Beats any drug that the doctors can give you

Paul Cooper, RCOT professional adviser, looks at social prescribing and where it fits within the occupational therapy profession

'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,

socially isolated people and frequent users of GP surgeries who are no longer benefiting from pharmaceutical treatment (King's Fund 2017).

As Jasmine says, this approach challenges traditional approaches to health care delivery: 'Coming from a healthcare environment to a social prescribing service was a big transition and it involved unlearning some ways of working in a clinical setting.

'We [occupational therapists] often become pigeon-holed in services that are process and system driven. 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.'

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In all four nations of the UK, social prescribing is being seen as a key policy driver in healthcare practice, with an overarching desire to better support people's self-management of long-term conditions and address a more holistic approach to meet people's needs.

Alongside this there has also been a desire to build the evidence base, with conferences in both Wales and England pulling together academics, practitioners, voluntary sectors organisations and funders.

One such research base being developed is with occupational therapist Sarah Bodell and colleagues at the University of Salford. They are developing the Salford Social Prescribing Hub (*https://twitter.com/SalfordSPx*), which seeks to develop a model for understanding social prescribing through occupational science.

They are developing a tool that could be of use not only to occupational therapists, but to a range of practitioners. As social prescribing is currently being carried out by a variety of professionals, in a variety of organisational contexts, and according to a variety of models, their intention is to make the focus of occupational science on the person, occupation and environment of practical value to social prescribers.

Of particular interest is ensuring that any prescribed activities are genuinely meaningful for the person at the centre of the process, and furthermore, that social prescribing services cater for those with deeply complex needs who may be resistant to such a prescription.

So where does social prescribing fit within occupational therapy? RCOT is hearing about some excellent examples from Jasmine's team, the work of Healthy Prestatyn in Wales (RCOT 2018) (see page 18), referrals to Parkrun (Bolger 2018), and others working in teams across the UK, so this approach is a good fit with our occupational therapy ethos.

However, as a profession we cannot aspire to 'own' social prescribing given the vast scope and nor should we. What we do need to do is firmly position where we sit within the social prescribing sphere.

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.

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

Howard J (2017) Adding meaning to medicine, *Occupational Therapy News* 25(6): 22-24

King's Fund (2017) What is social prescribing? Available online at: *www.kingsfund.org.uk/publications/social-prescribing* [accessed 18 July 2018]

Royal College of Occupational Therapists (2018) Getting my life back: *Occupational therapy promoting mental health and wellbeing in Wales.* Available online at: *http://cotimprovinglives.com/getting-my-life-back-occupational-therapy-promoting-mental-health-and-wellbeing/* [accessed 18 July 2018]

Bolger M (2018) A runaway success, *Occupational Therapy News*, 26(4)20-22

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