Introduction
SAMH has represented the voice of people most affected by mental health problems in Scotland for more than 90 years. SAMH is dedicated to mental health and wellbeing for all: with a vision of a society where people are able to live their lives fully, regardless of present or past circumstances.

SAMH is a leading organisation in relation to mental health and sport and physical activity, with over 10 years’ experience in developing programmes. Our current programmes include: ALBA – behavioural change programme; the Changing Room – utilising football to promote social connectedness amongst men in their middle years; and a strategic partnership with Jog Scotland. We have also led Scotland’s Mental Health Charter for Physical Activity and Sport with over 300 sporting organisations signed up.

Our aim is to achieve parity between physical and mental health, to reduce inequalities and barriers to participation in sport and increase knowledge, awareness and understanding of the benefit of physical activity in relation to mental wellbeing.

SAMH welcomes the Committee’s inquiry into social prescribing as a way to improve the mental health of Scotland. SAMH has advocated for an increase in social prescribing to improve mental health and has a long history of providing services that are person centred and based on an ethos of recovery.

General Comment
Being physically active has been proven to protect mental wellbeing, as well as improve a person’s quality of life when experiencing a mental health problem.1 But in Scotland, one in three people do not currently meet the World Health Organisation’s guidelines for physical activity.2 People experiencing mental ill-health are less likely to be physically active than those experiencing a high level of mental wellbeing.3 Studies consistently show doing more physical activity reduces the likelihood of experiencing low mood, depression, tension and worry.4

While both the Scottish Government’s Mental Health Strategy 2017-2027 and A More Active Scotland: Scotland’s Physical Activity Delivery Plan, have actions to increase physical activity to benefit Scotland’s mental health, SAMH wants to see more done in

1 Bauman, A., Updating the evidence that physical activity is good for health: an epidemiological review 2000–2003, 2004
2 Scottish Government, Health of Scotland’s population – Physical Activity, 2017
3 Shor, R & Shalev, A, Barriers to involvement in physical activities of person with mental illness, 2014
4 Royal College of Psychiatrists, Physical Activity and Mental Health
primary care to link people who are struggling with their mental health to physical activity opportunities. Specifically SAMH wants:

- The Scottish Government to make exercise referral schemes available nationwide, with sufficient provision of evidence-based services that are accessible without cost to the participant.
- Continued Scottish Government funding and support for Action 31 of the Mental Health Strategy 2017-27.
- The expansion of the GP Link Worker Programme nationwide, helping improve knowledge of and access to Exercise Referral Schemes.

*For further information, you can read SAMH’s View on Sport and Physical Activity in full on our website.*

1. **Who should decide whether a social prescription is the most appropriate intervention, based on what criteria? (GP, other health professional, direct referral from CLW, self-referral).**

People who are struggling with their mental health should be able to self-refer to social prescribing initiatives. SAMH already operates self-referral schemes for a number of services, including many of our horticultural services. This allows people within the community to access therapeutic programmes when they most need support, without having to go through a GP or other health professional.

Indeed, ahead of the 2016 elections, SAMH called for an Ask Once, Get Help Fast\(^5\) approach to mental health, which the Scottish Government has committed to in its Mental Strategy. This approach is based on the knowledge that many people have to ask repeatedly, in different settings, before receiving any help, and then may have to wait a long time before help is forthcoming. A SAMH survey on NHS clinical governance found that 60% of respondents felt that they were not offered the most appropriate care at the right time within the last year\(^6\).

Asking for help with mental health takes courage and this should be respected. Self-referral to adequately resourced social prescribing initiatives should form a key part of mental health care. The ability to self-refer removes ‘gate-keepers’ to services and ensures that people can access that support that is best for them. We must also ensure that social prescribing initiatives are adequately funded and can meet demand in a timely manner, to avoid long waiting lists.

In addition to self-referral, any health or social care professional should be able to refer someone who is seeking support for their mental health to a social prescribing initiative. Rather than basing referral decisions on only a diagnosis, the decision to refer to a social prescribing initiative should be based on a shared decision making process with the person.

\(^5\) SAMH, *Ask Once Get Help Fast*, 2017

\(^6\) SAMH, *Response to call for evidence on clinical governance*, 2017
We know that giving people more choice over what their support looks like increases the likelihood of patients benefitting from that support.\textsuperscript{7}

In particular, it is important to note the role that Community Link Workers (CLW) now play in referring people to non-clinical support, including social prescribing initiatives. Since the pilot in 2014, CLW programmes have been helping to address the issue of access to services by providing non-clinical support for people, linking them in with services and resources in local communities. This can be a particularly helpful service for people experiencing poor mental health linked to personal or environmental circumstances, who may not benefit from clinical support. SAMH is currently delivering CLW programmes in North Lanarkshire and in Aberdeen. In North Lanarkshire alone, SAMH Community Link Workers have helped over 5000 people access local resources and support.\textsuperscript{8}

SAMH welcomed the commitment in the Scottish Government’s National Health and Social Care Workforce Plan to have ‘at least’ 250 CLWs working within GP practices across Scotland by the end of this parliament. CLW programmes are locally-determined and delivered based on local need; SAMH would like to see recruitment continue on a needs led basis, in order to effectively address health inequalities, including in mental health. Thus fulfilling the original purpose of CLW schemes to work within deprived communities.\textsuperscript{9}

2. To what extent does social prescribing increase sustained participation in physical activity and sport for health and wellbeing?

Research has shown that any form of daily physical exercise lowers someone’s risk of psychological distress, with sports activities showing the greatest reduction in psychological distress when someone is active at least four times per week.\textsuperscript{10} We also know that when people are given choice and control over the physical activity they engage in, they report greater benefits to their mental health.\textsuperscript{11}

SAMH welcomes the Scottish Government’s recognition of the benefits of sport and physical activity for mental health. In its 10 year physical activity implementation plan – A More Active Scotland – the Scottish Government committed to increasing patient physical activity via primary care by encouraging social prescribing initiatives.\textsuperscript{12} Through Action 31 of

\begin{itemize}
\item \textsuperscript{7} Callaghan P, Khalil E, Morres I & Carter T, Pragmatic randomised controlled trial of preferred intensity exercise in women living with depression, 2011
\item \textsuperscript{8} Reference
\item \textsuperscript{9} SNP, \textit{Re-elect: manifesto 2016}, 2016
\item \textsuperscript{10} M Hamer, E Stamatakis, A Steptoe, Dose-response relationship between physical activity and mental health: the Scottish Health Survey, 2008
\item \textsuperscript{11} Callaghan P, Khalil E, Morres I & Carter T, Pragmatic randomised controlled trial of preferred intensity exercise in women living with depression, 2011
\item \textsuperscript{12} Scottish Government, \textit{A More Active Scotland}, 2018
\end{itemize}
the Mental Health Strategy 2017-2027, it also committed to supporting the development of a physical activity programme for people experiencing challenges with their mental health.\(^\text{13}\)

SAMH’s ALBA project is funded through Action 31 of the Mental Health Strategy 2017-27. Our ALBA project works directly with people referred to the programme by healthcare professionals. A Behaviour Change Practitioner provides 16 weeks of one-to-one support: initially helping a person build the confidence and self-esteem required to become physically active; and then supporting someone to take part in the physical activity of their choice.

Our ALBA project has helped over 300 people achieve an active lifestyle in the three local authority areas the project is currently working in: West Lothian, North Ayrshire and Fife. ALBA is an innovative service based on the principle that sport and physical activity can be a key part of someone’s recovery from a mental health problem.

The quality of the ALBA service is demonstrated by the successful outcomes the programmes has produced in comparison to other exercise schemes. The adherence to the ALBA intervention (of individuals reaching the end of the intervention) is 57%; this is in comparison to around 20% for ‘traditional’ physical activity interventions.\(^\text{14}\) A full evaluation of the ALBA scheme will be published in autumn.

But most importantly, ALBA is a key recovery resource that can change the life of someone experiencing a mental health problem. Craig, received support from the ALBA project; in his own words he credits ALBA for starting his mental health recovery: ‘I was put in touch with SAMH’s ALBA (Active Living Becomes Achievable) project and this is where my recovery really started.’ You can read Craig’s story on our website.

### 3. What are the barriers to effective social prescribing to sport and physical activity and how are they being overcome?

Sport and physical activity is recognised as an effective evidence-based intervention for mild to moderate depression by both NICE and SIGN.\(^\text{15, 16}\) Despite this, an audit of exercise referral schemes showed that 17 out of 32 local authorities did not have exercise referral schemes that covered the whole of their geographical area, while three out of 14 Health Boards and six local authorities had no provision at all.\(^\text{17}\)

It is clear from this audit that access to exercise referral schemes is not equitable across Scotland. The audit shows that access is particularly poor for health boards with largely rural populations – the Borders, Shetland and Orkney had no exercise referral scheme

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\(^{13}\) Scottish Government, *Mental Health Strategy 2017-2027*, 2017

\(^{14}\) Gidlow et al., *Attendance of exercise referral schemes in the UK: a systematic review*, 2005

\(^{15}\) NICE, *Depression in adults: recognition and management*, 2018

\(^{16}\) SIGN, *Non-pharmaceutical management of depression in adults*, 2010

\(^{17}\) NHS Health Scotland, *Audit of Exercise Referral Scheme activity in Scotland*, 2010
provision at all. This audit is now almost 10 years old, as such, it would be beneficial for Public Health Scotland to undertake a new audit of exercise referral scheme activity in Scotland, in order to establish the current level of provision nationally.

In addition to lack of provision, finance can also make it harder for people to engage in sport and physical activity social prescribing initiatives. The same audit into exercise referral schemes showed that only 45% were free of charge. Others varied from as low as 50p per session to as high as £4.05 per session during the referral period.\(^{18}\) In line with its commitment to parity of esteem, the Scottish Government should consider aligning policy on medical and social prescriptions. Since 2011, prescriptions for medicines have incurred no charge; SAMH wants social prescriptions, including exercise referral schemes, to incur no charge.

We know that people living in more deprived areas have lower levels of mental well-being,\(^{19}\) while the suicide rate is more than three times higher in the most deprived areas.\(^{20}\) It is therefore important to ensure that exercise referral schemes are available in areas of high deprivation; free at the point of use; with no hidden costs. Unwaged people or people on a low income may be discouraged from using a sport and physical activity social prescribing initiative if it incurs additional costs, for example through the purchase of clothing or a gym membership. To mitigate this, partner organisations delivering social prescribing initiatives could receive funding to cover associated costs for participants.

Finally, lack of awareness, particularly among GPs and other primary care and social care professionals, is a barrier to people accessing social prescribing initiatives. Research by SAMH showed that 87.3% of participant GPs wanted information guides on local services for referral, including social prescribing opportunities.\(^{21}\) This indicates that a large portion of GPs may not be aware of the social prescribing initiatives that are available in their area. Promotion of a social prescribing initiative cannot simply be left to the delivery partner. Primary and social care professionals need to be actively seeking out opportunities, while the Government needs to continue to develop its central database for support services – ALISS – and encourage use by health and social care professionals.

### 4. How should, social prescribing initiatives be monitored and evaluated?

Any evaluation of a social prescribing initiative must be based on outcomes for participants. These outcomes should not only be clinical, but should also include mental wellbeing. SAMH’s ALBA service uses activity trackers to monitor physical activity, as well as WEMWBS (Warwick-Edinburgh Mental Wellbeing Scale) to monitor mental wellbeing.

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\(^{19}\) Scottish Government, *Scottish Health Survey 2017: volume one – main report*, 2017

\(^{20}\) ScotPHO, *Suicide: key points*, [accessed August 2019]

\(^{21}\) SAMH, *A SAMH survey of General Practitioners in Scotland*, 2014
A full evaluation of the ALBA programme will be published in autumn. The initial findings from the monitoring of the ALBA service have shown a significant and lasting impact on improving participants’ mental wellbeing. This shows that, through participation in exercise referral schemes, parity (in terms of health and wellbeing) with Scotland’s general population is within reach for individuals with long term mental health conditions.

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