

Drop-In Counselling Services in a Non-Profit Community-Based Agency: An Exemplar of Responsive, Effective, and Cost Efficient Mental Health Service Delivery

Dr. Catherine de Boer, RSW

School of Social Work, Memorial University

Research Exchange Group on Cost and Value in Health Care
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Agenda

- Introduction to the Right Here, Right Now Counselling Initiative
 - Development
 - Costs associated with development and evaluation; program delivery
 - Value as a Public Engagement Endeavor
- Summary of Results of the Outcome Program Evaluation

Right Here, Right Now: A Women's Centered, Trauma Informed Drop-in Counselling Initiative

- A collaborative project between the School of Social Work at Memorial and the St. John's Status of Women Council/Women's Center, funded by Memorial's Office of Public Engagement.
- Included:
 - Consultations
 - Literature Review
 - Design of a Drop-In Counselling Program
 - Design of the counselling model blending feminist, trauma-informed and narrative approaches
 - Design of all evaluation tools (Quantitative and Qualitative)
 - Promotion of the clinic
 - Formal Training and "SS School" for counselling team
 - A six month drop-in counselling pilot program (September 26, 2016 – March 28, 2017)
 - Completion of the Program Evaluation
 - Dissemination of findings in academic and community venues

Time Lines and Costs

- Early 2015 – germination of an idea
- June 2015 – received *Quick Start Funds* (\$1000.00) from Memorial's Office of Public Engagement to:
 - Engage students in conducting a literature review on SST, W-C and TIP
 - Fund ½ day meeting between SSW and SJSWC/WC to:
 - Identify the unique counselling needs of women utilizing the services at the WC
 - Explore options for collaboration in the design, implementation and evaluation of a pilot drop-in counselling clinic
 - Explore \$\$ options

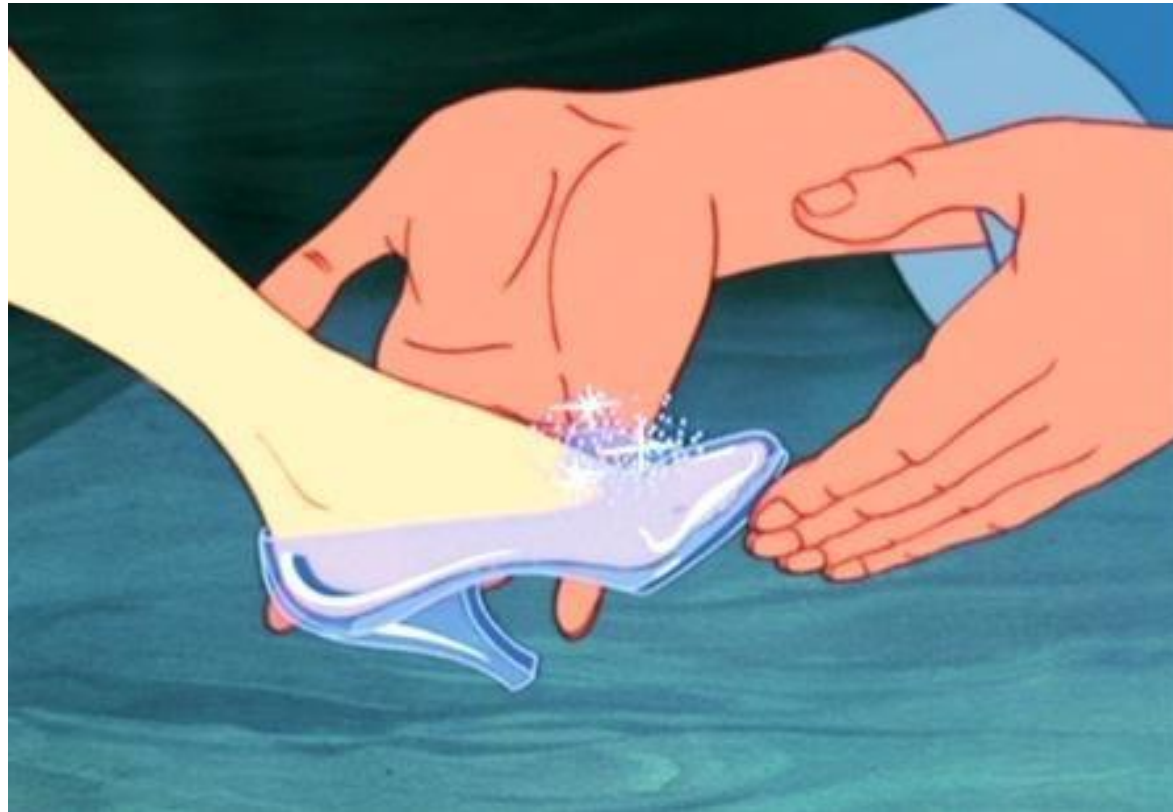


- July 2016 – received *Accelerator Funds* (\$10,000.00) from Memorial’s Office of Public Engagement to:
 - Design a therapeutic model for the drop-in counselling clinic
 - Design the program evaluation framework and all the data collection tools
 - Provide training to counselling team (and later social work students and the community at-large)
 - Complete a Outcome Based Program Evaluation
- September 2016 – March 2017 – Six Month Drop-In Counselling Pilot (Matched funds of \$10,000.00 from SJSWC/WC + “hidden” costs of redirecting 2 workers/2 days per week to RHRN Clinic - \$550/week approx.)
- October 2017 – Final Report of the Program Evaluation (Partially completed as a *Fogo Island Research Fellow* – \$2,100.00 from MUN and The Shorefast Foundation)

Value of Drop-In Counselling Initiative as a Public Engagement Endeavor

Community	School of Social Work
Build Capacity within SJSWC/WC <ul style="list-style-type: none">• Training opportunities for counsellors• Broaden and deepen skill base• Greater capacity to meet needs of women served• Increased service options• Serving more women• Meaningfulness (for staff) Program Evaluation <ul style="list-style-type: none">• Confidence in program effectiveness• Knowledge of how to improve and what is useful• Foundation for funding Initiatives Part of Fabric of a Healthy Community	Building Student Capacity <ul style="list-style-type: none">• Research Assistantships for Students (2)• Field Internships (1)• Career Opportunities for Graduates (3+)• Meaningfulness Continuing Education Publishing Opportunities Increased connection and responsiveness to community

The foot and the glass slipper



The Foot

Towards Recovery: A Vision for a Renewed Mental Health and Addictions System for Newfoundland and Labrador – A Report by the All-Party Committee on Mental Health and Addictions (March 2017)

- Population of 500,000
- 4 Regional Health Authorities;
 - Mental health and addiction referrals are steadily increasing in each authority
 - 20,000 referrals yearly, 3000 admissions
- Psychiatric hospital is crumbling – “a relic of the past”
- Waitlists (can be 2 years for a psychiatrist, 18 months for a psychologist, 1-2 years for therapy groups, hard to get a family doctor)
- Newfoundland and Labrador Prescription Drug Program – not all drugs are covered, many people are not eligible

- Recommendations relevant to the RHRN Clinic:
 - Increase community based services
 - Simplified intake processes
 - Single session walk-in clinics
 - Strengthen existing partnerships and creating new ones . . .
 - Specialized training

Mental Health Needs of Women Utilizing Services at Women's Center

- Complex Trauma
 - Domestic violence
 - Abuse
- Addictions (self and/or loved ones)
- Psychiatric Diagnoses
 - Trauma-related, Affect, Personality, and Psychotic Disorders
- Overmedicated?
- Lack of community and familial support
- Difficulty accessing MH services
- Difficulty engaging MH Services

The Glass Slipper – A Drop-In Counselling Clinic

- 6 month pilot (September 2016 – March 2017)
- 2 days per week (max 20 sessions/week)
- Staffing: 1 receptionist, 1 intake worker, 2 counsellors, supervisor, MSW Intern
- Support:
 - OPE @ Memorial (\$11,000.00)
 - SSW @ Memorial (Program development, program evaluation, 2 RAs, 1 MSW Intern, training and ConEd, supervision)
 - Eastern Health (1 day/week seconded position)
 - SJSWC/WC (Space, staffing + 1 new hire [\$10,000])



Overview of Program Evaluation Results

Outcome Program Evaluation (Logic Model)

Women's Center	<ol style="list-style-type: none">1. Increase engagement of women who are unserved or underserved by existing mental health services;2. Increase service compliment at the WC;3. Provide a stop gap measure for women awaiting existing mental health services4. Successfully employ recruitment strategies;5. Increase capacity of the WC staff to meet the mental health needs of the women served;
Women Served	<ol style="list-style-type: none">6. Women feel connected to the WC and the counselling team;7. Drop-in counselling services are identified by the women as being useful;
Model	<ol style="list-style-type: none">8. Model is able to meet the immediate mental health needs of the women served;
University	<ol style="list-style-type: none">9. SW students advance skills (clinical, program development and research);10. SSW increases its ability to offer timely and responsive training opportunities;11. Connections between the SSW, and the professional SW community are enhanced.

Did women come? YES

78 women received SST, 9 received crisis counselling
50 (64%) women came for single sessions, 28 (36%) women had repeat sessions
A total of 156 sessions were offered; 78 were 1st sessions, 78 were repeat sessions

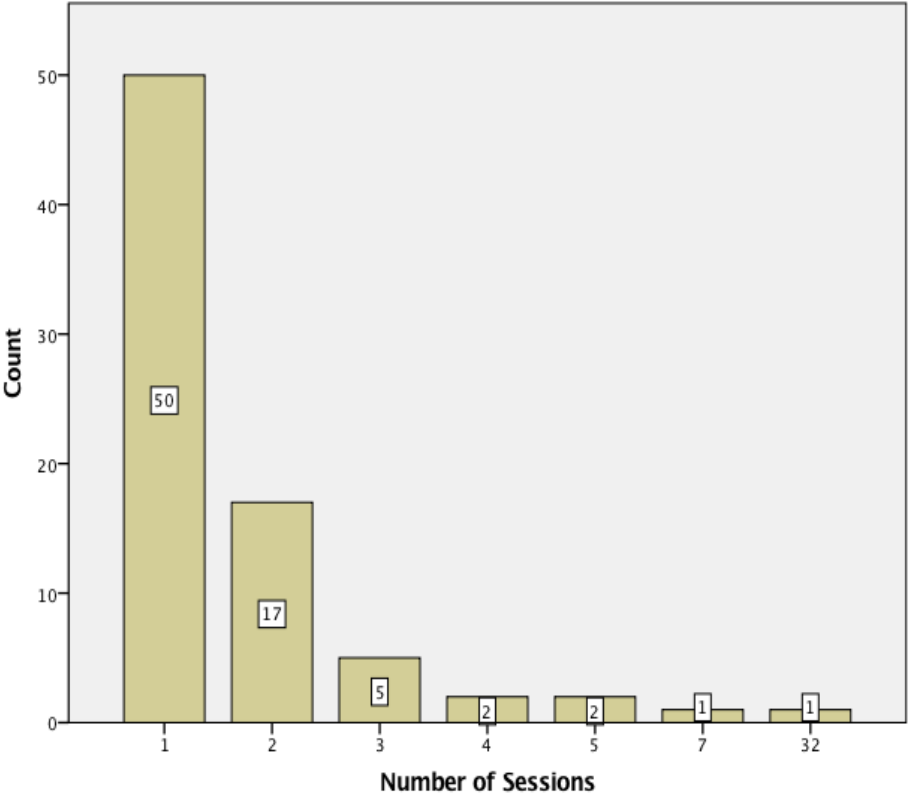


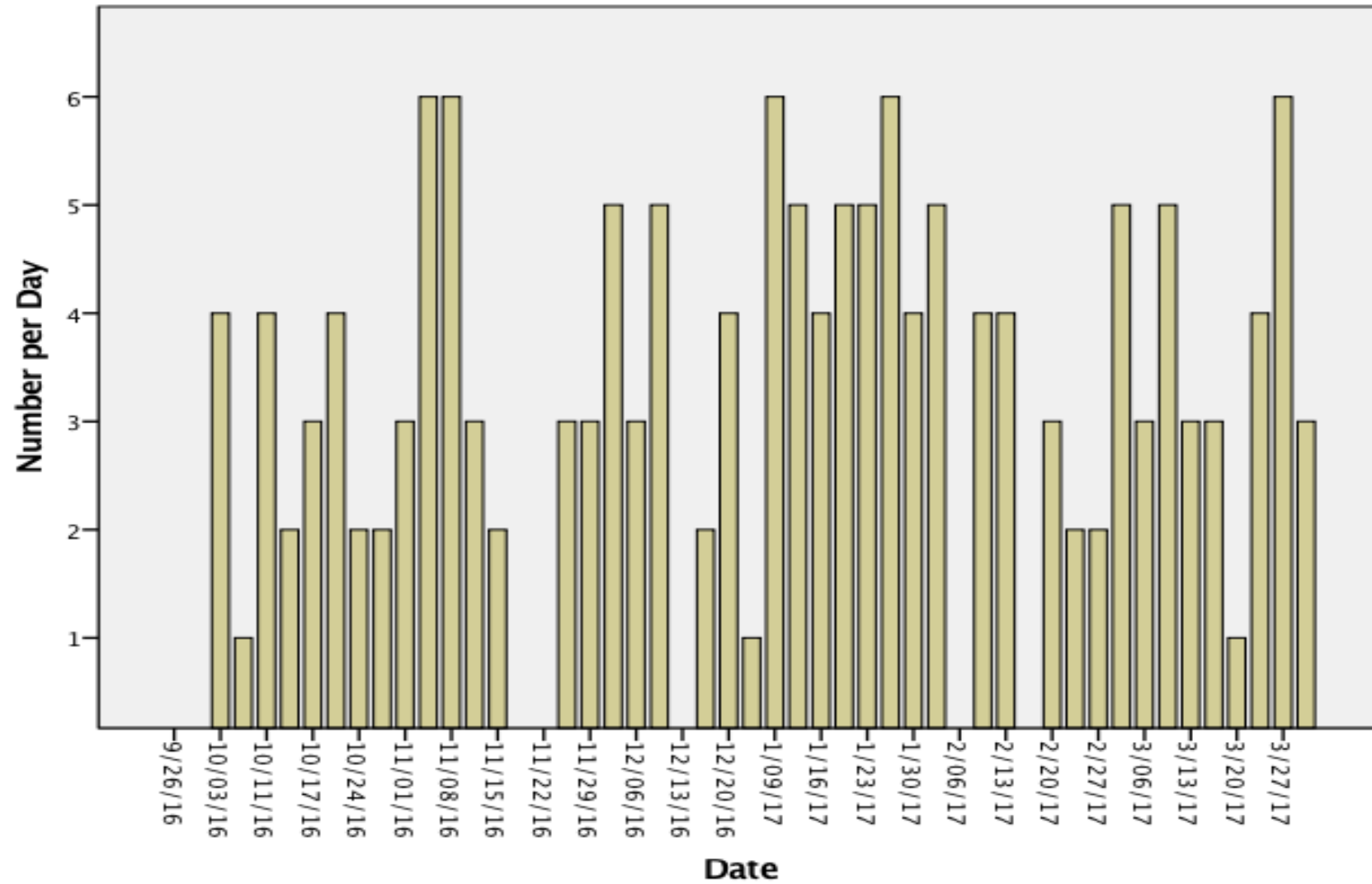
Figure 1.2 Number of Sessions

N	Valid	78
	Missing	0
Mean		2.00
Median		1.00
Mode		1
Std. Deviation		3.615
Variance		13.065
Range		31
Minimum		1
Maximum		32

Figure 1.3 Number of Sessions with Outlier Removed

N	Valid	77
	Missing	1
Mean		1.61
Median		1.00
Mode		1
Std. Deviation		1.114
Variance		1.241
Range		6
Minimum		1
Maximum		7

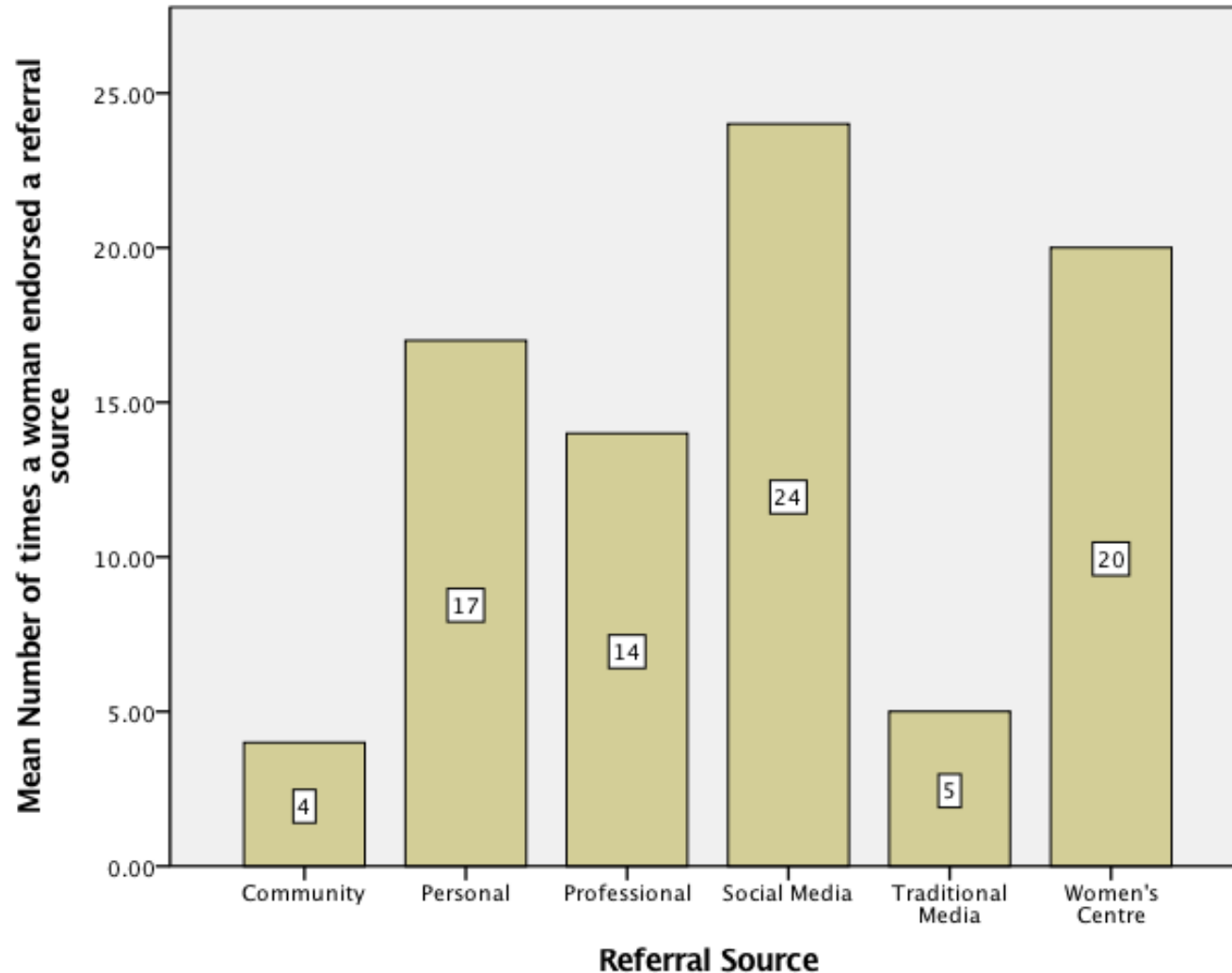
Number of Women Attending Each Clinic Day



Was the service accessible and barrier free? YES

- Free service
- Accessible building
- No referral required
- No files (except for paperwork related to program evaluation)
- Admission, Wait times and Length of Sessions
 - The average length of admission and wait times was 20 minutes
 - The average length of session was 65 minutes
 - The average length of time from when the woman first walked through the door and left after service completion was 90 minutes

Awareness of Service and Promotion



- NTV Evening News
- *The Telegram*
- VOWR Guest Interview
- *Connecting Voices*
- Facebook
- Twitter
- Promotional Cards
- Packages sent to family physicians
- WC – Event Calendar, posters, promotion within existing services (TH drop-in, SHOP, groups etc.)



ST. JOHN'S WOMEN'S CENTRE

Meet our Counsellor



My 25 years counseling and facilitating groups for women in relationship violence is the foundation for my love of single session therapy and has prepared me for this innovative new program for women. As the Program and Advocacy Coordinator at the St. John's Women's Centre I have longed for a feminist service like this that would be designed for women seeking meaningful and accessible counseling right when they needed it most. Using a trauma informed approach with a combination of Feminist and Narrative Therapy principles we created our very own Counseling Model. I am thrilled and proud to be part of the team at the Women's Centre. I am honored to sit with women and do this important work each week.

HAVE YOU BEEN THINKING ABOUT DROPPING IN? TODAY'S YOUR DAY.

Confidential. Free. No appointment needed.

RIGHT HERE, RIGHT NOW:
Drop-In Counselling for Women

Every Tuesday and Wednesday
12 noon to 5 pm
St. John's Women's Centre
170 Cashin Avenue Extension

Was the RHRN Drop-In Counselling Service a “stop-gap” for women Awaiting Mental Health Services? YES

- 25 women (32%) were on waitlists for mental health services
- 36 waitlists (non exclusive categories)
- Average length of wait time 15.6 months, as high as two years
- Number artificially low
- 15 women (19%) accessed service as a post-service or after care measure (traditional MH services, child welfare, women’s shelter)

Session Rating Scale

(Miller, Duncan et al., 2005)

Did Women Find
the Service to be
Useful? YES

Session Rating Scale (SRS V.3.0)

Name _____ Age (Yrs): _____
ID# _____ Gender: _____
Session # _____ Date: _____

Please rate today's session by placing a mark on the line nearest to the description that best fits your experience.

Relationship

I did not feel heard, understood, and respected. |-----| I felt heard, understood, and respected.

Goals and Topics

We did not work on or talk about what I wanted to work on and talk about. |-----| We worked on and talked about what I wanted to work on and talk about.

Approach or Method

The therapist's approach is not a good fit for me. |-----| The therapist's approach is a good fit for me.

Overall

There was something missing in the session today. |-----| Overall, today's session was right for me.

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End of Session – Satisfaction Questionnaire

(RHRN Team, 2016)

**End of Session Evaluation Form
(Satisfaction Questionnaire)**

Please help us evaluate and improve our program by answering a few questions about the service you received at the Drop-In Counselling Clinic at the Women's Center. Please answer all of the questions. We also appreciate your comments. Thank you very much!

CIRCLE YOUR ANSWER				
1	Overall, how did you feel about your entire experience today?			
	4 Excellent	3 Good	2 Fair	1 Poor
2**	Did you feel the counselling session was useful?			
	4 Yes, Absolutely	3 Yes, Generally	2 No, Not Really	1 No, Not at All
3	Did you talk about the things you wanted to talk about?			
	4 Yes, Absolutely	3 Yes, Generally	2 No, Not Really	1 No, Not at All
4	Do you have a better sense of your own strengths?			
	4 Yes, Absolutely	3 Yes, Generally	2 No, Not Really	1 No, Not at All
5**	Do you feel more hopeful?			
	4 Yes, Absolutely	3 Yes, Generally	2 No, Not Really	1 No, Not at All
6	Did you feel valued?			
	4 Yes, Absolutely	3 Yes, Generally	2 No, Not Really	1 No, Not at All
7	Did you feel you were a partner in developing the final plan?			
	4 Yes, Absolutely	3 Yes, Generally	2 No, Not Really	1 No, Not at All
8	If a friend was in need, would you recommend this service?			
	4 Yes, Definitely	3 Yes, I Think So	2 No, I don't Think So	1 No, Definitely Not
9	If you were in need again, would you come back?			
	4 Yes, Definitely	3 Yes, I Think So	2 No, I don't Think So	1 No, Definitely Not
10	Is there anything else you would like to say?			

Please Note: The information collected on this form will be used to evaluate the drop-in counselling program, after which it will be destroyed. Any questions about the evaluation can be directed to Jenny Wright (753-0220 x223) or Catherine de Boer (864-2554).

Results from End of Session Form - Quantitative Data

		How did you feel about your entire experience today?	Did you feel the counselling session was useful?	Did you talk about the things you wanted to talk about?	Do you have a better sense of your own strengths?	Do you feel more hopeful?	Do you feel more valued?	Did you feel you were a partner in developing the final plan?	If a friend was in need, would you recommend this service?	If you were in need again, would you come back?
N	Valid	135	142	135	132	142	126	128	133	135
	Missing	7	0	7	10	0	16	14	9	7
Mean		3.848	3.92	3.90	3.625	3.697	3.579	3.719	3.99	3.97
Median		4.000	4.00	4.00	4.000	4.000	4.000	4.000	4.00	4.00
Mode		4.0	4	4	4.0	4.0	4.0	4.0	4	4
Std. Deviation		.3576	.268	.296	.5434	.5190	.5845	.4891	.087	.170
Range		1.0	1	1	2.0	2.0	2.0	2.0	1	1
Minimum		3.0	3	3	2.0	2.0	2.0	2.0	3	3
Maximum		4.0	4	4	4.0	4.0	4.0	4.0	4	4

Even though mean scores for each question varied slightly, the median and mode for each question is 4 out of 4. Mean scores ranged from 3.58 to 3.99.

- *I got guidance in the plan, I will always have the plan.*
- *You helped me understand what I needed to do.*
- *This really helped me. I have a plan. I know what to do.*
- *I definitely came out with a better sense of my strengths.*
- *Feel better able to cope or at least feel strength to begin coping.*
- *I didn't feel judged here.*
- *I could be myself here.*
- *I feel less alone . . . Very meaningful and genuine.*
- *Thanks to everyone for being so kind. It means so much.*
- *I couldn't wait for the day to come because I knew I could come back.*
- *Last week helped so much, I came back.*

Comparisons Made to Experiences with Other Mental Health Services

- “This session made me more hopeful than I have been in months.”
- “Six months of RHRN is worth eight months of psychiatry.”
- “Most helpful session I have had with any counsellor”.
- This is the best place I have ever come to for help.”
- “I have had lots of counselling before but this today was really good.”

Post-Pilot

- Service has continued without interruption; initially numbers remained stable and now steadily increasing
- In March 2018, SJSWC received \$284,000 from Ministry of Health for a *Team Lead – Counsellor* Position to:
 - Oversee the RHRN Clinic, Supervision and Training of Team, Hold 1 Counsellor Position
 - Facilitate Group Work and Individual Advocacy at WC
 - Community Awareness
- Exploring new initiatives with respect to training, supervision, and development of counselling model

Final Thoughts

- Trust
- “Brave Spaces” – listening and being heard; making a paradigm shift
- Taking time to ensure fit and mutual collaboration
- Physical space and welcoming environment
- Collaborations (University and community, non-profit with Eastern Health, etc.)
- Responsive to needs of women, to community needs and gaps in services; ability of a non-profit to respond creatively and efficiently
- Importance of ongoing evaluation, training and capacity building
- Open to surprise









Listening creates a holy silence. When you listen generously to people, they can hear the truth themselves, often for the first time. And when you listen deeply, you can know yourself in everyone.

Rachel Remen, Kitchen Table Wisdom