



SANE Outcomes Evaluation

2010

Introduction

SANE has adopted the Charities Evaluation Services framework to guide the monitoring and evaluation of its work. As the organisation has evolved, the evaluation process has also grown and developed.

SANE has three main areas of work:

- 1. Services** – providing emotional support and specialist information for anyone affected by mental illness, including family, friends and carers
- 2. Research** – conducting neuroscientific and psychosocial research into the causes of mental illness, and investigating the experience of mental illness, to improve understanding and standards of care
- 3. Campaigning** – giving anyone affected by mental illness a voice, including family, friends and carers; working to improve services and support options

Development of the outcomes approach

Until 2009, the evaluation process was focused on the services function of the organisation and, until 2008, focused entirely on the helpline service. In 2009, some data was collected from the e-mail service (SANEemail) and the online support forum (Discussion Board). These services had been in place for a number of years, but hadn't thus far, been included in any evaluation process.

In 2010, further data has been gathered from the e-mail service and the Discussion Board (now re-designated Support Forum on the new SANE website – launched January 2011). In addition, the spectrum of the evaluation was broadened to include data gathered from SANE's Services volunteers.

Future reports will aim to record some level of contribution to organisational aims and outcomes from every aspect of the organisation's work, including, in addition to Services and Volunteers:

- Research
- Campaigning
- SANE website (as a valuable learning and support tool)
- Creative arts support
- Events (fundraising and awareness-raising)

An organisational approach

In effect, the 2010 SANE evaluation report is a first step towards developing an organisational approach to outcomes reporting. The aims, outcomes and indicators have been reviewed and revised (or are in an ongoing process of review) to reflect all the functions of the organisation that may have an impact not just on its service users, but on any member of the SANE community, as well as the general public, professionals or any other individual who may be affected in some way by the work of the organisation.

Learning from outcomes

Putting this new evaluation framework into practice for 2010 resulted in a significant learning process. This included identifying where outcomes contributed to more than one aim and/or were better placed under a different aim. It became clear that some indicators duplicated or significantly overlapped existing indicators, and could usefully be dropped or merged. Where such learning occurred, it has been noted throughout the report, and more substantial amendments will be incorporated into the 2011 and subsequent reports to reflect this learning.

On a more strategic note, this report and future reports will act as significant learning tools for the organisation as a whole. In particular, adopting this outcomes approach helps us to strengthen and deepen the sense of the SANE community – as reflected and enabled by our website, so that the process of change, learning and development is a fluid, dynamic relationship between SANE and anyone who has an interest in mental illness.

Aims and outcomes framework

AIM 1: Reducing the impact of mental illness

OUTCOMES

- 1(i) People affected by mental illness are more able to maximise benefit from available sources of support (including statutory, non-statutory, family and community)
- 1(ii) Improved confidence and ability to communicate in interpersonal interactions (both with casual contacts and with significant others)
- 1(iii) Increased capacity for self-management of illness and the process of recovery
- 1(iv) Increased sense of being supported consistently and with continuity while living with mental illness
- 1(v) People affected by mental illness feel less distressed or despairing
- 1(vi) Reduced loneliness and isolation of people affected by mental illness
- 1(vii) People whose family member, friend or colleague has a mental illness are better able to cope with its effects
- 1(viii) A greater variety of effective treatments available for people with mental illness

AIM 2: Increasing knowledge about mental illness to improve treatment and care

OUTCOMES

- 2(i) Increased awareness among the general public of the daily reality of living with a mental illness
- 2(ii) Future and present mental health professionals know more about the daily reality of living with a mental illness
- 2(iii) People affected by mental illness understand their condition better

**AIM 3: Increasing understanding to influence policy and public attitudes;
giving people affected by mental illness a voice**

OUTCOMES

3(i) Changes to policy and the mental health system that reflect the reality of mental illness as experienced and described by SANE's service users.

3(ii) People affected by mental illness come to feel that their experiences, needs and preferences are valid. They begin to express them and use them in shaping their care.

3(iii) People affected by mental illness increasingly feel that their experiences are recognised, used and valued as a form of expertise, insight and learning.

3(iv) People affected by mental illness feel their views are increasingly involved in service planning and health care policy.

Executive Summary

An overview of the main findings for SANE's aims and outcomes

AIM 1: Reducing the impact of mental illness

OUTCOMES:

1(i) People affected by mental illness are more able to maximise benefit from available sources of support (including statutory, non-statutory, family and community)

Summary results:

- **94%** of e-mail service users were given information about mental health and/or how to access appropriate help and support
- **9%** of helpline service users were given information about mental health and/or how to access appropriate help and support
- **5%** of e-mailers per month spontaneously respond to say how helpful they have found the information/guidance given
- **10.5%** of members use the Information Exchange Forum to share information about conditions, treatment and services
- **23%** of helpline callers observed showed a negative attitude or intention towards seeking help from mental health services; **22%** of this 23% of callers showed a more positive attitude towards seeking help by the end of the call
- **8%** of helpline callers observed showed a neutral attitude regarding seeking help. Of these 3 callers, one started the call "See[ing] depression as something she has that will get better with tablets" but ended the call "Respond[ing] well to suggestion that she might try Support Forum and accepts offer to send information about depression."
- **40%** of Support Forum members used the Mutual Support Forum; many of these transactions relate to supporting people with taking medication, attending appointments with GPs, psychiatrists, CPNs etc

1(ii) Improved confidence and ability to communicate in interpersonal interactions (both with casual contacts and with significant others)

Note:

- It was found that this outcome was significantly covered under **Outcome 1(vi) – see Indicators 1(vi).b and 1(vi).c in particular.**
- It is also substantially addressed under Aim 3, particularly **Outcomes 3 (ii) and 3(iii).**

See the above for main findings; a small amount relevant evidence is included in this section in the report. This outcome will be amended for future reference.

AIM 1: Reducing the impact of mental illness – contd...

1(iii) Increased capacity for self-management of illness and the process of recovery

Summary results:

- **75%** of helpline service users observed gained a greater degree of clarity and decision-making as a result of this contact.
- **67%** of helpline service users observed feel clearer about how to manage or deal with a situation as a result of this contact.
- **22%** of helpline service users observed developed a more positive attitude towards seeking help as a result.
- **40%** of members used the Mutual Support Forum; much of this interaction includes sharing tips and strategies for coping with difficult situations and feelings, including self-harm impulses and suicidal ideas and plans.
- **5%** of e-mail service users respond spontaneously each month, some of whom report action taken to help themselves as a result of this contact.

1(iv) Increased sense of being supported consistently and with continuity while living with mental illness

Note:

It was found that this outcome was substantially addressed under **Outcome 1(vi)** relating to relieving feelings of isolation and loneliness for those affected by mental illness.

- **See Indicators 1(vi).b and 1(vi).c in particular.**

This outcome will be amended for subsequent reports to reflect this finding.

1(v) People affected by mental illness feel less distressed or despairing

Summary results:

- **67%** of those observed felt less helpless at the end of a call, and had considered ways of moving forward or to cope with their situation.
- **30% - 67%** of service users were observed as experiencing a reduction in difficult feelings as a result of their contact with SANE (% varied according to the specific feeling)

40% of Support Forum members used the Mutual Support Forum; much of this content reflects a reduction in difficult / distressing feelings as a result of using the service

5% of e-mail service users per month spontaneously respond with a thank-you e-mail, which expresses a release or relief from difficult feelings / anxiety as a result of this contact

AIM 1: Reducing the impact of mental illness – contd...

1(vi) Reduced loneliness and isolation of people affected by mental illness

Summary results:

- **19%** of members posting on the SANE discussion board who mentioned why they were posting said that feeling isolated and lonely and hoping to make new friends and talk to people was their main reason for using the Forum
- **33%** of helpline service users observed said explicitly they were or appeared to be feeling lonely or disconnected from others; **69%** of these seemed to feel less lonely at the end of the call
- **31%** of SANE services_volunteers said that volunteering has helped them to confide more in people close to them

1(vii) People whose family member, friend or colleague has a mental illness are better able to cope with its effects

Summary results:

- **73%** of SANE volunteers felt that their volunteering work with SANE has helped them to cope with the effects of the mental illness of a friend/family member/colleague on their relationship with that person.
- **27%** SANE volunteers felt that their volunteering work with SANE has helped them to cope with the effects of the mental illness of a friend/family member/colleague on their relationship with that person to some extent.
- **0.5%** of the callers to SANEline are carers (October 2010)
- **7%** of the members posting on the Support Forum are carers (October 2010).

1(viii) A greater variety of effective treatments available for people with mental illness

Note:

Evidence for this outcome has not been included in the 2010 report. By its nature, this outcome is a long-term element under the aim of reducing the impact of mental illness. We aim to include some relevant evidence in the 2011 report.

To this end, the organisation is developing a structure to enable us to capture relevant evidence from our strategy and campaigning functions.

AIM 2: Increasing knowledge about mental illness to improve treatment and care

OUTCOMES:

2(i) Increased awareness among the general public of the daily reality of living with a mental illness

Summary results

- **93%** of SANE service volunteers feel that this role has helped them to influence public attitudes to mental illness for the better.

Note:

Although not evidenced in the 2010 report, SANE also aims to meet this outcome through its Campaigning and Research work.

- **Campaigning and media** – SANE has a high public profile and anecdotal evidence indicates that this is effective in influencing public attitudes and increasing awareness of the reality of living with mental illness.
- **SANE's psychosocial research uses qualitative** research methods to help make experiences and behaviours such as self-harm, suicide or attempted suicide intelligible to those who have no firsthand experience of them and who often find them incomprehensible. Future outcomes reporting will aim to capture the impact of such research findings on the general public.

SANE is developing an outcomes structure to enable us to include such evidence in future reports.

2(ii) Future and present mental health professionals know more about the daily reality of living with a mental illness

Summary results:

- **77%** of SANE Services volunteers are either currently working as mental health professionals, or planning to do so. **All** of these reported that volunteering for SANE gives them more direct experience of understanding service users and that they learn more about the daily reality of living with mental illness through the contact they have with SANE service users.
- **46%** of SANE service volunteers are currently working as a mental health professional (eg healthcare assistants, rehabilitation assistants, counsellors, social workers)
- **31%** are planning or training to become a mental health professional in the future (eg training to be or hoping to train as a Clinical Psychologist, psychiatric nurse or counsellor).
- **ALL** of this 77% of volunteers feel that volunteering for SANE gives them more direct experience working with service users and that they learn more about the daily reality of living with mental illness through the contact they have with SANE service users.

**AIM 2: Increasing knowledge about mental illness to improve treatment and care –
contd...**

2(iii) People affected by mental illness understand their condition better

Summary results:

- **10%** of helpline service users appear to be confused or uncertain about a mental health issue
- **50%** of these felt more clear / certain by the end of their contact
- **94%** of e-mail service users were given information about mental health and/or how to access appropriate help and support
- **5%** of e-mailers per month spontaneously respond to say how helpful they have found the information/guidance given
- **10.5%** of members use the Information Exchange Forum to share information about conditions, treatment and services

AIM 3: Increasing understanding to influence policy and public attitudes; giving people affected by mental illness a voice

OUTCOMES:

3(i) Changes to policy and the mental health system that reflect the reality of mental illness as experienced and described by SANE's service users.

Note:

Evidence for this outcome has not been included in the 2010 report. By its nature, this outcome is a long-term element under the aim of increasing understanding to influence policy and public attitudes. We aim to include some relevant evidence in the 2011 and subsequent reports.

The organisation is developing a structure to enable us to capture relevant evidence from our strategy and campaigning functions.

3(ii) People affected by mental illness come to feel that their experiences, needs and preferences are valid. They begin to express them and use them in shaping their care.

Summary results:

- **72%** of SANE Services volunteers moved from hesitant disclosure to open and confident disclosure of their mental health and related issues as a result of volunteering for SANE
- **87%** of SANE services volunteers feel that volunteering for SANE has helped them to develop a positive attitude towards themselves
- **20%** of helpline service users callers begin by describing themselves in an overtly negative or self-critical way

50% of these progress to being less self-critical by the end of their contact

3(iii) People affected by mental illness increasingly feel that their experiences are recognised, used and valued as a form of expertise, insight and learning.

Summary results:

- **64%** of SANE service volunteers feel that their personal experiences are more useful for themselves and for others as a result of volunteering for SANE
- **40%** of volunteers answered 'yes' and 20% answered 'to some extent' to the question 'has volunteering with SANE services made you more willing to share your experiences with others?'

AIM 3: Increasing understanding to influence policy and public attitudes; giving people affected by mental illness a voice – contd...

3(iv) People affected by mental illness feel their views are increasingly involved in service planning and health care policy.

Note:

Evidence for this outcome has not been included in the 2010 report. SANE routinely uses input from its service users and others in contact with the organisation to inform SANE's representation on a range of mental-health policy forums; we are developing systems to enable us to capture people's response to their input to this aspect of SANE's strategic activities.

We aim to include relevant evidence for this outcome in future reports.

Appendix 1

Evaluation methods 2010

The evidence for the 26 indicators in the 2010 evaluation is gathered from 4 different sources:

- SANE support forum evaluation October 2010
- SANEline observation 2010
- SANEmail evaluation 2010
- SANE services volunteer evaluation 2010

Helpline observation 2010

In December 2010, forty calls to the helpline were observed either by a member of the research team and two research volunteers who are also services volunteers.

Roughly four observations were made per shift (6pm until 11pm) per observer. Each call observed was rated on a number of preconceived scales relating to the relevant indicators from SANE's outcomes framework.

SANE Support Forum evaluation October 2010

Information from the posts of people who are members of the SANE Support Forum was gathered for the month of October 2010. Posts were also analysed using search functions to follow particular themes of interest in relation to the SANE services outcomes framework, and relevant quotes and summaries of threads on the board were collected.

Total number of different people posting in the forums during October 2010:

Living Room	Mutual Support	Family, Friends and Concerned Others	Information Exchange	Creative Corner
69	96	34	25	16

SANEmail pilot evaluation 2010

In the pilot evaluation of the e-mail service we focused on three areas:

- 1) Thank you emails sent in reply to an initial response for the whole of 2010
- 2) Emails received by the service during the month of October 2010.
- 3) Email responses sent during the month of October 2010

Emails were systematically analysed for content that gave evidence for one or more of the indicators in SANE's outcome framework. The percentage of people who were given specific mental health related information was investigated as a comparison to the helpline evaluation of 2009. The types of information given were also analysed in broad categories.

SANE services volunteer pilot evaluation 2010

A mixed qualitative / quantitative questionnaire based on the outcomes and indicators relevant to the services volunteers was sent out to all of the current SANE service volunteers. Fifteen volunteers completed the questionnaire and their responses were analysed as frequency data and used as quotes to provide evidence for the relevant indicators.

Appendix 2

SANE Evaluation Strategy Development 2009/2010 and onwards

During the SANE services 2009 outcomes evaluation, SANE developed an outcomes framework which has been used as a basis for the 2010 outcomes evaluation.

Working with the framework in 2009 identified strengths and areas for improvement in the evidence currently available to support each of SANE's outcomes and indicators. This knowledge will be used to focus the 2010 evaluation strategy to get a broader cover of evidence across the range of indicators.

Development of SANE's evaluation strategy 1:

Towards a more comprehensive evaluation addressing more outcomes and indicators and encompassing more services and other aspects of SANE's work

In the 2010 SANE services evaluation we aim to widen the scope of the evaluation carried out in 2009. This will be done in two ways:

- 1) Capturing outcomes for the full range of services offered by SANE (to include helpline, e-mail and Support Forum services, as well as volunteer training and development)
- 2) Targeting data gathering to fill in the areas for evaluation development identified in 2009

At the end of the 2009 SANE services evaluation a number of areas for development in future evaluations were identified. The Indicators for which the 2009 evaluation had insufficient evidence were:

- **1(iii).a** Are people using SANE services more aware of coping strategies that work for them?
- **1(iii).b** Do people using SANE services develop a more positive attitude towards help seeking as a result?
- **1(iii).c** Do SANE services help people to become less uncertain and/or come to a definite opinion or decision?
- **2(iii).b** Do SANE services help people to move from confusion to understanding about their condition?
- **2(vi).d** Do SANE services help people to confide more in the people close to them?
- **3(ii).b** Do SANE services help people to develop a more positive attitude towards themselves?
- **3(iii).a** Do people feel that their experiences are more useful (for themselves and for others) as a result of their contact with SANE services?

The Outcomes evidenced in the 2010 report with *no* evidence for any of their Indicators in 2009 were:

Outcome 2(i) Increased awareness among the general public of the daily reality of living with a mental illness

Outcome 2(ii) Future and present mental health professionals know more about the daily reality of living with a mental illness

Outcome 3(ii) People affected by mental illness come to feel that their experiences, needs and preferences are valid. They begin to express them and use them in shaping their care.

In 2010 we aim to address the above outcomes and indicators in the following ways:

- An analysis of SANE's e-mail service, which has undergone much development as a service during 2009 and 2010, will be included in the 2010 evaluation for the first time. Due to resource constraints this evaluation will replace one of the two evaluations focusing on the helpline. (The helpline evaluation 2009 will not be repeated, but the helpline observation which was piloted in 2009 will be widened to cover more indicators.)
- A pilot evaluation of SANE service volunteer population will be carried out. This is the groundwork for a planned online or email questionnaire in the 2011 evaluation which will aim to capture feedback from all active SANE service volunteers (currently around 140)
- A Support Forum evaluation will be carried out based on the pilot done in 2009. In 2010 this evaluation will focus particularly on insufficiently evidenced indicators from 2009, as well as gathering data for all other outcomes and indicators.

In the 2010 report the following outcomes have not been evaluated:

1(iv) Increased sense of being supported consistently and with continuity while living with mental illness

1(viii) A greater variety of effective treatments available for people with mental illness

3(i) Changes to policy and the mental health system that reflect the reality of mental illness as experienced and described by SANE's service users.

3(iv) People affected by mental illness feel their views are increasingly involved in service planning and health care policy.

With regard to outcome 1 (iv), in 2011 we will seek to develop a project aimed at evaluating the impact of SANE's services on people who have regular and longstanding contact with SANE (see below).

The Outcomes Evaluation will also be expanded to include the Campaigning and Research functions of the organisation, which are particularly relevant to outcomes 1(viii); 3(i) and 3(iv)

In addition, as we continue to broaden and deepen the evaluation process, particular attention will be paid to those outcomes and indicators currently less well-evidenced in the 2010 report (for example, outcomes 1(ii); 2(i) and 2(ii))

Development of SANE's evaluation strategy 2:

Finding a balance between reporting self-reported outcomes and objectively measured change

Much of SANE's Outcomes Evaluation is based on self-reported outcomes, for example the Support Forum analysis and the Volunteer Questionnaire, rather than objective measures of change. This has been, and continues to be, dictated by the nature of SANE's services, many of which are based on a single point of contact made in the safety of an anonymous phone call or email.

For example, it would be highly inappropriate to administer a questionnaire to a person who calls the helpline prior to helping them. The helpline observation is an attempt to overcome this problem, but it suffers from some limitations, the most important of which are:

1. The subjective nature of a single-observer assessment
2. The impact evaluated is limited to current mental state assessment rather than longer term change. For example, it *can* capture the relief that may follow being given information about one's illness or treatment, but it *can't* capture the progress towards recovery that may be initiated through receiving such information.
3. The impact measured is from a single point of contact, and this fails to capture the true function of the service in people's lives. Many people call regularly, as well as drawing benefit from just knowing that they *could* if they needed to.

Consequently, in 2011 we seek to expand our measures of change-evaluation in the following ways:

1. We will pilot an evaluation of the email service through administering a form enabling the client to carry out a self-assessment of their mental state immediately before reading the response and afterwards.
2. We will develop a self-standing project aimed at evaluating the real impact and change in people's lives achieved by SANE's services by working with some of SANE's long-term clients – people who contact us frequently and/or are active members of SANE's support forum. Such a project will require additional funding, which we will need to apply for.
3. Observation of SANE's support forum and longitudinal analysis of messages by active members.

While this development and expansion of our evaluation strategy is in the direction of objective measures of change, it has to be kept in mind that SANE's services are there in large part to *sustain* people who experience mental health problems. Often the goal is *lack of change*, nothing more ambitious than avoiding deterioration and preventing acts of self-harm and suicide.

Development of SANE's evaluation strategy 3:
Qualitative evaluation exploring the mechanisms of impact

This is a new area of development in our evaluation strategy. The question asked will be, not *whether* we achieve our main outcomes, but *how* we achieve them. We hope that this type of learning will enable us to direct our development of new services and to guide us as we redesign our existing services. Our findings will also be relevant to the assessment and development of similar services in other organisations.

We expect to begin work in this area in 2012/2013.