

# INPLASY

## Walk-in Counselling in Non-Profit Mental Health Organizations: A Rapid Scoping Review Protocol

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### ADMINISTRATIVE INFORMATION

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**Review Stage at time of this submission** - Data extraction.

**Conflicts of interest** - None declared.

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**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 7 October 2025 and was last updated on 7 October 2025.

### INTRODUCTION

**Review question / Objective** To enhance the walk-in counselling (WIC) programs offered in diverse non-profit organizations in the Region of Peel, including those providing services for immigrant and refugee communities, families, and individuals we intend to conduct a rapid scoping review of existing academic and grey literature on existing WIC models and approaches implemented in non-profit organizations globally, and their observed impacts. The objectives are as follows:

- 1) To identify and understand existing evidence on models and implementation and delivery approaches used for WIC programs in non-profit organizations offering counselling services.
- 2) To characterize these WIC models and implementation and delivery approaches according to the populations served, types of providers involved, therapy modalities adopted, delivery models used, duration, and program impacts.
- 3) To identify and characterize best practices for WIC programs in non-profit organizations.

The following research questions that guide this scoping review are:

- a) What evidence has been published on WIC models and implementation and delivery approaches used in non-profit organizations offering counselling services?
- b) What are the main characteristics of these WIC models and approaches regarding their theoretical framework, modalities used, components, implementation strategies, and short and long-term impacts?
- c) What, if any, are the best practices for WIC programs in non-profit organizations?

**Background** Over the past 15 years, non-profit organizations in Ontario (Canada) offering mental health services have increasingly adopted walk-in and brief service counselling (WIC) models/approaches to reduce waiting times and enhance accessibility for service users.<sup>1,2,3</sup> WIC is a service delivery model that typically offers a single or a limited number of counselling sessions to individuals or families. Individuals or families can attend the service without an appointment and are typically seen by a counsellor within an hour.<sup>4</sup> It is

important to recognize that WIC can differ from single session counselling since not all WIC is a single session, and single-session counselling is WIC.<sup>1</sup> Some WIC programs may allow clients to attend another follow-up meeting. However, this may be with a new counsellor. Despite their differences, WIC and single-session therapy approaches draw on similar foundational principles.<sup>1</sup> Both WIC and single-session therapy services may use systemic, solution-focused, narrative, dialectical behavioural, and/or cognitive-behavioural approaches or components.<sup>5,6</sup>

WIC has been identified as a promising approach to managing the increased demand for mental health services and long waiting lists for clients seeking such services.<sup>4,7</sup> Comparing two agencies in Ontario, one with a WIC model and one with a traditional wait list approach, Reimer et al.<sup>4</sup> found that clients presenting with more complex needs and mood issues seemed to benefit more from the WIC model compared to the traditional model, particularly during the four weeks following the initial session. Similarly, in a systematic review of single-session therapy, Kim et al.<sup>6</sup> found that, while research on this approach is minimal, single-session therapy has shown positive results for people experiencing depression. Related to accessibility to WIC, people can access the service quickly and easily; therefore, it has been indicated by service users to be one of the most important elements of the WIC model they like the most.<sup>5</sup> However, there is a need to better understand the benefits of WIC and best practices for implementing successful WIC programs, particularly within community-based and non-profit organizations. These settings often serve diverse populations with unique mental health needs, including individuals facing intersecting systemic, structural, and personal barriers, such as immigrant and refugee communities, individuals and families with low socioeconomic status, and those from ethnocultural and diverse identity backgrounds that are often racialized, excluded and underserved.

**Rationale** According to The State of Mental Health in Canada 2024 report, the mental health of Canadians is three times worse than before the pandemic.<sup>8</sup> Findings from the Mental Health and Access to Care Survey suggest that of the more than 5 million Canadians experiencing significant negative mental health impacts, 36.6% reported that their needs related to mental health-related information, medication, and counselling, were either partially (25.8%) or fully unmet (10.9%).<sup>9</sup> Counselling and psychotherapy were the needs most frequently unmet. Oftentimes, there are long

waiting times for mental health counselling in non-profit agencies<sup>10</sup> and other systemic barriers related to affordability and accessibility of these services.<sup>11</sup> Non-profit agency-based mental health programs are critical avenues of support for those who cannot afford private care or experience barriers to accessing the existing care services in traditional health care systems. However, with rising rates of mental health issues, increased strain is placed on non-profit organization programs to meet client needs, resulting in long waitlists and growing unserved communities in need.

With the unprecedented growth in demand, there is an urgent need to explore evidence-based and effective ways to respond to clients seeking mental health counselling services, beyond simply adding to the lengthening waitlists for traditional counselling services. While WIC programs have been in place for several years across various Canadian jurisdictions, such as the region of Peel particularly within non-profit organizations, the aftermath of the COVID-19 pandemic has highlighted the need to further strengthen these programs to meet the emerging and increasingly complex mental health needs of diverse clients with unique needs. Additionally, to our knowledge, there is limited synthesized evidence on WIC interventions or services, their implementation models/strategies, and the resulting impacts on clients. Recently, Kim et al.<sup>6</sup> conducted a systematic review on single-session therapy for adults with common mental health disorders. However, as we previously described, while WIC sessions are often single-session, not all single-session therapies follow the WIC format. Therefore, mapping existing evidence on WIC, accounting for diverse study designs and including both academic and grey literature, will strengthen WIC programming, development and decision-making locally, nationally and beyond, and guide further research in both implementation and intervention science fields.

## METHODS

**Strategy of data synthesis** We will conduct a rapid scoping review following the methodological framework of Arksey and O'Malley<sup>12</sup> and Levac et al.<sup>13</sup> To guide data identification and synthesis, we will use the following stages: (1) identification and clarification of research questions; (2) establishment of inclusion and exclusion criteria; (3) development of the search strategy; (4) outline the process for study selection; (5) develop the data charting strategy; (6) implement the data appraisal approach; and (7) conduct a community consultation.

The review reporting will follow the PRISMA extension for Scoping Reviews (PRISMA-ScR).<sup>14</sup>

**Eligibility criteria** Our scoping review will include peer-reviewed academic publications (i.e., primary papers) and grey literature (i.e., reports, theses and dissertations) that have the following characteristics: (1) has reported on WIC intervention, program or services in non-profit organizations offering mental health counselling; (2) the research has been published between January 1, 2010 and May 2025; and (3) research published in English and French.

Our scoping review will exclude abstracts, commentaries, guidelines, books, protocol papers without reported findings, methodology papers, and review papers of any type (e.g., scoping reviews, systematic reviews, umbrella reviews). Research documents without the full text available or difficult to retrieve will also be excluded. We include all publications after January 1, 2010, as this is when WIC became an increasingly utilized framework and model for service delivery. Documents not published in English or French will be excluded due to language restrictions from the team.

**Source of evidence screening and selection** A comprehensive literature search will be conducted by a professional librarian in the following databases, in accordance with the Peer Review of Electronic Search Strategies (PRESS) Guidelines<sup>15</sup>: Clarivate Web of Science, EBSCO CINAHL, Elsevier Scopus, Ovid APA PsycInfo, Ovid EBM Reviews - Cochrane Central Register of Controlled Trials, Ovid EBM Reviews - Cochrane Database of Systematic Reviews, Ovid Embase, Ovid MEDLINE, Ovid Social Work Abstracts, and ProQuest Social Services Abstracts.. The search will be limited to studies published January 2010 to June 2025. No restrictions will be applied to publication language or geographic region. Grey literature will be searched in Google Scholar via Publish or Perish<sup>16</sup>\*\* (first 100 results), ProQuest Dissertations and Theses Global database, pre-print servers and repositories, and websites of relevant organizations.

The search strategy will include subject headings and free text terms related to walk-in counselling and community-based and non-profit organizations.

The retrieved literature will be screened against the inclusion criteria using a two-stage screening process. In the first stage, two members of the research team will independently screen the titles and abstracts. Any disagreements during the screening process will be discussed and resolved by the two researchers engaged in screening.

Upon continuous disagreement, a third team member will be consulted to solve the inclusion discrepancy.

In the second screening stage, the same two team members will independently review the full texts of the papers selected during the first stage to confirm their eligibility for inclusion in the final review. In the event of disagreements regarding inclusion, the two team members will discuss their concerns to reach a shared decision. If they cannot agree, a third team member will be consulted to resolve the disagreement. During this stage, team members will also manually (using a backward searching approach) review the references included in the papers to identify additional sources.

**Data management** To manage the data and assist with the literature selection process, and process of data extraction and charting, we will use the COVIDENCE software.<sup>17</sup>

**Reporting results / Analysis of the evidence** To answer our research questions, we will extract overall and specific information from each evidence source. This will include the following:

- Main study characteristics: Authors, year of publication, journal or publication source title, geographical region, overall type of literature (academic or grey), type of grey literature, and study design.
- Walk-in counselling model: Definitions, description, and main elements of the WIC model used/applied.
- Characterization of the presented walk-in counselling model: Main topic addressed in the literature source, main objective/research questions, sample size, sample demographic characteristics, characteristics of the organization in which the model/framework/approach was applied.
- Implementation or adaption approaches and associated outcomes
- Outcomes of the walk-in counselling model: Main outcomes (mental and non-mental health outcomes) analyzed or presented as well as associated measures.
- Key limitations documented.

Given that our practice and research setting is the Region of Peel, where over 50% of residents have immigrant and refugee backgrounds,<sup>18,19</sup> who many are clients of non-profit organization services, the findings will be reported separately by immigrant and refugee communities and non-immigrant and non-refugee communities if sufficient evidence is found to do such characterization. We will use the Covidence<sup>15</sup> software to chart the data during the extraction

process. Data extraction and charting will be completed in alignment with the research questions and objectives. We will utilize the pre-prepared extraction form integrated within Covidence and tailor it to meet our study's data extraction needs. The charting will be an iterative process in which the team members will continuously extract data and update the data-charting form.

The extracted quantitative data will be synthesized and analyzed using both numerical and visual descriptive approaches to outline the main characteristics of the evidence, the WIC intervention/program/service models/approaches/frameworks, and the implementation strategies used, as well as the key outcomes observed in clients.

**Presentation of the results** The reporting of this review will follow the PRISMA extension for Scoping Reviews (PRISMA-ScR)<sup>14</sup> in the form of a community report and academic publication. To present the results, numeric, thematic, and visual methods will be used. Extracted data will be synthesized and displayed in tables to highlight key findings, along with descriptive and analytic themes. A visual representation, such as a Sankey diagram, may be used to illustrate the connections between themes, outcomes, and measures within walk-in counselling models.

**Language restriction** Limited to resources published in English and French.

**Country(ies) involved** Canada - Institute for Better Health, Trillium Health Partners, Mississauga, ON.

**Other relevant information** Methodological Quality Appraisal: As per methodological guidance from Levac, Colquhoun and O'Brien<sup>14</sup>, appraising the methodological quality or risk of bias of studies included is not required for a scoping review.

**Consultation:** This scoping review is part of a larger research project we are conducting with immigrant and refugee communities in Peel, as well as diverse Peel non-profit organizations, such as Family Services of Peel (FSP), aimed at improving the counselling services offered and informing further research, policy, and practice. Following the completion of the scoping review, we will seek validation and input of the main findings and recommendations from the scoping review with Peel mental health counsellors working in non-profit agencies and other community partners through shareholder consultations.

**Discussion:** This scoping review will provide us with critical insights into the existing evidence on

WIC programs and interventions, as well as the associated models and approaches implemented in community-based and non-profit organizations since 2010. These findings will deepen our understanding of the best practices for WIC programs, so that many local organizations can adopt new models or adapt their existing WIC programs to better serve and respond to the growing mental health needs in diverse communities, including immigrants and refugees.

One potential limitation of our scoping review is that we will only include literature published in French and English, Canada's official languages. As a result, evidence published in languages other than English will be excluded, which may limit a more comprehensive understanding of the available research. However, we have prioritized feasibility and available human resources while ensuring a broad approach by incorporating diverse evidence-based study designs beyond traditional controlled intervention studies. Furthermore, by including both academic and grey literature sources, we aim to capture valuable insights from organizations that publish findings from their programs in community reports rather than academic formats.

Ultimately, this research has the potential to inform further studies, implementation strategies, and policy and practice development at local, national, and international levels. Promising WIC models identified through this work could also be adapted to be more culturally sensitive and family-focused, addressing the needs of diverse ethnocultural communities, including immigrant and refugee populations in Peel and beyond.

**Keywords** Walk-in counselling; Drop-in counselling; Quick response counselling; Brief intervention; Immediate intervention; Community Counselling; non-profit agencies.

**Dissemination plans** The findings of the scoping review will inform the subsequent stages of a project that intends to improve community mental well-being supports in Peel for diverse populations, such as immigrant and refugee families and individuals. The findings will be disseminated through a community-based report and published in a peer-reviewed journal.

#### **Contributions of each author**

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