Community Wellbeing
What has Social Prescribing Got to Offer Public Health
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Miffy Hoad
We are a **social enterprise** offering a suite of social research and communications services. We offer management support to businesses and organisations involved in any type of development related to social innovation and community wellbeing.

**Our Vision:** to enable those working for civic well being to maximise knowledge, ideas and research by bridging the worlds of business, community, funders, academia, policy and practice.

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Definition and Practice

- Social and economic context of mental health
- Social Prescribing connects people to non-medical sources of support
- Formal means of enabling primary care services to refer patients with social, emotional or practical needs to a variety of holistic, local non-clinical services
One means of providing psychosocial and/or practical support for people with mild to moderate mental health problems

Range of possible positive outcomes, including emotional, cognitive and social benefits

Potential route to reducing social exclusion, both for disadvantaged, isolated and vulnerable populations in general, and for people with enduring mental health problems
Common activities

- Self-help
- Exercise
- Arts and creativity
- Green activity
- Volunteering and community supports for employment, debt advice etc.
### Core Elements of Social Prescribing

<table>
<thead>
<tr>
<th>PRIMARY CARE TEAM</th>
<th>SERVICE USER</th>
<th>MECHANISMS FOR: Referral, Feedback, Quality and Review</th>
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</thead>
<tbody>
<tr>
<td>COMMUNITY VOLUNTARY SECTOR SERVICES</td>
<td>INFORMATION RESOURCE</td>
<td></td>
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</tbody>
</table>
Three Key Levels of Evidence

Service User
- Symptoms
- Wellbeing
- Social Determinants

Service Provider
- Economic
- Waiting times
- Attendance frequency
- Prescription behaviours

Community
- Increased social capital
- Community inclusion
Common Issues That Arise in Social Prescribing Practice

- Having clear referral and eligibility criteria which include arrangements for accountability and liability for referred patients.
- Feasible systems for the recording, storage and evaluation of information.
- Maintenance of up-to-date information on sources of voluntary and community support.
- The need for partners coming from different disciplinary backgrounds, for example, between medicine and community development to work out a common language and agree expected outcomes.
- Selection early on of a measurement framework that is suited to the stakeholders involved in the process.
Social Prescribing General

- NICE guidelines on the management of anxiety and depression include activities which fall within the recommendations for evidence-based treatment options, approaches that often fall under the ‘social prescribing umbrella’, for example, exercise-referral, self-help, CBT based approaches, bibliotherapy, social support and, more recently, computer-assisted CBT.
- However, the guidelines do not include referral guidelines (NICE 2004a; 2004b; 2006b).
NICE found good evidence for the effectiveness of some CCBT for depression and anxiety.

NICE recommends the use of bibliotherapy in the management of patients with mild to moderate anxiety and depression (NICE 2011).

In February 2009, the Library Council of Ireland, the HSE and the ICGP introduced the 'Power of Words' a national bibliotherapy scheme made available to all GPs registered in the country.
NICE guidance recommends that patients of all ages with mild depression should be advised of the benefits of following a structured and supervised exercise programme of typically up to 3 sessions per week of moderate duration (45 minutes to 1 hour) for between 10 and 12 weeks (NICE 2007).

National GP Exercise Referral Programme led by the HSE in partnership with the ICGP and ILAM.
Green Activity/ Ecotherapy

- A report commissioned from the University of Essex by Mind (Mind 2007) and a national evaluation from 2003–2007 of 52 Green Gym projects by Yerrell (BTCV 2008) suggests that ecotherapy is an accessible, cost-effective complement to existing treatment options for mild to moderate mental health problems.
- The Green Prescription Programme, Co. Donegal
While there is a body of available work about the benefit and value of ‘arts in health’ and ‘arts for health’, extensive searches found little published empirical research that focuses specifically on AoP.

Guidelines for Good Practice for Participatory Practice in Healthcare Contexts are available at: www.waterfordhealingarts.com

www.artsandhealth.ie
Opportunities for learning may impact positively on health (NIACE, 2009) by improving an individual’s: socioeconomic position; access to health services and information; resilience and problem-solving; and self-esteem and self-efficacy.

- www.aontas.com;
- www.volunteeringireland.ie;
- www.citizensinformation.ie.
Implementation Pilots

http://www.alive2thrive.ie/

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Implementation Pilots

Social Prescribing Options in Sligo

- Men's Shed
- Gardening
- Walking Group
- Gym Group
- Art Group
- Stress Control
- Computerised CBT
- Self-help books
Social Prescribing Mayo

- Family Centre Castlebar
- Erris Hope Project
- Social Prescribing Groups
- Social Contact
- New development– Flourish, Castlebar
- hope@familycentre.com
Donegal Social Prescribing for Health and Wellbeing

- 229 referrals
- Health Promotion, Social Inclusion, Psychology, Primary Care, PCTs and Community Health Forum
- NOSP funding
- Letterkenny, Buncrana, Donegal town, Rosguill/Milford/Fanad, Ardara, Dunfanaghy
- Co-ordinator spends 10 hours per week in each area based in community resource centres or GP surgery
- Multiple referral routes.
Donegal Social Prescribing Evaluation  Emerging Findings

- Socio-demographic profile
  - 68% Female, 32% Male
  - 83% unemployed
  - 80% medical card
  - 36% <40

- Medication
  - 69% on medication

- Hospital Anxiety and Depression Scale.
Social Prescribing Donegal Town

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- Variable Practice
- Role of Co-ordinator
- Relationship between PCT and Community Sector
- Quality Assurance
Social prescribing practice is consistent with and offers a means to enhance the implementation of current policy guidance and recommendations in Ireland in relation to mental health and primary care.
Recommended Principles of Social Prescribing

- Community development approach
- Equality and inclusion
- Evidence based practice
- Family support
- Mental health promotion and illness prevention
- Partnership and collaboration
- Person-centred care
- Recovery as a conceptual framework and as a system of care.
- Service integration
- Social capital including individual and community resilience
Need for National Guidance

- PCT and mental health services development
- Relationship with voluntary/community sector
- Resource allocation
- Research framework
- Widespread interest
Local Guidance

1. Collaborative approach
   - Scope local activities and structures
   - Define the parameters of the social prescribing scheme, this should include:
     ◦ terminology to be used,
     ◦ selection of a small number of clearly defined activities
     ◦ roles and responsibilities
     ◦ target groups of service users
   - Agree aim and objectives and measurable outcomes at individual, service and population level
   - Secure necessary resources
   - Pilot test referral and feedback pathways with regular reviewing
   - Share learning nationally

2. Strategic approach
   - Project management
   - National support – bottom up development
   - Stakeholder involvement
Local Guidance

3. Co-ordination
• First step – where is the scheme located
• Facilitator/Link–worker – role and responsibilities
• PCT–Community Links
• Volunteer Schemes
• Targetting

4. Project Model and Costs
• Nature and range of activities
• Existing schemes and resources
• New services
• Referral routes
• Hub–model for management of multiple sub–contractors

5. Measurement of effectiveness
• National research and outcomes framework
• Monitoring referral and feedback pathways
• Database of service users to facilitate longitudinal study
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