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Family Service
Saskatchewan

**A Rapid Access Mental Health Initiative:
Brief walk-in counselling in Saskatchewan**

Abstract:

This report outlines a shared data collection project of five pilot agencies delivering a Walk-In Counselling Clinic (WICC) in Saskatchewan. Findings suggest that Walk-In Counselling Clinics are an effective and innovative strategy to improve rapid access to mental health services and to reduce wait times and systems overload in Saskatchewan.

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Executive Summary

Family Service Saskatchewan (FSS) is a network of non-profit and charitable family serving organizations. Our services are delivered in most major Saskatchewan communities and we collectively serve over 30,000 Saskatchewan residents each year. Family Service Saskatchewan's objective is to improve service quality, capacity, and knowledge transfer of member organizations so that we may maximize the social impact our organizations have in our service to families in Saskatchewan.

The following report details a pilot project initiated by Family Service Saskatchewan. This project's objective was to establish shared data collection of 5 participating family service agencies to evaluate our Walk-In Counselling Clinics (WICCs). Single Session walk-in counselling is a clinical model that has been growing across the country and adopted by various family service organizations in the past 8 years. A growing body of Canadian research and local experience has pointed to this model as being an innovative, cost effective, responsive, and clinically robust option to address burgeoning wait times, increasingly difficult to navigate systems, and lack of access to mental health services by Saskatchewan residents.

Our data demonstrates that our WICCs are performing well and meeting significant needs. The data highlights the social impact we can achieve by scaling up and delivering our service in an integrated, systematic, and collaborative way. Most significantly our data from a two year period (April 1, 2016 - March 31, 2018) demonstrates:

- 775 participants served
- Participant age ranges across the lifespan
- 65% are complete at first session and are welcome back anytime
- 35% are referred to alternative services, including internal FSS programming or Saskatchewan Health Authority Services
- Results from a standardized and validated assessment tool demonstrate participants are experiencing high levels of distress and required services that same day
- 66% of participants indicated they had no alternatives for support the day of their service and a number of participants would have gone to see their doctor or visited the emergency room had WICC not been available
- 81% of participants declare low income and have limited access to mental health counselling available in the private market

Our objective is to ensure our organizations serve a meaningful role within the continuum of mental health care in Saskatchewan. Walk-In Counselling aligns with the Saskatchewan Government's objectives to:

- Enhance access and capacity to support recovery in the community
- Focus on prevention and early intervention
- Create person and family-centred and coordinated services
- Respond to diversities
- Reduce stigma and increase awareness
- Transform the system and sustain the change

Our pilot project points to a meaningful role Family Service Saskatchewan can have in addressing and improving mental health service delivery in Saskatchewan, and we believe that our services are a critical, cost effective, and innovative contributor to transformation of mental health services in the Province.

Structure of Report

The following report, prepared for Family Service Saskatchewan, outlines the history and rationale for this initiative, and for our collective agencies' involvement in the delivery of Walk-In Counselling. Following this we provide a review of the literature and evidence about single session Walk-In Counselling as a promising practice that can have a positive impact on access to mental health service, reduction of wait times and an innovative strategy to reduce the load on overburdened systems, such as emergency rooms. We outline the first comprehensive shared data collection initiative of 5 pilot agencies, and provide four recommendations for Family Service Saskatchewan to consider moving forward.

Introduction

The purpose of this report is to validate a growing need for rapid, flexible, affordable and accessible mental health services in Saskatchewan communities. Due to a steadily increasing demand for mental health services and continuous capacity demands for service, individuals and families who experience adversity may also experience barriers to accessing timely care. Service providers have had to re-design and re-imagine existing counselling programs within fiscal restraints to meet the unique needs of their respective communities. Across Canada and internationally, Walk-In Counselling Clinics (WICCs) have proven to be an effective alternative to usual (multi-session) care (Hymmen et al., 2013). These clinics offer accessible and immediate help at the time when the client needs it. Research shows that the brief interventions typically offered in WICCs and Single Session therapies can lead to meaningful change and reduce the burden of stress (Barwick et al., 2013; Cait et al., 2016). Many mental health service agencies have lengthy waiting lists for counselling, and those in need of immediate help may turn to options such as hospital emergency rooms; leading to overcrowding in the health care system, and improper use of resources when the service may not be appropriate to client needs (Hoyt et al., 2018). The literature confirms the vital role an accessible Walk-In Counselling Clinic plays in meeting the needs of all community members (Lamsal et al., 2017; Stalker et al., 2016).

Family Service Saskatchewan established a working group that was formalized in June, 2016. The goals of this group are to generate creative and contemporary ideas regarding WICC methods of practice, innovative program design possibilities, implementation procedures, promotion, and data collection. Data collected in Regina in 2017, during an evaluation of Walk-In Counselling services, demonstrated significant barriers to accessible, affordable counselling for marginalized community members and individuals without Employee and Family Assistance Programs (Chursinoff, 2018). In response to that initial data, Family Service Saskatchewan set out to gather provincial data to identify and examine themes relevant to Walk-In Counselling services in several communities. This provincial project involved evaluation of accessible rapid response counselling services within Family Service Saskatchewan agencies. Five agencies participating in this pilot project collected quantitative data to highlight a need for rapid response, as well as narrative data to demonstrate some of the inventive ways these agencies have been able to deliver effective mental health services within their diverse communities.

Family Service Saskatchewan's findings suggest that Walk-In Counselling Clinics play a critical role in the continuum of mental health care in Saskatchewan. The services are well utilized, primarily by low income Saskatchewan residents, and substantial reduction in wait time, system navigation support and offloading of demand from more expensive and overburdened health systems (such as emergency rooms) has been demonstrated.

Participating Agencies

Family Service Saskatchewan (FSS) is a collaboration of family service organizations from across Saskatchewan that work in their respective communities to address individual and family service needs. The needs of Saskatchewan families are diverse, complex, and are reflected in the variety of community services provided by FSS members including programs related to education, parenting, anti-violence, and counseling programs. Members of FSS represent most of the larger urban centers and towns in Saskatchewan as well as significant portions of mainly southern rural regions. The activities carried out by each organization addresses the predominant family service needs within their service area, many of which are common amongst the various communities. Figure 1 outlines our breadth and scope of services in Saskatchewan.

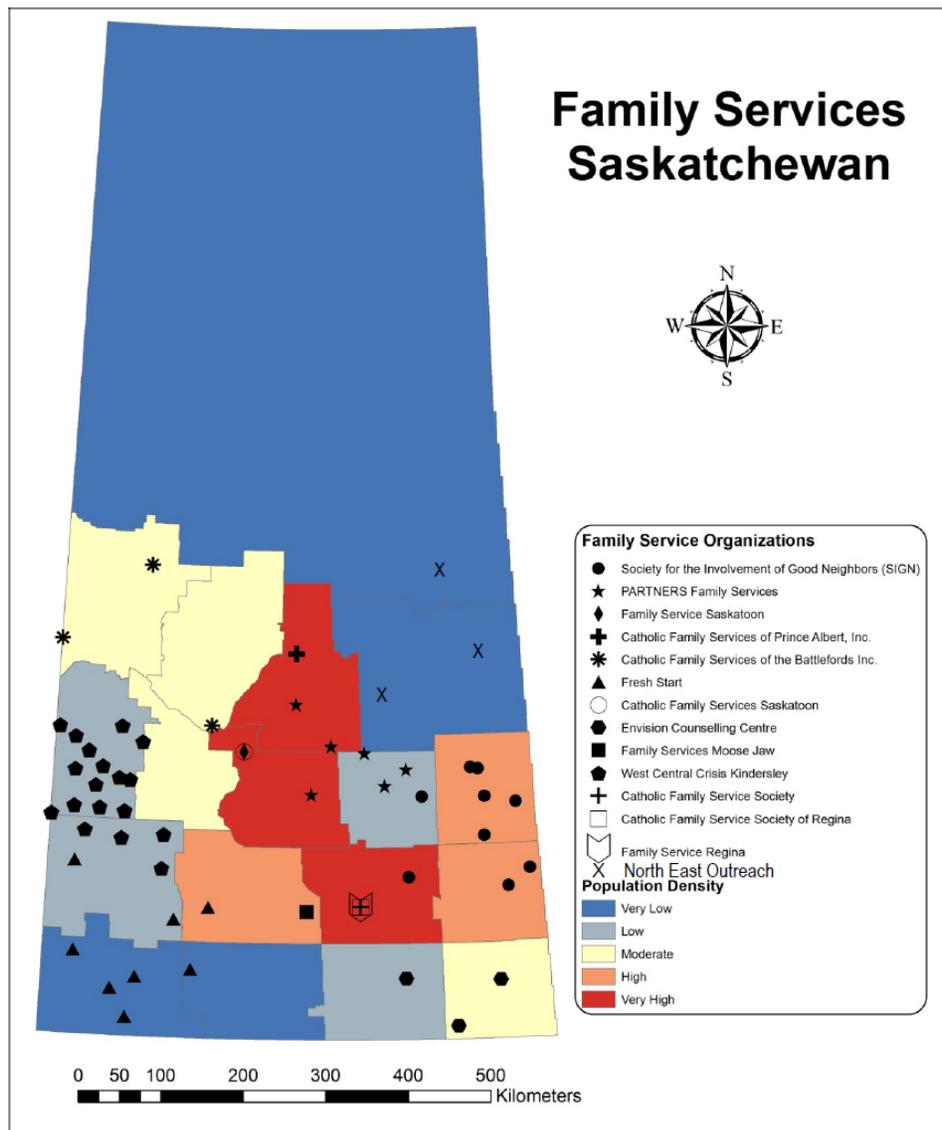


Figure 1. Locations of FSS service communities by organization in relation to regional population density.

While most Family Service Organizations are establishing a plan to deliver Walk-In Counselling Services in their Regions, and have contributed to the establishment of the Family Service Saskatchewan Working Group on Walk-In Counselling, five agencies have specifically participated in this pilot project by contributing data from their program. These agencies include:



*Pilot agencies that contributed data for this project

The five pilot agencies have implemented a version of brief therapy, deployed within a Walk-In Counselling Clinic, in their communities to support rapid and effective access to mental health services. A brief description of each of these agencies is as follows:

1. Family Service Regina (FSR) - Regina and Region

Family Service Regina serves families per year for Regina and area residents. In addition to Regina citizens, Family Service Regina provides services to rural residents who drive from as far as Davidson and Grenfell. Family Service Regina runs a variety of programs focused on counselling, domestic violence, older adult services, and teen parent supports. Family Service Regina has been operating a Walk-In Counselling program 4 times per week, with two days of service each week delivered in partnership with the Regina Public Library. A one-time grant has made this service possible in the community of Regina.

2. Catholic Family Services Regina (CFS Regina) - Regina and Region

CFS Regina responds to community needs through the provision of multiple services including counselling, marriage preparation, youth mentoring, family support, newcomer services and childcare. CFS Regina serves the City of Regina and surrounding area. CFS Regina provides one day every second week of Walk-In Counselling at the Regina Foodbank. This program is presently not funded, but the service is delivered as part of the counselling program that is funded through a variety of sources.

3. Society for the Involvement of Good Neighbors (SIGN) - Yorkton and Region

SIGN is a non-profit agency that provides multiple programs designed to meet the needs of the community such as counselling services including a WICC, family and violence support programs, independent living, after school programs, youth skills programs, and sexual assault counselling. SIGN presently operates a Walk-In Counselling program 4 days a week in Yorkton. This is funded by a private donor and that funding expires January 31, 2018.

4. CFS Saskatoon

CFS Saskatoon is a non-profit agency that delivers support to Saskatoon and the surrounding community. CFS Saskatoon is a leader in developing innovative programs and services, often in partnership with other organizations that meet the dynamic and ever changing needs of individuals and families. Services include counselling, teen parent support, community programs, groups and three early childhood education centres. CFS Saskatoon has had a partnership with the Saskatoon Foodbank & Learning Centre for 12 years and presently provides Walk-In Counselling at their facility.

5. Northeast Outreach and Support Services (NEOSS) - Melfort, Nipawin, Kelvington, Naicam and Cumberland House

North East Outreach and Support Services provide programming to meet the needs of victims experiencing all forms of interpersonal violence. This includes counselling, a 24 hour crisis line, an emergency receiving shelter for child victims of violence, a woman's shelter, delivery of public awareness campaigns, and personal violence and prevention programming. This organization provides drop in counselling in a variety of communities to better meet the needs of victims of violence.

Literature Review

As discussed, the agencies within this pilot project have incorporated a Walk-In Counselling Clinic which utilizes a brief therapy approach. Within this approach, each session is considered a single entity whereby rapid help is offered at the time the individual needs it. Canadian research indicates that brief therapy is effective and can reduce barriers to access and ensure timely provision of services (Barwick et al., 2013; Cait et al., 2016). Brief therapy can be adapted to any therapeutic counselling model; however, Single Session Therapy and Solution-Focused Brief therapy are the two models with the most extensive evidence-based research. The following section outlines emerging literature and background information to the therapeutic approaches utilized in the Family Service Saskatchewan Walk-In Counselling Pilot Project.

Single Session Therapy

Both Solution-Focused Brief Therapy and Single Session Therapy (SST) assume that change can occur in a single session, or in relatively few sessions (Slive & Bobele, 2012; Gingerich & Peterson, 2013). While the goal of SST is to complete therapy in one session, it is important to note that most Walk-In Counselling Clinics encourage clients to return for additional sessions if they feel the need (Slive & Bobele, 2012; Cait et al., 2016). The mainstay of therapy within a Walk-In Counselling Clinic is that a single session should have a significant influence on the client's perception and behaviour towards the presenting problem (Perkins, 2006). At the very least, a single brief therapy session provides help when it is desired and may mitigate the harm of waiting on a wait list (Macdonald, 2011).

Single session therapy has gained widespread use in Canada as WICCs become the mainstay for rapid response. Effective SST should ensure the client leaves with skills, resources and a plan for how to

implement behavioural change, as well as an awareness that the client can return for additional sessions if needed (Campbell, 2012).

Miller's (2008) study on the satisfaction of 417 clients with walk-in single session therapy found 81.9% of participants were highly satisfied, 16% were neutral and only 2% were dissatisfied. The greatest strengths identified were immediate accessibility and the therapist's attitude of caring. For participants who were dissatisfied, the most commonly reported issue was inability to access the same therapist for ongoing counselling.

A study done in 2013 in Calgary at a Walk-In Counselling Clinic and traditional core counselling program compared client outcomes at intake, post-treatment and three month follow-up (Barwick et al., 2013). All participants were children (age 4-18) and their parents, and client satisfaction, service utilization, emotional and behavioural adjustment and functioning were compared. Despite more severe distress at intake, post-treatment outcome measurements indicated walk-in clients had steadier rates of improvement and exhibited fewer problems. Client satisfaction was higher for participants accessing the WICC, with ease and timeliness of service being identified as having the greatest importance. In this particular study, more males accessed the Walk-In Counselling Clinic than accessed services offered in the more traditional way (Barwick et al., 2013). Another study in 2016 also compared walk-in single session counselling with traditional counselling. This study elucidated evidence of client satisfaction with Walk-In Counselling largely due to reduced barriers to access and timely provision of service (Cait et al., 2016).

The results were similar to those discussed above in a study which compared changes in psychological distress in clients at two counselling clinics in Ontario; one which offered Walk-In Counselling services as an alternative, and the other with the traditional wait list (Stalker et al., 2016). This study determined that "clients of the walk-in model improved faster and were less distressed at the four-week follow-up compared to the traditional service delivery model" (Stalker et al., 2016, p. 403). An interesting theme that emerged from this study was that proportionately more males from all cultures than females accessed the WICC suggesting that men found accessing rapid response in the WICC more favourable than waiting for help. As was identified in previous studies, this study found that the accessibility of the Walk-In Counselling Clinic, and the ability to control how and when service was acquired, to be the most important factors identified (Stalker et al., 2016).

Single Session Therapy neither diminishes nor negates the need for on-going counselling. Rather it benefits people at the time they are in need and in some cases, prevents difficulties from festering (Cait et al., 2016). Within the agencies participating in this pilot, our brief therapy is based primarily on Solution Focused Therapy, a model of care that has been established to be of benefit in brief therapy. A brief summary of this model is discussed in the next section.

Solution-Focused Brief Therapy

Solution-Focused Brief Therapy (SFBT) has been utilized as a form of brief therapy since the mid 1980's. SFBT is a goal-driven model that recognizes an individual's perception of a problem and utilizes a therapist to assist the client to work towards their own vision of a solution within a single or very few

sessions, usually less than six (Gingerich & Peterson, 2013). This strengths perspective is a framework for solving problems within the client’s existing resources and unique social environment (Franklin, 2015).

There is a considerable bank of evidence-based research, five randomized controlled trials, fifteen comparison studies and follow-up reviews on over 2100 cases, that illustrates SFBT is very efficacious (Gingerich & Peterson, 2013; Macdonald, 2011). A meta-analytic review of 1,421 participants in 2006 found that clients experienced positive outcomes sooner with SFBT than with other therapies (Gingerich & Peterson, 2013). Overall evidence from 43 studies proved that SFBT is an efficacious modality that consistently provided positive benefits to clients. Several studies found particular benefit in depressed clients, where SFBT was found to be as good as, or better than, a variety of alternative treatments including some drug therapies. Three large studies showed quicker improvements on all measures with brief therapy as compared to ongoing therapies (Gingerich & Peterson, 2013; Knekt et al., 2011). This comprehensive review indicates there is strong empirical evidence for the efficacy of SFBT for use in a wide variety of behaviour and psychological issues.

For those not interested in long-term therapy, SFBT is more in line with clients’ desired timelines. The quicker reduction in self-identified symptoms with short term therapy equates to a faster return to functional capacity, and research indicates that outcomes compare favourably with longer therapies (Knekt et al., 2011; Burwell & Chen, 2006). Cost efficiency analysis with respect to social and unemployment costs indicates long-term therapy may cost three times more than brief therapy (Knekt et al., 2011). A recent follow-up study of 74 cases found that SFBT helped clients achieve goals in 86% of cases with an overall success rate of 86% at termination of therapy, leading to the conclusion that “SFBT reaches the ‘minimum efficiency permitted’ according to the general consensus of experts” (Cortes et al., 2016, p. 233).

Evaluation Methodology

The Walk-In Counselling Group of Family Service Saskatchewan has set out a plan to standardize the program evaluation of Walk-In Counselling clinics across Saskatchewan. A standardized demographic and utilization form was created, a standardized outcome measurement and client satisfaction measurement tool was established, and shared quality assurance and program delivery standards have been generated.

For the purpose of this evaluation the five pilot agencies completed a survey questionnaire and completed a data collection form designed by the working group. The resulting data follows.

Survey Data

Family Service Saskatchewan Working Group was asked to complete a background questionnaire that identified:

- 1) Why a single session or brief model was chosen,
- 2) Successes and challenges with their Walk-in Clinic and,
- 3) Individual agency and working group goals.

The five agencies above have an operational WICC and were able to provide responses to the questionnaire as well as contribute to data collection as further explained later in this report. Most of the agencies had similar responses to the questions, thus answers have been compiled and grouped together in the following discussion.

Why was a single session or brief model chosen for your WICC?:

Each agency indicated the primary reason for choosing a brief model of therapy was to strive to reduce wait-lists for traditional counselling services. Wait times for counselling support could be as long as five months. These kinds of waiting lists create a strain on the agency as well as on clients waiting for mental health services. However, wait lists are not unique to these particular agencies. Research shows that nationally and internationally, vulnerable individuals are unable to access timely mental health services for an emergent or acute need (Cait et al., 2016). Research also shows that most individuals prefer brief therapy and attend less than 4 sessions (Perkins, 2006; Slive & Bobele, 2012). Walk-In Counselling Clinics offer a complete session in a single sitting; however clients are not restricted from further sessions if necessary. Long wait-times can also increase no-show rates for general counselling services for various reasons. Clients may seek help elsewhere if their immediate need is not being met, they may live in a continued state of crisis, or they may fail to show up for a session due to the frustration of waiting for long periods of time.

Agency responses indicated that improved system navigation was also a critical reason for choosing a brief model of therapy. The agencies believe that improved system navigation could assist community members to make meaningful connections at the time when most needed, as WICCs have been shown to increase availability of services in a community (Cait et al., 2016). Because walk-in counselling models examined in the literature have been shown to improve access to services for those unable to afford general counselling fees (Cait et al., 2016), these agencies indicated the implementation of a WICC would enable them to be able to serve more people in their community, including those without Employee Benefit Programs. The participating agencies also chose a brief therapy model in order to be better able to provide services at the time the client determines to be most critical. The agencies also referred to data gathered by Family Service Regina in 2017 showing that males were more likely to access a WICC than traditional counselling, and indicated that this data further supported their decisions to implement a single-session approach.

Successes and challenges with the Walk-in Counselling Clinic:

Each of the participating Saskatchewan agencies experienced positive feedback on outcomes data collected from clients, and positive feedback from the community as a whole. Staff within the agencies expressed feelings of professional pride at being able to see clients in a timely manner and frequently mitigate the crises. They found increased cohesiveness in the community through partnership with local churches, hospitals, libraries and educational institutions for provision of space and services. This allowed most of the agencies to expand WICC hours and locations to best serve community needs and also built in some flexibility with “next steps” in order to best meet client needs. Utilizing clinically supervised graduate level counselling interns to participate in delivering services through the Walk-In

Counselling Clinics proved an effective capacity building strategy. Increased information sharing amongst agencies within the Working Group contributed to ensuring best practice, and in some cases the demonstrated success of this coalition of agencies increased access to funding that assisted in creating and sustaining a WICC.

While all participating agencies reported successes, some challenges were experienced by all of the agencies during the implementation and operation of a Walk-In Counselling Clinic. In rural areas, more so than urban areas, transportation to and from the WICC could be a challenge for some clients. Some agencies expressed concerns surrounding the ability to maintain privacy in a community small enough where “everyone knows everyone”, and access to the program space is usually very public. Advertising of services proved to be challenging in rural areas due to typically vast geographical areas the promotion needs to cover, variable internet access, and the limited variety of promotional media available (e.g. most advertising is specific to the larger cities). Finding adequate space for a WICC in communities with little free space, proved difficult for most agencies.

Individual Agency and Working Group Goals:

Sustainability is always a challenge in not-for-profit agencies that rely on funding for operational costs, and smaller agencies did not always enjoy the same level of capacity as those in urban areas. Instituting a WICC within existing fiscal and human resources proved to be difficult for all of the agencies participating in the Working Group. Data collection was also a challenge as there was originally no strategic plan and process in place to collect consistent and meaningful data. Without a Family Service Saskatchewan Working Group, it was hard for many agencies to justify the time required for data collection when resources were already stretched. Instituting standardized outcome measurement scales such as the Session Rating Scale (SRS) and Outcome Rating Scale (ORS) was also identified as a challenge in the absence of adequate onboarding and training.

Examples of Innovation and Partnership Development

Evidence-based research shows that Walk-In Counselling Clinics can significantly decrease wait-times for traditional counselling services, improve mental health outcomes by increasing timely access to services, and reduce barriers for marginalized community members (Barwick et al., 2013; Cait et al., 2016; Stalker et al., 2016). As non-profit organizations, Family Service Saskatchewan agencies rely on grants, donations and fundraising to cover operating costs. Innovations and partnerships are critical in ensuring sustainable, viable program delivery that is relevant to current community needs in the competitive fiscal landscape.

1. Family Service Regina and Regina Public Library Partnership

Family Service Regina (FSR) approached the Regina Public Library to partner with *Thrive Walk-In Counselling* because FSR has a goal of delivering all services in spaces that are safe, comfortable and accessible. The intention with this outreach was to reduce the stress and stigma some people may have with attending a traditional counselling centre, and to make efforts to reach populations that may find it difficult to access mental health support.

Objectives of the partnership are to:

- Promote mental health services to community members,
- Provide on-demand mental health services,
- Provide an effective alternative to difficult-to-navigate mental health services,
- Lower wait times for traditional counselling services
- Use resources efficiently, and
- Improve system navigation.

This partnership offers free Walk-In counselling at two library locations in Regina. The Central Branch Library in downtown Regina currently offers Walk-In Counselling services Wednesday afternoons from 1:00 – 6:00pm, and the second location is in the North Central Community Centre at Albert Branch Library on Friday afternoons from 1:00 – 6:00pm. A recent evaluation of these partnerships demonstrated an overall WICC utilization rate of 85%.

2. Family Service Regina and Post- Secondary Institutions

Family Service Regina invites several Masters level Psychology and Social Work students each semester to complete practicums at the Agency. Utilizing students creatively to participate in the Walk-in Counselling Clinic is invaluable and assists with operationalizing the service within fiscal and personnel constraints. Many other Walk-In Clinics across Canada utilize graduate level students to facilitate the majority of WICC services.

3. North East Outreach and Support Services (NEOSS)

Saskatchewan has the highest rate of domestic violence (DV) amongst the provinces, excluding the Northern Territories (Burczyka, 2017a,b). Those who have experienced DV may seek help for their situation without identifying as having experienced DV due to trauma-associated distrust and vulnerability. NOESS offers a community outreach program which provides personal violence counsellors with a focus on issues of domestic violence and personal crisis in several rural communities and has been able to create partnerships with many of the rural towns it serves in order to best meet the needs of the population. Within that region, there are a number of examples of innovation undertaken in order to provide access to Walk-In Counselling support.

a) Nipawin Town Council

The town council of Nipawin recognized the need for, and benefits of, counselling to the community and surrounding area and agreed to support such an initiative. As a result, they have provided a portion of the necessary funding for a counselling position, as well as office space on Monday mornings for counselling to take place.

b) Kelvington General Hospital

Kelvington General Hospital has also donated free office space to provide Walk-in Counselling services 2 days per month to that community. As well, the Pentecostal Church in Tisdale offers space for the

delivery of Walk-In Counselling 2 days per month, and Cumberland College has recognized the systemic issues students may experience and provides office space to provide Walk-In Counselling every second Wednesday morning during the school year.

4. CFS Saskatoon/CFS Regina and the Food Bank

CFS Regina and CFS Saskatoon have been fostering partnerships with the Food Banks and Learning Resource Centres for over a year. Walk-In Counselling was identified as a good fit for the Food Bank setting, as many clients who come in for services are distressed and may be facing a personal crisis in their lives. They are often looking for immediate support for several issues and have the ability to complete a session while having their other needs met i.e. food security. Both agencies continue to adjust WICC hours in order to find a balance that will best meet the needs of clients.

5. System Navigation Initiatives

Walk-In Counselling is integral to connecting individuals with services to best meet their needs. Rapid response can help diffuse immediate crises by assisting individuals to navigate relevant services and resources. The flexibility of Walk-In Counselling creates opportunities for clients to access help and bolsters individual resourcefulness by identifying resources and reducing isolation. In 2017, Family Service Regina incorporated a question on the WICC intake form that asked clients “Where would you have gone for help/what would you have done today if you couldn’t come here?” The purpose of asking this question was to gather information to better understand how the public feels about their community’s resources and options when they are experiencing personal crisis, or require mental health services. A significant number of clients who responded to this question stated that they would have attended the hospitals in the hopes of receiving support services. Many of the agencies who currently operate a Walk-In Clinic foster partnerships with existing institutions which allows people accessing the WICC to have expanded options for support and services. Health and Mental health systems can be difficult to navigate and daunting to those in crisis. A WICC Counsellor is crucial in helping reduce the stress for those in need of community services. Additionally, skillful system navigation can reduce the burden of emergency services such as hospital emergency rooms visits.

The data here outlines the responses from the pilot agencies and is provided to give context to the development of Walk-In services as a strategy to improve rapid access to mental health supports in Saskatchewan. The next session outlines further pilot project data including program utilization, demographics and clinical outcomes of the program.

Program Demographics and Outcomes

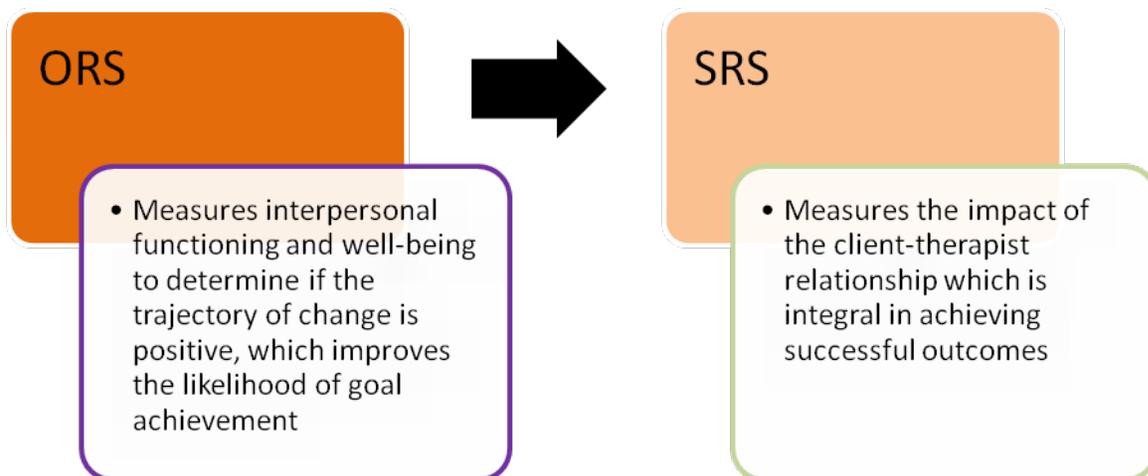
This section explores the methods and processes that were utilized to gather information, and discusses why certain items of data were prioritized. The main limitation for gathering cohesive data for the purposes of evaluation was that each participating agency is different in the way they operate their brief models of service. Of the five agencies, some have a rural focus, while others have an urban lens. In addition, some of the agencies began to implement brief models of service over five years ago, while

others have more recently begun to include these innovative and alternative models of service delivery. As a result, the depth of data available from each of the participating agencies varies.

Information sharing among Family Service Saskatchewan agencies has resulted in the development of a standardized data collection process. Each of the participating agencies was asked to complete a standardized data collection form to allow for data analysis and comparison. This data was gathered in order to create a concrete picture of the overall population utilizing the walk-in counselling programs across the Province. This tangible snapshot has helped to create the opportunity to evaluate demographics of clients in order to formulate recommendations for future strategies that best meet the needs of each community with a broader focus on provincial needs. It was important to utilize evidence-based scales to determine client satisfaction with Walk-In Counselling.

Client Outcome Rating Scales

Family Service Saskatchewan agencies are working to consistently utilize both the Session Rating Scale (SRS) and Outcome Rating Scale (ORS) to measure outcomes and inform practice (Miller, 2008). These are standardized and evidence based outcome measurement and session feedback scales. These scales are invaluable tools, designed to gather information on the client's perception of the session (SRS) and their feelings on overall wellbeing (ORS). Both scales are short and concise, making them very easy to incorporate into each therapeutic session. By incorporating these scales into each session, we are able to effectively measure the impact of our services. SRS and ORS are validated, evidence based scales that play an important role in achieving successful outcomes by reliably measuring therapeutic alliance between counsellor and client (Miller, 2008). Currently, most Family Service Saskatchewan agencies are working toward incorporating these scales into regular practice as part of evaluation efforts.



ORS Outcomes

The Outcome Rating Scale (ORS) measures level of distress relating to mental health symptoms, family relationships and social dimensions; such as work and school. Our data demonstrates that Walk-In clients consistently demonstrate clinically significant levels of distress which may reflect anxiety, depression, chronic stress, suicide ideation, and complex family dynamics, as well as social isolation.

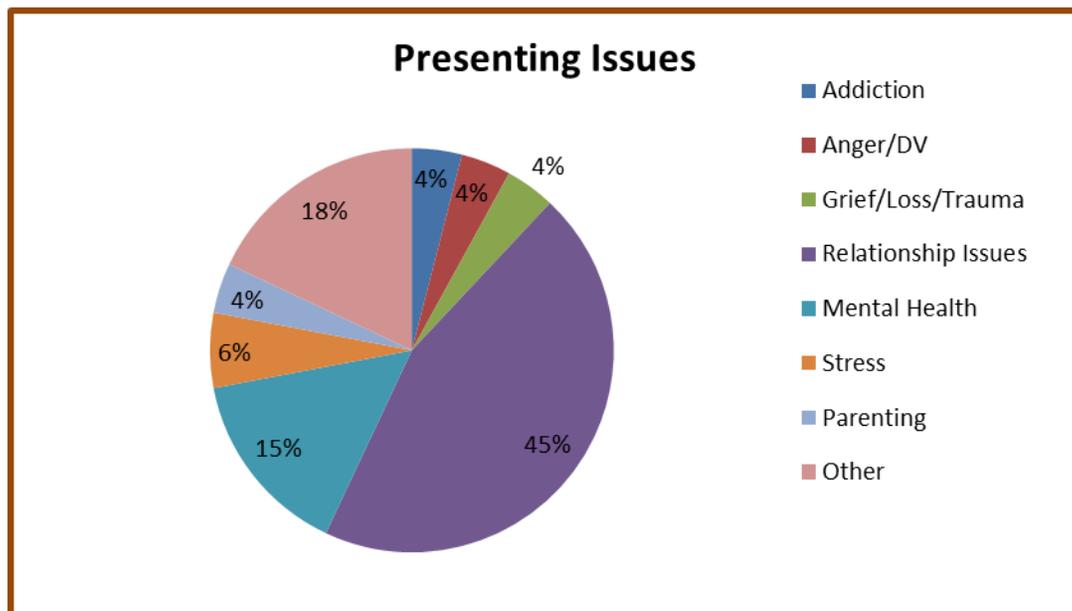
While an average person not considered to be in distress would score 25 points, **Walk-in clients on average score less than 15 points; which represents an acute mental health concern.**

SRS Outcomes

On the Session Rating Scale (SRS), **70% of clients scored as having high or extremely high satisfaction** with the effectiveness of the Walk-In counselling session. Through this tool, service consumers are reporting that the time spent with the walk-in counsellor was useful and the counsellor was able to establish a therapeutic alliance within the single session.

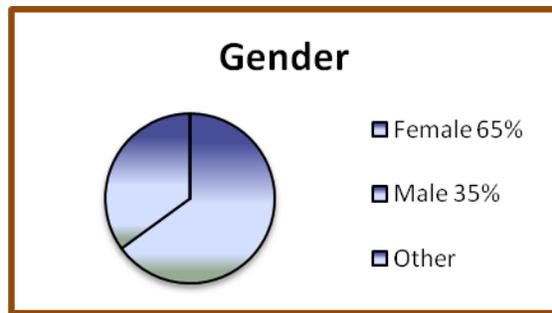
Presenting Issues

The majority of clients who accessed the Walk-In Clinic identified *relationship issues* as the presenting problem. Saskatchewan has the highest rate of domestic violence (DV) amongst the provinces, excluding the Northern Territories (Burczyka, 2017a,b). *Mental health* and *other issues* were also identified as presenting concerns by clients. A large number of clients presenting with mental health issues indicated that they felt they had nowhere else to go and have been struggling with depression and/or anxiety for a lengthy period of time. Some clients presented with diagnosed issues including bi-polar disorder, schizophrenia and borderline personality disorder.



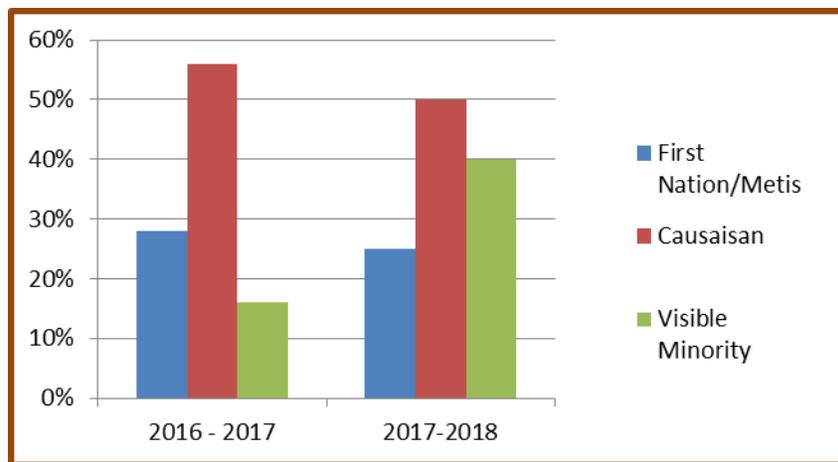
Gender

On average, a higher percentage of males attended the Walk-in Clinics than attend tradition counselling programs. This important trend has been identified in the literature and identifies a specific community need.



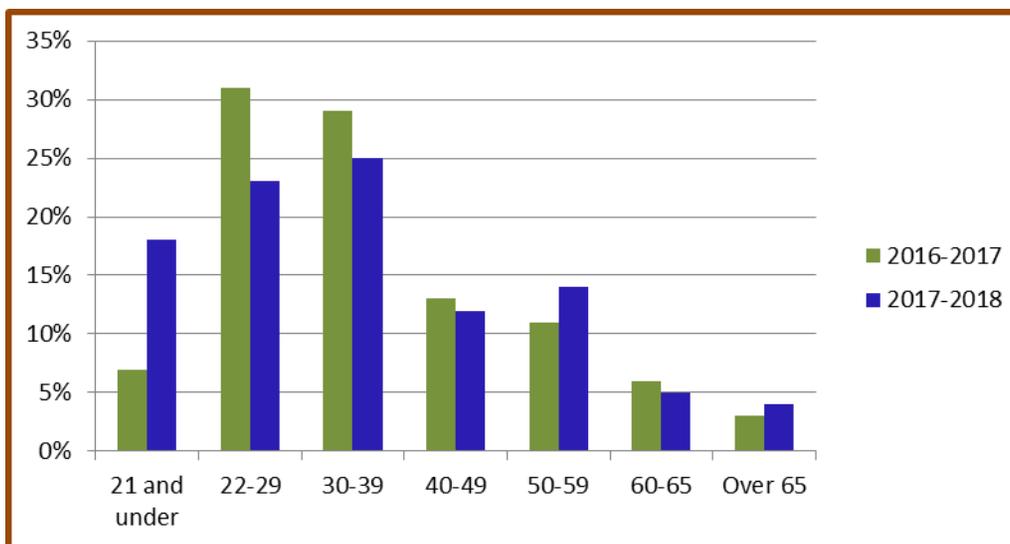
Ethnicity

A high percentage of clientele accessing the WICC identified as First Nations/Metis and/or visible minority individuals.



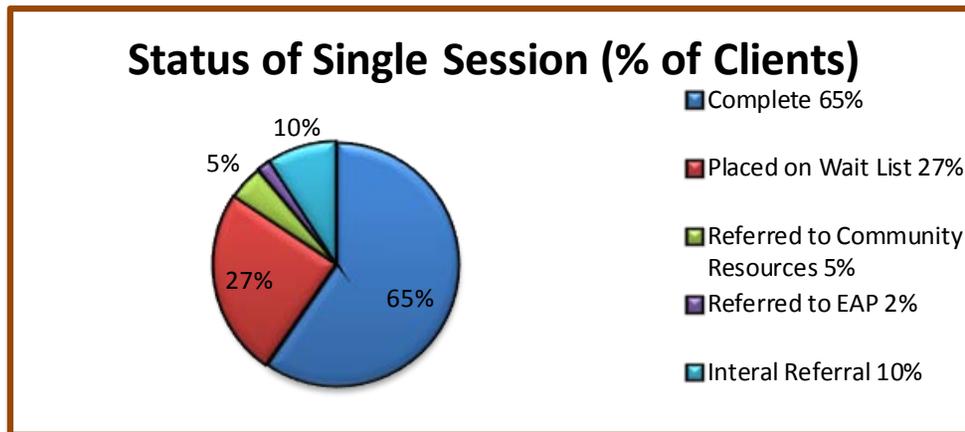
Age

Data shows clients of all ages access the WICC, with people between 20 and 40 utilizing the service more frequently than other age groups.



Status of a Single Session

The majority of clients, 65%, are considered complete after one session, indicating a high rate of success with the Walk-in Clinic. A narrow percentage required or requested referral to internal and/or outside programming and services, while 27% were referred for ongoing counseling. Clients who identified that they had access to Employment and Family Assistance Programs were able to complete a session and were then redirected to their EAP benefits. As discussed previously, literature demonstrates the vast majority of clients attend 4 sessions or less of ongoing focused therapy. Walk-in Clinics have the ability to be flexible and adaptable to community needs and do not typically limit clients to one session.



Client Identified Alternative Resources

In 2017, Family Service Regina implemented a question on the WICC intake form that asked clients, “Where would you have gone for help/what would you have done today if you couldn’t come here?” Data gathered in response to this question shows that 34% of participants had alternative ideas of where to go, had they not come to the Walk-In Clinic. The identified alternatives were to seek support by way of emergency room at the hospital, or to call Mobile Crisis. A staggering 66% of participants identified they had no alternatives or options, and would have continued without assistance for their immediate need; with many potentially turning to the emergency rooms without WICC support and intervention.

Income 2016-2017

Our data demonstrates that the overwhelming majority of people accessing services are low income and without workplace benefits that would enable access to mental health services through a workplace sponsored program. This data underlines the need for accessible no-cost counselling services.

Income

- 81% of clients who chose to declare income indicated they make below \$30,000 per year
- Low Income Measure After-Tax (LIM)
- Clearly demonstrates WIC may be instrumental in reducing barriers to service and meeting the needs of low income individuals and families

Source of Income

- 77% of clients indicated they are unemployed (either on financial assistance, on employment insurance (EI) or currently unemployed) which may indicate they do not have access to a benefit program to access counselling services

Recommendations

Within this report, critical themes related to the implementation of Walk-In Counselling Clinics were identified: to improve system navigation, to create program sustainability, and to facilitate information sharing. These themes underscore the need to focus on the best elements, *what works well*, in order to build a future program based on that capital. Our initial baseline data presented in this report provides a compelling reason to invest further in the establishment of these clinics as innovative, cost effective, and clinically impactful services that work in both rural and urban settings. Therefore, Family Service Saskatchewan should consider the following recommendations:

- 1) Secure sustainable ongoing operational funding to ensure services are available in key communities across Saskatchewan.
- 2) Grow the participation of agencies from the current five in the pilot project to expand the scale of Walk-In Counselling services in key communities across Saskatchewan. Further development of service standards, shared data collection, and clinical training would ensure consistent high quality services are available across Saskatchewan.
- 3) Build on current data collection systems to further standardize data collection to improve ability to demonstrate impact and value of Walk-In Counselling Clinics. This should include the training in, and adoption of, a unified standardized and validated clinical outcomes measure. Also standardization of data collection is required to further build an evidence base that WICC's can offload systems pressures from higher cost and overloaded systems, and improve client ability to navigate to the right services at the right time for their need.
- 4) Formalize relationships with post-secondary institutions to create a sustainable strategy for training and educational opportunities for graduate students across a range of counselling related disciplines.

Conclusion

Nationally and internationally, individuals, communities, health care providers, organizations and governments are recognizing the need for accessible, affordable and responsive mental health services. Considerable research and data, including local data, demonstrates the need for, and effectiveness of, Walk-In Counselling Clinics. The practical and succinct model of care delivered by brief counselling is appealing, as it provides help quickly and when it is needed most. Data collected in Saskatchewan shows that 65% of clients are satisfied with one counselling session. It is this help, accessed when the client determines a need; that may be pivotal in reducing costly visits to hospital emergency departments, or calls to Mobile Crisis or Mental Health Services. In Regina, 34% of clients who accessed Walk-In Counselling services indicated that they would have accessed these other services had Walk-In Counselling not been available when they needed it. And, without the WICC, more than 65% of clients indicated that they would not have sought immediate help, potentially increasing their stress and likely resulting in them ending up having to access the larger medical system.

Walk-In Counselling Clinics meet the needs of all people in our Province, regardless of race, income, religion, gender, or age; and are seen as being a critical service for marginalized populations and those without employee benefit plans. The not-for-profit agencies included in this pilot project, and resulting report, have demonstrated their ability to improvise and collaborate with community partners in order to strategically deliver services that meet the needs of all community members. This is indicative of the commitment to offer sustainable, relevant programming within current fiscal and organizational capacity. The data in this report demonstrates that Walk-In Counselling Clinics provide tangible, viable benefits to clients and institutions by mitigating critical situations. It is clear that integrated, sustainable Walk-In Counselling Clinics are an essential component of the mental health continuum of services in Saskatchewan.

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