



Telephone assessment and counselling as a strategy to reduce waiting times for adults requiring counselling services

Date: June 2007

Requestors: Winnie Pham
"Staying in touch" project worker
Cardinia-Casey Community Health Service

Suggested citation: Allen K. Telephone assessment and counselling as a strategy to reduce waiting times for adults requiring counselling services. Evidence Report. Melbourne, Victoria: Centre for Clinical Effectiveness, Southern Health. 2007.

Abstract

- Background:** The Cardinia-Casey Community Health Service (CCCHS) provides counselling services to adult patients. Previously, long waiting list times have been an issue. The "Staying In Touch" project was introduced at CCCHS to address this. The project involves a coordinator to manage the waiting list, assess referred clients via the telephone, and stay in touch with clients until a counsellor became available. CCCHS were interested in knowing whether there was any evidence to support the Staying In Touch project.
- Clinical Question:** In services providing counselling to adults is telephone assessment and counselling an effective management strategy to reduce waiting times?
- Methods:** We included all trials published in English. We searched The Cochrane Library, including The Cochrane Database of Systematic Reviews, DARE, CENTRAL, HTA and NHS EED in June 2007. We also searched Medline, CINAHL and PsycInfo. Studies were selected and appraised by one reviewer in consultation with colleagues, using inclusion, exclusion and appraisal criteria established a priori.
- Results:** No relevant studies were identified.
- Discussion:** The lack of comparative studies identified in the area of management of waiting lists for counselling means that we are unable to give a conclusive answer to this question. Whilst a large number of articles were returned by the searches these articles tended to relate to studies that compared telephone counselling to face to face counselling or those that examined the effectiveness of interventions by comparing an intervention group to 'wait list controls'. None of the articles measured effect on managing waiting lists or reducing waiting times.
- Conclusion:** For services providing counselling to adults, there is no evidence to indicate whether telephone assessment and counselling of patients is an effective tool for managing waiting lists.

Background

The Cardinia-Casey Community Health Service (CCCHS) provides, amongst other services, counselling to adult patients requiring assistance with depression, grief, domestic violence, loss, anxiety and other domestic issues.

Previously, long waiting times have been an issue. The "Staying In Touch" project was introduced at CCCHS to address this. The project involves a coordinator to manage the waiting list, assess referred clients via the telephone, and stay in touch with clients until a counsellor became available.

Telephone assessment enables clients referred to CCCHS inappropriately to be directed to more suitable services. Staying in touch by telephone whilst waiting for face to face counselling enables clients to be monitored and reassured.

Waiting list times for counselling have now reduced. Whilst it is acknowledged that extra resources, as well as some recent changes to Medicare (psychologists are now allowed to bulk bill patients), may have contributed to this reduction, the CCCHS were interested in knowing whether there was any evidence to support the Staying In Touch project.

Clinical Question

In services providing counselling to adults is telephone assessment and counselling an effective management strategy to reduce waiting list times?

Methods

Study Selection Criteria

Patient	Inclusion: Adults aged 18 years of age and older requiring counselling for depression, grief, loss, anxiety, domestic/family violence, relationship counselling and other general issues. Exclusion: Patients under 18 years of age. Patients awaiting surgery.				
Intervention	Inclusion: Telephone interventions to reduce or better manage waiting lists for counselling. Exclusion: -				
Comparison	Inclusion: Standard practice. Exclusion: -				
Outcomes	Inclusion: All Exclusion: -				
Study Type	Any comparative study	Publication Date	Any	Language	English

Search Strategy

Evidence Source	Date of Search or Issue searched
All EBM (Ovid) *	15 June 2007
The Cochrane Library (HTA and NHS EED)	15 June 2007 (Issue 2, 2007)
Medline (Ovid)	15 June 2007 (1950 to present)
CINAHL (Ovid)	15 June 2007 (1982 to Week 2 June 2007)
PsycInfo	15 June 2007 (1967 to Week 2 June 2007)

*(including The Cochrane Database of Systematic Reviews, DARE, CENTRAL and ACP Journal Club)

Search Terms in Medline

Patient	exp Counselling/ or exp Marital Therapy/ or exp Couples Therapy/ or exp Family Therapy/ or exp Psychotherapy/ or (counsel\$ or therap\$).mp.
Intervention	(telephone\$ or phone\$).mp. or exp Telephone/ or exp Telemedicine/
Comparison	-
Outcomes	(wait\$ or list\$ or appointment\$ or schedule\$).mp. or exp "Appointments and Schedules"/ or exp Waiting Lists/

Data Collection & Analysis

Inclusion, exclusion and appraisal criteria were established a priori. Studies were reviewed by one reviewer in consultation with colleagues.

Results

The search returned over 4,000 articles which were reviewed by title and, when a decision could not be reached based on title alone, abstract and/or full text.

No article met the inclusion criteria for this review.

Discussion

The lack of comparative studies identified in the area of management of waiting lists for counselling means that we are unable to give a conclusive answer to the this question.

In searching for evidence in this area we expanded the inclusion criteria to a larger patient group than that counselled at CCCHS. Whilst CCCHS does not perform group therapy, crisis counselling or couples and family counselling these areas of counselling were still included in the search strategy as it was recognised that an intervention to manage waiting lists for these types of counselling may be applicable to CCCHS. Likewise, whilst CCCHS only counsels adults between the ages of 25 and 65 years of age, all adult counselling services were included. Interventions for reducing waiting lists for surgery patients were excluded as it was felt by CCCHS that this was a very different patient group.

Whilst a large number of articles were returned by the searches these articles tended to relate to studies that compared telephone counselling to face to face counselling or those that examined the effectiveness of interventions by comparing an intervention group to 'wait list controls'.

None of the articles measured effect on managing waiting lists or reducing waiting list times.

Conclusions

For services providing counselling to adults, there is no evidence to indicate whether telephone assessment and counselling of patients is an effective tool for managing waiting lists.

Disclaimer

The information in this report is a summary of that available and is primarily designed to give readers a starting point to consider currently available research evidence. Whilst appreciable care has been taken in the preparation of the materials included in this publication, the authors and Southern Health do not warrant the accuracy of this document and deny any representation, implied or expressed, concerning the efficacy, appropriateness or suitability of any treatment or product. In view of the possibility of human error or advances of medical knowledge the authors and Southern Health cannot and do not warrant that the information contained in these pages is in every aspect accurate or complete. Accordingly, they are not and will not be held responsible or liable for any errors of omissions that may be found in this publication. You are therefore encouraged to consult other sources in order to confirm the information contained in this publication and, in the event that medical treatment is required, to take professional expert advice from a legally qualified and appropriately experienced medical practitioner.
