Social Prescribing: What is it and why should we care?

A/Prof Genevieve Dingle
School of Psychology
University of QLD
Patients who Frequently Attend GPs

Top 10% of GP attenders Account for 30-50% appointments
Tested the hypothesis that people frequently attend GP for unmet social needs – i.e. loneliness – that would be better served by meaningful social group engagement.
<table>
<thead>
<tr>
<th></th>
<th>Study 1</th>
<th>Study 2</th>
<th>Study 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N</strong></td>
<td>1,752</td>
<td>79</td>
<td>46</td>
</tr>
<tr>
<td><strong>Population</strong></td>
<td>Attendees at five Scottish GPs (low, medium, and high SES)</td>
<td>Students transitioning to university in a foreign country</td>
<td>Disadvantaged community members with complex health needs</td>
</tr>
<tr>
<td><strong>Design</strong></td>
<td>Cross-sectional</td>
<td>Longitudinal</td>
<td>Pre–post intervention</td>
</tr>
<tr>
<td><strong>Main IV</strong></td>
<td>Social group connectedness: Number of highly identified groups (0–3)</td>
<td>Social group connectedness: Number of important groups (0–6)</td>
<td>Social group connectedness: Number of important groups (0–6)</td>
</tr>
<tr>
<td><strong>Main DV</strong></td>
<td>Appointment frequency last 6 months (chart data)</td>
<td>Appointment frequency last month</td>
<td>Appointment frequency last 3 months</td>
</tr>
<tr>
<td><strong>Covariates</strong></td>
<td>Age, gender, and SES (hypotheses assessed with and without these included)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health measures</strong></td>
<td>Physical health: •BMI •SBP •Number of prescription medications</td>
<td>Mental health: •DASS total score</td>
<td>Subjective well-being: •Self-reported improvement from T1 to T2</td>
</tr>
</tbody>
</table>
Arts Based Groups and Mental Health
Choir singing and creative writing enhance emotion regulation in adults with chronic mental health conditions

Genevieve A. Dingle¹*, Elyse Williams¹, Jolanda Jetten¹ and Jonathon Welch²

Enhancing mental health recovery by joining arts-based groups: a role for the social cure approach

Elyse Williams², Genevieve A. Dingle¹, Renee Calligeros, Leah Sharman¹ and Jolanda Jetten¹

Identification with arts-based groups improves mental wellbeing in adults with chronic mental health conditions

Elyse Williams¹* | Genevieve A. Dingle¹ | Jolanda Jetten¹ | Christian Rowan²

Pilot randomized controlled trial of the Live Wires music program for older adults living in a retirement village

Genevieve A. Dingle¹, Rhiannon J. Ellem¹, Robert Davidson², Catherine Haslam¹, Stephen Clift³, Megan Humby⁴, Anna Stathis¹, & Elyse Williams¹
3 components of social prescribing
Who and what is a Link Worker?

- Not providing therapy
- Not providing case management
- Map and regularly update knowledge of local social programs and facilitators so they can vouch for them
- Assist clients to access social group programs (attend with them if necessary)
- Help clients to overcome barriers to attendance (may include advocacy and referral to other service areas: mental health, NDIS, DV, housing)
- They follow up to ensure client has engaged with social program, and if not, they try another option
Does social prescribing work?

No RCTs of social prescribing for loneliness yet

Systematic review of 86 schemes, published 2000 - 2015:

- 17 quant methods (incl 6 RCTS)
- 16 qual methods
- 7 mixed methods
Key outcomes of the reviewed studies revealed multiple benefits reported by participants and referrers directly engaged in social prescribing:

- Increases in self-esteem and confidence, sense of control and empowerment;
- Improvements in psychological or mental well-being, and positive mood;
- Reduction in anxiety and/or depression, and negative mood;
- Improvements in physical health and lifestyle;
- Reduction in visits to general practitioners, referring health professionals and primary or secondary care services;
- Provision to general practitioners of a range of options to complement medical care for a more holistic approach;
- Increases in sociability, communication skills and social connections;
- Reduction in social isolation and loneliness, support for hard-to-reach people;
- Improvements in motivation and meaning in life providing hope and optimism; and
- Acquisition of learning, new interests and skills.
N=630 Patients followed up 4 months after referral. Valued the different social relationships they created through the SP pathway, including those with link workers, groups and community.

Group memberships quantitatively predicted primary care usage, and this was mediated by increases in community belonging and reduced loneliness.
'The terrible thing is that I referred five but I should have referred about 15 times that. Although I am very enthusiastic about it, it is hard to keep in front of your mind, and that’s the challenge!’ (GP)

‘I have no idea who or what you are talking about, but sounds a good idea, I don’t know why I was referred…’ (service user)

‘She was just absolutely wonderful…she was just right…I told her what had happened and that seemed to get it out of my head a bit. All these years it’s just been in my head.’ (service user)

‘Best thing has been meeting new people and making friends. My mobile full up with names and numbers of friends before it was just family and doctor’s number.’ (service user)
Figure 2. Operational model of the Social Prescribing Network in Mt Gravatt.

Ways to Wellness
Social Prescribing project at Mt Gravatt

www.waystowellness.org.au
Aims of the research

- How effective is social prescribing for 150 clients (loneliness, wellbeing, community engagement)
- Comparison sample recruited from GP Clinics
- How does it work? (mechanisms)
- Benchmarking across 5 social prescribing projects
- Interview study of link workers
Ultimate aims of social prescribing?

- More people getting their social needs met in the community
- Increased self-management of health and wellbeing by individuals
- Increased utilisation of existing community based programs
- Relief of burden on primary care system
- Possible decrease in prescriptions of antidepressants and pain medication
- ‘Health care’ seen in a more holistic and sustained sense
The Research Team:
Assoc Professor Genevieve Dingle
dingle@psy.uq.edu.au
Dr Leah Sharman
Shaun Hayes
Prof Cath Haslam
Prof Alex Haslam
Prof Jolanda Jetten
Assoc Prof Niamh McNamara, NTU
Dr Tegan Cruwys, ANU