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# A Thematic Analysis of British Rehabilitation Centers Clients Reviews 2020–2024

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## ABSTRACT

This study explores client experiences in UK rehabilitation centers through a thematic analysis of The author(s) reported there is no funding associated with the work featured in this article. 150 post-2020 reviews. Thematic analysis was conducted following the six-phase framework as outline by Braun and Clarke. A balanced dataset was obtained through verified independent platforms, ensuring that the reviews reflect a diversity of client experiences across different rehabilitation settings. Major findings reveal structural and service-related gaps especially in aftercare support and staff-to-patient ratios, which are critical to sustaining recovery outcomes. Key themes include staff support, aftercare, treatment effectiveness, cost transparency, mental health integration, and facilities. Findings reveal critical gaps in personalized care and aftercare provision, more pronounced in public services, and highlight ethical concerns in private rehab pricing. Recommendations include enhanced staffing, mental health integration, and improved aftercare structures. This research contributes to understanding patient-centered care in addiction treatment. The findings emphasize the importance of comprehensive, patient-centered care, highlighting systemic gaps in aftercare and mental health integration as well as ethical concerns surrounding cost transparency. This thematic review makes specific recommendations for policy reform and enhanced service provision, contributing to broader discussions on equitable and effective addiction treatment models.

## KEYWORDS


Thematic analysis; British rehabilitation centers; addiction treatment; client reviews; staff support; aftercare provision; treatment effectiveness; cost transparency; mental health integration; dual diagnosis; qualitative research; public vs private rehab; UK addiction services; holistic therapies; biopsychosocial model; relapse prevention; patient-centered care; online reviews; substance use disorders; rehabilitation outcomes; socio-economic disparities

## Literature review

### *Theoretical foundations of addiction and rehabilitation*

Addiction has been widely conceptualized as a chronic, relapsing disorder, with theories ranging from the medical model, which treats addiction as a brain disease, to the biopsychosocial model, which recognizes biological, psychological, and social influences (West, 2013). The disease model, notably advanced by Volkow et al. (2016) posits that addiction fundamentally alters brain function, specifically in areas related to reward, motivation and memory. This model emphasizes the need for medically informed treatment approaches such as pharmacological intervention alongside psychotherapy. However, critics argue that reducing addiction to neurobiology alone may overlook the complex socio-environmental

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factors that contribute to substance abuse (Alexander, 2010). While the medical model provides a critical understanding of addiction's biological underpinnings – it has been criticized for neglecting social determinants such as; trauma and socio-economic disparities, which are more salient in the UK context (Alexander, 2010). The biopsychosocial model, more holistic in bandwidth, may struggle with operationalization in treatment settings where resources are constrained (Marmot, 2015).

The biopsychosocial model presents a more holistic view toward integrating social and environmental influences with the biological underpinnings of addiction. Research demonstrates the critical role that social factors – e.g. unemployment, trauma and socioeconomic inequality play in the onset and perpetuation of substance use disorders (Marmot, 2015). This framework is notably relevant in the context of the UK where socioeconomic disparities significantly influence access to care and recovery outcomes (Harris & McElrath, 2012).

In the United Kingdom approximately 268,390 adults engaged with structured substance misuse treatment services in 2019–2020, with 50% primarily seeking help for alcohol dependence and 48% for opiate addiction (Public Health England, 2020). Males dominate this population, comprising 69% of clients, with females more often presenting for alcohol misuse than drug addiction (National Drug Treatment Monitoring System NDTMS, 2020). Recovery and relapse trends highlight the challenges faced by rehabilitation services; while 48% of clients reportedly completed treatment successfully in 2019, relapse rates remain high, particularly among opiate users, with 60% experiencing relapse within six months of completing treatment (National Drug Treatment Monitoring System NDTMS, 2020).

Socioeconomic disparities are pronounced as individuals from deprived backgrounds are overrepresented in treatment services reflecting barriers to preventative care and community support (Marmot, 2015). Ethnic minority groups account for 15% of service users a figure which indicates potential cultural or accessibility challenges within the system. Additionally, an aging client profile is observed with individuals aged 40 and older comprising a growing segment due to entrenched substance use disorders often being compounded by co-occurring mental and physical health conditions (McKenna, 2020). Gender differences reveal that while women often seek treatment for alcohol-related disorders they are less represented overall and frequently experience additional barriers such as stigma and childcare responsibilities affecting access and retention in treatment (Public Health England, 2017).

While existing literature has explored addiction treatment extensively, the focus has often been on the biomedical or biopsychosocial models (Marmot, 2015; West, 2013), with limited attention to post-treatment experiences such as aftercare and personalized interventions in a UK context (Gossop et al., 2007). This study addresses this gap through offering a thematic analysis of client reviews from UK rehabilitation centers with an emphasis on aftercare, mental health integration and cost transparency. These elements are often under-explored in international addiction treatment research but remain critical to the sustaining of recovery outcomes (Neale et al., 2014). Through analyzing first-hand client experiences this research contributes to international debates on improving long-term addiction treatment effectiveness *and* equity in service delivery. Rehabilitation must address not only the neurological changes brought on via the addiction but also the social and psychological contexts that contribute to its development.

## Approaches to rehabilitation: evidence-based practices

Rehabilitation programs in the UK draw upon a variety of treatment models, including 12-step programs, Cognitive Behavioural Therapy (CBT), and increasingly, holistic therapies (Public Health England, 2017). The 12-step approach which was originally popularized via Alcoholics Anonymous (AA), remains one of the most widely used models especially within community-based settings (Kurtz, 2002). This method, grounded in spiritual principles alongside group support, has been critiqued for its lack of adaptability to secular contexts despite studies demonstrating its effectiveness in promoting long-term sobriety for many individuals (Kelly, 2017). In the UK, the 12-step model has faced criticism not only due to its spiritual basis but also because of cultural and socioeconomic factors influencing its accessibility and applicability. While effective in the United States, UK-based studies suggest that the model's success may be limited through lower rates of long-term engagement, especially among individuals from non-religious or lower socioeconomic backgrounds (Davies & Baker, 2019). Therefore, its role in public rehabilitation services remains debated especially in secular or non-spiritual treatment environments (White & Kurtz, 2020).

CBT, in contrast, is a secular, evidence-based approach which focuses on modifying maladaptive thought patterns and behaviors associated with addiction. Numerous randomized controlled trials (RCTs) have confirmed its efficacy, most notably when combined with relapse prevention strategies (Marlatt & Donovan, 2005). A meta-analysis by Hofmann et al. (2012) found that CBT was especially effective for individuals with co-occurring mental health conditions, a group often underrepresented in 12-step programs. Given the high prevalence of dual-diagnoses among addiction sufferers in the UK the integration of CBT into rehabilitation services has been highlighted as especially critical (López-Castro et al., 2015).

Increasingly, UK rehabilitation centers are incorporating holistic therapies such as yoga, mindfulness meditation and art therapy as adjuncts to traditional treatment models. Whilst the inclusion of holistic therapies reflects a shift toward treating the whole person, empirical support for their efficacy varies. Some studies suggest benefits in reducing relapse rates via enhanced patient awareness of triggers (Bowen et al., 2014); however, more robust, high-quality research is needed to establish their effectiveness compared to evidence-based approaches like CBT. Greater integration of holistic practices with established therapies may enhance patient engagement, but caution is warranted to avoid over-reliance on interventions lacking a strong empirical foundation (Chiesa & Serretti, 2014). These interventions aim to treat the whole person, not just the addictive behaviors, via fostering emotional and psychological well-being. An example being Mindfulness-Based Relapse Prevention (MBRP) which has shown promising results in reducing relapse rates via enhancing patient awareness of triggers and cravings (Bowen et al., 2014). Despite the growing popularity of such therapies the empirical support for many holistic practices remains less robust than that for CBT and 12-step programs (Chiesa & Serretti, 2014).

The importance of trauma-informed care within addiction treatment cannot be overstated especially given the high prevalence of trauma histories among individuals with substance use disorders (Substance Abuse and Mental Health Services Administration SAMHSA, 2014). Trauma-informed approaches seek to avoid re-traumatization, recognize the pervasive impact of trauma on health and behavior whilst promoting recovery by creating a supportive and safe therapeutic environment. Incorporating trauma-informed

care into UK rehabilitation programs alongside methods like CBT may lead to more meaningful engagement and better outcomes for clients with complex needs (Hopper et al., 2010).

### **The UK context: Public vs. Private rehabilitation**

In the UK, addiction treatment is provided through a combination of publicly funded (NHS) and private rehabilitation centers. Socioeconomic factors significantly shape access to and outcomes of addiction treatment. Publicly funded services often face resource constraints that limit personalized care, with reports indicating that only 38% of individuals receiving public addiction services successfully complete their treatment program, compared to a higher success rate observed in private settings (National Drug Treatment Monitoring System NDTMS, 2020). Meanwhile, private facilities may exacerbate inequality due to prohibitive costs (Marmot, 2015; McKenna, 2020). Addressing these disparities requires targeted policy interventions, including increased funding for public services and stricter regulation of private providers to ensure equitable access and transparent pricing. Comparative analysis of international models, such as Australia's regulation of private health services (Nicholas & Lee, 2011) may offer valuable insights for UK reform. The NHS primarily offers outpatient services, detoxification, and limited residential programs (Public Health England, 2017). However, public services have struggled with long waiting times and resource limitations worsened post-funding cuts to addiction services since 2013 (McKenna, 2020). For example some regions experienced reductions in service availability of over 40% and waiting times for treatment now average 9 weeks, during which risk of relapse increases significantly (British Medical Association, 2020).

In contrast, private rehabilitation centers offer more comprehensive residential treatment, often featuring a wider range of therapeutic options, including holistic therapies and bespoke treatment plans (Harris & McElrath, 2012). These centers, however, are typically expensive with costs ranging from £4,000 to £30,000 for a 28-day program (McKenna, 2020). Despite their higher cost, data indicate that private programs achieve higher rates of treatment completion, reported at over 70% in some centers, yet these figures often vary by client demographics and comorbidities (UKAT, Murphy & Polsky, 2021). As a result there are significant socioeconomic barriers to accessing high-quality care, reinforcing the existing inequalities in addiction treatment. Private rehab facilities often promote luxury settings and personalized care but reviews suggest a frequent mismatch between advertised services and actual client experiences – especially concerning aftercare and long-term support (UK Addiction Treatment UKAT, 2021).

Socioeconomic barriers remain critical determinants of access to addiction treatment. Clients from disadvantaged backgrounds may face multiple intersecting challenges including unemployment, housing instability and lack of social support networks, which worsen their risk of relapse (Neale et al., 2014). Studies demonstrate individuals from the lowest socioeconomic quintiles are up to 40% more likely to relapse after treatment due to the lack of tailored, community-based interventions (National Drug Treatment Monitoring System NDTMS, 2020). Public rehabilitation services, often under-resourced, struggle to provide the intensive and individualized care that these

clients require. Bridging this gap requires targeted investment in social determinants of health and more community-driven, outreach-based services that address the broader context of addiction.

### **Importance of patient-centred approaches: why thematic analysis?**

This study contributes to the literature through addressing a critical gap in the evaluation of aftercare provision and personalized addiction treatment, which is insufficiently addressed in both UK and international contexts. While the UK system is often critiqued for its resource limitations especially within public services (McKenna, 2020) similar issues are mirrored globally, where aftercare is often underfunded or inadequately integrated into treatment plans (White & Kurtz, 2020). The study's findings on client dissatisfaction with aftercare and cost transparency are therefore not only relevant within the UK but also more globally applicable to broader discussions on how addiction services can evolve in high-income countries.

Understanding the subjective experiences of those undergoing rehabilitation is crucial for improving treatment quality and outcomes. While quantitative measures such as relapse rates and treatment completion statistics provide useful data, they often fail to capture the nuanced and multidimensional nature of addiction recovery (Neale et al., 2014). This is where thematic analysis, a qualitative method for identifying, analyzing, and reporting patterns within data, plays a pivotal role. Thematic analysis allows researchers to explore the depth of patient experiences, giving voice to concerns and insights that may not emerge through structured questionnaires or outcome-focused studies (Braun & Clarke, 2006).

Previous studies have shown that patient satisfaction and perceived quality of care are strong predictors of long-term recovery success (Hser et al., 2001). Thematic analysis, via examining the actual experiences of patients, can uncover critical areas that impact treatment effectiveness such as staff support, emotional care, and personalization of therapy. Additionally this methodology can highlight systemic issues like cost transparency and aftercare provision, which are often neglected in clinical outcome studies but are essential for a sustainable recovery process (Gossop et al., 2007).

Given the complexity of addiction and the variability in treatment models, conducting a thematic review of patient feedback from a range of UK rehab centers offers a valuable lens through which to assess the quality of services. Through focusing on real client experiences, this study seeks to complement traditional outcome measures with insights that could drive more patient-centered, effective and equitable addiction treatment models.

## **Methodology**

### **Research design**

This study employs a qualitative thematic analysis to explore client experiences within UK rehabilitation centers, focusing on key-themes such as staff support, treatment effectiveness and aftercare provision. Thematic analysis is well suited to this study as it offers the flexibility to identify and interpret patterns across a diverse set of data (Braun & Clarke, 2006). This approach allows for an in-depth understanding of the subjective experiences of individuals undergoing addiction treatment providing insights which may not be captured through traditional quantitative measures e.g. relapse rates or clinical outcomes (Neale et al., 2014).



A purposive sampling method was employed, drawing data from platforms such as Trustpilot, SoberRecovery, Rehabs UK, and Reddit. Reviews were selected based on relevance to the UK context and were filtered according to strict inclusion criteria: they had to be written between 2020 and 2024, be from self-verified users and focus on post-pandemic experiences within rehabilitation centers. This sample size of 150 reviews was consistent with qualitative research standards, which emphasize depth over generalizability (Guest et al., 2006), ensuring thematic saturation across a wide range of client experience

## Data collection

Data was collected from public online platforms such as Trustpilot, SoberRecovery, Reddit and Rehabs UK, comprising 150 reviews written by clients of UK rehabilitation facilities between 2020 and 2023. While these platforms offer a breadth of client perspectives, it is important to acknowledge potential biases inherent in online review data. Online reviews often attract users with particularly strong positive or negative opinions, leading to potential overrepresentation of extreme experiences (Feinberg, 2018). Efforts were made to mitigate this bias through the inclusion of data from diverse platforms and by applying stringent criteria for verified user reviews. Nevertheless, further steps such as triangulating findings with structured interviews or collecting demographic data which would strengthen the dataset's representativeness. These reviews were sourced from independent, non-promotional websites to ensure authenticity and reliability.

Data from Reddit was specifically sourced from the “SoberUK” and “AddictionRecovery” subreddits which explicitly allow for research use under their terms of service. All reviews are anonymized, and no direct contact was made with any participants, in adherence to the British Psychological Society's (BPS) guidelines.

Comments ranged from highly positive to critical, offering a balanced perspective on the strengths and weaknesses of various rehab programs.

Reviews were filtered to meet the following criteria:

- (i) **Date:** Only reviews from 2020 onwards were considered, reflecting the changing landscape of rehabilitation services post-pandemic.
- (ii) **Geographic Focus:** Only reviews of UK-based rehabilitation centers were included, ensuring contextual relevance.
- (iii) **Genuineness:** Reviews from verified users or reliable sources were prioritized, with duplicate entries removed.

Despite employing a robust inclusion criteria it is crucial to acknowledge that online reviews can introduce a form of bias. As previous studies have noted, Online platforms often attract individuals with extreme views; either highly positive or negative, potentially skewing the dataset toward polarized experiences (Feinberg, 2018). This introduces a selection bias, which may result in over-representation of outlying satisfied or dissatisfied clients, limiting the generalizability of findings. Furthermore, the anonymity afforded via these platforms may result in a lack of accountability, potentially leading to exaggerated claims (Murad & Katabi, 2018). While every effort was made to ensure the authenticity and balance of reviews, the

dataset may not fully represent the experiences of the broader rehabilitation center client population including those less likely to leave online feedback.

This provided a total of 150 distinct data points (client reviews) across various UK rehab centers, ensuring a broad representation of experiences. The sample size of 150 reviews is consistent with qualitative research standards for thematic analysis, which seeks data saturation rather than statistical generalizability (Guest et al., 2006). Given the heterogeneity of client experiences and the breadth of rehabilitation services covered, 150 reviews provide sufficient depth to explore recurring themes while allowing for a range of perspectives to emerge (Braun & Clarke, 2013). Table 1 (below) gives more precise inclusion and exclusion criteria.

Data analysis

Data analysis followed the six-step process for **thematic analysis** as outlined by Braun and Clarke (2006):

- (i) **Familiarization with the data:** The dataset of 150 reviews was read multiple times to ensure a deep understanding of the content.
- (ii) **Initial coding:** A line-by-line open coding was performed to identify recurring topics within the dataset. Each review was analyzed and a total of 45 preliminary codes were generated. This process was inductive, allowing codes to emerge naturally from the data rather than imposing pre-defined categories (Clarke & Braun, 2017).
- (iii) **Generating themes:** Codes were grouped into broader themes. For instance, individual codes like “lack of personalized care” and “understaffing issues” were clustered under the theme “staff support.” Similarly, codes related to complaints about “expensive fees” and “unexpected charges” were grouped under “cost transparency.”
- (iv) **Reviewing themes:** The generated themes were reviewed to ensure coherence and internal consistency. At this stage certain codes were discarded if they lacked sufficient data or did not align with broader themes.
- (v) **Defining and naming themes:** Final themes were clearly defined, and detailed descriptions were developed to encapsulate their core meaning. This stage involved refining themes to ensure they captured the most significant patterns in the dataset.
- (vi) **Reporting:** The final themes were presented in a narrative format, supported by direct quotes from the reviews.

Table 1. Data inclusion and exclusion criteria.

Criteria	Inclusion	Exclusion
Date	Reviews between January 2020 and June 2023	Reviews prior to 2020
Geographic Focus	Rehabilitation centres located in the UK	Reviews from non-UK based centres
Authenticity	Verified users or independent review platforms	Testimonials from promotional websites or unverified sources
Language	English-language reviews	Non-English reviews
Duplication	Unique, non-repeated reviews	Duplicate entries or near-identical reviews



**Table 2.** Example of open coding process.

Raw Data (Client Review)	Initial Codes	Final Theme
"The staff were always rushed. They seemed too busy to give individual care."	Overworked staff, lack of attention	Staff Support
"I didn't get any aftercare help. Once I left, I was on my own."	No aftercare, post-rehab struggles	Aftercare Support
"They didn't tell me about extra costs until the last week. It was a shock."	Unexpected charges, financial issues	Cost Transparency

See [Table 2](#) (above) for an example of the Open Coding approach adopted. To enhance clarity, the distribution of key themes was visualized using thematic frequency charts. These charts demonstrated that “Staff Support” was the most frequently mentioned theme (35%), followed through “Aftercare Provision” (25%) and “Treatment Effectiveness” (20%). Less prominent themes such as “Cost Transparency” (10%), “Mental Health Integration” (5%) and “Facilities and Accommodation” (5%) were also noted. The visual representation of these frequencies provides a clearer understanding of the predominant client concerns and helps identify areas where service improvements should be prioritized. To further enhance data clarity and accessibility, additional visual representations, such as comparative charts distinguishing experiences across public and private centers or graphs highlighting subthemes within major categories, could be utilized. This would provide readers with a clearer understanding of nuanced client experiences and the relative prevalence of key concerns.

**Ensuring trustworthiness and Rigour**

To ensure the trustworthiness of the thematic analysis, several strategies were employed, consistent with guidelines for qualitative research (Creswell & Creswell, [2018](#)):

- **Credibility:** Triangulation was used via cross-referencing multiple independent review platforms (Trustpilot, SoberRecovery, Reddit) to ensure diverse and reliable data.
- **Dependability:** A clear audit trail was maintained, documenting each stage of the coding and thematic analysis process to allow for replication or review.
- **Confirmability:** Reflexivity was practiced, with researchers critically reflecting on their own biases throughout the analysis. Peer debriefing sessions were conducted to challenge interpretations and minimize bias.
- **Transferability:** While the study focuses on UK rehabilitation centers, the findings could be applied in similar contexts (e.g., addiction services in other high-income countries).

**Ethical considerations**

All data used in this study were publicly available and anonymized, ensuring no ethical breach concerning personal information. Reddit platforms such as “SoberUK” and “AddictionRecovery” allow for posts to be used for research purposes as outlined in their terms of service. This ensured that the use of data from these forums was compliant with ethical standards in handling sensitive topics like addiction.

Furthermore, the study adhered to guidelines set by the British Psychological Society (BPS) for ethical research, ensuring that sensitive topics such as addiction were handled responsibly (BPS, 2021). No direct interaction with participants occurred, minimizing any risk of harm.

## Limitations

Whilst thematic analysis provides rich qualitative data it is limited through its subjectivity, as the interpretation of themes is influenced by the researchers' perspectives (Braun & Clarke, 2006). Additionally, the study relies on online reviews, which may not be fully representative of the wider population of rehab clients as reviews tend to attract more polarized opinions. The lack of control over the demographics of the reviewers also limits the generalizability of findings. It is also worth noting that online reviews are likely to over-represent individuals who are either highly satisfied or dissatisfied with their treatment experience, as they are more motivated to share feedback. As a result, middle-ground experiences may be underreported (Feinberg, 2018). Moreover, clients from lower socio-economic backgrounds who may not have regular access to online platforms are less likely to be represented which may skew findings toward individuals who can afford private care or have better digital access (Marmot, 2015). Due to limitations in translation this review was also based on sources in English only, limiting its global applicability. Future research should aim to address these limitations through incorporating more structured and demographically balanced data collection methods, such as direct interviews.

## Overview of themes

Thematic analysis of 150 client reviews revealed six prominent themes: staff support, aftercare provision, treatment effectiveness, cost transparency, mental health integration, and facilities and accommodation. Each theme reflects critical dimensions of the rehabilitation experience, with significant implications for client outcomes and service quality. Specifically, the findings highlight systemic deficiencies in both public and private rehabilitation services. The consistent lack of personalized care, pronounced in public services, is compounded via resource constraints, leading to inadequate mental health integration. The absence of structured aftercare, a critical issue identified across both sectors, directly contributes to high relapse rates, which echoes prior research on long-term recovery (Gossop et al., 2007). Furthermore, the opacity surrounding costs in private centers not only raises ethical concerns but also exacerbates the vulnerability of those seeking treatment. These systemic issues demand urgent policy reform including in regulating private services and strengthening public provisions to ensure equitable access and quality care.

### Staff support

The analysis revealed "staff support" as the most frequently mentioned theme (35%). Clients repeatedly stressed the significance of consistent and compassionate care, with one reviewer noting, "The staff were incredibly kind but they were stretched so thin that I barely saw my counsellor for one-on-one time." This underscores how understaffing can impact the quality of care, particularly during detox phases (Hser et al., 2001). While many

clients acknowledged the dedication of staff, there were frequent concerns about understaffing, which led to a perceived lack of personalized attention. Codes such as “overworked staff” and “lack of personal care” were recurrent.

For example, one review noted, *“The staff were incredibly kind, but they were stretched so thin that I barely saw my counsellor for one-on-one time”*. This finding is aligned with research highlighting that client satisfaction and treatment adherence are closely linked to the quality and availability of staff support (Hser et al., 2001). Understaffing in rehab centers, notably during detox phases, can increase patient anxiety, as emotional and physical withdrawal symptoms often require intensive support (Volkow et al., 2016).

### **Aftercare provision**

The second most frequent theme was a lack of robust aftercare. Numerous clients expressed frustration that, after completing the initial treatment, there was no structured or reliable follow-up, contributing to relapse. Codes such as “abandoned post-rehab” and “no aftercare plan” were common across both public and private facilities.

One reviewer mentioned, *“There was no aftercare whatsoever. Once I walked out the door, I was left to fend for myself, and without proper guidance, I relapsed in a few months.”* This aligns with previous research, which indicates that comprehensive aftercare, including ongoing counseling, community support groups, and relapse prevention strategies, is essential for sustained recovery (Gossop et al., 2007). The lack of aftercare reflects a systemic issue, particularly within UK rehabilitation services, where resources are often allocated primarily to initial treatment, leaving post-treatment care underdeveloped (Neale et al., 2014).

### **Treatment effectiveness**

Treatment effectiveness was widely discussed but yielded mixed responses. While some clients praised the programs for significantly aiding their recovery, others felt that the therapies were too general or not sufficiently tailored to their personal needs. Key phrases like “not personalized enough” and “generic therapies” emerged from the data.

One reviewer stated, *“The sessions felt too cookie-cutter, and I didn’t feel like they addressed my individual challenges.”* Research supports that individually tailored interventions, in particular those involving Cognitive Behavioural Therapy (CBT) or dialectical approaches, often lead to better outcomes for clients (Marlatt & Donovan, 2005). Many clients noted that while initial detox and short-term goals were effectively managed, longer-term relapse prevention and personalized therapy were often insufficient.

### **Cost transparency**

Many private centers were critiqued for a lack of cost transparency, with several clients reporting hidden fees or unexpected charges. Codes such as “hidden costs” and “financial exploitation” frequently appeared – pronounced in relation to high-end, privately funded facilities. Cost transparency is an ethical obligation, especially in health services targeting vulnerable populations. The lack of clear pricing in private rehabilitation centers risks exacerbating client distress during an already challenging

period. Implementing regulatory frameworks to mandate upfront disclosure of all potential costs would protect clients from exploitation and ensure informed decision-making. Lessons can be drawn from countries like Australia, which have implemented stricter regulation to address similar concerns in private health services (Nicholas & Lee, 2011)

One client remarked, *“I was blindsided by additional costs during my last week that were never discussed when I enrolled. I felt financially exploited.”* The issue of cost transparency is especially salient given the disparity in pricing between private and public rehab services in the UK. Private facilities can charge between £5,000 and £30,000 for a 28-day program (McKenna, 2020), making transparent pricing an ethical obligation for service providers, as financial strain may exacerbate client stress and undermine treatment success.

### **Mental health integration**

Another key theme was the insufficient integration of mental health services within rehabilitation programs. Dual diagnoses present complex challenges that require comprehensive, coordinated care (López-Castro et al., 2015). Despite growing recognition of these needs, many clients reported inadequate attention to underlying psychiatric conditions, with addiction treatment often prioritizing physical detox over psychological care. This fragmented approach risks undermining recovery outcomes, as untreated mental health issues may exacerbate addiction and relapse rates. Effective models necessitate integrated, trauma-informed care that bridges addiction and mental health services, necessitating cross-sector collaboration and policy reform to break down service silos (Public Health England, 2017). One client wrote, *“My depression and anxiety were major factors in my addiction, but the staff hardly addressed them. They just focused on detox.”* This underscores a broader problem in addiction treatment, where the lack of integrated mental health services can hinder recovery outcomes, especially for clients with dual diagnoses (López-Castro et al., 2015). Effective recovery models necessitate the inclusion of psychiatric care to address underlying mental health conditions that often drive addictive behaviors.

### **Facilities and accommodation**

The final theme related to discrepancies between the advertised quality of accommodation and the actual conditions experienced by clients. Many private facilities market themselves as luxurious, yet reviews indicated a gap between these promises and reality. Common codes included “not as advertised” and “cut corners.”

One reviewer noted, *“They marketed the place as a luxury retreat, but the rooms were basic at best. I felt like they were cutting corners to maximise profit.”* This theme is most notably relevant in private, high-cost rehab settings, where expectations are significantly higher due to the premium fees charged (UK Addiction Treatment UKAT, 2021).

### **Subtheme insights and patterning**

Within each theme, several subthemes emerged that provide more granular insights into the client experience:

- Staff Support Subthemes: Emotional support during detox, consistency of staff presence, and staff empathy.
- Aftercare Subthemes: Structured follow-up services, community integration, and access to ongoing counseling.
- Mental Health Integration Subthemes: Mental health screening on admission, psychiatric care within treatment, and personalized therapeutic approaches.

Through breaking down the broader themes into these subthemes, this study reveals critical areas of improvement for both private and public rehab centers, especially pronounced regarding the intersection of addiction and mental health services. Table 3 (below) gives the frequency for each major theme and subtheme.

Visualisation of thematic patterns

To further enhance the clarity of findings, Figure 1 below visualizes the frequency of content occurrence in the six key themes across the dataset:

**Table 3.** Frequency of subthemes within major themes.

Theme	Subtheme	Frequency (%)
Staff Support	Emotional support	18%
	Consistency of staff presence	25%
	Staff empathy	15%
Aftercare Provision	Structured follow-up services	22%
	Community integration	12%
	Ongoing counselling	18%
Mental Health Integration	Screening and psychiatric care	28%
	Dual diagnosis treatment	20%

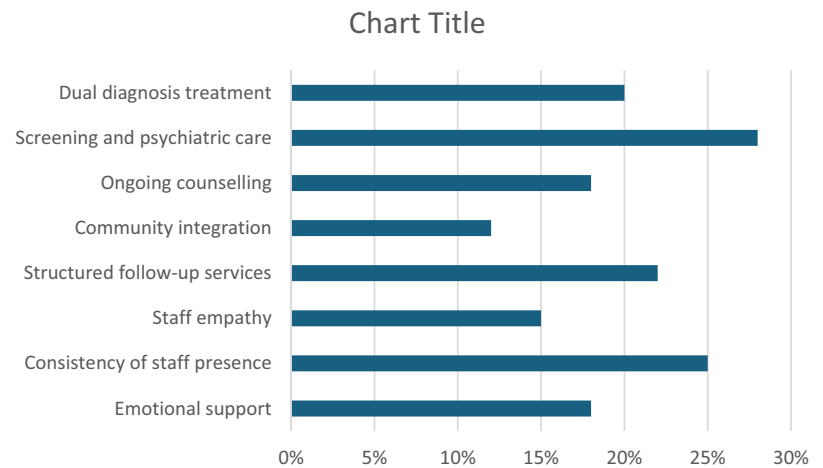


Figure 1. Frequency of key themes in client reviews (Holmes et al., 2020–2023).

## Insights on Public vs. Private rehabilitation services

A comparative analysis between public (NHS-supported) and private rehabilitation centers revealed stark differences. Private facilities were more often criticized for financial exploitation and unmet expectations regarding facilities, while public centers were more likely to be critiqued for long waiting times and under-resourced staff.

These findings are consistent with broader issues in the UK's healthcare landscape, where austerity measures have affected public service quality, while private services often prioritize profit over patient-centered care (McKenna, 2020). Public centers, despite being more affordable, were consistently reported as overstretched and underfunded, contributing to a lack of personalized care. Private centers, on the other hand, often fell short in delivering on promises of luxury and comprehensive care.

## Discussion

The findings of this study highlight several recurring themes that offer valuable insights into the contemporary rehabilitation landscape in the UK. In examining the six main themes; staff support, aftercare provision, treatment effectiveness, cost transparency, mental health integration and facilities and accommodation it becomes evident that the patient experience is shaped not only via the clinical efficacy of treatment but also through the broader context of care delivery. The issues observed in the UK rehabilitation system such as; inadequate aftercare and mental health integration are echoed in other high-income countries. For example, research in the United States indicates similar challenges with fragmented care for individuals with dual diagnoses (McGovern et al., 2007). By learning from international models like Finland's integrated treatment approach which combines addiction and mental health services within community-based centers, UK policymakers can explore more effective, holistic solutions (Nordström & Kinnunen, 2015). This comparative perspective underscores the importance of integrating psychiatric and addiction services for improved outcomes and can guide strategic reforms in UK practice.

This section will explore the implications of these findings and offer a nuanced discussion of their relevance within the field of addiction treatment.

## Staff support: the heart of patient experience

The theme of staff support emerged as the most frequently mentioned, underscoring its critical role in patient satisfaction and treatment success. Previous literature consistently points to the importance of compassionate, attentive staff in fostering a therapeutic environment (Hser et al., 2001). In the context of addiction treatment, the relationship between staff and patients can significantly influence motivation and engagement in the recovery process (Rogers, 1961). However, the frequent mention of "overworked staff" in this dataset points to systemic challenges within UK rehabilitation services especially those exacerbated through funding cuts and understaffing in public facilities (British Medical Association, 2020).

This issue is not unique to the UK but resonates with global concerns about burnout and staff shortages in addiction treatment (Kelly & White, 2012). The COVID-19 pandemic further compounded these issues, with many centers operating under restricted capacities

or facing increased demand for services (Holmes et al., 2020). The implications for practice are clear. Policies must prioritize improved staff-to-patient ratios, notably in public services affected by austerity measures. Additionally, enhancing staff training in empathy and co-occurring mental health support would mitigate burnout and ensure higher-quality care. Introducing funding initiatives to recruit and retain qualified staff is critical to addressing these systemic issues. From a policy perspective, addressing staffing shortages in public rehab centers must be prioritized to mitigate burnout and improve patient care outcomes.

Staff burnout and high turnover rates in addiction services pose substantial challenges to delivering consistent, high-quality care (Pines et al., 1981). The emotionally taxing nature of addiction treatment, coupled with resource constraints, often leaves staff feeling overwhelmed, affecting both their well-being and the care they provide (Kelly & White, 2012). Systemic measures to support workforce resilience, such as training, peer debriefing sessions, and manageable caseloads, are essential to mitigating burnout and ensuring sustained client engagement.

### **Aftercare provision: a critical gap**

Aftercare provision emerged as a significant gap in the dataset, underscoring a systemic issue within both public and private rehabilitation services. As highlighted in previous studies, comprehensive aftercare reduces the likelihood of relapse and enhances long-term recovery (Gossop et al., 2007). However, the lack of structured follow-up services reported from clients indicates that this crucial aspect of treatment is being neglected, especially within the UK context where aftercare services are often underfunded or considered supplementary (Neale et al., 2014).

Despite substantial evidence that aftercare significantly reduces relapse rates (Gossop et al., McGovern et al., 2007). Many of the clients in this dataset reported a lack of structured post-rehab support. This is concerning given the chronic nature of addiction, where sustained recovery requires long-term maintenance strategies and ongoing support (Marlatt & Donovan, 2005). The absence of aftercare suggests a disconnect between the short-term goals of rehabilitation (detoxification and initial recovery) and the long-term needs of individuals attempting to reintegrate into society post-treatment. It may also point to the lack of financial incentive to “keep customers well”

The lack of aftercare also highlights broader socioeconomic disparities. Research shows that individuals from lower-income backgrounds are disproportionately affected by addiction and may lack access to community resources or private aftercare services that could help sustain recovery (Marmot, 2015). In this regard, the UK’s over-reliance on private rehabilitation centers where aftercare is often treated as an add-on service exacerbating inequalities in treatment outcomes (Harris & McElrath, 2012). Comprehensive aftercare should be viewed as an integral part of the rehabilitation process rather than an optional extension, centrally within NHS-funded programs. This finding aligns with global best practices which advocate for the integration of community-based support systems, peer networks and long-term relapse prevention plans into the core structure of rehabilitation services (White, 2009). It is critical to understand the point of transition from acute to chronic care and for those involved in such aftercare to be engaging, culturally competent and accessible (Substance Abuse and Mental Health Services Administration SAMHSA, 2008)



Peer support models and recovery communities have been shown to play a crucial role in sustaining long-term sobriety (White, 2009). Programs that encourage client-led initiatives and peer mentoring foster a sense of community, accountability and empowerment which are often missing in traditional aftercare approaches. Integrating peer-based recovery models into the core structure of UK rehabilitation services could enhance clients' ability to navigate the challenges of post-treatment life, promoting resilience and sustained recovery.

### **Treatment effectiveness: the importance of personalisation**

The mixed responses regarding treatment effectiveness reflect ongoing debates in the literature about the most effective therapeutic approaches for addiction. While some clients in the dataset praised the structured nature of their treatment, many others expressed dissatisfaction with the lack of personalized therapy. This is consistent with research showing that individualized treatment plans – notably those that integrate various modalities like Cognitive Behavioural Therapy (CBT), Dialectical Behaviour Therapy (DBT) and trauma-informed care which tend to yield better outcomes than generic one-size-fits-all approaches (Kelly, 2017).

This charge may be especially leveled at CBT; whilst widely recognized as an evidence-based intervention for addiction, offering individuals the tools to recognize and manage triggers (Hofmann et al., 2012). However, its effectiveness hinges on how well the therapy is tailored to the individual's needs. The dataset suggests that in many cases the therapies offered were perceived as generic, raising concerns about the limited adaptability of certain treatment models. Personalization of treatment not only improves efficacy but also enhances the therapeutic alliance which is primary for positive outcomes and crucial for engagement in long-term recovery (Horvath & Symonds, 1991).

This aligns with findings from addiction research globally which increasingly advocates for the development of person-centered care models that are responsive to the unique needs of each patient (Neale et al., 2014). In the UK, this may necessitate a shift in how rehabilitation services are delivered which may be worsened in public settings where resource limitations often force a more standardized approach. Recent studies in predicting outcomes based on client information show early promise regarding bespoke intervention and care (González-Rodríguez et al., 2023; Lucas et al., 2024).

### **Cost transparency: ethical and practical implications**

The concerns over cost transparency revealed significant issues within the private rehabilitation sector echoed in the work of Saloner et al. (2022). The presence of “hidden fees” and “unexpected costs” raises ethical questions about the commercialization of addiction treatment. Addiction is a health crisis, and yet, as this dataset shows, some private facilities operate with a profit-driven model that can exacerbate client vulnerability (McKenna, 2020). For many clients the financial strain added to the emotional and physical toll of recovery – potentially undermining treatment efficacy. Across the sector rehabilitation service offer good cost-benefit to cost-effectiveness reward (Murphy & Polsky, 2021)

however private, vulnerable purchasers of care need to be able to assess this equation for themselves related to their choice of care.

From a policy standpoint there is an urgent need for greater regulation of private rehab services regarding pricing transparency. This is not solely an issue of fairness but one of accessibility and equity. Individuals seeking help should not face financial exploitation during one of the most vulnerable periods of their lives. Standardizing pricing structures and requiring clear communication of all costs upfront could help mitigate these issues as seen in countries like Australia where stricter regulation of private rehabilitation services has been implemented (Nicholas & Lee, 2011).

### **Mental health integration: the missing piece**

The lack of mental health integration within addiction treatment was another concerning finding. Co-occurring disorders (also referred to as dual diagnoses) pose significant challenges for rehabilitation centers, as individuals often require simultaneous, coordinated treatment for both their addiction and underlying mental health conditions (Kelly & Daley, 2013). Integrated care models that provide simultaneous addiction treatment and psychiatric interventions can reduce relapse rates and improve quality of life outcomes. However, these models necessitate additional resources, staff training and cross-sector collaboration highlighting a critical area for systemic development within UK rehabilitation services (Drake et al., 2001; Sharma & Sharma, 2020).

The NHS has long struggled to provide integrated care for individuals with co-occurring disorders, partly due to the siloed nature of addiction and mental health services (Public Health England, 2017). This fragmentation has a direct impact on recovery outcomes, as untreated mental health issues can exacerbate addiction, leading to higher relapse rates. Comprehensive care that addresses both mental health and addiction is essential, and this study's findings highlight the urgent need for better coordination between these services. The integration of psychiatric care, trauma-informed approaches, and long-term mental health support within rehabilitation programs is crucial for ensuring sustained recovery (Marlatt & Donovan, 2005).

### **Facilities and accommodation: the role of perception in treatment success**

Finally, concerns over facilities and accommodation notable applicable in private rehab center speak to the broader issue of marketing versus reality in addiction services. Several clients felt misled by promises of luxury environments that did not materialize. While the quality of facilities may not directly influence treatment efficacy, there is evidence to suggest that perceptions of the treatment environment can affect engagement and satisfaction (Morera-Balaguer et al., 2023). Clients who feel deceived through exaggerated claims may be less likely to engage fully in the treatment process, potentially undermining their recovery.

This raises questions about the ethical obligations of rehab centers in accurately marketing their services. Transparency in advertising, as well as consistency between the advertised and actual experience, is critical in maintaining trust and ensuring that clients feel respected throughout their treatment journey.

## Conclusion

This thematic analysis of client reviews from UK rehabilitation centers has provided important insights into the experiences and outcomes of individuals undergoing addiction treatment. In focusing on key themes; staff support, aftercare provision, treatment effectiveness, cost transparency, mental health integration and facilities and accommodation. This study highlights critical areas where improvements are needed to enhance patient care and long-term recovery outcomes.

The most critical finding from this thematic analysis is the prominence of “Staff Support” as a key determinant of client satisfaction and recovery outcomes. This aligns with established research, which underscores that the quality of the therapeutic relationship is pivotal in addiction treatment (Horvath & Symonds, 1991). However, it is equally important to address related themes such as “Aftercare Provision” and “Mental Health Integration,” both of which significantly impact long-term recovery. Taken together, these findings suggest that while immediate staff-client interactions are crucial, sustained recovery requires a more integrated, long-term approach encompassing aftercare and mental health support (López-Castro et al., 2015).

While clients generally appreciated the professionalism of staff; concerns about understaffing and lack of personalized care were prevalent, in-particular the public rehabilitation centers constrained through limited funding. This indicates a need for systemic changes to improve staffing levels, especially considering the emotional and physical demands placed on individuals during detoxification and recovery. Moreover, the integration of mental health services remains insufficient, particularly in addressing dual diagnoses, a common issue among individuals seeking addiction treatment. To address these concerns, future policy should focus on mandatory integration of psychiatric services within rehabilitation programs, essential for individuals with dual diagnoses. This could involve collaboration between addiction specialists and mental health professionals, ensuring a holistic approach to treatment (López-Castro et al., 2015). Moreover, regulatory frameworks should be developed to mandate cost transparency in private rehabilitation centers. Countries like Australia have successfully implemented pricing regulation in private health services, ensuring fairness and reducing the risk of financial exploitation for vulnerable populations (Nicholas & Lee, 2011). Adapting similar measures could ensure that clients are not burdened via unexpected costs – thereby reducing stress and improving treatment outcomes. Addressing this gap through better coordination between addiction and mental health services would enhance recovery outcomes and reduce relapse rates – aligning with best practices in comprehensive care.

The theme of aftercare provision emerged as a significant deficiency with many clients reporting a complete absence of follow-up support after discharge. Given the established importance of aftercare in preventing relapse; this gap in service provision is alarming and calls for urgent reform. Effective aftercare, including community-based support, ongoing counseling, and relapse prevention strategies, should be integral to any rehabilitation program regardless of public or private.

The mixed responses on treatment effectiveness point to the need for more personalized and flexible therapeutic approaches. Generic treatment models may fail to address the unique needs of each individual, especially those with complex mental health needs or varying levels of addiction severity. Rehabilitation centers must move toward more patient-

centered models that combine evidence-based practices like CBT with innovative approaches such as mindfulness-based therapies.

Cost transparency, especially in private rehab settings, was another critical concern, with reports of hidden fees and unexpected charges adding stress to an already vulnerable patient population. This issue highlights the ethical responsibility of private centers to ensure that clients are fully informed about costs before starting treatment. Greater regulation of pricing structures in the private sector may be necessary to prevent exploitation and ensure that treatment remains accessible.

Finally, discrepancies between advertised and actual facilities and accommodation raised broader concerns about the integrity of private rehabilitation services. Clients who feel deceived through over-promised facilities may disengage from their treatment further undermining their recovery. Transparent marketing and realistic expectations must be prioritized to build trust between service providers and clients.

### **Implications for policy and practice**

The findings of this study have significant implications for both public and private rehabilitation services in the UK. Public services must address issues related to understaffing and lack of resources which are likely the result of ongoing budget cuts. There is also an urgent need for the NHS and private centers alike to better integrate mental health services within their addiction treatment programs. This could be achieved through expanded training for staff in recognizing and treating co-occurring disorders and through stronger collaborations between addiction services and psychiatric care providers.

Conversely, private rehabilitation center must address the ethical issues surrounding cost transparency and improve their approach to aftercare. Regulatory frameworks could be established to ensure that clients receive a clear, upfront explanation of costs and that they have access to structured aftercare services as part of their treatment package.

These findings call for immediate action in both public and private sectors. For public rehabilitation services investment in personalized care and integration of mental health services is critical to improving recovery outcomes. In private services transparent pricing structures should be mandated through regulatory frameworks to prevent exploitation during the vulnerable recovery process. Internationally, these issues of aftercare provision and staff support are not unique to the UK, and similar structural reforms are needed to ensure sustained recovery outcomes globally. Adoption of these recommendations can enhance patient-centered models of care and improve long-term sobriety rates across high-income countries.

### **Limitations and future research**

While this study provides valuable insights it is not without limitations. The reliance on publicly available online reviews means that the sample may be biased toward individuals with particularly strong opinions, whether positive or negative. Additionally, the lack of demographic information about the reviewers limits our ability to generalize the findings across different population groups. The study is also limited to English language

content bringing cultural biases. Future research could address these limitations through incorporating a more structured, demographic-diverse dataset and via triangulating these qualitative findings with quantitative outcome data (e.g., relapse rates, long-term sobriety).

Further research could also explore the experiences of underrepresented groups such as individuals from lower socioeconomic backgrounds or ethnic minorities who may face additional barriers to accessing effective treatment in both public and private rehabilitation settings.

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