

Abstract

Objective: To determine the practical, readily accessible predictors of first outpatient appointment default after psychiatric hospitalization in a community mental health setting.

Method: This was a retrospective case notes study of psychiatric patients discharged from a large local mental hospital during the period 1 July 2007 to 31 December 2007. One hundred and two patients who defaulted at their first outpatient clinic appointment were defined as “Defaulter”. The matched non-defaulters were randomly selected from the subjects who were discharged from the hospital during the study period. These two groups were compared for sociodemographic and clinical variables. Furthermore, associated factors and independent predictors were determined.

Results: The prevalence rate of default at the first outpatient follow-up after discharge from the mental hospital was 14.1%. At high risk for unsuccessful linkage to outpatient care were patients with current substance abuse, patients without psychosis and patients immigrated to Hong Kong for less than 7 years. Clinical intervention of explanation of side effect of psychotropic drug on discharge was associated with successful linkage to outpatient care.

Conclusions: Effective linkage strategies should be used to avoid unnecessary gaps in the delivery of psychiatric services in patients at high risk of dropout shortly after psychiatric hospitalization. The incorporation of refined linkage strategies in routine care would enhance the continuity of care for all psychiatric patients.