Economic plan

This plan identifies the areas prioritised for economic modelling. The final analysis may differ from those described below. The rationale for any differences will be explained in the guideline.

1 Guideline

Dual diagnosis: community based services for meeting people's wider health and social care needs when they have a severe mental illness and misuse substances

2 List of modelling questions

Review questions by scope area	Which service models for health, social care and voluntary and community sector organisations are effective, cost effective and efficient at meeting the needs of people with a severe mental illness who also misuse substances?
Population	Adults and young people (aged 14 to 25 years) who have been diagnosed as having a substance misuse problem and a severe mental illness (that is, dual diagnosis) who live in the community.
Interventions and comparators considered for inclusion	Intervention: integrated care. Comparator: 'standard care' In the model, a hypothetical treatment engagement intervention to improve engagement with SC services was based on the description of an integrated treatment adherence programme for people with bipolar disorder and substance misuse.
Perspective	Societal perspective: (NHS and Personal Social Services (PSS)) Cost Perspective: intervention and hospital admission costs
Outcomes	Cost per QALY assessed (ICER) This was in addition to the following outcomes explored for their robustness: • intervention efficacy • probability of relapse • relapse duration • intervention cost • relapse cost • utility gain • simultaneous change in the cost of relapse and

	efficacy
Type of analysis	Cost Utility Analysis (CUA)
Limitations	Potentially serious limitations including efficacy data based on assumptions, short time horizon, and exclusion of important public sector and wider societal costs.