Evidence Brief

Can Social Prescribing Support Social Health?

Background

In Canada, approximately 75% of Canadians visit their primary care physician one or more times a year (Michas, 2021). As such, clinics have the potential to play an important role in improving the mental, physical, and social health of individuals and communities (Andermann, 2016; Bertotti et al., 2018). Social prescribing has emerged as a framework for leveraging patient visits to identify individuals with non-medical health needs and provide them with supports and services that meet these needs (Husk et al., 2020; WHO, 2022; Htun et al., 2023).

Purpose

The purpose of this brief is to explore the utility of social prescribing in promoting social health.

Evidence from Existing Studies

What is Social Prescribing?

According to Muhl et al., (2023), Social Prescribing is a holistic, person-centred and community-based approach to health and well-being in which a person is identified as having non-medical, health related social needs and is either referred to non-clinical supports and services within the community or connected with a link worker who facilitates such linkages (Husk et al., 2020; WHO, 2022; Htun et al., 2023). In doing so, social prescribing goes beyond biomedical models of health and allows physicians to work towards holistic health goals, including social health outcomes such as isolation and loneliness (South et al., 2008; Husk et al., 2020; Reinhardt et al., 2021; Vidovic et al., 2021; WHO, 2022; Wakefield et al., 2022).

Social prescribing has been particularly lauded for its usefulness in supporting patients with complex health and social needs and its ability to be tailored for different populations (Grover et al., 2023; Gordon et al., 2023; Kellezi et al., 2019; Reinhardt et al., 2021; Zhang et al., 2021; Kiely et al., 2022; WHO, 2022), but can also have benefits for specific outcomes or behavioural risk factors (Reinhardt et al., 2021; Wildman et al., 2019; Htun et al., 2023). Among the outcomes social prescribing aims to address, loneliness, social isolation, and community connections are frequently targeted (Wildman et al., 2019; Reinhardt et al., 2021; Vidovic et al., 2021; Liebmann et al., 2022; Wakefield et al., 2022). Similarly, social prescribing has been used to promote mental health, by leveraging community connections and other social activities (Woodall et al., 2018; Sumner et al., 2021).

How is Social Prescribing Implement?

Importantly, social prescribing is a multi-component, person-centered, and flexible intervention rooted in self-determination and holistic models of health (Rapo et al., 2023). In many cases, it requires linkages across many health, community, and social services to allow referrals between them (Reinhardt et al., 2021; Morse et al., 2022; WHO, 2022; Mulligan et al., 2023). The two primary components that contribute to these characteristics are (a) the social prescribing process and (b) the social prescription

to which individuals are referred. The first, *social prescribing,* refers to the overall pathway or approach for connecting clients with services that meet their specific needs (WHO, 2022). In many cases, the social prescribing leverages tailored needs assessments, screening, and linkages to community care (Kellezi et al., 2019; Reinhardt et al., 2021). Sometimes this involves the expertise of a community navigator or link worker. The second component, the *social prescriptions* are the specific community services, supports, and activities that individuals are referred to meet their identified needs (WHO, 2022). Common social prescriptions vary and depend on the client's needs, including activities like volunteering, arts and crafts, group learning, and employment counselling (Kiely et al., 2022; Moscrop, 2023).

While different social prescribing programs look different in practice, most of these involve some level of patient needs assessment (Rapo et al., 2023; WHO, 2022). This assessment goes beyond traditional physical health screenings by including a holistic assessment of wellbeing to identify patients who may benefit from social prescribing (Husk et al., 2020; WHO, 2022). Based on this assessment, the individual is referred to a link worker (Husk et al., 2020; WHO, 2022). The link worker then partners with the client to create a plan that addresses their needs, providing them with a prescription to community and voluntary organizations within their local community, emphasizing the importance of their role (Bertotti et al., 2018; Kellezi et al., 2019; Kiely et al., 2022; Husk et al., 2020; WHO, 2022). Following community engagement, patients are followed-up with to ensure the plan is effectively meeting their needs (South et al., 2008; Husk et al., 2020; WHO, 2022). To facilitate each of these steps, collaborative work between healthcare providers, social services, and community organizations is needed (Wildman et al., 2019; Husk et al., 2020; Reinhardt et al., 2021; Kiely et al., 2022; Mulligan et al., 2023).

Why is Social Prescribing Important?

Social prescribing is an important intervention because it provides a systematic framework for addressing the social determinants of health, which play a key role in creating health and wellbeing (Andermann, 2016; Bertotti et al., 2018; World Health Organization (WHO), 2022). Indeed, social prescribing acknowledges the interconnections between social, psychological, and biological aspects of health (Polley et al., 2017; Kellezi et al., 2019; Reinhardt et al., 2021); and aims to leverage health system assets and resources to meet these diverse needs (South et al., 2008; Kellezi et al., 2019; Reinhardt et al., 2021; Vidovic et al., 2021; Morse et al., 2022; WHO, 2022; Htun et al., 2023), by bridging gaps between primary care and community services (South et al., 2008; WHO, 2022) and ensuring that individuals have opportunities to connect to their communities (Polley et al., 2017; Husk et al., 2020; Reinhardt et al., 2021; WHO, 2022). As a result, some studies suggest that there is decreased reliance on the health services sector (Polley et al., 2017; Reinhardt et al., 2021; WHO, 2022). However, the benefits of social prescribing extend beyond reducing burden. Indeed, social prescribing also strengthens community bonds and resilience (Reinhardt et al., 2021; Thomas et al., 2021; Vidovic et al., 2021). As well, by centering the patient's lived experience and needs, social prescribing significantly boosts patient autonomy and empowerment in health management (Farenden et al., 2015; Reinhardt et al., 2021; Vidovic et al., 2021; Liebmann et al., 2022), making them active participants in their health management (Farenden et al., 2015; Reinhardt et al., 2021; Vidovic et al., 2021).

Current Evidence on Social Prescribing Outcomes

The evidence base for social prescribing is still evolving, with long-term impacts and cost-effectiveness not thoroughly documented (Sonke et al., 2023; Kiely et al., 2022; Napierala et al., 2022; Farenden et al., 2015; Loftus et al., 2017; Polley et al., 2017; Husk et al., 2020; Reinhardt et al., 2021; WHO, 2022). Furthermore, several reviews have noted that the existing evidence is often of weak quality and suffers from methodological limitations (Polley et al., 2017; Husk et al., 2020; Reinhardt et al., 2021; Htun et al., 2023). Hence, there is continued need to research social prescribing and its effectiveness (Polley et al., 2017; Husk et al., 2020; Moscrop, 2023). In evaluating social prescribing, it is important to be aware that

social prescribing is inherently complex and difficult to evaluate. This difficulty is rooted in the theoretical nature of social prescribing, which centers patient experiences, needs, and self-determination. Indeed, studies evaluating the efficacy of social prescribing must take into account both the social prescribing process and the particular social prescriptions to which individuals are referred. However, because the suitability of particular prescriptions varies from person to person, there is need to account for the complex and dynamic unfolding of the social prescribing prescription when evaluating these interventions. Of course, standard evaluation methods are not well-suited for such complexity.

Despite the limitations of existing methods, current evidence on social prescribing outcomes indicates patient-reported benefits, particularly in improving mental well-being, reducing healthcare service utilization (Cooper et al., 2023; Loftus et al., 2017; Polley et al., 2017; Husk et al., 2020; Pescheny et al., 2020; Reinhardt et al., 2021; WHO, 2022; Wakefield et al., 2022), and promoting the social determinants of health (Wildman et al., 2019; Reinhardt et al., 2021; Vidovic et al., 2021; Htun et al., 2023). When looking at social health outcomes, studies have documented reductions in loneliness (Reinhardt et al., 2021; Vidovic et al., 2021) and improved coping skills (Wildman et al., 2019). Additionally, social prescribing has been observed to promote other forms of behaviour change (Husk et al., 2020).

Limitations of Social Prescribing

While the available evidence suggests that social prescribing has strong potential to improve wellbeing, it also has limitations (Bickerdike et al., 2017; Husk et al., 2019; Ebrahimoghli et al., 2023). For instance, social prescribing relies on the existence of social and community supports (Pescheny et al., 2018; Wildman et al., 2019; Morse et al., 2022; WHO, 2022) and studies have shown that the success of social prescribing is contingent on the local context (Morse et al., 2022; WHO, 2022). Additionally, social prescribing relies on the development of strong relationships between clients, link workers, physicians, and community organizers (Liebmann et al., 2022; Bertotti et al., 2018). Within such relationships, trust must be shared to allow for the identification of patient needs and the appropriate prescriptions to meet these needs. Therefore, to support successful implementation of social prescribing, high quality training and supports are needed to empower people with the essential skills and resources needed to build these relationships (Pescheny et al., 2018; Aughterson et al., 2020; Morse et al., 2022). Finally, while social prescribing has been universally supported in the United Kingdom, throughout most of the world it remains relatively obscure and ongoing efforts are needed to bring social prescribing into practice (Bertotti et al., 2018; Pescheny et al., 2018; Simpson et al., 2021).

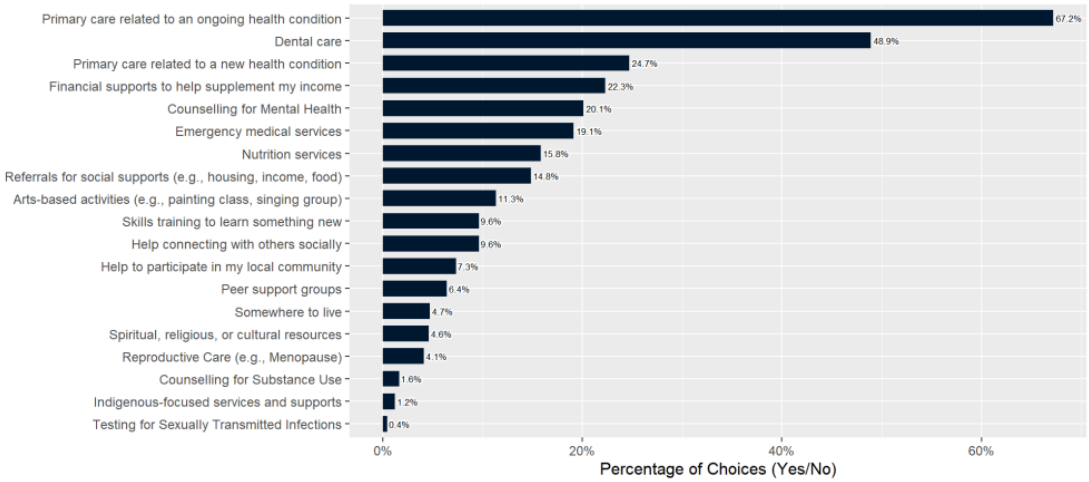
Analyses from The Canadian Alliance for Social Connection and Health

We used data from an online survey of older adults, aged 55+, who resided in Canada to understand their needs for and perspectives on social prescribing (Yu et al., 2023). To characterize need, we asked participants to rate their physical and mental health. Among 3,303 participants 45.3% indicated that they had poor or fair physical health and 31.3% indicated they had poor or fair mental health. These factors highlighted a significant burden of mental and physical health problems – suggesting they might benefit from social prescribing programs. Furthermore, when asked if participants were involved in community organizations, around 80% of respondents indicated that they were not involved in any community groups or organizations.

Next, we characterized the potential for social prescribing programs to reach participants in our survey. Results showed that 89% reported seeing their healthcare provider in the past year. We also asked participants about their interest in accessing specific health services and support (See **Figure 1**) – finding that most participants had interest in accessing at least one type of health or social service. Notably, however, participants were most interested in accessing traditional biomedical health services and supports – with fewer reporting interests in community and social supports. However, when it came

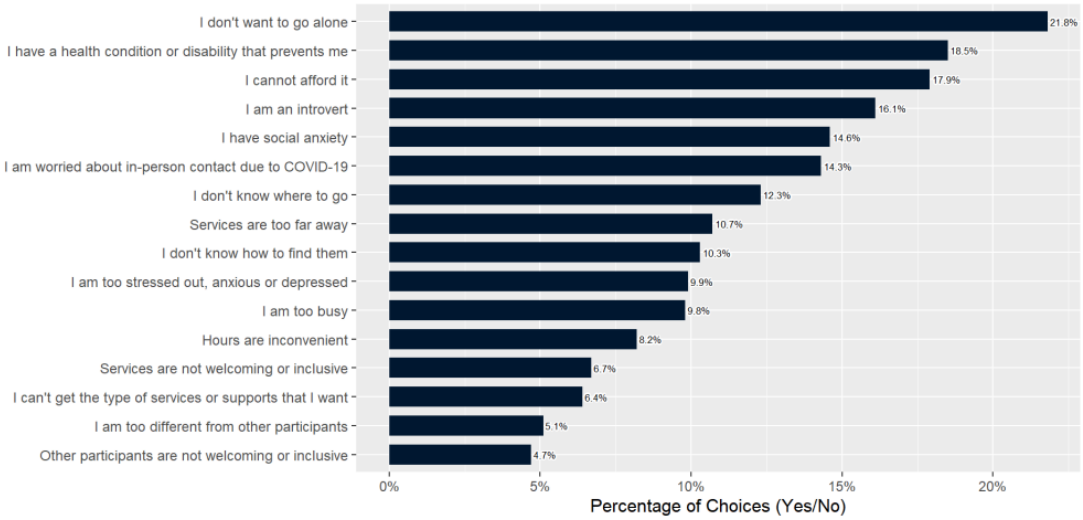
to confidence in ability to access community supports among those who were interested in doing so, 50% said that they were “not confident at all” that they could access help to connect with others; 25% said the same for arts-based activates, and 31% said that they could not access help to participate in their local community. Taken together, these findings highlight that a sizeable number of individuals in Canada want more access to community and social supports but feel unsure that they could access these. Reinforcing this challenge, only 34% of those who tried finding social connections in the past 12 months were successful in doing so.

Figure 1. Interest in Specific Health and Social Services



After assessing need and feasibility of engaging with social prescribing, we also asked participants what social prescribing activities they would be interested in. The most common responses were interest in nature-based activities (39.2%), skills-based classes and workshops (38.5%), informational workshops (37.6%), and arts-based activities (36.8%). We also asked participants about the barriers that they face to participating in social prescribing programs, documenting a wide variety of specific barriers – with different barriers facing different people (See Figure 2).

Figure 2. Perceived Barriers to Participation in Social Prescribing



In addition to examining these patient-reported barriers, we also asked participants if they would be comfortable with their healthcare provider engaging in social prescribing. Notably, participants reported

more comfort with activities that they were routinely accustomed to (e.g., being asked about diet, being weighed) as opposed to those that are novel in the context of social prescribing (e.g., asking about relationships, giving referrals to community organizations). Despite being less comfortable with these novel practices, 70% reported that social prescribing would help connect people to their communities and could be beneficial for others. However, participants also reported that social prescribing might be less effective at meeting their specific needs, with only 34.2% agree or strongly agreeing that it would. This suggests that while participants have generally favorable views of social prescribing, there is generally some level of discomfort with the idea of social prescribing and questions from patients about how effective it would meet their needs.

Discussion

Existing research and analyses of our data indicate that social prescribing is a promising approach to healthcare, addressing a broad spectrum of patient needs beyond conventional medical interventions (Polley et al., 2017; Kellezi et al., 2019; Reinhardt et al., 2021). In particular, evidence suggests that it can contribute to enhanced mental well-being, reduced healthcare service usage (Loftus et al., 2017; Polley et al., 2017; Husk et al., 2020; Reinhardt et al., 2021; WHO, 2022; Wakefield et al., 2022), improved management of chronic conditions (Kiely et al., 2022; WHO, 2022) and an understanding of social determinants of health (South et al., 2008; Kellezi et al., 2019; Morse et al., 2022; Reinhardt, et al., 2021; Vidovic et al., 2021; WHO, 2022; Htun et al., 2023).

However, there are also a variety of barriers to implementing social prescribing, including the complexity of individual circumstances, lack of awareness of social prescribing and how it can help, the need for a stronger evidence base (Polley et al., 2017; Husk et al., 2020; Moscrop, 2023), the need to strengthen community assets and services (Pescheny et al., 2018; Wildman et al., 2019; Morse et al., 2022; WHO, 2022), and the need to ensure link workers are adequately supported to develop strong relationships with patients (Bertotti et al., 2018; Liebmann et al., 2022). Further research on the implementation of social prescribing initiatives will allow us to understand the optimal strategies for leveraging this emerging intervention to address loneliness, social isolation, and other social determinants of wellbeing (Cooper et al., 2022).

Conclusion

Based on the available evidence, we recommend the development and implementation of patient-centered social prescribing programs to promote social health. Such interventions have strong potential to reform health systems to ensure that they meet the complex and interdependent determinants of health. To accomplish this, these interventions must be tailored to individual needs and meet people where they're at. Furthermore, we recommend that research be conducted to identify the best strategies for optimizing social prescribing programs and to identify the most effective social prescriptions.

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