

A qualitative study exploring clients' reasons for missing appointments within a secondary care service

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Little qualitative research exists on non-attendance of psychotherapy appointments. Eight psychotherapy clients were interviewed about their reasons for missing sessions. Thematic analysis revealed five key themes. The results demonstrate that factors affecting attendance are dynamic, nuanced and multi-layered.

NON-ATTENDANCE of appointments is a long-standing problem for the NHS, contributing to escalating costs and waiting times. Non-attendance is also costly to the individual, with research suggesting regularity of treatment to be a predictor of better treatment outcome for clients receiving psychological therapy (Reardon et al., 2002). To date, research on non-attendance within mental health settings has tended to focus

on missed initial psychiatric assessments (Compton et al., 2006). This quantitative work has typically sought to establish demographic and clinical variables predictive of non-attendance by comparing the characteristics of those who do and do not attend. Less attention has been paid to interpersonal variables pertaining to the quality of the therapeutic relationship, such as trust and helpfulness (Mitchell & Selmes, 2007).

Table 1: Table summarising the main themes and number of participants endorsing each

Theme	N
The therapeutic relationship	8
■ Trusting a stranger	8
■ Therapists are paid professionals	4
■ Needing proof of commitment	4
■ Developed sense of reciprocity	6
The emotional effects of talking	7
Importance of hope	4
Facing the outside world	4
Competing demands	8

Whilst quantitative research provides clues about what influences attendance, it cannot account for deeper and more dynamic processes which may influence attendance over time. Qualitative work based on clients’ feedback is less common but indicates a number of other pertinent psychological factors. For example, one study found disengagement amongst clients accessing an assertive outreach service to be associated with a sense of powerlessness in the therapeutic relationship and/or a struggle against the loss of identity that can accompany mental illness (Priebe et al., 2005). Whilst engagement was associated with feeling involved in decision-making and supported by clinicians.

The current study forms part of a quality improvement project designed to reduce the number of missed appointments within a psychological therapies service. Previously, client feedback was sought on non-attendance via a structured questionnaire. A total of 20 clients took part. The most commonly cited reasons for non-attendance were ‘physical illness’ (11), ‘missed due to a crisis’ (7), and ‘didn’t feel emotionally up to coming’ (7). The current study aimed to provide context to this data and contribute to the limited existing qualitative literature by using in-depth interviews to explore clients’ views on what factors influenced their attendance over the course of treatment.

Method

Participants

Participants were either current or recently discharged (within the past six months) clients of an adult secondary care psychological service. They had all been treated within the Integrative team, which offers longer-term psychotherapy to clients with complex mental health problems. The work of this team has been described elsewhere (Tacconelli et al., 2014). Given the research aimed to explore non-attendance over the course of treatment, purposive sampling was used to identify clients who had been offered at least 20 sessions and who had missed (either cancelled or DNA) at least 20 per cent of these. Some 33 clients met this inclusion criterion. Seven were excluded due to concerns raised by their individual therapist (typically that the client was in crisis). Of the remaining group, eight agreed to take part, with the rest either failing to attend the interview scheduled (4), refusing to take part (5), or being uncontactable (9).

The sample was diverse in terms of gender (4 men and 4 women), age (21–56 years old) and ethnicity (3 white British, 2 Black Caribbean, 1 British Indian, 1 British Pakistani and 1 Pakistani). Participants were the individual clients of five therapists out of a team of ten.

Procedure

Participants were given information about the study and their written consent was sought.

Semi-structured interviews were conducted either by phone (3) or face-to-face (5). The interview began with the open-ended question: 'Can you tell me about the reasons why you have missed appointments?', followed by more specific questions probing other possible influential factors based upon the literature and consultation with the team. The project did not go through an ethics application process as it formed part of an existing quality improvement project, registered and approved within the NHS trust that the service is part of.

Analysis

Given the lack of existing research, the entire data set was analysed thematically following an inductive approach. The aim was to gain a rich overall description of the material, in order to report on all predominant themes. By allowing the process to be data driven, maximum opportunity was created for the capture of unanticipated themes. A single researcher conducted the thematic analysis following the six-phase approach described by Braun and Clarke (2006).

Results

The analysis revealed five main themes. The largest theme, 'the therapeutic relationship', was comprised of four sub-themes.

Given that participants were being asked to give feedback on the service, including their relationship with their therapist, they were assured that should any of their responses be directly quoted, no additional identifying information would be included.

The therapeutic relationship

All participants spoke about the therapeutic relationship. For seven participants, challenges associated with the therapeutic relationship initially negatively affected their attendance. However, with time it became a motivating factor for attendance.

Trusting a stranger

All participants perceived trust as a crucial feature of the relationship and spoke about

the challenge, early on in therapy, of trusting 'a stranger'. All participants described finding it hard to trust others and attributed this to being hurt in past relationships.

Some fears were more tangible and centred around concerns of therapists breaching confidentiality. Whilst other concerns were more abstract and suggested a sense of vulnerability relating to the disclosure of personal information.

You're wide open, you've let somebody who's a total stranger know what you've gone through in your life [...] I would go home and I'd cry and think about what I had just confided in this total stranger and question whether I should have.

Therapists are paid professionals

Four participants spoke of their awareness of how the therapist was paid and trained to develop a relationship with them. This led two participants to question its authenticity, eroding their faith that a true connection had been established:

I can't remove the fact that it's a paid person, so I can never really have the true bond.

Whilst three participants were left questioning whether the therapist's response was genuine:

They're all trained to not be judgemental, but obviously in my head, I just think they are still a person, they still say shit inside their head.

Needing proof of commitment

Half of the participants spoke of the importance they attached to the times when they perceived their therapist had gone above and beyond for them. Such times proved that the therapist genuinely cared.

The main thing was she didn't discharge me after missing my appointments, cos I know yous lot have rules about that, but she actually carried on seeing me; she didn't give up on me, so that made me more confident in going to see her.

Similarly, for six participants, being phoned by the therapist between sessions was important and taken as evidence of the therapist holding them in mind. The reverse was also true and a lack of contact outside of sessions left one participant feeling less contained by the service, a sign that 'no one was keeping track' of her.

Developed sense of reciprocity

Six participants talked about how, over time, they developed a sense of obligation to their therapist; a sense that they owed it to them to attend.

I worried a lot about how he thought I was doing. You become connected to someone in that way, so I felt like I was letting him down if I didn't attend.

The emotional effects of talking

Seven participants reflected that fear of increased distress from talking influenced them to miss sessions. To open up felt counterintuitive and risky; it required letting go of established coping strategies of avoiding problems. One participant described the process of talking about her past as 'digging at my wounds'.

Interestingly, four out of five participants who cited physical illness as a barrier, linked this to stress caused by the prospect of opening up:

I knew beforehand the things that I want to discuss, sometimes it gets overwhelming, then it can start to... you manifest issues within your body. You just sit there and start feeling all weird and it builds up into headaches.

This left some conflicted, with one participant describing 'a catch 22 situation', knowing that in the long-term talking could help, but worrying it could de-stabilise her in the short-term:

When you open that place, you're stuck in the big bad place. At the time I had too many people depending on me; I couldn't open it cos I had too much to do and I couldn't afford to be stuck.

This was a particular challenge at the start of therapy. Over time, five participants reflected upon how cathartic talking was, with three participants using the word 'lighter' to describe emotional after-effects of sessions. The space to speak about difficulties became a motivating factor for attendance.

It went from not wanting to say much to wanting to tell her everything.

Importance of hope

Half the participants began therapy with little hope it would help. All had received treatment previously which they viewed as ineffective. Despite this, participants did not entirely disengage because of the lack of other options available to them:

If I were to just stop completely going to the appointments, that would literally just be me on my own, and I've done that for years already.

However, this lack of hope influenced the degree of commitment three participants made to attending therapy.

Facing the outside world

Half the participants described feeling daunted by the journey from home to the therapy room:

Just thoughts in my head telling me 'no, don't go'. Rather than being here it's the journey of facing the outside world, everyone puts that face on, don't they; it's like, it's a stage out there.

Participants described a range of factors that helped, including using taxis, taking a quieter route, receiving phone support from their therapist or changing the appointment time to when the waiting room was less busy.

Competing demands

All participants spoke about times when attendance was difficult due to competing family or work demands.

All female participant's spoke of times when their children's needs took prece-

dence over therapy, typically referring to the challenge of finding affordable childcare. In addition, they articulated fears about their children being negatively impacted by their mental health difficulties:

It did affect my attendance quite a lot, cos my non-dependent, she is very needy, and I care for her, so I try to balance the two and make sure she feels better about herself. I don't want her to end up like me.

Two participants spoke of their struggle to balance attending therapy with work demands. In cases where it felt possible, being able to disclose why they needed time off seemed to safeguard them against their absence being judged negatively.

For one participant, telling his manager prompted him to speak to others, bringing with it a sense of solidarity:

I started talking to people and that's when I started to realise that I'm not even the only one that's going through it; it's not a rare thing, there are so many people going through it.

Seven participants appreciated having a fixed time for their appointment. They felt that, in the context of competing demands, a consistent time increased the likelihood they would remember the appointment and be able to organise their lives around it. A fixed time also seemed to have a therapeutic benefit, facilitating increased awareness around how to safeguard their wellbeing:

For me, it was important to be committed to a set time and then by missing stuff I did learn that I prioritise work over my wellbeing.

Discussion

This research demonstrates how factors affecting therapy attendance are dynamic, nuanced and multi-layered. Whilst clients initially struggled to trust 'a stranger' paid to form a relationship with them, with time there was a tendency to perceive genuine care through the therapists' actions and a sense of

obligation to the relationship developed. Likewise, participants tended to move from being fearful of the distress talking could cause and having little hope therapy would help, to being motivated to attend due to a desire to confide and experience the benefits of this. Exploration of responses alluding to practical barriers to attendance revealed deeper layers of concern. For example, managing therapy alongside the competing demands of life was a challenge for logistical reasons, but also due to fears of passing on difficulties to children and being judged by colleagues. Furthermore, whilst physical illness was the most commonly cited reason for non-attendance on the questionnaire, most participants elaborated on it as a manifestation of stress.

Much of the research to date, which has investigated attendance rates quantitatively, has focused upon measuring individual characteristics at a single time-point. The results here suggest that decision-making about attendance reflects a socially and interpersonally determined process.

Methodological considerations

This research was designed to gain insight into clients subjective understanding of their attendance, rather than to generate generalisable data. However, the fact that a number of clients were excluded from the study due to being in crisis does mean the voices of those more unwell patients were not heard. Data collection and analysis was completed by a single researcher precluding any checks for inter-rater reliability.

Clinical implications

A challenge for services is how to ensure the response to client non-attendance is informed both by psychological formulation and the need for efficiency and cost-savings, particularly in the current climate of austerity. Clinical supervision can be used to discuss whether barriers to attendance can be actively addressed to help the client engage and the likelihood of attendance improving with the development of the therapeutic relationship.

Most clients struggled to think of any improvements the service could make, however, the following learning points can be derived from their accounts:

- Participants valued being called by their therapist when they missed appointments. This seemed to serve a containing function and provided proof the therapist cared.
- Early fears of information being passed onto others could be allayed through further explicit discussions of confidentiality.
- Clients who work may benefit from being supported to consider whether to disclose why they need time off to their employers.

Finally, we have recently started holding enrolment sessions to introduce the service and outline what to expect from therapy. We now include information which summarises the challenges to attendance outlined here and hope this will enable new users to voice such concerns.

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