Please find below the results of your literature search request.

If you would like the full text of any of the abstracts included, or would like a further search completed on this topic, please let us know.

We’d appreciate feedback on your satisfaction with this literature search. Please visit [http://www.hello.nhs.uk/literature_search_feedback.asp](http://www.hello.nhs.uk/literature_search_feedback.asp) and complete the form.

Thank you

**Literature search results**

<table>
<thead>
<tr>
<th>Search completed for:</th>
<th>Evaluation of interventions that improve attendance at psychiatric outpatient clinics. 1980s onwards.</th>
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<tr>
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<td>Search completed on:</td>
<td>21 February 2014</td>
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<tr>
<td>Search completed by:</td>
<td>Marilyn Shaw</td>
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</tbody>
</table>

**Resources searched**

- NHS Evidence; TRIP Database; Cochrane Library; MEDLINE; PsychINFO; Google

**Database search terms:** non-attendance rates; psychiatric outpatient clinics; outpatient treatment; non-compliance; audit psychiatric patients; treatment attendance; attendance incentives; patient non-attendance; interventions

**Evidence search string(s):**

**Google search string(s):**

**Summary**

I have not been able to find EXACTLY what you want in a single document or few documents! There are a number of articles which show that a reminder letter or more recently, SMS message, help to encourage patients to attend clinic appointments. I can’t find anything which evaluates the various interventions at the same time!

**Guidelines and Policy**

**Evidence-based reviews**
Published research – Databases

1. Adherence with outpatient appointments and medication: A two-year prospective study of patients with schizophrenia.

**Citation:** Klinik Psikofarmakoloji Bulteni / Bulletin of Clinical Psychopharmacology, March 2013, vol./is. 23/1(57-64), 1017-7833;1302-9657 (Mar 2013)

**Author(s):** Balikci, Adem; Erdem, Murat; Zincir, Serkan; Bolu, Abdullah; Zincir, Selma Bozkurt, Erkan, Sarper; Uzun, Ozcan

**Language:** English

**Abstract:** Objective: Especially for patients with chronic diseases, adherence is an important factor that interferes with the success of treatment. There are few reports examining adherence to appointments and medication in diagnostically specific groups such as individuals with schizophrenia. This study aimed to examine the correlates of missed appointments and medication adherence in a sample of persons attending an outpatient schizophrenia follow-up program after hospital discharge. Methods: The study included 132 patients with schizophrenia. Outpatient appointments were planned to occur in the range of every 1 to 8 weeks by taking into consideration the patient's clinical status. Patients were followed up for a period of two years to assess appointment-keeping behavior and medication adherence. Within this period, patients who did not attend more than 20% of their appointments were evaluated as the "non-attender group." Results: The rate of patients, who have missed a scheduled appointment, was 44.7% during the chosen period. Non-attendance was related to low educational level and living alone. Before discharge of the patient, the Brief Psychiatric Rating Scale (BPRS) and the Scale for the Assessment of Positive Symptoms (SAPS) total scores were higher in the non-attender group compared to attender patients. Non-attender patients also had higher numbers of psychiatric hospitalizations and involuntary psychiatric hospitalizations and greater medication non-adherence rates. Conclusion: Sociodemographic factors and clinical features affect patient participation in the appointments. In addition, non-attendance at appointments in particular is closely linked with medication non-adherence. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal

**Source:** PsycINFO

**Full Text:** Available from ProQuest in Klinik Psikofarmakoloji Bulteni

2. The effect of an inpatient transition intervention on attendance at the first appointment postdischarge from a psychiatric hospitalization.

**Citation:** Journal of the American Psychiatric Nurses Association, September 2011, vol./is. 17/5(330-338), 1078-3903;1532-5725 (Sep-Oct 2011)

**Author(s):** Batscha, Catherine; McDevitt, Judith; Weiden, Peter; Dancy, Barbara

**Language:** English

**Abstract:** Background: Only 42% of initial appointments following psychiatric hospitalization are kept nationally. Missed appointments increase the likelihood of rehospitalization and increase costs of outpatient care. Objective: This study explored the feasibility, outcomes, and cost of a transition intervention on attendance at the first postdischarge appointment.

Design: A pilot study using a one-group prospective design interviewed 15 patients
hospitalized with psychosis to address potential barriers to attendance at the first postdischarge appointment. Patients also identified an agenda for this appointment and received a reminder letter. Results: Twelve (92%) of 13 patients attended the postdischarge appointment compared with the previous rate of 44%. Two additional patients were unable to attend because they had been rehospitalized before the scheduled time of the first appointment. Discussion: Contact with a clinician who can bridge the gap between discharge and the first postdischarge appointment is feasible and may be helpful in increasing attendance rates. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal  
**Source:** PsycINFO

### 3. Predictors of treatment retention for substance-dependent adults with co-occurring depression.

**Citation:** The American Journal on Addictions, July 2011, vol./is. 20/4(357-365), 1055-0496;1521-0391 (Jul-Aug 2011)  
**Author(s):** Tate, Susan R; Mrnak-Meyer, Jennifer; Shriver, Chris L; Atkinson, Joseph H; Robinson, Shannon K; Brown, Sandra A  
**Language:** English  
**Abstract:** Low attendance in addiction treatment, particularly in cases of comorbidity, has been identified as a pervasive challenge. We examine predictors of treatment retention in a sample of veterans (N = 253) participating in a clinical trial comparing two types of psychotherapy for co-occurring depression and substance use disorders. The study protocol included 24 weeks of outpatient group psychotherapy in either a newly developed Integrated Cognitive Behavioral Therapy (ICBT) or Twelve-Step Facilitation Therapy (TSF). Using a model of treatment utilization developed by A day and Anderson, we analyzed predictors categorized into predisposing factors, enabling resources, need for treatment, and type of treatment received. Outcome included total number of sessions attended (maximum of 36 sessions). Treatment retention did not differ between the two study interventions. Bivariate analyses indicated that predisposing factors were most predictive, with older participants, Caucasians, and those using only alcohol in the month before treatment attending more sessions, and individuals who had recently experienced a health event remained in treatment longer. Importantly, several factors were not related to treatment retention: marital status, education, neuropsychological functioning, financial stress, chronic health problems, treatment motivation, and psychiatric severity. In the combined model of predisposing, enabling and need factors, age and ethnicity were the only significant predictors. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal  
**Source:** PsycINFO  
**Full Text:** Available from EBSCOhost in American Journal on Addictions

### 4. Text message reminders of appointment: A pilot intervention at four community mental health clinics in London.

**Citation:** Psychiatric Services, February 2012, vol./is. 63/2(161-168), 1075-2730 (Feb 1, 2012)  
**Author(s):** Sims, Hannah; Sangghara, Harpreet; Hayes, Daniel; Wandembe, Symon; Finch, Matthew; Jakobsen, Hanne; Tsakanikos, Elias; Okocha, Chike Ily; Kravariti, Eugenia  
**Language:** English  
**Abstract:** Objective: Forgetting is commonly stated as a reason for missing mental health appointments. The authors examined the effect of short message service (SMS), or text message, reminders on the attendance of appointments at four community mental health clinics in London. Methods: Attendance of outpatient appointments roughly between March and June of 2008 (N = 648), 2009 (N = 1,081), and 2010 (N = 1,088) was examined. Reminder messages were sent seven and five days before an appointment in 2009 and seven and three days before an appointment in 2010; patients in the 2008 sample received no reminder messages. Appointment attendance during the sample periods was compared by using multiple logistic regression analysis and adjusting for sociodemographic and clinical confounders. Results: Missed appointments accounted for 36% of appointments in 2008, 26% of appointments in 2009, and 27% of appointments in 2010. The relative risk reduction in failed attendance was 28% between the 2008 and 2009 samples and 25% between the 2008 and 2010 samples. Attendance rates were significantly higher for the 2009 and 2010 samples than for the 2008 sample (p < .001)
but did not differ between the two intervention periods. Conclusions: SMS-based
technology can offer a time-, labor-, and cost-efficient strategy for encouraging
engagement with psychiatric outpatient services. In England alone, a reduction of 25% to
28% in missed outpatient clinic appointments would translate to national cost savings of
more than 150 million, or $245 million, per year, and likely have clinical benefits as well.
(PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal

**Source:** PsycINFO

**Full Text:** Available from ProQuest in *Psychiatric Services*;

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5. Physical restraints in the emergency department and attendance at subsequent
outpatient psychiatric treatment.

**Citation:** Journal of Psychiatric Practice, November 2011, vol./is. 17/6(387-393),
1527-4160;1538-1145 (Nov 2011)

**Author(s):** Currier, Glenn W; Walsh, Patrick; Lawrence, David

**Language:** English

**Abstract:** While an estimated 8.5% of psychiatric patients treated in emergency
departments require physical restraint, the impact of restraint on attendance at post-
discharge outpatient psychiatric appointments has not been investigated. This study
evaluated two groups of patients aged 18 or over: 1) 67 individuals who presented
voluntarily or involuntarily (being brought in by the police) to the emergency department
and who were physically restrained in the course of clinical care, and 2) a comparative
group of 84 individuals who presented involuntarily but were not restrained. Perception of
quality of care, recollection of the restraint episode, and attendance at follow-up outpatient
appointments were compared between these two groups. Of the 151 patients, 33% were
from minorities, 45% were female, and the median age was 36 years (range of 18 to 77
years). Both minority race and use of physical restraints were related to less frequent
attendance at the prescribed outpatient psychiatric appointment, based on multivariate
logistic regression (odds ratios of 0.40 and 0.38, respectively). Although physical restraint
may sometimes be necessary to manage aggression and agitation in the emergency
department, being restrained appears to be associated with decreased likelihood of
attending prescribed outpatient follow-up mental health treatment. Clinicians should
consider alternatives to physical restraints whenever possible to minimize impact on
treatment compliance after discharge from the emergency department. (PsycINFO
Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal

**Source:** PsycINFO

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**Citation:** Mental Health Review Journal, June 2010, vol./is. 15/2(28-33),
1361-9322;2042-8758 (Jun 2010)

**Author(s):** Sanghara, Harpreet; Kravariti, Eugenia; Jakobsen, Hanne; Okocha, Chike Ify

**Language:** English

**Abstract:** On average, the National Health Service (NHS) loses annually 360 million in
opportunity costs due to non-attendance of outpatient appointments (Stone et al, 1999). In
addition to draining healthcare resources, failure to attend clinical appointments incurs
personal costs. Mobile phone technology has been applied successfully to reducing
appointment non-attendance and improving clinical outcomes for patients with physical
illnesses. However, it is unclear whether these applications can be extended to patients
with severe and enduring mental disorders. We conducted a trust-wide survey of 141
psychiatric inpatients of the Oxleas NHS Foundation Trust (82% of the Trust’s total
inpatient population) to establish how many respondents owned a mobile phone (62%),
could use text-messaging services (62%) and were willing to use the latter as a means of
communication with the Trust (80%). Compared to patients with psychotic illnesses,
those with non-psychotic illnesses reported higher rates of mobile phone ownership (78%
versus 55%, p = 0.01), ability to use text messaging (76% versus 56%, p = 0.03) and
willingness to receive text messages from the Trust (90% versus 76%, p = 0.05). The
results of the survey were used to inform the planning of a pilot study aimed at reducing
non-attendance rates of outpatient appointments in Oxleas. (PsycINFO Database Record
(c) 2012 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal

**Source:** PsycINFO

**Full Text:** Available from ProQuest in *Mental Health Review, The*;
7. The influence of neighborhood environment on treatment continuity and rehospitalization in dually diagnosed patients discharged for acute inpatient care.

Citation: The American Journal of Psychiatry, November 2009, vol./is. 166/11(1258-1268), 0002-953X;1535-7228 (Nov 2009)

Author(s): Stahler, Gerald J; Mennis, Jeremy; Cotlar, Rachel; Baron, David A

Language: English

Abstract: Objective: Environmental contingencies inherent in neighborhoods and communities have been shown to affect individual behavior. The authors analyzed neighborhood and individual factors predicting initial outpatient treatment attendance and rehospitalization within 1 year among patients who were dually diagnosed with at least one mental disorder and a substance use disorder and discharged from an acute psychiatric inpatient care unit.

Method: Stepwise-forward logistic regression modeling and a geographic information system were utilized to assess data extracted from the medical records of 380 patients who, upon hospital admission, had one or more mental health disorders and a positive urine drug screen for prototypical illicit drugs. Geographic data on patients’ neighborhood environment were obtained from public sources. Outcome variables were whether a patient attended the first outpatient treatment appointment within 30 days of hospital discharge and whether a patient was readmitted to the inpatient unit within 1 year of discharge. Predictor variables were features relating to individual-level patient characteristics and features associated with neighborhood environment. Results: Factors that decreased the likelihood of attending the initial outpatient treatment were returning home following hospitalization (versus returning to an institutional setting), residing in an area with a high vacant housing rate, residing in an area far from an Alcoholics Anonymous meeting location, having the chief complaint of bizarre behavior (i.e., grossly inappropriate behavior), and having a urine drug screen positive for heroin. The likelihood of being rehospitalized within 1 year was greater for Hispanic patients, patients who had at least one prior hospital admission, and patients who lived in close proximity to a Narcotics Anonymous meeting location. Patients living in areas with higher educational attainment had a reduced likelihood of rehospitalization. Conclusions: A more explicit focus on the neighborhood and community context represents an important area in psychiatry, in terms of both research and clinical practice, which can potentially enhance long-term care and treatment planning for psychiatric patients. Future research is needed to better understand the influence of the neighborhood environment to help predict important clinical outcomes. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal
Source: PsycINFO

Full Text: Available from ProQuest in American Journal of Psychiatry, The;

8. Missed initial appointments at an outpatient forensic psychiatric clinic.

Citation: Journal of Forensic Psychiatry & Psychology, December 2009, vol./is. 20/6(964-973), 1478-9949;1478-9957 (Dec 2009)

Author(s): Daniels, Melissa K; Jung, Sandy

Language: English

Abstract: Non-attendance at first appointments is a significant problem in both the health and mental health care systems, and much of the research that has aimed to identify possible predictors of initial appointment, nonattendance at general treatment facilities have often provided contradictory and inconclusive results. This retrospective study reviewed the charts of patients who were referred to an outpatient forensic psychiatric clinic over a two-year period and identified a subset of patient- and clinic-related factors that have previously been identified in the literature to be associated with non-attendance. Of the 1630 charts reviewed, only 71.7% of patients attended their initial appointment. The findings indicated that forensic patients who were older and faced consequences related to sentencing were most likely to attend their initial appointments. The potential to improve attendance and subsequent treatment by identifying common factors that contribute to missing initial appointments is discussed, along with implications for increased efficiency of service delivery. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal
Source: PsycINFO

Full Text: Available from EBSCOhost in Journal of Forensic Psychiatry & Psychology
Citation: BMC Psychiatry, November 2008, vol./is. 8/, 1471-244X (Nov 2008)
Author(s): Jayaram, Mahesh; Rattehalli, Ranganath D; Kader, Ihsan
Language: English
Abstract: Background: Non-attendance rates in psychiatric outpatient clinics have been a topic of considerable interest. It is measured as an indicator of quality of service provision. Failed attendances add to the cost of care as well as having an adverse impact on patients leading to missing medications, delay in identifying relapses and increasing waiting list time. Recent trials have demonstrated that prompting letters sent to patients led to a decrease in non-attendance rates. We applied this evidence based practice in our community mental health setting to evaluate its impact. Methods: Using a before and after study design, we sent prompting letters to all patients due to attend outpatient clinic appointments for a period of six months in 2007. Non-attendance rates were compared with the corresponding period in 2006. We also looked at trends of nonattendance prior to this intervention and compared results with other parts of our service where this intervention had not been applied. Results: 1433 prompting letters were sent out to all out-patient appointments made from June to November 2007. This resulted in an average non-attendance rate of 17% which was significantly less compared to 27% between June and November 2006 (RR 0.65, 95% CI 0.56 to 0.76, NNT 11). No downward trend in non-attendance was identified either prior to the intervention or when compared with similar teams across the city. Conclusion: Prompt letters have been shown to reduce non-attendance rates in previous RCTs and systematic reviews. Our findings demonstrate a reduction in non-attendance rates with prompting letters even under non-trial conditions. Majority of the patients were constant during the two periods compared although there were some changes in medical personnel. This makes it difficult to attribute all the change, solely to the intervention alone. Perhaps our work shows that the results of pragmatic randomised trials are easily applicable and produce similar results in nonrandomised settings. We found that prompting letters are a useful and easy to apply evidence based intervention to reduce non-attendance rates with a potential to achieve significant cost savings. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
Publication Type: Journal; Peer Reviewed Journal
Source: PsycINFO
Full Text: Available from National Library of Medicine in BMC Psychiatry

10. Non-Attendance at Initial Out-Patient Appointments at a Hospital-Based Child Psychiatric Clinic.
Citation: Clinical Child Psychology and Psychiatry, July 2004, vol./is. 9/3(403-418), 1359-1045;1461-7021 (Jul 2004)
Author(s): Minty, Brian; Anderson, Cameron
Language: English
Abstract: Non-attendance at initial Child and Adolescent Mental Health Services outpatient appointments has been a major problem for staff and (indirectly) for families. The findings presented in this article are, to some extent, in line with previous studies of non-attendance, and to some extent go beyond them. The article organizes findings from previous studies and our own results into four categories: demographic, referral related, system (clinic) related and personal or family related. It focuses on demographic and system-related factors, and reports several significant findings in these areas. Making contact with the family prior to the date of the appointment seems to be a very potent factor in avoiding nonattendance, particularly when the family are asked to confirm whether they will be attending. Demographic factors such as the possession of a car, poverty, single parenthood, and having to care for other dependent relatives are significantly related to attendance rates, either positively or negatively. The quality of the referral letter seemed in some circumstances to be highly related to attendance. Suggestions are made on how to reach out to families that find it hard to attend initial appointments. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
Publication Type: Journal; Peer Reviewed Journal
Source: PsycINFO
Full Text: Available from Grantham Hospital Staff Library (lib330745) in Clinical Child Psychology & Psychiatry; Note: ; Notes: Username: ulhlibraries/Password: library

11. Factors associated with noncompliance with psychiatric outpatient visits.
| Citation: Psychiatric Services, March 2001, vol./is. 52/3(378-380), 1075-2730 (Mar 2001) |
| Author(s): Centorrino, Franca; Hernan, Miguel A; Drago-Ferrante, Giuseppa; Rendall, Melanie; Apicella, Anthony; Langar, Gabriela; Baldessarini, Ross J |
| Language: English |
| Abstract: Adherence to recommended services is essential for long-term effectiveness of ambulatory treatment programs, but factors associated with such adherence are not securely established. We evaluated attendance at 896 scheduled psychiatric clinic visits for 62 patients (aged 21-69 yrs) at a major psychiatric teaching hospital. Visit adherence was found to be significantly higher among patients in an acute stage of illness, those with a personality disorder, those with a post-high-school education, and those living alone. Adherence was also higher when visits were routinely scheduled, when the intervisit interval was shorter, and when the visit entailed psychotherapy rather than pharmacotherapy. (PsycINFO Database Record (c) 2012 APA, all rights reserved) |
| Publication Type: Journal; Peer Reviewed Journal |
| Source: PsycINFO |

| Citation: Health & Social Work, February 1995, vol./is. 20/1(15-20), 0360-7283 (Feb 1995) |
| Author(s): Sharma, Sandra B; Elkins, David; van Sickle, Ann; Roberts, Cleora S |
| Language: English |
| Abstract: Determined the effect of particular predischarge interventions on 82 psychiatric patients' attendance of their initial aftercare appointments. Two groups of Ss were given predischarge interventions of a meeting with an outpatient therapist, and 1 group was not. Results showed a trend of greater attendance at initial aftercare appointments by those who received a predischarge intervention; however, the differences were not significant. Suggestions for clinicians and researchers are provided. (PsycINFO Database Record (c) 2012 APA, all rights reserved) |
| Publication Type: Journal; Peer Reviewed Journal |
| Source: PsycINFO |

| Citation: Journal of Mental Health, March 1993, vol./is. 2/1(81-83), 0963-8237;1360-0567 (Mar 1993) |
| Author(s): Farid, Basem T; Alapont, Eduardo |
| Language: English |
| Abstract: Analyzed all 130 new referrals to a psychiatric outpatient clinic at a British district general hospital over 1 yr. There was a nonattendance rate of 22.3%. The quality of the referral letter for nonattenders was significantly worse than for the attenders. These lower quality letters from the nonattenders’ GPs did not contain adequate histories or specific problem descriptions. The implications of these results in organizing psychiatric outpatient clinics are discussed. It is argued that some of these referrals may have been inappropriate. (PsycINFO Database Record (c) 2012 APA, all rights reserved) |
| Publication Type: Journal; Peer Reviewed Journal |
| Source: PsycINFO |

| Citation: The American Journal of Psychiatry, March 1983, vol./is. 140/3(345-347), 0002-953X;1535-7228 (Mar 1983) |
| Author(s): Burgoyne, R. W; Acosta, Frank X; Yamamoto, Joe |
| Language: English |
| Abstract: A. J. Turner and J. C. Vernon (see record 1976-26509-001) reported that telephone prompting increases the rate at which patients keep their 1st outpatient clinic appointments. In this study, 690 patients given initial intake appointments were assigned to telephone-prompt or control groups. Results indicate that the increased rate at which patients kept their 1st appointment was more likely related to socioeconomic factors (such as having a telephone) than to telephone prompting. (2 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved) |
| Publication Type: Journal; Peer Reviewed Journal |
| Source: PsycINFO |

| Citation: Using SMS in the mental health services |
16. Prospective controlled study of psychiatric out-patient non-attendance
   Killaspy; Banerjee; King

17. Effectiveness of reminders in reducing non-attendance among out patients
   Rajasuriya M; deSilva V, Hanwella R

18. Why don't patients attend their appointments? Maintaining engagement with psychiatric services
   Mitchell A J; Selmes T
   Adv in Psych Treatment, 2007, Vol 13 p423 -434 (See also entry 31)

    Magnes, RM

21. Improving outpatient attendance using postal appointment reminders
    Rusius, C W

22. Increasing initial attendance at mental health out patient clinics: opt-in systems and other interventions
    Hawker, D S J

23. Evaluation of an opt-in system in primary care psychology
    Anderson k, White J
    Clinical Psychology Forum, 1996, 93, p28 – 30

24. The efficacy of opt-in systems: evidence to the contrary
    Conaghan S, Traynor E, Davidson K
    Clinical Psychology Forum, 2000, 138, 36-38

25. Giving clients information about non-attendance: does this reduce the number who ‘fail to attend’?
    Clinical Psychology Forum, 1997, 110, 220 – 233

26. The effects on non-attendance and early discontinuation of enclosing and information leaflet to prospective clients for clinical psychology
    Keen A, Blakey R, Peaker A

27. An opt-in appointment system and brief therapy: perspectives on a waiting list initiative
    Stallard P, Sayers J

28. The effects of telephone prompting on attendance for starting treatment and retention in treatment at a specialist alcohol clinic
    Jackson KR, Booth PG, Salmon P et al

29. Timely encouraging letters increase attendance at first consultations at outpatient psychiatric clinics
    Evid Based Mental Health, 2008, 11, Issue 4, p122
    Abstracted from:
    Does an encouraging letter encourage attendance at psychiatric outpatient clinics?
    The Leeds PROMPTS randomized study.
30. **Noncompliance in community psychiatry: a review of clinical interventions**  
   Chen A  
   Hospital and Community Psychiatry, 1991, 42, 282 – 287

31. **A comparative survey of missed initial and follow-up appointments to psychiatric specialties in the UK**  
   Mitchell AJ, Selmes T  
   Psychiatric Services, 2007, 58, 868 -871 (See also entry 18)

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**Published Research - Google Scholar**

*From 1st fifty results:*

G1. **Review of interventions to improve family engagement and retention in parent and child mental health programs**  
   Ingoldsby, EM  
   Jnl Child Fam Stud, 2010, 19, p629 – 645

G2. **Cost-effectiveness and cost offset of a collaborative care intervention for primary care patients with panic disorder**  
   Katon, WJ; Roy-Byrne P; Russo J  
   Arch Gen Psychiatry, 2002, 59 (12) 1098 – 1104

G3. **Disengagement from mental health treatment among individuals with schizophrenia and strategies for facilitating connections to care: A review of the literature**  
   Kreyenbuhl J, Nossel IR, Dixon LB  

G4. **Improving session attendance in mental health and substance abuse settings: a review of controlled studies**  
   Lefforge NL; Donohue B; Strada M  
   Behavior Therapy, 2007, Vol 38 (1) 1 – 22

G5. **Clinical interventions for treatment adherence in psychosis: meta analysis**  
   Nose, M; Barbui C  
   Br Jnl Psychiatry, 2003, 183, p197 – 206

G6. **How often do patients with psychosis fail to adhere to treatment programmes? A systematic review**  
   Psychological Medicine, 2003, Vol 7, p1149 – 1160

G7. **Interventions to increase attendance at psychotherapy : A meta-analysis of Randomised Controlled Trials**  
   Oldham M, Kellett S; Miles E  

G8. **Effectiveness of interventions to improve patient compliance: a meta-analysis**  
   Medical Care, 1998, Vol 36, No 8, p1138 – 1161

G9. **The moderating effect of adherence-promoting interventions with clients on evidence-based practices for children and adolescents with mental health problems.**  
   Schwalbe C; Gearing K  
   Am Jnl of Orthopsychiatry, 2012, Vol 82 (1) p146 – 155
G10. Motivational interviewing and treatment adherence among psychiatric and dually diagnosed patients
Swanson A; Pantalon M; Cohen K
Jnl of Nervous and Mental Disease, 1999, Vol 187 (10), p630 - 635

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