



The psychology of social prescribing

Juliet Wakefield explores the need to apply psychological theory in order to understand how social prescribing works

Imagine that you're visiting your GP. You've been feeling depressed for a while and think you might need antidepressants. Your GP asks about your social life — do you interact with others? 'Not much,' you say. Your GP then asks whether you'd be interested in chatting to the health centre's Link Worker, who connects patients to local groups in their community. How would you respond? It's a far cry from the antidepressants you expected to receive.

Introducing SP

This is called Social Prescribing (SP). It involves health professionals referring patients with chronic mental

and/or physical illnesses to Social Prescribers who can have in-depth conversations with the patients about their social needs. They can suggest community groups that the patient might like to join, and then support them in joining and attending these groups.

SP is designed to complement and supplement 'traditional' medicine and is becoming increasingly common within the NHS. Indeed, the NHS Long Term Plan (2019) stated that all people in England should have access to SP within 10 years. This represents a sharp turn away from the traditional medical model of illness (where the focus is entirely on prescribing medication) and indicates that the NHS has embraced a more holistic model of care (which involves an appreciation of all the aspects that contribute to health — physical, psychological, emotional, and social).

Does it work?

Is there any evidence to suggest SP works? Yes, lots. Numerous evaluations have been conducted, and, in general, these have shown that SP benefits patients by enhancing their mental health, reducing their physical symptoms, and allowing them to feel more in control of their chronic illnesses. However, one aspect that these evaluations tend to ignore is how SP achieves these outcomes. By this, I mean that the researchers have not applied psychological theory to SP. This is a problem, because it means that we cannot learn about the 'active ingredients' of SP — what makes it work?

My colleagues and I (Këllezi et al., 2019; Wakefield et al., 2022) addressed this by applying psychological theory to our evaluation of two SP programmes. Specifically, we used the Social Identity Approach to Health (SIAH; e.g., Wakefield et al., 2019). The SIAH argues that the social groups we belong to (e.g., family, sports group, local community, etc.) benefit our health/wellbeing because we experience a psychological sense of belonging to them. In turn, this sense of belonging unlocks valuable resources, such as social support from other people in the group, a sense of meaning in life, and reduced feelings of loneliness. These resources allow us to cope better with stress, and thus improve our health/wellbeing.

A useful framework

In our research, we found evidence to support the idea that the SIAH is a useful theoretical framework through which to understand how SP works. For instance, the increase in group memberships patients experienced during the SP programme predicted increased quality-of-life, and this was due to them experiencing increases in belonging and social support, and reduced feelings of loneliness.

Our research was the first to show that SP enhances health/wellbeing via processes predicted within the SIAH. This is an important finding,

because it will allow people who design and deliver SP to better understand how it works, and thus to ensure that SP programmes are maximally effective.

Activity

One criticism that health professionals sometimes have about SP is that they worry that patients will feel 'fobbed off' if they are prescribed a social group rather than drugs. How do you think you would feel if you were offered SP by your GP? Why do you think you would feel this way? How do you think we could educate the public to make them more aware of the potential benefits of SP?

References

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