



Social Prescribing Link Worker Case Study Template

Social Prescribing Link Worker Provider	Date
PCN Unity	January 2022
1. The person – include age and reason for referral	
<p>Alex* aged 21, was referred to me because he was stuck in a vicious cycle where anxiety was preventing him from addressing his financial situation, and his financial situation was provoking anxiety.</p> <p>*not his real name</p>	
2. Brief summary of situation	
<p>Alex is a university student. The pandemic and subsequent lockdowns had a negative impact on Alex's mental health which let him to resit a year. He felt an immense amount of shame about this and blamed himself for struggling. Alex was unable to cope with the administrative tasks required to organise resitting the year. Term was due to start and he could not bring himself to open the faculty emails and respond to them. Alex was also struggling socially, spending most of his time in his room.</p> <p>At our first appointment, we explored what Alex wanted to change: he wanted to be able to reply to the emails so that he could sit the year again, he wanted to feel less anxious and improve his social life.</p> <p>Over 3 subsequent meetings, I sat with Alex and helped him open his emails and respond to them. In conjunction with the Occupational Therapist, we explored getting him help for his anxiety. We also looked at how to get him out and about meeting people; our on-site allotment group was the perfect fit.</p>	
3. Impact that the social prescribing intervention had on the person (consider benefits to physical/mental health and social connections)	
<p>By meeting with me at a dedicated time to work on his administrative tasks and respond to emails, Alex was able to sort out his financial situation and resit the year on time. This eased a lot of his situational anxiety. As time went on, Alex grew in confidence to be able to do manage his admin himself.</p> <p>Through meeting with the Occupational Therapist, Alex was able to learn and practice breathing techniques to manage his anxiety. They also suspected ADHD/ASD, and so a referral was made with Alex's consent to assess this further. This intervention helped Alex to let go of the shame and self-blame he carried for his situation; he came to understand that it was not his fault he had become unwell.</p> <p>In conjunction with this, Alex became a regular member of the community allotment group. At the beginning, Alex was shy and unsure of himself. As time passed, he got to know other group members who welcomed him and accepted him as he was. This</p>	



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boosted his confidence and he was soon hanging out with these new friends outside of the group. A highlight was Alex surprising the group with homemade brownies!

4. Impact on community – were introductions and community connections made? Brief example of which organisation/services involved/joint working or MDT approach.

Alex was connected to the community allotment group which is organised by myself in the primary care setting.

Alex was already connected to our Occupational Therapist in the GP surgery, who then referred him for ADHD/ASD assessment. The Occupational Therapist and I liaised with each other as we worked with Alex, helping us offer a joined up care approach.

5. Example of ONS4 or EQ5D baseline scores and discharge/sign off closure scores
(NB: localised outcomes measure or evaluation examples can also be used.)

No ONS4 was completed for Alex on the basis that he had already met with the Occupational Therapist and so had a clear understanding of areas he wanted to work on.

6. Length of intervention – time spent receiving support from link worker

We had 3 one-to-one contacts over 6 weeks, equating to 2.5 hours together; Alex continues to attend the allotment group.

7. Voice of the person – quote or feedback from person receiving support –
NB: Provider consent procedures must be used – the case studies could be shared, locally within the system and with NHS England in line with the Long term plan commitments.

n/a