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What if your doctor prescribed joining a walking group or art class or a regular visit to the local men's shed? Or in the time of physical distancing brought about by the COVID-19 pandemic, an online yoga session or a virtual book club?

Sound good? Well it is on the way for more Australians and is called 'social prescribing.' Put simply it is a way for health professionals such as GPs to link people with non-medical services within the community that may help to improve health and wellbeing. Social prescribing can also be a tool for prevention, keeping people well and out of hospital.

Social prescribing is not a replacement for medical care but an additional strategy to help people look after their health.

Keeping people well

We know that loneliness, poor social relationships, lack of social integration and feeling disconnected from our community is bad for our health^[1], potentially increasing the risk of heart disease, arthritis, type 2 diabetes, dementia, anxiety and depression. It is also on the rise and widespread. People living with socio-economic disadvantage, recent migrants, people of non-binary gender, and first nations people are particularly vulnerable.

Loneliness cannot be fixed by a visit to the GP...

The Australia Talks[2] survey of 50,000 people identified that over 40% of Australians feel lonely “often” or “always” and the big surprise was that loneliness was most prevalent among the young – 18–24 year olds – dispelling the belief that loneliness is predominantly a problem for the elderly.

Loneliness cannot be fixed by a visit to the GP or a prescription for medication alone, but combined with social prescribing, there is real promise.

While many of us are just now feeling the effects of social isolation due to the COVID-19 pandemic, for some people this is a normal way of life. Those with mental illness, chronic ill-health or disability or living in isolation find it difficult to initiate social and physical activities and will particularly benefit from social prescribing.

Social prescribing in Australia

So, what if the healthcare system took a more active role in identifying and addressing social determinants of physical and mental health, and acted to prevent ill health?

Although data around the benefits of social prescribing is only now emerging and more research is needed, people who participate in social prescribing programs report an improved sense of wellbeing because of increased connections to their communities, higher levels of self-esteem, greater self-confidence, improved mood, and an increased ability and motivation to look after their own health.

Social prescribing first gained traction in the UK in the mid-2000s, and in recent years has increasingly drawn the attention of health systems around the globe – including in Australia.

But despite an uptick in interest, Australia still has a way to go in matching other countries on this front: a recent CHF report[3] on the subject noted that while 74% of physicians in Germany and 65% in the UK said they frequently put patients in contact with social and community services, only about 40% of physicians in Australia reported[4] the same.

In order to understand social prescribing more deeply, a team from the NHMRC Partnership Centre for Health System Sustainability[5] (PCHSS) at the Australian Institute of Health Innovation, Macquarie University, looked[6] at a number of studies over the last three years. Here’s some of what we found:

- People who participate in social prescribing programs report an improved sense of wellbeing.
- Social prescribing helps people to take up healthy eating, exercise, and smoking cessation.
- The two most common types of social prescribing referrals were for exercise/physical activities and arts-related activities.
- Groups that would most likely benefit from social prescribing included:
 - people with mental health disorders, such as anxiety and mild to moderate depression or low mood,
 - people of all ages with psychosocial problems or social isolation, and
 - people with long-term conditions with or without accompanying mental health disorders.
- Most social prescribing referrals were made by GPs.
- Importantly, we found that simply proving a prescription for social activities had limited effect. Clients needed ongoing support over weeks or months to help them engage with community services or groups. Tailoring the social prescription to ensure that whatever is prescribed is feasible for the client in their current circumstances is

essential. For example, prescribing an unsubsidised exercise program or cooking class to someone who is socio-economically disadvantaged is not likely to be taken up. Similarly, people with mental health problems such as anxiety or depression may need additional support before they feel able to engage with community activities.

The way ahead

Given the clear potential of social prescribing, the Consumers Health Forum of Australia (CHF), the Royal Australian College of General Practitioners (RACGP) and the PCHSS have recommended that social prescribing be implemented and should be an integral part of Australia's 10 Year Primary Health Care Plan and the National Preventive Health Strategy.

...social prescribing is more important than ever...

In addition, CHF, RACGPs and PCHSS urge that any plans or strategies adopted in Australia must include rigorous in-built evaluation research that is co-designed with health consumers from the very beginning. To see what works well and what doesn't.

During the current COVID-19 pandemic as we are urged to socially distance, social prescribing is more important than ever to ensure that we remain connected. In the UK, social prescribing and social prescribing link-workers have been important to ensure that vulnerable people, especially those with chronic conditions, multimorbidity and those living with socio-economic disadvantage are not forgotten while the health system concentrates on the pandemic. Virtual connectivity via virtual groups including virtual book clubs, virtual choirs and accessing on-line museum collections are making an important difference to people's lives.

After we emerge from the COVID-19 crisis, and we deal with the enormous social and economic impacts, including the predicted 10-15% unemployment rate, we must ensure that we look after the wellbeing of all Australians. Health professionals have the opportunity to embrace social prescribing as part of their suite of treatment options to keep patients well in the community.

As health consumers, it's important to always discuss options with our healthcare providers and be ready to embrace social prescriptions on our preventive health journey.

[1] <https://www.nytimes.com/2017/12/11/well/mind/how-loneliness-affects-our-health.html>

[2] <https://australiatalks.abc.net.au/>

[3] <https://www.chf.org.au/social-prescribing>

[4] <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2019.01088>

[5] <https://www.healthsystemsustainability.com.au/>

[6] https://www.healthsystemsustainability.com.au/wp-content/uploads/2020/04/sprapidreview_3-2-20_final.pdf