

## NASP Evidence Note: social prescribing and mental health

### How do we define mental health and wellbeing?

- According to the World Health Organisation, mental health is “a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” [1].
- Although a definitive theory of wellbeing remains elusive, it is suggested it involves several key elements: our personal wellbeing, our relationships, health, what we do, where we live, personal finance, the economy, the natural environment, education and skills, and governance [2].
- According to a survey carried out for the NHS [25] one in six (17%) of people over the age of 16 are currently thought to have a common mental health problem. This percentage is thought to be increasing over time due to the pressures of modern living [3].
- According to the Mental Health Foundation nearly half (43.4%) of adults think that they have had a diagnosable mental health condition at some point in their life [4].
- An NHS digital survey in 2021 reported that 1 in 6 children had a probable diagnosable mental health disorder. According to the OECD PISA rankings, the UK was ranked 69<sup>th</sup> out of 72 countries for life satisfaction for children and young people (children were asked about how satisfied they were with their life as a whole, the extent to which their life has meaning or purpose, their subjective wellbeing and their experiences of bullying.) [24].

### Overarching headlines from the evidence

- Evidence suggests social prescribing is a service model that can address some of the more common mental health difficulties experienced by individuals in the UK.
- Non-medical referrals such as befriending services, practical information including benefits and financial advice, community activities, arts and culture and physical activities, and those that take place in nature can alleviate issues relating to loneliness, stress, mild to moderate depression, and anxiety [5,6].
- Whilst there is a lot of varied evidence to suggest that social prescribing plays an important role in alleviating mental health concerns, more robust evidence is needed.[6].

## What the evidence tells us

### Promotion and prevention

- One report concluded that social prescribing holistic programmes can adopt a preventative approach to work with patients with long term conditions [5]. Such an approach can be comprised of peer support groups, creative arts, physical activities, cooking courses, complementary therapies which the authors found were all associated with better mental health and wellbeing outcomes [5].
- The same study [5] also found that engaging in holistic, structured activities allowed individuals to be more involved in their own care, which further supports long term preventative care.

### Scope and effectiveness of treatment

- Patients tend to report being satisfied and happy with social prescribing programmes [7,8,9].
- Improvements in loneliness, social isolation, mental health and wellbeing, confidence and community knowledge have been reported in patients attending social prescribing programmes [6,8].
- One systematic review [10] assessing 77 social prescribing intervention studies found significant effects on mental wellbeing, physical activity and reduced social isolation. Overwhelmingly, studies report positive associations between social prescribing and both long- and short-term mental health and wellbeing outcomes. [10, 11].
- Loneliness and social isolation can compromise physical and psychological health [12]. Social prescription activities can improve social connectedness and belonging, particularly when social prescriptions work alongside community organisations, such as those offering local farms or community gardens. Such activities can strengthen local community cohesion and civic life, alongside improving longer term mental and physical health [13].
- Social prescribing, including community-based arts on prescription, can impact wellbeing and self-efficacy [13,14], and alleviate pressure on community nursing and community mental health services [15].
- Social prescriptions help to link patients with third sector organisations such as local non-profit organisations, local public sector services (e.g., social services and schools), recreational facilities, and neighbourhood organisations. Such partnerships can be a holistic strategy for confronting persistent health inequities, addressing unmet psychosocial needs, and reducing GP visits [12].

- Two mixed methods evaluations of large social prescribing schemes in England report that mental health is one of the primary reasons for referral [16,17]. (This backs up the findings of NASP’s recent evidence review on measuring outcomes of social prescribing which can be found [here](#).) Key mechanisms identified with service-users about why social prescribing was supportive to mental health include:
  - Giving a person time to talk about their situation (typically 45 mins -1 hour.)
  - Adapting the approach for people with low agency and low efficacy, so goals set are more achievable.
  - The approach of Social Prescribing Link Workers as supportive, compassionate, sensitive, and working with what matters to the service-user.
  - Service-users report that these factors make them feel heard, and that they are more likely to contemplate or take positive action to improve their situation. A further study highlighted that, at a systems level, social prescribing values the quality of relationships built between stakeholders [18].

## Support for individuals in crisis

- Alongside talking therapy and a range of holistic interventions, green social prescribing activities such as nature walks can help individuals with severe mental ill-health, such as those living within institutional care, to connect, be active, notice more, and be mindful. These concepts are key to behavioural change avenues related to relapse prevention and increased self-efficacy [6].
- One museum-on-prescription service positively impacted the wellbeing of individuals with severe mental ill-health, who experienced increased nature connectedness and psychosocial wellbeing [13].

## Carers

- One study [19] explored art viewing as a community intervention for carers of people with mental health problems. The authors found that, if incorporated into community referral schemes, such programmes could reach a wide audience and impact a range of psychological domains including emotional processing, mentalising, reflexivity and externalising behaviours.
- A review of social prescribing interventions [20] identified a number of successful interventions for carers. ‘Books on Prescription’, for example, provided educational and community-based support for people caring for someone with dementia. Book loans increased by 145% as part of the Reading Well scheme, and books on prescription services were able to address support and loneliness issues for carers.

## Children and Young People

- Most evidence on social prescribing refers to adults and there is a gap in the evidence looking at social prescribing for children and young people.
- An evaluation [21] of a social prescribing service based in Leeds between 2019-2020 found that social connectedness and social behaviours improved with long term social prescribing.
- One study [22] found that the school setting was a particularly useful setting for arts on prescription activities and had a positive immediate impact on children's wellbeing and resilience. However, without prolonged arts on prescription activities, the positive impact was lost after a three month follow up.
- An evaluation [23] reported on a Books on Prescription service for young people aged between 13-18. Books were focussed on mental health and coping topics, and young people were encouraged to visit a 'wellbeing section' of a library where they were kept. The report found that young people reported increased wellbeing (particularly in areas of confidence, self-esteem, hope, isolation, and emotional intelligence), improved awareness of mental health topic, as well as improved changes in behaviour and relationships.
- The link between social prescribing and children and young people's mental health requires further research.

## The quality of the current evidence

- As with much of the evidence base in the relatively new area of social prescribing research, studies tend to be limited in their evaluative designs making it hard to generalise the findings.
- This includes use of many different methodologies, low sample sizes, and limited follow up data.
- However, the evidence that does exist, including qualitative data such as in-depth interviews with patients and practitioners, can still provide robust data that supports the effectiveness of social prescriptions. This remains an area in need of further research.

## Supplementary information

- Evidence was searched for and selected on the basis of the following criteria: studies, reports and review articles specifically addressing social prescribing programmes in the UK, and mental health and wellbeing.
- Further research is needed to look at different populations within which mental health issues tend to occur more frequently, such as populations with protected characteristics, or socio-economic disadvantage.
- Further research should include health service use and community outcomes, as recommended by the NHS England framework.

## References

1. World Health Organization. (2004). Promoting mental health: Concepts, emerging evidence, practice: Summary report. World Health Organization. <https://apps.who.int/iris/bitstream/handle/10665/42940/9241591595.pdf>
2. What Works Centre for Wellbeing (2022). What is Wellbeing? Retrieved from: <https://whatworkswellbeing.org/about-wellbeing/what-is-wellbeing/>
3. Department of Health (2014). Ageing Well: Wellbeing across the lifecourse. Retrieved from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/277584/Ageing\\_Well.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/277584/Ageing_Well.pdf)
4. Mental Health Foundation (2022) Mental Health Statistics: UK and Worldwide. Retrieved from: <https://www.mentalhealth.org.uk/statistics/mental-health-statistics-uk-and-worldwide>
5. Kimberlee, R., Ward, R., Jones, M., & Powell, J. (2014). Measuring the economic impact of the wellspring healthy living centre's social prescribing wellbeing programme for low level mental health issues encountered by GP services. Project Report. South West Forum, UK. Retrieved from: <https://uwe-repository.worktribe.com/OutputFile/926287>
6. Bickerdike, L., Booth, A., Wilson, P. M., Farley, K., & Wright, K. (2017). Social prescribing: less rhetoric and more reality. A systematic review of the evidence. *BMJ open*, 7(4), e013384. <http://dx.doi.org/10.1136/bmjopen-2016-013384>
7. Dayson C, Bashir N. The social and economic impact of the Rotherham Social Prescribing Pilot: main evaluation report. Centre for Regional Economic and Social Research, Sheffield Hallam University, 2014. Retrieved from: [http://shura.shu.ac.uk/18961/1/Dayson-SocialAndEconomicImpact-Rotherham\(VoR\).pdf](http://shura.shu.ac.uk/18961/1/Dayson-SocialAndEconomicImpact-Rotherham(VoR).pdf)
8. Friedli, L., Themessl-Huber, M., & Butchart, M. (2012). Evaluation of Dundee equally well sources of support: social prescribing in Maryfield. Evaluation report four. Retrieved from: <https://www.northstaffscg.nhs.uk/your-ccg/ns-publications/generic-publications/1324-social-prescribing-evaluation-dundee/file>
9. Grayer, J., Cape, J., Orpwood, L., Leibowitz, J., & Buszewicz, M. (2008). Facilitating access to voluntary and community services for patients with

psychosocial problems: a before-after evaluation. *BMC Family Practice*, 9(1), 1-8. <https://doi.org/10.1186/1471-2296-9-27>

10. Howarth, M., Brettell, A., Hardman, M., & Maden, M. (2020). What is the evidence for the impact of gardens and gardening on health and well-being: a scoping review and evidence-based logic model to guide healthcare strategy decision making on the use of gardening approaches as a social prescription. *BMJ open*, 10(7), e036923. <http://dx.doi.org/10.1136/bmjopen-2020-036923>

11. McHale, S., Pearsons, A., Neubeck, L., & Hanson, C. L. (2020). Green Health Partnerships in Scotland; Pathways for social prescribing and physical activity referral. *International journal of environmental research and public health*, 17(18), 6832. <https://doi.org/10.3390/ijerph17186832>

12. Leavell, M. A., Leiferman, J. A., Gascon, M., Braddick, F., Gonzalez, J. C., & Litt, J. S. (2019). Nature based social prescribing in urban settings to improve social connectedness and mental well-being: a review. *Current Environmental Health Reports*, 6(4), 297-308. <https://doi.org/10.1007/s40572-019-00251-7>

13. Thomson, L. J., Morse, N., Elsdon, E., & Chatterjee, H. J. (2020). Art, nature and mental health: assessing the biopsychosocial effects of a 'creative green prescription' museum programme involving horticulture, artmaking and collections. *Perspectives in public health*, 140(5), 277-285. <https://doi.org/10.1177/1757913920910443>

14. Morton, L., Ferguson, M., & Baty, F. (2015). Improving wellbeing and self-efficacy by social prescription. *Public health*, 3(129), 286-289. <https://doi.org/10.1016/j.puhe.2014.12.011>

15. Grant, C., Goodenough, T., Harvey, I., & Hine, C. (2000). A randomised controlled trial and economic evaluation of a referrals facilitator between primary care and the voluntary sector. *Bmj*, 320(7232), 419-423. <https://doi.org/10.1136/bmj.320.7232.419>

16. Polley, M., Seers, H., & Fixsen, A. (2019). Evaluation report of the social prescribing demonstrator site in Shropshire-Final Report. *University of Westminster*. Retrieved from: <https://westminsterresearch.westminster.ac.uk/item/qx18z/evaluation-report-of-the-social-prescribing-demonstrator-site-in-shropshire-final-report>

17. Polley, M., Seers, H., Johnson, R. (2021) Tandridge District Council Wellbeing Prescription service Final Evaluation Report April 2021. <https://doi.org/10.13140/RG.2.2.10177.28000>

18. Fixsen, A., Seers, H., Polley, M., & Robins, J. (2020). Applying critical systems thinking to social prescribing: a relational model of stakeholder “buy-in”. *BMC health services research*, 20(1), 1-13.  
<https://doi.org/10.1186/s12913-020-05443-8>
19. Roberts, S. Camic, P.M. & Springham, N. (2011). New roles for art galleries: Art-viewing as a community intervention for family carers of people with mental health problems. *Arts & Health: An International Journal for Research, Policy and Practice*, 3(2), 146-159.  
<https://doi.org/10.1080/17533015.2011.561360>
20. Thomson, L., Camic, P., & Chatterjee, H. (2015). Social prescribing: a review of community referral schemes. Retrieved from:  
<https://repository.canterbury.ac.uk/item/881q4/social-prescribing-a-review-of-community-referral-schemes>
21. Brettell, M., Fenton, C., & Foster, E. (2022). Linking Leeds: A Social Prescribing Service for Children and Young People. *International Journal of Environmental Research and Public Health*, 19(3), 1426.  
<https://doi.org/10.3390/ijerph19031426>
22. Efstathopoulou, L., & Bungay, H. (2021). Mental health and resilience: Arts on Prescription for children and young people in a school setting. *Public Health*, 198, 196-199. <https://doi.org/10.1016/j.puhe.2021.07.021>
23. Polley, M., & Kovandzic, M. (2017). ‘Evaluation of the Reading Well for young people Scheme’. *University of Westminster*. Retrieved from:  
<https://westminsterresearch.westminster.ac.uk/item/q27yv/evaluation-of-the-reading-well-books-on-prescription-shelf-help-scheme-for-young-people>
24. Programme for International Student Assessment (2018). Publications and results. Retrieved from: <https://www.oecd.org/pisa/test/>
25. McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) (2016) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digital. Retrieved from [apms-2014-full-rpt.pdf \(nationalarchives.gov.uk\)](https://nationalarchives.gov.uk/apms-2014-full-rpt.pdf)
- 26.