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Social Entrepreneurship and Mental Health Intervention: a Literature Review and Scan of Expert Perspectives

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Abstract Across health and social service sectors internationally there has been a rapid uptake of social entrepreneurship (SE) as a model for developing innovative and scalable interventions. However, much less is known about its utility and use in mental health services. This paper employs a scoping review and qualitative interviews with 27 leading social entrepreneurs working in mental health to assess the uptake of SE in the literature and to articulate this concept for mental health. The findings suggested both the potential of SE as a frame for advancing services and a paucity of research into specific processes and impacts.

Keywords Social entrepreneurship · Social enterprise · Mental health services · Global mental health · Review

There is increasing pressure, internationally, for the development of cost effective, community-based mental health interventions. This pressure is derived from several sources. There is an increasing recognition of the global health burden of mental illness and associated demand for services (World Health Organization 2013). Accompanying the increased demand is the challenge of an underfunded service sector affected by increasing austerity measures and an

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offloading of interventions from hospitals to communities (Kidd and McKenzie 2014; Roy et al. 2013). These challenges are further compounded in low income contexts in which resources are typically extremely limited (Jacob et al. 2007) and there exist a range of challenges to the infrastructures that support interventions (Saxena et al. 2007). Such a scenario requires innovative, flexible strategies that may produce proportionally large impacts per dollar invested. Social entrepreneurship is a promising framework for describing interventions that work well in such contexts (Drayton et al. 2006; Kidd and McKenzie 2013).

Social entrepreneurs act as change agents who utilize highly flexible approaches to solving problems that allow them to effectively bridge gaps between multiple sectors and systems (Drayton et al. 2006; Harting et al. 2010). Broadly, social entrepreneurship has been characterized as individuals and groups who: (1) identify and develop solutions to address unmet needs; (2) are "relentless" in their efforts to create social value; (3) are continuously engaged in innovation, modification, and acting despite adversity and resource limitations; (4) are highly embedded in the communities and networks related to their work; (5) are generating social capital; and (6) have developed sustainable and transferable solutions (Bornstein 2007; Myers and Nelson 2011; Peredo and McLean 2006; Shaw and Carter 2007).

Social entrepreneurship has emerged as a global movement that is associated with efforts to solve complex social problems of almost every kind. While evidence regarding social entrepreneurial approaches in healthcare is limited in its ability to comment on impacts, with the majority being comprised of qualitative case studies (Short et al. 2009), it is clear that social entrepreneurship in health is common. In a review of 366 case studies by Cukier et al. (2011), health was the primary area of work in 18 % of the cases. Compared to the evidence base in health, social entrepreneurship in mental health has received far less attention in the research literature.

The objective of this paper is to assess social entrepreneurship in the area of mental health. We examine its use in the academic literature and examine its key components from the perspectives of internationally recognized social entrepreneurs working in this sector. This approach is intended to assist in providing direction for future inquiry and to propose a consolidated framework for this construct based upon current knowledge and evidence.

Method

A mixed-methods strategy was used to examine how social entrepreneurship is employed and understood in the mental health context. A scoping review was conducted to examine the academic literature and a web-based qualitative survey, analyzed through thematic analysis, was employed to assess the perspectives of internationally recognized social entrepreneurs in the mental health sector.

Scoping Review

This review was conducted in line with the 2009 PRISM guidelines (Moher et al. 2009). Three databases were searched – PsycINFO, Pubmed, and Business Source Premier – using combinations of the following keywords: "social entrepreneur*", "mental illness*", "mental health", "psychiatr*", "addiction*", "social enterprise*", "entrepreneur*", and "social business*". Searches were limited to abstract level of English articles published from 1980 to 2014. This timeframe was used as it captures the period in which 'social entrepreneurship' has been used and these three search engines account for the mental health literature as well as business

literatures where there is some overlapping examination of the construct. The search was augmented through manual searches of reference lists, Google Scholar using the above search terms, and recommendations made by colleagues expert in the area. Two raters examined abstracts for relevance, removing papers that did not address mental health or social entrepreneurship in a combined manner. The remaining papers were reviewed in full here.

Survey of Social Entrepreneurs Working in Mental Health

Ashoka Fellows were surveyed in this study. Ashoka is an organization that is one of the most important, internationally, in developing and using the social entrepreneurship lens to identify the most promising individuals who are using innovative solutions to address social problems. While Ashoka's network by no means represents all social entrepreneurs, as an organization it is internationally recognized for its breadth and accuracy in identifying and selecting highly effective social entrepreneurial solutions. It uses an intensive delphi type approach to identify potential Fellows and applies a rigorous selection process with a panel review that attends to key domains of social entrepreneurship. The Ashoka website (www.ashoka.org) details the work of 2,663 Fellows from over 70 countries. The Fellows working in mental health were identified through (i) a keyword search of the online Ashoka directory using the terms: "mental health", "mental illness", "psychiatric", "addiction", and "developmental"; and (ii) cross-referencing the list with Ashoka staff familiar with the Fellows working in health to determine if any had been missed. This two-part process revealed 42 Fellows who are working in areas related to mental health. These individuals were invited to share their experiences with their work in addressing mental health inequity through social entrepreneurship via the completion of an online survey. This aspect of the study was reviewed and approved by an institutional research ethics board.

The online survey consisted of 10 items that examined the Fellows' work. This included 6 demographic items detailing the participants' areas of work (primary country of operation, scope of work, target population, setting/context, funding source, and provided services/interventions) and four open-ended items focused on successful strategies and lessons learned: (1) What are the most important lessons/strategies you have learned that others in the field would benefit from knowing? (2) What has been important in your success? (3) What are the one or two most successful things your organization does that you think should be part of a 'best practices' approach or toolkit? and (4) Is there anything you would have done differently in retrospect - something that might have led to your being more successful or having achieved your vision more quickly?

Quantitative demographic data was examined descriptively and questions about social entrepreneurial approaches were examined using a qualitative thematic analysis approach (Boyatzis 1998; Hsieh and Shannon 2005). To maximize rigor in the analysis, coding was done line by line with memos made and the coding structure and transcripts reviewed in detail by a second investigator to confirm emergent categories and inform the development of a thematic structure.

Results

Scoping Review of Social Entrepreneurship in Mental Health Literature

A total of 45 articles were identified in the initial search. Of these, 38 were removed for one of the following reasons: not involving social entrepreneurship (n=15), not focused on mental

health (n=19), or general commentary not linked to a research method (n=4). Within the 7 articles selected there were two broad areas of focus. One focused upon case studies and the evaluation of social entrepreneurial initiatives in mental health, and the second focusing upon key components of success for interventions using a social entrepreneurship lens.

Evaluation of Interventions

Of the 7 articles reviewed, five focused on outcomes. The authors in various ways identified the interventions as being undertaken by social entrepreneurs or otherwise using a social entrepreneurship framework, though this was applied without a formally operationalized model with which fidelity might be assessed. Two of these studies – one an uncontrolled outcome study and the other a mixed-methods case study – focused on the work of BasicNeeds, one of the largest social entrepreneurial organizations working in mental health. An evaluation by Lund et al. (2013) examined outcomes in rural Kenya of the organization's community-based Mental Health and Development model, which focuses on capacity building, improving community mental health services, creating sustainable livelihoods, conducting research, and managing partnerships and over a 2-year period. Findings showed that the model leads to significant improvements in mental health, quality of life, social functioning, and economic status of 203 service recipients in a single group cohort design.

An earlier case study of the first 8 months of operation of the BasicNeeds' program in Nepal likewise showed positive findings but also detailed some of the major challenges faced (Raja et al. 2012). In this period 86.5 % of the 311 patients served showed improvements in their mental health. Furthermore, 15 % of patients who weren't earning an income and 46 % who weren't involved in productive activities (e.g., housework) at the start of treatment had begun such work. Challenges focussed upon the accessibility of services and capacity (poor availability of psychiatrists, trained personnel, and medications; Raja et al. 2012).

Two case studies looked at outcomes of programs that paired mental health services with sport in the United Kingdom. The first is a mixed-methods case study by Hynes (2010) that described the Positive Mental Attitude Football League. This initiative, which began in 2005 as a therapeutic tool to help people with mental illness being discharged from hospital to participate in meaningful community activity and build confidence and life skills, yielded positive outcomes. Data from 10 service users included a threefold reduction in hospital admissions in the 3 years after joining the league. Hynes (2010) noted that gaining financial support was a significant challenge in her work but these barriers have lessened as funders see the cost savings from the service and the long-term improvements in individuals. The second case study that involved using sport to promote positive mental health and awareness used a qualitative single case design (Pringle and Sayers 2004). It detailed the main themes from an evaluation with young men who had participated in the "It's a Goal!" project, a community psychiatric nursing service that operated out of a football stadium in Macclesfield. Though the study methods were somewhat unclear, the service was described as accessible by the target population who reported increased confidence and esteem levels (Pringle and Sayers 2004). The case study by Mandiberg and Warner (2012) examined the outcomes of the Boulder Mental Health Pharmacy in Colorado over the first 9 years of operation. It was demonstrated that the pharmacy, which was developed to provide psychiatric medication to consumers at reasonable rates and better meet informational needs, has seen increased profits, inventory, and rates of service.

Key Components of Successful Social Entrepreneurship in Mental Health

The remaining two papers focused upon the characteristics of successful social entrepreneurial organizations. Success in this context was characterized by organizations that were innovative, met their goals, were sustained, and was able to access the resources necessary to meeting their objectives. Of these two papers only one focused exclusively on mental health-related interventions. Sharir and Lerner (2006) conducted an analysis of 33 social ventures, several of which focused on mental health, to determine what variables may contribute to their success. Findings showed that eight factors were present more often in successful ventures than unsuccessful ones: (1) social network quality; (2) dedication to promoting venture; (3) available capital during development stage; (4) acceptance of public disclosure; (5) team expertise; (6) long-term cooperation with other organizations; (7) previous managerial experience; and (8) standing the market test (i.e., uptake of services by clients to enable sustainability of a venture). Of these, dedication and social network were considered the most essential conditions. A 4-year follow-up demonstrated that the ventures that met all or almost all of these criteria were still active and had increased their activities. Sharir and Lerner's (2006) paper was the only research found in the scoping review that included both successful and unsuccessful social entrepreneurial organizations in its sample.

Kidd and McKenzie (2014), in a similar vein, used a multiple case study design connected with a search for the highest impact service organizations serving marginalized groups that experience mental health challenges as assessed with a social entrepreneurship lens. This study revealed five themes fundamental to the development of these organizations: (1) personal investment of leaders within a social justice framework; (2) active clarification of values and mission, engagement of partners, and establishment of structure; (3) applicable of a highly innovative approach; (4) keeping focus and current, and exceeding expectations; and (5) operating as a service working within a community as opposed to a service for a community.

Survey of Social Entrepreneurs Working in Mental Health

Of the 42 Ashoka Fellows identified as working in mental health, 27 completed the online survey (64.3 % response rate). Participants were from a range of countries with six from India (22.2 %), four from United States of America (14.8 %), three from Hungary (11.1 %), two from Colombia (7.4 %), and one (3.7 %) from each of the following: Argentina, Bangladesh, Bolivia, Brazil, Canada, Egypt, Germany, Indonesia, Ireland, Mexico, United Kingdom, and Sri Lanka. Participants were addressing mental health inequity using many different methods; see Table 1 for a breakdown of the scopes, target populations, contexts, funding sources, and services and interventions offered in participants' work.

Achieving Success in Social Entrepreneurship

Ashoka Fellows were asked to reflect on their work and discuss criteria essential to their success. The most frequently noted factor for success by participants was the development of partnerships and collaborating with these networks to solve problems. This included comments such as "responding creatively to emerging priorities and opportunities through mobilization of networks;" "using the strengths of others in partnerships;" "finding common ground [with partners to] come together to generate a greater impact;" and having "mentors," including mentors from the business sector.

Table 1 Areas of work of social entrepreneur survey participants

	n	Percentage
Scope of work		
Local	9	33.3
National	17	63.0
International	13	48.1
Target populations		
Children	17	63.0
Youth/adolescents	22	81.5
Adults	21	77.8
Elderly	11	40.7
Women	17	63.0
Men	15	55.6
Setting/Context		
Hospital inpatient	12	44.4
Hospital outpatient	11	40.7
Community settings	24	88.9
Policy/legal	11	40.7
Rural	12	44.4
Small urban centre	14	51.9
Large urban centre	15	55.5
Funding		
Government	17	63.0
Private	20	74.1
Charity	22	81.5
Services/Interventions offered		
Education/awareness	24	92.3
Employment support	13	50.0
Family support	20	76.9
Peer support	16	61.5
Direction intervention	21	80.8
Arts-based intervention	11	42.3
Capacity building	16	61.5
Advocacy/activism	15	57.7

N=27 for all areas except "services/interventions offered" in which case *N*=26

Funding was another prevalent theme, which was discussed as critical for achieving "autonomy" and "self-sustainability," as well as an area where it can be valuable to consider new and "unconventional approaches" to securing funds though the meaning of the latter point was not elaborated upon. The importance of engaging the target population was also discussed in a variety of ways. For example, one participant reported that by living "with the people that [their organization] served for 8 years," this closeness with their target population produced important insights for their work. Another method of engagement was to involve clients in service delivery, as well as advocacy and activism ("best way to combat stigma is through treatment and mainstreaming user advocates").

> We deploy 'experts on their own behalf' – people who have experienced and overcome mental health problems themselves. By sharing their experiences, they encourage openness and mindfulness in regards to the treasure and resource of mental health.

Other themes that emerged focused on the personalities and characteristics of entrepreneurs, such as: being "passionate and driven," resilient ("do not give up when the work is difficult"), and "responsive to the needs of the community;" mobilizing a "strong team;" and having an "entrepreneurial instinct" and a "good idea." This was perhaps best encapsulated by one participant's comment that highlights how entrepreneurs view and work toward their goal:

> We've been steadfast to a vision … we have no interest in joining the long legacy of failure in the field. We reject the status quo and are absolutely committed to creating the type of organization that can be successful at solving this generations-old problem. That means creating something that is capable of attracting significant intellectual and financial capital. I often tell my team that the single most rewarding aspect of my involvement in our cause is the calibre of people who are attracted to it. We've not only built an incredibly talented team of entrepreneurs, we've been successful at evangelizing entrepreneurship within large, entrenched institutions such that even they are now open to innovation and risk taking.

Lessons Learned by Social Entrepreneurs Looking back on their work, participants' reports of the lessons they learned lend further support to the importance of the criteria reported as essential for social entrepreneurial success. Participants reiterated the value in developing and maintaining strong networks, including the continual engagement of funders: "keep on talking to funders since they are often diverted from a long-term condition such as mental illness"; "taking measured risks;" being open-minded about funding (e.g., considering "mixed funding strategies"); and including clients and families in one's work ("perhaps involving carers and users would have helped"). Another theme that was present, which is at the very core of entrepreneurship, is the value of being bold and "exploring boldly." This includes addressing problems in ways that have not been done before ("I took the path less taken and it made all the difference"), and listening and working with persons for whom services are few or nonexistent ("try to help people that no other wants to help," "work in spaces where other organizations don't/can't," "you learn more from listening than from talking, everyone has something to teach you"). Another participant also emphasized the benefits of experimentation and cautioned against being too rigid: "Small scale experiments and iterative development helps reduce risks of failure … don't be afraid to give up on a bad idea or change direction if your approach is not working." The value of being holistic in one's approach was also discussed in different ways ("emphasis on non-medical and social factors are as important, if not more than, medical models," "identifying issues that impact all users across the board instead of rich or poor").

The importance of research and evaluation for developing evidence on the effectiveness of services/interventions offered was raised primarily as a lesson learned over the course of their work. The creation of evidence was described by participants as "crucial" as was "staying up to date [on] new research and developments in the field." For other participants, this was an area that had not been addressed in the development of their initiatives and was something that

they would have done differently in retrospect. One participant also noted the role of evidence in advocacy:

> …to build evidence in order to advocate effectively using well established and accepted methods – randomized control trials and the like – and yet be aware of the individualized and diverse issues, and include them in the larger discourse.

Finally, in contrast to the participants who discussed things they might have done differently in retrospect, several social entrepreneurs viewed making mistakes as an integral part of the process and would not have done anything differently for this reason. This viewpoint is highlighted by the following comment:

> We are determined to solve our nation's most difficult social and health challenges. We expect to make mistakes. And we have. Our mistakes have positioned us to better understand ourselves, our customers, our markets, and the challenges ahead.

Discussion

The purpose of this paper was to determine how social entrepreneurship has been addressed in the academic literature and how it is framed from the perspectives of individuals who are internationally recognized for social entrepreneurial endeavours in mental health. This effort to take stock of how the social entrepreneurship construct is addressed in mental health was undertaken in response to its rapid uptake across a wide range of social and health intervention research and commentary (Cukier et al. 2011).

The literature on research and evaluation of social entrepreneurial initiatives in mental health is notably small and, amongst the publications in this area, there tends to be a focus on describing single interventions. Our scoping review found that outcomes from the social entrepreneurial work of BasicNeeds, sport and mental health programs in the United Kingdom, and a mental health pharmacy in the United States have been documented. Although these initiatives have different foci and objectives, the positive findings detailed in these case studies provide a modest body of evidence that supports the potential of social entrepreneurship in addressing mental health inequities. What was much less clear in this review is a clear articulation of how these interventions align specifically with the social entrepreneurship construct. Furthermore, it is very likely that a number of social entrepreneurial initiatives and interventions were not captured in this review because they did not use this term to describe their activities. This would seem to illustrate how the uptake of this framework in other sectors, health and otherwise, has not become substantively employed in the academic literature that examines interventions.

A second focus of the literature has involved the examination of the components of SE that would seem to increase the effectiveness and scale of interventions and ventures. The components identified in these studies (Kidd and McKenzie 2014; Sharir and Lerner 2006) shared a considerable amount of overlap with the themes that emerged in the social entrepreneur surveys employed in this study (see Table 2). The picture that emerged here was one of intensely networked individuals and organizations. The mental health sector study (Kidd and McKenzie 2014) and the survey respondents took this further to emphasize the value of lived experience of staff and leadership in the communities and issues being addressed such that

Table 2 Key domains of social entrepreneurship

Domain	Activity/Characteristic
Relationships and context	Quality of social network[1] Long term cooperation with other organizations[1,3] Extremely active and successful engagement of partners[2,3] Operate as a service working within a community rather than for a community and employing people with lived experience[2,3] Understanding environmental dynamics[3]
Leadership	Previous managerial experience[1] Personal investment and involvement of leader(s) in the issues addressed[2,3] Leader is passionate and driven[3] Leader is highly resilient[3] Dedication to promoting venture[1]
Mission and framework	Social justice framework[2,3] Active and ongoing clarification of values and mission[2]
Approach	Highly innovative[2,3] Managing risk and growing through small scale low risk experiments[3] Recognizing opportunities to enhance social value and address current needs[2,3] Exceeding expectations[2] Engaging in advocacy and activism to address stigma[3] Employing a highly talented team[3] Work in spaces where other organizations don't or can't[3] Engaged learning process around mistakes[3] Holistic strategy in which mental health is one part[3]
Response of community and recipients	Accepted and "stands the market test" regarding demand for what is being offered[1]
Sustainability	Available capital during development[1] Creating sustainability through both financial and social capital generation[1,3] Gathering evidence to support approach[3]

[1] Sharir and Lerner 2006; [2] Kidd and McKenzie 2014; [3] Survey respondents (internationally recognized social entrepreneurs in the mental health sector)

activities grow from within affected communities and are more sensitive to current priorities and needs. Leaders were described as experienced, passionate and driven individuals and a social justice framework is used in the missions and values of these organizations. The activities of socially entrepreneurial organizations in this sector were described as highly innovative, working in sectors where others do not, and very actively seeking out opportunities to increase their impact through effective risk taking and management. Among the survey respondents, there was a particular emphasis upon the importance of advocacy and activism to address stigma and to generate social capital and to work holistically across individual and social domains that attend the problem being addressed.

A theme that was evident in much of the reviewed literature but not one that stood out in any one article was the importance of early planning. Mandiberg and Warner (2012) described some of the essential determinations that planners must make when determining the viability of projects in developing economies. Assessing the cash and noncash assets flowing into and out of the community with the goal of developing a project that retains one or more of the asset outflows is critical to establishing a project. This technique was used in earlier work (Polak and Warner 1996; Warner and Polak 1995) that set the stage for the establishment of a social entrepreneurial mental health pharmacy. Likewise, BasicNeeds undertakes considerable work prior to the implementation of many of their programs by first conducting baseline studies to

determine the status of existing mental health services and identify the community needs. Not only are the baseline studies often a requirement of the funders but also serve as a reference point for future program evaluation (Choulamany et al. 2012).

Furthermore, with respect to resourcing, across both the limited literature in this area and the interviews, the description of models for generating fiscal and social capital were quite broad. There would be great benefit in articulating the financial and business models employed by social entrepreneurs working in mental health including how social enterprises are integrated and registered. This extends as well to exactly how such individuals and organizations leverage social capital. An effort to model how resources are generated and sustained will be essential to understanding how some social innovations flourish and others fail in implementation and pilot stages. This includes addressing the question of how socially entrepreneurial approaches might work within traditional service organizations and systems in a complementary manner.

The scoping review and survey findings also suggest a strong resemblance between social and traditional entrepreneurship. For example, past research on traditional entrepreneurship has demonstrated that strong social networks, good communication skills, extensive planning, innovation and creativity, and dedication are all essential for a venture's success (Duchesneau and Gartner 1990; Fillis and Rentschler 2010; Greve and Salaff 2003). Similarly, the 'learning by doing' viewpoint in which mistakes are seen as a part of the process that was observed in our survey of social entrepreneurs has been found in the traditional entrepreneurship literature as well (Roomi and Harrison 2011). For this reason, drawing from some of the work that has been done in this area within traditional entrepreneurship may be beneficial. Finally, the value of generating research evidence for the strategies employed was not addressed as a key strategy in the literature and was described in largely aspirational terms by the survey respondents. This is clearly an area for further development as governments and funders increasingly are emphasizing research evidence as a criteria for resource allocation.

Limitations of the Current Literature Base and Future Directions

Determining whether or not an initiative is social entrepreneurial was a challenge in this review as it is unclear how it is applied and operationalized. In a similar vein it is clear that many approaches that might potentially align with the components of social entrepreneurship are not being labelled as such. This is a problem that also exists more broadly in the social entrepreneurship literature (Cukier et al. 2011). As a result, and given the extent of this review, it is likely that some relevant literature was excluded or overlooked. Amongst the small number of papers available to review, for most there exists a challenge in interpreting their findings. This resonates with the global health intervention literature where an over-reliance upon uncontrolled case studies and limited coverage of key contextual and implementation components greatly hampers how impact and transferability can be understood (Luoto et al. 2014; Pawson, 2009).

Conclusions

The rapid rise of interest in social entrepreneurship across multiple sectors, including mental health, is markedly outpacing clear articulations of what makes interventions socially entrepreneurial and evidence to support it as a useful framework for understanding impact. There are, however, a number of common characteristics of people and organizations thought to

embody social entrepreneurship. There is also a prevalent belief and some modest evidence that these individuals are making a difference in the area of mental health in ways that are not possible in expensive, formal bureaucratic healthcare systems. Furthermore, their highly leveraged approaches and effective generation of social capital hold a suggestion of ways of working that might better accommodate fiscally austere or otherwise infrastructure/resource challenged contexts. There is a need, at present, for (i) this concept to be better articulated, (ii) metrics developed to capture its presence or absence, (iii) strategies that cultivate entrepreneurship tested for effectiveness and, (iv) evidence generated to support (or not) its utility as a model for mental health interventions. Should this not happen there is a risk of this promising concept entering a similar contested and unclear space as that of the early years of the recovery-oriented care framework in mental health reform.

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