PATIENT ENGAGEMENT WITH THERAPY IN AN NHS PSYCHOTHERAPY DEPARTMENT: FACTORS AFFECTING ATTENDANCE AND DISCONTINUATION

Dr Tom Dalton, Dr Thomas Walker, Dr Sannah Awan, Dr Hennah Bashir, Dr Rebecca Edwards, Dr Charlotte Marsh, Dr Mark Petrarca, Dr Mohammed Swileh, Dr Dimitrios Kyriakopoulos

West London NHS Trust

INTRODUCTION

In psychotherapy practice, patients missing numerous sessions or ending treatment prematurely are familiar occurrences, and are important in terms of the therapeutic benefit the patient can be assumed to have gained from the therapy, as well as the implications for resource utilisation and the impact on training for trainee therapists. This study aimed to characterise patterns of attendance and discontinuation within NHS outpatient psychotherapy, to explore some factors which may be connected.

SETTING

Our study was conducted across is two NHS psychotherapy departments which offer one-year courses of once weekly individual psychodynamic psychotherapy. Therapy is delivered by therapists with different levels of experience, including psychiatry Core Trainees (CTs) undertaking their first psychotherapy case, medical psychotherapy Specialty Trainees (STs), and non-medical honorary psychotherapists (Honoraries) who are usually undertaking a placement within NHS departments as the clinical component of an external psychotherapy training. All therapists receive weekly supervision from consultants or senior therapists, either individually or within supervision groups.

AIMS

1. To describe the characteristics of patients offered weekly individual psychotherapy within these departments, in terms of demographics and referral source.
2. To describe patients' engagement with therapy in terms of waiting times, attendance, and early discontinuation of therapy.
3. To use simple descriptive statistics to explore factors which may be correlated with patients' attendance or discontinuation, such as patient demographics, referral source, therapist type (CT, ST or Honorary) and therapist availability (see below).

HYPOTHESES

1. Attendance and discontinuation would not be related to any specific demographic factors or referral source.
2. Attendance would be poorer, and discontinuation rate higher, in patients who had been on the waiting list for longer before starting therapy.
3. Attendance would be poorer, and discontinuation rate higher, among patients having therapy with less experienced therapists.
4. Attendance would be poorer, and discontinuation rate higher, in patients having therapy with therapists who had lower availability.

METHODS

From electronic records (RiO), we extracted the following data for all adults who started weekly individual psychodynamic psychotherapy within a two-year period (2018-2019) across two NHS psychotherapy departments (**n=94**):

- Demographics: age, sex, ethnicity
- Referral source: Home Treatment Team (HTT), Community Mental Health Team (CMHT), IAPT, GP or other source.
- Waiting list time (time elapsed between assessment and start of therapy)
- Type of therapist (CT, ST or Honorary)
- Number of sessions offered
- Number of sessions attended
- Whether patients discontinued therapy before the planned end date, and if so when

We then calculated the following variables from these data:

- Attendance (sessions attended as a proportion of sessions offered)
- Therapist availability (number of sessions offered as a proportion of the total therapy duration in weeks, ie. 26 sessions offered over 52 weeks = 50% availability)

Fig. 1: Age Distribution

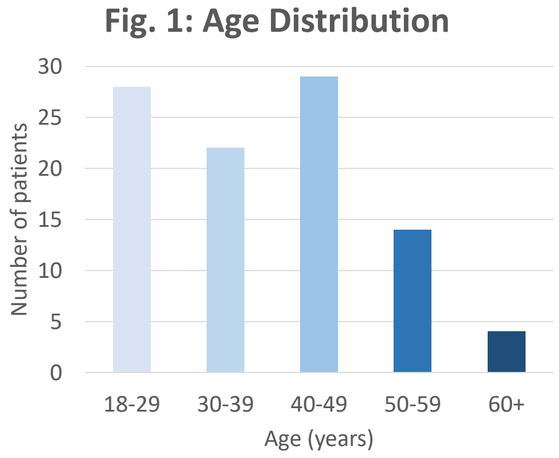
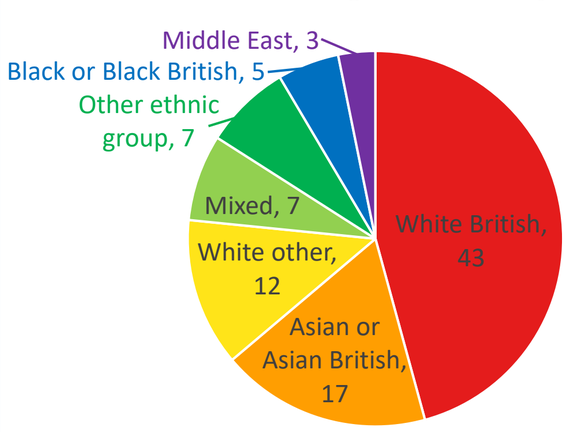


Fig. 2: Ethnicity



RESULTS

The sample was 72% female, and the majority of patients were aged 18-50 with a relatively even distribution across this range (Fig. 1). The ethnicity distribution was similar to that within the Trust as a whole, with white British individuals representing just under half of all referrals, and Asian or Asian British being the next largest group (Fig. 2).

Referrals were received from a variety of sources (Fig. 3), and average waiting list time was 5.9 months.

The number of therapists of each type is shown in Fig. 4. Average therapist availability varied slightly between groups: Honoraries (74%), CTs (79%) and STs (80%).

Fig. 3: Referral Source

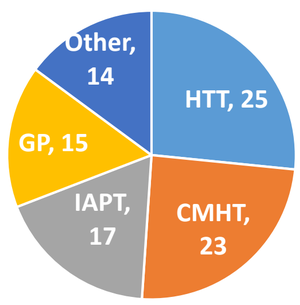
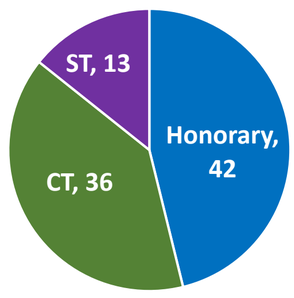
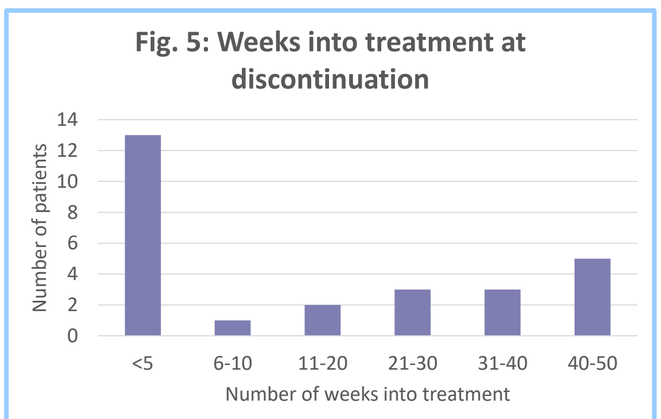


Fig. 4: Therapist Type



ATTENDANCE AND DISCONTINUATION

Fig. 5: Weeks into treatment at discontinuation



Overall average attendance at therapy sessions was 69%.

29% of patients discontinued therapy early, and of those, the pattern of discontinuation over the course of therapy is shown in Fig. 5, with the majority of patients who discontinued doing so within the first 5 weeks of treatment.

None of the variables measured were significantly related to patient attendance or discontinuation. There was no apparent relationship with gender, age, ethnicity, nor with waiting list time.

Average attendance and discontinuation varied slightly between groups in terms of referral source (Fig. 7) and therapist type (Fig. 8) but these differences were not statistically significant.

Attendance over the course of therapy was very weakly correlated with therapist availability (Fig. 8).

Fig. 7: Attendance and discontinuation, by referrer

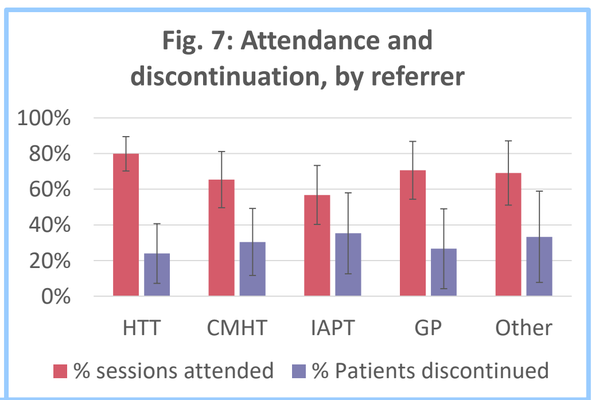


Fig. 8: Attendance and discontinuation, by therapist

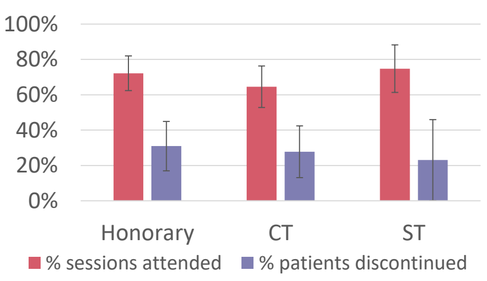
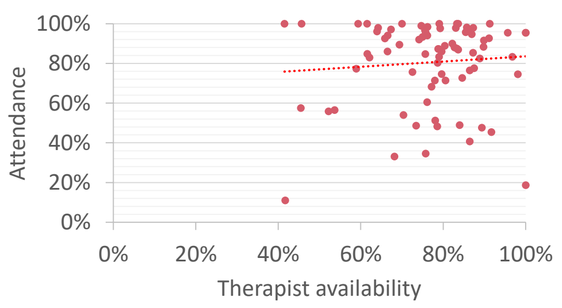


Fig. 9: Therapist availability vs. attendance



CONCLUSION

Insofar as these superficial metrics of engagement with therapy may be taken as proxy markers indicating something of its therapeutic effects, the results of this study reassuringly suggest things we already know, or would hope to find. That is, firstly that a patient's likelihood of engaging cannot be prejudged based on simple demographics; secondly, that the first month or so of therapy is an important time determining whether patients will engage; thirdly, that time spent on the waiting list does not significantly impact the therapy (which is fortunate, for many NHS departments); thirdly, that having therapy delivered by a less experienced therapist did not appear to have a deleterious effect (of course assuming there is appropriate supervision); and lastly, that there seems to be some benefit in having fewer gaps in therapy, which could be understood in terms of providing a consistent frame, though of course this is a much more complex task than we have explored here.

This study was conducted prior to the pandemic, so it would be interesting in future to explore whether these patterns have changed since.