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Models and Frameworks for Mental Health Counselling in Non-Profit Agencies

A Scoping Review

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Introduction

Non-profit organizations—entities that pursue public or social benefits without the purpose of profit-generation—play an important role in providing accessible, inclusive, and culturally relevant counselling services to individuals and families across Canada. These organizations frequently support populations who face intersecting systemic challenges, including immigrants and refugees, survivors of violence, people with disabilities, and those struggling with poverty or social exclusion (Statistics Canada, 2023). Non-profit mental health services can be particularly beneficial during times of crisis, such as in the aftermath of the global COVID-19 pandemic, as they provide localized responses to the intersecting, shifting and emerging mental well-being needs affecting diverse communities and individuals, especially those facing significant social, health care and COVID-19 specific barriers (World Health Organization [WHO], 2023). Following the COVID-19 pandemic, mental health concerns increased among Canadians, creating greater demand for non-profit counselling services (Canadian Mental Health Association [CMHA], 2024). Evidence suggests that individuals with low income, job insecurity, and who are racialized, experienced greater impacts on their mental well-being due to the pandemic, as a result of elevated levels of racism, stigmatization, and socio-economic and health care access exclusion (Black Health Alliance, 2021; Chinese Canadian National Council, 2021; Saltzman et al., 2021; Sanford et al., 2022; UNESCO, 2020). This has resulted in a growing demand for counselling services, alongside an increased complexity of client needs.

Since 2020, due to the COVID-19 pandemic response, non-profit organizations have repeatedly had to adjust, shifting first from predominantly in-person services to virtual and hybrid delivery service models, integrating technology, and reacting to the changing needs of service users (Community Action Initiative, 2022). Virtual and hybrid service delivery have shown success in meeting the needs of communities. However, this quick adaptation occurred in the context of a lack of thorough awareness of the landscape of models and approaches to mental health counselling in non-profit settings and potential institutional, human, financial and technological needs or challenges. Virtual service delivery is a single solution toward developing equitable care for all people (Community Action Initiative, 2022), yet other models and approaches must be considered. There is a need to explore the models and frameworks that have been used in mental health counselling in non-profit settings and the evidence supporting their use, their culturally sensitive dimensions, and their impacts on client outcomes. Several reviews relating to community-based mental health services exist (Dawson et al., 2021; Killaspy et al., 2022; Lee et al., 2022; Venugopal et al., 2021). These reviews focus on very specific populations, severe mental illness, or specific dimensions, rather than more holistic mental well-being beyond mental disorders. This scoping review addresses the urgent need to evaluate and synthesize evidence on mental health counselling models and frameworks utilized in non-profit settings, with an orientation to cultural sensitivity, equity, and intersectionality to guide programming in socio-culturally, religious, spiritual, and economically diverse settings, such as the Region of Peel.

This scoping review by Family Services of Peel (FSP), is part of a larger research project, the Resilient Communities Fund Project, which was conducted to improve counselling services. Given the changing requirements of clients and the rising complexity of situations during and following the pandemic, integrating innovative and evidence-informed frameworks is critical to

serving FSP’s diverse clientele. To enhance the counselling program at FSP, we conducted a scoping review of existing academic and grey literature on overarching models and frameworks used in non-profit organizations to implement, deliver, and/or evaluate mental health programs. The objectives included:

1. To identify existing evidence on overarching models and frameworks used in non-profit organizations to implement, deliver, and/or evaluate mental health programs.
2. To characterize the identified counselling models and frameworks in terms of key elements, components, and other characteristics.
3. To provide recommendations for mental health counselling within FSP, based on the findings from Objectives 1 and 2.

Methods

Study Design

We conducted a scoping review to address our research question: “What evidence has been published on overarching models and frameworks used in non-profit organizations to provide mental health programs?” Our scoping review was guided by the methodological framework of Arksey and O’Malley (2005) and Levac et al. (2010), which involved several stages: (1) identification and clarification of research questions; (2) establishment of inclusion and exclusion criteria; (3) development of the search strategy; (4) study selection; (5) data charting; and (6) collation, summarization, and reporting of the results. The results reported here follow the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) (2018).

Search Strategy

We conducted a comprehensive search in the following databases, in accordance with the Peer Review of Electronic Search Strategies (PRESS) Guidelines (McGowan, et al., 2015): 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 was limited to studies published from January 2015 to July 2025, to capture a 10-year publication period, that included the time before and after the onset of the COVID-19 pandemic. No restrictions were applied to publication language or geographic region during the search. Grey literature was searched in Google Scholar via Publish or Perish (Harzing, 2007) (first 100 results), ProQuest Dissertations and Theses Global database, pre-print servers and repositories, and websites of relevant organizations. Review articles (narrative, scoping, systematic, meta-analysis, and meta-synthesis) were excluded. Our search terms included “community mental health services,” “non-profit,” and “counselling”, as well as Medical Subject Headings (MeSH) terms and equivalent controlled vocabulary terms in other databases. Boolean search operators were used to separate the keywords. The search strategy was adapted as needed for each database. We also manually searched (using a backward search approach) the references of relevant studies to identify additional sources.

Eligibility Criteria

We applied eligibility criteria to select relevant studies on models and frameworks used in non-profit organizations for mental health programs.

Inclusion Criteria

Our scoping review included peer-reviewed academic publications (i.e., primary papers) and grey literature (i.e., reports, theses and dissertations) that had the following characteristics: (1) reported on overarching models and frameworks used in non-profit organizations to implement, deliver, and or evaluate mental health programs; (2) published between January 1, 2015 and July 2025; and (3) published in English or French.

Exclusion Criteria

Our scoping review excluded (1) abstracts, commentaries, guidelines, books (in full), protocol papers without reported findings, methodology papers, and review papers of any type (e.g., scoping reviews, systematic reviews, umbrella reviews), (2) research documents without the full text available, (3) research published before January 1, 2015, and (4) documents not published in English or French due to language restrictions from the team.

Study Selection

The retrieved literature was uploaded to Covidence (Veritas Health Innovation, 2025) and was screened against the inclusion criteria using a two-stage screening process. In the first stage, two members of the research team (SC and SS) independently screened the titles and abstracts. In the second screening stage, the same team members independently reviewed the full texts of the papers selected during the first stage to confirm their eligibility for inclusion in the final review. Any disagreements during the screening process were discussed and resolved by the researchers engaged in screening.

Data Charting

We used the standard data extraction form in Covidence and tailored it to meet our study's data extraction needs. We extracted data on the following: author and year of publication, location, aim, study design and methodology, model/framework characteristics and setting, main outcomes, and key implications.

Collating, Summarizing, and Reporting

We used a mixed methods approach to analyze the extracted data. The data was synthesized and analyzed using frequency counts to outline the main characteristics of the overarching models and frameworks used in non-profit organizations for mental health programs. We also used a thematic synthesis approach (Thomas & Harden, 2008) to analyze the main characteristics and outcomes of overarching models and frameworks. Thematic synthesis involved three stages: (1) data familiarization, (2) coding the text, and (3) theme development.

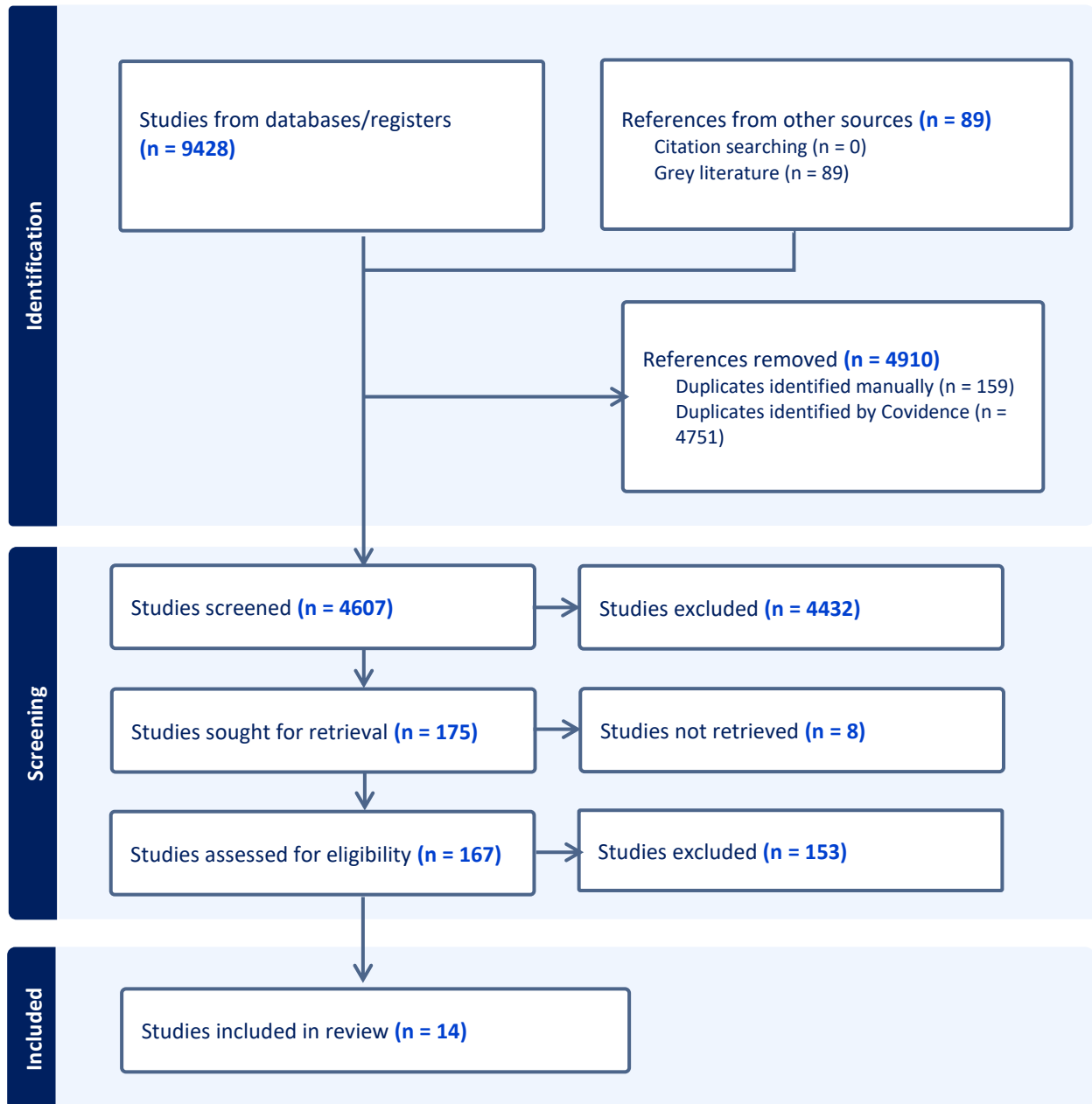
Results

Screening Results

Our searches from 10 electronic databases, multiple grey literature search sources, and backward citation searches resulted in 9,517 records, which led to a total of 4,607 potentially eligible studies, once duplicates were removed. Following title and abstract screening, 4,432 studies were excluded, leaving 175 studies for full-text screening. Full-text screening resulted in the exclusion of 161 articles and inclusion of 14 articles for data charting. Figure 1 shows a flow diagram of the screening results.

Figure 1

Data screening flow diagram



Characteristics of Included Studies

The characteristics of the included studies are presented in Table 1. All included studies were published between 2016 and 2025. The included studies were conducted in Canada (4; Bollers &

Table 1*Characteristics of included studies*

Author/year	Location	Study design	Aim	Model/Approach/ Framework	Level of Model	Setting
Acharya et al. (2017)	Nepal	Descriptive case study	To describe a partnership network model developed and implemented in rural Nepal to support the delivery of high quality, culturally sensitive, and contextually appropriate mental healthcare in low-resource settings	Partnership model	Systems level	Rural Nepal
Basargekar (2024)	Mumbai, India	Mixed methods	To determine the effectiveness and service-mission alignment of a social program—the Family Counselling Centre—offering counselling services for women survivors of domestic violence, using the social audit evaluation framework	Social Audit	Evaluation	Stree Mukti Sanghatana, Mumbai – 4 Family Counselling Centers serving women who have experienced domestic violence
Bollers & Eizadirad (2025)	Toronto, Canada	Qualitative	To explore the benefits of Catharsis, a culturally responsive and trauma-informed program, for Black youth living in an under-resourced Toronto community.	Cultural responsiveness Trauma-informed care	Systems	Catharsis – a program offered by the non-profit organization Generation Chosen
Cavagnis (2021)	Argentina	Descriptive	To present the Ethno-Eco-Systemic (EES) theoretical perspective that has been developed at FyP (Fundacion Familias y Parejas) through a collective reflective process to support organizations and counsellors to recentre the important ecological and cultural aspects of the therapeutic process	Ethno-Eco-Systemic Framework	Service delivery	Family Therapy Centre
Cayce (2016)	New Jersey, United States	Secondary data analysis	To examine whether the infusion of cultural and linguistic competence at the system level is associated with caregivers' perceptions of service providers as understanding, respectful, and culturally responsive.	System of Care - Cultural and linguistic competence	Systems	Family Service Organizations

Churisnoff et al. (2017)	Saskatchewan, Canada	Evaluation	To understand reasons for implementation and evaluate initial outcomes of WIC services at 5 family service agencies in Saskatchewan.	Walk-in counselling	Service delivery	Non-profit, family service agencies
Dayani et al. (2025)	Karachi, Pakistan	Descriptive case report	To describe how a non-profit organization in Pakistan has addressed key challenges in the mental healthcare system using an integrative model.	Integrative model	Systems	Taskeen Health Initiative - a nonprofit organization
Moncrief-Stuart et al. (2024a)	United States	Descriptive case	To outline the key elements of a student-staff behavioural health program model run by a nonprofit.	Student-staffed mental health clinic	Service delivery	Non-profit community-based agency
Moncrief-Stuart et al. (2024b)	United States	Retrospective	To evaluate the effect of a community-based, nonprofit, and student-staffed mental health program on adult clients' depression, anxiety, and global distress.	Student-staffed mental health clinic	Service delivery	Non-profit community-based agency
Onnis et al. (2020)	Australia	Case report	To examine the integration of an Indigenous Social and Emotional Well-Being intervention, the Family Wellbeing empowerment program (FWB), in a service organization.	Conceptual implementation model for integrating FWB into practice	Implementation	Non-profit organization serving Indigenous and non-Indigenous children
Stalker et al. (2016)	Ontario, Canada	Sequential explanatory mixed-methods design	To compare the change in psychological distress by clients receiving services from two models of service delivery, a walk-in counselling model and a traditional waitlist model.	Walk-in counselling model	Service delivery	Non-profit community organization
Tua Lopez (2018)	Baymon, Puerto Rico	Quantitative	To assess the relationship between the provision of comprehensive services involving social inclusion through the Family Incubator Model and the health and social outcomes for parents of adolescents	Family Incubator Model	Service delivery	Non-profit organization
Turpin et al. (2021)	Canada	Case study – mixed methods design	To understand how a social enterprise model may address barriers to mental health services	Social enterprise model	Systems	Social enterprise organization
Wong et al. (2016)	Hong Kong, China	Qualitative	To identify barriers for practicing family-centred care in a community mental health setting from the perspective of social workers.	Family-centered practice	Service delivery	Mental health organization

Eizadirad, 2025; Churisnoff et al., 2017; Stalker et al., 2016; Turpin et al., 2021), the United States (3; Cayce, 2016; Moncrief-Stuart et al., 2024a; Moncrief-Stuart et al., 2024b), Nepal (1; Acharya et al., 2017), India (1, Basargekar, 2024), Argentina (1, Cavagnis, 2021), Pakistan (1, Dayani et al., 2025), Puerto Rico (1; Tua Lopez, 2018), China (1; Wong et al., 2016), and Australia (1; Onnis et al., 2020). Of the included studies 10 were peer-reviewed articles (Acharya et al., 2017; Bollers & Eizadirad, 2025; Cavagnis, 2021; Dayani et al., 2025; Moncrief-Stuart et al., 2024a; Moncrief-Stuart et al., 2024b; Onnis et al., 2020; Stalker et al., 2016; Turpin et al., 2021; Wong et al., 2016) and four were grey literature sources (Basagekar, 2024; Cayce, 2016; Churisnoff et al., 2017; Tua, 2018). Further, nine were primary research (Basargekar, 2024; Bollers & Eizadirad, 2025; Cayce, 2016; Churisnoff et al., 2017; Moncrief-Stuart et al., 2024b; Stalker et al., 2016; Tua Lopez, 2018; Turpin et al., 2021; Wong et al., 2016) and five were descriptions of models and frameworks (Acharya et al., 2017; Cavagnis, 2021; Dayani et al., 2025; Moncrief-Stuart et al., 2024a; Onnis et al., 2020).

The included sources outlined and/or examined specific overarching models and frameworks for macro-level operations, service delivery, implementation, and evaluation of mental health counselling programs in non-profit settings (Table 1). Five sources examined and/or described macro-level models/frameworks (Acharya et al., 2017; Bollers & Eizadirad, 2025; Cayce, 2016; Dayani et al., 2025; Turpin et al., 2021), seven examined and/or described service delivery models/frameworks (Cavagnis, 2021; Churisnoff et al., 2017; Moncrief-Stuart et al., 2024a; Moncrief-Stuart et al., 2024b; Stalker et al., 2016; Tua Lopez, 2018; Wong et al., 2016), one source described an implementation framework (Onnis et al., 2020), and one described and/or examined an evaluation framework (Basagekar, 2024).

Models and Frameworks for Mental Health Counselling Programs in Non-Profit Settings

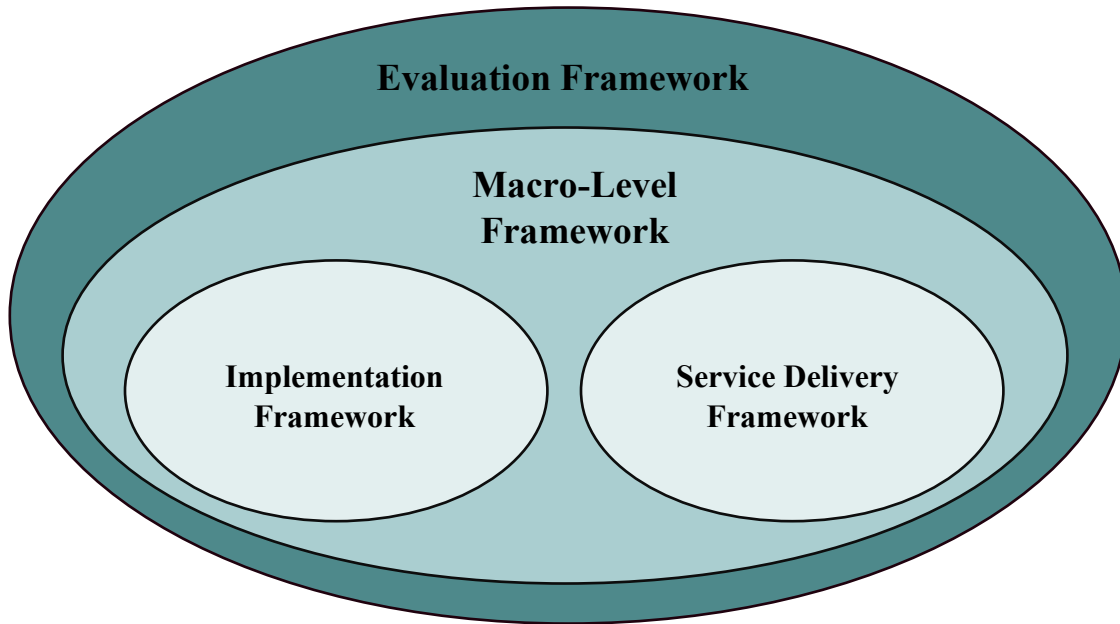
We found that the models and/or frameworks used in mental health counselling programs offered by non-profit agencies are highly variable. That is, within the 14 included studies, there was minimal overlap in the models described and/or assessed. Thus, specific themes and conclusions regarding key elements, model types, and/or characteristics could not be determined. Our analysis showed that we may conceptualize models/framework used by non-profit organizations for mental health programs within an overarching conceptual integrated systems framework that comprises four nested frameworks (Figure 2): (1) evaluation framework(s); (2) macro-level framework(s); (3) implementation framework(s); and (4) service delivery framework(s). Such an overarching integrated framework was not found in any of the included studies. However, the different types of frameworks/models at each of the four dimensions conceptually fit together. When integrated, they have the potential to provide non-profit agencies a more robust and comprehensive systems model that best serves the complexity of client needs and the non-profit operating context to develop, implement, and maintain sustainable, high-quality, and responsive mental health counselling programs.

Each nested framework within the integrated systems model would influence program operations interdependently. The evaluation and macro-level framework are proposed to operate at a distal level, while translating down to micro levels of program implementation and delivery to drive alignment between overarching organization principles and strategies (macro level) and

daily practice (micro level). The implementation and service delivery frameworks operate at the micro level to direct specific operational practices and processes of the mental health program. In this section, we describe each nested dimension of the conceptual integrated framework with specific reference to the models/frameworks in the studies included in this review that are associated with each nested level.

Figure 2

Conceptual Integrated Model for Counselling Programs in Non-Profit Agencies



Evaluation Framework

At the broadest level of the conceptual integrated model is an Evaluation Framework. The Evaluation Framework overarches the three other frameworks, as evaluation is conducted at all operative levels of an agency. It is beneficial for non-profit community organizations to conduct evaluations that draw on the social mission, principles, and values of the organization (which is the Macro Level Framework) to (1) ensure alignment between macro-level values, strategies, and principles and the processes and practices of program/service implementation and delivery; and (2) ensure evaluations are conducted in ways that align with values of the organization (i.e., integration of principles of cultural sensitivity and trauma-informed care).

We identified one study that described an evaluation framework. Basegehar (2024) used a social audit evaluation framework to assess the social impact of a mental health counselling program for women survivors of domestic violence in a non-profit agency in Mumbai, India. Social audit is an evaluation framework that enables agencies to assess the social performance of a program for users and determine how well a social program is aligned with the organization’s mission and values. Social audit evaluations include the perspectives of multiple stakeholders, such as clients, service providers, management, and external stakeholders to determine strengths and areas for improvement. The social audit evaluation framework sits as an overarching

framework to guide macro-level processes and implementation and service delivery practices. Basagehar (2024) found that the social audit evaluation beneficially informed short-term and long-term improvements by ensuring alignment between systems-level strategies and services. It met client needs via effective service delivery, improved staff morale, strengthened community ties, and generated awareness of the need to strategize for long-term financial sustainability. Further research to synthesize evidence on evaluation frameworks for social impact of programs will help identify the best frameworks for use in non-profit agencies.

Macro- Level Framework

At the next level, we have proposed the integration of a Macro-Level Framework. This framework encompasses the organization's mission, vision, and values; strategic plan; and core principles (i.e., equity, anti-oppression, cultural responsiveness, etc.) of the agency, as well as multi-dimensional approaches. In our review, we identified five studies (Acharya et al., 2017; Bollers & Eizadirad, 2025; Cayce, 2016; Dayani et al., 2025; Turpin et al., 2021) that described and/or examined what we conceptualize as a Macro-Level Framework. These included (1) a partnership model (Acharya et al., 2017), (2) framework of trauma-informed care and cultural responsiveness (Bollers & Eizadirad, 2025), (3) framework of cultural and linguistic competence (Cayce, 2016), (4) an integrative model (Dayani et al., 2025), and (5) a social enterprise model (Turpin et al., 2021). The models/frameworks in these studies share a focus on the macro-level of the agency, collective action, and the shared values and principles held within the agency that translate into the micro-operations of the specific mental health program. They would sit under an Evaluation Framework, as they would require regular assessment to ensure agency operational alignment with the Macro Level Framework(s) and effective translation of the Macro-Level Framework into practice at the implementation and service delivery levels.

Acharya et al. (2017) described a partnership model implemented in rural Nepal to support the delivery of culturally sensitive and contextually appropriate mental health programming. Bringing together public sector institutions, non-governmental healthcare organizations, mental health organizations, healthcare service users, bicultural professionals, and academic medical centers, the partnership model enabled local agencies to leverage the skills, resources, and expertise of partners to expand and collaboratively deliver mental health programs that were culturally sensitive and contextually relevant. This holds significant value for low-resource settings, as resources can be pooled and more efficiently leveraged than if each institution operated in isolation.

Bollers and Eizadirad (2025) explored the benefits of a culturally responsive and trauma-informed care framework within a community agency in Toronto that provided a mental health program for Black youth. Relatedly, Cayce (2016) examined whether an association existed between the infusion of a cultural and linguistic competence framework at the macro level of a community non-profit organization and caregivers' positive perceptions of service providers. The macro-level frameworks of cultural responsiveness/cultural competence and trauma-informed care require that all levels of staff, from reception to leadership, adopt a shared orientation and set of values for interacting with clients, colleagues, and other actors. As such, these frameworks go beyond practice at the level of service delivery. They inform the overall culture of the

organization, its mission and strategic direction, documents and forms, hiring practices and processes, all the way down to daily service delivery. Both studies showed the positive value of cultural responsiveness and trauma-informed care as Macro-Level Frameworks. Bollers and Eizadirad (2025) found that cultural responsiveness and trauma-informed care informed the development of a holistic mental health program that increased youth's confidence, safety to express emotions, and community connections through the provision of a strong cultural foundation, staff modelling of vulnerability and resilience, access to practitioners with a shared identity, and experiential opportunities. Cayce (2016) found that the macro level integration of cultural and linguistic competence resulted in caregivers perceiving service providers as understanding, respectful and culturally responsive.

Dayani et al. (2025) described how a non-profit agency in Pakistan addressed key challenges to mental healthcare by using an integrative macro-level model that comprised (1) public awareness, (2) service delivery, and (3) advocacy. As an integrative model, this approach involved the agency creating synergies between public awareness, advocacy efforts, and service delivery with a shared goal of improving the local mental health ecosystem. Lastly, Turpin et al. (2021) assessed how a social enterprise model in Toronto contributed to reductions in mental health stigma and addressed barriers to mental health service access. Models of social enterprise have seen growth in recent years due to increased pressure on non-profit organizations to reduce costs, while continuing to meet the needs of the communities they serve. Social enterprise models integrate market-based approaches to generate revenue that goes back into the social program. The Toronto-based social enterprise served two key functions: (1) providing space for counsellors to offer short-term therapy (50-60 minutes for a max of 12 sessions), and (2) creating a retail storefront offering curated resources and products that promote well-being. The revenue generated from the storefront, alongside office rental fees and small grants covered operational costs and enabled counselling services to be offered on a sliding scale (Turpin et al., 2021). Turpin et al. (2021) found that the social enterprise model helped to overcome service access barriers through affordability, links to other services, timely access, information provision, open and inclusive spaces, and generation of public awareness. Overall, the social enterprise model had positive social impact, contributed to stigma reduction, and increased service access.

These five studies showed that while Macro-Level Frameworks can take several forms, they have high value to agencies to support synergies and collective mission alignment. Future research will benefit from exploring evidence regarding specific macro-level frameworks for non-profit organizations and social enterprises.

Implementation Frameworks

At the third level, we propose the integration of implementation and service delivery frameworks. We see these as operating at a similar (micro) level, as they both influence direct practices and processes for program delivery and implementation. Implementation frameworks would be those that specifically guide program development and implementation in practice. One study involved an implementation framework. The agency developed an implementation framework to support Indigenous-focused social and emotional well-being programming in a family service agency (Onnis et al., 2020). The framework was comprised of two central

elements (Indigenous leadership and common language) and four related elements (personal well-being, building capacity, program customization, and relationships). While this implementation framework remains conceptual and more research will be needed to test its feasibility, acceptability, and efficacy, such a framework can potentially support program continuity beyond short-term funding cycles (Onnis et al., 2020). This study illustrated that implementation frameworks hold value when agencies consider how mental health programs can remain sustainable in contexts characterized by short-term funding cycles. More research will be needed to examine relevant implementation frameworks for non-profit organizations.

Service Delivery Frameworks

Finally, the proposed conceptual integrative framework involves models and frameworks for service delivery. These models/frameworks focus more on the specific components, elements, and characteristics of service delivery, rather than overarching values and principles. In our review, seven studies described models/frameworks for service delivery (Cavagnis, 2021; Churisnoff et al., 2017; Moncrief-Stuart et al., 2024a; Moncrief-Stuart et al., 2024b; Stalker et al., 2016; Tua Lopez, 2018; Wong et al., 2016). Across these seven studies, four models/frameworks were identified: (1) walk-in counselling (Churisnoff et al., 2017; Stalker et al., 2016), (2) student-staffed mental health programs (Moncrief-Stuart et al., 2024a; Moncrief-Stuart et al., 2024b); (3) ethno-eco-systemic model (Cavagnis, 2021), and (4) family centered approach (Tua Lopez, 2018; Wong et al., 2016).

Two studies focused on walk-in counselling (WIC) as a model for service delivery (Churisnoff et al., 2017; Stalker et al., 2016). WIC is a solution-focused, brief, strengths-based service model, in which each session is treated as if it will be the only session. WIC has seen major growth in the past two decades, as agencies have focused on making services more accessible and on reducing waitlists. It has been shown to be an effective model for service delivery in non-profit settings. See our WIC scoping review for a full outline on WIC models for service delivery.

We identified two studies on student-staffed mental health programs, as a model for service delivery in a non-profit setting (Moncrief-Stuart et al., 2024a; Moncrief-Stuart et al., 2024b). Student-staffed mental health programs offer internships or field placements to counsellors-in-training (i.e., social work, psychology, psychotherapy students) at the graduate student level (i.e., masters or doctoral). Graduate students, supervised by senior clinicians, provide mental health services to clients at low or no-cost. These programs provide graduate students with rigorous learning and training opportunities, while providing clients with affordable therapy options. They also assist organizations in overcoming low staffing levels and resource constraints in high-demand contexts. Moncrief-Stuart et al. (2024a) described a long-running student-staffed mental health clinic at a community-based non-profit agency. Annually, 14-16 graduate students in behavioural health, complete discipline-specific internships, in which they receive initial orientation training, ongoing enrichment seminars, and clinical supervision. They also see clients, following agency procedures. Moncrief-Stuart et al. (2024b) found that as clients progressed through sessions with the student therapists, their depression, anxiety, and overall global distress improved significantly, resulting in an 18% decrease in the number of clients presenting with clinically relevant scores. These findings suggest that student-staffed

mental health programs are a beneficial service delivery model for non-profit agencies. More research is recommended.

Cavagnis (2021) described the Ethno-Eco-Systems (EES) perspective, a theoretical framework for service delivery, developed through a collective reflective process at a family therapy centre in Argentina. The EES aims to support organizations and counsellors to recentre the ecological, cultural, and social aspects of the therapeutic process. In a time when rigid standardization has gained prominence within therapeutic processes, Cavagnis (2021) presents the EES framework to reposition therapy as an art rather than a standardized technique. This service delivery framework requires that counsellors refrain from bringing pre-determined approaches, modalities, and techniques into the therapeutic encounter. Rather, the model encourages therapists to centre the understanding that clients have nuanced lives, needs, and experiences that require therapists to reflect upon and question their own personal assumptions and engage in creative processes that enable a person-centred approach. While the framework remains theoretical, it could have implications for therapists in the service delivery context. Future research would benefit from a more targeted review of literature on service delivery frameworks for mental health programs in non-profit settings.

Finally, two studies discussed family-centred frameworks for service delivery (Tua Lopez, 2018; Turpin et al., 2021). A family-centred framework regards the family as the unit of care, recognizes how mental health or illness impacts the entire family, understands the interaction between individual symptoms and the social context, and centres partnership-building among providers, clients, and family members. Drawing on Integrative Family and Systems Treatment (I-FAST), a family-centred practice model, two non-profit mental health organizations in Hong Kong were able to work with clinicians to shift their attitude from an individualistic biomedical orientation towards a systems- and strengths-based orientation to improve the quality of services for clients and their families. Similarly, Tua Lopez (2018) assessed the Family Incubator Model, a service delivery model developed in direct response to identified needs of adolescent parent families served by a non-profit organization in Puerto Rico. Using a family-centred approach, the organization designed a continuum of care for adolescent parent families to improve participants' social inclusion in family, economic, and social life. Families can access comprehensive services including couples and family therapy, early learning services for children, parenting skills, and financial literacy skills.

Summary

Overall, the importance of generating an integrated conceptual systems framework of nested frameworks for specific dimensions of mental health programs within non-profit agencies, is a key finding of this review. One model/framework is likely inadequate to fully operate an effective mental health counselling program. Agencies likely need to combine multiple types of frameworks that support evaluation, macro-level strategies and principles, implementation processes, and service delivery practices. This demonstrates that non-profit organizations are complex systems. Miguel (2023) defines a complex system as being “composed of many interacting units showing emerging properties that cannot be understood in terms of the properties of the individual isolated components” (p. 1). That is, *the whole is more than the sum*

of its parts. Focusing on one framework or dimension of a program cannot address the full scope of service operations; rather, systems thinking must be engaged to ensure relationships between dimensions can be addressed. *Systems thinking* encompasses a set of principles and analytic tools that enable one to understand interconnections within systems in ways that facilitate the accomplishment of specific goals (Stroh, 2015 as cited in Flanigan, 2023).

As our findings have shown, mental health programs can involve models/frameworks that address different elements and levels of the program—evaluation, systems, implementation, and/or service delivery. One model/framework cannot address all elements of the program or achieve overall aims of a program due to the different, yet integrated and interactive processes at play. Thus, an overarching systems model that can attend to the complexity of emergent, layered, and interactive components will be valuable for non-profit agencies. We propose the conceptual integrative model above as a complex systems model that can assist non-profit agencies to attend to and understand interactions between and within the individual frameworks and components, when designing and adapting mental health counselling programs. An integrative systems model can help non-profit organizations overcome the linear and individualistic thinking that policies, programs, and approaches which achieve short-term success can also lead to long-term success; that improving independent parts of the system will improve the whole (Flanigan, 2023). Quick fixes to independent elements result in unintended consequences. Systems thinking recognizes this and instead enables agencies to focus on improving the system by improving relationships among the parts. The needs of clients seeking mental health services are complex. Thus, the system in place in an agency must be set up to adequately respond to complexity; thereby requiring a complex systems model. An integrative, complex systems framework may bring more streamlined processes, clarity, and alignment between organizations’ strategic goals and program delivery, and collective impact, data and information sharing, and evidence-based programming across agencies operating in similar contexts or serving similar populations.

Limitations

There are several limitations to this review. First, given the common existence of non-profit agencies offering mental health counseling programs globally, it was surprising to only have 14 studies included in this review. The low number of included studies could be due to our general focus on frameworks and models. It is possible that studies were missed that focused on highly specific types of models that were not included within our keyword searches, given our more general focus on models and frameworks. A more tailored search on a specific model/framework type may have generated more results but precluded a more comprehensive view of model types being used. Second, we only included studies published in English or French. Thus, it is possible that we missed relevant studies published in other languages.

General Recommendations

1. Future research is needed to synthesize evidence on:
 - a. Evaluation frameworks used in non-profit organizations and social enterprises.
 - b. System frameworks used in non-profit organizations and social enterprises.
 - c. Implementation frameworks used in non-profit organizations and social enterprises.

- d. Service delivery frameworks used in non-profit organizations and social enterprises.
2. Future research is needed to explore the conceptual integrated systems framework we have proposed based on the findings of this review.
3. Future research is needed in the Region of Peel to identify the models and frameworks currently used by non-profit community organizations, both for counselling programs and more generally.
4. Further consideration and attention are needed to the role of systems thinking and complex systems theory in designing mental health programming for non-profit organizations.

Recommendations for FSP

1. It is recommended that FSP consider the conceptual integrated systems model to guide future adaptations to FSP's Counselling Program. This has the potential to create greater coherence across evaluation, organizational mission and values, implementation, and service delivery.
2. It is recommended that FSP consider how the conceptual integrated model may be useful for all program streams offered at FSP (i.e., Counselling Services, Disability Services, and Employment Services)
3. It is recommended that before specific frameworks at each level of the integrated model are selected, further research is conducted to identify the (a) evaluation, (b) systems, (c) implementation, and (d) service delivery frameworks that are best suited to FSP's organizational context.

References

- Acharya, B., Maru, D., Schwarz, R., Citrin, D., Tenpa, J., Hirachan, S., Basnet, M., Thapa, P., Swar, S., Halliday, S., Kohrt, B., Luitel, N.P., Hung, E., Gauchan, B., Pokharel, R., & Ekstrand, M. (2017). Partnerships in mental healthcare service delivery in low-service settings: Developing an innovative network in rural Nepal. *Globalization and Health*, 13(2). <https://doi.org/10.1186/s12992-016-0226-0>
- Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Sociological Research Methodology*, 8, 19–32.
- Basargekar, P. (2024). Using social audit to assess the impact of the social program: The case of Family Counseling Center of Stree Mukti Sanghatana. In V. Gupta, A. Maurya., & S.R. Chatterjee, *Emerging Issues and Trends in Indian Business and Management* (pp. 273-299). World Scientific Publishing Company. https://doi.org/10.1142/9789811286674_0014
- Black Health Alliance. (2021). Perspectives on health and well-being in Black communities in Toronto. Black Health Alliance.
- Bollers, M., & Eizadirad, A. (2025). Pathways to healing and thriving: Culturally responsive mental health programs for Black youth in Toronto. *In Education*, 30(1), 24-43. <https://doi.org/10.37119/ojs2025.v30i1.766>
- Canadian Mental Health Association. (2024). The state of mental health in Canada 2024: Mapping the landscape of mental health, addictions, and substance use health. Canadian Mental Health Association.
- Cavagnis, M.E. (2021). An ethno-eco-systemic perspective: The coming into being of a family therapy institution in Argentina – Politics, practices, and experiences. *Australian & New Zealand Journal of Family Therapy*, 42, 261-275. <https://doi.org/10.1002/anzf.1463>
- Cayce, N.A. (2016). Implementing cultural and linguistic competence in systems of care [thesis]. Capella University.
- Chinese Canadian National Council. (2021). A year of racist attacks: Anti-Asian racism across Canada one year into the COVID-19 pandemic. Chinese Canadian National Council, Toronto Chapter. https://mcusercontent.com/9fbfd2cf7b2a8256f770fc35c/files/35c9daca-3fd4-46f4-a883-c09b8c12bbca/covidracism_final_report.pdf
- Churisnoff, L., Englot, K., & Novik, N. (2017). *A rapid access mental health initiative: Brief walk-in counselling in Saskatchewan*. Family Service Saskatchewan.
- Community Action Initiative. (2022). Community counselling fund: Impacts of COVID-19 on organizations. Community Action Initiative. [URL] <https://caibc.ca/wp-content/uploads/sites/3/2022/01/CCF-covid-impacts.pdf>
- Dawson, S., Bierce, A., Feder, G., Macleod, J., Turner, K. M., Zammit, S., & Lewis, N. V. (2021). Trauma-informed approaches to primary and community mental health care: Protocol for a mixed-methods systematic review. *BMJ Open*, 11(2), e042112.
- Dayani, K., Mughis, W., Ali, U., Hashim, S., Nafees, B., & Sabri, T. (2025). Innovative

- approaches to mental healthcare in Pakistan: Perspectives from a nonprofit organization. *Mental Health and Social Inclusion*, 29(5), 602-607. <http://doi.org/10.1108/MHSI-01-2025-0012>
- Flanigan, S.T. (2023). Impacts of systems thinking on mission when environmental nonprofit organizations encounter the complex systems problem of homelessness. *Voluntas: International Journal of Voluntary and Nonprofit Organizations*. <https://doi.org/10.1007/s11266-023-00577-9>
- Harzing, A. W. (2007). Publish or perish. <https://harzing.com/resources/publish-or-perish>
- Killaspy, H., Harvey, C., Brasier, C., Brophy, L., Ennals, P., Fletcher, J., & Hamilton, B. (2022). Community-based social interventions for people with severe mental illness: A systematic review and narrative synthesis of recent evidence. *World Psychiatry*, 21(1), 96–123.
- Lee, C., Kuhn, I., McGrath, M., Remes, O., Cowan, A., Duncan, F., Baskin, C., Oliver, E. J., Osborn, D. P., Dykxhoorn, J., & Kaner, E. (2022). A systematic scoping review of community-based interventions for the prevention of mental ill-health and the promotion of mental health in older adults in the UK. *Health & Social Care in the Community*, 30(1), 27–57.
- Levac, D., Colquhoun, H., & O'Brien, K. K. (2010). Scoping studies: Advancing the methodology. *Implementation Science*, 5, 69.
- McGowan, J., Sampson, M., Salzwedel, D. M., Cogo, E., Foerster, V., & Lefebvre, C. (2016). PRESS peer review of electronic search strategies: 2015 guideline statement. *Journal of Clinical Epidemiology*, 75, 40–46.
- Miguel, M.S. (2023). Frontiers in complex systems. *Frontiers in Complex Systems*, 1. <https://doi.org/10.3389/fcpxs.2023.1080801>
- Moncrief-Stuart, S., Cressman, A., Kimberling, J., & Love, C. (2024). A graduate student-staffed, low-cost mental health program: A community-based model to increase access to services. *Social Work in Mental Health*, 22(4), 546-563. <https://doi.org/10.1080/15332985.2024.2331495>
- Moncrief-Stuart, S., Cressman, A., & Roberson, J. (2024). Adult depression and anxiety outcomes at a student-staffed mental health clinic. *Research on Social Work Practice*, 34(7), 747-756. <https://doi.org/10.1177/10497315231199421>
- Onnis, L-A., Moylan, R., Whiteside, M., Klieve, H., Smith, K., & Tsey, K. (2020). Integrating the family wellbeing program into practice: A conceptual model. *Australian Social Work*, 73(4), 435-448. <https://doi.org/10.1080/031240X.2019.1662463>
- Saltzman, L. Y., Lesen, A. E., Henry, V., Hansel, T. C., & Bordnick, P. S. (2021). COVID-19 mental health disparities. *Health Security*, 19(S1), S-5.
- Sanford, S., Um, S., Tolentino, M., Raveendran, L., Kharpal, K., Weston, N. A., & Roche, B. (2022). The impact of COVID-19 on mental health and well-being: A focus on racialized communities in the GTA. Wellesley Institute & Mental Health Commission of Canada. <https://www.wellesleyinstitute.com/wp-content/uploads/2022/03/The-Impact-of-COVID->

19-on-Mental-Health-and-Well-being-A-Focus-on-Racialized-Communities-in-the-GTA.pdf

- San Miguel, M. (2023). Frontiers in complex systems. *Frontiers in Complex Systems, 1*, 1080801. <https://doi.org/10.3389/fcpxs.2023.1080801>
- Stalker, C.A., Riemer, M., Cait, C-A., Horton, S., Bootan, J., Josling, L., Bedggood, J., & Zaczek, M. (2016). A comparison of walk-in counselling and the wait list model for delivering counselling services. *Journal of Mental Health, 25*(5), 403-409. <https://doi.org/10.3109/09638237.2015.1101417>
- Statistics Canada. (2024, March 20). National insights into non-profit organizations, Canadian Survey on Business Conditions, 2023. Statistics Canada.
- Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology, 8*, 45
- Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., Moher, D., Peters, M. D. J., Horsley, T., Weeks, L., Hempel, S., Akl, E. A., Chang, C., McGowan, J., Stewart, L., Hartling, L., Aldcroft, A., Wilson, M. G., Garritty, C., Lewin, S., Godfrey, C. M., Macdonald, M. T., Langlois, E. V., Soares-Weiser, K., Morian, J., Clifford, T., Tuncalp, O., & Straus, S. E. (2018, September). PRISMA extension for scoping reviews (PRISMA-ScR): Checklist and explanation. *Annals of Internal Medicine, 169*(7), 467–473. <https://doi.org/10.7326/M18-0850>
- Tua, A.I. (2018). Social inclusion outcomes for an organization's adolescent parent intervention [thesis]. Walden University ScholarWorks.
- Turpin, A., Shier, M.L., & Scowen, K. (2021). Assessing the social impact of mental health service accessibility by a nonprofit social enterprise: A mixed-methods case study. *Canadian Journal of Nonprofit and Social Economy Research, 12*(1), 82-106. <https://doi.org/10.29173/cjnsr.2021v12n1a378>
- UNESCO. (2020, May 25). COVID-19-related discrimination and stigma: A global phenomenon? UNESCO. [URL] <https://en.unesco.org/news/covid-19-related-discrimination-and-stigma-global-phenomenon> 36
- Venugopal, J., Ninomiya, M. E., Green, N. T., Peach, L., Linklater, R., George, P., & Wells, S. (2021). A scoping review of evaluated Indigenous community-based mental wellness initiatives. *Rural and Remote Health, 21*(1), 1–3.
- Veritas Health Innovation. (2025). Covidence systematic review software. www.covidence.org
- Wong, O.L., Wan, E.S.F, & Ng, M.L.T. (2016). Family-centered care in adults' mental health: Challenges in clinical social work practice. *Social Work in Mental Health, 14*(5), 445-464. <https://doi.org/10.1080/15332985.2015.1038413>
- World Health Organization. (2023). Community-based mental health services in the WHO South-East Asia Region. World Health Organization, Regional Office for South-East Asia. <https://iris.who.int/bitstream/handle/10665/376717/9789290211372-eng.pdf?sequence=6>