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.
“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.
<table>
<thead>
<tr>
<th></th>
<th>North Hamilton</th>
<th>City of Hamilton</th>
<th>Ontario</th>
</tr>
</thead>
<tbody>
<tr>
<td>% age 25-64 no high school diploma</td>
<td>38%</td>
<td>13%</td>
<td>14%</td>
</tr>
<tr>
<td>% unemployment rate</td>
<td>12%</td>
<td>6%</td>
<td>6.4%</td>
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<tr>
<td>Median income age 15+</td>
<td>$16,717</td>
<td>$30,186</td>
<td>$29,335</td>
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<tr>
<td>Population density per square KM</td>
<td>4130</td>
<td>505</td>
<td>13</td>
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Plan Do Study Act

- Model for Improvement
  - What are we trying to accomplish?
  - How will we know if a change is an improvement?
  - What changes can we make that will result in improvement?

- PLAN
  - Do
  - Study
  - Act

Hamilton Family Health Team
Better care, together.
AIM: Overall Goals

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

Scanned into EMR
Walk-In Referral

Hamilton Community Health Centre Walk-in Counselling Service

Location: Hamilton Community Health Centre – 414 Victoria Ave. North
Room: Suite 110B
Day: Wednesday mornings
Time: 8 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

HCFC Walk-In Counselling Client Intake  Date March 24, 2016

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. Grandt

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 _______________________________ 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?

3. How does this concern affect you, your partner, or your family?
   keep it really to myself, affect 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?
   ________________________________
   ________________________________
   ________________________________

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

Turn page over
Walk-In Session Summary

**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. long with (57) stressful
3. has ABI ?

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

**Next Steps: Recommended/Agreed:**
1. ride bike away from "average drug"
2. come to Tuesday walkin
3. encourage to seek support elsewhere

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- 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
## 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 questionnaires. 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?**
   - a YES
   - a NO

5. **Are Wednesday mornings convenient for you?**
   - a YES
   - a NO
   - If not, what time would you prefer?

6. **Any other comments you would like to make:**

   Believer it or not I feel better. But I know this is just the beginning.

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

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

| Not at all | 1% | 7% | 12% | 20% | 58% Very Much |

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

| Not at all | 1% | 6% | 13% | 27% | 52% Very Much |

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

| Not at all | 1% | 3% | 16% | 31% | 48% Very Much |

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

| No | 2% | 82% Yes |

5. Are Wednesday mornings convenient for you?

| No | 13% | 87% Yes |
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.
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”.

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
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
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.
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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References


