Volunteering and Mental Health: A Review of the Literature

Introduction.

This literature review has been prepared for the Social Exclusion Unit by the Institute for Volunteering Research. It reviews the available literature on adult mental health and volunteering, focusing on studies identifying the benefits to be gained from volunteering by people with mental health problems.

The review is in 3 sections. Section one reviews thinking about why volunteering might be expected to have an impact on mental health. Section two examines what we know about the engagement of people with mental health problems in volunteering, and considers whether this is due to the motivations of people with mental ill-health or whether there are barriers to participation in volunteer involving organisations. Section three then looks at published studies of the benefits of volunteering in relation to mental health. This section also themes findings around issues of the magnitude of benefits, knowledge about the benefits of different types of volunteering, and the benefits specific to age. The final section draws together the discussion in a conclusion and offers thoughts about next steps.

In writing this review we note the point made by Bates (Undated: 6) that the language of mental ill-health and learning disability is controversial. Terminology used in this report often reflects that used in the studies reviewed, but, like Bates, we have tried to ensure that the report is written clearly and respectfully.

Section 1: Expert opinion of why volunteering should benefit people with mental health problems.

Research identifying the mental health benefits of volunteering is relatively rare, however there is a growing literature, much of it from North America, on the relationship between social integration and physical and mental well

being. This literature makes some connection to volunteering and suggests that volunteering does have benefits for people with mental ill-health (Musick and Wilson 2003; Wilson and Musick 1999).

These benefits are predicated on long-standing sociological arguments that there is a link between social integration and subjective evaluations of well-being. Consequently, if integration is measured by the number of social roles performed by a person at any one time, or the number of social ties a person has, there is an argument that volunteering can help by adding roles and promoting social ties (Wilson and Musick 1999). Empirically there is evidence that the loss of roles has a negative psychological impact on men and women (Thoits 1983). Wilson and Musick (1999) and Musick and Wilson (2003) draw attention to the work Thoits, as well as that of Pancer and Pratt (1999) and Morrow-Howell *et al* (1999), both of which report volunteers as reporting higher levels of life satisfaction from their volunteering. Similar conclusions are drawn by Caldwell and Wiegand (2001). Work by Elliot and Barris (1987) refines this further; they hypothesised a correlation between life satisfaction, meaningful roles and number of roles performed, believing the correlation would be stronger for meaningful roles than for number of roles. The research showed a positive effect of participation on life satisfaction, but found there was no significant difference between meaningful roles and number of roles.

What these studies seem to show is that *participation* is an important factor, and by extension if volunteering is the means to increase participation it will also be shown to have a positive impact on life experience. Wilson and Musick (1999) and Musick and Wilson (2003) look at these arguments in relation to known studies on volunteering. They highlight a general problem with the body of literature noting that many rely on self-reported data. Nevertheless they identify a number of reasons why volunteering should have a positive effect on subjective mental health (see Box 1).

***Box 1* Why might volunteering improve mental health?**

1. It is a form of social participation

2. Providing help as a volunteer is a self-validating experience

3. It fosters a belief in being able to make a difference

(Wilson and Musick 1999)

Section 2: The prevalence of volunteering among people with mental health problems.

Before looking in more detail at the literature specifically studying volunteering and mental health, it is useful to outline a definition of volunteering, and to examine estimates of the engagement of people with mental health problems in volunteering.

The 1997 National Survey of Volunteering defines volunteering as:
Any activity which involves spending time, unpaid doing something which aims to benefit someone (individuals or groups) other than or in addition to close relatives, or to the benefit of the environment.
(Davis Smith 1998:13-14)

This encompasses both formal volunteering (that which is done through an organisation), and informal (that which is done on a more neighbourly basis and not through an organisation). This definition works well, but cannot cope with all eventualities; for example should employee-supported volunteering, where an employee is given time off to volunteer during paid working hours, be seen as volunteering? Similarly is 'mandated' volunteering in schools and colleges to be counted as volunteering? This is important in estimating the prevalence of people with mental health problems in volunteering (i.e. what roles are counted as volunteering), and when discussing policy interventions which may use volunteering to promote social inclusion (i.e. when should an intervention be voluntary and when should participation be compulsory).

It appears that without some help and guidance people with mental health problems do not find it easy to access volunteering opportunities. This may be because volunteer-involving organisations are not doing the right things to encourage people with mental health issues to volunteer, but it may also be due to factors more related to personal circumstances and motivations.

Neither the National Survey of Volunteering (Davis Smith 1998), nor the Home Office Citizenship Survey (a wider ranging survey of participation of which volunteering is a key component) (Prime *et al* 2002) is able to give any indication of the extent to which people with mental health problems volunteer. An alternative measure might be not to try to identify how many volunteers have mental health problems, but to investigate how many people with mental health problems volunteer. Again no comprehensive survey has been done. One local study by Shimitras *et al* (2003) surveyed the time use of people with schizophrenia in North London and included volunteering as one of the time-use categories recorded. It cannot tell us about the prevalence of people with mental health problems as volunteers, but gives some useful information about whether we would expect this group to be under-represented as volunteers.

The origins of this study lie in the observation that 'previous clinical studies suggest that people with a mental illness experience difficulty in using their time meaningfully' (Shimitras *et al* 2003:46). The study reviews material of time-use that, whilst not focussing on volunteering per se, makes a similar point to that reviewed by Wilson and Musick (1999); that the productive use of time is a key factor in good mental health. Thus they note that Meyer (1922/1977) conducted clinical observations at the beginning of the 20th Century which indicated that enforced idleness resulted in 'demoralisation, breakdown of habits, physical deteriorisation and loss of abilities' (Shimitras *et al* 2003:47). The study notes the existence of other time-use surveys (Weeder 1986, Delespaul 1995, Hayes and Halford 1996, de Vries 1997) which show that people with various mental illnesses spend less time 'meaningfully' than those without clinical conditions. Overall these studies conclude that the mentally ill spend more time in sleep, socialisation and passive leisure.

Shimitras *et al* (2003) note, however, that in general time-use studies of people with disabilities are hampered by small convenience samples from which generalisations are difficult to make.

With this in mind, the researchers went on to conduct their own study drawing a sample of 229 participants from a stratified sample of 420 people approached from a population of 528 with a 'broad diagnosis of schizophrenia in a North London catchment area' (Shimitras *et al* 2003:47). The team used individual interviews that included sociodemographic and clinical questionnaires, symptom rating and time budget.

The findings supported previous studies - few of the participants were engaged in work, active leisure or education. The predominant occupations were sleeping, personal care and passive leisure. Although time-use patterns varied slightly across ages and between genders volunteering was largely absent. In fact only four people out of the 229 recorded any time-use for voluntary and community participation. From a methodological perspective some doubt must be cast over the definitions used in the time-use survey; categories were adapted from two Australian time-use surveys (referenced as Castles 1994 and McLennan 1998), which included 'voluntary work and community participation (including religious participation)' as the occupation related category for data collection. However, studies tell us that surveys specifically using the word *volunteering* result in under reporting (Lyons *et al* 1998). The Shimitras *et al* study is more in-depth involving 'prompting to facilitate recollection and clarification of purposes' (Shimitras *et al* 2003:48) which may address the reporting issue, but this caveat should stand when considering the data.

These findings would seem to indicate that people with mental health problems are less likely to volunteer as a result of their condition. But another possibility must be faced - that volunteer-involving organisations are not doing enough to doing to make volunteering by those with mental health problems a reality. Clark's (2003) survey into mental health and volunteering in the UK found that of the 120 (out of 560, a return of 21 per cent) people who returned

the questionnaire, 83 per cent had personal experience of mental ill-heath and 95 per cent were currently volunteering. This survey covered a self-selecting group (we would expect returns skewed by those who have an interest in the subject, re-inforced by the fact that 58 per cent volunteered for a mental health charity), but it was able to demonstrate the benefits of volunteering to many who had suffered mental ill-health. The survey also highlighted supported volunteering as a way of getting into volunteering. The 1997 National Survey of Volunteering (Davis Smith 1998) showed that almost 1 in 7 people who did not volunteer but expressed an interest needed more information on how and where they could volunteer. Clark's report showed that respondents valued having support not only to find opportunities, but as continued support from somebody who understood their condition. The survey also found that 23 per cent reported lack of information as a hindrance to their volunteer involvement. Woodside and Luis (1997) also showed that working with clients with a mental illness shows that some feel they need on-going support if they are going to be able to participate. Supported-volunteering is one way to help those with mental ill-heath to access volunteering opportunities and several 'how to' guides exist (see for example Bates undated and Starkey 1994). Although as yet no survey exists on the number of supported volunteering schemes, feedback within the existing volunteer infrastructure shows an increasing number of personnel being appointed by volunteer bureau to undertake this work. This appears to be a response to what is perceived to be an increasing number of people accessing bureau services who have extra support needs[1].

Even without empirical proof of the health benefits of volunteering, the recruitment of people with mental ill–health is being encouraged by government to promote diversity within voluntary organisations. Diversity is an issue which is increasingly being addressed by volunteer-involving

[1] There is no published evidence for this, but Bates (Undated:15) quotes the Scottish Volunteer Bureau network and Scottish Council Foundation 2001 saying ' Whatever problems were identified in our study, a lack of referrals of volunteers with extra support needs was not one of them.' The author has also spoken to several Volunteer Bureau chief officers who suggest that an increasing number of potential volunteers using their service have extra support needs.

organisations, both because organisations recognise that their volunteers ought to represent the communities in which they work, and because messages from government (which itself is trying to resolve policy issues such as social exclusion by encouraging more people from under-represented groups to volunteer), are encouraging voluntary organisations to be more inclusive. Speaking at the Active Community Convention held at Wembley in March 2000 the Prime Minister issued a diversity challenge, saying:

> *'Too many voluntary organisations have volunteers that all come from the same background, and their recruitment drives target the same people again'*
> (quoted in *Volunteering* 2000:4)

So far there is a lack of evidence to show if this challenge is being answered. What seems to be apparent, however, is that voluntary organisations are still concerned that they lack the ability to be able to support volunteers with extra support needs sufficiently.

But, will these people benefit from the volunteering they access? The next section looks at the available literature to help answer this question.

Section 3: The benefits of volunteering – the evidence.

As noted by Musick and Wilson (2003), systematic research into the benefits of volunteering is sparse, and the existing body of literature presents us with some problems (see Box 2). However, they are still able to conclude that accumulated research findings on volunteering and well being show a positive, if not particularly strong relationship.

To look at the evidence presented for the benefits of volunteering, it is useful to theme it around some of the questions posed by Musick and Wilson (2003). These are - is there evidence for a relationship between volunteering and mental health? If a relationship exists is it linear? Are different types of

volunteering more important for helping people with mental illness? And is there evidence for benefits accruing differently at different life-cycle stages?

Box 2: **Unanswered issues within the literature**

1. What is the direction of cause? Does volunteering make people healthier, or are healthier people more likely to volunteer?
2. While there seems to be a relationship between better health (physical and mental) and volunteering, the factors that account for the benefits are still unclear
3. It is uncertain if the effects are linear. So, there appears to be a benefit for mental health through volunteering, but if somebody volunteers more do they benefit accordingly?
4. What is the effect of context? Research has found that social activity accounts for between one and nine per cent of the variance of subjective well-being (Okun et al 1984), the question is how do other activities carried out at the same time as volunteering effect subjective well being?
5. Does any type of volunteering lead to benefits accruing to the volunteer? Or do some roles afford more benefits than others?
6. What are the effects of life-cycle? There is an assumption that volunteering is especially helpful for older people (Fischer and Schaffer 1993), is this the case, and is it more important for mental health in the elderly than in other age groups?

(Wilson and Musick 1999, Musick and Wilson 2003)

Despite general assumptions that there is a dearth of research into volunteering and mental health benefits, casting the net widely to include general health catches more than might be expected, with general health often interpreted to include depression and stress. Luks (1991) made the connection between feelings of well-being and reductions in stress and depression, his survey of over three thousand volunteers found 95 per cent of respondents reported feeling healthier after their volunteering causing Luks to identify a 'helper's high'. The survey was designed to be 'carefully controlled' (Luks 1991:6), however there is no indication of how representative of the population in general the responses to the survey were.

John Wilson and Marc Musick cover a swathe of North American literature on volunteering and mental health, before detailing some of their own analysis of

secondary data (Wilson and Musick 1999, Musick and Wilson 2003). They note claims that the quantity of social ties a person has yields positive mental health (House et al 1988), and state that overall there is a positive, if moderate, relationship between volunteering and 'well-being' citing as evidence work by Thoits and Hewitt (2001); Van Willigen (2000) and Wheeler, Gorey and Greenblatt (1998).

Wilson and Musick (1999) analyse the American's Changing Lives data (also detailed in Musick and Wilson 2003). The strengths of this data is that it 'is a three-wave survey based on a stratified, multi-stage, area probability sample of non-instutionalised persons aged twenty-five and over' (Wilson and Musick 1999:157). This work is more statistically rigorous than most of the studies in this review, although it has the disadvantage of being based on secondary sources - constructing categories for analysis of mental health on a population in general, rather than data collected specifically to examine the benefits of volunteering for people experiencing mental ill health. Another disadvantage, for this review, is that it is U.S. data. The survey used face-to-face interviews in the homes of 3,617 people in 1986, and followed these up in 1989 and 1994.The result of the study found:

> '..*strong evidence to support the view that becoming a volunteer can have beneficial consequences on subjective well-being'* (Wilson and Musick 1999:160)

This must be looked at more carefully, however, and is explored further in the life-cycle section below, but suffice to say at this point that findings were age specific with *no relationship* shown between volunteering and a reduction in depression for people under 65. The study was able to answer one question raised by previous concern of studies into health and volunteering generally – that of causal attribution - does volunteering make people healthier, or are healthier people more likely to volunteer? (see point 1, Box 2). The researchers *were* able to conclude that well-being results from volunteering rather than healthy people becoming volunteers. Even then they add the caveat that the truth is more complicated than statistics can show, and that it

is more likely that ‘volunteering keeps healthy volunteers healthy (Wilson and Musick 1999:161).

Woodside and Luis (1997), in their evaluation of a supported-volunteering scheme for people with schizophrenia, interviewed four clients who tried supported volunteering and found all reported improvements in confidence and self-esteem, but the survey suffers from having such a small sample. Clark’s survey of volunteer experiences found a raft of reported benefits; 81 per cent of people felt that volunteering had a positive effect on their mental health – four benefits stood out:

Volunteering gives me a sense of purpose and achievement
Volunteering has improved my confidence/I meet people and make new friends
I find what I do as a volunteer rewarding and interesting
Volunteering gives me a chance to learn new skills and try new things
(Clark 2003:13-14)

In other words volunteers were giving direct evidence to support the contentions outlined in Box 1.

Caldwell and Wiegand (2001), in their work on volunteer participation and life satisfaction among people with disabilities, review further North American literature. They note a study by Depoy *et al* (1989:24) that examined the effects of an altruistic therapeutic intervention on self-esteem and ‘perceived locus of control of clinically depressed elderly persons’. A group of elderly people was divided into two with one group engaged in altruistic activity and the other non-altruistic. Standardised assessments were provided before and after the study and descriptive observations also made. Interestingly the standardised measures showed no significant difference between altruistic and non-altruistic activity, but the observational data suggested that the altruistic group received greater therapeutic value from their activity, showing the difficulty of relying on statistical or observational methods alone when researching mental health. Bower and Greene (1995) conducted a similar

study into activity effects on morale on older adults in long term care. Using quantitative methods they studied 32 adults assigned to three activities – altruistic activity, non-altruistic activity and conversation with no activity. It was noted that each of these groups emphasised something different – helping others, socialisation and regular structured activity. Analysis showed that each of the activities had different positive effects on participants. However, in taking an overview of the research, Caldwell and Wiegand concluded that '*Participation in a volunteer activity has the potential to provide what each of these three groups offered collectively. It is reasonable to suggest, from this study that volunteering would have a significant impact upon an individual's overall satisfaction with life'* (2001:3).

Caldwell and Wiegand went on to conduct their own research into volunteer participation and life satisfaction. They selected a small (12 people) convenience sample (41 per cent of whom had psychiatric or learning disabilities). They used a specifically created questionnaire and found that 83 per cent of respondents felt that participation contributed to life satisfaction 'very much', the same percentage felt that if they could not participate that would impact on their lives 'very much'. The conclusions of this study must be seen in the light of the small sample and the relatively crude questionnaire methods.

Arnstein *et al* (2002) studied the effects of volunteering on chronic pain reduction by looking at patients becoming peer support volunteers. The study included measures of pain, disability, self-efficacy and depression. Although it could be argued that the mental health aspects of this study were related to pain, it again gives some useful insights into the benefits of volunteering. Seven volunteers who had completed a chronic pain-management course expressed an interest in becoming peer volunteers to help others in chronic pain. The study followed these volunteers through the patient phase, between treatment and training and during volunteering after training. The study found that the patients all had frequently experienced symptoms of depression and that these symptoms declined significantly during treatment, but then

remained stable before dropping again significantly after six months of volunteering.

Arnstein *et al*'s study was statistically rigorous and used validated measures, if only on a small sample. The reseachers also used interviews to assist in explaining the data and found two recurring themes from the volunteering. First, 'making a connection' with patients because of similar experiences was seen as important; second, volunteers placed value on finding a 'sense of purpose'.

Studies in this field from the UK generally consist of case studies, and therefore the results are neither statistically rigorous or generalisable. But, they confirm findings about enhanced life experience and sense of purpose. Bates, (undated) in his work to produce a manual of supported-volunteering interviewed volunteers with mental ill-health and volunteers with learning disabilities from six supported-volunteer projects in England and Scotland. Although not a work of research the manual is peppered with quotations from volunteers expressing the satisfaction they got from participation. Similarly, a study of survivors of mental health services in Wales, also carried out in the context of a good practice guide, used interviews, focus groups and discussion groups with nine people and found the volunteers reporting increased confidence and self-worth (Tonks 1998).

Monaghan (2002) conducted a postal survey of volunteers and former volunteers within a practical conservation project for people with mental-ill health. The questionnaires achieved a 60 per cent return (n=44). The findings were gains in self-esteem, relationships with others and a sense of achievement. All the volunteers agreed that attending the project provided people with a sense of purpose.

Is the relationship linear?

Wilson and Musick (1999) ask the question – if there is a relationship between volunteering and improved mental health, is it a linear one? In essence they are asking if increasing the hours volunteered also increases the benefits

received. Given that the literature implies there is a relationship between volunteering and better mental health, this is a valid question. Unfortunately it seems to be one that very few studies address. Rather the literature asks more questions. Wilson and Musick (1999) themselves raise the question of more volunteering being *counter productive* citing evidence for a survey of hospital volunteers (Jivovec and Hyduk 1998). This survey shows volunteers who work 500 hours a year scored higher on a contentment scale than those working less or more. What this may imply is that a certain amount of hours is needed to feel some benefit, but, as Wilson and Musick (1999:154) hypothesise, it may also mean that '*Too much volunteering, it seems can cause role strain and reduce subjective well-being*'. McGilloway and Donnelly (2000), in their evaluation of a training project designed to help people with a mental illness into work (at which half of the trainees went into volunteering), questioned whether volunteering could be counter-productive. They wondered whether somebody spending all their time volunteering would come to see it as a substitution for paid work with 'negative long term effects (e.g. loss of hope or motivation)' (McGilloway and Donnelly 2000:207). They recognise, however, that they have no evidence to substantiate this.

Two sources address this issue: having raised the question Wilson and Musick's (1999) interrogation of the American Changing Lives data considers it, while Luks (1991) 'helpers high' work also considered the effects of the amount of time spent volunteering.

Wilson and Musick's work is the most rigorous. They were able to allay fears that too much volunteering is counter-productive asserting that:

> *'Two measures of volunteering, range and length show linear effects. The more respondents volunteer the less likely are they to be depressed. In the case of volunteer hours, the positive effect is slightly stronger among those who work less than forty hours a year'* (Wilson and Musick 1999:158).

But, and this will be covered below, this only applied to the over over 65s, below that age *the amount of time spent volunteering has no effect on mental health.* Luks' (1991) research also found a linear relationship. According to his research there was a ten times greater chance that volunteers who said they were healthier than others would be weekly rather than once a year helpers. Luks also found that the health benefits return (although in diminished intensity) when the helping act was remembered (Luks 1991:17-18). It should be noted, however, that this is referring to general health of which stress and depression are seen as part, and that it is not analysed by age.

Are different types of volunteering more beneficial?

The nature of the relationship between volunteering and mental health is complex and most of the literature makes very little attempt to isolate types of volunteering from the context in which it takes place. Thus the assumption is that acts of doing good for others promotes wellbeing in the volunteer. Certainly this is the thesis of Luks (1991) when he identifies the 'helpers high' from his survey data, although he does say:

> *'Certain experiences are particularly effective.* Volunteers credited social influences – actual helping experiences and concern for the community – as a motivator in making them regular helpers slightly more often than they cited parental or religious teaching' (Luks 1991:18).

This is interesting because it resonates with the findings above which show that constructing meaningful work in a social/community context is frequently found – either through survey or interview – to at least give perceived health benefits. Other research is not so quick to dismiss the influence of religion. Again the work of Wilson and Musick (1999) is important; they specifically check for differences between volunteering through a religious organisation and in a more secular setting. They find that a religious context is a key factor in the mental health of volunteers over sixty five. Put simply the over sixty fives gain more mental health benefits from volunteering for a religious organisation than a secular one.

Are benefits differently felt across lifecycles?

The answer to this question would appear to be yes. As noted above the work of Wilson and Musick (1999, and Musick and Wilson 2003) shows that the over sixty fives gain more mental health benefits from their volunteering than the under sixty fives and, moreover, those benefits are more pronounced if the volunteering is in a religious setting. It is noted that volunteering seems to assume special importance in the elderly because it has an *inoculation* effect, protecting against physical decline and inactivity' (Fisher and Schaffer 1993).

MacIntosh and Danigelis (1995) also use the American Changing Lives Data to include the effects of race on volunteers over sixty. They, like Wilson and Musick (1999), find a difference between religious and secular volunteering. They found that religious volunteering enhances the positive aspects of well-being in the white sample, but in black females it reduced negative aspects. In effect it made them feel less bad about themselves, while secular volunteering made 'white men feel good and black men feel less bad' (McIntosh and Danigelis 1995 quoted in Wilson and Musick 1999).

Section 4: Conclusions and way forward

This review has shown that the links between volunteering and mental health remains relatively under-researched. There is a growing body of literature, but the different research tools employed make overall conclusions difficult to arrive at as much of it relies on self-reporting from convenience samples. On balance, the weight of evidence suggests that there are benefits to be gained from volunteering for people with mental ill health. But key questions remain; could other forms of social interaction deliver the same results? What is unique about volunteering? What advantages are to be had pursuing participation through volunteering rather than through other mechanisms? This, in particular, would be an important issue when considering interventions on the basis of cost.

The mechanisms which increase mental well-being appear to be little understood. This is not helped by the fact that much of the work reviewed relies on self-reported data. To this extent we might even ask ourselves whether benefits are from real causes or the result of a placebo effect in which volunteers assume volunteering is good for them. More work is required in this area, as is more research on different types of mental illness and disability. Although there are some studies on schizophrenia, most studies concentrate on depression, with very little research on, for example, people with learning disabilities.

Most of the literature found originated in North America. While this does not in general appear to be problematic, in that the findings related to the person rather than the institutional context and so ought to be universal, it is remarkable that there is not more research from the UK.

However, more work is needed to consider the impact of context - the example of volunteering in religious organisations shows how the context can impact upon benefits. In this instance thinking has led to speculation that religious organisations provide a supporting environment in which to volunteer, but studies able to control for extraneous factors are needed.

There also needs to be more work to un-pick the effects of age. Self reported well-being seems to show benefits for all volunteers, and yet the statistical work of Wilson and Musick (1999) concentrates benefits only in the over sixty fives. The reason for this is little understood; speculation suggests that it is to do with particular need in elderly people. But it could also be that the data used measured depression in otherwise healthy people and not those deemed to be ‘mentally ill’.

In the UK it is also difficult to identify experts in this field. The work of Harris, Westlake and Garcia (unpublished) at the socio-medical Research Centre St Thomas’ Hospital is of note. They are working on a project to disentangle the relative benefits of different types of volunteering; unfortunately findings were

not available for this review. But they stand out as one of the few examples of medical practitioners working in a volunteering context. Presently there is not enough overlap between researchers who specialise in volunteering and researchers who specialise in the clinical measurement of health benefits. This suggests that a future research project should be considered to address some of the questions above, but which is run as a joint project between health researchers and those able to input on the nuances of volunteer involvement.

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