



Family Health Team

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Walk-in Counselling: Increasing Access to Mental Health Services in Primary Care

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Background: HCHC - The Context



Hamilton Community Health Center (HCHC) is a large, multi-physician practice with 5 doctors, 2 nurse practitioners, 2 nurses, and approximately 12 assistants.

Located in North Hamilton, a geographic area of the city which has historically experienced high levels of poverty, unemployment/underemployment, inadequate housing and mental health needs including substance misuse.

Due to the demands of this high needs population innovative service delivery models need to evolve to ensure timely access to effective primary care mental health services

HCHC - The Context:



“CODE RED: Where you live affects your health”

The Hamilton Spectator (April 10 to 17, 2010)

A West Mountain neighbourhood has an average age at death of 86.3 years.

A North Hamilton neighbourhood average age at death for the same period was 65.5 years.

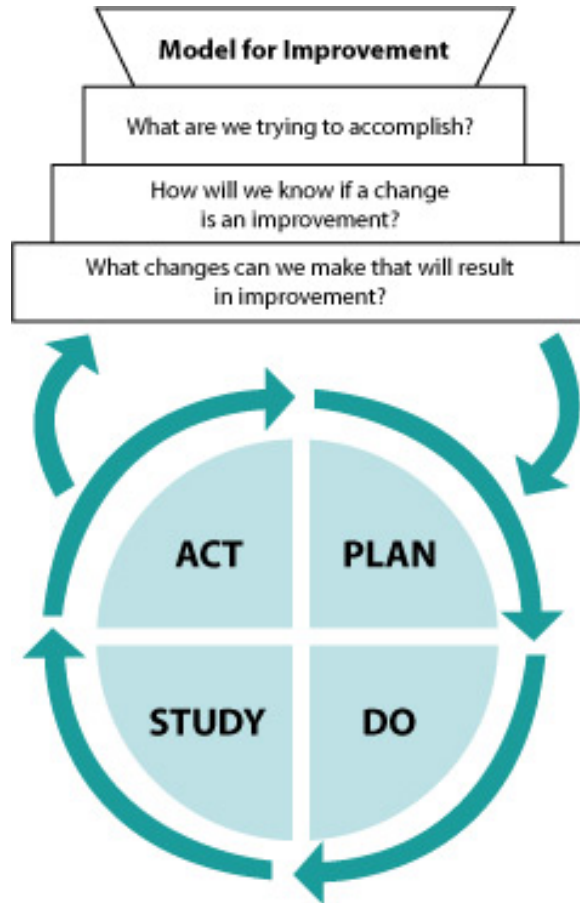
165th world ranking for life expectancy, tied with Nepal, just ahead of Pakistan and worse than India, and Mongolia.

HCHC - The Context:



	North Hamilton	City of Hamilton	Ontario
% age 25-64 no high school diploma	38%	13%	14%
% unemployment rate	12%	6%	6.4%
Median income age 15+	\$16,717	\$30,186	\$29,335
Population density per square KM	4130	505	13

Plan Do Study Act



Plan...



AIM: Overall Goals

- Reduce No Show/Cancellation Rates
- Reduce wait times
- Make MH Services accessible in a timely manner
- Offer solution focused, brief intervention

Plan...



Single Session Therapy

Literature Review

A universal component of brief therapy is "an emphasis in the rapid introduction of a novel set of thoughts, interpretations, and/or tasks" (Budman, Hoyt, & Friedman, 1992, p. 347).

Among the significant findings pertinent to single-session therapy is that, typically, most of the improvement in therapy occurs in its initial sessions, with further gains slowing in subsequent sessions (Battino 2006; Hubble, Duncan, & Miller 1999; Seligman, 1995).

“Viewing therapy sessions as self-contained entities focused on a specified piece of clinical work or practical problem can produce immediate and positive results” (Talmon, 1990).

Plan...



Single Session Therapy

Who Can Benefit

Adults, children and teens who have been **traumatized and are considered to be at high risk**, can be helped through brief therapy.

For clients who are **in a crisis situation**, brief therapy can provide a useful service while the window of opportunity for change is still open.

Clients who have **experienced long-standing problems** can benefit because of the early introduction of novelty and the exploration of differences.

Patients who come **to solve specific problems**.

Patients **faced with a truly insoluble situation**. It will help to recast goals in terms that can be productively addressed.

Do...

Program Structure

Weekly walk-in counselling service

Operating two half days

Tuesdays 3:00pm to 6:00pm.

Wednesdays 9:00am to Noon.

Staffed by

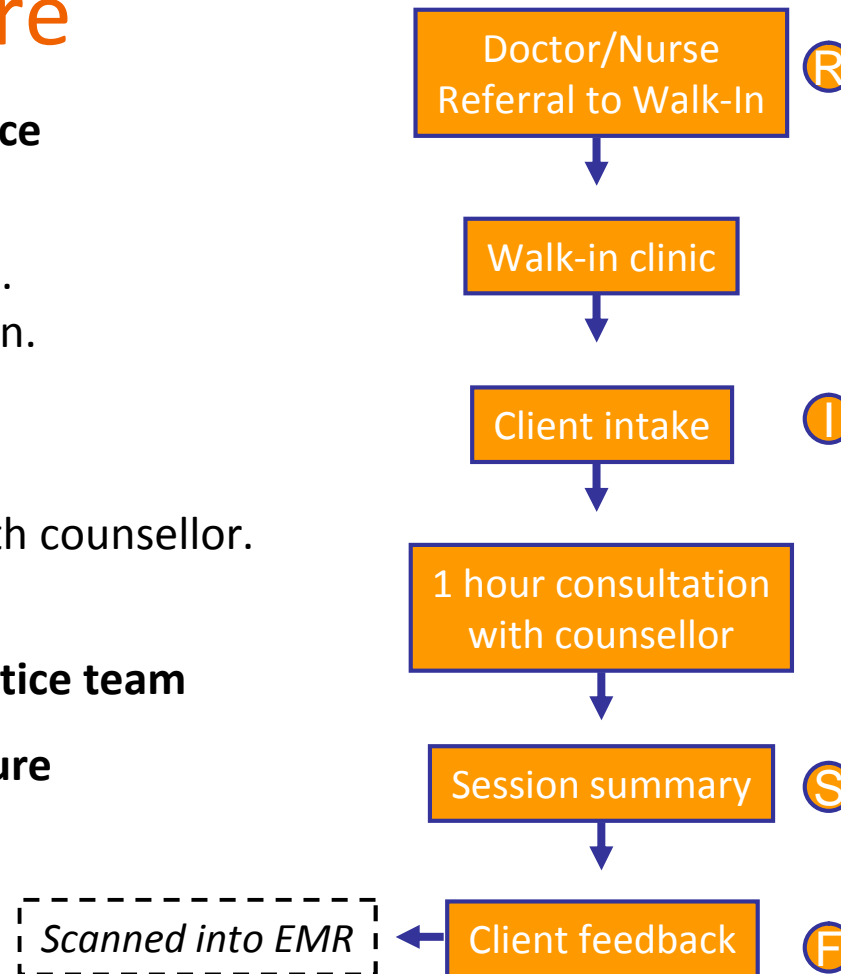
3 mental health counsellors.

1 child & youth mental health counsellor.

1 substance use counsellor.

Support of the larger family practice team

Single session counselling structure



Walk-In Referral



Hamilton Community Health Centre Walk-in Counselling Service

Location: Hamilton Community Health Centre – 414 Victoria Ave. North
Room: Suite M1B
Day: Wednesday mornings
Time: 9 a.m. to 12 noon

Who this service is for:

- Patients of who have been referred to Mental Health Services by their HCHC Family Physician
- Patients who may benefit from a one-session, solution-focused counselling approach

What this service provides:

We provide counselling sessions that are approximately **one hour long** and are offered on a **first-come first-served** basis. There is no appointment required. The last appointment will start at 11:00. If we are very busy, you may have to wait for a counsellor, or you may be asked to return another day.

At the end of the session, you will be given a written record of what was talked about. This may include suggestions or recommendations for next steps. You may also be referred to other community service agencies that might be helpful to you.

HCHC Walk-In Counselling Referral

Patient's Name: _____ **Date:** _____

Referral initiated by:

- Dr. _____

Walk-In Intake Form



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HCHC Walk-In Counselling Client Intake Date March 24, 2010

Please answer as many of these questions as you can while you wait for an available counsellor. This will help us to match you with a counsellor that best suits your needs.

Name _____

Date of birth _____ Family Doctor Dr. Grandwilewski

Phone _____ OK to leave a message? Yes No

Are you here today because of a concern about; (circle one or more)

Yourself Your child Another person

Who? Name _____ Relationship _____

If child or youth; School _____ Grade _____

Who is here with you today? alone

Who lives with you?

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

If you have children, do they live with you full time? Yes No

Who else do they live with?

Name Adults: own homes Relationship _____

1. What is the most important concern that brings you here today?

extreme anxiety
depression
scared

2. What would be important to know about this concern?

How to control/cope more effectively
why worsening?

Turn page over

3. How does this concern affect; you, your partner, or your family?

keep it mostly to myself. Affects quality of life, health.

4. What can we work on today that will make a difference?

Whatever seems appropriate I can't seem to prioritize right now.

5. Please list any community services you use now, or have used before.

6. Are you, your child or anyone else at risk of harm to self or others?

Yes No If Yes, Who? _____

7. Is there anything else you would like to share that will be helpful?

Family situation exacerbating problems but I suppose that is true for everyone!

8. Are you comfortable working with either a male or female counsellor? Yes No

preference

Walk-In Session Summary



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HCHC Walk-In Counselling Session Summary Date: July 15/09
Name: _____ DOB: _____
Doctor: Greenspoon
Mental Health Counsellor: Tim Elliott
Client Goal / Outcome Wanted:
① talk about stress / anxiety
② discuss / support drug -

Related History/Information:
① past drug use.
② lives with _____ (WF) stressful
③ has ABI??

Issues Addressed:
① discuss. seeing drug counsellor
② anxiety.

Next Steps: Recommended/Agreed
① ride bike away from "available drug"
② come to Tuesday walk-in.
③ encourage _____ to seek group counselling.

 I accept responsibility for the safekeeping and sharing of this information.
 I understand that a copy of this summary will be placed in my patient file.

Signature Date July 15/09

Walk-In Session Feedback



HCHC Walk-In Counselling Clinic Feedback Form

INSTRUCTIONS:

We would like to hear from all who have visited the walk-in clinic. Please take a few minutes to complete this questionnaire. The walk-in counselling team and facilitator will review the questionnaire. Your feedback will be used to help us make changes so that this service can be most useful to you.

1. Did the session assist you in dealing with the problem(s)?

Very Much Mostly Somewhat A Little Not at all

2. Did it help you to develop a plan to address the problem(s)?

Very Much Mostly Somewhat A Little Not at all

3. How hopeful are you that this plan will be helpful?

Very Much Mostly Somewhat A Little Not at all

4. Was attending the walk-in clinic more convenient for you than scheduling a regular appointment?

YES NO

5. Are Wednesday mornings convenient for you?

YES NO

If not, what time would you prefer?

6. Any other comments you would like to make:

Believe it or NOT I feel better. But I know this is just the beginning.

Thank-you for taking the time to fill out this form; we appreciate your feedback.

Do...



July 2008: Wednesday morning 9:00am to noon walk-in counselling services began.

August 2009: Initial program evaluation, walk-in times extended to Tuesday evenings 3:00 to 6:00pm.

April 2010: Full program review and evaluation.

Study...



Doctor Referral Issues

Depression/Anxiety	= 48.5%
Substance Use/Alcohol Use	= 8.5%
Suicidal Ideation	= 7%
Bereavement Issues	= 6%

Study...



Patient Referral Issues (intake form)

- Depression/Anxiety = 40%
- Anger/Stress = 15%
- Relationship/Parenting = 12%
- Personal Problems/Financing = 12%
- Self Harm/Trauma = 8%
- Substance Use = 8%

- Other:
 - “I was sent here by my doctor”
 - “I just had it!”
 - “Need help with sponsorship of my husband”

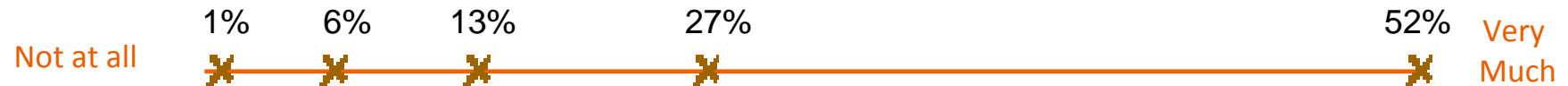
Overview of Client Feedback



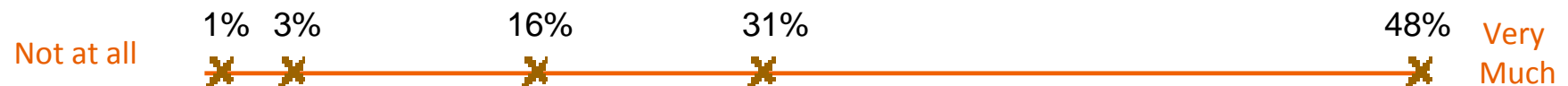
1. Did the session assist you in dealing with the problem(s)



2. Did it help you to develop a plan to address the problem(s)?



3. How hopeful are you that this plan will be helpful?



4. Was attending the walk-in clinic more convenient for you than scheduling a regular appointment?



5. Are Wednesday mornings convenient for you?



Study...

Client Feedback



General themes arising in comments:

- A sense of feeling better.
- Hope for the future.
- Gratitude for the service.
- Appreciation of being listened to, non-judgmental, relaxed atmosphere.
- Service was helpful, e.g. have a plan, got help, increased understanding and insight.
- Not having to wait:
 - knowing they can return without an appointment.
 - being able to see someone right away.
- Appreciate having an option:
 - “puts the control back in their hands”.
 - having late afternoon/early evening hours to accommodate work and school.

Study...

Practice Focus Group Feedback



Office administration and support staff:

- They experience less frustration and anger from patients because they can offer quick access to support.
- They don't have to listen to the “whole story” because they can direct them to the walk-in – saves them time.
- Having this option makes their job easier as they can provide for the needs of patients.

Health care professionals:

- It saves them time and prevents them from getting backed up – they can refer patients with urgent mental health concerns to the Walk-in rather than handle themselves.
- They feel a “palpable sense of relief at having this resource available onsite”.

Study...



Practice Focus Group Feedback

Issues, Concerns:

- Intake form completion; literacy and language concerns.
- Uneven utilization, some days are very busy, others are not.
- Fit with counsellor – some patients report “personality” or gender clashes.

Needs / Possibilities:

- May benefit from an ongoing, open, health promotion group utilizing in part a peer support model
- May benefit from inviting community services staff to offer other services at the Walk-in
- Increase hours of the Walk-in Counselling Service
- Need to continue to promote and advertise the service

Study...



Impact and Re-evaluation of Initial Goals

Reduce No Show/Cancellation Rate

No significant impact

Reduced Wait Times

?

Making Mental Health Services Accessible

In a Timely Manner

Initial point of contact

Offer problem solving,

Brief Intervention

Develop a plan of action

Study...

Conclusions



There is value in a primary care walk-in model.

- quicker access to mental health services, more flexible service
- problem focused approach offers some immediate relief.
- provides a positive introduction to mental health services.
- greater support to staff and other health care professionals

Different then 'traditional' walk-in structure.

- single session acts as an introduction and access to ongoing services.
- walk-in used to complement mental health services.
- supports the patient culture associated with HCHC.

Act...



The Future

- Continue with walk-in model
- Increase patient input and participation in program development
- Centralized walk-in service incorporating various primary care practices.
- Extending services to meet unique needs of population
(i.e. credit counselling, housing services)
- Utilizing this format for other practice based program delivery
(i.e. information drop-in groups)



Contact Information

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