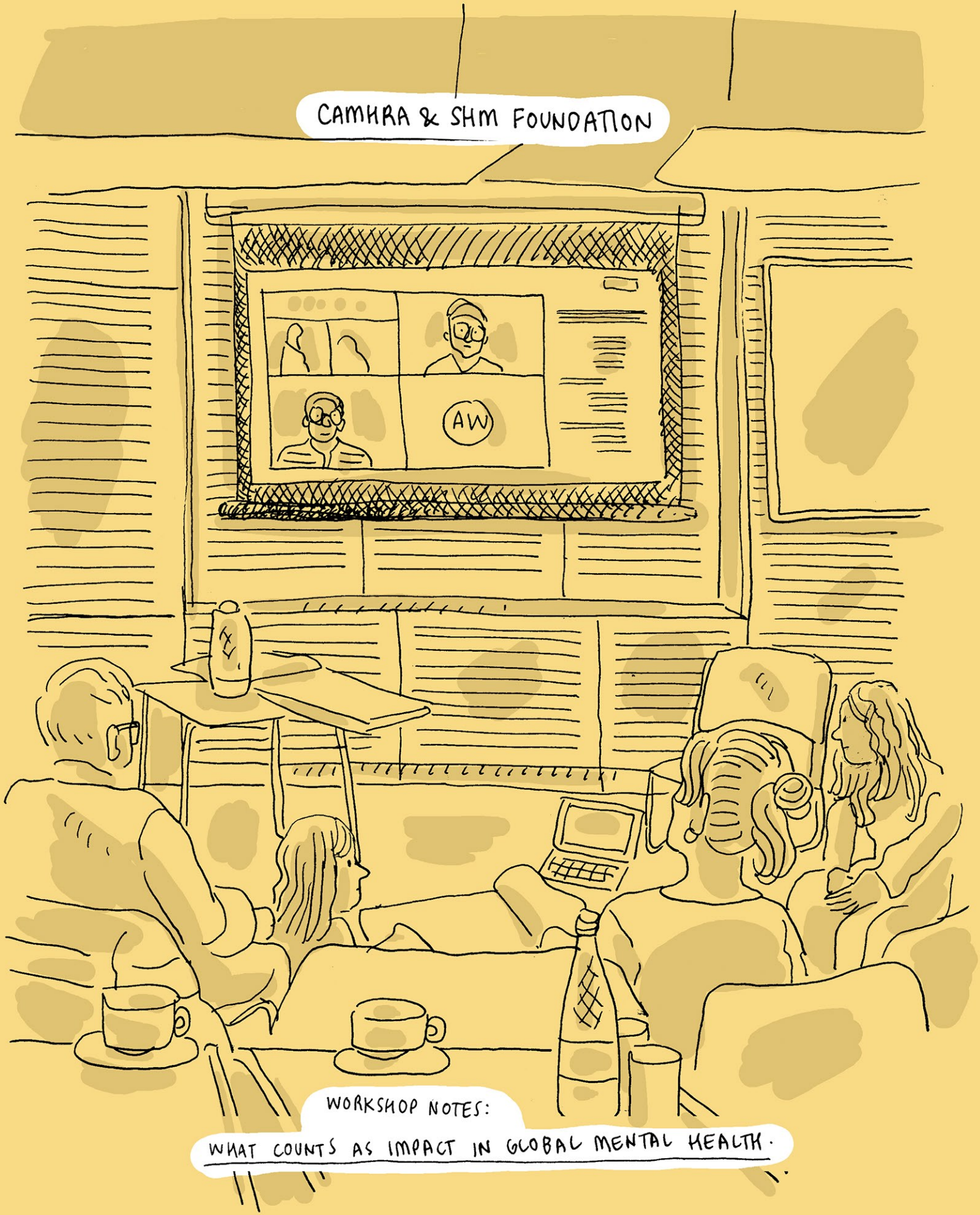
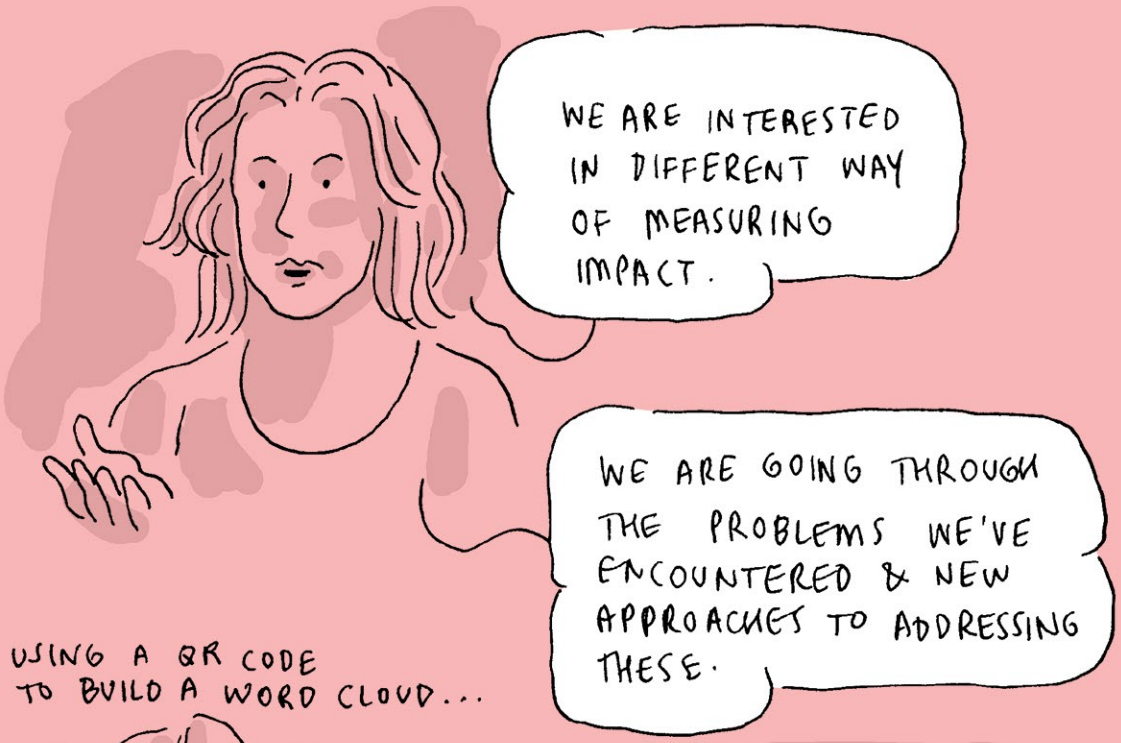
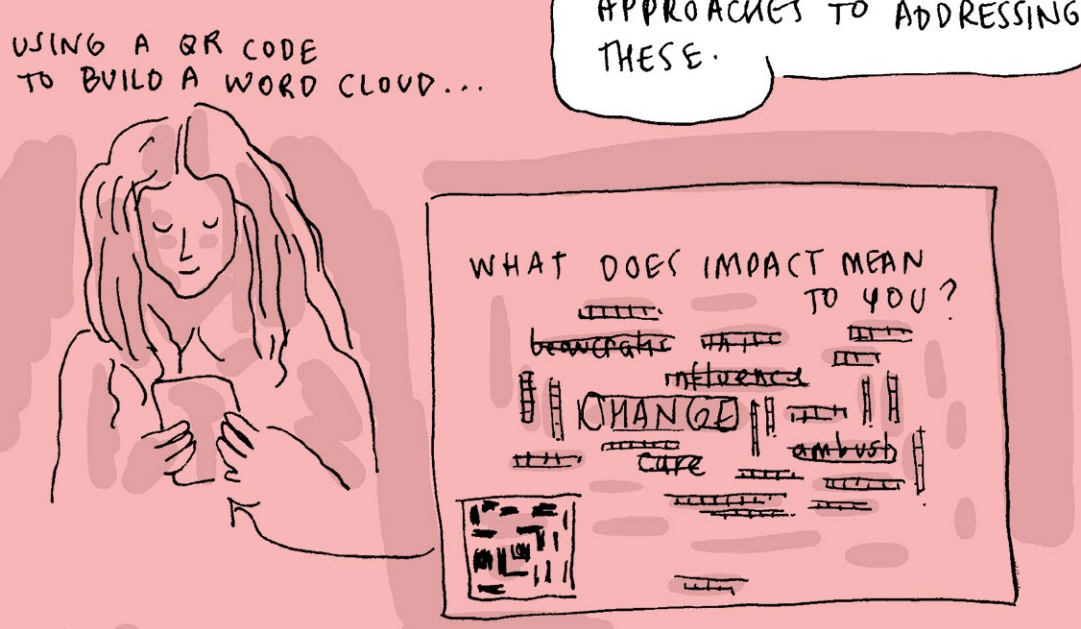

CAMHRA & SHM FOUNDATION
AW
WORKSHOP NOTES:
WHAT COUNTS AS IMPACT IN GLOBAL MENTAL HEALTH.

WHAT COUNTS AS IMPACT IN GLOBAL MENTAL HEALTH.

# INTRODUCTIONS & THE AGENDA.



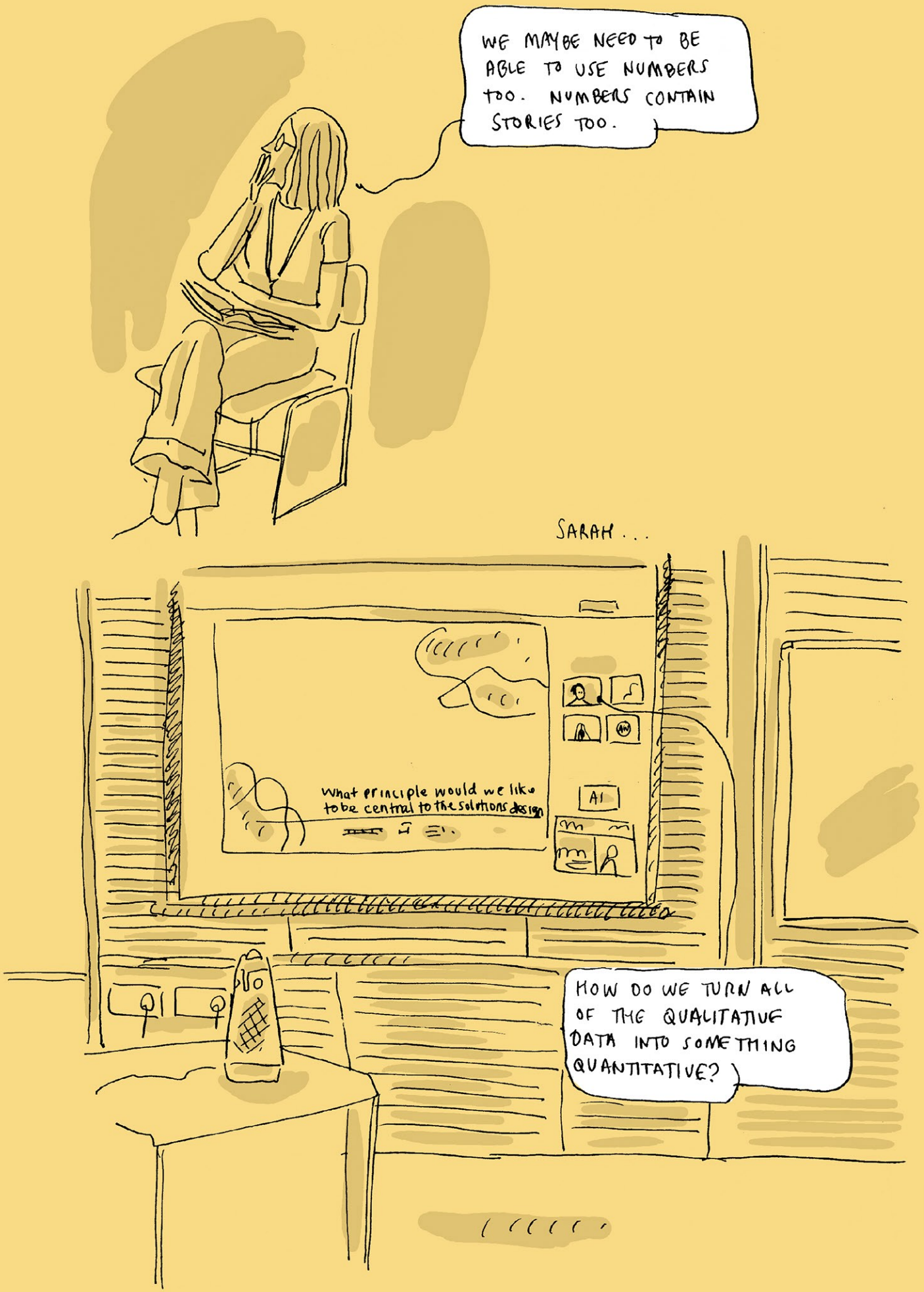





WE RECORD IT AS 'GOOD', 'MEDIUM' & 'BAD'.
WE ALSO GET A NARRATIVE FROM THE COMMUNITY HEALTH WORKERS THAT MIGHT REDUCE CHANGE TO TERMS RELATED TO WORK
I WISH I COULD BE IN THE COMMUNITY MORE OFTEN
IT'S HARD TO EXPLAIN THE 'HOW', HOW THINGS ARE CHANGING.
WE TRY TO BRING OUT THE NARRATIVE OF CHANGE FOR EACH SERVICE USER.
WE MARK PROGRESS FOR THEM, WHAT DO THEY WANT ETC.
UNDERSTANDING & RECORDING PROGRESS MARKERS FOR COMMUNITY MEMBERS HAS BEEN CHANLLENGING


ON THE SCREEN...
ROE...
RN
RF
AW
AI
WE DIDN'T WANT TO OVERSTATE THE POWER OF INTERVENTIONS.
WHEN WE'RE TALKING ABOUT IMPACT WE NEED TO PLACE IT WITHIN A FRAMEWORK OF TIME, AND CHANGE HAPPENING OVER TIME.
en it act?
CAFS.
WE TRY TO PROVIDE A HOME AWAY FROM HOME.
SRI LANKA IS SUCH A SMALL COUNTRY & THERE IS ALOT OF STIGMA SURROUNDING MENTAL HEALTH
PEOPLE DON'T LIKE ENGAGING WITH TRADITIONAL FEEDBACK METHODS.
ONE OF THINGS WE WANT TO MEASURE IS WHETHER PEOPLE PREFER WHAT WE DO.


THE ACTIVITIES WE USE ARE SILLY. YOU DON'T WIN OR LOSE. BUT WHAT DO YOU MEASURE IF SOMEONE IS EXPERIENCING LONELINESS?
THERE ARE MANY POWERFUL STORIES BUT WE HAVE NOT ALWAYS BEEN ABLE TO CAPTURE THEM


WE MAYBE NEED TO BE ABLE TO USE NUMBERS TOO. NUMBERS CONTAIN STORIES TOO.
SARAH...
what principle would we like to be central to the solutions design
AI
HOW DO WE TURN ALL OF THE QUALITATIVE DATA INTO SOMETHING QUANTITATIVE?


THE POINT YOU MADE ABOUT SEEING WHAT YOU WANT TO SEE IS REALLY CRUCIAL.


SARAH ONLINE

ROCHELLE (ONLINE)


I WANTED TO TAKE AN ART FORM WHERE PEOPLE OF COLOUR ARE UNDER-
-REPRESENTED.
BACK @ 1pm.

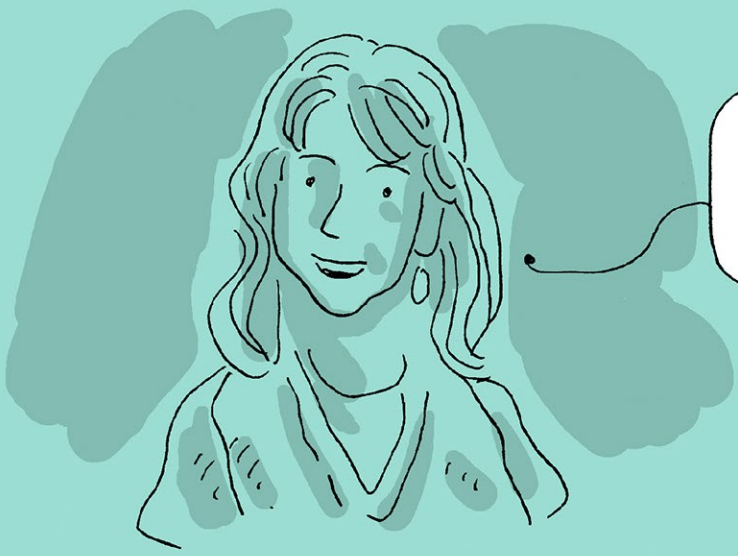

WE TALKED A LOT ABOUT AUTHENTICITY.
WE ALSO TALKED ABOUT TEMPORALITIES.
AND MAKING THE TIME TO LISTEN.
AW
AT CAMHRA WE FEEL OUR ROLE IS TO CREATE ALTERNATIVE SPACES TO THINK THROUGH THESE THINGS

BREAK OUT ROOM:


THE OUTCOME OF THE REPORT WOULD PARTLY BE TO DO WITH THE SIZE OF THE INVEST--MENT.

YOU ALMOST NEED TO HAVE TEMPLATES THAT HELPS ORGANISATIONS UNDERSTAND THEIR REQUIREMENTS.

YOU CAN'T GET AROUND POWER DYNAMICS. YOU WOULD PAIR A BIG ORG WITH A SMALL ONE



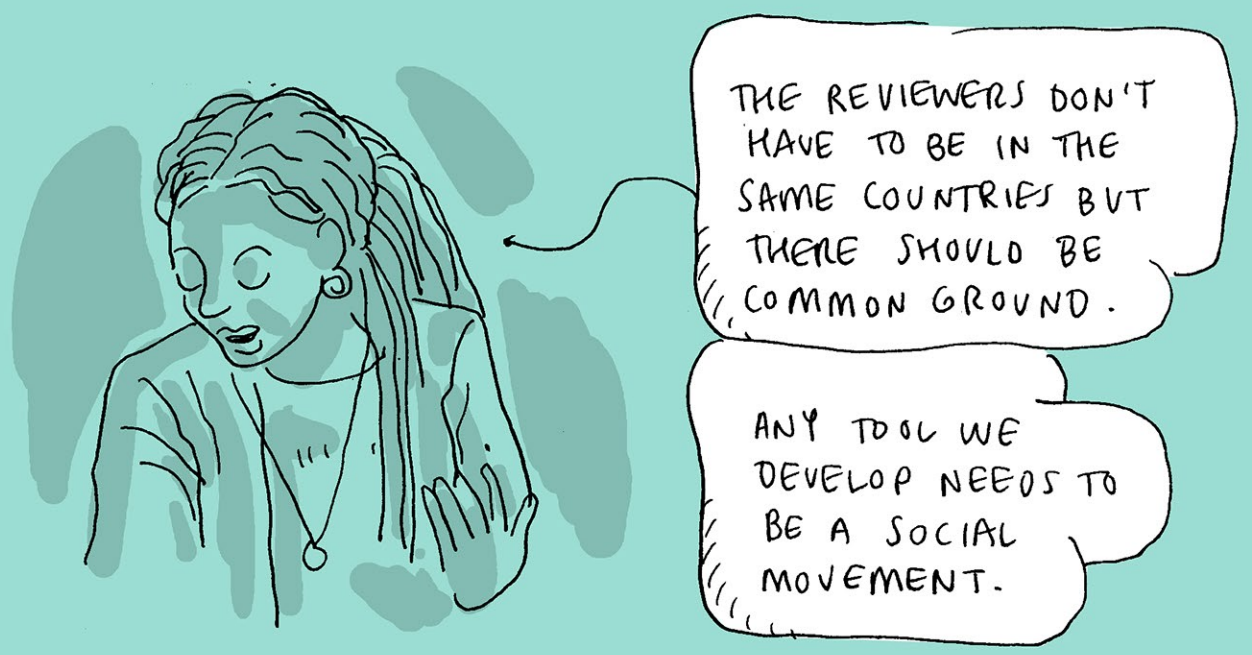
WE NEED TO CONSIDER THE POWER DYNAMICS AT PLAY.

BREAK OUT ROOM CONTINUED...


MAYBE IT'S IN TWO PHASES AND PHASE ONE IS ABOUT LEARNING.
I THINK THAT MAKES SENSE BECAUSE THIS ALL TAKES TIME.
I'M ALWAYS THINKING ABOUT TIME AND ALLOWING ENOUGH TIME FOR PEOPLE TO FEEL UNBOUNDED

BREAK OUT ROOM CONTINUED...


AFTER THE BREAK OUT ROOMS...




THE BENEFIT OF EVALUATIONS "FROM BELOW".
ACCOUNTABILITY IS IMPORTANT


Guiding questions


Collaborative design

# Workshop Notes: What Counts as Impact in Global Mental Health?

## CAMHRA & SHM Foundation

**SOAS, 10 September 2025**

Across the field of mental health and community-rooted practice, the reality of shrinking funding landscapes presses ever harder. Budgets contract just as the scale and complexity of need continues to grow. For practitioners, this is experienced as a double bind: the demand to demonstrate impact intensifies at precisely the moment when resources to capture, reflect, and report are thinning out. For funders, too, the pressures are real. Limited resources must be allocated with care, under close scrutiny, and every choice carries consequences for what kinds of interventions can endure. This dual squeeze - on those who deliver and those who resource, sets the horizon for any conversation about impact today.

Within this landscape, the call is not simply for more metrics, but for forms of evaluation that are both actionable and sustainable. On the one hand, funders need tools that help them make difficult allocation decisions responsibly, while practitioners and communities need ways of making visible the kinds of change that are subtle, relational, and deeply lived; these are, often, changes that conventional indicators often flatten or erase. The challenge is not to choose between these imperatives, but to hold them together: to develop approaches that meet accountability requirements without hollowing out care, and that provide quantitative weight without obscuring the richness of local experience. Yet here lies the ambivalence we explored in this workshop. Measurement is never neutral. It enables survival, y helping community-rooted models "speak the language" that secures investment, but it also risks distorting what matters. The act of counting can displace the act of caring; the demand for comparability can undermine context. For us, the question is how to build systems that acknowledge these risks rather than deny them, and that guard against measurement becoming extractive or performative.

In this sense, the current fiscal climate forces us to be both principled and pragmatic. It demands that we hold onto the values of community-rooted approaches while also navigating the evidentiary regimes that govern their survival. The animating question for our workshop was therefore this: how might we reimagine impact evaluation so that it can speak both to the priorities of communities and the imperatives of funders, and, in doing so, strengthen the case for community-rooted models in a time of shrinking resources? We find it useful to think of evidence not as a single gold standard but as a repertoire of knowing. Numbers, as we all know from experience matter: they travel easily, they carry political weight, they make comparisons possible. But numbers alone do not tell us how change is lived or sustained. Stories, embodied practices, visual traces, participatory tools; these capture the small transformations that people themselves recognise as meaningful.Our collective aim is to craft pragmatic measurement solutions that can preserve such authenticity and nuance, while still meeting the thresholds of rigour that funders are required to uphold.

An initial, day long conversation attempted to go beyond such reductions and unfolded across themes that can be briefly summarised as follows:

**Ground-up models.** We kept returning to the importance of starting from the ground up. Sharon from Burans spoke about how her team in India works with people with psychosocial disabilities to co-design progress markers and care plans. This implies and shows that 'impact' is never pre-defined: sometimes it means returning to work, but just as often it might be cooking for family or watering a plant each morning.

In its various iterations, impact (whether understood as success, healing, or growth) is thus not found in metrics, but often in the mundane dimensions of essential social funcitonings. Sharon described a recovery tool to which community members add a bindi each day in a small, culturally resonant act that turns daily practice into evidence of change. Impact, if it is to mean anything, has to come from people's own accounts of growth.

**Temporality, participatory models, and cultural safety.** Rochelle reminded us of the need to see impact in layers of time. In Colombia, her team worked with communities to map what they "expect to see," "like to see," and "love to see" as outcomes of participatory interventions. This framework allowed them to distinguish between short-term changes that might appear at the end of a project and long-term shifts that could take years. Similar dynamics were described by Sharon in India, where young people in the built resilience and leadership in ways that only became visible over time, such as challenging caste discrimination to secure school places. These approaches stress that impact unfolds across multiple temporalities and must be understood and evaluated accordingly. Rochelle also highlighted the importance of cultural safety: participants themselves defining what feels safe and meaningful, rather than relying on externally imposed categories. This aligns with what some of us called a "logic of care," where outcomes are shaped not only by biomedical indicators but by trust, dignity, and social belonging. We also reflected that academia has a particular responsibility here: not just to critique narrow models of impact, but to create space for plural approaches to be recognised by policymakers and funders.

**Beyond biomedical frames.** Our discussions also pushed against the constraints of biomedical logics. Giselle, from CAFS, described the importance of creating a "home away from home" in Sri Lanka, a space where mental health care doesn't feel like entering a hospital and where stigma is reduced. The impact here was not something you could capture easily with a questionnaire; it showed up instead in people's preferences, in informal feedback, in the fact that schools were asking her team to expand their model. Neil spoke of his work with students around loneliness, where playful group activities enabled people to "turn off the cop in the head." Impact here was visible in bodies, laughter, new friendships etc,- things no loneliness scale could (and perhaps neither should) accurately capture. Reflecting on these stories, we agreed that that impact is relational and embodied, not only clinical or economic.

**Seeing and not seeing: what counts as impact.** An important and recurrin theme in our discussions was the (somewhat uncomfortable) idea that we see what we want to see. The question of impact always depends on who holds the power to decide what counts as evidence. In many contexts, this still means governments, donors, or institutions guided by biomedical and bureaucratic logics. Yet what is lost when we view the world only through those lenses? Sharon reflected on how, in India, recovery is often deeply shaped by spiritual and social processes that rarely make it into formal reporting. People experiencing psychosis or distress may be regarded as touched by a spirit or divine force; rather than being excluded or pathologised, they are fed, cared for, and gradually recover through their embeddedness in community life. These are powerful stories of healing that our existing indicators cannot see.

Costanza offered a contrasting but related example from her research in Uganda, where a humanitarian organisation used a mood-check scale within a cognitive behavioural therapy (CBT) programme to measure change. At first, participants used the scale as a form of communication – as a way to tell someone, at last, that things were not well. Once the promise (which remained largely unfulfilled) of small grants was linked to the intervention, scores improved dramatically; but this was hardly a reflection of the CBT intervention per se, and more a way for refugees to communicate that their needs were (finally) being heard.

What the NGO celebrated as evidence of impact was, in practice, something quite different: a reflection of people's strategic navigation of aid, and of their disempowerment within a system that defined both the questions and the meanings of their answers.

Linked to this was a broader reckoning with the limits of what our systems of seeing can contain. Sharon and Atul described how, in many Indian contexts, the boundary between spiritual and medical care is porous; communities move between dawa (medicine) and dua (prayer), and recovery is often achieved through a combination of both. Yet these practices of healing are almost entirely invisible to conventional evaluation frameworks. Rochelle's points brought these ideas together; even when practitioners recognise the social realities shaping mental health - poverty, hunger, violence, discrimination - our institutions are rarely designed to hold that complexity. Alexa added that even when medical professionals perceive the social clearly, they are often structurally prevented from acting on it, and lacking institutional permission or resources to treat these as legitimate sites of intervention; they see the need but are bound by the protocols of their profession. The social is acknowledged but not acted upon; we see it, but we do not accommodate it. Impact, then, risk becoming a narrowing act: it rewards what can be measured rather than what sustains change.

**Technology and translation.** We also wrestled with the question of scale. Many of us are producing vast amounts of qualitative data, but lack the tools to make it legible to funders. AI and natural language processing could help translate stories into patterns, yet we worried about confidentiality and the flattening of nuance. Alexa reminded us that "small and beautiful", above all meaningful details often get lost in automated summaries. The challenge is to explore how technology can support our work without erasing its complexity.

**Unintended effects of impact measuring.** A long stretch of the conversation focused on the unintended consequences of measuring impact.

- First, the question of **limits**, and of what interventions can't (and shouldn't) measure: we agreed it is important to name what interventions can't and shouldn't be expected to change, such as structural poverty, housing crises, entrenched inequalities. Documenting these alongside our "successes" can itself be a form of advocaciy

- Second, we discussed about instances in which **measurements bends behaviour.** Several of us had seen perverse incentives: a "mood check" that improved sharply once cash transfers were anticipated; joy-filled workshops interrupted by mid-dance phone surveys that broke the flow; therapy spaces where asking for written testimonials felt inauthentic or breached confidentiality. These examples reminded us how metrics can reshape encounters, sometimes pushing us away from care

- Third, there is the problem of **metric overload.** Competing funder templates can fragment attention, generate box-ticking, and drain small teams. We spoke about practising "metric hygiene": using fewer, higher-signal indicators; retiring low-value ones; pairing numbers with narrative counterpoints; and agreeing up front what success, partial success, and non-attributable change look like.

- Finally, we recognised the need to **guard nuance and safety**, especially when exploring AI or aggregation tools are used. We stressed safeguards for confidentiality and – crucially- the right to keep some stories unquantified. We also acknowledged that some evidence is best held locally; through peer supervision notes, reflective journals, or visual tools- rather than exported into dashboards.

**Learning, accountability, and peer-to-peer models.** As we closed, we returned to the question of where evaluation might go next. We want to shift from monitoring for accountability to learning for responsiveness: capturing how relationships, trust, and constellations of change take shape, rather than reducing everything to individual outcomes. Learning itself can be an impact outcome when it leads to adaptation, dissemination, or empowerment. But accountability cannot be ignored. Too often it flows only upwards to funders, while the communities and practitioners who drive change are left out.

This is why we began to explore **peer-to-peer evaluation** as both a learning mechanism and an accountability tool. The positives are clear: peer visits and exchanges are highly motivating; they reduce isolation; they allow candour about everyday challenges; and they build authentic forms of knowledge that resist the audit culture. Yet we were also clear-eyed about the challenges. What counts as common ground between organisations from different contexts? Who is a "peer" to whom, given differences in culture, gender, socio-economic background, and political positioning? Could organisations learn enough about each other to conduct genuine evaluations, or would surface-level visits at the end of a project always fall short? Trust would need to be built much earlier in the process, not only at the "impact stage." And what happens if a peer evaluation shows that an intervention isn't working, especially in a landscape where organisations compete for the same shrinking pots of money?

**Principles to carry forward.** Out of all of this, we sketched some principles that could guide us forward and help us shape next steps:

- Begin from the ground up, with people's own definitions of growth.
- Use a menu of tools, whether narrative, participatory, visual, or quantitative, instead of a single framework.
- Ask funders to be open to different forms of knowledge.
- Recognise temporality: change unfolds at different speeds.
- Protect authenticity and flow, so that measuring does not interrupt care.
- Record limits as well as achievements.
- Keep metrics light, purposeful, and co-designed.

In the end, what emerged for us was that impact is not just a technical exercise but a political question: about what is valued, whose knowledge counts, and what kinds of futures are made possible. Rather than a framework to satisfy funders, we began to imagine impact as a **movement** - . one that brings together multiple ways of knowing, honours lived experience, and pushes for more just and caring systems.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