



Social prescribing pilot project report

January 2022

Thank you to all the people who contributed to the development and testing of our social prescribing model and made generous donations of time, experience and expertise.

Our local Mind co-design team:

- Cwm Taf Morgannwg Mind
- Brecon & District Mind
- Ystradgynlais Mind
- Vale of Clwyd Mind

Our independent evaluation partner:

Professor Mark Llewellyn and his team at the Welsh Institute of Health and Social Care [WIHSC] in the University of South Wales.

Our teams at Mind:

Service Development, Evaluation and Performance, finance and Communications and everyone at Mind Cymru.

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Foreword

We are very excited to present these findings from Mind Cymru's Social Prescribing Project. This project provided much-needed support for mental health in some of Wales's most vulnerable communities through the pandemic. It has also provided important evidence about the kind of social prescribing service needed by people with mental health problems.

Mind Cymru's project was set up to develop and deliver a model of social prescribing that supports adults who are struggling with their mental health to access a wide range of activities and support in their local community, to improve their mental and physical health and emotional wellbeing.

This report provides a summary and overview of the outcomes from the project. **The information contained here is drawn from:**

- The process evaluation report provided by our independent evaluator, the Welsh Institute of Health and Social Care
- Service evaluation data collected by Mind's Evaluation and Performance Team as well as other routine project monitoring information

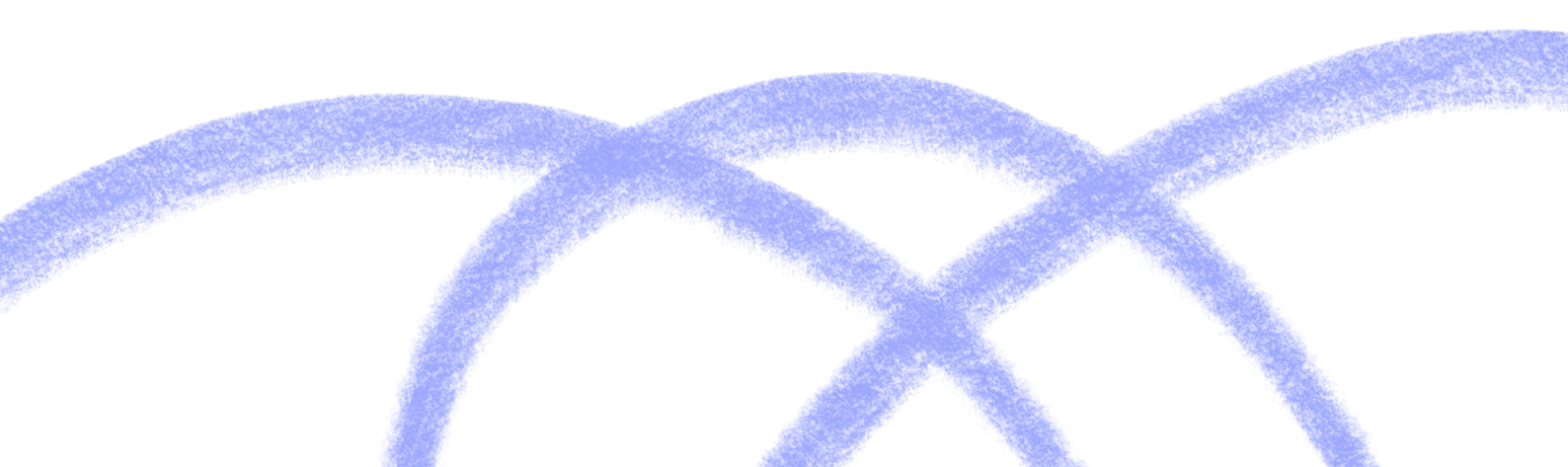
Full evaluation reports and other information about the project can be found on [Mind Cymru's Social Prescribing webpages](#).

The model developed has proved to be flexible enough to work in the community, taking self-referrals, but also as a referred service from primary care.

We hope that the information contained in this report will be helpful for anyone who commissions or delivers a social prescribing service. Crucially, we hope that this evidence will influence the Framework for Social Prescribing that the Welsh Government are developing at the time of writing.



Sue O'Leary,
Director of Mind Cymru



Background

In August 2018, Welsh Government awarded Mind Cymru funding to develop and deliver a mental health model of social prescribing service.

Co-designing the model with four local Minds

Mind Cymru co-designed the social prescribing model with four local Minds, in a range of communities across Wales (rural, urban and valleys), most with high levels of deprivation.

Local Mind	Local Health Board
Cwm Taf Morgannwg	Cwm Taf Morgannwg
Brecon and District	Powys
Ystradgynlais	Powys
Vale of Clwyd	Betsi Cadwaladr

By March 2019, Mind Cymru had co-designed the model and local Minds started to mobilise the service.

Arrangements for a Waitlist Control Trial

The original plan was also to evaluate the service's impact through a wait-list control trial to improve the evidence base around social prescribing. Mind Cymru worked with the Welsh Institute of Health and Social Care [WIHSC], part of the University of South Wales, as an independent evaluator.

WIHSC secured ethical approval for the trial from the NHS Research Ethics Committee and the Research and Development departments in each of the local health boards.

Between November 2019 and March 2020, we ran a wait-list control trial. Individuals were referred into the service by GPs and other health care professionals from clusters in those health board areas. Referrals were randomised into an 'immediate intervention' group or a 'wait-list' group (where the service would be delayed by four weeks).

The impact of Covid

The start of the pandemic meant that, in March 2020, the NHS stopped all trials not related to coronavirus (COVID-19).

Welsh Government agreed that Mind Cymru would adapt the social prescribing service so that it could continue to support people remotely as part of an emergency response to Covid. While Mind Cymru was not able to complete the control trial, local Minds could now open up the referral route to self-referrals.

As the control trial was indefinitely postponed, Mind Cymru also agreed a new evaluation approach with Welsh Government and WIHSC.

Given the significant adaptations made to the social prescribing service in response to the pandemic, it was agreed that the evaluation would be split into two elements:

- a process evaluation carried out by WIHSC to capture the insights from the service as it was originally intended to run
- a separate light-touch outcomes evaluation and service monitoring for the remainder of the adapted service delivery.

This report summarises the learning from both of these elements.

Definition of Social Prescribing

We know that the definition for social prescribing is varied. For the purpose of this document, we will use the following definitions:

Social prescribing is defined as **"individuals being referred/self-referring to non-medical interventions run by a third-party organisation in order to contribute to their general health and well-being"** (Roberts et al)¹

This definition of social prescribing describes the whole process from referral to a link worker, the link worker intervention and then the onward referral to an activity or service to support longer-term wellbeing. Mind Cymru's model focuses on the link worker intervention, which is at the heart of an effective social prescribing process.

1 Roberts, T., Erwin, C., Pontin, D., Williams, M., Wallace, C., under review. *Social prescribing and complexity theory: A systematic review.*

The social prescribing model

Developing the social prescribing model

Mind Cymru developed their social prescribing model through a series of co-design workshops with the four local Minds.

The workshops took into account the learning from previous Mind services. This suggested that people with mental health problems may need additional support to engage with the services to which they were referred. This also reflects the findings of the Public Health Wales Observatory findings in 2018², which noted the significant drop out between referral and engagement in many social prescribing services. Mental health problems are likely to be a contributory factor.

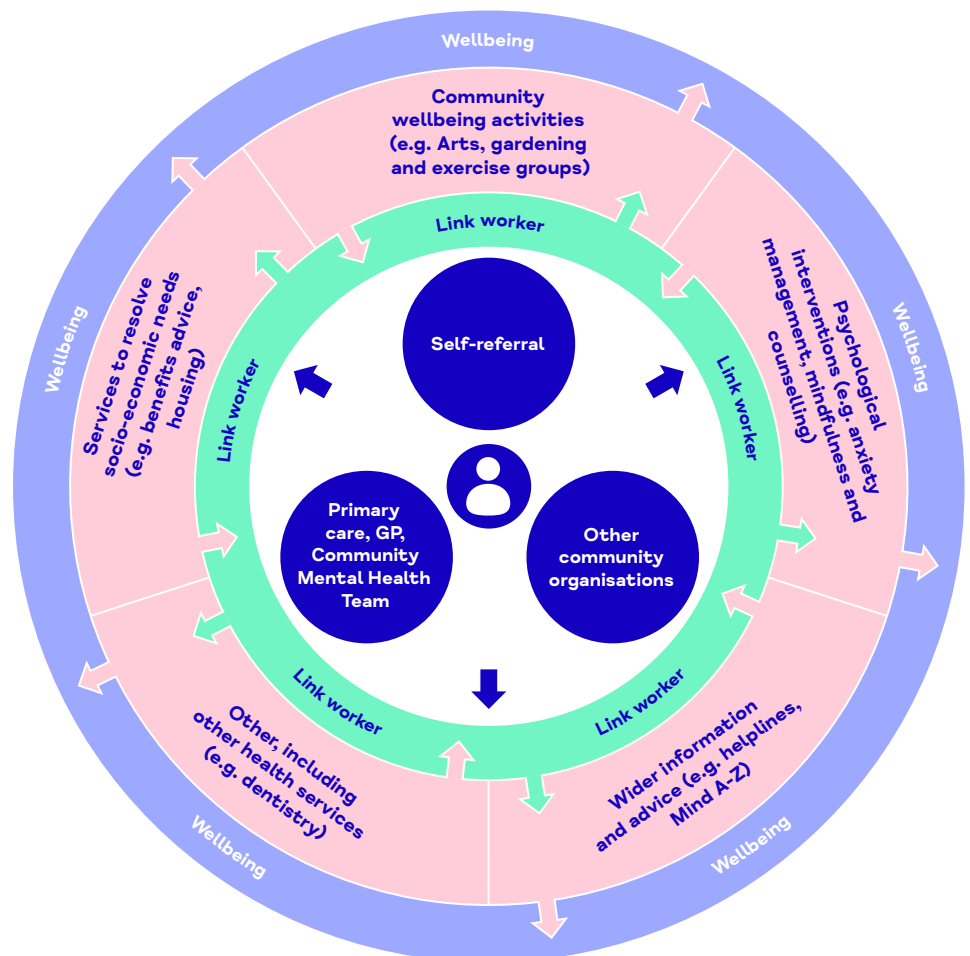


The graphic below sets out Mind Cymru's social prescribing model.

Our social prescribing model

Social Prescribing Link Worker:

- A person-centred approach
- Focus on 'What Matters'
- Builds relationship and works with client to identify goals
- Good knowledge of local services and activities that promote wellbeing
- Able to identify support needed for underlying mental health problems
- Supports client to address mental health needs and engage
- Checks back with client to ensure right activities and support



² <https://primarycareone.nhs.wales/topics1/prevention/social-prescribing/>

Key elements of the model

1. Link workers undertook a mapping exercise in each of their areas to identify the range of local services available for clients within five pathways:
 - **Community wellbeing activities** (e.g. Arts, gardening and creative groups)
 - **Non-clinical psychological interventions** (e.g. stress control, mindfulness)
 - **Services to resolve socio-economic needs** (e.g. benefits advice, housing)
 - **Wider information and advice** (e.g. helplines, Mind A-Z)
 - **Other, including other health services** (e.g. dentistry)
2. Link workers then spent time with each client having a 'What Matters' conversation to identify what the client's needs were and what goals they wanted to achieve.
3. They used their expertise in mental health and their strong working knowledge of services and groups available in the local community to help clients access support to improve their mental and physical health and emotional wellbeing.
4. They also helped to identify any barriers (e.g. anxiety, lack of self-confidence) that might prevent the client from engaging with local services and groups, and supported them to address these.
5. Towards the end of the service, link workers arranged a review meeting with the client to check whether they were accessing appropriate community services and were happy with the progress they had made towards their goals. At this point, their role ended, unless the client required continued assistance.

Client Criteria

The service was designed to support individuals aged 18+ who experience mild to moderate mental health problems such as anxiety or depression. **They may be:**

- Frequently or regularly attending primary care services due to their mental health problems
- Experiencing known risk factors for poor mental health (e.g. isolation, loneliness, unemployment, bereavement, housing difficulties)
- Suitable for, or may benefit from, alternatives to clinical and/or drug treatment
- Struggling to manage significant life change or health conditions

'Uplift' funding

The model included an allocation of funding to 'Uplift' services that clients needed, either to provide additional capacity or to provide services that were not currently available. The way in which Uplift was used reflects the areas of greatest need.

In all phases of the project, the greatest demand for Uplift has been to provide clients with additional support to manage their emotional and mental health problems so that they can access other services. Local Minds used Uplift to provide things like anxiety management and Mindfulness courses, where these were not available, or providing more timely access to counselling, where there were long waiting times.

Peer Navigators

The model also included a proposal to recruit Peer Navigators. These were to be volunteers with lived experience, who would provide clients with additional support to access services. However, local Minds were not able to put this element into place once the pandemic had started. Link workers have provided any additional support needed themselves.



Process evaluation

WIHSC carried out telephone and online interviews with a range of stakeholders involved in the social prescribing service. **These included:**

- People who had referred into the service, such as GPs, practice managers and other healthcare professionals
- People from local services, organisations and groups who had received referrals from link workers
- Link workers and local Mind managers
- Mind Cymru programme staff

Interviews were undertaken between Spring and Autumn 2020. In total, **32 interviews** were carried out with **33 interviewees** (one of these being a paired interview).



The stakeholder interviews explored 4 key questions:

1. How effective is the social prescribing model?
2. What were the barriers and enablers to implementing the social prescribing service?
3. What factors influenced engagement with the social prescribing service?
4. What is the role of social prescribing in the wider health system?

We discuss the key findings from these interviews in the next section.

Findings from process learning interviews with stakeholders



1. How effective is the social prescribing model?



WIHSC found that the service model developed by Mind Cymru was effective in its implementation and that the core elements proved to be adaptable through the service's response to the pandemic. Stakeholders described the following perceived benefits to clients:

- Receiving a timely intervention, particularly in the context of long waiting list for primary care and mental health services. **“It was timely, that they could speak to someone when they needed that support. So often when we refer to the primary care mental health team there would be a good 2-3 month waiting list.”** – Referrer
- Receiving that additional layer of support to access services. **“Not everyone has the level of confidence they need to go up to find information or engage with others”** – Referrer
- Feeling ‘heard’ and ‘valued’ through their conversations with the link worker. **“It’s nice to have reassurance at the end of the phone... I can air my problems out properly and safely without being judged.”** – Client feedback



2. What were the barriers and enablers to implementing the social prescribing service?

Stakeholders felt that the local context had acted as both a barrier and an enabler to implementing the social prescribing service in their area:

- Time and capacity of key referrers varied across the GP clusters. Link workers needed to be able to ‘get a foot in the door’ and explain the service in order to receive appropriate referrals. **“They are so busy it can be difficult to consider or discuss social prescribing”** – Mind Cymru
- Local provision of other seemingly similar services (e.g. wellbeing co-ordinators employed by primary care, and the well-established community connector role) created a sense of duplication, which risked confusion and then disengagement from referrers. Carving out a distinct ‘space’ for mental health social prescribing was important.
- High use of locums and branch surgeries interrupted relationships between link workers and referrers at times and affected the general awareness of the service.
- Some GP practices were concerned about the sustainability of the service and the nature of short-term funding in the third sector: **“Building up a demand for something that would subsequently not be funded”** – Referrer

Link worker training, development, and support also played an important role in enabling effective service implementation. Stakeholders felt the following considerations would benefit the link workers:

- Recognising the importance of proper supervision and management support around wellbeing, especially when caseloads are high
- Having a link worker space/network, for informal peer support, to share best practice and exchange skills and knowledge
- Conducting training needs analysis, and tailored, co-produced training programmes
- Link worker registration or some professional recognition to increase awareness of the role and what it offers.



3. What factors influenced engagement with the social prescribing service?

WIHSC found that the skills of the link workers were key to securing and maintaining both client engagement and stakeholder buy-in. Core skills included:

- Developing trusting relationships with clients by offering flexibility around appointments (both in terms of times and mode of delivery), providing information about the service upfront, identifying needs and tailoring support accordingly. **“Many of the issues don’t become evident until a few meetings later”** – Link worker
- Having clear channels for communication with referrers into the service, ensuring regular feedback is provided about referrals and client progress. **“The team built up a good relationship with the link workers. We got monthly feedback as we needed to know how it had impacted on patients positively or otherwise with their connections.”** – GP referrer
- Maintaining up-to-date knowledge of third sector and community provision through local mapping exercises, and then making connections and developing strong relationships with referral partners. **“We have a database of more than 150 organisations and [the link workers] contacted them and explained the service, so people were really keen to say yes”** – Local Mind Manager



4. What is the role of social prescribing in the wider health system?

WIHSC concluded that social prescribing was an important provision; offering a broader, holistic support compared to traditional mental health services.

“Social prescribing is very important. As GPs we are wanting to step away from over-medicalising all the time... The social stuff and lifestyle stuff, it’s going to solve your problems longer term and it’s difficult to do [that] within the ten minute consultation that we have, but it’s vital to patient health and wellbeing.” – Referring GP

Where social prescribing was successfully integrated within the health system, the service had an important role to play. This role might be strengthened if the service widened referral pathways beyond GP practices to include a broader range of health professionals, including community mental health teams and other mental health specialists.

However, in some circumstances, stakeholders felt that social prescribing might be more easily accessed in the community. Some GPs had expressed the hope that, where the service was effective in the community, it might reduce the demand on their services. Delivery during the pandemic has demonstrated that the model is also effective at Tier 1 and worked well with clients who had self-referred into the service.

“The service model developed by Mind Cymru was effective in its implementation, and the core elements proved to be adaptable through the service’s response to the pandemic.” – WIHSC evaluation report

Adapting the service



The local Mind delivery teams adapted to the pandemic in a number of ways

- They **opened up referral routes** so that, as well as taking referrals from GP surgeries, they also accepted self-referrals and referrals from other community services.
- Link workers were not able to meet face-to-face, so they provided **delivery over the phone and internet**, which enabled them to support a greater number of people.
- They were **flexible in the help provided**: clients referred into the adapted service were able to access either the full social prescribing intervention (where goals are still set and support given to reach these over several weeks) or a one-off/crisis service for shorter term need, for example if a client simply needed to access a foodbank or have their prescription collected.
- There was **continuous mapping of services**. It was crucial that link workers knew which services had closed in response to the pandemic, or which had adapted their delivery and how. They also needed to be aware of the local community groups that had sprung up to provide practical help.
- Local Minds used this service as their **‘front door’** providing a route in to access their other services.
- They used Uplift funding to **increase availability of counselling** and anxiety-management.

Service evaluation

Mind's Evaluation and Performance team conducted a mixed-methods, routine service evaluation of Mind Cymru's social prescribing programme from June 2020-September 2021 to explore:

1. The reach of the service,
2. People's motivations for using the service and the types of services they were referred to
3. People's experiences of using the service, including what they liked/did not like
4. The impact of the service on people's mental health, wellbeing, and other areas of their lives dependent on their service use (e.g., help with finances, help with socialisation, or help with housing).

Information was gathered from service monitoring and outcome data provided by link workers and interviews with nine service users.

Overall Programme Reach



2244 – number of people supported overall (Feb 2019 – Sept 2021)



1838 – number of people supported during the pandemic (April 2020 – Sept 2021)

Reach of programme by Local Mind (2019-2021)

Local Mind	February 2019- March 2020 (pre pandemic)	April 2020 – March 2021 (1st phase pandemic)	April 2021 – October 2021 (extension)	Total
Cwm Taf Morgannwg	62	664	362	1088
Brecon and District	91	101	77	269
Ystradgynlais	51	258	65	374
Vale of Clwyd	202	200	111	513
Total	406	1223	615	2244

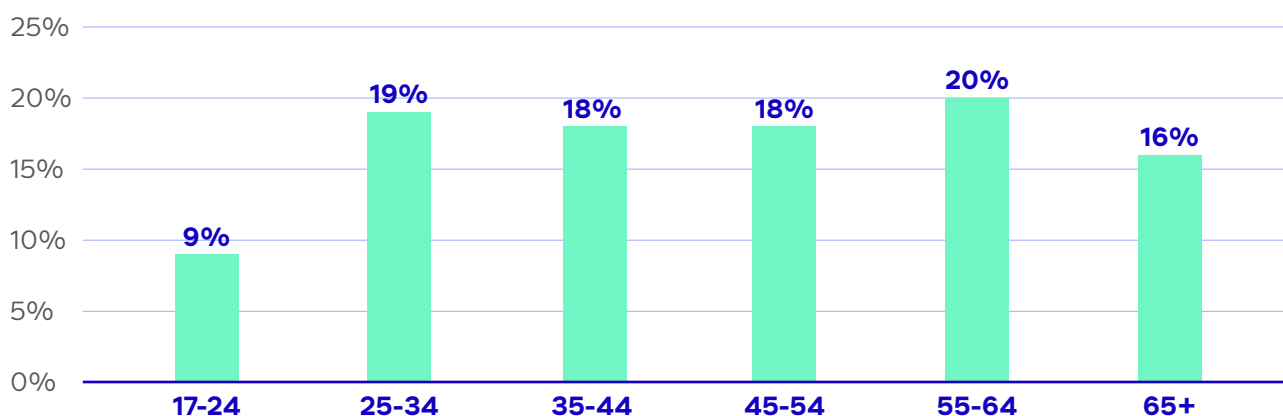
The project has supported over 2244 people in total. However, service evaluation data was only collected from service users who consented to provide this information after arrangements were put in place during the pandemic.

During the pandemic, link workers provided a short form of help as well as the longer-form, full social prescribing model. Unless otherwise stated, the outcomes presented here are from people receiving the full service, which reflects the co-designed service model described in Section 3 above.

Service User Profile

590 full service users provided at least some monitoring data and **578** provided at least some evaluation data.³

Figure 1: Age distribution of services users



- Most service users reached were white (**98%**), with just a small proportion of service users identifying as Asian (**1%**) or Mixed (**1%**) ethnicities.
- **4%** of service users were Welsh speaking (**3% fluent, 1% could speak a fair bit of Welsh**). Most (**71%**) could not speak Welsh.
- Most service users (**81%**) had personal experience of mental health problems, while **12%** had used or currently used mental health services.
- When asked about long-term health conditions or learning differences, **61%** stated that they had a mental health problem, **17%** a health condition or physical impairment, **2%** a social, communication or learning difference and **1%** a sensory impairment.
- Most service users identified as female (**68%**) and **31%** identified as male.
- Most service users identified as heterosexual (**91%**). **3%** of service users identified as bi, **2%** as gay or lesbian, with **1%** preferring to self-describe and **3%** preferring not to say.
- **1%** of service users identified or have previously identified as trans



81% had personal experience of mental health problems

Needs Of Service Users

Full-service users provided free-text responses for their main reasons for contacting the service. The top three cited reasons were:

1. Depression (mentioned **283** times),
2. Anxiety (mentioned **282** times), and
3. Isolation or loneliness (mentioned **86** times).

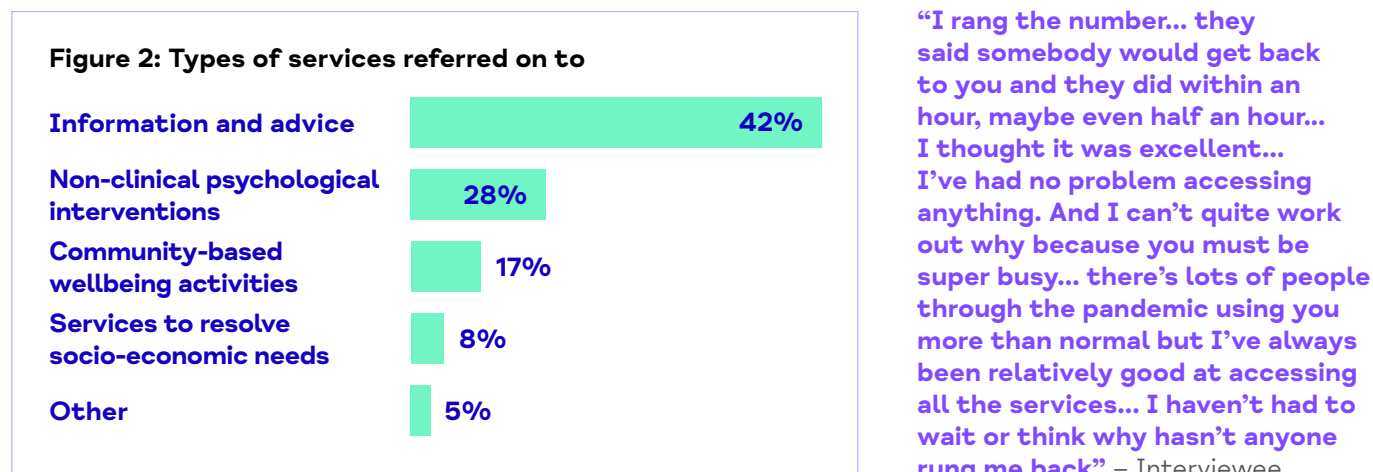
32 service users mentioned accessing the service for reasons relating to finance/income/benefits, and **27** for reasons relating to housing/homelessness.

“Experiencing anxiety...trouble sleeping, a bit low as well... So, I was just trying to find something that I could do, to try and... get myself out of that pattern... changing what I was doing, so that I wouldn’t keep having this sort of experience ongoing... I was just looking for something to help with that, and my life had been really busy. Like, with three children and lockdown and everything and I did feel... really rung out, you know” – Interviewee

³ Of those providing evaluation data, 233 accessed the service through VoC, 218 through CTM, 105 through B&D, and 22 through Ystradgynlais.

Types of service referred on to

People with mental health problems can have complex needs. As a result, service users could be referred on to multiple services. The percentages in Figure 2 below refer to number of services referred on to not number of service users.



Outcomes during the pandemic

Participants providing evaluation data for service evaluation during the pandemic were asked to complete the Short Warwick Edinburgh Mental Wellbeing Scale⁴ (SWEMWBS), a 7-item Likert scale questionnaire used to measure wellbeing. **571** participants completed the SWEMWBS during their 1st session with the link worker, and **309** completed the SWEMWBS at a follow-up.⁵

Findings show that the average SWEMWBS score increased from **15.87** when service users were entering into the social prescribing service to **22.01** at follow-up. These findings suggest that engaging with the social prescribing service had a positive impact on service user wellbeing.

Figure3: Average SWEMWBS Scores when entering and at follow-up



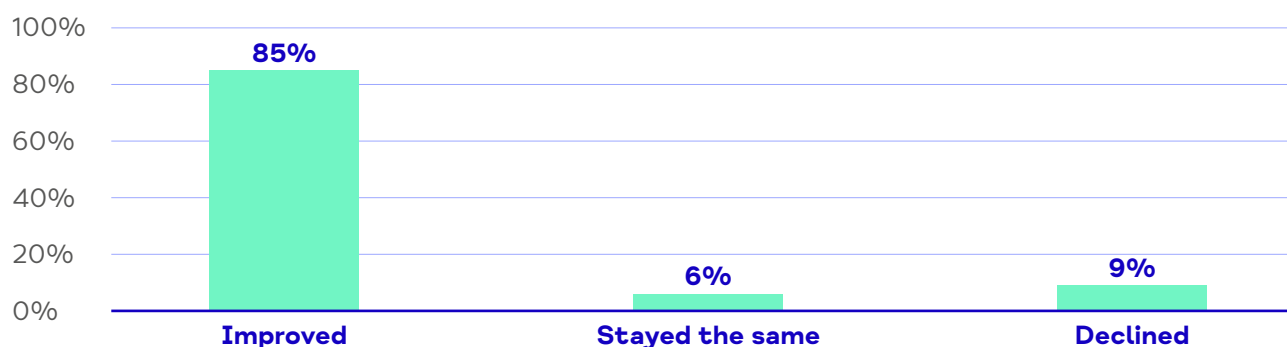
Age range	Average entering	Average follow-up	Point difference
17-24	16.51 (base= 51)	21.32 (base= 25)	4.81
25-34	16.89 (base= 107)	22.82 (base= 56)	5.93
35-44	15.9 (base= 104)	21.96 (base= 47)	6.06
45-54	14.63 (base= 101)	21.58 (base= 59)	6.95
55-64	14.54 (base= 111)	21.32 (base= 60)	6.78
65+	17.35 (base= 91)	22.46 (base= 56)	5.11

4 Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2008, all rights reserved

5 Six weeks after entering the service or as close to as possible if could not reach client

The social prescribing service significantly improved service user (ST1) wellbeing over time, with wellbeing scores improving from entering the programme to follow-up for 85% of those providing data.

Figure 4: Changes in SWEMWBS scores from entering the service to follow up



On average, they rated the service 9.5 out of 10

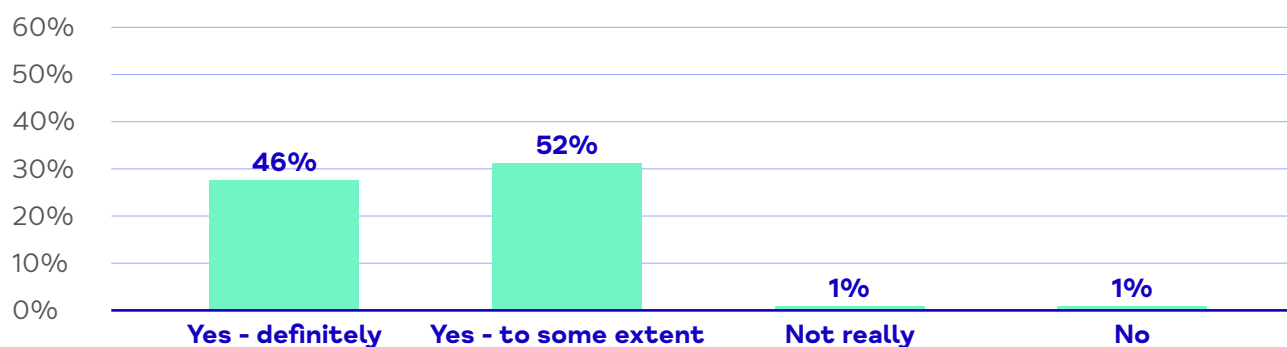
45% of one-off clients did not know where they would have gone if it hadn't been for this service

99% said they would recommend to family and friends

If it hadn't been for the service, 26% would have gone to their GP and 4% would have gone to NHS mental health services

It was also important to know whether clients achieved what they wanted to achieve.

Figure 5: Did you achieve the goals set out in the my goals plan?



98% of service users reported achieving their goals, either definitely or to some extent. Just 2% of service users stated that they did not or didn't really achieve their goals.

“Please, please keep doing what you’re doing. Please keep helping people. I was aware of Mind but never really 100% knew what it was until I needed it... I know it’s hard with funding and things... but if they can just keep doing what they’re doing and helping people they are saving lives, they are helping people repair their lives or at least put it on track again.” – Interviewee

Other Impact

The project has also been able to share learning in a number of different ways, including the following:

- Academic Poster and presentation at the International Social Prescribing conference at University of Westminster, 12-13th July 2019.
- Presentation in Ireland (Monaghan) on 24th July 2019 to share good practice and help inform the development of the health authority mental health service's new social prescribing service. Also participated in all-Ireland conference in November 2019.
- Presentations to conferences organised by the National Association of Link Workers, including to the SP Managers' conference 19th May 2021. Also contributed to the all-Wales roundtable on 9th June 2021.
- Meeting with Wales officers of Royal College of GPs to help shape their 'Deep End' proposal to Welsh Government.
- Presentation to PAVO AGM workshop on social prescribing, 15th November 2021.
- Mind Cymru's national learning event on 18th November 2021.

Mind Cymru's Director is a member of the Ministerial Task and Finish Group overseeing the development of a Social Prescribing Framework for Wales. The Senior Project Officer has also contributed to workshops organised by the Wales School for Social Prescribing Research as part of this.



Spotlight on poverty



One of Mind's strategic priority areas is to fight for the mental health of people experiencing poverty. People with mental health problems more likely to live in poverty, and people in poverty more likely to have mental health problems

Measures of poverty were piloted for a few months during the social prescribing evaluation to explore the reach of the programme in supporting people living in poverty with their mental health problems. The same questions were asked to both ST1 and ST2 users. Findings are outlined below.

- **46%** did not want to answer questions about income.
- For those who did, the **most commonly cited income bracket was £10,001-£20,000.**
- Just **2% of service users** had a combined **household income of £50,000 or more.**
- **56% who received the service were in receipt of benefits,** or lived with someone who was.

An experience based question was used to measure the experience of poverty. The question asks participants to select from a series of 'I/We' statements (table 5). Those who answer with statements B, C or D are said to be living below the minimum income standard or experiencing poverty.

- Overall, **44% were living below the minimum income standard or experiencing poverty.**

Average SWEMWBS scores when entering the service and at follow-up were explored considering differences between those who were living above (n= 16 when entering, n= 9 at follow-up) and below (n= 21 when entering, n= 13 at follow-up) the minimum income standard. While the point difference between entering the service and follow-up was similar for both groups (7.69 above minimum income, 7.42 below minimum income) those with incomes above the minimum income standard had higher average scores when entering the service (17.75) and at follow-up (25.44) than those living below (15.43 when entering, 22.85 at follow-up).

Overall evaluation key findings

Reach of the service

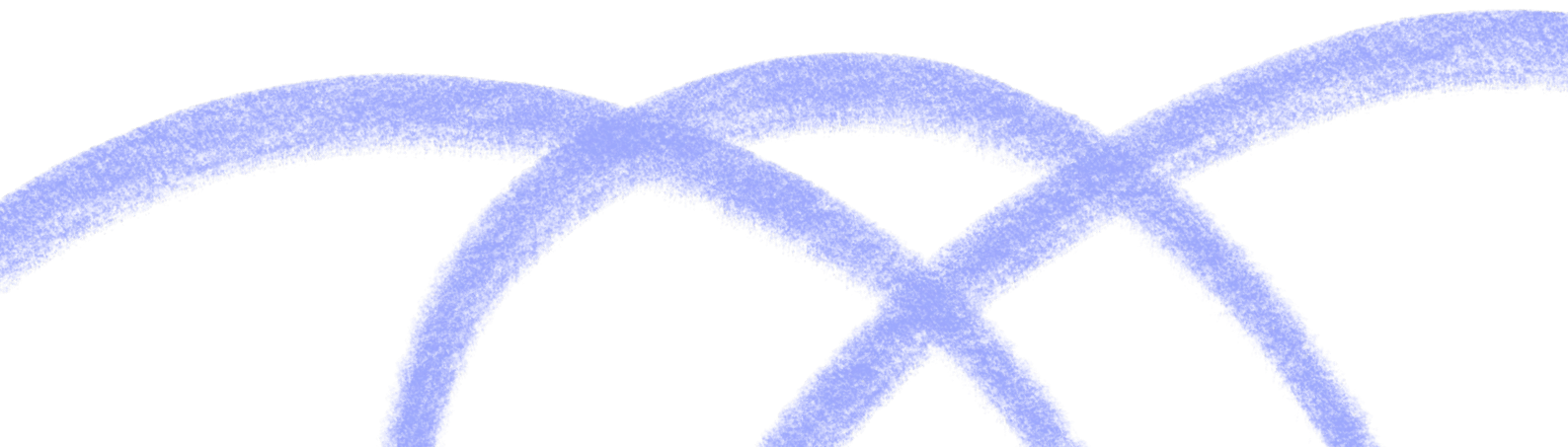
- The social prescribing service was accessed by people from a wide range of age groups with a range of differing mental health and wellbeing problems and needs, and who accessed the service through various referral routes. This suggests **the service is accessible and appropriate for a range of people with different needs.**

Elements of the model that worked well

- **The ‘what matters’ conversation was a highly valued and effective component** of the social prescribing model, enabling link workers to refer service users onto services that were appropriate for their needs, ensuring service users really felt listened to.
- The use of **link workers who were knowledgeable (both about mental health and local services)**, empathetic and approachable positively impacted delivery of the service, and service users’ perceptions of the programme.

Impact on Mental Health

- The social prescribing **service significantly improved service user (full service) wellbeing** over time, with wellbeing scores improving from entering the programme to follow-up for 85% of those providing data.
- The social prescribing service was **able to resolve 96% of service users (short form) issues.**
- Service users valued the help received by the programme with 99% and 96% of full service and short form service users recommending the programme to friends and/or family.



Recommendations for the sector

Findings show there is a demand for a non-medicalised, social prescribing offering within Wales, with expertise to meet the needs of people with mental health problems. Mind Cymru's programme reached people with a range of mental health and wellbeing needs (e.g., anxiety, depression, loneliness).

Findings also suggest Mind Cymru's Social Prescribing model as an effective model to improve wellbeing for people with mental health problems. The following points highlight important components of the model that can be embedded within social prescribing services to ensure that they meet the needs of people with mental health problems.

Future social prescribing models should:

Offer a non-medicalised intervention with flexible referral routes

- Providing care at a community level that does not require a GP referral or formal diagnosis to access ensures that people can reach the support they need when they need it.
- Providing a service with multiple and flexible referral routes (including self-referral) means that service users can access support promptly, avoiding wait-lists for treatment.

Employ link workers with mental health expertise

- Ensuring link workers have an in-depth, working knowledge of mental health problems and a good knowledge of services and activities is essential to make sure that service user needs are met, and services referred to are appropriate for their needs.
- Link workers of generic (i.e., not mental health specific) social prescribing models might need training or upskilling in mental health awareness e.g., Mental Health First Aid.
- Link workers need the time/capacity to be able to establish a good relationship and build trust with service users so that they are able to identify the support needed for their mental health problems.

Ensure link workers have a good knowledge of community connections

- Ensuring link workers have an in-depth, working knowledge of mental health problems and community connections (to services for referral) is essential to make sure that service user needs are met, and services referred to are appropriate for their needs.
- People with mental health problems may have a complex set of needs – they may require referrals on to a number of different services to meet their needs, including services such as anxiety management, Mindfulness and counselling to help them to manage their feelings.
- Link workers will need to be flexible to find alternatives until the service user accesses the right ones.

Adopt a model that facilitates person centred care, achieving effective engagement

- Adopting a model that allows link workers to spend time supporting and checking in with services users following referral to other services is essential to ensure a successful outcome, re-assessing user needs as they progress through the programme of support.

Adopt a Hybrid delivery model, as this works well

- While some service users would prefer face-to-face delivery, for others remote delivery (e.g., over the phone) suited them better. Services should offer a hybrid service that finds balance between the practicalities of service delivery and service user need.

Mind Cymru's model offers

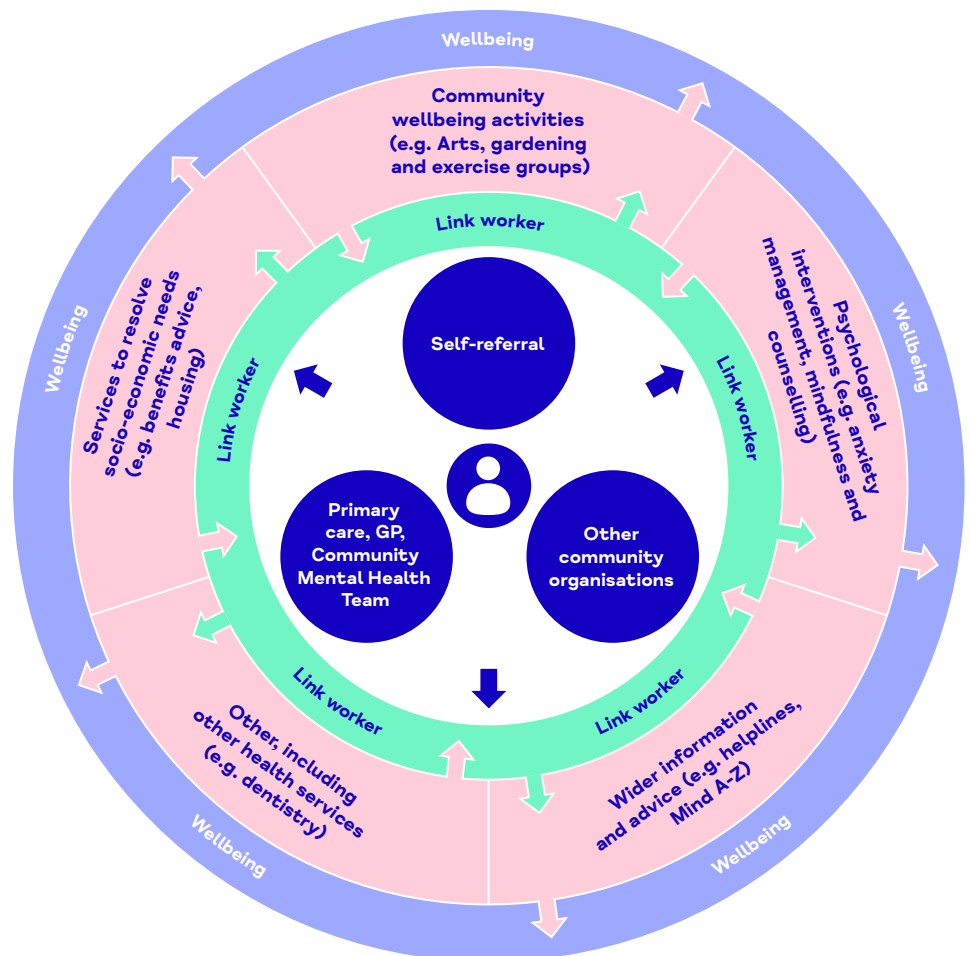
- broader, non-medicalised and more holistic support than traditional mental health services
- more specialist support for mental health than generic signposting and 'community connector' services

For more information and access to the full reports, please go to [the social prescribing pages on Mind's website](#).

Our social prescribing model

Social Prescribing Link Worker:

- A person-centred approach
- Focus on 'What Matters'
- Builds relationship and works with client to identify goals
- Good knowledge of local services and activities that promote wellbeing
- Able to identify support needed for underlying mental health problems
- Supports client to address mental health needs and engage
- Checks back with client to ensure right activities and support



Get in touch

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