Beats any drug that the doctors can give you,
says Sinbad, in a video produced by the Ways to Wellbeing team in York (www.yorkcvs.org.uk/ways-to-wellbeing/). This social prescribing service is led by occupational therapist Jasmine Howard (Howard 2017) and is demonstrating excellent results for the people who access the team.

In addition, this has resulted in a decrease of GP appointments by 30 per cent for people that have accessed the Ways to Wellbeing service. In the brief video (https://bit.ly/2loYB7u), Sinbad and others reflect on how their lives have improved as a result of the work of Jasmine and her team, and is a perfect illustration of how this ‘new’ way of working is gaining greater traction across the UK.

Social prescribing as a term has been around since the 1990s. Over the last few years there have been a variety of initiatives, policy documents and interest from researchers across all four nations of the UK, in an attempt to increase the profile of social prescribing within health and social care delivery.

There have been prominent events from the Kings Fund and Westminster Health Forum, and the formation of a social prescribing UK network of interested practitioners (https://bit.ly/2c5fBgB).

The growing interest in social prescribing relates to a gap within primary care to address people’s social needs. With an estimated 20 per cent of GP visits taken up with social related concerns, social prescribing is being seen by enlightened primary care as a way to more holistically address people’s needs.

Put simply, social prescribing is a way in which GPs, nurses and other care professionals can refer people on for non-medical community based support and services. This might include community groups, volunteering, benefits support and physical activity groups.

Those in receipt of social prescribing can include people with a history of mental health problems,
Social prescribing has offered me the opportunity to work flexibly with people, in an occupational therapy focused way, that is truly person centred and occupation driven.

At the other end of the scale there may be occupational therapists that can themselves develop schemes or support others in developing social prescribing services. Occupational therapists’ unique and specialist knowledge of occupation makes us the perfect fit to seek opportunities to lead social prescribing initiatives. Also, as occupational therapists, we have the expertise to address people’s barriers to occupation across all ages and the skills to support those with the most complex physical and psychological needs that might prevent them from active participation in their occupation. This is a key ‘offer’ from occupational therapy to the social prescribing agenda.

It is worth noting that the term ‘social prescribing’ may be challenging for some, fearing it is too medical a term. However, as an overarching term it seems to be here to stay and RCOT would encourage members to embrace it and use this language when speaking with managers and commissioners.

So, after you have made yourself aware of social prescribing in your local area, you then need to decide what you might be able to contribute in practice and research from your unique perspective.

Finally, consider what leadership you can offer to this agenda, both locally and nationally, that will demonstrate the unique part our profession can play in developing this further.

The final thoughts come from Jasmine, who says: ‘I would recommend this way of working to occupational therapists who enjoy working creatively and are passionate about addressing health inequalities. Professional roles are not defined in the voluntary sector as they are in the NHS. The breadth of my job can be challenging, but it is never dull and you learn so many new skills.’

References

Paul Cooper, RCOT professional adviser. RCOT would welcome further examples from occupational therapists involved in this area and in support of building the evidence base. Contact Paul by email: Paul.cooper@rcot.co.uk or on Twitter: @RCOT_Paul

First, it is incumbent on all occupational therapists, regardless of setting, to make themselves aware of where their local social prescribing schemes are and how they refer into them in support of the people they work with.