Promoting holistic wellbeing in general practice through social prescribing

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'HEALTH' COMPRISES PHYSICAL, mental and social wellbeing, which can be affected by the interplay between an individual's social, economic and environmental surroundings.[1] General practitioners (GPs) are trained to incorporate social determinants of health as part of their care, but existing healthcare systems limit the ability of the primary care team to consider social care interventions due to the traditional funding emphasis on clinical and biomedical aspects rather than psychosocial or holistic wellbeing.[2] Failure to address social determinants of health, which can range from social isolation to financial and housing issues, is associated with long-term poor health outcomes and can potentially interfere with engagement in preventative behaviours.[3] In particular, identification of the link between lack of social relationships and higher mortality being greater than levels of well-established health risks such as smoking, alcohol intake, obesity and lower levels of physical activity[4] has raised the awareness of the importance of this social determinant of health domain for all healthcare providers to consider as part of their assessment and management.

What is social prescribing?

Social prescribing is 'a means of enabling GPs and other healthcare professionals to refer people with non-medical health needs to a range of local non-clinical services'[5] and allows for integration of primary health and social support within the community. To enable successful social prescription, a person in a dedicated role, who is called a link worker or community connector (different approaches shown in Table 1), works with individuals to identify what matters to them, helps link them to local community and social activities/programs that meet their social care needs, then follows-up to make sure these needs have been addressed.

Feasibility and evidence for social prescribing effectiveness in primary care

Social prescribing, first brought to prominence in the United Kingdom, is being implemented in various countries worldwide, leading to improvements in wellbeing, loneliness, social connectedness, self-confidence and general health.[6,7] From the health system perspective, social prescribing is associated with reductions in healthcare appointments and emergency department visits.[6] However, the majority of current research focuses on individual and qualitative outcomes rather than quantitative, and further research is needed to ascertain who would most benefit and determine the cost and long-term effectiveness.[7]

Social prescribing is gaining ground in Australia. In 2019, social prescribing was formally introduced by The Royal Australian College of General Practitioners during a roundtable discussion with the Consumer Health Forum.[8] In 2021, the Queensland Parliament tabled an inquiry into social isolation and loneliness, including using social prescribing as an intervention, with 14 recommendations accepted in full or in principle.[9] This has led to development of a Communities Innovation Fund to enable implementation of social connection programs throughout Queensland. Since 2023, the Victorian Government has been evaluating the outcomes of six social prescribing pilots, with view to broader implementation.

Barriers to implementation

Despite positive evidence from both service providers' and users' perspectives,[6,7] there are limited referrals from providers and minimal standardised metrics to measure service users' outcomes.[6,7] Barriers to GP participation or implementation of social prescribing programs within general practice include limited evidence of effectiveness; and for the majority of general practices who have no access to a link worker, a lack of funded time to engage holistically with patients or gather local community services knowledge.[10]

Social prescribing and primary care in Australia

There are a growing number of social prescribing programs operating in Australia, including a number involved in research, and general practices can identify if there are any operating in their local area through a registry operated by the Australian Disease Management Association (ADMA; https://adma.org.au/social-prescribing-hub/service-or-case-study). Additional resources on social prescribing are also available at this site. Further, there is a special interest group in social prescribing for those GPs with an interest in this area (www.racgp.org.au/the-racgp/faculties/specific-interests/interest-groups).

Table 1. Examples of existing social prescribing models (note: this content is not exhaustive)

Component	Description
Role	• Volunteer • Paid role (eg link worker, community connector)
Funder	• Community health services • Commissioned by Primary Health Network • Council funded (including adding to existing roles, eg Librarians in Campaspe Council, Victoria) • Philanthropy • Embedded within neighbourhood houses
Location	• Within general practices/health services • Within social care organisations • Shared between general practice/health service and social care organisations • External to both

As yet, despite the many emerging social prescribing programs operating around Australia, there is no national guidance for how social prescribing programs should operate. The Australian Government Department of Health and Aged Care is undertaking a feasibility study of social prescribing in the Australian context; an initiative in the Federal Budget of 2023. In the meantime, the Australasian Social Prescribing Institute of Research and Education has led the development of a consensus statement on social prescribing in Australia.

Conclusion

Social prescribing is gaining momentum in Australia as a solution to integrate health and social care in general practice. Although high-quality, long-term evidence is limited, with studies focusing on short-term individual outcomes, there is increasing evidence of the positive impact on individual and community health and wellbeing, and on reduced health system use. Understanding the social needs of individuals and being aware of existing social care programs locally can enable GPs to better support the holistic needs of the community members in their care.

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