Social prescribing is a useful approach when can provide individuals with sustained opportunities and access to physical and creative activities that have the potential to enhance their mental, physical or social wellbeing on the long term.

To achieve this goal, three factors are crucial: financial support, provision of a sustainable infrastructure of activities (incl. training of providers and link-workers), as well as an enhanced empirical research into the links between long- and short-term mental or physical illnesses and the beneficial effects certain activities can have on these.

In regards to financing, I would like to add to the concern raised by Dr Bird, that social prescribing takes the responsibility away from people who are already doing it, such as GP’s. Indeed, in my role as a lecturer, I engage students in physical and cultural activities that in some form can be considered ‘social prescribing’. In one of my courses in particular, the learning focusses very much on linking theory with practice. Students are encouraged to engage in physical and cultural practices, through visiting guest lecturers, such as the artistic director of the Scottish Dance theatre providing a movement improvisation class to the psychology students. In another session, the students enhance their awareness about movement experiences with physical disabilities in a wheel-chair focussed class at the Dundee and Angus College (Dance). In addition, we have a field trip to the theatre and also practice art in classes. This is unusual for psychology students in their learning, however, most students express that they enjoy these physical and cultural experiences albeit they are rather novel and unexpected to them. One student’s feedback after the movement improvisation class relates to how this is not something she has ever done before or that she would ever have considered doing – but how much it helped her relax and re-focus. She felt that she is now physically and mentally ready to engage in the learning in a way that she has not felt in a very long time (see video: https://vimeo.com/236778004).

The importance for the above is that more rather than fewer leaders should take on the responsibility to provide opportunities of experiences that can instigate a change in the mind-set of individuals– but also, that financial support is available to do so. These extra sessions are not a requirement for the psychology degree per see, thus, they are possible only because of the conceptual support of the institution, as well as the financial framework that has so far allowed me to schedule these activities. It is important that there is sufficient leeway to be able to continue such explorations.

Ultimately, the overarching aim of social prescribing is an increase in sustained uptake of physical activity – in other words, that physical and cultural activities are ingrained in the culture and thus act as a preventative factor over and above ‘treatments’. For this, it is pertinent to use the opportunities of social prescribing to gather at the same time more in-depth and theory-driven empirical data. We know...
that physical activity is good for our health and wellbeing, however, not every physical activity is beneficial in each case. To give just one clear example of many: people who suffer from osteoporosis, should not engage in high-impact exercises, such as jumping, running or jogging, nor should they engage in certain stretching exercises. Moreover, there are a number of conditions, where we do not yet fully know the relationship between health issues and physical or mental benefits. For example, it is not yet entirely clear what aspects of dance for Parkinson’s are most useful for the individuals. If we know what factor specifically leads to which desired outcome, a targeted treatment will be more successful, saving time, money, and enhancing patients confidence (through believe in the treatment and themselves, which will likely increase sustained practice). Moreover, using the opportunity of gathering scientific research alongside the investment into social prescribing will prevent ‘fishing in the dark’ and thus has the capacity to work as a model for other countries for social culture change and the development of knowledge gain.

Finally, I want to add that Dundee considers itself as the city of dance (besides being named UK’s first City of Design by the United Nations). I emphasise this as it is important to acknowledge the heritage of a place to understand what might work where (i.e., I’d like to mention the Dundee Dance Partnership as a flagship). The example of table tennis in Drumchapel further signifies this (Drumchapel and table tennis have a long history). In order for social prescribing to be inclusive, providing equal opportunities across genders, age, socio-economic, as well as cultural backgrounds, we need to know better not just which social prescribing is best for which condition, but also create a variety of opportunities that take into account a locations’ historical background, while aiming to speak to all members of society.

Thank you for your consideration, Corinne Jola