

## Improving initial attendance to a child and family psychiatric clinic

J. MATHAI, Consultant Child and Adolescent Psychiatrist and A. MARKANTONAKIS, Senior Registrar, The Institute of Family Psychiatry, 23 Henley Road, Ipswich, Suffolk IP1 3TF

Recent papers regarding failure to keep appointments at child psychiatry clinics (Plunkett, 1984; Gould *et al*, 1985; Cottrell *et al*, 1988) suggest from 15% to 50% failing to keep their first appointments. Benson, Novick & Rembar (1981) calculated an attrition rate of 85.4%, obtained by considering cases of non-agreed termination of treatment at any stage of the referral/treatment-uptake process.

The use of a parent questionnaire prior to the first appointment has shown increased rate of attendance at first appointments (Coyle *et al*, 1986). Telephone reminders have also increased attendance to a medical clinic.

We tested whether contact with the family through a family data questionnaire sent for completion prior to the offer of an appointment would increase attendance at first appointments to an out-patient child and family psychiatric clinic. We contacted a few families by telephone to gather the same information to see if this made any difference to attendance.

### *The study*

This study was carried out in the out-patient department at The Institute of Family Psychiatry, Ipswich, which provides an out-patient service to the East Suffolk Health District. The Institute is situated in the centre of the town in the premises of the old general hospital. The Institute receives 600–700 referrals a year and because of its philosophy accepts referrals of all age groups where a family approach would be more suitable. Adult referrals make up about 10–15% of the overall referrals. Allocation to teams is by personal referrals or, where it is not specified, by a formula which takes into account team size. There are three teams at the Institute, each led by a consultant in child and adolescent psychiatry. The study sample was obtained from referrals to the authors' team only.

### **Study sample**

The study was of all referrals from 1 June 1988 to 31 May 1989. A comparison group was of all referrals from 1 June 1987 to 31 May 1988. In the study year

there were 213 referrals. Of the study sample of 114, 78 were sent a family data questionnaire and 36 were contacted on the telephone for the same information.

Questionnaire and telephone contact was made only with new referrals. Ninety-nine referrals were excluded from the study, these being re-referrals, self-harm cases, paediatric ward referrals, and adult referrals. A stamped addressed envelope was sent with the questionnaire. The decision to send a questionnaire or make a telephone contact was made at random.

The first appointment attendance to this team was compared with the first appointment attendance rate in the rest of the Department during these two years.

### *Findings*

Between 1 June 1987 and 31 May 1988, 172 referrals were made to the team. Twenty-five appointments were either cancelled or not kept, giving a non-attendance rate of 14.5%. During this same period there were 609 referrals and 115 non-attenders, giving the total non-attendance rate to the Institute as a whole of 18.9%. In the study period between 1 June 1988 and 31 May 1989 the team received 213 referrals. Of these, 27 failed to keep or cancelled their first appointments, giving the non-attendance rate of 12.7%. To the Institute as a whole there were 683 referrals and 118 non-attenders, giving a non-attendance rate of 17.3%.

### **Attendance rate of those sent the family data questionnaire**

Seventy-eight families were sent this questionnaire; 67 of these were returned. Of these, 64 attended the first interview when they were sent the appointment; two failed to attend and one cancelled the first appointment. Of the 11 who did not return their questionnaire, four subsequently requested and kept an appointment. Of the remaining seven, four were not sent an appointment, two did not want an appointment and one failed to attend after Social Services requested an appointment to be sent. Overall, 68 of the 78 sent the family data questionnaire

attended their first appointment. This gives an attendance rate of 87.1% and a non-attendance rate of 12.9%.

#### Telephone contact attendance

Thirty-six telephone contacts were made after having received the referral. The information gathered over the phone was the same as that requested on the family data questionnaire. An appointment was also made over the phone and a confirmation letter sent following this. Of those contacted by phone, 33 attended their first appointment. Of the three who did not attend the appointment, two cancelled and one failed to attend, thus giving a rate of 91.6% for attenders and 8.4% for non-attenders.

Overall, those who were sent a family data questionnaire, or were contacted by telephone, gave a non-attendance rate of 11.4%. The rest of the referrals to the team during this period, i.e. 99 referrals, had a non-attendance rate of 14.1%.

#### Comments

This study has shown that increased communication between the clinic and the family either by sending them a questionnaire or by telephone contact does increase the first attendance rate. Initial non-attendance was significantly increased if parents were against referral (Cottrell *et al.*, 1988). Contact with the parents by telephone especially could help in overcoming this resistance. In spite of the low rate of failure to keep appointments at this clinic the effectiveness of sending a questionnaire or having telephone contact improved the attendance rate. The higher rate of attendances of those who had telephone contact raises the possibility that such contact helps to break down barriers between the clinic and the parents. Parents can ask for clarification regard-

ing the appointment over the phone. Probably a larger sample of patients needs to be surveyed to prove this point. The non-attendance rate did not decrease significantly but this is more an indication of a very good attendance rate.

In conclusion, the results suggest questionnaires sent to patient families and telephone contact with the parents especially do increase the first attendance rate to a child and family psychiatric department. It would be worth doing a similar study in other centres to see if greater improvements in attendance rates can be achieved, especially in clinics with greater rates of non-attendance.

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#### References

- BENSON, R. C., NOVICK, J. & REMBAR, J. (1981) Patterns of termination in an out-patient clinic for children and adolescents. *Journal of the American Academy of Child Psychiatry*, **20**, 834–844.
- COTTRELL, D., DEARNALEY, J., HILL, P., WALK, D. & IEROTHEOU, A. (1988) Factors influencing non-attendance at child psychiatry out-patient appointments. *British Journal of Psychiatry*, **152**, 201–204.
- COYLE, T. J., PARAMJIT, K. J. & MAISAMI, M. (1986) Prospective study of intake procedures in child psychiatry clinic. *Journal of Clinical Psychiatry*, **47**, 111–113.
- GOULD, M. S., KAPLAN, D. & SHAEFFER, D. (1985) The characteristics of dropouts from a child psychiatric clinic. *Journal of the American Academy of Child Psychiatry*, **24**, 316–328.
- PLUNKETT, J. W. (1984) Parents' treatment expectations and attrition from a child psychiatric service. *Clinical Psychology*, **40**, 372–377.