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1.1 INTERVENTIONS TO IMPROVE THE CARER'S EXPERIENCE OF SERVICES - CRITICAL OUTCOMES

1.1.1 Enhanced psychoeducation versus standard psychoeducation for carers of adults with severe mental illness - clinical evidence profile

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Enhanced Psychoeducation	Standard Psychoeducation	Relative (95% CI)	Absolute		
Experience of care giving , End of intervention (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	24	19	-	SMD 0.64 lower (1.25 to 0.03 lower)	⊕⊕⊕O MODERATE	CRITICAL
Carer mental health - End of intervention (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	24	19	-	SMD 0.32 higher (0.29 lower to 0.92 higher)	⊕⊕⊕O MODERATE	CRITICAL
Self-care - End of intervention (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	24	19	-	SMD 0.68 lower (1.31 to 0.06 lower)	⊕⊕⊕O MODERATE	CRITICAL

[1] Confidence interval crosses clinical decision threshold

1.1.2 Standard psychoeducation (practitioner versus post delivery) for carers of adults with severe mental illness - clinical evidence profile

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Standard Psychoeducation (PRACTITIONER	POST delivery)	Relative (95% CI)	Absolute		
Family burden, End of intervention (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	20	20	-	SMD 0.41 lower (1.04 lower to 0.21 higher)	⊕⊕OO LOW	CRITICAL
Family burden - up to 6 month follow-up (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	20	20	-	SMD 0.41 lower (1.03 lower to 0.22 higher)	⊕⊕OO LOW	CRITICAL
Psychological distress - End of intervention (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	20	20	-	SMD 0.38 lower (1 lower to 0.25 higher)	⊕⊕OO LOW	CRITICAL
Psychological distress - up to 6 month follow-up (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	20	20	-	SMD 0 higher (0.62 lower to 0.61 higher)	⊕⊕OO LOW	CRITICAL

[1] Concerns regarding risk of bias
[2] Confidence interval crosses clinical decision threshold

1.1.3 Psychoeducation versus any control for carers of adults with severe mental illness - clinical evidence profile

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Psychoeducation	Any control	Relative (95% CI)	Absolute		
Experience of care giving , End of intervention (Better indicated by lower values)												
7	randomised trials	serious[1]	very serious[2]	no serious indirectness	no serious imprecision	none	216	183	-	SMD 1.03 lower (1.7 to 0.36 lower)	⊕OOO VERY LOW	CRITICAL
Experience of care giving - up to 6 month follow-up (Better indicated by lower values)												
4	randomised trials	serious[1]	very serious[2]	no serious indirectness	no serious imprecision	none	128	87	-	SMD 0.92 lower (1.51 to 0.32 lower)	⊕OOO VERY LOW	CRITICAL
Experience of care giving - > 6 month follow-up (Better indicated by lower values)												
3	randomised trials	serious[1]	very serious[2]	no serious indirectness	no serious imprecision	none	88	63	-	SMD 1.29 lower (2.4 to 0.18 lower)	⊕OOO VERY LOW	CRITICAL
Quality of Life - End of intervention (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[3]	none	23	18	-	SMD 0.31 lower (0.93 lower to 0.31 higher)	⊕⊕OO LOW	CRITICAL
Satisfaction with services - End of intervention (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[3]	none	19	20	-	SMD 0.42 lower (1.06 lower to 0.22 higher)	⊕⊕OO LOW	CRITICAL
Satisfaction with services - up to 6 month follow-up (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[3]	none	19	20	-	SMD 0.41 lower (1.04 lower to 0.23 higher)	⊕⊕OO LOW	CRITICAL
Psychological distress - End of intervention (Better indicated by lower values)												
2	randomised trials	serious[1]	serious[2]	no serious indirectness	serious[3]	none	44	42	-	SMD 0.3 lower (0.84 lower to 0.24 higher)	⊕OOO VERY LOW	CRITICAL

Psychological distress- up to 6 month follow-up (Better indicated by lower values)												
2	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[3]	none	44	42	-	SMD 0.34 lower (0.76 lower to 0.08 higher)	⊕⊕OO LOW	CRITICAL
Psychological distress - > 6 month follow-up (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	13	5	-	SMD 1.79 lower (3.01 to 0.56 lower)	⊕⊕⊕⊕ HIGH	CRITICAL

[1] Concerns regarding risk of bias
[2] Concerns regarding heterogeneity
[3] CI crosses clinical decision threshold

1.1.4 Support groups versus any control for carers of adults with severe mental illness - clinical evidence profile

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Support groups**	**Any control**	**Relative (95% CI)**	**Absolute**		
Experience of care giving , End of intervention (Better indicated by lower values)												
3	randomised trials	serious[1]	serious[2]	serious[3]	no serious imprecision	none	97	97	-	SMD 1.16 lower (1.96 to 0.36 lower)	⊕OOO VERY LOW	CRITICAL
Experience of care giving - up to 6 month follow-up (Better indicated by lower values)												
3	randomised trials	serious[1]	no serious inconsistency	serious[3]	no serious imprecision	none	91	75	-	SMD 0.67 lower (0.99 to 0.35 lower)	⊕⊕OO LOW	CRITICAL
Experience of care giving - > 6 month follow-up (Better indicated by lower values)												
2	randomised trials	serious[1]	very serious[2]	serious[3]	serious[4]	none	70	53	-	SMD 1.95 lower (4.22 lower to 0.31 higher)	⊕OOO VERY LOW	CRITICAL
Psychological distress - End of intervention (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	serious[3]	no serious imprecision	none	35	35	-	SMD 0.99 lower (1.48 to 0.49 lower)	⊕⊕OO LOW	CRITICAL
Psychological distress- up to 6 month follow-up (Better indicated by lower values)												
1	randomised	serious[1]	no serious	serious[3]	no serious	none	35	35	-	SMD 0.99 lower	⊕⊕OO	CRITICAL

	trials		inconsistency		imprecision					(1.48 to 0.49 lower)	LOW	

[1] Concerns regarding risk of bias
[2] Concerns regarding heterogeneity
[3] Studies all based in East Asia - may not be applicable to UK setting
[4] Confidence interval crosses clinical decision threshold

1.1.5 Psychoeducation plus support group versus any control for carers of adults with severe mental illness - clinical evidence profile

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Psychoeducation + support group	Any control	Relative (95% CI)	Absolute		
Experience of care giving - > 6 month follow-up (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	26	23	-	SMD 0.05 lower (0.61 lower to 0.51 higher)	⊕⊕OO LOW	CRITICAL

[1] Concerns regarding risk of bias
[2] Confidence interval crosses decision making threshold

1.1.6 Problem-solving bibliotherapy versus any control for carers of adults with severe mental illness - clinical evidence profile

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Problem-solving bibliotherapy	any control	Relative (95% CI)	Absolute		
Experience of care giving , End of intervention (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	56	58	-	SMD 0.17 lower (2.45 lower to 2.11 higher)	⊕⊕OO LOW	CRITICAL
Experience of care giving - up to 6 month follow-up (Better indicated by lower values)												
1	randomised	serious[1]	no serious	no serious	serious[2]	none	56	58	-	SMD 1.09	⊕⊕OO	CRITICAL

	trials		inconsistency	indirectness						lower (2.52 lower to 0.34 higher)	LOW	
Quality of Life - End of intervention (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	56	58	-	SMD 0.14 lower (0.5 lower to 0.23 higher)	⊕⊕OO LOW	CRITICAL
Quality of life - up to 6 month follow-up (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	56	58	-	SMD 0.5 lower (0.87 to 0.12 lower)	⊕⊕OO LOW	CRITICAL
Psychological distress - End of intervention (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	56	58	-	SMD 1.57 lower (1.79 to 1.35 lower)	⊕⊕⊕O MODERATE	CRITICAL
Psychological distress- up to 6 month follow-up (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	53	58	-	SMD 1.54 lower (1.95 to 1.13 lower)	⊕⊕⊕O MODERATE	CRITICAL

[1] Concerns regarding risk of bias
[2] Confidence intervals cross clinical decision making threshold

1.1.7 Self-management versus any control for carers of adults with severe mental illness - clinical evidence profile

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Self-management**	**any control**	**Relative (95% CI)**	**Absolute**		
Experience of care giving , End of intervention (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	41	45	-	SMD 0.19 lower (0.58 lower to 0.2 higher)	⊕⊕⊕O MODERATE	CRITICAL
Psychological distress - End of intervention (Better indicated by lower values)												
1	randomised trials	no serious risk of	no serious inconsistency	no serious indirectness	serious[1]	none	41	45	-	SMD 0.32 lower (0.73 lower to	⊕⊕⊕O MODERATE	CRITICAL

		bias								0.09 higher)		

[1] Confidence interval crosses clinical decision threshold

1.2 INTERVENTIONS TO PREVENT PSYCHOSIS

1.2.1 Interventions to prevent psychosis versus any alternative management strategy- health economic profile

Interventions to prevent psychosis versus any alternative management strategy							
Study & country	Limitations	Applicability	Other comments	Incremental cost (£)[1]	Incremental effect	ICER (£/effect)	Uncertainty
Valmaggia et al, 2009 UK	Potentially serious limitations[2]	Partially applicable[3]	Measure of outcome: probability of transition to psychosis Time horizon: 24 months	£1,305	-0.15	£8,701	None reported for the findings from health sector perspective
Phillips et al, 2009 Australia	Potentially serious limitations[4]	Partially applicable[5]	Cost minimisation analysis Measure of outcome: probability of transition to psychosis Time horizon: 36 months	0-6 months: £986 6-12 months: £620 12-36 months -£9,934	No difference	Dominant	None reported

Comment [E1]: Cognitive-oriented psychotherapy or CBT and medication

1.In non-UK studies costs converted to UK pounds using purchasing power parities (PPP) exchange rates (http://www.oecd.org/std/ppp); all costs uplifted to 2011/2012 UK pounds using the UK HCHS inflation index
2.Effectiveness data from observational studies; second year costs are not discounted
3.Cost implication study, no treatment outcomes measured
4.The time duration of the model is short to capture lifelong characteristics of psychosis and some of the data used are not from RCTs
5.Cost implication study, no treatment outcomes measured, £3% discount rate used and Australian healthcare system not exactly similar to the UK

1.3 INTERVENTIONS TO PROMOTE PHYSICAL HEALTH - CRITICAL OUTCOMES

1.3.1 Physical activity versus any alternative management strategy- clinical evidence profile

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Physical Activity	Any alternative management strategy	Relative (95% CI)	Absolute		
Physical health, weight/BMI - End of intervention - Body weight (Better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	serious[1]	serious[2]	reporting bias[3]	64	41	-	SMD 0.20 higher (0.2 lower to 0.59 higher)	⊕OOO VERY LOW	CRITICAL
Quality of Life - End of intervention (Better indicated by lower values)												
2	randomised trials	serious[4]	serious[5]	serious[1]	serious[2]	none	52	31	-	SMD 0.62 lower (1.66 lower to 0.41 higher)	⊕OOO VERY LOW	CRITICAL
Minutes walked - End of intervention (Better indicated by lower values)												
1	randomised trials	serious[6]	no serious inconsistency	no serious indirectness	serious[2]	none	48	49	-	SMD 0.24 lower (0.64 lower to 0.16 higher)	⊕⊕OO LOW	CRITICAL
International Physical Activity Questionnaire: Short Form-Telephone Format (Better indicated by lower values)												
1	randomised	serious[6]	no serious	no serious	no serious	none	37	16	-	SMD 1.92 lower (262 to	⊕⊕⊕O	CRITICAL

	trials		inconsistency	indirectness	imprecision					1.22 lower)	MODERATE	
Minutes walked - up to 6 month follow-up (Better indicated by lower values)												
1	randomised trials	serious[6]	no serious inconsistency	no serious indirectness	serious[2]	none	48	49	-	SMD 0.34 lower (0.74 lower to 0.06 higher)	⊕⊕OO LOW	CRITICAL

[1] Concern as to the applicability of intervention and population.
[2] Confidence interval (CI) crosses the clinical decision threshold
[3] Suspicion of publication bias
[4] Most information is from studies at moderate risk of bias
[5] Evidence of very serious heterogeneity of study effect size
[6] Crucial limitation for one criterion or some limitations for multiple criteria sufficient to lower ones confidence in the estimate of effect

1.3.2 Physical activity and healthy eating versus any alternative management strategy- clinical evidence profile

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Physical Activity & Healthy Eating	Any alternative management strategy	Relative (95% CI)	Absolute		
Physical health, weight - End of intervention - Weight (Better indicated by lower values)												
14	randomised trials	serious[1]	serious[2]	no serious indirectness	no serious imprecision	none	564	547	-	MD 2.8 lower (3.6 to 1.99 lower)	⊕⊕OO LOW	CRITICAL
Physical health, weight -up to 6 month follow-up- Weight (Better indicated by lower values)												
5	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[3]	none	221	228	-	MD 2.33 lower (3.31 to 1.34 lower)	⊕⊕OO LOW	CRITICAL
Physical health - weight - > 12 month follow-up (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	119	128	-	MD 3.20 lower (5.17 to 1.23 lower)	⊕⊕⊕O MODERATE	CRITICAL
Quality of Life - End of intervention (Better indicated by lower values)												
6	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[3]	none	177	176	-	SMD 0.24 lower (0.56 lower to 0.07 higher)	⊕⊕OO LOW	CRITICAL

Satisfaction - End of intervention (Better indicated by lower values)												
1	randomised trials	serious[4]	no serious inconsistency	no serious indirectness	no serious imprecision	none	34	37	-	SMD 0.75 lower (1.23 to 0.26 lower)	⊕⊕⊕O MODERATE	CRITICAL
Physical health - Exercise - End of intervention - Clinical Global Impression (CGI): Activity Level (Better indicated by lower values)												
1	randomised trials	serious[4]	no serious inconsistency	no serious indirectness	serious[3]	none	23	11	-	SMD 1.04 lower (1.81 to 0.28 lower)	⊕⊕OO LOW	CRITICAL
Physical health - Exercise - End of intervention - Accelerometry- total minutes of activity (Better indicated by lower values)												
1	randomised trials	serious[4]	no serious inconsistency	no serious indirectness	serious[3]	none	28	29	-	SMD 0.56 lower (1.09 to 0.03 lower)	⊕⊕OO LOW	CRITICAL
Physical health - Exercise - End of intervention - International Physical Activity Questionnaire-short version (IPAQ-short) (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	60	66	-	SMD 0.01 lower (0.36 lower to 0.34 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Physical health - Exercise - up to 6 month follow-up - Accelerometry- total minutes of activity (Better indicated by lower values)												
1	randomised trials	serious	no serious inconsistency	no serious indirectness	serious[3]	none	26	26	-	SMD 0.22 higher (0.33 lower to 0.76 higher)	⊕⊕OO LOW	CRITICAL

[1] Most studies included are at moderate risk of bias
[2] Evidence of serious heterogeneity of study effect size
[3] CI crosses clinical decision threshold
[4] Crucial limitation for one criterion or some limitations for multiple criteria sufficient to lower ones confidence in the estimate of effect

1.3.3 **Physical activity and healthy eating versus any alternative management strategy- health economic profile**

Physical activity and healthy eating interventions versus any alternative management strategy							
Study & country	Limitations	Applicability	Other comments	Incremental cost (£)[1]	Incremental QALY	ICER (£/QALY)	Uncertainty
Winterbourne et al, in publication UK	Minor limitations[2]	Partially applicable[3]	Cost utility Time horizon: lifetime	£18	0.07	£251	Probability intervention cost effective at WTP £20,000-30,000 per QALY is 0.93-0.94; using lower estimate of intervention effect cost per QALY £150,609; using 10-year time frame cost per QALY £54,446; for female cohort intervention dominant

1. All costs uplifted to 2011/2012 UK pounds using the UK HCHS inflation index
2. Effectiveness and resource use based on RCT review, authors' assumptions, and other published sources; costs of treating schizophrenia and pharmacotherapy side effects excluded
3. UK NHS perspective; costs relevant from PSS perspective excluded however these were expected to account only for a small proportion of costs

1.3.4 Physical activity (yoga) versus physical activity (aerobic) - clinical evidence profile

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Physical Activity (Yoga)	Physical Activity (Aerobic)	Relative (95% CI)	Absolute		
Quality of Life - up to 6 month follow-up (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	21	20	-	SMD 1.77 lower (2.5 to 1.03 lower)	⊕⊕⊕⊕ HIGH	CRITICAL

1.3.5 Bupropion versus placebo for smoking cessation and reduction- clinical meta- analysis

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Bupropion versus placebo	Control	Relative (95% CI)	Absolute		
Abstinence at 6-month follow-up (primary outcome) - Bupropion versus Placebo												
3	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	5/51 (9.8%)	2/53 (3.8%)	RR 2.19 (0.5 to 9.63)	45 more per 1000 (from 19 fewer to 326 more)	⊕⊕OO LOW	CRITICAL
								3.6%		43 more per 1000 (from 18 fewer to 311 more)		
Abstinence at 6-month follow-up (primary outcome) - Bupropion + TNP versus Placebo + TNP												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[2]	none	9/55 (16.4%)	2/55 (3.6%)	RR 3.41 (0.87 to 13.3)	88 more per 1000 (from 5 fewer to 447 more)	⊕⊕⊕O MODERATE	CRITICAL
								3.9%		94 more per 1000 (from 5 fewer to 480 more)		
Abstinence at end of intervention (secondary outcome) - Bupropion + TNP versus. Placebo + TNP												
2	randomised trials	no serious risk of bias	serious[3]	no serious indirectness	serious[2]	none	17/55 (30.9%)	6/55 (10.9%)	RR 2.92 (0.75 to 11.33)	209 more per 1000 (from 27 fewer to 1000 more)	⊕⊕OO LOW	CRITICAL
								11.3%		217 more per 1000 (from 28 fewer to 1000 more)		

Abstinence at end of intervention (secondary outcome) - Bupropion versus. Placebo												
5	randomised trials	serious[4]	no serious inconsistency	no serious indirectness	no serious imprecision	none	27/115 (23.5%)	6/115 (5.2%)	RR 3.67 (1.66 to 8.14)	139 more per 1000 (from 34 more to 373 more)	⊕⊕⊕O MODERATE	CRITICAL
								6.3%		168 more per 1000 (from 42 more to 450 more)		
Reduction - Expired CO level at the end of intervention (secondary outcome) - abstinence studies - Studies using final measurements (Better indicated by lower values)												
3	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[5]	none	74	76	-	MD 6.01 lower (10.2 to 1.83 lower)	⊕⊕⊕O MODERATE	CRITICAL
Reduction - Expired CO level at the end of intervention (secondary outcome) - abstinence studies - Studies using change from baseline (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[5]	none	10	9	-	MD 14.8 lower (28.15 to 1.45 lower)	⊕⊕OO LOW	CRITICAL
Depressive symptoms at the end of intervention (final measurements)												
3	randomised trials					none	-	-	-	-		
								0%		-		
Reduction - Expired CO level at 6-month follow-up (secondary outcome) - abstinence studies - Studies using final measurements (Better indicated by lower values)												
2	randomised trials	no serious risk of bias	very serious[6]	no serious indirectness	serious[2]	none	50	54	-	MD 2.08 lower (17.76 lower to 13.59 higher)	⊕OOO VERY LOW	CRITICAL
Reduction - Expired CO level at 6-month follow-up (secondary outcome) - abstinence studies - Studies using change from baseline (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[5]	none	10	9	-	MD 14.3 lower (27.2 to 1.4 lower)	⊕⊕OO LOW	CRITICAL
Reduction - Change in number of CPD from baseline at the end of intervention (secondary outcome) - abstinence studies (Better indicated by lower values)												

Comment [B2]: AU to check

3	randomised trials	serious[1]	serious[3]	no serious indirectness	serious[5]	none	90	94	-	MD 10.77 lower (16.52 to 5.01 lower)	⊕OOO VERY LOW	CRITICAL
Reduction - Change in number of CPD from baseline at 6-month follow-up (secondary outcome) - abstinence studies (Better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[2,5]	none	50	54	-	MD 0.4 higher (5.72 lower to 6.53 higher)	⊕⊕OO LOW	CRITICAL
Reduction - Change in number of CPD from baseline at the end of intervention (secondary outcome) - reduction studies (Better indicated by lower values)												
2	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	61	32	-	MD 2.61 lower (7.99 lower to 2.77 higher)	⊕⊕OO LOW	CRITICAL

[1] Most information is from studies at moderate risk of bias
[2] Confidence interval (CI) cross the clinical decision threshold
[3] Evidence of serious heterogeneity of study effect size
[4] Most information is from studies at moderate risk of bias
[5] Optimal information size not met
[6] Evidence of very serious heterogeneity of study effect size

1.3.6 Bupropion in combination with CBT and NRT versus standard care- health economic profile

Bupropion in combination with CBT and NRT versus standard care							
Study & country	**Limitations**	**Applicability**	**Other comments**	**Incremental cost (£)[1]**	**Incremental QALY**	**ICER (£/QALY)**	**Uncertainty**
Winterbourne et al, in publication UK	Minor limitations[2]	Partially applicable[3]	Cost utility Time horizon: lifetime	£620	0.6	£1,033	Probability intervention cost effective at WTP £20,000-30,000 per QALY is 0.95; with alternative 12-month follow-up data on efficacy intervention dominated; changing gender, smoking status, baseline BMI, diagnosis cost per QALY ranges between £705-1,034

1. All costs uplifted to 2011/2012 UK pounds using the UK HCHS inflation index
2. Effectiveness and resource use based on RCT review, authors' assumptions, published sources, Qdiabetes and QRISK2-2012 calculators; resource use based on authors' assumptions and RCT review
3. UK NHS perspective; costs relevant from PSS perspective excluded however these were expected to account only for a small proportion of costs

Comment [B3]: Eric- is this right?

1.3.7 Varenicline versus placebo for smoking cessation and reduction- clinical meta- analysis

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Varenicline versus placebo	Control	Relative (95% CI)	Absolute		
Abstinence at 6-month follow-up (primary outcome)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	10/85 (11.8%)	1/43 (2.3%)	RR 5.06 (0.67 to 38.24)	94 more per 1000 (from 8 fewer to 866 more)	⊕⊕OO LOW	CRITICAL
								2.3%		93 more per 1000 (from 8 fewer to 857 more)		
Abstinence at end of intervention (secondary outcome)												
2	randomised trials	serious[3]	no serious inconsistency	no serious indirectness	serious[4]	none	19/89 (21.3%)	2/48 (4.2%)	RR 4.74 (1.34 to 16.71)	156 more per 1000 (from 14 more to 655 more)	⊕⊕OO LOW	CRITICAL
								2.3%		86 more per 1000 (from 8 more to 361 more)		

[1] Crucial limitation for one criterion or some limitations for multiple criteria sufficient to lower ones confidence in the estimate of effect
[2] Confidence interval (CI) cross the clinical decision threshold
[3] Most information is from studies at moderate risk of bias
[4] Optimal information size not met

1.4 PEER PROVIDED INTERVENTIONS - CRITICAL OUTCOMES

1.4.1 Mutual support versus any alternative management strategy- clinical evidence profile

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Mutual Support	Control	Relative (95% CI)	Absolute		
Recovery- Post-intervention (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	reporting bias[3]	200	100	-	SMD 0.11 lower (0.35 lower to 0.13 higher)	⊕OOO VERY LOW	CRITICAL
Empowerment- Post-intervention (Better indicated by lower values)												
3	randomised trials	serious[4]	very serious[5]	no serious indirectness	serious[2]	reporting bias[3]	1206	1060	-	SMD 1.44 lower (2.79 to 0.09 lower)	⊕OOO VERY LOW	CRITICAL
Quality of Life- Post-intervention (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[6]	reporting bias[3]	200	100	-	SMD 1.42 lower (1.69 to 1.16 lower)	⊕OOO VERY LOW	CRITICAL
Service use, contact- Post-intervention												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	reporting bias[3]	21/40 (52.5%)	10/40 (25%)	RR 0.63 (0.44 to 0.92)	93 fewer per 1000 (from 20 fewer to 140 fewer)	⊕OOO VERY LOW	CRITICAL
								25%		93 fewer per 1000		

										(from 20 fewer to 140 fewer)		
Service use, hospitalisation- Post-intervention												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	reporting bias[3]	7/40 (17.5%)	14/40 (35%)	RR 0.5 (0.23 to 1.11)	175 fewer per 1000 (from 269 fewer to 39 more)	⊕OOO VERY LOW	CRITICAL
								35%		175 fewer per 1000 (from 269 fewer to 39 more)		
Self- Efficacy- Post-intervention (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[6]	reporting bias[3]	86	53	-	SMD 5.44 lower (6.18 to 4.71 lower)	⊕OOO VERY LOW	CRITICAL
Depression and Anxiety, symptoms- Post-intervention (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	reporting bias[3]	200	100	-	SMD 0.42 lower (0.66 to 0.18 lower)	⊕OOO VERY LOW	CRITICAL

[1] Crucial limitation for one criterion or some limitations for multiple criteria sufficient to lower ones confidence in the estimate of effect
[2] Confidence interval (CI) cross the clinical decision threshold
[3] Suspicion of publication bias
[4] Most information is from studies at moderate risk of bias
[5] Evidence of very serious heterogeneity of study effect size
[6] Optimal information size not met

1.4.2 Peer mental health service providers versus any alternative management strategy- clinical evidence profile

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Peer Mental Health Service Providers	Control	Relative (95% CI)	Absolute		
Service use, hospitalisation- Post-intervention												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	reporting bias[3]	21/57 (36.8%)	31/57 (54.4%)	RR 0.68 (0.45 to 1.03)	174 fewer per 1000 (from 299 fewer to 16 more)	⊕OOO VERY LOW	CRITICAL
								54.4%		174 fewer per 1000 (from 299 fewer to 16 more)		
Satisfaction, questionnaire- Post-intervention (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[4]	reporting bias[3]	43	44	-	SMD 0.48 higher (0.05 to 0.91 higher)	⊕OOO VERY LOW	CRITICAL

[1] Crucial limitation for one criterion or some limitations for multiple criteria sufficient to lower ones confidence in the estimate of effect
[2] Confidence interval (CI) cross the clinical decision threshold
[3] Suspicion of publication bias
[4] Optimal information size not met

1.4.3 Peer support providers versus any alternative management strategy- clinical evidence profile

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Peer Support	Control	Relative (95% CI)	Absolute		
Recovery- post-intervention (Better indicated by lower values)												
3	randomised trials	no serious risk of bias	serious[1]	no serious indirectness	serious[2]	reporting bias[3]	408	420	-	SMD 0.29 lower (0.5 to 0.09 lower)	⊕OOO VERY LOW	CRITICAL
Recovery, Up to 6 months follow-up (Better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[2]	reporting bias[3]	217	222	-	SMD 0.23 lower (0.37 to 0.09 lower)	⊕⊕OO LOW	CRITICAL
Empowerment- post-intervention (Better indicated by lower values)												
2	randomised trials	serious[4]	very serious[5]	no serious indirectness	serious[2]	reporting bias[3]	152	134	-	SMD 2.67 lower (7.35 lower to 2.02 higher)	⊕OOO VERY LOW	CRITICAL
Empowerment- up to 6 month follow-up (Better indicated by lower values)												
2	randomised trials	serious[4]	no serious inconsistency	no serious indirectness	serious[2]	reporting bias[3]	278	260	-	SMD 0.25 lower (0.43 to 0.07 lower)	⊕OOO VERY LOW	CRITICAL
Functioning / Disability- post-intervention (Better indicated by lower values)												
1	randomised trials	serious[6]	no serious inconsistency	no serious indirectness	serious[2]	reporting bias[3]	95	70	-	SMD 0.37 higher (0.06 to 0.68	⊕OOO VERY	CRITICAL

										higher)	LOW	
Quality of life - post-intervention (Better indicated by lower values)												
4	randomised trials	serious[4]	serious[1]	no serious indirectness	serious[2]	reporting bias[3]	428	429	-	SMD 0.06 higher (0.2 lower to 0.32 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life- up to 6 month follow-up (Better indicated by lower values)												
2	randomised trials	serious[4]	no serious inconsistency	no serious indirectness	serious[2]	reporting bias[3]	323	316	-	SMD 0.24 lower (0.4 to 0.08 lower)	⊕OOO VERY LOW	CRITICAL
Service use, contact- post-intervention (Better indicated by lower values)												
3	randomised trials	serious[4]	serious[1]	no serious indirectness	serious[2]	reporting bias[3]	132	123	-	SMD 0.22 lower (0.72 lower to 0.28 higher)	⊕OOO VERY LOW	CRITICAL
Service use, hospitalisation- post-intervention												
1	randomised trials	serious[6]	no serious inconsistency	no serious indirectness	serious[2]	reporting bias[3]	11/24 (45.8%)	9/21 (42.9%)	RR 1.07 (0.55 to 2.07)	30 more per 1000 (from 193 fewer to 459 more)	⊕OOO VERY LOW	CRITICAL
								42.9%		30 more per 1000 (from 193 fewer to 459 more)		
Satisfaction, questionnaire- post-intervention (Better indicated by lower values)												
3	randomised trials	serious[4]	no serious inconsistency	no serious indirectness	serious[2]	reporting bias[3]	180	152	-	SMD 0.02 higher (0.2 lower to 0.23 higher)	⊕OOO VERY LOW	CRITICAL

Psychosis, positive symptoms- post intervention (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[2]	reporting bias[3]	224	234	-	SMD 0.14 lower (0.32 lower to 0.05 higher)	⊕⊕OO LOW	CRITICAL
Psychosis, positive symptoms- up to 6 month follow-up (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[7]	reporting bias[3]	220	228	-	SMD 0 higher (0.19 lower to 0.18 higher)	⊕⊕OO LOW	CRITICAL
Overall psychiatric symptoms- post-intervention (Better indicated by lower values)												
3	randomised trials	serious[4]	serious[1]	no serious indirectness	serious[2]	reporting bias[3]	384	369	-	SMD 0.07 lower (0.39 lower to 0.24 higher)	⊕OOO VERY LOW	CRITICAL
Overall psychiatric symptoms- up to 6 month follow-up (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[2]	reporting bias[3]	220	228	-	SMD 0.08 lower (0.26 lower to 0.11 higher)	⊕⊕OO LOW	CRITICAL
Depression/Anxiety symptoms- post-intervention - Depression Symptoms (Better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[2]	reporting bias[3]	319	304	-	SMD 0.05 lower (0.24 lower to 0.15 higher)	⊕⊕OO LOW	CRITICAL
Depression/Anxiety symptoms- post-intervention - Anxiety Symptoms (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[2]	reporting bias[3]	224	234	-	SMD 0.18 lower (0.36 lower to 0.01 higher)	⊕⊕OO LOW	CRITICAL

Depression/ Anxiety, symptoms- up to 6 month follow-up - 6 month follow-up, Depression symptoms (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[2]	reporting bias[3]	220	228	-	SMD 0.15 lower (0.34 lower to 0.03 higher)	⊕⊕OO LOW	CRITICAL
Depression/ Anxiety, symptoms- up to 6 month follow-up - 6 month follow-up, Anxiety symptoms (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[2]	reporting bias[3]	220	228	-	SMD 0.1 lower (0.28 lower to 0.09 higher)	⊕⊕OO LOW	CRITICAL
Hope- post-intervention (Better indicated by lower values)												
4	randomised trials	serious[4]	no serious inconsistency	no serious indirectness	serious[2]	reporting bias[3]	539	533	-	SMD 0.14 lower (0.27 to 0.02 lower)	⊕OOO VERY LOW	CRITICAL
Hope- up to 6 month follow-up (Better indicated by lower values)												
3	randomised trials	serious[4]	serious[1]	no serious indirectness	serious[2]	reporting bias[3]	487	480	-	SMD 0.24 lower (0.46 to 0.02 lower)	⊕OOO VERY LOW	CRITICAL
Self- efficacy- post-intervention (Better indicated by lower values)												
1	randomised trials	serious[6]	no serious inconsistency	no serious indirectness	serious[2]	reporting bias[3]	134	116	-	SMD 0.34 lower (0.59 to 0.09 lower)	⊕OOO VERY LOW	CRITICAL
Self- efficacy- up to 6 months follow-up (Better indicated by lower values)												
1	randomised trials	serious[6]	no serious inconsistency	no serious indirectness	serious[2]	reporting bias[3]	121	100	-	SMD 0.34 lower (0.61 to 0.07 lower)	⊕OOO VERY LOW	CRITICAL

[1] Evidence of serious heterogeneity of study effect size
[2] Confidence interval (CI) cross the clinical decision threshold
[3] Suspicion of publication bias
[4] Most information is from studies at moderate risk of bias
[5] Evidence of very serious heterogeneity of study effect size
[6] Crucial limitation for one criterion or some limitations for multiple criteria sufficient to lower ones confidence in the estimate of effect
[7] A single study of 0.00 effect

1.5 SELF-MANAGEMENT INTERVENTIONS - CRITICAL OUTCOMES

1.5.1 Self-management versus any alternative management strategy- clinical evidence profile

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Self-management	Control	Relative (95% CI)	Absolute		
Psychosis (total symptoms) - End of intervention (Better indicated by lower values)												
3	randomised trials	serious[1]	very serious[2]	no serious indirectness	serious[3]	none	142	141	-	SMD 0.40 lower (1.02 lower to 0.22 higher)	⊕OOO VERY LOW	CRITICAL
Psychosis (positive symptoms) - End of intervention (Better indicated by lower values)												
10	randomised trials	serious[1]	serious[4]	no serious indirectness	serious[3]	none	526	524	-	SMD 0.31 lower (0.56 lower to 0.07 lower)	⊕OOO VERY LOW	CRITICAL
Psychosis (negative symptoms) - End of intervention (Better indicated by lower values)												
8	randomised trials	serious[1]	serious[4]	no serious indirectness	serious[3]	none	265	262	-	SMD 0.38 lower (0.67 to 0.08 lower)	⊕OOO VERY LOW	CRITICAL
Psychosis (total symptoms) - up to 6 month follow-up (Better indicated by lower values)												
1	randomised trials	serious[5]	no serious inconsistency	no serious indirectness	serious[3]	none	39	45	-	SMD 0.23 lower (0.66 lower to 0.2 higher)	⊕⊕OO LOW	CRITICAL
Psychosis (positive symptoms) - up to 6 month follow-up (Better indicated by lower values)												

4	randomised trials	serious[1]	very serious[2]	no serious indirectness	serious[3]	none	156	159	-	SMD 0.24 lower (0.69 lower to 0.21 higher)	⊕OOO VERY LOW	CRITICAL
Psychosis (negative symptoms) - up to 6 month follow-up (Better indicated by lower values)												
4	randomised trials	serious[1]	very serious[2]	no serious indirectness	serious[3]	none	156	159	-	SMD 0.33 lower (0.88 lower to 0.22 higher)	⊕OOO VERY LOW	CRITICAL
Psychosis (total symptoms) - 7-12 month follow-up (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	44	44	-	SMD 1.49 lower (1.96 to 1.01 lower)	⊕⊕⊕⊕ HIGH	CRITICAL
Psychosis (positive symptoms) - 7-12 month follow-up (Better indicated by lower values)												
3	randomised trials	no serious risk of bias	very serious[2]	no serious indirectness	serious[3]	none	317	322	-	SMD 0.49 lower (1.28 lower to 0.3 higher)	⊕OOO VERY LOW	CRITICAL
Psychosis (negative symptoms) - 7-12 month follow-up (Better indicated by lower values)												
2	randomised trials	no serious risk of bias	very serious[2]	no serious indirectness	serious[3]	none	97	94	-	SMD 0.77 lower (2.17 lower to 0.63 higher)	⊕OOO VERY LOW	CRITICAL
Psychosis (total symptoms) - >12 month follow-up (Better indicated by lower values)												
1	randomised trials	serious[5]	no serious inconsistency	no serious indirectness	no serious imprecision	none	19	19	-	SMD 1.36 lower (2.07 to 0.65 lower)	⊕⊕⊕O MODERATE	CRITICAL

Psychosis (positive symptoms) - >12 month follow-up (Better indicated by lower values)												
2	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	72	69	-	SMD 0.72 lower (1.06 to 0.37 lower)	⊕⊕⊕O MODERATE	CRITICAL
Psychosis (negative symptoms) - >12 month follow-up (Better indicated by lower values)												
2	randomised trials	serious[1]	very serious[2]	no serious indirectness	serious[3]	none	72	69	-	SMD 0.92 lower (1.93 lower to 0.09 higher)	⊕OOO VERY LOW	CRITICAL
Global state - Functioning, disability - End of intervention (Better indicated by lower values)												
7	randomised trials	serious[1]	serious[4]	no serious indirectness	no serious imprecision	none	271	255	-	SMD 0.07 lower (0.33 lower to 0.2 higher)	⊕⊕OO LOW	CRITICAL
Global state - Functioning, disability - up to 6 month follow-up (Better indicated by lower values)												
4	randomised trials	serious[1]	serious[4]	no serious indirectness	serious[3]	none	156	159	-	SMD 0.37 lower (1.05 lower to 0.32 higher)	⊕OOO VERY LOW	CRITICAL
Global state - Functioning, disability - 7-12 month follow-up (Better indicated by lower values)												
1	randomised trials	serious[5]	no serious inconsistency	no serious indirectness	serious[3]	none	53	50	-	SMD 044 lower (0.83 to 0.05 lower)	⊕⊕OO LOW	CRITICAL
Global state - Functioning, disability - >12 month follow-up (Better indicated by lower values)												
2	randomised trials	serious[1]	very serious[2]	no serious indirectness	serious[3]	none	93	90	-	SMD 0.56 lower (1.99 lower to 0.87 higher)	⊕OOO VERY LOW	CRITICAL

Quality of Life - End of intervention (Better indicated by lower values)												
9	randomised trials	no serious risk of bias	serious[4]	no serious indirectness	serious[3]	none	636	610	-	SMD 0.26 lower (0.37 to 0.15 lower)	⊕⊕OO LOW	CRITICAL
Quality of Life - up to 6 month follow-up (Better indicated by lower values)												
1	randomised trials	serious[5]	no serious inconsistency	no serious indirectness	serious[3]	none	16	16	-	SMD 0.28 lower (0.98 lower to 0.42 higher)	⊕⊕OO LOW	CRITICAL
Quality of Life - 7-12 month follow-up (Better indicated by lower values)												
3	randomised trials	no serious risk of bias	serious[4]	no serious indirectness	serious[3]	none	300	300	-	SMD 0.34 lower (0.6 to 0.09 lower)	⊕⊕OO LOW	CRITICAL
Quality of Life - >12 month follow-up (Better indicated by lower values)												
2	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious	none	59	59	-	SMD 0.23 lower (0.6 lower to 0.13 higher)	⊕⊕OO LOW	CRITICAL
Empowerment - End of intervention (Better indicated by lower values)												
2	randomised trials	serious[1]	very serious[2]	no serious indirectness	very serious	none	51	42	-	SMD 2.39 lower (7.65 lower to 2.87 higher)	⊕OOO VERY LOW	CRITICAL
Empowerment - up to 6 month follow-up (Better indicated by lower values)												
1	randomised trials	no serious	no serious inconsistency	no serious indirectness	serious	none	157	161	-	SMD 0.17 lower (0.39 lower to	⊕⊕⊕O MODERATE	CRITICAL

		risk of bias								0.05 higher)		
Recovery (Self-rated) - End of intervention (Better indicated by lower values)												
7	randomised trials	serious[1]	serious[4]	no serious indirectness	serious	none	633	601	-	SMD 0.27 lower (0.49 to 0.05 lower)	⊕OOO VERY LOW	CRITICAL
Recovery (Clinician-rated) - End of intervention (Better indicated by lower values)												
3	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	194	160	-	SMD 0.67 lower (0.88 to 0.45 lower)	⊕⊕⊕O MODERATE	CRITICAL
Recovery (Self-rated) - up to 12 month follow-up (Better indicated by lower values)												
4	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious	none	437	446	-	SMD 0.22 lower (0.36 to 0.09 lower)	⊕⊕OO LOW	CRITICAL
Recovery (Clinician-rated) - up to 12 month follow-up (Better indicated by lower values)												
2	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	66	63	-	SMD 0.57 lower (0.92 to 0.21 lower)	⊕⊕⊕O MODERATE	CRITICAL
Service use, contact - End of intervention												
1	randomised trials	serious[5]	no serious inconsistency	no serious indirectness	no serious imprecision	none	4/27 (14.8%)	17/27 (63%)	RR 0.24 (0.09 to 0.61)	479 fewer per 1000 (from 246 fewer to 573 fewer)	⊕⊕⊕O MODERATE	CRITICAL
								0%		-		

Service Use - Hospitalisation - End of intervention - Days hospitalised (Better indicated by lower values)												
1	randomised trials	serious[5]	no serious inconsistency	no serious indirectness	no serious imprecision	none	49	73	-	SMD 0.03 lower (0.39 lower to 0.34 higher)	⊕⊕⊕O MODERATE	CRITICAL
Service Use - Hospitalisation - End of intervention												
1	randomised trials	serious	no serious inconsistency	no serious indirectness	serious	none	15/49 (30.6%)	21/73 (28.8%)	RR 1.06 (0.61 to 1.85)	17 more per 1000 (from 112 fewer to 245 more)	⊕⊕OO LOW	CRITICAL
								0%		-		
Service Use - Hospitalisation - up to 6 month follow-up												
3	randomised trials	serious	no serious inconsistency	no serious indirectness	no serious imprecision	none	3/133 (2.3%)	16/136 (11.8%)	RR 0.23 (0.08 to 0.7)	91 fewer per 1000 (from 35 fewer to 108 fewer)	⊕⊕⊕O MODERATE	CRITICAL
								0%		-		
Service Use - Hospitalisation - 7-12 month follow-up												
3	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious	none	16/122 (13.1%)	21/116 (18.1%)	RR 0.77 (0.43 to 1.39)	42 fewer per 1000 (from 103 fewer to 71 more)	⊕⊕OO LOW	CRITICAL
								0%		-		
Service Use - Hospitalisation - >12 month follow-up												
4	randomised trials	serious[1]	serious[4]	no serious indirectness	serious	none	25/156 (16%)	35/182 (19.2%)	RR 0.66 (0.23 to	65 fewer per 1000 (from 148 fewer to 177	⊕OOO VERY LOW	CRITICAL

									1.92)	more)		
								0%		-		
Service Use - Hospitalisation - >12 month follow-up - Days hospitalised (Better indicated by lower values)												
1	randomised trials	serious[5]	no serious inconsistency	no serious indirectness	no serious imprecision	none	49	73	-	SMD 0.15 higher (0.21 lower to 0.51 higher)	⊕⊕⊕O MODERATE	CRITICAL

[1] Most information is from studies at moderate risk of bias
[2] Evidence of very serious heterogeneity of study effect size
[3] Confidence interval (CI) cross the clinical decision threshold
[4] Evidence of serious heterogeneity of study effect size
[5] Crucial limitation for one criterion or some limitations for multiple criteria sufficient to lower ones confidence in the estimate of effect

1.6 PSYCHOLOGICAL MANAGEMENT OF TRAUMA IN PSYCHOSIS AND SCHIZOPHRENIA - CRITICAL OUTCOMES

1.6.1 Cognitive therapy plus treatment as usual versus treatment as usual for trauma- clinical meta- analysis

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Cognitive therapy + TAU	TAU	Relative (95% CI)	Absolute		
Anxiety symptoms, End of intervention (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	22	24	-	SMD 0.34 lower (0.93 lower to 0.24 higher)	⊕⊕OO LOW	CRITICAL
Anxiety symptoms, up to 6 month follow-up (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	22	24	-	SMD 0.47 lower (1.06 lower to 0.11 higher)	⊕⊕OO LOW	CRITICAL
Depression symptoms, End of intervention (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	22	24	-	SMD 0.29 lower (0.87 lower to 0.3 higher)	⊕⊕OO LOW	CRITICAL
Depression symptoms, up to 6 month follow-up (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	22	24	-	SMD 0.05 lower (0.63 lower to 0.52	⊕⊕OO LOW	CRITICAL

										higher)		
Missing data, any reason - End of intervention												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	14/36 (38.9%)	6/30 (20%)	RR 1.94 (0.85 to 4.43)	188 more per 1000 (from 30 fewer to 686 more)	⊕⊕OO LOW	CRITICAL
								20%		188 more per 1000 (from 30 fewer to 686 more)		
Missing data, any reason - Up to 6 month follow-up												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	14/36 (38.9%)	6/30 (20%)	RR 1.94 (0.85 to 4.43)	188 more per 1000 (from 30 fewer to 686 more)	⊕⊕OO LOW	CRITICAL
								20%		188 more per 1000 (from 30 fewer to 686 more)		

[1] Studies included at moderate risk of bias
[2] CI crosses clinical decision threshold

1.7 TEAM AND SERVICE-LEVEL INTERVENTIONS - CRITICAL OUTCOMES

1.7.1 Early intervention services versus any alternative management strategy- clinical evidence profile

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Early Intervention Services	Control	Relative (95% CI)	Absolute		
Adverse events - Suicide (actual and attempted), end of intervention												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	1/346 (0.29%)	5/345 (1.4%)	RR 0.27 (0.05 to 1.65)	11 fewer per 1000 (from 14 fewer to 9 more)	⊕⊕⊕O MODERATE	CRITICAL
Adverse events - Suicide (actual and attempted), >12months follow-up												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	3/275 (1.1%)	4/272 (1.5%)	RR 0.74 (0.17 to 3.28)	4 fewer per 1000 (from 12 fewer to 34 more)	⊕⊕⊕O MODERATE	CRITICAL
Service use - hospitalisation, End of intervention												
3	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	219/374 (58.6%)	242/359 (67.4%)	RR 0.88 (0.79 to 0.98)	81 fewer per 1000 (from 13 fewer to 142 fewer)	⊕⊕⊕O MODERATE	CRITICAL
Service use - hospitalisation (number of bed days), end of intervention (Better indicated by lower values)												

2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	344	339	-	SMD 0.18 lower (0.33 to 0.03 lower)	⊕⊕⊕O MODERATE	CRITICAL
Service use - hospitalisation (no. of admissions), end of intervention (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	69	67	-	SMD 0.46 lower (0.8 to 0.12 lower)	⊕⊕⊕O MODERATE	CRITICAL
Service use - hospitalisation, >12 month follow-up												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	136/330 (41.2%)	141/316 (44.6%)	RR 0.93 (0.78 to 1.11)	31 fewer per 1000 (from 98 fewer to 49 more)	⊕⊕⊕O MODERATE	CRITICAL
Service use - hospitalisation (no. bed days), >12 months follow-up (Better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	320	326	-	SMD 0.08 lower (0.24 lower to 0.07 higher)	⊕⊕⊕O MODERATE	CRITICAL
Service use - hospitalisation (no. of admissions), >12 month follow-up (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	45	54	-	SMD 0.2 lower (0.6 lower to 0.2 higher)	⊕⊕⊕O MODERATE	CRITICAL
Service use - contact, (not in contact with services- index team), end of intervention												
2	randomised	no	no serious	no serious	serious[1]	none	27/314	42/266	RR 0.61	62 fewer per	⊕⊕⊕O	CRITICAL

	trials	serious risk of bias	inconsistency	indirectness			(8.6%)	(15.8%)	(0.4 to 0.93)	1000 (from 11 fewer to 95 fewer)	MODERATE	
Service use - contact, (not in contact with services- mental health service), end of intervention												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	11/71 (15.5%)	27/73 (37%)	RR 0.42 (0.23 to 0.78)	215 fewer per 1000 (from 81 fewer to 285 fewer)	⊕⊕⊕O MODERATE	CRITICAL
Global state - Relapse (full or partial), end of intervention												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	32/91 (35.2%)	42/81 (51.9%)	RR 0.65 (0.46 to 0.93)	181 fewer per 1000 (from 36 fewer to 280 fewer)	⊕⊕⊕O MODERATE	CRITICAL
Global state - Remission (full or partial), end of intervention												
2	randomised trials	no serious risk of bias	serious[2]	no serious indirectness	serious[1]	none	19/96 (19.8%)	27/85 (31.8%)	RR 0.66 (0.32 to 1.39)	108 fewer per 1000 (from 216 fewer to 124 more)	⊕⊕OO LOW	IMPORTANT
Global state - Functioning / Disability (GAF), end of intervention (Better indicated by lower values)												
2	randomised trials	no serious risk of bias	serious[2]	no serious indirectness	serious[1]	reporting bias[3]	259	208	-	SMD 0.32 lower (0.51 to 0.14 lower)	⊕OOO VERY LOW	CRITICAL
Global state - Functioning / Disability (GAF), >12 month follow-up (Better indicated by lower values)												
1	randomised trials	no serious	no serious inconsistency	no serious indirectness	serious[1]	none	151	150	-	SMD 0.07 lower (0.29 lower to	⊕⊕⊕O	CRITICAL

		risk of bias								0.16 higher)	MODERATE	
Total Symptoms (PANSS), end of intervention (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	reporting bias[3]	55	44	-	SMD 0.52 lower (0.92 to 0.11 lower)	⊕⊕OO LOW	CRITICAL
Positive Symptoms (PANSS or SAPS), end of intervention (Better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	reporting bias[3]	260	208	-	SMD 0.21 lower (0.39 to 0.03 lower)	⊕⊕OO LOW	CRITICAL
Negative Symptoms (PANSS or SANS), end of intervention (Better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	reporting bias[3]	260	208	-	SMD 0.39 lower (0.57 to 0.2 lower)	⊕⊕OO LOW	CRITICAL
Positive Symptoms (PANSS), >12 month follow-up (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	151	150	-	SMD 0.06 higher (0.16 lower to 0.29 higher)	⊕⊕⊕O MODERATE	CRITICAL
Negative Symptoms (PANSS), >12 month follow-up (Better indicated by lower values)												
1	randomised trials	no serious risk of	no serious inconsistency	no serious indirectness	serious[1]	none	151	150	-	SMD 0.07 lower (0.29 lower to 0.16 higher)	⊕⊕⊕O MODERATE	CRITICAL

		bias										
Employment and Education, end of intervention												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	61/243 (25.1%)	67/193 (34.7%)	RR 0.72 (0.54 to 0.97)	97 fewer per 1000 (from 10 fewer to 160 fewer)	⊕⊕⊕O MODERATE	CRITICAL
Employment and Education, >12 month follow-up												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	159/275 (57.8%)	148/272 (54.4%)	RR 1.06 (0.92 to 1.23)	33 more per 1000 (from 44 fewer to 125 more)	⊕⊕⊕O MODERATE	CRITICAL

[1] Confidence interval (CI) cross the clinical decision threshold
[2] Evidence of serious heterogeneity of study effect size
[3] Suspicion of publication bias

1.7.2 Early intervention services versus any alternative management strategy- health economic profile

EIS versus any alternative management strategy							
Study & country	**Limitations**	**Applicability**	**Other comments**	**Incremental cost (£)[1]**	**Incremental effect**	**ICER (£/effect)**	**Uncertainty**
Cocchi et al, 2011 Italy	Potentially serious limitations[2]	Partially applicable [3]	Measure of outcome: change in Health of the Nation Outcome Scale (HoNOS) score Time horizon 5 years	-£2,865	18.20%	EI dominant	EI favourable irrespective of discount rate
Hastrup et al, 2013 Denmark	Minor limitations [4]	Partially applicable [5]	Measure of outcome: change in Global Assessment of Functioning (GAF) scale score Time horizon 5 years	-£23,973	1.19	EI dominant	Probability EI cost effective at WTP: €0 for point increase on GAF scale 0.95; €2,000 for point increase on GAF scale 0.97

McCrone et al, 2010 UK	Minor limitations[6]	Directly applicable[7]	Measure of outcome: change in Manchester Short Assessment (MANSA) of quality of life score; vocational recovery Time horizon 18 months	-£2,989	6 MANSA 11.8% vocational recovery	EI dominant	Probability EI cost effective at WTP: £0 for point improvement in MANSA score is 0.92; £0 for someone making vocational recovery is 0.76
McCrone et al, 2009 UK	Minor limitations[8]	Directly applicable[9]	Cost analysis Time horizon 1 and 3 years	-£5,687 year 1 -£16,296 year 3	NA	NA	Increasing readmission probabilities in EI by 50% never results in EI exceeding base-case SC cost; reducing readmission probabilities in SC by 50% cost break even
Mihalopoulos et al, 2009 Australia	Potentially serious limitations[10]	Partially applicable[11]	Outcome measure: change in Brief Psychiatric Rating Scale score Time horizon up to 7.2 years	-£4,165	2.8	EI dominant	EI less costly and more favourable in 100% of cases; results robust to unit cost estimates
Serretti et al, 2009 Italy	Potentially serious limitations[12]	Partially applicable[13]	Cost analysis Time horizon 1 year	-£486	NA	NA	EI less costly in 75% of cases

1. In non-UK studies costs converted to UK pounds using purchasing power parities (PPP) exchange rates (http://www.oecd.org/std/ppp); all costs uplifted to 2011/2012 UK pounds using the UK HCHS inflation index
2. Effectiveness data derived from small prospective cohort study (n=46); limited sensitivity analysis; health effects not discounted
3. Italian NHS perspective; local unit costs used; discount rates of 3% and 5% for costs
4. Resource use estimates were derived from one RCT (n=547) and national registers
5. Danish public sector payer perspective; discount rate of 3% for costs
6. Resource use from one RCT (n=144), hospital administrative system, annual reports and accounts, other published sources; time horizon may not be sufficiently long to reflect all important differences in costs and outcomes
7. Analysis from NHS and PSS and criminal justice sector perspective, however NHS and PSS costs were reported separately
8. Resource use data based on review of RCTs, audit data, DoH, expert opinion, and other published sources
9. Analysis from NHS and PSS perspective
10. Modelling study based on small prospective cohort study with historical controls (n=65); resource use derived from a variety of sources; unclear what resource use included; limited sensitivity analysis; discount rate of 3% on costs
11. Australian public mental health service perspective
12. Modelling study based on retrospective prevalence-based multi-centre study, published sources and authors' assumptions; unclear source of unit costs; unclear if all costs relevant to NHS and PSS perspective included; limited sensitivity analysis; time horizon may not be sufficiently long to reflect all important differences in costs
13. Italian NHS perspective

~~Community mental health teams~~

Comment [B4]: Narrative review.

1.7.3 ICM versus any alternative management strategy- clinical evidence profile

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	ICM	Any alternative managements strategy	Relative (95% CI)	Absolute		
Service use: Average number of days in hospital per month - by about 24 months (Better indicated by lower values)												
24	randomised trials	serious[1]	serious[2]	no serious indirectness	no serious imprecision	none	1846	1749	-	MD 0.86 lower (1.37 to 0.34 lower)	⊕⊕OO LOW	CRITICAL
Not remaining in contact with psychiatric services- short term												
1	randomised trials	very serious[3]	no serious inconsistency	no serious indirectness	serious[4]	none	10/48 (20.8%)	18/47 (38.3%)	RR 0.54 (0.28 to 1.05)	176 fewer per 1000 (from 276 fewer to 19 more)	⊕OOO VERY LOW	CRITICAL
								0%		-		
Not remaining in contact with psychiatric services- medium term												
3	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	65/527 (12.3%)	132/536 (24.6%)	RR 0.51 (0.36 to 0.71)	121 fewer per 1000 (from 71 fewer to 158 fewer)	⊕⊕⊕O MODERATE	CRITICAL
								0%		-		
Not remaining in contact with psychiatric services- long term												
5	randomised	serious[1]	serious[2]	no serious	no serious	none	18/247	69/228	RR 0.27 (0.11 to	221 fewer per 1000 (from	⊕⊕OO	CRITICAL

	trials			indirectness	imprecision		(7.3%)	(30.3%)	0.66)	103 fewer to 269 fewer)	LOW	
								0%		-		
Not remaining in contact with psychiatric services- Total												
9	randomised trials	very serious[3]	serious[2]	no serious indirectness	no serious imprecision	none	93/822 (11.3%)	219/811 (27%)	RR 0.43 (0.3 to 0.61)	154 fewer per 1000 (from 105 fewer to 189 fewer)	⊕OOO VERY LOW	CRITICAL
								0%		-		
Quality of Life - by short term (Better indicated by lower values)												
1	randomised trials	serious[3]	no serious inconsistency	no serious indirectness	serious[4]	none	67	58	-	MD 0.53 lower (0.97 to 0.09 lower)	⊕⊕OO LOW	CRITICAL
Quality of Life - by medium term (LQoLP) (Better indicated by lower values)												
1	randomised trials	serious[3]	no serious inconsistency	no serious indirectness	serious[4]	none	26	26	-	MD 0.09 lower (0.78 lower to 0.6 higher)	⊕⊕OO LOW	CRITICAL
Quality of Life - by medium term (MANSA) (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[4]	none	45	36	-	MD 0.2 lower (0.69 lower to 0.29 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of Life - by long term (LQoLP) (Better indicated by lower values)												
2	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[4]	none	54	59	-	MD 0.23 higher (0.08 lower to 0.55	⊕⊕OO LOW	CRITICAL

										higher)		
Quality of Life - by long term (QOLI) (Better indicated by lower values)												
2	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[4]	none	67	65	-	MD 0.09 lower (0.42 lower to 0.24 higher)	⊕⊕OO LOW	CRITICAL
Participant Satisfaction - by short term (Better indicated by lower values)												
1	randomised trials	serious[3]	no serious inconsistency	serious[5]	serious[6]	none	31	30	-	MD 6.2 lower (9.8 to 2.6 lower)	⊕OOO VERY LOW	CRITICAL
Participant Satisfaction - by medium term (Better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	272	228	-	MD 1.93 lower (3.01 to 0.86 lower)	⊕⊕⊕⊕ HIGH	CRITICAL
Participant Satisfaction - by long term (Better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[6]	none	233	190	-	MD 3.23 lower (4.14 to 2.31 lower)	⊕⊕⊕O MODERATE	CRITICAL
Global Functioning (GAF)- by short term (Better indicated by higher values)												
4	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	437	360	-	MD 2.07 lower (3.86 to 0.28 lower)	⊕⊕⊕O MODERATE	CRITICAL
Global Functioning (GAF)- by medium term (Better indicated by higher values)												

3	randomised trials	serious[1]	serious[2]	no serious indirectness	serious[4]	none	404	318	-	MD 0.09 lower (3.28 lower to 3.11 higher)	⊕OOO VERY LOW	CRITICAL
Global Functioning (GAF)- by long term (Better indicated by lower values)												
5	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	433	385	-	MD 3.41 lower (5.16 to 1.66 lower)	⊕⊕⊕O MODERATE	CRITICAL

[1] Most information is from studies at moderate risk of bias
[2] Evidence of serious heterogeneity of study effect size
[3] Crucial limitation for one criterion or some limitations for multiple criteria sufficient to lower ones confidence in the estimate of effect
[4] CI crosses clinical decision threshold
[5] Concerns as to the directness of sample
[6] OIS not met

1.7.4 ICM versus any alternative management strategy- health economic profile

ICM versus standard care							
Study & country	Limitations	Applicability	Other comments	Incremental cost (£)[1]	Incremental effect	ICER (£/effect)	Uncertainty
Harrison-Read et al, 2002 UK	Minor limitations[2]	Directly applicable[3]	Cost minimisation analysis Time horizon 1 and 2 years	£761 year 1 -£599 year 2	Simillar effects	NA	NA
Karow et al, 2012 Germany	Minor limitations[4]	Partially applicable[5]	Outcome measure: QALYs Time horizon 1 year	-£2,274	0.1	ACT dominant	Probability ICM cost effective at WTP of €50,000 per QALY is 0.995
McCrone et al, 2009 UK	Minor limitations[6]	Partially applicable[7]	Outcome measure: change in satisfaction score on Gerber and Prince's scale Time horizon 18 months	£4,859	7.6	£639/extra satisfaction score	Probability ACT cost effective at WTP: £0 per additional satisfaction score 0.21; £1,000 per additional satisfaction score 0.78; £2,500 per additional satisfaction score 0.95

Slade et al, 2013 US	Minor limitations[8]	Partially applicable[9]	Cost analysis Time horizon 1 year	£1,165	NA	NA	Living near hospital with ACT programme had no significant effect on health care utilisation and costs; varying year of entry into ACT programme had no significant effect on costs
Udechuku et al, 2005 Australia	Potentially serious limitations[10]	Partially applicable[11]	Cost analysis Time horizon 1 year	-£8,775	NA	NA	SA not performed

1. In non-UK studies costs converted to UK pounds using purchasing power parities (PPP) exchange rates (http://www.oecd.org/std/ppp); all costs uplifted to 2011/2012 UK pounds using the UK HCHS inflation index
2. Study based on one RCT (n=193); unit costs based on local and national sources
3. NHS and PSS perspective adopted; comparator is routinely used service in the NHS
4. Study based on small prospective cohort study (n=120); time horizon may not be sufficiently long to reflect all important differences in costs and outcomes
5. Cost-utility analysis with QALYs based on EQ-5D, UK valuations; German public sector payer perspective; unclear if all costs relevant to NHS and PSS perspective were included; standard care may not be representative of routine and best practice in the NHS
6. Effectiveness data and resource use based on one RCT (n=251)
7. Societal perspective however NHS and PSS costs reported separately; outcome measure other than QALY was used
8. Based on pre-, post-observational study (n=6,030); cost year unclear (costs converted to UK pounds using purchasing power parities (PPP) exchange rates for 2008)
9. US mental health service payer perspective
10. Based on small pre-, post-observational study (n=31); local unit costs; time horizon may not be sufficiently long to reflect all important differences in costs
11. Australian mental health service payer perspective

1.7.5 ICM versus Non-ICM- clinical evidence profile

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	ICM	Non-ICM	Relative (95% CI)	Absolute		
Service use: Average number of days in hospital per month - by about 24 (Better indicated by lower values)												
12	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	1128	1092	-	MD 0.08 lower (0.37 lower to 0.21 higher)	⊕⊕OO LOW	CRITICAL
Not remaining in contact with psychiatric services- medium term												
1	randomised trials	serious[3]	no serious inconsistency	no serious indirectness	serious[2]	none	3/37 (8.1%)	11/36 (30.6%)	RR 0.27 (0.08 to 0.87)	223 fewer per 1000 (from 40 fewer to 281 fewer)	⊕⊕OO LOW	CRITICAL
								0%		-		
Not remaining in contact with psychiatric services- long term												
3	randomised trials	serious[1]	very serious[4]	no serious indirectness	serious[2]	none	70/589 (11.9%)	66/593 (11.1%)	RR 0.82 (0.34 to 1.98)	20 fewer per 1000 (from 73 fewer to 109 more)	⊕OOO VERY LOW	CRITICAL
								0%		-		
Not remaining in contact with psychiatric services- Total												
4	randomised trials	serious[1]	very serious[4]	no serious indirectness	serious[2]	none	73/626 (11.7%)	77/629 (12.2%)	RR 0.63 (0.27 to 1.49)	45 fewer per 1000 (from 89 fewer to 60 more)	⊕OOO VERY LOW	CRITICAL

								0%		-		
Quality of Life - by short term (Better indicated by lower values)												
1	randomised trials	serious[3]	no serious inconsistency	no serious indirectness	serious[2]	none	105	98	-	MD 0.02 higher (0.39 lower to 0.43 higher)	⊕⊕OO LOW	CRITICAL
Quality of Life - by medium term (Better indicated by lower values)												
1	randomised trials	serious[3]	no serious inconsistency	no serious indirectness	serious[2]	none	105	98	-	MD 0.04 higher (0.35 lower to 0.43 higher)	⊕⊕OO LOW	CRITICAL
Quality of Life - by long term (LQoL) (Better indicated by lower values)												
1	randomised trials	serious[3]	no serious inconsistency	no serious indirectness	no serious imprecision	none	274	252	-	MD 0.03 lower (0.16 lower to 0.1 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of Life - by long term (MANSA) (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[5]	none	91	75	-	MD 0.1 lower (0.39 lower to 0.19 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of Life - by long term- overall life satisfaction (QOLI) (Better indicated by lower values)												
1	randomised trials	serious[3]	no serious inconsistency	no serious indirectness	serious[2]	none	105	98	-	MD 0.1 lower (0.45 lower to 0.25 higher)	⊕⊕OO LOW	CRITICAL
Participant Satisfaction - by long term- Patient need (CAN) (Better indicated by lower values)												
1	randomised trials	serious[3]	no serious inconsistency	no serious indirectness	serious[2]	none	306	279	-	MD 0.29 lower (0.69 lower to	⊕⊕OO LOW	CRITICAL

										0.11 higher)		
Global Functioning (HoNOS)- short term (Better indicated by lower values)												
1	randomised trials	serious[3]	no serious inconsistency	no serious indirectness	serious[2]	none	54	64	-	MD 0.60 higher (1.8 lower to 3 higher)	⊕⊕OO LOW	CRITICAL
Global functioning (HoNOS)- long term (Better indicated by lower values)												
1	randomised trials	serious[3]	no serious inconsistency	no serious indirectness	serious[2]	none	124	115	-	MD 0.40 lower (1.77 lower to 0.97 higher)	⊕⊕OO LOW	CRITICAL

[1] Most information is from studies at moderate risk of bias
[2] Confidence interval (CI) cross the clinical decision threshold
[3] Crucial limitation for one criterion or some limitations for multiple criteria sufficient to lower ones confidence in the estimate of effect
[4] Evidence of very serious heterogeneity of study effect size
[5] Optimal information size not met

1.7.6 Crisis resolution/ home intervention teams versus standard care- clinical evidence profile

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Crisis Resolution/ Home intervention teams	Control	Relative (95% CI)	Absolute		
Service use: Admitted to acute care - by 3 months												
2	randomised trials	serious[1]	serious[2]	no serious indirectness	serious[3]	none	31/109 (28.4%)	82/96 (85.4%)	RR 0.35 (0.11 to 1.18)	555 fewer per 1000 (from 760 fewer to 154 more)	⊕OOO VERY LOW	CRITICAL
								83.3%		541 fewer per 1000 (from 741 fewer to 150 more)		
Service use: Admitted to acute care - by 6 months												
3	randomised trials	serious[1]	very serious[2]	no serious indirectness	serious[3]	none	46/169 (27.2%)	141/156 (90.4%)	RR 0.28 (0.09 to 0.88)	651 fewer per 1000 (from 108 fewer to 822 fewer)	⊕OOO VERY LOW	CRITICAL
								90%		648 fewer per 1000 (from 108 fewer to 819 fewer)		
Service use: Admitted to acute care - by 12 months												

3	randomised trials	serious[1]	serious[4]	no serious indirectness	no serious imprecision	none	78/202 (38.6%)	196/198 (99%)	RR 0.4 (0.31 to 0.51)	594 fewer per 1000 (from 485 fewer to 683 fewer)	⊕⊕OO LOW	CRITICAL
								100%		600 fewer per 1000 (from 490 fewer to 690 fewer)		
Service use: Admitted to acute care - by 24 months												
1	randomised trials	serious[5]	no serious inconsistency	no serious indirectness	serious[6]	none	20/64 (31.3%)	54/54 (100%)	RR 0.32 (0.22 to 0.46)	680 fewer per 1000 (from 540 fewer to 780 fewer)	⊕⊕OO LOW	CRITICAL
								100%		680 fewer per 1000 (from 540 fewer to 780 fewer)		
Service use: Readmitted to acute care - by 12 months												
4	randomised trials	serious[1]	very serious[2]	no serious indirectness	serious[3]	none	64/295 (21.7%)	123/306 (40.2%)	RR 0.51 (0.21 to 1.2)	197 fewer per 1000 (from 318 fewer to 80 more)	⊕OOO VERY LOW	CRITICAL
								45.1%		221 fewer per 1000 (from 356 fewer to 90 more)		
Service use: Readmitted to acute care - by 24 months												
2	randomised trials	serious[1]	very serious[2]	no serious indirectness	serious[3]	none	50/155 (32.3%)	59/151 (39.1%)	RR 0.76 (0.36 to	94 fewer per 1000 (from 250	⊕OOO VERY	CRITICAL

									1.63)	fewer to 246 more)	LOW	
								40.7%		98 fewer per 1000 (from 260 fewer to 256 more)		
Service use: Days of acute inpatient care - by 3 months (Better indicated by lower values)												
1	randomised trials	serious[5]	no serious inconsistency	no serious indirectness	serious[3]	none	43	42	-	SMD 0.52 lower (0.95 to 0.09 lower)	⊕⊕OO LOW	CRITICAL
Service use: Days of acute inpatient care - by 6 months (Better indicated by lower values)												
3	randomised trials	serious[1]	very serious[2]	no serious indirectness	serious[3]	none	143	193	-	SMD 0.81 lower (1.73 lower to 0.11 higher)	⊕OOO VERY LOW	CRITICAL
Service use: Days of acute inpatient care - by 12 months (Better indicated by lower values)												
1	randomised trials	serious[5]	no serious inconsistency	no serious indirectness	serious[6]	none	76	79	-	SMD 0.62 lower (0.94 to 0.3 lower)	⊕⊕OO LOW	CRITICAL
Service use: Days of acute inpatient care - by 20months (Better indicated by lower values)												
1	randomised trials	serious[5]	no serious inconsistency	no serious indirectness	serious[6]	none	92	97	-	SMD 1.01 lower (1.31 to 0.71 lower)	⊕⊕OO LOW	CRITICAL
Mental Health Act Admission - by 3 months												
1	randomised trials	serious[5]	no serious inconsistency	no serious indirectness	serious[3]	none	9/45 (20%)	13/42 (31%)	RR 0.65 (0.31 to	108 fewer per 1000 (from 214 fewer to 108	⊕⊕OO LOW	CRITICAL

									1.35)	more)		
								31%		109 fewer per 1000 (from 214 fewer to 109 more)		
Satisfaction -Patient satisfied with care: Satisfaction Scale - by 6 months (Better indicated by lower values)												
1	randomised trials	serious[5]	no serious inconsistency	no serious indirectness	serious[6]	none	61	54	-	SMD 0.95 lower (1.34 to 0.57 lower)	⊕⊕OO LOW	CRITICAL
Satisfaction -Patient satisfied with care: Satisfaction Scale - by 12 months (Better indicated by lower values)												
1	randomised trials	serious[5]	no serious inconsistency	no serious indirectness	serious[6]	none	62	59	-	SMD 1.02 lower (1.4 to 0.64 lower)	⊕⊕OO LOW	CRITICAL
Satisfaction -Patient satisfied with care: Satisfaction Scale - by 20 months (Better indicated by lower values)												
1	randomised trials	serious[5]	no serious inconsistency	no serious indirectness	serious[6]	none	69	68	-	SMD 1.21 lower (1.58 to 0.85 lower)	⊕⊕OO LOW	CRITICAL
Satisfaction- patient (CSQ) - by 3 months (not satisfied with care)												
1	randomised trials	serious[5]	no serious inconsistency	no serious indirectness	serious[3]	none	19/45 (42.2%)	17/42 (40.5%)	RR 1.04 (0.63 to 1.72)	16 more per 1000 (from 150 fewer to 291 more)	⊕⊕OO LOW	CRITICAL
								28.6%		11 more per 1000 (from 106 fewer to 206 more)		

[1] Most information is from studies at moderate risk of bias
[2] Evidence of very serious heterogeneity of study effect size

[3] Confidence interval (CI) cross the clinical decision threshold
[4] Evidence of serious heterogeneity of study effect size
[5] Crucial limitation for one criterion or some limitations for multiple criteria sufficient to lower ones confidence in the estimate of effect
[6] Criteria for an optimal information size not met

1.7.7 Crisis resolution/ home intervention teams versus standard care- health economic profile

CRHTTs versus standard care							
Study & country	Limitations	Applicability	Other comments	Incremental cost (£)1	Incremental effect	ICER (£/effect)	Uncertainty
McCrone et al, 2009 UK	Minor limitations[2]	Partially applicable[3]	Cost analysis Time horizon 6 months	-£2,444	NA	NA	If CRHTT contact unit cost was £40, cost difference would be £1,807
McCrone et al, 2009 UK	Minor limitations[4]	Directly applicable[5]	Outcome measure: days on psychiatric ward avoided Time horizon 6 months	£976	3.1	£315/avoided inpatient day	Probability CRHTT cost effective at WTP £0 for avoided inpatient day <0.10; WTP £25 for avoided inpatient day 0.41; WTP £100 for avoided inpatient day 1.00

1. All costs uplifted to 2011/2012 UK pounds using the UK HCHS inflation index
2. Based on pre-, post-observational study (n=200); local, national and published sources for unit costs; limited sensitivity analysis; time horizon may not be sufficiently long to reflect all important differences in costs
3. Includes costs not relevant to NHS and PSS perspective
4. Time horizon may not be sufficiently long to reflect all important differences in costs
5. Perspective of NHS and PSS and criminal justice sector, however costs not relevant to NHS and PSS accounted only for a small proportion of costs

1.7.8 Crisis houses versus standard care- clinical evidence profile

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Crisis houses (recovery houses)	Control	Relative (95% CI)	Absolute		
Service use: Admitted to acute care - by 6 months												
1	randomised trials	serious	no serious inconsistency	no serious indirectness	serious[1]	none	93/93 (100%)	92/92 (100%)	RR 1 (0.98 to 1.02)	0 fewer per 1000 (from 20 fewer to 20 more)	⊕⊕OO LOW	CRITICAL
								100%		0 fewer per 1000 (from 20 fewer to 20 more)		
Service use: Readmitted to acute care - by 6 months												
1	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	serious[3]	none	67/93 (72%)	74/92 (80.4%)	RR 0.9 (0.76 to 1.05)	80 fewer per 1000 (from 193 fewer to 40 more)	⊕⊕OO LOW	CRITICAL
								80.4%		80 fewer per 1000 (from 193 fewer to 40 more)		
Service use: Days of acute inpatient care - by 6 months (Better indicated by lower values)												
1	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	serious[3]	none	61	47	-	SMD 0.02 lower (0.4 lower to 0.36 higher)	⊕⊕OO LOW	CRITICAL
Service use: Number of repeat admissions per participant - by 6 months (Better indicated by lower values)												

1	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	serious[3]	none	63	48	-	SMD 0.18 lower (0.56 lower to 0.2 higher)	⊕⊕OO LOW	CRITICAL

[1] Criteria for an optimal information size not met
[2] Crucial limitation for one criterion or some limitations for multiple criteria sufficient to lower ones confidence in the estimate of effect
[3] Confidence interval (CI) cross the clinical decision threshold

1.7.9 Acute day hospital care versus inpatient admission- clinical evidence profile

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acute day hospital care	Inpatient admission	Relative (95% CI)	Absolute		
Type 1 studies: Feasibility and engagement: lost to follow up - end of study (by 3 months)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	163/596 (27.3%)	147/521 (28.2%)	RR 0.97 (0.8 to 1.17)	8 fewer per 1000 (from 56 fewer to 48 more)	⊕⊕⊕⊕ HIGH	CRITICAL
								0%		-		
Type 1 studies: Feasibility and engagement: lost to follow up - end of study (by 2-6 months)												
2	randomised trials	serious[1]	serious[2]	no serious indirectness	no serious imprecision	none	-	-	RR 0.83 (0.58 to 1.19)	-	⊕⊕OO LOW	CRITICAL
								0%		-		
Type 1 studies: Feasibility and engagement: lost to follow up - end of study (by 1 year)												
5	randomised trials	no serious risk of	serious[2]	no serious indirectness	no serious imprecision	none	274/887 (30.9%)	267/817 (32.7%)	RR 0.94 (0.82 to	20 fewer per 1000 (from 59 fewer to 26	⊕⊕⊕O MODERATE	CRITICAL

		bias							1.08)	more)		
								0%		-		
Type 1 studies: Duration of index admission (days/month) (Better indicated by lower values)												
4	randomised trials	no serious risk of bias	serious[2]	no serious indirectness	no serious imprecision	none	820	762	-	MD 27.47 higher (3.96 to 50.98 higher)	⊕⊕⊕O MODERATE	CRITICAL
Type 1 studies: Duration of all hospital care (days/month) (Better indicated by lower values)												
3	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[3]	none	224	241	-	MD 0.38 lower (1.32 lower to 0.55 higher)	⊕⊕OO LOW	CRITICAL
Type 1 studies: Duration of stay in hospital (days/month) (Better indicated by lower values)												
3	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[3]	none	224	241	-	MD 2.75 lower (3.63 to 1.87 lower)	⊕⊕OO LOW	CRITICAL
Type 1 studies: Duration of all day patient care (days/month) (Better indicated by lower values)												
3	randomised trials	serious[1]	serious[2]	no serious indirectness	no serious imprecision	none	224	241	-	MD 2.34 higher (1.97 to 2.7 higher)	⊕⊕OO LOW	CRITICAL
Type 1 studies: re-admitted to in/day patient care after discharge (days/month)												
5	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[3]	none	92/326 (28.2%)	106/341 (31.1%)	-	311 fewer per 1000 (from 311 fewer to 311 fewer)	⊕⊕OO LOW	CRITICAL
								0%		-		

Type 1 studies: Satisfaction with services: not satisfied with care received												
1	randomised trials	no serious risk of bias[1]	no serious inconsistency	no serious indirectness	serious[3]	none	12/43 (27.9%)	29/48 (60.4%)	RR 0.46 (0.27 to 0.79)	326 fewer per 1000 (from 127 fewer to 441 fewer)	⊕⊕⊕O MODERATE	CRITICAL
								0%		-		
Type 2 studies – Feasibility and engagement: lost to follow up (at 2 years)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[3]	none	36/103 (35%)	29/57 (50.9%)	RR 0.69 (0.48 to 0.99)	158 fewer per 1000 (from 5 fewer to 265 fewer)	⊕⊕OO LOW	CRITICAL
								0%		-		
Type 2 studies – Duration of all hospital care (days/months, IPD – "nights in" & "nights out") (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[3]	none	103	57	-	MD 1.10 higher (1.58 lower to 3.78 higher)	⊕⊕OO LOW	CRITICAL
Type 2 studies: re-admitted to in/day patient care after discharge (days/month)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[3]	none	42/103 (40.8%)	25/57 (43.9%)	RR 0.93 (0.64 to 1.35)	31 fewer per 1000 (from 158 fewer to 154 more)	⊕⊕OO LOW	CRITICAL
								0%		-		

[1] Most information is from studies at moderate risk of bias
[2] Evidence of serious heterogeneity of study effect size
[3] CI crosses clinical decision threshold

1.8 VOCATIONAL REHABILITATION - CRITICAL OUTCOMES

1.8.1 Supported employment (standard or modified) versus pre-vocational training (standard or modified) - clinical evidence profile

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Supported Employment (Standard OR Modified)	Pre-Vocational Training (Standard OR Modified)	Relative (95% CI)	Absolute		
Employment (competitive) - End of treatment - NOT in competitive employment												
18	randomised trials	no serious risk of bias	serious[1]	no serious indirectness	no serious imprecision	none	963/1840 (52.3%)	1426/1787 (79.8%)	RR 0.63 (0.56 to 0.72)	295 fewer per 1000 (from 223 fewer to 351 fewer)	⊕⊕⊕O MODERATE	CRITICAL
								0%		-		
Employment, competitive - End of treatment - Earnings (Better indicated by lower values)												
12	randomised trials	serious[2]	very serious[3]	no serious indirectness	no serious imprecision	none	1267	1208	-	SMD 0.73 lower (1.1 to 0.35 lower)	⊕OOO VERY LOW	CRITICAL
Employment (competitive) - End of treatment - Duration (Better indicated by lower values)												
2	randomised trials	serious[2]	serious[1]	no serious indirectness	no serious imprecision	none	205	201	-	SMD 0.17 lower (0.6 lower to 0.26 higher)	⊕⊕OO LOW	CRITICAL
Employment (competitive) - End of treatment - Longest job worked (Better indicated by lower values)												
5	randomised trials	no serious risk of bias	serious[1]	no serious indirectness	serious[4]	none	302	359	-	SMD 0.43 lower (0.82 to 0.04 lower)	⊕⊕OO LOW	CRITICAL
Employment (competitive) - End of treatment - Time to first job (Better indicated by lower values)												
7	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	355	372	-	SMD 0.48 lower (0.65 to 0.31 lower)	⊕⊕⊕⊕ HIGH	CRITICAL

Employment (competitive) - End of treatment - Number of jobs (Better indicated by lower values)												
2	randomised trials	no serious risk of bias	serious[1]	no serious indirectness	no serious imprecision	none	108	113	-	SMD 0.4 lower (0.83 lower to 0.02 higher)	⊕⊕⊕O MODERATE	CRITICAL
Employment, competitive - End of treatment - Hours worked (Better indicated by lower values)												
9	randomised trials	serious[2]	very serious[3]	no serious indirectness	no serious imprecision	none	1193	1211	-	SMD 0.67 lower (0.98 to 0.35 lower)	⊕OOO VERY LOW	CRITICAL
Employment (competitive) - End of treatment - Days/weeks worked (Better indicated by lower values)												
7	randomised trials	serious[2]	serious[1]	no serious indirectness	no serious imprecision	none	464	530	-	SMD 0.67 lower (0.92 to 0.43 lower)	⊕⊕OO LOW	CRITICAL
Employment (competitive) -up to 12 month FU - NOT in competitive employment												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[4]	reporting bias[5]	90/109 (82.6%)	99/110 (90%)	RR 0.92 (0.82 to 1.02)	72 fewer per 1000 (from 162 fewer to 18 more)	⊕⊕OO LOW	CRITICAL
								0%		-		
Employment (competitive) - >12 months FU - Hours worked (Better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[6]	none	90	85	-	SMD 0.32 lower (0.99 lower to 0.33 higher)	⊕⊕⊕O MODERATE	CRITICAL
Employment (competitive) - >12 months FU - Earning (Better indicated by lower values)												
2	randomised trials	serious[2]	serious[3]	no serious indirectness	serious[4]	none	90	85	-	SMD 0.32 lower (0.87 lower to 0.23 higher)	⊕OOO VERY LOW	CRITICAL
Employment (competitive) - >12 months FU - Number of jobs (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[4]	none	17	18	-	SMD 0.07 lower (0.73 lower to 0.59 higher)	⊕⊕⊕O MODERATE	CRITICAL
Employment (competitive) - >12 months FU - Days/weeks worked (Better indicated by lower values)												

1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[4]	none	17	18	-	SMD 0.22 lower (0.88 lower to 0.44 higher)	⊕⊕⊕O MODERATE	CRITICAL
Occupation (any)- End of treatment - NOT in any occupation (paid/unpaid/competitive/uncompetitive)												
7	randomised trials	serious[2]	serious[1]	no serious indirectness	very serious[4]	none	184/500 (36.8%)	288/543 (53%)	RR 0.70 (0.56 to 0.87)	159 fewer per 1000 (from 69 fewer to 233 fewer)	⊕OOO VERY LOW	CRITICAL
								53.1%		159 fewer per 1000 (from 69 fewer to 234 fewer)		
Occupation (any)- End of treatment - NOT in volunteer employment												
2	randomised trials	serious[2]	serious[1]	no serious indirectness	no serious imprecision	none	122/129 (94.6%)	118/127 (92.9%)	RR 1.04 (0.84 to 1.28)	37 more per 1000 (from 149 fewer to 260 more)	⊕⊕OO LOW	CRITICAL
								87%		35 more per 1000 (from 139 fewer to 244 more)		
Occupation (any) - End of treatment - Time to first job (Better indicated by lower values)												
4	randomised trials	serious[2]	serious[1]	no serious indirectness	serious[4]	none	239	255	-	SMD 0.23 lower (0.42 to 0.05 lower)	⊕OOO VERY LOW	CRITICAL
Occupation (any) - End of treatment - Weeks worked (Better indicated by lower values)												
5	randomised trials	serious[2]	serious[1]	no serious indirectness	serious[4]	none	332	399	-	SMD 0.21 lower (0.35 to 0.06 lower)	⊕OOO VERY LOW	CRITICAL
Occupation (any) - End of treatment - Hours worked (Better indicated by lower values)												
4	randomised trials	serious[2]	serious[1]	no serious indirectness	no serious imprecision	none	312	371	-	SMD 0.14 lower (0.31 lower to 0.02 higher)	⊕⊕OO LOW	CRITICAL
Occupation (any) - End of treatment - Longest job worked (Better indicated by lower values)												
4	randomised trials	serious[2]	serious[1]	no serious indirectness	no serious imprecision	none	285	353	-	SMD 0.14 lower (0.29 lower to 0.02	⊕⊕OO LOW	CRITICAL

										higher)		
Occupation (any) - End of treatment - Number of jobs (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	91	95	-	SMD 0.06 lower (0.34 lower to 0.23 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Occupation (any) - End of treatment - Earnings (Better indicated by lower values)												
4	randomised trials	no serious risk of bias	serious[1]	no serious indirectness	serious[4]	none	249	303	-	SMD 0.37 lower (0.54 to 0.2 lower)	⊕⊕OO LOW	CRITICAL
Global state - functional disability - End of treatment (Better indicated by lower values)												
4	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	no serious imprecision	none	350	349	-	SMD 0.02 higher (0.13 lower to 0.17 higher)	⊕⊕⊕O MODERATE	CRITICAL
Global state - functional disability - up to 12 month FU (Better indicated by lower values)												
1	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	no serious imprecision	none	93	95	-	SMD 0.04 higher (0.25 lower to 0.33 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of Life - End of treatment (Better indicated by lower values)												
4	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	344	339	-	SMD 0.00 higher (0.15 lower to 0.15 higher)	⊕⊕⊕⊕ HIGH	CRITICAL

[1] Evidence of serious heterogeneity of study effect size
[2] Most information is from studies at moderate risk of bias
[3] Evidence of very serious heterogeneity of study effect size
[4] Confidence interval (CI) cross the clinical decision threshold
[5] Lack of follow-up data suggests likely publication bias
[6] Optimal information size not met

1.8.2 Supported employment (standard or modified) versus pre-vocational training (standard or modified) - health economic profile

Supported employment (standard or modified) versus prevocational training (standard or modified)							
Study & country	Limitations	Applicability	Other comments	Incremental cost (£)[1]	Incremental effect	ICER (£/effect)	Uncertainty
Howard et al, 2010 Heslin et al, 2011 UK	Potentially serious limitations[2]	Directly applicable[3]	Outcome measure: % in competitive employment Time horizon 1 and 2 years	-£2,489 year 1 -£2,700 year 2	6% year 1 11% year 2	IPS dominant	Probability IPS cost effective at WTP £0 for extra person gaining employment is 0.90 at year 2

1. All costs uplifted to 2011/2012 UK pounds using the UK HCHS inflation index
2. Effectiveness and resource use based on one RCT (n=219); intervention not delivered at optimum
3. Includes costs not relevant to NHS and PSS perspective, however these accounted only for a small proportion of total costs

1.8.3 Supported employment (standard or modified) versus TAU/control (non-vocational comparison group) - clinical evidence profile

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Supported Employment (Standard OR Modified)	TAU/Control (non-vocational comparison group)	Relative (95% CI)	Absolute		
Employment (competitive) - End of intervention - NOT in competitive employment												
3	randomised trials	serious[1]	serious[2]	no serious indirectness	serious[3]	none	511/1119 (45.7%)	796/1158 (68.7%)	RR 0.46 (0.25 to 0.85)	371 fewer per 1000 (from 103 fewer to 516 fewer)	⊕OOO VERY LOW	CRITICAL
								84.9%		458 fewer per 1000 (from 127 fewer to 637 fewer)		
Employment (competitive) - End of intervention - Days/Weeks/Months Worked (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[3]	none	20	21	-	SMD 0.49 lower (1.11 lower to 0.13 higher)	⊕⊕⊕O MODERATE	CRITICAL

Employment (competitive) - End of intervention - Hours worked (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[4]	none	20	21	-	SMD 0.85 lower (1.49 to 0.2 lower)	⊕⊕⊕O MODERATE	CRITICAL
Employment (competitive) - End of intervention - Earnings (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[3]	none	20	21	-	SMD 0.09 lower (0.7 lower to 0.53 higher)	⊕⊕⊕O MODERATE	CRITICAL
Employment (competitive) - End of intervention - Time to first job (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	526	347	-	SMD 0.09 lower (0.22 lower to 0.05 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Employment (competitive) - > 12 month follow-up - NOT in Competitive employment												
1	randomised trials	serious[5]	no serious inconsistency	serious[6]	serious[3]	reporting bias	36/73 (49.3%)	51/79 (64.6%)	RR 0.76 (0.57 to 1.02)	155 fewer per 1000 (from 278 fewer to 13 more)	⊕OOO VERY LOW	CRITICAL
								64.6%		155 fewer per 1000 (from 278 fewer to 13 more)		
Occupation (any) - End of intervention - NOT in any occupation												

1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	399/1004 (39.7%)	628/1051 (59.8%)	RR 0.67 (0.61 to 0.73)	197 fewer per 1000 (from 161 fewer to 233 fewer)	⊕⊕⊕⊕ HIGH	CRITICAL
								59.8%		197 fewer per 1000 (from 161 fewer to 233 fewer)		
Occupation (any) - End of intervention - Time to first job (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	605	423	-	SMD 0.11 lower (0.24 lower to 0.01 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Occupation (any) - End of intervention - Days/Weeks/Months worked (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	1004	1051	-	SMD 0.37 lower (0.46 to 0.28 lower)	⊕⊕⊕⊕ HIGH	CRITICAL
Occupation (any) - End of intervention - Weekly Earnings (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	1004	1051	-	SMD 0.29 lower (0.38 to 0.2 lower)	⊕⊕⊕⊕ HIGH	CRITICAL
Occupation (any) - End of intervention - Past 3 months earnings (Better indicated by lower values)												
1	randomised	no serious	no serious	no serious	no serious	none	1004	1051	-	SMD 0.22 lower (0.31	⊕⊕⊕⊕	CRITICAL

	trials	risk of bias	inconsistency	indirectness	imprecision					to 0.13 lower)	HIGH	
Occupation (any) - End of intervention - Hours per week (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	1004	1051	-	SMD 0.36 lower (0.45 to 0.28 lower)	⊕⊕⊕⊕ HIGH	CRITICAL
Occupation (any) - End of intervention - Highest hourly wage (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	1004	1051	-	SMD 0.3 lower (0.39 to 0.22 lower)	⊕⊕⊕⊕ HIGH	CRITICAL
Quality of Life - End of intervention (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	1004	1051	-	SMD 0.14 lower (0.22 to 0.05 lower)	⊕⊕⊕⊕ HIGH	CRITICAL

[1] Most information is from studies at moderate risk of bias
[2] Evidence of very serious heterogeneity of study effect size
[3] Confidence interval (CI) cross the clinical decision threshold
[4] Optimal information size not met
[5] Crucial limitation for one criterion or some limitations for multiple criteria sufficient to lower ones confidence in the estimate of effect
[6] Intervention and sample may not be representative

1.8.4 Supported employment (standard or modified) versus TAU/control (non-vocational comparison group) - health economic profile

Supported employment (standard or modified) versus control (non-vocational)

Study & country	Limitations	Applicability	Other comments	Incremental cost (£)[1]	Incremental effect	ICER (£/effect)	Uncertainty
Dixon et al, 2002 US	Minor limitations[2]	Partially applicable[3]	Outcome measure: number of hours/weeks of competitve work and combined earnings Time horizon 18 months	£4,415	298 hours 14 weeks	£15/ hour £315/week	IPS costs more and provides more competitive work in 91% cases; IPS dominated by SC when combined earnings used as an outcome measure
Knapp et al, 2013 UK	Minor limitations[4]	Directly applicable[5]	Outcome measure: number of days worked in competitive settings; percent of sample members who worked at least 1 day Time horizon 18 months	-£4,774	27% worked at least 1 day	IPS dominant using both outcomes	Probability IPS cost effective at WTP £0-1,000 for additional 1% of clients working for at least 1 day or for additional day of work is 1.00
Economic analysis for this guideline	Minor limitations[6]	Directly applicable[7]	Cost utility Time horizon 10 years	£241	0.22 QALYs	£1,082/QALY	Probability supported employment cost effective at WTP £20,000-30,000/QALY is 0.85-0.91; as risk ratio is varied accross its range supported emplyment ranges from being dominant to £14,985/QALY gained; as intervention cost varied ±50%, ICER ranged from £15,080/QALY to supported employment being dominant; as cost of TAU varied by ±50%, ICER ranged from supported employment programme being dominant to £12,444/ QALY gained

1. In non-UK studies costs converted to UK pounds using purchasing power parities (PPP) exchange rates (http://www.oecd.org/std/ppp); all costs uplifted to 2011/2012 UK pounds using the UK HCHS inflation index
2. Effectiveness and resources use based on one RCT (n=152) and service logs; local and national unit costs; time horizon may not be sufficiently long to reflect all important differences in costs
3. US public sector payer perspective; standard care may not be representative of routine and best practice in the NHS
4. Effectiveness and resource use based on one RCT (n=312); outcome measure of percent of sample who worked at least 1 day potentially biased in favour of intervention; international study with small proportion of sample (n=50) based in the UK
5. Included costs relevant to NHS and PSS perspective

6. 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
7. NHS and PSS perspective; health effects expressed in QALYs

1.8.5 Pre-vocational training (standard or modified) versus TAU/active control (non-vocational comparison group) - clinical evidence profile

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Pre-vocational training (Standard OR Modified)	TAU/Active control (non-vocational comparison group)	Relative (95% CI)	Absolute		
Employment (competitive) - End of intervention - NOT in Competitive employment												
5	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	140/207 (67.6%)	164/214 (76.6%)	RR 0.87 (0.76 to 1.01)	100 fewer per 1000 (from 184 fewer to 8 more)	⊕⊕OO LOW	CRITICAL
								68.8%		89 fewer per 1000 (from 165 fewer to 7 more)		
Employment (competitive) - End of intervention - Earnings (Better indicated by lower values)												
1	randomised trials	serious[3]	no serious inconsistency	no serious indirectness	no serious imprecision	none	41	48	-	SMD 0.26 lower (0.68 lower to 0.16 higher)	⊕⊕⊕O MODERATE	CRITICAL
Employment (competitive)- up to 12 month follow-up												
1	randomised	serious[3]	no serious	no serious	no serious	reporting bias[4]	13/14	11/14	RR 1.18 (0.87 to	141 more per 1000	⊕⊕OO	CRITICAL

	trials		inconsistency	indirectness	imprecision		(92.9%)	(78.6%)	1.61)	(from 102 fewer to 479 more)	LOW	
								78.6%		141 more per 1000 (from 102 fewer to 479 more)		
Occupation (any) - End of intervention - Hours worked (Better indicated by lower values)												
1	randomised trials	serious[3]	no serious inconsistency	no serious indirectness	serious[2]	none	14	14	-	SMD 0.8 lower (1.58 to 0.03 lower)	⊕⊕OO LOW	CRITICAL
Occupation (any) - End of intervention - NOT in any occupation												
5	randomised trials	serious[1]	serious[5]	no serious indirectness	serious[2]	none	274/415 (66%)	185/226 (81.9%)	RR 0.73 (0.58 to 0.93)	221 fewer per 1000 (from 57 fewer to 344 fewer)	⊕OOO VERY LOW	CRITICAL
								78.6%		212 fewer per 1000 (from 55 fewer to 330 fewer)		
Occupation (any) - up to 6 month follow-up												
2	randomised trials	serious[1]	serious[5]	no serious indirectness	serious[2]	reporting bias[4]	133/197 (67.5%)	57/71 (80.3%)	RR 0.78 (0.53 to 1.14)	177 fewer per 1000 (from 377 fewer to 112	⊕OOO VERY LOW	CRITICAL

										more)		
								84.3%		185 fewer per 1000 (from 396 fewer to 118 more)		
Occupation (any) - 7-12 month follow-up - NOT employed												
1	randomised trials	serious[3]	no serious inconsistency	no serious indirectness	serious[2]	reporting bias[4]	107/163 (65.6%)	39/52 (75%)	RR 0.88 (0.72 to 1.06)	90 fewer per 1000 (from 210 fewer to 45 more)	⊕OOO VERY LOW	CRITICAL
								75%		90 fewer per 1000 (from 210 fewer to 45 more)		
Education, attendance - End of intervention - NOT attending												
2	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	91/102 (89.2%)	102/109 (93.6%)	RR 0.94 (0.88 to 1.01)	56 fewer per 1000 (from 112 fewer to 9 more)	⊕⊕⊕O MODERATE	CRITICAL
								92.7%		56 fewer per 1000 (from 111 fewer to 9 more)		
Quality of Life - End of intervention (Better indicated by lower values)												
1	randomised trials	serious[3]	no serious inconsistency	no serious indirectness	no serious imprecision	none	47	44	-	SMD 0.6 lower (1.02 to 0.18 lower)	⊕⊕⊕O MODERATE	

[1] Most information is from studies at moderate risk of bias
[2] Confidence interval (CI) cross the clinical decision threshold
[3] Crucial limitation for one criterion or some limitations for multiple criteria sufficient to lower ones confidence in the estimate of effect
[4] Suspicion of publication bias
[5] Evidence of serious heterogeneity of study effect size

1.8.6 Modified pre-vocational training versus standard pre-vocational training- clinical evidence profile

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Modified Pre-vocational training	Standard Pre-vocational training	Relative (95% CI)	Absolute		
Employment (competitive) - End of intervention - NOT in Competitive employment												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	50/69 (72.5%)	55/67 (82.1%)	RR 0.88 (0.73 to 1.06)	99 fewer per 1000 (from 222 fewer to 49 more)	⊕⊕OO LOW	CRITICAL
								54.4%		65 fewer per 1000 (from 147 fewer to 33 more)		
Employment (competitive)- End of intervention - Earnings (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	69	67	-	SMD 0.25 lower (0.58 lower to 0.08 higher)	⊕⊕⊕O MODERATE	CRITICAL
Employment (competitive)- End of intervention - Weeks worked (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	69	67	-	SMD 3.37 higher (3.04 to 3.7 higher)	⊕⊕⊕O MODERATE	CRITICAL

Employment (competitive)- End of intervention - Hours worked (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	69	67	-	SMD 0.24 lower (0.57 lower to 0.09 higher)	⊕⊕OO LOW	CRITICAL
Employment (competitive)- End of intervention - Longest job worked (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	69	67	-	SMD 0.17 lower (0.5 lower to 0.16 higher)	⊕⊕OO LOW	CRITICAL
Employment (competitive)- End of intervention - Time to first job (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	69	67	-	SMD 0.76 lower (1.1 to 0.42 lower)	⊕⊕⊕O MODERATE	CRITICAL
Occupation (any)- End of intervention - NOT in any paid (competitive or uncompetitive) employment												
2	randomised trials	serious[1]	serious[3]	no serious indirectness	serious[2]	none	56/149 (37.6%)	97/137 (70.8%)	RR 0.53 (0.3 to 0.94)	333 fewer per 1000 (from 42 fewer to 496 fewer)	⊕OOO VERY LOW	CRITICAL
								30%		141 fewer per 1000 (from 18 fewer to 210 fewer)		
Occupation (any)- End of intervention - Earnings (Better indicated by lower values)												
2	randomised trials	serious[1]	very serious[4]	no serious indirectness	no serious imprecision	none	149	131	-	SMD 0.70 lower (0.95 to	⊕OOO VERY LOW	CRITICAL

										0.46 lower)		
Occupation (any)- End of intervention - Weeks worked (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	69	67	-	SMD 0.29 lower (0.63 lower to 0.05 higher)	⊕⊕OO LOW	CRITICAL
Occupation (any)- End of intervention - Hours worked (Better indicated by lower values)												
2	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	149	131	-	SMD 0.90 lower (1.21 to 0.58 lower)	⊕⊕⊕O MODERATE	CRITICAL
Occupation (any)- End of intervention - Longest job worked (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	69	67	-	SMD 0.29 lower (0.62 lower to 0.04 higher)	⊕⊕OO LOW	CRITICAL
Occupation (any)- End of intervention - Time to first job (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	69	67	-	SMD 0.60 lower (0.95 to 0.25 lower)	⊕⊕OO LOW	CRITICAL

[1] Crucial limitation for one criterion or some limitations for multiple criteria sufficient to lower ones confidence in the estimate of effect
[2] Confidence interval (CI) cross the clinical decision threshold
[3] Evidence of serious heterogeneity of study effect size
[4] Evidence of very serious heterogeneity of study effect size

1.8.7 Modified pre-vocational training (paid + psych) versus modified pre-vocational training (+paid) - clinical evidence profile

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Modified Pre-vocational training (paid + psych)	Modified Pre-vocational training (+paid)	Relative (95% CI)	Absolute		
Occupation (any)- End of intervention - Weeks worked (Better indicated by lower values)												
2	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	73	74	-	SMD 0.51 lower (0.84 to 0.18 lower)	⊕⊕OO LOW	CRITICAL
Occupation (any)- End of intervention - Hours worked (Better indicated by lower values)												
2	randomised trials	serious	no serious inconsistency	no serious indirectness	serious[2]	none	73	74	-	SMD 0.63 lower (0.96 to 0.3 lower)	⊕⊕OO LOW	CRITICAL
Functional disability - End of intervention (Better indicated by lower values)												
3	randomised trials	serious	no serious inconsistency	no serious indirectness	serious[3]	none	103	107	-	SMD 0.61 lower (0.89 to 0.33 lower)	⊕⊕OO LOW	CRITICAL

[1] Most of the information is from studies at moderate risk of bias
[2] Optimal information size not met
[3] Confidence interval (CI) cross the clinical decision threshold

1.8.8 Supported employment plus pre-vocational training versus pre-vocational training- clinical evidence profile

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Supported Employment PLUS Pre-vocational Training	Pre-vocational Training	Relative (95% CI)	Absolute		
Employment (competitive) - End of intervention												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	11/52 (21.2%)	51/55 (92.7%)	RR 0.23 (0.13 to 0.39)	714 fewer per 1000 (from 566 fewer to 807 fewer)	⊕⊕⊕O MODERATE	CRITICAL
								0%		-		
Employment, competitive - Earnings - End of intervention (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	52	55	-	SMD 3.86 lower (4.51 to 3.21 lower)	⊕⊕⊕O MODERATE	CRITICAL

[1] Optimal information size not met

1.8.9 Supported employment plus pre-vocational training versus supported employment- clinical evidence profile

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Supported Employment PLUS Pre-vocational Training	Supported Employment	Relative (95% CI)	Absolute		
Employment (competitive) - End of intervention												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	11/52 (21.2%)	26/56 (46.4%)	RR 0.46 (0.25 to 0.83)	251 fewer per 1000 (from 79 fewer to 348 fewer)	⊕⊕⊕O MODERATE	CRITICAL
								0%		-		
Employment, competitive - Earnings - End of intervention (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[2]	none	52	56	-	SMD 0.34 lower (0.72 lower to 0.04 higher)	⊕⊕⊕O MODERATE	CRITICAL

[1] Optimal information size not met
[2] Confidence interval (CI) cross the clinical decision threshold

1.8.10 Cognitive remediation plus vocational rehabilitation versus vocational rehabilitation- clinical evidence profile

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Cognitive Remediation + Vocational Rehabilitation	Vocational Rehabilitation	Relative (95% CI)	Absolute		
Employment (competitive) - End of intervention - NOT in competitive employment												
2	randomised trials	serious[1]	serious[2]	no serious indirectness	serious[3]	none	22/61 (36.1%)	41/55 (74.5%)	RR 0.47 (0.24 to 0.92)	395 fewer per 1000 (from 60 fewer to 567 fewer)	⊕OOO VERY LOW	CRITICAL
								0%		-		
Employment (competitive) - End of intervention - Hours worked (Better indicated by lower values)												
3	randomised trials	serious[1]	serious	no serious indirectness	serious[3]	none	79	71	-	SMD 0.38 lower (1.06 lower to 0.31 higher)	⊕OOO VERY LOW	CRITICAL
Employment (competitive) - End of intervention - Number of jobs (Better indicated by lower values)												
2	randomised trials	serious[1]	serious[2]	no serious indirectness	serious[3]	none	61	55	-	SMD 0.57 lower (2.28 lower to 1.13 higher)	⊕OOO VERY LOW	CRITICAL
Employment (competitive) - End of intervention - Weeks worked (Better indicated by lower values)												

2	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[3]	none	56	50	-	SMD 0.05 higher (0.33 lower to 0.43 higher)	⊕⊕OO LOW	CRITICAL
Employment (competitive) - End of intervention - Earnings (Better indicated by lower values)												
2	randomised trials	serious[1]	serious[2]	no serious indirectness	serious[3]	none	41	37	-	SMD 0.54 lower (1.16 lower to 0.08 higher)	⊕OOO VERY LOW	CRITICAL
Employment (competitive) - up to 6 month follow-up - NOT in competitive employment												
1	randomised trials	serious[4]	no serious inconsistency	no serious indirectness	serious[5]	none	41/60 (68.3%)	51/67 (76.1%)	RR 0.90 (0.72 to 1.12)	76 fewer per 1000 (from 213 fewer to 91 more)	⊕⊕OO LOW	CRITICAL
								0%		-		
Employment (competitive) - up to 12 month follow-up - NOT in competitive employment												
1	randomised trials	serious[4]	no serious inconsistency	no serious indirectness	serious[3]	none	13/37 (35.1%)	16/28 (57.1%)	RR 0.61 (0.36 to 1.06)	223 fewer per 1000 (from 366 fewer to 34 more)	⊕⊕OO LOW	CRITICAL
								0%		-		
Occupation (any) - End of intervention - Hours worked (Better indicated by lower values)												
3	randomised trials	serious[1]	serious[2]	no serious indirectness	serious[3]	none	116	117	-	SMD 0.02 higher (0.55 lower to 0.59 higher)	⊕OOO VERY LOW	CRITICAL

Occupation (any) - End of intervention - Earnings (Better indicated by lower values)												
2	randomised trials	serious[1]	serious[2]	no serious indirectness	serious[3]	none	78	83	-	SMD 0.23 lower (1.16 lower to 0.7 higher)	⊕OOO VERY LOW	CRITICAL
Occupation (any) - End of intervention - Weeks worked (Better indicated by lower values)												
1	randomised trials	serious[4]	no serious inconsistency	no serious indirectness	serious[3]	none	18	16	-	SMD 0.89 lower (1.6 to 0.18 lower)	⊕⊕OO LOW	CRITICAL
Occupation (any) -up to 6 month follow-up - Hours worked (Better indicated by lower values)												
1	randomised trials	serious[4]	no serious inconsistency	no serious indirectness	serious[3]	none	60	67	-	MD 0.45 lower (0.8 to 0.1 lower)	⊕⊕OO LOW	CRITICAL
Occupation (any) -up to 6 month follow-up - Earnings (Better indicated by lower values)												
1	randomised trials	serious[4]	no serious inconsistency	no serious indirectness	serious[3]	none	60	67	-	SMD 0.14 lower (0.48 lower to 0.21 higher)	⊕⊕OO LOW	CRITICAL
Occupation (any) - up to 12 month follow-up - Did not obtain work												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[3]	none	18/37 (48.6%)	20/31 (64.5%)	RR 0.75 (0.49 to 1.15)	161 fewer per 1000 (from 329 fewer to 97 more)	⊕⊕⊕O MODERATE	CRITICAL
								0%		-		

Occupation (any)- up to 12 month follow-up - Hours worked (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[3]	none	37	31	-	SMD 0.43 lower (0.91 lower to 0.06 higher)	⊕⊕⊕O MODERATE	CRITICAL
Occupation (any)- up to 12 month follow-up - Weeks worked (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[3]	none	37	31	-	SMD 0.49 lower (0.97 lower to 0 higher)	⊕⊕⊕O MODERATE	CRITICAL
Occupation (any)- up to 12 month follow-up - Earnings (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[3]	none	37	31	-	SMD 0.39 lower (0.87 lower to 0.09 higher)	⊕⊕⊕O MODERATE	CRITICAL

[1] Most information is from studies at moderate risk of bias
[2] Evidence of serious heterogeneity of study effect size
[3] Confidence interval (CI) cross the clinical decision threshold
[4] Crucial limitation for one criterion or some limitations for multiple criteria sufficient to lower ones confidence in the estimate of effect
[5] Optimal information size not met