

Examining Student Perceptions and Awareness of Social Prescribing in a Canadian University

Alison Smoke¹, MA; Stephanie Wadge¹, MA; Allayna Barrett¹, BSc; Sophia Nikitin¹, BSc; Evelin Melekh¹, BSc; Madelyn Law¹, PhD; and Caitlin Muhl², MPH

¹ Faculty of Applied Health Sciences, Brock University

² Faculty of Health Sciences, Queen's University

DOI: <https://doi.org/10.15273/hpj.v4i3.11985>

Madelyn Law  <https://orcid.org/0000-0002-3503-9533>

Abstract

Introduction: As the social prescribing movement grows in Canada, there is a need to understand whether students (a) are aware of this concept and (b) think it is important. **Objectives:** The aim of this study was to examine student perceptions and awareness of social prescribing in a Canadian university. **Methods:** This study was conducted at Brock University. Data collection took place between March and June of 2023. Eligibility criteria included (a) being a student at Brock University and (b) being able to read and write English. Participants completed an online survey. Quantitative data analysis consisted of basic mathematical computations. Qualitative data analysis consisted of qualitative content analysis. **Results:** Most participants (138/183, 75.4%) had never heard about social prescribing before. Once they were told what social prescribing is, the vast majority of participants thought that it seemed like a useful way to support health and well-being (121/126, 96.0%), felt that offering it on campus would be beneficial (129/130, 99.2%), believed that it is relevant to future health care professionals (121/128, 94.5%), thought that it should be part of the curriculum for health sciences programs (118/128, 92.2%), and expressed that they would be willing to follow their physician's advice if they were to suggest social prescribing at an appointment (119/126, 94.4%). **Conclusion/Discussion:** Given the lack of awareness about social prescribing and the positive perceptions about this concept among the student body, Canadian post-secondary institutions are encouraged to (a) integrate this concept into the curriculum for health sciences programs and (b) offer social prescribing on campus.

Keywords: awareness, Canada, perceptions, post-secondary education, social prescribing, students

Introduction and Background

Social prescribing is defined as “a means for trusted individuals in clinical and community settings to identify that a person has non-medical, health-related social needs and to subsequently

connect them to non-clinical supports and services within the community by co-producing a social prescription—a non-medical prescription, to improve health and wellbeing and to strengthen community connections” (Muhl et al., 2023, p. 8). By shifting the conversation from “what is the matter *with* you” to “what matters *to* you,” social prescribing improves health and well-being, advances health equity, builds community capacity and self-determination, and reduces health care demand and costs (Morse et al., 2022). While the social prescribing movement began in the United Kingdom (UK), the potential of social prescribing to contribute to global goals for health and well-being has sparked international interest in recent years, leading to the rapid expansion of the movement to almost 30 countries (Khan et al., 2023; Morse et al., 2022).

As social prescribing gains traction across the globe, student champions are supporting this work by building the social prescribing student movement (Global Social Prescribing Alliance, 2021). The first national social prescribing student group, the UK National Social Prescribing Student Champion Scheme, launched in 2017 with the aim of enabling students to get involved in learning about, teaching, and promoting social prescribing (Giurca, 2018). Since then, the social prescribing student movement has expanded to Australia, Japan, Portugal, Singapore, the United States, and, most recently, Canada (Global Social Prescribing Alliance, 2021). In 2022, the Canadian Social Prescribing Student Collective was established to build the social prescribing student movement in Canada. The group has over 200 members across the country who are collectively developing the social prescribing student movement at local, national, and international levels (Canadian Institute for Social Prescribing, n.d.).

Students not only have a key role to play in supporting the wider social prescribing movement—as future health care professionals, they must also be equipped with the necessary tools to address the evolving health landscape (Global Social Prescribing Alliance, 2021). Indeed, social prescribing represents an innovative method that has the potential to transform health systems across the globe to meet 21st-century demands (Khan et al., 2023). This is particularly relevant in Canada. In the words of prominent journalist André Picard, “What’s wrong with Canadian health care today is we’re trying to deliver 21st-century care with a 1950s model of delivery and funding” (CBC Radio, 2023, para 3). In order to meet current health demands, it is critical that innovative and effective models of care are integrated into the health system, and thus the need to instill the values and skills of social prescribing in today’s learners is an urgent matter. This raises the question of whether students (a) are aware of social prescribing and (b) think it is important. This has not yet been explored in Canada. Therefore, the aim of this study was to examine student perceptions and awareness of social prescribing in a Canadian university..

Methodology

This study was approved by the Brock University Health Sciences Research Ethics Board (22-243). This study was conducted at a mid-sized university with approximately 17,000 undergraduate students (90% domestic and 10% international) and 1,700 graduate students (65% domestic and 35% international). This study consisted of an online survey that was administered through Qualtrics (www.qualtrics.com). All the survey questions were optional. Several of the questions were designed with reference to a study that was conducted by Santoni and colleagues (2019) to evaluate student perceptions and awareness of social prescribing at 27 medical schools in the UK. In the current study, survey questions were adapted to ensure they would be understood and meaningful to diverse students with various education levels and areas of study.

Socio-demographic data were collected, including level of study, faculty, year of study, age, gender, and race/ethnocultural background. Response options for level of study were as follows: “Bachelor’s,” “Master’s,” “Doctorate,” and “Other.” Response options for faculty were the following: “Faculty of Applied Health Sciences,” “Faculty of Education,” “Faculty of Humanities,” “Faculty of

Mathematics and Science,” “Faculty of Social Sciences,” “Business,” and “Fine and Performing Arts.” Response options for year of study were as follows: “Year 1,” “Year 2,” “Year 3,” “Year 4,” “Year 5,” and “Other.” The three questions for age, gender, and race/ethnocultural background were open-ended.

Afterwards, awareness of social prescribing was assessed through the following question: “Have you heard about social prescribing before?” Response options for this question were: “Yes,” “No,” and “I’m Not Sure.” Those who responded “Yes” to this question were also asked the following questions: “Where did you hear about social prescribing?” and “How would you define/describe social prescribing in your own words?” Response options for the first question were as follows: “Course Content,” “Club Involvement,” “Social Media/News,” “Friends or Family,” “Health Care Professional,” and “Other.” Those who selected “Course Content,” “Club Involvement,” or “Other” were asked to provide further free-text details. The latter question about defining social prescribing was open-ended.

On the next page of the survey, participants were shown the internationally accepted conceptual definition of social prescribing recently established by Muhl et al. (2023). This was accompanied by the following example of social prescribing: “A student visits student health services and indicates that they are facing food insecurity. They are connected to a link worker, who is able to help address their needs and connect them with services, such as the on-campus food bank.”

Subsequently, participant perceptions of social prescribing were assessed through the following questions:

- “Do you think social prescribing seems like a useful way to support health and well-being?”
- “Do you think offering social prescribing on campus would be beneficial?”
- “Do you think that this concept is relevant to future health care professionals (e.g., nursing students, medical students)?”
- “Do you think that social prescribing should be part of the curriculum for health sciences programs (e.g., nursing school, medical school, public health, medical sciences)?”
- “If a physician were to suggest social prescribing at an appointment, would you be willing to follow their advice?”

Response options for these questions were “Yes” and “No.” All of these questions also included a space for free-text comments from participants.

Data collection took place between March and June of 2023. Participants were recruited during the winter and spring terms. Eligibility criteria included (a) being a student at Brock University and (b) being able to read and write English. During the winter term (March 2023–April 2023), recruitment efforts took place on campus. Recruitment posters were displayed across campus, and a table was set up in a high-traffic area. During the spring term (May 2023–June 2023), recruitment efforts took place online. The research team emailed spring course instructors and asked them to share the recruitment poster with their students.

The recruitment poster featured the title of the study, the eligibility criteria, and a Quick Response (QR) code to access the survey. After scanning the QR code, participants reviewed the letter of information/consent form. Neither the recruitment poster nor the letter of information/consent form contained any information about social prescribing. Participants gave informed consent to participate in the study before taking part. Consent was voluntary, informed, and ongoing. There were no incentives to participate. The survey took approximately 5–10 minutes to complete.

Quantitative data analysis consisted of basic mathematical computations, including calculation of the number and percentage of participants who selected each of the response options for the closed-ended questions. Qualitative data analysis consisted of qualitative content analysis, which was conducted to organize the responses from the open-ended questions into categories (Selvi, 2020). Data analysis was conducted first by one member of the research team, and then, to

ensure rigour, was brought forth to the rest of the team for discussion of the findings. If survey respondents only completed the demographics portion of the questionnaire, their survey was removed from the sample prior to data analysis.

Results

There were 204 responses to the survey. After reviewing the data to exclude those who only completed the socio-demographic questions, the final data set consisted of 183 participants. The socio-demographic characteristics of the participants are shown in Table 1.

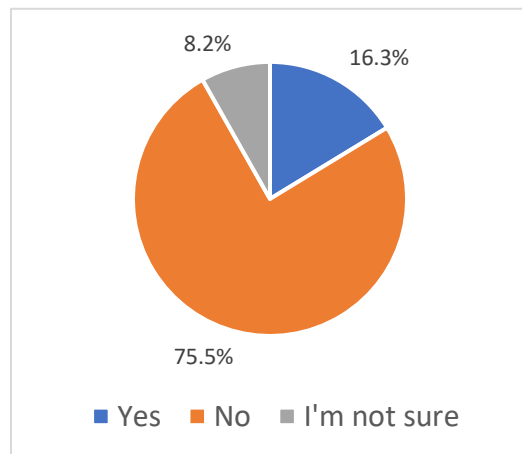
Table 1
Socio-Demographic Characteristics of Participants

Socio-Demographic Characteristic	Participants n (%)
Level of Study	
Bachelor's	155 (84.7)
Master's	18 (9.8)
Doctorate	3 (1.6)
Other	7 (3.8)
<i>Total</i>	<i>183 (100.0)</i>
Faculty	
Faculty of Applied Health Sciences	70 (38.2)
Faculty of Education	23 (12.5)
Faculty of Humanities	5 (2.7)
Faculty of Mathematics and Science	33 (18.0)
Faculty of Social Sciences	25 (13.7)
Business	26 (14.2)
Fine and Performing Arts	1 (0.5)
<i>Total</i>	<i>183 (100.0)</i>
Year of Study	
Year 1	44 (24.0)
Year 2	39 (21.3)
Year 3	40 (21.9)
Year 4	47 (25.7)
Year 5	8 (4.4)
Other	5 (2.7)
<i>Total</i>	<i>183 (100.0)</i>
Age	
18-23	153 (84.5)
24-29	20 (11.0)
30+	8 (4.4)
<i>Total</i>	<i>181 (100.0)</i>
Gender	
Female	118 (64.5)
Male	61 (33.3)
Gender-Queer	1 (0.5)
Non-Binary	1 (0.5)
Questioning/Unsure	2 (1.1)

<i>Total</i>	<i>183 (100.0)</i>
Race/Ethnocultural Background	
Bi-Racial	1 (0.6)
Black	14 (8.0)
Canadian	8 (4.5)
Caucasian	93 (52.8)
East Asian	6 (3.4)
European	14 (8.0)
Hispanic	6 (3.4)
Indigenous	3 (1.7)
Métis	1 (0.6)
Middle Eastern	10 (5.7)
South Asian	20 (11.4)
<i>Total</i>	<i>176 (100.0)</i>

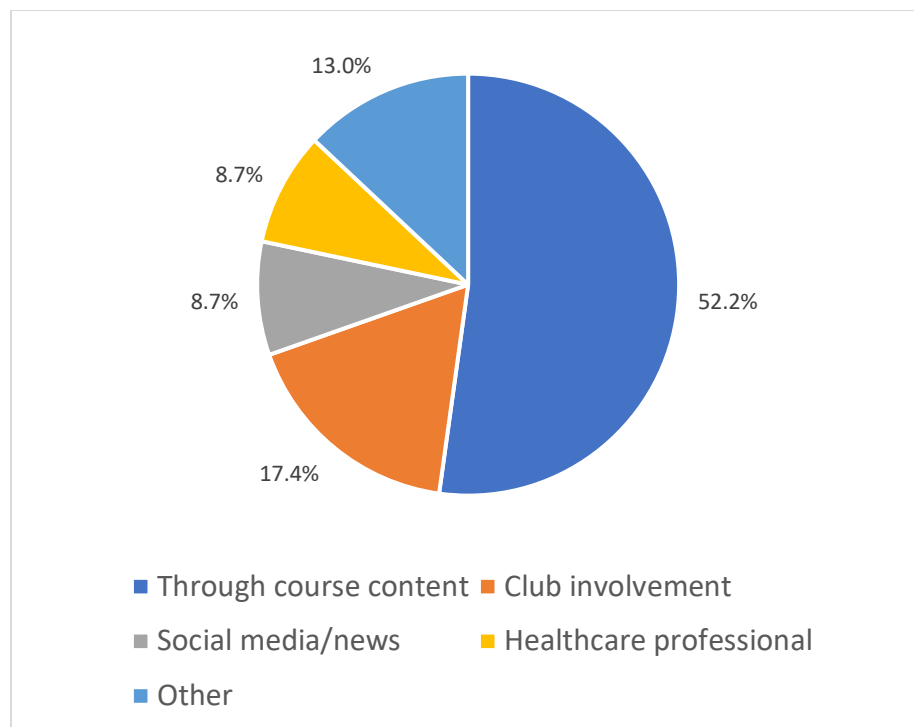
With respect to level of study, 84.7% (155/183) of participants were completing their bachelor’s degree. In terms of faculty, the Faculty of Applied Health Sciences had the greatest representation (70/183, 38.2%). As for year of study, there was a relatively even distribution of participants in first year (44/183, 24.0%), second year (39/183, 21.3%), third year (40/183, 21.9%), and fourth year (47/183, 25.7%). The age of participants ranged from 18 to 56, with 84.5% (153/181) of them being 18–23 years old. In terms of gender, 64.5% (118/183) of participants were female. Finally, the most frequently reported race/ethnocultural background was Caucasian (93/176, 52.8%). While the majority of respondents answered all demographic questions, a small number of respondents chose to answer only some.

Figure 1
Student Awareness of Social Prescribing at a Canadian University



The results from the questions about awareness of social prescribing are shown in Figure 1 and Figure 2. Figure 1 shows the proportion of respondents who answered “yes,” “no,” or “I’m not sure” to the question “Have you heard about social prescribing before?”. Figure 2 presents the ways in which students became aware of social prescribing, representative of all participants who answered “yes” to the question “Have you heard about social prescribing before?” and who chose to provide information pertaining to how they had become aware of social prescribing (23/183).

Figure 2
How Students at a Canadian University Became Aware of Social Prescribing



When participants were asked “Have you heard about social prescribing before?”, 75.4% (138/183) responded “No,” 16.4% (30/183) responded “Yes,” and 8.2% (15/183) responded “I’m Not Sure.” Subsequently, 76.7% (23/30) of those who responded “Yes” proceeded to answer the following question: “Where did you hear about social prescribing?” Of these participants, 52.2% (12/23) selected “Course Content” and provided additional information indicating that the courses were in the Faculty of Applied Health Sciences. An additional 17.4% (4/23) selected “Club Involvement” and indicated that the clubs were focused on health-related topics. Finally, 13% (3/23) selected “Other,” 8.7% (2/23) selected “Social Media/News,” and 8.7% (2/23) selected “Health Care Professional.” Participants who responded “Yes” to having heard about social prescribing were also asked “How would you define/describe social prescribing in your own words?” Representative responses are shown below:

- “Connecting individuals to non-medical interventions to address their social needs related to the social determinants of health (SDOH)” (Master’s student, Faculty of Applied Health Sciences).
- “Non-pharmaceutical approach to health and wellbeing” (Bachelor’s student, Faculty of Applied Health Sciences).
- “Referring patients to the community by a healthcare professional” (Bachelor’s student, Faculty of Applied Health Sciences).

The results from the questions about perceptions of social prescribing are shown in Table 2.

Table 2

Canadian University Students' Responses to Questions About Perceptions of Social Prescribing

Question & Responses	Participants n (%)
Do you think social prescribing seems like a useful way to support health and well-being?	
Yes	121 (96.0)
No	5 (4.0)
<i>Total</i>	<i>126 (100.0)</i>
Do you think offering social prescribing on campus would be beneficial?	
Yes	129 (99.2)
No	1 (0.8)
<i>Total</i>	<i>130 (100.0)</i>
Do you think that this concept is relevant to future health care professionals (e.g., nursing students, medical students)?	
Yes	121 (94.5)
No	7 (5.5)
<i>Total</i>	<i>128 (100.0)</i>
Do you think that social prescribing should be part of the curriculum for health sciences programs (e.g., nursing school, medical school, public health, medical sciences)?	
Yes	118 (92.2)
No	10 (7.8)
<i>Total</i>	<i>128 (100.0)</i>
If a physician were to suggest social prescribing at an appointment, would you be willing to follow their advice?	
Yes	119 (94.4)
No	7 (5.6)
<i>Total</i>	<i>126 (100.0)</i>

The first question relating to student perceptions of social prescribing was as follows: “Do you think social prescribing seems like a useful way to support health and well-being?” Of those who did respond to this question, 96% (121/126) selected “Yes.” Representative text responses from participants who responded in this way are shown below:

- “Yes, because not all health and wellbeing needs are related to medical reasons, but social as well” (Bachelor’s student, Faculty of Social Sciences).
- “Seems like an obvious solution to a problem” (Bachelor’s student, Faculty of Social Sciences).
- “Students have a variety of intersections that locate them in spaces that social prescribing would help to support” (Master’s student, Faculty of Applied Health Sciences).

Conversely, 4% (5/126) responded “No,” and participants who responded in this way did not provide any additional text comments.

When participants were asked “Do you think offering social prescribing on campus would be beneficial?”, 99.2% (129/130) responded “Yes,” and 0.8% (1/130) responded “No.” Furthermore, when participants were asked “Do you think that this concept is relevant to future health care professionals (e.g., nursing students, medical students)?”, 94.5% (121/128) responded “Yes.” Representative text responses from participants who responded in this way are shown below:

- “Absolutely! Many issues especially due to the pandemic are arising in people which can be solved through social prescribing. It would also take some stress off the healthcare system” (Bachelor’s student, Faculty of Mathematics and Science).
- “I think our current medical view is too focused on pathology rather than the determinants of health that may lead to such pathology. This is an important step towards reconciling such” (Master’s student, Faculty of Applied Health Sciences).
- “It will not only help themselves deal with the stress that comes with nursing or other careers in the medical field but also to help others” (Bachelor’s student, Business).

Conversely, 5.5% (7/128) responded “No,” and participants who responded in this way did not provide any text comments.

When participants were asked “Do you think that social prescribing should be part of the curriculum for health sciences programs (e.g., nursing school, medical school, public health, medical sciences)?”, 92.2% (118/128) responded “Yes.” Representative text responses from participants who responded in this way are shown below:

- “Yes I do since it is a form of upstream thinking” (Bachelor’s student, Faculty of Mathematics and Science).
- “People should know how to handle this type of prescription, for sure” (Bachelor’s student, Faculty of Social Sciences).
- “Yes with real life learning experiences” (Bachelor’s student, Business).

Conversely, 7.8% (10/128) responded “No.” Representative text responses from participants who responded in this way are shown below:

- “No but should maybe be an elective” (Bachelor’s student, Business).
- “I do not think it has to be part of the curriculum, but it can be heavily encouraged and recommended” (Bachelor’s student, Faculty of Social Sciences).

When participants were asked “If a physician were to suggest social prescribing at an appointment, would you be willing to follow their advice?”, 94.4% (119/126) responded “Yes.” Representative text responses from participants who responded in this way are shown below:

- “Yes if I feel like my situation is understood” (Bachelor’s student, Faculty of Social Sciences).
- “Yeah if they explain what it is and the benefits” (Bachelor’s student, Faculty of Mathematics and Science).
- “I would be willing to follow through if the physician gave me an adequate reason” (Bachelor’s student, Faculty of Applied Health Sciences).

Conversely, 5.6% (7/126) responded “No.” Representative text responses from participants who responded in this way are shown here: “I don’t feel I need it in this moment” (Master’s student, Faculty of Applied Health Sciences).

Finally, the research team compared the responses to the questions about perceptions of social prescribing with the responses to the questions about awareness of social prescribing. Out of those who responded “No” to one or more of the questions about perceptions of social prescribing, 100% had also responded “No” when asked “Have you heard about social prescribing before?”

Discussion

This study examined student perceptions and awareness of social prescribing in a Canadian university. Most participants had never heard about social prescribing before. Evidently, there is a need to educate students about social prescribing to address the lack of awareness about this concept among the student body. It appears that students feel this way too—the majority of participants felt that social prescribing is relevant to future health care professionals and thought this concept should be part of the curriculum for health sciences programs. Interestingly, out of the small number of participants who had heard about social prescribing before, several had learned about this concept through course content, meaning progress is already being made in incorporating this concept into post-secondary curricula.

When participants were asked to explain what social prescribing is in their own words, many of them were able to touch on at least one key aspect of the accepted definition, such as the fact that it embraces a non-pharmaceutical approach, addresses social needs, involves connecting individuals to non-clinical supports and services, and supports health and well-being. It is worth noting that none of the participants mentioned that it involves co-producing a social prescription. It is also important to highlight that several participants viewed social prescribing as a process through which health care professionals refer patients to the community. This perspective offers a limited conceptualization of what social prescribing is, as there is now global consensus that social prescribing takes place in clinical *and* in community settings, meaning the people involved are not always health care professionals or patients (Khan et al., 2023). This underscores the need to educate students about this concept.

The majority of participants felt that social prescribing could be a useful way to support health and well-being and thought that offering social prescribing on campus would be beneficial. Moreover, most participants expressed that they would be willing to follow their physician's advice if social prescribing were suggested at an appointment. Since the COVID-19 pandemic began, students have been facing increasing levels of housing and food insecurity, financial hardships, and lack of social connectedness and sense of belonging, which negatively impacts not only student health and well-being but also academic performance (Blaskovits et al., 2023; Lederer et al., 2021). Considering that social prescribing may have a key role to play in supporting student health and well-being, that students are interested in having social prescribing on campus, and that they are willing to engage in social prescribing, it follows that work should be done to further investigate the benefits of introducing social prescribing to the post-secondary setting.

These findings are consistent with what Santoni and colleagues (2019) found in their study on student perceptions and awareness of social prescribing at 27 medical schools in the UK. Out of 913 participants, 92.9% had never heard about social prescribing before, but after participating in a teaching session to learn what social prescribing is and why it is important, 98.0% felt that social prescribing is relevant to future physicians, and 95.1% thought that this concept should be part of the medical school curriculum. Santoni and colleagues (2019) also reported that many participants viewed social prescribing as a process through which health care professionals refer patients to the community. Thus, it appears that student perceptions and awareness of social prescribing in Canada are comparable to those in the UK. It is worth noting that steps were taken by student champions in the UK to act on the results of the 2019 study by Santoni et al. Thanks to the advocacy efforts of these student champions, social prescribing has since been integrated into the curriculum of every medical school in the UK (Heneghan et al., 2022). Canadian students can take encouragement from their success and hone their advocacy skills to further promote social prescribing in the Canadian context.

It is important to consider the implications of this work. Firstly, evidence now exists around the need to educate students everywhere about social prescribing in order to address the lack of awareness about this concept among the student body. It is encouraging to see that this is starting to

happen through informal efforts like the Canadian Social Prescribing Student Collective (Muhl et al., 2024). However, the experiences of the UK National Social Prescribing Student Champion Scheme reveal that informal efforts to educate students about this concept need to be supplemented with formal education through the integration of this concept into post-secondary curriculum (Lee & Sundar, 2018), particularly through a combination of didactic teaching and experiential learning opportunities (Chitson & Wylie, 2020; Giurca, 2018; Mazaheri et al., 2022; Santoni et al., 2019; Ward et al., 2020). The findings from this study suggest that there is an appetite for this. The time is now to leverage this interest and achieve widespread integration of this concept into post-secondary curriculum. Further, evidence now exists around potential opportunities to offer social prescribing on campus to support student health and well-being. This has been a topic of interest for organizations like the Centre for Innovation in Campus Mental Health (2022), and is already happening outside of Canada (Wallace et al., 2022), but to our knowledge, this has not yet been done by any Canadian post-secondary institutions.

Strengths and Limitations

There are several strengths and limitations of this study. A strength of this study is the fact that it was student-led, which ensured that every aspect of the research process was guided by student voices. Another strength of this study is the makeup of the study sample, which was representative of the composition of the student body at the university. Finally, as the first Canadian study to examine student perceptions and awareness of social prescribing, this work addresses a significant gap in the literature. One limitation of this study is that the study sample was confined to one Canadian university, meaning the results may not be generalizable to other post-secondary institutions. Another limitation of this study is the small sample size. Since this was a student-led study without any funding, the ability to recruit participants was limited. Finally, the research team decided to make all survey questions optional to prioritize participant autonomy, but this came at the cost of having many incomplete surveys. In hindsight, it may have been more helpful to make the questions mandatory with a “prefer not to answer” option to eliminate situations where questions were missed or skipped. Future research should examine student perceptions and awareness of social prescribing at other Canadian post-secondary institutions and in larger samples.

Conclusion

As the first Canadian study to examine university student perceptions and awareness of social prescribing, this research revealed that most students are not aware of this concept. However, once they are told what social prescribing is, the vast majority of students think that social prescribing seems like a useful way to support health and well-being, feel that offering social prescribing on campus would be beneficial, believe that this concept is relevant to future health care professionals, think that social prescribing should be part of the curriculum for health sciences programs, and feel that they would be willing to follow their physician’s advice if they were to suggest social prescribing at an appointment. Canadian post-secondary institutions are encouraged to (a) integrate this concept into the curriculum for health sciences programs and (b) offer social prescribing on campus.

Conflict of Interest

The authors have no conflict of interest to declare.

Author Note

Correspondence concerning this article should be addressed to Madelyn Law, Faculty of Applied Health Sciences, Brock University, 1812 Sir Isaac Brock Way, St. Catharines, Ontario, L2S 3A1. Email: mLaw@brocku.ca

References

- Blaskovits, F., Bayoumi, I., Davison, C. M., Watson, A., & Purkey, E. (2023). Impacts of the COVID-19 pandemic on life and learning experiences of Indigenous and non-Indigenous university and college students in Ontario, Canada: A qualitative study. *BMC Public Health, 23*, Article 96. <https://doi.org/10.1186/s12889-023-15010-5>
- Canadian Institute for Social Prescribing. (n.d.). *Canadian social prescribing student collective*. Retrieved November 8, 2024, from <https://www.socialprescribing.ca/student-collective>
- CBC Radio. (2023, June 15). We don't have a health-care crisis, it's an implementation crisis, says André Picard. *CBC/Radio-Canada*. <https://www.cbc.ca/radio/ideas/andr%C3%A9-picard-health-journalism-1.6873829>
- Centre for Innovation in Campus Mental Health. (2022, June 2). *Social prescribing* [Video]. YouTube. <https://youtu.be/rwtizXsLOtg>
- Chitson, S., & Wylie, A. (2020). The impact and potential value for medical students of implementing social prescribing projects in primary care. *Education for Primary Care, 31*(1), 57–59. <https://doi.org/10.1080/14739879.2019.1703561>
- Giurca, B. C. (2018). Social prescribing student champion scheme: A novel peer-assisted-learning approach to teaching social prescribing and social determinants of health. *Education for Primary Care, 29*(5), 307–309. <https://doi.org/10.1080/14739879.2018.1483211>
- Global Social Prescribing Alliance. (2021). *Social prescribing: International student movement framework*. <https://www.gspalliance.com/student-movement-framework>
- Heneghan, M., Santoni, C., Giurca, B. C., & Kirtley, D. (2022). Re: Evaluating medical student perceptions and awareness of social prescribing. *Education for Primary Care, 33*(4), 253. <https://doi.org/10.1080/14739879.2022.2070551>
- Khan, H., Giurca, B. C., Sanderson, J., Dixon, M., Leitch, A., Cook, C., Evans, N., Wallace, C., Robinson, D., Mulligan, K., Beck, D., Morse, D. F., Figueiredo, C., Mendive, J., Joost, J., Wachsmuth, I., Libert, S., Palo, M., Petrazzuoli, F., ... Muhl, C. (2023). *Social prescribing around the world: A world map of global developments in social prescribing across different health system contexts*. National Academy for Social Prescribing. <https://socialprescribingacademy.org.uk/media/1yeoktid/social-prescribing-around-the-world.pdf>
- Lederer, A. M., Hoban, M. T., Lipson, S. K., Zhou, S., & Eisenberg, D. (2021). More than inconvenienced: The unique needs of U.S. college students during the COVID-19 pandemic. *Health Education & Behavior, 48*(1), 14–19. <https://doi.org/10.1177/1090198120969372>
- Lee, A., & Sundar, S. (2018). Social prescribing: An essential but neglected component of the undergraduate medical curriculum. *Education for Primary Care, 29*(6), 385. <https://doi.org/10.1080/14739879.2018.1514534>
- Mazaheri, M., Khorramizadeh, M., Rezai-Rad, M., & Mard-Soltani, M. (2022). Using social prescribing by Iranian medical students: A step towards community-orientation and social determinants of health by revising the health internship curriculum. *BMC Medical Education, 22*, Article 661. <https://doi.org/10.1186/s12909-022-03718-8>
- Morse, D. F., Sandhu, S., Mulligan, K., Tierny, S., Polley, M., Giurca, B. C., Slade, S., Dias, S., Mahtani, K. R., Wells, L., Wang, H., Zhao, B., Marta De Figueiredo, C. E., Meijs, J. J., Nam, H. K., Lee, K. H., Wallace, C., Elliott, M., Mendive, J. M., ... Husk, K. (2022). Global developments in social

- prescribing. *BMJ Global Health*, 7(5), Article e008524. <https://doi.org/10.1136/bmjgh-2022-008524>
- Muhl, C., Bhaskar, L.-T., Ruhigisha, M., & McGarity-Shipley, E. (2024). Building the social prescribing student movement in Canada. *Health Promotion and Chronic Disease Prevention in Canada*, 44(6), 288–291. <https://doi.org/10.24095/hpcdp.44.6.06>
- Muhl, C., Mulligan, K., Bayoumi, I., Ashcroft, R., & Godfrey, C. (2023). Establishing internationally accepted conceptual and operational definitions of social prescribing through expert consensus: A Delphi study. *BMJ Open*, 13(7), Article e070184. <https://doi.org/10.1136/bmjopen-2022-070184>
- Santoni, C., Giurca, B.C., Li, T. M., Mulligan, H., Chilaka, J., Lazzereschi, L., Akhbari, M., Teo, M. S. Y., Massias, J., Kirtley, D., & Polley, M. (2019). Evaluating student perceptions and awareness of social prescribing. *Education for Primary Care*, 30(6), 361–367. <https://doi.org/10.1080/14739879.2019.1669223>
- Selvi, A. F. (2020). Qualitative content analysis. In J. McKinley & H. Rose (Eds.), *The Routledge handbook of research methods in applied linguistics* (pp. 440–452). Routledge. <https://doi.org/10.4324/9780367824471>
- Wallace, S., Wallace, C., Elliott, M., Davies, M., & Pontin, D. (2022). Enhancing higher education student well-being through social prescribing: A realist evaluation protocol. *BMJ Open*, 12(3), Article e052860. <https://doi.org/10.1136/bmjopen-2021-052860>
- Ward, A., Asif, A., Cattermole, R., Chima, J., Ebbatson, T., Mahi, I., Richardson, N., & Sheikh, H. (2020). Social prescribing by students: The design and delivery of a social prescribing scheme by medical students in general practice. *Education for Primary Care*, 31(5), 318–322. <https://doi.org/10.1080/14739879.2020.1799437>