APPENDIX 16: ECONOMIC EVIDENCE – EVIDENCE TABLES OF PUBLISHED STUDIES

Study ID Country Study type	Intervention details	Study population Study design Data sources	Costs: description and values Outcomes: description and values	Results: Cost-effectiveness	Comments
Valmaggia et al., 2009; UK Cost effectiveness analysis	Early intervention (EI); consisting of information about the symptoms, practical and social support, and the offer of cognitive behaviour therapy (CBT) and medication (a low-dose antipsychotic or an antidepressant). Care as usual (CAU).	Population: People at High risk of developing psychosis Study Design: Decision analytic model Data Sources on outcome and resource use: OASIS, a clinical service for people at at-risk of mental state (ARMS) located in South London (naturalistic study on 114 patients). Lambeth early Onset (LEO), an early intervention team for people with first episode of psychosis in the same geographical area of South London. Source of Unit Costs: National published sources	Costs Included: Intervention costs Initial GP visit Out-patient care (including CMHT contacts) Informal in-patient stay Formal in-patient stay Costs incurred during DUP Sectioning cost Psychologist Community psychiatric nurse Social worker CBT Session Medicine cost OASIS intervention cost Care as usual (Lost productivity cost available) Costs per person 24 months: EI: £4,313, CAU: £3,285 Primary Outcome: Probability of avoiding transition to psychosis Probability of transition to psychosis: EI: 0.20 CAU: 0.35	Incremental Cost per person avoiding psychosis at 24 months: £6,853	Perspective: NHS Societal Currency: £ UK Cost year: 2004 Time horizon: 2 years Discounting: No Applicability: Partially applicable Quality: Potentially serious limitations

Study ID Country Study type	Intervention details	Study population Study design Data sources	Costs: description and values Outcomes: description and values	Results: Cost-effectiveness	Comments
Phillips et al., 2009; Australia Cost minimisation analysis	Specific Preventive Intervention (SPI); consisting of a combination of risperidone and cognitive oriented psychotherapy in addition to 'needs-based' treatment. Needs-Based Intervention (NBI)	Population: Young people at ultra high risk (UHR) of developing first episode of psychosis Study Design: RCT Data Sources on outcome and resource use: Randomised control trial (RCT) and follow up study of young persons attending the Personal Assessment and Crisis Evaluation (PACE) Clinic in Melbourne, Australia. Source of Unit Costs: Local and national costs	Costs Included: Intervention costs Outpatient costs Inpatient costs Pharmacology costs Needs-based treatment (supportive counselling, case management) Cost per person 0-6 months: SPI : $AUS 3,078 NBI: $AUS 2,488 P-value: 0.117 6-12 months: SPI: $AUS 1,800 NBI: $AUS 1,429 P-value: 0.764 12-36 months: SPI : $AUS 5,668 NBI: $AUS 11,614 P-value: 0.103 Primary Outcome: Transition probability to psychosis, HRSA, HRSD, SANS, MRS, QLS, GAF	Transition probability to psychosis, HRSA, HRSD, BPRS-P, SANS, MRS, QLS, GAF: No significant difference	Perspective: Health sector Currency: Australian Dollar Cost year: 1997 Time horizon: 36 months Discounting: Yes Discount rate: 3% Applicability: Partially applicable Quality: Potentially serious limitations