

“Relieve Burden in the Healthcare
System by Advocating for
Recreation Therapy Services and
‘Social Prescription’”

Final Report



NOVA SCOTIA
THERAPEUTIC RECREATION
ASSOCIATION

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“Relieve Burden in the Healthcare System by Advocating for Recreation Therapy Services and
‘Social Prescription’”

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Executive Summary

Social prescribing is defined as the process of enabling healthcare professionals to refer clients to a “Link Worker” or “Navigator” to co-design a non-clinical social prescription to improve their health and well-being (Chatterjee et al., 2018). The goal of social prescribing is to provide social connectedness to improve the client’s overall health and wellbeing while managing their chronic health condition to prevent other health conditions from developing.

Social prescribing has been implemented in both the United Kingdom (UK), other parts of Europe and most recently, in the province of Ontario, Canada. In the United Kingdom, healthcare professionals refer their clients to a “Link Worker”, who assesses the client’s needs, identifies goals, creates a plan and supports the client in accessing programs in their community. In Nova Scotia, this aligns with the scope of practice of a Recreation Therapist.

In Ontario, “The Alliance for Healthier Communities” is participating in a pilot project called “Social Prescription and Therapeutic Recreation” which is currently happening in 11 diverse communities throughout the province. This pilot project aligns with how social prescribing is being implemented in the UK and the role of the “Link Worker”.

The research is clear: According to studies in the UK, loneliness increases the likelihood of poor physical health and even mortality due to the increased risk of developing coronary heart disease, high blood pressure and CVA. It also puts people at an increased risk of cognitive decline, depression, and a risk factor for suicide (Apter, 2019). Social prescribing can improve one’s health and wellbeing, reduce the amount of work for healthcare professionals, while utilizing community services. In Nova Scotia, **Recreation Therapy is the answer** for the implementation of social prescription.

As Social Prescribing starts to build momentum, many forms are emerging. The benefits of physical activity are well documented and because of this, exercise prescription has become popular across Canada. The “Exercise is Medicine Canada” (EIMC) initiative promotes physical activity, counselling and exercise prescription within healthcare (O’Brien et al., 2016). The EIMC workshops train healthcare professionals to provide exercise prescription, exercise counselling, or referrals as a key part of assessment. Fremont et al. (2014) states that there is substantial evidence that physical activity improves overall health and Recreation Therapy practitioners have the competencies, skills and abilities to provide effective exercise intervention. Many Recreation Therapists in Nova Scotia have received training and are certified in EIMC.

The Nova Scotia Therapeutic Recreation Association (NSTRA) is the professional association for the field of Therapeutic Recreation/Recreation Therapy in Nova Scotia. We believe that Therapeutic Recreation is vital to the health and well-being of Nova Scotians. Recreation Therapy practitioners possess a specialized skill set and knowledge base pertaining to leisure planning, identifying and addressing barriers to participation, varying health conditions and illnesses and their impact on wellbeing. Recreation Therapy practitioners address an individual’s needs using a strength-based, person-first, inclusive approach to promote holistic wellbeing with a thorough consideration of social determinants of health. NSTRA believes that Recreation Therapy is the answer to supporting social and exercise prescription in Nova Scotia.

As mentioned, the “Link Worker” role in social prescribing in the UK aligns with the scope of practice, training and education of a Certified Therapeutic Recreation Specialist in Canada. The

pilot project in Ontario highlights that Recreation Therapists are the perfect “Navigators” for the social prescribing process. Evidence from studies in the United Kingdom show that clients feel that social prescribing has improved their mental and physical health while reducing feelings of loneliness. Clinicians noted that clients are managing their own care and decreasing the number of visits to their general practitioner’s office, and decreasing wait times. **NSTRA believes that Recreation Therapy is the answer** to relieving the burden in the current healthcare system through social prescription.

Development of this report included several guiding documents, literature reviews, input from academic advisors, consultation with other healthcare professionals and Therapeutic Recreation professionals from across Canada. The report is designed to inform the reader of the role of Recreation Therapy as it relates to “Social and Exercise Prescription” in Nova Scotia as a response to relieving burden in the healthcare system.

For further information, please feel free to contact us at president@nstra.info

Introduction

The Nova Scotia Therapeutic Recreation Association (NSTRA) is the professional association for the field of Therapeutic Recreation (TR) in Nova Scotia. It exists as a community of Recreation Therapy (RT) professionals supporting, guiding and enhancing practices for TR (www.nstra.info). Recreation Therapy Practitioners provide service to individuals who have physical, intellectual, social or emotional limitations which impact their ability to engage in meaningful experiences. This includes support for those to access opportunities that improve and maintain overall health and wellbeing such as an individual's physical, emotional, psychosocial, cognitive and spiritual dimensions, using a holistic approach to care.

Recently, "Social Prescribing" has received a lot of attention in the media. Social prescribing is a specially structured way of referring people to a range of local, non-clinical services including physical activity and exercise. It complements clinical treatments and seeks to address people's needs in a holistic way. The evidence is clear and **NSTRA believes that Recreation Therapy is the answer**. As part of the NSTRA Strategic Plan 2019-2022, NSTRA has developed a priority to "Relieve burden in the system by advocating for social prescription and recreation therapy services".

In this report, we will identify key findings from recent literature and highlight why Recreation Therapy is the profession to support health promotion and prevention strategies. The focus of this report is to inform the reader of how closely recreation therapy aligns with the current "Social Prescribing" movement and propose a solution to our current healthcare situation.

Therapeutic Recreation/Recreation Therapy

Therapeutic Recreation (TR) is the use of a prescribed intervention(s), which can prevent, reduce, or eliminate physical, emotional, cognitive, behavioral or social dysfunction in order to improve or enhance functional ability and community living skills of the client served. The primary purpose of Therapeutic Recreation practice is to improve health and quality of life by: enhancing capabilities of body function and structure; reducing activity limitations, increasing resources and participation opportunities; and improving environmental supports and conditions of the clients served. The ultimate goal of Therapeutic Recreation is to facilitate full and optimal involvement in community life throughout the lifespan (Austin, 2001).

Certified Therapeutic Recreation Specialists (CTRSs) work with individuals in any age range; from the very young to the very old. Any person who desires to restore his or her health (engage in health protection) or to enhance his or her level of health (pursue health promotion) may be a potential recipient of Therapeutic Recreation. Certified Therapeutic Recreation Specialists assess and treat patients individually using interventions to restore, remediate, or re/habilitate to improve functioning and independence in life activities as well as to reduce or eliminate the effects of illness or disability (www.NCTRC.org).

As highly trained Specialists, Therapeutic Recreation is practiced in a wide variety of agencies and locations, including but not limited to general hospitals, mental health hospitals/centres, rehabilitation centres, addiction prevention and treatment programs, long term care facilities, assisted living centres, residential schools for students with disabilities, forensic and correctional

facilities, outdoor recreation/camping centres, licensed residential care facilities (group homes/supervised apartments), other community-based health and human service agencies, and park and recreation departments.

CTRSs practice in many settings with all ages, genders and disabilities. CTRSs make critical decisions in the assessment, treatment and the provision of client care. CTRSs must understand the disease process, physical conditions and limitations, surgical and chronic precautions, traumatic injuries, spinal cord injuries, burns, orthopedics, strokes, mental illness, substance misuse/abuse and neurocognitive disorders such as dementia. They must comprehend the needs of all age groups (paediatrics, adolescents, adults and older adults) as well as factors that contribute to the Social Determinants of Health.

CTRSs use evidence-based practice and theory-based programming to design programs and services. CTRSs are trained in research methodology and understand research design and can interpret results and integrate research findings into practice. It is generally recognized that the National Council for Therapeutic Recreation Certification (NCTRC) credentialing process and the CTRS credential serve as the basic criteria of the qualified provider of Therapeutic Recreation services. Below is a list of the foundational skills, knowledge and abilities of Recreation Therapy Practitioners.

Standards of Knowledge, Skills and Abilities for the Recreation Therapy Practitioner:

1. Possess knowledge of the theories and concepts of therapeutic recreation, leisure, social psychology, and human development as related to the nature and scope of human service delivery systems and the ability to integrate these in a variety of settings.
2. Possess an essential knowledge of the diversity of the populations including cultural and diagnostic groups served within the therapeutic recreation process, including etiologic, symptomatology (cognitive, physical, social, sensory and communication, and psychiatric impairments), prognosis, treatment of conditions and related secondary complications. Have a basic command of medical terminology.
3. Have a thorough understanding of the assessment process utilized within therapeutic recreation practice including, but not limited to, purpose of assessment, assessment domain (including cognitive, social, physical, emotional, leisure, background information), assessment procedures (including behavioural observation, interview, functional skills testing, a general understanding of current TR/leisure assessment instruments, inventories and questionnaires and other sources of commonly used interprofessional assessment data), selection of instrumentation (CTRS specific), general procedures for implementation and the interpretation of findings.
4. Have a basic understanding of the published standards of practice for the profession of therapeutic recreation and the influence that such standards have on the program planning process.
5. Possess detailed knowledge of the intervention planning process, including program or treatment plan design and development, programming considerations, types of programs, nature and scope of interventions, selection of programs to achieve the assessed needs and desired outcomes of the person served, and the impact of social issues on programming.

6. Possess basic knowledge related to the implementation of an individual intervention plan, including theory and application of facilitation styles, intervention techniques, and methods for behavioural change. Some specific examples of facilitation techniques may include:

- Motivational Interviewing
- Behaviour Modification
- Stress and Anger Management
- Social Skills Training
- Leisure Education & Leisure Counselling
- Equipment Adaptation/Modification
- Community Resource Awareness

7. Have a fundamental knowledge of the processes of documentation and evaluation as incorporated in all phases of the intervention process.

8. Possess a broad understanding of organizing and managing therapeutic recreation services including, but not limited to, the development of a written plan of operation and knowledge of external regulations, personnel practices, and components of quality improvement.

9. Be able to identify and understand the components of professional competency within the realm of Therapeutic Recreation practice, including requirements for certification, ethical practice, public relations, and the general advancement of the profession.

The minimum educational requirement to work as a Recreation Therapy Practitioner in Nova Scotia is a two-year diploma in Therapeutic Recreation from the Nova Scotia Community College and the job title would be a Recreation Therapy Assistant (as compared to an LPN, OTA, PTA). To qualify for the Certified Therapeutic Recreation Specialist (CTRS)/ Recreation Therapist designation, the minimum education is a baccalaureate degree program in Therapeutic Recreation. In Nova Scotia, this degree program is offered at Dalhousie University which is the first Therapeutic Recreation program to be accredited in Canada with the Commission on Accreditation of Allied Health Education Programs.

Healthcare in Nova Scotia

In a Chronicle Herald opinion article (January 8, 2019) featuring Dr. John Ross, it was stated that “healthcare needs creativity, innovation and risk tolerance” and that the Department of Health and Wellness, Doctors NS, the NSHA, IWK, College of Physicians, Nurses and other Health Professionals need a clear call to collaborate to address the healthcare crisis in Nova Scotia. This includes all healthcare professionals collaborating to achieve one goal: Support and create a healthy and productive population and workforce by understanding the Social Determinants of Health. **NSTRA believes that Recreation Therapy is the answer.**

In another Chronicle Herald opinion forum, Dr. Bob Martel discusses four reforms that could reboot healthcare delivery. It was discussed that although many have criticized N.S. Healthcare, few have offered solutions (January 18, 2019). In this same article, Dr. Martel states how

unfortunate it is that a first world country like Canada has people dying in the ER and sitting on waitlists with healthcare systems that hold to past practices when there is evidence that supports positive health outcomes in countries such as the U.K., Netherlands and Scandinavia. Nova Scotians may not always require a family physician for a specific health intervention and should have better access to the most appropriate professional, whether it be a Nurse Practitioner, MH Worker, Social Worker or Recreation Therapist. Dr. Martel suggests facilitating a community needs assessment where a plan is developed by the community, in the community. He further explains that our current system is “archaic” and needs to reflect the value each discipline contributes to primary care (January 18, 2019). **NSTRA believes that Recreation Therapy is the answer.**

Recently, CBC reported that the Nova Scotia Health Authority required staffing changes on an inpatient unit at the Nova Scotia Hospital for individuals with intellectual disabilities and mental health conditions. These changes were aimed at helping patients reintegrate into community, and as stated by Rachel Boehm the Director of Mental Health and Addictions for the NSHA, "There's a lot of new research and evidence about how to intervene in challenging behaviours and really get people rehabilitated and on the way to recovery so that they can go back and live in the community and not stay in hospital with us so long". It was noted that by replacing the “Developmental Workers” with Therapeutic Recreation Assistants trained in the Therapeutic Recreation Diploma program from NSCC, this would allow the Adult Neurodevelopmental Stabilization Unit (formerly known as Emerald Hall) to move forward in a new direction (November 8, 2019).

Social Prescribing

Introduction of Social Prescribing

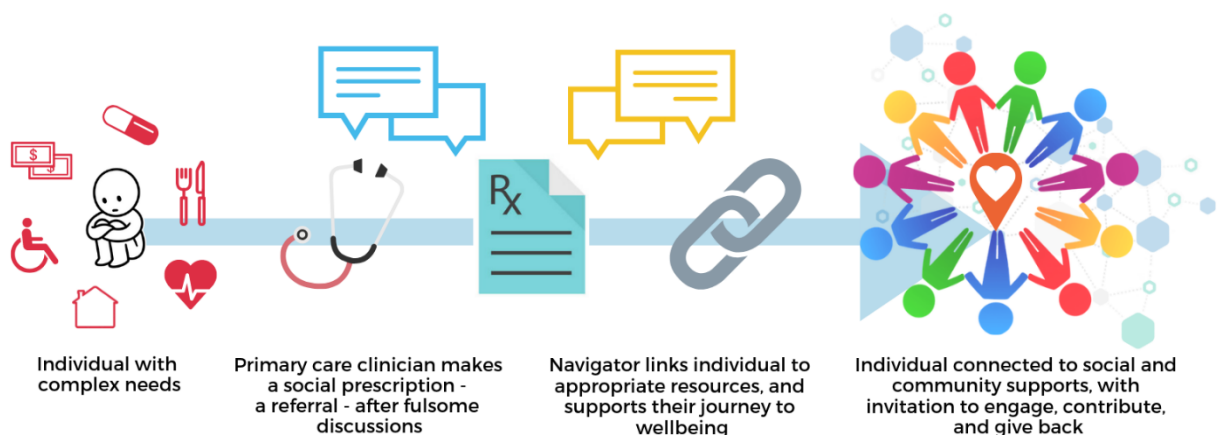
According to Chatterjee et al. (2018) social prescribing, by definition, is a term used with increasing frequency to describe “the process of enabling healthcare professionals to refer patients to a “Link Worker” (a term coined in the U.K.), to co-design a non-clinical social prescription to improve their health and wellbeing.” The goal of social prescribing is to provide social connectedness to improve the client’s overall health and wellbeing while managing their chronic health condition and prevent other health problems from developing. It is a structured and holistic approach that is prescribed by skilled health care providers to be used with or as an alternative to traditional treatment. This could include non-clinical services such as exercise, nature and arts. Specific therapeutic interventions follow a biopsychosocial healthcare model and may use nonclinical methods of healthcare.

In this report, the reader will gain an understanding of social prescribing and how this movement and recreation therapy practitioners align and can propose a solution to our current healthcare situation.

Overview of Social Prescribing History in the United Kingdom

Currently in the United Kingdom, health care practitioners are incorporating social prescribing into practice. Although social prescribing is a relatively new term, researchers have been using a mixed methods evaluations approach using control groups, patient surveys and interviews to determine the effectiveness of social prescribing. The process is as follows: Patients are obtaining a referral from a member of their healthcare team (such as a general practitioner, health promotion worker, occupational therapist, social worker, psychologist or counsellor) to a “link worker” who then refers the patient to a community organization following specific interventions. The link workers assess the patients’ needs by identifying their goals, creating a plan, and helping the patients access programs in their community. The link workers then provide the patient with ongoing support while working with the clinician to document the progress of the patient. The link worker also supports behavioral changes and reports to the physician and allied healthcare team. The key component of social prescribing in the United Kingdom is the “link worker” whose role is parallel with that of a therapeutic recreation practitioner in Canada. This process aligns with the Certified Therapeutic Recreation Specialists scope of practice, training and education. Therapeutic recreation interventions include low to no cost activities such as exercises classes, weight management/nutrition classes, nature-based activities and art-based programs to improve the participants’ wellbeing and quality of life. Therapeutic recreation practitioners also support behavior change. Clinicians are focusing on patients that may require a greater level of social and emotional support such as patients who are socially isolated and those with chronic physical and mental health conditions. Developing evidence suggests that social prescribing can improve one’s health and wellbeing and reduce the amount of work for healthcare professionals, while also utilizing community services. England’s long-term plan is to recruit more than 1000 link workers by the end of 2020-2021. **In Nova Scotia, NSTRA believes Recreation Therapy is the answer.**

How does Social Prescribing work?



What is happening in Canada?

Similarly, Ontario is following suit to England's long-term plan. Healthcare providers in the province understand the importance of taking a holistic approach and seeing the patient as a person and not just a number. They know that people are healthier when they are connected to social and community supports. They understand that equal opportunities to healthy food, education, employment and social connectedness have a significant impact on a person's overall health and wellbeing, which is why "The Alliance for Healthier Communities" is participating in a pilot project in 11 diverse Community Health Centers across the province called 'Social Prescription and Therapeutic Recreation'. This pilot project was from September 2018 to December 2019. The Social Prescription will look different depending on each community's needs, but the process aligns with that of how Social Prescribing is being implemented in the UK. The project involves the health centers identifying non-clinical interventions and services, building a clinical pathway, and tracking the impact on health outcomes through data collection and evaluation. The goal is to share this project with other service providers to generate a more interconnected and patient-centered healthcare framework and create healthier communities. Ontario has developed a robust evaluation plan and NSTRA is eagerly awaiting the results! (See attachments for further information on this Ontario Pilot Project).

Social prescribing in action

An elderly woman struggles with anxiety and depression, and her husband has recently passed away. Her health is getting worse. She visits her family physician every other week, but nothing she tries seems to work. Then the physician suggests a social prescription. He knows the CHC has some mental-health peer groups and seniors' activity groups and thinks one of those will help. He sends in a prescription – which is really a referral to the link worker – who gives the client a call. He asks her questions about her health, her social situation, her goals, and her skills. When she mentions that she's been living alone since her husband's death, he gets her connected with a group for people who've been recently widowed. In their conversation she mentions to the link worker that she used to be an art teacher. He then asks her to consider volunteering as a health champion by designing and leading an art class at the CHC.

Fast forward a few months...

Now a regular at the weekly widows' group meeting, she really enjoys supporting the new members. She's learned to cook healthy food for one and she's made new friends. She's regained some of her lost confidence, and she's not nearly as lonely as was. Her health starts to get better, and she hasn't needed to see her physician in over a month. And now she and some of the CHC staff are developing a watercolour painting course for seniors, which she'll be teaching.

Social Prescription and Therapeutic Recreation

Social prescription is a non-medical, holistic approach to care that offers primary care professionals a non-clinical referral option for their clients. The process of social prescribing guides people to identify their social, practical, and emotional needs, and promotes social integration into their communities. The overall goal of social prescribing is to improve personal well-being and quality of life, while limiting the reliance on healthcare services.

(Carnes, Sohanpal, Frostick, Hill, Mathur, Netuvel, Tong, Hutt & Bertotti, 2017; Duffin, 2016)

Benefits of Social Prescription

Social

Social prescription referrals provide clients with increased social benefits including an increase in communication skills, social relationships, and a reduction in social isolation.



(Carnes, Sohanpal, Frostick, Hill, Mathur, Netuvel, Tong, Hutt & Bertotti, 2017)



"Social prescribing is a new spin on an old idea—that people are healthier when they are connected with social resources and supports in their communities."

(Alliance for Healthier Communities, 2018)



Physical

Clients who received a social prescription referral reported physical improvements including increased stamina, strength, and ability to walk and stand for longer periods of time.

(Mendes, 2018)



Emotional

Clients reported having improved confidence, boosted morale, increased self-esteem, and increased emotional well-being when experiencing social prescription activities.

(Mendes, 2018; Duffin, 2016)



Spiritual

Social prescribing has been associated with clients feeling a greater sense of purpose in life and a sense of belonging.

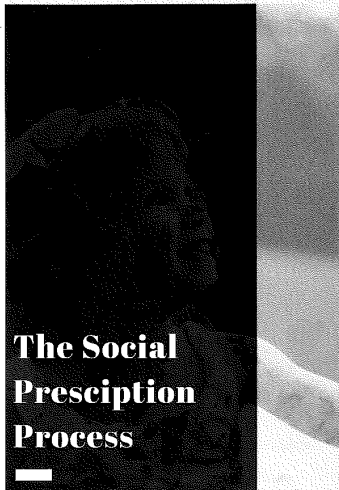
(While, 2016)



Cognitive


Clients involved in social prescription activities reported having improved memory and concentration.

(Mendes, 2018)




The Social Prescription Process


- 01




Person with complex needs
- 02



Social prescription made by primary care clinician
- 03



Navigator links person to necessary resources and provides support
- 04



Person is meaningfully connected to social and community supports

(Alliance for Healthier Communities, 2010)

"The role of the navigator is to provide a person with individualized support and help connect them to services in their community."

(Wildman, Moffatt, Steer, Laing, Penn, O'Brien, 2019)



Therapeutic Recreation Professionals: The Perfect Navigator

A recreation therapist focuses on a person's strengths to provide recreation activities that the person enjoys and can be successful. The ultimate goal is to increase the person's well-being and quality of life.

(Anderson, Heyne, 2013)

Similarly, the role of the navigator is to connect clients to services they enjoy in the community, to increase their social, practical, and emotional needs, and to increase overall well-being.

(Wildman, Moffatt, Steer, Laing, Penn, O'Brien, 2019)



Therapeutic recreation professionals are the best positioned discipline to be the navigator in the social prescribing process. Including the profession of therapeutic recreation in the social prescribing process provides a person-centered, holistic approach to care with an emphasis on increasing well-being.

Exercise is Medicine

According to Thornton et al. (2016) only one in five Canadians report participating in the recommended weekly amount of physical activity. Additionally, non-communicable diseases are a leading threat to global health, and inactivity is the fourth leading risk factor for mortality worldwide. Authors are suggesting that physical activity guidelines and physical activity prescription should be taught in medical school and residency programs to prevent and manage disease. Despite these facts, Canadian physicians do not prescribe social activity as part of their routine care. However, Canada is following suit with the United Kingdom's clear and concise plan through the "Exercise is Medicine Canada" (EIMC) initiative.

The Exercise is Medicine Canada (EIMC) initiative (O'Brien, et al., 2016) promotes physical activity, counselling and exercise prescription within healthcare. EIMC workshops train healthcare professionals to provide exercise prescription, exercise counselling or referrals as a key part of the assessment. Because physical inactivity is a significant risk factor for chronic disease, Canada's Physical Activity Guidelines recommends a minimum of 150 minutes of moderate to vigorous intense physical activity per week for adults. This combined with muscle and bone strengthening exercises are suggested in order to achieve optimal health benefits. As such, many Recreation Therapists have received this training and include it as part of their assessment which includes a strengths-based, person-first and inclusive approach based on the abilities of the individual and their readiness to change. An individual treatment plan is developed; often in conjunction with other interprofessional team members, and strategies to identify and overcome barriers are determined.

Research provided by O'Brien et al., (2016) explores how confident professionals were in prescribing physical activity upon completion of EIMC training. The findings of this study were clear that for healthcare professionals to feel comfortable providing physical activity counselling or prescribing exercise, they must have the proper training and skills. This allows the professional to feel more confident in recommending options for interventions and community resources. Recreation Therapy professionals have the competencies, skills and abilities to provide effective exercise intervention, and as such, **NSTRA believes Recreation Therapy is the answer.**

As stated by Fremont et al. (2014), "Exercise is Medicine Canada" (EIMC) focuses on providing national leadership to promote physical activity to improve the health of Canadians while managing and preventing chronic disease. In the research, authors state that there is substantial evidence that physical activity improves overall health. However, gaps still exist to overcome barriers of behavior change associated with physical activity routines. Because physical inactivity costs approximately 6.8 billion dollars a year in Canada, healthcare providers need to play a major role by advising and prescribing physical activity. According to this article, physical activity should be assessed as a "vital sign" and should be "prescribed" and included as part of every health evaluation. This in conjunction with a referral to a qualified professional (such as a Recreation Therapist) will ensure behavior change that is based on an individual's stage of readiness using the Transtheoretical Model – Stages of Change approach.

It is important to note that a physician giving their patient a specific prescription is crucial to the social prescribing process. Exercise prescriptions increase physical activity which reduces blood pressure and glycosylated hemoglobin and has a positive effect on mental health while improving cognitive function (Thornton et al., 2016). Regular exercise programs including cardiorespiratory, resistance training, flexibility and neuromotor exercise training is essential for most adults. Health benefits of physical exercise include physical and mental health benefits, including improvements in hypertension, decreased risk of stroke and coronary heart disease, weight reduction, prevention of and improvement in mild to moderate depressive disorders and anxiety, enhanced feelings of "energy", wellbeing, quality of life and cognitive function. A comprehensive program of exercise is recommended to improve physical and mental health and exercise prescription is best when adjusted to individual preferences by incorporating behavior change strategies into exercise counseling and programs. Adults, especially those new to exercise

would benefit from consultation with a trained professional such as a Recreation Therapist to ensure proper support and resources are put in place including how to overcome barriers and determine the most appropriate form of physical activity that is meaningful, using an individual approach versus a “one size fits all” approach (Garber, et al., 2011). Physical activity is also cost-effective and utilizes community resources. Some barriers include time constraints, lack of patient engagement, and lack of physician training regarding education and counselling around physical activity. A Physicians own personal physical activity (or modeling as such) can also influence their position. Adjusting the curriculum and education of our clinicians is essential in implementing social prescription (Thornton et al., 2016).

In 2010, only one third of doctors advised patients to increase their physical activity to improve health. Buford et al. (2016) stress the importance of taking a personalized approach in order to increase physical activity to achieve good health and to be used as a preventative measure for health conditions. Another consideration is to examine exercise dosages to achieve the most positive outcomes on an individual basis. Depending on how individuals respond to a program, clinicians can increase the volume or intensity of that program if needed. Risk management must also be considered if the participant has health concerns or is starting from a sedentary lifestyle for social prescribing or exercise prescription to be successful. Studies support the inclusion of nutrition, medication, mechanical and environmental strategies to optimize the benefits of exercise. Therefore, working as an interprofessional team would be best. Programs should be tailored to an individual, which will increase the desire of that individual to participate. Stressing preventative medicine through a tailored approach to exercise prescription should be an approach that is considered to be the norm for patient care, not unlike pharmacology prescribing. Similar to “prescribing” prescription medications, the individuals’ physical condition and history should be considered, while taking into account personal goals and outcomes for social or exercise prescription.

To leave the responsibility to the physician to explore the leisure history of each patient and to come up with an appropriate recreation and leisure program that will most benefit the recipient can create a barrier for the physician who already most often has time constraints in their schedule. However, therapeutic recreation practitioners could interject and explore the patients’ history, outcomes and goals that can be determined through an assessment. This would alleviate time restraints for the physician and benefit the recipient (Buford et al. 2013).

In 2016 in the United States, an “Exercise is Medicine” initiative was seen as a potential strategy for promoting activity. The initiative focuses on using exercise or physical activity as a cost-effective adjunctive or preventive treatment of mental illness (Maier & Jette, 2016). Their research stated that those living with mental illness are less likely to participate in physical activity, particularly women. Barriers include accessible transportation or lack of motivation. Physicians prescribing exercise could create structured ways for patients to engage in nature-based programming and physical activity, while improving their physical and psychological wellbeing.

Alleviating Doctors Wait-Times in UK

In Northern England, Woodall et al. (2018), report that a trial project was implemented, which was named “The Service” and operated through “Wellbeing Coordinators.” Physicians referred clients to the Wellbeing Coordinators who provided advice and direction to groups, services and activities in the client’s community. They collected data on the pre- and post-delivery service in relation to health, well-being and social networks over a six-week period. Data collected measured any change in well-being, mental and physical health, social isolation and loneliness, and ability to manage one’s own health conditions. Well-being Coordinators were open, patient and nonjudgmental. Participants described feeling more optimistic with a more positive outlook as a result of their general practitioner. Out of 342 participants, 77.5% improved from pre to post stage. Collected data indicated a sizable decrease compared to pre-entry and significant improvement in relationships and social connectedness. Clients noted an increase in positive symptoms and a decrease in negative symptoms.

In addition to the benefits for the clients, Physicians find that prescribing social programming alleviates wait-times and workload in general practices. Social prescribing is being promoted as a way of supporting general practitioners and their patients with sources of support in the community alongside existing treatment. This could include counselling, community integration and physical activities such as exercise. These activities can help psychological problems and chronic health conditions, leaving a positive impact on their patients and lowering visits to the doctor’s office. Some of the studies report a decline in referrals, inpatient admissions, and accident and emergency attendances, leaving a positive impact on patients and General Practitioners. Patients noted that a gap in social prescribing is that many General Practitioners are unfamiliar with social prescribing and are not utilizing “Link Workers”. For social prescribing to be a successful movement, healthcare providers would need proper training and education (Bickerdike et al., 2016), and as mentioned, **NSTRA believes that Recreation Therapy is the answer.**

Other Holistic Approaches to Social Prescription

Nature-Based Therapy

Prescribing nature-based therapy has proved to be beneficial, especially for military service members as stated by Hawkins et al (2016). Nature-based therapy focuses on the individuals’ goals, interests, and skills while focusing on internal strengths and external strengths. Benefits include progress in social, emotional and cognitive wellbeing. Trauma-focused psychotherapy has high dropout rates, and challenges with participation and commitment. Prescription medications have negative side effects on the mind and body.

Art-Based Therapy

In addition to nature-based therapy and physical activity, physicians in the United Kingdom are prescribing art forms such as drawing, painting, visual arts, music, singing, dancing and creative writing through community-based programming. Participants are finding that art is helpful in

managing symptoms of mental health while providing a sense of creativity, community, engagement and self-worth. Bungay and Clift (2010) describe art prescription as “not only about supporting recovery for people with mental health problems; it is also about prevention, helping socially isolated people with mild to moderate anxiety and depression, and the lonely, to prevent them from succumbing to more serious illness.” Prescribing art-based programs can eliminate feelings of anxiety, loneliness and fear while allowing participants to engage in social relationships. Clinicians are also seeing an enhanced sense of self-esteem, sense of purpose, social skills and community integration in their clients and improved quality of life. By being a part of their community, clients are living a healthier and happier lifestyle while being more productive members of society.

Specifically, in Sweden, Norway, and Denmark (Jensen et al., 2017) healthcare practitioners are understanding the importance of prescribing art programs to promote health and contribute to one’s mental and physical wellbeing. Similar to other studies, researchers are discovering positive results and participants have an increase in confidence and strengthened identity while building social relationships. Additionally, Martinec (2013) states the benefits of expressive arts and dance movement therapy for clients that may be requiring rehabilitation, mental health treatment programs, long term care facilities, day care centers, and schools. Martinec (2013) states that expressive arts-therapy combines visual arts, music, dance, movement, drama, poetry, writing and other creative processes to foster deep personal growth. Dance movement therapy is described as using different parts of the body to experience and express movement, posture, gesture, and touch. Expressive arts and dance movement therapy provides opportunities for self-expression, emotional and cognitive exploration and social connectiveness while improving emotional and physical wellbeing.

Conclusion

Recreation Therapists have long been prescribing interventions that address the psychosocial needs of clients while understanding the impact of Social Determinants of Health. In a report created by the Nova Scotia Health Authority titled “Milestones On Our Journey - Transforming Mental Health and Addictions in Nova Scotia: A Provincial Model for Promoting Positive Mental Health, Care and Support” (Courey, Hodder & MacNeil, 2017), it is noted that Nova Scotia has the highest rate of Mental Health disorders in Canada, and the prevalence is higher among those disadvantaged Nova Scotians. They also estimate that one in 16 are at risk of gambling related harm in Nova Scotia.

“Milestones On Our Journey” was developed to serve as a framework to help guide the development and implementation of a provincial model for *Promoting Positive Mental Health, Care and Support in Nova Scotia* with a goal of transforming care and supports for people and their families living with mental health conditions and/or harmful substance use/gambling. The authors discuss that Nova Scotia’s healthcare system uses a tiered model which recognizes that individuals may move up and down the tiers or levels based on their needs. They also state that Nova Scotia needs a balanced approach and people need better access to care, treatment and supports while having the ability to transition to a different level of care when their needs change. In this report, it is highlighted that only 34% of individuals in tier 3 and 4/5 aged 15+ that are in need of Mental Health services are receiving it. The authors of the report estimate how

many individuals access the system each year and states that tiers 3 and 4/5 are “in crisis” (Courey, Hodder & MacNeil, 2017).

Individuals in these tiers are in need of psychosocial support such as that provided by Recreation Therapists, and **NSTRA feels that Recreation Therapy is the answer** because as part of the Collaborative Health Team at each level, Therapeutic Recreation services could relieve burden in the system.

Social prescribing was also named in the newly approved Preventing and Reducing the Risk of Suicide Framework for Nova Scotia (NS Department of Health and Wellness, January 2020). It is stated that “Other approaches leverage contacts made with primary health care providers who are trained on social prescribing: an intervention that seeks to link patients in primary care with local, non-clinical support targeted at meeting their social and psychological needs. This kind of intervention can address some of the risk factors for suicide by assigning clients to appropriate services in their local communities. This is particularly relevant following discharge when there is increased risk of relapse of risk factors associated with suicide” (NS Department of Health and Wellness, January 2020, pg 14). **NSTRA feels that Recreation Therapy is the answer.**

Although the Nova Scotia Health Authority currently has Community Health Teams in various parts of Central Zone that offer wellness programs and wellness navigation services, currently there are no Recreation Therapists as part of these teams. In addition to this, it is proposed that family practices also have access to complimentary or alternative therapies, such as those offered or provided by Certified Therapeutic Recreation Specialists/Recreation Therapists.

As you can see from this report, common in the literature is that patients feel that social prescribing has improved their mental and physical health while reducing feelings of loneliness. Patients are attaining social relationships and gaining a sense of purpose, confidence, motivation, routine and hope. Clinicians note that patients are managing their own care and decreasing their number of visits to their general practitioner’s office. Thus, relieving burden in our healthcare system, helping our population and utilizing community services. Nova Scotia needs to follow suit to United Kingdom’s clear and concise plan and move forward with the Exercise is Medicine movement. We need to incorporate social prescription into our healthcare system to relieve burden and help our healthcare providers and population. **NSTRA feels that Recreation Therapy is the answer to relieve burden in the system by leading Nova Scotia in “social/activity prescription” and recreation therapy services.**

As stated throughout this report, the evidence shows that social prescription is beneficial to general practitioners and healthcare providers by alleviating wait times and relieving burden in the system. Social prescription also has many benefits to patients/clients/participants and **NSTRA believes that Recreation Therapy is the answer.**

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