

SOCIAL PRESCRIBING

Evidence Bulletin

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NEW EVIDENCE

Ajibade, A., et al. (2024) 'A Mixed Methods Investigation into GP Attitudes and Experiences of using Social Prescribing in their Practice.' *Journal of Public Health (Germany)* (pagination), Date of Publication: 2024.

Aim: Social prescribing (SP) enables clinicians to signpost patients to non-medical services in the community in order to support their psycho-social needs. SP has been promoted as a positive service delivery model for primary and community care; however, there are few data on the views of doctors working in this area on the effectiveness of SP and its implementation. Subject and methods: This study used a mixed methods approach to examine attitudes and experiences of general practitioners (GPs) on their use of SP. GPs completed an online survey (n = 102), provided narrative written responses (n = 55) and took part in semi-structured interviews on the topic (n = 8).

Albert, S. L., et al. (2024) 'Pilot Plant-Based Lifestyle Medicine Program in an Urban Public Healthcare System: Evaluating Demand and Implementation.' *American Journal of Lifestyle Medicine* 18(3), 403–419.

Lifestyle interventions that optimize nutrition, physical activity, sleep health, social connections, and stress management, and address substance use, can reduce cardiometabolic risk. Despite substantial evidence that healthful plant-based diets are beneficial for long-term cardiometabolic health and longevity, uncertainty lies in how to implement plant-based lifestyle programs in traditional clinical settings, especially in safety-net contexts with finite resources. In this

mixed-methods implementation evaluation of the Plant-Based Lifestyle Medicine Program piloted in a large public healthcare system, we surveyed participants and conducted qualitative interviews and focus groups with stakeholders to assess program demand in the eligible population and feasibility of implementation within the safety-net setting. Program demand was high and exceeded capacity. Participants' main motivations for joining the program included gaining more control over life, reducing medication, and losing weight. The program team, approach, and resources were successful facilitators. However, the program faced administrative and payor-related challenges within the safety-net setting, and participants reported barriers to access. Stakeholders found the program to be valuable, despite challenges in program delivery and access. Findings provide guidance for replication. Future research should focus on randomized controlled trials to assess clinical outcomes as a result of program participation.

Ashe, M. C., et al. (2024) '[Outcomes and Instruments used in Social Prescribing: A Modified Umbrella Review.](#)' *Health Promotion and Chronic Disease Prevention in Canada* 44(6), 244–269.

INTRODUCTION: Previous social prescribing work highlights a range in the types and number of outcomes used in published studies. We aimed to describe social prescribing outcome core areas and instruments to build capacity for future research and program evaluation. **METHODS:** This was a modified umbrella review following standard guidelines. We registered the study and searched multiple databases (all languages and years); inclusion criteria were peer-reviewed publications containing outcomes for self-described social prescribing for adults aged 18 years and older. The last search date was 9 July 2023. From the included systematic reviews, we identified primary studies using the same inclusion criteria. For primary studies, we sorted extracted outcomes and instruments into six core areas using a published taxonomy. We located information on instruments' description and measurement properties and conducted two rating rounds for (1) the quality of systematic reviews and (2) reporting of instruments in primary studies. We conducted a narrative synthesis of reviews, primary studies and outcomes (PROSPERO 2023 CRD42023434061). **RESULTS:** We identified 10 systematic reviews and 33 primary studies for inclusion in our review. Outcomes covered most core taxonomy areas, with an emphasis on psychosocial factors (e.g. well-being) and less emphasis on cognition, physical activity, and caregivers and volunteers. We noted few studies provided detailed information on demographic data of

participants or measurement properties of instruments.

CONCLUSION: This synthesis provides an overview and identifies knowledge gaps for outcomes and instruments used in social prescribing interventions. This work forms the basis of our next step of identifying social prescribing-related outcomes that matter most across interested parties, such as individuals providers and decision makers.

Ayorinde, A., et al. (2024a) ['What is the Best Way to Evaluate Social Prescribing? A Qualitative Feasibility Assessment for a National Impact Evaluation Study in England.'](#) *Journal of Health Services Research & Policy* 29(2), 111–121.

Objectives

Despite significant investment in social prescribing in England over the last decade, we still do not know if it works, or how models of social prescribing fit within wider health and care policy and practice. This study explores current service delivery structures and assesses the feasibility of a national evaluation of the link worker model.

Methods

Semi-structured interviews were conducted between May and September 2020, with 25 key informants from across social prescribing services in England. Participants included link workers, voluntary, community and social enterprise staff, and those involved in policy and decision-making for social prescribing services. Interview and workshop transcripts were analysed thematically, adopting a framework approach.

Results

We found differences in how services are provided, including by individual link workers, and between organisations and regions. Standards, referral pathways, reporting, and monitoring structures differ or are lacking in voluntary services as compared to clinical services. People can self-refer to a link worker or be referred by a third party, but the lack of standardised processes generated confusion in both public and professional perceptions of the link worker model. We identified challenges in determining the appropriate outcomes and outcome measures needed to assess the impact of the link worker model.

Conclusions

The current varied service delivery structures in England poses major challenges for a national impact evaluation. Any future rigorous evaluation needs to be underpinned with national standardised outcomes and process measures which promote uniform data collection.

Baker, K., et al. (2024) ["Eco-Caring Together" Pro-Ecological Group-Based Community Interventions and Mental Wellbeing: A Systematic Scoping Review.](#) *Frontiers in Psychology* 15, 1288791.

Background: Poor mental wellbeing is a challenge for societies across the world, as is the increasing threat of climate change, and emerging evidence suggests these challenges are interrelated. Green and social prescribing of non-clinical interventions hold promise as a cost-effective and widely accessible way to improve wellbeing, and interest is growing in whether pro-ecological communal activities have mutual benefits for both people and the planet. **Objectives:** Communal pro-ecological activities are growing in popularity, and research is gathering pace into whether participation influences mental wellbeing. The present systematic review scopes the existing evidence base to explore what is being done, what is being found, and what additional research is required. **Methods:** Electronic databases (PsychNET, PubMed, Scopus, and Web of Science) were searched for studies that involved groups of people undertaking pro-ecological activities, where components of mental wellbeing were assessed. Eligibility criteria were purposely broad, including all study designs and participants across the lifespan. **Results:** Thirty-seven eligible studies were identified. Nearly half of the studies used mixed-method designs, and most studies used surveys or interviews to evaluate outcomes. Most pro-ecological activities involved planting vegetation, and habitat creation, maintenance, or restoration. Methodological quality varied considerably. Among the perceived therapeutic mechanisms reported, the social elements of the interventions were prominent. **Discussion:** Coherent synthesis of the current evidence base is challenging given the heterogeneous range of methods, samples, and interventions within the studies. However, the results here demonstrate promise that with future research and better methodological rigor, pro-ecological group-based interventions hold the potential to improve mental wellbeing and influence sustainable behavior.

Banwell, N., et al. (2024) ['Greenspaces and Health: Scoping Review of Studies in Europe.'](#) *Public Health Reviews* 45, 1606863.

Objectives: Access to greenspaces and contact with nature can promote physical activity and have positive effects on physical and mental health. This scoping literature review aims to examine current evidence linking greenspaces and (a) behaviour change, (b) health outcomes and (c) co-benefits. **Methods:** This review was conducted in accordance with the PRISMA scoping review guidelines. Searches

were conducted through PubMed and EMBASE databases for studies published between 2000 and March 2023 with a focus on Europe. **Results:** 122 scientific articles and grey literature reports were identified. Access to greenspaces is positively associated with physical and mental health, and reduced risk of all-cause mortality and some non-communicable diseases. Greenspace quality is associated with increased physical activity and reduced risk of obesity. Nature-based therapies or green prescription are effective in improving mental health outcomes and overall health. Importantly, numerous co-benefits of greenspaces are identified. **Conclusion:** Increasing access to greenspaces for populations with particular attention to greenspace quality is important for co-benefits. Responsible governance and use of greenspaces are crucial to minimize public health risks and human disturbance of nature.

Bishop-Edwards, L., et al. (2024) '[The Delivery of Creative Socially Prescribed Activities for People with Serious Mental Health Needs during Lockdown: Learning about Remote, Digital and Hybrid Delivery.](#)' *PLoS ONE [Electronic Resource]* 19(5), e0301550.

BACKGROUND: Social prescribing interventions connect mental health service users to community resources, to support physical and mental wellbeing and promote recovery. COVID-19 restrictions impacted the delivery of socially prescribed activities, preventing face to face contact for long periods. **AIMS:** The aim of this study was to understand how Voluntary Community and Social Enterprise (VCSE) organisations working with a local NHS mental health Trust responded to the challenges of social distancing during the COVID-19 pandemic. This understanding will be used to make recommendations for future practice, post-lockdown. **METHODS:** Using a convergent mixed methods design, we surveyed VCSE providers of socially prescribed activities intended to be accessible and appropriate for people with severe mental health needs. Follow-up interviews explored further how they adapted during the first year of the pandemic, the challenges they faced, and how they sought to overcome them. The survey and interview data were analysed separately and then compared to identify convergent and divergent findings. **RESULTS:** Twenty VCSE representatives completed the survey which provided a snapshot of changes in levels of connection and numbers reached during lockdown. Of 20 survey respondents, 11 participated in follow-up interviews. Interviews revealed that lockdown necessitated rapid change and responsive adaptation; activities were limited by resource, funding, safeguarding and

government restrictions; no single format suited all group members; connection was key; and impact was difficult to gauge. **CONCLUSIONS:** VCSE organisations commissioned to deliver creative socially prescribed activities during the pandemic rapidly adapted their offer to comply with government restrictions. Responsive changes were made, and new knowledge and skills were gained. Drawing on experiences during lockdown, VCSE organisations should develop bespoke knowledge, skills and practices to engage service users in future hybrid delivery of arts, sports, cultural and creative community activities, and to ensure that digital activities offer an equivalent degree of connection to face-to-face ones. Additionally, more effective methods of gaining feedback about patient experience of hybrid delivery is needed. Copyright: © 2024 Bishop-Edwards et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Bonnet, J. P. (2024) '[Content and Face Validation of the Lifestyle Medicine Assessment.](#)' *American Journal of Lifestyle Medicine* 18(2), 252–259.

Introduction: There are no validated global lifestyle medicine brief screening tools that measure health behaviors in all six lifestyle domains. The Lifestyle Medicine Assessment (LMA) tool was initially developed and revised based on feedback elicited from colleagues, experts, and patients. During the developmental process, every item underwent language changes. Three of the original 24 items were removed. However, there have not been any formal validation efforts. This study aims to formally evaluate the face and content validity of the LMA. Methods: A survey was emailed to 12 board-certified lifestyle medicine experts asking them to rank items in the LMA on a 1-4 scale for content relevance and clarity. Content and face validity were quantitatively determined using the item-level content validity index (I-CVI), scale-level content validity index (S-CVI), and item-level face validity index (I-FVI), scale-level face validity index (S-FVI), respectively. Literature accepted thresholds of I-CVI/I-FVI $\geq .79$ and S-CVI/S-FVI average $\geq .80$ were used. Results: Eleven experts returned evaluations of the 21-item LMA. All 21 items had I-CVI for relevance $\geq .91$ and I-FVI $\geq .81$ with excellent kappa values. The S-CVI/I-FVI average for relevance and clarity were .99 and .95, respectively. Conclusion: The 21-item LMA is a brief global lifestyle medicine tool that has demonstrated excellent content and face validity.

Cailhol, J., et al. (2024) ['Quality Improvement Intervention using Social Prescribing at Discharge in a University Hospital in France: Quasi-Experimental Study.'](#) *JMIR Formative Research* 8, e51728.

BACKGROUND: Social prescription is seen as a public health intervention tool with the potential to mitigate social determinants of health. On one side, social prescription is not yet well developed in France, where social workers usually attend to social needs, and historically, there is a deep divide between the health and social sectors. On the other side, discharge coordination is gaining attention in France as a critical tool to improve the quality of care, assessed indirectly using unplanned rehospitalization rates. **OBJECTIVE:** This study aims to combine social prescription and discharge coordination to assess the need for social prescription and its effect on unplanned rehospitalization rates. **METHODS:** We conducted a quasi-experimental study in two departments of medicine in a French university hospital in a disadvantaged suburb of Paris over 2 years (October 2019-October 2021). A discharge coordinator screened patients for social prescribing needs and provided services on the spot or referred the patient to the appropriate service when needed. The primary outcome was the description of the services delivered by the discharge coordinator and of its process, as well as the characteristics of the patients in terms of social needs. The secondary outcome was the comparison of unplanned rehospitalization rates after data chaining. **RESULTS:** A total of 223 patients were included in the intervention arm, with recruitment being disrupted by the COVID-19 pandemic. More than two-thirds of patients (n=154, 69.1%) needed help understanding discharge information. Slightly less than half of the patients (n=98, 43.9%) seen by the discharge coordinator needed social prescribing, encompassing language, housing, health literacy, and financial issues. The social prescribing covered a large range of services, categorized into finding a general practitioner or private sector nurse, including language-matching; referral to a social worker; referral to nongovernmental organization or group activities; support for transportation issues; support for health-related administrative procedures; and support for additional appointments with nonmedical clinicians. All supports were delivered in a highly personalized way. Ethnic data collection was not legally permitted, but for 81% (n=182) of the patients, French was not the mother tongue. After data chaining, rehospitalization rates were compared between 203 patients who received the intervention (n=5, 3.1%) versus 2095 patients who did not (n=51, 2.6%), and there was no statistical

difference. **CONCLUSIONS:** First, our study revealed the breadth of patient's unmet social needs in our university hospital, which caters to an area where the immigrant population is high. The study also revealed the complexity of the discharge coordinator's work, who provided highly personalized support and managed to gain trust. Hospital discharge could be used in France as an opportunity in disadvantaged settings. Eventually, indicators other than the rehospitalization rate should be devised to evaluate the effect of social prescribing and discharge coordination.

Conti, A., et al. (2024) ['Effectiveness of a Combined Lifestyle Intervention for Older People in Long-Term Care: A Randomized Controlled Trial.'](#) *Archives of Gerontology & Geriatrics* 120, N.PAG.

A three-months lifestyle medicine intervention combining group physical exercise, a healthy diet, and psychological wellbeing sessions was effective in improve functionality in older people living in LTC. • Despite not all the intervention components reached the study targets, patients from the intervention group had a significant improvement in the measured outcomes. • This lifestyle program should be considered a complex intervention, with several components and underlying factors interacting between each other to determine the final effect. Lifestyle medicine interventions combining physical, nutritional, and psychological components have been found effective in general older population. However, evidence from the long-term care (LTC) is scarce. We conducted a pragmatic, two-arm, parallel group, superiority randomized controlled trial. Residents living in a LTC facility for one or more years, able to discern and to express informed consent, and requiring nursing care were considered eligible. The three-months intervention combined bi-weekly physical exercise groups, a healthy diet, and weekly psychological wellbeing sessions. Patients of the control group were subjected to routine care. At the end of the study participants were assessed using Barthel Index, Katz Activities of Daily Living, and Tinetti scales. A total of 54 patients with a mean age of 84 years took part to the study. Physical exercise and psychological wellbeing sessions were mostly attended by all the subjects of the intervention group. Both groups took less calories than planned in the diets; in addition, the intervention group showed a lower energy and carbohydrates intake than the control group. At the end of the study, the intervention group showed a significant improvement in the total scores of all the scales. This intervention was effective in improving functionality in older people living in the LTC setting. Results were achieved in a short

timeframe, likely due to synergistic interactions between components. However, a further exploration of underlying factors is needed, to better understand the barriers that hampered a complete intervention delivery in this context.

Costa, A., et al. (2024a) '[Social Prescribing for Older Adults in Mainland Portugal: Perceptions and Future Prospects.](#)' *Preventive Medicine Reports* 39, 102652.

Background: In order to address health inequalities, which have been exacerbated by the COVID-19 pandemic, and promote older adults' quality of life, it is necessary to explore non-medical approaches such as social prescribing. Social prescribing is a person-centered approach that allows health professionals to refer patients to services provided by the social and community sectors. This study aimed to explore older adults' perceptions of social prescribing in mainland Portugal and to identify factors associated with these perceptions, providing insights for future implementation strategies. **Methods:** A cross-sectional study was conducted with 613 older adults aged 65 to 93. Participants' sociodemographic, economic, and health characteristics were assessed, along with their perceptions of social prescribing's benefits and activity interest. **Results:** Over 75% of respondents agreed that social prescribing would benefit the health system and their community. Most participants (87.7% and 89.7%, respectively) thought that activities like personal protection and development activities and cultural enrichment would be particularly relevant to them. Factors such as marital status, education, health status, and pain/discomfort levels influenced the perceived relevance of these activities. **Conclusion:** This study reveals that older adults in mainland Portugal are open to social prescribing and suggests that tailored interventions considering individual preferences and characteristics can lead to more effective implementation and equal access to social prescribing. Further research and policy efforts should focus on integrating social prescribing into the healthcare system to support healthy aging in Portugal.

Costa, A., et al. (2024b) '["You Get Out of the House, You Talk to each Other, You Laugh...and That's Fantastic" - a Qualitative Study about Older People's Perceptions of Social Prescribing in Mainland Portugal.](#)' *BMC Health Services Research* 24(1), 645.

BACKGROUND: Social prescribing (SP) is a non-clinical approach, most commonly based in healthcare units, that aims to address non-medical health-related social needs by connecting individuals with community-based services. This qualitative study explores the

perception of Portuguese older adults regarding the benefits of SP and their willingness to participate in SP initiatives. **METHODS:** Three face-to-face focus group sessions were conducted with 23 participants in different cities in Portugal. Open and semi-open questions were used to guide the discussions and thematic analysis was used to analyze the data. **RESULTS:** The participants recognized the potential benefits of SP for older adults, including diversifying leisure activities, improving mental health, and complementing existing support systems. They highlighted the need for external support, usually in the form of link workers, to facilitate personalized referrals and consider individual characteristics and preferences. While some participants expressed reluctance to engage in SP due to their existing busy schedules and a perceived sense of imposition, others showed openness to having new experiences and recognized the potential value of SP in promoting activity. Barriers to participation, including resistance to change, mobility issues, and family responsibilities, were identified. **CONCLUSIONS:** The study emphasizes the importance of a person-centered and co-designed approach to SP, involving older adults in the planning and implementation of interventions. The findings provide valuable insights for the development of SP programs tailored to the unique needs and aspirations of older adults in Portugal, ultimately promoting active and healthy aging. Future research should consider the perspectives of family doctors and include a broader representation of older adults from diverse geographic areas.

Cunningham, A., et al. (2024) ['A Community Created through Group Singing: Examining the Health Benefits of Engaging in a Hospital Community Choir.'](#) *Music and Medicine* 16(2), 108–130.

Participating in group singing can positively impact one's physical, social, and emotional health. Limited research exists regarding the potential health benefits of hospital community choirs as social prescription, and even less regarding choirs comprised of various members of the hospital community (i.e. choirs made up of staff, service users, and local community members together). This study set out to evaluate a pilot hospital choir, specifically whether a hospital community choir supports choir participants' health (using the four domains of physical, social, emotional, and spiritual health). We also sought to learn whether a mixed community choir adds value compared to illness-specific or staff specific-choirs and whether this experience impacted participants' perspectives of the hospital. A 10-week choir program was facilitated by a senior music therapist

serving service users, hospital staff and community members at a large acute hospital in Ireland. A qualitative approach was taken to evaluating this pilot choir of 15 members (60% female, 40% male, age range 15 years-80 years). Employing a concurrent transformative design, surveys created in-house were distributed to the choir members and 5 semi-structured interviews were conducted. Journaling and observation were also undertaken by the senior music therapist and the research assistant (a student Music Therapist) throughout the choir program. This study confirms previous evidence of the potential health benefits of group singing and provides insights into the role of community choirs as social prescription in promoting health and well-being. Further research is recommended on the specific benefits of mixed community choirs linked with hospitals and the potential opportunities afforded through mixing staff and service users in a choir experience.

Davis, P. E., et al. (2024) ['My Favourite Part was Learning Different Ways to Play: Qualitatively Evaluating a Socially Prescribed Creative Play Programme.'](#) *Public Health* 230, 1–5.

OBJECTIVES: Social prescription is classically thought of as an initiative for older people. This qualitative study aimed to evaluate the first socially prescribed creative play programme for families of 0-3-year-old children in the UK, examining the experience of the parents throughout the stages of the programme. **STUDY DESIGN:** The evaluation ran longitudinally over 5 weeks using interviews, field notes, and questionnaire data. **METHODS:** The evaluation was carried out over 5 weeks in 2022 using intervention leaders' and researcher's field notes, nine parent semi-structured interviews, and 17 parent questionnaires on their experiences. Data were analysed using inductive interpretive thematic analysis. **RESULTS:** After analysis of the corpus of data, three themes that interacted with each other were identified: Support Systems that Parents Trust, Calming in Chaos, and Practical Parenting Utility. Parents said that they were more likely to sign up for the programme when they trusted the recommender and the organisation running the programme. They found the socially prescribed group more relaxed and calm than other groups, and their daily lives. The knowledge about health behaviours and modelling of play were the main take-home skills reported. **CONCLUSION:** In order for parents to be receptive to practical parenting knowledge the SP aimed to foster, parents must first establish trust in a calming atmosphere. Social links and child development were the key factors parents identified linking to well-

being. This research could inform public health policy on social prescription for families.

de Bell, S., et al. (2024) '[Nature-Based Social Prescribing Programmes: Opportunities, Challenges, and Facilitators for Implementation.](#)' *Environment International* 190, 108801.

BACKGROUND: Evidence on the health benefits of spending time in nature has highlighted the importance of provision of blue and green spaces where people live. The potential for health benefits offered by nature exposure, however, extends beyond health promotion to health treatment. Social prescribing links people with health or social care needs to community-based, non-clinical health and social care interventions to improve health and wellbeing. Nature-based social prescribing (NBSP) is a variant that uses the health-promoting benefits of activities carried out in natural environments, such as gardening and walking. Much current NBSP practice has been developed in the UK, and there is increasing global interest in its implementation. This requires interventions to be adapted for different contexts, considering the needs of populations and the structure of healthcare systems. **METHODS:** This paper presents results from an expert group participatory workshop involving 29 practitioners, researchers, and policymakers from the UK and Germany's health and environmental sectors. Using the UK and Germany, two countries with different healthcare systems and in different developmental stages of NBSP practice, as case studies, we analysed opportunities, challenges, and facilitators for the development and implementation of NBSP. **RESULTS:** We identified five overarching themes for developing, implementing, and evaluating NBSP: Capacity Building; Accessibility and Acceptability; Networks and Collaborations; Standardised Implementation and Evaluation; and Sustainability. We also discuss key strengths, weaknesses, opportunities, and threats for each overarching theme to understand how they could be developed to support NBSP implementation. **CONCLUSIONS:** NBSP could offer significant public health benefits using available blue and green spaces. We offer guidance on how NBSP implementation, from wider policy support to the design and evaluation of individual programmes, could be adapted to different contexts. This research could help inform the development and evaluation of NBSP programmes to support planetary health from local and global scales.

Dingle, G. A., et al. (2024) '[A Controlled Evaluation of Social Prescribing on Loneliness for Adults in Queensland: 8-Week Outcomes.](#)' *Frontiers in Psychology* 15, 1359855.

Introduction: There have been few controlled evaluations of Social Prescribing (SP), in which link workers support lonely individuals to engage with community-based social activities. This study reports early outcomes of a trial comparing General Practitioner treatment-as-usual (TAU) with TAU combined with Social Prescribing (SP) in adults experiencing loneliness in Queensland. **Methods:** Participants were 114 individuals who were non-randomly assigned to one of two conditions (SP, n = 63; TAU, n = 51) and assessed at baseline and 8 weeks, on primary outcomes (loneliness, well-being, health service use in past 2 months) and secondary outcomes (social anxiety, psychological distress, social trust). **Results:** Retention was high (79.4%) in the SP condition. Time x condition interaction effects were found for loneliness and social trust, with improvement observed only in SP participants over the 8-week period. SP participants reported significant improvement on all other outcomes with small-to-moderate effect sizes (ULS-8 loneliness, wellbeing, psychological distress, social anxiety). However, interaction effects did not reach significance. **Discussion:** Social prescribing effects were small to moderate at the 8-week follow up. Group-based activities are available in communities across Australia, however, further research using well-matched control samples and longer-term follow ups are required to provide robust evidence to support a wider roll out.

Evers, S., et al. (2024a) ['Theories used to Develop Or Evaluate Social Prescribing in Studies: A Scoping Review.'](#) *BMC Health Services Research* 24(1), 1–15.

Objective

This scoping review aims to provide an overview of how theories were used in the development or evaluation of social prescribing (SP) intervention studies.

Background

SP describes a patient pathway where general practitioners (GPs) connect patients with community activities through referrals to link workers. This review seeks to understand the explanations provided for the outcomes and implementation process of SP.

Inclusion criteria

Studies using a defined theory to develop or evaluate a specific SP intervention in primary care and the community sector.

Methods

This scoping review was conducted in accordance with JBI methodology. The following databases were searched on 8th of July 2022: PubMed, ASSIA, Cochrane, Cinahl, PsycINFO, Social Care Online, Sociological Abstracts, Scopus, and Web of Science. The

search only considered English language texts. Additional literature was identified by searching relevant web pages and by contacting experts. The selection of sources and the data extraction was done by two reviewers independently.

Results

The search resulted in 4240 reports, of which 18 were included in the scoping review. Of these, 16 were conducted in the UK, one in Canada and one in Australia. The majority of reports employed a qualitative approach (11/18). Three were study protocols. 11 distinct theories were applied to explain outcomes (4 theories), differences in outcomes (3 theories), and the implementation of the intervention (4 theories). In terms of practical application, the identified theories were predominantly used to explain and understand qualitative findings. Only one theory was used to define variables for hypothesis testing. All theories were used for the evaluation and none for the development of SP.

Conclusion

The theories influenced which outcomes the evaluation assessed, which causal pathway was expected to generate these outcomes, and which methodological approaches were used. All three groups of theories that were identified focus on relevant aspects of SP: fostering positive patient/community outcomes, addressing inequalities by considering the context of someone's individual circumstances, and successfully implementing SP by collaboratively working across professions and institutional boundaries. Additional insight is required regarding the optimal use of theories in practical applications.

Evers, S., et al. (2024b) ['Survey of General Practitioners' Awareness, Practice and Perception of Social Prescribing Across Europe.'](#) *European Journal of General Practice* 30(1), 2351806.

BACKGROUND: Social prescribing (SP) is a patient pathway by which healthcare professionals connect patients with other sources of support, groups, or activities within their community. The awareness, practice, and perception of SP among GPs across Europe remains unclear. **OBJECTIVES:** To explore the awareness, practice, and perception of GPs on SP in the WONCA Europe region. **METHODS:** An anonymous, cross-sectional online survey was distributed through a snowballing system, mailing lists, and at three international conferences in 2022/2023 to explore GPs' awareness, practice, and perception of SP. The questionnaire in English contained 21 open and closed questions. **RESULTS:** Of the 208 participating GPs from

33 countries, 116 (56%) previously heard of 'social prescribing' and 66 (32%) regularly referred patients to community activities through a formal system. These 66 GPs reported different funding sources and varied activities, with an average of four activities and physical exercise being the most prevalent. Among them, 25 (38%) knew about national or local SP awareness campaigns. Of these 25, 17 (68%) agreed that SP increases their job satisfaction and 21 (84%) agreed that it has a positive impact on their patients. Variations in SP awareness and referral practice were evident across and within countries. **CONCLUSION:** Despite disparities in awareness and referral practice as well as a diversity of activities and funding sources, most GPs who actively referred patients and were informed about SP campaigns agreed that SP positively impacts them and their patients.; plain-language-summary Knowledge of social prescribing differs among and within countries. A third of general practitioners reported they regularly refer their patients through a formal system to access activities and groups in the community. General practitioners agree that social prescribing increases job satisfaction and positively impacts patients' health and well-being.

Finnegan, A., et al. (2024) ["One is Too Many' Preventing Self-Harm and Suicide in Military Veterans: A Quantitative Evaluation."](#) *BMJ Military Health*

INTRODUCTION: In 2021, the Armed Forces Covenant Fund Trust allocated over 2 million to programmes designed to have a clear and demonstrable impact on suicide prevention. Four grant holders delivered a combination of psychotherapeutic interventions, group activities, social prescribing, peer support mentoring, life skills coaching, educational courses and practical help with housing and employment. The evaluation was completed between August 2021 and July 2023. **METHODS:** A survey was completed by 503 participants at entry and 423 at exit. It captured data regarding demographic and military-specific details, health status, situational stressors, predisposing symptoms, help-seeking behaviour, social engagement, housing, living arrangements and employment status. The questionnaire included a number of validated psychometric questionnaires. **RESULTS:** This evaluation revealed reductions in situational stressors, symptoms and mental health illnesses. Seventy-six per cent of participants had completed an Operational Tour, and 77% were exposed to a traumatic event during service. It was the negative impact of unresolved traumatic effects that influenced service-users to require support. Forty-nine per cent delayed seeking

help, and 36% self-referred to the One Is Too Many programme which demonstrates the importance of this option. There were improvements in the participants' social networking, social activities, club membership and having people to rely on. Only 4% of participants were women which reinforces the requirement to explore initiatives to engage with female veterans. **CONCLUSIONS:** Timely therapeutic and social prescribing interventions in a safe environment lowered depression, anxiety and the associated situational stressors leading to self-harming and may have reduced suicide. It presented another option to veterans and their families regarding where they can obtain support, care and therapeutic interventions. The programme provided a strong foundation for delivery organisations to forge lasting collaborative partnerships that can be extended to working with other authorities and institutes. The results highlight pathways for prevention and intervention strategies to inform policymakers, healthcare professionals and third-sector organisations.

Gabeyre, R. M., et al. (2024) ['Social Prescribing Competence among Community Pharmacists and Pharmacy Students in Norway.'](#) *Pharmacy : A Journal of Pharmacy Education and Practice* 12(2)

Background and aim: Social prescribing, which links patients to non-clinical services and involves general physicians, has been gaining traction. Community pharmacists, who are integral to primary healthcare, have untapped potential in social prescribing. This study explores social prescribing competence among Norwegian community pharmacists and pharmacy students. **Method:** A cross-sectional study utilizing an anonymous online questionnaire to collect quantitative data was conducted. Inspired by the limited relevant literature, the questionnaire was constructed, pilot-tested, and distributed in a one-week window within a Facebook group for Norwegian pharmacists. The questionnaire comprised 23 questions categorized into demographic details and competence assessment, covering general knowledge, attitude, and barriers/facilitators related to social prescribing. Statistical analyses were employed to determine the competence of the participants. **Results:** The online questionnaire collected data from 96 participants, primarily females (79.2%), aged 25-34 (40.6%), who were identified as community pharmacists (49.0%). Most (91.7%) worked in community pharmacies, with 31.3% having over 10 years of experience. Despite positive client relationships (93.8%), statistical analysis revealed no significant associations between competence and variables such as

work experience, education, or gender. The custom scoring system yielded an average competence score of 1.98 on a 5-point scale, with attitudes and perceptions of participants scoring 3.82. Overall competence was calculated at 3.4, indicating a moderate level. **Conclusions:** The findings of this study reveal that the participants had limited knowledge regarding social prescribing, emphasizing the need for education. However, the participants showed strong enthusiasm for competence development. This groundwork paves the way for future investigations centered on pilot-testing strategies to boost social prescribing knowledge and engagement among Norwegian community pharmacists and pharmacy students.

Ghogomu, E. T., et al. (2024) '[PROTOCOL: Effects of Social Prescribing for Older Adults: An Evidence and Gap Map.](#)' *Campbell Systematic Reviews* 20(2), e1382.

Objectives This is the protocol for an evidence and gap map. The objectives are as follows: The aim of this evidence and gap map is to map the available evidence on the effectiveness of social prescribing interventions addressing a non-medical, health-related social need for older adults in any setting. Specific objectives are as follows: 1.To identify existing evidence from primary studies and systematic reviews on the effects of community-based interventions that address non-medical, health-related social needs of older adults to improve their health and wellbeing.2.To identify research evidence gaps for new high-quality primary studies and systematic reviews.3.To highlight evidence of health equity considerations from included primary studies and systematic reviews.

Hayes, D., et al. (2024) '[Barriers and Facilitators to Social Prescribing in Child and Youth Mental Health: Perspectives from the Frontline.](#)' *European Child & Adolescent Psychiatry* 33(5), 1465–1479.

There is growing interest in the role of Social Prescribing (SP) to help promote mental well-being and support individuals with mental health difficulties. Yet, implementation of SP to children and young people (CYP) has proved slow and underdeveloped compared with adult populations. Understanding the barriers and facilitators will help key stakeholders to better embed SP for CYP into practice. Using the Theoretical Domains Framework (TDF), a comprehensive, theoretical-led framework, underpinned by 33 behaviour change theories and 128 constructs, perceived barriers and facilitators to SP were investigated. The sample comprised of 11 Link Workers and 9 individuals involved in facilitating SP with CYP, who took part in semi-

structured interviews. Transcripts were analysed using a deductive thematic analysis, and themes were coded under each theoretical domain. Overall, 33 barriers and facilitators for SP were identified across 12 domains of the TDF. Under capability, barriers and facilitators were found for knowledge, skills, memory/attention/decision making processes, and behavioural regulation. For opportunity, barriers and facilitators were found for social/professional influences, as well as environmental context and resources. Finally, for motivation, domains covered included: beliefs about consequences, beliefs about capabilities, optimism, motivations/goals, reinforcement, and emotions. Findings suggest that a wide range of barriers and facilitators affect the implementation of CYP SP to improve mental health and well-being. Interventions which target different domains related to capability, opportunity and motivation should be developed to better facilitate CYP SP.

Joubert, A., et al. (2024) ['Impact of Horticultural Therapy on Patients Admitted to Psychiatric Wards, a Randomised, Controlled and Open Trial.'](#) *Scientific Reports* 14(1), 14378.

Psychiatric inpatients often endure anxiety. This randomized trial assessed the impact of horticultural therapy on anxiety in adult psychiatric inpatients over four weeks, compared to standard care. Recruiting 211 inpatients from six units were randomized into control (n = 105) and experimental (n = 106) groups. Control received usual care; the experimental group had horticultural therapy alongside usual care. Anxiety, measured using HADS-A scale at four weeks, aimed to establish horticultural therapy's superiority. After four weeks, horticultural therapy significantly reduced anxiety compared to standard care ($P < 0.001$). These results argue in favor of integrating horticultural therapy into psychiatric nursing practices.

Leese, C. J., et al. (2024) ['A Movement for Movement: An Exploratory Study of Primary Healthcare Professionals' Perspectives on Implementing the Royal College of General Practitioners' Active Practice Charter Initiative.'](#) *BMC Primary Care* 25(1), 112.

BACKGROUND: Regular physical activity (PA) results in extensive physical, psychological, and social benefits. Despite primary care being a key point of influence for PA behaviours in the UK, research indicates poor application of PA interventions in this context. To address this, the Royal College of General Practitioners' (RCGP) developed and implemented the Active Practice Charter (APC). The aim of the study was to evaluate the perceived impact and acceptability of the APC initiative from the perspective of primary

healthcare professionals (PHPs). **METHODS:** An online exploratory cross-sectional survey was designed to assess the perceived impact, experiences, and challenges of the APC initiative, from the perspective of PHPs. The survey was distributed by the RCGP via email to 184 registered APC practices across the UK. **RESULTS:** Responses were reviewed from staff (n = 33) from 21 APC practices. Initiatives used by APC practices included: educational programmes, partnerships with PA providers, referral systems, and infrastructure investment. Perceived benefits included: increased awareness about PA, staff cohesion, and improved well-being. However, staff felt the APC had limited effect due to implementation barriers, including: a lack of engagement, time, resources, and funding. **CONCLUSION:** This is the first evaluation of any nationwide UK-based initiative engaging GP practices in promoting PA. Acknowledging the limitations in response rate, although support exists for the RCGP APC, the evaluation highlights challenges to its implementation. Nonetheless, the wide reach of the RCGP, combined with the cited staff and patient benefits, demonstrates the significant potential of the APC initiative. Given the need to address physical inactivity nationally, further development the APC offers a possible solution, with further research required to overcome the challenges to implementation.

Marshall, J., et al. (2024) '[Social Prescribing for People Living with Dementia \(PLWD\) and their Carers: What Works, for Whom, Under what Circumstances and Why - Protocol for a Complex Intervention Systematic Review.](#)' *BMJ Open* 14(4), e080551.

INTRODUCTION: Dementia is a complex medical condition that poses significant challenges to healthcare systems and support services. People living with dementia (PLWD) and their carers experience complex needs often exacerbated by social isolation and challenges in accessing support. Social prescribing (SP) seeks to enable PLWD and their carers to access community and voluntary sector resources to support them address such needs. Existing research, however, does not describe what SP interventions are currently in place in dementia care. Little is known about the needs these interventions are designed to address, the reasons that lead PLWD and their carers to participate in them, their effectiveness and the extent to which they could increase positive health outcomes if adopted and how. **METHODS AND ANALYSIS:** A complex intervention systematic review of SP for PLWD and/or their carers will be conducted using an iterative logic model approach. Six electronic (MEDLINE, EMBASE, PsycINFO, CINAHL, Scopus and

Cochrane/CENTRAL) and two grey literature databases (EThOS and CORE) were searched for publications between 1 January 2003 and June 2023, supplemented by handsearching of reference lists of included studies. Study selection, data extraction and risk of bias assessment, using Gough's Weight of Evidence Framework, will be independently performed by two reviewers. A narrative approach will be employed to synthesise and report quantitative and qualitative data. Reporting will be informed by the Preferred Reporting Items for Systematic Review and Meta-Analysis Complex Interventions extension statement and checklist. **ETHICS AND DISSEMINATION:** No ethical approval is required due to this systematic review operating only with secondary sources. Findings will be disseminated through peer-reviewed publications, conference presentations and meetings with key stakeholders including healthcare professionals, patient and carer groups, community organisations (eg, the Social Prescribing Network and the Evidence Collaborative at the National Academy for Social Prescribing), policymakers and funding bodies.

Menhas, R., et al. (2024) '[Does Nature-Based Social Prescription Improve Mental Health Outcomes? A Systematic Review and Meta-Analysis.](#)' *Frontiers in Public Health* 12, 1228271.

Background: A nature-based social prescription (NBSP) is an approach to improving mental health outcomes that involves prescribing nature-based interventions as complementary or alternative therapy to traditional ones. A variety of advantages are available from NBSP for people looking to enhance their mental well-being. The effect size of the nature-based social prescriptions (NBSPs) has not been thoroughly evaluated by systematic reviews and meta-analyses. **Objectives:** The current study aimed to analyze existing studies and conduct a meta-analysis to determine the overall effect size of the nature-based social prescriptions (NBSP's) outcomes on mental health. **Methods:** By choosing the relevant papers from among those that were available, a meta-analysis was carried out in the current study. A systematic search of electronic databases (Pub Med, Web of Science, Scopus, Cochrane Library, Embase, CINAHL, and PsychINFO) was conducted to identify relevant studies. Studies were included if they evaluated the effects of NBSP on mental health outcomes. Effect sizes were calculated using the random effects model. **Results:** Meta-analysis of interventions statistics shows that CBT (SMD -0.0035; 95% CI: [-0.5090; 0.5020]; Tau²: 0.1011; Tau: 0.318), digital intervention (SMD -0.3654; 95% CI: [-0.5258; 1.2566]; Tau²: 0.2976, Tau: 0.5455), music intervention (SMD -2.1281; 95% CI: [-0.4659; 4.7221];

Tau²: 3.4046; Tau:1.8452), and psychological interventions (SMD - 0.8529; 95% CI: [0.3051; 1.4007]; Tau²: 0.1224; Tau: 0.3499) do not significantly impact. The other interventions [social belongingness, communication training, blue intervention, nature-based education, cognitive behavior group therapy (CBGT), social prescribing coordinator, self-help intervention, participatory, organizational intervention, inpatient services, brief diet, internet-based intervention, prenatal intervention, yoga and meditation, ergonomics training program, yoga nidra intervention, and storytelling] highlighted above are significant. **Conclusion:** The conclusion of the meta-analysis supports the idea that incorporating nature-based social prescription interventions into mental healthcare plans can effectively complement traditional therapies and improve mental health outcomes.

Muhl, C., et al. (2024) '[Social Prescribing for Children and Youth: A Scoping Review Protocol.](#)' *PLoS ONE [Electronic Resource]* 19(3), e0297535.

Social prescribing is suited to all age groups, but it is especially important for children and youth, as it is well understood that this population is particularly vulnerable to the effects of the social determinants of health and health inequities, and that intervening at this stage of life has the greatest impact on health and wellbeing over the life course. While this population has largely been neglected in social prescribing research, policy, and practice, several evaluations of social prescribing for children and youth have emerged in recent years, which calls for a review of the evidence on this topic. Thus, the objective of this scoping review is to map the evidence on the use of social prescribing for children and youth. This review will be conducted in accordance with the JBI methodology for scoping reviews and will be reported in line with the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR). The search strategy will aim to locate both published and unpublished literature. No language or date restrictions will be placed on the search. The databases to be searched include MEDLINE (Ovid), CINAHL (EBSCO), Embase (Ovid), PsycINFO (Ovid), AMED (Ovid), ASSIA (ProQuest), Sociological Abstracts (ProQuest), Global Health (Ovid), Web of Science (Clarivate), Epistemonikos, JBI EBP Database (Ovid), and Cochrane Library. Sources of gray literature to be searched include Google, Google Scholar, Social Care Online (Social Care Institute for Excellence), SIREN Evidence and Resource Library (Social Interventions Research and Evaluation Network), and websites of social prescribing organizations and networks. Additionally, a request for

evidence sources will be sent out to members of the Global Social Prescribing Alliance. Two independent reviewers will perform title and abstract screening, retrieval and assessment of full-text evidence sources, and data extraction. Data analysis will consist of basic descriptive analysis. Results will be presented in tabular and/or diagrammatic format alongside a narrative summary.

Nadarasa, A. (2024) ['Social Prescribing in the Metaverse: A New Frontier for Primary Care Practice.'](#) *Global Health Journal* 8(1), 33–35.

The advent of immersive technologies such as the metaverse, extended reality, artificial intelligence, and blockchain offers novel possibilities to transform healthcare services. These innovations coincide with clinicians' aspirations to deliver more comprehensive, patient-centered care tailored to individuals' singular needs and preferences. Integration of these emerging tools may confer opportunities for providers to engage patients through new modalities and expand their role. However, responsible implementation necessitates deliberation of ethical implications and steadfast adherence to foundational principles of compassion and interpersonal connection underpinning the profession. While the metaverse introduces new channels for social prescribing, this perspective advocates that its ultimate purpose should be strengthening, not supplanting, human relationships. We propose an ethical framework centered on respect for patients' dignity to guide integration of metaverse platforms into medical practice. This framework serves both to harness their potential benefits and mitigate risks of dehumanization or uncompassionate care. Our analysis maps the developing topology of metaverse-enabled care while upholding moral imperatives for medicine to promote healing relationships and human flourishing.

O'Grady, M., et al. (2024) ['The Role of Intermediaries in Connecting Community-Dwelling Adults to Local Physical Activity and Exercise: A Scoping Review.'](#) *International Journal of Integrated Care [Electronic Resource]* 24(2), 12.

Introduction: Connecting inactive individuals to local physical activity (PA) and exercise, via intermediaries (professionals who can facilitate and support connections to non-medical services) may be an effective method to tackle physical inactivity. Evidence regarding the processes of intermediaries, the profile of people referred, how connections to local PA and exercise are made and outcomes of these connections is lacking. **Methods:** This scoping review followed guidelines from the Joanna Briggs Institute. Searches of four

electronic databases (Embase, Medline, Web of Science, CINAHL) and an extensive grey literature search were conducted from inception to June 2022. Full-text studies which reported on community-dwelling adults (population), and the processes of intermediaries (concept) when connecting to local PA and exercise (context) were considered for inclusion. A logic model was created to map processes to outcomes. Evidence advances and gaps were identified. **Results:** N = 28 studies were identified. Participants referred to an intermediary were older, female, and with poorer health. Where possible, the processes of referral, assessment, follow-up and discharge by intermediaries were described, as well as the local PA and exercise services used. Short-term PA outcomes appeared positive after working with intermediaries, but many studies were poorly described, and the review was not designed to examine effectiveness of this intervention. **Discussion/Conclusion:** Many aspects of the processes were poorly described. More robust studies evaluating the processes of intermediaries are needed, as well as further exploration of the optimum processes in improving PA outcomes.

Oster, C., et al. (2024) ['The Process of Co-Designing a Model of Social Prescribing: An Australian Case Study.'](#) *Health Expectations* 27(3), e14087.

INTRODUCTION: Social needs such as housing, employment, food, income and social isolation are having a significant impact on individuals, families and communities. Individuals are increasingly presenting to health settings with social needs, which are ill-equipped to address nonmedical needs. Social prescribing is a systematic approach connecting the health, social and community sectors to better address social needs and improve health and wellbeing. Social prescribing interventions are being implemented world-wide. With variability in health and social care systems internationally, it is important that social prescribing interventions are co-designed with key stakeholders to ensure they can be implemented and sustained within local systems. **METHODS:** This Australian case study provides a detailed description of the process undertaken to co-design a social prescribing service model in a regional area. Four co-design workshops were undertaken, two with health and social care professionals and two with community members. The project followed an iterative process of resourcing, planning, recruiting, sensitising, facilitation, reflection and building for change across the workshops. **RESULTS:** Through this process, key stakeholders were able to successfully co-design a social prescribing model of care for

the region. **CONCLUSION:** By demonstrating the process and materials used in our project, we aim to open the 'black box' of co-design for social prescribing and provide ideas and resources for others to adapt and utilise. **PATIENT OR PUBLIC CONTRIBUTION:** The project was designed and undertaken by a steering committee comprising university-based researchers (authors C. O. and S. B.), local government (author D. A.) and health, social and community services (authors B. G., M. W., J. O. and S. R.). Members of the steering committee participated in project design, participant recruitment, workshop facilitation, data analysis and interpretation.

O'Sullivan, D. J., et al. (2024) ['The Effectiveness of Social Prescribing in the Management of Long-Term Conditions in Community-Based Adults: A Systematic Review and Meta-Analysis.'](#) *Clinical Rehabilitation* 2692155241258903

OBJECTIVE: The objective of this systematic review and meta-analysis was to evaluate the effectiveness of social prescribing interventions in the management of long-term conditions in adults. **DATA SOURCES:** Eleven electronic databases were searched for randomised and quasi-randomised controlled trials. **REVIEW METHODS:** Outcomes of interest were quality of life, physical activity, psychological well-being and disease-specific measures. Bias was assessed with the Cochrane Risk of Bias 2 tool. A narrative synthesis and meta-analysis were performed. **RESULTS:** Twelve studies (n = 3566) were included in this review. Social prescribing interventions were heterogeneous and the most common risks of bias were poor blinding and high attrition. Social prescribing interventions designed to target specific long-term conditions i.e., cancer and diabetes demonstrated significant improvements in quality of life (n = 2 studies) and disease-specific psychological outcomes respectively (n = 3 studies). There was some evidence for improvement in physical activity (n = 2 studies) but most changes were within group only (n = 4 studies). Social prescribing interventions did not demonstrate any significant changes in general psychological well-being. **CONCLUSION:** Social prescribing interventions demonstrated some improvements across a range of outcomes although the quality of evidence remains poor.

Rathbone, A. P., et al. (2024) ['"You don't Get Side Effects from Social Prescribing"-A Qualitative Study Exploring Community Pharmacists' Attitudes to Social Prescribing.'](#) *PLoS ONE [Electronic Resource]* 19(5), e0301076.

OBJECTIVES: Social prescribing is an approach that enables the referral of patients to non-clinical support and places a focus on

holistic care. This study explored views of community pharmacists regarding social prescribing in pharmacies. **STUDY DESIGN:** A qualitative phenomenological approach was used. **METHODS:** A convenience sample of eleven community pharmacists from Northern England were recruited via social media (Twitter, Facebook) and took part in a semi-structured, one-to-one qualitative interviews that asked about their knowledge of social prescribing, the advantages of community pharmacist involvement and any barriers they predicted to its implementation. Interviews were transcribed verbatim and thematically analysed. **RESULTS:** The sample included largely male pharmacists (63.3%) with less than five years' experience (45.5%) and included pharmacists working as employees (63.6%), locums (27.3%) and owners (9%) in both chain (36%) and independent stores (54.5%). The main findings indicate an enthusiasm for but limited understanding of social prescribing. Factors which appeared to influence involvement were training requirements and time available to complete an additional service in busy pharmacies. Opportunities centred on the broader pharmacy team's role to optimise health outcomes. **CONCLUSIONS:** The findings indicate pharmacists may be an underused resource due to a poor understanding of the full scale and scope of social prescribing beyond health promotion, lifestyle interventions. Further work is needed to explore the transferability of the findings to the broader pharmacy workforce to understand how social prescribing can be positioned within pharmacy practice.

Reddy, K. R., and Freeman, A. M. (2024) '[Lifestyle Medicine: An Antidote to Cardiovascular Diseases.](#)' *American Journal of Lifestyle Medicine* 18(2), 216–232.

Despite numerous advances in basic understanding of cardiovascular disease pathophysiology, pharmacology, therapeutic procedures, and systems improvement, there hasn't been much decline in heart disease related mortality in the US since 2010. Hypertension and diet induced risk continue to be the leading causes of cardiovascular morbidity. Even with the excessive mortality associated with the COVID-19 pandemic, in 2020, heart disease remained the leading cause of death. Given the degree of disease burden, morbidity, and mortality, there is an urgent need to redirect medical professionals' focus towards prevention through simple and cost effective lifestyle strategies. However, current practice paradigm and financial compensation systems are mainly centered disease management and not health promotion. For example, the financial value placed on 3-10 min smoking cessation counseling (.24RVUs) is 47-fold lower

than an elective PCI (11.21 RVUs). The medical community seems to be enamored with the latest and greatest technology, new devices, and surgical procedures. What if the greatest technology of all was simply the way we live every day? Perhaps when this notion is known by enough, we will switch to this lifestyle medicine technology to prevent disease in the first place.

Robbins, R. (2024) ['Employee Sleep Promotion Programs in Workplace Settings: An Exciting, Viable Area for Lifestyle Medicine.'](#) *American Journal of Lifestyle Medicine* 18(3), 335–339.

In the past several decades, our population sleep health has fallen short of recommendations. Moreover, there has been an increase in sleep difficulties amidst COVID-19. Work consumes a huge proportion of our waking lives, and the nature of our work can impact the quantity and quality of employee sleep. Conversely, employee sleep also matters for work-related outcomes as evidence demonstrates poor employee sleep health is associated with increased presenteeism, absenteeism, and health care costs. Given the prevalence of poor sleep health in our population, the changing nature of work and increasing demands on capped time, the worksite represents a promising and potentially underexplored venue for lifestyle medicine practitioners to consider employee sleep health and, where possible, novel employee sleep health promotion programs. This article outlines the impact of work on sleep and reviews the potential for incorporating sleep into lifestyle interventions in workplace settings.

Scarpetti, G., et al. (2024) ['A Comparison of Social Prescribing Approaches Across Twelve High-Income Countries.'](#) *Health Policy* 142, 104992.

BACKGROUND: Social prescribing connects patients with community resources to improve their health and well-being. It is gaining momentum globally due to its potential for addressing non-medical causes of illness while building on existing resources and enhancing overall health at a relatively low cost. The COVID-19 pandemic further underscored the need for policy interventions to address health-related social issues such as loneliness and isolation. **AIM:** This paper presents evidence of the conceptualisation and implementation of social prescribing schemes in twelve countries: Australia, Austria, Canada, England, Finland, Germany, Portugal, the Slovak Republic, Slovenia, the Netherlands, the United States and Wales. **METHODS:** Twelve countries were identified through the Health Systems and Policy Monitor (HSPM) network and

the EuroHealthNet Partnership. Information was collected through a twelve open-ended question survey based on a conceptual model inspired by the WHO's Health System Framework. **RESULTS:** We found that social prescribing can take different forms, and the scale of implementation also varies significantly. Robust evidence on impact is scarce and highly context-specific, with some indications of cost-effectiveness and positive impact on well-being. **CONCLUSIONS:** This paper provides insights into social prescribing in various contexts and may guide countries interested in holistically tackling health-related social factors and strengthening community-based care. Policies can support a more seamless integration of social prescribing into existing care, improve collaboration among sectors and training programs for health and social care professionals.

Sweeney, K. D., et al. (2024) '[A Mixed-Methods Evaluation of Patients' Views on Primary Care Multi-Disciplinary Teams in Scotland.](#)' *BJGP Open*

BACKGROUND: Expanding primary care multi-disciplinary teams (MDTs) was a key component of the 2018 Scottish GP contract, with over 4,700 MDT staff appointed since then. **AIM:** To explore patients' views on primary care MDT expansion in Scotland. **DESIGN AND METHODS:** (1) Survey of patients recently consulting a GP in deprived-urban, affluent-urban and remote/rural areas, assessing awareness of five MDT roles and attitudes towards receptionist signposting; (2) 30 individual interviews exploring MDT-care experiences. **RESULTS:** Of 1,053 survey respondents, most were unaware of the option of MDT rather than GP consultations for three out of five roles (69% unaware of link worker appointments; 68% mental health nurse; 58% pharmacist). Reception signposting was less popular in deprived-urban areas (34% unhappy vs 29% in remote/rural vs 21% affluent-urban; P: Of 1,053 survey respondents, most were unaware of the option of MDT rather than GP consultations for three out of five roles (69% unaware of link worker appointments; 68% mental health nurse; 58% pharmacist). Reception signposting was less popular in deprived-urban areas (34% unhappy vs 29% in remote/rural vs 21% affluent-urban; P: Of 1,053 survey respondents, most were unaware of the option of MDT rather than GP consultations for three out of five roles (69% unaware of link worker appointments; 68% mental health nurse; 58% pharmacist). Reception signposting was less popular in deprived-urban areas (34% unhappy vs 29% in remote/rural vs 21% affluent-urban; P: Of 1,053 survey respondents, most were unaware of the option of MDT rather than GP consultations for three out of five roles (69% unaware of link worker appointments; 68% mental health nurse; 58% pharmacist). **CONCLUSION:** MDT-care has expanded in Scotland with limited patient awareness. Although patients understand its potential value,

many patients are unhappy with reception signposting to first-contact MDT care, especially those in deprived-urban areas living with multimorbidity. This represents a barrier to the aims of the new GP contract.

Vaillancourt, A., et al. (2024a) ['Nature Prescribing: Emerging Insights about Reconciliation-Based and Culturally Inclusive Approaches from a Tricultural Community Health Centre.'](#) *Health Promotion and Chronic Disease Prevention in Canada* 44(6), 284–287.

This commentary highlights the importance of social and nature prescribing programs reflecting culturally diverse perspectives and practices. Creating and holding space for Indigenous and other worldviews should be a key priority of nature prescribing, a relatively recent practice in Canada that recognizes and promotes health benefits associated with engaging in a variety of activities in natural settings. Central to designing and delivering nature prescribing that is culturally inclusive and grounded in fulfilling obligations of reconciliation is recognizing the ongoing dominance of Western worldviews and their associated implications for decolonizing and Indigenizing nature-based programming. Consciously working to expand Western values, with the aim of extending nature prescribing practices beyond mere nature exposure to fostering emotional connections to nature, is a critically important part of the ongoing development of nature-based interventions and nature prescribing.

Vaillancourt, A., et al. (2024b) ['Nature Prescribing: Emerging Insights about Reconciliation-Based and Culturally Inclusive Approaches from a Tricultural Community Health Centre.'](#) *Health Promotion and Chronic Disease Prevention in Canada* 44(6), 284–287.

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connections to nature, is a critically important part of the ongoing development of nature-based interventions and nature prescribing.

Wood, C. J., et al. (2024) '[A Qualitative Study of the Barriers to Commissioning Social and Therapeutic Horticulture in Mental Health Care.](#)' *BMC Public Health* 24(1), 1197.

BACKGROUND: Social and Therapeutic Horticulture (STH) is a process where trained practitioners work with plants and people to improve an individual's physical and psychological health, communication and thinking skills. Evidence suggests that STH can support individuals with mental ill-health, however, current commissioning of STH within mental health care is limited. This study aimed to understand the barriers to commissioning STH in mental health care and to identify potential solutions to barriers, to support more widespread availability of services. **METHODS:** Individuals with a role in mental health care commissioning from across the UK were invited to take part in semi-structured interviews via zoom. Interviews explored factors influencing the mental health services they commission or refer to, their perception of the role of STH in mental health care and the barriers to commissioning STH, together with potential solutions to any barriers identified. **RESULTS:** Commissioners identified a lack of knowledge of STH and evidence of its effectiveness, and a culture which prioritises traditional medical models, as barriers to commissioning. Challenges for STH providers in responding to large-scale commissioning requirements were also highlighted as a barrier. **CONCLUSIONS:** To upscale commissioning of STH in mental health care, STH interventions need to be embedded within NHS priorities and information on STH services and their effectiveness needs to be easily accessible to practitioners. The sector should also be supported in working collaboratively to enable commissioning of services at scale.

Yang, J., et al. (2024) '[A Feasibility Study on Indoor Therapeutic Horticulture to Alleviate Sleep and Anxiety Problems: The Impact of Plants and Activity Choice on its Therapeutic Effect.](#)' *Complementary Therapies in Medicine* 81, 103032.

INTRODUCTION: Therapeutic horticulture (TH) is increasingly being applied for sub-health or patient mental health care. Whether plant and activity type will affect TH's effectiveness is unclear. **AIM:** To evaluate the feasibility of an indoor TH for alleviating the anxiety symptoms and sleeping problems of people with poor sleep quality, and explore the potential affection of plant and activity type on health benefits. **METHOD:** Thirty subjects (all with sleep problems and half with anxiety problems) were randomly assigned to three groups to do

horticultural activities with ornamental plants, general aromatic plants, or aromatic plants with reported mental health functions, respectively. Six indoor TH activities were then held sequentially within two weeks. Psychological scales, subjective feedback questionnaires, and physiological indicators were used as evaluation indexes before and after horticulture activities. **RESULTS:** The TH relieved subjects' sleep and anxiety problems and was particularly effective in alleviating anxiety among people with high anxiety levels. Using ornamental plants was more effective in relieving stress while functional aromatic plants performed better in sleep improvement and satisfaction to TH. Each horticultural activity could improve mood state but showed different effects on the vitality of the participants. **CONCLUSION:** The above findings provided some basis for the potential benefits of selecting plants and activities based on psychological care needs in the development of TH plans. Future research that expands upon the current project is warranted. A larger sample size is beneficial for obtaining more powerful statistical results.

Additional Resources

- **The Knowledge Network** [Search for more information](#)
- **NHS Highland and Social Prescribing** [Learn more](#)
- **NHS England and Social Prescribing** [Learn more](#)
- **The King's Fund and Social Prescribing** [Learn more](#)
- **Careers in Social Prescribing** [Learn more](#)
- **National Association of Link Workers** [Learn more](#)
- **National Academy for Social Prescribing** [Learn more](#)

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