



Social Prescribing Case Studies Collated by Helen Fowler, Social Prescriber, St Pauls/Friarsgate Surgeries, Winchester

Social Prescribing Case Study 1

Patient has ADHD, Obsessive Compulsive Disorder, Dyslexia and Dyspraxia. Patient was referred by his GP to social prescribing. He spoke of worsening mental health and feeling he was socially isolating himself.

Patient described not having enough food due to a lack of income. He felt too self-conscious to walk to the Foodbank. Patient also needed to complete a Personal Independence Form but felt overwhelmed.

We began with what was concerning the patient the most - which was not enough food. I arranged for his local food bank to deliver his food for the next two months so that he wouldn't have to think about the stress caused by walking there.

Next action was to make the phone call to ask for a Personal Independence Payment form to be delivered. The patient made the call with me there supporting him. Once the form was delivered to the patient we looked at the best way for him to get the information onto the form. We used a flip chart to write any words that sprung to mind on how his disability affects him on a day-to-day basis. He was then able to get that information onto the form. By using the coloured overlays it was more comfortable reading and writing on the form, by using the coloured plastic the words no longer jumped about on the page.

The patient had said he was going to be socially isolated over the Christmas period. I arranged for him to meet myself and some other patients at a Christmas gathering. I also supplied charities that were providing a no cost charity Christmas lunch for him.

I also gave him details of a ADHD group which has newly started so that he is able to get some support for that also.

Patient is still awaiting a decision from Personal independence Payment. The food bank is still delivering which T has been incredibly grateful for as it saves him from the struggle of his mental health for that day. He said " *I wouldn't have been able to do any*

of this without you. I feel comfortable with you because you never judge me, you just support me.”

Total number of sessions attended were 4 sessions of the 6 available. Patient can refer at any time.

Social Prescribing Case Study 2

Patient was diagnosed with Autism and ADHD. Concerns were procrastination of tasks.

The first session was to find out what the patient felt he would like to get out of Social Prescribing.

The patient wanted to get a job and come off Universal Credit. The patient was struggling with making the decision of which jobs would suit him and for the application process not become too overwhelming.

We talked through his skills set and looked at any transferrable skills he may have. We then explored the types of job that may suit these skills, with also being mindful of his Autism and ADHD symptoms.

We talked through what was involved in all 3 jobs we found that may be suitable for his needs. The patient felt he needed support in the application of the 3 jobs. We spent a session each per job application. The patient found this particularly helpful as he finds he will procrastinate when job applications need completing.

A telephone appointment was made for the patient to see how he got on with the jobs he had applied for and he was delighted to report he had been successful in one of his applications with an interview.

No further consultations were needed. The patient knew how to refer back into social prescribing if/when needed.