

Doctors can now prescribe a visit to the ROM through a new initiative to combat anxiety and loneliness

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December 6, 2018

By Jason Miller Staff Reporter
Thu., Dec. 6, 2018

When Nafisa Nezam Omar was diagnosed with post-traumatic stress disorder, she got an unusual prescription: T'ai Chi.

Several months after enrolling in the traditional style of martial arts, Omar, who lost her husband to a heart attack as well as a brother to gunfire and a sister to rocket shelling in Kabul, says she's "finally being able to enjoy my life."

Nafisa Nezam Omar was prescribed an unconventional remedy to tackle her PTSD. She's now part of a pilot program aimed at easing pressures on the health-care system and finding alternatives to care through social prescriptions. (Andrew Francis Wallace / Toronto Star)

"I'm now volunteering and doing well," she said.

The Rexdale Community Health Centre, where her doctor is based, is among Ontario community health centres taking part in a pilot program that offers social and artistic remedies — including choir classes, fishing lessons, knitting and a visit to the Royal Ontario Museum — as an alternative treatment for certain health issues such as anxiety and loneliness.

The ROM announced Thursday it would be offering 5,000 free passes, each valid for four people, as part of the project.

"One of the things they're trying to promote is a sense of belonging and empowering people to participate," said Kate Mulligan, director of policy and communications for the Alliance for Healthier Communities, which represents 107 community-governed primary health care organizations and is leading the one-year program.

"It might be that the physician or nurse practitioner sees that you've been coming in 10 times and a medical solution is not readily available for what's bothering you."

Among the most common complaints — gobbling up physician time and cost OHIP — is loneliness, Mulligan said.

She said through the program patients who meet the criteria are referred to a link worker, who walks them through a menu of treatment alternatives. The full menu of programs are free of charge to participants.

“The Rexdale program has focused on ROM-type things and getting people to participate in the community,” Mulligan said.

The concept of “social prescriptions” – where health practitioners prescribe artistic and social activities as alternatives to medication for people with mental health difficulties – started in the U.K., and has caught on in Montreal.

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The Ontario program was launched this summer with a \$600,000 grant from the provincial health ministry, targeting health needs of people who aren’t well-served by the mainstream health system, such as people who are racialized, LGBTQ, those facing employment barriers and Indigenous people, Mulligan said.

“The money is not for us to hire staff at the centres or implement,” she said. “It’s more to do with how to evaluate this, so we can learn how it works and see if it improves health outcomes and reduces costs to the health system.”

Aided by a group of mentors parachuted in from the U.K. – where social prescribing shows promising results – the local team commenced designing Ontario’s first model for social prescribing in June.

An evaluation of a similar project in Gloucestershire, England, done by the University of West England in 2016, showed a 23 per cent decline in attendance and emergency admissions, decreasing dependence on primary care, and physician appointments declining by 21 per cent in the six months after a social prescription.

“It’s really taking off in the U.K and their context is similar enough that we could see a strong connection and a way to sort of transfer the approach to here,” Mulligan said.

She’s keen on tracking how singing groups, such as choirs, might increase lung capacity for people battling chronic obstructive pulmonary disease.

“There can also be singing groups for people with Alzheimer’s,” she said.

The fate of the program will hinge on final outcomes, but Mulligan said if uptake figures are any barometer, then the thousands of people she estimates are already socially prescribed in Ontario is a precursor to success.

“Within the next six to 10 months we will have answers for the type of health outcomes we’re seeing,” Mulligan said.

The objective is to draft a final report recommending how to make social prescribing permanent for the 11 participating community health centres and potentially expand out to others under the Alliance’s banner.

“The plan is to make this sustainable for them without having to infuse any new workers or new money,” Mulligan said. “It’s an expectation that all 11 will continue doing it.”

The program is being heralded as a groundbreaking yet vastly underrated method by supporters, such as Dr. Iris Gorfinkel, a general practitioner in Toronto.

“I’m a huge proponent of this idea,” said Gorfinkel, who wants to see the practice expanded. “As family doctor I see so much loneliness and so much problems that arise directly from loneliness.”

With medical evidence linking loneliness to several psychiatric disorders, it represents a “very large aspect” of Gorfinkel’s work as a general practitioner.

“Consider that about 25 per cent of visits to a family doctor are related to psychological matters,” she said.

She said studies in England have found loneliness can be equivalent to smoking in terms of its health effects.

“It’s extremely damaging,” she said, so much so that she contends it should be a part of doctors’ routine questions during patient visits.

The outcome of the study will be highly anticipated in medical circles, she said.

“I’m looking forward to their findings,” Gorfinkel said.

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