

Social Prescription

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Abstract

Social prescription is a person-centred approach that links individuals to non-medical, community-based resources through trained “social prescribers.” This model complements medical therapy by providing psychosocial support, peer engagement, lifestyle guidance, and assistance in navigating local resources. Social prescription promotes self-efficacy, adherence to lifestyle interventions, and psychological well-being by facilitating peer support, practical problem-solving, and spiritual or cultural engagement. The South Asian setting is particularly well suited for social prescription due to its traditionally strong community networks.

Despite its promise, implementation is challenged by the lack of formal frameworks, standardized training, and structured collaboration between healthcare and social care sectors. This article discusses the concept, relevance, benefits, challenges, and opportunities of social prescription and proposes a structured approach for its integration into chronic disease care pathways.

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Increasing Burden

The ever-increasing burden of disease has over-stretched existing health care systems. An ageing population and rapid rise in chronic disease, coupled with a challenging psychosocial and physical environment, have led to unmanageable biomedical as well as mental health dysfunction.¹

Many of these issues are precipitated or exacerbated by lack of social support. This is especially true for chronic

diseases that have a strong psychological component. These include both metabolic and mental health syndromes such as diabetes, hypertension, anxiety disorders, depression and substance abuse.

Innovative Approach

One innovative way of handling this is social prescription.² In this, the health care professional refers the patient to a “social prescriber” or “community connector”. These trained nonmedical workers engage with the patient to understand their needs, preferences and values. This helps create a personalized care plan, and facilitates interaction with locally available resources.

Characteristics

Social prescription is a truly team based, person-centred care. It connects specialists at secondary or tertiary level with community health workers and non-medical support personal at grass root levels. It respects, and is responsive to the ideals of person-centred medicine. Social prescription strengthens not only the person receiving care, but members of society who offer altruistic care as well.

Benefits

From a diabetes and obesity perspective, social prescription adds significant value to medically advised therapy.³ It puts the person in touch with people or peers who become health buddies. They offer psychological first aid, pragmatic advice regarding lifestyle choices. This may range from suggestions regarding nearby options for exercise and recipes for healthy cooking, to facilities for spiritual solace and ideas for resource husbandry. Community connectors help improve self-confidence, and assist in navigating the complex health care ecosystem as well.

Relevance

The South Asian environment is perfectly suited for social prescription.⁴ Social support systems have always existed, in the form of joint families, spiritual or religious congregations, and community organizations. While traditional frameworks are eroding, especially in urban settings, the concept of social support is embedded in our ethos.

Challenges

There is no formal system, however, at the national system,

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for social prescription. Primary care health providers, serve as a link between the public and the larger health care system. In a way they serve as community connectors, and facilitate access to locally available social scaffolds. Social workers are a professional corps with roles and responsibilities similar to those described in social prescription. The stakeholders in social prescription, however, include amateur contributors as well.

Opportunities

A formal acceptance and integration of social prescription in chronic disease care pathways may benefit persons living with diabetes and obesity.⁵ Navigating life with chronic disease requires continuous motivation, and frequent handholding medication with extensive counselling, as does diet, exercise and stress management. This may not always be possible with the conventional method of health care delivery.

This can be done by creating a corps of local community leaders. Non-governmental organizations, religious leaders, self-help groups and volunteers may, be enlisted as “social supporters”, glucobuddies or “barobuddies.”⁶ This concept is similar to, but different from the lay educator programme popular in many countries.

Caveats

Social supporters do not work as disease-domain- specific experts, but as psychosocial support systems. Basic training, especially in psychological first aid and counselling, is required to ensure effective and efficient delivery of services. Collaboration between health care and social care professionals must be facilitated, so as to pick up potential ‘red flags’ related to health. Fool proof methods of communication must be created and bilateral routes of interaction instituted.

The Way Forward

Creating a systematic structure will help improve the outcomes of social prescription in chronic disease management. Table lists some of the features of such a proposal.

Table: Social Prescription.

Features

- Social connect
- Sharing of knowledge
- Scientific temperament
- Spectrum of services

Person's role

- Self-disclosure
- Confidentiality
- Dignity

Social supporter's role

- Psychological first aid
- Practical and pragmatic advice
- Spiritual and religious support
- Resource husbandry

Health care professional's role

- Spirit of service
- Curating information received from various sources
- Proactive leadership

References

1. Li J, Pandian V, Davidson PM, Song Y, Chen N, Fong DY. Burden and attributable risk factors of non-communicable diseases and subtypes in 204 countries and territories, 1990–2021: a systematic analysis for the global burden of disease study 2021. *Int J Surg.* 2025;111:2385-97.
2. Menhas R, Yang L, Saqib ZA, Younas M, Saeed MM. Does nature-based social prescription improve mental health outcomes? A systematic review and meta-analysis. *Front Public Health.* 2024; 12:1228271.
3. Garside M, Homer C, Dayson C, Dowrick L, Pickering K, Wright N. Mapping community-based services for social prescribing for children and young people living with obesity across South Yorkshire. *Health & Social Care in the Community.*(HSCC) 2024;2024:3566729.
4. Kalra S, Lodhi S, Selim S, Shakya S, Mehta RJ, Jayawardena R, et al. The Colombo Declaration on Obesity Care (CDOC): Person-, Public-, and Planner-Friendly Obesity Management. *Asian Journal of Obesity.* 2024;1:7-9
5. Jayasinghe S, Holloway TP, Soward R, Patterson KA, Ahuja KD, Dalton L, et al. “An Ounce of Prevention is Worth a Pound of Cure”: Proposal for a Social Prescribing Strategy for Obesity Prevention and Improvement in Health and Well-being. *JMIR Research Protocols.* 2023;12: e41280.
6. Kalra S, Arora S, Kapoor N. Baro-buddies: Supporting the fight against obesity. *J Pak Med Assoc.* 2022;72:183-184.