

## Investing in mental health:

### A scoping review of the social value of mental health related interventions

#### Purpose:

The Policy and International Health Directorate, a World Health Organization Collaborating Centre on Investment for Health and Well-being (WHO CC) at Public Health Wales has conducted a series of systematic scoping reviews of peer-reviewed and grey literature to collate evidence on the **social value of mental health and well-being interventions**.

#### Target audience:

public health professionals, public policy makers and commissioners, public finance officers and academia.

### What is social value?

Social value is the “quantification of the relative importance that people place on the changes they experience in their lives” [1]. Social Value can be embedded in:



Procurement and  
commissioning



Investment and  
resource/budget  
prioritisation



Assessment  
and evaluation

### Why is social value important?

- There is growing recognition of the need to expand the traditional ‘value for money’ approach and find ways to identify and measure organisational wider social, economic and environmental outcomes, impacts and value.
- International challenges such as COVID-19 have exposed the consequences of under-resourcing of public health and highlighted the clear interdependence between population health, societal well-being, and the economy.
- The case for targeted investment in people’s well-being, health equity and prevention is stronger than ever.
- There is an opportunity to embed social, economic and environmental outcomes into decision-making and budget prioritisation.

### How do we measure social value?

**Social Return on Investment (SROI)** is an outcomes-based measurement framework of principles that can support organisations to understand, capture and quantify the social, environmental and economic value they are creating.



#### Aim:

This evidence brief outlines a **scoping review of peer-reviewed and grey literature to identify SROI studies of mental health interventions in high- and middle-income countries** [2]. The Krlev et al [3] quality assessment criteria was used to assess the quality of all included studies.

[1] Welsh Government. (2019). [Valuing our health](#).

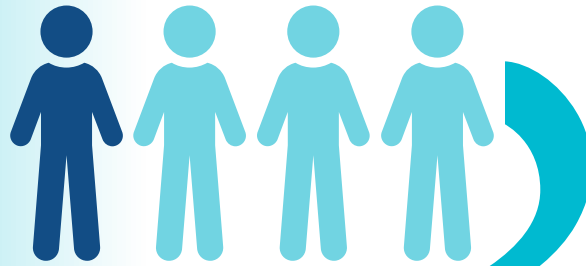
[2] Kadel et al. (2022). [Social Return on Investment \(SROI\) of mental health related interventions – A scoping review](#).

[3] Krlev et al. (2013). [Social Return on Investment \(SROI\): State-of-the-Art and Perspectives, A Meta-Analysis of practice in Social Return on Investment \(SROI\) studies published 2002-2012](#).

# Background and context:

Mental health problems (MHPs) are one of the leading causes of ill health and disability worldwide.

**One in four** people in the UK will experience MHPs at some point in their lives, and many of them go undiagnosed.



MHPs are one of the **leading causes of ill health and disability worldwide**. Amongst many countries with varying income levels a large imbalance exists between the burden of mental ill health and financing and delivering mental health services.

MHPs are major contributors to the **global burden of disease**.



Globally, MHPs have a **14% share of years lived with a disability** [4]\*.



Globally, MHPs were **4.9% of disability adjusted life years** in 2018 [4]\*.



MHPs will cost **\$16 trillion to the global economy** between 2010 and 2030 [5].



MHPs cause major **economic consequences**.



MHPs will cost the UK economy **between £70- £100 billion a year** [6].



MHPs cost UK employers **between £33- £42 billion a year** [7].

Numerous interventions have been conducted to improve mental health and well-being across the life course. By aiming to reduce the prevalence and impact of mental health problems on the population, these interventions can produce a high rate of both tangible and non-tangible returns for a range of stakeholders across economy and society.

[4] Institute for Health Metrics and Evaluation (IHME, 2018). [Findings from the Global Burden of Disease Study 2017](#).

\*Disability adjusted life years (DALYs): represents the loss of the equivalent of one year of full health. DALYs for a disease or health condition are the sum of the years of life lost due to premature mortality (YLLs) and the years lived with a disability (YLDs) due to the prevalence of the disease or health condition in a population.

[5] Patel et al. (2018). [The Lancet Commission on global mental health and sustainable development](#).

[6] Department of Health and Social Care (2013). [Annual Report of the Chief Medical Officer 2013: Public Mental Health Priorities: Investing in the Evidence](#).

[7] Deloitte MCS Limited (2017). [Mental Health and Employers: The Case for Investment](#).

# Key findings:

From the mental health studies identified, the reported SROI ratios varied from **£0.79 to £28** of value created per £1 invested.

- Overall, **42 studies** (with 81% identified as high quality) were included in this review.
- 3 were identified from the academic literature and 39 from grey literature sources.
- This review incorporates studies involving a **mental health intervention or studies that included mental health and/or wellbeing outcomes** while evaluating the social value of the intervention.
- The application of SROI to evaluate the wider social benefits of the mental health interventions **could be used to inform policy decisions and investment prioritisation** in mental and wider public health.
- **Further research is needed to understand whether other existing methods** could provide robust evidence in terms of identifying, measuring and reporting of the wider benefits/outcomes, impact and social value of interventions related to mental health and wellbeing.
- More SROI research in the area of public health is needed to expand the evidence base and better inform investment prioritization, commissioning/funding decisions and programme improvement.

## Examples\*\*

### Artist for mental health mindfulness

This 2020 intervention in Canada [8] provided mindfulness sessions for artists. A total of £685 investment created:



- Improved mental health: **£1,617**
- Improved educational outcomes: **£983**
- Improved physical health: **£284**
- Improved relationships: **£565**
- Government resource savings: **£987**

The reported SROI was **£6.48 of value created per £1 invested.**

### Highway House: Homeless Shelter

This 2015 intervention in England [9] aimed to provide temporary accommodation and support for homeless people (including but not limited to emotional and mental health support). A total of £94,910 investment created:



- Unit cost (e.g., NHS) savings: **£114,773**
- Improved educational outcomes: **£82,787**
- Improved mental health: **£59,869**
- Improved physical health: **£25,095**
- Government resources: **£196,250**
- Economic benefits: **£67,583**
- Negative outcomes: **-£8,696**

The reported SROI was **£5.67 of value created per £1 invested.**

\*\* Please note examples are not adjusted for inflation and are not meant for comparison.

[8] Robinson S. (2020). [Artists for Mental Health Mindfulness Project: Social Return on Investment Evaluation.](#)

[9] Bertotti, M. (2016). [Highway House Social Return on Investment Report.](#)

## Well-being programme

This 2014 intervention in England [10] provided a well-being programme for people living with long-term emotional and physical conditions. A total of £11,300 investment created:



**£32,267  
Social Value**

- Improved Mental health and well-being: **£16,196**
- Improved educational outcomes: **£164**
- Improved Physical health: **£9,434**
- Access to services: **£4,004**
- Change in income: **£6,410**
- Relationships: **£6,059**

The reported SROI was **£3.74 of value created per £1 invested.**

[10] Tokarova, Z. (2014). [A social return on investment study of Wellbeing Works' Wellbeing Programme.](#)

[11] Carrick, K., & Lindhof, J. (2011). [The Value of Walking: A Social Return on Investment Study of a Walking Project.](#) England: Paths for All.

## Group walks

This 2011 intervention in Scotland [11] organized walks for various groups of stakeholders. A total of £12,750.00 investment created:



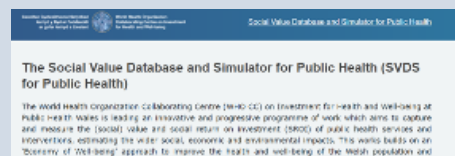
**£74,749  
Social Value**

- Improved mental health and well-being: **£50,723**
- Improved educational outcomes: **£2,512**
- Improved physical health: **£7,066**
- Improved relationships: **£4,255**
- NHS resource savings: **£7,558**
- Economic benefits: **£2,632.29**

The reported SROI was **£5.86 of value created per £1 invested.**

## The Policy and International Health Directorate, WHO CC is creating a diverse and innovative portfolio of products and tools to support the case for sustainable, evidence and value based investment in public health and health equity:

**Launching a Social Value Database and Simulator (SVDS) for Public Health (2022):** a first of its kind innovative tool, enabling the storage, interactive use and manipulation of health economics (SROI) evidence and data to support decision-making, budget prioritisation and programme improvement.



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