Pre print copy (accepted for publication in the Lancet Child and Adolescent Health)
https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(22)00248-6/fulltext

**Marcello Bertotti, Dan Hayes, Vashti Berry, Paul Jarvis-Beesley, Kerryn Husk*

*Institute for Connected Communities, University of East London, London E15 4LZ, UK (MB);

Anna Freud National Centre for Children and Families, London, UK (DH); Research Department of Behavioural Science and Health, Institute of Epidemiology & Health Care, University College London, UK (DH); Department of Public Health and Sport Sciences, Faculty of Health and Life Sciences University of Exeter, Exeter, UK (VB); StreetGames, Manchester, UK (PJ-B); Faculty of Health, University of Plymouth, Plymouth, UK (KH)

Social prescribing for children and young people

Mental ill health in children and young people (ie, people aged 10–19 years) is a global problem. In 2019, one in seven children and young people had diagnosed mental health conditions.[1] The drivers for this high burden are complex and include home-based and school-based risks, lifestyle factors, and vulnerabilities due to disability, discrimination, and socioeconomic circumstances.[2]

There is no quick fix, but one holistic approach with potential is social prescribing. Social prescribing is gaining recognition globally,[3] with significant policy and research traction in England , where it is now included as an all-age service in the 2019 NHS Long Term Plan. The original adult model requires primary care practitioners to refer an individual to a link worker, who supports them to connect and participate in community-based activities, primarily delivered by the non-profit sector.[4] Adult social prescribing acts via two core mechanisms. First, building a trusting, empathetic relationship between the link worker and the individual, which enables a collaborative decision on the type of activity or service needed. Fundamental to this relationship is flexibility from both the client and link worker in determining the quantity and quality of support needed. The relationship is time-limited, but can vary according to the needs of each client and the flexibility around client targets, primarily set by commissioners. Sometimes, this role requires link workers to accompany the client to activities or services. Second, social prescribing connects individuals to chosen community support services that have a proven positive effect on wellbeing. Community support includes befriending services, finance and benefits advice, arts and culture, sport, and nature-based activities.[5]

Although these core mechanisms are typically described for adults, there is good reason to believe they also apply to children and young people. Compared with those who have good mental health, children and young people with poor mental health are more likely to be socially disadvantaged and have lower self-esteem. Furthermore, people with poor mental health typically do not have the capacity or resources to seek out and engage in local community support. Social prescribing potentially provides a person-centred way to enable children and young people to access those community connections. Although there is currently little research directly examining social prescribing for children and young people,[6] there are reasons to be optimistic. First, community-based prevention can be a powerful and less stigmatising approach to children and young people's mental health.[7] Second, a 2-year evaluation[8] of social prescribing for children and young people across three English sites noted that it provided important intermediary support for young people while they were waiting—sometimes for up to a year— to be seen by statutory mental health services. And third, at the system level, social prescribing for children and young people contributes to increased synergies between primary care, secondary care, social services, and the non-profit

sector, which are otherwise inclined to operate in isolation from each other.

In terms of its design, children and young people can self-refer or can be referred to link workers by teachers, youth workers, community safety officers, and family members as trusted adults, other than those in health care, with whom mental health concerns are discussed on an informal basis. When participants younger than 16 years are considered, the relationship between social prescribing link workers and children and young people is more likely to be mediated by a parent or carer. In this case, a link worker takes on a mediatory role, balancing the needs of the children and young people with the responsibilities of the parent or carer. This balance is particularly important as many parents approach social prescribing for issues experienced by their child while also experiencing mental ill health (and associated social issues) themselves. In such instances, social prescribing becomes a family service aimed at simultaneously supporting parents and children, often for extended periods. A whole-family approach is particularly important when parents are worried about the potential involvement of social services. In these instances, link workers are able to build trust with parents and help them navigate the support system, reducing stress and anxiety.

For effective social prescribing for children and young people, increased investment from the public sector into community-based activities is needed. In many regions globally, social expenditure has decreased substantially in the past few decades,[9] resulting in budget cuts to youth services in many countries. Social prescribing relies on a dynamic and vibrant non-profit sector and, although still resilient, COVID-19 has had an additional effect on its long-term financial sustainability. We would argue that the sector needs considerable support to build on the promising start we have seen in recent years. Securing a healthy start to life is the best investment society can make, especially when social and health inequalities prevail. Investing resources into sustainable health and wellbeing activities is crucial and will ensure the rapid scaling of social prescribing is a more fair and equitable offer.

Overall, we would argue that social prescribing for children and young people could benefit from attention in two key areas. Firstly, although social prescribing is described in policy as an all-age offer, in practice, at least in the UK, children and young people have been under-represented in referrals, particularly those younger than 16 years.[10] This oversight is important given that this age represents a period when prevention and early intervention are likely to have the greatest effects on mental health outcomes. Secondly, global public health initiatives, such as the WHO Action Plan on non-communicable diseases, have revealed the importance of community engagement and community-centred approaches, particularly for reducing health inequalities. These community-centred approaches (as well as child developmental theory) highlight the important contribution of connection and participation in groups and communities in preventing or improving mental health for children and young people. Social prescribing could well provide a platform for delivering these connections. However, to understand in which ways, for whom, and at what cost social prescribing can improve the mental health of children and young people, there is an urgent need for detailed research on the design, implementation, and assessment of different approaches.

1 WHO. Adolescent mental health. 2021. https://www.who.int/news-room/ fact-sheets/detail/adolescent-mental-health (accessed July 22, 2022).
2 Collishaw, S. Annual Research Review: secular trends in child and adolescent mental health. *J Child Psychol Psychiatry* 2015; **56:** 370–93.
3 Morse DF, Sandhu S, Mulligan K, et al. Global developments in social prescribing. *BMJ Glob Health* 2022; **7:** e008524.
4 Husk K, Blockley K, Lovell R, et al. What approaches to social prescribing work, for whom, and in what circumstances? A realist review. *Health Soc Care Community* 2020; **28:** 309–24.
5 National Academy for Social Prescribing. NASP evidence note: social prescribing and mental health. 2021. https://socialprescribingacademy.org. uk/wp-content/uploads/2022/06/Social-prescribing-and-mental-health-NASP-evidence-note.pdf (accessed Aug 5, 2022).
6 Hayes D, Cortina MA, Labno A, et al. Social prescribing in children and young people: a review of the evidence. 2020. https://www.ucl.ac.uk/ evidence-based-practice-unit/sites/evidence-based-practice-unit/files/ review_social_prescribing_in_children_and_young_people.pdf (accessed Sept 12, 2022).
7 Castillo EG, Ijadi-Maghsood R, Shadravan S, Moore E, et al. Community interventions to promote mental health and social equity. *Curr Psychiatry Rep* 2019; **21:** 35.
8 Bertotti M, Frostick C, Sharpe D, Temirov O. A two-year evaluation of the Young People Social Prescribing (YPSP) pilot. 2020. https://repository.uel.ac.uk/item/88x15 (accessed Aug 5, 2022).
9 Delgado-Téllex M, Gordo E, Kataryniuk I, Pérez JJ. The decline in public investment: "social dominance" or too-rigid firscal rules? 2020. https://www.bde.es/f/webpi/SES/staff/perezjavier/files/dt2025e.pdf (accessed Sept 12, 2022).
10 Cartwright L, Burns L, Akinyemi O, et al, on behalf of the NASP Academic Partners Collaborative. Who is and isn't being referred to social prescribing? 2022. https://socialprescribingacademy.org.uk/wp-content/ uploads/2022/03/Evidence-summary-social-prescribing-referral-.pdf (accessed Sept 12, 2022).