



Finding Our Way with Richard Chapman - Grief and healing through climbing

Mary-Ann Hello, I'm Mary-Ann Ochota and welcome to Finding Our Way, the podcast from the British Mountaineering Council, a.k.a. the BMC, all about diversifying the voices we normally hear talking about the outdoors.

In each episode, we talk to someone who's usually busy climbing, mountaineering or walking and find out what they've learnt from their adventures and perhaps explore what the rest of us could learn from them too.

There's good chat, memorable stories, and hopefully bursts of inspiration from people who are making real change happen.

Okay, so today joining us is a climber and mountaineer who's changing the way trauma is treated in mainstream healthcare. He's at the forefront of new NHS trials of so-called social prescribing, where patients can be offered non-medical, often community-based interventions. Your doctor, for example, telling you to go climbing. Research shows it can lead to positive improvements for someone's health, which may be no surprise to our listeners who are already apostles of the climbing faith. The reason this man got into the work is because of his own journey through trauma and how he himself uses climbing and mountaineering to help him cope with personal tragedy. Connecting with us from Nottingham, welcome Richard Chapman! Hello!

Richard Hello there, Mary-Ann. Nice to meet you, thanks for having me on.

Mary-Ann I'm very, very, very interested to have this conversation with you and learn more about your story. So first of all, tell me, what is your background with climbing and mountaineering? How did you get into it?

Richard It started, I guess, like a lot of people with my dad. My dad was in the Navy and they did lots of kind of adventure training type things. And when I was about eight, he dragged me on one of the walks in the Brecon Beacons. And the first mountain I ever climbed was Pen y Fan. And I remember doing it in my school shoes, my Clarks' commando school shoes and being very, very proud of myself.

Mary-Ann As you should be.

Richard I remember giving him some advice, sort of saying, 'Watch out, Dad, it's a bit steep here,' and that that really sort of started a love affair with it. I remember I also went on a PGL [outdoor education provider] holiday when I was about nine and discovered a bit of abseiling, a bit of canoeing. And I thought, 'Oh, I really like this!' I grew up in the far west of Cornwall, so I was born in

Penzance. And I grew up right, right down the far end. And one of the teachers at my secondary school, Pete Jones, was a climber. And he would take he would take some of the some of the lads from high school climbing at the weekends with the Land's End climbing club. Big, big Cornish sea cliffs. Very intimidating places - you learn good rope work and you learn how to climb together. and it became sort of real, real passion for me in my life.

We did lots of hill walking on Dartmoor and the Ten Tors and Letterboxing, things like that. And then when I was 15, I think my dad drove myself and my best mate to North Wales. That was a hell of a journey. 10 hours in his battered old Ford Escort, you know, all the way up the A5. I remember there being a truck stop somewhere and we had a massive pie and chips and then we arrived in the Ogwen Valley in the middle of the night and me and my friend John, with our faces pressed to the car window, trying to get a glimpse of these mountains that we'd heard of and read about in Climber magazine. And then the next day, you know, getting up and just going, 'Wow! We've arrived. Look, there's Tryfan. Oh, my goodness'. You know, just absolutely mind blowing.

Mary-Ann It's amazing, isn't it? that experience of turning up somewhere at night and kind of feeling the darkness and enormosity of the mountains around you.

Richard There's just a change in scale. That was the thing I really had. And Tryfan, I'd heard about it and seen pictures of and it's like this sort of this dinosaur back of a hill. And when you see it in real life and think, 'Oh, that's just, you know, that is...I want to be up there,'.

And yeah, you can feel the presence around you when, when it's dark. And the interesting about scale is as I got older and you know, you then go to Scotland and then we did some winter climbing up there. I went to university in Leeds, so lots of gritstone climbing, eventually made it down to the Alps. And again, that change of scale, you know what, what looks massive in Scotland and North Wales is just kind of the foothills. So it's just the first bit of the walk! It's just to get up to the hut in the Alps and then the climbing starts.

When you have young kids, you don't get as much of a chance to climb as much as you as you'd like to, so as much as you used to. And I did take a you know, it did tail off a little bit when the kids were younger. But as they start to get older, you start take them with you and are now got you know all my kids now have been climbing and walking and we've been to Skye and we used to go to Aviemore every year. And and it's kind of a natural part of, of our family life. They love being in the outdoors, and it's a real kind of privilege to be able to pass that on to them and just see their that sort of amazement and interest and love of the outdoors grow as well.

Mary-Ann You've described those that you should be passing on this love of the outdoors to one more person. Explain that.

Richard Yeah. So this is where where the story sort of takes a bit of a a slightly a slightly darker turn. And it's interesting when when, when, when you listen to people or meet people the first time, you can sort of make your preconceptions about them or you make assumptions about them. You don't know anything about them really. You don't know anything about the burden that people carry or the challenges they've faced. Because, as you say, I should be passing, you know, my experience, my love on to one more person.

My first child was born in 1997. But he died of a very rare brain tumour in 1998, so he was 14 months old. I then went on to have four more children.

But that story of the child that I had and then lost is something that I don't normally tell people about it. It's not a thing I'm used to talking about. It's, I've never felt it's something that people need to hear about. And it's certainly nothing I'd ever thought I would talk about publicly. It's not a sort of inspirational story or, you know, it didn't have a happy ending or any sort of sense of redemption. I've never really been sure that my story is worth telling. It always felt like nobody's business but ours - my wife and ours.

And I felt for a long time that people are generally better off not knowing about the injustice, the anger, the hopelessness of child loss. It's not a story that people really need to hear, I felt.

Mary-Ann Do you feel like it's that they didn't need to hear it or that they didn't want to hear it or that you didn't want to share it because you don't want to go there and rehash it time and time again?

Richard I think there's all those, all those and more probably.

I mean, you know, my wife and I speak about it, but only very occasionally and only when we're both ready, you know, emotionally. And we don't speak about it because it was immensely traumatic in every sense of the word and intensely private. And we've never really seen any benefit from telling other people. All it does is cause us massive pain and probably elicit lots of sympathy, neither of which we really want. So we do keep it for our own protection and indeed other people's. I mean, experience has told us that telling other people can be very difficult for them.

I remember telling one of my friends, Rob, he asked me, you know, 'How are things going?' And this is when Archie was ill and I said, 'Oh, it's terminal. And the poor guy's legs buckled and he nearly fell down the stairs that we were walking down because it's very, very powerful information. And it tends to hit people quite hard and it leaves them, you know, bit dumbstruck or grasping for unhelpful cliches.

There's not a lot that people can say or do that makes them or us feel any better and it doesn't change anything. It's also very exposing, as you say. It sort of it makes me very vulnerable. And when I meet new people, I don't talk about it. In fact, if the conversation starts to go to places where it might become a topic of conversation, I try and divert it. I have to be very careful with people who ask slightly more probing questions because I have to sort of judge at some point when I make a new friend or, you know, a work colleague, I have to judge, 'Am I going to tell this person? And if so, how and when?' You know that you have to be sensitive to your own emotions and to other people's.

So, yeah, it's those emotional kind of feelings are burned into the brain. If I engage in them, if I drift, if I let them resurface, it's like touching a live wire or putting your hand in something that's too hot. You know, you just recoil in pain. And so I try not to. I try not to engage them. It's too dangerous. I mean, the impact of those memories and that experience is lessened over time. But the sort of sudden temper outbursts, punching walls, throwing furniture, poor sleep, invasive thoughts, which are, you know, visions of really unpleasant things - normally horrendous injuries to one of my other children - they all add up and they all add up to something that is recognisable as post-traumatic stress disorder, PTSD. And knowing that I have that, you can you have to be quite aware of how those emotions can control you.

Mary-Ann Did you get that diagnosis soon after your loss, or is that something that you've discovered many years down the line?

Richard It's something I've discovered many years down the line. We reached out for help when our second child was quite young. I mean, I think she was maybe one or two and I was really struggling. So we reached out for help with them for counselling and what I thought was counselling and I ended up in a meeting with two or three other people. I don't know who they were, but it became clear during the conversation that this wasn't counselling. I was being assessed to see if I was a danger to my children and this, that these were, these were sort of social workers. We've tried sort of grief counselling, but the problem is when you talk about it and you feel your way down into the emotions and it's so powerful and overwhelming that you just kind of...you can't go there. You can't get into it from, you know, talking down into it. And so it's only after kind of 20, 22 years and actually some of the work I've started with the NHS helped me kind of uncover what might be going on. It's more than grief. It is trauma.

Mary-Ann Okay. Tell me about how climbing and mountaineering and your passion for the outdoors. How has that come into this mix? How has it perhaps helped you?

Richard In the last few years, I started to see more and more stories in the papers about the health benefits of being in the outdoors. And there were a few groups. I think Mountains for the Mind, it's run by Berghaus? and a [Trail] magazine. There's a few walking groups and things like this where it just started to allow me to reflect a little bit on my love of the outdoors and what it did for me. And I used to think about it in three broad buckets: the physical, the psychological and emotional.

Physically, climbing is great exercise, and everyone knows that exercise is good for you, all the endorphins and all that great stuff. And so that is true. And psychologically, there's a lot of evidence now that being in nature generally is good for you.

I've come across some work from a professor at the University of Derby called Miles Richardson. He's doing some work with Natural England, looking at a thing called 'Nature Connection' or nature connectedness. It's a thing. You can measure your relationship with Nature, how you think about, feel about and experience Nature. And when we're very close to Nature, we recognise ourselves as part of it and you feel very connected to it and you value your own relationship with it.

And what Professor Richardson's work has done is that he's shown that people with high nature connectedness are, I think, about 1.7 times more likely to report that their lives are worthwhile. So just by feeling part of nature, you feel more valued and more valuable yourself. So physically it's good for you, psychologically it's good for you. So then I wanted to get into the emotional side of it because it felt much deeper and more fundamental than just, you know, getting a bit of a sweat on while looking at a nice view. It's more than that.

And I have to say, I was a bit worried that I was a sample of one, you know, and actually a highly biased or privileged one at that, you know, middle class straight white man. You know, there's lots of those that go climbing. I needed some sort of external validation that it was relevant and authentic and had a basis, in fact, this connection.

Mary-Ann Right. Okay. So you're not going, 'Turns out this is great and it makes me feel great. Everyone should do it!' Not that simple?

Richard I don't think so. No. And I didn't want it to be that simple because otherwise, you know, it is just a matter of circumstance or what have you. And I wanted this to be something that had the credibility that the health service and mental health care and all those other sort of more serious bodies can look at and understand and recognise. Because if you're going to design care pathways and you're going to fund stuff, you need to have a basis of scientific fact, if you like, to say, 'No, this is real'.

I wanted to see what is the neurological basis, if you like, of recovery, because emotions are just, you know, things in the brain. So there must be some connection. And I haven't quite worked out whether it is specific to climbing but I haven't been able to experience other things that have caused it [the same positive effect]. But I know that things I've experienced in climbing definitely have this basis. And actually it was a book that I found a couple of years ago called The Body Keeps the Score, which is written by a US psychiatrist called Bessel Van Der Kolk.

He explains this neurological basis for it and you have to understand a little bit about trauma in the brain and things. So there is the old bit of the brain which you don't really know about, it's the bit that keeps you breathing and your heart pumping and digestion system working and helps you stand upright. That's just kind of the autonomous bit. You don't worry about it. There's a bit just above that, which is quite an old part of the brain. I think it's called the reptilian brain or the limbic brain, and that's where all your emotions are processed.

So it kind of assesses where you are and how you're feeling and what's going on and sort of assimilates all the incoming signals and sends it up to the top bit of the brain, which is your, you know, the bit you can see, the neocortex that sort of foldy bit. And that bit of the brain then interprets those signals and makes decisions on what you should and shouldn't do as a result of what you're feeling. So that connection between how you're feeling and what you do about it is a really, really

important principle to understand how trauma affects the brain and actually how climbing overcomes it.

So when you experience something traumatic, the emotions that are created are enormously overwhelming and overpowering so that that sort of reptilian brain is firing out messages saying 'This is unpleasant. I am not enjoying this. I'm in deep, deep distress. Get me out of here. This is horrible'.

One of the things that makes an experience traumatic is you can't do anything about it. So it's firing these signals up to the top part of the brain and the top part of the brain says, 'I know, but my child's dying and I can't stop it', or 'I'm in a war zone and I can't get out', whatever it is. You can't get the body away from the stimulus. So the stimulus just keeps going and going and going and becomes incredibly overpowering. And that is one of the sort of big differences, if you like, between trauma and grief, for example. You can't get away from it. The other thing about it is that those memories, those senses, those perspectives your brain has, they don't change over time.

Most memories that we have, they soften over time. They sort of, you know, merge a little bit and it becomes a bit blurry. It all becomes a little bit hazy and you start to kind of confuse things a little bit. Traumatic memories don't change. They are strong, powerful. They are just as raw and primal as the moment you have them. They don't soften over time.

Mary-Ann So does that mean that if that if something that reminds you of your son or those experiences, you feel it as strongly and as vividly as you did the first time? It's not a kind of nostalgia - not nostalgic, that's the wrong word - but a kind of, like you say, slightly hazy, 'That happened a long time ago. Oh, yeah, that was that was bad then'.

Richard You're absolutely right. And what you're talking about is being triggered. One of the aspects that the sort of that that reptilian brain, that the limbic brain, it's supersensitive to anything that reminds it of those times. It could be a smell. It could be a sound. It could be, you know, a photograph or whatever it is. The brain is super, super sensitive and it's constantly scanning for it. And if it gets a slight whiff of it, bang, the alarms go off and wallop, you're suddenly you're in the corner sobbing.

That's called being triggered. And you're absolutely right. The memories are so, so powerfully vivid and rich and that, you know, there are particular smells and particular sounds, particular sensations that, you know, again, if I allow myself into it, they are they are still there and they're still very, very raw. So that understanding of where a traumatic memory sits and the higher parts of the brain that interacts with, it was the first thing that I started to look into in this book.

The second thing that I found out was that because those powerful memories are so distressing and so disturbing, you know, it's not a great outcome for you if every time you're triggered or you smell something, you end up in a crumpled heap in the corner. So what the cortex does, it does this clever little trick where it cuts off the neural networks between it and the old part of the brain. It basically stops the neural pathways from working. And it doesn't do it in a particularly intelligent way. It can't, like, shut down all the bad feelings and keep all the good ones. It shuts them all down. And what that does is it ends up with you being, you know, emotionless, kind of almost cold and distant from things. That's a protective mechanism that the brain puts in place. It shuts down those neural networks because it doesn't want to feel those emotions.

Mary-Ann I mean, that's a huge burden to carry. Not only that feeling that you can't go to all these places in life or in the richness of feeling those emotions because it's too dangerous. You're also carrying this secret of what happened to you and your wife and your family, because you don't want other people to see it, or talk to them about it.

Richard Yes. I mean, there's a perspective about you that yes, we carry our burden. And there are a lot of people who carry very difficult things around with them. When we when we think about how we've lived our lives with our children, it has ended up being very kind of intimate and quite short-termist.

We've basically lived our lives almost week by week, just with them, because we didn't take anything

for granted. We knew what can happen. And so we've never been able to kind of plan long term or kind of, you know, think about the future and things like this. They're just sort of things that we've well, you know, 'You can be knocked down by a bus tomorrow, so let's get on and enjoy today!' It's very, very short termist. And actually sometimes that's not a bad way of living, you know, it's actually okay.

Mary-Ann Well, yeah. I mean, there's loads of memes on social media encouraging us to kind of, you know, live life to the max and seize the day, seize the moment. And that, that being a kind of source of freedom. But I guess if that's actually a protective mechanism, then perhaps it's not as enriching and as freeing as perhaps.

Richard It can come across as sort of quite nice and inspiring and YOLO [you only live once] and all that nonsense. It's also quite naive, you know - life is long, on the whole life is long, and you do need to confront some difficult things. It's not all about having a good time. There's a great TED talk done by a lady called Susan David who is a South African psychologist, I think. She talks about how difficult emotions, she says 'discomfort is the price of admission to a meaningful life'. That's the quote she has, which is lovely, from her book, 'Emotional Agility'. So you have to be able to engage with difficult things because that's part of being alive. And if you can't, then you're missing out on a big part of being alive. And I think that's I think that's a kind of a really insightful thought. 'Life isn't all ha ha he he', to quote Meera Syal.

So one of the things towards the end of the book Bessel Van Der Kolk talks about, is things you can do about it. And there's a really interesting thing, he talked about therapy, talking therapy, where if you try and talk down into your trauma, it doesn't work. And I say, 'Yeah, you're right, it doesn't because it's too raw'. But what he has shown is that if you allow people to experience emotion with a source, if you like, a specific emotional stimulus, and then give them the space to rationalise about it, you actually can reconnect your emotions to a higher part of your brain. You can rewire the brain, you can kickstart those neural networks again. He talks about it in terms of yoga.

So the whole point of yoga is to connect with the body, how am I feeling? And then to sort of reach that sort of transcendental state above that. And he's shown that. Now, I don't do yoga. So I was like, 'Okay, next!' Then he talked about theatre and actually veterans and people with post-traumatic stress to do some theatre work. Because in theatre you have to pretend to be someone who's got an emotion. And the best way, you know, to show the emotional side of your character is to experience that emotion - but in a very controlled environment. So you might want to experience anger or love or hate or what have you, as a character. And then, of course, you can talk about it and rationalise afterwards. And actually, because you are feeling a genuine emotion, you're starting to reconnect the emotional parts of the brain to the higher part of the brain.

Mary-Ann Right. Okay.

Richard Yeah. And the final one he talked about was singing in a choir. I don't know if you sing, but music has this incredibly emotive side of it. And I certainly, you know, if Frank Turner's playing in Nottingham, I'll be down the front singing my heart out with a couple of thousand people and having an emotionally transformative experience, because it does create these emotional experiences which you can then understand and you can then rationalise and reflect upon. And that is the action that recreates the connections between the higher parts of the brain and emotional parts of the brain.

Mary-Ann And when you say rationalise about it, is that kind of, 'I'm going to sit down and think about my experiences just now', or does that happen organically?

Richard I think you have to give yourself the opportunity to reflect and think on it. The actual action will happen automatically. If you have an emotional experience, you know, your brain does recognise it and you think, 'I feel great', but actually going that extra step to say, 'I feel great because I did that and that made me feel like this. And isn't that interesting?' It's just the next little heave.

Now, I've been very privileged to be able to spend the last two years or so thinking about how this works for me and how climbing creates and demands certain emotional sort of reactions and states,

which I can then reflect upon. And so and that's where I suddenly get to, 'Okay, well, maybe this is what we need to be helping people understand'.

Mary-Ann Ooh. Okay, so we've got yoga, next! Theatre, next! Singing, meh. Tell me about climbing.

Richard Yeah, climbing. I think there's a huge amount of emotion involved in climbing. You know, you can't really deny the effort, the concentration, the joy, the frustrations, all the stuff that comes with being a climber, being a mountaineer. So what I set about doing was trying to identify, 'okay, well, let's be as specific as I can about what are these emotional states that climbing demands and what I do about it as a result. How it benefits my brain as a result. And I've come up with seven.

I've not validated these yet, but they sort of reflect the climbing journey, if you like. So the first one is it's actually all about planning and preparation and thinking ahead, sort of forcing you to think on a different timescale. Climbing doesn't happen by accident, right? Unless you've made some very bad choices! You have to be curious about what the future might hold and be willing to think through what might happen. And that actively gives you something to look forward to, something that lifts your head out of that daily grind, if you like. It's not about being stuck where you are.

It's about learning about what this new place might be like and going somewhere new and trying a new route or climbing a new mountain or what have you. Actually, that gives you something to look forward to, something really interesting. And you can have, you might have heard the expression 'growth mindset'. The, 'I don't know, let's go and find out!' It's that curiosity. For somebody like me where I haven't been thinking ahead very much at all, actually giving myself the chance to look ahead and think, 'okay, well, let's go find out what might happen'. That's a really interesting and powerful learning.

The second one is about commitment. This is about, you know, at some point you'll have to bite the bullet, you know, get out the car, do that route there, you know, commit yourself to the environment. And that creates a certain level of doubt and dread. And sort of, you know, 'Am I good enough to be here?' But the more you do it, the more you practise it, the more you believe you can. And you have to silence that inner judge to overcome that doubt. And it's actually it's actually about belief that, 'no, I'm not going to listen to that irrational part of my brain that says I don't want to be here. You know, 'you can't do this' or what have you. No. I have done stuff like this and I can do it, and if I don't like it, I can turn around and come back again'.

And that leads onto the third thing, which is about decision making. The outdoors in the mountains, they're not a natural place for people to be. You're quite vulnerable when you're there. But actually recognising that vulnerability is the thing that keeps you safe because it forces you to make decisions about where you should be, where you should go, what you should do. And that gives you agency, that makes sure that you are in charge of your destiny, you can influence the outcome, nothing else. It's a really empowering kind of idea that you can make decisions for the better.

The next one is about danger. And actually they can feel quite frightening, some of these places. You can you feel fear. But a lot of the dangers are perceived ones and you have to be able to tell the difference between perceived risks and real risks. And acknowledging what is a risk and what isn't, and having that sense of perspective that says, 'yeah, okay, there is a massive drop over there, but, you know, it's fine. It's over there. I'm over here. Don't worry about that'. It's a sort of, you know, it's a real, you know, real perspective shift and actually being able to tease apart what's a real threat from just a threat that your brain has been sensitised to, again, is a really powerful, empowering idea.

And linked to that is the idea is the fifth one, which is about exposure. And, you know, I don't know if you've ever had that sort of sudden grip, you know, the expression 'being gripped', a sudden rush of panic that you just think, 'I'm absolutely terrified about where I am'.

Mary-Ann Oh, yes, I have that regularly when forced to go climbing.

Richard Okay. Yeah. So, you know that feeling.

Mary-Ann 'Oh my God, what am I doing up here!?! This isn't normal or right!'

Richard Yeah, exactly. And the way out of it is focus. Focus on the thing that's right in front of you, the thing you're standing on, the thing you're holding onto, that is the thing that's keeping you safe. That is the thing that means you're not in any danger. Just focus on the thing. You really, really rationalise it and you realise that again, you're in control. It's not the environment controlling you. You can get yourself out of this and that sort of kind of again, that sudden agency says, you know, I can do this. And just the focus, you might call it mindfulness, but just the real kind of, 'what is the thing that really matters?' It matters what I'm holding onto, nothing else. And that again is a lovely sort of idea.

And the last two, one is isolation. Being out on your own can feel quite lonely and quite isolating, but actually is part of the point of being out there. It can suddenly resolve itself as being a very intimate place. If you're with a climbing partner or a best friend, you can find a certain inner peace. And going back to the nature connectedness thing, if you are out in the environment, you suddenly realise that that interconnectedness of your life with with your climbing partner, with the world around you, with the, with the civilised world back home if you like, it's all part of the same thing. And actually you're not isolated, you're intimately involved in it, you are part of it, you're not standing alone.

And that leads onto the last one, which is about learning. And actually learning about, 'well, sometimes you might not get to the top'. You know, sometimes you have a horrible day in the hills and you feel a bit inadequate or you're not good enough or you've not climbed as well as you wanted to or as well as other people or what have you. And you might feel like a bit of a failure. But with some honest reflection it says what failure is and isn't, and actually what being good enough means. Because if you are good enough to go out there and try it and come back safely and go again another day, that's a success, right? That's winning.

If you don't have a good day, it doesn't mean you never go back again. It creates a much more what I call an authentic self-perception. So. I perceive myself as a climber and I'll go and I'll try stuff. And sometimes it'll work and sometimes it won't. I don't perceive myself as being a world-beating climber, some kind of amazing...I'm not. And it doesn't matter.

It's an authentic recognition of myself that you get from reflecting on what you've done, what you've achieved, what you're capable of. And it doesn't matter if you haven't climbed Mont Blanc or whatever. It's, 'I've been out in that environment. I got absolutely blasted by the wind and the rain and the hail. And I'm back now and I'm warm and toasty. And it was amazing'. It's that sort of learning about what is failure and what isn't, that can make you feel really good about being out there.

Mary-Ann: Has doing this work, has that changed how you climb yourself, you know? Sort of that being in the front of your mind that this is now work you're involved with as well?

Richard: I think it changes the choice of what I do. So, for example, I've always loved scrambling but suddenly decided that rope scrambling is this lovely sort of mixture of formal climbing and all the techniques of gear placements and belaying, all that stuff you need and being in really, really impressive mountains and it's this fabulous combination. So yeah, I've suddenly started seeking out really, really good scrambling lines. So one of the photos I've sent you is Dolmen Ridge, which is on the north face of Glyder Fach in Snowdonia. I've got Skye Cuillin, I've got Skye Scrambles, I've got Highland Scrambles South, Highland Scrambles North, I've got scrambles in Snowdonia.

The other great things that I can take the kids with me on this. Because they're, you know, the youngest is 17 and they love it. And I took my best mate and his youngest sorry, his eldest, to the Lake District two years ago, which is just before lockdown, to do Pinnacle Ridge on St Sunday Crag, which is a fabulous scramble. And yeah. I used to be a little bit about, 'I want to do the best, you know, go to the best climbing spots' and all the rest of it. And now it's actually, 'I want to find the most beautiful line' and it's much more the aesthetic side of it to me now.

Mary-Ann: And a bit more about journeying, I guess?

Richard: Yeah, I think so. It's about, you know, if you can do it so that you come from here and then you end up there and you come back all the way down. It's not just cragging and it's not just sort of blitzing your way through it. There's actually that much more holistic sort of sense because again, you have to plan a bit more carefully about what you're going to take, you have to think about the weather a bit more. You have to be a lot more holistic. And that's definitely a change. It might also, as I'm getting old and I can't do the hard climbs anymore! [laughs].

Mary-Ann Is there something, though, Rich, in people who've experienced something traumatic or are in a vulnerable place in terms of their mental health, perhaps sometimes going and seeking those those activities where there is objective risk, where there is real danger.

I don't know about you, but I can think of a few people that I know who are mountaineers or climbers, and you kind of go, 'ooh, the choices you sometimes make or the way that you approach this, this risk or this situation, isn't one that makes me feel particularly comfortable', because I think that they're coming from a place where it's sort of a bit destabilised and kind of, 'I've got nothing to live for. It doesn't matter if I die or get hurt'. And it's actually coming from a place of distress rather than empowerment.

Richard: Yeah.

Mary-Ann Have you experienced that? Do you know what I mean?

Richard I can certainly recognise it. And I think that when I was talking with a lady who runs a mental health service here in Nottingham and I said, 'look, I'm really interested in the restorative power of climbing. Can we have a conversation? Can you have a conversation with, you know, the sort of the leaders, the managers and health care leaders in the group?' And she said, 'Yeah, that sounds amazing'.

So we talked about taking people to the climbing walls in Nottingham. One of them is more bouldering and one of them is more ropes climbing and they had a really interesting conversation. And the leaders of that service were saying, 'well, normally we wouldn't want to take someone who's got potentially, you know, thoughts of self-harming very high up, you know, tied to a rope. It just doesn't feel like it's like the normal thing we would do. But I can absolutely see how it might work.'.

Because suddenly you're into the real nitty gritty of, okay, well, how do we put in place the safeguarding? How do we put in place the clinical management of it and the long-term follow up? Because you can't just expect someone to go to the climbing wall, tie on, boom, you're cured. It's a much more sort of holistic thing than that. And it has to be part of a care pathway. And that's why, you know, over the last year or two, I've been trying to and engaging with several national and local groups to say, 'okay, if we're going to do this, how do you do it in a safe, responsible, clinically governable way? That doesn't create that level of exposure, that has the right levels of governance and actually creates something of value'. So how do we do it in a way that as many people as possible can benefit from in a in a therapeutic and safe way as possible?

Mary-Ann So, I mean, I referenced it in my introduction, the idea of a climbing prescription, you go to your GP and go, 'I'm, I'm not okay'. And they go, 'You should go climbing. Here's a prescription'. I mean, I know that's flippant, but tell me, how does it actually work? How will it work in the future if if this all gets off the ground?

Richard So this is coming out of some work led by a friend of a friend who I met a few years ago called James Sanderson. He runs a thing called the National Academy of Social Prescribing. And one of his colleagues, Jo Fitzgerald, she runs the personalised care bit of NHS England. So they're looking at this thing called Social Prescribing, which is, as you said, are non-medical community-based interventions for health and wellbeing.

Something like one in five GP appointments are for sort of non-medical or more social concerns and actually low mood or mental health worries are the number one driver for those. So what James and

Jo and their team have been doing is they've been placing into GP surgeries a new role, a new person called a Social Prescribing Link Worker. And what they have is a network of understanding what is on offer in the local environment, what voluntary groups, what sports groups, whoever is around, that could offer a valuable service or offer to somebody with, you know, low mood or isolation or feelings of loneliness or what have you.

There's supposed to be one in every GP surgery and I think there's about 5000 of them at the moment and, and the providers. So in Nottingham we have a scheme called GreenSpace which is really looking at green social prescribing. So that is actually using nature-based activities as a social prescribing routes. Providers can go on their database and they can say to the social prescribing link worker, 'we do this and we can help with these kind of things'. And then somebody who contacts the link worker can then be referred to them and any and any sort of inherent costs like fees or insurance stuff, that's the sort of things that would be covered by the prescription, if you like.

What my involvement is, I'm trying to shape what those offers could be. A couple of years ago, I went on a course called the Peer Leadership Development Programme. This is an NHS England course that is designed to give people like me who have got what's called 'Lived Experience', an opportunity to learn how to shape the NHS service provision. It's not just done by doctors and nurses and psychologists. They want people who lived experience involved in the designing and commissioning of services. So I went on this course and now I work with local and national NHS groups to try and say, 'Okay, what does that care pathway look like?'

GreenSpace, as I've mentioned, is a two year programme funded by central government, and involves lots of groups. So you know, the department of health, social care department, environment, Defra, Natural England, NHS England, all these different groups. Nottingham is one of seven test and learn sites. They've got half a million pounds and they're halfway through the trial at the moment [in 2022]. And it's run by a local group called NCVS, Nottinghamshire Voluntary Services. And they're looking at how do we build this network of link workers, of potential providers? They work quite closely with groups like the Canal and River Trust because one of the activities, for example, one of my friends is involved in is paddleboarding. So you can you can rock up down on the canals and the River Trent and go paddleboarding as part of a social prescription.

Mary-Ann And this is active now? So for any of our listeners are resident of Nottingham, they could contact their GP and say 'This is something that I think I need'. I mean, is that how it could work?

Richard Yes, you should be able to in our area, go and talk to your social prescribing link worker and say, look, this is what I'm struggling with. You know what? What can you help me with?

Mary-Ann I imagine that some people might hear the idea of going climbing, going paddleboarding, going walking for health, gardening, whatever the green prescription activity is, kind of saying, 'Well, hang on a minute, I do that anyway. I've got a group of friends, I'm a member of a club. That's what I do. But I just don't have it as a sort of a clinical treatment. I can see the benefits that I get from it. Why does it need to be formalised in this way, Richard? Are you not just making a job for yourself?'

Richard Yeah, I think there is a clear mandate for GreenSpaces to use this money they've got to reach out to underserved communities to people who wouldn't normally be able to access these things. I mean, it's quite difficult for somebody who's living with something like post-traumatic stress or low mood or anxiety, to go into an environment that they're not familiar with. You couldn't just rock up at the climbing wall, go, 'hey, yeah, let's give this a crack'. It's not a switch you can flip on and off. It's a care programme. A pathway that you'll have to find ways of shaping it to that person's capability and capacity.

So it's not just, 'Right, we're going to go climb Ben Nevis next week'. That's not the point. What is right for this person? The personalised care element of NHS England have this nice mantra: 'it's no longer 'what's the matter with you?' It's 'what matters to you?'. What can we do that's important for you that can help your journey, your recovery?'

I don't think I'm as naive to think that you can take someone climbing and they'll be better. It's about

the experience of connection and the emotional journey that takes you on over, you know, a year, two years, whatever it is. And yes, the ideal outcome is by the end of it, this person, this person came in as a patient kind of can move on to, 'I'm now an integrated member of this climbing club. I've now have a group of friends who we go walking with. I now have this connection.' I've always had in my life and others like me have always been lucky enough to have. That is part of my therapeutic journey. It's not just a case of 'Right, here's a £5 voucher to go climbing', or something because that's, you know, that's just a sticking plaster and it's not it's not going to help.

Mary-Ann And for you. Do you think climbing has enabled you to recover from your trauma, or is it something more complicated, something more current than that?

Richard I do think my my story is one of recovery. I don't know that I would have said that certainly ten years ago and certainly when I started doing this programme I mentioned, the Peer Leadership Development Programme. One of the sort of most powerful elements of that is it gives you an opportunity to explore your story, you know. And I did it with people who, you know, they were they were carers of people with very, very complex needs or their children had complex needs or their partner. There was one guy on it had just had his third kidney transplant. There were people with long term health conditions, mental health problems and me. And I'm sort of sat there going, 'Am I in the right room? Is this a valid, you know, an authentic experience?'

And actually, by explaining my story, I realised that I was only ever really focussing on the first half of the story - what happened to me and the trauma that it caused and how I've sort of struggled with that. And actually, the more interesting part of the story is the second half - is that what happened subsequently and how my sort of experience of climbing has led me to, you know, have four more children. We're still married. I have led a very successful, fulfilling life. And I, I feel better now than I have, you know, for a very long time. And I count that as a story of recovery. I think that's a story of hope. Hope that that things can get better. Hope that you're not just defined by what happened to you, but by what could happen next. And that's a really exciting and positive story, I think much more so than just, you know, the trauma that that happened. That's only the first half.

Mary-Ann Amazing. Rich, thank you so much for sharing this with us and your passion for, well, pretty much transforming the landscape of health care. I mean, is that too grand a thing to put on your shoulders?!

Richard Ha ha, might a bit big! Transforming part of the landscape of health care?

Mary-Ann Just the Ogwen Valley of healthcare. There you go. Okay. We're going to finish with our quickfire questions. These are ten questions we ask every guest on Finding Our Way. Are you ready?

Richard Yes.

Mary-Ann Okay. Describe yourself in three words.

Richard Passionate, committed and curious.

Mary-Ann What is your favourite mountain or crag snack?

Richard Bread pudding.

Mary-Ann Ooh. Interesting. Best mountain memory?

Richard Guiding my best mate up Mont Blanc in 2009.

Mary-Ann Bucket list destination.

Richard The Cuillin Traverse

Mary-Ann Oh, yeah. That's on mine, too. How often do you get lost, Rich?

Richard I've been genuinely lost three times in my life. Unpleasant.

Mary-Ann Are you funny?

Richard I think people would say that about me. Yes.

Mary-Ann If you were an animal, what animal would you be?

Richard I've always loved the peregrine falcon.

Mary-Ann One thing that you always carry on the hill or to the crack campus. What does climbing a mountaineering mean to you?

Mary-Ann And lastly, we want more of you. Where should we go?

Richard If you want to get in touch with me, I'm on Twitter @ElChipmeister. If you want to get in touch with the Nottingham CVS GreenSpace they're on the web at www.NottinghamCVS.co.uk/greenspace. And if you're interested in the peer leadership development programme, the email address is England.pldp@nhs.net

Mary-Ann Okay. And folks, if you want any of those details or links to the books and TEDTalks that Rich mentioned earlier, we'll have those in the show notes. So go to the BMC website and you'll have all that information there. Thank you, Rich. Thank you so much and good luck with the projects in the future.

Richard Thank you so much.

Mary-Ann Thank you also for listening. Let's grow this thing. Subscribe so you don't miss an episode. Share the podcast with your friends and do please let us know what you think. Use @TeamBMC on Instagram and Twitter and hashtag #FindingOurWay. I'll see you on the next one. Goodbye