

Non-attendance at new appointments at St James's Child Guidance Clinic

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Abstract

Objective: This study aimed to examine non-attendance rates at new appointments at St James's Child Guidance Clinic.

Method: The sample consisted of all new referrals to St. James's Child Guidance Clinic in one calendar year (2004). Data was collected retrospectively from an electronic patient information system (Pinpoint), the new patient-referral logbook, referral letters, the appointment diary, and from clinical records.

Results: There were 260 new referrals to St James's Child Guidance Clinic in 2004. Out of the 260 children and adolescents granted a new appointment, 34 (13.07%) who failed to keep their appointment were identified. All patients granted an urgent appointment did attend.

Conclusions: Non-attendance rates at new assessment in St James's Child Guidance Clinic were slightly lower than those reported in other studies. The implemented evidence-based strategies to reduce non-attendance rates could explain the relatively low non-attendance rate at new assessment.

Key words: Non-attendance; New appointment; Child and adolescent mental health clinic; Compliance.

Introduction

Missed appointments at mental health facilities constitute a major problem due to the under-utilisation of clinical resources and the reduced quality and availability of patient care.¹ Those new patients who do not keep appointments contribute to a delay in attending to other new patients and prolonged waiting times.^{2,3} Moreover, children and families may not receive the help they need. Some children may spontaneously recover, and others may find help elsewhere; but there are some for whom the problems will get worse and more difficult to treat.⁴

Rates of non-attendance in child and adolescent mental health clinics

Rates of non-attendance at psychiatric outpatient clinics

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(across various mental health settings) are thought to be double those seen in other medical specialities, with those not attending being more unwell, having greater social impairment and being more likely to require hospital admission.⁵ Quite a few studies focused on non-attendance at initial appointments in child and adolescent mental health clinics and reported that 12-36% of initial appointments were not attended.⁶⁻¹¹

Several studies looked at absolute non-attendance rates. One of the most comprehensive studies of non-attendance in child and adolescent mental health clinics involved approximately 7,000 consecutive referrals to child psychiatrists in Scotland, and found an overall non-attendance rate of 28%.¹² Other studies reported similar non-attendance rates (14-28%).^{6,13-15} No such studies are available from Ireland.

Factors influencing non-attendance at child psychiatry outpatient appointments

Previous research has found significant positive associations between non-attendance and the following factors: age less than five years, lower social class, transport difficulties, financial hardship, and caring for other dependent relatives.^{7,16}

Significant positive associations between non-attendance and both length of waiting time and lack of previous treatment were found.³ Other factors positively associated with non-attendance include: claims that the appointment was inconvenient, refusal by the child to attend, refusal by the parent's partner to attend,⁷ and a long waiting list.^{7,12,17} In adult psychiatry, no association was found, by either Whyte¹⁸ or Thapar¹⁹ between improvement in symptoms and non-attendance at psychiatric clinics for first appointments. However in child psychiatry Kourany *et al*⁷ did find that this was one of the reasons given by parents for non-attendance.

In summary, a variety of factors may have a bearing on non-attendance at appointments and, a combination of factors probably explains non-attendance in most cases.

Initiatives to cut down non-attendance rates in child and adolescent mental health clinics

It is impossible to tackle some factors related to non-attendance, such as poverty or single-parenthood. The focus must be on service improvement to reduce non-attendance rates at appointments in child and adolescent mental health clinics. In comparison to no intervention, several interventions had demonstrated significant improvements in attendance.^{1,7,11,20-28} (See *Table 1*).

Aims and methods

This study aimed to examine non-attendance at new appointment rates at St James's Child Guidance Clinic. The

Table 1: Initiatives to cut down non-attendance rates at appointments in child and adolescent mental health clinics

Author	Interventions	Attendance rate	
		Before	After
McKay et al	Increased discussion of the presenting problem, defining the process of obtaining clinical services, and assisting with attendance barriers prior to scheduling the initial session	45%	73%
Swenson et al	Mailing a programme orientation letter	57%	83%
Kluger et al	Mailing an orientation letter and delivering a telephone reminder 24 hours prior to the session	40%	72%
Hochstadt et al	Advising patients that three missed appointments would result in a delay of treatment	42%	82%
Campbell et al	Delivering appointment reminders in the form of personalised letters emphasising the benefits of the programme	68%	74%
Nazarian et al	Delivering postcards that specify the appointment time and date	48%	64%
Kourany et al	Delivering a telephone appointment-reminder one-two days prior to the initial session plus orientation letter	58%	64%
Kourany et al	Delivering 24-hour telephone reminder plus orientation letter	58%	74%
Smith et al	Promising token incentives (ie. baby food gift certificates) for session attendance	63%	78%
Donohue et al	The intensive intervention involving the youth and parent vs. a less intensive intervention that excluded the youth's involvement	60%	89%
Wiseman et al	Appointment after response to the initial contact	81%	100%

study addresses the issue of non-attendance by: identifying, from the literature, the rates and the reasons behind non-attendance at child mental health clinics, outlining the rates of non-attendance at new appointments at St James's Child Guidance Clinic, making recommendations on the ways in which the non-attendance rates of new appointments at St James's Child Guidance Clinic could be minimised.

The sample consisted of all new referrals to St James's Child Guidance Clinic in one calendar year (2004). Data was collected retrospectively from an electronic patient information system (Pinpoint), the new patient referral logbook, the appointment diary, referral letters and from clinical records.

To perform the analysis, the statistical software package, Statistical Package for Social Sciences-12 (SPSS-12) and, appointments management system, Pinpoint were used.

Results

There were 260 new referrals to St James's Child Guidance Clinic in 2004. Of these patients, 47 were referred previously. A total of 242 patients were referred once and nine patients were referred twice in the same year, comprising a total of 251 referred patients in 2004. The ratio of males to females was 2.3:1. The average age was eight.

The distribution of new referrals by month can be found in Table 2. As it can be seen from Table 2, January and November were two the busiest months in terms of new referrals.

There were 260 first appointments offered in 2004. The distribution of new appointments by type can be found in Table 3. As it can be seen from the Table 3 majority of patients were granted routine appointments.

Out of the 260 children and adolescents granted a new appointment, 34 (13.07%) who failed to keep their appointment were identified. The average age of non attenders was

Table 2: Distribution of new referrals by month

Month	Frequency (N)	Percent (%)
January	30	11.54
February	16	6.15
March	20	7.7
April	24	9.23
May	14	5.38
June	19	7.32
July	25	9.61
August	15	5.77
September	26	10
October	20	7.7
November	31	11.9
December	20	7.7

seven, the ratio of males to females was 3.8:1. All patients granted an urgent appointment did attend. Two patients granted semi-urgent appointments did not attend.

Out of 34 who failed to keep their appointment 17 were referred by school, 11 by their family doctor and six by a parent. The reasons for referrals can be found in Table 4.

Discussion and recommendations

The study revealed that non-attendance rates of new referrals at St James's Child Guidance Clinic were slightly lower

Table 3: Type of appointments

Category	Frequency (N)	Percent (%)
Routine	205	78.85
Semi urgent	37	14.23
Urgent	18	6.92

Table 4: Reasons for referral among patients who failed to keep their new appointment

Reasons for referral	Frequency (N)	Percent (%)
Behavioural problems	15	44.11
Query ADHD	6	17.65
Anxiety	5	14.71
Mood problems	3	8.82
Other	5	14.71

than those reported in most other studies. The implemented evidence-based strategies to reduce non-attendance rates could explain the relatively low non-attendance rate of new appointments at St James's Child Guidance Clinic. For example at St James's Child Guidance Clinic parents are informed by letter that the child's name has been placed on the routine waiting list and that contact will be made again in about four months.

Parents also receive a leaflet with information about the nature of the service. It is also important that a leaflet along with a request for additional information is sent to the parents with a stamped envelope to facilitate return.

The sociodemographic characteristics (age and gender) of children and adolescents who failed to attend their appointments at St James's Child Guidance Clinic were similar to those reported in reviewed studies. It is important to emphasise that all children and adolescents granted urgent appointments did attend. Behaviour problems were the most common reason for referral among non attenders. However referral agents (for example parents or teachers) might have a limited understanding of child or adolescent mental health problems so this information should be interpreted with caution.

Although quite a few effective strategies to cut non-attendance rates at new assessment have already been implemented, this study also suggests others, which have proved to very effective in the studies reviewed earlier. The following strategies for increasing attendance are suggested by this study:

- Offering patients a choice of time and date

- Delivering a telephone reminder 24 hours prior to the new session (or alternatively a mobile telephone short message service ('text') reminder).

Conclusions

Non-attendance rates of new referrals in St James's Child Guidance Clinic were slightly lower than those reported in most other studies. The implemented evidence-based strategies to reduce non-attendance rates could explain the relatively low non-attendance rate at new appointment at St James's Child Guidance Clinic.

Declaration of Interest: None

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