Literature Review: The Effectiveness of Single-Session Family Consultation for Children and Young People with Mental Health Difficulties

This literature review will examine the existing research regarding the effectiveness of single-session family consultation (SSFC) for children and young people (CYP) with mental health difficulties. Qualitative results from multiple studies suggest that families found SSFC effective, however some comments included finding sessions distressing and CYP becoming averse to counselling. Quantitative data suggests SSFC results in high satisfaction, high perceived usefulness and improves the problem. Few studies used routine outcome measures. The majority of families were discharged from CAMHS following SSFC, although half of those discharged went to receive further therapeutic intervention. Limitations of the literature include small sample sizes and limited feedback from CYP, in addition to differing exclusion criteria between studies. Overall, SSFC appears to be effective, but there are no studies with control conditions for comparisons, and further research is required to fully conclude.

1. Introduction

1.1 Background

During the current financial state of government austerity and cuts to public spending (Gray & Barford, 2018), Child and Adolescent Mental Health Services (CAMHS) are struggling to meet young people's rising need for mental health support (Flynn et al., 2024). This is clearly demonstrated by the long wait times young people face to get an initial assessment: in a UK CAMHS in 2024, it was an average of 65 weeks following referral, compared to the NHS target of 4 weeks (Flynn et al., 2024). For Systemic and Family Psychotherapy, it was a further 34 weeks to wait on average. As such, a Stepped Care approach was proposed - a system where interventions that are less resource-intensive are offered first to lessen the strain on intervention waitlists and be more cost effective (Bower & Gilbody, 2005).

1.2 Definition of SSFC

Single Session Family Consultation (SSFC) is a part of the stepped care approach to mental health care, as its standalone session nature allows it to be less resource intensive than the standard family therapy intervention, which consists of 6 to 12 sessions (Flynn et al., 2024). SSFC is split into three sections: a pre-session telephone call, an hour-and-a-half long family therapy session and a post session telephone call, taking approximately 6 weeks.

1.3 Theoretical underpinnings of SST

Single Session Therapy (SST) is largely attributed to Talmon, who discovered that a majority of people (58%) chose to only attend one session of therapy, and that 88% of those felt that their presenting difficulty had significantly improved afterwards (Talmon, 1990, as cited in Hoyt et al., 2020). Satisfaction and outcome scores were the same at follow-up regardless of whether they had attended one or multiple sessions. Research on SST has increased, and some literature demonstrates its effectiveness, including for anxiety disorders (Bertuzzi et al., 2021) and depression (Javier et al., 2019).

1.4 Scope

Since this literature review has been requested by Sussex CAMHS, it will evaluate the effectiveness of SSFC focussing on CYP aged up to 18-years-old with mental health difficulties.

2. Effectiveness of SSFC in improving mental health outcomes in CYP

2.1 Qualitative results

The majority of the literature on SSFC for CYP uses qualitative data to explore its effectiveness. The majority of these qualitative results demonstrate that participants found SSFC to be a positive experience, reporting that they felt heard, validated, and supported (Hampson et al., 1999). Families appreciated gaining new information, which led to a better understanding of their issues (Al-Khatib & Norris, 2015). Westwater et al. (2020) noted differences in feedback between parents, young people, and siblings: while all felt they gained a broader perspective on the family situation, parents appreciated the safe space to talk and being provided more information, CYP reported that the family came together more, and siblings reported increased openness within the family. This was also reported by

Flynn et al. (2024), who highlighted a common theme was that SSFC enabled families to start having conversations around mental health. They also found that families were positive about getting an intervention more quickly than longer interventions.

However, the qualitative results also highlight ways in which SSFC is less effective. There were concerns that the sessions were too short and uncomfortable, and that there was a lack of definite follow-up (Hampson et al., 1999). Some individuals felt that the therapist didn't take the issues seriously or blamed the parents, or that the suggestions had already been tried. Furthermore, two comments reported that SSFC left the young person averse to counselling (Hampson et al., 1999). Finding the sessions distressing was also a common theme of Flynn et al.'s (2024) study.

The qualitative results, therefore, demonstrate that while the majority of feedback about SSFC is positive, the lack of follow up and the therapist's responses to the family issues can impact the effectiveness of SSFC.

2.2 Quantitative results

Several studies use Likert scales to assess the effectiveness of SSFC. They appear to demonstrate a high level of satisfaction with SSFC: on similar Likert scales of 0-10 measuring satisfaction Al-Khatib and Norris (2015) report an average of 7, Hampson et al. (1999) report a mean of 8.8, and Westwater et al. (2020) report 91% of parents rated satisfaction at 7 or above, while 80% of CYP and 100% of siblings reported being satisfied. On a scale from 0 (Not at all useful) to 10 (Extremely useful) of perceived usefulness, 64% of families rated an 8, with 73% scoring above a 5 (Flynn et al., 2024). 9% of families rated usefulness at 0. 80% of families reported that they found the session helpful, while 16% reported it was unhelpful (Hampson et al., 1999). Similarly, 71% of families reported that following the session there was an improvement in problems, compared to 10% reporting that the problem worsened. These Likert scale results demonstrate that for a majority of families, SSFC is helpful, useful, improves the problem, and results in satisfaction.

While these generic opinions of SSFC are important to gather, few studies collected quantitative data on specific outcomes. Westwater et al. (2020) found that levels of worry had statistically significant reductions post-SSFC compared to pre-SSFC, and that parents had a significant increase in confidence, although this was not statistically significant for CYP. Only one study (Hopkins et al., 2017) used routine outcome measures to explore the effectiveness of SSFC for CYP. The measures they used were the Outcome Rating Scale (ORS) and Session Rating Scale (SRS). This study found a significant improvement in ORS scoring at follow-up compared to before the family focussed Single Session Therapy (SST), demonstrating that both young people and parents (in addition to one sibling response) thought that the young person's mental health and wellbeing had improved following the session. Further research is needed to support quantitative outcomes for specific areas of mental health difficulties, using routine outcome measures.

2.3 Post SSFC

In support of Talmon's (1990) results, the current literature demonstrates that the majority of families (between 63-88%) attended only one session of SSFC (Al-Khatib & Norris, 2015;Westwater et al., 2020; Flynn et al., 2024). Between 10-19% attended a second session, and less than 2% attended 3 or more (Al-Khatib & Norris, 2015; Flynn et al., 2024). Studies that took place in CAMHS demonstrated similar discharge rates of around 64% following SSFC (Westwater et al., 2020; Flynn et al., 2024), although only Flynn et al. (2024) detail where those CYP were discharged to. Just under half of those discharged required no further talking therapy, but the remaining were referred to other mental health services. SSFC is therefore not suitable as the only therapeutic intervention for the majority of CYP.

2.4 Comparisons to other therapeutic interventions

There is currently little research regarding the comparison of SSFC and other therapeutic interventions, or SSFC and a control group.

3. Critical Evaluation of the Literature

3.1 Exclusion criteria

The exclusion criteria differ between the studies discussed in this literature review, and may present limitations to the generalisability of the findings. For instance, Al-Khatib and Norris (2015) exclude CYP who exhibit signs of poor psychological health but do not meet the Tier 3 CAMHS criteria. Since this literature review has been requested by CAMHS, these findings may be less applicable. Flynn et al. (2024) excluded families involved in complex multi-agency networks and those currently in crisis, whereas Westwater et al. (2020) only excluded CYP with acute psychosis or anorexia nervosa. Following Hampson et al.'s (1999) initial study - from which the quantitative and qualitative data discussed in this review was gathered - they excluded all but stable families with children under 12-years-old who presented with conduct disorders and ADHD. While the results discussed in this review were from prior to the exclusions, it is important to note that Hampson et al. (1999) felt that the Single Session Family Clinic was not suited to families with trauma, multiple problems, or for adolescents who they reported generally need more time to be seen individually. Collectively, these exclusion criteria may inadvertently exclude diverse groups of individuals who could benefit from interventions, thus limiting the potential impact of the interventions across a broader range of family dynamics and mental health conditions. The lack of cohesion of exclusion criteria across studies results in greater difficulty assessing who SSFC is most effective for, and future studies should follow set exclusion criteria.

3.2 Study limitations

A common limitation across all studies discussed in this review is the small sample size used. Most notably, Al-Khatib and Norris (2015) only received feedback from 12 participants. Westwater et al. (2020) had a comparatively large sample size of 99 participants giving paired quantitative feedback, however they acknowledge that this is still relatively small and that future studies would benefit from more participants.

In addition to the number of participants giving feedback being a limitation of the literature, some studies also lacked equal feedback from parents and CYP. Al-Khatib and Norris (2015) only received quantitative feedback from parents, and Westwater et al. (2020) had few responses from fathers or young people, resulting in their data being drawn largely from mothers. They also note a lack of representation from ethnic or gender-diverse minority groups, which other studies (Flynn et al., 2024) recognise may affect generalisation of their results.

The studies discussed in this review collected no data around cost-effectiveness, or comparisons with treatment as usual. Many did not use routine outcome measures (ROMs), and their quantitative data is centred around opinions of the service provided, rather than improvements in the mental health and wellbeing of the young person.

4. Conclusion

In conclusion, this literature review provides a comprehensive overview of the current research regarding the effectiveness of Single-Session Family Consultation (SSFC) for children and young people with mental health difficulties. The reviewed studies demonstrate that SSFC is generally well-received by families, with qualitative feedback highlighting the therapeutic benefits of feeling heard, supported, and provided with new perspectives. The intervention is also associated with high levels of satisfaction and perceived usefulness, with many families reporting improvements in mental health outcomes and family dynamics. However, limitations exist, including the lack of follow-up, inconsistencies in the exclusion criteria across studies, and a gap in specific, measurable outcomes regarding mental health improvements. Furthermore, many studies suffer from small sample sizes and a lack of diversity in participant representation. The absence of cost-effectiveness data and comparisons with standard, longer-term treatments also hinders the ability to draw robust conclusions about SSFC's relative value. While the findings suggest SSFC can be a beneficial and time-efficient option for some families, further research with larger, more diverse samples, consistent exclusion criteria, and routine outcome measures is needed to establish its long-term effectiveness and potential as part of a comprehensive mental health service.

5. References

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