Family Medicine and Community Health
COMMENTARY

Social prescribing for healthy aging: sustaining social capital in India

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Abstract

The proportion of the geriatric population is increasing globally, and the resultant demographic burden is becoming a significant public health concern. Apart from physical ill health associated with aging, social changes such as urbanization, migration, breakdown of the joint family system, inadequate living space, and the generation gap have a negative impact on the mental well-being of elderly people. Countries need to adopt a holistic approach. Social prescribing or community referral comprises a plethora of possible nonmedical interventions aimed at supporting people with mental health needs. Social prescribing projects in developed countries have shown significant results in terms of improved quality of life, self-confidence, social belonging, reduced physician visits, and reduced prescription of psychotropic medications. Suitable adoption of social prescribing measures in developing countries could be an effective step in converting the demographic burden of the geriatric population into a significant social capital contributing to the well-being of elderly people as well as the country.

Keywords: Social prescribing; community referral; elderly; geriatric; mental health

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Introduction

An estimated 8% of the total population in the World Health Organization (WHO) South-East Asian Region (SEAR) are older than 60 years, and the proportion is expected to be twice the level of 2000 by 2025 and three times the level by 2025 [1]. With a significant shift in the population pyramid in the coming decades, there is a compelling need for the constituent nations to equip themselves with essential health care and other related support services catering for the elderly population. Recognizing this need, the Yogyakarta Declaration on Ageing and Health signed by the member states of WHO-SEAR on September 4, 2012, acknowledges aging and health as a priority public health challenge and advocates healthy aging initiatives [1].

Aging population: A public health challenge

While increase in life expectancy is suggestive of affordable, accessible, and advanced health care and a better standard of living, the tacit fact of an associated demographic burden of a dependent elderly population remains an issue of public health concern worldwide. But this proportion of the elderly population could actually be converted into significant social capital by our taking substantial steps to improve their quality of life. This brings into focus the concept of healthy

aging. Healthy aging is the process of optimizing opportunities for physical, social, and mental health to enable older people to take an active part in society without any discrimination and to enjoy an independent, good quality of life [1].

Aging is a lifelong continuous and ineluctable process, and is associated with chronic diseases, disabilities, and dependency. A physically active and mentally alert individual can delay onset of ill health and the resultant complications to some extent [2]. But absence of any useful goal-directed activity, diminished self-esteem, unemployed or widowed state, bereavement, and loneliness along with sensory deficits and physical illness have a negative impact on the mental well-being of elderly people [2]. This is even more complicated by the social changes of rapid urbanization, migration of youth to cities, breakdown of the joint family system, inadequate living space, and the generation gap, emphasizing the need for a holistic approach [2]. While the aforementioned issues are common among rural and urban elderly people, people who migrate to cities with children and those who are separated from children who shift places because of career demands encounter different sets of challenges. The National Mental Health Survey of India, 2015–2016, estimates the prevalence of mental morbidity among people aged 60 years or older as 15.1%. Common mental disorders are identified to constitute more than 90% of the total mental morbidity [3]. Apart from the health care services required to tackle the physical stress associated with aging, the need for mental and social support systems poses a leviathan challenge on the families, communities, and states.

Social prescribing for healthy aging

Social prescribing (or community referral) comprises of a plethora of possible nonmedical interventions aimed at supporting people with mental health needs [4]. A relatively recent concept initiated to address the needs of people with disturbed mental health such as depression and anxiety, social prescribing has been found to have immense positive outcomes in terms of emotional, cognitive, and social benefits [4]. It can also reduce the sense of social exclusion among disadvantaged, isolated, and vulnerable sections of the population [4].

Projects by Branding et al. [5] and Grant et al. [6] in developed countries focused on the provision of social prescribing services to people from vulnerable, minority, or isolated groups with mild to moderate depression and anxiety, frequent visitors to primary care services, and people with vague and unexplained symptoms, multiple symptoms, poor social support, caring responsibilities, and a wide range of other psychological difficulties, and reported significant positive outcomes in terms of improvement on anxiety scales, activities of daily living, and better quality of life. Grayer et al. [7] reported improved social adjustment and reduced number of visits to primary care, and reduced prescription of psychotropic medications among those who were referred to a social prescribing project. The services provided could be categorized under recognized psychological therapies such as facilitated self-help, personal skills training, vocational training and supported employment, green activity or ecotherapy, bibliotherapy, computer or Web-based therapy, and volunteering depending on the community being served [8].

The primary care team under the supervision of specifically trained primary health care physicians could function as the main source of referral. The effective functioning of the scheme in a particular community depends on the facilitator/coordinator, who acts as a link between the health care system and the community services. Active coordination between the health center and community referral center is imperative to ensure credibility of the services and improve trust among the participants [5]. Involving the beneficiaries of the community services as one of the key stakeholders would enable fruitful outcomes in terms of feedback and reformative measures.

As part of the induction program, the medical officers should be trained to comprehensively assess the health of elderly people, identify underlying psychiatric illnesses and social problems, educate patients and family members on the needs of elderly people, and make appropriate selective referrals to social prescribing services [9]. A trained team could be employed to conduct social services assessment among the elderly population in a particular service unit. This team would function in close coordination with the medical officer in charge of the service unit and the paramedical workers involved in health care delivery.

Implications in India

In a developing country such as India, with an increasing geriatric population, social prescribing services could be an alternative to unnecessary medical visits and pharmacologic

solutions and ensuing polypharmacy practices. Community referrals have been found to enable elderly people to cope with the challenges of loneliness and bereavement, improve self-confidence among participants, reduce strain in lifestyles, and inculcate a sense of resourcefulness and belonging in the family and community [2, 5]. The services also help raise awareness of the needs of the vulnerable and isolated sections of the community and help initiate proactive measures from the community to secure the well-being of its members.

India has a long way to go to achieve a health-sector-incorporated social prescribing system. There is need for integrated awareness and training programs in the educational system, especially for students of the life sciences and humanities. Separate guidelines should be framed for recommended, evidence-based social-prescribing options. An organized, well-placed, coordinated community-referral system should be established at the village level with cooperation from the local population. With a significant increase in the population older than 60 years, India has a moral obligation to provide holistic health care for elderly people and enable them to lead a socially productive life.

Author's contributions

G.M. made substantial contributions to concept design, literature search, and writing the primary manuscript.

Conflict of interest

The author declares no conflict of interest.

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