



**Greengross A4D Global Arts for Brain Health Changemakers
SOCIAL PRESCRIBING STUDENT CHAMPIONS Conversation
Thursday 14 March 2024, Online by Zoom**

On Social Prescribing Day 2024, the National Academy for Social Prescribing (NASP) launches The Social Prescribing Student Champion Scheme report 7 Years On! with insights from Social Prescribing Student Leads from the UK, Australia, Canada and the United States.

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THE CONVERSATION

Veronica Franklin Gould, President, Arts 4 Dementia

Hullo, Happy Social Prescribing Day! and welcome to you all, to our speakers – each a leader in their field - and to delegates from Australia, Austria, Canada, Egypt, Ethiopia, Germany, Ireland, Malta, Nepal, Nigeria, Switzerland and from around the UK and the United States of America.



Today we are honoured and indeed proud to celebrate the Social Prescribing Champion Scheme founded in 2015 by the then Exeter University medical student, our chair for this event, Dr Bogdan Chiva Giurca. now Clinical Lead and Global Director of the National Academy for Social Prescribing (NASP), with an International Programme convening leaders from over 32 countries worldwide.

Baroness Greengross in whose memory these Arts for Brain Health Changemaker Conversations are held, would be thrilled by the growth and achievements of the Social Prescribing Champion scheme, which encourages and enables healthcare students to spread the practice of social prescribing and the key biopsychosocial model of health in education.

With regard to Arts for Brain Health, this life-transforming biopsychosocial practice – GP referring patient to their primary care link worker, to plan stimulating arts programme as treatment – can from the very onset of a potential dementia empower people to preserve their brain health. For example, an Arts 4 Dementia drama participant diagnosed with vascular dementia following a stroke, found that after a year of weekly art and drama, her reading ability and short-term memory had so improved that her diagnosis was revised to stroke damage. Of course, few people have their diagnosis reversed, but it does show the impact of active arts on prescription in enabling people to live better for longer with dementia.

So we are hugely grateful to Bogdan and his co-chair Hamaad Khan for gathering together a cracking team of speakers. To open, Bogdan will explain the Social Prescribing Champion Scheme and launch the *Seven Years On* report.

Hamaad will chair three panels of experts: The first with **Charlotte Osborn-Forde**, the chief executive of NASP and **Nicola Gitsham**, who is the Head of Healthcare Inequalities, Improvements and Personalisation at NHS England. The second panel, brings insights from UK Social Prescribing Student Champions – **Kirstie Goodchild**, the Evidence Lead, **Naabil Khan** Global Lead and **Alexandra Tan**, the Social Media Lead – and the third panel introduces a variety of international approaches from **Abbey Deguara** of Australia. **Maddie Maier** from Harvard and the United States and **Le-Tien Duong**, from Canada. As access to social prescribing differs around world, these insights will be fascinating,

We then invite you to pose questions for our speakers for the Q&A and finally, in summing up, Hamaad will discuss the Future of Championing Social Prescribing. Now it gives me great pleasure to introduce our co-chairs Dr Bogdan Chiva Giurca and Hamaad Khan:



Dr Bogdan Chiva Giurca is a medical doctor. Now Clinical Lead and Global Director of the National Academy for Social Prescribing(NASP). Bogdan has played a key role in the development of Social Prescribing since 2015, establishing and chairing the NHS England Social Prescribing Champion Scheme. Bogdan lectures at Imperial College London, leading the Social Prescribing module. He is an Honorary Lecturer at University College London and a Collaborator for the Harvard Global Health Institute. In 2022, the *Health Service Journal* named Bogdan among the ‘Top 100 Most Influential People in Health’ in the UK.

Bogdan Thank you very much, Veronica, for a very humbling, introduction and we are very grateful to your leadership and mentorship. Across the years, Veronica, it's thanks to you that we've all got together not only today but over the years and we are very thankful for that.



Now I do wish we were in person because as many of you will know and I've seen some very familiar names on the chat and we usually get together in person on social prescribing day and there's many hugs being shared than many many kisses and we congratulate each other for the work that we've all done and special thanks to those present today, especially I've noticed Professor Helen Stokes-Lampard who has played a crucial role in us getting this off the ground over the years, as well as Debs who is one of the most magnificent people that you should all speak to and Google The Debs Effect, as well as many others who you'll be hearing from shortly as part of the main stage, as well.

CHAT

Helen Stokes-Lampard Thank you for the namecheck Bogdan, sadly I am only here for first 30mins but wishing you all a hugely HAPPY SOCIAL PRESCRIBING DAY. Thanks to Veronica and the team for hosting this great event. Warmest wishes all. H **Hamaad**, @HamaadAKhan : ❤️

Jez Hughes Great to see so many here and pleased to be an Ambassador for Age Irrelevance. Jez (formerly Jeremy) Hughes.

Veronica FG, host: Jeremy/Jez - warm welcome! Age Irrelevance is the foundation set up IN memory and to further the legacy of Baroness Greengross, who devoted her working life to improving the lives of older people and those with dementia, then supported youth work, Our Greengross webinars aim to carry forward this work.

Veronica It is a great honour to welcome you Helen, and Jeremy who have done so much for this exciting movement to promote brain health and wellbeing **Helen Stokes-Lampard** ❤️

Jez Hughes :Nobody should underestimate the enormous commitment of Bogdan in getting to where we are today.

Debs@TheDebsEffect :Thank you for your commitment and passion too Bogdan, I don't think the students would be anywhere near where they are without your passion and input

Dr Nermeen Hamdy, Associate Professor, Cairo, University, Egypt :Thanks Bogdan

I'm not going to introduce myself any longer because Veronica's already done a stellar job in probably and made me a bigger expert than I am. But it's a great joy to be here with you. I

was once a medical student. In 2015 I started getting involved in social prescribing (SP) thanks to many mentors who are pushing me into this realm of preventative medicine and prevention being better than pills themselves and better than the cure.

The Social Prescribing Student Champion Scheme 7 years On

We have recently put together the *7 Years On* report. I will just give an outline of the main



The Social Prescribing Student Champion Scheme: 7 Years On (2016 - 2023)

Primary Objective

To modify university curricula, ensuring that social prescribing, personalised care, and social determinants of health are integral components of the foundational education for medical students, as well as for nursing, midwifery, and various allied healthcare professional graduates.

The Mechanism

Establishing a student movement focused on health creation and disease prevention, advocating for social prescribing and personalised care through peer teaching at UK-based universities.



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findings. It's a report following seven years on from the development of the programme, which was founded in 2015. The activity started in 2016 – almost eight years now in the making.

The Social Prescribing Champion Scheme

The main objective of the SP Champion programme was to modify the university curricula to ensure that concepts such as SP and personalized care are at the forefront of our future health care professionals' set of toolkits. We wanted to make sure that it takes as much priority as suturing does and all the other concepts that medical students get taught. Many of us were quite frustrated because we were taught algorithmic thinking that if X then Y, if high blood pressure then prescribed this pill if someone is feeling lonely, however, we were missing some algorithm sets and we weren't taught in full what we should do in such circumstances.

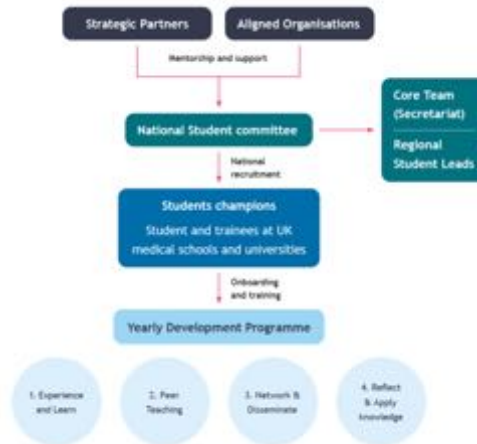
Starting student movement to focus on health creation and disease prevention - SP So we started recruiting medical students initially, but then involved across the wider spectrum of Allied Health Professionals (AHP) as you'll see in a second. The mechanism for achieving that change in the curriculum was developing a student movement focused on health creation and disease prevention and advocating the SP and personalized care to be added at the core of the teaching that is being delivered in the medical schools. This is how it was done, the government governance model that we had that time.

The Social Prescribing Student Champion Scheme: 7 Years On

Programme impact and case studies
2016-2023

Student champions join a yearly development programme where they have to:

1. Learn about and experience social prescribing first-hand;
2. Teach their peers through workshops, small or large group teaching sessions;
3. Network and disseminate their learning at conferences and through academic publications;
4. Reflect and apply what they have learned to benefit their daily current and future practice.



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We had a series of strategic partners which I'll outline in a second and a series of aligned organizations and mentorship and support from amazing people, many of whom are today in the room with us.

The growth of student champions

We had a national student committee formed between a secretariat and a group of regional leads. We selected one student champion from each university across the UK, mainly medical schools, then expanding to nursing, midwifery, occupational therapy, physiotherapy, pharmacy, and so forth.

We simply ask them to do four main things.

- 1) They have to experience and learn about SP themselves.
- 2) Once they learned that themselves, they had to lift someone else up. They had to share the knowledge with some of their peers. That could have been done through small group teaching or large group teaching or as part of the university lectures that were happening at the time. The university lecturers welcomed this support from the students because these were subjects that students sometimes didn't really pay attention to. They were quite often regarded as wishy washy, sadly, and seen as not as important as the muscles and the bones in the anatomy teaching that we got, although we know that and that such subjects are of equal importance based on the recent demographic and rising social inequality and social determinants of health that we've seen.
- 3) They had to network and disseminate the information that they developed over the over their medical school and their region
- 4) They had to reflect and apply that knowledge in their own career, be it in exams, be it in papers or publications or disseminating this further at conferences.

What's fascinating to see is this slide on its own depicts the incredible effort that's students and young trainees or not just students but young doctors young trainees have achieved over

the past few years. And as Veronica said, I did create this student movement initially, but as much as I'd like to take credit for it, I have done very little. It's really all about us all together as a group and each and every single one of the 20,000 students involved.

To date we've recruited more than 782 student champions across the universities and engaged with more than 20,000 students and young trainees. We've delivered over 1,500 and teaching sessions at UK based universities as well as attending over 50 conferences and publishing several peer reviewed academic papers and as well as making sure that teaching is being delivered at 83 universities across the UK.

So not only over the course of seven years we made sure that teaching is being delivered at those universities, including all 44 medical schools, but also in addition at 40 other and AHP universities including courses for pharmacies, nurses, midwives and others as well.

SP Day campaign launched on NHS 70th birthday, at King's Fund Conference

A little secret that not many of you will know is that in 2018 – on the NHS seventieth birthday – we launched the SP Day campaign. So today Happy Social Prescribing Day is thanks to the students and the trainees who put together and this offering it was a humble offering, a present from the future generation of tomorrow to the NHS on its seventieth birthday, launched at the Kings Fund in a conference that many of you will remember where a very young and inexperienced medical student – myself – gave a speech on behalf of the future generation of health professionals. What's interesting to see is how the SP movement, the campaign lives even today, trending forth all over the UK. Thank you all for tweeting #SocialPrescribingDay. It was fourth, competing with Cold Play As much as I love Cold Play, I think SP deserves to be higher up than than them at the moment – I hope you all agree!



This list of the universities where SP has been officially embedded into the curriculum is part of our recent study and survey and what's fascinating is that over the years, students try to get

the General Medical Council (GMC) to include this in their official curricula and our request was declined from the GMC. However, the students did not hold back.

The Revolution of the Peasants

They continued peer teaching one another and the deans of the medical schools and started noticing that the students were pure teaching each other through societies and have decided to ensure that this is formalized and added officially as part of the curricula. It's absolutely astonishing. There's been a quote running around that this is called the Revolution of the Peasants and the students are the lowest of the ranks who made this possible and I find this highly inspirational and certainly would have not been possible without the support of our great mentors and without the support of students in every single one of the universities.

I'm a big believer that this movement could be replicated for many other subjects. At the time SP was much needed. It is still needed and one of the subjects lacking in the curriculum of not just medical schools but other AHPs. In terms of what the students got out of it, this is very interesting. When we did this survey across all our champions, what was very interesting was seeing what they got out of it. And this is what they said. Largely after thematic analysis. They all said that they love being part of a student-led movement. They created their fortune. They created, they left a bit of an imprint and the thumbprint into the healthcare system and they successfully shaped the future of tomorrow. They also had opportunities for professional and career advancement. They were able to get certificates, publications out of it. They had an enhanced understanding of how clinics work and how they'd be able to use those things and they had a huge boost in their morale.

I hope I speak on behalf of Hammad and the other young trainees present today because for me personally it's one of the reasons why I've stayed in medicine. SP has been the light at the end of the tunnel for me to realize that we are able to treat, people, patients as human beings, not as recipients of our pills and procedures. That has been a massive boost in morale for myself. Each of us has had a heightened sense of confidence in taking actions and being able and to ask for such tools to be used more often in our clinics.

I will pause here because I'd love you to read these quotes, particularly the one on the right, from Leah, who I think is now a doctor. These are yesterday's students from 2015, today's health care professionals. Many have been with the scheme since their first year of medical school. The scheme has got them through the medical school process and they are now doctors or occupational therapists or physiotherapists. Their quotes are astonishing.



Student Growth & Workforce Development

- Being part of a student-led movement.
- Opportunities for professional and career advancement.
- Enhanced understanding of social prescribing and its key success elements.
- A boost in morale.
- A deeper grasp of personalised care and the broader social determinants of health.
- Strengthened connections at local, national, and international levels.
- A heightened sense of confidence in taking action.





Yesterday's students... today's healthcare professionals

"Embarking on my journey with the Social Prescribing Student Scheme right from the start in 2016 was a decision that profoundly shaped my medical career. Over five transformative years, the programme ingrained in me a deep appreciation for holistic healthcare approaches, emphasising the human side of medicine beyond diagnosis and treatment. Now, as a junior doctor, this approach is integral to my clinical work. It's not just about treating conditions but understanding patients' unique stories and environments, which has become a cornerstone of my daily clinical practice."



Dr Daisy Kirtley
(Junior Doctor)

"I became the AHP coordinator for the scheme in November 2021 when I started my MSc in Occupational Therapy at UEA and have been a member since! I have loved raising awareness of the usefulness of social prescribing for AHPs by delivering lectures, speaking at the national social prescribing conference, and publishing research on best practice for teaching AHP students about social prescribing."



Kirstie Goodchild
(Occupational Therapy Student)

"The scheme is one of the things I am most proud of from my time as a student. In leading the Allied Healthcare Professional branch of the scheme, I really got a sense of multidisciplinary working, learning about the other professions I now work along side clinically. And of course, it helps cement in my mind the power of social prescribing, and thinking outside our NHS box when working with patients."



Anya de longh
(Occupational Therapist)

"I joined the Social Prescribing Scheme in my first year of medical school, working through the scheme from a champion all the way to General Secretary. Four years on, I'm now in my second year as a doctor and use the skills and knowledge I gained throughout the social prescribing scheme every single day. In my current job in primary care, my practice has an amazing social prescriber and I utilise their expertise for patients that the traditional medical model falls short for. My understanding and appreciation of their role, all developed through my work within the Scheme, means I can utilise their skills to optimise patient outcomes which I have had the privilege of now watching firsthand."



Dr Leah Crabtree
(Academic Foundation Doctor)

I urge you all to screenshot and put them on Twitter #SocialPrescribingDay for others to see how it truly portrays why they've done this and how it has allowed them to use those skills in their day-to-day job. Here are more, from doctors, an orthopaedist saying that she was able to learn about SP and use it in her clinic.



Yesterday's students... today's healthcare professionals

"I joined the scheme in 2021 as the London Regional Lead. I was able to learn about social prescribing, expand my professional network and guide new champions - a role I found immensely fulfilling. As a newly qualified Orthoptist, the skills I have learnt have been vital to ensuring I gain the most out of each consultation with patients. I'm very grateful to be in a position where I am confident and have resources to connect patients to."



Eden Nabiyou
(Orthoptist)

"Every day within the hospital walls, I find myself leveraging the invaluable skills nurtured by the scheme. It's not just about medical charts and diagnoses; it's about conversations, about understanding lives, and about nurturing trust. The hospital corridors have transformed into avenues where I don't just treat; I connect, I listen, and I empower. This holistic approach has become an indispensable part of my toolkit in patient care, allowing me to bridge the gap between medical practice and the human experience. For this profound shift in my professional journey, I remain deeply thankful to the SP student champion scheme."



Dr Caitriona Rafferty
(Junior Doctor)

"I joined the programme at its inception in 2017 and I am so glad I did. Being part of the programme for over four years during medical school taught me the importance of striving for personalised care, and making sure that what matters most to our patients is being considered. Pushing past the biomedical sphere, adapting my practice to focus not only on the management of the condition patients are presenting with, but also taking into account how that might be impacting their life and the people around them."

As a junior doctor, these skills are applicable to any speciality and clinical setting and I used them daily in my clinical practice when working in both surgical and medical specialities during my foundation years."



Dr Lucia Lazzereschi
(Specialty Registrar)

"I joined the team in November 2020 as one of the social prescribing student champions at UCL Medical School. I had the role for two years before becoming a London Regional Lead. My proudest moment was organising events for students to learn about social prescribing including a panel of patients, link workers, researchers and GPs."

I'm currently a Foundation Year 2 doctor working in General Practice alongside link workers. It's a real full-circle moment, and my experience as a student champion helps me better address the social circumstances that make patients unwell."



Dr Vanessa Otti
(Academic Foundation Doctor)

It's inspiring to see how the students we taught from year one are now fully fledged doctors or top tests, physiotherapists, pharmacists using those skills in their day-to-day practice.

It really is changing the future of health care one student at a time, one health professional at a time and we'd like to think that our efforts haven't been in vain. In fact, we know they

haven't because we know that SP has now been adopted at every single university in the UK, especially at the medical schools.

A huge thank you to the organizations involved, particularly NHS England who's been with us from the beginning, even before NASP was founded initially by the then Secretary of State for Health and two individuals who've been at the core of this, and Nicola Gitsham and Beth Taylor, who many of you will remember who've been mothers of SP for us and mentors for all of us. And of course, when NASP was funded they offered us incredible support: Studentships and bursaries for the students.

I'm delighted to announce that the Student Champion Scheme continues under the mentorship and support of the National Academy of Social Prescribing, our CEO Charlotte Osborn-Forde and is a big fan of the student and young trainee movement and has supported the programme ever since the development of the National Academy and we are very grateful. And of course, we're grateful to the other organizations. But grateful to you, Veronica, for your mentorship and grateful to all of the royal colleges involved in the delivery of this program.



It does seem that the future is very bright and I hope you think so after you hear from Hammad and some of the other students on the call, particularly as we've now expanded into Australia, Canada, US, Portugal, Singapore and all over the place. Students are demanding better care for their future patients. They may not be doctors today, but they will be doctors tomorrow and they are demanding better care because we know what's available at the moment. Isn't enough and we want to make sure and we see people as human beings not as simple recipients of our treatment.

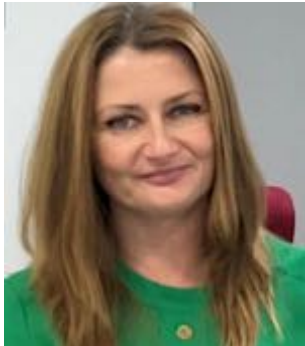
With that in mind, I thank you all for listening and I hope you enjoyed this short presentation and I pass over to Hammad. He's been a pioneer of the programme himself and a great role model for many and someone who joined from a neuroscience background but completely changed his perspective in terms of what medicine involves. Hamaad will tell you more and introduce the rest of the speakers. Thank you.

Hamaad Khan, NASP Global Development Officer,

A busy medical student, Hamaad is Global Development Officer for NASP and co-leader of the Global Social Prescribing Student Council. He is dedicated to advancing global health systems with a focus on health promotion and disease prevention. He has a Neuroscience degree from King's College London and MSc in Global Health and Development from University College London. He collaborated with the World Health Organisation to author the first global SP report., *Social Prescribing Around the World*. As a neuroscience student referred by Bogdan, his involvement in Arts 4 Dementia's 2020 drama programme, interacting with participants and supporting the evaluation, yielded mutual learning for which

we were most grateful. Hamaad was the youngest-ever recipient of the Hillary International Award for Health & Care Leadership.

Hamaad chairs the three Conversation Panels:



P A N E L 1 The Role of the Social Prescribing Student Champion Scheme' its importance in shaping future doctors and healthcare professionals.

The purpose and value of SP in modern healthcare systems

Bogdan has given an incredibly inspiring talk and I hope everyone enjoyed that. As we continue on with this webinar, I think one of the most central questions that we're going to be asking whenever we hear about SP is What is its place, purpose and value in modern health care systems and our answer quite firmly today is in shaping the minds and cultural practices of our students and the healthcare professionals of tomorrow. Just to speak quickly on my experience on that, as a neuroscience student I wasn't afforded a lot of the knowledge, even about neuroscience diseases like dementia, beyond the very biomedical clinical physical symptoms.

SP experience – seeing patients beyond their disease

It was only through my SP experience – I call it an experience because it was a life-altering experience truly for me, where I saw patients beyond their disease where I saw how you can treat patients not just in a biomedical way but in a more holistic way that's more meaningful to them that actually helps them, enables them to move on with their lives in a way that betters them. All of that, to say that students are the future of tomorrow.

We're so thankful that we've had such incredible supporters in Charlotte Onslow-Forde and Nicola Gitsham, Head of Healthcare Inequalities, Improvement and Personalization at NHS England, who will now be joining us today.

Charlotte Osborn-Forde is CEO of the National Academy for Social Prescribing (NASP). She has led partnerships across the arts, health and sports and environment sectors to enhance national and local wellbeing. Charlotte was formerly the CEO of Involve Kent for eleven years and she transformed it into a key health services provider, aiding over 30,000 people annually. She has been a pioneer herself in SP and has expanded the reach regionally from five to over 102 GP practices in Kent and Medway. With 18 years in the voluntary sector Charlotte focuses on volunteer development, mental health and health inequality and she remains dedicated to supporting disadvantaged communities and addressing issues of stigma, poverty and trauma. She also lectures on SP at Kent and Medway Medical School.

Charlotte, speaking from your experience, not just at NASP, but also from your experience at the grassroots level. What is the value of SP and particularly with students? Why should we care about the students?

Charlotte Osborn-Forde

Thanks a lot and hi everyone. Firstly, what an absolute joy to be here today and I'm sure we are all really excited about it being Social Prescribing Day but also Bogdan's amazing introduction and yours as well, Hamaad. You've covered it beautifully, so what I will share is some of my own reflections.

GP engagement pivotal for SP advance and life-changing benefit to patients

Quite how important the approach and the way that clinicians, GPs, doctors and other healthcare professionals approach this has an instrumental influence over whether people and patients engage. I've seen again and again where if the GP feels something is a positive or good idea, that the patient is far more likely to be open to that change and to listen to the GP and to make that often frightening step of moving forward into doing something to change their life. So I think that clinicians and doctors and GPs are absolutely pivotal to the movement.

In Kent when SP really started to launch and become more mainstream, we found again and again that it was the clinical leaders – whether senior GPs or medical students – who were really driving the movement, really understood it and were able to open the doors to non-clinical community leaders, others in the health sector and patients and those with lived experience.

So for me, the leadership from the clinicians is absolutely key and critical. It's really critical for patients and people to know that that clinicians value this and that they see it as part of a healthcare approach or potentially even a broadened medical approach.

SP's 'What Matters Most to the Person' transforming medical approach

Lastly, I think Bogdan has really touched on it. I see this as a genuinely radical and transformational step forward. Because what you're doing with this shifting of the movement is you're actually really looking at what it means to offer clinical and medical services and you're broadening and opening that beyond its traditional remit of as Bogdan called it 'bones and muscles' and all of that, to this more holistic whole person approach. And through this mechanism and terminology of SP, actually all that brings in terms of asking What Matters to the Person, what's important in their lives, and looking at all of the things that keep us well, it's genuinely transforming the whole medical approach.

I think that's why it's really caught the imagination of people both in the medical sector and some of the people who have been leading medicine for years and some very senior doctors, but also new people coming into medicine, as you describe, really giving them hope and talking to some of **the** medical students that I've lectured that's really being the approach is it really sets off a light bulb and it can give them hope. So thank you.

CHAT

Dr Bogdan Chiva Giurca Very well said @Charlotte Osborn-Forde - a huge thank you to the NASP which has been absolutely crucial to keeping students involved and enthused especially through the yearly studentships allowing students to get rewarded for their incredible work within their local community!

Hamaad, chair: Brilliant. Thank you so much, Charlotte for joining us.



We are incredibly grateful for the rich experience that you and Nicola bring today.

Nicola Gitsham, currently serves as the Head of Healthcare Inequalities, Improvement and Personalization at NHS England, leading both the strategy, policy and delivery support to achieve the NHS Long-Term Plan targets. With over 15 years of experience, Nicola was of course also the Head of the SP

programme at NHS England and she has previously held titles across government policy, social care and also looking at the Disability Employment path.

Hamaad, chair: Nicola, you've of course been such an incredible supporter from the very beginning and actually help support quite a lot of not just the policy but even help mobilizing quite a lot of the support for SP in England as well. So your reflections, your thoughts, why should we involve students and not just when we say students and medical students but also perhaps also from AHP more widely and also perhaps just reflections on how you've seen SP grow.

Nicola: Fantastic. Thank you. Happy Social Prescribing Day. It's a massive privilege to get to speak to you at the start of your career and it's been really fantastic to be able to support the growth of this movement and Bogdan with your leadership, getting it all started in the early days, really fantastic.

SP creating global change, broadening out to include AHP and other professions

I'm also excited to see this broadening out across professions and including AHP and other professions across the world. The reason I think that's really important is: to create any change we all have to have a common understanding of what the problem is we are trying to solve and what good could look like and then we can move together.

Multidisciplinary, multi-agency approach - SP listening to people with lived experience

No one profession can ever do that and of course we can't do it at all unless we listen properly to the experiences of people with lived experience who tell us how to develop that. So it is really important that we get that multidisciplinary, multi-agency approach and work with people with lived experience.

98% of primary care networks provide SP services

It's been a really exciting time since 2019. Obviously, SP was around before then, lots of voluntary sector organisations were practising SP already. But 2019, of course, that's when the NHS committed to rolling out SP across all primary care networks in England. We've now got over 98% of those primary care networks with SP services and that's resulted in over 3,600 additional link workers and over 2.6 million people being referred to SP.

Why NHS brought in SP

The reasons why we brought it in was: One, it's important for people's health. If we don't start with what matters to you, and if we don't use activities that we know are sometimes better than medicine or really good alongside medicine, like the arts, like exercise, like nature, then we're not delivering a holistic approach, we're not managing to support real people. We're all part of a biopsychosocial makeup, so it's really important.

Wider determinants of health

The other reason why it's just so important is that when I listen to link workers, the majority of their referrals are to support people to address those wider determinants of health - housing, poor education, cost of living crisis, fuel poverty, utilities poverty, digital exclusion, loneliness, social isolation. They're the big issues that people come for with SP. And so they track completely through health inequalities. I've just come out of a session with Sir Michael Marmot, on the health gap, really excellent spelling out the causes of the causes of health inequalities. Of course, SP can't change the housing policy or lots of other things that need to happen, but they can provide a way of getting alongside people and giving people real practical support to tackle some of these health inequalities and inequalities in society that they face. So I think it is critical for all health and care systems, not just in primary care, throughout the whole thing, to understand the sorts of wider determinants that are affecting people's health and to have a way of connecting them to the right support.

As a result, what we're seeing is SP, yes, growing through primary care, but also now developing in secondary care, in children's services, in community services. Because actually, it relieves the time that clinicians might need to take to understand and connect people to social support or other activities that are good for people's health.

More holistic care, improves outcomes

It enables them to deliver a much more holistic healthcare and it improves outcomes. Because people are more likely to engage in healthy activities if they're doing activities that they really love, singing in a dementia choir or something like that, or taking part in a local bushcraft course at one of the nature hubs for people with mental health. We do what we enjoy and it gives us connection, it builds communities. You were very kind when you said 15 years but I think it's a long time ago since I trained originally as an occupational therapist and when I learned about the biopsychosocial approach and personalised care or personalised approaches, it made total sense and I thought when I came out into practice, everybody would think it was total sense.

Find allies to effect change

I would just encourage you all to find allies because you will be shining a light onto things that need to change, that will be uncomfortable for the system to change, and not everyone will want to hear what you've got to say. But your message is critical, and you are the future. So shine bright. Find your allies and help us build the evidence of really transforming health and care and our local communities and people's lives.

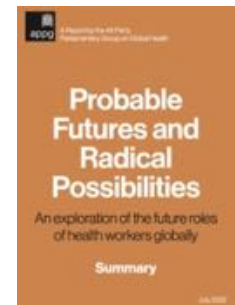
CHAT

Dr Bogdan Chiva Giurca: @nicola - huge thanks to you & colleagues at NHS England for believing in us in 2015 and for empowering students - we wouldn't be here today without you all!

Hamaad, chair: That's absolutely incredible. Well, you've had it there, and actually Nicola, your mentioning Michael Marmot's work on the social determinants of health. It's important to recognize that unfortunately we have a very industrialized system of what we call sick care not truly health care. We admit the sick. We tend to the sick. We care for and heal the sick. And then when we're done, horribly, ironically laughably, we put our patients back out into the very same conditions that cause their sickness in the first place. That's what Sir Michael Marmot says. It's a very cyclical, fragmented, acute care service that doesn't actually do well, not only to the patient, but also to the community that the patient is part of.

Community connection

There's this beautiful quote by Wendell Berry who talks about how the single measurement of health isn't actually an individual person, but it's the community. We've seen that most acted upon during the COVID-19 pandemic, when we saw that even once we're cleaved from our social relationships, actually we can be transmitted and infected. But it's not just about transmission rates and infection rates. It's also about how we're socially connected with one another. That also affects our mental health as well. So it's about how we are bounded with one another and the communities that we live in as well. We recognize that we've lived far too much in a very insular way. It's had very chronic, effects on our health and health conditions as well. We recognize that now and SP touches on the pulse point of all of that and tells us to recognize the issues, and actually to have an active intervention for that. Thank you Nicola and Charlotte for your reflections on that. We're so grateful for your thoughts and for your being here today and for your support more widely as well. Thank you so much for your insights. Because you both referred to the students in the future, we move swiftly on to



P A N E L 2 In conversation with UK-based Social Prescribing Student Champions

Hamaad, chair: It's my pleasure to be talking to you now of 'The future of the SP Student Championship Scheme'.

We've talked much about how SP has started within the UK, but we're now very excited to introduce to you I think we like to call it the legacy cohort of the SP Student Champions.

Students becoming radical change agents

So if I could invite Kirsty Goodchild, Naabil Khan and Alexander Tan. We'll be talking about what the SP student Championships scheme is, what their role is, and again, pressing upon the importance of students. Just speaking on that, there was a brilliant report published I think over a year ago by the APPG for Global Health and they mentioned how students and this is students not just medical students, students with a capital S, need to become radical change agents. In this next panel discussion we'll be talking about how we want to become those very radical change agents. So thank you so much, all for joining, Kirsty, Naabil and Alexandra, but firstly to give an introduction so Kirsty Goodchild.

Kirstie Goodchild is the SP Student Champion Evidence Lead. Kirsty is a University of Cambridge graduate with a first-class degree in biological natural sciences, psychology, neuroscience and behaviour ,in particular. She's also a postgraduate student in occupational therapy at the University of East Anglia. Thank you Kirsty for joining today.

Hamaad, chair I guess to first start off, Kirsty, I'll pose this question to you. What is your role as a SP Student Champion, particularly also as evidence lead? And why is it important? We're talking about radical change agents and the need to have SP/

Kirstie Thanks, Hamaad. I have been involved with the champion scheme for the last two years. My background is occupational therapy (OT) so I'm able to talk about the importance of SP from an Allied Health Professional (AHP) perspective. My professions aligns a lot with the principles of SP and that is because as an OT we take a holistic approach to health and acknowledge the importance of meaningful activities for wellbeing. However, the demands of our work can sometimes mean it is difficult for us to explore community options for patients to facilitate their access to meaningful activities, which is why SP is so important. Because it provides us in that service that we can use to help us get patients to



those activities that we know are so important. More than that, we need to make sure that the health professionals are aware of what SP is and how it can help them as professionals and their patients. And where better to start than the next generation!

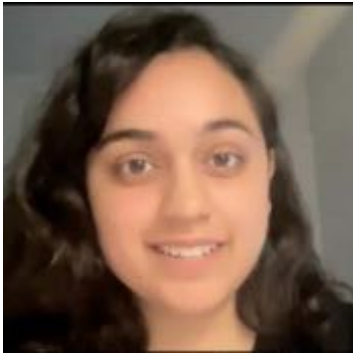
As part of my role previously I worked on an evaluation of the SP Student Champion scheme from an AHP perspective. This evaluation study revealed how useful students had found peer learning of SP for their understanding and awareness of SP and confidence practising SP for their future career. The beneficial insight this research brought has inspired me to continue evidencing best practice for SP learning. That is why I have taken on the role of Evidence Lead. I hope the work that I will do as part of this will continue to help raise the profile of SP so that we can support the next generation of professionals and patients to access the fantastic resources that SP brings.

CHAT

Kirstie <https://nsuworks.nova.edu/ijahsp/vol22/iss1/19/> A link to the research paper if of interest :-). Goodchild KA, de Iongh A. An Evaluation of a Student Allied Health Professions' Social Prescribing Scheme. The Internet Journal of Allied Health Sciences and Practice. 2023 Dec 15;22(1), Article 19

Hamaad, chair: Thanks so much, Kirsty. You've been part of the Social Assembly Student Championship Scheme previously as well. Any reflections on how you've seen the SP Student Championship scheme evolve, perhaps also what was the best part, what was the most radicalizing part in terms of your education and also practice what it revealed to you and what it helped make things clearer.

Kirstie The former Champions Scheme involved finding champions from universities across the country. The idea was that each university would have a student representative, a



champion, who would talk about the scheme to their students, to facilitate peer learning. The initial intention for medical students only. We realized quickly that more than just medical students needed that peer learning, so the scheme evolved initially by expanding into AHP, nursing and midwifery. We found at that point that we were getting interest from lots of other disciplines, psychologists, PhD students. Lots of students were getting in touch and asking for more information.

When we did our more recent evaluation, we realised that the curriculums had actually improved and a lot of universities now didn't really need the champion there because they had recognized the importance of SP and were now teaching it themselves.



I feel the scheme hopefully played some role in promoting that, and has now evolved to involve a smaller team, who are all here today and for us to do some more nationwide policy implementation and to continue this message about sharing the importance of SP for students. It has evolved from a widespread diffuse scale of lots of people making smaller impacts, to a smaller team where we will hopefully be making bigger impacts and bigger level change to continue this upward growth in sharing SP knowledge.

Hamaad, chair: Brilliant. Thank you so much, Kirsty. There was the paper written by Dr. Bogdan and a few others on the call with the statistic that over 93% of healthcare students didn't know what SP was as its terminology and that language was so very far foreign to the minds of the young healthcare students. This was back in 2016 and to say that now we have incorporated and implanted SP teaching, it's not just SP teaching, it's a more holistic way of valuing our patients and shows the importance and power of students and grassroots movements. But thank you so much, Kirsty, for that.

And moving on, Naabil, to talk to you about your role. You are the Global Lead – that's quite a hefty title to give to anyone. But you've also historically been involved in the SP Student Championship Scheme. It will be lovely to hear about your previous experience and now this new role that you're taking and why it's important to have a global role.

Naabil Khan, SP Student Champion Global Lead

Naabil is an award-winning medical student. She is recognized for her contributions to both healthcare and advocacy. She's the creator for the podcast, Very Junior Doctors, and the founder of the website Skin for All. Naabil demonstrates a commitment to amplifying diverse voices and promoting inclusivity in medicine. She has a passion for global health, which underscores her desire to create more inclusive and diverse healthcare landscape. Worldwide, she's had representation and diversity showcased in media outlets such as the BBC, the *Independent*, the UK Aid and AM. She's also got upcoming appearances on platforms like The Doctor BMA and Expose, which further solidifies her influence, in shaping healthcare discourse.

Naabil

First of all, a huge thank you for the amazing introductions and to all the speakers beforehand for introducing social prescription in such a brilliant inspiring way.

I am in my third year as a medical student, actually from the same university as Bogdan, Exeter University, so that's always a privilege. Yes, the Student Champion Global Lead. is quite a hefty title, but I take it more like an amazing opportunity to collaborate with international students, international professionals.



SP – a universal language

It's been said that SP should have a universal language in order for us to collaborate effectively and promote the practices of SP in different spaces. I am really excited to be a part of that.

Medical teaching to include human life as well as human body

I joined SP in my first year of university because it was an opportunity that came about where I thought to myself, medicine is brilliant, medicine provides so much information and so much knowledge about the human body, let's start thinking about human life instead and thinking about the things outside of the signs, outside of the clinical practice. Let's start thinking holistically.

I think it so important that students from very early in their academic careers get involved in projects and opportunities like this, because it primes them to think holistically as they continue in their academic career and then subsequently their professional career. It is really important that SP is advocated for and includes as many students as possible in terms of what it promotes.

For me it was an amazing opportunity that I got to be a part of in my first year and that included creating a few fun videos about SP that were shared by NHS England on Twitter. That was really exciting, to get that recognition about the importance of SP.

I found in my first year as well there were so many students who were interested in the project and in the actual network itself. They thought about social prescription. They didn't have a formal name for it though, so it is something that people are thinking about - especially students – because SP applies to all of us. It's about human life. We all have different lifestyles.

CHAT

Kirstie Goodchild: A phrase you sometimes see in an OT's office is "medicine adds days to life, OT adds life to days". I think this describes SP well too and reflects Naabil's speech well. **Naabil Khan** : ❤️ **Rona Topaz**
❤️ **Dr Bogdan Chiva Giurca** ❤️ **Tan, Alexandra** ❤️

Inclusivity of SP

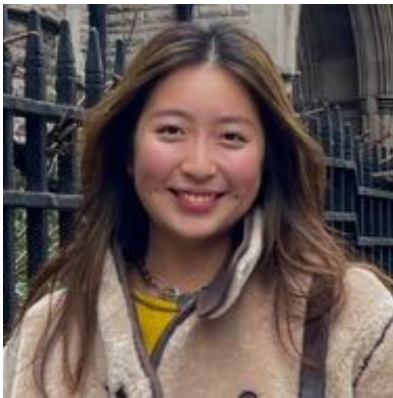
We all have different ways of managing things and SP encapsulates all of that and it's catered for people from different ethnicities, from different backgrounds, from different socio-

economic classes. It's an amazing opportunity for you to really explore the complexity of human life alongside medicine as well.

It has been a huge privilege being a part of it and then continuing to be a part of it, sharing those insights, sharing those ideas with an international platform, as well as getting insights and ideas from other international students and professionals will be incredibly rewarding and I think it will really, as Kirsty said brilliantly, push SP to another level where it will just become normalized. We won't start thinking of this as a new scheme, this is a new way of thinking about medicine. This is just medicine, not only are we talking about the body, but we're talking about life as well.

Hamaad, chair: No, quite brilliant. I'm so glad you mentioned the concept of life because I have been thinking about this for quite a while.

You're about to meet your first patient' – a cadaver



The very first medical experience that I had in my clinical career was with a patient. Actually my first patient was a cadaver. It was a dead human body. I remember how the anatomist said quite solemnly, 'You're about to meet your first patient' and all of us students were so very excited. Then we stood and leaned over this very dead body and we were focusing our clinical gaze on the anatomy and for the next months and weeks - every week – we would pinch and cloak deeper anatomy and pull out the membranes.

Clinical biomedical gaze losing sight of patient overall – need to look beyond limbs to life

We abstract ourselves from what we were really looking at and what the patient actually meant. I realized that this is how we are as medical students, and also as healthcare students, unfortunately, we're primed and prepped to have a very clinical biomedical gaze and it helps us unfortunately lose sight of the patient overall. I've realized that how we have to look beyond the limbs and look at the life as you say, quite brilliantly. Thank you so much for that reflection and so exciting to have you as our Global Lead.

Finally, and definitely not the least, we have Alexander Tan. Alexandra is the Communications lead. And this is for social media and communications more widely. Alexandra, it's so brilliant to have you on. You have such an incredible experience and introduction with SP because you were a student of the SP module at Imperial. It will be really lovely to hear you speak on what your experience was with that and how that teaching changed your conceptualisation of your role as a future doctor and also now as your role in the SP Student Championships.

Alexandra Tan is our Student Champion Social Media Lead. She is a fifth-year medical student at Imperial College London, a rising force I must say in health care advocacy and innovation. She's pursuing her medical degree and has had a distinction for medical sciences in 2021. She was highly commended for Community Action project in 2022 and got a merit award in the same year. She equally has a profound interest in women's health, oncology,

surgery, med and surgical tech and digital health. She's committed to reshaping healthcare through interdisciplinary collaboration and technological advancement.

Alexandra Thank you so much to Veronica and you for organizing this. It's so nice to see so much enthusiasm for SP. I am currently fifth year out of six years of medical school at Imperial So I'm almost there.

SP as third-year medical student option

I first heard about SP in my third year. During our GP placement rotations, we were given the option of choosing an extra module. We were given a long list of options, we had to rank them and I came across SP there. I had no idea what it was. I never heard of it, but it sounded interesting, so I ranked it as my first choice. I got it and I'm really thankful for this.

I've really enjoyed the module. Firstly, Bogdan and Hamaad, your passion came across so well to the students and you both were so proactive in trying to get us involved, which really made a difference.

SP made the difference when doctors too busy to teach

A lot of medical students can relate to the fact that sometimes you're chopped on a hospital ward. It's busy. Doctors don't really bother to speak to you or teach you sometimes just because they are so busy. So it really made a difference how proactive both of you were. I remember during the module we went across the need for SP, why it's important, how it works in practice, and it really changed the way I looked at medicine. It also made me question a lot of the things that we were doing – or told to do, even.

Overprescribing

One of the big things we discussed was overprescribing, which I'm sure everyone here is familiar with, but obviously it's a huge problem. More than 10% of medications prescribed in primary care are unnecessary and waste around £2 billion per year. This is obviously a huge wasted opportunity cost, when you think about the problems the NHS is already facing with funding.

I saw evidence of this a lot in primary care. In my GP placements, doctors had such a low threshold for prescribing antidepressants and when you think about the overwhelming burden on primary care this isn't a surprise because one appointment is only ten minutes. That's just not enough time to delve into all the different medical, psychological, social, cultural factors that someone's low mood can result on. So it's so much easier to just prescribe something and send the patient away and it's not a GP's fault, it's a problem intrinsic to how the care system runs.

3-21 SP Screening tool for primary care

Realizing this as part of the module, a group of three students and I developed a SP screening tool to use in primary care. It's called 3-21. There are essentially three questions in twenty seconds and the one is for one Yes. The point of it was to give GPs three quick questions to ask and those questions were,

- 1) Do you live alone?

- 2) Have you experienced low mood in the past two months?
- 3) Are you unhappy with the level of social activity you currently have?

And if the patient answers yes to any one of these questions, then they may benefit from SP. This was basically giving GPs a quick way to screen for whether or not that patient would benefit from SP to improve the provision of holistic care, but also keeping to the time constraints of the appointment. I would love to in future look at doing an audit of this to gather evidence on how it works and how we can improve it.

That was in third year and fast forward almost two years later, the importance and the urgency of SP has only grown.

Role as Comms Lead

In my role as the Comms Lead, which I've only just started this month, I'm very thankful to be involved with it. I've been given the opportunity to participate in the Beyond Pills All-Party Parliamentary Group at the House of Lords to decrease the rate of antidepressant prescribing in the UK.

Advocating for SP integration into mainstream healthcare practice, starting in medical school

I also hope to continue to advocate for SP integration into mainstream health care practices. I do think the best way to do this is to start from integrating this into UK medical school curricula. Hopefully, as a new generation of doctors start to come in, SP becomes more widely recognized, more widely practised as well, and also gains more funding.

Hamaad, chair Brilliant. Thank you so much, Alexandra. There you have it. That is the, UK-based Social Prescribing Student Championship scheme and it is so incredible that we have Nabil, Kirsty and Alexandra as part of this legacy cohort to establish the hard gained successes that we now have across the healthcare curricula in the UK, but also for moving forward and looking beyond and wider the horizons. still

Students changing clinical practice, introducing learning points, value to future practice

It's quite important that even when Alexandra you talked about how it was a student form of changing clinical practice. You created a screening tool. Again, we're impressing upon the importance of students changing clinical practice, the value of current healthcare students to future clinical practice.

We impose this imposter syndrome upon ourselves sometimes that we're just here to learn, but actually you introduced a lot of SP learning points to a lot of current GPs. GPs, as you say, unfortunately in this country don't have quite a lot of time. There's a brilliant quote in Dr Gavin Francis's books who talks about how GPs constantly live on a knife edge. They have ten minutes to interpret a lifetime of illness and disease. Of course, they're going to get it wrong. Of course, it's going to be pitfalls and caveats. Of course, it's never going to meet the complete sense of healing that the patient is actually searching for.

Clinical gaze and interpersonal gaze – life and limb



That is why SP and vitally, the role of a SP link worker, is so important, so you never lose sight of that patient as a whole. You still have the clinical gaze but you also have the interpersonal gaze, bringing on looking at the life of the patient, but also the limbs of the patient, as Nabil mentioned, quite beautifully.

Thank you all so much.

P A N E L 3 In conversation with International Social Prescribing Student Champions

Hamaad, chair: Now we move on to talk about Global SP. It's been a pleasure and the best part of my job at NASP to be looking at how SP has diffused across different healthcare systems, most importantly, across campuses around the world. I'm delighted to be joined now talking about international SP student collective schemes with Abbey Deguara from Australia, Maddie Maier from the USA and Le-Tien Duong from Canada.

The international SP effort is so incredible. I think it's also more vital to talk about the differences in the way in which each country has picked up their advocating for SP towards the future generation of health care students.

I'll go to you first Abby, because you're joining us from down under in Australia at some ghastly hour - thank you so much for joining us.

Abbey Deguara, Co-lead for the AMSA Social Prescribing Student Collective in Australia, is a fourth-year medical student at James Cook University in Queensland. Abbey's academic achievements include being Dux of College and receiving the Father Bucas Award for excellence. She is also a recipient of the ADF Long Tan Leadership and Teamwork Award and has been nominated for the 7News Young Achiever Award.

Abbey I was going to say good morning, but I guess it's good evening for you guys. It's 4 am, so my voice might sound a little rusty, but I guess I'll have an accent so that's fine. I'm a fourth-year medical student, based in a regional university here in Australia.

I'm the co-lead for the AMSA SP Student Collective. We're a branch of the Australian and Medical Students Association. We represent over 18,000 medical students around Australia. We're just an interest group from that. In terms of members, we don't really have specific members for our committee. We just represent all of Australian medical students as a whole.

AMSA SP Collective foundation policy, 2021

We were founded in 2021 after a policy was written under AMSA and everyone was so passionate that had written the policy that they wanted to create this group and we were supported to do that, which is really exciting.

Creating mentorships, between students and GPs, and students and academic researchers

The work that we're doing this year, mainly, we haven't finalized anything yet, but we've decided to work out creating mentorships between students and GPs and also between students and academics, people who are doing research in the SP field, because those are the two main things that medical students are interested in while they're still at university.

Goal to raise awareness to GPs, educating and advocating one SP student at a time

Unfortunately, in Australia a lot of GPs don't even know about SP. So it is hard to gain resources and actually have doctors who are practising in order to meet the mentorship requirements. But that's our main goal this year; and hopefully we can just focus on educating and advocating SP just one student at a time. This is our main goal.

Proposal to include SP in medical curricula

Of course, we would like to advocate for its inclusion in the medical curricula. That's a bit of a difficult task, but we'll try. We're currently going to drop a medical curriculum proposal and we'll be sending that through to a couple of more holistic universities and we'll see how we go with that.

Hamaad, chair: It requires a lot of elbow grease as I say, just pushing things inside and getting your seat at the table or rather putting a chair at the table. I think it's so very interesting that you guys in Australia have focused on not doing what we did in the UK, which is getting everything in the education curriculum and nationalizing the learning for SP.

You've actually gone in a very different way and I think it's quite the most intriguing to educate that singular person in SP during experiential way so that they're in the community or they have access to a SP evidence researcher and an academic to see the pitfalls caveats, the leading edge information that's coming out in support of SP.

Was there a particular way or thought process that led you to that?

Abby What led us to that is, we do have a very small group of people who are interested. So it's hard to push for a big group project because we're just not gonna have people on board. It's probably the same everywhere.

SP Engagement very small in primary healthcare, greater interest from researchers

Engagement is especially small from medical students. So I guess we just wanted to think of the butterfly effect of just one student at a time and seeing how their attitudes change and progress with the mentorship programme and then maybe we can scale it up from there and see how we go. But SP isn't very big in Australia yet, especially within the medical community. It's a lot bigger in the research community, but it hasn't come to primary health care yet. So we would like to first engage GPs and students to get the discussion started in the primary health care field because it's not there yet.

Hamaad, chair I think it's such an inspiring way. I think it also speaks to how we've heard from speakers like Nicola and Charlotte and Bogdan talking about how SP is actually giving language to what's already out there. We're certain that SP is happening in its natural habitats across communities in Australia. It's just you don't have that language, that framework, that recognition for you to actually say that this is what SP is. This is why it's

important. Let's galvanize our efforts towards this and create an intervention after this. That's all the more reason why we do what we do and what you do and the incredible work the AMSA SP Student Collective is doing. So thank you so much and also thank you so much for joining us. At 4 am – we really appreciate that and thank you for your insights.

Abby Thank you so much for having me.

CHAT

meron enyew: Thank you @Abbey This is also a problem in Ethiopia too. Which we have a limited knowledge about social prescription.

Veronica: Abby, your perspective is of such interest. You may like to contact Caroline Gibson at [Green Scripts](#), the SP, dementia-friendly community at Ballarat in Victoria. Here is a link to my [Nature and Heritage for Brain Health SP webinar](#). Green Scripts website links to *the Royal Australian College of General Practitioners* (based in East Melbourne, Victoria, and has an office in Brisbane, Queensland) *RACGP recommends that social prescribing be incorporated into routine healthcare in Australia. It is reported by the RACGP that 70% of GPs believe referring patients to community activities, groups or services helps to improve health outcomes, but most do not have links with such services.*



Incorporating "Green Scripts" into primary care to address physical, mental health and social care needs of people living with dementia and their support person(s) is a practical way and healthy demonstration of a dementia friendly community in action.

[A new Australian social prescribing study for dementia has been announced by the University of New South Wales's Centre for Healthy Brain Ageing.](#)

Hamaad, chair: Thank you, Abby.

Moving swiftly on: Maddie, you've done incredible work in the US. I think it's very intriguing in the US you always outdo us here in the UK in the worst possible way, might I add. We do do over prescribing and it's unfortunate that we've had a damning report saying that we've overprescribed - 10% of all medicines are unnecessary £2 billion, as Alexandra said, is wasted every year on unnecessary prescriptions. We land one in five patients in hospitals not because of their illnesses but because of the medications that we gave them in essence by prescribing ill health.

But I was most shocked to read that 70% of Americans now are on prescription drugs, which is quite extraordinary. I think that underscores the importance of the student work that you've been doing. I just wanted to put that as the context, and the cultural context that the our US counterparts are living in, to shine the importance of the work that the US SP Student Collective is doing and also the Harvard Undergraduate Initiative for Social Prescribing. Maddie I'd like to invite you to speak on your experiences.

Maddie Maier founded and chairs the US Social Prescribing Student Collective, encouraging student engagement in social prescribing efforts nationwide. She is actively involved in initiatives promoting social prescribing and community well-being. As an undergraduate researcher in the Wagers Lab, she contributes to research projects. Madeline leads the Harvard Undergraduate Initiative of Students for Social Prescribing, advocating for its integration into Harvard's activities.

Maddie Thank you, Hamaad. This is definitely an increasingly scary time that we're living in here in the US and I think it makes our mission to really establish SP in the US in whatever way we can that much more necessary at this moment.

National Student Collective and individual school chapters

I am the chair of the US Social Prescribing Student Collective; and within that I've also founded a Harvard University chapter of this SP national student movement. We have the national branch and then under the national organization we also have chapters at each school. We actually learned a lot from the Canadian Student Collective. Our model is very similar and I'd like to thank Le-Tien and Caitlin Muhl so very much. They really helped us when we were setting this up.

Aim to help students found their own SP clubs

The overall goal of our student scheme is to reach universities and colleges and even some high schools across the US and help these students at each school found their own SP clubs. Like the one we found it at Harvard, we recruit students and then they found their own act at their respective schools; and as the teams during this chat we've also really wanted to focus on getting the next generation of leaders exposure to SP, which then primes them for actually integrating SP into their future careers.

Recruiting students at each level and various fields of education

Since launching last Social Prescribing Day, we've recruited students at various levels of their education. We have a high school student, we've medical students, we have master students, PhD students, and in all different programmes, not just medical school. We've got arts and in college here you don't have to choose a specialty. There's a lot of pre-medical students but also in students that are in different fields as well.

I don't know if the other student leaders have found this, but we found it's quite easy to get students on board with this idea of SP and that the social determinants of health matter. I think our generation is so poised to see health in this holistic way.

How to harness student energy to establish SP into the US system

But our task has become How do we harness this energy and direct it toward the specific goal of really establishing SP and creating this robust system in the US. Because we have so many different students involved, each of the clubs have their own goals, their own ambitions, which is really dependent on the goals and ambitions of the people running the club.

That's been really interesting to see what different people's goals are. We have medical students that really want to integrate it into the curriculum. We have students that we see that they really wanted to do hiking trips with people in their club and actually socially prescribed students. It's been interesting seeing the various ways that you can accomplish the same goal. That's been really rewarding and fun to see what people come up with.

Hamaad, chair

Is US insurance-based health system financial barrier to SP?

I was just going to say that even from our research with the WHO report looking at SP around the world, one of the issues nationally is that of course the US has an insurance-based system, a sort of financial barrier. That's been nationally one of the barriers for implementing SP more widely. But I think that also portrays the value, purpose and importance of the students work because you're leading SP at the grassroots level or you're incorporating embedding yourselves, into SP initiatives that other national leaders are struggling to establish. So it's quite extraordinary to see how the position of a student is removing all of these barriers into just engaging with SP or making these connections as well.



Have you had any challenges so far in your journey as a student leader in the US in SP space?

Abby Just what you mentioned that in the US, we're coming from a place where we have to established SP in this grassroots way. The students are so powerful. We are really in a powerful position. But it is difficult to reach out to all these different students and manage all of their different objectives as a larger organization. I think we're still trying to work through how best to do that. That's definitely been our main challenge so far, but it's still really rewarding and wonderful and people are doing great work.

Hamaad, chair We're all very grateful for the work that you're doing and needing in the US in the student space as well. Thank you so much, Maddy.

Speaking to Le-Tien about the Canadian Social Prescribing Student Collective, you've been in this space for quite a while. You were the co-founders in the initial movement in Canada. How is this SP Student Collective formed in Canada? And what have your insights been overall leading in that space.

Le-Tien Duong Bhaskar, Co-Lead of the Canadian Social Prescribing Student Collective, is a PhD candidate in Health Policy at McMaster University in Hamilton, Ontario, Canada. Her interest in social prescribing began several years ago, when she was exploring ways to connect health and social systems. Since then, Le-Tien has become involved in social prescribing through her work with United Way Halton and Hamilton and her dissertation on health systems transformations through community-led social movements.



Le-Tien Thank you so much for having me. It's so exciting to hear about the growth of SP across the world. The Canadian SP Student Collective started almost two years ago, which blows my mind in 2022. Social Prescribing Canada is very different, very much grassroots, where there's just sporadic little practices emerging all across the country. We initially started with three students and I think this is where it really explains a lot about how we've grown. Three students, none of them were medical students, but all of them are passionate about SP.

There was myself – I'm a PhD candidate in health policy - my colleague, Caitlin Muhl, who is a PhD candidate in health quality, and Nilou (Niloufar Aran) who since moved from the role but she was influential and she was a MSc student studying population health.

When we first met, it was amazing for us because we were all working in our little individual pockets, surrounded by people who didn't know what SP was. It was so amazing and rewarding to be able to talk to people who share the path, same passion as us.

We started up the collective initially based on the model in the UK, I believe around that time there was the global report that was released. What we realized was that SP here in Canada is really all about community. Whatever community you're in, whether it's local community, the student community, the different pockets of disciplines, everybody has a community and that's everything that we're trying to foster and really try to exemplify, and how we were built.

When we first started, we didn't have any barriers for anybody. Well, the only one was that you'd be post-secondary. But we had students from all disciplines, different levels of education. We have quite a few undergraduates, different levels of education. We have quite a few undergrad students. We have master students, we have PhD students, we have medical students, and they're from all over the place and it's been amazing learning from all these different perspectives.

Discussing SP with range of students across the country, learning impact of arts for health

That's one of the things that I'm most grateful for and this opportunity to talk to students across the country and learn about what they know and we can also talk **about SP and** how it fits into their work. For example, we had quite a few public health students. We have an arts therapist who has always shared insightful comments with us about how arts can be so impactful for health. We have social workers, we have people who are very passionate about this work that may be in fields that some may not have considered.

I believe we might have some business students. Regardless, we have people who are passionate about SP. I think that just goes to show how important SP is here in Canada.

Since 2022 over 300 students have joined our movement. We have quite a few university chapters. I'll double check the numbers, but we have quite a few university students.

Five Canadian SP Student Collective working groups

Canada is a really big country. Being able to navigate that has been particularly challenging. We have five working groups who work on a national level:

- Policy Working Group creates policy briefing
- Research Working Group recently published a protocol for a scoping review that they're going to do
- Knowledge Translation Working Group goes out to different universities and talks about what SP looks like.
- Practice Working Group, because we recognize that students have always been integral to the SP world, so people who are already doing the work can have an opportunity to talk to each other

- Medicine Working Group similar to the champions model, where we have medical students working together. I believe they're setting up something similar, with a champion at each medical school.

Led by full-time students, all volunteers, without funding

Everything has been pretty much led by students' initiatives and for this amazing work I have to credit our students because we are completely volunteer run. We have no funding. All these students are full-time students and they have done absolutely phenomenal work.

University chapters

We have university chapters as well. One chapter in a university in Ontario, Brock University has implemented SP on this, which is the first of its kind in Canada. They did that purely out of their own passion for the work.

First SP student conference 2023

We have other students who have started conferences. The first student conference, which was amazing, led by our university of Toronto colleagues.

Just so many things, we are really getting started as we're working through all of this, but I am so excited to see how we've grown and how we will continue to grow moving forward.

Hamaad, chair It genuinely is so inspiring to hear about the efforts. I want to press on that point further. You yourself, Le-Tien said that you're so impressed by the student involvement. What do you think it is that makes students attracted to the cause of SP, to the cause of volunteering their time. Like you said, it they've given considerable effort and to brilliant effect because the Canadian SP Student Collective is doing incredible work What is it that's making students attracted to this cause?

Le-Tien I think it's because it makes so much sense. Every time we try to talk to a student who tries who joins our movement, SP always makes sense to them, Even for people who are not medical students:

- Social Determines of Health really resonate with students
- It's also that sense of community. The students love learning from each other.

Whenever we ask them: What more do you want? They just want to talk to each other across the country. We have that national community we help foster community on campuses as well to again help them help each other.

A more connected future

A lot of the students are really passionate about making their campuses better for their colleagues and peers. I think they're all envisioning a future where we're more connected We're working together more and I think that's what's really driving them. Honestly, it's amazing to see.

Hamaad, chair Brilliant. Thank you so much, Le-Tien, for that.

Sharing knowledge of SP practice

I think what I'll end on on this panel about the international SP Student championships team is that it isn't just, as we've heard about how SP is happening from the students in grassroots level, it's how we're sharing our knowledge of these models and of these practices. The US learned from Canada, Canada from the UK, Australia has been learning from everyone and we are in what I call the embryonic stages of the international student movement for SP.

Empowered students as radical health and wellbeing changemakers - leaders of tomorrow

It's so empowering to see students take on the challenge of becoming the future leaders of tomorrow, of becoming the radical change agents of the necessary change that is needed in our modern health care systems.

Congratulations and a huge thank you to our student leaders for all the work that they do continuously. It's all in the service of not just the patients, but also improving our health service, improving the wellbeing for all as well. It's a truly important social justice cause that I'm forever proud of being part of.

I'm grateful for this international community as well.

Q & A

Q & A chaired by Hamaad Khan

Introducing SP to your country

Professor Ruth Matteus Barr, University of Applied Arts, Vienna: I am very happy to be here and to listen what you're doing. I'm from Austria and Vienna. I think Austria is very far away from social prescribing. I think we are on the start and I'm very happy to be able to learn from you. I also think it's great to have something like a network like this to learn from each other.

I'm very engaged in arts and dementia. Veronica was our expert supervisor in the project, which has now finished. I'm engaged in this topic, but I'm also working with people with multiple impairments. We will present this at the European League of the Institutes of the Arts ELIA Biennial Conference in Milan. I don't know if any of you are going there from ELIA. We are engaged there and I'm a multi modal art therapist, a professor at the University of Applied Arts in Vienna

Hamaad, chair Yeah, it's, so incredible to hear from your Ruth and for bringing your, perspective, in Austria. We have such incredible developments in Austria as well.

CHAT

Veronica Franklin Gould Ruth lovely to see you. You do incredible work. I wonder whether there was a response to Edith's Social Prescribing White Paper for Austria? (Edith Wolf Peretz of Arts and Health Austria,

invited me to write on social prescribing for an Austrian White Paper and addresses SP in Arts and Health Austria in an international context.),

Anna Formosa: In Malta we are same, still very early stages, so it is fantastic to hear all of your experiences. Myself and some others together with Arts Council Malta just delivered some workshops and a forum to start the conversation. As it were, I studied applied drama in 2004 at University at Exeter as well 😊 I currently teach applied drama as part of other courses at University of Malta, so introducing SP through students associations sounds great. **Hamaad, @HamaadAKhan:** ❤️

meron enyew : I am so delighted and motivated to be a part of it. And my question is that. Since am in Ethiopia which social prescription is not known. How can social prescription established from your experience?

Hamaad, chair I think the question that you're posing is almost similar to the question that we have from Meron in Ethiopia, which is so incredible to hear, Meron, talking about, how SP could be established. Maybe some of our student leaders can speak on that.

Kirstie, I know you've also had some historical experience in the Student Championships game as well. Maddie, you've led the US movement and Le-Tien in Canada. How would you suggest what you think is perhaps the most golden nugget for establishing a movement like SP from the ground up.

Kirstie, UK Student Evidence Lead, opening up SP in Gibraltar I'm happy to give some thoughts based on my elective placement. I do think networking is quite a big part of this. For my occupational therapy, elective I was in Gibraltar which is a British overseas territory at the bottom of Spain. They don't have SP there even though the healthcare model is based on the NHS. So it was something that I was quite keen to talk about to healthcare professionals whilst I was there.

Hospital presentation, invited to present Conference, liaising with MP to establish SP

I shared how it works in the UK in a presentation in the hospital. That was positively received and I was invited to a conference that was happening in the country about Learning Disability Support and I presented the same speech there and the member from the government who was involved in healthcare was present and he passed on his email address and we've been in contact to try and get SP as more of a formal service in place in the country. The way I started to initiate that was through being passionate, sharing, and case of the examples of how it works in similar countries.

For Ethiopia, suggest researching how other African countries develop SP

If you're thinking about Ethiopia specifically, it might be worth looking at if SP is active in any of African countries and using those as case studies and maybe just educating from a hospital level or healthcare level and trying to spread that message further. It was much easier in Gibraltar because it's a very small territory. That would be my advice.

Hamaad, chair Thank you, Kirstie. Le-Tien have any thoughts from your experience how to establish a movement like SP?

Le-Tien, Canada I think because SP is still not very widespread in Canada, one thing that we really embrace is this Come As You Are philosophy. If you don't know a lot about SP, please join, chat with us because all of our members are super passionate about the cause. They may not be SP experts yet, but I will argue in their own way that they are.

Embracing SP as a learning journey

It's really a learning experience for us. I will also say that networking is important. We are very, we work very closely with the Canadian Institute for Social Prescribing, CISP, which is the Canadian version of NASP, I imagine. Whenever their opportunities come to us, we share it with all of our members. I'm a strong believer in learning by doing, so even if someone doesn't know about SP, if someone asks for a new presentation, I will invite all our members to see who's interested and then through learning and developing a presentation, for example, you'll definitely learn more about SP. Embracing that this is a learning journey for everybody is something that's really important.

Hamaad, chair Brilliant. Thank you so much. Maddie, any US insights and perspectives on how you establish that movement and how someone else in your shoes and your position could perhaps establish a SP movement?

Maddie, USA I think as Le-Tien said we relied super heavily on the founder of SP U.S.A, Dan Morse, and we really utilized his connections, especially for the Harvard chapter,

Setting up SP internships, through tangential Network

We actually set up almost mini internships for students to get exposed to SP. We used that network of people to draw from. These are people that are not necessarily doing what they would necessarily call SP. Dan did a really good job of including everyone that was within the breadth of SP, even if they didn't call it that themselves. So being super inclusive of everyone that's almost tangential and educating about SP along the way, I think has done wonders for the SP network in the US.

Hamaad, chair Brilliant. Thank you so much, Maddie.

CHAT meron enyew Thank you 🙏 all for sharing hope Ethiopia will be on of social prescriber country. 🙏

There was just one final question, which is talking about the funding model for championing,

CHAT Rowena Richie :Can you please speak to the funding model that you're championing?

but I think that Le-Tien mentioned it there saying there is no funds. We're running on the muscular energy of volunteering and volunteerships and how incredible it is even here in the UK Student SP Championship Scheme. and though there are some studentships, there are far more students that are actually being involved in the scheme and how incredible it is that we're attracting the future generation of healthcare workers.

Hope for the future, SP looking beyond limbs, into the lives of and for our patients

I would like to end on the message of Hope. Even as a future healthcare worker, there's much to be said about our future home and our future occupation, the health service and how it's underfunded and overwhelmed. It's stuck in this polycrisis. But I see SP and aspects of SP as the way forward, as the necessary way forward. It is about instilling a sense of wellbeing and resilience, a holistic healing that is not just meaningful to the patient, but in a way that is life affirming.

We talked much about life and I think that's what it is. It's about redesigning our clinical gaze to look beyond limbs and look into the lives of our patients to help construct meaningful lives for our patients. And in return we're constructing a meaningful vocation for ourselves across the healthcare as doctors, as AHPs, as occupational therapists, speech and language therapists. It's about asking What Matters to the patient.

It's so inspiring to see the SP student champions across the world, here in the UK, but also in the US, Canada, Australia, and beyond as well. I just want to say thank you on behalf of everyone for your interest as well, for joining this webinar. It's just incredible to be celebrating this and talking about this poignantly on Social Prescribing Day.

So as I end on that, I'd like to thank Veronica for her efforts in constructing this and helping organize this webinar and forever creating a good space for critical and insightful discussions.

Thank you so much, everyone.

Veronica Franklin Gould, host Thank you, Hamad, for masterminding this meeting and your radio experience has led you to be the perfect interviewer. We've covered such a range. Thank you to all the speakers. It's been such an honor to hear from you all, from Canada, America and Australia, to hear from around the UK. You are so impressive, helping to enhance life the world over. We have much to learn from you. Thank you for sharing your insights on Social Prescribing Day.

We look forward to studying your *7 Years On* report. So thank you all very much.

Hamaad, your volunteering, the first of a pioneering series of SP Student Champions for Arts 4 Dementia, set a magnificent precedent, which I highly recommend for mutual learning and support, both for the social prescription and funding. With regard to Rowena's question on funding, NASP's 2020-21 pilot *Thriving Communities* model, which we laid out in our report *A.R.T.S. for Brain Health: Social Prescribing transforming the diagnostic narrative for Dementia: From Despair to Desire*, (2021) is an ideal model in that the prescription – ie the cultural organisation is the lead partner in a collaboration that must involve a primary care social prescriber and it helps too to involve the local authority and ethnic/faith community and university for SP and cultural students to engage with the prescription participants and assist evaluation. Such a collaboration should raise awareness to all parties, populate SP programmes and attract sustainable funding upon which local authorities can pride themselves.

Warmest thanks to you to all our speakers, for your highly valued leadership of the life-enhancing SP movement, which offers unprecedented opportunities to preserve brain health, override loneliness and nurture resilience in the community for longer. Thank you Bogdan, and Hamaad, how magnificently you have organised and run today's Conversation – your joint vision is inspirational.

CHAT

Charlotte Osborn-Forde :This has been an incredibly inspiring session, thank you so much who has spoken. Despite the health challenges we all know about, clearly there is a case for optimism with the leadership and vision shown today. NASP is keen to support and advocate for the work to further empower you! And of course thanks to Bogdan and Hamaad who have made this such a powerful session and to Veronica too of course! Very excited to continue this conversation.

Dulcie Alexander Arts Council England Thank you

Hamaad, @HamaadAKhan Thank you everyone for joining **Le-Tien Bhaskar** Thank you for having us!

Anna Formosa Thank you so much for this insightful webinar!

Gillian Gourlay :Many thanks

Kirstie Goodchild Thank you goodbye :-)

Our next Greengross Arts for Brain Health Changemakers Conversation will focus on remarkable trauma-informed cultural programmes for refugees and migrants on World Refugee Day, Thursday 20 June 2024.

S P E A K E R B I O G R A P H I E S

DR BOGDAN CHIVA GIURCA is a medical doctor, Clinical Lead and Global Director at the National Academy for Social Prescribing. The International Programme convenes international leaders from over 32 countries worldwide. Bogdan has played a key role in the development of Social Prescribing in England since 2015 through establishing and chairing the NHS England Social Prescribing Champion Scheme (2015-2023) consisting of over 20,000 doctors, medical and healthcare related trainees championing the subject in their own institution. Bogdan lectures at Imperial College London (leading the Social Prescribing module), is an Honorary Lecturer at University College London, a Collaborator for the Harvard Global Health Institute, and is named among the ‘Top 100 Most Influential People in Health’ in the UK (Health Service Journal Top 100, 2022).

HAMAAD KHAN a medical student and Global Development Officer at NASP, is dedicated to advancing global health systems with a focus on health promotion and disease prevention. He holds a Neuroscience degree from King’s College London and an MSc in Global Health and Development from University College London. Hamaad’s research focuses on international social prescribing models. He collaborated with the World Health Organisation to author the first global report on social prescribing, highlighting healthcare policy advancements in 24 countries. His goal is to integrate this knowledge into clinical practice, driving broader systemic healthcare changes. Hamaad co-leads the Global Social Prescribing Student Council, collaborating with student leaders worldwide to enhance social prescribing education in health curricula. In 2022, his advocacy against overprescribing in medical education earned him the youngest-ever Hillary International Award for Health & Care Leadership.

CHARLOTTE OSBORN-FORDE, CEO of The National Academy for Social Prescribing, leads partnerships across arts, health, sports, and the environment to enhance national and local wellbeing. Formerly CEO of Involve Kent for 11 years, she transformed it into a key health services provider, aiding over 30,000 annually. A pioneer in social prescribing, she expanded its reach from 5 to 102 GP practices in Kent and Medway. With 18 years in the voluntary sector, she focuses on volunteer development, mental health, and health inequality. She remains dedicated to supporting disadvantaged communities and addressing issues of stigma, poverty, and trauma. Charlotte also lectures on social prescribing at Kent and Medway Medical School.

NICOLA GITSAM With over 15 years of experience, currently serves as the Head of Healthcare Inequalities, Improvement, and Personalisation at NHS England, leading strategy, policy, and delivery support to achieve NHS Long Term Plan targets. She previously held roles such as Head of Personalised Care, overseeing national demonstrator programmes and regional integration efforts. Prior to her NHS tenure, Nicola directed impactful initiatives like the Preparing for Adulthood programme, aiding disabled youth in achieving independence. She has also contributed significantly to government policy, particularly in social care and disability employment pathways. In her earlier roles, Nicola facilitated the implementation of Valuing People policies across regions and spearheaded person-centred approaches in various organisations. With a strong track record in healthcare transformation and community

inclusion, Nicola continues to champion personalised care and social prescribing, aiming to enhance healthcare outcomes nationwide.

KIRSTIE GOODCHILD serves as the evidence lead for the Social Prescribing Student Champions scheme. A University of Cambridge graduate with a first-class degree in Biological Natural Sciences (Psychology, Neuroscience, and Behaviour), Kirstie is currently a postgraduate student in Occupational Therapy at the University of East Anglia.

NAABIL KHAN, an award-winning medical student, is Student Champion Global Lead, recognised for her multifaceted contributions to healthcare and advocacy. As the creator of the podcast 'Very Junior Doctors' and founder of the website [Skin For All](#), Naabil demonstrates a commitment to amplifying diverse voices and promoting inclusivity in medicine. Her dedication to equity in healthcare drives her advocacy efforts, with a focus on diversifying medical education and fostering public engagement in healthcare issues. Naabil's passion for global health underscores her desire to create a more inclusive and diverse healthcare landscape worldwide. Her impact is evident in her work to promote representation and diversity in medicine, as showcased in media outlets such as the BBC, The Independent, and UK AID NAM. Naabil's upcoming appearances on platforms like the Doctor (BMA) and Expose further solidify her influence in shaping healthcare discourse.

ALEXANDRA TAN, Social Prescribing Student Champion, Social Media Lead, is a fifth-year medical student at Imperial College London. She is a rising force in healthcare advocacy and innovation. Pursuing her Bachelor of Medicine and Bachelor of Surgery (MBBS) at Imperial College London, Alexandra has garnered accolades such as the Distinction for Medical Sciences in 2021, the Highly Commended Award for Community Action Project in 2022, and a Merit Award in the same year. With a profound interest in women's health, oncology, surgery, med/surgtech, and digital health, Alexandra is committed to reshaping healthcare through interdisciplinary collaboration and technological advancement. Beyond her academic pursuits, Alexandra actively champions inclusivity and diversity within the medical field, striving to amplify underrepresented voices and bridge gaps in healthcare delivery. Alexandra's dedication to healthcare transformation is evident, marking her as a promising figure in the future of medicine.

MADDIE MAIER founded and chairs the US Social Prescribing Student Collective, encouraging student engagement in social prescribing efforts nationwide. She is actively involved in initiatives promoting social prescribing and community well-being. As an undergraduate researcher in the Wagers Lab, she contributes to research projects. Madeline leads the Harvard Undergraduate Initiative of Students for Social Prescribing, advocating for its integration into Harvard's activities.

ESHA AHMAD President of the Harvard Global Education Movement and Wellness Educator, also serves as Secretary of the Pakistani Student Association. A resident of Winthrop concentrating in Neuroscience (Mind, Brain, and Behaviour) with a secondary in Global Health & Health Policy and a Spanish citation, Esha's diverse background shapes her commitment to inclusivity and student empowerment. Born in Pakistan and raised in Italy, she advocates for diversity and aims to empower students from all backgrounds. Esha is dedicated to challenging current medical systems to become more equitable and empathy-

driven. Additionally, she leads the Harvard Undergraduate Initiative for social prescribing, emphasising the importance of holistic healthcare approaches.

LE-TIEN DUONG BHASKAR MPH, co-lead of the Canadian Social Prescribing Student Collective, is a PhD candidate in Health Policy at McMaster University in Hamilton, Ontario, Canada. Her interest in social prescribing began several years ago, when she was exploring ways to connect health and social systems. Since then, Le-Tien has become involved in social prescribing through her work with United Way Halton and Hamilton and her dissertation on health systems transformations through community-led social movements.

ABBEY DEGUARA, Co-lead for the AMSA Social Prescribing Student Collective in Australia, is a fourth-year medical student at James Cook University in Queensland. Abbey's academic achievements include being Dux of College and receiving the Father Bucas Award for excellence. She is also a recipient of the ADF Long Tan Leadership and Teamwork Award and has been nominated for the 7News Young Achiever Award.

VERONICA FRANKLIN GOULD, President, founded the charity Arts 4 Dementia in 2011 to develop weekly programmes at cultural venues, to re-energise and inspire people above early symptoms of dementia, with a website signposting arts opportunities for dementia nationwide. She worked with Dementia UK to devise training for arts facilitators, and with universities to provide best-practice conferences and reports. Her inaugural A4D Reawakening the Mind programme (2012-13) won the London 2012 Inspire Mark and Positive Breakthrough in Mental Health Dementia Award 2013 and she was 2014 Sunday Times Changemaker finalist. On publication of *Music Reawakening* (2015), Veronica was appointed A4D president. Her regional guide *Reawakening Integrated: Arts & Heritage* (2017) aligns arts within NHS England's Well Pathway for Dementia. Her social prescribing campaign (2019-23) encourages professionals to empower people to access wide-ranging arts from the outset of symptoms, to preserve their Brain Health, with practice disseminated in *A.R.T.S. for Brain Health: Social Prescribing as Peri-Diagnostic Practice for Dementia* (2021). Her *Global Social Prescribing: The A4D Arts for Brain Health Debates* involved speakers and delegates from 40 countries around the world. Veronica is trustee of The Amber Trust and Vice-President of Decibels (Music for the Deaf) on the advisory boards of the Global Arts in Medicine Fellowships and The British Society for Lifestyle Medicine.