PROMPTS TO INCREASE ATTENDANCE IN A
COMMUNITY MENTAL-HEALTH CENTER¹

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The effect of a brief appointment reminder for mental-health center applicants is reported. A standardized phone message was delivered by an administrative staff member one to three days before the appointment and a sequential experimental design alternating baseline and phone message conditions was used to assess the effects of the procedure. The no-show rate averages were 32%, 11%, 25%, and 14% respectively. The cost of the procedure was \$162.00, which was totally recovered when only six appointments were kept. Since over 1000 patients were involved in the study, the return on the investment of \$162.00 is considerable. Implications for this procedure are discussed for other community mental-health centers and for other community care-giving agencies.

DESCRIPTORS: attendance, instruction-following behavior, telephone prompts, prompt, response priming, humans

During our efforts to evaluate as many aspects of The Huntsville-Madison County Mental-Health Center as possible, one particularly troublesome finding was that clients did not always keep their initial intake appointments. To determine the reasons, the staff conducted follow-up surveys, but the obtained reasons proved unsatisfactory. For example, in 1973 the staff was able to contact 67% of the no-show clients, but despite this relatively high contact rate the primary reasons for no-shows were "changed mind" (10.1%) and "forgot appointment" (9.5%). The "changed-mind" category was obviously too vague to be interpreted; therefore, in 1974 the staff member doing the follow-up was instructed to pursue a more definite reason for failure to keep the appointment. In 1974, 61% were contacted for follow-up and the primary no-show reasons were "problem solved" (11.7%), "sick at time of appointment" (9.3%), "moved" (9.3%), and "forgot appointment"

(6.9%). Again, with the exception of "moved" and "sick at time of appointment", these reasons were of little help in developing a remedial program for the problem.

A literature survey revealed that mental-health professionals seem to have little interest in clients keeping their appointment, compared to dentists, pediatricians, or even veterinarians. The limited mental-health literature usually considers the characteristics of the "show" *versus* the "no-show" client (Gottesfeld and Martinez, 1972; Rosenberg and Raynes, 1973; Slaikeu, Lester, and Tulkin, 1973; Wilder, Plutchik, and Conte, Note 1).

The four references cited from mental-health settings reports similar findings for show *versus* no-show rates. Gottesfeld and Martinez reported that their no-show rate exceeded 50% despite the fact that the maximum distance any client would have to travel was less than two miles. Further, they reported that less than 4% of the no-shows voluntarily called for another appointment. The two characteristics that did predict "shows" were problems becoming acute before the appointment and those that had some expectancy of what was to happen during the

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intake. The Rosenberg and Raynes report, which covered one calendar year and tracked 738 potential clients, noted that 40% of those scheduled for an initial interview in a general psychiatric clinic did not come at all. Moreover, those who failed to show were more likely to be poor and to have been waiting for more than 15 days for their appointment. Slaikeu *et al.* reported a range of shows between 29% and 56% for telephone callers who agreed to come in for a face-to-face discussion of their personal problems. Their findings suggest that motivation of the caller and the concreteness of the phone responder were the factors that determine shows *versus* no-shows. Finally, Wilder *et al.* attempted to identify the major factors affecting the rate of follow-up outpatient contacts after an initial contact and referral in a psychiatric emergency room. Overall, they concluded that the 57% no-show rate was related to being black and diagnosed as schizophrenic. But no reports were found in which a direct effort was made to increase show rates in a mental-health setting.

The present paper reports a procedure to influence the rate of clients keeping their scheduled intake, defined as a face-to-face contact between the care seeker (client) and a professional staff member of the Center, using a telephone prompt one to three days before the scheduled appointment.

METHOD

Subjects

The study included 1355 subjects (501 males and 854 females) who were given individual intake appointments between June 1, 1972, and December 31, 1973. Descriptive data based on a randomly selected sample of 415 of these subjects indicated that the mean age was 23.0 yr (s.d. = 13.3); mean annual income was \$8586 (s.d. = \$8237.19); racial distribution was 88% Caucasoid and 12% Negroid; 38% were never married, 36% married, 13% divorced, 88% separated, and 5% widowed.

Telephone Prompt

An administrative staff member (receptionist) of the Mental-Health Center made all telephone prompt calls. She received no specific training in techniques of telephone prompting before the study, nor was she informed of the nature of the study or its expected outcomes. The receptionist placed a maximum of three phone calls within an 8-hr working period. For example, if no answer was obtained on the first attempt at noon of Day 1, the next attempt was made approximately 4 hr later and again at approximately noon of the next working day. In addition, no referral agent(s) was aware of the study, and no known extraneous variables were operating that could have influenced the study in any way.

Procedure

A reversal design was used such that, following a six-month base-rate period, the telephone prompt procedure was instituted during two time periods in 1973. Each person who had been scheduled for an Intake appointment from January through June was contacted by the receptionist and reminded of the appointment date and time. The prompting procedure was discontinued for appointments scheduled during July, August, and September, and re-instated in October for the remainder of 1973. The absence of data for one month during the initial base-rate period was due to the prompter being unavailable during this period. To avoid introducing an additional variable (a new voice) no data were collected for this month.

Each prompt call was placed one to three days before the scheduled appointment. After being assured that the person receiving the call was the person by name who scheduled the appointment, the receptionist introduced herself as a representative of the Mental-Health Center and read from a prepared script: "I'm calling to remind you of your appointment to see (Dr./Mr./Ms. . .) on (date) at (time)." She then was instructed to say, "thank you for your time", and terminated the call. The estimated time to com-

plete a call was 30 sec. To ensure reliability of the intake process, all intake appointments were scheduled by one clinical staff member in charge of the Intake Service. Contact sheets, a form for detailing initial contact information, usually by phone, were completed on each client scheduled and were forwarded to the Center receptionist. The receptionist filed the contact sheets according to the prompt date or appointment date, depending upon the phase of the study. The staff member in charge of Intake Service monitored the total number of contact sheets and validated this number against the total number of scheduled appointments. An administrative staff member not connected with the Intake Service independently monitored the contact sheets and scheduled appointments as an additional reliability check. No discrepancies were detected. Finally, when clients arrived for their scheduled appointments, contact sheets were removed from the files and attached to Admission Papers, which were then given to the intake worker. At the end of each day the number of "Did not show's" noted on the appointment log for that day was compared to the remaining contact sheets in the file for that day to verify further the accuracy of the count. The staff member in charge of Intake Service also monitored this daily and reported any discrepancies. Again, no discrepancies were reported.

RESULTS

Figure 1 shows the changes in no-show rates associated with each confirmation/nonconfirmation period. Table 1 shows the total number of scheduled intakes and the corresponding number and per cent of no-shows for each data-collection period.

The results suggest that the rate at which clients attend their initial intake appointments can be significantly influenced by a brief telephone reminder. (Nazarian, Mechaber, Charney, and Coulter (1974) reported a similar finding for pediatric appointments, using a postal-card reminder as their prompt. They reported a show

Table 1

Frequency and percentage of no-show clients per phase.

Data-Collection Period	Scheduled for Initial Intake	Did Not Shows	
		Fre- quency	Per Cent
Phase I (BL ₁)	330	105	32
Phase II (Exp ₁)	580	67	11
Phase III (BL ₂)	211	53	25
Phase IV (Exp ₂)	234	34	14

DISCUSSION

rate of 64% for those receiving prompts, and 48% for the control subjects. The no-prompt show rate of 48% reported by Nazarian *et al.* is apparently representative, since the four articles cited in the introduction to this paper report similar figures for nonprompted show rates. A possible confounding factor in comparing the Nazarian *et al.* study to this Center is the differences in the setting, populations, and services provided by a flat fee-for-services provider such as a pediatrician; fees are scaled on a graduated income basis at this Center. A possible strengthening factor in the present study is the finding that the nonprompted clients showed for their initial intake appointment at a significantly higher rate (70.8%) than those generally cited in the literature (50%). Unfortunately, a data log noting the success/failure rates of phone prompts was misplaced during a recent move to a new site. Therefore, the per cent of clients contacted during the prompt phase of the study is unavailable at this time. This loss does not materially detract from the overall findings, *i.e.*, whatever the percentage of client contact was, it had a significant effect on the show rate. Furthermore, since there is no reason to assume that the phone contact rate is significantly different for this community, the procedure described should significantly improve the show rates for any agency employing it.

An additional dimension to the study is the potential cost savings. The total estimated cost of the phone prompting procedure was \$162.00.

The cost for outpatient therapy time is approximately \$27.00 per hour (Rinn, Bailey, Tapp, and Howard, 1974), and recovering only six missed appointments would cover the total cost

to the Center for the prompting procedure. A trained volunteer worker could do this prompting in this Center. This Center has a thorough training program for volunteers and many of

Fig. 1. Percentage of those not attending for appointments under baseline and prompt conditions.

them are mature responsible individuals that manage confidential matters in a professional fashion.

In view of the ease, success, and cost savings realized there is no apparent reason why all care-giving community agents or agencies could not employ either a postal-card reminder or telephone-prompting procedure. It is interesting to speculate about the increased returns to be gained by employing both procedures. The only disadvantage to the postal-card reminder is the added expense incurred with the purchase, handling, and mailing of the cards; with the phone there are no added expenses. But if the card brought in only one additional client per month, the procedure would more than pay for itself.

REFERENCE NOTE

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