The Effectiveness of The Maya Centre: Executive Summary

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UCL

The Maya Centre
counselling for women

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Background

Women experiencing mental health problems are likely to have a variety of risk factors present in their lives, including poverty, social deprivation, social inequality, trauma and gender-based violence. They may have encountered many of these experiences across their lifetime, so it is important that the services provided to them offer a cross-cutting, holistic approach to address the social and cultural determinants of their mental health (McNeish & Scott, 2014). Research has indicated a need for gender-specific counselling services for women (e.g. Corry, Dhami, Hudson, Moor and Pohwhare, 2007). Furthermore, there is evidence that some women express a preference for women's-only services and want to have mental health provision which recognises the social and family aspects of their lives, and which makes them feel safe and comfortable (Newbigging, 2017).

The Maya Centre is a gender-specific counselling service in the London borough of Islington which offers women up to 24 sessions of psychodynamic counselling. The service also offers group therapy and a range of complementary therapies including holistic massage, reflexology, reiki, and meditation.

This service evaluation reports on the effectiveness of the one-to-one counselling provided by the Maya Centre. Routine outcome data were analysed for a total of 457 clients who received counselling between 2012 and 2017. The data were extracted from the service's CORE (Clinical Outcomes in Routine Evaluation) database. Clients were allocated to two samples. The first was the **Baseline Score Only (BSO)** group, who had baseline (pre-counselling) scores and presenting problems recorded only. The second was the **Baseline and End of Therapy Score (BETS)** group, who had pre- and post-counselling scores as well as presenting problems recorded. CORE comprises three forms, two of which are completed by the therapist, and one of which (Clinical Outcomes in Routine Evaluation Outcome Measure; CORE-OM, Barkham et al., 2001, 2005; Evans et al., 2002) is completed by the client. For this evaluation, changes in CORE-OM scores from baseline to end of therapy were analysed using Student's T-tests.

In addition to the CORE measures, the Maya Centre collects written feedback from clients

about their experiences of the centre; what was good and what could have been better, how helpful the counselling was and what difference the counselling made to their lives. A total of 53 feedback forms were available for analysis, all of which were completed by clients in the BETS group.

Results

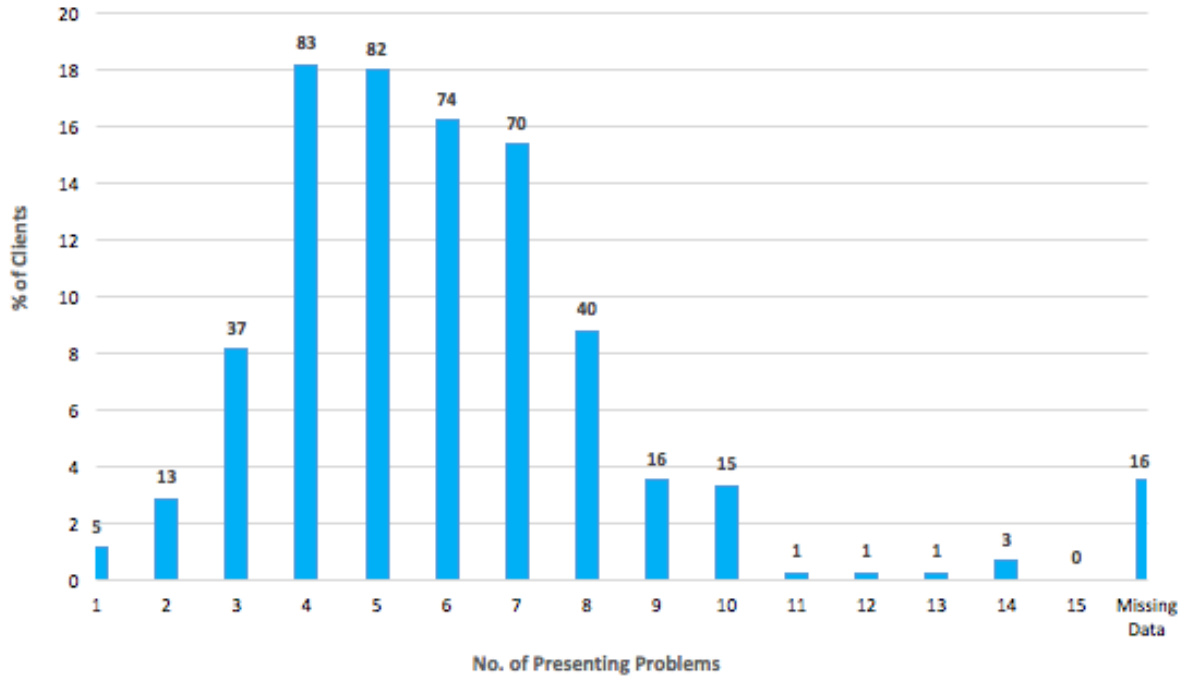
Demographics

The mean age of clients was 40.7 years. Approximately half identified as white and half as belonging to a minority ethnic group. For clients in the BSO sample, the average number of sessions attended was 6.8 with 81.1% of clients in this group having unplanned endings to their therapy. For clients in the BETS sample, the average number of sessions attended was 20.7 and 243 (87.7%) of clients had planned endings.

Presenting problems

Overall, there were 15 different types of presenting problems recorded by the counsellors on initial client assessments. More than one presenting problem could be recorded per client. The mean number of presenting problems for all clients was 5.5, with almost half the clients (48.4%) presenting with more than five problems. There were similar numbers of presenting problems for the BETS group and the BSO group. The most common problems that clients at the Maya Centre presented with were depression (85.1%), anxiety/stress (84.7%) and trauma/abuse (73.5%). Figure 1 summarises the number of problems presented by the clients at initial assessment, with numbers of clients indicated above each bar.

Figure 1: Distribution of number of presenting problems (n=457)



Baseline CORE-OM Scores

There was no statistically significant difference between the baseline (pre-counselling) CORE-OM scores of the BSO and BETS groups. Table 1 shows the baseline mean total CORE-OM scores, as well as sub-dimension scores on functioning, psychological problems, risk and well-being of the two groups, along with the recommended clinical threshold scores which indicate the cut-off between a clinical population and a sample drawn from the general population (Mullin et al., 2006). In addition to clinical cut-off scores, mean CORE-OM score of a comparable sample, receiving long-term counselling from an inner London, women-only, community health centre (Payne et al., 2015), are included in the table.

Table 1: Client baseline CORE-OM scores (n=457)

	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
	Clinical Threshold	Comparison sample (n=98)	Maya Centre BSO group (n=180)	Maya Centre BETS group (n=277)	Total Maya Centre sample (n=457)
Total CORE-OM	10.0	16.27 (5.56)	25.87 (7.16)	24.56 (7.86)	25.07 (7.61)
Functioning	13.0	17.04 (6.50)	23.32 (7.11)	22.09 (8.10)	22.57 (7.74)
Psychological Problems	16.2	20.25 (6.85)	27.66 (8.22)	26.28 (9.11)	26.82 (8.79)
Risk	3.1	3.54 (4.83)	7.58 (7.35)	6.73 (7.05)	7.06 (7.17)
Well-Being	17.7	21.13 (7.23)	27.28 (8.60)	26.51 (8.55)	27.12 (8.44)

Recovery

Table 2 shows the difference in mean CORE-OM scores, as well as in the functioning, psychological problems, risk and well-being sub-dimension scores, before and after counselling for clients in the BETS group. It was not possible to include clients from the BSO group as no post-counselling scores were recorded. There was a statistically significant improvement in scores on the total and sub-dimension scores.

Table 2: **Change in BETS group's CORE-OM scores (n=277)**

	Mean (SD)	Mean (SD)	
	Pre Counselling	Post Counselling	Difference
Total CORE-OM	24.56 (7.86)	19.49 (8.75)	5.07 (95% CI 4.22 to 5.93, p < .001)
Functioning	22.09 (8.10)	9.57 (9.99)	12.51 (95% CI 11.26 to 13.77, p < .001)
Psychological Problems	26.28 (9.11)	20.60 (10.14)	5.67 (95% CI 4.70 to 6.64, p < .001)
Risk	6.73 (7.05)	4.85 (6.65)	1.87 (95% CI 1.13 to 2.61, p < .001)
Well-Being	26.51 (8.55)	21.43 (9.82)	5.84 (95% CI 4.01 to 6.15, p < .001)

Table 3 shows the recovery rates of the clients at the Maya Centre, along with data from the comparison sample described above (Payne et al., 2015). According to Mullin (2006), clients can be said to have experienced 'recovery' if their total CORE-OM score has moved from one equal to or above the clinical threshold score of ten, to below the cut-off, *and* have improved

their score by at least five points. Those who are considered to have 'improved' will have experienced an overall improvement in their CORE-OM score of at least five points, but not moved to below the clinical cut-off. Nearly half (48.7%) of all clients in the BETS group experienced either recovery or improvement. Although it appears that the rates of recovery are lower than those in the comparison group, the baseline CORE-OM scores in Table 1 indicate that clients attending the Maya Centre are more unwell, making it less likely that their post-counselling scores would be reduced below the clinical cut-off.

Table 3: BETS group's recovery rates (n=277)

	N (%)	**(%)**
	Maya Centre (n=277)	**Comparison sample (n=98)**
Recovered	35 (12.6%)	43%
Improved	100 (36.1%)	15%
No Change	130 (46.9%)	40%
Deterioration	12 (4.3%)	2%

Client View of the Maya Centre

Feedback was available from 53 clients in the BETS group who completed end of therapy forms, of whom 67.9% reported that the centre was 'comfortable', 64.2% reported that it was 'welcoming', 54.7% reported that it was 'private', and 55.3% reported that it was 'well-organised'. When answering questions on the helpfulness of the counselling received, 81.1% of the clients reported that it was 'very helpful', 17% reported that it 'helped a bit', and one client did not provide a response. A sample of the feedback comments provided can be found below:

"Thank you so much once again…it really does help and I wouldn't be able to do this privately"

"Confidence levels, feel more self-assured. Recognition of importance of having boundaries. Gained insight - was extremely helpful to have someone I could speak to in my language"

"It has hugely self-empowered me, I was so low in self-esteem when I came here. The counsellor was simply so supportive. The therapy was so needed and you offered it for free - I could never have got any help otherwise"

"Felt very respected, listened to. Sadly, not long enough for someone with long-term issues"

Discussion

Findings from the service evaluation show that the Maya Centre is working with women with high levels of mental health needs. On average, clients present with both a high number of psychological problems and a mean CORE-OM score much higher than the clinical threshold and higher than comparison samples identified from published studies. Despite the complexity of the client group, the counselling provided at The Maya Centre clearly led to tangible benefits, with nearly half the clients achieving clinical recovery or improvement. The improvements in CORE-OM scores are particularly impressive considering that The Maya Centre accepts clients who may have failed to benefit previously from interventions delivered through primary care and other statutory mental health services.

The evaluation also showed that clients who completed feedback questionnaires value the service offered by the Centre, reporting high levels of satisfaction. Many comments indicated the progress clients felt they had been able to make in addressing their difficulties through the counselling they had received at the Maya Centre.

Recommendations

The evaluation team have the following recommendations that could be considered by the Maya Centre to facilitate further evaluations:

- There is scope for improvement in the collection and recording of data in order to be able to evaluate clinical improvements and provide evidence of service effectiveness. Specifically, it is important that CORE data are collected at the beginning, middle and end of therapy with all clients. A planned change to the CORE software may enable clients to complete the CORE-OM questionnaire directly into an electronic device, thereby reducing missing data and the administrative burden on staff.
- Clients could be asked to complete the end of therapy feedback form outside of the treatment room after their final session and to submit the questionnaire into a locked feedback box. This would help to reduce any potential bias that may arise from filing the form out in front of their counsellor as is current practice.
- Review the format and content of the Centre's end of therapy feedback form in order to ensure that the full spectrum of service user views are adequately captured.
- Record the language in which counselling is delivered to the CORE online system in order to allow outcomes to be compared between groups.

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