

Social prescribing in primary care: An alternative treatment option

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Introduction

Social prescribing is an emerging approach where physicians and other health care providers connect patients with social resources and supports in the community to improve their health.¹ For example, a physician may refer a recently widowed patient to a local community-based bereavement group. Other examples might include connecting patients with volunteer opportunities, further education, social clubs, sports clubs, social services, and other community supports.^{1,2} The benefits of some referrals are obvious, such as social support or counselling for a widowed patient, or group exercise for overweight patients. However, an important benefit of social prescribing that can be overlooked is that it bolsters an individuals' social relationships, which can lead to improved health outcomes.^{3,4,5}

Social capital and health

In 1901, Emile Durkheim identified an inverse relationship between an individual's degree of social integration into society and their risk of suicide.³ This landmark study was the first to suggest that societal-level factors like lack of connectedness between people could affect an individual's health. Since then, empirical evidence from more than 140 independent studies has shown that social relationships significantly, predict morbidity and mortality - but there is no consensus for how.^{4,5}

Although several theories exist as to how this relationship functions, three are highlighted. One theory suggests that social relationships are important for encouraging or indirectly modeling healthy behaviours.⁶ For example, an Australian study found that women with higher numbers of social relationships were more likely to engage in leisure-time physical activity. This was most likely because these women had more companions with whom to

exercise, increased social support for an active lifestyle, and greater exposure to health promotion and modeling of healthy behaviours.⁷ Another theory is that individuals with extensive social networks are more likely to access information about diseases, treatment options, and the best health care services and providers, because there is greater opportunity for and frequency of knowledge exchange.⁶ Finally, large social-cohesive groups are better able to lobby public authorities to obtain health infrastructure and other health-promoting goods and services like recreational spaces, green space areas, and commercial stores which can facilitate healthy behaviours.⁶ For example, a community between Springhurst Park and Lees Avenue in Ottawa rallied together and successfully stopped the construction of a proposed parking lot that would have covered a large amount of green space.⁸

Social prescribing in primary care

Primary care, particularly general practice, is a key point of access in which the social causes of health issues can be addressed and ameliorated. Despite this, the social dimensions of health are often overlooked.^{2,9} Social prescribing offers an avenue by which primary care professionals can address the broader determinants of health and improve patient health.

The theory supporting the relationship between social capital and health is sound but there is a substantial gap in the literature about social prescription because of its relatively recent emergence. Of the few studies that have investigated social prescribing, there is evidence to suggest that social prescription can improve patient outcomes and enhance uptake of health-improving activities.^{1,10} Social prescribing has been used – to an extent – by primary care professionals however general practitioners reported a lack of up-to-date knowledge about local services and social supports.⁹ ▶

The lack of guidelines or a supportive framework for physicians, for when or to whom social prescribing should be administered, has contributed to the rendering of social prescribing as a perfunctory courtesy.¹ But before a framework can be implemented or even developed, there are key issues that must be addressed. First, there is a need for accurate and timely databases containing information about community services and groups that can be used quickly and easily by primary care professionals; the creation and maintenance of such a system is not insurmountable but would require investment. Alternatively, shared-care models of collaboration may allow for smoother introductions of social prescribing in primary care. The responsibility of connecting patients with social resources and supports would pass to social workers or other qualified professionals who would presumably be better trained and knowledgeable about community resources and social supports.¹⁰ This would also address initial hesitancy by primary care professionals who may view social prescribing as yet another imposition on their already heavy workload.¹ Even if such a database existed or a collaborative model adopted, the many options available for referral may also present a challenge; however, given the fluid nature of social prescription, discussion between the primary care professional and patient may alleviate some of this.¹

Conclusion

There are some gaps that must be addressed before social prescribing can be properly integrated into primary care. Clinical evidence for social prescription, though sparse, suggests that it positively affects patient health. Social prescribing in primary care is worth exploring as it increases the options available during consultations, allows for the primary care professionals to address the broader social determinants of health, and has been shown to improve patient health.^{1,2} ■

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