

# Wellbeing While Waiting ('INSPYRE')

Evidence Summary – December 2025

## Introduction

This briefing describes key results from Wellbeing While Waiting (WWW), a study launched in 2022 by UCL's [Social Biobehavioural Research Group](#), funded by the Prudence Trust.

**Young people** referred for NHS mental health support currently face **long waiting lists**, and up to three quarters experience **deterioration in their mental health** while waiting. **Social prescribing** offers an opportunity to help young people in this situation, by connecting them to **non-medical forms of community support** such as skills development, peer support, befriending and social or cultural activities.

Over the last three years, through the WWW research project, we have worked with **Child and Adolescent Mental Health Services (CAMHS)** across England (Figure 1) to **develop and test** a social prescribing model that can be scaled nationally to help many more young people.

## Methodology

In the first phase of the project, new social prescribing **pathways were co-designed** with children and young people, families and staff. This sought to create a model that was safe, suitable and enjoyable for young people, as well as complementary to local CAMHS sites' existing needs and processes.

Subsequently, recruitment to this study ran from **May 2023 to March 2025**. In total, **558 children and young people** aged 11-18 years old took part (333 allocated to social prescribing and 225 allocated to the control group). **Quantitative** measures collected included: Strengths and Difficulties (SDQ), Depression and Anxiety (RCADS), Stress (PSS), Resilience (Student Resilience Survey) and Wellbeing metrics (ONS 3). **Qualitative** data were collected through interviews with a diverse mix of young people and their caregivers as well as Link Workers, CAMHS staff and partner organisations. The study used a design that looked simultaneously at the effectiveness of the social prescribing pathway and its implementation. You can read more in the [study protocol](#).

## Key findings

### Experiences of being on CAMHS waiting lists:

Research found that young people reported **declines in mental and physical health** whilst they waited. Additionally, waiting was associated with **strain on family dynamics** and wider relationships. These adverse effects were driven by issues systemic to waiting lists, predominantly **unclear processes and communication** and a perceived **mismatch between need and support**. In response to these challenges, participants drew upon several **coping strategies** while waiting: (i) using **self-help and parenting resources**, (ii) engaging in **hobbies**, (iii) relying on **social support** and (iv) seeking **alternative services**. But they also **called for additional support** to help them identify appropriate and safe options rather than having to seek them out themselves.

### Social prescribing for young people on CAMHS waiting lists:

The social prescribing pathway was **successfully delivered** in all eleven CAMHS sites, with no adverse events related to social prescribing, or concerns raised, demonstrating its suitability for engaging vulnerable young people safely. The results of our trial show that social prescribing for young people on CAMHS waiting lists can **positively impact their mental health**.

Figure 1: Geographical spread of CAMHS sites in WWW



Map data © 2024 Google, GeoBasis-DE/BKG (©2009)

Specifically, we found that young people in the social prescribing arm had significant **improvements in total reported difficulties**; a change not found in the control group (Figure 2). These improvements were driven by **group differences in conduct difficulties** (Figure 3), hyperactivity and peer relationships. The improvements in total mental health difficulties occurred alongside **increases in prosocial behaviours** (Figure 4) amongst the young people who received social prescribing. The social prescribing group also had a significant **increase in their resilience** (Figure 5). These results suggest that social prescribing could be an **effective tool in helping support young people’s mental health in specialist settings** whilst they wait for treatment. Interestingly, there was no difference in anxiety and depression symptoms over time between the two groups, suggesting social prescribing is more targeted in helping to build young people’s psychological strengths.

Figure 2: SDQ total difficulties\*

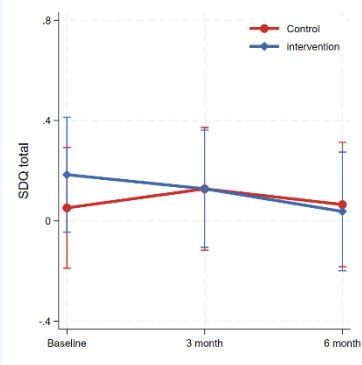
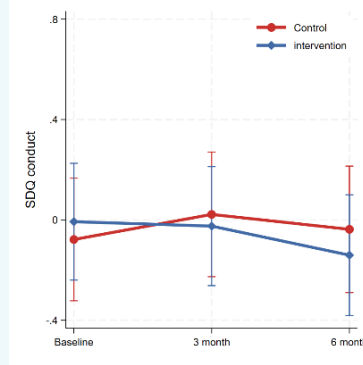


Figure 3: SDQ conduct difficulties\*



*“I can see how it [waiting] can break families up. You know, tension and extra stress, it does cause a lot of problems within families.”*

– Parent/guardian

*“[My link worker] really helped me get back into social groups and social settings... [The group sessions] are really fun and I've been able to make a lot of friends from them. They're a big support in my life and they've definitely helped... 'Cause I can talk to people easier and just be in the same room as a bunch of people easier [sic].”*

– Young person

Figure 4: SDQ prosocial behaviour\*

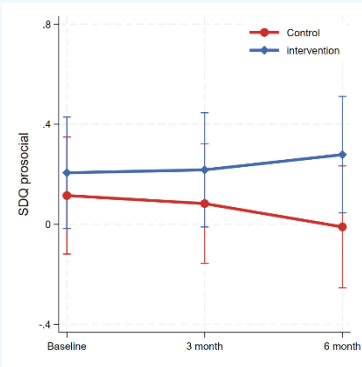
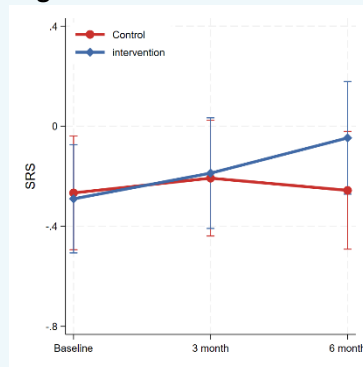


Figure 5: SRS: Resilience\*



*“Social prescribing depends upon an active and thriving voluntary sector. So it's all well and good to say we've got a team of social prescribers, and we're gonna refer people out to voluntary sect activities. If that voluntary sector is not adequately resourced and adequately funded you, social prescribers have got nothing to link people in with.”*

– CAMHS worker

Qualitative research with young people and care givers identified that social prescribing achieved these results through specific mechanisms, including **establishing relational trust and safety** for young people and **enabling autonomy and agency**. But there were also important contextual factors that modified the effects in some young people, such as:

1. **Past experience of services**, which if negative could result in scepticism and a need to rebuild trust.
2. **Complexity and severity of needs (e.g. neurodivergence, trauma and severe social anxiety)**, which sometimes required Link Workers or community activities to adapt their approaches to overcome barriers.
3. **Caregiver involvement**, which if in line with the young person’s wishes, could help reinforce the benefits.
4. **Availability and accessibility of local resources**, which sometimes created practical barriers such as transport, cost, and difficulties scheduling activities for the young people.

Research also examined the **challenges** and **successes** of implementing social prescribing in CAMHS. We spoke to CAMHS staff, Link Workers, and staff from partner organisations to hear their perspectives on the study and how social prescribing could be properly embedded and scaled in CAMHS in the future. Key findings included:

1. Social prescribing was considered a **highly adaptable innovation** that could be tailored to the individual needs of young people, making it a suitable option for young people waiting for mental health treatment.
2. However, it was important to ensure that social prescribing was **not considered an alternative to mental health treatment**, especially for young people who needed more support than social prescribing could provide.
3. Implementation was easier when CAMHS sites already had **strong partnerships with external organisations that provided resources** such as Link Workers, information and advice, or connections in the community.
4. **Bureaucratic NHS systems** did sometimes make it hard to integrate Link Workers into some CAMHS sites.
5. Successful implementation was largely **dependent on the capabilities and opportunities of Link Workers**. Link Workers described being more impactful if they had (i) line manager/supervisor support, (ii) training or previous experience working with young people, (iii) sufficient background information about a young person before

working with them, (iv) manageable caseloads and geographic distances to cover, and (v) strong connections and familiarity with the community they worked within.

6. Finally, staff highlighted opportunities to **expand social prescribing implementation**, including providing it before young people reach waiting lists, after they receive mental health treatment or in collaboration with schools.

## Case study

Every social prescribing journey is different, below is just one example shared by a Link Worker at UCL:



A young person had experienced **severe anxiety from early adolescence**, impacting their **school attendance and achievement**. They left school at 16 with no qualifications and were struggling to find work and decide their next steps. They were also a **talented athlete** with years of experience competing, but at the time they began social prescribing they were rarely leaving the house without a family member and requested to **meet the Link Worker online**, rather than in person.

In the first session they focused on talking about **sports**, related dreams and ambitions, and positive prior experiences, and resolved to **try out for some local teams**.



After resuming sports training, the focus of sessions shifted towards discussing their experiences of **school and learning**. They subsequently tried a free **employment mentoring programme** available locally and also decided to try **enrolling in college** – accompanied by their parent and Link Worker in person.

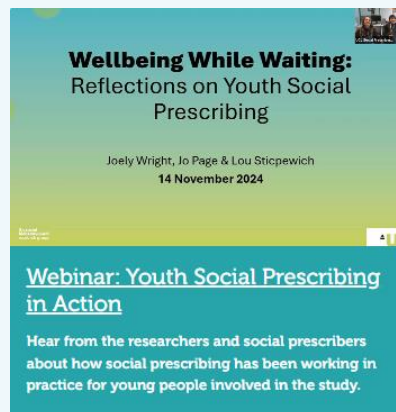
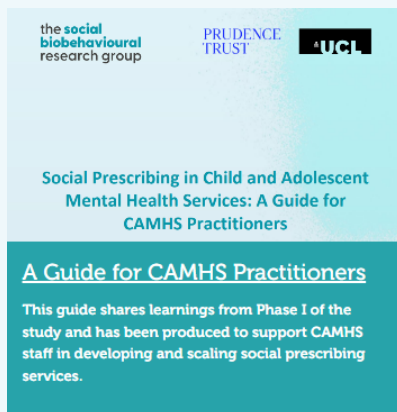
*“We got to end the social prescribing journey with a bunch of questions about what comes next for them, having a much stronger set of options and having learnt I think a lot about their priorities and goals, and how to overcome some of the challenges facing them.”*

– Link Worker



## Further resources

[Visit our website](#) for a roundup of all related **research papers**, as well as **practical guides** and **webinar recordings**. Additional updates will be shared over the coming months – [subscribe to our newsletter](#) to stay in the loop.



We are undertaking **further research** in the field of youth social prescribing, including through [CASPA](#) (developing and testing a novel social prescribing pathway for young people) and [INACT](#) (a national programme to understand how schools and local community resources can work together to improve outcomes for pupils). You can also join our free [Social Prescribing Youth Network](#).

**Thank you** to our research participants, youth advisory group, partners the National Academy for Social Prescribing and Anna Freud National Centre for Children and Families and funders the Prudence Trust, British Academy and Wellcome Trust.

Citation: Hayes, D., Marshall, R., Wright, J., Burton, A., Bu, F., Sticpewich, L., Stuttard, H., Page, J., Bradbury, A., Han, E., Deighton, J., Tibber, M., Talwar, S., Fancourt, D., (2025) Wellbeing While Waiting ('INSPYRE') Evidence Summary. University College London.

**Contact us** at the Social Biobehavioural Research Group, Department of Behavioural Science and Health, University College London, 1-19 Torrington Place, London WC1E 7HB. Email: [sbbresearch@ucl.ac.uk](mailto:sbbresearch@ucl.ac.uk).