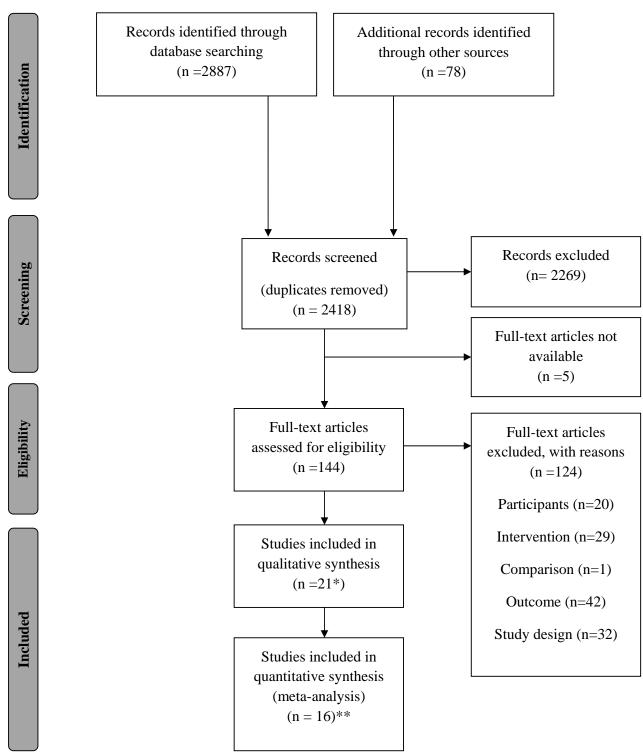
Online appendix 1. PRISMA Flow Diagram



^{*}one report contained two studies

^{**}the numbers concern the analyses for the primary outcome only

Online appendix. Details of interventions and control.

Study	Details of the intervention	Details of the control condition		
Baggaley (1), 1993	Letter explaining that the patient had been referred to the service. Asked to return a form if wished to be seen. Once they had contacted the clinic, they were sent an appointment.	ice. Asked to return a form if directions to the clinic. Once they had contacted the		
Huws (2), 1992	The patient was sent a short questionnaire, stamped envelope and details about the clinic and the treatment. Patients who returned the questionnaire within four weeks were sent an appointment.	Patients were sent an appointment only		
Kenwright and Marks (3), 2003 Study 1	"Partial booking method": Patients sent a standard letter with a reply slip and a pre-paid envelope. Clinician usually phoned when received the reply slip (some patients received appointment without phone contact). Letter was then sent to confirm the appointment.	Standard letter with an assigned appointment sent with a reply slip <i>and a prepaid envelope</i> . Returning the slip was not necessary.		
Kenwright and Marks. (3), 2003 Study 2	"Partial booking method": Patients sent a standard letter with a reply slip and a pre-paid envelope. Clinician usually phoned when he/she received the reply slip (some patients received appointment without phone contact). Letter was then sent to confirm the appointment.	Standard letter with an assigned appointment sent with a reply slip. Returning the slip was not necessary.		

Telephone prompts/reminders

Burgoyne et al. (4), 1983	Patients received a phone call around noon from the research assistant advising them about the date, time and place of their appointment (standardized). If there was no answer, the patient was called the following day after 3:00 p.m. The intervention was delivered both in Spanish and English.	Patients were not given a telephone prompt.
Crespo-	The patients received a phone call from the	Standard procedure: no telephone
Iglesias (5),	administrative staff three days or less before the appointment. The patients were queried if they	prompt

2006 had any questions regarding the location and

directions to the health centre.

Gariti et al. Patient received a phone call the day before the initial appointment from a trained receptionist.

(6), 1995 Patient was informed of this at initial telephone

screening.

Regular procedure: patients only encouraged to attend at initial telephone screening.

Hershorn and

The patients received a call from the clinician one to three days before the appointment. Three attempts were made to confirm the appointments.

1993

No contact

Kluger and

Karras (8),

1983

Rivas (7),

The patient was read an orientation statement when they first phoned the clinic. The statement described the first appointment and gave information about payment and insurance policies. The patient was telephoned 24 hours

before their appointment to remind them.

Any questions the patient had were answered when they first contacted the clinic. No telephone reminder or orientation statement was administered.

MacDonald et

al. (9), 2000

Clerical staff telephoned the patient to remind him/her about the appointment. No messages were left. Appointment card posted to the patient 1-8 weeks before the appointment

Orientation/reminder letters

Kitcheman et al. (10), 2007

An appointment card and an individualized proforma letter sent to patients 72 hours before the first scheduled appointment. This included description to the clinic, a map and a request to bring a family member and any medication with them.*

Appointment card sent to patient.*

Rusius (11), 1995 "Usual system" and an patient was sent an added postal reminder 3 days before the appointment.

"Usual system": Standard appointment letter sent within two weeks of the referral. Appointments were up to 3 months later.

Data Supplement for Schauman et al. (10.1176/appi.ps.201200540)

Running head: Interventions to Increase Initial Appointment Attendance

Swenson et al. (12), 1988

An orientation letter sent to the patient one day before the appointment that detailed what was going to happen during the first meeting. The patients received only an appointment time and received no orientation letters or letter prompts.

Webster (13), 1992

Patients was sent and information sheet with the standard appointment letter.

Patient was only sent a standard appointment letter.

Witkower (14), 1981

The patient received the standard telephone intake interview and was also sent an "applicant contact letter" and an "applicant reminder letter". The "applicant contact letter" briefly confirmed that the patients application was being evaluated by the team, but that there may be period of waiting. The "applicant reminder letter" briefly reminded the patient about their appointment and asked them to contact the service if they were unable to attend.

Patient had a standard telephone intake interview, where it was determined whether the patient was appropriate for the service or not.

Accelerated intake

Stark et al. (15), 1990

The patient who phoned and requested an appointment was given a same day appointment by the admissions counsellor. There was also a brief discussion about obstacles to attending and the counselor helped the patient to generate solution to overcome these obstacles.

The patient, who phoned and requested an appointment, was given an appointment within the next 14 days by the admissions counselor. There was no discussion of obstacles to attending.

Stasiewicz and Stalker (16), 1999 The patients had a brief telephone intake interview and were given an appointment within the next 48 hours.

Patients had a brief telephone intake interview and were given an appointment in 48 hours or more.

Psychodynamic questionnaire

O'Loughlin (17), 1990

The patient was sent a "psychodynamic" questionnaire before the first appointment. This 12 page questionnaire consisted of mainly open ended questions of current problems, previous coping strategies, past relationships with parents, current relationships etc.

The patient was only sent an appointment card.

Running head: Interventions to Increase Initial Appointment Attendance

Soutter and Garelick. (18), 1999

Patient was sent a "psychodynamic" questionnaire, similar to that used by O'Loughlin, along with a standard appointment letter of the time and place of the appointment.

Patient received only the standard appointment letter.

Other

Ersner-Hershfield et al. (19), 1979 Patient who called the clinic for an appointment was first asked routine information and then was read a description of two types of therapists (active and reflective) and given a choice between them.

The patient was asked routine information and then told about various clinical services and modalities that were offered at the clinic. The patient was then given an appointment with the next available therapist.

Sheeran et al. (20), 2007

Questionnaire regarding attendance sent with an "Implementation Intention" paragraph at the end of the questionnaire sent to the patients: "People can sometimes feel concerned about attending their appointment. To help you to manage these concerns, please read the statement below 3 times and repeat it silently to yourself one more time: As soon as I feel concerned about attending my appointment, I will ignore that feeling and tell myself this is perfectly understandable! Now please tick the box below if you have read the statement 3 times and said it to yourself once (please be honest, do not tick the box until you have read and repeated the statement)." (p.857-858)

Questionnaire regarding attendance sent without "Implementation intention" paragraph.

47% of both arms received partial booking method system in addition.

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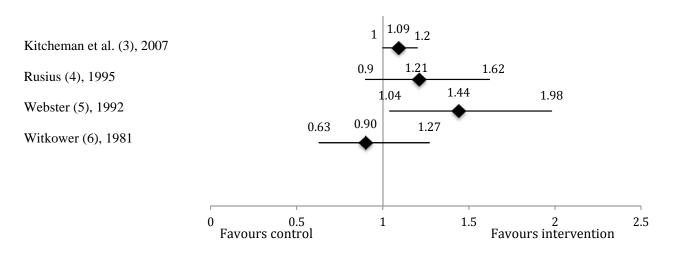
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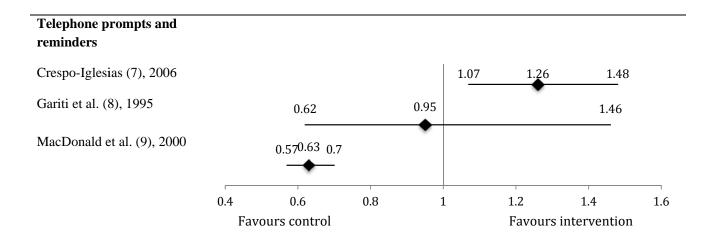
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Online appendix. Forest plots of the studies included in the analyses

Study		Forest plot , Random effects model, Risk ratio, 95% CI						
Opt-in systems		0.7	0.94 1.26	5				
Huws (1), 1992			1.06	1.64		2.55		
Kenwright and Marks (2),				•				
2003 –Study 1			0.92 1.19	1.55				
Kenwright and Marks (2),			-					
2003 –Study 2		1			- -			
•	0 Favo	0.5 urs control	1	1.5	2 Favours ii	2.5 ntervention	3	

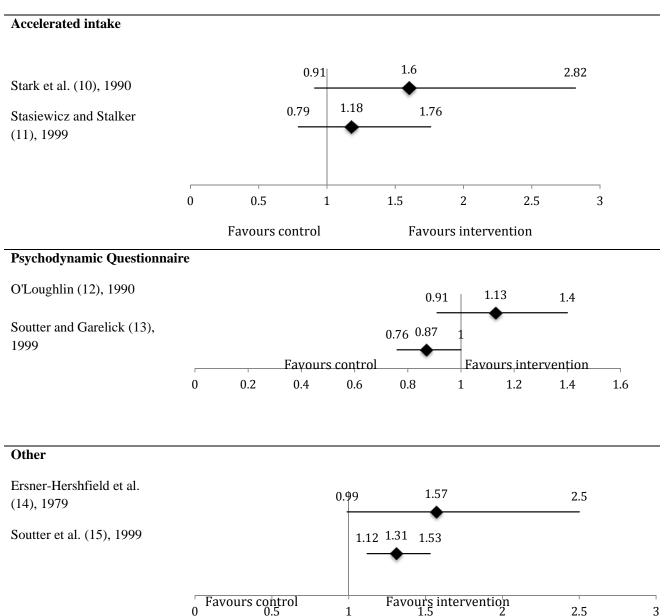
Orientation/ reminder letters





Supplement 4 (continued)

Forest plot, Random effects model, Risk ratio, 95% CI



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