

# Social Prescribing is the Need Indeed in Millennium

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Personalized medicine or precision therapy, in the context the concept 'Social prescribing' is of the welcome approach. In social prescribing any health care work in particularly pharmacologist or clinical pharmacist plays a critical role. Hence, this concept must be dealt with modes like incorporating in practice, training and inclusion in pharmacology and pharmacy curriculum. As per definition, the exact nature of "social prescriptions", meaning the referrals of patients to activities and services are specific to each community and care setting. This system of care is already starting its services in developed nations; In developing countries like this must be introduced as a significant part of social health security and accessibility. This can be executed with existing worker, or better with clinical pharmacist.

The social determinants of health (SDH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life mandate the concept of social prescribing and 'Linker' in health care sector Research has shown that loneliness potentially caused by social exclusion can be an important factor influencing health (e.g. Landeiro *et al.* 2017). In this regard, one of the ways social prescribing can help addressing this SDH is by offering support to attend a regular activity group (e.g. an art class, or discussion group) to address social isolation and loneliness in the patient.

The person involving himself is called by the 'Linker' as they never defer hospital services instead facilitate better accessibility the person in need by knowing their health determinants and hence they are termed as linker by World Health Organisation (WHO). Linker never replaces hospital in treatment to outpatient division instead he or she linking the stakeholder here including physicians, patient, administrators etc. Linker accompanying in general 5-6 people in their health care improvement. They consult with physician with personalised co-planning the optimal and feasible therapy as they are aware with patient family and social and economic conditions, they assist physician in providing or modifying patient therapy which can analysed for its progression and follow up until the treatment plan.<sup>1</sup>

Epidemiologic transition, urbanisation, increasing life span adds global geriatric population, hence linker places pivotal role in chronic diseased geriatric population in addition to physically challenged person, person lacking sanity and patient who are aloof due to family situation. Social isolated patient and patient with vulnerability like frailty are rendered services by acting as catalyst between doctor-patient relationship. at any cost, Social prescribing should not be used as a means to divert patients from the health services they need for cost saving purposes. It should keep patients' wellbeing as the central objective. Link workers must possess the following characteristics like good understanding of

the community, ability to connect patients with resources empower patients to manage their own health and well-being. Understanding between community and experience with patients are two significant factors supports social prescribing. social prescribing is patient centered approach rather the physician centric why provide treatment without knowing patient determinants which will influence the treatment outcome; hence link worker functions mainly in Informing patients empowering patients' decision making developing personalized care plans and most importantly in encouraging patients' self-management in the best possible ways.<sup>2-3</sup>

Ideal social prescribing includes active help to access community services, active support of wellbeing plan, support to become autonomous as a component social security status.

Linker involved in social prescribing mostly used motivational approach to patients like place the patient at the centre of the conversation, pay close attention to what they say, try to understand what their aspirations, preferences, needs and motivations are. Be non-judgmental and respectful. Help them to find their strengths and abilities, as well as identify the supportive relationships and community assets that they can mobilize to their benefit. Empathize with their issues as much as possible, try to understand how they feel, and consider their issues seriously. Discuss their objectives as part of the 04 social prescribing schemes. Give them confidence by emphasizing how they can rely on their strengths 06 and existing relationships. Positive prompts and encouragements. Highlighting the strengths and qualities of the patient. Help them identify supportive relationships in their surroundings. Based on their strength, the link worker suggests community activities they might enjoy to attend

At same time while executing social prescribing service, linker must maintain confidentiality, not to give their own obligatory answers and addressing only patient relevant questions. The second most common approach linker might use most patient suffering from loneliness as they generally show inconsistency in taking treatment is well-being approach. Their ways and approach would involve friends and family, community/group, common Activities from other social prescribing group peers. WHO suggest third approach namely asset-based approach which involves at higher and community involvement for better execution social prescribing which includes, community organizations, NGOs, Formal and informal associations, private and public institutions for asset support or manpower support, etc.

Linker must be amicable they can be paid by health sector and hence should be trustworthy and benevolent, Inclusive and non-discriminatory, care and respect and dignity, protection from harm and abuse, Activity-related risks, capacity for complex needs and aware of referral conditions

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at regional level. WHO emphasizes nature of adaptability, flexibility, partnerships agile and responsive in the selection of 'Linkers'.

As like any health programme social prescribing also should be assessed with following factors in mind.

- How many people have been referred to you?
- How many people dropped-out from the social prescribing scheme?  
How many people continue to require your services?
- How many people became autonomous in attending activities because of the scheme?
- Which activities were most successful to support your beneficiaries?
- Impact should focus on Interview about outcomes.
- Wellbeing plan assessment?
- Assessment of outcomes with standardized measurement tools.<sup>4-6</sup>

Peer support, debriefing, interaction between the linkers is essential part of social prescribing. Constructive feedback must be provided to physician about patient to assess the further need of linker services as many need such services especially in populous countries in south asia.<sup>7-9</sup>

To conclude though the terminology says it's; Social Prescribing, it provides actual personalised health care though it is not devoid of limitations like manpower, training, budgeting however in future social prescribing will be of significant social health security services by government to their citizens.

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