

What is the effect of formal volunteering on mental health, physical health and survival of volunteers?

The United Nations defines volunteering as 'an act of free will that results in benefits to others outside of, or in addition to support given to close family members'.

What did we find?

- Volunteering has benefits for the **mental health** and **survival** of the volunteer but we still do not know why.
- Studies which followed groups of volunteers over time (cohort studies) found the volunteering had positive effects on **depression, life satisfaction** and **well-being**, but not on **physical health**
- It was not possible to find out from this review what **type of volunteering** had the best results, or the strongest benefits.
- Health benefits might be limited to **older volunteers**
- It is possible that volunteering is only good for the mental health of the volunteer if carried out as an **act of free will** and **choice**, rather than as a prescribed treatment.

Why did we do this review?

Volunteering is known to have benefits to the volunteer, including better chances for finding paid employment and meeting new people. However, improvement to health is rarely given as a reason to volunteer.

We wanted to look at how volunteering affected the mental and physical health and survival of volunteers and also to find out if some types of volunteering have better health benefits than others

How did we do this review?

The research was a systematic review. This brings together the results of all studies addressing the same research question.

The review included 9 experimental studies and 17 unique cohort studies (which follow groups of people over time). All of the experimental studies and most of the cohort studies were carried out in North America and most of the volunteers in the studies were female.



Cautionary notes

Most of the experimental studies were found to have a moderate to high risk of bias, due to people dropping out of the studies or small numbers that took part. As most of the studies were carried out in the USA and involved volunteers aged 50+, the results might not be the same in future studies in other countries and age groups.

It was difficult to disentangle the health benefits seen due to the activities undertaken by the volunteers (e.g. physical or social activity such as leaving the house or meeting people) from benefits caused by the action of volunteering in itself.

We found that volunteering has an impact on survival of volunteers, despite the lack of evidence impact on physical and mental health, but we do not know why this is. Since people that have stronger social relationships tend to live longer, the social aspects of volunteering may contribute towards this association.

What next?

If it is accepted that volunteering has benefits to health, a key challenge is how to achieve wider participation among socially disadvantaged groups at the greatest risk of experiencing poor health.

More work is needed to find out what type or dose of volunteering activity is associated with the greatest health improvements, for which outcomes and for whom.



Contact details and further information about the published paper:

The PenCLAHRC EST is part of Evidence Synthesis and Modelling for Health Improvement (ESMI) in Exeter. Further information about this research is available on the University of Exeter Medical School website: <http://medicine.exeter.ac.uk/esmi/workstreams/>

The full version of the systematic review of these findings is published in BMC Public Health. You can access the paper here: goo.gl/cYN21B

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