

# Evaluating practices and needs of first line clinicians regarding social prescribing to improve living conditions of families in Montreal

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## Context

- More and more families are facing health-related challenges, especially in a post-pandemic context.
- Approximately 20% of first line consultations are driven by social reasons, reducing clinicians' availability for clinical activities.<sup>(1)</sup>
- Social prescribing is one of the emerging initiatives aiming to sustainably and effectively improve patients' health.<sup>(2)</sup>

## Social prescribing



An approach that involves identifying and targeting the socio-economic factors impacting patients' health, such as social, mental, financial, and educational needs, by connecting them with a range of appropriate community services and resources. It also aims to improve the often-challenging coordination between healthcare and community sectors.<sup>(2)</sup>

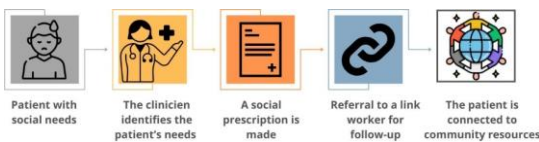
Currently, more than 20 countries worldwide have established policies and programs for social prescribing.<sup>(11)</sup>

### 3 key concepts surrounding social prescribing

- The key role of clinicians in addressing social determinants through the patient-clinician trust relationship <sup>(2)</sup>
- Involves the most difficult-to-reach patients, who have no other form of support besides primary care <sup>(3)</sup>
- The involvement of a link worker is a key factor in the effectiveness of the approach <sup>(2)</sup>

### How does it work ?

Formalization of patient referral from first line services to community resources follows several models : from signaling and direct referral for minimal support needs, to a referral scheme involving a 'link worker' or 'navigator' positioned between the two sectors, whose role is to support individuals with complex needs and coordinate efforts.<sup>(4)</sup>



### What are the potential effects for Montreal families?

- ↑ A useful clinical prevention strategy that improves living conditions and health of families.<sup>(5)</sup>
- ↓ Reduction of social health and opportunity inequalities for optimal child development.<sup>(6)</sup>
- ↓ Decrease in the frequency of frontline consultations, excessive drugs prescriptions and healthcare costs.<sup>(7)</sup>
- ↑ Better care experience for families and clinician satisfaction, (less feeling of helplessness).<sup>(8),(9)</sup>
- ↑ Valuation of the community sector + strengthen intersectoral collaboration.<sup>(2)</sup>
- ↑ Personalized action tailored to the needs of families and reinforcement of autonomy and resilience.<sup>(10)</sup>

## Objective of the project

To assess the relevance and feasibility of supporting first line clinicians in the practice of social prescribing to improve the living conditions of families in Montreal.

## Methodology

Qualitative approach: 10 semi-structured interviews with 8 first line physicians and 2 nurses working in FMGs (Family Medicine Groups) with children's families, addressing the following 4 themes:

- The practice context and the importance given to patients' social factors.
- Participants' practices resembling social prescribing.
- Obstacles to integrating social prescribing into practice.
- Support needs regarding social prescribing practice for families.

→ Thematic content analysis identified 6 major themes

## Results

2. All participants act already as social prescribers for families, referencing them to social workers, social services, psychosocial support, etc.

3. All participants perceive several advantages to the approach, especially its potential for action on social determinants of health and prevention

1. All participants consider social determinants of health as inseparable from the patient's clinical condition and see themselves as having a clear role in addressing them.

4. Several obstacles were reported in integrating social prescribing into a more systematic approach  
 Training limitations, limited time and workload, patient's adherence, instability of community resources, and complexity in accessing services

5. Various support needs in addressing social determinants were expressed by clinicians  
 Being more equipped ..., involving community organizations, Improving knowledge of resources promoting SP as a holistic care practice

### 6. Priority areas for action

- Parental mental health and social isolation
- Access to housing for families
- Immigrant families integration

## Discussion

- Informal and heterogeneous social prescribing actions are prevalent in Montreal, but several obstacles must be addressed to transition toward a systematic approach.
- According to the literature review and the results of our interviews, there is a need for :
  - Formalization, simplification, and optimization of processes;
  - A global effort involving all stakeholders, not just clinicians;
  - The participation of a link worker.
- Support needs expressed by clinicians can serve as a starting point to prepare the ground for next steps.

## Conclusion

Social prescribing should be viewed as a collaborative process between clinicians, patients and community organizations. There is a need for formalization and optimization of current clinicians' efforts regarding social prescribing in Montreal. Strategies to encourage this practice include simplifying referral pathways, involving link workers and strengthening collaboration between health and community sectors.

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