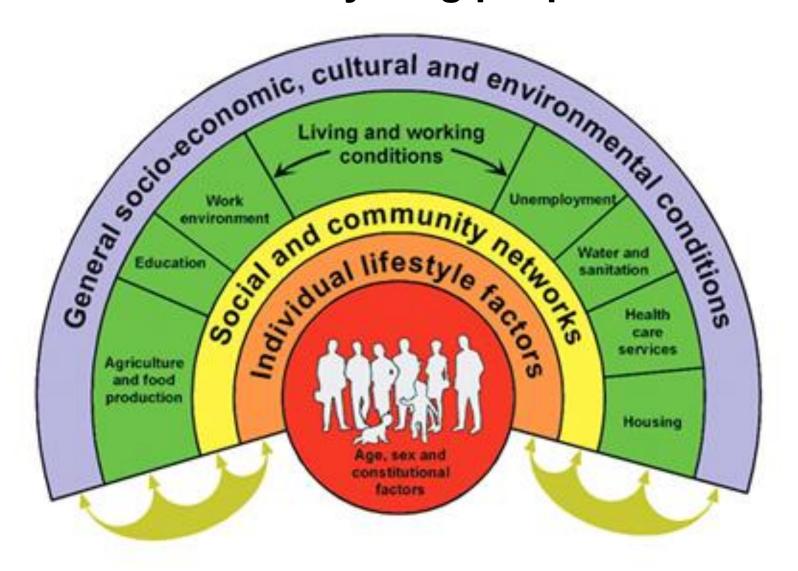
Social Prescribing: A Tool to Address the Health & Social Needs of Young Adults





The social determinates of young people's health



Dahlgreen, G. and
Whitehead, M. (1991).
Policies and Strategies to
Promote Social Equity in
Health.
https://www.publichealthgreyb
ruce.on.ca/YourEnvironment/HealthyCommunities/Health-Equity

Impact of COVID-19 on Mental Health and Substance Use



Click on the items below to see the corresponding Mental Health and Substance Use data.



25.10%_§

previous period: 19.00%

experienced moderate to severe

Anxiety



25.40%

previous period: 26.50%

engaged in

Binge drinking



24.10%§

previous period: 18.80%

felt

Lonely



22.30%§

previous period: 18.60%

felt

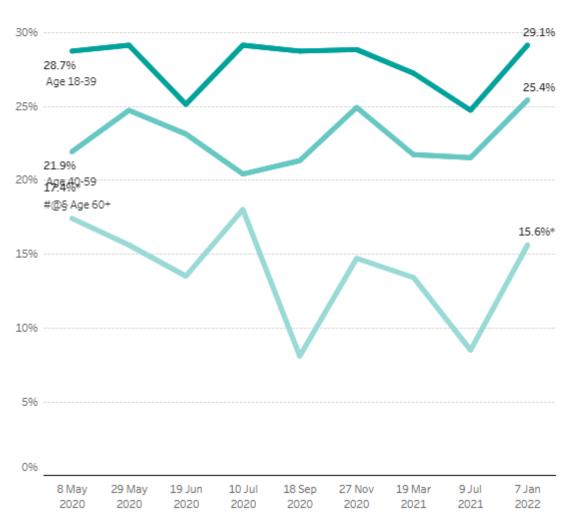
Depressed

CAMH COVID-19 National Survey Dashboard https://www.camh.ca/en/health-info/mental-health-and-covid-19/covid-19-national-survey

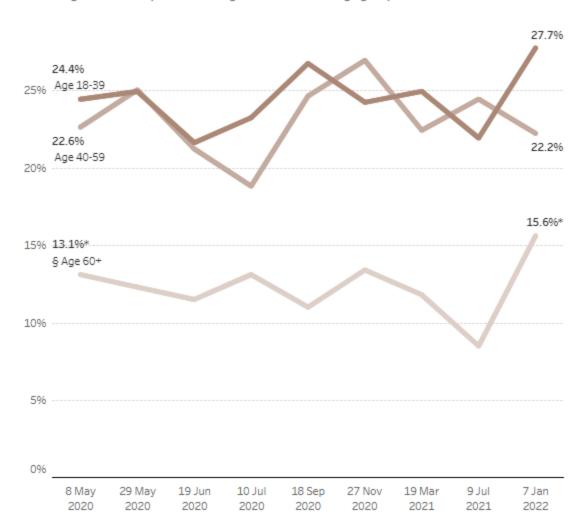




Percentage who felt lonely among each of the three age groups



Percentage who felt depressed among each of the three age groups



Social Prescribing = Basic Needs + Mental Health + Wellbeing



Example of a Social Prescribing Model



Health facilities

(Secondary hospital, community health centre, general hospital)

Management of physical conditions or mental illness

Direct the development of social prescription for an individual

Supervise the link worker team

Monitor and evaluate the implementation process



Link worker team

(Social workers, psychological counsellors, young-older volunteers)

Comprehensive assessment

Develop the assessment-based individualized social prescription

Link community resources and social care

Monitor the service utilization

Follow up on the physical and mental health status



Social care

(Senior centre, club, social work centre, online support, etc.)

Group activities of interest groups and senior club

Education on healthy lifestyle

Stress management and relaxation training

Brain exercise and cognitive training

Public lectures (health, technology, etc.)

Group or individual psychological support

A toolkit on how to implement social prescribing, WHO Western Pacific: https://www.who.int/weste rnpacific/publicationsdetail/9789290619765

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General	Physical	Psychological	Welfare	Spiritual	Social
General wellbeing	Blood Glucose	Anxiety	Volunteering & employed	Sense of purpose	Reduced loneliness
Quality of life	Blood pressure	Depression	Education/ qualifications/ skills	Fulfilling potential	Reduced social isolation
Selfcare	Cholesterol	Self-esteem	Feel well informed	Relaxation	Increased independence
Social adjustment	CVD risk score	Confidence	Ability to access services	Broadening horizons	Increased social identity
Empowerment	Drug use: tobacco	Suicide ideation	Ability to do everyday activities	Enlightened	Builds self-worth
Social connectedness	Aches / pains	Trust	Housing / debts/ benefits	Inspired	Feeling supported & listened to
	BMI weight: waist circumference	Hope for future	Coping with bereavement/ separation	Enjoyment: happiness	Increased self-awareness
	Alcohol	Sense of control	Improved relationships; friendships;		Builds knowledge
	Illegal drug	Anger	Concern about family/carers		Friendship
	Prescription drug	Motivation	Sense of achievement		Connectedness
	Quality of sleep/ less fatigue	Ability to concentrate	Better management/ coping with long term conditions		
	Healthier diet	Personal resilience/ ability to cope	Ability to identify and address problems		
	Physical activity: exercise activation	Positive decision making			
	Stamina	Feeling positive			
		Cheerful			
		Relaxed			
		Absorbed			
		Encouraged			
		Pride in appearance			

What does successful social prescribing look like? Mapping meaningful outcomes Polley et al. 2020

Global Movement and Canadian Initiatives

Growing momentum across Canada and around the world:

- At least 20 countries worldwide are engaged in SP in primary, secondary, rehabilitation, acute care, home care and community sectors
- Canada is a leader in the International Social Prescribing Network & Global Social Prescribing Alliance

In Canada, social prescribing innovations are currently being led by:

- Community organizations (United Way BC, Ontario 211, OACAO, Canadian Red Cross Quebec & Atlantic)
- Health systems & regional health authorities (Island Health, Newfoundland & Labrador Health Accord)
- Primary health care teams (Alliance for Healthier Communities in Ontario)
- Acute care (UHN Social Medicine, Ontario)
- Others using different terminology or related approaches

However, there is currently no systems-level investment in social prescribing in Canada

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The Canadian Institute for Social Prescribing (CISP)

- New national hub to foster, share, and celebrate practices that connect people between health care and non-clinical supports for psychosocial, material and wellbeing needs rooted in the social and structural determinants of health.
- Focal point for SP in Canada and for Canadian SP in the world.
- Grounded in and committed to equity, community leadership and collaboration.
- Website: https://www.socialprescribing.ca
- Twitter: @CISP_ICPS



