

assessing anecdotal descriptions of services without the benefit of independent evaluation, a not uncommon phenomenon in the psychogeriatric literature. The incorporation of that ingredient in the account of the York service which opened the book had, therefore, for me given it a head start. I am grateful to Mrs Grey for redressing that balance and hope that she might guarantee me "safe conduct" if I take up her invitation to see the service at first hand.

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### *Hand-written appointment letters*

DEAR SIRs

The results of a six month study to test the hypothesis that hand-written out-patient appointments increase attendance at first child psychiatric appointments are reported. The study follows observations made by Hillis & Alexander (1990) that personalised letters, as opposed to an appointment card, increased attendance at first adult psychiatric out-patient appointments.

The study was carried out in the Department of Child and Family Psychiatry, Edinburgh. The catchment population of 130,000 children aged between 0 and 14 years generates 900 referrals per year. Thirty-two patients entered the study, each being allocated to one of two groups on a random basis to exclude bias. The first group were sent hand-written letters offering an out-patient appointment. These were signed by the author. The second group were sent an almost identical typed letter, written on behalf of the author, and signed by the team secretary. All appointments were sent out within two weeks of referral, and all first appointments offered within one month.

The non-attendance rate for patients sent hand-written letters was 29% (4 out of 10), and for those sent typed letters was 28% (5 out of 13). Of the patients 28% (9) contacted the author before their first appointment to seek an alternative time, as the one offered was not suitable. Seven of these patients were from the hand-written group.

The conclusion from this small study is that hand-written first appointment letters do not increase attendance at first child psychiatric appointments.

It was interesting to note the number of patients that contacted the author before their first appointment to arrange an alternative time. The majority of these patients were from the hand-written group, raising the possibility that patients feel more able to contact the clinic if they have received a hand-written letter. Perhaps a hand-written letter has offered them a more personal first contact with the clinic than a typed letter. This would have to be tested in a larger study.

Non attendance is still a highly complex and unclarified issue. It is unclear why so many patients

do not attend (36% failed to attend their first appointment in one study, Jaffa & Griffin, 1990). It is also unclear whether referral agents are aware of the services that are provided, and whether they adequately prepare patients before they attend, as by discussing fears patients may have.

Perhaps there is a need for a more flexible service, where patients suggest suitable times before an appointment is sent out. This could cost effectively be achieved with a stamped addressed post card or a telephone call, both of which will be cheaper, than paying for a therapist who is waiting for a non-attendance.

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### *References*

- HILLIS, G. & ALEXANDER, D. A. (1990) Rejection of psychiatric treatment. *Psychiatric Bulletin*, **14**, 149-150.  
 JAFFA, T. & GRIFFIN, S. (1990) Does a shorter wait for a first appointment improve the attendance rate in child psychiatry. *Newsletter of the Association for Child Psychology and Psychiatry*, **12**, 9-11.

### *Monitoring the Children Act, 1989*

DEAR SIRs

A committee has recently been formed to monitor the working of the Children Act, 1989 as it affects legal issues in relation to children. As the College representative on the committee for Inner London boroughs, I would find it helpful if child psychiatrists could let me know of any problems they encounter in the working of the Act, and in particular delays in cases being heard in court, or difficulties in preparing reports within the time-scale required.

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### *Planning Mental Illness Units*

DEAR SIRs

I am undertaking a small piece of research at the University of York into the planning of Mental Illness Units.

I should be very grateful for comments from any Fellow or Member of the College who has recent experience of planning such a Unit, especially if they consider that there are lessons for those who write National Planning Guidelines.

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