al.* 2021). Šakaja’s research contains useful insights about guiding people with additional needs through unfamiliar space. For example, there are memorable and reliable *nodes* within the city – such as public transport stops – where visually impaired people can ask for help from others. Knowing where to start and end a walk is an important practical consideration to any organised walk, especially when there is a desire for the walks to be repeated by participants independently.

Kullmann’s (2018) reappraisal of the City Image centres on digital forms of maps available to smart-phone owners. He also notes Lynch’s typology having limited value to visually impaired individuals and not being sufficiently critical of the corporeal act of walking. Kullmann adds some interesting arguments regarding *edges*. He considers chorographic maps, which ‘reach their limits at a forest, ridge or horizon’ (2018, p. 131) as opposed to infinite conventional geographic (Cartesian) maps contained within scalable frames. Chorographic maps purposefully draw attention to certain features, such as suggesting a degree of elevation or *landmark* buildings. Satellite imagery and other data can now create visualisations which are dynamically produced and centred on the user’s point of view.

With the promise of plotting and designing walking routes, Filomena *et al.* (2019) works in Boston (as did Lynch) to build a complete computational model that incorporates a large and freely available dataset. Compared with hand-drawn maps from 1960, the computational model identifies similar nodes in the street network and major paths. The latter authors provide an important opportunity for our own work: stating that qualitative data would have helped to better understand *districts* and to give further details regarding *edges*.

Baumann *et al.* (2022) proposes using Lynch’s model within a psychotherapeutic framework to help people diagnosed with psychosis produce maps that emplace personal histories, such as important biographical events and the potential for certain spaces to ‘trigger attachment or avoidance’ (2022, p. 6). Of note, the proposed approach merges *paths* with *edges* and discusses *nodes* as places such as the home or the hospital. This caution not to rigidly follow concepts whilst out with service users is useful as the stress involved for some venturing into public space should not be underestimated.

## Methodology

As explained in the introduction, this paper draws on a three-year evaluation project started by the second author. Two factors limit the amount and extent of publishable data relating to the service users attending the walks. There is a clear need for sensitivity and confidentiality for people under NHS mental health care and this was a service evaluation initiating QI activity rather than a clinical research study.

The two group walks explored here took place towards the latter stages of a programme between early-2019 and late-2023 that provided 74 group

walks for 55 service users at varying stages of their recovery journey. As participation in these walks was voluntary, having five or more service users in attendance was noted. For example, the Bristol Harbourside route described later in this paper was traversed three times during the evaluation period (with the case study being the last of these) and was amongst the 10 most well-attended walks. The Bath route was walked for the first time when it was used as the other case study.

The group walks, which continue as an adjunct to core clinical provision, last around 1.5 h and the settings vary. The frequency of group walks attended by individual service users during the evaluation period ranged from 1 to 29, with the median average of two. The sex and ethnic mix of those attending group walks reflected that of the department's overall caseload. The median average age for those attending their first group walk was 25 years. Though clinicians such as the second author regularly used walking groups as part of therapy, case notes were compiled for individuals rather than the group.

The evaluation was split into two parts: Stage One involved the project team carrying out one-to-one semi-structured interviews with four staff, and two service users to reflect on the value of individual and group walking in the treatment process; Stage Two involved evaluating the two group walks presented here as case studies. The overall programme of walks is shown in Table 1.

### **Stage one: shaping the evaluation through scoping interviews**

The first author was issued a clinical license specific to this project. Participants included three healthcare workers, a specialist employment support worker, and two service users who were accompanied by staff. The first author brought his knowledge as a human geographer to explore the specificity of the places discussed by interviewees. For example, both service users and staff explained that being in public parks or footpaths empowered service users in their recovery in different ways to institutional settings. Despite many useful findings from this initial stage, there was a lack of data about how the group walks were experienced collectively. At this point, the two authors began to contemplate using the *Image of the City* model to reflect on qualities of certain urban spaces. With wider backing from the host organisation, this led to a second stage where the first author

spent time with staff and service users whilst in public spaces.

### **Stage two: group walks in the city**

Co-ordinated by the second author, clinical colleagues have designed group walking routes based on extensive experience (see Table 1) and local knowledge and resources. Reconnaissance walks help to assess suitability for guiding service users through public space, such as making sure the paths would provide a sense of movement and enclosure, but not entrapment. This is important, given the vulnerability of service users, some of whom attend on authorised leave from hospital.

Ethical considerations including confidentiality, distress minimisation and management, and informed consent were discussed with and overseen by the host NHS Trust's Quality Improvement department. Not having the wide-ranging ethical scope of clinical research had some downsides, including the project team only being able to gain primary data through a participant debrief after the collective group walks. This meant that the main researcher (first author) was not permitted to record mobile walking conversations with service users. The methods in this paper therefore rely on the spatial-episodic nature of memory (Mondschein and Moga 2018, p. 271) and miss the potential to share experience whilst walking alongside (Carpiano 2009). The NHS Trust did allow for direct recording onto a secure laptop (albeit not the researcher's device) if the debrief location offered the assurance for confidentiality to be preserved. If service users did not consent to recording an audio account, notes were taken down by a practitioner who was not trained as a social researcher. The first author was free to write and share field notes which underpin the evaluation of the specific geographies explored here.

### **Results: group walks in two urban spaces**

The two case study group walks detailed in this paper explore different urban spaces in the West of England. Location 1 is Bath, which explores both the urban core and the type of green space readily accessible within 500 m of the centre. Location 2 is Bristol Floating Harbour, a relatively self-contained waterside walk within the city centre. Service users who took part in the reflective group debriefs attended two case study walks as part of their usual treatment. Of note, some of the service users had previously walked together in what are conventionally referred to as 'green' rural spaces, such as woodlands and on the edge of small

towns (see Table 1). As is explained in the results, an additional walk in a hybrid urban-rural space was staged between these two group walks. This helped develop data collection methods and led to permission from the host NHS Trust to gather additional data.

### Location 1: Bath Walk to the View

Bath is a city of approximately 100,000 residents whose compact centre builds on Roman and Georgian (the eighteenth century) foundations and is therefore of significant cultural value (UNESCO 2023). This example reflects on how the authors and service users navigated a walk of 4.5 km (see Figure 1), principally using pavements alongside the highway and public rights of way. Public rights of way are an important foundation for democratic access to space in the UK. Routes, which had existed informally for hundreds of years were in some cases formalised after legislation was passed in 1949. This legislation still allows new rights of ways to be created.

Our walk was led by the second author and attended by a mental health support worker, two current service users and one former service user. The first author's role was to join the walk and facilitate

a discussion at the conclusion. We met on a midweek morning at the start of December. The weather was slightly overcast, but dry. We would predominantly follow a modified version of the Walk to the View route described by the National Trust (n.d.) as follows:

This short circular walk has stunning views, hidden waterways and Georgian history that can be completed in 1½ hours. It's a perfect walk for families or anyone needing to get outdoors for a while. See great views over the Bath Skyline in this green space.

The initial stages navigated the gardens of a museum, crossed over a railway line and then used the Kennet and Avon Canal towpath as an edge for over 300 m. Water is found to offer people who have conditions such as psychosis 'opportunities for non-judgemental forms of more-than-human connection and interaction with the world' (Wright *et al.* 2024, p. 855). For example, there were numerous stationary barges, interesting properties backing onto the canal, and some wildlife. However, there were relatively few other humans walking the canal on the given day.

This section of the canal also has a marked sense of enclosure (see Figure 2). At one point, the group left the tow path and crossed to the other side of the body of water. The location itself was also a node as buses

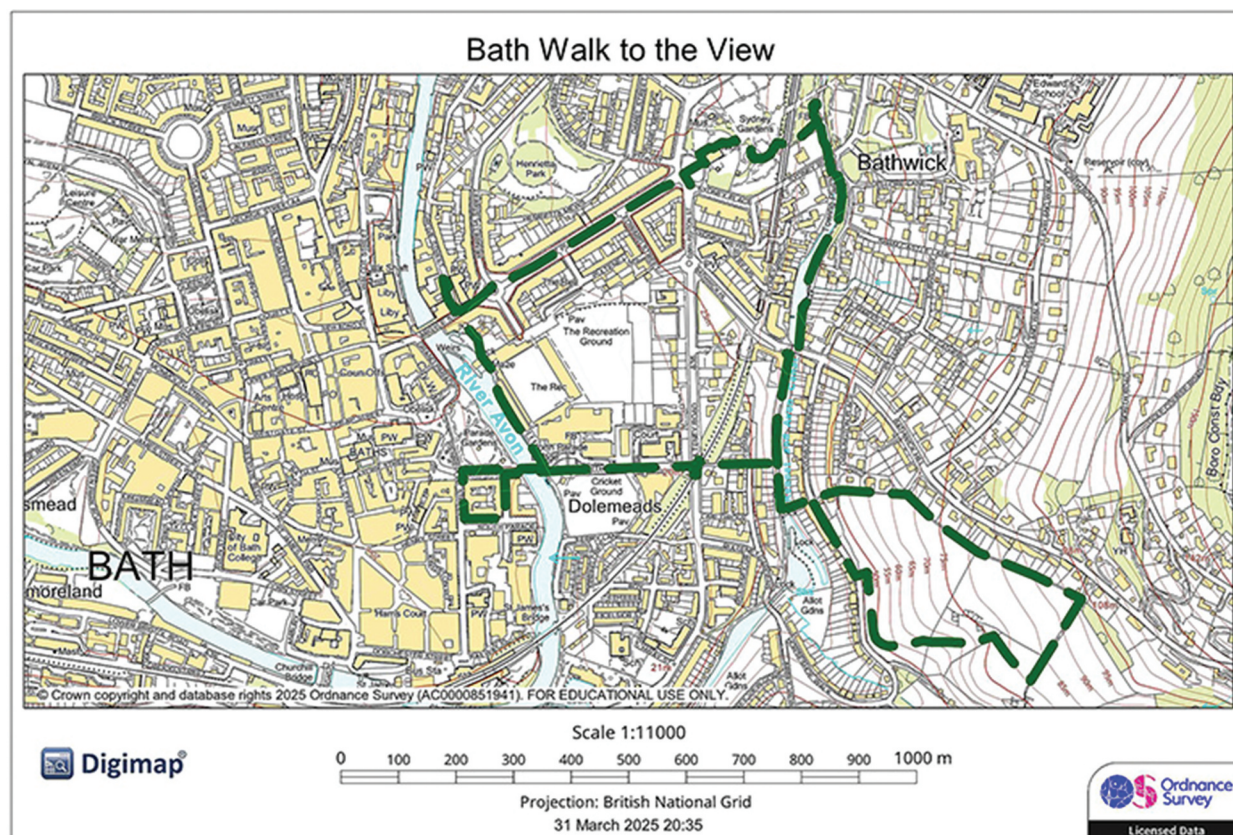


Figure 1. Walking route through Bath © Crown copyright and database rights 2025 Ordnance Survey (AC0000851941).





**Figure 2.** The canal near Sydney Gardens © Aled Singleton 2022.

stopped nearby; offering similar kinds of public transport connections available in Zagreb (Šakaja 2020).

At the next node, the route left the canal, crossed a set of locks, and then headed east and up a hill. National Trust 'Bathwick Fields' signage guided us along a narrow footpath with houses on one side and fields on the other. This space felt less accessible than the canal path. For example, the choice of footwear made a difference as the path was muddy due to the time of year. We stood on a hill for a few minutes and looked down at the landmarks of the city, then went down towards the city centre. The group paused at a location called Duke Street, where the second author read observations specific to the place by post-war British architect Peter Smithson (Museum of Bath Architecture 2012). Returning to the starting point, the second author decided not to follow the final section of the route listed by the National Trust, as he thought it may be too busy and potentially stressful with tourists attending the popular seasonal street market.

After the walk, we gathered to discuss the experience. Following a prior arrangement, the museum offered us a private space for a reflection led by the first author. One of the service users did not want to be interviewed but stood to the side and could listen to the discussion. Another withheld consent to have the recording made, so we rely here on hand-written notes.

One participant explained how they enjoyed walking but were not very confident in terms of remembering the routes. They expanded on this by stating how much they enjoyed exploring new routes and places in the city. As such, the canal was a useful path to follow

as it was flat and seemed to be bounded, but the route which went up the hill was seemingly harder to remember. In many ways, the walk discussed here could benefit from a chorographic model discussed in Kullmann (2018), where the hills and could be represented as stretching from the canal and river. We discussed how one service user bringing a small dog provided a focus to facilitate communication between all parties. For one service user, the dog also provided a proximate and welcome distraction from distressing thoughts. For another, the opportunities for discussion and abandoning their habitual use of a map to navigate their way through unfamiliar spaces meant that they struggled to recall the route they had only just completed. The service users participating in the discussion reflected how readings from the Smithson's book had provided a glimpse of history, which in turn had left them feeling more connected to the specificity of the city. It was also noted that learning together initiated new lines of conversation on the walk. Similarly, the impressive view from Bathwick Hill had brought the group together to share a common appreciation of place. For one service user, this shape of the hills in this view had also activated (pleasant) memories of home.

Aside from the discussion and resulting notes, the ethical framework did not allow any further data collection about how participants responded to this walking route in Bath. Following discussion with the host organisation and then testing on a mostly rural group walk with service users a few months later, the first author was allowed to use a simple GPS tracking app on his mobile smartphone to chart the walking route for the following urban location. Tracking the route with the consent of service users would allow us to understand dynamic factors such as the relative pace of the walk (Aspinall *et al.* 2015), and – most importantly – where people stop. Such data could help to sense the connections and flow of places and their edges.

## **Location 2: Bristol Harbourside**

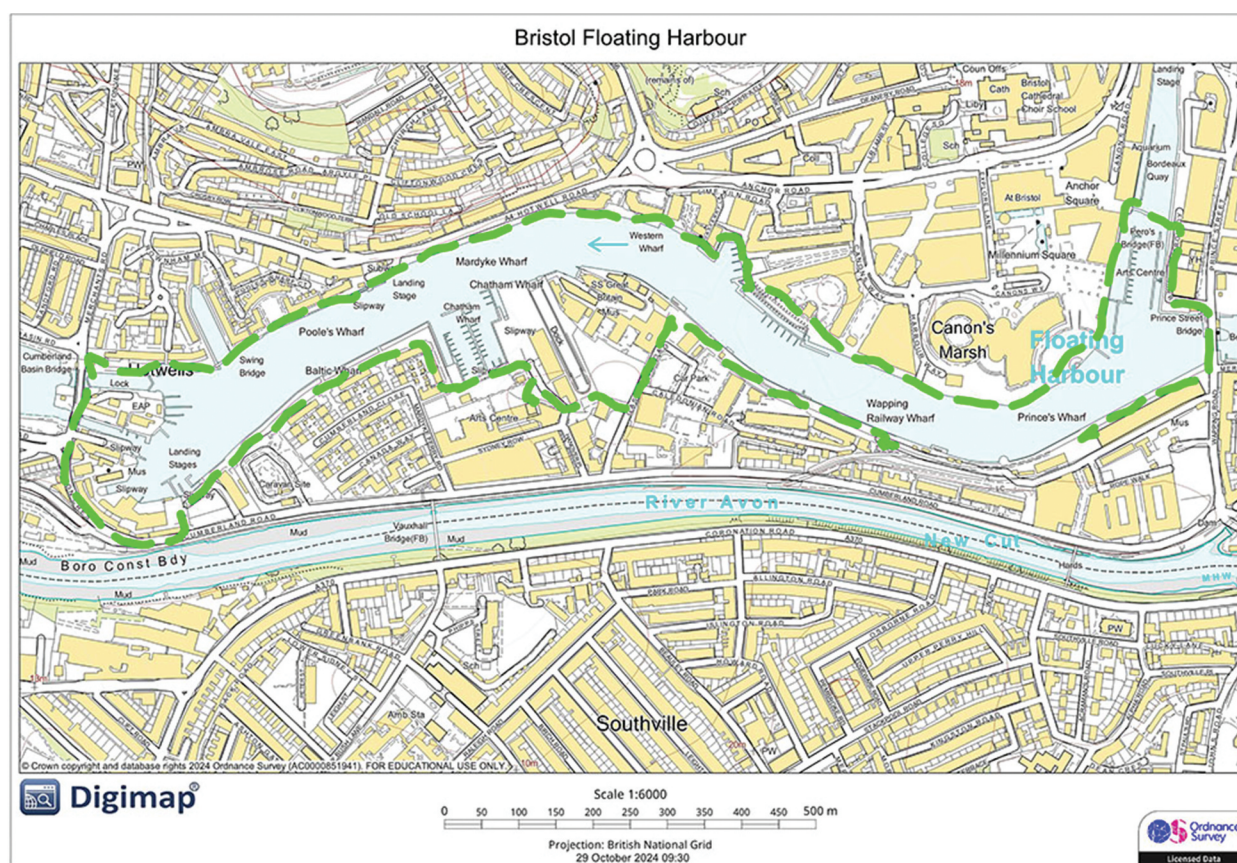
Bristol is a city with history as a trading port. Bristol's Floating Harbour was commercially operational from 1809 to 1975.<sup>3</sup> In recent decades large areas of the former harbour have been reused to create a financial centre, housing and other amenities (Atkinson *et al.* 2019). Moreover, newly built structures in the area have sympathetically retained features from the industrial past (Zhou and Hatton 2024). The preserved nineteenth century heritage could be

considered as *macro-features* (like Lynch's edges) which stay constant whilst buildings change around them (Kullmann 2018). The enduring macro-features are railway lines (Figure 3) embedded alongside the road, cobbled footways, stretches of metal railings, walls, and the body of water itself. In many ways, these features have haptic qualities which can be felt through the feet (Šakaja 2020). The route is more-or-less completely flat and, due to the locks and bridges, is a self-contained area (Figure 3) that can be explored without having to cross any highways, unlike the route through Bath.

This 4.1 km walk took place on a sunny midweek morning in August and took just over an hour. There were more people present on this occasion, including five service users and two staff from the second author's clinical department. A colleague and a number of service users from a different service who were not part of the evaluation also attended. Though the second author had organised the session and had previously taken people on this route, he was not present on the day. Having a different walk leader had some interesting results, as is revealed in this account.

The first 300 m of the walk is guided by blue signs with 'Bristol Harbour Walk' written on them. The edges on the left-hand-side are the tracks of the heritage railway, which operates at weekends, and a wall (Figure 4). On the right-hand side, there is a body of water.

Near the SS Great Britain (an 1845 Bristol-built ship which is a significant tourist attraction) we diverted from the promoted route and followed the line of the *Heritage Walk* (Bristol Floating Harbour 2010). On this occasion, we briefly followed a temporary path beside an active construction site. The next 500 m took us through an area called Spike Island, whose owners give permissive access rather than being a public right of way. Of note, these areas were working warehouses, docks, and railway yards until the 1980s and therefore off-limits to the public. These locations have been redeveloped (Atkinson *et al.* 2019), to include apartments, restaurants, leisure facilities, an art gallery, knowledge economy businesses, and tourism attractions alongside small businesses such as boat repairers. This is an example of formerly private and industrial waterside land having a democratic use for the benefit of the people.



**Figure 3.** Walking route along Bristol Floating Harbour © Crown copyright and database rights 2024 Ordnance Survey (AC0000851941).



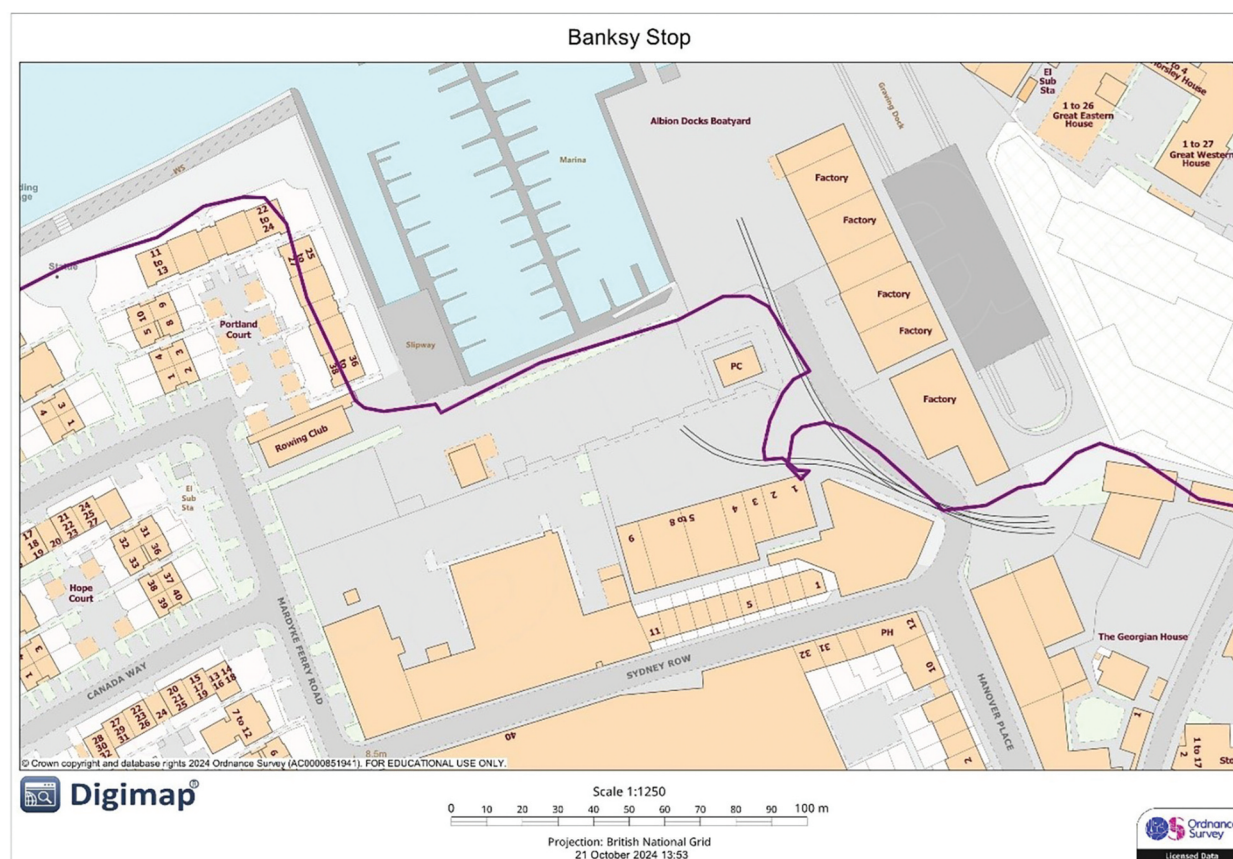


**Figure 4.** Edges of the Bristol Harbourside showing railway wagons, walls and houses © Aled Singleton 2023.

However, there are many cases where waterside walks are threatened by private developments (Mason *et al.* 2023).

The GPS recorded walking line represents how service users interacted with some of the edges along

the pathway. The shape of the line (shown in purple in Figure 5) indicates that the group stopped and lingered. This was an improvised intervention where the group leader stopped the group next to a building with a mural painted by the famous local artist Banksy.



**Figure 5.** GPS tracked route showing exploration of edges and Banksy Stop © Crown copyright and database rights 2024 Ordnance Survey (AC0000851941).

many ways, this had not been possible on the Walk to the View in Bath as we had remained in smaller spaces that were curated around the UNESCO Heritage Site. Though this data does not provide detailed insights from individual participants, such as details concerning urban stress (Winz *et al.* 2022) or affective responses (Aspinall *et al.* 2015), deviations from the path indicate where the group stopped. Moreover, this helped to gain qualitative data which was immediately available to the first author and could help to guide the post-walk debrief sessions.

On this occasion, the practitioners and service users gathered in a quiet area outside a museum to reflect on the walk. They commented on the experiential benefits of slowing down and noticing. The Bristol Harbourside offered important features on the edges of the path, which prompted discussion of its industrial (Figure 4) and commercial history. One observation was how the more distant urban scenes, such as colourful houses on the hillside, opened up panoramas. This experience, and being with others, particularly helped people who had recently been in hospital to feel more hopeful. The service users revealed some specific issues for guiding walks of broader importance that are explored in more detail in the discussion.

## Discussion

Accepting that this study is limited by the type and extent of data gathered, we offer some ways in which the experience of group walks through these two locations develops and operationalises Lynch's concepts of landmarks, paths, edges and nodes.

### *Stepping out: a right to the city*

We claim a right to utilise the city as a site of treatment through our developing walking practices. We sense the city not as a murky menace to be avoided but as a potential, albeit complex, resource to support and strengthen recovery. The city is, after all, a commonwealth to be shared (Kohn 2016), including by those recovering their mental health.

We stake our claim through the regularity and enthusiasm of our quiet actions. The clinic moves onto the streets. It is certainly not our place as practitioner-researchers to publicly vocalise this claim during the walks, but we can utilise our privileged position as guides and allies to write and speak about it. These walks allow individuals to encounter the city through multiple senses and supplement *The Image of*

*the City* (Lynch 1960) by offering auditory, haptic, olfactory, and even gustatory sensations. Individuals experiencing ongoing or residual symptoms of psychosis may need guidance and support to direct their attention towards those senses that bring them joy or relief, and away from any that feel threatening, distressing or overwhelming.

### *The mobile perspective: how landmarks become vistas*

The underlying mission of our group sessions is to further the potential for walking to have restorative advantages for mental health (Roe and Aspinall 2011). Both blue spaces of the canal and floating harbour in our examples offered a sense of respite from the occasional awkwardness of social interaction (Wright *et al.* 2024). Though the recognisable landmarks of the city were ever present in each walk, they were often caught in glimpses. Instead, service users found pleasure and recognition in wider vistas, such as a collection of brightly coloured terraced houses or features of the natural environment. After walking along Bristol Harbourside, one service user explained how these group walks helped them to reacclimatise to social situations after a period in hospital. This demonstrates the value of improved connectedness to recovery (Leamy *et al.* 2011) and underlines a gradual returning to public space (Muir and McGrath 2018).

Vistas change as walkers go along at a constant pace. In Bath, the views changed as the group climbed the hill and could then look down over the city, whereas Bristol Harbourside offers views up to the colourful houses and crescents and across the water. Similar to Lynch (1960) defining landmarks as features that we *look at* rather than *be in*, vistas also afford a degree of distance and separation (and perhaps a sense of predictability and safety). A service user attending the Bath walk reflected that looking down and across to the cityscape and beyond allowed them to 'take in the whole scene'. This finding resonates with psychosis research conducted in the Swiss city of Lausanne. There, service users reported unobstructed views eliciting a feeling of calm and a sense of freedom and control (Söderström *et al.* 2017).

### *Democratic city spaces: how feathered edges offer gentle surprises*

In the UK particularly, there has been a struggle for social and spatial justice. The fight for the freedom

to walk has given legal rights of way (Solnit 2001, Mason *et al.* 2023). The two locations demonstrate that access to urban space can be dynamic for pedestrians. The walk around Bath uses routes designed to highlight history (Museum of Bath Architecture 2012, UNESCO 2023) and follows narrow paths, such as the tight channel next to the canal. The Bristol Floating Harbour differs in form as it includes some wider paths and more open spaces. This is partly due to the local authority owning much of the land. When redeveloped in the 1980s (Atkinson *et al.* 2019) it offered permissive access for walkers, rather than rights of way which are often 2-m wide and allow no further wandering. This arrangement benefits Bristol Harbourside walkers as they get close to boatyards, small industries, arts spaces, and leisure attractions.

The edges to the Bristol path were *feathered* rather than hard. Varied uses of the spaces tempted and invited people to step forward and participate in conversation with each other and with strangers. For example, Spike Island has some small visitor attractions which are run by volunteers, light industry, recreational activities, and a mix of housing tenure. This felt like a balanced space touched sensitively by urban planning: where people can sense something different, new, curious, and feel included. Of note, Zhou and Hatton (2024) found similar qualities when exploring areas of Bristol immediately adjacent to the harbourside. This type of environment feels stimulating without being overwhelming (Golembiewski 2017, Winz *et al.* 2022), supporting a shift from introspection and rumination to engaging with and enjoying the outer world (Priest 2007, Cooley *et al.* 2021). One is reminded here of urban sociologist Sennett's description of *open city* spaces: 'Mixed forms and uses invite mixed users. Whereas in a stripped-down environment, the more form becomes simple, clear and distinct, the more it defines who belongs there and who doesn't' (2019, p129).

### **Dynamic nodes: reflections on guiding and where individuals walk next**

The aim through our practice has been to design walking routes and then gently guide individuals through urban space, gradually laying down new routes through the city. Previous discussions on paths and their *feathered* edges demonstrate some important qualities of space. However, we note from our experience and discussions with service users that the points or nodes where paths meet

or the edges are too large can be considered as points of hesitancy or nervousness, but also opportunity, to venture alone into unfamiliar urban spaces.

A group discussion in Bristol revealed an unforeseen issue about the path being re-routed due to a recent fire in a boatyard. The mental health practitioner who led the walk did not know the location so well and was slightly wrong-footed. The first author was able to allay fears as the diversionary route was known to him and along a pavement where the group would not need to cross a road. The incident may have introduced some doubt within the group about whether they could independently find their way again. Conversely, the walk in Bath started on a significant node on the road network and passed near to bus stops. On reflection, these nodes along the walking route provide opportunities to promote independence by explicitly connecting them with public transport (Šakaja 2020). There is some promise in the computational model developed from Lynch's work (Filomena *et al.* 2019) for service users to use tools such as Google Earth. The visual data could help explore the qualities of potential locations, such as the gentle surprises offered along the edge of the Bristol Harbourside Walk and the vistas which are not quite traditional landmarks.

### **Limitations**

Our reflections and insights are limited by the fact that we are drawing on data from a modestly resourced and constrained service evaluation rather than a funded research project. By way of example, the methods available to us were restricted to those carrying the lowest possible risk to service users attending the walks and participating in the reflective discussions. Whilst this is fully understandable and warranted in this context, a fully worked out and approved research study would have allowed for greater flexibility and creativity, not to mention participant-led approaches.

### **Conclusions**

Despite opportunities for mental health services to use spaces outside the institution, there remain only a few cases of walking research formally undertaken with service users (e.g. Priest 2007, Muir and McGrath 2018, Cooley *et al.* 2021). This paper offers both methodological and theoretical perspectives of value to future walking research in the city.



**Table 2.** Data collected through the service evaluation.

Evaluation stage	Method	Staff	Service users	Total
Stage 1 interviews	1:1 interviews	4	2	6
Stage 2: Bath Walk	Debrief	NA	2 <sup>1</sup>	1
Stage 2: Bristol Walk	Debrief with GPS data	NA	4 <sup>2</sup>	1
		4	8	8

We have introduced different ways to interpret concepts from *The Image of the City* (Lynch 1960). The application of these tools in two different urban spaces offers ways to sense how walkable urban spaces can support mobile, democratic and dynamic approaches to mental health care. Manageable slices of the city could be developed in other places with the methodology used in these guided walks. Our sense from the case studies is that spaces with *feathered edges* offer a particularly useful element to help individuals recovering from psychosis gently reconnect with the world around them. These distinctive image carriers (Hospers 2010) can simultaneously engage, contain and delight. The relevance of this principal finding is also likely to extend to those living with other mental health conditions. Designers of walking routes can plan ahead with regard to edges and nodes. They could also more directly involve service users in planning how nodes are linked to public transport and can act as spaces to conduct and record debrief discussions. However, it is harder to predict potential responses to vistas

The nature of our project as an evaluation of existing and evolving practices, rather than clinical research, means that we are not yet in a position to make any claims about the transferability of our findings to the treatment of early psychosis beyond the NHS service concerned. However, our evaluation does offer a real-life example of how curious and supportive health service organisations can, within acknowledged constraints, support frontline practitioners to explore and develop intuitive and innovative practice. The project was enhanced by looking outwards from mental health to collaborate with a discipline unfamiliar to most health practitioners; in this case human geography. Drawing on a wider programme of 74 walks spanning 5 years (Table 1) the evaluation described in this paper offers a two-stage model (Table 2) which combines methods. One-to-one semi-structured interviews allow practitioners and service users to reflect on intuitive but under-researched practice, in turn shaping the group debrief method used to evaluate the two case study walks analysed and discussed in this paper.

## Future development

Insights from the two sites discussed in our paper show that people don't just want to pass through space, they want to pause and notice, to discuss, to critique and to find enjoyment. Land owners, planning policy-makers, urban designers, and developers could consider the perspective of people with psychosis and other mental health conditions as they calculate a holistic place value (Carmona 2019). For example, encouraging others to think about concepts such as *feathered edges* and *vistas* that this paper discusses. In this respect, built environment professionals could use group walks to interpret features in urban space that we have identified.

Separately, the second author is working alongside clinical colleagues and service users to progress group walking as a therapeutic activity to support recovery from early psychosis. The evaluation and interdisciplinary collaboration described in this paper is fundamental to this ongoing programme of improvement and development.

## Notes

1. One service user recently discharged and acting in a peer support capacity.
2. One service user had also attended the walk in Bath.
3. The harbour is described as floating because lock gates kept the water at the same level, whereas the original river has a large tidal range. This made the port economically viable and now offers a constant water level for visitors and residents.

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## Notes on contributors

**Aled Singleton** works as a teacher and researcher at Cardiff University, Wales, UK. He is a social and cultural geographer with an interest in long-term emotional and affective attachments to space and place. He specialises in public participation, using online spatial workshops, outdoor walking approaches and qualitative biographical methods. His PhD considered the long-term relationships with infrastructure investments made to industry, housing and shopping centres in the UK during the 1960s and 1970s.

**Mark Batterham** qualified as a mental health nurse in 2008 and has been working with individuals recovering from psychosis since 2018. He studied urban planning and has developed a keen interest in the therapeutic potential of place. Subsequent to the evaluation reported on in this paper, Mark secured a research fellowship to develop a place-based intervention to support recovery from psychosis. Away from work, Mark researches and curates local history walks. He walks regularly in the West of England and South Wales with his family and friends, including Aled.

## ORCID

Aled Singleton  <http://orcid.org/0000-0002-1302-3776>

Mark Batterham  <http://orcid.org/0000-0002-1384-9375>

## Ethical statement

Ethical considerations and processes, including service user consent, were overseen by AWP's Quality Improvement department.

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