

## An Introduction to Social Prescription



Paola Leal holds a masters degree in biomedical sciences, specializing in psychiatry. She currently works in both social and research sectors to promote change in culture and the health care system. Most notably, Paola works at the Eva Marsden Center as the project manager of their new community-based initiative: the social prescription project.

You may have already caught wind of this term: social prescription. After all it is a concept that has gained in popularity the past few years – across the world even. If you haven't heard of it, allow me to be your tour guide for this ride.

Social prescription (SP) has been around since the 1990s in the United Kingdom. It was ideated as a means to address the issues of loneliness and social isolation pervading in the senior population. A part of the answer was to involve General Practitioners (GPs) into the project and have them create “prescriptions” referring seniors towards activities in the community. As such, a system involving the collaboration between GPs and community organizations was created. The success of these initiatives led to the adoption of the social prescription model into the NHS (Nation Health System) around 2014. As of 2019, the NHS plans to incorporate social prescribing into its comprehensive model of personalized care. Although it began as a project to combat social isolation, social prescription has evolved to cater to whatever social needs a community wants to address, even considering their cultural context. Needless to say, this creates the conundrum of trying to define a concept that looks differently depending on the country – even depending on the province in our case!

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Thankfully, social prescription has a core set of values and ideas that defines it. These can be boiled down to mean that an individual in a clinical or community setting (the prescriber) can identify social determinants of health (non-medical needs that can impact your well-being and physical or mental health) and connect a person (the client) to services and support in the community. The “prescription” is thus a community referral that is co-constructed by both the prescriber and client. To guarantee that everything goes smoothly with this “prescription,” further support is given by a Link Worker who helps the client navigate the referral and ensures their well-being.

A typical SP model can thus look a bit like this:

A GP and an individual talk about a recent health issue that has cropped up in the individual's life. Through mutual trust, the individual tells their GP about their preoccupation surrounding a social determinant of health. Let's say they need help finding support regarding a housing issue – mold that has not been taken care of by the landlord. They are possibly in need of a legal recourse, but they don't know where to start or may not have



the financial means to do so. The GP could then prescribe them to consult with a community organization that offers this type of assistance.

Should the GP not have this type of information on hand, they could refer the individual to a Link Worker who would be aware of the services available. Regardless of the GP's knowledge on the subject, the individual will be supported by the Link Worker. The Link Worker can offer to accompany the individual to the community organization, check in on their well-being, provide further assistance as needs arise, and follow-up with them on the issue(s).

Now that we've cleared up the basics, why are we interested in this? Quebec has long had issues with connecting services or simply sharing information on the community services available to individuals.

The context of the pandemic has only highlighted the faults of our system: the overload of work, consultations, and waiting times in health services and the community sector.

In order to breach these gaps, The Eva Marsden Center for Social Justice and Aging started its own version of SP a few years ago, encouraging health professionals to address social determinants of health by working with local community organizations. Today, our Community-born SP project - Clic Social - collaborates

alongside a research team from McGill University, as well as the CIUSSS Centre-Ouest.

How our project grew into this, and how it will evolve, is a story for another time.

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