Accountability in non-Profit Organizations:
Organizational Mandates and Outcomes Assessment in Mental Health Services

A Report to: Dots NB
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Executive Summary

Despite substantial research about accountability in the last 20 years (e.g., Hoefer, 2000; Moxham 2008), researchers remain unclear about accountability practices in non-profit organizations. In this report, we examined accountability of non-profit organizations offering mental health services in New Brunswick. In particular, we surveyed the impact of non-profit organizations’ mandates on outcome measurement. We defined accountability as the acknowledgment and assumption of responsibility for actions and products within the scope of the role of non-profit organizations and the obligation to report the results in a transparent manner. Brody (2001) provided a promising framework for examining organizational accountability based on four components: 1) fiscal responsibility, 2) good governance, 3) adherence to mandates, and 4) demonstration of organization’s outcome measurement. For the purposes of the present study, adherence to mandates and outcome measurement are examined in this report. Likewise, mandates define an organization’s formally and informally activities required by external authorities. Lastly, outcomes have been defined as those benefits or changes for individuals or communities after participating in the programs offered by non-profit organizations.

According to the report Staying Connected (2011), there has been a rise in the number of youth diagnosed with mental health disorders in New Brunswick, the results from the 2013 State of the Child Report emphasized that youth continue to see a much higher rate of hospitalization than do Canadians in other provinces (11.6 compared to 3.6). These rates reflect depressive episodes, stress reactions, mood disorders, anxiety disorders and eating disorders (NBHC, 2013). The Plan for Mental Health in New Brunswick 2011-2018 recognizes the increasing number of youth suffering from mental illness. Among the objectives of the plan, transforming service delivery through collaboration between government and non-government levels and partnership with family and community members is highlighted as crucial steps in delivering mental health services (Government of New Brunswick, 2011). Although, progress has been made to integrate management action at all government levels, non-profit organizations often act alone, each having limited awareness of what other organizations are doing (Standing Senate Committee on Social Affairs, 2006). Thus, research is needed to understand the effects of policy and funding mechanisms in non-profit organizations and the effects of collaboration among government levels in New Brunswick.
In addition, there has been a perceived need for the non-profit sector to use outcome measures; however, there is lack of evidence of how non-government organizations of how non-government organizations in the mental health field apply outcome measures (Kightley, Einfeld, & Hancock, 2010). The lack of evidence is partly due to the difficulty of conducting evaluations of the complex social interventions typically deployed within mental health services (Holloway, 2002). Nonetheless, the improvement of mental health outcome measures in non-profit organizations is necessary, due to the force of market competition and the need for transparency in the care delivery process (Baars et al., 2010).

The present study

A list of non-profit organizations offering mental health services was created based on type of organization, type of services offered by age group (10 to 24 years of age) and geographic location. Service providers from non-profit organizations were asked to complete an online survey created in the software Checkbox. The survey was divided based on type of organization, type of services offered, perception of organization’s mandates and outcomes, funding received, Student Wellness Survey items, and geographic location. Overall, we collected data from 31 participants; however, our objective was to recruit 120 service providers.

Results

In our study, 10 participants chose York County as a location for their organizations, followed by eight participants who chose Westmorland County. We found that 87% of the organizations were registered charities, non-profits, non-government organizations. In addition, 71% of the participants perceived their organizations have clear mandates and objectives, and 23% perceived their organizations adequately meet the needs of the population they serve. With respect to outcome measurement, 70% of non-profit organizations offering mental health services collect outcomes, and 65% of non-profit organizations submit their outcomes to government departments and to stakeholders. The majority of the participants, 68%, indicated that their organizations received government funding to fulfill their objectives. With respect to the services offered by non-profit organizations, 36% of the organizations always serve children with anxiety disorders, and 27% often serve children with depression. The indicators of the Student Wellness Survey were rated as very important by 39% of the participants.
Discussion

Clear organizational mandates in non-profit organizations can lead to better funding opportunities and to achieve higher levels of accountability. Participants from this study mentioned the lack of prevention, treatment, and recovery guidelines among the barriers to fulfill mandates in their organizations. Although many participants support outcomes assessment in order to keep track of successful practices and to achieve higher levels of accountability, they also mentioned the lack of partnerships between government and non-profit organizations to help them recognize effective outcome measures. Understanding the effectiveness of mental health practices allows for the best possible use of human and financial resources, and directly helps to improve the health and social outcomes of people living with mental illness. Outcomes assessment is a useful instrument to inform service providers about successful practices in mental health care, directly guiding therapeutic care. Outcome measures for mental health increase accountability and address the lack of public confidence in mental health services.

Recommendations

1. The diffusion of information from surveys collected at a provincial level, (e.g., New Brunswick Student Wellness Survey) should be a priority for government departments in order to create networks among different levels of service delivery.

2. The creation of standard measures to assess outcomes in mental health services should be promoted to measure performance of programs and initiatives in a regular basis, and to achieve higher levels of accountability in non-profit organizations.

3. Partnerships between government and non-government organizations should be promoted to achieve a common goal in mental health service delivery.

4. Research initiatives among non-profit organizations should be promoted to better understand the accountability process in mental health services.
# Table of Contents

Introduction ........................................................................................................................................ 5

An Overview of Mental Health Services in New Brunswick .......................................................... 6

Accountability and Organizational Mandates .............................................................................. 9

Accountability and Outcome Measurement .................................................................................. 10

  Outcome measurement in the non-profit sector ......................................................................... 12

  Outcomes measurement in mental health services ................................................................... 13

  Rationale for measuring outcomes in mental health non-profit organizations ...................... 15

The Role of Funders in Outcome Measurement .......................................................................... 17

Partnerships between Government Organizations and non-Profit Organizations ................... 18

The Present Study ......................................................................................................................... 20

Method ............................................................................................................................................ 21

  Participants .................................................................................................................................. 21

  Materials .................................................................................................................................... 22

Procedure ....................................................................................................................................... 22

  Recruitment ................................................................................................................................. 22

  Data Collection ............................................................................................................................ 23

  Measures ..................................................................................................................................... 23

Results ............................................................................................................................................ 23

Discussion ...................................................................................................................................... 40

Recommendations ......................................................................................................................... 47

Appendix A ...................................................................................................................................... 48
Introduction

With tighter budgets and pressure to do more with fewer resources, accountability in the non-profit sector has become a central issue. In particular, accountability to stakeholders and transparency in operations has become an enduring fact of life in the non-profit world (Geer, Maher, & Cole, 2008). Furthermore, legislative reforms, funding regulations, and tax-policy rulemaking have put the spotlight on the issue for non-profits (Geer, Maher, & Cole, 2008). However, there has been little investigation on the broad concept of non-profit accountability. In addition, a number of studies that have examined specific components of accountability (Buckmaster, 1999; Campbell, 2002; Hoefer, 2000; Keating & Frumkin, 2003) have varied in how it is conceptualized and measured. Nevertheless, Brody (2001) provided a promising framework for examining organizational accountability based on four components: 1) fiscal responsibility, 2) good governance, 3) adherence to mission, mandates, goals, and donor direction, and 4) demonstration of organization’s program effectiveness/outcome measurement. These four areas are admittedly broad and for the purposes of this report, only adherence to mandates and outcome measurement are examined in this report.

A recent focus on outcomes has been accompanied by changes in policy and general public concerns for accountability. Given this focus, organizations are being requested to demonstrate that specified goals have been achieved and pressure for measured results have intensified (Buckmaster, 1999). Performance measurement systems are mechanisms to guide an organization towards achieving its purpose (Buckmaster, 1999). According to Buckmaster (1999), such systems have been cumbersome, complex, and often flawed. Moreover, the mandates of non-profit
organizations are often ambiguous because of conflicts over perceived stakeholder interests and a lack of knowledge between measures and mandates (Buckmaster, 1999). Therefore, it is important to measure the degree to which non-profit organizations are committed to clarify its mandates and to demonstrate program effectiveness in the accountability process.

In this report, we examined accountability of non-profit organizations offering mental health services in New Brunswick. In particular, we surveyed the impact of non-profit organizations’ mandates on outcome measurement. Consequently, the first part of this report presents a brief overview of the mental health system in New Brunswick followed by a rationale for this research project. Second, accountability and its relation with organizational mandates are reviewed. Third, the relationship between accountability and outcome measurement is explained followed by a summary of outcome measurement in the non-profit sector. Fourth, the role of funders and the relationship between non-profit organizations and government organizations is discussed as an important part in the accountability process. The final sections of this report present the methods used in this project and the results of the project followed by a discussion part, and finally recommendations for future research are provided.

An Overview of Mental Health Services in New Brunswick

In order to set the objectives for this research project, national and provincial reports regarding mental health services for children and youth were reviewed. Reports were included if they noted one of two areas: 1) the structure of mental health services, or 2) the role of non-government and non-profit organizations in the delivery of mental health services. Unfortunately, our search did not yield positive
results for the second category. However, we found reports that provided us with information about the different levels of mental health care. This section presents the information found in the reports contrasted with the information about mental health care in New Brunswick.

Childhood, adolescence, and young adulthood are critical periods of life for identifying mental health problems (McKee, 2009). Early intervention can lead to minimal disruptions in social development, prevent further difficulties, and mitigate an increased need for specialized services (McKee, 2009). According to the report *Staying Connected* (2011), there has been a rise in the number of youth diagnosed with mental health disorders in New Brunswick, and a corresponding rise of those with co-morbid diagnoses who fail to manage their conditions despite the attempts of their families and multiple systems (e.g., educational, social, correctional) to help them overcome the illness. For example, in 2010, only 68.3% of New Brunswickers aged 12 and older who participated in the Canadian Community Health Survey-Mental Health (CCHS-MH) reported their mental health status as being excellent or very good (Government of New Brunswick, 2011). In addition, results from the 2013 *State of the Child Report* emphasized that across all mental health disorders in New Brunswick, children and youth continue to see a much higher rate of hospitalization than do Canadians in other provinces (11.6 compared to 3.6) (New Brunswick Health Council, 2013). These rates reflect depressive episodes, stress reactions, schizotypal/delusional disorders, mood disorders, anxiety disorders and eating disorders (NBHC, 2013).

It is important to mention that the *Plan for Mental Health in New Brunswick 2011-2018* identifies the increasing number of youth suffering from mental illness by setting out strategic goals designed to promote mental health, prevention and
recovery from mental illness. Among the objectives of the plan, transforming service delivery through collaboration between government and non-government levels and partnership with family and community members is highlighted as crucial steps in delivering mental health services (Government of New Brunswick, 2011). However, progress has been made to integrate management action at all government levels, non-profit organizations often act alone, each having limited awareness of what other organizations are doing (Standing Senate Committee on Social Affairs, 2006). In addition, the process involves providers working both inside and outside of the formal mental health system, some paid within the healthcare system and others not (Standing Senate Committee on Social Affairs, 2006). Likewise, unpaid caregivers are using whatever resources they have to help their loved ones (Standing Senate Committee on Social Affairs, 2006).

Thus, research is needed to understand the effects of policy and funding mechanisms in non-profit organizations and the effects of collaboration among government levels in New Brunswick. In addition, research in the non-profit sector facilitates regular monitoring and analysis of information that is needed to identify gaps in effective service delivery. Current gaps in services have a direct impact on the quality of services that can be provided; they limit the ability of policy makers and providers to evaluate and respond to mental health needs and diminish their ability to measure the effectiveness of their efforts (MHCC, 2009). According to the Mental Health Commission of Canada (2009), more and better data is needed on information management systems that will allow the mental health and well-being of people in Canada to be monitored over time.
Accountability and Organizational Mandates

Previous research on organizational mandates has focused on the relationships between non-profits’ financial practices and mandates, missions and goals, and the relationship between non-profits’ excellence standards and the role of clear mandates in the organization. The lack of research on this issue suggests that, as mentioned before, the often-unclear mandates of non-profit organizations and the state of financial instability have created difficult scenarios to measure the effect of organizational mandates in non-profits’ accountability process. Therefore, the importance of organizational mandates and its relation to accountability will be discussed briefly in this section.

According to Geer, Maher, and Cole (2008) Brody’s definition of accountability suggest that non-profit financial practices, governance, mandates and effectiveness are better accomplished if these organizations adopt voluntary standards of conduct and best practices, which could avert the adoption of overly restricted regulation with respect to funding opportunities and stakeholder demands. In other words, the value of these standards could potentially raise organizational commitment to improve programs and create awareness to achieve a higher degree of accountability (Geer et al., 2008). Furthermore, commitment to operating standards can be developed following three categories: continuance commitment (i.e., commitment to a certain line of action); affective commitment (i.e., an emotional orientation to an entity); and organizational commitment (i.e., strong belief in an organization’s goals and mandates and willingness to exert effort on behalf of the organization) (Geer et al., 2008). From this perspective, the level of accountability achieved depends on the organizations’ commitment to their own operation.
standards, including strong belief in the organizations’ missions.

In addition, Emmerson and Harvey (1996) examined excellence in the management of non-profit organizations in a sample of Australian and Canadian organizations offering human services. They suggest that having a clear and explicit sense of purpose, direction, mandates, mission, or vision, and an emphasis on accomplishing that purpose or on achieving goals is necessary to achieve an excellent organization. Moreover, the mandates of non-profits are the guiding principles for the organization and should be part of every action the organization takes (Emmerson & Harvey, 1996). Mandates provide effective means of prioritizing activities and channelling resources to accomplish higher levels of accountability (Emmerson & Harvey, 1996). Therefore, non-profit organizations should be concerned with how well they deliver their mandates and evaluate their performance in a way transparently honest to their clients, their funders, and other interested parties (Emmerson & Harvey, 1996). Excellent organizations accept that they are accountable to their funders for their services to clients, and as such, they have systems in place to measure how this responsibility is managed (Emmerson & Harvey, 1996).

Accountability and Outcome Measurement

As described before, accountability is the requirement to accept responsibility for carrying out an assigned mandate in light of agreed upon expectations (Broadbent, 1999). It is of particular importance in situations that involve public trust; in the non-profit sector it is multi-layered involving actions directed to impact different audiences, to measure a variety of activities and outcomes through many different means (Broadbent, 1999). According to Buckmaster (1999) non-profit organizations’ goals are broad and value-laden, representing performance outcomes (such as enhanced
education, effective prevention of substance abuse, and improved quality of life) that are typically altruistic, qualitative, long term, intangible, people-oriented, and non-monetary. In order to measure mandates with such characteristics, non-profit organizations should adopt methods that take into account both quantitative and qualitative information: outcomes assessment is argued to be such method.

As we consider how accountability might be enhanced, we also need to look at ensuring that capacity is in place within the non-profit sector to support existing and new demands. Capacity to ensure accountability and, in turn, outcomes assessment in the non-profit sector includes support by corporations, governments and funders, development of research and training, and board and management improvement (Broadbent, 1999). According to the Panel of Accountability and Governance in the Voluntary Sector (1999), governments need to promote greater understanding about accountability processes and forge new relationships with the non-profit sector.

Buckmaster (1999) who suggest that the greatest impediment to measuring outcomes is resource availability and lack of knowledge about its principal benefits supports this. Morino and Jonas (2001) suggest some reasons why non-profit organizations might ignore outcome measurement. Non-profit organizations prefer to invest their limited resources in developing and deploying programs rather than in the elements of organizational management (Morino & Jonas, 2001). Furthermore, non-profit organizations work in unstable funding environments, which impede their ability to plan outcome measures (Morino & Jonas, 2001). Additionally, they are hampered by a lack of knowledge about performance accountability and building organizational capacity that reflect the difficulty of identifying performance measures that translate into outcomes (Morino & Jonas, 2001).
Further to the lack of knowledge about accountability, The Panel of Accountability and Governance in the Voluntary Sector (1999) suggest that often in the non-profit sector there is a danger that accountability could become the end instead of the means. Overly demanding regulations and reporting requirements may look good on paper; however their actual effect may be to diminish the spirit of volunteerism with administrative paperwork and to drive out small non-profit organizations which do not have the capacity to meet such requirements (Broadbent, 1999). Another suggestion held by the Pane of Accountability and Governance in the Voluntary Sector (1999) was to consider the diversity of non-profit organizations (i.e., ranges of sizes, purposes, approaches, budgets, funding sources). While some non-profit organizations have multi-million dollar budgets and extensive staff, others have reduced staff members, and annual budgets of less than $50,000. Some organizations deliver a vast array of services relying on volunteers and paid professionals, others are formed to meet a specific, local goal, and do so exclusively with volunteer time and cash contributions from board members (Broadbent, 1999).

**Outcome measurement in the non-profit sector.** Outcomes can be defined as 1) those benefits or changes for individuals or communities after participating in the programs offered by non-profit organizations (UWA, 1996), and/or 2) assessment of the results of a program activity compared to its intended purpose (Buckmaster, 1999). Applied effectively, outcome measurement is argued to facilitate learning and the formulation of new strategies (Buckmaster, 1999). It is dependent on transmission of relevant meaningful information, and its measurement enable higher levels of understanding and better decision-making (Buckmaster, 1999).

Outcome measurement incorporates different stakeholders’ interests, assembles
information about relationships between goals and results, reflects changes in the external environment, and recognizes the importance of descriptive explanatory information (Buckmaster, 1999). Moreover, mandates and measures linked to these, valid and reliable data collection methods, and time spent to collect and analyse outcome data are requirements of outcome measurement (Buckmaster, 1999). It is a collaborative process involving service providers, funders, policy makers, and clients to negotiate intended outcomes.

**Outcome measurement in mental health services.** There has been a perceived need for the non-profit sector to use outcome measures; however, there is lack of evidence of how non-government organizations in the mental health field apply outcome measures (Kightley, Einfeld, & Hancock, 2010). The lack of evidence is partly due to the difficulty of conducting evaluations of the complex social interventions typically deployed within mental health services that meet the quality criteria demanded by practitioners of evidence-based medicine (Holloway, 2002). According to Baars et al (2010) mental health services lag behind somatic health care in the development of measurement systems. One of the reasons for this may be that mental health services lack readily available objective outcome indicators, which are more available in somatic health care; furthermore, mental health services may be focused upon collecting information that is imposed from government (Baars et al., 2010). These indicators are described as clinical outcomes, health status, and number of consultations (Baars et al., 2010). Nonetheless, the improvement of mental health outcome measures in non-profit organizations is necessary, due to the force of market competition and the need for transparency in the care delivery process (Baars et al., 2010).
Outcome measurement in mental health services is underway; however, there is little agreement on stakeholders (e.g., consumers, families, clinicians, payers, purchasers and oversight organizations) in the mental health care system on which measures should be used (Hertman et al., 2004). Lack of agreement on common measures decreases the comparability of measurement results, and slows efforts to test and refine measures (Hertman et al., 2004). Consequently, implementing sets of core measures is widely advocated to ensure that systems and providers focus on clinically processes with variations in quality of care (Hertman et al., 2004). The concept of core measures is based on several assumptions: 1) quality measures that meet a broad range of criteria are available; 2) the same measures can be used for multiple purposes; and 3) diverse stakeholders can agree on a small number of measures (Hermann & Palmer, 2002).

Given the advantages of measuring outcomes, including feedback about successful practices, and results that could be transformed into therapeutic techniques. One potential approach to measure outcomes is for non-profit organizations to utilize data already collected by government mental health services, thereby reducing the cost and repetition of data collection (Kightley, Einfeld, & Hancock, 2010). This approach seems feasible since people with mental illness attending non-profit organizations often use public mental health services (Kightley et al., 2010). For instance, the New Brunswick Student Wellness Survey (NBSWS), a provincial initiative of the Department of Education and Early Childhood Development is conducted by the Health and Education Research Group (University of New Brunswick and Université de Moncton) (Government of New Brunswick, 2014). As a key component funded through the New Brunswick Wellness Strategy, the NBSWS monitors the
wellness attitudes and behaviours of students in Grade 4 to Grade 12, and of parents of students in Kindergarten to Grade 5 (Government of New Brunswick, 2014). This initiative provides government and non-government organizations with information that could be used as a tool to match mandates with measurable outcomes. The utility of this approach was examined in this study and its implications for outcome measurement in the non-profit sector are presented in the discussion section.

Rationale for measuring outcomes in mental health non-profit organizations. The need to measure mental health services has been brought about by many changes over the past two decades (Hunter, Higginson, & Garralda, 1996). Outcome measurement started gaining attention by non-profit staff during 1990s in response to funder requirements for measurable results (Benjamin, 2012). At that time, outcome measurement was seen as distinct from past evaluative efforts in a few aspects. First, it was an instrument to help non-government organizations move from past-tracking activities to the ongoing assessment of services provided to their target population. Second, it put evaluation more firmly in the hands of non-profit agencies, and third, it emphasized improving practice over determining a causal relationship between programs and measurable results (Benjamin, 2012).

Furthermore, the increasing costs of health care have heightened the importance of assessing efficacy and cost-effectiveness (Hunter et al., 1996). The assessment of mental health policies and practices is in the interest of governments, service providers, people using mental health services, their families, and the Canadian population as a whole (Mental Health Commission of Canada, 2009). Understanding the effectiveness and ineffectiveness of mental health practices allows for the best possible use of human and financial resources, and directly helps to improve the health
and social outcomes of people living with mental illness (MHCC, 2009). According to Perrin and Koshel (1997), outcome measures for mental health increase accountability and address the lack of public confidence in mental health services.

In addition, non-profit organizations offering mental health services are increasingly being pressed to measure and report their outcomes to stakeholders and other constituents, including government and non-government funders, donors, volunteers, employees, service users and beneficiaries (Moxham, 2009). Pressure from government is becoming more significant as non-profit organizations progressively engage in the provision of government-funded services (Moxham, 2009). Since local governments have an obligation to keep track of funded services, non-profit organizations are under pressure to measure performance (Moxham, 2009). In addition, government organizations need to be accountable for how public dollars are granted to non-profit organizations and for whether those funds are used to accomplish their intended purpose (Rivenbark & Menter, 2006).

In this situation, service providers are recognizing that they need some form of regular feedback on their outcomes to help them improve their services (Broadbent, 1999; Morley, Vinson, & Hatry, 2001). Outcome measurement is a process by which non-profit agencies can help meet these needs. The development of outcome measures in the mental health field has been hindered by a lack of consensus on practice standards; although some private providers have developed guidelines, there is little agreement on them (Perrin & Koshel, 1997). Moreover, there are limited research findings that establish a connection between mandates and mental health outcomes (Perrin & Koshel, 1997).

Even though there is little agreement on linkages between specific process and
health outcomes, there is some agreement on the general dimensions that are important in evaluating mental health services, such as quality assurance-process activities, access and utilization of services, consumer satisfaction with services, and psychological and social outcomes (Perrin & Koshel, 1997). According to Perrin and Koshel (1997), outcomes assessment in mental health services should follow four guidelines: 1) the measure should be specific and result oriented, 2) the measure should be meaningful and understandable, 3) data should be adequate to support the measure, and 4) the measure should be valid, reliable, and responsive. These four guidelines should match the mandates and vision of each organization offering mental health services.

**The Role of Funders in Outcome Measurement**

Further to specific guidelines to collect outcomes, non-profit organizations often rely on their funders to specific forms of feedback to report their activities. Governments, foundations and individual donors expect that non-profit service providers use their money in a fiscally prudent manner while also working to improve program outcomes (Mayhew, 2012). According to Mayhew (2012), funders view outcome measurement as a tool that can serve these purposes by promoting accountability and providing information that assist in improving programs; consequently, grants and contracts awarded to non-government organizations frequently include evaluation requirements.

Funding organizations seek to have an impact in their chosen fields and strive to increase the accountability of the organizations they fund (Mayhew, 2012). Government contracts with non-profit organizations can list performance expectations specifically, so if government officials want to purchase specific activities or outputs
from non-profits, they may request proposals from potential suppliers (Whitaker, Altman-Sauer, & Henderson, 2004). In doing so, governments define performance expectations, which may be negotiated before a contract is finally signed, but the funder largely defines what the organization is expected to do (Whitaker et al., 2004). In terms of reporting performance to funders Keating and Frumkin (2003) noted that limited resources for administration, and conflicting reporting standards too often result in inadequate non-profit financial reporting.

Scarcities of resources, devolution, and increased competition have created an environment where the relationships formed between funders and fundees, and among non-profits working in the same field have an ever-increasing impact on the way non-profits organize their mandates and offer services. According to Thomson (2010), each non-profit organization is dependent on other organizations for resources (e.g., money, staff, clients, knowledge) that are essential for its survival and achievement of outcomes. Therefore, non-profit organizations are interdependent and forced to respond to demands from their external environments (Pfeffer & Salancik, 1978). Non-government organizations compliance towards funder requirements varies with the extent of dependence from the funder organisations, which is based on the importance of the resource, and the extent to which resource control is concentrated in the external organisation (Thomson, 2010).

**Partnerships between Government Organizations and non-Profit Organizations**

The complex environment in which non-profit organizations operate requires them to balance the expectations of multiple stakeholders (Mayhew, 2012). All actors within the sector seek to generate an impact in their chosen area, but this is seldom accomplished by an organization acting alone (Mayhew, 2012). According to Mayhew
(2012), the complicated network that is the non-profit sector necessitates that organizations work together to manage resources and craft innovative solutions to multifaceted problems. Thus, another important aspect in the accountability process is the collaboration between organizations to fulfill their mandates. Collaboration describes the process of facilitating and operating in multi-organizational arrangements to solve problems that require joint effort (Gazley, 2010). Partnerships, collaborations, alliances, and cooperation are among the many terms found in the literature under the broad umbrella of inter-organizational relationships. Moreover, collaborative activity can be initiated as a strategic response to environmental or funding uncertainty, leading partnerships to increase resources (financial, material, human), organizational efficiency, and services) (Gazley, 2010).

Network characteristics, between government and non-government organizations, found to be significant predictors of performance include interdependence, trust and reciprocity, shared norms, the balance of power and shared resources, and the degree of centralization and leadership within the network (Gazley, 2010). Examining 20 interagency collaborations between government and non-government organizations offering childhood education services, Sowa (2009) found that non-profit managers engage in collaborations to derive benefits both for the services they deliver and to the organization as a whole. More specifically, non-government organizations engage in interagency collaborations to achieve the necessary resources (monetary and non-monetary) to be able to provide quality care (Sowa, 2009). Collaboration became a necessary action, as non-government organizations could not achieve this quality of care on their own (Sowa, 2009).

Thus, non-profit organizations collaborate with governments in many different
ways. In some cases, non-profits may be seen as partners delivering public services through program development. The relationship between non-profit organizations and non-government organizations can be supplementary, complementary or adversarial (Feiock & Andrew, 2006). In supplementary relationships non-profits fulfill a demand for public services left unsatisfied by government (Feiock & Andrew, 2006). In the complementary mode non-profits collaborate as partners with governments to deliver public services (Feiock & Andrew, 2006). The adversarial mode is operative where non-profits influence governments into adjusting its policies to provide public services.

**The Present Study**

The purpose of the present study is to examine how accountability pressures play out in measuring outcomes, and thus to shed light on the impacts on mandates and service delivery in non-profit organisations offering mental health services to children and youth. More specifically, we explored the link between (a) mandates of non-profit organizations that offer mental health services to children, youth, and young adults and (b) outcomes of these organizations. The findings from this study have implications for non-profit managers, funders, and evaluators because they highlight specific areas where non-profit organizations offering mental health services can improve evaluation and collaboration practice. In addition, it is expected that this research project will be aligned with one of the main goals of the *Action Plan for Mental Health in New Brunswick 2011-2018*, to enhance knowledge, which explains the importance of informing health care providers about service outcomes. Furthermore, the present study was conducted both in anglophone and francophone communities in New Brunswick.
For the purposes of this study, non-profit organizations will be defined as autonomously managed, value-based organizations that depend, in whole or in part, on government sponsorship, charitable donations and voluntary service. Although the sector has become increasingly professionalized since the mid-1980s, principles of altruism and volunteerism remain key defining characteristics (Benjamin, 2012). Likewise, outcome measurement has been defined as an ongoing process of describing, monitoring and using performance indicators to assess the extent to which a program has achieved its intended results (Benjamin, 2012). Outcomes are defined as the intended effects of individuals or populations during or after participating in program activities (Buckmaster, 1999).

According to Moxham (2008), non-profit agencies are under pressure to measure outcomes in order to receive government funding. Therefore, it is predicted that non-profit organizations offering mental health services in New Brunswick monitor and report their performance. The second hypothesis, following Gazley (2010), is that non-profit agencies operating within the province hold partnerships (e.g., contracts, working relationships) with government, non-government agencies and with other professionals to fulfill their mandates. Given the funding provided to this study by the ACCESS-MH project, five mental health conditions will be emphasized as part of the analysis: autism, eating disorders, depression, anxiety, and conduct disorders.

**Method**

**Participants.** The focus of this research was to identify mandates and outcomes of non-profit organizations offering mental health services to children, youth, and young adults in New Brunswick. Therefore, a list of non-profit organizations offering
mental health services was created based on type of organization, type of services offered by age group (10 to 24 years of age) and geographic location. This list was created based on information obtained from the Human Development Council website. Then, service providers from non-profit organizations were asked to complete an online survey regarding the mandates and outcomes of each corresponding organization.

**Materials.** An online survey containing 20 questions was created in the software Checkbox. This software is designed specifically to conduct online research, and offers a secure third-party data centre to store the answers from the survey. The survey was divided based on: type of agency, type of services offered, perception of organization’s mandates and outcomes, stakeholders and partnerships, funding received, Student Wellness Survey items, population served, and geographic location.

**Procedure**

**Recruitment.** The original aim of the study was to recruit 120 service providers from non-profit organizations offering mental health services to participate in the research. Two primary recruitment strategies were utilized: (1) an email was sent via Checkbox to invite participants; and (2) informing community organizations (e.g., Canadian Red Cross, Canadian Mental Health Association CMHA) that could distribute information about our study through their departments asking them to participate in the project. Most of the participants were responsive to the first recruitment strategy. 31 service providers from non-profit organizations participated in this study.
Data Collection. This study utilized a questionnaire to obtain information from participants. Given the lack of research regarding outcome measurement in non-profit organizations offering mental health services, the research team created a questionnaire based on the main objectives of the study to conduct this project. The questionnaire was confidential to encourage honest reporting of all the sections of the survey.

Measures. The questions in the survey were divided into two types, multiple-choice questions and open-ended questions. The accountability constructs chosen to include in the survey were:

- Organizational mandates included the perceptions of participants regarding the mandates of each organization and its validity in the services provided.
- Outcomes measurement included a description of outcomes measurement in non-profit organizations.
- Collaboration among organizations included partnerships with different professionals, community members, non-profit organizations, and stakeholders.
- Financial support included funding organizations (e.g., government departments), and percentage of funding received from organizations.

Results

This section of the report contains two parts: 1) quantitative results of the survey, in which answers from multiple-choice questions and from scale, questions are presented, and 2) qualitative results of the survey from open-ended questions. See Appendix A for the complete survey. Overall, we collected data from 31 participants;
our objective was to recruit 120 participants. Due to the period in which this study was set up, summer season, we were not able to recruit this number of participants. However, the combination of quantitative and qualitative questions in our survey allowed us to obtain important information about accountability in non-profit organizations offering mental health services.

1. **Quantitative results**

   **Language**

   Figure 1 shows the percentage of participants that chose either English or French as a language of preference to complete the survey. The majority of participants, 93%, chose English as their language of preference to complete the questionnaire, and 7% of the participants chose French as a language of preference. This is consistent with census data, which explains that approximately 70% of the population in New Brunswick are English-speakers.

   ![Figure 1. Percentage of Language of Preference](image)

   **Type of organization**

   In the next question, we asked participants to indicate the type of facility that most accurately describes their organization. We provided a list with the most common types of organizations consistent with the descriptions
of the Human Development Council website. As shown in Figure 2, 87% of the participants chose one of four options to describe their organizations: registered charity, non-profit, non-government organization, and community information. From the remaining individuals, only 7% chose private service provider as their type of organization.

**Figure 2. Percentage of Type of Organization**

- Registered charity, Non-profit, NGO, Community information (87%)
- Private service provider (7%)
- Other (6%)

**Type of services**

Participants were asked to select the services provided by their organizations. Intervention services, such as counselling, treatment, and early intervention were selected by 67% of the participants, while 29% of the participants chose education, advocacy, and prevention as the type of services offered by their organizations.
Accountability: organizational mandates and outcomes assessment

The next group of questions requested participants to indicate how outcomes are collected in their organizations and the extent to which they perceive mandates and objectives in their organizations to be clear. We provided participants with a definition of outcomes to help them guide their answers (See, Appendix A, question 5). As shown in Figure 4, 70% of non-profit organizations offering mental health services collect outcomes regularly, and 30% of non-profit organizations do not collect outcomes or results regularly.

In the next question we asked participants to indicate the extent to which they agree with three statements related to mandates in their organizations. The statements
were: 1) my organization has clear mandates and/or goals; 2) I am aware of my organization’s mandates and/or goals; and 3) my organization’s mandates or goals are made public (via documents or website). A scale was presented from 1 to 5, in which participants chose a number according to their level of agreement: 1 = Completely agree; 2 = Somewhat agree; 3 = Neither agree nor disagree; 4 = Somewhat disagree; and 5 = Completely disagree. Figure 5 summarizes the answers for this question.

The majority of the participants chose options 1 and 2 to answer this question (71% of the participants perceive their organizations to have clear mandates and objectives). In addition, 25% of the participants chose the second option, somewhat agree, to indicate their perceptions towards mandates in their organizations. In addition, 4% of the participants chose option three neither agree nor disagree, to answer this question.

Figure 5. Percentage of Level of Agreement with Statements

In addition, we were interested in the perception of service providers regarding allocation of resources in their organizations, duplication of services, and coordination of services with other organizations and providers. Therefore, we asked participants to indicate the extent to which they agree with four statements. The statements were: 1) I
believe that my organization adequately meets the needs of the population it serves; 2) my organization does a good job allocating its resources; 3) my organization duplicates services that are provided by other organizations; and 4) my organization does a good job coordinating mental health services with other organizations and providers.

A scale was presented from 1 to 5, in which participants chose a number according to their level of agreement: 1 = Completely agree; 2 = Somewhat agree; 3 = Neither agree nor disagree; 4 = Somewhat disagree; and 5 = Completely disagree. As shown in Figure 6, 23% of the participants completely agree with the four statements, and 53% of the participants chose option 2, somewhat agree, to answer this question. Moreover, 18% of the participants neither agree nor disagree with the four statements.

Figure 6. Percentage of Level of Agreement with Statements

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completely agree</td>
<td>23%</td>
</tr>
<tr>
<td>Somewhat agree</td>
<td>53%</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>18%</td>
</tr>
<tr>
<td>Somewhat disagree</td>
<td>6%</td>
</tr>
</tbody>
</table>

Accountability: stakeholders, partnerships, and funding

Consistent with Whitaker (2004) and Mayhew (2012), it was important to include in our questionnaire those aspects that affect the accountability process indirectly. As such, we asked participants to identify their stakeholders and their partnerships. In addition, we were interested in those organizations that provide
funding to non-profit agencies offering mental health services, due to the high impact of funders and donors in reporting outcomes. As shown in Figure 7, 39% of participants chose non-government organizations, health care professionals, and community members as their stakeholders, and 61% of the participants selected three options as their stakeholders: schools, families, and researchers.

**Figure 7. Percentage of stakeholders**

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools, Families, Researchers</td>
<td>39%</td>
</tr>
<tr>
<td>Gov. Organizations, NGOs, Healthcare professionals, Community members</td>
<td>61%</td>
</tr>
</tbody>
</table>

In the next question, we asked participants to identify their funders based on two categories: government and non-government organizations. Government organizations included Department of Health, Social Development, Early Childhood and Education, and Department of Public Safety. In addition, Healthy and Inclusive Communities and Post-Secondary Education Training and Labour (PETL) were included as part of government organizations. As shown in Figure 8, 68% of non-profit organizations received government funding to fulfill their mandates, and 32% did not receive government funding.
In addition, we asked participants to rate the funding they received by government departments in their last fiscal year. Participants chose from five categories, the first category was 0% to 10%, the second was 10% to 30%, the third category was 30% to 60%, the fourth category was 60% to 90%, and the last category was 90% to 100%. For the first category, 10% of the participants chose the Department of Social Development and the Department of Health as funders. For the second category, 6% of the participants chose the Department of Social Development and the Department of Public Safety as funders. For the third category, 13% of the participants chose the Department of Social Development and the Department of Health as funders.

For the next question, we asked participants to indicate if they submit outcomes to their board of directors, to stakeholders, or to government departments. As shown in Figure 9, 65% of non-profit organizations submit their outcomes to government departments and to stakeholders, while 35% of non-profit organizations submit their outcomes exclusively to their board of directors.
For the following question, we asked participants to identify their current partnerships (e.g., contracts, working relationships). As shown in Figure 10, 58% of the participants chose mental health clinics, clinic psychologist, and psychiatrists among their partners, and 42% of the participants chose hospitals, family doctors, nurses, social workers, teachers, and police among their partners.

**Figure 10. Percentage of Partnerships**

The next question requested participants to indicate how often they serve children and youth with the following mental health conditions: depression, anxiety, eating disorders, conduct disorders, and Autism Spectrum Disorder (ASD). We
provided a scale to guide participants, the scale was divided in six parts: 1) never; 2) rarely; 3) sometimes; 4) often; 5) almost always or always; and 6) unknown. Figure 11 shows the results for this question. As shown in Figure 11, 32% of the participants indicated that their organizations sometimes serve children and youth with autism, 21% of the participants selected the option rarely to answer this question.

For the frequency of service provided to children with depression, 30% of non-profit organizations sometimes serve children with depression, and 27% of the participants selected the option often to indicate the frequency of services provided by their organizations. Furthermore, for services provided to children suffering from anxiety disorders, the most salient percentage corresponds to the option always with 36% of the participants indicating that their organizations serve children with anxiety. With respect to eating disorders, 48% of the participants selected the option sometimes to indicate the frequency of services provided to children with eating disorders, and the option sometimes was selected by 19% of the participants. As shown in Figure 11, 25% of the participants chose the option sometimes to indicate the frequency of services provided to children with conduct disorders.

**Figure 11. Frequency of Service Provided to Children with Mental Health Conditions**

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Always</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism Spectrum Disorder (ASD)</td>
<td>14%</td>
<td>4%</td>
<td>32%</td>
<td>21%</td>
<td>18%</td>
<td>11%</td>
</tr>
<tr>
<td>Depression</td>
<td>20%</td>
<td>27%</td>
<td>30%</td>
<td>6%</td>
<td>10%</td>
<td>7%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>36%</td>
<td>23%</td>
<td>19%</td>
<td>6%</td>
<td>10%</td>
<td>6%</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>7%</td>
<td>4%</td>
<td>44%</td>
<td>7%</td>
<td>19%</td>
<td>19%</td>
</tr>
<tr>
<td>Conduct Disorders</td>
<td>18%</td>
<td>18%</td>
<td>25%</td>
<td>11%</td>
<td>18%</td>
<td>10%</td>
</tr>
</tbody>
</table>
New Brunswick Student Wellness Survey (NBSWS) indicators

The New Brunswick Student Wellness Survey (NBSWS) is a provincial initiative of the Department of Health. The purpose of the NBSWS initiative is to examine the wellness attitudes and behaviours of all students in grades Kindergarten to Grade 12 across all communities in New Brunswick. Therefore, the next question focused on whether or not some data from the NBSWS could be helpful to non-profit organizations. We were interested in those items from the NBSWS that are related to mental health fitness among children and youth (see question 15 in Appendix A). We presented participants with a list of NBSWS items followed by a scale of importance to rate each item. We divided the scale as follows: 1 = very important; 2 = important; 3 = moderately important; 4 = of little importance; and 5 = unimportant.

As shown in Figure 12, 28% of the participants rated the indicators as very important, 39% of the participants rated the items as important, followed by 23% of the participants that rated the items as moderately important. Among the 22 indicators, participants rated as very important alcohol use, school connectedness, family relatedness, self-esteem, and antisocial behaviours.

Figure 12. Percentage of importance - NBSWS indicators
Geographic location

For the last question of the quantitative part of the survey, we asked participants to indicate the county or counties, in which their organizations are located. Figure 13 shows the map of the province with the results for this question. In our study, 10 participants chose York County as a location for their organizations, followed by eight participants who chose Westmorland County. In addition, four participants indicated Two participants respectively chose Sunbury County and Albert County. One participant in our study chose Gloucester County, Kent County, Saint John County, Queens County, Charlotte County, and Victoria County respectively. Unfortunately, our study did not recruit any participants from Kings County, Madawaska County, and Restigouche County.

Figure 13. Number of Mental health non-Profit Organizations in New Brunswick
In addition, we were interested in identifying the population density where non-profit organizations offer mental health services. Figure 14 presents the results for this question. The majority of the participants, 65% percent, chose urban to identify their population density. Of the remaining, 10% of the participants identified their population density as rural, and 25% did not answer this question.

Figure 14. Percentage of Population Density

2. Qualitative results

In the survey, we included four open-ended questions. The goal was to provide participants with a set of questions to help them reflect about the situation of mental health non-profit organizations and the accountability process. In addition, we were interested in the feedback from service providers regarding this project, including the questionnaire and the recruitment process. The four open-ended survey questions analyzed were:

- **Question 5**: Please provide a brief explanation of how outcomes are collected in your agency.
Question 17: How do you think your organization can best meet its respective mandates in providing mental health services to children and young people?

Question 18: Given limited resources, what would help your organization to collect and provide outcome data in trying to assess whether your organization meets its respective mandates?

Question 19: Do you have any other comments that you would like to share regarding this survey or organizational mandates and outcomes?

Outcomes Assessment

For question five, 58% (18) of the participants explained how outcomes were collected in their organizations, and 29% (5) of these participants described the application of satisfaction surveys to assess outcomes. For example, one of the participants mentioned the use of annual satisfaction surveys to measure their performance, while other participant explained how in their organization client satisfaction surveys were applied after each program or intervention to measure their performance. In addition, one of the participants emphasized the assessment of outcomes on “an annual and regular basis”, applying satisfaction surveys and measuring the progress of their clients via questionnaires. Of these, 13% (2) of the participants described the use of program evaluations to assess outcomes. One participant mentioned the use of program evaluation forms to help them keep track of successful practices.

In addition, one participant mentioned the use of pre and post testing instruments. Another one mentioned the use of these measures to help them collect data about the progress of children once they initiate treatment. In addition, 6% of the participants mention the use of regional health surveys, provincial school surveys,
and “measurement tools provided by outside parties (i.e. Developmental Assets Survey of youth)”. One participant mentioned the use of incident reports, statistical forms, follow-up surveys, “number of program attendance, number of children and youth accessing services, number of times services are accessed, and number of referrals given”. It is important to mention that one participant explained the collection of “unofficial” outcomes, adding that government departments do not usually ask them to report about their activities.

**Organizational Mandates in Mental Health non-Profit Organizations**

In question 17, 61% (19) of the participants described the needs and barriers present in their organizations to fulfill their mandates. Of these, 16% (3) expressed the need to provide specialized services for children and youth, more specifically counselling services and “referrals to therapeutic supports”. One of the participants mentioned the need to “match client counselling and psychological services needs with the appropriate service provider in a timely manner and in the geographical location where the client resides”. Another participant emphasized the lack of mental health professionals available to treat children diagnosed with specific mental health conditions, such as Depression, Anxiety, and Autism Spectrum Disorder (ASD).

Moreover, 9% of the participants mentioned the lack of programs dedicated to create awareness about mental health problems in schools. In addition, these participants highlighted the need to implement prevention and recovery programs and to distribute information about mental health resources available in the province. One of the participants mentioned the need to “engage in dialogue with teachers” in educational settings. In addition, one participant mentioned the lack of financial resources as a barrier to fulfill their mandates, and another one explained the
importance of “receiving the financial support to be able to provide services to those who are not able to pay much”. Two of the participants expressed the need to create networks among the different levels of service, in particular between government organizations and non-profits. One participant explained, “Currently there is not any connection or inclusion with agencies that actually provide the services”. Another participant mentioned that with a “better understanding of available community and government mental health services and better partnerships with mental health agencies/services” services could be delivered more efficient.

It is important to mention that two participants expressed their opinions towards the current mental health system in the province, one of the participants mentioned: “we have to solve government lack of resource issues on our own at our own expense. Kids are being institutionalized because of government inaction”. Another one expressed “more community resources through mental health when needed and shorten waiting periods to see these professionals”.

In question 18, 19% (6) of the participants mentioned the need to have standard measures to collect outcomes in their organizations. One participant mentioned the need to implement case management to deal with difficult cases. Another participant expressed the importance to have “a template of some kind to provide departments with info. All we do now is try and provide a safe environment with adequate programming. No one really checks up as long as things seem to be under control”. In addition, one participant expressed “being able to join with other providers to access programs and tools that would make it more effective to collect, analyze, and report on the data that we produce”. Of these, three participants mentioned the need of funding to assist children and youth with mental health
problems, and one participant expressed their concern regarding the lack of common objectives to guide practice guidelines in mental health settings followed by the lack of teamwork.

**Additional Comments about the Present Study, Organizational Mandates, and Outcomes.**

The last question had 11 responses. One of the objectives for the last question of our survey was to receive feedback from participants regarding the present study. As such, two participants included their feedback for this project. One of the participants mentioned: “It’s great someone is looking at this. Laws and resources for this population need to be changed/reviewed so that the justice system does not become the care provider”. Another participant expressed “merci de vous intéresser à notre initiative”. With respect to mandates and outcomes, 9% (2) the participants expressed the need to be connected with other organizations. One participant mentioned, “The agencies that do actually do the work are not invited or engaged in the process by government”.

Moreover, another participant expressed “Currently there is no engagement by the Hospital/Government with community agencies actually doing the work”. In addition, one participant expressed that sometimes “the strategies around the problem or issue sound much better in print than the outcomes are in many cases”. Finally, three participants mentioned that they did not have any additional comments towards this study or accountability in non-profit organizations.
Discussion

Service providers from non-profit organizations completed an online survey regarding the link between organizational mandates and outcome measurement in the accountability process. In addition, we were interested in those elements that take place in outcome assessment in non-profit organizations, as such the role of funders and the partnerships among organizations were included as questions in the online survey. Given the lack of studies about accountability in non-profit organizations offering mental health services, we designed a questionnaire to fulfill the goals of this study. The goals of this study were: 1) to assess the extent to which mandates are understood and regularly examined; 2) to examine the link between organizational mandates and outcomes assessment; and 3) to identify the aspects that affect outcomes assessment in non-profit organizations. We followed Brody’s (2001) definition of accountability in which organizational mandates and outcome measurement are explained as main elements to achieve higher levels of accountability in non-profit organizations.

Further to the accountability process, we asked participants to define the type of organization that best describes their agencies. Most of the participants defined their organizations as non-government organizations, non-profits, registered charities, and community information. According to Morris (2000), the definition of non-profit organizations is closely related to their goals and mandates. In this way, non-profit organizations can define themselves differently according to the services provided, their geographic location, and their partnerships with other organizations. Furthermore, it is argued that the diversity of non-profit organizations definitions might cause unclear mandates (Buckmaster, 1999). It was important to distinguish the
different types of non-profit organizations to provide a complete analysis of accountability in non-profit organizations. Along with the different type of organizations, we asked participants to identify the services provided by non-profit organizations. Most of the participants chose intervention services, such as early intervention, treatment, and counselling among their type of services, showing that mental health services in New Brunswick are also offered by organizations other than government departments. In addition, we could say that non-profit organizations work in parallel with government organizations to offer mental health services to children and youth. The results from our study showed that the majority of these services are concentrated in urban areas, therefore providing different settings to access mental health services. Furthermore, non-profit organizations in New Brunswick offer advocacy, prevention, and education services to assist children and youth suffering from mental health problems.

In addition to the type of organization and type of services, we asked participants to locate their agencies in the province. Most of our sample is located in York County and Westmorland County confirming a concentration of mental health services offered by non-profits in these areas. With respect to the county of Saint John, where the major population density is located in the province, we only had one participant from this area, therefore we cannot describe the distribution of mental health services offered by non-profit organizations in this county. Unfortunately, our study did not have participants from counties in which there is a high rate of rural population; therefore, our results cannot be generalizable to rural locations within the province.

With respect to the accountability process, Brody’s (2001) definition of
accountability explains that among the four components necessary to examine organizational accountability, adherence to mission, mandates and goals plays an important role. Therefore, we asked participants to rate the level of agreement with several statements related to the mandates in their organizations. The results showed that most individuals believe their organizations have clear mandates. Given the difficult situation of non-profit organizations with respect to funding opportunities and partnerships, it can be said that clear organizational mandates in non-profits can lead to better funding opportunities, and in turn to achieve higher levels of accountability. In addition, financial instability in non-profit organizations can cause unclear organizational mandates. Participants from this study mentioned the lack of prevention, treatment, and recovery guidelines among the barriers to fulfill mandates in their organizations, followed by the lack of specialized services to serve children and youth.

Along with Brody’s (2001) framework to examine organizational accountability, the demonstration of non-profit organizations’ program effectiveness, was among the main goals of this study. As such, 70% of our participants indicated that their organizations regularly assess outcomes, furthermore, among the methods used to collect outcomes were the use of satisfaction surveys and pre and post evaluations. Thus, outcomes assessment is important to non-profit organizations and it is a helpful instrument to assess their performance in the delivery of mental health services. According to Pierre (2007), over the past decade, the field of mental health has experienced an increasing demand for accountability in a broad range of service settings. Funding agencies and managed care entities, including national and provincial agencies, mandate that providers examine the effectiveness of services and measure
outcomes among consumers served (Pierre, 2007). In addition, to pressures for accountability, organizations view outcome measurement and service effectiveness as critical elements to address quality improvement and the capacity of management (Pierre, 2007).

Furthermore, outcome measurement describes an evaluative technique employed by organizations to measure the impact of programs on consumers (Barman & McIndoe, 2012). It includes a variety of performance measurement frameworks, which varies in focus, approach and purpose. For example, the ‘input-output focused’ frameworks consider non-financial outputs, such as the number of clients treated in a program, and focus on efficiency rather than effectiveness (Australian Research Alliance for Children and Youth, 2009). The ‘input-output’ approach may be favoured in the non-profit sector because of the ease with which inputs and outputs can be measured, and the timeliness of the results. In addition, among outcome measurement frameworks the ‘objective-focused’ approach stresses the link between organisational or program level outcomes and the achievement of mandates (ARACY, 2009). This approach may be favoured in the non-profit sector due to its focus on achieving objectives based on mandates and the processes to do so.

A common feature about the frameworks discussed above is that they take a retrospective view involving measurement after activities have been undertaken and outcomes achieved. However, some frameworks take a formative method, looking at outcomes to be achieved and the factors that may influence these before assessment takes place, emphasizing that outcomes must be considered in framework design and implementation (ARACY, 2009). Results based accountability (RBA) is one such approach. RBA frameworks assist users in planning interventions, designing achievable
goals and outcomes, and implementing clear strategies in line with desired outcomes (ARACY, 2009). RBA may be favoured to non-profit organizations due to the identification of a desired result, which is clearly stated in the beginning stages of the program.

Another formative approach to measure outcomes is a Logic model. Logic models can be described as series of logical statements linking the conditions a program is intended to address, the activities necessary to address these conditions, and the expected outcomes (ARACY, 2009). Program logic approaches set a hierarchy of outcomes at different levels, as well as pre-related conditions and actions to explain how these outcomes will be achieved. The Logic model approach is widely applied in health care, due to its implications in research, evaluation and monitoring (ARACY, 2009).

In addition to retrospective and formative methods to measure outcomes, the balance scorecard is another approach widely use in outcomes assessment. According to Aidemark and Funck (2009), the balance scorecard (BSC), which is a management control system based on the measurement of output and behaviour suits non-profits needs to measure outcomes facilitating a hierarchical control over operational services. Furthermore, non-profit organisations often have difficulties defining their strategies, and the implementation of a BSC allows the connection among clinical and organisational practices, quality, value and cost (Aidemark & Funck, 2009).

The lack of evidence regarding outcome measurement in non-profit organizations is considered among the limitations of this research project. The lack of evidence is partly due to the difficulty of conducting evaluations of the complex social interventions deployed within mental health services (Holloway, 2002). In addition,
the results from this study showed that among the barriers to collect outcomes, the lack of standard measures and the absence of government funding are important aspects to measure performance of mental health services in non-profits. Although many participants support outcomes assessment in order to keep track of successful practices and to achieve higher levels of accountability, they also mentioned the lack of partnerships between government organizations and non-profit organizations to help them recognize effective outcome measures. Buckmaster (1999) who suggest that the greatest impediment to measuring outcomes is resource availability and lack of knowledge about its principal benefits supports this.

Further to resource availability in outcomes assessment, understanding the effectiveness of mental health practices allows for the best possible use of human and financial resources, and directly helps to improve the health and social outcomes of people living with mental illness. It is important to mention that outcomes assessment is considered a useful instrument to inform service providers about successful practices in mental health care, directly guiding therapeutic care. Outcome measures for mental health increase accountability and address the lack of public confidence in mental health services (Perrin & Koshel, 1997). Moreover, non-profit organizations often rely on their funders to specific forms of feedback to report their activities. According to Mayhew (2012), funders view outcome measurement as a tool that can serve these purposes by promoting accountability and providing information that assist in improving programs; consequently, funding organizations seek to have an impact in their chosen fields and strive to increase the accountability of the organizations they fund.

Along with the need of standardized measures to collect outcomes, the role of
funders plays an important part in the accountability process of non-profit organizations. Non-profit organizations offering mental health services in New Brunswick are primarily being funded by government departments, therefore, it would be expected that organizational mandates and outcomes assessment in non-profit organizations be in accordance between government and non-government departments given the influence of funders in the accountability process. In addition, participants from this study mentioned the need to hold partnerships with government organizations to be included in the decision-making process. The results from this study showed that partnerships are important aspects of the accountability process, giving non-profits the opportunity to share performance measures among organizations.

Unfortunately, participants from this study mentioned the lack of standard performance measures to assess outcomes therefore creating a barrier to achieve higher levels of accountability. Furthermore, participants from this study mentioned the lack of performance measures for non-profit organizations as an evidence of the absence of networks between government and non-government organizations. Another important consideration regarding partnerships in non-profit organizations was that services are often offered in silos, participants highlighted the need to create collaboration and work networks among non-profit organizations in the province to unify the services provided and making the referral process more efficient.

With respect to the NBSWS indicators, the results from this study support the notion that data collected at a provincial level could be used by non-profit organizations in the accountability process. In particular, data from the NBSWS could help non-profits review their mandates in light of new evidence regarding mental
health aspects affecting children and youth in the province. With this information non-profit organizations could adequate their mandates to serve the current needs of children and youth.

**Recommendations**

1. The diffusion of information from surveys collected at a provincial level, such as the New Brunswick Student Wellness Survey, should be a priority for government departments in order to create networks among different levels of service delivery. Non-profit organizations need to be informed about the different initiatives in the province targeted at measuring mental health indicators.

2. The creation of standard measures to assess outcomes in mental health services should be promoted to achieve higher levels of accountability in non-profit organizations, and to measure performance of programs and initiatives in a regular basis. In addition the creation of standard measures can help fulfill the goals of the *Action Plan for Mental Health in New Brunswick 2012-2018*.

3. Partnerships between government and non-government organizations should be promoted to achieve a common goal in mental health service delivery. Government departments should promote the inclusion of non-profit organizations in the decision-making process. In order to achieve successful policy implementation at all levels of care, both government and non-government organizations should work in accordance to allocate human, financial, and social resources in an effective manner to serve children and youth suffering from mental health problems.
4. Research initiatives among non-profit organizations should be promoted to better understand the accountability process in mental health services. Research can provide information about the different methods used in accountability, therefore, showing non-profit managers the best possible method to assess performance in each organization.
Appendix A

Online survey

1. Please, from the following list, choose the type of facility that most accurately describes your organization (select all that apply):
   - Registered Charity
   - Community Information
   - Non-profit
   - Private service provider
   - Non-government organization
   - Other (please specify)

2. From the following list choose the type(s) of services provided by your organization (select all that apply):
   - Counselling
   - Treatment
   - Education
   - Funding
   - Programs/Initiatives
   - Advocacy
   - Prevention
   - Early intervention
   - Other (please specify)

3. Does your agency collect outcomes/results?
   - YES
   - NO

4. Please provide a brief explanation of how outcomes are collected in your agency:

5. Please indicate the extent to which you agree with the following statements (circle the number that best fits each item):

<table>
<thead>
<tr>
<th>Statement</th>
<th>Completely agree</th>
<th>Somewhat agree</th>
<th>Neither agree or disagree</th>
<th>Somewhat disagree</th>
<th>Completely disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>My organization has clear mandates and/or goals</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I am aware of</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
6. Who are the stakeholders (i.e., a person, group or organization that has interest or concern in an organization) of your organization?
   - Government organizations (e.g., Department of Health, Justice system)
   - Non-Government organizations
   - Schools
   - Families
   - Community members
   - Health care professionals (e.g., clinicians, nurses)
   - Researchers
   - Other (please specify)

7. To whom does your organization submit outcomes (select all that apply)
   - Stakeholders
   - Board of directors
   - Government departments
   - Other organizations (please specify providing the type of organization):

8. In 2013-2014 was your organization funded by the following departments (select all that apply):
   - Department of Health
   - Department of Social Development
   - Department of Early Childhood and Education
   - Department of Public Safety
   - Healthy and Inclusive Communities
- Post-Secondary Education Training and Labour (PETL)
- N/A
- Other (please specify):

9. Using the scale below, rate the percentage of funding provided to your organization by the following departments, in your last fiscal year:

<table>
<thead>
<tr>
<th>Department</th>
<th>0%-10%</th>
<th>10%-30%</th>
<th>30%-60%</th>
<th>60%-90%</th>
<th>90%-100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Health</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Department of Social Development</td>
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<td></td>
</tr>
<tr>
<td>Department of Early Childhood and Education</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Department of Public Safety</td>
<td></td>
<td></td>
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<tr>
<td>Post-Secondary Education Training and Labour (PETL)</td>
<td></td>
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<tr>
<td>Healthy and Inclusive Communities</td>
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</tr>
<tr>
<td>Other</td>
<td></td>
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</tr>
</tbody>
</table>

10. From the following list, choose the county your organization is primarily located including satellite offices and services provided across county lines:

<table>
<thead>
<tr>
<th>Primary location</th>
<th>Satellite offices</th>
<th>Provincial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albert County, New Brunswick, (Hopewell Cape)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carleton County, New Brunswick, (Woodstock)</td>
<td></td>
<td></td>
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<tr>
<td>Charlotte County, New Brunswick, (St.</td>
<td></td>
<td></td>
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<tr>
<td>Gloucester County, New Brunswick, (Bathurst)</td>
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<tr>
<td>--------------------------------------------</td>
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<tr>
<td>Kent County, New Brunswick, (Richibucto)</td>
<td></td>
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<tr>
<td>Kings County, New Brunswick, (Hampton)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Madawaska County, New Brunswick, (Edmundston)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northumberland County, New Brunswick, (Miramichi)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Queens County, New Brunswick, (Gagetown)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restigouche County, New Brunswick, (Dalhousie)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saint John County, New Brunswick, (Saint John)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunbury County, New Brunswick, (Burton)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victoria County, New Brunswick, (Perth-Andover)</td>
<td></td>
<td></td>
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<tr>
<td>Westmorland County, New Brunswick, (Dorchester)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>York County, New Brunswick, (Fredericton)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. How would you classify the population density where your organization provides services? (select all that apply):

<table>
<thead>
<tr>
<th>Primary location</th>
<th>Satellite offices</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Urban</td>
<td>o Urban</td>
</tr>
<tr>
<td>o Rural</td>
<td>o Rural</td>
</tr>
<tr>
<td>o Suburban</td>
<td>o Suburban</td>
</tr>
</tbody>
</table>

12. Using the following list, identify your agency’s current partnerships (e.g., contracts, working relationships) (select all that apply):

- Hospitals
- Psychiatric units
o Mental Health clinics
o Psychiatric hospital
o Family Doctor
o Nurses
o Clinical Psychologists
o Psychiatrists
o Social Workers
o Teachers
o Police
o Other, specify:

13. Using the scale below, rate how often your organization serve children, youth and/or young adults diagnosed with the following conditions (select all that apply):

<table>
<thead>
<tr>
<th>Condition</th>
<th>Never (0 – 20%)</th>
<th>Rarely (21-40%)</th>
<th>Sometimes (41-60%)</th>
<th>Often (61-80%)</th>
<th>Almost Always or Always (81-100%)</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating disorders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct disorders</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Autism</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

14. Please indicate the extent to which you agree or disagree with the following statements (circle the number that best fits each item):

<table>
<thead>
<tr>
<th>Statement</th>
<th>Completely agree</th>
<th>Somewhat agree</th>
<th>Neither agree or disagree</th>
<th>Somewhat disagree</th>
<th>Completely disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I believe that my organization adequately meets the needs of the population it serves</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My organization does a good job allocating its resources</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My organization duplicates services that</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
are provided by other organizations

I believe that the province is headed in a positive direction in terms of meeting the mental health needs of children and young people

My organization does a good job coordinating mental health services with other organizations and providers

15. The next question focuses on whether or not some data that are currently and independently collected in New Brunswick could be helpful to your organization.

The New Brunswick Student Wellness Survey (NBSWS) is a provincial initiative of the Department of Health. The purpose of the NBSWS initiative is to examine the wellness attitudes and behaviours of all students in grades Kindergarten to Grade 12 across all communities in New Brunswick. Please indicate the extent to which the following list of indicators from the Student Wellness Survey would be important/useful to examine for your organization (circle the number that best fits each item):

<table>
<thead>
<tr>
<th>Student Wellness Survey Indicators</th>
<th>Very important</th>
<th>Important</th>
<th>Moderately important</th>
<th>Of little importance</th>
<th>Unimportant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of physical activity</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Body image</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Nutrition habits</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Sleep habits</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Screen time</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Alcohol and/or drug use</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Smoking behaviours</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Bullies others</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Bullied by others</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>School achievement</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Sense of school connectedness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Sense of community connectedness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Participation in extra-curricular activities (e.g., dance, drama, music, art, sports, intramurals)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Participation in community and/or youth groups</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Question</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>-------------------------------------------------------------------------</td>
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<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Volunteer activities at school</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Volunteer activities in the community</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Family relatedness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Social relations (e.g., making friends)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Self-esteem/self-worth</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Sense of autonomy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Antisocial behaviours (e.g., I get into fights)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Protective factors (e.g., I have people I look up to)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

16. How do you think your organization can best meet its respective mandates in providing mental health services to children and young people?

17. Given limited resources, what would help your organization to collect and provide outcome data in trying to assess whether your organization meets its respective mandates?

18. Do you have any other comments that you would like to share regarding this survey or organizational mandates and outcomes?
References


