

Table of Contents

	Executive Summary	2
1.0	Introduction.....	4
2.0	Social Prescribing.....	5
2.1	Definition.....	5
2.2	Evidence of the Benefits of Social Prescribing.....	6
3.0	Social Prescribing in Donegal.....	7
3.1	Background.....	7
3.2	Project Structure.....	8
3.3	Referral Pathway.....	8
3.4	Donegal Social Prescribing Coordinators.....	9
3.5	Evaluation Participant Information.....	11
3.6	Promotion and Awareness of the Service.....	11
3.7	The Role of the Library Services.....	11
4.0	Evaluation Methodology.....	12
4.1	Objectives of the Evaluation.....	12
4.2	Quantitative Data Collection.....	13
4.3	Qualitative Data Collection.....	13
5.0	Evaluation Findings.....	15
5.1	Findings from the Quantitative Research.....	15
5.2	Findings from the qualitative research.....	18
6.0	Lessons Learned.....	24
7.0	Conclusion.....	25
8.0	Recommendations.....	26
	Appendices.....	28

Executive Summary

Social Prescribing refers to the process of accessing non-medical interventions; it is a mechanism for linking people with non-medical sources of support within the community to improve physical, emotional and mental wellbeing. In 2013 a demonstration project for Social Prescribing was implemented in 6 areas in Co. Donegal and this evaluation report assesses the impact of the project from both a quantitative and qualitative perspective, and outlines lessons learned and provides recommendations for the future development of Social Prescribing.

Social Prescribing is an option for people over 18 years of age who are experiencing social exclusion or isolation; have vague or unexplained symptoms; symptoms of depression or anxiety; are frequent attendees at their GP's or have poor social supports. The benefits of Social Prescribing are positive emotional, cognitive and social outcomes and an increase in connectedness for people within their communities.

There is ample evidence of the benefits of Social Prescribing both generally and specifically in relation to the various options offered and taken up by participants e.g. books for health, exercise, creative and green activities and volunteering. The Donegal Library Service worked closely with the HSE and supported the project through their Books for Health scheme. Both the HSE and Irish College of General Practitioners agree that people with mild to moderate depression can benefit from Social Prescribing and this aligns with National Institute for Health and Care Excellence (NICE) guidelines in the UK.

Funded by the National Office for Suicide Prevention, 6 demonstration sites in Donegal were identified and Social Prescribing Coordinators were appointed for 10 hours per week for a period of one year in each area. A phased approach to implementation was taken. The Social Prescribing Coordinators worked in partnership with the Primary Care Team in their area and were supported by a programme structure that comprised a Steering Group, Local Working Groups and regular Social Prescribing Coordinators' meetings. The project was promoted through the Primary Care Team members and more widely, using leaflets, posters and direct contact with potential recipients of the service. Referral into the service was generally through a health care professional and participation was entirely voluntary. The Social Prescribing Coordinator usually worked with the participant over a six week period enabling the participant to identify activities and opportunities they would like to try or had enjoyed in the past. The main aim of this work was to identify and reduce or eliminate barriers to becoming involved in these activities for the participant.

In Donegal, 237 participants took part in the demonstration project; (October 2013 – October 2014) 119 took part in the evaluation, with 65 of these having sufficient time to complete the post questionnaires. The majority were female, unemployed, in receipt of a medical card, scored over the threshold for depression and anxiety and attended their GP frequently.

Approval was obtained from the Ethics Committee at Letterkenny General Hospital for a longitudinal, mixed method study using quantitative methods at baseline and follow up assessment, while qualitative methods were also used at the follow up assessment. The aims of the evaluation were to understand the effectiveness and impact of the project in all 6 of the Donegal demonstration sites; to identify lessons learned from this phase of the project, and to make recommendations for the ongoing operation and management of the programme.

The findings from the quantitative evaluation clearly showed statistically significant positive changes in the scores for wellbeing, anxiety and depression and community involvement. GP visits also reduced for participants. There was no significant change in the participant's use of medication. However, the time people were involved in the project was not sufficient for them to make changes in their use of medication in conjunction with their GP.

The findings from the qualitative element of the evaluation supported the quantitative findings and provided additional information and insight into the role of the Social Prescribing Coordinator, the programme structure, programme promotion, the location of the service and the strengths and challenges of the project.

A number of participant stories were transcribed and have been included in the report in order to bring to life the impact the project has had at an individual level.

The evaluation has also identified a number of lessons learned that will support the development of the service in Donegal and in other areas:

- Operating within an established community participation structure provided a solid foundation for the project
- The Planning Phase is important (even critical) to the success of the project
- The phased implementation approach worked well
- Identifying the 'right people' for the Social Prescribing Coordinator role is very important
- Availability of transport is an issue for participants
- Social Prescribing develops the self-confidence of participants
- Open and regular communication with all participants and stakeholders is a critical component of the project
- The gender ratio of participants was primarily female, however the number of men accessing the programme was higher than expected and can be built upon
- The number of younger participants was surprising and more options need to be developed for this group has been demonstrated

This evaluation has provided recommendations in five areas; Strategic, Programme, Operational, the Social Prescribing Coordinator Role and the Partnership between the HSE and the Library Service. Relevant details are set out in Section 8 of the report. At a strategic level it is recommended that the project be rolled out throughout the county and that multi-annual funding be secured to ensure staff retention and programme sustainability. It is also important to find ways to increase participation by men. It is vital that the non-clinical nature of the programme is protected, that the programme is open to everyone and that it is not seen as only for people with mental health difficulties.

Overall, Social Prescribing in Donegal has shown very positive results for participants and other stakeholders. The structured way of supporting partnership between clinicians and the community which has the potential to harness and nurture the good will that already exists between these partners.

1.0 Introduction

Social Prescribing refers to the process of accessing non-medical interventions; it is a mechanism for linking people with non-medical sources of support within the community to improve physical, emotional and mental wellbeing. As a model, Social Prescribing is a relatively new concept in Ireland, although it has been delivered in the UK for some time. Friedli (2001) suggests that Social Prescribing tends to shy away from medical descriptors of participants in keeping with the concept of a non-medical response to issues around isolation, grief, loss, separation and other health and wellbeing matters. This is borne out by Rigers and Pilgrim (1997) suggesting that Social Prescribing adopts a 'broader, holistic framework, with an emphasis on personal experiences, relationships and social conditions'. The qualitative evaluation component of the programme in Donegal bears witness to this statement.

1.1 Policy Context for Social Prescribing

Social Prescribing is supported by a number of current national policies and strategies –

Healthy Ireland

Social Prescribing complements the priorities in Healthy Ireland. Specifically it addresses the following themes and actions;

(1) Theme 2 Partnerships and cross sectoral work

Action 2.13 – combine mental health promotion programmes with interventions that address broader determinants of health and social problems as part of a multi-agency approach, particularly in areas of high socio-economic deprivation and fragmentation

(2) Theme 3 Empowering people and communities

3.11 Develop strategies to enhance social connectedness across the life course and to connect people most in need to resources, services, education and healthcare.

Primary Care

Social Prescribing is a way of implementing the ethos of care epitomised by the Primary Care Strategy in that it is –

“fully accessible by self-referral and have a strong emphasis on working with communities and individuals to improve their health and social well-being” (Primary Care - A New Direction 2001)

Moreover, it supports the implementation of Action 19 in that Strategy –

“Mechanisms for active community involvement in primary care teams will be established.”

Mental Health - Vision for Change

The Government policy on mental health, A Vision for Change 2006, states that the mental health system should include a community level response to mental health difficulties, such as support groups and other voluntary groups and recommends that 'community and personal development initiatives which impact positively on mental health status should be supported. This helps to build social capital in the community'. (Rec 4.9 A Vision for Change)

Social Inclusion

"Social Inclusion in the HSE focuses on health inequalities through the provision of targeted services; supporting enhanced responsiveness of mainstream services and facilitating partnership working" (HSE National and Local Service Plan 2014/2015) Social Prescribing is an excellent model for the implementation of Social Inclusion within health.

In 2013, County Donegal was part of a demonstration project for Social Prescribing in Ireland. Other counties involved in developing their own approaches were Leitrim, Sligo and Mayo. This evaluation report assesses the impact of the demonstration project in County Donegal from both a quantitative and qualitative perspective, and outlines lessons learned and provides recommendations for the future development of Social Prescribing in Donegal.

2.0 Social Prescribing

2.1 Definition. Social Prescribing describes the use of non-medical supports to address the needs of people whose mental health is affected by depression or anxiety and people who feel socially isolated. It is a formal means of enabling primary care services to refer people to a variety of holistic, local, non-clinical projects and programmes in the community. It is intended to reduce social exclusion for isolated and vulnerable people, and those with enduring mental health problems. The benefits of Social Prescribing are:

- Positive emotional, cognitive and social outcomes
- Addresses the broader determinants of health
- Reduces social exclusion for disadvantaged, isolated and vulnerable people and for those with enduring mental health problems
- Social Prescribing is an option for people over 18 years of age and is particularly beneficial for people:
 - With vague or unexplained symptoms
 - With symptoms of depression or anxiety
 - Who are frequent attendees at GP Practices (more than 12 visits per year),
 - With poor social supports
 - Who experience psychological difficulties
 - Who are disadvantaged, isolated and vulnerable
 - Who are low-income lone parents or recently bereaved elderly people or people with chronic physical illness or who are newly arrived into communities
 - Who are people with long-term and enduring mental health problems.

2.2 Evidence of the Benefits of Social Prescribing

Promoting positive mental health, not just among individuals experiencing mental health difficulties, but also across entire populations is an integral part of improving health and wellbeing (World Health Organisation, 1986; World Health Organisation, 2001; World Health Organisation, 2002; Jane Llopis and Anderson, 2004; Barry et al, 2009). The Marmot Report (2010: 560) sets out evidence of the inextricable relationships between physical health, mental wellbeing and social interaction. It shows that mental health and wellbeing has a significant influence in the contexts of human life– ‘achievement, lifestyle, physical health, resilience and recovery, employment, relationships, and civic participation and engagement’.

Review led evidence (Bunting et al 2011) indicates that there is good evidence for the efficacy and effectiveness of a number of interventions for addressing anxiety and depression disorders at primary care level. Interventions such as arts activities, green activity/ecotherapy, community learning supports, etc. have all been proven to have a positive effect on general wellbeing and mental health. There is evidence of the benefits of many Social Prescribing interventions. Those relevant to the Donegal Social Prescribing Project are shown in the table below¹.

Table One. Evidence for effectiveness of Social Prescribing interventions

Social Prescribing Intervention	Evidence
Books for Health (Bibliotherapy)	A review of research evidence for self-help interventions for people with mental health problems (Lewis and Anderson ,2003) found that most studies reported significant benefit from the use of self-help materials based on CBT approaches for treatment of depression, anxiety, bulimia and binge eating disorder. Frude (2004) found that bibliotherapy had high patient acceptability, a tendency to continued improvement over time and low relapse rates
Exercise	Exercise is an effective adjunct intervention for some of the negative symptoms of mental illness such as depression and anxiety (Faulkner and Biddle, 1999). Exercise also reduces anxiety, enhances mood and improves self-esteem (Fox, 2000; Mutrie, 2000)
Creative Activities	A number of studies have suggested that creative activity has positive effects on mental health such as the development of self-expression and self-esteem, opportunities for social contact and participation (Huxley P., 1997), and/or providing a sense of purpose and meaning and improved quality of life (Callard and Friedli, 2005; Oliver et al., 1996; Tyldesley and Rigby, 2003)
Green Activity / Ecotherapy	Ecotherapy is an accessible, cost-effective complement to existing treatment options for mild to moderate mental health problems (MIND 2007)
Volunteering	Evidence of the mental health benefits of volunteering is interlinked with some evidence that older volunteers are more likely to gain psychological benefits from volunteering than young people (Friedli et al., 2007). Friedli suggests that while evidence is mixed, encouraging and facilitating access to volunteering activity may be empowering for some people and a potential route to developing valued skills and opportunities for social contact

Both the HSE and the Irish College of General Practitioners agree that people with mild to moderate depression should be referred to services including the voluntary and community sector. In the UK, National Institute of Health & Care Excellence (NICE) guidelines on anxiety disorder require primary care teams to inform patients about self-help organisations and support groups.

¹ Research Report. Care Options for Primary Care. The development of best practice information and guidelines on social prescribing for Primary Care Teams. Keenaghan Research and Communications Ltd.

3.0 Social Prescribing in Donegal

3.1 Background.

Funded by the HSE's National Office for Suicide Prevention (NOSP), Social Prescribing was introduced in Donegal at two demonstration sites in 2013, culminating in 6 sites in 2014. The aim of the project was to demonstrate the effectiveness of social prescribing by employing six Social Prescribing Coordinators for 10 hours per week for one year (with a review at six months). A partnership approach was taken between the local communities, GPs, HSE clinicians and the Library service. The formal Steering Group was established in September 2012, with a project consultation phase from November 2012 – February 2013. All 17 Primary Care Teams were invited to apply to host a demonstration project. In the first round (April 2013) there were 10 applications and four areas were selected, and in the second round (December 2013) there were 5 applications and 2 were awarded. The Primary Care Team areas selected were:

1. Ardara/Glenties
2. Letterkenny (3 Primary Care Team areas)
3. Dunfanaghy/Falcarragh/Creel/Slough
4. Milford/Rosguill
5. Bunrana
6. Donegal Town

The sites selected represented a broad geographical spread across the county. In setting up the demonstration project account was taken of the recommendations in the 2012 Keenaghan Report, *Social Prescribing: Care Options for Primary Care*. This report provided information and best practice guidance on Social Prescribing for Primary Care Teams. The project is the first of its kind in Ireland, although there have been similar projects in the UK.

A staged approach to implementation was taken, with the first Social Prescribing Coordinator appointed in August 2013. The Programme was officially launched in October 2013.

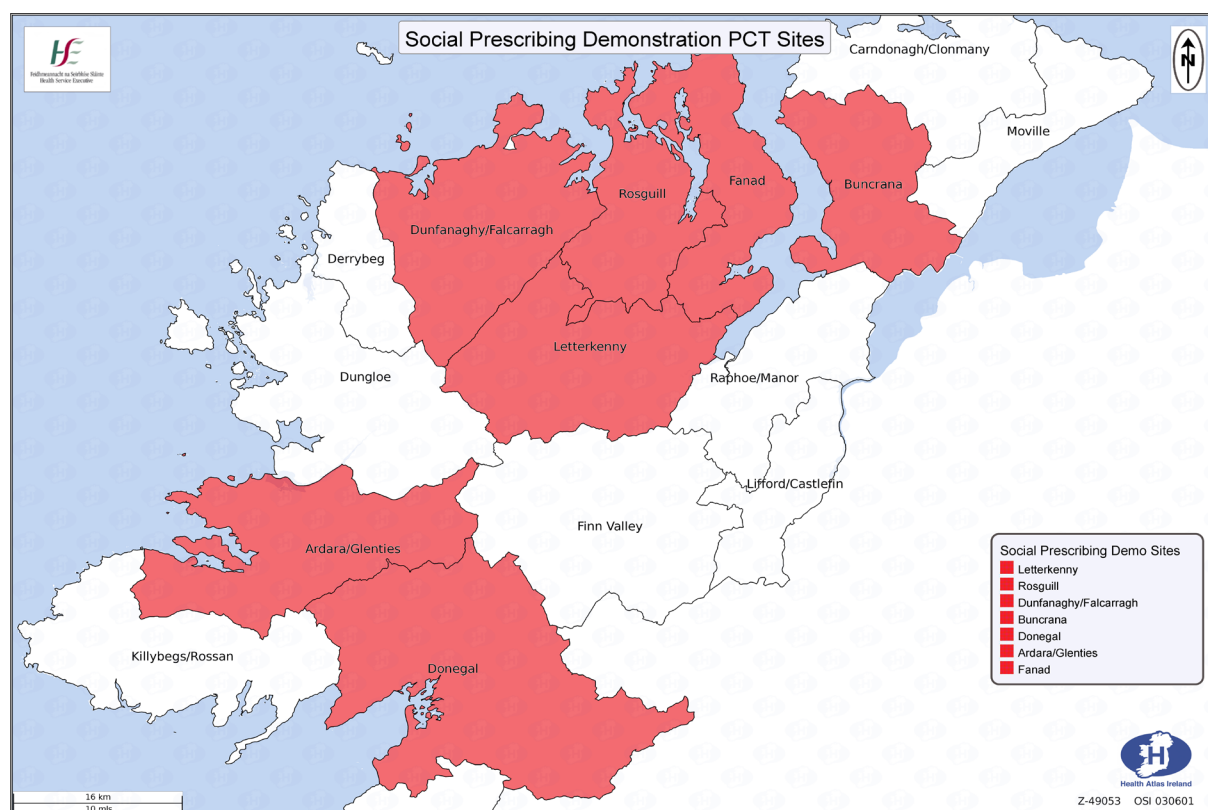
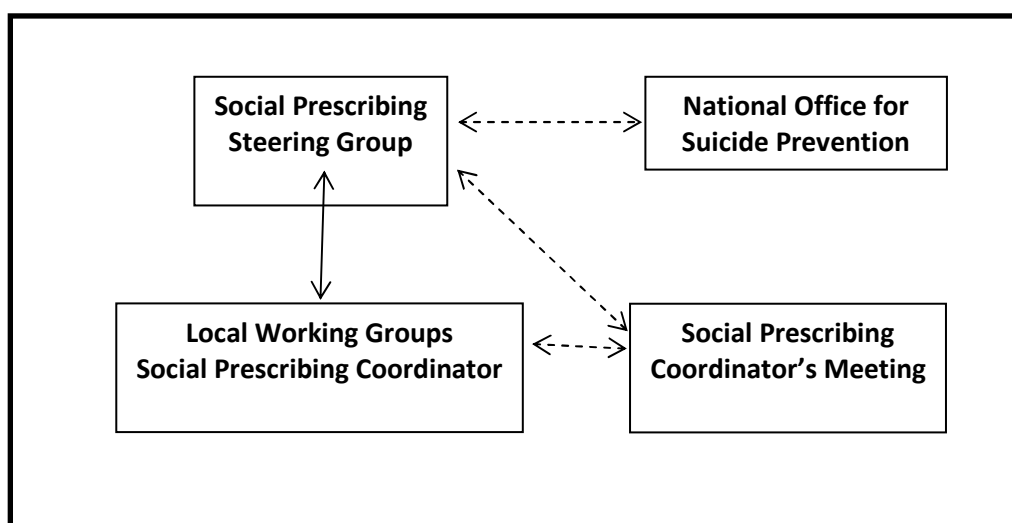


Figure One. Map of Donegal showing the six demonstration sites

3.2 Project Structure. The governance of the project is shown in Figure Two below.

Figure Two. Structure of Donegal Social Prescribing Demonstration Project



The **Steering Group** oversees the development, implementation and evaluation of the demonstration project. Membership consists of representation from HSE Health Promotion, HSE Social Inclusion, Community Health Fora, and the Library Services. The Steering Group meets monthly.

Each of the demonstration Primary Care sites has a **Local Social Prescribing Working Group** with membership comprising a community representative, GP, members of the Primary Care and Mental Health Teams and representative from the Steering Group. The Social Prescribing Coordinator also attends the meetings. These groups meet quarterly or more often if required.

The **Social Prescribing Coordinators' Meetings** have a broader purpose of sharing information and learning, identifying issues, developing possible responses to these issues and fostering mutual support and meetings are held approximately bimonthly. Membership consists of Steering Group members, the Social Prescribing Coordinators and representatives from each of the Local Working Groups.

The Social Prescribing Coordinators are employed through and based in different settings in the project areas:

- Family Resource Centre (2)
- Community Development Project (2)
- GP Surgery (1)
- Local Partnership Company (1)

3.3 Referral Pathway

In most cases Social Prescribing begins with a referral from a health care professional. This would typically be from members of the Primary Care Team (GPs, Community Mental Health Nurses, Public Health Nurses, Speech and Language Therapists, Occupational Therapists, Physiotherapists). Referrals can also come from other health professionals such as a Psychologist, Dietician or Social Worker or from the participant themselves. The GP is always informed of the individual's participation in the programme by the Social Prescribing Coordinator after the first meeting. Participation on the programme is entirely voluntary. Figure Three shows the referral pathway.

Figure Three. Social Prescribing Referral Pathway.



3.4 Donegal Social Prescribing Coordinators

The Social Prescribing Coordinator acts as a link between health professionals and community supports and activities. It is recognised as key to successful social prescribing (Keenaghan et al, 2012). Further, the relationship between the coordinator and the projects delivering activities in the community has emerged as a pivotal aspect of social prescribing models. Thus it is recommended that the coordinator have highly developed interpersonal, communication and networking skills, with a motivating and inspiring manner to encourage clients to make decisions or to take up new opportunities.

Following a referral, the Social Prescribing Coordinator will arrange an initial meeting with the participant. The aim of this meeting is for the Social Prescribing Coordinator to gain an understanding of the presenting issues from a social engagement, rather than a medical perspective. The Social Prescribing Coordinator will work with the participant, usually over a period of 6 weeks with between one and four meetings, depending on the needs of the participant. The Social Prescribing Coordinator will enable the participant to identify activities and opportunities which they have enjoyed in the past or that they would like to try out. The Social Prescribing Coordinator will support the participant to identify challenges and barriers to his or her participation and put strategies in place to overcome them. The Social Prescribing Coordinator will follow up on progress with the participant at subsequent meetings.

In Donegal the Social Prescribing Coordinators come from a range of backgrounds, including nursing, teaching, life-coaching and personal development. Equally as important as their experience and qualifications are their personal characteristics, inter-personal skills, attitude and approach to the role and their ability to link between the Primary Care Team and the Community and Voluntary Sector.

In Donegal the role of the Social Prescribing Coordinator is to:

- Build active links with Community Groups, GPs and other Primary Care professionals
- Identify relevant key Social Prescribing activities in each PC team area
- Make contact with each activity and agree referral and support mechanisms, etc.
- Continuously promote the initiative through posters, leaflets, meetings, etc.
- Develop an appropriate referral process and feedback mechanism
- Ensure that key professionals know about the programme
- Conduct individual sessions with all individuals referred for SP and discuss support needs in terms of accessing the Social Prescribing activity
- Link individuals with the agreed social prescription option and identify an individual who will support the person to access the particular SP activity, if necessary
- Implement the evaluation processes
- Review progress of each person referred for SP and agree feedback to initial referrer
- Maintain confidential records of all people referred for SP

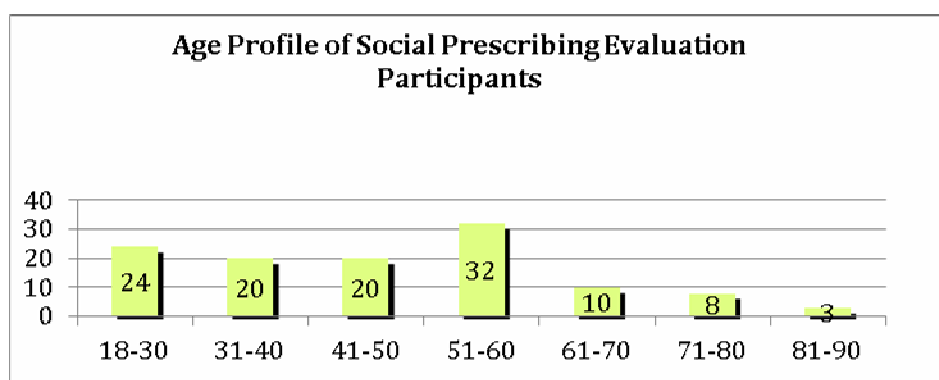
In Donegal Social Prescribing options included:

- Books for Health
- Signposting
- Facilitated skills development
- Exercise
- Arts and creativity
- Green activity
- Support Groups
- Men's Sheds
- Stress Control Workshops
- Community Gardening
- Hobby/Interest Groups

3.5 Evaluation Participant Information

Overall there were 237 participants in the first year of the demonstration project. Of the 237 participants, 119 took part in the evaluation. The evaluation started four months after the first demonstration site started. Thus the evaluation approach and tools were not developed at the outset of the project. Therefore the early participants were not asked to take part in the evaluation process when they were referred to Social Prescribing. Details of the 119 people who took part in the evaluation are given below.

- 69% Female, 31% Male
- 80% unemployed
- 80% in receipt of a medical card
- 71% scored over the threshold for depression
- 82% scores over the threshold for anxiety
- On average participants had 3.6 GP visits in the previous three months.



3.6 Promotion and awareness of the service

The service was primarily promoted in local areas in a number of ways. The Social Prescribing Coordinator met with members of the Primary Care Teams to explain and promote the service. This was supported by the referral pathway flowchart. A general leaflet and poster were also produced, tailored to each demonstration area and distributed in various places e.g. libraries, GP Surgeries, Family Resource Centres, etc. The HSE Communications team supported the project by issuing a Press Release and articles were published in local and national newspapers. Members of the Steering Group were interviewed on local and national radio.

3.7 The Role of the Library Services.

The Library Service in Donegal has been running a Bibliotherapy scheme for several years which is quite successful. This scheme is about making self-help books and other books which support mental health, from a list developed by the HSE, available to users of the library and to those referred by Social Prescribing Coordinators. The Library Service was represented on the Steering Group from the outset and worked closely to ensure that the Bibliotherapy Scheme, which is referred to in Social Prescribing as Books for Health, was available in each area as an option. There is some evidence that the usage of these books increased in the areas that had a Social Prescribing Project.

4.0 Evaluation Methodology

Approval for the evaluation study was sought and obtained from the Ethics Committee of Letterkenny General Hospital. The evaluation consisted of a longitudinal, mixed method study. It used quantitative methods at baseline and follow up assessment, while qualitative methods were used at the follow up assessment. The study was carried out by two Assistant Psychologists, and was undertaken with participants presenting to GPs and other Primary Care clinicians in the six sites in Donegal from 1st October 2013- 1st October 2014.

The aims of the evaluation were:

- To understand the effectiveness and impact of the project in all six of the Donegal demonstration sites
- To outline lessons learned from this phase of the project
- To make recommendations for the ongoing operation and management of the programme

The evaluation also aimed to inform those involved with the development of social prescribing programmes in other areas of the country. It will be of particular interest to those involved in the promotion of mental health and social inclusion and the prevention and treatment of mental health problems. The lessons learned and recommendations will also be of interest to Community & Voluntary sector organisations and those working in sports, leisure, arts, education and sustainable development.

4.1 Objectives of the evaluation.

The objectives of the evaluation were:

1. To measure the impact of Social Prescribing on participants presenting with anxiety and/or depression
2. To assess the impact of the programme on general wellbeing
3. To assess user satisfaction with the programme
4. To assess stakeholder satisfaction with the programme
5. To describe case studies to illustrate the nature of the work being carried out
6. To make recommendations on the future development of this programme

The Principal Research Questions asked were:

- How does Social Prescribing impact upon the wellbeing of its users?
- What are the stakeholders' perspectives of the impact and usefulness of Social Prescribing?

4.2 Quantitative Data Collection.

After the evaluation approach and tools had been agreed, all new participants in the programme were asked if they were prepared to be involved in the programme evaluation. Those who agreed were provided with information on the study and were asked to complete consent forms. They were also asked to fill out a demographic form which included age, gender, relationship status, education, medication and self-reported general health and community involvement. Participants were also given two psychometric tools, the World Health Organisation (WHO) Five Wellbeing Index measuring well-being, and the Hospital and Anxiety Scale (HADS), measuring Anxiety and Depression. These tools are internationally validated scales assessing population wellbeing, individual wellbeing, mental health and social engagement - Data was analysed using SPSS - These tools enabled data to be collected on anxiety, depression, wellbeing, general health and community involvement and provided a baseline against which to measure changes as a result of participation in the Social Prescribing Programme.

Evaluation Tools. The tools described in Table Two were used in the evaluation.

Table Two. Project Evaluation Tools

Demographic Questionnaire	This covered age, gender, relationship status, education, medication and self reported general health and community involvement
Hospital and Anxiety Scale (HADS)	This is a self-assessment scale containing 14 questions developed to detect states of anxiety and depression.
WHO (Five) Well-Being Index	This measures subjective quality of life based on positive mood (good spirits, relaxation), vitality (being active, waking up rested) and general interest (being interested in things). There are 5 items on a 6-point Likert scale. The scale has been found to have a good internal and external validity and was found to be very sensitive to change

4.3 Qualitative Data Collection.

A semi-structured interview was developed to assess the perceptions and experiences of participants. The research was undertaken using a systematic and logical approach to ensure validity and reliability with reference to qualitative traditions (Woodall and South, 2005). The interview schedule was flexible to allow examination of themes that arose during the interviews but had not been included in the schedule. All interviews were conducted by the project evaluators and were recorded with consent from participants. Time was set aside at the end of the interview for informal discussion, if required. This time was not recorded.

Face to face interviews took place with the following groups:

- Participants
- Referrers
- Social Prescribing Coordinators
- Stakeholders

The interview structure covered the following areas:

- Changes in lifestyle behaviours (e.g. diet, exercise, sleep, help-seeking)

- Changes in emotional and cognitive skills and attributes associated with mental well-being (e.g. positive thinking, problem-solving, communication)
- Changes in social functioning
- Changes in mental health and wellbeing
- The process of referral
- Expectations of the service
- Implementation and delivery of the service
- Relevance and the outcomes of being part of the scheme
- Accessibility of the service
- Appropriateness and sustainability of the service
- Linking participants to the community sector
- Strengths and weaknesses of the demonstration project

Stakeholder interviews also explored:

- Understanding the concept of the Donegal Project and Social Prescribing in general
- Expectations of the project
- Process and delivery of the programme and options offered
- Communication and feedback
- Outcomes: benefits for stakeholders
- Outcomes: benefits for participants
- The future of the scheme within primary care
- Impact of the project on 'frequent GP attendees' and prescription levels

The stakeholders who took part included members of the **Social Prescribing Steering Group** and the **Local Working Groups**. The evaluation team randomly selected participants from each area to be interviewed. Table Three shows the number of interviews from each group.

Table Three. Number of interviews for each group.

Participants	Social Prescribing Coordinators	Steering Group Members	Referrers	Working Group Members
12	5	5	2	4

The data was analysed using Thematic Analysis, a qualitative analytic method for identifying, analysing and reporting patterns and themes within data.

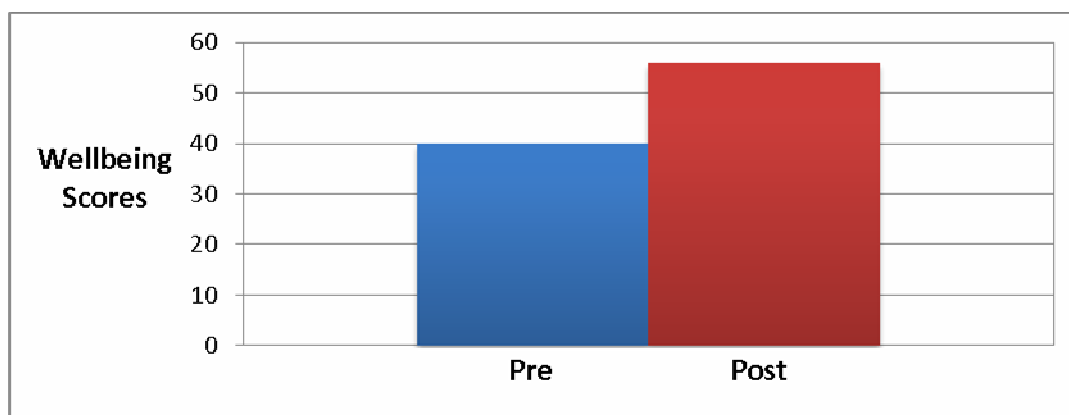
5.0 Evaluation Findings

5.1 Findings from the quantitative research

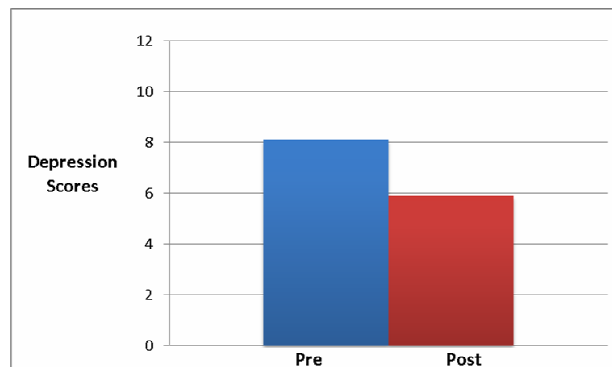
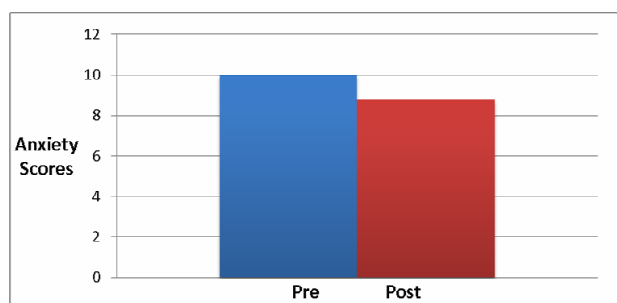
This section graphically shows the change in scores for participants from before they started on the programme and after they had completed the programme. The results are based on 65 responses from the 119 participants from across all of the six demonstration sites. This is a response rate of 55%. The scores showing changes in wellbeing, anxiety and depression are statistically highly significant in terms of their P Value with all three showing a P Value of less than 0.05²

Wellbeing Scores (WHO-5 Wellbeing Index).

The WHO-5 Wellbeing Index is a short, self-administered questionnaire covering 5 positively worded items, related to positive mood (good spirits, relaxation), vitality (being active and waking up fresh and rested), and general interests (being interested in things). It has shown to be a reliable measure of emotional functioning and a good screen for depression.



Wellbeing scores are measured from 0 to 100. Evidence shows that a score of 50 or below is indicative of low mood, though not necessarily depression. A score of 28 or below indicates likely depression. In order to monitor possible changes in well-being, a 10 difference can be regarded as a significant change. The results from the demonstration project, showed an increase of 33%, increasing the average wellbeing score from 40 to 56, bringing the group as a whole into the non-clinical range, indicating that emotional functioning and wellbeing has improved. Participation in Social Prescribing has had a statistically significant positive impact on wellbeing for the people who responded to the evaluation. This change is significant, even taking into account other positive changes that may have happened in the lives of these participants.



² Explanation of the P Value. The closer to 0 a P value is, the more significant it is. If the P value is less than 0.05 it can be said that the test is significant. For example, if a P value was .001, the observed outcome would be expected to occur by chance in only 1 in 1,000 times in repeated tests on different samples of the population.

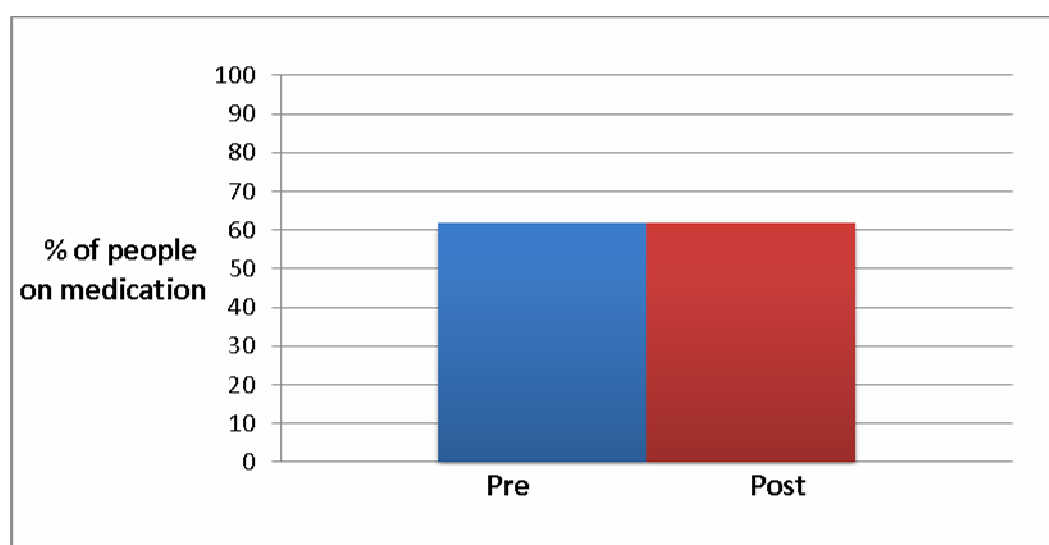
Anxiety and Depression Scores (HADS Scale)

The Hospital Anxiety and Depression Scale (HADS), detects states of depression, anxiety and emotional distress. Scores of 7 and below are normal, while scores of 8 and above are indicative of anxiety. The results showed that those who engaged in Social Prescribing had a significant decrease in **anxiety** scores after 3 months. The average score fell from 10 to 8.8. This finding was also very significant, indicating that there was a marked decrease in the level of anxiety reported by participants who undertook Social Prescribing. The results showed that those who engaged in Social Prescribing had a significant decrease in **depression** scores after 3 months. The average score fell from 8.1 to 5.9. This finding moved the group of participants from the clinical range to the normal range.

General Health Scores

Participants were asked to rate their general health between 1 (very bad) and 6 (very good).

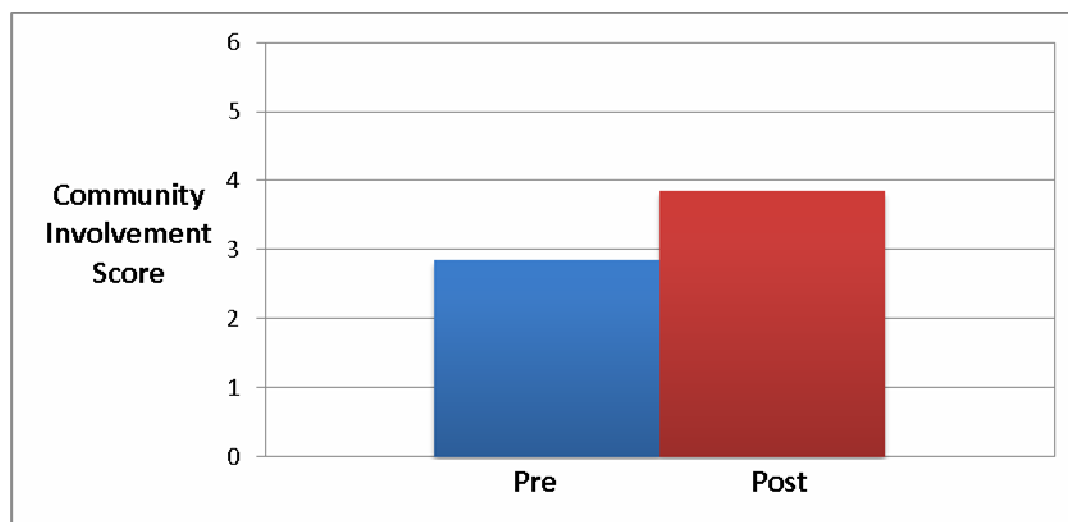
Although there was a slight increase in General Health Scores, it was not found to be significant. This question was designed to assess the general physical health of participants, an area Social Prescribing does not explicitly aim to improve, as participants may have a long term illness.



Use of Medication

There was no significant change in people's medication use for the duration of the evaluation. Medication use is a difficult factor to measure as the average participation in the demonstration project was for 3 months, which in normal circumstances, is not sufficient time for an individual to cease medication. The majority of comparable studies were at least 12 months, giving sufficient time for an individual's medication to be assessed. For this reason, it was not expected that there would be a decrease in the use of medication.

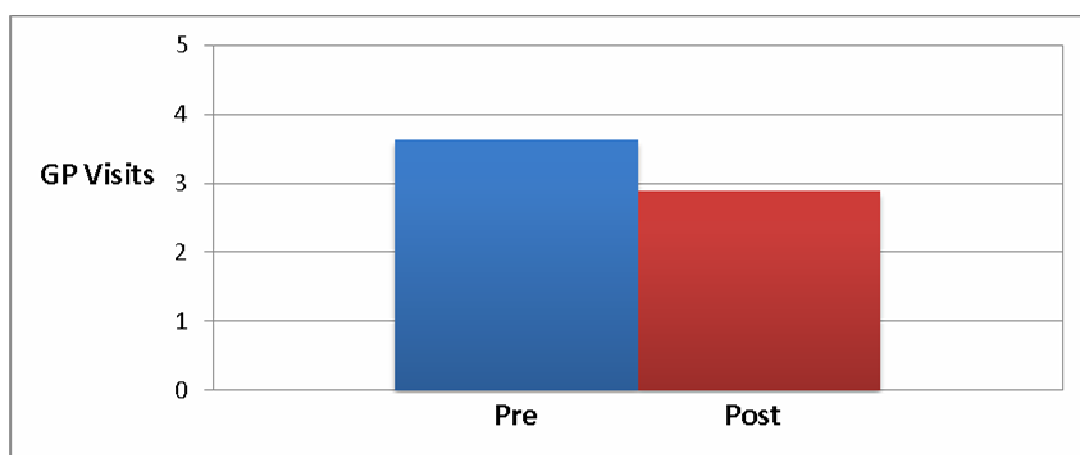
Community Involvement



Participants were asked to rate how active they perceived themselves to be in their local community, with 0 being the lowest and 6 being the highest. Those who completed Social Prescribing were shown to have significantly improved, increasing from an average score of 2.85 to 3.85, a 35% increase.

GP Visits.

Participants were asked how many times they had visited their GP in the previous 3 months. A 'frequent visitor' is someone who visits their GP more than 12 times per year. For those who completed Social Prescribing, there was a significant decrease in GP visits, with the mean amount of visits reducing from 3.63 to 2.89, a reduction of 20%. This supports the hypothesis that participants who engage in social prescribing will attend their GP on a less frequent basis.



Main Findings of Quantitative Evaluation

In summary, the findings from the quantitative evaluation are:

- * Social Prescribing had a highly significant positive impact on wellbeing, anxiety and depression levels for participants.
- Visits to GPs significantly decreased
- Participants reported their community involvement as significantly higher than before they undertook the project
- Social Prescribing had no significant impact on general health and use of medication

5.2 Findings from the qualitative research

The transcriptions of the interviews were analysed in detail using Thematic Analysis, and the following themes emerged. Where appropriate the source of the comment or issue has been shown. Direct quotes from participants in the evaluation process are also given.

Participant Story.

J. is an active 73 year old who was referred to Social Prescribing by his GP. He described himself as usually calm and relaxed but had developed high levels of anxiety over the last year. He reported waking up during the night and not being able to complete simple chores and that it was affecting his quality of life. His wife was becoming increasingly concerned and she did not want him to take medication as he was worried about the addictive nature of the tablets. After visiting the Social Prescribing Coordinator, J. was referred to two options. Several self-help books were also recommended to him that were available in the local library. The first option was yoga, which was on in the local community centre. J. immediately took to yoga and found the breathing aspect especially useful even though he had a very physically active lifestyle. The second option was counselling. J. found this extremely beneficial as he felt it was getting to the root of his problems. J. reports that there is calmness in his life now that hasn't been there for years and he is sleeping well at nights. His wife found the self-help books to be a great source of support for her and feels more equipped to deal with J.'s anxiety. J. also started attending GROW and is taking guitar lessons every Thursday.

Role of the Social Prescribing Coordinator

“The co-ordinator was warm, friendly and made me feel at ease. She was the extra push I needed. That kind of personality is important”. Social Prescribing participant

- The approachability, ongoing contact and personality traits of the Social Prescribing Coordinators are key to the success of the programme
- It is important for the Social Prescribing Coordinator to be clear about the boundaries of his or her role and when to refer on to a primary or secondary care clinician
- The role should remain open to people from a range of backgrounds, experience and qualifications, and a clinical or medical background should not be a requirement
- The role also covers promotion and awareness raising of the programme both within the Primary Care team (referrers) and the public. This element of the role takes up a large amount of the allocated hours and was identified as an issue by almost all of the Social Prescribing Coordinators

“A massive part of our role is the promotion of Social Prescribing in our respective areas. You have to sell the service, talk about its benefits and the positives of it.”

Social Prescribing Coordinator

Programme Structure

“I think it makes sense you know, you get a prescription for flu, why not for your social life”?
Social Prescribing participant

- Social Prescribing as a title is clear and makes sense to people
- The Social Prescribing Coordinators found that developing the programme in each area was time consuming; making contacts with referrers and stakeholders, developing assessments and establishing firm boundaries around their work
- Clarity for participants over the programme structure and timescales is important
- The structure and role of the Local Working Group is important. Regular meetings and supervision are integral to the success of the programme
- The Social Prescribing Coordinator allocated hours of 10 per week are not enough
- There was a large uptake of the Books for Health option, although figures available don't show if that is as a direct result of Social Prescribing, and there is currently no formal way to measure this. There were 553 Books for Health issued between September 2013 and September 2014, which is a significant increase (53) on the previous year, when 362 books were checked out from September 2012 to September 2013. A further benefit from the involvement of the Library Service is the improved links between the HSE and DCC Library Services.

Participant Story.

T. is 34 years old, and has a history of post-natal depression and weight gain. She has coped really well herself and joined a slimming group losing all the weight and gaining control of her life. She was a self-referral to Social Prescribing who wanted to help others in the same position, but didn't have the confidence or know how to proceed. With the support of the Social Prescribing Coordinator T. made the decision to start a group called Fit4fun. The Social Prescribing Coordinator was able to put her in contact with local schools, sort out her insurance through the medical practice and Get Ireland Walking. Currently 40 families are taking part. The group was set up originally to tackle childhood obesity. It runs 3 days a week, and the great thing about this group is that the parents complete a 3 mile walk while the children are at the class. T. has flourished with the success of this group, as has the whole community. Her confidence and self-esteem are growing and she has just started up an Operation Transformation group which currently has 55 members.

Local Working Groups

- The group should have regular meetings as suggested in the guidelines
- Membership of the groups should comprise at least one community representative, one GP and one other clinical member of the primary care or mental health team
- Regular attendance by all members is very important. Some groups found that GP and Public Health Nurse attendance was sporadic
- The progression and impact of the project is affected by the commitment of the Local Working Group. In areas where the group met more frequently, progress has been quicker and any emerging issues have been dealt with responsively
- The active involvement of the Social Prescribing Coordinator supervisor on the group is important in terms of providing support

“When you look at the overarching ethos, you’d be hoping that people would be seen on an individual basis, but through that intervention you want them to re-identify with their communities and what’s available locally and have increased confidence and capability to access those services that are local. It’s like anything, anybody that goes through a difficult period, that first phone call or that first walk through the door is the vital thing”

Local Working Group Member

Participant Story.

G. is a 59 year old single woman with a long standing history of depression and chronic medical conditions. G. is a talented artist, drawing painting and sculpting. G. was referred to Social Prescribing by her GP who was increasingly concerned about her isolation and living circumstances. G’s home was extensively damaged following a house fire and unfortunately she was uninsured. With support from the Social Prescribing Programme she was able to purchase some paper and crayons and has become involved in a new art club on a Tuesday morning. This is an informal gathering of like-minded people who help and encourage one another over a coffee. This group is growing rapidly in the village and many of the older members of the community now attend just to sit and chat and act as models, so it benefits all. G. has benefited tremendously from Social Prescribing. Her health has improved dramatically, but more importantly she says she used to dread the winter, hibernating, only leaving the house if she absolutely had to. As a result of her new friendships made, extensive repairs have been made to her home free of charge. She has been able to move out of the caravan she was living in and back into her home and is looking forward to slowly getting further improvements made as her finances allow.

Programme Promotion and Awareness-Raising

- The launch event helped to increase awareness among health professionals.
- More could have been done to promote the service but the time of the coordinators is limited

Participant Story.

D. is a 37 year old woman with a long standing history of mental health problems. She was referred to Social Prescribing by the Community Mental Health Nurse. Her issues included poor self-esteem and isolation. She has no extended family nearby and struggled to cope with a young family. D. joined the local Walk and Talk group and gradually engaged with others. The Social Prescribing Coordinator referred her to Parentstop which has been a great success, with the children and her husband all attending family counselling. With support from the Social Prescribing Programme D. was able to attend a 6 week Parents Plus Course. While D. still struggles with her self-esteem, she is slowly engaging more in the community. She has found the Parentstop counselling sessions invaluable and her husband is more supportive and understanding. She has made friends with others in the same position and has a much more positive demeanour.

Location

- There were pros and cons to locating the programme in clinical and non-clinical settings. The clinical settings make for closer working relationships with GPs and other clinicians, while the non-clinical setting may make the service more accessible and some people may feel more comfortable attending.
- Family Resource Centres are a good base for the Social Prescribing Coordinator in terms of sharing information and finding out what programmes are available in the community

- Where the Social Prescribing Coordinator is based in a Family Resource Centre, the Family Resource Centre has found that there is improved access and uptake of their other programmes by people who are hard to reach and who have participated in the Social Prescribing Programme
- There are also benefits for the Family Resource Centres in that they are aware of the service and are able to make referrals. Also participants can find out about and access other programmes provided by the FRCs.

Participant Story.

M. is a 51 year old woman. She has 2 teenage children and is separated. She lives in an isolated area of Donegal. She used to work as a secretary when she was younger but is currently unemployed. M. was diagnosed with depression 10 years ago and has been on and off anti-depressants since then. She feels lonely in her surroundings as she came from a busy community-orientated town to a rural area. She was becoming concerned with the effect her low mood was having on her children. On meeting with the Social Prescribing Coordinator M. was unsure of what activities she should do. On the second meeting with the Social Prescribing Coordinator further education and religion were two areas M. identified as being interested in. She enrolled in an administration course one day a week with a view to returning to job-seeking. She also began fortnightly bible classes. M. reports that she is feeling a lot better since engaging with Social Prescribing. She is attending a course in the local town and continues to go to bible class fortnightly. She linked in with other members from the course and has met them outside of the course for social events.

“It was just a gentle stick at the door for me. Go, do it. I think.. that’s just, that’s what I needed” Social Prescribing participant

Programme Strengths

- The established community structure and strong partnerships between statutory agencies and the community and voluntary sector has ensured that the Social Prescribing Programme has embedded well with the support and cooperation of all programme stakeholders
- Getting healthcare professionals and participants to understand and see the benefits of non-medical solutions has been very positive
- The Programme has enabled participants to see how they can actively contribute to their community and to their own personal development and wellbeing. An unexpected benefit of the programme was identifying need within a community. As a direct result of the Social Prescribing one FRC initiated a relaxation class in response to a large number of participants presenting with stress-related anxiety, etc.
- The Programme adds real value in terms of re-engaging with the community and addressing personal isolation and getting people to see beyond their own front door. The personal qualities and traits of the Social Prescribing Coordinator are important aspects of the programme

Participant Story.

J. is a 46 year old separated man living on his own and was referred to Social Prescribing by his G.P. as he was concerned since losing his job 3 years ago he was spending a lot of time on his own in his apartment. After meeting with his Social Prescribing Coordinator, J. identified that he used to enjoy playing the guitar and would like to start using the gym. However, he was concerned about the cost implications as he had a limited budget. With support from the Social prescribing Programme J. was able to commence guitar lessons for a six week period. He also joined the Letterkenny Youth and Family Service gym for 20 euro annual membership, funded from his own resources. J. attended both his guitar lessons and gym sessions regularly, and the difference in J. is evident in that he is now much more confident in himself. He is participating in a Friday morning social held in LYFS, he is in better physical health, takes greater pride in his appearance and when he greets you it is with a smile. In the New Year J. agreed to consider his options for retraining, in the hope of returning to work.

“...and even though the first day I went to counselling I didn’t really like it, and do you know what, I was prepared because she went out of her way to help me. You know and I wasn’t going to throw in the towel after the first... and the same with the yoga. I had to be helped up. I was mortified. But I wasn’t going to throw in the towel because she had done, gone out of her way to help and try to help, which is extremely important”

Social Prescribing participant who chose yoga as an option and also attended counselling

“I have problems with anxiety.... and otherwise I would have gone to doctor, to doctor, to doctor.....oh antidepressants, I don’t want those antidepressants. They don’t work for me”

Social Prescribing participant

Participant Story.

M. is 63 year old widowed woman, a mother of two living on her own. M. was referred by her physiotherapist. She had a recent fall and was recovering well but the physiotherapist was concerned that she has very little physical activity and was becoming increasingly socially isolated since the death of her husband 2 years ago. M. identified that she used to enjoy 2-hand dancing with friends before her husband died and agreed that she would like to recommence this activity. However she was very concerned about being able to afford this activity as she had a reduced budget since the death of her husband. With support from the Social Prescribing Programme, M. was able to attend 6 weeks of dancing at Cara House. This has had the benefit of increased activity for M. but also enabled her to renew old friendships that she had neglected since the death of her husband. She now meets these friends for other social occasions and has reviewed her budget to ensure she can continue to attend her dancing.

“Networking with all healthcare sectors: GPs, PHNs, the mental health team is where a lot of referrals come from.” Social Prescribing Coordinator

Programme Challenges & Barriers

- There were lower referral rates in some areas at first, but as the programme bedded in referral rates increased.
- In some areas GPs were fully engaged with the programme and this certainly enhanced its delivery in those areas.
- More information could be provided in doctors' surgeries to promote or increase awareness of the service
- In one area the Social Prescribing Coordinator was unable to contact a number of people who were referred, but this has to be accepted as an integral part of an individual's self-determination. However, there is a concern about how to increase access to the programme for the people that find it hard to take the first step across their own threshold.
- The programme has identified gaps in what is available locally, although in some cases this has led to the delivery of new courses or support groups (see above).
- The programme in Donegal developed organically and this was beneficial as it allowed for a high level of creativity in each local area. This was challenging for the coordinators at times as there were no set rules in relation to when to stop trying to engage a participant and when to complete the contact with the participant.

Participant Story.

S. is a 36 year old single mother to a teenage daughter. She has a long standing history of mental health problems. S. was referred to Social Prescribing by her GP as she had been attending Solas but her course was ending . While she felt so much better and wanted to get involved in the community, she still did not have the confidence to go it alone. S. wanted to keep fit and loved walking but found walking alone difficult. With the fee paid by the Social Prescribing Programme S. was able to complete a Community Leaders Walking Group course. She has now set up a Community Walking Group called Walk and Talk which meets every Wednesday and now has 14 members. This group has members of all ages from 20-80yrs. They walk for approximately 40mins and then have a coffee and chat. S. has grown in confidence. She started the walking group herself and now has four other leaders helping her. She sleeps better and feels in control of her life. She has attended Parentstop with her daughter for counselling and their relationship has benefited as well. She has made real friendships now locally, and is becoming more and more involved in the community, volunteering for the local Community Health Forum . This is something that she claims she could not have faced without the help and support of Social Prescribing.

6.0 Lessons Learned

The Donegal demonstration sites have identified significant lessons learned for establishing a Social Prescribing Programme, from both a participant and stakeholder perspective. These lessons offer confidence in deciding what the quality and impact of social prescribing has on these different parties and therefore the usefulness and viability of the service. The lessons learned are:

- **Value of an established community structure.** Community participation in primary care is strong in Donegal PCTs resulting in a partnership approach to health and wellbeing. Community representatives are selected from the local Community Health Fora to work alongside clinicians on primary care teams. This structure and the players within it have played a key role in the development of Social Prescribing, given their access to community knowledge, supports and provision.
- **The Planning Phase is important to the success of the project.** The project benefitted from having a 'lead in' period so the groundwork could be established; forming relationships with all stakeholders, defining referral and assessment criteria, devising evaluations and holding a launch event. This enhanced the consistency of the image of the service for health professionals and members of the public.
- **Six demonstration sites with phased implementation worked well.** The project benefitted greatly from initially having 4 areas in which Social Prescribing was established, followed by 2 other areas which became involved. Lessons were learned as the project progressed which were shared with the newer areas. The Coordinators' meetings were key to this learning and sharing.
- **Identifying the right people for the Social Prescribing Coordinator role.** The Social Prescribing Coordinators were experienced with varied work backgrounds which gave them personal skills and experience to use within the role. Currently there is no way of substantiating the differences between each Social Prescribing Coordinator, apart from acknowledging subtle differences in personality and working style. All were required to have a thorough knowledge of the local community. Qualitative data obtained from participants supported the importance of the personality characteristics.
- **Availability of transport.** Lack of transport to activities was a major issue for non-engagement, with Social Prescribing Coordinators, Local Working Groups and participants all mentioned this issue. This was addressed through accessing a small amount of funding for each area from the local Lions' Club.
- **Developing participant self-confidence.** Social prescribing can enhance self-confidence and take the strain out of making moves towards personal change. It also allows people to feel they are useful and that someone is interested in them and will respond to them individually and in a person-centred manner. Ultimately the clients invited to participate in research interviews are likely to be those with the strongest views and also perhaps the most satisfied. They would be more likely to say positive things. However, the findings are supported by the significant improvement which was measured by the HADS (anxiety & depression) and the WHO 5(wellbeing) tools.
- **Communication.** Open and regular communication is a critical component of the project. For instance, meeting stakeholders to promote the service; providing feedback on outcomes and building stronger links between health services and community organisations. It is also important to have continuous feedback from participants of the service so that it can identify and respond to their needs.
- **Participant gender.** The service engaged with more women than men and it is not known whether this is because referrers see this as more suitable for women or the service appeals more to women. However, men generally show less help seeking behaviours and in this context it can be seen that 31% of men is relatively high.

7.0 Conclusion

Social Prescribing, as implemented in Donegal, has shown very positive results for individual participants and other stakeholders. It is a structured way of supporting partnership working between clinicians and the community and has the potential to harness and nurture the good will that already exists between these partners.

This evaluation provides a comprehensive picture of Social Prescribing in Donegal, including the role of the Social Prescribing Coordinators, the process of the service and the value to the programme stakeholders. It provides an assessment of the model adopted in Donegal, with interested and diverse stakeholders driving its development, its desirability and its acceptability, its effectiveness in meeting the needs of participants; and its ability to create a bridge between primary care and mental health clinicians, and between community and voluntary sector organisations to engage in promoting health and wellbeing together.

The evaluation found an increase in wellbeing levels, a decrease in anxiety and depression levels, reduced GP visits, a significant increase in levels of community involvement and an overall general satisfaction for the participants, stakeholders and health professionals involved. Those that took part in the evaluation gave favourable accounts of their engagement, whether they were referrers, participants or community organisations. Social Prescribing can be considered as another referral pathway for Primary Care Teams and as an alternative to a medical prescription.

In conclusion, Social Prescribing as a non-medical response to health and wellbeing challenges should continue and be extended in the county to operate alongside the other established medical referral pathways. It can, with appropriate support, firmly establish itself as a mechanism to address mental, emotional and physical health and wellbeing as well as social isolation issues for the people of Donegal.

8.0 Recommendations

The following recommendations are made for the continuation and development of the Social Prescribing service in Donegal. They are grouped under five headings; Strategic, Programme, Operational, the Social Prescribing Coordinator Role and the Partnership between the HSE and the Library Service.

1. Strategic Recommendations

- a. The Social Prescribing Programme should be rolled out across the county
- b. Multi-annual funding should be secured to ensure retention of staff and the sustainability of the programme
- c. An increased participation by men should be sought as the research indicates an underrepresentation in relation to population ratios for the county, which are approximately 50/50 male /female
- d. It is vital that the non-clinical nature of the programme is protected
- e. Social Prescribing should ensure that it is perceived as being open to all as opposed to being seen as only for people with mental health difficulties

2. Programme Recommendations

- a. The Steering Group should focus on developing and maintaining good practice within the programme, fostering learning, addressing issues as they arise and ensuring the sustainability of the programme
- b. Continue to maintain a diverse Steering Group, with a wide range of stakeholders
- c. Continue to maintain existing links and further develop, strong links with statutory and community and voluntary sector organisations, particularly to develop new activities, groups and networks
- d. Continue to engage with GPs through the Local Working Groups and the GP Training Scheme
- e. Promotion of the programme both locally, county wide and nationally is an integral part of the work of the Coordinators, Working Groups and Steering Group and should continue

3. Operational Recommendations

- a. Operational Management of local projects should remain with the Working Groups within Primary Care Teams
- b. Local working groups need to comprise clinicians, including GPs, and community representatives
- c. Family Resource Centres and other community organisations should continue to support Social Prescribing participants to continue to engage with community groups and activities after they have completed the programme
- d. Mechanisms should be put in place for continuous programme monitoring and evaluation
- e. Continue to maintain a flexible fund in each Social Prescribing area in partnership with the Lions' Club
- f. The Coordinators' meetings are useful and should continue at regular intervals
- g. There are benefits to the Social Prescribing Coordinator being located in both a community and clinical setting - the ideal would be to operate part-time from both
- h. The hours per area should be expanded as necessary, subject to demand and funding being made available

4. Social Prescribing Coordinator Recommendations

- a. Continue with Social Prescribing Coordinator's informal networking and support. Regularly review the existing Social Prescribing Coordinator job description and person specification for new appointments
- b. Coordinators should be drawn from a wide range of backgrounds with the emphasis on their capacity, skills, life experience and personal characteristics
- c. The role of the Social Prescribing Coordinators should remain primarily focussed on one-to-one sessions with participants in the programme but some thought should be given to the feasibility of the expansion of the role into other areas e.g. group work

5. Partnership between the Library Service and the HSE

- a. Build up contacts and increase awareness of the role and extent of the county library services
- b. Update the current Bibliotherapy list, combining the expertise of library and HSE staff.
- c. Develop a list of HSE approved Audio books.
- d. Source more audio visual materials for people who have literacy difficulties
- e. Look into the availability of recommended titles in e-book and e-audiobook format
- f. Use the library space more effectively.
- g. Set in place a feedback/review system for the bibliotherapy/Books for Health books to establish their benefits.

Appendices

Appendix One: Cost effectiveness and economic impact of Social Prescribing (Wellspring Healthy Living Centre's Social Prescribing Programme)

The cost-effectiveness of the programme was not part of the scope of this evaluation. It is however important to consider this in general terms to support effective decision making about the future development of the Social Prescribing Programme in Donegal. In considering the cost effectiveness and economic impact of Social Prescribing it is important to assess potential savings of future costs. Social Prescribing fits in with the long term goals of promoting health, independence and wellbeing and practitioners believe that investing in Social Prescribing now will reduce the future costs of ill health, although there are several critics who argue that short term economic values of Social Prescribing are limited. There has been very little research to explore the cost effectiveness of Social Prescribing and the points below here are taken from the March 2014 evaluation of Wellspring Healthy Living Centre's Social Prescribing Programme in Bristol, England, and costs/savings are shown in GBP.

- Social Prescribing can provide a Social Return on Investment ratio of £2.90:£1. For every £1 of investment in the intervention, £2.90 of social value is created. The authors of the Wellspring evaluation felt this was a very parsimonious reflection of the actual value created and Health economists suggest quantifying these impacts across all beneficiary life years rather than reflecting just one year of value.
- Social Prescribing provides economic value through:
 - Harnessing volunteers
 - Participants returning to work or training
 - Resuming Childcare responsibilities
 - Enhanced community capacity
- Savings are made through participants being guided into appropriate services or supports to address the variety of problems and issues they present with in general practice
- Reduced time spent on welfare benefits. Participants who at baseline described themselves as looking for work, long term sick, in education or training or on bail, actually found employment. This suggests that Social Prescribing performs a return to work service
- The importance of intervening to prevent worst outcomes cannot be underestimated. For non-fatal suicide events it is estimated that costs are averted to £66,797 per year/person of working age where a suicide is delayed. These costs include A&E attendance, medical or surgical care and psychiatric inpatient and outpatient care
- Social Prescribing can support the prevention of depression and associated costs of counselling, therapy and anti-depressant drugs. The cost of anti-depressants is a growing burden on the NHS
- The majority of participants in the Wellspring Programme with severe depression reported reduced levels of depression at the end of the programme, and it estimated that 35 of the participants were prevented from becoming a heavier burden on NHS services at least in the short term
- A reduction in GP attendance and thus in the associated costs of frequent GP attendees. 60 of the Wellspring Programme were seeing their GP less often
- Improved wellbeing. It is very hard to valorise wellbeing, let alone improved wellbeing. However given the broad improvements in wellbeing of participants it is important to capture and acknowledge this added value. A recent Department of Health report on the economic costs of mental health provided one case study of a multi-component intervention aimed at improving wellbeing for adults in the workplace cost £80 per employee per year. This can be used as a proxy figure but only for the 3 month duration of the Social Prescribing intervention period.