

**APPENDIX 20:
EVIDENCE TABLES FOR ECONOMIC STUDIES ON
INTERVENTIONS**

1.1 Indicated prevention and treatment.....3

1.1.1 Parent-focused indicated prevention/treatment interventions compared with any control group for children and young people with conduct disorder3

1.1.2 Family-focused indicated prevention/treatment interventions compared with any control group be used for children and young people with, or at risk of, conduct disorders9

1.1.3 Multi-component indicated prevention/treatment interventions compared with any control group for children and young people with, or at risk of conduct disorders10

1.1.4 Multi-modal indicated prevention/treatment interventions compared with any control group for children and young people with, or at risk of, conduct disorders14

Abbreviations

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

1.1 INDICATED PREVENTION AND TREATMENT

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

References for included studies

Bonin E, Stevens M, Beecham J, Byford S, Parsonage M. Costs and Longer-term savings of parenting programmes for the prevention of persistent conduct disorder: a modelling study. *BMC Public Health*. 2011;11:803.

Dretzke JF, Davenport C, Barlow J, Stewart-Brown S, Sandercock J, Bayliss S. The effectiveness and cost-effectiveness of parent training/education programmes for the treatment of conduct disorder, including oppositional defiant disorder, in children. *Health Technology Assessment*. 2005;9:1-233.

Edwards, RT, C  illeachair A, Bywater T, Hughes DA, Hutchings J. Parenting programme for parents of children at risk of developing conduct disorder: cost effectiveness analysis. *BMJ*. 2007;334:682-5.

Foster EM, Olchowski AE, Webster-Stratton CH. Is stacking intervention components cost-effective? An analysis of the Incredible years program. *Journal of the American Academy of Child and Adolescent Psychiatry*. 2007;46:1414-24.

McCabe C, Sutcliffe P, Kaltenthaler E. Parent-training programmes in the management of conduct disorder: a report from the NICE Decision Support Unit and the ScHARR Technology Assessment Group. Sheffield: NICE; 2005 July.

Muntz RH, Hutchings J, Edwards RT, Hounsome B, O'  illeachair A. Economic evaluation of treatments for children with severe behavioural problems. *Journal of Mental Health Policy and Economics*. 2004;7:177-89.

Sharac J, McCrone P, Rushton A, Monck E. Enhancing adoptive parenting: a cost-effectiveness analysis. *Child and Adolescent Mental Health*. 2011;16:110-15.

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
Edward and colleagues (2007). UK. Cost-effectiveness analysis.	Intervention: group parenting programme (Webster-Stratton Incredible years basic parenting programme). Comparator: WLC.	Population: children aged 36 to 59 months at risk of developing conduct disorders (defined by scoring over the clinical cut off on the ECBI). Study design: analysis alongside RCT. Source of effectiveness data: single RCT study (N = 153). Sources of resource use data: RCT. Source of unit cost: UK national cost references.	Cost description: programme costs and service use costs (health, special education and social services). Cost value (mean cost): At baseline: 1. intervention cost £888.86 2. WLC: £473.95 At 6-month follow-up: 1. intervention: £2880.97 2. WLC: £523.09. Primary outcome: reduction in mean intensity scores (ECBI). Effect size: Baseline ECBI score: 1. intervention: 144.46 2. WLC: 140.74 At follow-up ECBI score: 1. intervention: 117.17 2. WLC: 140.74.	ICER: £71 per 1 point change in the ECBI intensity score (95% confidence interval: £42 to £140). CEAC: the probability that the intervention group is cost-effective at willingness to pay of £100 is 83.9%.	Perspective: multi-agency (public). Cost year: 2003/04. Currency: GBP. Time horizon: 6 months. Discounting: not applicable. Applicability: partially applicable. Quality: minor limitations.
Sharac and colleagues (2011). UK. Cost-effectiveness analysis.	Intervention: parenting programme (cognitive behavioural approach and educational approach). Comparator: routine care.	Population: families with a child placed for non-relative adoption between 3 and 18 months previously (all children were between 3 and 8 years old with high SDQ scores). Study design: RCT (N = 37).	Cost description: programme costs and service use costs (health, social and education services). Cost estimate: Combined parenting programme approach: £5,043 (SD £3,309). Routine care: £3,378 (SD £5,285). Primary outcomes:	Incremental cost: £1,652 (SD £1,709 to £4,268). ICER: 1. Parenting satisfaction: £337 per point improvement in parenting satisfaction at 6 months 2. SDQ: routine care was dominant.	Perspective: multi-agency. Cost year: 2006/07. Currency: GBP. Time horizon: 6 months.

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
		<p>Sources of resource use data: RCT (client service receipt inventory).</p> <p>Source of unit cost: UK national reference source.</p>	<ol style="list-style-type: none"> 1. Parenting satisfaction 2. SDQ scores measured at 12 weeks and at 6 months. <p>Effect size:</p> <ol style="list-style-type: none"> 1. Satisfaction with parenting was higher for the intervention group at 12 weeks (difference of 2.09) and 6 months (difference of 4.90). 2. SDQ difference was 0.79 in favour of routine care. 		<p>Applicability: partially applicable.</p> <p>Quality: minor limitations.</p>
<p>Foster and colleagues (2006).</p> <p>US.</p> <p>Cost-effectiveness analysis.</p>	<p>Intervention: Fast Track intervention (a multi-year, multi-component intervention designed to reduce violence among at-risk children).</p> <p>Comparator: TAU.</p>	<p>Population: kindergarteners that screened positive for conduct problems.</p> <p>Study design: RCT design with N = 891 (n = 445 intervention, n = 446 control).</p> <p>Source of resource use data: alongside trial and published data.</p>	<p>Cost description: programme costs only.</p> <p>Cost estimates:</p> <ol style="list-style-type: none"> 1. Intervention: \$58,283 per child 2. Control: \$0 per child. <p>Outcomes:</p> <ol style="list-style-type: none"> 1. Cases of conduct disorder averted 2. Index criminal offence avoided 3. Interpersonal violence avoided. <p>Effectiveness results:</p> <ol style="list-style-type: none"> 1. None reported per primary outcomes 2. Effect size of 0.2 to 0.5 SD (in the first year). 	<p>ICER:</p> <ol style="list-style-type: none"> 1. \$3,481,433 per case of 2. conduct disorder averted 3. \$423,480 per index crime averted 4. \$736,010 per act of interpersonal violence averted. <p>Fast track programme was not cost-effective at WTP of \$50,000.</p> <p>However, for the higher-risk group at a WTP of \$50,000, the probabilities of the fast track intervention being cost-effect were 69% for the conduct disorder outcome, 57% for the</p>	<p>Perspective: payer.</p> <p>Cost year: 2004.</p> <p>Currency: USD.</p> <p>Discounting: 5%.</p> <p>Time horizon: not reported.</p> <p>Applicability: partially applicable.</p> <p>Quality: potentially serious limitations.</p>

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
				index crime outcome and 0% for the interpersonal violence outcome.	
Bonin and colleagues (2011). UK. Cost analysis.	Intervention: 'generic' parenting programme. Comparator: no treatment.	Population: 5-year-olds with conduct disorder. Study design: decision analytic modelling. Source of clinical effectiveness data: published systematic review and meta-analysis. Source of resource use data: published data. Source of unit costs: UK national reference costs.	Cost description: downstream service costs (NHS, social services, education and voluntary) and crime costs, and upstream programme costs. Cost values (average annual costs): Service costs for those aged 5 to 10 years: 1. NHS: £1,113 2. Social services: £157 3. Education: £882 4. Voluntary: £23. Crime cost for those aged 10 years: £2,465. Intervention costs per family: 1. Parenting programme: £1,177 2. No treatment: £0. Potential cost saving (following intervention): 1. NHS and PSS: £2,300 2. All sectors: £16,435. Primary outcomes: Percentage of reduction in the proportion of people with clinical conduct disorder. Outcome values: 34% (base case), 20% (worst case) and 68% (best case).	Potential cost saving to the public sector over 25 years is 2.8 to 6.1 times the intervention costs.	Perspective: NHS/PSS. Currency: GBP. Cost year: 2008/09. Time horizon: 20 years. Discounting: 3.5% (cost only). 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
Dretzke and colleagues (2005). UK. Cost-effectiveness analysis.	Intervention: PT/EP. Comparator: no treatment.	Population: parents (or carers) of children or adolescents up to the age of 18 where at least 50% have a behavioural disorder. Study design: bottom-up approach of costing method and decision analytic modelling. Source of clinical effectiveness data: systematic review and meta-analysis. Source of resource use data: expert opinion supported by published literature. Source of unit costs: standard national sources.	Cost description: programme costs (staff, supervision, travelling, crèche, course packs, room hire) for 2-hour sessions per week for 10 weeks. Cost values: (assuming eight families per group) group programme: £899 per group for a community-based setting and £629 per group for a clinic-based setting Individual-based programme: £3,839. No treatment: £0 Primary outcomes: 1. Antisocial behaviour scales (CBCL) 2. Health-related quality of life (hypothetical). Outcome values: WMD for CBCL scores: -4.36 (-7.90 to -0.81). No significant difference in outcome between the three types of PT/EP.	No direct impact of parenting programme on health related quality of life was reported. ICER estimation was based on the following assumptions: at an assumed 5% QoL improvement by the programme: 1. Group clinic-based PT/EP: £12,600/QALY 2. Individual home-based: PT/EP: £76,800/QALY. At 10% QoL improvement: 1. Group clinic-based: £6,300/QALY 2. Individual home-based: £38,400/QALY.	Perspective: NHS/PSS. Cost year: 2003. Time horizon: 10 weeks. Discounting: NA. Applicability: partially applicable. Quality: potentially serious limitations.
McCabe and colleagues (2005). UK. Cost effectiveness	Intervention: parenting programme (group clinic-based, group community-based, individual home-based and individual clinic-based). Comparator: no treatment.	Population: children <12 years with conduct problems or conduct disorder. Study design: decision analytic modelling.	Cost description: intervention costs and service costs inclusive of NHS, education, voluntary and social services. Mean incremental cost: 1. Group community-based: £90 2. Individual home-based: £1,380 3. Individual clinic-based: £2,400	Group clinic-based programme is dominant.	Perspective: public. Cost year: 2004. Currency: GBP. Time horizon: 1 year.

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
analysis.		<p>Source of effectiveness data: meta-analysis of seven RCT studies.</p> <p>Source of resource use data: published studies.</p> <p>Source of unit cost: published and national reference costs.</p>	<p>4. Group clinic-based: -£70 (cost saving).</p> <p>Outcome measure (primary): WMD of CBCL scores.</p> <p>Effectiveness results: -5.96 (-3.4 to -8.52).</p>		<p>Discounting: NA.</p> <p>Applicability: partially applicable.</p> <p>Quality: potentially serious limitations.</p>
<p>Muntz and colleagues (2004).</p> <p>UK.</p> <p>Cost-effectiveness analysis.</p>	<p>Intervention: intensive practice-based parenting programme.</p> <p>Comparator: standard treatment.</p>	<p>Population: children aged 2 to 10 years with conduct disorder.</p> <p>Study design: RCT and further extrapolations</p> <p>Source of effectiveness data: single study (N = 114).</p> <p>Source of resource use data: RCT (interview-based client service receipt inventory).</p> <p>Source of unit costs: national unit costs.</p>	<p>Cost description: intervention costs, service utilisation costs (health, education and social services).</p> <p>Cost values (per child):</p> <ol style="list-style-type: none"> 1. Intervention group: £1,005 2. Control group: £4,400. <p>Primary outcome: externalising T-scale of CBCL at baseline, 6 months and 4 years follow-up.</p> <p>Effectiveness result (CBCL score):</p> <p>Intervention group:</p> <ol style="list-style-type: none"> 1. At baseline: 74.2 2. At 6 months: 63.9 3. At 4 years: 61.4. <p>Control group:</p> <ol style="list-style-type: none"> 1. At baseline: 76.5 2. At 6 months: 68.7 3. At 4 years: 72.3. 	<p>ICER: -£224 per unit decrease on the externalising T-scale of CBCL.</p> <p>CEAC: >89.9% at £0 WTP and above.</p>	<p>Perspective: multi-sector.</p> <p>Cost year: 1999/2000.</p> <p>Time horizon: 4 years.</p> <p>Discounting: 3%.</p> <p>Applicability: partially applicable.</p> <p>Quality: minor limitations.</p>

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

References for included studies

Barnoski R. Outcome Evaluation of Washington State's Research-based Programs for Juvenile Offenders. Document No. 04-01-1201. In: Washington State Institute for Public Policy, Olympia, WA; 2004.

Dembo R, Ramirez-Garnica G, Rollie MW, Schmeidler J, Livingston S, Hartsfield A. Youth recidivism 12 months after a family empowerment intervention: final report. *Journal of Offender Rehabilitation*. 2000;31:29-65.

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
Barnoski (2004). US. Cost analysis.	Intervention: 1. FFT 2. ART. Comparator: WLC.	Population: moderate or high-risk juvenile re-offending (aged 13 to 17 years). Study design: prospective observational study. Source of effectiveness data: two separate studies for FFT (N = 494) and ART (N = 918). Source of resource use and unit cost data: Washington State Juvenile Court Assessment Programme.	Costs: FFT treatment and ART programme; criminal justice costs. Cost results: 1. FFT: \$2,100 per participant 2. ART: \$745 per participant. Outcomes: 18-month recidivism rates. Total taxpayer and crime victim costs avoided. Effectiveness results: 1. FFT: 38% reduction in recidivism rate 2. ART: 24% reduction in recidivism rate. Cost avoided 1. FFT: \$22,448 2. ART: \$8,684.	Benefit-cost ratio: 1. FFT: \$10.69 2. ART: \$11.66.	Perspective: societal and criminal justice system. Currency: USD. Cost year: 2002. Time horizon: 18 months. Discounting: not conducted. 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
Dembo and colleagues (2000). US. Cost analysis.	Intervention: family empowerment intervention: families received home-based meetings from a clinically trained paraprofessional. Comparator: extended services intervention.	Population: juvenile offenders (11 to 18 years) and their families. Study design: prospective longitudinal study. Source of effectiveness data: single study (N = 303). Source of resource use data: Florida Department of Juvenile Justice. Source of unit cost data: state data	Costs: interventions; recidivism (arrests, state attorney, public defender, judicial and department of juvenile justice costs) Cost results (based on 3,600 diversion cases): Initial year costs: 1. Intervention group: \$5,295,600 2. Control group: \$6,980,400. New arrest costs: 1. Intervention group: \$4,956,084 2. Control: \$7,957,656. Primary outcome: mean number of new arrests over 12 months. Effectiveness: Family empowerment intervention: 0.71 Extended services intervention: 1.14	Net saving of \$4,686,372 per 3,600 youths (\$1,302 per case)	Perspective: criminal justice system. Currency: USD. Cost year: not reported. Time horizon: 2 years. Discounting: no. Applicability: partially applicable. Quality: potentially serious limitations.

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

References for included studies

Caldwell MF, Vitacco M, Rybroek GJ. Are violent delinquents worth treating? A cost-benefit analysis. *Journal of Research in Crime and Delinquency*. 2006;43:148-68.

Foster EM, Olchowski AE, Webster-Stratton CH. Is stacking intervention components cost-effective? An analysis of the Incredible years program. *Journal of the American Academy of Child and Adolescent Psychiatry*. 2007;46:1414-24.

Robertson AA, Grimes PW, Rogers KE. A short-run cost-benefit analysis of community-based interventions for juvenile offenders. *Crime and Delinquency*. 2001;47:265-84.

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
Cadwell and colleagues (2006). US. Cost analysis.	<p>Intervention: intensive juvenile corrective service program (decompression treatment model using aggression replacement training and cognitive behavioural treatment approach by a psychiatric nurse at MJTC).</p> <p>Comparator: usual juvenile corrective service (TAU).</p>	<p>Population: unmanageable juvenile delinquent boys.</p> <p>Study design: controlled before and after study</p> <p>Source of effectiveness data: single study (N = 202).</p> <p>Source of cost data: Wisconsin Department of Corrections and MJTC.</p> <p>Source of unit cost: state data</p>	<p>Cost description: MJTC service provision costs and downstream costs of crime to taxpayers.</p> <p>Cost estimate (per participant):</p> <ol style="list-style-type: none"> 1. Treatment group (\$173,012) 2. TAU (\$216,388). <p>Net cost: \$43,376.</p> <p>Primary outcome: mean incidence of offending (any offending, felony and violent activities).</p> <p>Effectiveness results:</p> <p>Number of offences charged (p<0.05):</p> <ol style="list-style-type: none"> 1. Treatment group: 1.09 2. TAU: 2.49. <p>Violent offence (p<0.001):</p> <ol style="list-style-type: none"> 1. Treatment group: 0.25 2. TAU: 0.85. <p>Felony offence (p<0.001):</p> <ol style="list-style-type: none"> 1. Treatment group: 0.48 	<p>Benefit-cost ratio: \$7.18 for every dollar spent on MJTC over 4.5 years.</p>	<p>Perspective: payer (criminal justice system).</p> <p>Cost year: 2001.</p> <p>Currency: USD.</p> <p>Time horizon: 4.5 years.</p> <p>Discounting: Not specified.</p> <p>Applicability: partially applicable.</p> <p>Quality: potentially serious limitations.</p>

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
			2. TAU: 0.89.		
Robertson and colleagues (2001). US. Cost analysis.	Experimental groups: 1. Intensive supervision and monitoring 2. Cognitive-behavioural treatment. Control group: regular probation.	Population: juvenile offenders aged 11 to 17 years referred to Youth Courts for delinquent activities and status offences. Study design: decision-analytic model using data from a quasi-experimental study (N = 294). Source of cost data: local justice system of Mississippi.	Cost description: programme costs and downstream costs to justice system due to youth offending. Cost estimates (per participant): 1. Control: \$5,034 (SD \$7,969) 2. Intensive supervision and monitoring: \$5,355 (SD \$7,209) 3. Cognitive-behavioural treatment: \$1,542 (SD \$3,537).	Cognitive-behavioural treatment resulted in net reduction in local justice expenditure of \$1435 per offender. Benefit-cost ratio: \$1.96. Intensive supervision and monitoring programme did not result in significant difference in justice system expenditures.	Perspective: payer. Cost year: not specified (assumed to be 2001). Currency: USD. Time horizon: 18 months. Discounting: not specified. Applicability: partially applicable. Quality: potentially serious limitations.
Foster and colleagues (2007). US. Cost-effectiveness analysis.	Intervention Six multi-component parent/child/teacher training programmes (CT, PT, CT+PT, PT+TT, CT+TT, CT+PT+TT). Comparator No treatment.	Population: children aged 3 to 8 years with a conduct problem of more than 6 months' duration. Study design: alongside RCT. Sources of effectiveness data: six Incredible Years series clinical trials (N = 459). Source of resource use	Cost description: programme costs (training, supervision, staff time, set-up cost, implementation cost). Cost values (total per-child cost): CT(\$1164), PT(\$1579), CT+PT (\$2713), PT+TT (\$1868), CT+TT (\$1454), CT+PT+TT (\$3003). Primary outcome: behaviour problem change measured by PBQ and DPICS-R. Effectiveness results: PBQ (CT: -2.24, PT: -1.80, CT+PT: -3.13, PT+TT: -5.17,	CEAC: At zero WTP, control is most cost-effective. At higher WTP level of \$3,000 and above, PT+TT is more cost-effective for PBQ outcome while PT+CT+TT is more cost effective for DPICS-R outcome.	Perspective: third-party payer. Cost year: 2003. Currency: USD. Time horizon: short term (no specified time period). Discounting: not reported.

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
		<p>data: Incredible Years series developer.</p> <p>Sources of unit costs: estimates was based on developer experience.</p>	<p>CT+TT:-2.25, CT+PT+TT: +1.50) and DPICS-R (CT: 0.36, PT: -0.06, CT+PT: -0.84, PT+TT: -0.48, CT+TT: -0.58, CT+PT+TT: -2.51, control: 1.80).</p>		<p>Applicability: partially applicable.</p> <p>Quality: potentially serious limitations.</p>

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

References for included studies

Klietz SJ, Borduin CM, Schaeffer CM. Cost-benefit analysis of multisystemic therapy with serious and violent juvenile offenders. *Journal of Family Psychology*. 2010;24:657-66.

Olsson TM. Intervening in youth problem behaviour in Sweden: a pragmatic cost analysis of MST from a randomized trial with conduct disordered youth. *International Journal of Social Welfare*. 2010a;19:194-205.

Olsson TM. MST with conduct disordered youth in Sweden: costs and benefits after 2 years. *Research on Social Work Practice*. 2010b;20:561-71.

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
Klietz and colleagues (2010). US. Cost analysis.	Intervention: MST. Comparator: IT.	Population: juvenile offenders aged between 11.8 to 15.2 years. Study design: decision-analytic modelling Source of effectiveness data: long-term observational study (N = 176). Source of resource use data: MST Service Inc. and Family Counseling Centre. Source of unit cost:	Cost description: intervention costs and potential downstream cost (cost of crime, victims' monetary expenses) and monetary estimates of loss of quality of life Intervention cost results(per person): 1. MST: \$10,882 2. IT : \$2,055 Potential downstream cost results (per participant): Expected taxpayer expense: 1. MST: \$55,046 2. IT: \$43,277) Expected crime victim tangible expenses: 1. MST: \$3,217 2. IT: \$2,194)	Range of net cost saved: \$75,110 to \$199,374. Range of amount of dollars saved per \$1 invested in MST: \$9.51 to \$23.59.	Perspective: societal. Cost year: 2008. Currency: USD. Time horizon: unclear. Discounting: 3%. 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
		national sources.	Expected crime victim intangible expenses: 1. MST: \$37,907 2. IT: \$23,964		
Olsson and colleagues (2010a). Sweden. Cost-minimisation analysis.	Intervention: MST. Comparator: TAU.	Population: 12- to 17-year-olds with clinical diagnosis of conduct disorder. Study design: RCT Source of effectiveness data: single RCT study (N = 156). Source of resource use data: MST Service Inc. for programme components. Source of unit cost: MST service provider and Social Welfare Administration.	Cost description: interventions costs (personnel costs), placement costs (foster care, public/private institution) and non-placement costs (mentor, respite care, addiction treatment, counselling, and so on). Cost results: Total cost per youth: 1. MST: \$13,298 2. TAU: \$8,260. Primary outcome measure: youth delinquent behaviour. Effectiveness: no significant difference between the two groups was reported	Incremental cost of MST versus TAU: \$5,038.	Perspective: payer. Cost year: 2005. Currency: USD. Time horizon: 7 months. Discounting: not applicable. Applicability: partially applicable. Quality: potentially serious limitations.
Olsson and colleagues (2010b). Sweden. Cost-minimisation	Intervention: MST. Comparator: TAU: cost analysis of MST after two years of intervention.	Population: 12- to 17-year-olds with clinical diagnosis of conduct disorder. Study design: RCT Source of effectiveness data: single RCT study	Cost description: interventions costs (personnel costs and overhead costs), productivity loss and downstream costs (social services, National Board of Institutional care costs and direct client costs like travel costs).	44,500SEK.	Perspective: societal. Cost year: 2007. Currency: Swedish Krona. Time horizon: 2 years.

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
analysis.		<p>(N = 156).</p> <p>Source of resource use data: MST Service Inc. programme components.</p> <p>Source of unit cost: MST service provider and Social Welfare Administration.</p>	<p>Cost results: Average cost per participant:</p> <ol style="list-style-type: none"> 1. MST: 671,400SEK 2. TAU: 529,000SEK. <p>Primary outcome measure: psychosocial and behavioural outcomes.</p> <p>Effectiveness results: no significant difference in the treatment effect of the two groups (actual values not reported).</p>		<p>Discounting: 3.5% for cost.</p> <p>Applicability: partially applicable.</p> <p>Quality: potentially serious limitations.</p>