

**COUNSELLING AND MENTAL HEALTH  
NEEDS ASSESSMENT  
WESTLOCK REGION**

Prepared by

The Edmonton Social Planning Council

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# COUNSELLING AND MENTAL HEALTH NEEDS ASSESSMENT WESTLOCK REGION

## A. Introduction

Over the past few years, the Westlock Interagency Council has identified mental health and counselling needs as a major unaddressed concern within the community. While Westlock has a fairly extensive service community, few agencies employ qualified therapists, so the majority of clients who are in need of long-term treatment are referred to Alberta Mental Health Services. At present, the demand for services is such that any client who is not in crisis or an immediate threat to self or others is put on a waiting list. It may take three to four months for regular treatment to begin.

The Edmonton Social Planning Council was contracted by the Westlock Interagency Council to "assess the mental health needs in the Westlock area in order to assist in the development of future services."<sup>1</sup> A sub-committee of the Interagency Council determined that it would be helpful to have a profile of the clients seeking services in addition to information about the type of problems they are presenting with and the agencies' response. Additionally, it was important to obtain feedback from the community agencies about how they felt the concerns should be addressed.

While agency directors have identified this need in Westlock for a number of years now, this is the first independent needs assessment. The data from this review is intended to provide agencies within the area with information about the clients whose needs are not being adequately addressed so that appropriate services can be developed. The following pages contain the results of the review.

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<sup>1</sup> From the *Funding Proposal to Alberta Mental Health Services*.

## **B. Discussion of the Issues and Recommendations**

1. All sources of data for this review confirmed the need for additional therapeutic services in the Westlock region. The survey identified 56 clients whose problems were not addressed and 70 who had to be referred out of Westlock in order to receive services from the total of 881 clients. Additionally, there is concern among agency personnel that due to limited skills and experience they are not providing appropriate services to all their clients. Much of the effort is only providing band-aid measures. These problems are exacerbated by the fact that most of the clients seeking services are from low income families and cannot afford private practice therapists.

**Recommendation 1.A:** There is a need in the Westlock community for a critical examination of mental health resources and how they can be utilized most effectively. The whole community, including the private sector, government services, service agencies, the public and the St. Paul Regional Mental Health Planning Committee, should be involved in developing a Community Mental Health Plan.

**Recommendation 1.B:** Efforts to increase the number of therapists in the Westlock region should continue. At least one additional full-time, publicly funded therapist is needed to meet the current demand.

2. The majority of clients in need of mental health/counselling services in Westlock at present are children and youth. While school counsellors and Family School Liaison Workers are providing much of the needed assistance, they are not qualified to give the intensive therapy required by many of these clients. For youth who are outside the school system, it is very difficult to access any support services. Many agencies commented that the loss of support for the cost-shared Children's Mental Health Therapist position that existed previously in Westlock resulted in an additional burden for many community agencies and left a number of children and youth, particularly those outside the Child Welfare system, without appropriate access to counselling services. There is also much concern over the fact that youth under the age of 18 must have parental consent or involvement to receive ongoing treatment through Alberta Mental Health Services. In cases where the parents are part of the problem, it may be impossible for the youth to get this support.

**Recommendation 2.A:** The Community Mental Health Plan (1.A above) should include a major focus on children's mental health.

**Recommendation 2.B:** The Children's Mental Health Therapist position, as it previously existed in the Town of Westlock, should be reinstated. It is important that this therapist be accessible to all youth under 18.

**Recommendation 2.C:** The Alberta Mental Health Services policy requiring parental consent or involvement for clients under 18 should be reviewed.

3. Agencies providing services to the public are often subject to financial cutbacks and increased demand during periods of economic recession . This is no less true in the field of mental health. It is important to look at new alternatives for meeting the needs of the community. One possible option would be to explore new cost-sharing programs.

**Recommendation 3:** As mental health is a community concern being addressed by many agencies, community agencies (including government and non-government service agencies, private and public sector interests, municipal organizations, the St. Paul Regional Mental Health Planning Committee, etc) should consider the feasibility of cost-sharing programs and positions. The Westlock Interagency Council should provide a forum to stimulate discussion of alternative approaches.

4. There is a major concern within the community regarding the lack of access to services in the evening and on weekends. It was suggested that most crisis situations occur during off hours and frequently the only alternatives available are hospitalization or incarceration. Many of the people in need of mental health/ counselling services are in school or at work during regular office hours.

**Recommendation 4:** The Community Mental Health Plan should include measures to respond to emergency, after hours mental health needs. Alberta Mental Health Services should consider establishing evening office hours at least once per week.

5. A number of people working in the community suggested that they would be better able to address the needs of their clients if they had a clearer understanding of the problems and the approaches that would best address them. People who are not qualified to provide psychological assessments are concerned that their lack of qualifications may act against the best interests of their clients. Assessments are available to clients through Alberta Mental Health Services, but there is a long waiting period for service. Communication of the results of assessments, if not provided in a timely manner, limits the service that can be provided to clients.

**Recommendation 5:** Alberta Mental Health Services assessments for referred clients who are receiving supportive counselling elsewhere should be provided within a minimum waiting period following referral, in order to identify needs and an appropriate action plan to be followed by the referring agency. The results should be provided to the referring agency as soon as possible following the assessment.

6. Alberta Mental Health Services has suggested that community agencies meet once per month to do joint, anonymous case management consultation. This approach may provide an opportunity for information and resource sharing and may help to identify service options. Regardless of whose clients are being discussed, service providers may learn skills to identify and address some problems from the experience of others.

**Recommendation 6:** Community service agencies should make a commitment to pilot joint case management consultation for a three month period. The value of this process could then be assessed to determine whether it is useful or needs to be revised.

7. There was some discussion of confidentiality issues and the concern among some agencies that they were unable to find out if their clients were receiving treatment following referral. Without this information, agency personnel do not know if they should continue providing services to the extent of their ability or terminate contact with the client. There is a need to make the best possible use of existing resources, but people indicated that consent issues sometimes form a barrier to communication. At the same time, the need for client confidentiality remains paramount.

**Recommendation 7:** All agencies should review their consent forms to determine whether they are effective. "Professional courtesy" has a role to play, and should be considered as a factor in meeting the "best interests of the client". The Westlock Interagency Council should facilitate discussion aimed at removing communication barriers between agencies.

### C. Background

The Town of Westlock, situated approximately 85 kilometers north of Edmonton, is in a primarily agrarian community. As with most rural areas, the provision of services is regionally based and encompasses a number of other centres with a collective population of about 15 to 20,000. While a large segment of the populace is self-employed in farming and small business, there are also many people in the region who are dependent on government transfer payments for income. Table 1 below provides a statistical description of the region.

**Table 1**  
**Selected Statistics - Westlock and Region**

<b>Characteristic</b>	<b>Town of Westlock</b>	<b>MD 92</b>	<b>Village of Clyde</b>	<b>Thorhild<sup>1</sup></b>
Population age 18 years + <sup>2</sup>	4719	6994	441	2815
Number with education level less than secondary certificate	2005	3065	220	1840
Major employment	Construction, Sales/Service	Agriculture/Farming	Construction, Machining	Agriculture, Administration
Average Income - Males	\$18,572	\$17,641	\$18,115	\$16,428
Median Income - Males	\$14,282	\$14,881	\$13,249	\$10,740
Average Income - Females	\$11,043	\$ 9,075	\$10,100	\$ 8,544
Median Income - Females	\$ 8,649	\$ 6,986	\$ 8,681	\$ 8,150
Low-income Families (%)	13.3	22.0	20.1	19.5
Low-income Unattached Individuals (%)	22.3	34.1	22.8	24.2
% of Total Income from Government Transfer Payments <sup>3</sup>	19.3	14.1	16.9	19.0

Source: Statistics Canada, 1986 Census Data

1. Data includes both the Village of Thorhild and County No. 7.

2. Population data is from the 1991 Census.

3. Transfer payments include social assistance, AISH, pensions, etc.

This data helps to demonstrate why people in this region depend on publicly provided services for many of their needs. The average income in Alberta (both sexes) in 1986 was \$23,347.48, well above the average for the Westlock region. Low-income families and individuals, who make up many of the clients of the mental health system, are not in a position to pay for private services.

Some people in the area refer to Westlock as "service rich". A variety of voluntary and government funded programs are available to the community, addressing concerns such as wife assault, literacy, alcohol and drug abuse, job skills and the needs of children and senior citizens. Many of these services are provided on a

part-time basis two or three days per week, while a number of others are shared on a rotating basis with other towns in the region.

Most of these agencies provide counselling services to the extent that their ability or mandate allows. There is a consensus among them, however, that the services they provide are not adequate to meet the need within the community. The reasons for this include the number of clients exceeding the agencies' capacity, clients' needs being outside the agencies' scope, and lack of clinical training or experience.

Referrals are made between agencies on a regular basis. The major difficulty arises when clients are seen to be in need of long-term counselling assistance. Alberta Mental Health Services provides one full-time therapist and an area clinic manager who carries a small caseload, who deal with diagnosable mental health problems (eg. severe depression, schizophrenia, etc.) and suicidal clients. Two private practice therapists have been contracted by Child Welfare on a part-time basis to work with children who have Child Welfare status. School counsellors and Family School Liaison Workers are able to meet much of the need for children in school. Other agencies provide counselling services as well, but generally limited to specific issues.



#### **D. Methodology**

Two processes were used to gather data for this study. First was a written survey, designed to obtain fairly detailed information about the type of clients being seen by service providers in the Westlock area. A list of 46 agencies/individuals who were asked to complete the survey is attached as Appendix A. A letter was also sent to this list from Graham Kay, Director of Westlock and District FCSS, on behalf of the Interagency Council, encouraging the community to take part in the study.

The data gathered through the survey includes major presenting problems and secondary conditions for which clients are being treated, age, family income bracket where known, and whether the client was treated by the agency, referred elsewhere, or not served. As confidentiality requirements prevent identification of clients, there is no way of knowing how many clients are included in more than one survey, or who may be getting referred from agency to agency without ever receiving appropriate treatment.

Participants in the survey were invited to provide written comments with their completed forms. Some chose to write letters in place of the form, as their client information systems could not readily provide the information required by the survey.

The second process used to gather data was interviews with the service providers. Depending on availability, people gave comments over the phone, in group discussions in Westlock, or in individual discussions. These interviews focused on general concerns regarding the provision of counselling and mental health services and the future directions that would help to address the need.

Through an oversight, the issue of gender was never addressed, either on the written surveys or in the discussions. As a result, some useful information may have been lost.

## **E. Results**

### **1. The Survey - Summary of Client Profiles**

Twenty agencies responded to the written survey. Of those, seventeen were able to provide statistical information on their clients. Two others stated that the nature of their service was such that the form was inapplicable. The final response was from a representative of the medical community. A number of physicians stated that they could not provide the historical numbers required by the survey, but information was given on the types of clients they deal with who have mental health concerns and the physicians' response.

The survey asked for an accounting of the clients seen over the three month period from October 1 to December 31, 1991. This time frame was selected by the Westlock Interagency Council sub-committee, who determined that it would be manageable for the respondents while providing a fairly representative description of the overall need.

A total of 881 clients with mental health/counselling needs were identified through the survey. Respondents were asked to identify clients only once on the form, under their major presenting problem, so there is no overlap within agencies. There may, however, be overlap between agencies, as referred clients may be picked up on another form and some clients may be receiving service from more than one agency. Table 1 below shows the breakdown of these clients by Presenting Problem.

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**Table 1**  
**Clients with Mental Health/Counselling Needs**

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<b>PRESENTING PROBLEM</b>	<b>NUMBER</b>	<b>% OF TOTAL</b>
Substance Abuse	52	5.9
Mental Illness	102	11.6
Behavioural Problems	278	31.6
Family Violence	90	10.2
Sexual Abuse/Assault	66	7.5
Family/Marriage Breakdown	264	30.0
Other	29	3.3
<b>Total</b>	<b>881</b>	<b>100.0</b>

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The clients seen by physicians in Westlock are not included in the profile due to difficulties obtaining the required data from their files. They are, however, seeing a number of patients each month who require mental health/counselling services. As it is difficult to get psychological services for these clients most are dealt with on an acute basis, which may include hospitalization, by the physicians.

The presenting problems most frequently addressed by physicians are alcohol abuse, depression, suicide and spousal abuse. Each doctor deals with a number of these cases each month. They also address three to four marriage/parenting problems per month. Other problems addressed less frequently by physicians include prescription and illicit drug abuse and violent behaviours.

The majority of the clients in all categories are under 18 years of age. Family income, where known, is most frequently social assistance or other transfer payments. Among the 881 clients, 931 secondary problems needing mental health or counselling services were identified. Summaries of this data are in Tables 2, 3 and 4 below. A complete breakdown of the responses is included as Appendix B.

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**Table 2**  
**Age of Clients with Mental Health/Counselling Needs**

<b>AGE</b>	<b>NUMBER</b>	<b>% OF TOTAL</b>
Under 18	476	63.3
18 - 24	41	5.5
25 - 34	93	12.4
35 - 44	57	7.6
45 - 54	51	6.8
55 - 64	7	0.9
65+	27	3.6
<b>Total</b>	<b>752</b>	<b>100.0</b>

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**Table 3**  
**Family Income of Clients with Mental Health/Counselling Needs**

<b>INCOME</b>	<b>NUMBER</b>	<b>% OF TOTAL</b>
\$50,000+	3	1.1
\$25,000 - \$50,000	50	18.7
Less than \$25,000	21	7.8
Self-employed/farmer	18	6.7
Unemployed, looking for work	28	10.4
Welfare income only	119	44.4
Pension	26	9.7
AISH	3	1.1
Student, not working	339*	*
<b>Total</b>	<b>268</b>	<b>100.0</b>

\* The student total is not counted in the percentage column, as it gives no indication of household income.

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**Table 4**  
**Secondary Problems Among Clients**

<b>Problem</b>	<b>Number</b>	<b>% of Total</b>
Substance Abuse	154	16.5
Mental Illness	30	3.2
Family Violence	119	12.8
Family/Marriage Breakdown	248	26.6
Behavioural Problems	208	22.3
Sexual Abuse/Assault	86	9.2
Other	86	9.2
<b>Total</b>	<b>931</b>	<b>100.0</b>

\* Respondents were asked to identify all secondary problems, so there can be more than one per client

## **2. Service Provision**

The survey asked respondents to identify whether treatment was provided, if the client was referred elsewhere, or if the mental health/counselling needs of the client were not addressed. The agencies in Westlock are responding to the needs of most of their clients. However, many are being referred elsewhere and a number are receiving no service, as Table 5 on the next page indicates.

## **3. Written Comments**

A number of specific concerns were raised by the respondents. These are listed in Table 6 below.

**Table 6**  
**Community Concerns**

<b>Concern</b>	<b>X Listed</b>
Long waiting periods	7
Lack of counselling/mental health services	7
AMHS hours of operation not appropriate for students & working families	5
AMHS unwilling to see clients under 18 without parental consent	3
Low income prevents clients from getting help from private services	2
Lack of information back to referring agencies	2
Lack of services for family dysfunction	2
Lack of coordination between AMHS and FCSS	1
Lack of counselling services for dual diagnosis clients	1

#### **4. Interview Results**

Seventeen people were interviewed to gather information not covered by the survey form. Discussions focused on the problems in a general sense, including major areas where services are needed, and the directions people feel would be most appropriate for the future provision of service in the Westlock area.

As with the written comments, most people raised concerns about the waiting period for Alberta Mental Health Services and the lack of personnel to meet the demand. There is a concern among many community agencies that they are being forced to provide assessment services that are beyond their skill or experience level, which could result in further detriment to their clients. A major need was identified for assessment services to help agencies determine the appropriate response to client needs.

While there was some discussion of additional services that could be provided by the existing agencies in Westlock, almost all respondents stated that they are currently over-extended and have little ability to increase their workload. As was stated previously, many services in the area are provided on a part-time basis and others are shared by a number of communities.

Little is available for clients who can't get time to access services during working hours or those who have crises after hours or on weekends. The police, hospitals, the on-call AFSS worker and clergy are the only options in such cases.

The size of the community is also a problem as people are afraid of the stigma attached to mental health programs. Agencies find it very difficult to engage clients in any form of group counselling or self-help groups because people don't want to be seen by others they may know.

Another major area of concern is services for youth. The need for parental consent or involvement causes difficulties when the parents may be directly involved with the problem. Those in school can get help from the school counsellor to some extent, but a number need more intensive therapy. There is an even greater concern for youth who are outside the school system. Most youth who are on probation have a counselling requirement but as they are frequently involuntary clients they do not have priority with Alberta Mental Health Services. Most agencies mentioned that these concerns with youth have become much greater since Child Welfare and AMHS discontinued the children's mental health therapist position.

Many people are concerned about confidentiality issues that may result in duplication of some services and lack of service in other cases. Referring agencies would like to know that identified needs are being addressed, but without client consent no information is available. As one person stated, "What am I supposed to do if a client says he doesn't want Agency X to know I am seeing him? I can't even let them know he walked in the door." There is a concern, however, that many clients are being referred from agency to agency without ever receiving appropriate services.

The problems tend to be identified somewhat differently by front-line workers than by agency management. Those on the front-line are less concerned about mandate issues and will provide whatever services they are capable of giving. They are also likely to consult with other agencies on individual clients. However, they are concerned about their lack of information about other services and whether they are meeting needs appropriately.

Outlying communities such as Thorhild have additional problems as their access to service is through Westlock. The clients generally have to travel to receive services and this acts as a disincentive. People feel that they are being "squeezed in" and they have no priority.

Another related concern is the fact that different government departments have established their own regional boundaries within the province. As some of these cross over, there is confusion about which district office people should contact. It also makes it more difficult for agencies to be involved in cooperative efforts.

There is a perception in the community that the incidence of mental health problems in the Westlock area is higher than elsewhere in Alberta on a per capita basis. The current economic recession is having an impact on clients as well and is considered to be a cause of increased family dysfunction: these clients can't afford private counselling services. At the same time, the government has tightened budgets and public services are being reduced. Families and individuals on limited budgets are being referred for service in Edmonton, but rarely go because of the costs involved (including time and transportation).

A number of people commented on the changing priorities within government departments and how they impact services. Specific concerns were with regard to family violence and sexual abuse. There was a major focus on these problems a few years ago and people have been encouraged to seek counselling, but the services are no longer readily available.

The consensus among community agencies is that they are generally limited to band-aid measures for clients who require long-term therapeutic services. They suggest that without additional services in the region, problems are likely to get much worse over time.

## **5. Suggestions From the Community**

The following list of suggestions or recommendations are the measures that people in the community raised to address their concerns:

- Volunteers could be used for "friendly visiting" and to provide transportation to services.
- A provincial Mental Health Services Plan is needed to identify who has responsibility for which clients.

- There is a need for communications/relationship training.
- Mental Health Services, Home Care and Community Health should be more closely linked.
- Home Care nurses should have mental health training.
- Emergency mental health services should be available on a 24 hour basis.
- AADAC services should be provided more than one day per week.
- A walk-in clinic should provide intake services and deal with crisis situations.
- More preventative services are needed, particularly for families with young children.
- AMHS should provide coordination and see that all clients get served.
- District boundaries should be the same for all departments to reduce confusion.
- A specialized youth mental health program should be developed.
- AMHS should address "mental health", not just mental illness.
- Counselling is needed for victims of abuse, abusers and their families.
- Assessment services are needed. Agencies will be better equipped to deal with problems when they have a clearer understanding of what the problems are.
- AMHS should have at least one more full-time therapist.
- Culturally sensitive services are needed for natives in the region.
- There should be an interagency agreement to provide limited information to all involved agencies.
- There is a need for consultation services to let agencies know they are on the right track.
- The AMHS policy regarding consent for services to youth should be revised.
- Agencies should meet monthly to consult over cases anonymously; to share information and resources where appropriate.
- More collaborative efforts or cost-shared programs should be introduced to show commitment from the community as a whole.
- Interagency Council meetings should be utilized to provide inservice training and sharing of expertise.

## MENTAL HEALTH/COUNSELLING SURVEY MAIL LIST

Learning Disabilities Assn of Alberta Box 964 Westlock AB T0G 2L0	* Principal, Westlock Elementary Westlock School Division Box 130 Westlock AB T0G 2L0
* Westlock Day Care Centre Box 1857 Westlock AB T0G 2L0	Kerry Engel District Home Economist Box 429 Westlock AB T0G 2L0
Dr. Bauer Westlock AB T0G 2L0	Rev. J. Ferguson Westlock Ministerial Association General Delivery Pickardville AB T0G 1W0
* Joan Brost Smithfield Lodge Box 2280 Westlock AB T0G 2L0	* Dr. Guy Gokiart Central Medical Clinic Westlock AB T0G 2L0
* Diane Carriers Host Family Program Box 1418 Westlock AB T0G 2L0	* Dr. Sydney Gomes Central Medical Clinic Westlock AB T0G 2L0
* Donna Chow Westlock Community Corrections Box 185 Westlock AB T0G 2L0	Daisy Greiber Pembina Lodge Box 2280 Westlock AB T0G 2L0
* Dr. N. Dacunha Associate Medical Clinic Westlock AB T0G 2L0	* Dr. R. Hartog Associate Medical Clinic Westlock AB T0G 2L0
Ivy Dirks Each One Teach One Literacy Program Box 627 Westlock AB T0G 2L0	Greg Hutchinson Youth for Christ Box 2439 Westlock AB T0G 2L0
* Garry Duke Alberta Family & Social Services Box 131 Westlock AB T0G 2L0	Sister Florence James Immaculata Hospital Box 1590 Westlock AB T0G 2L0

\* indicates agencies/individuals who participated in the process



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\* indicates agencies/individuals who participated in the process

**ASSESSMENT OF MENTAL HEALTH/COUNSELLING NEEDS  
WESTLOCK AREA**

For the purposes of this survey, please include all clients who came to your agency for services between October 1 and December 31, 1991. **Each client should be counted only once.** Members of a family or group should be counted individually. Clients should be counted in the category of their primary presenting problem. **Categories for the purposes of this survey have been defined as: substance abuse, mental illness, behavioral problems, family violence, sexual abuse/assault, family/marriage breakdown, and other.** Please read through the form prior to inserting any data.

**Part A: Presenting Problem - Substance Abuse**

**A1. Please indicate the number of your clients whose primary presenting problem fits within each of the following categories:**

Category	Number of Clients
Alcohol Abuse	29
Illicit Drug Use	6
Prescription Drug Abuse	0
Non-beverage Alcohol Use	0
Combined Alcohol/Drug Use	7
Other (Please Specify)	10
<b>Total</b>	<b>52</b>

**A2. Of the total identified in question A1, please indicate how many are in each age bracket listed below:**

under 18	<u>26</u>	45 - 54	<u>3</u>
18 - 24	<u>2</u>	55 - 64	<u>2</u>
25 - 34	<u>14</u>	65 +	<u>1</u>
35 - 44	<u>4</u>	age unknown	<u>0</u>

**A3. Of the total indicated in question A1, please indicate (if known) how many clients fit within each financial category listed below:**

employed, family income \$50,000 +	<u>0</u>	welfare income only	<u>12</u>
employed, family income \$25,000 - 50,000	<u>2</u>	pension income only	<u>1</u>
employed, family income under \$25,000	<u>2</u>	student, not working full-time	<u>23</u>
income from self-employment or farming only	<u>0</u>	other (please specify)	<u>0</u>
unemployed, looking for work	<u>7</u>		

**A4. For each client, please specify how the presenting problem needs were addressed:**

Presenting Problem	Dealt with by this agency	Referred to other agency in Westlock	Referred outside of Westlock area	Presenting problem not addressed
Alcohol Abuse	6	12	5	4
Illicit Drug Use	0	3	2	0
Prescription Drug Abuse	0	0	0	0
Non-beverage Alcohol Use	0	0	0	0
Combined Drug/Alcohol Use	0	3	8	2
Other	8	2	0	0
<b>Total</b>	<b>14</b>	<b>20</b>	<b>15</b>	<b>6</b>

**A5. Please indicate the number of clients from question A1 with the following secondary problems: (clients may be counted in more than one area)**

mental illness	<u>3</u>	behavioral problems	<u>18</u>
family violence	<u>7</u>	sexual abuse/assault	<u>5</u>
family/marriage breakdown	<u>12</u>	other	<u>6</u>

**Part B: Presenting Problem - Mental Illness**

**B1. Please indicate the number of your clients whose primary presenting problem fits within each of the following categories:**

Category	Number of Clients
Depression	37
Suicidal threats or behaviors	33
Other (Please Specify)	32
<b>Total</b>	<b>102</b>

**B2. Of the total identified in question B1, please indicate how many are in each age bracket listed below:**

under 18	<u>60</u>	45 - 54	<u>1</u>
18 - 24	<u>5</u>	55 - 64	<u>1</u>
25 - 34	<u>12</u>	65 +	<u>17</u>
35 - 44	<u>5</u>	age unknown	<u>1</u>

**B3. Of the total indicated in question B1, please indicate (if known) how many clients fit within each financial category listed below:**

employed, family income \$50,000 +	<u>0</u>	welfare income only	<u>8</u>
employed, family income \$25,000 - 50,000	<u>2</u>	pension income only	<u>16</u>
employed, family income under \$25,000	<u>2</u>	student, not working full-time	<u>44</u>
income from self-employment or farming only	<u>2</u>	other (please specify)	<u>3</u>
unemployed, looking for work	<u>1</u>	<u>AISH</u>	

**B4. For each client, please specify how the presenting problem needs were addressed:**

Presenting Problem	Dealt with by this agency	Referred to other agency in Westlock	Referred outside of Westlock area	Presenting problem not addressed
Depression	19	8	10	3
Suicidal threat/behavior	12	14	7	5
Other	11	1	4	1
<b>Total</b>	<b>42</b>	<b>23</b>	<b>21</b>	<b>9</b>

**B5. Please indicate the number of clients from question B1 with the following secondary problems: (clients may be counted in more than one area)**

substance abuse	<u>19</u>	behavioral problems	<u>41</u>
family violence	<u>18</u>	sexual abuse/assault	<u>17</u>
family/marriage breakdown	<u>35</u>	other	<u>7</u>

**Part C: Presenting Problem - Behavioral Problems**

**C1. Please indicate the number of your clients whose primary presenting problem fits within each of the following categories:**

Category	Number of Clients
Violent Behaviors (non-sexual)	31
Truancy	20
Inappropriate Sexual Behavior (not including assault)	21
Other Anti-social Behavior (Please Specify)	175
Other (Please Specify)	31
<b>Total</b>	<b>278</b>

**C2. Of the total identified in question C1, please indicate how many are in each age bracket listed below:**

under 18	<u>199</u>	45 - 54	<u>1</u>
18 - 24	<u>25</u>	55 - 64	<u>2</u>
25 - 34	<u>25</u>	65 +	<u>4</u>
35 - 44	<u>0</u>	age unknown	<u>21</u>

**C3. Of the total indicated in question C1, please indicate (if known) how many clients fit within each financial category listed below:**

employed, family income \$50,000 +	<u>1</u>	welfare income only	<u>51</u>
employed, family income \$25,000 - 50,000	<u>25</u>	pension income only	<u>4</u>
employed, family income under \$25,000	<u>9</u>	student, not working full-time	<u>110</u>
income from self-employment or farming only	<u>8</u>	other (please specify)	<u>0</u>
unemployed, looking for work	<u>27</u>		

**C4. For each client, please specify how the presenting problem needs were addressed:**

Presenting Problem	Dealt with by this agency	Referred to other agency in Westlock	Referred outside of Westlock area	Presenting problem not addressed
Violent Behavior	22	5	6	0
Truancy	17	1	0	3
Inappropriate Sexual Behavior (not including sexual assault/abuse)	15	4	2	1
Other Anti-Social Behavior	137	29	3	2
Other	17	9	0	6
<b>Total</b>	<b>208</b>	<b>48</b>	<b>11</b>	<b>12</b>

**C5. Please indicate the number of clients from question C1 with the following secondary problems: (clients may be counted in more than one area)**

mental illness	<u>9</u>	substance abuse	<u>46</u>
family violence	<u>33</u>	sexual abuse/assault	<u>18</u>
family/marriage breakdown	<u>97</u>	other	<u>28</u>

#### **Part D: Presenting Problem - Family Violence**

**D1. Please indicate the number of your clients whose primary presenting problem fits within each of the following categories:**

Category	Number of Clients
Spouse Abuse (physical or emotional)	18
Child Abuse (physical or emotional)	57
Parent/Grandparent Abuse	6
Other (Please Specify)	9
<b>Total</b>	<b>90</b>

**D2. Of the total identified in question D1, please indicate how many are in each age bracket listed below:**

under 18	<u>66</u>	45 - 54	<u>3</u>
18 - 24	<u>0</u>	55 - 64	<u>0</u>
25 - 34	<u>15</u>	65 +	<u>0</u>
35 - 44	<u>4</u>	age unknown	<u>2</u>

**D3. Of the total indicated in question D1, please indicate (if known) how many clients fit within each financial category listed below:**

employed, family income \$50,000 +	<u>1</u>	welfare income only	<u>14</u>
employed, family income \$25,000 - 50,000	<u>1</u>	pension income only	<u>0</u>
employed, family income under \$25,000	<u>5</u>	student, not working full-time	<u>61</u>
income from self-employment or farming only	<u>1</u>	other (please specify)	<u>0</u>
unemployed, looking for work	<u>0</u>		

**D4. For each client, please specify how the presenting problem needs were addressed:**

Presenting Problem	Dealt with by this agency	Referred to other agency in Westlock	Referred outside of Westlock area	Presenting problem not addressed
Spouse Abuse	9	5	4	1
Child Abuse	46	16	0	0
Parent/Grand-parent Abuse	5	0	1	0
Other	1	1	0	0
<b>Total</b>	<b>61</b>	<b>22</b>	<b>5</b>	<b>1</b>

**D5. Please indicate the number of clients from question D1 with the following secondary problems: (clients may be counted in more than one area)**

mental illness	<u>4</u>	behavioral problems	<u>54</u>
substance abuse	<u>38</u>	sexual abuse/assault	<u>35</u>
family/marriage breakdown	<u>56</u>	other	<u>6</u>



**Part E: Presenting Problem - Sexual Abuse/Assault**

**E1. Please indicate the number of your clients whose primary presenting problem fits within each of the following categories:**

Category	Number of Clients
Client sexually assaulted by stranger	6
Client sexually assaulted by known person	7
Child sexual abuse - familial	31
Child sexual abuse - non-familial	10
Client committed sexual assault/abuse	12
Other (Please Specify)	0
<b>Total</b>	<b>66</b>

**E2. Of the total identified in question E1, please indicate how many are in each age bracket listed below:**

under 18	<u>50</u>	45 - 54	<u>0</u>
18 - 24	<u>5</u>	55 - 64	<u>0</u>
25 - 34	<u>6</u>	65 +	<u>1</u>
35 - 44	<u>3</u>	age unknown	<u>1</u>

**E3. Of the total indicated in question E1, please indicate (if known) how many clients fit within each financial category listed below:**

employed, family income \$50,000 +	<u>0</u>	welfare income only	<u>8</u>
employed, family income \$25,000 - 50,000	<u>2</u>	pension income only	<u>1</u>
employed, family income under \$25,000	<u>1</u>	student, not working full-time	<u>49</u>
income from self-employment or farming only	<u>1</u>	other (please specify)	<u>0</u>
unemployed, looking for work	<u>3</u>		

**E4. For each client, please specify how the presenting problem needs were addressed:**

Presenting Problem	Dealt with by this agency	Referred to other agency in Westlock	Referred outside of Westlock area	Presenting problem not addressed
Client sexually assaulted by stranger	4	3	4	2
Client sexually assaulted by family/friend	3	1	0	0
Child sexual abuse - familial	21	5	1	0
Child sexual abuse - non-familial	7	3	0	0
Client committed sexual assault/abuse	5	0	5	2
<b>Total</b>	<b>40</b>	<b>12</b>	<b>10</b>	<b>4</b>

**E5. Please indicate the number of clients from question E1 with the following secondary problems: (clients may be counted in more than one area)**

mental illness	<u>2</u>	behavioral problems	<u>40</u>
family violence	<u>34</u>	substance abuse	<u>36</u>
family/marriage breakdown	<u>43</u>	other	<u>3</u>

### **Part F: Presenting Problem - Family/Marriage Breakdown**

**F1. Please indicate the number of your clients whose primary presenting problem fits within each of the following categories:**

Category	Number of Clients
Parent/teen conflict	42
Marital problems	46
Parenting problems	132
General family counselling	9
Other (Please Specify)	35
<b>Total</b>	<b>264</b>

**F2. Of the total identified in question F1, please indicate how many are in each age bracket listed below:**

under 18	<u>63</u>	45 - 54	<u>7</u>
18 - 24	<u>0</u>	55 - 64	<u>1</u>
25 - 34	<u>15</u>	65 +	<u>1</u>
35 - 44	<u>39</u>	age unknown	<u>134</u>

**F3. Of the total indicated in question F1, please indicate (if known) how many clients fit within each financial category listed below:**

employed, family income \$50,000 +	<u>1</u>	welfare income only	<u>6</u>
employed, family income \$25,000 - 50,000	<u>13</u>	pension income only	<u>2</u>
employed, family income under \$25,000	<u>1</u>	student, not working full-time	<u>42</u>
income from self-employment or farming only	<u>6</u>	other (please specify)	<u>0</u>
unemployed, looking for work	<u>0</u>		

**F4. For each client, please specify how the presenting problem needs were addressed:**

Presenting Problem	Dealt with by this agency	Referred to other agency in Westlock	Referred outside of Westlock area	Presenting problem not addressed
Parent/teen conflict	28	7	2	2
Marital problems	21	13	3	1
Parenting problems	103	14	1	17
General family counselling	5	3	0	0
Other	25	0	0	4
<b>Total</b>	<b>182</b>	<b>37</b>	<b>6</b>	<b>24</b>

**F5. Please indicate the number of clients from question F1 with the following secondary problems: (clients may be counted in more than one area)**

mental illness	<u>7</u>	behavioral problems	<u>44</u>
family violence	<u>26</u>	sexual abuse/assault	<u>8</u>
substance abuse	<u>12</u>	other	<u>36</u>

**Part G: Presenting Problem - Other**

**G1. Please indicate the number of your clients whose primary presenting problem fits within other categories:**

Category (Please Specify)	Number of Clients
Peer Relations	3
Pregnancy	2
Parenting	5
Dual Diagnosis	13
Elder Abuse	2
Interpersonal Conflict	2
Adjustment Disorder	1
Bereavement	1
<b>Total</b>	<b>29</b>

**G2. Of the total identified in question G1, please indicate how many are in each age bracket listed below:**

under 18	<u>12</u>	45 - 54	<u>1</u>
18 - 24	<u>4</u>	55 - 64	<u>1</u>
25 - 34	<u>6</u>	65 +	<u>3</u>
35 - 44	<u>2</u>	age unknown	<u>0</u>

**G3. Of the total indicated in question G1, please indicate (if known) how many clients fit within each financial category listed below:**

employed, family income \$50,000 +	<u>0</u>	welfare income only	<u>10</u>
employed, family income \$25,000 - 50,000	<u>1</u>	pension income only	<u>2</u>
employed, family income under \$25,000	<u>1</u>	student, not working full-time	<u>10</u>
income from self-employment or farming only	<u>0</u>	other (please specify)	<u>0</u>
unemployed, looking for work	<u>0</u>		

**G4. For each client, please specify how the presenting problem needs were addressed:**

<b>Presenting Problem</b>	<b>Dealt with by this agency</b>	<b>Referred to other agency in Westlock</b>	<b>Referred outside of Westlock area</b>	<b>Presenting problem not addressed</b>
<b>Peer Relations</b>	3			
<b>Pregnancy</b>	2			
<b>Parenting</b>	5			
<b>Dual Diagnosis</b>	12	1		
<b>Elder Abuse</b>		2		
<b>Interpersonal Conflict</b>	1		1	
<b>Adjustment Disorder</b>	1			
<b>Bereavement</b>			1	
<b>Total</b>	<b>24</b>	<b>3</b>	<b>2</b>	

**G5. Please indicate the number of clients from question G1 with the following secondary problems: (clients may be counted in more than one area)**

mental illness	<u>5</u>	behavioral problems	<u>11</u>
family violence	<u>1</u>	sexual abuse/assault	<u>3</u>
family/marriage breakdown	<u>5</u>	substance abuse	<u>3</u>