Social prescribing and primary care in Ireland

Celia Keenanagh, Joanna Sweeney and Bernie McGowan look at non-medical interventions aimed at supporting people with mental health needs

Social prescribing is emerging as an area of practice in mental health promotion and prevention and primary care provision. This paper draws on a recent HSE report which explains what social prescribing is and what it has to offer primary care practice in Ireland.1

Writing in the Foreword to this report, ICGP president Prof Bill Shannon states: “The term ‘social prescribing’ was certainly a new one for me and I expect will be for many of my GP colleagues, and possibly other professionals in primary care. Essentially, it covers a whole raft of possible non-medical interventions aimed at supporting people with mental health needs. That covers all of us, because it includes a major emphasis on health promoting activities, as well as those proven to help people struggling with common mental illnesses, such as anxiety and depression”.1

The social importance of mental health is widely recognised. The WHO has found that mental disorders rank second in the global burden of disease, following infectious diseases.2 The economic costs of mental health problems are considerable.3–5 Among HSE priorities for 2012 are the promotion of positive mental health and suicide prevention, the development of the capacity to effectively manage mental health needs appropriate to a primary care setting and the development of effective partnerships with voluntary and statutory agencies to deliver integrated care for service users. Social prescribing is one method of delivering on these priorities.

Social prescribing in primary care is a relatively recent concept describing the use of non-medical support to address the needs of people affected by depression or anxiety. It is one means of providing psychosocial and/or practical support for people with mild to moderate mental health problems, with a range of proven positive outcomes, including emotional, cognitive and social benefits.

Core elements of social prescribing

Social prescribing may also be a route to reducing social exclusion, both for disadvantaged, isolated and vulnerable populations, and for people with enduring mental health problems.6–9 Common activities included in social prescribing, among reports reviewed, include self-help, exercise, arts and creativity, green activity, community involvement and supports including volunteering, debt advice etc.

Social prescribing practice takes a range of forms but a number of core elements can be identified from models reviewed. The primary care team is a central component of the social prescribing model, acting as referrers and sometimes as coordinators of the social prescribing service. Often, coordination of social prescribing is contracted out to voluntary or community services. Activities to which people are referred are located within the community, generally provided by voluntary and community groups and organisations. An information resource such as a directory or a service that keeps up-to-date information on what supports are available in the community is another key element. A range of mechanisms is involved relating to referral pathways (including feedback), quality and review processes.

Referrals

The primary care team is the main source of referral. They need to know what to look for in patients who might be suitable for social prescribing and be clear about what is achievable from this approach, and so training and support is an important consideration. Service users for whom social prescribing has been found to be particularly suitable include those with vague or unexplained symptoms or inconclusive diagnoses, those with many symptoms affecting multiple systems, frequent attenders for GP appointments, those with poor social support mechanisms and those experiencing psychological difficulties.

Primary care team/voluntary sector relationship

The role of facilitator/coordinator who acts as a link between health professionals and the community services has been identified time and again as key to successful social prescribing. The relationship between the primary care team and the services delivering activities in the community has emerged as a pivotal aspect of social prescribing models.10–13 Most of these services are provided by the voluntary sector and it is vital that the relationship between the primary care team and the local voluntary sector is nurtured and supported.

Projects reviewed vary in scope and definition but have a number of common threads. The relationship between PCT and community sector is pivotal to successful working. A shared language and a common understanding of goals and expected outcomes is vital. Measurement is challenging but a number of innovative approaches are emerging to address these challenges. Quality assurance is important and can be developed within a framework of existing quality initiatives within the primary care and community sectors.

Implementing primary care team-led social prescribing

Recommendations for the definition and implementation of social prescribing practice in Ireland include:

• A collaborative approach to the development of social prescribing practice at national and local level
• Social prescribing should be considered as part of the ongoing development of primary care teams and mental health services. Identification of where co-ordination of
Table 1

Overview of social prescribing activities

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<thead>
<tr>
<th>Activity</th>
<th>Observation on evidence-base</th>
<th>Examples in Ireland</th>
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<tr>
<td>Social prescribing/general</td>
<td>NICE guidelines on the management of anxiety and depression include activities, which fall within the recommendations for evidence-based treatment options, approaches that often fall under the ‘social prescribing umbrella’, eg. exercise-referral, self-help, CBT based approaches, bibliotherapy, social support and more recently, computer-assisted CBT. However, the guidelines do not include referral guidelines (NICE 2004a; 2004b; 2006b).</td>
<td>The HOPE-Erris Primary Care Project Partnership is a partnership between Erris PCT and the Family Centre in Castlebar funded by The National Office for Suicide Prevention.</td>
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<td>Self help: computerised therapy/books on prescription/bibliotherapy</td>
<td>NICE found good evidence for the effectiveness of some CCBT for depression and anxiety. NICE recommends the use of bibliotherapy in the management of patients with mild to moderate anxiety and depression (NICE 2011).</td>
<td>In February 2009, the Library Council of Ireland, the HSE and the ICGP introduced the ‘Power of Words’, a national bibliotherapy scheme made available to all GPs registered in the country.</td>
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<td>Exercise on prescription</td>
<td>NICE guidance recommends that patients of all ages with mild depression should be advised of the benefits of following a structured and supervised exercise programme of typically up to three sessions per week of moderate duration (45 minutes to one hour) for between 10 and 12 weeks (NICE 2007).</td>
<td>National GP Exercise Referral Programme led by the HSE in partnership with the ICGP and ILAM. There are 500 GPs registered on the programme and each GP can refer five patients who fit the inclusion criteria per week <a href="http://www.gpexercisereferral.ie">www.gpexercisereferral.ie</a>.</td>
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<td>Green activity/ecotherapy</td>
<td>A report commissioned from the University of Essex by Mind (Mind 2007) and a national evaluation from 2003-2007 of 52 Green Gym projects by Yerrell (BTCV 2008) suggests that ecotherapy is an accessible, cost-effective complement to existing treatment options for mild to moderate mental health problems.</td>
<td>The Green Prescription Programme is being piloted HSE West in Cloghan, Co Donegal <a href="http://www.healthyfoodforall.com">www.healthyfoodforall.com</a> provides information and guidance on community food initiatives in Ireland and Northern Ireland.</td>
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<td>Arts on Prescription (AoP)</td>
<td>While there is a body of available work about the benefit and value of ‘arts in health’ and ‘arts for health’, extensive searches found little published empirical research that focuses specifically on AoP. Guidelines for Good Practice for Participatory Practice in Healthcare Contexts are available at <a href="http://www.waterfordhealingarts.com">www.waterfordhealingarts.com</a>.</td>
<td>There are a range of arts and health-related activities developing in Ireland. A directory of these activities is available at <a href="http://www.artsandhealth.ie">www.artsandhealth.ie</a>.</td>
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<td>Community learning and supports</td>
<td>Opportunities for learning may impact positively on health by improving an individual’s: socioeconomic position; access to health services and information; resilience and problem-solving; and self-esteem and self-efficacy.</td>
<td>Information on a wide range of community supports and education can be found at: <a href="http://www.aontas.com">www.aontas.com</a>; <a href="http://www.volunteeringireland.ie">www.volunteeringireland.ie</a>; <a href="http://www.citizensinformation.ie">www.citizensinformation.ie</a>.</td>
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Conclusion

Social prescribing practice expands the range of service options for those with mental health needs, as well as providing greater opportunities to improve health and social outcomes that are connected to mental wellbeing.

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References on request