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Social prescribing in children and young people

A review of the evidence

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Executive summary

Aim

To explore the evidence base around social prescribing (SP) to improve the mental health and/or wellbeing of children and young people (CYP).

Methods

The following databases were searched until September 2019: PsycINFO, EMBASE, Medline, and Cochrane Libraries. In addition to academic journals, requests for grey literature were sent through the following networks: Public Health England Children Young People and Families Monthly Update, the Youth Social Prescribing Network, the Child Outcomes Research Consortium (CORC), and the Headstart national evaluation programme. This review was open to all study types (e.g. RCTs, pre-post studies, and qualitative research). The following inclusion criteria were used: included a CYP, record details in English, focused on mental health and/or wellbeing (including quality of life), and included a healthcare professional who referred CYP onto a link worker to facilitate a SP activity.

Results

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

Conclusions

Given the paucity of evidence, no conclusions can be drawn in relation to the role of SP to improve the mental health and/or wellbeing of CYP. Prior to investigating effectiveness, researchers may wish to investigate the intended role/function this serves in systems and care pathways for child and youth mental health - including its acceptability to CYP given current policy frameworks for patient activation and person-centred care. If so, further consideration should be given about what this may look like, as well as the nuances and challenges of translating this from an adult setting.

Introduction

Three quarters of mental health difficulties occur before the age of 25, and half before the age of 14 (Kessler et al., 2005). Early intervention can have positive effects on outcomes (e.g. Correll et al., 2018), yet CYP are less likely to seek support from mental health services (Rickwood, Deane & Wilson, 2007). The role of social factors contributing to and maintaining health difficulties is acknowledged in the academic literature, both for physical (Hill, Nielsen & Fox) and mental health (Costello, 1992). Given this, there is increasing interest in how community settings, including SP, may be used to help support individuals with health difficulties (Grant et al. 2000; Loftus et al., 2017; Wagner et al. 2001).

The idea of community support is not new and was proposed by the UK government as far back as the late 1990s. In the White Paper *'Saving Lives: Our Healthier Nation',* it was proposed that the NHS should engage community support and voluntary organisations to help patients (Department of Health and Social Care, 1999). Many local authorities across the UK now implement SP and there is substantial support from the current government, with the Secretary of State for Health and Social Care highlighting that SP should be available in all GP surgeries by 2024 (Hancock, 2018). The NHS England Long Term Plan involves the financing of SP link workers in each Primary Care Network. The plan suggests that 'within five years over 2.5 million more people will benefit from SP' (NHS England, 2019, p.9).

There is no one agreed definition of SP (Bickerdike, et al., 2017). However, it is broadly defined as where healthcare professionals to refer patients to a link worker, who then co-designs a nonclinical social/community prescription to improve the patients' health and/or wellbeing (SP Network, 2016). Other terms broadly equivalent to SP include 'community referral', 'community links, and 'arts on prescription' (Rempel, et al., 2017). Activities can include, but are not limited to: arts and music, volunteering, gardening, sports and exercise.

Social prescribing: what is the evidence?

To date, most work around SP has been conducted on adult populations (e.g. Chatterjee et al. 2018; Thomson, Camic & Chatterjee, 2015) and evidence suggests SP may be useful in reducing demand on primary and secondary care (Polley, Bertotto, Kimberlee, Pilkington & Refsumm, 2017). It is thought SP schemes may benefit individuals by helping them to have a more positive and optimistic view of their life and connecting them with their community (Woodall et al., 2018). However, this is dependent on the relationship between link workers and patients, as well as the strength of community assets (ibid).

SP may be useful in helping to improve mental health and wellbeing. Reviews of the evidence lend preliminary support to this notion, with studies reporting decreases in anxiety and depression, as well as increases in wellbeing (Bickerdike et al., 2017). Findings from this review should be treated cautiously as most included studies had a high risk of bias which raise the validity of findings. Moreover, these studies also mainly focused on adult populations; when there was scope for CYP to be included, the mean age was still over 25 years old (e.g. Grant et al., 2000). Given this gap, the focus of this paper is to explore the evidence base of SP for CYP in improving mental health and wellbeing.

Research question

What evidence is there for the role of SP to improve the mental health and/or wellbeing of CYP?

Method

A team of individuals with a knowledge of CYP mental health and wellbeing, as well as community approaches to improving mental health, was convened. The primary inclusion and exclusion criteria were agreed upon by two of the authors (DH, BM) and shared with the wider group. These are outlined below:

1. Included a child or adolescent population
2. Focuses on mental health and/or wellbeing
3. Record in English language
4. Includes a healthcare professional/clinician referring out of healthcare services for support
5. Includes the use of a link worker

Four research databases were searched until September 2019: PsycINFO, EMBASE, Medline, and Cochrane Libraries. The search strategy included the three concepts: 'child/young person', 'SP' and 'mental health/wellbeing'. Additionally, requests for grey literature were sent via the following networks: Public Health England Children Young People and Families (PHE CYPF) Monthly Update, the Child Outcomes Research Consortium (CORC), the Youth SP Network, and the Headstart Learning Team newsletter.

Record selection was completed using a two-stage process. The first stage involved screening titles and abstracts, during which all records were screened and any that were not relevant were excluded. This involved two researchers (MC & AL). The second stage consisted of full-text screening and included authors from the first stage, as well as three further authors (AM, JEC, DH). At both stages, the first author

(DH) rescreened 20% of sample from all other authors and a good level of agreement was obtained (between 0.79 and 0.89). Record exclusion at each stage is highlighted in Figure 1.

The authors planned to extract the following information from each record: author, year/publication date, participant details, study design, information on activities socially prescribed (type, duration), and outcome measures. However, as no records met inclusion criteria, this was not completed.

Ethical approval was not needed for this systematic review as it involved synthesising the findings from previous studies.

Results

Overall, 1,307 records were screened at first stage screening. The screening of titles and abstracts resulted in the exclusion of 966 records. Next, full text screening resulted in the exclusion of 341 records. This resulted in no records meeting the inclusion criteria for this review.

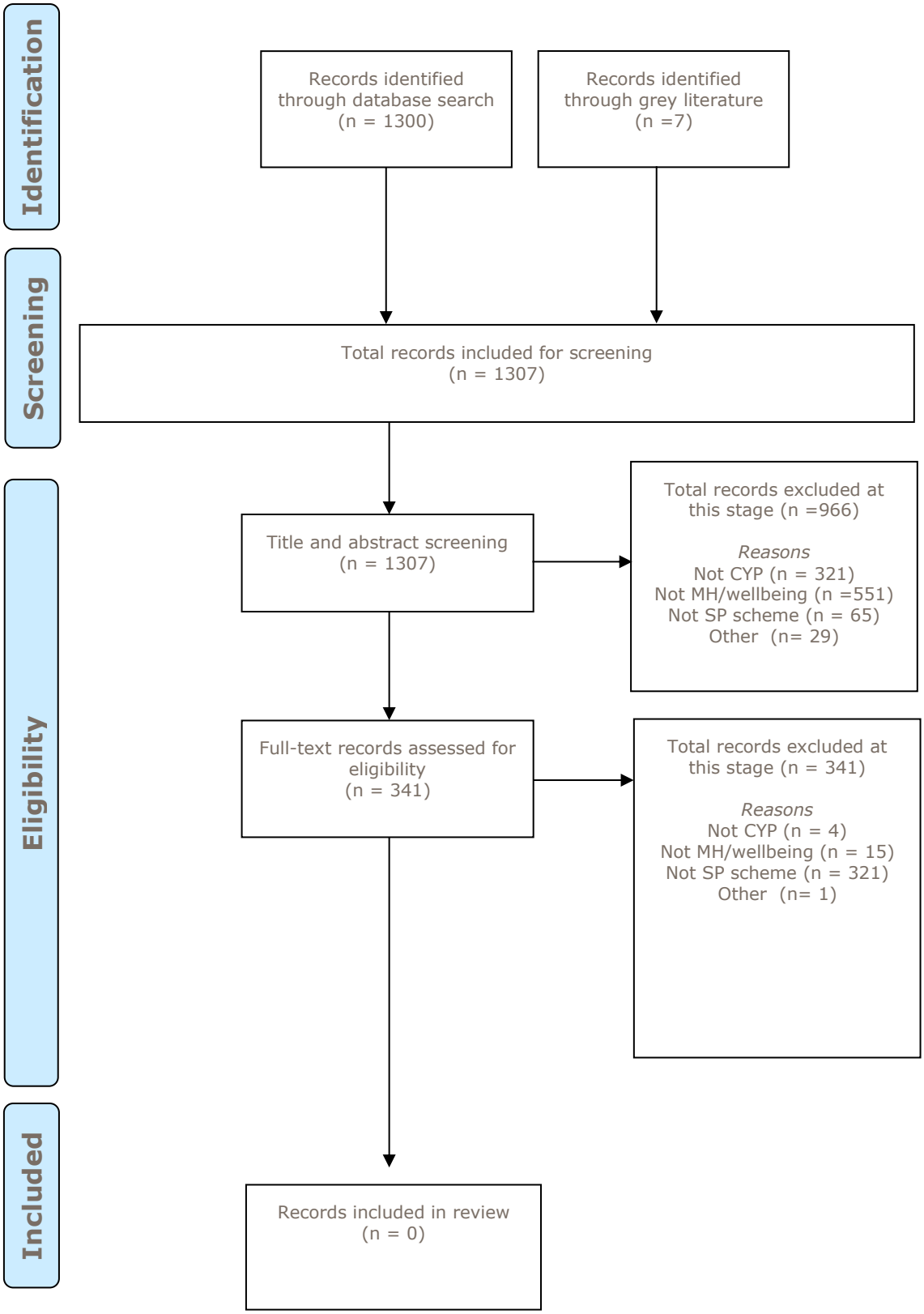

Figure 1: Search flowchart

Discussion

The aim of this review was to explore the evidence base of SP for improving CYP mental health and wellbeing. It explored both academic and grey literature, however, no records met inclusion criteria. Reasons for this will be explored below:

Why did this search yield no results?

While we cannot be certain of the reasons, the following possibilities may have impacted on the lack of studies for this review:

The novelty of social prescribing when it comes to children and young people

SP for CYP is still in its infancy compared with SP for adult populations. While there is evidence of effectiveness for adults with anxiety and depression, most is relatively recent (Dayson & Bashir, 2014). Progress in the implementation of approaches to benefit CYP mental health and wellbeing has been highlighted as slow in a recent House of Commons evidence briefing (Parkin, Long & Gheera, 2020). As a result, it may be that this review has been conducted too early to capture evidence of impact.

The lack of research evidence with this population may change soon. As part of this review, we found that a number of sites and organisations across the UK are already implementing SP with CYP. This includes an outcome and process evaluation of SP for CYP across four English sites (Lead: Dr Marcello Bertotti, UEL), as well as the CONNECT programme for University students in Swansea (Lead: Liz Stratton, Swansea). Given the time delays in publishing academic articles, the first evidence of whether SP is effective for CYP will likely come from these project reports or similar current research.

The complexities of adapting social prescribing from adults to children and young people

There are additional factors to consider when applying SP models to CYP for improving their mental health and/or wellbeing. This includes:

- Issues around capacity: this could include CYP age, having a mental health difficulty, or both. With these added factors, clinicians and link workers may feel that the risks associated with SP and CYP are too high and may need further support on how to best work with this group. Encouragingly, Public Health England and NHS Improvement have just commissioned guidelines to be developed for SP and CYP (StreetGames, n.d.).
- Involvement of parents and carers: linked with the above, CYP are likely to have parents/guardians involved in care and treatment decisions (Brinkman et al., 2009; Rachels, 1989). This may cause issues and difficulties if:
    - Parents and carers do not agree that social prescribing could help their CYP and would prefer another option.

- Activities are be far away, so CYP are dependent on their caregivers availability to get them to their activity. This may be particularly for relevant for rural locations.
- CYP have sought support for their difficulties without their parents/carers' knowledge. However, in order to take part consent from their caregiver is needed.

This review only explored the link worker model of social prescribing

Whilst the link worker model of SP is the predominant approach, it is by no means the only way SP can occur. Focusing only on the link worker model neglects other methods such as self-referral, referral to a social/community activity direct from a GP/clinician, as well as referrals via other professionals working with young people (e.g. school staff). As SP is further developed with CYP, researchers and policy makers may wish to explore the approaches for referral that may be preferable for this population.

The difficulties of evaluating social prescribing

Husk et al., (2019) outline a range of difficulties with building the evidence base for SP. These are split into methodological aspects, practical issues, and those related to generalisability. Methodologically, the authors posit that SP schemes tend to be specific to local context and made up of multiple components, which makes them difficult to evaluate and compare. There are also practical issues around how researchers should best work with sites implementing SP, including maintaining researcher independence, what a control group should consist of (where relevant), and which outcomes are important to measure (ibid). Lastly, given how specific schemes are to local areas, local characteristics become particularly important (e.g. deprivation). Taking these additional factors into account limits the generalisability of any findings derived from an individual site.

Strengths and limitations of this review

This is the first review to explore the evidence base around SP for CYP to improve their mental health/wellbeing. While the lack of research means that no conclusions can be drawn around SP and effectiveness, it also demonstrates the gap in the literature which should be addressed. A strength of this study is use of both white and grey literature searches, including advertising through PHE CYAF, the YSPN, CORC, and the Headstart programme, which allows for a more comprehensive landscape of SP to improve mental health and wellbeing with CYP in the UK. A further strength of this study is the use of multiple researchers to screen papers, which mitigates the risk of systematic bias while also decreasing the total number of errors (Buscemi, Hartling, Vandermeer, Tjosvold, & Klassen, 2006). Despite this, it is possible that researchers

may have missed studies, either in the grey or white literature, or that there are SP schemes happening with CYP which were not picked up through existing networks.

What should future research focus on to further the field?

Given the lack of studies, researchers should focus on building the evidence base for SP with CYP in relation to improving their mental health and wellbeing. In line with recommendations by Husk et al., (2019), this should include:

a) both rigorous quantitative and qualitative methodologies;
b) considering the local context of where SP is being implemented;
c) viewing SP as a system, rather than an intervention.

Whilst a further point for consideration may be to establish the active ingredients or mechanisms by which SP supports change.

As this review identified pockets of SP with CYP across the UK, researchers should work with these sites to understand the nuances and challenges of SP with CYP. This should include an understanding of what different stakeholders perceive the barriers and facilitators to be when implementing SP at the individual, relationship, and service level.

Researchers may also wish to consider more fundamental questions around SP with CYP. First, whether CYP want SP as an option to help improve their mental health and wellbeing. Second, if there is an appetite for SP within this population, researchers should also explore whether the current healthcare professional - link worker model is the best approach. It may be that CYP would prefer to access SP through other professionals, such as teachers or faith leaders, or by self-referring to a link worker.

References

Bickerdike, L., Booth, A., Wilson, P. M., Farley, K., & Wright, K. (2017). Social prescribing: less rhetoric and more reality. A systematic review of the evidence. *BMJ Open,* 7(4), e013384.

Brinkman, W. B., Sherman, S. N., Zmitrovich, A. R., Visscher, M. O., Crosby, L. E., Phelan, K. J., & Donovan, E. F. (2009). Parental angst making and revisiting decisions about treatment of attention-deficit/hyperactivity disorder. *Pediatrics*, 124(2), 580-589.

Buscemi, N., Hartling, L., Vandermeer, B., Tjosvold, L., & Klassen, T. P. (2006). Single data extraction generated more errors than double data extraction in systematic reviews. *Journal of Clinical Epidemiology*, 59(7), 697-703.

Chatterjee, H. J., Camic, P. M., Lockyer, B., & Thomson, L. J. (2018). Non-clinical community interventions: a systematised review of social prescribing schemes. *Arts & Health*, 10(2), 97-123.

Correll, C. U., Galling, B., Pawar, A., Krivko, A., Bonetto, C., Ruggeri, M., ... & Hui, C. L. (2018). Comparison of early intervention services vs treatment as usual for early-phase psychosis: a systematic review, meta-analysis, and meta-regression. *JAMA Psychiatry,* 75(6), 555-565.

Costello, C. G. (1982). Social factors associated with depression: A retrospective community study. *Psychological Medicine,* 12(2), 329-339.

Dayson, C., & Bashir, N. (2014). *The social and economic impact of the Rotherham Social Prescribing Pilot: main evaluation report*. Sheffield, Sheffield Hallam University.

Department of Health. (1999). *Saving Lives-our healthier nation: executive summary*. Stationary Office.

Grant C., Goodenough T., Harvey I. & Hine C. (2000) A randomised controlled trial and economic evaluation of a referrals facilitator between primary care and the voluntary sector. *BMJ,* 320, 419–423.

Hancock, M. (2018). *Keynote Address. Paper presented at the Social prescribing: Coming of age.* London: Kings Fund.

Hill, J., Nielsen, M., & Fox, M. H. (2013). Understanding the social factors that contribute to diabetes: a means to informing health care and social policies for the chronically ill. *The Permanente Journal*, 17(2), 67.

Husk, K., Elston, J., Gradinger, F., Callaghan, L., & Asthana, S. (2019). *Social prescribing: where is the evidence? Commissioned editorial.* British Journal of General Practice, 69, (678), 6-7.

Rickwood, D. J., Deane, F. P., & Wilson, C. J. (2007). When and how do young people seek professional help for mental health problems? *Medical journal of Australia*, 187(S7), S35-S39.

NHS England. (2019). *Universal personalised care: Implementing the comprehensive model*. See https://www. england. nhs. uk/wp-content/uploads/2019/01/universal-personalised-care. Pdf

Parkin, E., Long, R., & Gheera, M. (2020). *Children and young people's mental health – policy, services, funding and education*. House of Commons Library: Briefing Paper: Number 07196, 29 January 2020.

Polley, M. J., & Pilkington, K. (2017). *A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications*. University of Westminster.

Rempel, E. S., Wilson, E. N., Durrant, H., & Barnett, J. (2017). Preparing the prescription: a review of the aim and measurement of social referral programmes. *BMJ Open*, 7(10), e017734.

SP Network. (2016). *Report of the annual social prescribing network conference.* London: University of Westminster.

StreetGames (n.d.). *StreetGames working with NHS England and NHS Improvement to produce national guidance on youth social prescribing*.

https://www.streetgames.org/news/streetgames-working-with-nhs-england-and-nhs-improvement-to-produce-national-guidance-on-youth-social-prescribing

Thomson, L., Camic, P. M., & Chatterjee, H. (2015). *Social prescribing: a review of community referral schemes*. London: University College London.