



Theory of Change

The challenge we face

Too many adults are struggling with their complex mental health.

They are not able to access the long-term strengths-based support or therapy they need to build their resilience and live a fulfilled life.

This is leading to an increase in self-harm, suicide, substance misuse, isolation, loneliness, poor physical health, anti-social behavior, criminality, poverty.

Who we support

Adults with a clinical mental health diagnosis who:

- Are unable to access suitable services via the NHS
- Are struggling to cope
- Would benefit from therapy or a strength-based approach to living with their mental health
- At risk of self-harm or suicide ideation

The impact we make

Direct – Increased likelihood of improved physical and mental health. Improved relationships, less likely to self-neglect/abuse

Knock on – Able to make a positive contribution to their community.

Community – Reduced demand for NHS or emergency services.

The outcomes we strive for

Adults accessing our services will

- Develop an understanding of their mental health
- Learn how manage behaviours linked to their mental health
- Discover coping mechanisms
- Recognise their personal strengths and assets
- Discover ways to help others through their own experiences
- Feel empowered to take control of their own lives

The activities we deliver

Recruit volunteer trainee therapists (year 4) to deliver weekly talking therapy for up to 1 year per individual

Recruit qualified and experienced practitioners to deliver regular strengths-based psychological counselling for an uncapped time per individual

Deliver therapeutic groups to meet the needs of small groups of individuals

Provide opportunities for social engagement

Provide opportunities for individuals to share experiences to support others or influence strategy and service design

The change mechanisms

Our clients will feel safe when they are accessing our services

We will build trust with our clients by being consistent and reliable

Our clients will trust the process and engage fully in it

We will be patient, listen and show empathy

Our clients will be willing and able to talk to us about their lives, their strengths/challenges, and things affecting future

Our clients will start to recognise their personal strengths and assets

Our clients will engage in using self-assessment tools to track changes in the attitudes, beliefs and behaviours

Our clients will feel that their lives matter and that they have control over it

The change sequence

1. Feeling listened to, respected, treated as an individual.
2. Starting to trust Cape staff and the process.
3. Being willing and able to talk to us about their lives and things affecting their future
4. Starting to feel that their lives matter and that they have control over it.
5. Identifying the kinds of activities they want to do and feeling a sense of choice and ownership.
6. Enjoying and engaging positively in the programme.
7. Feeling a sense of progress and achievement as they stay with the programme.
8. Continuing to feel supported and encouraged as they think about their future and explore different options.

Stakeholder and enabling factors

Capes desire to work collaboratively with local authorities, NHS, VCS, training institutes and the community, highlighted several important requirements from stakeholders, including:

- Local authorities commissioning our services
- NHS commissioning our services
- Integrated Health Services referring clients
- Training institutes providing volunteer therapists
- Funders need to be willing to pay for the work.

The external conditions that need to be in place are:

- Political will to support people living with complex mental health
- Suitable premises to deliver our services from
- Strategic partnerships
- Referral pathways

Capes theory of change could be affected by the following contextual conditions:

- Levels of support and encouragement from families.
- Encouragement or discouragement by peers.
- Participation in wider activities that might help prevent harmful behaviours.

Assumptions

Finally, we have considered the following assumptions and challenges relating to our theory of change:

Delivery assumptions:

- Volunteer therapists will choose to complete their placements with Cape.
- The right people are identifiable and will be referred to our service
- We have capacity to support all the people who need our help.
- It will feel different enough to be a safe place.

Impact assumptions:

- Support feels relevant to people living with complex mental health.
- Sufficient support and guidance can be given for people to be able to live fulfilled lives
- People will feel confident to exit our services.

Possible unintended consequences:

- Stigma from attending a mental health provision
- We cause negative cohort effects, in which people reinforce each other's negative expectations.
- We create a dependency culture on our services

Theory of change process assumptions:

- We know enough about the issue to design an effective solution.
- We spent enough time in Step 1 to really think through the problem.

Conclusion

In conclusion, Cape's approach is not just about treating symptoms but building resilient individuals who can take charge of their own lives. By creating safe spaces, offering long-term support and empowering clients to rediscover their strengths, we aim to transform lives, reduce the burden on public services and foster thriving communities. Our theory of change outlines a journey of transformation—one that starts with trust and ends with empowered individuals contributing positively to society. Together with our partners and stakeholders, we will continue to advocate for a world where mental health care is not only accessible but transformative, creating lasting change for individuals and communities alike.

Situation:

Bill is in his 50s. He lives on his own. Divorced with a grown-up Son. He has cut himself off from friends and family who have tried to help him over the years, but he is defensive and thinks people are out to get him, he doesn't trust anyone. He can get aggressive towards people. He has thought about ending his life. He doesn't have a job and feels that his life has no purpose. His GP has prescribed him anti-depressants and anti-psychotic drugs has referred him for a clinical assessment by the MINT team. The MINT team referred Bill to Cape, because they feel Cape is the best place to meet his complex mental health needs.