

## Non-attendance at a psychiatric clinic

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High attrition rates in psychiatric out-patient departments are well documented in the literature (Baekeland & Lundwall, 1975; Gillis & Egert, 1973). Non-attenders' attitudes and beliefs about their illness and treatment may provide valuable insight into reasons for not attending. This consumer orientated approach could enable clinicians not only to improve clinic attendance but to assess their treatment efficacy.

The aims of this study were:

- (a) to assess the rate of non-attendance at a psychiatric out-patient clinic
- (b) to compare personal and demographic characteristics of the non-attenders with those of the attenders
- (c) to identify possible contributory factors for non-attendance.

### *The study*

This was a prospective study carried out for three months at the West Wales General Hospital, Carmarthen. Clinic attenders were asked to fill in a questionnaire which had been devised to elicit demographic, clinic, transport and personal factors. It also assessed patient satisfaction and self-rated symptom severity. All non-attenders were sent a similar questionnaire. Any new or follow-up patients who failed to turn up for a clinic appointment without making a cancellation were considered non-attenders. The overall non-attendance rate for the study period was calculated.

Characteristics of attenders and non-attenders were compared and the differences between them analysed using the  $\chi^2$  test.

### *Findings*

Over the study period there were 217 clinic attendances and 46 non-attendances, the overall non-attendance rate being 17.5%. Most out-patients seen were follow-ups. The response rates to the questionnaires were 53% for non-attenders and 61% for attenders. In the non-attendance group, non-responders did not differ significantly from the responders in sex, age and distance lived from the

clinic. The following findings apply to the responders. Comparing the demographic characteristics of attenders and non-attenders, age was the only significant differentiating factor. Younger patients were more likely not to attend than those over 35 years ( $\chi^2=6.4$ , d.f.=2,  $P<0.05$ ). Distance of the patient's home from the clinic was not a significant factor but the mode of transport was ( $\chi^2=4.18$ , d.f.=1,  $P<0.05$ ) with almost twice as many non-attenders as attenders relying on public transport (although a private car was, or would have been, the commonest mode of transport for both groups). The only other significant difference was the number of days prior to the clinic patients received their appointment cards ( $\chi^2=7.09$ , d.f.=2,  $P<0.05$ ). Most patients received their cards more than three days before the clinic, but significantly more non-attenders received less than 48 hours notice.

More attenders than non-attenders identified themselves as the one who wanted the clinic appointment, and more non-attenders identified their family, friends or family doctor as wanting the appointment. A relatively high percentage of both non-attenders (72.2%) and attenders (55.5%) identified the hospital doctor as wanting the appointment. However, more attenders than non-attenders felt that their GPs wanted them to attend clinic. Most attenders felt that the appointment was necessary (81.1%). Among the non-attenders an equal number felt that the appointment was necessary (39.1%) as felt that it was unwarranted.

The patients' perception of the necessity of their appointment was a significant differentiating factor between attenders and non-attenders ( $\chi^2=28.36$ , d.f.=2,  $P<0.001$ ).

Most of the non-attenders and attenders were satisfied with the clinic, but the level of satisfaction was significantly higher among attenders ( $\chi^2=14.6$ , d.f.=2,  $P<0.001$ ). Symptom severity was not a significant differentiating factor.

The most commonly cited reason for not attending the clinic was that there was no longer any problem requiring psychiatric intervention. The next most common reply was that the patient felt that clinic attendance would not be helpful. A relatively much smaller number of patients did not attend due to family reasons, transport difficulties, and work

commitments. Only one respondent forgot the appointment.

### Comments

Apart from age, demographic variables did not appear to have any predictive power in discriminating between attenders and non-attenders. Shah & Lynch (1990) in addition found that diagnosis did not differentiate between attenders and non-attenders.

The fact that more non-attenders than attenders relied on public transport in travelling to the clinic may be particularly important as nearly all out-patients paid for transportation themselves, despite many being unemployed or retired. It also appeared that non-attendance was not just due to a forgotten appointment. Interestingly, both attenders and non-attenders identified the hospital doctor rather than themselves as wanting the appointment. This suggests that patients may not be aware of the importance of follow-up, with attenders not wishing to displease the doctor. From the results one can only surmise that family and friends seem to have little influence on attendance whereas GPs may be more influential. It is apparent that non-attenders are a heterogeneous group in terms of symptom severity. However, level of clinic satisfaction was significantly lower among non-attenders. As far as we know, this aspect of attendance has not been studied previously.

The most commonly cited reasons for not attending, that is, there was no longer a problem and clinic attendance was not perceived as helpful, suggest that we need to ensure that patients fully understand the importance of clinic attendance, continuity of care and the need for follow-up. It is also important that their expectations of the clinic are appreciated and appointments are made when necessary and appropriate. It seems from our study that GPs influence patient attendance and therefore they should emphasise the importance of attending clinics as well as

giving adequate explanation. This has been shown in a study of paediatric out-patients (Morgan, 1988). The role of the GP and the community psychiatric nurse in improving clinic attendance merits further study.

Family and work seemed to take precedence over clinic attendance. Flexibility and discussion with patients prior to setting up clinic appointments, as well as providing more information about the entitlement and procedure for reimbursement of travelling costs, might improve clinic attendance. Non-attendance, apart from reducing clinic efficiency, represents an interruption or premature cessation of psychiatric treatment.

The poor response rate we obtained from non-attenders in returning the questionnaire was not surprising; further evaluation of this group remains a priority. (Non-response among the attenders was primarily due to administrative difficulties rather than refusal to fill in a questionnaire.)

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