SOCIAL PRESCRIBING FOR MENTAL HEALTH: WHY LIFE IS GETTING BETTER…. 

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THE HUMAN STORY

• How has social prescribing impacted on clinicians, what we do, and how we do it?
• What difference has social prescribing made to service-users now and for the future?
THE RECOVERY DILEMMA
THE TREATMENT DILEMMA
....the outcome

- Cycles of the same treatment
- Ineffective medication changes
- Poor quality of life
- Profound unhappiness
How does it feel?
AIMS OF THE ROTHERHAM SOCIAL PRESCRIBING SERVICE FOR MENTAL HEALTH

- Increase social activity
- Support recovery
- Reduce social isolation and dependence
- Improve confidence and self-esteem
- Focus on quality of life, positivity and happiness
- Support healthy and sustainable discharges from services and create capacity
What else have we observed?

- A social prescription can run in parallel with therapy, and improve its outcome.
- Some people are not in a position to move on from services, however the care that is provided is more focussed, directed and different in its dynamic.
Less of this.....
More of this....
Outcomes

• 50-60% discharge rate
• 17% re-volunteering
• 14 % going on to education and training
• 6% accessing employment
Future Developments

• Broader scope
• Alternative to mental health services at the beginning of the journey – a non-pathological alternative
• Further exploration of voluntary sector collaboration in relation to socially challenging behaviour in crisis
PAUL

• Paul - Age 51 yrs old.
• Lives alone, has no friends. Only goes out to shop and attend appointments.
• Presented to services in his 20s after finishing university (pharmacology degree).
• Symptoms - unexplained pain that had no identified root cause.
• Historical Diagnosis of delusional disorder.
• Complains of low mood, poor sleep.
• Later disclosed he had been systematically beaten by both his parents as a child.
• Wants to act to avoid the distress of others.
• Overwhelmingly passive and emotionally surpressed
MEDICATION

• Has been prescribed anti-psychotics for many years – but feels they have probably worsened his pain – takes them anyway – currently 200mg Amisulpride and 37.5mg Venlafaxine for mood.
PSYCHOLOGICAL INTERVENTION

- Assertiveness
- Anxiety Management
- CBT
- Compassionate Mind
CHRISTMAS 2015

• “I was getting my usual Christmas Dinner for one ready, and a terrible, sinister feeling came over me – and I thought to myself, is this what loneliness feels like?”
SOCIAL PRESCRIPTION

• Befriending service to support access to activity
• Gym sessions – addressed pain indirectly, increased confidence
• Volunteered at a church soup kitchen
Outcomes

• Increased assertiveness
• Reduced passivity
• Social activity
Currently....

• “Everything needs to change, I can be happy, I can have a normal relationship, and I can have the life that I want – I don’t want to sit in playing computer games for the next 40 years”

• “I can’t make that appointment Jo, I’m having refresher driving lessons...”
To learn more....

http://www4.shu.ac.uk/research/cresr/reports

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