

# A Review of Did Not Attend “DNA” Rates in a Community Mental Health Team, Pre and Post Covid-19 - What is the future of Telepsychiatry?

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## Introduction

Telemedicine is the practice of providing health care from a distance using technology, often using telephone consultations or videoconferencing. Telepsychiatry, a branch of telemedicine, can provide a range of mental health services, including patient evaluations, patient education and psychotherapy.<sup>(1)</sup>

Whilst telepsychiatry has existed for many years, public health restrictions caused by the current COVID-19 pandemic have brought the need for telepsychiatry to the forefront.<sup>(2)</sup> This review will investigate a community mental health team which moved away from in-person consultations towards telephone consultations in late March 2020.

Do not attend “DNA” rates are an important outcome in the context of any psychological evaluation or intervention. Attendance poses a significant barrier to patient care in mental health services and it is important that these services evaluate DNA rates and how to optimise patient engagement.<sup>(3)</sup>

## Aims

Whilst evidence highlights the benefits of telepsychiatry, this is a field which is still to be fully explored. As many psychiatry services begin using telepsychiatry, it is vital that more research is undertaken to ascertain its effectiveness in different clinical scenarios.<sup>(4)</sup>

We aimed to assess how telepsychiatry affected patient engagement in a community mental health outpatient clinic, which switched from in person consultations to telephone consultations in March 2020 due to COVID-19, and the effect this had on DNA rates.

For telephone consultations patients were sent a reminder text one week prior to their appointment, and were called at least twice for an appointment. If the patient did not answer this was considered a DNA.

## Methods

I completed a retrospective review of DNA rates of a total of 596 routine outpatient appointments between June and August 2019 (in person consultations) and June and August 2020 (telephone consultations) and documented whether patients did or did not attend. I also collected the documented patient gender for each appointment.

This data was collected from an electronic appointment record and an electronic audit tool was used to record the data for attendance.

## Results

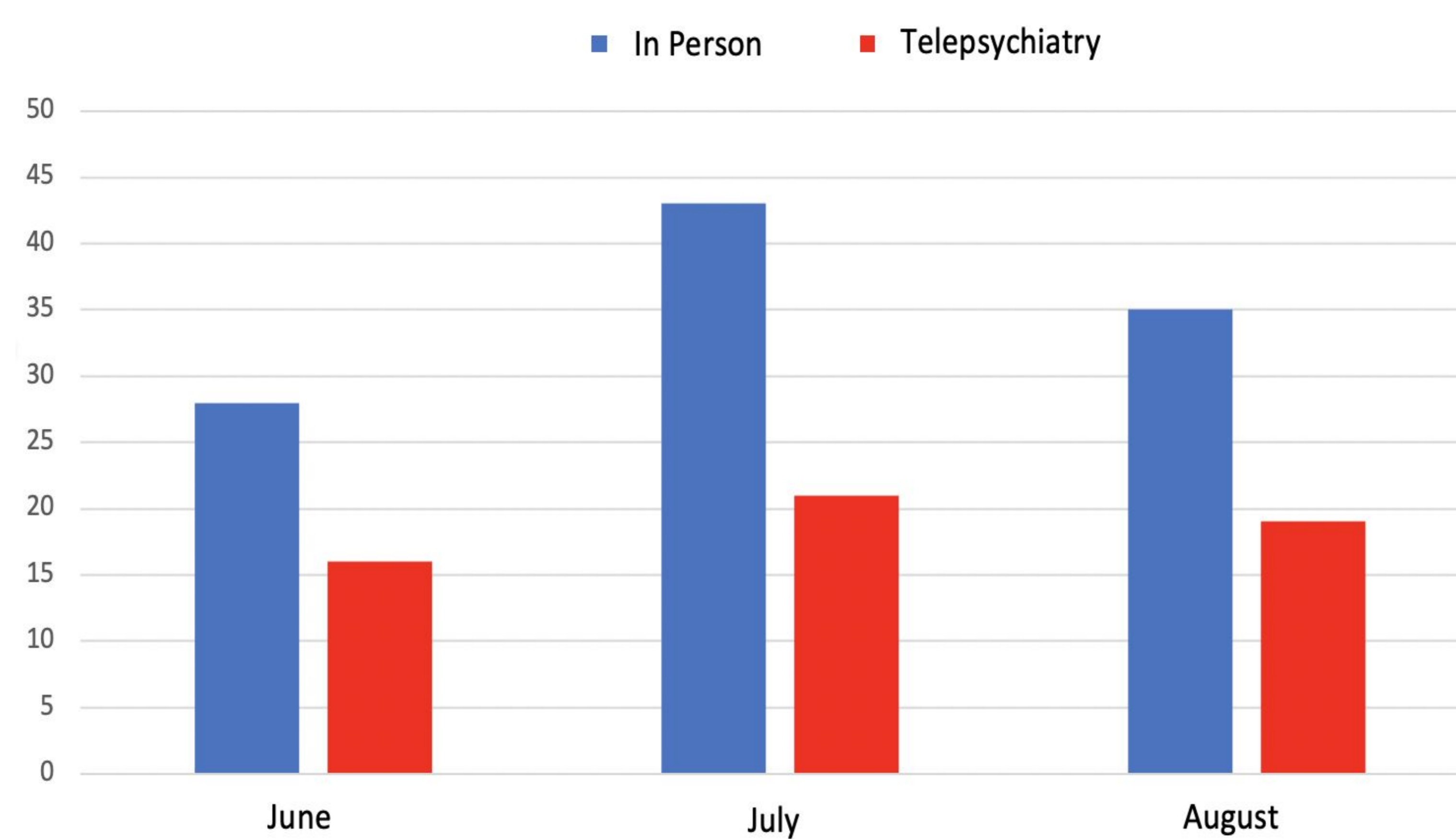


Figure 1. DNA rates for in-person and telepsychiatry consultations, across 3 months.

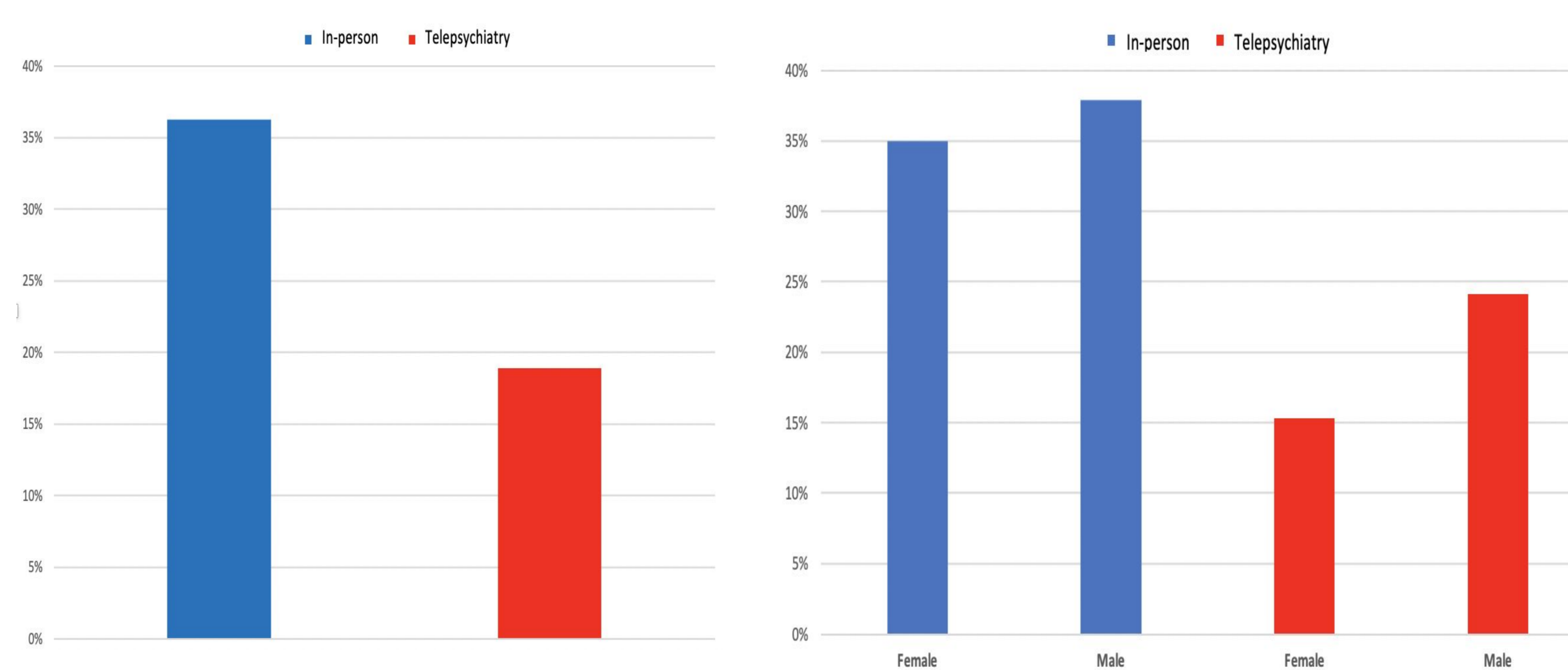


Figure 2. DNA rates for in-person and telepsychiatry consultations, overall.

Figure 3. DNA rates for in-person and telepsychiatry consultations, comparing females and males.

These results demonstrate a decrease in DNA rates with telepsychiatry consultations, with a 12% decrease in June, a 22% decrease in July and a 16% decrease in August (figure 1) an average of a 17% decrease in DNA rates across the three months (figure 2).

## Discussion

Limitations of this review include a relatively short time frame and small sample size. Furthermore, it would have been useful to look at more patient demographics, to assess the effect of age and diagnosis on these results.

The COVID-19 pandemic has brought about drastic changes to the delivery of mental health services. This review suggests that patient attendance improves with telephone consultations when compared to in-person consultations and this is a promising indicator as public health measures lead to the adoption of telepsychiatry across the country.

However, it is important to note that whilst telepsychiatry may improve convenience and patient attendance, it poses a new set of unique challenges. These include the loss of non-verbal communication and the effects of this on the ability of doctors to form a full evaluation or have a therapeutic consultation, increased disruptions, due to home-life, technical problems and the inability to conduct physical examinations or investigations when indicated.<sup>(5)</sup> Video consulting should address some of the former issues but increases technological issues. Further research is required to evaluate the impact of these factors on a patient's ability to seek care and the physician's ability to deliver care, and also to compare outcomes between telephone and video consultations.<sup>(6)</sup>

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