Evaluating the social return on investment of a mental health disorders club: a case study

William Alomoto, Angels Niñerola and Maria-Victòria Sánchez-Rebull
Department of Business Management, Facultad de Ciencias Economicas y Empresariales, Universitat Rovira I Virgili, Reus, Spain

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Abstract

Purpose – The growth of mental disorders and their costs represents a public health challenge. This study aims to explore how a social club can help mitigate its impact through arts and sports workshops.

Design/methodology/approach – Using the social return on investment (SROI) methodology, the impact of the social club is evaluated by identifying stakeholders and quantifying their contributions. In addition, the relationship between patients' attendance and the reduction of relapses and medication consumption is explored.

Findings – The SROI showed a positive return on investment, €12.12 per euro invested. This ratio indicates that the social club generates social value well above its initial costs. On the other hand, two stakeholders were identified as higher impact generators, and it was confirmed that sports activities generate more social and economic impact than art activities – however, the positive effects of art activities last longer over time. The study revealed a positive relationship between social club attendance and relapse reduction. Almost 90% of the participating users reported no relapses or emergency hospitalizations during the past year of attendance. In addition, a substantial decrease in medication dosage was observed. These results suggest that social clubs help stabilize mental health and reduce the burden on health-care systems.

Originality/value – The case study highlights the vital role of social clubs in supporting people facing mental health issues. Policymakers and health-care providers can use this knowledge to invest in more effective and sustainable mental health support activities.

Keywords SROI, Social impact, Literacies

Paper type Case study

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1. Introduction

Mental health is becoming a serious public health problem worldwide (Wongkoblap *et al.*, 2017). The number of patients with mental health disorders (MHD) has increased in society in recent years (OECD, 2019). Nearly 84 million people in Europe suffer from them, representing a cost of more than 4% of the GDP of the member countries (OECD/EU, 2018), and confinement due to COVID-19 only aggravated this situation (Varga *et al.*, 2021).

In this regard, different international organizations have set general goals and objectives to counteract the impact of MHD on society. Initiatives such as the sustainable development goals (SDGs) carried out by the United Nations (2015) seek to encourage an increase in the health budget, emphasizing their commitment to the well-being of the world's citizens. In turn, the World Health Organization (2020) recommended adopting economic and social measures to mitigate the impact on mental health.

On the economic front, mental health-care expenditure has recently grown faster than GDP in most OECD countries (OECD, 2015). Specifically, medicines have seen the most remarkable growth in health-care expenditure, with an increase of 270% in the past eight years (Rodriguez Santana *et al.*, 2020). In this sense, Spain and Portugal are the countries with the highest number of cases of MHD in Europe (20,000 per 1,000,000 inhabitants) (Castelpietra *et al.*, 2022). For this reason, undertaking studies in those regions is essential.

According to data from the Ministerio de Sanidad Consumo y Bienestar Social (2023), in 2017, 18% of the Spanish population was at risk of mental health problems (women 21.9% and men 13.92%). Because of the pressure generated by COVID-19, the Spanish Government approved a new budget for the national health system in 2021, with an increase of 52.8% over the previous year (Gobierno de España, 2022). By 2023, a 7.8% increase is proposed (Ministerio de Sanidad, 2023). Spain will allocate more than €3bn of its budget to the national health and welfare system in 2023 (La Moncloa, 2022), of which specifically €100m will be dedicated to mental health through the 2022–2024 action plan (Ministerio de Sanidad, 2022). This line item in the general budget has increased significantly in the past few years.

In the social sphere, it is worth noting the existence of medical centres and health professionals specialized in MHD. However, nowadays, there are also public and private centres whose activity concerning MHD is essential in society. They are associations or social clubs that offer activities focused on people MHD. It has been shown that this type of centre can improve the quality of life, well-being and communication skills of people with MHD by organizing and implementing workshops and sporting or outdoor activities (Zeilig *et al.*, 2014).

Different studies have analysed the medical costs directly generated by MHD per patient and year (Abdin *et al.*, 2021; Vieta *et al.*, 2021), such as medicines, medical care and hospitalization. Other studies have focused on measuring the social costs of MHD, understanding that these costs represent the value of implementing a project, workshop or activity (Gilchrist and Allouche, 2005). Information on social costs complements the annual economic cost of MHD. In turn, it represents an important element for organizations' decision-making and makes it possible to achieve further funding (Peña-Longobardo *et al.*, 2019).

There are specific tools for measuring social costs, such as the social enterprise balanced scorecard (SEBC) (Somers, 2005), the social return on investment (SROI) (Nicholls *et al.*, 2012; The Robert Foundation, 1986) and the cost-benefit analysis (Perrini *et al.*, 2021). Their use helps to obtain real and transparent values of the tangible contribution of organizations to the achievement of the SDGs.

In the past decade, the SROI has become one of the most widely used methodologies for calculating organizations' social value (Alomoto *et al.*, 2022). Its feasibility has been proven in case studies related explicitly to MHD. Especially in these cases, the direct participation of

stakeholders (beneficiaries, implementers, funders and promoters) (Gosselin *et al.*, 2020) helps to exponentially improve the results of social value creation (Edwards and Lawrence, 2021; Jones *et al.*, 2020a).

The main objective of this study is to test the feasibility of applying SROI to determine the social value generated by a social centre dedicated to organizing workshops and activities to improve the social well-being of users. Moreover, the following sub-objectives are proposed:

- to identify which stakeholders enhance the social value generated by the activities and workshops carried out in the centre;
- to find out whether this social value is generated only by attendance at the centre and participation in different activities or outside the centre by their personal environment and social interaction outside, and finally; and
- to analyse whether there is a relationship between the attendance of users at the social centre and a decrease in relapses and the consumption of medication.

This work should contribute to assessing whether it is necessary to consider the social aspect, not only the economic aspect when making decisions in the health-care system.

2. Theoretical framework

Social indicators emerged as a measure of the welfare value of society and workers in general (Drewnowski, 1972; Diener and Suh, 1997). They aim to assess the social and environmental value generated by any activity of an organization (Corvo *et al.*, 2021). Grieco *et al.* (2015) classified measurement models into four groups based on purpose, complexity and sector. In the past decade, publications on social impact measurement topics have increased exponentially, with a more significant presence in the health, finance and environment sectors (Baraibar-Diez *et al.*, 2020). Alomoto *et al.* (2022) conducted a literature review on social indicators, concluding that the main social measurement tools are: SEBC, triple bottom line, life cycle sustainability assessment, social life cycle assessment, social license and SROI.

The SROI tool stands out because its structured methodology focuses on establishing priorities and measurement objectives, allocating resources, networking with stakeholders and having a well-defined theoretical framework (Perrini *et al.*, 2021). It was developed in 1996 by the American non-profit organization Roberts Enterprise Development Fund (The Robert Foundation, 1986). Later, in 2009, the SROI Guide was presented, which contains the step-by-step process for calculating social value (Nicholls *et al.*, 2012). However, it was not until the past decade that the number of articles using this methodology increased considerably, showing a high level of interest in the scientific community in this methodology (Alomoto *et al.*, 2022; Corvo *et al.*, 2022).

On the other hand, the studies on SROI focused on health issues are extensive, suggesting the importance of addressing social costs in this area of research. Banke-Thomas *et al.* (2015), in their literature review, identified that the SROI methodology had been applied to different areas of public health such as, for example, health promotion (Lukoseviciute, 2010), mental health (Willis *et al.*, 2018), sexual reproductive health (Bradly, 2010) and child health (Bhaumik *et al.*, 2013), among others. However, the main studies on SROI published in the past decade seek to quantify the value created by public health policies (Banke-Thomas *et al.*, 2015; Dyakova *et al.*, 2017).

Likewise, and more oriented to the treatment of people with MHD, some studies try to demonstrate the social benefit of implementing intervention programmes through art

activities (Jones *et al.*, 2020a) or other activities, sporting and psychological (Aguilar-Agudo *et al.*, 2019; Gosselin *et al.*, 2020) that can benefit MHD users of the public health system.

Mental health has rapidly grown over the past 30 years (Knapp and Wong, 2020). The World Economic Forum (2011) forecasts that by 2030, global health spending will exceed $6bn on MHD. To manage these resources more efficiently, Woolf *et al.* (2009) point out that health spending should be shifted towards services that maximize economic and social value while avoiding those that are less profitable. Then, methodologies such as SROI have been widely accepted by the public health sector, as they show an approach in which investment in health spending generates social benefits and allows savings in future budgets of each country (Edwards *et al.*, 2013).

SROI evaluates the social impact of programmes or organizations, transforming their social value into monetary value (Lingane and Olsen, 2004; Nicholls, 2017). The SROI guide published by the Social Value UK organization (Social Value International, 2015) has become one of the most referenced and disseminated works (Hutchins *et al.*, 2018). The UK is one of the countries where this methodology is most widely used because the Department of Health created an investment fund in 2007 to finance studies that apply SROI (Millar and Hall, 2013).

Edwards *et al.* (2013) suggest that the SROI is the most appropriate tool for determining social value within the public health sector. The SROI methodology is used in the public and social health sector to demonstrate efficiency, promote innovation and improve service quality (Department of Health, 2010). Because of its application in this sector, public policies and funding funds have promoted using this tool to measure and communicate the social return generated by these services (Millar *et al.*, 2010).

While there are advantages to the application of SROI, there are also limitations, mainly from cost and benefit estimations (Cordes, 2017), resources and time required for implementation (Głowacki, 2021). However, these limitations can be mitigated with greater stakeholder involvement, as stakeholders can provide more realistic and accurate information as the SROI methodology is refined and corrected (Maier *et al.*, 2015). Although the SROI has been applied and improved in other sectors, progress and adaptations in health care are lagging. Then, more stakeholders and government involvement are needed (Hutchinson *et al.*, 2019).

3. Methodology

This paper uses the case study methodology (Yin, 1984) to address the proposed objectives. It is a valuable and valid research methodology to provide in-depth insights into complex phenomena. Furthermore, it is appropriate for this work's research design, which is exploratory and descriptive and helpful in capturing the complexity and interplay of multiple factors. Different stakeholders were involved in the study, another reason for choosing the methodology. In addition, case studies have been used previously in SROI research (Ruiz-Lozano *et al.*, 2020) and the public health domain. According to previous literature, SROI applications through case studies were 17% (Banke-Thomas *et al.*, 2015).

3.1 Case study

The case study analysed in this paper is a project of the Asociación la Muralla based in Tarragona, Spain. The association was founded in 1998 with the aim of social and community integration of people with mental health problems and to fight against stigma, raise awareness and normalize mental disorders. The association meets specific criteria to be taken into account for measurement. In total, 99% of its users suffer from one of the primary mental health illnesses in Spain (Secretaría de Estado de Sanidad, 2020); they are

part of the Spanish Mental Health Confederation, Salud Mental España and they comply with different statutes, codes of ethics and transparency.

The Asociación la Muralla presents several characteristics that make it an ideal candidate for measuring the SROI. The participating users were diagnosed with one of the five main MHD in Spain. Its more than 20 years of experience suggest a successful operating model based on professionalism and commitment to its ideals and the community, making it a benchmark for its Province. Therefore, the association can provide quality information for researchers and public policymakers on the impact it generates on society and the effectiveness of its initiatives in workshops and activities for the development and recovery of users with MHD.

The association currently has seven projects, but the most important is the social club, a space dedicated to users suffering from MHD. This project will be the object of study in this work. For 2022, the Generalitat de Catalunya provided a grant to the Asociación la Muralla for €198,567.89 to finance all its activities, and more than 50% was for the social club project (€110,000).

Twelve workshops are offered, where they can interact and integrate back into the community, improving their quality of life and their social skills, generating independence and health (Asociación la Muralla, 2022). Primary mental disorders of the social club users are schizophrenia and other psychotic disorders (79%), mood disorders (12%), personality disorders (6%), anxiety disorders (2%) and other disorders represent only 1%.

3.2 Social return on investment

The SROI methodology was applied to evaluate the impact of the social activities offered by the social club of the Asociación la Muralla. SROI is included in the first group of indicators categorized in Grieco *et al.* (2015), i.e. simple social quantitative.

The application of the SROI can be carried out in an evaluative and prospective manner. The former is based on previously collected and measured information when data exists for possible comparison, and the latter focuses on determining for the first time what the social value created would be (Nicholls *et al.*, 2012). In the present work, we apply the prospective analysis since, in the Asociación la Muralla, this measurement has not been done before.

This process followed the stages described in the SROI guide (Nicholls *et al.*, 2012). They are the identification of stakeholders, assessment of inputs, preparation of the results map, evidence of results and assignment of value, obtaining and assessing results, establishing impact and calculating the SROI. All of these are explained and discussed in the following section.

4. Implementation of the social return on investment to the social club

4.1 Stakeholder identification

Stakeholders are people or organizations that are affected or involved in the implementation of the activity. Initially, different possible stakeholders were taken into account: users (people with MHD), workshop teachers, internship students, volunteers, social club workers, funding organizations, both public and private, the neighbourhood and people who at some point have a relationship with the users of the Asociación la Muralla.

According to Jones *et al.* (2020a, 2020b), when identifying stakeholders, it is essential to establish and set boundaries of what would be feasible to measure to ensure that the measurement of social impact is within the scope of the prospective SROI assessment. Table 1 shows the reasons for the inclusion or exclusion of the stakeholders initially considered, as recommended by the SROI guide and other related work (Aguilar-Agudo *et al.*, 2019; Lettieri *et al.*, 2021).

Stakeholders	Included/ excluded	Reason for inclusion/exclusion
Users	Included	People who receive the impact of the activity by attending the social club
Social club workers	Included	They interact with users directly every day, generating a bond with them. It allows them to grow professionally and personally
Workshop teachers	Included	They are responsible for carrying out the activity and ensuring users enjoy it. The experience of doing the activity or workshop enhances their skills
Internship students	Included	They support users and teachers in the activities. Their presence influences the outcome. In addition, by supporting the realization of the activity or workshop, they gain work and personal experience
Volunteers	Included	They help users to socialize. They also gain in well-being and feel worthwhile doing the activity
Users family	Excluded	Many of the members do not live with their families. In addition, the objective of socializing at the club is to meet new people in addition to their families and acquaintances
Generalitat de Catalunya	Excluded	Although the funding provided by the Generalitat is one of the most important resources the social club has for its financing, it would not be easy to measure whether it receives any measurable result or outcome generated by the activities or workshops carried out in the club
Collaborating organizations	Excluded	Some organizations collaborate by providing their facilities for specific workshops, but this does not generate an increase in interest from individual users that could be measured in this study
Doctors	Excluded	Users arrive with a medical discharge, so their visits to the specialist are very sporadic. In addition, the main objective of carrying out activities and workshops is socialization and reintegration into society on the part of the users
Neighbourhood	Excluded	Due to health measures and restrictions, since COVID-19, the activities that included the neighbourhood were cancelled
Members of the social club	Excluded	They make an economic contribution but have very little participation in the rest of the year in the social club

Source: Own elaboration

Table 1. Stakeholder inclusion/exclusion analysis

Finally, five groups of interest in the social club were selected:

(1) users (people with MHD);
(2) social club workers;
(3) workshop teachers;
(4) internship students; and
(5) volunteers.

Their daily direct interaction with the users should influence the impact generated by the activity.

4.2 Data collection

Data collection was a three-stage process with different techniques: interviews, surveys and observation.

In addition to the interviews and surveys, information was collected through direct observation in the different workshops and activities. The authors of this work participated in first person in those activities, as recommended by the SROI, to identify essential information, document it and justify inclusion or exclusion criteria.

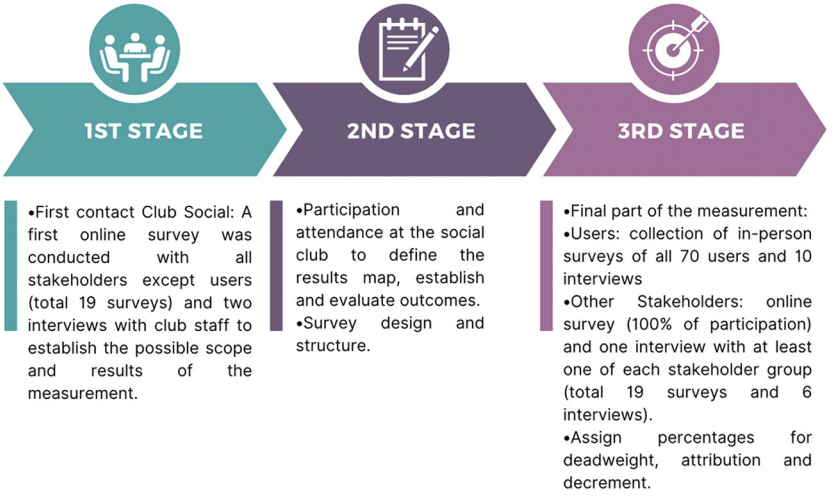
The collection of information was from September 2022 to June 2023. With this information, it is possible to determine the social value generated by the activity, identify the most important stakeholders of the programme and the type of impact perceived by users. It also makes it possible to determine whether a relationship exists between user attendance with relapses and emergency admissions, definitive discharges or reduction in medication doses.

4.2.1 Determination of the survey sample. Once the five interest groups were selected, the survey sample was defined. Regarding the users, the social club, as a project plan and with the allocated budget, can continuously offer service to 70 users. However, due to its internal policies, this centre never rejects a new user. So, if a potential user is presented, they can join the club and participate in the activities. It must be considered that some users come occasionally; therefore, the initial or planned capacity may be exceeded. In this regard, for the reference year of the SROI calculation, 2022, 156 users were registered. However, only the 70 users who regularly attended the club and actively participated in the workshops were considered for calculating the indicator. Moreover, these are the ones for whom the club has its budget. Therefore, the sample was 70 users.

The remaining interest groups have a smaller number of participants. For this reason, the survey sample included all their members: two club employees (a co-ordinator and a psychologist), five workshop teachers, nine internship students and three volunteers.

4.2.2 Determination of the data collection process. A three-stage process was established for data collection (Figure 1). In the first stage, a short online survey of six questions was carried out with four interest groups (volunteers, internship students, club workers and teachers) (Table 3). A total of 19 surveys were obtained. Interviews were also conducted with two club workers: a coordinator and a psychologist. The surveys and interviews were conducted on an exploratory basis to assess the perception of the social benefits that club users receive from attending the various workshops and activities. The SROI guide advises conducting interviews since they help better understand the effects or benefits of the organization's activities on the people involved or affected.

In the second stage, thanks to the first-person participation, the authors could assess first-hand the benefits of attending the different workshops and thus design the final data



Source: Own elaboration

Figure 1.
Data collection process

collection tool: two new surveys (one for users and one for the rest of the groups) and interviews. The user survey included 37 questions (23 closed-ended questions and 14 open-questions). It was structured in three sections: staff information, social club participation and social impact identification. On the other hand, the survey for the rest of the stakeholders differed depending on the target stakeholder group. It included fewer questions because each survey sought specific information from each group based on the number of benefits generated by each group (for volunteers, 26 questions; for internship students, 25 questions; for social club workers and teachers, 20 questions).

In the third stage, data collection and measurement, the survey was given to the 70 club users in person and to 100% of the participants of the rest of the stakeholders (Table 2). Following Windle *et al.* (2016), this work exceeded the minimum of 80% stakeholder participation in the surveys.

In addition, in this third stage, interviews were conducted. The objective of these interviews, in the case of the users, was to help identify in greater depth the benefits perceived by them. In the case of the rest of the stakeholders, the objective focused on estimating the factors (deadweight, attribution and decrease) that would be decisive in establishing the impact. For the interview, at least one participant from each stakeholder group was included, as detailed in Table 2. Regarding the users, they were chosen after completing the survey and considering their state of mind. These users are not always predisposed to be interviewed.

4.3 Inputs valuation

The SROI guide defines inputs as the contributions of stakeholders to carry out the activity. These can be monetary and non-monetary. Monetary inputs were established using data from the annual financial statements for the 2022 fiscal year of the social club as the main source of information. This information includes, among other items, the salary values of the social club workers and teachers. On the other hand, the so-called non-monetary inputs are mainly related to volunteer time and contributions of goods or services, information that cannot be obtained from the annual financial statements. As recommended by the SROI guide, the inputs should be assigned a value, taking as a reference the participation time of volunteers and internship students or the market value that these goods or services could have if they were to be paid for (Nicholls *et al.*, 2012). To establish the value of the time invested by internship students and volunteers, the hours they attended each week were taken into account according to the data provided by the social club. In the case of students, the hourly value was obtained from the 2023 salary table for a social worker (Ministerio de Trabajo y Economía Social, 2022) and volunteers, the minimum interprofessional salary for

Table 2. Stakeholder engagement (chronological order)

Data collection technique	Goals	Users	Volunteers	Internship students	Social club workers	Teachers	Total
Exploratory survey	Identify outcomes	–	3	9	2	5	19
Exploratory interview	Identify stakeholders and outcomes	–	–	–	2	–	2
Survey	Quantifying social value	70	3	9	2	5	89
Interview	Quantifying social value	10	1	2	1	2	16

Source: Own elaboration

the year 2023 in Spain was taken into account (Servicio Público de Empleo Estatal, 2023). Table 3 shows the monetary and non-monetary inputs recorded.

4.4 Preparation of the outcome map

The SROI guide defines the outcome map as the result of the activities or actions that are being analysed. In this sense, the outcomes are the changes or benefits that result from the outputs. Then, they represent the project or programme's short-, medium- and long-term effects. A quick example in the case analysed in this work: the inputs are the resources used for conducting the activity; the workshops or activities provided by the social club are the output and users' interaction and socialization with other peers would be the outcome.

As mentioned earlier, at the beginning of the project, an initial interview was conducted with the social club workers, as well as with a coordinator and a psychologist. Both have between 6 and 12 years of work experience in the club. This extensive experience helped to establish how the club, through its management and activities, produces changes in the stakeholders, especially the users (Jones *et al.*, 2020b). Additionally, the initial survey helped identify the main benefits they receive.

The theoretical framework of the conceptual model of functioning (Windle *et al.*, 2018) was followed to determine and reflect what changes occur in the users when they attend and participate in some of the workshops or activities conducted in the social club. Then, the output map should be drafted with all the inputs and views received from the interviews and surveys of Stages 2 and 3 (Figure 1). This information helped to define the outputs and outcomes described in Tables 4–8.

4.5 Evidence of outcomes and value assignment

Before calculating the SROI, the outcomes obtained from the activity carried out by the social club involving its stakeholders were listed. Tables 4–8 identify the changes generated in the groups involved and the activities and ways of valuing these outcomes for each stakeholder. The primary source for quantifying the outcomes was the survey carried out in the last stage, followed by the interviews and the workshop attendance sheet.

As defined in the SROI guide, the value assignment process aims to assign a monetary value to activities, goods or services that do not have a market value, using approximations called financial proxies in the guide. These estimates or approximations allow us to find the social value in economic terms. Thus, looking for comparable market values that share

Stakeholders	Inputs	Valor
Student internship	Time	€33,254.40
Volunteers	Time	€4,368.00
Generalitat de Catalunya	Annual budget	€110,000.00
Members	Annual fee	€2,750.00
City council	Lease contract	€9,360.00
Tennis club	Contract for the use of facilities	€3,360.00
Farm	Contract for the use of facilities	€6,000.00
Gym viding	Contract for the use of facilities	€3,000.00
Other associations	Donations	€10,600.00
	Total	*€182,692.40*

Source: Own elaboration

Table 3. Economic valuation of inputs

	Outputs	The outcomes (what changes)				
Intentional/ unintentional changes	Summary of activity in numbers	Indicator: How we measured outcomes?	Source	Quantity: How much change was there?	Value	Financial proxy source for valuing outcomes
- Social interaction with new people	100% attended at least one workshop or activity during the week	Attendance per week	Club attendance sheet	70/70	€200	Monthly fee for a day centre
- Interest in and enjoyment of sporting activities	29% develop a fondness for practising sports	Attendance at one sports activity per week	User survey	20/70	€7.506	Value of a similar sports activity (Jones *et al.*, 2020a, 2020b)
- Interest and enjoyment of art-related workshops	44% develop a fondness for practising art activities	Attendance at one art-related workshop per week			€2.058	Value of a similar art activity (Jones *et al.*, 2020a, 2020b)
- Reduction of medical visits and relapses	94% indicated that they had not been hospitalized in the past year	Number of medical relapses during the year	User survey	66/70		
	- Schizophrenia and other psychotic disorders			52/66	€17.576	The average cost value of a MHD (Parés-Badell *et al.*, 2014)
	- Mood disorders			8/66	€3.584	The average cost value of a MHD (Parés-Badell *et al.*, 2014)
	- Anxiety disorders			2/66	€1.661	The average cost value of a MHD (Parés-Badell *et al.*, 2014)
	- Personality disorders			4/66	€5.259	The average cost value of a MHD (Parés-Badell *et al.*, 2014)
- Improved social life, makes friends	29% indicated making weekend plans with friends	We asked if they meet with friends on weekends		20/70	€8.153	Value of the feeling of group belonging (Jones *et al.*, 2020a, 2020b)

Table 4.
Outputs, outcomes and information for indicators and financial proxy: users

Source: Own elaboration

similarities with the goods and services being evaluated, the values provided by studies related to MHD were considered. Some articles included annual economic costs on selected MHD per patient and year. Two articles provided costs for anxiety disorders for €8,442 per patient per year (François *et al.*, 2010) and €5.139 (Rovira *et al.*, 2012). Another article gave a cost for mood and anxiety disorders of €1.880 and €1,380, respectively (Salvador-Carulla *et al.*, 2014). Another study on personality disorders assigned a cost of

Intentional/ unintentional changes	Outputs: Summary of activity in numbers	The outcomes (what changes): Indicator: How we measured outcomes	Source	Quantity: How much change was there?	Value	Financial proxy source for valuing outcomes
Knowledge and attitude improvement for MHD	100% learned about MHD and improved their attitude towards this topic	We asked if Improved attitude towards users	Survey	2/2	€2.128	Knowledge and training on the job (Jones *et al.*, 2020a, 2020b)

Source: Own elaboration

Table 5. Outputs, outcomes and information for indicators and financial proxy: social club workers

Intentional/ unintentional changes	Outputs: Summary of activity in numbers	The outcomes (what changes): Indicator: How we measured outcomes	Source	Quantity: How much change was there?	Value	Financial proxy source for valuing outcomes
Professional development and experience	80% believed that working at the club is positive for their professional life	We asked if this work was beneficial to their professional future	Interview and survey	4/5	€1.096	Knowledge and training on the job (Jones *et al.*, 2020a, 2020b)
Knowledge and attitude improvement for MHD	100% learned about MHD and improved their attitude towards this topic	We asked if Improved attitude towards users	Survey	5/5	€2.128	Knowledge and training on the job (Jones *et al.*, 2020a, 2020b)

Source: Own elaboration

Table 6. Outputs, outcomes and information for indicators and financial proxy: workshop teachers

€11,308 (Salvador-Carulla *et al.*, 2014). Two articles focused on psychotic disorders costing €40,441 (Hastrup *et al.*, 2019) and €31.130 (Wagner *et al.*, 2022). Finally, Parés-Badell *et al.* (2014) conducted a study including a broad coverage of MHD in Spain, including those diagnosed to the users of the social club. Therefore, to establish the social value of MHD, this study was taken as a reference. In this sense, anxiety disorders (OCD – stress disorder – social phobia) cost €1.661 per patient and year, mood disorders (bipolar – depression) €3.584, personality disorders (dissocial – emotionally unstable) €5.259 and the most expensive are psychotic disorders (schizophrenia and psychotic), they cost €17.576 per patient and year.

Another study used to calculate the impact generated by art and sports activities was Jones *et al.* (2020a). They proposed to take as a reference the market price of a fee or monthly payment that would have to be paid in a club of similar characteristics but in the private sector. This will be the financial proxy to determine the social value, based on a similar

Intentional/ unintentional changes	Outputs: Summary of activity in numbers	The outcomes (what changes) Indicator: How we measured outcomes?	Source	Quantity: How much change was there?	Value	Financial proxy source for valuing outcomes
Interest and enjoyment of art-related workshops	78% Develop a fondness for practising art activities	Attendance at one art-related workshop per week	Survey	7/9	€2.058	Value of similar art activity (Jones *et al.*, 2020a, 2020b)
Interest and enjoyment of sports activities	56% Develop a fondness for practising sports	Attendance at one sports activity per week	Survey	5/9	€7.506	Sport activity frequency value (Jones *et al.*, 2020a, 2020b)
Professional development and experience	78% believe that working at the club is positive for their professional life	We asked if this work was beneficial to their professional future	Interview and survey	7/7	€1.096	Knowledge and training on the job (Jones *et al.*, 2020a, 2020b)
Knowledge and attitude improvement for MHD	89% learned about MHD and improved their attitude towards this topic	We asked if improved attitude towards users	Survey	8/9	€2.128	Knowledge and training on the job (Jones *et al.*, 2020a, 2020b)

Source: Own elaboration

Table 7. Outputs, outcomes and information for indicators and financial proxy: internship students

Intentional/ unintentional changes	Outputs: Summary of activity in numbers	The outcomes (what changes) Indicator: How we measured outcomes?	Source	Quantity: How much change was there?	Value	Financial proxy source for valuing outcomes
Interest and enjoyment of art-related workshops	100% developed a fondness for practising art activities	Attendance at one art-related workshop per week	Survey	3/3	€2.058	Value of similar art activity (Jones *et al.*, 2020a, 2020b)
Interest in and enjoyment of sporting activities	67% developed a fondness for practising sports	Attendance at one sports activity per week	Survey	2/3	€7.506	Sport activity frequency value (Jones *et al.*, 2020a, 2020b)
Knowledge and attitude improvement for MHD	100% learned about MHD and improved their attitude towards this topic	We asked if improved attitude towards users	Survey	3/3	€2.128	Knowledge and training on the job (Jones *et al.*, 2020a, 2020b)

Source: Own elaboration

Table 8. Outputs, outcomes and information for indicators and financial proxy: volunteers

study that applied this logic to decide specific proxies (Bosco *et al.*, 2019) – Tables 4–8 below detail the outcomes of each stakeholder.

4.6 Establishment of outcomes

Club users have the highest number of changes when participating in activities or workshops at the social club. A total of 72% of the members were men, and more than 70% were 41 to 60. At least 50% entered the social club in the past five years, with a progressive increase from 2020, when many mobility restrictions derived from COVID-19 ended. A total of 51% live within the city of Tarragona, and 100% come regularly walking to the social club. Currently, 52% live with their families, and 31% share an apartment with others. Only 7% confirmed that they live alone. These users' average attendance at the club is 3.8 days a week, with an average record of 3.34 h a day. In total, 100% of the users in the sample are signed up for at least four workshops. These workshops are given in the morning or afternoon, once or twice a week, depending on the schedule established by the club, so users attend the social club at least once a week. It is worth highlighting that 42% say they have reduced or no longer take their dose of medication since they started attending the club.

On the other hand, 90% responded that they have made friends within the club, and 29% stated that they do some activities with them outside the club, helping to improve their social skills. Another remarkable fact is that 94% reported not relapsing or being admitted to a hospital since attending the social club.

All these aspects helped to meet the objectives of socialization, improving their perception of mental health and reducing their medical visits as they had no relapses in the past year. It represents a total social value of €966,982 (Table 9). This number was obtained by multiplying the number of users who had responded positively to the survey, which was 66 users, distributed according to the percentages corresponding to each MHD by their financial proxy already established in Table 4. For example, in the case of users diagnosed with schizophrenia, 52 responded that they did not have relapses. Then, this amount was multiplied with their proxy by a value of €17,576. The same procedure was followed for the rest of the diagnosed disorders.

On the other hand, as shown in Table 10, two other results generated considerable social value, calculated in the same way, multiplying the number of users by the established proxy: the development of a sports activity and the reduction of loneliness situations improving their social life and generating a social value of €163,060.

The literature review by Gosselin *et al.* (2020) concluded that studies seeking to monetize the social impact of sports activities obtained positive results, making it clear that these activities significantly improve the well-being of their users in general. The positive results of sports activity in the social club align with Sanders and Raptis (2017). Using sport as a

Outcome: reduction of medical visits and relapses			
Diagnostic	Quantity	Financial proxy	Subtotal
Schizophrenia and other psychological disorders	52	€17.576	€913.952
Mood disorders	8	€3.584	€28.672
Anxiety disorders	2	€1.661	€3.322
Personality disorders	4	€5.259	€21.036
Total users	66	*Value of change*	*€966.982*

Source: Own elaboration

Table 9. Social value of reducing medical visits and relapses due to disease

	Quantity	Financial proxy	Value of change
Outcome: users			
Social interaction with new people	70	200	€14.000
Interest in and enjoyment of sporting activities	20	7.506	€150.120
Interest and enjoyment of art-related workshops	31	2.058	€63.798
Reduction of medical visits and relapses	66	Table 11	€966.982
Improved social life, makes friends	20	8.153	€163.060
Outcome: internship students			
Interest and enjoyment of sports activities	5	€7.506	€37.530
Interest and enjoyment of art-related workshops	7	€2.058	€14.406
Professional development and experience	7	€1.096	€7.672
Knowledge and attitude improvement for MHD	8	€2.128	€17.024
Outcome: volunteers			
Interest in and enjoyment of sporting activities	2	€7.506	€15.012
Interest and enjoyment of art-related workshops	3	€2.058	€6.174
Knowledge and attitude improvement for MHD	3	€1.096	€6.384
Outcome: workshop teachers			
Professional development and experience	5	€2.128	€10.640
Knowledge and attitude improvement for MHD	4	€1.096	€4.384
Outcome: social club workers			
Knowledge and attitude improvement for MHD	2	€2.128	€4.256

Table 10.
Total social value

Source: Own elaboration

tool to develop skills and socialize provides positive benefits for society and should attract greater investment, recognition and support from local authorities.

Internship students were the second group of interest, presenting the most remarkable changes. They must complete a minimum number of hours so they have the most contact with the users, with an average of 5 h a day and four days a week. In total, 100% confirmed that they actively participated in the club's activities. In total, 78% confirmed that these practices will greatly benefit their future. In addition, awareness of MHD was the most remarkable aspect, as 100% felt sensitized and informed about this topic, generating a social value of €17,024 (Table 10).

The third group that generated the most social value was the group of volunteers, whose most important outcomes were their participation and involvement in the sports activities so they could experience the benefits first-hand. Their social value amounted to €15,012. In addition, 100% of this group expressed a change of attitude towards MHD, which generated an impact and social value of €6,384 (Table 10).

The fourth group was the teachers. Their best outcomes focused on changing attitudes about the disorders. In total, 100% responded positively, generating a social value of €10,640 (Table 10). Finally, the fifth group includes the social club workers (Table 10).

4.7 Establishing the impact

It should be clarified that this analysis is prospective and attempts to measure the most important aspects of the social club project with the existing information. The stakeholders participated in defining the percentages of deadweight, attribution and decrease. The quantitative data to set these percentages were extracted from the users' survey.

According to the SROI guide, deadweight indicates the probability that an action or change would have occurred if the club did not exist. In total, 61% of the users stated that they would have searched for another club so they would have experienced some change as well. Attribution seeks to quantify the contribution that a person or organization may have made to an outcome. Finally, decrement aims to define how long the effect of the results will last in the following years since the first year is considered 100% of its effect. These three percentages (deadweight, attribution and decay) will be subtracted from the outcomes.

For the first year, the deadweight percentage and then the attribution percentage will be subtracted, and this result will be the social value created by the club in the first year of analysis. Only the decrease-percentage will be deducted for the rest of the years. With this information, the net present value (NPV) is calculated before the SROI.

In contrast to existing research highlighting the importance of sports activities, this study found that art activities and workshops provide an important social value to their participants, reinforcing their self-esteem. Most of them experienced feelings of joy, enthusiasm for learning and creating things, less loneliness, as well as having greater ease in relating to others because they feel more secure in that environment. A key point to highlight is that the decrease in the effects of this activity is 10% each year, while in sports activities its effect decreases 50% each year. In the interviews, users stated that it was one of their favourite workshops and kept them calm and relaxed, as also found in Jones *et al.* (2020a). Users also indicated having happier moods and higher self-esteem with the performance of such activities. A study on art activities defined the difficulties of measuring psychosocial interventions, remarking that the tools must be sensitive enough to perceive such changes (Windle *et al.*, 2018).

On the other hand, the discount rate is an essential factor when calculating the SROI as it allows for bringing the value of the future results to the present. In this sense, it presents a more accurate assessment of the social impact generated by the initiative, as well as helping to guarantee the result by showing the economic actuality of the income generated. Moreover, standardization allows comparison with different initiatives. In this study, the discount rate taken was from the Banco de España (2023), which places this percentage in May 2023 at 3.32%.

4.8 Social return on investment calculation

The value of the inputs needed to provide the 12 workshops or activities offered by the social club was €182,692.40, as shown in Table 4. On the other hand, the value of the outcomes for the first year amounted to €1,023,265.40. The breakdown of this value is shown in the Table 11. Subsequently, before calculating the NPV, the value of the outcomes is forecasted for the following years, discounting the decrease percentage (Table 11).

Finally, Table 11 details the information for calculating the NPV. In this study, the NPV was €2,213,631.24. The SROI is the ratio between this value and the inputs. Therefore, the project generates a social value of €12.12 for each euro invested Table 12.

Finally, the SROI guide recommends after obtaining the SROI to evaluate the project about how the result could be affected if some inputs, outputs and outcomes of one of the stakeholders change to see the strength and viability of the project with other scenarios.

Following Jones *et al.* (2020a) and Sanders and Raptis (2017), a sensitivity analysis is performed (Table 13). These scenarios include original value, modification in the discount rate, adding the inflation of Spain for May 2023 of 3.3% [Instituto Nacional de Estadística (INE), 2023] (month of performing the calculation), assuming a value of €0 for some inputs such as the time to internship students and volunteers, assuming a 50% decrease in all

Table 11.
Total results of the social value for the first year and beyond

Data collection technique	Outcome	Value of change	Deadweight (%)	Attribution (%)	Year 1	Decrease (%)	Year 2	Year 3	Year 4	Year 5
Users	Social interaction with new people	€14.000	61	50	€2.730	50	€1,365.00	€682.50	€341.25	€170.63
	Interest in and enjoyment of sports activities	€150.120	24	20	€91,272.96	50	€45,636.48	€22,818.24	€11,409.12	€5,704.56
	Interest and enjoyment of art-related workshops	€63.798	0	10	€57,418.2	10	€51,676.38	€46,508.74	€41,857.87	€37,672.08
	Reduction of medical visits and relapses	€966.982	6	20	€727,170.46	50	€36,585.23	€181,792.62	€90,896.31	€45,448.15
	Improved social life, makes friends	€163.060	0	50	€81.530	10	€73.377	€66,039.3	€59,435.37	€53,491.833
Social club workers	Knowledge and attitude improvement for MHD	€4.256	0	20	€3,404.8	5	€3,234.56	€3,072.83	€2,919.19	€2,773.23
Workshop teachers	Professional development and experience	€10.640	0	20	€8.512	5	€8,086.40	€7,682.08	€7,297.98	€6,933.08
	Knowledge and attitude improvement for MHD	€4.384	100	0	0	0	0,00	0,00	0,00	0,00
Internship students	Interest in and enjoyment of sporting activities	€37.530	0	50	€18.765	50	€9,382.50	€4,691.25	€2,345.63	€1,172.81
	Interest and enjoyment of art-related workshops	€14.406	50	50	€3,601.5	10	€3,241.35	€2,917.22	€2,625.49	€2,362.94
	Professional development and experience	€17.024	0	20	€13,619.2	5	€12,938.24	€12,291.33	€11,676.76	€11,092.92
	Knowledge and attitude improvement for MHD	€7.672	44	10	€3,866.69	25	€2,900.02	€2,175.01	€1,631.26	€1,223.44
Volunteers	Interest in and enjoyment of sporting activities	€15.012	33	50	€5,029.02	50	€2,514.51	€1,257.26	€628.63	€314.31
	Interest and enjoyment of art-related workshops	€6.174	33	50	€2,068.29	50	€1,034.15	€517.07	€258.54	€129.27
	Knowledge and attitude improvement for MHD	€6.384	33	0	€4,277.28	5	€4,063.42	€3,860.25	€3,667.23	€3,483.87
	Total				*€1.023.265,40*		*€583,035.23*	*€356,305.69*	*€236,990.62*	*€171,973.14*

Note: *The social value of the first year does not take into account the rate of decrease
Source: Own elaboration

outcomes of users, assuming a single outcome "relapses and hospitalization in the last year" of users and assuming that all outcomes last at least two years instead of one.

They all show that the social value is positive, ensuring that the project, creating a social club that provides art and sports workshops, will generate positive returns for the government and society. The lowest scenario obtained a social value of €8.33 for each euro invested.

The social value created in the different scenarios remained above €8 per euro invested. This prospective evaluation will help define and establish the basis for future measurements within associations and social projects. In the province of Tarragona alone, more than 30 associations work with different groups diagnosed with some physical and/or mental disability, including MHD, and in most cases, the users are vulnerable or at risk of social exclusion.

5. Discussion and conclusions

MHD represents an increasingly higher percentage of state budgets. Many social organizations manage public resources and have not established a measurement methodology to show their social impact in greater depth. The SROI methodology is one alternative to analyse social value among others, as mentioned in literature reviews such as Baraibar-Diez *et al.* (2020) and Corvo *et al.* (2022).

As Edwards *et al.* (2013) suggested, SROI is particularly relevant for the health sector. The present work analysed the implementation of the SROI methodology to measure the social impact in the case of the social club of the Asociación la Muralla. The use of SROI in this case study helped to highlight the economic and social contribution of an association for people diagnosed with MHD.

	Discount rate		3.32%		
Data collection technique	Year 1	Year 2	Year 3	Year 4	Year 5
Benefits	€1,023,265.40	€583,035.23	€356,305.69	€236,990.62	€171,973.14
NPV	€2,213,631.236				
SROI: (NPV/total inputs)					
NPV	€2,213,631.24				
Total inputs	€182,692.40				
SROI	*€12,12*				

Source: Own elaboration

Table 12. Net present value (NPV) and SROI

Scenarios	SROI ratio (€)
1. Original case	12.12:1
2. Discount rate plus inflation (6.62%)	11.36:1
3. Assuming a value of 0 for the time of internship students and volunteers	15.26:1
4. Assuming a 50% decrease in all user outcomes	10.66:1
5. Assuming a single outcome: users relapse and medical visits	8.33:1
6. Assuming all outcomes last at least two years instead of one	16.37:1

Source: Own elaboration

Table 13. SROI sensitivity analysis

The study's main objective was to test the feasibility of applying SROI to determine the social value. The result was that the social club, i.e. the project analysed, generates a social value of €12.12 for each euro invested. It was proved that sports and art workshops fulfil their mission of creating a healthy routine that helps users reintegrate into society and generate savings for governments by keeping them away from possible relapses. Other authors have emphasized the importance of sports (Gosselin *et al.*, 2020; Sanders and Raptis, 2017) for improving the well-being of users with mental diseases. Our results support previous literature in this regard.

Moreover, besides sports activities, the study highlights the longer-lasting positive effects of art activities on users. The positive impact of participation in sports and artistic activities should be considered by governments when considering allocating more funds to these activities, targeting groups that are more likely to be predisposed to MHD in the future, thus encouraging proactive measures to help mitigate this type of disease.

Regarding the sub-objectives proposed, firstly, this work identifies users and internship students as the most important stakeholders in terms of value creation. In this sense, more than 90% of the value is created by the users.

Secondly, part of the social value was generated outside the club; 29% of users reported doing particular activities with friends when not attending the club, which generated a feeling of belonging. Several studies have concluded that friendship and close positive relationships are related to a lower probability of depression, contributing to overall well-being (Ramsey and Gentzler, 2015; Werner-Seidler *et al.*, 2017).

And thirdly, concerning the relationship between the attendance of users at the social centre and a decrease in relapses and the consumption of medication, the result could not be quantified, but it is suggested through the percentage of users who take medication and have been able to reduce it by attending the social club. In total, 91% of users continue to take medication, and 41% indicated that their dosage decreased. Therefore, a direct relationship was identified between medication reduction and attendance to the social club since more than 90% of them have been attending the club for at least one year. This result would be interesting to evaluate since psychotropic drugs represented more than €194m in Spain in 2000 (Montejo *et al.*, 2006), only in hospital care for some MHD. This work should contribute to assessing whether it is necessary to consider the social aspect, not only the economic aspect when making health decisions.

Organizations, such as the social club, have an important economic impact and should be considered in political strategies to counteract and solve the problems generated by MHD, not only as a secondary resource but also as a key sector to achieve the objectives of mental health and SDGs. As Woolf *et al.* (2009) stated, our results show that some health-related services are value maximizers. Then, health spending should be shifted towards those services.

Implementing the SROI at the social club of the Asociación la Muralla can serve as an example for similar organizations to consider measuring their social impact. In this sense, it would be interesting to create a database that will serve as a reference in the sector to provide relevant information for improving each organization and internal decision-making. The results will help create an impact map within the region that includes the different social associations to support creating policies that benefit the social sector.

Finally, it should be noted that, as this was a prospective evaluation, there were certain difficulties in defining some financial proxies. Following the SROI Guide, this study took as a reference previous studies that provided similar information. The authors managed to involve all the selected stakeholders in identifying inputs and determining outputs and

outcomes. Similarly, consensus was reached with the different stakeholders when defining deadweight, attribution and decrease percentages.

Our research contributes substantially to understanding why these types of organizations are fundamental to achieving the well-being of society. The academy plays a key role in improving impact measurement methodologies, and the quality of the results can be enhanced if future researchers promote their use and exchange points of view. It is important to emphasize that there is a need for more updated research on the costs generated by treating different MHDs per year to help obtain more realistic results to measure the true impact these organizations are creating.

Future research could address different aspects related to social indicators and, more specifically, SROI. Some research opportunities are associated with SROI as a social indicator and how it is applied to organizations. Potential research could assess the applicability of SROI in different industries, considering the diversity of organizational structures. It would be interesting to develop more standardized metrics to capture the actual value of social outcomes, ensuring that the perspectives of the main stakeholders affected by an organization's activities are adequately represented.

On the other hand, it would be necessary to analyse the policy implications of widespread SROI adoption, including its potential impact on government funding, regulatory frameworks and public–private partnerships.

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About the authors

William Alomoto is a PhD student at the University Rovira i Virgili (Spain). His research line is related to the assessment of social initiatives.

Angels Niñerola is a Professor of Strategic Management in the Department of Business Management at the University Rovira i Virgili (Spain). She obtained her PhD in Business Management at the Rovira i Virgili University (2017) about some aspects of the internationalization process of Spanish firms in China. Her research lines are related to strategic management, quality improvement, social indicators and sustainable tourism. Angels Niñerola is the corresponding author and can be contacted at: angels.ninerola@urv.cat

Maria-Victòria Sánchez-Rebull is a Lecturer and currently Vice-Dean in the Economics and Business faculty at the University Rovira i Virgili (Spain). She obtained her PhD in Business Management at the Rovira i Virgili University (2002), her doctoral thesis about the "ABC system in the hospitality industry". Her research lines are related to management accounting and strategic management.