

Grand River
Community
Health Centre

Managing the Counselling Waitlist in a Rural Community at Grand River Community Health Centre

Breanne Van Bommel, RP¹ (Qualifying), Beth Pearson, MSW¹, Anka Brozic¹

¹Grand River Community Health Centre, Brantford, ON

Existing Process

- Historically, the counselling program at the Grand River Community Health Centre did not have a triage tool for clients being referred to internal counselling services. In the past, clients would meet with their provider and occasionally, providers would complete basic screeners, such as the PHQ-9 (Kroenke et al., 2001) and GAD-7 (Spitzer et al., 2006) to measure the severity of symptoms for depression and/or anxiety. A generic referral would then be made on the client's behalf to the counselling team and the client would be added to the waitlist. The counselling program staff would then work through the wait list based on the date of referral rather than the severity of symptoms.
- In initial appointments with clients, the counselling program staff were noticing a trend where clients, who were later deemed “low” or “moderate” risk, did not necessarily require 1:1 counselling, but rather, required connection to their community through attending social groups, psychoeducational groups, etc.
- Ultimately, some clients were on the waitlist for 2-4 months to be given resources, program information, and referrals to social prescribing rather than being connected to these resources right away.
- Due to the lack of efficiency that this process provided, the Grand River Community Health Centre Counselling Program has been re-designed. The new process involves a Group Orientation and Triage Tool for assessing risk and providing resources and support in a more efficient way.

New Process

- The counselling program staff developed a virtual Group Orientation process for clients on the counselling waitlist to determine "low", "moderate" and "high" risk clients.
- Group Orientation consists of inviting clients from the counselling waitlist to meet the counselling program staff, learn about the counselling program and services, and get connected to resources (internally and externally) while waiting for 1:1 services.
- Program staff utilize breakout rooms to meet individually with clients to complete the PHQ-9 (Figure 1), GAD-7 (Figure 2), and Risk Rating Form (Figure 3). Those assessed as "high" risk would leave the orientation with an appointment for a counselling intake.

The benefits of running a Group Orientation are as follows:

- ❖ Patient Centered - clients are offered resources (psychoeducational groups, social groups, social prescribing, system navigation) that may meet their needs vs. waiting for 1:1 counselling services.
- ❖ Efficiency - clients are being connected to resources sooner.
- ❖ Minimizes Wait List - clients who connect with a social group (for example) may not need 1:1 support. Clients who cannot be contacted will be removed from the waitlist during the Group Orientation contact process.

Triage Tools

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
Depression Screening				
1 Little interest or pleasure in doing things	0	1	2	3
2 Feeling down, depressed, or hopeless	0	1	2	3
PHQ-9 Depression Assessment				
3 Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4 Feeling tired or having little energy	0	1	2	3
5 Poor appetite or overeating	0	1	2	3
6 Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0	1	2	3
7 Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8 Moving or speaking so slowly that other people could have noticed, or the opposite - being so fidgety or restless that you have been moving a lot more than usual	0	1	2	3
9 Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
10 If you check off any of these problems how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	0	1	2	3
0 - Not difficult 1 - Somewhat difficult 2 - Very difficult 3 - Extremely difficult				

Figure 1: PHQ-9 (Kroenke et al., 2001)

General Anxiety Disorder Assessment (GAD-7)				
Name	Date			
Over the last two weeks, how often have you experienced these symptoms?	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious, or on edge?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Not being able to stop or control worrying?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Worrying too much about different things?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Trouble relaxing?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Being so restless that it is hard to sit still?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Becoming easily annoyed or irritable?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Feeling afraid as if something awful might happen?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Score	Risk level			
0-4	Minimal anxiety			
5-9	Mild anxiety			
10-14	Moderate anxiety			
15-21	Severe anxiety			
Add the score for each column: + +				
Total score:				
If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?				
<input type="checkbox"/> Not difficult at all	<input type="checkbox"/> Somewhat difficult	<input type="checkbox"/> Very difficult	<input type="checkbox"/> Extremely difficult	

Figure 2: GAD-7 (Spitzer et al., 2006)

Presenting Issues/ Risk Factors:		
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Substance Use	
<input type="checkbox"/> Depression	<input type="checkbox"/> Grief	
<input type="checkbox"/> Personality Disorder	<input type="checkbox"/> Trauma	
<input type="checkbox"/> Emotional Dysregulation	<input type="checkbox"/> Physical Health Concerns	
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Suicidal Ideation	
<input type="checkbox"/> Thought Disturbance		
<input type="checkbox"/> Other:		
IF THERE IS IMMINENT RISK TO PATIENT OR OTHERS, PLEASE REFER TO SOAR CRISIS AT 519-759-7188		
Please indicate the overall risk level of the individual below:		
LOW RISK	MODERATE RISK	HIGH RISK
LOW RISK = functioning day to day, needs could be met through psychoeducational group, able to cope with general stressors, could wait 4-6 weeks to be seen for supportive listening MODERATE RISK = patient has formal diagnosis, moderate functioning/ coping with day-to-day tasks/stressors, could wait 3-4 weeks to be seen, requires 1:1 counselling HIGH RISK = current, ongoing suicidal ideation, unforeseen distressing event, needs to be seen within 1-2 weeks, requires 1:1 counselling		

Figure 3: Risk Rating Form, Counseling Program, Grand River Community Health Centre

Group Orientation

The Counselling team held three group orientations between March – May 2025. All orientations were held virtually.

Orientation #1

The first orientation was attended by 8 clients from the counselling wait list. 6 clients were assessed as “low – moderate” risk and were given internal and external resources while they remained on the wait list. 2 clients were assessed as “high” risk and were given a 1:1 counselling appointment for the following week.

Orientation #2

The second orientation was attended by 6 clients from the counselling waitlist. 3 clients were assessed as “low-moderate” risk and remained on the waitlist while being offered both internal and external resources. 1 client was assessed as “high” risk and was given a counselling intake appointment within the next two weeks. 2 clients determined that they would like to attend programming within the Centre and no longer wished to remain on the waitlist. 4 clients did not attend.

Orientation #3

The third orientation was attended by 5 clients from the waitlist. 4 clients were assessed as “low-moderate” risk and were provided with internal and external resources and remained on the waitlist. 1 client was assessed as “high” risk and was given a counselling intake appointment within the next two weeks. 1 client did not attend.

Results

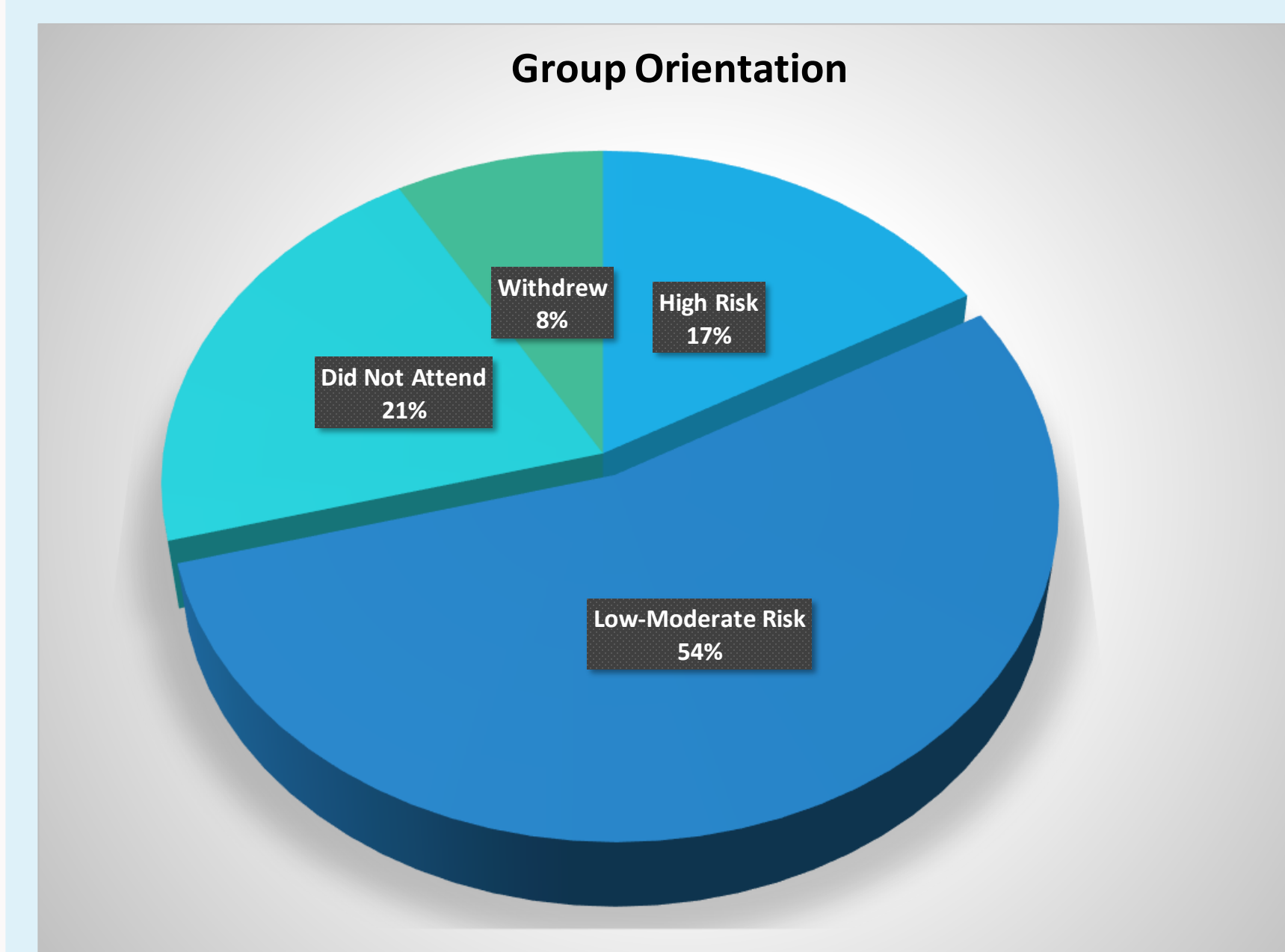


Figure 4: Group Orientation Results, Grand River Community Health Centre. Categories included Low-Moderate Risk, High-Risk, Did Not Attend and Withdrew.

Results (cont'd)

The Results from the 3 Group Orientations determined that:

- 16% of clients were identified as “high” risk and given a timely intake appointment.
- 54% of clients were identified as “low-moderate” risk and were provided with internal and community resources.
- 0.08% of clients decided to be removed from the waitlist once given resource information.
- 20% of clients did not attend the Group Orientation.

Conclusion

- Counselling Program Staff found that the new process helped with managing the counselling waitlist by prioritizing “high” risk clients as well as connected all clients to internal and external programming and resources in a more efficient way.
- Between March – May 2025, 24 clients were assessed and triaged from the counselling waitlist.
- The Group Orientation had an 80% attendance rate.
- Clients identified as “high” risk were given a counselling appointment within a 2-week period.
- Clients that did not attend the Group Orientation or contact program staff were removed from the waitlist.
- Clients were also asked about their preferred orientation format. 65% of clients identified virtual orientation as preferred due to ease of use and accessibility concerns. 35% of clients preferred an in-person orientation.
- In the future, the counselling team will offer both virtual and in person orientations. The benefit to an in-person orientation would include a tour of the Centre as well as meeting other program staff.

References

Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (2001). The PHQ-9: Validity of a brief depression severity measure. J Gen Intern Med, 16(9), 606-613.

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Contact Information

Beth Pearson - bpearson@grchc.ca
Breanne Van Bommel - bvandeven@grchc.ca

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