



Artists for Mental Health Mindfulness Project

Social Return on Investment Evaluation

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Artists for Mental Health Mindfulness Project Social Return on Investment Evaluation

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Acknowledgements

I would first of all like to thank the Executive Directors Kathryn Robinson and Anna Bui who both believed in finding what the value was that they were providing to the members of Artists for Mental Health (A4MH). They both allowed me to complete this learning project and provided support. I had tried engaging a few organizations before this project was proposed. Forging a new road is what being a great leader is about, and they both exemplify this. I would also like to thank the participants of the research project for taking the time to provide input to the inquiry.

I would also like to acknowledge my friend and coach, Jennifer Holden, who has stood with me through all the challenges and has been my cornerstone in the project. I have challenged myself to do better, try harder, and use all my knowledge. I would also like to thank Karen Graham for checking my referencing and the team and reviewers at Social Value UK for their support.

Along this journey, I have learned a lot about Mindfulness Self-Compassion and how I can tie this into supporting myself and others. One quote from Lao Tzu, an ancient Chinese philosopher, that I feel reflects my thoughts on Mindfulness Self-Compassion is:

“Mastering others is strength. Mastering yourself is true power.” (Lao Tzu)

Executive Summary

Study Purpose and Background

Artists for Mental Health, located in Vancouver, British Columbia (BC), is a non-profit organization engaged in increasing mental health awareness to artists in communities in Vancouver, BC, and the UK. The organization started in 2018 in response to meeting the needs of struggling artists who have no avenue to turn to for mental health support.

The organization encourages and strengthens “our inclusive community. We aid by providing resources and support to those who experience mental illness” (Artists for Mental Health [A4MH], n.d., para. 1). Many individuals with mental health problems often have a difficult time integrating with others in society, and they often experience isolation, depression, and low confidence (Gwinner, Knox, & Hacking, 2009, para. 1).

Engaging other participants in the community helps with A4MH’s (n.d.) vision by “providing resources and support to those who experience mental illness” (para. 1). One way the organization has done this was by piloting a mindfulness workshop in January of 2020.

The purpose of the forecast SROI project for A4MH includes:

1. To complete a Social Return on Investment (SROI) report that accurately reflects the value of the mindfulness project,
2. To support A4MH in identifying ways to measure outcomes that could help enhance the program to the participants,
3. To provide an SROI report that helps the organization with changes for a future program.

Inquiry Approach and Methodology

In order to continue as a non-profit, A4MH will need to find ways to engage others and offer more sustainable programs. A4MH conducted a mindfulness project to engage and offer

some resources and tools to members. Mindfulness teaches self-compassion, requiring kindness and understanding of the self without judgement of inadequacies or faults (Soysa & Wilcomb, 2013).

The stakeholder(s) wanted to find out if the Mindfulness Self Compassion program is benefitting the participants. Ideally, one can evaluate the outputs of a program, but it is also beneficial to forecast the change. The SROI report focused on the outcomes and the changes of the A4MH Mindfulness Self-Compassion Project. Combining the investment, activity, output, and outcomes results in a “theory of change” (Nicholls, Lawlor, Neitzer, & Goodspeed, 2012, p. 9).

By using a survey and interviews, the inquiry helped A4MH discover how can the organization, through the mindfulness project, measure the social value to the stakeholders?

An external company transcribed data from the survey and interviews. Then data were collated, analyzed, coded, and themed by me. I reviewed both data sets using an Excel spreadsheet, extracting participant comments and responses, and placing them in relation to the study questions. Additionally, I categorized comments by participants to confirm the consistency of themes. Upon completion of a preliminary analysis, I reviewed my findings, conclusions, and recommendations with the participants and my project sponsor. I reviewed the final document with my academic supervisor and my project sponsor.

To manage potential ethical issues and researcher conflicts, the guidelines of the *Tri-Council Policy Statement* (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences, & Humanities Research Council of Canada, 2018), including respect for persons, concern for welfare, and concern for justice were adhered to in this study (p. 6).

Study Findings

The key findings of the research are:

1. Participants became more aware of negative self-talk;
2. Participants came to self-realization that they needed to be kinder to themselves; and
3. Participants realized that they need to treat themselves with more self-compassion

A number of participants mentioned that the Mindfulness Self-Compassion Workshop had a positive effect on their mental health and well-being.

The aggregate social value created by the Mindfulness Self-Compassion workshop is projected to be £4,435.

The SROI ratio of 6.48:1 implies that for every £1 investment, £6.48 of social value is created.

The SROI demonstrates that A4MH has created value. The study findings showed that A4MH has many stakeholders who believe in the transformative nature of the programs. Emergent themes from stakeholder comments were that A4MH could expand programming and partnerships to become more sustainable but should take a strategic approach to expanding the organization. Participants also suggested that the Board and Executive Director need to take a more proactive role in developing a strong volunteer base.

Study Recommendations

Based on the research findings, my own experience and observations, and the literature reviewed, I recommend that:

1. A4MH continues with what it is doing within the community since the Mindfulness Self-Compassion program model is transformative and successful and supports members in developing resiliency.

2. A4MH expands the program offering and continues to partner with organizations, including local and provincial governments, to provide support and resources to its members and work towards achieving organizational sustainability.
3. A4MH needs to look at involving more volunteer engagement and building a leadership development program within the organization.

Implications and Next Steps

Implementing the recommendations will have implications for the organization. To support A4MH in actioning the recommendations, A4MH will need to develop an action plan for the recommendations and examine how developing partnerships with other organizations could support A4MH moving forward. From the data and interviews, it was clear that several volunteers were willing to help and provide support, partnerships, and resources to the organization. I suggest that A4MH leverage these relationships and bring more sustainability to the organization.

A4MH is a successful organization, and this success can be sustainable by continuing to develop partnerships, providing resources, workshops, and programming to members, along with encouraging and developing both staff and volunteers. There is a good potential to grow a sustainable organization.

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Section 1. Introduction and Background

Artists for Mental Health, located in Vancouver, British Columbia (BC), is a non-profit organization engaged in increasing mental health awareness to artists in communities in Vancouver, BC, and the UK. The organization started in 2018 in response to meeting the needs of struggling artists who have no avenue to turn to for mental health support. The Executive Director, Kathryn Robinson, had studied abroad and decided to bring this awareness to artists in the Vancouver region (K. Robinson, personal communication, May 7, 2020). The organization encourages and strengthens “our inclusive community. We aid by providing resources and support to those who experience mental illness” (Artists for Mental Health, n.d., para. 1). Many individuals with mental health problems often have a difficult time integrating with others in society, and they often experience isolation, depression, and low confidence (Gwinner, Knox, & Hacking, 2009, para. 1). While at college, the Executive Director observed many friends suffering from mental health concerns. A few had even turned to drugs and alcohol abuse to self-medicate (K. Robinson, personal communication May 7, 2020).

The City of Vancouver declared a public health emergency due to the drug crisis, since then over 3,600 people have lost their lives to the drug crisis (City of Vancouver, n.d., para. 1). Many of these drugs contain fentanyl, a powerful pain medication. It is an opioid, like “morphine, codeine, oxycodone (oxys) and methadone” and is used to relieve pain. Fentanyl is most often prescribed as a slow-release patch to people with long-term, severe pain” (Canadian Center for Addiction and Mental Health, n.d., para. 1). Since the drug is so potent, even a small amount such as a few grains can be deadly (Government of Canada, 2020, para. 1). Increasingly, there are more reports of mental health concerns among college and non-college students (Hunt & Eisenberg, 2010, p. 3). Artists for Mental Health does try to help all age groups; the majority

of participants in the programs are around the college and post-college age group. I believe that Artists for Mental Health is serving a need in the community by addressing these emerging concerns, which is to provide resources and tools to the artists in the community who are experiencing anxiety and mental health concerns.

The organization consists of (a) a board; (b) an Executive Director, who holds a certificate in Acting Foundation from Rose Bruford College in Kent in the UK; (c) a co-director with a degree in linguistics, who attended Simon Fraser University in Burnaby, BC and (d) numerous volunteers (see organization chart in Appendix A). The board presently consists of four people from diverse professions, but Artists for Mental Health is looking to bring on a few more diverse members to provide the non-profit with some varied skill sets that will help move them forward in the future and provide more governance.

The Mindfulness Project

In order to continue as a non-profit, Artists for Mental Health (A4MH) will need to find ways to engage others and offer more sustainable programs. An objective of the Executive Director is to influence others in the community to embrace the company's vision and mission (K. Robinson, personal communication, May 7, 2020). Engaging other participants in the community may help with A4MH's (n.d.) vision by "providing resources and support to those who experience mental illness" (para. 1). One way the organization has done this was by piloting a mindfulness workshop in January of 2020. The goal of the organization is to continue to conduct online sessions and continue to help members and participants.

Mindfulness originates from Buddhism and focuses on conscientiousness and awareness (Hayes, 2004; Walach, Buchheld, Büttenmüller, Kleinknecht, & Schmidt, 2006). Mindfulness

teaches self-compassion, requiring kindness and understanding of the self without judgement of inadequacies or faults (Soyso & Wilcomb, 2013). Several researchers believe that a predictor of well-being includes high levels of self compassion (Bluth & Eisenlohr-Moul, 2017; Neely, Schallert, Mohammed, Roberts, & Chen, 2009). In the January 2020 workshop conducted by A4MH, one of the key skills highlighted during the workshop was that of self-compassion.

The A4MH January 23, 2020 mindfulness project was an initial program and only program that was used as a pilot program to help determine if the A4MH wanted to expand their pilot Mindfulness Self-Compassion workshop. It was conducted at one of the classrooms at Simon Fraser University, in Burnaby, BC. The A4MH team set up the classroom, and a mindfulness instructor volunteered her time to conduct the workshop. Participants who were invited could include participants with mental health issues and/or those with none and who were able to donate money or volunteer hours to the session if they could, but it was not required.

Approximately 10 to 12 seats were set up for participants in a circle. Mats were provided to allow participants to switch positions to the floor if they were not comfortable in their seats. The instructor is a mindfulness instructor who has been conducting mindfulness self-compassion workshops for the past six years. Participants were asked to do a brief introduction. The instructor then led the participants into a deep breathing exercise and reminded participants that this was a safe place and if asked to share to do so if comfortable. Three self-compassion small exercise sessions were conducted during the workshop. The focus of the self-compassion workshop was to bring awareness to how the participants treat others and then how participants feel and treat themselves. After each exercise, participants were asked to discuss with a small subgroup any learnings discovered. Following the last exercise, participants reflected as a group, and then the instructor concluded with a deep breathing exercise. The aim of this project has

been to provide a resource tool for those suffering from anxiety and mental health issues. It is noted that there was a small number of stakeholders involved in the collection of data.

Social Return on Investment

Many organizations have used different ways to measure value. This could include methods such as cost-benefit analysis (CBA) or the Social Return on Investment Method (SROI). The SROI method has been promoted as a “holistic” way of measuring value (Banke-Thomas, Madaj, Charles, & van den Broek, 2015, p. 3). As per the 2012 *Guide to Social Return on Investment* (Nicholls, Lawlor, Neitzer, & Goodspeed, 2012), SROI is considered a framework for “measuring and accounting for value, it seeks to reduce inequality and environmental degradation and improve well-being by incorporating social, environmental and economic costs and benefits” (p. 8). SROI focuses on measuring value, specifically on the social, environmental, and/or economic value.

From an analysis of the framework, there are two types of SROI:

1. Evaluative, which is based on past results, and evaluates SROI on a prospective nature.
2. Forecast, which is much more forward thinking, and helps to quantify the amount of social value that will be created by a project or organization. (Nicholls et al., 2012, p. 8)

The SROI analysis is composed of seven core principles that are applied in the analysis of the cost-benefit analysis, as presented in Figure 1.

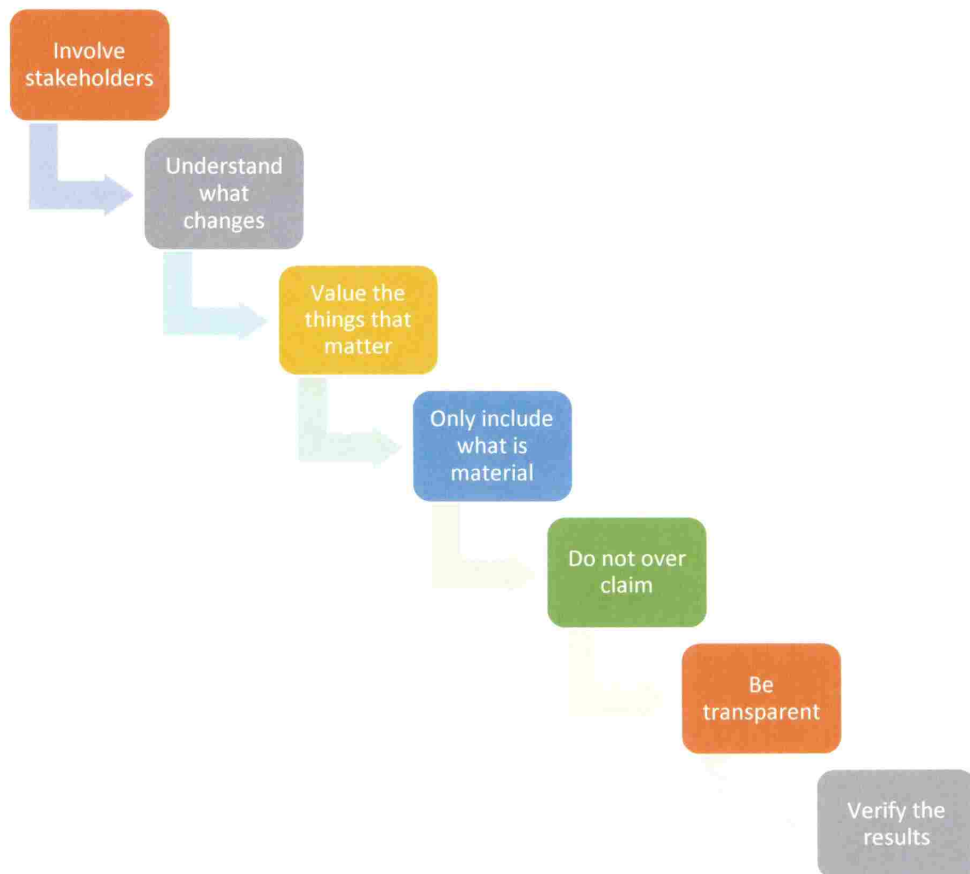


Figure 1. The principles of SROI.

Note: Compiled from *A Guide to Social Returns on Investment* (Nicholls et al., 2012, p. 9).

Section 2. SROI Process

SROI Type and Purpose

There are two main purposes of performing an SROI report. One purpose is to forecast change, and the second is to evaluate an existing program or project that has been completed. In the case of the A4MH, since the project has been conducted, I will be producing a forecast SROI report that will be based on the pilot program, and research based on similar programs (Nicholls et al., 2012, p. 32). The purpose of evaluating this project study for A4MH includes:

1. To complete an SROI report that accurately reflects the value of the mindfulness project,
2. To support A4MH identify ways to measure outcomes that could help in enhancing the program to the participants,
3. To provide an SROI report that helps the organization with changes for a future program.

Audience

The first step in evaluating the approach was to have a session with the board of directors to get an idea as to what the issues were with evaluating the Mindfulness Self-Compassion workshop. This was done by conducting an interview with the board. A business model canvas was produced as a result of this initial meeting (See Appendix C). This helped to guide the Forecast SROI report. The Forecast SROI will be used to support the A4MH volunteers and staff identify indicators and outcomes that will help with the development of an online version of the mindfulness program. A4MH aims to bring awareness and resources to those in the artistic community who are experiencing mental health issues (K. Robinson, personal communication,

May 7, 2020; see also Appendix B). Analyzing this project could help assist the organization to encourage outside stakeholder participation and work towards obtaining funding for future projects.

Included Activities

The A4MH SROI report will include the mindfulness project conducted in January 2020. This was used as a pilot project by the organization to provide resources to members. The Mindfulness Self-Compassion Workshop was conducted by a volunteer instructor. The session involved three exercises around self-compassion. Participants were given a mat and a chair. After a couple of deep breathing exercises, the participants were asked to make themselves comfortable before the start of the exercises. The instructor briefly defined self-compassion, and then the participants were led through a series of exercises. The first exercise centered around “How you would treat a friend going through challenges?” and then “How would you treat yourself?” The participants were asked to self-reflect and evaluate with a small subgroup of the participants in between exercises. Two more similar exercises were conducted, and the participants were asked to reflect and discuss. At the end of the session, participants were asked to discuss learnings from the session.

Investment

The A4MH project was mainly funded through donations of money, time, and facilities. Participants were asked to “donate what they could” and no set fee was established for the two-hour session. The instructor also donated her time, and the classroom was booked at Simon Fraser University, in Burnaby, BC, Canada. Please see Table 1 for a summary of investment.

Table 1. *Investment Used for Mindfulness Project*

Stakeholder	Purpose of Investment	Type of Investment	Nature of Investment	Annual Investment Received
Young Adults/ Adults as Members	To attend the workshop to gain some tools and resources	Donations made to attend mindfulness workshop	8 individuals attending one workshop	£ 30
Young Adults/ Adults as Volunteers	To help members and facilitate mindfulness workshop	Time to set up and provided equipment and resources for the workshop	2 individuals In-kind investment of time (3 hrs x £15/hour)	£ 90
		Donation of snacks and water for the event	Donation of £30	£30
Volunteer and Staff at A4MH	To provide resources to A4MH community members	Time to plan Mindfulness workshop and time put in by facilitator	4 individuals In-Kind Investment of time Total of 12-15 hrs x £15/hr	£225
Volunteer Mindfulness Instructor	To help with provided to A4MH community members	Time to plan and conduct workshop and Simon Fraser University	1 individual and assistant Total time (2 x 4 hours x £20/hr)	£160
Simon Fraser University Student access to the Facility	To provide a location for the mindfulness workshop	Location average estimated rental fee for 3 hours	Facility fee £50x 3 hours	£150
Total Investment				£685

Section 3. Theory of Change

Introduction and Background

In any type of programming, the stakeholder(s) would like to learn if the program is benefitting the participants. Ideally, one can evaluate the outputs of a program, but it is also beneficial to evaluate the change. The SROI report will help to focus on the outcomes and the changes of the A4MH Mindfulness Self-Compassion Project. Combining the investment, activity, output, and outcomes results in a “theory of change” (Nicholls et al., 2012, p. 9). When combined, an impact map can be developed. The purpose of the SROI, as mentioned previously, is to measure the change to the beneficiary:

Stakeholder Engagement and Impact Map

The process of engaging with stakeholders started with a discussion with the board on determining which groups or individuals could be impacted by the programs A4MH delivers. A workshop was conducted with the Executive Director to determine and map out potential stakeholders and the impact on the organization. This was done using a business model canvas (see Appendix C). Through the discussion on May 7, 2020, with the Executive Director, a few stakeholder groups were identified. The stakeholders that could impact the development of the SROI report include young adults/adults as members, young adults/adults as volunteers, families of the participants, artistic community (i.e., film, theatre, and production companies), local and provincial government, funders, and A4MH staff (see Figure 2). In addition to board discussion and meetings, a survey was sent out to potential material stakeholders, and interviews were conducted with select participants.

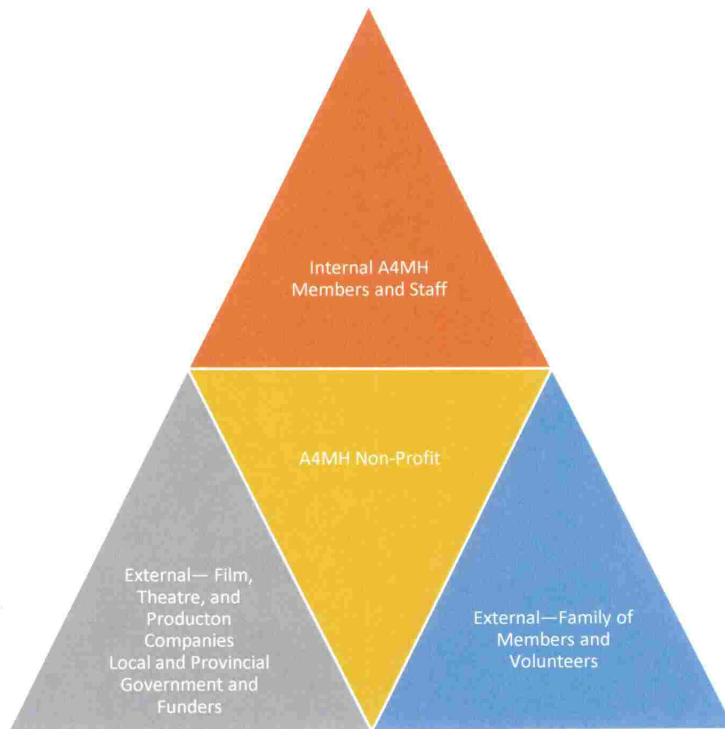


Figure 1. Stakeholder analysis.

Outcomes for Stakeholders

Many potential stakeholders could be involved in the analysis; however, the focus on the outcomes will be mainly centred around the stakeholders that would experience a material change (Nicholls et al., 2012, p. 21) from the project or program. The outcomes could be positive or negative, and the SROI assurance report will help identify the outcomes that are a result of the Mindfulness Self-Compassion Workshop. As noted in Table 2 the material stakeholders would be the ones that are materially affected by the change. There are a number of sub-groups that have been identified below with could be affected by the change. These include family members,

the employers of the participants, as well as the local and provincial government that may provide support to the participants of the workshop.

A stakeholder analysis was done to determine which stakeholder groups could potentially have a material effect on the outcomes (see Table 2). In the *2012 SROI Guide*, materiality is defined as a concept that is borrowed from the accounting profession “information is material if it has the potential to affect the readers’ or stakeholders’ decision” (Nicholls et al., 2012, p. 9).

Table 2. *Stakeholder Engagement*

Stakeholder	Number Engaged and Method of Engagement
1. Young adults/adults as members	• 8-10 people engaged through participation in workshop and survey questionnaire
2. Young adults/adults as volunteers	• 2-3 people engaged through participation in mindfulness workshop and survey questionnaire
3. Family members of participants	• 1-2 people engaged through the survey
4. The A4MH staff that delivered or planned for the workshop	• 1-2 people who participated in the workshop and were asked to complete the survey
5. Film and production companies	• not engaged
6. Local and provincial government	• not engaged
7. Funders	• not engaged

It is noted that the number of stakeholders is low. The stakeholder groups who may be impacted by the change are represented in the sample size and will be able to provide outcomes and help to determine change. The outcomes and changes will be discussed further in the SROI report. The data from the above participants were collected by survey and interviews. The board members were interviewed initially to determine the scope of the project. The next step was to send out a survey to the above stakeholder groups. Participants were invited from the survey to

then participate in interview by phone or an online. It was noted that due to COVID restrictions during the year mainly the survey and interviews were used for data collection from the material stakeholders. For the number of stakeholders surveyed or interviewed see AppendixL.

It is noted that there are a small number of stakeholders. For future analysis it would be beneficial if the the A4MH could encompass more stakeholders to provide more data in determining the direction for future programs.

A4MH Theory of Change

An impact map (presented in a table format) is one way to demonstrate the theory of change. The map helps to describe how the project or program uses “certain resources (inputs) to deliver activities (measured as outputs), . . . [and it results in] in outcomes for stakeholders” (Nicholls et al., 2012, p. 29). A4MH’s Mindfulness Self-Compassion Workshop contributes to creating change to the stakeholder. There are two main stakeholder groups that are active participants at A4MH. The first group mainly consists of the members of the organization. Approximately 90% of the members who participate in the organization fall within the age group of 18–35. It was not possible to determine how many of the volunteers or members have mental health concerns. Some participants in past activities mentioned that they do suffer from anxiety of mental health concerns, and this is part of the reason that the organization was founded (K. Robinson, personal communication, May 7, 2020). A specific number or percentage was not determinable at this time due to privacy concerns.

The second stakeholder group were the volunteers of the organization; the age group of the volunteers is 20-28 years. A number of the volunteers want to make a change/impact in the organization, and geographically, the majority of volunteers are in Canada. However, there are a

few volunteers in the United Kingdom and the United States (K. Robinson, personal communication, May 7, 2020). The SROI focuses on the beneficiaries directly impacted by the Mindfulness Self-Compassion Workshop.

Outputs

In developing the impact map, I needed to examine the outputs. A definition of outputs is a quantitative summary of an activity (Nicholls et al., 2012, p. 32). In the case of A4MH, there were two key outputs with the Mindfulness Self-Compassion Workshop: (a) did the participants observe any change in mental health wellness, and (b) how long did the changes last as a result of the workshop? These outputs will help to indicate change and identify the outcomes for both members and volunteers.

Section 4. Impact Maps

This section demonstrates the importance of the development of the impact map for the stakeholder. An impact map, also known as the theory of change, shows the relationships between inputs, outputs, and outcomes (Nicholls et al., 2012, p. 9). The impact map for each stakeholder group is presented in a table format.

Young Adults and Adults as Members

The impact map below is for the young adults and adult members that participate in A4MH activities. The impact map shows the primary outcomes and the secondary outcomes of participation in the Mindfulness Self-Compassion Workshop on the stakeholder group identified as young adults/adults as members (see Table 3).

Table 3. *Impact on Young Adults/Adults as Members Related to the Activities A4HM Creates*

Activities	Outputs	Primary Outcomes	Secondary Outcomes
<ul style="list-style-type: none"> - An opportunity to learn new resources and tools for dealing with MH issues - An opportunity to interact with others socially who may be going through mental health issues - An opportunity to know others and possibly develop long term friendships 	<ul style="list-style-type: none"> - Improvement in mental health well-being from learned resources - Ability to use tools in the learned when dealing with mental health wellness 	<p>Resources and skills learned</p> <ul style="list-style-type: none"> - The ability to use tools and resources learned from Mindfulness Self-Compassion to help with dealing with anxiety and mental health at the present time - Learning to live with less self-judgement 	<p>Improved health and wellness</p> <ul style="list-style-type: none"> - Learning to use the tools to improve future mental health and well-being - Learning to refocus on wellness both mental and physical by becoming more aware of how one treats themselves

Table 3 continued

Activities	Outputs	Primary Outcomes	Secondary Outcomes
		<p>Improved mental health awareness</p> <ul style="list-style-type: none"> -Becoming more self-aware of how negative thoughts affect one-self -Learning to treat oneself with self-compassion 	<p>Family and friends</p> <ul style="list-style-type: none"> -Ability to engage more with family and friends on mental well-being by communicating needs through self-awareness
		<p>Community</p> <ul style="list-style-type: none"> - Developing friendships and a sense of belonging to a community of individuals who may be suffering from illness. - Feeling less alone and a realization that others have challenges with dealing with mental health illness 	<p>Long-term wellness</p> <ul style="list-style-type: none"> -By learning tools, these can be applied to future wellness - Less anxiety and improved mental health - Looking at other tools and opportunities to improve mental health - An increase in resiliency to deal with anxiety and stress in the future

The young adult/adult members' primary outcomes include learning about tools and skills that would aid in mental health wellness and in developing a sense of community with other members in A4MH. Secondary outcomes include current improvements in mental health awareness, the ability to communicate with family and friends about mental health, and becoming more aware of wellness in the future, whether it is mental or physical, by treating oneself better without self-judgement. Another improvement is resiliency, or the ability to become stronger, as they move forward in the future. In a study on an eight-week mindfulness self-compassion course conducted by Karen Bluth and Tory Eisenlohr-Moul, for this particular study, it was demonstrated that stress was decreased in comparison to before the session and that

there were “increases in resilience, curiosity, exploration, and gratitude pre-to post-intervention” (Bluth & Eisenlohr-Moul, 2017, p. 12).

Young Adults and Adults as Volunteers

A4MH creates volunteering opportunities and participation in programs. The impact map presented in Table 4 is reflective of the young adults and adult volunteers who participate in these activities. The primary outcomes and the secondary outcomes of the participation in the Mindfulness Self-Compassion Workshop are presented.

Table 4. *Impact on Young Adults/Adults as Volunteers Related to the Activities A4HM Creates*

Activities	Outputs	Primary Outcomes	Secondary Outcomes
<ul style="list-style-type: none"> - An opportunity to learn new resources and tools for dealing with MH issues - An opportunity to develop relationships with others socially who may be going through mental health issues 	<ul style="list-style-type: none"> - Improvement in mental health well-being from learned resources - Ability to use tools in the learned when dealing with mental health wellness 	<p>Resources and skills learned</p> <ul style="list-style-type: none"> - The ability to use tools and resources learned from Mindfulness Self-Compassion to help in dealing with anxiety and mental health at the present time - Learning to live with less self-judgement <p>Improved mental health awareness</p> <ul style="list-style-type: none"> - Becoming more self-aware of how negative thoughts affect oneself - Learning to treat oneself with self-compassion <p>Community</p> <ul style="list-style-type: none"> - Developing friendships and a sense of belonging to a community of individuals who may be suffering from illness. 	<p>Improved health and wellness</p> <ul style="list-style-type: none"> - Learning to use the tools to improve future mental health and well-being - Learning to refocus on wellness, both mental and physical, by becoming more aware of how one treats themselves <p>Family and friends</p> <ul style="list-style-type: none"> - Ability to engage more with family and friends on mental health well-being by communicating needs through self-awareness <p>Long-term wellness</p> <ul style="list-style-type: none"> - By learning these tools, they can be applied to future wellness - Less anxiety and improved mental health

Table 4 continued

Activities	Outputs	Primary Outcomes	Secondary Outcomes
		<ul style="list-style-type: none"> - Feeling less alone and a realization that others have challenges dealing with mental health illness <p>Making an impact</p> <ul style="list-style-type: none"> - Individuals feel that they are making an impact with others through engagement 	<ul style="list-style-type: none"> - Looking at other tools and opportunities to improve mental health - An increase in resiliency to deal with anxiety and stress in the future <p>Future involvement</p> <ul style="list-style-type: none"> - By volunteering and participating, the individual may volunteer in future events to make an impact

The young adults' and adult volunteers' primary outcomes include learning the tools and skills that would aid in mental health wellness, in developing a sense of community, and making an impact with other members in A4MH. Secondary outcomes include current improvements in mental health awareness, the ability to communicate with family and friends about mental health, and becoming more aware of wellness in the future, whether it is mental or physical, by treating oneself better without self-judgement and making a future impact by continued volunteering in the future.

Family Members as Participants

The impact map presented in Table 5 is for the family members who participate in A4MH activities, specifically the Mindfulness Self-Compassion Workshop. The primary outcomes and the secondary outcomes of the participation in this workshop are presented in Table 5.

Table 5. *Impact on Family Members as Participants Related to the Activities A4HM Creates*

Activities	Outputs	Primary Outcomes	Secondary Outcomes
<ul style="list-style-type: none"> - An opportunity to learn new resources and tools for dealing with mental health issues - An opportunity to develop social relationships with others who may be going through mental health issues 	<ul style="list-style-type: none"> - Improvement in mental health well-being from learned resources - Ability to use tools they learned when dealing with mental health wellness 	<p>Resources and skills learned</p> <ul style="list-style-type: none"> - The ability to use tools and resources learned from Mindfulness Self-Compassion to help with dealing with anxiety and mental health at the present time - Learning to live with less self-judgement <p>Improved mental health awareness</p> <ul style="list-style-type: none"> - Becoming more self-aware of how negative thoughts affect oneself - Learning to treat oneself with self-compassion <p>Community</p> <ul style="list-style-type: none"> - Developing friendships and a sense of belonging to a community of individuals who may be suffering from illness. - Feeling less alone and a realization that others have challenges with dealing with mental health illness <p>Making an impact</p> <ul style="list-style-type: none"> - Individuals feel that they are making an impact with others through engagement 	<p>Improved health and wellness</p> <ul style="list-style-type: none"> - Learning to use the tools to improve future mental health and well-being - Learning to refocus on wellness both mental and physical by becoming more aware of how one treats themselves <p>Family and friends</p> <ul style="list-style-type: none"> - Ability to engage more with family and friends on mental well-being by communicating needs through self-awareness <p>Long-term wellness</p> <ul style="list-style-type: none"> - By learning the tools, these can be applied to future wellness - Less anxiety and improved mental health - Looking at other tools and opportunities to improve mental health - An increase in resiliency to deal with anxiety and stress in the future <p>Future involvement</p> <ul style="list-style-type: none"> - By volunteering and participating, the individual may volunteer in future events to make an impact

For the family members as participants, the primary outcomes include learning tools and skills that would aid in mental health wellness and in developing a sense of community with other members in A4MH. Secondary outcomes include current improvements in mental health awareness, the ability to communicate with family and friends about mental health, and becoming more aware of wellness in the future, whether it is mental or physical, by treating oneself better without self-judgement.

Staff of A4MH

The impact map presented in Table 6 is for the staff of A4MH who participate in A4MH activities, specifically the Mindfulness Self-Compassion Workshop. The primary outcomes and secondary outcomes are presented in this impact map.

Table 6. *Impact on A4MH Staff as Participants Related to the Activities A4MH Create*

Activities	Outputs	Primary Outcomes	Secondary Outcomes
<ul style="list-style-type: none"> - An opportunity to learn new resources and tools for dealing with MH issues - An opportunity to develop relationships with others socially who may be going through mental health issues - An opportunity to promote resources and tools that the organization that may be aware of to help with mental health 	<ul style="list-style-type: none"> - Improvement in mental health well-being from learned resources - Ability to use tools in the learned when dealing with mental health wellness 	<p>Resources and skills learned</p> <ul style="list-style-type: none"> - The ability to use tools and resources learned from Mindfulness Self-Compassion to help with dealing with anxiety and mental health at the present time - Learning to live with less self-judgement <p>Improved mental health awareness</p> <ul style="list-style-type: none"> - Becoming more self-aware of how negative thoughts affect one-self - Learning to treat oneself with self-compassion 	<p>Improved health and wellness</p> <ul style="list-style-type: none"> - Learning to use the tools to improve future mental health and well-being - Learning to refocus on wellness both mental and physical by becoming more aware of how one treats themselves <p>Family and friends</p> <ul style="list-style-type: none"> - Ability to engage more with family and friends on mental well-being by communicating needs through self-awareness

Table 6 continued

Activities	Outputs	Primary Outcomes	Secondary Outcomes
wellness		<p>Community</p> <ul style="list-style-type: none"> - Developing friendships and a sense of belonging to a community of individuals who may be suffering from illness. - Feeling less alone and a realization that others have challenges with dealing with mental health illness <p>Making an impact</p> <ul style="list-style-type: none"> - Individuals feel that they are making an impact with others through engagement <p>Work experience and skills</p> <ul style="list-style-type: none"> - Gaining new skills for the workplace that can be used for other programming 	<p>Long-term wellness</p> <ul style="list-style-type: none"> - By learning tools, these can be applied to future wellness - Less anxiety and improved mental health - Looking at other tools and opportunities to improve mental health - An increase in resiliency to deal with anxiety and stress in the future <p>Rewarding work and a sense of accomplishment</p> <ul style="list-style-type: none"> - Feeling that they are making a difference or impact with those suffering from mental health problems

The A4MH staff members' primary outcomes include promoting and offering resources and tools to those suffering from mental health issues, as well as learning tools and skills that would aid in mental health wellness and in developing a sense of community with other members in A4MH. Secondary outcomes include current improvements in mental health awareness, the ability to communicate with family and friends about mental health, more awareness of wellness in the future, and a rewarding job by knowing that they are making an impact in the lives of others.

Film and Production Companies

The impact map below is for film and production companies that participate in A4MH activities. The inputs would mainly be time and resources. The impact map shows the primary and secondary outcomes.

Table 7. *Impact on Film and Production Companies as a Result of Their Input of Time and Resources to the Activities A4MH Creates*

Activities	Outputs	Primary Outcomes	Secondary Outcomes
<ul style="list-style-type: none"> - An opportunity for participants in the industry to participate in workshops - An opportunity to develop relationships with others socially who may be going through mental health issues 	<ul style="list-style-type: none"> - Number of film and production companies that would support A4MH initiatives 	<ul style="list-style-type: none"> - Improvements in wellness of those in the workforce 	<p>Improved health and wellness</p> <ul style="list-style-type: none"> - Learning to use the tools to improve future mental health and well-being - Less absentee/sick time in the workforce

The film and production companies' primary outcomes include improvement and wellness of those in the workforce. Secondary outcomes include improvements in mental health awareness and wellness in the workplace.

Local and Provincial Government

The impact map presented in Table 8 is for the local and provincial governments that participate in A4MH activities. The inputs would not be applicable. The primary outcomes and the secondary outcomes are shown in this table.

Table 8. *Local and Provincial Government*

Activities	Outputs	Primary Outcomes	Secondary Outcomes
- An opportunity to improve mental health awareness to the community	- Number of residents that would be aware of A4MH initiatives	- Improvements in wellness of those in the community	<p>Improved health and wellness of those in the community</p> <ul style="list-style-type: none"> - Learning to use the tools to improve future mental health and well-being -Economic benefit from less health care costs from those in the community.

The local and provincial governments' primary outcomes include improvement and wellness of those in the community. Secondary outcomes include future improvements in mental health awareness and wellness in the community.

Funders

The impact map presented in Table 9 is for funders that participate in A4MH activities. The inputs would not be applicable. The primary outcomes and secondary outcomes are presented in Table 9.

Table 9. *Funders*

Activities	Outputs	Primary Outcomes	Secondary Outcomes
- An opportunity to improve mental health awareness to the community	- Number of residents that would be aware of A4MH initiatives	- Improvements in wellness of those in the community	<p>Improved health and wellness of those in the community</p> <ul style="list-style-type: none"> - Learning to use the tools to improve future mental health and well-being

The funders' primary outcomes include the improvement and wellness of those in the community. Secondary outcomes include future improvements in mental health awareness and wellness in the community.

This section concludes the analysis of the primary and secondary outcomes for each specific shareholder group. The next portion of the analysis will look at the analysis when determining which stakeholders should be included in SROI analysis.

Materiality

It is important to examine which stakeholders could materially affect the SROI report. The information from the research is material "if it has the potential to affect the readers or stakeholders' decision" (Nicholls et al., 2012, p. 9). Often, some professional judgment needs to be used as to how to involve stakeholders in assessing the results or outcomes and the relative importance to the SROI report. An analysis of the material stakeholders is presented in Table 10; no material outcomes are assumed for excluded stakeholders.

Table 10. *Material Stakeholders*

Stakeholder	Material	Rationale
1. Young adults/adults as members	• Included	• stakeholder group that experiences significant change from workshop
2. Young adults/adults as volunteers	• Included	• stakeholder group that experiences significant change from workshop
3. Family members of participants	• Included	<ul style="list-style-type: none"> • relates to family member who may experience change from workshop • a secondary outcome from the stakeholder group is observing change in family members' well-being.

Table 10 continued

Stakeholder	Material	Rationale
4. The A4MH staff that delivered or planned for the workshop	• Included	<ul style="list-style-type: none"> • Since staff attended the workshop, they may experience change directly. • There may be well-being benefits because of participants making an impact and providing resources to members/volunteers/participants.
5. Film and production companies	• Excluded	<ul style="list-style-type: none"> • Any changes would be causally related to the workshop; however, secondary benefits could be gained with those in the community.
6. Local and provincial government	• Included	<ul style="list-style-type: none"> • Any changes would be causally related to the workshop; however, secondary benefits could be gained within the local and provincial health care system. This could be economic savings that arise as a result of A4MH's work. This stakeholder would be considered a proxy of the community. This stakeholder group is taken forward in the analysis.
7. Funders	• Excluded	<ul style="list-style-type: none"> • Any changes would be causally related to the workshop; however, secondary benefits could be gained with those in the community.

In addition to the impact map presented in Table 10, outcomes by the stakeholder groups are measured for the SROI report. In this section, I determine the outcomes per stakeholder group. See the analysis provided in Table 11.

Table 11. *Measured Stakeholder Outcomes*

Stakeholder	Outcomes
1. Young adults/adults as members	<ul style="list-style-type: none"> • Immediate mental health well-being • Longer-term less likely to suffer from depression • Ability to gain tools used to help with self-compassion and mental well-being.
2. Young adults/adults as volunteers	<ul style="list-style-type: none"> • Immediate mental health well-being, skills learned from delivering the workshop • Longer-term less likely to suffer from depression from gaining tools used to help with self-compassion and mental well-being
3. Family members of participants	<ul style="list-style-type: none"> • Immediate and future improved well-being in the home
4. The A4MH staff that delivered or planned for the workshop	<ul style="list-style-type: none"> • Immediate mental health well-being, feeling that they are making an impact, • Longer-term skills learned in the workplace for future jobs
5. Local and provincial government	<ul style="list-style-type: none"> • Immediate economic benefits from fewer visits to hospital or mental health care services

The outcomes measured and the valuation of these outcomes are presented in Section 5.

Section 5: Evidencing Outcomes and Giving them Value

In the last section, I determined the outcomes that would be measured. In this section, I determine the value of the outcomes for each stakeholder group. When I evaluate social outcomes, the first aim is to communicate the value and, secondly, to support the organization to understand where value is created (Adams et al., 2019, p. 3).

Outcomes Indicators

A4MH outcomes were more subjective and concerned more with the health and well-being of participants. In this section, the outcome indicators are developed based on the outcome that happened as a result of the Mindfulness-Self Compassion workshop. There are four steps in developing outcome indicators as presented in Figure 2.



Figure 2. Steps to outcome indicators

Note: Adapted from *A Guide to Social Returns on Investment* (Nicholls et al., 2012, p. 37).

With respect to this project for A4MH, it is acknowledged that while I may be able to measure the magnitude of change and possibly how long the change lasted, it would be best to use both objective and subjective indicators to measure the change. By looking at the rate, change, and time that the change took, these could be measured statistically. This provided us with information on whether a change in mental health took place for the stakeholders. This involved a ranking on a 10-point scale of the change based on our findings. The data are provided later in this section.

Outcomes Data Collection

The design of the research included data collection tools, study conduct, and data analysis. These research methods are discussed in detail in this section.

Data collection methods. By using a survey and interviews, the inquiry helped A4MH discover: How can Artists for Mental Health through the mindfulness project measure the social value to the stakeholders? A survey was chosen as the first method because it is a simple way for participants to initially hear about and become aware of issues an organization may be facing, and it allows the organization to be transparent about the action inquiry process (Stringer, 2014, p. 89). The survey questions were a mix of Likert-type or ranking questions, short answers, and inquiry questions based on the sub-questions for this research. Additionally, a survey could be administered easily to the participants online.

The second data collection method was one-on-one interviews. I conducted one-on-one interviews using a semi-structured interview format. This meant I could ask follow-up questions to gain more in-depth information. Roulston (2010) defined open questions as those that allow the interviewee to explain answers in their own words (p. 12).

Most of the discovery occurred in the survey, and I expected further insights from the interviews. Participants selected for the survey were from the A4MH email list. The Executive Director provided the contact details for the email participants. Roulston (2010, p. 82) defined these types of samples as comprehensive, as a variety of participants were invited to participate. A comment box was added to the survey to allow for any participants who wished to participate in the one-on-one interview and/or the focus group. A total of 10 stakeholders were invited by email to participate in the survey, and seven people responded for a response rate of 70%. The survey was completed on-line; it was noted on the survey page that completing the survey indicated the respondent's informed consent to use their data (see survey preamble provided in Appendix D). The survey was created using Jitsutech™, a Canadian-based company, and the online survey tool was hosted on Canadian servers (the "Service") through the Jitsulab (Jitsutech, n.d.). The survey was done online and took approximately 7-10 minutes to complete (see Appendix E).

Study conduct. With respect to the one-on-one interviews, participants were selected from the contact details they provided, and they were invited by email (see Appendix F). All interview participants were required to provide informed consent prior to participation (see Appendix G), and they were reminded of their rights as a participant, the option to withdraw at any time, and that confidentiality was protected. All one-on-one interviewees answered the same set of questions (see Appendix H). All participants were emailed a copy of the Research Information Letter (Appendix I), which provided information on how participants were selected, how the data would be used, and storage and confidentiality information.

I conducted one-on-one interviews, which were guided by the questions presented in Appendix H. These were done in person. Prior to the interview commencing, participants were

asked in advance to provide informed consent to the use of an audio recording device (see Appendix G); each interview was about 30-40 minutes in length.

Transcripts were sent out, and participants were allowed to withdraw data. Coding was used to protect participants' anonymity when the data were analyzed. For example, I used codes such as I-1, I-2, I-3 for interviewees' comments.

I set a limit of two weeks from the time of the interview for the participants to withdraw data. Subsequent to this deadline, the participants' data became part of the anonymous data set of the inquiry and could no longer be withdrawn. For the one-on-one interview held in a place of the focus group, the participant was able to leave at any time; the participant was informed that two weeks subsequent from the time of the interview, the participant's data would become part of the anonymous data set of the inquiry and could no longer be withdrawn.

As the primary researcher, I emailed the invitations and collected consent forms for the methods that I facilitated, and all information has been kept in separate folders in a locked drawer. I used a third-party professional to transcribe the interviews, and participants did not know who participated, who was not selected, and who withdrew from participation. In situations where audio recordings were made, the third party provided a transcription after anonymizing all personal identifiers. The transcriptionist retained the original audio recordings for the length of time specified in the data retention section.

Data analysis. The data were coded, categorized, and themed to find common concepts. As mentioned previously, the survey tool used was Jitsutech, the data received were anonymized, and I coded and categorized the data so that themes and concepts could be identified.

The participants for the one-on-one interview and focus group were selected from a quota sampling where there were “specific attributes” (Roulston, 2010, p. 82), as identified for each stakeholder category, which provided some different perspectives to the research inquiry.

The interviews included the two key stakeholders from A4MH. One-on-one interviews were conducted personally, and informed consent was obtained prior to conducting the interview. The inquiry results were shared with the project sponsor for implementation.

The data were analyzed and coded first on a summary list for each method and then on a visual board for theming of information. Saldaña (2016, p. 4) described coding as a short phrase or word that helps to summarize attributes to information based on the language of the data being analyzed. Glesne (2016, p. 196) defined coding as an ability to sort small pieces of data that apply to the research purpose and then create a theme that can be identified with the organization’s framework. The transcribed documents consisted of interviewees’ verbatim sentences. From this information, the data were assigned a keyword or a code that helped to summarize the language in the sentence. Once a code was assigned, then a category could be used to interpret common codes. A category is a “synthesis” of the coded information (Saldaña, 2016, p. 10). I read the information to determine the emerging themes. Glesne (2016, p. 184) explained that thematic analysis occurs when certain patterns can be identified from the work; this normally involves coding. From the categories and through reflection on all the original data, a theme evolved from the codes, which then helped to develop a plan for A4MH.

Ethical Issues

The ethical issues, researcher conflicts, and the guidelines governing the research process are presented in this topic. I followed the guidelines presented in the *Tri-Council Policy*

Statement (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences, & Humanities Research Council of Canada [Tri-Council], 2018). In the context of my project, free, informed, and ongoing consent from research participants was obtained prior to any research being conducted (as evidenced in Appendices D and G). I also adhered to transparency and ethical accountability standards in the way in which I planned and conducted my research, as outlined in the inquiry approach.

As an external researcher of this inquiry, I am responsible for authentically reporting the results. As a researcher, I ensured that I had informed consent and offered privacy and confidentiality to the participants involved (see Appendices D and G). The informed consent forms provided my contact information if there were any issues. The data collected remained confidential. All data were stored securely in a locked file cabinet accessible only by me, while the results were available to the participants and project sponsor. Participation in this study required voluntary and informed consent prior to participation. I was external to the organization, and therefore, there was no real or perceived conflict of interest. However, there may have been a perceived power-over relationship conflict, seeing as my project sponsor is the Executive Director of A4MH. The sponsor was not privy to any of the raw data and did not know who participated in the research study, who withdrew, and who did not choose to participate. Three core principles are addressed in the Tri-Council's (2018) policy, which includes "respect for persons, concern for welfare, and justice" (p. 6). Each core principle is addressed in this section.

Respect for persons. With respect for persons, the Tri-Council (2018) looks at showing respect and consideration for every human being (p. 6). Participants provided informed consent and could opt out of participation at any time (p. 6). Participation in the survey, interview, and focus group process were voluntary. The participants in the interviews were required to give

consent prior to the use of audio devices for the recordings. At no time will any specific comments be attributed to any individual unless their specific agreement had been obtained beforehand. All documentation and transcripts from interviews were kept strictly confidential and anonymized.

Concern for welfare. The concern here is over the welfare of the person to ensure that there are no negative repercussions to participants in the research process (Tri-Council, 2018, p. 7). Participants were informed of the goals and objectives of the research project. Participants were also given the option to withdraw. I received consent from each participant based on his/her understanding of the project focus and agreeing to participate in the inquiry. Confidentiality was maintained in order to protect the privacy of the participants (p. 7). In addition, no incentive was given in exchange for participation in the inquiry.

Justice. All participants were treated with equal respect and concern (Tri-Council, 2018, p. 7). Participants were treated with fairness and equity during the research process. Inquiry methods were disclosed to participants, and information concerning the inquiry was communicated to them as well (see Appendix I).

Subjective and Objective Outcome Indicators

The outcomes are often challenging to demonstrate and can be subjective or objective. Subjective indicators are ones reported by the participants, while the objective indicators are ones that are measurable as a result of the outcome (Nicholls et al., 2012, p. 39). For example, an objective indicator would be fewer visits to a counsellor, while the subjective would be an improvement in mental health. A review was done of the information collected from the surveys

and interviews. The indicators from the data collected from the A4MH stakeholders are summarized below from the data collected from the surveys and interviews..

Below are the indicators that show the changes to stakeholders from the A4MH workshop.

Stakeholder	Outcomes	Indicator
Young adults/adults as members	Resources and skills learned	Number of Participants that report that they are able to use the self compassion tools in the future
		Number of participants that report a change in learning because of taking the self compassion workshop
	Improved mental health awareness	Number of participants that reported an improvement in mental health
		Number of participants that reported a short-term change in mental health
	Community	Number of participants that reported improved support from other participants including family and friends.
	Improved health and wellness	Number of participants that reported an improvement in mental health
	Family and friends	Number of participants that reported improved support from family and friends
Long-term wellness	Number of participants that reported improved physical and mental well being awareness gained from the workshop	

Stakeholder	Outcomes	Indicator
Young adults/adults as volunteers	Resources and skills learned	Number of Participants that report that they are able to use the self compassion tools in the future
		Number of participants that report a change in learning because of taking the self compassion workshop
	Improved mental health awareness	Number of participants that reported an improvement in mental health
		Number of participants that reported a short-term change in mental health
	Community	Number of participants that reported improved support from other participants including family and friends.
	Improved health and wellness	Number of participants that reported an improvement in mental health
	Family and friends	Number of participants that reported improved support from family and friends
	Long-term wellness	Number of participants that reported improved physical and mental well being awareness gained from the workshop
Making an impact	Number of participants that reported that they were making a difference in the community and helping others.	
Future involvement	Number of participants that volunteer for future events	
Family Member as participants	Resources and skills learned	Number of Participants that report that they are able to use the self compassion tools in the future

Stakeholder	Outcomes	Indicator
		Number of participants that report a change in learning because of taking the self compassion workshop
	Improved mental health awareness	Number of participants that reported an improvement in mental health
	Community	Number of participants that reported a short-term change in mental health
	Improved health and wellness	Number of participants that reported improved support from other participants including family and friends.
	Family and friends	Number of participants that reported an improvement in mental health
	Family and friends	Number of participants that reported improved support from family and friends
	Long-term wellness	Number of participants that reported improved physical and mental well being awareness gained from the workshop
	Making an impact	Number of participants that reported that they were making a difference in the community and helping others.
Staff of A4MH	Resources and skills learned	Number of Participants that report that they are able to use the self compassion tools in the future
		Number of participants that report a change in learning because of taking the self compassion workshop
	Improved mental health	Number of participants that reported an improvement in

Stakeholder	Outcomes	Indicator
	awareness	mental health Number of participants that reported a short-term change in mental health
	Community	Number of participants that reported improved support from other participants including family and friends.
	Improved health and wellness	Number of participants that reported an improvement in mental health\
	Family and friends	Number of participants that reported improved support from family and friends
	Long-term wellness	Number of participants that reported improved physical and mental well being awareness gained from the workshop
	Making an impact	Number of participants that reported that they were making a difference in the community and helping others.
	Work experience and skills	Number of participants that reported that they gained future job skills
	Rewarding work and a sense of accomplishment	Number of participants that reported that they felt a sense of accomplishment for the work they are doing.

Stakeholder	Outcomes	Indicator
Local and Provincial Government	Improved Health and Wellness of those in the community	Number of participants that reported less counsellor visits
		Number of participants that reported less hospital visits
		Number of participants that reported overall wellness with those in the community

Outcome Incidence and the Change for Stakeholders

The sample size for A4MH included a number of stakeholders; however it is noted that the sample size was small and the data outcomes are aggregated below. At the beginning of the survey, stakeholders were asked to identify themselves in groupings. A few participants chose not to self-identify. The sample size is limited, and the response to the survey and interview was 70% or 7 out of 10 stakeholders participated by answering the survey or by interview. The stakeholder groups are identified in Table 12.

Table 12. *Stakeholder Groups Surveyed*

Stakeholder Group	Number of Participants
Board Members	3
Volunteers	2
Choose not to identify	2
Total	7

As a result of the participants who chose not to self-identify to remain anonymous, the aggregate change among the stakeholder groups would be grouped. There are two parts to the

measurement of the change by the participants. The first change measured was the impact on the participants on a scale of 1-10. The majority of participants of the Mindfulness Self-Compassion Workshop experienced a change, where 1 = little or no change to 10 = significant change. The results are shown in Figure 3.



Figure 3. Change experienced by stakeholder groups.

In addition, to the scale, many participants communicated on the change experienced, through both the survey and interviews. To maintain participants' anonymity, a code was applied to each participant, with S-1 as survey respondent one and I-1 as interviewee one. The participants experienced change, but how long did the change last, and was the change a direct result of attending the A4MH Mindfulness Self-Compassion Workshop? Based on the survey data, respondents identified three main changes they had experienced:

1. Participants became more aware of negative self-talk (S-3, S-2, S-1, S-4)

2. Participants came to self-realization that they needed to be kinder to themselves (S-4, I-2)
3. Participants realized that they need to treat themselves with more self-compassion (S-2, I-1, I-2)

A number of participants mentioned that the Mindfulness Self-Compassion Workshop had a positive effect on their mental health and well-being (S-1, S-2, S-3, S-4, I-1, I-2). One participant mentioned that they have been using the self-reflective tools for controlling thoughts since January 2020. A number of the participants expected change from the Mindfulness project (S-1, S-3, S-4, I-1). One participant experienced change, but still has self-blame for past mistakes (S-3).

A few participants did not expect change (S-2, S-4, S-2); however, as a result of the participation in the workshop, they noticed a number of unexpected changes. A number of participants mentioned that there was a change in how they thought about themselves; they started to see themselves differently and started to “treat themselves as how they would treat a good friend” (I-1, I-2, S-1). Another participant mentioned that they “went in with an open mind, but ended up learning more about self-compassion, which was unexpected” (I-2). In addition to this, a few participants are doing more visualization (I-1, I-2). Another participant stated that they have a “better understanding of kindness towards myself and others and there is an ease in functioning in my daily life” (S-1). Some participants noticed a change and were less anxious and are looking into future programs (I-1, I-2).

A question in the survey asked if participants noticed a change with family and friends. A summary of their responses is presented in Table 13.

Table 13. *Change Noticed by Family, Friends, and Coworkers as a Result of Mindfulness Self-Compassion Workshop*

Change in family, coworkers, or friends	Number of Participants
Family, friends, or coworkers noticed a change	S-4, I-2, I-1
Possibly in future	S-2
Do not know	S-1, S-2, S-3
Total	7

One participant mentioned that they did not expect the change that the workshop would have on other participants and enjoyed the workshop and would like to see future events (S-4). A few participants mentioned that their families noticed they were less anxious (I-1). A couple of participants noted a change in family, with them being more open to listening to mental health concerns (I-1), and another participant noticed a “positive and happier” environment (S-4). One participant mentioned that they were not sure and felt they saw more of a change personally (S-1).

Future Change

Another indicator of change is the future impact of the change. Did the participants notice a change in mental health well-being immediately after the workshop and then one month after? Participants’ experiences of change immediately after the workshop and one month after the workshop are presented in Figure 4.

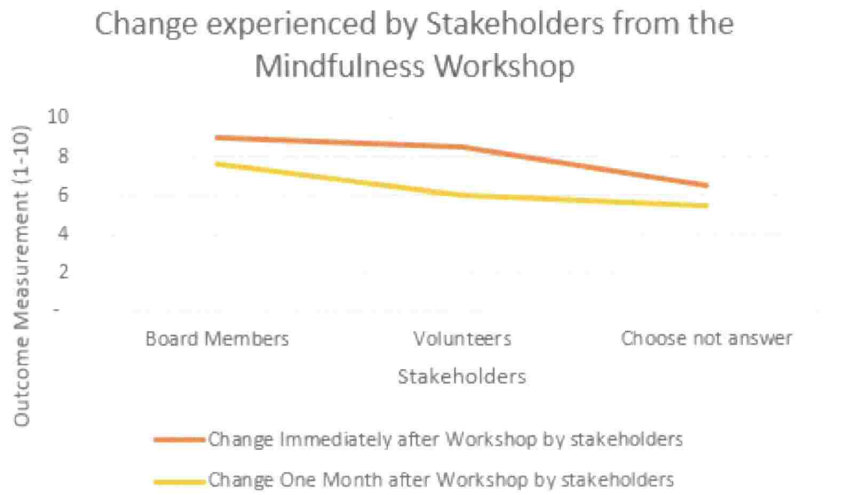


Figure 4. Change experienced immediately after and one month after the workshop by stakeholder groups.

One participant mentioned that when the COVID 19 (Coronavirus disease) pandemic hit in March, they stopped using tools, but then remembered to use the self-compassion tools learned from the workshop to help them cope (I-2). Some further understanding was noted with some positive revelations that “have been implemented in my daily life” (S-1). Another participant took this change further by taking a course on yoga and breathing to cope with anxiety (I-1).

In predicting outcomes it was challenging given the fact that there was only one pilot course conducted by A4MH. Third-party research was used to verify the results since there was a small sample size. Research done on a similar online mindfulness program by Adele Krushe, Eva Cyhlarova, and Mark Williams in *Mindfulness online: an evaluation of the feasibility of a web-based mindfulness course for stress, anxiety and depression* measured anxiety and depression pre-study, during , and post study outcomes included that perceived anxiety and depression

significantly decreased after the completion of the course, including one month after follow-up (p.1) The study is consistent with the results from the forecast information from the participants in the A4MH mindfulness pilot program.

Measuring Well-Being

One of the A4MH of the Mindfulness Self-Compassion Workshop objectives is to improve the well-being of the participants and stakeholders (K. Robinson, personal communication, May 7, 2020). The concept of self-compassion is about treating oneself with care and compassion in negative life situations; this helps with understanding “health-related behaviors” (Terry & Leary, 2011, p. 352). Historically in Canada, health outcomes were determined by Gross Domestic Product (GDP) as an economic measurement of health in Canada (Association of Ontario Health Centres, 2014, p. 9). The Association of Ontario Health Centre (2014) is continuing to develop a Canadian Index of Wellbeing by shifting the conversation to the stakeholders of the health care system. The values to measure these outcomes are a result of direct consultation with Canadians based on values of “fairness, diversity, equity, inclusion, health, safety, economic security, democracy, and sustainability” (p. 10). The research from the Canadian Index Wellness team created the eight domains presented in Figure 6, which had been compiled from 64 indicators:



Figure 5. Canadian Index of Wellbeing.

Note: From *Measuring What Matters* (Association of Ontario Health Centres, 2014, p. 8).

Throughout the data collection, many indicators of well-being were observed as outcomes. The research by the Association of Ontario Health Centre (2014) is being developed further to help measure outcomes. However, it may not be practical to value these well-being outcomes separately as in this section. A number of participants, as noted in the outcome indicator section, chose to describe the change subjectively.

Chain of Events

I also noted that secondary outcomes observed could also be a result of a chain of events from the participation of the stakeholder interviews. A chain of events could take months or

years to occur after an event. For instance, a participant in the A4MH Mindfulness Self-Compassion Workshop could learn a skill that could help them with their overall health in the future. A staff member could learn a skill at the workshop that could help with a future job opportunity or pay increase.

It is noted that with the Mindfulness Self-Compassion there were a number of outcomes that could possibly contribute to a chain of events. A few of them are noted below:

Participants who attended the A4MH workshop-→ learned a new skill set for dealing with anxiety and depression-→ this lead to the participant become more resilient when dealing with stress-→ this lead to the participant improving mental health-→ which contributed to less hospital/doctor/counsellor visits

Participants who attended the A4MH workshop-→ learned a new skill set for dealing with anxiety and depression-→ this lead to the participant become more resilient when dealing with stress-→ this lead to the participant improving mental health-→ which lead to improved physical and mental wellbeing

Staff that partipated in the workshop-→ learned a new skill set-→ this helped the staff member with dealing with mental health concerns-→this helped with job performance and the ability to concentrate and focus in the workplace

It is noted that the The A4MH Mindfulness Self-Compassion SROI project did not seek to overestimate the valuation of these outcome. While each outcome and chain needs to be acknowledged, the report would then present an inflated picture of the value of the outcomes. The outcomes presented in the impact map was considered by the stakeholders to include the most significant changes (see Appendix K).

Avoiding Double Counting

Since there are chains of events, that have been noted, for the purpose of this research double counting has been avoided on measures that need to be considered. The same output measurement is repeated for several stakeholders and will be included in the SROI because they form part of the theory of change.

Unintended and Intended Outcomes

Through the survey and interview data collection, it is noted that some of the outcomes for the A4MH Mindfulness Self-Compassion Project had both unintended and intended outcomes as described previously in the outcome incidence section. One participant mentioned that “they still blame themselves for mistakes they made” (S-3). Another participant mentioned an unintended change: “I did not expect the impact it would have on the other participants; they seemed to greatly enjoy it and were interested in future events” (S-4). Another outcome mentioned by a participant was that “The changes were more difficult to notice, ...but I became more aware of where my mind is at and became more self-aware of not inflicting self-harm” (S-2). These outcomes and the analysis are brought forward in the SROI impact maps (see Appendices K, L, and M).

The SROI analysis also considers the period of the change. The investment was the A4MH Mindfulness Self-Compassion Workshop, and the impact was assumed to happen within one year. There are a few outcomes where the skills learned could extend longer than one year.

Financial Proxies

How to determine the value of the measurement for the outcomes referred to as the financial proxy is presented in this section. The financial proxy values the outcome; it involves

“presenting the relative importance to a stakeholder of the changes their experience” (Nicholls et al., 2012, p. 45). The SROI impact map uses the proxies to determine the change. When determining the financial proxies, we used information from the interviews conducted and discussions with stakeholders on the values that could be used.

For instance, the proxy selected to represent the outcome change of young adults/adults as members learning new resources or self-compassion skills was: Per the BC Association of Clinical Counsellors (n.d.), the average dollar amount of three counselling sessions is £80 x 3 sessions = £240.

With respect to the local and provincial governments, more research was done on the impact of mental health concerns of those in the community. The Canadian Institute of Health and Information (2019) research conducted in the years 2017-2018 showed the hospitalization rates, depending on a range of concerns. It is noted that the average stay of a person with a possible anxiety/mental health concern was 9.44 days (see Table 14).

For the calculation of the financial proxy, we determined conservatively, that a half-day hospital visit could be used for an emergency visit: The cost of half-day hospital stays for mental illness (2014 mean value) is £3725 x 50% = £1863 (Canadian Institute for Health Information, 2017, p. 12).

A review was done of each indicator, and a reasonable financial proxy was determined for each outcome by stakeholder group. In the analysis of the financial proxies, a conservative approach was taken based on wellness financial proxies in Canada (see Appendix K: Stages 1 and 2 of SROI).

Table 14. *Discharge and Length of Stay Statistics, by Diagnosis Category, in General Hospitals, Canada, 2017–2018*

Diagnosis category based on primary diagnosis	Discharges	Percentage of discharges	Median length of stay (days)	Average length of stay (days)	0.5% trimmed average (days)	Total length of stay (days)
Organic disorders*	36,370	16.21	15	31.15	28.77	1,132,749
Substance-related disorders†	44,133	19.66	3	6.41	5.66	283,062
Schizophrenic and psychotic disorders	40,683	18.13	12	22.42	20.53	912,033
Mood disorders	53,346	23.77	8	15.05	14.14	802,645
Anxiety disorders	8,235	3.67	4	9.44	8.58	77,704
Personality disorders	10,574	4.71	4	9.46	8.22	99,984
Other disorders	31,101	13.86	4	9.47	8.33	294,613
Total (Organic disorders included)	224,442	100.00	7	16.05	14.48	3,602,790

Notes

* Organic disorders: Organic mental disorders are conditions that are caused by the decrease in the functioning of the brain due to disease, trauma or injury. Included in this category, for example, are various forms of dementia.

† Substance-related disorders presented in this table are mental and behavioural disorders. Users are cautioned not to compare these results with those of the indicator Hospital Stays for Harm Caused by Substance Use reported in the [Your Health System web tool](#). The latter results are based on a broader set of conditions including poisonings.

n/a: Not applicable.

The 0.5% trimmed average removes the highest 0.5% and lowest 0.5% of values and then computes the average. The 0.5% trimmed average reduces the effect of extreme values on the average.

Discharges represent the number of discharges, not unique individuals. An individual can have multiple discharges in the same fiscal year.

For information about diagnosis category, please refer to Table 2. Mental illness diagnosis codes and categories in the HMHDB Data Dictionary, 2017–2018.

Source

Hospital Mental Health Database, 2017–2018, Canadian Institute for Health Information.

Source: Canadian Institute for Health Information (2019). *Mental Health and Addictions Hospitalizations in Canada, Supplementary Tables, 2017–2018*, Table 1.

Outcome Materiality

The SROI impact map supports the assessment of the stakeholder outcomes, indicators which then support the determination of the proxies used within the report. It is understood that improvements in one outcome could relate to an overall well-being change made by the stakeholder. It is noted that only outcomes related to each stakeholder group were included and assessed with financial proxies. There were other outcomes noted by the stakeholders; however, only the significant outcomes were analyzed in the impact map (see Stage 3 Table presented in Appendix L).

Section 6 Impact

In the SROI forecast, I determined the outcomes from the A4MH Mindfulness Self-Compassion Workshop. The methods used help to determine the impact entailed calculating how much of the outcome would have happened anyway and what part of the outcome can be attributed to the individual's activity (Nicholls et al., 2012, p. 55). Determining the impact can be categorized and grouped into four categories (see Figure 7). As noted, earlier in Section 2, there are a small number of stakeholders. For future analysis it would be beneficial if the the A4MH could encompass more stakeholders to provide more data in determining the direction for future programs.

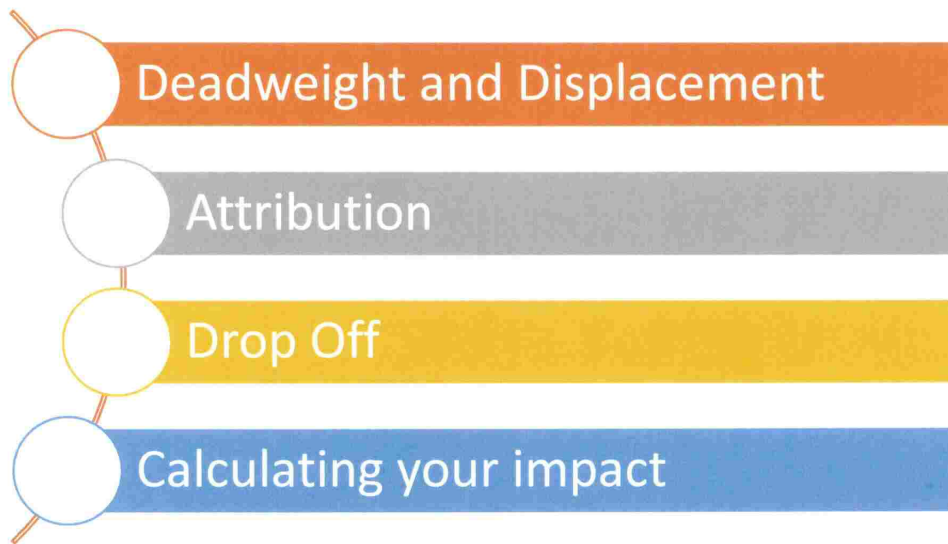


Figure 6. Four categories of impacts.

Deadweight

The deadweight of the A4MH Mindfulness Self-Compassion Workshop is a measure of the impact that would have happened if the event did not happen. Deadweight is defined as a measure that is calculated as a percentage of the amount of outcome that would have happened even if the activity had not taken place (Nicholls et al., 2012, p. 56). The participants in the survey were asked what would have happened if the activity did not take place, and a few themes were discovered:

1. A number of participants mentioned that they would continue to be living with pain, and anxiety (S-2, I-1)
2. A few participants mentioned that they would not have learned the tools that they need to cope (S-1, S-5, I-1, I-2)
3. One participant mentioned that they would have felt worse (S-3)
4. Another participant mentioned that they may have found another program, but it would have taken longer (I-2)

In their study, *A Response to a Mindful Self-Compassion Intervention in Teens*, Karen Bluth, and Tory Eisenlohr-Moul (2017, p. 9) proposed that stress and anxiety can continue to happen when there are no adequate internal resources that help one cope with inner stress (p. 9). While there may be a decrease in anxiety, not all of it may be attributed to the Mindfulness Self-Compassion Workshop. As a result, I have allocated a 10% drop for deadweight, considering that many participants did see change as a result of the workshop.

The stakeholders were involved through the survey, and interview process in determining the value for the deadweight calculation (See Appendix F and G). A recommendation for future SROI reports would be to involve the stakeholders within a focus group to help determine the

deadweight. In order to forecast change more questions could have been developed around “How much of each change has happened (or is likely to happen) from the A4MH Mindfulness Self Compassion workshop?”

Displacement

Displacement is another consideration of determining impact and is an assessment of how much of the outcome displaced other outcomes. The majority of participants mentioned that they did not have to give up another activity to come to the Mindfulness Self Compassion Workshop (S-1, S-2, S-3, S-4, I-1, I-2). As a result, it was determined that there was no displacement for the participants in the workshop. See Stage 4 and Social Return Table presented in Appendix M.

The stakeholders were involved through the survey, and interview process in determining the value for the displacement calculation (See Appendix F and G). A recommendation for future SROI reports would be to involve the stakeholders within a focus group to help determine the displacement.

Attribution

Attribution determines how much of the outcome was caused by the contribution of other people or participants (Nicholls et al., 2012, p. 59). Attribution is calculated as a percentage.

A4MH for this workshop partnered with an instructor from the Center of Mindful Self-Compassion. A4MH sought out an instructor from the organization to help to run the workshop. In the delivery of the workshop, there is an understanding that part of the credit and the ability to create a change in the stakeholders would be as a result of this partnership.

A part of A4MH's (n.d., para. 1) mission is to provide "resources and support to those who experience mental illness. Through this, we fight the stigma of mental health by creating, collaborating, and advocating wellness for artists and alike."

As a result of the partnership on the Mindfulness Self-Compassion Workshop, an attribution rate of 50% was allocated between A4MH and the Center of Mindfulness Self-Compassion. There could be a variable of $\pm 10\%$, but I used a conservative amount of 50%. See Stage 4 and Social Return Table presented in Appendix M.

The stakeholders were involved through the survey, and interview process in determining the value for the attribution calculation (See Appendix F and G). Since A4MH as mentioned above, partnered with the Center of Mindfulness Self Compassion the 50% was used as an appropriate measure. In order to forecast change more questions could have been developed around "How much of each change is caused by A4MH's activities?" A recommendation for future SROI reports would be to involve the stakeholders within a focus group to help determine the attribution. . Another question could be on a scale of 1-10 "How much did the A4MH workshop contribute to your mental well being?".

Drop Off

The analysis for understanding impact also needs to examine the duration of the change. Drop-off considers how long an outcome lasts. The drop-off percentage calculation is used to account for this if the outcome lasts for more than one year. It was noted that after three months, the participants noted a decline in the change that they felt immediately after the workshop (S-3, S-4). As a result, I have used a conservative projection of 40% to indicate the drop-off after one

year. A number of stakeholders are still using the tools eight months after the post-Mindfulness Self-Compassion Workshop (I-1, I-2). See Stage 4 and Social Return Table (Appendix M).

The stakeholders were involved through the survey, and interview process in determining the value for the drop off calculation (See Appendix F and G). In order to forecast change more questions could have been developed around “ How long do we need to measure the changes for from the future A4MH workshops?” A recommendation for future SROI reports would be to involve the stakeholders within a focus group to help determine the drop off.

Section 7. Findings and Social Return Calculation

How the social return on the A4MH project was determined for the Mindfulness Self-Compassion Workshop is outlined in this section. To calculate the financial value, one needs to determine the social costs and the benefit of the activity. According to Nicholls et al. (2012, p. 65), there are four steps to calculating the ratio for the A4MH project:

1. Project into the future;
2. Calculate the net present value;
3. Calculate the ratio;
4. Conduct a sensitivity analysis;

Project into the Future

This step involves determining the value of the outcomes that will be achieved in the future. The ratio supports the calculation of the value in the future. The value of the social return takes into consideration the deadweight, distribution, attribution, and drop-off calculations as noted previously. Some of the anticipated change is to last beyond a year from the A4MH workshop taking place. The value of the subsequent change has been included in the analysis. The present value is calculated using a rate of 3.5% (see Figure 8; see also Appendix M for Stage 4 results and the Calculating Social Return schedule).

Stage 4				
How much caused by the activity?				Still material?
Deadweight %	Displacement %	Attribution %	Drop off %	Impact calculation
What will happen/what would have happened without the activity?	What activity would/did you displace?	Who else contributed to the change?	Does the outcome drop off in future years?	Number of people (quantity) times value, less deadweight, displacement and attribution
Total				4,084.20
Present value of each year				
Total Present Value (PV)				
Net Present Value (PV minus the investment)				
Social Return (Value per amount invested)				

Calculating Social Return					
Discount rate		3.5%			
Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
3,416.85	667.35	400.41	0.00	0.00	0.00
3,416.85	644.78	373.79	0.00	0.00	0.00
					4,435.42
					3,750.42
					6.48

Figure 7. Calculation of social return

Calculating the Present Value

The step for determining the social return is to calculate the net present value (NPV) of the costs or benefits. In Figure 8, the social return is discounted over time at 3.5%. The premise behind discounting is that people would prefer to receive money today rather than in the future (Nicholls et al., 2012, p. 67). The total present value of the benefits is \$4,425.42; however, when it is discounted for the value in Yr 1 and Yr 2, then the net present value is \$3,750.42 (see the Social Impact Map presented as Stage 4 and Calculation in Appendix M).

Calculating the Ratio

The social return as noted in Figure 8 is the value received for the amount invested. This is determined by the following calculation:

$$\text{SROI} = \frac{\text{Present Value}}{\text{Total Investment}}$$

For the A4MH Mindfulness Self-Compassion Project, the social value per dollar invested is:

Social Return is £6.48 per every £1

invested in the A4MH Mindfulness Self-Compassion Workshop.

While this calculation is important for demonstrating value, one must also consider that there is a story of change that has happened with the A4MH Mindfulness Self-Compassion Workshop that impacts stakeholders.

Sensitivity Analysis

The last step in examining the SROI social return is to look at a sensitivity analysis. The sensitivity analysis tests the ratio by recalculating some of the figures on the impact maps. The purpose of this is to test which assumptions have the greatest effect on the impact map (Nicholls et al., 2012, p. 69).

Scenario 1: Altering Deadweight

If the deadweight is altered and assumed to be a 15%, the calculation to identify an indication that a participant would not have learned any new skills for coping with anxiety, the SROI would be:

Social Return is £6.12 per every £1 that is invested

If there is no deadweight, then:

Social Return is £7.19 per every £1 that is invested

Scenario 2: Altering Attribution

With A4MH, it was noted previously that the organization partnered with the Center of Mindfulness Self-Compassion. If one was to assume that the Center for Mindfulness Self-Compassion was more responsible for the outcomes, at an attrition of 60%, then:

Social Return is £5.18 per every £1 that is invested

If the amount attributed to the Center of Mindfulness Self-Compassion was at 40%, then:

Social Return is £7.77 per every £1 that is invested

Scenario 3: Altering Duration

If the outcomes had all been assigned a duration of one year since this one workshop, then:

Social Return is £5.93 per every £1 that is invested

Scenario 4: Altering Specific Financial Proxies

A financial proxy that has significant value on the impact map is the workplace skills learned and the benefit derived from that stakeholder. If we decrease the proxy by 25%, then:

Social Return is £6.12 per every £1 that is invested

If we increase the proxy by 25%, then:

Social Return is £6.83 per every £1 that is invested

Scenario 5: Altering Quantities

The stakeholders that attended the A4MH Mindfulness Self-Compassion Workshop experienced the most change. If we reduce the stakeholders that are members that experienced change by 50%, then:

Social Return is £6.11 per every £1 that is invested

Scenario 6: Generating a 1:1 ratio

If we remove all the outcomes except for the stakeholder members only of A4MH, we will get the following:

Social Return is £.89 per every £1 that is invested

The sensitivity analysis supports the testing of the impact map and the outcomes in determining the social return.

Section 8. Recommendations and Organizational Implications

Recommendations

Through the evaluation of the A4MH Mindfulness Self-Compassion Project, we have noted that the investment is providing value to those in the community. A number of participants commented that the organization is successful, and that they like the passion and creativity of the team (S-1), and that they are transparent and authentic with those in the A4MH community (S-4). Implementation of this report's three recommendations with the development of a future action plan will help the organization continue with its mission of providing resources and support to those who experience mental illness (Artists for Mental Health, n.d., para 1-3). Further analysis could involve the use of other tools that could be used in a group setting such as the Value Game with a focus group for those participants who are able to benefit from future A4MH Mindfulness Self-Compassion workshops (Scholten et al, 2019). In the future, many of the sub-groups could also be segmented and then outcomes could be valued independently.

Recommendation 1: A4MH continue with what it is doing within the community since the Mindfulness Self-Compassion program model is transformative and successful and supports members in developing resiliency

With the first workshop by A4MH in partnership with the Center for Mindfulness and Self-Compassion. The participants experienced a change in self-compassion. The awareness is that mindfulness can support mental and physical health with those that experience anxiety

(Terry & Leary, 2011, p. 357). When this type of resiliency is learned through transformation, it allows individuals to manage future anxiety in a non-judgemental way (p. 357).

Recommendation 2: A4MH expand the program offering and continue to partner with organizations, including local and provincial governments, to provide support and resources to its members and work towards achieving organizational sustainability

I recommend that A4MH expand the program offering, as many of the stakeholders would like to see more programming offered (S-1, S-4, I-2). This may result in or require the involvement of more provincial and local government organizations. Also, by this involvement and applying for grant funding, more organizations would become aware of the value that A4MH is providing to the community. Peredo and McLean (2007) stated that as a social entrepreneur, the organization should “include individuals or groups who are chiefly motivated by the wish to produce social benefits, but who aim to produce monetary benefits” (p. 64). This relationship with non-profit partners would help to encourage benefits.

Recommendation 3: A4MH needs to look at involving more volunteer engagement and building a leadership development program within the organization

There is an opportunity for A4MH to leverage the knowledge and the passion of the volunteers to help make a difference in the organization. The passion of the leadership and the staff helps to motivate these volunteers. Many volunteers would like the program to be sustainable and to continue to provide community support to members. A4MH needs to look at ways that it can engage existing volunteers more fully and be able to leverage their strengths and talents that can add value to the organization. This would allow for A4MH to model leadership and then share this leadership model with the volunteers. This may include providing learning opportunities for existing staff to develop skills.

At present, the majority of work is performed by a small group of individuals at A4MH. The development of new leaders within the organization could help to build a strong volunteer base. This may include posting of the volunteer job requirements and talking with individuals to see if this is the right fit that highlights their best skills. They could post volunteer opportunities via social media. Paton, Mordaunt, and Cornforth (2007, p. 154S) argued that non-profit leadership cannot continue as it has in the past, and more education is needed to address complex environments. Managers need to be able to figure out quickly what is happening in a changing environment (p. 154S). Trautmann, Maher, and Motley (2007) stated that leadership development is a key success factor in both profit and non-profit organizations and that a transformational leader needs to develop each individual's potential.

Organizational and Future Implications

Verify and communicate results

As part of the SROI process, the report and results are reported back to stakeholders. A meeting was set up with stakeholders to verbally review the results of the analysis by explaining the process and the value provided to the stakeholders. The discussion on the SROI report included a review of the qualitative, quantitative, and financial information from the report. This report's financial information supports the story of change from the Mindfulness Self-Compassion Workshop.

Limitations and Future implications

There are a number of limitations of this forecast SROI analysis that would need to be considered for future study these include the following:

1. The stakeholder sample size was small and as a result some generalizations based on research and results were made, it would be beneficial to have a larger sample size
2. There is no control sample to determine what would the effect have been if the participants did not participate in the workshop
3. Participants were only measured one month after study, it would be beneficial to measure for longer than a year
4. Participants could be asked to measure on a scale of 1-5 the various degrees of change noted see proposed survey in Appendix J.
5. It was challenging to determine outside factors that may have improved mental health
6. The Mindfulness workshop was conducted as a pilot program, it would be beneficial in the future to evaluate the outcomes of a longer session of the workshop i.e 6-8 week program.
7. It would be beneficial to explore further chain of events than those discussed in the chain of events section when the sample size is larger in future projects.
8. For future studies, the stakeholders could be more involved in determining the Theory of Change by conducting some focus groups and further discussion with groups and sub-groups of stakeholders. In addition we could use the Centre for Social Action and Innovation Fund model of creating a Theory of Change (Nesta, n.d.). This would allow us to make assumptions on participants and determine the process to stakeholder end goals.
9. For the future data collection we could use some more tools to track each participant for over the 6 month or year period. This could be from follow up surveys or interviews that would involve rankings similar to Appendix J.

10. In future studies it would be beneficial with a large stakeholder group to address the risk of over-claiming in identifying deadweight, displacement, attribution and drop off based on input provided by the stakeholders. It is also noted that we would need to discuss other outcomes that may influence the the participants' mental health.

Implementing the recommendations will have implications for the organization. To support A4MH in actioning the recommendations, A4MH will need to develop an action plan for the recommendations and examine how developing partnerships with other organizations could support A4MH moving forward. From the data and interviews, it was clear that several volunteers were willing to help and provide support, partnerships, and resources to the organization. I suggest that A4MH leverage these relationships and bring more sustainability to the organization. As mentioned in the findings, many participants believe in the values and vision of A4MH and in its ability to change lives for the members, volunteers, staff, and the community. A4MH could continue to have open discussions or coffee time with members to achieve its vision. Another suggestion would be to begin exploring possible strategic objectives for the organization and refine performance measures or indicators that would help promote the organization and its vision and mission.

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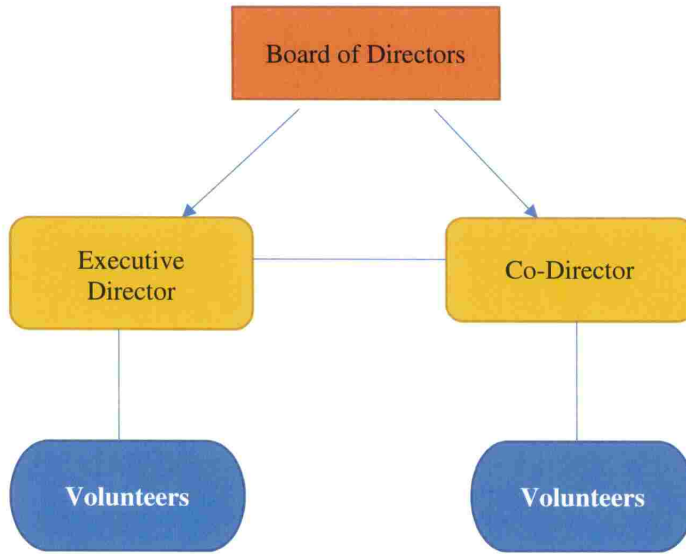
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Appendix A: Organizational Chart of Artists for Mental Health



Appendix B: Mission and Values of Artists for Mental Health¹

Our Mission

Artists for Mental Health is a non-profit organization whose goal is to strengthen our inclusive community. We aid by providing resources and support to those who experience mental illness. Through this, we fight the stigma of mental health by creating, collaborating, and advocating wellness for artists and alike.

Our values:

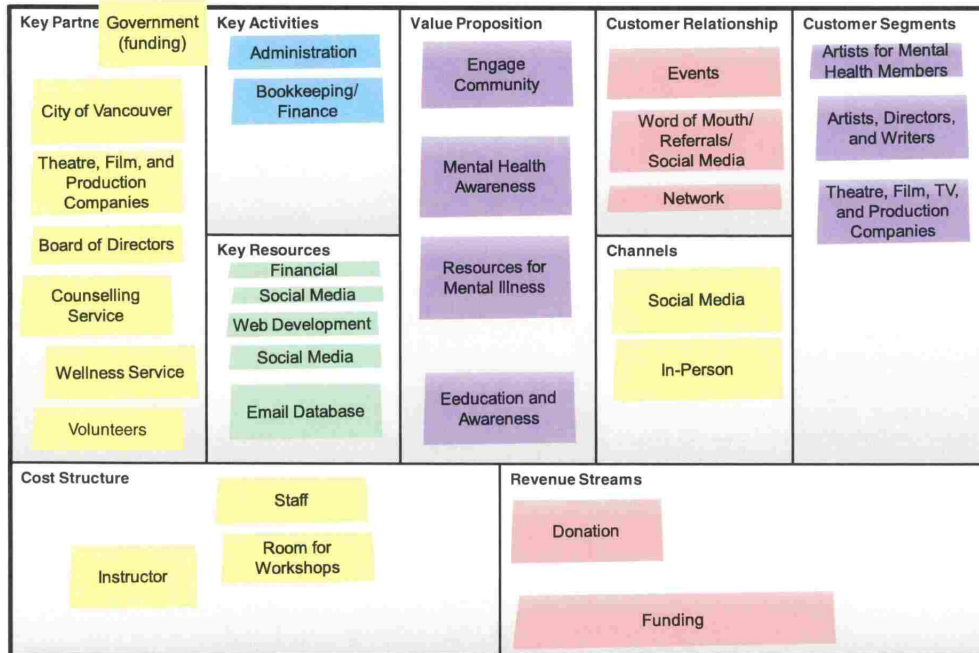
1. Engagement: Creating a Community- With our organization's mission always in mind, we strive to find new ways to connect artists and alike across the world. Community and diversity are something that we take very seriously, and our team is working each and every day to make a positive impact.
2. Awareness: One step at a time-At Artists for Mental Health we are dedicated to stepping up our efforts in addressing the stigma on Mental Illness. Through cooperation and community empowerment we believe we can facilitate progress in this area. We are always striving to make a difference
3. Resources: -Helping the Community- With this initiative, our goal is to promote healthy options and opportunities for those in need. With access to the right resources, people can become empowered by their own abilities and gain confidence in their wellbeing.

¹ Artists for Mental Health. (n.d.). *Artists for Mental Health welcomes you!* Retrieved August 20, 2020, from <https://www.artists4mh.com/> (para. 1-3)

Appendix C: Business Model Canvas

The Business Model Canvas Artists for Mental Health

7-May-2020
Iteration #1



Appendix D: Survey Preamble

The objective of our research project is to determine: How can Artists for Mental Health through the mindfulness pilot project measure the social value to the stakeholders? The survey is being distributed online.

As a key member of this community, you were chosen as a prospective participant because we are interested in hearing from individuals that are interested in supporting the Artists for Mental Health organization. Attached is information about the study conduct to help you make an informed decision on whether or not you want to participate. Please review this information before responding. It is estimated to take ten minutes to complete.

You are not required to participate in this research project. Should you choose to participate, your participation would be entirely voluntary. If you do not wish to participate, you may do so simply by not completing the survey. Your decision not to participate is without prejudice — the decision will be maintained in confidence and will not affect relationships with the Sponsoring Organization in any way. If you choose to participate, you are free to withdraw but must do so prior to submitting the online survey. All results that are collected to the point of submission will be included in the study as there is no way to separate anonymous responses. Jitsutech is being used and is an online tool to gather research data for this project. You can read more about Jitsutech's privacy and legal policies here: <https://www.jitsutech.com/privacy-policy/>

An electronic copy of survey responses, with no public access, will be held for a period in a locked cabinet unless the client has indicated the report is to be returned for confidentiality reasons.

The information you provide will be summarized, in an anonymous format, in the body of the final report. At no time will any specific comments be attributed to any individual unless your specific agreement has been obtained beforehand. All documentation will be kept strictly confidential.

Anonymized survey results and recommendations will be shared with the Sponsoring Organization and the Social Value UK accreditation office.

Please feel free to contact me at any time should you have additional questions regarding the project and its outcomes.

Thank you in advance for your participation! If you have any questions or concerns, please feel free to contact Sophia Robinson at [email address] or [phone #].

Appendix E: Survey Questions

Thank you for taking the time to complete the Artists for Mental Health Mindfulness pilot project survey. Your response to the questions is very important to us and will help us measure how Artist for Mental Health's current programming is supporting and engaging others in the community. For this study, Social value is the quantification of the relative importance that people place on the changes they experience in their lives. The survey should take about 10 minutes to complete.

15. What kind of connection do you have with Artists for Mental Health?
 - A) Are you a volunteer at Artists for Mental Health? __Y__N
 - a. If yes, how many times per year? ____
 - b. What could be changed or improved?
 - B) Are you a participant of the mindfulness project? __Y__N
 - a. If yes, how many times per year? ____
 - b. What could be changed or improved?

2. As you reflect on your involvement with Artists for Mental Health, please share a story about what makes it successful?

3. Artists for Mental Health is trying to provide more value to members, volunteers, and participants. And is evaluating the programs it offers in the community. Please answer the below and indicate the extent to which you agree with these statements (1=strongly disagree, 2=disagree, 3=mixed/neutral, 4=agree, 5=strongly agree)
 - a. The mindfulness pilot project has been effective in helping participants understand the connection between self compassion and maintaining good mental health. 1 2 3 4 5
 - b. The mindfulness pilot project helps to promote awareness of mental health in the community. 1 2 3 4 5
 - c. The mindfulness workshop has helped participants become more aware of the benefits of self compassion. 1 2 3 4 5

4. What changes did you experience as a result of your participation in the mindfulness project?

5. In your experience, were the changes positive to your mental health awareness? If not, were there any negative changes?

6. From the mindfulness workshop, were all the changes above expected? Is there anything else that you didn't expect that changed?

7. Do you believe that any other people (family members, coworkers, and/or friends) experienced any changes as well?

8. On a scale of 1-10. How would you measure the impact on your well-being immediately after the workshop?
9. On a scale of 1-10. How would you measure the impact on your well-being one month after the workshop?
10. What would have happened if you did not participate?
11. In order to participate in this activity, did you need to give up another activity?
12. What other programs or services could Artists for Mental Health offer?
13. What additional comments/suggestions would you like to add?
14. In order to compile results please indicate if you are from one of the following groups:
 - Volunteer
 - Staff
 - Board members of Artists for Mental Health
 - Subject matter experts
 - Choose not to answer
15. Please indicate if you would be interested in participating in an interview for Artists for Mental Health on measuring Social Value. If so, please provide a contact phone number and/or email address.

Appendix F: Interview Invitation

Dear Friend of the Artists for Mental Health community, [or will you personalize it to include participant names],

My name is Sophia Robinson, and I am delighted to invite you to join my research project, on “How can Artists for Mental Health through the mindfulness project measure the social value to the stakeholders?” This project is part of the requirement for a Social Value UK certification. You are receiving this invitation because you responded to the survey and indicated your interest join an interview.

You were chosen as a prospective participant because you are a stakeholder in the Artists for Mental Health’s organization who responded to my survey with your interest in joining me for a one-to-one interview.

This interview is estimated to last approximately 30 minutes and is an opportunity for you to help Artists for Mental Health to explore how to provide Social Value.

The attached information letter will enable you to make a fully informed decision on whether or not you wish to participate. Please review this information before responding.

If you would like to participate in my research project, please reply to this email or contact me at the phone number listed below. Please feel free to contact me at any time should you have additional questions regarding the project and its outcomes.

Please feel free to contact me at any time should you have additional questions regarding the project and its outcomes.

Thank you in advance for your participation!

Sincerely,

Sophia Robinson
Phone [phone #]
Email: [email address]

Appendix G: Interview Consent Form

By signing this form, you agree that you are over the age of 19 and have read the information letter for this study. Your signature states that you are giving your voluntary and informed consent to participate in this project.

I consent to the audio recording of the interview.

Name: (Please Print): _____

Signed: _____

Date: _____

Appendix H: Interview Questions

The interview questions will revolve around the inquiry question: How can Artists for Mental Health through the mindfulness project measure the social value to the stakeholders?

Please find below the proposed questions to answer the inquiry question and sub-questions:

1. What is your involvement with the Artists for Mental Health organization and what attracted you to the organization?
2. As you reflect upon your involvement with Artists for Mental Health, can you recall a time when you felt the most impact of the organization? Please share the story of the experience.
3. In your experience with the mindfulness project, what changes did you experience?
4. In your experience, were the changes positive to your mental health awareness? If not, were there any negative changes?
5. From the mindfulness workshop, were all the changes above expected? Is there anything else that you didn't expect that changed? So, what happened next? Tell me more?
6. Why is this important to you?
7. Do you believe that any other people (family members, coworkers, and/or friends) experienced any changes as well?
8. How would someone else know that this had happened if you had not taken part?
9. Would you have found another program after?
10. How important was this change to you?
11. Can you put these changes in priority order as to how important the change was to you?
12. Which of these changes would make the biggest difference to you?
13. What are some programs or initiatives that Artist for Mental Health could do more of?
14. In your experience, what would you suggest would be effective tools or strategies in enhancing mental health awareness in the community?
15. Looking in the future are there any changes or improvements that could be made at Artists for Mental Health to help members?

Appendix I: Research Information Letter

A Social Value project for Artists for Mental Health

My name is Sophia Robinson and this research project is in partial fulfillment of the requirements for a Social Value UK certification.

Purpose of the study and sponsoring organization

The objective of my research project is to explore “How can Artists for Mental Health through the mindfulness project be able to measure the social value to the stakeholders?”

Your participation and how the information will be collected

Data collected in support of this research project will result from: 1) an online survey, and 2) one-on-one interviews.

All active participants from volunteers, staff, or board members of Artists for Mental Health, or subject matter experts, will be invited to participate in an anonymous and confidential online survey that is anticipated to take 10 minutes to complete.

Following the online survey, some of the first responders from the various stakeholder groups mentioned above (volunteer/staff member/board member/subject matter expert/parent/teacher) will be invited to participate a one-on-one interview that will explore how can Artists for Mental Health through the mindfulness project be able to measure the social value to the stakeholders. The interview will take about 30 minutes.

Results of the online survey, interviews, and focus group will be posted on the Artists for Mental Health website in late 2020. In addition, one-on-one interview participants will be invited, to a voluntary meeting on Sept XX 2020 where conclusions drawn from participants’ feedback will be shared with participants to confirm appropriate analysis and interpretation of their ideas.

Benefits and risks to participation

There are no known risks to participation in this research project. The research project is expected to bring the following benefits:

1. For Artists for Mental Health to support the organization with developing a future project.
2. For research participants the opportunity to discuss mindfulness, voice insights, to assess needs provide and thereby give a voice to each participant’s experience, insights, and knowledge through their involvement in this inquiry.
3. For society: the enhancement of having Artists for Mental Health to continue providing valuable programming to members...
4. For myself: broader systems understanding of Artists for Mental Health and the impact on the community, leadership experience, and the attainment of a Social Value certification.

Real or Perceived Conflict of Interest and Power-Over relationships

I am external to the organization and therefore there is no real or perceived conflict of interest. However, there may be a perceived power-over relationship conflict seeing as my project sponsor is the executive director (ED) of Artists for Mental Health, Kathryn Robinson. The sponsor will not be privy to any of the raw data nor will she know who participated in the research study, who withdrew, and who did not choose to participate. I disclose this information here so that you can make a fully informed decision on whether or not to participate in this study.

I disclose this information so that you can make a fully informed decision on whether or not to participate in this study.

Confidentiality, security of data, and retention period

Your privacy will be protected throughout this study. All data (such as the online survey results, one-on-one interviews, and scanned consent forms) will be saved on an encrypted memory stick and stored in a locked filing cabinet. Participant confidentiality will be ensured through coding. At no time will comments identify any individual. All documentation will be kept strictly confidential. Data collected in support of this research project will be retained for a period of one year following the completion of the study (anticipated completion: March 2021), when it will be destroyed.

Sharing results

In addition to submitting my final report to the research sponsor and Social Value UK in partial fulfillment of a Social Value certification, the study findings will be shared within the Artists for Mental Health organization. The research findings may also be shared at relevant industry conferences, in journals, or newsletters, though no expectation of this exists at this time.

All research participants may access the final report that includes the study's findings, conclusions, recommendations, and implications if they wish on October 31, 2020, onward. Requests for this should be directed to me at [email address].

Procedure for withdrawing from the study

Research participants can withdraw from the study at any time. Online survey participants can withdraw at any time prior to the completion of the online survey by simply abandoning the survey and closing their browsers. Because the survey is anonymous, participant data cannot be withdrawn following the completion of the online survey as it cannot be linked to individual survey participants.

One-on-one interview participants can withdraw by notifying me in advance of the interview session either in-person, by phone, or by e-mail. Participants can also withdraw following the commencement of the interview session. If participants want to withdraw, I will not use what they told me. Transcripts will be sent out and participants will be also be allowed to withdraw

data up to this point as well. I will set a limit of two weeks from the time of the interview for the participant(s) to withdraw data.

Transcripts will be sent out and participants will also be allowed to withdraw data up to this point as well. Coding will be used to protect participants' anonymity when analyzing the data. For example, I will use codes such as Int 1, Int2, Int 3 for interviewees' comments.

Information may be recorded using an audio format and, where appropriate summarized, in an anonymous format, in the body of the final report. At no time will any specific comments be attributed to any individual unless your specific agreement has been obtained beforehand. All documentation will be kept strictly confidential. All documentation will be stored until the end of my research in spring 2020 and will be destroyed at that time. Should you choose to withdraw from the research you may do so at any time without prejudice. Similarly, if you choose not to participate in this research project, this information will also be maintained in confidence.

You are not required to participate in this research project. By proceeding with the online survey or by signing the informed consent form (for the one-on-one interview) you have indicated that you have read and understood the information provided above and that you give your free and informed consent to participate in this project.

Please keep a copy of this information letter for your records.

Appendix J: Proposed Additional Future Survey (Forecast)

Pre Mindfulness Self Compassion Workshop

This is a short assessment on how you feel prior to to the Mindfulness Self Compassion Workshop

On a scale of 1- 5: **1 = Not Good 2 = Fair 3 = Good 4 = Very Good 5 = Excellent**

Can you rate the following questions/statements:

1. How are you at using tools to dealing with your anxiety and mental health?
2. How do you rate your ability to live with self-judgement?
3. How do you rate your mental health?
4. How do you rate your overall wellness both mental and physical?
5. How do you rate your engagement with family members?
6. How do you rate how you feel about your sense of community?
7. How do you rate your resiliency to handle stress?

One Month After Mindfulness Self Compassion Workshop

This is a short assessment on how you feel one month after the Mindfulness Self Compassion Workshop

On a scale of 1- 5: **1 = Not Good 2 = Fair 3 = Good 4 = Very Good 5 = Excellent**

Can you rate the following questions/statements:

1. How are you at using tools to dealing with your anxiety and mental health?
2. How do you rate your ability to live with self-judgement?
3. How do you rate your mental health?
4. How do you rate your overall wellness both mental and physical?

5. How do you rate your engagement with family members?
6. How do you rate how you feel about your sense of community?
7. How do you rate your resiliency to handle stress?

Six Months to One Year After Mindfulness Self Compassion Workshop

This is a short assessment on how you feel one month after the Mindfulness Self Compassion Workshop

On a scale of 1- 5: **1 = Not Good 2 = Fair 3 = Good 4 = Very Good 5 = Excellent**

Can you rate the following questions/statements:

1. How are you at using tools to dealing with your anxiety and mental health?
2. How do you rate your ability to live with self-judgement?
3. How do you rate your mental health?
4. How do you rate your overall wellness both mental and physical?
5. How do you rate your engagement with family members?
6. How do you rate how you feel about your sense of community?
7. How do you rate your resiliency to handle stress?

Appendix K: Stages 1 and 2 of the SROI Impact Map

SROI Value Map This sheet is designed to help you develop your SROI analysis. If your analysis does not use monetary valuation of outcomes, please use the "Value Map (non-SROI)" tab. For further information please see the "Guidance" tab.			
Stage 1		Stage 2	
Who and how many?	At what cost?	Outputs	What changes? Outcomes
Stakeholders	Inputs	Outcome description	
Who do we have an effect on?	What will/did they invest and how much (money, time)?	Financial value (for the total population for the accounting period)	What is the change experienced by stakeholders?
Who has an effect on us?	Time, effort, and money		
Young adults/adults as members	8	30.00	Resources and skills learned
			Improved mental health awareness
			Community
			Improved health and wellness
			Family and Friends
			Long-term wellness
Young adults/adults as volunteers	3	120.00	Resources and skills learned
	Time, effort, and money		Improved mental health awareness
Including instructor		160.00	Community
			Improved health and wellness
			Family and Friends
			Long-term wellness
			Making an impact
			Future involvement

Stage 1		Stage 2			
Who and how many?		At what cost?			
Stakeholders		Inputs			
		Outputs			
		Outcomes			
		Outcome description			
Family members as participants	2	Time, effort, and money	0.00	2 members attended a mindfulness self-compassion workshop that was put on by A4MH	Resources and skills learned
		Care and concern			Improved mental health awareness
					Community
					Improved health and wellness
					Family and Friends
					Long-term wellness
					Making an impact
					Future Involvement
Staff of A4MH	3	Time, effort, and money	225.00	3 members attended a mindfulness self-compassion workshop that was put on by A4MH	Resources and skills learned
					Improved mental health awareness
					Community
					Improved health and wellness
					Family and Friends
					Long-term wellness
					Making an impact
					Work experience and skills
					Rewarding work and sense of accomplishment
Local and Provincial Government	10	Facility resources	150.00	One university provided the room as a student/instructor rental for workshop	Improvement in wellness for others
					Improvement in wellness for community
					Economic benefits for community

Stage 1		Stage 2		
Who and how many?		At what cost?		What changes?
Stakeholders		Inputs		Outcomes
Film and Production Companies	100	n/a		Improvement in wellness for community
Funders	50	n/a		Improvement in wellness for others Improvement in wellness for community

Total	685,00
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Appendix L: Stage 3 of SROI Impact Map

SROI Value Map
 This sheet is designed to help you develop your SROI analysis. If your analysis does not use monetary valuation of outcomes, please use the "Value Map (non-SROI)" tab.
 For further information please see the "Guidance" tab.

Stage 3									
How much?			How long?			How valuable?			
Indicator and source	Quantity (scale)	Amount of change per stakeholder (depth)	Duration of outcomes	Outcomes start	Weighting	Valuation Approach (monetary)	Monetary valuation		
		Describe the average amount of change experienced (or to be experienced) per stakeholder.	How long (in years) does the outcome last for?	Does the outcome start in Period of activity or in the Period after?	How important is this outcome to stakeholders? (e.g. on a scale of 1-10)?	Describe the monetary valuation approach used to express the relative importance (value) of each outcome. ²	How important is the outcome to stakeholders (expressed in monetary terms)?		
Describe how you will measure the described outcome (including any sources used)	Number of people experiencing described outcome.								
Number of Participants that report that they are able to use the self compassion tools in the future (survey/interview)	2	80	1	Period of activity	8	Average dollar amount of three counselling sessions Average cost is £80 x3 = £240 ³	240.00		
Number of participants that report a change in learning because of taking the self compassion workshop (survey/interview)	2	80	1	Period of activity	8	Cost of a resiliency toolkit course: £443 x 50% for 1/2 of course =£223 ⁴	223.00		
Number of participants that reported improved support from other participants including family and friends (survey/interview)	1	42	1	Period of activity	4	Measure of community vitality - cost of a membership to Vancouver Chamber of Commerce ⁵ £251	251.00		

¹ (N.B. To make comparison between outcomes possible, your analysis should be consistent in the type of weighting used).
² (N.B. If your analysis does not use monetary valuation of outcomes, please use the Value Map (non-SROI) tab of this spreadsheet).
³ BC Association of Clinical Counsellors. <https://bc-counsellors.org/find-a-counsellor/fee-schedule/>
⁴ Positive Psychology. Resiliency. <https://positivepsychology.com/store/>
⁵ Vancouver Chamber of Commerce. <https://www.vancouverusa.com/member/newmemberapp/>

Stage 3					
How much?		How long?		How valuable?	
	2	80	1	8	90.00
Number of participants that reported improved physical and mental well being awareness gained from workshop (survey/interview)					Measurement of Health - cost of a YMCA community three-month pass £30x3=90 ⁶
Number of Participants that report that they are able to use the self compassion tools in the future (survey/interview) Number of participants that report a change in learning because of taking the self compassion workshop (survey/interview)	2	80	1	8	Average dollar amount of three counselling sessions Average cost is £80 x3 = £240 ⁷
Number of participants that reported an improvement in mental health (survey/interview) Number of participants that reported a short-term change in mental health (survey/interview)	2	80	1	8	Cost of a resiliency toolkit course from Positive Psychology: £443 x 50% for 1/2 of course =£223 ⁸
Number of participants that reported improved support from other participants including family and friends (survey/interview)	1	42	1	4	Measure of community vitality - cost of a membership to Vancouver Chamber of Commerce £251 ⁹
Number of participants that reported improved physical and mental well being awareness gained from workshop (survey/interview)	2	80	1	8	Measurement of Health - cost of a YMCA community three-month pass £30x3=90 ¹⁰
Number of participants that reported that they were making a difference in the community and helping others.	1	50	1	5	Measurement of Volunteer value in hours £20.94 x 3 hours= £63 ¹¹

⁶ YMCA. Membership. <https://gymmembershipsfees.com/ymca-prices/>
⁷ BC Association of Clinical Counsellors. <https://bc-counsellors.org/find-a-counsellor/fee-schedule/>
⁸ Positive Psychology. Resiliency toolkit course. <https://positivepsychology.com/store/>
⁹ Vancouver Chamber of Commerce. Membership. <https://www.vancouverusa.com/member/newmemberapp/>
¹⁰ YMCA. Community three-month pass. <https://gymmembershipsfees.com/ymca-prices/>
¹¹ Independent Sector US. https://independentsector.org/resource/vovt_details/

Stage 3						
How much?		How long?		How valuable?		
	2	50	2	5		
Number of participants that volunteer for future events	1	80	1	8	Measurement of volunteer hours assume: 1 event at 3 hours at BC Minimum wage £8.60 x 3 = £26 ¹²	26.00
Number of Participants that report that they are able to use the self compassion tools in the future (survey/interview) Number of participants that report a change in learning because of taking the self compassion workshop (survey/interview)	1	80	1	8	Average dollar amount of three counselling sessions BC Association of Clinical Counsellors: Average cost is £80 x 3 = £240 ¹³	240.00
Number of participants that reported an improvement in mental health (survey/interview) Number of participants that reported a short-term change in mental health (survey/interview)	1	80	1	8	Cost of a resiliency toolkit course from Positive Psychology: £443 x 50% for 1/2 of course = £223 ¹⁴	223.00
Number of participants that reported improved support from other participants including family and friends (survey/interview)	1	42	1	4	Measure of community vitality - cost of a membership to Vancouver Chamber of Commerce £251 ¹⁵	251.00
Number of participants that reported improved physical and mental well being awareness gained from workshop (survey/interview)	1	80	1	8	Measurement of Health-cost of a YMCA community three-month pass £30 x 3 = 90 ¹⁶	90.00
Number of participants that reported that they were making a difference in the community and helping others (survey/interview)	1	8	1	8	Measurement of Volunteer value in hours £20.94 x 3 hours = £63 ¹⁷	63.00

¹² Government of BC. Minimum wage. <https://www2.gov.bc.ca/gov/content/employment-business/employment-standards-advice/employment-standards/wages/minimum-wage>

¹³ BC Association of Clinical Counsellors. <https://bc-counsellors.org/find-a-counsellor/fee-schedule/>

¹⁴ Positive Psychology. Resiliency toolkit course. <https://positivepsychology.com/store/>

¹⁵ Vancouver Chamber of Commerce. Membership. <https://www.vancouverusa.com/member/newmemberapp/>

¹⁶ YMCA. Community three-month pass. <https://gymmembershipsfees.com/ymca-prices/>

¹⁷ Independent Sector US. https://independentsector.org/resource/vovc_details/

Stage 3					
How much?	How long?	How valuable?			
2	80	1	Period of activity	8	240.00
Number of Participants that report that they are able to use the self compassion tools in the future (survey/interview) Number of participants that report a change in learning because of taking the self compassion workshop (survey/interview)				Average dollar amount of three counselling sessions: Average cost is £80 x3 = £240 ¹⁸	
2	80	1	Period of activity	8	223.00
Number of participants that reported an improvement in mental health (survey/interview) Number of participants that reported a short-term change in mental health (survey/interview)				Cost of a resiliency toolkit course from Positive Psychology: £443 x 50% for 1/2 of course =£223 ¹⁹	
2	42	1	Period of activity	4	251.00
Number of participants that reported improved support from other participants including family and friends (survey/interview)				Measure of community vitality - cost of a membership to Vancouver Chamber of Commerce £251 ²⁰	
2	80	1	Period of activity	8	90.00
Number of participants that reported improved physical and mental well being awareness gained from workshop (survey/interview)				Measurement of Health-cost of a YMCA community three-month pass £30x3=90 ²¹	
2	8	1	Period of activity	8	63.00
Number of participants that reported that they were making a difference in the community and helping others (survey/interview)				Measurement of Volunteer value in hours £20.94 x 3 hours= £63 ²²	

¹⁸ BC Association of Clinical Counsellors. <https://bc-counsellors.org/find-a-counsellor/fee-schedule/>
¹⁹ Positive Psychology. Resiliency toolkit course. <https://positivepsychology.com/store/>
²⁰ Vancouver Chamber of Commerce. Membership. <https://www.vancouverusa.com/member/newmemberapp/>
²¹ YMCA. Community three-month pass. <https://gymmembershipsfees.com/ymca-prices/>
²² Independent Sector US https://independentsector.org/resource/vovt_details/

Stage 3						
How much?		How long?			How valuable?	
1	50	2	Period after	5	Measure of work skills impact learned: Gallup shows an 8% increase. Assume BC minimum wage £8.60x40x52=£17,888 x8%=£1431 ²³ and Gallup poll ²⁴	1,431.00
2	80	1	Period of activity	8	Measurement of employee engagement per Gallup increases profitability of companies by 21% from assumed daily revenue of £50/day x21%=£11 for one day ²⁵	11.00
1	50	1	Period of activity	5	Average dollar amount of three counselling sessions BC Association of Clinical Counsellors: Average cost is £80 x3 = £240 ²⁶	240.00
1	50	1	Period of activity	5	Cost of hospital stay for half day mental illness (2014 mean value): £3725x50%=£1863 ²⁷	1,863.00
1	80	1	Period of activity	8	Measurement of Health-cost of a YMCA community three-month pass £30x3=90 ²⁸	90.00

²³ Government of BC. Minimum wage. <https://www2.gov.bc.ca/gov/content/employment-business/employment-standards-advice/employment-standards/wages/minimum-wage>

²⁴ Gallup poll <https://www.gallup.com/workplace/245786/gallup-reports-share-leaders-2019.aspx>

²⁵ Gallup. <https://news.gallup.com/poll/241649/employee-engagement-rise.aspx>

²⁶ BC Association of Clinical Counsellors. <https://bc-counsellors.org/find-a-counsellor/fee-schedule/>

²⁷ Canadian Institute for Health Information. Understanding Variability in the Cost of a Standard Hospital Stay. <https://www.cihi.ca/sites/default/files/document/cshs-variability-study-2017-en.pdf> (p. 12)

²⁸ YMCA. Community three-month pass. <https://gymmembershipsfees.com/ymca-prices/>

Appendix M: Stage 4 and Calculating of SROI

SROI Value Map											
This sheet is designed to help you develop your SROI analysis. If your analysis does not use monetary valuation of outcomes, please use the "Value Map (non-SROI)" tab. For further information please see the "Guidance" tab.											
Stage 4											
How much caused by the activity?											
Number of people experiencing described outcome.	Deadweight %	Displacement %	Attribution %	Drop off %	Still material?	Calculating Social Return					
	What will happen/what would have happened without the activity?	What activity would/did you displace?	Who else contributed to the change?	Does the outcome drop off in future years?	Impact calculation	Discount rate	Year 1	Year 2	Year 3	Year 4	Year 5
2	10%	0%	50%	40%	216.00	3.5%	0.00	0.00	0.00	0.00	0.00
2	10%	0%	50%	40%	200.70		0.00	0.00	0.00	0.00	0.00
1	10%	0%	50%	40%	112.95		0.00	0.00	0.00	0.00	0.00
2	10%	0%	50%	40%	81.00		0.00	0.00	0.00	0.00	0.00
2	10%	0%	50%	40%	216.00		0.00	0.00	0.00	0.00	0.00
2	10%	0%	50%	40%	200.70		0.00	0.00	0.00	0.00	0.00
1	10%	0%	50%	40%	112.95		0.00	0.00	0.00	0.00	0.00
2	10%	0%	50%	40%	81.00		0.00	0.00	0.00	0.00	0.00
1	10%	0%	50%	40%	28.35		0.00	0.00	0.00	0.00	0.00
2	10%	0%	50%	40%	23.40		23.40	14.04	0.00	0.00	0.00
1	10%	0%	50%	40%	108.00		0.00	0.00	0.00	0.00	0.00
1	10%	0%	50%	40%	100.35		0.00	0.00	0.00	0.00	0.00
1	10%	0%	50%	40%	112.95		0.00	0.00	0.00	0.00	0.00
1	10%	0%	50%	40%	40.50		0.00	0.00	0.00	0.00	0.00
1	10%	0%	50%	40%	28.35		0.00	0.00	0.00	0.00	0.00
2	10%	0%	50%	40%	216.00		0.00	0.00	0.00	0.00	0.00
2	10%	0%	50%	40%	200.70		0.00	0.00	0.00	0.00	0.00
2	10%	0%	50%	40%	225.90		0.00	0.00	0.00	0.00	0.00
2	10%	0%	50%	40%	81.00		0.00	0.00	0.00	0.00	0.00
2	10%	0%	50%	40%	56.70		0.00	0.00	0.00	0.00	0.00

SROI Value Map

This sheet is designed to help you develop your SROI analysis. If your analysis does not use monetary valuation of outcomes, please use the "Value Map (non-SROI)" tab. For further information please see the "Guidance" tab.

Stage 4						
How much caused by the activity?					Still material?	
Number of people experiencing described outcome.	Deadweight % What will happen/what would have happened without the activity?	Displacement % What activity would/did you displace?	Attribution % Who else contributed to the change?	Drop off % Does the outcome drop off in future years?	%	Impact calculation Number of people (quantity) times value, less deadweight, displacement and attribution
1	10%	0%	50%	40%		643.95
2	10%	0%	50%	40%		9.90
1	10%	0%	50%	40%		108.00
1	10%	0%	50%	40%		838.35
1	10%	0%	50%	40%		40.50

Total 4,084.20

Calculating Social Return					
Discount rate		3.5%			
Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
9.90	643.95	386.37	0.00	0.00	0.00
108.00	0.00	0.00	0.00	0.00	0.00
838.35	0.00	0.00	0.00	0.00	0.00
40.50	0.00	0.00	0.00	0.00	0.00

3,416.85 667.35 400.41 0.00 0.00 0.00

Present value of each year	
Total Present Value (PV)	4,435.42
Net Present Value (PV minus the investment)	3,750.42
Social Return (Value per amount invested)	6.48

3,416.85	644.78	373.79	0.00	0.00	0.00