

SOCIAL PRESCRIBING

Evidence Bulletin

February 2024



NEW EVIDENCE

Adams, L. (2024, 28/2). [Essex-based research into GP-prescribed fishing to be expanded.](#) *BBC News*

Research to explore if GPs should prescribe fishing to treat post-traumatic stress disorder (PTSD) has received £1m of funding.

Aslett, C. (2024, Feb 21). [Green Cross Group Practice: Gold Award for Sheffield GPs using eco-friendly inhalers and social prescribing.](#) *The Star*

A Sheffield GP practice has become the first in South Yorkshire to receive a Gold Award from the Royal College of GPs for its focus on sustainability. Green Cross Group Practice, which has two sites on Palgrave Road in Parson Cross and Dunninc Road in Shiregreen, is one of 17 in the country to have been granted the status in a year.

Calderón-Larrañaga, S., et al. (2024) ['What does Social Prescribing Look Like in Practice? A Qualitative Case Study Informed by Practice Theory.'](#) *Social Science & Medicine* (1982) 343, 116601.

Social prescribing (SP) typically involves linking patients in primary care with a range of local, community-based, non-clinical services. While there is a growing body of literature investigating the effectiveness of SP in improving healthcare outcomes, questions remain about how such outcomes are achieved within the everyday complexity of community health systems. This qualitative case study, informed by practice theory, aimed to investigate how SP practices relevant to people at high risk of type 2 diabetes (T2D) were enacted in a primary care and community setting serving a multi-ethnic, socioeconomically deprived population. We collected different types

of qualitative data, including 35 semi-structured interviews with primary care clinicians, link workers and SP organisations; 30 hours of ethnographic observations of community-based SP activities and meetings; and relevant documents. Data analysis drew on theories of social practice, including Feldman's (2000) notion of the organisational routine, which emphasises the creative and emergent nature of routines in practice. We identified different, overlapping ways of practising SP: from highly creative, reflective and adaptive ('I do what it takes'), to more constrained ('I do what I can') or compliant ('I do as I'm told') approaches. Different types of practices were in tension and showed varying degrees of potential to support patients at high risk of T2D. Opportunities to adapt, try, negotiate, and ultimately reinvent SP to suit patients' own needs facilitated successful SP adoption and implementation, but required specific individual, relational, organisational, and institutional resources and conditions.

Feldman, M.S., 2000. Organizational Routines as a Source of Continuous Change. *Organ. Sci.* 11, 611–629.

- Theories of social practice illuminate routine social prescribing delivery in everyday context.
- Social prescribing depended on a variety of practices with different potential to support patients.
- Creative, reflective and adaptative practices facilitated successful social prescribing delivery.
- Limited resources and conditions often led to constrained social prescribing practices.

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

- Older adults' receptivity to social prescribing in Portugal was positive.
- Over 75% thought it would benefit the community and healthcare.
- Most thought the social prescribing activities presented would be relevant for them.
- Especial significance was given to personal development and cultural enrichment.
- Perceived relevance of these activities varied by socioeconomic and health factors.

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.

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.

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.

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.

Coyle, H. (2024, 29/2). [Trees planted at Bradford hospital to boost patients' mental health](#). *BBC News*

Hundreds of trees have been planted at a West Yorkshire mental health facility so patients can enjoy "green therapy". The trees were planted at Lynfield Mount Hospital in Bradford on Wednesday in an area also set to feature a wildflower meadow. Green therapy can be "particularly beneficial for mental wellbeing", according to the NHS. A hospital spokesperson said they hoped to "test the benefits of connecting patients with nature".

Farina, I., et al. (2024) 'Link Workers in Social Prescribing for Young People Work: A Case Study from Sheffield Futures.' *International Journal of Integrated Care* 24(1), 8.

Social Prescribing has an established recognition regarding the benefits provided to the health-related social needs of adults, but little is known about how the intervention addresses young people's needs. There is optimism regarding the central role of two core mechanisms that allows social prescribing to be effective, such as the empathetic role of Link Workers and the connection with community resources. This paper aims to describe the role played by Link Workers working a Social Prescribing intervention targeting young people.

This paper adopts a case study methodology to describe the role of Link Workers addressing young people's needs and implementing Social Prescribing scheme in Sheffield (UK). Data were collected

through semi-structured interviews with four of the seven link workers of one organisation based in Sheffield. Data were analysed through an inductive approach for emerging themes.

We provided a description of the profiles and background of Link Workers and described the three models of referral pathways into the intervention. The paper also shows how Link Workers identify young people's needs and how they connect with the community.

Based on the insights and the internationally accepted definition of Social Prescribing, we provide a visual representation of the Social Prescribing model and discuss challenges. The paper highlights lessons learned and future directions regarding the role of Link Workers from the case study.

<https://www.ncbi.nlm.nih.gov/pubmed/38344426>

Ferazzoli, M. T., and Kpobi, L. (2024) 'It Takes a Village: What Lessons can the UK Learn from Rural Community Mental Health Services in Ghana?' *Journal of Integrated Care (Brighton, England)* 32(1), 52–62.

PurposeThis paper aims to provide new insights into and offer potential solutions to the challenges encountered by mental health services working with remote, rural or underserved communities in the UK.
Design/methodology/approachIn this paper, the authors reflect on the utility of integrating conventional clinical approaches, with preventive care and empowering work within the community, to provide culturally sensitive and accessible mental health services. The authors describe an example of community intervention from a mental health service in Ghana designed to enhance reach within remote and rural communities and identify potential lessons for practice in the UK.
FindingsThe partnership between community mental health services and the rural communities, including families and existing social frameworks, applies collaborative care to overcome the lack of resources and facilitate the acceptability of mental health services to the local population. There are a series of important lessons from this experience including the importance of understanding the culture of a community to optimise reach and the importance of working IN the community and WITH the community.
Originality/valueThis paper is novel because it provides learning from a model of care applied in the global south that has potential for implementation with underserved populations in the UK. The authors suggest a reframing of the notion of community care to encompass existing frameworks of community, not merely a biomedical conceptualisation.

Jolley, B. (2024, 9 Jan). [Arts on Prescription returns to Peterborough from January 29.](#) *Peterborough Matters*

Peterborough residents are invited to join Arts and Minds at a 12-week social prescribing programme, run in collaboration with Peterborough Museum, from Monday January 29.

Kuhn, A. L. R., and Rariden, C. A. (2024) ['Social Prescribing: Healing People through Community.'](#) *Journal for Nurse Practitioners* 20(2), 104894.

Social prescribing blends the social and medical model to promote overall health. Social prescribing has been used around the world with increasing use within the United States. Countries abroad have social prescribing infrastructure. Within the United States, health systems are adopting social prescribing programs to promote health among members. Connecting people with community resources, encouraging wellness activities, and valuing nonpharmacologic interventions are all aspects of social prescribing. Social prescribing can be implemented at system levels and also within individual practices. Social prescribing offers a renewed commitment to addressing holistic health and well-being.

- Social prescribing is used worldwide, with potential growth for use within the United States.
- Social prescribing addresses the “whole person.” focusing on nonmedical needs that support and benefit health and wellness.
- Social prescribing supports community health resources and addresses social determinants of health.
- Social prescribing is scalable, with opportunities for both smaller practical interventions and larger systems interventions.

Lockett, K. (2024, 9 Feb). [Cornwall Council, Active Travel Social Prescribing.](#) *The Packet*

The government has given Cornwall Council around £840,000 to boost the number of people who pick healthy forms of transport instead of jumping in their cars as part of their daily lives. Active travel means getting from A to B in a more physically active way, for example walking, cycling, and ‘wheeling’ (using a wheelchair). The scheme will get people involved through ‘social prescribing’, which sees people connected to activities, groups, and services in their community to boost their health and wellbeing. They can be referred by a range of professionals, such as GPs.

Muhl, C., et al. (2024) ['Social Prescribing: Moving Pediatric Care Upstream to Improve Child Health and Wellbeing and Address Child Health Inequities.'](#) *Paediatrics & Child Health*

Abstract Social prescribing is a means for trusted individuals in clinical and community settings to connect people who have non-

medical, health-related social needs to non-clinical supports and services within the community through a non-medical prescription. Evaluations of social prescribing programs for the pediatric population have demonstrated statistically significant improvements in participants' mental, physical, and social wellbeing and reductions in healthcare demand and costs. Experts have pointed to the particularly powerful impact of social prescribing on children's mental health, suggesting that it may help to alleviate the strain on the overburdened mental health system. Social prescribing shows promise as a tool to move pediatric care upstream by addressing non-medical, health-related social needs, hence why there is an urgent need to direct more attention towards the pediatric population in social prescribing research, policy, and practice. This demands rapid action by researchers, policymakers, and child health professionals to support advancements in this area.

Oster, C., and Bogomolova, S. (2024) '[Potential Lateral and Upstream Consequences in the Development and Implementation of Social Prescribing in Australia.](#)' *Australian and New Zealand Journal of Public Health* 48(1), 100121.

Social determinants of health, such as social connection, education, housing, and socioeconomic status, have a significant effect on health and are underlying factors contributing to health inequity.¹ In Australia, despite high levels of health in the general population by world standards, inequities continue to be experienced by many, such as Aboriginal and Torres Strait Islander peoples, those living in rural, regional, or remote areas, people living with mental illness or disability, sole parents, and those with low socioeconomic status.² One way to address social determinants of health is through social prescribing, which involves referring people to services and supports to address social needs such as food, housing, and financial insecurity, and social isolation/loneliness

Poole, R., and Huxley, P. (2024) '[Social Prescribing: An Inadequate Response to the Degradation of Social Care in Mental Health.](#)' *BJPsych Bulletin* 48(1), 30–33.

Social prescribing is poorly defined and there is little evidence for its effectiveness. It cannot address the social determinants of mental health and it is unlikely to produce enduring change for that part of the population that suffers the worst physical and mental health, namely the most deprived and marginalised. It has emerged at a time of growing health inequity. This has occurred alongside the neglect of social care and of the social aspects of mental health intervention.

Social prescribing gives a false impression of addressing social factors, and as such is counterproductive. We can do better than this.

Richardson, K., et al. (2024) '[The Acceptability of Lifestyle Medicine for the Treatment of Mental Illness: Perspectives of People with and without Lived Experience of Mental Illness.](#)' *BMC Public Health* 24(1), 171.

While lifestyle medicine can be highly effective for treating a range of mental illnesses these approaches are grossly underutilised and have not been systematically implemented into health care systems.

Understanding the acceptability of lifestyle medicine is a critical first step to remediate this. This study evaluated the acceptability of lifestyle medicine relative to pharmacotherapy and psychotherapy, and explore perspectives of people with and without lived experience of mental illness.

Six hundred and forty-nine adult Australian residents (62.6% female; 53.6% with a lifetime diagnosis of mental illness) completed an online survey based on the Theoretical Framework of Acceptability assessing the acceptability of lifestyle medicine, pharmacotherapy and psychotherapy for treating mental illness.

Most participants felt positive about lifestyle medicine (76.9%) and felt that such approaches aligned with their personal values (74.9%).

They understood how lifestyle medicine worked (86.4%) and believed it would be effective (69.6%). Lived experience of mental illness was associated with greater perceived burden and lower self-efficacy to engage in lifestyle medicine activities (both $p < 0.001$). While there was a clear preference for psychotherapy and lifestyle medicine over pharmacotherapy, pharmacotherapy was perceived as least effortful ($p < .001$) and participants were least confident in their ability to engage in lifestyle medicine ($p < 0.05$).

The findings indicate strong acceptability of lifestyle medicine for mental illness, a preference for non-pharmacological treatment approaches, and an understanding of the challenges associated with making long-term healthy lifestyle modifications amongst people who have lived experience of mental illness.

Wilding, A., et al. (2024) '[Geographic Inequalities in Need and Provision of Social Prescribing Link Workers.](#)' *British Journal of General Practice*

Long-term health conditions are major challenges for care systems. Social prescribing link workers have been introduced via Primary Care Networks (PCNs) across England since 2019 to address the wider determinants of health by connecting individuals to activities, groups, or services within their local community.

To assess whether the rollout of social prescribing link workers was in areas with the highest need.

A retrospective study of social prescribing link workers in England from 2019 to 2023.

We combined workforce, population, survey, and area-level data at the PCN-level from April 2020 to October 2023. We measured population need prior to the rollout of link workers using reported lack of support from local services in the 2019 GP Patient Survey. To assess if rollout reflected need, we used linear regression to relate provision of link workers (measured by full-time equivalent (FTE) per 10,000 patients) in each quarter to population need for support. Populations in urban, more deprived areas and with higher proportions of minority ethnicities had the highest reported lack of support. Geographically these were in the North West and London. Initially, there was no association between need and provision; then from July 2022, this became negative and significant. By October 2023, a 10-percentage point higher need for support was associated with a 0.035 (95%CI(-0.634 to -0.066)) lower FTE per 10,000 patients.

Rollout of link workers has not been sufficiently targeted at areas with the highest need. Future deployments should be targeted at those areas.

Young, C. A. (2024, Feb 22). [Your Voice Social Prescribing Day celebration at Lyle Kirk](#). *Greenock Telegraph (Greenock, Scotland)*

PEOPLE from all over Inverclyde can find out more about a non-medical approach to improving health and wellbeing at a special event in Greenock next month. The team at Your Voice will be marking Social Prescribing Day 2024 with a day of activities at the Lyle Kirk on Thursday March 14.

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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