This article looks at research into the question of whether volunteering is beneficial for people with mental health problems. It begins with the literature on engagement in volunteering: are people with mental health problems under-represented as volunteers because their ill health affects the motivation to volunteer, or are volunteer-involving organisations putting up barriers to their participation? The next question to be considered is: why should volunteering be expected to have an impact on mental health? Finally, the article looks at studies of the benefits of volunteering in relation to mental health. The conclusion is that, although the links between volunteering and mental health remain relatively under-researched, the evidence does suggest that there are benefits to be gained. But one key question remains: could other forms of social interaction deliver the same results?

Volunteering and mental health: a literature review

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There is increasing interest in the impacts of volunteering. Organisations in particular want to know what aspects of their work have most effect, while sponsors want to see that funding is making a real difference. It is with this trend in mind that the present review of the literature of volunteering has been conducted with reference to mental health, looking in particular for research that can demonstrate whether volunteering by people with mental health problems has a beneficial impact.

Almost inevitably, the literature does not provide clear-cut answers. Rather, it suggests that anybody experiencing mental health problems can benefit from participation – but it is often unclear whether volunteering is a more beneficial way to encourage participation than others.

The article is divided into four sections:

- Section 1 examines research into the engagement of people with mental health problems in volunteering. Literature is reviewed that speculates, on the one hand, that people with mental health problems are under-represented as volunteers because mental ill health affects the motivation to volunteer, and on the other, that the barriers to participation in volunteering are in the volunteer-involving organisations.

- Section 2 reviews literature that asks the question: Why should volunteering be expected to have an impact on mental health?

- Section 3 looks at studies of the benefits of volunteering in relation to mental health. This section also looks at findings on issues such as the magnitude of benefits, knowledge about the benefits of different types of volunteering and the benefits specific to age.

- Section 4 draws together the main points in the discussion and offers some thoughts about the next steps.

In writing this review, the point made by Bates (undated), that the language of mental ill health and learning disability is controversial, has been noted. The terminology used in this article often reflects that used in the studies reviewed, but at all times the aim has been to remain respectful.

1. The prevalence of volunteering among people with mental health problems

To what extent do people experiencing mental health problems volunteer? At present there is no source of data to answer this question; the recent mushrooming of supported volunteer schemes would suggest that more people are accessing volunteering, but the available literature tends to indicate that people with mental health problems are under-represented as volunteers. The arguments presented in the literature to explain under-representation fall into two broad categories: one is that volunteer-involving organisations are not doing the right things to encourage people with mental health problems to volunteer; the other is that the under-representation may be due more to the personal circumstances and motivations connected with mental ill health.

Neither of the two main sources for data on volunteering in the UK – the National Survey of Volunteering (Davis Smith, 1998) and the Home

Office Citizenship Survey (a wider ranging survey of participation, of which volunteering is a key component) (Attwood *et al*, 2003) – are able to give any indication of the extent to which people with mental health problems volunteer. An alternative approach is to look for sources that do not try to identify how many volunteers have mental health problems, but investigate how many people with mental health problems volunteer. Again, no comprehensive survey has been done, but small-scale studies may give us some indications. 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. The study cannot tell us about the prevalence of people with mental health problems as volunteers, but it 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, page 46). The study reviews material on time use that, although not focusing on volunteering per se, makes a similar point to that made by the material 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 twentieth century which indicated that enforced idleness resulted in 'demoralisation, breakdown of habits, physical deterioration and loss of abilities' (Shimitras *et al*, 2003, page 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 people experiencing mental health problems spend more time asleep and in passive leisure. However, Shimitras *et al* (2003) note 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 out of a population of 528 with a 'broad diagnosis of schizophrenia in a North London catchment area' (Shimitras *et al*, 2003, page 47). The team used

individual interviews that included socio-demographic and clinical questionnaires, symptom rating and time budget.

The findings supported those of 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) that 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, page 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 make volunteering by people 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 to be skewed by those who have an interest in the subject, reinforced by the fact that 58 per cent of them volunteered for a mental health charity), but it was able to demonstrate a much higher participation rate. 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 one in seven people who did not volunteer but expressed an interest in it needed more information on how and where they could volunteer. Clark's report showed that respondents valued

having support not only in finding opportunities, but in the form of 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 some people with a mental illness feel they need on-going support if they are going to be able to participate. Supported volunteering is one way to help people 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 there has been no survey of the number of supported volunteering schemes, feedback within the existing volunteer infrastructure shows an increasing number of staff being appointed by volunteer centres to undertake this work. This seems to be a response to the increasing number of people accessing centre services who appear to have extra support needs.[1]

Even without empirical proof of the health benefits of volunteering, the recruitment of people with mental health problems is being encouraged by government as a way of promoting diversity within voluntary organisations. Diversity is an issue being increasingly addressed by volunteer-involving organisations, not only because the organisations recognise that their volunteers ought to represent the communities in which they work but also 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, page 4).

So far there is a lack of evidence to show whether this challenge is being taken up. However, voluntary organisations still seem to be concerned about their ability to support volunteers with extra support needs effectively.

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 Centre chief officers who suggest that an increasing number of potential volunteers using their service have extra support needs.*

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

2. Why should volunteering benefit people with mental health problems?

The benefits of volunteering for people with mental health problems can be hypothesised from the long-standing sociological argument that there is a positive link between social integration (the extent to which an individual is connected to others) and subjective evaluations of well being (Wilson and Musick, 2000). Certainly, there is empirical evidence that the loss of social roles, and thus the extent to which someone is integrated with others, has a negative psychological impact on men and women (Thoits, 1983).

Elliot and Barris (1987) hypothesised a correlation between life satisfaction, meaningful roles and the number of roles performed, believing that the correlation would be stronger for meaningful roles than for number of roles. The research showed that participation had a positive effect on life satisfaction, but found there was no significant difference between meaningful roles and number of roles.

One conclusion that could be drawn here is that participation is the important factor. By extension, if volunteering is the means to increase participation, it will also be shown to have a positive impact on life experience. So where research has shown volunteers reporting higher levels of life satisfaction from their volunteering (for example, Caldwell and Wiegand and Morrow-Howell *et al*, 1999, 2001; Pancer and Pratt, 1999), it is not easy to distinguish whether these benefits come from volunteering or just from the chance to participate.

Wilson and Musick (2000) and Musick and Wilson (2003) also highlight a general problem with the literature: most of it relies on self-reported data rather than more objective measures of well being. Nevertheless, they hypothesise a number of reasons why volunteering should have a positive effect on subjective mental health:

- It is a form of social participation
- Providing help as a volunteer is a self-validating experience
- It fosters a belief in being able to make a difference

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 1). However, they are still able to conclude that accumulated research findings on volunteering and well being show a positive, if not particularly strong, relationship.

When reviewing the available evidence for the benefits of volunteering, it is useful to look at it in relation to 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 – that is, if somebody volunteers more, do they get more benefit?
- Are different types of volunteering more important for helping people with mental illness?
- Is there evidence for benefits accruing differently at different life-cycle stages?

Box 1: 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 2000, 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, as 'general health' is 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 that 95 per cent of respondents reported feeling healthier after their volunteering, leading Luks to identify a 'helper's high'. The survey was designed to be 'carefully controlled' (Luks, 1991, page 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 describing some of their own analysis of secondary data (Wilson and Musick, 2000; 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 (2000) analyse the Americans Changing Lives data (also described in Musick and Wilson, 2003). The strengths of this data are that it 'is a three-wave survey based on a stratified, multi-stage, area probability sample of non-institutionalised persons aged twenty-five and over' (Wilson and Musick, 2000, page 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.

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 study found:

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

This finding must be looked at more carefully, however, and is explored further in the section on life cycle

below. Suffice it 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 studies into health and volunteering generally – that of causal attribution. Does volunteering make people healthier, or are healthier people more likely to volunteer? The researchers were able to conclude that well being results from volunteering rather than from 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, page 161).

Woodside and Luis (1997), in their evaluation of a supported volunteering scheme for people with schizophrenia, interviewed four clients who had tried supported volunteering. All reported improvements in confidence and self-esteem, but the survey suffers from the small size of the 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 particular 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, pages 13-14)

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, page 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 groups, with one group engaged in altruistic activity and the other in non-altruistic. Standardised assessments were provided before and after the study and descriptive observations were 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 its

activity – thus showing the difficulty of relying on statistical or observational methods alone when researching mental health. Bower and Greene (1995) conducted a similar study into the effects of activity on the morale of 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, page 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) and used a specifically created questionnaire; 83 per cent of respondents felt that participation contributed to life satisfaction 'very much' and the same percentage felt that, if they could not participate, that would impact on their lives 'very much'. However, 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 all the patients had experienced frequent symptoms of depression, but that these symptoms declined significantly during treatment, and 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 researchers also used interviews to help explain 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 nor susceptible to generalisation. But they do 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 research report, the manual is peppered with quotations from volunteers expressing the satisfaction they derived from participation. Similarly, a study of survivors of mental health services in Wales, also carried out for the purposes of compiling 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 with a practical conservation project for people with mental ill health. The questionnaires achieved a 60 per cent return (n=44). The findings included 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 (2000) 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 a relationship between volunteering and better mental health, this is a valid question. Unfortunately, it seems to be one that very few studies address. Wilson and Musick (2000) themselves raise the question of whether more volunteering is *counter productive*, citing evidence from a survey of hospital volunteers (Jivovec and Hyduk, 1998). This survey found that volunteers who work 500 hours a year scored higher on a contentment scale than those working fewer than 500 hours – or more than 500 hours. What this may imply is that a certain number of hours is needed to feel

some benefit, but also that, as Wilson and Musick hypothesise:

Too much volunteering, it seems, can cause role strain and reduce subjective well being (2000, page 154).

McGilloway and Donnelly (2000), in their evaluation of a training project designed to help people with a mental illness into work (from which half the trainees went into volunteering), wondered whether volunteering might not be counter-productive. They speculated that someone spending all their time volunteering might 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, page 207). They recognise, however, that they have no evidence to substantiate this claim.

Two other sources address this question: Wilson and Musick's (2000) interrogation of the American Changing Lives data considers it, while Luks' (1991) work on the 'helper's high' also looks at 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, 2000, page 158).

But this only applied to people over 65. Below that age, *the amount of time spent volunteering has no effect on mental health* (see below). Luks (1991) 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, pages 17-18). It should be noted, however, that this finding refers 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 the volunteering takes place. Thus the assumption is that doing good for others promotes well being in the volunteer. This is certainly what Luks (1991) claims when he identifies the 'helper's 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, page 18).

This comment 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 provide at least perceived health benefits.

Wilson and Musick (2000) also consider the significance of religion, specifically checking 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 65. Put simply, the over-65s gain more mental health benefits from volunteering for a religious organisation than for a secular one.

Are benefits differently felt across life cycles?
The answer to this question appears to be yes. As noted above, Wilson and Musick (2000) and Musick and Wilson (2003) show that people over 65 derive more mental health benefits from their volunteering than those under 65. 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 60. They, like Wilson and Musick (2000), 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 that in black females it reduced the negative aspects. In effect, it made black women 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, 2000).

4. Conclusions and way forward

This review has shown that the links between volunteering and mental health remain relatively under-researched. There is a growing body of literature, but the variety of research tools employed make overall conclusions difficult to arrive at, as much of the research relies on self-reporting from convenience samples. On balance, however, the evidence does suggest that there are benefits to be gained from people with mental ill health volunteering. 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?

The mechanisms that 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. We might even ask ourselves whether the benefits derive from real causes or whether they are the result of a placebo effect where 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. There is 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 research is needed into the significance of context – the example of volunteering in religious organisations shows how the context can affect benefits. In this instance, one might speculate that religious organisations provide a supporting environment in which to volunteer, but studies able to control for extraneous factors are needed.

In practice, this review ought to be used to show that there have been attempts to measure the impact of volunteering, and that methodological problems have been noted, but despite these, we can argue that volunteering does help people to feel better. Attention should also be drawn to the

argument that, even if participation *per se* is the key factor rather than volunteering, it is a strength of volunteering that it includes key elements of participation: socialisation, altruism and meaningful engagement.

There also needs to be more work to unpick the effects of age. Self-reported well being seems to show benefits for all volunteers, and yet the statistical work of Wilson and Musick (2000) concentrates benefits only in people over 65. The reason for this is little understood; one could speculate that it is to do with particular need in elderly people. But it could also be because 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's 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. At present, there is not enough overlap between researchers who specialise in volunteering and researchers who specialise in the clinical measurement of health benefits. A future research project should be considered to address some of the questions above, but it should be run as a joint project between health researchers and those able to input on the nuances of volunteer involvement.

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