Examining Initial Assessment No Show Rates for Patients with Severe Mental Illness

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Background

- A lack of timely access to mental health services for patients with serious mental illness (SMI) can lead to adverse outcomes including:
  - Increased psychiatric hospitalizations
  - Further decompensation
  - Heightened risk for suicide
- Patients with SMI may experience increased rates of missed appointments (no shows) interfering with timely access to care.
- Individual factors including gender, dual diagnosis status, age, race and education have been linked to appointment adherence among SMI patients.

Study Setting

- Within our county-based specialty mental health setting, we have created a triage system designed to enhance timely access to care: the Same Day Assistance (SDA) program.
- Within SDA, walk-ins are triaged to determine level of care and those with SMI are then scheduled for a full assessment with a mental health provider who enrolls them in ongoing care.
- In spite of this triage system, many patients with SMI fail to successfully attend their first full assessment and are therefore never connected with psychiatric services.

Same Day Assistance (SDA) Program:
Study Sample Flowchart
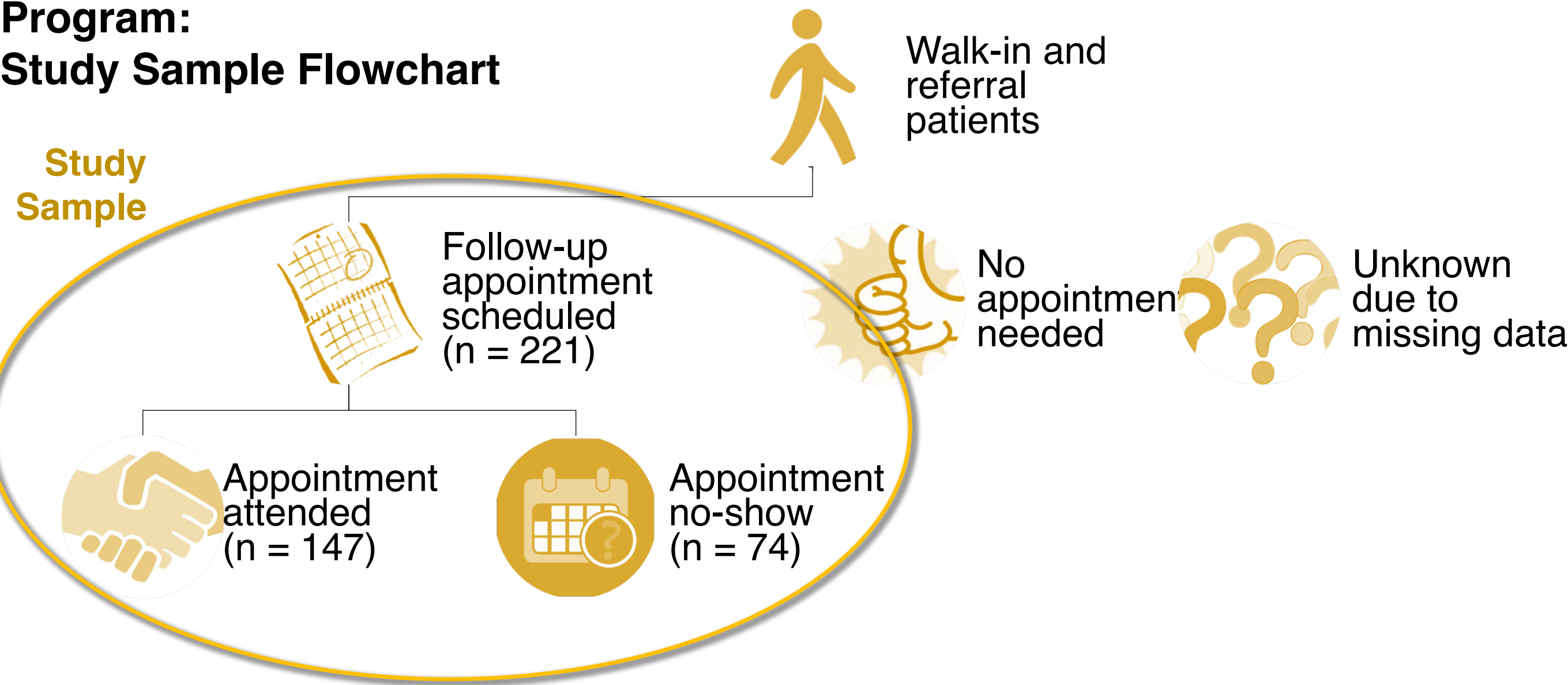
Objectives

- Determine whether demographic characteristics, symptom levels, and/or time between appointments are associated with assessment attendance.
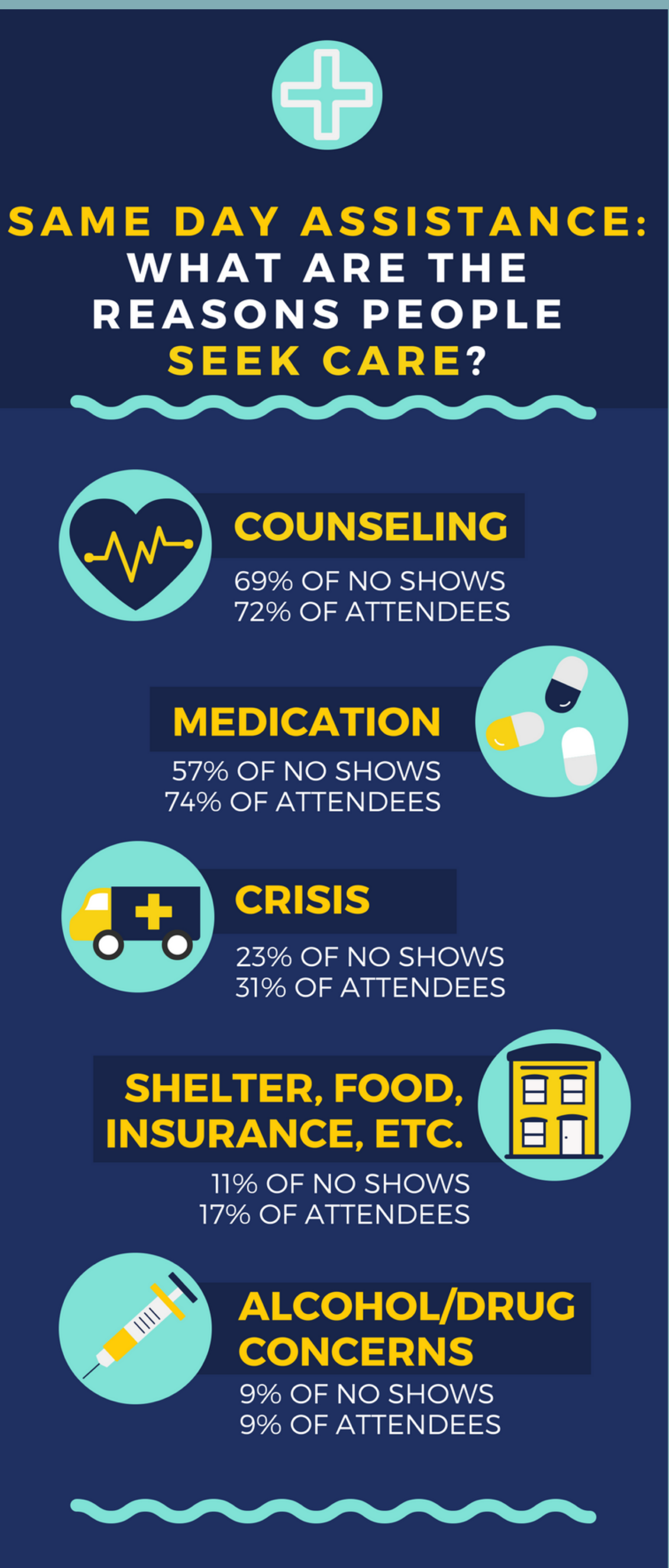
Methods

- Study type: This is a descriptive study characterizing patient and appointment characteristics associated with no-showing to a mental health assessment.
- Participants: Our study sample includes all individuals (N = 221) with SMI who were scheduled for a psychiatric assessment after walking in or being referred to our community mental health clinic seeking mental health services in a 12-month period.
- Measures: Demographics, symptoms, and service utilization abstracted from existing clinic registry patient and our electronic medical record system (EMR).
- Analysis:
  - We used chi-square tests to examine the influence of demographic characteristics on no show/attendee behavior.
  - We used one-way ANOVA models to elucidate differences in reported symptoms between those who attended their assessment appointments and those who did not.

Table 1. Patient Characteristics

	Total N= 221	No Shows n = 74	Attendees n = 147	χ^2	p
Average Age (years)	39 (19 - 80)	39 (20 - 71)	39 (19 - 80)		
Gender				0.51	.477
Female	53.4% (118)	56.8% (42)	51.7% (76)	0.2	
Male	46.6% (103)	43.2% (32)	48.3% (71)	0.3	
Race/Ethnicity				4.64	.461
White/Middle Eastern	24.9% (55)	17.6% (13)	28.6% (42)	2.4	
Hispanic/Latino	23.1% (51)	24.3% (18)	22.5% (33)	0.1	
Asian/Pacific Islander	19.0% (42)	18.9% (14)	19.1% (28)	0.0	
More than one race	8.6% (19)	8.1% (6)	8.8% (13)	0.0	
Black/African descent	5.9% (13)	6.8% (5)	5.4% (8)	0.1	
Other/Unknown	18.6% (41)	24.3% (18)	15.7% (23)	2.0	
Language				4.62	.100
English	73.3% (162)	70.3% (52)	74.8% (110)	0.1	
Spanish	10.4% (23)	6.8% (5)	12.2% (18)	1.4	
Other/multiple/unknown	16.3% (36)	23.0% (17)	12.9% (19)	3.1	

Table 2. Wait Time between Walk-in/Referral and Follow-Up Assessment

Time Between Appointments	No Shows	Attendees
1 – 9 days (n = 10)	10.0% (1)	90.0% (9)
10 – 19 days (n = 47)	36.2% (17)	63.8% (30)
20 – 29 days (n = 49)	30.6% (15)	69.4% (34)
≥ 30 days (n = 4)	25.0% (1)	75.0% (3)
Average wait time (days)	20.0	18.7

SAME DAY ASSISTANCE: WHAT ARE THE REASONS PEOPLE SEEK CARE?

COUNSELING
69% OF NO SHOWS
72% OF ATTENDEES

MEDICATION
57% OF NO SHOWS
74% OF ATTENDEES

CRISIS
23% OF NO SHOWS
31% OF ATTENDEES

SHELTER, FOOD, INSURANCE, ETC.
11% OF NO SHOWS
17% OF ATTENDEES

ALCOHOL/DRUG CONCERNS
9% OF NO SHOWS
9% OF ATTENDEES

Results

- In our study sample of 221 patients, 33% of patients who sought same-day assistance did not attend their follow-up assessment
- Our sample showed significant racial/ethnic diversity with only 25% identifying as white. Although not statistically significant, we did observe a trend (p = .074) that white patients were more likely to attend their follow-up assessment when compared to patients of color
- The average wait time for a follow-up assessment was 19 days with no significant difference between those who attended and those who did not. However, we did see that 78% of patients who were scheduled to be seen within 14 days of their initial appointment returned for their follow-up appointment
- Patient-reported symptom severity did not differ between no show and attendee groups (see Table 3). Non-statistically significant trends were noted for increased paranoia and lower anxiety among those who did not attend appointments

Table 3. Patient-Reported Symptom Severity

Symptoms	Sample Average	No Show Average	Attendee Average
Anxiety	2.94	2.71	3.06
Depressed Mood	2.70	2.80	2.65
Safety	2.59	2.37	2.71
Irritability	2.32	2.32	2.31
Obsessive Thoughts	1.80	1.97	1.71
Suicidal Ideation	0.91	1.00	0.86
Auditory Hallucinations	0.81	0.86	0.78
Paranoia	0.72	1.00	0.57
Substance Use Disorder	0.48	0.60	0.42
Homicidal Ideation	0.36	0.37	0.35

Note. Symptoms were self-rated on a scale from 0 ("Never/Rarely") – 5 ("Almost daily")

Discussion

- Scheduling follow-up appointments within 14 days of their initial appointment may improve patient retention
- Addressing the patients' reasons for seeking care may help build rapport and encourage patients to return for further services
- Difficulty collecting data from a county-based system and inconsistencies in that data contributed to the small sample size and the lack of statistical power
- Future outreach efforts should focus on creating interventions for patients of color, non-English speakers, and those with paranoia