Social prescribing

A way to re-think the delivery physical and mental healthcare

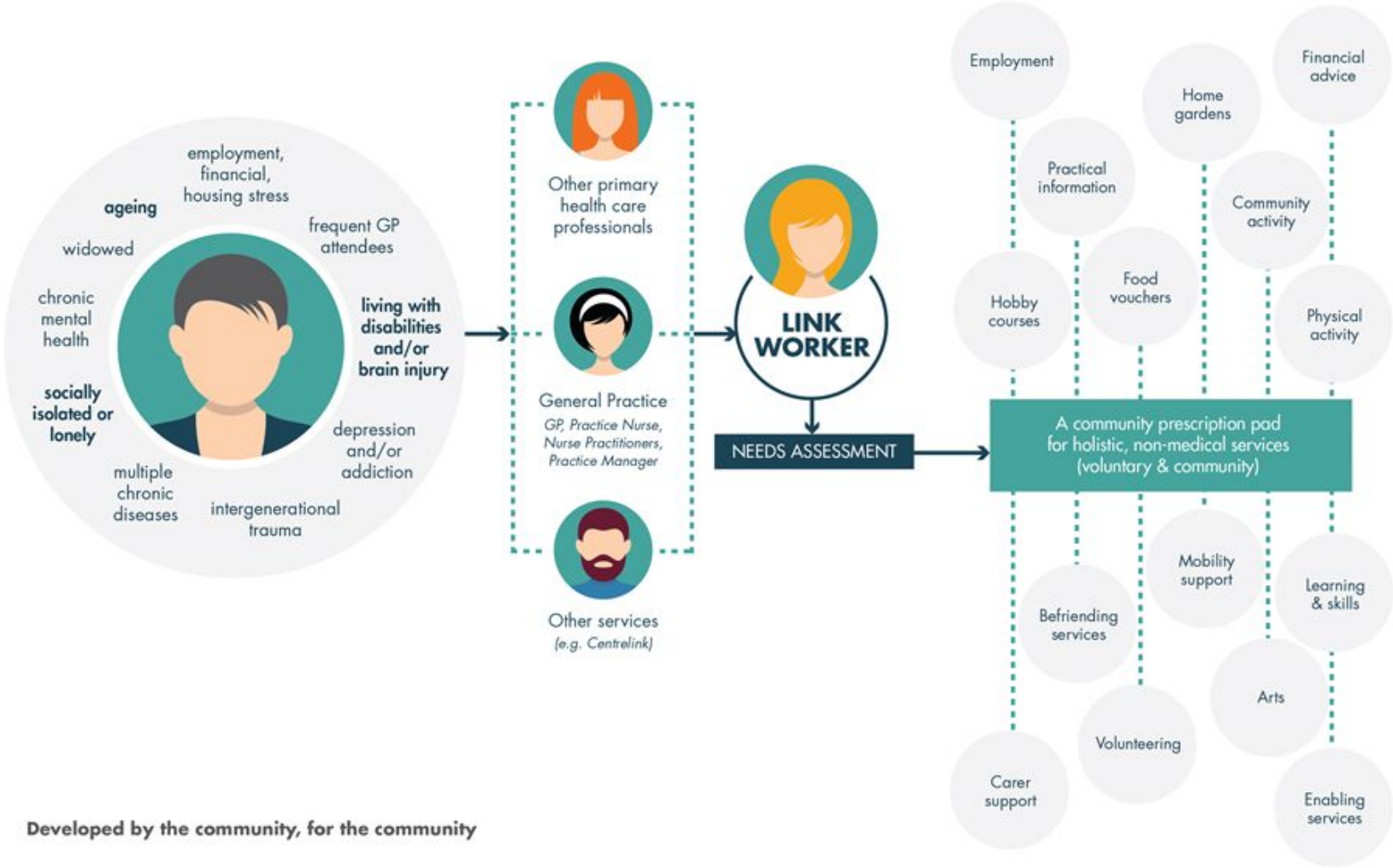
Learning objectives

To better understand

1) The concept of social prescribing models
2) The negative health impact of loneliness
3) The health benefits to the patient
4) The impact of social prescribing on the health system and expenditure
5) The evidence base for social prescribing

What is Social Prescribing?

A framework through which all local agencies, particularly health practitioners can refer patients to a range of non-clinical community based services, activities and programs that promote health and wellbeing


employment, financial, housing stress
ageing
frequent GP attendees
widowed
chronic mental health
living with disabilities and/or brain injury
socially isolated or lonely
depression and/or addiction
multiple chronic diseases
intergenerational trauma
Other primary health care professionals
General Practice
GP, Practice Nurse, Nurse Practitioners, Practice Manager
Other services
(e.g. Centrelink)
LINK WORKER
NEEDS ASSESSMENT
A community prescription pad for holistic, non-medical services (voluntary & community)
Employment
Financial advice
Home gardens
Practical information
Community activity
Hobby courses
Food vouchers
Physical activity
Mobility support
Learning & skills
Befriending services
Arts
Volunteering
Carer support
Enabling services
Developed by the community, for the community

Why is it our business?

1) 80-90% of health outcomes are linked to the social determinants of health[5]
2) Improve health inequality and entrenched disadvantage
3) Reducing the reliance and pressure on health care services
4) Improve access to community and voluntary supports including affordable community sports and activities
5) Loneliness
6) Alternative approaches to mental health -instead of medications and expensive psychologists
7) To personalise the care we provide to patients

The problem- Australian health system

The following challenges to widespread uptake in Australia:

- No universally accessible resources to start social prescribing
- We have different funding puddles, not interconnected in Australia, a very disjointed health system

The Problem- our approach to mental health

- (NICE) in the United Kingdom recommends self-help programs, computerised cognitive behavioural therapy (CBT), or physical activity programs (but neither antidepressants nor therapy) as initial treatments for mild to moderate depression in adults (NICE 2009); but in Australia, more than a hundred times as many people use mental health medication as access low-intensity treatments.[11]
- We are the 3rd highest prescriber of antidepressants in OECD countries
- We are 20 times more likely to refer someone to an expensive psychologist than than to a support group to improve their mental health

The Problem - loneliness

- Premature death, poor physical and mental health[3] [4]
- Increased depression, anxiety, emotional distress, sucide, smoking, physical inactivity, poor sleep, hypertension and decreased immune function [2] [6]
- Sustained decreases in feelings of wellbeing [7] and life satisfaction [8]

The Problem- loneliness- the numbers

- As lethal as smoking 15 cigarettes per day [1]
- Similar impact on premature death as obesity [2]
- 50% percent increased risk of dementia
- 29% increased risk of heart disease
- 32% increased risk of stroke
- Loneliness among heart failure patients was associated with a nearly 4 times increased risk of death

The Impact

The literature provides evidence that social prescribing can improve wellbeing for persons who are socially isolated, and/or persons with mental health disorders or chronic conditions and co- morbidities. Most social prescribing interventions involved comprehensive individualised referrals designed together with the patient, and the use of link workers.

The Impact- on people

- Gain a sense of belonging to a community
- Peer support
- Reduce loneliness
- Improve physical health.
- Improve mental health
    - Improvements in anxiety, reduction in other feelings causing distress, and improvements in ability to carry out every day activities, feelings about general health, and quality of life. [12]
    - In a uk study 96% of participants reported an improvement in at least one outcome area (such as reduced feelings of loneliness), 72% felt more positive and 62% felt that they were better able to manage their symptoms. [13]
    - A 36% reduction in mental health symptoms,, and a 63% increase in self-esteem [14]

The Impact- on the healthcare service and economy

- Relieve pressure on primary care clinicians, emergency departments and in-patient wards
- UK model: after five years there would be return on investment of £1.98 for every £1 spent. [13]
- 36% reduction in GP visits [14]
- An average 24% fall in A&E attendances following referral [15]
- Statistically significant drops in secondary care referrals at 18 months (64%)[15]
- A reduction in demand of consultant psychiatrists per annum per patient [15]

The Impact- on society and community

- Create stronger, inclusive communities
- Empower individuals
- Develop new groups
- better community connections
- Increased use of community services

Understanding our limitation

GP:

525600 minutes per year

The average Australian visits their GP 5.6 times per year

Average consult duration 18.4 minutes

5.6 x 18.4 = 103.04 minutes per year = **0.000196%** of their annual time.

Football:

Football training once an evening, one game on the weekend and one team social event once a fortnight each lasting one hour = 0.014% of their annual time. That is 71.4 x more time than they have with their doctor.

What can you do?

1. Familiarise yourself with the concept and benefits of social prescribing
2. Reflect on your country or regions healthcare system
3. Consider where social prescribing fits within your own clinical or healthcare education
4. Keep your own asset list of services, supports, programs and activities
5. Ask yourself: who might join me in setting up this movement?
6. Get in touch with spschemeinternational@gmail.com -from the global social prescribing alliance

Resources and places to start

- https://socialprescribingacademy.org.uk/
- https://whis.uk/gspa-playbook/
- https://www.gspalliance.com/
- https://whis.uk/

References

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[8] Biddle N, Edwards B, Gray M and Sollis K 2020c. Tracking outcomes during the COVID-19 pandemic (August 2020) – Divergence within Australia. Australian National University: ANU Centre for Social Research and Methods.

[9] National Academies of Sciences, Engineering, and Medicine. 2020. *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*. Washington, DC: The National Academies Press. https://doi.org/10.17226/25663

[11] Productivity Commission 2020, Mental Health, Report no. 95, Canberra

[12]Grant, C et al. 2000. A randomised controlled trial and economic evaluation of a referrals facilitator between primary care and the voluntary sector. BMJ 320:419. https://www.bmj.com/content/320/7232/419

[13] Dayson, C. et al. 2016. The Rotherham Social Prescribing Service for People with Long-Term Health Conditions. Sheffield Hallam University.

[14] Braun, H. 2017. Impact Analysis of Social Prescribing on Local Health Economies. Slide 1 (i5health.com)

[15] A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications | The Essence Project

THE UNENGAGED

IS IT THE PATIENTS PROBLEM OR THE SYSTEMS PROBLEM

The Individual	The System
-not open enough -Poor communicator -Low insight -Shame/guilt/pride -Don’t identify as Mental health consumer -AVOIDANT OF DISCOMFORT/CONFRONTATION -Avoidant of stepping into MEDICAL Environment	-oratory -TRANSACTIONAL Provider-consumer MODEL -PRESCRIPTION VS STRENGTH -Health literacy Required -RECOVERY JOURNEY IN ONLY THE “MENTAL HEALTH”FRAME/SETTING -Alternate models Not well funded

SOCIAL HEALTH

- Group provides a sense of togetherness/community/belonging
- New friendships easy to foster with the camaraderie gained through shared experience/team work (particularly challenging experiences)
- Setting and environment pre-framed with recovery and safety in mind making it more conducive to social growth
- Exposure therapy without associated fear that comes with clinically prescribing exposure
- Provides a newfound social support network

GROWTH

- Self efficacy gained through witnessing new personal growth/new achievements/resilience
- Growth is organic in time and nature, difficult to create organic growth in a fractured/silo'd mental health system
- Empowered vs indebted
- Opportunity to pay it forward:
  - In the wider community with your change
  - Through the opportunity to share lived experience
  - In other participants and contributing to their support network
  - As lifelong advocates of the program
  - As new champions for the physical environmental/social environment

PHYSICAL HEALTH

- Directly improves physical health through shared activity/exercise
- Self identifying with the program as part of you incorporates that physical aspect too
- The program may model structured activity as part of life
- Biochemical growth associated with physical activity
- Education changes knowledge, supervision changes practice

RECOVERY SETTING

- Participants likely to self-identify with the setting compared to clinical setting
- Shared/group trusting environment
- Not tailored for comfort, rather challenge and growth
- Organic vs. fabricated setting
- Shoulder to shoulder vs. across a desk/heirachy
- Engagement, participation and contribution immediately begins the recovery journey before. Recovery not predicated on starting "the conversation"

STARTING “THE CONVERSATION”

- “The conversation” was easier to start in a familiar, non-authoritarian environment
- In conjunction with peers not experts pathologising
- “The conversation” has already begun with peers/friends. Continuing it in the system is now much easier
- A prerequisite for engagement with the conventional system