The clinical effectiveness of a brief consultation and advisory approach compared to treatment as usual in child and adolescent mental health services.

McGarry J, McNicholas F, Buckley H, Kelly BD, Atkin L, Ross N.

Author information

1 Lucena CAMHS, County Wicklow, Ireland. joan.mcgarry@sjog.ie

Abstract

A brief consultation and advice (BCA) approach to dealing with routine referrals was introduced into a child and adolescent mental health service (CAMHS) over an 18-month period. This is a time-limited, client-centred and solution-focused approach to dealing with common non-complex referrals. The model proposes that all families are seen for an initial 'consultation' appointment followed by a maximum of two further appointments. A randomized controlled study compared the clinical effectiveness of BCA treatment with treatment as usual (TAU) over a 6-month period. The parents of children referred to CAMHS were eligible to participate if their child was deemed 'non-complex'. Ethical approval was granted by the relevant ethics committee. Families who consented to participate in the study were randomly allocated to either the BCA or TAU group. Sixty children enrolled in the study. Both groups showed improvements on a number of variables at 3 months post treatment, but only those receiving BCA showed continued improvement at 6 months. Participants in both groups showed high levels of satisfaction with the treatment received. Participants in the TAU group expressed dissatisfaction with long waiting times and had a higher drop out rate than the BCA treatment group. During the time frame studied, the introduction of the BCA approach did not lead to a decrease in overall mean waiting time. These results and the usefulness of a BCA model are discussed.

The effectiveness of one session of therapy using a single-session therapy approach for children and adolescents with mental health problems.

Perkins R.

Author information

Abstract

This study applied a solution-focused single session therapy (SST) approach to all clients presenting to an urban child and adolescent mental health clinic over 14 months. The effectiveness of a single 2-hour assessment and treatment session in treating mental health problems was investigated using parent, teacher and clinician outcome measures. Teachers reported low levels of psychopathology at intake with no significant change 1 month after treatment. However, using parent and clinician measures, clinical levels of psychopathology were found at intake, with significant improvement 1 month after a single session of treatment. The effect sizes for these improvements measured medium to large, demonstrating observable improvement of clinical significance from the 1 session of SST treatment. Respondents reported 95% satisfaction with service. The study adds weight to the argument that a solution-focused SST approach can be effective for the treatment of children and adolescents with mental health problems. It recommends SST as the initial choice of treatment for these clients.
Abstract

OBJECTIVES:
This study examines whether the short-term benefits of planned single session therapy (SST), previously demonstrated for child and adolescent clients with mental health problems, are maintained over an 18-month period. It also investigates the impact of an initial 6-week delay on therapy, and the impact of additional therapy during the 18-month period.

DESIGN:
The study is an 18-month follow-up to a cross-sectional clinical study involving treatment of outpatients at a public mental health clinic, over 14 months. All clients had been administered SST. Measures used were those used in the original study, which had a 1-month post-SST follow-up.

METHOD:
Each client was assessed using the DSMD, CSQ-8 and the frequency and severity of the major presenting problem. Analysis was performed using repeated measures t tests and one-way repeated measures ANOVA.

RESULTS:
The study found that the short-term benefits of SST (measured 1-month after therapy) were maintained 18 months after the initial consultation. Delay of treatment (by 6 weeks) did not appear to impact either the short-term or longer-term results. An additional finding was that about 60% of the group made significant clinical improvement after one session of therapy. In the other cases, one or more extra sessions were provided to consolidate change or maintain improvements.

CONCLUSIONS:
The previously demonstrated short-term benefits of SST, for children and adolescents with a range of mental health problems, were shown to be maintained over an 18-month period. However, some clients may benefit from booster sessions. Overall, SST appears to be an empirically supported, cost effective, and beneficial form of therapy for children and adolescents with mental health problems.