



Walk-in Services for Child & Family Mental Health: Review of Research

What Was Studied?

Across Canada, lengthy wait lists keep children and families from receiving the mental health care they need when they need it. In contrast, walk-in clinics provide immediate service. A systematic scoping review was conducted to answer the question: ***How have the characteristics, effectiveness, and costs of walk-in clinics services been studied and discussed over the past decade? What results have been reported?***

A systematic scoping review of research was conducted by K. Bloom, J. Tam, A. Howorth-Yantzi, Y. Rajmohan, & L. Snyder. The work was supported by the Social Sciences and Humanities Research Council of Canada through a Partnership Development Grant: “Building Systems for Sustainable Knowledge Mobilization,” the University of Waterloo, and Knowledge Impact Strategies Consulting Ltd.

Research Review

On January 7, 2014 a literature search was conducted using the Scopus[®] database, and supplemented by the Google, Google Scholar, and lists of research awards from funding agencies. Search terms included walk-in, single session, brief, solution-focused, narrative, therapy, counselling, community, child, youth, adolescent, family, mental health, and so forth. Individual journals and article reference lists were searched for additional articles. Experts in the field were contacted to obtain advice and clues to other documents. Nineteen articles met the following criteria. Over 70% of the reports originated from Canada.

- Published in English
- Written with a focus at least in part on walk-in mental health services
- Disseminated in or after 2000

#	Research Focus & Results
1.	Only 2 articles attempted to directly compare the effectiveness of walk-in versus scheduled services. Neither article obtained sufficient data to conduct head-to-head comparisons.
2.	In 7 studies, clients reported symptom improvements from before to after walk-in clinic therapy.
3.	Across 8 studies, clients expressed satisfaction with the walk-in session, therapists, hours of service, waiting-room time, and the degree to which the clinic was culturally respectful. Clients recommended that clinics provide opportunities for return visits with the same therapist, longer sessions, and more public promotion of walk-in services.
4.	Across 14 studies, walk-in clinics reported using one or more of three therapeutic models: solution-focused therapy, narrative therapy, and cognitive behavioural therapy.
5.	Four articles studied special client populations including: individuals with low income, Hispanics, Aboriginal Australians, street youth, and women who suffered domestic or childhood abuse.
6.	Two studies discussed costs effectiveness. One of them estimated reduced societal costs of \$21 per person over the first month following a walk-in session (Horton et al., 2012).

Citations and Their Focus

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