

OUTCOMES MAP: MENTAL HEALTH

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February 2013: Version 1.0

MAPPING OUTCOMES FOR SOCIAL INVESTMENT

This is one of 13 outcomes maps produced by NPC in partnership with the SROI Network, Investing for Good and Big Society Capital. Each map examines a particular issue area or domain, and aims to document the relevant outcomes and indicators that are currently being measured by charities, government, academics and practitioners working in this field.

This map is not intended to be prescriptive about what you should measure; instead it aims to be a starting point for social investors, funders, charities and social enterprises thinking about measuring outcomes in this domain. Neither is it intended to be definitive or comprehensive: we plan to develop the maps further in future as we learn more about measurement practice in this area.

If you have any feedback or suggestions for how we could do this, please get in touch with Tris Lumley at NPC by emailing tris.lumley@thinkNPC.org.

Outcomes maps in this series

Housing and essential needs

Education and learning

Employment and training

Physical health

Substance use and addiction

Mental health

Personal and social well-being

Politics, influence and participation

Finance and legal matters

Arts and culture

Crime and public safety

Local area and getting around

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MEASUREMENT OVERVIEW: MENTAL HEALTH



Definition

Mental health describes a state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life. It includes positive aspects of well-being, such as joy and happiness, and negative aspects, such as anxiety and depression. Recent definitions, including that of the World Health Organization, emphasise positive aspects of mental health. However, in practice, public policy and charities tend to address negative aspects which require treatment. These mental health problems are the focus of this overview.

Mental health problems cover a wide variety of psychological experiences, from the anxieties we all experience as part of everyday life, to more serious long-term conditions. There are several types of mental health problems including:

- **Common mental health disorders:** For example anxiety or depression. These cause distress and interfere with daily life but usually do not affect a person's insight or cognition.
- **Psychosis:** For example schizophrenia, bipolar disorder. These cause disturbances in thinking and perception severe enough to disturb a person's perception of reality.
- **Eating disorders:** For example anorexia nervosa and bulimia nervosa. Eating problems range in severity but often cause acute distress and serious physical complications.
- **Personality disorders:** These are severe and long-lasting distortions in thoughts, feelings and behaviour that that interfere with the ability to make and sustain relationships.
- **Post-traumatic stress disorder:** .This is caused by a traumatic event or events and is characterised by flashbacks, nightmares, avoidance, numbing, and hyper-vigilance.

Two important symptoms or indicators that can underlie some mental health problems include **self-harming** (including cutting, burning, scratching and hair pulling, which people do deliberately but often in a secretive way) and **suicidal thoughts**.

Context

One in four adults experience some kind of mental health problem at some point in their life, and one in six people will experience a mental health problem at any one time. More serious mental health problems, such as psychosis, are rarer than anxiety and depression: 0.4% of adults have a psychotic disorder. Mental health problems touch every aspect of a sufferer's life, from day-to-day functioning to relationships and work. As a result, people with mental health problems are more likely to be unemployed, suffer poor physical health, and live alone. Mental health problems are known to rise during recessions and periods of economic difficulty.¹

¹ Joy, I. and Miller, I. (2006) Don't mind me: Adults with mental health problems. New Philanthropy Capital.

The costs of poor mental health to the UK economy are enormous. According to the Centre for Mental Health, mental health problems cost the UK over £30bn in lost output and over £21bn in health and social care costs every year. There are also huge impacts on the quality of people's lives and impacts on families and friends.²

The treatment of people with mental health problems depends on the type of problem and its severity. Services have changed significantly over the last twenty years as attitudes and medical practice has progressed. Around 12 million people visit their GP each year, 1.3 million are referred to specialist services and 200,000 spend time on a hospital ward.³ Responsibility for public services falls on the Department for Health, working through NHS mental health trusts and GPs. There are specialised services for young people, delivered by Child and Adolescent Mental Health Services (CAHMS) teams.

In the charitable sector, the large providers of mental health services include Rethink and MIND, which work through local MIND associations. There are also a large number of other providers and local community groups, on the fringes of the mental health system. In recent years, the charity sector has worked successfully together to tackle the discrimination and stigma attached to mental health problems. This is visible in the Time to Change campaign, which campaigns for a better understanding around mental health and provides information to the public.

Vulnerable groups

Mental health problems can affect anyone. Among the key groups to consider are:

- **Teenagers and young adults:** Mental health problems often become visible in adolescence as young people begin to take responsibility and live independently. Teenage girls are most at risk of developing eating disorders, often associated with body image problems.
- **People with a history of mental health in their family:** Mental health is known to have a hereditary component, although the exact nature of the link has not been isolated. The National Institute of Mental Health in the US says that at least 60% of the factors that give rise to schizophrenia may be related to genetic factors.⁴
- **Ex-service personnel:** Members of the armed forces may have witnessed traumatic events or experienced severe stress. Over the last three decades, what used to be known as 'shell shock' has been recognised as post traumatic stress disorder and related issues. Services personnel returning from duty may have difficulty adjusting to civilian life.
- **Older people:** Older people are more likely to live alone, have low incomes and poor health, which are known to be risk factors in developing mental health problems. Stressful events, for example, the loss of a partner can also trigger the onset of mental health problems.
- **Unemployed people:** Having a purpose in life is known to be important to good mental health. For most people work provides a focus and direction and takes up a large part of their lives. Unemployment can also lead to financial problems and poverty and people can find themselves trapped in a downward spiral. An estimated 2.3 million people with mental health problems do not work, and more than 70% of people on Incapacity Benefit have a mental health problem.⁵

² Centre for Mental Health (2010) The economic and social costs of mental health problems in 2009/10 and Centre for Mental Health (2007) Mental health at work: Developing the business case.

³ Joy, I. and Miller, I. (2006) Don't mind me: Adults with mental health problems. New Philanthropy Capital.

⁴ Joy, I. and Miller, I. (2006) Don't mind me: Adults with mental health problems. New Philanthropy Capital.

⁵ Rickey, B., Joy, I. and Paterson, E. (2012) Job well done: Employment and mental health problems. A guide for funders.

Key outcomes

- **People have improved mental health:** An individual's mental health is improved, they access the services that they need, and they avoid crisis.
- **People are better able to manage their mental health and lead a full life:** An individual's ability to manage mental health problems and the effects on their lives is improved, including impacts on work, financial situation, friendships, involvement in community and overall self-esteem.
- **Families and friends of people with mental health problems have improved well-being:** How the well-being of people close to people with mental health problems are affected by their condition, including immediate family, friends and colleagues. This includes support and respite for carers.
- **Reduced stigma and discrimination of mental health problems:** The extent to which attitudes and behaviour within society and the workplace towards mental health problems are improved. This includes measurements of the success of lobbying and campaigning.

Examples of typical interventions

The most common way of dealing with mental health problems is with **medication**. Millions of patients each year that visit their GP and are prescribed anti-depressants or other drugs. In severe cases, people can admit themselves to hospital or are 'sectioned', and enter the care of a psychiatrist. Treatments also include **talking therapies** such as **cognitive behavioural therapy** and **counselling**, which may be used alongside drugs. **Complementary therapies**, such as reflexology and aromatherapy, are also often used to relieve anxiety.

Much of charities' work focuses on helping individuals with mental health issues cope with day-to-day life and manage when crisis hits. Day to day support is given to individuals and their families through **clubhouses**, **arts-based activities**, **befriending services**, and **short breaks**. Crisis services include **telephone advice lines** and **crisis houses**, short-term support to manage and resolve crises in a residential, rather than hospital, setting.

Charities also promote good mental health, educating the public about their mental health and helping people to seek help when they need it. This is done through providing **information, advice and guidance** and providing interventions to tackle factors that trigger mental health problems, such as financial difficulties, healthy living, and substance abuse.

Charities also run **awareness campaigns** and **lobby government**, representing the interests of those affected by mental health problems in areas such as changes to the benefits system or employment legislation. **Medical research** looks for new treatment and approaches.

Current approaches to measurement

Patients within the NHS or any clinical environment have their mental health regularly assessed using validated psychological scales (of which there are many). Scales are chosen that focus on particular aspects of mental health and behaviour, such as anxiety or narcissism. Clinical observation can also be used to test compulsive behaviours or to test if the mental health problem is having an impact on physical health. This measurement is combined with professional judgment to make a decision on a patient's clinical needs.

In practice, many treatments, including talking therapies and use of anti-depressants, do not rely on any rigorous measurement. When they were developed they will have been part of large clinical trials and have been approved for use in the health service. In this case, doctors tend to rely on whether the patient 'feels better'.

Charities' work is subject to a variety of different measurement. Most services will have some way of measuring the progress of individuals, sometimes through clinical scales or sometimes through measurement tools, such as the widely-used Mental Health Recovery Star, or through anecdotal evidence from family or friends. Where services exist to address a specific problem, for example related to housing, benefit claims or relationships, data is often captured on that measure. In addition, services often measure client satisfaction using survey-based approaches.

Lobbying and awareness raising campaigns can be evaluated using measures of numbers of people engaged, whether policy change has been achieved, and changes in public attitudes.

Key sources

- The King's Fund research publication on mental health <http://www.kingsfund.org.uk/topics/mental-health>
- NHS's Attitudes to Mental Health survey report 2011, http://www.ic.nhs.uk/webfiles/publications/mental%20health/mental%20health%20act/Mental_illness_report.pdf
- Centre for Mental Health (2010) The economic and social costs of mental health problems, http://www.centreformentalhealth.org.uk/pdfs/Economic_and_social_costs_2010.pdf
- Rickey, B., Joy, I. and Paterson, E. (2012) Job well done: Employment and mental health problems. A guide for funders.
- A guide for funders
- Joy, I. and Miller, I. (2006) *Don't mind me: Adults with mental health problems*. New Philanthropy Capital.
- NHS mental health website, <http://www.nhs.uk/LiveWell/Mentalhealth/Pages/Mentalhealthhome.aspx>
- Time to Change, website www.time-to-change.org.uk
- MIND website www.mind.org.uk, Rethink website www.rethink.org, and YoungMinds website www.youngminds.org.uk

Related outcomes

Mental health is linked to outcomes in many other areas of life, including:

- Personal and social well-being
- Physical health
- Employment and training
- Substance use and addiction

Key outcomes	Specific outcomes	Indicators	Existing measures	Source and use	Stakeholders (tagging)	Notes
<p>People have improved mental health.</p>	<p>People have an improved mental state, including reduced anxiety and distress.</p>	<p>Number of people with fewer negative symptoms of mental distress.</p>	<p>Clinical tools developed by psychologists to measure negative symptoms of mental distress. These include: The Patient Health Questionnaire (PHQ-9) for symptoms of depression. The Generalised Anxiety Disorder Assessment (GAD-7) for symptoms of generalized anxiety, including panic and stress. CORE-IMS measures global clinical distress, including subjective well-being, commonly experienced problems or symptoms, and life and social functioning, as well as risk to self and others. Measures of young people's mental health include Goodman's Strengths and Difficulties Questionnaire (SDQ) and CORE-YP.</p>	<p>These tools are widely used in primary care settings to diagnose and monitor mental health. Tools are available for adults and young people.</p> <p>Clinical tools can be used to both assess a clients mental health and also to measure change by comparing symptoms between two points in time. The results can also be aggregated at a group level to demonstrate the value of a service.</p>	<ul style="list-style-type: none"> • Individuals • People with mental health problems • Young people 	<p>Clinical tools usually contain a series of questions regarding particular symptoms and ask the client to rate on a scale how frequently that symptoms has occurred in the last.</p>

Measurement overview: Mental health

Improved access to and increased use of support services	Number of referrals to mental health services.	Data based on referrals from professionals and sessions delivered.	These measures are used widely but inconsistently by organisations to monitor use of services It can be difficult to get benchmarks and know what rate to expect as data is not published	<ul style="list-style-type: none"> • Individuals • People with mental health problems • Community and society 	
	Number of people accessing mental health services.	Data based on referrals from professionals and sessions delivered. Questionnaires of users asking whether they have used services, and how likely they are to use them in the future.			
	Number of service users reporting improved access to support.				
Service users feel more informed about their health and well-being.	Number of service users reporting that they feel more informed about their health and well-being.	Surveys of patients and service users asking whether they feel they have access to services. Feedback can be asked after using a service. Eg: <i>Since you contacted us, has the information provided helped you to live with your condition?</i>	These measures are used widely but inconsistently by organisations to monitor use of services	<ul style="list-style-type: none"> • Individuals • People with mental health problems 	
	Number of information resources and publications downloaded or accessed.	Data collected by organisations providing information on number of downloads and resources accessed.			
Reduced admissions to hospital or need to seek medical help.	Number of admissions to hospital acute wards.	Hospital statistics on admissions related to mental health, available from the Department of Health and health trusts.		<ul style="list-style-type: none"> • Individuals • People with mental health problems • Community and 	This approach may be supplemented with questions of service users. For example, do you think that the services we have provided have reduced your

Measurement overview: Mental health

		Number of admissions to crisis houses.	Data collected by organisations providing crisis house services.		society	use of statutory services? Options: Yes, definitely; Yes, maybe; No; Not sure
		Number of people 'sectioned' under the Mental Health Act.	Department of Health data eg, data from the Health and Social Care Information Centre on number of people detained under the Mental Health Act.			
	Reduced mental health inequalities between different groups	For example: Number of people accessing mental health services, according to ethnicity, gender, and socio-economic status. Number of people satisfied with access to mental health services, according to ethnicity, gender, and socio-economic status. Number of people 'sectioned' under the Mental Health Act, according to ethnicity, gender, and socio-economic status.	All of the outcomes in this paper can be analysed (using the relevant suggested measures) to determine differences between groups See measures for specific outcome areas.		<ul style="list-style-type: none"> • Individuals • People with mental health problems • People from black and minority ethnic groups • Community and society 	
People are better able to manage their mental health and lead a full life	Increased numbers of people are able to manage their mental health problems.	Score on psychological scales to measure ability to cope.	Validated psychological scales to measure ability to cope, including Ways of Coping scale (WOCS).	This has been used for over twenty years and can form part of wider mental health assessments.	<ul style="list-style-type: none"> • Individuals 	
		Score on Mental Health Recovery Star.	The Mental Health Recovery Star was	Developed by Triangle Consulting		

	<p>Service users have increased self-esteem.</p>	<p>Number of service users with increased feelings of self-worth and improved self-assessment of their own capabilities.</p>	<p>Validated psychological scales, including:</p> <ul style="list-style-type: none"> • The Rosenberg Self-esteem scale (RSES); • The General Self-Efficacy Scale (GSES); • Body image scale (Franzoi & Shields); • NPC's Well-being Measure for young people.. <p>Self-reported scores can also be compared to other indicators of well-being, reported by family, friends or professionals.</p>	<p>These scales contain multiple-item measures containing statements that individuals' respond to.</p> <p>Change can be measured by observing test scores at different times.</p>	<ul style="list-style-type: none"> • Individuals • People with eating disorders • People from black and minority ethnic groups • Young people aged 11-16 	<p>See well-being overview.</p>
	<p>Service users increase their skills and gain appropriate qualifications.</p>	<p>Number of service users participating in education and training activities.</p> <p>Number of service users achieving GCSEs, A Levels NVQs, BTEC, degrees and other academic, vocational or skills-based qualifications.</p>	<p>Data on number and level of qualifications and accreditations attained. Published by the Department for Education in England and by schools and colleges.</p>	<p>National benchmarks are available.</p>	<ul style="list-style-type: none"> • Individuals • Young people 	<p>See education overview.</p>
	<p>Increased numbers of service users enter employment</p>	<p>Number of people with mental health problems that enter employment.</p> <p>Number of people with mental health problems</p>	<p>Office for National Statistics (ONS) Labour Force Survey gathers data on employment rates of DDA disabled people</p>	<p>Figures can be compared with general rates of employment.</p>	<ul style="list-style-type: none"> • Individuals 	<p>See employment and training overview.</p>

Measurement overview: Mental health

		that sustain employment.	<u>by main impairment, including mental illness.</u>			
	Service users have improved social networks	Responses validated psychological scales looking at social networks.	Validated psychological scales include: <ul style="list-style-type: none"> • The Lubben Social Network Scale Revised (LSNS-R); and • Social integration subscale of the Social Provisions Scale (SPS) 		<ul style="list-style-type: none"> • Individuals 	See personal and social well-being overview.
	Service users become more active citizens.	Number of people who given any unpaid help or worked as a volunteer for any type of local, national or international organisation or charity	Questions in Understanding Society survey (wave 2)	Annual nationwide survey looking at about the lives, experiences, behaviours and beliefs of people in the UK run by the Institute for Social and Economic Research (ISER).	<ul style="list-style-type: none"> • Individuals 	Many other indicators available. See politics and influence survey. Use of suggested measures of active citizenship by people with mental health problems can be used at a population level to compare trends for those with and without mental health problems, and to track individual progress
	Service users are better able to manage their finances.	Number of service users reporting that they have adequate knowledge, confidence and access to personal finance, bank account, savings, and credit.	OECD International Network on Financial Education (INFE) Financial literacy survey instrument – for adults and 15 year olds.		<ul style="list-style-type: none"> • Individuals 	Other outcomes and indicators also exist. See financial security and legal matters overview.
		Number of service users in control of personal finances, including budgeting,				

		managing indebtedness, and claiming appropriate level of benefits.				
	Increased numbers of service users feel in control of their lives	Numbers of service users reporting a sense of having control over their own destiny and ability to make decisions.	Measures using the concept of 'locus of control', or where the individual sees control over their life Duttweiler (1984) Internal Control Index (28-item). Alternative locus of control scale (13-item) (Rotter 1966) Locus of Control scale for children and adolescents (21-item) (Nowicki and Strickland 1971)	Measures can be used to diagnose individual support needs and track progress.	<ul style="list-style-type: none"> Individuals 	Also see politics and influence overview.
Families and friends of people with mental health problems have improved mental well-being and life satisfaction	Improved support for carers.	Number of carers of people with mental health problems feeling supported.	Rethink's Carers' Well-being and Support Measure evaluates adult carers' satisfaction with the support they get	Carers' Well-being and Support Measure is developed by Rethink to evaluate adult carers' satisfaction with the support they get Surveys of carers can be used to assess availability, relevance and access to support, and track changes overtime.	<ul style="list-style-type: none"> Individuals Young people Families and children Carers 	
		Number of hours respite and short breaks provided to carers.				
	Carers have improved well-being and life satisfaction.	Number of carers with improved mental well-being and life satisfaction.	Validated well-being measures to capture overall mental well-being and life satisfaction, including: <ul style="list-style-type: none"> Warwick- 	Measures can be used to assess changes in well-being overtime and results can be compared to norms for other adult or child	<ul style="list-style-type: none"> Individuals Young people Families and children Carers 	

Measurement overview: Mental health

			<p>Edinburgh Mental Well-being Scale (WEMWBS)</p> <ul style="list-style-type: none"> NPC's Well-being Measure (for 11-16 year olds) 	populations		
	Children have improved attitudes towards family members with mental health problems.	Score on validated psychological scale to measure satisfaction with relationships.	For example: Huebner's Multi-dimensional Student Life Satisfaction Scale 7-item family module. (Adapted to 5-item in NPC's Well-being Measure).	Measures can be used to indicate the wider impacts of mental health issues on family relationships, and track changes over time.	<ul style="list-style-type: none"> Individuals Young people aged 5–18 Families and children 	For more indicators, see social and personal well-being overview.
Reduced stigma and discrimination of mental health problems.	The public have improved knowledge of mental health.	Number of people with improved knowledge about mental health problems.	Validated multiple-item psychological scale eg, the Mental Health Knowledge Schedule (MAKS).	MAKS esd developed by the Institute of Psychiatry to measure the knowledge, attitudes and behaviour of the general public to people around mental health. It is used in the Department for Health's National Attitudes Survey. Use with the general public, with responses aggregated.	<ul style="list-style-type: none"> Community and society 	
	The public have improved attitudes towards people with experience of mental distress.	Number of people with improved attitudes to mental health problems (ie, how tolerant they are, and the language that they use)	Validated multiple-item psychological scale eg, the Community Attitudes to Mental Illness Scale (CAMI)	CAMI used in the Department for Health's National Attitudes Survey. Use with the general public, with responses aggregated	<ul style="list-style-type: none"> Community and society 	
	The public's behaviour towards people with experience of mental	Number of people demonstrating improved treatment of	Validated multiple-item psychological scale to assess interactions in a	RIBS is used in the Department for Health's National	<ul style="list-style-type: none"> Community and society 	

Measurement overview: Mental health

	distress improves.	people with mental health problems.	range of contexts, including on the street, in public services and in the workplace. Eg, the Reported and Intended Behaviour Scale (RIBS).	Attitudes Survey. Use with the general public, with responses aggregated		
	Health practitioners are better able to identify mental illness and act appropriately.	Number of practitioners trained in mental health	Training and surgery data can be monitored in GP surgeries or by training providers such as Mind.		<ul style="list-style-type: none"> Community and society 	
Number of practitioners that 'feel confident' at dealing with mental health problems and know where to direct people.		Data on practitioner qualifications and surveys of knowledge/confidence				
Number of mental health cases diagnosed and referred from GP surgeries.		GP diagnosis and referral data collected by the Department of Health and local health authorities.				
Workplaces demonstrate improved understanding of mental health problems.	Number of employers willing to employ people with a history of mental health problems.	Shaw Trust survey assessing improvements in workplace practices towards people with mental health issues			<ul style="list-style-type: none"> Community and society 	<p>Example question: What if any accommodations have you made for employees who have mental health problems, that you did not have before?</p> <p>a) Reduced working hours b) Increased supervision c) Adjustment to role d) Access to counselling e) Option to work from home</p>
	Number of employers willing to make adaptations.					
	Number of employers willing to be understanding in the event of a crisis.					

Measurement overview: Mental health

		Number of court cases and employment tribunals around discrimination of employees with mental health problems.	Employment rates and court cases in statistics published by the ONS.		<ul style="list-style-type: none"> • Community and society • Individuals 	
	Policy changes create a society more supportive of those with mental health problems	Number of policy initiatives (at specified level eg, local/national government, employers) directed at improving support for those with mental health problems.	Observed change in policy (as determined by what is written in organisation rules, white paper or statute), and resulting outcomes Self-evaluation of policy change based on expectations of change and estimation of 'what would have happened anyway'		<ul style="list-style-type: none"> • Community and society 	See politics and influence overview.
		Number/extent of outcomes attributed to policy change (ie, any of the outcomes featured in this framework)	Eg, 'External agencies dial' developed by NCVO's Valuing infrastructure programme, based on a scoring system of estimated influence.			

TRANSFORMING THE CHARITY SECTOR



NPC occupies a unique position at the nexus between charities and funders, helping them achieve the greatest impact. We are driven by the values and mission of the charity sector, to which we bring the rigour, clarity and analysis needed to better achieve the outcomes we all seek. We also share the motivations and passion of funders, to which we bring our expertise, experience and track record of success.

Increasing the impact of charities: NPC exists to make charities and social enterprises more successful in achieving their missions. Through rigorous analysis, practical advice and innovative thinking, we make charities' money and energy go further, and help them to achieve the greatest impact.

Increasing the impact of funders: We share the passion funders have for helping charities and changing people's lives. We understand their motivations and their objectives, and we know that giving is more rewarding if it achieves the greatest impact it can.

Strengthening the partnership between charities and funders: Our mission is also to bring the two sides of the funding equation together, improving understanding and enhancing their combined impact

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