Failed Psychiatric Clinic Appointments

Relationship to Social Class

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• **A study was made to determine what factors might be related to failure of patients to keep appointments at a county hospital psychiatric clinic. The hypothesis that the lowest status groups would have the poorest appointment records was substantiated in that they had the highest proportion of broken appointments without notification. Contrary to expectations, however, the highest status groups had poorer records than those in the central status groups—the skilled or semi-skilled workers and those with high school education.**

Marital status was also found to be related to appointment status, with divorced and separated persons displaying the greatest likelihood of breaking appointments without notifying the clinic.

THREE OF EVERY TEN appointments made at the Psychiatric Outpatient Clinic of the Los Angeles County General Hospital are not kept and two of these are failed without notification. This proportion appears to be substantially higher than the rate of failed appointments in the offices of private practitioners and somewhat higher than in private clinics. It is felt that this difference is not entirely related to the type of medical facility but is due in part at least to the social class status and other social characteristics of patients seen in the two situations. In order to understand this difference, an investigation was undertaken to correlate patients' social characteristics with their record as to the keeping of initial appointments in the Psychiatric Outpatient Clinic of Los Angeles County General Hospital.

One of the things psychotherapists most often require of patients is prompt and regular attendance at therapy sessions. Failure to meet these requirements is usually interpreted by the therapist as significantly related to the patients' motivation or resistance to treatment. Therefore, the study of appointment-keeping in persons of different cultural experience is relevant to the larger problem of appropriate therapeutic procedures for persons of different socio-cultural backgrounds.

Current conceptual models of human behavior integrate physiological, individual psychological, and socio-cultural factors. In the past, single factors have been studied frequently without due regard for the others. Among the many socio-cultural influences related to mental health, recent research has demonstrated the importance of socio-economic status. The incidence of mental disorder, especially the major mental disorders, appears to be greatest in the lower social classes.[5,6,9] Upper class patients are more frequently diagnosed as neurotic, lower class patients as psychotic.[4] Differences in frequency with which mental disorder is treated as a medical problem, the kind of medical treatment received and the outcome of psychiatric treatment when received, also appear to be related to class status.[4,9] Middle and upper class patients tend to have analytic therapy and lower class patients directive therapy with somatic treatment. Even in a clinic where treatment did not depend on ability to pay for it, Hollingshead and Redlich found a correlation between class status and type of treatment. Persons they classified as "lower class" tended to reject traditional psychoanalytically-oriented therapy, and likewise psychotherapists tended to reject them as patients.[4]

METHOD

The present study was an investigation of the social characteristics of 199 consecutive new applicants to the clinic beginning September 15, 1962, who met residence requirements for care in county facilities. The median waiting period between the application and the first appointment was one week, and the longest waiting period was four weeks. A principal set of characteristics investigated were occupational status, education and income, which are three frequently employed indicators of socio-economic status. Other characteristics investigated were sex, racial or ethnic background, marital status, referral source and previous experience with the

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Los Angeles County General Hospital. A questionnaire obtaining this information for each applicant was completed at the time of the initial contact (telephone call or visit) with the clinic. These data were then correlated with performance in keeping the first clinic appointment. The statistical significance of observed differences was tested by means of chi-square tests.*

A control sample of the next 200 new applicants (omitting the holiday period) was studied to determine whether the interest expressed in the patients by virtue of the questionnaire affected the extent to which appointments were kept or failed. It was found that the difference between the two samples was small and not statistically significant.

Socioeconomic status and appointment performance

What is known of the characteristics of lower class culture and the condition of lower class life led us to predict that the higher the class status, the better the appointment-keeping records would be. Four of the measures of status were employed: occupation of head of household, educational level of applicant, family income and current employment status of applicant.

Two group medical insurance plans have had recent experience in offering prepaid psychiatric treatment—the Hospital Insurance Plan in New York City and the Permanente Medical Group of Southern California. In both cases the indications are that the white collar group more frequently seeks psychiatric help than the blue collar group. Previous studies have shown that readiness for self-referral is more frequent among those with higher occupational status or educational achievement.[3,5,9] This finding seems to indicate that lower class persons are less likely to define their problems as psychiatric than are those higher on the status ladder. Indeed, Hollingshead and Redlich reported that lower class patients are less likely to locate their difficulties in themselves and more likely to locate them in their situation than are middle and upper class patients.[5] Lewis reported that persons partaking of the "culture of poverty have a sense of resignation and fatalism based upon the realities of their difficult life situation . . . and a high tolerance for psychological psychopathology of all sorts."[7] If the lower class person most frequently doubts that psychotherapy will help and these doubts are not fully resolved before he applies, then this factor would lead to the hypothesis established.

Also tending to support this hypothesis is the frequently noted attitudes toward time and the future characteristic of the lowest economic classes. For example, Lewis said that the "culture of poverty" includes "a strong present time orientation with relatively little ability to defer gratification and plan for the future."[7] This attitude toward time is also more frequent in the cultures of certain ethnic groups who are disproportionately represented in the economically-deprived strata of the Los Angeles community.[4] Lastly, it was also believed that the lower social classes would have fewer resources with which to meet circumstances operating to hinder their keeping appointments—illness, unanticipated employment opportunities, transportation failures and the like.

On the other hand, it was anticipated that one attitude held more commonly in the middle and upper classes would operate against the relationship hypothesized, namely, reluctance to seek publicly-supported medical care, to admit medical indigence or the need for "charity."

Perhaps the best single index of social class status is occupation. Occupations were classified according to the *Dictionary of Occupational Titles*.[2] The range of higher-paid occupations represented by clinic applicants was limited, probably by the general knowledge that inability to afford private medical care is a prerequisite for treatment at the county hospital. Only six professional or managerial heads of household were represented among the 200 applicants. Only two of these were currently employed, one being the husband of the applicant rather than the patient; the incomes of both families were under $400 per month.

Our findings tended to substantiate our hypothesis, especially with regard to appointment failures without notification. (See Table 1.) Among the group of chronically unemployed (unemployed

TABLE 1.—*Appointment Record by Occupational Status of Head of Household, All Applicants*

Occupation of Head of Household	Appointment Record			Total	
	Kept	Cancelled	Failed		
Professional and Managerial	67%	33%	....%	100%	6
Clerical and Sales	64	15	21	100	42
Skilled workers	90	5	5	100	19
Semi-skilled workers	75	10	15	100	40
Unskilled and service workers*	67	5	28	100	39
Unemployed more than 6 months†..	64	11	25	100	53
Total	69%	11%	20%	100%	199

*Includes all domestic service workers; a few protective and personal service workers were included in other occupational categories (e.g., barbers, beauticians, policemen, firemen).

†Did not include persons supported by spouse's earnings, savings, rent, or other personal resources. Applicants supported by parents were not included if under 20 years of age or attending school.

*All differences reported in this paper would have occurred by chance less than 5 times in 100 unless otherwise specified.

TABLE 2.—*Appointment Performance by Employment Status at Time of Clinic Application, Male Applicants*

Employment Status	Appointment Record: Kept	Cancelled	Failed	Total	
Employed at time of clinic application	84%	3%	13%	100%	32
Not employed at time of clinic application	63	5	32	100	41
Total	73%	4%	23%	100%	73

TABLE 3.—*Appointment Record by Educational Background, Male Applicants*

Educational Background	Appointment Record: Kept	Cancelled	Failed	Total	
Some college or college graduate	65%	4%	31%	100%	23
Some high school or high school graduate	84	3	13	100	38
Elementary school	59	8	33	100	12
Total	73%	4%	23%	100%	73

more than six months) and unskilled or domestic service workers, 25 per cent failed appointments without notification as compared with 15 per cent of the remainder of the applicants. Among males the best record for keeping appointments was among skilled workers (for example, master carpenters, factory foremen, skilled auto mechanics, machinists). Male white collar workers had no better appointment records than the lowest status group except that the few professional and managerial workers cancelled rather than failed appointments without notice. Among females clerical and sales workers tended to equal more nearly the records of skilled and semi-skilled workers (machine operators). The records of female unskilled and domestic workers, on the other hand, were very similar to those of the chronically unemployed group, while the unskilled and service male applicants had better records than the chronically unemployed applicants.

It is interesting to speculate that the hypothesis was not substantiated fully for the white collar group because of their greater reluctance to make use of a publicly-supported clinic. The skilled and semi-skilled workers, although having the same or higher incomes, are possibly more ideologically disposed to accept the value of governmentally-supported medical services as a result of political and union affiliations.

Whether or not the applicant himself was currently employed was also found to be related to appointment record. While 84 per cent of the employed males kept their appointments and 12 per cent failed without notification, 63 per cent of the unemployed kept their appointments and 32 per cent failed without notification. Differences in the same directions were found for females but they were smaller and not statistically significant, probably because of the housewives included among the unemployed women. (See Table 2.)

With respect to educational background of the applicant, the tendency for central status positions to have the best appointment records again appeared (Table 3). Among men who had been enrolled in college—including eight college graduates—65 per cent kept their appointments while 31 per cent failed without notification. There were 12 men who had not entered high school; only seven kept appointments while four failed without cancellation. Men with some high school education and those who had graduated from high school had similar records. These men together were found to have kept 84 per cent of their appointments and failed without notification in only 13 per cent of their appointments. For women, educational background was not related to performance in keeping appointments. It is possible that the group of college-educated males who apply to the clinic represent a group of under-achievers whose personality organization is involved in both failure to keep appointments and failure to do well financially despite their educational qualifications. College graduates were also disproportionately both unemployed and unmarried.

Within the small range of incomes represented by clinic applicants, income had little relation to the keeping of appointments.

Referral source and appointment record

It was hypothesized that the best records with respect to appointments would be for the self-referred and those referred by private physicians. The former hypothesis was consistent with the view usually entertained by private psychiatrists that the self-referred patient is likely to be most "highly-motivated" for treatment. The second hypothesis was based on the findings of Clausen and Yarrow[1] that patients accepted the suggestion of psychiatric referral more favorably from a physician than from a family or friend; and that in many instances the family physician facilitated prompt referrals to the hospital, especially when the doctor had the advantage of consultation with the spouse to learn more of the whole range of the patient's behavior. There were some very suggestive differences among patients referred by different agencies; however, the number of cases referred from each source was so small that the differences did not reach the 5 per cent significance level (Table 4). The percentage of kept appointments was lowest, only 55 per cent,

TABLE 4.—*Appointment Record by Referral Source, All Applicants*

Referral Source	Appointment Record: Kept	Cancelled	Failed	Total	
Private physicians..	81%	14%	5%	100%	21
Family and friends	80	....	20	100	20
Medical and Surgical Unit of L.A.C.G.H.	73	9	18	100	49
Psychiatric sources	68	11	21	100	61
Non-medical sources*	58	13	29	100	24
Self-referrals	54	23	23	100	22
Total	69%	11%	20%	100%	197†

*All patients are voluntary although a few are referred by probation departments or other law-enforcement sources as well as social agencies, etc.

†No information was available concerning referral source of two applicants.

TABLE 5.—*Appointment Record by Marital Status, All Applicants*

Marital Status	Appointment Record: Kept	Cancelled	Failed	Total	
Married	76%	12%	12%	100%	88
Single	66	16	18	100	38
Divorced or separated	62	5	33	100	66
Widowed	72	14	14	100	7
Total	69%	11%	20%	100%	199

for self-referred applicants and highest for applicants referred either by their family physician or their families and friends, for whom the percentage of kept appointments was 81 and 80 per cent, respectively. This seems to indicate the support of significant others in the life of an individual maintains his determination to seek help. It also implies that the family physician is more successful in screening referrals and providing this support than other agencies, especially than non-medical agencies, among whose referrals only 58 per cent kept appointments.

Previous experience with L.A.C.G.H. and appointment record

Since many clinic patients had had previous experience with the Los Angeles County General Hospital and since many of the medical and surgical clinics had not been giving definite individual appointments (though they now are), the relationship between experience with other units of the hospital and appointment behavior at the psychiatric clinic was investigated. It was found that there was a significantly greater likelihood for women to keep their appointments when they had had no previous experience with the hospital. A similar but not statistically significant relationship was found for men.

Marital status and appointment record

Married and widowed persons tended to have the best appointment records. The greatest discrepancy was the proportion of uncancelled appointment failures for divorced and separated persons—one third of these appointments as compared with about one eighth of the rest (Table 5). The finding that married persons have the best appointment-keeping records is in keeping with the finding that family referrals are successful.

Sex, ethnic background, and appointment record

Because of the general belief that women are more willing to seek medical help than men, it was hypothesized that women would have better appointment records than men. We found that men actually were slightly more likely to keep appointments than women; however, women who did not keep their appointments were much more likely to cancel their appointments than were men. Differences among non-Spanish white, Spanish-Americans and Negroes were small and not statistically significant.

DISCUSSION

The findings in this study tend to substantiate the hypothesis that behavior such as keeping appointments is related to social class and subcultural attitudes. It appears that a missed appointment may have quite a different significance for some patients than it has for a middle class psychiatrist. Thus, as has been pointed out by Spiegel, the psychiatrist's attitudes are at variance with the lower class person's attitudes toward time, toward the relationship between man and his fellows and between man and nature, and in his preference for "modes of doing."[8]

The relevance of the relationship between class and appointment-keeping is that it is part of a more comprehensive understanding of patients from diverse social classes and subcultures, and specifically how attitudes generated by these different backgrounds may mold behavior which may be perceived by the middle class physician as uncooperative, irresponsible, or unmotivated for help. Since the classical conceptual model of the helping situation in psychiatry has been directly related to middle class values, much difficulty may result when the patient has different values, and most especially when these involve disparate conceptions of the help the psychiatrist can give.

In this group of patients, it was shown that the private physician is performing a valuable service. That he does a good job of screening his patients is reflected in the highest percentage of kept appointments in our entire group. This tends to extend to the clinic situation the observation of Clausen and

Yarrows that the family physician facilitates prompt and appropriate psychiatric referrals, especially when he is fully informed by the patient's family.

It was also found that those applicants supported in their application by family and friends, or family physician, were most likely to keep appointments. Those referred by other agencies, those who had had experience with the relatively impersonal medical setting unavoidably created by the Los Angeles County General Hospital, and those without families were less likely to keep their appointments. This finding points up the significance of the referral process itself in the successful relationship between clinic and patient.

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