

# SOCIAL PRESCRIBING & the Voluntary and Community Mental Health Sector





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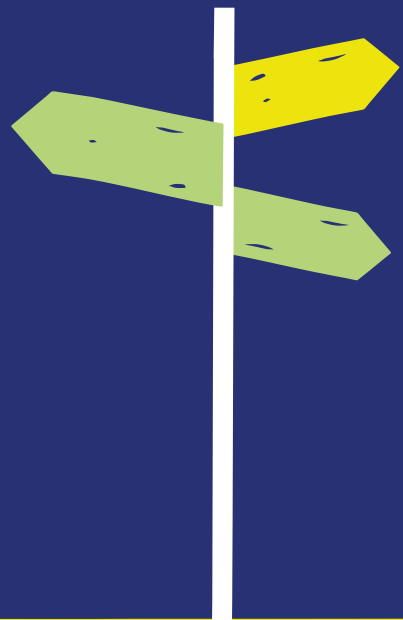
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## LIST OF ABBREVIATIONS

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<b>AISPN</b>	All Ireland Social Prescribing Network
<b>FCS</b>	Families, carers and supporters
<b>HSE</b>	Health Service Executive
<b>MHR</b>	Mental Health Reform
<b>NIMC</b>	National Implementation and Monitoring Committee
<b>VCS</b>	Voluntary and Community Sector

## WHO WE ARE

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Mental Health Reform (MHR) is Ireland's leading national coalition on mental health. Our vision is of an Ireland with accessible, effective and inclusive mental health services and supports.

We drive the progressive reform of mental health services and supports, through coordination and policy development, research and innovation, accountability and collective advocacy. Together with our 80 member organisations<sup>1</sup> and thousands of individual supporters, MHR provides a unified voice to the Government, its agencies, the Oireachtas and the general public on mental health issues.

The member organisations of Mental Health Reform provide a range of community based services that can support the social prescribing and recovery agendas. A list of our members, with links to their respective websites, can be found [here](#).



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**.. a unified voice to the Government, its agencies, the Oireachtas and the general public on mental health issues.**

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<sup>1</sup> <https://www.mentalhealthreform.ie/membership/>

## SUMMARY OF THE KEY RECOMMENDATIONS



Full details of the recommendations that emerged from this consultation can be found in the section entitled '**Consultation – Recommendations**'.

### Government

- **Supporting the VCS:** Provide adequate, multi-annual funding in order to ensure that the VCS mental health services can continue to provide their services and support their local social prescribing services.
- **National Software:** Deliver on the promise in the *Sharing the Vision* implementation plan to “Procure software solution to enable evaluation and monitoring of social prescribing”<sup>2</sup> and make this nationally available.
- **Addressing Social Health Determinants:** In tandem with social prescribing, there is still a need for the Government to prioritise addressing health inequalities at a wider societal level.
- **Cross-sectoral Collaboration:** Prioritise cross-sectoral collaboration to address gaps in certain localities, particularly between Department of Health and the Department of Rural and Community Development. A whole Government approach to mental health is required.

### HSE and the Voluntary and Community Sector

- **Awareness Raising:** Organise further awareness raising campaigns specifically on the topic of social prescribing and mental health.
- **Data Collection:** Capture data on the number of referrals to the VCS mental health supports through social prescribing, as well as capturing data on the identified gaps in the locality.
- **Recovery Colleges and Peer Support:** Further collaboration between social prescribing and recovery colleges and peer support workers.
- **Evidence Base:** Continue to develop a robust evidence base to support social prescribing.
- **Accessibility:** Ensure that social prescribing is accessible to all.

<sup>2</sup> Department of Health (2022) Implementation Plan 2022–2024. *Sharing the Vision; A Mental Health Policy for Everyone*. Dublin: Government of Ireland, p. 41

## INTRODUCTION

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One of the key principles in promoting recovery among people with mental health difficulties is supporting individuals to link in with local community services and supports. The provision of information on local community resources such as support groups, family resource centres and other local services can form a vital part of a person's recovery network. However, research suggests that mental health professionals, including GPs, may lack awareness about some local mental health supports, including those provided by voluntary and community organisations such as peer support groups.<sup>3</sup>

Due to GP shortages, time limitations can also act as a major barrier to GPs being able to attend to social needs.<sup>4</sup> Social prescribing is viewed as a key tool to help address this gap. Social prescribing is about recognising the impact of social factors on health. Its development in Ireland has mainly been driven by the voluntary and community sector, in partnership with health services.<sup>5</sup> It is an approach that is rapidly gaining in popularity.<sup>6</sup> However, it is still a relatively new approach in Ireland and the timing around referral to social prescribing is an important consideration.

This briefing document seeks to explore the impact of and barriers to implementation of social prescribing in Ireland, particularly as it relates to the voluntary and community mental health sector and recovery focused mental health care. This document offers recommendations on how social prescribing can be prioritised and advanced, as well as the perspectives of some of the voluntary and community mental health sector on social prescribing.

It has been informed by previous projects undertaken by Mental Health Reform, such as the [My Voice Matters](#) reports, the [Brave New Connections](#) project and the ['Let's Talk About Recovery'](#) guide (all available on the Mental Health Reform website), as well as by focus groups conducted with our member organisations in March 2023. In total, seven organisations attended the focus groups. The process also included meetings with colleagues in the HSE and with a social prescribing service directly about their perspectives on the impact and barriers of social prescribing in relation to mental health. MHR would like to thank all contributing parties for their valuable insights.




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3 Whitford, D. (2005) [General practice in Ireland: are we equipped to manage mental health?](#) *Irish Journal of Psychological Medicine*.

4 <https://www.imt.ie/clinical/mental-health-general-practice-11-02-2020/>

5 HSE Social Prescribing Framework (2021). Available at [www.hse.ie](http://www.hse.ie)

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

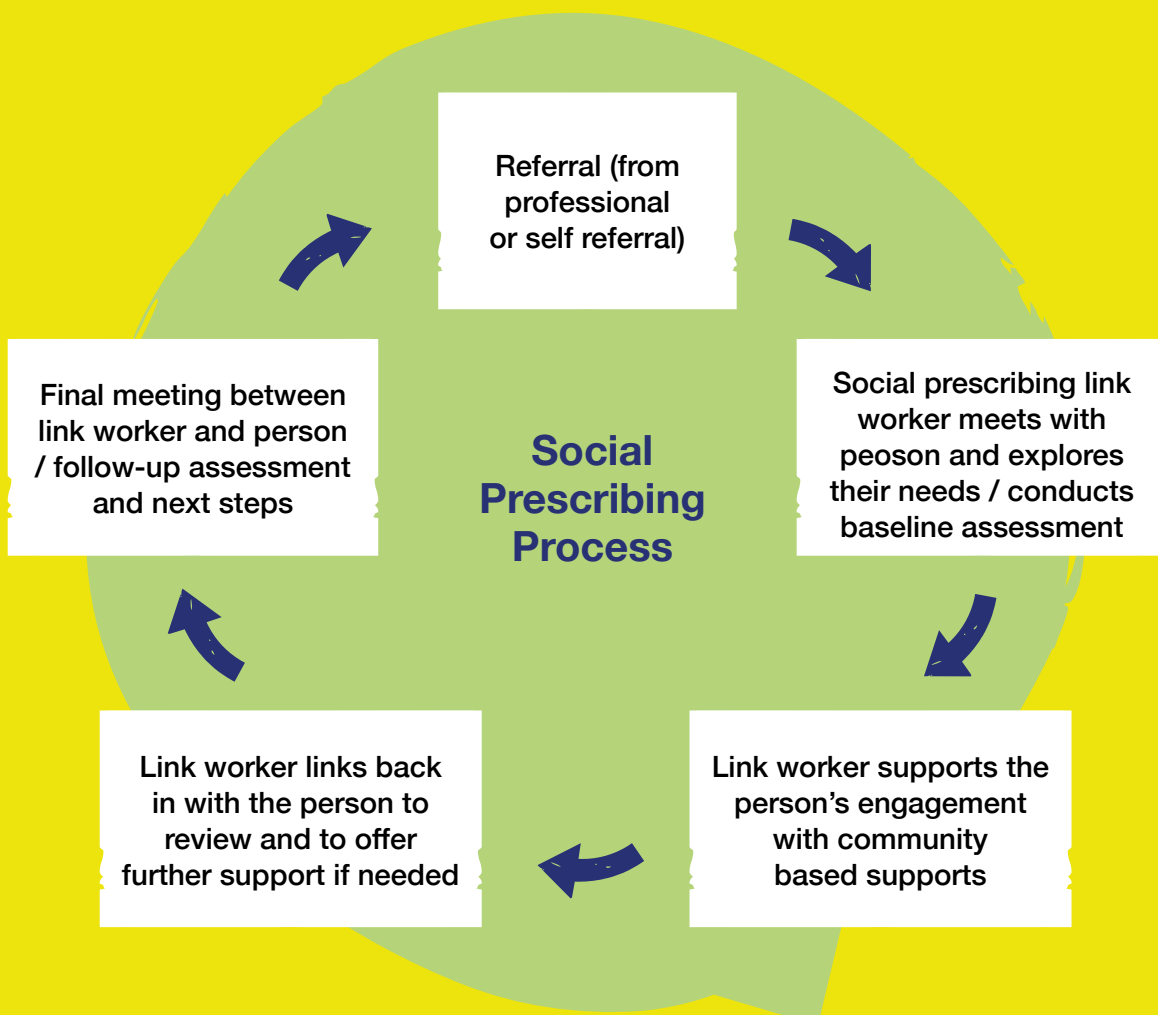
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**.. Social prescribing is about recognising the impact of social factors on health..**

## WHAT IS THE SOCIAL PRESCRIBING PROCESS?

The first step of social prescribing is that the person will be referred, either from their GP, their mental health service, another professional or they may self-refer. The social prescribing link worker will then make contact with the person and invite them to come in for a conversation.

Social prescribing will often begin with an open conversation. It is about allowing the person to share their story and have some one-on-one time to unpack what their needs are. The link worker will be trying to explore what is going on in the person's life and what led them to where they are now.<sup>11</sup> The following diagram gives an overview of the process:



### Reference<sup>18</sup>

<sup>18</sup> Based on diagram presented by Lisa Sieger-Jamison in Carlow Social Prescribing Service Webinar: <https://www.youtube.com/watch?v=nJRuSbWmrTM>



## WHAT IS SOCIAL PRESCRIBING?

There are many different models of social prescribing. In essence, it offers healthcare professionals a way of referring people to non-clinical community support, that can benefit health and wellbeing, through a community based social prescribing link worker. People can also self-refer to these community supports.<sup>7</sup>

The [HSE Social Prescribing Framework](#)<sup>5</sup> explains that there are generally a number of key components to a social prescribing service, including:

- A referral (either from a professional or self-referral)
- An intervention between the person and the social prescribing link worker (up to eight sessions)
- Support provided to the person to access community services
- A measurement of the impact of the intervention for the person, as well as the wider community and health service

**.. Social prescribing is a a short-term support that enables people to transition to the long-term supports they may need ..**

The social prescribing service is a Tier 1 service. Tier 1 means “*Social support, peer support, support from families, carers and supporters (FCSs), support for FCSs, support from Community and Voluntary groups, housing support, employment. Interventions where focus is not specialist mental health care*” (*Sharing the Vision*<sup>8</sup>, p. 35). Social prescribing is a short-term support that enables people to transition to the long-term supports they may need.<sup>11</sup>

The type of community support that the person is referred to depends on the needs and preferences of the person and what is available in the locality. The link workers would research the community supports thoroughly before referring someone in. In some cases, they may have met with the community supports in their locality in advance and would also often attend an initial meeting with the person if the person felt they needed that support. Some examples of the types of supports people can be linked in with include local exercise groups, educational classes<sup>5</sup>, support groups<sup>5</sup>, or other social activities linked with their interests.<sup>9</sup>

Social prescribing link workers come from a variety of backgrounds including Social, Community, Health or related fields. They also complete a training in social prescribing with the HSE. The eligibility criteria for the role can be found in the [HSE Social Prescribing Framework](#).<sup>5</sup>

<sup>7</sup> HSE website on Social Prescribing. Available at [www.hse.ie](http://www.hse.ie)

<sup>8</sup> Department of Health (2020) *Sharing the Vision; A Mental Health Policy for Everyone*. Dublin: Government of Ireland

<sup>9</sup> For example: RTÉ coverage: <https://youtu.be/JekcDBIKhxM>



## WHO IS SOCIAL PRESCRIBING FOR?

Social prescribing is a service aimed at adults who may experience social isolation and loneliness such as older age groups, people with chronic health problems and people with mental health difficulties and psychosocial needs. Other people identified who may benefit are carers, single parents and those from ethnic minority groups, as well as those with complex social needs.<sup>5</sup>

A person accessing this support may be experiencing financial, social or relationship issues. They may have acquired a disability or long-term health condition and need support with how to move back into employment after a period of absence. They may be new to their community and wish to integrate more.<sup>10</sup> Social prescribing is currently only available to those over 18 years old but it is evolving and growing in Ireland and there is an interest in social prescribing being expanded to support children and families.<sup>5</sup> Keyworkers/family/supporters are welcome to attend sessions with the individual if the person feels they need additional support.



10 Caragh Munn, Social Prescribing Co-Ordinator with Bray Partnership. HSE Podcast on Social Prescribing: HSE Talking Health and Wellbeing Podcast, #8 Social Prescribing – 12th April 2023.

## SOCIAL PRESCRIBING AND MENTAL HEALTH

Social prescribing has been quite widely used by people with mild to moderate mental health difficulties, with many positive outcomes.<sup>5</sup> In fact, the main reason for referral to social prescribing is mental health.<sup>11</sup> There is also a growing interest in social prescribing as a route for people with long-standing mental health difficulties as part of the recovery agenda.<sup>12</sup>

### UK example: A tool to promote recovery

In the UK, the Rotherham Social Prescribing Service commenced a tailored service specifically for those who were referred to social prescribing by secondary mental health services in 2015. This service utilised a 6-month pathway model, where there was ongoing collaboration between the link workers and the community mental health team. It was reported that the service has acted as a supportive model for transition from secondary mental health services to peer-led community supports, with flexibility needed for some participants to remain engaged with both supports beyond the 6-month transition time.<sup>13</sup>

11 [Best Practice in Conversation – Episode 4 – Social Prescribing and how it can cut visits to GP by 20%.](#)

12 Friedlii, L., Vincent, A., & Woodhouse, A. (2007). Developing Social Prescribing and Community Referrals for Mental Health in Scotland. Scottish Development Centre for Mental Health.

13 Dayson, C., Painter, J. & Bennett (2020). [Social prescribing for patients of secondary mental health services: emotional, psychological and social well-being outcomes.](#) *Journal of Public Mental health*, pp. 271-279.

**Given that social prescribing is a non-clinical, Tier 1, preventative support, the importance of peer/family/keyworker support and/or maintaining all existing professional supports in tandem with social prescribing, where necessary, was emphasised in the discussions that informed this briefing. It was also highlighted that social prescribing is complementary; a person does not need to be discharged from any existing supports in order to avail of the service. The timing of a referral also requires consideration. This is discussed further in the section on ‘Awareness Raising’ under ‘Recommendations’.**

In MHR’s My Voice Matters survey<sup>14</sup>, participants were asked if their mental health service had linked them in with a range of different supports, including those external to the specialist mental health services. Approximately one-third of participants reported that they had not been linked to any supports by their mental health service. The qualitative data shows the importance of voluntary and community supports for people with mental health difficulties in providing ongoing mental health supports in their local communities, with many participants writing about the benefits of accessing such services.

For example, when asked ‘*Is there any service that was not available to you that you would have benefitted from?*’, participants mentioned “*Community support groups, peer groups, activity groups*” and “*Art therapy, music therapy, exercise program*”, as well as peer support services and social inclusion services.<sup>15</sup>



According to [Report 2](#) of our ‘[Brave New Connections](#)’ project<sup>16</sup>, the voluntary and community mental health sector provides a wide spectrum of community based mental health support including:

- Information & sign-posting (87% of those surveyed)
- Psycho-education, self-help & positive mental health (53%)
- Peer support (45%)
- Helpline / crisis (23%)
- Therapy / counselling (34%)
- Treatment for more enduring mental health difficulties (6%)
- Recovery / social inclusion (43%)
- Societal capacity building (57%)
- Advocacy specialism (9%)

More information on recovery programmes can be found in our ‘[Let’s Talk About Recovery](#)’<sup>17</sup> guide.

<sup>14</sup> <https://www.mentalhealthreform.ie/my-voice-matters/>

<sup>15</sup> Mental Health Reform (2019) [My Voice Matters, p.20](#)

<sup>16</sup> Mental Health Reform (2022). [Resetting the Non-Profit Voluntary and Community \(VCS\) Mental Health Sector After the Pandemic; A Strategic Perspective. Report #2.](#)

<sup>17</sup> [https://www.mentalhealthreform.ie/wp-content/uploads/2022/12/mhr\\_a4\\_aw.pdf](https://www.mentalhealthreform.ie/wp-content/uploads/2022/12/mhr_a4_aw.pdf)

## Case Study Examples

IT'S NOT  
'WHAT'S THE  
MATTER  
WITH YOU?'

IT'S:  
'WHAT  
MATTERS  
TO YOU?'

Social Prescribing Link Worker<sup>11</sup>

In order to explore what the process looks like, this section explores some case study examples.

The example of a social prescribing participant discussed in the HSE Podcast on Social Prescribing<sup>11</sup> is of someone who found themselves unemployed shortly before giving birth. Following the birth of her child, she had questions about accessing childcare, employment, financial support and whether she needed to return to education to meet her career goals. Through social prescribing, she was linked in with, among other supports, Citizens' Information, as well as to her local adult guidance service, who encouraged her to access education. With the support of social prescribing and these community resources, she is now in third-level education, having never attended this level of education before.



Another example, given in the HSE Webinar on Social Prescribing<sup>19</sup>, is a person who was referred to social prescribing services while on the waiting list to access mental health services. Through social prescribing, the person, who had a one-and-a-half-year-old daughter, was linked in with a local group for parents and babies. The person was able to meet other new parents through this group. Having benefited from social prescribing, the person then re-referred themselves at another stage of their life when they felt they needed further support and was able to receive support to, in their words, be "put in the right direction again". This person said that they have grown more in the time they engaged with social prescribing than in any other period of their life.

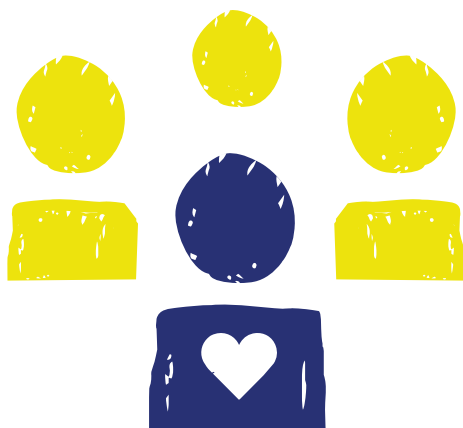


<sup>19</sup> HSE Webinar - Social Prescribing in Ireland: Building the Evidence Base - 30th September 2020.

## BENEFITS OF SOCIAL PRESCRIBING

There are a range of reported benefits of social prescribing including:

- Reduction in social isolation and loneliness<sup>21</sup>
- Improvement in mood<sup>21</sup>
- Improved physical health and health behaviours<sup>21</sup>
- Opportunity to learn a new skill/revisit an old hobby<sup>20</sup>
- Improvement to health and wellbeing<sup>5</sup>
- Opportunity to meet new people<sup>5</sup>
- Increased self-confidence and self-esteem<sup>5</sup>
- Increased involvement in community<sup>5</sup>



In the Irish context, Kiely *et al.* (2021) conducted a randomised control trial in 12 GP practices across Limerick, Cork, Waterford and Dublin. The study aimed to assess whether social prescribing improved the quality of life and mental health for those with multi-morbidity ( $\geq$  two chronic conditions). As it took place during Covid-19 restrictions, the focus was on addressing digital poverty and linking people with online supports. Although there were limitations to the study due to Covid-19, 70% of participants reported a benefit and a further 20% found it positive but limited due to Covid-19.<sup>21</sup>

In addition to the benefits it can provide for the person, there has also been research conducted in the UK into the benefit it can have in the alleviation of healthcare demand and cost. It is thought that around 20% of people attend their GP for social reasons.<sup>22</sup> A literature review on social prescribing in the UK showed that following referral to social prescribing services, on average, there was a 28% reduction in the need for GP services, 24% reduction in attendance at Emergency Departments and statistically significant drops in referrals to hospital.<sup>23</sup>

20 <https://www.wld.ie/programmes/wexford-social-prescribing/>

21 [Kiely, B., Galvin, E., Loomba, S., Boland, F., Byers, V., Clyne, B., Smith, S. M. \(2021\). Can primary care-based link workers providing social prescribing improve health outcomes for people with multimorbidity in socially deprived areas? A randomised controlled trial. Society for Academic Primary Care Annual Meeting. Dublin.](#)

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

23 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.

## WHERE IS IT AVAILABLE?

Part of the [Sláintecare Healthy Communities Programme](#)<sup>24</sup>, launched in 2021, was to focus on the rollout of a number of programmes that would improve health and wellbeing in [19 areas](#)<sup>25</sup> around Ireland. One of the core services within this is social prescribing. These 19 areas were selected through “An evidenced based process identified local areas in which health and wellbeing risk factors are particularly concentrated”<sup>25</sup>.

Social prescribing services are now available in over 30 locations around the country and are delivered in partnership with voluntary and community organisations such as Family Resource Centres and Local Development Companies.<sup>5</sup> The ‘All Ireland Social Prescribing Network’ (AISP) [website](#)<sup>26</sup>, has a members map which shows a list of social prescribing services across the country and their contact details. People can directly contact these services to self-refer to social prescribing.

One full-time social prescribing link worker per Community Healthcare Network is proposed as part of the delivery model for social prescribing outlined in [The HSE Social Prescribing Framework](#).<sup>5</sup>

Funding has been secured in Budget 2023 for the expansion of the service and by the end of 2023 it is envisaged that there will be country-wide coverage, with at least one Social Prescribing Service per county.<sup>27</sup>

24 <https://www.hse.ie/eng/about/who/healthwellbeing/slaintecare-healthy-communities/>

25 <https://www.hse.ie/eng/about/who/healthwellbeing/slaintecare-healthy-communities/03-shc-sm-p6-.pdf>

26 <https://allirelandsocialprescribing.ie/>

27 NIMC Quarterly Report, Q4 2022. See [gov.ie](#).

## POLICY MANDATES AND SOCIAL PRESCRIBING

There are a number of policy mandates underpinning the Government’s commitment to the development of social prescribing. These include the *Programme for Government, Sláintecare, Healthy Ireland* and *Sharing the Vision*.

### Programme for Government: Our Shared Future

The *Programme for Government* promises to accelerate the implementation of [Sláintecare](#), with a specific commitment to provide more community based services, including social prescribing.

### Sláintecare

The aim of [Sláintecare](#)<sup>28</sup> is to reform Ireland’s healthcare system, such that the vast majority of care takes place in the community, with services that are well integrated with one another. Social prescribing is aligned with the HSE’s transformation agenda in this regard, with the aim of reorienting the health service model of care towards a primary and community care approach of ‘Right Care, Right Place, Right Time’, as is outlined in *Sláintecare*.

Part of the [Sláintecare Healthy Communities Programme](#)<sup>25</sup>, launched in 2021, was to focus on the rollout of a number of programmes that would improve health and wellbeing in [19 areas](#) around Ireland. One of the core services within this is social prescribing.

28 [Houses of the Oireachtas \(2017\). Sláintecare Report.](#)

The [Healthy Ireland Action Plan 2021-2025](#)<sup>29</sup>, which is led by the Health and Wellbeing Programme within the Sláintecare Programme Implementation Office in the Department of Health, also has a specific outcome measure relating to social prescribing.

**Theme 4, Outcome 4.4.8**

*“Seek to expand social prescribing where people are referred to non-clinical activities, as a means of positively influencing mental health and wellbeing and consider scaling of successful Sláintecare Integration Fund projects focussed on this service.”<sup>30</sup>*



## Sharing the Vision

*Sharing the Vision*<sup>31</sup> highlights the core role that the Voluntary and Community Sector (VCS) plays in a community-based approach to mental health care. Social prescribing is an initiative that requires strong partnership between the VCS and the HSE and it is embedded into two of the recommendations within *Sharing the Vision*; Recommendation 5 and Recommendation 15.

**Recommendation 5**

*“New and existing community development programmes which promote social inclusion engagement and community connectedness should be appropriately resourced and developed in line with the proposed National Mental Health Promotion Plan.”<sup>32</sup>*

**Recommendation 15**

*“Social prescribing should be promoted nationally as an effective means of linking those with mental health difficulties to community-based supports and interventions, including those available through local Voluntary and Community Sector supports and services”<sup>33</sup>*

**.. Social prescribing should be promoted nationally as an effective means of linking those with mental health difficulties to community-based supports and interventions..**

29 <https://www.gov.ie/pdf/?file=https://assets.gov.ie/134507/057dfa34-491f-4086-b16a-912cf1e3ad06.pdf#page=null>

30 Ibid, p. 27

31 Department of Health (2020) *Sharing the Vision*; A Mental Health Policy for Everyone. Dublin: Government of Ireland

32 Ibid, p. 31

33 Ibid, p. 59

## CONSULTATION – RECOMMENDATIONS

A number of recommendations for the development of social prescribing in the area of mental health have been collated in this section. These recommendations have emerged through consultation with MHR membership, the HSE and members of a social prescribing service. Overall, this consultation process showed a strong desire for further collaboration between the social prescribing services and the VCS mental health sector.

### Recommendations – Government

#### Supporting the VCS

- \* Members of MHR highlighted that they would be keen to collaborate with their local social prescribing service to ensure people can access their supports. They also expressed that this would need to be supported by adequate, multi-annual funding in order to ensure they can continue to provide their services, particularly if there are increased referrals through social prescribing. The need to provide financial and developmental support to the VCS mental health services who would be receiving referrals through social prescribing was also highlighted in the UK research in the area.<sup>14</sup>

#### National Software

- \* The Elemental Software<sup>34</sup> is used across the UK and Ireland to manage caseloads and capture data in social prescribing. However, this software is not yet nationally available in the Irish social prescribing services. It was recommended that software needs to be available nationally to ensure robust data collection on social prescribing. The *Sharing the Vision* implementation plan commits to “*Procure software solution to enable evaluation and monitoring of social prescribing.*”<sup>35</sup>
- \* The development of a centralised repository of community supports was also suggested as a tool that would be useful. Social prescribing services, who are already mapping what is available in their locality, would be ideally placed to feed into the development of this resource (given adequate time and resourcing to do so) and it would be a beneficial resource for the social prescribing service, the VCS and the health service alike.
- \* Currently, link workers who have access to the Elemental Software can upload information on local resources which other link workers can then access. Most link workers do not have any administrative support, unless it is available in the site they are employed within, so this database is dependent on the link workers having the time to update it. It was noted that the development of such a centralised resource would require a funded project to allow the upkeep and maintenance of such a repository. Overall, more robust data collection through a nationally available software is required, as promised in the *Sharing the Vision* implementation plan.



34 <https://www.theaccessgroup.com/en-gb/health-social-care/software/social-prescribing/>

35 Department of Health (2022) Implementation Plan 2022–2024. *Sharing the Vision; A Mental Health Policy for Everyone*. Dublin: Government of Ireland, p. 41

### Addressing Social Health Determinants

- \* Social prescribing provides individuals with support for their social issues at a particular point in time. In tandem with social prescribing, there is still a need for the Government to prioritise addressing health inequalities at a wider societal level, including issues around poverty, housing, employment, education, healthcare access and discrimination. For more information on social issues in mental health, please see MHR's submissions on the 'Review of the Equality Acts'<sup>36</sup>, the 'Reasonable Accommodation Fund'<sup>37</sup> and the 'Roadmap for Social Inclusion: Mid-Term Review'<sup>38</sup>.

### Cross-sectoral Collaboration

- \* The importance of cross-sectoral collaboration to address gaps in certain localities was a repeated theme in the discussions, particularly between the Department of Health and the Department of Rural and Community Development. One example of an identified gap was those who are rurally isolated, unable to access suitable transport links in order to engage with their community supports. Given the intersectional and cross-departmental nature of addressing mental health needs, a whole Government approach is required. All Government Ministers need to work together to improve mental health outcomes for people in Ireland, including in the implementation of social prescribing.

36 <https://www.mentalhealthreform.ie/wp-content/uploads/2022/11/Final-submission-08.12.21-MHR-submission-on-the-review-of-equality-acts-1.pdf>

37 <https://www.mentalhealthreform.ie/wp-content/uploads/2022/06/MentalHealthReformSubmissionRAF.pdf>

38 <https://www.mentalhealthreform.ie/wp-content/uploads/2023/02/FINAL-Roadmap-for-Social-Inclusion-Submission-by-MHR-141022-sent.pdf>

## Recommendations – HSE and the Voluntary and Community Sector

### Awareness Raising

- \* Members of MHR have highlighted that there is a lack of awareness about social prescribing services and welcomed this briefing document as something that could be disseminated through their networks. They recommended further awareness raising campaigns specifically on the topic of social prescribing and mental health.
- \* There is sometimes a misunderstanding about what social prescribing is, and it was felt that clarity around who social prescribing would be of most benefit to would be helpful. Some people may need additional support to engage with social prescribing, and this came up as a central theme to be addressed in any awareness raising. It is important to consider the timing of referral and level of support someone may need to engage with social prescribing as it is a service that is about enabling a person to independently access and engage with local community groups and services. Therefore, the participant would need to be at a place where they feel ready to do that, or have the additional supports engaged to facilitate integration.
- \* As it is a principle of the recovery agenda in mental health to ensure inclusivity, there needs to be a way to foster readiness to engage for those who wish to access social prescribing. For those who may require more support to engage with community supports than the sessions provided by the social prescribing link worker, it was suggested that perhaps peer supporters could provide ongoing integration support. There is a need for greater collaboration with all key stakeholders in this area to ensure that awareness is raised not only about what



social prescribing is, but also about the supports that can be engaged with in tandem with social prescribing to make it more accessible.

### Data Collection

- \* Members of MHR have suggested that it would be useful if data could be captured on the number of referrals to the VCS mental health supports through social prescribing.
- \* It was also suggested that the social prescribing services could be used as a means of identifying gaps in the locality. Data on the gaps in available resources would be important information to capture. Currently, the social prescribing services do inform their area leads in Health Promotion of any particular gaps as they arise. However, inter-agency collaboration is essential to these issues being addressed.

### Recovery Colleges and Peer Support

- \* Recovery colleges and peer support workers are recognised in Ireland as important tools in delivering recovery orientated mental health supports and services. Both promote the recovery model, which emphasizes the importance of empowerment, inclusivity, self-determination, choice, human rights and developing a personal and unique recovery plan for each individual.<sup>8</sup>
- \* It was suggested that it would be beneficial to have increased collaboration between social prescribing services, recovery colleges and peer supporters. At the time of publication of this briefing efforts had already been initiated and in March 2023 a conversation between Irish Recovery Education Services/Recovery Colleges and social prescribing services took place. This meeting explored mutual objectives and explored ways to build on existing partnerships, and

generate new connections. This initial conversation is very welcome and ongoing collaboration between recovery colleges, peer support workers and social prescribing services is necessary to ensure that the needs of people with mental health difficulties are fully considered in the roll-out of social prescribing.

### Evidence Base

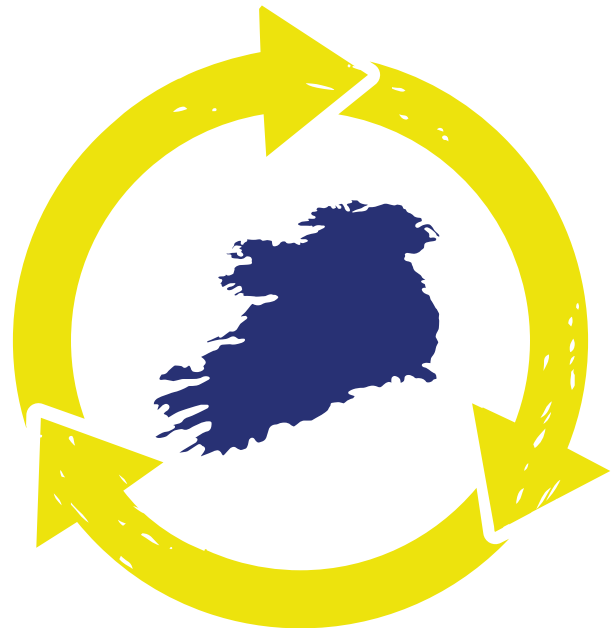
- \* The need to continue to develop a robust evidence base to support social prescribing was highlighted as an important priority. The complexity of defining what social prescribing is and accurately capturing the extent of its benefit was reflected as a challenge in this regard. This is echoed in the existing literature.<sup>6</sup>



**.. it would be beneficial to have increased collaboration between social prescribing services, recovery colleges and peer supporters ..**

## Accessibility

- \* It was highlighted that people from the Deaf community may be more isolated from primary care supports, as there may not be interpretation available to support access. In 2018, Citizens' Information wrote a report called '[Information provision and access to public and social services for the Deaf Community](#)', where a total of 73% of respondents to the survey said that their experience of accessing Irish public health services was either 'poor' or 'very poor'.<sup>39</sup> There is currently a [research project](#) being undertaken which aims to explore the provision of Irish Sign Language in public health services and identify gaps.<sup>40</sup> In a recent Irish study, those with hearing loss reported higher rates of loneliness, with social participation and integration lower for those whose hearing was impaired (for those who did not use hearing aids).<sup>41</sup> Thus, it is important that social prescribing is accessible to those from the Deaf community, as well as those who are hearing impaired. Of course, this would also require community supports that are accessible.
- \* Language support/translation services also arose in the discussion. The link workers reported having access to the HSE translation phone service and said that people also often use technology to assist them in translating when engaging with the service. MHR's [Cultural Competency Toolkit](#) may serve as a useful resource in this area.<sup>42</sup>
- \* The Q3 2022 Quarterly Report of the National Implementation and Monitoring Committee (NIMC) for *Sharing the Vision* states that; "*Data has been collated in relation to accessibility of social prescribing services for people with disabilities with a view to how inclusion might be improved*"<sup>43</sup>. However, this data is not yet publicly available.



39 [https://www.citizensinformationboard.ie/downloads/social\\_policy/Deaf\\_Community\\_Research\\_Rpt\\_Exec\\_Summary\\_Feb2018.pdf](https://www.citizensinformationboard.ie/downloads/social_policy/Deaf_Community_Research_Rpt_Exec_Summary_Feb2018.pdf)

40 <https://www.ucc.ie/en/iss21/researchprojects/researchprojects/isl-health/>

41 [https://tilda.tcd.ie/publications/reports/pdf/Report\\_Hearing.pdf](https://tilda.tcd.ie/publications/reports/pdf/Report_Hearing.pdf)

42 <https://www.mentalhealthreform.ie/cultural-competency/>

43 [NIMC Quarterly Report Analysis Quarter 3 2022](#). Recommendation 5, p. 23.

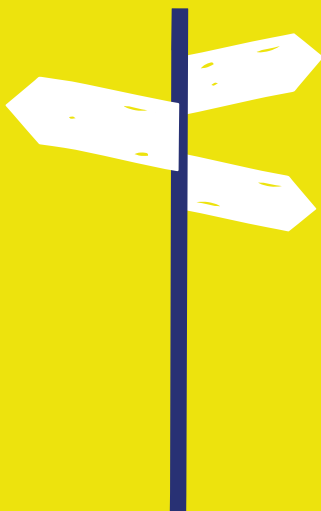
## LOOKING AHEAD

As outlined in this briefing document, social prescribing can be a powerful tool. It is a holistic and complementary support that, when the timing of engagement is considered, has the potential to help advance the recovery agenda in mental health and to assist people to access the wealth of supports available through the voluntary and community mental health sector. It's a non-clinical support that complements other mental health support programs like peer support workers, recovery colleges, community/crisis cafés and community mental health teams. As such, it is important that it is viewed in the wider context of the delivery of our mental health policy *Sharing the Vision* and the framework of supports that are required to advance a person-centred recovery.

It is also necessary to provide adequate financial support to all recovery-focused mental health initiatives and on-going training for GPs and mental health professionals on the recovery focused mental health supports available within the sector. By doing so, Ireland can advance the recovery agenda in mental health and ensure that people have access to the wealth of supports available through the voluntary and community mental health sector.

## RESOURCES

- \* All Ireland Social Prescribing Network (AISPN): <https://allirelandsocialprescribing.ie/>
- \* [HSE Information Website](http://www.hse.ie) - [www.hse.ie](http://www.hse.ie) – Social Prescribing
- \* HSE [Building Capacity for the Evaluation of Social Prescribing: Evaluability Assessment](http://www.hse.ie) - [www.hse.ie](http://www.hse.ie)
- \* HSE Podcast on Social Prescribing: HSE Talking Health and Wellbeing Podcast, #8 Social Prescribing.
- \* Certificate in Social Prescribing (Online): [www.itsligo.ie/courses/social-prescribing/](http://www.itsligo.ie/courses/social-prescribing/)
- \* RTÉ coverage on Social Prescribing: <https://youtu.be/JekcDBIKhxM>
- \* Project Echo Northern Ireland (learning network for the social prescribing workforce): <https://echonorthernireland.co.uk/social-prescribing/>
- \* UK Social Prescribing Network: <https://www.socialprescribingnetwork.com/>
- \* YouTube Video (UK based) - [What is Social Prescribing?](https://www.youtube.com/watch?v=O9azfXNcqD8) - <https://www.youtube.com/watch?v=O9azfXNcqD8>





# SOCIAL PRESCRIBING

& the Voluntary and  
Community Mental  
Health Sector