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RESOURCE

What is social prescribing?

Social prescribing (also known as community referral or non-medical prescribing) is defined as a method to allow general practitioners (GPs) and other primary care workers to link clients to community support services[1].

That is, to "prescribe" non-medical treatments to assist patients. The assumption underlying social prescribing is that it is important to address social and psychological aspects of treatment alongside biomedical issues[t]. It extends the range of tools that are available to practitioners by allowing them to provide non-medical referral options that can be an alternative to medications. Social prescribing can take many forms and differs in terms of the settings, targeted groups and formality of the process.

The basis of social prescribing comes from a person-centred approach of care; looking at the needs and wider social network of each individual and determining what form of care would be best for them. The aim is also to empower individuals and decrease their reliance on medical support. This holistic form of care may also have the ability to address underlying or causal issues and ultimately lead to better outcomes long-term[3].

Why is it important?

We now know that physical and mental health are intrinsically entwined. Non-medical and social factors have a large impact on overall health and wellbeing[4]. Loneliness and social isolation have been linked to a number of physical health issues, such as heart disease, sleep difficulties and immune issues[5]. In order to understand and treat both physical and mental health, a holistic approach is required. Social prescribing is a key way in which health practitioners from various fields can offer those experiencing

1 *Bickerdike, Booth, Wilson, Farley & Wright, 2017*

2 *Drinkwater, Wildman & Moffatt, 2019*

3 *Brandling & House, 2009*

4 *World Health Organization, n.d.*

5 *Luo, Hawkley, Waite & Cacioppo, 2012*

loneliness access to interventions and support. In a recent roundtable discussion by the Royal Australian College of General Practitioners in partnership with the Consumers Health Forum of Australia[6] it was noted "social prescribing could provide a valuable addition to the existing range of healthcare options in Australia" with a people experiencing loneliness and isolation identified as a key cohort that may benefit from such a service.

There is also evidence to suggest higher rates of loneliness and social isolation are linked with an increase in GP visits. For example, one Australian study found low social group connectedness was associated with higher frequency of primary care attendance[7]. General practitioners and primary care workers may therefore be ideally placed to identify those at risk for loneliness and isolation and to prescribe social activities and support to assist. This has the potential to have a flow on effect of decreasing reliance on the health system for some people.

Where is it happening now?

Social prescribing can be used across various settings and can be informal (e.g. GPs handing out a pamphlet about a local service) or follow a formalised process.

There are some examples of formalised social prescribing with some evidence for its success. For example, in Bradford South in the UK a program which involved trained Community Health Advice Team (CHAT) members referring clients from GPs and delivering social support, especially around social isolation, has shown promising results[8]. Similarly, in the UK the Bromley-By-Bow Centre has been delivering a social prescribing program for over 20 years using link workers and have also worked to scale-up this program across the country. This centre "…champions social prescribing"[9] and includes GPs as well as a range of social and community services (such as spaces for therapeutic horticulture, welfare advice, adult learning etc.) in the one complex. Individuals who visit the centre to see a GP can be directly referred to an appropriate service within the centre itself creating a welcoming and cohesive space to address a wide range of issues.

[6] *Royal Australian College of General Practitioners & Consumer Health Forum of Australia, 2019*

[7] *Cruwys, Wakefield, Sani, Dingle & Jetten, 2018*

[8] *South, Higgins, Woodall & White, 2008*

[9] *Davis-Hall, 2018*

[10] *Kellizi et al., 2019*

What are the next steps?

We need further research into social prescribing in Australia to determine the best format and who is best placed to deliver this intervention. Some empirical studies in the UK support the effectiveness of social prescribing to decrease loneliness[10] indicating this is a promising approach to investigate in the Australian context. Meta-analyses (that look at the overall effectiveness of this approach for a range of issues) also show some promise[11] however it is difficult to get a quantitative measure of the overall effectiveness as much of the research is based on small pilot studies and standardised outcomes measures are not always used[12].

We need a greater effort and understanding in Australia of the complex interactions between physical and mental health and the corresponding social determinants. We have a long-established health system that does not include social prescribing per say, given the high prevalence rates of loneliness, it is clear that this system is failing to alleviate loneliness.

"Many inspirational and hard working professionals have all come to the same conclusion – that we can do better for the person who stands before us"[13]. Social prescribing may be a key way we can connect those in need with direct assistance and social connection, this warrants further investigation and attention.

[11] *Bickerdike et al., 2017*

[12] *Drinkwater, Wildman & Moffatt, 2019*

[13] *Polley, Fleming, Anfilogoff & Carpenter, 2017*

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