A COMPARISON OF MODELS
FOR DELIVERING COUNSELLING:

Walk-in Counselling versus Traditional Services

Canadians seeking assistance for mental health problems face lengthy waiting lists for almost all mental health services. This contributes to over-crowding in emergency rooms and to problems becoming worse as people wait. In response to systemic issues, an increasing number of family service and children's mental health agencies in Canada are employing walk-in counselling services to improve accessibility. In spite of its growing popularity, evidence for the clinical effectiveness of single session therapy is limited; the relatively few studies that have evaluated outcomes lack methodological rigour, and none has examined its cost effectiveness. This situation made the need for this research urgent.

In response to the situation this study addressed three research questions:

1. Is the walk-in single session model of service delivery clinically effective in terms of reducing psychological distress and decreasing the use of other health and social services?

2. Who benefits most from the walk-in single-session approach? Can we predict who is best suited to this approach from socio-demographic data, nature of presenting problem, initial level of psychological distress, and how ready a person is to make changes ("readiness for change")?

3. How does the walk-in single session model compare to the traditional model involving wait lists in terms of cost-effectiveness?

Research Study Background

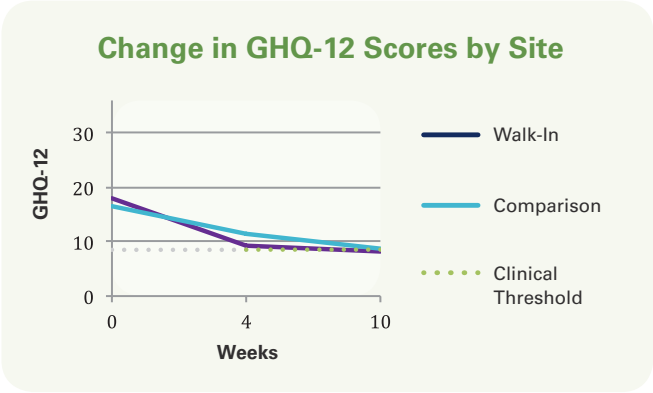
Two models for delivering counselling services were compared: single session walk-in counselling provided at an agency in Kitchener, and the traditional service delivery model provided at an agency in London where a waiting list is employed to manage demand for services.

- Clients 16 years and over agreeing to participate were interviewed for the first time as they waited for the single session in Kitchener, or as they phoned to request counselling in London and were most often put on a wait list.
- 359 individuals agreed to participate in the first interview in Kitchener and 165 in London, and the large majority was successfully interviewed again four weeks and 10 weeks later.
- 48 participants agreed to in-depth interviews after the 10-week follow-up to discuss services received.

The two samples were similar in terms of country of birth, language and employment status. The majority of participants lived on low incomes: 59% of the Kitchener group and 65% of the London group reported an annual household income less than $20,000. Those attending walk-in were slightly younger, and were more likely to be male (40.5% of those seeking walk-in services, compared to 26.1% seeking traditional counselling).

Study Results

RESEARCH QUESTION 1: Is the Walk-in Counselling Model More Effective Than the Traditional Model for Delivering Counselling Services?



Study participants from both service delivery models improved over the 10 weeks of quantitative data collection.

Participants who attended the walk-in counselling clinic improved faster than those requesting counselling from the traditional model. Improvement was measured by the General Health Questionnaire-12 (GHQ-12) (range 0 -36) where higher scores mean greater psychological distress. As seen in the graph, the model predicts walk-in participants, on average, move from a clinical severity level to a normal range (i.e., a GHQ score of 13 or less) after five weeks while the comparison group, on average, does not reach this clinical threshold until week 10.

At 4-week follow-up, 31% of the participants from the London agency reported they had seen a counsellor at that agency at least once and at 10 week follow-up, 44% had been seen at least once.

Participants from both models reported increased use of other community services at the four-week follow-up.

> *[The intake worker at the London agency] gave me information, and like good information because … I got services that I didn't have to pay for, so it was very helpful.*

Participants seen at the walk-in clinic used more community services than the comparison group at the 4-week point, in part because the counsellors informed participants about other services that might be helpful to them.

> *She set me up with the Working Centre … And, I was able to go there and they were very helpful there. They just helped me with my resume, interview stuff…*

In-depth interviews revealed the importance of the accessibility of the walk-in clinic.

It was nice because…when you have these things on your mind you kind of want to get it off right away…

[The walk-in clinic] is optimal…if I couldn't have gotten in when I needed help then I would have been overwhelmed and probably been at the point of self-harm.

When the clinic was forced to close over the summer due to budget issues, some participants experienced a failure of the system to provide services when expected.

…because I had a very busy schedule I couldn't get in and then the next thing I knew the clinic closed… I was kind of left standing there with all of this open wound…

Participants' ways of making sense of their experience – the meaning of service – also contributed to the usefulness of the walk-in clinic.

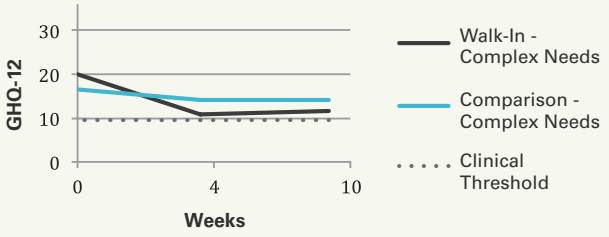
I just need someone to give me real good direction so that I can get the skills to be able to cope without having to return over and over again.

RESEARCH QUESTION 2: Who Benefits Most from the Walk-in Counselling Model?

The difference in improvement for participants of the walk-in counselling model compared to participants of the traditional model was more pronounced for those with complex needs, which included coping with abuse, trauma, serious mental illness or child welfare concerns.

Participants of both models improved; however, those with complex needs seeking help from the traditional model showed little change over time, whereas those with complex needs who sought help from the walk-in model improved rapidly, similar to participants who came to the walk-in service with other presenting concerns.

Change in GHQ-12 Scores for Participants with Complex Needs by Site



The walk-in model was most helpful to:

- participants who said they were thinking seriously about making changes
- participants who had previously made changes and wanted to maintain momentum
- In-depth interviews confirmed that clients who were thinking they needed to make changes found the experience more productive. The meaning of service for the participant also influenced who benefited most from walk-in.

"So I decided to walk-in and see I guess what I could learn and what I could apply…."

"…just going out of the house that day I felt really good…I felt a lot better after I left"

RESEARCH QUESTION 3: Does the Walk-in Model Save Money?

The data collected for this study did not show that the walk-in counselling model saves society money in the short term (within 10 weeks after participants used the walk-in clinic). However, the faster improvement associated with the walk-in counselling model clearly benefits individuals seeking help as well as their families, employers and communities.

Implications

This study provides further evidence that walk-in counselling services:

- Offer relief from acute issues
- Prevent both escalation of issues and deterioration of health
- Is helpful because of its faster access to services

Walk-in counselling may be more accessible to men than traditional counselling.

People accessing counselling services have complex mental and physical health needs and may require linkage to a broad range of ongoing instrumental and counselling services.

The study demonstrates this is a population willing to participate in outcome research; further research should be conducted to better understand how walk-in counselling services help people.

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