**Supplementary Materials A**

**Comparisons Between Treatment Return Type**

Few differences were found between non-returners (NR), single returners (SR) and frequent returners (FR) in terms of service usage and clinical outcomes related to the first treatment episode. Each group waited similar times for assessment (NR mean = 25.9 days, SR mean = 28.2 days, FR mean = 28.1 days), received similar amounts of treatment (NR mean = 7.2 sessions, SR mean = 7.6 sessions, FR mean = 7.4 sessions), and had similar amounts of time between assessment and discharge (NR mean = 161.0 days, SR mean = 164.6 days, FR = 159.7 days). Although, there was no significant difference in terms of time between assessment and discharge (*p* = .337), significant differences in terms of assessment wait times (*F*(2, 20954) = 12.67, *p* < .001, η2 = .001) and sessions received (*F*(2, 21026) = 5.40, *p* = .005, η2 < .001) were identified (specifically between non-returners and single returners). Effect sizes suggest little if any relationship between treatment return and assessment wait time, or treatment return and contacts received.

Approximately one-third of patients in each group prematurely discontinued the first treatment (NR = 34.3%, SR = 36.7%, FR = 33.1%). There was a significant difference in terms of premature discontinuation (χ2(2) = 6.06, *p* = .048), but the effect size suggests little if any association between premature discontinuation and treatment return (Cramer’s *V* = .02). Finally, there appeared to be a small difference in terms of recovery following treatment for those patients who initially met criteria for caseness, with non-returners having both a higher recovery rate (NR = 43.5%, SR = 38.4%, FR = 39.9%) and higher reliable recovery rate (NR = 41.5%, SR = 36.7%, FR = 36.8%) than single returners and frequent returners. Again, despite significant differences being found in terms of recovery (χ2(2) = 22.67, *p* < .001) and reliable recovery (χ2(2) = 21.73, *p* < .001), effect sizes suggest little if any associations between recovery and treatment return (Cramer’s *V* = .03, for both findings).

One difference that was identified between the different treatment return groups was related to the study method; specifically, the average length of time that each group had available within the study period to be able to return for treatment (i.e., time between first treatment episode’s discharge date and end date of study period). Frequent returners had a longer average length of time available (mean = 1001.5 days) than both single returners (mean = 819.4 days) and non-returners (mean = 696.4 days). These differences were significant with the relationship between time that patients had available within the study period to be able to return for treatment and treatment return type representing a small effect (*F*(2, 21026) = 157, *p* <.001, η2 = .015).