"It's given me purpose"



Using social prescribing to support the well-being of people living with Motor Neurone Disease

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Background

Motor neurone disease (MND) affects around 5,000 people in the UK. Damage to the nerves affects the function and strength of a person's muscles causing permanent disability (MND Association (MNDA), 2018).

People living with MND (plwMND) emphasise the importance of psychological support and wellbeing in helping them manage their condition.

Aim

The aim of this implementation project is to enable people with MND from any socio-economic background to access social prescribing in the Liverpool and Sefton area.

Social Prescribing and Occupational Therapy

Occupational therapy is a client-centred health profession concerned with the use of occupation to promote health and well-being (WFOT, 2010). This is achieved by working with people and communities to maximise their ability to participate, or by adapting the occupation or the environment to better enable their occupational engagement (WFOT, 2010).

Social prescribing has been defined as a formal process of referring patients with largely socioeconomic and psychosocial issues to a link worker, to co-design a plan to improve their health and wellbeing (Polley et al, 2017). The link worker facilitates engagement in occupations often provided by voluntary and community sector organisations (The Kings Fund, 2017).



Occupational Therapy

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Methods

Recruitment is carried out by MND association visitors, outpatient and community therapists.

The plwMND is seen by an occupational therapist and link worker and they establish what the plwMND wants to do.

The occupational therapist supports with analysis of the chosen activities and identification of potential barriers and enablers.

The link worker provides knowledge of local activities/organisations as well as practical support with issues such as benefits.

Interviews will be carried out post intervention with plwMND and their family carer, the referrers, link workers and community providers.









Quality of life measures are administered to the plwMND and their family carer pre and post intervention.

Starting in February, six plwMND have utilised the service so far. All have expressed concern that they had no structure or purpose since their diagnosis. They have chosen varied activities including reading and history groups, art classes, bird watching, and accessible exercise such as cycling.



Conclusions

Currently, we are at the beginning of this implementation project. Findings will have important implications on how a social prescribing service can be provided to plwMND, and if successful, how this service can be rolled out wider across the region and nationally.

Contact

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