APPENDIX 20:
EVIDENCE TABLES FOR ECONOMIC STUDIES ON INTERVENTIONS

1.1 Indicated prevention and treatment..........................................................3

1.1.1 Parent-focused indicated prevention/treatment interventions
compared with any control group for children and young people with
conduct disorder ..........................................................................................3

1.1.2 Family-focused indicated prevention/treatment interventions
compared with any control group be used for children and young people
with, or at risk of, conduct disorders ..............................................................9

1.1.3 Multi-component indicated prevention/treatment interventions
compared with any control group for children and young people with, or
at risk of conduct disorders ........................................................................10

1.1.4 Multi-modal indicated prevention/treatment interventions
compared with any control group for children and young people with, or
at risk of, conduct disorders ........................................................................14
### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation (short form)</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ART</td>
<td>aggression replacement training</td>
</tr>
<tr>
<td>CBCL</td>
<td>Child Behaviour Checklist</td>
</tr>
<tr>
<td>CEAC</td>
<td>cost-effectiveness acceptability curve</td>
</tr>
<tr>
<td>CT</td>
<td>child training programme</td>
</tr>
<tr>
<td>DPICS-R</td>
<td>Dyadic parent-Child Interaction Coding System-Revised</td>
</tr>
<tr>
<td>ECBI</td>
<td>Eyberg Child Behavior Inventory</td>
</tr>
<tr>
<td>EP</td>
<td>educational programme</td>
</tr>
<tr>
<td>FFT</td>
<td>functional family therapy</td>
</tr>
<tr>
<td>GBP</td>
<td>Pounds Sterling</td>
</tr>
<tr>
<td>ICER</td>
<td>incremental cost-effectiveness ratio</td>
</tr>
<tr>
<td>IT</td>
<td>individual therapy</td>
</tr>
<tr>
<td>MJTC</td>
<td>Mendota Juvenile Treatment Centre</td>
</tr>
<tr>
<td>MST</td>
<td>multi-systemic therapy</td>
</tr>
<tr>
<td>NA</td>
<td>not applicable</td>
</tr>
<tr>
<td>NICE</td>
<td>National Institute for Health and Clinical Excellence</td>
</tr>
<tr>
<td>NHS</td>
<td>National Health Service</td>
</tr>
<tr>
<td>PBQ</td>
<td>Preschool Behaviour Questionnaire</td>
</tr>
<tr>
<td>PSS</td>
<td>Personal Social Services</td>
</tr>
<tr>
<td>PT</td>
<td>parent training programme</td>
</tr>
<tr>
<td>QALY</td>
<td>quality-adjusted life year</td>
</tr>
<tr>
<td>QoL</td>
<td>quality of life</td>
</tr>
<tr>
<td>RCT</td>
<td>randomised controlled trial</td>
</tr>
<tr>
<td>SD</td>
<td>standard deviation</td>
</tr>
<tr>
<td>SDQ</td>
<td>Strengths and Difficulties Questionnaire</td>
</tr>
<tr>
<td>SEK</td>
<td>Swedish Krone</td>
</tr>
<tr>
<td>SMD</td>
<td>standardised mean difference</td>
</tr>
<tr>
<td>TAU</td>
<td>treatment as usual</td>
</tr>
<tr>
<td>TT</td>
<td>teacher training programme</td>
</tr>
<tr>
<td>USD</td>
<td>US dollars</td>
</tr>
<tr>
<td>WLC</td>
<td>waitlist control</td>
</tr>
<tr>
<td>WMD</td>
<td>weighted mean difference</td>
</tr>
<tr>
<td>WTP</td>
<td>willingness to pay</td>
</tr>
</tbody>
</table>
1.1 INDICATED PREVENTION AND TREATMENT

1.1.1 Parent-focused indicated prevention/treatment interventions compared with any control group for children and young people with conduct disorder

References for included studies


<table>
<thead>
<tr>
<th>Study ID Country Study type</th>
<th>Intervention details</th>
<th>Study population Study design Data sources</th>
<th>Costs: description and values Outcomes: description and values</th>
<th>Results: cost-effectiveness</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edward and colleagues (2007). UK. Cost-effectiveness analysis.</td>
<td><strong>Intervention</strong>: group parenting programme (Webster-Stratton Incredible years basic parenting programme). <strong>Comparator</strong>: WLC.</td>
<td><strong>Population</strong>: children aged 36 to 59 months at risk of developing conduct disorders (defined by scoring over the clinical cut off on the ECBI). <strong>Study design</strong>: analysis alongside RCT. <strong>Source of effectiveness data</strong>: single RCT study (N = 153). <strong>Sources of resource use data</strong>: RCT. <strong>Source of unit cost</strong>: UK national cost references.</td>
<td><strong>Cost description</strong>: programme costs and service use costs (health, special education and social services). <strong>Cost value (mean cost)</strong>: At baseline: 1. intervention cost £888.86 2. WLC: £473.95 At 6-month follow-up: 1. intervention: £2880.97 2. WLC: £523.09. <strong>Primary outcome</strong>: reduction in mean intensity scores (ECBI). <strong>Effect size</strong>: Baseline ECBI score: 1. intervention: 144.46 2. WLC: 140.74 At follow-up ECBI score: 1. intervention: 117.17 2. WLC: 140.74.</td>
<td><strong>ICER</strong>: £71 per 1 point change in the ECBI intensity score (95% confidence interval: £42 to £140). <strong>CEAC</strong>: the probability that the intervention group is cost-effective at willingness to pay of £100 is 83.9%.</td>
<td><strong>Perspective</strong>: multi-agency (public). <strong>Cost year</strong>: 2003/04. <strong>Currency</strong>: GBP. <strong>Time horizon</strong>: 6 months. <strong>Discounting</strong>: not applicable. <strong>Applicability</strong>: partially applicable. <strong>Quality</strong>: minor limitations.</td>
</tr>
<tr>
<td>Sharac and colleagues (2011). UK. Cost-effectiveness analysis.</td>
<td><strong>Intervention</strong>: parenting programme (cognitive behavioural approach and educational approach). <strong>Comparator</strong>: routine care.</td>
<td><strong>Population</strong>: families with a child placed for non-relative adoption between 3 and 18 months previously (all children were between 3 and 8 years old with high SDQ scores). <strong>Study design</strong>: RCT (N = 37).</td>
<td><strong>Cost description</strong>: programme costs and service use costs (health, social and education services). <strong>Cost estimate</strong>: Combined parenting programme approach: £5,043 (SD £3,309). <strong>Routine care</strong>: £3,378 (SD £5,285). <strong>Primary outcomes</strong>:</td>
<td><strong>Incremental cost</strong>: £1,652 (SD £1,709 to £4,268). <strong>ICER</strong>: 1. Parenting satisfaction: £337 per point improvement in parenting satisfaction at 6 months 2. SDQ: routine care was dominant.</td>
<td><strong>Perspective</strong>: multi-agency. <strong>Cost year</strong>: 2006/07. <strong>Currency</strong>: GBP. <strong>Time horizon</strong>: 6 months.</td>
</tr>
<tr>
<td>Study ID</td>
<td>Intervention details</td>
<td>Study population</td>
<td>Costs: description and values</td>
<td>Results: cost-effectiveness</td>
<td>Comments</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------</td>
<td>------------------</td>
<td>-----------------------------</td>
<td>-----------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Country</td>
<td>Study type</td>
<td>Study design</td>
<td>Outcomes: description and values</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study</td>
<td>Data sources</td>
<td>Sources of resource use data</td>
<td>1. Parenting satisfaction</td>
<td>ICER:</td>
<td>Applicability: partially applicable.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Source of unit cost: UK national reference source.</td>
<td>2. SDQ scores measured at 12 weeks and at 6 months.</td>
<td>1. $3,481,433 per case of conduct disorder averted</td>
<td>Quality: minor limitations.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sources of resource use data: RCT (client service receipt inventory).</td>
<td>Effect size:</td>
<td>2. $423,480 per index crime averted</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Source of unit cost: UK national reference source.</td>
<td>1. Satisfaction with parenting was higher for the intervention group at 12 weeks (difference of 2.09) and 6 months (difference of 4.90).</td>
<td>3. $736,010 per act of interpersonal violence averted.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sources of resource use data: RCT (client service receipt inventory).</td>
<td>2. SDQ difference was 0.79 in favour of routine care.</td>
<td>Fast track programme was not cost-effective at WTP of $50,000.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Source of unit cost: UK national reference source.</td>
<td></td>
<td>However, for the higher-risk group at a WTP of $50,000, the probabilities of the fast track intervention being cost-effective were 69% for the conduct disorder outcome, 57% for the</td>
<td></td>
</tr>
<tr>
<td>US.</td>
<td>Cost-effectiveness analysis.</td>
<td>Study design: RCT design with N = 891 (n = 445 intervention, n = 446 control).</td>
<td>1. None reported per primary outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Source of resource use data: alongside trial and published data.</td>
<td>2. Effect size of 0.2 to 0.5 SD (in the first year).</td>
<td></td>
<td>Perspective: payer.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Currency: USD.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Discounting: 5%.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Time horizon: not reported.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Applicability: partially applicable.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Quality: potentially serious limitations.</td>
<td></td>
</tr>
<tr>
<td>Study ID Country Study type</td>
<td>Intervention details</td>
<td>Study population Study design Data sources</td>
<td>Costs: description and values Outcomes: description and values</td>
<td>Results: cost-effectiveness</td>
<td>Comments</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------------------</td>
<td>-----------------------------------------------</td>
<td>------------------------------------------------</td>
<td>-----------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Study ID Country Study type</td>
<td>Intervention</td>
<td>Study population</td>
<td>Study design</td>
<td>Data sources</td>
<td>Costs: description and values</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------------</td>
<td>------------------</td>
<td>--------------</td>
<td>--------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Study ID</td>
<td>Intervention details</td>
<td>Study population</td>
<td>Costs: description and values</td>
<td>Results: cost-effectiveness</td>
<td>Comments</td>
</tr>
<tr>
<td>----------</td>
<td>----------------------</td>
<td>------------------</td>
<td>------------------------------</td>
<td>-----------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Country Study type</td>
<td>Study design Data sources</td>
<td>Outcomes: description and values</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>analysis.</td>
<td><strong>Source of effectiveness data:</strong> meta-analysis of seven RCT studies.</td>
<td>4. Group clinic-based: -£70 (cost saving).</td>
<td><strong>ICER:</strong> -£224 per unit decrease on the externalising T-scale of CBCL.</td>
<td><strong>Discounting:</strong> NA.</td>
<td><strong>Applicability:</strong> partially applicable.</td>
</tr>
<tr>
<td>UK. Cost-effectiveness analysis.</td>
<td><strong>Source of resource use data:</strong> published studies.</td>
<td><strong>Outcome measure (primary):</strong> WMD of CBCL scores.</td>
<td><strong>CEAC:</strong> &gt;89.9% at £0 WTP and above.</td>
<td><strong>Quality:</strong> potentially serious limitations.</td>
<td></td>
</tr>
<tr>
<td>Muntz and colleagues (2004).</td>
<td><strong>Source of effectiveness data:</strong> single study (N = 114).</td>
<td><strong>Effectiveness results:</strong> -5.96 (-3.4 to -8.52).</td>
<td><strong>Perspective:</strong> multi-sector.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Source of unit cost:</strong> published and national reference costs.</td>
<td></td>
<td><strong>Cost year:</strong> 1999/2000.</td>
<td><strong>Time horizon:</strong> 4 years.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Study design:</strong> RCT and further extrapolations</td>
<td></td>
<td><strong>Discounting:</strong> 3%.</td>
<td><strong>Applicability:</strong> partially applicable.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Primary outcome:</strong> externalising T-scale of CBCL at baseline, 6 months and 4 years follow-up.</td>
<td></td>
<td><strong>Quality:</strong> minor limitations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Cost description:</strong> intervention costs, service utilisation costs (health, education and social services).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Cost values (per child):</strong> 1. Intervention group: £1,005 2. Control group: £4,400.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Cost year:</strong> 1999/2000.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Primary outcome:</strong> externalising T-scale of CBCL at baseline, 6 months and 4 years follow-up.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Effectiveness result (CBCL score):</strong> Intervention group: 1. At baseline: 74.2 2. At 6 months: 63.9 3. At 4 years: 61.4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Control group: 1. At baseline: 76.5 2. At 6 months: 68.7 3. At 4 years: 72.3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1.1.2 Family-focused indicated prevention/treatment interventions compared with any control group be used for children and young people with, or at risk of, conduct disorders

References for included studies


<table>
<thead>
<tr>
<th>Study ID Country</th>
<th>Intervention details</th>
<th>Study population Study design Data sources</th>
<th>Costs: description and values Outcomes: description and values</th>
<th>Results: cost-effectiveness</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study ID</td>
<td>Intervention details</td>
<td>Study population</td>
<td>Costs: description and values</td>
<td>Outcomes: description and values</td>
<td>Results: cost-effectiveness</td>
</tr>
<tr>
<td>----------</td>
<td>----------------------</td>
<td>------------------</td>
<td>------------------------------</td>
<td>-------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Dembo and colleagues (2000).</td>
<td><strong>Intervention:</strong> family empowerment intervention: families received home-based meetings from a clinically trained paraprofessional.</td>
<td><strong>Population:</strong> juvenile offenders (11 to 18 years) and their families.</td>
<td><strong>Costs:</strong> interventions; recidivism (arrests, state attorney, public defender, judicial and department of juvenile justice costs)</td>
<td><strong>Primary outcome:</strong> mean number of new arrests over 12 months.</td>
<td>Net saving of $4,686,372 per 3,600 youths ($1,302 per case)</td>
</tr>
<tr>
<td>US.</td>
<td><strong>Comparator:</strong> extended services intervention.</td>
<td><strong>Study design:</strong> prospective longitudinal study.</td>
<td><strong>Cost results (based on 3,600 diversion cases):</strong></td>
<td><strong>Effectiveness:</strong> Family empowerment intervention: 0.71 Extended services intervention: 1.14</td>
<td></td>
</tr>
<tr>
<td>Cost analysis.</td>
<td><strong>Source of effectiveness data:</strong> single study (N = 303).</td>
<td><strong>Source of resource use data:</strong> Florida Department of Juvenile Justice.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Source of unit cost data:</strong> state data</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1.1.3 Multi-component indicated prevention/treatment interventions compared with any control group for children and young people with, or at risk of conduct disorders

*References for included studies*


<table>
<thead>
<tr>
<th>Study ID</th>
<th>Intervention details</th>
<th>Study population</th>
<th>Costs: description and values</th>
<th>Results: cost-effectiveness</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country</td>
<td>Study type</td>
<td>Study design</td>
<td>Outcomes: description and values</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US</td>
<td>Cost analysis.</td>
<td>Data sources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Source of unit cost: state data</td>
<td>Primary outcome: mean incidence of offending (any offending, felony and violent activities).</td>
<td></td>
<td></td>
<td>Time horizon: 4.5 years.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Effectiveness results:</td>
<td></td>
<td></td>
<td>Discounting: Not specified.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of offences charged (p&lt;0.05):</td>
<td></td>
<td></td>
<td>Applicability: partially applicable.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. Treatment group: 1.09</td>
<td></td>
<td></td>
<td>Quality: potentially serious limitations.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. TAU: 2.49.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Violent offence (p&lt;0.001):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. Treatment group: 0.25</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. TAU: 0.85.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Felony offence (p&lt;0.001):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. Treatment group: 0.48</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study ID</td>
<td>Intervention details</td>
<td>Study population</td>
<td>Costs: description and values</td>
<td>Results: cost-effectiveness</td>
<td>Comments</td>
</tr>
<tr>
<td>----------</td>
<td>----------------------</td>
<td>------------------</td>
<td>------------------------------</td>
<td>-----------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Country</td>
<td>Study type</td>
<td>Study design</td>
<td>Data sources</td>
<td>Outcomes: description and values</td>
<td></td>
</tr>
<tr>
<td>Foster and colleagues (2007). US. Cost-effectiveness analysis.</td>
<td>Intervention Six multi-component parent/child/teacher training programmes (CT, PT, CT+PT, PT+TT, CT+TT, CT+PT+TT). Comparator No treatment.</td>
<td>Population: children aged 3 to 8 years with a conduct problem of more than 6 months’ duration.</td>
<td>Cost description: programme costs (training, supervision, staff time, set-up cost, implementation cost). Cost values (total per-child cost): CT($1164), PT($1579), CT+PT ($2713), PT+TT ($1868), CT+TT ($1454), CT+PT+TT ($3003).</td>
<td>CEAC: At zero WTP, control is most cost-effective. At higher WTP level of $3,000 and above, PT+TT is more cost-effective for PBQ outcome while PT+CT+TT is more cost effective for DPICS-R outcome.</td>
<td></td>
</tr>
<tr>
<td>Study ID Country Study type</td>
<td>Intervention details</td>
<td>Study population Study design Data sources</td>
<td>Costs: description and values Outcomes: description and values</td>
<td>Results: cost-effectiveness</td>
<td>Comments</td>
</tr>
<tr>
<td>----------------------------</td>
<td>----------------------</td>
<td>--------------------------------------------</td>
<td>-------------------------------------------------------------</td>
<td>-----------------------------</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td>data: Incredible Years series developer.</td>
<td></td>
<td>CT+TT: -2.25, CT+PT+TT: +1.50) and DPICS-R (CT: 0.36, PT: -0.06, CT+PT: -0.84, PT+TT: -0.48, CT+TT: -0.58, CT+PT+TT: -2.51, control: 1.80).</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sources of unit costs: estimates was based on developer experience.</td>
<td></td>
<td></td>
<td></td>
<td>Applicability: partially applicable. Quality: potentially serious limitations.</td>
</tr>
</tbody>
</table>
1.1.4 Multi-modal indicated prevention/treatment interventions compared with any control group for children and young people with, or at risk of, conduct disorders

References for included studies


<table>
<thead>
<tr>
<th>Study ID</th>
<th>Intervention details</th>
<th>Study population</th>
<th>Costs: description and values</th>
<th>Results: cost-effectiveness</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study ID Country Study type</td>
<td>Intervention details</td>
<td>Study population Study design Data sources</td>
<td>Costs: description and values Outcomes: description and values</td>
<td>Results: cost-effectiveness</td>
<td>Comments</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------------------</td>
<td>---------------------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>----------------------------</td>
<td>----------</td>
</tr>
</tbody>
</table>
| Olsson and colleagues (2010a). Sweden. Cost-minimisation analysis. | **Intervention:** MST. **Comparator:** TAU. | **Population:** 12- to 17-year-olds with clinical diagnosis of conduct disorder. **Study design:** RCT **Source of effectiveness data:** single RCT study (N = 156). **Source of resource use data:** MST Service Inc. for programme components. **Source of unit cost:** MST service provider and Social Welfare Administration. | Expected crime victim intangible expenses:  
1. MST: $37,907  
2. IT: $23,964 | **Cost results:** Total cost per youth:  
1. MST: $13,298  
2. TAU: $8,260. **Primary outcome measure:** youth delinquent behaviour. **Effectiveness:** no significant difference between the two groups was reported | Incremental cost of MST versus TAU: $5,038. **Perspective:** payer. **Cost year:** 2005. **Currency:** USD. **Time horizon:** 7 months. **Discounting:** not applicable. **Applicability:** partially applicable. **Quality:** potentially serious limitations. |
<p>| Olsson and colleagues (2010b). Sweden. Cost-minimisation analysis. | <strong>Intervention:</strong> MST. <strong>Comparator:</strong> TAU: cost analysis of MST after two years of intervention. | <strong>Population:</strong> 12- to 17-year-olds with clinical diagnosis of conduct disorder. <strong>Study design:</strong> RCT <strong>Source of effectiveness data:</strong> single RCT study | <strong>Cost description:</strong> interventions costs (personnel costs and overhead costs), productivity loss and downstream costs (social services, National Board of Institutional care costs and direct client costs like travel costs). | 44,500SEK. | <strong>Perspective:</strong> societal. <strong>Cost year:</strong> 2007. <strong>Currency:</strong> Swedish Krona. <strong>Time horizon:</strong> 2 years. |</p>
<table>
<thead>
<tr>
<th>Study ID Country Study type</th>
<th>Intervention details</th>
<th>Study population Study design Data sources</th>
<th>Costs: description and values Outcomes: description and values</th>
<th>Results: cost-effectiveness</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>analysis.</td>
<td></td>
<td>(N = 156).</td>
<td><strong>Cost results:</strong> Average cost per participant: 1. MST: 671,400SEK 2. TAU: 529,000SEK.</td>
<td><strong>Primary outcome measure:</strong> psychosocial and behavioural outcomes.</td>
<td><strong>Effectiveness results:</strong> no significant difference in the treatment effect of the two groups (actual values not reported).</td>
</tr>
</tbody>
</table>