Response to call for proposals on interventions or areas of activity for the Modern Service Framework for Severe Mental Illness

28th May 2026

Section B: The intervention or area of activity

Describe the intervention

Describe the overarching aim of the intervention or area of activity, why this is important (i.e. the case for change) and briefly what the intervention involves. Details on outcomes, delivery and impact are covered in later questions. (max 500 words)

"Social prescribing" involves connecting people to non-medical activities, groups and services that can benefit their health and wellbeing. The predominant social prescribing model in England involves a health or care professional, often a GP, referring people to a Social Prescribing Link Worker, who then has a conversation to understand the individual's needs and preferences based on what matters to them. Social Prescribing Link Workers work with people to co-develop tailored 'social prescriptions' which often include referrals to one or more services or activities within the community. Social prescribing provides the means for non-medical interventions to be encompassed within our healthcare system through providing a more comprehensive personalised approach—using asset-based approaches rather than often deficit models that make up most of the health care systems.

Social prescribing was enshrined in English national health policy as part of the 2019 NHS Long Term Plan, with national funding through the GP contract. There are now more than 3,300 Social Prescribing Link Workers employed as part of primary care teams. Research by University College London (Bu, 2025) suggests that there have been 5.5 million referrals from GPs to social prescribing services since 2019. In 2023 alone, more than one million people were referred.

There are also social prescribing services in other parts of the NHS (including secondary care), social care and community services. From our own Social Prescribing Link Worker survey in February 2026 (n=385) we found that 98% of Social Prescribing Link Workers have supported someone with mental health problems and 77% of have supported someone with Severe Mental Illness. There is a wealth of evidence around the benefits of non-medical support such as nature and gardening, and arts therapy, for those with Severe Mental Illness. A Social Prescribing Link Worker, working as part of a multi-disciplinary team, can spend time with an individual to understand what matters to them and support them to connect to these non-medical activities in their community, to enable them to benefit from them.

What outcomes and wider impact do you expect this intervention or area of activity to achieve, and at what scale?

Please focus on the effects on people with lived experience, carers and families. Where relevant, reference evidence and explain how this would contribute to the MSF outcome goal and the objectives under the 3 pillars (objectives are also listed in B6 and in the guidance), including the scale and reach

of the anticipated change. Note, there is a later question (B7), which specifically asks about impact on inequalities.

Social Prescribing is a key component of personalised care, supporting people to explore their own goals. Social Prescribing Link Workers actively involve patients in decision making and are able to take a personalised approach, focusing on each patient's needs and preferences. Evidence on the impact of social prescribing has grown over time and there are now a number of large-scale studies exploring how social prescribing can improve health-related quality of life and reduce unnecessary healthcare usage.

In terms of Severe Mental Illness (SMI), evidence is still emerging with a number of current studies underway exploring how people with SMI can benefit from Social Prescribing. New Randomised Control Trials in Greece (Stefani, 2025) have been able to determine the effects of 3-months of art exposure on individuals with various mental health disorders (925 participants of RCT, 25% had schizophrenia, 14% depressive disorders, 13% anxiety disorders, 12% other psychotic disorders). Art exposure involved theatre, dance, visual arts, music, cinema, and museums. Outcomes of art exposure showed improvements in wellbeing, and reductions in depression, anxiety, and loneliness. Arts on Prescription has now been officially recognised as part of Greece's national legal and public health framework.

One ethnographic study in England (Aughterson, 2024) on social prescribing for people with mental health problems focussed on four different community groups, using interviews, conversations and observation to explore the mental health impact of such groups on individuals' lives. The participants had moderate-to-severe mental health conditions, and the groups consisted of a reading, gardening, singing and football group. The study focused mostly on individuals with severe mental illness and explored 'mechanisms' underlying the mental health benefits of these groups. Key shared psychological mechanisms were: increased self-confidence and self-esteem, increased purpose/meaning, increased sense of achievement, experience of pleasure; social mechanisms included: increased social support, formation of friendships and reduced loneliness, enhanced sense of community and belonging; behavioural mechanisms were: increased independence and openness to experience, reduction in addictive behaviours and building healthier habits, increased work-seeking behaviour, and provision of structure and routine.

A national evaluation of the impact of Social Prescribing Link Workers on population outcomes (Wilding, 2025) found that the rollout of link workers was associated with improvements in patient experience and better outcomes for population groups specifically targeted for social prescribing. An additional full-time equivalent link worker per 50,000 patients was associated with

-higher probabilities of having confidence in managing long-term condition(s) and having enough support from local services, for respondents with long-term conditions

-a higher probability of having their mental health needs understood, for respondents with mental health needs

-a higher probability of having a good experience at their general practice, for all respondents

A further nationwide evaluation of social prescribing outcomes (Bu, 2026), based on more than 19,000 patients, demonstrated "consistent and sizeable improvements across different wellbeing domains in the 1–6 months following initial referral to social prescribing". The authors estimated a return of £9 for each £1 invested, based on improvements in life satisfaction.

An evaluation of the cross-Government Green Social Prescribing programme (Haywood, 2024) also showed statistically significant improvements in wellbeing, and reductions in anxiety and depression. It demonstrated that nature-based social prescribing programmes are effective, accessible and cost-effective compared to other interventions available through the NHS.

What impact will the intervention or activity have on addressing health inequalities?

Specify the inequalities the intervention aims to reduce, how it will achieve this and the size and scale of the impact. (max 300 words)

Social prescribing supports the Core20PLUS5 framework, providing community-based responses to clinical priorities and targeting populations that may experience health inequalities. Our Social Prescribing Link Worker survey found that the most common types of organisations that SPLWs were connected people to were around supporting mental health, finances, carers and housing.

Analysis of CPRD data (Bu, 2025) has shown that, year on year, there has been an increase in GP referrals to social prescribing among people in the most deprived areas. Representation from patients in more deprived areas increased from 23% prior to the 2019 national roll-out to 42% in 2023. Previous research from UCL (Bu, 20204), which looked at referrals recorded on the Elemental system (which includes referrals from not just from GPs but from social care, voluntary organisations and other sources) showed that people from the most deprived areas were accessing social prescribing more than people from more affluent areas. For those referred to social prescribing through 'community referrals' they were around 20 times more likely to be in the most deprived decile than the least deprived decile.

A number of studies have also found that the percentage of people who are referred to social prescribing from ethnic minority groups is higher than would have been expected given the population demographics. From the CPRD analysis above, 23% were from ethnic minority groups - this supports previous research from the Race Equality Foundation, which showed higher proportions of social prescribing referrals for those from Black, Asian and minoritised ethnic communities compared to their population.

Recent qualitative research from the University of Manchester (Donaghy, 2026) suggests that link workers are "increasingly supporting patients with the fundamental social determinants of health, especially in socioeconomically deprived areas."

What are the main components for delivering the intervention?

For example, key partnerships, workforce requirements, skill mix and training, digital innovation, funding model/costs (if readily available), the core processes and pathways involved to enable delivery. (max 500 words)

Social prescribing has already been rolled out across England, with funding for the recruitment of Social Prescribing Link Workers (SPLWs) in Primary Care Networks via the Additional Roles Reimbursement Scheme (ARRS). Currently, while SPLWs do not require formal, statutory registration as they are non-clinical roles, all NHS-funded SPLWs must complete the NHSE training for SPLWs and SPLWs must hold, or be working towards, an occupationally relevant qualification at Level 3 or above. Their role is set out by the workforce development framework.

We currently estimate that the average annual caseloads for Link Workers are around 340 people per year, while NHS guidance for safe caseloads is a maximum of 200-250 people per year for each SPLW.

To ensure that those with severe mental illness can benefit from social prescribing, further investment would be required to ensure that SPLWs have access to appropriate specialist training and clinical supervision, and have the time to support those with more complex needs. Therefore, increasing capacity and reducing caseloads is an essential component. SLWs also need to be fully integrated into healthcare teams and systems, with access to, and ability to share, timely patient information. Dr Alexandra Burton (Queen Mary University of London) is currently undertaking research to explore what SPLWs require to support those with SMI. They have developed a training programme which is being testing in a feasibility study.

Within the NHS, most SPLWs are based in primary care but there is significant potential to expand this and embed them in secondary care and community mental health trusts where they can support people with severe mental illness. There is also the potential to upskill other trusted adults who already have established relationships with individuals to take a social prescribing approach. This requires trusted adults to understand what matters to an individual (rather than what is the matter with them); to know the assets in the community; to co-develop a plan to connect them into activities; and to support them to deliver their plan. Training in a 'social prescribing approach' is being developed by NASP.

Funding for community activities was also the biggest challenge for social prescribing cited in our stakeholder survey. Long term secure funding is required to ensure that activities in communities can support those with SMI appropriately over time without abrupt endings of support.

Lack of understanding around social prescribing from clinical staff is also an issue that would need addressing to ensure appropriate referrals and support. Many of NASP's work programmes seek to address this including our Social Prescribing Champions scheme, aimed at health professionals, and an extensive dissemination programme, sharing the evidence around social prescribing in an accessible way.

Section C: Evidence and current practice

Key evidence or sources (insert weblink if available) publication title (including lead author and year of publication), guideline name, or brief description of practice experience e.g. independent research, local data, lived experience and carer/family co-production, service audit data. (max 300 words)

Aughterson, H., (2024) Social prescribing for individuals with mental health problems: An ethnographic study exploring the mechanisms of action through which community groups support psychosocial well-being, PMC

Stefani, N., (2025) (Pre-print) Efficacy of Arts-based Social Prescribing for Mental Health in Adults with Psychiatric Diagnoses: Results from a Randomised Controlled Trial https://osf.io/preprints/psyarxiv/jcen9_v2

Leavey, G., (2025) A social prescribing model for tackling the health and social inequalities of people living with severe mental illness: a protocol paper, BMC Public Health | Springer Nature Link

Donaghy, E., (2026) Embedding social prescribing in primary care in England and Scotland: a qualitative study of experiences, roles, challenges, and sustainability, The Lancet Primary Care

Wilding, A., (2025) Impact of the rollout of the national social prescribing link worker programme on population outcomes: evidence from a repeated cross-sectional survey, British Journal of General Practice

Haywood, A., (2024) National Evaluation of the Preventing and Tackling Mental Ill Health through Green Social Prescribing Project

Bu, F., (2026) The impact of social prescribing on well-being outcomes in a nationwide analysis, Nature Health

O'Connell Francischetto, E., (2024) The impact of social prescribing on health service use and costs Examples of local evaluations in practice The impact of social prescribing on health service use and costs

Bu, F., (2025) National roll-out of social prescribing in England's primary care system: a longitudinal observational study using Clinical Practice Research Datalink data, The Lancet Public Health

Bu, F., (2024) Equal, equitable or exacerbating inequalities: patterns and predictors of social prescribing referrals in 160 128 UK patients, The British Journal of Psychiatry, Cambridge Core

Wellbeing While Waiting ('INSPYRE') https://sbbresearch.org/wp-content/uploads/2026/04/WWW-Complete-Evidence-Summary-FINAL.pdf

Marcham, L., (2024) Exposure to green spaces and schizophrenia: a systematic review

Du, S.C., (2024) Effects of Visual Art Therapy on Positive Symptoms, Negative Symptoms, and Emotions in Individuals with Schizophrenia: A Systematic Review and Meta-Analysis

What stakeholder engagement informed the intervention? *Please include any details of where lived experience partnership working or co-production was used in the development and /or delivery of the proposed intervention or activity. (max 250 words)*

Social Prescribing Link Workers work alongside individuals to co-produce their "social prescription" based on what matters to that person, therefore co-production and partnership working are core parts of the support. Research with people who have experienced social prescribing consistently finds that person-centred care is key to effective support, alongside collaboration between patients, link workers and GPs, and matching social prescribing referrals with patients' interests and readiness to engage. NASP are also currently developing a survey with Patient Association for people who have experienced social prescribing to understand which parts of the pathway are working and where there are challenges, to inform NASP's strategy in terms of how we can influence policy and practice around social prescribing.

On 16th April 2026, NASP hosted a roundtable on how social prescribing can support people with psychosis, to feed into the Modern Service Framework on severe mental illness. We had 20 people attend the roundtable representing different areas such as health policy, social prescribing services, and research on social prescribing for people with severe mental illness. We also had attendees with lived experience of accessing mental health services including Debs Teale, an independent consultant and facilitator, who shared her experience and stressed the importance of services seeing people as individuals and being able to explore what a good life would look like. Attendees discussed the need for social prescribing professionals to be part of a joined-up system with clear pathways for patients, and

with clarity around roles and responsibilities. Attendees also stressed the need for good quality training and supervision to support staff confidence and capacity. To establish joined-up social prescribing systems for psychosis, attendees felt that there would be a need for (1) Services to be less risk-averse and explore how to support staff trying something different/creative (2) Consideration of accessibility issues for people with psychosis – including a focus on digital exclusion and the risk of people being overwhelmed by multiple professionals contacting them (3) Sustainable funding for community groups to follow referrals.

Details of the roundtable discussion can be found here: https://socialprescribingacademy.org.uk/resources/psychosis-care-and-social-prescribing/:

Section D: Measuring impact

With reference to the desired outcomes of the intervention or activity, describe how you suggest measuring the impact of the intervention or activity? *Where applicable please include details of where existing data may be used (e.g. it is collected nationally by the NHS, or at local/organisational level) and/or where new data would need to be collected. (max 300 words)*

The Social Prescribing Information Standards enable social prescribing support provision to be recorded, amended and maintained collaboratively between patients, link workers and health and care professionals: https://standards.nhs.uk/published-standards/social-prescribing-information-standard

The NHS guidance for link workers include ONS4 as the recommended outcomes measure to evidence the impact of Social Prescribing as it is a free nationally validated wellbeing scale, based on the person's own views. ONS 4 is four short questions on life satisfaction, how worthwhile they feel their life is, happiness and anxiety levels: https://www.england.nhs.uk/long-read/social-prescribing-reference-guide-and-technical-annex-for-primary-care-networks/

From our survey with Social Prescribing Link Workers, around 40% use ONS4 but there is a clear call for better/more appropriate outcomes measures, with 53% saying that this would help them to capture patient outcomes more consistently. Other tools that are used by SPLWs include WEMWBS, MyCaw, Outcome Star and PAM. It is important that data is able to evidence the types of activities patients are referred to and the broad range of outcomes that they may experience. Systems data can also be used to evidence changes in healthcare usage over time, although again this relies on accurate data recording on social prescribing activity. NASP are currently exploring how to support SPLWs to use outcome measures within their work to ensure that measures are relevant and meaningful.

Section E: Anything else

Is there anything else the programme team should know about this intervention? *For example, any information you would like to share that is not in your answers to the previous questions or further detail you may wish to add e.g. on known risks or harms; implementation challenges, any known limitations or methodological constraints to the supporting research evidence you have identified e.g. has this intervention or activity only been tested within small/particular cohorts*

While Social Prescribing has been rolled out nationally and there is now strong evidence on the benefits, evidence around how to support people with SMI is still emerging. Implementation of social prescribing for people with SMI was discussed at our recent roundtable, where attendees stressed the need for good quality training and supervision. Details of the roundtable can be found here: https://socialprescribingacademy.org.uk/resources/psychosis-care-and-social-prescribing/