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Review Article

Adult Mental Health, Major Conditions and Social Prescribing: A Rapid Review

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This rapid review explores the use of social prescribing for individuals with mental health needs. Mental health conditions are one of the six areas of focus in the UK government's major conditions strategy, which aims to increase healthy life expectancy, alleviate pressure on the health system, and recognise the impact of comorbidity. It aims to improve the treatment of patients through the integration of mental health and physical health pathways. Social prescribing shows promise in contributing to positive mental health outcomes and could be a viable option as part of this strategy. Fifty-three articles were included in this rapid review from 4 databases (CINAHL, Cochrane, PubMed and Scopus) which discussed the use of social prescribing in addressing mental health conditions. Social prescribing activities, the roles and responsibilities of practitioners, and the need for further underpinning research are all explored. Overall, this review highlights the potential benefits of social prescribing for individuals with mental health conditions.

1. Introduction

Improving outcomes for people with mental health (MH) challenges and major conditions (MCs) is embedded within multiple organisational agendas [1–3], alongside preventing their occurrence [1, 4]. Social prescribing (SP), when supported, resourced and fully adopted within integrated care systems, has significant potential to positively impact MCs [5, 6]. It has the potential as a social, salutogenic intervention to support and address the needs of people experiencing health inequalities and inequities and identify and act on the root causes of problems which have impacted the individual's health for years [7, 8]. Health creation in SP starts with the person's goals, addressing and removing barriers and increasing an individual's personal agency to create change [9]. The criticality of keeping people in their communities and out of hospital is now more urgent [10]. With

decades of austerity measures in the UK and challenges created by climate change impacting health, a priority within the MC's strategy is for people to receive the SP support and empowerment to maximise their wellbeing potential while living with MCs, and for us to work together to prevent and reduce future generations from facing some of the avoidable MCs [1, 11, 12]. This rapid literature review explores contemporary evidence specific to MH, MCs and SP in England, UK, utilising a critical realist approach.

Policy is being developed to address the MH needs of the UK population. The UK government's MCs strategy emerged in 2022–2024 under the Sunak Conservative government [1] identifying MH conditions as one of the six priority health areas. Criticised for not becoming the long-awaited health inequalities white paper [13, 14], the strategy itself pays minimal attention to inequalities, inequities and the barriers people can face to their health. Instead, it

prioritises the alleviation of pressure on the NHS, reducing ill health–related inactivity in the labour market and addresses the recent falls in life expectancy, which is particularly pertinent to individuals with serious mental illness who will live on average of 15–20 years less. The MCs strategy was criticised as 'watered down' [14, 15] and 'too narrow' [16]. The acknowledgement that 'up to 80% of what affects our physical and MH comes from outside the health system' [17] was included; however, it appeared the strategy aimed to address issues around productivity while redirecting collective gazes away from the causes of ill health, namely the wider determinants of health [7, 11]. The potential intersections of multiple conditions experienced by people are not well represented in the MCs strategy; however, the comorbidity of MH and other conditions is well documented in research. For example, people with long-term neurological conditions (LTNC) are not represented in the strategy, yet an individual with LTNC and MH challenges would require specialist input for both (and the intersections where social challenges cause further challenges for the individual). Navigating what is and what is not included in the review makes subsequent research and practice challenging given the historic use of 'long-term conditions' within policy and practice [4]. MH has and remains a priority workstream for all government and health agendas [2]. The introduction of the community MH framework for adults and older adults in 2019 made changes to community MH services through the implementation of an integrated model of community MH to include primary and secondary MH services along with social care and community assets [18]. The framework highlights the importance of community, place-based individualised support and maximising the use of resources in the community through SP [18]. It also describes the importance of evidence-based interventions [18], and this review will highlight that evidence is lacking in regard to SP. In England 2024, the government changed to a labour majority following a general election, and this MCs strategy remains contemporary policy in England which applies to the SP landscape. Despite the aforementioned criticisms, this remains the contemporary UK government strategy connecting people with MCs with support including SP for adults with MH challenges sits within.

The evaluation of SP and MCs is one of the key priorities identified in the National Academy of Social Prescribing's (NASP's) evidence strategy and strategic evidence framework [19]. MCs contribute to ill health in the UK [20, 21], as illustrated in the government's recent call for evidence [22] and MCs strategy [1]. Previous reviews on the evidence base connecting SP to MH do not explicitly include the term 'MCs' [5, 19, 23].

This rapid review conducted by colleagues at the University of Central Lancashire's Social Prescribing Unit will inform future research on MH as a MC and SP in the UK. NASP's [24] response to this MC strategy highlighted the potential and existing benefits to individuals and communities where SP could contribute to prevention, diagnosis, treatment and management with people in the groups of

- Cancers
- Cardiovascular disease (CVD), stroke and diabetes
- Chronic respiratory diseases (CRDs)
- Dementia
- Mental ill health
- Musculoskeletal (MSK) disorders

In the UK, strategies to address the population's MH needs are multifaceted, addressing the growing MH crisis which has been exacerbated by the COVID-19 pandemic and other socioeconomic factors [25]. The COVID-19 pandemic has been described as a catalyst for a 'shadow pandemic' of MH issues [26]. The National Health Service (NHS) has been at the forefront of addressing this by implementing a long-term plan aimed at improving MH care [27]. The plan highlights the importance of accessibility, early intervention and integration with a commitment to achieve this by increasing the number of people receiving treatment [28]. This includes the development of community-based services allowing for a more holistic approach to MH care [29], which could be addressed through SP.

SP is defined in England as a process in which healthcare professionals refer patients to nonclinical services and community resources through a 'link worker' [30]. These services can enhance mental well-being and address social determinants of health including loneliness and social isolation. The NHS has integrated SP into its long-term plan, with an aim to refer at least 900,000 people to SP services by the end of 2024 [31]. This approach aligns with the current understanding that MH issues often stem from a lack of social support and social isolation [32]. Between 2017 and 2022, the largest number of SP referrals in the UK was due to MH and well-being concerns (33.5%), followed by practical support (26.1%) and social relationships (22.5%) [33].

MH conditions have increased in the UK since the COVID-19 pandemic [34–36], health inequalities are increasing (particularly in the north of the UK) [37, 38], and such health inequalities are known contributors, causes and exacerbators of MCs [1, 7]. Research and practice continue to demonstrate an increasing evidence base supporting the use of SP for people with a wide range of MCs [39], primarily under the terminology of 'long-term conditions' and 'chronic conditions' [39–41]. However, little is known about MCs and SP for adults with MH challenges given the newness of the MC strategy.

This rapid literature review presents a brief overview of some of the research for MH pertaining to MCs, MH and SP in the UK from 2019–2024. This was intended as a brief overview of MH as one of the MCs. This is a growing area of research and a separate review into SP for MH that includes grey and non–UK-based literature would yield further results. Results are outlined below.

2. Methods and Methodology

This review was guided by the interim guidance on rapid reviews from the Cochrane Methods Group [42]. Although

there is yet to be a widely accepted definition for rapid reviews, it is agreed that they accelerate the process of conducting a systematic review by streamlining or omitting stages [43, 44]. This can be achieved through restricting the number of databases accessed, geographical location, and language used. A narrative synthesis is used to summarise the results [45, 46]. A rapid review was deemed an appropriate method due to the increasing number of individuals who have MH conditions requiring a timely response [47], while the evolving nature of SP means that there are gaps in knowledge regarding interventions and outcomes [48–51]. This review was informed by a critical realist approach [52, 53]. Critical realism 'seeks to unpack the mechanism of how complex programmes work (or why they fail) in particular contexts and settings' [53]. Critical realism therefore is used in this review to explore 'underlying mechanisms and contexts' for the 'social intervention' SP [53] to summarise 'what works for whom, in what circumstances and why' [52] in SP literature for people with MH needs.

2.1. Literature Search and Inclusion Criteria. The literature search was conducted as part of a larger project exploring all 6 MCs and SP [39]. It was conducted in CINAHL, Cochrane, PubMed and Scopus by 1 researcher (A.A.). Databases were selected which are relevant to SP and MCs and were limited for the purpose of this review. Search terms specifically used for MH papers were (1) social prescription OR social prescribing OR socially prescribed OR community referral AND (2) depression OR anxiety OR MH OR wellbeing OR mood OR 'common mental disorders' OR CMD AND 3. 'Chronic condition' OR 'long term conditions' OR 'long term condition' OR LTC OR LTCs OR 'noncommunicable disease' OR 'noncommunicable' OR 'noncommunicable OR noncommunicable disease' OR 'major condition'.

Studies were selected based on predefined inclusion and exclusion criteria. All articles were screened by title and abstract in line with the following criteria:

Included—all ages, studies conducted in the United Kingdom, publications in English (or translatable to English), and studies conducted between 2019 and 2024. Reviews covering more than one country where the UK was included. Results were limited to the first 200 results.

Excluded—topics not connected to MCs, literature pertaining to children and young people, and grey literature (due to time constraints of this project). Studies are solely conducted outside the UK. Papers over 200 were excluded as defined in a brief review [54].

2.2. Selection Process and Data Collection. From the total of 200 papers retrieved for all MCs, a total of 53 articles were relevant to MH and were extracted for the purpose of this rapid review (A.A.). The 53 articles were screened for inclusion by one of the authors in consultation with coauthors if required (S.P.). Two articles were removed due to duplication, a further two articles were removed as they focused on children and young people, and one which discussed inclusive practice for autistic people, resulting in 48 papers

for inclusion (see Appendix 1). Data were extracted and entered a predesigned database designed to capture the date of the study, study design and setting, number of participants (or included papers in the case of literature reviews), main findings, key limitations and recommendations (where available). Papers were not screened for quality, and all types of the literature were included. Data were analysed thematically [55] and a narrative synthesis, which summarised the result of the included studies, was conducted [56].

In December 2024, a second search was conducted in the same databases using the following search terms: 'Social prescription' OR 'social prescribing' OR 'socially prescribed' OR 'community referral' AND 'severe mental illness' OR 'serious mental illness' OR 'severe and enduring mental illness'. The researchers screening the articles identified a lack of representation of severe mental illness (SMI). However, they acknowledged that, although SP activities were not originally designed for such needs, they were increasingly being utilised to help individuals maintain wellbeing while awaiting further interventions. A lack of consensus exists on whether SP is considered a MH intervention yet the Community Mental Health Framework [18] specifically mentions people with SMI (which would meet the definition of a MC), SP and the potential of the community connector (or SP link worker role) for many people with MH problems. It was deemed important that these were represented. A total of 7 papers were retrieved (2 were removed as duplicates, and the remaining 5 were included in this review (identified in Appendix 1)). This result is the total number of papers included in this rapid review is 53.

3. Results

From both searches, fifty-three papers ($n = 61$ minus four duplicates, two papers that focused on children and young people and one discussing inclusive practice for autistic people) were identified specific to SP and MH. Data extraction, coding and synthesis occurred by researchers using a thematic approach [55] resulting in the following themes: benefits for service users, SP activities, roles and responsibilities and interpretations of SP for MH as an MC (see Figure 1).

Thematic analysis of the survey results was carried out by 2 researchers.

Braun and Clarke [55] suggest six phases of thematic analysis (see Table 1).

Phases 1 and 2 were carried out by 2 researchers across the entire data set independently (A.E-S. and S.P.). Phase 3 followed and was completed collaboratively and themes agreed and tentatively named (A.E-S. and S.P.). Each researcher was then allocated a theme to review independently in relation to the data for Phase 4 and a thematic map was created (see Figure 1) (A.E-S. and S.P.). In Phase 5, the team collectively shared their opinions of the suitability of the themes and theme names were agreed (All). During the production of the report (Phase 6), the lead researcher monitored the appropriateness of the themes and ensured that all data were represented (A.E-S).
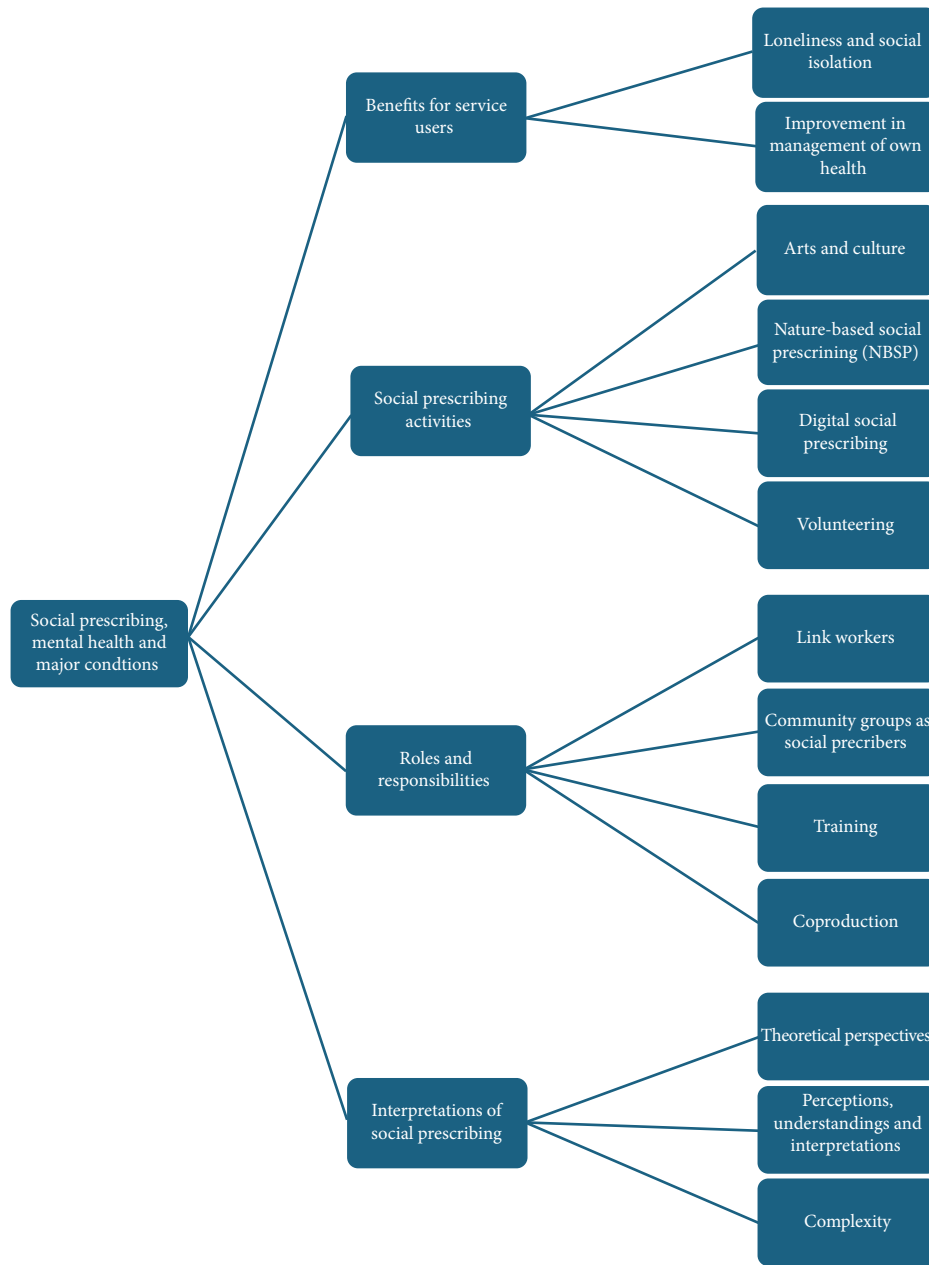
Figure 1: Thematic map.

4. Discussion

4.1. Note: MCs in Adults and Terminology Use. None of the papers used the phrase 'MCs'. This is not surprising given 'long-term conditions' and 'chronic conditions' have been consistently used in health and social care, government policy and legislation up to this point in the UK [57]. As the lexicon around MH and SP changes, research search terms and inclusion criteria must reflect this. Future research must still include well-known terms as they connect directly to the new terminology starting to be used on 'MCs'. However, a clearer definition of what SP is for MCs and LTC (and is not) is required. Additional terms including 'Major Health Conditions' and 'Major Social Conditions' may also start to be seen in future literature. Although the search terms

specified SP terminology, much of the literature included nonprescribed interventions.

4.2. Theme 1: Benefits for Service Users

4.2.1. Loneliness and Social Isolation. Sixteen papers explored the use of SP for loneliness and social isolation to maintain and/or improve people's MH and prevent it from getting worse [41, 58–71]. Individuals who experience loneliness and social isolation may not have a diagnosis of mental ill health but can still benefit greatly from SP as demonstrated in improvements of well-being, socialising, physical ability to egress the house and mobility [41, 58, 66, 69]. However, individuals with a diagnosis

TABLE 1: Thematic analysis process in research (adapted from [55]).

Phase	Description of the process
1. Familiarisation with the data	Reading and re-reading the data and making a note of initial ideas
2. Generating initial codes	Coding interesting features of the data systematically across the entire data set.
3. Searching for themes	Collating codes into potential themes, gathering all the data relevant to each theme
4. Reviewing themes	Checking if the themes work in relation to the coded extracts and the entire data set, generating a thematic map.
5. Defining and naming themes	Ongoing analysis to refine each theme. Generating clear definitions and names for each theme.
6. Producing the report	The final opportunity for analysis.
	Adapted from Braun and Clarke [55] p.87

(including SMI) have also been shown to benefit as demonstrated in the ethnographic study of four SP groups over a 12-month period [71]. Of the 21 participants, 81% had a diagnosis of depression or anxiety, while 67% had a diagnosis of PTSD, schizophrenia, bipolar, schizoaffective disorder and/or postnatal depression. One finding discussed the social benefits of attending activities (either football, singing, gardening or reading groups) including the development of friendships, a sense of belonging and the reduction of loneliness [71]. It should be noted that the participants were already engaged in the groups prior to the study, and as such, the research does not identify potential challenges to access. Its finding also differs from another study with participants experiencing SMI in which isolation and removal of social expectations were a therapeutic benefit of accessing blue spaces [72]. One metasynthesis of 19 papers explored people's perceptions on whether SP worked for social isolation [64]. They concluded 'overall balance of more benefits than drawbacks in social prescribing participation... greater thought should be given to potential harms... further qualitative and quantitative research is needed to better understand mechanisms and effectiveness, and how different components of social prescribing might be best matched to individual participants'. One qualitative study which explored service users' perspectives ($n = 26$) of a national SP programme in which link workers would coordinate local volunteers to support service user was also positive [67] while another paper service showed a social return on investment (SROI) of £3.42 for every £1 spent for a service addressing loneliness [60].

Social connection, including a sense of belonging and the development of meaningful relationships, was identified as a benefit of SP activities. Connectedness is described as a state of belonging through connection with others [62]; however, no general definition exists. Many of the SP initiatives reviewed aimed to increase connectedness; however, a lack of clarity on how this is defined makes it difficult to assess the impact [70]. In addition, measures of connectedness were varied, ranging from attendance [40] to perceived belonging [73], acceptance [65] and group support [74]. One paper [58] suggested that facilitating connectedness through multiple group membership is beneficial as there are increased opportunities for support networks to be developed, it should be noted this research was carried out in an affluent area of the UK with potentially more resources to

support this. A study assessing the Life Rooms model had participants from deprived socioeconomic backgrounds acknowledged the importance of such resources and also social belonging as being fundamental for reducing loneliness and isolation [63].

4.2.2. Improvement in Management of Own Health. Five papers discussed self-management [71, 75–78]. Patient activation is becoming a popular construct and is defined as the 'skills and confidence a person has in managing their own health and health care' [77]. Benefits of accessing SP include empowerment, increased self-esteem and sense of control. There is evidence which suggests that self-development and independence along with psycho-education and the development of strategies are a perceived benefit of SP [73, 76]. An ethnographic study of 21 participants with moderate-to-severe mental illness found behavioural benefits included independence, the development of healthier habits and job-seeking activities [71].

If individuals are able to manage their own health, there is the potential for an economic benefit for health and social care providers, and research with 78 participants was conducted to explore this [75]. It was found that the economic benefit is dependent on the frequency of attendance in GP surgeries. If a patient was a frequent attender ($n = 21$), defined as more than 15 appointments in the last 12 months, SP had economic benefits. Conversely, if a patient had less than 15 appointments ($n = 57$), SP was likely to increase costs following the intervention due to an increase in consequent healthcare attendance. It should be noted confidence intervals were not available due to missing data sets and there was a lack of a control group. Other research types found that across seven countries SP was more affectively implemented if primary care providers have financial motivation [78]. Future research should consider the economic as well as health value of interventions.

4.3. Theme 2: SP Activities

4.3.1. Arts and Culture. Three papers discussed arts and culture as SP activities [79–81]. One systematic review identified 5 papers evidencing '*arts and cultural engagement benefits a wider population by reducing depression incidence*' and concluded '*Establishing and understanding the*

association between arts engagement and decreasing depression incidence in a population is relevant to health-care providers, the general population and policymakers alike' ([81] p159). Although a small sample size ($n = 78$), dance was highlighted as a potential to confer benefits of improving mood for socially isolated women referred from MH services [79]. A larger sample size ($n = 245$) was used in a longitudinal study of arts on prescription, which found anxiety, depression and well-being scores significantly improved and suggested that future research should focus on patient perspectives [81]. A repeated cross-sectional study using data from six waves of the English Longitudinal Study of Ageing found that arts engagement is concentrated among wealthy individuals while depression is more prevalent among the less wealthy, and when arts engagement was standardised for depression inequality increased, suggesting the need for unstandardised measures may mask unfair disparities [80].

4.3.2. Nature-Based SP (NBSP).

Twelve papers discussed NBSP activities [65, 72, 82–91]. Hedonic well-being is a positive emotional state [82]. There is evidence to support an association between hedonic well-being with time spent in nature [92]. NBSP has been found to support, maintain and improve individuals' MH and well-being [83], of differing levels of severity, from predeterminate MH issues (such as loneliness and debt) to SMI [72, 91]. This gives rise to a case for future investment in NBSP as a cost-effective and person-centred social intervention which now exists in the wider literature and continues to grow. NBSP interventions for mental well-being included: gardening and allotment groups [78, 82, 83], postnatal well-being for mothers [62], green space for public MH [84, 85, 89–91], access to blue space [72] and reducing social isolation in older people [58]. Walking and climbing were demonstrated as positive SP intervention for mental ill health demonstrating SWEMWBS improvements. Additionally, cost-benefit arguments were presented as a SROI of £4.90 to £5.36 per £1 invested in the programme [85]. Similarly, the Green Social Prescribing project showed a positive SROI, estimated between £1.02. and £3.13 per £1 invested [91]. An exploration of migrant gardeners ($n = 25$) needs and impact of 'green poverty' upon recommendation of GSP found that the positive impact of urban green space and gardening upon people was connected to improvements in MH in this qualitative study exploring the voice of 25 participants (mostly with allotments) [82]. One study conducted during the pandemic surveyed a much larger number ($n = 70,000$), concluding *'Fixed effects analysis revealed that an increase in the number of days spent outside was associated with decreases in depressive and anxiety symptoms and an increase in life satisfaction'* [89] which is 'important in formulating guidance for nature SP schemes' although it found no link to loneliness; however, the context of the COVID-19 pandemic may have impacted on this. Another study involved surveying visitors ($n = 51$) to a city farm to identify which elements of SP activities were most impactful. It found that regardless of the activities involved in visiting the farm had

positive outcomes on mood; however, social interaction was an important predictor [87]. Importantly, this research surveyed visitors rather than referrals and was conducted in the winter months in the UK. Similarly, a study which conducted interviews with 19 participants with SMI who accessed blue space without referrals discovered positive affects of independent therapeutic use of blue space and the creation of a 'blue identity' [72]. These participants, who were diagnosed with bipolar, schizophrenia and/or experienced psychosis, discussed the importance of solitude and removal of social expectations in these spaces in aiding their MH. Although not specifically exploring a SP intervention, it does suggest that the use of blue space for SMI might be a viable SP intervention.

A systematic review and meta-analysis concluded that the type of activities carried out in nature had a positive affect on MH outcomes [65]. It differed in its findings in that social belonging contributed to success along with activities such as cognitive behaviour group activities, yoga and storytelling; however, CBT, digital interventions and music therapy had no significant impact [65], and these participants were not experiencing SMI. Such variability in activities which occur as part of NBSP has been acknowledged as a challenge in that it is often unclear which activities are most successful and for whom [91]. One meta-analysis supports the concept of NBSP complementing other therapies and suggests that investment in such interventions has the opportunity to improve population-level MH outcomes [74]. Another meta-analysis of 35 articles identified a moderate effect of NBSP on depression scores and a moderate-to-large effect on reducing anxiety scores, and stronger positive effects on both if the intervention featured social care rather than health professionals [86]. A systematic review highlighted how NBSP can impact on not only MH, but also related cardiovascular issues [88]. Hedonic well-being is a positive emotional state resulting from time spent in nature [82] underpinning NBSP interventions; however, an ethnographic study notes that the success of NBSP interventions is dependent on bureaucratic process which can lead to difficulties in including marginalised groups [84]. In order for NBSP to be successful, there is a need for sustainable funding models, equal access to green spaces and clarity in outcome measures [91]. The evidence bases for NBSP to support, maintain and improve individuals' MH and well-being are supportive of the case for future investment as a cost-effective and person-centred social intervention now exists in the wider literature and continues to grow.

4.3.3. Digital SP for MH.

Two papers made reference to digital SP [86, 93]. One paper explored the digital contribution of a phone app on *'improving mental well-being through connecting with nature'* [86] utilising a randomised control trial. Five hundred and eighty-two adults participated of which 148 were assessed as having a pre-existing MH condition (59 of these were referred to as a social prescription). The app was designed for participants to be more attuned to urban nature. The study illustrated

statistically significant improvements in well-being at 1-month follow-up for participants without a pre-existing MH condition and clinical significance for those with a pre-existing MH condition. The positive impact of the app was explained as due to an increase in nature connectedness and demonstrated clinical potential. Another study defined digital SP as social prescriptions which are facilitated through technology [93]. They surveyed 44 participants (50% experts and 50% nonexperts) to seek views on the strengths, weaknesses, opportunities and threats (SWOT) in the development of this approach. Views were largely similar between the two groups, with strengths being viewed as ease of access and speed of implementation; additionally, the nonexpert group identified cost-effectiveness. Potential barriers were identified as poor digital literacy and concerns in regard to data protection [93].

4.3.4. Volunteering. One paper explored the role of volunteering in promoting well-being and the potential impact on SP using a dialectic approach through synthesising 54 papers [94]. Utilising the New Economics Foundation's Five Ways to Wellbeing model to guide data extraction and synthesis, their findings suggest that volunteering could be a novel tool for link workers if expectations are managed as it is an active role. It is also important that the organisations recognise the relational nature of the volunteering situation. Specifically, the anticipated benefits and reasons for utilising volunteering as a tool for positively impacting identity and improved sense of self should be considered equally as important as perceived free labour. This will require a cultural shift away from volunteers being perceived as free help [95].

4.4. Theme 3: Roles and Responsibilities

4.4.1. Link Workers. Six papers discussed the important role of link workers [60, 66, 95–98]. Link workers were highlighted in an integrative review of 10 qualitative studies as having an important but not always well-defined role in working with people who have MH and long-term conditions [95, 96]. This has the potential to impact the person referred for SP. The differences across processes for accessing a link worker generate different perspectives of the link worker role for both the public and professionals [99]. Across 17 countries (including the UK), the link worker role, title and responsibility differed and all countries agreed it was a developing role, with some counties developing a competency framework [98], supporting a systematic literature review which highlighted the significance of a therapeutic link worker and client relationship. One study explored the impact of the pandemic for SP services which highlighted the key role link workers have in the successful implementation of the service. They noted that success was attributed to link worker capacity and the opportunity to develop rapport with clients [97]. Another paper evaluated a SP service aiming to address loneliness and attributed the key role of link workers in providing individualised support to its success [60]. Arguably, the success of the link worker

role is dependent on the social and political context in which it exists. This is supported by a cross-country survey which identified the difference in forms and scales [66]. It emphasised the importance of integrating SP into existing care systems and improving collaboration among sectors [66].

4.4.2. Community Groups' 'As Social Prescribers'. Two papers discussed the role of community groups as social prescribers [100, 101]. Recognition of community groups' 'as social prescribers' is not reflected in every model of SP [101]. Further research is needed into the roles and responsibilities of CVSFE where they are viewed as a social prescriber and not just the destination points of a referral. Indeed, a green SP programme evaluation acknowledged that most of its participants accessed the service through self-referral and community groups rather than a link worker referral [91]. This could be explored using the community-enhanced SP model [100]. Additionally, when community groups are considered as destination points, it should be acknowledged that no national funding exists for prescription service delivery, and voluntary sector funding varies by location. These services depend on local opportunities and funding, but are often the first to face cuts during statutory sector budget reductions, a trend expected to continue to reduce national debt [101].

4.4.3. Training. Two papers concluded training specific to MH and SP was needed for the workforce [102, 103]. One was a researcher in residence exploring the perspectives of several employees [102], and it is reasonable to suggest further research is needed into the training needs of the workforces involved in SP specific to MH, MCs and SP given the intersectional needs of this population (and likelihood of an individual having both MH and physical health MC). This connects to research in the wider literature on a 'learning needs framework' for SP practitioners in Wales where MH was identified as a training need by link workers [103] and correlates with activities occurring globally to develop competency frameworks [98].

4.4.4. Coproduction. PPIE and coproduction were highlighted by three papers as important in improving understanding and actioning feedback to improve SP for mental well-being [96, 104, 105]. One paper [104] highlighted significant challenges in public understandings of SP with potential to impact on efficacy, concluding 'wider community perceptions can supplement service user feedback to support SP service planning, commissioning and delivery'. This aligned with a systematic review ($n = 6$) on participants' perspectives ($n = 220$) of SP services for MH in the UK [41]. In listening to people with experience of SP, an integrative review ($n = 18$) highlighted the criticality of their involvement in future research and developing practice [96]. Although not explicitly called coproduction, the participants discussed combinations which 'catalysed' health creation including 'therapeutic relationship, practical support, goal

setting and linking people'. A case study of the SPACES intervention designed to increase physical activity for individuals with SMI utilised a coproduction model [105]. It discussed the benefits and challenges of a coproduction approach to the evaluation of the project acknowledging the importance of lived experiences.

4.5. Theme 4: Interpretations of SP for MH as an MC

4.5.1. Perceptions, Understandings and Interpretations of SP for Mental Well-Being.
Multiple perceptions, understandings and interpretations of SP for positive MH were observed in the literature and were a fundamental theme in four papers [40, 106–108]. SP for MH was used in the literature as an intervention, model and referral for non-medicalised intervention. Although all papers were from the UK, unsurprisingly, different models of SP for MH were observed.

Currently, SP referrals, and therefore research, are predominantly originating from primary care services in line with the current UK government agenda. A case study of one secondary care MH service illustrated evidence that SP has the potential to benefit secondary MH patients who are willing to engage in a different type of care [40]. Limitations of the study included sample size ($n = 9$), demographic data and MH diagnosis not provided. Arguably, this will require a cultural shift away from interventions with a pathogenic focus to one which enables CMHTs to prioritise patients' self-determination [109]. Additionally, there needs to be an increased awareness of SP services across the health and social care sector, as illustrated in one paper which highlighted a lack of knowledge of SP in the ambulance service. Once informed urgent care and ambulance staff acknowledged the potential benefit for patients and relevance to their role [108]. A chapter suggests that encouraging healthcare professionals, like neurologists, to refer patients to link workers would counteract the main challenges in SP success, namely, a lack of health provider engagement and communication between patients and professionals [106].

Terminology needs to be further considered. There is an ongoing debate around the over medicalisation of social issues [107], and arguably, the use of the word prescription increases this. Conversely, there may be a degree of legitimacy in the use of the word prescription which might mean patients are more accepting. There was no research available which addressed this issue.

4.5.2. Theoretical Perspectives.
Four papers discussed theoretical perspective in relation to SP [41, 83, 110, 111]. Self-determination theory was cited to evaluate further the specific impact of SP upon individuals: 'Improvers' who 'described satisfaction of the three psychological needs identified in SDT: relatedness, competence, and autonomy'. This was completed on 12 patients from an RCT referred to link workers for 1:1 input, where 8 people reported improvements. Interestingly, aspects of SDT could be mapped to the 5 ways of well-being and the outcome measures and pillars of SP [110]. Future research could include SDT as part of

measuring impact of SP on CMDs in MCs. Salutogenesis was cited as an asset-based approach which could be utilised by community nurses if awareness of SP mechanisms is increased [83]. They highlight how this aligns with the NHS Long Term Plan which suggests 'what matters to someone' is as important as 'what is the matter with someone' [112]. Behavioural change theory was identified in a systematic review ($n = 6$) [41]. They suggested future research should reference appropriate frameworks, theories or models [111] measured by ORIDL. Interestingly, aspects of SDT could be mapped to the 5 ways of well-being and the outcome measures and pillars of SP [110]. Future research could include SDT as part of measuring impact of SP on CMDs in MCs. Self-determination theory was cited to evaluate further the specific impact of SP upon individuals: 'Improvers' who 'described satisfaction of the three psychological needs identified in SDT: relatedness, competence, and autonomy'. This was completed on 12 patients from an RCT referred to link workers for 1:1 input, where 8 people reported improvements measured by ORIDL.

4.5.3. Complexity.
The literature acknowledged the complexity of some referrals into SP [113–115], the likelihood MH 'problems' would not be the only referral and 'assumptions' including 'only older people or people with mental health issues are addressed by social prescribing' [116] (p202). An absence of debate or connection in the literature was noted specific to MC and LTC. Articles tended to use the terms 'LTC', 'chronic' or 'longer term'. No papers used the term MC but did meet the inclusion criteria via the use of the MC search term 'MH'. Further research is needed on the exact relationship between MC and LTC for SP, and for future research to include (or recognise) the impact of limiting searches to MC and not LTC.

A further complexity which should be acknowledged is the variations in research quality which is currently available. A systematic review of 68 reports across 53 psychosocial community interventions found that uncontrolled studies measured over a shorter timescale demonstrated positive effects, controlled studies and those with longer follow-up periods showed limited evidence of sustained benefits [114]. This suggests that although SP shows promise further rigorous research is needed to demonstrate the long-term impact. This is supported by a systematic review analysing methodology and challenges in evidence quality across 52 studies [113]. Additionally, it commented on the predominance of studies in the UK, lack of randomised control trials and insufficient reporting (with many studies published in non–peer-reviewed reports) [113]. A further systematic review of studies ($n = 16$) found mixed evidence and called for more high-quality, comparable evaluations [115].

5. Limitations

Qualitative research dominated which provided useful insights into creating hypothesis; however, a lack of quantitative and mixed-methods research was observed for MH, SP and MC in the aforementioned studies. Similarly, 39% of the

papers used were not primary research ($n = 19$), due to the nature of the review. Overall, the number of studies available in this rapid review which demonstrate causal evidence is low. Definitive conclusions are difficult to draw about the relationship between SP interventions for MCs and outcomes. Evidence has the potential to naturally lag developments in practice. This review demonstrated the variability in measurement tools utilised at different timepoints to assess outcomes including loneliness, social isolation and well-being. The result is challenges in comparison of findings across studies. Some papers have not provided clarity, and without such clear definitions and measures, it is difficult to assess the effectiveness of SP initiatives. Many of the studies are based on pilot initiatives or case studies which may limit generalisation to broader contexts. Much of the research available is based on data from staff or experts in the field of SP and as such may demonstrate potential bias. NHS England [117] has acknowledged the absence of a standard well-being measure for SP. They propose coproducing a free, universal measure to support SP, including small community groups which would address some of the issues above; however, the diversity of SP schemes discussed in this review may mean that one measure of well-being would not sufficiently account for the variety of project aims. Overall, more research is required in this field as outlined in recommendations.

6. Recommendations

Recommendations for future research specific to MH, SP and MCs include increasing coproduction with individuals who have lived experience of these MCs, identifying how SP can be adapted for patients with severe MH conditions and larger studies of digital apps for nature connectedness and improving mental well-being on social prescription. Future research could explore using self-determination theory as part of evaluating the impact of SP for mental ill health and MC. Increased research including quantitative and mixed-methods data could support testing the hypothesis of the effectiveness of SP. Developments on consistent outcome measures (well-being, MH self-determination) in MH and SP could support comparing studies as would an increase in longitudinal studies. Clarification on which SP model is being used in research and practice for people with MH conditions would strengthen the theoretical underpinnings of SP practice. Establish the training needs of the SP workforce specific to people with MH conditions. Exploration of how to effectively increase health and social care professionals' understandings of SP for improved MH at scale including potential benefits and limitations of current terminology. More research is needed to explore the economic benefits of SP for service providers, increase research with control groups and increase reporting on effect sizes. Process evaluations should focus on how and why an

intervention works and be designed to facilitate comparison with different interventions. Challenges to service delivery need addressing at policy and practice levels for impact evaluations to be achievable. There should be increased synergy between primary and secondary support systems (including nonprofit sector) to support SP interventions in being successfully received. Additionally, there is a need to research the effectiveness of SP interventions (including cost benefit and SROI beyond primary care). Finally, research is needed to establish the facilitators and barriers to accessing and implementing SP interventions for different patient groups. Although this rapid review has identified interventions which show promise for individuals with MH conditions, more research is needed to identify specifically which interventions are most successful for which population groups considering both demographical characteristics and type and/or level of MH needs.

7. Conclusion

In conclusion, this rapid review illustrates an initial exploration of the literature specific to the national agenda of MCs, MH and SP for adults in the UK. Although more research is needed, overall, SP can be connected to the positive impact of health creation and outcomes for people with MH challenges in the UK. More coproduction is needed with people with MH conditions to increase the quality of SP. More examples of good practice in SP for MH are needed at local, national and international level, supported by SP outcome measures, evaluation, cost-benefit analyses and SROI cases.

The true potential of how far upstream SP can be deployed is not yet fully understood for people with MH challenges. Research into upscaling SP at speed is required to meet the national MC agenda. Systematic reviews specific to SP and MH as an MC are needed, as is further exploration and innovation on; models of SP address MH which meet individuals' intersectional needs, demonstrating how (and why) SP supports people to both live and wait well, and striving for improvements in equity at scale.

Clarity is needed for people with intersectional need including MH challenges and long-term conditions (and whether they are included in the MC strategy) which will also help researchers as only people with dementia are included in the government MC strategy. Researchers need to be mindful of the potential for missing data if using search terms as MCs will not provide all data connecting to LTCs, chronic and major health conditions have the potential to be used interchangeably and inconsistently. Future searches may include more databases and grey literature.

Appendix A

TABLE A1: Summary of papers and themes identified.

No.	Authors	Title	Methodology	Brief summary	Major theme	Subtheme	Additional relevant themes
1	Wilkinson, E., A. Lees, G. Duncan, S. Weekes, G. Meads, and K. Tapson	A collaborative, multisectoral approach to implementing a social prescribing initiative to alleviate social isolation and enhance well-being amongst older people	Service evaluation	This article examines the planning, implementation and evaluation of the Hand in Hand (HiH) Service, a social prescribing initiative by St Johns Winchester aimed at reducing loneliness among older adults through collaboration between primary care and the voluntary sector. It highlights key success factors, early evaluation findings and transferable insights while addressing the lack of contextual understanding in social prescribing literature, offering practical and policy-level guidance for similar initiatives	Benefits for service users	Loneliness	
2	Scarpetti, G., H. Shadowen, G. Williams, J. Winkelmann, M. Kroneman, P. Groenewegen, J. De Jong, I. Fronteira, G. Augusto, S. Hsiung, S. Slade, D. Rojatz, D. Kallayova, Z. Katreniakova, I. Nagyova, M. Kylänen, P. Vracko, A. Jesurasa, Z. Wallace, C. Wallace, C. Costongs, A. Barnes, and E. van Ginneken	A comparison of social prescribing approaches across twelve high-income countries	Survey	This paper explores the conceptualisation and implementation of social prescribing schemes across twelve countries, highlighting variations in approach, scale and context-specific impact. It provides insights into integrating social prescribing into healthcare systems, emphasising the need for policy support, intersectoral collaboration and training to address social determinants of health holistically	Roles and responsibilities	Link workers	Loneliness
3	McEwan K R.M., Sheffield D, Ferguson FJ, Brindley P. A Smartphone App for Improving Mental Health through Connecting with Urban Nature. International Journal of Environmental Research and Public Health, 2019. 16 (18): p. 3373.	A Smartphone App for Improving Mental Health through Connecting with Urban Nature	Randomised controlled trial	This study evaluated a smartphone app–based intervention prompting users to notice urban nature, demonstrating significant and sustained improvements in well-being, particularly for individuals with mental health difficulties. The findings highlight the clinical potential of noticing urban nature as a cost-effective well-being intervention, partly driven by increased nature connectedness and positive affect	Social prescribing activities	Digital	NBSP
4	Hall, K., J. Evans, R. Roberts, R. Brown, L. Duggan, M. Williamson, P. Moran, K.M. Turner, and C. Barnes	Codesigning a nature-based intervention to promote postnatal mental health for mothers and their infants: a complex intervention development study in England	Focus groups	This study used codesign and person-based approaches to develop a nature-based intervention tailored for postnatal mothers and infants, aiming to improve maternal mental health, child development and early relationships. Stakeholder feedback highlighted the benefits of sensory engagement with nature while addressing postnatal-specific needs, with further research needed to evaluate its feasibility and effectiveness	Benefits for service users	Loneliness	

TABLE A1: Continued.

No.	Authors	Title	Methodology	Brief summary	Major theme	Subtheme	Additional relevant themes
5	McGuire, L., S. Morris, and T. Pollard	Community gardening and wellbeing: The understandings of organisers and their implications for gardening for health	Semistructured interviews	This paper explores how community gardening organisers in North East England transform diverse ideas and resources into practices that promote health and well-being. It argues that oversimplifying community gardening as a quick health solution risks undermining its complexity and sustainability, potentially affecting its role in green social prescribing.	Benefits for service users	Self-management	
6	Liebmann, M., A. Pitman, Y. Hsueh, M. Bertotti, and E. Pearce	Do people perceive benefits in the use of social prescribing to address loneliness and/or social isolation? A qualitative meta-synthesis of the literature	Metasynthesis	This metasynthesis reviewed qualitative studies on social prescribing interventions for loneliness, identifying themes of increased well-being, desire to connect with others and perceived drawbacks. While participants reported more benefits than drawbacks, the study highlights the need for careful consideration of potential harms and further research to optimise social prescribing's effectiveness and individual fit.	Benefits for service users	Loneliness	
7	Elsden, E. and B. Roe	Does arts engagement and cultural participation impact depression outcomes in adults: a narrative descriptive systematic review of observational studies	Systematic review	This systematic review found emerging evidence that arts and cultural engagement reduces the incidence of depression, with five of six studies reporting decreased odds of depression among participants. The findings highlight the potential of arts in health initiatives and social prescribing to support mental health, offering valuable insights for healthcare providers, policymakers and the public.	Benefits for service users	Self-management	
8	Hanlon, P., C. Gray, N. Chng, and S. Mercer	Does Self-determination theory help explain the impact of social prescribing? A qualitative analysis of patients' experiences of the Glasgow 'Deep-End' Community Links Worker Intervention	Semistructured interviews	This study evaluated the Links Worker Programme, a social prescribing initiative in Glasgow, using self-determination theory (SDT) to understand its impact on patients with complex needs in deprived areas. Findings showed that patients who experienced the most improvement reported enhanced relatedness, competence and autonomy, suggesting SDT as a valuable framework for developing and evaluating similar interventions.	Interpretations of social prescribing	Perception	

TABLE A1: Continued.

No.	Authors	Title	Methodology	Brief summary	Major theme	Subtheme	Additional relevant themes
9	McKenzie, K., R. Bowes, and K. Murray	Effects of dance on mood and potential of dance as a mental health intervention	Positive and Negative Affect Schedule (PANAS) mood scale pre- and postparticipation	This study found that both ballet and tap dance classes improved mood more than the control group, with age being a stronger predictor of mood improvement than dance style. The results suggest dance could be a valuable mental health intervention, especially for those exercising at home, and may be considered for social prescription programmes.	Social prescribing activities	Art	
10	Pennisi, Y., J. Kelleher, and S. Diamond	Embedding Social Prescribing in the community: Reflections from a pilot Social Prescribing project in Ireland...22nd International Conference on Integrated Care, 23–25 May 2022, Odense, Denmark	Mixed-methods approach (including consultation with service users and community stakeholders, and evaluation of health and well-being outcomes).	The Health and Wellbeing Community Referral (HWBCR) Project aimed to enhance social participation and mental well-being by connecting vulnerable individuals with community services, demonstrating positive outcomes in service-users' social participation, mental well-being and quality of life. The project highlighted the importance of community integration and cross-sectoral partnerships, with adaptations made during the COVID-19 pandemic to maintain engagement through online groups.	Interpretations of social prescribing	Theory	
11	Scott, J., G. Fidler, D. Monk, D. Flynn, and E. Heavey	Exploring the potential for social prescribing in pre-hospital emergency and urgent care: A qualitative study	Qualitative study using semistructured interviews and a focus group, with data analysis based on a predefined framework.	This study explored the potential of social prescribing in prehospital emergency and urgent care services, highlighting its benefits for individuals with mental health issues, loneliness or social isolation, particularly older adults and frequent service users. The study identified key determinants for social prescribing across micro, meso and macro levels, suggesting the need for systemic changes to support staff in integrating social prescribing into their practices.	Interpretations of social prescribing	Perception	
12	Lord, E.	Green space for public mental health: an ethnographic study of ecotherapy in Wales	Ethnographic methods, including participant observation, interviews and document analysis.	This study explored the experiences of participants in ecotherapy projects in South and West Wales, focusing on the intersection of nature and health. Findings highlighted how bureaucratic processes either facilitated or hindered the therapeutic benefits of ecotherapy, with marginalised groups particularly affected, and the need for more inclusive, less bureaucratically burdensome ecotherapy models.	Social prescribing activities	NBSP	

TABLE A1: Continued.

No.	Authors	Title	Methodology	Brief summary	Major theme	Subtheme	Additional relevant themes
13	Foster, A., J. Thompson, E. Holding, S. Ariss, C. Mukuria, R. Jacques, R. Akparido, and A. Haywood	Impact of social prescribing to address loneliness: A mixed methods evaluation of a national social prescribing programme	Mixed-methods study with quantitative pre–post analysis, semistructured interviews and social return on investment analysis.	This mixed-methods study assessed the impact of a social prescribing service by the British Red Cross on loneliness, finding significant reductions in loneliness and improvements in well-being, confidence and purpose. The service showed a social return on investment of £3.42 for every £1 spent, with key factors for success being skilled link workers and individualised support, although challenges in volunteer use and meeting all service-user needs remained.	Roles and responsibilities	Link workers	Loneliness
14	Mittal, R., E. Rowse, M. Leyshon, and C. Leyshon	Improving health and wellbeing through social prescribing	Editorial	This article discusses the growing role of social prescribing within the NHS, focusing on how it connects individuals to nonmedical services and activities, aiming to improve health and well-being. It highlights the challenges and potential benefits of integrating social prescribing into primary and secondary care, as well as the sustainability issues related to funding and capacity within the voluntary sector.	Roles and responsibilities	Community groups	
15	Rhodes, J. and S. Bell	"It sounded a lot simpler on the job description': A qualitative study exploring the role of social prescribing link workers and their training and support needs (2020)	Semistructured qualitative interviews with nine SPs from NHS and voluntary sector organisations in London, analysed thematically.	This study explores the role of social prescribing link workers (SPs), focusing on their challenges and training needs. The findings indicate that SPs require support in defining their roles, managing complex client needs and coping with emotional demands. There is also a need for more comprehensive training, particularly in mental health, and for local networks to provide peer support.	Roles and responsibilities	Training	
16	Galazka, A. and E. Lindsay	Lindsay Leg Clubs and social prescribing: Leg Clubs at the Cardiff Business School Breakfast Briefing	Descriptive overview of the Leg Club Foundation's interdisciplinary collaboration and the presentation at the Cardiff Business School Breakfast Briefing.	The Leg Club Foundation emphasises the role of Leg Clubs in addressing social isolation and supporting well-being through a psychosocial approach to lower limb care. The clubs foster community connections and volunteerism, which can help alleviate loneliness, particularly for older adults. Leg Club volunteering, though not formally labelled as social prescribing, shares many of its characteristics by providing social activities that contribute to both physical and mental well-being. Volunteers also experience improved mental health through their participation, making Leg Clubs an important part of the social prescribing landscape.	Benefits for service users	Loneliness	

TABLE A1: Continued.

No.	Authors	Title	Methodology	Brief summary	Major theme	Subtheme	Additional relevant themes
17	Hazeldine, E., G. Gowan, R. Wigglesworth, J. Pollard, S. Asthana, and K. Husk	Link worker perspectives of early implementation of social prescribing: A 'Researcher-in-Residence' study	Qualitative, thematic analysis using the 'Researcher in Residence' (RiR) model.	This paper explores the early implementation and acceptability of social prescribing (SP) link workers in two SP programmes in the south west of the UK. Through the 'Researcher in Residence' model, the study collected data from 11 link workers, 2 managers and 1 counsellor, revealing that training (especially in mental health), workforce support, location and GP practice champions are crucial for successful implementation. The findings suggest that empowering link workers with flexibility and authority is essential for addressing challenges effectively in SP programmes.	Roles and responsibilities	Community groups	
18	Stock, S., F. Bu, D. Fancourt, and H. Mak	Longitudinal associations between going outdoors and mental health and wellbeing during a COVID-19 lockdown in the UK	Quantitative, longitudinal, fixed effects regression analysis	This study examines the longitudinal relationship between spending time outdoors and mental health during the UK's first COVID-19 lockdown (March–May 2020). Data from 35,301 participants were analysed using fixed effects regression, revealing that increased outdoor activity was associated with reductions in depressive and anxiety symptoms, and increased life satisfaction. These effects were stronger for individuals living with others and those satisfied with their neighbourhood's walkability and green spaces. No link was found with loneliness. The findings highlight the importance of outdoor activity for mental well-being during pandemics and support nature-based social prescribing.	Social prescribing activities	NBSP	
19	Gerodetti, N. and S. Foster.	Migrant gardeners, health and wellbeing: exploring complexity and ambivalence from a UK perspective	Qualitative, semistructured interviews and thematic analysis.	This article explores the experiences of migrant gardeners and their impact on physical, mental and social well-being, using semistructured interviews with 25 participants in northern England. Thematic analysis revealed that gardening has positive effects, but also some ambivalence regarding its impact on health. It highlights the importance of cultural well-being for gardeners with migration heritage and suggests expanding the concept of well-being to include cultural dimensions. The findings are relevant for social prescribing initiatives and addressing 'green poverty'.	Social prescribing activities	NBSP	

TABLE A1: Continued.

No.	Authors	Title	Methodology	Brief summary	Major theme	Subtheme	Additional relevant themes
20	Makanjuola, A., M. Lynch, N. Hartfiel, A. Cuthbert, and R. Edwards	Prevention of Poor Physical and Mental Health through the Green Social Prescribing Opening Doors to the Outdoors Programme: A Social Return on Investment Analysis	Mixed-methods, social return on investment (SROI), quantitative and qualitative data analysis.	This evaluation examines the impact of the 'Opening the Doors to the Outdoors' (ODO) programme, a 12-week outdoor walking and climbing intervention aimed at improving mental well-being and social cohesion. Using a mixed-method social return on investment (SROI) approach, the study found that the programme generated £4.90 to £5.36 in social value for every £1 invested, based on data from 52 participants. The intervention, which combines physical activity with social interaction, showed improvements in mental well-being and physical health.	Social prescribing activities	NBSP	
21	Khan, K., Ward, F., Halliday, E. and V. Holt.	Public perspectives of social prescribing	Qualitative, semistructured focus groups	This study explores the public's perceptions of social prescribing in the UK, focusing on their awareness and understanding of the concept. Semistructured focus groups with 37 participants revealed limited knowledge of social prescribing, with concerns about the short-term nature of activities and the need for proper resources to ensure continuity. Participants emphasised the importance of social prescribing link workers with local knowledge to support engagement. The findings suggest that public perspectives can complement service user feedback in shaping the planning and delivery of social prescribing services	Roles and responsibilities of link workers	Training	
22	Linceviciute, S., L. Ambrosio, D. Baldwin, and M. Portillo	Role of Social Prescribing Link Workers in Supporting Adults with Physical and Mental Health Long-Term Conditions: Integrative Review	Systematic literature review, with data synthesis and thematic analysis.	This review examines how social prescribing link workers support individuals with physical and mental long-term conditions. The analysis of 18 studies revealed two main themes: The importance of personalised plan development and goal setting, and the significance of a therapeutic relationship between the link worker and the patient. These elements were crucial for successful interventions, with practical advice and hands-on solutions being key factors in support. The review suggests future research directions and practical recommendations for improving link worker interventions for this group.	Roles and responsibilities of link workers	Link workers	

TABLE A1: Continued.

No.	Authors	Title	Methodology	Brief summary	Major theme	Subtheme	Additional relevant themes
23	Cooper, M., D. Flynn, L. Avery, K. Ashley, C. Jordan, L. Errington, and J. Scott	Service user perspectives on social prescribing services for mental health in the UK: a systematic review	Systematic review with thematic synthesis of qualitative data.	This review synthesises adult service users' perspectives on how UK-based social prescribing services support mental health management. Six studies involving 220 participants were analysed, revealing two key themes: The importance of person-centred care and creating an environment conducive to personal change and development. The review emphasises that focusing on holistic needs and providing a supportive therapeutic environment are critical for effective social prescribing, which enhances user satisfaction and outcomes	Benefits for service users	Loneliness	Theory
24	Thompson, J., E. Holding, A. Haywood, and A. Foster	Service Users' Perspectives of a National Social Prescribing Programme to Address Loneliness and Social Isolation: A Qualitative Study	Qualitative study using interviews with service users	This paper examines service users' experiences with a national social prescribing scheme, focusing on their reflections on accessing community activities and social groups through a link worker. Interviews with 26 participants highlighted challenges such as the short-term nature of support, a preference for link worker companionship and difficulties in ending support. The paper also emphasises the importance of addressing the social determinants of health, warning that social prescribing may inadvertently increase inequalities if it fails to account for factors that impact access to social capital.	Benefits for service users	Loneliness	
25	Wakefield, J., B. Kellezi, C. Stevenson, N. McNamara, M. Bowe, I. Wilson, M. Halder, and E. Mai	Social prescribing as 'Social Cure': A longitudinal study of the health benefits of social connectedness within a social prescribing pathway	Longitudinal study with data collected at three time points	This study investigates the efficacy of a social prescribing (SP) pathway in improving health and well-being by enhancing social connections, using the social cure (SC) perspective. Data were collected at three points from patients with long-term health conditions or those experiencing loneliness/anxiety. Findings showed that increased group memberships were associated with improved quality of life, with belonging, support and reduced loneliness mediating this relationship. The study is the first to demonstrate that SP improves well-being through SC mechanisms	Benefits for service users	Loneliness	

TABLE A1: Continued.

No.	Authors	Title	Methodology	Brief summary	Major theme	Subtheme	Additional relevant themes
26	Morris, S.L., K. Gibson, J.M. Wildman, B. Griffith, S. Moffatt, and T.M. Pollard	Social prescribing during the COVID-19 pandemic: a qualitative study of service providers' and clients' experiences	Qualitative study with thematic analysis based on remote interview	This qualitative study explores how a social prescribing service adapted during the first wave of the COVID-19 pandemic and the experiences of clients, link workers and service providers. Data collected via remote interviews with 44 clients, 5 link workers and 8 managerial staff highlighted that remote delivery improved access for some clients, especially those who previously missed appointments. However, challenges included difficulties in building rapport, engaging clients and supporting digitally excluded individuals. Some clients experienced negative impacts on their health due to limited access to services and inconsistent contact with link workers	Roles and responsibilities	Link workers	
27	Lynch, M. and C. Jones	Social prescribing for frequent attenders in primary care: An economic analysis	Quantitative cost analysis based on routine healthcare usage data	This study examines the economic benefits of social prescribing (SP) interventions by analysing changes in healthcare resource use before and after the intervention in Wales. The study found that SP interventions generated significant cost savings, particularly for frequent attenders (FAs), with a direct cost saving of £6113 per FA participant over 5 months. While the results suggest potential savings, the absence of a control group limits the conclusiveness of the findings. Targeting FAs for SP interventions may maximise cost benefits.	Benefits for service users	Self-management	
28	Dayson, C., J. Painter, and E. Bennett	Social prescribing for patients of secondary mental health services: emotional, psychological and social well-being outcomes	Qualitative case study with semistructured interviews	This paper explores the well-being outcomes of a social prescribing model within a secondary mental health service recovery pathway, emphasising its positive impact on emotional, psychological and social well-being. Key characteristics of successful referrals include supportive discharge pathways and sustained community engagement, such as peer support and volunteering. The study suggests that social prescribing models embedded in secondary care, alongside traditional approaches, can yield long-term positive outcomes. It advocates for more research into effective referral conditions and highlights the need for funding voluntary, community and social enterprise (VCSE) organisations for long-term engagement	Interpretations of social prescribing	Perception	

TABLE A1: Continued.

No.	Authors	Title	Methodology	Brief summary	Major theme	Subtheme	Additional relevant themes
29	Hassan, S.M., C. Giebel, E.K. Morasae, C. Rotheram, V. Mathieson, D. Ward, V. Reynolds, A. Price, K. Bristow, and C. Kullu	Social prescribing for people with mental health needs living in disadvantaged communities: The Life Rooms model	Qualitative study using semistructured focus groups with thematic analysis	This study examines the Life Rooms, a social prescribing model aimed at addressing the social determinants of mental health by providing support and resources in local community settings. The research identifies four key elements that enhance the effectiveness of the Life Rooms approach: Social belonging, accessibility of resources, social inclusion and opportunities for self-development. The participants, primarily from disadvantaged socioeconomic backgrounds, found these elements crucial in improving their mental health and well-being. The findings support the value of social prescribing in reducing the burden of mental illness.	Benefits for service users	Loneliness	
30	Howarth, M. and L. Burns	Social prescribing in practice: community-centred approaches	Conceptual article—no data	This article discusses the pivotal role of general practice nurses in providing person-centred care, particularly for people living with multimorbidities. It contrasts traditional medical approaches, which focus on diagnosing and treating clinical issues, with those that consider what matters to the person, emphasising individual assets and personalised care. The article highlights how practice nurses can contribute to improving health and well-being, especially through community-centred approaches like social prescribing, as outlined in the NHS Long Term Plan.	Interpretations of social prescribing	Theory	
31	Bild E and N. Pachana	Social prescribing: A narrative review of how community engagement can improve wellbeing in later life	Systematic review using database searches (PsycINFO, PubMed, Scopus, ProQuest Social Sciences) and thematic analysis of 77 included articles.	This review evaluates the evidence for social prescribing programmes aimed at addressing lowered well-being and loneliness in older adults. It expands on previous reviews by using a broader definition of social prescribing, examining various referral pathways and activities. The analysis identifies five key themes: Social connection, health management improvement, mental health and well-being, life enrichment and link worker support. While the review found generally positive impacts, it also noted significant variability in programmes and research quality, recommending larger sample sizes and mixed methods in future studies to strengthen the evidence base	Benefits for service users	Loneliness	

TABLE A1: Continued.

No.	Authors	Title	Methodology	Brief summary	Major theme	Subtheme	Additional relevant themes
32	Napierala, Hermmann, W., H. Napierala, D. Kanehl, K. Krüger, and F. Holzinger	Social Prescribing: Systematic Review of the Effectiveness of Psychosocial Community Referral Interventions in Primary Care	Systematic review and qualitative synthesis of interventional studies	This systematic review assesses the effectiveness of community-based social prescribing (SP) interventions, aiming to bridge the gap between medical and nonmedical services by providing psychosocial support. It synthesises data from 68 reports across 53 projects, with a focus on health-related outcomes, patient-reported outcomes and healthcare utilisation. While uncontrolled studies with shorter time frames often reported positive effects, controlled studies and those with longer follow-up periods showed limited evidence of sustained benefits. Due to high risk of bias and heterogeneity in the studies, the review concludes that while SP shows promise, further rigorous controlled trials are needed to confirm its clinical relevance and long-term impact	Interpretations of social prescribing	Complexity	
33	Shaikh, M., U. Tymoszuk, A. Williamon, and M. Miraldo	Socioeconomic inequalities in arts engagement and depression among older adults in the United Kingdom: evidence from the English Longitudinal Study of Ageing	Repeated cross-sectional study using data from six waves of the English Longitudinal Study of Ageing, with socioeconomic inequality and horizontal inequity measured through concentration curves and indices.	This study examines socioeconomic inequality and horizontal inequity in arts engagement and depression symptoms among older adults in England over a 10-year period. Using data from the English Longitudinal Study of Ageing, it finds that arts engagement is concentrated among wealthier individuals, while depression is more prevalent among the less wealthy. Although pro-rich inequality in arts engagement decreased over time, pro-poor inequality in depression increased. When arts engagement is standardised for depression, inequality worsened, suggesting that need-unstandardised measures of inequality may mask unfair disparities. The findings highlight the potential risks of using these measures in social prescribing interventions	Social prescribing activities	Art	

TABLE A1: Continued.

No.	Authors	Title	Methodology	Brief summary	Major theme	Subtheme	Additional relevant themes
34	Herrmann, W., H. Napierala, D. Kanehl, K. Krüger, and F. Holzinger	The evidence of social prescribing—Challenges found in conducting a systematic review…14th European Public Health Conference (Virtual), Public health futures in a changing world, 10–12 November 2021	Systematic review of interventional studies, analysing methodological aspects and challenges in evidence quality and reporting across 52 studies	This systematic review, sponsored by the German Federal Ministry of Education and Research, examines the effects of social prescribing based on studies worldwide. It identifies four main challenges: (1) the heterogeneity of outcomes (mostly quality of life, mental health and health economics), with short follow-up times; (2) a predominance of studies from the UK, with only two from Australia; (3) a lack of randomised controlled trials (only two studies were randomised); and (4) insufficient reporting, with most studies published in non-peer-reviewed reports. These limitations, particularly the low quality of evidence and geographic concentration, hinder the implementation of social prescribing in other countries. The study calls for more rigorous, randomised controlled trials from diverse healthcare systems	Interpretations of social prescribing	Complexity	
35	Pescheny, Randhawa and Pappas.	The impact of social prescribing services on service users: a systematic review of the evidence	Systematic review of studies with thematic analysis of evidence from 16 studies.	This systematic review assesses the impact of social prescribing programmes involving navigators in primary care on service users. The review found mixed evidence: some studies reported improvements in health, well-being, social contacts and day-to-day functioning, while others did not. The review highlighted variability in the quality of evaluation methodologies. To better assess social prescribing's effectiveness, the review calls for more high-quality, comparable evaluations	Interpretations of social prescribing	Complexity	
36	Tierney, S., K.R. Mahtani, G. Wong, J. Todd, N. Roberts, O. Akinyemi, S. Howes, and A. Turk	The role of volunteering in supporting well-being—What might this mean for social prescribing? A best-fit framework synthesis of qualitative research	Best-fit framework synthesis of qualitative literature	This study synthesises qualitative literature on how volunteering contributes to well-being within social prescribing. The review identified 54 relevant studies, using the New Economics Foundation's Five Ways to Well-Being model. It developed a conceptual framework showing how volunteering can enhance identity validation and modification, leading to a stronger sense of self. The findings suggest that volunteering can be a key component in social prescribing, helping link workers support individuals with psychosocial needs and emphasising the importance of organisations accepting referrals for volunteering	Social prescribing activities	Volunteering	

TABLE A1: Continued.

No.	Authors	Title	Methodology	Brief summary	Major theme	Subtheme	Additional relevant themes
37	McKenzie, K., R. Diston, and K. Murray	Which elements of socially prescribed activities most improve wellbeing?	Survey	A study evaluating the effectiveness of a visit to an inner-city farm as a social prescribing activity found that it improved psychological well-being by increasing positive mood and reducing negative mood. The primary factor contributing to these improvements was social interaction, regardless of the specific activities participants engaged in	Social prescribing activities	NBSP	
38	Ayorinde, A., A. Grove, I. Ghosh, J. Harlock, E. Meehan, N. Tyldesley-Marshall, A. Briggs, A. Clarke, and L. Al-Khudairy	What is the best way to evaluate social prescribing? A qualitative feasibility assessment for a national impact evaluation study in England	Qualitative study using semistructured interviews and thematic analysis with 25 key informants.	This study examines current service delivery structures for social prescribing in England and assesses the feasibility of a national evaluation of the link worker model. It finds significant variation in service provision, referral processes and monitoring structures across different regions and services, with challenges in determining appropriate outcome measures for evaluating impact. The study emphasises the need for standardised processes and outcome measures to enable rigorous future evaluations.	Roles and responsibilities	Link workers	Coproduction
39	Menhas, R., L. Yang, Z. Saqib, M. Younas, and M. Saeed.	Does nature-based social prescription improve mental health outcomes? A systematic review and meta-analysis	Systematic review and meta-analysis of studies evaluating the impact of NBSP on mental health outcomes.	This study conducted a meta-analysis to evaluate the effect size of nature-based social prescriptions (NBSPs) on mental health outcomes. The analysis found that interventions like social belongingness, cognitive behaviour group therapy, yoga and storytelling had significant positive effects on mental health, while others like CBT, digital interventions and music therapy did not show significant impact. The findings support the inclusion of NBSPs as complementary therapies in mental healthcare plans	Social prescribing activities	NBSP	Loneliness
40	Wood, C., C. Wicks, and J. Barton	Green spaces for mental disorders	Systematic review	This review highlights that access to local green spaces is linked to improved mental health, reducing stress, loneliness and symptoms of depression and anxiety. Nature-based interventions, such as green social prescriptions, have been shown to be effective for vulnerable groups. However, more high-quality research is needed, particularly focusing on the long-term effects and addressing barriers like mental health symptoms and geographical accessibility to increase the uptake of green prescriptions.	Social prescribing activities	NBSP	

TABLE A1: Continued.

No.	Authors	Title	Methodology	Brief summary	Major theme	Subtheme	Additional relevant themes
41	Fixsen, A. and M. Polley.	Social prescribing for stress related disorders and brain health	Book Chapter	This chapter explores the role of social prescribing in reducing stress and supporting self-care, particularly for conditions where conventional medicine may not be the most effective. It examines both professional and service user perspectives on the strengths and limitations of social prescribing. Findings suggest that social prescribing link workers can motivate individuals to engage in activities with mental, physical and social benefits. Challenges include health provider engagement, recruiting individuals with low agency and communication issues between professionals and patients. Recommendations are made to enhance social prescribing, including encouraging professionals like neurologists to refer patients to link workers.	Interpretations of social prescribing	Perception	
42	Litt, J., L. Coll-Planas, A. Sachs, M. Masó Aguado, and M. Howarth	Current Trends and Future Directions in Urban Social Prescribing	Review of existing SP models	This review examines the current evidence on the effectiveness of social prescribing (SP), a nonmedical community referral programme aimed at supporting health and well-being. It explores various models of SP, including a new group-based approach focused on mental well-being and resilience. While SP originated in the UK, it has gained global interest, with over 31 countries implementing its elements. The main goal of SP is to integrate traditional medical care with community and voluntary sector resources. Although there is optimism surrounding SP, concerns about its effectiveness persist, with a call for high-quality evaluations to strengthen the evidence base	Benefits for service users	Self-management	

TABLE A1: Continued.

No.	Authors	Title	Methodology	Brief summary	Major theme	Subtheme	Additional relevant themes
43	Howarth, M., A. Griffiths, A. da Silva, and R. Green	Social prescribing; a 'natural' community-based solution	Case study analysis of nature-based social prescribing through community nursing and social prescribing link workers.	This paper explores social prescribing within the NHS England universal personalised care model, focusing on how community nurses can engage with social prescribing systems to foster community resilience. Using a case study of gardening as a nature-based social prescription from the RHS Bridgewater Wellbeing Garden, the authors highlight the impact of nonmedical, salutogenic approaches. They argue that nature-based solutions like gardening offer a valuable asset-based approach to health promotion. The paper emphasises how social prescribing, particularly in the context of COVID-19, can address issues like social isolation and anxiety, with community nurses playing a key role in supporting resilience through collaboration with link workers	Social prescribing activities	NBSP	Theory
44	Morse, D., S. Sandhu, K. Mulligan, S. Tierney, M. Polley, B. Chiva Giurca, S. Slade, S. Dias, K. Mahtani, L. Wells, H. Wang, B. Zhao, C. De Figueiredo, J. Meijs, H. Nam, K. Lee, C. Wallace, M. Elliott, J. Mendive, D. Robinson, M. Palo, W. Herrmann, N.R. Østergaard, and K. Husk	Global developments in social prescribing	Conceptual framework analysis using the 'Beyond the Building Blocks' framework to examine social prescribing across multiple countries	This paper examines how social prescribing has been conceptualised and implemented across 17 countries in Europe, Asia, Australia and North America. Social prescribing connects individuals to nonclinical services addressing social needs like loneliness and mental health. At the individual level, it helps people manage their health, while at the societal level, it promotes integrated care. Drawing on the 'Beyond the Building Blocks' framework, the paper discusses essential elements for adopting social prescribing, including service delivery, social determinants of health, workforce and community partnerships. The findings offer cross-cutting lessons for adapting social prescribing to local needs.	Roles and responsibilities	Link workers	

TABLE A1: Continued.

No.	Authors	Title	Methodology	Brief summary	Major theme	Subtheme	Additional relevant themes
45	Vidovic, D., G. Reinhardt, and C. Hammerton	Can Social Prescribing Foster Individual and Community Well-Being? A Systematic Review of the Evidence	Systematic review	This systematic review evaluates the effectiveness of social prescribing (SP) in improving individual, system and community health outcomes. The review examines SP's impact on loneliness, social isolation, well-being and connectedness, drawing on 51 studies. The findings highlight the need for standardised definitions, metrics and clearer conceptual connections between SP and its system/community outcomes. Only one peer-reviewed study used a randomised controlled trial, and many studies lacked clarity on core concepts and measurement methods. The review calls for more rigorous evaluations to better understand SP's potential for improving preventive and public health within sustainable healthcare systems.	Benefits for service users	Loneliness	
46	Nguyen, P., T. Astell-Burt, H. Rahimi-Ardabili, and X. Feng	Effect of nature prescriptions on cardiometabolic and mental health, and physical activity: a systematic review	Systematic review and meta-analysis	This systematic review and meta-analysis synthesises evidence on the effectiveness of nature prescriptions, which involve referrals to encourage spending time in nature. The review found that nature prescriptions led to significant reductions in systolic and diastolic blood pressure, moderate to large reductions in depression and anxiety scores, and increased daily step counts. The review suggests that nature prescriptions can improve both cardiometabolic and mental health outcomes. Subgroup analyses showed stronger effects when referring institutions were involved, particularly on depression, daily step counts and physical activity. Most studies had a moderate to high risk of bias. The findings support the inclusion of nature prescriptions in healthcare, with various natural settings and activities being effective for different populations	Social prescribing activities	NBSP	

TABLE A1: Continued.

No.	Authors	Title	Methodology	Brief summary	Major theme	Subtheme	Additional relevant themes
47	Cooper, M. L. Avery, J. Scott, K. Ashley, C. Jordan, L. Errington, and D. Flynn	Effectiveness and active ingredients of social prescribing interventions targeting mental health: a systematic review	Systematic review with narrative synthesis	This systematic review aimed to assess the effectiveness of UK-based social prescribing interventions targeting mental health and well-being outcomes. It included 13 interventions reported across 17 studies with 5036 participants. While 16 of 17 studies reported significant improvements in mental health, well-being and quality of life, most studies were uncontrolled, and only one randomised controlled trial was included. The review found that treatment fidelity strategies were often suboptimal, and intervention designs rarely used theoretical frameworks. Key behaviour change techniques (BCTs) included social support and credible sources. The review concludes that while promising, robust conclusions on effectiveness are limited, and future research should focus on theory-driven interventions, treatment fidelity, and long-term outcomes.	Benefits for service users	Loneliness	
48	Sumner, R., D. Crone, S. Hughes, and D. James	Arts on prescription: observed changes in anxiety, depression and well-being across referral cycles. Public Health 2021 Mar; 192:49–55.	Observational longitudinal study measuring pre- and postintervention outcomes.	This longitudinal observational study evaluated an Arts on Prescription (AoP) programme in the South West UK, assessing its impact on anxiety, depression and well-being in 245 participants, including a subsample of 110 with multimorbidity. Participants engaged in up to two eight-week cycles, with outcomes measured pre- and postintervention. The study found significant improvements in anxiety, depression and well-being after both initial and re-referral cycles, with similar benefits observed for participants with multimorbidity. Multivariate analysis revealed no participant variables significantly influencing outcome changes.	Social prescribing activities	Art	

TABLE A1: Continued.

No.	Authors	Title	Methodology	Brief summary	Major theme	Subtheme	Additional relevant themes
Second search							
49	Haywood, A., C. Dayson, R. Garside, A. Foster, R. Lovell, K. Husk, E. Holding, J. Thompson, K. Shearn, H.A. Hunt, J. Dobson, C. Harris, R. Jacques, D. Witherley, P. Northall, M. Baumann, and I. Wilson	National Evaluation of the Preventing and Tackling Mental Ill Health through Green Social Prescribing Project: Final Report.	Mixed methods, incorporating quantitative evaluations (ONS4, HADS) and qualitative insights from participants and partners.	The Green Social Prescribing (GSP) programme primarily engaged individuals with mental health needs, supporting diverse levels from predeterminants to severe mental illness. Most participants (80.8%) reported mental health issues negatively impacting daily life, with notable improvements in well-being across multiple measures such as ONS4 scores and the Hospital Anxiety and Depression Scale. Despite challenges in data reliability and impact attribution, GSP demonstrated positive effects on mental well-being and a return on investment ranging from £1.02 to £3.13 per pound invested. Challenges to scaling include funding sustainability, unequal access to green spaces, and limitations in clinical-style evidence of impact.	Social prescribing activities	NBSP	
50	Wright, K., S. Eden, A. Hancox, D. Windget, L. Elliott, Z. Glossop, G. Johnston, R.I. Johnston, F. Lobban, C. Lodge, J. Palmier-Claus, S. Parkin, P.C.L. White, and S.L. Bell	A qualitative exploration of the contribution of blue space to well-being in the lives of people with severe mental illness	Qualitative, utilising 19 semistructured interviews and inductive thematic analysis.	This study explored how individuals with bipolar disorder, schizophrenia or other psychotic conditions experience and use blue spaces to manage symptoms and enhance well-being. Researchers identified key themes such as the therapeutic qualities of blue spaces, their socially undemanding nature and their potential to provide moments of emotional sanctuary. Participants described forming a 'blue identity' by incorporating these spaces into self-regulation practices. The study suggests that tailored blue care interventions could support individuals with severe mental illnesses, emphasising solitude, accessibility and personal preferences.	Social prescribing activities	NBSP	

TABLE A1: Continued.

No.	Authors	Title	Methodology	Brief summary	Major theme	Subtheme	Additional relevant themes
51	Aughterson, H., D. Fancourt, H. Chatterjee, and A. Burton	Social prescribing for individuals with mental health problems: An ethnographic study exploring the mechanisms of action through which community groups support psychosocial wellbeing	Ethnographic study with participant observation and interviews	This ethnographic study examined how community groups involved in social prescribing (e.g., football, singing, gardening and reading) support mental health for individuals with moderate to severe mental health conditions. Over a 12-month period, psychological mechanisms such as increased self-esteem and purpose, social mechanisms like reduced loneliness and enhanced community belonging and behavioural mechanisms such as healthier habits and routine were identified as key factors. The findings aim to improve healthcare professionals' understanding and referral practices for social prescribing.	Benefits of social prescribing	Loneliness	Management of own health
52	Walker, L., S. Dawson, S. Brady, E. Hillison, M. Horspool, G. Jones, E. Wildbore, and E.J. Peckham	Co-producing a physical activity intervention with and for people with severe mental ill health—the spaces story	Case study: Coproduction model with PPIE, focus groups and stakeholder consensus	The SPACES study developed a coproduced intervention to increase physical activity among individuals with severe mental illness (SMI), addressing their increased risk of physical health conditions. Using a coproduction model, researchers collaborated with stakeholders, including individuals with lived experience, carers and professionals, through Patient and Public Involvement and Engagement (PPIE), focus groups and consensus groups. The study outlines the benefits, challenges and lessons from this coproduction approach and advocates for predefined strategies to improve accountability and rigor in future coproduction research.	Roles and responsibilities	Coproduction	
53	Patel, S., G. Craigen, M. Pinto da Costa, and B. Inkster	Opportunities and challenges for digital social prescribing in mental health: Questionnaire study	Qualitative questionnaire distributed via social media	This study examines the potential opportunities and challenges of digital social prescriptions, which use technology to facilitate nonmedical activities for mental health support. Four core elements (digital, facilitate, user and social) were identified as central to the concept. Strengths include rapid implementation and cost-effectiveness, while weaknesses highlight poor adherence and usability challenges. Opportunities involve increased access to services and preventive potential, but threats include digital exclusion, unintended consequences and data protection concerns. The study emphasises the need for careful consideration of practical and ethical issues in designing and implementing these tools	Social prescribing activities	Digital	

Data Availability Statement

Conflicts of Interest

Funding

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