

Getting people to **return for aftercare** is the crucial first step to maintaining the benefits of a spell of intensive day or residential care. Two simple interventions have been shown to make a substantial difference, particularly important for mentally ill patients who may present a risk to themselves or others if they lose contact.

In study ① 121 patients of whom three-quarters were dually diagnosed with mental illness and addiction problems were voluntarily admitted to US psychiatric hospitals because they posed a risk or because of the severity of their illness. Over on average about two weeks, all received standard care plus an initial assessment of their motivation to change their drug use and an appointment at an outpatient clinic after discharge. Half were randomly allocated to also receive immediate brief feedback on their motivation profile and an hour-long motivational interview before discharge. The impact was striking. Over twice as many patients receiving the intervention attended their initial appointment (47% v 21%) and among the dually diagnosed patients the effect was even greater (42% v 16%).

In study ②, mainly alcohol-dependent substance abuse patients attending a 28-day rehabilitation programme (most on a day basis) were strongly encouraged to later participate in aftercare or self-help groups. A series of reminders had previously been shown to improve attendance but the study showed that more could be done by greeting and congratulating people in front of the group when they first attended and at subsequent milestones. Over the eight weeks of the intervention this simple, cost-free measure led to nearly 70% attendance compared to 50% without it and, though diminished, the effect persisted over the next four weeks.

Featured studies ① Swanson A.J., *et al.* "Motivational interviewing and treatment adherence among psychiatric and dually diagnosed patients." *Journal of Nervous and Mental Disease*: 1999, 187, p. 630–635 ② Lash S.J., *et al.* "Social reinforcement of substance abuse aftercare group therapy attendance." *J Substance Abuse Treatment*: 2001, 20, p. 3–8. Copies: for both apply DrugScope.