APPENDIX 18: HEALTH ECONOMIC EVIDENCE - COMPLETED METHODOLOGY CHECKLISTS

Preventing psychosis

Study identification: Phillips LJ, Cotton S, Mihalopoulos C, Shih S, Yung AR, Carter R, et al. Cost implications of specific and non-specific treatment for young persons at ultra high risk of developing a first episode of psychosis. Early Intervention in Psychiatry. 2009;3:28-34.			
Guideline topic: Interventions for promoting physical health in people with psychosis and schizophrenia			
Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)		**Yes/ Partly/ No/Unclear /NA**	**Comments**
1.1	Is the study population appropriate for the guideline?	Yes	
1.2	Are the interventions and services appropriate for the guideline?	Yes	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Partly	Australia
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	No	
1.5	Are non-direct health effects on individuals excluded?	Yes	
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	No	3%
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	No	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	NA	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
1.10	**Overall judgement**: Partially applicable		
Other comments:			
Section 2: Study limitations (the level of methodological quality)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	NA	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partly	36 months
2.3	Are all important and relevant health outcomes included?	Yes	
2.4	Are the estimates of baseline health outcomes from the best available source?	Yes	
2.5	Are the estimates of relative treatment effects from the best available source?	Yes	RCT
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Yes	Authors' assumptions, RCT review
2.8	Are the unit costs of resources from the best available source?	Partly	Local and national sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	No	

2.11	Is there no potential conflict of interest?	Unclear	
2.12	**Overall assessment**: Potentially serious limitations		
Other comments:			

Study identification: Valmaggia LR, McCrone P, Knapp M, Woolley JB, Broome MR, Tabraham P, et al. Economic impact of early intervention in people at high risk of psychosis. Psychol Med. 2009;39:1617-26.			
Guideline topic: Interventions for promoting physical health in people with psychosis and schizophrenia			
Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)		**Yes/ Partly/ No/Unclear /NA**	**Comments**
1.1	Is the study population appropriate for the guideline?	Yes	
1.2	Are the interventions and services appropriate for the guideline?	Yes	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Yes	
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	Yes	A societal perspective also adopted
1.5	Are non-direct health effects on individuals excluded?	Partly	Transition to psychosis implicitly takes into account HRQoL
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	No	
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	No	Outcome measure was the risk of developing psychosis and a long duration of untreated psychosis
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	NA	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
1.10	**Overall judgement**: Partially applicable		
Other comments:			
Section 2: Study limitations (the level of methodological quality)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	Yes	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partly	Did not examine long-term benefits and costs
2.3	Are all important and relevant health outcomes included?	Partly	Transition to psychosis does not fully take HRQoL into account
2.4	Are the estimates of baseline health outcomes from the best available source?	Yes	
2.5	Are the estimates of relative treatment effects from the best available source?	No	Observational studies

2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Yes	
2.8	Are the unit costs of resources from the best available source?	Yes	National sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	
2.11	Is there no potential conflict of interest?	Yes	
2.12	**Overall assessment**: Potentially serious limitations		
Other comments:			

Interventions to promote physical health in adults

Study identification: Winterbourne S, Knapp M, McCrone P, Bell N, Campion J, Clark M, et al. Preventing future physical morbidity and premature mortality in people with first-episode psychosis: an economic evaluation of the possible benefits of weight management interventions. In publication.			
Guideline topic: Interventions for promoting physical health in people with psychosis and schizophrenia			
Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)		**Yes/ Partly/ No/Unclear /NA**	**Comments**
1.1	Is the study population appropriate for the guideline?	Yes	First episode psychosis
1.2	Are the interventions and services appropriate for the guideline?	Yes	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Yes	UK study
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	Yes	PSS costs excluded, but these were expected to be negligible
1.5	Are non-direct health effects on individuals excluded?	Yes	
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	Yes	Lifetime horizon
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	Yes	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	Yes	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	Yes	UK, EQ-5D values
1.10	**Overall judgement**: Partially applicable		
Other comments:			
Section 2: Study limitations (the level of methodological quality)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	Yes	Markov model
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	Lifetime horizon
2.3	Are all important and relevant health outcomes included?	Yes	
2.4	Are the estimates of baseline health outcomes from the best available source?	No	
2.5	Are the estimates of relative treatment effects from the best available source?	Yes	RCT
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Partly	Authors' assumptions, RCT review
2.8	Are the unit costs of resources from the best available source?	Yes	National sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	Cost utility
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Deterministic and PSA
2.11	Is there no potential conflict of interest?	Yes	
2.12	**Overall assessment**: Potentially serious limitations		

Other comments:

Study identification: Winterbourne S, Knapp M, McCrone P, Bell N, Campion J, Clark M, et al. Quitting smoking for young people with schizophrenia – is it worth it? Economic evaluation of smoking cessation interventions. In publication			
Guideline topic: Interventions to promote physical health in people with psychosis and schizophrenia			
Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)		**Yes/ Partly/ No/Unclear /NA**	**Comments**
1.1	Is the study population appropriate for the guideline?	Yes	Schizophrenia
1.2	Are the interventions and services appropriate for the guideline?	Yes	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Yes	UK study
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	Yes	PSS costs excluded, but these were expected to be negligible
1.5	Are non-direct health effects on individuals excluded?	Yes	
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	Yes	Lifetime horizon
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	Yes	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	Yes	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	Yes	UK, EQ-5D values
1.10	**Overall judgement**: Partially applicable		
Other comments:			
Section 2: Study limitations (the level of methodological quality)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	Yes	Markov model
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	Lifetime horizon
2.3	Are all important and relevant health outcomes included?	Yes	
2.4	Are the estimates of baseline health outcomes from the best available source?	No	
2.5	Are the estimates of relative treatment effects from the best available source?	Yes	
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	No	Authors' assumptions, published literature
2.8	Are the unit costs of resources from the best available source?	Yes	National sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	Cost utility
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Deterministic sensitivity analysis, PSA

2.11	Is there no potential conflict of interest?	Yes	
2.12	**Overall assessment**: Potentially serious limitations		
Other comments:			

Peer support and self management

Study identification: Lawn S. Mental health peer support for hospital avoidance and early discharge: An Australian example of consumer driven and operated service. Journal of Mental Health. 2008;17(5):498-508.			
Guideline topic: Peer support for people with psychosis and schizoprenia			
Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)		**Yes/ Partly/ No/Unclear /NA**	**Comments**
1.1	Is the study population appropriate for the guideline?	Yes	Psychosis, schizophrenia
1.2	Are the interventions and services appropriate for the guideline?	Yes	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Partly	Australia, publicly financed healthcare system
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	No	
1.5	Are non-direct health effects on individuals excluded?	NA	Cost analysis
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	NA	Time horizon 3 months
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	NA	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	NA	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
1.10	**Overall judgement:** Partially applicable		
Other comments:			
Section 2: Study limitations (the level of methodological quality)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	NA	Cost analysis
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	No	Time horizon 3 months
2.3	Are all important and relevant health outcomes included?	NA	
2.4	Are the estimates of baseline health outcomes from the best available source?	NA	
2.5	Are the estimates of relative treatment effects from the best available source?	NA	
2.6	Are all important and relevant costs included?	No	Only hospital admissions and programme provision costs
2.7	Are the estimates of resource use from the best available source?	No	Pre- and post-observational study
2.8	Are the unit costs of resources from the best available source?	Unclear	
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	NA	Cost analysis
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	No	
2.11	Is there no potential conflict of interest?	Unclear	

2.12	**Overall assessment**: Very serious limitations
Other comments:	

Team and service level interventions: I- community based

Study identification: McCrone P, Craig T, Power P, Garety P. Cost-effectiveness of an early intervention service for people with psychosis. British Journal of Psychiatry. 2010;196(5):377-82.			
Guideline topic: Early intervention services for people psychosis and schizophrenia			
Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)		**Yes/ Partly/ No/Unclear /NA**	**Comments**
1.1	Is the study population appropriate for the guideline?	Yes	
1.2	Are the interventions and services appropriate for the guideline?	Yes	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Yes	UK study
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	Yes	Public sector payer; non relevant costs can be excluded
1.5	Are non-direct health effects on individuals excluded?	Yes	
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	NA	Time horizon < 2 years
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	No	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	NA	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
1.10	**Overall judgement**: Directly applicable		
Other comments: The analysis adopted public sector payer perspective however non-relevant costs can be excluded.			
Section 2: Study limitations (the level of methodological quality)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	NA	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	Time horizon < 2 years
2.3	Are all important and relevant health outcomes included?	Yes	Quality of life, vocational outcomes
2.4	Are the estimates of baseline health outcomes from the best available source?	Yes	RCT
2.5	Are the estimates of relative treatment effects from the best available source?	Yes	RCT
2.6	Are all important and relevant costs included?	Yes	Includes criminal justice sector costs but these can be excluded
2.7	Are the estimates of resource use from the best available source?	Yes	RCT, local hospital data
2.8	Are the unit costs of resources from the best available source?	Yes	National sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Bootstrapping
2.11	Is there no potential conflict of interest?	Yes	
2.12	**Overall assessment:** Minor limitations		

Other comments:

Study identification: McCrone P, Knapp M, Dhanasiri S. Economic impact of services for first-episode psychosis: A decision model approach. Early Intervention in Psychiatry. 2009;3(4):266-73.			
Guideline topic: Early intervention teams for people with psychosis and schizophrenia			
Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)		**Yes/ Partly/ No/Unclear /NA**	**Comments**
1.1	Is the study population appropriate for the guideline?	Yes	
1.2	Are the interventions and services appropriate for the guideline?	Yes	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Yes	UK study
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	Yes	
1.5	Are non-direct health effects on individuals excluded?	Yes	
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	No	Time horizon up to 3 years
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	No	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	NA	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
1.10	**Overall judgement**: Directly applicable		
Other comments:			
Section 2: Study limitations (the level of methodological quality)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	Yes	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	Time horizon up to 3 years
2.3	Are all important and relevant health outcomes included?	NA	
2.4	Are the estimates of baseline health outcomes from the best available source?	NA	
2.5	Are the estimates of relative treatment effects from the best available source?	Partly	Variety of sources
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Partly	Variety of sources
2.8	Are the unit costs of resources from the best available source?	Yes	National sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	NA	Cost analysis
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Deterministic, PSA
2.11	Is there no potential conflict of interest?	Yes	
2.12	**Overall assessment:** Minor limitations		
Other comments:			

Study identification: Cocchi A, Mapelli V, Meneghelli A, Preti A. Cost-effectiveness of treating first-episode psychosis: Five-year follow-up results from an Italian early intervention programme. Early Intervention in

Psychiatry. 2011;5(3):203-11.			
Guideline topic: Early intervention teams for people with psychosis and schizophrenia			
Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)		**Yes/ Partly/ No/Unclear /NA**	**Comments**
1.1	Is the study population appropriate for the guideline?	Yes	Schizophrenia and related disorders
1.2	Are the interventions and services appropriate for the guideline?	Yes	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Partly	Italy, publicly financed healthcare system
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	No	
1.5	Are non-direct health effects on individuals excluded?	Yes	
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	No	Time horizon 5 years
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	No	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	NA	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
1.10	**Overall judgement**: Partially applicable		
Other comments:			
Section 2: Study limitations (the level of methodological quality)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	NA	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	Time horizon 5 years
2.3	Are all important and relevant health outcomes included?	Yes	Quality of life
2.4	Are the estimates of baseline health outcomes from the best available source?	No	Prospective cohort study
2.5	Are the estimates of relative treatment effects from the best available source?	No	Prospective cohort study
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	No	Prospective cohort study
2.8	Are the unit costs of resources from the best available source?	No	Previous studies, local sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	No	
2.11	Is there no potential conflict of interest?	Yes	
2.12	**Overall assessment:** Potentially serious limitations		
Other comments:			

Study identification: Serretti A, Mandelli L, Bajo E, Cevenini N, Papili P, Mori E, et al. The socio-economical burden of schizophrenia: A simulation of cost-offset of early intervention program in Italy. European Psychiatry. 2009;24(1):11-6.			
Guideline topic: Early intervention teams for people with psychosis and schizophrenia			
Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)		**Yes/ Partly/ No/Unclear /NA**	**Comments**
1.1	Is the study population appropriate for the guideline?	Yes	
1.2	Are the interventions and services appropriate for the guideline?	Yes	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Partly	Italian publicly financed healthcare system
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	No	
1.5	Are non-direct health effects on individuals excluded?	NA	Cost analysis
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	NA	Time horizon < 1 year
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	No	Cost analysis
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	NA	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
1.10	**Overall judgement**: Partially applicable		
Other comments:			
Section 2: Study limitations (the level of methodological quality)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	NA	Cost analysis
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partly	Time horizon < 1 year
2.3	Are all important and relevant health outcomes included?	NA	Cost analysis
2.4	Are the estimates of baseline health outcomes from the best available source?	NA	Cost analysis
2.5	Are the estimates of relative treatment effects from the best available source?	NA	Cost analysis
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	No	Retrospective prevalence-based multi-centre study, other published sources
2.8	Are the unit costs of resources from the best available source?	Unclear	
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	NA	Cost analysis
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Bootstrapping
2.11	Is there no potential conflict of interest?	Yes	
2.12	**Overall assessment:** Potentially serious limitations		
Other comments:			

Study identification: Hastrup L, Kronborg C, Bertelsen M, Jeppesen P, Jorgensen P, Petersen L, et al. Cost-effectiveness of early intervention in first-episode psychosis: economic evaluation of a randomised controlled trial (the OPUS study). The British journal of psychiatry: the journal of mental science. 2013;202(1):35-41.			
Guideline topic: Early intervention for people with psychosis and schizophrenia			
Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)		**Yes/ Partly/ No/Unclear /NA**	**Comments**
1.1	Is the study population appropriate for the guideline?	Yes	Schizophrenia spectrum disorders
1.2	Are the interventions and services appropriate for the guideline?	Yes	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Partly	Denmark, publicly financed healthcare sector
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	No	Public sector payer
1.5	Are non-direct health effects on individuals excluded?	Yes	
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	No	Costs at 3%
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	No	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	NA	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
1.10	**Overall judgement**: Partially applicable		
Other comments:			
Section 2: Study limitations (the level of methodological quality)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	NA	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	Time horizon 5 years
2.3	Are all important and relevant health outcomes included?	Yes	
2.4	Are the estimates of baseline health outcomes from the best available source?	Yes	RCT
2.5	Are the estimates of relative treatment effects from the best available source?	Yes	RCT
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Partly	RCT, national registers
2.8	Are the unit costs of resources from the best available source?	Partly	DRG charges, national fee schedules, charges by social services
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	Cost effectiveness analysis
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Bootstrapping; deterministic sensitivity analysis

2.11	Is there no potential conflict of interest?	Yes	
2.12	**Overall assessment:** Minor limitations		
Other comments:			

Study identification: Mihalopoulos C, Harris M, Henry L, Harrigan S, McGorry P. Is early intervention in psychosis cost-effective over the long term? Schizophrenia Bulletin. 2009;35(5):909-18.			
Guideline topic: Early intervention teams for adults with psychosis and schizophrenia			
Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)		**Yes/ Partly/ No/Unclear /NA**	**Comments**
1.1	Is the study population appropriate for the guideline?	Yes	
1.2	Are the interventions and services appropriate for the guideline?	Yes	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Partly	Australia, publicly financed healthcare system
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	No	Australian public mental health service sector
1.5	Are non-direct health effects on individuals excluded?	Yes	
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	No	Time horizon up to 7.2 years
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	No	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	NA	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
1.10	**Overall judgement**: Partially applicable		
Other comments:			
Section 2: Study limitations (the level of methodological quality)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	NA	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	Time horizon up to 7.2 years
2.3	Are all important and relevant health outcomes included?	Yes	Quality of life, functioning
2.4	Are the estimates of baseline health outcomes from the best available source?	Partly	Prospective cohort study with historical controls
2.5	Are the estimates of relative treatment effects from the best available source?	Partly	Prospective cohort study with historical controls
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Partly	Prospective cohort study with historical controls

2.8	Are the unit costs of resources from the best available source?	Yes	National sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Bootstrapping, limited deterministic sensitivity analysis
2.11	Is there no potential conflict of interest?	Yes	
2.12	**Overall assessment**: Potentially serious limitations		
Other comments:			

Study identification: Harrison-Read P, Lucas B, Tyrer P, Ray J, Shipley K, Simmonds S, et al. Heavy users of acute psychiatric beds: randomized controlled trial of enhanced community management in an outer London borough. Psychological medicine. 2002;32(3):403-16.			
Guideline topic: Intensive case management for people with psychosis and schizophrenia			
Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)		**Yes/ Partly/ No/Unclear /NA**	**Comments**
1.1	Is the study population appropriate for the guideline?	Yes	Schizophrenia and related disorders
1.2	Are the interventions and services appropriate for the guideline?	Yes	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Yes	UK study
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	Yes	
1.5	Are non-direct health effects on individuals excluded?	Yes	
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	NA	Time horizon 2 years
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	No	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	NA	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
1.10	**Overall judgement**: Directly applicable		
Other comments:			
Section 2: Study limitations (the level of methodological quality)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	NA	Cost analysis
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	
2.3	Are all important and relevant health outcomes included?	Yes	
2.4	Are the estimates of baseline health outcomes from the best available source?	NA	Cost analysis
2.5	Are the estimates of relative treatment effects from the best available source?	NA	Cost analysis
2.6	Are all important and relevant costs included?	Partly	Medication costs not included

2.7	Are the estimates of resource use from the best available source?	Yes	RCT
2.8	Are the unit costs of resources from the best available source?	Partly	Local and national sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	NA	Cost analysis
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	No	
2.11	Is there no potential conflict of interest?	Yes	
2.12	**Overall assessment**: Minor limitations		
Other comments:			

Study identification: McCrone P, Killaspy H, Bebbington P, Johnson S, Nolan F, Pilling S, et al. The REACT study: cost-effectiveness analysis of assertive community treatment in north London. Psychiatric Services. 2009;60(7):908-13.			
Guideline topic: Intensive case management for people with psychosis and schizophrenia			
Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)		**Yes/ Partly/ No/Unclear /NA**	**Comments**
1.1	Is the study population appropriate for the guideline?	Yes	Schizophrenia, schizoaffective and bipolar disoder, other psychotic illness
1.2	Are the interventions and services appropriate for the guideline?	Yes	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Yes	UK study
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	No	Societal
1.5	Are non-direct health effects on individuals excluded?	Yes	
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	No	Time horizon 2 years
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	No	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	NA	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
1.10	**Overall judgement**: Partially applicable		
Other comments:			
Section 2: Study limitations (the level of methodological quality)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	NA	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	Time horizon 2 years
2.3	Are all important and relevant health outcomes included?	No	Outcome measure: satisfaction with services
2.4	Are the estimates of baseline health outcomes from the best available source?	NA	Outcome measure: satisfaction with services

2.5	Are the estimates of relative treatment effects from the best available source?	Yes	RCT
2.6	Are all important and relevant costs included?	Partly	Medication costs excluded
2.7	Are the estimates of resource use from the best available source?	Yes	RCT
2.8	Are the unit costs of resources from the best available source?	Yes	National sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	Cost effectiveness
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Bootstrapping
2.11	Is there no potential conflict of interest?	Yes	
2.12	**Overall assessment**: Minor limitations		
Other comments:			

Study identification: Slade EP, McCarthy JF, Valenstein M, Visnic S, Dixon LB. Cost savings from assertive community treatment services in an era of declining psychiatric inpatient use. Health Services Research 48(1):195-217.			
Guideline topic: Intensive case management for people with psychosis and schizophrenia			
Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)		**Yes/ Partly/ No/Unclear /NA**	**Comments**
1.1	Is the study population appropriate for the guideline?	Yes	Schizophrenia and bipolar disorder
1.2	Are the interventions and services appropriate for the guideline?	Yes	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	No	US
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	No	
1.5	Are non-direct health effects on individuals excluded?	NA	Cost analysis
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	NA	Time horizon 1 year
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	No	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	NA	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
1.10	**Overall judgement**: Partially applicable		
Other comments:			
Section 2: Study limitations (the level of methodological quality)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	NA	Cost analysis
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partly	May not be sufficently long enough
2.3	Are all important and relevant health outcomes included?	NA	
2.4	Are the estimates of baseline health outcomes from the best available source?	NA	

2.5	Are the estimates of relative treatment effects from the best available source?	NA	Cost analysis
2.6	Are all important and relevant costs included?	Yes	Health and scial care costs
2.7	Are the estimates of resource use from the best available source?	No	Observational study
2.8	Are the unit costs of resources from the best available source?	Yes	Nationl and local sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	NA	Cost analysis
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	
2.11	Is there no potential conflict of interest?	No	
2.12	**Overall assessment:** Minor limitations		
Other comments:			

Study identification: Karow A, Reimer J, Konig HH, Heider D, Bock T, Huber C, et al. Cost-effectiveness of 12-month therapeutic assertive community treatment as part of integrated care versus standard care in patients with schizophrenia treated with quetiapine immediate release (ACCESS trial). Journal of Clinical Psychiatry. 2012;73(3):e402-e8.			
Guideline topic: Intensive case management for people with psychosis and schizophrenia			
Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)		**Yes/ Partly/ No/Unclear /NA**	Comments
1.1	Is the study population appropriate for the guideline?	Yes	
1.2	Are the interventions and services appropriate for the guideline?	Yes	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Partly	Germany, publicly financed healthcare sector
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	No	
1.5	Are non-direct health effects on individuals excluded?	Yes	
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	NA	Time horizon 1 year
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	Yes	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	Yes	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	Yes	EQ-5D, UK valuations
1.10	**Overall judgement**: Partially applicable		
Other comments: The standard care was defined as inpatient wards, day clinics, an outpatient centre and private psychiatrists which was judged to be very different from standard care in the UK.			
Section 2: Study limitations (the level of methodological quality)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	NA	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	
2.3	Are all important and relevant health outcomes included?	Yes	Quality of life scales; EQ-5D

2.4	Are the estimates of baseline health outcomes from the best available source?	Partly	Prospective cohort study
2.5	Are the estimates of relative treatment effects from the best available source?	Partly	Prospective cohort study
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Partly	Prospective cohort study
2.8	Are the unit costs of resources from the best available source?	Yes	National sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	Cost-utility analysis
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Bootstrapping
2.11	Is there no potential conflict of interest?	Yes	
2.12	**Overall assessment:** Minor limitations		
Other comments:			

Study identification: Udechuku A, Olver J, Hallam K, Blyth F, Leslie M, Nasso M, et al. Assertive community treatment of the mentally ill: service model and effectiveness. Australasian psychiatry : bulletin of Royal Australian and New Zealand College of Psychiatrists. 2005;13(2):129-34.			
Guideline topic: Intensive case management for people with psychosis and schizophrenia			
Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)		**Yes/ Partly/ No/Unclear /NA**	**Comments**
1.1	Is the study population appropriate for the guideline?	Yes	Schizophrenia, schizoaffective and bipolar disorder
1.2	Are the interventions and services appropriate for the guideline?	Yes	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Partly	Australia, publicly financed healthcare system
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	No	
1.5	Are non-direct health effects on individuals excluded?	NA	Cost analysis
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	NA	Time horizon 1 year
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	No	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	NA	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
1.10	**Overall judgement**: Partially applicable		
Other comments:			
Section 2: Study limitations (the level of methodological quality)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	NA	Cost analysis
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partly	Time horizon 1 year

2.3	Are all important and relevant health outcomes included?	NA	
2.4	Are the estimates of baseline health outcomes from the best available source?	NA	
2.5	Are the estimates of relative treatment effects from the best available source?	NA	Cost analysis
2.6	Are all important and relevant costs included?	No	Direct healthcare costs only
2.7	Are the estimates of resource use from the best available source?	No	Pre- and post-observational study
2.8	Are the unit costs of resources from the best available source?	No	Local sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	NA	Cost analysis
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	No	
2.11	Is there no potential conflict of interest?	Unclear	
2.12	**Overall assessment:** Potentially serious limitations		
Other comments:			

Team and service level interventions: II- alternatives to acute admission

Study identification: McCrone P, Johnson S, Nolan F, Pilling S, Sandor A, Hoult J, et al. Economic evaluation of a crisis resolution service: a randomised controlled trial. Epidemiologia e psichiatria sociale. 2009;18(1):54-8.			
Guideline topic: Crisis interventions for people with psychosis and schizophrenia			
Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)		**Yes/ Partly/ No/Unclear /NA**	**Comments**
1.1	Is the study population appropriate for the guideline?	Yes	Schizophrenia, schizoaffective and bipolar disorder, other psychotic illness
1.2	Are the interventions and services appropriate for the guideline?	Yes	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Yes	UK study
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	No	Public sector payer
1.5	Are non-direct health effects on individuals excluded?	NA	Cost analysis
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	NA	Time horizon 6 months
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	No	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	NA	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
1.10	**Overall judgement**: Directly applicable		
Other comments:			
Section 2: Study limitations (the level of methodological quality)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	NA	Cost analysis
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	
2.3	Are all important and relevant health outcomes included?	NA	
2.4	Are the estimates of baseline health outcomes from the best available source?	NA	
2.5	Are the estimates of relative treatment effects from the best available source?	NA	NA
2.6	Are all important and relevant costs included?	Yes	Includes criminal justice sector costs
2.7	Are the estimates of resource use from the best available source?	Yes	RCT
2.8	Are the unit costs of resources from the best available source?	Yes	National sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	NA	Cost analysis
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Bootstrapping
2.11	Is there no potential conflict of interest?	Yes	
2.12	**Overall assessment:** Minor limitations		

Other comments:

Study identification: McCrone P, Johnson S, Nolan F, Sandor A, Hoult J, White I, et al. Impact of a crisis resolution team on service costs in the UK. The Psychiatrist. 2009;33:17-9.			
Guideline topic: Crisis interventions for people with psychosis and schizophrenia			
Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)		**Yes/ Partly/ No/Unclear /NA**	**Comments**
1.1	Is the study population appropriate for the guideline?	Yes	
1.2	Are the interventions and services appropriate for the guideline?	Yes	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Yes	UK study
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	No	Public sector payer
1.5	Are non-direct health effects on individuals excluded?	NA	Cost analysis
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	NA	Time horizon 6 months
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	No	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	NA	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
1.10	**Overall judgement**: Partially applicable		
Other comments:			
Section 2: Study limitations (the level of methodological quality)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	NA	Cost analysis
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	
2.3	Are all important and relevant health outcomes included?	NA	
2.4	Are the estimates of baseline health outcomes from the best available source?	NA	
2.5	Are the estimates of relative treatment effects from the best available source?	NA	Cost analysis
2.6	Are all important and relevant costs included?	Partly	Includes criminal justice sector costs, but these can be excluded
2.7	Are the estimates of resource use from the best available source?	Partly	Pre- and post-observational study
2.8	Are the unit costs of resources from the best available source?	Partly	Local, national and other published sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	NA	Cost analysis
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Partly	Deterministic sensitivity analysis

2.11	Is there no potential conflict of interest?	Yes	
2.12	**Overall assessment:** Minor limitations		
Other comments:			

Study identification: Fenton WS, Hoch JS, Herrell JM, Mosher, L, Dixon L. Cost and cost-effectiveness of hospital vs residential crisis care for patients who have serious mental illness. Archives of General Psychiatry. 2002;59(4):357-64.			
Guideline topic: Crisis interventions for people with psychosis and schizophrenia			
Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)		**Yes/ Partly/ No/Unclear /NA**	**Comments**
1.1	Is the study population appropriate for the guideline?	Yes	
1.2	Are the interventions and services appropriate for the guideline?	No	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	No	US
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	No	
1.5	Are non-direct health effects on individuals excluded?	Yes	
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	NA	Time horizon 6 months
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	No	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	NA	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
1.10	**Overall judgement**: Not applicable		
Other comments: The GDG judged that the analysis was not representative of the current practice in the NHS since the RCT that was the basis was conducted in 1992.			

Vocational Rehabilitation

Study identification: Howard L, Heslin M, Leese M, McCrone P, Rice C, Jarrett M, et al. Supported employment: randomised controlled trial. The British journal of psychiatry : the journal of mental science. 2010;196(5):404-11.			
Guideline topic: Vocational rehailitation for people with psychosis and schizophrenia			
Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)		**Yes/ Partly/ No/Unclear /NA**	**Comments**
1.1	Is the study population appropriate for the guideline?	Yes	
1.2	Are the interventions and services appropriate for the guideline?	Yes	However, intervention was provided at a sub-optimal level
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Yes	UK study
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	Partly	Intervention provided by not-for-profit non-governmental supported employment agency
1.5	Are non-direct health effects on individuals excluded?	Yes	Vocational outcomes
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	NA	Time horizon 2 years
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	No	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	NA	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
1.10	**Overall judgement:** Directly applicable		
Other comments: although QALYs were not reported, this was not essential as intervention was shown to be dominant			
Section 2: Study limitations (the level of methodological quality)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	NA	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	No	Time horizon 2 years
2.3	Are all important and relevant health outcomes included?	Yes	Vocational outcomes
2.4	Are the estimates of baseline health outcomes from the best available source?	Yes	
2.5	Are the estimates of relative treatment effects from the best available source?	Yes	RCT
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Yes	RCT
2.8	Are the unit costs of resources from the best available source?	Yes	National sources

2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Bootstrapping
2.11	Is there no potential conflict of interest?	Yes	
2.12	**Overall assessment:** Potentially serious limitations		
Other comments: Intervention was provided at a sub-optimal level.			

Study identification: Knapp M, Patel A, Curran C, Latimer E, Catty J, Becker T, et al. Supported employment: cost-effectiveness across six European sites. World Psychiatry 2013;12:60-68.			
Guideline topic: Vocational rehabilitation for people with psychosis and schizophrenia			
Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)		**Yes/ Partly/ No/Unclear /NA**	**Comments**
1.1	Is the study population appropriate for the guideline?	Yes	Schizophrenia, schizophrenia-like disroder, bipolar disorder, depression with psychotic features
1.2	Are the interventions and services appropriate for the guideline?	Yes	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Yes	International study reporting outcomes for UK (London)
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	Yes	Health and social care
1.5	Are non-direct health effects on individuals excluded?	NA	Vocational outcomes
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	NA	Time horizon 18 months
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	No	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	NA	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
1.10	**Overall judgement**: Directly applicable		
Other comments: Although QALYs were not reported, this was not essential as intervention was shown to be dominant in the UK.			
Section 2: Study limitations (the level of methodological quality)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	NA	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Partly	Time horizon 18 months
2.3	Are all important and relevant health outcomes included?	Yes	Vocational outcomes
2.4	Are the estimates of baseline health outcomes from the best available source?	Yes	

2.5	Are the estimates of relative treatment effects from the best available source?	Yes	RCT
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Yes	RCT
2.8	Are the unit costs of resources from the best available source?	Yes	National sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	Bootstrapping
2.11	Is there no potential conflict of interest?	Yes	
2.12	**Overall assessment:** Minor limitations		
Other comments:			

Study identification: Dixon L, Hoch J, Clark R, Bebout R, McHugo G, Becker D. Cost-effectiveness of two vocational rehabilitation programs for persons with severe mental illness. Psychiatric Services. 2002;53(9):1118-24.			
Guideline topic: Vocational rehabilitation for people with psychosis and schizophrenia			
Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)		**Yes/ Partly/ No/Unclear /NA**	**Comments**
1.1	Is the study population appropriate for the guideline?	Yes	
1.2	Are the interventions and services appropriate for the guideline?	Yes	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	No	US
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	No	
1.5	Are non-direct health effects on individuals excluded?	NA	Vocational outcomes
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	NA	Time horizon < 2 years
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	No	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	NA	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
1.10	**Overall judgement**: Partially applicable		
Other comments:			
Section 2: Study limitations (the level of methodological quality)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	NA	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	No	Time horizon < 2 years
2.3	Are all important and relevant health outcomes included?	NA	Vocational outcomes
2.4	Are the estimates of baseline health outcomes from the best available source?	Yes	
2.5	Are the estimates of relative treatment effects from the best available source?	Yes	RCT

2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Yes	RCT
2.8	Are the unit costs of resources from the best available source?	No	Local and national sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	PSA
2.11	Is there no potential conflict of interest?	Yes	
2.12	**Overall assessment:** Minor limitations		
Other comments:			

Study identification: Economic analysis for this guideline			
Guideline topic: supported employment programmes versus standard care (day services)			
Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)		**Yes/ Partly/ No/Unclear /NA**	**Comments**
1.1	Is the study population appropriate for the guideline?	Yes	Adults with psychosis and schizophrenia
1.2	Are the interventions and services appropriate for the guideline?	Yes	
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Yes	
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	Yes	
1.5	Are non-direct health effects on individuals excluded?	Yes	
1.6	Are both costs and health effects discounted at an annual rate of 3.5%?	Yes	
1.7	Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?	Yes	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	No	Utility data from people on sick leave used as a proxy
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	Yes	Short-Form Six-Dimension utility index algorithm
1.10	**Overall judgement**: Directly applicable		
Other comments:			
Section 2: Study limitations (the level of methodological quality)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	Yes	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	10 years
2.3	Are all important and relevant health outcomes included?	Yes	
2.4	Are the estimates of baseline health outcomes from the best available source?	Yes	

2.5	Are the estimates of relative treatment effects from the best available source?	Yes	RCT
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Partly	RCT and published evidence
2.8	Are the unit costs of resources from the best available source?	No	Local and national sources
2.9	Is an appropriate incremental analysis presented or can it be calculated from the data?	Yes	
2.10	Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?	Yes	PSA
2.11	Is there no potential conflict of interest?	Yes	
2.12	**Overall assessment:** Minor limitations		
Other comments: Lack of data on the long-term benefits associated with provision of supported employment programmes; lack of data pertaining to standard care in the UK; clinical evidence from non-UK based RCTs.			