Social prescribing for child and youth mental health and wellbeing – why is it not currently happening?

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Intro and background of group

• Please briefly introduce yourself and outline your interest/experience in social prescribing
Overview of session

1. Background work and systematic review
2. Discussion on lack of evidence to date
3. Emerging Minds Research
4. Questions/queries on proposed research
5. Discussion on referral routes and social prescribing, including pros/cons of each
6. Findings on the horizon
7. Questions
Background and work from systematic review
What is social prescribing?

• The prescribing of **non-medical, community or social activities** as an option to help people manage and prevent illness and improve their health and well-being

• Builds on a bio-psycho-social approach to mental health wellbeing (as opposed to a medical approach)

• It is more established in **adult populations**

• **Link workers** are the most commonly employed pathway for social prescribing in adult settings

• Despite a wide ride roll out and commitment to increase the number of link workers by 2021, **evidence of effectiveness remains patchy**
Reviewing social prescribing for children and young people to improve mental health and wellbeing

- We conducted a review the end of 2019 to review the evidence base on the impact of social prescribing in CYP MH

- Inclusion criteria focused on the use of a link worker

- Search included both formal journals, as well as ‘grey literature’ such as reports

- Requests for evidence were circulated via the Social Prescribing Youth Network, HeadStart partnerships, and CORC

- Overall, 1,307 records were retrieved and searched. However, no studies or grey literature met inclusion criteria

- Given the paucity of evidence, no conclusions can be drawn in relation to the role of social prescribing to improve the mental health and/or wellbeing of CYP
Thoughts on why is there currently a paucity of research?

• Complexities of translating social prescribing to CYP?

• Is the link worker model the right one?

• If social prescribing ‘too new’ in this group for the evidence base to have developed?

• Finding the most appropriate outcome measures?
Emerging Minds research

Started September 2020
Aims

• The review highlighted two priorities needed to advance the field:
  
  a) To understand the best referral routes for CYP to access SP
  b) To understand the current barriers and facilitators to SP for CYP

• The work we will be undertaking as part of the Emerging Minds funding will answer both these questions
Method

a) To understand the best referral routes for CYP to access SP:

- 3 focus groups (~5-6 CYP per group):
  - CYP’s experiences of traditional referral routes (e.g. through GP or link worker)
  - CYP’s experiences of other referral routes (e.g. through school)
  - CYP’s opinions in general on possible models of referral routes

b) To understand the current barriers and facilitators to SP for CYP:

- Interviews with different groups of stakeholders (~5 from each group): young people, link workers, GPs, clinicians and organisations that offer SP activities

- Drawing on the Theoretical Domains Framework to allow us to build up a comprehensive account of the factors that influence SP in relation to both individuals’ and services’ capability, opportunity and motivation
Analysis, impact, and outcome

• Qualitative analysis methods:
  a) Thematic analysis
  b) Framework analysis to facilitate exploration of the similarities and differences between different stakeholders

• Outputs will include:
  o Academic papers
  o A report outlining recommendations for facilitating SP with CYP
  o A blog/vlog and CYP report of findings
  o A conference presentation delivered to the YSPN and a seminar presentation at UCL/AFC

• Moving forward, we will plan to apply for further funding to implement our recommendations and to build the evidence base for improving mental health and wellbeing in CYP populations
Questions/discussion

- Are you aware of any similar research being conducted?

- Any thoughts on possible places where we can recruit CYP who have been accessing social prescribing by traditional and non-traditional routes?
Wider topics for discussion
Evidence Based Practice Unit (EPBU)

Referral routes social prescribing (Husk et al., 2019)

1: Signposting

Primary care (e.g. GP consultation) → Signpost to activity (e.g. leaflet)

2: Direct referral from primary care

Primary care (e.g. GP consultation) → Activity

3: Link worker

Primary care (e.g. GP consultation) → Link worker → Activity

3+: Holistic

Primary care (e.g. GP consultation) → Link worker / Hub → Activity
Questions/discussion

1. What pathways to social prescribing are you most familiar with/see in your practice (if any)?

2. As social prescribing is often adult focused, what other routes may be applicable (e.g. education) for CYP?

3. What are your views and experiences of these different referral routes, and what are the challenges and facilitators for each?

4. Specifically regarding the link worker model and CYP:
   • Is it important/needed/better than other models?
   • Does it facilitate better shared decision making and relationships?

5. Could other professionals be better suited to this role for CYP? (why/why not)
Potential findings on the horizon
Social prescribing activities currently being evaluated

• The HeadStart programme – delivery of interventions that may be akin to social prescribing
  
  o E.g. HeadStart Kent: The Talents and Interests grant scheme is designed to support young people identified by their schools and communities. A trusted adult from the school and/or communities can apply for a grant on the young person’s behalf in order to access hobbies such as sports, the arts or music. You can bid for £50 to £500 per grant. It will be a requirement of the grant to provide an evaluation 2 months after the activity has started. [https://www.kent.gov.uk/leisure-and-community/community-grants-and-funding/talents-and-interests-grant-scheme](https://www.kent.gov.uk/leisure-and-community/community-grants-and-funding/talents-and-interests-grant-scheme)

• The Wave Project: Surfing on prescription being evaluated in a pilot at the moment, results due around 2022
Evidence Based Practice Unit (EPBU)

Social prescribing, CYP and link workers (Bertotti et al., 2019)

UEL are leading an evaluation for 4 SP sites for CYP where link workers are involved

Whilst open to all young people for diff presenting difficulties (e.g. not mental health)

- 32% of referrals to link workers were for mental health/wellbeing
- 4.5% reported very high levels of life satisfaction (UK average 30%)
- 6.8% reported very high ratings of worthwhileness (UK average 36%)
- 6.8% reported very high feelings of happiness (UK average 35%)
- 50% of respondents reported poor or very poor health in the previous 12 months
- SWEMWBS shows a mean value of 17.8 (UK average 23.6)

Of interest:

- 19% of referrals were for social isolation

Evaluation will be finished: 2021
Guidelines for social prescribing for CYP

- Guidelines have recently been developed by Streetgames, UEL and Marie Polly Consulting

- Provides guidance around both national and local implementation of social prescribing

- Will be released at the end of this year (2020)
Any other questions/points for discussion?