



National
Academy
for Social
Prescribing

NASP Webinar: Supporting mental health through social prescribing - my role and remit

Thank you for joining us. The webinar will begin shortly.



Housekeeping

- Please note we are **recording** this webinar - you will be sent the slides and the link to the recording, and they will be on NASP's website too.
- Please submit questions via the **Q&A function**. We will hold a Q&A session at the end of presentations.
- Please use the **chat function** for introducing yourself and networking. If you have any technical issues, please raise these in the chat, and a member of the NASP team will assist.
- **Closed Captions** are available (turn these on at the bottom of your screen.)



Chair:

Monica Boulton, Strategic Lead for Neighbourhood Health at National Academy for Social Prescribing

Speakers:

Tracey Dangerfield, Director, SkillBase First Aid - **Understanding different mental health needs and presentations**

Sarah Paine, Strategic Collaborative Lead, Nottingham Community and Voluntary Service - **Green Social Prescribing: Mental Health Levels enabling safe referral pathways**

Ashwini Joshi, Social Prescriber, Thomas Walker Westgate Healthcare and NASP Link Worker Advisory Group Member - **Social Prescribing Link Worker Perspective: Supporting patients**



Mental Health Levels in Green Social Prescribing

Sarah Paine
Strategic Collaborative Lead

Nottingham
Community
and Voluntary
Service

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Championing

NCV S

Supporting local voluntary and community organisations since 1875.

We strengthen, champion, and support the sector through advice, training, volunteering and partnership work.

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Supporting clearer referral pathways



Early conversations with social prescribers highlighted a common challenge

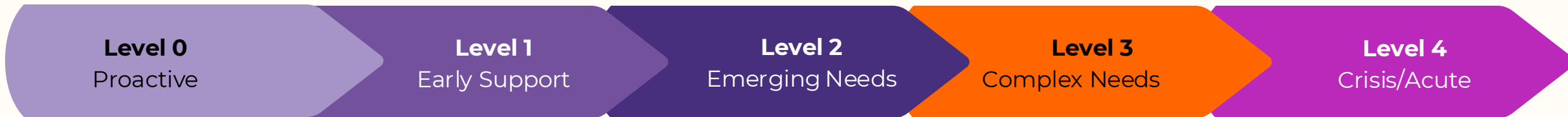
“How do we know whether an organisation can support someone’s level of need before making a referral?”

The mental health levels were developed to:

- Support clear communication between health and VCSE sectors
- Describe what support activities are designed to provide
- Help identify appropriate starting points for engagement

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Understanding Mental Health: A Participant View



- Good mental health, staying well through everyday activities, prevention, and self-care.

- Mild challenges, benefit from low-level support like community activities, social connection, or lifestyle changes.

- Noticeable mental health difficulties, may need targeted support or guided interventions.

- Ongoing or more severe mental health issues requiring coordinated or specialist support.

- Immediate or high-risk situations needing urgent, intensive or tailored intervention.

**Definitions simplified for presentation.*

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Provider Offer: Matching Support to Mental Health Levels



Most groups will deliver
this provision

Specialist provision

Level 0
Self-directed

Support focus: Maintaining wellbeing, proactive self-care, social connection, resilience.
Delivery: Large group events, community activities, open-access drop-ins, workshops.
Example: Nature walks, wellbeing festivals, gardening clubs, group fitness

Level 1
Supported wellbeing

Support focus: Early support, coping strategies, low-level peer support, engagement.
Delivery: Medium-sized groups, targeted sessions, some structured activities.
Example: 6-12 people workshops on stress management, creative sessions, guided social activities.

Level 2
Targeted Wellbeing
support

Support focus: Structured support, skill-building, gradual confidence, early intervention.
Delivery: Small groups (3-8 people) or semi-structured sessions, focused on particular outcomes.
Example: Weekly wellbeing groups, peer support circles, hobby-based small groups.

Level 3
Enhanced Support

Support focus: Personalised attention, structured pathways, coordination with health professionals.
Delivery: Very small groups (1:1 to 1:3) or individually tailored sessions.
Example: Mentored sessions, therapeutic horticulture, supported activity programs, closely monitored groups.

Level 4
Specialist/Intensive
Support

Support focus: Immediate safety, crisis management, intensive professional support.
Delivery: Individualised 1:1 support, highly structured and closely supervised sessions.
Example: Liaison with mental health services, crisis intervention, intensive support within community or clinical settings.

**Definitions simplified for presentation.*

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What this Framework is (and isn't)

What it is

- ✓ A way to describe **what support a service offers**
- ✓ A tool to support **safer referral decisions**
- ✓ A **shared language** between health and community sectors
- ✓ **Manage expectations**

What it isn't

- ✗ A way of **labelling people**
- ✗ A rule that someone must stay at one level
- ✗ A measure of organisational quality

The levels describe services - not people

People may engage in **more than one type of provision** depending on:

- their confidence
- support networks
- how they feel on a particular day
- what activities help them most
- location and time

Why mental health?

- It is one of the **most common referral reasons** within social prescribing.
- Community activities often support **holistic wellbeing**, not specific diagnoses.
- The VCSE sector frequently supports people through:
 - connection
 - creativity
 - nature
 - meaningful movement activities.

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This tool can also help

Clarify organisational boundaries

- Organisations can be clear about the support they offer

Encourage collaboration

- Services don't need to be everything to everyone

Support directories and referral systems

- Structured frameworks could help people identify appropriate services more easily.

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Key takeaway

The mental health levels are a communication tool.

They help:

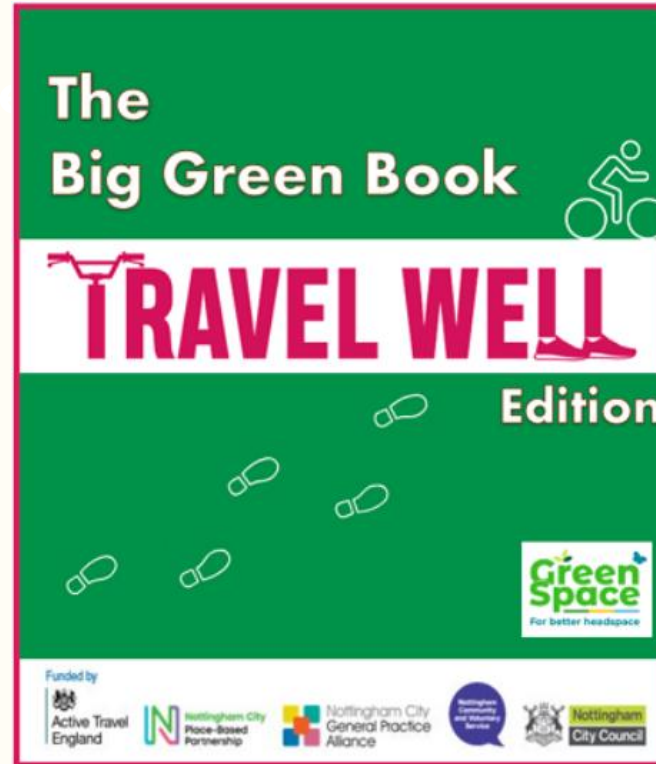
- translate between health systems and community organisations
- support referral pathways
- guide people towards appropriate support

They are one tool among many supporting more joined-up care.

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Want to explore these levels further?




or a communication

If you'd like to embed these levels in your work or develop their use, please get in touch with me:

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Thank you!

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Role of SPLW in Supporting Mental Health & Wellbeing

Ashwini Joshi

MH Social Prescriber - Thomas Walker Surgery

NASP - LWAG, Volunteer Member



**Social
Prescribing
Day** 26TH
MARCH 2026

Move from HRM to Social Sector after Cancer

2 major surgeries 6 cycles of chemotherapy

Physical Symptoms

Pain, fatigue, side effects of treatment, inability to function etc.



Psychological

- Had to stop work
- Constant **low mood**
- **Anger and frustration**
- **Guilt and depression**
- **Isolation and Loneliness**
- **Lost interest in life**
- Became frequent attender
- Felt **STUCK**

First Hand Experience and Change

Vulnerability

Active Listening

Why people struggle to engage

10 years in Social Sector:

- Citizens Advice
- NSPCC (National Society for the Prevention of Cruelty to Children)
- MH Social Prescriber at GP Surgery



MH Social Prescription

Needs identified

Loneliness and Isolation



Ideal SPLW interventions

Community groups, Volunteering, or Befriending services

Depression and Anxiety



Talking therapies, Telephone helplines

Practical Needs



Address underlying issues (finance/ housing/ carer needs etc)

Long Term Conditions



Connecting with Adult Social Care, Clinicians, MH specialists etc

How is MH SP
different

+
○ ●

???

A. Cohort with Complex Needs



Chronic pain
Complex Health Conditions
Substance Abuse
Homelessness
Poverty

B. Dealing with Barriers

Personal & environmental



Severe MH issues
Unrealistic Patient Expectations etc

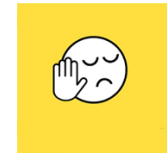
Operational

Staff

- Lack of awareness about Social Prescription
- Role not integrated within Practice
- Boundaries of role not clear

Patients

- Prescribe a tablet - please.
- Selling - SP
- Form filler
- If not a "Magic Wand", "So You Can't Do Anything"



Self-Doubts, as no immediate difference

Why isn't it working!

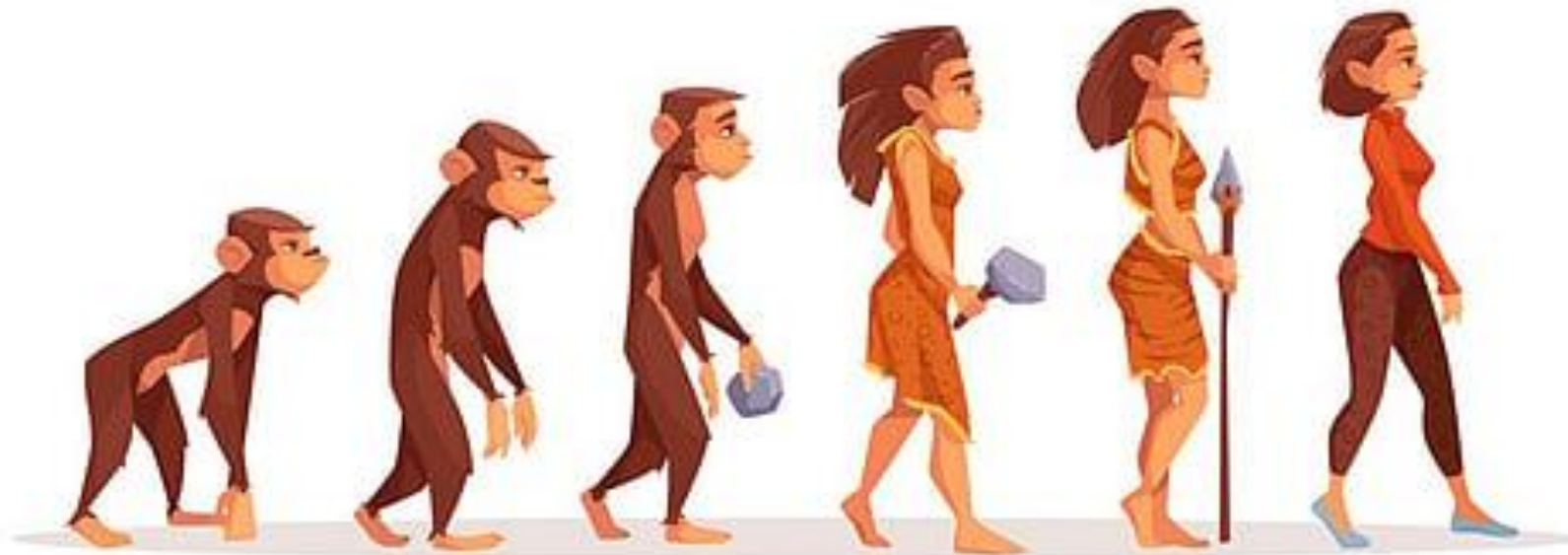


Am I doing something wrong?

Why don't they engage!

What to do differently?

My Evolution as MH SPLW



Toolkit I used



Asked Questions

- Practice Manager, PCN Manager
- GPs, Stakeholder Services
- Presented in Meetings for our Team, Primary Care Network, MDTs, Clinical Governance etc.
- Joined SPLW Networks and NASP - LWAG



Built on

- Peer support
- Experience
- Training and reflection
- Gradual confidence
- Feedback collection from patients

Escalated referrals for specialist support

Actively suicidal

Very complex MH issues

111 - op 2/999 / Samaritans, Safeguarding

Transformation



to



etc.



Change in thought process over time: Reactive to Proactive

- a) How can I fix **all** problems of this patient? to
- b) What needs can be addressed? to
- c) There may be more people like them within community, how can I reach out to them?
- d) How can I involve wider community to address this issue? Through Events

Champion MH SP & create awareness

It's a slow process

Immediate progress may be invisible

Generate awareness about

Practical hurdles

Share patient feedback in meetings



Case Study

Patient with domestic violence background

Social anxiety

Reluctance to engage with services

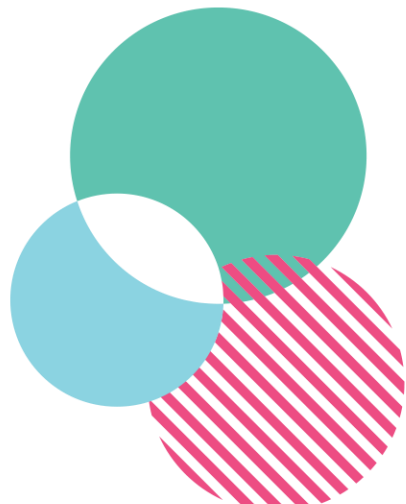
Support offered:

Regular follow ups to build rapport & confidence

Started engaging with volunteer support services

Attended her appointments with support

MyCAW



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Get in touch
socialprescribingacademy.org.uk

Q&A



Get Involved

Social Prescribing Day is **tomorrow!**

Visit our website to find out how to get involved in the nearly 40 events we have listed

Post about social prescribing day using our toolkit, and make sure to include **#SocialPrescribingDay**

www.socialprescribingacademy.org.uk/what-is-social-prescribing/social-prescribing-day-2026/



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