



Policy Brief

Social Prescribing to Advance Health Equity

Social prescribing is a model that connects patients to non-clinical community supports that enhance health and well-being, including [a variety of activities](#), such as educational classes, dancing, housing support, exercise, volunteering, animal care, and peer-led social groups.

How It Works: Someone, often a healthcare provider, issues a "social prescription" for patients with social or mental health needs and refers them to a link worker who helps create and monitor a tailored plan that reflects an individual's social needs, health goals, and interests. Individuals then engage in these activities to build healthy habits and strengthen positive mental health and social connections, similar to [behavioral activation](#) approaches in traditional therapeutic models.

Why Does This Matter?

Globally, there is growing recognition of a crisis of loneliness and social isolation. These concerns are detrimental to health, with some estimates that [loneliness is just as harmful as smoking 15 cigarettes a day](#). Mental health concerns are also rising, with increases in depression and anxiety seen especially in youth and young adult populations. The [U.S. Surgeon General's Advisory](#) describes the importance of social connection and community in fostering healthy, resilient communities and individuals across the life course. However, existing healthcare systems cannot sufficiently address individual and population well-being alone.

Protecting the basic human right to health for all requires expanding the current capacity of traditional mental health systems and services to address this growing need and provide supports that address cultural and social influences on mental health. The [World Health Organization \(WHO\)](#) has established a global commission on social connection to address gaps and disparities. Moving upstream, it is critical to address the [social and structural determinants of mental health](#). Innovative approaches that meet people where they are with support that considers their personal needs, experiences, identities, and communities are essential for securing the right to health. **Social prescribing offers a pathway for equitable outcomes** by personalizing social care to patients' interests and whole identities (rather than medicalization and diagnoses alone).

Implications for Social Prescribing to Advance Health Equity

Health equity is a cornerstone of effective healthcare delivery. Some key components of a critical health equity approach to social prescribing that will ensure this promising strategy addresses the fundamental human right to health include:

- **Cultural humility:** Get to know the person before designing the intervention. Tailor social prescribing interventions to the individual by incorporating aspects of culture and [intersectional identities](#), prioritizing connections in the planning and implementation of social prescribing interventions. Consider that for some minoritized groups, engaging in [community-based cultural, religious or social activities](#) can be more culturally sensitive and inclusive than some of the 'evidenced-based' practices promoted in traditional therapeutic models.
- **Community orientation:** Commit to [community-engaged principles](#) and best practices in co-designing; emphasize [power sharing](#) and [shared decision-making](#) with communities.
- **Systemic change:** Ground research in the social and [structural determinants](#) influencing [health disparities](#) related to social care and expanding the responsibility of social prescribing to all sectors and systems - beyond healthcare - to meet people where they are.

Facts at a Glance

- About two billion people (or one-quarter of the global population) are [very or fairly lonely](#), with similar rates across [high and low-income countries](#).
- Globally, young people aged 15-24 report higher life satisfaction than older adults. This has reversed in North America, where young people aged 15-24 are now [less happy than older adults](#).
- [Social connection and arts engagement](#) are the most sought-after sources of mental health support among youth.
- A [green social prescribing intervention in Wales](#) found that for every £1 invested in the Opening Doors to the Outdoors programme, a social return on investment ranging from £4.90 to £5.36 was generated.
- [Arts on prescription](#) programs have been estimated to generate a social return on investment of £2.30 for every £1 invested.

What the Research Says

Social Prescribing “[promotes community-based integrated care and helps to demedicalize health service provision](#).”

Social Prescribing research identifies the main patient-level outcomes as increased [social connection and well-being](#), decreased [loneliness](#), [depression and anxiety](#) and [improved health care and care-seeking outcomes](#) (such as blood pressure, cholesterol, and health care visits). The literature states that social prescribing can influence population and individual health by:

- Improving [physical health outcomes](#) from activity outdoors through green social prescribing initiatives
- Improving [mental health outcomes](#) for children and adolescents from connecting with nature
- Reducing loneliness and increasing well-being for [young people experiencing poor mental health](#) through a nature-based social prescription program
- Reducing [clinical depression and anxiety](#) symptoms, including among people with [multiple comorbidities](#), via [arts on prescription](#)
- Enhancing [social connection](#) and [belonging](#) from engagement with arts and culture

However, some concerns remain about the effectiveness of social prescribing in addressing social and structural determinants of health. Implementing these interventions in a way that addresses health equity and social justice requires:

- Reducing [social and structural inequities](#)
- Examining social prescribing as [a complex intervention](#) with multiple stakeholders, diverse community responses, and factors influencing project success
- Tackling [evidence gaps](#) in high-quality studies and evaluations across a variety of social prescribing interventions and populations
- Ensuring [barriers to participation](#) are addressed in communities where access and availability may be more limited due to systemic inequities (such as cost, transportation, activity options)

Implications for Practice:

- Increase literacy for and [awareness of social prescribing](#) to increase opportunities for both [individual participants and link workers](#) to experience psychological and economic benefits
- Align social prescription goals with individual needs and connect [people to existing local, community strengths, assets](#), and initiatives.
- Ensure resources and infrastructure to establish community-based [link workers as a key component](#) of effective social prescribing models.
- Identify goals and objectives of social prescription with the individual participant and track progress based on [patient-centered care](#) and [person-centered outcomes](#). Continuously share results with individuals to address barriers.
- Support and link with [growing student movements](#) on social prescribing to expand volunteer and career pipeline programs.
- Ensure social prescribing initiatives include historically marginalized groups or underserved communities in co-creating meaningful, tailored, culturally safe social prescriptions. For example, [The Black-Focused Social Prescribing \(BFSP\) project](#) intertwines Afrocentric principles with social prescribing to address the specific needs within Black communities. Another example is [land-based healing and culturally-inclusive nature prescribing](#).

Implications for Research:

- Conduct rigorous [evaluation and implementation science research](#) to identify the [core components](#) of social prescribing better and quantify the [expected outcomes](#) of these models explicitly aimed at advancing health equity.
- Execute [cost-effectiveness studies](#) that demonstrate the [economic value](#) of social prescribing interventions aimed at health equity to bolster the case for incorporating these approaches into clinical care delivery.
- Implement [community-based participatory research](#) studies to illuminate areas for improvement or pathways to best align social care resources with [community health priorities](#).

Implications for Policymakers:

- Raise awareness of social prescribing approaches that account for [structural disadvantages](#) to address health inequities (ie programs that cover attendance or transportation costs for people with economic barriers to participation).
- Advocate for the implementation and [study of social prescribing](#) to help identify what works in delivering this care equitably.
- Unlock resources to support [adequate funding and delivery of social prescribing](#) initiatives by elevating critical health and social needs, identifying community assets and resources, and [garnering support across sectors](#).
- Establish oversight, regulating, monitoring, and evaluation mechanisms that ensure social prescribing initiatives have a focus on [equity and human rights](#) and build capacity for [cultural humility](#).
- Incentivize social prescribing efforts and use political and financial capital to implement [pilot programs](#) to scale equitable social prescribing programs for widespread adoption.

Bridging Practice, Research, and Policy

- Enhance support for community-based and structurally-driven strategies through research, policies, and practices that [address multiple levels of influence simultaneously](#), including interpersonal, organizational, community, educational, occupational, environmental, and policy-level levers and influences.
- [Co-design social prescribing initiatives](#) with relevant stakeholders, including communities, to ensure social prescribing initiatives are rooted in equity, cultural relevance, and sustainability.
- Build on best practices and lessons learned from other initiatives such as the [Nature on Prescription handbook](#) in the United Kingdom and the [Arts-on-Prescription field guide](#) in the United States.
- Consult the [Common Understanding of Social Prescribing \(CUSP\)](#) conceptual framework, which outlines an internationally accepted understanding for operationalizing social prescribing in research, policy, and practice.

This policy brief has been principally drafted by Lucy Rabinowitz Bailey and Nadha Hassen with contributions by Gita Jaffe.

The Global Alliance for Behavioral Health and Social Justice (formerly the American Orthopsychiatry Association) is a compassionate community of individuals and organizations dedicated to the informing policy, practice, and research concerning behavioral health, social justice, and well-being. Learn more about our work at www.bhjustice.org.