

The Peoples' Counselling Clinic

Strategic Planning Document

Who we are, what we do and what's next

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1.0 The Clinic

The Peoples' Counselling Clinic is a registered non-profit, community-based, pro-bono mental health clinic that provides direct services and public education focused on issues of trauma, race, sex and gender. We work with under-served populations, including victims and perpetrators of sexual and intimate partner violence, using a forensic mental health approach to practice. We have partnered with various Justice and community agencies to offer assessment, counselling, and case management services to people of all genders, although our focus has been on male-identified individuals. The Peoples' Counselling Clinic, in partnership with the African Nova Scotian Decade for People of African Descent Coalition, supported the development of the African Nova Scotian Justice Institute, which now manages the intake and assignment of Impact of Race and Culture Assessments for the courts of Nova Scotia. We also conduct parental capacity assessments on contract with the Department of Community Services Child Welfare Service.

A free, community-based "teaching clinic", the Peoples' Counselling Clinic was established as an outgrowth of the private practice of our Director Emeritus Robert Wright. The clinic became a non-profit in 2017. Robert turned over leadership of the clinic to our current Executive Director James Dubé in 2024. Services are delivered by counselling professionals and students in a professional, supervised environment. Priority clients of the clinic are hard to serve, multi-problemed, often street-affected individuals whose needs are currently being underserved by other systems and programmes. As a low-barrier, culturally competent and queer friendly space, the Clinic often provides services to racialized, queer, and marginalized clients.

We offer counselling services in a wide range of areas, including Trauma, including complex trauma stemming from severe abuse, neglect, racial violence, and other adverse childhood experiences; Patterns of abuse in relationships, including counselling for people involved in criminal Justice processes; Family of origin, attachment, and development; Sexual behaviour problems. We provide a confidential, supportive and safe space to help people heal and grow.

The clinic's links to public safety considerations are several:

We employ and train forensic clinicians to work in the context of the intersection of law and mental health; our staff are experts in sexual and domestic violence; we regularly consult and train in the prevention of crime and treatment of the harm caused by criminal behaviour.

2.0 Our Programs

The programs we offer include:

ManTalk, group therapy for male-identified victims of sexual abuse

- ➤ Inside Out, group therapy for male-identified individuals who are at risk of harming others in various ways
- > Free counselling clinic, a low-barrier mental health clinic focused on various issues
- ➤ Forensic assessment and treatment services are offered to various community partners when requested (including Child Welfare, The Halifax Refugee Clinic, and Family and Criminal Courts)
- > Focused programming offered to Black community members and agencies serving people of African descent
- > Wellness groups and individual therapy for Halifax Domestic Violence Court Programme participants

3.0 Staffing

We currently employ a full-time Executive Director, a full-time Clinic Manager, a full-time Executive Assistant, two full-time therapists and one half-time therapist. Our Director Emeritus continues to draw a salary from the clinic and generate revenue for the clinic based on his activities.

4.0 How we created this document

4.1 Process

This document was created after staff met monthly during the 2024 calendar year to discuss agency strategy. Staff were asked specific questions, outlined below, about what the future directions of the clinic should be. The process was designed to give staff an opportunity to transform the future of the agency. While our Executive Director prepared the document, the staff generated the contents during those monthly meetings and provided feedback on the final draft.

4.2 Questions

- > What should the clinic focus on for programming over the next years? In five years?
- ➤ In relation to programming, is there anything we're doing that we shouldn't? Anything we're not doing that we should be?
- ➤ How big will the clinic be in five years?
- ➤ How many staff should we have in one year? In five years?
- ➤ What should we focus on in relation to diversity of staff and students?
- ➤ What groups are missing from our clientele?
- ➤ Which groups should we focus on serving better?
- > Do we over serve some groups of clients?

- Are we placing clients in appropriate services?
- ➤ Should we have more clients in individual therapy or group therapy in one year? In five years?
- ➤ What kind of clinical and other workers do we need? Are we missing any skill sets?
- ➤ How will we offer services in one year? Five years? As a hybrid, only online, or only in person?
- ➤ How will the office space be run in one year? Five years?
- ➤ What should we focus on in relation to public writing and education over the next year? Five years?

4.3 Results

Staff identified a desire to expand human resources in the following ways:

- ➤ Hire more social workers to balance different professions on staff.
- ➤ Hire additional female therapist(s).
- ➤ Hire additional Black therapist(s).

Staff identified a desire to expand programming in the following ways:

- > Develop programming focused on youth.
- ➤ Develop programming focused on sexual behaviour problems for people who are excluded from ManTalk.
- > Develop programming focused on people with developmental delays.
- ➤ Develop the capacity to work more with families and couples.
- > Develop the capacity to case manage or provide legal support.
- > Staff also identified a desire for the clinic to continue expanding generally, and that offering hybrid online and in-person services is a preferable way to serve our clients for the foreseeable future.

5.0 What's Next

5.1 Directions

The clinic has been moving to expand in the ways identified by staff:

➤ We have continued to focus on diversity in staffing.

- ➤ We have shifted our focus to expanding our more general community-based mental health services, hoping to secure more resources to expand in the more specific ways identified by staff.
- ➤ We have committed resources to building a fully functional hybrid boardroom and purchased other equipment to help our clinicians work in a hybrid format.

5.2 Progress

- ➤ We recently secured a large increase in our main funding source on a multi-year contract with the Office of Mental Health and Addictions.
- ➤ We have advertised our general mental health service and our Inside Out Men's wellness group.
- ➤ We have started to focus on better articulating the programming we offer to the specific populations identified by staff.
- ➤ We have developed more promotional materials and will continue to do so when more specific programming is developed.
- ➤ We have hired a female and Queer-identified social work clinician.

5.3 Action items

Over the coming year, we will:

James Dulé

- ➤ Hire an additional (preferably Black or racialized) clinician.
- > Pilot new programming to specific populations.
- > Produce specific promotional resources about new programming.
- ➤ Partner with the Office of Mental Health and Addictions to pilot a measurement-based care data collection tool.

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