Royal College of Occupational Therapists

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Social prescribing

Produced by the Royal College of Psychiatrists in consultation with the Royal College of Occupational Therapists

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POSITION STATEMENT

Foreword

The concept of social prescribing has been gaining momentum, popularity and publicity. It has had recent political interest and is featured in the NHS long term plan. NHS England are progressing the social prescribing agenda and the newly developed Primary Care Networks are able to apply for social prescribers to work across different practices in a given defined geographical area. It is imperative that, as the national policy and commissioning discussions around social prescribing progress, the impact of social prescribing on mental wellbeing is recognised. Social interventions have existed in many forms for many years within mental health care, usually led by occupational therapists and social workers. It is important that this renewed focus on social interventions makes use of all the experience and knowledge already existing within mental health services.

Introduction

Social prescribing is a non-clinical approach to psychosocial problems, which recognises both the physical and psychological aspects of an individual's health. It is an essential part of a sustainable healthcare system as it recognises that social, economic and environmental factors all play a role as health determinants. It provides alternative, person-centred, non-medical, pro-social and skills-based interventions for those with wider social needs who require support with their mental and physical health. Social prescribing encourages individuals to have more control over their own health and wellbeing, and improves outcomes by connecting them to community groups and resources. Social prescribing started in the GP setting, with a focus more on physical than mental health; however, the growing evidence shows the potential role of social prescribing in treating mental illness.

The range of interventions can include activities such as attending a new skills workshop to playing football in a local team, taking some form of education or training, or helping local elderly residents with their gardening. The intervention may be for a set number of sessions, drop-in sessions, on an ongoing basis or, less frequently, a one-off event.

Social prescribing could offer an opportunity for individuals to spend more time in nature. There is increasing evidence that engaging with nature (Green Care) can help reduce mental health symptoms across a range of disorders. If outdoor and nature-based activities are available in a local area, social prescribing can be a way for individuals to spend more time in nature as a way of managing their mental health condition. More information on Green Care, including a summary of the evidence, is available on the Green Care pages of the RCPsych website.

Social prescribing should be viewed as an accompaniment to, and not a replacement for, medical interventions. It also has a role in prevention and health promotion. Social prescribing activities are unlikely, on their own, to treat existing mental health problems unless they are mild (in mild mental illness, talking therapies or medication are generally not indicated). For moderate to severe mental illnesses, a medical approach using talking therapies and/or medication should remain the core treatment. However, social prescribing can be an effective accompaniment to tried-and-tested medical approaches. It is, therefore, very much in keeping with the biopsychosocial model of management, which has been at the heart of how psychiatrists provide care for decades, by providing more options for the 'social' domain.

The term social prescribing is used nationally. We have chosen to use this term in keeping with the research, policy and guidance in this field. We are aware that the term 'prescribing' could be confusing as it does not entail medication. For social prescribing to be successful, occupational therapists, link workers, care coordinators and third sector organisations, along with other members of the multidisciplinary team (MDT), play an essential role. The use of the term prescribing could serve to alienate service users rather than empower them in their recovery. Despite using this term we recognise and advocate the role service users, non-clinical organisations and all members of the MDT have in successful social prescribing.

For which patients is social prescribing appropriate?

While social prescribing has been developed within primary care, with an initial focus on physical health, the College recognises that social prescribing is also beneficial for mental health in all settings (primary care, community mental health teams and inpatient settings) and for all severities of mental illness. The intrinsic patient-centred approach and flexibility of social prescribing makes this diverse application possible for nearly all patient groups. During different stages of recovery, interactions with social prescribing might be different. When acutely unwell, patients may not be able to engage with social prescribing in the community but inpatient ward-based activities, such as mindfulness groups or green walking groups, can be helpful. As patients progress to community-based care they may require support to engage with other types of social prescribing and, as recovery continues, the patient might find different programmes helpful. This process may continue or change again as they enter the relapse prevention stage of their recovery.

Regular review and risk assessment should be undertaken on an individual patient basis for each social prescription to ensure the intervention is safe and appropriate. At times, due to symptoms of mental illness or risks, a social prescription may be unsafe or inappropriate for some patients. Some patients may not wish to engage with social prescribing and, much like all aspects of the biopsychosocial approach, the decision to refer to a social prescribing group should be in collaboration with the individual. Support from care coordinators, other members of the multidisciplinary team or the patient's social support network may be required to undertake a social prescription.

Social prescribing is an additional element of patient-centred care. It cannot be seen as an adequate replacement for those with complex social care needs who require packages of care such as Continuing Health Care assessments or Care Plan Approach (CPA) packages of care.

Workforce

Workforce: The link worker model in social prescribing

An individual is referred by a health professional to a link worker, either in their GP surgery or mental health team, who then works with that individual to find a suitable social intervention. Link workers have more time to explore patients' needs than is typical in a standard consultation in primary care (most commonly with a GP).

The link worker's role is as follows:

- Start by asking a simple question: 'What matters to you?'
- Co-produce a support plan with an individual patient, usually as a one-off, one-to-one consultation
- Connect patients with community groups, based on the patient's priorities.

Link workers can have close ties with GPs, psychiatrists, occupational therapists and those working in social services to ensure that any individual who would benefit from a social prescription knows of, and are referred to, their service. Hundreds of social prescribing services already exist but the biggest barrier health practitioners find is that they don't know how to link their patient up with the services. Link workers provide a crucial role of linking health and care services to local community-based groups and projects. Link workers are recruited for their life skills and do not require specific qualifications. However, they do need clinical supervision and low-level training to work with people in vulnerable situations.

Although this model was developed for general practice, it is also applicable for community mental health teams who can refer service users to the link worker working locally within primary care. We advocate the use of a link worker in both primary and secondary care.

Workforce: The care coordinator model in social prescribing

In community mental health care, the care coordinator, team occupational therapist or social worker plays the same role as a link worker with patients under the care of a community mental health team. The care coordinator has knowledge of local services, builds an understanding with the patient of what is important to them and signposts to local social groups and projects. Often they might have a more hands-on approach to enable service users with severe and enduring mental illness to access these groups and programmes.

Whichever model is used, there needs to be a clear resource base in terms of programmes and opportunities available. If care coordinators and other professionals are expected to take on additional link work, they need to be provided with protected time, supervision, resources and training for this role. Psychiatrists should be aware of which model is being used in their area and how to refer their patients.

Workforce: The occupational therapist role in social prescribing

For occupational therapists, social prescribing sits within the personalised approach they take to patient's care (Royal College of Occupational Therapists, 2019). This approach is intrinsic to the ethos of the profession and therefore makes occupational therapists the obvious partner to support every stage of social prescribing.

Occupational therapy is a degree-based, health and social care profession, regulated by the Health and Care Professions Council. It takes a 'whole-person approach' to both mental and physical health and wellbeing and enables individuals to achieve their full potential. Occupational therapists consider the relationship between what a person does every day (their occupations), how illness or disability impacts upon the person and how a person's environment supports or hinders their activity. Using this approach, occupational therapists support people to continue or re-engage with participating fully in daily life, including work, social activities and maintaining roles and responsibilities.

As they are already well established in mental health settings, including primary, secondary and tertiary care, as well as in the voluntary sector and education, occupational therapists are ideally placed to:

- work with individuals who have complex needs around specific social prescribing interventions
- support the wider MDT as to when and how to access social prescribing services
- act as a conduit between statutory secondary mental health services and third sector social prescribing partners.

In addition, occupational therapists may be leading social prescribing teams and applying existing occupational science theories or contributing to research in this area.

Individuals with complex physical and psychological needs may be unable to take up social prescribing opportunities. It is an occupational therapist's role to address barriers to occupation, enabling the link worker to then successfully work with patients to address what matters to them most.

Within multidisciplinary services, occupational therapists work with link workers in support of people on their case load. This includes providing guidance, advice, supervision and training. It is essential that within service structures, link workers, and others in support roles, have a clear pathway to occupational therapy practitioners' expertise when a person's needs go beyond their level of competence and training.

All occupational therapists, regardless of setting, can provide active signposting to social prescribing services or interventions.

Examples of occupational therapy practice in social prescribing can be found in the Allied Health Professionals Framework (Royal Society for Public Health, 2019).

Patient groups in social prescribing

The interventions delivered in social prescribing are dependent on the local landscape of options available. There is a wide range of activities that can be 'prescribed' and this will be dependent on the local geography and context. It should be noted that some areas may have a relative scarcity of options and that more effort will be needed to find suitable, relevant options for service users.

Patient groups: Social prescribing in minority groups

To appropriately provide effective social prescribing, the available groups and programmes must identify and provide for individuals with differing needs, such as considering and providing for those from different cultural groups, those with physical or intellectual disabilities and those from disadvantaged backgrounds. Such individuals may require additional support or tailored groups to enable engagement and in order to benefit.

Patient groups: Social prescribing in urban and rural groups

Social prescribing programmes will differ by geographical location. In rural areas, 'care farming' programmes and nature-based interventions will be more common. There may be more activity-based groups in urban areas such as green walking groups, 'Art on Prescription' projects or 'Time Bank'. This adaptability to the needs of the local population and their environment is one of the strengths of social prescribing, but also increases the complexity inherent in its delivery.

Patient groups: Social prescribing across the psychiatry subspecialties from child and adolescent services to older adults

Patients of all ages can benefit from social prescribing, although, for some, social prescriptions should be targeted to the specific needs of the group. For example, a group for adolescents could be designed very differently than one for individuals with dementia.

Social prescribing can be used helpfully for those under 18. This may take the form of a referral to a link worker from a GP, from a CAMHS clinician or a school but could also be a programme designed for those of school age run directly by, or with, a school or CAMHS team. As with social prescribing in all ages, this could be for those with diagnosed mental illness but, alternatively, for those at high risk of developing a mental health disorder or those with Education, Health and Care Plans (EHCPs).

All other psychiatry subspecialties, such as forensic psychiatry, have patient groups who could benefit from social prescribing but the access to these social prescription resources, and the interventions themselves, should be carefully thought about with regard to tailoring the interventions to the needs and risks of the patient groups. For example, in forensic psychiatry settings, the care coordinator may be best placed to think with the individual patient about what is available and appropriate as a social prescription, rather than via referral to a link worker who may be placed in a GP practice.

The devolved nations and social prescribing

Social prescribing should be available to all patients throughout the devolved nations. As with the patient groups listed above, the location and local needs of a social prescribing group will determine the nature of the activities on offer but the principles and recommendations outlined in this document are appropriate for application in all areas of the United Kingdom.

NHS England's action plan for rolling out personalised care across England is encompassed within the Universal Model of Personalised Care.

Extensive work is being done on social prescribing in Scotland, Northern Ireland and Wales and is summarised below.

Social prescribing in Wales

Three clear commitment and this work has been ongoing since 2017. There is a Social Prescribing Project Team which oversees this work and has representatives of Primary Care Clusters, Heads of Primary Care, Local Public Health Teams, Councils for Voluntary Services and individuals with links to wider networks, such as from the third sector and within green health programmes. This broad cross membership aims to connect this work to other national programmes with a social prescribing link within Wales, such as community development. These commitments are:

1. Evidence mapping. Public Health Wales Observatory Evidence Service are mapping all relevant evidence for social prescribing practice.

2. Develop a systematic process for gathering and sharing social prescribing activity. Health Board Heads of Primary Care have provided information regarding current or intended social prescribing activity in their areas and this information has been captured and can be viewed online at the Primary Care One Wales website.

3. Organise regional and national events to develop and share learning.

For more information on social prescribing in Wales:
- Primary Care One – Social prescribing
- Wales Social Prescribing Research Network

Social prescribing in Scotland

In Scotland, the Scottish Public Health Network is working with other partners to develop, introduce and implement link workers, known within Scotland as community link workers, as per the model of social prescribing outlined in this document. There is a recognition that these link workers' primary aim is to tackle health inequalities, improve health and wellbeing and reduce pressure on General Practice. Social prescribing has been recognised as an important part of primary care since 2016 when there was a pledge by the Scottish National Party to recruit 250 new link workers, with the aim of prioritising social prescribing in deprived communities within Scotland. Social prescribing

has remained a priority for Health and Social Care Scotland who have continued to support and develop the role and recruitment of community link workers (ScotPHN, 2020)

For more information on social prescribing in Scotland:

- Social Prescribing Network – Scotland
- NHS Health Scotland – Social prescribing for mental health

Social prescribing in Northern Ireland

In Northern Ireland, the benefits of social prescribing are recognised and services include:

- Belfast's Connected Community care service, which launched in 2018, offers a single point of access through which GPs and Trust social work community teams can refer people to community and voluntary groups in their local area with the aim of continuing independent living for as long as possible and achieving an improvement of quality of life.

- IMPACTAgewell® (Involving Many to Prescribe Alternative Care Together to Agewell) initiative is a community development approach to support and improve the health and wellbeing of older people, aged 65 years and over, by integrating health services and linking them with sources of support available within the local community.

- The social prescribing scheme in the western area: offering older people who suffer from loneliness, bereavement and anxiety a chance to link up with a range of activities within their local community.

For more information on social prescribing in Northern Ireland: HSC – Social prescribing

Evidence

There is emerging evidence that social prescribing can lead to a wide range of positive effects for service users. These include: improved quality of life; emotional and psychological wellbeing; increases in self-esteem and confidence; improvements in physical health and lifestyle; reductions in social isolation and loneliness; and reductions in levels of depression and anxiety (Chatterjee et al, 2018). The system is positively regarded by both service users and healthcare practitioners and, in a review of the evidence for its ability to reduce the demand for health services and its cost implications, there was a considerable reduction in demand on primary and secondary care (Polley et al, 2017). There is strong evidence that the greater number of social identities a person has, each made by being a member of a relevant social group (as outlined in the Social Identity Theory for Health, Haslam et al, 2016), the greater the benefits to an individual's mental health and resilience. Social prescribing is a clear way to build an individual's number of social identities and therefore their resilience.

While the evidence base for the relatively new area of social prescribing continues to grow, it is also widely acknowledged that there is limited robust and systematic evidence. The interventions in social prescribing are diverse which has made high-quality evidence difficult to obtain. However, the evidence is sufficient for social prescribing services to be encouraged. When, and in what form, social prescribing programmes should be offered to those with mental health conditions is currently not clear. It certainly should not be offered instead of, or as an alternative to, any current standard treatments.

Problems with the current evidence include studies with small sample sizes and without suitable controls, a high reliance on qualitative self-report data and short follow-up periods. Studies have also tended to focus on individual interventions rather than the wider prescribing route through which they are reached (Bickerdike, 2017). Whilst there are positive indications for the cost effectiveness of social prescribing, there is a gap in the evidence in this area. The complexity and variety of the social prescribing system has made evaluation equally complex and the difficulties in gathering conclusive evidence are a reflection on this. In moving forward, there have been calls for a common evaluation framework to support future studies, for future evaluations to be comparative by design and consideration given to when, by whom, for whom, how well and at what cost social prescribing is successful (Polley et al, 2017).

Please see the appendix of this document for a full list of citations for evidence for social prescribing.

The psychiatrist's role in social prescribing

The gold standard in social prescribing would enable the psychiatrist to consider social prescribing for each patient he or she reviews. To facilitate this, options include the following:

1. an easily accessible and up-to-date directory of current social prescribing programmes in consultation rooms
2. agreeing appropriate referral processes and referral criteria for different projects
3. presentation or teaching in team meetings from local social prescription groups
4. links with local social prescribing services
5. embedded link workers within teams
6. working with local councils, primary care Clinical Commissioning Groups (CCGs) and third sector organisations to ensure long-term support for a range of projects in a locality
7. that there should be a named lead for social prescribing in each mental health team, which is a role that may be taken on by the team occupational therapist.

Commissioning services

NHS England sees social prescribing as a key aspect of the Universal Personalised Care Framework. This framework gives 2.5 million people individual choice and control over many aspects of their physical and mental health in terms of which services they use for their long-term health conditions. The RCPsych therefore recognises that, for social prescribing services to flourish, psychiatrists should work with commissioners to commission appropriate social prescription resources in their local areas.

While this section focuses on commissioning of services in England, the model of social prescribing described in this document can be applied to all of the devolved nations within the United Kingdom. The details given here for commissioning in England should be seen as a case study.

Commissioning services: How social prescribing services are commissioned

Social prescribing services are funded by providing funding for link workers and not the groups and interventions to which they signpost patients, which are funded by local Voluntary, Community and Social Enterprise (VCSE). These VCSE partners are funded by grants and require support to ensure their sustainability and to make certain that they can manage referrals safely and effectively. Ideally, they should be involved at the initial stages of social prescribing planning.

There is variability in commissioning of social prescribing across England. Some services are commissioned by Public Health bodies, others by CCGs and some by local authorities. This difference is because geographical areas developed social prescribing at different times and in different ways. For example, Primary Care Networks (PCNs), which started in 2019 (there are over one thousand in England), provide funding which can be used to commission link workers or one of four other community-based healthcare professionals, such as paramedics. The aim being that areas which lacked well-developed social prescribing services could develop these or ‘top up’ their existing services.

Social prescribing has traditionally been seen as sitting within primary care, with link workers seeing patients within a GP practice and most referrals coming from GPs. Most link workers have therefore come to be viewed as a primary care resource, which is why the latest funding for link workers is via the PCN.

As social prescribing is currently being given resources and support, it is an excellent time for psychiatrists and other mental health professionals to become involved in the ways that social prescribing develops in their area. Mental health professionals could offer their expertise to help develop services into a resource which can support individuals suffering mental illnesses during their journey through illness, recovery and relapse prevention.

Commissioning services: Finding social prescribing services in your area

Establishing what social prescribing services are available in an area is a difficult task, given the current growth of social prescribing and the lack of a centralised map of services. To find services, a mental health professional can contact their Regional Facilitator for Social Prescribing, of which there are seven, one for each NHS England region, via NHS England. Regional Facilitators for Social Prescribing are associate roles, coordinated by NHS England and will be able to provide contacts for social prescribing services in a specific geographical region. This should be the first port of call for psychiatrists interested in bringing social prescribing into their work.

Commissioning services: How mental health professionals can help the development of social prescribing

1. Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) are groups which bring different sectors involved in healthcare together to collectively manage resources for a local population. STPs work to integrate health services and may consist of representatives from healthcare, local authorities and key voluntary sector representatives. ICSs serve a similar function but work over a much smaller area, bringing together commissioners, voluntary sector leads, providers and others as a virtual partnership to collectively take ownership and a much more integrated view of the health and care system. STPs are the model which predates ICSs and the 44 STPs in England are gradually moving towards becoming ICSs. The ICSs would be a key place for a mental health professional to aid development of social prescribing services to ensure provision for those with mental health problems. A list of the regional STPs and ICSs is available on the NHS England website. (Note: some areas will not yet have ICSs but all will eventually)

2. Each CCG will have a group of commissioners for primary care and a commissioner for mental health and they could be approached to discuss social prescribing.

3. Each region in England has a Social Prescribing Steering Group. Their role is to hold regional conferences for social prescribing and set up and deliver social prescribing. These steering groups would welcome input from psychiatrists and other mental health professionals and they can be located and contacted via the Social Prescribing Regional Facilitators who can be contacted via NHS England.

General principles of supporting social prescribing in your area

1. Map out local social prescribing project provision: consider range and mix projects and their explicit mental and physical health benefits.
2. Develop partnerships with GPs, councils, statutory and third sector organisations and work out shared vision and roles and responsibilities.
3. Find sustainable funding sources and appropriate ways of allocating that funding.
4. Agree an appropriate referral process with other local services and link workers.
5. Develop guidance on how your mental health trust and team would engage with social prescribing in your area.
6. Develop social prescribing training for the multidisciplinary team (doctors, nurses, healthcare assistants etc).

The impact of COVID-19 on social prescribing

The COVID-19 pandemic has reinforced, and even enhanced, awareness of the importance of social prescribing as part of a comprehensive set of treatment options. We know that many people have experienced loneliness and isolation during the pandemic, and social prescribing is particularly relevant in helping to address these issues alongside mental health disorders that an individual may have.

Social prescribing should always take individuals' safety into account by adhering to current guidance on social distancing and other safety measures.

The College position

The College sees the potential benefits of social prescribing to the physical and psychological wellbeing of service users and supports its use in all areas of mental health care. We aim to promote, educate and facilitate social prescribing wherever possible.

The College recognises the need to increase the evidence base for social prescribing and supports further research in this area. However, it does not see the need to delay the embedding and implementation of social prescribing into the work of primary care and secondary mental health care until further evidence is obtained.

The College recognises that one of the perceived weaknesses of social prescribing could be that different projects are available in different areas. This could limit the ability to obtain reliable evidence for its efficacy but it could also be considered one of its strengths, i.e. the approach can be tailored to individuals and their local areas.

The College recognises that occupational therapists have been working with these principles for many years. Social prescribing is a way of working alongside and supporting the work of our occupational therapy colleagues.

The College recognises that it is imperative that previous learning is not lost but integrated. In this context, it is important to note that this position statement has been endorsed by our colleagues from the Royal College of Occupational Therapists. Both of our colleges aim to build on established knowledge and to integrate new learning emerging from the field of social prescribing into mental health services.

Both the Royal College of Psychiatrists and the Royal College of Occupational Therapists recognise that social prescribing can be of benefit to service users throughout all stages of their journey through mental illness.

Recommendations for action

1. For social prescribing to be available to all mental health service users in all community and inpatient settings, including primary care.
2. For social prescribing to follow the link worker model or care coordinator model described. Where the care coordinator model is used, the social prescribing aspect of their role should be supported and not seen as an 'add on'. This may include creating a team lead for social prescribing, providing space to discuss social prescribing within clinical meetings, developing processes for referrals and triage and developing more substantial links with local groups.
3. The College encourages psychiatrists to utilise the existing skills of occupational therapists to ensure social prescribing is embedded within their local teams and services.
4. The psychiatrist's role is to advocate for social prescribing within teams and with service users and to ensure that care coordinators and/or link workers, who are providing the signposting work with potential users of social prescriptions, are appropriately supported, informed and resourced to provide this service. The psychiatrist should also be aware of how social prescribing is provided in their area in order to support service users to access these services, either directly through their clinical work or indirectly via their role as team leaders.
5. For social prescribing to include activities which address both physical and mental health needs as social prescribing has a particular advantage of being able to address the physical health needs of mental health patients alongside delivering mental health benefits.
6. To encourage commissioners to embed social prescribing into community and inpatient mental healthcare and not limit social prescribing programmes to primary care only. The College sees the potential benefits of social prescribing to our service user's physical and mental wellbeing but appropriate safety and risk management should be a priority in the development and running of these services.
7. To encourage commissioners to support groups providing social prescribing interventions and community groups with regard to ensuring their sustainability, given they are not funded by commissioners. This may take the form of advising on grants and other routes for funding.
8. The College recognises the benefits of increasing the evidence base on social prescribing and supports further research in this area but does not see the need to delay the embedding and implementation of social prescribing in the work of primary care and mental health practice while further evidence is obtained, given the evidence already available.
9. The College advocates for more funding for research to evaluate the impact of social prescribing and develop ways to best support social prescribing projects and share learning between projects.
10. The College encourages psychiatry trainees to be exposed to social prescribing during the course of their training, to ensure new generations of psychiatrists are aware of it.

Case study 1: The Green Walking Project

The Green Walking Project is a national initiative which seeks to promote access to green spaces for those cared for in the inpatient psychiatric setting. It focuses on walking as the primary activity, with the understanding that it is a sustainable practice which provides benefits through exposure to green spaces, movement and interpersonal interactions. It is taking place in those Trusts across England which have joined the project and agreed to start a new walking group to be offered to inpatients. The project believes that this effort works by supporting a more holistic model of care but also provides an excellent opportunity to start building links with associated groups in the community. Staff and service users have, up to now, reacted positively to the groups. At the SLaM Trust, encouraging observations have been made by walkers looking forward to future walks following their admission and patients have reported that the walking group has lifted their mood and helped them to not focus on their illnesses. Staff working as walk leaders describe good engagement and interest which was not previously present in the ward environment.

Case study 2: The Warneford Meadow

The Warneford Meadow is a three-acre wild nature site adjoining the Warneford Psychiatric Hospital in Oxfordshire. Both inpatients and community patients attend groups that involve tending the trees and plants and other ecotherapy activities.

"The Meadow Project experience was very therapeutic. It was great being outdoors. The time I was there; I felt very calm and peaceful to be involved with nature. Rumi [the HCA on the ward and lead for the project] was a great inspiration and he really cared about the Meadow Project. It had a very positive impact on my wellbeing, and I felt I had something purposeful to do."

"I enjoyed being outside in the sun as I didn't get out much at all. I also enjoyed the social aspect of it and got to meet new people. It was also helpful in my progression down the road of recovery and made me feel like I could do more things by myself afterwards."

"The Warneford Meadow Project was the highlight of my stay at the Warneford hospital, the instructor knew everything there is to know about the outdoors and I learnt a lot."

– Feedback from service users, Oxford

Case study 3: Myplace Ecotherapy project for young people

Lancashire Wildlife Trust run the Myplace project in partnership with Lancashire Care NHS Foundation Trust. Together, they are reaching out to young people experiencing mental health issues by offering regular ecotherapy-based activities at green spaces throughout Preston, Chorley and East Lancashire. These activities offer young people opportunities to develop new skills and increase their self-esteem, therefore building resilience and self-confidence, while also improving environments for local communities.

Currently Myplace is working with 1,000 young people with poor mental health (aged 13–24) in East Lancashire and investment has been secured to increase the employability prospects of over 550 people who are furthest away from the job market.

This unique partnership breaks down barriers, reduces stigma and saves scarce NHS resources. It demonstrates value for money and is replicable in achieving a step change in overcoming both poor mental health and low employment prospects.

Case study 4: The Mersey Forest Project

The Natural Health Service is an innovative approach to improving health and wellbeing. Taking accessible green spaces, and in particular our community woodlands, as a health asset, evidence-based interventions are delivered by a range of practitioners, supported by the Mersey Forest Team.

Cheshire West and Chester Council have invested in delivery of this programme over a three-year period, targeted at the areas of greatest health deprivation. Already, over 1,200 people have been involved in the programme and results have shown positive benefits for participants in both wellbeing (12% uplift in WEMWBSs scores) and physical activity (35% increase across a range of IPAQ measures). The qualitative data is also promising, with positive feedback about the difference the programme makes to quality of life, social networks and reduced reliance on the NHS.

Participants can self-refer to the programme or get involved via existing social prescribing systems, though this is still a developing area.

The programme is reducing pressure on NHS and social services and many of the programmes involve environmental work that improves habitat and the quality of the natural environment.

The service has great potential but requires to be scaled up and for there to be longer-term support as part of an integrated approach to health and wellbeing. It can reduce pressure on the NHS, improve quality of life and connect people to an improving environment.

About this position statement

This position statement has been produced by the Royal College of Psychiatrists in consultation with Royal College of Occupational Therapists, who wrote the section outlining the occupational therapist role in social prescribing.

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Appendix:

Academic evidence for social prescribing

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