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An Overview of a Christchurch Community Counselling Centre:
Has It Fulfilled Its Aims?

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Abstract

Five consecutive years of client demographic data collected at an affordable, walk-in counselling agency were analysed to gauge the extent to which the agency was meeting its original aims. Results overall indicated that the agency was successful in providing counselling services to a targeted population living within a defined urban area. However, there were also indications of notable imbalances in some areas of client usage. The findings are discussed in relation to similar data reported in the –literature, and implications for policy and services are presented.

In 1996 planning began for a community-based, church-sponsored counselling agency in an underserved suburb of Christchurch, a mid-sized city in New Zealand (population 340,000). It was decided that the service had to be ecumenical (eventually six parishes from four different denominations actively supported its development), affordable, readily available to a wide spectrum of clients, and had to be fully professional in the services it offered. With these guidelines in mind, a committee of people representing the interests of each of the parishes and the counselling education programme at a nearby university met to oversee the establishment of the agency. As discussion progressed and final plans for the counselling service were made, several aims were identified and recorded as goals to guide the operation of the agency. These were:

1. That the agency should, in the main, draw its clients primarily from the city's western suburbs, the area of the city in which the six parishes were located. At the time this area of the city had inadequate counselling and therapy relative to other sectors of the city.
2. That the agency would provide affordable counselling services to those who had a need, including anyone for whom the cost at other mental health agencies may have been prohibitive.

3. That the agency would provide counselling and educational services to clients across a range of demographic variables.
4. That the agency would provide a variety of services, including individual, group and family counselling; and psycho-educational experiences.
5. That it would be a service to meet the needs of all races and creeds.
6. That it would provide both counselling from a Christian perspective to those who wanted that approach and non-sectarian counselling to those who did not.
7. That it would establish itself as a fully professional and respected counselling service to which other medical and health professionals could refer clients with confidence.
8. That the agency's income would gradually become less dependent on external gifts and grants and rely more on internally generated income from clients and other sources.

At the outset it was decided that detailed and comprehensive data on the agency's clientele would be gathered so that trends in usage could be identified and responded to. As time progressed the value of such data for planning and development become clear, and it was decided to evaluate the extent to which the original aims had been met. Thus, the present study analysed client intake data from the first five years of the agency's operation. To our knowledge this is one of the few studies, at least of those originating in Australia or New Zealand, reporting such extensive, continuous data, that is, data gathered from one agency spanning several years of its operation. While the main focus of the investigation was to evaluate the overall functioning of the agency in relation to its stated aims, it also attempted to identify trends in client utilisation of counselling services and compare those trends with other New Zealand data.

In addition to evaluating the agency's stated aims, it was felt that establishing whether client use of the agency's counselling services in New Zealand's current economic climate – that is, after over 16 years of government funding cut-backs and the implementation of "user-pays" policies in many traditionally government-funded areas such as health and education – would be of interest not only to its founding parishes, but also to other mental health providers, therapists and community groups. This is especially so in light of the many changes that have occurred in New Zealand in the last 15 years: increased levels of poverty; extremely high youth suicide rates; rising levels of crime; falling economic security; rising numbers of people dependent on government benefits, and greater inequality between ethnic and income groups (e.g., Blaiklock et al., 2002; *Can the Kiwi fly?* 2000; New Zealand Network Against Food Poverty, 1999; St John et al., 2001; van Rutte, 2001). In addition, detailed

knowledge about patterns of client usage should assist the agency and other mental health providers to plan and implement more effective counselling services.

In New Zealand published information on the setting up and operation of any community-based mental health services is virtually non-existent. Also, clients' utilisation of those counselling and psychotherapy services has been neither extensively nor systematically researched. However, there have been several useful New Zealand investigations of people's attitudes to therapy (Deane & Chamberlain, 1994; Deane & Todd, 1996; Deane et al., 1999; Surgenor, 1985). These studies of attitudes have shown that the public holds a generally negative view towards seeking psychological help and that certain groups in particular are more negative; for example, men, people under 25 years of age, minority groups, and those without prior help-seeking experience (Deane et al., 1999; Surgenor, 1985).

The few New Zealand studies that have reported data on the actual utilisation of mental health services have used a variety of data-gathering methods for much shorter time periods (Bridgman, 1994 – a week-long survey of usage at 22 agencies; Hornblow et al., 1990 – 1498 interviews on usage of services in the "previous six months"; Parkin, 1991 – 73 new clients at one agency over two months; Wivell & Webb, 1995 – ten interviews with potential, first-time clients), or data from specific client groups such as gamblers (Sullivan et al., 1997), women reporting child sexual abuse (Morris et al., 1998), adult women (Romans-Clarkson et al., 1990) and the families of war veterans (Deane et al., 1998). A serious limitation of much of this data is that so little of it has been collected from the same agency and almost none of it has been collected over several years. This has restricted the analysis and interpretation of the data to merely providing snapshots of client usage at a given point in time.

Method

The agency

The small suburban counselling agency evaluated in this study was set up as a Christian-based counselling centre to provide mental health services for the socially disadvantaged in a five-parish catchment area. The agency grew out of the perception of four Christian parishes (Anglican, Methodist, Roman Catholic and Presbyterian) that their pastoral ministry was not effectively reaching beyond the needs of their own committed church-goers. With the increasing trend towards "secularisation" in society, the parishes had noticed that fewer people had been seeking out their priest or minister for help, especially those who were not active members of the church-going community, and were increasingly seeking guidance from doctors, psychiatrists, counsellors and

social workers. Therefore, in an attempt to revitalise their traditional helping role among their congregations and to provide an affordable helping service for non-church-goers, the participating churches established and funded a community-based counselling agency, one with a professional secular structure and profile.

The agency first opened in 1996. It was managed by two part-time co-directors and staffed with volunteers. The reception/administrative staff were lay people from the participating parishes and the counsellors were, in the main, volunteer students from the three counsellor education courses in the city. All counsellors were carefully selected and were supervised by independent, experienced clinical supervisors. Thus, the initial costs of providing counselling services were kept to a minimum and had to be supplemented by outside financial support from government and private sources/trusts. This arrangement effectively meant that clients could be provided with counselling services at a cost that was directly related to their household income and ability to pay.

Participants

When the agency was being planned in 1996, a decision was made to gather systematic data as part of its regular intake procedure on all clients who contacted it. A procedure for doing this and for generating regular monthly and yearly summaries was established. Thus, the results in this study were based on the information obtained from the 1987 counselling clients – an average of 397 per year – who sought and began counselling at the agency during its first five full years of operation, 1997–2001.

As part of the agency's client-intake procedure, counsellors were required to complete an information sheet for each new client; that is, clients who had not previously received counselling at the agency. This activity was included as part of the routine intake procedure for all clients and was successfully completed with almost every new client. This indicated that the procedure used was neither too time consuming nor threatening to new clients. The data collected included information about client gender, age, ethnicity, marital status, reason for seeking counselling, income level, employment status, eligibility for government supplement, residential area, presenting problem, previous counselling, referral source, and type of service provided.

Client data were aggregated for each month and each year over the five years. A summary of these results appears in Table 1.

Results

Table 1 shows the yearly totals for various demographic variables for the people who sought counselling at the agency during the five years 1997–2001 inclusive. Two

Table 1: Client demographic data by year of operation

	1997	1998	1999	2000	2001	Total
New clients	369	320	343	432	523	1987
Gender:						
Male	121	115	99	143	188	666
	33%	31%	34%	33%	36%	34%
Female	248	221	228	289	335	1321
	67%	69%	66%	67%	64%	66%
Area of city:						
Northwest	77	73	82	111	135	478
	21%	23%	24%	26%	26%	24%
Northeast	82	55	62	69	90	358
	22%	17%	18%	16%	17%	18%
Southwest	158	126	124	177	181	766
	43%	39%	36%	41%	35%	39%
Southeast	15	25	22	25	44	131
	4%	8%	6.5%	5.5%	8%	6.5%
Outside city	37	41	53	50	73	254
	10%	13%	15.5%	11.5%	14%	12.5%
Marital status:						
Single	116	101	116	160	176	669
	31%	31.5%	34%	37%	34%	34%
Married	110	96	115	122	157	600
	30%	30%	33.2%	28%	30%	30%
Separated	68	47	45	56	65	281
	18%	15%	13%	13%	12%	14%
Divorced	25	34	18	33	35	145
	7%	10.5%	5.2%	8%	7%	7.5%
Widowed	44	36	37	51	74	242
	12%	11%	11%	12%	14%	12%
De facto	5	6	10	10	16	47
	1.5%	2%	3%	2%	3%	2.5%
Partner	1	0	2	0	0	3
	5%		.6%			.1%

contd

Age group:						
<20	27	27	33	37	59	191
	7%	9%	10%	8.5%	11%	10%
20 to 29	102	81	84	133	119	522
	28%	25%	25%	31%	23%	26%
30 to 39	124	81	96	115	150	565
	34%	25%	28%	27%	29%	28%
40 to 49	74	84	74	91	112	427
	20%	26%	21.4%	21%	21%	21%
50 or more	42	47	54	56	83	282
	11%	15%	15.6%	12.5%	16%	15%
Income level:						
<$10,000	81	129	100	128	161	644
	22%	40.5%	29%	29%	31%	32%
$10,000–15,000	92	62	50	92	92	388
	25%	19.5%	14%	21%	18%	19%
$15,000–20,000	56	42	44	63	81	286
	15%	13%	13%	14%	16%	14%
$20,000–30,000	85	47	61	71	84	348
	23%	14.5%	18%	16%	16%	17%
$30,000–40,000	27	22	38	40	58	185
	7%	7%	11%	9%	11%	9%
$40,000–50,000	18	8	17	19	17	79
	5%	2.5%	5%	4%	3%	4%
>$50,000	10	10	33	29	25	107
	3%	3%	10%	7%	5%	5%
Ethnic group:						
European	339	270	311	393	487	1800
	92%	84%	91%	91%	93%	91%
Maori	10	15	10	14	25	74
	3%	5%	3%	3%	5%	3.5%
Asian	0	3	0	4	1	8
	0%	1%	0%	1%	.1%	.5%
Other	20	32	22	21	10	105
	5%	10%	6%	5%	1.9%	5%

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Couns provided:						
Individual	284	249	262	353	414	1562
	77%	78%	76%	82%	79%	78.5%
Couple	71	56	70	71	84	352
	19%	22%	21%	16%	16%	18%
Family	13	15	11	8	21	68
	3.7%	10%	3%	2%	4%	3.5%
Other	1	0	0	0	4	1
	.3%				1%	0%
Had previous counselling	219	194	184	228	283	1108
	59%	61%	54%	53%	54%	6%
Referral from:						
Personal contact	109	98	120	133	157	617
	29%	31%	35%	31%	30%	31.5%
Other couns/agency	100	64	42	78	99	383
	27%	20%	12%	18%	19%	19%
Doctor	94	87	106	144	190	621
	26%	27%	31%	33%	36%	31.5%
Church	13	10	19	13	20	75
	4%	3%	5.5%	3%	4%	4%
Promotional matter	46	55	53	53	55	262
	12%	17%	15.5%	12%	11%	13%
Not known	7	6	3	11	0	27
	2%	2%	1%	3%		1%
Employ status:						
Beneficiary	131	120	100	130	113	594
	35%	38%	30%	31%	22%	30%
Student	20	28	33	49	74	250
	5%	9%	9%	11%	14%	13%
Self-employed	5	0	1	0	2	8
	1%		3%		.4%	.5%
Employed full-time	115	90	116	136	187	644
	33%	28%	33.7%	31%	35.6%	32%
Employed part-time	63	49	58	73	98	341
	17%	15%	17%	17%	19%	17%
Unemployed	9	10	7	21	24	71
	2%	3%	2%	5%	5%	3.5%
Homemaker	26	23	28	23	33	133
	7%	7%	8%	5%	6%	7%

contd

Reason(s) for seeking counselling (can be multiple diagnoses)						
Personality disorder	25	4	19	4	9	61
	4%	.5%	3%	1%	1%	2%
Anger/abuse	48	83	59	55	52	297
	8.6%	12%	9%	8%	6%	9%
Personal growth	82	91	103	109	135	520
	15%	13%	16%	17%	16%	15%
Depression	67	110	106	108	162	553
	12%	16%	16%	16%	19%	16%
Anxiety	89	73	69	75	87	393
	16%	11%	10.4%	11%	10%	12%
Relationships/family	199	230	234	240	298	1201
	36%	34%	36%	36%	36%	35%
Grief	45	80	59	55	69	308
	8%	12%	9%	8%	8%	9%
Motivation	1	10	0	0	1	12
	.2%	1.5%			0%	.4%
Spiritual direction	1	0	2	7	0	10
	.2%		.3%	1%		.4%
Supervision	0	0	2	0	0	2
			.3%			0%
Other	0	0	0	11	25	36
				2%	5%	1.2%
Number of financially contributing "Friends" from the five parishes	—	266	182	207	55	710

interesting conclusions can be drawn from this historical record. First, the year-by-year figures (percentages) indicated that overall there was a striking consistency in the data for each demographic across the five years. Any variations that did exist tended to be minimal and inconsistent. For this reason, most of the comments in the Discussion section refer to figures in the last column, "Total new clients".

Second, because of this consistency, the agency could construct a profile of its future clients: two-thirds would be women; approximately a third would be married, a third would be single, and a third separated, divorced or widowed; the heaviest users of the agency's services would be those between 20 and 49 years of age; almost two-thirds would have an income less than $20,000 per annum; 90% would be of European descent; about half would have previous experience of counselling; the most common

referral sources would be via personal contact or from a doctor; and the most common reason for seeking counselling would be for relationship or family problems.

Discussion

What can be said about the agency's aims in relation to the summary data in Table 1? Did the agency meet its stated aims in terms of the services it was offering? How do trends in the data compare with other New Zealand data? In order to answer these questions each of the aims listed in the introduction is discussed in relation to the data and comparisons with other studies are made whenever possible.

1. Geographical area

The agency is located in the western part of the city, an area that was thought to be inadequately served by mental health services at the time the agency was established. Therefore, it was expected that it would naturally draw most of its clients from that area. The data indicate that this has indeed been the case. If the figures from Table 1, category "Area of the City", quadrants Southwest and Northwest are combined, it can be seen that 63% of all new clients are coming from the agency's intended catchment area. Furthermore, this trend has been steady over the five years of data collection.

Thirty-seven percent of clients came from outside the city or from the city's eastern suburbs. Their reasons for travelling so far to obtain counselling are not known, but staff at the agency suspect that the agency's low cost structure has drawn clients from other parts of the city, and in a number of cases doctors are known to have referred patients because of the low cost of counselling. Fees are based on household income and are related to a sliding scale beginning at $5 per session. Overall, clients pay an average of $12 per session. Thus, for whatever reasons, the five-year figures indicate that the agency is tapping a need for counselling across the whole city.

By comparison, Parkin's data indicated that 87% of new clients came from the Wellington Central area, not from outlying suburbs (Parkin, 1991). The geographical layout of Wellington and Christchurch are vastly different, with cross-city movement and parking being easier in Christchurch. Thus, the difference in the two surveys may be attributed solely to geography rather than other factors. However, the current study does suggest that although similar agencies could expect to attract most of their clients from a defined catchment area, they may also draw clients from other areas. Just how many may be a function of the geographical features of the city of location, the cost of the service, the times of the day it is offered, how widely it is advertised and the reputation for being effective and client-friendly.

2. Income level

The agency was set up to be an affordable counselling service serving primarily those from the lower income groups. In addition, it attempted to be sensitive to individual family circumstances. Thus, income level is not the only indicator of "ability to pay" since many families have substantial, regular payments of one sort or another: mortgages, medical bills, children's educational needs, other debts, etc. From the data in Table 1 it is clear that even though few clients were unemployed (an average of 3.5% over the five years) this aim is also being met, with 32% of clients earning less than $10,000 and 65% reporting earnings less than $20,000 per annum. Although there is currently no official poverty measure in New Zealand (Ministry of Social Policy, 2001), $20,000 was between 50 and 60% of the median income for the years 1997–2000, an amount considered to be marginal. Add to this the fact that 30% were receiving a government benefit of some sort and another 13% of new clients were students, most of whom would have been tertiary students. Both groups tend to be on fixed, limited incomes. The student group has increased markedly over the five years and is probably due to the nearby university gradually cutting back on the counselling services it provides for students during that time.

Other New Zealand studies have reported higher rates of unemployment among clients (12% by Parkin, 1991; three times the rate in the general population in Bridgman, 1994) but no data on level of income. One-third of Parkin's (1991) sample were receiving a benefit compared to 30% in the current study. It would be unwise to make too much of these comparisons given the different samples, methods of data collection and different times the data were collected in the three studies.

3. Service to a wide range of clients

The original intention was for the centre to provide counselling and educational services to clients representing a range of demographic groups. However, as can be seen from Table 1, there were a disproportionate number of females (66%), those aged 20 to 50 (75%), and Europeans (91%) among the agency's clients. These imbalances suggest that the agency has not met this specific aim. However, these trends are mirrored in other New Zealand studies (for data related to gender see Bridgman, 1994; Deane, 1991, and Parkin, 1994; for age see Bridgman, 1994 and Parkin, 1991; for ethnicity see Bridgman, 1994; Deane, 1991, and Parkin, 1991) and overseas (e.g., for comparative data see Swartz et al., 1998 and Vessey & Howard, 1993). In fact, the agency's data for these variables are remarkably consistent with other New Zealand findings. These figures also fit with New Zealand research indicating that women have more positive attitudes towards seeking psychological counselling (Deane & Chamberlain, 1994;

Surgenor, 1985). An exception to this clear trend is problem gamblers, for whom Sullivan et al. (1997) reported that 70% of crisis telephone callers were men. However, even in this situation 77% of "significant others" contacting the hotline were women.

The pertinent question here is not why this particular agency failed to attract more equitable proportions across these demographics but why the discrepancies are so consistent and pervasive, here and overseas. What is it about the services being offered, or the perceptions of such services by low-usage groups, that contribute to these sorts of imbalances? It seems inevitable that most mental health agencies will experience similar difficulties in making their services more attractive to specific populations. There would appear to be no easy solutions to this problem.

4. Variety of services

The range of services provided was largely restricted to face-to-face counselling, with an average of 79% of clients over the five years receiving individual counselling. This is comparable to New Zealand data from Parkin (1991) who reported that 89% of all new clients at a church-sponsored agency sought individual counselling. Bridgman (1994) and Deane et al. (1998) both reported figures of 55% of clients receiving individual therapy. Although there was the occasional group course offered to clients during the five years, the agency was firmly focused on providing individual counselling during its formative years. It also became increasingly clear that group-work of various kinds was available to clients elsewhere in the community. Finally, the demands of managing and supervising a voluntary counselling staff with a high rate of turnover and constant pressure to generate and source new funding left little time to plan, structure and deliver alternative and more costly services.

Of interest is the fact that 56% of the agency's new clients had experienced counselling previously and were returning for more, presumably because they thought they had benefited from it before. This also meant that 44% were first-time counselling clients, and since many people who need therapy do not utilise it (Alvidrez, 1999; Bayer & Peay, 1997; Bridgman, 1994; Vessey & Howard, 1993) this figure must be encouraging.

5. Ethnic balance

The agency intended to be a service available to all races and creeds. However, it was underutilised by non-Europeans based on Statistics New Zealand 2001 census data for ethnic groups living in Christchurch city: European/Pakeha = 89.5%, Maori = 7.14%, Pacific Island = 2.48%, Asian = 5.7%, other = 0.6% (the figures add up to more than 100% due to some census respondents self-identifying with more than one ethnic

group; personal communication, Statistics New Zealand; see also www.stats.govt.nz). Only 4% of the clients were Maori or Asian compared with the 13% listed as living in the city. This imbalance is similar to other New Zealand studies; for example, Deane (1991) reported that 93% of psychotherapy users at an outpatient clinic were European, and Parkin (1991) reported a figure of 86%. Other more recent studies confirm this trend: Deane et al., 1998, 1999; Sullivan et al., 1997.

The exact reasons for this low rate of use by minority groups are unknown. However, during the five years data were collected only one counsellor was Maori, and most were European/Pakeha women. Thus, it may have been the case that various ethnic communities did not see the agency as relevant to or sensitive to the needs of minority groups. If the agency wishes to change this imbalance significantly, it will need to actively implement and promulgate, in consultation with the groups in question, a policy of appointing more minority counsellors and promoting the agency as a welcoming place providing culturally relevant counselling for minority groups. Even then the results may not be substantially different to these figures given these longstanding imbalances here and overseas.

6. Christian counselling

Initially the planning committee thought that the agency's services might be comparatively well used by those wanting counselling based on an overtly Christian perspective, or counselling for their spiritual concerns. The planning committee held no expectation, however, that counsellors would introduce a Christian perspective into their counselling unless it was appropriate and relevant to individual clients. From the data it is clear that very few clients identified "spiritual direction" as a reason for seeking the agency's help (less than one percent of 1464 clients). In addition, only 4% of clients were referred to the agency for counselling by a church. The extent to which this low number is disappointing to the supporting parishes is not known. However, the parishes have never regarded themselves as a referral source and both they and the counselling staff have indicated that they are satisfied that the agency is meeting its original aim of providing counselling from a Christian perspective when it is wanted.

The low figures might hide the fact that spiritual concerns were actually present for a larger number of clients, but that they chose to keep those concerns covert. It is also possible that the clergy from the various parishes cater for the counselling of their own people and/or are reluctant to refer them on to others for support and help. Both of these reasons would operate to depress the numbers of clients seeking "Christian counselling". In order to change this "trend", the agency would have to advertise the Christian aspect of their philosophy, their service and their staff more overtly and

aggressively. This would need careful thought and discussion since success in this area could change other demographics markedly.

7. Referral source

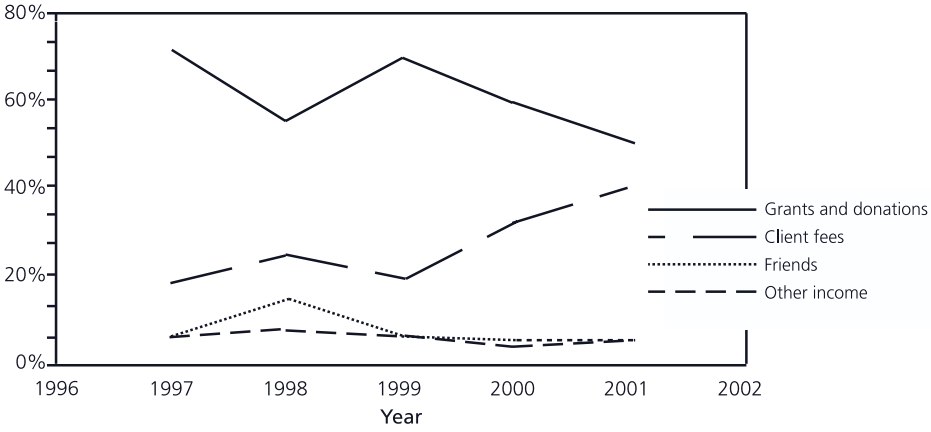
From its inception the agency hoped to establish itself as a professional and respected counselling service, one to which other professionals (e.g. doctors, social workers, other counselling and welfare agencies, schools, etc.) could refer clients for help. While data on counselling effectiveness is not available, some indication of the agency's acceptability to referral sources with a professional interest in their clients is indicated by the fact that just over half (51%) of all new clients are referred by other counsellors, doctors or social welfare agencies. The term "referred" is slightly problematic here since it could mean anything from a formal referral to "hearing about the agency from someone else". Nevertheless, it is encouraging to note that the percentage of referrals from doctors has increased each year of the agency's operation, from 26% in 1997 to 36% in 2001. Presumably this would only happen if the general practitioners were confident about the agency and the service it provides to their patients.

Comparisons with other New Zealand studies are equivocal. Deane (1991) reported that 46% of clients were referred for help by their doctor (versus 32% in the present study). Parkin (1991) reported that 50% were self-referred (versus 32% in the present study) and 21% were referred by a doctor. The differences among the three studies may be due to the different settings in which the services were located: a psychology department in a city hospital in one study, versus church-sponsored, walk-in counselling agencies in the other two.

8. Sources of funding

Originally it was thought that the agency's work would be funded in the main by the parishes, and supplemented by grants from trusts and welfare organisations. However, it was also expected that over time proportionately more income would come from external grants and from clients, and the agency would be less reliant on the parishes for income. Figures for the number of "Friends" of the agency (see Table 1) remained steady until 2002 when they dropped markedly. "Friends" are annual financial contributors to the agency from the five supporting parishes, and it is clear that the agency has not benefited from any significant year-to-year growth in this source of funding and cannot rely on it in the future. On the other hand, Figure 1 indicates that there has been a substantial increase in income from client fees, while income from grants and donations as a percentage of total income has been declining. With increasing numbers of clients (a 42% increase in 2001 compared to 1997) there has naturally

Figure 1: Percentage of income by category



been a resulting increase in fees generated from counselling. Most importantly, this increase has not been at the expense of the agency's "affordable" policy (see the discussion in section 2 above).

Conclusions

It is clear from the intake data that has been accumulated during its first five years of operation that the aims of this community-based, affordable agency have been met for the most part. Areas in which it has fallen short of its goals, for example in providing service to all clients equally irrespective of gender, ethnicity or age, are areas in which counselling agencies in New Zealand and overseas (see, for example, Vessey & Howard, 1993) have reported similar imbalances. Overcoming these imbalances poses problems that are beyond the scope of a single agency's efforts to be all things to all clients. For example, in the short term there is very little that one agency can do to alter entrenched male attitudes to help-seeking (e.g. Vessey & Howard, 1993) or to lessen minority groups' general hesitations about seeking mental health care from almost any agency (e.g. Swartz et al., 1998), or to convince younger people of the need for and benefits of counselling.

Nevertheless, the agency faces continuing challenges in its efforts to remain a financially viable and professionally respected service that continues to fulfil its original altruistic aims. Some of these challenges include:

- finding ways to provide counselling to a wider range of ethnic and cultural groups

in the catchment area;

- continuing to secure sufficient funding to allow a significant number of needy clients to pay only what they can afford for their counselling;
- recruiting and training sufficient voluntary office/administrative staff to support the therapeutic efforts of the agency;
- avoiding and minimising the inevitable weariness and compassion fatigue that comes with the agency's constant efforts to find and train new volunteers, generate sufficient "donation" income, and to keep staff fresh, enthusiastic and flexible enough to meet changing community needs.

In spite of these pressures, data indicates thus far that such a service can succeed and can be self-sustaining. In this particular case client numbers have shown a steady increase over the five years of the study, the agency has won community-wide respect for its standards and outcomes, and it has been able to maintain a sufficient flow of income without jeopardising its aim of providing an affordable service to those who need it. Its success in its first five years of operation is a tribute to its hard-working and forward-thinking directors, board of trustees and dedicated volunteers, including both the office staff and the counsellors.

References

Alvidrez, J. (1999). Ethnic variations in mental health attitudes and service use among low-income African American, Latina, and European American young women. *Community Mental Health Journal, 35* (6): 515–30.

Bayer, J.K. & Peay, M.Y. (1997). Predicting intentions to seek help from professional mental health services. *Australian and New Zealand Journal of Psychiatry, 31* (4): 504–513.

Blaiklock, A.J., Kiro, C.A., Belgrave, M., Low, W., Davenport, E. & Hassall, I.B. (2002). When the invisible hand rocks the cradle: New Zealand children in a time of change. Florence, Italy: United Nations Children's Fund, Innocenti Research Centre.

Bridgman, G. (1994). Two surveys of the prevalence of mental ill health in the community. *Mental Health Foundation News*, Winter: 8–9.

Can the Kiwi fly? (2000). *The Economist*, December 2: 83–84, 89.

Deane, F.P. (1991). Attendance and drop-out from outpatient psychotherapy in New Zealand. *Community Mental Health in New Zealand, 6* (1): 34–51.

Deane, F.P. & Chamberlain, K. (1994). Treatment fearfulness and distress as predictors of professional psychological help-seeking. *British Journal of Guidance and Counselling, 22* (2): 207–217.

Deane, F.P., MacDonald, C., Chamberlain, K., Long, N. & Davin, L. (1998). New Zealand Vietnam veterans' family programme, Nga Whanau a Tu (Families of War): Development and outcome. *Australian and New Zealand Journal of Family Therapy, 19* (1): 1–10.

Deane, F.P., Skogstad, P. & Williams, M.W. (1999). Impact of attitudes, ethnicity and quality of prior therapy on New Zealand male prisoners' intentions to seek professional psychological help. *International Journal of the Advancement of Counselling, 21* (1): 55–67.

Deane, F.P. & Todd, D.M. (1996). Attitudes and intentions to seek professional psychological help for personal problems or suicidal thinking. *Journal of College Student Psychotherapy, 10* (4): 45–59.

Hornblow, A.R., Bushnell, J., Wells, J.E., Joyce, P.R. & Oakley-Browne, M.A. (1990). Christchurch psychiatric epidemiology study: Use of mental health services. *New Zealand Medical Journal, 103* (897): 415–17.

Ministry of Social Policy (2001). *The social report.* Wellington: Publisher.

Morris, E.M., Martin, J.L. & Romans, S.E. (1998). Professional help sought for emotional problems: Coping with child sexual abuse in a Dunedin community sample of women. *New Zealand Medical Journal, 111* (1063): 123–26.

New Zealand Network Against Food Poverty (1999). *Hidden hunger: Food and low income in New Zealand.* Wellington: Publisher.

Parkin, F. (1991). A profile of clients using Presbyterian Support Services during June/July, 1990. *New Zealand Journal of Counselling, 13* (1): 18–29.

Romans-Clarkson, S.E., Walton, V.A., Dons, D.J. & Mullen, P.E. (1990). Which women seek help for their psychiatric problems? *New Zealand Medical Journal, 103* (898): 445–48.

St John, S., Dale, C., O'Brien, M., Blaiklock, A. & Milne, S. (2001) *Our children: The priority for policy.* Auckland: Child Poverty Action Group Inc.

Sullivan, S.G., McCormick, R. & Sellman, J.D. (1997). Increased requests for help by problem gamblers: Data from a gambling crisis telephone hotline. *New Zealand Medical Journal, 110* (1053): 380–83.

Surgenor, L.J. (1985). Attitudes toward seeking professional psychological help. *New Zealand Journal of Psychology, 14* (1): 27–33.

Swartz, M.S., Wagner, H.R., Swanson, J.W. & Burns, B.J. (1998). Utilisation of services: I. Comparing use of public and private mental health services: The enduring barriers of race and age. *Community Mental Health Journal, 34* (2): 133–44.

van Rutte, M. (2001). *Children and young people in New Zealand.* Wellington: FAIR Centre, Barnardos New Zealand.

Vessey, J.T. & Howard, K.I. (1993). Who seeks psychotherapy? *Psychotherapy, 30* (4): 546–53.

Wivell, R. & Webb, S. (1995). Choosing a counsellor: An exploratory case study. *New Zealand Journal of Counselling, 17* (2): 35–43.